

FILE IDENTIFICATION TOPPER

Hayden

FILE NUMBER

293 unbr keyt #1 X-31

SUBJECT

also mans manila X-3676

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Ark-Leyte #1 (misc)
X-29 X-30 X-31

SYNOPSIS AND DATES

misc filed
NEW CLASSIFICATION 293 Kerr, Sherman C,
38-567-625

*9/29/70
DN*

RECLASSIFICATION SHEET

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Mak-Leyte #1 (misc)
X-12 X-31 X-38

SYNOPSIS AND DATES

misc filed
NEW CLASSIFICATION 293 Mak-Leyte #1
X-12

RECLASSIFICATION SHEET

AIRMAIL

293 Unknown, P.I. X-4183

(Maus, Manila)

~~SECRET~~
~~TOP SECRET~~

7 February 1950

SUBJECT: Identification of World War II Deceased

**TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California**

1. Reference is made to the following Unknown remains now stored at the AGRS Mausoleum, Manila, P. I.:

Unknown X-4183, AGRS Mausoleum, Manila, P. I.
" 3676, (formerly X-21, Lyle #1)

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

**T. H. HITE
Lt. Colonel, USG
Memorial Division**

R. Miller:lak
Salsor
J. Windsor

cc: Administrative Section

CC: CINCPAC

JMS

ECG

X 293 Unknown, P.I. X-4183 / Lyle #1

AIRMAIL

GPZ 293

APO 900
4 January 1950

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-3183	AGRS Mslm	UNKNOWN X-3770	AGRS Mslm
X-3244		X-3779	
X-3246		X-3781	
X-3630		X-4157	Manila #2
X-3676		X-4159	AGRS Mslm
X-3719			

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

11 Incls
QMC Forms 1044 w/Certificates

JOHN SHYPULA
1st Lt., Infantry
Adjutant

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

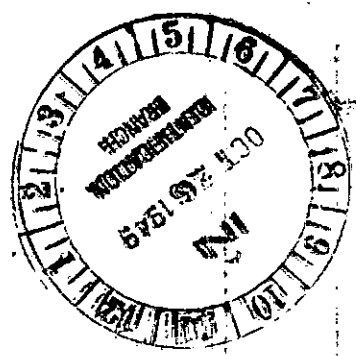
DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Ident Sec Ident Br	QM Pentagon Liaison Major Sekowski	21 Oct 1949	<p>1. Request that this Office be informed if a casualty existed by the name of Nichols (Nicholas) T. Palace or Palace T. Nichols (Nicholas), serial number unknown, probably a casualty in the P.I. If so, request circumstances of death.</p> <p>2. If no deceased exists by this name, was there a member of the Armed Forces by this name. If so, request that the following information be furnished this Office:</p> <p>Correct full name, serial number, organization, if wounded (where and date) and any other pertinent information.</p> <p style="text-align: right;"><i>Fields</i> FIELDS 75969</p>
2	QM Pentagon Liaison Section Adm Br Mem Div	Chief, Id Sec Id Br ATTN: Fields	21 Oct 1949	<p>The above cannot be identified in the AGOS or VA files.</p> <p style="text-align: right;"><i>B. J. D.</i> SEKOWSKI 6679</p> <p style="text-align: right;"><i>E. M. D.</i> DYER 73090</p>
3	Navy Liaison Section Mem. Div.	Chief, Id Sec Id Br Attn: Fields	25 Oct 1949	<p>1. Files of Navy Section have been searched with negative results.</p> <p>2. No record found of NICHOLS (Nicholas) T. PALACE or PALACE T. NICHOLS (Nicholas).</p> <p>3. No record found of Unk. X-31, Leyte #1, P. I., presently stored as Unk. X-3676, AGRS Mausoleum, Manila, P. I.</p> <p style="text-align: right;">MARS DEN 73880 76304</p> <p style="text-align: right;"><i>File NAW ID 26 Oct 1949</i></p>

NOV 2 1949

Faint, mostly illegible typed text, possibly a memorandum or report header.

AC



RECEIVED
 PENTAGON LIAISON
 OCT 21 1949
 MEM. DIV. ODMG

JW

1

Interred 26 January 1950
H-8/ 8 84 Ft. McKinley
R/82
7-92 *Care R. Mark*
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00052

DATE

15 | 05 | 48
DAY | MONTH | YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
<i>UNKNOWN</i>	X-000031	0	0	

CEMETERY	DISPOSITION OF REMAINS
USAF CEMETERY LEYTE NO 1	0 7701 80 CODE DIST. PT.

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		800	PHILIPPINE ISLANDS	6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X- 31 (Maus) Unknown X-3676				27 Sept '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
	UNKNOWN		ROBERT F. STEVENSON Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /
(2) tags Mausoleum Number - Unknown X-3676

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
27 Sept '48	ROBERT F. STEVENSON
CASKET SEALED BY	EMBALMER (Signature)
ROBERT F. STEVENSON	<i>Robert F. Stevenson</i> ROBERT F. STEVENSON

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 27 Sept 48 BY HORACE L. ALLISON, Sgt INF	LUCIO S. PANOPIO, 1st Lt., INF

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Lucio S. Panopio
LUCIO S. PANOPIO, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

2 SEP 1948
REPAID
BY
M.F.

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carrollmark</i>	DATE JAN 26 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (DA ADMINISTRATION OFFICE)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER SHIFFSINE 127400	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

RESTRICTED

293-Und-P.I. x- 3676 *Maw Manila*

ms
293 Und-P.I. x- 31 *Lejter # 1*
293 Palace Nichols T.
293 Nichols, Palace T.

Q101 293

1st Ind

Dept of the Army, OCMG, Washington 25, D. C., 28 October 1949

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster
San Francisco, California ATTN: AGNS, PHILCOM ZONE

Records have been checked and reveal no casualty by the name of
Nichols T. Palace or Palace T. Nichols in the Armed Forces.

FOR THE QUARTERMASTER GENERAL

T. A. Fields:jdk

Ball

JW cc: Admin. Sec. ✓ cc: Cinclaf

1 Incl
n/c

REGISTERED

1315064

Lt. Colonel, G-3
Memorial Division

REGISTERED

1315063

RESTRICTED

(AIR MAIL)
RESTRICTED
HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

CSGR 293
(Incl X-3676, AGRS
Maus. Manila, P.I.)

APO 707
26 SEP 1949

SUBJECT: Request for Casualty Information

TO : The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. Your attention is invited to enclosed copy of Report of Interment for Unknown X-31, Lays No. 1 (presently stored as X-3676, AGRS Mausoleum, Manila, P.I.)

2. It is requested that this Headquarters be advised whether there is a casualty listed as NICHOLS T. PALACE. If so, further request OQMG Form 371 and/or any available physical and dental information necessary in resolving the status of subject Unknown.

FOR THE COMMANDING GENERAL:

JOHN M. WESTON JR.
1st Lt. ACJ
Asst. Adj. Gen

1 Incl:
Cy, ROI for
X-31, Lays No. 1

CSGHT 293 1st Ind

Dept of the Army, OQMG, Washington 25, D. C., 28 October 1949

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster
San Francisco, California ATTN: AGRS, PHILCOM ZONE

Records have been checked and reveal no casualty by the name of Nichols T. Palace or Palace T. Nichols in the Armed Forces.

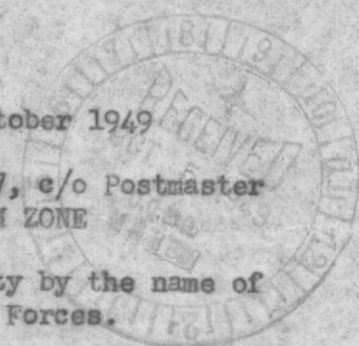
FOR THE QUARTERMASTER GENERAL:

1 Incl
n/c

T. H. METZ
Lt. Colonel, OMC
Memorial Division

(AIR MAIL)
RESTRICTED

293 WPK 4 3676 Maus. Manila P.I.



135
Form 100 NO. 293 - Unknown P.I. X-31 (Leyte #1)

INDEX SHEET

SYNOPSIS

6th Ind.

17 Feb. 1947

FROM:
TO:

ORIG
CO, Amer. GRS Area Command, Pac. Theater, APO 707, c/o FM
San Francisco, Calif.

RE:

Identification of Unknown Deceased.

FILED UNDER NO. 293 - Unknown P.I. (Misc) (Leyte #1)

rtb

FILE UNDER NO. 293 - Unk. X¹/₂31 P. I. (Leyte #1)

I N D E X S H E E T

SYNOPSIS

Letter

21 June 1946

FROM: OQMG
TO: CGAF Western Pac. Area, APO 707, c/o FM, Calif.
FOR: Chief, American Gr. Reg. Service.

SUBJ: Identification of Unk. Deceased.

DOCUMENT FILED UNDER NO. 293 - Unk. (Misc.) P. I. (Leyte #1)

t.h

31

293 Unk. X - P. I. (Leyte #1)

INDEX SHEET

SYNOPSIS

Letter

20 Jun 46

FROM:

COMG

TO:

CG, Army Forces., W. Pacific Area APO 707 c/o FM,
San Francisco, California

FROM: Chief, Amer Gr. Reg Service

SUBJ:

Identification of Unk. Dec.

DOCUMENT FILED UNDER NO.
jpm

293 Unk. (Misc) P. I. (Leyte #1)

293 Unk I -31 P. I. (Leyte #1)

INDEX SHEET

SYNOPSIS

Letter

20 Unn 46

FROM: ASF, OCGM
TO: CO, Ft. Jay, N. Y.
ATTN: Post Surgeon

SUBJ: Identification of Unk. Dec.

INDEX NUMBER NO.
jpa

293 Unk. (Misc) P.I. (Leyte #1)

293 Unk. X - 31 P. I. (Leyte #1)

INDEX SHEET

SYNOPSIS

RHD Ind

20 Jun 46

FROM: ASF, CCMG
TO: AGO, WW II Rec. Adm. Center., St. Louis, Mo.
Attn: Clinical Rec. Br.

RE: Identification of Unk. Dec.

DOCUMENT FILED UNDER NO.

3a

293 Unk. (Misc) P.I. (Leyte #1)

FILE NO. 293 - Unknown X-31 P.I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

Letter

28 May 1946

FROM: QMGO
TO: CO, Cp. Roberts, Calif.
ATTN: Post Surgeon

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - Unknown (Misc) P.I. (Leyte #1)

FILE UNDER NO: 293 - Unknown X-31 ~~France~~ ^{P.I.} (Leyte #1)

INDEX SHEET
SYNOPSIS

Memo

14 May 1946

FROM: GAGO, Memorial Div.
TO: AGO, World War II Records Adm., St. Louis, Mo.

RE: Information required for Graves Registration.

DOCUMENT FILED UNDER NO: 293 - Unknown (Misc) ~~France~~ ^{P.I.} (Leyte #1)

bm

22-11-46
MEMORANDUM 293 - Unknown X-31 P.I. (Leyte #1)

INDEX 0000

1-1-1-1

Memo

15 April 1946

FROM: QMGO, Memorial Div.
TO: World War II Records Adm. St. Louis, Mo.

RE: For necessary action.

DOCUMENT FILED UNDER EC. 293 - Unknown (Misc) P.I. (Leyte #1)

bu

HEADQUARTERS
PRIMA LONE
AMERICAN GRAVES REGISTRATION SERVICE

3 January 1950


Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 31, Plot _____,
Row _____, Grave 800, USMC USAF Cem Leyte #1, have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:


B. MCNEMAR
Captain, CMC
Chief, Records Branch

Atch: Form 1044

Received 20 Jan '50 0017
Not identifiable from
information presently
available Robert W. Miller

Jan 5'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-3676 (Formerly UNK X-31 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 4 January 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	U	5440	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT 5' 3-3/4"	10. COLOR OF HAIR U.T.D.	11. RACE U.T.D.
-------------------------------	----------------------------------	-----------------------------	--------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) substitute tag with the only inscription found:
UNKNOWN X-31. (This tag placed with remains).

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U.T.D.

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

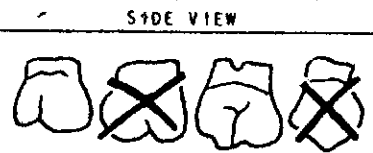
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

U.T.D.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



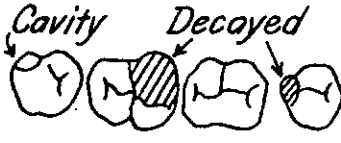
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
P		X	X	P	P	P	P	P	P	P		o	X	o	P
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
o	o	X		P	P	P	P					mo	X	P	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

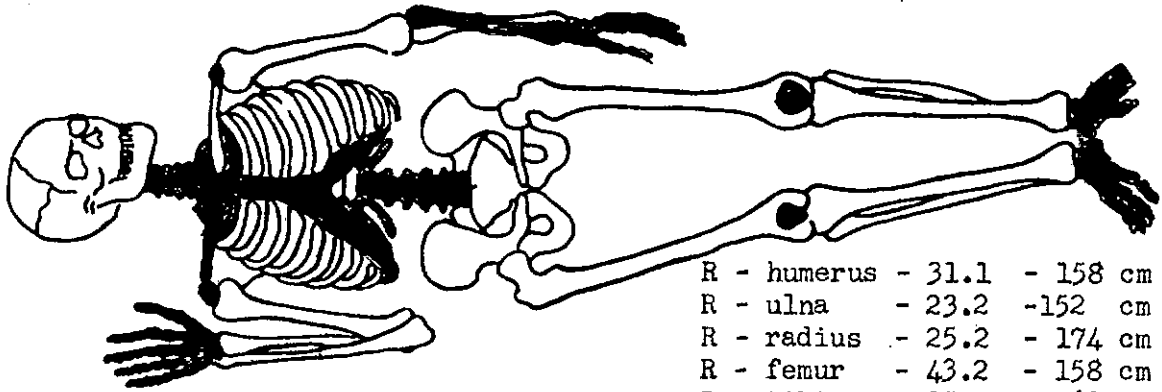
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

1-5

19. BLACK OUT PARTS OF BODY NOT RECOVERED



R - humerus	- 31.1	- 158	cm
R - ulna	- 23.2	- 152	cm
R - radius	- 25.2	- 174	cm
R - femur	- 43.2	- 158	cm
R - tibia	- 35.7	- 162	cm
R - fibula	- 35.9	- 164	cm

Average height 161 cm or 5' 3-3/4"

20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No personal effects, no ROI bottle found with remains. One (1) tag as described in section 12 found. Circumference of the skull approximately - 20 inches. Estimated weight of remains - 8 lbs.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE

11-380

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cen Leyte #1, P.I.

Date 7 March 46

1. Remains of UNKNOWN X931 Serial Number _____
Rank _____ Organization _____

2. Disinterred (date): 7 March 46 From (give complete location): USAF Cemetery Leyte #1, P.I. Grave 800

By: Group Sgt M Kuchirka Unit 4586th QM Gr

3. Reburied (date): 7 March 46 In (give complete location): USAF Cemetery Leyte #1, P.I. Grave 800

By: Group Kuchirka Unit 4586th QM Gr Nature of reburial shelter half

Incl 689

4. Report as to nature of original burial and condition of body upon disinterment:
Original burial made in shelter half, body completely decomposed.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes
(b) Other means of identification found upon disinterment, and general remarks: Rifle # Carbine 316039, found near remains.

6. What does examination of body show as regards the following identifying items:

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics _____

(d) Hair on face-Color _____

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

(f) Wounds or missing parts (received at time of casualty) _____

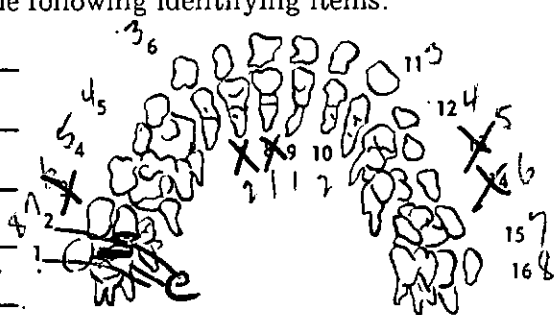
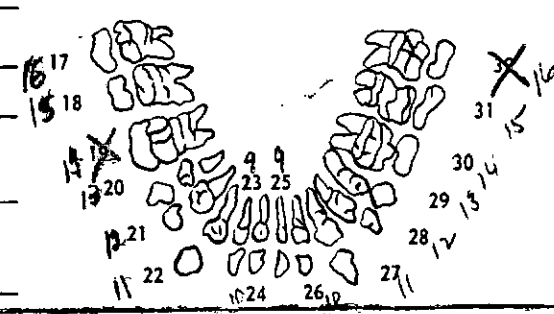


Diagram represents mouth wide open



7. Disinterment supervised by Sgt M Kuchirka Approved: Cecil G Carter
(Title) 1st Lt., QMC

8. Reburial supervised by Sgt M Kuchirka Approved: Cecil G Carter
(Title) 1st Lt., QMC

Instructions for the Proper Completion of G.R.S. Form No. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

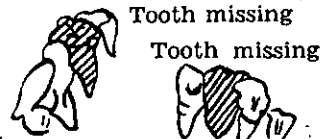
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

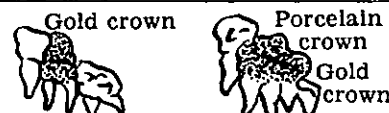
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

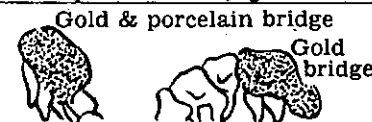
MISSING TEETH—All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



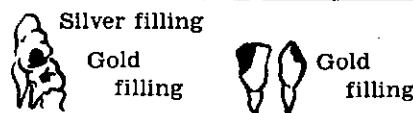
CROWNED TEETH—Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:



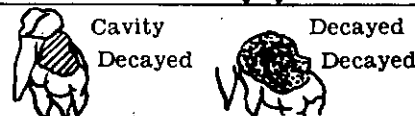
BRIDGE WORK—Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge) thus:



FILLINGS—Draw filling on tooth accurately as possible (block in and label gold, silver, cement) thus:



CARIES (CAVITIES)—Outline location and size of cavities, shade in thus:



DENTURES (PLATES) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

31 March 1947

DATE

UNKNOWN: X - 31

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Unknown

USAF Cemetery Leyte #1, Leyte, P. I.

800

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW















GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		UPPER TEETH																	
TYPE				X	X	O	P	P	P	P					X	O	O	TYPE	
LOCATION																	LOCATION		

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
		LOWER TEETH																	
TYPE		O	O	X		P	P							X	O		TYPE		
LOCATION																	LOCATION		

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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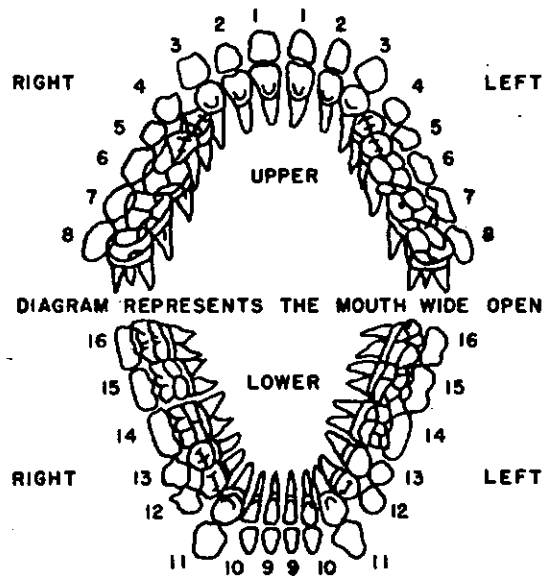
INSTRUCTIONS:

1. **ACCURACY** AND **ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY** THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Ramon Thomas
VERIFIED BY GRS OFFICER

RAMON THOMAS, Captain, QMC
NAME AND RANK TYPED OR PRINTED

31 March 1947
DATE

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cen Leyte #1, P.I.

Date 7 March 46

1. Remains of UNKNOWN X931 Serial Number _____
Rank _____ Organization _____

2. Disinterred (date): 7 March 46 From (give complete location): USAF Cemetery Leyte #1, P.I. Grave 800

By: Group Sgt M Kuchirka Unit 4586th QM Gr

3. Reburied (date): 7 March 46 In (give complete location): USAF Cemetery Leyte #1, P.I. Grave 800

By: Group Kuchirka Unit 4586th QM Gr Nature of reburial shelter half

4. Report as to nature of original burial and condition of body upon disinterment:
Original burial made in shelter half, body completely decomposed.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes
(b) Other means of identification found upon disinterment, and general remarks: Rifle & Carbine 316039, found near remains.

6. What does examination of body show as regards the following identifying items:

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics _____

(d) Hair on face-Color _____

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

(f) Wounds or missing parts. (received at time of casualty) _____

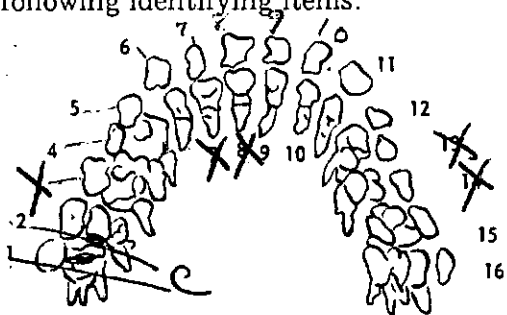
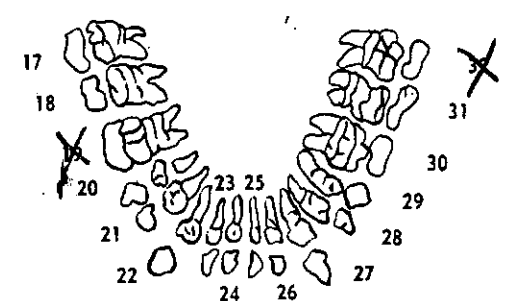


Diagram represents mouth wide open



7. Disinterment supervised by Sgt M Kuchirka Approved: CECIL G CARTER
(Title) 1st Lt., QMC

8. Reburial supervised by Sgt M Kuchirka Approved: CECIL G CARTER
(Title) 1st Lt., QMC

Instructions for the Proper Completion of G.R.S. Form No. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

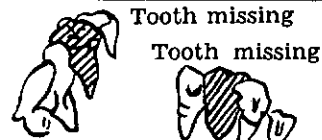
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

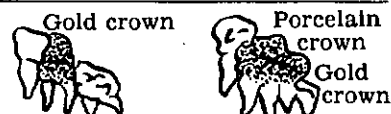
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH—All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



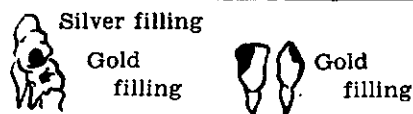
CROWNED TEETH—Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:



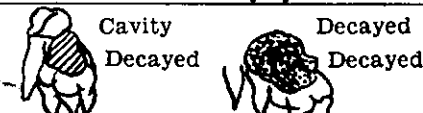
BRIDGE WORK—Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS—Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES)—Outline location and size of cavities, shade in thus:



DENTURES (PLATES) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

HHEB RESTRICTED

RE

2nd Report

115

U 380

Registration

May 11, 1943

UNKNOWN X-31

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

KIA

(Place of death) (Date of death) (Cause of death)

0900 hrs 17 June 1945) USAF Cemetery Leyte # 1, P. I.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

800

Reg Cross

(Grave number) (Row number) (Plot Number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No
DISINTERRED from Grave 146, USAF Cemetery Palo # 5, Leyte, P. I. (UNKNOWN X-23)

(If no identification tags, what means of identification are buried with the body?)

Religion

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT	KIDWELL, Finis A.	38 291 873	Pvt 1cl	Co B, 34 Inf	801
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	BAKER, Kenneth D.	01 294 781	2nd Lt	Co K, 19 Inf	799
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: NONE

RESTRICTED

(9)

559

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43).

If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle: Carbine # 316039 found
Color of hair:	Wear glasses? near remains.
Race:	Is tooth chart attached? yes:

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

Possibly Nichols T. Palace.

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

John E. Bobis
S/Sgt John E. Bobis, GRS

(Signature of officer or other person reporting burial)

Francis M. Simon
FRANCIS M. SIMON, Lt., GRC

(Verified by Army GRS Officer)

LEFT HAND

RIGHT HAND

THUMB

