

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unkl Rept #1 X-362

SUBJECT

also manila maus X-377.9

GNC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

293 Duk-Leyte #1 (misc)

X-228 X-328 X-332 X-335 X-337 X-340

X-362

X-364

SYNOPSIS AND DATES

NEW CLASSIFICATION

Misc filed

293 Duk-Leyte #1 X-228

RECLASSIFICATION SHEET

AIRMAIL

*293 Unknown P.I. (misc) Manila memo
See numbers below*

QMGT 293
GCS Far East

2 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-3246	(formerly X-30, Sta. Barbara #1)
" X-3770	(" X-367, Leyte #1)
" X-3779	(" X362, " ")
" X-3781	(" X-365, " ")

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. METZ
Lt. Colonel, QMG
Memorial Division

R. Miller:lak
Salser
J. Windsor

cc: Administrative Section

CC: CINCPAC

*X 293 Unknown P.I. K-362
REB
FOR
Leyte #1*

AIRMAIL

OPZ 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 OPZ 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

rsc
1 ✓

Interred 26 January 1950
F 10 84 Ft. McKinley
Carl R. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00354

DATE
15 05 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWN X-000362		Q	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY LEYTE NO 1					7701 80
					CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		6168	PHILIPPINE ISLANDS		6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-362 (Maus No.) UNK X-3779				27 Sept 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	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 Maus No. UNK X-3779	

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 48 BY 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 HORACE L. ALLISON Sgt., Inf	LUCIO S. PANOPPIO, 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. Panoppio
LUCIO S. PANOPPIO, 1st Lt., Inf
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	AGRS Mausoleum	TO	Port McKinley Military Cemetery
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Love R. Frank</i>
DATE		DATE	JAN 26 1980
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

421

FILE NUMBER NO. 293 - Unk. P.I. X-362 (Leyte #1)

I N D E X S H E E T

INDEX

SYNOPSIS

5 Feb 47

TO: COMB
 CO, AGRSAC, Pacific Theater, APO 707 San Francisco, Calif.

RE: Identification of Unkn. Deceased...

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

JW

INDEX UNDER NO. 293 - Unknown P.I. X-362 (Leyte #1)

I N D E X S H E E T

SYNOPSIS

2nd Ind.

24 Jan. 1947

FRY:
TO:

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

RE:

Identification of Unknown Deceased

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

rtb

FILE NUMBER NO. 293 -- Unknown X- 362 P.I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

Letter

2 Aug. 1946

FROM:
TO:

COM:
ADG, WW II Records Admin., St. Louis, Mo.

RE:

Request - Dental Identification Record together with a list of all camps stationed in the U.S. prior to O/S service, including inclusive dates.

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

rth

CA
S

293 Under X-362
(Letter # 1) P. I

CGO 293

Form 8-A

26 July 1946

World War II Records
Administration Center, (R)
430 Goodfellow Blvd.
St. Louis 20, Missouri

Chief,
Identification Section
Memorial Division (R)
Bldg. B, Room 2426

It is requested that the inclosed forms 8-A be completed and returned to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Assistant

70 Incls:

Incls as follows:

1. Allison, Harold H., 36748544 (X8, 9)
2. Baker, Verle J., 6567726 (Pacific T/O)
3. Battista, Nicholas 32219633 (X-473, 75, 76)
4. Baumgartner, Charles C., 35526892 (X-8, 9)
5. Bergren, William W., 39602144 (X-112, 119)
6. Bucher, Charles A. Jr., O-344787
7. Fuller, Walter P., 33766772 (X-112, 119)
8. Byrnes, Gilbert P., 16085880 (Pacific T/O)
9. Campbell, Paul L., 33683087 (Pacific T/O)
10. Caranagio, Munzio 36874018 (X-362)
11. Cardinali, Febo F., 42044088 (X-85, 91)
12. Carlson, Thomas ., 19119269 (X-362)
13. Courtier, William D., 19004347 (X-9 thru 49)
14. Coubetaz, Whitney J., 38616989 (X-409)
15. Dritz, John G., 35283555 (X-85, 91)
16. Detman, William, 16129178 (X-473, 75, 76)
17. Dickerson, William C., 6295144 (Manila #2)
18. Dunhelter, John E., O-863759 (X-85, 91)
19. Faggio, Joseph W., 35131394 (X-473, 75, 76)
20. Fair, Richard D., 38472123 (X-85, 91)
21. Fazio, Gus A., 32919920 (X-409)
22. Flanagan, Rudolph O-821250 (X-8, 9)
23. Fussell, William A., 18167480 (X-473, 75, 76)
24. Gabriel, Nicholas A., 6130759 (Manila #2)
25. Giancone, John 32320973 (X-473, 75, 76)
26. Gilliam, Blane 35267997 (X-90, 180, 81,)
27. Glover, Howard A., 33561189 (X-328)
28. Goad, Richard N., 39287914 (X-409)
29. Hennessy, William W. 20900718 (Manila, P.I.)

MAIL RECORDS BRANCH
D O M G
JUL 26 3 48 PM '46

File
not
recovered
8/28

30. Mohrecht, Forrest W., 0-413595 (Manila #2)
31. Powell, James L., 19048462 (Manila #2)
32. Irvine, Lloyd E., 19118812 (X-9 thru 49)
33. Junison, Jennings J., 69734771 (Manila #2)
34. Jenkins, Reynolds E., 17143303 (Yokohama)
35. Jones, Alton C., 19114701 (Manila #2)
36. Kirkpatrick, C. F., 34625126 (X-8, 9)
37. Koch, Raymond D., 65716623 (X-1139)
38. Kubik, Chester C., 36647785 (X-409)
39. Lammert, William V., (Manila #2)
40. Lavonas, Infield A., 6975575 (X-85, 91)
41. Lawson, Norman H., 6913896 (Manila #2)
42. Lanzetta, Paul J., 32390426 (X-342, 343)
43. Matias, Nolan B., 35123457 (Manila #2)
44. McClintock, Jack (19016425 (Manila #2)
45. McIntosh, Harry 32624929 (X-182)
46. Milstead, Glen H., 19002665 (X-2326)
47. Molnar, Julius 36453945 (X-8-9)
48. Nelson, Parker G., 18447212 (X-90-183-191)
49. Newman, Buford E., 34808235 (X-47)
50. Pennington, Kie E., 6373588 (Manila #2)
51. Robertson, Clarence H., 6775798 (Manila #2)
52. Rodriguez, Arturo 38557229 (X-3110)
53. Scott, Harold E., 32059375 (X-344, 343)
54. Shannon, Leo A., 6976622 (X-2895)
55. Swenson, Monroe E., 19019455 (Manila #2)
56. Taylor, Aug E., 34406386 (X-475, 473, 476)
57. Tatsopoulos, John 31160076 (X-85, 91)
58. Turczynski, Chester 16062285 (X-473, 475, 476)
59. Turner, Walter E., 14038316 (Manila #2)
60. Van Valsen, Jack V., 36400833 (X-27 thru 31)
61. Wagner, Harold E., 32538091 (X-85, 91)
62. Waller, Elmer G., 37651623 (Luzon, P.I.)
63. Weatherford, Willie W., Jr. (14057613 (Manila #2)
64. Webster, George E., 39283705 (Manila #2)
65. White, Marvin L., 38430974 (X-328)
66. Whitehead, Joseph L., 14056867 (Manila #2)
67. Willis, Raymond O., 6562914 (Manila #2)
68. Yankelovitz, Harold 13023389 (Manila #2)
69. Young, Robert L., 35002365 (Manila #2)
70. Zapotowski, Jos A., 33609104 (X-1, 2)

FILE UNDER NO: 293 - Unk. 362, P. I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

Letter

10 June 1946

FROM: OCMG
TO: CO, Camp Adair, Oreg.
ATTN: Post Surgeon

SUBJ: Identification of Unk. Deceased.

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

th

FILE UNDER NO. 293 - Unknown X-362 P. I. (Leyte #1)

INDEX SHEET

SYNOPSIS

Letter

14 May 1946

FROM: OCMG
TO: CO, Gp. Beale, Calif.

SUBJ: Identification of Unknown Deceased

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

rtb

me

FILE UNDER NO: 293 - Unknown ³⁶²~~465~~ P.I. (Leyte #1)

INDEX SHEET
SYNOPSIS

Memo

22 March 1946

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

RE: For necessary at n.....

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

ban

Cooper

X-362
Leyte, #1, P.I

STG 293

Form 8-A

World War II Records
Administration Center, (R)
430 Goodfellow Blvd.
St. Louis 20, Missouri

Chief,
Identification Section
Memorial Division (R)
Bldg. B, Room 2426

26 July 1946

It is requested that the inclosed forms 8-A be completed and returned to this office at the earliest practicable date.

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JAMES C. MacFARLAND
Major, QTC
Assistant

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34. Jenkins, Reynolds W., 17143303 (Yokohama)
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69. Young, Robert L.H., 35002365 (Manila #2)
70. Zapotowski, Jos A., 33609104 (X-1, 2)

HEADQUARTERS
AMERICAN GRAVE 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-362, Plot _____, Row _____, Grave 6168, USMC USA Cem Leyte #1, have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


H. B. MCNEMAR
Captain, CMC
Chief, Records Branch

Atch: Form 1044

Received 2 Jan 1950 OQMG
Not identifiable from
information presently
available Robert W Miller

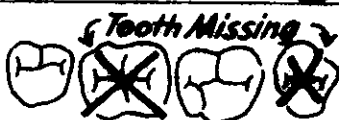
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3779 (Formerly UNK X-362, USAF Cem Leyte #1, P.I.)						2. DATE OF REPORT 3 January 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.				4. PLOT 812	5. ROW W	6. GRAVE 5760	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'8"		10. COLOR OF HAIR UTD		11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS NONE							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES UTD - Skeletal chart and tooth chart attached.							
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS NONE							
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) NONE							

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



See Remarks

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

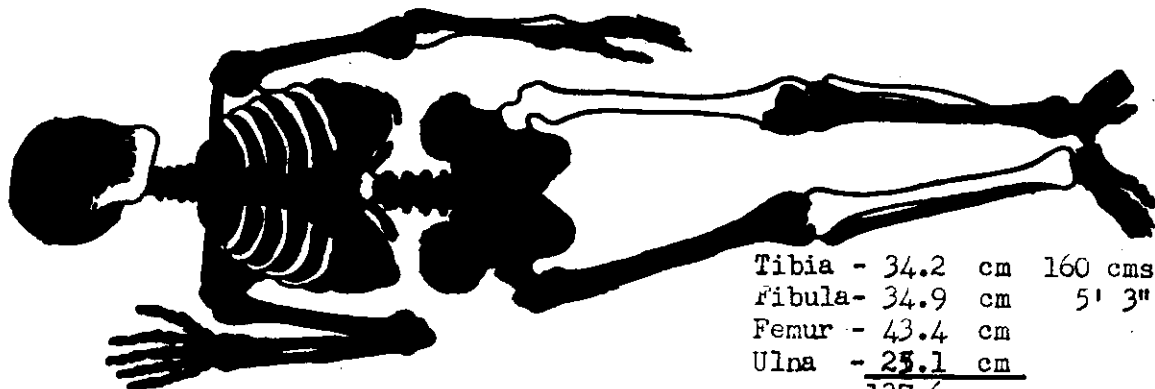
REMARKS (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla missing, but maxillary teeth R3; & R 4 found loose with remains.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECORDED



Tibia - 34.2 cm 160 cms or
Fibula- 34.9 cm 5' 3"
Femur - 43.4 cm
Ulna - 25.1 cm
137.6

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 ROI burial bottle, I.D. tags, personal effects, or other means of identification received with remains. Estimated weight 3½ lbs. No skull, mandible with teeth received. The physical height is approximately 5 ft and 3 inches.

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

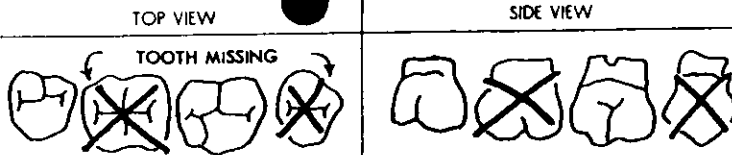
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE
Paul R. Nichols

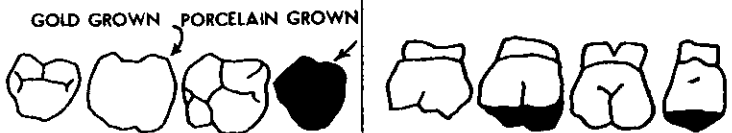
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3779 (Formerly UNK X-362, USAF Cem Leyte #1, P.I.)						2. DATE OF REPORT 13 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.				4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				HANGER BAY		CRYP	DISINTERMENT	
				812	W	5760	22 Dec 47	14 Feb 48
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'8"		10. COLOR OF HAIR UTD		11. RACE UTD		
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">NONE</p>								
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">UTD - Skeletal chart and tooth chart attached.</p>								
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?						
15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT ?						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p style="text-align: center;">NONE</p>								
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) <p style="text-align: center;">NONE</p>								

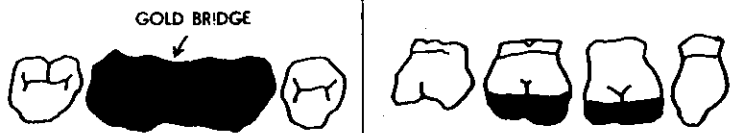
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



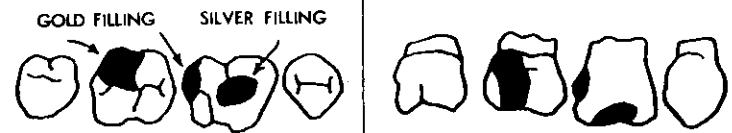
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



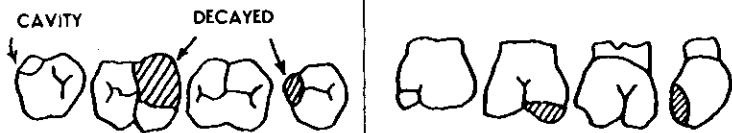
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



See Remarks

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	X	X	X	Cav		X	X	X	X	X	X	X	X	X	X
SIDE VIEWS															
UPPER															
LOWER															
SIDE VIEWS															
A	A	X	X	X	X	X	X	X	X		A	A	X	X	Cavity
o	o										do	mo			o
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

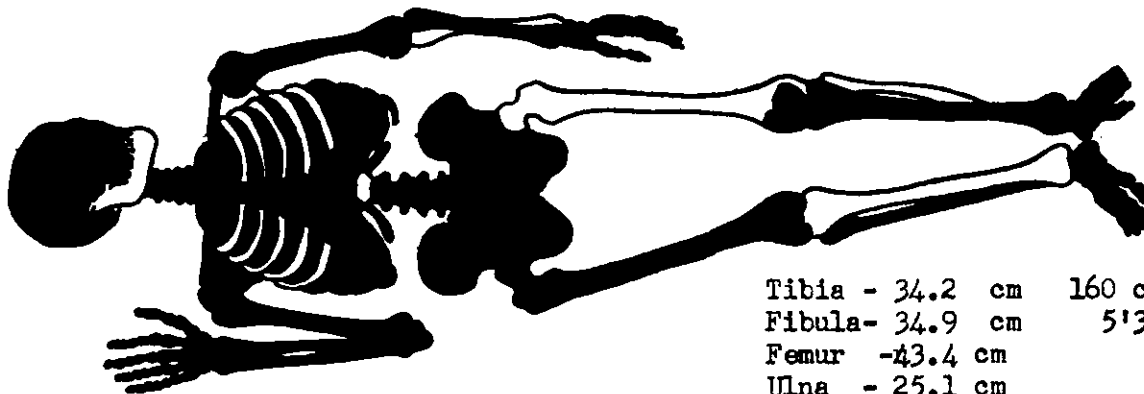
DENTURE PLATE: DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla missing, but maxillary teeth R3; & R4 found loose with remains.
CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA
2d Lt MSC

/s/ John H. Bennett Jr



Tibia -	34.2 cm	160 cms or
Fibula-	34.9 cm	5'3"
Femur	-43.4 cm	
Ulna	-25.1 cm	
	<u>137.6</u>	

A

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 ROI burial bottle, I. D. tags, personal effects, or other means of identification received with remains. Estimated weight 3½ lbs. No skull, mandible with teeth received. The Physical height is approximately 5 ft and 3 inches.

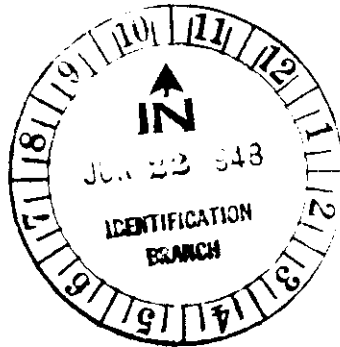
CERTIFIED TRUE COPY:

G. T. Gamboa
 G T GAMBOA
 2d Lt MSC

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
 /p/ CLEMENT G SWAN EMB SR UNG C-064862
 CIP Lab Manila, P.I.

SIGNATURE
 /s/ Clement G. Swan



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.

22 Nov 1946

DATE

UNKNOWN X-362

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Vicinity of Lubi, Leyte, P.I.

6168

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			AO	P			P	P	P	P	P	P	P	AO	AO	AO	AO		TYPE
LOCATION			M											D	M	D	M		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		AO	AO	P					P	P			A	A	P	P		TYPE	
LOCATION		/	/										O	O				LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

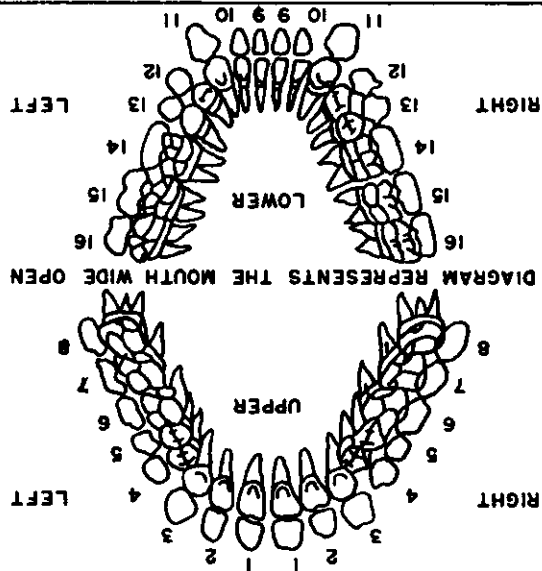
INSTRUCTIONS:

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, eg, 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:

SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols, Embalmer

NAME AND RANK TYPED OR PRINTED

USAF Cemetery Layte #1

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

JOSEPH M. PHELAN, Capt., CAC

NAME AND RANK TYPED OR PRINTED

22 November 1946

DATE

When investigating questionable remarks on original Report of Interment form 1042 on Unknown X-362 reasonable doubt as to accuracy of tooth chart prompted disinterment of subject Unknown to clarify the tooth chart remarks. Disinterment disclosed that original chart was completely in error. Corrected tooth chart affected hereto.

JMP

RESTRICTED

JUN 22 1948

770

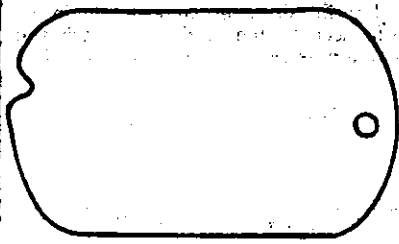
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

3 Mar 48

Impress Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3779 (Formerly UNK X-362, USAF Cem Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH
Vicinity of Lubi,
Leyte, P.I.

CAUSE OF DEATH
Unknown

DATE OF DEATH
Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, All in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

REPAIRATION
RECORDS BRANCH
JUN 7 2 43 PM '48
MEMORIAL DIVISION

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Feb 48	1300	Casket	None	812	W	5760

WAS THIS A REBURIAL?
(Yes or no) RESTORED

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Cemetery Leyte #1, P.I.

PLOT No.	ROW No.	GRAVE No.
		6168

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED

UNKNOWN X-3780

RANK	SERIAL No.	ORGANIZATION	GRAVE No.
			CRYPT 5761

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED

UNKNOWN X-3778

RANK	SERIAL No.	ORGANIZATION	GRAVE No.
			CRYPT 5759

SIGNATURE OF PERSON PREPARING REPORT

W.C. [Signature] 1/5 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

[Signature] CALVIN F FINN, Major, FA

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Inf 360

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


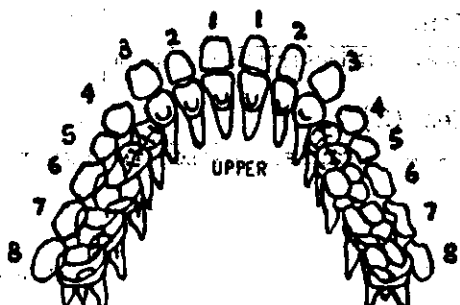
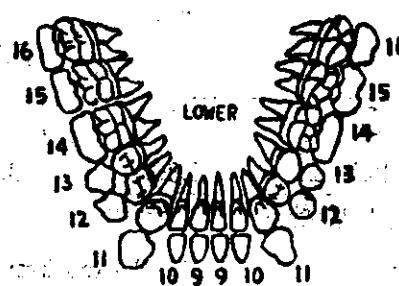




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

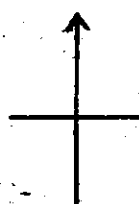
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN.</p>  <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

GMC Form 1044, 1044-A and 1044-B accomplished.

12 MAY 1948

RESTRICTED

1jt

6168 U- 770

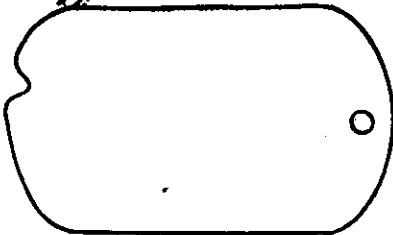
WD FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

5 Jan 46

Identify Identification Tag If Possible.
DO NOT TYPE

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

UNKNOWN X-362

SERIAL No.

-

GRADE

-

ORGANIZATION

-

BRANCH OF SERVICE

-

RACE

-

RELIGION

-

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Vicinity of
Lubi, Leyte, P.I.

CAUSE OF DEATH

-

DATE OF DEATH

-

EMERGENCY ADDRESSEE (Name, relationship, and address)

-

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None *Serial 756***Section 2.—BURIAL** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Leyte #1, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, Masket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
4 Jan 46	1030	shelter halve	Reg Cross			6168

WAS THIS A REBURIAL?
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

Map Cent Phil, sheet 3 of 5 sheets
Scale 1:250,000 Coord: 1330.2-1320.8

PLOT No.	ROW No.	GRAVE No.
Isolated	burial	

TYPE OF RELIGIOUS CEREMONY

-

PERSON CONDUCTING BURIAL RITES

-

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

Report of Reinterment, identification tag buried in bottle.

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

UNKNOWN X-361

RANK

-

SERIAL No.

-

ORGANIZATION

-

GRAVE No.

6167

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

UNKNOWN X-363

RANK

-

SERIAL No.

-

ORGANIZATION

-

GRAVE No.

6169

SIGNATURE OF PERSON PREPARING REPORT

Charles W. Hallock
T/5 Charles W. Hallock, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

William D. Rogers
WILLIAM D ROGERS, 1st Lt., Inf

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

22 JAN 1946

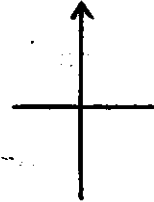
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Isolated burial 1 mi N. Lubi, Leyte, P.I.
-----------------------	---------------	--

OTHER IDENTIFICATION CLUES

None

FILLINGS	 SILVER FILLING GOLD FILLING	<p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		



REMARKS:

CONDITION OF BODY PRECLUDED FINGERPRINTING AND OTHER MEANS OF IDENTIFICATION.

MAXILLA MISSING.