

FILE IDENTIFICATION TOPPER

FILE NUMBER

299 Urb. Dept #1 X-406

SUBJECT

Also Merida Maus. X-2833 ✓

QMC FORM 1121  
1 Aug 45

1. FILE UNDER NO. 293 - Unk. P. I. X-406 (Leyte #1)

### SYNOPSIS

2. TYPE OF DOCUMENT: Ltr 3. DATE: 7 Apr 50  
4. FROM: OQMG, Mem Div  
5. TO: CO, American GRS, Philcom Zone, APO 900, San Francisco, Calif.  
6. SUBJECT: Identification of World War II Deceased.

7. DOCUMENT FILED UNDER NO. 293 - Unk. P.I. (Misc.)(Maus.Manila)(X-249, X-406, X-3592, X-5228)

mfs

**INSTRUCTIONS.—**Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

AFO 900  
9 Mar 1950

GRPZ 293

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 CMCEMU 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-249	AGRS Mslm	UNKNOWN X-4740-A	AGRS Mslm
" X-406	Leyte #1	" X-4757	" "
" X-3597	AGRS Mslm	" X-5228	" "

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

FOR THE COMMANDING OFFICER:

6 Incls  
GMD Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYFULA  
1st Lt., Infantry  
Adjutant

**AIRMAIL**

**RESTRICTED**

41371-1-1-2-33 Manila Manila  
QMGMT 293  
GRS Far East

6 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. Case History for Remains considered Identifiable dated 27 January 1949, recommending identification of the remains of Unknown X-2833, AGRS Mausoleum, Manila (formerly X-406 USAF Cemetery Leyte #1) as those of 1st Lt. James F. Bowersox, OI 302 766, returned herewith, disapproved.

2. It has been determined that the documentary evidence presented is insufficient to establish the individual identification.

3. Information available in this Office reveals that the American Division Units of which Lt. Bowersox's Company was a component suffered thirty-three (33) casualties between 3 June and 12 June 1945, disposition of these remains is Unknown in this Office.

4. A comparison of Army dental records for Lt. Bowersox and the partial (civilian design) denture found with the remains of Unknown X-39, USAF Cemetery Cebu #2, now designated as Unknown X-2833, AGRS Mausoleum, Manila, (formerly X-406 USAF Cemetery Leyte #1) has been made with unfavorable results. The drawing of the partial denture indicates that it was inserted to replace teeth R-14, R-15, R-16, L-14, L-15 and L-16; Army dental records for Lt. Bowersox indicate that teeth L-14 and L-15 were not extracted until 8 months subsequent to his enlistment in the Armed Service. The drawing further shows large shields for the right and left posterior aspect indicating that R-16 and L-16 were missing, and that the left side of the denture would replace three molars and would be attached to the second bicuspid. Dental records for Lt. Bowersox indicate that the second bicuspid was extracted.

41371-1-1-2-33 Manila Manila  
RESTRICTED

**AIRMAIL**

**AIRMAIL**  
**RESTRICTED**

QMOBT 293  
GRS Far East

6 February 1950

SUBJECT: Identification of World War II Deceased

5. Request further investigation be conducted in an effort to establish the identity of Unknown X-2833.

FOR THE QUARTERMASTER GENERAL:

1 Incl  
Board Proceedings  
dated 27 Jan 49

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

JME  
TEC

E. T. Fenwick:lak  
Salser  
J. Windsor

cc: Administrative Section

cc: CINCFE 1310944

REGISTERED  
NO. 1310943



**AIRMAIL**  
**RESTRICTED**

243210 P.I. 1-10-50  
QMGMT 293  
GRS Far East

6 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

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5. Request further investigation be conducted in an effort to establish the identity of Unknown X-2833.

FOR THE QUARTERMASTER GENERAL:

COPY

T.H. METZ  
Lt. Colonel, QMC

X 243210 P.I. 1-10-50  
AGRS Manila  
X-406 USAF Cemetery  
Leyte #1

500  
1. FILE UNDER NO. 293 - Unk. P. I. X-2833 (Mous. Manila)

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 14 Feb 49  
4. FROM: HQ, Philippines Command, APO 707  
5. TO: TQMG  
6. SUBJECT: Identification of Unknowns  
X-2833 as BOWERSOX, James F. 1st Lt. O-1 302 766  
.....

7. DOCUMENT FILED UNDER NO. 293 - Unk. P. I. (Misc) (Mous. Manila) (X-236, X-1343, X-2833)

msb

**INSTRUCTIONS.**—Enter after the above headings information as follows:

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3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

BASIC: Ltr ff WD, OQMG, Wash. 25, D.C., file QMGMU 293 ~~UNKNOWN X-406~~  
Leyte #1, P.I., dtd 9 July 1947, subj: Identification of Unknown  
Deceased.

GSQMM 293

3rd Ind

CRHM/gyd\*

PHILRYCOM Sector Graves Registration Service, APO 707, 30 August 1947

TO: Quartermaster General, Washington 25, D.C.

Forwarded herewith are QMC Forms 1045 and Identification Check List  
accomplished for Unknown X-406 interred in Grave 7409, USAF Cemetery  
Leyte #1, as requested in the basic communication.

FOR THE COMMANDING OFFICER:

*Harold Reverski*

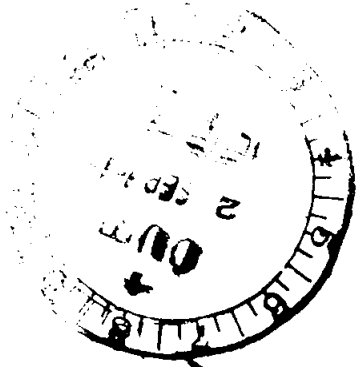
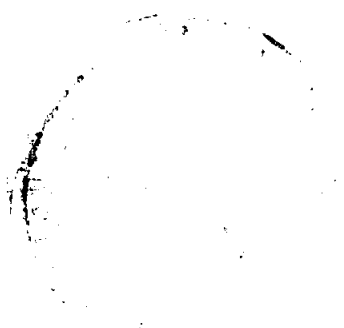
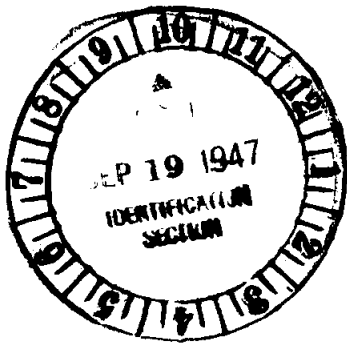
HAROLD F. REVERSKI  
Lt. Colonel, QMC  
Executive

2 Incls: n/c

*mas v/c*

*100  
Ltr  
Leyte #1  
P.I. X-406 (Leyte #1)*





SEP 16 4 56 PM '47  
BRANCH

BASIC: Ltr fr WD, OQMG, Wash. 25, D.C., file QMGME 293 UNKNOWN X-406  
LEYTE #1, P.I., dtd 9 July 1947, subj: Identification of Unknown  
Deceased

GSQMM 293

1st Ind

S: 29 Aug 47 /  
CRHM/gyd\*

PHILRYCOM Sector Graves Registration Service, APO 707, 29 July 1947

TO: Commanding Officer, USAF Cemetery Leyte #1, Leyte, P.I.

1. Your attention is invited to the letter received from the Office of the Quartermaster General, Washington 25, D.C., file QMGMU 293 Unknown X-406, Leyte #1, P.I., subject: Identification of Unknown Deceased, dated 9 July 1947, which is forwarded for your compliance.

2. It is requested that the remains of Unknown X-406 interred in Grave 7409, USAF Cem. Leyte #1, P.I., be exhumed in the presence of a medical officer and the inclosed identification check list and QMC Form 1045 accomplished and forwarded to this office with the least practicable delay.

3. It is further requested that the disinterment be effected with great care in an attempt to recover any material which may be of aid in establishing identity.

FOR THE COMMANDING OFFICER:

*Harold Reverski*  
HAROLD F. REVERSKI  
Lt. Colonel, QMC  
Executive

2 Incls: QMC Forms  
1 - Form #11  
2 - Form #1045

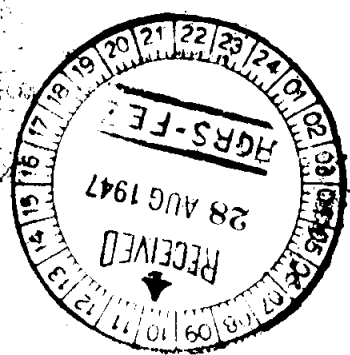
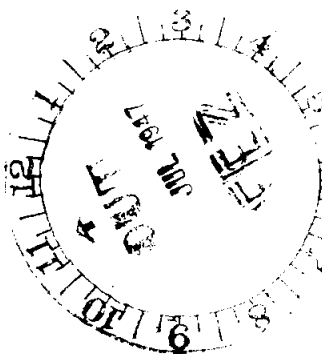
PKQM 293 2nd Ind JGS/mym  
HEADQUARTERS, USAF CEMETERY LEYTE NO. I, APO 707, 12 August 1947.

TO: Sector Commander, AGRS-FEZ, Hqs PHILRYCOM, APO 707.

Complied with. See attached inclosures.

2 Incls: QMC Accomplished forms.  
1 - Form #11  
2 - Form #1045

*Ramon Thomas*  
RAMON THOMAS  
Captain, QMC  
Commanding





ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

IN REPLY REFER TO OMGQU 293  
UNKNOWN X-406  
LEYTE #1 P.I.

9 July 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding General, Philippine - Ryukyus Command APO 707,  
c/o Postmaster San Francisco, California

1. Reference is made to Report of Interment for Unknown X-406,  
Leyte #1, P. I., dated 28 February 1946.

2. It is requested that the remains interred in Grave 7409,  
Leyte #1, Leyte, P. I., be exhumed in the presence of a Medical Officer  
and Identification check and QMC Form 1045 be accomplished insofar as  
possible, and submitted to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

*James C MacFarland*  
JAMES C. MacFARLAND  
Major, QMC  
Memorial Division

*[Handwritten signature/initials]*

1 /drs

Interred 21 March 1950  
L 10 125 Ft. McKinley

DISINTERMENT DIRECTIVE

*Carl R. H. Mark*  
CARL R. H. MARK

Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00386

DATE

15 05 48  
DAY MONTH YEAR

NAME

UNKNOWN X-000406

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

0

DISPOSITION OF REMAINS

7701 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

7409 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY

MANILA, PHILIPPINE ISLANDS  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNK X-406  
(Maus No.) UNK X-2833

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

27 Sept 48

IDENTIFICATION TAG ON

REMAINS  
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

ROBERT F. STEVENSON  
Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

2 Tags Maus No. UNK X-2833

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 48

BY

ROBERT F. STEVENSON

CASKET SEALED BY

ROBERT F. STEVENSON

EMBALMER (Signature)

*Robert F. Stevenson*  
ROBERT F. STEVENSON

CASKET BOXED AND MARKED

DATE 27 Sept 48

HORACE L. ALLISON  
Sgt., Inf

SHIPPING ADDRESS VERIFIED BY

HONORIO V. AURELIO, 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.

*Honorio V. Aurelio*  
HONORIO V. AURELIO, 1st Lt., Inf

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	APRS Mausoleum	TO	Fort Lockmley Military Cemetery
KIND OF CONVEYANCE		Truck	
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
MAR 21 1950		<i>Overstrom</i>	
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	

COMPANY "L"  
152nd INFANTRY  
APO 718

26 June 1945

**C E R T I F I C A T E**

I certify that Richard D. LeBaron, ASN 59575059, Medical Detachment 152nd Infantry; Eugene C. Bradley, ASN 55129759, Company "L", 152nd Infantry; and Erwin Burdick, ASN 56452946, Company "L", 152nd Infantry were witness to the accident of 1st Lt. James F. Bowersox, O-1502766, Company "L", 152nd Infantry, and that the Certificates signed by them are true to the best of my knowledge.

FRED J. VOLBERS  
2nd Lt Infantry  
Company "L"  
152nd Infantry

"A certified true copy."

JOHN J. TUFFY  
1st Lt., Inf.

T NO L # 12

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

4 March 1950

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 406, Plot \_\_\_\_\_, Row \_\_\_\_\_, Grave 7409, USMC USAF 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 decedent, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

  
A. B. McNEAR  
Captain, CMC  
Chief, Records Branch

Received 1 March 50 OQMG  
Not identifiable from  
information presently  
available *J. Miller* *John Sec*  
*5 Apr 1950*



## IDENTIFICATION DATA

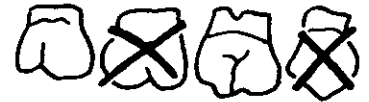
1. REMAINS OF UNKNOWN UNKNOWN X-406, USAF Cem. Leyte #1				2. DATE OF REPORT 4 March 1950		
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.		4. PLOT HANGAR	5. ROW BAY	6. GRAVE CRYPT	7. DATE OF	
		802	G	2023	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD		11. RACE UTL		
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						
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						

TOOTH CHART

**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



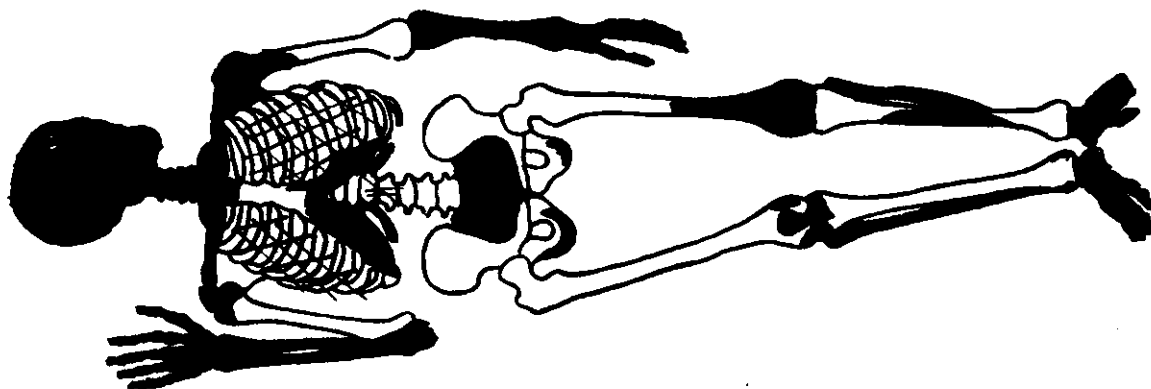
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Missing</i>															
<del>Side Views</del>															
<del>UPPER</del>															
<del>LOWER</del>															
<del>Side Views</del>															
<i>Missing</i>															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 I.D. tags, burial bottle, personal effects, or other means of identification found with remains.

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 CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-2833 (Formerly Unk X-406  
 USAF Cem Leyte #1, P.I.)

~~UNKNOWN X~~

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 802 Row G Grave 2023

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~Cebu~~ 9 Dec 47  
 (Hour) (Date)

2. Place of death Cebu, P.I.  
 (Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by 583rd QM GR Co., (Leyte #1)  
 (Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_  
 (Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	_____ (Type)	_____	_____
Raincoat	_____	_____	_____
Overcoat	_____	_____	_____
Jacket, Field	_____	_____	_____
Jacket, Combat	_____	_____	_____
Mackinaw	_____ N	_____	_____
Sweater	_____ O	_____	_____
Jacket, HBT	_____ E	_____	_____
* Shirt, Wool OD	_____	_____	_____
Undershirt, Wool	_____	_____	_____
Undershirt, Cotton	_____	_____	_____
Trousers, HBT	_____	_____	_____
* Trousers, Wool OD	_____	_____	_____

Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \* Shoes ..... (type) .....  
 Overshoes .....  
 Web Equipment ..... (type) .....  
 (Other item) .....  
 (Other item) .....  
 \* If body is nude, sizes of these items should be computed by measuring the remains  
 Chevrons or Insignia ..... (Type & location; shirt, jacket, coat, helmet)  
 Shoulder Patch .....  
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only - Chart attached

Age / / Height UTD Weight UTD Description of wounds .....  
 Bandages or dressings ..... Scars ..... (Length, width, location)  
 Tattoos ..... (Number, location -- illustrate on separate page)  
 Outstanding moles, warts or birthmarks ..... (Yes-no; description, location)  
 Sunburn or tan, other than hand and face .....  
 Complexion ..... (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build UTD ..... (Large, fat, thin, muscular)  
 Hair ..... (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  
 Hair ..... (Baldness, widows peak, distinctive cutting or other characteristics)  
 Sideburns ..... Mustache ..... Beard or ..... (Length, heavy)  
 (Color, setting, shape) ..... (Color, size, shape)

Goatee .....  
(Light, color, extent)

Eyes ..... U ..... Eyebrows .....  
(Color, setting, shape) (Color, bushiness, extent across nose)

Nose ..... D ..... Ears .....  
(Size, shape/straight) (Size, set close to or far from head)

Mouth ..... Lips .....  
(Large, medium, small) (Small, large, full)

Teeth None .....  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin .....  
(Prominent, receding, pointed, dimples, double)

Jaw ..... Circumference of skull head in inches None .....  
(Large, small, normal) (Hat band)

Neck ..... Larynx .....  
(Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders ..... Arms .....  
(Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands .....  
U

Fingers ..... T .....  
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

.....  
(Unusual characteristics of fingernails)

Chest .....  
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist .....  
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... Circumcision ..... Pubic Hair .....  
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty .....  
(Yes-no; location)

Legs .....  
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... Toes .....  
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

Evidence of healed fractures .....  
(Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? No If not, explain No maxilla, no mandible  
(Yes-no)  
no teeth found loose.

9. Remarks No ROI bottle found, no I.D. tags or other means of  
identification. No dental plate received at laboratory with  
remains. According to previous ROI sheet, remains of X-2833  
might possibly be 1st Lt. James F. Bowersok.  
Estimated weight of remains 4 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

s/ James W. McClanahan  
(Officer's Name)

SP 6 C 064983  
Rank Service

CIP, Laboratory, Manila, P.I.  
(Organization)

9 Dec 47

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G. T. GAMBOA  
2nd Lt., MAC

# SKELETAL CHART

X-2833

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 11- Ribs remained
- 2- Lumbar Vert. found
- 7- Thoracic " "



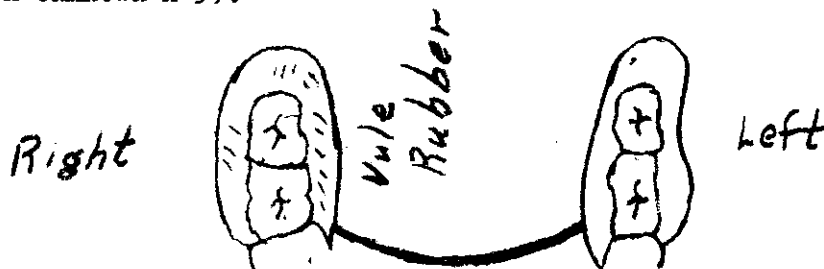
388th Port Battalion Dispensary  
APO - 718

23 November 1945

SUBJECT: Dental Examination.

TO : Commanding Officer, 110th QM Graves Registration Platoon, APO 718.

1. The following is a sketch and examination of a dental plate found with Unknown X-39.



Lingual Bar of Stainless Steel.

The lingual part of clasps were of vulcanite.

The labial part of clasps were of stainless steel.

The base of the partial was constructed of light red vulcanite rubber.

The upper partial was constructed of the same base material as the lower. It was a palatal bar partial-but the bar was missing. The one remaining clasp was a labial finger clasp of stainless steel. The upper right side was all that was found and it replaced the upper right second molar.

2. The Plate is apparently of civilian design.

3. Considering the condition and type of the plate it can be assumed that the owner was between 35 and 40 years of age.

/s/ James I. Smith  
/t/ James I. Smith  
Captain, D.C.  
388th Port Bn.  
APO #718

A CERTIFIED TRUE COPY

/s/ John J. Tuffy  
/t/ John J. Tuffy,  
1st Lt., Inf.

A CERTIFIED TRUE COPY

*William D. Rogers*  
WILLIAM D. ROGERS,  
1st Lt. Inf.  
Graves Registration Officer.

# IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
of Report of Interment WD QMC Form 1042)

Unknown X -406  
Cemetery Leyte #1, P. I.  
Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave 7409

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)

2. Place of death Cebu, P. I.  
(Name of closest town)  
1:200,000, Series of 1935  
(Sheet, scale and serials used)

10°-20'-N --120°-55' E  
(Coordinates and letter Prefix, maps)

3. Remains recovered or disinterred by \_\_\_\_\_  
(Name and organization)

4. Evacuated to Cemetery by 4586 GR Co.  
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	(Type)		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \* Shoes ..... (type) .....  
 Overshoes .....  
 Web Equipment ..... (type) **NONE** .....  
 (Other item) .....  
 (Other item) .....  
 \* If body is nude, sizes of these items should be computed by measuring the remains  
 Chevrons or Insignia ..... (Type & location; shirt, jacket, coat, helmet)  
 Shoulder Patch .....  
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains : **Skeleton only- Skeletal chart attached.**

Age ..... Height ..... Weight ..... Description of wounds .....  
 Bandages or dressings ..... Scars ..... (Length, width, location)  
 ..... Tattoos ..... (Number, location — illustrate on separate page)  
 Outstanding moles, warts or birthmarks ..... (Yes-no; description, location)  
 Sunburn or tan, other than hand and face **NONE** .....  
 Complexion ..... (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build ..... (Large, fat, thin, muscular)  
 Hair ..... (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  
 Hair ..... (Baldness, widows peak, distinctive cutting or other characteristics)  
 Sideburns ..... Mustache ..... Beard or ..... (Length, heavy)

Goatee ..... (Light, color, extent)

Eyes ..... (Color, setting, shape)      Eyebrows ..... (Color, bushiness, extent across nose)

Nose ..... (Size, shape, straight)      Ears ..... (Size, set close to or far from head)

Mouth ..... (Large, medium, small)      Lips ..... (Small, large, full)

Teeth ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... (Prominent, receding, pointed, dimples, double)

Jaw ..... (Large, small, normal)      Circumference of head in inches ..... (Hat band)

Neck ..... (Size, length, short, normal, wrinkled)      Larynx ..... (Prominent, normal)

Shoulders ..... (Broad, straight, small, rounded)      Arms ..... (Length, muscular, color, extent and quantity of hair)

Hands ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers ..... (Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

Legs ..... (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NONE

NONE

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Condition of remains precluded finger printing.

8. Has tooth chart been prepared? Yes If not, explain \_\_\_\_\_  
(Yes-no)

9. Remarks 1. No clothing or personal effects found on remains.

2. Remains disinterred were completely decomposed.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

*Paul R. Nichols*

PAUL R. NICHOLS

(Officer's Name)

Embalmer

Rank

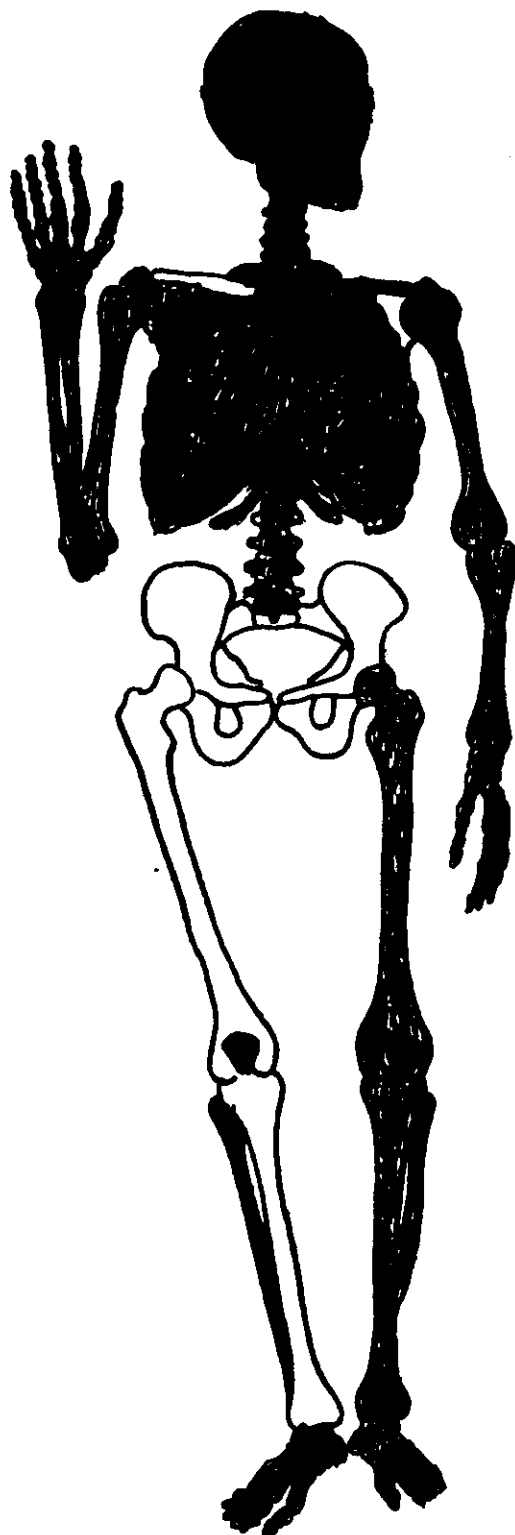
Service

583rd QMGR Co.

(Organization)

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*7 ribs*

# IDENTIFICATION DENTAL CHART

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

6 August 1947

DATE

UNKNOWN (X-406)

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Cebu, P. I.

USAF CEMETERY LEYTE NO 1.

7409

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

Missing
















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

INSIDE — LOOKING OUT

Missing

RIGHT								LOWER TEETH				LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16				
TYPE																			
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	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ADJUSTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

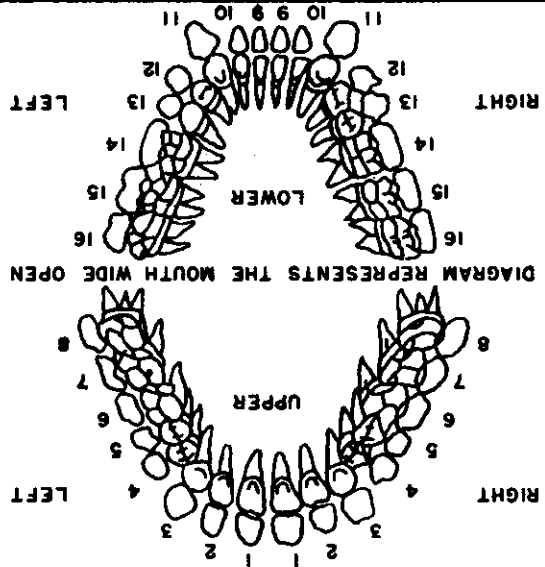
**INSTRUCTIONS:**

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, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  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*

NAME AND RANK TYPED OR PRINTED

PAUL R. NICHOLS., Embalmer

VERIFIED BY GRS OFFICER

*Ramon Thomas*

NAME AND RANK TYPED OR PRINTED

RAMON THOMAS, Captain., JMC

DATE

6 August 1947

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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





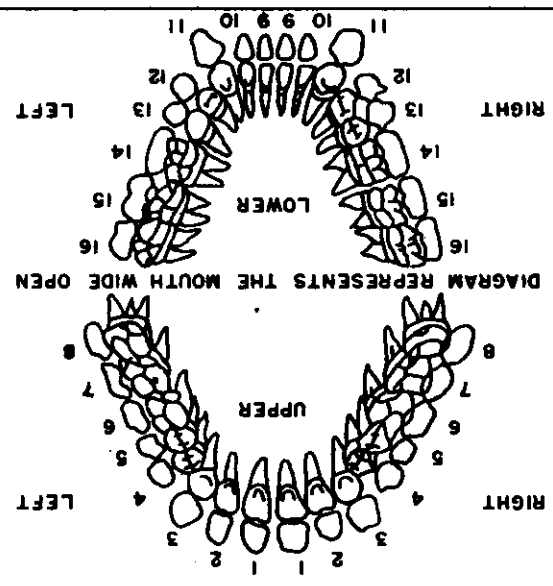
**INSTRUCTIONS:**

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:**

SIGNATURE OF PERSON WHO PREPARED CHART

*Paul H. Nichols*

NAME AND RANK TYPED OR PRINTED  
**PAUL H. NICHOLS, DENTIST**

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED  
**1547 Central Ave., Longton, P.I.**

DATE

**6 August 1947**

NAME AND RANK TYPED OR PRINTED

**BARON STUBBS, Captain, USMC**

VERIFIED BY GRS OFFICER

*James M. ...*

/mba

RESTRICTED

26623

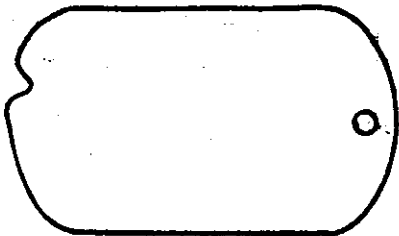
WD QMC FORM 1042  
(Rev. 1 Apr. 1943)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

19 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION**

NAME (Last, first, middle initial)  
UNKNOWN X-2833 (Formerly Unk X-406  
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

Cebu, 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, fill in section 2 on reverse)

See remarks.

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

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

**GRS MAUSOLEUM, MANILA, P**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. RANGER	ROW No. BAY	GRAVE No. SERIES
STORAGE 10 Dec 47	1100	STORED Casket	None	802	G	2023

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.

X

ROW No.

X

GRAVE No.

7409

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)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

STORED  
UNKNOWN X-2835

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRVDP  
2025

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

STORED  
UNKNOWN X-2831

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRVDP  
2021

SIGNATURE OF PERSON PREPARING REPORT

R. M. ACIERTO, Pvt.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L. S. PANOPLO, 2nd Lt., Inf

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

RESTRICTED

Quil 736

Section 3 UNIDENTIFIED REMAINS

INSTRUCTIONS:


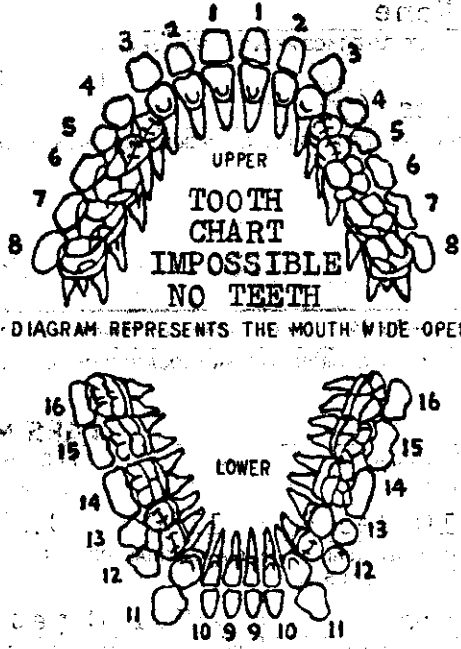




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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 TOOTH CHART IMPOSSIBLE NO TEETH</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; UNKNOWN X-2833, AGRS Mausoleum, Manila, P.I. formerly Unk X-406, USAF Cemetery Leyte #1, could be 1st Lt. James F. Bowersok, who was last seen alive where this remains was recovered. Identification Check List accomplished.

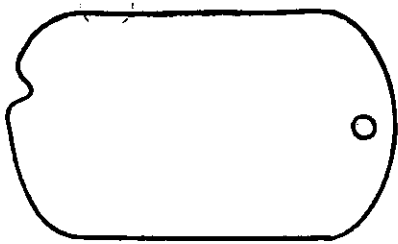
REMARKS:

3 FEB 1948

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**RESTRICTED**

WD GMC FORM 1042 (Rev. 1 Apr 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT  28 Feb 46
Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>					
	NAME (Last, first, middle initial)  UNKNWON X-406 (Formerly Unkn. X-39) Cebu # 2, P.I.				SERIAL NO.	
	GRADE		ORGANIZATION  (B/R to X-39 on		BRANCH OF SERVICE	
	RACE	RELIGION  293 file		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH  CEBU, 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)  UNIDENTIFIED: Possibly 1st Lt. James F. Bowersox. DISINT. FROM USAF CEMETERY CEBU # 2, P.I.				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  YES						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  NONE						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  USAF CEMETERY LEYTE # I, P.I.						
DATE OF BURIAL  25 Jan 46	HOUR  1300	BURIED IN (Shroud, blanket, or name of other)  Shelter half	TYPE OF GRAVE MARKER  Reg Cross	PLOT NO.	ROW NO.	GRAVE NO.  7409
WAS THIS A REBURIAL? (Yes or no)  YES	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  USAF CEMETERY CEBU # 2, P.I.			PLOT NO.  2	ROW NO.  10	GRAVE NO.  563
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)  YES	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)  YES					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  FENTON, HARRY or FEINSTEIN, AARON		RANK  Lt. Col.	SERIAL NO.	ORGANIZATION	GRAVE NO.  7408	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  HAYDEN, JOSEPH A.		RANK  2nd Lt.	SERIAL NO.  0-700 456	ORGANIZATION  307 B Gp 372 B Sq	GRAVE NO.  7410	
SIGNATURE OF PERSON PREPARING REPORT  SGT. CHARLES W. HALLOCK, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT  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**

**27 MAR 1946**


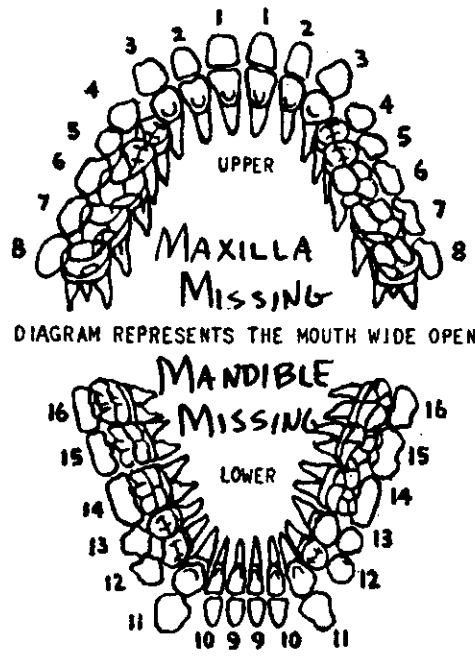




**Section 3. UNIDENTIFIED REMAINS.**

**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.

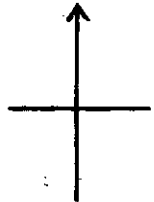
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER MAXILLA MISSING</p> <p>MANDIBLE MISSING</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:**  
 CONDITION OF BODY PRECLUDED FINGERPRINTING.  
 Body badly decomposed. No Tooth chart could be made. Attached is dentists' examination of a dental plate found with the body and a sketch of the plate.