

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unt. Leyte #1 X-451

SUBJECT

Also Manila News. X-2280 ✓

Formerly Unt. Bacolod #1 X-16 ✓

QMC FORM 1121  
1 Aug 45

AIRMAIL

FORM 298  
GHS Form Post

13 March 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 in AHS Mausoleum, Manila, P.I.:

Unknown	X-5,	77th Division Cemetery, Okinawa, Unit 2, Page 1
"	X-47,	Island Command Cemetery, Okinawa, Unit 2, Page 2
"	X-75,	Guam 2, Agat Cemetery, Unit 2, Page 5
"	X-785,	USAF Cemetery Leyte #1, P.I., Unit 2, Page 4 (Sup)
"	X-2269,	(formerly X-440 Leyte #1), Unit 2, Page 12
"	X-2280	" X-451 " " " 2, " 12
"	X-2354	" X-547 " " " 2, " 13
"	X-3857,	AHS Mausoleum, Manila, Unit 2, Page 19
"	X-3859,	" " " " 2, " 19
"	X-3860,	" " " " 2, " 19
"	X-3861,	" " " " 2, " 19
"	X-3862,	" " " " 2, " 19
"	X-3863,	" " " " 2, " 19
"	X-3864,	" " " " 2, " 19
"	X-3928	" " " " 2, " 19
"	X-4172	" " " " 2, " 19

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

FOR THE CHIEF MASTER GENERAL:

J. Milleralre  
Salsar  
Jd

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

JAM  
TAC

cc-- Administrative Section  
cc--Cincfe

AIRMAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900

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 QMCMU 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-5 77th Div Cemetery Okinawa  
X-47 Island Command Okinawa  
X-79 4th Mar. Iwo Jima  
X-2269 AGRS Mausoleum  
X-2280 " "

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

FOR THE COMMANDING OFFICER:

5 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt, Infantry  
Adjutant

**AIRMAIL**  
**RESTRICTED**

*293 U.S. P.I. X-2280 (Maus. Manila)*

~~0401 293~~  
~~293 Far East~~

12 January 1950

**SUBJECT:** Identification of World War II Deceased

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

1. Reference is made to Field Board Proceedings recommending that Unknown X-2269 and X-2280 AGRS Mausoleum, Manila, P.I., be identified as the recoverable remains of the following group:

CHANCE, James W.	2/Lt.	0-762081
LEGGETT, William G.	2/Lt..	0-760874
WALDO, James T.	2/Lt.	0-768100
ZEMESKY, Mitchell W.	S/Sgt.	31039324

2. Subject Proceedings are returned herewith disapproved.

3. Conclusive evidence linking the remains of Unknown X-2269 and X-2280 with aircraft is lacking. Physical and dental comparison of Unknown X-2280 with unidentified crew members is contradictory.

4. It is requested that further investigation be conducted by your headquarters and the results forwarded upon completion thereof.

FOR THE POSTMASTER GENERAL

*A 293 U.S. P.I. X-2269 (Maus. Manila)*  
*A 293 D. K. S. Far East*

1 Incl  
Bd Proceedings (Group)

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

REGISTERED  
NO. 1310239

J. MILLER:rc

Sals or

JW  
cc--Administrative Section  
cc--Cincfe

1310240

RESTRICTED

**AIRMAIL**

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

WGH/eva\*  
APO 707  
2 AUG 1943

GRPZ

SUBJECT: Group Identification of Unknowns

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

1. Proceedings of the Board of Review, PHILCOM Zone, AGRS, for the following unknowns are forwarded herewith with recommendation that group identification be approved:

CHANCE, James W.	2nd Lt.	0-762 081
LEGGETT, William G.	2nd Lt.	0-760 874
WALDO, James T.	2nd Lt.	0-765 160
ZENESKY, Mitchell W.	Sgt.	31 039 324

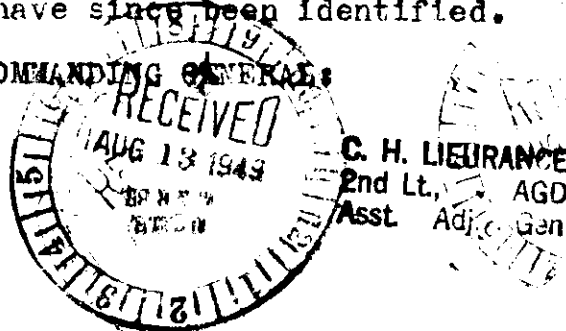
UNKNOWN X-2269, AGRS Mausoleum, Manila, P. I.  
(Formerly X-440, USAF Cem. Leyte #1, P. I.)

UNKNOWN X-2280, AGRS Mausoleum, Manila, P. I.  
(Formerly X-451, USAF Cem. Leyte #1, P. I.)

2. This group identification of two (2) unknowns pertains to four (4) crew members of the B-25 aircraft which was lost near Alicante Airdrome, Negros, P. I., on 3 Nov. 1944. The remains of the two other crew members were recovered and have since been identified.

FOR THE COMMANDING GENERAL:

1 Incl:  
Board proceedings



AIRMAIL

QMC Form 1044  
AGRS, East

October 1949

*at*  
293 Unk - P.I. X-2269  
(Maus) Manila

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Board Proceedings, your headquarters, dated 26 July 1949, recommending a group identification of Unknowns X-2269 and X-2280, AGRS Mausoleum, Manila, P.I., as the recoverable remains of the following personnel:

GRANCE, James W.	2/Lt	0-762081
LEGGETT, William G.	2/Lt	0-760874
WALDO, James T.	2/Lt	0-765160
ZEMESKY, Mitchell W.	Sgt	81039324

2. Circumstantial evidence surrounding the association of Unknowns X-2269 and X-2280 with the above known deceased are favorable, however, there are discrepancies indicated in a comparison of dental charts.

3. It is requested that the remains designated as Unknowns X-2269 and X-2280, AGRS Mausoleum, Manila, Hanger 810, Bay L, Crypts 3889 and 4001 be re-processed by an anthropologist and QMC Forms 1044 be submitted to this Office.

4. Subject case is being held in suspense pending receipt of information requested.

FOR THE QUARTERMASTER GENERAL:

R. Little:lrc  
Salser  
JW  
cc--Administrative Section  
cc--Cincfe

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

RECEIVED  
THE

X 293 Unk - P.I. X - 2280 (Maus) Manila

AIRMAIL

/mrl  
/bpm

Interred 28 Feb 1950  
G 15 97 Ft. McKinley

DISINTERMENT DIRECTIVE

1

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

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00416

DATE  
15 05 48  
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH  
UNKNOWN X-000451 8

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH  
8003 PHILIPPINE ISLANDS 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-451 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
UNK X-2280 (Maus) UNK X-16 Nov '44 27 Sept. '48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN USAF ROBERT F. STEVENSON  
 MARKER Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Shelter Half Skeletal

OTHER MEANS OF IDENTIFICATION  
Grave 365 Row 19

MINOR DISCREPANCIES 1  
1 Marker UNK X-16  
2 tags Mausoleum UNK X-2280

REMAINS PREPARED AND PLACED IN CASKET  
DATE 27 Sept. '48 BY ROBERT F. STEVENSON

CASKET SEALED BY EMBALMER (Signature)  
ROBERT F. STEVENSON *Robert F. Stevenson*  
ROBERT F. STEVENSON

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt. INF LUCIO S. PANOFIO, 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. Panofio*  
LUSIO S. PANOFIO, 1st Lt., INF  
SIGNATURE OF GRS INSPECTOR

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

APR 1948  
REGISTRATION  
BRANCH

*Jals*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM  
 KIND OF CONVEYANCE  
 AGS Mautoleum  
 TO  
 NAME OF CONVOYER  
 Fort McKinley Military Cemetery  
 SIGNATURE OF SHIPPER  
 Truck  
 DATE  
 SIGNATURE OF RECEIVER  
*W. A. ...*  
 FEB 28 1950  
 DATE

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

(BY ADMINISTRATIVE ORDER)  
 SIGNATURE OF SHIPPER  
 FORT MCKINLEY CEMETERY



WAR DEPARTMENT  
CLASSIFIED MESSAGE CENTER  
INCOMING CLASSIFIED MESSAGE

2801

~~RESTRICTED IVI  
PRIORITY~~ X 451

PARAPHRASE NOT REQUIRED. HANDLE AS RESTRICTED CORRESPONDENCE  
PER PARAS 511 and 60a (4) AR 380-5.

~~Reply file  
29 Feb 47  
noon~~

From: COMGENPHILRYCOM, Manila PI sgd Moore.

To: CO Base K, Leyte PI pass to GRS

Info: War Department for OQMG

Nr: X 44862 GSQMM

18 February 1947

see 29 B U.

Request that unknowns X-375, X-387, X-444 and X-451, USAF Cemetery Leyte nr 1, Philippine Island, be disinterred and reprocessed. Special attention to be given to upperleft jaw for X-375. Whether teeth for X-375 and X-444 were naturally missing or posthumously missing. Request immediate reply.

End

All files filed under  
293 Unknown Philippines X-375  
X-refs under other #'s only  
X-375 file chgd 9/27/46 Cooper, Ident.

293 Unknown (Phil.) (miss.)

ACTION: OMC

mem (P.R.) 2

FEB 19 11 49 AM '47  
D. O. M. G.  
TELEGRAPH

CM IN 3073

(18 Feb 47)

DTG 180212Z

rel

RESTRICTED

4-375  
4-387  
4-444  
4-451

2/27/47  
B  
2/27/47  
B

COPY NO. 2

THE MAKING OF AN EXACT COPY OF THIS MESSAGE IS FORBIDDEN

**RESTRICTED**  
**WAR DEPARTMENT—OFFICIAL BUSINESS**  
**OUTGOING CLASSIFIED MESSAGE**

DEFERRED-ROUTINE-PRIORITY-URGENT PRECEDENCE	OFFICE OF ORIGIN  <b>QMGR MEMORIAL DIVISION REPATRIATION RECORDS BRANCH RECORDS SECTION</b>	EXTENSION
DATE <b>PRIORITY</b>		NAME OF <b>7226Z</b> PREPARING

**13 FEBRUARY 1947** CLASSIFICATION  RESTRICTED  CONFIDENTIAL  SECRET  TOP SECRET **MAJOR RILEY**

(LIST EACH ADDRESSEE SEPARATELY. USE UPPER CASE AND DOUBLE SPACING BETWEEN EACH ADDRESS AND THROUGHOUT MESSAGE)

TO: *75101 D. K. (MIA) (Leyte #1) 474 401*  
**CONGENPHILRYCOM MANILA PI** **MULTIPLE ADDRESS**

INFO TO: **CINCFE TOKYO JAPAN**  
**FROM QMGR**

REQUEST THAT UNKNOWN'S XRAY THREE SEVEN FIVE CMA XRAY THREE EIGHT SEVEN CMA XRAY FOUR FOUR FOUR CMA XRAY FOUR FIVE ONE CMA UNCLE SUGAR ABLE FOX CEMETERY LEYTE NUMBER ONE PHILIPPINE ISLANDS BE DISINTERRED AND REPROCESSED PD SPECIAL ATTENTION BE GIVEN TO UPPER LEFT JAW FOR XRAY THREE SEVEN FIVE AND WHETHER TEETH FOR XRAY THREE SEVEN FIVE AND XRAY FOUR FOUR FOUR WERE NATURALLY MISSING OR POSTHUMOUSLY MISSING PD REQUEST IMMEDIATE REPLY  
**OFFICIAL BUSINESS FOR THE QUARTERMASTER GENERAL**

**FEB 14 10 37 AM '47**  
**MEMORIAL DIVISION**

DISTRIBUTION	COORDINATION, CONTENT AND CLASSIFICATION AUTHENTICATED BY: <i>[Signature]</i>		
	TYPED NAME AND GRADE <b>O. J. MURRAY, MAJOR, SMC, ASSISTANT</b>		
	DIVISION		
	SIGNATURE OF RESPONSIBLE OFFICER: <i>[Signature]</i> <b>NOT REQUIRED</b>		

W. D., A. G. O. FORM NO. 990  
 June 1944  
 This form supersedes W. D., A. G. O. Form No. 990 2 September 1942, which may be used until existing stocks are exhausted.

**QMGR 314.6 GRAVES REGISTRATION PI**  
**RESTRICTED**

FILE UNDER NO. 293 - Unk. P.I. X-451 (Leyte #1)

INDEX SUMMARY

TELETYPE

SYNOPSIS

18 Feb 47

FROM: COMNAVHILRYCOM, Manila PI and Moore  
TO: CO Base I, Leyte PI pass to GRS  
INFO: WD, for OCMG

NR: X-44862 CSMM

18 Feb 47

Request that unknowns X-375, X-387, X-444 and X-451 USAF Cos. Leyte nr 1, Philippine Island, be disinterred and reprocessed. Special attention to be given to upper left jaw for X-375. Whether teeth for X-375 and X-444 were naturally missing or posthumously missing. Request immediate reply.

CM IN 3078 (18 Feb 47) DTG 180212Z

DOCUMENT FILED UNDER NO. 293 - Unk. P.I. (1950) (Leyte #1) X-37

JW

**RESTRICTED**

**PRIORITY**

**COMB MEMORIAL DIVISION  
REPATRIATION RECORDS BRANCH  
RECORDS SECTION**

**72262**

**13 FEBRUARY 1947**

**MAJOR RILEY**

*491st. P. I. (C. I. #1)*

**CONSENPHILRYCEN MANILA PI**

**MULTIPLE ADDRESS**

**INFO TO: CINCPAC TOKYO JAPAN**

**FROM GMDNR**

*92054*

**REQUEST THAT UNKNOWN XRAY THREE SEVEN FIVE CMA XRAY THREE  
EIGHT SEVEN CMA XRAY FOUR FOUR FOUR CMA XRAY FOUR FIVE ONE CMA UNCLE  
SUGAR ABLE FOR CEMETERY LEYTE NUMBER ONE PHILIPPINE ISLANDS BE  
DISINTERRED AND REPROCESSED PD SPECIAL ATTENTION BE GIVEN TO UPPER  
LEFT JAW FOR XRAY THREE SEVEN FIVE AND WHETHER TEETH FOR XRAY THREE  
SEVEN FIVE AND XRAY FOUR FOUR FOUR WERE NATURALLY MISSING OR  
POSTHUMOUSLY MISSING PD REQUEST IMMEDIATE REPLY**

**OFFICIAL BUSINESS FOR THE QUARTERMASTER GENERAL**

**O. J. MURRAY, MAJOR, MC, ASSISTANT**

**NOT REQUIRED**

**GMDNR 314.6 GRAVES REGISTRATION PI**

*Under Keenan X-451*

**RESTRICTED**

*491st. P. I. (C. I. #1)*

BASIC: Ltr fr WD, O.M.G., Wash. 25, D.C., file OSQMU 293 Unknown X-444 (Leyte #1), P.I., dtd 29 August 1947, subj: Identification of Unknown Deceased.

OSQMU 293

1st Ind

JG/gyd\*

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

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

1. Reference is made to self-explanatory basic communication which identifies the remains currently interred as "Unknown X-444" (Formerly Unknown X-3, USAF Cemetery, Enclosed #1, Occidental Negros, P. I.) as those of ASLIN, Harold G., T/Sgt, 17 119 592, Air Corps.

2. Request completion of necessary action, and this Headquarters be forwarded corrected ROI - in duplicate, with copy of basic letter attached to each as authority for action taken - at the earliest practicable date.

3. As a result of information obtained from records perused upon, and as result of receipt of basic letter, it is further requested the following ROI's be corrected as indicated and same also be forwarded this Headquarters in duplicate - with copy of basic letter and this indorsement attached to each as authority for action taken - at the earliest practicable date:

(a) DALLIVAN, Joseph Jr. - change the name to read: "DONOVAN, Joseph J., Jr."; add Mrs. Rose A. Donovan (W), 44 Charms Avenue, Roslindale, Mass., as "Emergency Addressee". It is possible that records of your office already contain the above amendatory and additional information; however the amended records of this Headquarters would seem to indicate such information has not been forwarded to your office.

(b) UNKNOWN X-375 and X-387 - add the notation that remains are those of "Possibly one of the following group":

1. CHANCE, James W.	2d Lt.	0 762 081
2. LEGGITT, William G.	2d Lt.	0 760 874
3. WALDO, James T.	2d Lt.	0 765 160
4. ZENESKY, Mitchell W.	S/Sgt.	31 039 324

(c) UNKNOWN X-440 and X-451 - delete only "4. T/Sgt. Harold G. Aslin, 17 119 592" (from the presently shown list of "Possibly one of the following group"); amend "5. S/Sgt. Mitchell Zenesky, 31 039 324", to read "4. S/Sgt. Mitchell G. Zenesky, 31 039 324".

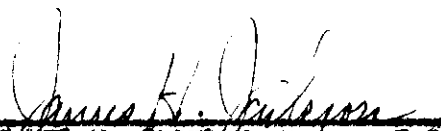
BASIC: Ltr fr WD, OJSG, Wash. 25, D.C., file USMC 293 Unknown X-444  
(Leyte #1), P.I., dtd 29 August 1947, subj: Identification of  
Unknown Deceased. (Cont'd)

4. It is believed, by this Headquarters, that the remains of the individuals listed in above Paragraph 3(b) are those interred as Unknowns X-375, 387, 440 and 451, and OJSG has been requested, this date, to compare appropriate dental and other available clinical records of the named individuals with those of the listed "Unknown" remains in an attempt to establish positive identification of Unknowns X-375, 387 and 451 and, through process of elimination, the identification of Unknown X-440.

BY ORDER OF COLONEL MURPHY:

/s/ Harold F. Reverski  
/t/ HAROLD F. REVERSKI  
Lt. Col., Q.M.C.  
Executive

A TRUE COPY:

  
JAMES H. JACKSON, Major, T.C.

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

QMGMU 293  
Unknown X-444  
(Leyte #1), P.I.

29 August 1947

SUBJECT: Identification of Unknown Deceased


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

1. The remains interred in U.S. Armed Forces Cemetery Leyte #1, P.I., Grave 7967, have been identified from information available to this office as those of Harold C. ASLIN, T/Sgt., 17119593, Air Corps.
2. The expressed religious preference of the deceased was Protestant. The designated emergency addressee is his wife, Mrs. Marguerite Clark Aslin, 1033 South Terrace Drive, Wichita 9, Kansas.
3. War Department records now indicate that the deceased was killed in action on 3 November 1944. The Report of Reinterment submitted to this office has been amended.
4. It is requested that the records of your office and the inscription on the grave marker be changed accordingly and this office advised upon completion thereof.

FOR THE QUARTERMASTER GENERAL:

/s/ James C. MacFarland  
/t/ JAMES C. MacFARLAND  
Major, JMC  
Memorial Division

A TRUE COPY:

  
JAMES H. JACKSON, Major, T.C.

HEADQUARTERS  
AMERICAN GRAVE REGISTRATION SERVICE  
PHILIPPON STREET

JG/gyd\*

GSQM 293

AFD 707  
29 October 1947

SUBJECT: Information Which May Lead to Identification of Four (4)  
Air Crew Members

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

243 1. Attention is invited to 3-Page Inclosure which consists of (a) copy of basic letter, your office, dated 29 Aug 47, contents of which identifies remains currently interred as Unknown X-444, Leyte #1, as being those of ASLIN, Harold G., T/Sgt, 17119593, Air Corps, and (b) copy of this Headquarters' 1st Indorsement thereto, dated 29 Oct 47 to GO, USAF Cemetery, Leyte #1.

2. Particular attention is invited to that portion of attached 1st Indorsement (Paragraphs 3 (a), (b), and (c)) which instructs Leyte #1 to correct several current records on the basis of information obtained from records of this Headquarters, perused upon, and as a result of, receipt of basic letter. In this connection, reference is made to the following ROI's on remains currently interred in USAF Cemetery, Leyte #1.

(a) DONOVAN, Joseph J. Jr., 31031663, S/Sgt, Army, Grave 8009 (formerly Grave 363, Bacedol #1; referred to in earlier records as "DOMABAN", "DOLLIVAN", and/or "DELLIVAN", and, according to amended records of this Headquarters, possibly listed on currently filed ROI of your office as the latter. For your information, official Casualty Records list "DONOVAN".).

(b) UNKNOWN X-444, Grave 7967, (new ASLIN and at one time Unknown X-3, Bacedol #1, Grave 240, ROI on which refers to Unknowns X-1 and X-2, Bacedol #1, (new Unknowns X-387 and X-375, below)).

(c) UNKNOWN X-375, Grave 6122, (formerly Unknown X-2, Bacedol #1, Grave 239, ROI on which refers to Unknowns X-1 and X-3, Bacedol #1, (new Unknowns X-387, below, and ASLIN, above)).

(d) UNKNOWN X-387, Grave 6599, (formerly Unknown X-1, Bacedol #1, Grave 238, ROI on which refers to Unknowns X-2 and X-3, Bacedol #1, (new Unknowns X-375 and ASLIN, above)).

(e) UNKNOWN X-440, Grave 7946, and X-441, Grave 8003, (formerly Unknowns X-15, Grave 364, and X-16, Grave 365, Bacedol #1, ROI's on which state remains were found in the same vicinity as those of "DOMABAN" (DONOVAN)).



(Ltr HQS AGRS-PHILRYCON Sector, APO 707, file GSQMN 293, dtd 29 Oct 47,  
subj: Info Which May Lead to Ident of Four (4) Air Crew Members) (Cont'd)

3. It is noted from the above and other files that:

(a) DONOVAN's remains were positively identified upon recovery; additional filed information indicates he was one (1) of six (6) members of an Air Crew (2d Lts. CHANCE, James V., 0762081; LEGGETT, William G., 0760874; WALDO, James T., 0765160; T/Sgt ASLIN, Harold G., 17119593; S/Sgt DONOVAN, Joseph J., 31031663; and ZENESKY, Mitchell W., 31099324) KIA as a result of a plane crash "over Aligante Airdrome, Negroe Islands, P. I."; remains of above Unknowns X-440 and X-451 were found in the same vicinity; crashed plane was probably a "Liberator".

(b) UNKNOWN X-444 (now ASLIN) was a member of the same Air Crew as that of DONOVAN; ROI's on above Unknowns X-387, X-375 and X-444 (now ASLIN) (formerly Unknowns X-1, X-2 and X-3, Baccled #1) indicate these remains were all recovered from the same crashed "B-24"; that referred to deceased were members of the same crew.

4. In view of the facts that (a) reportedly, four (4) remains of the total six (6) above air crew members have not yet been identified; (b) four (4) unidentified remains exist on which recovery circumstances of all, including place and date of death of decedents, are similar and refer to recovery of identified remains of two (2) of the above six (6) Air Crew members; and (c) "Liberator" and "B-24" refer to the same type of aircraft, it is believed the four (4) unidentified remains may be those of CHANCE, LEGGETT, WALDO and ZENESKY.

5. Request, therefore, that the dental records of Unknowns X-375, X-387 and X-451 be compared with available dental and other clinical records on CHANCE, LEGGETT, WALDO and ZENESKY, in an attempt to establish positive identification of three (3) remains and, through process of elimination, the identity of the fourth (Unknown X-440, on which IDC could not be accomplished), and this Headquarters advised of the results.

FOR THE COMMANDING OFFICER:

HAROLD F. REVERSKI  
Lt. Col., Q.M.C.  
Executive

1 Inal: as stated.

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

QMGMU 293  
Unknown X-444  
(Leyte #1), P.I.

29 August 1947

SUBJECT: Identification of Unknown Deceased

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

1. The remains interred in U.S. Armed Forces Cemetery Leyte #1, P.I., Grave 7967, have been identified from information available to this office as those of Harold C. ASLIN, T/Sgt., 17119593, Air Corps.
2. The expressed religious preference of the deceased was Protestant. The designated emergency addressee is his wife, Mrs. Marguerite Clark Aslin, 1033 South Terrace Drive, Wichita 9, Kansas.
3. War Department records now indicate that the deceased was killed in action on 3 November 1944. The Report of Reinterment submitted to this office has been amended.
4. It is requested that the records of your office and the inscription on the grave marker be changed accordingly and this office advised upon completion thereof.

FOR THE QUARTERMASTER GENERAL:

/s/t/ JAMES C. MacFARLAND  
Major, QMG  
Memorial Division

c

.

p

y

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BASIC: Ltr fr WD, OQMG, Wash. 25, D.C., file OQMGU 293 Unknown X-444 (Leyte #1), P.I., dtd 29 August 1947, subj: Identification of Unknown Deceased.

OSQMM 293

1st Ind

JG/gyd\*

PHILBYCOM Sector Graves Registration Service, APO 707, 29 October 1947

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

1. Reference is made to self-explanatory basic communication which identifies the remains currently interred as "Unknown X-444" (Formerly Unknown X-3, USAF Cemetery, Bacoled #1, Occidental Negros, P. I.) as those of ASLIN, Harold G., T/Sgt, 17 119 592, Air Corps.

2. Request completion of necessary action, and this Headquarters be forwarded corrected ROI - in duplicate, with copy of basic letter attached to each as authority for action taken - at the earliest practicable date.

3. As a result of information obtained from records perused upon, and as result of receipt of basic letter, it is further requested the following ROI's be corrected as indicated and same also be forwarded this Headquarters in duplicate - with copy of basic letter and this indorsement attached to each as authority for action taken - at the earliest practicable date:

(a) DELLIVAN, Joseph Jr. - change the name to read: "DONOVAN, Joseph J., Jr."; add Mrs. Rose A. Donovan (M), 44 Charms Avenue, Roslindale, Mass., as "Emergency Addressee". It is possible that records of your office already contain the above amendatory and additional information; however the amended records of this Headquarters would seem to indicate such information has not been forwarded to your office.

(b) UNKNOWN X-375 and X-387 - add the notation that remains are those of "Possibly one of the following group":

1. CHANCE, James F.	2d Lt.	0 762 081
2. LEGGETT, William G.	2d Lt.	0 760 874
3. WALDO, James T.	2d Lt.	0 765 160
4. ZENESKY, Mitchell W.	S/Sgt.	31 039 324

(c) UNKNOWN X-440 and X-451 - delete only "4. T/Sgt. Harold G. Aslin, 17 119 593" (from the presently shown list of "Possibly one of the following group"); amend "5. S/Sgt. Mitchell Zenesky, 31 039 324", to read "4. S/Sgt. Mitchell E. Zenesky, 31 039 324".

HEADQUARTERS  
PHILCOL ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

9 Feb. 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 451, Plot     ,  
Row     , Grave 8003, USMC Leyte #1, P.I., have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:

  
B. McNEELAR  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

Received 21 Feb 50 OQMG

Not identifiable from  
information presently  
available

*J. Miller Ident Sec*  
*9 Mar 50*

*R. 101*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-2280 (Formerly UNK X-451 Leyte #1)</b>				2. DATE OF REPORT <b>9 Feb. 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION **AGE: 26 - 31**

8. ESTIMATED WEIGHT <b>120 - 140 lbs</b>	9. ESTIMATED HEIGHT <b>5' 2 1/8</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>White</b>
---	--	-----------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

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

N O N E

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

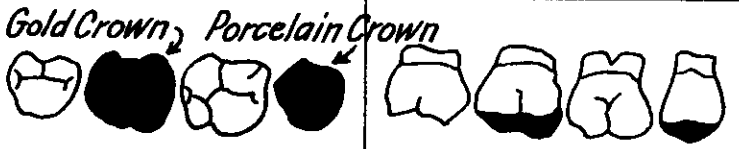
RECEIVED  
MAY 1950

L. S.

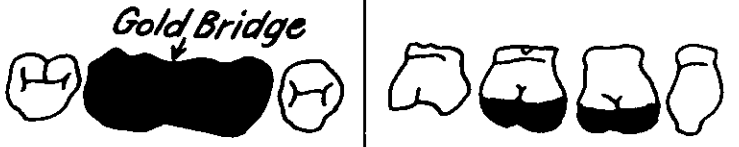
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



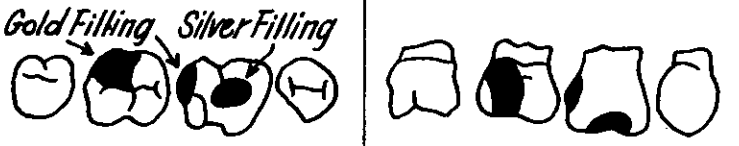
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



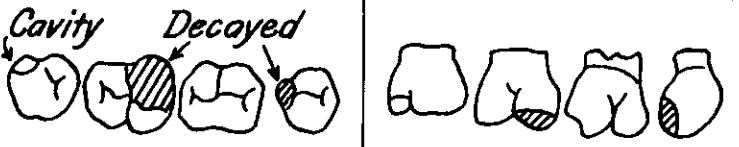
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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	of	X	X	P	P	X	X	X	X	P	X	X	mo		a of
Side Views	[Tooth diagrams in side view]														Side Views
Top Views	[Tooth diagrams in top view]														
	UPPER														
Side Views	[Tooth diagrams in side view]														Side Views
	LOWER														
X		X	a od			P	P				P	P	X	a o	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

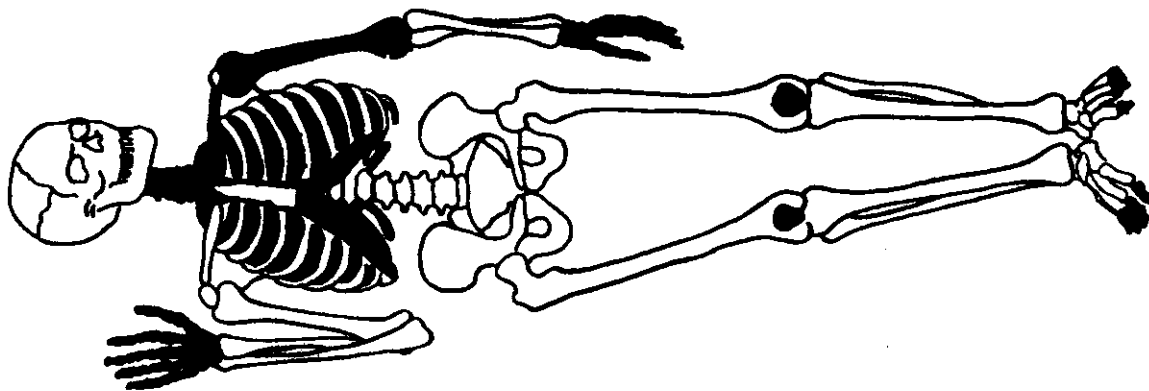
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

*July 5 '33*

*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimate height: 5' 2 1/8"

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 identification tags, ~~bottle~~ buried, personal effect 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, Ident. Section

SIGNATURE

*20154*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-2280 (Formerly UNK X-451 Leyte #1)</b>				2. DATE OF REPORT <b>22 Oct 49</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION **AGE: 26 - 31**

8. ESTIMATED WEIGHT <b>120 - 140 lbs</b>	9. ESTIMATED HEIGHT <b>5'2 1/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>WHITE</b>
---	--	-----------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N O N E**

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

**N O N E**

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

**N O N E**

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**

*Incl 2*



18.

TOOTH CHART

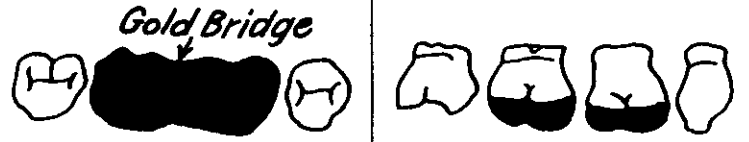
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:



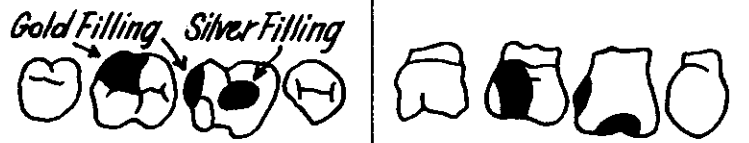
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



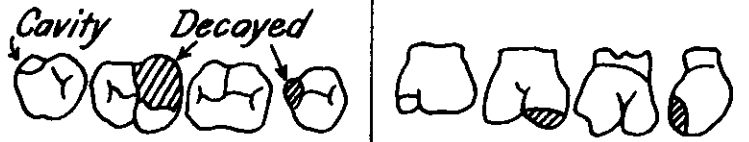
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:

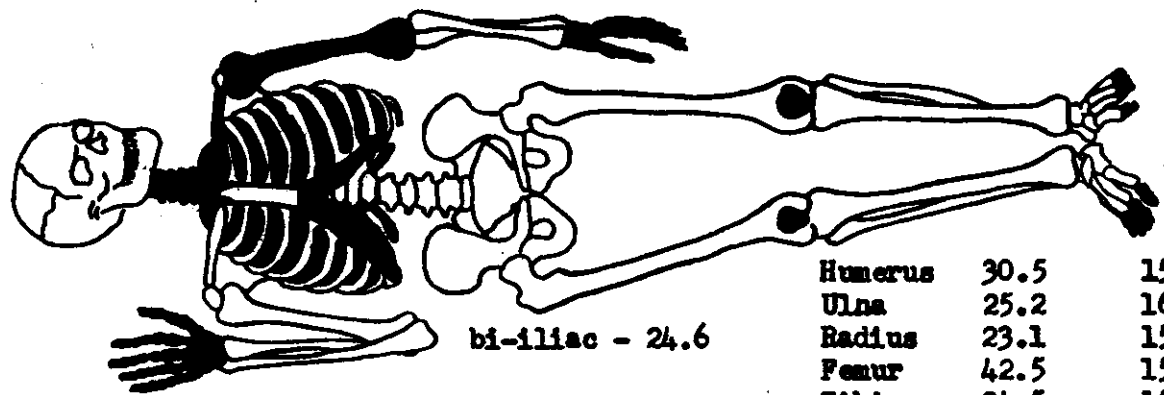


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
⊕	⊕	X	X	⊕	⊕	X	X	X	X	⊕	X	X	⊕		⊕
Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View
Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View
Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View
X		X		⊕		⊕	⊕	⊕	⊕		⊕	⊕	X	⊕	
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



Humerus	30.5	155
Ulna	25.2	162
Radius	23.1	158
Femur	42.5	156
Tibia	34.5	157
Fibula	35.0	161

Estimate height: 5'2 1/8"

6 / 919  
158 1/6

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

This is the remains of a male individual, of white ancestry, short (est. 5'2 1/8") and muscular, weighing between 120 - 140 lbs, and in his mid or late twenty's (possibly early thirty's).

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

ROBERT B FOX, Anthropologist

SIGNATURE

# 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.

18 December 1946  
DATE

UNKNOWN X - 451

LAST NAME                      FIRST                      INITIAL                      RANK                      SERIAL NO.

UNIT

ORGANIZATION

Negros, P. I.

USAF Cemetery Leyte #1

8003

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

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

INSIDE — LOOKING OUT

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

## 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. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

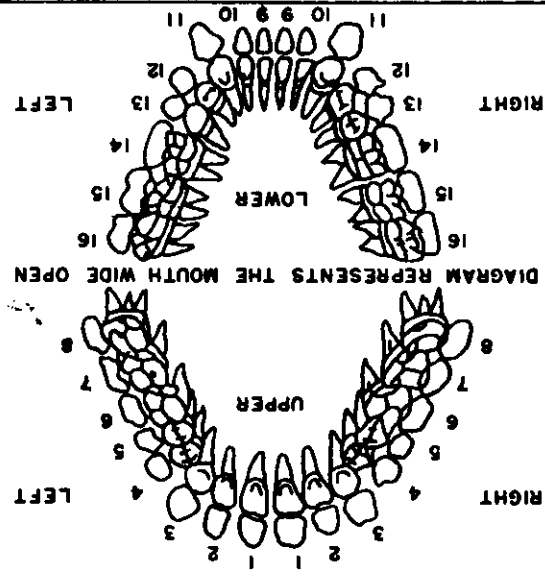
**INSTRUCTIONS:**

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  $\frac{3}{4}$ ),  $\frac{3}{4}$  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

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

VERIFIED BY GRS OFFICER  
*Joseph M. Phtlan*

NAME AND RANK TYPED OR PRINTED  
JOSEPH M. PHTLAN, Capt., GAG

DATE  
18 December 1946

# 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.

27 February 1947  
DATE

UNKNOWN X-451

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Negros, P. I.

USAF Cemetery Leyte #1

8003

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

RIGHT				UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE															
LOCATION		A	X	X			X	X	X		X	X	A		A
		01											MO		DF

INSIDE — LOOKING OUT

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

## 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
	<b>A</b> AMALGAM (SILVER)	<b>m</b> MESIAL (BETWEEN-TOWARD FRONT)
	<b>G</b> GOLD	<b>o</b> OCCLUSAL (BITING SURFACE BACK TEETH)
	<b>S</b> SILICATE OR PORCELAIN	<b>d</b> DISTAL (BETWEEN-TOWARD BACK)
	<b>O</b> OXYPHOSPHATE (CEMENT)	<b>i</b> LINGUAL (TOWARD TONGUE)
		<b>f</b> FACIAL (TOWARD CHEEK)

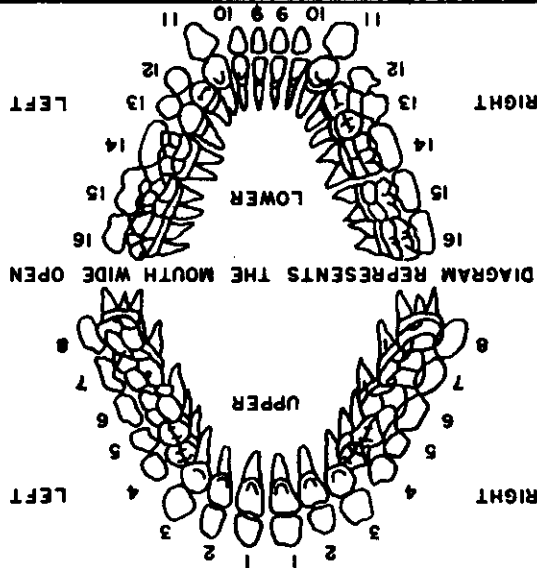
**INSTRUCTIONS:**

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

Self-explanatory - no unusual features moderate P ocl with bone loss.

/s/ WILLIAM R. STAPLES  
SIGNATURE OF PERSON WHO PREPARED CHART

It (jg) D.C. - U.S.M.  
NAME AND RANK TYPED OR PRINTED

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

VERIFIED BY GRS OFFICER

GEORGE D. REDDEN, JR., Capt., Inf.

NAME AND RANK TYPED OR PRINTED

27 February 1947  
DATE

# 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.

**27 February 1947**

DATE

**UNKNOWN 1-451**

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

**Marine, P. I.**

**USAF Cemetery Leyte #1**

**8009**

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			A	X	X			X	X	X	X		X	X	A		A	TYPE	
LOCATION			01												10		DF	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		X	X			A									X	A		TYPE	
LOCATION						00										0		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. 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)

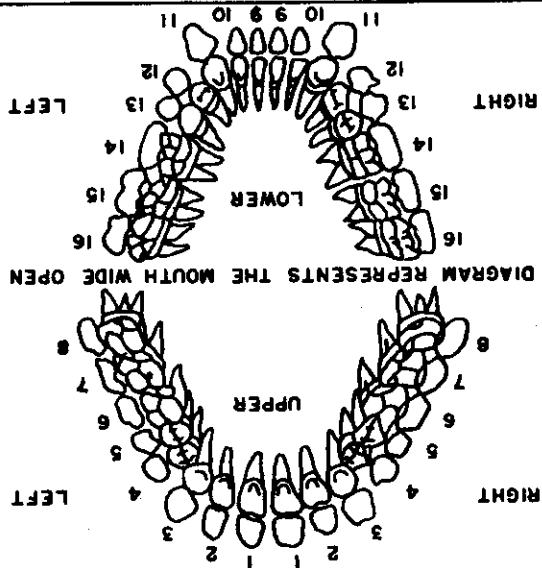
**INSTRUCTIONS:**

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, 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:**

Self-examination - no unusual features noted to 7 and with  
 done later.

**/s/ WILLIAM R. STARRS**

SIGNATURE OF PERSON WHO PREPARED CHART

**Lt (JG) D.C. - U.S.N.**

NAME AND RANK TYPED OR PRINTED

**NAV COMPANY Logo #1**

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

**27 February 1947**

NAME AND RANK TYPED OR PRINTED

**GEORGE B. HEDDER, JR., Capt., USN**

VERIFIED BY GRS OFFICER



X-2280

# 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.

UNKNOWN X-2280 (Formerly UNK X-451  
USAF Cemetery Leyte #1, P.I.)

29 Nov 47

DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown UNIT

Unknown ORGANIZATION

Tortosa Area  
Negros, P.I.

AGRS Mausoleum,  
Manila, P.I.

810 PLOT L ROW 4001 GRAVE NO.

PLACE OF DEATH

PLACE OF BURIAL STORAGE

PLOT

ROW

GRAVE NO.















DANGER WAY CRYPT

RIGHT				UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	X	⊗	A	X	⊗	X	X	X	X	X	X	X	X	A	A
LOCATION	X	⊗	od	X	⊗	X	X	X	X	X	X	X	X	mo	od

INSIDE — LOOKING OUT

RIGHT				LOWER TEETH				LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	X	X	X	A	⊗	X	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	A
LOCATION	X	X	X	od	⊗	X	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	mo

## 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. 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)

G. I. GAMBOA  
2d Lt., MAC

CERTIFIED TRUE COPY:

CIP Laboratory, Manila, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

29 Nov 47  
DATE

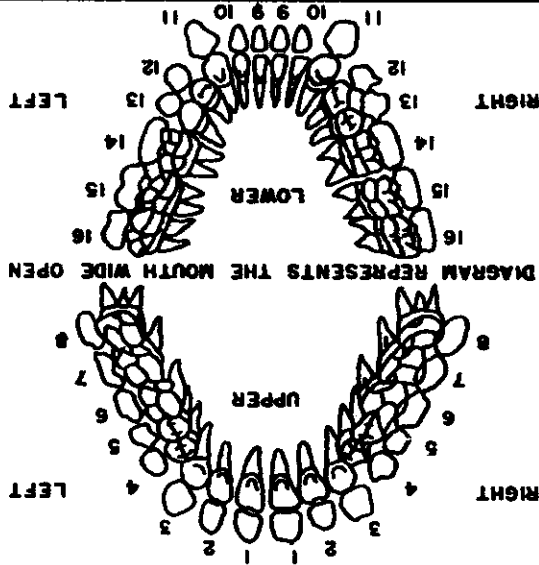
/p/ GERALD M. HOLTZ, Emb. Sr.  
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BENNETT JR.  
NAME AND RANK TYPED OR PRINTED

/s/ Gerald M. Holtz  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Bennett Jr.  
VERIFIED BY GRS OFFICER

REMARKS:



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

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.

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.

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

INSTRUCTIONS:

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-2280 (Formerly UNK  
 X-451 USAF Cemetery  
~~UNKNOWN~~ Leyte #1, P.I.)  
~~Cemetery~~ AGRS Mausoleum, Manila, P.I.  
 Plot 810 <sup>Row</sup> L 1st <sup>Grave</sup> 4001

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 29 Nov 47  
(Hour) (Date)
2. Place of death Tortosa Area  
Negros, P.I.  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains ~~recovered or~~ disinterred by 583rd QM AGRS  
(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		N	E
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web / /

Drawers, wool / /

Drawers, cotton / /

Leggings, wool / /

Socks, cotton / /

\* Shoes / / N (type)

Overshoes / / O N

Web Equipment / / E (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. Skeletal Chart attached.

Age / / Est. Height 5' 7 1/2" Est. Weight 145 lbs 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 / / U (light, medium, dark, clear, pimples, pocks, freckles)

Build / / T (Large, fat, thin, muscular)

Hair / / D (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair / / (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns / / Mustache / / Beard or / / (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee / / (Light, color, extent)

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

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

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

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

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

Jaw (Large, small, normal) Circumference of head in inches 20 1/2" (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

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

(Unusual characteristics of fingernails)

Chest D (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 (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, arm, leg, 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? Yes If not, explain (Yes-no)

9. Remarks No ROI bottle nor Identification tags received with remains.  
No personal effects found. The deceased could possibly be one of  
those unknowns listed on the old ROI. Weight of the remains is about  
10½ 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/ Gerald M. Holtz  
(Officer's Name)

Emb. Sr. C-063008  
Rank Service

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

29 Nov 47

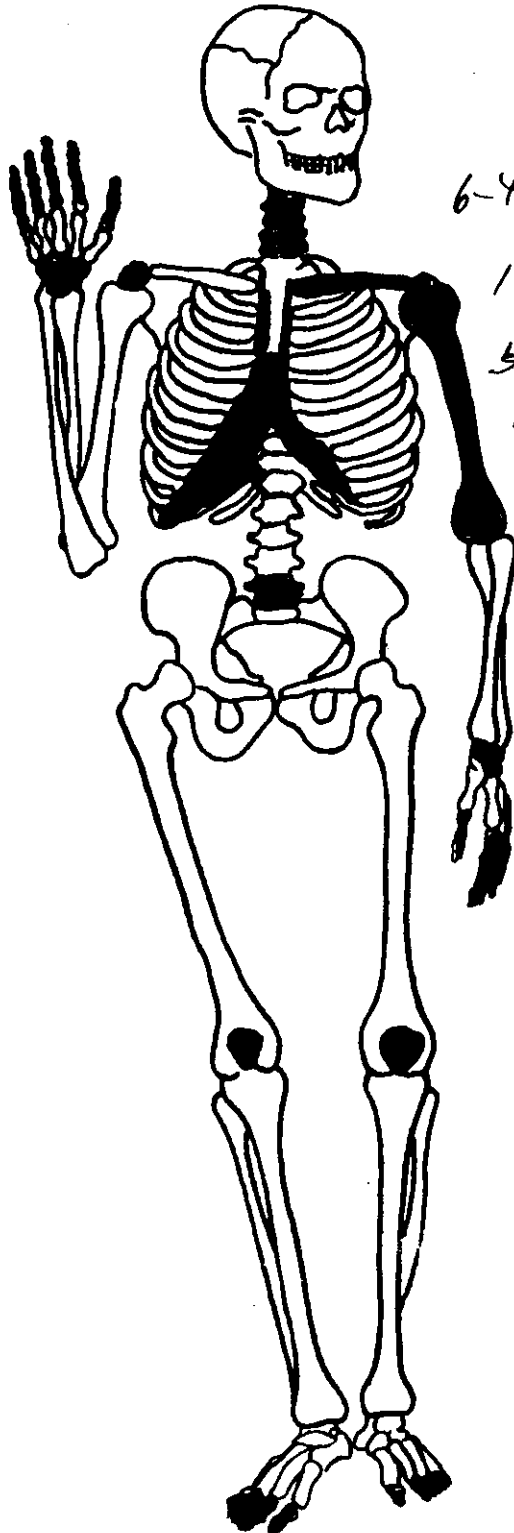
CERTIFIED TRUE COPY:

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

# SKELETAL CHART

X-2280

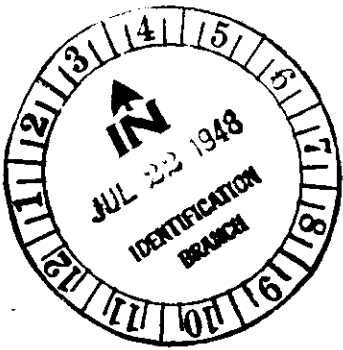
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



6-Thoracic vertebrae  
1-lumbar    "  
5-Cervical   "  
3-Ribs

missing

*MS*  
CHART "A"





JUL 22 1948

RESTRICTED

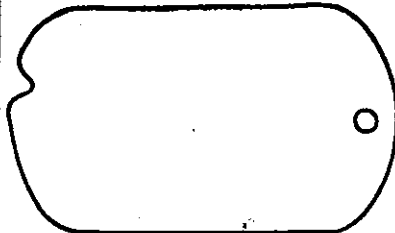
73 5778A

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

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

DATE OF REPORT  
8 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2280 (Formerly UNK X-451 USAF Cemetery 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 Tortosa Area Negros, P.I.	CAUSE OF DEATH KIA Plane Crash	DATE OF DEATH 3 Nov 44
--	-----------------------------------	---------------------------

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 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (1)	See Remarks

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 1 Dec 47	1100	STORED Casket	None	DANGER 810	BAY L	CRYPT 4001

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. 8003
--	---	----------	---------	-------------------

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-2282-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 4003
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2278	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3999
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R R Acierito</i> R R ACIERITO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>L S Panopio</i> L S PANOPIO, 2d 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

Me # 179

REPARATION RECORDS BRANCH  
 JUL 22 10 05 AM '48  
 REPARATION BRANCH

**Section 3. UNIDENTIFIED REMAINS.**


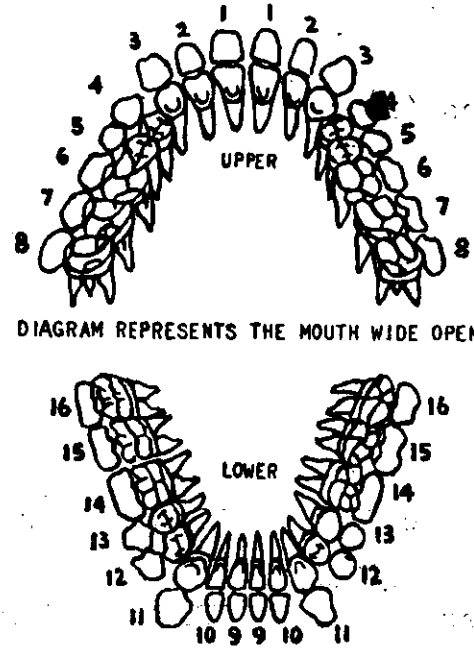




**INSTRUCTIONS:**

(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.

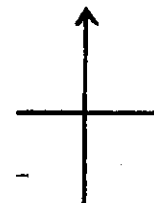
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



**REMARKS:**

UNKNOWN X-2280 AGRS Mausoleum, Manila, P.I. (Formerly UNK X-451 USAF Cemetery Leyte #1, P.I.) could be anyone of the four (4) persons listed on previous Report of Reinterment, USAF Cemetery Leyte #1, P.I. Identification Check List and Dental Chart accomplished.

15 JUN 1948

CONNECTED

RESTRICTED

mym

7324

8003

WD GMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)DATE OF REPORT  
6 November 1947Imprint Identification Tag if Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Formerly X-16) UNKNOWN X-451 Tacolod #1, Negros, P.I.		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY

PLACE OF DEATH Negros, P.I.	CAUSE OF DEATH M.L. Plane crash	DATE OF DEATH 3 November 1944
--------------------------------	------------------------------------	----------------------------------

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) Possibly one of the following group: 1. CHANCE, James W. 2d Lt. 0 762 081 2. BURGESS, William G. 2d Lt. 0 760 874 3. WILDO, James T. 2d Lt. 0 765 160 4. ZEMBSKY, Mitchell W. S/Sgt. 31 039 324
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2) Unknown Tags	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

Per 1st Ind. dtd 29 Oct '47 to ltr fr HD, OJMG, Wash. 25, D.C., file G.M.S 293 Unknown X-444 (Leyte #1), P.I., dtd 29 August 1947, subj: Identification of Unknown Deceased.

## 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 3 Feb 1946	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Shelter Halve	TYPE OF GRAVE MARKER Reg. Cross	PLOT No. 1	ROW No. 19	GRAVE No. 8003
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Tacolod #1, Occidental Negros, P.I.			PLOT No. 1	ROW No. 19	GRAVE No. 365
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY "This decedent has been disinterred and casketed for shipment to Concentration Point; therefore, corrected tags and corrected IC form 1042 could not be placed with body".				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) CHAPMAN, Roy L.	RANK Pvt.	SERIAL No. 36 731 519	ORGANIZATION Co D, 503 P	GRAVE No. Inf 8002		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) WELLS, Melvin R.	RANK 1st Lt.	SERIAL No. 0-1 166 860	ORGANIZATION Btry C, 462 FA	GRAVE No. 8004		
SIGNATURE OF PERSON PREPARING REPORT Sgt. Jack G. Sledge, GRS		SIGNATURE OF GRS OFFICER VERIFYING REPORT James H. JOHNSON, Major, TC				

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.

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER


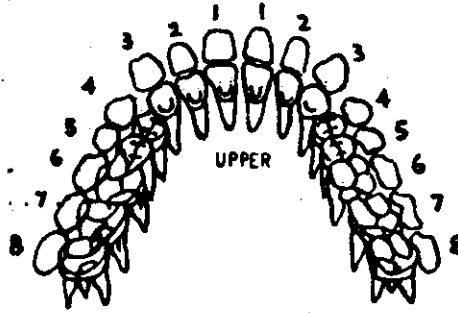




RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

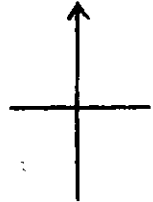
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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:

CONDITION OF BODY PRECLUDED EXECUTION OF A TOOTH CHART.

CORRECTED

RESTRICTED

U-260

U-260

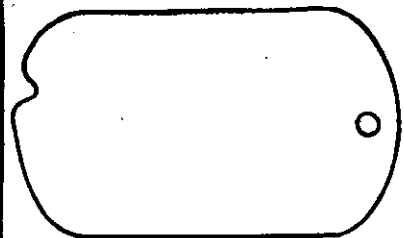
fvs-8003

WD GMC FORM 1046  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

CORRECTED

3 July 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

(Formerly X-16)

UNKNOWN X-451 Bacolod #1, Negros, P. I.

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

NEGROS, P. I.

CAUSE OF DEATH

KIA PLANE CRASH

DATE OF DEATH

Est Nov. 44

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

NONE

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

YES

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

Possibly one of the following groups:

1. 2nd Lt. William G. Leggett, 0760874
2. 2nd Lt. James W. Chance, 0762081
3. 2nd Lt. James T. Waldo, 0765160
4. T/Sgt Harold C. Aslin, 17119593

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

(Corr. Per. ltr, Hqs, AFRES PAC, OCG, dtd 22 May 46, file  
GSQMM 704.5, Subj: Casualty Information; 2nd Ind.)

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, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
3 Feb 46	1300	Shelter half	Reg Cross			8003

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
YES	USAF CEMETERY BACOLOD #1, OCCIDENTAL NEGROS, P. I.	1	19	365

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		Corrected report of reinternment buried in bottle with body.

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
YES	YES	CHAPMAN, ROY L.	Pvt.	36 731 519	Co D, 503 P	Inf 8002

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
WEEKS, MELVIN R.	1st Lt.	0-1 166 860	Btry, C 462	FA 8004

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
S/Sgt. CHARLES W. HALLOCK, GRS	FORKE F. KNAPP, 1st Lt, OMC

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

Incl 33

**Section 1—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.


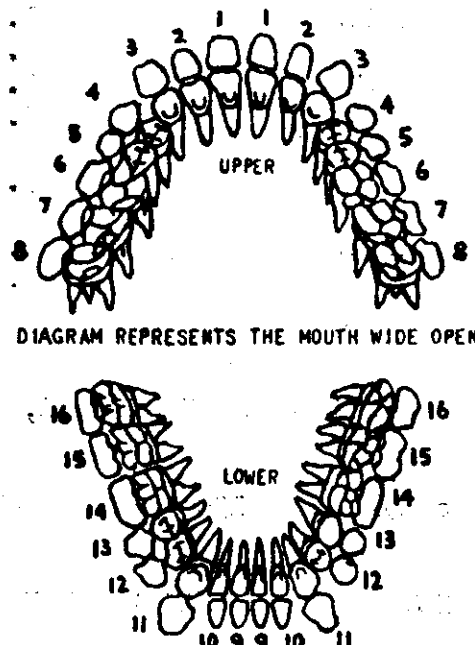




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

80 JUL 1948

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>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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



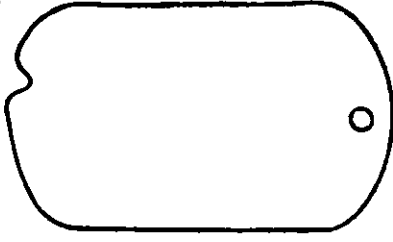
REMARKS:

CONDITION OF BODY PRECLUDED EXECUTION OF A TOOTH CHART.

U-260  
**RESTRICTED**

fvs-8003 U-260

<b>WD GMC FORM 1042</b> (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT  <b>15 Mar 46</b>
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Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial)  <b>UNKNOWN I-451 (Formerly I-16) Bacoled #1, Negroes, P.I.</b>	SERIAL No.	
	GRADE	ORGANIZATION	BRANCH OF SERVICE <b>JR.</b>  <b>USAF</b>
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH  <b>NEGROS, P.I.</b>	CAUSE OF DEATH  <b>KIA PLANE CRASH</b>	DATE OF DEATH  <b>Est Nov. 44</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)  <b>NONE</b>	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>UNIDENTIFIED ..</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  <b>YES</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

*9-12-69* **NONE**

**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 # I, P.I.**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>3 Feb 46</b>	<b>1300</b>	<b>Shelter half</b>	<b>Reg Cross</b>			<b>8003</b>

WAS THIS A REBURIAL? (Yes or no)  <b>YES</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  <b>USAF CEMETERY BACOLED # I, OCCIDENTAL NEGROS, P.I.</b>	PLOT No. <b>1</b>	ROW No. <b>19</b>	GRAVE No. <b>365</b>
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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)  <b>YES</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)  <b>YES</b>
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  <b>CHAPMAN, ROY L.</b>	RANK  <b>Pvt</b>	SERIAL No.  <b>36 731 519</b>	ORGANIZATION  <b>Co D, 503 P Inf</b>	GRAVE No.  <b>8002</b>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  <b>WEEKS, MELVIN R.</b>	RANK  <b>1st Lt.</b>	SERIAL No.  <b>0-1 166 860</b>	ORGANIZATION  <b>Bty C, 462 FA</b>	GRAVE No.  <b>8004</b>

SIGNATURE OF PERSON PREPARING REPORT  <b>S. SGT. CHARLES W. HALLOCK, GRS</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>CECIL G. CARTER, 1st Lt., GMC.</b>
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**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:**


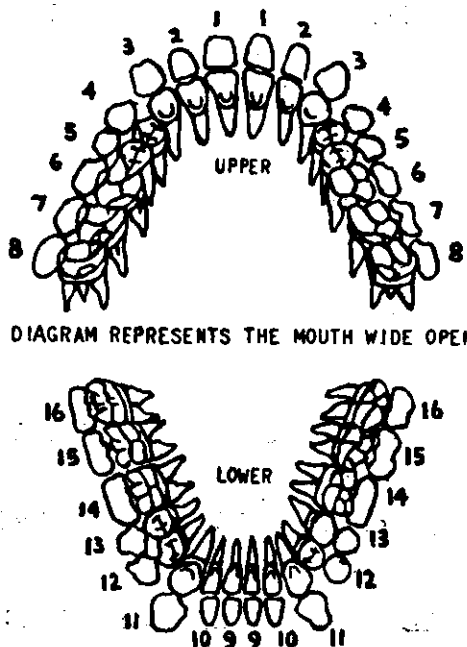




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

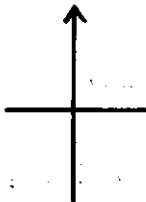
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

**CONDITION OF BODY PRECLUDED FINGERPRINTING AND TOOTH CHART.**

LEFT LITTLE FINGER  
 LEFT RING FINGER  
 LEFT MIDDLE FINGER  
 LEFT INDEX FINGER  
 LEFT THUMB  
 RIGHT THUMB  
 RIGHT INDEX FINGER  
 RIGHT MIDDLE FINGER  
 RIGHT RING FINGER  
 RIGHT LITTLE FINGER



**R E S T R I C T E D**  
**REPORT OF INTERMENT**  
(TM 10-630 AND AR 30-1815)

"AMERICAN SECTION"  
4h 260

Graves Registration  
Form No. 1  
(Revised May 11, 1943)

UNKNOWN X-16 (Last name)                           (First)                           (Initial)                           (Serial number)                           (Rank)      U.S. Air Force (Organization)

Tortosa Area, Negros, P.I. (Place of death)      November 1944 (Date of death)      KIA - Plane Crash - Skeleton (Cause of death)

1500 - 4 June 1944 (Time and date of burial)      USAF Cem. Bacolod No. 1, Occidental, Negros, P.I. (Name of cemetery)                           (Name or coordinates of location)

365 (Grave number)      19 (Row number)                           (Plot Number)      Reg. Cross (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No   
**Duplicate of this Report of Interment enclosed in identification bottle buried with body. Zinc strip, with pertinent information thereon, attached to cross.**

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

**Undeterminable Religion**

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

Body buried on RIGHT Pedro B. Macias 38091708 Pfc Co I, 185th Inf 366  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN X-15                                           U.S. Air Force 364  
(Name) (Serial number) (Rank) (Organization) (Grave number)

**Undeterminable**

(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

(9) 169

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: **Undeterminable**  
 Apparent nationality: **Undeterminable**  
 Weight: **Undeterminable**  
 Laundry marks: **None**  
 Color of eye: **Undeterminable**  
 Number of rifle: **No arms found**  
 Color of hair: **Undeterminable**  
 Wear glasses? **Undeterminable**

Race: **Undeterminable** Is tooth chart attached? **No** - see below remark

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

In space below, locate and describe any scars, birthmarks, moles,  
 deformities, etc.: **Remains were in such state (broken skeleton)**

as to make fingerprinting and the taking of a tooth chart (as well  
 as determination of data listed above) impossible.

Note below any identifying clues found, such as letters, photographs,  
 probable organization of deceased, etc.: **No identification clues found**

despite careful examination of area, except the fact that deceased  
 was found in the vicinity of Donaban, Joseph (interred grave #363,  
 - Row #19) and the shattered plane was probably a Liberator.  
 IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE  
 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer or other person reporting burial)  
 S/Sgt Arthur B. Dodd, 101st AM GR Reg Plat

WILLIAM W. BEARDSLEY, 1st Lt OMC

(Verified by Army GRS Officer)

THUMB

LEFT HAND

2

3

4

THUMB

RIGHT HAND

2

3

4