

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unbk Leyte #1 X-485

SUBJECT

Also 293 unbk maus manila X-2852

GMC FORM 1121
1 Aug 45

QMCMGT 293
GRS Far East

4 May 1950

SUBJECT: Identification of World War II Deceased

293 unknown - Leyte #1

X-485

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 the AGRS Mausoleum, Manila, P.I.:

- Unknown X-16, 77th Division Cemetery, Unit 2, Page 1
- " X-83, Cemetery #2, Agat, Guam, Unit 2, Page 5
- " X-2852, (form. X-485, USAF Cem. #1, Leyte, P. I.) Unit 2, Page 12
- " X-5179, (Form. X-4205A thru F, AGRS Maus. Manila, P. I.) Unit 2, Page 20

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

THOMAS E. SOX
Capt QMC
Memorial Division

COPY:
mfs

X-485 unknown Manila Mausoleum X-2852

Ident
QMCHET 293
GRS Far East

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THOMAS E. COX
Capt QMC
Memorial Division

COPY:
mfs

X 293 rank Leyte #1 X-485

AIRMAIL

**CINCPAC
GMS Far East
SUBJECT: Tracer**

1st Ind

Dept. of the Army, GCSG, Washington 25, D. C., 18 January 1950

**TO: Commanding Officer, American Graves Registration Service, Wilson
Hall, APO 900, c/o Postoffice, San Francisco, California**

1. Reference Tracer letter and inclosure thereto.

**2. No association can be made in this Office for a Colonel John
Smith or John Smith in connection with the ship's name sinking of 7
September 1944.**

FOR THE QUARTERMASTER GENERAL:

1 Incl m/s

**S. H. NORTON
Lt. Colonel, GMS
Memorial Division**

MS

Salsor:lak

TR

J. Windsor

cc: Administrative Section

OO: CINCPAC

AIRMAIL

Christian and Missionary Alliance
Zamboanga City, P. I.

June 23, 1945

Col. Johnson
American Army
P.C.A.U.
Zamboanga City.

Sir: This is to introduce to you Mr. Vicente Espertero of Leloy, Sindangan, Zamboanga, who is a Christian Leader of the Church in that area.

He has some information to give with respect to the American prisoners of war who were buried by him and some of the other Americans who escaped from the Jamanese prison ship.

He mentioned one espically, a Col. John Smith who was among them who were buried on the point of the coast Leloy Point.

I thought that you would be interested and would be able to give him directions as to where to report this information. Captain Flier told Vicente to report the matter to Zamboanga.

Sincerely yours,

A Certificate True Copy:

E. F. Gulbranson

/s/ Irwing Heller
/t/ IRWING HELLER
1st Lt., QMC
Commanding

THIS IS A CERTIFIED TRUE COPY:

/s/t/ PAUL J. TONN
Capt., QMC

C
O
P
Y

Christian and Missionary Alliance
Zamboanga City, P. I.

June 23, 1945

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1st Lt., QMC
Commanding

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/s/t/ PAUL J. TONN
Capt., QMC

C
O
P
Y

C O P Y:

3rd PLATOON
306th QM Graves Registration CO
APO 717

1 Aug. 1945

SUBJECT: Report of Interment.

TO : Graves Re. Officer, Headquarters, 6th Army, APO 442.

1. With reference to Report of Interment enclosed on Grave No. 236 pertaining to a Colonel John Smith the following information was received as per the attached copy of letter.

2. The undersigned checked for the identification of this body and was informed by the Filipino Civilians who did the interring that the name Colonel John Smith or John Smith was tattooed on the chest and arm of the deceased. At that time there are serial numbers also tattooed on the chest, but the Civilians did not make a note of this.

3. On or about the 7th September 1944 Mr. Espertero, a Civilian buried the four bodies at Leloy, Sidangan area, these bodies were washed up from the sea and it is believed that they had been part of a ship load of American Prisoners which the Japs were sending north, and which was torpedoed by an American submarine, Survivors of the sinking told Mr. Espertero that these bodies were Americans.

4. Report of Interment grave No. 237 contains the remains of the three Unknown X-2, X-3, X-4, which had been interred in one common grave by the Civilians at Leloy, Sidangan, Zamboanga.

5. It was not possible to take a tooth chart on the remains of these four bodies due to the decomposition of the heads and the teeth being detached from the skulls.

/2/ Irwing Heller
IRWING HELLER
1st Lt., QMC
Commanding.

1 Incl:
Letter of information

THIS IS A CERTIFIED TRUE COPY:

/s/t/ PAUL J. TONN
Capt., QMC

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IRWING HELLER
1st Lt., QMC
Commanding.

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Capt., QMC

Christian and Missionary Alliance
Zamboanga City, P.I.

June 23, 1945

Col. Johnson
American Army
P.O.A.U.
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E.F. Gulbranson

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/s/ Irwing Beller
/t/ IRWING BELLER
1st Lt., QMC
Commanding.

THIS IS CERTIFIED TRUE COPY:

Paul J. Tona
PAUL J. TONA,
Capt., QMC

C O N F I D E N T I A L

3rd PLATOON
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IK/smc

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4. Report of Interment grave No. 237 bears three Unknown X-2, X-3, X-4, which had been buried by the Civilians at Leloy, Sidangan, Zamboanga.

5. It was not possible to take a tooth from four bodies due to the decomposition of the teeth detached from the skulls.

1 Incl:
Letter of information

THIS IS A CERTIFIED TRUE COPY:

PAUL J. TONN
Capt., QMC

701MM

1

Interred 3 March 1950
H-81A 4 113 Ft. McKinley
R-33 *Blackmark*
7-18 CARL R. H. MARK

DISINTERMENT DIRECTIVE

SECTION A - Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 7740 00396 DATE 15 05 48
DAY MONTH YEAR

NAME UNKNOWN SERIAL NUMBER 485 RANK ARM 0 DATE OF DEATH
DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY 7594 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 I-485 SERIAL NUMBER UNK I-2852 - Maus. No. RANK DATE OF DEATH 27 Sept 48 DATE DISINTERRED
IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY ROBERT F. STEVENSON
 REMAINS MARKER 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 / Two (2) Identification tags show UNKNOWN I-2852 - Maus. No.

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 SHIPPING ADDRESS VERIFIED BY DATE 27 Sept 48 BY HORACE L. ALLISON, Sgt., Inf. LUCIO S. PANOPIO, 1st Lt., Inf.

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

Lucio S. PanoPIO
LUCIO S. PANOPIO, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS Mausoleum	
TO		Fort. McKinley Military Cemetery	
KIND OF CONVEYANCE		Truck	
SIGNATURE OF SHIPPER		[Signature]	
DATE		MAR 13 1950	
2 SHIPPED			
FROM		[Blank]	
TO		[Blank]	
KIND OF CONVEYANCE		[Blank]	
SIGNATURE OF SHIPPER		[Blank]	
DATE		[Blank]	
3 SHIPPED			
FROM		[Blank]	
TO		[Blank]	
KIND OF CONVEYANCE		[Blank]	
SIGNATURE OF SHIPPER		[Blank]	
DATE		[Blank]	
4 SHIPPED			
FROM		[Blank]	
TO		[Blank]	
KIND OF CONVEYANCE		[Blank]	
SIGNATURE OF SHIPPER		[Blank]	
DATE		[Blank]	
5 SHIPPED			
FROM		[Blank]	
TO		[Blank]	
KIND OF CONVEYANCE		[Blank]	
SIGNATURE OF SHIPPER		[Blank]	
DATE		[Blank]	
6 SHIPPED			
FROM		[Blank]	
TO		[Blank]	
KIND OF CONVEYANCE		[Blank]	
SIGNATURE OF SHIPPER		[Blank]	
DATE		[Blank]	
7 SHIPPED			
FROM		[Blank]	
TO		[Blank]	
KIND OF CONVEYANCE		[Blank]	
SIGNATURE OF SHIPPER		[Blank]	
DATE		[Blank]	
8 SHIPPED			
FROM		[Blank]	
TO		[Blank]	
KIND OF CONVEYANCE		[Blank]	
SIGNATURE OF SHIPPER		[Blank]	
DATE		[Blank]	

(BY ADMINISTRATIVE ORDER)
 SIGNATURE OF SHIPPER
 FORT MC KINLEY CEMETERY
 DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

4 March '50
(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- 485, Plot _____,
Row _____, Grave 7594, USMC Leyte #1, P.J., 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


H. B. McNEELAR
Captain, QMC
Chief, Records Branch

Received 21 March 1950 OQMS
Not identifiable from
information presently
available T. A. Fields - ID
2 May 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2852 (Formerly UNK X-485 Leyte #1)				2. DATE OF REPORT 4 March '50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 802	5. ROW H	6. GRAVE 2436	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'8½"	10. COLOR OF HAIR U T D	11. RACE White
------------------------------	------------------------------	----------------------------	-------------------

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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Skull
--	--------------------------

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

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18. TOOTH CHART		TOP VIEW	SIDE VIEW
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:			

		partially impacted								Broken								unrupted	
		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
				X		⊗		⊗	⊗	⊗	⊗	⊗			$\frac{a}{no}$	$\frac{a}{o}$			
Side View																		Side View	
Top View	UPPER																		
	LOWER																		
Side View																			
		X	$\frac{o}{o}$	$\frac{o}{od}$	⊗	⊗			⊗				⊗	⊗	$\frac{o}{o}$	$\frac{a}{o}$			
		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."

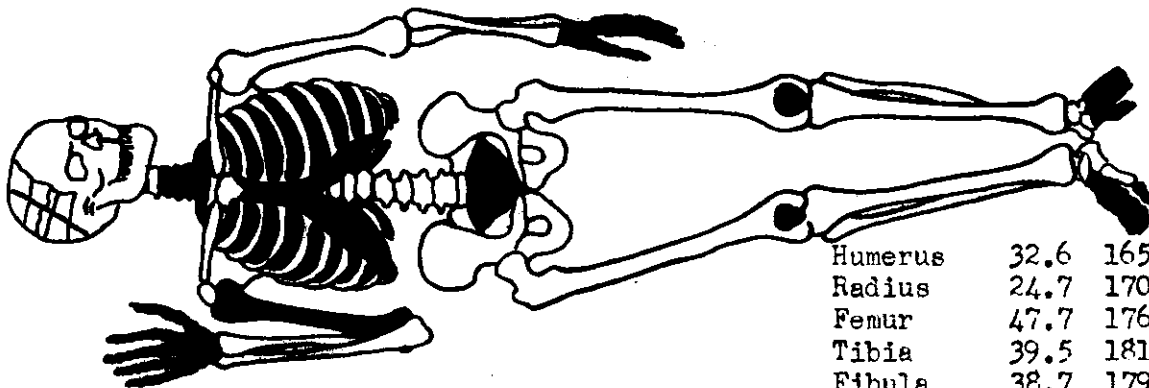
Paul R. Nichols
 PAUL R NICHOLS

Chief, Identification Section

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height - 5'8 1/2"

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, personal effects or any other means of identification found with remains.

Estimated weight of remains - 10 lbs.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

X-2852

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2852 (Formerly UNK X-485
USAF Cemetery Leyte #1, P.I.)

9 Dec 47

DATE

LAST NAME

FIRST

INITIAL

Unknown

RANK

Unknown

SERIAL NO.

Unknown

Unknown

Leloy,
Sindangan, Zamboanga,
Mindanao, P.I.

PLACE OF DEATH

AGRS Mausoleum,
Manila, P.I.

PLACE OF BURIAL

STORAGE

ORGANIZATION

802

H

2436

PLOT

ROW

GRAVE NO.

DANGER

BAY

CRYPT

See Remarks

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	
		A	A				P	P	P	P	P		P		X	O
TYPE																
LOCATION																

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	15
	X	O	O	P	P				P			P	P	A	A	
TYPE																
LOCATION																

See Remarks

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
	AMALGAM (SILVER)	MESIAL (BETWEEN-TOWARD FRONT)
	GOLD	OCCLUSAL (BITING SURFACE BACK TEETH)
	SILICATE OR PORCELAIN	DISTAL (BETWEEN-TOWARD BACK)
	OXYPHOSPHATE (CEMENT)	LINGUAL (TOWARD TONGUE)
		FACIAL (TOWARD CHEEK)

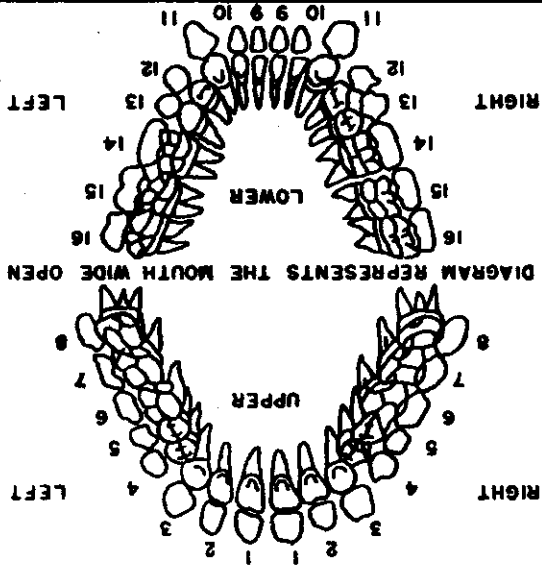
INSTRUCTIONS:

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 $\frac{3}{4}$), GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

L-16 impacted. L-15 chipped on facial & distal surfaces, extended into fillings on occlusal surface. Maxilla fractured between L-1 & L-2.

/s/ James W. McClanahan
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ JAMES W. McCLANAHAN, SP-6
NAME AND RANK TYPED OR PRINTED

/s/ Melvin S. Mittenenthal
VERIFIED BY GRS OFFICER

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

9 Dec 47
DATE

CERTIFIED TRUE COPY:

G. I. GAMBOA
2d Lt., MSC

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2852 (Formerly UNK
 X-485 USAF Cemetery
~~XXXXXXXX~~ Leyte #1, P.I.)
~~Cemetery~~ AGRS Mausoleum, Manila, P.I.
 Plot ~~102~~ 102 Bay ~~CR-21~~ Row CR-21 Grave 2436

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~XXXXXXXX~~ 9 Dec 47
2. Place of death Leloy, Sindangan, Zamboanga, Mindanao, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 583rd QMGR 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	/ N		
Jacket, Combat	/ O		
Mackinaw	/ N		
Sweater	/ N		
Jacket, HBT	/ E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web
Drawers, wool
Drawers, cotton
Leggings, wool N
Socks, cotton O

* Shoes N (type)

Overshoes E

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 - Skeletal Chart attached.

Age Est. Height 5' 7 ⁵/₈ " Weight U.T.D. Description of wounds

Bandages or dressings Scars
(Length, width, location)

..... Tattoos
(Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks U
(Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion T
(Light, medium, dark, clear, pimples, pocks, freckles)

Build
(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 (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 See Tooth Chart.
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of ~~head~~ ^{Skull} in inches Fractured.
(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 (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) Circum^D (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

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

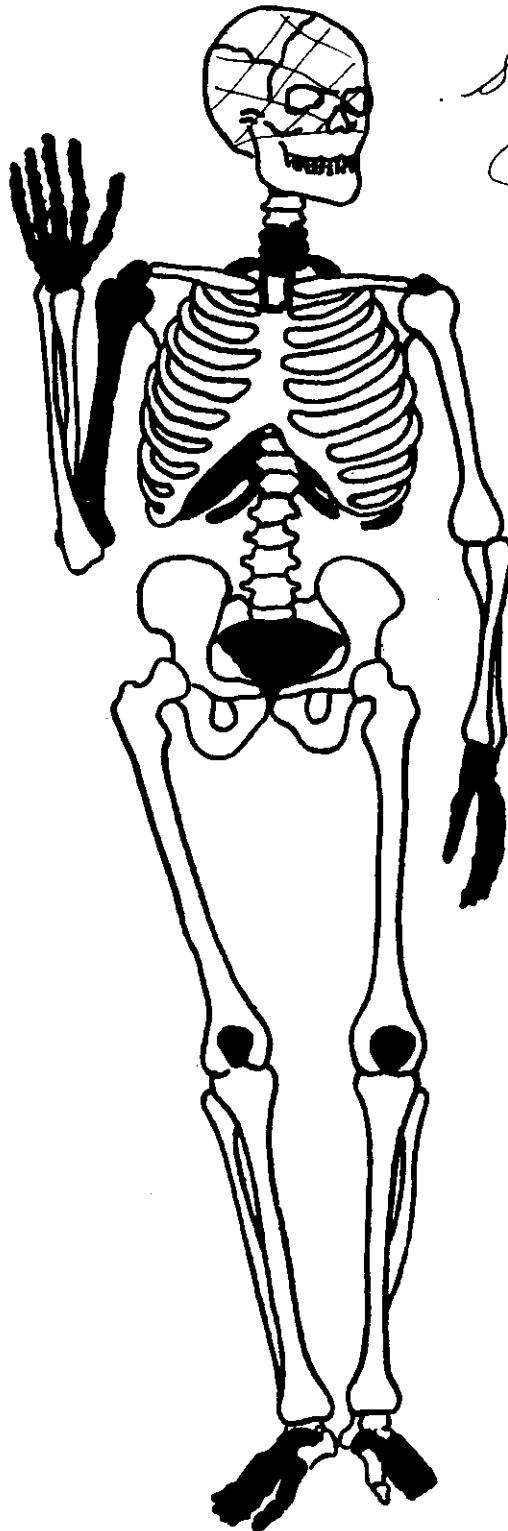
Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

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

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Skull fractured
Cervical vert. (7)*

*other ribs lost only (18)
present*

*Thoracic vert. (10)
Lumbar vert. (4)*

Red.



X-2852

vel

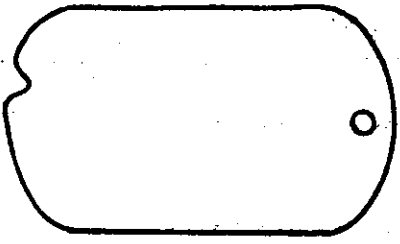
RESTRICTED

U 327

WB GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 19 Dec 47
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APR 5 1948

STORAGE

Imprint Identification Tag if Possible. DO NOT TYPE 	Section 1. IDENTIFICATION		SERIAL No.
	NAME (Last, first, middle initial) UNKNOWN X-2852 (Formerly UNK X-485 USAF Cemetery Leyte #1, P.I.)		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 Leloy, Sindangan, Zamboanga, Mindanao, P.I.	CAUSE OF DEATH KIA - drowning	DATE OF DEATH 7 Sept 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 used, list, all in section 3 on reverse) RECORDS BRANCH DEC 29 12 31 PM '47
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 STORAGE 11 Dec 47	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER 802	ROW No. BAY H	GRAVE No. CR# 2436
--	--------------	---	------------------------------	---------------------------	---------------------	--------------------------

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. 7594
--	--	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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-2859	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2438
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2844-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2434
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R R Acierto</i> R R ACIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> PANOPLO, 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

Incl 1929

SECRET 1 IDENTIFIED 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>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:

Identification Check List and Dental Chart accomplished.

CORRECTED

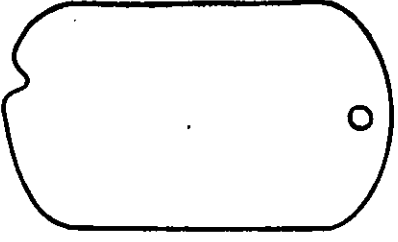
RESTRICTED

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U-327

WD GMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)DATE OF REPORT
CORRECTED
27 Feb 46

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial)		SERIAL No.		
		UNKNOWN X-485, formerly SMITH, John, Col		-		
		GRADE	ORGANIZATION	BRANCH OF SERVICE		
-		-		-		
RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
-		-		-		
PLACE OF DEATH Zamboanga, Mindanao, P.I. Laloy, Sindangan		CAUSE OF DEATH KIA, drowning		DATE OF DEATH 7 Sept 44		
EMERGENCY ADDRESSEE (Name, relationship, and address)						
*						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)				
None		Information obtained fr Recovered Personnel Section, Hqs, AFWESPAC, OCQM, dtd 6 Feb 46, lists a 2nd Lt. John S Smith, O-398762 was KIA, 15 Dec 44, as a result of the sinking of a Japanese POW ship.				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)						
Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
Incl 497		Changed to Unknown fr SMITH, John, Col., per ltr Hqs, AFWESPAC, OCQM, dtd 6 Feb 46, file GSQMI 314.6				
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 #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.
27 Jan 46	1100	shelter half	Reg Cross			7594
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	USAF Cemetery Zamboanga #1, Sindangan, Mindanao, P.I.			PLOT No.	ROW No.	GRAVE No.
				1	7	236
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
-	-		Corrected report of interment buried w/body Corrected metal tag attached to marker.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
Yes	Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
THOMPSON, L. D.					7593	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SARATOWICZ, Joseph A					7595	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
Charles W. Hallock Sgt Charles W. Hallock, GRS			William D. Rogers WILLIAM D ROGERS, 1st Lt., Inf			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

14 MAR 1948

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
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OTHER IDENTIFICATION CLUES

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

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

REMARKS:

Condition of body preclude fingerprinting and other means of identification.

RESTRICTED

7594

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

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

DATE OF REPORT

27 Feb 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
SMITH, John		
GRADE	ORGANIZATION	BRANCH OF SERVICE
Col	-	-
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
-	-	

PLACE OF DEATH Leloy, Sindangan, Zamboanga, Mindanao, P.I.	CAUSE OF DEATH KIA, drowning	DATE OF DEATH 7 Sept 44
--	---------------------------------	----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
2	Disinterred fr USAF Cemetery Zamboanga #1, Mindanao, P.I.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	

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					
USAF Cemetery Leyte, #1, P.I.					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	GRAVE No.
27 Feb 46	1100	shelter half	Reg Cross		7594
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	GRAVE No.
Yes	USAF Cemetery Zamboanga #1, Mindanao, P.I.			1	236
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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)				
Yes	Yes				
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
THOMPSON, L. L.				7593	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SARATOWICZ, Joseph A				7595	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT		
SGT Charles W. Hallock, GRS			WILLIAM D ROGERS, 1st Lt., Inf		

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RESTRICTED

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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
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WEAPON AND SERIAL-NO.	LAUNDRY MARKS-	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p>	
<p>CAVITIES</p> <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p> <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p>	
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>	

REMARKS:

Condition of body precluded fingerprinting and other means of identification.