

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Lyte #1 X-489

SUBJECT

Also 293 unk. mass Manila X-2335

QMC FORM 1121
1 Aug 45

AIRMAIL

MSGT 265
AFS Far East

3 April 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 500, c/o Postmaster
San Francisco, California

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

Unknown	X-35,	7th Div. Com	1 Okinawa,	Unit 2,	Page 1
"	X-58	"	" " " "	" 2,	" 1
"	X-279,	Okinawa Island Com. Com.	"	" 2,	" 3
"	X-280	"	" " " "	" 2,	" 3
"	X-1545,	(Form. Unk. I-36 Pirsch -2),	Unit 2,	Page 27	
"	X-1548,	(" " X-79 " "),	" 2,	" 27	
293	X-2335,	(" " X-489 Bayte -1),	" 2,	" 12	
"	X-2695,	(" " X-33, Pirsch -2),	" 2,	" 27	
"	X-2698,	(" " X-41, " "),	" 2,	" 27	
"	X-2707,	(" " X-29, " "),	" 2,	" 26	
"	X-2711,	(" " X-30, " "),	" 2,	" 26	
"	X-4925,	AFRS Maus. Manila, P.I.,	Unit 2,	Page 23	
"	X-4932	" " " " " "	" 2,	" 23	
"	X-4933,	" " " " " "	" 2,	" 23	

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

FOR INFO: [unclear] [unclear] [unclear]

J. Miller:dro
Jalser
JF
cc—Administrative Section
cc—Cincfe

L. R. [unclear]
Lt. Colonel, USA
Memorial Division

JEM
TSC



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHIL.COM ZONE

GRPZ 293

APO 900
6 March 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMFMU 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-1267	AGRS Malm	UNKNOWN X-2535	AGRS Malm
" X-1521	" "	X-4155	Manila #2
" X-1669	" "	X-4673	AGRS Malm
" X-1695	" "		

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

FOR THE COMMANDING OFFICER:

7 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

18 February 1950
(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 489, Plot _____,
Row _____, Grave 8271, USMC Leyte # 1, have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


N. B. McNEMAR
Captain, QMC
Chief, Records Branch

Received 24 Feb 1950 OQMG
Not identifiable from
information presently
available 29

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2335 (Formerly X-489 Leyte # 1)			2. DATE OF REPORT 18 February '50		
3. NAME OF CEMETERY AGRS Mausoleum Manila P.I.	4. PLOT 802	5. ROW A	6. GRAVE 219	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D	9. ESTIMATED HEIGHT 5' 7 1/2"	10. COLOR OF HAIR U. T. D	11. RACE White
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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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES 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





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

1044

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:		

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	$\frac{G}{O}$			$\frac{G}{od}$	$\frac{G}{od}$		$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$				$\frac{G}{O}$	$\frac{G}{F}$		
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
		$\frac{G}{O}$	$\frac{G}{F}$	X				$\frac{P}{P}$	$\frac{P}{P}$					$\frac{G}{NO}$	$\frac{G}{NO}$		
	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."

"UNIDENTIFIABLE"

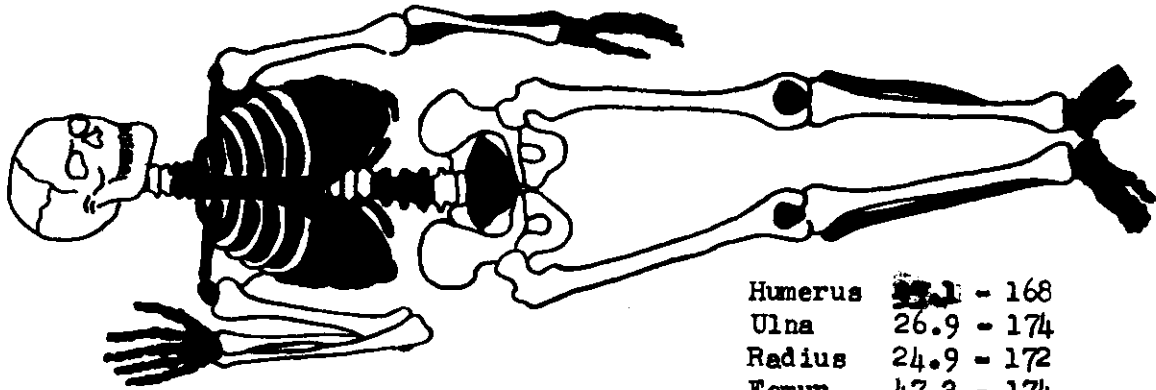
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Paul R. Nichols

PAUL R. NICHOLS

Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height 5'7 1/2"

Humerus	25.1	-	168
Ulna	26.9	-	174
Radius	24.9	-	172
Femur	47.3	-	174
Tibia	37.2	-	170
			<u>5/858</u>

20.

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

171 3/5

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.

Circumference of skull - 20 3/4 inches.

Estimated weight of remains - 9 1/2 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

SIGNATURE

PAUL R. NICHOLS
Chief, Identification Section

X-2335

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2335 (Formerly UNK X-489) 1 Dec 47
 USAF Cem Leyte #1, P.I. DATE
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown
 UNIT ORGANIZATION
 Near Pumbao, Mindanao AGRS Mausoleum,
 River, Mindanao, P.I. Manila, P.I.
 PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.
 802 A 219
DANGER BAR CHAIR

		RIGHT								UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	TYPE									
TYPE		P			A	A		P	P	P	P			P		A	P		TYPE								
LOCATION					od	od										o			LOCATION								

INSIDE — LOOKING OUT

		RIGHT								LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	TYPE									
TYPE			A	X					P	P		P			A	A			TYPE								
LOCATION			o												mo	mo			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	OXYPHOSPATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

W.A. Johnson
 G I GAMBOA
 2d Lt MAC

CERTIFIED TRUE COPY:

NAME AND RANK TYPED OR PRINTED
 /p/ WILLIAM A JOHNSON, Asst Emb, SP-6

SIGNATURE OF PERSON WHO PREPARED CHART
 /s/ William A Johnson

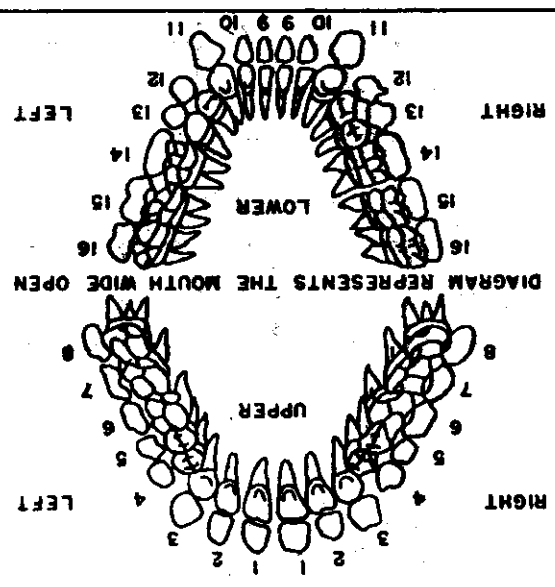
PLACE OR HQ WHERE THIS FORM ACCOMPLISHED
 CIP Laboratory, Manila, P.I.

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

VERIFIED BY GRS OFFICER
 /s/ John H Bennett Jr

DATE
 1 Dec 47

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 $\frac{3}{4}$), 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-2335 (Formerly UNK X-489
~~UNKNOWN~~ USAF Cem Leyte #1, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 802 ^{HANGER} Row A ^{BAY} Grave 219 ^{GRY P1}

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 1 Dec 47
(Hour) (Date)
Near Pumbao, Mindanao River,
 2. Place of death Mindanao, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)

3. Remains recovered or disinterred by 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	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	N		
	O		
Jacket, HBT	N		
* Shirt, Wool OD	E		
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. Chart attached.

Age / Est. Height 5'9 1/2" Weight / Description of wounds

Bandages or dressings / Scars (Length, width, location)

/ Tattoos (Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face

Complexion U T (light, medium, dark, clear, pimples, pocks, freckles)

Build D (Large, fat, thin, muscular)

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

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

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

Goatee (Light, color, extent)

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

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

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

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

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

Jaw (Large, small, normal) Circumference of ~~neck~~ ^{skull} in inches 21" (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 ~~to~~ ^U characteristics of fingernails)

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

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

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

Hernioplasty (Yes-no, location)

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

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

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

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 ROI bottle present. No ID tags, no personal effects found with
remains. Estimated weight of remains, 7 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/ William A Johnson
(Officer's Name)

SP-6 D-234835
Rank Service

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

1 Dec 47

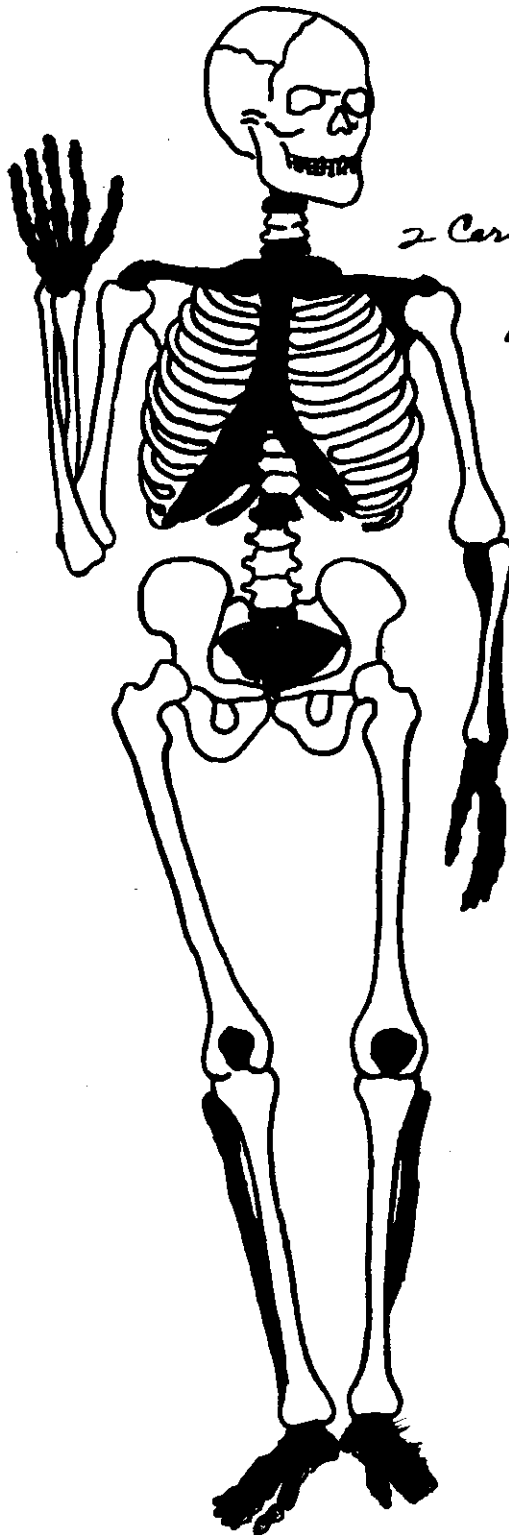
CERTIFIED TRUE COPY:

G T Gamboa
G T GAMBOA
2d Lt MAC

SKELETAL CHART

X-2332

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



2 Cervical vert present

10 ribs present

7 thoracic vert present

3 - lumbar " "

AMS.
CHART "A"

REPORT OF DISINTERMENT FOR IDENTIFICATION

29 October 1947

1. Remains of (Name)

UNKNOWN X-489 (Formerly X-5 Parang, #1, Mind, P.I.)

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

8271

2. Date of Disinterment

29 October 1947

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original made in local wooden casket burial. Substitute tags on remains and on marker coincide with R.O.I. on file. Skeletal remains incomplete. Missing are clavicle, one scapula, one radius, coccyx and fibula.

4. What Identification Found at Time of Disinterment: On Marker

Substitute tag

On Remains

Substitute tag

~~What Identification Used Upon Reinterment: On Marker~~

Held in Field Morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

CERTIFIED TRUE COPY;

/s/t/ PAUL R. NICHOLS, Embalmer

G T GAMBOA
2d Lt MAC

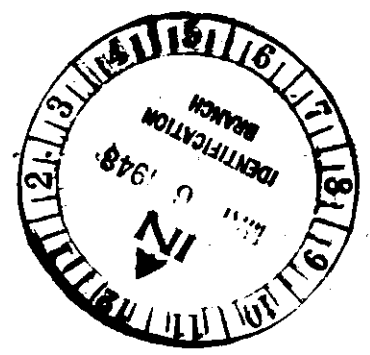
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are X teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (grinding teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities or decay), dentures (plates), and any deformity of jaws found.

	<p>Missing Teeth Tooth Missing Tooth Missing</p> <p>Crowned Teeth Gold Crown Porcelain Crown Gold & Porcelain Bridges Gold Bridges</p> <p>Fillings Gold Filling Silver Filling Gold Filling Gold Filling</p> <p>Caries (Cavities) Cavity Cavity Decayed Decayed</p>
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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".

Remarks



/jcs

LH

/ebe

Interred 9 March 1950 13 FEB 52
N-9-103 Ft. McKinley PER 1042 DTD 15 FEB 52
L-4-49
Carl H. Mark
DISINTERMENT DIRECTIVE

1 ✓

CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00442

DATE
15 | 05 | 48
DAY | MONTH | YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWNX-000489		8	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY LEYTE NO 1					0 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		8271	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-5 UNK X-489 UNK X-2335 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
				27 Sept. 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY JOSEPH W. GESUSE 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 /	
Embossed Tag shows UNK X-5 Grave #118. ROI shows X-5 Two (2) Mausoleum Tags - UNK X-2335	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 27 Sept. 1948	BY JOSEPH W. GESUSE
CASKET SEALED BY JOSEPH W. GESUSE	EMBALMER (Signature) <i>Joseph W. Gesuse</i> JOSEPH W. GESUSE
CASKET BOXED AND MARKED HORACE L. ALLISON DATE 27 Sept. 48 Sgt., Inf.	SHIPPING ADDRESS VERIFIED BY HONORIO V. AURELIO, 1st Lt., Inf.

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

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

J. Gesuse

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS Mausoleum	TO	Fort McKinley Military Cemetery
KIND OF CONVEYANCE		Truck			
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE	<i>Over Frank</i>		
MAR 9 1950					
2. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
3. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
4. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
5. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
6. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
7. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
8. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
9. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			

(BY ADMINISTRATIVE ORDER)
 SIGNATURE OF SHIPPER
 FORT MCKINLEY CEMETERY

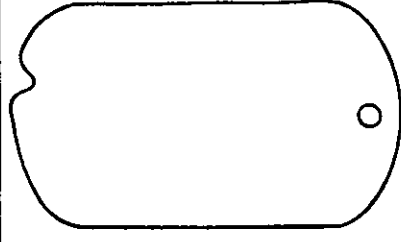
RESTRICTED

WE 3MC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT
18 Feb 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN X-489 Leyte #1		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 Near Pumbao Mindanao River, Mindanao	CAUSE OF DEATH Drowning	DATE OF DEATH 2 Jun 45
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EMERGENCY ADDRESSEE (Name, relationship, and address) *JAB unk Leyte #1 X-489 JAB*
Unknown

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

UNITED STATES MILITARY CEMETERY, FT W. MCKINLEY

DATE OF BURIAL 13 Feb 52	HOUR --	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Cross	PLOT No. L	ROW No. 4	GRAVE No. 49
-----------------------------	------------	---	-------------------------------	---------------	--------------	-----------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US MILITARY CEMETERY, FT W. MCKINLEY, P.I.	PLOT No. N	ROW No. 9	GRAVE No. 103
---	---	---------------	--------------	------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <i>Name Mc ... Action NAT 18 MAR 52</i>
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
--	------	------------	--------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT <i>Roger L. Dion</i> ROGER L. DION, Sgt., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 1st Lt., QMC
---	--

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 *copy to ABAC* 16-43097-1

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


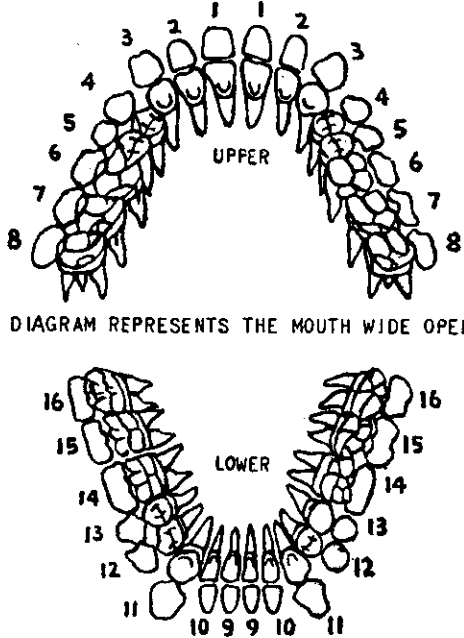





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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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:

Grave 49, Row 4, Plot L, was formerly occupied by Unknown X-4217 Manila #2, disinterred and subsequently eliminated by consolidation.

/cbf

6 1948

RESTRICTED

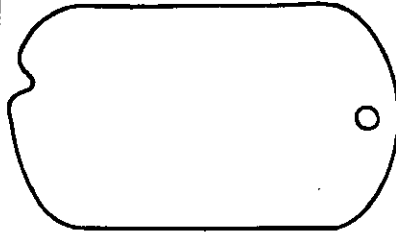
U 81.

WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

13 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-2335 (Formerly UNK X-489)
USAF Cem Leyte #1, P.I.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

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

PLACE OF DEATH

Near Pumbao, Mindanao
River, Mindanao, P.I.

CAUSE OF DEATH

Drowning

DATE OF DEATH

Estimated:
2 June 45

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 (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

AGRE MAUSOLEUM, MANILA, P.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 2 Dec 47	1000	STORED Casket	None	HANGER 802	BAY A	CRYPT 219

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.

8271

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION TAG BURIED WITH
BODY (Yes or no) ~~RESTORED~~

Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes

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

STORAGE
UNKNOWN X-2337

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
221

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

STORAGE
UNKNOWN X-2333

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
217

SIGNATURE OF PERSON PREPARING REPORT

R R ACIERTO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L S PANOPTO, 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

16-43907-1

817

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.

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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:

Identification Check List and Dental Chart accomplished.

3 FEB 1948

IDENTIFICATION SECTION
REPLICATION RECORDS BRANCH
MEMORIAL DIVISION

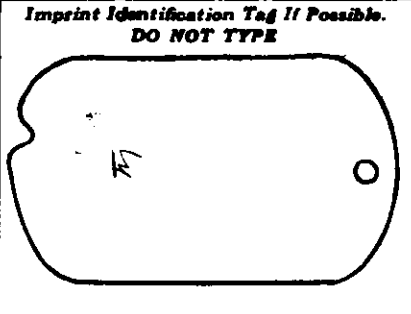
CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

WD GMC FORM 1042
(Rev. 1 Apr. 1949)
(Supersedes GRS Form 1)

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

DATE OF REPORT
27 Mar 46



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) **(Formerly X-5)
UNKNOWN X-489 Parang, #1, Min. P.I.**

SERIAL No.

GRADE ORGANIZATION BRANCH OF SERVICE

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

PLACE OF DEATH **Near Tumbao, Min. River, Mindanao, P.I.**

CAUSE OF DEATH **Drowning.**

DATE OF DEATH **2 June 45**

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

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) **NO**

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 391 **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.
20 Mar 46	1000	Shelter half	Reg Cross			8271

WAS THIS A REBURIAL? (Yes or no) **YES**

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

USAF CEMETERY PARANG, # I, MINDANAO, P.I.	PLOT No. 1	ROW No. 6	GRAVE No. 118
--	-------------------	------------------	----------------------

TYPE OF RELIGIOUS CEREMONY **NONE**

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) **YES**

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) **YES**

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
DOERNER, CYRIL J.	Pfc	39 584 179	Bty B, 655 FA	8270

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
JACOBS, HARRY	1st Lt.	01 322 228	Co M, 124 Inf	8272

SIGNATURE OF PERSON PREPARING REPORT
Charles W. Hallock
S. SGT. CHARLES W. HALLOCK, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT
Cecil G. Carter
CECIL G. CARTER, 1st Lt., OMC

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MAY 1946

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>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:

Form 10-60 (Rev. 11-18-53)

REPORT OF INTERMENT

AMERICAN SECTION

U 81

Unknown X - 5

Near Tumbao, Mindanao, P.I.

Mindanao River

1500 - 7 June 1945

USAF Cemetery Farms No. 1, Parang, Mindanao, P.I.

(Place of death)

(Date of death)

(Cause of death)

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

118

6

1

NEG. CROSS

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Copy of Report of Interment buried with body.

Zinc strip placed on marker in lieu of identification tag as Unknown X-5

Unidentified

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

Body buried on RIGHT

Schlereth, Frederick G. 42131129 Pfc. Co. A. 162D Inf. 119

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT

Freeman, Darrell L. 39567381 S/Sgt. 142nd AACIS 117

(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSES) (Name and address of LEGAL NEXT OF KIN)

RESTRICTED

List only personal effects FOUND ON BODY and disposition of same: None found on body

710
26
me 765

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: 5' 10"
 Weight: 180 lbs.
 Color of eyes: Brown
 Color of hair: Black
 Race: Believed Negro

Apparent nationality: American
 Laundry marks: None
 Number of rifle: Unknown
 Wear glasses? No
 Is tooth chart attached? Yes

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

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

Blemish 3" in Diameter above rt. breast

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

None

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

Bill N. McFarland
 (Signature of officer or other person reporting burial)
 BILL N. MCFARLAND 1st Lt. QMC
Bill N. McFarland
 (Verified by Army G.I. Officer)
 BILL N. MCFARLAND 1st Lt. QMC

7364 SGA

LEFT HAND

THUMB

4

3

2

1

Fingerprints unvaluable due to decomposition

Fingerprints unvaluable due to decomposition

THUMB

1

2

3

4

RIGHT HAND

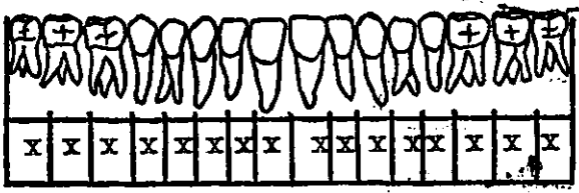
REGISTER OF DENTAL PATIENTS AT UNKNOWN Grave # 118 X - 5

(1) SURNAME		(2) CHRISTIAN NAME					
(3) RANK	(4) COMPANY	(5) REGIMENT OR STAFF CORPS					
(6) AGE, YEARS	(7) RACE	(8) NATIVITY			(9) SERVICE, YEARS		
	N						
							(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.
							(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS
							(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

UNKNOWN GRAVE #118 X - 5

REPORT OF DENTAL SURVEY



CLASS _____

Occlusion _____: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes _____ No _____

Other conditions _____

X - Teeth present
GF - Gold fillings
M - Missing
I. other ind. data. Blemish 3"
diameter above right breast.
Ht. 5' 10" Approx. Wt. 180 lbs.

Date 7 Jun 45, 19__

Dr. M. G. Morrison, D.C.
 Sgt. M. A. MEINDELSON
 Dental Corps H.S.A.
 M.C.

* Restorable carious teeth by O
 Nonrestorable carious teeth by /
 Missing natural teeth by X

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)

