

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk lgyt #1 X-500

SUBJECT

293 unk mark Manila X-2330

QMC FORM 1121
1 Aug 45

QUART 298
GHE Par East

17 August 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following remains now stored at AGNS Mausoleum, Manila, P.I.:

Unknown X-4556
Unknown X-429
Unknown X-2330 (formerly X-800, USAF Cemetery Leyte fl, P.I.)
Unknown X-6420 (formerly X-196, USAF Cemetery Leyte fl, P.I.)
Unknown X-5728 (formerly X-75, USAF Cemetery Leyte fl, P.I.)
Unknown X-6884 (formerly X-79, USAF Cemetery Leyte fl, P.I.)

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

3. GMC Form 1044 for Unknown X-4194 was transmitted this Office for review. Records indicate that subject unknown was segregated into two remains designated Unknowns X-4194 A and X-4194 B. Request clarification.

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

REB

R.Little:lrc
Salsar
JH

cc--Administrative Section
cc--Cinofe

COPY

DEPARTMENT OF
PHILIPPINE COMMAND
UNITED STATES ARMY

MSG: 293.

APR 7:07
28 JUL 1949

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 QMGMU 293, CIB (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGHS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN 1-229 AGHS Manila	UNKNOWN 1-2390 AGHS Manila
" 1-449 AGHS Manila	" 1-2383 AGHS Manila
" 1-990 AGHS Manila	" 1-3037 AGHS Manila
" 1-1079 AGHS Manila	" 1-3425 AGHS Manila
" 1-1098 AGHS Manila	" 1-3684 AGHS Manila
" 1-1126 AGHS Manila	" 1-3728 AGHS Manila
" 1-1149 AGHS Manila	" 1-4118 Manila #2
" 1-1157 AGHS Manila	" 1-4194 AGHS Manila
" 1-1428 AGHS Manila	" 1-4503 AGHS Manila
" 1-1578 AGHS Manila	" 1-4505 AGHS Manila
" 1-1668 AGHS Manila	" 1-4535 AGHS Manila
" 1-2078 AGHS Manila	

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

FOR THE COMMANDING GENERAL:

C. V. LINDENBERG
2nd Lt., AGH
Asst. Adj. Gen

23 Incls:
QFC Forms 1044 w/certificates
of Unidentifiability

COPY

6

DISINTERMENT DIRECTIVE

293 unk R.D. 4-500 (Leyte #1)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00453

DATE

15 05 44
DAY MONTH YEAR

NAME

UNKNOWN X-000500

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS

7701 00
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

0415 PHILIPPINE ISLANDS

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

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

File 8-10-50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2330 (Formerly UNK X-500 Leyte #1)				2. DATE OF REPORT 20 July 49	
3. NAME OF CEMETERY		4. PLOT 802	5. ROW A	6. GRAVE 214	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'4½"	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

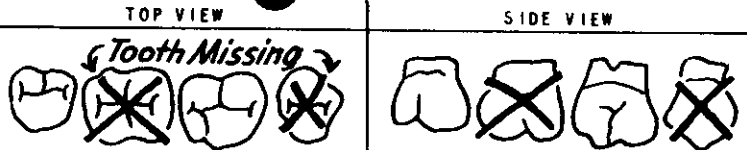
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. #132

TOOTH CHART

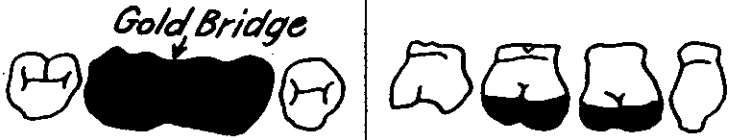
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



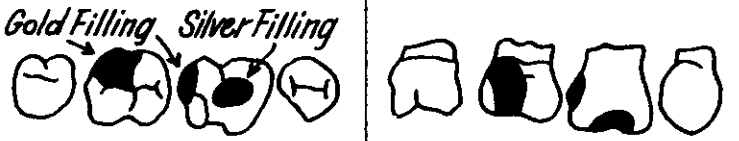
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



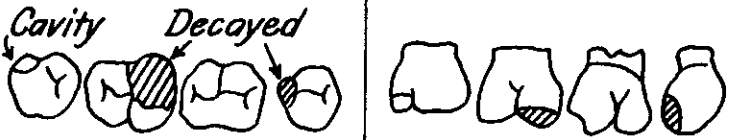
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	P								
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Fractured

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."

Maxilla is fractured between R2 and R3 and mandible between R9 and I9.

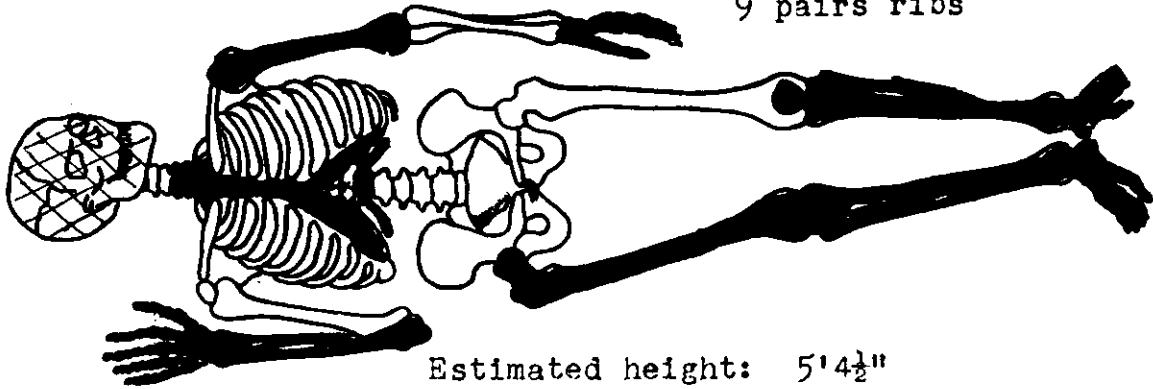
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT COVERED

Present
2 Cervical Vertebrae
4 Lumbar "
9 pairs ribs



Estimated height: 5'4 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 ROI, identification tags or personal effects found with remains.
Estimated weight of remains - 3 lbs.

"UNIDENTIFIABLE"

"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

J. J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

X - 2330

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-2330 (Formerly Unk X-500
USAF Cem Leyte #1, P.I.)

1 Dec 47
DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown

Unknown

UNIT

AGRS MAUSOLEUM

ORGANIZATION

Near Camansi, Leyte, P.I.

Manila, P.I.

802

A

214

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

DANGER

BAY

CRTR

RIGHT

UPPER TEETH

LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

TYPE																	TYPE	
LOCATION		o					o	P	P	P				o			o	LOCATION

INSIDE — LOOKING OUT

See Remarks

RIGHT







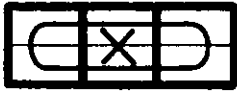








LOWER TEETH

LEFT

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

TYPE																	TYPE
LOCATION	o						o		P	P			P		o		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY INDICATE LOCATION	 GOLD	 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)

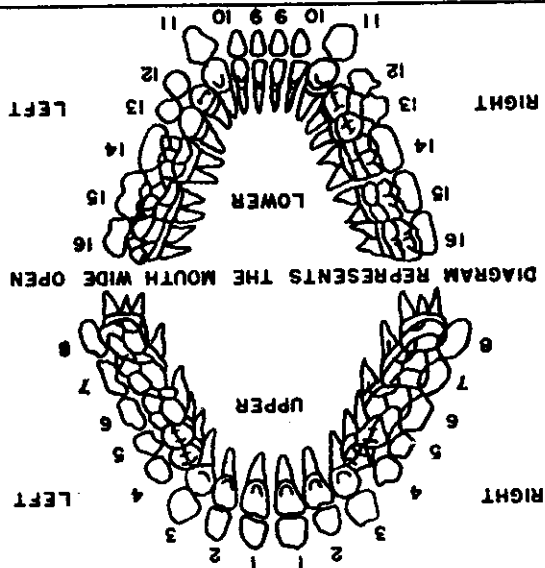
INSTRUCTIONS:

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, 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: I 14 Chipped on mesial and lingual side. Mandible fractured between I 9 and R 9
 R 4, 5 and 6 Chipped on lingual side, most likely after death.
 Maxilla fractured from R 11 thru Palate.

S/ James W. McClanahan

SIGNATURE OF PERSON WHO PREPARED CHART

D/ JAMES W. McCLANAHAN SP 6

NAME AND RANK TYPED OR PRINTED

S/ John H. Bennett Jr

VERIFIED BY GRS OFFICER

P/ JOHN H. BENNETT JR

NAME AND RANK TYPED OR PRINTED

CIP, Laboratory, Manila, P.I.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

I Dec 47

DATE

CERTIFIED TRUE COPY:

George I. Gamboa
 GEORGE I. GAMBOA
 2nd Lt., MAC

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2330 (Formerly Unk X-500
 USAF Cemetery Leyte #1, P.I.)
~~XXXXXXXXXX~~
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 802 Row DANGER DAY Grave 214

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~XXXXXXXXXX~~ 1 Dec 47
(Hour) (Date)
2. Place of death Near Camansi, Leyte, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)
3. Remains ~~XXXXXXXXXX~~ 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	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	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 (type)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)

N
O
N
E

* 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 **5'4 1/2"** Weight **UTD** Description of wounds

Bandages or dressings Scars (Length, width, location)
 Tattoos (Number, location -- illustrate on separate page)

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

Sunburn or tan, other than hand and face

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

Build (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)

U
T
D

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) **skull** **fractured**
 Circumference of ~~head~~ in inches (Hat band)

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

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

Hands
 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) 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 No ROI bottle found, no I.D. tags or other personal effects found with remains. Estimated weight of remains 3 lbs.

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

s/ James F. Brown
(Officer's Name)

SP 6 C 063011
Rank Service

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

1 Dec 47

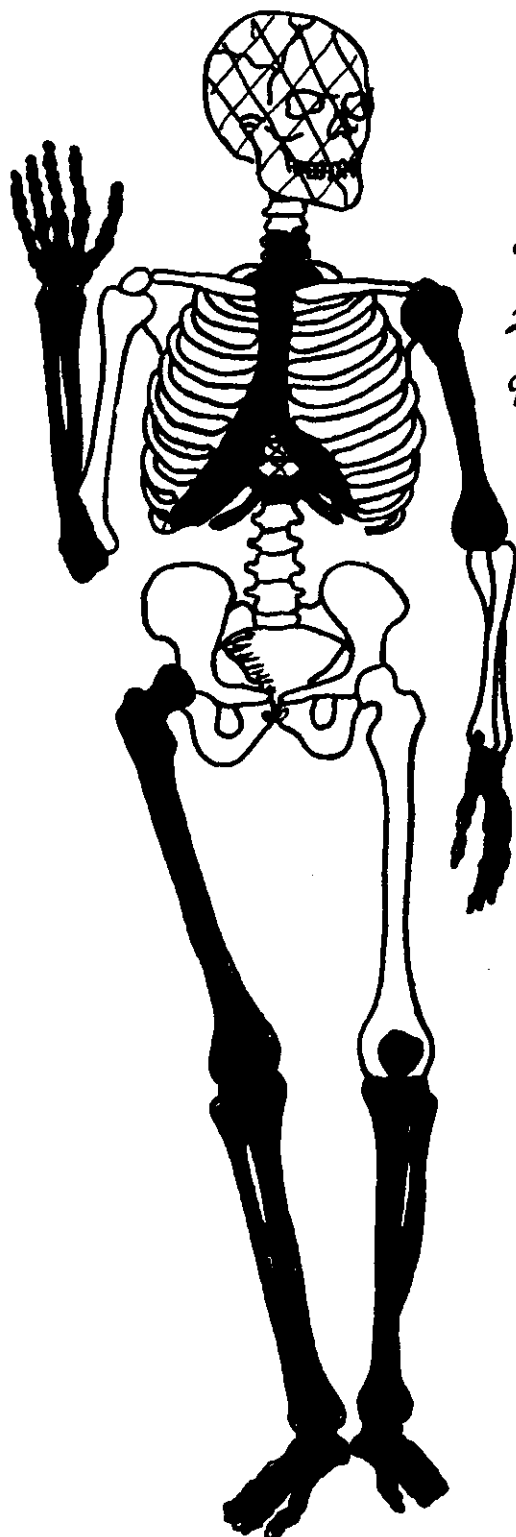
CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T. GAMBOA
2nd Lt., MAC

SKELETAL CHART

X-2330

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Fragments of skull
2- Cervical vertebrae
9- pairs of ribs
fragments of
thoracic vertebrae
4- Lumbar vertebrae

CHART "A"

L.R.

REPORT OF DISINTERMENT FOR IDENTIFICATION

23 October 1947

1. Remains of (Name)		Serial Number	
William H. Duff		-	

Grade	Organization
-	-

Name, Number and Location of Cemetery	Plot	Row	Grave No.
Fort Cemetery, Dept. II, I.I.			745

2. Date of Disinterment

23 October 1947

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

Original was in type "O" casket burial. Substitute tag on remains and number of casket with I.I. on file. No burial table found with remains. No metal remains in casket. Finding: bones, teeth, skull, femur and ribs. Skull fragmented. No identification clues found with remains.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

None in field notes

On Remains

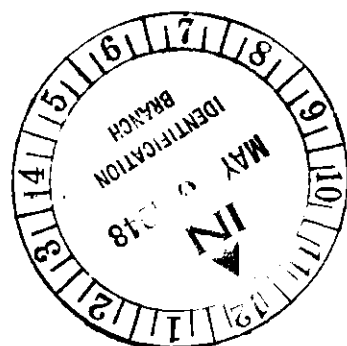
Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
Paul R. Nichols, Officer

5-34880-4A

1174-PRHLYMOO-1-47-130X



Remarks

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".

	<p>Caries (Cavities)</p>
	<p>Fillings</p>
<p>Diagram represents the mouth wide open</p>	<p>Bridgework</p>
	<p>Crowned Teeth</p>
	<p>Missing Teeth</p>

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 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.

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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.

2 May 1946

DATE

UNKNOWN X-500

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

Near Camansi, Leyte, P.I.
PLACE OF DEATH

USAF CEMETERY LEYTE # 1, P.I.
PLACE OF BURIAL
















8415
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		<div style="display: flex; justify-content: space-between; width: 100%;"> 1010101010101010101010101010101010 </div>																TYPE					
LOCATION																		LOCATION					

INSIDE — LOOKING OUT *PERFECT*

		RIGHT								LOWER TEETH				LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16						
TYPE		<div style="display: flex; justify-content: space-between; width: 100%;"> 101010 10 </div>																TYPE					
LOCATION																		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)

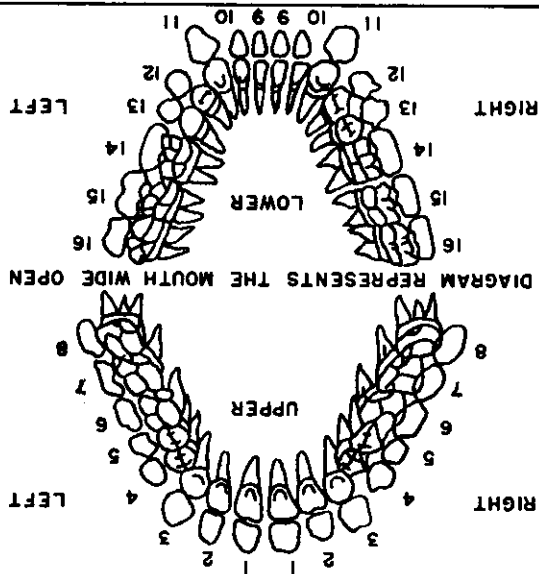
INSTRUCTIONS:

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

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

Stephen G. Olver, Sgt.
NAME AND RANK TYPED OR PRINTED

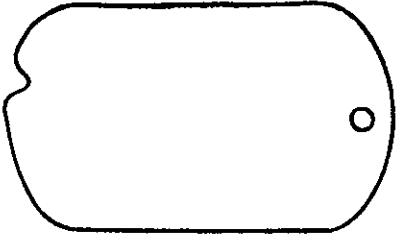


Headquarters, Base K, GRS
PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

HENRY PATTERNO, 1st Lt., GMC.
NAME AND RANK TYPED OR PRINTED

DATE

2 May 1946

WD GRC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 3 Dec 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-2330 (Formerly Unk X-500 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 Camansi, Leyte, P.I.		CAUSE OF DEATH Unknown			DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, 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 AGRS MAUSOLEUM, MANILA, P.							
DATE OF BURIAL STORAGE 2 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. - ANGER 802	ROW No. DAY A	GRAVE No. CRYPT 214	
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. 8415	
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-2332			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 216	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2328			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 212	
SIGNATURE OF PERSON PREPARING REPORT  R. R. ACIERTO, Pvt.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. S. PANOPIO, 2nd 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.							

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


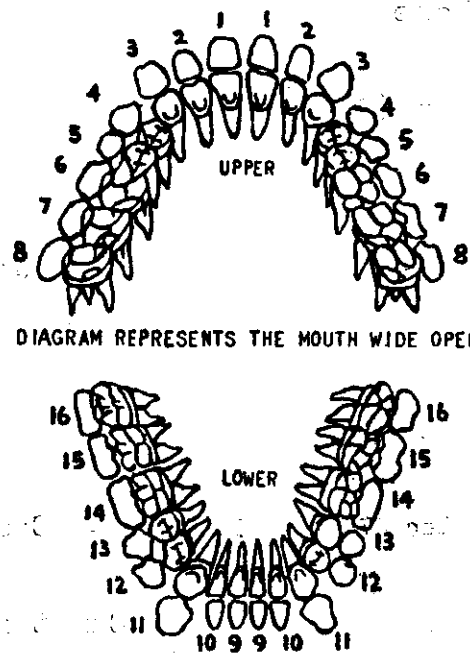




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

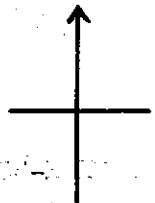
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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



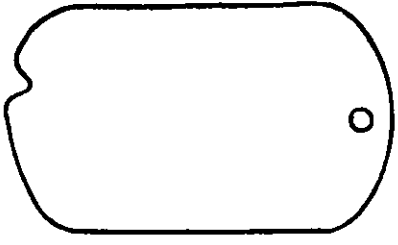
REMARKS:

Identification Check List and Dental Chart accomplished.

FEB 1948

RESTRICTED

fv- 8415-4287

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 3 May 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) UNKNOWN X-500		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 Camansi, Leyte, P.I.		CAUSE OF DEATH Unknown		DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) UNIDENTIFIED:				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes -2- Unknown tags						
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. / <i>inland</i>						
DATE OF BURIAL 2 May 1946	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) "C" Type Casket	TYPE OF GRAVE MARKER Reg. Cross	PLOT NO.	ROW NO.	GRAVE NO. 8415
WAS THIS A REBURIAL? (Yes or no) YES	IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Near Camansi, Leyte, P.I. MAP: Leyte, P.I. SCALE: 1:50,000 Grid Co-ord: 1288.5 - 1344.7			PLOT NO. Isolated burial	ROW NO.	GRAVE NO.
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) LEHNE, Roswell Walter			RANK F 1/c	SERIAL No. 329 55 46	ORGANIZATION USN. USS LCT 1309	GRAVE No. 8414
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-501			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8416
SIGNATURE OF PERSON PREPARING REPORT <i>Charles W. Hallock</i> S/Sgt. Charles W. Hallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Henry Paterno</i> HENRY PATERNO, 1st Lt., GRC.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and dup copy for enemy dead, to the Quartermaster General through Headquarters GRS Office. Copies for retention in theater as prescribed by theater commander.						

Jul 58

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.






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80 MAY 1946

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

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

OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE

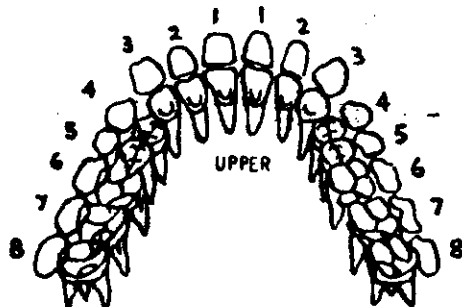
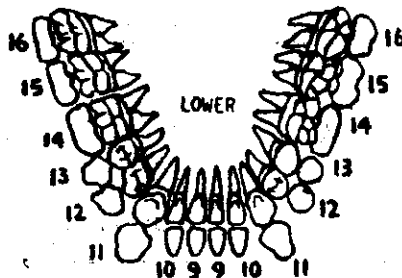


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

TOOTH CHART ON QMC Form 1045. Attached.

1/3cs

MM 11/3

1

Interred 29 July 1949
N 13 59 Ft. McKinley
Carroll H. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00453

DATE
15 05 48
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: UNK X-000500 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: 8415 COUNTRY: PHILIPPINE ISLANDS CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-500 UNK X-2330 (Maus) SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 27 Sept. 1948

IDENTIFICATION TAG ON: 3 REMAINS 1 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: Two (2) Mausoleum Tags - UNK X-2330

REMAINS PREPARED AND PLACED IN CASKET
DATE: 27 Sept. 1948 BY: JOSEPH W. GESUSE

CASKET SEALED BY: JOSEPH W. GESUSE EMBALMER (Signature): JOSEPH W. GESUSE

CASKET BOXED AND MARKED: HORACE L. ALLISON Sgt., Inf. DATE: 27 Sept. 48 SHIPPING ADDRESS VERIFIED BY: HONORIO V. AURELIO, 1st Lt., Inf.

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

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

SIGNATURE OF GRS INSPECTOR

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

18 AUG 1948
REPATRIATION
BRANCH
MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum TO Fort McInley Military Cemetery

KIND OF CONVOYANCE Truck

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

29 JUL 1949

Handwritten signature

2. SHIPPED

FROM

TO

KIND OF CONVOYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

3. SHIPPED

FROM

TO

KIND OF CONVOYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

4. SHIPPED

FROM

TO

KIND OF CONVOYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

5. SHIPPED

FROM

TO

KIND OF CONVOYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

Fort McInley Military Cemetery

6. SHIPPED

FROM

TO

KIND OF CONVOYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

7. SHIPPED

FROM

TO

KIND OF CONVOYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

12 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-500, Plot _____,
Row _____, Grave 8415, USMC USAF Cem. Leyte #1 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

A. B. McNEEMAR
A. B. McNEEMAR
Captain, QMG
Chief, Records Branch

Attach: Form 1044

Received 8/10/49 _____ QMG
Not identifiable from
information presently
available *File*

8/16/49 - Solent

encl # 13'