

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk Lytle #1 X-502

SUBJECT

293 unk Jaws Manila X-2187

QMC FORM 1121  
1 Aug 45

bps

1

Interred 27 Feb 1950  
C 14 54 Ft. McKinley  
*caremark*

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

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

DIRECTIVE NUMBER  
7740 81015

DATE  
16 02 50  
DAY MONTH YEAR

NAME: UNKNOWN X-502  
SERIAL NUMBER: [ ] GRADE: [ ] ARM: [ ] RACE: [ ] RELIGION: [ ]

CEMETERY: USAF CEMETERY LEYTE NO. 1, P. I.  
PLOT: [ ] ROW: [ ] GRAVE: 8422  
DISPOSITION OF REMAINS: 7701 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
UNITED STATES MILITARY CEMETERY  
FT. WM. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-502  
SERIAL NUMBER: [ ] GRADE: [ ] DATE OF DEATH: [ ] DATE DISTINTERRED: 23 Feb'50

IDENTIFICATION TAG ON:  REMAINS  MARKER  
ORGANIZATION: [ ] RELIGION: [ ] IDENTIFICATION VERIFIED BY: PAUL R NICHOLS  
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half  
CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION  
X-2187 Maus.

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 23 Feb'50 BY PAUL R NICHOLS  
CASKET SEALED BY: PAUL R NICHOLS  
EMBALMER (Signature): *Paul R Nichols*  
PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H TANGUAY  
Sgt 1c, RA  
SHIPPING ADDRESS VERIFIED BY: L. W. RICHARDSON, M/Sgt, RA

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
*L. W. Richardson*  
L. W. RICHARDSON, M/Sgt, RA  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
*embalmed*

**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED			
FROM	AGRS MAUSOLEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
		DATE	DATE
			FEB 27 1950
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
		DATE	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
		DATE	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
		DATE	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
		DATE	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
		DATE	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
		DATE	DATE

3

DISINTERMENT DIRECTIVE ORDERED BY PHILIP

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 7740 81015 DATE 16 02 50 DAY MONTH YEAR

NAME UNIFORM I - 902 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY LEYTE NO. 1, P. I. PLOT ROW GRAVE 6422 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. ME. MCINLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS FILE

rel # 374

QUEST 293  
QRS Far East

27 October 1949

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

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

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

Unknown X-188  
~~Unknown X-8187 (formerly Unknown X-808 USAF Com. Layte #1)  
Unknown X-8887~~  
Unknown X-8814  
Unknown X-8880  
Unknown X-8176

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

FOR THE QUARTERMASTER GENERAL:

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

HEB

J. Miller:lrc

TEC

Salsor

JW

cc--Administrative Section  
cc--Cincfe

OSGR 293.9

APO 707  
6 OCT 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, 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-1252 AGRS Mslm  
" X-2187 " "

UNKNOWN X-4681 AGRS Mslm

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

FOR THE COMMANDING GENERAL:

C. H. LINDRANCE  
2nd Lt., AGD  
Asst. Adj. Gen

3 Incls  
QMG Forms 1044 w/Certificates  
of Unidentifiability

BASIC: Msgfm #1946, dtd 21 Jan 46, file GSQMM 704.5, re: BRADY, John A.  
Jr., O-1175056.

GSQMM 293

13th Ind

CRHM/gyd\*

PHILRYGON Sector Graves Registration Service, APO 707, 5 August 1947

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

Your attention is invited to the inclosed QMC Forms 1044 and 1045, accomplished for the remains of UNKNOWN X-502, the remains of whom are interred in Grave #422, USAF Cem. Leyte #1, P.I., which are forwarded herewith for further comparison of records in an attempt to establish definite identification.

FOR THE COMMANDING OFFICER:

HAROLD F. REVERSKI  
Lt. Colonel, Q.M.G.  
Executive

10 Incls: n/c

8th Ind.

QMGYG 293  
Unknown X-502  
(Layte #1) P.I.

WD, OQMG, Washington 25, D. C.

30 September 1946

TO: Commanding General, U. S. Army Forces, Western Pacific (Manila)  
APO 707, c/o Postmaster, San Francisco, California

1. In compliance with request paragraph 2, preceding 7th Indorsement, comparison of WD dental records for Captain John A. BRADY, Jr., with those of Unknown X-502, USAF Cemetery Layte #1, P.I. has been made and found to be unfavorable. Copy of comparison of dental chart is inclosed for your information.

2. If further identifying data becomes available, it is requested that this office be furnished a copy thereof.

FOR THE QUARTERMASTER GENERAL:

6 Incls:  
Incls: 1-5 n/c  
Added 1 Incl:

M. J. SLOANE  
Capt., QMG  
Assistant



Ltr Hq Div Arty, "Pers Missing in Action" 18 Sept 45 Cont.

"Q. We are interested just for the families of the Americans and want to make certain that they are dead. Their families might still hope that they are still alive.

"A. From the Division Headquarters they learned they were dead."

(NOTE: Actually no observer was with Captain Brady).

5. In view of this information, it is believed that the status should now be changed.

FOR THE COMMANDING GENERAL:

/s/ William L. Watkins  
/t/ WILLIAM L. WATKINS  
Major, FA  
Adjutant

AG 704 - G 1st Ind. 7/acm  
Hq 24th Inf Div, APO 24, 20 September 1945.

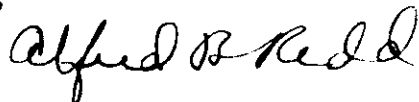
To: CINCPAC, APO 500.

1. Request Captain Brady's Status be changed from MIA to KIA.
2. Subject officer was reported MIA on Casualty Report No. 14, Hq 24th Inf Div Landing Team, dated 6 November 1944.

FOR THE COMMANDING GENERAL:

/s/ D. E. Young,  
/t/ D. E. YOUNG,  
1st Lt, AGD,  
Asst ADJ Gen.

This is a true copy.



ALFRED B. REDD  
2d Lieut. AGD,  
Asst. Adj. Gen.

HEADQUARTERS 24TH DIVISION ARTILLERY  
APO 24

18 September 1945

SUBJECT: Personnel Missing in Action.

TO : Commanding General, 24th Infantry Division, APO 24.

1. Recommend that the status of Captain JOHN A. BRADY, JR, O-1175056, Hq 24th Division Artillery, be changed from missing in action to killed in action based on information contained herein.

2. Captain Brady, as reported on casualty report #3, Hq Battery, 24th Division Artillery, dated 6 November 1944, was last seen at 1810 on 3 November 1944 when his L-4 plane was observed being attacked and strafed by 2 enemy fighters over enemy territory near Limon, Leyte Island, Philippine Islands. A few days later, wreckage of the plane was sighted some distance south of Limon (See 1st Ind, Ltr your headquarters, 7 December 1945, subject: "Personnel Reported Missing in Action").

3. Area where the wreckage was sighted was cleared of the enemy about the end of December 1944, and on 4 January 1945 a party from this headquarters went to the scene. As reported in our letter dated 11 January 1945, subject: "Status of Captain John A. Brady, Jr.", no evidence could be found that the pilot had not survived the crash.

4. In September 1945, members of this headquarters interrogated Major General TATEOKI, YOSHIHARU, Chief of Staff of XXXV Army, Japanese Army at the time of his surrender. He was Chief of Staff of the Japanese 1st Division on Leyte, on November 1944 and it was in that division's zone of action that Captain Brady crashed. The following interrogation took place:

"Q. Did the Chief of Staff remember in Leyte when the Japanese shot down one of our cub planes?

"A. Yes, at Limon.

"Q. Were the pilot and observer dead?

"A. He thinks they were dead. Originally he received information that they were dead and issued instructions to patrols to bring them in for questioning if they were alive, but got no word in reply.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900


27 Sept 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 502, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 8422, 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 deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

  
H. B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

Received 6 Oct 49 OQMG  
Not identifiable from  
information presently  
available

25 Oct 49  
J. Miller D Sec

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2187 (Formerly UIC X-502 Leyte #1)				2. DATE OF REPORT 27 Sept 1949		
3. NAME OF CEMETERY  AGAS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT    REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT U T D		9. ESTIMATED HEIGHT 5'6 1/8"		10. COLOR OF HAIR U T D		11. RACE UNKNOWN
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-align: center;">N O N E</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p style="text-align: center;">U T D</p>						
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  <p style="text-align: center;">N O N E</p>						
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)  <p style="text-align: center;">N O N E</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">"UNIDENTIFIABLE"</p> <p style="text-align: center;">REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</p>						

18.

TOOTH CHART

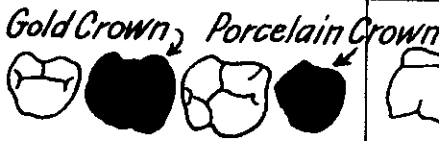
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:

TOP VIEW

SIDE VIEW



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



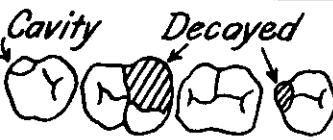
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



fractured

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
⊗				⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗				⊗
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
⊗			⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗			
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."

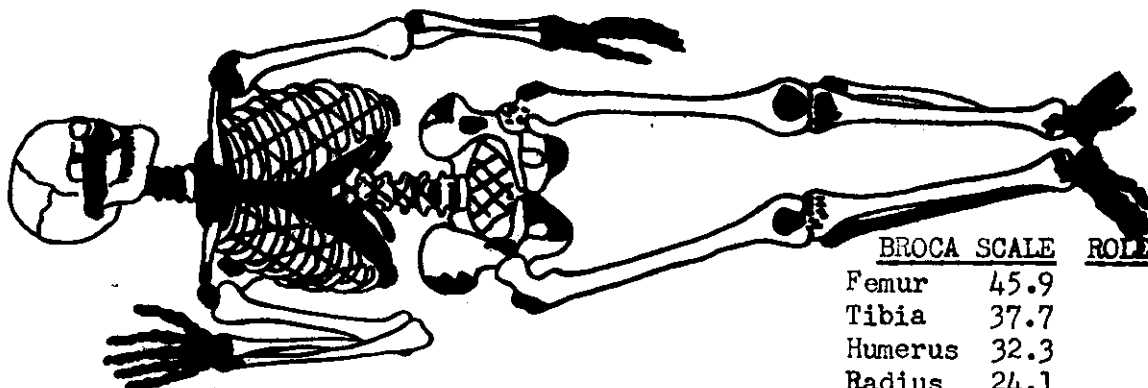
REMARKS: Maxilla fractured on median line

REASON OF LACK OF SUFFICIENT IDENTIFICATION

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED



	BROCA SCALE	ROLEST TABLE
Femur	45.9	168
Tibia	37.7	172
Humerus	32.3	164
Radius	24.1	165

Average height in cm 167 1/4 or 5'6 1/8"

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_ NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 5 1/2 lbs.

Circumference of skull - 20 inches.

**"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

*Paul R. Nichols*

X-2187

# 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-2187 (Formerly UNK X-502  
(Possibly Brady, John A.) USAF Cem  
Leyte #1, P.I.

28 Nov 47  
DATE

Unknown Unknown  
LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown  
Vicinity of Limon, AGRS Mausoleum ORGANIZATION  
Leyte, P.I. Manila, P.I. 810 K 3610  
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.  
WALKER SAW CAPT
















Remarks fractured

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

GEORGE T GAMBOA  
2d Lt  
MAC

*George T. Gamboa*

CERTIFIED TRUE COPY:

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

28 Nov 47  
DATE

/s/ GERALD M. HOLTZ 2nd SR  
NAME AND RANK TYPED OR PRINTED

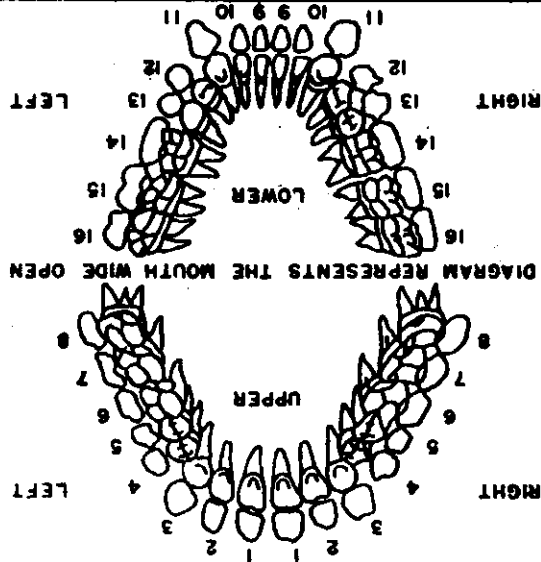
/p/ JOHN H. BENNETT JR  
NAME AND RANK TYPED OR PRINTED

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

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

REMARKS:

Maxilla fractured on median line.



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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

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

INSTRUCTIONS:



## IDENTIFICATION CHECK LIST

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

(Formerly UNK X-502  
 (Possibly Brady,  
 (John A.) USAF Cem

Unknown X -2187 (Leyte #1, P.I.)

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 810 <sup>HANGER</sup> Row K <sup>BAY</sup> Grave 3610 <sup>CRIFI</sup>

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~XXXXXX~~ 28 Nov 47  
(Hour) (Date)

2. Place of death Vicinity of Limon, Leyte, P.I.  
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 583rd QM AGRS  
(Name and organization)

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

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

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

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

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

Age / .....  
 Est Height 5'7 1/2" Est Weight 145 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, widow's 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 ..... **Tooth chart attached.**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of ~~head~~ **skull** in inches **20"** (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 ..... (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 nor ID tags received with the remains.

No personal effects found. Remarks on the old ROI states that this may be of Capt. John A. Vradny. The remains was found 300 yards of the wreckage of L-4 type plane, which was shot down by enemy fighter planes in that vicinity. Weight of remains is about 7 1/2 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.

CERTIFIED TRUE COPY:

*George T. Gamboa*  
GEORGE T GAMBOA  
2d Lt MAC

/s/ Gerald M. Holtz  
(Officer's Name)

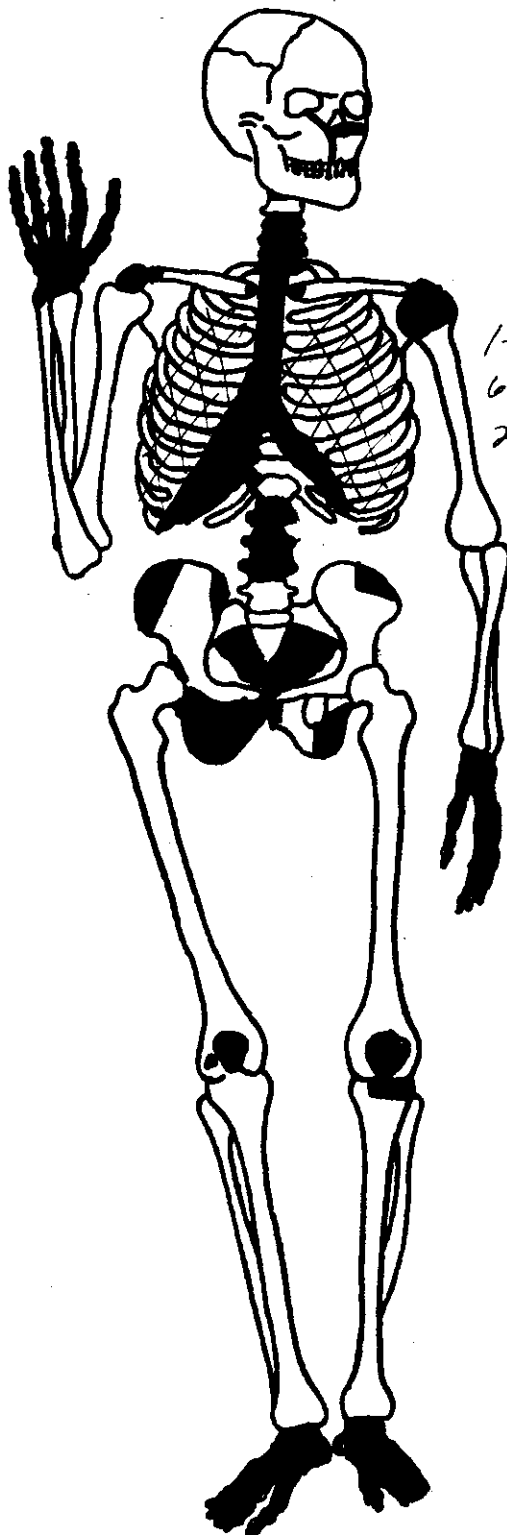
Emb Senior C-063008  
Rank Service

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

28 Nov 47

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Rib fragments*  
1- Cervical vertebrae } present  
6- Thoracic vertebrae }  
2- Lumbar vertebrae }

REPORT OF DISINTERMENT FOR IDENTIFICATION

22 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-502 (Possibly John A. Brady, Capt.)

-

Grade

Organization

-

-

. Name, Number and Location of Cemetery

Plot

Row

Grave No.

U.S.F. Cemetery Leyte #1, P.I.

S422

2. Date of Disinterment

22 October 1947

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

Original made in Type "C" casket burial. Skeletal remains. Substitute tags on remains and on marker coincide with I.C.I. on file. No identification clues found on remains.

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 Barge

On Remains


Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*  
PAUL R. NICHOLS, Lieutenant


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 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 chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

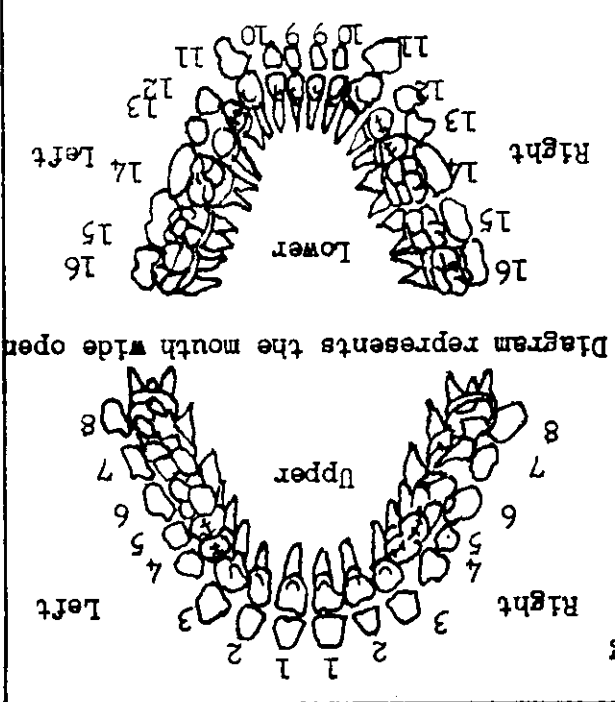
Missing Teeth  
 Tooth Missing

Crowned Teeth  
 Porcelain Crown  
 Gold Crown

Bridgework  
 Gold & Porcelain Bridge  
 Gold Bridge

Fillings  
 Silver Filling  
 Gold Filling  
 Gold Filling  
 Gold Filling

Caries (Cavities)  
 Cavity  
 Decayed  
 Decayed  
 Decayed



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

5-34880-4N

STATEMENT OF SECTION LEADER

I departed from the USAF Cemetery Leyte #1, P.I., 18 April 1946, to search for the remains of Captain John A. Brady, Jr., O-1175056, Headquarters, 24th Division Artillery whose L-4 plane was last seen 3 November 1944 being attacked by 3 enemy fighters over enemy territory near Limon, Leyte, P. I.

With the aid of native guides, I went some distance south of Limon, Leyte, P. I. and arrived at the wreckage of what I thought was an L-4 type plane. Due to the condition of the plane it was impossible to definitely identify the number of the air craft. A complete search of the area revealed the remains of a soldier located approximately 300 yards from the plane. No means of identification were found on the remains. There was a possibility that the remains may be of Captain John A. Brady. The remains were returned to the USAF Cemetery Leyte, #1, P. I. for interment.

*7/5 Richard L. Jankowski*  
RICHARD JANKOWSKI, 7/5  
Graves Registration Service

*9 inc. #4*



# 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.

20 May 1946  
DATE

<u>UNKNOWN X-502</u>	---	---	
LAST NAME	FIRST	INITIAL	SERIAL NO.
---		---	
UNIT		ORGANIZATION	
<u>Vicinity of Limon, Leyte, P.I.</u>		<u>USAF Cemetery Leyte #1, P.I.</u>	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.
			<u>8422</u>

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	LOWER TEETH	10	9	9	10	11	LEFT	12	13	14	15	16	
TYPE																				TYPE
LOCATION																				LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
---	--	---

Incl #5

**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.

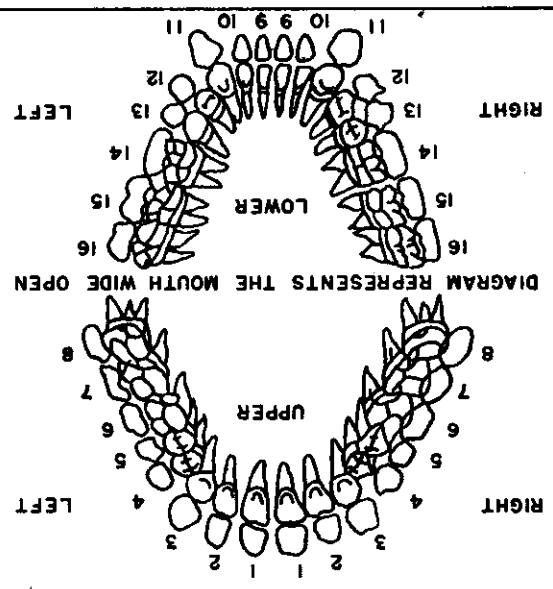


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

Remains found near wreckage of L-4, in the vicinity of Limon, Leyte, P.I.

SIGNATURE OF PERSON WHO PREPARED CHART

*Stephen G. Oliver*

Sgt. Stephen G. Oliver, GRS

NAME AND RANK TYPED OR PRINTED

HENRY PATERNO, 1st Lt., QMC

NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

*Henry Paterno*

DATE

20 May 1946

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

GRS, Base K, APO 72

RESTRICTED

FIELD JOURNALS  
USAF CREWMENT LOGS NO. 1  
LEO 1000

SEARCH AND RECOVERY REPORT  
DATE

1. DATE AND TIME OF DEPARTURE: 0800 15 April 1947
2. PARTY CONSISTED OF: 3
3. TOWN OR VILLAGE: Vespres PROVINCE AND ISLAND: Leyte, P.I.
4. PERSONS INTERVIEWED:
  - a. all natives in vicinity.
  - b.
  - c.
  - d.
  - e.
5. GUIDES:
  - a.
  - b.
  - c.
6. LOCATION OF REMAINS (GRID COORD.): None
7. DATE AND TYPE OF RECOVERY: None
8. NUMBER OF REMAINS RECOVERED: None
9. CONDITION OF REMAINS: None
10. IDENTIFICATION CHUES FOUND WITH REMAINS:
  - a. None
  - b.
  - c.
  - d.
  - e.
11. PERSONAL EFFECTS FOUND WITH REMAINS:
  - a. None
  - b.
  - c.
  - d.
  - e.
12. DATE AND TIME RETURNED: 11:30 15 April 1947

13. REMARKS: (SEE REVERSE SIDE)

Vicinity of crashed L4 or L5 plane was made for further information on Capt. Brady. Civilians living closely to location of plane were questioned. One family had canteen with name "GRAY" inscribed. Reported picked up near plane. Plane is striped beyond recognition.

*Ramon Thomas*  
Capt. Ramon Thomas  
Search Party Leader

RESTRICTED

HEADQUARTERS  
USAF CASUALTY SERVICE NO. 1  
APO 1000

SEARCH AND RECOVERY REPORT

1. DATE AND TIME OF DEPARTURE: **0800 15 April 1947**
2. PARTY CONSISTED OF: **3**
3. TOWN OR VILLAGE: **Vouaves** PROVINCE AND ISLAND: **Louisa, P.I.**
4. PERSONS INTERVIEWED:
  - a. **All natives in vicinity.**
  - b.
  - c.
  - d.
  - e.
5. GUIDES:
  - a.
  - b.
  - c.
6. LOCATION OF REMAINS (GIVE COORD.): **None**
7. DATE AND TYPE OF RECOVERY: **None**
8. NUMBER OF REMAINS RECOVERED: **None**
9. CONDITION OF REMAINS: **None**
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
  - a. **None**
  - b.
  - c.
  - d.
  - e.
11. PERSONAL EFFECTS FOUND WITH REMAINS:
  - a. **None**
  - b.
  - c.
  - d.
  - e.
12. DATE AND TIME RETURNED: **11:30 15 April 1947**

13. REMARKS: (SEE REVERSE SIDE)

Vicinity of crashed L4 or L5 plane was made for further information on Capt. Brady. Civilians living closely to location of plane were questioned. One family had suitcase with name "BRADY" inscribed. Reported picked up near plane. Plane is striped beyond recognition.

*Ronald Thomas*  
Capt. Ronald Thomas  
Search Party Leader

REPORT OF DISINTERMENT FOR IDENTIFICATION

3 July 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-502

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, Leyte P.I.

8422

2. Date of Disinterment

2 July 1947

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

Shelter halve burial - Skeletal remains, as listed: Skull complete, several vertebrae, ribs, ankle and wrist bones, and phalanges, two scapula, two humerus, two ulna, two radius, two clavicle, two femur, two fibula, two tibia, and two innominate.

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

Substitute Unknown Tag

On Remains

Substitute Unknown Tag

What Identification Used Upon Reinterment: On Marker

Substitute Unknown Tag

On Remains


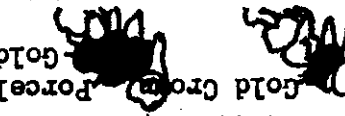


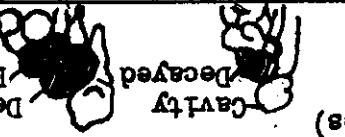
Substitute Unknown Tag

5. Signature of Officer Supervising Disinterment and Reinterment.

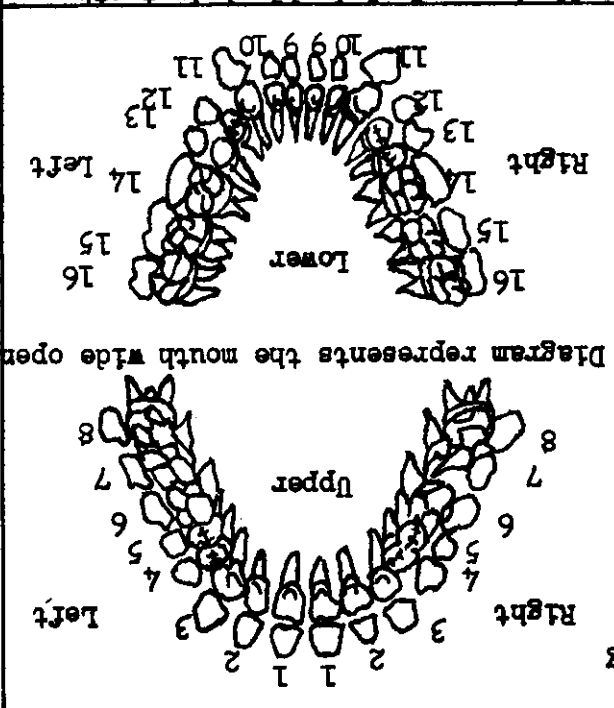
*Paul R. Nichols*  
PAUL R. NICHOLS, Embalmer

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 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 of decay), dentures (plates), and any deformity of jaws found.

<p>Missing Teeth</p> 	<p>Crowned Teeth</p> 	<p>Bridgework</p> 	<p>Fillings</p> 	<p>Caries (Cavities)</p> 
---	---	--	--	--

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

REPORT OF DISINTERMENT FOR IDENTIFICATION

3 July 1947

1. Remains of (Name)

**UNKNOWN E-502**

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

**USAF Cemetery Layte #1, Layte P.I.**

Plot

Row

Grave No.

**842**

2. Date of Disinterment

**2 July 1947**

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

Shelter half burial - skeletal remains, as listed: skull complete, several vertebrae, ribs, scapula and wrist bones, and phalanges, two scapula, two humerus, two ulna, two radius, two clavicle, two femur, two tibia, two tibia, and two innominate.

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

**Substitute Unknown Tag**

On Remains

**Substitute Unknown Tag**

What Identification Used Upon Reinterment: On Marker

**Substitute Unknown Tag**

On Remains

**Substitute Unknown Tag**

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*  
**PAUL R. NICHOLS, Embalmer**

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.

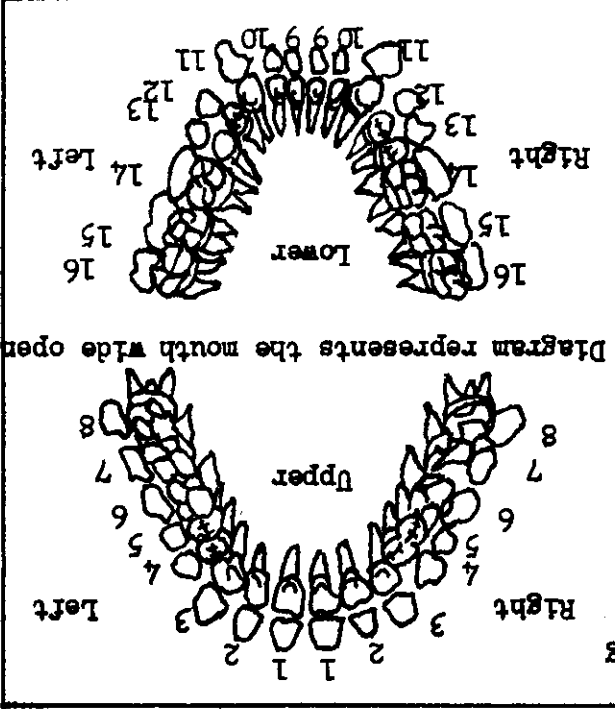
Missing Teeth  
Tooth Missing  
Tooth Missing

Crowned Teeth  
Gold Crown  
Porcelain Crown  
Gold Crown  
Porcelain Crown

Bridgework  
Gold & Porcelain Bridge  
Gold Bridge

Fillings  
Silver Filling  
Gold Filling  
Gold Filling  
Gold Filling

Caries (Cavities)  
Cavity  
Decayed  
Decayed  
Decayed



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

5-34880-411



REPORT OF DISINTERMENT FOR IDENTIFICATION

3 July 1947

1. Remains of (Name)

Serial Number

**UNKNOWN 2-922**

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

**WAF Cemetery Leyte Fl, Leyte P.I.**

**8422**

2. Date of Disinterment

**2 July 1947**

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

Shelter halve burial - Skeletal remains, as listed: Skull complete, several vertebrae, ribs, scapula and wrist bones, and phalanges, two scapula, two humerus, two ulna, two radius, two clavicle, two femur, two tibia, two tibia, and two innominate.

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

**Substitute Unknown Tag**

On Remains

**Substitute Unknown Tag**

What Identification Used Upon Reinterment: On Marker

**Substitute Unknown Tag**

On Remains

**Substitute Unknown Tag**

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*  
**PAUL R. NICHOLS, Engineer**

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</p>	<p>Missing Teeth</p>
<p>Crowned Teeth</p>	<p>Crowned Teeth</p>
<p>Bridgework</p>	<p>Bridgework</p>
<p>Fillings</p>	<p>Fillings</p>
<p>Caries (Cavities)</p>	<p>Caries (Cavities)</p>

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

5-34880-4A1

# 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.

3 July 1947  
DATE

UNKNOWN X-502

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT  
Vicinity of Limon,  
Layte P.I.

PLACE OF DEATH

ORGANIZATION  
USAF Cemetery Layte #1, P.I.

PLACE OF BURIAL

PLOT

ROW

8422

GRAVE NO.

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

INSIDE — LOOKING OUT

RIGHT				LOWER TEETH								LEFT			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	⊗			⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗			
LOCATION															

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

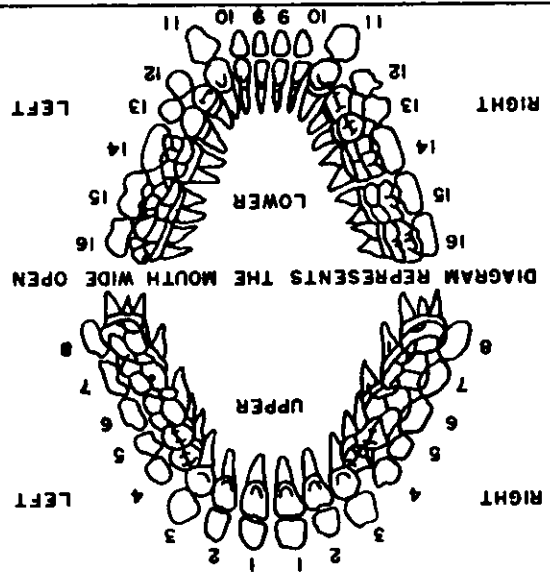
**INSTRUCTIONS:**

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

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



**REMARKS:**

Signature of Person who Prepared Chart  
*Paul R. Nichols*

NAME AND RANK TYPED OR PRINTED  
 PAUL R. NICHOLS, Embalmer

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

Signature of GNS Officer  
*Ramon Thomas*

NAME AND RANK TYPED OR PRINTED  
 RAMON THOMAS, Capt., GNC

DATE  
 3 July 1947

# 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.

3 July 1967

DATE

UNKNOWN I-22

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

vicinity of Manila, P.I.

PLACE OF DEATH

UNIT

ORGANIZATION

51st Composite Light Inf, P.I.

PLACE OF BURIAL

PLOT

ROW

8422















GRAVE NO.

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

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT      LOWER TEETH      LEFT																
TYPE																	
LOCATION																	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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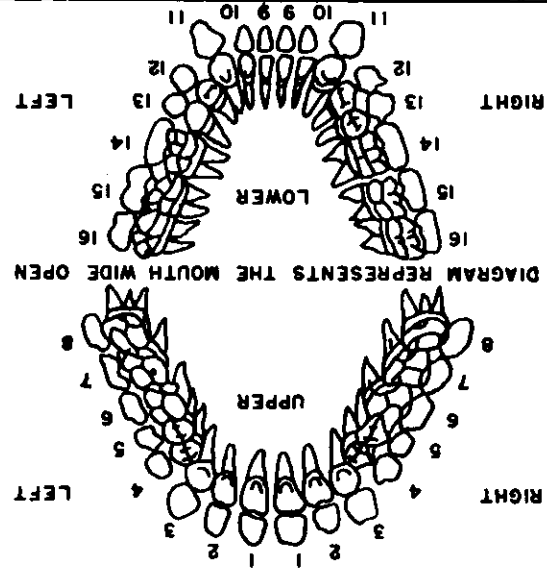
**INSTRUCTIONS:**

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

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g. PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

*Frank R. Nichols*

NAME AND RANK TYPED OR PRINTED

1ST COMPANY 1ST BATTALION 1ST REGIMENT P.O.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

NAME AND RANK TYPED OR PRINTED

MARKER THOMAS, Capt., G.S.

DATE

9 JULY 1947

VERIFIED BY GNS OFFICER

*Thomas*

# 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.

3 July 1947

DATE

                                                                                                          
 LAST NAME                      FIRST                      INITIAL                      RANK                      SERIAL NO.















                                                                                                                               
 PLACE OF DEATH                      PLACE OF BURIAL                      PLOT                      ROW                      GRAVE NO.

	8	7	6	RIGHT				UPPER TEETH				LEFT				
TYPE																
LOCATION																

INSIDE — LOOKING OUT

	16	15	14	RIGHT				LOWER TEETH				LEFT				
TYPE																
LOCATION																

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. 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)

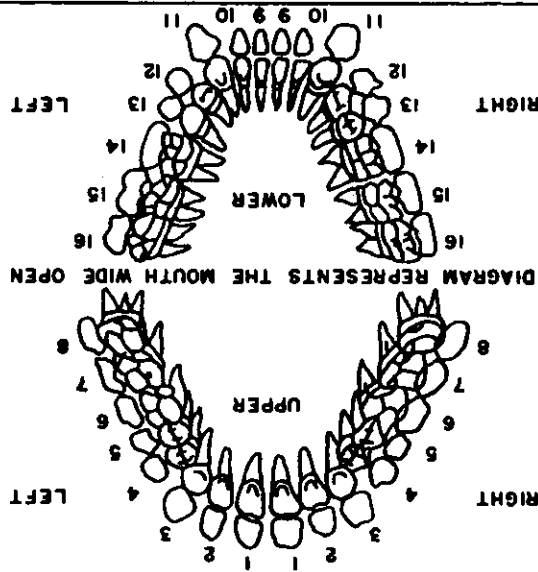
**INSTRUCTIONS:**

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  $\frac{3}{4}$ ),  $\frac{3}{8}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

*Paul F. Thomas*

NAME AND RANK TYPED OR PRINTED

PAUL F. THOMAS, MAJOR

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

HEAD QUARTERS, 1ST AIRBORNE DIVISION, 2ND AIRBORNE INFANTRY BRIGADE, 11TH AIRBORNE DIVISION, 11TH AIRBORNE DIVISION, 11TH AIRBORNE DIVISION

NAME AND RANK TYPED OR PRINTED

PAUL F. THOMAS, MAJOR

DATE

3 JULY 1948

VERIFIED BY GMS OFFICER

*Paul F. Thomas*



**STATEMENT OF SECTION LEADER**

I departed from the USAF Cemetery Leyte #1, P.I., 18 April 1946, to search for the remains of Captain John A. Brady, Jr., O-1175056, Headquarters, 24th Division Artillery whose L-4 plane was last seen 3 November 1944 being attacked by 3 enemy fighters over enemy territory near Limon, Leyte, P. I.

With the aid of native guides, I went some distance south of Limon, Leyte, P. I. and arrived at the wreckage of what I thought was an L-4 type plane. Due to the condition of the plane it was impossible to definitely identify the number of the air craft. A complete search of the area revealed the remains of a soldier located approximately 300 yards from the plane. No means of identification were found on the remains. There was a possibility that the remains may be of Captain John A. Brady. The remains were returned to the USAF Cemetery Leyte, #1, P. I. for interment.

*T/5 Richard J. Jankowski*  
**RICHARD JANKOWSKI, T/5**  
Graves Registration Service

# 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.

20 May 1946  
DATE

UNKNOWN X-902

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Vicinity of Linao, Leyte, P.I. USAF Cemetery Leyte #1, P.I.

6422

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW















GRAVE NO.

		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE						<i>P</i>		<i>P</i>		<i>P</i>	<i>P</i>												
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							<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>											
LOCATION																							

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p>  EXTRACTED  CAVITY. INDICATE LOCATION  FIXED BRIDGE (INCL. ABUTMENTS)  TEETH REPLACED BY DENTURE  POSTHUMOUSLY MISSING (LOST AFTER DEATH)	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p>  AMALGAM (SILVER)  GOLD  SILICATE OR PORCELAIN  OXYPHOSPHATE (CEMENT)	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p>  MESIAL (BETWEEN-TOWARD FRONT)  OCCLUSAL (BITING SURFACE BACK TEETH)  DISTAL (BETWEEN-TOWARD BACK)  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, e.g. PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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

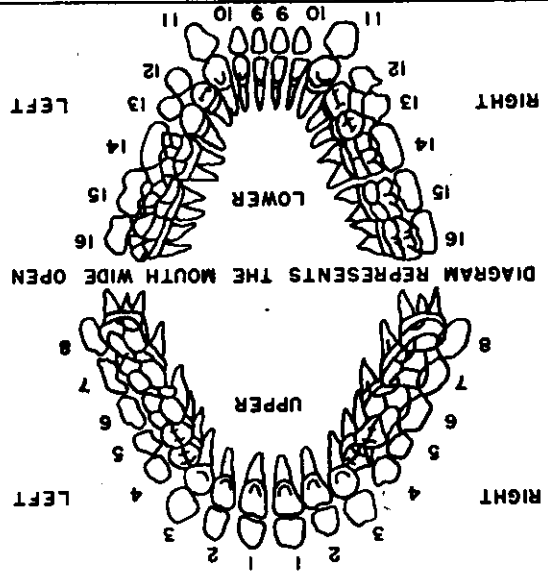


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

Remains found near wreckage of T-4, in the vicinity of Llanos, Leyte, P.I.

SIGNATURE OF PERSON WHO PREPARED CHART

Sgt. Stephen G. Olway, GRS

NAME AND RANK TYPED OR PRINTED

GRS, Base I, APO 72

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

HENRY PATRICK, 1st Lt., GRC

NAME AND RANK TYPED OR PRINTED

20 May 1946

DATE

Miller

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p style="text-align: center;">27 Sept 1949</p>
---	---	---

Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>		
NAME (Last, first, middle initial) <u>UNKNOWN X-2187 (Formerly UNK X-502 USAF Cem Leyte #1, P.I.)</u>	SERIAL No. <p style="text-align: center;">Unknown</p>		BRANCH OF SERVICE <p style="text-align: center;">Unknown</p>
GRADE <p style="text-align: center;">Unknown</p>	ORGANIZATION <p style="text-align: center;">Unknown</p>		RACE <p style="text-align: center;">Unknown</p>
RELIGION <p style="text-align: center;">Unknown</p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		

PLACE OF DEATH Vicinity of Limon, Leyte, P.I.	CAUSE OF DEATH <p style="text-align: center;">KIA</p>	DATE OF DEATH <p style="text-align: center;">Unknown</p>
--	--	---

EMERGENCY ADDRESSEE (Name, relationship, and address)  

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center;">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p style="text-align: center;">See Remarks</p>
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <p style="text-align: center;">Yes (2)</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

None

**Section 2.—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  

AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL	STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
29 Nov 47		1300	Casket	None	800	10D	

WAS THIS A REBURIAL? (Yes or no) 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.
		8422

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) <p style="text-align: center;">Yes</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center;">Yes</p>
---	---

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 	SIGNATURE OF GRS OFFICER VERIFYING REPORT 
PAUL R NICHOLS, Chief, Ident. Section	J. MCNEER, Capt., OMC

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

627

**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
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**OTHER IDENTIFICATION CLUES**

**FILLINGS**



**CAVITIES**



**MISSING TEETH**



**CROWNED TEETH**



**BRIDGE WORK**

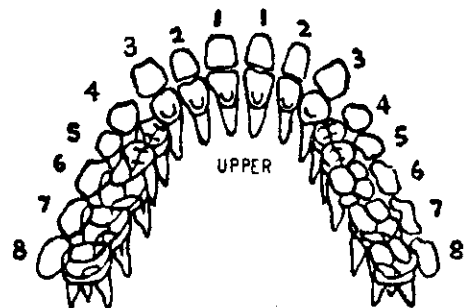
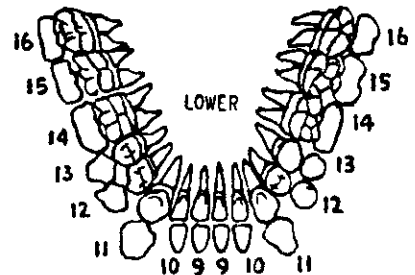


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



**REMARKS:**

UNKNOWN X-2187 (Formerly UMI X-502, Leyte #1) is believed to be **BRADY, John A.** and was determined unidentifiable due to lack of substantiating data.

MC Forms 1044, 1044a and 1044b accomplished.

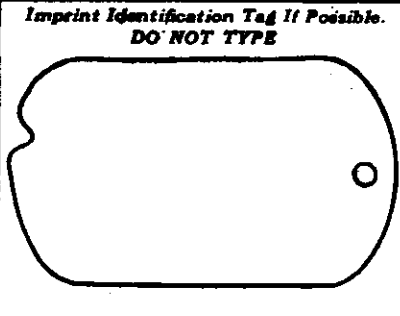
RESTRICTED 4410

U 4410

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

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

DATE OF REPORT  
2 Dec 47



**Section 1.—IDENTIFICATION.**

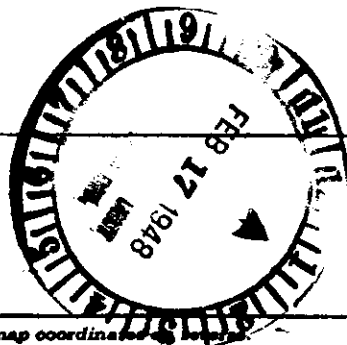
NAME (Last, first, middle initial) <b>UNKNOWN X-2187 (Formerly UNK X-502 (Poss. Brady, John A.) USAF Cem Leyte</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown #1 P.I.)</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Vicinity of Limon, Leyte, P.I.</b>	CAUSE OF DEATH <b>KIA</b>	DATE OF DEATH
---	------------------------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

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

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.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**AGRS MAUSOLEUM, MANILA, P.I.**

DATE OF BURIAL STORAGE <b>29 Nov 47</b>	HOUR <b>1300</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>810</b>	ROW No. <b>K</b>	GRAVE No. <b>3610</b>
--	---------------------	--	-------------------------------------	------------------------	---------------------	--------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Leyte #1, P.I.</b>	PLOT No.	ROW No.	GRAVE No. <b>8422</b>
---	--	----------	---------	--------------------------

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 <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
--	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED <b>UNKNOWN X-2189</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP <b>3612</b>
--	------	------------	--------------	----------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED <b>UNKNOWN X-2185</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP <b>3608</b>
---	------	------------	--------------	----------------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>R R ACIERRO, PVT</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>L S PANOPLO, 2d Lt, Inf</b>
---	---

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.

Incl 959

RESTRICTED

MAR 1 - 1948

**Section 3.— UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


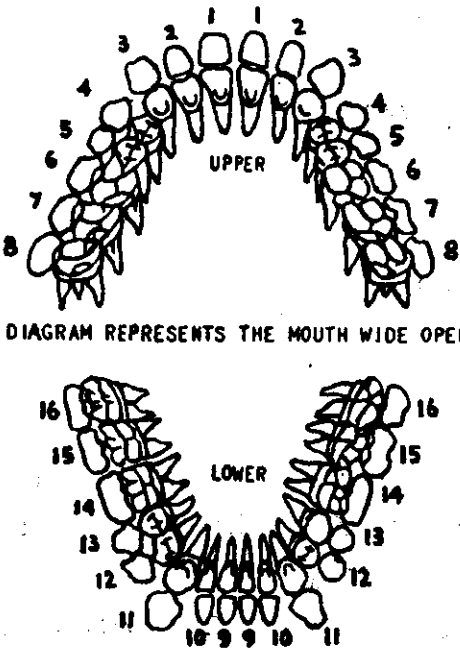




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</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:** Remains found 300 yards of wreckage of L-4 type plane possibly plane of Capt. John A. Brady, Jr., O-117505, Hqs., 24th Div. Art. which was shot down by enemy fighter planes in that vicinity. Condition of the plane made it impossible to identify the number of craft.

REMARKS:

**Identification Check List and Dental Chart accomplished.**

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	

IDENTIFICATION BRANCH  
MAY 1 1948  
IN

**20 JAN 1948**

RESTRICTED

hsw

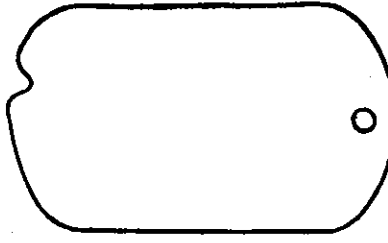
8422 U 4410

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  
20 May 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) (Possibly John A. Brady, Capt.)		SERIAL No. -----
UNKNOWN X-502		
GRADE -----	ORGANIZATION -----	BRANCH OF SERVICE -----
RACE -----	RELIGION -----	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Vicinity of Limon, Leyte, P.I.	CAUSE OF DEATH KIA	DATE OF DEATH -----
---	-----------------------	------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
-----

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) ---None---	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Unidentified Remains found 300 yards of wreckage of L-4 type plane, possibly plane of Capt. John A. Brady, Jr., O-117505, Hqs., 24th Div., Art., which was shot down by enemy fighter planes in that vicinity. Condition of the plane made it impossible to identify the number of the craft.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) ---Yes---	

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 14 May 1946	HOUR 1100 hrs	BURIED IN (Shroud, blanket, or name of other) Casket "C" Type	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 8422
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Map of Limon, Leyte, P.I. scale 1:50,000, Sheet 4444-1, Grid Coord: 1306.4 - 1364.7	PLOT No. ISOLATED BURIAL	ROW No.	GRAVE No.
--	--	-----------------------------	---------	-----------

TYPE OF RELIGIOUS CEREMONY None	PERSON CONDUCTING BURIAL RITES None	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) JOHNSON, Neil Goble	RANK S 2/c	SERIAL No. 264 85 55	ORGANIZATION USNR	GRAVE No. 8421
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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SIGNATURE OF PERSON PREPARING REPORT S/Sgt. Charles W. Hallock, GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Henry Paterno</i> HENRY PATERNO, 1st Lt., QMC
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

incl #3 17 Jul 46

RESTRICTED



**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


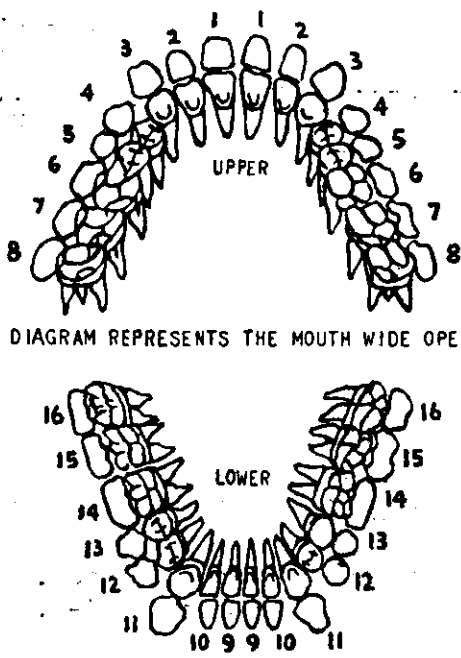




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe-size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

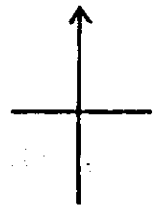
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

Remains found near wreckage of L-4, in the vicinity of Limon, Leyte, P.I.

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

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



REMARKS:

12 JUN 1945

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

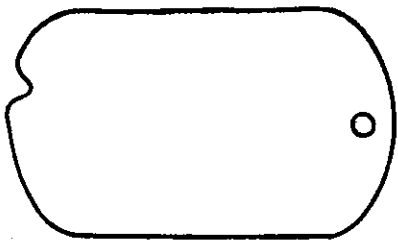
RIGHT  
LITTLE FINGER

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

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

DATE OF REPORT  
**20 May 1946**

*Imprint Identification Tag If Possible.  
DO NOT TYPE*



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) (Possibly John A. Brady, Jr., Capt.)		SERIAL No.
UNKNOWN X-312		-----
GRADE	ORGANIZATION	BRANCH OF SERVICE
-----	-----	-----
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
-----	-----	-----

PLACE OF DEATH <b>Vicinity of Lima, Leyte, P.I.</b>	CAUSE OF DEATH <b>KIA</b>	DATE OF DEATH -----
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
-----

IDENTIFICATION TAGS FOUND ON BODY (I. S. or none) <del>Yes</del>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse) <b>Unidentified</b> <b>Remains found 300 yards of wreckage of L-4 type plane, possibly plane of Capt. John A. Brady, Jr., O-117903, Maj., 24th Div., Art., which was shot down by enemy fighter planes in that vicinity. Condition of the plane made it</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <del>Yes</del>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME **Impossible to identify the number of the craft.**

**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 Fl, P.I.**

DATE OF BURIAL <b>14 May 1946</b>	HOUR <b>1100 hrs</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket "C" Type</b>	TYPE OF GRAVE MARKER <b>Reg Cross</b>	PLOT No.	ROW No.	GRAVE No. <b>8422</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Map of Lima, Leyte, P.I. Grid 1870,000, Sheet 444-1, Grid Coords: 1306.4 - 1364.7</b>	PLOT No.   ROW No.   GRAVE No. <b>ISOLATED BURIAL</b>
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TYPE OF RELIGIOUS CEREMONY <b>None</b>	PERSON CONDUCTING BURIAL RITES <b>None</b>	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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>JOHNSON, Neil Noble</b>	RANK <b>S 2/o</b>	SERIAL No. <b>264 85 55</b>	ORGANIZATION <b>USAF</b>	GRAVE No. <b>8421</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT <b>S/Sgt. Charles W. Hallock, GRS</b>	SIGNATURE OF GRAFTSMAN VERIFYING REPORT <b>HENRY PATRICK, 1st Lt., GRC</b>
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**INSTRUCTIONS:**


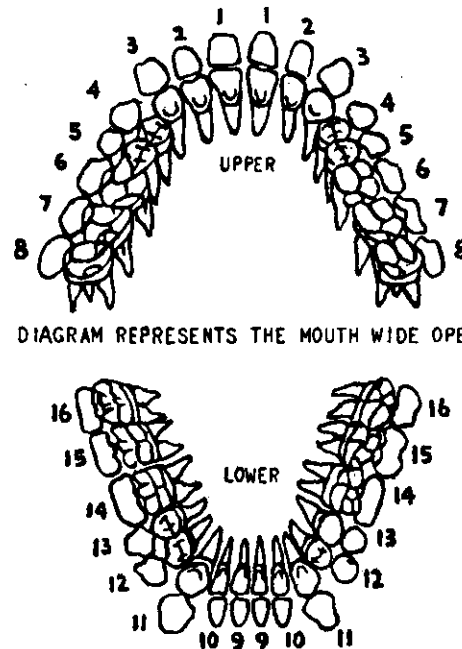




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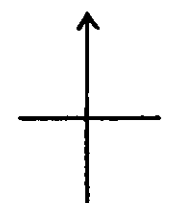
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

**OTHER IDENTIFICATION CLUES**

**Remains found near wreckage of L-4, in the vicinity of Linceo, Leyte, P.I.**

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

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



REMARKS: