

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk keyte #1 X-519

SUBJECT

Also 293 unk maus manila X-2203

QMC FORM 1121
1 Aug 45

AIRMAIL

242 (H) 4.1.7 - 2303 (Manned Minutia)
12 April 1950

Identification of World War II Deceased

Commanding Officer
Aerical Graves Registration Service
Offices One
APO 900, e/o Postmaster
San Francisco, California

1. Reference is made to findings of unidentifiability for the following unknown deceased:

Unknown #2203, APO San Francisco, Manila, P.I., formerly 1-619
CAF Cemetery Bayte 11, P.I., Unit 4, Page 6

Unknown #1054, APO San Francisco, Manila, P.I., formerly 1-3870
CAF Cemetery Manila 2, Unit 1, Page 21

2. Recommendations for unidentifiability have been approved by this office. Request your records be amended accordingly.

Very truly yours,
[Signature]

L.A. Caspary:lr
Salsar

THE AIRMAIL
Dept
Memorial Division

cc--Administrative Section
cc--Cincfe

X
242
7-511
JAN

AIRMAIL

QUART 193
305 Far East

12 April 1960

SUBJECT: Identification of World War II Deceased

To: Commanding Officer
American Graves Registration Service
Philippines Area
APO 900, a/c Postmaster
San Francisco, California

1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

Unknown X-2208, AGRS Mausoleum, Manila, P.I., formerly X-619
USAF Cemetery Leyte #1, P.I., Unit 4, Page 8

Unknown X-1063, AGRS Mausoleum, Manila, P.I., formerly X-3870
USAF Cemetery Manila #2, Unit 1, Page 21

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

VOA 1957 QUARTERMASTER GENERAL

E.A. Kazupiro
Salsar

THOMAS E. CUM
Capt QMC
Memorial Division

JW

JMN

cc--Administrative Section
cc--Cinsaf

APO 900
15 Mar 1950

GRPZ 293

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 rprocessed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-126 Agat #2, Guam
X- 720 Leyte #1
X-1509, AGRS Mslm
X-2203
X-3704
X-3794
X-4894

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

FOR THE COMMANDING OFFICER:

7 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

Rec 31 Mar 50

1 Navy
Liaison
Section
Repat Br
Mem Div

Chief,
Id Br
Id Sec

ATTN:
Lt. Windsor

6 Apr
1950

SUBJECT: Unknown X-2203, AGRS Mausoleum, Manila, P. I.
Unknowns X-8, X-23, X-40 and X-41, Second
Marine Division, Saipan

1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Branch.

2. Efforts by this Section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties, have met with negative results based upon evidence presently contained in files.

3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.

MOYER
-73880-

2 Chief Navy Liaison 13 Apr
Ident Br Section 1950
Mem Div Repat Br
Mem Div

1. Reference is made to paragraph 3, comment 1, above.

2. Findings of Unidentifiability have been approved by this Office.

3. Files are returned herewith for completion of administrative reports.

COX
74059

NEFF
2462

5 Incls

1. File for X-2203, AGRS Maus.
2. " " X-8, 2nd Marine Saipan
3. " " X-23, " " "
4. " " X-40, " " "
5. " " X-41, " " "

eak

BASIC: Ltr s, AFM SPAC, AGRS, Sector Command, file SQM
314.0, subj: Identification of Unknowns, dtd 29 May 46.

PKQM 293 1st Ind HP/1jt
HEADQUARTERS, UNITED STATES ARMY FORCES WESTERN PACIFIC,
GRAVES REGISTRATION SERVICE, APO 1000, 11 June 46.

TO: Headquarters, United States Army Forces Western Pacific,
American Graves Registration Service, Sector Command,
APO 707.

1. The reports of interment for the eight Unknowns
have been forwarded to Chief Quartermaster, AFM SPAC,
APO 707.

2. Listed below are Unknown numbers and information for
the remains found:

Unknown X-514, Grave 8435: found in wreckage of plane.
Grid Coordinates: Map of Leyte,
scale: 1:20,000 No.14
1286.2 - 1345.7

Unknown X-515, Grave 8436: found in wreckage of plane.
Grid coordinates same as X-514

Unknown X-516, Grave 8437: found in wreckage of plane
Grid coordinates same as X-514

Unknown X-517, Grave 8438: found in wreckage of plane
Grid coordinates same as X-514

Unknown X-518, Grave 8439: found in wreckage of plane
Grid Coordinates same as X-514

Unknown X-519, Grave 8443: found near scene of wreckage
and classed as a possible
passenger on the plane till
deceased personnel can be
identified.

Unknown X-500, Grave 8415: found by searching party on the
way to plane crash; near Camansi,
Leyte, P.I. No other info available.

Unknown X-501, Grave 8416: found by searching party on way
to plane crash; near Villaba, Leyte, P.I.
on Mt Canguipot, no info available.

3. Information of the plane crash and identification of the
plane were submitted to Bureau of Aeronautics, Navy Dept., by
Lt Comdr John F Curran, USN, Patrol Bombing Sqd. 119.

1 Incl: n/c

HENRY PATERNO
1st Lt., QMC
Graves Registration Officer

**BASIC: Ltr Hq AFWESPAC, file GSQOM 314.6, dtd 8: 8 Jun 46, subject:
Graves Registration.**

**GSQOM 293 2nd Ind. 3: 27 Jun 46
HEADQUARTERS, UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 707**

TO : Commander, Philippine Sea Frontier.

27 MAY 1946

1. Attention is invited to preceding indorsement and inclosures.
2. Request records your headquarters be reviewed for the complete crew of subject aircraft with special note of whether there were three additional passengers aboard at the time of the crash.

FOR THE COMMANDING GENERAL:

2 Incls:
Incl #1- n/c
Incl #2- Sketch of the Location of
Plane Crash.

FRANK J. KLEAGER
COLT, INF, USARMP
ACTING COMMANDING GEN.

HEADQUARTERS
UNITED STATES ARMY FORCES WESTERN PACIFIC
OFFICE OF THE CHIEF QUARTERMASTER

APO 707
S: 8 June 46

GS III 314.6

SUBJECT: Graves registration

TO : Quartermaster, Base K, United States Army Forces, Western Pacific, APO 72

1. Desire a complete report relative to the recovery of 8 unknowns from a plane crash as stated in the Semi-Monthly Progress Report your headquarters for period 16 April thru 30 April 46.
2. This report should include any marking that were found in the plane, a map sketch showing the location of the crash, an estimated date of the crash, type of plane and any further information that may have been revealed by the natives.

/s/ LEE M. HESTER
Colonel, MC
Area Graves Registration Officer

COPY

BASIC: Ltr. Hqs. AFWESPAC, OC M, APO 707, file GS MM 314.6, dtd S:
8 Une 1946, Subj: Graves Registration.

PKM 293 1st Ind. HP/hsw
HEADQUARTERS BASE K, UNITED STATES ARMY FORCES WESTERN PACIFIC, OFFICE OF
THE QUARTERMASTER, APO 72, 18 May 1946.

TO: Chief Quartermaster, United States Army Forces Western Pacific, APO 707

1. Transmitted herewith report made by Lt. Comdr. John F. Curran, USN (86193) Patrol Bombing Squn. 119, after investigating plane crash at Taglubungang Diat, Leyte, P.I. from the 14th May thru 16th May 1946 assisted by Graves Registration Personnel this headquarters.

2. Five remains were recovered from the plane crash, and not eight as reported in the Semi-Monthly Report, our headquarters, of 16 April thru 30 April 1946. The other three remains were found in the vicinity of plane crash and were classed as possible victims till investigation by Lt. Comdr. Curran showed the plane carried a crew of only five men.

3. An identification bracelet was found in the wreckage of the plane with the inscription H. L. BAAB, USN, thereon.

4. Request your headquarters transmitt this information to Navy Department, Bureau of Aeronautics, in an effort to identify the crew of this Navy Patrol Plane.

FOR THE QUARTERMASTER:

1 Encl:
Rep of plane crash by
Lt. Comdr. John F. Curran, USN

/s/ HENRY W. HARRING
1st Lt., MC
Assistant

COPY

Report made by Lt. Comdr John F Curran, USN (86199) Patrol Bombing Squadron 119 on investigation of Crash of Airplane on West Coast of Leyte, P.I.

17 May 46

Upon request of Fleet Air Wing 10 at Sanley point, I investigated the crash of an airplane at Tagabungang diat, Leyte (N 11° 08' 10") (124° 24' 50" E). Graves Registration Officer at Palo, Leyte, supplied me with transportation and guide to the scene of the crash. Graves Registration personnel had previously visited the crash and recovered the remains of 5 bodies.

I identified the plane as a Lockheed Vega Ventura Model PV-1, Navy Patrol Bomber, the nose section of both engines had been carried away and it was impossible to obtain Bureau No. of plane or engine. No. I obtained tags from some of the equipment in the plane.

They are as follows:

- a. ASD Indicator Amplifier (Radar)
CS-50ACT NIs-9775 1838
- b. Stromberg - Parts list No 392291-6
Ser. No 192895 A Carburetor
- c. JAHCO Starter Type Serial No EN-6099
MFRS Model No JH5E
Asy No 1130
- d. JAHCO Starter Motor Type - Direct Current
Asy. DWG No. 950R
Ser No. 65506

Several other tags were found that would identify the plane by type but will not aid identification of Bureau Number.

This plane was equiped with new type fuel system but I believe that it had only 4 - 50 Cal. and 2 - 30 Cal. machine guns. This would indicate that the plane was one of the first PV-1 in this area as later models were equiped with 5 nose machine guns.

The natives at Palompan, Leyte, said that the plane had been shot down by a Japanese Battle ship sometime around October 1944. All indicates that the plane was on a course of 270° True at time of crash. All information has been handed over to the Graves Registration Officer, Palo, Leyte, P.I. I will make an information report to Fleet Air Wing Ten.

JOHN F CURRAN
Lt Comdr USN

/jcs

BHR

/drs

Interred 14 March 1950
L 8 117 Ft. McKinley

DISINTERMENT DIRECTIVE

amb

1

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

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00471

DATE

15 | 05 | 48
DAY | MONTH | YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000519

0

DAY | MONTH | YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

0

DISPOSITION OF REMAINS

7701 | 80
CODE | DIST. PT.

PLOT ROW GRAVE COUNTRY

8443 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY

NAME AND ADDRESS OF NEXT OF KIN

MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNK X-519
UNK X-2203 (Maus)

27 Sept. 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

GEORGE L. MIX
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

Mausoleum Tags show UNK X-2203

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept. 1948

BY

GEORGE L. MIX

CASKET SEALED BY

GEORGE L. MIX

EMBALMER (Signature)

George L. Mix
GEORGE L. MIX

CASKET BOXED AND MARKED

HORACE L. ALLISON
Sgt., Inf.

SHIPPING ADDRESS VERIFIED BY

CELESTINO E. ABELLAR, 1st Lt., FA.

DATE 27 Sept. 48

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

Celestino E. Abellar
CELESTINO E. ABELLAR, 1st Lt., FA.

SIGNATURE OF DISINTERMENT OFFICER

RECORDS ANNOTATED

DATE 27 Apr 50

NAME R. J. [Signature]

BR. MEM. DIV.

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS Mausoleum	TO	Port McKInley Military Cemetery
KIND OF CONVEYANCE		Truck			
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	<i>Barry Brown</i> MAR 14 1950			
2. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER				
3. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER				
4. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER				
5. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER				
6. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER				
7. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER				

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

11 March 1950
(Date)


SUBJECT: Unidentifiable Remains


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

The records pertaining to Unknown X- 519, Plot _____,
Row _____, Grave 8773, USMC Letter #1, P.I., have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decendent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


B. MCNEMAR
Captain, GMC
Chief, Records Branch

Received 31 Mar. 1950 OCS
Not identifiable from
information presently available 10 April 1950


IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2203 (formerly UNK X-919 USAF Gen. Leyle, A. F.I.)				2. DATE OF REPORT 11 March 1950		
3. NAME OF CEMETERY AGSC Mausoleum, Manila, P.I.		4. PLOT MANGEL 810	5. ROW K	6. GRAVE EPIPT 3225	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	----------------------------	--------------------------	-----------------

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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?
See Skeletal Chart

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

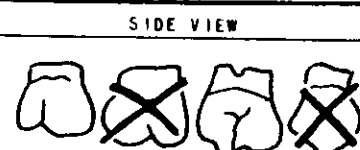
NONE

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

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), THUS:



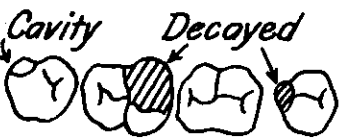
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



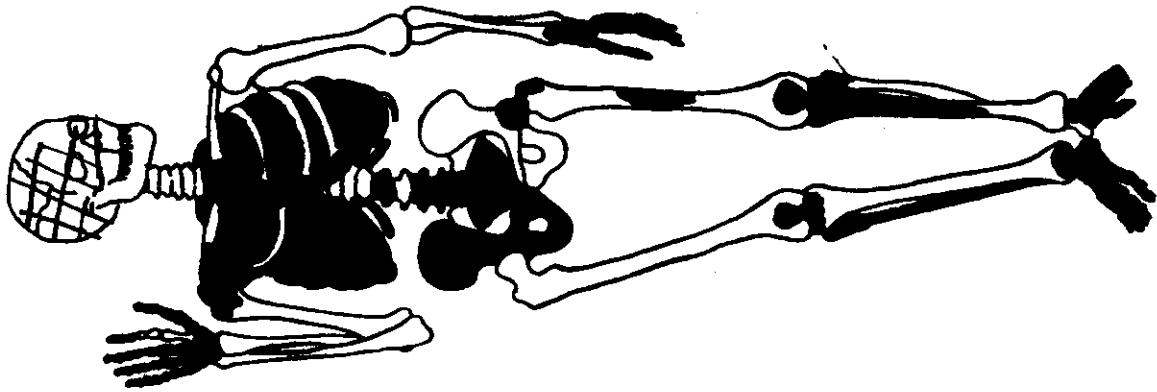
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
IMP		$\frac{7}{0}$		\otimes	\otimes		\otimes	\otimes	\otimes	\otimes		\otimes			\otimes
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
\otimes						\otimes	\otimes	\otimes				\otimes			
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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Paul E. Nichols

PAUL E. NICHOLS
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: **NUMBER**

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Identification tags, burial bottle, personal effects, or other means of identification found with remains.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Ident. Section

SIGNATURE

Brucher
E. J. BRUCHER
Major, QMC

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-2203 (Formerly UNK X-519)
USAF Cem Leyte #1, P.I.

28 Nov 47

Unknown

Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown

Unknown

UNIT
Taglubungan Diat,
Leyte, P.I.

AGRS Mausoleum
Manila, P.I.

ORGANIZATION

PLACE OF DEATH

PLACE OF BURIAL

810 K 3625
PLOT ROW GRAVE NO.

Partially impacted

Line of fracture

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	1	2	3	4	5	6	7	8		
		UPPER TEETH								LOWER TEETH									
TYPE	LOCATION																	TYPE	LOCATION

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	1	2	3	4	5	6	7	8		
TYPE	LOCATION																	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		ORTHOPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (AFTER DEATH)				FACIAL (TOWARD CHEEK)

/s/t/ GEORGE T. GAMBOA
2d Lt., MAC

CERTIFIED TRUE COPY:

PLACE OR NO. WHERE THIS FORM ACCOMPLISHED
CIP Laboratory, Manila, P.I.

DATE
28 Nov 47

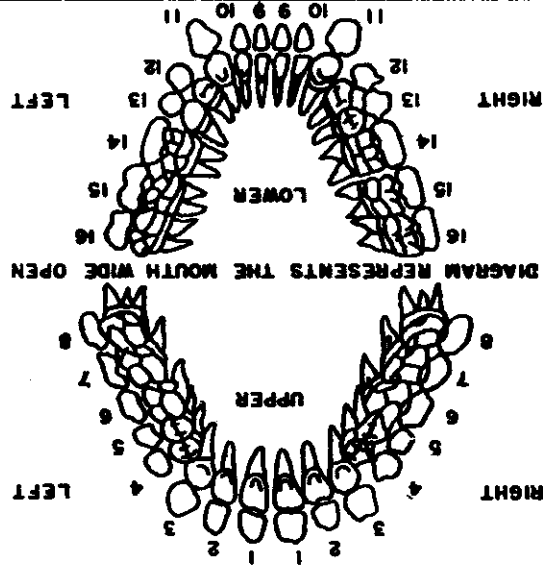
NAME AND RANK TYPED OR PRINTED
/p/ FOREST G. BRADEN Embalmer Sr.

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

SIGNATURE OF PERSON WHO PREPARED CHART
/s/ Forest G. Braden.

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

REMARKS:



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

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

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

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

INSTRUCTIONS:

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-519 USAF
 Unknown X 2203 (Gen Lerte #1, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 Row K Grave 3625

AGRS Mausoleum
 Manila, P.I.

1. Arrived at cemetery 28 Nov 47
(Date)
Taglubungan
(Name of closest town)
2. Place of death Diat, 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	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web //

Drawers, wool //

Drawers, cotton //

Leggings, wool //

Socks, cotton N

* Shoes N (type)

Overshoes N

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 5'9" Est. Weight 175 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)

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 in inches Skull broken (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 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers (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 nor I.D. tags received with remains. No personal effects found. The deceased was one of the members of unidentified crew of six (6) of a Lockheed Vega Ventura Model PV-1, Navy Patrol Bomber, Weight of remains is approximately 6½ 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/ Forrest G. Braden

(Officer's Name)

Embalmer Sr. C-064971

Rank Service

CIP Laboratory, Manila, P.I.

(Organization)

28 Nov 47

CERTIFIED TRUE COPY

/s/t/ GEORGE T GAMBOA
2d Lt., MAC

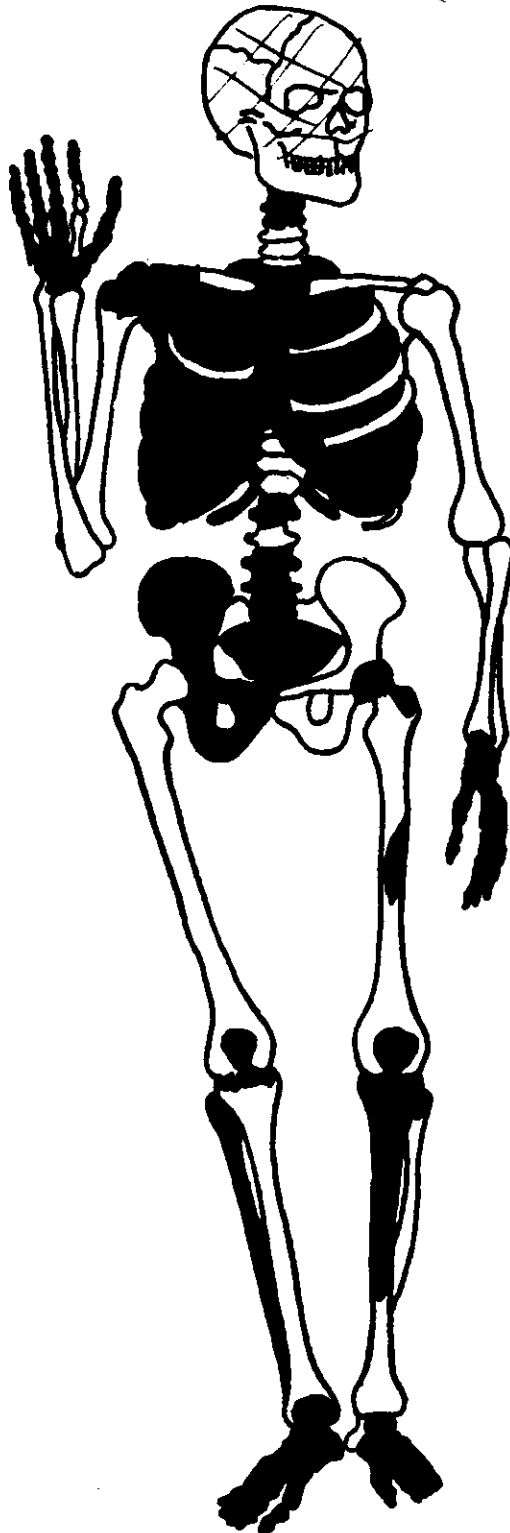
A TRUE COPY:

E. J. BRUCHER
Major, QMC

SKELETAL CHART

X-2203

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Received

- 4 - Ribs
 - 3 - Cervical
 - 4 - Thoracic
 - 1 - Lumbar
- } Vertebrae

Brucher
E. J. BRUCHER
Major, Q M G

IDENTIFICATION DENTAL CHART

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

2 June 46
DATE

UNKNOWN X-519

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT
Taglubungang Biat,
Leyte, P.I.
PLACE OF DEATH

ORGANIZATION
USAF Cemetery Leyte #1, P.I.
PLACE OF BURIAL PLOT ROW GRAVE NO.
8443

		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE						⊗	⊗		⊗	⊗	⊗		⊗				X	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		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

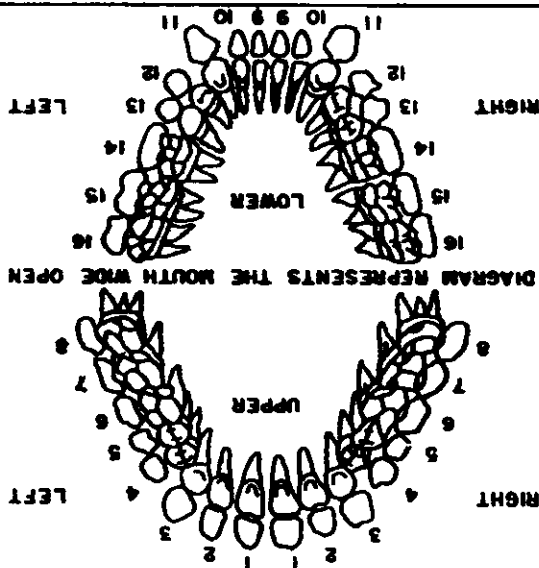
INSTRUCTIONS:

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

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

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

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



REMARKS:

/s/ Stephen G Oliver
SIGNATURE OF PERSON WHO PREPARED CHART

/t/ Sgt Stephen G Oliver, GRS
NAME AND RANK TYPED OR PRINTED

GRS, Base K, APO 1000

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Henry Paterno
VERIFIED BY GRS OFFICER

/t/ HENRY PATERNO, 1st Lt., OMC
NAME AND RANK TYPED OR PRINTED

2 June 46

DATE

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.

2 June 46
DATE

UNKNOWN X-519

LAST NAME FIRST INITIAL RANK SERIAL NO.

Taglubungang Dist,
Leyte, P.I.

PLACE OF DEATH

USAF Cemetery Leyte #1, P.I.

PLACE OF BURIAL

ORGANIZATION

PLOT ROW GRAVE NO. 8443

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; 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; margin-right: 10px;">○</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 50px; height: 20px; margin-right: 10px;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 2px; display: flex; align-items: center; justify-content: center;">X</div> </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: 50px; height: 20px; margin-right: 10px;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 2px; display: flex; align-items: center; justify-content: center;">X</div> </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; margin-right: 10px;">Ⓟ</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; 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; 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; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; 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; 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; 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; 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; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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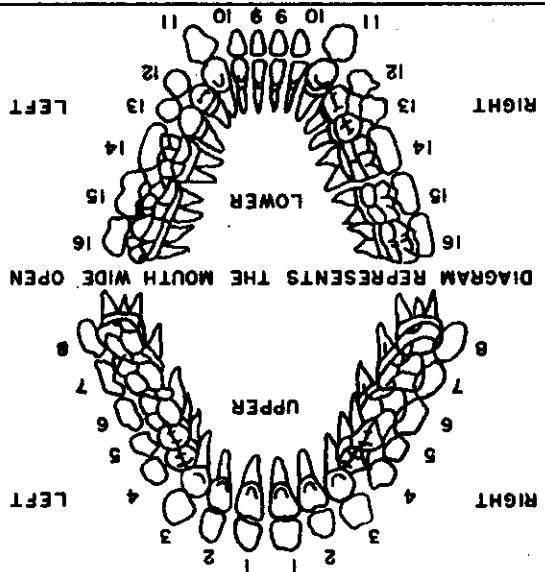
INSTRUCTIONS:

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, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

Sgt Stephen G. Oliver, GRS
NAME AND RANK TYPED OR PRINTED

GRS, Base K, APO 1000
PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER
[Signature]

HENRY PATRINO, 1st Lt., OMC
NAME AND RANK TYPED OR PRINTED

2 June 46
DATE

APPROVED BY:
George S. Padden Jr.
 COLONEL, RETIRED
 U.S. ARMY

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.

DATE
 2 JUL 53
















UNIT: 7th Army
 ORGANIZATION: 7th Army
 PLACE OF DEATH: Fort Ord, P.I.
 PLACE OF BURIAL: U.S. Cemetery Santa Fe, P.I.
 PLOT: 1003
 ROW: 1003
 GRAVE NO.:

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</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>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p> <p></p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</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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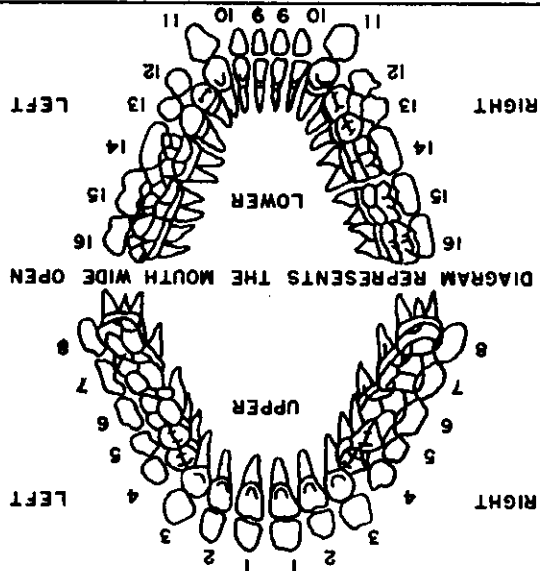
INSTRUCTIONS:

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

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

DATE

X-2203

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-2203 (Formerly URK X-519) 26 Nov 47
 DATE
DEAF Gen Layton (L. P. L.) Unknown Unknown
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown
 UNIT ORGANIZATION
Englabungan Dist., AGPS Headquarters 810 K 3625
Layton, P.I. Manila, P.I. PLACE OF BURIAL PLOT ROW GRAVE NO.
 STORAGE FACILITY BAY GROUP

Partially impacted















Line of fracture

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE			A														
LOCATION			o														

INSIDE — LOOKING OUT

	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

<p>SYMBOLS IN WHOLE BOX</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>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</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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28 15.
GEORGE J. GARBOA
M.D.

REPRODUCED FROM COPY

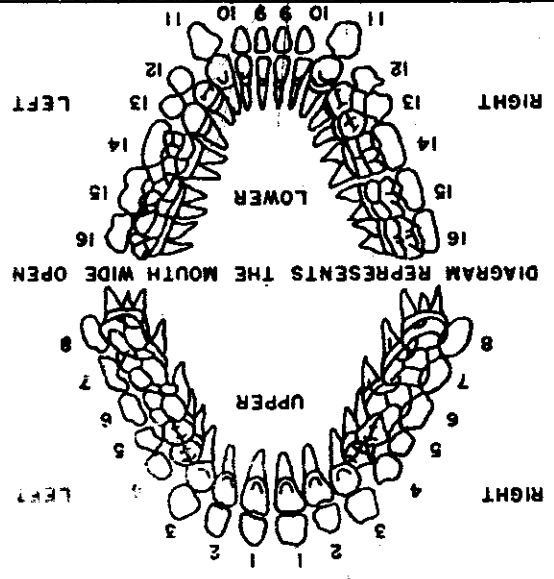
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED
GIP Laboratory, Manila, P.I.

DATE
28 Nov 47

1/1 ROBERT G. BRADEN
NAME AND RANK TYPED OR PRINTED
/2/ JOHN H. BRADEN JR.
NAME AND RANK TYPED OR PRINTED

1/1 ROBERT G. BRADEN
SIGNATURE OF PERSON WHO PREPARED CHART
/2/ JOHN H. BRADEN JR.
VERIFIED BY GRS OFFICER

REMARKS:



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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 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-519 USAF
 Unknown X 2203 (Cem Leyte #1, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 HANGER K ROW CRYPI GRAVE 3625

AGRS Mausoleum
 Manila, P.I.

1. Arrived at cemetery 28 Nov 47 (Date)
Taglibungan
2. Place of death Diat, Leyte, P.I.
 (Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by 583rd QM AGRS
 (Name and organization)
4. Evacuated to Cemetery by _____
 (Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O N		
Jacket, HBT	E		
* 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: ^{Est.} Skeleton only; ^{Est.} Skeletal chart attached.

Age / / Height 5'9" Weight 175 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 _____ Mustache _____ Beard or _____ (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee / (Light, color, extent)

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

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

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

Teeth **Tooth chart attached** / (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw / (Large, small, normal) Circumference of head in inches / **Skull broken** (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, ^U appendectomy, amount, quantity, and color of hair)

Back / (Quantity and extent of hair) ^D 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) ^T Toes / (Slender, straight, crooked, overlap)

Evidence of healed fractures / (Face, 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 I.D. tags received with remains. No personal effects found. The deceased was one of the members of unidentified crew of six (6) of a Lockheed Vega Ventura Model FV-1, Navy Patrol Bomber. Weight of remains is approximately 6½ 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/ Forrest G. Braden
(Officer's Name)

Embalmer Sr. C-064971
Rank Service

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

28 Nov 47

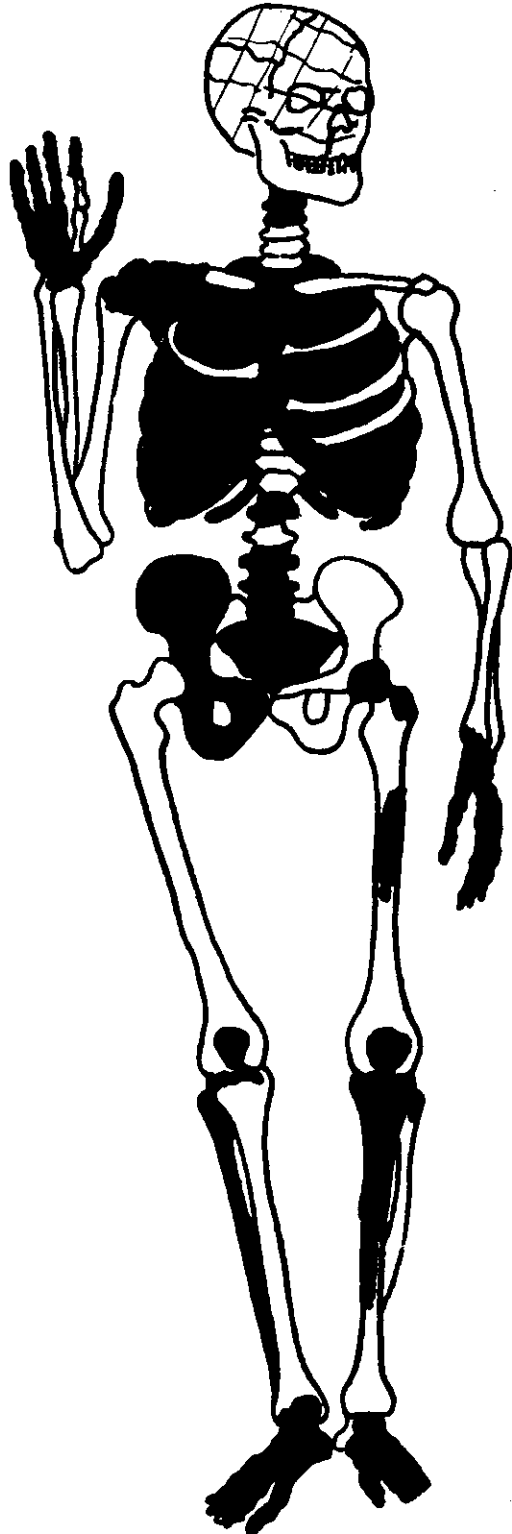
CERTIFIED TRUE COPY

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

SKELETAL CHART

X-2203

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Received

- 4- Ribs
 - 3- Cervical
 - 4- Thoracic
 - 1- lumbar
- } Vertebrae

L.R.

REPORT OF DISINTERMENT FOR IDENTIFICATION

23 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-519

-

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leite A1, F.I.

8443

2. Date of Disinterment

23 October 1947

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

Original made in Type "C" casket burial. Substitute tags on remains and on marker coincide with R.O.I. on file. Skeletal remains fragmented. No burial bottle found on remains. No identification 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 Lounge

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

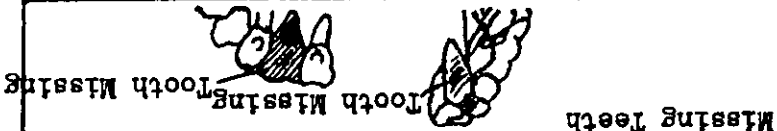
Paul R. Nichols

PAUL R. NICHOLS, Major

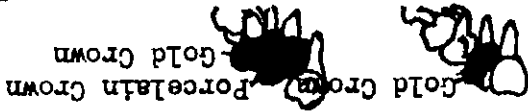
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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.

Missing Teeth



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



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".

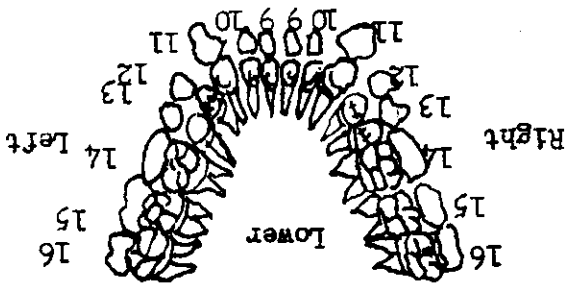
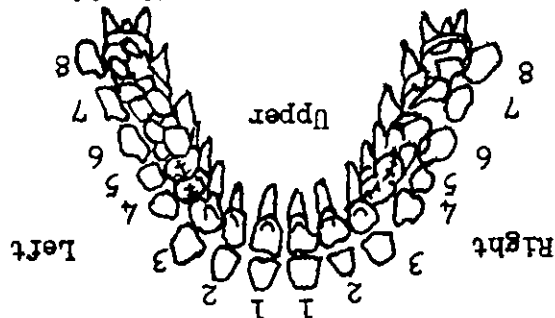


Diagram represents the mouth wide open



RESTRICTED

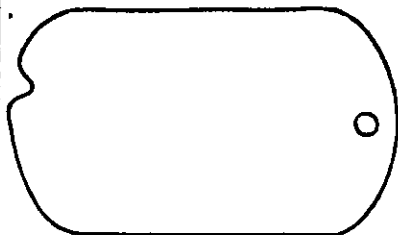
WES QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

9 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-2203 (Formerly UNK X-519
USAF Cemetery Leyte #1, P.I.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Air Corps

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

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

PLACE OF DEATH

Taglubungang Diat,
Leyte, P.I.

CAUSE OF DEATH

Plane Crash, Patrol Bomber, EA

DATE OF DEATH

Oct 44

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

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

See Remarks

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

TRUE COPY:

E. J. Brucher
E. J. BRUCHER
Major, QMC

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
29 Nov 47	1300	Casket	None	810	K	3625

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Leyte #1, P.I.			8443

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2205				3627

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2201				3623

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
/s/t/ R. R. ACIERTO, Pvt	/s/t/ L. S. PANOPPIO 2d Lt., INF

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

RESTRICTED

RESTRICTED

LEFT LITTLE FINGER	Section 3.—UNIDENTIFIED REMAINS.													
LEFT RING FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.													
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR										
LEFT INDEX FINGER	BIRTHMARKS, SCARS, OR TATTOOS													
LEFT THUMB	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND										
RIGHT THUMB	OTHER IDENTIFICATION CLUES													
RIGHT INDEX FINGER	Plane "Lockheed Vega Ventura Model PV-1, Navy Patrol Bomber, Bracelet (Navy) with inscription "H.L. BAAB", found amongst wreckage of plane.													
RIGHT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:70%;"> <input checked="" type="checkbox"/> SILVER FILLING <input type="checkbox"/> GOLD FILLING </td> </tr> <tr> <td>CAV:</td> <td>All crew members of the above mentioned plane have been identified.</td> </tr> <tr> <td>MIS:</td> <td style="text-align:right;">8</td> </tr> <tr> <td>CRO:</td> <td style="text-align:right;">EN</td> </tr> <tr> <td>BRI:</td> <td></td> </tr> </table>				FILLINGS	<input checked="" type="checkbox"/> SILVER FILLING <input type="checkbox"/> GOLD FILLING	CAV:	All crew members of the above mentioned plane have been identified.	MIS:	8	CRO:	EN	BRI:	
FILLINGS	<input checked="" type="checkbox"/> SILVER FILLING <input type="checkbox"/> GOLD FILLING													
CAV:	All crew members of the above mentioned plane have been identified.													
MIS:	8													
CRO:	EN													
BRI:														
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY REMARKS: UNKNOWN Nos. X-2192, X-2193, X-2194, X-2195, X-2203 and X-2223-A and B; formerly UNK Nos. X-514, X-515, X-516, X-517, X-519 and X-158, USAF Cemetery Leyte #1, respectively, were crew members of Navy Patrol Bomber, Lockheed Vega Ventura Model PV-1. Previously reported as six remains but while processing these remains additional parts of another body was found with former X-518, hence segregated and numbered X-2223-A and X-2223-B.													
RIGHT LITTLE FINGER	REMARKS: Identification Check List and Dental Chart accomplished.													

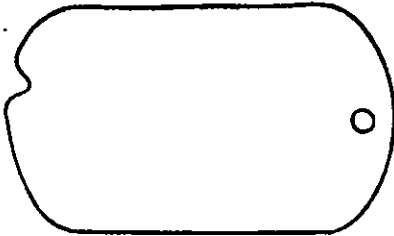
WB GRC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1)

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

DATE OF REPORT

9 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2203 (Formerly UNK X-519 USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Air Corps	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Taglubungang Diat, Leyte, P.I.	CAUSE OF DEATH Plane Crash, Patrol Bomber, EA	DATE OF DEATH Oct 44
---	--	-------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks
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.I.

DATE OF BURIAL STORAGE 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. K	GRAVE No. 3625
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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. 8443
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
----------------------------	--------------------------------	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes STORED	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	file Walker 2/27/48 NAA
---	--	----------------------------------

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-2205	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3627
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2201	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3623
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPIC 2d Lt., INF
--	--

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

Incl 774

MAR 1 - 1948

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


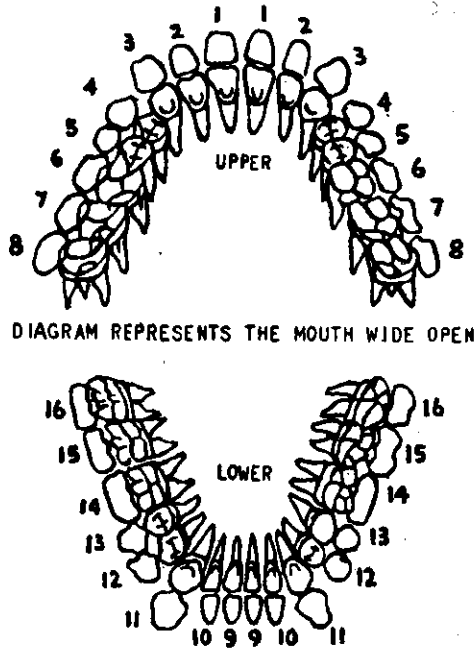




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

Plane "Lockheed Vega Ventura Model PV-1, Navy Patrol Bomber, Bracelet (Navy) with inscription "H.L. BAAB", found amongst wreckage of plane.

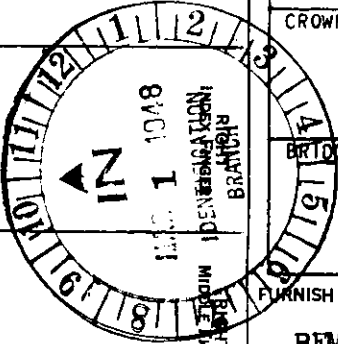
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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

REMARKS: UNKNOWN Nos. X-2192, X-2193, X-2194, X-2195, X-2203 and X-2223-A & B; formerly UNK Nos. X-514, X-515, X-516, X-517, X-519 and X-158, USAF Cemetery Leyte #1, respectively, were crew members of Navy Patrol Bomber, Lockheed Vega Ventura Model PV-1. Previously reported as six remains but while processing these remains additional parts of another body was found with former X-518, hence segregated and numbered

REMARKS: X-2223-A and X-2223-B.

Identification Check List and Dental Chart accomplished.



20 JAN 1948

RESTRICTED

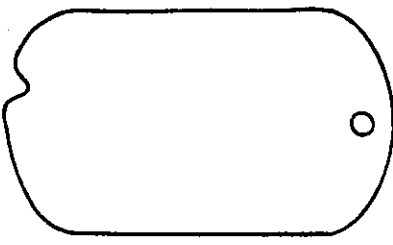
ljt

8443

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

DATE OF REPORT

2 June 45

Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) DUKLEY X-519				SERIAL No. -	
GRADE -		ORGANIZATION -		BRANCH OF SERVICE -			
RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Taglabungang Dist, Leyte, P.I.		CAUSE OF DEATH Plane Crash, Patrol Bomber, NA			DATE OF DEATH Oct 44		
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) Member of unidentified crew of C, flying a Lockheed Vega Venture Model PV-1, Navy Patrol Bomber, Tags of identification of plane sent to Bureau of Aeronautics, Navy Dept., in effect to identify the crew.					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)		None					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None TRUE COPY: <i>George D. Redden Jr.</i> GEORGE D. REDDEN JR. (QMC Form 1045, dental chart, Attached*) 1st Lt., Infantry							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U.S.F Cemetery Leyte #1, P.I.							
DATE OF BURIAL 2 June 45	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) "C" type casket	TYPE OF GRAVE MARKER Reg Cross	PLOT No. -	ROW No. -	GRAVE No. 8443	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Top of Leyte, P.I. scale 1:200,000 No. 14 Grid Coord: 1286.2-1345.7			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) CORNELI, Thomas D			RANK T/5	SERIAL No. 35238703	ORGANIZATION 509 Ord RM Co (FA)	GRAVE No. 8442	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) MATZOFF, Paul			RANK Sgt	SERIAL No. 3795027	ORGANIZATION I & E, Base X	GRAVE No. 8444	
SIGNATURE OF PERSON PREPARING REPORT /s/t/ S/Sgt Charles A. Fallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ HENRY PATRYN, 1st Lt, QMC				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

16-48907-1

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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


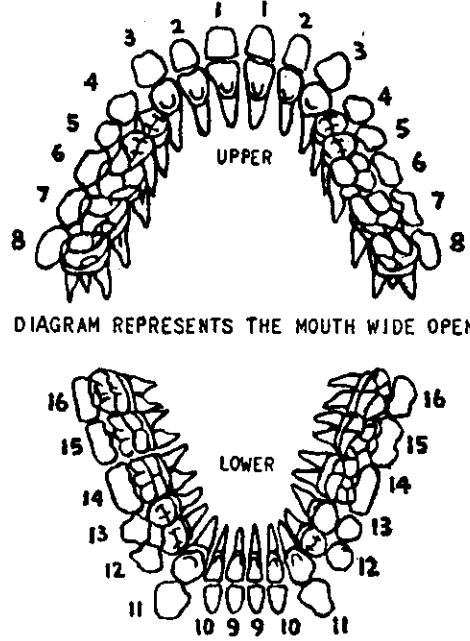




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

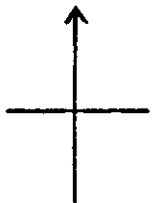
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Taglubunyang, Diet, Leyte, P.I.
-----------------------	---------------	--

OTHER IDENTIFICATION CLUES

Bracelet (Navy) with H.L. BAMP, thereon, was found in wreckage of plane

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

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



REMARKS:

Condition of body precluded fingerprinting.

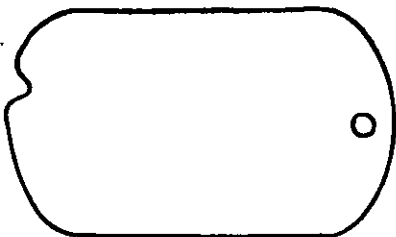
WD GRC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

2 June 46

Impress Identification Tag if Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-519		-
GRADE	ORGANIZATION	BRANCH OF SERVICE
-	-	-
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
-	-	-

PLACE OF DEATH Taglubungang Diat, Leyte, P.I.	CAUSE OF DEATH Plane crash, Patrol Bomber, EA	DATE OF DEATH Oct 44
---	--	-------------------------

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) Member of unidentified crew of 6, flying a Lockheed Vega Ventura Model PV-1, Navy Patrol Bomber. Tags of identification of plane sent to Bureau of Aeronautics, Navy Dept., in effort to identify the crew.
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None (QMC form 1045, dental chart, Attached*)

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 2 June 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) "C" type casket	TYPE OF GRAVE MARKER Reg Cross	PLOT No. -	ROW No. -	GRAVE No. 8443
-----------------------------	--------------	--	-----------------------------------	---------------	--------------	-------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Map of Leyte, P.I. scale 1:200,000 No.14 Grid Coord: 1286.2-1345.7			PLOT No. Isolated burial	ROW No.	GRAVE No.
--	--	--	--	-----------------------------	---------	-----------


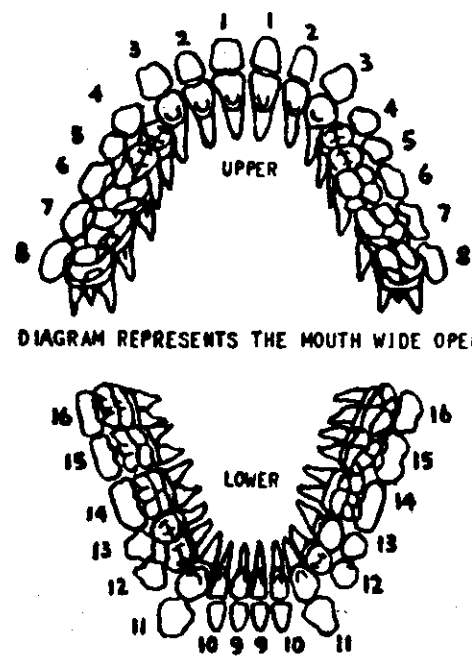




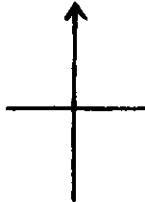
TYPE OF RELIGIOUS CEREMONY None	PERSON CONDUCTING BURIAL RITES None	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
------------------------------------	--	---

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) CORNWELL, Thomas D	RANK T/5	SERIAL No. 35238703	ORGANIZATION 509 Ord HM Co (FA)	GRAVE No. 8442
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) KATZEFF, Paul	RANK Sgt	SERIAL No. 3395087	ORGANIZATION I & E, Base K	GRAVE No. 8444

SIGNATURE OF PERSON PREPARING REPORT Charles W. Hallock S/Sgt Charles W. Hallock GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT HENRY PATERNO, 1st Lt, QMC
--	---

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

19 JUN 1946	LEFT LITTLE FINGER	<p>Section 1.—UNIDENTIFIED REMAINS.</p> <p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>				
	LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
	LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Taglubungang, Diat, Leyte, P.I.	
	LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
	LEFT THUMB	<p align="center">Bracelet (Navy) with H.L. BAAB, thereon, was found in wreckage of plane</p>				
	RIGHT THUMB	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>		 <p align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
	RIGHT INDEX FINGER	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>				
	RIGHT MIDDLE FINGER	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>				
	RIGHT RING FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>				
	RIGHT LITTLE FINGER	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>				
	RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>				
	RIGHT LITTLE FINGER	<p>REMARKS:</p> <p align="center">Condition of body precluded fingerprinting.</p>				

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

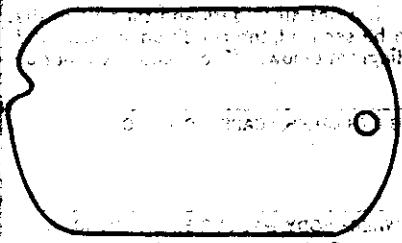
REPORT OF INTERMENT

DATE OF REPORT

(AR 30-1810 and AR 30-1815)

2 June 46

Imprint Identification Tag If Possible
DO NOT TYPE



Section 1 - IDENTIFICATION

NAME (Last, first, middle initial) UNKNOWN X-51b		SERIAL NO. -
GRADE -	ORGANIZATION -	BRANCH OF SERVICE -
RACE -	RELIGION -	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Taglubungang Diat, Leyte, P.I.	CAUSE OF DEATH Plane crash, Patrol Bomber, EA	DATE OF DEATH Oct 44
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EMERGENCY ADDRESSEE (Name, relationship, and address)
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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) Member of unidentified crew of 6, flying a Lockheed Vega Ventura Model IV, Navy Patrol Bomber. Tags of identification of plane sent to Bureau of Aeronautics, Navy Dept., in effort to identify the crew.
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None (QMC form 1045, dental chart, Attached)

A TRUE COPY:
E. J. BRUCHE
Major, QMC

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
USMC Cemetery Leyte #1, P.I.

DATE OF BURIAL 2 June 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of casket) "C" type casket	TYPE OF GRAVE MARKER Reg Cross	PLOT NO. -	ROW NO. -	GRAVE NO. 8443
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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 Leyte, P.I. scale 1:50,000 No. 14 Grid Coord: 1286.2-1345.	PLOT NO. Isolated burial	ROW NO.	GRAVE NO.
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TYPE OF RELIGIOUS CEREMONY None	PERSON CONDUCTING BURIAL RITES None	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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) CORNWELL, Thomas D	RANK T/5	SERIAL NO. 35238703	ORGANIZATION 509 Ord HM Co (FA)	GRAVE NO. 8442
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) KATZEFF, Paul	RANK Sgt	SERIAL NO. 3395087	ORGANIZATION I & E Base K	GRAVE NO. 8444
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SIGNATURE OF PERSON PREPARING REPORT /s/t/ S/Sgt Charles W. Hallock, GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ 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 Office. 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
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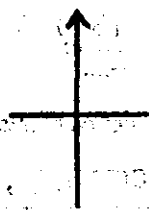
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Taglubungang Diat, Leyte, P.I.
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OTHER IDENTIFICATION CLUES

Bracelet (Navy) with H.L. BAAB, thereon, was found in wreckage of plane

LEFT LITTLE FINGER	FILLINGS SILVER FILLING GOLD FILLING	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	CAVITIES CAVITY DECAYED	
LEFT MIDDLE FINGER	MISSING TEETH TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK GOLD BRIDGE	
RIGHT THUMB		

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



REMARKS:

Condition of body precluded fingerprinting.