

FILE IDENTIFICATION TOPPER

Solner ✓

FILE NUMBER	
SUBJECT	<i>293 Unk Leyte #1 X-537</i>
	<i>Also 293 Unk Manila Mass X-3318</i>

QMC FORM 1121
1 Aug 45

AIRMAIL

273 Unk I.I. (Mans. Manila)

**QUART 298
CNS Far East**

4 November 1949

293 Unk Leyte # 1 4537

SUBJECT: Identification of World War II Deceased

**TO: Commanding General
Philippine Air Command
APO 74, c/o Postmaster
San Francisco, California
ATTENTION: AGRS PHILCOM ZONE**

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

- Unknown X-3318 (formerly Unk X-537 USAF Com Leyte #1, P. I.)
- " X-4601
- " X-4622

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

FOR THE QUARTERMASTER GENERAL:

T. E. NEWS
 Lt. Colonel, QMC
 Quartermaster Division
 AIR FORCE
 PHILIPPINE ISLANDS

RRB
 REC

100-4-1027-11-49
 MAIL & RECORDS
 MANILA

Under: lak
 Salser
 Windsor

cc: Administrative Section
Commander-in-Chief
Far East
APO 500, c/o Postmaster
San Francisco, California

AIRMAIL

Interred 18 Aug 1949
N 8 170 Ft. McKinley

DISINTERMENT DIRECTIVE

Caremark
Cemetry Superintendent
SECTION A -

DIRECTIVE NUMBER

DATE

7740 00212

15 09 48
DAY MONTH YEAR

NAME AND BURIAL LOCATION OF DECEASED

UNKNOWN X - 000 537

GRADE

ARM

RACE

RELIGION

0

0

6

NAME

SERIAL NUMBER

793

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

LEYTE NO 1 P I

4586

7701

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

UNK X - 537

UNK X - 3318 Maus No.

6 Oct 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

UNKNOWN

JOSEPH M OWEN

MARKER

Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shelter Half

Skeletal

OTHER MEANS OF IDENTIFICATION

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

2 Identification tags Maus No. Unk X -3318.

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 Oct 48

BY JOSEPH M OWEN

CASKET SEALED BY

EMBALMER (Signature)

JOSEPH M OWEN

s/ Joseph M Owen

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 6 Oct 48

WEYMAN L McGUIRE
Sgt, MC

TEOFILO M AMUTAN, 1st Lt, Inf

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

s/ Teofilo M Amutan, 1st Lt, Inf

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS



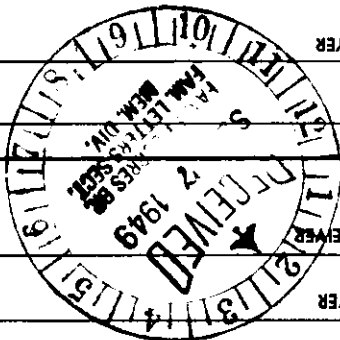
RECORDS ANNOTATED

DATE 16 Oct 49

NAME [Signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MAUSOLEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		<i>Handwritten Signature</i>			
DATE	18 AUG 1949				
2. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
3. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
4. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
5. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
6. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
7. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					



HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

APO 707

SUBJECT: Unidentifiable Remains

8 AUG 1949

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-335	AGRS	Mslm	UNKNOWN	X-3230	AGRS	Mslm
"	X-417	"	"	"	X-3240	"	"
"	X-611	"	"	"	X-3245	"	"
"	X-642	"	"	"	X-3251	"	"
"	X-644	"	"	"	X-3318	"	"
"	X-1359	"	"	"	X-3722	"	"
"	X-2997	"	"	"	X-4131	Manila	#2
"	X-3004	"	"	"	X-4132	Manila	#2
"	X-3220	"	"	"	X-4133	Manila	#2

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

FOR THE COMMANDING GENERAL:

JOHN M. WESTON JR
1st Lt AGD
Asst. Adj. Gen

18 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

C O P Y:

D-6
amb

26

DISINTERMENT DIRECTIVE

SECTION A— NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	7740 00212	15 09 48 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	UNKNOWNX-000537		G	O	O

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
LEYTE NO 1 P 1			4586	7701 80 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		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	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

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Iden Sec	Q.M. Liaison The Pentagon	23 Aug 1949	<p>1. Request dental and physical data for SFUPIG, Van, 2/Lt., C-1052963.</p> <p>2. Request present address for JOHNSEN or JOHNSTON, Renold A. 79694400, discharged from Army 14 March 1946.</p> <p style="text-align: right;"><i>J. Miller</i> J. Miller</p>
2	QM Liaison Sec	Id Sec Id Br ATTN: J. Miller	30 Aug 1949	<p>TWX re Shuping attached.</p> <p>Present address for</p> <p style="text-align: center;">Johnston- 3604 Nevada Avenue Fresno, California</p> <p style="text-align: right;"><i>B. J. S.</i> SEKOWSKI 6679</p> <p style="text-align: right;"><i>E. M. D.</i> DYER 73090</p>

Pentagon Liaison

AUG 25 1949

Mem. Div. OQMG

QMGYG 293
JOHNSON, Renold A.,
ASN 39694400
(Leyte #1) P. I.

12 September 1946

SUBJECT: Information Required for Graves Registration

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

1. Reports of Interment have been received in this office for the following persons whose records as of this date indicate that each is alive and has been evacuated to the United States:

<u>CEMETERY</u>	<u>GRAVE</u>	<u>BURIAL REPORT MARKED</u>
1. USAF Leyte #1, P.I. (Renold A. Johnson, 39694400, Discharged from Army 14 March 1946)	4586	Johnson, Renold A., 39694400
2. USAF Finschhafen #5, N.G. (Edward M. Klaniecki, 32556400, Discharged from Army 8 October 1945)	144	Klaniecki, Edward M., 32556400
3. USAF Leyte #1, P.I. (Charles H. Peters, 36303311, Discharged from Army 25 June 1945)	448	Peters, Charles H., 36303311
4. 77th Div. Cem., Pl. 1, Row 14 Okinawa #1, R.P. Grave 487 (William T. Williams, 44006268, Evacuated to U.S. 18 June 1945)		Williams, William T., 44006268


2. Report of Reinterment for "T. Wiggs" Lt., Air Corps, USAF Cemetery, Santa Barbara #1, Row 101, Grave 5302, submitted to this office cannot be verified, as available War Department Records fail to disclose anyone by that name. Request your records be rechecked for serial number of "Lt. Wiggs".

3. In view of above information it is requested that this office be furnished, at the earliest practicable date, corrected Reports of Reburial designating remains as Unknowns and including any clues to identity, such as fingerprinting or toothcharts.

FOR THE QUARTERMASTER GENERAL:

t/ JAMES MacFARLAND
Major, QMC
Assistant

A TRUE COPY:


WILLIAM C. CLARK
1st Lt., QMC

QMGMT 293
Unknown X-3318
AGRS Mausoleum, Manila, P.I.

9 September 1949

Mr. Renold A. Johnston
3604 Nevada Avenue
Fresno, California

*Sent to A Go
for Patients List*

Dear Mr. Johnston:

This Office is currently conducting an investigation in an attempt to establish the identity of the remains of a deceased who died of dysentery at 165th Station Hospital, Dulag, Leyte, P.I., on 23 December 1944. Records on file in this Office reveal that identification tags bearing your name and serial number were found with subject remains.

It would be of aid to this Office in its efforts to identify these remains if you would answer the following questions:

1. Do you know of anyone who could have been in possession of your identification tags at that time?
2. Were you ever stationed at or a patient in the 165th Station Hospital, Dulag, Leyte, P.I.? (If so, give dates if possible)?
3. Do you know of anyone who died on or about 23 December 1944 in above hospital whose identification tags may have been exchanged for yours?
4. Give any other information you believe would be of aid in the conclusive identification of subject remains?

A self-addressed envelope, which requires no postage, is inclosed for your convenience in order to expedite delivery.

Sincerely yours,

1 Incl
Envelope

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

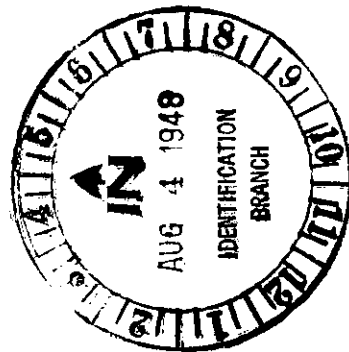
AUG 5 1948

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTEROFFICE REFERENCE SHEET

				DUE, HOUR AND DATE
1 No.	2 From	3 To	4 Date	5 MESSAGE
1	Chief, Records Section R/R Br. Gen Div	IDEN SEC ATTN; Miss Moran	2 Aug 48	<p>For Necessary Action.</p> <p><i>[Signature]</i> SMEDICAR 5198</p> <p><i>[Signature]</i> MATTHEWS 3802</p> <p>2 Incls Reports of Interment</p> <p>Unknown X-953 Unknown X-537 (Formerly Jo'nston, Renold A.) Found to e alive.</p> <p>Indorsement and Letter of information</p>

REPAIRS
RECORDS BRANCH
AUG 3 4 32 AM '48
GENERAL DIVISION



WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D.C.

In Reply Refer to QMGMU 293
Johnson, Renold A.
39694400
(Leyte #1) P. I.

30 April 1947

SUBJECT: Information Required for Graves Registration

TO : Commanding General
Philippine-Ryukyus Command
APO 707, c/o Postmaster
San Francisco, California

1. Reference is made to Burial Report for Renold A. Johnson, Pvt., 11th A. Bn., ASN 39694400, Grave 4586, USAF Cemetery, Leyte #1, P. I.
2. From information available to this office Pvt. Johnson is alive and was discharged from the service 14 March 1946.
3. In view of above fact, it is requested that a corrected burial report designating remains in Grave 4586, Leyte #1, as an Unknown, be furnished this office together with any clues to identity, at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

/s/ James C. MacFarland
/t/ JAMES C. MacFARLAND
Major, QMG
Memorial Division

A CERTIFIED TRUE COPY:



WILLIAM C. CLARK
1st Lt., QMG

DEPARTMENT OF THE ARMY



QUEST 293
Johnson, Ronald A.
ASN 39694400

4 May 1948

SUBJECT: Information Required for Graves Registration

TO : Commanding General
Philippine-Ryukyus Command
APO 707, s/o Postmaster
San Francisco, California

ATTN: AGRS, PHILIPPIN Zone

1. Request status of correspondence dated 7 July 1947 and inclosure thereto dated 30 April 1947 with reference to Report of Interment submitted for Ronald A. Johnson, Pvt., 39694400, Grave 4586, USAF Cemetery Leyte (A), P. I.

2. Pvt. Johnson was discharged from the service 14 March 1946.

3. In view of the fact outlined in paragraph 2, it is requested that the remains interred in grave 4586 be designated as Unknown, and a Corrected Report submitted to this office.

FOR THE QUARTERMASTER GENERAL:

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

NJS

Holthaus/can

JCH

WAR DEPARTMENT
XXXXXXXXXXXXXXXXXXXX

QMGMSJ 293
JOHNSON, Ronald A.
39694400
(Leyte #1) P.I.

7 July 1947

SUBJECT: Information Required for Graves Registration

TO : Commanding General
Philippine-Syngkys Command
APO 707, c/o Postmaster
San Francisco, California

1. Reference is made to letter this office, dated 30 April 1947, copy inclosed, to which no reply has been received.
2. It is requested that this office be informed of the status of the communication referred to in the preceding paragraph.

FOR THE QUARTERMASTER GENERAL:

Incl:
Copy ltr dtd 30 April 47

JAMES G. MacFARLAND
Major, CMC
Memorial Division

nd

NJS

WAR DEPARTMENT
XXXXXXXXXXXXXXXXXXXX

QCMAJ 293
Johnson, Renold A.
39694400
(Leyte #1) P. I.

30 April 1947

SUBJECT: Information Required for Graves Registration

TO : Commanding General
Philippine-Ryukyus Command
APO 707, c/o Postmaster
San Francisco, California

1. Reference is made to Burial Report for Renold A. Johnson, Pvt. 11th A. Bn., ASN 39694400, Grave 4586, USAF Cemetery, Leyte #1, P. I.

2. From information available to this office Pvt. Johnson is alive and was discharged from the service 14 March 1946.

3. In view of above fact, it is requested that a corrected burial report designating remains in Grave 4586, Leyte #1, as an Unknown, be furnished this office together with any clues to identity, at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Memorial Division

tmd

NJS

AG 704 (25 Sep 45) AG-PC 6th Ind

GENERAL HEADQUARTERS, UNITED STATES ARMY FORCES, PACIFIC,
APO 500, 8 December 1945.

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

1 Incl: ✓ n/c



3146 7/11

BASIC: Ltr fr WD, COMD, Washington 25, D.C., file QMTC 293, JOHNSON, Renold A., ASN 39694400, (Leyte #1) P. I., dtd 12 September 1946, subject: Information Required for Graves Registration.

GSGr 293

3rd Ind

HEADQUARTERS, PHILIPPINES-RYUKYU COMMAND, APO 707

10 JUN 1948

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

1. Attention is invited to preceding 2nd Indorsement.
2. Corrected Reports of Interment for the deceased listed in paragraph 1, 2nd Indorsement, have been received by this office and will be processed on the Weekly Report of Burials Recorded, week ending 7 June 1948, file 23-48.
3. Corrected Report of Interment for Unknown X-248, formerly Edward M. KLANIECKI, USAF Cemetery Finschhafen #5, was forwarded your office 26 June 1947.
4. Corrected Report of Interment for Unknown X-44, formerly William T. WILLIAMS, USAF 77th Division Cemetery, was forwarded your office 22 January 1947.

FOR THE COMMANDING GENERAL:

3 Incls: n/c
2 copies each w/d

NORMAN L. QUIGG
CWO. USA
Asst Adj Gen

BASIC: Ltr fr WD, O&MG, Washington 25, D. C., file JGMI 293, Johnson, Renold A., 39694400, (Layte 4), P. I., dtd 30 April 1947, subject: Information Required for Graves Registration.

USGR 293

3rd Ind

JOHNSON, Renold A.

HEADQUARTERS, PHILIPPINES-RYUKYUS COMMAND, APO 707

JUN 1948

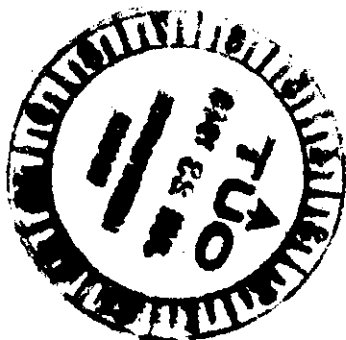
TO: The Quartermaster General, Department of the Army
Washington 25, D. C.
Attn: Memorial Division

1. Attention is invited to preceding 2nd Indorsement.
2. Corrected Report of Interment and Report of Storage have been received by this office and will be processed on the Weekly Report of Burials Recorded, week ending 7 June 1948, file 23-48.

FOR THE COMMANDING GENERAL:

4 Incls: n/c
2 copies each w/d

NORMAN L. QUIGG
CWO USA
Adj Gen



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCON LONE
APO 900

25 July 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-537, Plot _____,
Row _____, Grave 4586, USMC USAF Col. 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:


B. McNEEMAR
Captain, MC
Chief, Records Branch

Atch: Form 1044

.....OQMG
No further info from
informant presently
available
Miller Ed die
1 Nov 1949

Encl # 14

IDENTIFICATION DATA

2. REMAINS OF UNKNOWN UNKNOWN X #3318 (Formerly UNK X - 537 Leyte #1)			2. DATE OF REPORT 29 July 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	813	I	2800	DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 10 3/4	10. COLOR OF HAIR UTD	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. # 14²

TOOTH CHART		
	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

See Remarks		RIGHT																LEFT								See Remarks									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8										
				A			m		P	P	g				o	o	o						o	o	o	F									
Side Views																										Side Views									
Top Views	UPPER																																		
	LOWER																																		
Side Views																																			
			A	A						P						A										A									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
		See Remarks																See 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."

REMARKS: R 8, L 8, R 16 & L 16 are impacted. R 2 is chipped off on its facial, distal & lingual surfaces.

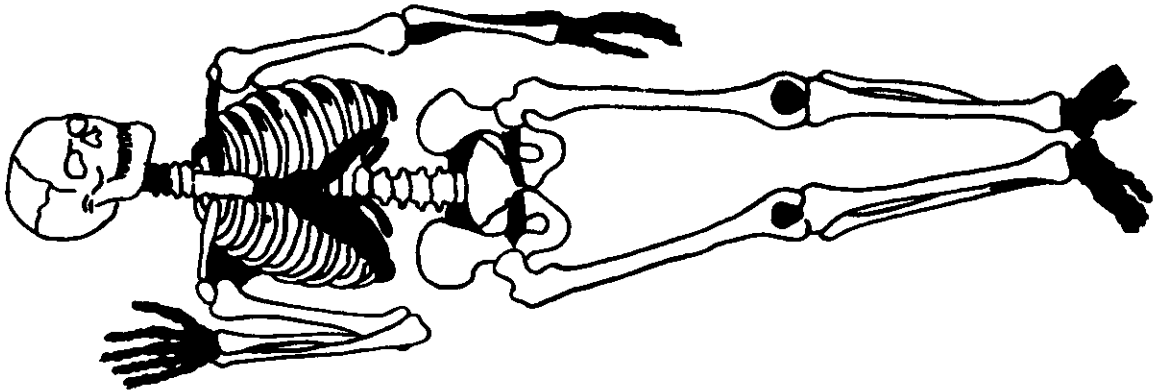
Portion of the occlusal & facial cusp of R 14 is chipped away. UTD whether it happened before or after death.

"UNIDENTIFIABLE"

James J. McDermott
JAMES J McDERMOTT
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19- BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height: 5'10 3/4"

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 I.D. tags, personal effects, or burial bottle found
 with remains. Circumference of skull in inches: 20½
 Estimated weight of remains approximately eight (8) lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

James J. McDermott

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3318 (Formerly Unk X-537 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 9 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1 ANGER 813	5AY I	6. GRAVE 2800	DISINTERMENT 4 Dec 47	REINTERMENT STORAGE 12 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 10 3/4"	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 ? <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











UTD

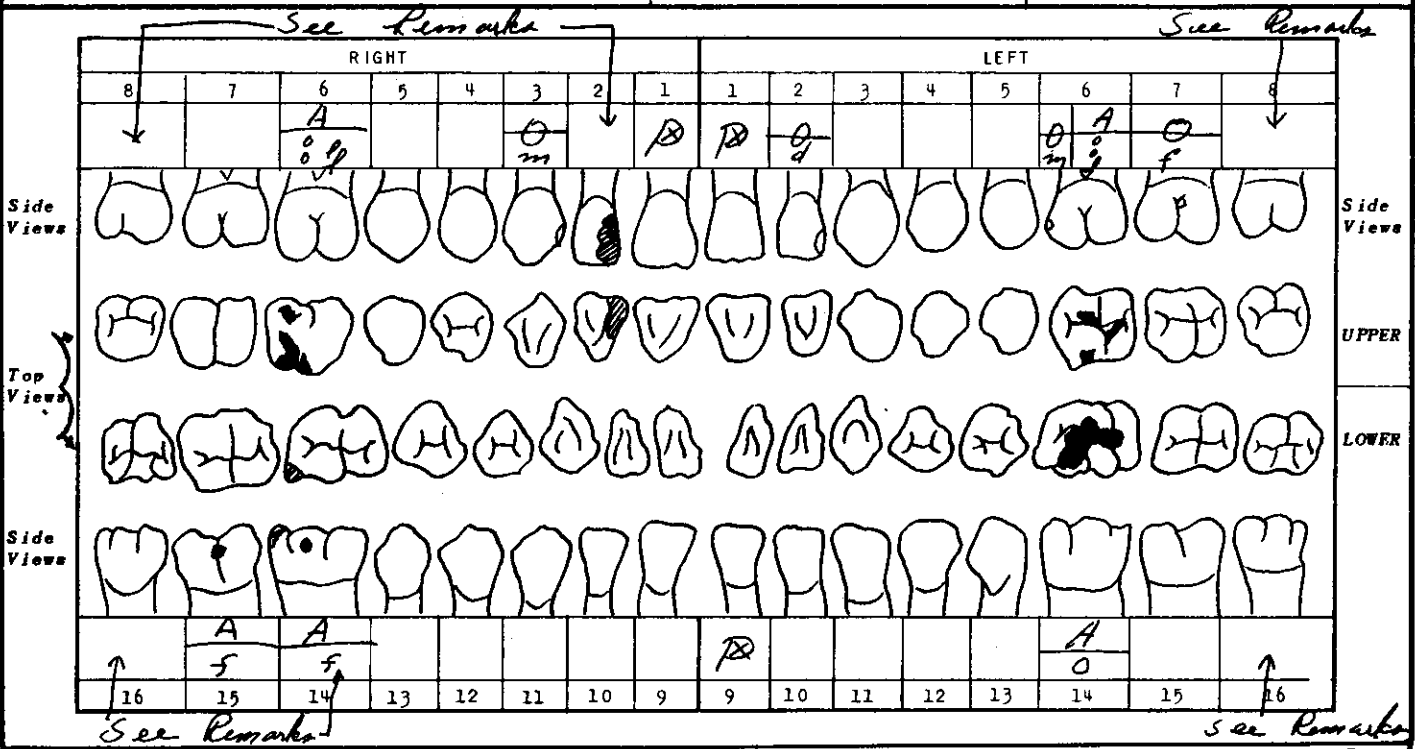
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>  <p>← Tooth Missing →</p>	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	



DENTURES (PARTIAL): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

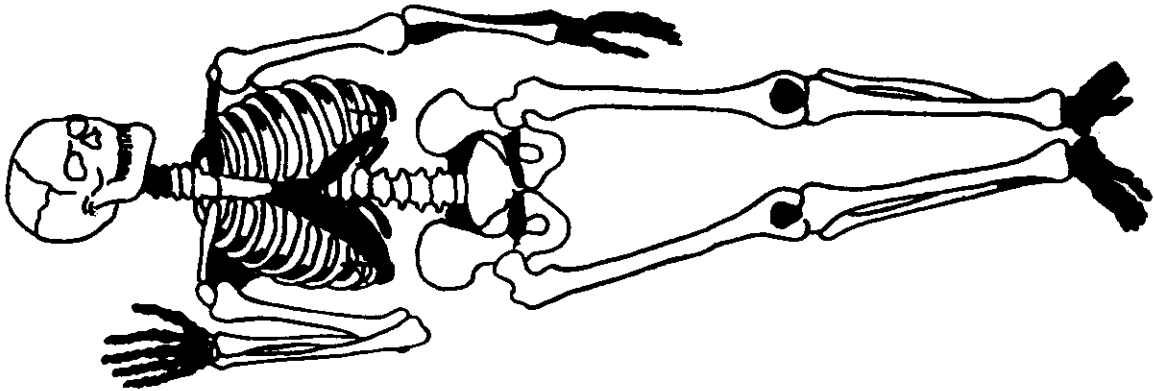
REMARKS: R 8, L 8, R 16 & L 16 are impacted. R 2 is chipped off on its facial, distal & lingual surfaces.
 Portion of the occlusal & facial cusp of R 14 is chipped away.
 UID whether it happened before or after death.

CERTIFIED TRUE COPY: *G. T. Gamboa*

G. T. GAMBOA
 2d Lt., MSC

Dental Tech: s/ John H. Bennett Jr

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 _____ 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 I.D. tags, personal effects, or burial bottle found with remains. Circumference of skull in inches: 20 1/2
Estimated weight of remains approximately eight (8) lbs.

CERTIFIED TRUE COPY:
G. T. Galboa
G. T. GALBOA
2d Lt., MSC

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
p/ G. H. BROWN, EMB. SR.
CIP Laboratory, Manila, P.I.

SIGNATURE
s/ G H Brown

WAR DEPARTMENT
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D.C.

In Reply Refer to QMGMU 293
Johnson, Renold A.
39694400
(Leyte #1) P. I.

30 April 1947

SUBJECT: Information Required for Graves Registration


TO : Commanding General
Philippine-Ryukyus Command
APO 707, c/o Postmaster
San Francisco, California

1. Reference is made to Burial Report for Renold A. Johnson, Pvt., 11th A. Bn., ASN 39694400, Grave 4586, USAF Cemetery, Leyte #1, P. I.
2. From information available to this office Pvt. Johnson is alive and was discharged from the service 14 March 1946.
3. In view of above fact, it is requested that a corrected burial report designating remains in Grave 4586, Leyte #1, as an Unknown, be furnished this office together with any clues to identity, at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

/s/ James C. MacFarland
/t/ JAMES C. MacFARLAND
Major, QMC
Memorial Division

A CERTIFIED TRUE COPY:


WILLIAM C. CLARK
1st Lt., QMC

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte #1, P.I.

Date November 2, 1945

1. Remains of JOHNSON, Renold A. Serial Number 39694400
Rank Unknown Organization Unknown

2. Disinterred (date): November 2, 1945, From (give complete location): USAF Cemetery Leyte #1, P.I., Grave #4586
By: Group T/5 Martin Napoli Unit Graves Reg. Service, Base K

3. Reburied (date) November 2, 1945 In (give complete location): USAF Cemetery Leyte #1, P.I., Grave #4586
By: Group _____ Unit G.R.S. Nature of reburial Shelter Half
T/5 Martin Napoli

4. Report as to nature of original burial and condition of body upon disinterment:
Shelter Half burial - Body badly decomposed on disinterment.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes
(b) Other means of identification found upon disinterment, and general remarks: _____
Original identification made by identification tags found on remains.

6. What does examination of body show as regards the following identifying items:

(a) Height (actual measurement) 5' 6"
(b) Weight (estimated) Undeterminable
(c) Hair-Color Brown
Quantity Undeterminable
Characteristics _____

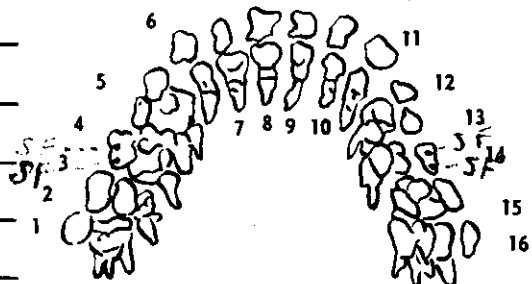
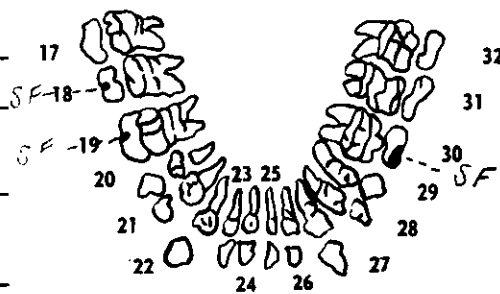


Diagram represents mouth wide open

(d) Hair on face-Color _____
Location _____
Quantity _____
(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____
(f) Wounds or missing parts (received at time of casualty) _____



7. Disinterment supervised by /s/ S/Sgt John Bobis Approved: /s/ WILLIAM D. ROGERS
(Title) 1st Lt., Inf., G.R.O.

8. Reburial supervised by /s/ S/Sgt John Bobis Approved: /s/ WILLIAM D. ROGERS
(Title) 1st Lt., Inf., G.R.O.

A TRUE COPY:

William C. Clark
WILLIAM C. CLARK
1st Lt., QMC

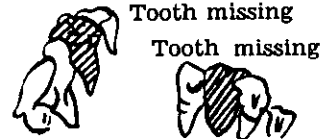
Instructions for the Proper Completion of G.R.S. Form No. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

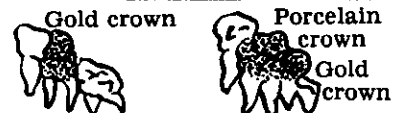
1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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 (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH—All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



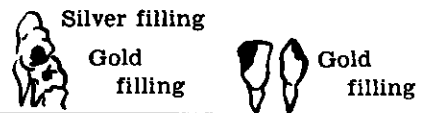
CROWNED TEETH—Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:



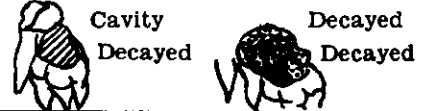
BRIDGE WORK—Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS—Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES)—Outline location and size of cavities, shade in thus:



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".

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

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 October 1946

DATE

UNKNOWN 2-137 (Formerly JOHNSTON, Ronald A., 39694400)

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

169th Station Hospital, Dalag, Leyte USAF Cemetery Leyte No. 1 4586

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

	8	7	6	RIGHT				UPPER TEETH				LEFT				5	6	7	8	
TYPE			A													A				TYPE
LOCATION			MD													MD				LOCATION

INSIDE — LOOKING OUT

	16	15	14	RIGHT				LOWER TEETH				LEFT				13	14	15	16	
TYPE		A	A													A				TYPE
LOCATION		O	O													DF				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; 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;"> X X X </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;"> X X X </div> <p>TEETH REPLACED BY DENTURE</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;">P</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; 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>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; 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; margin-bottom: 10px;"> <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>
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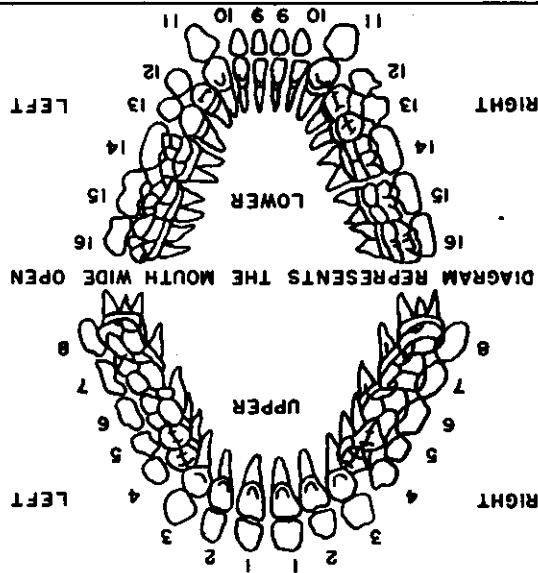
INSTRUCTIONS:

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

Paul R. Nichols

NAME AND RANK TYPED OR PRINTED

PAUL R. NICHOLS, Major

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

NAV Company Logo #1

DATE

2 October 1946

NAME AND RANK TYPED OR PRINTED

JOSEPH R. REBAN, Captain, CAS

VERIFIED BY GRS OFFICER

Joseph R. Reban

QUEX 293
JOHNSON, Renold A.,
ASN 39694400
(Layte #1) P. I.

12 September 1946

SUBJECT: Information Required for Graves Registration

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

1. Reports of Internment have been received in this office for the following persons whose records as of this date indicate that each is alive and has been evacuated to the United States:

<u>CEMETERY</u>	<u>GRAVE</u>	<u>BURIAL REPORT MARKED</u>
1. USAF Layte #, P.I.	4586	Johnson, Renold A., 39694400
(Renold A. Johnson, 39694400, Discharged from Army 14 March 1946)		
2. USAF Finschhafen #5, N.G.	144	Klaniecki, Edward M., 32556400
(Edward M. Klaniecki, 32556400, Discharged from Army 8 October 1945)		
3. USAF Layte #1, P.I.	448	Peters, Charles H., 36303311
(Charles H. Peters, 36303311, Discharged from Army 25 June 1945)		
4. 77th Div. Cem., Okinawa #1, P. I.	Fl. 1, Row 14 Grave 487	Williams, William T., 44006268
(William T. Williams, 44006268, Evacuated to U. S. 18 June 1945)		

2. Report of Reinterment for "T. Wiggs" Lt., Air Corps, USAF Cemetery, Santa Barbara #1, Row 101, Grave 5302, submitted to this office cannot be verified, as available War Department Records fail to disclose anyone by that name. Request your records be checked for serial number of "Lt. Wiggs".

3. In view of above information it is requested that this office be furnished, at the earliest practicable date, corrected Reports of Reburial designating remains as Unknown and including any clues to identity, such as fingerprints or tooth charts.

FOR THE QUARTERMASTER GENERAL:

A TRUE COPY: /s/ Joseph M. Phelan
JOSEPH M. PHELAN
Captain, GAC

/s/ James C. MacFarland
/t/ JAMES C. MACFARLAND
Major, GAC
Assistant

A TRUE COPY: *George D. Redden, Jr.*
GEORGE D. REDDEN, JR.
Captain, Inf.

REPORT OF DISINTERMENT FOR IDENTIFICATION

MC

W. D. Rogers

Place USAF Cem. Leyte #1, P.I.

Date 2 November 1945

1. Remains of JOHNSON, Renold A.

Serial Number 39 694 400

Rank Unknown

Organization Unknown

2. Disinterred (date):

From (give complete location):

2 November 1945

Grave # 4586
USAF Cemetery Leyte #1, P.I.

By: Group T/5 Martin Napoli

Unit Grave Registration Service

3. Reburied (date)

In (give complete location):

2 November 1945

Grave # 4586
USAF CEMETERY Leyte #1, P.I.

By: Group T/5 Martin Napoli Unit GRS

Nature of reburial Shelter-half

4. Report as to nature of original burial and condition of body upon disinterment:

Shelter half burial-- body badly decomposed on disinterment.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes

(b) Other means of identification found upon disinterment, and general remarks: Original identification made by identification tags found on remains.

6. What does examination of body show as regards the following identifying items:

(a) Height (actual measurement) 5'6"

(b) Weight (estimated) Undeterminable

(c) Hair-Color Brown

Quantity Undeterminable

Characteristics _____

(d) Hair on face-Color _____

Location _____

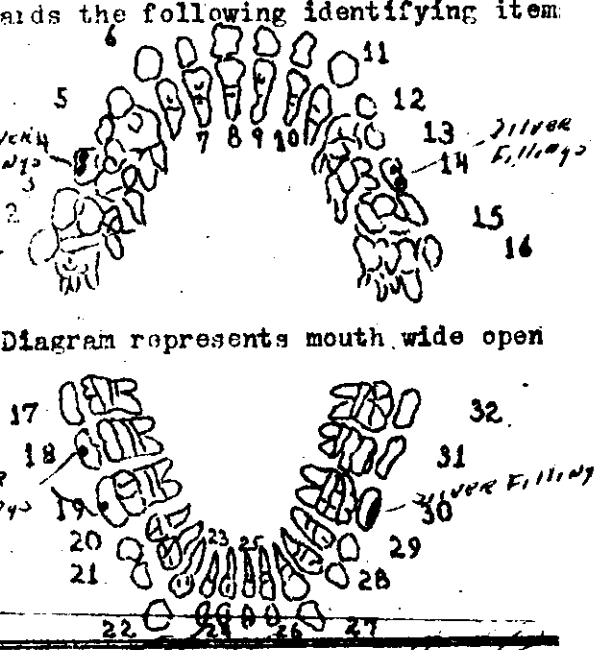
Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

Diagram represents mouth wide open

(f) Wounds or missing parts (received at time of casualty) _____

SILVER FILLING



Disinterment supervised by S/Sgt John Bobis

Approved: WILLIAM D. ROGERS
(Title) 1st Lt., Inf. G.R.O.

8. Reburial supervised by S/Sgt John Bobis

Approved: WILLIAM D. ROGERS
(Title) 1st Lt., Inf. G.R.O.

INSTRUCTIONS FOR THE PROPER COMPLETION OF G.R.S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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 (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



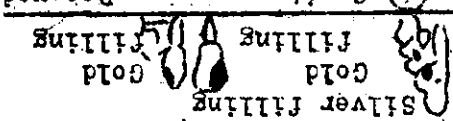
CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus



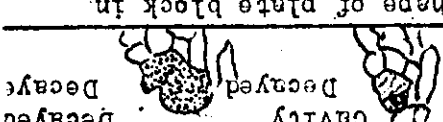
BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus



FILLINGS Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES) Outline location and size of cavities, shade in thus:



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".

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cem. Leyte #1, P.I.

Date 2 November 1945

1. Remains of JOHNSON, Renold A. Serial Number 39 694 400

Rank Unknown Organization Unknown

2. Disinterred (date): 2 November 1945 From (give complete location):
USAF Cemetery Leyte #1, P.I. Grave # 4586

By: Group T/5 Martin Napoli Unit Grave Registration Service

3. Reburied (date) 2 November 1945 In (give complete location):
USAF CEMETERY Leyte #1, P.I. Grave # 4586

By: Group T/5 Martin Napoli Unit GRS Nature of reburial Shelter-half

4. Report as to nature of original burial and condition of body upon disinterment:
Shelter half burial-- body badly decomposed on disinterment.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes
(b) Other means of identification found upon disinterment, and general remarks: Original identification made by identification tags found on remains.

6. What does examination of body show as regards the following identifying item

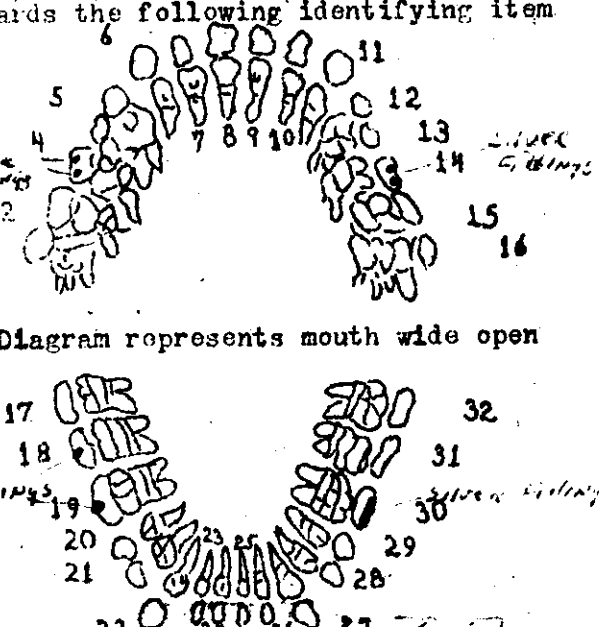
(a) Height (actual measurement) 5'6"
(b) Weight (estimated) Undeterminable
(c) Hair-Color Brown

Quantity Undeterminable
Characteristics size & falling

(d) Hair on face-Color 2
Location 2
Quantity 2

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Diagram represents mouth wide open

(f) Wounds or missing parts (received at time of casualty) None



Disinterment supervised by S/Sgt. John Bobis

Approved: William D. Rogers
WILLIAM D. ROGERS
(Title) 1st Lt., Inf. G.R.O.

8. Reburial supervised by S/Sgt. John Bobis

Approved: William D. Rogers
WILLIAM D. ROGERS
(Title) 1st Lt., Inf. G.R.O.


Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.


1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.


2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
 3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
 4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.


5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No."
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.


6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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), premolars (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH ALL teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:

 Tooth missing

CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:

 Porcelain crown

BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold end porcelain bridge), thus:

 Gold & porcelain bridge

FILLINGS Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:

 Silver filling

CARIES (CAVITIES) Outline location and size of cavities, shade in titles, shade in thus:

 Cavity

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".

7. Show name of person supervising the disinterment and the name and title of the person approving same.
 8. Show name of person supervising the reburial and the name and title of the person approving same.

AUG 5 1948

QMC Form No. 1044
1 September 1944

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cemetery Leyte #1, P.I.

Date November 2, 1945

1. Remains of JOHNSON, Harold A. Serial Number 39694400
Rank Unknown Organization Unknown

2. Disinterred (date): November 2, 1945, From (give complete location): USAF Cemetery Leyte #1, P.I., Grave #4586
By: Group T/5 Martin Napali Unit Graves Reg. Service, Base K

3. Reburied (date) November 2, 1945 In (give complete location): USAF Cemetery Leyte #1, P.I., Grave #4586
By: Group T/5 Martin Napali Unit G.R.S. Nature of reburial Shelter Half

4. Report as to nature of original burial and condition of body upon disinterment:
Shelter Half burial - Body badly decomposed on disinterment.

5. (a) Identification tags: Buried with body? Yes On grave marker? Yes
(b) Other means of identification found upon disinterment, and general remarks: Original identification made by identification tags found on remains.

6. What does examination of body show as regards the following identifying items:

- (a) Height (actual measurement) 5' 6"
- (b) Weight (estimated) Undeterminable
- (c) Hair-Color Brown
Quantity Undeterminable
Characteristics _____
- (d) Hair on face-Color _____
Location _____
Quantity _____
- (e) Permanent marks on body (old scars, peculiarities, or missing parts) _____
- (f) Wounds or missing parts (received at time of casualty) _____

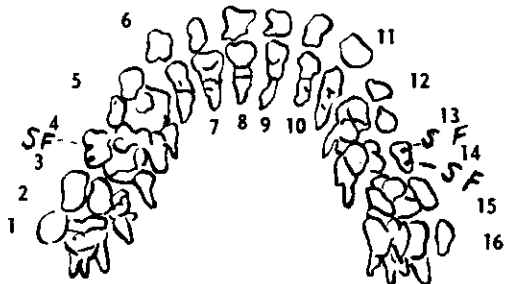
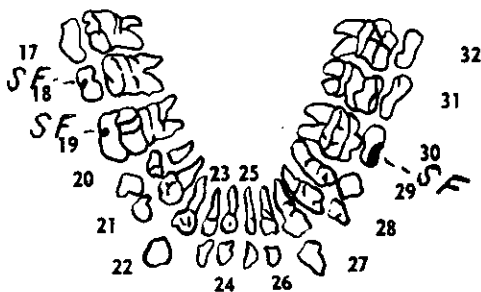


Diagram represents mouth wide open



7. Disinterment supervised by /s/ S/Sgt John Bobbs Approved: /s/ WILLIAM D. ROGERS
(Title) 1st Lt., Inf., G.R.S.

8. Reburial supervised by /s/ S/Sgt John Bobbs Approved: /s/ WILLIAM D. ROGERS
(Title) 1st Lt., Inf., G.R.S.

A TRUE COPY:

William C. [Signature]
WILLIAM C. [Signature]
1st Lt.,

Instructions for the Proper Completion of G.R.S. Form No. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.

3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.

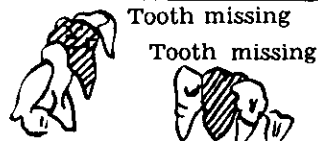
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

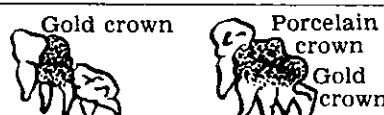
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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 (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH—All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



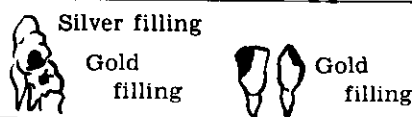
CROWNED TEETH—Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:



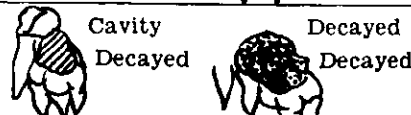
BRIDGE WORK—Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS—Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES)—Outline location and size of cavities, shade in thus:



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".

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

WD 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
15 Jan 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3318 (Formerly Unk X-537 USAF Cem Leyte #1, P.I.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH 165th Station Hospital, Dulag, Leyte, P.I.	CAUSE OF DEATH DOD-Dysentery	DATE OF DEATH 23 Dec 1944
---	---------------------------------	------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL 12 Jan 48	HOUR 10 47 PM	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. I	GRAVE No. 2800
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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 USAF Cemetery Leyte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 4586
--	---	----------	---------	-------------------

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	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3320	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 2802
--	------	------------	--------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3316	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 2798
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SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pfc.	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPIO, 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.

Imp 366

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.

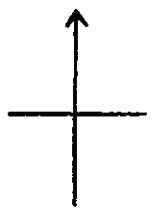
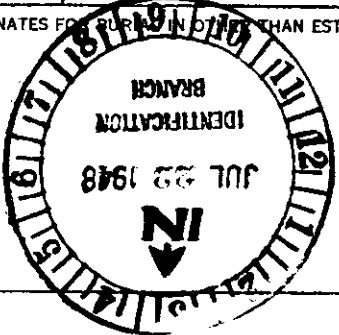
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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:

QMC Form No 1044, 1044-A and 1044-B accomplished.

26 MAY 1949

CORRECTED

RESTRICTED


REG

4586

WD GMS Form 1044
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

22/ May 1947

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial)	SERIAL No.
	UNKNOWN X-537 (Formerly JOHNSTON Renold A.)	
	GRADE	ORGANIZATION
-	-	BRANCH OF SERVICE
-	-	-
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
-	-	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
165th Station Hospital Dulag, Leyte, P. I.	DOD - Dysentery	23 December 1944

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	Changed from JOHNSTON, Renold A., 39694400 per ltr fr WD OCMG, Wash., 25, D.C., file QMCMU 293 (Leyte #1) P.I. dtd 30 Apr 47, subj: Information Required for Graves Registration. QMC 2045 ATTACHED TO REPORT.
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 Aug 1945	1600 hrs	Shelter Half	Reg. Cross			4586

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 San Jose #1, Leyte, P. I.			373

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
-	-	Corrected Report of Reinterment buried in bottle with body. Corrected metal tag buried with body and attached to marker.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
SHAW, Davis D.	Pfc.	36617085	Co C 383 Inf	4585
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
NICKERSON, Dale D.	Pfc.	36535829	Co D 383 Inf	4587

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Gpl. Jack G. Stagle, G.R.S.	William G. Clark WILLIAM G. CLARK, 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

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


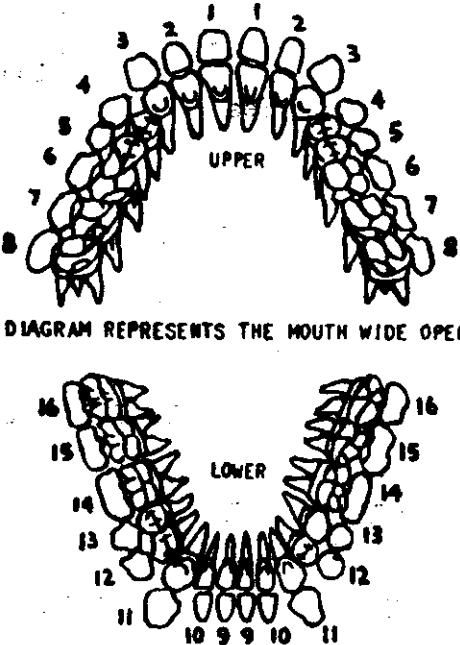




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

~~CONFIDENTIAL~~

RESTRICTED AUG 5 1948

4586

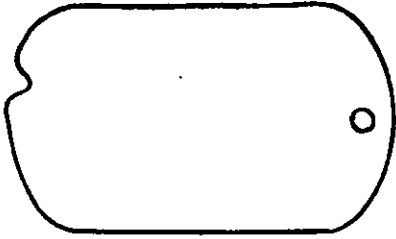
WD OMC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1)

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

DATE OF REPORT

22 May 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

**UNKNOWN I-297 (Formerly JOHNSTON
Ronald A.)**

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

**165th Station Hospital
Daug, Leyte, P. I.**

CAUSE OF DEATH

DD - Dysentery

DATE OF DEATH

23 December 1944

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)

**Changed from JOHNSTON, Ronald A., 39694400 per ltr fr WD
GMS, Wash., 25, D.C., file GMSW 293 (Leyte #1) P.I. dtd
30 Apr 47, subj: Information Required for Graves Registra-
tion. GMS 2045 ATTACHED TO REPORT.**

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 Aug 1945	1600 hrs	Shelter Half	Reg. Cross			4586

WAS THIS A REBURIAL?
(Yes or no)

Yes

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

USAF Cemetery San Jose #1, Leyte, P. I.

PLOT No.	ROW No.	GRAVE No.
		373

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

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

**Corrected Report of Reinterment buried
in bottle with body.
Corrected metal tag buried with body
and attached to marker.**

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)

SMITH, David D.

RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Pfc.	36617085	Co C 383 Inf	4585

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

HICKENSON, Dale D.

RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Pfc.	36592829	Co D 383 Inf	4587

SIGNATURE OF PERSON PREPARING REPORT

Jack A. [Signature]
Jack A. [Name], G.I.S.


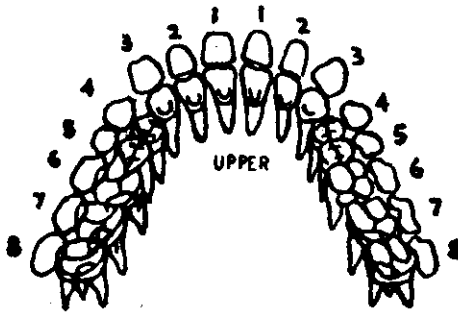
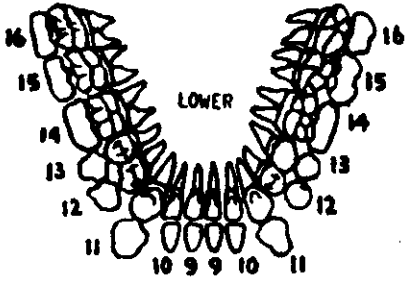




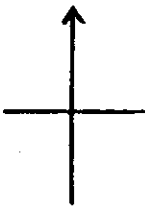
SIGNATURE OF GRS OFFICER VERIFYING REPORT

William C. [Signature]
WILLIAM C. CLARK, 1st Lt., GMS

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

RESTRICTED

Incl 2

LEFT LITTLE FINGER	Section 1. 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.			
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
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  LOWER	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:center;">  </div>			
	REMARKS:			

CORRECTED

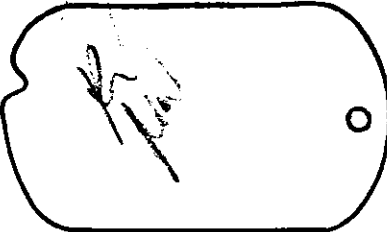
RESTRICTED AUG 5 1946

Blatt 14586

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

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

DATE OF REPORT
CORRECTED
2 October 1946

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> 	<p>Section 1.—IDENTIFICATION</p>		
	<p>NAME (Last, first, middle initial) UNKNOWN X-537 (Formerly JOHNSON, Ronald A.)</p>		<p>SERIAL No.</p>
	<p>GRADE ---</p>	<p>ORGANIZATION ---</p>	<p>BRANCH OF SERVICE</p>
	<p>RACE ---</p>	<p>RELIGION ---</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY ---</p>

<p>PLACE OF DEATH Station Hospital, Dulac, Loyte P. I.</p>	<p>CAUSE OF DEATH DOD - Dysentery</p>	<p>DATE OF DEATH 23 December 1944</p>
--	--	--

EMERGENCY ADDRESSEE (Name, relationship, and address)

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) NONE</p>	<p>IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Changed from JOHNSON, Ronald A., 39494000 per 1st ID, COM, War. O., D.S., 241- QMGYG 293 dtd 12 September 1946, Subj: Interment report for Graves Registration. QMG 1047 attached to report.</p>
<p>WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) YES</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

A TRUE COPY:

NONE *William C. Clark*
WILLIAM C. CLARK
1st Lt., 3rd

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 Loyte #1, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
10/2/46	11:30 hrs	Shelter Tent	Red Cross			1536

<p>WAS THIS A REBURIAL? (Yes or no) YES</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery San Jose #1, Loyte P. I.</p>	<p>PLOT No.</p>	<p>ROW No.</p>	<p>GRAVE No. 373</p>
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<p>TYPE OF RELIGIOUS CEREMONY -</p>	<p>PERSON CONDUCTING BURIAL RITES -</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Corrected interment buried in bottle with body. Corrected metal tag buried with body and attached to marker.</p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) YES</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) YES</p>	

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) S. Dale D.</p>	<p>RANK Pfc</p>	<p>SERIAL No. 36414007</p>	<p>ORGANIZATION Co C 132 Inf</p>	<p>GRAVE No. 4505</p>
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) NICKERSON, Dale A.</p>	<p>RANK Pfc</p>	<p>SERIAL No. 36525029</p>	<p>ORGANIZATION Co D 132 Inf</p>	<p>GRAVE No. 4506</p>

<p>SIGNATURE OF PERSON PREPARING REPORT PAUL R. NICHOLS, Embalmer</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ JOSEPH M. FURLAN, Capt., GAC</p>
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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.

RESTRICTED

Incl 3

Section 1. 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.

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

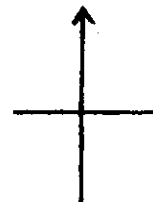
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

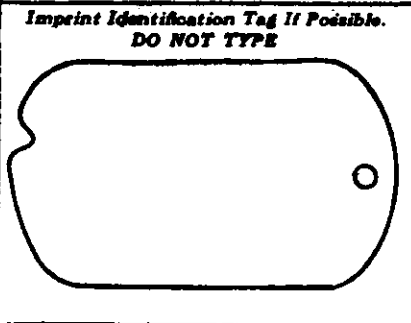


REMARKS:

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

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

DATE OF REPORT
3 October 1946



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN 2-377 (Formerly JOHNSON, Ronald A.)		SERIAL No.
GRADE ---	ORGANIZATION ---	BRANCH OF SERVICE ---
RACE ---	RELIGION ---	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH 16th Station Hospital, Balag, Leyte P.I.	CAUSE OF DEATH DDG - Dysentery	DATE OF DEATH 23 December 1944
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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) Changed from JOHNSON, Ronald A., 3904400 per 1st HQ, CGM, Wash. 25, D.C., File QUIN 213 614 12 September 1946, Subj: Information Required for Graves Registration. QRS 1045 attached to report.
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

WMAF Cemetery Leyte P.I.

DATE OF BURIAL 13 Aug 1945	HOUR 1400 hrs	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Log Cross	PLOT No.	ROW No.	GRAVE No. 496
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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
	WMAF Cemetery San Jose P.I., Leyte P.I.
	PLOT No. ROW No. GRAVE No. 379

TYPE OF RELIGIOUS CEREMONY ---	PERSON CONDUCTING BURIAL RITES ---	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Corrected Report of Reinterment buried in bottle with body. Corrected metal tag buried with body and attached to marker.
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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) SMITH, Davis D.	RANK Pfc	SERIAL No. 361702	ORGANIZATION Co C 303 Inf	GRAVE No. 497
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RICHMOND, Dale A.	RANK Pfc	SERIAL No. 363980	ORGANIZATION Co B 303 Inf	GRAVE No. 497
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SIGNATURE OF PERSON PREPARING REPORT <i>Paul A. Nichols</i> PAUL A. NICHOLS, Embalmer	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Joseph M. Phelan</i> JOSEPH M. PHELAN, Captain, GRS
--	---

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
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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

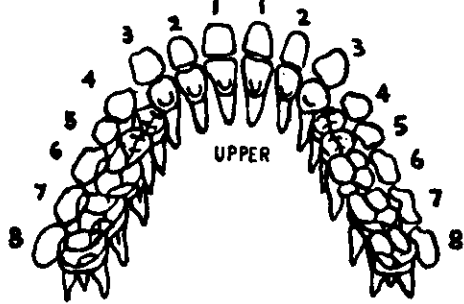
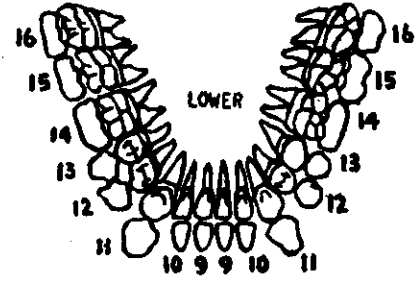
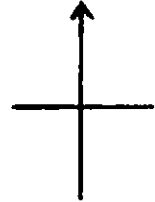


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Graves Registration
Form No. 1
(Revised May 11, 1943)

21493

AUG 5 1948

REPORT OF INTERMENT
(TM 30-630 AND AE 30-1815)

Johnston, Renold A. 39694400
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)
 165th Station Hospital, Dulag, Leyte, P.I. 23 December 1944 DOD Dysentery
 (Place of death) (Date of death) (Cause of death)
 0845-23 December 1944 USAF Cemetery San Jose #1, Leyte, Is., P.I.
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

373 Reg. Cross
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

Religion: A CERTIFIED TRUE COPY:
William C. Clark
 WILLIAM C. CLARK, 1st Lt., QMC P.

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

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT	Shaw, Davis D.	36617085	Pfc.	Co. C, 383 Inf.	374
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	Nickerson, Dale A.	36535829	Pfc.	Co. D, 383 Inf.	372
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same: NONE

Done

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able :

Height :
 Weight :
 Color of eyes :
 Color of hair :
 Race :
 (If possible, have medical personnel take a tooth chart)
 In space below, locate and describe any scars, birthmarks, moles deformities, etc. :

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

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS. WILLIAM A. KAILUS S Sgt. QMC

ROBERT C. NYE
 2D LT., INF.
 G. R. O.
 /s/ WILLIAM A. KAILUS
 /s/ Robert C. Nye
 (Signature of officer or other person reporting burial)
 (Verified by Army GRS Officer)

THUMB

1

2

3

4

LEFT HAND

THUMB

1

2

3

4

RIGHT HAND