

FILE IDENTIFICATION TOPPER

FILE NUMBER

#93 Tank. Leyte #1, X-543

SUBJECT

Also #93 Tank Manila Mass. X-3707

QMC FORM 1121
1 Aug 45

QUART 293
QCS Far East

10 June 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-497 (formerly Unk X-71 Finschhafen #5)
Unknown X-3123
Unknown X-4682 (formerly Unk X-88 Leyte #1)
Unknown X-3707 (formerly Unk X-442 Leyte #1)
Unknown X-3786 (formerly Unk X- 98 Leyte #1)
Unknown X-3787
Unknown X-3600
Unknown X-3801
Unknown X-4005 (formerly Unk X-8 Finschhafen #3)
Unknown X-4080 (formerly Unk X-8 Finschhafen #8)
Unknown X-4925
Unknown X-3742 (formerly Unk X-1 Leyte #1)

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

FOR THE QUARTERMASTER GENERAL:

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

REB

J. Miller:lre
Salser
JW
cc—Administrative Section

NJS

GSCF 293.0

16 May 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file (VGMU 293, US (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at ALPS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

Unknown Y-497	Unknown Y-3742
" Y-1707	" Y-3756
" Y-3123	" Y-3797
" Y-3147	" Y-3800
" Y-3150	" Y-3801
" Y-3168	" Y-4005
" Y-3426	" Y-4020
" Y-3682	" Y-4023
" Y-3707	

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

FOR THE COMMANDING GENERAL:

17 Incls
 GSCF Forms 1044 w/certificates
 of Unidentifiability

JOHN A. MARSHALL
 1st Lt., ACP
 Asst Adj Gen

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00061

DATE
19 | 05 | 80
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000542

RANK
E

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS
7701 | 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
1097 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED
DATE BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

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

BASIC: Ltr Hq Base K. AFWESPAC, APO 72 dtd 8 Jan 46, file PKQM 293,
subject: Identification of Deceased.

GSQMM 293

1st Ind.

S: 24 Mar 46

HEADQUARTERS, UNITED STATES ARMY FORCES WESTERN PACIFIC, OFFICE OF THE
CHIEF QUARTERMASTER, APO 707, 24 Jan 46.

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

Request the attached QMC Form 1044 be compared with existing
War Department records in order to further clarify identity of these
deceased.

FOR THE CHIEF QUARTERMASTER:

ROBERT J. PHILLIPS
Captain, QMC
Assistant

3 Incls: n/c

Info to:

QM, Base K, APO 72

[Handwritten notes and signatures]

HEADQUARTERS BASE K
UNITED STATES ARMY FORCES WESTERN PACIFIC
OFFICE OF THE QUARTERMASTER
APO 72

WDR/ ljt

PKQM 293

8 Jan 46

SUBJECT: Identification of Deceased.

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

1. Attention is invited to information submitted on 4 members of the 511th Para Inf. 11th Airborne Div.

2. Following members of that organization are buried at USAF Demetery Leyte #1, P.I. in graves indicated:

TRUXTON, Myron A., Pvt., 36565371	Grave 1097
NELSON, Emanuel S., T/Sgt., 20251348	1094
GUERTIN, Ernest G., S/Sgt. 32713617	2522
HART, Daniel D., Pvt. 36297792	2511

3. Information on recovery of isolated burials in the area of Mt. Catmon, Lubi, and Mahonag is as follows:

(a) Body found with identification tags of Myron A. Truxton at Mt. Catmon, Leyte, P.I. on 8 Oct 45 and buried 10 Oct 45 as Truxton. Organization of deceased claimed Truxton buried in grave 1097 was the real Truxton. Per instructions your office, the second Truxton was changed to Unknown X-326, grave 5620 and corrected report submitted with QMC forms 1044.

(b) Body found 1.5 mi SW of Mahonag,, Leyte with identification tag of Emanuel S. Nelson and was buried as Nelson on 24 Dec 45 in grave 5859. The same Nelson is also buried in grave 1094.

(c) Body found in vicinity of Lubi, Leyte, P.I. with identification tag of Earnest G. Guertin and was buried as Guertin on 26 Dec. 45 in grave 5862. The same Guertin is also buried in grave 2522.

(d) Body found in vicinity of Lubi, Leyte, P.I. with web belt H-7792, canteen inscribed with Hart, D. D.-7792, and the Paratrooper insignia, and canteen cup inscribed with "Big Boy Hart". Since identification tags were not found, remains were interred 4 Jan 46 in grave 6167 as Unknown X-361, as Hart is also buried in grave 2511. However, due to the skeletal bones being considerably larger than average, it is the belief of this Hqs that this is the real Hart, if his nickname "Big Boy Hart" was taken from this size.

BASIC: Ltr Hqs. Case K AFWESPAC, APO 72, file PK 293, subj:
Identification of Deceased, dtd 8 Jan 46, (CON'D)

4. Each of the four isolated burials were recovered in the area where Truxton, Nelson, Guertin, and Hart were killed, according to the complete casualty report of the 11th Airborne Div. on file this Hqs.

5. Attention invited to means of identification used on original reports, especially Hart, since the web belt, canteen and cup were found with the isolated burial.

6. Request advise as to which remains will be identified as Truxton, Nelson, Guertin, and Hart.

FOR THE QUARTERMASTER:

§ Incls.
① MC form 1044 (dup)
Nelson, Guertin, Hart

s/t WILLIAM D ROGERS
1st Lt., Inf
Assistant

A CERTIFIED TRUE COPY:

WILLIAM D ROGERS
1st Lt., Inf.

1

Interred 20 Oct 49
D 14 219 Ft McKinley

Case R. H. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00061

DATE

15 DAY 05 MONTH 48 YEAR

NAME

257/ UNKNOWN

SERIAL NUMBER

X-000542

RANK

ARM

0

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS

7701 CODE 80 DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

1097

PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNK X-542
UNK X-3707 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

27 Sept. 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

ALBION H. McLELLAN JR.
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

Two (2) Mausoleum Tags show UNK X-3707

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept. 1948

BY

ALBION H. McLELLAN JR.

CASKET SEALED BY

ALBION H. McLELLAN JR.

EMBALMER (Signature)

Albion H. McLellan Jr.
ALBION H. McLELLAN JR.

CASKET BOXED AND MARKED

HORACE L. ALLISON

SHIPPING ADDRESS VERIFIED BY

DATE 27 Sept. 48 BY Sgt., Inf.

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

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 GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

Graves

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS Lausoleum		TO		Port McKinley Military Cemetery	
KIND OF CONVEYANCE		Truck		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>Backstrom</i>	
DATE				DATE		20 OCT 1949	
2. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
3. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
4. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
5. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
6. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
7. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

1 Plus is bounded in
error should be

X-542

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

4 May 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-542, Plot _____,
Row _____, Grave 1097, USMC Leyta #1 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


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

Atch: Form 1044

Received 27 May 1949 OQMG
Not identifiable from
information presently
available

10 June 1949

J. Miller Idler

Encl #9

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-3707 (Formerly Unk X-542 Leyte #1)				2. DATE OF REPORT 4 May '49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	V	5581	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

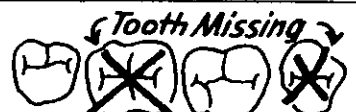
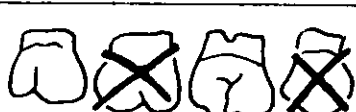
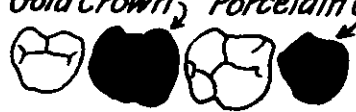





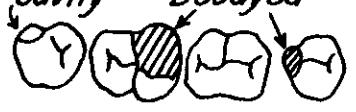

None

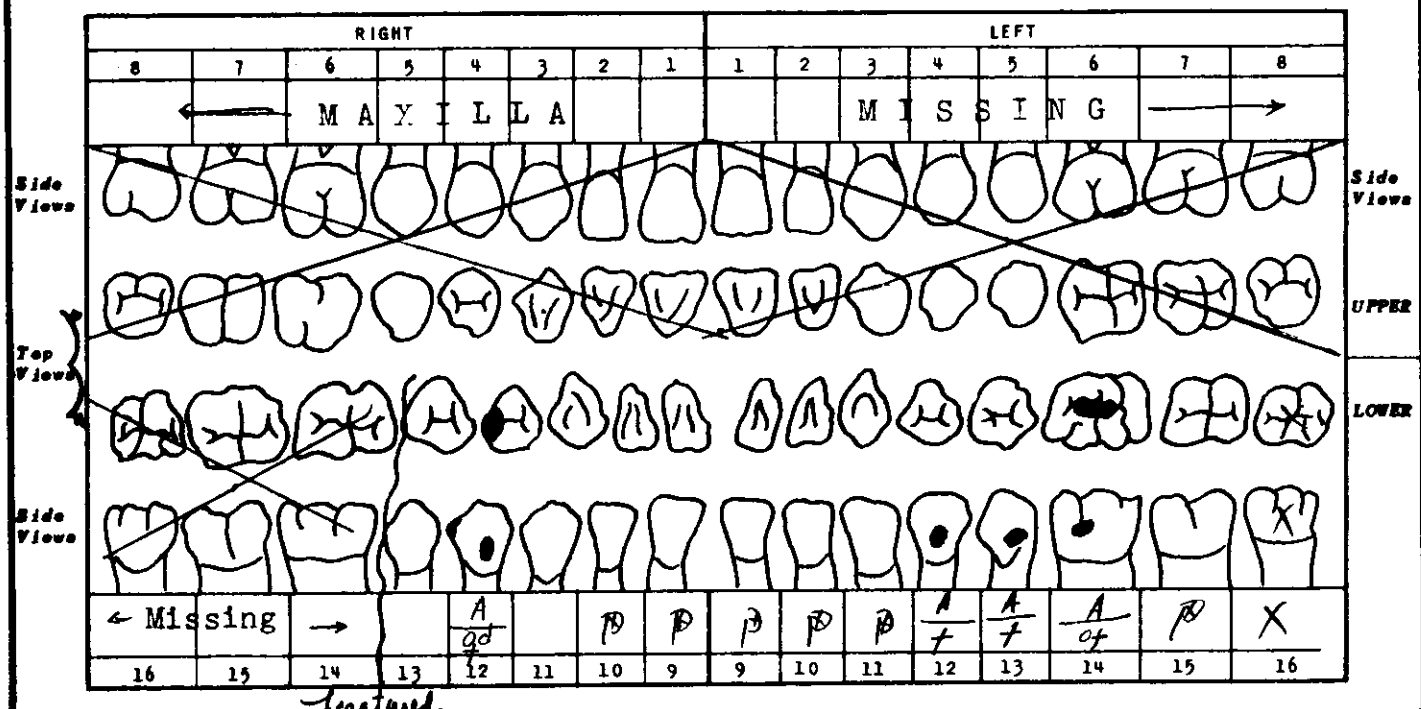
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. # 9^a


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><i>Tooth Missing</i></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><i>Gold Crown</i>, <i>Porcelain Crown</i></p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling</i>, <i>Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity</i>, <i>Decayed</i></p> 	



RENTURES (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."

No maxillary teeth present with remains. Portion of the mandible R14 to R16 is missing.


 J. J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains. Circumference of skull is approximately - 20 1/2 inches. Estimated weight of remains - 4 lbs.

"BY EXAMINATION OF THE REMAINS AND THE FOLLOWING 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

IDENTIFICATION DENTAL CHART

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

Unknown X-542

23 April 46

~~TRIXTON, Myron A~~

36 565 371

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

PLACE OF DEATH

USAF Cemetery Leyte #1, P.I.

PLACE OF BURIAL

PLOT

ROW

1097
















GRAVE NO.

		RIGHT								UPPER TEETH		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE				A	R			R	R	F	R				A	A		TYPE			
LOCATION				O														LOCATION			

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		A	A	A		A		R	R	R	R	R	A	A	A	A	X	TYPE	
LOCATION				R		R												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></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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*File 7946
22 Oct. 1946
Ford*

Om 5⁶

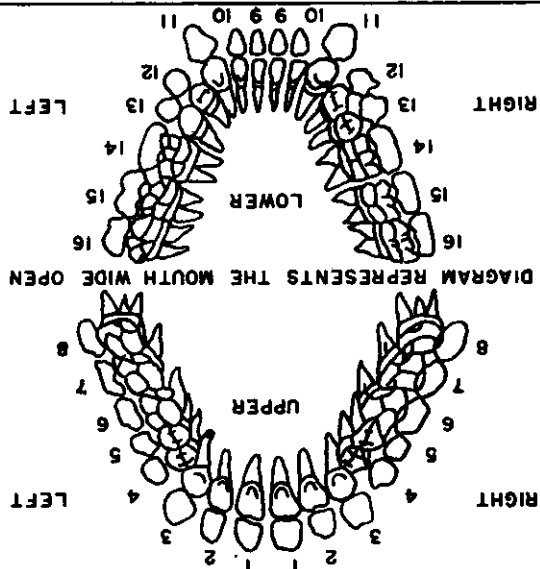
INSTRUCTIONS:

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

Sgt Stephen G Oliver, GRS

NAME AND RANK TYPED OR PRINTED

GRS, Base K, APO 72

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

Cecil G Carter

CECIL G CARTER, 1st Lt., OMC

NAME AND RANK TYPED OR PRINTED

23 April 46

DATE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3707 (Formerly UNK X-542 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 11 Feb 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW RANGER BAY V	6. GRAVE CRYPT 5581	7. DATE OF DISINTERMENT 31 Dec 47	REINTERMENT 12 Feb 48 STORAGE
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 One (1) substitute tag with the only inscription found: UNKNOWN X-542 (This tag is placed with remains)						
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

X-3707

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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	← Maxilla								Missing →								
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	← Missing →			$\frac{H}{od}$		\textcircled{B}	\textcircled{B}	\textcircled{B}	\textcircled{B}	\textcircled{B}	$\frac{H}{f}$	$\frac{H}{f}$	$\frac{H}{f}$	\textcircled{B}	\textcircled{B}	\textcircled{X}	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	Fractured																

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

REMARKS: Maxilla missing, no maxillary teeth present with remains. Portion of the mandible R 14 to R 16 is missing.

CERTIFIED TRUE COPY:

G. T. Gamboa
G. T. GAMBOA
2d Lt., MSC

/s/ Joseph D. Murphy T/5

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 personal effects, no ROI bottle found with remains.
One (1) tag as described in section 12 found. Circumference of the skull approximately 20 $\frac{1}{2}$ inches.
Estimated weight of remains 4 lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa
G. T. GAMBOA
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/ CLAUDE A. FILLERS Emb Sr C-063247
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Claude A. Fillers

REPORT OF DISINTERMENT FOR IDENTIFICATION /

33 Jan 48

1. Remains of (Name)

Serial Number

UNKNOWN X-542 (Formerly TRUXTON, Myron A.)

Grade

Organization

. Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

1097

2. Date of Disinterment

31 Dec 47

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

Original made in shelter halve burial. Skelatal remains. Tag on marker coincides with ROI on file.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

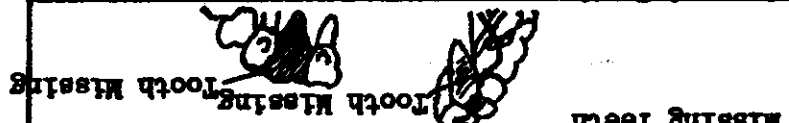
5. Signature of Officer Supervising the Disinterment and Reinterment.

PAUL R. NICHOLS, Embalmer

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (grinding teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, cavities (cavities of decay), dentures (plates), and any deformity of jaws found.

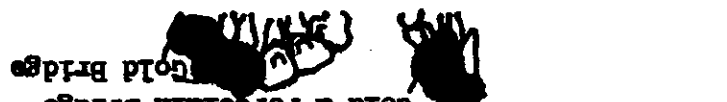
Missing Teeth



Crowned Teeth



Bridgework



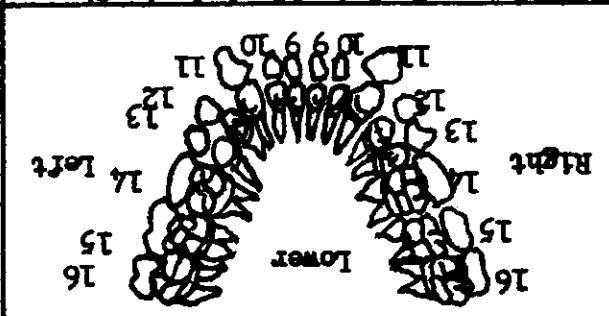
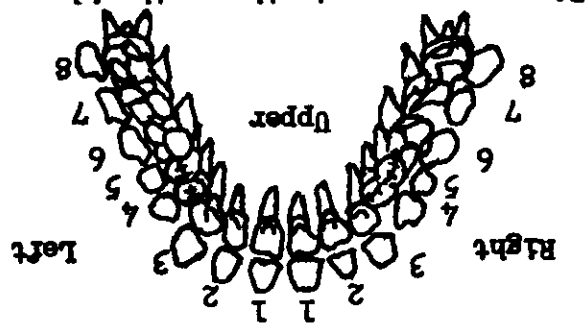
Fillings



Cavities (Cavities)

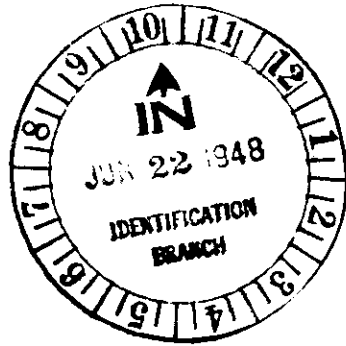


Diagram represents the mouth wide open



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



RESTRICTED

JUN 22 1948 5187

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

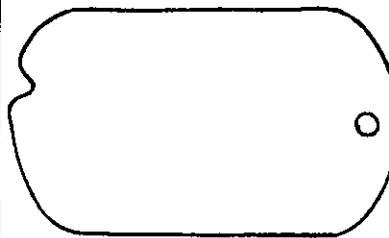
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

24 Feb 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-3707 (Formerly UNK X-542 USAF
Cemetery 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

Vicinity of Mahonag,
Leyte, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

REPAIR DIVISION
RECORDS BRANCH
JUN 7 2 42 PM '48
MEMORIAL DIVISION

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
12 Feb 48	1100	Casket	None	812	V	5581

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.			1097

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-3709				5582

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3705				5580

SIGNATURE OF PERSON PREPARING REPORT

V. O. AQUINO, T/5, QMO

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L. S. PANOPLO, 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

Inf 344

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


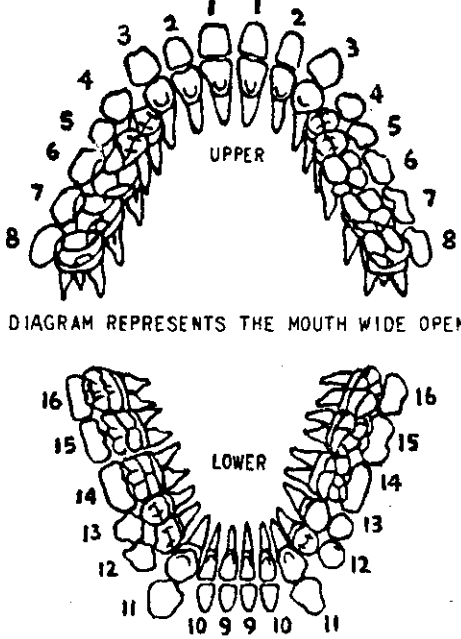




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

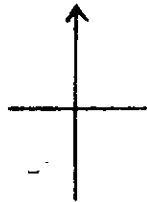
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

QMC Form 1044, 1044-A and 1044-B accomplished.

12 MAY 1949

CORRECTED

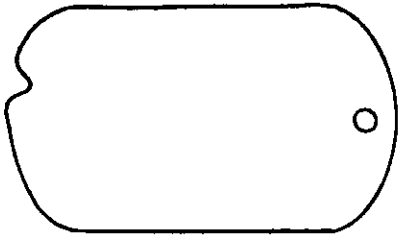
RESTRICTED

J U 5187 1097

WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT
CORRECTED
26 Nov 46

Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-542 (Formerly TRUXTON, Myron A.)				SERIAL No. -	
GRADE -		ORGANIZATION -		BRANCH OF SERVICE -			
RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -			
PLACE OF DEATH Vicinity of Mahonag, Leyte, P.I.		CAUSE OF DEATH -		DATE OF DEATH -			
EMERGENCY ADDRESSEE (Name, relationship, and address) -							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) None					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (Unknown tags)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <i>None</i>							
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.	
22 June 45	0900	Shelter Half	Reg Cross			1097	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Rock Hill, Leyte, P.I.						
				PLOT No.	ROW No.	GRAVE No.	
						5	
TYPE OF RELIGIOUS CEREMONY -	PERSON CONDUCTING BURIAL RITES -		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Corrected Report of Re-Interment 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) MOORE, Carlyle D.			RANK Pvt	SERIAL No. 35540720	ORGANIZATION A Co, 511 Inf.	GRAVE No. 1096	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) WROBLEWSKI, Henry M.			RANK Pfc	SERIAL No. 35544152	ORGANIZATION F Co, 511 Inf.	GRAVE No. 1098	
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack G. Siggle, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT JOSEPH M. PHELAN, Captain, CAC				
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

16-43997-1

11 DEC 1946

Section 3. UNIDENTIFIED REMAINS.


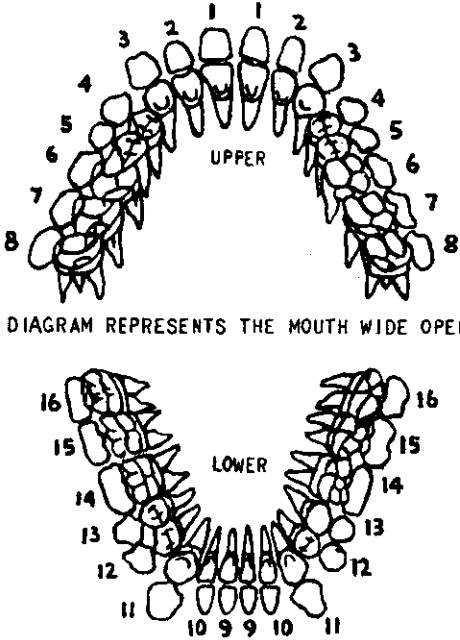




INSTRUCTIONS:

(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.

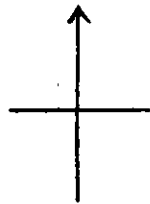
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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 align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">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:

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

In Reply Refer To QMGYG 293

TRUXTON, Myron A.,
ASN 36565371
(Leyte #1) P.I.

29 October 1946

SUBJECT: Identification of Unknown Deceased

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

1. Reference is made to 6th indorsement from your office dated 5 July 1946, file GSQMM 293, subject: Reports of Interment.

2. In compliance with request in paragraph 3, the dental chart submitted for the remains interred in Leyte #1, Grave 5620, as Unknown X-326, has been compared with WD dental records of Pvt. Myron A. TRUXTON, 36565371 with favorable results. The emergency addressee is Mrs. Josephine Truxton, wife, 1407 East Harry St., Hazel Park, Michigan. The expressed religious preference of Pvt. Truxton is Protestant.

3. War Department dental records for Pvt. Truxton do not compare favorably with the dental chart for deceased carried as Pvt. Truxton in Grave 1097, Leyte #1. It is requested that the remains buried in Grave 1097 be designated as an Unknown and a corrected Report of Burial for same, together with any other available clues to identity, be forwarded to this office at the earliest practicable date.

4. It is further requested that the records of your office and the inscriptions on the grave markers be changed accordingly and this office advised upon completion thereof.

FOR THE QUARTERMASTER GENERAL:

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

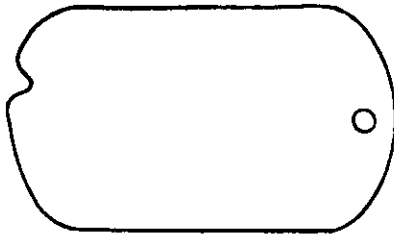
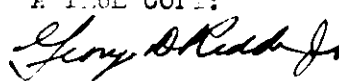
A CERTIFIED TRUE COPY:


JOSEPH M. PHELAN, Captain, CAC

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
CORRECTED
26 Nov 46

Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) UNKNOWN Y-542 (Formerly TRUXTON, Byron A.)		SERIAL No. -				
GRADE -		ORGANIZATION -		BRANCH OF SERVICE -		
RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -		
PLACE OF DEATH Vicinity of Mahonag, Leyte, P.I.		CAUSE OF DEATH -		DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address) -						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) None				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (Unknown tags)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None			A TRUE COPY:  GEORGE D. REDDEN, JR. Captain, Inf.			
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 P.I.						
DATE OF BURIAL 22 June 45	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Peg Cross	PLOT No. 	ROW No. 	GRAVE No. 1097
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Rock Hill, Leyte, P.I.			PLOT No. 	ROW No. 	GRAVE No. 5
TYPE OF RELIGIOUS CEREMONY -	PERSON CONDUCTING BURIAL RITES -		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Corrected Report of Re-Interment 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) CORE, Carlyle D.		RANK Pfc	SERIAL NO. 35540720	ORGANIZATION A Co, 511 Inf.	GRAVE No. 1096	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) ROBLEWSKI, Henry J.		RANK Pfc	SERIAL NO. 35544152	ORGANIZATION F Co, 511 Inf.	GRAVE No. 1098	
SIGNATURE OF PERSON PREPARING REPORT /s/t/ Cpl. Jack G. Slagle, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ JOSEPH E. FRELAN, Captain, CAC			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Section 3. UNIDENTIFIED REMAINS.


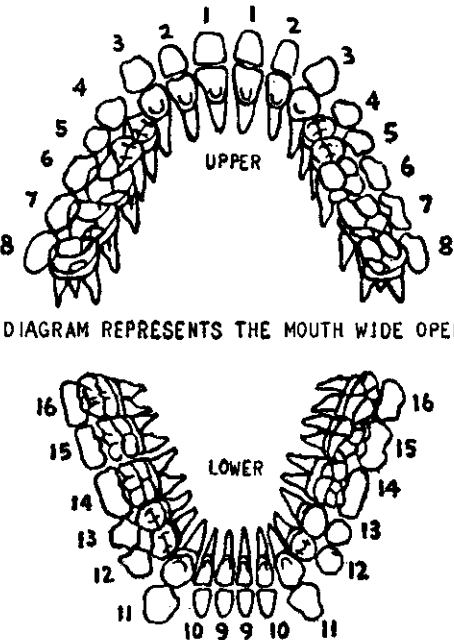




INSTRUCTIONS:

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(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

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

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



REMARKS:

RIGHT LITTLE FINGER

RIGHT RING FINGER

RIGHT MIDDLE FINGER

RIGHT THUMB

LEFT THUMB

LEFT INDEX FINGER

LEFT MIDDLE FINGER

LEFT RING FINGER

LEFT LITTLE FINGER

RE/
REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

~~Unknown~~ X-542
TRUXTON, ~~Lynn~~ A. 36 565 371 Pvt Co "F" 511-Inf.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Vicinity of Mahonag, Leyte, P.I. 21 December-44 KIA:GSW chest & abd.
(Place of death) (Date of death) (Cause of death)
0900-Hrs. 22 June-45 USAF Cemetery Leyte-1, P.I.
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

~~Identification approved by OCMG Board of Review 23 Sept. 1946~~

1097 ~~5000~~ 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
Disinterred from grave-5, USAF Cemetery Rock Hill-1, Leyte, P.I.
Religion Protestant

Certified True Copy:

Steve W. Mason (If no identification tags, what means of identification are buried with the body?)
STEVE W. MASON, Capt., G.I.C.

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

Body buried on RIGHT WROBLEWSKI, Henry M. 35 544 152 Pvt 1cl Co "F", 511-Inf 1098
(Name) (Serial number) (Rank) (Organization) (Grave number)
Body buried on LEFT MOORE, Carlyle D. 35 540 720 Pvt Co "A" 511-Inf 1096
(Name) (Serial number) (Rank) (Organization) (Grave number)

Mrs. Josephine Truxton (Wife), 1407 E. Harry St., Hazel Park, Mich.
(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
Restricted

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 :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ?

(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.

S/Sgt John L. Bobis, GRS

(Signature of officer or other person reporting burial)

FRANCIS W. SIMON, 1st/Lt., GRC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

F Co.
511th Inf.
(Organization)

Unknown X-542 OR

~~TRUXTON~~ ~~LYRON~~ 36 565 371 Pvt. 511th Inf.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Vicinity of Mahonag, Leyte, P. I. 21 Dec 45 KIA GSW chest and abdomen
(Place of death) (Date of death) Coord. 20°5-28.0'

13 Jan 45 USAF Cemetery Rock Hill #1 Leyte P.I. Special Map Leyte, P.I.
(Time and date of burial) Re: USAF Cem (Name of cemetery) Leyte #1 PI Sht D (Name of site) Scale 1:50,000

Identification in bottles, on buried with body and one attached to cross.
Positively identified by members of same Unit, thru laundry marks on equipment and
5 ~~20-1~~ 1 Rough Cross. clothing
(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

~~Identification approved by GCMG Board of Review 23 Sept. 1946~~

Religion Protestant

CERTIFIED TRUE COPY
Robert Phillips
ROBERT PHILLIPS

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

1st Lt., MO

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

Body buried on RIGHT MOORE, Carlyle D. 35 540 720 Pvt. 511th Inf. 6
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT WROBLEWSKI, Henry M. 35 544 152 Pfc 511th Inf. 4
(Name) (Serial number) (Rank) (Organization) (Grave number)

Josephine Truxton (W) 1407 E. Harry St., Hazel Park, Mich.
(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

Class 5

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 :	Apparent nationality :
Weight :	Laundry marks :
Color of eyes :	Number of rifle :
Color of hair :	Wear glasses ?
Race :	Is tooth chart attached ?

(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.

/s/ A. H. Snyder, 1st Lt. 511th Inf.

/t/ A. H. SNYDER, 1st Lt., 511th Inf.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

3

2

1

THUMB

Car *Anderson* *542*

96 945 972 *Pvt* *7 Co 511 Inf.*

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Vicinity of Release, Lepto, P. I. **21 Dec 1944** **KILBEE short and abdomen**

(Place of death) (Date of death) (Cause of death)

0700 hrs 22 June 1945 **WPAF Cemetery Lepto # 1, P. I.**

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

~~Identification approved by CGMC Board of Review, 23 Sept. 1946~~

~~1077 Re. Gr. 5620~~

~~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

~~REINTERRED from Grave 5, WPAF Cemetery Rock Hill # 1, Lepto, P.I.~~

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

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

Religion **Presb.**

Body buried on RIGHT **WILLIAMS, Henry H.** **25 944 192** **Pvt 1st** **7 Co 511 Inf** **2090**

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

Body buried on LEFT **MOORE, Gaudy D.** **25 940 700** **Pvt** **A Co 511 Inf** **2090**

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

Mrs. Josephine Stanton (W), 1477 E. Henry St., Hazel Park, Mich.

(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~~

~~REINTERRED~~

13.4
NOTED

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. C. Form 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:

Is tooth chart attached?

(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.

(Signature of officer or other person reporting burial)

3/19/43 W. D. C. 79: 3/19/43

John E. Hobbs

3/19/43 W. D. C. 79: 3/19/43

James M. Johnson

(Verified by Army Graves Officer)

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

AUG 23 1943

4. 11. 1943

REPORT OF INTERMENT
(TM 10-430 AND AR 30-1815)

471

15894''

Unknown X-542

~~Truxton, Myron A.~~ 36565371 Pvt. "F" Co. 511th Inf.
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Vicinity of Mahonag, Leyte Is., P.I. 21 Dec. 44 KIA GSW chest & abdomen
(Place of death) (Date of death) (Cause of death)

- 13 Jan. 45 U.S.A.F. Cem. Rock Hill #1, Leyte Is., P.I. 27.5-28.0
(Time and date of burial) RE: USAF Cem (Name of cemetery) Leyte #1 P.I. (Name or co-ordinates of location)

(Corr.) Special Map Leyte Is., P.I. Sheet "D" Scale 1:50,000

5 ~~6~~

1

1

Rough Cross

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

Many obstructions between graves #5 & #6, roots, rocks, & stumps.
Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Identification approved by OUMG Board of Review 23 Sept. 1946
Religion: ~~Unknown~~ Protestant

Identification in bottles, one buried with body, one attached to cross.
(If no identification tags, what means of identification are buried with the body?)

Positively identified by members of same unit, through laundry marks on clothing equip &
(If no identification tags, but identity definitely established, give particulars) Co A

Body buried on RIGHT Moore, Carlyle D. 35540720 Pvt. 511th Inf. 6
(Name) (Serial number) (Rank) CO F (Organization) (Grave number)

Body buried on LEFT Wroblewski, Henry M. 35544152 Pfc 511th Inf. 3
(Name) (Serial number) (Rank) (Organization) (Grave number)

Josephine Truxton (Wife), 1407 E. Harry St., Hazel Park, Mich. (Same)
(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 reported.

(a) 2/16

RESTRICTED

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.

A. H. BRIDGES, DETAIL OFFICER, BUREAU OF MILITARY PERSONNEL, OFFICE OF THE ADJUTANT GENERAL, U.S. ARMY, FORT MONMOUTH, N.J.
 (Verified by Army GRS Office)

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

BASIC: Ltr fr WD, OCMG, Wash. 25, D. C., dtd 29 Oct 46, File ~~OMGYS 293~~,
Truxton, Myron A., ASN 36565371, Leyte #1, P.I., Subj: Identifi-
cation of Unknown Deceased.

GSQM 293

3rd Ind

GDR/crha/gyd

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE AREA COMMAND,
APO 707, 5 Dec 46

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

1. The records at this Headquarters as well as the records and grave markers at USAF Cemetery Leyte #1, P. I. relative to the identification of the remains of Unknown X-326 interred in grave 5620 as the remains of TRUXTON, Myron A., and the redesignation of the remains of TRUXTON, Myron A. interred in grave 1097 as Unknown X-542, have been amended in accordance with the basic letter.

2. Corrected reports of interment have been received by this Headquarters and will be processed as the Weekly Report of Burials, week of 16 Dec 1946, file 50-46.

3. True copies of the Corrected Reports of Interment are inclosed herewith for your information.

FOR THE COMMANDING OFFICER:

A. L. McCLOSKEY
Major, OMC
Executive Officer

2 Incls: True copies Repts of Reint for
1 - Unknown X-542 (formerly TRUXTON, Myron A.)
2 - TRUXTON, Myron A. (formerly Unknown X-326)
Original Incls: w/d

RECEIVED
DEC 18 1946
HONOLULU BRANCH