

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 Ink. Leyte #, X-545
SUBJECT	
	Also 293 Ink. Manila Maus. X-2320

QMC FORM 1121  
1 Aug 45

QMOMT 293  
GRS Far East

8 June 1949

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

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

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

X-63 (formerly X-167 Finsch. #5)  
X-403  
X-1593  
X-2220 (formerly X-545 Leyte #1 )  
X-2242 (~~formerly X-577 Leyte #1~~ )  
X-2705 (formerly X-130 Finsch. #6)  
X-3096 (formerly X-106 Finsch. #2)

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

COPY

OSDF 293.9

16 May 1949

SUBJ CT: 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 OSDF 293, OS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGIS 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-63	UNKNOWN Y-2220
" Y-403	" Y-2242
" Y-1124	" Y-2246
" Y-1125	" Y-2705
" Y-1593	" Y-3096
" Y-1599	
" Y-1617	

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

FOR THE COMMANDING GENERAL:

12 Incls:  
GOC Forms 1044 w/certificates  
of Unidentifiability

JOHN F. MAUSZEL  
1st Lt., AGP  
Asst Adj Gen

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 7740 89324

DATE 23 05 49 DAY MONTH YEAR

NAME UNKNOWN X-545

SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY LEYTE MD. 1, P. 1.

PLOT ROW GRAVE 8457 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN (ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

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

REMARKS AND SPECIAL INSTRUCTIONS

FILE JAN 25 1950 Field

Interred 9 June 1948  
D 11 105 Ft. McKinley

## DISINTERMENT DIRECTIVE

*Caremark*  
CARI R. H. MARK

Cemetery Superintendent  
SECTION A -

DIRECTIVE NUMBER

7740 00477

DATE

15 05 48  
DAY MONTH YEAR

NAME AND BURIAL LOCATION OF DECEASED

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000545

J

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

USAF CEMETERY LEYTE NO 1

0

7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

8467 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

## SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY

NAME AND ADDRESS OF NEXT OF KIN

MANILA, PHILIPPINE ISLANDS  
(BY ADMINISTRATIVE ORDER)

## SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNK X-545

11 May 49

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS  
 MARKER

UNKNOWN

J J McDERMOTT  
Embalmer

NAME AND TITLE

## SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shelter Half ~~Full~~ Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

Maus tag: Unk X-2220 formerly X-545 Leyte.

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 May 49


BY

J J McDERMOTT

CASNET SEALED BY

J J McDERMOTT

EMBALMER (Signature)

  
 J J McDERMOTT


CASNET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 11 May 49 BY WYMAN L McGUIRE, Sgt, MC

PAUL E HEINEMAN, 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.

  
 PAUL E HEINEMAN, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

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

**RECORD OF CUSTODIAL TRANSFER**

FROM		AGRS MAUSOLEUM		TO		FORT MCINTYRE MILITARY CEMETERY	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		2. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		3. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		4. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		5. SHIPPED		TO			
KIND OF CONVEYANCE		BOX (NON-INITIALS)		NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		6. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		7. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		8. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		9. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		10. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	

DATE 9 JUN 1949 *Conveyer*

1

Interred 9 June 49  
D 11 105 Ft. McKinley

*Carl R. H. Mark*

CARL R. H. MARK

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 80324

DATE  
23 05 49  
DAY MONTH YEAR

NAME: UNKNOWN X - 545  
SERIAL NUMBER: [ ] GRADE: [ ] ARM: [ ] RACE: [ ] RELIGION: [ ]

CEMETERY: USAF CEMETERY LEYTE NO. 1, P. I.  
PLOT: [ ] ROW: [ ] GRAVE: 8467  
DISPOSITION OF REMAINS: 7701 80  
CODE: [ ] DIST. CTR.: [ ]

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: [ ] SERIAL NUMBER: [ ] GRADE: [ ] DATE OF DEATH: [ ] DATE DISTINTERRED: [ ]  
IDENTIFICATION TAG ON: [ ] REMAINS [ ] MARKER [ ] ORGANIZATION: [ ] RELIGION: [ ] IDENTIFICATION VERIFIED BY: [ ] NAME AND TITLE: [ ]

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [ ] CONDITION OF REMAINS: [ ]

OTHER MEANS OF IDENTIFICATION: [ ]

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
*[Handwritten signature]*

REMAINS PREPARED AND PLACED IN CASKET: [ ]

DATE: [ ] BY: [ ]  
CASKET SEALED BY: [ ] EMBALMER (Signature): *J. J. McKeown*

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.

*A. J. Robertson*  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: [ ]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
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	

*Conveyance*

9 JUN 1949

RECEIVED  
JUN 22 1949



*Donovan*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

6 May 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 545, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 8467, USMC Leyte #1, \_\_\_\_\_ have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

*A. B. McNemar*  
A. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Attach: Form 1044

Received 27 May 49 OQMG  
Not identifiable from  
information presently  
available *M. Donovan 6 June 49*

*Encl. #8'*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-2220 (Formerly UNK X-545 Leyte #1 )</b>	2. DATE OF REPORT <b>6 May '49</b>
---	---------------------------------------

3. NAME OF CEMETERY  <b>AGRS MAUSOLEUM, MANILA, P. I</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>RANGER BAY CRYPT</b>	<b>810</b>	<b>X</b>	<b>3642</b>	DISINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U. T. D.</b>	9. ESTIMATED HEIGHT <b>U. T. D.</b>	10. COLOR OF HAIR <b>U. T. D.</b>	11. RACE <b>UNKNOWN</b>
--	--	--------------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N O N E**

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

**N O N E**







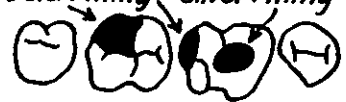



17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**N O N E**

"BY READING THIS REPORT, THE FOLLOWING DATA"  
 "BY READING THIS REPORT, THE FOLLOWING DATA"

*Incl. #82*

TOOTH CHART

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

RIGHT								LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
U.T.D.								Maxilla →															
								← Missing															
Side Views								Side Views															
Top Views								Top Views															
Side Views								Side Views															
16								FRACTURED								16							

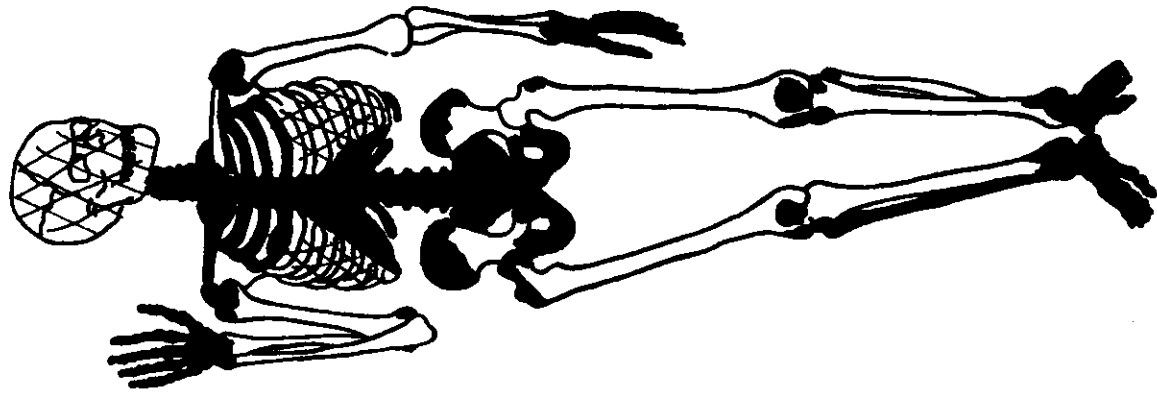
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxilla is fractured between L 6 and L 7 and mandible between R 9 and L 9. Portion of the maxilla from R 2 - L 1 and teeth are missing. Unable to determine whether R 8 is X or PX due to the condition of the maxilla.

*J. McDermott*  
 J. McDERMOTT  
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT DATA

19. LACK OUT PARTS OF BODY NOT REQUIRED



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 identification tags or personal effects found with remains.  
Estimated weight of remains - 4 lbs.

**"NECESSARY IF APPLICABLE"**  
**"BY REASON OF INADEQUATE 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

X-2220

/zvm

# IDENTIFICATION DENTAL CHART

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

28 Nov 47

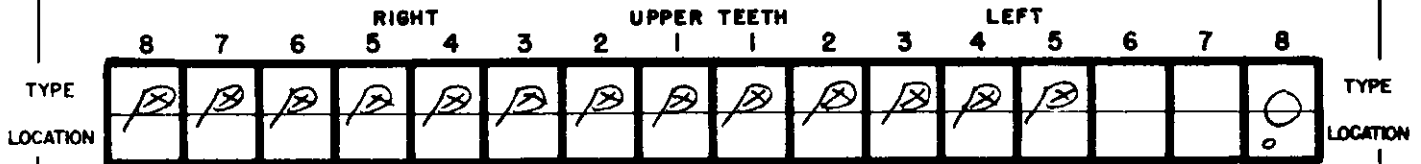
UNKNOWN X-2220 (Formerly Unk X-545)  
USAF Cemetery, Leyte #1, P.I.)

Unknown  
Army

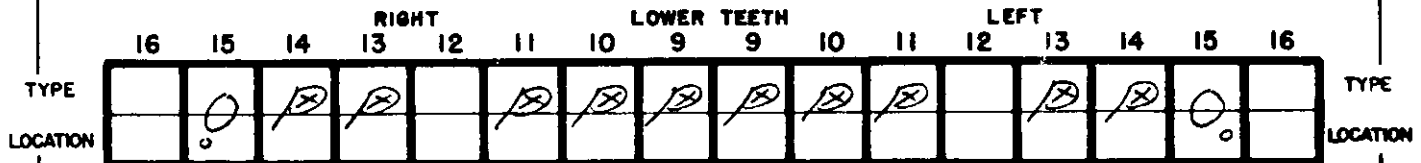
DATE  
Unknown

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown			Unknown	
UNIT			ORGANIZATION	
Near Limon, Leyte			AGRS Mausoleum Manila, P.I.	810 K 3642
PLACE OF DEATH			PLACE OF BURIAL	GRAVE NO.

STORAGE  
DANGER BAY CRYPT



INSIDE — LOOKING OUT



## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

CERTIFIED TRUE COPY:  
 GEORGE J. GAMBOA  
 2d Lt MAC

PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

CIP, Lab. Manila, P. I.

NAME AND RANK TYPED OR PRINTED

/p/ JAMES F. BROWN

SIGNATURE OF PERSON WHO PREPARED CHART

/s/ James F. Brown

DATE

28 Nov 47

NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BENNETT JR.

VERIFIED BY GRS OFFICER

/s/ John H. Bennett Jr.

**REMARKS:**

T-15 and R-15 have identical cavities on the occlusal surface, two (2) fragments of maxilla with remains fracture of mandible between R-9 and 10.

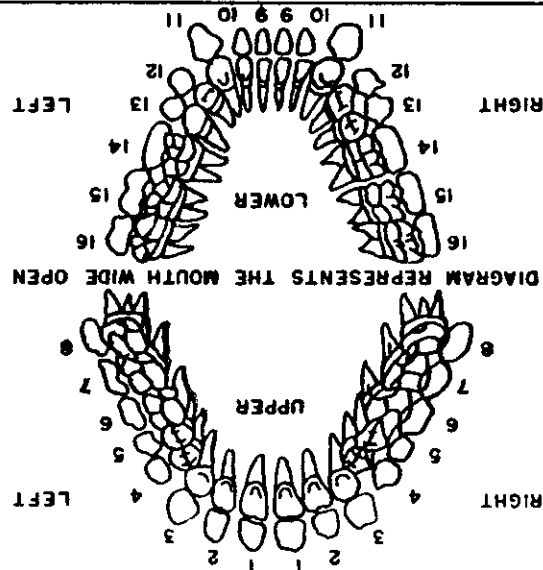


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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 DISORDERED TEETH, ETC SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, E.G. PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.

**INSTRUCTIONS:**

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-2220 (Formerly Unk X-545  
 USAF Cemetery Leyte #1, P.I.)  
~~UNKNOWN~~  
 Cemetery AGRS Mausoleum Manila, P.I.  
 Plot 810 ROW CR-10 3642  
 Row Grave

AGRS Mausoleum Manila, P.I.  
28 Nov 47

1. Arrived at ~~XXXXXXXX~~ (Hour) (Date)
2. Place of death Near Limon, Leyte (Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 583rd QM GR Co, Leyte #1 (Name and organization)
4. Evacuated to Cemetery by 583rd QM GR Co, Leyte #1 (Name and organization)

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

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

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

6. Description of Remains: **Skeleton only- Chart attached.**

Age / / Height <sup>UTD</sup> Weight <sup>UTD</sup> Description of wounds .....  
 Bandages or dressings ..... Scars ..... (Length, width, location)  
 ..... Tattoos  
 (Number, location — illustrate on separate page)  
 Outstanding moles, warts or birthmarks ..... (Yes-no; description, location)  
 Sunburn or tan, other than hand and face .....  
 Complexion ..... (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build ..... <sup>U</sup> <sup>T</sup> (Large, fat, thin, muscular)  
 Hair ..... <sup>D</sup>  
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  
 Hair ..... (Baldness, widow's peak, distinctive cutting or other characteristics)  
 Sideburns ..... Mustache ..... Beard or .....  
 (Color, setting, shape) (Color, size, shape) (Length, heavy)



Goatee ..... (Light, color, extent)

Eyes ..... <sup>U</sup> (Color, setting, shape) Eyebrows ..... (Color, bushiness, extent across nose)

Nose ..... <sup>D</sup> (Size, shape, straight) Ears ..... (Size, set close to or far from head)

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

Teeth ..... **See tooth chart**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal) Skull **Fractured**  
Circumference of ~~head~~ in inches ..... (Hat band)

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

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

Hands .....  
Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair) Circumcision ..... (Yes-no) Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

Legs ..... (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... (Size, corns, callouses, flat) Toes ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? .....  
(Yes-no)

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? Yes ..... If not, explain .....  
(Yes-no)

9. Remarks ROI bottle found. No identification tags or other personal effects found with remains.

Estimated weight of remains 4 lbs.

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

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

SP-6                      C-063011  
Rank                                      Service

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

28 Nov 47

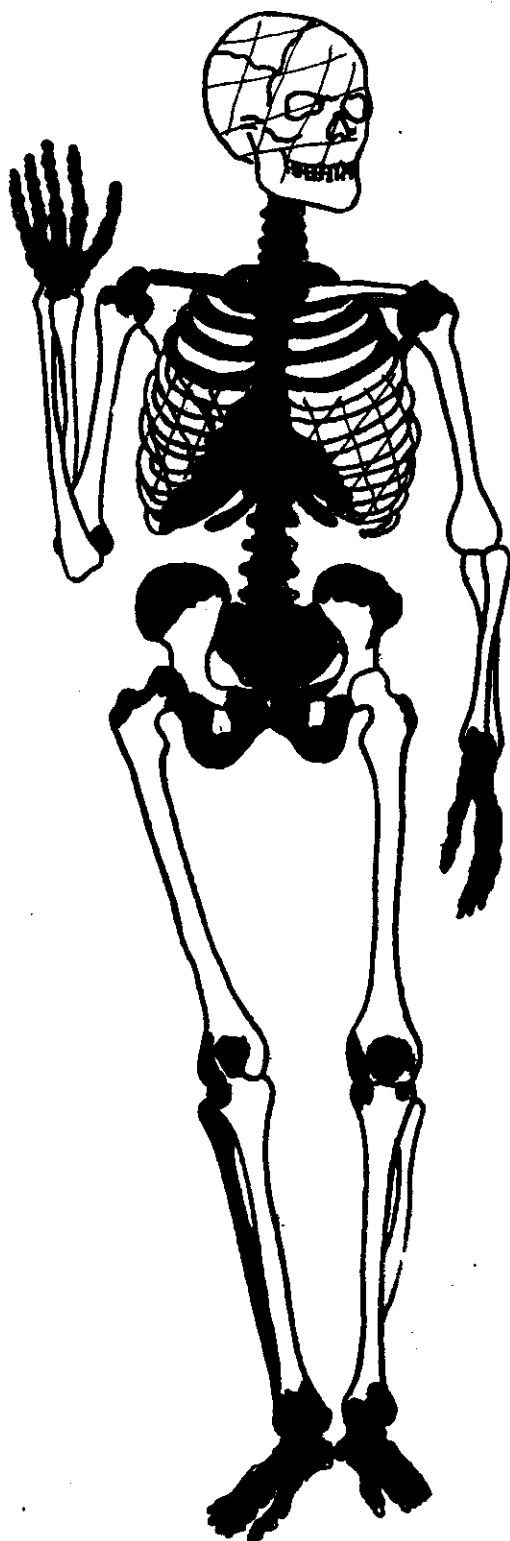
CERTIFIED TRUE COPY:

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

# SKELETAL CHART

X-2220

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Fragments of Skull  
Fragments of ribs*

X-2220

GPO Form 1044 Rev. 1 Apr. 1945	<b>RESTRICTED</b>	Date 22 October 1947
<b>REPORT OF DISINTERMENT FOR IDENTIFICATION</b>		

1. Remains of (Name)  UNKNOWN X-545	Serial Number  -
---	------------------------

Grade  -	Organization  -
----------------	-----------------------

.Name, Number and Location of Cemetery  USAF Cemetery Leyte Isl, P.I.	Plot	Row	Grave No.  8467
---	------	-----	-----------------------

2. Date of Disinterment  22 October 1947	
--	--

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

Original made in Type "C" casket burial. Substitute tags on remains and on marker coincide with R.O.I. on file. Skeletal remains incomplete. 1 Hip bone, fibula and some major bones missing. Skull fragmentated. Lower jaw broken. No identification clues found on remains.

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

Substitute tag

On Remains

Substitute tag - R.O.I. placed in bottle

What Identification Used Upon Reinterment: On Marker

Held in Field Logue

On Remains

Substitute tag.

5. Signature of Officer Supervising Disinterment and Reinterment.

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

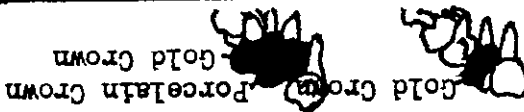
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth



Crowned Teeth



Bridgework



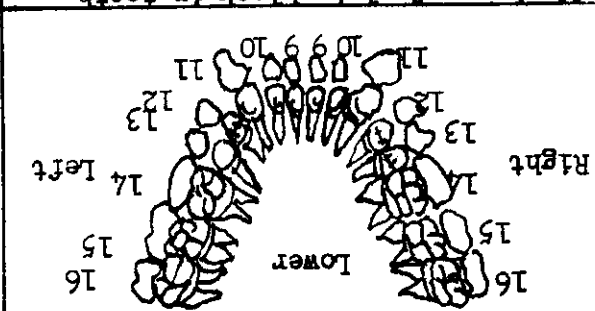
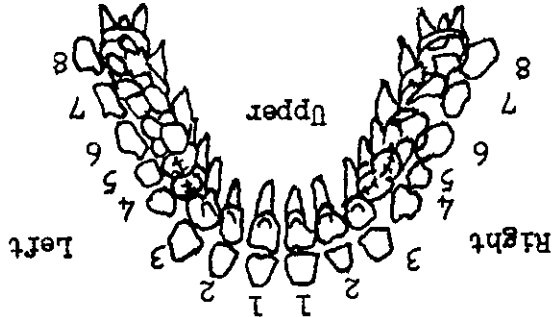
Fillings



Caries (Cavities)



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

# IDENTIFICATION DENTAL CHART

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

26 December 1946

DATE

UNKNOWN X-545

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

Near Limon, Leyte

USAF Cemetery Leyte #1

3467

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW



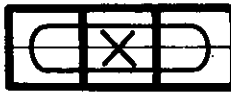












GRAVE NO.

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

INSIDE — LOOKING OUT *MISSING*

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

**INSTRUCTIONS:**

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

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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED; DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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

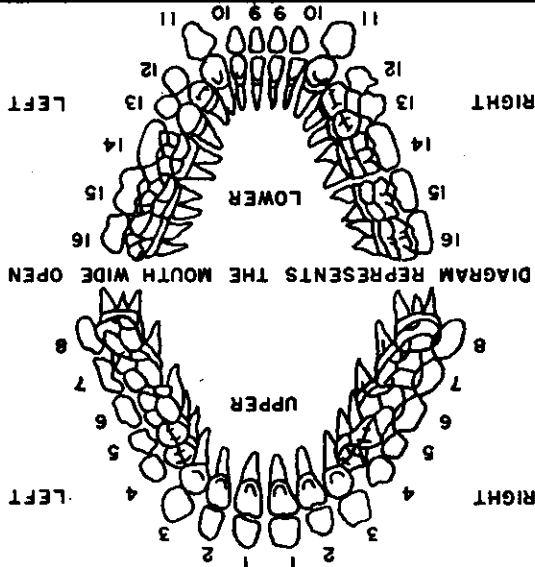


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols Embalmer

NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

JOSEPH M. PHILLIPS, Captain, OAC

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

USAF Cemetery Leyte #1

DATE

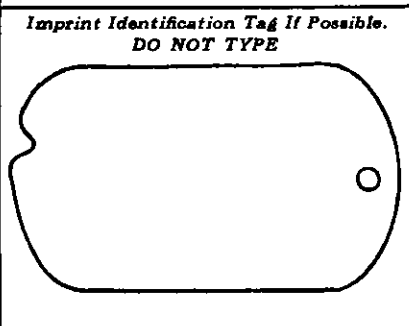
26 December 1946

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

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

STORAGE

DATE OF REPORT  
2 Dec 47



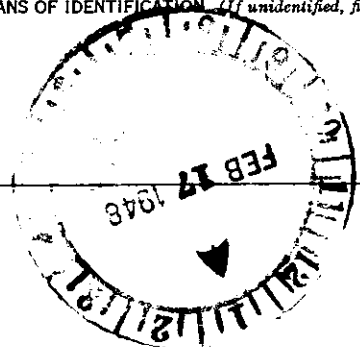
**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-2220 (Formerly Unk X-545 USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Army
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Near Limon, Leyte	CAUSE OF DEATH Possibly killed by grenade	DATE OF DEATH Unknown
-------------------------------------	--	--------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

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



LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

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

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

DATE OF BURIAL 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. K	GRAVE No. CRYPT 3642
-----------------------------	--------------	---	------------------------------	-----------------	--------------	----------------------------

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. 8467
--	---	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <i>filed with 27145 HAB</i>
----------------------------	--------------------------------	--

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-2222	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3644
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2218	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3640
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT H.R. ACIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT K.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.

MAR 1 - 1948



**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


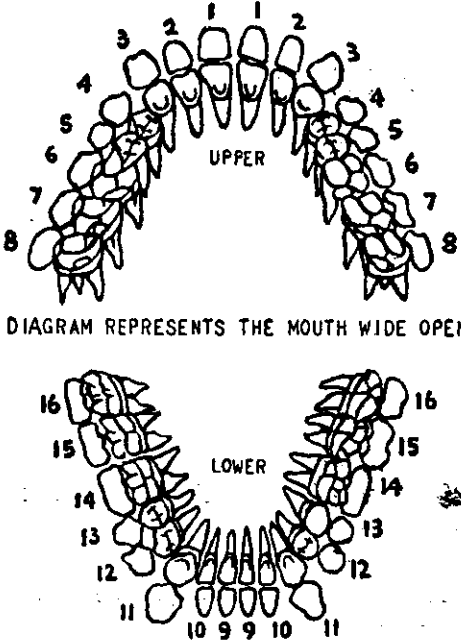




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

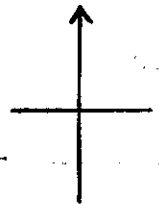
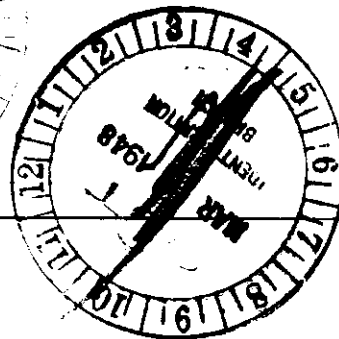
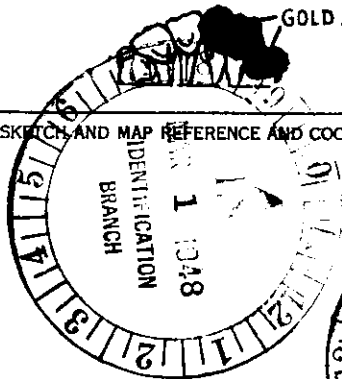
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



REMARKS:

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

**20 JAN 1948**

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

27 December 46

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> <div style="border: 1px solid black; border-radius: 50%; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center; margin-top: 10px;"> <p>UNKNOWN X-545</p> </div>		<p><b>Section 1.—IDENTIFICATION.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">NAME (Last, first, middle initial)</td> <td colspan="1">SERIAL No.</td> </tr> <tr> <td colspan="2" style="text-align: center;">UNKNOWN X-545</td> <td style="text-align: center;">-----</td> </tr> <tr> <td>GRADE</td> <td>ORGANIZATION</td> <td>BRANCH OF SERVICE</td> </tr> <tr> <td style="text-align: center;">-----</td> <td style="text-align: center;">-----</td> <td style="text-align: center;">Army</td> </tr> <tr> <td>RACE</td> <td>RELIGION</td> <td>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NAME (Last, first, middle initial)		SERIAL No.	UNKNOWN X-545		-----	GRADE	ORGANIZATION	BRANCH OF SERVICE	-----	-----	Army	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
NAME (Last, first, middle initial)		SERIAL No.																				
UNKNOWN X-545		-----																				
GRADE	ORGANIZATION	BRANCH OF SERVICE																				
-----	-----	Army																				
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY																				

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Near Limon, Leyte	Possibly killed by grenade	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

None

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	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
Yes (Unknown Tags)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Leyte #1, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
27 Dec. 1946	1000	Casket "C" Type				8467

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
No	Isolated Burial 124° 35" Long. 11° 13" Lat.
	PLOT No.    ROW No.    GRAVE No.

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.
GRAHAM, Robert C.	Pfc	34 378 328	743rd AAA Gun Bn.	8466

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-546	---	---	---	8468

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<p><i>Jack G. Stagle</i> Cpl. Jack G. Stagle, GRS</p>	<p><i>Joseph M. Phelan</i> JOSEPH M. PHELAN, Captain, CAC</p>

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

*Incl 10*

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


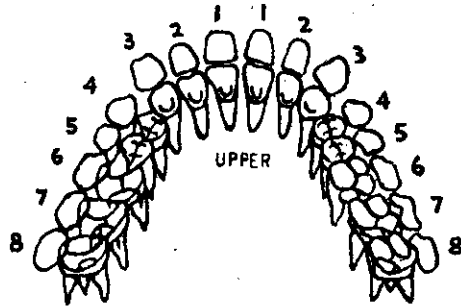
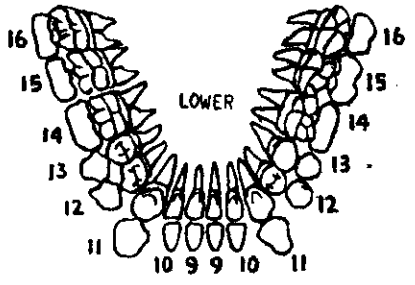




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

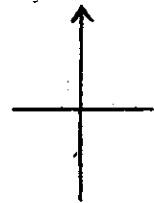
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

**23 JAN 1947**

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