

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 Unk. Leyte #1 X-546
SUBJECT	
	✓ Kelo 293 Unk. Manila Mass. X-2221

QMC FORM 1121
1 Aug 45

QMGMT 293
GRS Far East

15 February 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to the following Unknowns now stored at the
AGRS Mausoleum, Manila, P.I.:

Unknown X-784, Leyte #1
X-63, Santa Barbara #1
X-188, AGRS Mausoleum, Manila, P.I.
X-336, " " " "
X-3589, " " " "
X-3636, " " " "
X-3644, " " " "
X-4604, " " " "
X-4605, " " " "
X-4606, " " " "
X-4607, " " " "
X-4869, " " " "
X-4870, " " " "
X-5096, " " " "
X-2133, (formerly X-154, Santa Barbara #1)
X-2136, " X-190, " " "
X-2368, " X-145, " " "
X-2369, " X-146, " " "
X-2204, " X-604, Leyte #1
X-2219, " X-540, " "
X-2221, " X-546, " "
X-2222, " X-571, " "
X-2226, " X-611, " "
X-2263, " X-645, " "
X-2288, " X-600, " "
X-2294, " X-555, " "

QMGMT 293

GRS Far East

SUBJECT: Identification of World War II Deceased

15 February 1950

Unknown X-3424, formerly X-190, Leyte #1
" X-3448, " X-335, " "
" X-3723, " X-28, " "

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
16 January 1950

SUBJECT: Unidentifiable Remains

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

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

UNKNOWN X-450 AGRS Mslm	UNKNOWN X-2221 AGRS Mslm
X-696	X-2226
X-1214	X-2288
X-2204	X-3723
X-2219	

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

FOR THE COMMANDING OFFICER:

9 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

REGISTERED MAIL

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 1000

JMP/mcl

PKQM 293

9 January 1947

SUBJECT: Identification Clue to Unknown X-546

TO : Sector Commander, American Graves Registration Service,
PATA, Headquarters, Philippine Ryukyus Command, APO 707

Have forwarded under separate cover, registered mail, gold bridge of two teeth, one gold ring, stone set missing which, was recovered with remains of Unknown X-546 now interred in grave No. 8468 USAF Cemetery Leyte #1, P. I.

/s/ JOSEPH M. PHELAN
Captain, CAC
Graves Registration Officer

OSQMH 293 1st Ind. GDR/rpq
HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE ANKA COMMAND,
PACIFIC THEATER, APO 707, 15 January 1947

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

1. The inclosed one (1) gold ring without stone and one (1) gold bridge of two teeth were recovered with remains of Unknown X-546, interred in grave 8468, USAF Cemetery Leyte #1.

2. Report of Internment and toothchart will be forwarded your office with Weekly Report of Burials Recorded, file #5-47, on 27 Jan 47. One copy of each are inclosed for your convenience.

FOR THE COMMANDING OFFICER:

A. L. McCLOSKEY
Major, QMC
Executive Officer

3 Incls:

Incl 1: Envelop containing ring and dental bridge

Incl 2: QM Form 1042

Incl 3: QM Form 1045

REGISTERED MAIL

Copy for Capt. G. D. Redden, Jr.

REGISTERED MAIL

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 1000

JMP/mcl

PKQM 293

9 January 1947

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No. 8468 USAF Cemetery Leyte #1, P. I.

JOSEPH M. PHELAN
Captain, GAC
Graves Registration Officer

OSQMM 293 1st Ind. GDR/rpq
HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE AREA COMMAND,
PACIFIC THEATER, APO 707, 15 January 1947

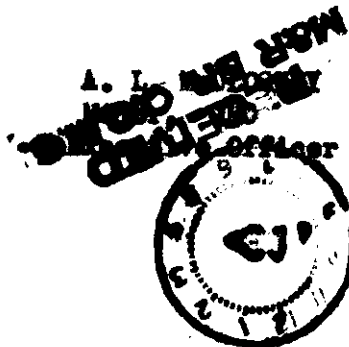
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FOR THE COMMANDING OFFICER:

- 3 Incls:
Incl 1: Envelop containing ring and
dental bridge
Incl 2: QM Form 1042
Incl 3: QM Form 1045



REGISTERED MAIL

15 JAN 47

OMGOD 392.3
Kansas City

10 January 1949

SUBJECT: Report on Certain Unknown Decedents

TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (AGO), Mo.
ATT: Effects Quartermaster

1. You are advised that identification has not been established in the cases of the following named Unknown decedents:

Unknown X-6671, St. Avoild, France
" X-6558 "
" X-6755 "
" X-6732, "
" X-6905, "
" X-910, "
" X-6882, "
" X-5484, Neuville-en-Condroz, Belgium
" X-6393, "
" X-1169, "
" X-6572, "
" X-2683, "
" X-1461, "
" X-1291, "
" X-546, Leyte #1, P. I.
" X-534, "
" X-3559, Manila #2, Luzon, P. I.

2. Correspondence from the Bureau making inquiry concerning these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL LARKIN:

1 Incl:
Corres frm the AEB

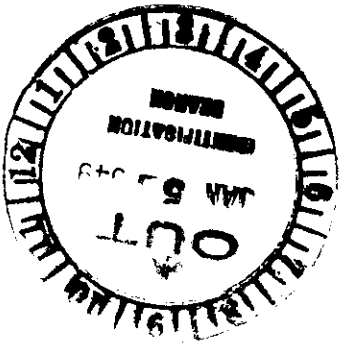
GUY B. KEGLEY
Major, QMC
Field Service Division

OMGOD 295, UNKNI X-546, LEYTE #1, P. I.

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	FLD SERV DIV EXEC OFF	R R BR MEM DIV ATTN: Captain Snedigar	29 Oct 48	<p>For information upon which to base a reply. FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p>1 Incl: KCMD ltr dtd 26 Oct 48 re Unk X-546 Leyte #1</p> <p><i>MUNSTER</i> MUNSTER 5473</p> <p><i>Kegley</i> Kegley 3821</p>
2.	Chief, Rec Sec R/R Br Mem Div	Field Service Division Exec Off Thru Ident Sec Attn: COL MITZ	29 Dec '48	<p>Records indicate <u>Unk. X-546</u> not identified.</p> <p><i>S</i> SNEDIGAR 5198</p> <p><i>Carrick</i> CARRICK 74397</p> <p><i>Noted</i></p>



IDENTIFICATION BRANCH
JAN 3 3 06 PM '49
MEMORIAL DIVISION

[Faint, illegible handwritten text]

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 870049

WSS/BRH/as
28 October 1949
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-546

Plot Dak, Row _____, Grave _____ USMC Loyte #1, P. 1.

_____ have been held at this Bureau as of 23 May 1947.

2. Bureau inspection of the effects has been made and the following description furnished for reference:

**One yellow metal ring with set missing, 2 teeth
attached to gold dental inlay**

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:



QMDKG
M. R. R. B.

1932 Work X 546 (Copy #1 of 2)



/bpa
1 ✓

Interred 13 Feb 1950
9 189 Ft. McKinley

Caremark

DISINTERMENT DIRECTIVE

amb

CARL R. H. MARK

Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00478

DATE

15 05 48
DAY MONTH YEAR

NAME

UNKNOWN X-000546

SERIAL NUMBER

RANK

ARM

8

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY (LEYTE NO 1)

DISPOSITION OF REMAINS

7701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

8468 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

UNK X-546
UNK X-2221 (Maus)
UNK X-515

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

24 Sept 1948

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

GEORGE SIMONEAU
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) Identification Tags show - UNK X-2221 (Maus)
One (1) Identification Tag shows - UNK X-515

REMAINS PREPARED AND PLACED IN CASKET

DATE 24 Sept 1948

BY

GEORGE SIMONEAU

CASKET SEALED BY

GEORGE SIMONEAU

EMBALMER (Signature)

George Simoneau
GEORGE SIMONEAU

CASKET BOXED AND MARKED

HORACE L. ALLISON
DATE 24 Sept 48 Sgt., Inf

SHIPPING ADDRESS VERIFIED BY

CHARLES R. BATES, 1st Lt., USAFR

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

Charles R. Bates
CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

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

3 MAR 1950
REPATRIATION
BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
		AGRS Mausoleum	Truck	Fort McKinley Military Cemetery	<i>[Signature]</i>	FEB 18 1950
2. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
3. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
4. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
5. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
6. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
7. SHIPPED		FROM	KIND OF CONVEYANCE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE

REGISTERED MAIL

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 1000

JMP/mcl

PKQM 293

9 January 1947

SUBJECT: Identification Clue to Unknown X-546

TO : Sector Commander, American Graves Registration Service,
PATA, Headquarters, Philippine Ryukyus Command, APO 707

Have forwarded under separate cover, registered mail,
gold bridge of two teeth, one gold ring, stone set missing which,
was recovered with remains of Unknown X-546 now interred in grave
No. 8468 USAF Cemetery Leyte #1, P. I.

Joseph M. Phelan
JOSEPH M. PHELAN
Captain, CAC
Graves Registration Officer

GSQM 293 1st Ind. GDR/rpq
HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE AREA COMMAND,
PACIFIC THEATER, APO 707, 15 January 1947

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

1. The inclosed one (1) gold ring without stone and one (1)
gold bridge of two teeth were recovered with remains of Unknown
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2. Report of Interment and toothchart will be forwarded
your office with weekly report of Burials Recorded, file #5-47,
on 27 Jan 47. One copy of each are inclosed for your convenience.

FOR THE COMMANDING OFFICER:

A. L. McCloskey
A. L. McCLOSKEY
Major, CAC
Executive Officer

- 3 Incls:
Incl 1: Envelop containing ring and
dental bridge
Incl 2: QM Form 1042
Incl 3: QM Form 1045

*File
Monyell (10)
6/29/50
1*

REGISTERED MAIL

28 JAN 1947

RECORDS BRANCH

RECEIVED
M&R BR. O.Q.M.O.

IDENTIFICATION SECTION
FEB 26 1947
OUT

IDENTIFICATION SECTION
JAN 28 1947
1

IDENTIFICATION SECTION
JUN 30 1947
OUT

RECEIVED
14 JAN 1947
022

20 May 1947

QMGOD 293, Unknown X-534, Unknown X-546

3821

QMG

FIELD SERVICE

DEPOT OPR

EFFECTS

QMGOD

2nd and T. Sts., S. W., Washington 25, D. C.

1632

Commanding Officer
Kansas City Quartermaster Depot
601 Hardesty Avenue
Kansas City 1, Missouri
ATTENTION: Effects Quartermaster

243 [unclear]

*X
X-534, X-546
QMGOD 293, UNKNOWN X 546
[unclear]*

1. There are inclosed personal effects of Unknown X-534 and Unknown X-546, USAF Cemetery, Leyte No. 1, P. I.

2. Identification of subject unknowns has not yet been established.

BY COMMAND OF MAJOR GENERAL LARKIN:

2 Incls:

- 1. P. E. Unkn X-534
- 2. P. E. Unkn X-546

WM. T. BROWN
Lt. Colonel, QMC
Field Service Division

CGMST 293
CMB Far East

15 February 1950

273 Wick P.I. (MISC) (MAGS MANILA) im

SUBJECT: Identification of World War II Deceased
See list below

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to the following Unknowns now stored at the AGRS Mausoleum, Manila, P.I.:

- Unknown X-784, Leyte #1
- " X-63, Santa Barbara #1
- " X-188, AGRS Mausoleum, Manila P.I.
- " X-388, " " " "
- " X-3569, " " " "
- " X-3636, " " " "
- " X-3644, " " " "
- " X-4604, " " " "
- " X-4605, " " " "
- " X-4606, " " " "
- " X-4607, " " " "
- " X-4869, " " " "
- " X-4870, " " " "
- " X-5096, " " " "
- " X-2155, (formerly X-154, Santa Barbara #1)
- " X-2156, " X-190, " " "
- " X-2368, " X-145, " " "
- " X-2369, " X-148, " " "
- " X-2204, " X-604, Leyte #1
- " X-2219, " X-540, " " "
- " X-2221, " X-548, " " "
- " X-2222, " X-571, " " "
- " X-2226, " X-611, " " "
- " X-2263, " X-645, " " "
- " X-2288, " X-600, " " "
- " X-2294, " X-555, " " "

X 293 Wick P.I. X-546 (Leyte #1)

QUART 298

15 February 1950

GHS Far East

SUBJECT: Identification of World War II Deceased


Unknown X-3424, (formerly X-190, Leyte #1)

"	X-3348,	"	X-335	"	"
"	X-3723,	"	X-28,	"	"

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

FOR THE QUARTERMASTER GENERAL:

W. Bustace:lrc
Sals er
JH
cc--Administrative Section
cc--Cincfe


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

JMN

TEC

HEADQUARTERS
PHILCO. ZONE
AMERICAN GRAVES REGISTRATION SERVICE

16 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 546, Plot _____,
Row _____, Grave 8468, USMC USAF Cem., Leyte #1, P.I., have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:



F. B. MCNEER
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 26 Jan 50 0018
Not identifiable from
information presently
available

W. Eustace
Ident.


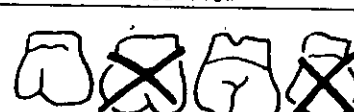






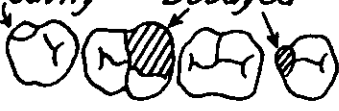

Smith





IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2221				(Formerly UNK X-546 USAF Cem Leyte #1, P.I.)		2. DATE OF REPORT 16 January 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.				4. PLOT	5. ROW	6. GRAVE	7. DATE OF
				HANGER 810	BAY K	CRYPT 3643	DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD		11. RACE UNK	
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							

13.

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, Porcelain Crown</i></p> 	<p><i>Gold Crown, 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><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, Silver Filling</i></p> 	<p><i>Gold Filling, Silver Filling</i></p> 
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	<p><i>Cavity, Decayed</i></p> 

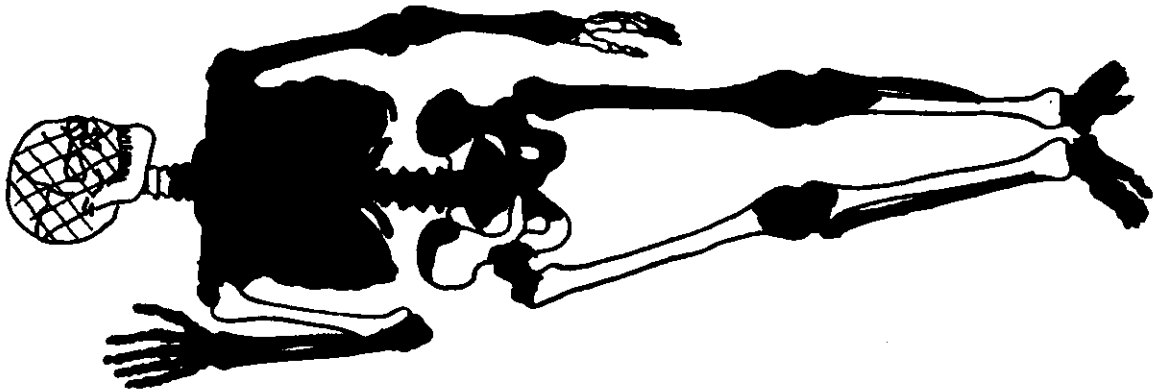
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Maxilla Missing</i>															
															
															
															
															
<i>A</i>	<i>A</i>	<i>X</i>	<i>X</i>				<i>X</i>	<i>X</i>			<i>X</i>		<i>X</i>	<i>A</i>	<i>A</i>
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

L-5 found loose. Has amalgam filling OFD.

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED



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

Skull fragmented.

No ID tags, burial bottle, personal effects, or other means of identification found with remains.
 Estimated weight of remains - 2 lbs.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R. NICHOLS
 Chief, Identification Section

SIGNATURE

Paul R. Nichols

X-2221

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2221 (Formerly Unk X-546)

28 Nov 47
DATE

USAF Cem Leyte #1, P.I.
LAST NAME FIRST INITIAL

Unknown
RANK

Unknown
SERIAL NO.

BTB 57th Division
UNIT

Army
ORGANIZATION

Matagob, Leyte, P.I.
PLACE OF DEATH

AGRS MAUSOLEUM
Manila, P.I.
PLACE OF BURIAL

810 K 3643
PLOT ROW GRAVE NO.

DANGER BAY CRYP
















maxilla missing

		RIGHT UPPER TEETH LEFT																	
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE														A				TYPE	
LOCATION														e/d				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	X	X				⊕	⊕			X	X	A	A	TYPE		
LOCATION		o	o												o	o	LOCATION		

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

CERTIFIED TRUE COPY;

GEORGE T. GAMBOA
2nd Lt., MAC

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

28 NOV 47
DATE

p/ BENITO RATONEL
NAME AND RANK TYPED OR PRINTED

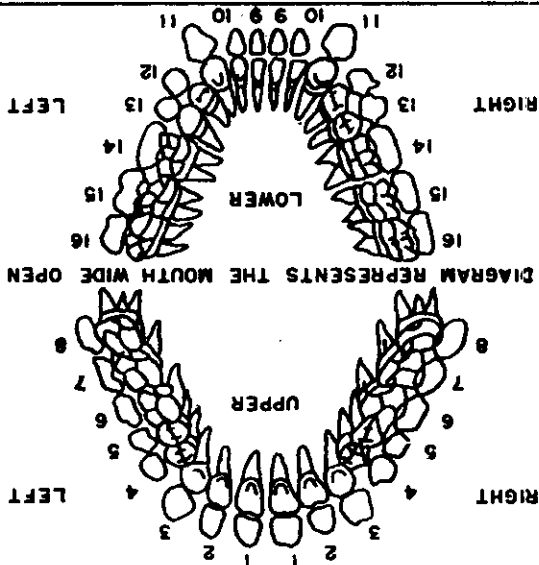
p/ JOHN H. BENNETT JR.
NAME AND RANK TYPED OR PRINTED

s/ Benito Ratonel
SIGNATURE OF PERSON WHO PREPARED CHART

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

REMARKS:

Maxilla missing 1 5 loose found with remains.



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

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

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

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

INSTRUCTIONS:

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2221 (Formerly Unk X-546
 USAF Cem Leyte #1, P.I.)

~~UNKNOWN X~~
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 UNGER 647 Row K CRYPT Grave 3643

AGRS Mausoleum, Manila, P.I.
 28 Nov 47

1. Arrived at ~~AGRS Mausoleum~~ _____
(Hour) (Date)

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

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by Leyte # 1 _____
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N		
* Shirt, Wool OD	E		
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 **UTD** Weight **UTD** Description of wounds **UTD**

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 **U T D** _____
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build _____
 (Large, fat, thin, muscular)

Hair _____
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair _____
 (Baldness, widow's peak, distinctive cutting or other characteristics)

Sideburns _____ Mustache _____ Beard or _____
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee
 (Light, color, extent)

Eyes
 (Color, setting, shape)

Eyebrows
 (Color, bushiness, extent across nose)

Nose
 (Size, shape, straight)

Ears
 (Size, set close to or far from head)

Mouth
 (Large, medium, small)

Lips
 (Small, large, full)

Teeth **Chart attached.**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw
 (Large, small, normal)

Circumference of head in inches
 (Hat band)

Neck
 (Size, length, short, normal, wrinkled)

Larynx
 (Prominent, normal)

Shoulders
 (Broad, straight, small, rounded)

Arms
 (Length, muscular, color, extent and quantity of hair)

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

Fingers
 (Unusual characteristics of fingernails)

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

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

Back
 (Quantity and extent of hair)

Circumcision
 (Yes-no)

Pubic Hair
 (Color)

Hernioplasty
 (Yes-no; location)

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

Feet
 (Size, corns, callouses, flat)

Toes
 (Slender, straight, crooked, overlap)

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

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

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

If not, explain Due to condition of remains.

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

9. Remarks According to previous ROI, found with remains One (1) 10 k. gold ring, set missing (Forwarded to Sector Command APO 707 by Registered mail) but nothing found in CIP Laboratory, while segregating and processing remains. Found with remains is one (1) G.I. steel helmet with liner inside. (A bullet hole at left side) Estimated weight of remains: 2 lbs. No ROI in bottle, nor I.D. tags found with remains.

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/ Julian H. Weddle.
(Officer's Name)

Emb. Sr C-064965
Rank Service

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

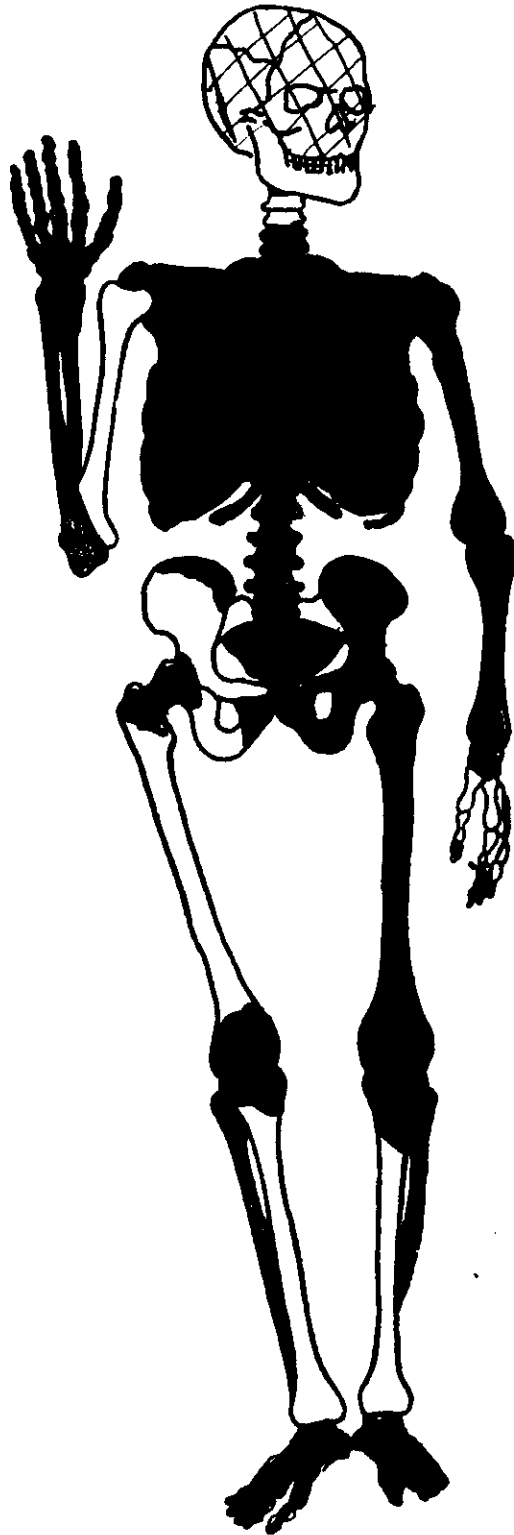
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-2221

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



AM

CHART "A"

7-2221

CMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

Date

REPORT OF DISINTERMENT FOR IDENTIFICATION

22 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-546

-

Grade

Organization

-

-

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte I., P.I.

8468

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.C.I. on file. Skeletal remains incomplete. Skull fragmented. Major bones missing. No identification clues found on remains.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Embalmer

RESTRICTED

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-546

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION

Matagob, Leyte USAF Cemetery Leyte #1 8468
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																		TYPE					
LOCATION																		LOCATION					

MISSING
INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		X	A	A	X				P	P	P			X	A	A	X	TYPE	
LOCATION			o	o											o	o		LOCATION	

SEE REMARKS
KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

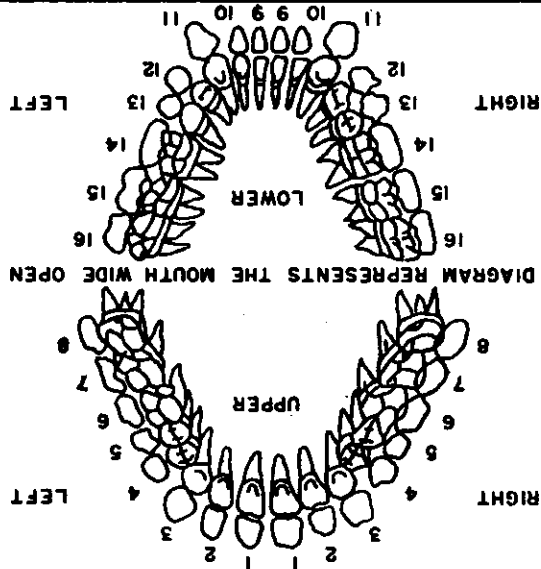
INSTRUCTIONS:

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

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

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



REMARKS:

Teeth very wide apart.
One gold bridge, two teeth (forwarded).

SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols
Embalmers

NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

JOSEPH M. PHELAN, Captain, CAC

NAME AND RANK TYPED OR PRINTED

26 December 1946

DATE

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

~~XXXXXXXX-1-946~~
LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION
Matagoh, Leyte **USAF Cemetery Leyte #1**
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

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

MISSING
INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE	X	A	A	X				P	P	P			X	A	A	X	TYPE
LOCATION		O	O											O	O		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">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; margin-right: 10px;"> </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; margin-right: 10px;"> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">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; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
--	---	--

One 3

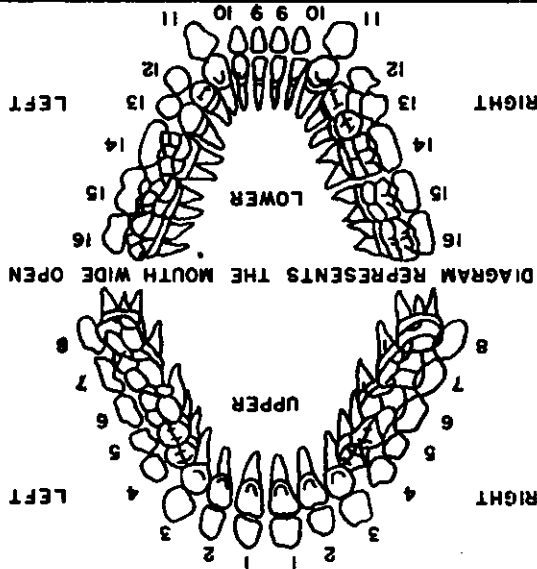
INSTRUCTIONS:

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



REMARKS:

Teeth very wide apart.
One gold bridge, two teeth (forward).

SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols
Ensign

NAME AND RANK TYPED OR PRINTED

DMV Comstock L-1076 #1

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

JOSEPH N. PHILAN, Captain, CAG

NAME AND RANK TYPED OR PRINTED

26 December 1946

DATE

RESTRICTED

U 5251

WD QMC FORM 104E
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT
6 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



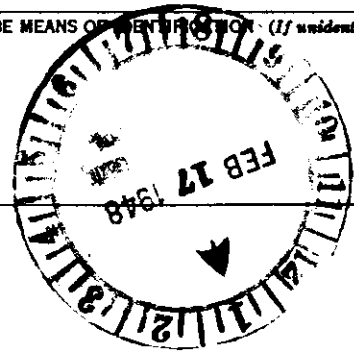
Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2221 (Formerly Unk X-546 USAF Cem Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION BTB 57th Division	BRANCH OF SERVICE Army
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Matagob, Leyte, P.I.	CAUSE OF DEATH Gunshot wound, head	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
GRS 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. 3643
-----------------------------	--------------	--	------------------------------	-----------------	--------------	-------------------

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. 8468
--	---	----------	---------	-------------------

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-2223-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3645
--	------	------------	--------------	-------------------------


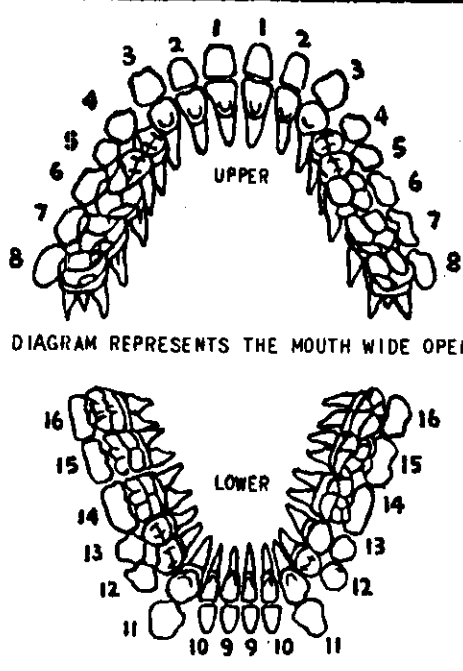




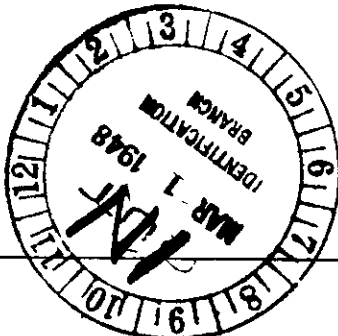
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2219	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3641
---	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPIO, 2nd 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

RESTRICTED

LEFT LITTLE FINGER	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.		
LEFT RING FINGER	HEIGHT	WEIGHT	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES		
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
RIGHT THUMB	CAVITIES  CAVITY DECAYED		
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING		
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN		
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE		
RIGHT LITTLE FINGER	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

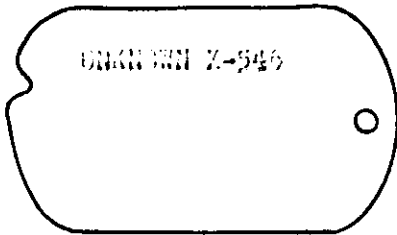
RESTRICTED

U 5251 3468

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

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-546

SERIAL NO.

GRADE

ORGANIZATION

Possibly Member
of 77th Division

BRANCH OF SERVICE

Army

RACE

RELIGION

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

PLACE OF DEATH

Matagob, Leyte

CAUSE OF DEATH

Gunshot wound, head

DATE OF DEATH

Unknown

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)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (Unknown Tags)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

1 - 10 K Gold ring, set missing (Forwarded to Sector Command, APO 707 by
Registered Mail).

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				3468

WAS THIS A REBURIAL?
(Yes or no)Yes No

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

Isolated Burial 124° 29" Long.; 11° 0" Lat.

PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS
CEREMONY

PERSONS CONDUCTING BURIAL RITES

UN KNOWN BRAND
RECORDS
FEB 17 32 P.M. 1947IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION 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-545

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

5467

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

DERRYBERRY, Lee H.

RANK

Pvt

SERIAL No.

18 006 035

ORGANIZATION

Trp A, 57 Cal,
1st Cal Div.

GRAVE No.

3469

SIGNATURE OF PERSON PREPARING REPORT

Cpl. Jack G. Steele, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

JOSEPH M. PHILAN, 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

Section 3. UNIDENTIFIED REMAINS.


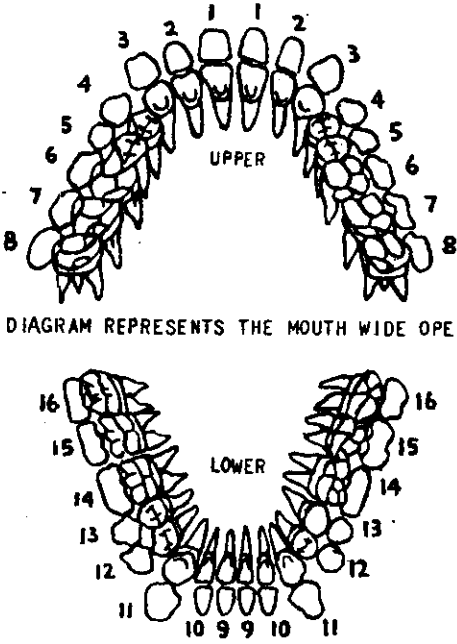




INSTRUCTIONS:

(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.

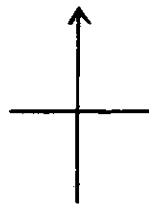
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

RESTRICTED

0446

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


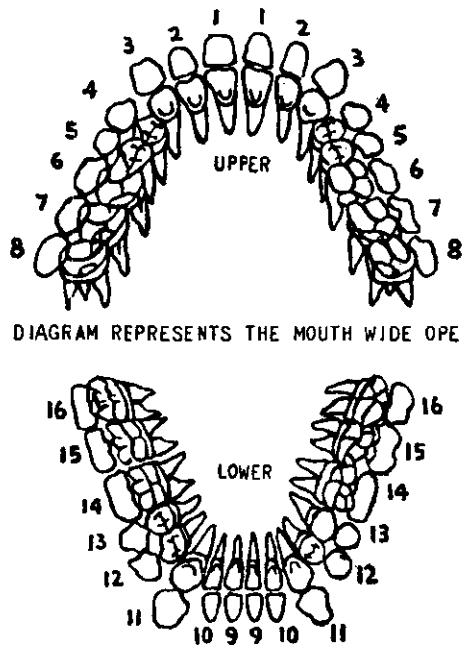




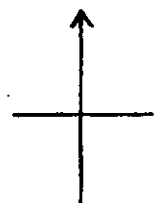

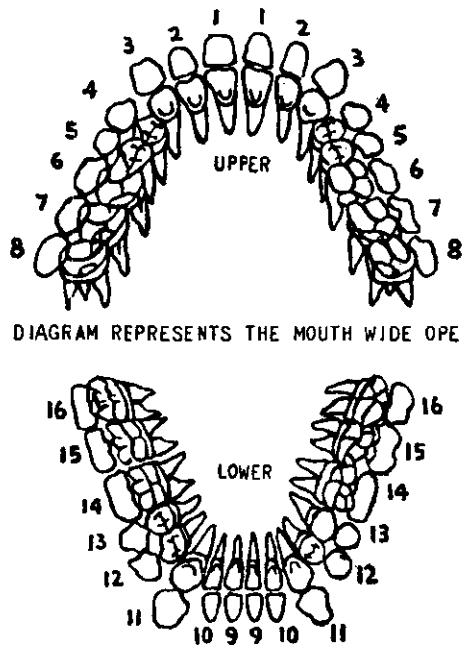




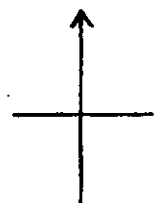

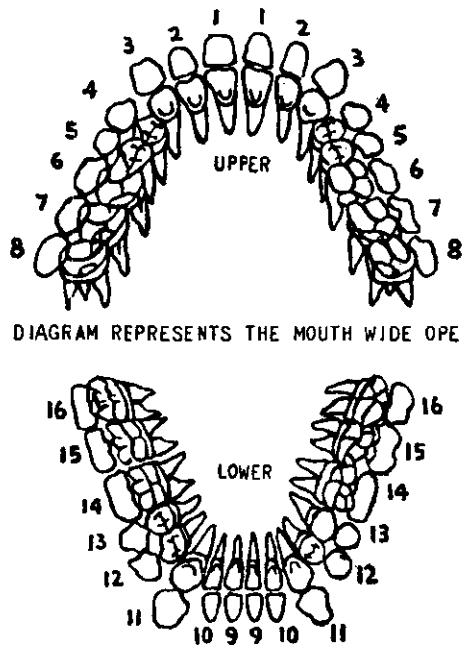




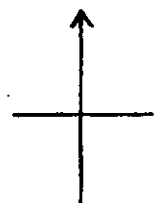
27 December 46

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial)		SERIAL No.		
		UNKNOWN I-546		-----		
		GRADE	ORGANIZATION	BRANCH OF SERVICE		
		-----	Possibly Number of 77th Division	Army		
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
-----	-----	-----				
PLACE OF DEATH	CAUSE OF DEATH		DATE OF DEATH			
Managoh, Leyte	Gunshot wound, head		Unknown			
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						
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)						
Yes (Unknown Tags)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
1 - 18 K Gold ring, set missing (Forwarded to Sector Command, APO 707 by Registered Mail).						
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	1800	Gunshot "C" Type				0446
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	Isolated Burial			124° 27' Long.;	11° 7' 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.		
UNKNOWN I-546	-----	-----	---	0467		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
DUNNEENY, Leo H.	Pvt	18 006 075	1st Cal Div.	0469		
SIGNATURE OF PERSON BURIED			SIGNATURE OF GRS OFFICER VERIFYING BURIAL			
Capt. Leo H. Dunneeny, GRS			Joseph E. Farrell, 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 Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

16-43007-1

LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.																															
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	OTHER IDENTIFICATION CLUES																															
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="7" style="width:40%; text-align: center; vertical-align: middle;">  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td>CAVITIES</td> <td>  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td>MISSING TEETH</td> <td>  <p>TOOTH MISSING</p> </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  <p>GOLD BRIDGE</p> </td> </tr> <tr> <td colspan="3" style="text-align: center;"> <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">LEFT THUMB</td> <td colspan="4" rowspan="5">REMARKS:</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">RIGHT THUMB</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">RIGHT INDEX FINGER</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">RIGHT MIDDLE FINGER</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">RIGHT RING FINGER</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">RIGHT LITTLE FINGER</td> <td colspan="4"></td> </tr> </table>				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>	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>			LEFT THUMB	REMARKS:				RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER				
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X-546

In Reply Refer to
QMGOD 332.3
Kansas City

DEPARTMENT OF THE ARMY
Office of the Quartermaster General
Washington 25, D. C.

5 September 1951

SUBJECT: World War II Unknowns

TO: Chief, Army Effects Bureau

1. As a result of a survey recently conducted at the Army Effects Bureau by a representative of the Memorial Division, it was found that there are approximately 200 cases of World War II Unknowns for whom personal effects are stored at the Bureau. All information pertinent to identification has been extracted from these effects and a complete inventory has been furnished the Identification Branch of all such effects.

2. Since the World War II Unknown personal effects will be of no further value to the Memorial Division for identification purposes, authority is hereby delegated to the Chief, Army Effects Bureau, to render administrative determinations on disposition of personal effects for World War II Unknowns.

3. A certificate signed by the Chief, indicating reasons for disposal of the property will be placed in the case folder and the case closed.

BY COMMAND OF MAJOR GENERAL FELDMAN:

/s/ C. J. Harrold
/t/ C. J. HARROLD
Colonel, QMC
Chief, Field Service Division

Date 17 November 1951

This is to certify that an administrative decision has been made to salvage the property in this case for the following reasons:

Previously held for possible identification purposes. Teeth not considered

personal effects. Ring not presentable for forwarding to NOK in the event

the owner is later identified.

H. V. HAWES
Major, QMC
Effects Quartermaster

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

In reply refer to MOOD 332.3
Kansas City

24 March 1950

SUBJECT: Present Status of Certain Unknowns

TO : Commanding Officer, QM Activities
Kansas City Records Center (ASO)
Kansas City 1, Missouri

1. The records this Office show that Unknown X-534, USAF Cemetery, Leyte #1, P. I., was redesignated X-2252, Manila, and has now been declared unidentifiable.

2. Unknown X-7214-B, USMC, St. Avold, France, has been cancelled.

3. The following named Unknowns have been declared unidentifiable:

X-22, USMC, Limey, France
X-6393, BMC, Neuville-en-Condroz, Belgium
X-364, USMC, Blosville, France
X-202, USMC, St. Avold, France
X-546, USAF Cemetery, Leyte #1, P. I.

4. Correspondence from the Bureau pertaining to these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL FELDMAN:

1 Incl:
Corres.

/s/ William F. Conlon
WILLIAM F. CONLON
Major, QMC
Field Service Division

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 876049

SZ/AID/vlm
14 March 1950
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X -546
Plot _____, Row _____, Grave 3463, ~~///~~ USAF Cem. Leyte #1,
P. I. _____ have been held at this Bureau as of 23 May 1947

2. Bureau inspection of the effects has been made and the following description furnished for reference:

One yellow metal ring with set missing, 2 teeth attached
to gold dental inlay

3. It is requested that this Bureau be informed whether or not
the above listed ~~Unknown decedent~~ has been officially identified.

X-546 has been declared
Unidentifiable.

Stanley J. Blocki
STANLEY J. BLOCKI
Captain, QMC
Effects Quartermaster



WAR DEPARTMENT
Office of The Quartermaster General
Washington 25, D.C.

In Reply Refer To QMGOD 332.3
Kansas City

10 January 1949

SUBJECT: Report on Certain Unknown Decedents

TO : Commanding Officer, Quartermaster Activities
Kansas City Records Center (AGO), Mo.
ATT: Effects quartermaster

1. You are advised that identification has not been established in the cases of the following named Unknown decedents:

Unknown X-6671, St. Avoild, France
" X-6558, "
" X-6755, "
" X-6732, "
" X-6905, "
" X-910, "
" X-6882, "
" X-5484, Neuville-en-Condros, Belgium
" X-6393, "
" X-1159, "
" X-6572, "
" X-2683, "
" X-1461, "
" X-1291, "
" X-546, Leyte #1, P.I.
" X-534, "
" X-3559, Manila #2, Luzon, P.I.

2. Correspondence from the Bureau making inquiry concerning these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL LARKIN:

1 Incl:
Corres frm the AEB

/s/ GUY B. KEGLEY
Major, QMC
Field Service Division

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 876049

HOC/ELW/ns
26 October 1948

DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-546

Plot Unk, Row _____, Grave 81/6-5, USMC Leyte #1, P. I.

_____ have been held at this Bureau as of 23 May 1947.

2. Bureau inspection of the effects has been made and the following description furnished for reference:

One yellow metal ring with set missing, 2 teeth
attached to gold dental inlay

3. It is requested that this Bureau be informed whether or not
the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:


H. O. CALDWELL
Effects Quartermaster

193-1546 X 546 (Caldwell H. O.)

REC'D
C.M.G.
N. & P. R.

RECEIVED
OCT 29 1949
U.S. AIR FORCE
MAIL SERVICE DIV.



ARMY SERVICE FORCES
 KANSAS CITY QUARTERMASTER DEPOT
 ARMY EFFECTS BUREAU

601 HARDESTY AVENUE
 KANSAS CITY 1, MISSOURI

23 June 1948

IN REPLY REFER TO 350A 1 - 4700

TO: Director of Army Medical Service

FROM: The Quartermaster General
 Effects Division
 Kansas City 1, Missouri

1. Your report of 10 June 1948, regarding your office, dated 23 May 1948, and HQ, SAC, Kansas City, dated 21-48, regarding the general effects of Unknown X-534 and X-546, Leyte, Philippine Islands, is being reviewed.

2. It is requested that you advise Bureau of any developments upon completion of field investigation of Unknown X-534, so as to enable further appropriate action.

Very truly yours,

W. C. Caldwell
 The Quartermaster General

QMGO 382.5, Kansas City

1st Ind

Department of the Army, OQMG, Washington 25, D. C., 23 June 1948

TO: Commanding Officer, Kansas City Quartermaster Depot, 601 Hardesty Ave., Kansas City 1, Missouri. ATTENTION: Effects Quartermaster

Unknown X-534 and Unknown X-546, United States Armed Forces Cemetery, Leyte, P. I., are under investigation. When the investigation is completed, the Bureau will be advised.

BY COMMAND OF MAJOR GENERAL IARFIM:

W. B. Feher
 W. B. FEHER
 Major, OLC
 Field Service Division

WAR DEPARTMENT
 SERVICES OF SUPPLY
 OFFICE OF THE QUARTERMASTER GENERAL
 WASHINGTON

Date 20 May 1947

MESSAGE FORM

File No. QMGOD 293, Unknown X-534, Unknown X-546

Telephone No. 3821

Office of origin OQMG FIELD SERVICE DEPOT OPR EFFECTS QMGOD
(Division) (Branch) (Section) (Symbol)

Address 2nd and T. Sts., S. W., Washington 25, D. C. Room No. 1632

To: Commanding Officer
 Kansas City Quartermaster Depot
 601 Hardesty Avenue
 Kansas City 1, Missouri
 ATTENTION: Effects Quartermaster

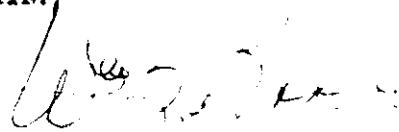
PRECEDENCE		
WIRE OR RADIO	ESSENTIAL MILITARY MAIL	
Urgent.....	Air mail.....	
Priority.....	Special delivery.....	
Routine.....	Ordinary.....	
Deferred.....	Registered.....	X
Week end.....		
Any message not X'd for precedence will be sent "Deferred."		Initial

MESSAGE:

1. There are inclosed personal effects of Unknown X-534 and Unknown X-546, USAF Cemetery, Loyte No. 1, P. I.

2. Identification of subject unknowns has not yet been established.

BY COMMAND OF MAJOR GENERAL LARKIN:



- 2 Incls:
 1. P. E. Unkn X-534
 2. P. E. Unkn X-546

WM. T. BROWN
 Lt. Colonel, QMC
 Field Service Division

Deceased _____
 Missing _____
 A.W.O.L. _____
 P.O.W. _____
 Abandoned _____

ARMY SERVICE FORCES
 ARMY EFFECTS BUREAU

INVENTORY

Sheet _____ of _____ Sheets
 Flat _____ Box _____

Shown on Tally In as _____

TALLY IN NO. _____ INVENTORY DATE 5-23-47 CASE NO. _____

EFFECTS OF Unknown 7-546 USQ7. Cem. RANK _____

ARMY SERIAL NO. _____ ORG. Lytle # 1

CONSIGNOR O. 2. M. E. - Washington 25 D. C.

DELIVERING CARRIER Mail G B/L NO. _____ G B/L DATE _____

PACKAGE NO.	ARTICLE DESCRIPTION	REMARKS
1	1 U.S. Treasury's Check	Check payable to
ENVELOPE	Label	
	Symbol	Indorsed to Effects J.M.
	Amount	
<u>L.S.</u>	<u>1- Ring - yellow metal with set missing</u>	Letter of trans removed to Section File
<u>5-23-47</u> <u>ew</u>		Attached: <u>Letter of trans.</u>
	<u>2. Teeth attached to gold dental inlay - for identification purposes only.</u>	
	<u>Is salvage - 11-17-51</u>	
	<u>See attached certificate 5 Sept 1951</u>	<u>ew</u>

*File
 May*

Warehouse Space _____ Inventoried by E. Saville HE:es ew

Locked Storage Space _____ Office Safe _____ Packed By _____