

FILE IDENTIFICATION TOPPER

Reynolds

FILE NUMBER	<i>293</i>
SUBJECT	<i>rank Leyte #1 X-563 (also Maus Manila X-2254)</i>

QNC FORM 1121
1 Aug 45

COMPT 293
GHS Far East

11 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, FREEDOM ZONE

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

Unknown X-217
Unknown X-274
Unknown X-313
Unknown X-4609
Unknown X-3829 (formerly X-423, USAF Cemetery Leyte #1, P.I.)
Unknown X-2254 (formerly X-563, USAF Cemetery Leyte #1, P.I.)
Unknown X-3082 (formerly X-107, USAF Cemetery Santa Barbara #1,
Luzon, P.I.)

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

3. JMC Form 1044 for Unknown X-3591 was transmitted this Office
for review. Records indicate that subject Unknown was segregated into
three remains designated Unknowns X-3591 A, B and C. Unknown X-3591 C
has been assigned a GIL number. Unknowns X-3591 A and X-3591 B have not
been resolved. Request clarification.

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

R. Little:jdk
Salser

JW
cc: Administrative Section
cc: Cinefa

REG

COPY

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

APO 707
21 JUL 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGPS 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-217	AGPS	Mslm	UNKNOWN	X 3158	AGPS	Mslm
"	X-274	"	"	"	X-3195	"	"
"	Y-313	"	"	"	X-3591	"	"
"	Y-355	"	"	"	Y-3888	"	"
"	X-944	"	"	"	Y-3889	"	"
"	X-1577	"	"	"	Y-3890	"	"
"	X-2031	"	"	"	X-3892	"	"
"	X-2254	"	"	"	Y-4603	"	"
"	X-2823	"	"	"	Y-4638	"	"
"	X-3002	"	"	"	X-4651	"	"

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

FOR THE COMMANDING GENERAL:

20 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARZAL
1st Lt., AGD
Asst Adj Gen

6

DISINTERMENT DIRECTIVE

1948 *Philippines*

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00497

DATE
15 05 48
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000583

RANK

ARM
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS
7701 60
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
6467 PHILIPPINE ISLANDS

CAUSE OF DEATH

SECTION B — CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

EMBALMER (Signature)

CASKET SEALED BY

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

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

DISINTERMENT DIRECTIVE

1
/drs
/gyc

Interred 17 Aug 1949
E 3 14 Ft. McKinley
Carl R. H. Hark
CARL R. H. HARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00492

DATE
15 05 48
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
		UNKNOWN X-000563			0		
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY (LEYTE NO 1)						0 7701 80 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH		
		8487	PHILIPPINE ISLANDS		6		

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-563 (Maus) UNKNOWN X-2254	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 28 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY CLIFFORD INGROVILLE Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

Two (2) identification tags (Mausoleum) UNK X-2254

REMAINS PREPARED AND PLACED IN CASKET

DATE 28 Sept 48 BY CLIFFORD INGROVILLE

CASKET SEALED BY CLIFFORD INGROVILLE	EMBALMER (Signature) <i>Cliff Ingroville</i> CLIFFORD INGROVILLE
---	--

CASKET BOXED AND MARKED DATE 28 Sept 48 BY HORACE L ALLISON, Sgt, Inf	SHIPPING ADDRESS VERIFIED BY CORSINE C KAYANAN, 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.

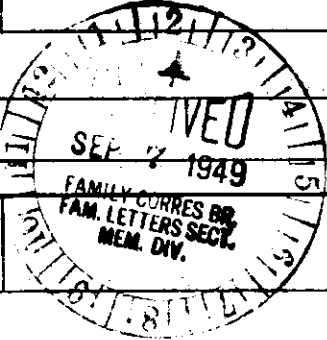
Corsine C. Kayanan
CORSINE C KAYANAN, 1st Lt, Inf
SIGNATURE OF GRS INSPECTOR

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

FILE
RECORDS ANNOTATED
DATE 16 Sept 49
NAME

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS Mausoleum	TO	Fort Lockinley Military Cemetery	KIND OF CONVEYANCE	Truck	SIGNATURE OF SHIPPER		DATE	17 AUG 1949
2. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
3. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
4. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
5. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
6. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	
7. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

12 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-563, Plot _____,
Row _____, Grave 8487, USMC USAF Cem. 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. J. MONEMAR
Captain, QMC
Chief, Records Branch

Attach: Form 1044

Received 8/2/49 OQMG

Not identifiable from
information presently
available

Lette - 8/5/49. [Signature]

Incl. # 8'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2254 (Formerly UNK X-563 Leyte #1)				2. DATE OF REPORT 14 July 49		
3. NAME OF CEMETERY		4. PLOT 810	5. ROW K	6. GRAVE 3677	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 180 lbs.	9. ESTIMATED HEIGHT 5'9"	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

"UNIDENTIFIABLE"

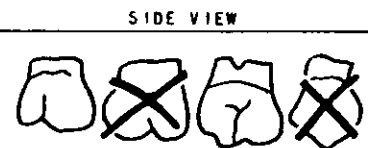
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl #82

18.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



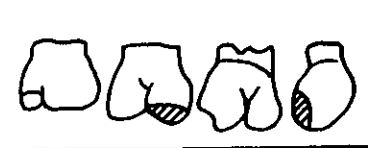
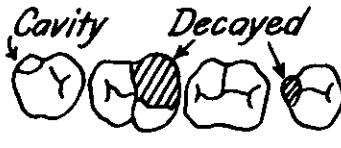
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
<i>Side Views</i>															
<i>Top Views</i>															
UPPER															
<i>Side Views</i>															
MANDIBLE								MISSING							
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."

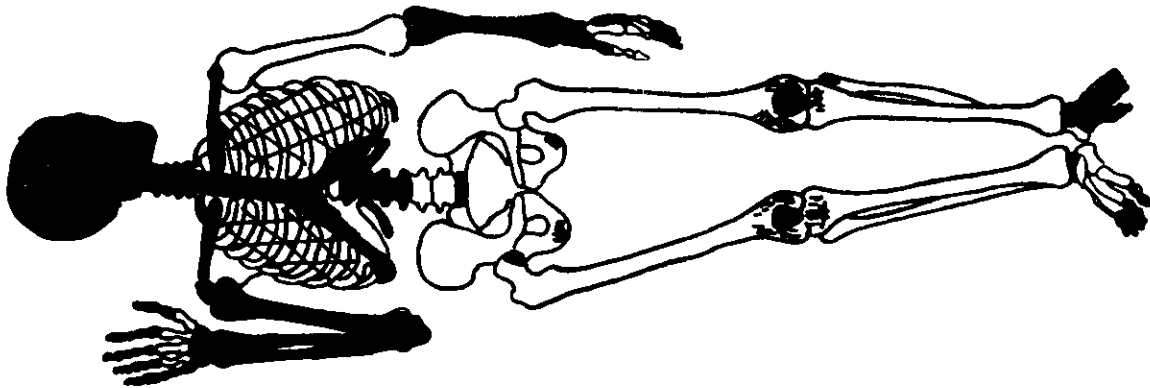
No loose teeth present with remains.

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

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height: 5'9"

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 3 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

J. J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2254 (Formerly UNK
 X-563 USAF Cemetery Leyte #1,
~~UNKNOWN~~ P. I.)

Cemetery AGRS, Mausoleum, Manila, P.I.
 Plot 810 ^{ANGER} Row K ^{BAT} ^{CRIPP} Grave 3677

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 28 Nov 47
^(Hour) Approx. 18 ^(Date) Kilometers East
 2. Place of death of Concepcion, Negros, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)

3. Remains recovered or 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 N (type)
 Overshoes E
 Web Equipment (type)

(Other item) Burial bottle containing ROI.

(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 UTD Est. Height 5' 9" Est. Weight 180 lbs 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 U

Complexion 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, widows peak, distinctive cutting or other characteristics)

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

Goatee (Light, color, extent)
 Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)
 Nose (Size, shape, straight) Ears (Size, set close to or far from head)
 Mouth (Large, medium, small) Lips (Small, large, full)
 Teeth **No tooth Chart.** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)
 Chin (Prominent, receding, pointed, dimples, double)
 Jaw (Large, small, normal) **skull** **UTD, Skull missing.** (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? No
(Yes-no)

If not, explain Due to condition of remains.

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

with remains.

9. Remarks No Identification tags, personal effects, or other means
of identification found with remains.

Estimated weight of remains 3 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/ Charles H. Vanderbilt
(Officer's Name)

Emb. Sr. C-064897
Rank Service

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

28 Nov 47

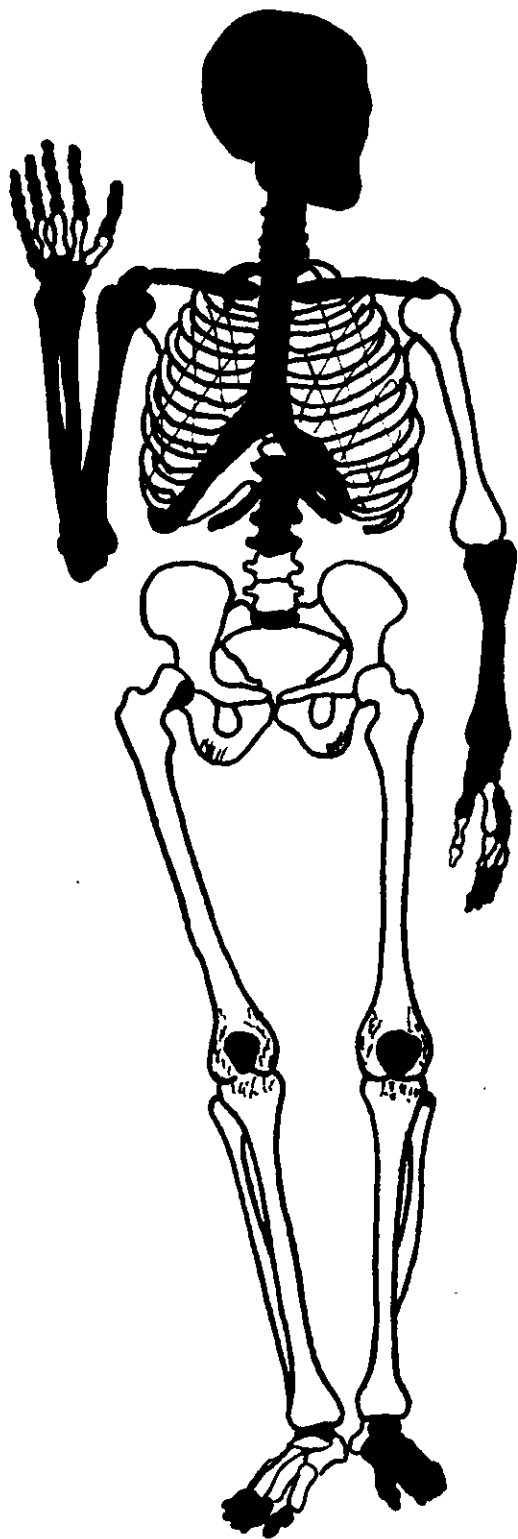
CERTIFIED TRUE COPY

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

2-2254

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Red

CHART "A"

REPORT OF DISINTERMENT FOR IDENTIFICATION

21 October 1947

1. Remains of (Name)

UNKNOWN X-563

Serial Number

-

Grade

Organization

-

-

Name, Number and Location of Cemetery

USAF Cemetery Loyte #1, F.I.

Plot

Row

Grave No.

8487

2. Date of Disinterment

21 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, lower jaw and other 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 - R.C.I. placed in bottle

What Identification Used Upon Reinterment: On Marker

Held in Field casket

On Remains

Substitute tag

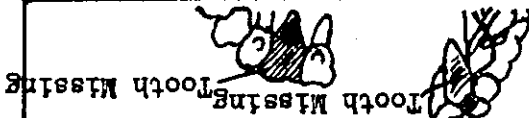
5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
Embalmers

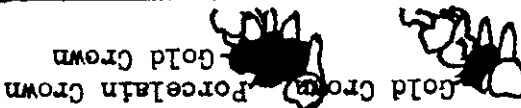
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



Diagram represents the mouth wide open

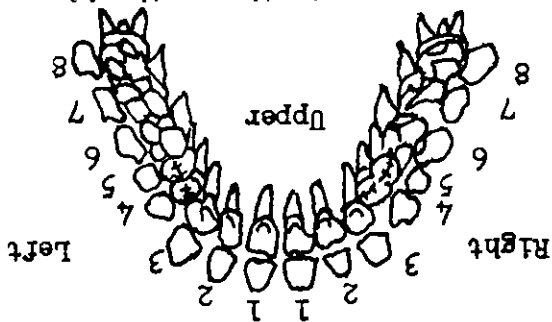
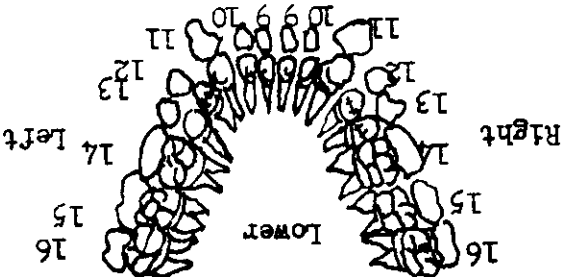


Diagram represents the mouth wide open



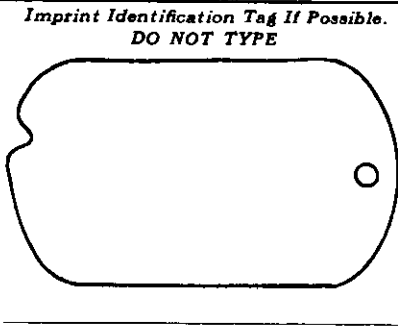
Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks

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

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

DATE OF REPORT
2 Dec 47



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2254 (Formerly UNK X-563 USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH **Approx. 18 Km
east of Concepcion,
Negros, P.I.**

CAUSE OF DEATH KIA	DATE OF DEATH Unknown
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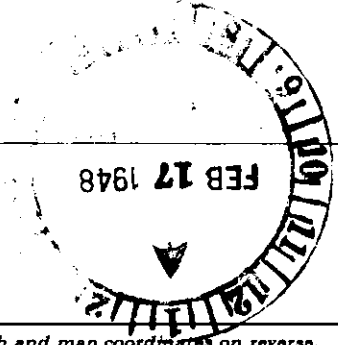
EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)
Yes (2)

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

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

DATE OF BURIAL STORAGE 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 1ANGER 810	ROW No. BA7 K	GRAVE No. CRYPT 3677
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 8487
--	---	----------	---------	-------------------

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) STORED UNKNOWN X-2260	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3679
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2252	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3675
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SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pvt.	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPLO, 2d Lt., INF
---	---

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

Section 3.—UNIDENTIFIED REMAINS.


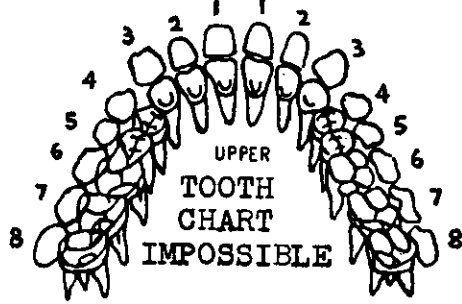




INSTRUCTIONS:

(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.

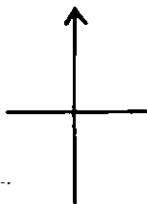
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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 TOOTH CHART IMPOSSIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN NO TEETH</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

Identification Check List accomplished.

20 JAN 1948

RESTRICTED

U 5483

mu

8487

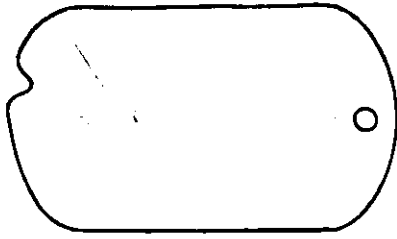
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 February 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X - 563

SERIAL No.

BRANCH OF SERVICE

GRADE

ORGANIZATION

RACE

RELIGION

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

PLACE OF DEATH

Approx. 18 Kilometers
east of Concepcion, Neg. P. I.

CAUSE OF DEATH

KIA

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

None

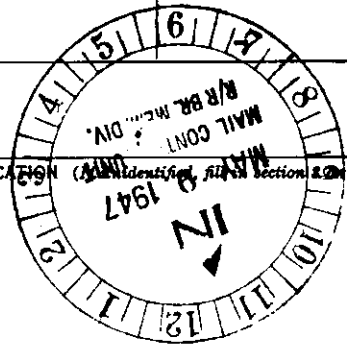
IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (See Identification Tag Section 2.2 on reverse)

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, Leyte, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
20 Feb '47	1400 hrs.	Casket "C" Type	Reg. Cross			8487

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
No	Grid Coord: 10°42' North Lat., 123°10' East Long. Scale: 1:250,000, AAF AERO APPROACH Chart			Isolated Burial

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
-	-	Report of Interment buried in bottle with body.

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Yes	Yes	UNKNOWN X - 562	-	-	-	8486
		BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
		UNKNOWN X - 564	-	-	-	8488

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Cpl. Jack G. Slagle, G.R.S.	CHARLES G. WAPLE, JR., 2nd Lt., QMC

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

RESTRICTED

Encl # 28

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

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

OTHER IDENTIFICATION CLUES

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB






RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

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

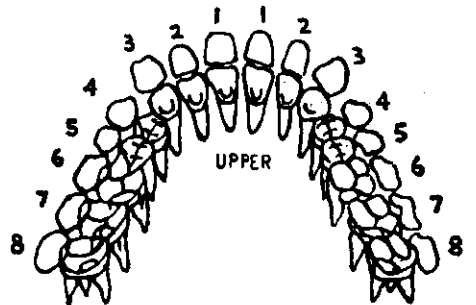
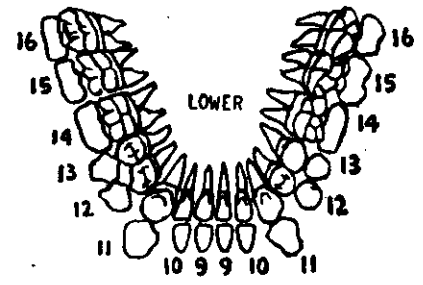
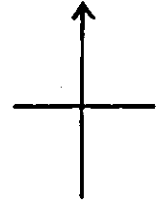


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



17 APR 1947

REMARKS:

IDENTIFICATION DENTAL CHART
















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

19 February 1947
DATE

UNKNOWN	X-563		
LAST NAME	FIRST	INITIAL	SERIAL NO.
Approx. 18 Kilometers East of ^{UNIT} Concepcion, Negros, P. I.		USAF Cemetery Leyte #1, P. I.	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.
			8487

	8	7	6	RIGHT	5	4	3	2	1	1	2	3	LEFT	4	5	6	7	8	
TYPE																	TYPE		
LOCATION																	LOCATION		
	M I S S I N G																		
	INSIDE — LOOKING OUT																		
	16	15	14	RIGHT	13	12	11	10	9	9	10	11	LEFT	12	13	14	15	16	
TYPE																	TYPE		
LOCATION																	LOCATION		
	M I S S I N G																		

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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

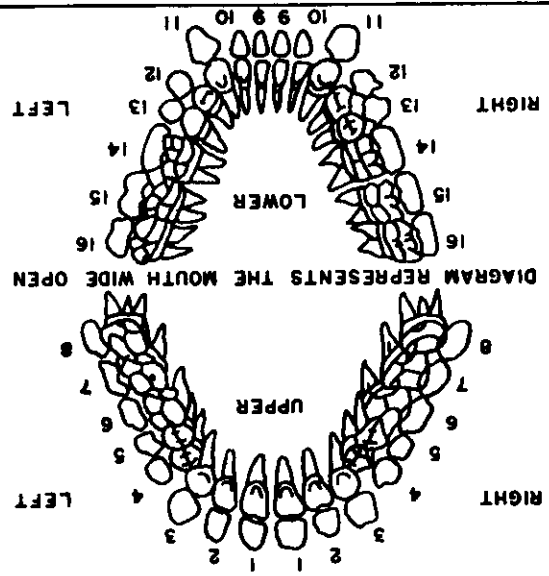
INSTRUCTIONS:

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

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

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

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



REMARKS:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte, #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Charles G. Maple, Sr., 2nd Lt., OMC
VERIFIED BY BRS OFFICER
NAME AND RANK TYPED OR PRINTED

19 February 1947
DATE

SEARCH AND RECOVERY REPORT

On 28 January 1947, at 0900 hours I left the FS ship, on orders to pick up Filipino Guides at Concepcion, Occidental Negros, who had knowledge of isolated burial of two American decedents.

On the way to Concepcion I made inquiries in some barrios (villages) for more information, but only date of death, Aug. 1945, was given to me relative to these American decedents. I arrived at Concepcion at 1000 hours, picked up two Filipino guides and proceeded to the burial site. We found the remains of one lying on the path toward Danao at polar coordinates: 10° 42' North Latitude, 123° 10' East Longitude, Scale, 1:250,000, AAF Aeronautical Approach Chart. The remains were carefully searched for identifying clues but none were found.

We continued the search in this vicinity as there were supposedly two American decedents buried there. The remains of one were found approximately 20 yards away from the remains mentioned above. (See Recovery Report for Unknown X-564.)

Lawrence R. Tomei
Pvt. Lawrence R. Tomei

January 29, 1947

S T A T E M E N T

I, Mamerto Jonata say that I saw two American bodies lying on the trail to Danao in August 1945. Since they were in a decomposing stage I didn't bury them cause the smell was strong. They wore fatigues and combat boots.

It is eighteen kilometers from Concepcion.

/s/ Mamerto Jonata

WITNESS:

/s/ Pvt Lawrence Tomei

I SWEAR THAT THE FOLLOWING STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

A TRUE COPY:

Charles G. Waple, Jr.
CHARLES G. WAPLE, JR
2nd Lt., Q. M. C.