

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Leyte #1 C16 # 230

SUBJECT

Also Manila manus. X-3690-B

Formerly unk. Leyte #1 X 36

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3690-B (Formerly UNK X-36 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 11 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	MANGER BAY CRYPT			DISINTERMENT	REINTERMENT
	812	V	5572	31 Dec 47	12 Feb 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD
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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 ?
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15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT ? Greater portion of the upper part of remains missing.
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

U T D

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

18.

TOOTH CHART

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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	<i>Maxilla Missing</i>																
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	<i>Mandible Missing</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."

REMARKS: No maxillary and mandibular teeth found with remains.

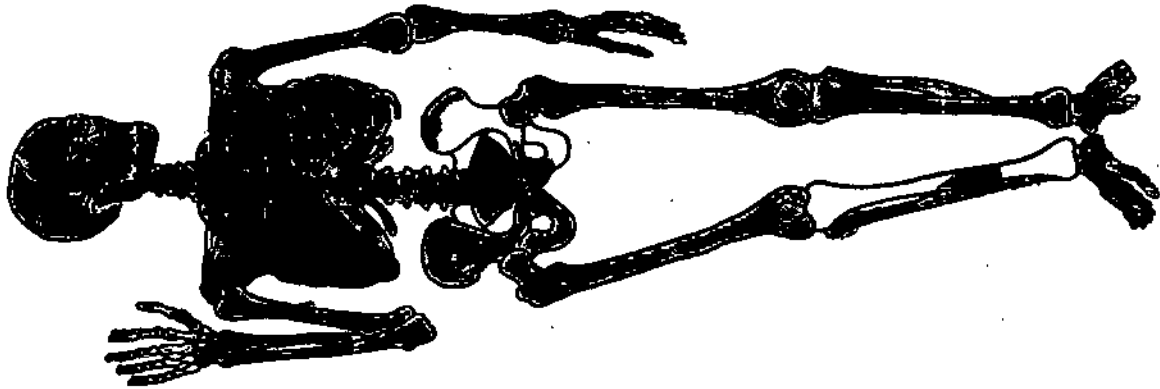
CERTIFIED TRUE COPY:

G. T. Galboa

G T GALBOA
2d Lt MSC

/s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts: _____
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

In processing the remains of UNK X-3690, extra bones were found, therefore they were segregated and designated as UNK X-3690-A and UNK X-3690-B. Cross check with UNK X-3690-A

No identification tags, burial bottle, personal effects, or other means of identification found with remains. Unable to determine accurate measurement of height due to absence of long bones. Skeletal remains decomposed. Circumference of the skull is unobtainable. Skull missing. Estimated weight of remains, 1½ lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA

2d Lt MSC

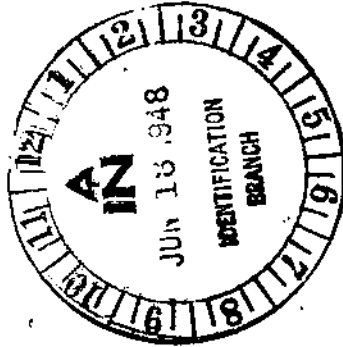
I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ JOHN J CONNORS, SP-6
 CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ John J Connors



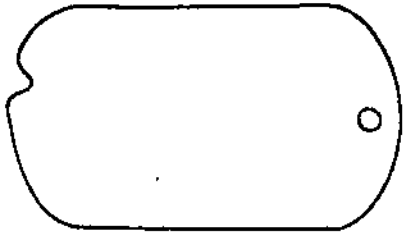
Handwritten scribbles and marks, possibly initials or a signature.

/gbr

JUN 18 1948 RESTRICTED

U 3066

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815) STORAGEDATE OF REPORT
25 Feb 48

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.	
		NAME (Last, first, middle initial) UNKNOWN X-3690-B (Formerly UNK X-36 USAF Cem Leyte #1, P.I.)	
		SERIAL No. Unknown	
		BRANCH OF SERVICE Unknown	
GRADE Unknown		ORGANIZATION Unknown	
RACE Unknown		RELIGION Unknown	
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Unknown		CAUSE OF DEATH Unknown	
		DATE OF DEATH Unknown	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown			
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks	
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 12 Feb 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None
PLOT No. 812	ROW No. V	GRAVE No. 5572	
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. 904
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-3677		RANK	SERIAL No. ORGANIZATION GRAVE No. 5573
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3690-A		RANK	SERIAL No. ORGANIZATION GRAVE No. 5571
SIGNATURE OF PERSON PREPARING REPORT V C AQUINO, T/5, QMC		SIGNATURE OF GRS OFFICER VERIFYING REPORT L S PANOPTO, 2d Lt., Inf	
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.			

RESTRICTED

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

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB






RIGHT THUMB

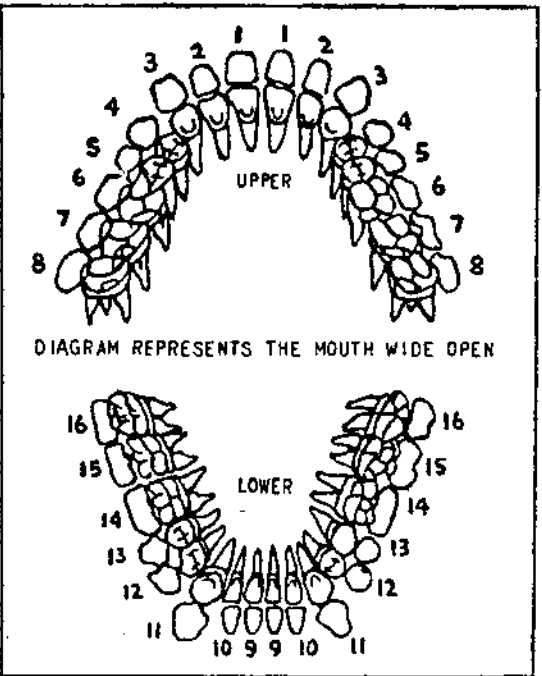
RIGHT INDEX FINGER

RIGHT MIDDLE FINGER

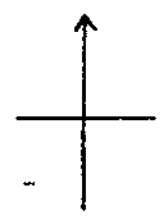
RIGHT RING FINGER

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



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



REMARKS: Cross check subject case, UNK X-3690-B, AGRS Mausoleum, Manila, P.I., formerly UNK X-36 USAF Cem Leyte #1, P.I. with UNK X-369-A, AGRS Mausoleum, Manila, P.I.

19 MAY 1948

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