

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ink Syt #1 X-571 (also manila, X-2222)

SUBJECT

OM(MT 293
GES Far East

16 February 1950

293 War P.I. (MISC) (MAUSE MANILA)

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-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-164, 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, " "

X 293 War P.I. X-571 (Leyte #1)

QMCMT 293

15 February 1950

GRS 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. Bastace:lrc

Sals er

JW

cc--Administrative Section

cc--Cincfe



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

JMN

TEC

/bpm		Interred 16 Feb 1950 D 10 18 F McKinley		DISINTERMENT DIRECTIVE	
1		Caremark CARL R. H. MARK			
/gyc		Cemetery Superintendent		DIRECTIVE NUMBER	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		7740 00440		DATE	
				15 09 48 DAY MONTH YEAR	
NAME		SERIAL NUMBER		GRADE	
UNKNOWNX-000571				8	
CEMETERY		PLOT		ROW	
LEYTE NO 1 P I				8249	
		GRAVE		DISPOSITION OF REMAINS	
				7701 80 CODE DIST. CTR.	
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE			NAME AND ADDRESS OF NEXT OF KIN		
FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS			(BY ADMINISTRATIVE DECISION)		
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME		SERIAL NUMBER		DATE OF DEATH	
UNK X-571 UNK X-2222 (Mslm)				2 Nov 48	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		UNKNOWN		IDENTIFICATION VERIFIED BY RICHARD HOYT Embalmer NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL			CONDITION OF REMAINS		
Shelter Half			Skeletal		
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)					
Two (2) tags Unk X-2222 (Mslm)					
REMAINS PREPARED AND PLACED IN CASKET					
DATE		BY			
2 Nov 48		RICHARD HOYT			
CASKET SEALED BY			EMBALMER (Signature)		
RICHARD HOYT			s/ Richard Hoyt		
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY		
DATE 2 Nov 48 BY WEYMAN L McGUIRE, Sgt, MC			HONORIO V AURELIO, 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.					
s/ Honorio V Aurelio, 1st Lt, Inf SIGNATURE OF AGRS INSPECTOR					
REMARKS AND SPECIAL INSTRUCTIONS					
<p style="text-align: center;">REPATRIATION BRANCH</p> <p style="text-align: right;">7621</p>					

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO U.S. MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Curran</i>	DATE FEB 16 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

ORPZ 293

APO 900
12 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 QMORU 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-63 Sta Barbara #1	UNKNOWN X-3448 AGRS Main
X-251 AGRS Main	X-3539
X-2222	X-3536
X-2294	X-3644
X-2369	X-4339
X-3424	X-4570

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

FOR THE COMMANDING OFFICER:

12 Incls

QMC Forms 1044 w/Certificates
of Unidentifiability

WOMEN SHIPOLA
1st Lt., Infantry
Adjutant

OMGR 293
White, John L.
20944699

5th Ind.

WD OMC Washington 25, D. C., 11 February 1947

TO: Commanding Officer, American Graves Registration Service Area Command
Pacific Theater, APO 707, c/o Postmaster,
San Francisco, California

1. In compliance with request in paragraph 3, preceding 4th Indorsement, comparison of dental charts of remains buried in Grave 8249, USAF Cemetery Leyte #1, P.I., with official dental records for T/Sgt. John L. White, ASN 20944699, has been made with negative results; comparison with remains buried in Grave 562, USAF Cemetery Finschhafen #3, N. G. was favorable and the identification thereof is accepted.

2. In view of the above facts, it is requested that the Identification tags of T/Sgt. John L. White be removed from the remains buried in Grave 8249, Leyte #1 and the remains be designated as an Unknown and a corrected Report of Reinterment, together with any other available clues to identity, be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

aem 3 Incls:
w/d

JAMES G. MacFARLAND
Major, AMC
Assistant

NJS

For info

WD, OQMG, 2nd & T Sts, S.W., Washington 25, D. C.

The Adjutant General's Office
World War II Records Administration Center
4300 Goodfellow Boulevard
St. Louis 20, Missouri

Immediate

ATTN: Demobilized Records Branch

ORDER 293

WHITE, John L., 20944699
(Finrochhafen #3) N.G.

8 January 1947

Dental Information

1. Request complete dental information be furnished this office for White, John L., T/Sgt, 20944699, Anti-Tank Company, 127th Infantry.
2. AGRAC 1-380 on the above individual has not been previously furnished this office.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Assistant

bfb

NJS

HEADQUARTERS
PHILCOL ZONE
AMERICAN GRAVES REGISTRATION SERVICE

11 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 571, Plot ,
Row , Grave 8249, USMC Loyte #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:

J. B. McNEELAR
J. B. McNEELAR
Captain, QMC
Chief, Records Branch

Attach: Form 1044

Received 26 Jan 50 OCMG
Not identifiable from
information presently
available
W. Eustace
Ident

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-2222 (Formerly X-571, USAF Cem, Leyte #1, P.I.)				2. DATE OF REPORT 11 January 1950		
3. NAME OF CEMETERY AGRS MAUSOLEUM, Manila, P.I.		4. PLOT 810	5. ROW K	6. GRAVE 3644	7. DATE OF DISINTERMENT REINTERMENT 31 Oct 47 29 Nov 47	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 3/4	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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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?
---	-----------------

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

An old fractured of the left femur approximately 3" below the lesser tuberosity.

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

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTIOM (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 PORCE-LAIN), 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	
Side Views																
UPPER																
LOWER																
Side Views																
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

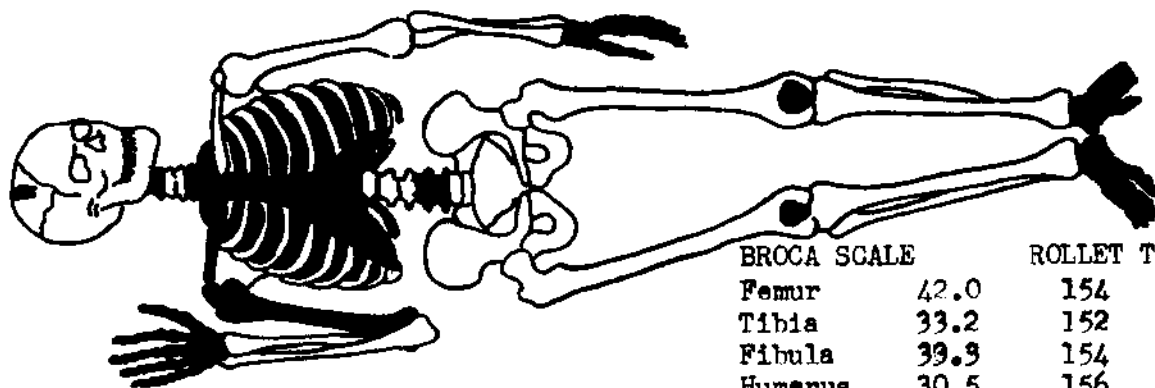
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DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Sec.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



	BROCA SCALE	ROLLET TABLE
Femur	42.0	154
Tibia	33.2	152
Fibula	39.9	154
Humerus	30.5	156
Radius	22.1	152
Ulna	23.9	154

Average height in cms 153 2/3 or 5'3/4"

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

ROI in bottle received with remains. No identification tags or personal effects found with remains.

Approximate weight of remains 5 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 Sec.

SIGNATURE

1044

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-2222 (Formerly UNK X-571 USAF Gen Layte #1, P.I.)				2. DATE OF REPORT 23 Aug 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	K	3644	DISINTERMENT	REINTERMENT
				31 Oct 47	29 Nov 47

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'3/4"	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

An old fractured of the left femur approximately 3" below the lesser tuberosity.

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:		
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
Side Views																
Top Views																
Side Views																

Impacted

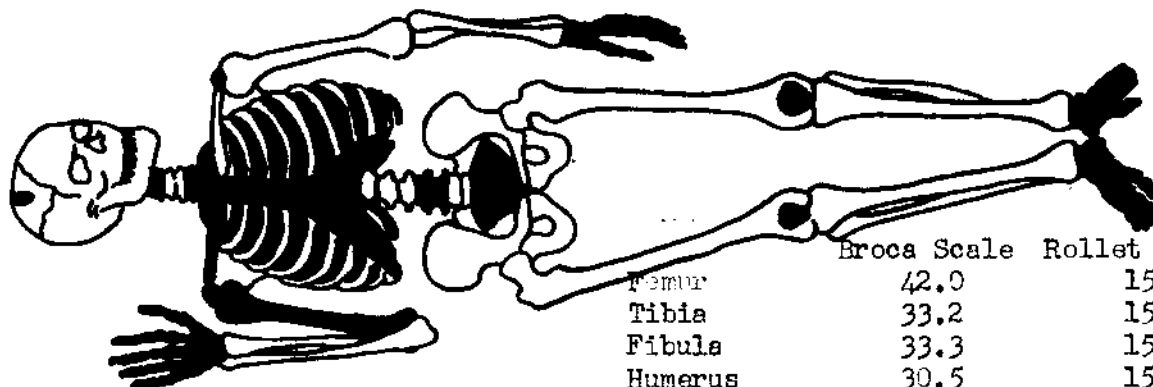
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

CERTIFIED TRUE COPY:

ANDREW S ROBSON
Capt., QMC

/s/ Cpl Joseph D Murphy

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Average height in cm - 153 2/3 or 5'3/4"

	Broca Scale	Rollet Table
Femur	42.0	154
Tibia	33.2	152
Fibula	33.3	154
Humerus	30.5	156
Radius	22.1	152
Ulna	23.9	154

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 this remains an old fractured of the left femur approximately 3 inches below the lesser tuberosity was found.

ROI in bottle received with remains. No identification tag found. The ROI in bottle was placed with remains.

Approximate weight of remains - 5 lbs.

Circumference of skull - 20 1/4 inches.

CERTIFIED TRUE COPY:

ANDREW S ROBSON
Capt., QMC

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/ EDWARD F MORIARTY
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Edward F Moriarty

IDENTIFICATION CHECK LIST

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

(Formerly UNK L-571 USAF
 Unknown X 2222 (Can Leyte #1, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 LANGEN BAY CRYPT 3644
 Row _____ Grave _____

**AGRS Mausoleum
 Manila, P.I.**

1. Arrived at cemetery 28 Nov 47
 Vicinity of _____ (Date)

2. Place of death Limon, Leyte, P.I.
 (Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by 583rd QM AGRS
 (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	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

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 **Tooth 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 **20"** (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? Yes If not, explain (Yes-no)

9. Remarks No I.D. tags received with remains, however ROI bottle was received; contents indicate change of ROI from John L. White to Unknown as shown on 5th Ind. letter WD OQMG, Wash., 25, D.C. dtd 11 Feb 1947. Weight of the remains is about 9 1/2 lbs. Left femur shows an old fracture.

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/ Forrest G. Braden
(Officer's Name)

Emb Sr C-064971
Rank Service

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

28 Nov 47

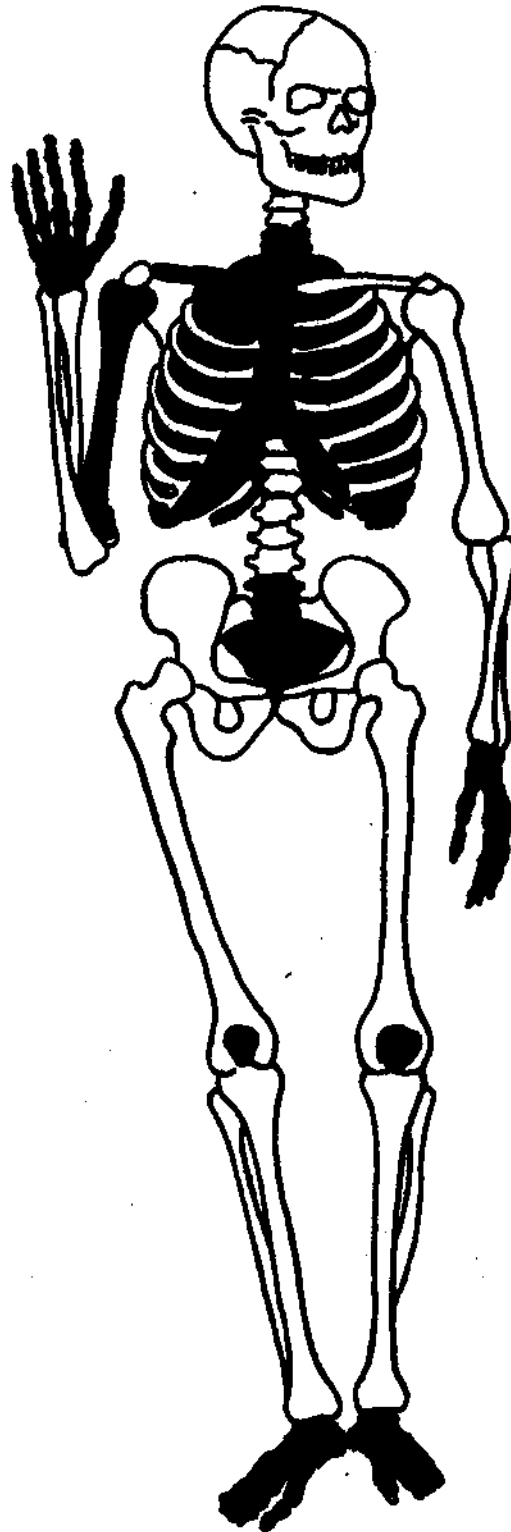
CERTIFIED TRUE COPY

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

SKELETAL CHART

K-2200

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Received

13 Ribs

2 Cervical

9 Thoracic

3 Lumbar

Vertebrae

X-2222

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2222 (Formerly UNK X-571) 28 Nov 47
 USAF Gen Layte #1, P.I. DATE
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown
 Vicinity of UNIT AGRS Mausoleum ORGANIZATION
 Limon, Leyte, P.I. Manila, P.I. 810 K 3644
 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	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE
LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION

Fully impacted

INSIDE — LOOKING OUT

RIGHT				LOWER TEETH				LEFT							
6	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE
LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	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)

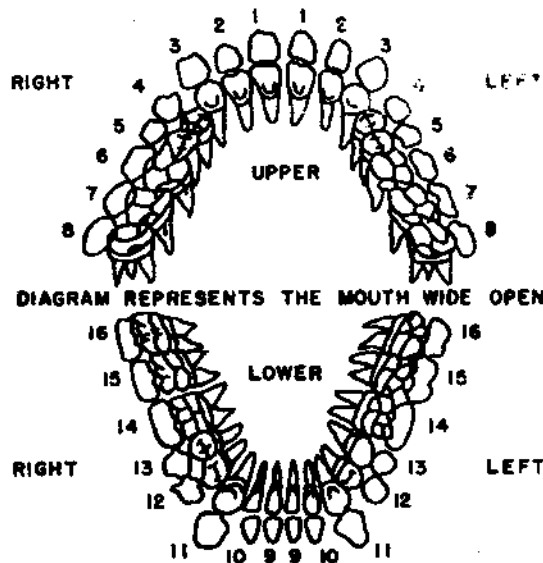
INSTRUCTIONS:

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:

/s/ Forrest G. Braden
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ FORREST G. BRADEN Ensign Sr.
NAME AND RANK TYPED OR PRINTED

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

CIP Laboratory, Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

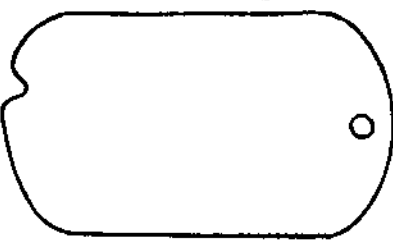

28 Nov 47
DATE

CERTIFIED TRUE COPY

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


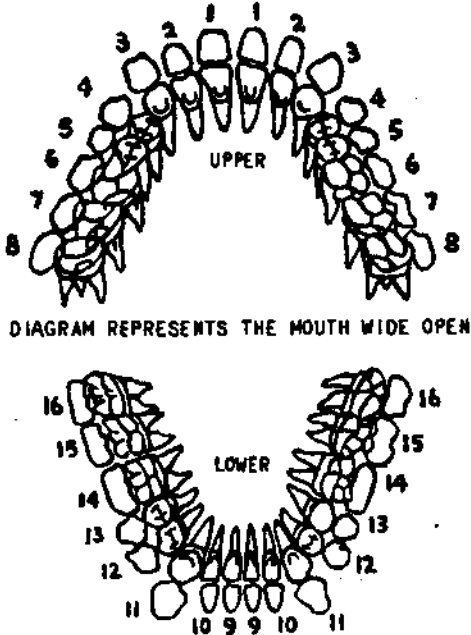




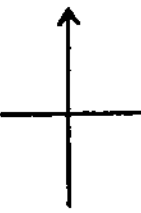

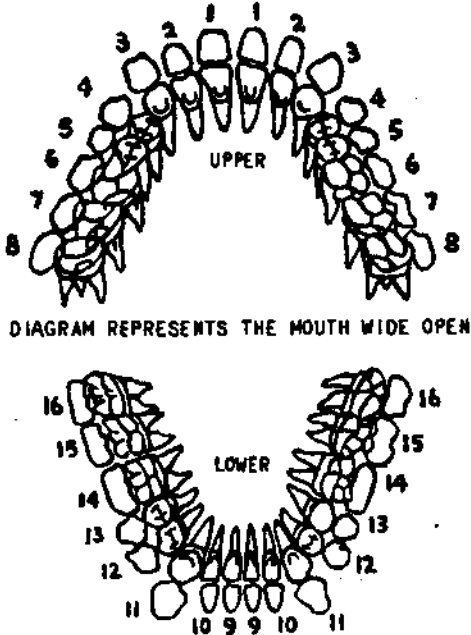




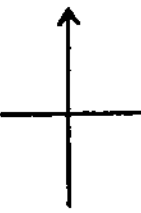

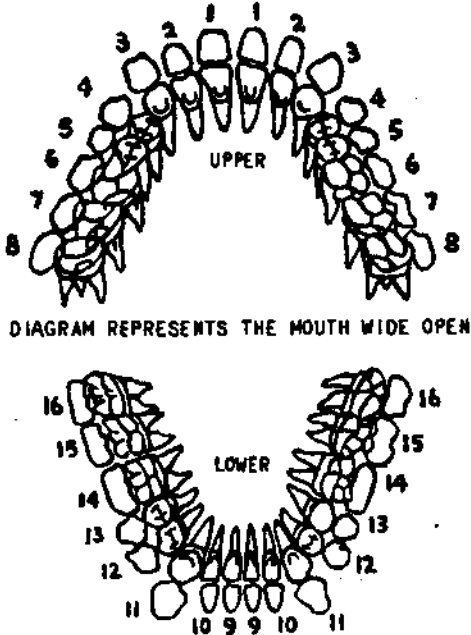




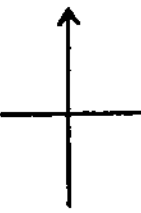
RESTRICTED

11368

WD QMC 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		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						
NAME (Last, first, middle initial) UNKNOWN X-2222 (Formerly UNK X-571, USAF Cem Leyte #1, P.I.)				SERIAL No. Unknown				
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown				
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
PLACE OF DEATH Vicinity of Limon, Leyte, P.I.		CAUSE OF DEATH KIA			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)		A TRUE COPY  ELIE L. FISHER Major, Infantry Chief, Records Branch						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None								
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.								
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS Mausoleum, Manila, P.I.								
DATE OF BURIAL Storage 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Stored Casket	TYPE OF GRAVE MARKER None	PLOT No. Hanger 810	ROW No. Bay K	GRAVE No. Crypt 3644		
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. 8249
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) Stored Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Stored UNKNOWN X-2223-B			RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 3646		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Stored UNKNOWN X-2220			RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 3642		
SIGNATURE OF PERSON PREPARING REPORT s/t/ R. H. ACIERTO, Pvt.				SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ 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.								

RESTRICTED

201.01

Section 3.— UNIDENTIFIED REMAINS.								
LEFT LITTLE FINGER	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>							
LEFT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">HEIGHT</td> <td style="width:15%;">WEIGHT</td> <td style="width:20%;">COLOR OF EYES</td> <td style="width:20%;">COLOR OF HAIR</td> <td style="width:30%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS		
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS				
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">WEAPON AND SERIAL No.</td> <td style="width:30%;">LAUNDRY MARKS</td> <td style="width:35%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND				
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND						
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES							
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>FILLINGS</p>  </td> <td rowspan="6" style="width:50%; vertical-align: top;">  <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p>CAVITIES</p>  </td> </tr> <tr> <td style="vertical-align: top;"> <p>MISSING TEETH</p>  </td> </tr> <tr> <td style="vertical-align: top;"> <p>CROWNED TEETH</p>  </td> </tr> <tr> <td style="vertical-align: top;"> <p>BRIDGE WORK</p>  </td> </tr> <tr> <td style="vertical-align: top;"> <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; margin-top: 20px;">  </div> </td> </tr> </table>	<p>FILLINGS</p> 	 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	<p>CAVITIES</p> 	<p>MISSING TEETH</p> 	<p>CROWNED TEETH</p> 	<p>BRIDGE WORK</p> 	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; margin-top: 20px;">  </div>
<p>FILLINGS</p> 		 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>						
<p>CAVITIES</p> 								
<p>MISSING TEETH</p> 								
<p>CROWNED TEETH</p> 								
<p>BRIDGE WORK</p> 								
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; margin-top: 20px;">  </div>								
RIGHT THUMB	REMARKS:							
RIGHT RING FINGER	<p>Identification Check List and Dental Chart accomplished.</p>							
RIGHT MIDDLE FINGER								
RIGHT INDEX FINGER								
RIGHT LITTLE FINGER								

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

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

STORAGE

DATE OF REPORT

2 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-2222 (Formerly UNK X-571
USAF Cem Leyte #1, P.I.)

SERIAL No.
Unknown

GRADE
Unknown

ORGANIZATION
Unknown

BRANCH OF SERVICE
Unknown

RACE
Unknown

RELIGION
Unknown

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

PLACE OF DEATH
Vicinity of Limon,
Leyte, P.I.

CAUSE OF DEATH
KIA

DATE OF DEATH
Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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

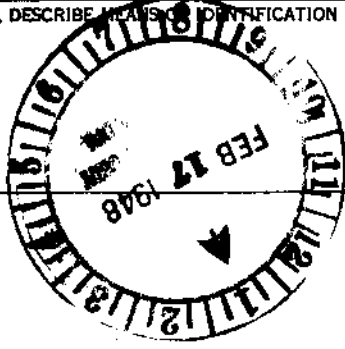
IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

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 STORAGE 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. ANGER 810	ROW No. BAY K	GRAVE No. CRYPT 3644
--	--------------	---	------------------------------	--------------------------	---------------------	----------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORE 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. 8249
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <i>filed 3014 2/27/48 DAD</i>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-2223-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3646
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2220	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3642
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT
R. R. ACIERTO
R. R. ACIERTO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT
S. S. PANCIO
S. S. PANCIO 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.

0 415

MAR 1 - 1948

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

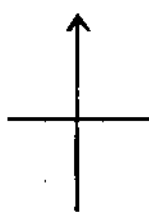
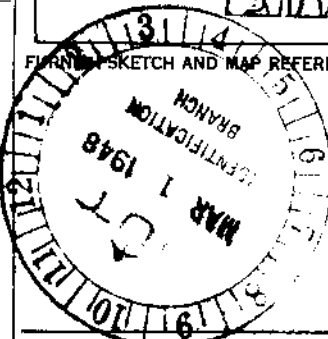
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

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

RIGHT
LITTLE FINGER

REPORT OF DISINTERMENT FOR IDENTIFICATION

31 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-571 (Formerly WHITE, John L. 20944699)

Grade

Organization

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8249

2. Date of Disinterment

31 October 1947

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

Original made in shelter halve burial. Substitute tags on remains and on marker coincide with R.O.I. on file. Skeletal remains incomplete. 1 femur missing.

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

Substitute tag

On Remains

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

What Identification Used Upon Reinterment: On Marker

Hold in Field Morgue

On Remains

Substitute tag:

5. Signature of Officer Supervising Disinterment and Reinterment.

/s/ Paul R. Nichols
/t/ PAUL R. NICHOLS, Embalmer

CERTIFIED TRUE COPY











G. T. GAMBOA

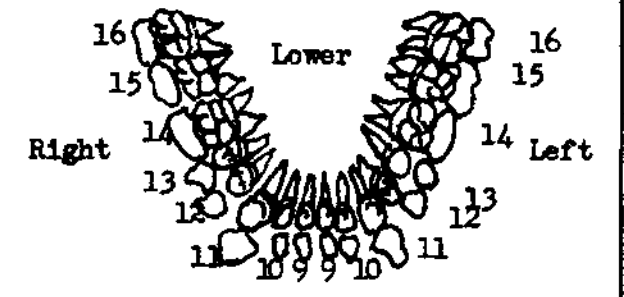
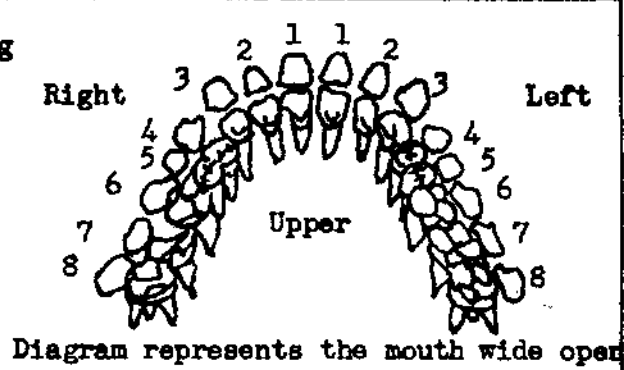
2d Lt., MSC

RESTRICTED

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), bicusps (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth	 Tooth Missing	 Tooth Missing
Crowned Teeth	 Gold Crown	 Porcelain Crown
Bridgework	 Gold & Porcelain Bridge	 Gold Bridge
Fillings	 Silver Filling	 Gold Filling
Caries (Cavities)	 Cavity	 Decayed



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

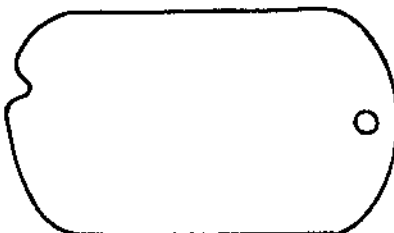

CORRECTED

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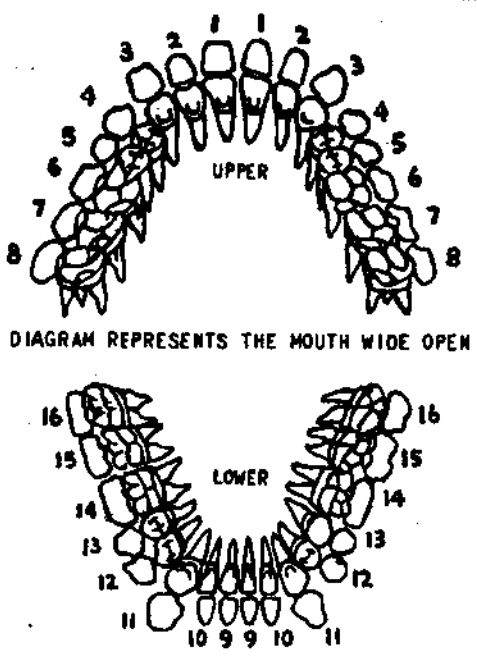





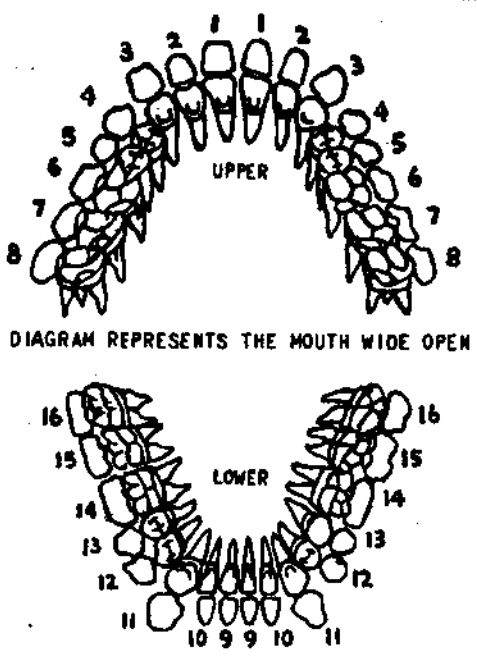





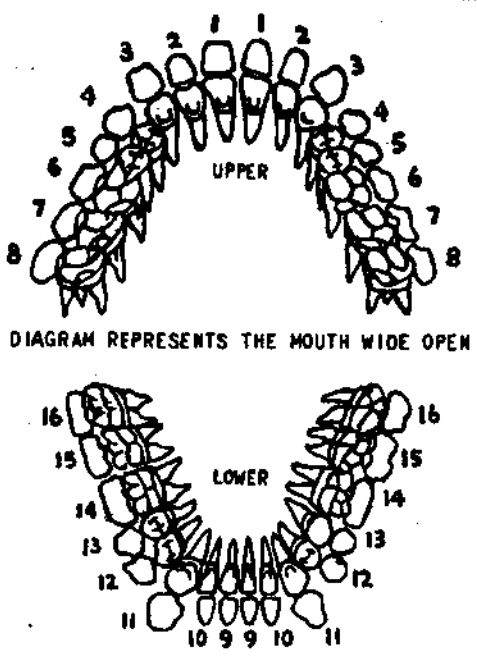




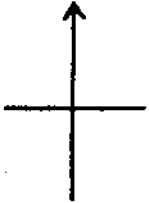
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8249

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)DATE OF REPORT
CORRECTED
12 March 1947

Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-571 (Formerly WHITE, John L. 20944699)				SERIAL No. 20944699	
GRADE		ORGANIZATION		BRANCH OF SERVICE			
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Vicinity of Limon, Leyte, P.I.		CAUSE OF DEATH KIA			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 unidentifed, fill in section 3 on reverse) Changed from WHITE, John L, per 5th Ind., from WD, QMG, Wash. 25, D.C., dtd 11 Feb 47, file QMGMR 293, WHITE, John L., 20944699 to Ltr Hq, AFWESPAC, APO 707, dtd 24 Apr 46, file GSQMM 293, subj: Rep't of Interment.					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (Unknown Tags)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME NONE							
* TRUE COPY:  Major, Infantry Chief, Records Branch							
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 6 March 46	HOUR 1400 hrs	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 8249	
WAS THIS A REBURIAL? (Yes or no) NO	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Map of Limon P.I. sheet 4444-1 scale 1:500,000 Grid Coord: 1307.4 - 1367.8			PLOT No.	ROW No.	GRAVE No. Isolated Burial	
TYPE OF RELIGIOUS CEREMONY --	PERSON CONDUCTING BURIAL RITES --		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Corrected Report of Interment buried in bottle with body. Corrected metal tag buried with body and attached to marker.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) YES	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) YES						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) CUNNINGHAM, Daniel L.			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8248	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) BROWN, Richard W.			RANK 2nd Cook	SERIAL No. Merchant Marine	ORGANIZATION USS David Henderson	GRAVE No. 8250	
SIGNATURE OF PERSON PREPARING REPORT t/ Cpl Jack G. Slagle, G.R.S.			SIGNATURE OF GRS OFFICER VERIFYING REPORT t/ RAMON THOMAS, Capt., 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

Section 3.— IDENTIFIED REMAINS.								
LEFT LITTLE FINGER	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>							
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Vicinity of Limon, Leyte, P.I. in un-marked grave.								
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES							
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>FILLINGS</p>  </td> <td rowspan="6" style="width: 50%; text-align: center; vertical-align: middle;">  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td> <p>CAVITIES</p>  </td> </tr> <tr> <td> <p>MISSING TEETH</p>  </td> </tr> <tr> <td> <p>CROWNED TEETH</p>  </td> </tr> <tr> <td> <p>BRIDGE WORK</p>  </td> </tr> <tr> <td> <p>REMARKS:</p> <p align="center">Condition of body precluded fingerprinting and other means of identification.</p> </td> </tr> </table>	<p>FILLINGS</p> 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	<p>CAVITIES</p> 	<p>MISSING TEETH</p> 	<p>CROWNED TEETH</p> 	<p>BRIDGE WORK</p> 	<p>REMARKS:</p> <p align="center">Condition of body precluded fingerprinting and other means of identification.</p>
<p>FILLINGS</p> 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>							
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<p>CROWNED TEETH</p> 								
<p>BRIDGE WORK</p> 								
<p>REMARKS:</p> <p align="center">Condition of body precluded fingerprinting and other means of identification.</p>								
RIGHT THUMB	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> 							
RIGHT INDEX FINGER								
RIGHT MIDDLE FINGER								
RIGHT RING FINGER								
RIGHT LITTLE FINGER								

CONFIDENTIAL

RESTRICTED

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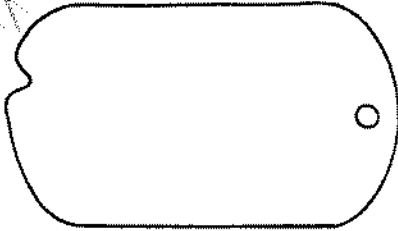
8249

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
CONFIDENTIAL
12 March 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-771 (Formerly WHITE, John L. 20944699)		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Vicinity of Linn, Leyte, P.I.	CAUSE OF DEATH KIA	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) Changed from WHITE, John L. per 5th Igd., from WD, O&M, Wash 25, D.C., dtd 11 Feb 47, file (JOURN 293, WHITE, John L., 20944699 to 1tr Hq, AFWESPAC, APO 707, dtd 24 Apr 46, file GSJRN 293, subj: Rep't of Interment.
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 6 March 46	HOUR 1400 hrs	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Flag Cross	PLOT No.	ROW No.	GRAVE No. 8249
-------------------------------------	-------------------------	--	---	----------	---------	--------------------------

WAS THIS A REBURIAL? (Yes or no) NO	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Map of Linn P.I. sheet 444-1 scale 1:500,000 Grid Coords: 1307.4 - 1367.8	PLOT No. Inclined Burial	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 Corrected Report of Interment buried in bottle with body. Corrected metal tag buried with body and attached to marker.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) YES	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) YES	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) CUNNINGHAM, Daniel L.	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8248
--	------	------------	--------------	--------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) BROWN, Richard W.	RANK 2nd Cook	SERIAL No. Merchant Marine	ORGANIZATION USN David Henderson	GRAVE No. 8250
---	-------------------------	--------------------------------------	--	--------------------------

SIGNATURE OF PERSON PREPARING REPORT Cpl Jack E. Slagle, G.R.S.	SIGNATURE OF GRS OFFICER VERIFYING REPORT RANON THOMAS, C apt., 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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


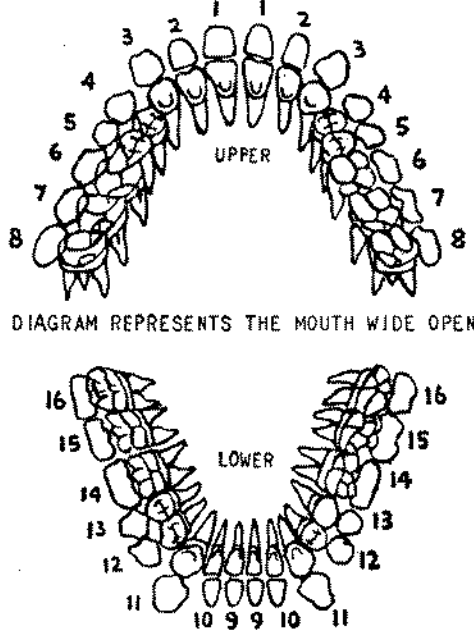




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

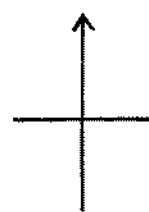
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Vicinity of Lison, Layto, P.I. in un-marked grave.
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OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:

Condition of body precluded fingerprinting and other means of identification.

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.

26 March 1947

DATE

UNKNOWN X-571

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Vicinity of Limon
Leyte, P.I.

PLACE OF DEATH

USAF Cemetery Leyte #1, P.I.

PLACE OF BURIAL

ORGANIZATION

PLOT

ROW

8249
















GRAVE NO.

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

INSIDE — LOOKING OUT

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

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.

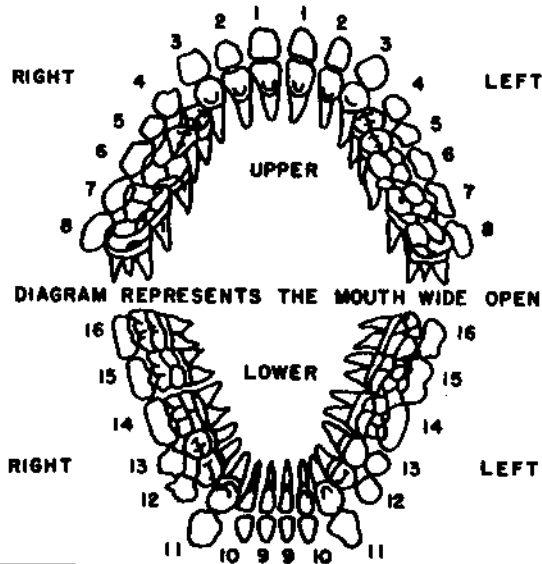


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

No caries.

SIGNATURE OF PERSON WHO PREPARED CHART

/s/ William R Staples, Lt., (jg) D.C. USN
NAME AND RANK TYPED OR PRINTED

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

/s/ RAMON THOMAS

VERIFIED BY GRS OFFICER

RAMON THOMAS, Captain, QMC
NAME AND RANK TYPED OR PRINTED

26 March 1947

DATE

A TRUE COPY:

George D. Redden, Jr.
GEORGE D. REDDEN, JR.
Captain, Infantry.

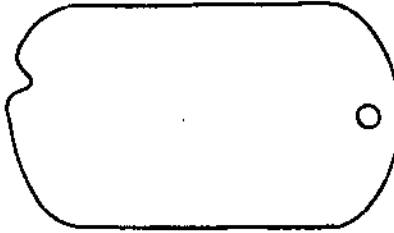
CORRECTED

RESTRICTED

mcl

U5299

8249

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)DATE OF REPORT
CORRECTED
12 March 1947Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-571 (Formerly WHITE, John L. 20944699)

SERIAL NO.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

Vicinity of Limon, Leyte,
P.I.

CAUSE OF DEATH

KIA

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)

Changed from WHITE, John L. per 5th Ind., from WD, OQMG,
Wash 25, D.C., dtd 11 Feb 47, file QMGMR 293, WHITE, John
L., 20944699 to ltr Hq, AFWESPAC, APO 707, dtd 24 Apr 46,
file GSOQMM 293, subj: Rep't of Interment.

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.
6 March 46	1400 hrs	Shelter Half	Reg Cross			8249

WAS THIS A REBURIAL?
(Yes or no)

NO

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

Map of Limon P.I. sheet 444-1 scale 1:500,000
Grid Coord: 1307.4 - 1367.8

PLOT No.

ROW No.

GRAVE No.

Isolated Burial

TYPE OF RELIGIOUS
CEREMONY

--

PERSON CONDUCTING BURIAL RITES

--

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYCorrected Report of Interment buried in
bottle with body.
Corrected metal tag buried with body and
attached to marker.IDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

YES

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

YES

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

CUNNINGHAM, Daniel L.

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

8248

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

BROWN, Richard W.

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

2nd Cook

Merchant
MarineUSS David
Henderson

8250

SIGNATURE OF PERSON PREPARING REPORT

Cpl Jack G. Slagle, G.R.S.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Ramon Thomas, C apt., 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

10-43997-1

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 Vicinity of Limon, Leyte, P.I. in un-marked grave.
-----------------------	---------------	---

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	<p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	<p>GOLD BRIDGE</p>	
RIGHT THUMB	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>		
RIGHT INDEX FINGER	<p>REMARKS:</p> <p align="center">Condition of body precluded fingerprinting and other means of identification.</p>		

QMGMR 293
WHITE, John L.
20944699

5th Ind.

WD OQMG WASHINGTON 25, D. C., 11 February 1947

TO: Commanding Officer, American Graves Registration Service Area Command
Pacific Theater, APO 707, c/o Postmaster
San Francisco, California

1. In compliance with request in paragraph 3, preceding 4th Ind., comparison of dental charts of remains buried in Grave 8249, USAF Cemetery Leyte #1, P. I., with official dental records for T/Sgt. John L. White, ASN 20944699, has been made with negative results; comparison with remains buried in Grave 562, USAF Cemetery Finschhafen #3, N. G. was favorable and the identification thereof is accepted.

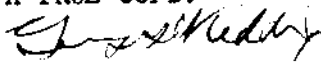
2. In view of the above facts, it is requested that the Identification tags of T/Sgt. John L. White be removed from the remains buried in Grave 8249, Leyte #1 and the remains be designated as an Unknown and a corrected Report of Reinterment, together with any other available clues to identity, be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

3 Incls:
w/c

JAMES C. MacFARLAND
Major, QMC
Assistant

A TRUE COPY:


GEORGE D. REDDEN JR.
Captain, Infantry

IDENTIFICATION DENTAL CHART

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

26 March 1947

DATE

UNKNOWN	X-571		
LAST NAME	FIRST	INITIAL	RANK
Vicinity of Limon Leyte, P.I.		USAF Cemetery Leyte #1, P.I.	8249
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				

INSIDE — LOOKING OUT

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

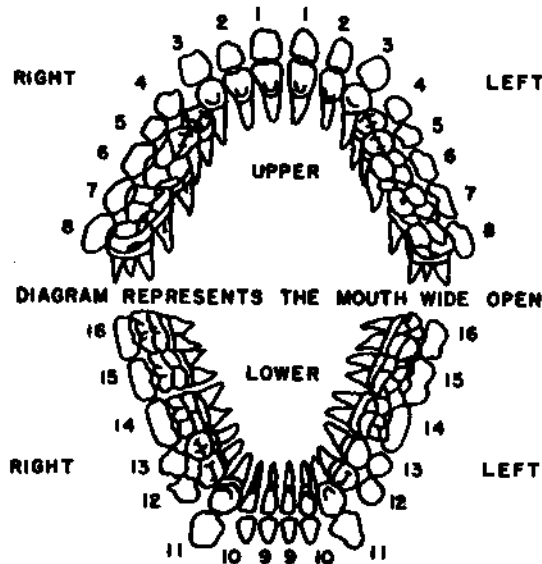
INSTRUCTIONS:

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:

No caries.

SIGNATURE OF PERSON WHO PREPARED CHART

/s/ William R Staples, Lt., (jg) D.C. USN
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Ramon Thomas
VERIFIED BY GRS OFFICER

RAMON THOMAS, Captain, OMC
NAME AND RANK TYPED OR PRINTED

26 March 1947

DATE

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 13 March 46	
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> <p>JOHN L WHITE 20944699 T43-4 A MRS LOTTIE M WHITE 3123 GRAND AVE EVERETT WASH</p> </div> Imprint on original		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) X-571 (For mercy White, John L.) WHITE, John L			
		GRADE T Sgt JR		ORGANIZATION A/T Co. 127th INF	
		RACE Protestant		SERIAL No. 20 944 699	
				BRANCH OF SERVICE Army	
PLACE OF DEATH Vicinity of Limon, Leyte, P.I.		CAUSE OF DEATH KIA		DATE OF DEATH 2 JAN 45 Unknown	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Lottie M White, 3123 Grand Ave, Everett, Washington.					
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 2		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Identified by Identification tags found on body			
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) No					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None					
A TRUE COPY: <i>George D. Hedden, Jr.</i> GEORGE D. HEDDEN, JR. Capt., Inf.					
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.					
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Leyte #1, P.I.					
DATE OF BURIAL 6 March 46	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) shelter half	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	GRAVE No. 8249
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Map of Limon, P.I., sheet 4444-1, scale 1:500,000 Grid Coord: 1307.4 - 1367.8				
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) CUNNINGHAM, Daniel L			RANK	SERIAL No.	GRAVE No. 8248
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) BROWN, Richard W			RANK 2d Cook	SERIAL No. Merchant Marine	ORGANIZATION USS David Henderson GRAVE No. 8250
SIGNATURE OF PERSON PREPARING REPORT /s/t/ S/Sgt Charles W. Hallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ CECIL G CARTER, 1st Lt., OMC		
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

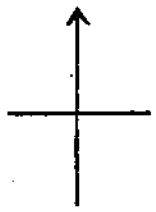
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Vicinity of Limon, Leyte, P. I. in un-marked grave
-----------------------	---------------	---

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

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



REMARKS:
Condition of body precluded fingerprinting and other means of identification.

STATEMENT OF DISCOVERY OF DECEASED PERSONNEL:

Remains of: WHITE, John L.
20 944 699

- - - -

On the morning of the 2nd of March 1946, a searching party consisting of T/5 Hugh Wiley, T/5 Forrest Smith, and myself, and four Filipino laborers left the USAF Cemetery Leyte #1, P.I. for Break Neck Ridge in the Vicinity of Lison, Leyte, P.I. in search of isolated burials.

The trip to the Bario of Lison, Leyte took over three hours. At the Bario of Lison, we acquired a guide that knew where the remains of an American soldier were buried. We then proceeded north of Lison to a trail leading to the foot of Break Neck Ridge. We arrived at the top of the Ridge to find many fox holes, destroyed equipment and dense vegetation.

The guide then searched the vicinity and took us to a place where he thought the body was buried. The place was a old fox hole into which we dug about a foot to recover the remains. After searching the earth that came out of the grave, the identification tag was located identifying the remains as WHITE, John L., 20 944 699.

Further search of the area revealed no more graves.

The searching party returned to the USAF Cemetery Leyte #1, P.I., where the remains of WHITE are reinterred in grave 8249.

Remains were found at Grid Coordinates 1307.4 - 1367.8
Map of Lison, P.I. sheet 4444-1 scale 1:500,000.

Leo J. Triska
TRISKA, Leo J., S/Sgt.
Graves Registration Service

111
Puc 4