

FILE IDENTIFICATION TOPPER

FILE NUMBER

*193 unbranded X-574 (also
manila X-2359)*

SUBJECT

QMC FORM 1121
1 Aug 45

AIR MAIL

QMGMGT 293
GRS Far East

23 February 1950

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-1485,	AGRS Mausoleum, Manila, P.I.
" X-2359,	(formerly X-574, Leyte #1)
" X-2361	(" X-580, ")
" X-2370	(" X-147, Sta. Barbara #1)
" X-3009	(" X-117, " ")

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

FOR THE QUARTERMASTER GENERAL:

R. Miller:lrc
Salser
JW
cc--Administrative Section
cc--Cincfe

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

JMN

TBC

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GFPZ 293

SUBJECT: Unidentifiable Remains

APO 900
Feb 7, 1950

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 AG-S 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-342	AGRS Mslm	UNKNOWN X-1378	AGRS Mslm
X-646		X-1486	
X-685		X-1943	
X-686		X-2314	
X-730		X-2359	
X-795		X-2361	
X-1129		X-2370	
X-1259		X-3009	

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

FOR THE COMMANDING OFFICER:

JOHN SHYPULA
1st Lt., Infantry
Adjutant

16 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/bpm
1
 Interred 7 Feb 1948
 D 4 66 Ft. McKinley
Cryptmark
DISINTERMENT DIRECTIVE
CARL R. H. MARK
Cemetery Superintendent

/add
 SECTION A —
 NAME AND BURIAL LOCATION OF DECEASED
 DIRECTIVE NUMBER
77 40 00497
 DATE
15 09 48
 DAY MONTH YEAR

NAME
44 **UNKNOWNX-000574**
 SERIAL NUMBER
 GRADE
 ARM
1
 RACE
0
 RELIGION
6

CEMETERY
LEYTE NO 1 P I
 PLOT
 ROW
 GRAVE
8493
 DISPOSITION OF REMAINS
7701 80
 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN
 NAME AND ADDRESS OF CONSIGNEE
**FT. MC KINLEY CEMETERY
 MANILA, PHILIPPINE ISLANDS**
 NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION
 NAME
**UNK X - 574
 MN-UNK X -2359**
 SERIAL NUMBER
 GRADE
 DATE OF DEATH
10-5-48
 DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER
 ORGANIZATION
UNKNOWN
 RELIGION
 IDENTIFICATION VERIFIED BY
**ROBERT F. STEVENSON
 Embalmer**
 NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT
 NATURE OF BURIAL
Shelter Half
 CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

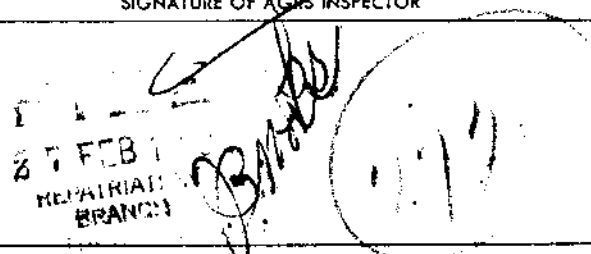
MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)
(2) tags MN-Unk X-2359.

REMAINS PREPARED AND PLACED IN CASKET
 DATE **10-5-48** BY **ROBERT F. STEVENSON**

CASKET SEALED BY
ROBERT F. STEVENSON
 EMBALMER (*Signature*)
s/ Robert F. Stevenson

CASKET BOXED AND MARKED
 DATE **10-5-48** BY **WEYMAN L McGUIRE
 Sgt, MC**
 SHIPPING ADDRESS VERIFIED BY
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 AGPS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

 27 FEB 1948
 REPATRIATION
 BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Barrettmark</i>	DATE FEB 7 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

HEADQUARTERS
PHILCON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

16 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 574, Plot _____, Row _____, Grave 8493, USMC USAF Gen 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:


W. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

17 FEB 1950
Unidentifiable from
information presently
available Robert W. Miller
OQMG

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2359 (Formerly UNK X-574 Leyte #1)				2. DATE OF REPORT 18 Jan '50	
3. NAME OF CEMETERY AGFS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	802	A	244	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 0"	10. COLOR OF HAIR U T D		11. RACE U T D	
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 N O N E					
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N O N E					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) N O N E					

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

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

TOP VIEW

SIDE VIEW



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		
X	a	a			X	s	s	p	p				a	a	X		
	o	ol				m	d						o	o			
Side Views																	Side Views
Top Views																	Top Views
Side Views																	Side Views
	X	a	X		a	a	p	p					a		X		
	o				f	f							f	o			
	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."

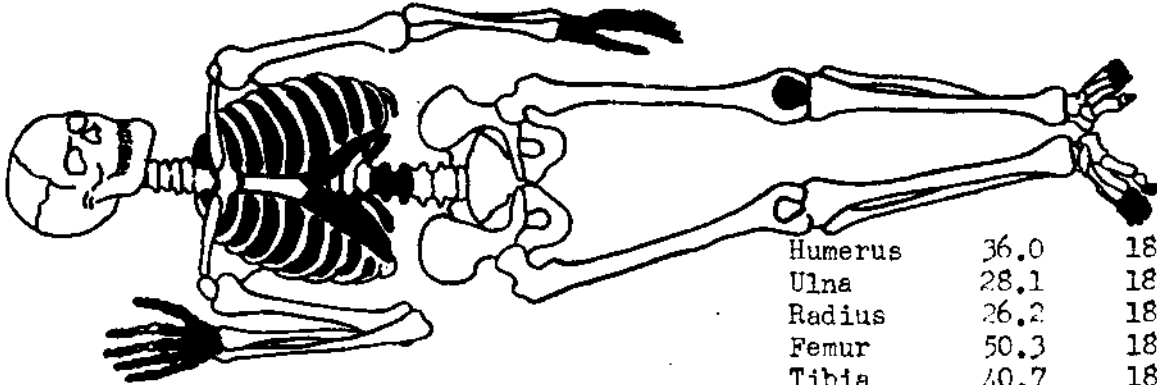
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Paul F. Nichols

PAUL F. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 6' 0".

Humerus	36.0	183
Ulna	28.1	181
Radius	26.2	181
Femur	50.3	184
Tibia	40.7	184
Fibula	39.8	183

6/1096

20-

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

183

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

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 20 inches.

Estimated weight of remains - 6½ lbs.

UNIDENTIFIED REMAINS 571
 BY REASON OF LACK OF 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
 PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE
Paul R. Nichols

X-2359

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2359 (Formerly UNK X-574,
USAF Com Leyte #1, P.I.)

1 Dec 47

DATE

Unknown Unknown Unknown

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Army

UNIT

AGRS Mausoleum,

ORGANIZATION

Mt. Pina, Carigara, Leyte, P.I.

Manila, P.I.

802

A

244

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

PLOT

ROW

GRAVE NO.

HANGER

BAY

POST

RIGHT				UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	A	A			X			X	X			A	A	A	X
LOCATION	O	OL										O	OL	O	

INSIDE — LOOKING OUT

RIGHT				LOWER TEETH				LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	A	X		A				X	X		A		X	A	X
LOCATION	O			f							f			O	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

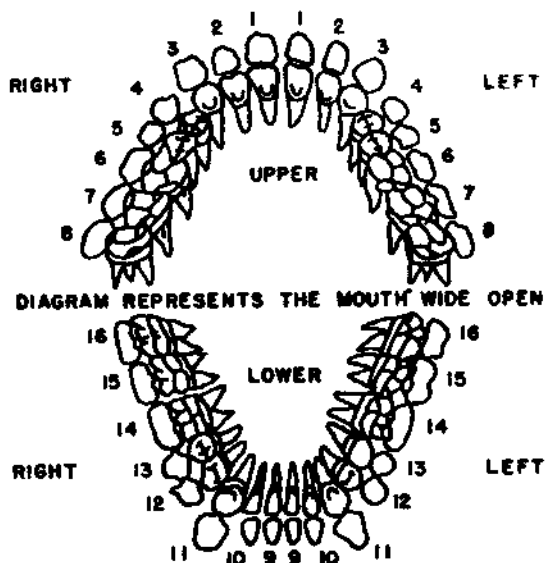
INSTRUCTIONS:

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/ Merle F. Gornley
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ MERLE F. GORNLEY, Embalmer Senior
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

1 Dec 47
DATE

A CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2359 (Formerly
 Unknown X-574, USAF Cms Layta, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 802 ⁴ANGER ABAY ^{GRYP} 244
 Row Grave

AGRS CIP Mausoleum, Manila, P.I.

1. Arrived at cemetery _____
 (Hour) (Date)
2. Place of death Mt. Pina, Carigara, Leyte, P.I.
 (Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or 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		X	
Sweater		O	
Jacket, HBT		X	
* Shirt, Wool OD		/	
Undershirt, Wool		/	
Undershirt, Cotton		/	
Trousers, HBT		/	
* Trousers, Wool OD		/	

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) _____

Overshoes _____

Web Equipment _____ (type) _____

(Other item) _____

(Other item) _____

* If body is nude, sizes of these items should be computed by measuring the remains _____

Chevrons or
Insignia _____
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch _____

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only - Skeletal chart attached.**

Age Height ^{Est} 5'9" ^{Est} Weight 170 Description of wounds _____

Bandages or dressings _____ Scars _____
(Length, width, location)

_____ Tattoos _____
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks _____
(Yes-no; description, location)

Sunburn or tan, other than hand and face _____

Complexion ^T ^D _____
(Light, medium, dark, clear, pimples, pocks, freckles)

Build _____
(Large, fat, thin, muscular)

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

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

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

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

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

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

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

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

Jaw (Large, small, normal) Circumference of ~~head~~ ^{skull} in inches 19 1/2
 (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 ROI bottle nor I.D. tags received with remains. No personal effects found nor any other means of identification. Weight of remains is approximately 10 1/2 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/ Gerald M. Holtz
(Officer's Name)

Embalmer Sr C-063008
Rank Service

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

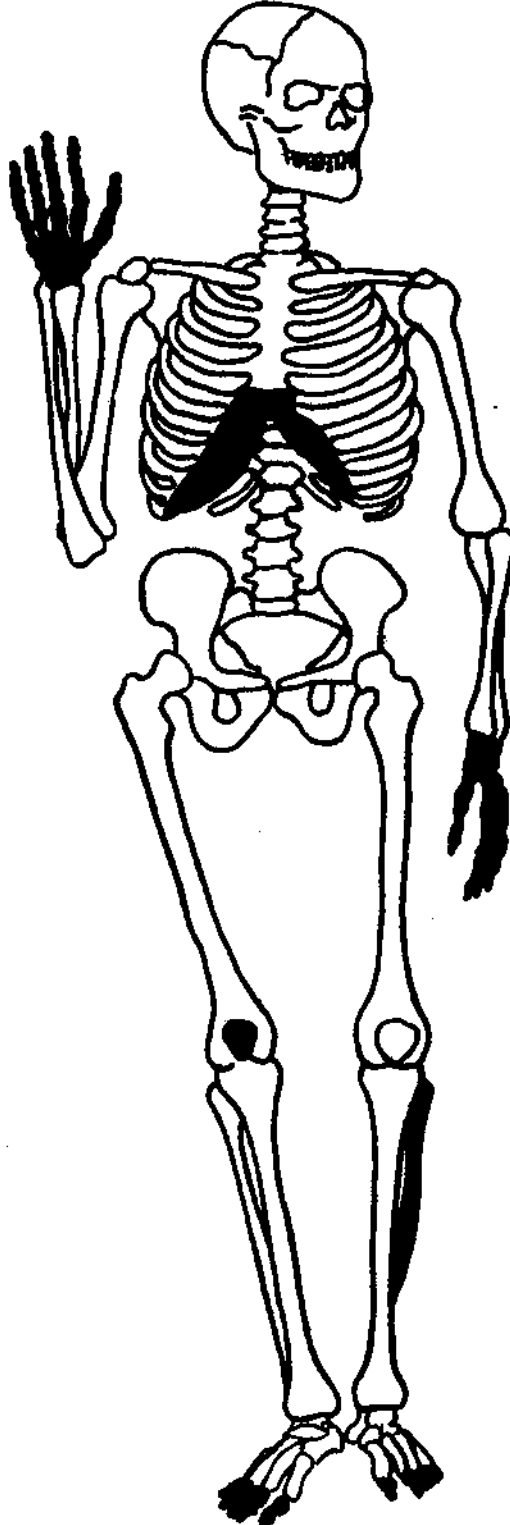
A CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

SKELETAL CHART

K-2359

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



J.H.

REPORT OF DISINTERMENT FOR IDENTIFICATION

21 October 1947

1. Remains of (Name)

UNKNOWN A-574

Serial Number

-

Grade

-

Organization

-

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

8493

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.O.I. on file. Skeletal remains incomplete. No identification clues found with remains.

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

Substitute tag

On Remains

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

What Identification Used Upon Reinterment: On Marker

Weld in Field Morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols

PAUL R. NICHOLS, Embalmer

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (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



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



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

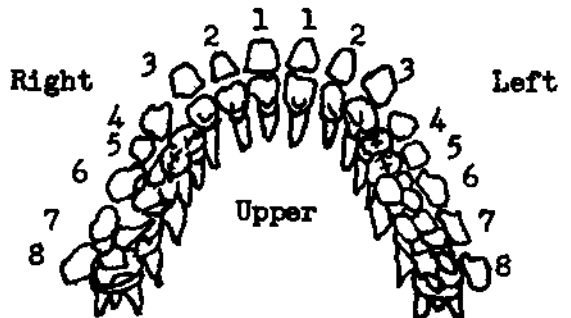
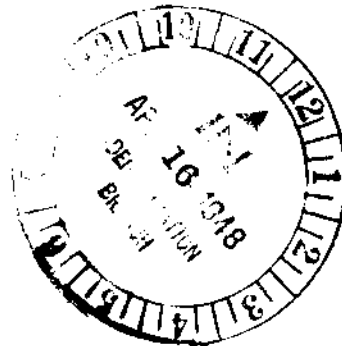
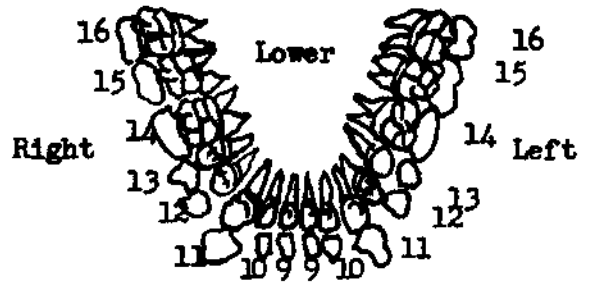


Diagram represents the mouth wide open



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.

18 March 1947
DATE

UNKNOWN X-574
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Lt. Pina			USAF Cemetery Leyte #1, P.I.	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
				8493

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	X	A	AA			X	P	P	P	P				AA	A	X	TYPE				
LOCATION	X	O	10+0			X	P	P	P	P				O	O	X	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	X	A	X	P	P	P		P	P	P	P			X	A	X	TYPE				
LOCATION	X	O	X	P	P	P		P	P	P	P			X	O	X	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. ADJUSTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

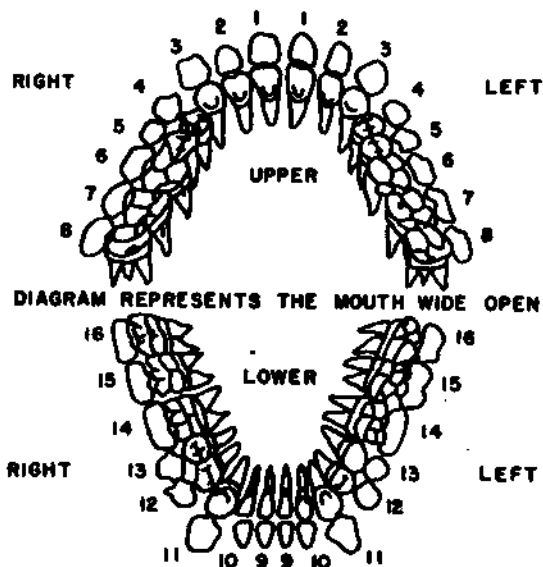
INSTRUCTIONS:

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:

R3 extracted.

/s/ William R. Staples
SIGNATURE OF PERSON WHO PREPARED CHART

Lt., (jg) D.C., USN
NAME AND RANK TYPED OR PRINTED

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

/s/ Ramon Thomas
VERIFIED BY GRS OFFICER

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

18 March 1947
DATE

CERTIFIED TRUE COPY;

William R. Doweese

WILLIAM R. DOWEESE
1st Lt., OLC

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.

18 March 1947
DATE

UNKNOWN I-574
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
<u>Mt. Pine</u> PLACE OF DEATH	<u>USAF Cemetery Laysan Pl., P.I.</u> PLACE OF BURIAL		<u>0493</u> PLOT	<u>0493</u> ROW GRAVE NO.

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

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.

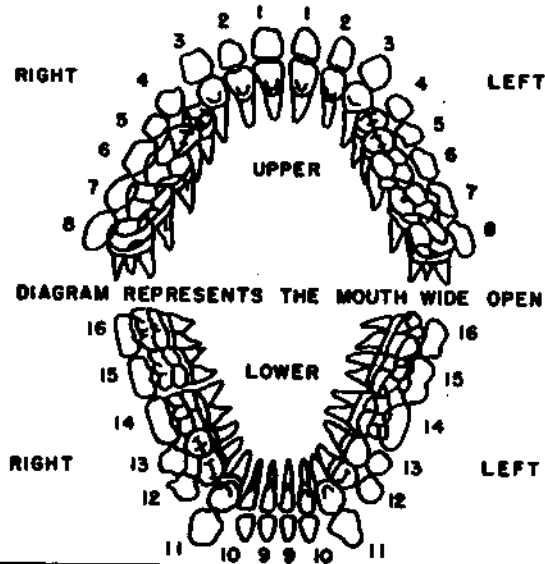


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

I3 extracted.

/s/ William E. Staples
SIGNATURE OF PERSON WHO PREPARED CHART

1st Lt. (jg) D.C., USN
NAME AND RANK TYPED OR PRINTED

USAF Convalescent Center #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Ramon Thomas
VERIFIED BY GRS OFFICER

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

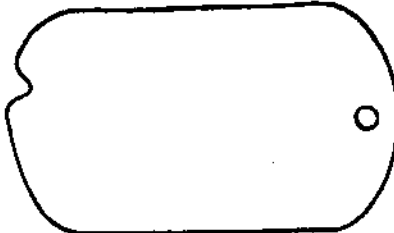
18 March 1947
DATE

CERTIFIED TRUE COPY:
William E. Staples

WILLIAM E. STAPLES
1st Lt., GRC

RESTRICTED

38493

WD GMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 4 Dec 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-2369 (Formerly UNK X-574, USAF Gen Leyte #1, P.I.)				SERIAL No. Unknown
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Army		
RACE Unknown		RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Mt. Pina, Carigara, Leyte, P.I.		CAUSE OF DEATH UNKNOWN		DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (I, S, or none) None		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.						
DATE OF BURIAL STORAGE 2 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. A	GRAVE No. 244
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.				
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-2361			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 246
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2357			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 242
SIGNATURE OF PERSON PREPARING REPORT F R AGUIRRO, Pvt			SIGNATURE OF GRS OFFICER VERIFYING REPORT I S PANOPIC, 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 Office. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED


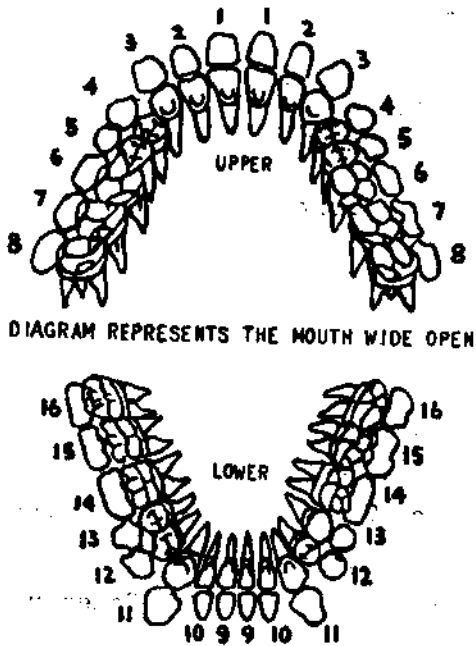




206005

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.

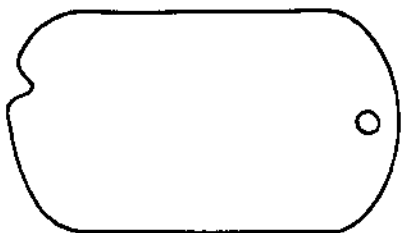
3 FEB 1948

RESTRICTED

rlr

38493

8493

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 26 March 1947
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.
		NAME (Last, first, middle initial) UNKNOWN X-574		GRADE		BRANCH OF SERVICE Army
PLACE OF DEATH Mt. Pina		CAUSE OF DEATH KIA		ORGANIZATION	RACE	
EMERGENCY ADDRESSEE (Name, relationship, and address)		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
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) QMC Form 1045 attached.				DATE OF DEATH
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) YES (UNKNOWN TAG)		LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME NONE				
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Leyte #1, P.I.						
DATE OF BURIAL 19 March 1947	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) "C" Type Casket	TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No.	GRAVE No. 8493
WAS THIS A REBURIAL? (Yes or no) NO	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AAF Aeronautical Approach, Cathalogan Quad. Scale 1:250,000 Grid Coord - 11°12'50" N. Lat., 124°32'30" E. Long. 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) YES	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) YES					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-573		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8492	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-575		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8494	
SIGNATURE OF PERSON PREPARING REPORT <i>Jack G. Stagle</i> Cpl. Jack G. Stagle, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Ramon Thomas</i> RAMON THOMAS, Captain, 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

16-43907-1

Doc #6

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


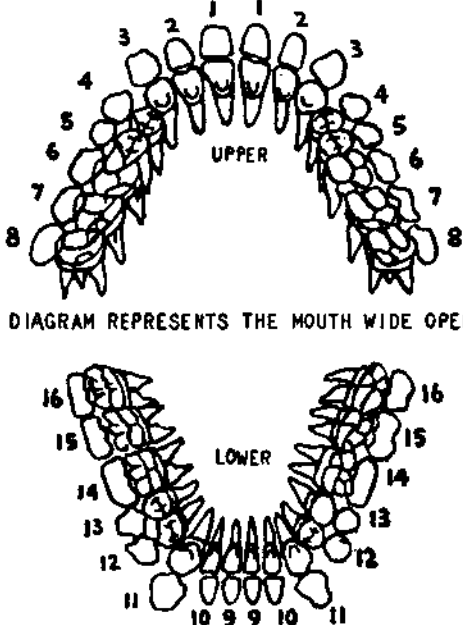




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

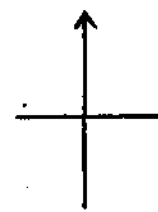
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

9 APR 1947

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.

18 March 1947

DATE

UNKNOWN X-574

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Mt. Pina	USAF Cemetery Leyte #1, P.I.		8498	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.

	8	7	6	RIGHT	5	4	3	2	1	1	2	3	4	5	6	7	8		
	UPPER TEETH																		
TYPE	X	A	AA				X	⊗	⊗	⊗	⊗					A-A	A	X	TYPE
LOCATION		O	1010													O101	O		LOCATION

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	9	9	10	11	12	13	14	15	16	
	LOWER TEETH																	
TYPE	X	A	X	⊗	⊗	⊗		⊗	⊗	⊗	⊗				X	A	X	TYPE
LOCATION		O														O		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

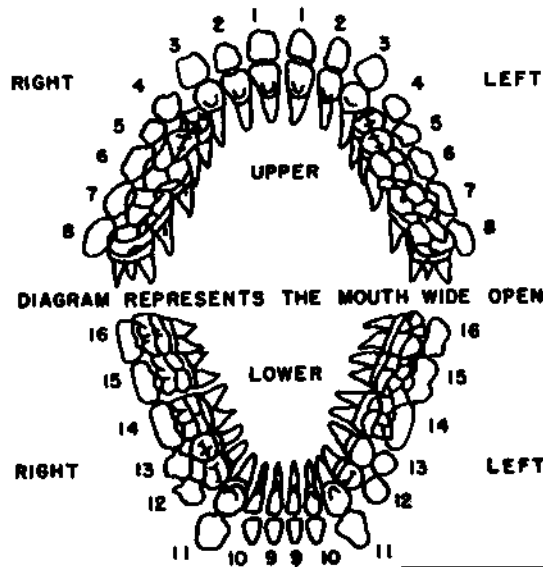
INSTRUCTIONS:

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.

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



REMARKS:

R3 extracted.

/s/ William R. Staples
SIGNATURE OF PERSON WHO PREPARED CHART

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 SRS OFFICER

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

18 March 1947

DATE

RESTRICTED

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 1000

SEARCH AND RECOVERY REPORT
TRIP # 55 (Search #4)

1. TIME AND DATE DEPARTED: 0900 hours, 3 March 1947
2. NUMBER OF PERSONNEL IN PARTY: One
3. TOWN OR BARRIO: Carigara
4. PROVINCE OR ISLAND: Leyte
5. PERSONS CONTACTED:
 - a. Rodrigo Pamamian
 - b. Gregorio Cordel
 - c. Severino Pamamian
 - d. Federico Cordel
 - e. Irenio Pamamian
 - f. Policarpo Pamamian
6. LOCATION OF REMAINS (GRID COORD.): 11°12'50" N. Lat., 124°37'30" E. Long.
7. TYPE OF RECOVERY; and date recovered: Isolated Burial, 1100 hrs, 6 Mar 47.
8. NUMBER OF REMAINS RECOVERED: One
9. CONDITION OF REMAINS: Only skeleton remaining
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. None
 - b. _____
 - c. _____
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. None
 - b. _____
 - c. _____
 - d. _____
 - e. _____
12. TIME AND DATE RETURNED: 1500 hrs., 8 March 1947
13. REMARKS:

Toney Vespa
Sgt. Toney Vespa
Search Party Leader

RESTRICTED