

FILE IDENTIFICATION TOPPER

FILE NUMBER

293unk Leyte #1X-577 (also Manila # X-2242)

SUBJECT

QMC FORM 1121
1 Aug 45

QMCMT 293
CNS Far East

8 June 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM *Zona*

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

X-83 (formerly X-167 Finsch. #5)
X-403
X-1593
X-2220 (formerly X-545 Leyte #1)
X-2242 (formerly X-577 Leyte #1)
X-2705 (formerly X-130 Finsch. #5)
X-3096 (formerly X-105 Finsch. #2)

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

FOR THE QUARTERMASTER GENERAL:

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

COPY

OSDF 293.4

16 May 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GFS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGFS 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	UNKNOWN Y-2220
" X-403	" X-2242
" Y-1124	" X-2246
" X-1125	" X-2705
" X-1593	" Y-3096
" X-1599	
" Y-1617	

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

FOR THE COMMANDING GENERAL:

12 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MAUSZAL
1st Lt., AGP
Asst Adj Gen

Interred 18 Oct. 49
 J 9 15 Ft. McKinley
Carl R. H. Mark
DISINTERMENT DIRECTIVE
 CARL R. H. MARK

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH		
JAH/ UNKNOWN		X-000577			0	15	05	48
CEMETERY		POSITION OF REMAINS		DAY		MONTH		YEAR
USAF CEMETERY LEYTE NO 1		0		7701		80		
PLOT		ROW	GRAVE	COUNTRY		CAUSE OF DEATH		
			8496	PHILIPPINE ISLANDS		6		

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-577 UNKNOWN X-2242 (MAUS)				24 Sept 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		CLIFFORD INGROVILLE 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 /

Two (2) Identification tags shows UNKNOWN X-2242 (MAUSOLEUM NUMBER)

REMAINS PREPARED AND PLACED IN CASKET

DATE 24 Sept 1948 BY CLIFFORD INGROVILLE

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

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 24 Sep 48 BY HORACE L ALLISON, Sgt, INF	CORSINE C. KAYAMAN, 1st Lt., INF

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

Corsine C. Kayaman
 CORsINE C. KAYAMAN, 1st Lt., INF
 SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE 18 OCT 1949

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 <i>UNKNOWN</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (SA VISITORS' BUREAU) MILITARY MILITARY BUREAU		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MC KINLEY CEMETERY	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
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

6 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-577, Plot _____,
Row _____, Grave 8496, USMC 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:


H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 27 May 49 OQMG.
Unidentifiable from
_____ by _____
_____ W. Donovan 6 June 49

Incl. 79'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2242 (Formerly UNK X-577 Leyte # 1)				2. DATE OF REPORT 6 May ' 49		
3. NAME OF CEMETERY AGERS MAUNDELL CEMETERY, P. I.		4. PLOT 810	5. ROW K	6. GRAVE 3665	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT U. T. D.		9. ESTIMATED HEIGHT U. T. D.		10. COLOR OF HAIR U. T. D.		11. RACE UNKNOWN
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">N O N E</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">U. T. D.</p>						
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 <p align="center">N O N E</p>						
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) <p align="center">N O N E</p>						

RECEIVED AT THE HEADQUARTERS OF THE
 1ST AVIATION MAINTENANCE GROUP
 11 MAY 1949
 11:30 AM

Incl. II 9 2

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"ED 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	
	A		← MAXILLA MISSING →					P	S			A	o	A	A	
Side Views								Side Views								
UPPER								UPPER								
LOWER								LOWER								
M A N D I B L E								M I S S I N G								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

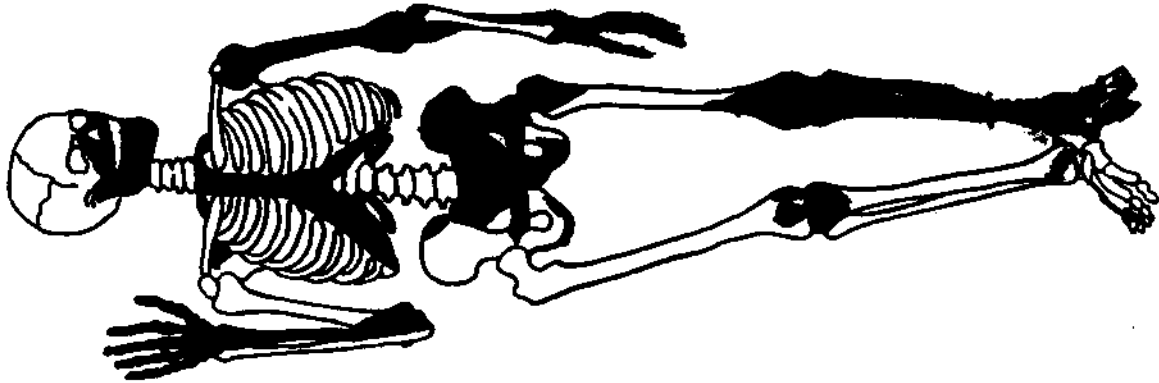
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Mandible and portion of the maxilla from R1 - R6 are missing.

R7 is loose tooth present with remains.

"BY RECEIVING THIS CHART AND IDENTIFYING DATA" *J. J. McDermott*
 J. J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

No identification tags or personal effects found with remains.

Estimated weight of remains - 6 lbs.

WEATHERED AND UNIDENTIFIABLE
"BY REASON OF WEATHERING AND LACK OF 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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

X-2242

IDENTIFICATION DENTAL CHART

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

28 Nov 47

UNKNOWN X-2242 (Formerly UNK X-577)
USAF Com Leyte #1, P.I.

Unknown
 RANK

Unknown
 SERIAL NO.

Unknown
 UNIT
Mt. Pina, Carigara,
Leyte, P.I.
 PLACE OF DEATH

AGRS Mausoleum
Manila, P.I.
 PLACE OF BURIAL STORAGE

Unknown
 ORGANIZATION
810 **K** **3665**
 PLOT INGBER ROW BAY GRAVE NO.

maxilla missing

RIGHT					UPPER TEETH					LEFT					
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	X	A	B	B	B	B	B	B	B	B	A	O	A	A	TYPE
LOCATION	X	o	/	/	/	/	/	/	/	/	/	/	/	/	LOCATION

INSIDE — LOOKING OUT

Mandible missing

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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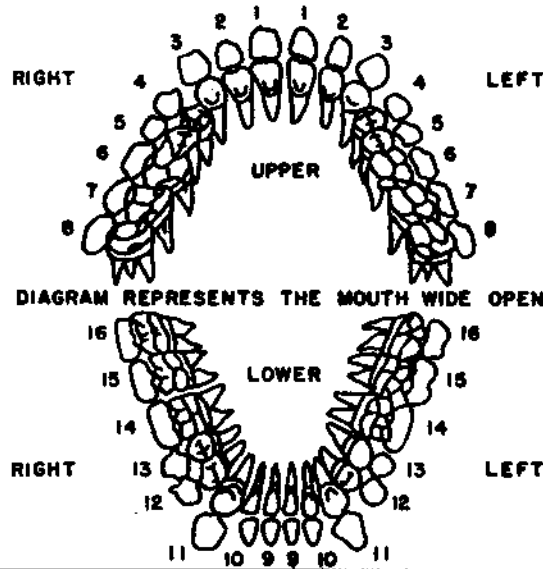
INSTRUCTIONS:

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, **K.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:

UTD whether R 16 to L 16 is P or X.
Mandible is missing.

/s/ James F. Brown
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ JAMES F. BROWN
NAME AND RANK TYPED OR PRINTED

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

GIP 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

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-577 USAF
 Unknown X 2242 (Gen Leyte #1, P.I.)
 Cemetery AGRS MAUSOLEUM, Manila, P.I.
 HANGER BAY CAMP
 Plot 810 Row K Grave 3665

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

1. Arrived at cemetery 28 Nov 47
 (Date)
Mt. Pilsener
2. Place of death Carigara, Leyte, P.I.
 (Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by Leyte #1
 (Name and organization)
4. Evacuated to Cemetery by _____
 (Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

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

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

Shoulder Patch

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

6. Description of Remains: **Skeleton only. (Chart attached)**

Age Height Weight 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 (Light, medium, dark, clear, pimples, pocks, freckles)

Build (Large, fat, thin, muscular)

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

Hair (Baldness, widows peak, distinctive cutting or other characteristics)

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

Goatee (Light, color, extent)

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

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

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

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

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

Jaw (Large, small, normal) **skull** 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 ROI in bottle found with remains. No I. D. tags, or personal effects found with remains. Estimated weight of remains 6 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/ James F. Brown
(Officer's Name)

SP-6 C-063011
Rank Service

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

28 Nov 47

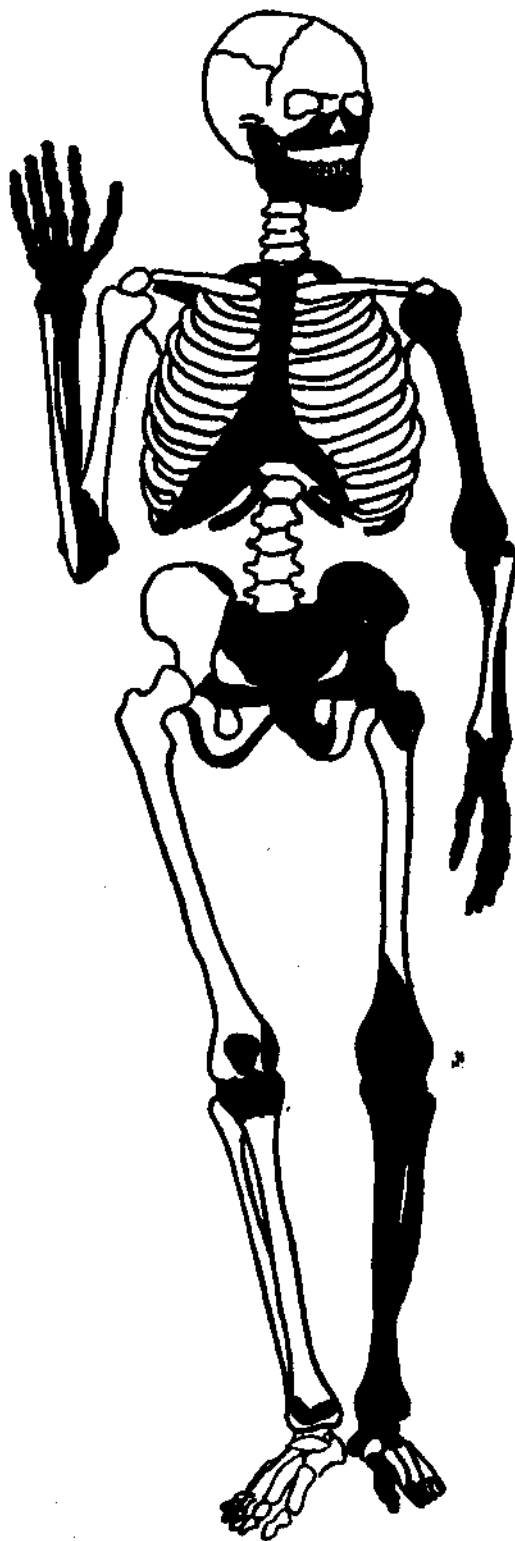
CERTIFIED TRUE COPY

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

SKELETAL CHART

X-2247

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



AMS
CHART "A"

X-2242

DMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

Date

REPORT OF DISINTERMENT FOR IDENTIFICATION

21 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-577

-

Grade

Organization

-

-

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8496

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. Skeletal remains incomplete. Missing are 1 Huemerous, Lower Jew, 1 Femur, 3 Ulnae, 3 Fabulae. Substitute tag on remains and on marker coincide with R.O.I. on file. No identification clues found on remains.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Embalmer

RESTRICTED

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

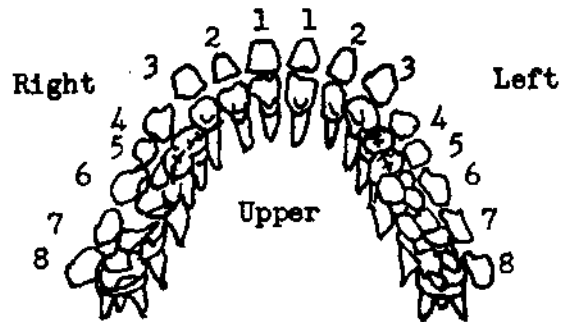
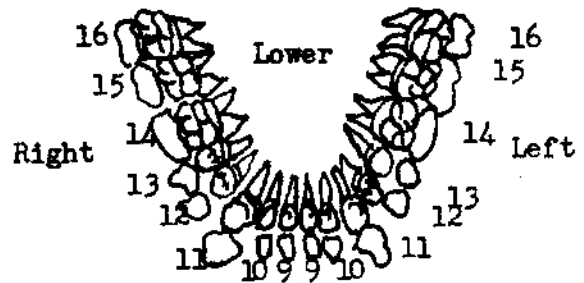


Diagram represents the mouth wide open



IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC 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-577

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Mt. Pina

USAF Cemetery Leyte #1, P.I.

8496

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			A	X	A								A		A	A							
LOCATION			O	X	DO								DO		O	DO							

INSIDE — LOOKING OUT

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

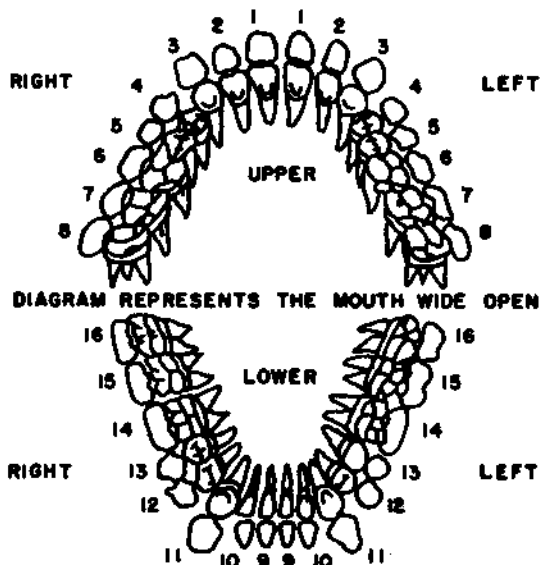


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

No mandible found when disinterred appears from fracture thru right upper cuspid area to have hit in the mouth.

/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 ORS OFFICER

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

18 March 1947

DATE

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 1000

SEARCH AND RECOVERY REPORT
TRIP #55 (Search #6)

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°13'45" N. Lat., 124°37'40" E. Long.
7. TYPE OF RECOVERY: and date recovered: Isolated Burial, 1600 hrs, 7 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

R E S T R I C T E D

RESTRICTED

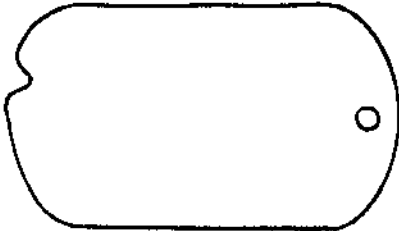
U 5301

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

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

DATE OF REPORT
6 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



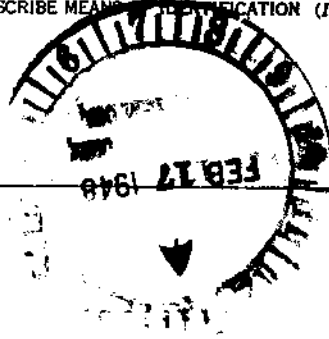
Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2242 (Formerly UNK X-577 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 Mt. Pina, Carigara, Leyte, P.I.	CAUSE OF DEATH K I A	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	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
USAF MAUSOLEUM, MANILA, P.I.

DATE OF STORAGE 29 Nov 47	HOUR 1900	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 810	ROW No. BAW K	GRAVE No. GRW-5 3665
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 8496
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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 8-21-48 2/2/48 NHN</i>
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-2244	RANK	SERIAL No.	ORGANIZATION	GRAVE No. TRHPT 3667
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2240	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3663
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SIGNATURE OF PERSON PREPARING REPORT <i>R. R. Acierto</i> R. R. ACIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>L. S. Panopio</i> L. S. PANOPIO 2d Lt., INF
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

MAR 1 - 1948

RESTRICTED

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.

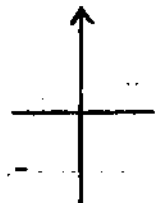
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

20 JAN 1945

Section 3.—UNIDENTIFIED REMAINS.

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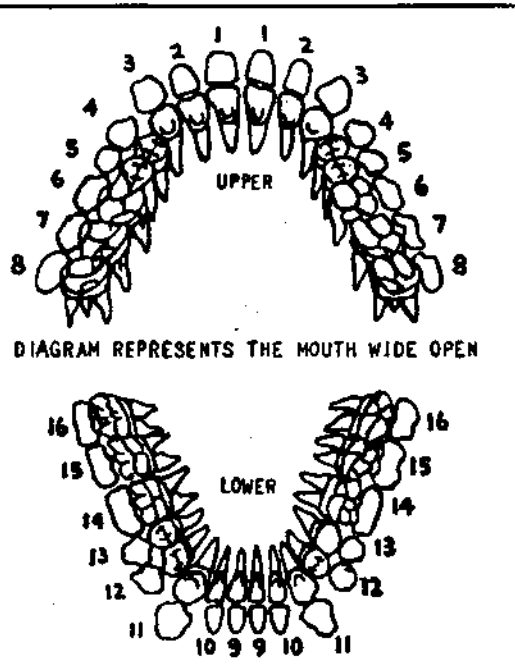
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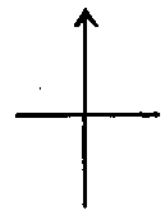
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</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:

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

9 APR 1947