

FILE IDENTIFICATION TOPPER

FILE NUMBER

2932nd Legat #1 X-600 (also Manila man. X-2288)

SUBJECT

293 - Unk. P. I. (Misc.) (Maus. Manila) (X-784, X-63, X-188, X-336, X-3589, X-3636, X-3644, X-4604, X-4605, X-4606, X-4607, X-4869, X-4870, X-5096, X-2133, X-2136, X-2368, X-2369, X-2204, X-2219, X-2221, X-2222, X-2226, X-2263, X-2288, X-2294, X-3424, X-3348, X-3723)

QMGMF 293
GRS Far East

15 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 Unknowns now stored at the AGRS Mausoleum, Manila, P. I.;

Unknown	X784	Layte #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,	" " " "		2
"	X-4607,	" " " "		
"	X-4869,	" " " "		
"	X-4870,	" " " "		
"	X-5096,	" " " "		
"	X-2133,	(formerly X-154, Santa Barbara #1)		
"	X-2136,	" X-190, " " "		
"	X-2368,	" X-145, " " "		
"	X-2369,	" X-146, " " "		
"	X-2204,	" X-604, Layte #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 Manila P.I. X 600 (Layte #1)

QMOMT 293

GRS Far East

SUBJECT: Identification of World War II Deceased

15 February 1950

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:

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

C O P Y:
mfs

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
16 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 QMGMU 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-450	AGRS MsIm	UNKNOWN X-2221	AGRS MsIm
X-695		X-2226	
X-1214		X-2288	X /
X-2204		X-3723	
X-2219			

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

FOR THE COMMANDING OFFICER:

9 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

rsc		Interred 14 February 1950 N 14 64 Ft. Kinley		M.K.	
1		Caremark CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE	
SECTION A— NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00516		DATE 15 05 48 DAY MONTH YEAR	
NAME		SERIAL NUMBER UNKNOWN X-000600		RANK	
CEMETERY USAF CEMETERY LEYTE NO 1		ARM 0		DATE OF DEATH DAY MONTH YEAR 7701 80 CODE DIST. PT.	
PLOT		ROW		GRAVE	
				3517 PHILIPPINE ISLANDS	
				CAUSE OF DEATH 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		
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME UNKNOWN X-600 UNKNOWN X-2288 (MaUS)		SERIAL NUMBER		RANK	
				DATE OF DEATH	
				DATE DISTINTERRED 24 Sept 1948	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION	
				IDENTIFICATION VERIFIED BY ROBERT F. STEVENSON Embalmer NAME AND TITLE	
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL Snelter Half			CONDITION OF REMAINS Skeletal		
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES 1 Two (2) Inside tag shows UNKNOWN X-2288					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 24 Sept 1948		BY ROBERT F. STEVENSON			
CASKET SEALED BY ROBERT F. STEVENSON		EMBALMER (Signature) <i>Robert F. Stevenson</i> ROBERT F. STEVENSON			
CASKET BOXED AND MARKED DATE 24 Sep 48 by HORACE L ALLISON, Sgt, INF		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.					
<i>Honorio V. Aurelio</i> HONORIO V. AURELIO, 1st Lt., INF SIGNATURE OF GRS INSPECTOR					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					
REPARATION BRANCH <i>Burial</i>					

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>Carol R. Mark</i>	DATE FEB 14 1980

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 AGRS Mausoleum		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
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

16 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 600, Plot _____,
Row _____, Grave 8517, USMC USAF Com., Leyte #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:


R. G. MCNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 26 Jan 50 OQMG
Not identifiable from
information presently available W. Eustace
I dent.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-600 USAF Cemetery UNKNOWN X-2288 Leyte #1, P.I.)				2. DATE OF REPORT 16 January 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT HANGER 810	5. ROW BAY L	6. GRAVE CRYPT 4009	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'7 $\frac{1}{2}$ "	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 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					

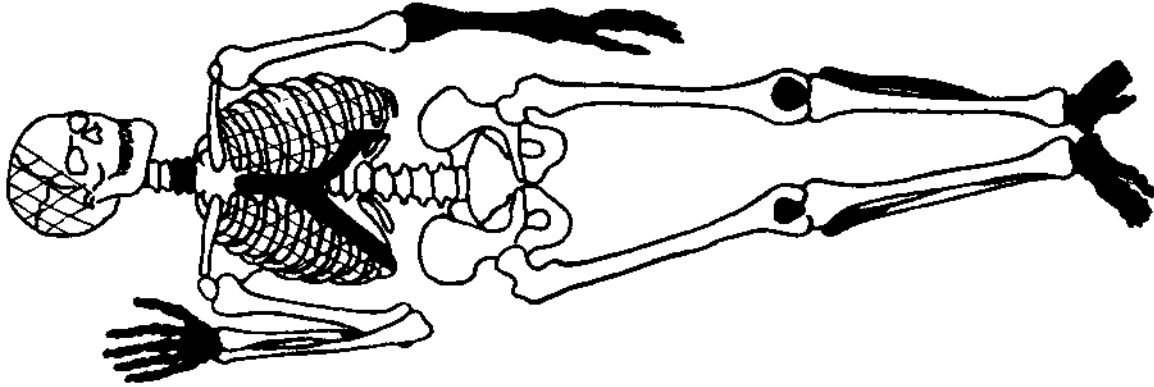
18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:		<p><i>Tooth Missing</i></p>	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		<p><i>Gold Crown, Porcelain Crown</i></p>	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		<p><i>Gold Bridge</i></p>	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		<p><i>Gold Filling, Silver Filling</i></p>	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		<p><i>Cavity, Decayed</i></p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
H				X			X	X			X	H	H		X
O												om	od		
	X	X	X	X	X	X	X	X	X	X	X	H	H		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."

Paul R. Nichols
PAUL R. NICHOLS
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ID tags, burial bottle, personal effects, or other means of identification found with remains.
Estimated weight of remains 9 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 Section

SIGNATURE

X-2288

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.

29 Nov 47

UNKNOWN X-2288 (Formerly UNK X-600
USAF Cemetery Leyte #1, P.I.)

Unknown

DATE
Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT
Vicinity of Lub¹,
Leyte, P.I.

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

810 L 4009

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

See Remarks.
















FINGER BATH CRIP

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		A				P				P	P			P	A	A		P	TYPE
LOCATION		o												o	od				LOCATION

INSIDE — LOOKING OUT

		RIGHT						LEFT											
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE			P	X	P	X	P	P	P	P	P	A	P	P	A	A	o	TYPE	
LOCATION												m			o	o	o	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></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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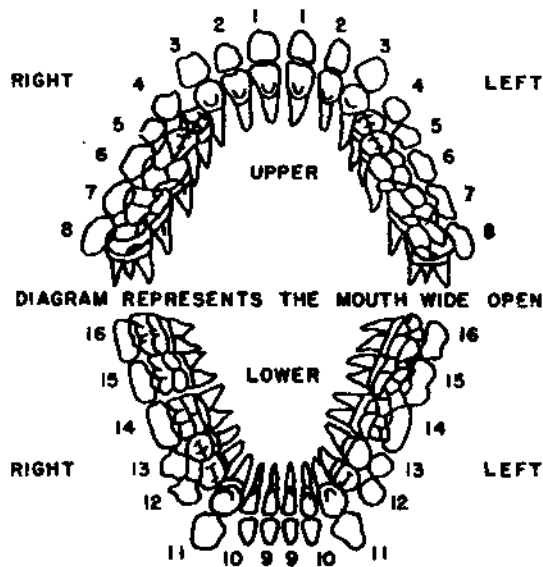
INSTRUCTIONS:

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, 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:

Maxilla broken between L-1 and R-1.

s/ Gerald M. Holtz
SIGNATURE OF PERSON WHO PREPARED CHART

p/ GERALD M. HOLTZ Emb Sr
NAME AND RANK TYPED OR PRINTED

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

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

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

29 Nov 47
DATE

CERTIFIED TRUE COPY:

G. T. Gamboa
G. 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-600 USAF**)

Unknown **X-2208** San Leyte (I., P.I.)
 Cemetery **AGRS** Mausoleum, Manila, P.I.
 Plot - **010** Row **E** Grave **4009**

AGRS Mausoleum, Manila, P.I.
29 Nov 47

1. Arrived at Manila (Hour) (Date)
2. Place of death Vicinity of Lubi, Leyte, P.I.
 (Name of closest town) (Coordinates and letter Prefix, maps)
 (Sheet, scale and serials used)
3. Remains ~~interred~~ disinterred by 585th 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	/		
Sweater	/		
Jacket, HBT	/		
* 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 - Chart attached.**

Age ^{Est} _____ Height ^{Est} **5' 7 1/2"** Weight ^{Est} **150 lbs** Description of wounds _____
 Bandages or dressings _____ Scars _____ (Length, width, location)
 _____ Tattoos _____ (Number, location — illustrate on separate page)
 Outstanding moles, warts or birthmarks _____ (Yes-no; description, location)
 Sunburn or tan, other than hand and face _____
 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, widow 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 in inches **Skull fragments**
 (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 Burial bottle was broken when received with remains. though ROI
could be read and noted. No ID tags nor any personal effects found.

Weight of remains is about nine and one half (9½) 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)

Emb Sr 0-063008
Rank Service

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

29 Nov 47

CERTIFIED TRUE COPY:

G. T. Gamboa
G. T. GAMBOA
2d Lt., MAC

SKELETAL CHART

X-2288

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

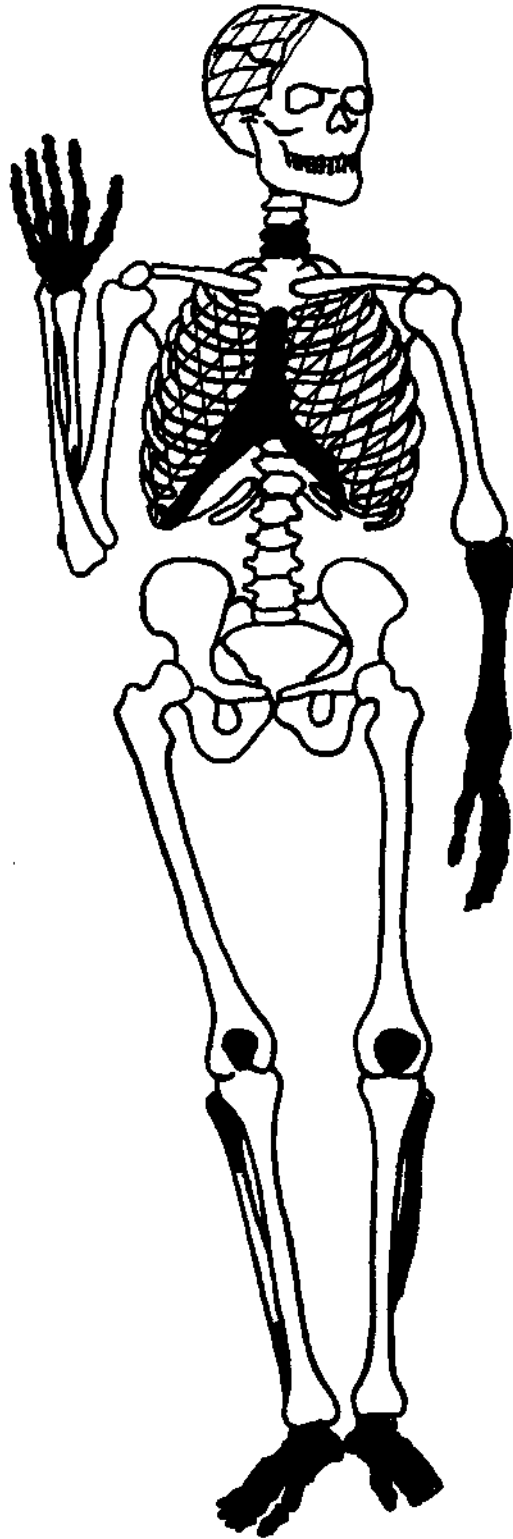


CHART "A"

L.R.

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.

24 May 1947

DATE

UNKNOWN X-600

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Vicinity of Lubi, Leyte

USAF Cemetery Leyte #1, P.I.

3517

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				P			P				P	A	A		P
LOCATION	O												O4	O		

	INSIDE — LOOKING OUT															
	RIGHT				LOWER TEETH				LEFT							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE		P	X	P	X									A	A	
LOCATION														O	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	 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)

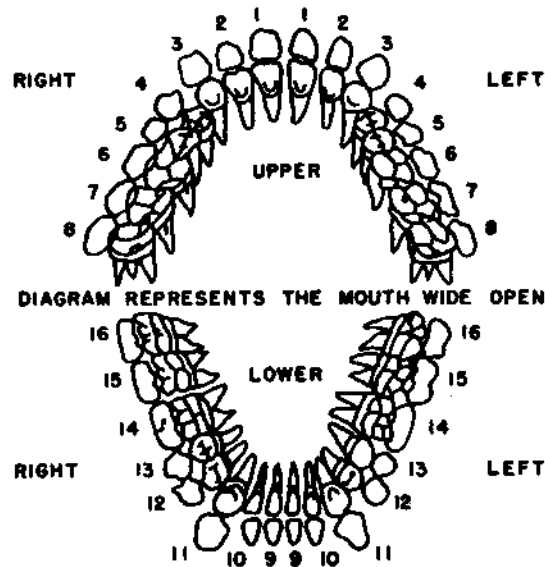
INSTRUCTIONS:

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:

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

William C. Clark
VERIFIED BY GRS OFFICER

WILLIAM C. CLARK, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

24 May 1947
DATE

RESTRICTED

LAND LITTER
USAF CASUALTY REPORT NO. 1
WFO 1000

SALVAGE AND RECOVERY REPORT
101

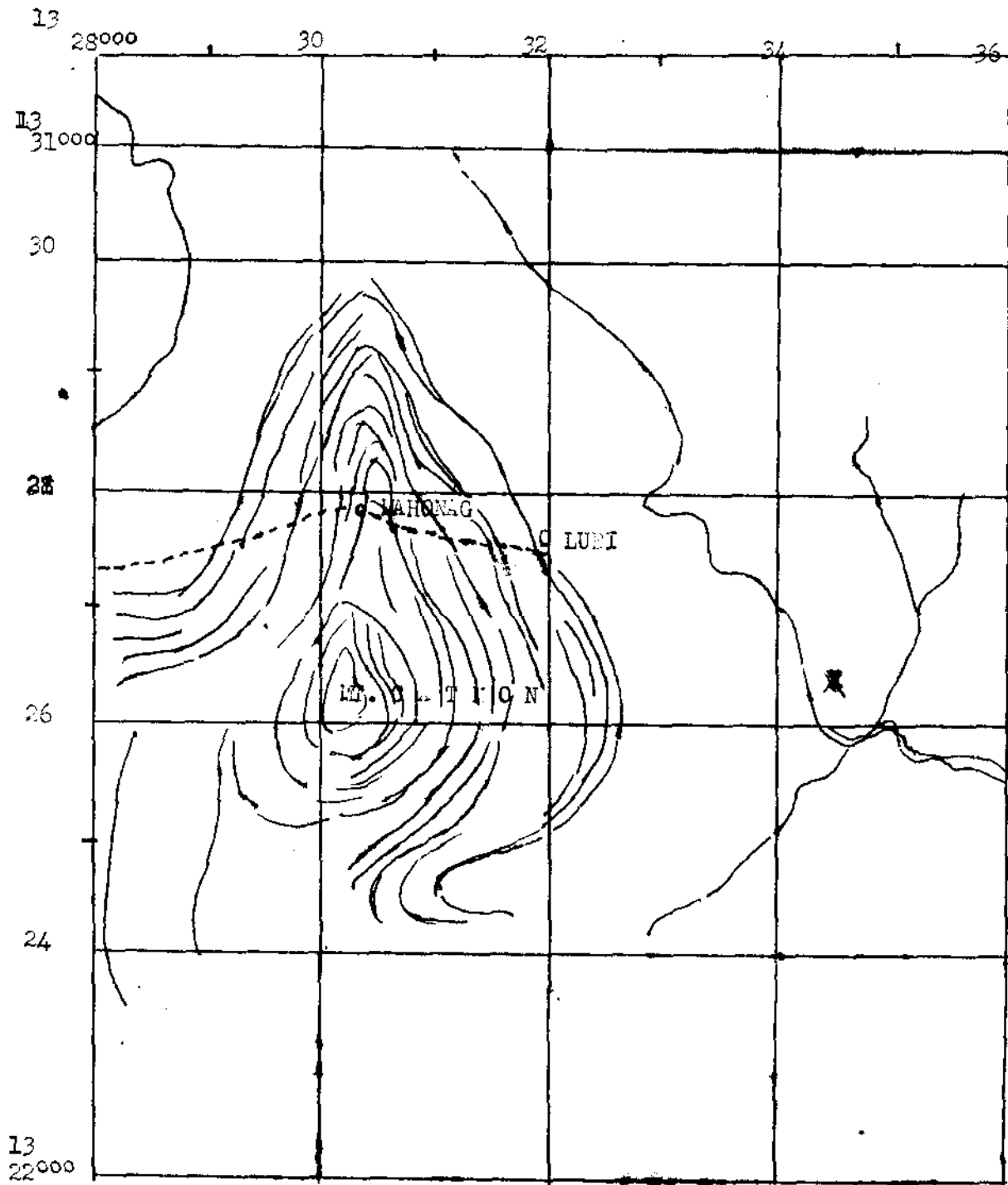
1. DATE AND TIME OF DEPARTURE: **12/5/47** ~~1947~~
2. PARTY CONSISTED OF: **4**
3. TOWN OR VARIO: **None** PROVINCE AND ISLAND: **WTF, F. I.**
4. PERSONS INTERLOCATED:
 - a. **Enrique - Camarero**
 - b. **Andres - Casado**
 - c.
 - d.
 - e.
5. GUIDES:
 - a.
 - b.
 - c.
6. LOCATION OF REMAINS (GRID COORD.):
7. DATE AND TYPE OF RECOVERY: **Isolated** **12/6** - **12/5/47**
8. NUMBER OF REMAINS RECOVERED: **4**
9. CONDITION OF REMAINS: **Decomposed**
10. IDENTIFICATION CHIPS FOUND WITH REMAINS:
 - a. **Victor Suarez Jr. Pfc. 2 Dog Tags**
 - b. **L. G. Fuller Pfc. 2 Dog Tags**
 - c. **2 Bodies are Unknown No Identification**
 - d.
 - e.
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. **None**
 - b.
 - c.
 - d.
 - e.
12. DATE AND TIME RETURNED: **12/5/1947** **1201 H**
13. REMARKS: (SEE REVERSE SIDE)

REMARKS: Remains of decomposed bodies recovered in the vicinity of IHHI according to compass and overlay is as follows: From IHHI to X-237, X-136, X-239 & X-240 is 115° N.S.W. 275' N.S. N.W. and 24' E.S. and 2,700 yards exactly northeast of Sagittar River. On this four bodies found in the case with FULLER and GUNDA has no identification whatsoever.

Search Party Leader

Thurston H. Harnall

1/25/54 THURSTON H. HARNALL
ASN 1439216543




X- Location of Remains when recovered: Unknown X- 600
 Map Ref: Special of Lt. Catmon Sheet 4543-IV
 Grid: Coord: 1326.4-1334.5 Scale 1:50,000

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2185

8517

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 29 May 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN X-600			SERIAL NO. -		
	GRADE -	ORGANIZATION -		BRANCH OF SERVICE -		
	RACE -	RELIGION -	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Vicinity of Lubi Leyte, P.I.		CAUSE OF DEATH -		DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address)						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (Unknown Tags)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME NONE						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Leyte #1, Leyte P.I.						
DATE OF BURIAL 26 May 1947	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket "C" Type	TYPE OF GRAVE MARKER Reg Cross	PLOT NO. 1942	ROW NO. 6	GRAVE NO. 8517
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Recovered at Grid Coord: 1326.4-1334.5, Scale 1:50,000, Map of Lt. Catmon, Sheet 45430IV					
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-599 (Possibly Hicks, John A.)		RANK 1st Lt.	SERIAL No. 0-1183602	ORGANIZATION 11th Airborne Div.	GRAVE No. 8516	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-601					GRAVE No. 8518	
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack G. Stagle GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT WILLIAM C. CLARK, 1st Lt., GRC			
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.						

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Section 2.—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.

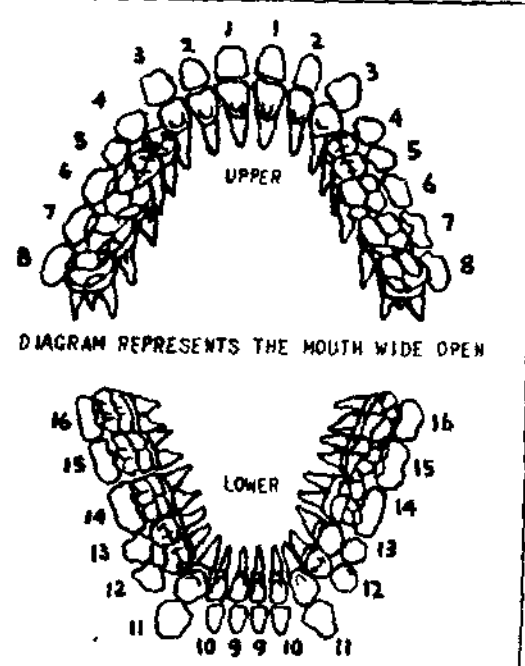
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

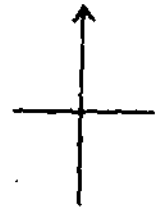
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Vicinity of Lubi Leyte, P.I.

OTHER IDENTIFICATION CLUES
SEE ATTACHED QIC 1045

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



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



REMARKS:

12 JUN 1947

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-600

-

Grade

Organization

-

-

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8517

2. Date of Disinterment

20 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. Skull fragmented. Substitute tags 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 - R.O.I. placed in bottle

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

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

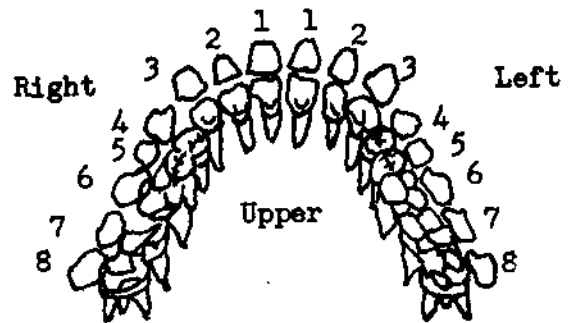
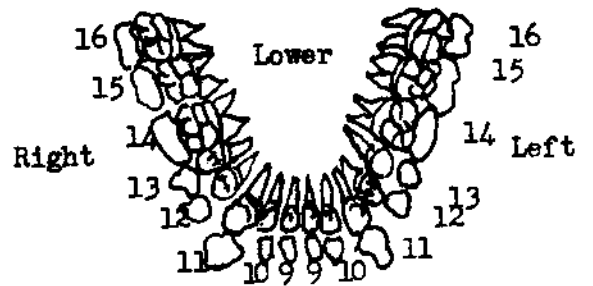


Diagram represents the mouth wide open



APR - 10 1947

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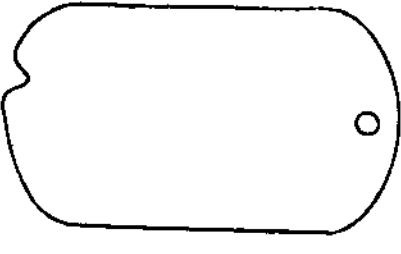
2165

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

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

DATE OF REPORT
8 Dec 47

Imprint Identification Tag if Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2288 (Formerly UNK X-600 USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Vicinity of Lubi, Leyte, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
--	----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 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 1 Dec 47	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. L	GRAVE No. 4009
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 8517
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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
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) RED UNKNOWN X-2290	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 4011
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RED UNKNOWN X-2285	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 4007
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SIGNATURE OF PERSON PREPARING REPORT <i>R. R. Acierito</i> R. R. ACIERITO, 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.

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1972

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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.

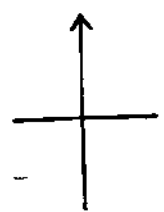
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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



REMARKS:

Identification Check List and Dental Chart accomplished.