

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk keys #1 X-601 ✓

SUBJECT

Also manila maus X-2289

QMCHT 293
GRS Far East

11 July 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-1564 (formerly Unknown X-75 Finschhafen #2)
Unknown X-2230 (formerly Unknown X-629 Leyte #1)
Unknown X-2286 (formerly Unknown X-598 Leyte #1)
Unknown X-2289 (formerly Unknown X-601 Leyte #1)
Unknown X-2331 (formerly Unknown X-501 Leyte #1)
Unknown X-2441 (formerly Unknown X-576 Leyte #1)
Unknown X-3288 (formerly Unknown X-157 Finschhafen #2)
Unknown X-3431 (formerly Unknown X-332 Leyte #1)
Unknown X-3767 (formerly Unknown X-355 Leyte #1)
Unknown X-4253

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

REB

NJS

J. Miller:lrc
Salser
JW

OSGR 293.9

SUBJECT: Unidentifiable Remains

9 June , 1949

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 QMGMTU 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-621	UNKNOWN X-3172
" X-625	" X-3258
" X-630	" X-3288
" X-635	" X-3422
" X-1322	" X-3431
" X-1564	" X-3767
" X-1914	" X-4253
" X-2230	" X-4096, Manila #2
" X-2241	(Formerly Unk X-1409, AGRS Mslm)
" X-2286	" X-5141 (Formerly Unk X-327-E, AGRS Mslm)
" X-2289	" X-5142 (Formerly Unk X-327-F, AGRS Mslm)
" X-2331	" X-5145 (Formerly Unk X-327-I, AGRS Mslm)

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

FOR THE COMMANDING GENERAL:

23 Incls:

QMC Forms 1044 w/certificates
of Unidentifiability

COPY

/abc 1		Interred 27 October 1949 A 14 16 Ft. McKinley <i>Base Rmark</i> CARL R. H. MARK			DISINTERMENT DIRECTIVE <i>M.K.</i>	
Cemetery Superintendent SECTION A NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 7740 00517		DATE 15 05 48 DAY MONTH YEAR	
NAME UNKNOWN		SERIAL NUMBER X-000601		RANK	ARM 0	
CEMETERY USAF CEMETERY LEXTE NO 1					DATE OF DEATH DAY MONTH YEAR 7701 80	
PLOT	ROW	GRAVE 8518	COUNTRY PHILIPPINE ISLANDS			DISPOSITION OF REMAINS CODE DIST. PT. 7701 80
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-001 UNKNOWN X-000 (MUS)		SERIAL NUMBER		RANK	DATE OF DEATH	DATE DISTINTERRED 7 Sept 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION	IDENTIFICATION VERIFIED BY WALTER D STEVENSON Embalmr NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL SHIRT IN PLACE			CONDITION OF REMAINS SKINNED			
OTHER MEANS OF IDENTIFICATION						
MINOR DISCREPANCIES						
REMAINS PREPARED AND PLACED IN CASKET						
DATE 7 Sept 1948		BY WALTER D STEVENSON		EMBALMER (Signature) <i>Walter D Stevenson</i> WALTER D STEVENSON		
CASKET SEALED BY WALTER D STEVENSON		SHIPPING ADDRESS VERIFIED BY WALTER D STEVENSON, 1st Lt, INF				
DATE 27 Sept 48		BY WALTER D STEVENSON, 1st Lt, INF		SIGNATURE OF GRS INSPECTOR <i>Walter D Stevenson</i> WALTER D STEVENSON, 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.						
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>Everhart</i>	DATE 27 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	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE CIVILIAN MOTOR VEHICLE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FOR THE UNITED STATES	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
PHILCORN ZONE
APO 900

27 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 601, Plot _____,
Row _____, Grave 8518, 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, QMG
Chief, Records Branch

Attch: Form 1044

Received QMG
Not identifiable from
information presently
available

File # 11

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2289 (Formerly Unk X-601 Leyte # 1)				2. DATE OF REPORT 27 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	L	4010	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
--------------------------------------	---------------------	------------------------------------	----------------------------

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

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

Det. # 112

18.

TOOTH CHART-

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

MAXILLA MISSING

RIGHT								LEFT Fractured									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		$\frac{A}{O}$	P	P	P	P	P	$\frac{O}{mfl}$	P	P	X	P	X	$\frac{A}{O}$	P		
<i>Side Views</i>																<i>Side Views</i>	
<i>Top Views</i>																<i>UPPER</i>	
<i>Side Views</i>																<i>LOWER</i>	
		$\frac{A}{O}$	P	P			P	$\frac{O}{d}$	$\frac{O}{m}$		P			$\frac{A}{O}$			
↑	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	↑	16

Partially impacted

Partially Impacted

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

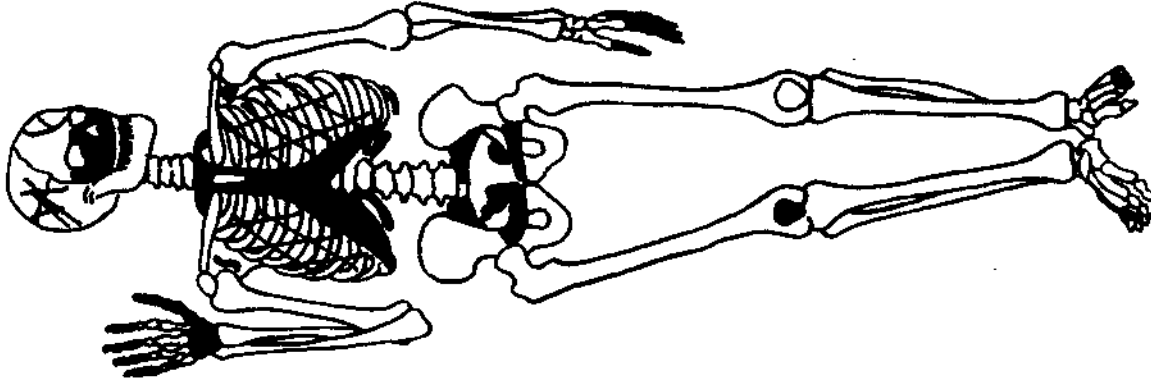
Maxilla from R6 - R8 is missing. R6 is loose present with remains.
 Maxilla is fractured between L7 and L8, R6 and L6 are partially impacted.

"UNIDENTIFIABLE"

J. J. McDermott
 J. J. McDERMOTT
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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 ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 8 lbs.

"UNIDENTIFIABLE"
BY REASON OF LACK OF SUFFICIENT 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

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

X-2289

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-2289 (Formerly UNK X-601)
USAF Gen Leyte #1, P.I.)

29 Nov 47

Unknown

Unknown

DATE

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

Vicinity of Lubi, Leyte, PI

810

L

4010

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

See Remarks

RANGER

BAY

CRIP

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















INSIDE — LOOKING OUT

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

Impacted (above 16 and 15)

Impacted (above 15 and 16)

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)

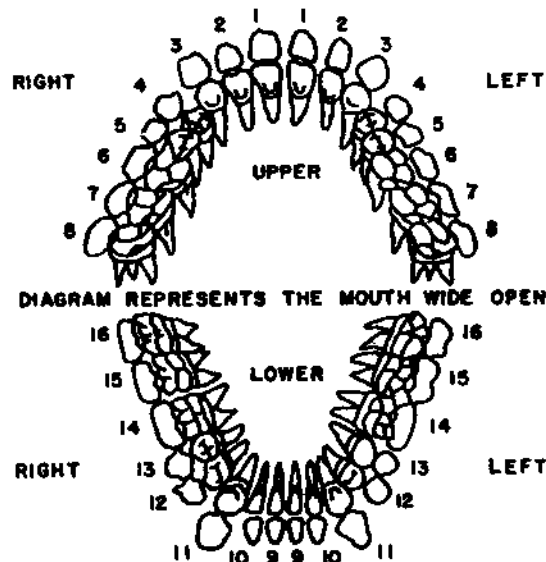
INSTRUCTIONS:

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 TLETH, 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:

R 7, R 6 and L 1 are the only loose teeth present. Maxilla missing.
R 16 and L 16 impacted.
L 7 and L 8 are the only maxilla present.

s/ Antonio B. Laconico
SIGNATURE OF PERSON WHO PREPARED CHART

p/ ANTONIO B. LAONICO-Recorder
NAME AND RANK TYPED OR PRINTED

CIP 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 I-601 USAF)

Unknown X-2289 Oem Leyte #1, P.I.

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 810 ANGER HAT CRYPT 4010
 Row Grave

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~AGRS Mausoleum~~ 29 Nov 47
(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 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		N	
Sweater		O O	
Jacket, HBT		N E	
* 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 _____ / _____ Height ^{UTD} _____ Weight ^{UTD} _____ Description of wounds ^{UTD} _____

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 _____
(Quidness, 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) Circumference of head in inches (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, hooked, 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 ID tags, personal effects or ROI found with remains. Estimated weight of remains eight (8) 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 O-063011
Rank Service

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

29 Nov 47

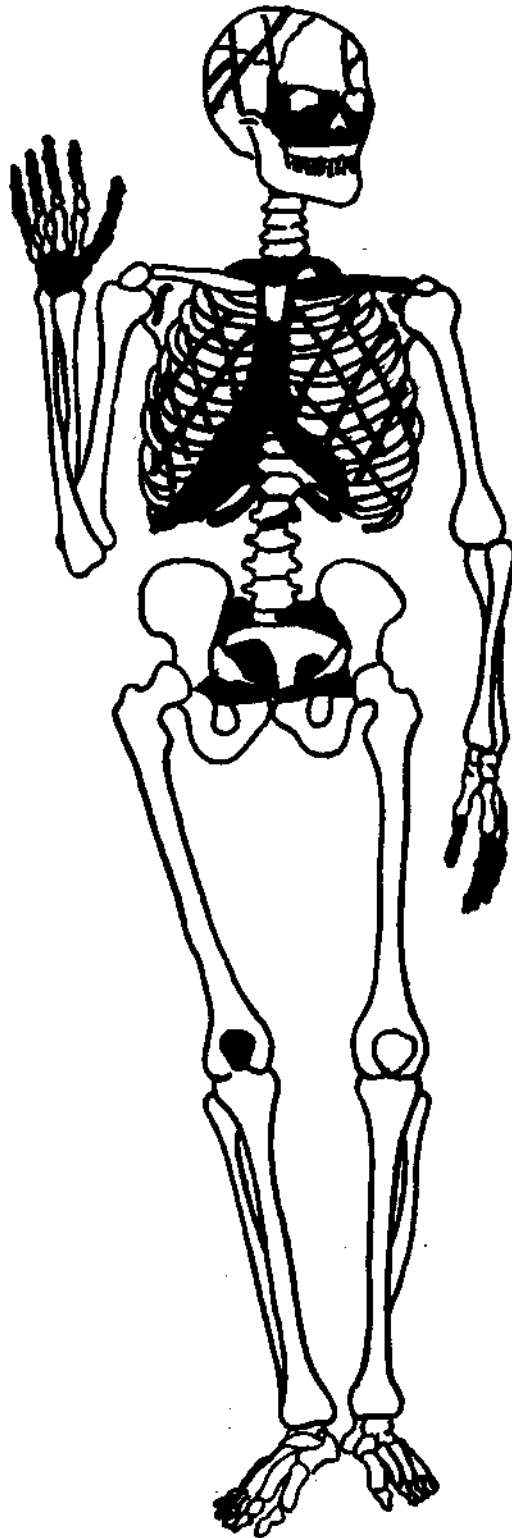
CERTIFIED TRUE COPY:

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-2289



18 Ribs fragments
Received

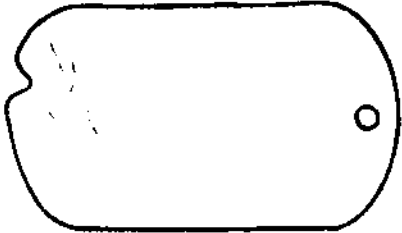
AMB
CHART "A"

RESTRICTED

III

8518

U 3179

WD CMC FORM 1042 (Rev. 1 Apr. 1948) (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-601 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		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. 16	GRAVE No. 8518
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° Sect. Map of Leyte, Scale, 1:50,000, Sheet 4543-IV 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-600		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 8517
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-602, Possibly FULLER, L. G.		RANK -	SERIAL No. 34548589	ORGANIZATION -	GRAVE No. 8519
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack G. Stagle, G.R.S.			SIGNATURE OF GRS OFFICER VERIFYING REPORT WILLIAM C. CLARK, 1st Lt., 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

Incl 20

Section 1.—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.


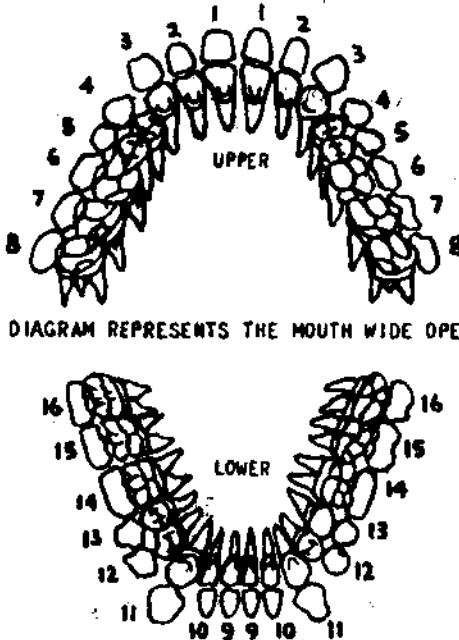




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

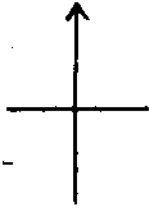
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Recovered near LJBI, Leyte
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OTHER IDENTIFICATION CLUES

SEE ATTACHED QMC FORM 1045.

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:

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	

12 JUN 1947

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-601				
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Vicinity of Lubi, Leyte			USAF Cemetery Leyte #1, P. I.	
PLACE OF DEATH			PLOT	GRAVE NO.
			ROW	8518

FRacture

RIGHT UPPER TEETH LEFT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
AA											X		X	A	
OF														O	

INSIDE — LOOKING OUT

RIGHT LOWER TEETH LEFT

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
		AA									P	P		A	
		OF												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	OXYPHOSPATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

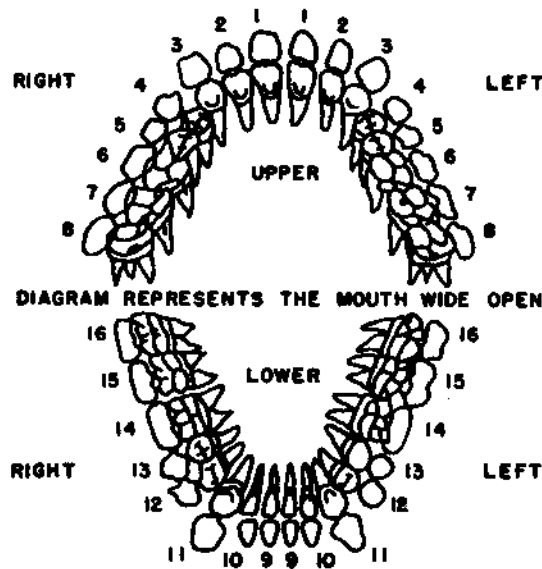
INSTRUCTIONS:

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:

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

HEADQUARTERS
USMC CENTER, LATE P.O. I
APO 1000

SEARCH AND RECOVERY REPORT

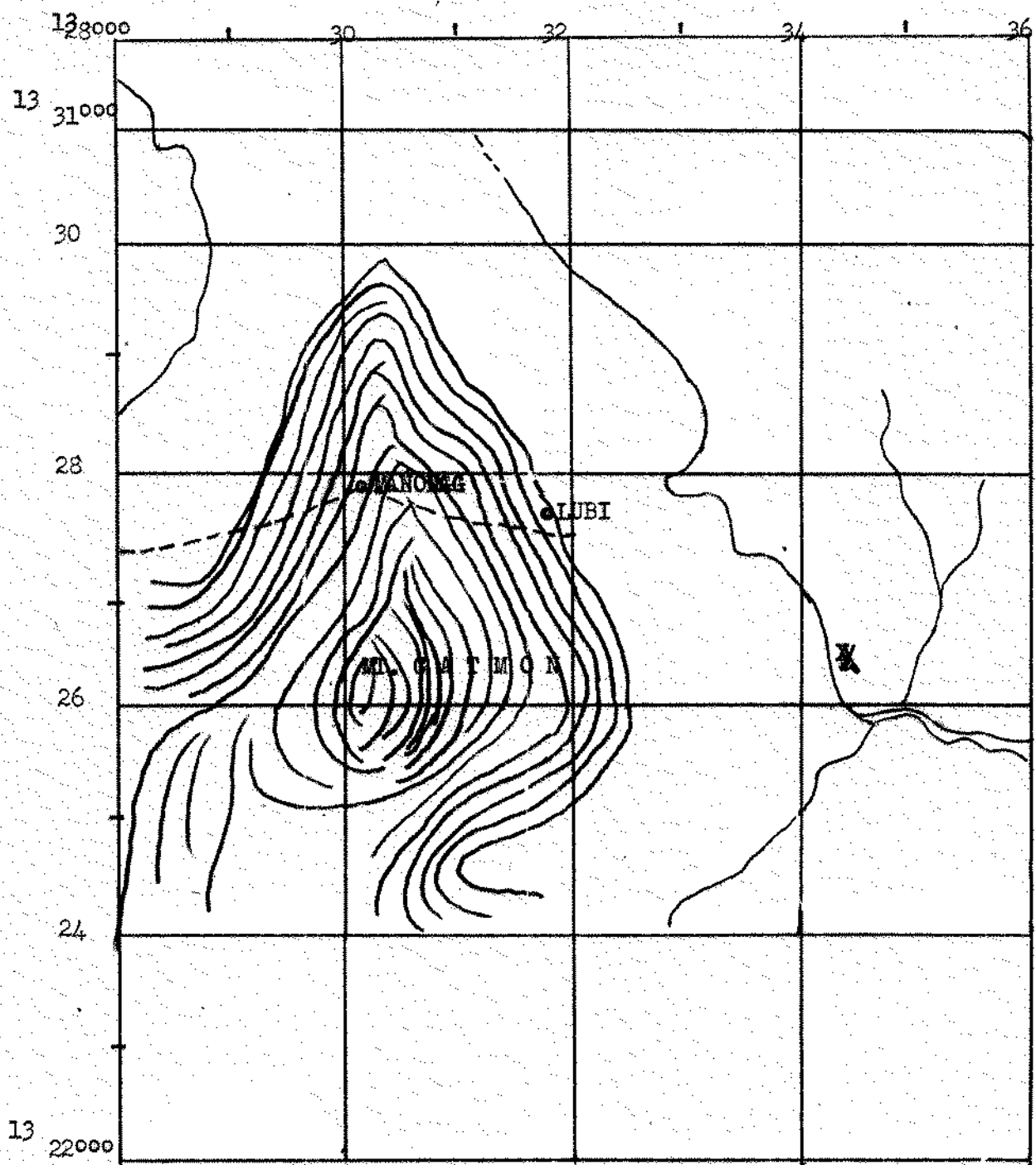
1. DATE AND TIME OF DEPARTURE: 12/5/47 ~~1800~~
2. PARTY CONSISTED OF: 4 EM
3. TOWN OR VILLAGE: LUBI PROVINCE AND ISLAND: LEYTE, P. I.
4. PERSONS INTERVIEWED:
 - a. Eutiqueo Camantang
 - b. Andres Casakit
 - c.
 - d.
 - e.
5. GUIDES:
 - a.
 - b.
 - c.
6. LOCATION OF REMAINS (GRID COORD.):
7. DATE AND TYPE OF RECOVERY: Isolated ~~1300~~ - 15/5/47
8. NUMBER OF REMAINS RECOVERED: 4
9. CONDITION OF REMAINS: Decomposed
10. IDENTIFICATION CRUES FOUND WITH REMAINS:
 - a. Victor Szmura V. Pfc. 2 Dog Tags
 - b. L. C. 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: 16/5-1947 1730 Hr
13. REMARKS: (SEE REVERSE SIDE)

REMARKS: Remains of decomposed bodies recovered in the vicinity of LUBI according to degrees and overlay is as follows: From LUBI to X-337, X-338, X-339 & X-240 is 115° B.S.W. 295° B.B. N.W. and 2½ Kms. and 2,700 yards exactly northeast of Daguitan River. On this four bodies found in the same place, airborne strapped was found on L. C. FULLER. The two other bodies with FULLER and SZNURA has no identification whatsoever.

Search Party Leader

Tangente M. Marcial

T/Sgt. TANGENTE M. MARCIAL
ASN RA39246543



X* Location of Remains when recovered Mak. X-601
Map Ref: Special Map of Mt. Catmon Sheet 4543-IV
Grid Coord: 1326.4-1334.5 Scale 1:50,000

X-7889

DMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

Date

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

UNKNOWN X-601

Serial Number

-

Grade

-

Organization

-

Name, Number and Location of Cemetery

USAF Cemetery #1, P.I.

Plot

Row

Grave No.

8518

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 broken. Substitute tags on remains and on marker coincide with R.O.I. on file.

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

None in Field Morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

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



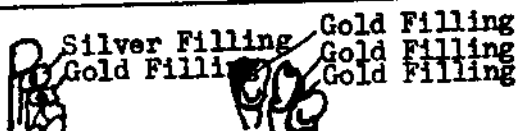
Crowned Teeth



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

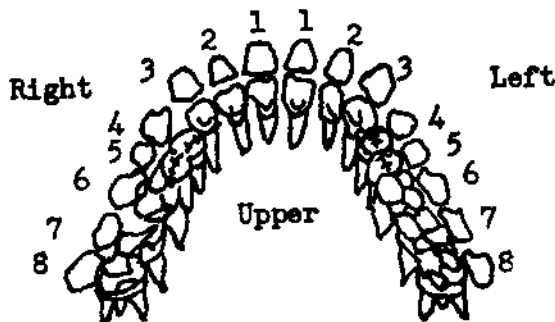
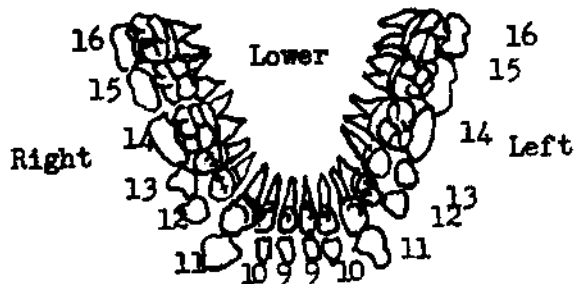


Diagram represents the mouth wide open



APR 5 1948

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U 3179

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

8 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-2289 (Formerly UNK X-601 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

RECORDS STAMP
MAR 28 12 33 PM '48

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

IGRS 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. 4010
---------------------------------------	--------------	---	------------------------------	-----------------	--------------	-------------------

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. 8518
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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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-2291	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 4012
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2286	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 4008

SIGNATURE OF PERSON PREPARING REPORT

R. R. AGUIRTO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L. S. PANOPLO, 2d Lt., INF

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

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1 2 3

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


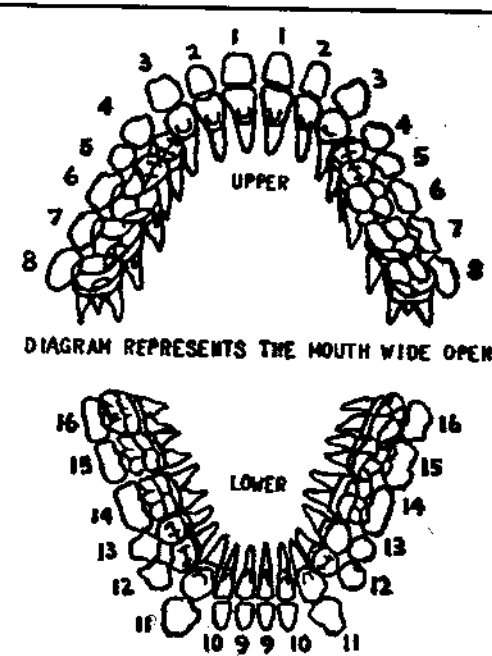




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

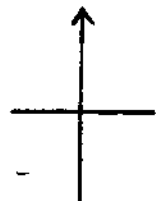
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.