

FILE IDENTIFICATION TOPPER

FILE NUMBER

2932 sub key to #1 X-602 (also main manual X-2290)

SUBJECT

nfm 1	Interred 3 Apr 11 1950 L 5 57 Ft. Kinley <i>Caremark</i> CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE PREPARED BY PHILCOM			
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81341		DATE 29 03 50 DAY MONTH YEAR	
NAME <i>MB</i> UNKNOWN I - 602		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 8519	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	
SECTION B - CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.				NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)		
SECTION C - DISINTERMENT AND IDENTIFICATION						
NAME UNKNOWN X-602		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 30 March '50	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE		
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL Shelter Half			CONDITION OF REMAINS Skeletal			
OTHER MEANS OF IDENTIFICATION						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE 30 March '50		BY PAUL R NICHOLS				
CASKET SEALED BY PAUL R NICHOLS			EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS			
CASKET BOXED AND MARKED DATE 30 Mar '50 BY RAYMOND H TANGUAY Sgt 1c, RA			SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.						
<i>L. W. Richardson</i> L. W. RICHARDSON, M/Sgt., RA SIGNATURE OF AGRS INSPECTOR						
REMARKS AND SPECIAL INSTRUCTIONS <div style="text-align: right;"> <i>Will N.H. 6 June 50 [Signature]</i> </div>						

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Handwritten Signature]</i>	DATE APR 3 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

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DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 81341

DATE

29 03 50
DAY MONTH YEAR

NAME

UNKNOWN X - 602

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY LEYTE NO. 1, P. I.

PLOT

ROW

GRADE

8519

DISPOSITION OF REMAINS

7701

CODE

80

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

- REMAINS
- MARKER

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

July 6-12-50
Kirkland
Report

293 - Unk. P. I. (Misc) (Maus. Manila) (X-2290, X-2255, X-184, X-4895)

~~QUART 293~~
GEO Far East

1 November 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General
Philippine Air Command
APO 74, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM, ZONE

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

Unknown	X-2290	(formerly	X-602	USAF	Cemetery,	Leyte	#1,	P.I.)
"	X-2255	("	X-587	"	"	"	"
"	X-184							
"	X-4895							

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
msb

X-2290 X-2255 X-184 X-4895

GSCR 293.9

AGO 707
12 OCT 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 QMCMU 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-184	AGRS Mslm	UNKNOWN X-1691	AGRS Mslm
X-626	" "	X-1714	" "
X-923	" "	X-1744	" "
X-969	" "	X-2255	" "
X-1033	" "	X-2290	" "
X-1120	" "	X-2408	" "
X-1205	" "	X-4139	Manila #2
X-1246	" "	X-4895	AGRS Mslm
X-1349	" "	X-1719	" "
X-1634	" "		

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

FOR THE COMMANDING GENERAL:

19 Incls

QMC Forms 1044 w/Certificates
of Unidentifiability

C. H. LIGURANCE
2nd Lt., AGD
Asst Adj. Gen

DISINTERMENT DIRECTIVE

293 Unk Manila Maus X2290

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 7748 02390 DATE 15 03 49 DAY MONTH YEAR

NAME UNKNOWNX -002290 SERIAL NUMBER GRADE ARM 0 RACE 0 RELIGION 6

CEMETERY MANILA MAUS NO 1 P I PLOT 810 ROW L GRAVE 4011 DISPOSITION OF REMAINS 7701 89 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY 293 MANILA, PHILIPPINE ISLANDS NAME AND ADDRESS OF NEXT OF KIN Layte #1 X-602 (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR BURIAL

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report MC Form 1194a for for discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET DATE

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

SIGNATURE OF AGM INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS FILE NOV 16 1950 Keener mit

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DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7745 02390

DATE

15 03 49
DAY MONTH YEAR

NAME

UNKNOWN X-002290

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

MANILA MAUS NG I P I

PLOT

ROW

GRAVE

B10 L 4011

DISPOSITION OF REMAINS

7701 80

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

NAT
FILE
RECEIVED
DATE 6/16/50
BR. CHM. DIV.

6

DISINTERMENT DIRECTIVE

193 U.S. I. X-2390 (Ft McKinley)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 02390	DATE 10 03 40 DAY MONTH YEAR		
NAME UNKNOWN	SERIAL NUMBER 002390	GRADE	ARM	RACE	RELIGION
CEMETERY MANILA NAUS NO 1 P 1	PLOT 910	ROW L	GRAVE 4011	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN
--	---------------------------------

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (Signature)
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

DISINTERMENT DIRECTIVE

WORK SHEET

No: 12

CEMETERY: LEYTE #1

Section C--Disinterment and Identification

name	Serial Number	Rank	Date of Death	Date Disinterment
<u>UNK-X602</u>				
<u>UNK-MAUS-X2290</u>				<u>29</u>
Ident. Tag on	Organization	Religion	Identification Verified by	
<u>3</u>				
Remains				
<u>1</u>	Marker		Name and Title	

Section D--Preparation of Remains for Shipment

Nature of Burial	Condition of Remains

Other means of Identification

Minor Discrepancies 1 / ID-TAG - L-C-FULLER-ASN34548589
T-43-44-0 - "Religio P"
2 ID TAGS UNK MAUS - X2290

Remains Prepared and Placed in Casket
By

Date	
Casket Sealed by	Embalmer (Signature)
	<u>Chiff Loperville</u>
Casket boxed and marked by	Shipping Address Verified by

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

Carcino S. Bagan
Signature of GRS Inspector

Prepared discrepancy Report OMC Form 1194a for minor discrepancies.

REMARKS AND DATES
DATE 11/16/50
NAME Report
MEM. DIV.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

21 Sept 1949
Date

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

The records pertaining to Unknown X- 602, Flot ,
Row , Grave 8519, USMC USAF Gen. Leyte #1, have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



W.B. McNEEMAR
Captain, QMG
Chief, Records Branch

Attch: Form 1044

Received 10/26/49 OQMG
available from
on presently
available 10/28/49 - Smith

Ident. B.C.

Handwritten scribble

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2290 (Formerly US X-602 Leyte #1)				2. DATE OF REPORT 26 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	L	4011	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 150 lbs	9. ESTIMATED HEIGHT 5'8"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

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)


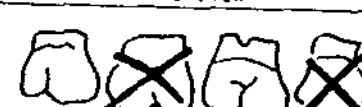






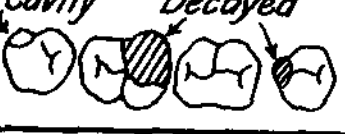

None




"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18.

TOOTH CHART

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

Partially Impacted										Partially Impacted							
RIGHT										LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	a	a	o		o		o	o	o	o			o	o			
Side View															Side View		
Top View															Top View		
Side View															Side View		
	a	a							o				a	a			
	o	o											o	o			
Partially Impacted	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

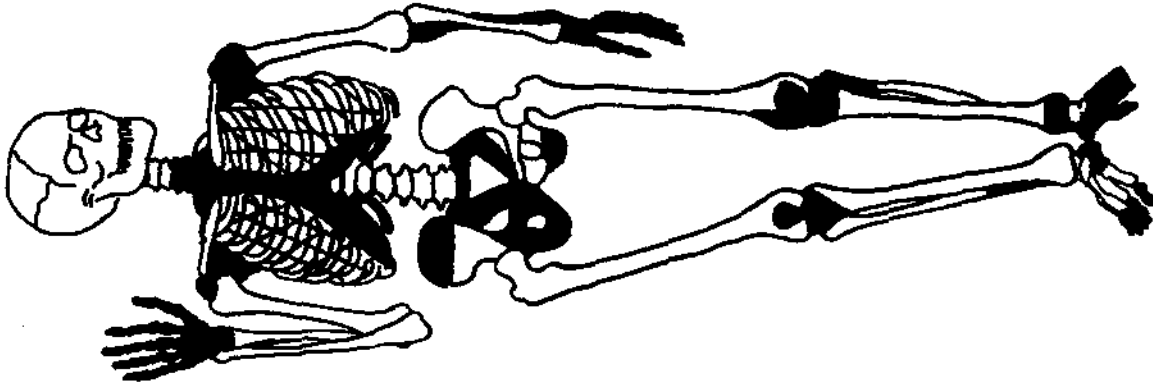
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

19. BLACKOUT PARTS OF BODY NOT RECOVERED

2 Cervical Vertebrae
4 Lumbar "

Estimated height: 5'8"

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 - 6 lbs.
Circumference of skull - 22 inches.

"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

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

X-2290

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-2290 (Formerly UNK X-602 Possibly FULLER, L C, USAF Cem Leyte #1, P.I.) Unknown BTB 31548589
 DATE: 29 Nov 47
 LAST NAME: Unknown FIRST: Unknown INITIAL: Unknown RANK: Unknown SERIAL NO.: Unknown

UNIT: AGRS Mausoleum, Manila, P.I. ORGANIZATION: 810 I 4011
 PLACE OF DEATH: Vicinity of Tubi, Leyte, P.I. PLACE OF BURIAL: 810 I 4011 PLOT: 810 ROW: I GRAVE NO.: 4011















STORAGE: Partially impacted DANGER BAY: CRIP Partially impacted

TYPE		A	A	P		P		P		P					A	A		TYPE
LOCATION		o	o												o	o		LOCATION

INSIDE — LOOKING OUT

TYPE		A	A							P					A	A		TYPE
LOCATION		o	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>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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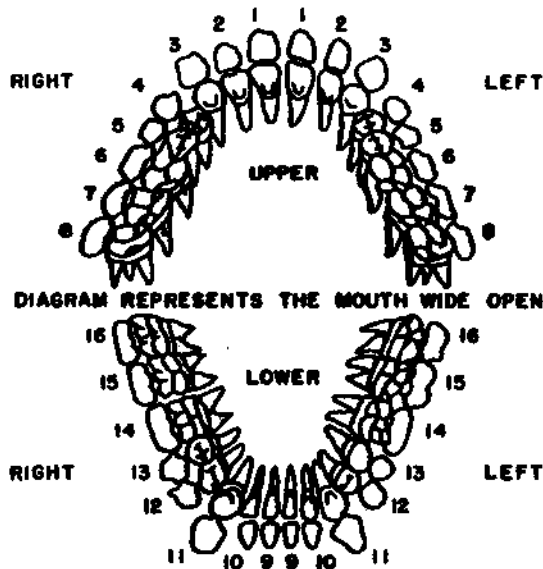
INSTRUCTIONS:

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:

/s/ Hilarion V Castillo
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H Bennett Jr
VERIFIED BY GRS OFFICER

/p/ HILARION V CASTILLO Enb's Aide
NAME AND RANK TYPED OR PRINTED

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

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

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)

UNKNOWN X-2290 (Formerly UNK
 X-602 Possibly FULLER, L C, USAF
~~Unknown~~ Cem: Leyte #1, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 DANGER BAY CRYP
 Row L Grave 4011

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 USAF Cem: Leyte #1, P.I.

(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	/		
	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	/		
* Shirt, Wool OD	/	N	
Undershirt, Wool	/	O	
Undershirt, Cotton	/	N	
Trousers, HBT	/	E	
* Trousers, Wool OD	/		

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)
 * If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or
 Insignia (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch

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

6. Description of Remains: **Skeleton only. Skeletal Chart attached.**

Age / ^{Est.} Height **5'8"** ^{Est.} Weight **150** 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 ^U (Light, medium, dark, clear, pimples, pocks, freckles)
 Build ^T ^D (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 (Length, heavy)
 (Color, setting, shape) (Color, size, shape)

Goatee
 (Light, color, extent)

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

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

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

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

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

Jaw Circumference of ~~neck~~ **skull** in inches **22**
 (Large, small, normal) (Hat band)

Neck Larynx
 (Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Arms
 (Broad, straight, small, rounded) (Length, muscular, color, extent and quantity of hair)

Hands
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers
 (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 Circumcision Pubic Hair
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty
 (Yes-no; location)

Legs
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet Toes
 (Size, corns, callouses, flat) (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 the condition of remains.

8. Has tooth chart been prepared? Yes If not, explain
(Yes-no)

9. Remarks ROI bottle found with remains. No personal effects or other means of identification found, and estimated weight of remains, six (6) lbs. Processed remains, possibly FULLER, L. C. as mentioned in the previous ROI.

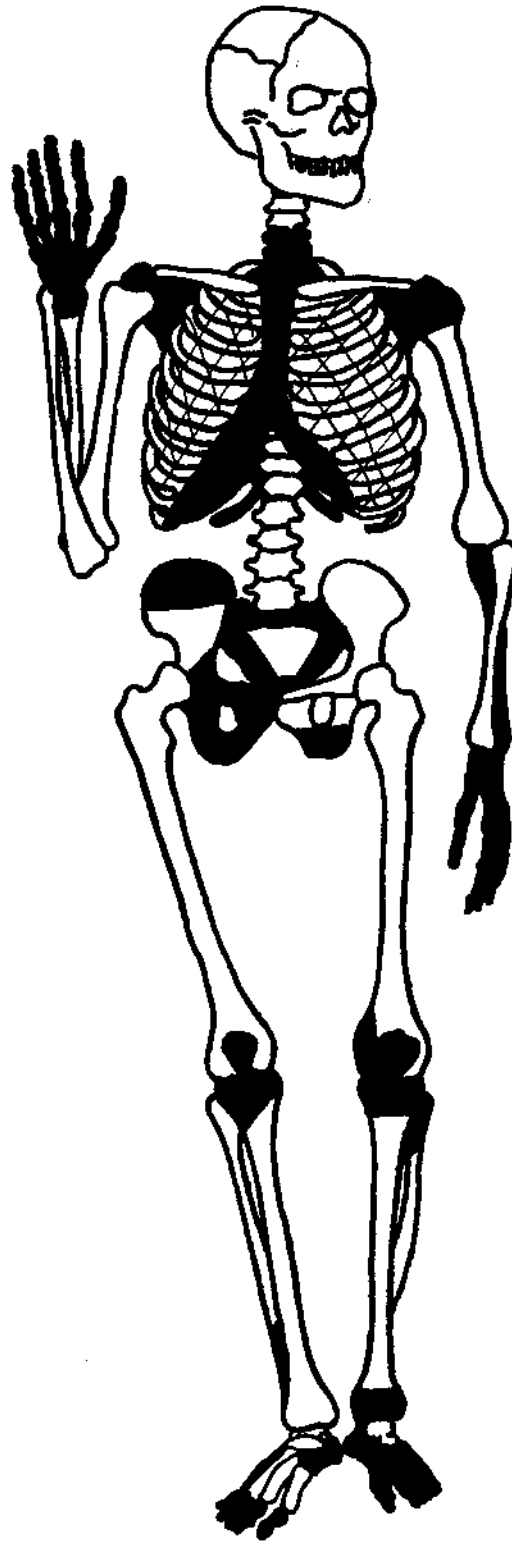
I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ Clement G Swan
(Officer's Name)
Emb Sr Ung 0-064862
Rank Service
CIP Laboratory, Manila, P.I.
(Organization)

CERTIFIED TRUE COPY:

G T GAMBOA
2d Lt MAG

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

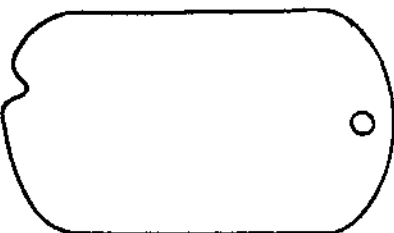


- 2 - Cervical vertebrae
- 11 - Dorsal fragments +
Rib fragments
- 4 - Lumbar vertebrae

/gyc

RESTRICTED

Little

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 26 Sept 1949		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						
		NAME (Last, first, middle initial) UNKNOWN X-2290 (Formerly UNK X-602) Leyte #1			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 3 on reverse)						
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		"UNIDENTIFIABLE" See Remarks "BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"						
LIST PERSONAL EFFECTS FOUND ON BODY AND DESCRIPTION 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 AREA P								
DATE OF BURIAL 1 Dec 47		HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 800	ROW No. 10B	GRAVE No.
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. 8519
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)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
SIGNATURE OF PERSON PREPARING REPORT PAUL R NICHOLS, Chief, Ident. Section				SIGNATURE OF GRS OFFICER VERIFYING REPORT MCNEEMAR, Capt, QMC				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.								

RESTRICTED

Section 3.—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.

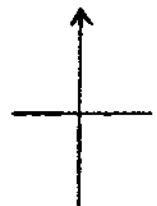
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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: Remains UNKNOWN X-2290 (formerly UNK X-602 Leyte #1) is believed to be FULLER, L. C., 34548589, Protestant and was determined unidentifiable due to lack of substantiating data.

QMC Forms 1044, 1044a and 1044b accomplished.

64-51 100

/cbf

RESTRICTED

WD GMC FORM 1042 (Rev. 1 Apr. 1948) (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.				SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-2290 (Formerly UNK X-602, Possibly FULLER, LC, USAF Cem Leyte #, P.I.)			BRANCH OF SERVICE BTP 34548589		
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
		RACE Unknown	RELIGION BTP Protestant		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 8 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) Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. L	GRAVE No. 4011	
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. 8519
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-2292		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 4013		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2288		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 4009		
SIGNATURE OF PERSON PREPARING REPORT /s/t/ P. H. ACITRTO, Pvt			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ L S PANOPHO, 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.							

Incl #3

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


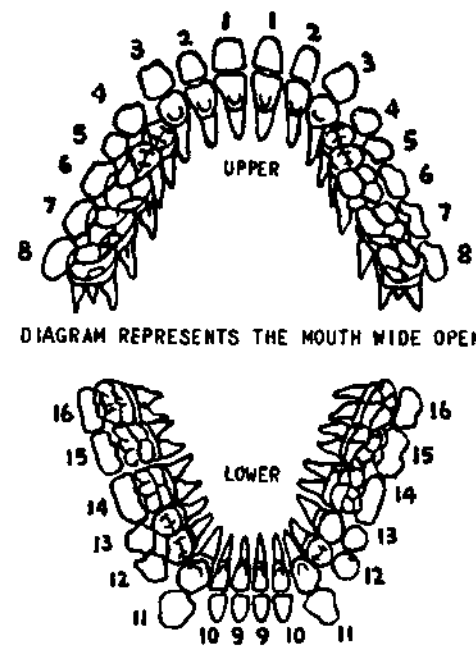




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

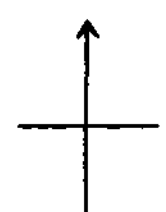
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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.

/cbf

APR 27 1948

RESTRICTED

38738

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

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

DATE OF REPORT
8 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2290 (Formerly UNK X-602, Possibly FULLER, L C, USAF Cem Layte #1, P.I.)		SERIAL No. BTB 34548589
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION BTB Protestant	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Vicinity of Lubi, Layte, 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 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL 1 Dec 47	STORAGE	HOUR 1100	BURIED IN (Shroud, blanket, or name of altar) Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. L	GRAVE No. CRYPT 4011
----------------------------	---------	--------------	---	------------------------------	-----------------	--------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Layte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 8519
---	---	----------	---------	-------------------

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-2292	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 4013
--	------	------------	--------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2288	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 4009
---	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT R R ACIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT L S PANOPTO, 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.

Incl 1551

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>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.

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-602 (Possibly FULLER, L. C.)

34 548 589

Grade

Organization

-

-

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8519

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. Original 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

Original tag

On Remains

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

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Original tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Engineer

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)

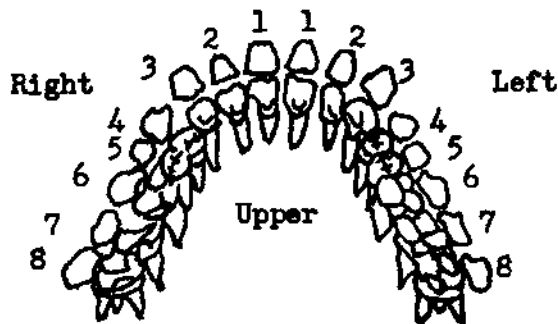
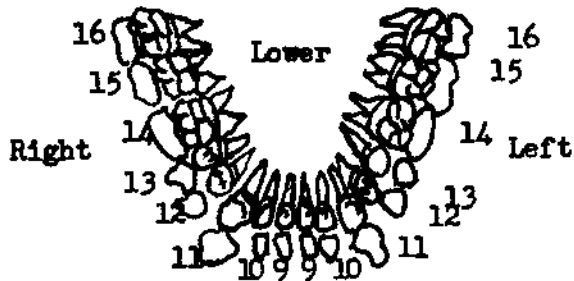


Diagram represents the mouth wide open



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".


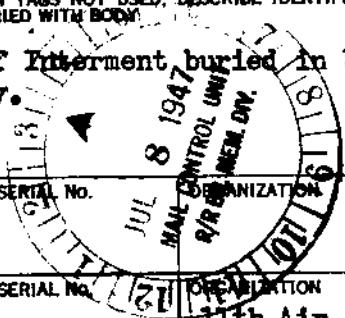
Remarks

N7-0887E-5

RESTRICTED

Not Entered 38738

8519

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-602, (Possibly FULLER, L. G.			SERIAL No. 34 548 589)			
		GRADE -		ORGANIZATION -		BRANCH OF SERVICE -		
		RACE -		RELIGION Protestant		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Vicinity of IUBI, Leyte		CAUSE OF DEATH -				DATE OF DEATH		
EMERGENCY ADDRESSEE (Name, relationship, and address) -								
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 2		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) No								
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 29 May 1947		HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket "C" Type		TYPE OF GRAVE MARKER Reg. Cross	PLOT No. -	ROW No. -	GRAVE No. 8519
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				PLOT No. -	ROW No. -	GRAVE No. -
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY 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-601		RANK	SERIAL No. -	ORGANIZATION 11th Air Div.		GRAVE No. 8518		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) SZNURA, Victor		RANK	SERIAL No. 39556160	ORGANIZATION 11th Air Div.		GRAVE No. 8520		
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack R. Slagle, G.R.S.			SIGNATURE OF GRS OFFICER VERIFYING REPORT WILLIAM C. CLARK, 1st Lt., OMC					
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.								

RESTRICTED

Inc 11

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.

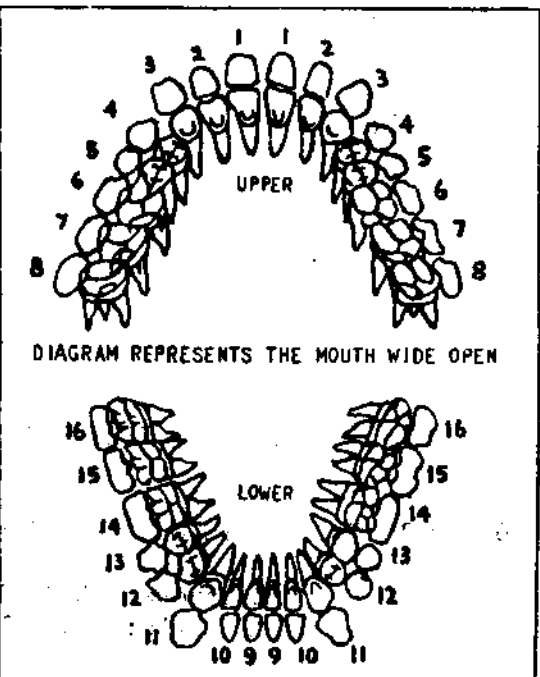
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

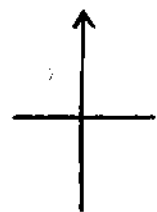
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS		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:

LEFT LITTLE FINGER	12 JUN 1947
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	

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

UNKNOWN X-602, (Possibly FULLER, L. C.)

34548589) DATE

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Vicinity of Iubd, Leyte

USAF CEMETERY LEYTE #1, P. I.

8519

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW















GRAVE NO.

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

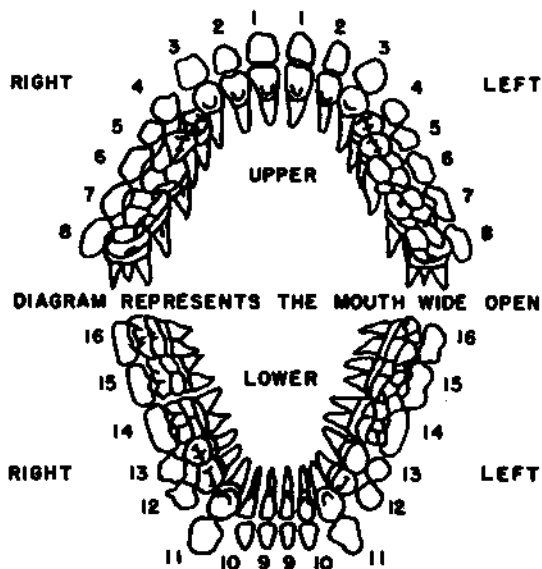
INSTRUCTIONS:

1. **ACCURACY AND ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY THAT:** SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



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

R E S T R I C T E D

HEADQUARTERS
U.S. ARMY CORPS OF ENGINEERS
APO 1000

RESCUE AND RECOVERY REPORT
FORM 1

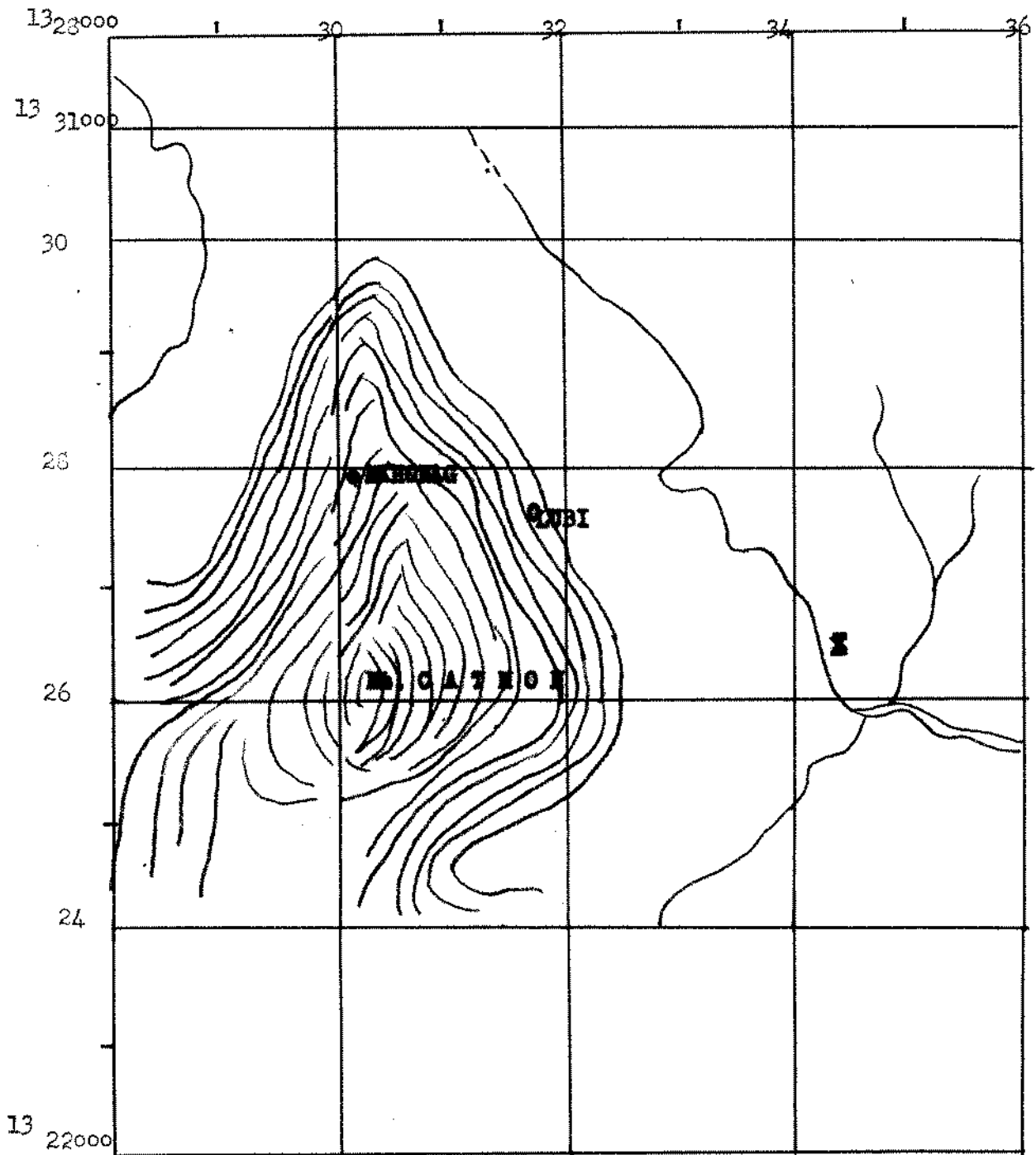
1. DATE AND TIME OF DEPARTURE: 12/5/47 0800
2. PARTY COMPOSED OF: 4 EM
3. TOW OR CARRIO: LUBI PROVINCE AND ISLAND: LEYTE, P. I.
4. PERSONS INTERVIEWED:
 - a. Eutiquio Camantang
 - b. Andres Casakit
 - c. _____
 - d. _____
 - e. _____
5. GUIDES:
 - a. _____
 - b. _____
 - c. _____
6. LOCATION OF REMAINS (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 CLUES FOUND WITH REMAINS:
 - a. Victor Szura 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-340 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 with FULLER and SZNURA has no identification whatsoever.

Search Party Leader

Tangente M. Marcial

T/Sgt. TANGENTE M. MARCIAL
ASN RA39216513



X- Location of Remains when recovered: Unk.X-602 (Possibly Fuller, I. C.)
 Map Ref: Special Map of Leyte (Mt. Catmon) Sheet 4543-IV
 Grid Coord: 1326.4-1334.5 Scale 1: 50,000