

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk Keys #1 X-605 (also Manila man X-2212)

SUBJECT

QMC FORM 1121
1 Aug 45

AIRMAIL

293 Unk P.I. (Miss) (Mans, Manila)
~~X-2212, X-3311, X-3315, 3363, 3402,~~
~~X-3419, 3423, 3738~~ 25 January 1950
CINCPAC 293
CIS Far East

SUBJECT: Identification of World War II Deceased

293 Unk. Leyte #1

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

X-605

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

Unknown X-2212	(formerly X-605, Leyte #1)
" X-3315	" X-194, "
" X-3363	" X-210, "
" X-3402	" X-336, "
" X-3419	" X-177, "
" X-3423	" X-183, "
" X-3738	" X-603, "
" X-3311	" X-186, "

Copy for each

2. Records of this Office indicate that the Mausoleum number for Unknown X-186, Leyte #1 is X-3311 instead of X-3911, as recorded on GRC Form 1044 forwarded by your Office.

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

FOR THE QUARTERMASTER GENERAL:

R. Miller:lrc
Salsar
JW
cc--Administrative Section
cc--CinCofS

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

REB

TEC

JUN 25 1950
CINCPAC

AIRMAIL

293 Unk. P.I. (misc) Maus. Manila
 X-2212 X-3255 HEADQUARTERS X-3315 X-3363-A
 X-3402-A X-3419 AMERICAN GRAVES REGISTRATION SERVICE
 X-3423 X-3738 X-3311
 PHILCOM ZONE

GRPZ 293

APO 900
 6 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-2212	AGRS	Mslm	UNKNOWN	✓X-3419	AGRS	Mslm
"	✓X-3255	"	"	"	✓X-3423	"	"
"	✓X-3315-A	"	"	"	✓X-3738	"	"
"	✓X-3363-A	"	"	"	X-3311	"	"
"	✓X-3402-A	"	"	"	✓X-3311	"	"

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
 JOHN SHYPUK
 1st Lt., Infantry
 Adjutant

*File 1-30-50
 Kinkland
 Ident.*

293 GRS Far East

QMMT 295
GRS Far East

25 January 1950

SUBJECT: Identification of World War II Deceased

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

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

2212
Unknown X-~~3335~~ (formerly X-605, Leyte #1)
" X-3315 " X-194, " "
" X-3363 " X-210, " "
" X-3402 " X-336, " "
" X-3419 " X-177, " "
" X-3423 " X-183, " "
" X-3738 " X-603, " "
" X-3211 " X-186, " "

2. Records of this Office indicate that the Mausoleum number for Unknown X-186, Leyte #1 is X-3311 instead of X-3911, as recorded on QMC Form 1044 forwarded by your Office.

3. Subject cases have been received 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

~~XXXXXXXX~~

OPZ 293

APO 300
6 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 #4000 293, OPZ (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown Remains, presently stored at AGPS 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-2212	AGPS	slm	UNKNOWN	X-3419	AGPS	slm
	X-3255				X-3423		
	X-3315-A				X-3738		
	X-3383-A				X-3311		
	X-3402-A						

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

FOR THE COMMANDING OFFICER:

9 Incls
GIC Form 1044 w/Certificates
of Unidentifiability

JOHN SHYGLA
1st Lt., Infantry
Adjutant

/ebc 1 /add	Interred 23 January 1950 J 16 8 Ft. M Kinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent						DISINTERMENT DIRECTIVE		
	SECTION A— NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 7740 00476		DATE 15 09 48 DAY MONTH YEAR			
NAME		SERIAL NUMBER		GRADE	ARM	RACE	RELIGION		
UNKNOWNX-000605		UNKNOWNX-000605			0	0	6		
CEMETERY				PLOT	ROW	GRAVE	DISPOSITION OF REMAINS		
LEYTE NO 1 P I						8466	7701	80	
							CODE	DIST. CTR.	
SECTION B — CONSIGNEE AND NEXT OF KIN									
NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS					NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)				
SECTION C — DISINTERMENT AND IDENTIFICATION									
NAME		SERIAL NUMBER		GRADE	DATE OF DEATH		DATE DISTINTERRED		
UNK X -605 MN-UNK X -2212							30 Sept 48		
IDENTIFICATION TAG ON		ORGANIZATION			RELIGION	IDENTIFICATION VERIFIED BY			
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		UNKNOWN				ROBERT F STEVENSON Embalmer NAME AND TITLE			
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT									
NATURE OF BURIAL					CONDITION OF REMAINS				
Shelter Half					Skeletal				
OTHER MEANS OF IDENTIFICATION									
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)									
(2) Tags MN-UNK X -2212									
REMAINS PREPARED AND PLACED IN CASKET									
DATE		BY							
30 Sept 48		ROBERT F STEVENSON							
CASKET SEALED BY					EMBALMER (Signature)				
ROBERT F STEVENSON					s/ Robert F Stevenson				
CASKET BOXED AND MARKED					SHIPPING ADDRESS VERIFIED BY				
DATE		WEYMAN L McGUIRE			TEOFILO M AMUTAN, 1st Lt, Inf				
30 Sept 48		Sgt, MC							
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.									
s/ Teofilo M Amutan, 1st Lt, Inf SIGNATURE OF AGRS INSPECTOR									
REMARKS AND SPECIAL INSTRUCTIONS									

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>Clare R. H. Mark</i>	DATE JAN 23 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
PACIFIC ZONE
AMERICAN GRAVES REGISTRATION SERVICE

6 Jan. 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 605, Plot _____,
Row _____, Grave 8466, USMC Leyte #1, F.I., have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:



B. MCNEMAR
Captain, OMC
Chief, Records Branch

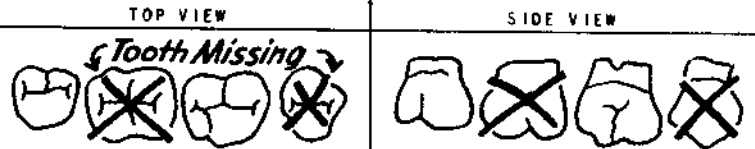
Atch: Form 1044

Received Jan 19 1950 OCMS
Not identifiable from
information presently
available Robert W. Miller

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-2212 (Formerly Unk X-605 Leyte Cem. #1, P.I.)			2. DATE OF REPORT 6 Jan 1950	
3. NAME OF CEMETERY AGRS Mauscleum, Manila P.I.		4. TYPE OF BURIAL Hanger Bay Crypt SIC K 3634		7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION				
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Skull badly crushed		
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				

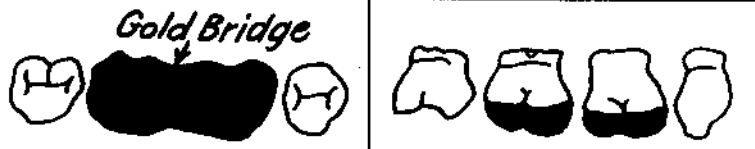
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:



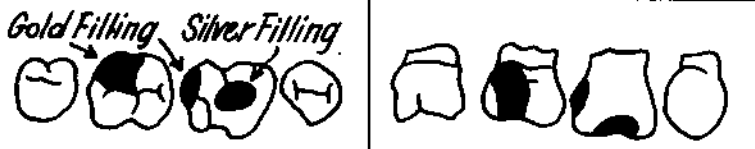
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



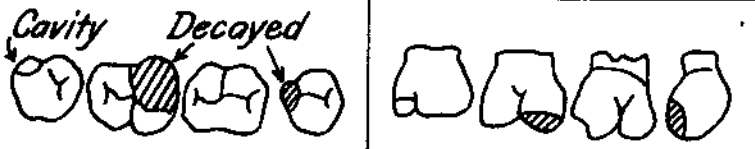
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

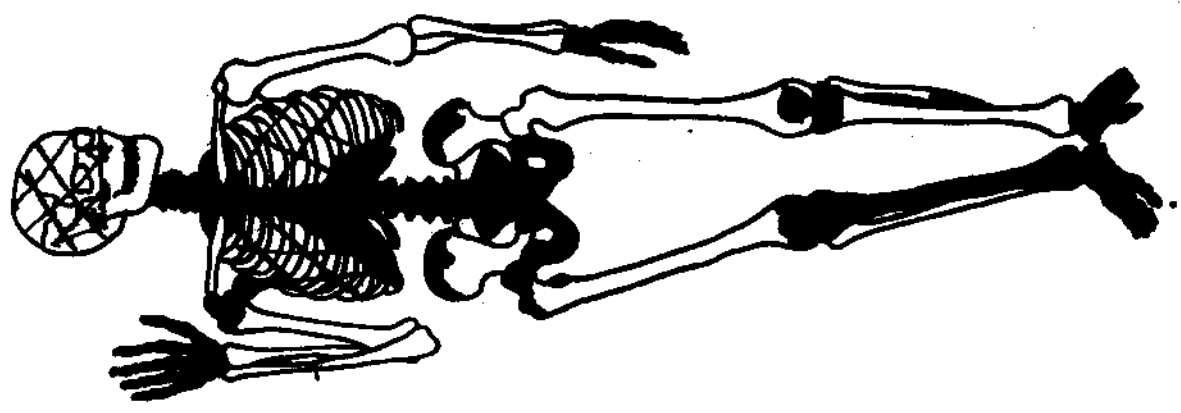


RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A	A	X	⊗	⊗	⊗	⊗	X	⊗	⊗	⊗	⊗	A	A	X		
Side View	[Side view drawings of teeth corresponding to the chart above]																Side View
Top View	[Top view drawings of teeth corresponding to the chart above]																Top View
Side View	[Side view drawings of teeth corresponding to the chart above]																Side View
		A	⊗	⊗	⊗			⊗	⊗	⊗			X		⊗		
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, Ident. 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 _____ 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 or personal effects found with remains.
Est. weight of remains - 5 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, Ident. Section

SIGNATURE

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2212 (Formerly Unk X-605)
 USAF Cemetery Leyte #1, P.I.
~~Hickman~~
 Cemetery AGRS Mausoleum Manila, P.I.
 Plot 810 HANGER K BAY CRYP3634
 Row Grave

AGRS Mausoleum Manila, P.I.

1. Arrived at ~~AGRS~~ 28 Nov 47

2. Place of death Vicinity of Ponso
 Ridge, Leyte, P.I.
 (Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

Leyte #1

3. Remains recovered or disinterred by _____
 (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	/		
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) **One (1) burial bottle with ROI was received with remains.**

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

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

Shoulder Patch _____

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

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

Age _____ Height ^{UTD} _____ Weight ^{UTD} _____ 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's peak, distinctive cutting or other characteristics)

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

Goatee (Light color, extent)

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

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

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

Tooth chart attached.

Teeth (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches UTD (Hat band)

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

Shoulders (Broad, straight, small, rounded) Arms (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 (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 One (1) burial bottle with ROI was found with remains.
No identification tags received.
Estimated weight of remains 5 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/ Julian H. Weddle

(Officer's Name)

Emb C-064965

Rank

Service

CIP, Lab. Manila, P.I.

(Organization)

28 Nov 47

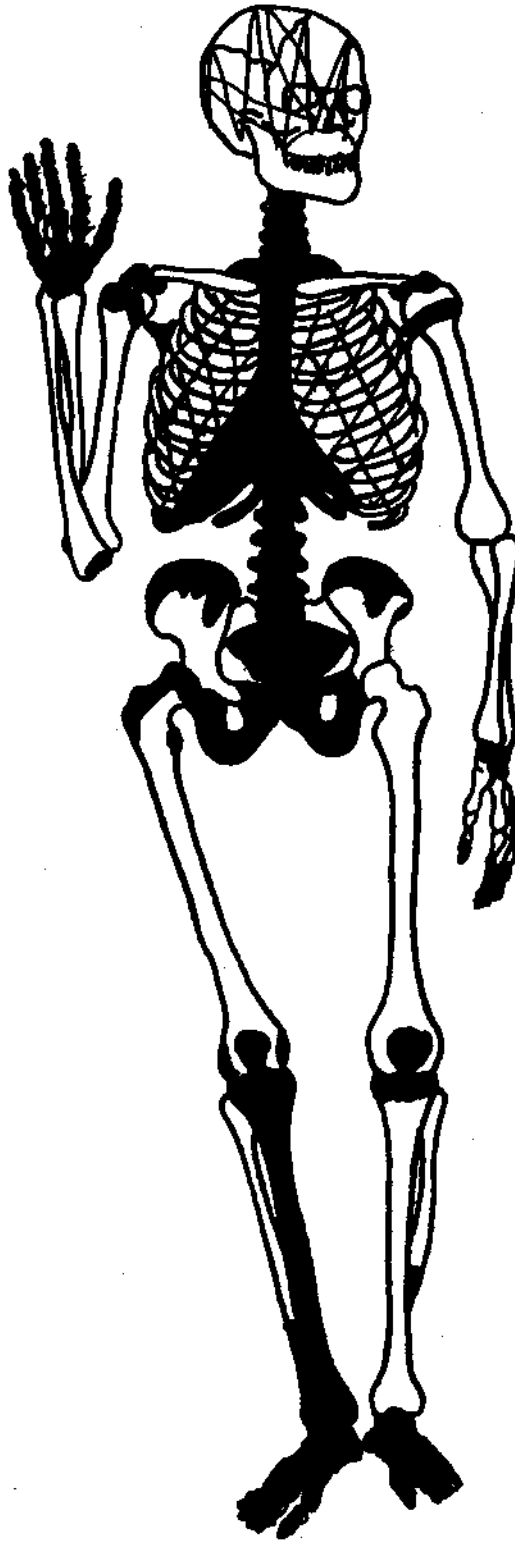
CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-2212



AMS

CHART "A"

/ZVR

X-2212

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.

UNKNOWN X-2212 (Formerly Unk X-605)
USAF Cemetery Leyte #1, P.I.)

28 Nov 47

LAST NAME FIRST INITIAL

Unknown

DATE
Unknown

Unknown

Unknown

Vicinity of ^{WWII}Podiso
Ridge, Leyte, P.I.

AGRS Mausoleum
Manila, P.I.

ORGANIZATION

810

K

3634

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

PLOT

ROW

GRAVE NO.

HANGER

BAY
















GRYPI

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	*	2	3	4	5	6	7	8		
		UPPER TEETH																	
TYPE			A	O	X	P	P	P	P		P	P	P	P	A	A	X		TYPE
LOCATION			o	o											ood	ood			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	P	P	P				P	P	P			X		P		TYPE
LOCATION		o		mo																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)

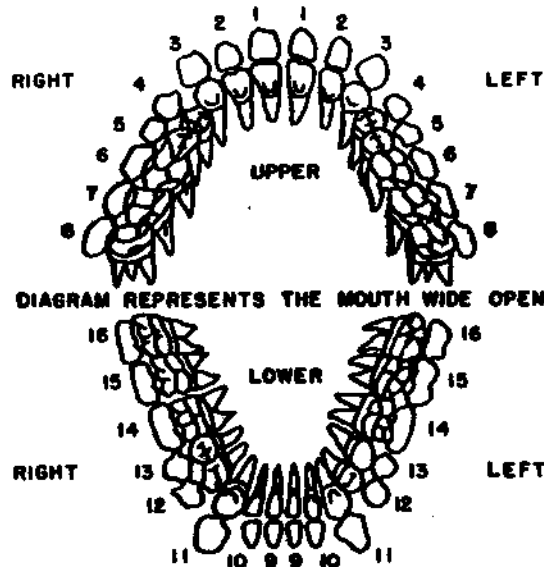
INSTRUCTIONS:

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, *eg*, 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:

Partial plate upper holding tooth R1. Plate connected to L5 and to R4.

L-12 discolored on the distal side.

/s/ Julian H. Weddle
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ JULIAN H. WEDDLE Emb
NAME AND RANK TYPED OR PRINTED

CIP, Lab. 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

28 Nov 47
DATE



CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

/ZVM

RESTRICTED

U 3030

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 2 Dec 47		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.		
		NAME (Last, first, middle initial) UNKNOWN X-2212 (Formerly Unk X-605 USAF Cemetery Leyte #1, P.I.)				Unknown		
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
PLACE OF DEATH Vicinity of Ponso Ridge, Leyte, P.I.		CAUSE OF DEATH Unknown		RACE Unknown			RELIGION Unknown	
				IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown								
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DETAILED IDENTIFICATION (If unidentified, fill in section 3 on reverse)						
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)								
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None								
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.								
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.								
DATE OF BURIAL STORAGE 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 810	ROW No. BAY K	GRAVE No. CRYPT 3634		
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. 8466
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <i>files 3. W. Walker 2/27/48 NAN</i>					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	STORER	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-2214		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3636			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2210		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3632			
SIGNATURE OF PERSON PREPARING REPORT R.R. ACIERTO, Pvt			SIGNATURE OF OFFICER VERIFYING REPORT R.S. PANOPID, 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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Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:






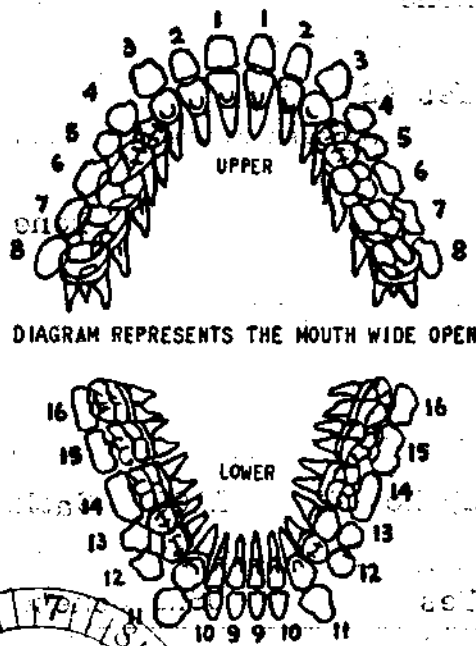
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

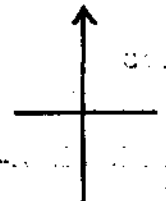
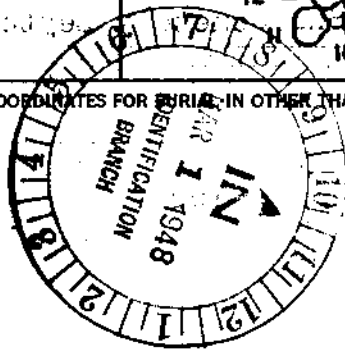
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p>  <p>CAVITIES</p> <p>CAVITY DECAYED</p>  <p>MISSING TEETH</p> <p>TOOTH MISSING</p>  <p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p>  <p>BRIDGE WORK</p> <p>GOLD BRIDGE</p> 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER		
LEFT MIDDLE FINGER		
LEFT INDEX FINGER		
LEFT THUMB		
RIGHT THUMB		

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



REMARKS:

Identification Check List and Dental Chart accomplished.

20 JAN 1948

REPORT OF DISINTERMENT FOR IDENTIFICATION

22 October 1947

1. Remains of (Name)

UNKNOWN X-605

Serial Number

-

Grade

Organization

-

-

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

8466

2. Date of Disinterment

22 October 1947

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original made in Type "C" casket burial. Substitute tags on remains and on marker coincide with R.O.I. on file. Skeletal remains incomplete. Skull fragmentated. Humerus, tibia, fibula and other major bones missing.

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

Substitute tag

On Remains

Substitute tag - R.O.I. 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. Nicholas
Sgt. Major, AFMAG, Cebu

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

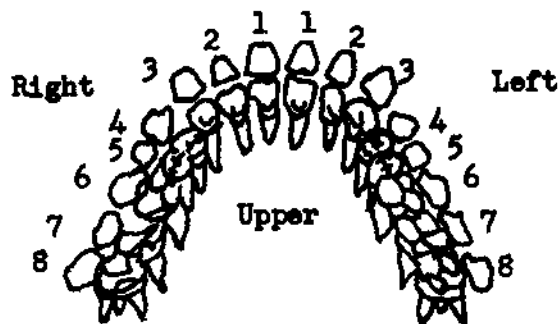
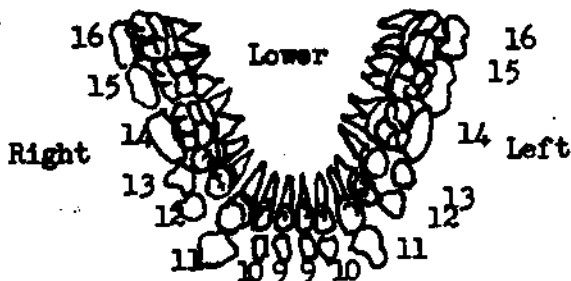


Diagram represents the mouth wide open



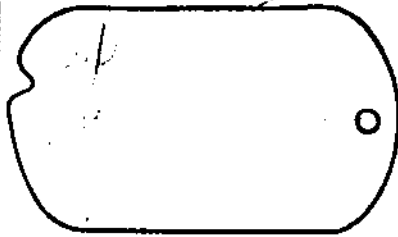
RESTRICTED

fca U 3030 8466

WD OMC FORM 1042
(Rev. 1 Apr. 1949)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

20 June 1947

Impress Identification Tag if Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-540

SERIAL No.

GRADE

-

ORGANIZATION

-

BRANCH OF SERVICE

-

RACE

-

RELIGION

-

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

-

PLACE OF DEATH

Vicinity of Ponso Ridge
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	HOUR	BURIED IN (Shroud, Mound, or name of altar)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
20 June 1947	1000	Casket "C" Type	Reg Cross			8466

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: 10°54'30" N-124°44'00" E
AAF Aeronautical Approach Chart, Cat. Quad Scale 1:250,000
Isolated Burial

TYPE OF RELIGIOUS CEREMONY

Catholic

PERSON CONDUCTING BURIAL RITES

Rev. Fr Cepriano Urgel

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

Report of interment buried in bottle
with

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-540 (Possibly PARKER, Creede L.)

RANK

Pvt

SERIAL NO.

1947
30919 220

ORGANIZATION

AUG 1947

GRAVE No.

103 8465

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)

UNKNOWN X-545

RANK

Pvt

SERIAL NO.

1947
30919 220

ORGANIZATION

AUG 1947

GRAVE No.

103 8467

SIGNATURE OF PERSON PREPARING REPORT

Cpl Jack G. Spagle GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Ramon Thomas
RAMON THOMAS, Capt., 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 Office. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Incl 3

Section 1.— UNIDENTIFIED REMAINS.

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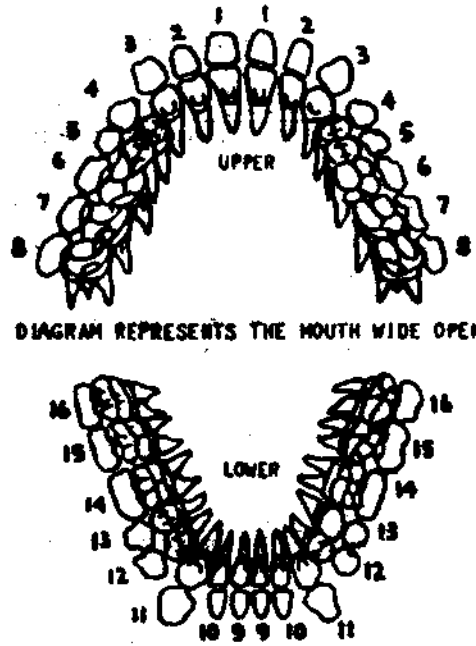




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprinter prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

OTHER IDENTIFICATION CLUES

See attached A.G. 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

↑

11 JUL 1947

REMARKS: This grave was formerly occupied by GRANAL, Robert C., who was disinterred and prepared for shipment to the United States under the Current Death Program.

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.

17 June 1947
DATE

<u>UNKNOWN</u> <u>X-605</u>			
LAST NAME	FIRST	INITIAL	RANK
UNIT		ORGANIZATION	
<u>Vicinity of Ponso Ridge, Leyte, P.I.</u>		<u>USAF Cemetery Leyte #1,</u>	<u>8466</u>
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.

SEE REMARKS

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE		A		X	P	P	P	P		P	P	P		AA	AA	X	TYPE
LOCATION		O												ood	oo		LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE			A	P	P	P				P	P		P	X			TYPE
LOCATION			om														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)
POSTERIOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

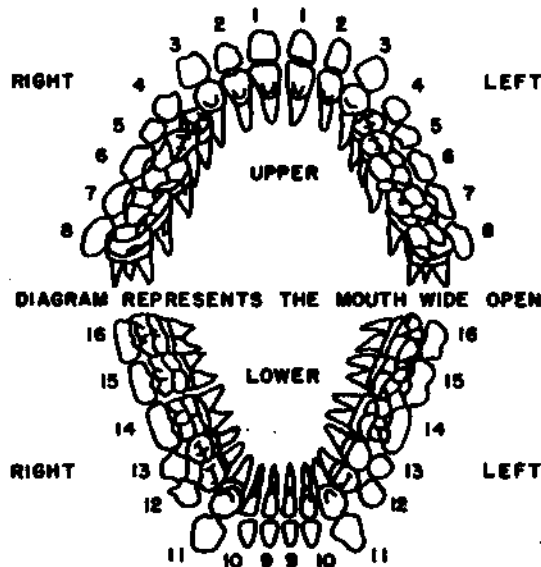
INSTRUCTIONS:

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:

Partial plate upper; holding tooth #1 upper left. Plate supported by teeth upper right #4 and upper left #5.

Paul R. Nichols
SIGNATURE OF PERSON WHO PREPARED CHART

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

USAF CEMETERY LEYTE #1, Leyte P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Ramon Thomas
VERIFIED BY GRS OFFICER

RAMON THOMAS, Capt., OMC
NAME AND RANK TYPED OR PRINTED

17 June 1947
DATE

R E S T R I C T E D

HEADQUARTERS
USAF CRYPTANALYTIC NO. 1
APO 3000

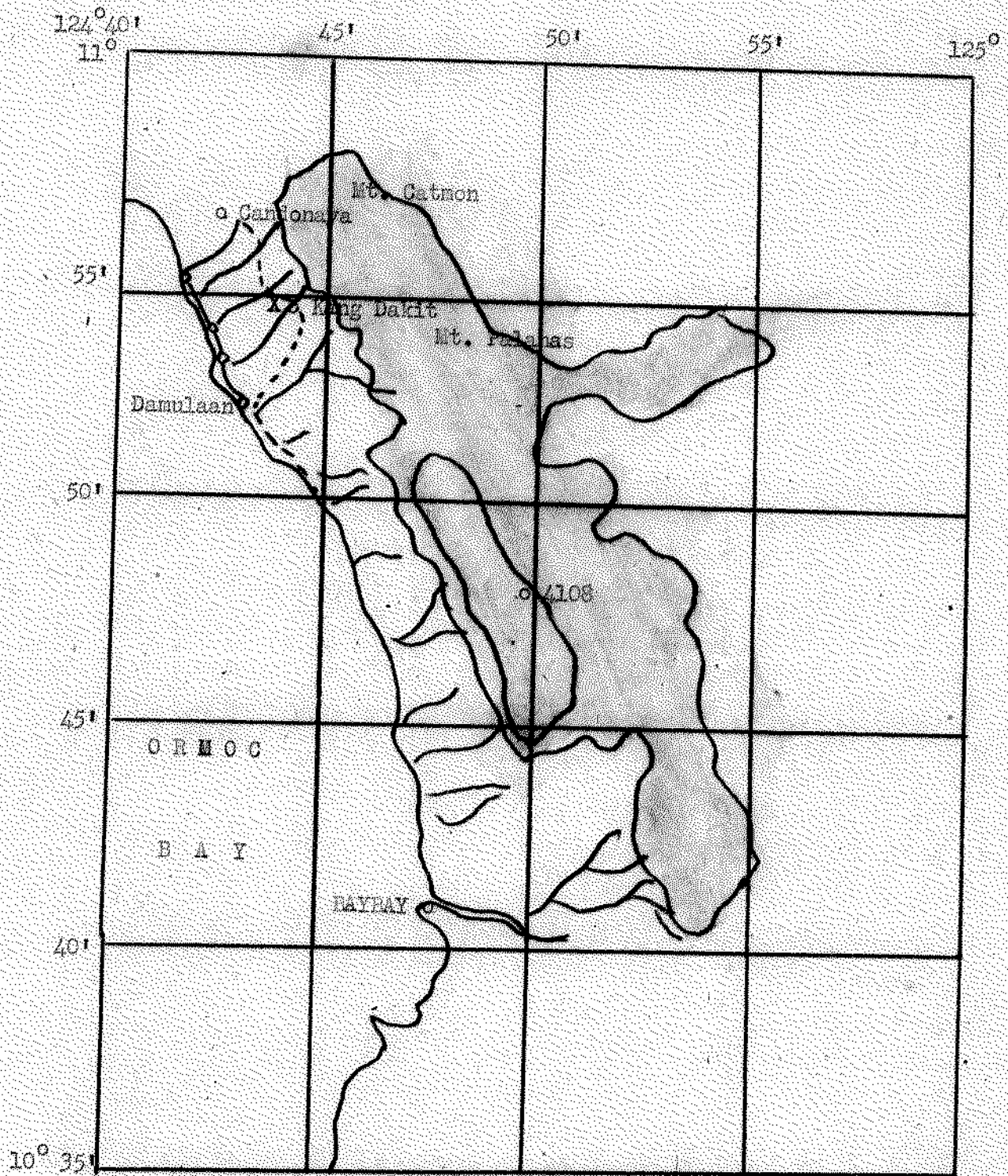
SEARCH AND RECOVERY REPORT
TRIP # 64 Search #1

1. DATE AND TIME OF DEPARTURE: 0730 8 June 1947
2. PARTY CONSISTED OF: 4EM
3. TOWN OR BARRIO: Vicinity of Ponso, PROVINCE AND ISLAND: Leyte, P.I.
Ridge
4. PERSONS INTERROGATED:
 - a. Melecio Manroc
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
 - g. _____
5. GUIDES:
 - a. Melecio Manroc
 - b. _____
 - c. _____
 - d. _____
6. LOCATION OF REMAINS (GRID COORD.): 10° 54' 30" N / 124° 44' 00" E
7. DATE AND TYPE OF RECOVERY: Isolated Burial 8 June 1947
8. NUMBER OF REMAINS RECOVERED: 1
9. CONDITION OF REMAINS: Completely Decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. _____
 - b. _____
 - c. NONE
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. _____
 - b. _____
 - c. NONE
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 8 June 1947 / 1730 Hr.
13. REMARKS: (SEE REVERSE SIDE) _____

REMARKS:

Search party was split into two sections, as we had two leads on remains and could not tell if they were the same. One party went into the mountain from Manog and one from Damulaan traveling north and swinging to the southwest. Body was recovered about six kilometers north of Damulaan. Remains was incomplete when recovered due to the fact that it must have received direct hit from heavy shell or mortar.

Harold J. Lemons
S/Sgt Harold J. Lemons



X- Location of remains when recovered X-605
 AAF Aeronautical Approach Chart Catbalogan Quad (742 B IV)
 Grid Coord: 10° 54' 30" N-124° 44' 00" E
 Scale 1: 250,000