

2

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Wick Lytton, X-606 (also Manila man X-2291)

SUBJECT

QMC FORM 1121  
1 Aug 45

**AIRMAIL**

*293 Unknown P.I. X-606 (Ft. McKinley)*

*X*  
ORIG 293  
GNS Far East

17 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 Certificate of Unidentifiability for the remains of Unknown X-2291, AGRS Mausoleum Manila, formerly X-606, USAF Cemetery Leyte #1.
2. Recommendation for unidentifiability has been approved by this Office. Request your records be amended accordingly.

**FOR THE QUARTERMASTER GENERAL:**

*edr*  
*ep*  
E.A. Kazup:lrc  
Salser  
JW

T. H. NETZ  
Lt. Colonel, OMC  
Memorial Division

*YAM*  
REB  
TEC

cc--Administrative Section  
cc--Cincfe

**JAN 18 4 10 PM '50**  
**O. O. M. G.**  
**MAIL & RECORDS BRANCH**

*293 Unknown P.I. X-606 (Leyte #1)*

**AIRMAIL**

GRPZ 293

APO 900  
22 December 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 QMGLU 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-291	Sta Barbara #1	UNKNOWN X-1969	AGRS Mslm
X-933	AGRS Mslm	X-2040	" "
X-946	" "	<del>X-2291</del>	" "
X-1151	" "	X-3812	" "
X-1361	" "	X-4451	" "
X-1363	" "	X-4624	" "
X-1367	" "	X-4639	" "
X-1679	" "	X-4809	" "
X-1684	" "	X-5103	" "
X-1690	" "		

(Formerly UNKNOWNNS X-273-A  
thru X-273-D-Group Burial)

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

FOR THE COMMANDING OFFICER:

19 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

4 Jan

/bpa 1 ✓	Interred 23 March 1950 L 17 71 1 McKinley <i>Carl R. H. Mark</i> <b>CAREL R. H. MARK</b> Cemetery Superintendent		M.K.
	SECTION A NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00519

DATE		15 05 48	
DAY	MONTH	YEAR	
NAME	SERIAL NUMBER	RANK	ARM
	UNKNOWN X-000606		0
CEMETERY			DATE OF DEATH
USAF CEMETERY LEYTE NO 1			DISPOSITION OF REMAINS
			7701 80
			CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY
		8522	PHILIPPINE ISLANDS
			CAUSE OF DEATH
			6

**SECTION B — CONSIGNEE AND NEXT OF KIN**

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

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-606 UNKNOWN X-2291 (MAUS)				24 Sept 1948
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 1

Two (2) Identification tags shows UNKNOWN X-2291 (MAUSOLEUM NUMBER)

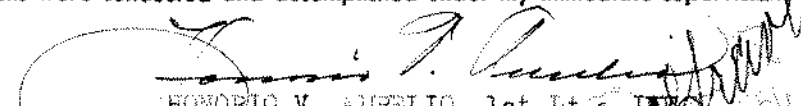
REMAINS PREPARED AND PLACED IN CASKET

DATE 24 Sept 1948 BY ROBERT F. STEVENSON

CASKET SEALED BY	EMBALMER (Signature)
ROBERT F. STEVENSON	<i>Robert F. Stevenson</i> ROBERT F. STEVENSON

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 24 Sep 48 BY HORACE L ALLISON, Sgt, INF	HONORIO V. AURELIO, 1st Lt., INF

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

  
 HONORIO V. AURELIO, 1st Lt., INF  
 SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>Fort McKinley Military Cemetery</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Hornak</i>	DATE <b>MAR 23 1950</b>

### 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 <i>(Faint text)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>(Faint text)</i>	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

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

### 7. SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

5 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-, 606, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 8522, USMC USAF Cem. Manila #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. McNEEMER  
Captain, QMC  
Chief, Records Branch

Attch: Form 1044

Received 4 Jan. 1950  
Not identifiable from  
information presently  
available 13 Jan. 1950  
*Ed Kauf*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-2291 (Formerly UNK X-606 Leyte #1)</b>				2. DATE OF REPORT <b>13 Dec 1949</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>810</b>	5. ROW <b>L</b>	6. GRAVE <b>4012</b>	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>130 lbs</b>	9. ESTIMATED HEIGHT <b>5'5"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
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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? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

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**

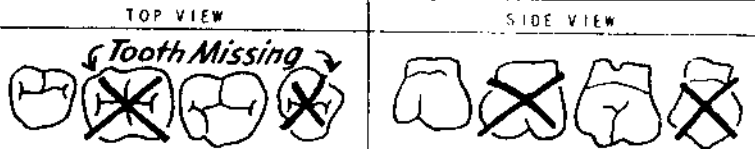
**"UNIDENTIFIABLE"**

**"BY REASON OF INADEQUATE IDENTIFYING DATA"**

18.

TOOTH CHART

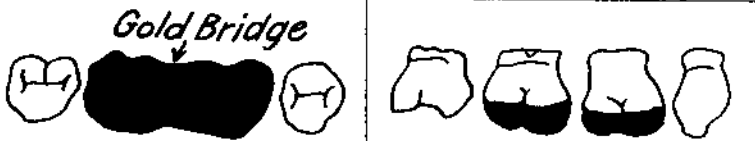
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:



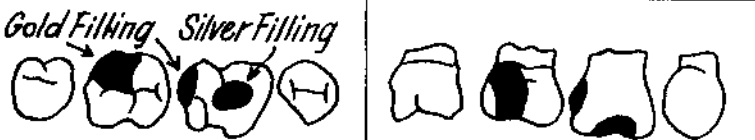
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN). THUS:



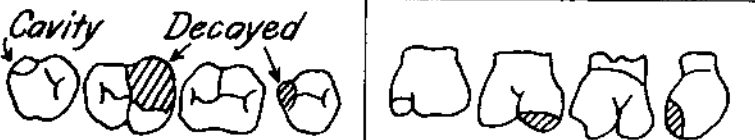
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



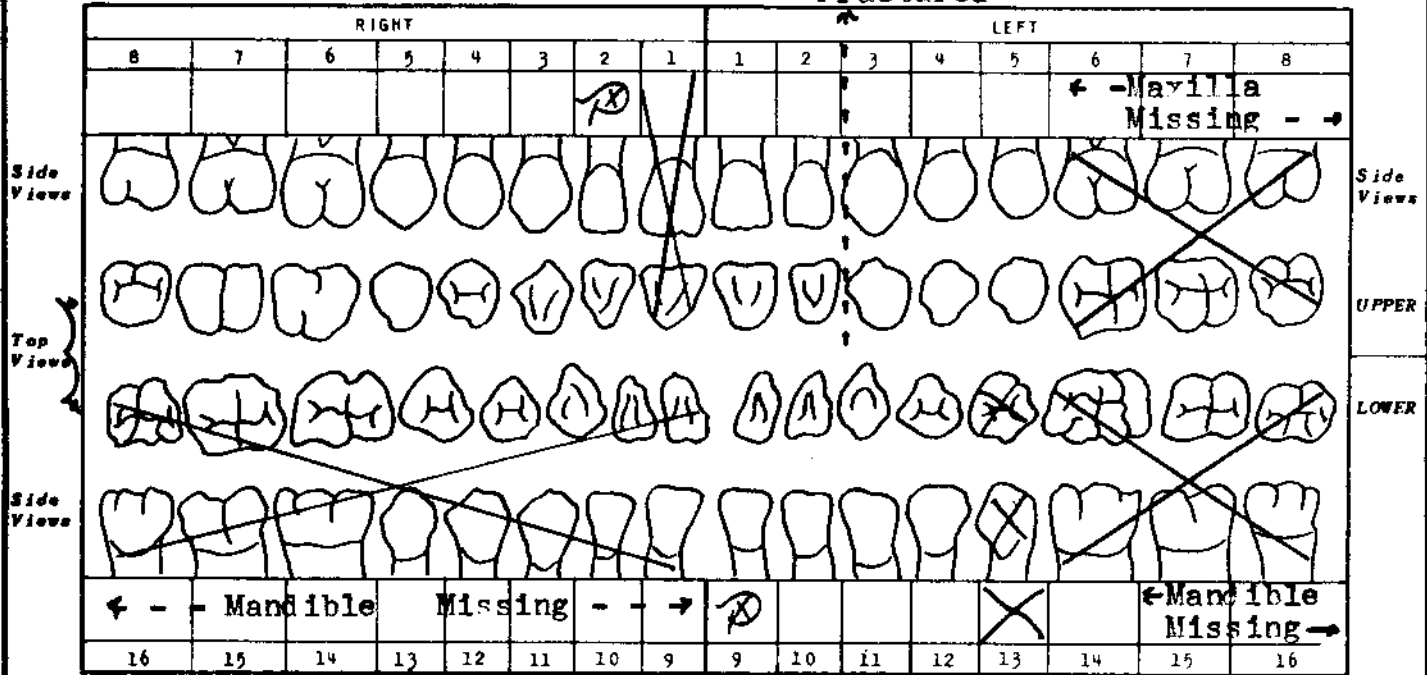
**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



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



Fractured



**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."

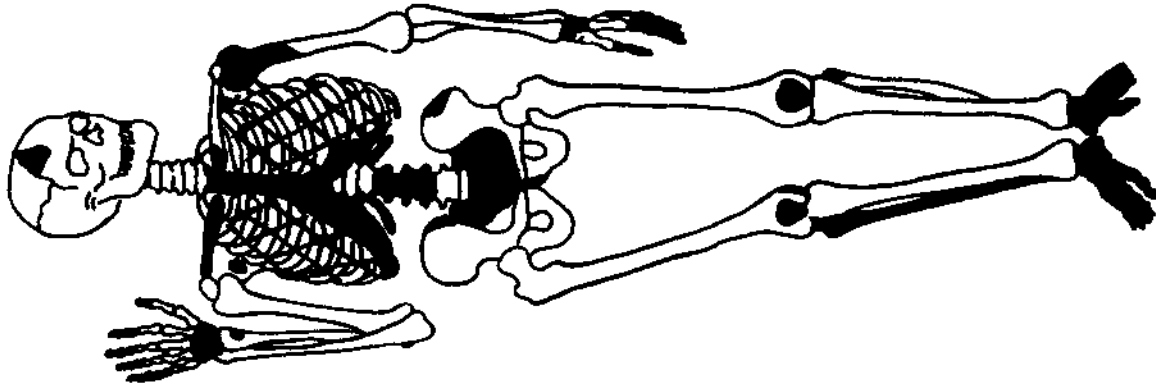
"UNIDENTIFIABLE"

*Paul R. Nichols*

"BY REASON OF IDENTIFICATION DATA" IDENTIFYING DATA PAUL R. NICHOLS  
Chief, Identification Section



19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

\_\_\_\_\_  
 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 6 lbs.

Circumference of skull - 20½ 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

/vei

APR 5 1947

RESTRICTED

U 3031

WD OMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Separates 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-2291 (Formerly UNK X-600  
USAF Cemetery Leyte #1, P.I.)

SERIAL No.  
Unknown

GRADE  
Unknown

ORGANIZATION  
Unknown

BRANCH OF SERVICE  
Unknown

RACE  
Unknown

RELIGION  
Unknown

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

PLACE OF DEATH  
Capatgan, 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)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

RECORDED  
BRANCH  
AR 23  
12 33 PM '47

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 1 Dec 47	1100	STORED Casket	None	810	L	4012

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Leyte #1, P.I.			8522

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2293				CRYPT 4014

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2289				CRYPT 4010

SIGNATURE OF PERSON PREPARING REPORT  
R R ACIERTO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
I S PANOPPO, 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 Office. Copies for retention in theater as prescribed by theater commander.

Dec 1976

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


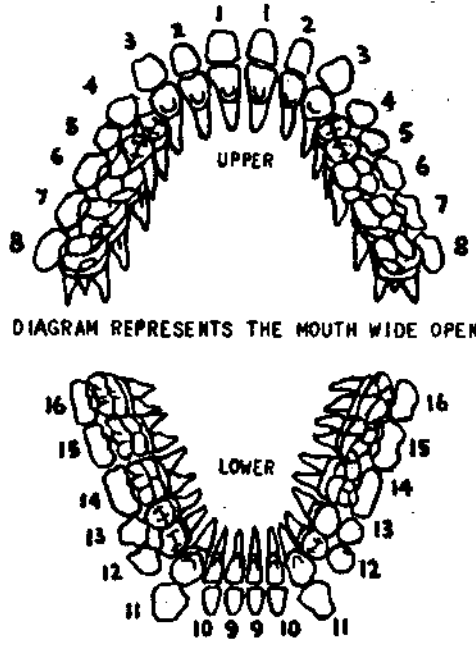




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

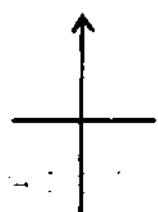
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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.

X-2291

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2291 (Formerly UNK X-606  
USAF Cemetery Leyte #1, P.I.)

29 Nov 47

DATE

LAST NAME

FIRST

INITIAL

Unknown  
RANK

Unknown  
SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION

Capatgan, Leyte, P.I.  
PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

810  
PLOT

L  
ROW

4012  
GRAVE NO.















See Remarks DANGER DAY CRYP

	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	
TYPE																
LOCATION																

See Remarks INSIDE — LOOKING OUT See Remarks

	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16	
TYPE																
LOCATION																

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

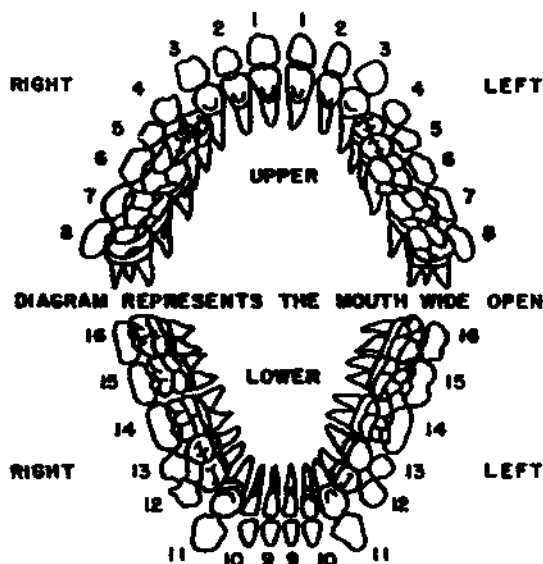
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:** R-1, L-6 & 7 cannot be determined whether X or  $\bar{X}$  because maxilla is missing.  
R-9,10,11,12,13,14,15,16, L-14, 15 & 16 cannot be determined whether X or PX because mandible is missing.

/s/ Primitivo C. Mojica  
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ PRIMITIVO C. MOJICA - Emb's  
NAME AND RANK TYPED OR PRINTED Aide

/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-2291 (Formerly UNK  
 X-606 USAF Cemetery  
~~UNKNOWN~~ Leyte #1, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 810 <sup>ROW</sup> Row L <sup>CRIP</sup> Grave 4012

C. I. P. AGRS  
 Mausoleum, Manila, P.I.

1. Arrived at ~~CEMETERY~~ 29 Nov 47  
(Hour) (Date)

2. Place of death Capatgan, 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 N	
Jacket, HBT		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) Burial bottle containing ROI.

(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 U.T.D. Est. Height 5' 5" Est. Weight 130 lbs Description of wounds \_\_\_\_\_

Bandages or dressings \_\_\_\_\_ Scars \_\_\_\_\_  
 (Length, width, location)

Tattoos \_\_\_\_\_  
 (Number, location -- illustrate on separate page)

Outstanding moles, warts or birthmarks \_\_\_\_\_  
 (Yes-no; description, location)

Sunburn or tan, other than hand and face \_\_\_\_\_

Complexion \_\_\_\_\_  
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build \_\_\_\_\_  
 (Large, fat, thin, muscular)

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

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

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

Goatee         
 (Light, color, extent)

Eyes        Eyebrows         
 (Color, setting, shape) (Color, hushiness, 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        **Skull**        **20 1/2"**  
 (Large, small, normal) Circumference of ~~neck~~ **head** in inches (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       

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        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 condition of remains.

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

9. Remarks No Identification tags, Personal effects, or other means of identification. Estimated weight of remains - 6 lbs.

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

/s/ Charles H. Vanderbilt  
(Officer's Name)

Emb. Sr. C-064897  
Rank Service

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

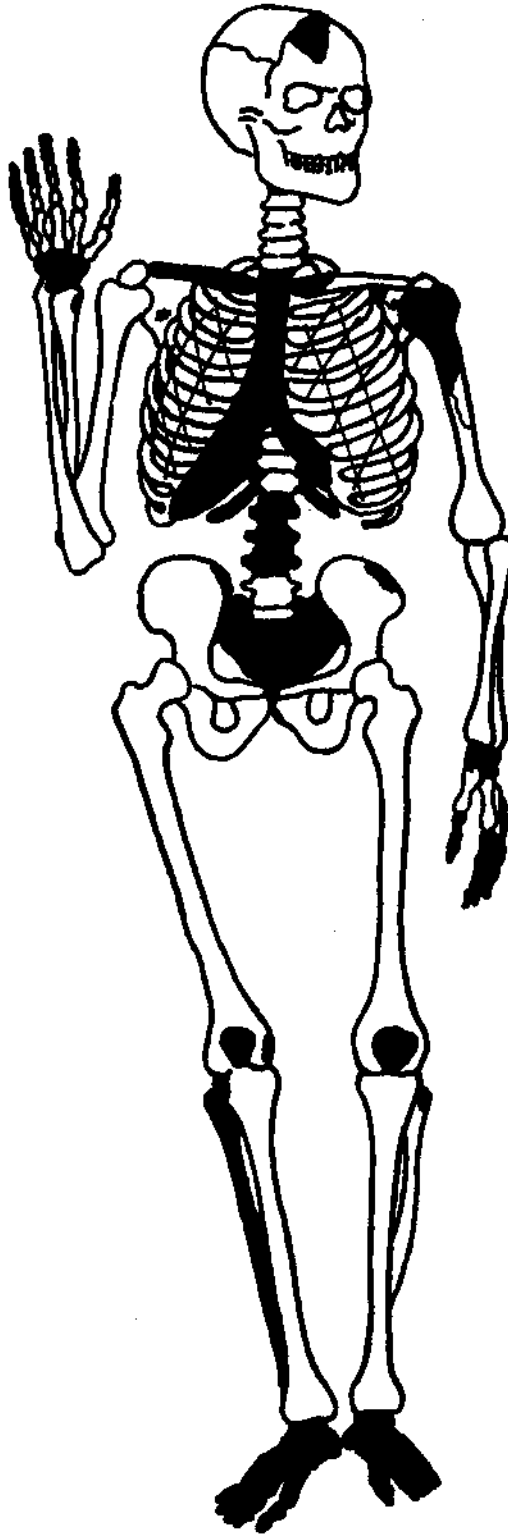
29 Nov 47

CERTIFIED TRUE COPY:

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

**SKELETAL CHART** X-2291

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Handwritten mark*

**CHART "A"**

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-606

-

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte Pl. P.I.

8522

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. Fibula, radius missing. Substitute tags on remains and on marker coincide with R.O.I. on file. No identification found on remains.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field Forge

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*  
PAUL R. NICHOLS, Embalmer

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



Crowned Teeth



Bridgework



Fillings

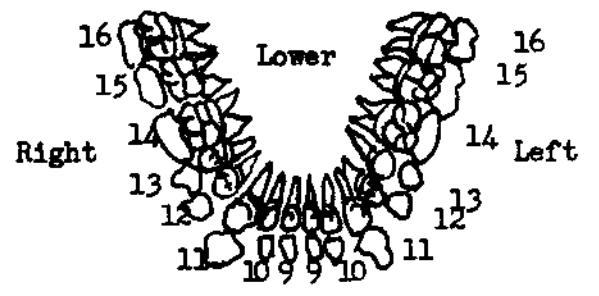
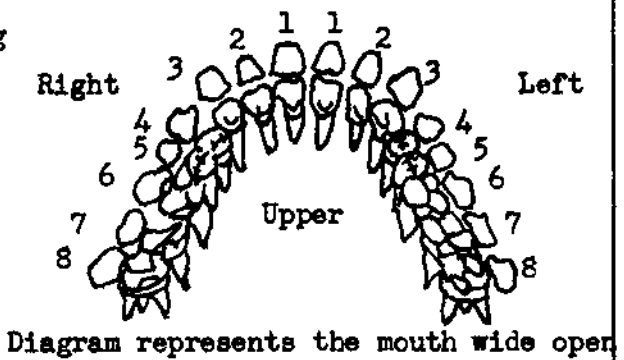


Caries (Cavities)



Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".


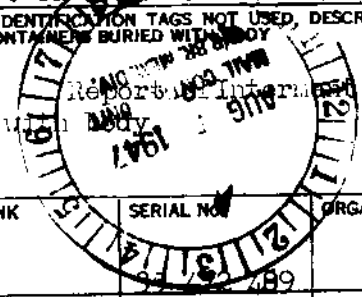
Remarks



RESTRICTED

U 3031

700 0702

WD GRC FORM 1042 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT June 20, 47
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-605 SERIAL No. —				
GRADE —		ORGANIZATION —		BRANCH OF SERVICE —		
RACE —		RELIGION —		IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY —		
PLACE OF DEATH Capatgan, 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 20 June 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. 8522
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°57' 20" N-124°43' 20"E. AAF Aeronautical Approach Chart Gate Way. Scale 1:25000			PLOT No.	ROW No. GRAVE No. Isolated	
TYPE OF RELIGIOUS CEREMONY Catholic	PERSON CONDUCTING BURIAL RITES Rev. Fr Gerriano Urgel		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY buried in bottle			
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) COOPER, Marshall E			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 8521
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Grave lot open this date			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT Cpl Jack H. Single GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT REMON THOMAS, Capt., GRC			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Incl 4

RESTRICTED

**Section 1.— IDENTIFIED 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.


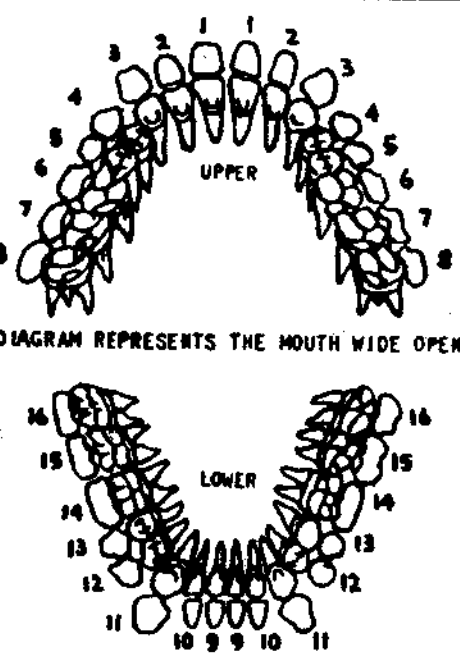




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

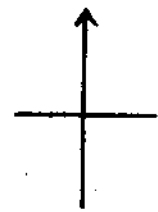
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

See attached 103 form 1045

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

11 JUL 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.
















17 June 1947  
DATE

<u>UNKNOWN</u> X-606			
LAST NAME	FIRST	INITIAL	RANK
UNIT		ORGANIZATION	
<u>Capatgan, Leyte, P.I.</u>	<u>USAF Cemetery Leyte #1, P.I.</u>	<u>8522</u>	
PLACE OF DEATH	PLACE OF BURIAL	PLOT ROW	GRAVE NO.

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

MISSING								INSIDE — LOOKING OUT				MISSING			
RIGHT				LOWER TEETH				LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE															TYPE
LOCATION															LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

**INSTRUCTIONS:**

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

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

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

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

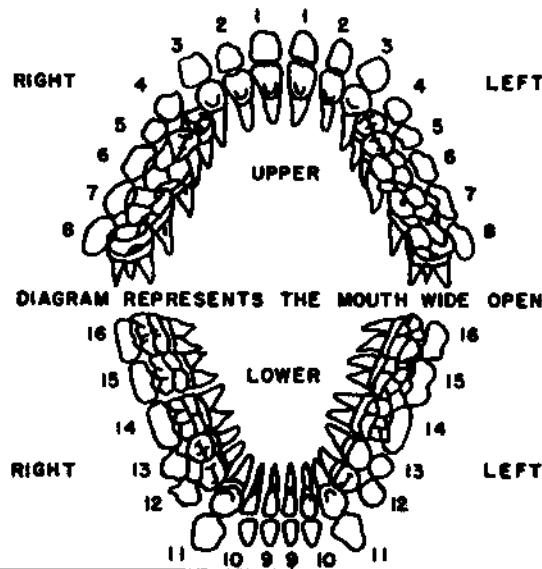


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

*Paul R. Nichols*  
SIGNATURE OF PERSON WHO PREPARED CHART

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

U.S. Cemetery Loyte #1, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*Ramon Thomas*  
VERIFIED BY GRS OFFICER

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

17 June 1947  
DATE



RESTRICTED

HEADQUARTERS  
USMC DISTRICT LYTE NO. 1  
APO 8000

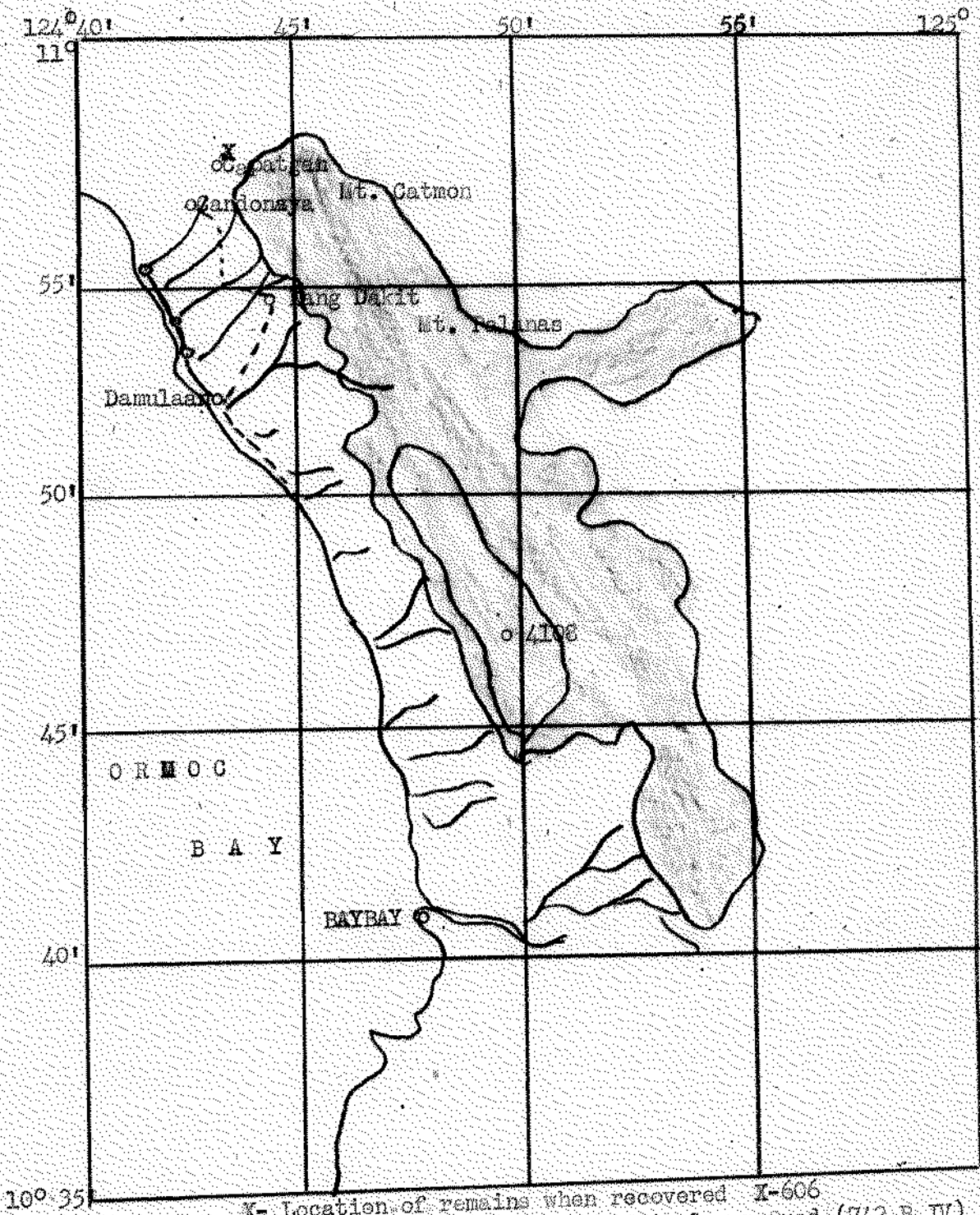
SEARCH AND RECOVERY REPORT  
TRIP # 63 Search #1

1. DATE AND TIME OF DEPARTURE: 4 June 1947 1000 Hours
2. PARTY CONSISTED OF: 4 EM
3. TOWN OR BARRIO: Capatgan PROVINCE AND ISLAND: Leyte, P. I.
4. PERSONS INTERROGATED:
  - a. Alfonso Pasaylo-on
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_
  - g. \_\_\_\_\_
5. GUIDES:
  - a. Alfonso Pasaylo-on
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
6. LOCATION OF REMAINS (GRID COORD.): 10° 57' 20" N- 124° 43' 20"
7. DATE AND TYPE OF RECOVERY: 12 June 1947 Isolated Burial
8. NUMBER OF REMAINS RECOVERED: 1
9. CONDITION OF REMAINS: Completely Decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
  - a. \_\_\_\_\_
  - b. N O N E
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
11. PERSONAL EFFECTS FOUND WITH REMAINS:
  - a. \_\_\_\_\_
  - b. N O N E
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
12. DATE AND TIME RETURNED: 14 June / 1947 / 1000 Hr.
13. REMARKS: (SEE REVERSE SIDE) \_\_\_\_\_

REMARKS:

This body recovered by the Party of four had no identification. The only identification found, to prove the grave was that of an American, was G.I. Belt, Cartridge belt, Atabrine and Malazon tablets.

*Marcial Jazgente*  
1/Sgt Marcial Jazgente  
Search Party Leader



X- Location of remains when recovered X-606  
 AAF Aeronautical Approach Chart Catbalogan Quad (742 B IV)  
 Grid Coord: 10°57' 20" N-124°43' 20"  
 Scale 1:250,000