### FILE IDENTIFICATION TOPPER

FILE NUMBER	Sente III	× 411	
QUB ICCT >> A	Manila Mins		ar Comment of the Com

OMC FORM 1121 1 Aug 45 OMENT 293

GRE Far Bast 293 Under P. M. (NISC) (NISC) (NISC) (NISC) (NISC)

SUBJECT: Identification of Worl War II focused

Leat Leady

TO: Comme

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

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

Unknown X-784, Leyte #1 X-63, Santa Parbare #1 X-188, AGNS Mausoleum, Manils P.I. X-336, X-3589, X-3636, X-3644, X-4604, X-4605, X-4606, X-4607 .. X-4869, X-4870, X=5096, X-2133, (formerly X-154, Santa Parbara #1) X-2136 X-190, X-2568, X-145, X-2369, X-146, X-2204, X-604, Leyte X-2219, X-540, X-2221, X-546 X-2222, X-571 g X-2226, X-611, X-2263, X-645, X-2288, X-600 a K-2294 . X-555,

2. 1 X-611 Sept

QUGMT 295

15 February 1950

GES Par Bast

SUBJECT: Identification of World War II Deceased

Unknown X-3424, (formerly X-190, Leyte #1)

" X-3548, " X-355 " "

" X-3723, " X-28, " "

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

FOR THE QUARTERMASTER GENERAL:

W. Bustace: lro
Sals or
JW
oc-Administrative Sootion
oc-Cinofe

T. H. WETZ

It. Colonel, QMC

Memorial Division

THE

TEC

1194

	1. S	HIPPED	
		TO	
ACRS Mausoleum		Fort McKinley Military Cemeter	Ÿ
ND OF CONVEYANCE		NAME OF CONVOYER	
Truck GNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATECAS
GNATURE OF SHIFFER			13 1886
		CulktonacksE	" <b>7</b> [VL
	2 \$	HIPPED	
NOW I	4. 4	10	
ROM			
		NAME OF CONVOYER	
IND OF CONVEYANCE			
	DATE	SIGNATURE OF RECEIVER	DATE
IGNATURE OF SHIPPER ;	DAIL	The second secon	
	***		
	2 (	SHIPPED	
901	¥- ¥	10	
ROM			
		NAME OF CONVOYER	
(IND OF CONVEYANCE		And Or College	
	DATE	SIGNATURE OF RECEIVER	DATE
IGNATURE OF SHIPPER	UASE	Substitution of the substi	
	ļ		1 .
		SHIPPED	
	7-	110	
FROM			
		NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
SIGNATURE OF SHIPPER	DAIL		al a teste e
		ti di	
	5.	SHIPPED	
FROM			
TROM			
- In an annual control of the contro		NAME OF CONVOYER	
KIND (OF COMARKAN LEISTRATIVE ORDER)	3		
NAMILA, PHILIPPINE ISLANDS	DATE	SIGNATURE OF RECEIVER	DATE
SIGNATURE OF SHIPPER	1000		
FORT MC REMLEY CEMETERY			
	2	SHIPPED	
	9.	170	<u> </u>
FROM		The second of th	
		NAME OF CONVOYER	····
KIND OF CONVEYANCE		NAME OF CONTOUR	* 1
COLUMNS OF CHOSE		SIGNATURE OF RECEIVER	DATE
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	
		ļ	
		CHIODED	
		. SHIPPED	
FROM			•
		NAME OF CONVOYER	
KIND OF CONVEYANCE		NAME OF CONVOYER	
CICALTIDE OF CHIPPED	DATE	SIGNATURE OF RECEIVER	DATE
SIGNATURE OF SHIPPER	DATE	Application at the second second	1
*		1	
1			
		ممرين	
			e§fuekt i i

Warran Dilika -

# HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

GRPZ 293

APO

900

16 January 1950

SUBJECT: Unidentifiable Remains

T():

The Cuartermaster 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-450 AGRS Mslm UNKNOWN X-2221 AGRS Mslm X-695 X-1214 X-2288 X-2204 X-3723 X-2219

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

FOR THE COMMANDING OFFICER:

9 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA lst Lt., Infantry Adjutant

#### HEADQUARTERS FHILOOM ZONE A ERICAL GRAVES REGISTRATION SERVICE

16 Jamery 1950 Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 611, Plot \_\_\_\_, Row , Grave 8530 , USMC USAF Cem., Leyte #1, P.I. , 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:

Captain, QWC

Chief, Records Branch

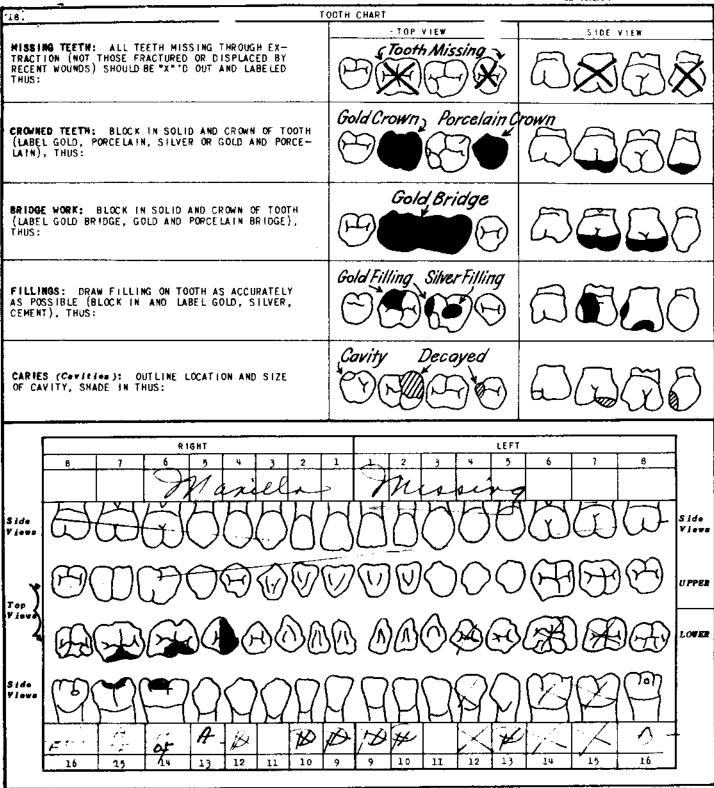
unina

Attch: Form 1044

Received 26 Agn 50 00MG
Not Identifiable that M. Euskere
Ident.

x-2226

•		IFICATION DATA		
REMAINS OF UNKNOWN (FOUNKNOWN X-2226	ormerly UNK X-611, P.I.)	, USAF Cem., Leyte #1	2. DATE OF RE-	PORT <b>ry 19</b> 50
NAME OF CEMETERY		4. PLOT 5. ROW		TE OF
		HANGER BAY	CRYPT	
AGRS Mausoleum, Ma		810 K	3649	<u></u>
ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	YSICAL DESCRIPTION  10. COLOR OF HAIR	11. RACE	<del></del>
UTD	UTD	UTD	UNK	
GIVE DESCRIPTION OF TATE	TOOS OR SCARS ON BODY A	NONE	INED FROM DIMER SOURCES	
		UTD		
WAS BODY BURNED?	TO WHAT EXTENT?			
YES X NO		<u></u>		<del> </del>
WAS BODY MANGLED?	TO WHAT EXTENT?			
DESCRIBE EVIDENCE OF HE	TALED ERACTHREE AND BON	C MALE ODMATIONS		<del></del>
		NONE		
SERVICE, ETC. (If laune	dry marka are indistinc	RSONAL EFFECTS FOUND, SHOW t auch notation should be not available in the area)	mede and specimen forwar	E, MARKINGS, død through
		NONE		

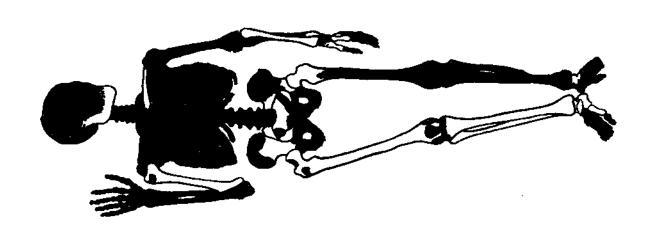


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

PAUL R. NICHOLS

Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOMERED



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

SIGNATURE OF MEDICAL OFFICER

21- REMARKS AND ADDITIONAL INFORMATION

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

Estimated weight of remains 3 lbs.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE

Faul R. Whihas

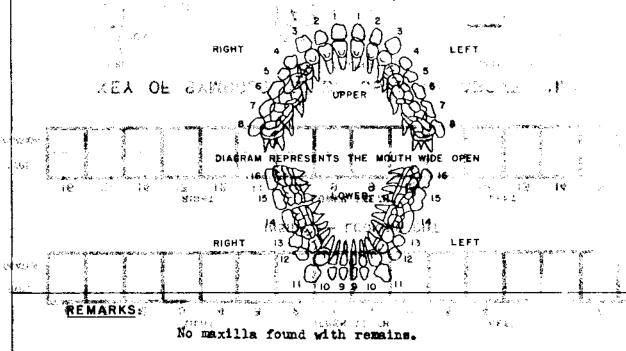
X-2226 ż IDENTIFICATION DENTAL TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON, AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED. 28 Nov 1947 UNKNOWN X-2226 (Formerly UNK X-611. DATE USAF Cem Leyte #1, P.I.) Unknown Unknown LAST NAME INITIAL RANK SERIAL NO. Unknown Possibly Army UNIT ORGANIZATION AGES Mansoleum, Mt. Palanas, Leyte, P.I. 810 3649 Manila, P.I. PLACE OF DEATH PLACE OF BURIAL . PLOT ROW GRAVE NO. maxilla mos my CRYP" HANGER BAY RIGHT UPPER TEETH LEFT 5 3 5 TYPE TYPE LOCATION CATION INSIDE - LOOKING OUT 10 10 16 15 9 11 12 13 15 16 TYPE TYPE LOCATION LOCATION KEY OF SYMBOLS TO BE USED ON ABOVE CHART TYPE OF FILLING LOCATION OF FILLING SYMBOLS IN IN IN UPPER HALF OF BOX WHOLE BOX LOWER HALF OF BOX **AMALGAM** MESIAL **EXTRACTED** (SILVER) (BETWEEN-TOWARD FRONT) m CAVITY INDICATE OCCLUSAL GOLD LOCATION (BITING SURFACE BACK TEETH) 0 FIXED BRIDGE SILICATE OR DISTAL (INCL. ABUTMENTS) PORCELAIN (BETWEEN - TOWARD BACK) d TEETH REPLACED 0 OXYPHOSPATE LINGUAL BY DENTURE (CEMENT) (TOWARD TONGUE) 1 POSTHUMOUSLY MISSING FACIAL (TOWARD CHEEK) (LOST AFTER DEATH) F

QMC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

#### INSTRUCTIONS:

- L ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PAPAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
- 2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TLETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
- 3: ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED, DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, C.O., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
  - 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



6.0553 /s/ Julian H. Weddle
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Bennett Jr

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

/p/ JOHN H. BENETT JR

CIP LABORATORY, Manila, P. I. 28 Nov 47

PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

A CERTIFIED THUE COPT:

GEORGE T GAMBOA 2d Lt MAC

BURNAL ATTO THE ALLEGAN MARKSHIP OF

AGRC FORM No. 11 Revised 16 Sept. 1946 Formely "Check List of Unknowns")

## IDENTIFICATION CHECK LIST

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

			tery AGRS Mausoleum, Manila, P.J.
			810 Row To Grave 3649
AGRS Mausoles Arrived at ceme	um, Manila P.I.	47	
	(Hour) Mt. Palanas, L	(Date)	
Place of death	(Name of clos	lest town)	(Coordinates and letter Prefix, maps)
(Sheet,	, scale and serials used)	La contraction (toward)	
Damaine secove	red or disinterred by	. Leyte #1	
Kemanis lecove	rea or disinterrea by		Name and organization)
Evacuated to C	Cemetery by	(Nam	te and organization)
Description of	clothing and equipm	ent: (if clothes do not	fit, obtain size from body measurement
	•		
Item	Clothing		Indicate unusual markings
	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, et
Item  * Headgear	Markings	Arrest states and state statement.	color, wear, tear, repairs, et
Item  * Headgear	Markings	Arrest states and state statement.	<del>-</del>
Item  * Headgear  Raincoat  Overcoat	Markings (Type)		color, wear, tear, repairs, et
Item  * Headgear  Raincoat  Overcoat	Markings (Type)		color, wear, tear, repairs, et
Item  * Headgear  Raincoat  Overcoat  Jacket, Field	Markings (Type)		color, wear, tear, repairs, et
* Headgear	Markings (Type)		color, wear, tear, repairs, et
* Headgear	Markings (Type)		color, wear, tear, repairs, et
* Headgear	Markings (Type)		color, wear, tear, repairs, et
* Headgear	Markings (Type)		color, wear, tear, repairs, et
* Headgear	Markings (Type)		color, wear, tear, repairs, et
* Headgear  Raincoat  Overcoat  Jacket, Field  Jacket, Combat  Mackinaw  Sweater  Jacket, HBT  * Shirt, Wool  Undershirt, W	Markings (Type)		color, wear, tear, repairs, et
* Headgear  Raincoat  Overcoat  Jacket, Field  Jacket, Combat  Mackinaw  Sweater  Jacket, HBT  * Shirt, Wool  Undershirt, W	Markings (Type)  OD  ool		color, wear, tear, repairs, et

Drawers, cotton	<u>n</u>
Leggings, wool	N
Socks, cotton	
	(type)
Óvershoes	<u></u>
	(type)
(Other item) On	e (1) burial bottle with R.O.I. received.
•	
· If body is nude, sizes of these	items should be computed by measuring the remains
Chevrons or Insignia	N C
Shoulder Patch	(Type Tocation; shirt, jacket, coat, helmet)
Does clothing indicate tha	at deceased was a member of the Air, Ground or Naval Force?
Description of Remains:	Skeleton only - Skeletal chart attached.
Description of Remains:	Skeleton only - Skeletal chart attached.  UTD Weight UTD Description of wounds
Description of Remains:	Skeleton only - Skeletal chart attached.
Description of Remains:  Age Height  Bandages or dessings	Skeleton only - Skeletal chart attached.  UTD
Description of Remains:  Age Height  Bandages or dessings	Skeleton only - Skeletal chart attached.  UTD Weight UTD Description of wounds  Scars  (Length, width, location)  Tattoos (Number, location illustrate on separate page)
Description of Remains:  Age Height  Bandages or dessings  Outstanding moles, warts	Skeleton only - Skeletal chart attached.  UTD
Description of Remains:  Age Height  Bandages or dressings  Outstanding moles, warts  Sunburn or tan, other that	Skeleton only - Skeletal chart attached.  UTD
Description of Remains:  Age Height  Bandages or dressings  Outstanding moles, warts  Sunburn or tan, other that	Skeleton only - Skeletal chart attached.  UTD
Description of Remains:  Age Height  Bandages or dressings  Outstanding moles, warts  Sunburn or tan, other that	Skeleton only - Skeletal chart attached.  UTD Weight UTD Description of wounds  Scars  (Length, width, location)  Tattoos (Number, location illustrate on separate page)  or birthmarks  (Yes-no; description, location)  n hand and face  (Light, medium, dark, clear, pimplex, pocks, freckles)
Description of Remains:  Age Height  Bandages or dessings  Outstanding moles, warts  Sunburn or tan, other that  Complexion  Build  Hair	Skeleton only - Skeletal chart attached.  UTD Weight UTD Description of wounds  Scars  (Length, width, location)  Tattoos  (Number, location illustrate on separate page)  or birthmarks  (Yes-no; description, location)  In hand and face  (Light, medium, dark, clear, pimples, pocks, freckles)  (Large, fat, thin, muscular)
Description of Remains:  Age Height  Bandages or dressings  Outstanding moles, warts  Sunburn or tan, other that  Complexion  Build  Hair	Skeleton only - Skeletal chart attached.  UTD Weight UTD Description of wounds  Scars  (Length, width, location)  Tattoos (Number, location illustrate on separate page)  or birthmarks  (Yes-no; description, location)  n hand and face  (Light, medium, dark, clear, pimplex, pocks, freckles)

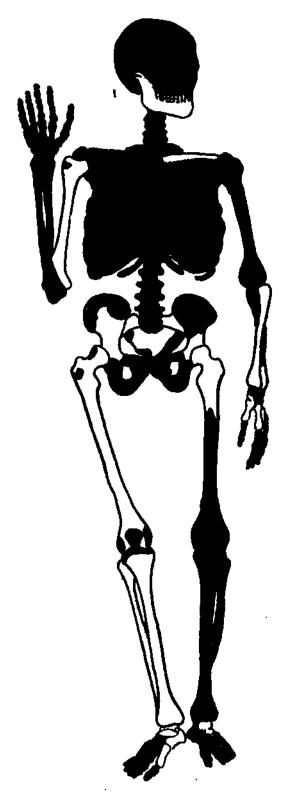
Nose (Color, setting, shape) T (Color, bushiness, extent across r	osej
(Color, setting, shape)  T  (Color, bushiness, extent across r  D  Eears	osej
(Color, setting, shape)  T  (Color, bushiness, extent across r  D  Eears	osej
NoseBears	
Nose Cears	
	,
(Size, shape, straight) (Size, set close to or far from head	
Mouth	
(Large, medium, small) (Small, large, full)	
Teeth Tooth chart attached.  (White, size, uneveness, spacing, noticeable crowns, fillings, extracts)	•·····
(Mark, Sin, Busiceles, Springer, Street, Springer, Sprin	
Chin	
(Prominent, receding, pointed, dimples, double)	
Jaw Circumference of head in inches UTD (Hat band)	
(Large, small, normal) (Hat band)	
$\mathcal{I}_{\mathcal{A}}$	
Neck Larynx	<del>-,</del>
(Size, length, short, normal, wrinkled) (Prominent, normal)	
Shaulders Arms	
Shoulders Arms (Length, muscular, color, extent and quantity	of hair
Ι,	
, , , , , , , , , , , , , , , , , , ,	
Hands T	
Fingers (Short, thick, long, sledder, size of knuckles, missing fingers or joints)	
(Unusual characteristics of tingernails)	
Chest	
Chest	
$^{\prime}_{I}$	
Waist	
(Size of naver, appendenting, amount quantity, and color of naver	
Back (Quantity and extent of hair) Circumcision Public Hair (Cole	
Herniaplasty (Yes-no; location)	
(Yes-no; location)	
Ι,	
Legs (fitscam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)	
(Hiseam, museular, knock-kneed, bowen, normal, quantity, color and extent of man)	
Feet Toes	
Feet Toes (Size, corns, callouses, flat) (Siender, straight, crooked, overlap)	
· //	
Evidence of healed fractures	
NOTE: Use attached charts "A" and "B" to indicate parts not received.	

		•		
Have fin	iger prints been place	d on Report of Int	terment?	No
	•			(Yes-no)
If not, ex	xplain D	us to condition	of remains.	
Has toot	h chart been prepare	d? Yes	If not, explain	
		(Yes-100)		
	One (2) 2000	* * * * * * * * * * * * * * * * * * *		
Remarks	OWS (I) BUILD	TT DOZETS ALED	MUL was found v	Ath remains. No I.D. ta
Estimat	ed weight of rem	ins 3 lbs.		
		- //- · · · · · · · · · · · · · · · · ·		
p				
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
I certify	that I have personally	viewed the remain	ns of subject deceas	sed and all resulting informatio
has been	recorded to the best	of my knowledge.	•	
			/s/ Julia	n H. Waddla
			/s/ Julia	n H. Weddle
			/s/ Julia	n H. Weddle (Officer's Name)
			/s/ Julia Embalmer	
				(Officer's Name)
			Embalmer Rank	(Officer's Name)  C=064965  Service
			Embalmer Rank	(Officer's Name) <b>C-</b> 064965

GEORGE T

SKELETAL CHART 1-2236

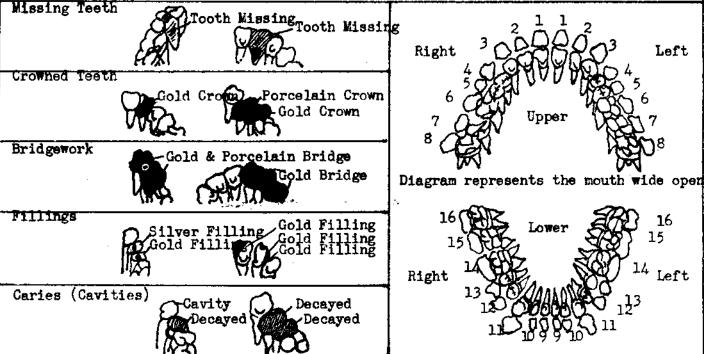
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



				_~_		
OMOForm 1044 Rev. I Apr. 1945		RESTRICTE	מ	),e		
REPORT OF	DISINTERMENT FOR	IDENTIFICATION	ľ	20 Oct	ober 1947	j
1.Remains of (Name)				Serial N	nmper	
unkkown x-611			·		-	
Grade	Organization					
-	_					
.Name, Number and	d Location of Cer	ne tery		Plot	Row	Grave No.
USAF Cemetery L						8530
2.Date of Disinter	rment					
20 October 1947			11111111 .B	Bods Unan	Dieinton	mom t
3.Report as to Na	ture of Original	Burial and Con	iition oi	Body opon	DIBINGEL	men.
Original ma	de in Type "C" ca	asket burial.	Skeletal 1	remains in	complete.	Skull,
one femur.	one tibia, fibula	a and two arm b	ones miss:	ing. Tag	on remain	s and
-	•					
tag on mark	er coincide with	M.O.I. on lile	. N.V.L.	Toung in	bottle co.	THOTAE
with other	R.O.I. Dental ch	art coincide wi	th origin	al dental	chart.	
4.What Identifica	tion Found at Ti	me of Disinte	ent: On M	arker		
Substitute	tag					
On Kemains	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u></u>	·		
Substitute	tea					
1	ction Used Upon R	einterment: On	Marker		<del></del>	
	-					
Held in Fie	eld Lorgue					
On Remains						
Substitute						
5.Signature of U	ficer Surpervisi	ng Disinterment	and Reir	iterment.		
Tanto.	1/ichola					
PAUL R. M	CHOIS: 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 ne 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.



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



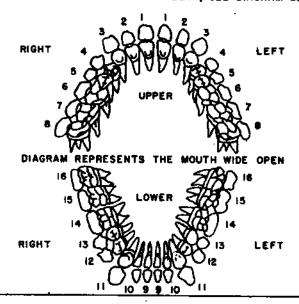
UNIT Lt. Falanas, Ley'e, P.I. USA? Cenetry Leyte 1  B 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  INSIDE — LOOKING OUT  INSIDE — LOOKING OUT  INSIDE — LOOKING OUT  INSIDE — LOOKING OUT  KEY OF SYMBOLS TO BE USED ON ABOVE CHART  SYMBOLS  IN HOLE BOX  UPPER HALF OF BOX  IN HOLE BOX  UPPER HALF OF BOX  IN HOLE BOX  UPPER HALF OF BOX  UPPER HALF OF BOX  IN HOLE BOX  UPPER HALF OF BOX  UPPER HALF OF BOX  UPPER HALF OF BOX  IN HOLE BOX  UPPER HALF OF BOX  LOCATION OF FILLING  IN HOLE BOX  UPPER HALF OF BOX  LOCATION OF FILLING  IN HOLE BOX  UPPER HALF OF BOX  UPPER HALF OF BOX  LOCATION OF FILLING  IN HOLE BOX  UPPER HALF OF BOX  LOCATION OF FILLING  IN HOLE BOX  UPPER HALF OF BOX  LOCATION OF FILLING  IN HOLE BOX  UPPER HALF OF BOX  LOCATION OF FILLING  IN HOLE BOX  UPPER HALF OF BOX  LOCATION OF FILLING  IN HOLE BOX  UPPER HALF OF BOX  LOCATION OF FILLING  IN HOLE BOX  UPPER HALF OF BOX  LOCATION OF FILLING  IN HOLE BOX  UPPER HALF OF BOX  LOCATION OF FILLING  IN HALF OF	ge verte to the		w / 12	ı									18 #	lugus DA	t 194 TE	.7
H. Palanas, Leyte, P.I. USA? Cenetry Leyte #1  PLACE OF DEATH  PLACE OF BURIAL  PLOT ROW  GRAVE NO.  RIGHT  B 7 6 5 4 3 2 PPER TEETH  INSIDE — LOOKING OUT  INSIDE — LOOKING OUT  INSIDE — LOOKING OUT  INSIDE — LOOKING OUT  KEY OF SYMBOLS TO BE USED ON ABOVE CHART  SYMBOLS  WHOLE BOX  UPPER HALF OF BOX  LOCATION OF FILLING IN LOCATION OF FILLIN			X-611	FIRS	T	(N)	TIAL	•	<u> </u>	RANK	<del></del>		\$ER	HAL N	Ö.	
PLACE OF DEATH  PLACE OF BURIAL  PLOT ROW GRAVE NO.  RIGHT  B 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8  INSIDE — LOOKING OUT  INSIDE — LOOKING OUT  LEFT  INSIDE — LOOKING OUT  INSIDE — LOOKING OUT  INSIDE — LOOKING OUT  LEFT  INSIDE — LOOKING OUT  INSIDE			U	NIT		·		-			ORG	ANIZAT	ION			
RIGHT 3 2 I I 2 3 4 5 6 7 8  INSIDE — LOOKING OUT  IS 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16  KEY OF SYMBOLS TO BE USED ON ABOVE CHART  SYMBOLS TYPE OF FILLING IN HALF OF BOX WHOLE BOX UPPER HALF OF BOX WHOLE BOX UPPER HALF OF BOX  EXTRACTED AMALGAM (SILVER)  FIXED BRIDGE (UNCL. ABUTMENTS)  FIXED BRIDGE (UNCL. ABUTMENTS)  TEETH REPLACED O OXYPHOSPATE  LINGUAL	Lit.	Pala	nas,	Ley	e, P	I. <u> </u>	USAJ	Cemet	ory .	eyte AL	<i>ÿ</i> 1	LOT	ROW			Ö.
INSIDE — LOOKING OUT  LEFT		1 2-02	J. JL.	-711												
INSIDE — LOOKING OUT  LEFT  INSIDE — LOOKING OUT  IN	۵	7	£	RIGH	HT	3	ا و	JPPER	TEETH	· 2	3	LE 4	FT 5	6	7	8
INSIDE — LOOKING OUT  IS 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16  ### ### ### ### ### ### ### ### ### #	1/20	/-	آ۷	j	7.	1.			М	Ţ		3	1	14	P	
TEETH REPLACED ON ON ABOVE CHART  LOCATION OF FILLING  IN CONTROLS  TYPE OF FILLING  IN CONTROLS  IN CONTROLS  TYPE OF FILLING  IN CONTROLS  TO BE USED ON ABOVE CHART  LOCATION OF FILLING  IN CONTROLS  IN CONTROLS  TEETH REPLACED  O OXYPHOSPATE  LINGUAL  LINGUAL  LINGUAL	//	7.7			_ر_	_ <b></b> _										
WHOLE BOX  UPPER HALF OF BOX  LOWER HALF OF BOX  MESIAL  (BITING SURFACE BACK TEI  TEETH REPLACED  OXYPHOSPATE  IN  LOWER HALF OF BOX  LOWER HALF OF BOX  MESIAL  (BETWEEN-TOWARD FROM  OCCLUSAL  (BITING SURFACE BACK TEI  d (BETWEEN-TOWARD BACK)  LINGUAL  LINGUAL				<i>F</i> S'	YMB	ols	TO	BE.	USI	ED (	ON A	ABO	VE (	CHAI	RT	Ç
EXTRACTED  A AMALGAM (SILVER)  TO CRETWEEN-TOWARD FROM OCCLUSAL (BITING SURFACE BACK TELL OCCUPANT OCCLUSAL (BITING SURFACE BACK TELL OCCUPANT OCCLUSAL (BITING SURFACE BACK TELL OCCUPANT O								IN					IN			
LOCATION  O (BITING SURFACE BACK TELL  FIXED BRIDGE (UNCL. ABUTMENTS)  S SILICATE OR PORCELAIN  DISTAL (BETWEEN - TOWARD BACK)  TEETH REPLACED  O XYPHOSPATE  LINGUAL	I	X		ACTED			A	AMA	LCAM	`	,				AESIAL	
UNCL. ABUTMENTS) PORCELAIN  d (BETWEEN-TOWARD BACK  TEETH REPLACED O OXYPHOSPATE LINGUAL		0			ICATE		G	<b>60</b> L	D			0	(BITIO			
TEETH REPEACE OF THE PROPERTY		$\overline{\nabla}$	5				S		_		-	d	(DET		_	D BACK
				Į				_								

QNC FORM 1845 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

#### INSTRUCTIONS:

- L AGGURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
- 2. HOTE 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 FILING 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:

SIGNATURE OF PERSON WHO PREPARES CHART

Edwin Gregurek
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1
PLACE OR HO WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

ALEROSIO P. SINGSON, 1st Lt., Inf.

18 August 1947

930-PHILRYCOM-4 47-30M

, ACRC FORM No. 11 Revised, 16 Sept. 1946 Formely "Check List of Unknowns")

## IDENTIFICATION CHECK LIST

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

			Unknown 3	<u> 611</u>	***************************************
			Cemetery	USAF Leyte	.7.1
			Plot	Row	Grave 3530
	Arrived at cemetery 23 June 1947 (Hour)				lanas, 400 yard
2.	Place of death Kaparasanan, Ley (Name of closest		northwest (Coor	of Dagotar	r Prefix, maps)
M	ap of Leyte, Series of 1934, Sc	ale 1:200,00	00		
<b>3</b> .	(Sheet, scale and serials used)  Remains recovered or desinterred by	3008th 91 0	3 60. 1st	<u> </u>	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
4	Evacuated to Cemetery by	t. 3008th 01	GR Co.		
1.	Evacuated to Cemetery by		(Name and o	rganization)	•
	Item Clothing Markings	Sizes			musual markings ar, tear, repairs, et
	* Headgear	ed - Monthadam			
	Raincoat	**************************************	<del>, , ,</del> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, <u>, , , , , , , , , , , , , , , , , , </u>	
	Overcoat				
	Jacket, Field				
	Jacket, Combat			- <u></u>	
	Mackinaw		$\leq$		**************************************
	Sweater	p		<del></del>	
	Jacket, HBT			<del>\W</del>	**************************************
	* Shirt, Wool OD	, q , <del>quited side (de l</del> e 100 111 <del>140 , militar pl</del> t s <del>, 100 100 juliu</del> 100			
	Undershirt, Wool	***************************************	984 - 27 - 4 <del>1997   - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -</del>		
	Undershirt, Cotton	117—1-111111111111111111111111111111111	<del></del>		
	Trousers, HBT		***************************************		
	* Trousers, Wool OD				

Belt, web		· · · · · · · · · · · · · · · · · · ·	***
	•		
	_		
•		7-	
Socks, cotto	n		
* Shoes	(type		
Overshoes .			
Web Equip	menț (type	3)	
(Other item	)	, 1	
(Other item	)	and the second s	
	nde, sizes of these items should be comp		`
Chevrons of			
Insignia		location; shirt, jacket, coat, helmet)	
Shoulder Pa	atch		
Description	of Remains: Skeleton only-		
		Description of wounds	
Bandages of	dressings	Scars	idth, location)
	(Number	Tattoos	idin, location)
Outstanding	moles, warts or birthmarks	(Yes-no; description, locat)	
Sunburn or	tan, other than hand and face	7	
Complexion	p	<b>\( -</b>	
•	(Light, med	lum, dark, clear, pimples, pocks, (reckles)	
Build	(lerce f	at, thin, muscular)	
Hair	•	2, (2,4) (1,4)	
	(Color, length, quantity, cu	irly, wavy, straight, whorls, or definite pa	rung)
Hair	(Baldana and the same and the s	))(-M(((((((((((((((((((((((((((((((	
	toetuness, widows peak, d	istinctive cutting or other characteristics)	
Sideburns	(Color, selling, shape)	(Color, size, shape)	(Length, heavy)

6.

	(Light, color, extent)		
ves		Eyebrow	/S
, +5	(Color, setting, shape)		(Color, bushiness, extent across nose)
nse		Eears	The frage bands
034	(Size, shape, straight)		(Size, set close to or far from head)
louth	4.400	Lips	(Carall Janes Call)
	(Large, medium, small)		(South, intege, turn)
eeth Tool	th Chart attached.	pp	
	(White, size, uneveness	, spacing, noticeable c	rowns, fillings, extracts)
hin			
-		receding, pointed, dir	
ı <b>w</b>	Circu	mference of head	in inches (Hat band)
(I.a	rge, small, normal) .		(nat Danu)
eck		Larynx	
	(Size, length, short, normal, wrink)	led)	(Prominent, normal)
houlders		Arms	the state of he
	(Broad, straight, small, rounded	u) (*** ::- <sub>8</sub> .:	h, muscular, color, extent and quantity of ha
u	(Short, thick, long,	slender, size of knuck	les, missing fingers or joints)
u	(Short, thick, long,	slender, size of knuck	les, missing Angers or joints)
	(Short, thick, long,	slender, size of knuck gracteristics of dingern	les, missing Angers or joints) ails)
	(Short, thick, long,	slender, size of knuck gracteristics of dingern	les, missing fingers or joints)
Chest	(Short, thick, long,  (Unusual che (Size of nipples, color, qu	slender, size of knuck aracteristics of fingern antity and extent of	les, missing fingers or joints) ails) hair, large, small, normal)
ChestVaist	(Short, thick, long,  (Unusual change)  (Size of nipples, color, quality of navel, appearance)	slender, size of knuck aracteristics of fingern antity and extent of ndectomy, amount, qua	les, missing fingers or joints)  ails)  hair, large, small, normal)  ntity, and color of halr)
ChestVaist	(Short, thick, long,  (Unusual che (Size of nipples, color, que (Size of navel, appe	slender, size of knuck aracteristics of fingern antity and extent of ndectomy, amount, qua	les, missing fingers or joints)  ails)  hair, large, small, normal)  ntity, and color of hair)  Pubic Hair
Chest	(Short, thick, long,  (Unusual chart)  (Size of nipples, color, quantity and extent of hair)	slender, size of knuck aracteristics of fingern antity and extent of ndectomy, amount, qua	les, missing fingers or joints)  ails)  hair, large, small, normal)  ntity, and color of hair)  Pubic Hair  (Yes-no) (Color)
Chest	(Short, thick, long,  (Unusual chart)  (Size of nipples, color, quantity and extent of hair)	slender, size of knuck aracteristics of lingern antity and extent of ndectomy, amount, qua	les, missing fingers or joints)  ails)  hair, large, small, normal)  ntity, and color of hair)  Pubic Hair  (Yes-no) (Color)
Chest	(Size of nipples, color, que (Size of navet, appearance) (Quantity and extent of hair)	slender, size of knuck aracteristics of lingern santity and extent of mdectomy, amount, qua	les, missing fingers or joints)  ails)  hair, large, small, normal)  ntity, and color of hair)  Pubic Hair  (Yes-no) (Color)
Chest	(Size of nipples, color, que (Size of navet, appearance) (Quantity and extent of hair)	slender, size of knuck aracteristics of lingern santity and extent of mdectomy, amount, qua	les, missing fingers or joints)  ails)  hair, large, small, normal)  ntity, and color of hair)  Pubic Hair  (Yes-no)  (Color)
Vaist	(Size of nipples, color, que  (Size of navet, appearance)  (Quantity and extent of hair)	slender, size of knuck aracteristics of lingern santity and extent of ndectomy, amount, qua	les, missing fingers or joints)  ails)  hair, large, small, normal)  ntity, and color of hair)  Pubic Hair  (Yes-no)  (Color)
Vaist	(Size of nipples, color, que (Size of navet, appearance)  (Quantity and extent of hair)	slender, size of knuck aracteristics of lingern santity and extent of ndectomy, amount, qua	les, missing fingers or joints)  ails)  hair, large, small, normal)  ntity, and color of hair)  Pubic Hair  (Yes-no)  (Color)
Vaist	(Size of nipples, color, que  (Size of navel, appearance)  (Quantity and extent of hair)  (Inseam, muscular, knock-kneed)	slender, size of knuck aracteristics of lingern nantity and extent of ndectomy, amount, qua	les, missing fingers or joints)  ails)  hair, large, small, normal)  ntity, and color of hair)  Pubic Hair  (Yes-no)  (Color)  nantity, color and extent of hair)  (Slender, straight, crooked, overlap)
Vaist	(Size of nipples, color, que  (Size of navel, appearance)  (Quantity and extent of hair)  (Inseam, muscular, knock-kneed)	slender, size of knuck aracteristics of lingern antity and extent of udectomy, amount, qua	les, missing fingers or joints)  ails)  hair, large, small, normal)  ntity, and color of hair)  Pubic Hair  (Yes-no)  (Color)

-- 3 --

		•	
7.	Have finger prints been placed on Report of Interment? No	·	
		(Yes-40)	
	If not, explain Due to condition of remains		
	Has tooth chart been prepared? Yes If not, explain		
	(Yes-no)	1	<u></u>
			************
	Remarks		
		49999	····
		•	
		and the second s	
	I certify that I have personally viewed the remains of subject dec	reased and all resulting inform	matic
	I certify that I have personally viewed the remains of subject dechas been recorded to the best of my knowledge.	reased and all resulting inform	matic
	I certify that I have personally viewed the remains of subject dechas been recorded to the best of my knowledge.	reased and all resulting inform	matic
	I certify that I have personally viewed the remains of subject dechas been recorded to the best of my knowledge.	reased and all resulting inform	matic
	I certify that I have personally viewed the remains of subject dechas been recorded to the best of my knowledge.	ceased and all resulting infor	matic
	I certify that I have personally viewed the remains of subject dechas been recorded to the best of my knowledge.	reased and all resulting inform	matic
	I certify that I have personally viewed the remains of subject dechas been recorded to the best of my knowledge.	mugn.	matic
	I certify that I have personally viewed the remains of subject dechas been recorded to the best of my knowledge.	ceased and all resulting information of the season of the	matic
	has been recorded to the best of my knowledge.	SINGS (Officer's Name)	matic
	I certify that I have personally viewed the remains of subject dechas been recorded to the best of my knowledge.  Let Lt.,  Rank	SINGSO. (Officers Name)  Infantry	· · · · · · · · · · · · · · · · · · ·
	has been recorded to the best of my knowledge.	SINGS (Officer's Name)	· · · · · · · · · · · · · · · · · · ·
	has been recorded to the best of my knowledge.	SINGSO. (Officers Name)  Infantry	· · · · · · · · · · · · · · · · · · ·

<del>-</del> 4 -

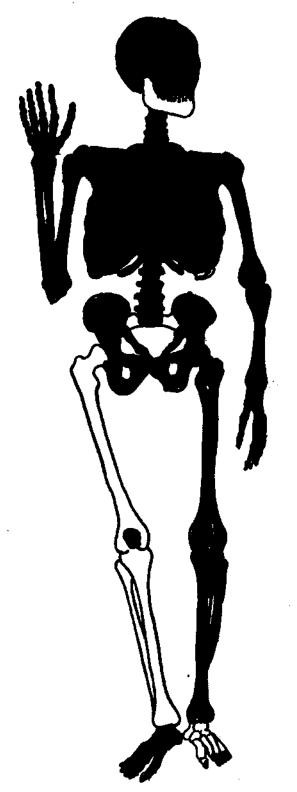
1461 FRITATION -4/47 - 400

· X-611.

# SKELETAL CHART

x-611

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



# RESTRICIED

# HEADQUARTERS USAF CENETRAY LEYTE NO. I APO 707

SEARCH AND RECOVERY REPORTABLE # 66 SEARCH / 1

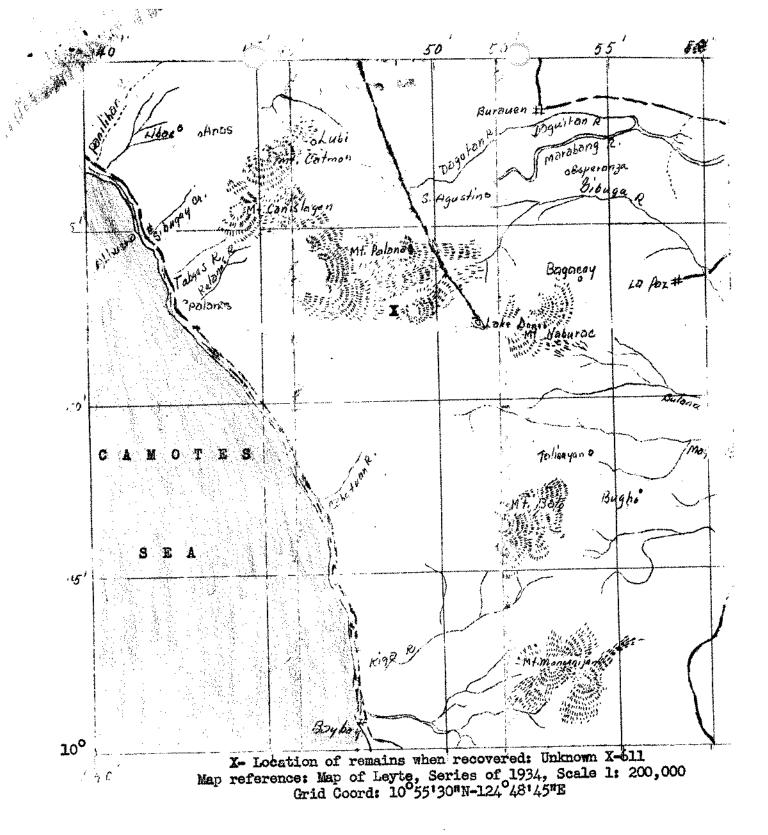
1.	DATE AND THEE OF DEPARTURE: 0800 18 June 1947
2.	PARTY CONSISTED OF: 4 EM
3.	TO'N OR BARRIO: Mt. Palanas PROVINCE OR ISLANDS: Leyte, P.I.
4.	PERSONS INTERROGATED:
	a. Alfonso Pasaylo-on b. Rafael Sera c. f.
5.	GUIDES:
	a. b. c. f.
5.	LOCATION OF RELAIDS (GRID COORD.) 10°55'30"N - 124°48' 45" E
7.	DATE AND TYPE OF RECOVERY: Isolated Burial
3.	BER OF REPAIRS DECOVERED: W/ W/ (3) W/ (Check one)
9.	CONDITION OF REPRINS: Completely Decomposed
10.	IDENTIFICATION CLUES FOUND TITH REMAINS:
	a. Remnants of fatigue clothing, Carbine rounds, Haversack & Atabrine tabletob.
11.	PERSONAL EFFECTS FOURD 'ITH RELAIFS:
	a. b. c. d.
12.	DATE AUL TIME RETURNED: 1400 28 June 1947
13.	RELARKS: (SEE REVERSE SIDE):

These remains were recovered 400 yards northeast of Dagotan river.

/s/ T/Sgt Tangente M Marcial Search Party Leader

A TRUE COPY:

A. P. SINGSON lst Lt., Inf.



WD QMC FORM 1042		KEDIIDI	OF INTERN	MENT STOR	ARE ?	DATE OF F	REPORT
(Rev. 1 Apr. 1945) (Supersades GRS Form 1)		(AR 30-181	0 and AR 3	A TATE STOR		]	
Imprint Identification DO NOT	n Tag If Possible	e.   Section 1.—IDENTIFICAT		0-1815)	· · · · · · · · · · · · · · · · · · ·	2 De	c 47
20 1101	TYPE	NAME (Last, first, middle in	eitial\			SERIAL NO.	
	/	ONKNOWN X-222	6 (Former)	y UNK X-611,	USAF	SERIAL IIV.	
5		102 203 00 HI,	P.I.)			Unkne	DWD.
(	0	GRADE	ORGANIZA	TION		BRANCH OF	
\	_	Unknown	Unkno				
		RACE	RELIGION		LIFOT		bly Army
		77			NAM	HER THAN U. IE OF COUNT	S. DEAD, GIVE RY
PLACE OF DEATH	<del>-</del>	Unknown	Unkno	M21			
Mt. Palanas,		CAUSE OF DEATH				DATE OF DE	ATH
Leyte, P.I.		Bakagya					
EMERGENCY ADDRESSEE (	Name, relationship,	and address)			·	Unknow	<b>n</b>
DENTIFICATION TACC FOR	THIS ON THE	Unknown					
DENTIFICATION TAGS FOL (1, 2, or none)	JND ON BODY	IF NO TAGS FOUND ON BOD	DY, DESCRIBE MEA	ANS OF IDENTIFICATION	ON (If unidens	tified, fill in sec	tion 3 on reverse
None							
VERE SUBSTITUTE TAGS PI	ROVIDED?(Yes or #	<u> </u>					
		"					
Yes (2)							
None	COMP ON BODY A	ND DISPOSITION OF SAME					
Hone Section 2.—BURIAL, If or	ther Than in asta	ablished cometery, furnish sk	etch and map co	ordinates on revers			
Hone Section 2.—BURIAL, If or	ther Than in Jeta	ablished cometery, furnish sk	etch and map co	ordinates on reverse	9.		
Mone	ther Than in Tax	ablished cometery, furnish eko ON OF CEMETERY	•		ð.		
Hone Section 2.—BURIAL, If or	ther Than in The	ablished cometery, furnish eko DN OF CEMETERY  AMERS MAUSULEUM	- MANILA.P	ı f.	<del>-</del>		
Section 2.—BURIAL. If of AME, NUMBER, COORDINA	ther Than in The Location Location Co. S. Hoor Co. S. Hor Co. S. Hor Co. S. Hor Co. S. Hoor Co. S. Hor Co	Abrs Mausuleum  Buried in (Shroud, blanket, o	- MANILA.P		PLOT		
Mone Section 2.—BURIAL. If of AME, NUMBER, COORDINA ATE OF BURIAL	ther Than in The	SURIED IN (Skroud, blanket, o	r name of other)	TYPE OF GRAVE MARKER	PLOT	NGEIR BA	Y CRYP
Mone  Section 2.—BURIAL. If or  AME, NUMBER, COORDINA  ATE OF BURIAL  29 FOR A	ther Than in The	SURIED IN (Skroud, blanket, o	r name of other)	TYPE OF GRAVE MARKER	PLOT	NGEIR BA	
Mone  Section 2.—BURIAL If or AME, NUMBER, COORDINA  ATE OF BURIAL  29 FOR A	ther Then in The The Then In The The Then In The Then In The The The Then In The	ALRS MAUSULEUM  BURIED IN (Shroud, blanket, o	or name of other)	TYPE OF GRAVE MARKER	PLOT	OF GRAVE	3649
ATE OF BURIAL  AS THIS A REBURIAL  Yea or no) SESTORED  Yes  PE OF RELIGIOUS	HOOR 2	BURIED IN (Skroud, blanket, o	or name of other)  DRDINATES OF PRE	TYPE OF GRAVE MARKER  None  EVIOUS CEMETERY, AN	PLOT 1/45 810 ND LOCATION PLOT	OF GRAVE	3649
ection 2.—BURIAL II of AME, NUMBER, COORDINA  ATE OF BURIAL  29 ROP 4  AS THIS A REBURIAL?  Yes or no) SESTORED  Yes PE OF RELIGIOUS	HOOR 2	ALRS MAUSULEUM  BURIED IN (Shroud, blanket, o	P.I.	TYPE OF GRAVE MARKER None EVIOUS CEMETERY, AN	PLOT FAR 810	OF GRAVE	3649
MODE  Section 2.—BURIAL. If of  AME, NUMBER, COORDINA  ATE OF BURIAL  29 NOPA  AS THIS A REBURIAL?  (Yes or no) RESTORED	HOOR 2	BURIED IN (Skroud, blanket, o	P.I.	TYPE OF GRAVE MARKER  None  EVIOUS CEMETERY, AN	PLOT FAR 810	OF GRAVE	3649
ATE OF BURIAL  AS THIS A REBURIAL?  (Yes or no) YESTORED  YES  (PE OF RELIGIOUS  EREMONY	HOOR Z	BURIED IN (Skroud, blanket, of SEBRE) CARKET INCHATE NAME, NUMBER, COCKER CTING BURIAL RITES  TIFICATION TAG ATTACHED TO	P.I.  IF IDENTIFIC CONTAINERS	TYPE OF GRAVE MARKER None EVIOUS CEMETERY, AN	PLOT FAR 810	OF GRAVE	3649
ATE OF BURIAL  AS THIS A REBURIAL?  Yes or no) SESTORED  YES  PE OF RELIGIOUS  ENTIFICATION TAG BURIEF  ODY (Yes or no) STUE:	HOUR 22 HOUR 22 HOUR 22 HOUR 22 PERSON CONDUC	BURIED IN (Shroud, blanket, of the state of	P.I.  IF IDENTIFIC CONTAINERS	TYPE OF GRAVE MARKER None EVIOUS CEMETERY, AN	PLOT FAR 810	OF GRAVE	3649
ATE OF BURIAL  AND REPURIAL  AS THIS A REBURIAL?  Yes or no) YESTORED  YES  PE OF RELIGIOUS  EREMONY  Yes or no) STIFE!  Yes  Yes	HOOR 2	BURIED IN (Skroud, blanket, of the sket)  BURIED IN (Skroud, blanket, of the sket)  Casket  INDITATE NAME, NUMBER, COCUMENTATE NAME, NUMBER, COCUMENTATION TAG ATTACHED TO RKER (Yes or no)	P.I.  IF IDENTIFIC CONTAINERS	TYPE OF GRAVE MARKER None EVIOUS CEMETERY, AN	PLOT FAR 810	OF GRAVE	3649
Socies 2.—BURIAL II of AME, NUMBER, COORDINA  ATE OF BURIAL  RESTRICT  AS THIS A REBURIAL?  Yes or no.)  YES TORED  YES  PE OF RELIGIOUS  EREMONY  Yes or no.)  YES  YES  YES  YES  YES  YES	HOOR 2	BURIED IN (Skroud, blanket, of the sket)  BURIED IN (Skroud, blanket, of the sket)  Casket  INDITATE NAME, NUMBER, COCUMENTATE NAME, NUMBER, COCUMENTATION TAG ATTACHED TO RKER (Yes or no)	P.I.  IF IDENTIFIC CONTAINERS	TYPE OF GRAVE MARKER None EVIOUS CEMETERY, AN	PLOT FAR 810	OF GRAVE NO. ROW !	NO.   GRAVE NO.   8530
TONE  SCHOOL 2—BURIAL IN OR  IME, NUMBER, COORDINA  THE OF BURIAL  STHIS A REBURIAL?  YES OF NO.) YES TORED  YES OF RELIGIOUS  EREMONY  YES OF NO.) STIFF:  YES  YES  YES  YES  YES  YES  YES  YE	HOOR 2	BURIED IN (Skroud, blanket, of the sket)  BURIED IN (Skroud, blanket, of the sket)  Casket  INDITATE NAME, NUMBER, COCUMENTATE NAME, NUMBER, COCUMENTATION TAG ATTACHED TO RKER (Yes or no)	P.I.  IF IDENTIFIC CONTAINERS	TYPE OF GRAVE MARKER  None  EVIOUS CEMETERY, AND US SEURIED WITH BODY	PLOT 1 AF 810 ND LOCATION PLOT	OF GRAVE NO. ROW !	NO. GRAVE NO. 8530 TION DATA AN
TONE  Sties 2.—BURIAL If or  IME, NUMBER, COORDINA  TE OF BURIAL  STHIS A REBURIAL?  Yes or no) STORED  Yes  PE OF RELIGIOUS  PERMONY  Yes or no) STORE  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	HOOR CONDUCTION OF THE PERSON CONDUCTION MARK	BURIED IN (Skroud, blanket, on SEPRE)  Casket  INDICATE NAME, NUMBER, COCKETERY  CTING BURIAL RITES  TIFICATION TAG ATTACHED TO RKER (Yes or no)  Yes  Indicated initial)	PROPRIETE OF PREDICTION OF PRE	TYPE OF GRAVE MARKER  None  EVIOUS CEMETERY, AND US SEURIED WITH BODY	PLOT 1 AF 810 ND LOCATION PLOT	OF GRAVE NO. ROW !	NO.   GRAVE NO.   8530
TONE  Sties 2.—BURIAL If or  IME, NUMBER, COORDINA  TE OF BURIAL  STHIS A REBURIAL?  Yes or no) STORED  Yes  PE OF RELIGIOUS  PERMONY  Yes or no) STORE  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	HOOR CONDUCTION OF THE PERSON CONDUCTION MARK	BURIED IN (Skroud, blanket, on SEPRE)  Casket  INDICATE NAME, NUMBER, COCKETERY  CING BURIAL RITES  TIFICATION TAG ATTACHED TO RKER (Yes or no)  Yes  In first, middle initial)	P.I.  IF IDENTIFIC CONTAINERS	TYPE OF GRAVE MARKER  None  EVIOUS CEMETERY, AND US SEURIED WITH BODY	PLOT 1 AF 810 ND LOCATION PLOT	OF GRAVE NO. ROW I	NO. GRAVE NO. 8530 THON DATA AN
SCTION 2—BURIAL II ON  IME, NUMBER, COORDINA  INTE OF BURIAL  STHIS A REBURIAL?  YES OF NO.) PESTORED  YES  PE OF RELIGIOUS  EREMONY  YES  YES  YES  YES  YES  YES  YES  Y	HOOR CONDUCTION OF THE PERSON CONDUCTION MARK	BURIED IN (Skroud, blanket, on SEPRE)  Casket  INDICATE NAME, NUMBER, COCKETERY  CING BURIAL RITES  TIFICATION TAG ATTACHED TO RKER (Yes or no)  Yes  In first, middle initial)	PROPRIETE OF PRESENTE CONTAINERS	TYPE OF GRAVE MARKER  None  EVIOUS CEMETERY, AND US SERIAL NO.	PLOT FAR 810 ND LOCATION PLOT SED, DESCRIBE	OF GRAVE NO. ROW I	RAVE NO.
SCTION 2.—BURIAL IT OF AME, NUMBER, COORDINA  AME, NUMBER, COORDINA  ATE OF BURIAL  29 FOOP APPROVED  STATES A REBURIAL?  YES OF NO.) YESTORED  YES  PE OF RELIGIOUS  ENTIFICATION TAG BURIET  ODY (Yes or no.) STATES  YES  OY BURIED ON DECEASED  NENOWN X-2224	HOOR 2  HOOR 2	BURIED IN (Skroud, blanket, on SEPRE)  Casket  INDICATE NAME, NUMBER, COCKETERY  CING BURIAL RITES  TIFICATION TAG ATTACHED TO RKER (Yes or no)  Yes  In first, middle initial)	PANIL POR NAME OF ORDINATES OF PRE  IF IDENTIFIC CONTAINERS  RANK	TYPE OF GRAVE MARKER  None  EVIOUS CEMETERY, AND US SERIAL NO.  SERIAL NO.	PLOT FAR 810 ND LOCATION PLOT SED, DESCRIBE	OF GRAVE  NO. ROW I  E IDENTIFICAT  CATION GI	NO. GRAVE NO. B530 TION DATA AN
SCTION 2.—BURIAL II ON  IME, NUMBER, COORDINA  INTE OF BURIAL  STATIS A REBURIAL?  YES OF NO. YESTORED  YES  PE OF RELIGIOUS  ENTIFICATION TAG BURIEF  DOY (Yes or no.) ST. (15.)  YES  DY BURIED ON DECEASED  NENOWN X-2228  NENOWN X-2224  NATURE OF PERSON PREP	HOOR 2  HOOR 3  HOOR 2  HOOR 3  HOOR 2  HOOR 3  HOOR 3	BURIED IN (Skroud, blanket, on SEPRE)  Casket  INDICATE NAME, NUMBER, COCKETERY  CING BURIAL RITES  TIFICATION TAG ATTACHED TO RKER (Yes or no)  Yes  In first, middle initial)	PANIL POP Name of other)  ORDINATES OF PRE  IF IDENTIFIC CONTAINERS  RANK	TYPE OF GRAVE MARKER  NONE EVIOUS CEMETERY, AND US SERIAL NO.  SERIAL NO.	PLOT FAR 810 ND LOCATION PLOT SED, DESCRIBE	OF GRAVE  NO. ROW I  E IDENTIFICAT  CATION GI	RAVE NO.
ATE OF BURIAL  AS THIS A REBURIAL?  Yes or no) STORED  Yes  ENTIFICATION TAG BURIER  ODY (Yes or no) STORES  Yes  DY BURIED ON DECEASED  ON BURIED ON DECEASED  NATURE OF BERSON PREP	HOOR COMBINE C	BURIED IN (Skroud, blanket, on SEPRE)  Casket  INDICATE NAME, NUMBER, COCKETERY  CING BURIAL RITES  TIFICATION TAG ATTACHED TO RKER (Yes or no)  Yes  In first, middle initial)	P.I.  IF IDENTIFIC CONTAINERS  RANK  RANK	TYPE OF GRAVE MARKER  None  EVIOUS CEMETERY, AN  ATION TAGS NOT US S BURIED WITH BODY  SERIAL NO.  SERIAL NO.	PLOT FAIR 810 ND LOCATION PLOT EED, DESCRIBE ORGANIZ ORGANIZ YING REPORT	OF GRAVE  NO. ROW I  E IDENTIFICAT  CATION   GI	RAVE NO.  3647  CRYP 3649  NO.   GRAVE NO.  8530  TION DATA AN  RAVE NO.  3647

## RESTRICTED

	Section 3	MIDENTIFLE	REMAINS.		. <u>.</u>				
LEFT LITILE FINGER R	(NSTRUCT (a) Gr mains. Fil social secur	TONS: eat care will I in anatom rity number;	be taken t ical charac ; position of	to record t teristics t f body fou	and in airpla	anes, vehicle	s, and tanks; ar	entity of unidentified her," such as shoe s and serial numbers of ngers and thumbs in e condition of each  Tooth chart will no	air-
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR O		COLOR OF		BIRTHMARKS, SC	ARS, OR TATTOOS	
· *	WEAPON AND	SERIAL NO.		LAUNDR	Y MARKS		WHERE BODY WA	AS BURIED OR FOUND	
HEFT MIDDLE FINGER	OTHER IDEN	TIFICATION C	LUES	1	<u>.</u>		<u> </u>		
LEFT	FILLIN	GS	R.	SLVER FIL IOLD PILLI	LING NG		3866		
THUMB	CAVITI			T CAVIT					
THUMB		G TEETH		ORCELAIN		DIAGRAM	REPRESENTS 1	THE MOUTH WIDE OPE	EN I
INDEX FINGER	BRIDG	E WORK		COLD CR		15\ 14		14 13 14 12 12	
HIDOLE FINGER	FURNISH	SKETCH AND B	MAP REFERE	NCE AND C	CORDINATES	FOR BURIAL I	N OTHER THAN E	STABLISHED CEMETERY	
RING FINGER	REMARKS	5:				3 D	eal Chart	a ccomplished	
DOJAN 1848	ві віт	Identi	ficatio	n Unec	EK FIST	Sur neu	val vualv	accomplished.	

Company (1985) 15 Sections of Company and Street 1 1 1 1

Also and the second		REST	RICTED		mym 3	0 <b>3</b> 85	530		
WD SMC F/RM 1042 (Rev. 1 Apr. 1948) (Supervedox GRS Form 1)			REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT  28 August 1947		
Imprint Identification	Tag If Possil				20 1	rugust 1	1947		
DO NOT T	YPE	NAME (Last, first, middle initial		<del></del>	SERIAL	vio			
1/						•0.			
[(		UNKNOWN X-611			ľ				
<b>I</b> C		GRADE	ORGANIZATION		BRANCH	OF SERVICE			
11	•	9]  <u>-</u>		_					
<b>1</b> \		RACE	<u> </u>			ibly Ar			
		_	RELIGION	_	IF OTHER THAN NAME OF COU	U, S, DEAD, 6 NTRY 	GIVE		
PLACE OF DEATH	<u>.</u>	CAUSE OF DEATH	<u> </u>		DATE OF	DEATH			
Mt Palanas, Le	yte, P.					_			
EMERGENCY ADDRESSEE (N	ame, relational	ip, and address)		<del></del>					
_									
IDENTIFICATION TAGS FOUL (1, #, or none)	YOOK NO DIY	IF NO TAGS FOUND ON BODY	DESCRIBE MEANS	OF IDENTIFICATION (	[f unidentified, fill in	section 3 on r	еветве)		
None									
WERE SUBSTITUTE TAGS PR	OVIDED?(Yes o	r ne)							
Yes (Unknown Ta									
LIST PERSONAL EFFECTS FO	UND ON BODY	AND DISPOSITION OF SAME	<u></u> -			<del>-</del>			
None									
Section 2.—BURSAL If of	her then in e	stablished cometery, furnish sketo	h and wap coord	inates on reverse.					
NAME, NUMBER, COORDINAT	ES, AND LOCA	TION OF CEMETERY		·	6/3				
MONTH Committee	* ) <i>[</i> [	<b>.</b>		_ <del>+</del>	STATE OF				
		1, Leyte, P.I.		<u></u>	<u> </u>	<b>.</b>			
DATE OF BURIAL	HOUR	BURSED IN (Shroud, blambst, or a	ame of eller)	TYPE OF GRAPE MARKER	Stole 6	No. GR	WVE No		
27 August 1947	1400	Casket "C" T		P3- 0-8	2 1 2 E		100		
WAS THIS A REBURNAL?			DINATES OF PREVIO	HIS CELEXTERY CAND L	OF CHANGE		35 <u>30</u>		
(Yes or no)	Recove	M. INDICATE NAME NUMBER COORD red at Coord: 10 55'	30 <b>mm -</b> 124	48 VANC 9			AVE No		
No No	Map of	Leyte, Series 1934,	s <b>cal</b> e 1:200	o,000 <b>%</b> >?	Isolated				
TYPE OF RELIGIOUS CEREMONY Catholic and	ł	DUCTING BURIAL RITES	(CONTAINEDS D	ON TAGS NOT USED,	DESCRIBE IDENTIF	ICATION DAT	TA AND		
		. Kennedy, Major Ch.	C	on an with boot					
Protestant IDENTIFICATION TAG BURIEZ		agno A. Managbanag							
BOOY (Yet or me)		MARKER (Yer or no)		ort of Interd tle with body		. in			
Yes	, <u> </u>	Yes							
BODY BURIED ON DECEASED	LEFT, NAME (	Lant, first, middle initial)	FANK	SERIAL NO.	ORGANIZATION	GRAVE No.			
unknown x-61	^								
BODY BURIED ON DECEASED		/1	DANK			852	<del></del> -		
COMMO ON DESCRICED	MONT, NAME	variet, prim, missis trunsi)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
UNKNOWN X-61	2		/ · ·			050	, ,		
	ARING REPOR	T	SIGNATURE OF G	S OFFICER VERIFYIN	G REPORT	853	<u>1.</u>		
Cpl. Jack	Slag	Le Res	SIGNATURE OF CHE OFFICER VERIFYING REPORT						
DISTRIBUTION OF REPORT	Signed or	iginal for U.S. and allied dead, significant	(pad oxidinal and		Lt., Infan				
	a vincer. C	opies for retention in theater as p	rescribed by thes	ter commander.					

194.6 F/

#### RESTRICTED

	Section 1	IDENTIFIED REMA	LINE.				
LEFT LEFT	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, whicles, 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 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						
LEFT RING FINALES	AUATU IAAIN I	d if one or more f	n the tooth c	erprints are secured.		MRTHMARKS, SCAP	RS, OR TATTOOS
	WEAPON AND	SERIAL No.	LAUNDR	Y MARKS		WHERE BODY WAS	BURIED OR FOUND
<b>T</b>	•					I't Dolomo	n toyeto D.T
ĘĘ	OTHER IDENT	FICATION CLUES	<u> </u>	·················		int ratana	s, Leyte, P.I.
LEFT NIDOLE FIMEER	OTHER IDEAT						
		See at	ttached :	J.C Form	n 1045.		
LEFT HOEX PHEER							İ
	FILLING:	<u> </u>	CH VED EII	LING			<u> </u>
Ş.		Ω <sub>γ</sub>	SILVER FIL	ING		* 200	<sup>2</sup> 3
	<b>{</b>		{	ļ	4		80° - 1
	1	٣	<del>/</del>			CAMADO	Mag.
	CAVITIES	5	CAVI	TY WED	نره	UPPER	1000
출크 					7/6	<b>34</b>	Bros.
	.		116-47		1 / B	<b>3</b> 61	1227
	MISSING	TEETH	TOOTH MISS	SING.	4	₹,	
결절		<b>L</b>	$\mathcal{Q}_{n}$		DIAGRAN	REPRESENTS THE	HOUTH WIDE OPEN
THUSAN	11	V	DGY.		<b>ب</b> ہ	~	700
	CROWNED	TEETH C			16[]		
	11	Ç	PORCELAIN GOLD CRO		15	LOWER	\$\$\$\doldsymbol{3}\$\tag{\partial}\$
IR RESERVE		700	<b>(</b> 1)		,	OK	<b>S</b>
X FEE	BRIDGE	WORK			1 (	13 CHAMAI	
<b>§</b> 7			GOLI	BRIDGE	•		TO 12
<del></del>	.] [		M.		]		
3	CHONICE: 400	TTO IND NAMED OF THE	DENCE AND CO	ORDINATES I	FOR MIRIAL S	IN OTHER THAN ESTA	BLISHED CEMETERY
RIGHT RIGCLE FINGER	FURNISH SKI	ETCH AND MAP REFE	NEINCE MINU,CC	,	OK BOKING	· ·	
Freez	İ						<b>^</b>
<b> </b>	,						ļ,
2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							
							-
1	REMARKS:			<del></del>		<del></del>	
<u> </u>	-						
St. Age.							
LITTLE FIN							
1 \$7 \$7 \$7	` <b> </b>	•	•				
1	1						