

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Cont Egypte II, X-611

SUBJECT

Also Manila Manus X-2226

QMC FORM 1121
1 Aug 45

CMCMT 293

15 February 1950

GRS Far East

293 unk P.I. (MISC) (MADE MANILA)

SUBJECT: Identification of World War II Deceased

See list below

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

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

Unknown	X-784,	Leyte #1			
"	X-63,	Santa Barbara #1			
"	X-188,	AGRS Mausoleum, Manila 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 Barbara #1)			
"	X-2136,	" X-190,	"	"	"
"	X-2368,	" X-145,	"	"	"
"	X-2369,	" X-146,	"	"	"
"	X-2204,	" X-604, Leyte #1			
"	X-2219,	" X-640,	"	"	"
"	X-2221,	" X-546,	"	"	"
"	X-2222,	" X-571,	"	"	"
"	X-2226,	" X-611,	"	"	"
"	X-2263,	" X-645,	"	"	"
"	X-2288,	" X-600,	"	"	"
"	X-2294,	" X-555,	"	"	"

X 293 unk P.I. X-611 / (Seymour)

QMGM 293

15 February 1950

GFS Far East

SUBJECT: Identification of World War II Deceased

Unknown X-3424, (formerly X-190, Leyte #1)
" X-3348, " X-335 " "
" X-3723, " X-28, " "

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

FOR THE QUARTERMASTER GENERAL:


W. Bustace:lrc

Sals er

JW

cc--Administrative Section

cc--Cinofe


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

JMH

TEC

M.H.K.

abc
1
fbp

Interred 13 Feb 1950
N. 17 205 Ft. McKinley

DISINTERMENT DIRECTIVE

Carrollmark
CARL R. H. MARK

Cemetery Superintendent
SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00521

DATE
15 05 48
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
		UNKNOWN X-000611			0		
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY (LEYTE NO 1)						7701 80	
PLOT						CODE	
ROW						DIST. PT.	
GRAVE						CAUSE OF DEATH	
8530						6	
COUNTRY							
PHILIPPINE ISLANDS							

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
UNK X-611 UNK X-2226 (Maus)				24 Sept '48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		ALEXANDER P. PETTICE Embalmer	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE 24 Sept '48 BY ALEXANDER P. PETTICE

CASKET SEALED BY ALEXANDER P. PETTICE EMBALMER (Signature) ALEXANDER P. PETTICE

CASKET BOXED AND MARKED 24 Sept '48 SHIPPING ADDRESS VERIFIED BY HORACE L ALLISON, Sgt Inf

CORSINE C. KAYANAN, 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.

Corsine C. Kayanan
CORCINE C. KAYANAN, 1st Lt., Inf
SIGNATURE OF GRS INSPECTOR

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

8 MAR 1950
REPATRIATION
BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl R. Mark</i>	DATE FEB. 13 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 QUALITY SERVICE ORDER		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FOR THE DIRECTOR GENERAL	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

GRPZ 293

APO 900
16 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 QMGU 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 Msalm	UNKNOWN X-2221	AGRS Msalm
X-695		X-2226	
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
1st Lt., Infantry
Adjutant

HEADQUARTERS
FILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

16 January 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 insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


H. B. McNEER
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 26 Jan 50 OOMG
Not identifiable for

W. Eustace
Ident.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-611, USAF Cem., Leyte #1, UNKNOWN X-2226 P.I.)				2. DATE OF REPORT 16 January 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT HANGER 810	5. ROW BAY K	6. GRAVE CRYPT 3649	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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N O N E					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) N O N E					

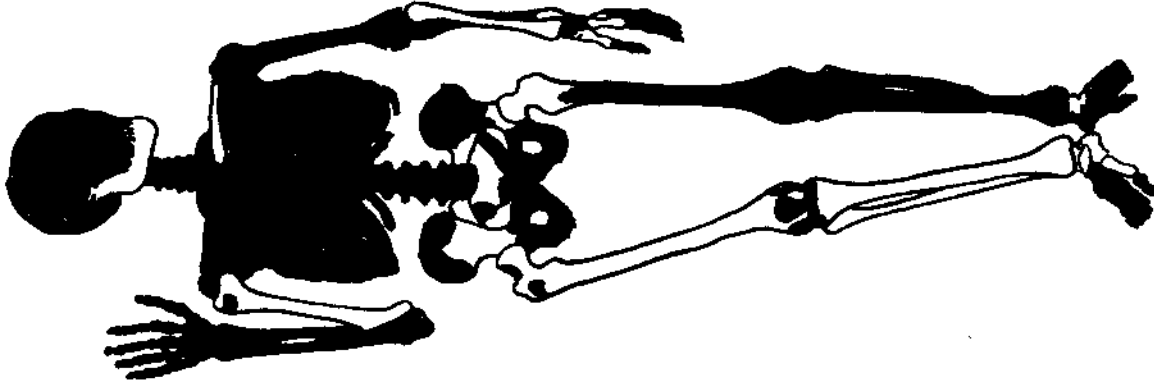
TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		<i>Tooth Missing</i> 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN),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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Maxilla</i>								<i>Missing</i>							
<i>Side Views</i>															
<i>UPPER</i>															
<i>LOWER</i>															
<i>Side Views</i>															
<i>16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16</i>															

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, 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 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

X-2226

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.

28 Nov 1947

UNKNOWN X-2226 (Formerly UNK X-611,
USAF Cem Leyte #1, P.I.)

DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown

Possibly Army

UNIT

AGES Mausoleum,
Manila, P.I.

ORGANIZATION

Mt. Palanas, Leyte, P.I.

810 K 3649

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

Maxilla missing















RANGER BAY CRYPT

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

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE		A	A	A	P		P	P	P	P		X	P	X	X		TYPE
LOCATION	f	of	of	mg												f	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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

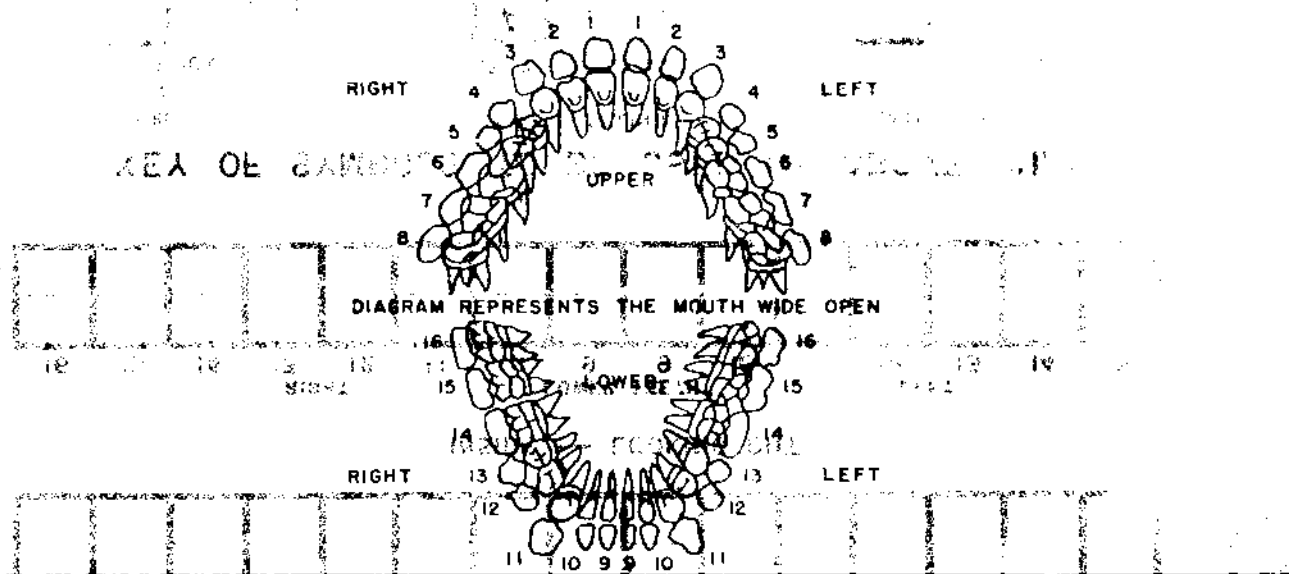
INSTRUCTIONS:

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

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

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

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



REMARKS:

No maxilla found with remains.

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

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

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

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

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

28 Nov 47
DATE

A CERTIFIED TRUE COPY:

George T Gamboa
GEORGE 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-2226 (Formerly Unk X-611, USAF
 Unknown X Cem Leyte #1, P.I.)

~~Cemetery~~ AGRS Mausoleum, Manila, P.I.

Plot 810 Row ~~1~~ Grave 3649

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery, 28 Nov 47
(Hour) (Date)

2. Place of death Mt. Palanas, 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	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	N		
Mackinaw	O		
Sweater	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) **One (1) burial bottle with R.O.I. received.**

(Other item)

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia
 (Type **N** 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 **T** **D**
 (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)	U	Eyebrows (Color, bushiness, extent across nose)
Nose	(Size, shape, straight)	T	
		D	Ears (Size, set close to or far from head)
Mouth	(Large, medium, small)	L	Lips (Small, large, full)
Teeth	Tooth chart attached. (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)		
Chin	(Prominent, receding, pointed, dimples, double)		
Jaw	(Large, small, normal)	Circumference of head ^{skull} in inches	UTD (Hat band)
Neck	(Size, length, short, normal, wrinkled)	Larynx	(Prominent, normal)
Shoulders	(Broad, straight, small, rounded)	Arms	(Length, muscular, color, extent and quantity of hair)
Hands		U	
		T	
Fingers	(Short, thick, long, slender, size of knuckles, missing fingers or joints)		
	(Unusual characteristics of fingernails)		
Chest	(Size of nipples, color, quantity and extent of hair, large, small, normal)		
Waist	(Size of navel, appendectomy, amount, quantity, and color of hair)		
Back	(Quantity and extent of hair)	Circumcision	Pubic Hair (Color)
		(Yes-no)	
Hernioplasty	(Yes-no; location)		
Legs	(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 I.D. tags.
Estimated weight of remains 3 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)

Embalmer

C-064965

Rank

Service

CIP Laboratory, Manila, P.I.

(Organization)

28 Nov 47

A CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

SKELETAL CHART

X-2226

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

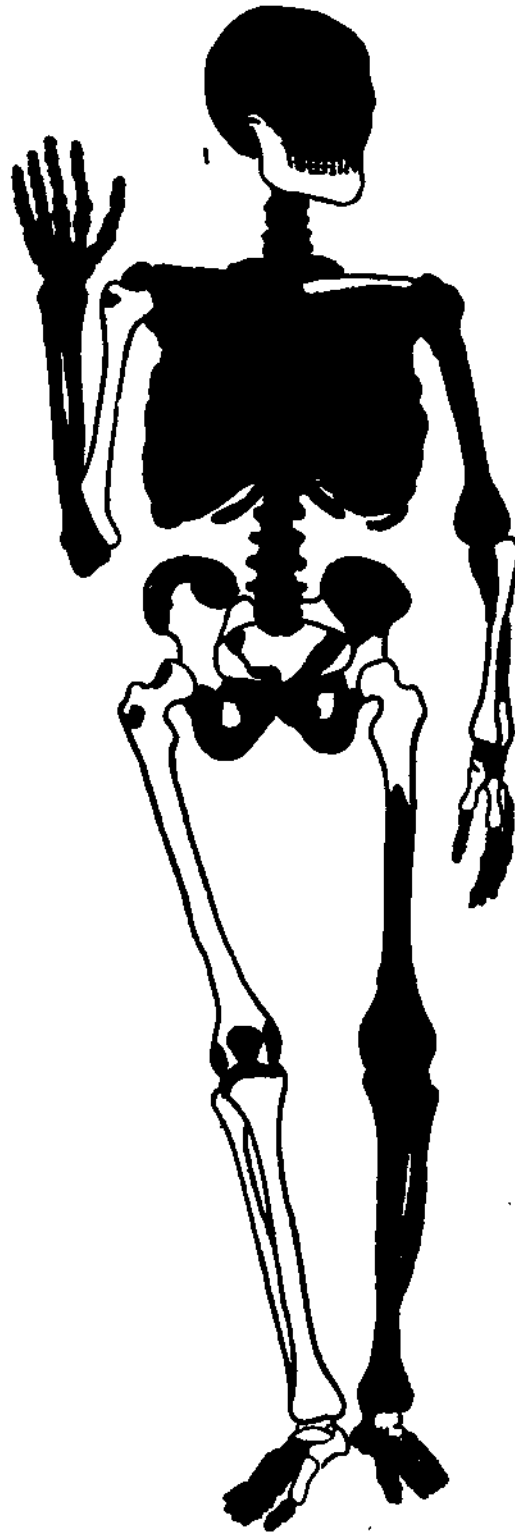


CHART "A"

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-611

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8530

2. Date of Disinterment

20 October 1947

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

Original made in Type "C" casket burial. Skeletal remains incomplete. Skull, one femur, one tibia, fibula and two arm bones missing. Tag on remains and tag on marker coincide with R.O.I. on file. R.O.I. found in bottle coincide with other R.O.I. Dental chart coincide with original dental chart.

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 Lorgue

On Remains











Substitute tag

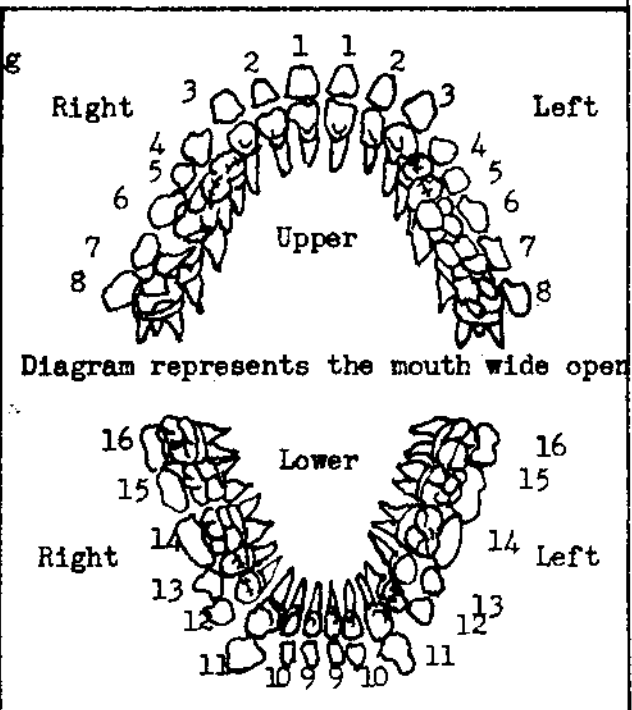
5. Signature of Officer Supervising Disinterment and Reinterment.

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	 Tooth Missing	 Tooth Missing
Crowned Teeth	 Gold Crown	 Porcelain Crown
Bridgework	 Gold & Porcelain Bridge	 Gold Bridge
Fillings	 Silver Filling	 Gold Filling
Caries (Cavities)	 Cavity	 Decayed



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



IV-0887C-5

X-641

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.

18 August 1947
DATE

<u>UNKNOWN X-611</u>					
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.	
UNIT			ORGANIZATION		
<u>Mt. Palamas, Leyte, P.I.</u>		<u>USAF Cemetery Leyte #1</u>		<u>8530</u>	
PLACE OF DEATH		PLACE OF BURIAL		PLOT	ROW GRAVE NO.

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	M	A	X	i	L	L	H			M	I	S	S	I	N	E	TYPE				
LOCATION																	LOCATION				

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					
TYPE		H	H	H	⊗		⊗	⊗	⊗	⊗		⊗	⊗	⊗	⊗	⊗	TYPE				
LOCATION		EO	EO	D												F	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	OXYPHOSPATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

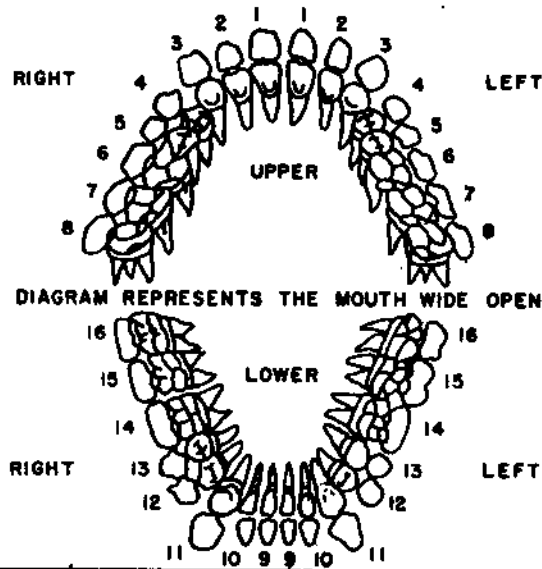
INSTRUCTIONS:

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

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

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

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



REMARKS:

Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

Edwin Gregurek
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Ambrosio P. Singson
VERIFIED BY GRS OFFICER

Ambrosio P. Singson, 1st Lt., Inf
NAME AND RANK TYPED OR PRINTED

18 August 1947
DATE

X-611

IDENTIFICATION CHECK LIST

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

Unknown X 611
Cemetery USAF Leyte #1
Plot _____ Row _____ Grave 3530

1. Arrived at cemetery 28 June 1947
(Hour) (Date)

Isolated near Lt. Palanas, 400 yards
northwest of Dagotan river.
(Coordinates and letter Prefix, maps)

2. Place of death Kaparasanan, Leyte, P.I.
(Name of closest town)

Map of Leyte, Series of 1934, Scale 1:200,000
(Sheet, scale and serials used)

3. Remains recovered ~~or disinterred~~ by 3008th QM GR Co. 1st Platoon
(Name and organization)

4. Evacuated to Cemetery by 1st Platoon, 3008th QM GR Co.
(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 _____			
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)

(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 Weight 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)

Göatee
 (Light, color, extent)

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

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

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

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

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

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

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

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

Hands
 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.

X-611

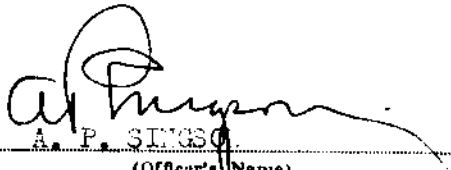
7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Due to condition of remains

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

9. Remarks

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.


A. P. SINGS
(Officer's Name)

1st Lt., Infantry
Rank Service

1st Plat, 503rd UN CR Co.
(Organization)

SKELETAL CHART

X-616
reginal

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

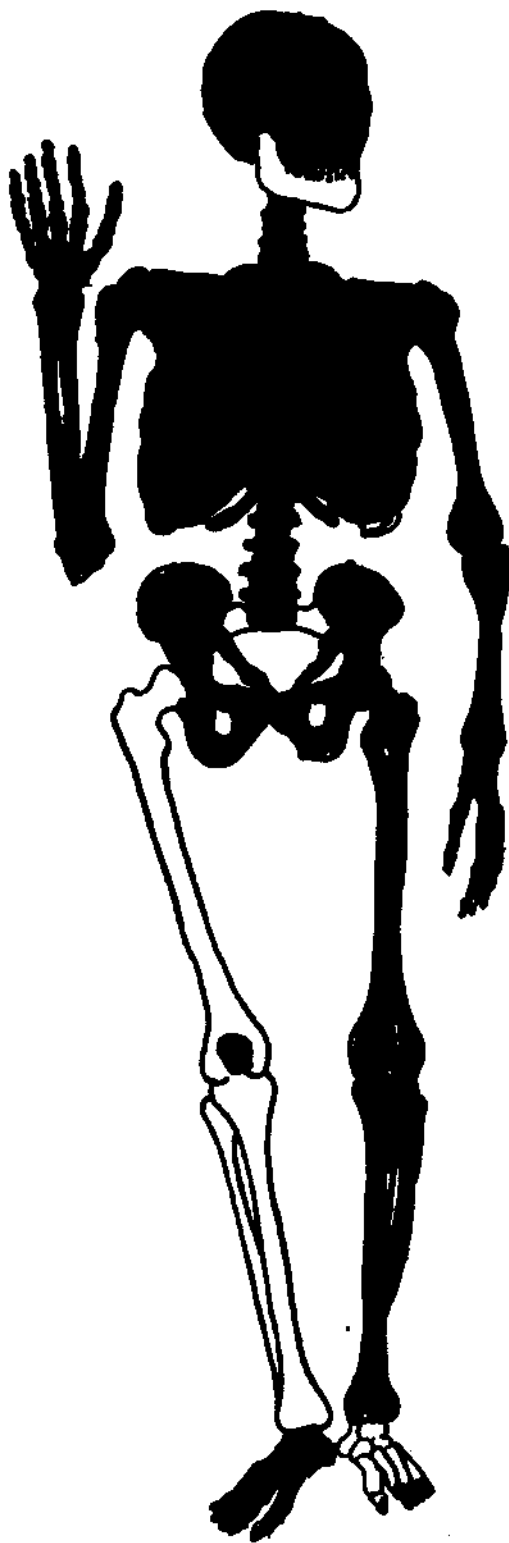


CHART "A"

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 907

SEARCH AND RECOVERY REPORT

TRIP # 66 SEARCH # 1

1. DATE AND TIME OF DEPARTURE: 0800 18 June 1947
2. PARTY CONSISTED OF: 4 EM
3. TOWN OR BARRIO: Mt. Palanas PROVINCE OR ISLANDS: Leyte, P.I.
4. PERSONS INTERROGATED:
 - a. Alfonso Pasaylo-on
 - b. Rafael Sera
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. GUIDES:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
6. LOCATION OF REMAINS (GRID COORD.) 10°55'30"N - 124°48'45" E
7. DATE AND TYPE OF RECOVERY: Isolated Burial
8. NUMBER OF REMAINS RECOVERED: (1) (1) (3) (1) (1) (Check one)
9. CONDITION OF REMAINS: Completely Decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. Remnants of fatigue clothing, Carbine rounds, Haversack & Atabrine tablets.
 - b. _____
 - c. _____
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. _____
 - b. _____
 - c. N O N E
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 1400 28 June 1947
13. REMARKS: (SEE REVERSE SIDE):

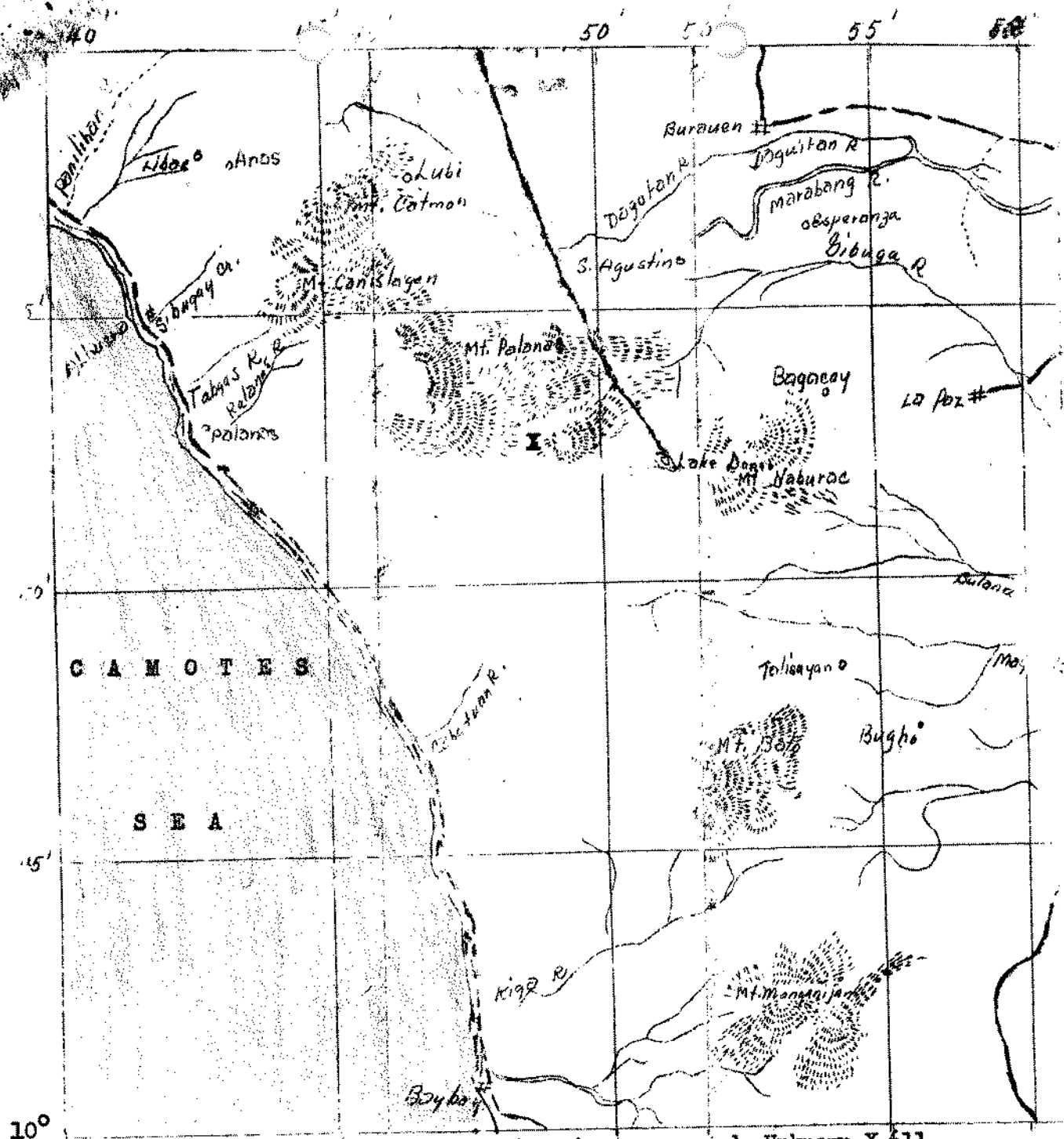
REMARKS:

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, 1st Lt., Inf.



X- Location of remains when recovered: Unknown X-611
 Map reference: Map of Leyte, Series of 1934, Scale 1: 200,000
 Grid Coord: 10° 55' 30" N - 124° 48' 45" E

/aam

RESTRICTED

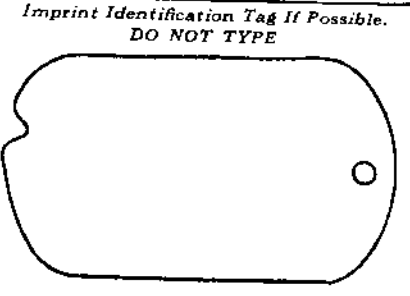
303

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

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

STORAGE

DATE OF REPORT
2 Dec 47



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-2226 (Formerly UNK X-611, USAF Cem Leyte #1, P.I.)

SERIAL NO.
Unknown

GRADE
Unknown

ORGANIZATION
Unknown

BRANCH OF SERVICE
Possibly Army

RACE
Unknown

RELIGION
Unknown

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

PLACE OF DEATH
Mt. Palanas, 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

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

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

DATE OF BURIAL
29 Nov 47

HOUR
3:30

BURIED IN (Shroud, blanket, or name of other)
STORED Casket

TYPE OF GRAVE MARKER
None

PLOT No.
810

ROW No.
K

GRAVE No.
3649

WAS THIS A REBURIAL? (Yes or no)
Yes

IF REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
USAF Cemetery Leyte #1, P.I.

PLOT No.
8530

ROW No.
8530

GRAVE No.
8530

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)
Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)
UNKNOWN X-2228

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
3651

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)
UNKNOWN X-2224

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
3647

SIGNATURE OF PERSON PREPARING REPORT
R H ACERIO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT
1st 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.

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.


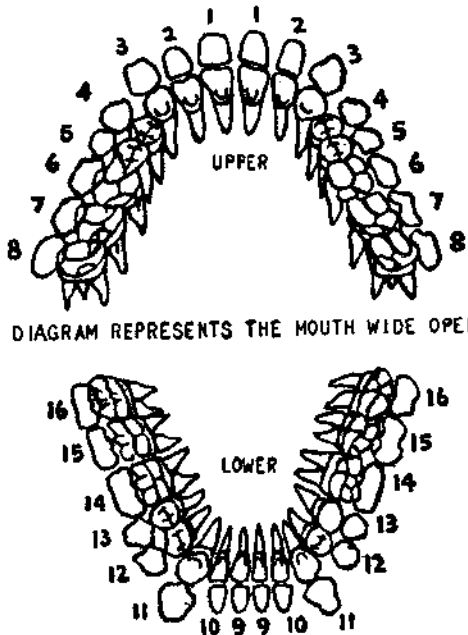




INSTRUCTIONS:

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

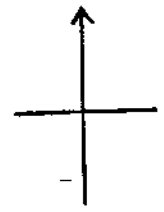
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

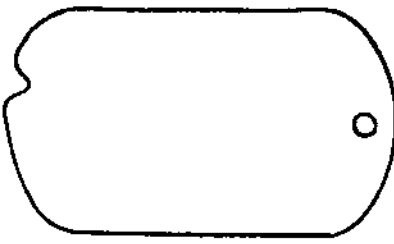
Identification Check List and Dental Chart accomplished.

20 JAN 1948

RIGHT
LITTLE FINGER

RESTRICTED

my 303 8530

WD GRC FORM 1042 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT	
Imprint Identification Tag if Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				28 August 1947	
		NAME (Last, first, middle initial)			SERIAL No.		
		UNKNOWN X-611					
		GRADE	ORGANIZATION		BRANCH OF SERVICE		
-	-		Possibly Army				
RACE	RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
-	-		-				
PLACE OF DEATH		CAUSE OF DEATH			DATE OF DEATH		
Mt Palanas, Leyte, P.I.		-			-		
EMERGENCY ADDRESSEE (Name, relationship, and address)							
-							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
None		-					
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, blanket, or name of other)	TYPE OF GRAVE MARKER	LOT No.	ROW No.	GRAVE No.	
27 August 1947	1400	Casket "C" Type	Bag. Cross			8530	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY AND LOCATION OF GRAVE						
No	Recovered at Coord: 10°55'30"N - 124°48'10"E Map of Leyte, Series 1934, scale 1:200,000						
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
Catholic and Protestant	Hugh F. Kennedy, Major Ch. C Rev. Magno A. Managbanag		Report of Interment buried in bottle 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-610						8529	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL NO.	ORGANIZATION	GRAVE No.	
UNKNOWN X-612						8531	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
Cpl. Jack G. Slagle, GRS			A. F. SINGSON, 1st Lt., Infantry				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

RESTRICTED

Section 2- 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
		Mt Palanas, Leyte, P.I.

OTHER IDENTIFICATION CLUES

See attached JIC Form 1045.

FILLINGS

SILVER FILLING
GOLD FILLING

CAVITIES

CAVITY
DECAYED

MISSING TEETH

TOOTH MISSING

CROWNED TEETH

PORCELAIN CROWN
GOLD CROWN

BRIDGE WORK

GOLD BRIDGE

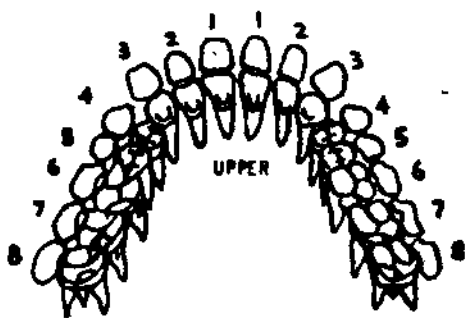
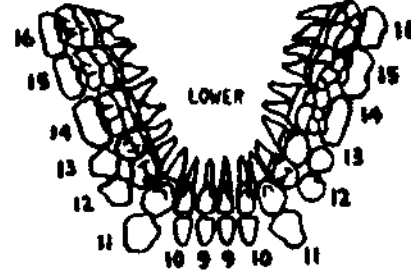
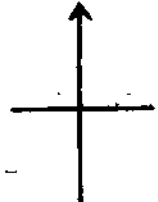


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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

SEP 11

SEP 1947