

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Cont. Seyte #1 X-613

SUBJECT

Also Manda News X-2245 ✓

QMC FORM 1121
1 AUG 45

CMCMT 293
OIS Far East

2 May 1949

SUBJECT: Resolution of Unidentifiable Remains

**TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGIS, PHILCOM ZONE**

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

Y-1434	(formerly Y-217, Santa Barbara #1, P. I.)
Y-1435	(formerly Y-218, Santa Barbara #1, P. I.)
Y-2135	(formerly Y-156, Santa Barbara #1, P. I.)
Y-2245	(formerly Y-613, Leyte #1, P. I.)
Y-2251-A	(formerly Y-616-A , Leyte #1, P. I.)
Y-3254	(formerly Y-161, Leyte #1, P. I.)
Y-3429	(formerly Y-329, Leyte #1, P. I.)
Y-3746	(formerly Y-9, Leyte #1, P. I.)

2. Subject cases have been reviewed and this Office approves the classification of the above-listed Unknowns as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

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

T. Fields:jdk
Salser
JW

RSB

cc: Administrative Section

NJS

DISINTERMENT DIRECTIVE

M.K.

/fms

Interred 10 Oct. '49
D 3 213 Ft. McKinleyCemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED
Carrollmark
CARL R. H. MARKDIRECTIVE NUMBER
7740 00523DATE
15 05 48
DAY MONTH YEAR

NAME <i>97</i> UNKNOWN		SERIAL NUMBER X-000613	RANK <i>Sgt</i>	ARM Q	DATE OF DEATH DAY MONTH YEAR 15 05 48
CEMETERY USAF CEMETERY LEYTE NO 1					DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		8532	PHILIPPINE ISLANDS		6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME UNK X-613 UNK X-2245 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 24 Sept '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY CLIFFORD INGROVILLE Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
----------------------------------	----------------------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

2 Identification tags - UNK X-2245, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET	
DATE 24 Sept '48	BY CLIFFORD INGROVILLE
CASKET SEALED BY CLIFFORD INGROVILLE	EMBALMER (Signature) <i>Clifford Ingroville</i> CLIFFORD INGROVILLE
CASKET BOXED AND MARKED 24 Sept '48	SHIPPING ADDRESS VERIFIED BY
DATE	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.

CORCINE C. KAYANAN, 1st Lt., Inf

SIGNATURE OF GRS INSPECTOR

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

REMARKS: Unidentifiable - OQMG

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carol Ann</i>	DATE 10 OCT 1949

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>(SILVIA LAR...)</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>AGS MC KINLEY MILITARY CEMETERY</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

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 707

SEARCH AND RECOVERY REPORT

TRIP # 68 SEARCH # 1

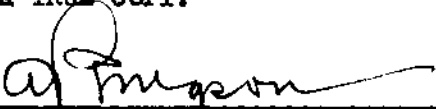
1. DATE AND TIME OF DEPARTURE: 0800 hrs. 18 June 1947
2. PARTY CONSISTED OF: 4 EM
3. TOWN OR BARRIO: Mt. Palanas PROVINCE OR ISLANDS: Leyte, P.I.
4. PERSONS INTERROGATED:
 - a. Alfonso Pasaylo-on
 - b. Rafael Sera
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. GUIDES:
 - a. _____
 - b. _____
 - c. _____
 - 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: ~~MIN/REN~~ (3) ~~MIN/REN~~ (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 Hrs. 28 June 1947
13. REMARKS: (SEE REVERSE SIDE):

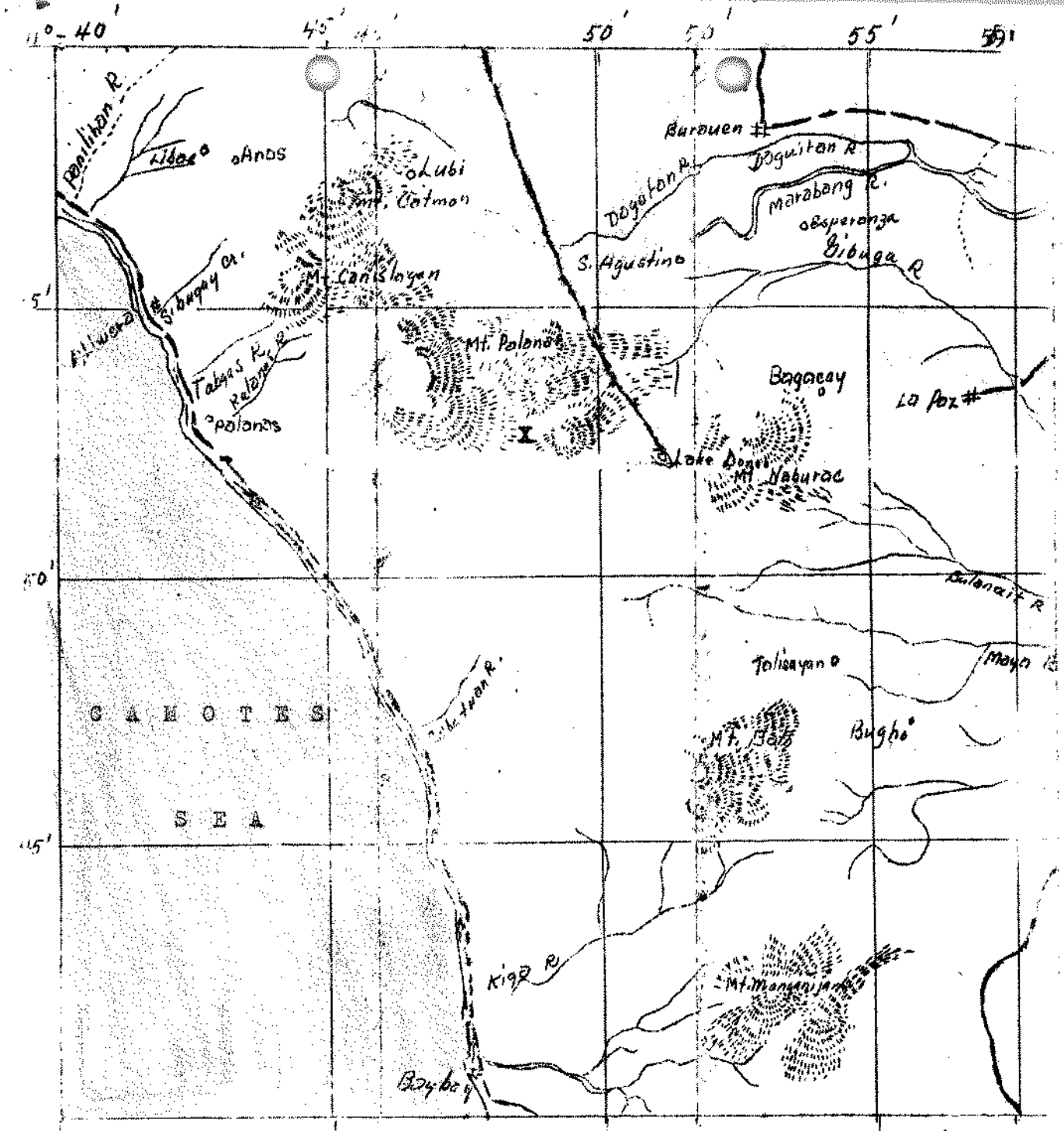
REMARKS:

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.



10° 40'

X - Location of remains when recovered: Unknown X-613
 Map reference: Map of Leyte, Series of 1934, Scale 1:200,000
 Grid Coord: 10 55'30"N - 124 48'45"E.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN			UNKNOWN X-2245 (Formerly Unk X-613 USAF Cemetery Leyte #1. P. I.)			2. DATE OF REPORT		25 March 49	
3. NAME OF CEMETERY			4. PLOT	5. ROW	6. GRAVE	7. DATE OF		DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	UTD	UTD	UNKNOWN

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

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

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Approved 22 Apr 49 **COMD**
 Not Identifiable Item
 Information furnished
 I. A. Fields
 28 Apr 49

Rec'd 3-6

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



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



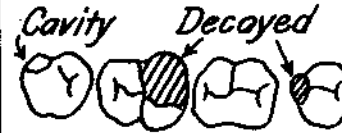
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

Maxilla and mandible missing. No loose teeth

present with remains.

J. J. McDermott
J. J. McDERMOTT

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA Laboratory Officer, CIP

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 identification tags or personal effects found
with remains.

Estimated weight of remains - 1 lb.

"UNIDENTIFIED"

"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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-613 USAF
 Unknown X 2245 (Gen Leyte #1, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 RANGER BAY CRV #
 Plot 810 Row X Grave 3668

AGRS MAUSOLEUM
Manila, P.I.

1. Arrived at cemetery 28 Nov 47
Mt. (Hour) (Date)
2. Place of death 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	/		
	(Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	N		
Jacket, HBT	N		
* Shirt, Wool OD	E		
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. (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, poeks, 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 (Color, setting, shape) / Mustache (Color, size, shape) / Beard or (Length, heavy) /

Goatee / (Light, color, extent)

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

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

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

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

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

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

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 (Yes-no) Pubic Hair (Color)

Hernioplasty / (Yes-no; location)

Legs / (Instep, 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? No If not, explain No skull found with remains.
(Yes-no)

Tooth chart unobtainable.

9. Remarks UNKNOWN I-2245 has been previously processed by USAF Cemetery
Leyte #1, P.I. ROI in bottle found with remains. No I.D. tags or
personal effects found with remains. Estimated weight of remains
1 lb.

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

/s/ Julian H. Weddle
(Officer's Name)

Emb. Sr C-064965
Rank Service

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

28 Nov 47

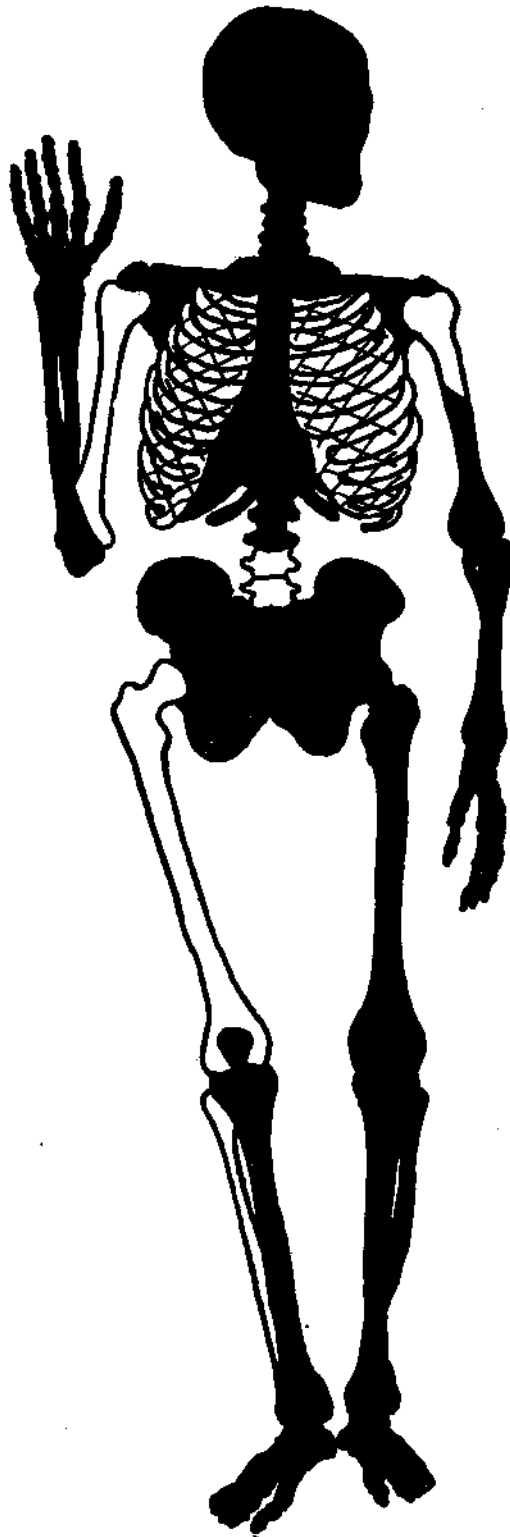
CERTIFIED TRUE COPY

George J. Gamba
GEORGE J. GAMBON
2d Lt., MAC

SKELETAL CHART

X-2245

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



[Handwritten mark]

CHART "A"

X-2245-

DMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

UNKNOWN X-613

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

8532

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. Found on remains one femur, one fibula and few minor bones. Substitute tags found on remains and tag on marker coincide with R.O.I. on file. No identification found on remains.

Note. Conditions of remains precluded dental charting.

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 Morgue

On Remains

Substitute tag

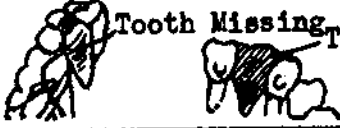













5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Embalmer

RESTRICTED

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
	 Silver Filling	 Gold Filling
Fillings	 Gold Filling	 Gold Filling
	 Cavity	 Decayed
Caries (Cavities)	 Cavity	 Decayed

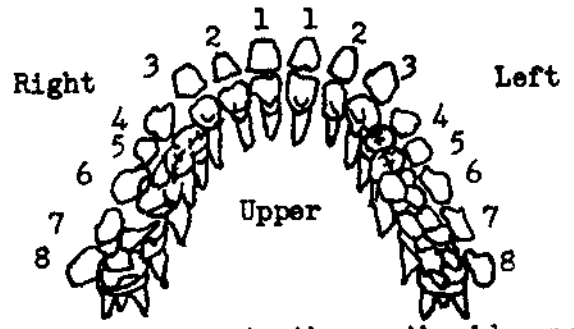
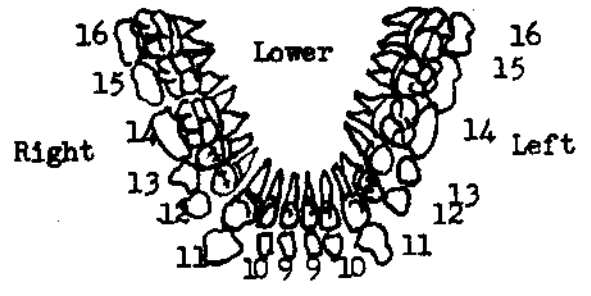


Diagram represents the mouth wide open



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

Remarks



IDENTIFICATION CHECK LIST

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

Unknown X 613
 Cemetery Leyte #1
 Plot _____ Row _____ Grave 8532

1. Arrived at cemetery 28 June 1947
(Hour) (Date)
2. Place of death Kaparasanan, Leyte, P.I. Isolated near Mt. Palanas, 400 yards northwest of Dagotan river.
(Name of closest town) (Coordinates and letter Prefix, maps)
Map of Leyte, Series of 1934, Scale 1:200,000
(Sheet, scale and serials used)
3. Remains recovered or ~~discovered~~ by 1st Plat. 3008th QM GR Co.
(Name and organization)
4. Evacuated to Cemetery by 1st Plat. 3008th Q M 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	_____	_____	_____
	<small>(Type)</small>		
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, widow's peak, distinctive cutting or other characteristics)

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

Goatee	(Light, color, extent)		
Eyes	(Color, setting, shape)	Eyebrows	(Color, bushiness, extent across nose)
Nose	(Size, shape, straight)	Ears	(Size, set close to or far from head)
Mouth	(Large, medium, small)	Lips	(Small, large, full)
Teeth	(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)		
Chin	(Prominent, receding, pointed, dimples, double)		
Jaw	(Large, small, normal)	Circumference of head in inches	(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			
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	(Yes-no)
			Pubic Hair (Color)
Hernioplasty	(Yes-no; location)		
Legs	(Muscular, 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? No If not, explain No skull received with
(Yes-no) remains.

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.

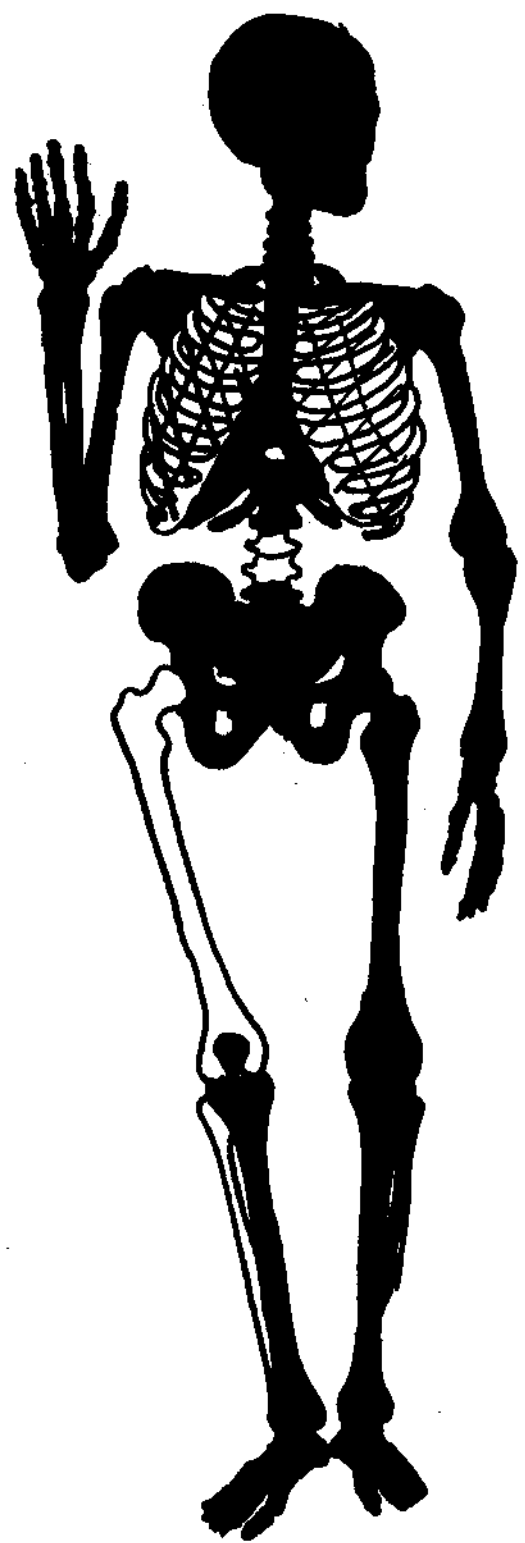
[Signature]
(Officer's Name)
[Signature] Rank [Signature] Service

(Organisation)

○ ○
SKELETAL CHART

X-613

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



7 ribs received.

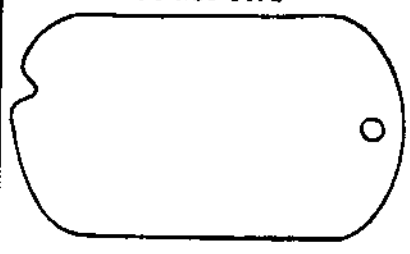
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

6 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2245 (Formerly UNK X-613 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
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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)	

*Received 22 APR 49 0900
not identifiable from
information presently
available T.A.F. 2/10/49
28 APR 49*

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

RECORDS SECTION
11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

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

NAME, NUMBER, COORDINATES AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.					
DATE OF BURIAL 29 Nov 47	HOW BURIED IN (Shroud, blanket, or name of other) STORAGED Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. K	GRAVE No. 3668
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.				
			PLOT No.	ROW No.	GRAVE No. 8592

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-2247	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3670
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2243	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3666

SIGNATURE OF PERSON PREPARING REPORT R. R. ACLETO, Pvt	SIGNATURE OF CAS OFFICER VERIFYING REPORT E. S. PANOFIO 2d Lt., INF
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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.

WU 936

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>TOOTH CHART IMPOSSIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	<p>CAVITY CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	
NO SKULL	<p>NO SKULL LOWER</p>	

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



REMARKS:


Identification Check List accomplished.

20 JAN 1948

RESTRICTED

mym

305 8532

WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 28 August 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-613 SERIAL No. -					
GRADE -		ORGANIZATION -		BRANCH OF SERVICE Possibly Army			
RACE -		RELIGION -		IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY -			
PLACE OF DEATH Mt. Palanas, 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 27 August 1947	HOUR 1400	BURIED IN (Shroud, Mantel, or name of other) Casket "C" Type	TYPE OF GRAVE MARKER Flag Cross	LOT No. -	ROW No. -	GRAVE No. 8532	
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°55'30"N - 126°48'15"E Map of Leyte, Series 1934, Scale 1:200,000				LOT No. -	ROW No. -	GRAVE No. -
TYPE OF RELIGIOUS CEREMONY Catholic and Protestant	PERSON CONDUCTING BURIAL RITES Hugh F. Kennedy, Major Ch. O Rev. Magno A. Managbanag		IF IDENTIFICATION TAGS FOUND, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of Interment buried in bottle with body.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-612	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 8531			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-614	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 8533			
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack O. Sipple, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT A. P. 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 Office. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

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Section 1.—UNIDENTIFIED REMAINS.

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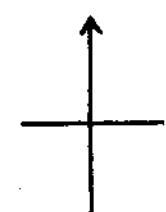
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
				Mt. Palanas, Leyte, P.I.

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER MAXILLA MISSING</p> <p>NO SKULL</p> <p>MANDIBLE MISSING</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:

Condition of remains precluded tooth charting.

3 SEP 1947