

D FILE IDENTIFICATION TOPPER

FILE NUMBER

298 Gen. Leyte II X-615

SUBJECT

Also Manila News. X-2346 ✓

QMC FORM 1121
1 Aug 45

293 unk P.F. X-615 Leyte #1

h

OMCMT 293
AGS Far East

22 June 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following unknown remains now stored in AGES Mausoleum, Manila, P.I.:

X Unknown X-2246 (formerly Unknown X-615 Leyte #1)

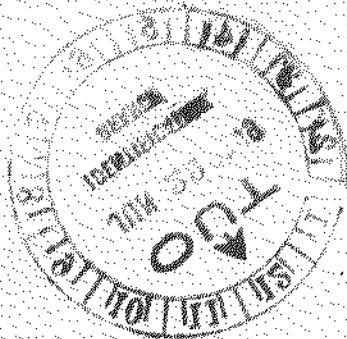
2. The subject case has been reviewed and this Office approves the classification of the above listed unknown as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

ees
M. Donovan
M. Donovan: lrc
Salser
JW

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

h
RFB
NJS



*JUN 22 1949
OMCMT 293*

X 293 H.P.S. (Far East)

X 293 unk P.F. X-2246 Leyte #1

COPY

GSGR 293.9

16 May 1949

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-63	UNKNOWN X-2220
" X-403	" X-2242
" X-1124	" X-2246
" X-1125	" X-2705
" X-1593	" X-3096
" X-1599	
" X-1617	

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

FOR THE COMMANDING GENERAL:

12 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen

/fms		Interred 11 Oct. 1949 D 16 152 Ft. McKinley		Mark	
/Top		Caremark CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE	
NAME		SECTION A NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00525	
SERIAL NUMBER		RANK		DATE	
UNKNOWN X-000615		GHP		15 05 48 DAY MONTH YEAR	
CEMETERY		DISPOSITION OF REMAINS		DATE OF DEATH	
USAF CEMETERY LEYTE NO 1		0		7701 80 CODE DIST. PT.	
PLOT		COUNTRY		CAUSE OF DEATH	
ROW		PHILIPPINE ISLANDS		6	
GRAVE					
8534					
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		
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME		SERIAL NUMBER		DATE DISTINTERRED	
UNK X-615 UNK X-2246 (Maus)				24 Sept '48	
RANK		DATE OF DEATH		IDENTIFICATION VERIFIED BY	
				CLIFFORD INGROVILLE Embalmer	
IDENTIFICATION TAG ON		ORGANIZATION		NAME AND TITLE	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		UNKNOWN			
SECTION D — PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL			CONDITION OF REMAINS		
Shelter Half			Skeletal		
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES 1					
2 Identification Tags - UNKNOWN X-2246, AERS Mausoleum					
REMAINS PREPARED AND PLACED IN CASKET					
DATE		BY		CLIFFORD INGROVILLE	
24 Sept '48					
CASKET SEALED BY			EMBALMER (Signature)		
CLIFFORD INGROVILLE			<i>Clifford Ingroville</i> CLIFFORD INGROVILLE		
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY		
DATE			BY		
24 Sept '48			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.					
<i>Corsine C. Kayanan</i> CORSINE 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 AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mack</i>	DATE 11 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 (SPECIAL DELIVERY) SPECIAL DELIVERY		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MCKINLEY MILITARY CEMETERY	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
APO 900

6 May 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-615, Plot _____,
Row _____, Grave 8534, USMC Leyte #1 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


M. B. McNEMAR
Captain, QMG
Chief, Records Branch

Attch: Form 1044

Received 7 June 1949 OQMG

Not identifiable from
information presently

available M. Donovan 20 June 49.

Encl #10'

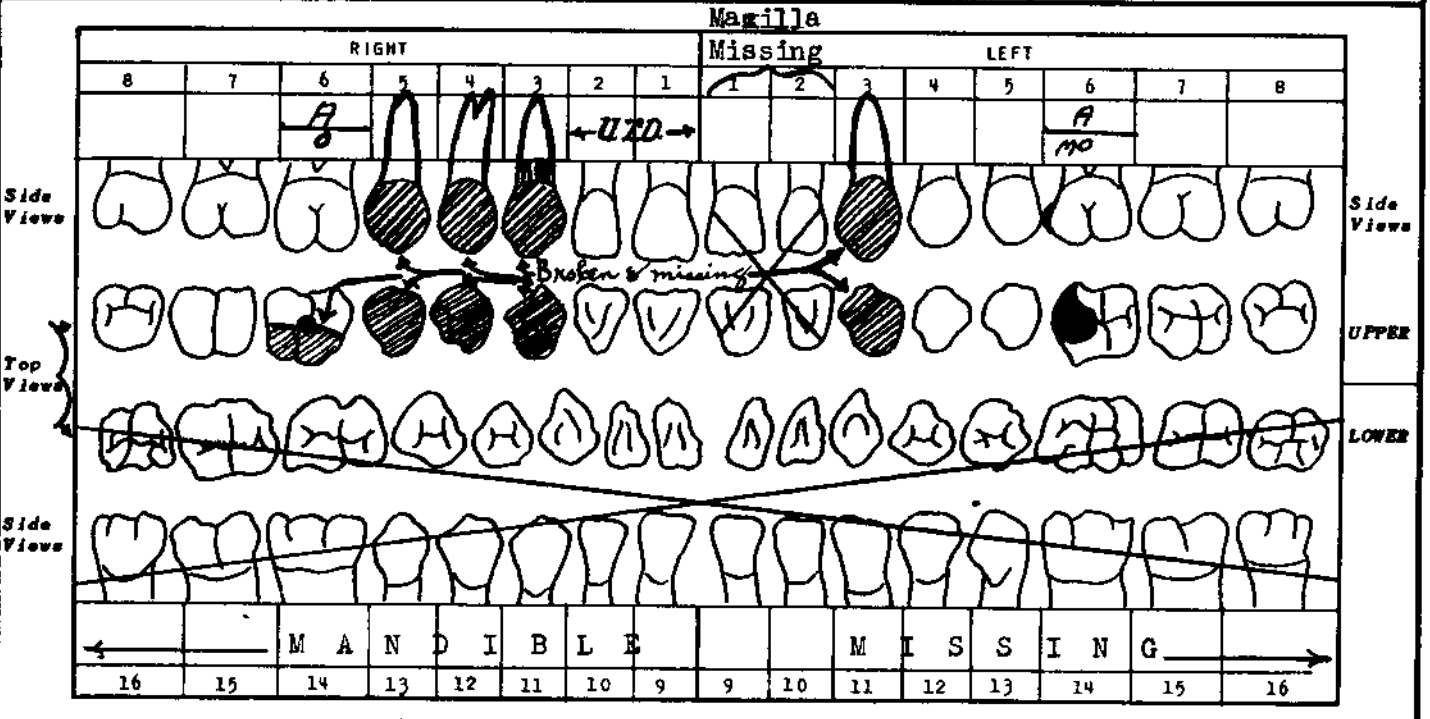
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2246 (Formerly UNK X-615 Leyte #1)				2. DATE OF REPORT 6 May 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	K	3669	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D		11. RACE Unknown	
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					

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Encl. #10²

18. TOOTH CHART		
	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:		
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		



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."

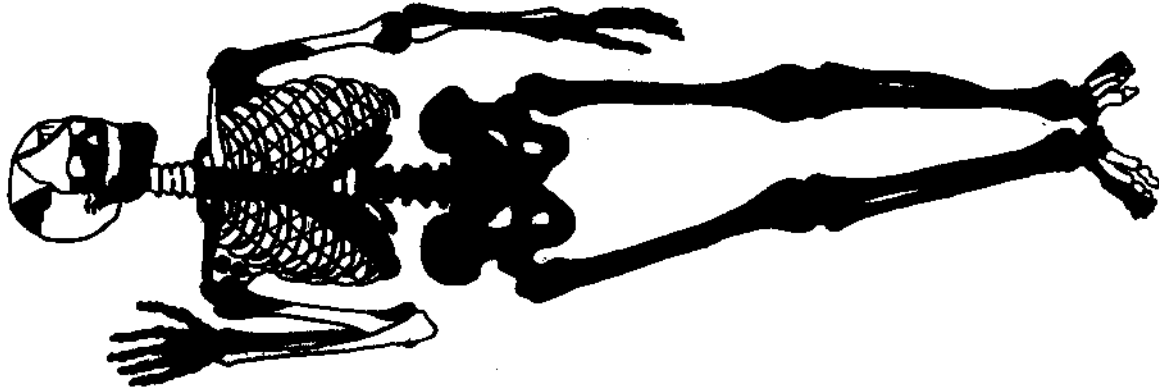
Mandible and portion of the maxilla from I1 - I2 are missing. No loose maxillary and mandibular teeth present with remains. Unable to determine whether R1 and R2 are X or Px due to the condition of the maxilla.

JAMES J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Received.

7 - Rib fragments



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.- 8 lbs.

WE DO NOT HAVE SUFFICIENT DATA TO IDENTIFY THE REMAINS
"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

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: 12 May 1947 at 0800 Hrs.
2. PARTY CONSISTED OF: 4 EM
3. TOWN OR BARRIO: Lubi PROVINCE OR ISLANDS: Leyte, P.I.
4. PERSONS INTERROGATED:
 - a. Andres Kasakit
 - b. Eutiquio Kamantang
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. GUIDES:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
6. LOCATION OF REMAINS (GRID COORD.) 10° 57' 59" N - 124° 45' 52" E
2 km East along Daguitan river.
7. DATE AND TYPE OF RECOVERY: Isolated Burial
8. NUMBER OF REMAINS RECOVERED: (1) (X) () () () () (Check one)
9. CONDITION OF REMAINS: Decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. _____
 - b. _____
 - c. N O N E
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. _____
 - b. _____
 - c. N O N E
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 16 May 1947 at 1730 Hrs.
13. REMARKS: (SEE REVERSE SIDE):

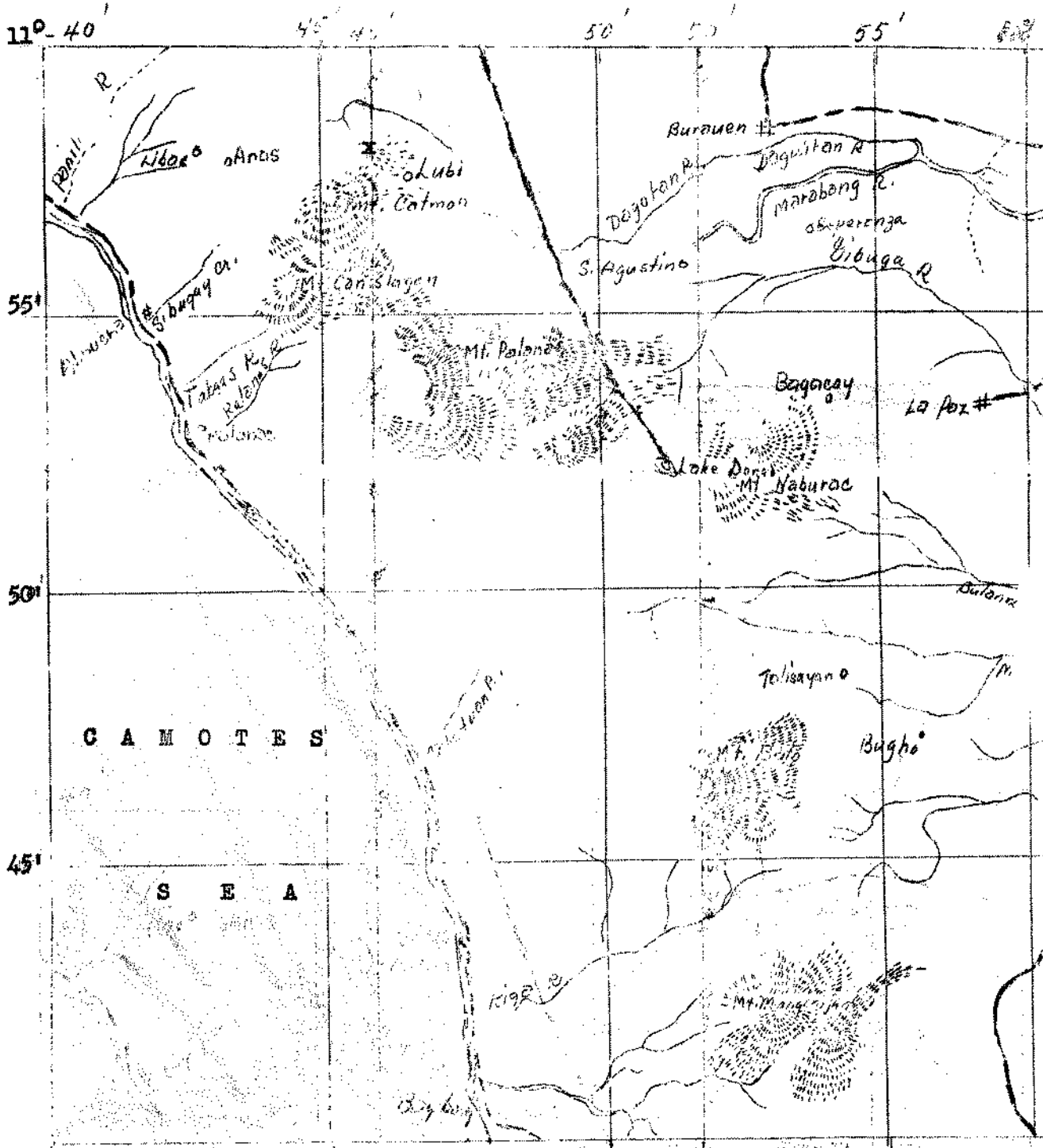
REMARKS:

This unknown body was found approximately 2 kilometers east along Dagotan river. The location of the remains was 25 yards from the banks of the Daguitan 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-615
 Map Reference: Map of Leyte, Series of 1934, Scale 1:200,000
 Grid Coord: 10°57'59"N - 124°45'52"E.

X-2246

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2246 (Formerly UNK X-615)
USAF Gen Leyte #1, P.I.

28 Nov 47

DATE

LAST NAME

FIRST

INITIAL

Unknown
RANK

Unknown
SERIAL NO.

Unknown

Unknown

Vicinity of Lubi,
Leyte, P.I.

PLACE OF DEATH

AGRS Mausoleum,
Manila, P.I.

PLACE OF BURIAL

ORGANIZATION

810

K

3669

PLOT
WANGER

ROW
BAY

GRAVE NO.
CRW-1

STORAGE

RIGHT *Fractured* UPPER TEETH *fractured* LEFT
















8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	X	G	A				P	P	P	P			A		TYPE
LOCATION															LOCATION

INSIDE — LOOKING OUT

RIGHT *Mandible missing* LOWER TEETH LEFT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

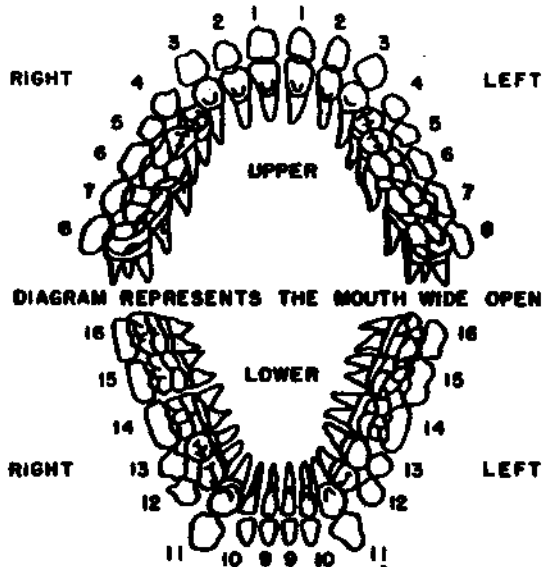
INSTRUCTIONS:

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

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

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

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



REMARKS: R 4, 3, & 2 are broke off. Fractured between L 1 & R 2 of the maxilla.

/s/ James F. Brown.
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ JAMES F. BROWN
NAME AND RANK TYPED OR PRINTED

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

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

28 Nov 47
DATE

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-2246 (Formerly UNK X-615
 USAF Gen Leyte #1, P.I.)**
~~XXXXXXXXXX~~

Cemetery **AGRS Mausoleum, Manila, P.I.**
ANGER BAY ORG
 Plot **810** Row **K** Grave **3669**

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 28 Nov 47
 Vicinity of Lubit;
2. Place of death 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 W W
(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 (Chart attached)**

Age / Height Weight Description of wounds
 Bandages & dressings Scars (Length, width, location)
 Tattoos
 (Number, location -- illustrate on separate page)
 Outstanding moles, warts or birthmarks (Yes-no; description, location)
 Sunburn or tan, other than hand and face
 Complexion (Light, medium, dark, clear, pimples, pocks, freckles)
 Build (Large, fat, thin, muscular)
 Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)
 Hair (Baldness, widows/peak, distinctive cutting or other characteristics)
 Sideburns Mustache Beard or
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

Eyes (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 **Tooth chart attached.**
 (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 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

Evidence of healed fractures (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

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

If not, explain Due to condition of remains

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

9. Remarks ROI in bottle found with remains. No identification tags or or personal effects found with remains. Estimated weight of remains eight (8) 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/ James F. Brown
(Officer's Name)

SP-6 C-063011
Rank Service

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

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAC

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*7 - Rib fragments
received*

Red

CHART "A"

X-2246

DMO Form 1044 Rev. 1 Apr. 1945	RESTRICTED	Date
REPORT OF DISINTERMENT FOR IDENTIFICATION		20 October 1947

1. Remains of (Name)	Serial Number
UNKNOWN X-615	-

Grade	Organization
-	-

Name, Number and Location of Cemetery	Plot	Row	Grave No.
USAF Cemetery Leyte #1, P.I.			8534

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" wooden casket burial. Skeletal remains incomplete. Maxilla fragmented. Missing mandible, one clavicle, two femur, one ulna, one Radius, one Scapula, two hip bones, two Humerus, one tibia, two fibula, two knee bones. Tag on remains and on marker coincide with R.C.I. on file. No identification clues found on remains.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

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
Gold Crown

Bridgework

Gold & Porcelain Bridge
Gold Bridge

Fillings

Silver Filling Gold Filling
Gold Filling Gold Filling

Caries (Cavities)

Cavity Decayed
Decayed Decayed

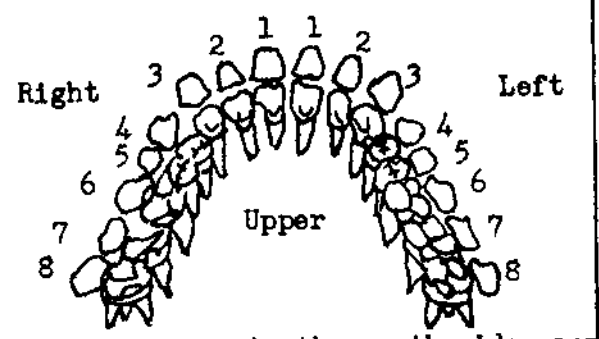
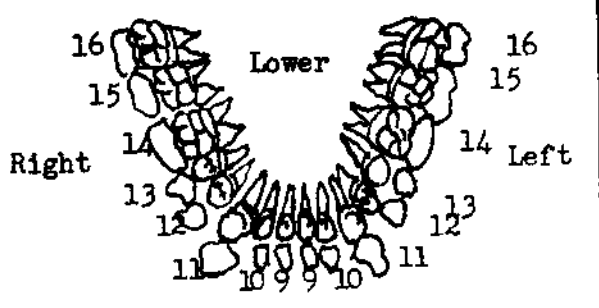
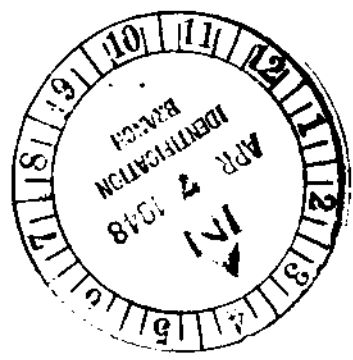


Diagram represents the mouth wide open



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 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</u> <u>X-615</u>			
LAST NAME	FIRST	INITIAL	RANK
UNIT		ORGANIZATION	
<u>Vicinity of Lubi, Leyte, P.I.</u>	<u>USAF Cemetery Leyte #1</u>	<u>8534</u>	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	GRAVE NO.

CROWNS BROKEN MAXILLAR MISSING RIGHT UPPER TEETH LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE		A											A		
LOCATION		O											MO		
INSIDE — LOOKING OUT CROWN BROKEN															
RIGHT LOWER TEETH LEFT															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	N	A	N	D	I	B	L	E		M	I	S	S	I	N
LOCATION															G

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

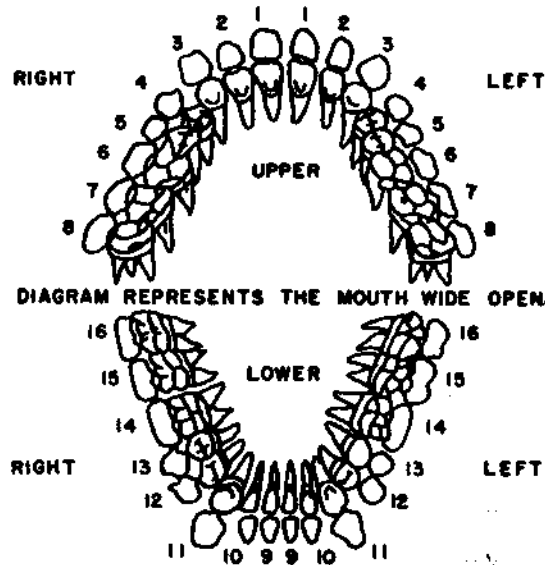
INSTRUCTIONS:

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

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

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

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



REMARKS:

Edwin Gregoruk
SIGNATURE OF PERSON WHO PREPARED CHART

Edwin Gregoruk
NAME AND RANK TYPED OR PRINTED

USAF Sanitary Corps #1
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

A.P. Singson
VERIFIED BY GNS OFFICER

A.P. SINGSON, 1st Lt., Inf.
NAME AND RANK TYPED OR PRINTED

18 August 1947
DATE

Y-615

IDENTIFICATION CHECK LIST

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

Unknown X 615

Cemetery Leyte #1

Plot _____ Row _____ Grave 8534

Isolated grave approximately 2 Kms. East
 along Daguitan river- Remains were 25
 yards from the bank of the Daguitan
 river.

1. Arrived at cemetery 16 May 1947
(Hour) (Date)

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

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

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

4. Evacuated to Cemetery by 1st Plat. 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 Light Brown _____
 (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)

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

If not, explain Due to the 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.

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

(Organisation)

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 **Tooth chart attached.** (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 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

Evidence of healed fractures (Nose, arms, legs, etc.)

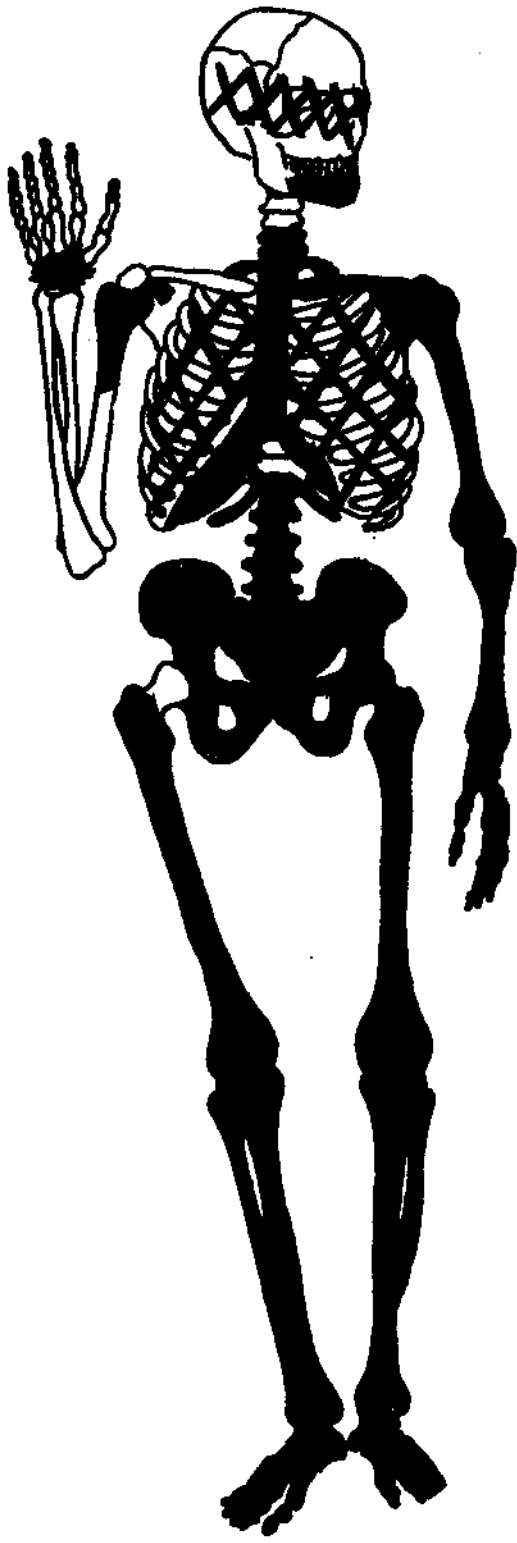
NONE
 NONE
 NONE

NOTE: Use attached charts "A" and "B" to indicate parts not received.

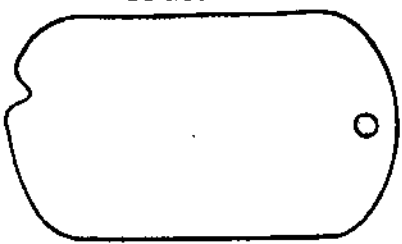
X-615.

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Received:
1 Rib fragments
Small Bone
Fragments

WD GRC FORM 1042 (Rev. 1 Apr. 1949) (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.				SERIAL NO.
		NAME (Last, first, middle initial) UNKNOWN X-2246 (Formerly UNK X-615) USAF Cem Leyte #1, P.I.)		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 Vicinity of Lubi, 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 USAFERS MAUSOLEUM, MANILA, P.						
DATE OF BURIAL STORAGE 29 Nov 47	BURIED IN (Shroud, blanket, or name of other) STORED 1300	TYPE OF GRAVE MARKER Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 810	ROW No. BAY K	GRAVE No. CRM-1 3669
WAS THIS A REBURNAL? (Yes or no) RESTORED Yes	IF A REBURNAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.			PLOT No.	ROW No.	GRAVE No. 8534
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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-2248	RANK	SERIAL No.	ORGANIZATION	GRAVE No. TRUPT 3671		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2244	RANK	SERIAL No.	ORGANIZATION	GRAVE No. TRUPT 3667		
SIGNATURE OF PERSON PREPARING REPORT R. R. ACIBERTO, Pvt.			SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPPIO 2d Lt., Inf.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Hand 937

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


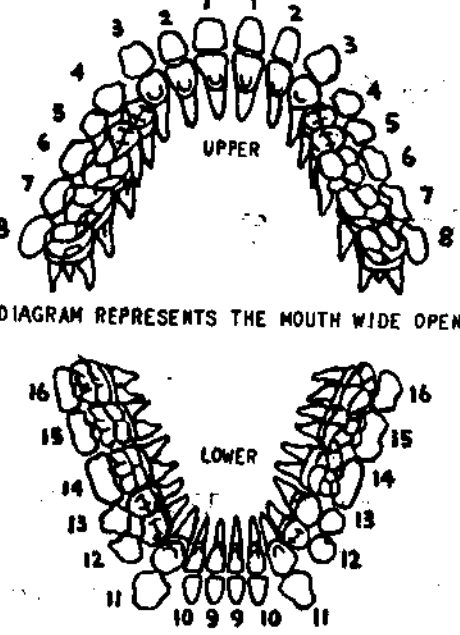




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

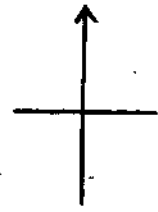
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

RESTRICTED

mym

307 8534

DATE OF REPORT

28 August 1947

WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-615

SERIAL No.

-

GRADE

-

ORGANIZATION

-

BRANCH OF SERVICE

Possibly Army

RACE

-

RELIGION

-

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

-

PLACE OF DEATH

Vicinity of Lubi, 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, Pl. Leyte, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, basket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
27 August 1947	1400	Casket "C" Type	Reg. Cross			8534
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
No	Recovered at Grid Coord: 10°57'59"N - 124°45'52"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-614				8533		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
UNKNOWN X-616A, X-616B, X-616C				8535		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
Cpl. Jack G. Slagle, GRS			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 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.


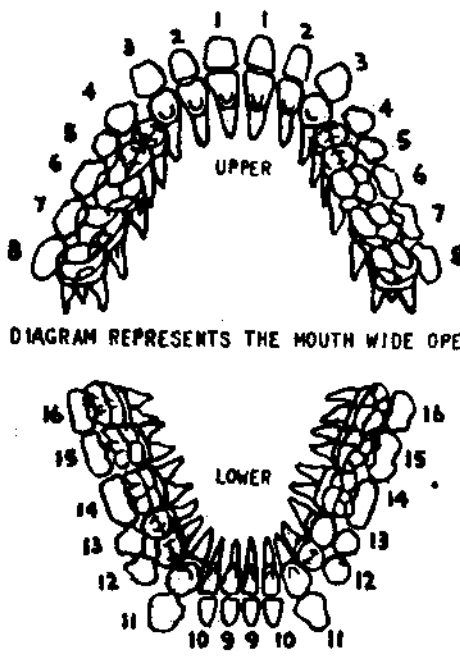




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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

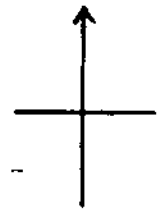
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Vicinity of Lubi, Leyte, P.I.

OTHER IDENTIFICATION CLUES

See attached QIC Form 1045.

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

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



REMARKS:

DO NOT WRITE