

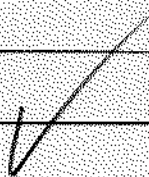
FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Lab. Report II-1 X-617

SUBJECT

Also Manila Maps. X-2321



QCMT 293
GIS Par East

8 June 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-60 (formerly Y-166, USAF Cem #5, Finsch., N.G.)
Unknown X-104 (formerly Unknown X-148, USAF Cem #5, Finsch., N.G.)
Unknown X-485 (formerly Unknown X-128, USAF Cem #5, Finsch., N.G.)
Unknown X-2227 (formerly Unknown X-612, USAF Cem #1, Leyte, P.I.)
Unknown X-2300 (formerly Unknown X-641, USAF Cem #1, Leyte, P.I.)
Unknown X-2321 (formerly Unknown X-617, USAF Cem #1, Leyte, P.I.)
Unknown X-3404 (formerly Unknown X-338, USAF Cem #1, Leyte, P.I.)
Unknown X-3407 (formerly Unknown X-341, USAF Cem #1, Leyte, P.I.)
Unknown X-3661 (formerly Unknown X-62, USAF Cem #1, Leyte, P.I.)
Unknown X-3747 (formerly Unknown X-10, USAF Cem #1, Leyte, P.I.)
Unknown X-4577
Unknown X-4898
Unknown X-5067

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.A.Fields:jdk
Salsar
JK

REB

cc: Administrative Section

NJS

COPY

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSG 293.9

AFO 707

SUBJECT: Unidentifiable Remains

16 May 1949

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

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

UNKNOWN Y-26	UNKNOWN Y-3402
" Y-60	" Y-3407
" Y-104	" Y-3661
" Y-485	" X-3747
" Y-2227	" Y-4577
" Y-2300	" Y-4898
" Y-2321	" Y-5067

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

FOR THE COMMANDING GENERAL:

JOHN A. MARSHALL
1st Lt., AGC
Asst Adj Gen

14 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability.

M.K.

1 /dvv/drs
 Interred 10 October 1949
 C 4 69 Ft. McKinley
Carl H. Mark
DISINTERMENT DIRECTIVE
CARL H. H. MARK

Cemetery Superintendent
 SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
 7740 00527

DATE
 15 05 48
 DAY MONTH YEAR

NAME
997 UNKNOWNX-000617

SERIAL NUMBER

RANK

ARM

DATE OF DEATH
 DAY MONTH YEAR

CEMETERY
 USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS
 7701 80
 CODE DIST. PT.

PLOT

ROW

GRAVE
 8536

COUNTRY
 PHILIPPINE ISLANDS

CAUSE OF DEATH
 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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
 UNKNOWN X-3331 (MAUS)
 UNKNOWN X-617

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
 27 Sept 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
 UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
 J. W. GUSUSE
 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 /
 Two Mausoleum tags UNKNOWN X-3331

REMAINS PREPARED AND PLACED IN CASKET
 DATE 27 Sept 1948 BY J. W. GUSUSE

CASKET SEALED BY
 J. W. GUSUSE

EMBALMER (Signature)
J. W. Gususe
 J. W. GUSUSE

CASKET BOXED AND MARKED
 DATE 27 Sept 48 BY HORACE L. ALLISON, Sgt, INF

SHIPPING ADDRESS VERIFIED BY
 HONORIO V AURELIO, 1st Lt, INF

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

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

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

REMARKS: Unidentifiable - OQMG

Graves

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGPS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</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 <i>DIKROVA</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>AGPS MAUSOLEUM</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>FORL MC KINLEY 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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

3 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 617, Plot _____,
Row _____, Grave 8536, 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:


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

Atch: Form 1044

Encl #7'

Received 31 May 49 OQMG
Not identifiable from
information presently
available *Fields - 6 June 49*

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2321 (Formerly Unk X-617 Leyte No. 1)				2. DATE OF REPORT 3 May 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	802	RANGER BAY	CRYP. A 205	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT 140 lbs.	9. ESTIMATED HEIGHT 5' 7 1/7"	10. COLOR OF HAIR UTD		11. RACE 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 UTD					
14. WAS BODY BURNED?		TO WHAT EXTENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
15. WAS BODY MANGLED?		TO WHAT EXTENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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"

Serial # 72

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:			
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
MAXILLA								MISSING							
MANDIBLE								MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

VENTURES (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."

No loose teeth present with remains.

James J. McDevitt
 JAMES J. McDEVITT
 Laboratory Officer, GIP

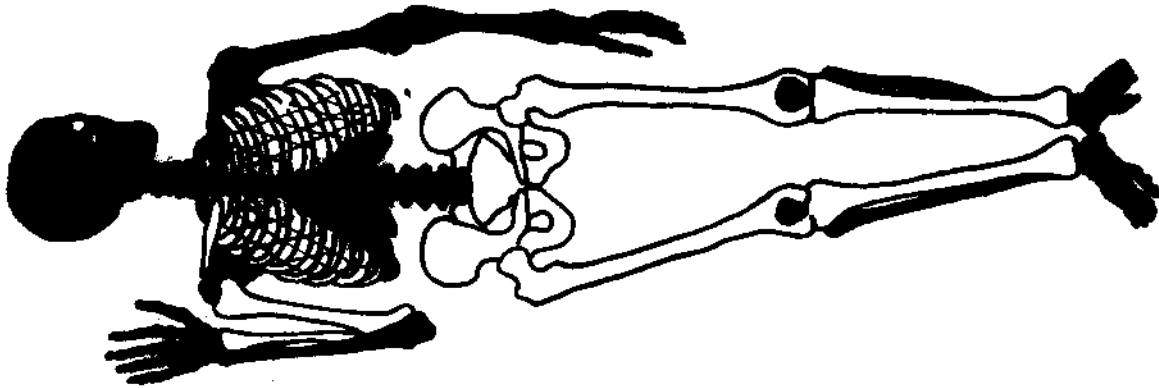
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECORDED

Received:

Ribs



Estimated Height: 5' 7 1/7"

20.

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

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

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.
Estimated weight of remains - 3 3/4 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

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-617
 (USAF Cem Leyte #1,
 P.I.)

Unknown X - 2521
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 802 Row JANGER A BAY Grave CRAP 205

AGRS CIP, Mausoleum, Manila, P.I.

1. Arrived at AGRS CIP 1 Dec 47
(Hour) (Date)
2. Place of death Capatgan, Leyte, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 583rd QM AGRS
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
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 _____ ^H (type) _____

_____ ^O

Overshoes _____ ^N

_____ ^E

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 Est. Height 5' 7 1/7" Est. Weight 140 lbs. Description of wounds _____

Bandages or dressings _____ Scars _____ (Length, width, location)

_____ Tattoos _____ (Number, location -- illustrate on separate page)

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

Sunburn or tan, other than hand and face _____

Complexion _____ (light, medium, dark, clear, pimples, poeks, freckles)

Build _____ ^U ^T _____ (Large, fat, thin, muscular)

_____ ^D

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

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

Sideburns _____ Mustache _____ Beard or _____ (Length, heavy)

(Color, setting, shape) (Color, size, shape)

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 **No skull**
(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
D

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? No If not, explain No skull
(Yes-no)

9. Remarks ROI bottle was received with the remains. No I. D. tags nor
personal effects found to warrant identification. Estimated weight of remains
is three and three fourth (3 3/4) 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.

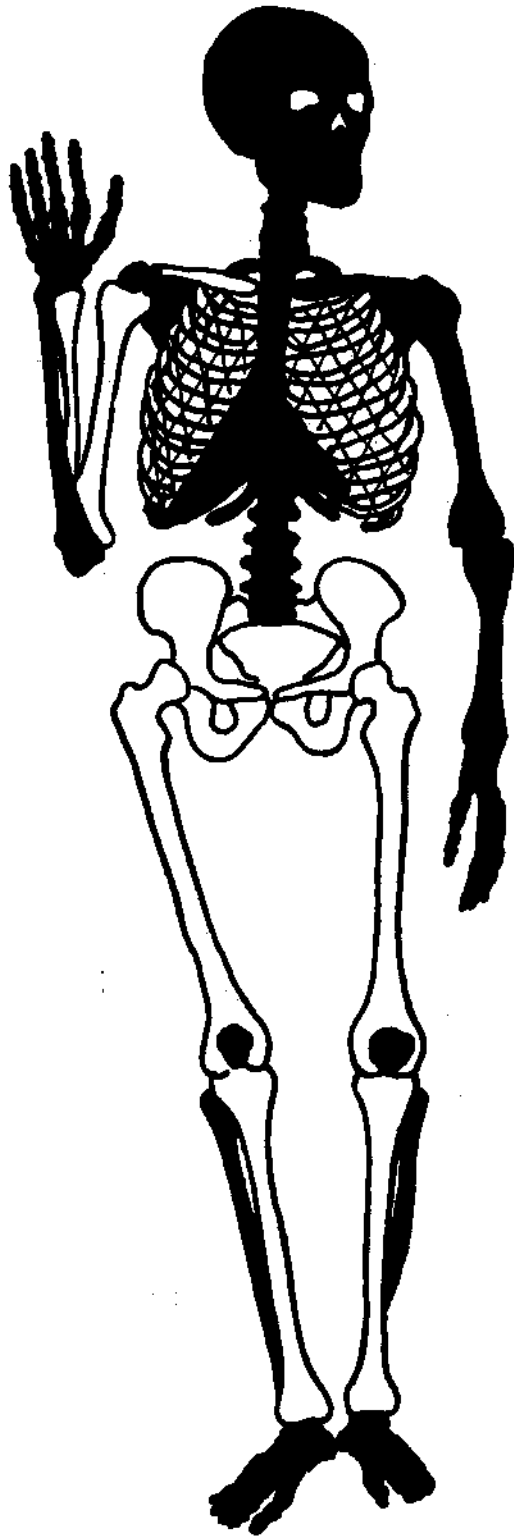
CERTIFIED TRUE COPY:

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

/s/ Gerald M. Holts
(Officer's Name)
Emb. Senior C-063008
Rank Service
CIP, Laboratory, Manila, P.I.
(Organization)

○ ○ X-2321
SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*2 ribs remaining
no vertebrae*

RL
CHART "A"

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

UNKNOWN X-617

Serial Number

-

Grade

-

Organization

-

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

8536

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. Missing: Maxilla, mandible, one clavicle, one femur, two ulnae, one radius, two knee bones and two fibulae. Substitute tags on remains and on marker coincide with R.O.I. on file and burial bottle. No identification clues found on remains.

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

Substitute tag

On Remains

Substitute tag - R.O.I. in bottle

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag - R.O.I. in bottle

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), bicuspid (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



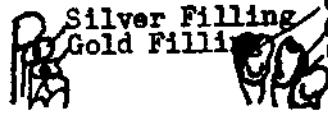
Gold Crown Porcelain Crown
Gold Crown

Bridgework



Gold & Porcelain Bridge
Gold Bridge

Fillings

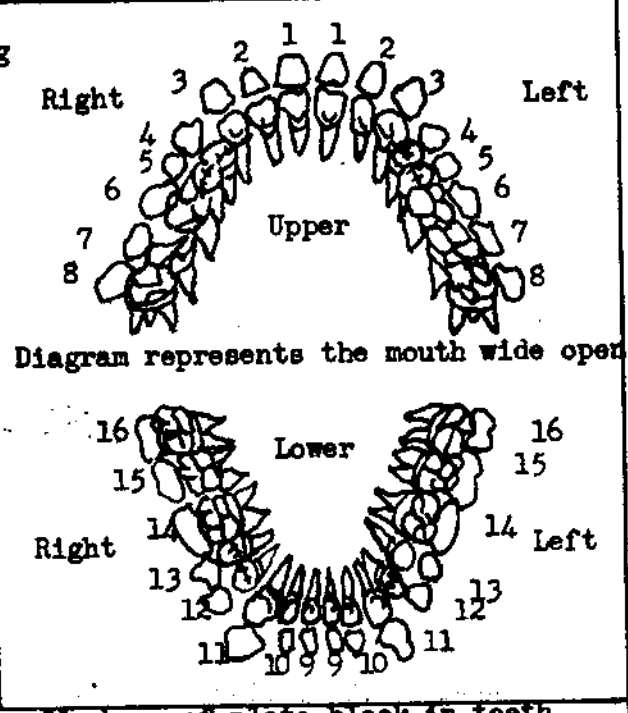


Silver Filling Gold Filling
Gold Filling Gold Filling

Caries (Cavities)

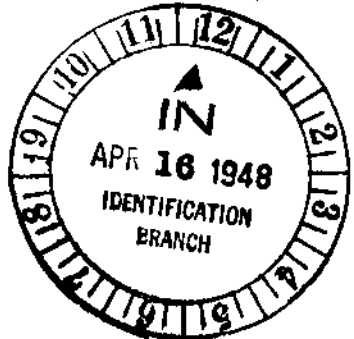


Cavity Decayed
Decayed Decayed



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



5-34880-4N

X-617

IDENTIFICATION CHECK LIST

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

Unknown X 617
 Cemetery USAF Dayte #1
 Plot _____ Row _____ Grave 8526

1. Arrived at cemetery 14 June 1947
(Hour) (Date)
2. Place of death Capatgan, Leyte, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
Map of Leyte, Series of 1937, Scale 1:200,000
(Sheet, scale and serials used)
3. Remains recovered ~~by~~ by 1st Lt. 3008th QM CR Co.
(Name and organization)
4. Evacuated to Cemetery by 1st Plat. 3008th QM CR 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- Skeleton 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)

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 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers (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, 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.

X-617

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

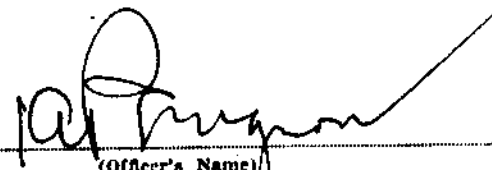
If not, explain Due to condition of remains.

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

with the 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.



(Officer's Name)

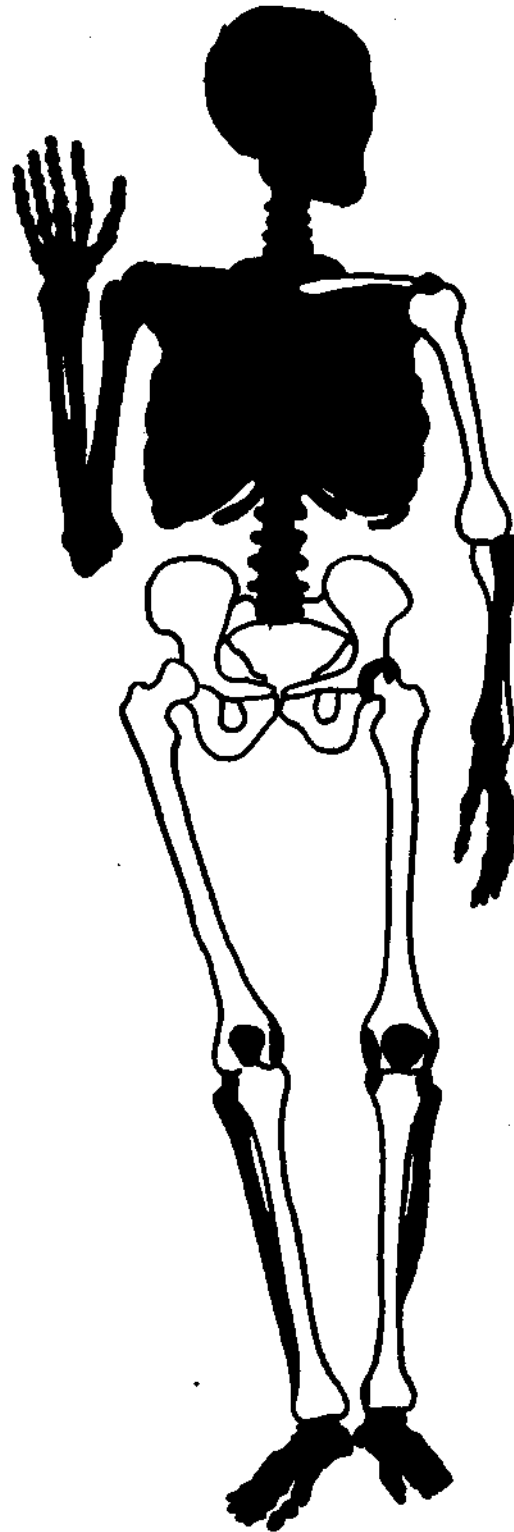
A.P. SINGSON, 1st Lt., Inf.

Rank Service

1st Plat. 583rd QM GR Co.
(Organization)

C O X-619
SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



2 ribs received

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 707

SEARCH AND RECOVERY REPORT
TRIP # _____ SEARCH # _____

1. DATE AND TIME OF DEPARTURE: June 4, 1947 1000 hrs.
2. PARTY CONSISTED OF: 4 EM
3. TOWN OR BARRIO: Capatgan PROVINCE OR ISLANDS: Leyte, P.I.
4. PERSONS INTERROGATED:

a. <u>Alfonso Pasaylo-on</u>	d. _____
b. _____	e. _____
c. _____	f. _____
5. WITNESSES:

a. <u>Alfonso Pasaylo-on</u>	d. _____
b. _____	e. _____
c. _____	f. _____
6. LOCATION OF REMAINS (GRID COORD.) 10°55'N - 124°45'E (Capatgan, Leyte)
7. DATE AND TYPE OF RECOVERY: June 12, 1947; Isolated Burial
8. NUMBER OF REMAINS RECOVERED: (1) ~~VERY MANY~~ (Check one)
9. CONDITION OF REMAINS: Skeletal
10. IDENTIFICATION CLUES FOUND WITH REMAINS:

a. _____
b. _____
c. <u>N O N E</u>
d. _____
e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:

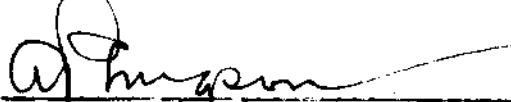
a. _____
b. _____
c. <u>N O N E</u>
d. _____
e. _____
12. DATE AND TIME RETURNED: 14 June 1947 at 1000 Hrs.
13. REMARKS: (SEE REVERSE SIDE):

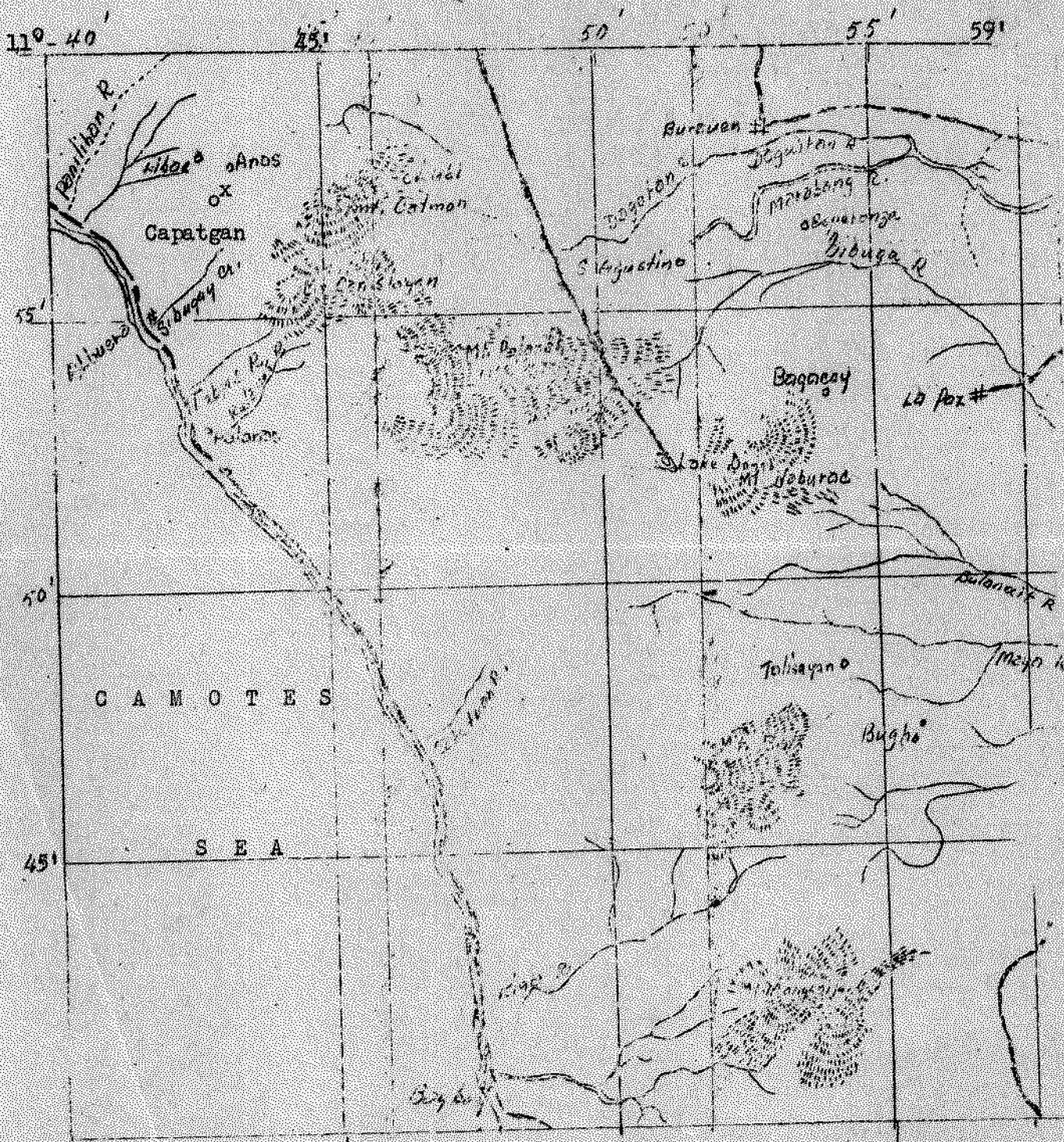
REMARKS:

This body was five paces from the other body and no identification clues could be found. This body is possibly a G.I. due to the fact that an American Steel helmet was found with the remains.

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

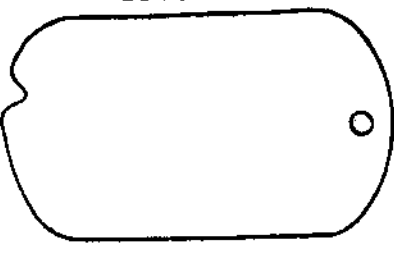
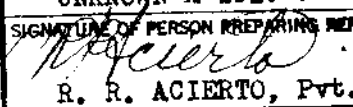
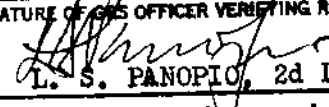
A TRUE COPY:


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



10° 40'

X - Location of remains when recovered: Unknown X-617
 Map Reference: Map of Leyte, Series of 1934, Scale 1:200,000
 Grid Coord: 10° 55'N - 124° 45'E.

/nsr 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 3 Dec 47			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No. Unknown			
		NAME (Last, first, middle initial) UNKNOWN X-2321 (Formerly UNK X-617 USAF Cem Leyte #1, P.I.)		ORGANIZATION Unknown		BRANCH OF SERVICE Army			
		GRADE Unknown		RACE Unknown		RELIGION Unknown			
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		DATE OF DEATH Unknown					
PLACE OF DEATH Capatgan, Leyte, P.I.		CAUSE 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 JOCS MAUSOLEUM, MANILA, P.I.									
DATE OF BURIAL STORAGE 2 Dec 47		HOUR 1000		BURIED IN (Shroud, blanket, or name of other) STORED Casket		TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. A	GRAVE No. 205
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.							
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-2323				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 207		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2319-C				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 203		
SIGNATURE OF PERSON PREPARING REPORT  R. R. ACIERTO, Pvt.				SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. S. PANOPIO, 2d Lt., INF					
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Office. Copies for retention in theater as prescribed by theater commander.									

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.






INSTRUCTIONS:

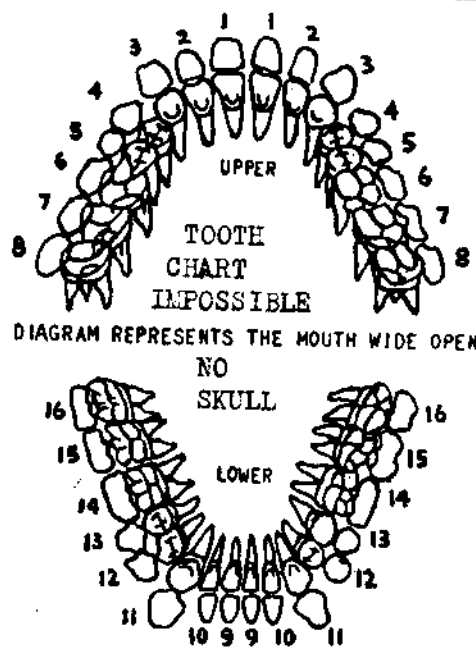
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

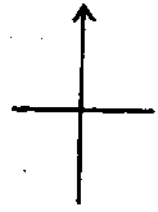
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE



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



REMARKS:

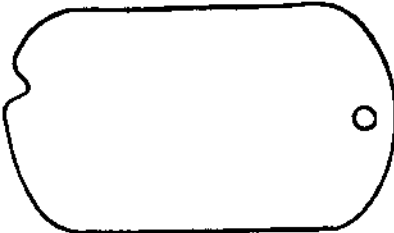
Identification Check List accomplished.

3 FEB 1948

RESTRICTED

mym

311 8536

WD GMC FORM 1042 (Rev. 1 Apr. 1946) (Separate 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.				SERIAL NO.	
		NAME (Last, first, middle initial)				—	
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		—		—		Army	
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		—	
—		—		—		—	
PLACE OF DEATH		CAUSE OF DEATH			DATE OF DEATH		
Capatgan, 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	PLOT NO.	ROW NO.	GRAVE NO.	
27 August 1947	1400	Casket "C" Type	Reg. Cross			8536	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT NO.	ROW NO.	GRAVE NO.	
No	Recovered at Grid Coord: 10°55'N - 124°45'E Map of Leyte, series 1937, scale 1:200,000					Isolated Burial	
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 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-616A, X-616B, X-616C						8535	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.	
End of Row							
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
Cpl. Jack V. 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

RESTRICTED

Section 2. 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
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Capatgan, 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 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