

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 rnk Leyta #1 X-626

also Mainla Mass X-2228

1. FILE UNDER NO. 293 - Unk P.I. X-626 (Leyte #1)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 7 Feb 50
4. FROM: UNK
5. TO: Commanding Officer AGCS, 78 APO 900 c/o III San Francisco, Calif.
6. SUBJECT: Identification of World War II Document

7. DOCUMENT FILED UNDER NO. 293 - Unk P.I. (Misc) Unk Manila X-106 X-230 X-301 X-302
X-410 X-411 X-420 X-421 X-430 X-431 X-432 X-433

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

QUONK 293
IMS Far East

7 February 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philosa Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

Unknown X-188, AGRS Mausoleum Manila, P.I.				
" X-239, " " " "	"	"	"	"
" X-309, " " " "	"	"	"	"
" X-3828, " " " "	"	"	"	"
" X-4180, " " " "	"	"	"	"
" X-4199, " " " "	"	"	"	"
" X-4250, " " " "	"	"	"	"
" X-4251, " " " "	"	"	"	"
" X-2336, AGRS, Maus. Manila, formerly X-490, USMC Leyte #1				
" X-2324, " " " "				
" X-2312-A, " " " "				
" X-724, USMC Leyte #1, formerly X-2312-B, AGRS Maus. Manila				

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

GRPZ 293

AFO 900
18 January 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file 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-186	AGRS	Mslm	UNKNOWN	X-2336	AGRS	Mslm
"	X-239	"	"	"	X-3014	"	"
"	X-309	"	"	"	X-3828	"	"
"	X-539	"	"	"	X-4132	Manila #2	
"	X-657	"	"	"	X-4180	AGRS	Mslm
"	X-667	"	"	"	X-4197	"	"
"	X-690	"	"	"	X-4199	"	"
"	X-724	Keyte #1		"	X-4250	"	"
"	X-888	AGRS	Mslm	"	X-4251	"	"
"	X-889	"	"	"	X-4655	"	"
"	X-1366	"	"	"	X-4657	"	"
"	X-1703	"	"	"	X-4659	"	"
"	X-1963	"	"	"	X-4660	"	"
"	X-2228	"	"	"	X-4688	"	"
"	X-2312	"	"				

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

FOR THE COMMANDING OFFICER:

29 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
/t/ JOHN SHYPULA
1st Lt., Infantry
Adjutant

C
O
P
Y

HEADQUARTERS
PACIFIC ZONE
AMERICAN GRAVES REGISTRATION SERVICE

17 Jan. 1950
Date

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

The records pertaining to Unknown X- 626, Plot _____,
Row _____, Grave 8546, USMC Leyte #1, P.I., have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

H. B. McNemar
H. B. McNEMAR
Captain, OCS
Chief, Records Branch

Atch: Form 1044

Received 31 Jan 1950 OCS
Not identifiable from
information presently
available 3 Feb. 1950

Ed Kayf

/bpm		Interred 16 1950 D 4 18 Ft. Kinley <i>caremark</i> CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE		7/11	
/gyc		SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00536		DATE 15 05 48 DAY MONTH YEAR	
NAME			SERIAL NUMBER		RANK	ARM	DATE OF DEATH
UNKNOWN			X-000626			0	DAY MONTH YEAR
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY (LEYTE NO 1)						7701 80 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH		
		8546	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			
SECTION C - DISINTERMENT AND IDENTIFICATION							
NAME		SERIAL NUMBER		RANK	DATE OF DEATH		DATE DISTINTERRED
UNKNOWN X-626 (Maus) UNKNOWN X-2228							28 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION		IDENTIFICATION VERIFIED BY ALEXANDER P PETTICE 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 1 Two (2) tags (Mausoleum) UNKNOWN X-2228 One (1) tag with number 19							
REMAINS PREPARED AND PLACED IN CASKET							
DATE		BY					
28 Sept 48		ALEXANDER P PETTICE					
CASKET SEALED BY ALEXANDER P PETTICE				EMBALMER (Signature) <i>Alexander P Pettice</i> ALEXANDER P PETTICE			
CASKET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY			
DATE 28 Sept 48 by HORACE L ALLISON, Sgt, Inf				CORSIENE 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> CORSIENE C KAYANAN, 1st Lt, Inf SIGNATURE OF GRS INSPECTOR							
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							
31 MAR 1948 REPATRIATION BRANCH WALL BAY							

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM #GPS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Casey Mark</i>	DATE FEB 16 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE (JOURNAL 100111)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER (KIMES & COMPANY)	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 # 71 SEARCH # 6

1. DATE AND TIME OF DEPARTURE: 19 July 1947 at 0630 Hrs.
2. PARTY CONSISTED OF: Three (3)
3. TOWN OR BARRIO: Del Monte PROVINCE OR ISLANDS: Bukidnon, Mind., P.I.
4. PERSONS INTERROGATED:

a. <u>Mr. Faola</u>	d. _____
b. <u>Rudolfo Vaguchy</u>	e. _____
c. _____	f. _____
5. GUIDES:

a. <u>Mr. Faola</u>	d. _____
b. <u>Rudolfo Vaguchy</u>	e. _____
c. _____	f. _____
6. LOCATION OF REMAINS (GRID COORD.) 8° 23' N - 124° 50' 30" E.
7. DATE AND TYPE OF RECOVERY: 19 July 1947, Isolated Burial
8. NUMBER OF REMAINS RECOVERED: (1) ~~12/11/11/11/11~~ (Check one)
9. CONDITION OF REMAINS: Poor
10. IDENTIFICATION CLUES FOUND WITH REMAINS:

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

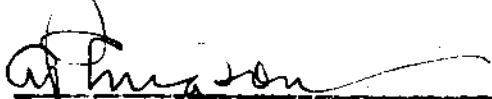
a. <u>Shoes</u>
b. _____
c. _____
d. _____
e. _____
12. DATE AND TIME RETURNED: 19 July 1947 at 1800 Hrs.
13. REMARKS: (SEE REVERSE SIDE):

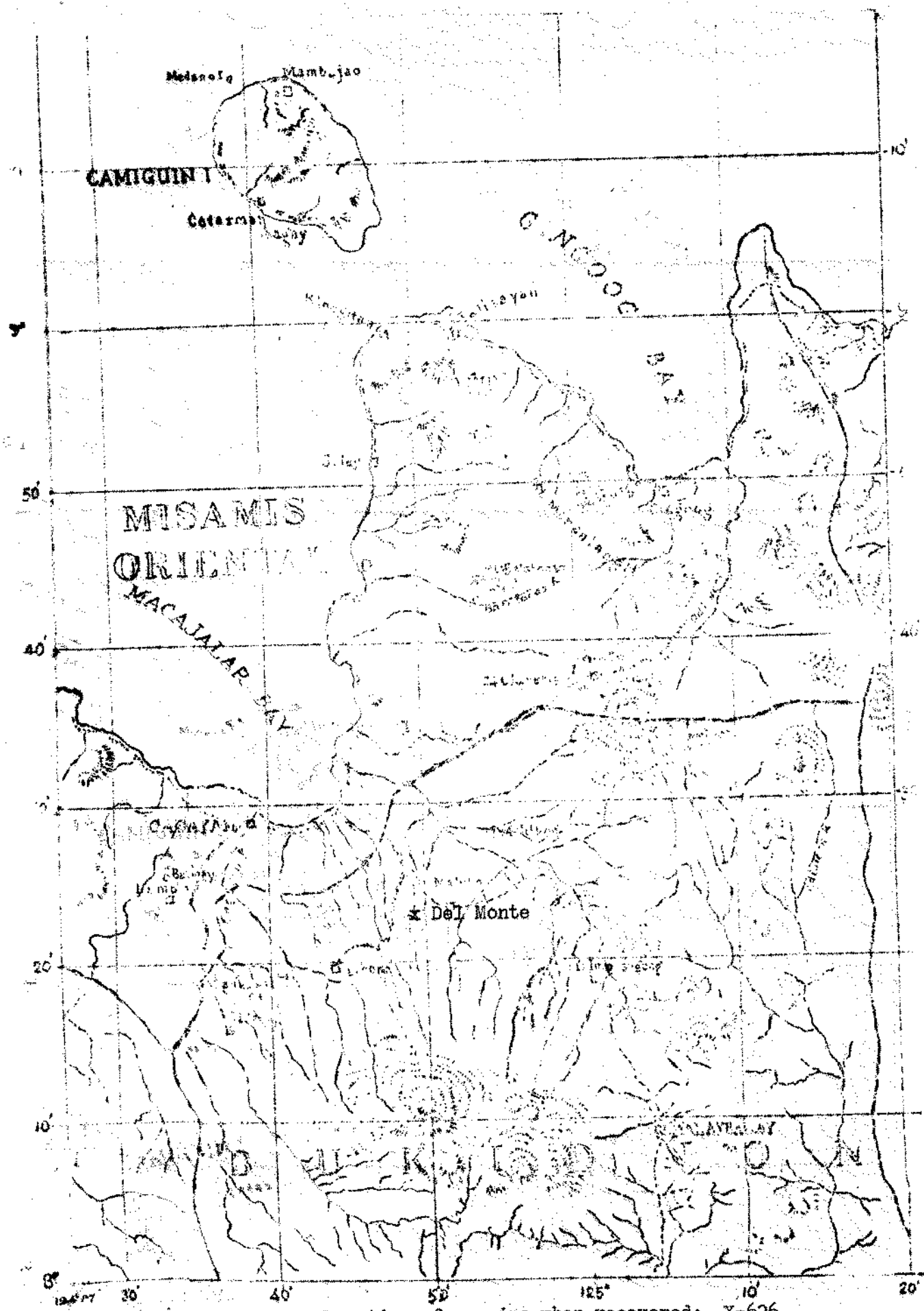
REMARKS:

None

/s/ Earl H. Bowman
Search Party Leader

A TRUE COPY:


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



X - Location of remains when recovered: X-626
 Map of Reference: Map of Mindanao, Series of 1941, Scale
 1:600,000., Grid Coord: 8° 23' N - 124° 50' 30" E.

ber 12, 1942

Graves Registration Officer
Chaplain (Captain) Joseph G. Vanderheiden
O-414242 HqSq 5 A.B. Gp.

The following is a list of personnel and pertinent data of those buried in the Del Monte Air Base Cemetery, Del Monte, Bukidnon, Mindanao, P.I.

PLOT NUMBER ONE

Grave No. 1:

KILLEN, William C., Pvt. 1cl.,
6934662, 30th Bomb. Sq., 19th Bomb.
Gp., Date of death: December 14, 1941
CAUSE: Bunshot wounds posterior
parietal region with herniation of
brain; No record of beneficiary or
disposition of personal effects.

Grave No. 2:

WHITNEY, Chauncey B., Major,
O-149092, Hq & Hq Sq. 5th AB Gp;
Date of death: December 21, 1941;
Cause: Multiple of shrapnel
wounds; Beneficiary: Mrs. Chauncey
B. Whitney (W), Salt Lake City, Utah;
No record of disposition of per-
sonal effects.

Grave No. 3:

THIBIDO, Alan, Pvt. 1cl.,
19012483, Hq & Hq. Sq., 5th AB. Gp;
Cause: Multiple gunshot wounds;
Beneficiary: Mrs. Nell Miller (Aunt)
2438 Rio Linda, Sacramento, Calif.
Major Herman A. Little in charge of personal
effects.

Grave No 4:

WADE, Lavern L., 1st Lieut.,
O-376722, Signal Corps; Date of
Death: December 31, 1941; Cause:
Concussion of brain during bombing
of S.S. Mayon; No record of bene-
ficiary or of disposition of per-
sonal effects.

Grave No. 5:

BURNS, John P., 1st Lieut.,
O-390803; Date of death; April 13,
1942; Cause: Airplane crash; No record
of beneficiary; Personal records:
One photo and frame, orders
and flight record. Quartermaster in
charge.

Grave No. 8:

MALAGUE, Tranquilino, Corporal,
1039-MG2-10444; Date of Death: January
5, 1942; Cause: Concussion, cerebral
hemorrhage; Beneficiary: No record;
Address: Yumbiny, Mambajao, Mis. Cr.,
No record of personal effects.

Grave No. 9:

UNOCCUPIED

Grave No. 10:

UNOCCUPIED

Grave No. 11:

UNOCCUPIED

Grave No. 12:

UNOCCUPIED

Grave No. 13:

McDANIEL, Lawrence E., 2nd Lieut.
ASN unknown; 34th Pursuit Sq; Date of
death: April 14, 1942; Cause: Frac-
tured skull in airplane crash. No re-
cord of beneficiary. Personal effects
consisted of only an identification
card.

Grave No 14:

O'BRIEN, Forest S. O-406580, 2nd
Lieut. Date of death: April 16, 1942
Cause: Fractured skull and lacerations
of brain; Beneficiary: no record;
Personal effects: P. 159.00 and five
dollars American currency, one check
(no amount recorded) made out from
W. E. Dean and Co. No. 44880, date
October 22, 1941.

Grave No. 6:

✓ UNKNOWN FILIPINO SOLDIER

Grave No. 7:

BALDE, Pedro ASN Unknown, Philippine Army; Date of death: January 5, 1942; Cause: Concussion, cerebral hemorrhage. Beneficiary: Juanita Ilajas, (Mother), Domarset, Balingasag. No record of personal effects.


Grave No. 15:

MADDEN, James E., 6383891, Sgt., Date of death: April 16, 1942; Cause: Multiple wounds; Beneficiary: Mrs. J. A. Madden, Haften, La., Personal effects: 12 pesos and 10 centavos. (NO record of disposition of effects)

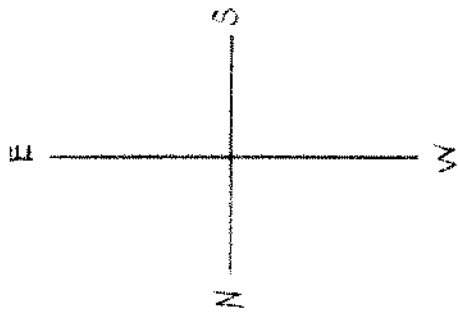
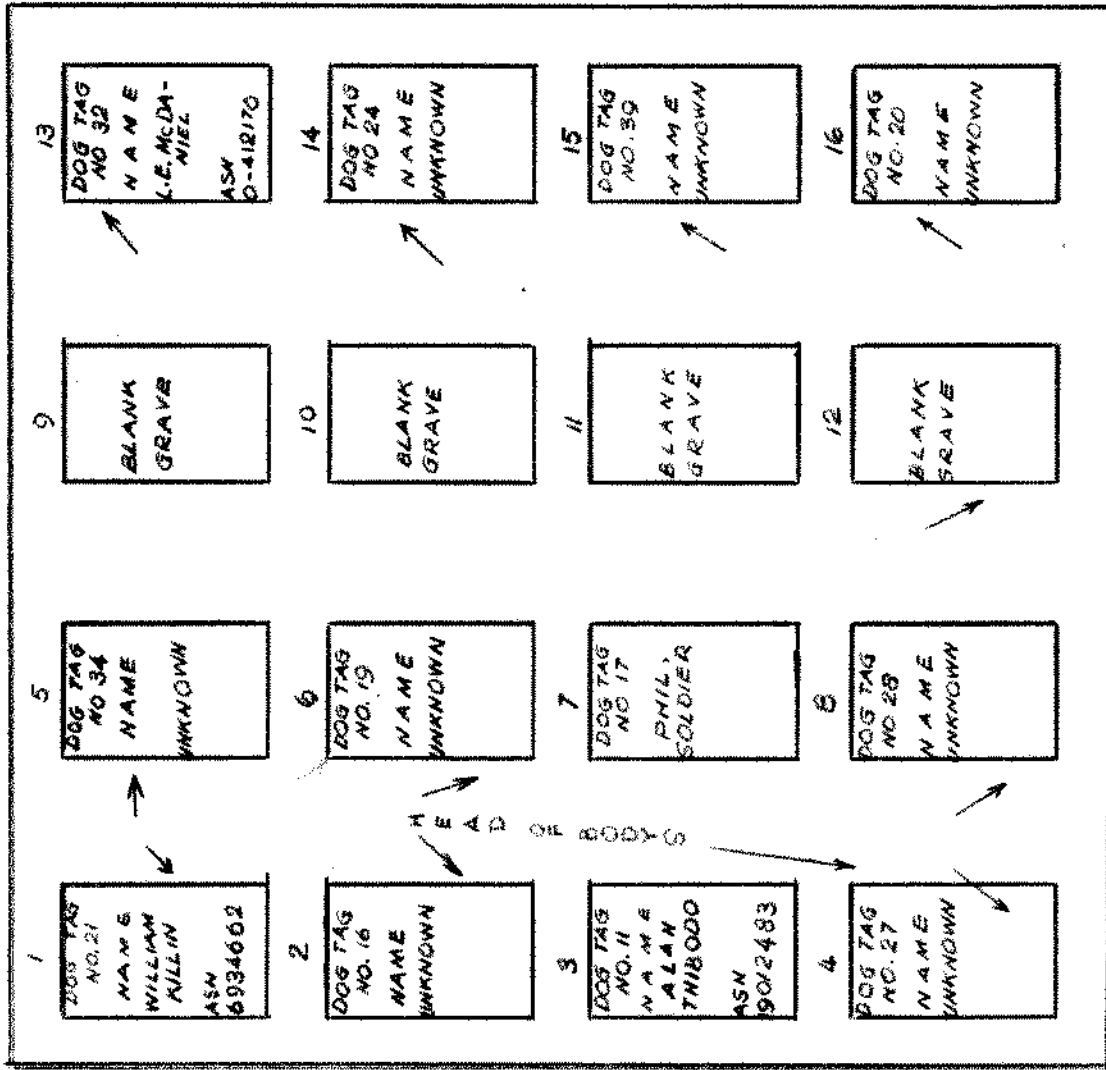
Grave No. 16:

HOWARD, John Lynn, (Ship's carpenter), U.S. Navy; Date of death: April 16, 1942; Cause: Airplane crash; Beneficiary: Mrs. Helen Howard, (Wife), 630 Avenue "H", Fort Worth, Texas. Personal effects: 262 Pesos and 95 centavos, two medals and a file of personal papers. (No record of disposition of personal effects).

A TRUE COPY:


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

PLOT MAP



CAMP TWELVE
AMERICANS HOME


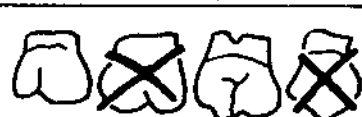






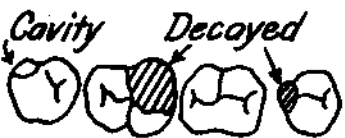

DELMONTE ROAD GOING TO CAMP TWELVE

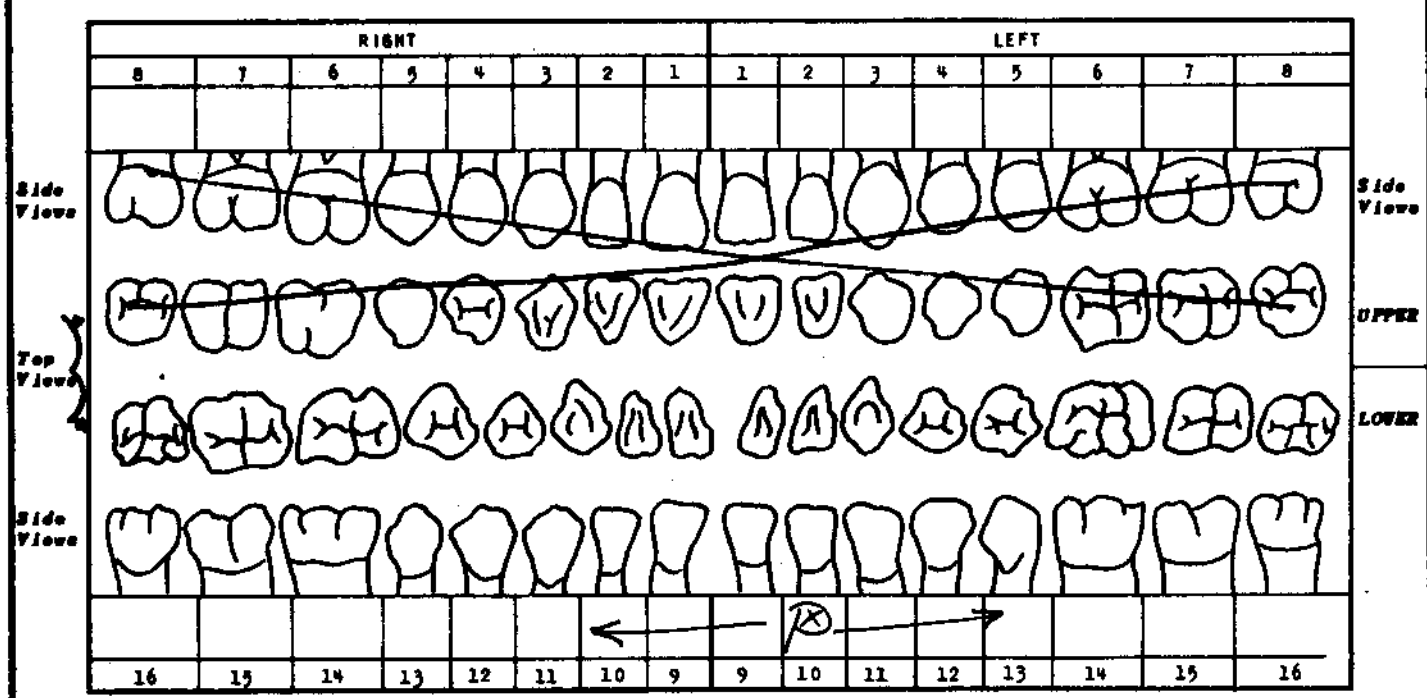
ROAD JUNCTION
TANAKULAN

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-2228 (Formerly Unk X-626 USAF Cemetery Leyte #1, P.I.)				2. DATE OF REPORT 17 Jan .1 950	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
		810	K	2651	DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'2"		10. COLOR OF HAIR UTD	
11. RACE Unk					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">N O N E</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">U T D</p>					
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 <p align="center">N O N E</p>					
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) <p align="center">N O N E</p>					

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

	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:		



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."

"UNIDENTIFIABLE"

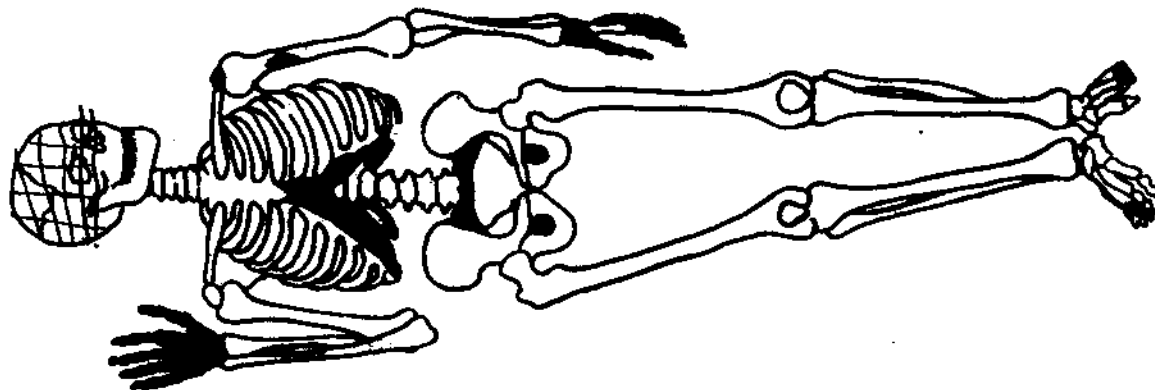
REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Section

Inc 14³

19. BLACK OUT PARTS OF BODY NOT RECORDED



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, bottle burials, personal effects or other means
of identification found with remains
Est. weight of remains - 6 lbs.

"UNIDENTIFIABLE"
"BY REASON OF STATE OF REMAINS IDENTIFICATION"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Ident. Section

SIGNATURE

X-2228

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-2228 (Formerly UNK X-626) 28 Nov 47
 USAF Cemetery Leyte #1, P.I. DATE
Unknown Unknown
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown
 UNIT ORGANIZATION
 Vicinity of Del Monte, AGRS Mausoleum, 810 K 3651
 Bukidnon, Mindanao, P.I. Manila, P.I. PLOT ROW GRAVE NO.
 PLACE OF DEATH PLACE OF BURIAL STORAGE FINGER BAY CRYPB

RIGHT UPPER TEETH LEFT

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

TYPE																TYPE
LOCATION																LOCATION















INSIDE -- LOOKING OUT

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

RIGHT LOWER TEETH LEFT

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)	

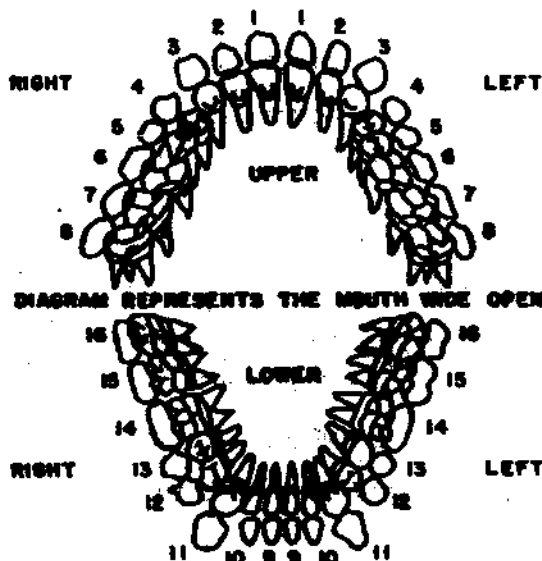
INSTRUCTIONS:

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:

Maxilla missing.
R-13 & R-12 fractured on its facial and lingual surfaces. L-13 only root present on its alveolar closure. L-15 chipped off on its facial and distal surfaces.

/s/ Antonio B. Laconico
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ ANTONIO B. LACONICO - Recorder
NAME AND RANK TYPED OR PRINTED

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

CIP Laboratory, Manila, P.I.
PLACE OR NO. WHERE THIS FORM ACCOMPLISHED

28 Nov 47
DATE

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T. GAMBOA
2d Lt., **MCU**

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2228 (Formerly UNK X-626
~~UNKNOWN~~ USAF Cem Leyte #1, P.I.)

Cemetery AGRS Mausoleum, Manila, P.I.
VANGER 829 CRPT

Plot 810 Row K Grave 3651

G. I. P. AGRS
 Mausoleum, Manila, P.I.

1. Arrived at ~~AGRS~~ 28 Nov 47

(Hour) (Date)
 Vicinity of Del Monte

2. Place of death Bukidnon, Mindanao, 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	N		
Jacket, Field		O	
Jacket, Combat			
Mackinaw		N	
Sweater		E	
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

Belt, web / /

Drawers, wool / /

Drawers, cotton / /

Leggings, wool / / **N**

Socks, cotton / /

* Shoes / / **O** (type) / /

Overshoes / /

Web Equipment / / **N**(type) / /

(Other item) / /

(Other item) / /

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

Chevrons or / / **E**
 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' 2 1/8" Weight U.T.D. Description of wounds U.T.D.

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

Tattoos / / (Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks / / **U** (Yes-no; description, location)

Sunburn or tan, other than hand and face / /

Complexion / / **T** (Light, medium, dark, clear, pimples, pocks, freckles)

Build / / (Large, fat, thin, muscular)

Hair / / **D** (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 U (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

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

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

Teeth Dental 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 U (Size, length, short, normal, wrinkled) Larynx (Prominent, normal)

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

Hands T

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

(Unusual characteristics of fingernails)

Chest D (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, crossed, 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 personal effects found with remains. Estimated weight or remains - 6 lbs.

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

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

Emb. Sr. C-064965
Rank Service

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

28 Nov 47

CERTIFIED TRUE COPY:

G. T. Gamboa
G. T. GAMBOA
2d Lt., MAC

SKELETAL CHART

X-2228

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

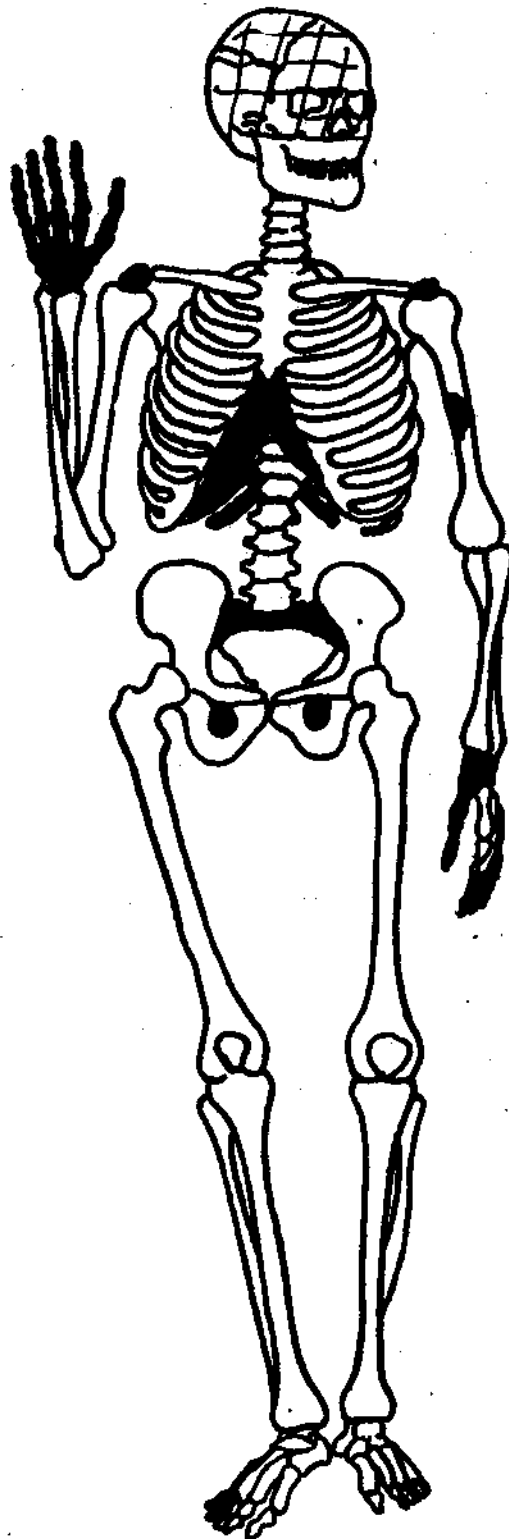


CHART "A"

L.R.

X-2228

DMOF Form 1044
Rev. 1 Apr. 1945

RESTRICTED

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

UNKNOWN X-626

Serial Number

Grade

Organization

-

-

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1, P.I.

Plot

Row

Grave No.

8546

2. Date of Disinterment

20 October 1947

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

Original made in casket "C" type burial. Skeletal remains. Skull fragmentated. Substitute tags on remains and on marker coincide with R.O.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 - R.O.I. placed in bottle

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag - R.O.I. placed in bottle

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



Crowned Teeth



Bridgework



Fillings

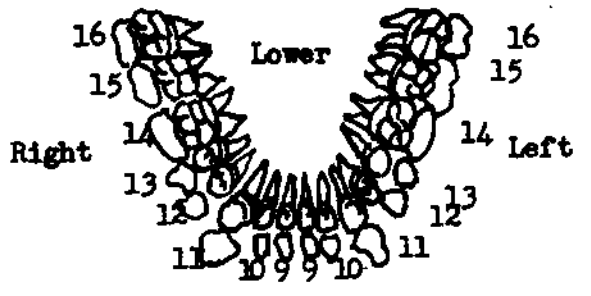
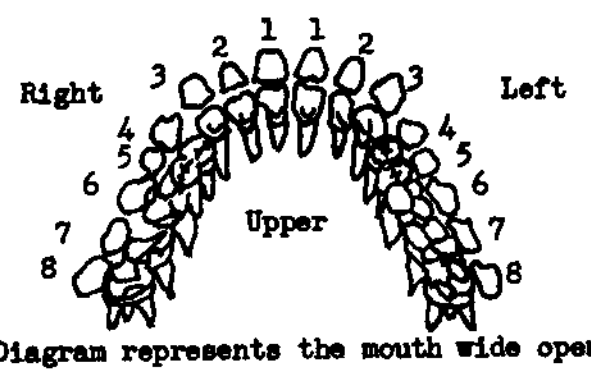


Caries (Cavities)



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

UNKNOWN X-626

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Del Monte, Bukidnon, Mindanao, P.I.

8546

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW















GRAVE NO.

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	M	H	X	i	l	l	A		M	i	S	S	i	N	C.		TYPE				
LOCATION																	LOCATION				

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					
TYPE						X	X	X	X	X	X	X	X				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)

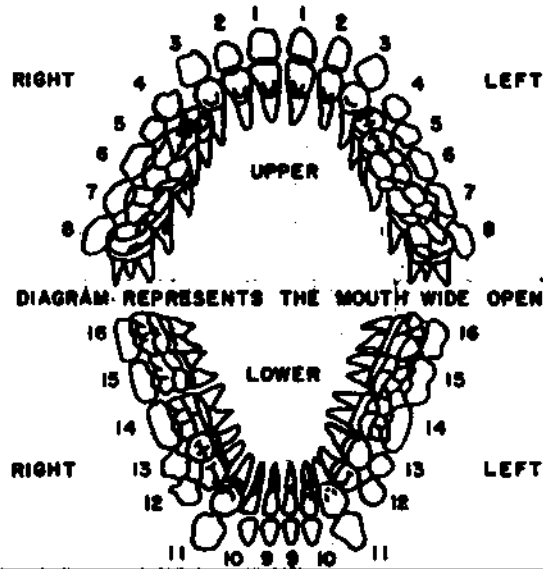
INSTRUCTIONS:

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:

Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

EDWIN GREGUREK
NAME AND RANK TYPED OR PRINTED

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

A. P. Singson
VERIFIED BY GRS OFFICER
A. P. SINGSON Lt Col USAF
NAME AND RANK TYPED OR PRINTED
14 August 1947
DATE

X-626

IDENTIFICATION CHECK LIST

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

Unknown X-626
 Cemetery Leyte #1
 Plot _____ Row _____ Grave 8546
 Isolated grave., Del Monte Air Base Cem.

1. Arrived at cemetery 1800 Hrs. 19 July 1947
(Hour) (Date)
2. Place of death Del Monte, Bukidnon, Mindanao, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
 Map of Mind. scale 1,600,000 series 1947
(Sheet, scale and serials used)
3. Remains recovered or ~~discovered~~ by 1st Pltn. 3008th GR REG. Co.
(Name and organization)
4. Evacuated to Cemetery by 1st Pltn. 3008th GR REG. 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	_____	_____	_____

NONE

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes Two (2) all rubber shoe soles (NO SIZE) (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, poeks, freckles)

Build (Large, fat, thin, muscular)

Hair Black (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.)~~

NO NOT

NO NOT

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

X-656

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 Estimated height 5' 3"

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.

at Simpson
(Officer's Name)

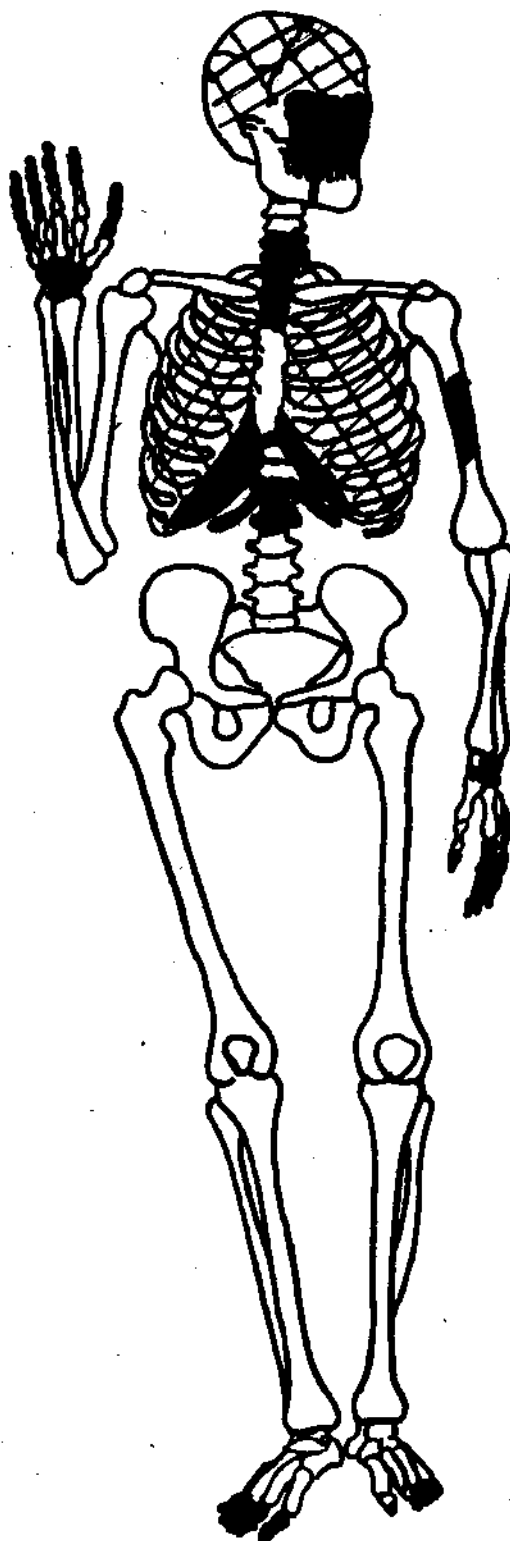
pt Lt *Inf*
Rank Service

(Organization)

X-626

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



20 rib fragments
received. also
small low fragment.

RESTRICTED 1287

U 1287

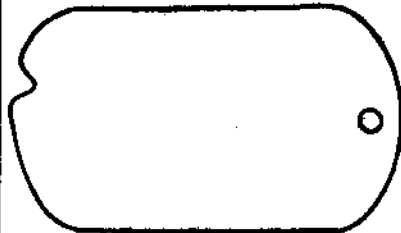
WD CMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

5 Dec 47

Impress Identification Tag if Possible.
DO NOT TYPE



Section I.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2228 (Formerly UNK X-626 USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Vicinity of Del Monte, Bukidnon, Mindanao, 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 substituted, fill in section 2 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. Burial other than in established cemetery, furnish sketch and coordinates on reverse.

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

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or other)	TYPE OF GRAVE MARKER	PLOT No. RANGER	ROW No. DAY	GRAVE No. CRYPY
29 Nov 47	1300	Casket	None	810	K	3651

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.
	PLOT No. ROW No. GRAVE No. 8546

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		file 2.21 albu 3/27/48 JAN

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-2230	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPY 3653
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2226	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPY 3649

SIGNATURE OF PERSON PREPARING REPORT
R H 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

1287

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.

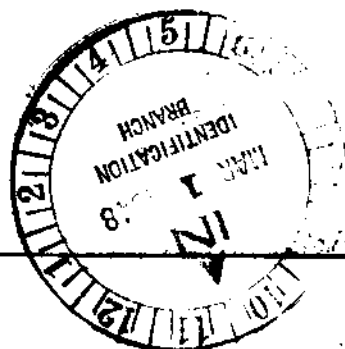
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURNED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	SILVER FILLING BOLD FILLING	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
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:

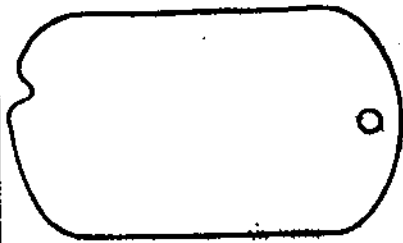
Identification Check List and Dental Chart accomplished

20 JAN 1948

RESTRICTED

mym

128346

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 29 August 1947	
Imprint Identification Tag If Possible DO NOT TYPE 	Section 1.—IDENTIFICATION.			SERIAL NO.		
	NAME (Last, first, middle initial)			BRANCH OF SERVICE		
	GRADE	ORGANIZATION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
RACE		RELIGION	DATE OF DEATH			
PLACE OF DEATH		CAUSE OF DEATH		DATE OF DEATH		
Vicinity of Del Monte, Bukidnon, Mindanao, 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		See attached OMC Form 1045, Search Report and Sketch of Del Monte Air Base Cemetery., List of Deceased Personnel buried in Del Monte Air Base Cemetery, dated 12 October 1942.				
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 coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
USAF Cemetery Leyte #1, Leyte, P.I.						
DATE OF BURIAL	HOUR	BURIED IN (Ground, Mound, or other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
28 August 1947	1400	Casket "C" Type	Flag Cross			8546
WAS THIS A REINTERMENT? (Yes or no)	IF A REINTERMENT INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
No	Disinterred from Del Monte Air Base Cemetery, Del Monte, Bukidnon, Mindanao, P.I.					
TYPE OF RELIGIOUS CEMETERY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION TAGS AND CONTAINERS BURIED WITH BODY				
Catholic and Protestant	Hugh F. Kennedy, Major, Ch. 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-625, Possibly O'BRIEN, Forest		S. 2nd Lt.	0-406580	-	8545	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.	
UNKNOWN X-627, Possibly BURNS, John P.		Lt. Lt.	0-390803	-	8547	
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 Office. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

Incl 42

Section 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
--------	--------	---------------	---------------	-------------------------------

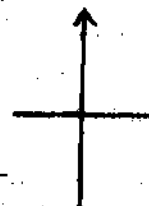
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Del Monte Air Base Cemetery, Del Monte, Bukidnon, Mindanao
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OTHER IDENTIFICATION CLUES

See attached QMC form 1045.

FILLINGS	SILVER FILLING GOLD FILLING	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
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:

7 SEP 1947