

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 rump Leyle #1 X - 630

also mailed Maus X 2234 ✓

GNC FORM 1121
1 AUG 45

QUEST 293
GCS For East

27 March 1950

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-194, AGRS Mausoleum, Manila, Unit 2, Page 16
" X-243, " " " " 2, " 16
" X-1483, " " " " 2, " 17
" X-1186, AGRS Maus. Manila, formerly X-34, USAF Cem. Finsch #2, Unit 2,
Page 27
" X-1823, AGRS Maus. Manila, form. X-69, USAF Cem. Finsch #2, Unit 2,
Page 27
" X-1570, AGRS Maus Manila, form. X-70, USAF Cem. Finsch #2, Unit 2,
Page 27
" X-2322, AGRS Maus. Manila, form. X-618, USAF Cem. Leyte #1, Unit 2,
Page 13
" X-2254, AGRS Maus. Manila, form. X-630, USAF Cem. Leyte #1, Unit 2,
Page 13.

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

FOR THE QUARTERMASTER GVN PAL:

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILIPPINE ZONE

GWZ 293

AGO 900

SUBJECT: Unidentifiable Remains

10 MAR 1950

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 GWZ 293, AGO (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-194	AGRS Main	UNKNOWN	X-1453	AGRS Main
	X-243			X-1570	
	X-669			X-1823	
	X-715			X-2032	
	X-727			X-2234	
	X-816			X-2322	
	X-1185			X-2906	

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

FOR THE COMMANDING OFFICER:

14 Incls
GRC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYOLA
1st Lt., Infantry
Adjutant

293 Unk. F.I. (Misc) Maus. Manila X-194, X-243, X-1483, X-1185,
X-1823, X-1570, X-2322, X-2234

QCMT 293
GRS Far East

27 March 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
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1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

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"	X-1185,	AGRS Maus. Manila, formerly X-34, USAF Cem. Finsch #2, Unit 2, Page 27
"	X-1823,	AGRS Maus. Manila, formerly X-59, USAF Cem. Finsch #2, Unit 2, Page 27
"	X-1570,	AGRS Maus. Manila, formerly X-70, USAF Cem. Finsch #2, Unit 2, Page 27
"	X-2322,	AGRS Maus. Manila, formerly X-618, USAF Cem. Leyte #1, Unit 2, Page 13
"	X-2234,	AGRS Maus. Manila, formerly X-630, USAF Cem. Leyte #1, Unit 2, Page 13

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

FOR THE QUARTERMASTER GENERAL:

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

COPY
GT

+ 293 Unk. F.I. X-630 (Leyte #1)

/bpm		Interred 13 Mar 1950 L 6 113 Ft. Kinley <i>Burial Home</i>		DISINTERMENT DIRECTIVE		74.11	
/gyc		Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00539		DATE 15 05 48 DAY MONTH YEAR	
NAME		SERIAL NUMBER		RANK		ARM	
UNKNOWN		X-000630				0	
CEMETERY		DISPOSITION OF REMAINS					
USAF CEMETERY LEYTE NO 1		7701 80 CODE DIST. PT.					
PLOT		ROW		GRAVE		COUNTRY	
				8550		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		SERIAL NUMBER		RANK		DATE OF DEATH	
UNKNOWN X-630 (Maus) UNKNOWN X-2234						28 Sept 48	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		UNKNOWN				ALEXANDER P PETTICE Embalmer NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL				CONDITION OF REMAINS			
Shelter Half				Skeletal			
OTHER MEANS OF IDENTIFICATION							
MINOR DISCREPANCIES /							
Two (2) tags (Mausoleum) UNKNOWN X-2234							
REMAINS PREPARED AND PLACED IN CASKET							
DATE 28 Sept 48		BY 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				CORSIANE 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>Corsiane C Kayanan</i> CORSIANE C KAYANAN, 1st Lt, Inf SIGNATURE OF GRS INSPECTOR			
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.							
				DATE NAME BR. MEM. DIV.			

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 707

SEARCH AND RECOVERY REPORT

TRIF # 73 SEARCH # 1

1. DATE AND TIME OF DEPARTURE: 0630 19 July 1947
2. PARTY CONSISTED OF: (2) Two EM
3. TOWN OR BARRIO: Bugo PROVINCE OR ISLANDS: Misamis Oriental
4. PERSONS INTERROGATED:
 - a. Mrs. Evelyn Symonay
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. GUIDES:
 - a. Mrs. Evelyn Symonay
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
6. LOCATION OF REMAINS (GRID COORD.) 8°31' N- 124°45' E
7. DATE AND TYPE OF RECOVERY: 19 July 1947 Isolated Burial
8. NUMBER OF REMAINS RECOVERED: (1) (2) (3) (4) (5) (Check one)
9. CONDITION OF REMAINS: Poor
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. _____
 - b. N O N E
 - c. _____
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. _____
 - b. N O N E
 - c. _____
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 19 July 1947 1500
13. MARKS: (SEE REVERSE SIDE):

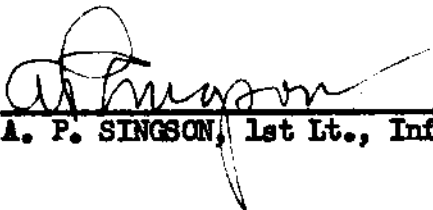
REMARKS:

We proceeded to the burial site which was shown to us the day before. There was a very little covering over these remains when recovery was accomplished.

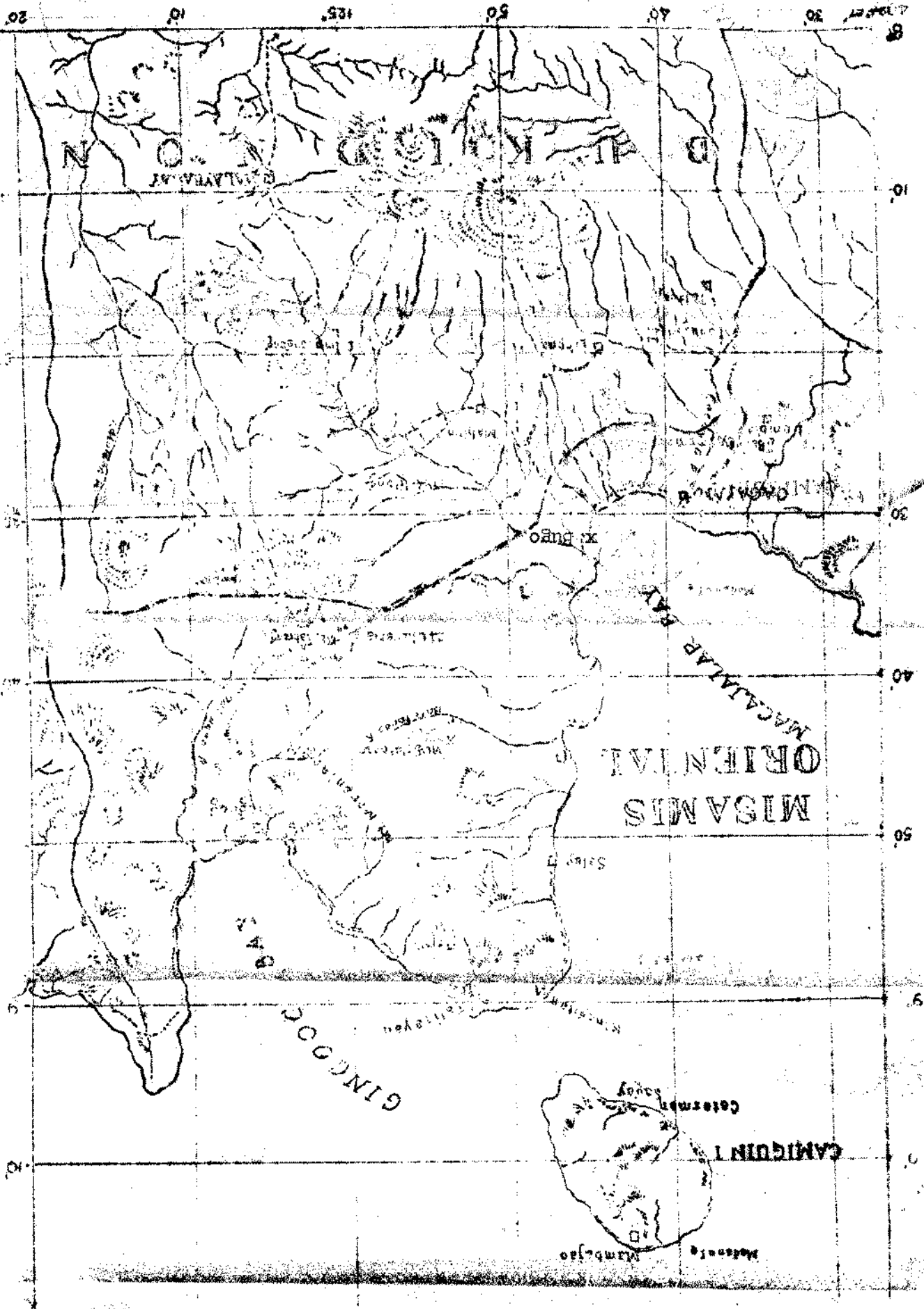
/s/ T/4 W. Keller

Search Party Leader

A TRUE COPY:


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

X - Location of remains when recovered: X-630
 Map Reference: Map of Mindanao, Series of 1971, Scale 1:600,000
 Grid Coord: 8° 31' N - 127° 45' E.



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2234 (Formerly X-630 Leyte #1)				2. DATE OF REPORT 4 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 810	5. ROW K	6. GRAVE 3657	7. DATE OF	
			DISINTERMENT		REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 6½"	10. COLOR OF HAIR U T D	11. RACE White
-------------------------------------	--------------------------------------	-----------------------------------	--------------------------

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

N O N E

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Femurs left and right
--	---


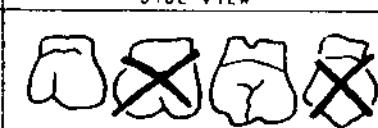








16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS



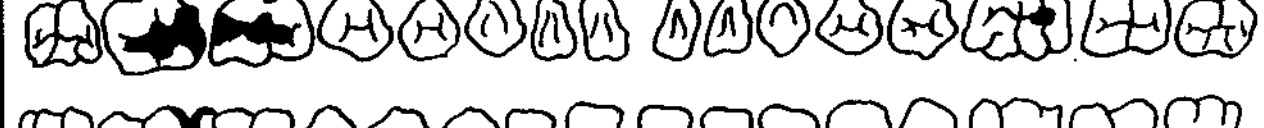
N O N E

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

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

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" 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:		

broken															
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← maxilla missing →								maxilla missing							
P P P X X P								o od							
Side View															Side View
Top View															UPPER
Side View															LOWER
A		A										A			
mo		od										o			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

unerupted

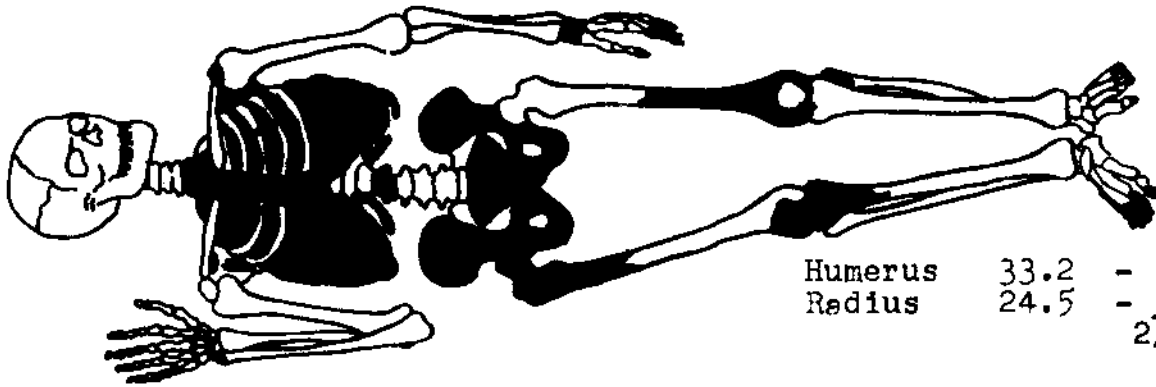
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R6 and 7 are loose present with remains.

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

PAUL R NICHOLS
 Chief, Identification Section

19. BACK-GUFT PARTS OF BODY NOT RE REQ



Humerus	33.2	-	169
Radius	24.5	-	169
			<u>2/378</u>
			169

Estimated height 5' 6½"

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, personal effects or any other means of any identification found with remains.

Circumference of skull - 21 inches.

Estimated weight of remains - 10½ lbs.

"UNIDENTIFIABLE"
"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

PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE

/ZVM

X-2234

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-2234 (Formerly Unk X-630) 28 Nov 47
 USAF Cem Leyte #1, P.I. DATE
Unknown Unknown
 LAST NAME FIRST INITIAL RANK SERIAL NO.
 Unknown Unknown

Bugo, Misamis ^{UNIT} Oriental, AGRS Mausoleum ORGANIZATION
 Mindanao, P.I. Manila, P.I. 810 K 3657
 PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.
 TANGER DAY CRYPT

maxilla missing

RIGHT								UPPER TEETH								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	8	7	6	5	4	3	2	1
<i>maxilla missing</i>																<i>maxilla missing</i>							
TYPE								TYPE								TYPE							
LOCATION								LOCATION								LOCATION							

INSIDE — LOOKING OUT

fully impacted

RIGHT						LOWER TEETH						LEFT					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
												<i>fully impacted</i>					
TYPE						TYPE						TYPE					
LOCATION						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	OXYPHOSPATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

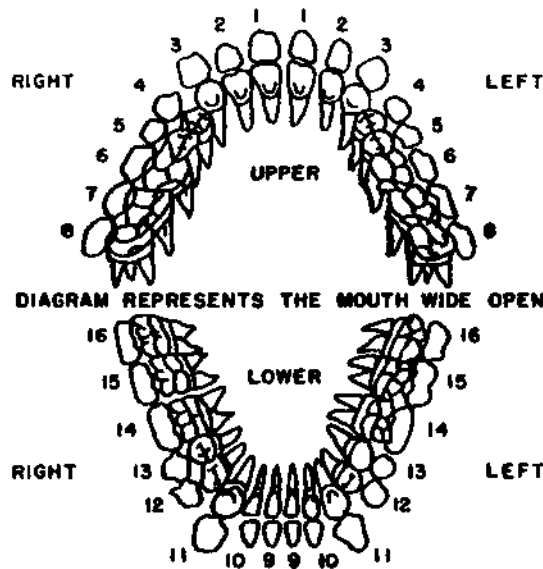
INSTRUCTIONS:

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

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

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

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



REMARKS:

UTD whether R8 and L8 P or X in missing portions of maxilla.

/s/ William A. Johnson
SIGNATURE OF PERSON WHO PREPARED CHART

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

/p/ WILLIAM A. JOHNSON Asst Emb SP-6
NAME AND RANK TYPED OR PRINTED
CIP, Lab., Manila, P.I.

/p/ JOHN H. BENNETT JR.
NAME AND RANK TYPED OR PRINTED
28 Nov 47

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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-2234 (Formerly Unk X-630
 USAF Cem Leyte #1, P.I.)

~~Unknown~~
 Cemetery AGRS Mausoleum Manila, P.I.
 Plot 810 Row K Grave 3657

AGRS Mausoleum Manila, P.I.
28 Nov 47

1. Arrived at ~~cemetery~~ Bugo, Misamis Oriental,
2. Place of death Mindanao, P.I.

(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

Leyte #1

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/		
	(Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/	N	
Undershirt, Cotton	/	O	
Trousers, HBT	/	N	
* Trousers, Wool OD	/	E	

Belt, web _____
Drawers, wool _____
Drawers, cotton _____
Leggings, wool _____
Socks, cotton _____

* Shoes **Sole pair** (type) **Civilian 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 _____ Est. Height **5'4 1/2"** Weight _____ Description of wounds _____

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

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

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

Sunburn or tan, other than hand and face _____

Complexion _____
(Light, medium, dark, clear, pimples, pocks, freckles)

Build _____
(Large, fat, thin, muscular)

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

Hair _____
(Baldness, widow's peak, distinctive cutting or other characteristics)

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

Goatee (Light, color, extent)

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

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

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

Teeth **See chart attached.**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Skull **21"**
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 No identification tags found. ROI bottle present. Only
found was a pair of shoe-sole. (No size number).

Estimated weight of remains 3 lbs.

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

/s/ William A. Johnson
(Officer's Name)

SP-6 D-234835
Rank Service

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

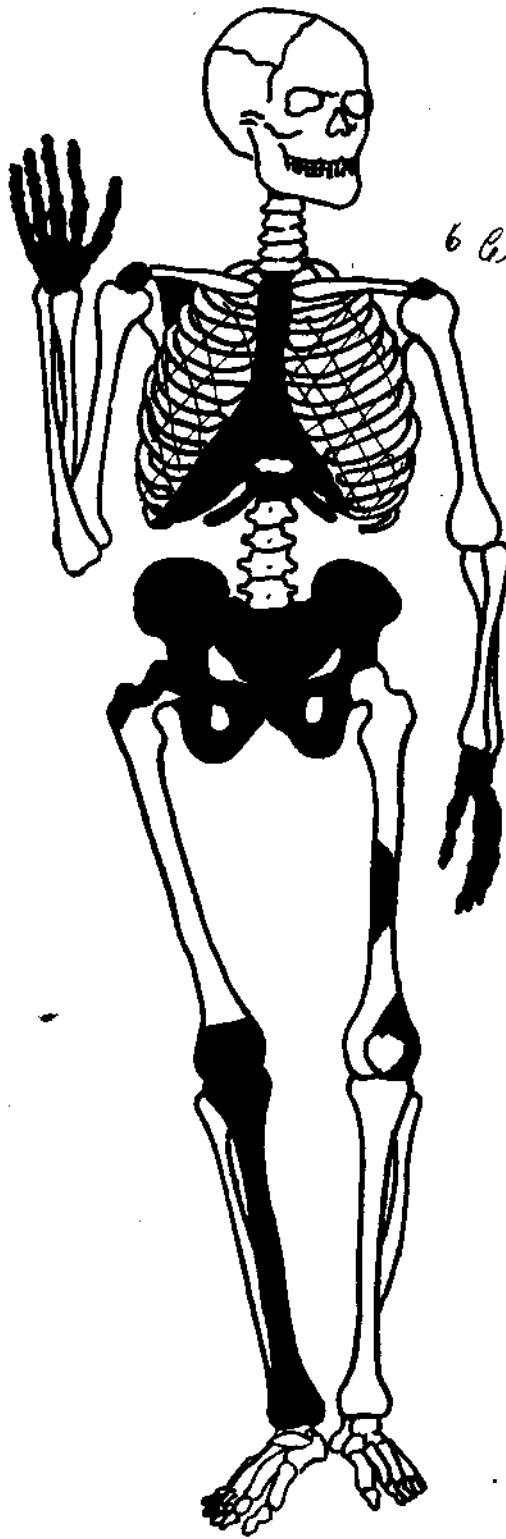
28 Nov 47

CERTIFIED TRUE COPY;
George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

SKELETAL CHART

X-2234

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



6 Cervical vert. present
fragments of ribs
1 Thoracic vert. present
4 Lumbar vert. present.

Red

CHART "A"

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)		Serial Number	
UNKNOWN X-630		-	
Grade	Organization		
-	-		
.Name, Number and Location of Cemetery		Plot	Row
USAF Cemetery Leyte Fl, P.I.			Grave No.
			8550
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 incomplete. Hip bones, scapula, 2 humerus, 1 tibia and 2 fibulae missing. 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

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

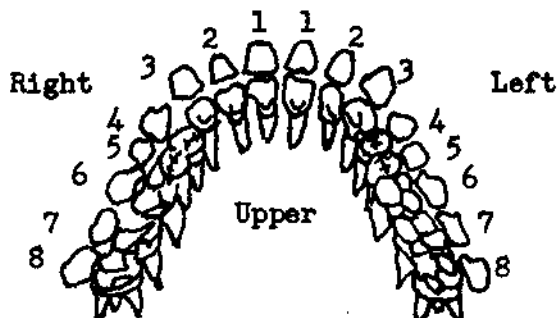
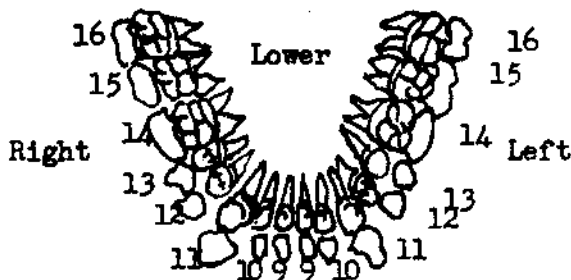


Diagram represents the mouth wide open



17-0887-4M

IDENTIFICATION DENTAL CHART

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

23 August 1947
DATE

UNKNOWN I-630

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Bogo, Mindanao, P.I.

PLACE OF DEATH

USAF Cemetery Leyte #1

PLACE OF BURIAL

PLOT

ROW

8550

GRAVE NO.
















*MAXILLA MISSING
TEETH FOUND*

	RIGHT								UPPER TEETH		LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8			
TYPE																			
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		A	A											A					
LOCATION		MO	DO											O					

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)

IMPACTION

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.

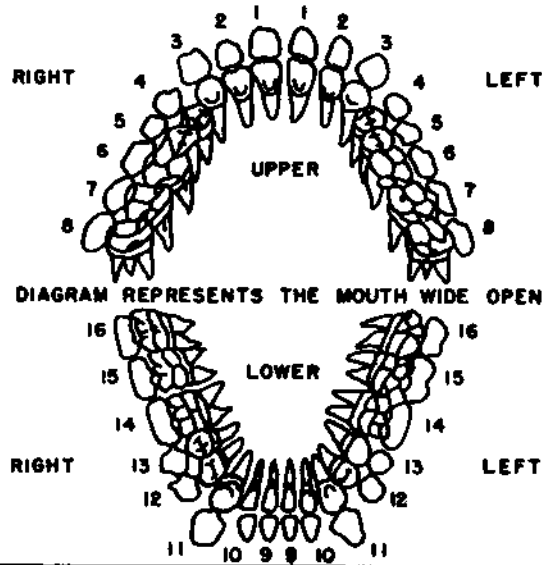


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

Edwin Gregurek, Pfc.
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, 1st Lt., Inf.
NAME AND RANK TYPED OR PRINTED

23 August 1947
DATE

1-630

IDENTIFICATION CHECK LIST

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

Unknown X 630

Cemetery USAF Leyte #1

Plot _____ Row _____ Grave 8550

1. Arrived at cemetery 1500 19 July 1947
(Hour) (Date)

Isolated burial
8° 31' N-124° 45' E
(Coordinates and letter Prefix, maps)

2. Place of death Bogo, Mindanao, P.I.
(Name of closest town)

Map of Mindanao, Scale 1:600,000, Series of 1941
(Sheet, scale and serials used)

3. Remains recovered ~~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 **Soles only of two (2) civilian type 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 **COLE**

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

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

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

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

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

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

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

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

Hands
 (Unusual characteristics of fingernails)

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

Chest
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back Circumcision Pubic Hair
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty
 (Yes-no; location)

Legs
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

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

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

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

If not, explain Due to condition of remains

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

9. Remarks

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

A. P. Singson
A. P. SINGSON
(Officer's Name)

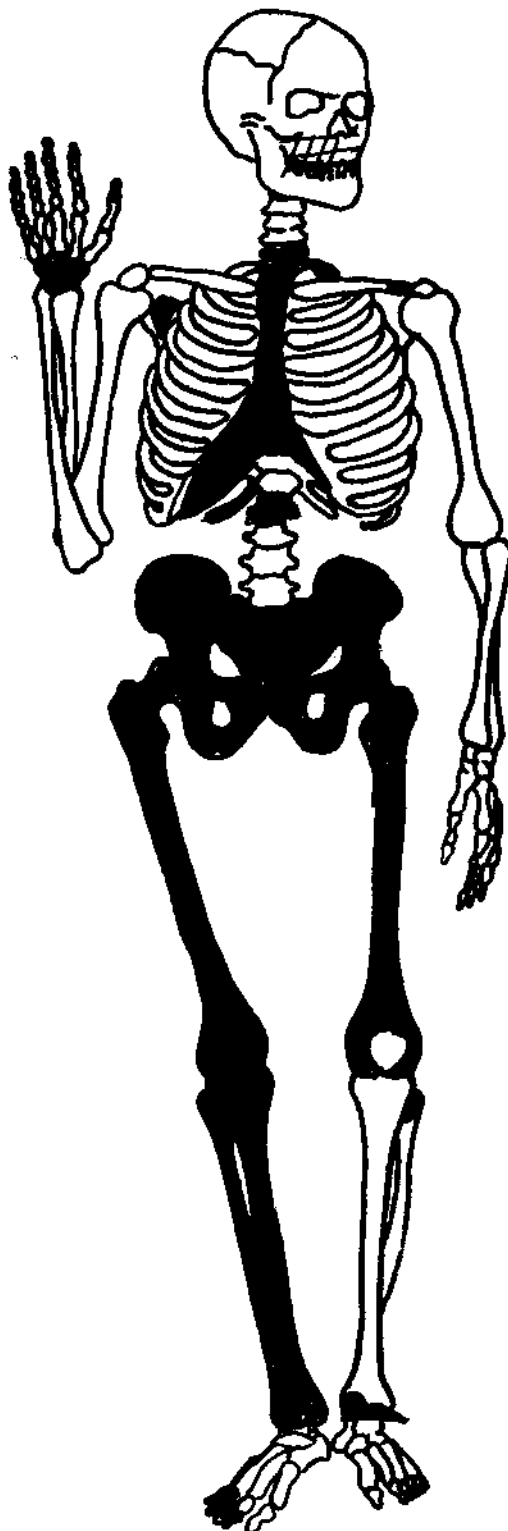
1st. Lt.,
Rank

Infantry
Service


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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



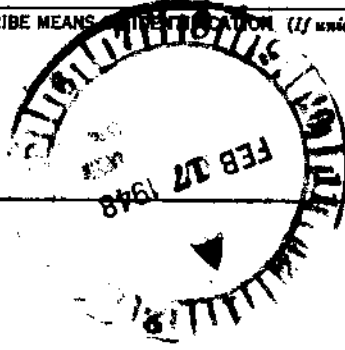
WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	STORAGE	DATE OF REPORT 6 Dec 47
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-2234 (Formerly Unk X-630 USAF Cem 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 Bugo, Misamis Oriental 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 unidentified, 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. If other than in established cemetery, furnish sketch and map coordinates on reverse.

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

DATE OF BURIAL 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. K	GRAVE No. 3657
-----------------------------	--------------	--	------------------------------	-----------------	--------------	-------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 8550
--	---	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <i>See back 2/27/48 W.P.N.</i>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-2236	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3659
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2232	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3655
---	------	------------	--------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT R.R. ACIERTO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT L.S. PANOPLO, 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.

MAR 1 - 1948

RESTRICTED

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.


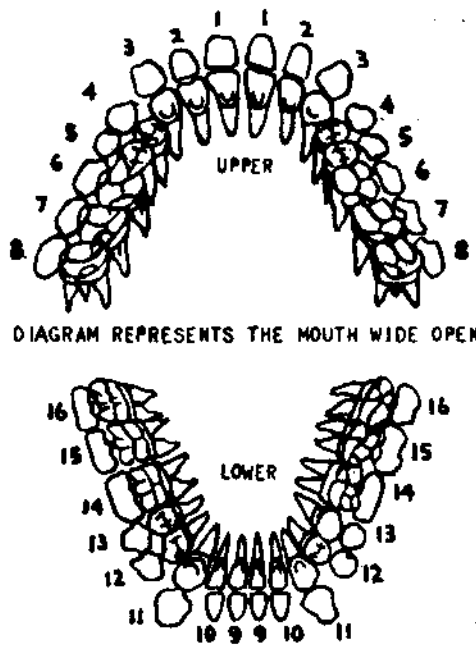




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

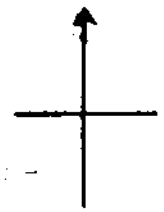
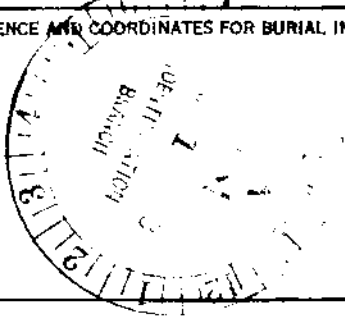
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

Two (2) soles of civilian shoes were found with remains.

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:

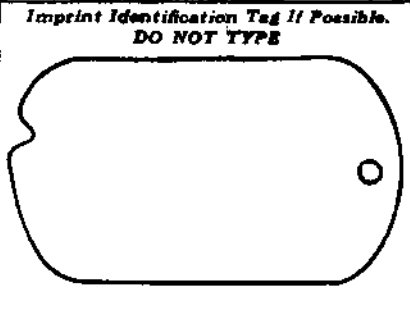
Identification Check List and Dental Chart accomplished.

20 JAN 1949

WD CMC 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



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-630		-
GRADE	ORGANIZATION	BRANCH OF SERVICE
-	-	-
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
-	-	-

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Bugo, Misamis Oriental, 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	
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	
Yes (Unknown tags)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

N O N E

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 Loyte #1, Loyte, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
28 August 1947	1400	Casket "C" Type	Reg Cross			8550

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: 8°31' N- 124°45' 15"E. Map of Mindanao, Series of 1941, Scale 1:600,000

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION 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-629	-	-	-	8549
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-631A, X-631B, X-631C	-	-	-	8551

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Cpl. Jack E. 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.

Section UNIDENTIFIED REMAINS.

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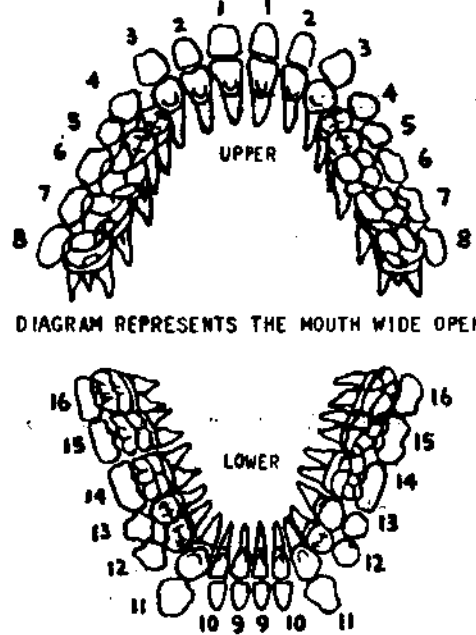





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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

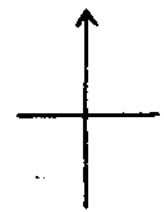
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Bugo, Misamis, Oriental

OTHER IDENTIFICATION CLUES

See attached QMC form 1045.

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

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



REMARKS:

SEP 1945