

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unkl. Sept. #, X-642

SUBJECT

✓ Formerly Inaus Manila X-2260

/bps 1 2260		Interred 27 Feb 1950 C 3 58 Ft. McKinley <i>Carvermark</i> CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE PREPARED BY PHILCOM			
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81021		DATE 16 02 50 DAY MONTH YEAR			
NAME UNKNOWN X - 642		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION	
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.		
SECTION B - CONSIGNEE AND NEXT OF KIN							
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY PT. W. MCKINLEY, P. I.			NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)				
SECTION C - DISINTERMENT AND IDENTIFICATION							
NAME X - 642		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 21 Feb 50		
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS 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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)							
REMAINS PREPARED AND PLACED IN CASKET							
DATE 21 Feb 50		BY PAUL R NICHOLS					
CASKET SEALED BY PAUL R NICHOLS			EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS				
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY				
DATE 21 Feb 50		BY RAYMOND H TANGUAY, Sgt 1c RA		L. W. RICHARDSON, M/Sgt., RA			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.							
						SIGNATURE OF AGRS INSPECTOR <i>L. W. Richardson</i> L. W. RICHARDSON, M/Sgt., RA	
REMARKS AND SPECIAL INSTRUCTIONS NAT FILE RECORDS ANNOTATED DATE 1-27-50 NAME J. B. [Signature] RA, MEM. DIV.							

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO US Military Cemetery	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE FEB 27 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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	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

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

3

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECIPIENT DATE

KIND OF COMRADESHIP SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER DATE
7740 81021 16 02 50
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
UNKNOWN X-642 2260

CEMETERY SIGNATURE OF SHIPPER DATE PLOT ROW GRAVE DISPOSITION OF REMAINS
USAF CEMETERY LITTLE NO. 1, P. I. FIELD STORAGE FIELD WARDEN 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. W. MCINLEY, P. I. (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL DATE CONDITION OF REMAINS DATE
OTHER MEANS OF IDENTIFICATION
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET
DATE BY

CASKET SEALED BY EMBALMER (Signature)
CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE BY

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

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECIPIENT DATE SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
FILED
MAY 50

RECORD OF CUSTODIAN

Serial # 300

293 - Unk - P.I. (Misc) Maus, Manila X-1437 X-1547 X-1559 X-1561 X-2260

FORM 293
NSA Far East

12 December 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-1437	(Formerly X-220, Sta. Barbara #1)
Unknown X-1547	(Formerly X-73, Finck # 2)
Unknown X-1559	(Formerly X-38, Finck # 2)
Unknown X-1561	(Formerly X-71, Finck # 2)
Unknown X-2260	(Formerly X-642, Leyte # 1)

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. Hets
Lt. Colonel, GIC
Memorial Division

Copy
eb

X 293 Maus P.I. X-2260 (Maus, Manila)

COPY:

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
22 November 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMEMU 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-265 Island Command	UNKNOWN	X-1437 AGRS Malm
"	X-1002 AGRS Malm	"	X-1547 "
"	X-1169 " "	"	X-1589 "
"	X-1375 " "	"	X-1561 "
"	X-1315 " "	"	X-2740 "
"	X-1391 " "	"	X-2260 "
"	X-1421 " "		

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

FOR THE COMMANDING OFFICER:

JOHN SHYFULA
1st Lt., Infantry
Adjutant

13 Incls
QMG Forms 1044 w/Certificates
of Unidentifiability

C
O
P
Y


HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

21 Sept 1949
Date

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

The records pertaining to Unknown X- 642, Plot _____,
Row _____, Grave _____, USMC Leyte Field Morgue _____ 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:


H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Handwritten initials

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2260 (Formerly UNK X-642 Leyte #1)				2. DATE OF REPORT 26 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 810	5. ROW K	6. GRAVE 3679	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D		11. RACE UNKNOWN	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

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

Am 13

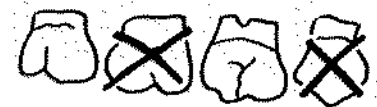
18.

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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



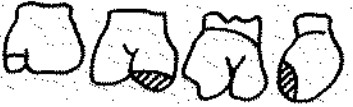
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
M A X I L I A								M I S S I N G							
Side Views								Side Views							
Top Views								UPPER							
Side Views								LOWER							
M A N D I B L E								M I S S I N G							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

REMARKS: R6, R12 and L7 are loose present with remains.

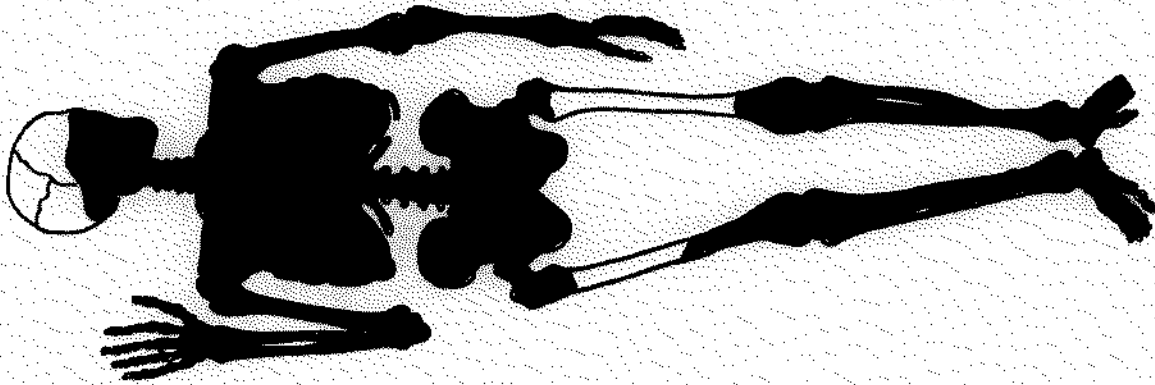
"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 1½ lbs.

Circumference of skull - 19½ inches.

"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

Unit 734

X-2260

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.

28 Nov 47

UNKNOWN X-2260 (Formerly Unk X-642
USAF Com. Loyte #1, P.I.)

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown

Unknown ORGANIZATION

Damolog, Bukidnon,
Mindanao, P.I.
PLACE OF DEATH

AGRS MAUSOLEUM
Manila, P.I.
PLACE OF BURIAL

810 K 3679
PLOT ROW GRAVE NO.

DANGER BAY CRYP















on asilla missing

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
RIGHT																	LEFT
TYPE																	TYPE
LOCATION																	LOCATION

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

missing (above tooth 13)
Present loose of socket (above tooth 14)

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 TLETH, 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.

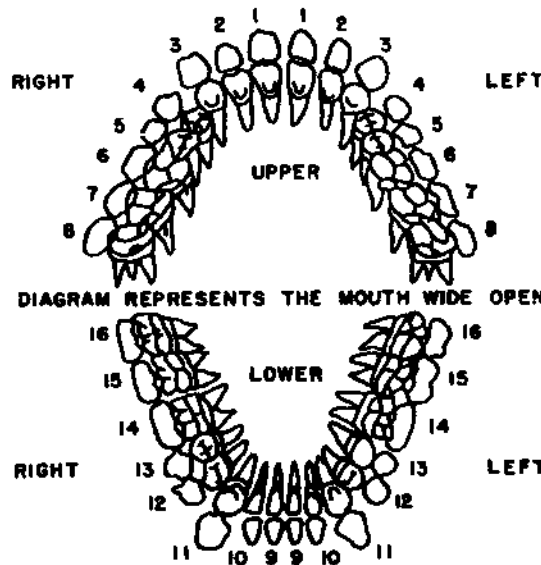


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Maxilla missing. L-9, L-10, L-11, L-13 and R-9 to R-16 missing
L-12, L-14 and L-15 are present loose of socket

s/ Gerald M. Holtz
SIGNATURE OF PERSON WHO PREPARED CHART

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

p/ GERALD M HOLTZ, Emb, Sr.
NAME AND RANK TYPED OR PRINTED

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

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

28 Nov 47
DATE

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T. GAMBOA
2nd 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-2260 (Formerly Unk X-642
 USAF Cem Leyte #1, P.I.)

~~UNKNOWN~~

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 810 ^{INSER} Row K ^{BAY} Grave 3679

AGRS Mausoleum, Manila, P.I.

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

Damo Fog, Bukitan,

2. Place of death Mindanao, P.I.

(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ 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	/		
Sweater	/	N	
Jacket, HBT	/	O	
* Shirt, Wool OD	/	N	
Undershirt, Wool	/	E	
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) _____

Overshoes _____

Web Equipment _____ (type) _____

(Other item) _____

(Other item) _____

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

Chevrons or
Insignia _____
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch _____

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only. Skeletal chart attached**

Age _____ Height **UTD** Weight **UTD** Description of wounds _____

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

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

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

Sunburn or tan, other than hand and face _____

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

Build _____
(Large, fat, thin, muscular)

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

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

Sideburns _____ 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 **19 1/2"**
 (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, overlaid)

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 ROI bottle nor I.D. tags received with remains.
One (1) standard issue table spoon with "6655" written with
a sharp pointed iron or metal on the back of the handle.
Estimated weight of remains is 1½ 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/ Gerald M. Holtz
(Officer's Name)

Emb. Senior C-063008
Rank Service

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

CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-2260

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

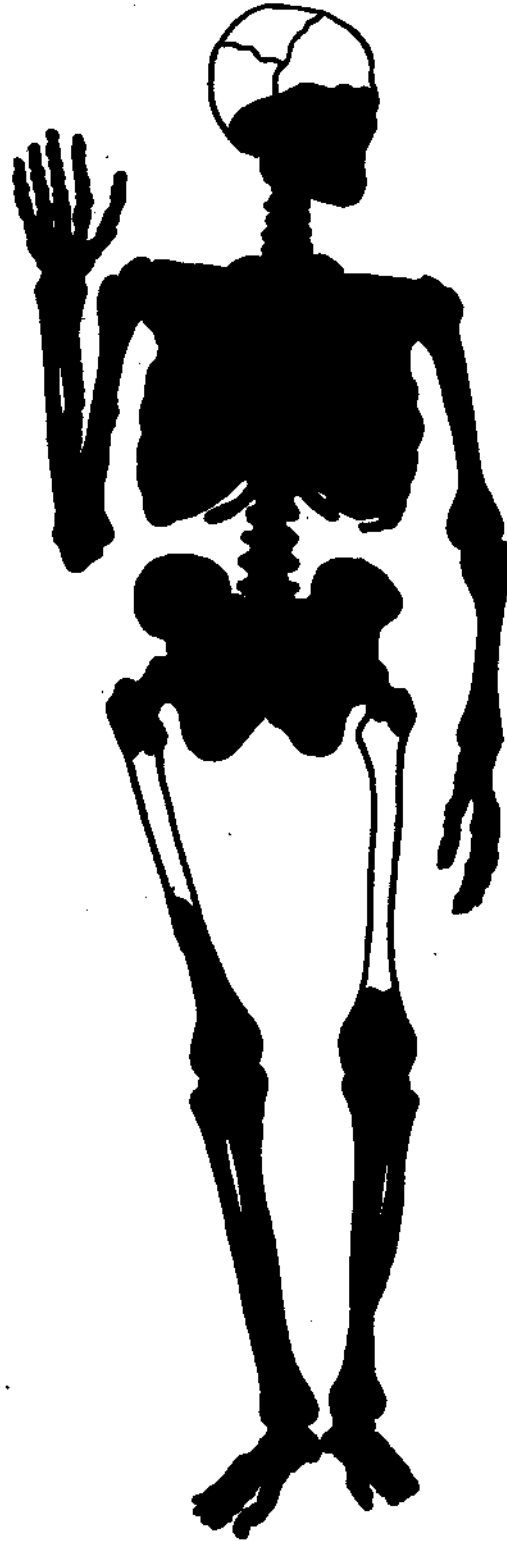


CHART "A"

L.R.

RESTRICTED

HEADQUARTERS
USAF CEMETARY DETACHMENT NO. I
APO 707

SEARCH AND RECOVERY REPORT

TRIP # 1 SEARCH # _____

1. DATE AND TIME OF DEPARTURE: 14 September 1947 0700
2. PARTY CONSISTED OF: 4 EM
3. TOWN OR BARRIO: Danalog PROVINCE OR ISLANDS: Bikidnon, Mindanao
4. PERSONS INTERROGATED:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. GUIDES:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
6. LOCATION OF REMAINS (GRID COORD.) 7° 25' N-125°E
7. DATE AND TYPE OF RECOVERY: 14 September 1947, Isolated Burial
8. NUMBER OF REMAINS RECOVERED: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (Check one)
9. CONDITION OF REMAINS: Badly deteriorated
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. None, with the exception of an issue spoon with the number -- 6655
 - b. scratched on handle.
 - c. _____
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. None
 - b. _____
 - c. _____
 - d. _____
12. DATE AND TIME PERFORMED: 14 September 1947 -1700
13. REMARKS: (SEE REVERSE SIDE):

REMARKS:

Body was found 100 yards west of bridge crossing Multia river at Kilometer 93 south of Danolog. Remains were unburied and lying on first rise of ground west of the bridge. Remains were very incompletely, top part of the skull and one arm bone remaining.

/s/ S/Sgt Harold J. Lemons

Search Party Leader

A TRUE COPY:



RANDT THOMAS, Capt., JMC

REPORT OF DISINTERMENT FOR IDENTIFICATION

7 October 1947

1. Remains of (Name)

Serial Number

X-642 Unknown

Grade

Organization

. Name, Number and Location of Cemetery

Plot

Row

Grave No.
Isolated
Burial

USAF Cemetery Leyte #1

2. Date of Disinterment

See Search and Recovery Report.

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

Original burial isolated recovery. Skeletal remains.

Identification clues - one issue spoon with number 6655
scratched on handle - See Search and Recovery Report and

OMC Form 1045.

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

Isolated burial - no marker

On Remains

None - one spoon found with remains with number 6655
on handle.

~~What Identification Used Upon Reinterment: On Marker~~

Held in field morgue.

On Remains

Substitute tags

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

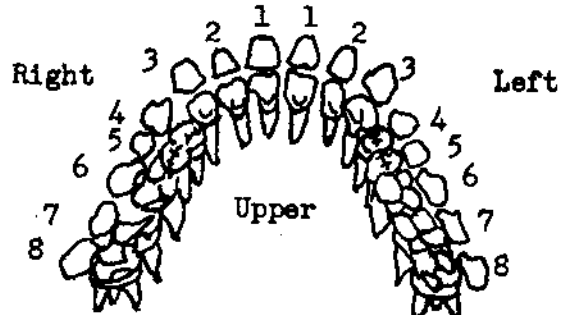
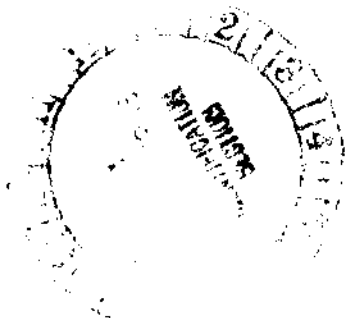
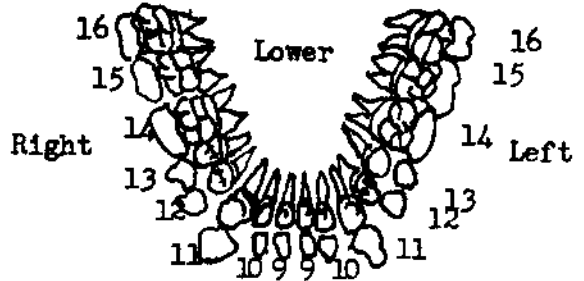
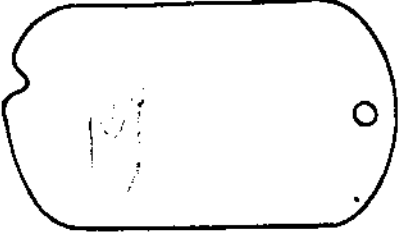


Diagram represents the mouth wide open



5-24880-AM

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE			DATE OF REPORT	
APR 28 1948 (AR 30-1810 and AR 30-1815)					4 Dec 47	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.			SERIAL No.		
	NAME (Last, first, middle initial) UNKNOWN X-2260 (Formerly Unk X-642 USAF Cem Leyte #1, P.I.)			Unknown		
	GRADE	ORGANIZATION		BRANCH OF SERVICE		
	Unknown	Unknown		Unknown		
RACE	RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
Unknown	Unknown					
PLACE OF DEATH Damolog, 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 unidentified, fill in section 5 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)		See Remarks				
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 STORAGE 29 Nov 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. - ANGER 810	ROW No. WAY K	GRAVE No. SERIAL 3679
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Held in Field Morgue USAF Cemetery Leyte #1, P.I.			PLOT No.	ROW No.	GRAVE No.
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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-1600-B			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYM 3681
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2254			RANK	SERIAL No.	ORGANIZATION	GRAVE No. L... 3677
SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pvt.			SIGNATURE OF GRS OFFICER VERIFYING REPORT A. S. PANOPIC, 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.						

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identification 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

One (1) issue spoon with number 6655 scratched on handle was found with the remains.

FILLINGS	<p>SILVER FILLING GOLD FILLING</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: UNKNOWN X-2260 AGRS Mausoleum, Manila, P.I., formerly Unk X-642 USAF Cemetery Leyte #1, P.I. was found unburied 100 yards west of bridge crossing Multi river at kilometer 93 south of Dipolog, as per Search and Recovery Report attached.

Identification Check List and Dental Chart accomplished.

REMARKS:

2 MAR 1948