

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown Letter #1, X-646

SUBJECT

(Formerly Unknown Man Mass #1 X-2264)

GHC FORM 1121  
1 AUG 45

51 12256

DDMG FORM 1947  
16 JUN 50

ADJUSTMENT OF RECORDS  
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

X-646

CEMETERY

Leyte #1

PLOT

ROW

GRAVE

APPROVED IDENTIFICATION

REDESIGNATION

CANCELLATION

NEW X-NUMBER

CONSOLIDATION

Change Jacket

REMARKS

~~Valid X-No. is~~

~~X-2264~~

~~Manila Mans.~~

~~Correct valid~~

~~No. is X-646 Leyte~~

~~Garvin~~

6

DISINTERMENT DIRECTIVE

*Manila. Leyte #1 X-646*

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7740 00864	DATE 26 02 51 DAY MONTH YEAR
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NAME UNKNOWN X-646	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
CEMETERY LEYTE NO 1 P 1	PLOT	ROW	GRAVE FIELD MORGUE	DISPOSITION OF REMAINS 0492 64 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. PREV. UNKNOWN X-2264 MANILA MAUS. PERMANENTLY INTERRED IN NAT'L MEM CEM OF THE PACIFIC, T. H., PLOT P, GRAVE 833, 8 FEB. 51.

*File 2 March 51 H. Johnson*

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

*243 unk Leyte #1 X-646* DUE, HOUR AND DATE \_\_\_\_\_  
MESSAGE \_\_\_\_\_

1 NO.	2 FROM	3 DATE
1	Rec Sec Repat Br Mem Div	1 Mar 1951
	Screening Section ID Br Mem Div	
	ATTN: Mr. Newbaker	

1 #1 DDs for following Unknowns forwarded for any action deemed necessary in your section.

X-646 Leyte #1, P.I.

X-15A, B, & C Island Command

2. Permanent Burial Report was used as authority to pick up 15A, B, & C (no previous report on C) and should be rescreened as a Common Grave.

Incls  
2 #1 DDs A/s  
293 X-15A & B

*Lay*  
LAY  
73836

*Frank*  
FRANKE  
53975

File  
2 May 51  
MN

1

## DISINTERMENT DIRECTIVE

243 unk Leyte #1 X-646

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7740 08864	DATE 26 02 51
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NAME UNKNOWN X-646	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
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CEMETERY LEYTE NO 1 P I	PLOT	ROW	GRAVE FIELD MORGUE	DISPOSITION OF REMAINS 0492 64
				CODE DIST. CTR.

## SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE:  
NATIONAL MEMORIAL CEMETERY  
OF THE PACIFIC  
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

## SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

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NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

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

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

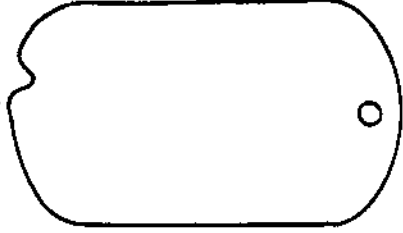


SIGNATURE OF AGES INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. PREV. UNKNOWN X-2264 MANILA MAUS.  
PERMANENTLY INTERRED IN NAT'L MEM CEM OF THE PACIFIC, T. H., PLOT P51  
GRAVE 833, 8 FEB. 51.

File  
NAT  
2 Mar 51  
P51

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 8 Feb 1951			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION <i>#3 unk Leyte #1 X-646</i> NAME (Last, first, middle initial) <b>UNIDENTIFIABLE</b>			SERIAL No. <i>ms</i>			
UNKNOWN X-646, USAF Cem Leyte #1, P. I. (Manila Maus X-2264)		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 Pontol, Tankulan, Bukidnon, Mindanao, P. I.		CAUSE OF DEATH Unknown			DATE OF DEATH 1942			
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown								
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)						
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes		Unidentifiable						
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 National Memorial Cemetery of the Pacific, Honolulu, T. H.								
DATE OF BURIAL 8 Feb 1951		HOUR 1000		BURIED IN (Shroud, blanket, or name of other)		TYPE OF GRAVE MARKER Section P		
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U. S. Army Mausoleum, AGRS-PAZ				PLOT No. ROW No. GRAVE No. Section P - 833		
TYPE OF RELIGIOUS CEREMONY Catholic Protestant Jewish		PERSON CONDUCTING BURIAL RITES Chaplain Moran Chaplain Lock Mr. Silverstein		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			PLOT No. ROW No. GRAVE No. Manila Section 177	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)		BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) George Sims Rees			RANK 2d Lt	
				SERIAL No. 0 21535		ORGANIZATION USMC		
				GRAVE No. P-808				
				BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Charles M. Kearns, Jr.		RANK 2d Lt		
				SERIAL No. 0 698726		ORGANIZATION USA		
				GRAVE No. P-858				
SIGNATURE OF PERSON PREPARING REPORT  FRANC S. FOSTER				SIGNATURE OF GRS OFFICER VERIFYING REPORT  T. SUZUKI, Supt., acting, NMCP				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.								

**RESTRICTED**

*Inc 10*

**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.

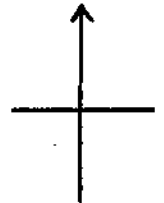
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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	

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

LEFT LITTLE FINGER  
LEFT RING FINGER  
LEFT MIDDLE FINGER  
LEFT INDEX FINGER  
LEFT THUMB  
RIGHT THUMB  
RIGHT INDEX FINGER  
RIGHT MIDDLE FINGER  
RIGHT RING FINGER  
RIGHT LITTLE FINGER

143 *Bank Leyte #1 X646*

OQMG DEPT OF ARMY WASH DC

UNCLASSIFIED

COMGRS PHILCOM (AF) ZONE MANILA PT

DEFERRED

DEFERRED

X

CINCPAC TOKYO JAPAN

MULTIPLE ADDRESS

FROM OQMG

*2001L 47281*

RCST DISINTDIR 7748 81755 BE CHANGED FROM UNKNOWN XRAY 2264 MANILA MAUSOLEUM  
TO UNKNOWN XRAY 646 LEYTE NR 1 FIELD MORGUE

FOR RECORD ONLY:

Copy #3 received from Philcom on X-2264 Manila Maus. which should have been carried  
as X-646 Leyte #1 Morgue (original X number). Field advised to correct DD.

mh

FJK

EMC

LWA  
H

Oct 4 4 45 PM '50  
ADMINISTRATIVE BRANCH  
MEMORIAL DIVISION

Oct 5 8 22 AM '50  
O. A. M. S.  
701 & CAB SECTION

UNCLASSIFIED

*051400 3*  
~~01706~~  
OCT 50

COMGRS CAPT ORENWALDYR X-73836

293 GRS FAR EAST

*D. A. Renner*  
D. A. RENNER  
CAPT QMG MEM DIV





COMD DEPT OF ARMY WASH DC

UNCLASSIFIED

COMCOM PHILCOM (AF) ZONE MANILA FI

DEFERRED

DEFERRED

X

CINCPAC TOKYO JAPAN

MULTIPLE ADDRESSES

FROM CAMEL

POST DELIVERED 7748 81755 RE CHANGED FROM UNKNOWN XRAY 2264 MANILA SAIGON  
TO UNKNOWN XRAY 646 LEYTE NA 1 FIELD WAGIE

UNCLASSIFIED

GRAVES

COMD CAPT CLEMENSALDO 1-73836

041700Z  
031 50

D. A. KENNEDY  
CAPT QMC M&B DIV

293 CRS FAR EAST

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

QMGT 293  
GRS Pacific

28 June 1951

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Certificates of Unidentifiability for the following remains:

Unknown X-2264, AGRS Mausoleum, Manila, P.I. (form. X-646, USAF Cemetery #1, Leyte, P.I.)

Unknown X-3699, AGRS Mausoleum, Manila, P.I. (form. X-54, USAF Cemetery #1, Leyte, P.I.)

Unknown X-4230, AGRS Mausoleum, Manila, P.I. (form. X-4207, USAF Cemetery #2, Manila, P.I.)

2. This Office approves the classification of the above Unknowns as Unidentifiable. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

T.A.Fields:lrc  
Salsar

BENJAMIN B. KING  
Lt. Colonel, QMC  
Memorial Division

JMN

cc--Administrative Section  
cc--Cincfe  
cc--Philcom

**REQUEST FOR INFORMATION**

<b>TO:</b> PENTAGON LIAISON SECTION, MEMORIAL DIVISION		<b>DATE</b> 5 June 1951	
<b>FROM (Branch and Section)</b> Ident Br, Investigation Sec	<b>REQUESTED BY</b> Fields, T. A.	<b>TEL. EXT.</b> 73650	<b>ROOM NO.</b> 1442B
<b>NAME OF DECEDENT (Last, First, Middle Initial)</b> McFadden, Thomas	<b>RANK</b> Unknown	<b>SERIAL NUMBER</b> Unknown	

**INFORMATION REQUIRED**

Request that the State Department be checked for all information relative to a Thomas McFadden, nationality and occupational status unknown, who reportedly died of dysentery in 1942 at Pontel, Tankulan, Bukidnon, Mindanao, P.I.

**INFORMATION FURNISHED**

15 June 1951

A thorough search has been conducted at State Department, Passport Division, also War Claims Commission, Prisoner of War Information Bureau. A negative report was received from both agencies in view of insufficient information to identify the above decedent.

*T. A. Fields  
7/6 June 1951*

*S. Gibbs, g.c.c.*  
S. GIBBS,  
Maj., OMC.

PENTAGON LIAISON SECTION OFFICER (Signature)

FOR MAJ RENNER QM LIAISON 1D684 PENT URMSG 54 14 MAY ON THOMAS MCFADDEE

36

DIED 1942 IN BONTAL TANKULAN BUKDEEEEEEE TANKULAN BUKIDNON MANDANO PI  
RECORDS NOT FOUND WWII OR PROJECT J PHIL FILE OR CIV PERS REC BR

File

T. A. G. ...  
26 June 1951

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-646</b>				2. DATE OF REPORT <b>17 January 1951</b>	
3. NAME OF CEMETERY <b>U.S. Army Mausoleum Final Type Casket No. Formerly USAF Cemetery Leyte #1, P.I.</b>		4. PLOT	5. ROW	6. GRAVE <b>177</b>	7. DATE OF DISINTERMENT <b>17 Jan 51</b>
		Field Morgue		REINTERMENT <b>17 Jan 51</b>	

PHYSICAL DESCRIPTION <b>Age: 30 Plus Yrs.</b>			
8. ESTIMATED WEIGHT <b>124 to 145 lbs.</b>	9. ESTIMATED HEIGHT <b>5'-2 1/8" - 5'-7 3/8"</b>	10. COLOR OF HAIR <b>Dark Brown or Black</b>	11. RACE <b>Mongoloid - See Remarks.</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate I.D. tag reads: \*Unknown X-2264, AGRS Maus. Manila, P.I., for. X-646, Leyte #1."

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

STANLEY E. MAY  
Major, OMC

*Stanley E. May*

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

None

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

None

Received 26 Jan 1951 OQMG  
Not identifiable from  
information presently available  
*T. A. Fields*  
*27 June 1951*

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

UNKNOWN X-646

TOP VIEW



SIDE VIEW



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

USAR Cemetery Leyte #1, P.I.

Gold Crown, Porcelain Crown



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

Gold Bridge



17 January 1951



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed

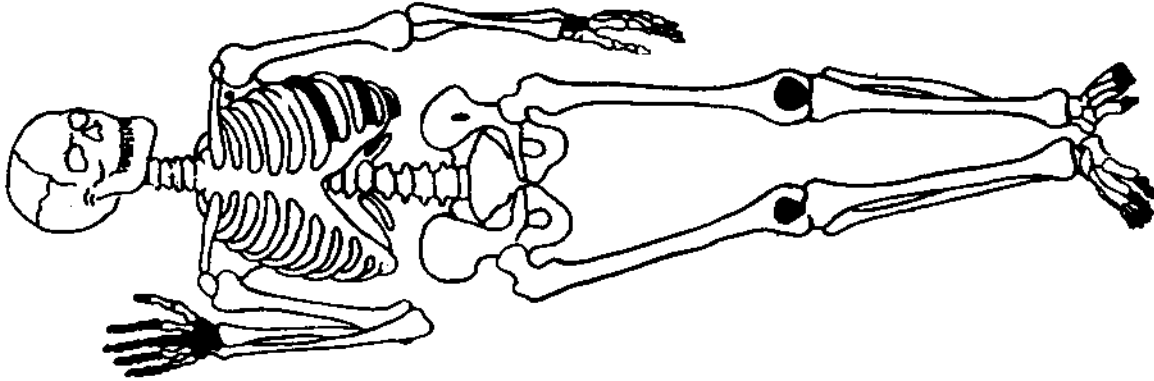


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
UNERUPTED CARIES PRESENT IN ALL TEETH															X
Side Views															
Top Views															
Side Views															
CARIES PRESENT IN ALL TEETH															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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."

Morphology of these teeth are strongly indicative of the Mongoloid race. Attrition would indicate a dental age of 30 plus years. It is doubtful if this individual has ever been a dental patient during his life.

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 ~~SKELETON~~ REMAINS CONSIST OF PARTS OF 1 DECEDENT ~~BASED ON RECORDS OF ONE OR MORE~~  
~~RECORDS OF ONE OR MORE~~  
 the articulation of an almost complete skeletal remains.

*John K. Frost*  
 JOHN K. FROST, O-1786653  
 Major M.C.  
 Pathologist

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R - 158 - 62.20 - 5' - 2 1/8"  
 K - 171 - 67.32 - 5' - 7 3/8"  
 P - 161 - 63.39 - 5' - 3 3/8"

- a. Ratio of the humerus to the radius and femur to tibia.
- b. Guttering of the lower borders of the nasal apertures.
- c. Shovel shaped front incisors.
- d. Straight dark brown or black hair.
- e. Squatting facets of the medial malleolus of the tibiae.
- f. Smallness of stature both by height and weight are all strongly indicative of the Mongoloid race or some race with strong oriental suggestion other than White.

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

STANLEY E. MAY, MAJOR, QMC  
 AGRS, APO 958

SIGNATURE

*Stanley E. May*



**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Rec Sec Repat Br Mem Div	Screening Section ID Br Mem Div  IN TURN  Ident Sec Attn: Mr. Fields	16 Nov 1950	<p>1. Records corrected this office to read Unk. X-646 Leyte #1, P.I.</p> <p>1. For any action deemed necessary.</p> <p>1 Incl 293 file for Unk. X-646 (Leyte #1)</p> <p><i>Amo</i> ODENWALDER 73836</p> <p><i>Presgraves</i> PRESGRAVES 53975</p> <p>mmf</p>

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

U. S. GOVERNMENT PRINTING OFFICE 16-40860-5

*NAT file  
16 Nov 51*

133

PREPARED BY WILSON

3

# DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7140 81755</b>	DATE <b>10 10 50</b> DAY MONTH YEAR		
---	--	---------------------------------------	---	--	--

NAME <b>UNKNOWN X - 646</b>	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
--------------------------------	---------------	-------	-----	------	----------

CEMETERY <b>USAF CEMETERY Y LESTE NO. 1, P. I.</b>	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS <b>7701 80</b> CODE DIST. CTR.	
---	------	-----	-------	---	--

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. H. MCINLEY, P. I.</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>

SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE		

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

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

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REMARKS AND SPECIAL INSTRUCTIONS	SIGNATURE OF AGRS INSPECTOR
----------------------------------	-----------------------------

CHANGE

22 Aug 1950

X-646, Leyte #1 (X-2264 Maus. Manila) 293

Bo 1 DD DD will not be received until  
remains are declared Unidentifiable.

(Per Miss Pressgrave)

LM

3

PREPARED BY DMI/COM

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7748 81755

DATE

23 06 50

DAY MONTH YEAR

NAME

UNKNOWN X-2664

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF MAUSOLEUM MANILA NO. 1, P. I.

PLOT

ROW

GRAVE

800 29-A

DISPOSITION OF REMAINS

7701

80

CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY FT. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS MARKER

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

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 AGR Inspector with circular stamp: DISINTERMENT INSPECTOR, MANILA, PHILIPPINES

SIGNATURE OF AGR INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FORMERLY UNKNOWN X-646, LAYE NO. 1 FIELD MORGUE.

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

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

### 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

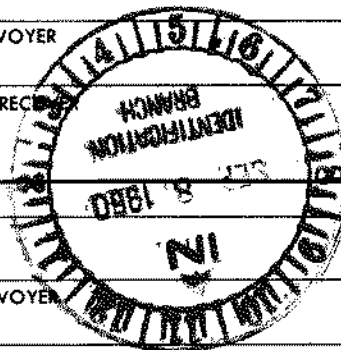
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 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



X-2264

# 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-2264 (Formerly UNK X-646)  
USAF Cem Leyte #1, P.I.

28 Nov 47

Unknown

DATE  
Unknown

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown			Unknown	
Pontol, Tankul <sup>UNIT</sup> , Bukidnon, Mindanao, P.I.		AGRS Mausoleum, Manila, P.I.		ORGANIZATION 810 L 3984
PLACE OF DEATH		PLACE OF BURIAL		PLOT ROW GRAVE NO.

STORAGE

DANGER BAY CRYPT

*Fully impacted*















	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

*See Remarks*

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

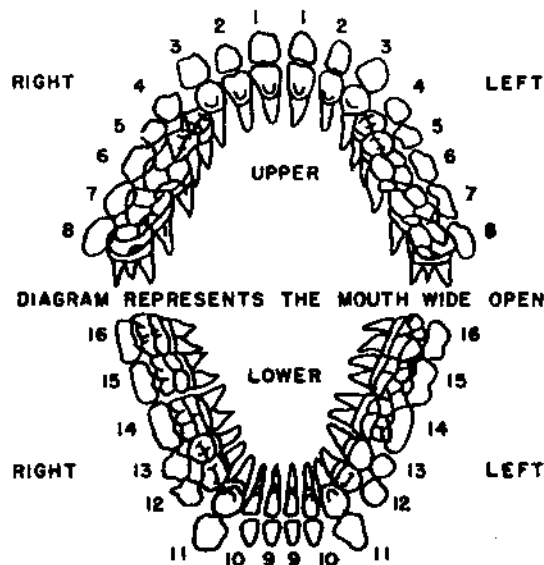
**INSTRUCTIONS:**

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:**

Teeth in perfect condition. No cavities or fillings on either maxilla or mandible.

/s/ Forrest G. Braden  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ FORREST G. BRADEN Embalmer Sr.  
NAME AND RANK TYPED OR PRINTED

CIP, Laboratory, Manila, P.I.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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

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

28 Nov 47

DATE

CERTIFIED TRUE COPY:

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

## IDENTIFICATION CHECK LIST

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

(Formerly UNK X-646  
 (USAF Cem Layte #1,  
 (P.I.)

Unknown X -2264

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 810 1 ANGER 1 AY CRYPT 3984  
 Row Grave

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~Manila~~ 28 Nov 47  
Pontol<sup>H</sup>ok<sup>o</sup> Bankulan<sup>o</sup> Bukidnon,
2. Place of death Mindanao, P.I.  
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

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

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



Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \* Shoes ..... (type) N  
 Overshoes ..... N  
 Web Equipment ..... (type) E  
 (Other item) .....  
 (Other item) .....  
 \* If body is nude, sizes of these items should be computed by measuring the remains  
 Chevrons or Insignia ..... (Type & location; shirt, jacket, coat, helmet)  
 Shoulder Patch .....  
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

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

Age ..... Est. Height 5' 4" Est. Weight 135 lbs. Description of wounds .....  
 Bandages or dressings ..... Scars ..... (Length, width, location)  
 Tattoos ..... (Number, location — illustrate on separate page)  
 Outstanding moles, warts or birthmarks ..... (Yes-no; description, location)  
 Sunburn or tan, other than hand and face .....  
 Complexion ..... U (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build ..... T D (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 **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 .....  
Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of finger/nails)

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 ROI bottle nor I. D. tags received with remains. No personal effects found. Remarks on the back of Search and Recovery Report state that this is the remains of whom is BTB Thomas McFadden who died of dysentery. Estimated weight of remains is nine and one half (9 $\frac{1}{2}$ ) lbs.

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

CERTIFIED TRUE COPY:

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

/s/ Forrest G. Braden

(Officer's Name)

Embalmr Senior C-064971

Rank

Service

CIP, Laboratory, Manila, P.I.

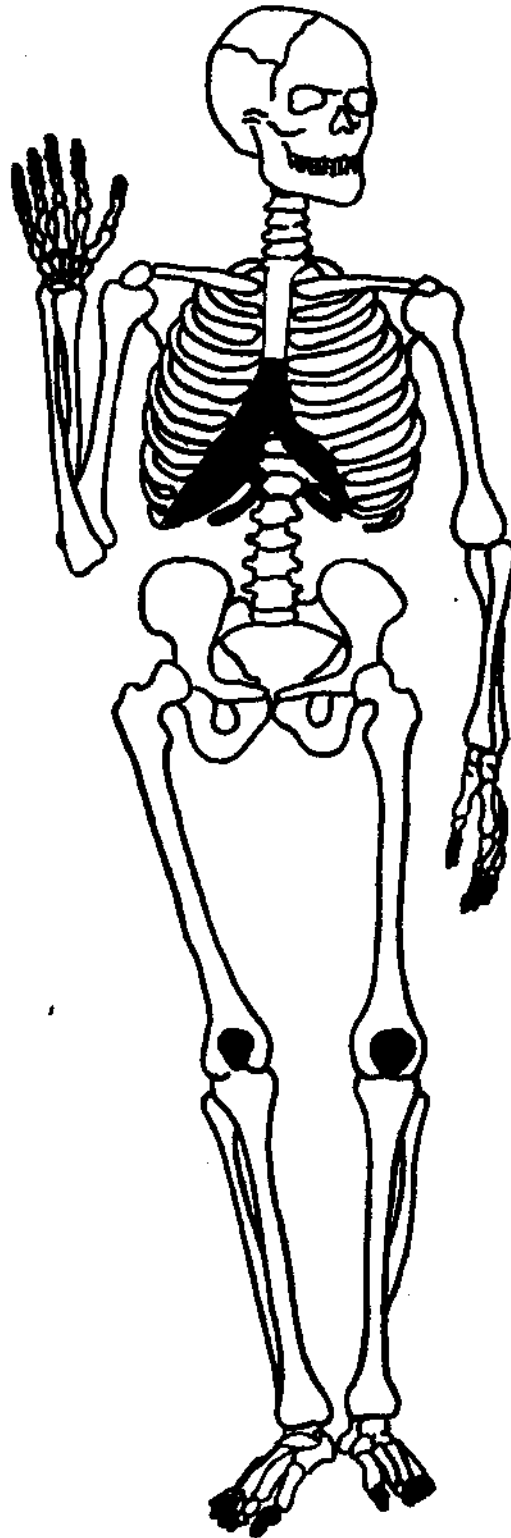
(Organization)

28 Nov 47

**SKELETAL CHART**

X-2264

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Received

22- Ribs

7- Cervical

12- Thoracic } Vertebrae  
5- lumbar }

R E S T R I C T E D

HEADQUARTERS  
USAF CEMETERY LEYTE NO. I  
APO 1000

SEARCH AND RECOVERY REPORT  
TRIP # 1

1. TIME AND DATE DEPARTED: 0800 September 15, 1947
2. NUMBER OF PERSONNEL IN PARTY: 4 EM
3. TOWN OR BARRIO: Pontol, Tankulan, Bukidnon
4. PROVINCE OR ISLAND: Bukidnon, Mindanao
5. PERSONS CONTACTED:
  - a. Chief of Police
  - b. Captain Unahon of Tankulan
  - c. Gono- a civilian of Pontol
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
6. LOCATION OF REMAINS (GRID COORD.): 8° 16' N- 124° 53' E.
7. TYPE OF RECOVERY: Isolated Burial
8. NUMBER OF REMAINS RECOVERED: 1 (One)
9. CONDITION OF REMAINS: Completely decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
11. PERSONAL EFFECTS FOUND WITH REMAINS:
  - a. N O N E
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
12. TIME AND DATE RETURNED: 17 September 1947 1400
13. REMARKS: SEE REVERSE SIDE

R E S T R I C T E D

Search Party Leader

REMARKS:

According to the Chief of Police former captain of the Guerilla of the same town and Gono a civilian residing in the Barrio of Pontol who buried Thomas McFadden sometime July or August 1942 and also witnessed during the scavation of this year 1947, September 17 at 1300, said that Thomas McFadden did not surrender but died of disentery in Gono's house during the year 1942. Mr. and Mrs. Gono and also the wife of the Governor took good care of him until his death and buried him properly in the presence of the guerilla and the Japanese fighting of that year.

/s/ T/Sgt Tangente Marcial

Search Party Leader

A TRUE COPY:



RUFON THOMAS, Capt., OMC

REPORT OF DISINTERMENT FOR IDENTIFICATION

7 October 1947

1. Remains of (Name)

X-646 Unknown

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1

Plot

Row

Grave No.

Isolated  
Burial

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 - Complete skeletal remains -  
Identification clues see Search and Recovery Report and JMC Form 1045.

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

Isolated burial - no marker.

On Remains

None

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



Tooth Missing      Tooth Missing

Crowned Teeth



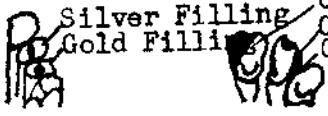
Gold Crown      Porcelain Crown  
Gold Crown

Bridgework



Gold & Porcelain Bridge  
Gold Bridge

Fillings



Silver Filling      Gold Filling  
Gold Filling      Gold Filling

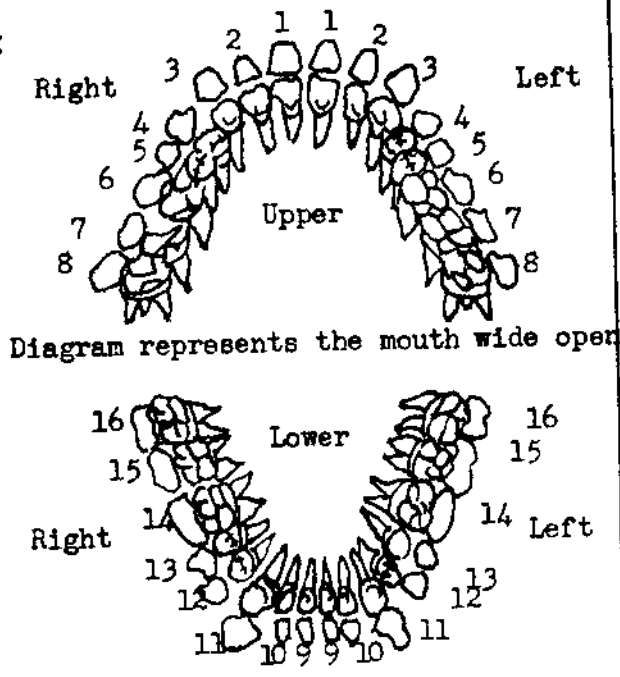
Caries (Cavities)



Cavity      Decayed  
Decayed      Decayed

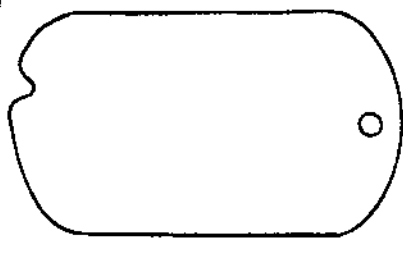


Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks





**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT Dec 11 1950
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>				
		NAME (Last, first, middle initial) <b>UNKNOWN X-646 USAF Cem Leyte #1, P. I.                  (Manila Maus X-2264)</b>		SERIAL No. <b>Unknown</b>		
		GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>		
		RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <b>Pontol, Tankulan,                  Bukidnon, Mindanao, P.I.,</b>		CAUSE OF DEATH <b>Unknown</b>		DATE OF DEATH <b>1942</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <p align="center"><b>None</b></p>						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>U. S. ARMY MAUSOLEUM, AGRS-PAZ</b></p>						
DATE OF BURIAL <b>3 Nov 50</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Final Type Casket</b>	TYPE OF GRAVE MARKER	<del>XXXXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del> <b>Manila Section 177</b>	<del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del> <b>Casket</b>	
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>AGRS Mausoleum, Manila, P. I.</b>			<del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del> <b>Hanger 810</b>	<del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del> <b>Bay L</b>	
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) --	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Not applicable due to</b>		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storing caskets</b>		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --	
SIGNATURE OF PERSON PREPARING REPORT  <b>LEROY F. TURNER, Adm. Asst.</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>STANLEY E. MAY, Major QMC</b>			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

**RESTRICTED**

**Section 4.—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.

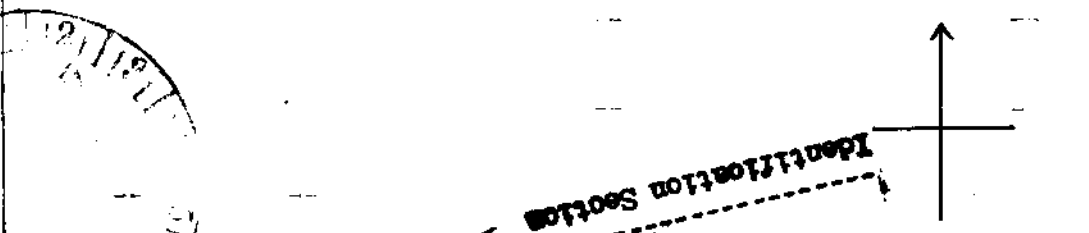
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

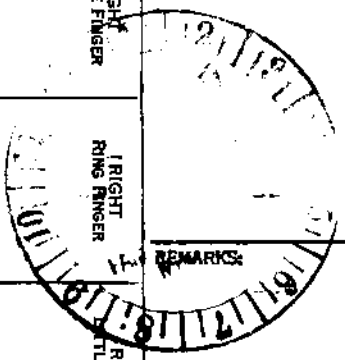
<b>FILLINGS</b>	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<b>CAVITIES</b>	<p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	<p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	<p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	<p>GOLD BRIDGE</p>	
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

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

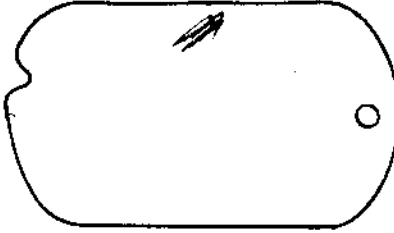


**Identification Section**  
18 JAN 1951

REMARKS:



LEFT LITTLE FINGER  
LEFT RING FINGER  
LEFT MIDDLE FINGER  
LEFT INDEX FINGER  
LEFT THUMB  
RIGHT THUMB  
RIGHT INDEX FINGER  
RIGHT MIDDLE FINGER  
RIGHT RING FINGER  
RIGHT LITTLE FINGER

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT	
APR 28 1948		STO 6000			4 Dec 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-2264 (Formerly UNK X-646 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 Pontol, Tankulan, Bukidnon, Mindanao, P.I.		CAUSE OF DEATH Unknown			DATE OF DEATH 1942	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks				
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 STORAGE 1 Dec 47	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. L	GRAVE No. 3984
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) STORED UNKNOWN X-2266			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3986
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) COREL UNKNOWN X-2262-B			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3982
SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pvt.			SIGNATURE OF 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 Officer. Copies for retention in theater as prescribed by theater commander.						

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


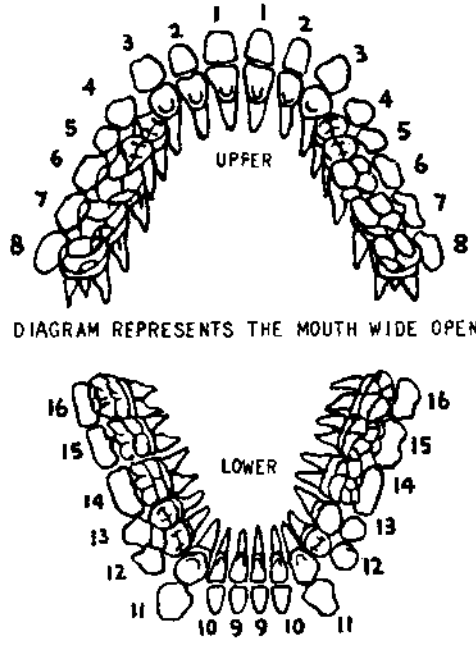




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

LEFT LITTLE FINGER	<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>	
RIGHT THUMB		
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		
RIGHT RING FINGER		
RIGHT LITTLE FINGER		

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

**REMARKS:** Unknown X-2264 AGRS Mausoleum, Manila, P.I., formerly UNK X-646 USAF Cemetery Leyte #1, P.I., recovered from an isolated grave in Pontol, Tankulan, Mindanao, P.I., is believed to be Thomas McFadden who died of dysentery during the year 1942 as per search and recovery report attached.

Identification Check List and Dental Chart accomplished.

REMARKS:

**2 MAR 1948**