

FILE IDENTIFICATION TOPPER

FILE NUMBER

0793 Lab. Report #, X-706

SUBJECT

Also Manila Manus. X-2362-B

Summary Lab. Report #, X-575-B ✓

/drs 1 /add	Interred 26 April 1950 L 7 59 Ft. McKinley		PREPARED BY PHILCOM DISINTERMENT DIRECTIVE		
	Cemetery Superintendent SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81606		DATE 21 04 50 DAY MONTH YEAR
NAME UNKNOWN X - 706		SERIAL NUMBER	GRADE	ARM	RACE RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 8494	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. WM. MCKINLEY, P. I.			NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)		
SECTION C — DISINTERMENT AND IDENTIFICATION					
NAME UNKNOWN X - 706		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 24 Apr '50
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" 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 Hal f			CONDITION OF REMAINS Skel etal		
OTHER MEANS OF IDENTIFICATION X -2362 Maus.					
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 24 Apr '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 DATE 24 Apr '50 RAYMOND H T ANGUAY, Sgt lc, RA			SHIPPING ADDRESS VERIFIED BY 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. <i>L. W. Richardson</i> L. W. RICHARDSON, M/Sgt, RA SIGNATURE OF AGRS INSPECTOR					
REMARKS AND SPECIAL INSTRUCTIONS ✓ <i>not 6/9/58 add Report on</i>					

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl R. ...</i>	DATE APR 26 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

3

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7140 81606	DATE 21 04 50		
NAME UNKNOWN X - 706		SERIAL NUMBER	GRADE	ARM	RACE
CEMETERY USAF CEMETERY IEBTE NO. 1, P. I.		PLOT	ROW	GRAVE 8494	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. WIL. MCKINLEY, P. I.	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 DISTINTERRED
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
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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

QMCMT 293
GRS Far East

27 April 1949

SUBJECT: Resolution of Unidentifiable Remains

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

1. Reference is made to the following Unknown Remains, now stored in AGRS Mausoleum, Manila, P. I.:

X-2362-B (Formerly Unknown 575-B, Leyte #1)
X-2251-B (Formerly Unknown X-616-B, USAF Cemetery Leyte #1, P.I.)
X-2362-C (Formerly Unknown 575-C, USAF Cemetery Leyte #1, P.I.)
X-2334 (Formerly Unknown X-488, USAF Cemetery Leyte #1, P.I.)
X-181 (Isolated Burial)

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

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

REB

D. Jones:jdk
Salser
JW

NJS

cc: Administrative Section

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT			
Unknown X-2362-B (Formerly Unk X-575-B Layte #1)				26 March '49			
3. NAME OF CEMETERY				4. PLOT	5. ROW	6. GRAVE	7. DATE OF
							DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	UTD	UTD	Unknown

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

NONE

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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











NONE

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Received 4/24/49 **OQMG**
 Not identifiable from
 information presently
 available 4/26/49 - D. JONES

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>  <p>TOOTH MISSING</p>	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>TOP VIEW</p>  <p>Gold Crown, Porcelain Crown</p>	<p>SIDE VIEW</p> 
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>TOP VIEW</p>  <p>Gold Bridge</p>	<p>SIDE VIEW</p> 
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>TOP VIEW</p>  <p>Gold Filling, Silver Filling</p>	<p>SIDE VIEW</p> 
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>TOP VIEW</p>  <p>Cavity, Decayed</p>	<p>SIDE VIEW</p> 

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views															
UPPER															
Top Views															
LOWER															
Side Views															
MANDIBLE								MISSING							
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."

No loose teeth present with remains.

UNIDENTIFIABLE

J. J. McDermott

Laboratory Officer, CIP

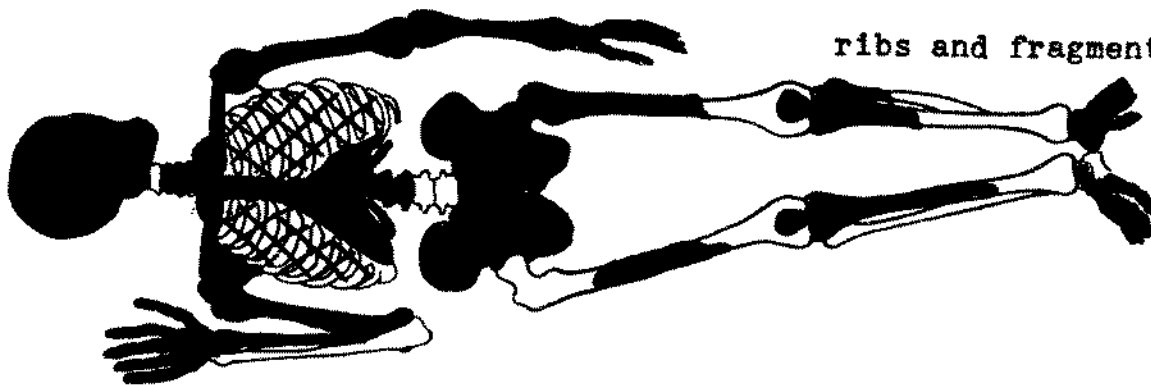
19. BLACK OUT PARTS OF BODY NOT RECORDED

Received:

1 Cervical Vertebrae

2 Lumbar "

ribs and fragments



20-

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION











JAMES J. McDERMOTT
Laboratory Officer, CIP

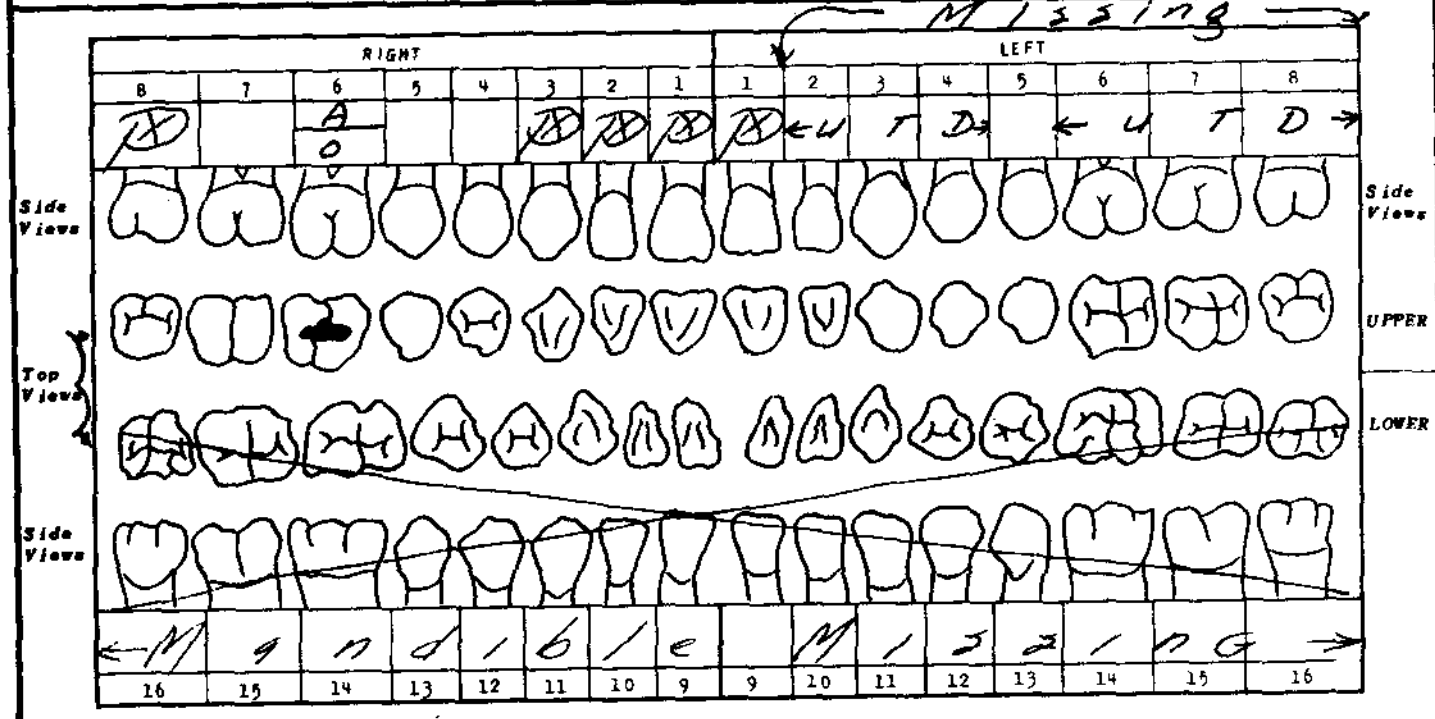
SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2362-B (Formerly UNK X-575-B USAF Com Leyte #1, PI)				2. DATE OF REPORT 23 Aug 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 202	5. ROW A	6. GRAVE 248	7. DATE OF
				DISINTERMENT 21 Oct 47	REINTERMENT STORAGE 2 Dec 47
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'4 $\frac{1}{2}$ "		10. COLOR OF HAIR UTD	
11. RACE UNK					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Burial bottle containing ROI for UNK X-575-B.					
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					

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p style="text-align: center;">TOP VIEW</p> <p style="text-align: center;"><i>Tooth Missing</i></p> 	<p style="text-align: center;">SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN). THUS:</p>	<p style="text-align: center;"><i>Gold Crown, Porcelain Crown</i></p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE). THUS:</p>	<p style="text-align: center;"><i>Gold Bridge</i></p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT). THUS:</p>	<p style="text-align: center;"><i>Gold Filling, Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p style="text-align: center;"><i>Cavity, Decayed</i></p> 	



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: Portion of maxilla missing from I2 thru I3 but maxillary tooth, I5, is only present. Mandible and mandibular teeth missing.

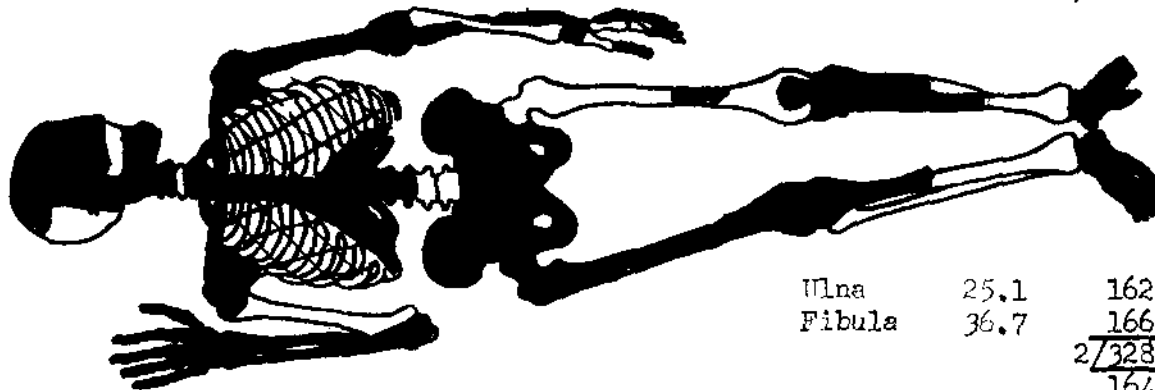
CERTIFIED TRUE COPY:

Andrew S Robson

ANDREW S ROBSON
Capt., QMC

/s/ Col Joseph D Murphy

19. BLANK OUT PARTS OF BODY NOT RECOVERED



Average height - 5'4½"

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

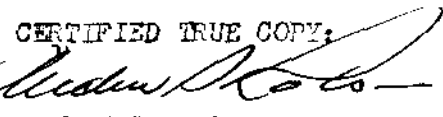
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No skull.
 Estimated weight of remains - 2½ lbs.
 ROI bottle found with remains, but no identification tag.
 In reprocessing these remains, UNK X-2362-A thru D, only three (3) bodies were found, thus eliminating UNK X-2362-D.

CERTIFIED TRUE COPY:

 ANDREW S ROBSON
 Capt., QMC

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
 /p/ EDWARD F MORIARTY, TEB SUP
 CIP Laboratory, Manila, P.I.

SIGNATURE
 /s/ Edward F Moriarty

IDENTIFICATION CHECK LIST

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

UNKNOWN X- 2362-B (Formerly
 Unk X-575B USAF Cem.
~~Unknown X~~ Leyte #1, P.I.
 Cemetery AGRS Mausoleum Manila, P.I.
 Plot 802 ANGER BAY CRIP
 Row A Grave 248

AGRS Mausoleum Manila, P.I.

1. Arrived at ~~AGRS Mausoleum~~ 2 Dec 47
(Hour) (Date)
2. Place of death Mt. Pina Carigara, Leyte, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)
3. Remains recovered or disinterred by 1st Plat. 3008th QM GR Co.
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web _____
 Drawers, wool _____
 Drawers, cotton _____
 Leggings, wool _____
 Socks, cotton _____
 * Shoes _____ (type) _____
 Overshoes _____
 Web Equipment _____ (type) _____
 (Other item) _____
 (Other item) _____
 * If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or _____
 Insignia _____ (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch _____

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

6. Description of Remains: Skeleton only. Skeletal 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 _____ U _____ (light, medium, dark, clear, pimples, pocks, freckles)

Build _____ D _____ (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 _____ (Color, setting, shape) Mustache _____ (Color, size, shape) Beard or _____ (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 No teeth found. (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of ~~head~~ ^{skull} in inches UTD (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 the condition of remains.

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

with remains.

9. Remarks Previous ROI burial bottle enclosed with remains. No personal effects, no I.D. tags found. Estimated weight of remains three (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.

CERTIFIED TRUE COPY:

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

/s/ Clement G. Swan
(Officer's Name)

Emb. Sr. Ung. C-064862
Rank Service

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

2 Dec 47

SKELETAL CHART

X-2362-B

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 1- Cervical Vertebrae
- 2- Lumbar
- Ribs & fragments

CHART "A"

L.R.

REPORT OF DISINTERMENT FOR IDENTIFICATION

21 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-575B

-

Grade

Organization

-

-

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte Isl, P.I.

8494

2. Date of Disinterment

21 October 1947

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

Original made in type "C" casket burial. Substitute tags on remains and on marker coincide with A.O.I. on file. Substitute tags on remains (Common Grave) Unknown X-575 A, B, C and D - separate tag for each. Skeletal remains fragmented, placed in four separate containers, with four separate A.O.I.'s on file for each Unknowns A, B, C and D. No identification clues found with remains.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in field morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul B. Nichols
PAUL B. 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

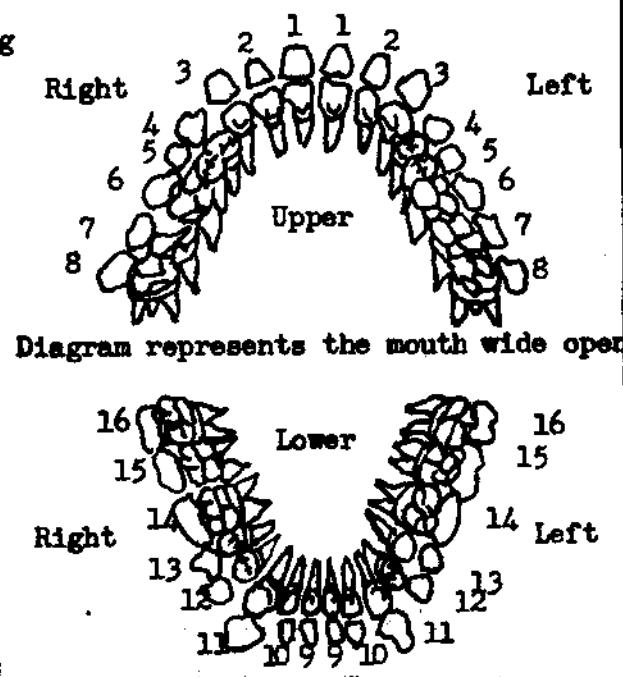


Caries (Cavities)



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



5-34880-4A

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.

19 August 1947
DATE

UNKNOWN X-575B

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Mt. Pina, Leyte, P.I.

USAF Cemetery Leyte #1

8494

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.
















MAXILLA MISSING

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT				LOWER TEETH				LEFT				
				13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE																
LOCATION	<i>N</i>	<i>A</i>	<i>N</i>	<i>P</i>	<i>I</i>	<i>B</i>	<i>L</i>	<i>E</i>		<i>M</i>	<i>I</i>	<i>S</i>	<i>S</i>	<i>I</i>	<i>N</i>	<i>G</i>

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

INSTRUCTIONS:

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

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

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

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

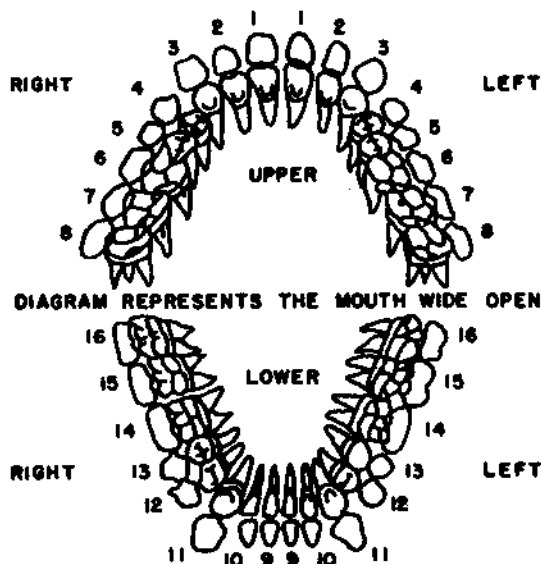


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

EDWIN GREGUREK P.F.C.
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1
PLACE OR NO. WHERE THIS FORM ACCOMPLISHED

A.P. Singson
VERIFIED BY GRS OFFICER
A.P. SINGSON Lt Col
NAME AND RANK TYPED OR PRINTED

19 August 1947
DATE

X-575B

IDENTIFICATION CHECK LIST

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

Unknown X 575-B
 Cemetery USAF Cemetery Leyte #1
 Plot _____ Row _____ Grave 849A

- Arrived at cemetery 8 March 1947
(Hour) (Date)
- Place of death Mt. Pina, Carigara, Leyte, P.I. Isolated Grave
(Name of closest town) (Coordinates and letter Prefix, maps)
AAF Aeronautical Chart, Scale 1:250,000
(Sheet, scale and serials used)
- Remains recovered or disinterred by 1st Plat. 3008th QGR Co.
(Name and organization)
- Evacuated to Cemetery by 1st Plat. 3008th QGR Co.
(Name and organization)
- Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web _____
 Drawers, wool _____
 Drawers, cotton _____
 Leggings, wool _____
 Socks, cotton _____
 * Shoes _____ (type) _____
 Overshoes _____
 Web Equipment _____ (type) _____
 (Other item) _____
 (Other item) _____
 * If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or _____
 Insignia _____ (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch _____

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

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

Age _____ Height _____ Weight _____ Description of wounds _____
 Bandages or dressings _____ Scars _____ (Length, width, location)
 _____ Tattoos _____
 _____ (Number, location -- Illustrate on separate page)
 Outstanding moles, warts or birthmarks _____ (Yes-no; description, location)
 Sunburn or tan, other than hand and face _____
 Complexion _____ (light, medium, dark, clear, phages, 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 **Toothbark 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
 (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 **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.)

NOSE

NOSE

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

X-575-B


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 **While reprocessing X-575 Leyte #1 the remains of four (4) persons were found and recorded as See X-575A, X-575B, X-575C, X-575D.**

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
(Officer's Name)

1st. Lt. **Infantry**
Rank Service

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

SKELETAL CHART

X-575-B

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

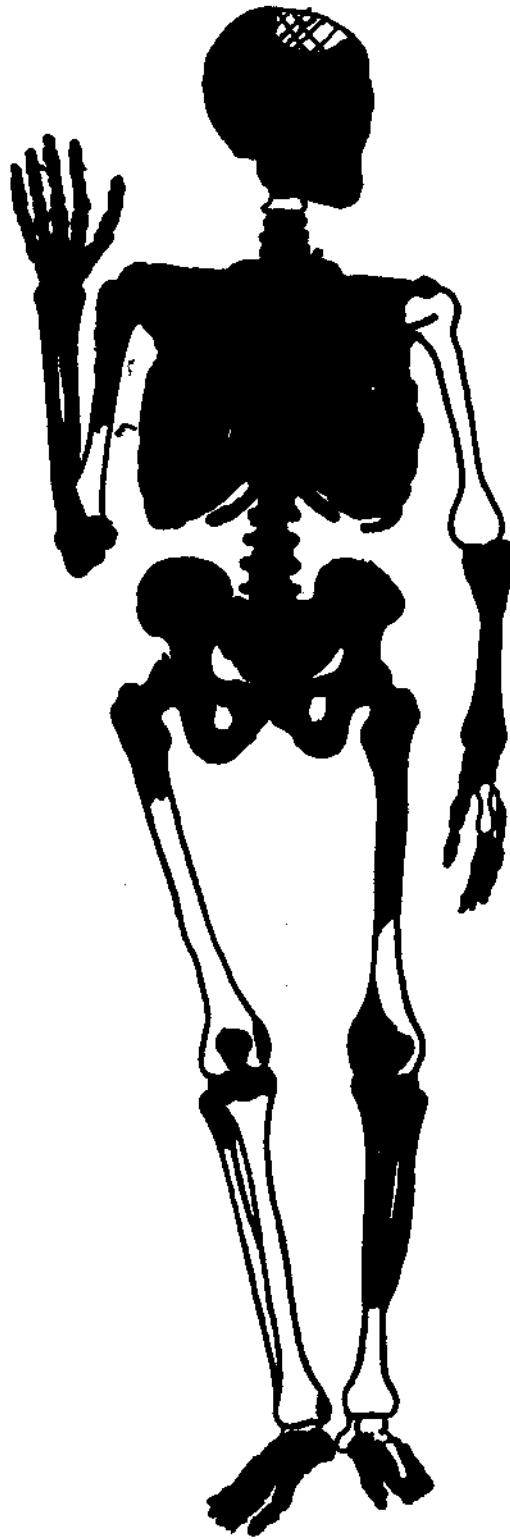


CHART "A"

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 707

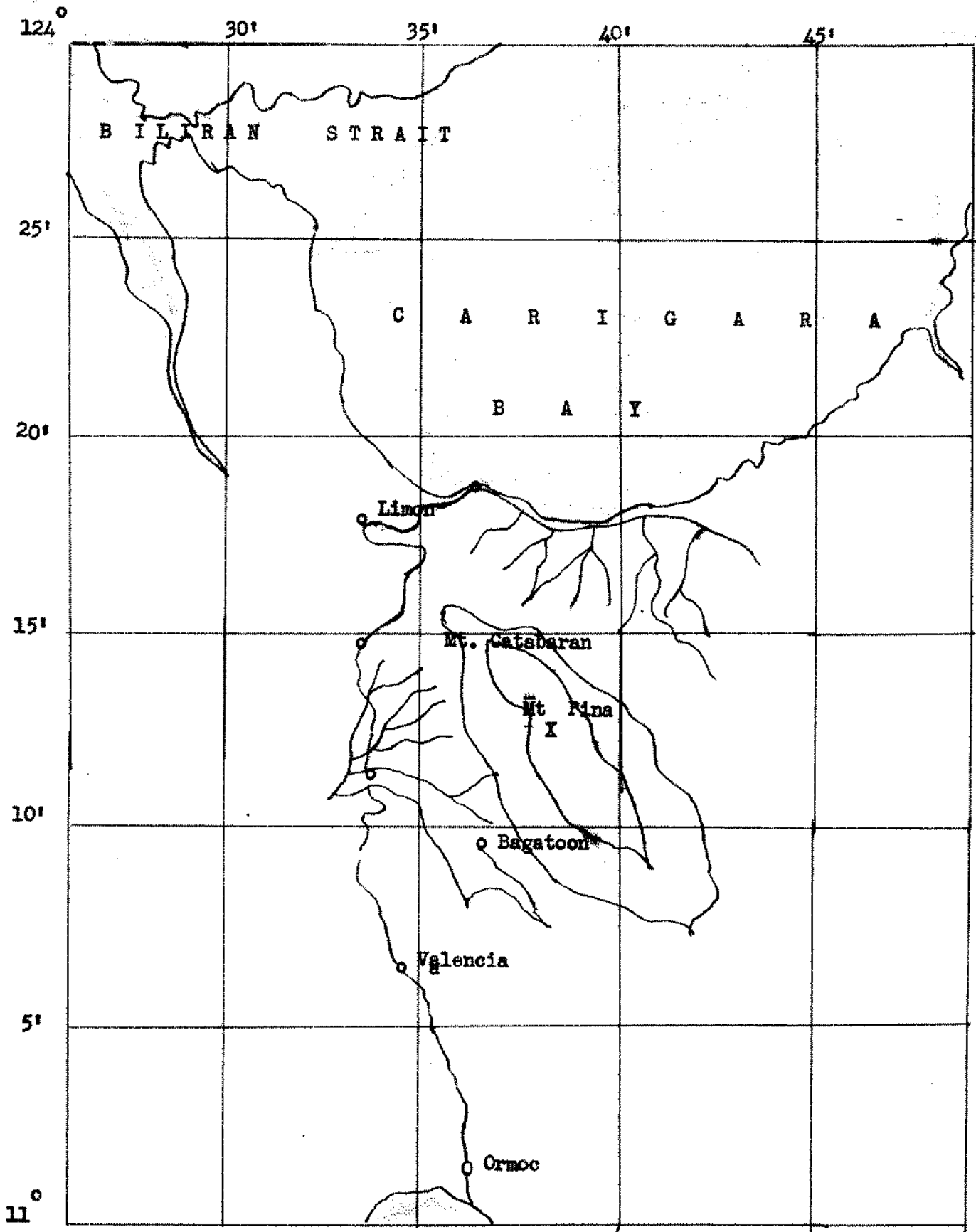
SEARCH AND RECOVERY REPORT

TRIP # 55 SEARCH # 2

1. DATE AND TIME OF DEPARTURE: 0900 hours, 3 March 1947
2. PARTY CONSISTED OF: One
3. TOWN OR BARRIO: Carigara PROVINCE OR ISLANDS: Leyte
4. PERSONS INTERROGATED:
 - a. Rodrigo Pamamian
 - b. Gregorio Cordel
 - c. Severino Pamamian
 - d. Polioarpo Pamamian
 - e. Federico Cordel
 - f. Irenio Pamamian
5. GUIDES:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
6. LOCATION OF REMAINS (GRID COORD.) 11° 13' 25" N. Lat., 124° 38' 20" E. Long.
7. DATE AND TYPE OF RECOVERY: Isolated burial, 1700 hrs, 4 Mar 47
8. NUMBER OF REMAINS RECOVERED: (1) ~~(2)~~ ~~(3)~~ ~~(4)~~ ~~(5)~~ (Check one)
9. CONDITION OF REMAINS: Only skeleton remaining
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. None
 - b. _____
 - c. _____
 - d. _____
 - e. _____
11. PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. None
 - b. _____
 - c. _____
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 1500 hrs., 8 March 1947
13. REMARKS: (SEE REVERSE SIDE):

A TRUE COPY:
A. P. SINGSON
A. P. SINGSON, 1st Lt., Inf.

/s/t/ Sgt. Toney Vespa
Search Party Leader



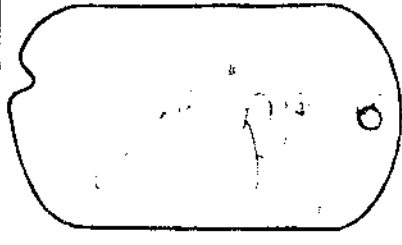
X- Location of Remains: Unknown X-575B

AAF Aeronautical Approach Chart (742BI) Catbalogan Quadd. Conic Proj.
 Grid Coord: 11° 13' 25" N- 124° 38' 20" E. Scale 1: 250,000

/has

CORRECTED

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supercedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 22 April 1949
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN X-706 Leyte #1 (Formerly UNK X-2362-B AGRS Mausoleum, Manila, P.I.)				SERIAL NO. Unknown	
	GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Army	
	RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Mt. Pina Carigara, Leyte, 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 3 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 3 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. A	GRAVE No. 248
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. 8494
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-2363			RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 250
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2361			RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 246
SIGNATURE OF PERSON PREPARING REPORT D. B. McDERMOTT, Adm. Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT A. B. McNEEMAR, Capt., QMC			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

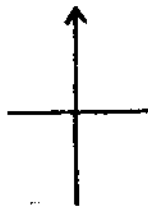
OTHER IDENTIFICATION CLUES

FILLINGS	<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>	

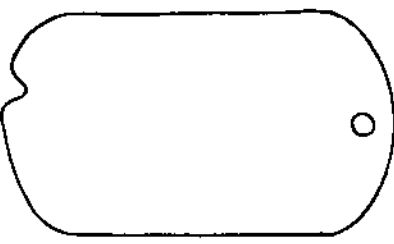
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

24 JAN 1951

Identification Section



REMARKS: UNKNOWN X-2362-B AGRS Mausoleum, Manila, P. I. formerly UNK X-575-B USAF Cemetery #1, Leyte, P. I. should be cross referenced with UNKNOWN X-2362-A, X-2362-C and X-2362-D. Remains UNKNOWN X-2362-B was determined to be unidentifiable and was redesignated Leyte #1 UNKNOWN X-706 to avoid duplication of cemetery number.

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE			DATE OF REPORT 15 Dec 47		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-2362-B (Formerly Unk X-575B USAF Gen. Lepte #1, P.I.)				SERIAL No. Unknown	
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Army			
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Mt. Pina Carigara, Leyte, 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 3 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)		See Remarks 4/21/49 OQMG Identifiable from information presently available - 1/23/49					
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 GRS MAUSOLEUM, MANILA, P.I.							
DATE OF BURIAL 2 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORER Casket	TYPE OF GRAVE MARKER None	PLOT No. 302	ROW No. A	GRAVE No. 248	
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. 8494	
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) STORER Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORER UNKNOWN X-2363			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 250	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORER UNKNOWN X-2361			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 246	
SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO Pvt			SIGNATURE OF GRS OFFICER VERIFYING REPORT T.S. PANOPPIO 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.							

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

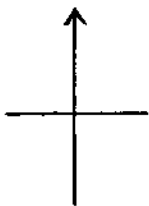
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER TOOTH CHART IMPOSSIBLE</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-2362-B AGRS Mausoleum, Manila, P.I., formerly Unk X-575-B USAF Cemetery #1, Leyte, P.I., should be cross referenced with UNKNOWNS X-2362-A, X-2362-C and X-2362-D as per previous Report of Interment. Identification Check List accomplished.

3 SEP 1948

RESTRICTED

12072

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 15 Dec 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-2362-B (Formerly Unk X-575B USAF Gen. Leyte, #1, P.I.)				Unknown	
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Army	
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Mt. Pina, Carigara, Leyte, 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 3 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		See Remarks			A TRUE COPY:  ELEE L. TYLER Major, Infantry Chief, Records Branch		
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 2 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Stored Casket	TYPE OF GRAVE MARKER None	PLOT No. Hanger 802	ROW No. Bay A	GRAVE No. Crypt 248	
WAS THIS A REBURIAL? (Yes or no) Restored Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.			PLOT No.	ROW No.	GRAVE No. 8494	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Stored Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Stored UNKNOWN X-2363			RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 250	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Stored UNKNOWN X-2361			RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 246	
SIGNATURE OF PERSON PREPARING REPORT s/t/ R. R. ACIERTO, Pvt			SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ 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.							

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.

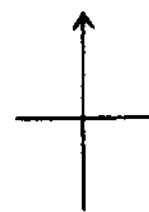
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

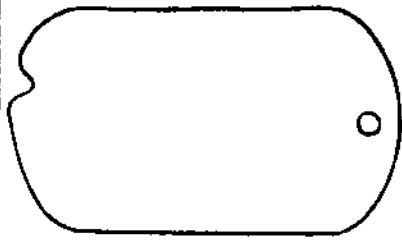
OTHER IDENTIFICATION CLUES

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	<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p>	<p>UPPER TOOTH CHART IMPOSSIBLE</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>NO TEETH LOWER</p>
										<p>CAVITIES</p> <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p> <p>TOOTH MISSING</p>											
<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p>											
<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p>											


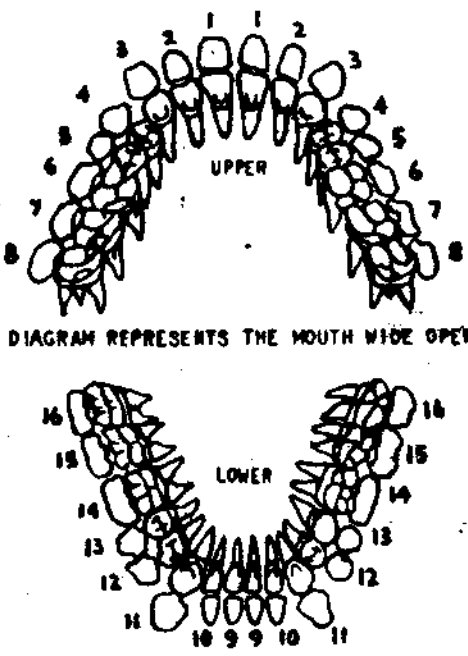




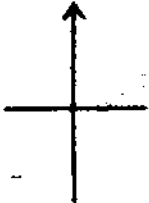
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS: UNKNOWN X-2362-B AGRS Mausoleum, Manila, P.I., formerly Unk X-575-B USAF Cemetery #1, Leyte, P.I., should be cross referenced with UNKNOWN X-2362-A, X-2362-C and X-2362-D as per previous Report of Interment.
Identification Check List accomplished.

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 26 August 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-575B SERIAL No. - GRADE - ORGANIZATION - BRANCH OF SERVICE Army RACE - RELIGION - IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -					
PLACE OF DEATH Mt. Pina, Leyte, P.I.		CAUSE OF DEATH -		DATE OF DEATH -			
EMERGENCY ADDRESSEE (Name, relationship, and address) -							OQMG
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY DESCRIBE MEANS FOR IDENTIFICATION (If undisturbed, fill in section 3 on reverse) Recovered Not identifiable information presently available 4/26/49 - D JUCS					4/21/49
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (Unknown tags)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Officer's cap insignia forwarded to Sector Commander, AGRS-FEZ, Hqs., PHILRYCOM, APO 707.							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Leyte #1, Leyte, P.I.							
DATE OF BURIAL 19 March 1947	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Separate container (shelter halves) in Casket "C" Type.	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 8494	
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Recovered at Grid Coord: 11 13'25" N- 124 38' 20" E PLOT No. ROW No GRAVE No AAF Aeronautical Approach, Cat. Quad. Scale 1:250,000 Isolated Burial						
TYPE OF RELIGIOUS CEREMONY Catholic and Protestant	PERSON CONDUCTING BURIAL RITES HUGH F. KENNEDY, Major, Ch.C. Rev. Magno Managbanag		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of Interment buried in bottle 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-574		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 8493		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-576		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 8495		
SIGNATURE OF PERSON PREPARING REPORT Cpl. Jack G. Slagle, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT A. P. SINGSON, 1st Lt., Infantry				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							



RESTRICTED

LEFT LITTLE FINGER	Section 3. IDENTIFIED REMAINS			
LEFT RING FINGER	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 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.			
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT INDEX FINGER	WEAPON AND SERIAL NO.			BIRTHMARKS, SCARS, OR TATTOOS
LEFT THUMB	LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND	
RIGHT THUMB				Mt. Pina, Leyte, P.I.
RIGHT RING FINGER	OTHER IDENTIFICATION CLUES			
RIGHT MIDDLE FINGER	See attached QMC form 1045. Piece of aluminum found with remains bearing the number 730 114.			
RIGHT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN UPPER LOWER	
RIGHT LITTLE FINGER	CAVITIES  CAVITY DECAYED			
RIGHT RING FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT INDEX FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER				
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT MIDDLE FINGER				
RIGHT INDEX FINGER	REMARKS: Formerly Unknown X-575. While processing Unknown X-575, extra remains were found and recorded as Unknowns X-575A, X-575B, X-575C, X-575D.			
RIGHT LITTLE FINGER				

CORRECTED


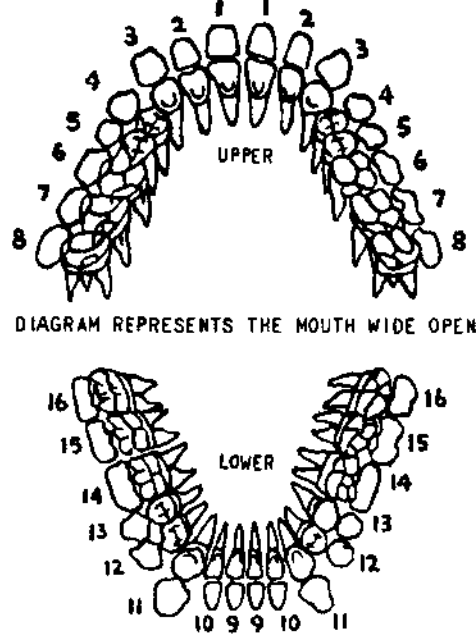




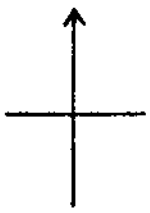
RESTRICTED

fca 8494

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 26 August 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-575B				
		SERIAL NO.		-		
GRADE		ORGANIZATION		BRANCH OF SERVICE		
-		-		Army		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
-		-		-		
PLACE OF DEATH		CAUSE OF DEATH		DATE OF DEATH		
Mt. Pina, Leyte, P.I.		-		-		
EMERGENCY ADDRESSEE (Name, relationship, and address)						
-						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
None		A TRUE COPY  Alice T. Tyler Major, Infantry Chief, Records Branch				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)						
Yes (Unknown tags)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
Officer's cap insignia forwarded to Sector Commander, AGRS-FEZ, Hqs., PHILRYCOM, APO 707.						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
USAF Cemetery Leyte #1, Leyte, P.I.						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
19 March 1947	0900	Separate container (shelter half) in Casket "C" Type.	Reg. Cross			8494
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 Coords: 11 13' 25" N- 124 38' 20" E AAF Aeronautical Approach, Cat. Quad. Scale 1:250,000 Isolated Burial					
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
Catholic and Protestant	HUGH F. KENNEDY, Major, CH. C., Rev. Magno Managbanag		Report of Interment buried in bottle with body.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
Yes	Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-574		-	-	-	8493	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-576		-	-	-	8495	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
t/ Cpl Jack G. Slagle, GRS			t/ A. P. SINGSON, 1st Lt., Infantry			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

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LITTLE LEFT FINGER	<p>Section 3. UNIDENTIFIED REMAINS.</p> <p>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.</p>				
RING LEFT FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
MIDDLE LEFT FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND Mt. Pina, Leyte, P.I.
INDEX LEFT FINGER	OTHER IDENTIFICATION CLUES See attached QMC form 1045. Piece of aluminum found with remains bearing the number 730 114.				
THUMB LEFT	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN		
THUMB RIGHT	CAVITIES  CAVITY DECAYED				
RING RIGHT	MISSING TEETH  TOOTH MISSING				
INDEX RIGHT	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
MIDDLE RIGHT	BRIDGE WORK  GOLD BRIDGE				
LITTLE RIGHT FINGER					
RING RIGHT FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY 				
LITTLE RIGHT FINGER	REMARKS: Formerly Unknown X-575. While processing Unknown X-575, extra remains were found and recorded as Unknowns X-575A, X-575B, X-575C, X-575D.				

RESTRICTED