

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 milk Leyte #1 X-708

Formerly Manila Maus X-2251

Formerly Leyte #1 X-616-B.

QMGMT 293  
GHS Far East

27 April 1949

**SUBJECT: Resolution of Unidentifiable Remains**

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

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

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

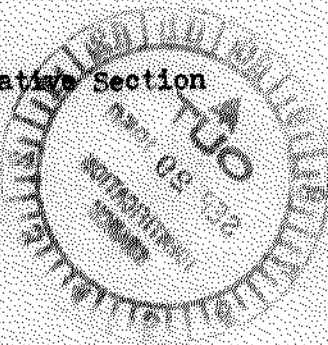
T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

HEB

D. Jones:jdk  
Salser  
JW

NJS

cc: Administrative Section



**GROUP AND MASS BURIAL CROSS-REFERENCE SHEET**

**DUPLICATE**

GROUP BURIAL NUMBER  
**7790 68-79**

NUMBER OF REMAINS IN GROUP  
**2**

TEMPORARY OVERSEAS CEMETERY  
**LEVY**

U.S. NATIONAL CEMETERY  
**FT. MC. PHERSON, VA.**

GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP  
**GRAVE 8935**

DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP  
**7790 68-79**

DECEDENT IN GROUP				NEXT OF KIN	
NAME OR "X" NUMBER	RANK	SERIAL NUMBER	CREED	NAME	ADDRESS
<del>XXXXXXXXXX</del>		<del>XXXXXX</del>			
<del>XXXXXXXXXX</del>		<del>XXXXXX</del>			
REMAINS IDENTIFIED AS:		<b>X-705</b> <b>X-708</b>	<b>2nd Div</b>		

*Handwritten note:*  
 ✓  
 LEVY  
 FT. MC PHERSON  
 VA.

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>Unknown X-2251-B ( Formerly Unk X-616-B <sup>4</sup>eyte #1 )</b>				2. DATE OF REPORT <b>26 March '49</b>	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
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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**

*Received 4/21/49 OQMG  
Not identifiable from  
information presently  
available 4/26/49 DJJCS*

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)

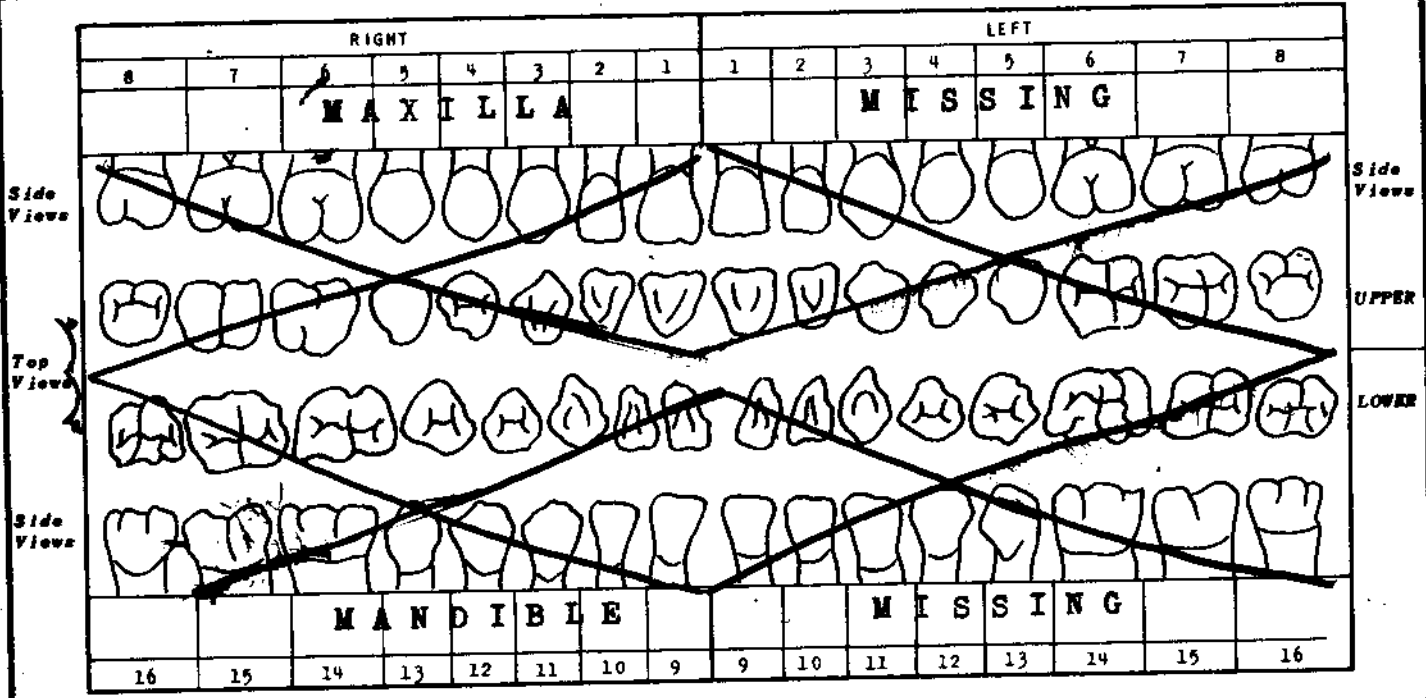
**NONE**

**"UNIDENTIFIABLE"**

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

TOOTH CHART

<p>18.</p> <p><b>MISSING TEETH:</b> 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>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</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."

No loose teeth present with remains.

"UNIDENTIFIABLE"

*J. J. McDermott*  
**J. J. McDERMOTT**  
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.  
Estimated weight of remains - 4 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  
*James J. McDermott*

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-2251-B (Formerly UNK X-616-E  
~~UNKNOWN X~~ USAF Cem Leyte #1, P.I.  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 810 RANGER BAY CRIP  
Row L Grave 3979

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~AGRS Mausoleum~~ 28 Nov 47  
(Hour) (Date)
2. Place of death Vicinity of Lubi,  
Leyte, P.I.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by Leyte #1  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

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

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

6. Description of Remains : **Skeleton only. Chart attached.**

Age / \_\_\_\_\_ Height UTD Weight UTD Description of wounds UTD  
 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, <sup>T</sup>Other than hand and face \_\_\_\_\_  
 Complexion <sup>D</sup> \_\_\_\_\_ (Light, medium, dark, clear, pimples, poeks, freckles)  
 Build \_\_\_\_\_ (Large, fat, thin, muscular)  
 Hair \_\_\_\_\_ (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  
 Hair \_\_\_\_\_ (Baldness, widows peak, distinctive cutting or other characteristics)  
 Sideburns \_\_\_\_\_ Mustache \_\_\_\_\_ Beard or \_\_\_\_\_ (Color, setting, shape) (Color, size, shape) (length, heavy)



Goatee ..... (Light, color, extent)

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

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

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

Teeth ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      **skull**  
 Circumference of ~~head~~ 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 ..... **U**  
**T**  
**D**

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

..... (Unusual characteristics of fingernails)

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

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

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

Hernioplasty ..... (Yes-no; location)

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

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

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

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

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

If not, explain Due to condition of remains,

8. Has tooth chart been prepared? No If not, explain No skull found with  
(Yes-no)  
remains. Tooth Chart unobtainable.

9. Remarks In processing these remains, it was found that there were more than  
one remains present. Due to bone structure, we were able to segregate these  
remains into three (3) different remains. UNKs X-2251-A, B, and C. For fur-  
ther reference refer to UNKs X-2251-A and C. Estimated weight of remains,  
4 lbs.

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

/s/ Julien H Weddle  
(Officer's Name)

Emb Sr C-064965  
Rank Service

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

28 Nov 47

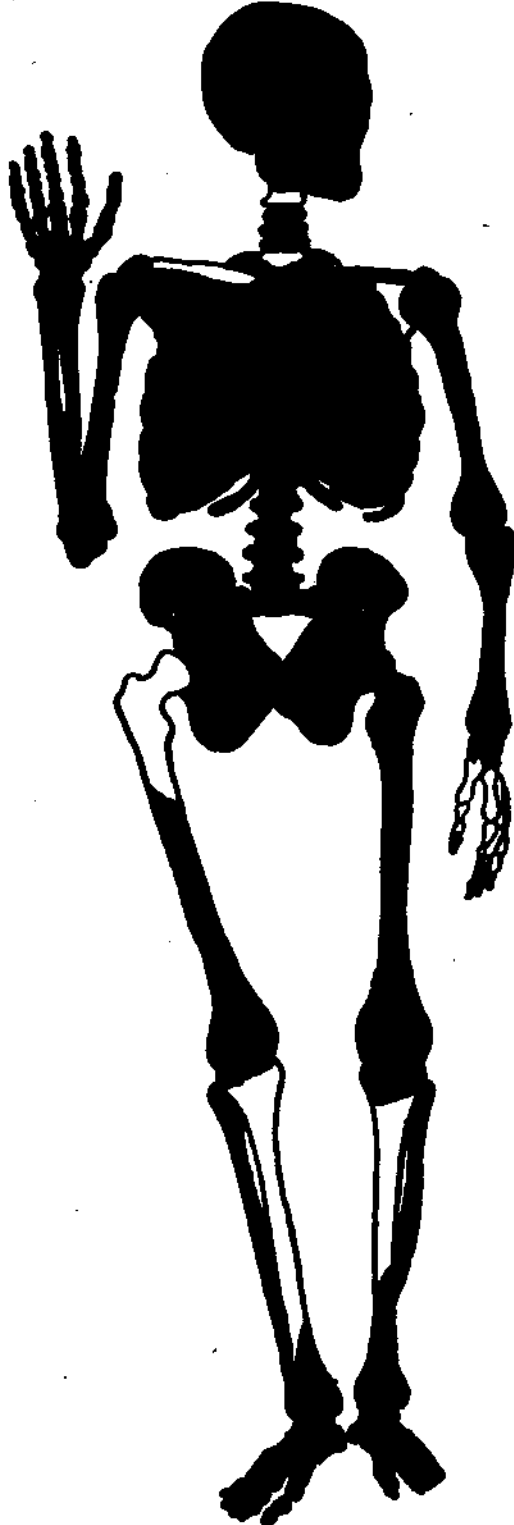
CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G T GAMBOA  
2d Lt MAG

**SKELETAL CHART**

X- 2251-B

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*[Handwritten signature]*

**CHART "A"**

X-9251-B

OMO Form 1044  
Rev. 1 Apr. 1945

RESTRICTED

REPORT OF DISINTERMENT FOR IDENTIFICATION

20 October 1947

1. Remains of (Name)

UNKNOWN X-616B

Serial Number

-

Grade

Organization

-

-

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Levte #1, P.I.

8535

2. Date of Disinterment

20 October 1947

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

Original made in Type "C" wooden casket burial. Three skeletal remains. Remains in separate containers. Tags on remains coincide with R.O.I.s and burial bottle.

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 R. Nichols*  
PAUL R. NICHOLS, Engineer

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

**Missing Teeth**



Tooth Missing      Tooth Missing

**Crowned Teeth**



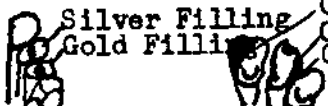
Gold Crown      Porcelain Crown

**Bridgework**



Gold & Porcelain Bridge      Gold Bridge

**Fillings**

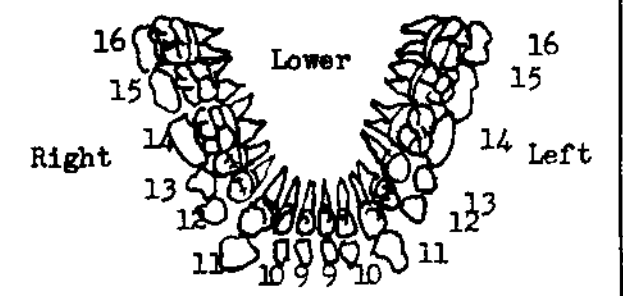
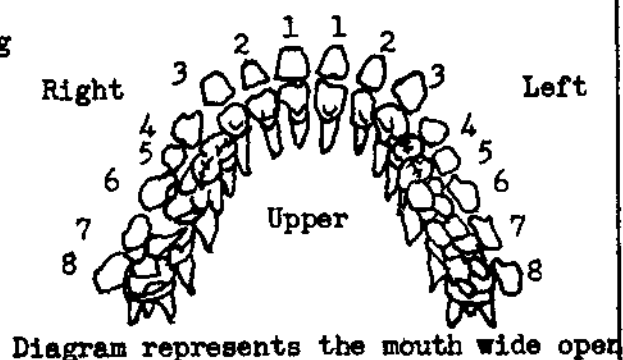


Silver Filling      Gold Filling

**Caries (Cavities)**



Cavity      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**



X-616 B

## IDENTIFICATION CHECK LIST

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

Unknown X 616 B

Cemetery USAF Leyte #1

Plot \_\_\_\_\_ Row \_\_\_\_\_ Grave \_\_\_\_\_

**Isolated grave approximately 2 kms east  
 along Daguitan river- remains were 25 yards  
 from the Daguitan river bank.**

1. Arrived at cemetery 16 May 1947  
(Hour) (Date)

2. Place of death Lubi, Leyte P.I.  
(Name of closest town) (Coordinates and letter Prefix, maps)

Map of Leyte, Scale 1:200,000, Series of 1937  
(Sheet, scale and serials used)

3. Remains recovered ~~by~~ by 1st Plat. 3008th Q M GR Co.  
(Name and organization)

4. Evacuated to Cemetery by 1st Plat. 3008th QM GR Co.  
(Name and organization)

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

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

Belt, web \_\_\_\_\_

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* Shoes \_\_\_\_\_ (type) \_\_\_\_\_

Overshoes \_\_\_\_\_

Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_

(Other item) \_\_\_\_\_

(Other item) \_\_\_\_\_

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

Chevrans or  
Insignia \_\_\_\_\_  
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch \_\_\_\_\_

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

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

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Description of wounds \_\_\_\_\_

Bandages or dressings \_\_\_\_\_ Scars \_\_\_\_\_  
(Length, width, location)

Tattoos \_\_\_\_\_  
(Number, location -- illustrate on separate page)

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

Sunburn or tan, other than hand and face \_\_\_\_\_

Complexion \_\_\_\_\_  
(Light, medium, dark, clear, pimples, pocks, freckles)

Build \_\_\_\_\_  
(Large, fat, thin, muscular)

Hair \_\_\_\_\_  
(Color, length, quantity, curly, wavy, straight, whorls, or definite partings)

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

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

Goatee ..... (Light, color, extent)

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

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

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

Teeth ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

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

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

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

Fingers ..... (Unusual characteristics of fingernails)

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

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

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

Hernioplasty ..... (Yes-no; location)

Legs ..... (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

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

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



X-616-2

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

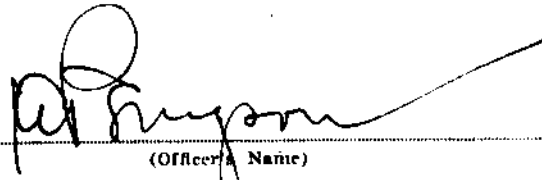
If not, explain due to condition of remains

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

remains.

9. Remarks While processing the remains of X-616 (Isolated grave near Daguitan river  
Lubi, Leyte, P.I.), extra remains were found and recorded as- See X-616-A,  
X-616-B, X-616-C.

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.

  
(Officer's Name)

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

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

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*4 ribs received*

R E S T R I C T E D

HEADQUARTERS  
USAF CEMETERY LEYTE NO. I  
APO 707

SEARCH AND RECOVERY REPORT

TRIP # 68 SEARCH # 2

1. DATE AND TIME OF DEPARTURE: 2 May 1947 at 0800 Hrs.
2. PARTY CONSISTED OF: 4 EM
3. TOWN OR BARRIO: Lubi PROVINCE OR ISLANDS: Leyte, P.I.
4. PERSONS INTERROGATED:
  - a. Andres Kasakit )
  - b. Eutiquio Kamantang ) Serving as
  - c. guides )
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_
5. GUIDES:
  - a. \_\_\_\_\_
  - b. \_\_\_\_\_
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
  - f. \_\_\_\_\_
6. LOCATION OF REMAINS (GRID COORD.) 10° 57' 59" N-124° 45' 52" E.  
2 Km East along Daguitan river.
7. DATE AND TYPE OF RECOVERY: Isolated Burial
8. NUMBER OF REMAINS RECOVERED: (X) (2) (X) (X) (X) (Check one)
9. CONDITION OF REMAINS: Completely decomposed
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
  - a. \_\_\_\_\_
  - b. N O N E
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
11. PERSONAL EFFECTS FOUND WITH REMAINS:
  - a. \_\_\_\_\_
  - b. N O N E
  - c. \_\_\_\_\_
  - d. \_\_\_\_\_
  - e. \_\_\_\_\_
12. DATE AND TIME RETURNED: 16 May 1947 at 1730 Hrs.
13. REMARKS: (SEE REVERSE SIDE):


REMARKS:

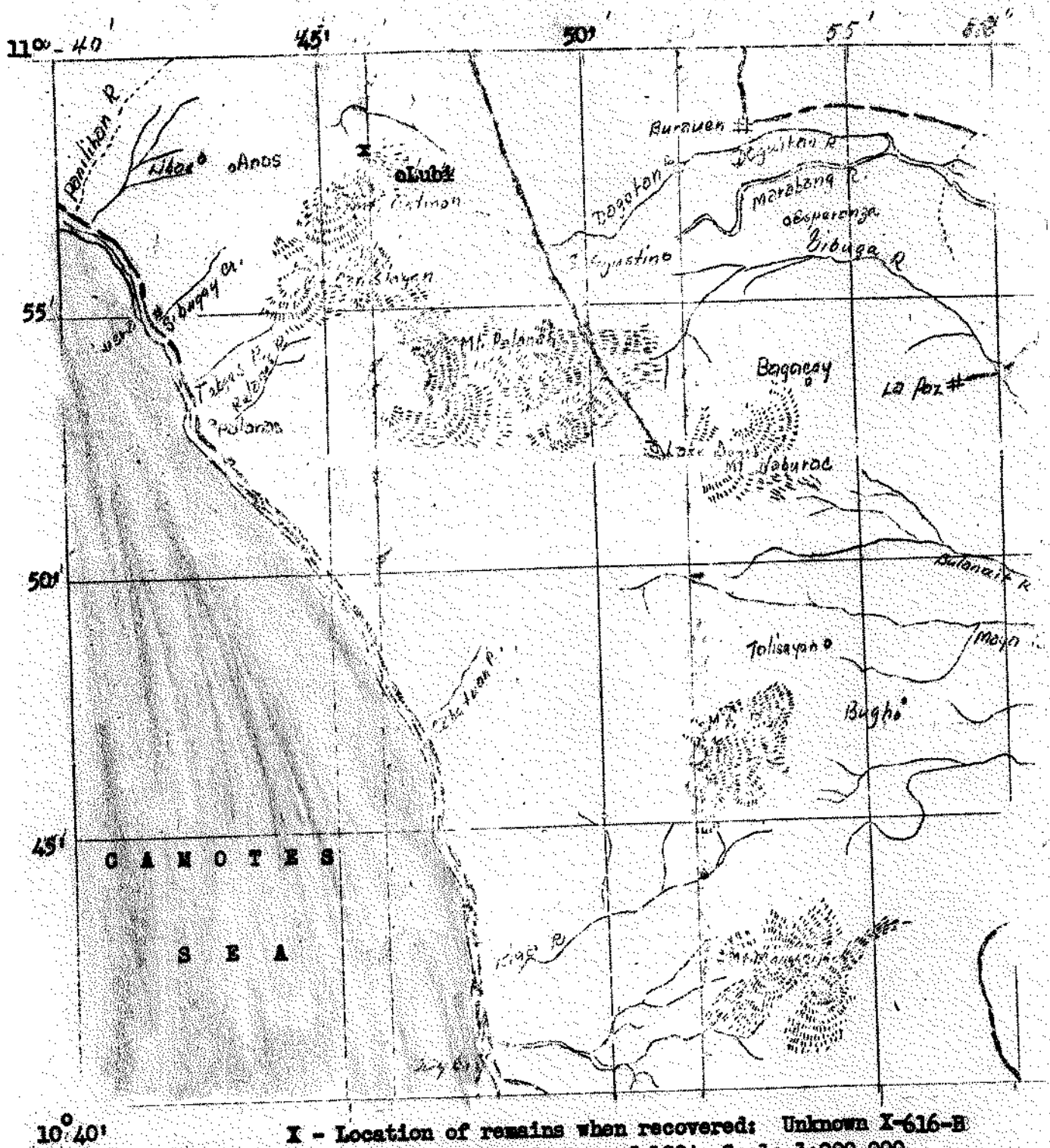
These Unknown bodies were found approximately 2 Km. East along  
Daguitan river. The location of remains was 25 yards from the banks of the  
Daguitan river.

/s/t/ S/Sgt. Harold J. Lemons

Search Party Leader

A TRUE COPY:

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



**X - Location of remains when recovered: Unknown X-616-B**  
**Map Reference: Map of Leyte, Series of 1934, Scale 1:200,000**  
**Grid Coord: 10°57'59"N - 124°45'52"E.**

/hao

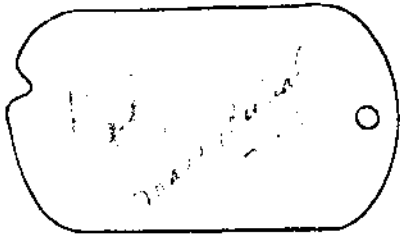
CORRECTED

RESTRICTED

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

21 April 1949

Impress Identification Tag If Possible  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-708 Leyte #1 (Formerly  
UNK X-2251-B Manila Mausoleum)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Possibly Army

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

Vicinity of Lubi,  
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)

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	HOUR	BURIED IN (Shroud, blanket, or name of other container)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
1 Dec 47	1100	Casket	None	810	L	3979

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.

8535

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-2262-A

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

3981

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

GISH, Paul B.

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

Pfc

35342364

Co A, 136

Inf., Regt.

3977

SIGNATURE OF PERSON PREPARING REPORT

J. J. Mc Dermott  
J. J. McDERMOTT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

H. B. McNEAR, 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

**Sect - UNIDENTIFIED REMAINS**


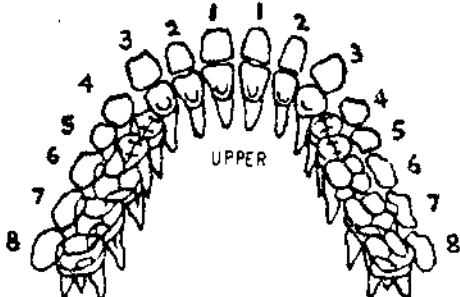
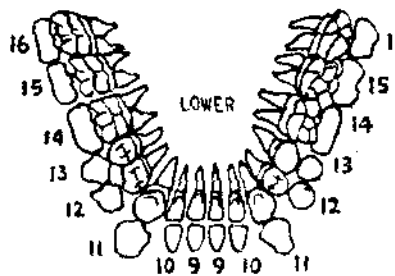




**INSTRUCTIONS:**

(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 thumb 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.

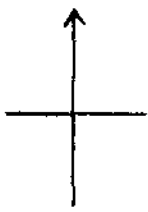
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

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

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

1950  
24-JAN 1950  
-----  
Identification Section



**REMARKS:**

Remains UNKNOWN X-2251-B was determined to be unidentifiable and was redesignated Leyte Cemetery #1 UNKNOWN X-708 to avoid duplication of former cemetery number.

25 APR 1949

WD QMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

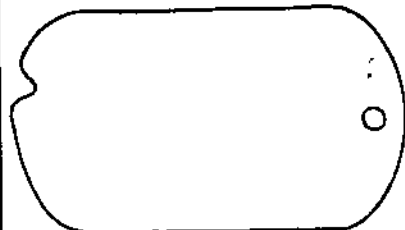
APR 28 1948

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

DATE OF REPORT

8 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)  
UNKNOWN X-2251-B (Formerly UNK X-616-B  
USAF Cem Leyte #1, P.I.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Possibly Army

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

Vicinity of Lubi,  
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)

See Remarks

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Received 4/21/49  
Not identifiable from  
information presently  
available 4/26/49 - DJJ:NC  
OQMG

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 (Month, Day, Year)	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
1 Dec 47	1100	Shroud Casket	None	810	L	3979

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.
		8535

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-2262-A

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

3981

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

GISH, Paul E.

RANK

Pfc

SERIAL No.

35342364

ORGANIZATION

36 Inf Regt

GRAVE No.

3977

SIGNATURE OF PERSON PREPARING REPORT

R R ACIERTO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L S PANOPIO, 2d Lt., Inf

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.



**RESTRICTED**

**Section UNIDENTIFIED REMAINS.**


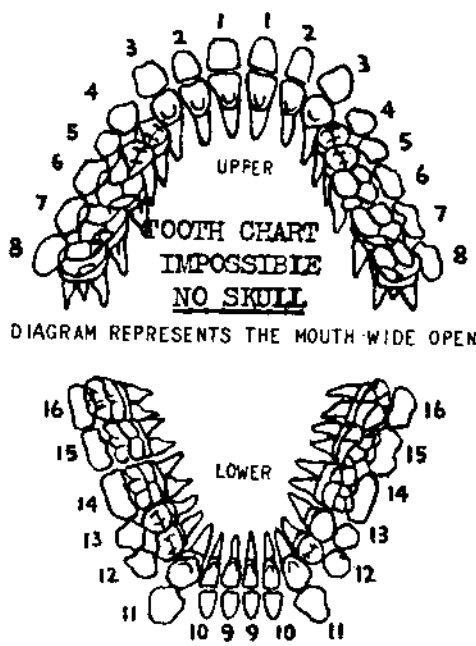




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the 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>TOOTH CHART IMPOSSIBLE <u>NO SKULL</u> 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>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b>		

**REMARKS:**  
 Cross reference subject case with UNKs X-2251-A and X-2251-C, AGRS Mausoleum, Manila, P.I.

Identification Check List accomplished.

8 MAR 1948

**RESTRICTED**

WD OMC 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 28 August 1947	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1—IDENTIFICATION.</b>				
		NAME (Last, first, middle initial) UNKNOWN X-616B		SERIAL NO. -		
		GRADE -	ORGANIZATION -	BRANCH OF SERVICE Possibly Army		
		RACE -	RELIGION -	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -		
PLACE OF DEATH Vicinity of Lubi, Leyte, P.I.		CAUSE OF DEATH -		DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address) -						
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 (Unknown tags)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME N O N E						
<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 USAF Cemetery Leyte #1, Leyte, P.I.						
DATE OF BURIAL 27 August 1947	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Separate container (Shelter half) in Casket "C" Type	TYPE OF GRAVE MARKER Reg Cross	PLOT NO. F	ROW NO. 1047	GRAVE NO. 8535
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: 10 57' 59" N-124 45' 52" W Map of Leyte, Series of 1934, Scale 1:200,000 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-615		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 8534	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-617		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 8536	
SIGNATURE OF PERSON PREPARING REPORT Cpl Jack A. Siggie, 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 Office. Copies for retention in theater as prescribed by theater commander.						

**RESTRICTED**

**Sec - UNIDENTIFIED REMAINS.**

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


WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
		Vicinity of Lubi, Leyte

**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		


**FILLINGS:**

SILVER FILLING  
GOLD FILLING




**CAVITIES**

CAVITY  
DECAYED




**MISSING TEETH**

TOOTH MISSING




**CROWNED TEETH**

PORCELAIN CROWN  
GOLD CROWN



**BRIDGE WORK**

GOLD BRIDGE




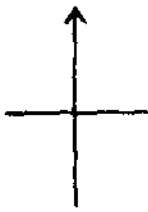


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN N O SKULL

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



**REMARKS:**

Condition of remains precluded toothcharting.

3 SEP 1947