

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk Lyster #1

X-774

SUBJECT

~~Wesley Mans Manila X-2312 B~~

Formerly Lyster #1 X-649 B

QUART 293
325 Far East

7 February 1950

SUBJECT: Identification of World War II Deceased

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

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

| | | | | | |
|--|---|---|---|---|---|
| Unknown X-188, AGRS Mausoleum Manila, P.I. | | | | | |
| " X-329, " " " " " | " | " | " | " | " |
| " X-309, " " " " " | " | " | " | " | " |
| " X-3828, " " " " " | " | " | " | " | " |
| " X-4180, " " " " " | " | " | " | " | " |
| " X-4189, " " " " " | " | " | " | " | " |
| " X-4250, " " " " " | " | " | " | " | " |
| " X-4261, " " " " " | " | " | " | " | " |
| " X-2228, AGRS, Maus. Manila, formerly X-490, USMC Leyte #1 | | | | | |
| " X-2228, " " " " " X-626, " " " | " | " | " | " | " |
| " X-2212-A, " " " " " X-649-A, " " " | " | " | " | " | " |
| " X-724, USMC Leyte #1, formerly X-2212-B, AGRS Maus. Manila | | | | | |

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

FOR THE QUARTERMASTER GENERAL:

T. H. KEYS
Lt. Colonel, QMG
Memorial Division

GHFZ 293

AFO 900
18 January 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

| | | | | | | | |
|---------|--------|----------|------|---------|--------|-----------|------|
| UNKNOWN | X-186 | AGRS | Mslm | UNKNOWN | X-2336 | AGRS | Mslm |
| " | X-239 | " | " | " | X-3014 | " | " |
| " | X-309 | " | " | " | X-3838 | " | " |
| " | X-539 | " | " | " | X-4132 | Manila #2 | |
| " | X-657 | " | " | " | X-4180 | AGRS | Mslm |
| " | X-667 | " | " | " | X-4197 | " | " |
| " | X-690 | " | " | " | X-4199 | " | " |
| " | X-724 | Beyte #1 | | " | X-4250 | " | " |
| " | X-888 | AGRS | Mslm | " | X-4251 | " | " |
| " | X-889 | " | " | " | X-4655 | " | " |
| " | X-1366 | " | " | " | X-4657 | " | " |
| " | X-1703 | " | " | " | X-4659 | " | " |
| " | X-1963 | " | " | " | X-4660 | " | " |
| " | X-2238 | " | " | " | X-4688 | " | " |
| " | X-2312 | " | " | | | | |

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

FOR THE COMMANDING OFFICER:

29 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
/t/ JOHN SHYPULA
1st Lt., Infantry
Adjutant

C
O
P
Y

| | | | | |
|---|---|--|--|--|
| <div style="font-size: 2em; font-weight: bold;">1</div> | Interred 3 April 1950 L 15 61 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK | | DISINTERMENT DIRECTIVE PREPARED BY PHILCOM | |
| | Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED | | DIRECTIVE NUMBER 7710 81357 | |
| | | DATE 29 03 50 <small>DAY MONTH YEAR</small> | | |
| NAME UNKNOWN X - 724 | | SERIAL NUMBER | GRADE | ARM |
| CEMETERY USAF CEMETERY LEYTE NO. 1, P. I. | | PLOT FIELD | ROW MORGUE | GRAVE |
| | | DISPOSITION OF REMAINS 7703 80 <small>CODE DIST. CTR.</small> | | |
| 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 X - 724 | | SERIAL NUMBER | GRADE | DATE OF DEATH 30 Mar 1950 |
| IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER | | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer <small>NAME AND TITLE</small> |
| SECTION D - PREPARATION OF REMAINS FOR SHIPMENT | | | | |
| NATURE OF BURIAL Shelter Half | | | CONDITION OF REMAINS Skeletal | |
| OTHER MEANS OF IDENTIFICATION X-2312 Maus | | | | |
| MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) | | | | |
| REMAINS PREPARED AND PLACED IN CASKET DATE 30 Mar 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 30 Mar 50 BY RAYMOND H TANGUAY, Sgt 1c 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 <div style="text-align: right;"> <i>File</i> 27 Apr 50 <i>Block</i> </div> | | | | |

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>Barclay</i> | DATE APR 8 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

DISINTERMENT DIRECTIVE

PREPARED BY PHILIP

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 81357

DATE

29 03 50
DAY MONTH YEAR

| | | | | | |
|-----------------|---------------|-------|-----|------|----------|
| NAME | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
| UNKNOWN X - 724 | | | | | |

| | | | | |
|----------------------------------|-------|-----|--------|----------------------------|
| CEMETERY | PLOT | ROW | GRAVE | DISPOSITION OF REMAINS |
| USAF CEMETERY LAITE NO. 1, P. I. | FIELD | | MORGUE | 7701 80 CODE DIST. CTR. |

SECTION B — CONSIGNEE AND NEXT OF KIN

| | |
|--|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE | NAME AND ADDRESS OF NEXT OF KIN |
| UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I. | (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 | 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 | EMBALMER (Signature) |
| | | |

| | |
|------------------|------------------------------|
| CASKET SEALED 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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

filed 26-50
Kirklin
report

HEADQUARTERS
PHILCORN ZONE
AMERICAN GRAVES REGISTRATION SERVICE

17 Jan. 1950

Date

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

The records pertaining to Unknown X- 724, Plot Held in Field
Row _____, Grave _____, USMC Leyte #1, P.I. Morgue, have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:


H. B. McENEMAR
Captain, OMC
Chief, Records Branch

Atch: Form 1044

Received 31 Jan. 1950 OQMR
Not identifiable from
information presently 3 Feb. 1950
available
Ed Kaye

IDENTIFICATION DATA

| | | | | | |
|--|------------|----------|------------|--|-------------|
| 1. REMAINS OF UNKNOWN X-724 Leyte #1 (Formerly UNK X-2212 -B, AGRS Mausoleum, Manila, P.I.) | | | | 2. DATE OF REPORT 17 Jan. 1950 | |
| 3. NAME OF CEMETERY AGRS MAUSOLEUM, Manila P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 302 | A | 196 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|-----------------------------------|------------------------------------|-----------------------------------|------------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5'6" | 10. COLOR OF HAIR U T D | 11. RACE Unk |
|-----------------------------------|------------------------------------|-----------------------------------|------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

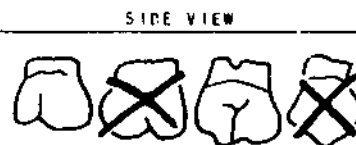
N O N E

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

N O N E

"UNIDENTIFIABLE"
NOT REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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



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



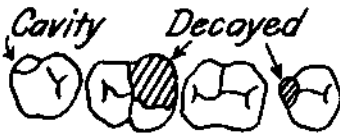
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



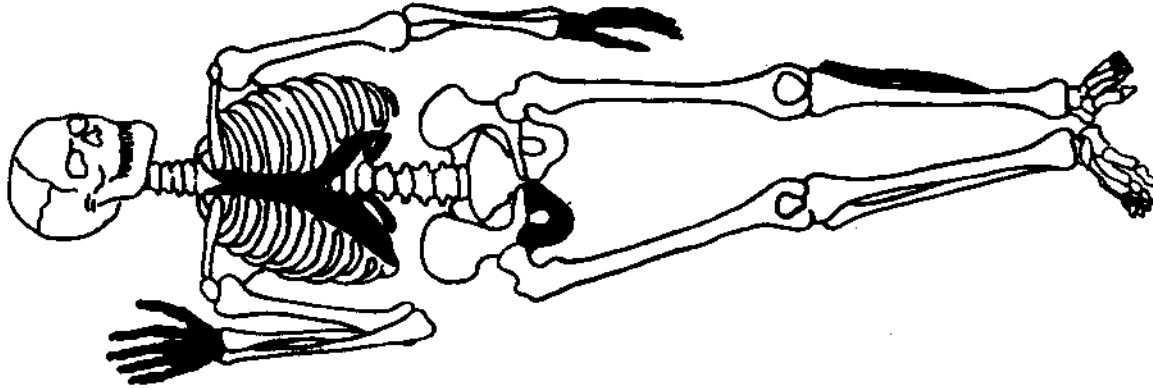
| RIGHT | | | | | | | | LEFT | | | | | | | |
|------------|----|----|----|----|----|----|---|------------|----|----|----|----|----|----|----|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | X | | | | | | | | X | o | o | X | X |
| Side Views | | | | | | | | Side Views | | | | | | | |
| UPPER | | | | | | | | UPPER | | | | | | | |
| LOWER | | | | | | | | LOWER | | | | | | | |
| Side Views | | | | | | | | Side Views | | | | | | | |
| X | o | o | | | | | | | | | | o | | o | |
| 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."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Section

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, bottle burial, personal effect or other means of identification with the remains
Est. weight of remains - 7 1/2 lbs.

NO IDENTIFICATION TAGS, BOTTLE BURIAL, PERSONAL EFFECT OR OTHER MEANS OF IDENTIFICATION WITH THE REMAINS
EST. WEIGHT OF REMAINS - 7 1/2 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

PAUL R. NICHOLS
Chief, Ident. Section

SIGNATURE

Paul R. Nichols

X-2312-B

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.

1 Dec 47

UNKNOWN X-2312-B (Formerly UNK X-649-B
USAF Com Layte #1, P.I.)

DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown

Unknown

UNIT
Valencia, Malaybalay,
Bukidnon, Mindanao, P.I.
PLACE OF DEATH

AGRS Mausoleum
Manila, P.I.
PLACE OF BURIAL STORAGE

ORGANIZATION
802 A 196
PLOT ROW GRAVE NO.

| | | | | | | | | | | | | | | | |
|----------|---|---|---|-------------|---|---|---|------|---|---|---|---|---|---|---|
| RIGHT | | | | UPPER TEETH | | | | LEFT | | | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| TYPE | | | X | | | | | | | | X | ⊗ | ⊗ | X | X |
| LOCATION | | | | | | | | | | | | | | | |

INSIDE — LOOKING OUT

| | | | | | | | | | | | | | | | |
|----------|----|----|----|-------------|----|----|---|------|----|----|----|----|----|----|----|
| RIGHT | | | | LOWER TEETH | | | | LEFT | | | | | | | |
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 8 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| TYPE | X | ○ | ○ | | | | | | | | | ⊗ | | ○ | |
| LOCATION | | | | | | | | | | | | | | | |

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

Edmund E. Scarci
39345912
Repatriated to U.S.

Ed Kayser

- LING
- BOX
- MESIAL (EN-TOWARD FRONT)
- OCCLUSAL SURFACE (BACK TEETH)
- DISTAL (EN-TOWARD BACK)
- (EQUAL DISTANCE TOWARD TONGUE)
- (FACIAL TOWARD CHEEK)



POSTHUMOUSLY MISSING (LOST AFTER DEATH)



FACIAL (TOWARD CHEEK)

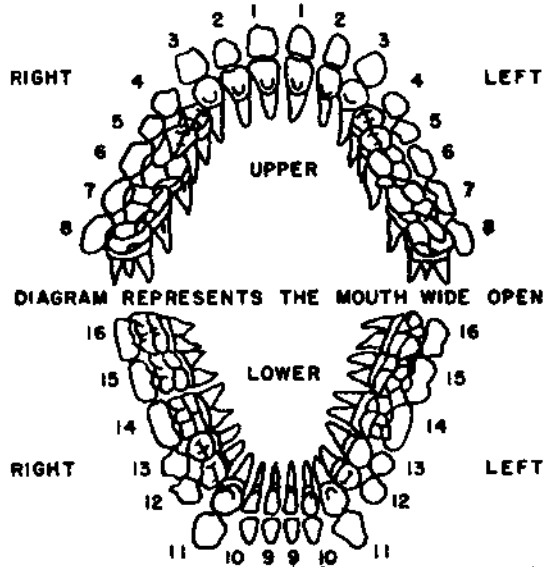
INSTRUCTIONS:

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

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

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

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



REMARKS:

R 4 is broken off at biting surface of tooth.
L 9 rotates toward the mesial.

/s/ Vernon H. Korn
SIGNATURE OF PERSON WHO PREPARED CHART.

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

/p/ VERNON H. KORN
NAME AND RANK TYPED OR PRINTED

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

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

1 Dec 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 649-B
 Unknown X 2312-B (USAF Com Leyte #1, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 802 ^{SANCTUARY} Row A ^{BAY} CRX1 Grave 196

AGRS Mausoleum
Manila, P.I.

1. Arrived at cemetery 1 Dec 47
Valencia, Malaybalay,
2. Place of death Bukidnon, Mindanao, 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 | / | | |
| | (Type) | | |
| Raincoat | / | | |
| Overcoat | / | | |
| Jacket, Field | / | | |
| Jacket, Combat | / | | |
| Mackinaw | N | | |
| Sweater | O | | |
| 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 / N
 * Shoes / O (type) N
 Overshoes / E
 Web Equipment / (type)

(Other item) **Bottle with Report of Interment for SCARCI, Edmund E.**

(Other item) **39345912 Pfc 108th Inf. Co. I**

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

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

Shoulder Patch / O N

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

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 / U

Complexion / D (Light, medium, dark, clear, pimples, pocks, freckles)

Build / (Large, fat, thin, muscular)

Hair **Black hair was found with skull** (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 **Tooth chart attached**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw / (Large, small, normal) Circumference of ~~head~~ ^{skull} in inches **20 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 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 / (Lame, 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 Bottle with Report of Interment for SCARCI, Edmund E. 39345912
Pfc 108th Inf. Co. I received with remains. Refer to X-2312-A
Estimated weight of remains 7½ 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/ Vernon H. Korn
(Officer's Name)

SP-6 C-064977
Rank Service

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

1 Dec 47

CERTIFIED TRUE COPY

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

SKELETAL CHART

X-2312-13

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

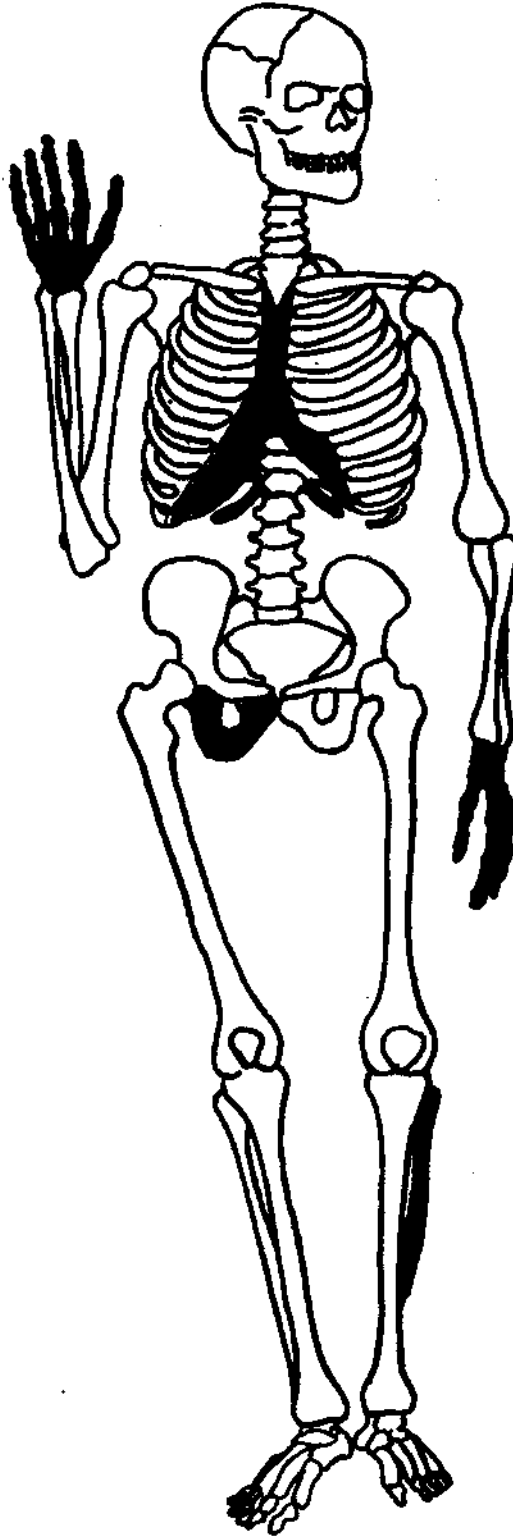


CHART "A"

L.R.

R E S T R I C T E D

HEADQUARTERS
USAF CEMETERY LEYTE NO. I
APO 707

SEARCH AND RECOVERY REPORT
TRIP # _____ SEARCH # _____

1. DATE AND TIME OF DEPARTURE: 0730 15 September 1947
2. PARTY CONSISTED OF: 4 AM
3. TOWN OR BARRIO: Valencia, Malaybalay PROVINCE OR ISLANDS: Bukidnon, Mindanao
- PERSONS INTERROGATED:
 - a. Vicente Benafbay-- Co. Lt.
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
5. GUIDES:
 - a. _____
 - b. _____
 - c. _____
 - d. _____
 - e. _____
 - f. _____
6. LOCATION OF REMAINS (GRID COORD.) 7° 59' N - 125°
7. DATE AND TYPE OF RECOVERY: Isolated Burial
8. NUMBER OF REMAINS RECOVERED: 1/1 (2) 1/1 1/1 1/1 1/1 1/1 (Check one)
9. CONDITION OF REMAINS: Good
10. IDENTIFICATION CLUES FOUND WITH REMAINS:
 - a. Bottle with Report of Interment for SCARCI, Edmund E. 39345912
 - b. Hair Pfc 108th Inf. Co. I
 - c. _____
 - d. _____
 - e. _____
- PERSONAL EFFECTS FOUND WITH REMAINS:
 - a. N O N E
 - b. _____
 - c. _____
 - d. _____
 - e. _____
12. DATE AND TIME RETURNED: 1730 15 Sept '47
13. REMARKS: (SEE REVERSE SIDE):

REMARKS:

There were two bodies in this grave. The report of Interment was made out at 99th Evac. Hosp., APO 159 14, June '45 signed by Sgt Bayard T. Gardnier.

/s/ Joe E. Ramos
T/Sgt 17004220

A TRUE COPY


RATION THOMAS, Capt., QMC

REPORT OF DISINTERMENT FOR IDENTIFICATION

8 October 1947

1. Remains of (Name)

X-649 B, 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

15 September 1947

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

Original burial isolated recovery, skeletal remains, identification clues are hair and bottle containing Report of Interment. 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

Hair and bottle containing Report of Interment.

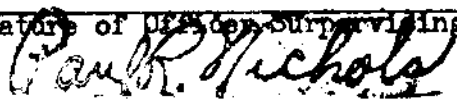
What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute Tags.








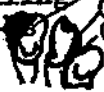


5. Signature of Officer Supervising Disinterment and Reinterment.

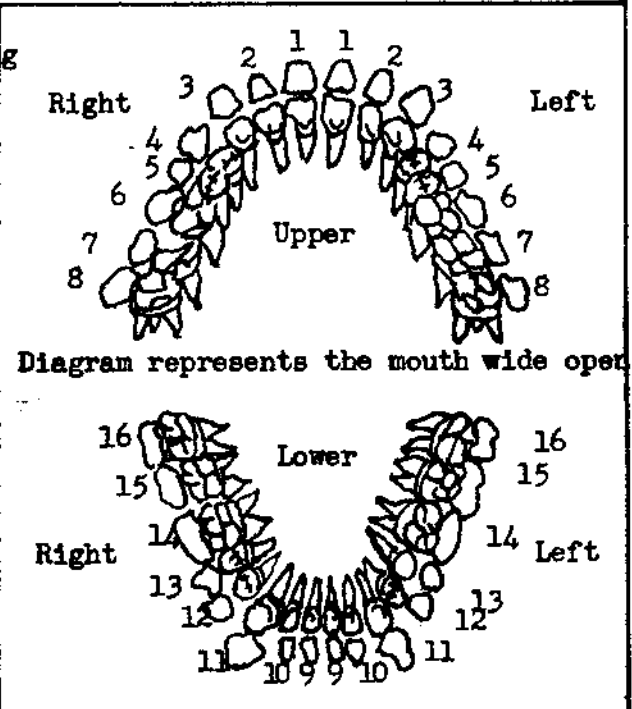


PAUL R. NICHOLS, Embalmer

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.

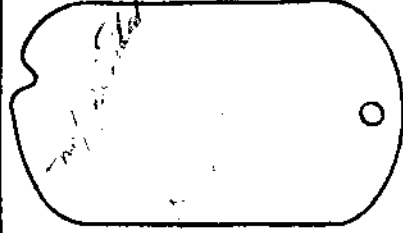


| | | |
|-------------------|---|---|
| Missing Teeth |  |  |
| Crowned Teeth |  |  |
| Bridgework |  |  |
| Fillings |  |  |
| Caries (Cavities) |  |  |


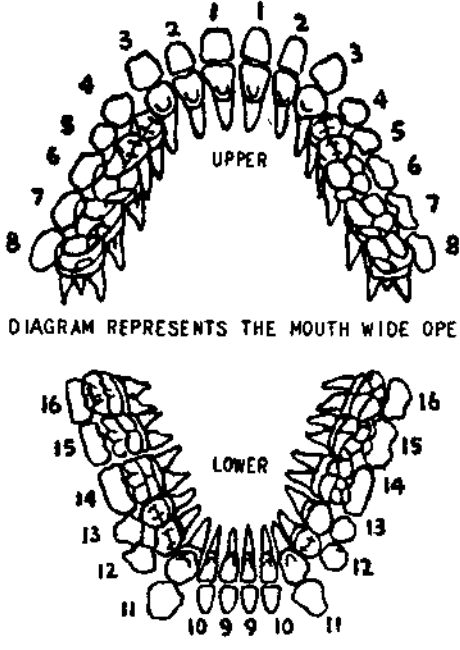




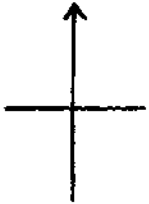


Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

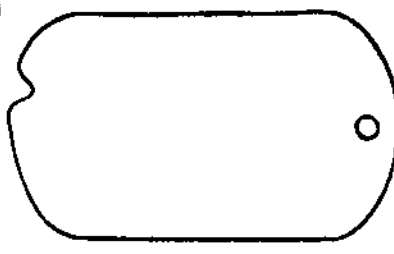
Remarks



| 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 10 June 1949 | |
|--|---|---|--|--|--------------------------------|------------------------------------|
| Imprint Identification Tag If Possible. DO NOT TYPE  | | Section 1.—IDENTIFICATION. | | | SERIAL NO. | |
| | | NAME (Last, first, middle initial) UNKNOWN X-724 Leyte #1 (Formerly UNK X-2312-B, AGRS Mausoleum, Manila, P.I.) | | | 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 Valencia, Malaybalay, Bukidnon, Mindanao, P.I. | | CAUSE OF DEATH Unknown | | | DATE OF DEATH Unknown | |
| EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown | | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None | | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 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 2 Dec 1947 | HOUR 1000 | BURIED IN (Shroud, blanket, or name of other) STORAGE Casket | TYPE OF GRAVE MARKER None | PLOT No. 802 | ROW No. A | GRAVE No. 196 |
| WAS THIS A REBURIAL? (Yes or no) REBURIED Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I. | | | PLOT No. Held in Field | ROW No. Morgue | 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) STORAGE Yes | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes | | | | | |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-2314 | | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. STORAGE 198 |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-2303 | | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. STORAGE 194 |
| SIGNATURE OF PERSON PREPARING REPORT  JAMES J. McDERMOTT, adm ASST | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT  H. B. McNEMAR, 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. | | | | | | |

| | | | | |
|------------------------|--|--------|---|--------------------------------|
| LEFT LITTLE FINGER | 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. | | | |
| LEFT RING FINGER | HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR |
| | BIRTHMARKS, SCARS, OR TATTOOS | | | |
| LEFT MIDDLE FINGER | WEAPON AND SERIAL No. | | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
| | OTHER IDENTIFICATION CLUES | | | |
| LEFT INDEX FINGER | FILLINGS  SILVER FILLING GOLD FILLING | |  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN | |
| LEFT THUMB | CAVITIES  CAVITY DECAYED | | | |
| RIGHT THUMB | MISSING TEETH  TOOTH MISSING | | | |
| RIGHT INDEX FINGER | CROWNED TEETH  PORCELAIN CROWN GOLD CROWN | | | |
| RIGHT MIDDLE FINGER | BRIDGE WORK  GOLD BRIDGE | | | |
| RIGHT RING FINGER | | | | |
| RIGHT LITTLE FINGER | FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY | | | |
| |  | | | |
| | REMARKS: Upon original processing of UNKNOWN X-649 Leyte #1, portions of two (2) remains were found and assigned Manila-Mausoleum UNKNOWN X-2312-A and X-2312-B. Subject UNKNOWN X-2312-B was redesignated UNKNOWN X-724 Leyte #1 to avoid duplication of former cemetery numbers. | | | |

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| WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | | APR 28 1948 | | REPORT OF INTERMENT STORAGE | | DATE OF REPORT | | |
|--|---|--|---------------------------------|--|--------------------------|---|---------|-----------|
| Imprint Identification Tag If Possible. DO NOT TYPE  | | Section 1.—IDENTIFICATION. | | | | | | |
| | | NAME (Last, first, middle initial) UNKNOWN X-2312-B (Formerly UNK X-649-B 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 Valencia, Malaybalay, Bukidnon, Mindanao, P.I. | | CAUSE OF DEATH Unknown | | | DATE OF DEATH Unknown | | | |
| EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown | | | | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None | | IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 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. | | | | | | | | |
| DATE OF BURIAL STORAGE 2 Dec 47 | HOUR 1000 | BURIED IN (Shroud, Masket, or some of other) STORED Casket | TYPE OF GRAVE MARKER None | PLOT No. HANGER 802 | ROW No. BAY A | GRAVE No. GRYPT 196 | | |
| WAS THIS A REBURIAL? (Yes or no) RESTORE 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. |
| TYPE OF RELIGIOUS CEREMONY | | PERSON CONDUCTING BURIAL RITES | | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Held in Field Morgue | | | | |
| 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-2314 | | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 198 | | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2305 | | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 194 | | |
| SIGNATURE OF PERSON PREPARING REPORT R. R. ACERIO, Pvt | | | | SIGNATURE OF GBS OFFICER VERIFYING REPORT L. S. PANOPLO 2d Lt., INF | | | | |
| DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander. | | | | | | | | |

2nd 1948

RESTRICTED

Section 5. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


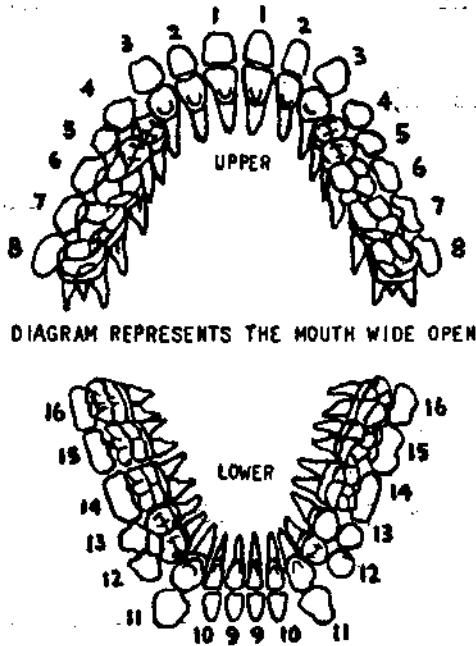




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

REMARKS: UNKNOWN X-2312-B AGRS MAUSOLEUM, MANILA (Formerly UNK X-649-B USAF Cemetery Leyte #1, P.I.) was one of the two (2) remains recovered from an isolated burial in Valencia, Malaybalay, Bukidnon, Mindanao, which subject remains could be SCARGI, Edward E. 39345912, Pfc, 108th Inf. Co. I, as per attached copies of Search and Recovery Report and QMC Form 1045. Cross reference this case with Unk X-2312-A AGRS MAUSOLEUM, MANILA, P.I.

REMARKS: Identification Check List and Dental Chart accomplished.

2 MAR 1948

RIGHT LITTLE FINGER