

V

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Cont. Egypt #1 X 725

SUBJECT

Also Mamba Mass. X 5112 ✓

Summary 293 Griffin, Jesse M.

/bpm <b>1</b>	Interred 11 Apr 1950 F 11 3 Ft. McKinley <i>Carroll's mark</i>		DISINTERMENT DIRECTIVE PREPARED BY PHILCOM			
	Cemetry Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7740 81358</b>		DATE <b>29 03 50</b> DAY MONTH YEAR	
/add	NAME <b>UNKNOWN I - 725</b>		SERIAL NUMBER	GRADE	ARM	RACE RELIGION
CEMETERY <b>USAF CEMETERY LEYTE NO. 1, P. I.</b>			PLOT	ROW	GRAVE <b>8464</b>	DISPOSITION OF REMAINS <b>7701 80</b> CODE DIST. CTR.
SECTION B - CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</b>				NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>		
SECTION C - DISINTERMENT AND IDENTIFICATION						
NAME <b>UNK X - 725</b>		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED <b>30 Mar '50</b>	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY <b>PAUL R NICHOLS Embalmer</b> NAME AND TITLE		
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL <b>Shelter Half</b>			CONDITION OF REMAINS <b>Skeletal</b>			
OTHER MEANS OF IDENTIFICATION <b>X-5112 Maus.</b>						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE <b>30 Mar '50</b>		BY <b>PAUL R NICHOLS</b>				
CASKET SEALED BY <b>PAUL R NICHOLS</b>			EMBALMER (Signature) <i>Paul R Nichols</i> <b>PAUL R NICHOLS</b>			
CASKET BOXED AND MARKED DATE <b>30 Mar '50</b>			SHIPPING ADDRESS VERIFIED BY <b>RAYMOND H TANGUAY, Sgt 1c, RA</b> <b>L. W. RICHARDSON, M/Sgt, RA</b>			
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 INSPECTOR <i>L. W. Richardson</i> <b>L. W. RICHARDSON, M/Sgt, RA</b>
REMARKS AND SPECIAL INSTRUCTIONS <b>FILE</b> <b>RECORDS ASSOCIATED</b> <b>DATE 14 May 50</b> <b>NAME Janis</b>						

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>David Brock</i>	DATE <b>30</b>

### 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 PHILCOM

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 81358

DATE

29 03 50  
DAY MONTH YEAR

NAME

UNKNOWN I - 725

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY LEYTE NO. 1, P. I.

PLOT

ROW

GRAVE

8464

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

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

file 5-25-50  
Kirkland  
Repat

6

GWA

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME

SERIAL NUMBER

GRADE

ARM

DAY

MONTH

YEAR

RACE

RELIGION

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

FT. MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS

MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

REMARKS AND SPECIAL INSTRUCTIONS

SIGNATURE OF AGRS INSPECTOR

REMAINS ARE UNIDENTIFIABLE

HAT  
FILE

SENT JAN 20 1950

NAME

B. R. RR.

**AIRMAIL**

QUART 293

Unknown X-5112  
AGRS Mausoleum, Manila, P.I.

29 August 1949

**SUBJECT: Identification of World War II Deceased**

**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 at AGRS Mausoleum, Manila, P.I.:

Unknown X-5112 (formerly Grave 8464, Leyte #1)

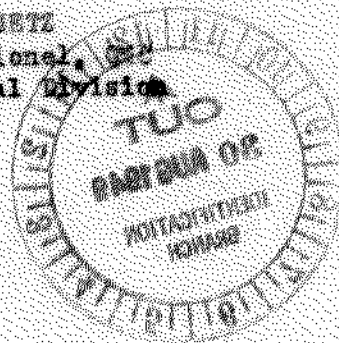
2. Subject case has been reviewed and this Office approves the classification of Unknown X-5112 as unidentifiable.

FOR THE ACTING THE QUARTERMASTER GENERAL:

S. Morgan:lrc  
Salser  
JW

cc--Administrative Section  
cc--Cincfe

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



REB

REB

TEC

**AIRMAIL**

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

OSGR 293.9

APO 707

SUBJECT: Unidentifiable Remains

11 JUL 1949

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-531 Maus  
" X-1299 Maus  
" X-1303 Maus  
" X-1896 Maus  
" X-1928 Maus  
" X-2048 Maus  
" X-2360 Maus

UNKNOWN X-2375 Maus  
" X-2575 Maus  
" X-5112 Maus  
" X-9 Guam #2 Agat  
" X-10 Guam #2 Agat  
" X-161 Island Command Cem.

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

FOR THE COMMANDING GENERAL:

13 Incls  
QMC Form 1044 w/certificates  
of Unidentifiability

/s/ JOHN A. BLANSZAL  
1st Lt., AGD  
Asst Adj Gen

Rec'd 18 July 49

QMGM 293

2nd Ind

Griffin, Jesse M.

ASN 39424510

SUBJECT: Burial Information

DEPARTMENT OF THE ARMY, OCMG, WASHINGTON 25, D.C., 5 April 1949

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

1. With reference to preceding indorsement, authority is granted to revert the remains to Unknown status.

2. After this action has been completed, it is requested that a corrected report of storage be forwarded to this Office with the return of this communication.

FOR THE QUARTERMASTER GENERAL:

/s/t/ T. H. NETZ  
Lt. Colonel, QMC  
Memorial Division

A TRUE COPY:

  
H. B. McNEMAR  
Captain, QMC



REF ID: A66777  
Griffin, Jesse M.  
304-4810

8 December 1948

SUBJECT: Burial Information

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGAS, Wilson Zone

1. Reference is made to Report of Storage for remains stored as Jesse M. Griffin, 304-4810, AGAS Houselman, Manila, Ranger 810, Reg C, Crypt 2047, formerly interred in the USAF Cemetery, Legia St, Grave 5454.

2. A search of records in the Army, Navy and State Departments was made in effort to associate a casualty with these remains. Results were negative.

3. It is requested that a further search of your records be accomplished to ascertain whether subject remains can be associated with a casualty by this name, and that this office be advised of your findings.

FOR THE QUARTERMASTER GENERAL:

E. H. HAYS  
Lt. Colonel, GPO  
Memorial Division

White:lrc

103

BASIC: Ltr fr Dept of the Army, OQMG, Wash. 25, D. C., file QMGMT 293,  
Griffin, Jesse M., ASN 39424510, dtd 7 Dec. 1948, subject:  
Burial information.

GSGR 293  
Griffin, Jesse M.  
ASN 39424510

1st Ind

**11 MAR 1949**

HEADQUARTERS, PHILIPPINES COMMAND, APO 707

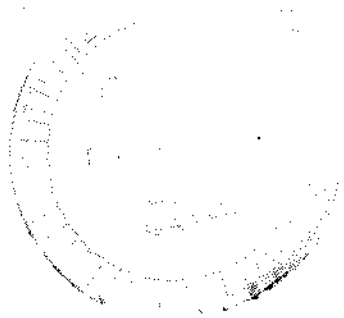
TO: The Quartermaster General, Department of the Army, Washington  
25, D. C., ATTN: Memorial Division

1. A further search of available records this Headquarters in an effort to determine the possibility of associating the remains stored as Jesse M. Griffin, 39424510, with a casualty by this name was made with negative results.

2. In view of the above findings, it is recommended that subject remains be redesignated an Unknown and be assigned an AGHS Mausoleum unknown number.

FOR THE COMMANDING GENERAL:

FRANK O. CALOAN, JR.  
CWO USA  
Asst Adj Gen



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

30 June 1949

Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster General  
Washington 25, D. C.  
Attn: Memorial Division

AGRS Mslm, Mla, P.I.

The records pertaining to Unknown X- 5112, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 8464, USMC Leyte #1, \_\_\_\_\_ have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

*H. B. McNIEMAR*  
H. B. McNIEMAR  
Captain, QMC  
Chief, Records Branch

Attach: Form 1044

Received 18 July 49 0010  
Not identifiable from  
information presently  
available *cb Salzer*

*26 Aug 49*

*2.1 #10'*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-5112				2. DATE OF REPORT 30 June '49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	G	2047	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT 181-71.26-5' 11 1/4"	10. COLOR OF HAIR U.T.D.	11. RACE White
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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

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

Perforated olecranon fossae of both humeri.

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"**

Incl # 10<sup>2</sup>

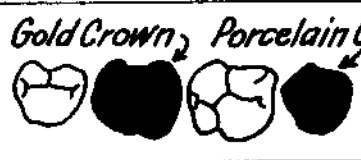
18.

TOOTH CHART

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



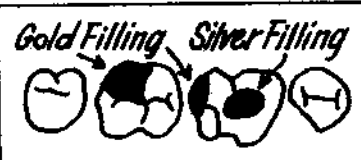
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



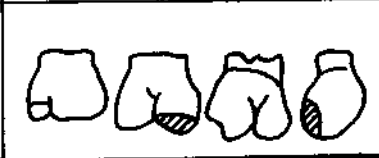
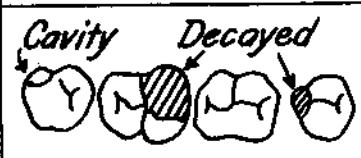
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
						P	P	P	P						
Side Views															
Upper															
Lower															
	P		P	P	P	P	P	P	P					P	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

partially impacted

**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."

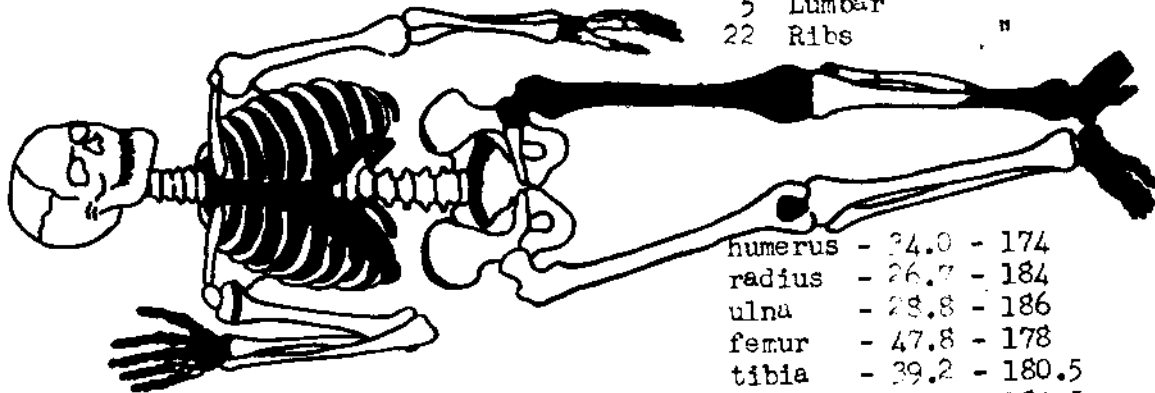
**"UNIDENTIFIABLE"**

REASON OF LACK OF IDENTIFYING DATA

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

19. BLACK OUT PARTS OF BODY NOT RECORDED

- 5 Cervical Vertebrae
- 10 Thoracic "
- 5 Lumbar "
- 22 Ribs "



- humerus - 24.0 - 174
- radius - 26.7 - 184
- ulna - 28.8 - 186
- femur - 47.8 - 178
- tibia - 39.2 - 180.5
- fibula - 40.0 - 184.5

6)1087

181 - 71.26-5' 11" / 4"

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

Circumference of skull - 21 1/4 inches.  
 Estimated weight of remains - 6 1/2 lbs.  
 Estimated height - 5' 11 1/4"  
 Estimated age - 19 or 21 years

These are the remains of a tall rather slender young man, 19 to 20 years of age.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
**JAMES J. McDERMOTT**  
 Laboratory Officer, CIP

SIGNATURE  
*James J. McDermott*

# 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.

6 Nov. 47

DATE

**GRIFFIN**  
LAST NAME

**Jesse**  
FIRST

**M**  
INITIAL

RANK

**394 24 510**

SERIAL NO.

UNIT

**Unknown**

ORGANIZATION

**Villaba, Leyte, P.I.**  
PLACE OF DEATH

**USAF Cem Leyte #1, PI.**  
PLACE OF BURIAL

PLOT

ROW

**8464**

GRAVE NO.

*Partial impaction*
















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

*Partial impaction*

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

*Partial impaction*

## 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)

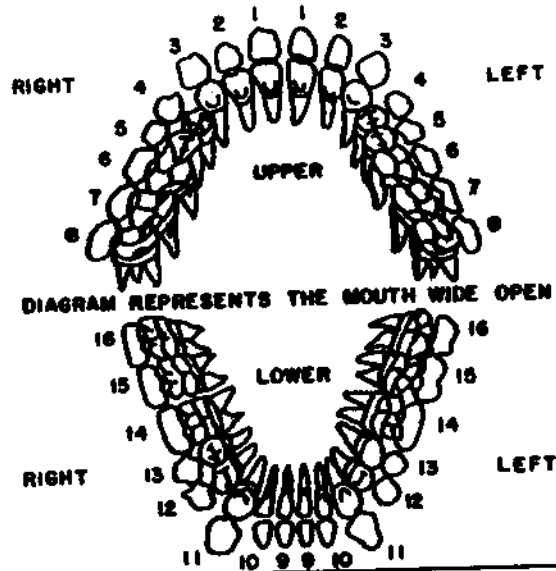
**INSTRUCTIONS:**

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.



**REMARKS:**

s/ Alexander P. Pettice  
SIGNATURE OF PERSON WHO PREPARED CHART

p/ ALEXANDER P. PETTICE, Embalmer  
NAME AND RANK TYPED OR PRINTED

USAF Cem Leyte #1, PI.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

s/ James H. Jackson  
VERIFIED BY SRS OFFICER

p/ JAMES H. JACKSON, Major, TC  
NAME AND RANK TYPED OR PRINTED

6 Nov. 47  
DATE

CERTIFIED TRUE COPY:

*[Signature]*  
D. S. PANOFIC  
2nd Lt Inf



# 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 November 1946  
DATE

GRIFFIN, Jesse M.  
LAST NAME FIRST INITIAL

39 424 510  
RANK SERIAL NO.

Villaba, Leyte, P.I.  
UNIT PLACE OF DEATH

USAF Cemetery Leyte #1, P.I. 8464  
ORGANIZATION PLACE OF BURIAL 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															
LOCATION															

INSIDE — LOOKING OUT

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

## 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		OCCUSAL (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)				PAGIAL (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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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

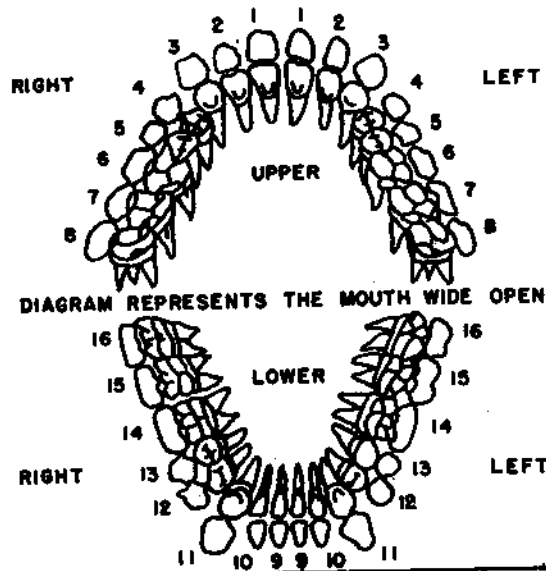


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

Paul R. Nichols  
SIGNATURE OF PERSON WHO PREPARED CHART

PAUL R. NICHOLS, Embalmer  
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Joseph M. Phelan  
VERIFIED BY GRS OFFICER

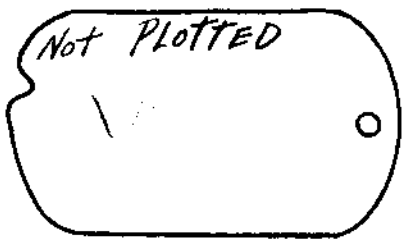

JOSEPH M. PHELAN, Capt., CAC  
NAME AND RANK TYPED OR PRINTED

19 November 1946  
DATE

fpsc\*

UNCLASSIFIED

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 18 Aug 1949	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
NAME (Last, first, middle initial) UNKNOWN A-725 Leyte #1 (Formerly UNK A-5112, New Mausoleum, Manila, P.I.)		GRADE Unknown		ORGANIZATION Unknown		SERIAL No. Unknown	
RACE Unknown		RELIGION Unknown		BRANCH OF SERVICE Unknown			IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Villaba, 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) Yes (1)		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		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 20 Nov 47		HOUR 0800		BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER AGRS	PLOT No. ROW No. GRAVE No.
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. 8464
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) RANK SERIAL No. ORGANIZATION GRAVE No.			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No.				SIGNATURE OF PERSON PREPARING REPORT James J. McNamee James J. McNamee, adm asst			
SIGNATURE OF GRS OFFICER VERIFYING REPORT  H. S. McNamee, Capt., GRC				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**

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

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



**REMARKS:**

Remains Manila Mausoleum UNK.UNK X-5112 was redesignated Leyte #1, UNK X-725 to correspond to cemetery where remains was disinterred.

26 AUG 1949

RESTRICTED

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

CORRECTED

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

DATE OF REPORT

21 April 49

Imprint Identification Tag If Possible.  
DO NOT TYPE

No Photo  
GRADE UNKNOWN

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-5112 (Formerly GRIFFIN, Jesse M.)		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 Villaba, 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) Yes (1)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse) Subject remains are redesignated to unknown per 2nd Ind fr DA, OQMG, Wash. 25, D.C., file QMGMT 293, Griffin, Jesse M., ASN 39424510, dtd 5 April 49, subj: Burial Information. (True Copy Attached)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	

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 20 Nov 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. G	GRAVE No. 2047
-----------------------------	--------------	---------------------------------------------------------	------------------------------	-----------------	--------------	-------------------

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. 8464
--------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------	------------------

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	<p>Not file 18 June 49</p>
--------------------------------------------------------	----------------------------------------------------------	--------------------------------

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) LEWIS, Tommy	RANK Pfc	SERIAL No. 35129424	ORGANIZATION 34th Inf 24th Inf Div	GRAVE No. 2049
----------------------------------------------------------------------------------	-------------	------------------------	------------------------------------------	-------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) McDONALD, Reginald J.	RANK 2 Lt	SERIAL No. 0-708896	ORGANIZATION 44th Ftr Sq TE (AC)	GRAVE No. 2045
--------------------------------------------------------------------------------------------	--------------	------------------------	----------------------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT Charles A. Gould CHARLES A. GOULD, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT M. B. McENEMAR, Capt QMC Chief Rec Br
----------------------------------------------------------------------------------------	------------------------------------------------------------------------------------

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.

File 48

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.

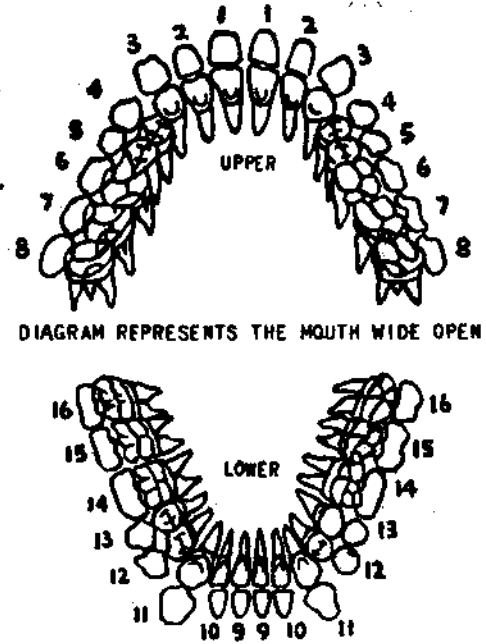
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

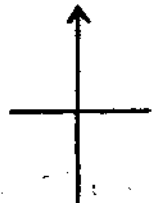
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DEGRADED</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:**

25 APR 1949

RIGHT  
LITTLE FINGER

RIGHT  
RING FINGER

RIGHT  
MIDDLE FINGER

RIGHT  
INDEX FINGER

RIGHT  
THUMB

LEFT  
THUMB

LEFT  
INDEX FINGER

LEFT  
MIDDLE FINGER

LEFT  
RING FINGER

LEFT  
LITTLE FINGER

/fbp

RESTRICTED - 600

36882

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

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

DATE OF REPORT

5 Dec '47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

GRIFFIN, Jesse M.

*Reburied X-512 miss*

SERIAL No.

39424510

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Protestant

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

PLACE OF DEATH

Villaba, Leyte P.I.

CAUSE OF DEATH

KIA

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

Yes (1)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION. If undecorated, fill in section 3 on reverse

REPRODUCTION  
RECORDS BRANCH  
MEMORIAL DIVISION  
NOV 17 12 24 PM '48

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 STORAGE 20 Nov '47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGE R 810	ROW No. BAY G	GRAVE No. CRYPT 2047
-----------------------------------------	--------------	--------------------------------------------------------------------	------------------------------	----------------------------	---------------------	----------------------------

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. 8464
--------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY NAN FILE 16 Apr 48 Kearney RKH
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 LEWIS, Tommy	RANK Pfc	SERIAL No. 35129424	ORGANIZATION 34th Inf Inf Div	GRAVE No. 2049
---------------------------------------------------------------------------------------------	-------------	------------------------	-------------------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) McDONALD, Reginald J.	RANK 2nd Lt	SERIAL No. 0708896	ORGANIZATION 44 Ftr Sq TE (AC)	GRAVE No. 2045
--------------------------------------------------------------------------------------------	----------------	-----------------------	--------------------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. B. Acierito</i> R. B. ACIERITO, Pvt	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>D. S. Panopio</i> D. S. PANOPIO, 2nd 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

C-220

**RESTRICTED**

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


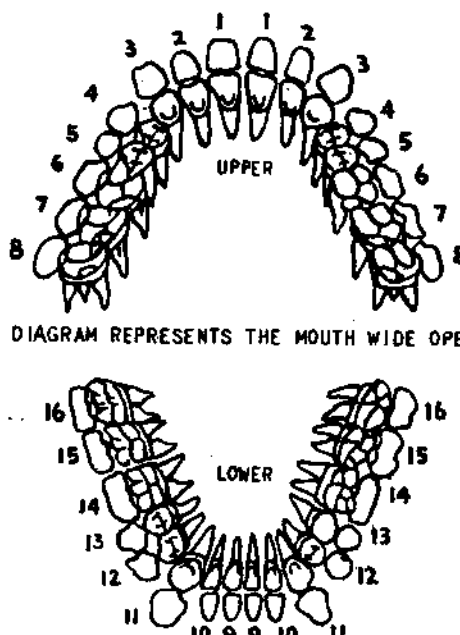




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

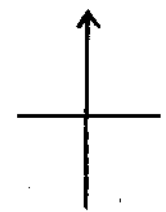
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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>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



REMARKS:



20 JAN 1948

RIGHT, LITTLE FINGER

**RESTRICTED**



RESTRICTED

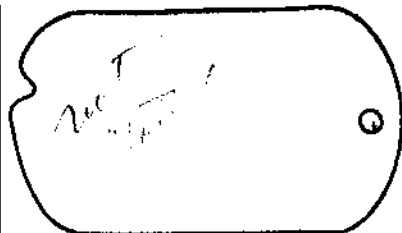
mcl

8464

WD GMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)RE  
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

19 November 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

Reassigned  
X-5112 minor  
GRIFFIN, Jesse M.

SERIAL NO.

39 424 510

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

Protestant

PLACE OF DEATH

Villaba, Leyte, P.I.

CAUSE OF DEATH

KIA

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

1

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

A TRUE COPY:

*Joseph M. Phelan*  
JOSEPH M. PHELAN  
Captain, GAG

## 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, 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 Nov 1946	1000 hrs	"C" Type Casket	Reg Cross			8464

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
YES	AAF Aeronautical Approach Chart, Catbalogan Quad. Scale 1/250,000 Grid Coord- 124° 15' 9.4" E Long. 122° 30' 57.5" N. Lat.			Isolated Burial

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
NONE	NONE	Report of Reinterment buried in bottle with body.

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BROWN, Ralph B.	Pfc	33 229 364	307th Inf	8463
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-540 (Possibly PARKER)				8465

SIGNATURE OF PERSON PREPARING REPORT

s/t/ Pfc Jack G. Slagle, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

s/t/ *Joseph M. Phelan*  
JOSEPH M. PHELAN, Capt., GAG

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

RESTRICTED

18-48007-1

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


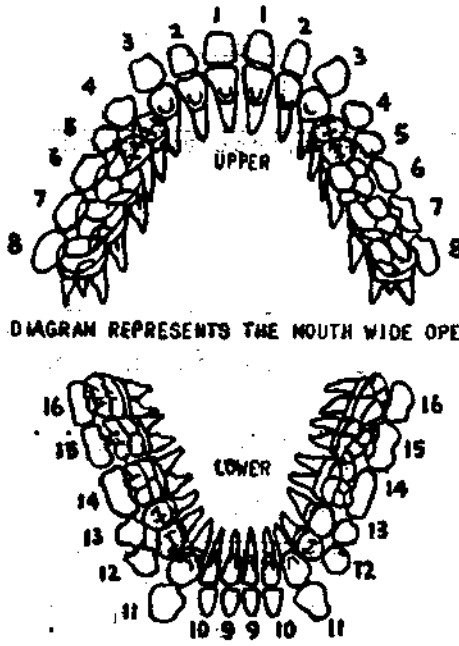




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

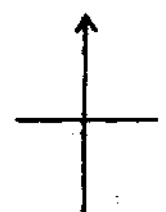
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



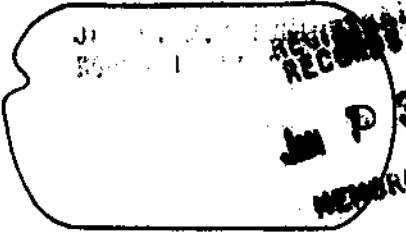
REMARKS:

RESTRICTED

mcl

36882

8464

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 19 November 1946	
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1—IDENTIFICATION.				SERIAL No.	
		NAME (Last, first, middle initial) GRIFFIN, Jesse M.				394 24 510	
PLACE OF DEATH Villaba, Leyte, P.I.		CAUSE OF DEATH KIA		ORGANIZATION		BRANCH OF SERVICE Army	
EMERGENCY ADDRESSEE (Name, relationship, and address)		RELIGION Protestant		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) 1		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) No		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 USAF Cemetery Leyte #1, P.I.							
DATE OF BURIAL 19 Nov 1946	HOUR 1000 hrs	BURIED IN (Shroud, blanket, or name of other) "C" Type Casket	TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 8464	
WAS THIS A REBURIAL? (Yes or no) YES	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AAF Aeronautical Approach Chart, Catbalogan Quad. Scale 1/250,000 Grid Coord- 124° 15' 9.2" E Long. 122° 30' 57.5" N. Lat.			PLOT No.	ROW No.	GRAVE No. Isolated Burial	
TYPE OF RELIGIOUS CEREMONY NONE	PERSON CONDUCTING BURIAL RITES NONE		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) BROWN, Ralph B.				
RANK Pfc		SERIAL No. 33 229 364		ORGANIZATION 307th Inf		GRAVE No. 8463	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) GRAVE NOT OPEN THIS DATE		RANK		SERIAL No.		ORGANIZATION GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT Pfc Jack G. Single, GRS				SIGNATURE OF GRS OFFICER VERIFYING REPORT JOSEPH M. PHELAN, Capt., CAC			
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

10-48997-1

**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.


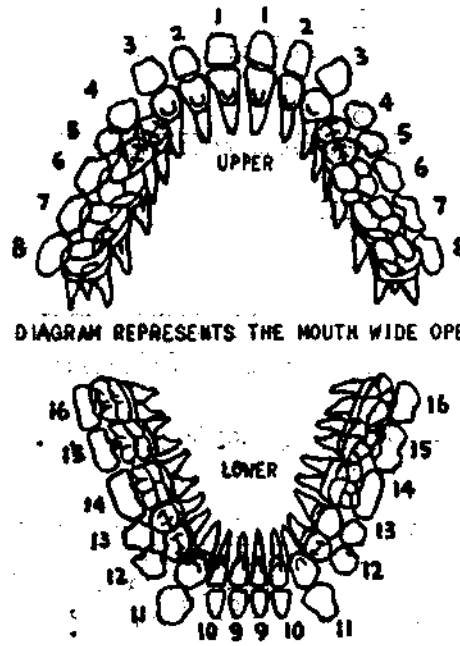




(b) A fingerprint, or prints, are the most valuable clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints are secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will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

8 DEC 1946

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTH MARKS, 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>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	

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



**REMARKS:**