

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 *Unk. Leyte II, X-139*

SUBJECT

Also, Manila Mass I, X-3414

QMC FORM 1121
1 AUG 45

QUART 293
CNS Far East

26 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 737, c/o Postmaster
San Francisco, California
ATTN: APO, PHILIPPINE COM

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

Unknown X-186
* X-206
* X-223
* X-2521 (formerly Unknown X-142, Leyte #1)
* X-3414 (formerly Unknown X-139, Leyte #1)

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

M. Donovan:lrc

F. H. SMITH
Lt. Colonel, GSC
Memorial Division

REB

Salsar

JW

cc--Administrative Section
cc--Cinofe

OSGR 293.9

SUBJECT: Unidentifiable Remains

AGO 707
8 AUG 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 QMGRU 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-198	AGRS	Mslm	UNKNOWN	X-1343	AGRS	Mslm
"	X-306	"	"	"	X-3154	"	"
"	X-323	"	"	"	X-3321	"	"
"	X-791	"	"	"	X-3414	"	"
"	X-982	"	"	"	X-4635	"	"

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

FOR THE COMMANDING GENERAL:

10 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN M. WESTON JR
1st Lt AGD
Asst. Adj. Gen

6ms

1. FILE UNDER NO. 293 - Unk. P. I. X-3414 (AGRS Maus.)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter

3. DATE: 13 May 49

4. FROM: OQMG

5. TO: CG, PhilCom, APO 707, ^{PM}, San Francisco, Calif.

6. SUBJECT: X-3414 AGRS, Mausoleum, Manila PI.
as: Pvt. Harold R. Fear 37225517
.....

Subject: Disapproval of Board Findings

7. DOCUMENT FILED

UNDER NO. 293 - GRS, Far East

(Ed. of Review)

ms b

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

RL 111 V

Interred 18 Aug. 1949
H 12 96 Ft. McKinley
Caremark
DISINTERMENT DIRECTIVE

/fms
1
/fbp

CARL R. H. MARK
Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER
7740 00161
DATE
15 05 48
DAY MONTH YEAR

NAME
UNKNOWN
SERIAL NUMBER
X-000139
RANK
0
ARM
0
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY LEYTE NO 1
DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT
3226
ROW
PHILIPPINE ISLANDS
COUNTRY
6
CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**FORT MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)**
NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
**UNK X-139
UNK X-3414 (Maus)**
SERIAL NUMBER
RANK
DATE OF DEATH
11 March 1949
DATE DISTINTERRED
IDENTIFICATION TAG ON
 REMAINS
 MARKER
ORGANIZATION
UNKNOWN
RELIGION
IDENTIFICATION VERIFIED BY
**G. J. McDERMOTT
Embalmer**
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half
CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /
Mausoleum Tags show UNKNOWN X-3414

REMAINS PREPARED AND PLACED IN CASKET
DATE **11 Mar 1949** BY **G. J. McDERMOTT**

CASKET SEALED BY
GEORGE J. J. McDERMOTT
EMBALMER (Signature)
G. J. McDERMOTT
G. J. McDERMOTT

CASKET BOXED AND MARKED
27 Sept 48
DATE **11 Mar 49** BY **HOWARD L. McGUIRE, NSgt, MC Inf** (PAUL THEISENEMAN, 1st Lt., Inf Lt., Inf)

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

Paul Theiseneman
PAUL THEISENEMAN, 1st Lt., Inf Lt., Inf
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
RECORDS ANNOTATED
DATE **16 Sept 49**
NAME *[Signature]*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Pausoleun		TO Port McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Cere R. Mark</i>	DATE 18 AUG 1949

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

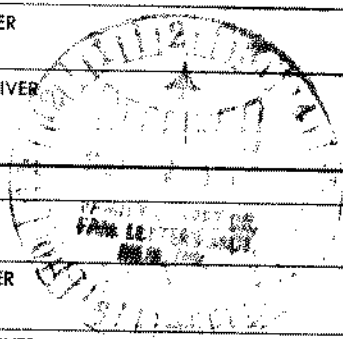
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

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



RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Hub-Leyte #1 (misc)
X-79 X-83 X-123 X-139 X-151

SYNOPSIS AND DATES

misc filed
NEW CLASSIFICATION 293 Hub-Leyte #1
X-79

10/6/50
pd

RECLASSIFICATION SHEET

FILE UNDER NO. 293 Unit. P.I. X- 139 (Loyte #1).

3 Apr. 1947.

3RD IND.

FROM: OQIG.
TO: CO, 2nd Amphibious Command, APO 707.

RE: Comparison of tooth charts cannot be accurately made with AD records for personnel listed in 3rd Ind., with Units. X-79, X-89 139; 139 140 inasmuch as QIG FORMS 1044 for same are incorrect and not understood....

DOCUMENT FILED UNDER NO. 293 Unit. P.I. (Misc.). (Loyte #1).
OP

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

18 July 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 139, Plot _____,
Row _____, Grave 3226, USMC USAF Cem. 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:


W. W. MONEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received 16 Aug 49..... OQMG
Not identifiable from
information presently
available U. S. Bureau 19 Aug 49

Incl # 9'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3414 (Formerly UNK X-139 Leyte #1)				2. DATE OF REPORT 20 July 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	J	3334	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8"	10. COLOR OF HAIR UTD	11. RACE Unknown
----------------------------	-----------------------------	--------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

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

Incl # 92

16. TOOTH CHART		TOP VIEW	SIDE VIEW
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:			

Remarks																
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Maxilla								Maxilla								
Missing								Missing								
	A		A			P	P	P				A				
	o		do									o				
Side View															Side View	
Top View															Top View	
Side View															Side View	
	X	A	A	P		P	P	P	P	P		A	A	X		
	o	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."

Teeth L7 and L8 are missing, UTD whether X or PX.
 Tooth R8 is missing, UTD whether X or PX.
 Maxilla fractured between R1 and L1.

"UNIDENTIFIABLE"

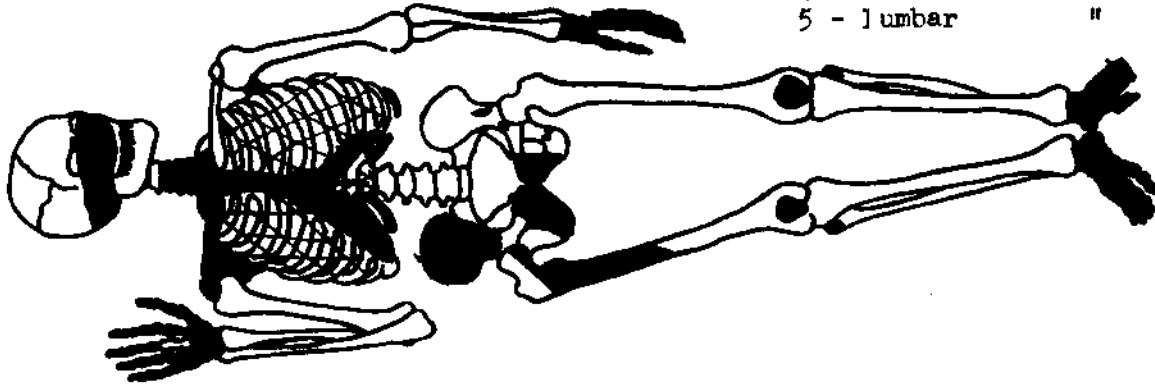
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

J. J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present:

- 1 - Cervical Vertebrae
- 4 - Thoracic "
- 5 - Lumbar "



Estimated height: 5'8"

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 - 6 lbs.

Circumference of skull - 21½ inches.

"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

J. J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

X-3414

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3414 (Formerly UNK X-139, USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 12 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW J	6. GRAVE 3334	7. DATE OF
		HANGER BAY CRYPT		DISINTERMENT 10 Dec 47	REINTERMENT STORAGE 14 Jan 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8"	10. COLOR OF HAIR UTD		11. RACE	
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 UTD					
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS NONE					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) No clothing nor any personal effects found with remains.					

18. TOOTH CHART		TOP VIEW	SIDE VIEW
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:			

Maxilla Missing								Remarks								Maxilla Missing							
RIGHT								LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
	A		A			P	P					A											
	o		o									o											
SIDE VIEWS																							
TOP VIEWS																							
SIDE VIEWS																							
	A	A	P		P	P	P		P	P	P	A	A	X									
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								

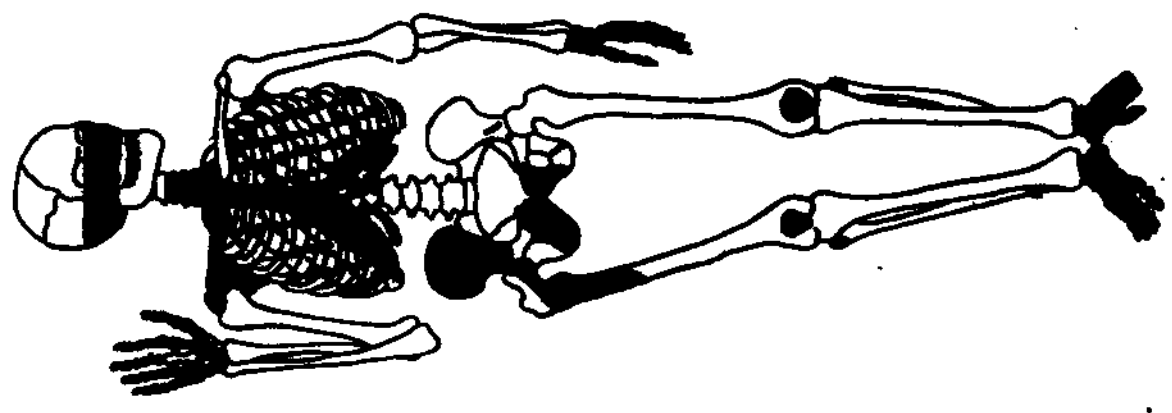
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Teeth L 7 & 8 are missing, UTD whether X or P.
 Tooth, R 8 is missing, UTD whether X or P.
 Maxilla fractured between R1 & L1

A CERTIFIED TRUE COPY:
G. T. Gamboa
 G T GAMBOA, 2d Lt MSC

/s/ John J. Connors

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

Received

- Rib fragments
- 1 Cervical
- 4 Thoracic Vertebrae
- 5 Lumbar
- Vertebrae fragments
- Circumference of skull is 21 1/2"
- Estimated weight of remains is 6 lbs.

A CERTIFIED TRUE COPY,

G. T. Gamboa

G T GAMBOA, 2d Lt, MSC

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
/p/ FORREST G. BRADEN, Senior Embalmer
CIP LABORATORY, MANILA, P.I.

SIGNATURE
/s/ Forrest G. Braden

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place Leyte, P.I.

Date 26 Aug 45

1. Remains of UNKNOWN X-139 Grave 3226 Serial Number _____

Rank _____ ~~Organization~~ Formerly UNKNOWN X-20, Dulag

2. Disinterred (date): _____ From (give complete location): _____

26 AUG 45

By: Group Pfc Segó Unit Base K, GRS

3. Reburied (date): _____ In (give complete location): _____

26 AUG 45 USAF Cemetery Leyte #1, P.I. Grave 3226

By: Group Pfc Segó Unit Base K, GRS Nature of reburial Blanket

4. Report as to nature of original burial and condition of body upon disinterment:

Body decomposed; several teeth missing due to disinterment.

5. (a) Identification tags: Buried with body? No On grave marker? No

(b) Other means of identification found upon disinterment, and general remarks: Metal tag made by GRS buried with remains and attached to marker.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics MISS

(d) Hair on face-Color MISS

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts)

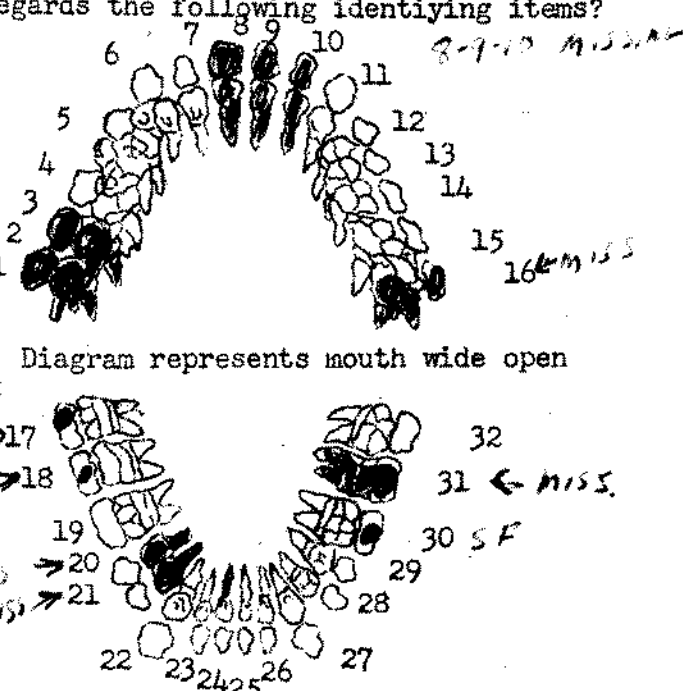
SF → 17

SF → 18

(f) Wounds or missing parts (received at time of casualty)

MISS → 20

MISS → 21



7. Disinterment supervised by Pfc Segó

Approved: Francis M. Simon
FRANCIS M. SIMON, 1st Lt., QMC
(Title) GRO

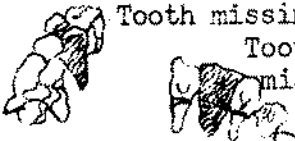


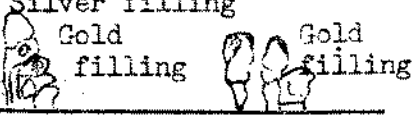

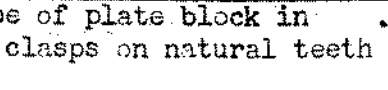
8. Reburial supervised by Pfc Segó

Approved: Francis M. Simon
FRANCIS M. SIMON, 1st Lt., QMC
(Title) GRO

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.
6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:		Tooth missing Tooth missing
CROWNED TEETH	Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:		Gold crown Porcelain crown
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:		Gold & porcelain bridge Gold bridge
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:		Silver filling Gold filling
CARIES (CAVITIES)	Outline location and size of cavities, shade in thus:		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".		

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

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.

7 May 1947

DATE

UNKNOWN X-139

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Dulag, Leyte, P. I.

USAF Cemetery Leyte #1, P. I.

3226

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.







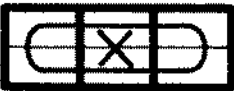








		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		UPPER TEETH																	
TYPE					A									A					
LOCATION					Od									Od					

MISSING

INSIDE — LOOKING OUT

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

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. ADJUSTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

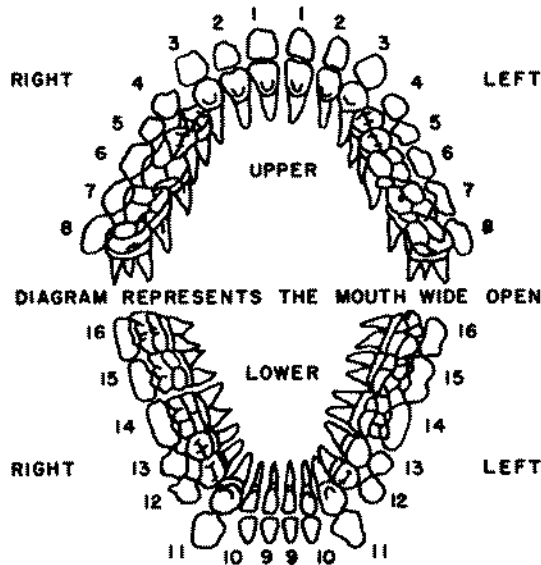
INSTRUCTIONS:

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



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

William C. Clark
VERIFIED BY GRS OFFICER

WILLIAM C. CLARK, 1st Lt., OTC
NAME AND RANK TYPED OR PRINTED

7 May 1947
DATE

REPORT OF DISINTERMENT FOR IDENTIFICATION

7 May 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-139

Grade

Organization

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P. I.

3226

2. Date of Disinterment

6 May 1947

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

Shelter halve burial, body completely decomposed.

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

Unknown Tag

On Remains

Unknown Tag

What Identification Used Upon Reinterment: On Marker

Unknown Tag

On Remains

Unknown Tag

5. Signature of Officer Supervising Disinterment and Reinterment.

William C. Clark

WILLIAM C. CLARK, 1st Lt., QMC

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

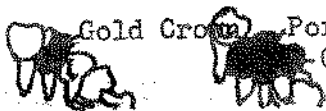
1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side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

Missing Teeth



Tooth Missing Tooth Missing

Crowned Teeth



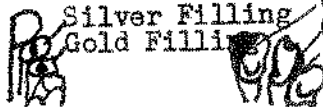
Gold Crown Porcelain Crown
Gold Crown

Bridgework



Gold & Porcelain Bridge
Gold Bridge

Fillings



Silver Filling Gold Filling
Gold Filling Gold Filling

Caries (Cavities)



Cavity Decayed
Decayed Decayed

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

Remarks

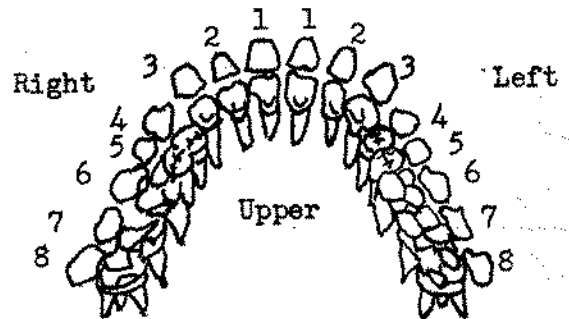
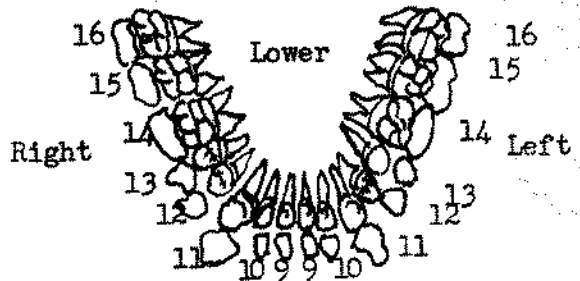


Diagram represents the mouth wide open



Leander W. O'Neill
LEANDER W. O'NEILL
1st Lt., Inf.

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place Leyte, P.I.

Date 26 Aug 45

1. Remains of UNKNOWN X-139 Grave 3226 Serial Number _____

Rank _____ ~~Organization~~ Formerly UNKNOWN X-20, Dulag

2. Disinterred (date): 26 Aug 45 From (give complete location): _____

By: Group Pfc Sego Unit Base K, GRS

3. Reburied (date) 26 Aug 45 In (give complete location): USAF Cemetery Leyte #1, P.I. Grave 3226

By: Group Pfc Sego Unit Base K, GRS Nature of reburial Blanket

4. Report as to nature of original burial and condition of body upon disinterment:
Body decomposed; several teeth missing due to disinterment.

5. (a) Identification tags: Buried with body? No On grave marker? No
(b) Other means of identification found upon disinterment, and general remarks:
Metal tag made by GRS buried with remains and attached to marker.

6. What does examination of body show as regards the following identifying items:

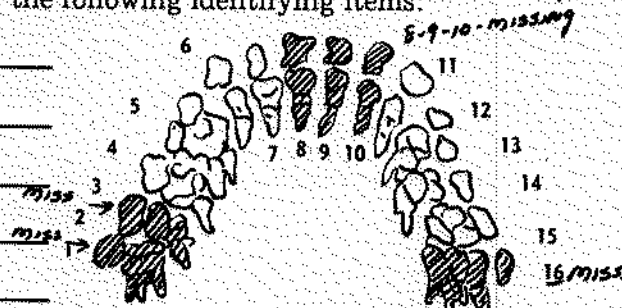
(a) Height (actual measurement) _____

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics _____

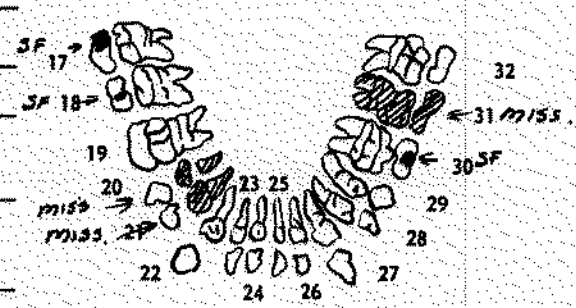


(d) Hair on face-Color _____

Location _____

Quantity _____

Diagram represents mouth wide open



(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

(f) Wounds or missing parts (received at time of casualty) _____

7. Disinterment supervised by /s/t/ Pfc Sego Approved: /s/t/ FRANCIS M. SIMON, 1st Lt. GMC
(Title) GRO

8. Reburial supervised by /s/t/ Pfc Sego Approved: /s/t/ FRANCIS M. SIMON, 1st Lt., GMC
(Title) GRO

Instructions for the Proper Completion of G.R.S. Form No. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH—All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



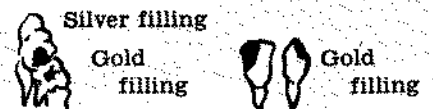
CROWNED TEETH—Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:



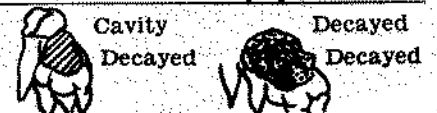
BRIDGE WORK—Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS—Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES)—Outline location and size of cavities, shade in thus:



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".

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.

Graves Registration
Form No. 1
(Revised May 11, 1943)

REPORT OF INTERMENT

(TM 19-630 AND AR 30-1815)

UNKNOWN X-139

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Leyte, P. I.			26 Oct 1944		KIA-badly burned,
	(Place of death)		(Date of death)		shrapnel wounds, mult.
0900 hrs 25 July 1945			USAF Cemetery Leyte		# 1, P.I. (Name or co-ordinates of location)
(Time and date of burial)			(Name of cemetery)		

3226

Reg Cross

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes () No (X) Attached to marker Yes () No (X)
DISINTERRED From Grave 186, USAF Cemetery Dulag # 1, Leyte, P.I.

Religion (UNKNOWN X-20)

Metal tag buried with remains and attached to Marker.

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

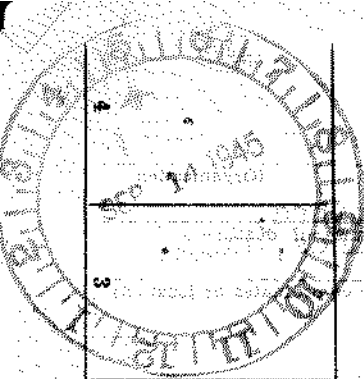
Body buried on RIGHT	UNKNOWN X-140				3227
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	LEWIS, William R.	34 598 370	Sgt	722 Enger Depot	3225
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
				Det	

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: NONE RESTRICTED

54P



IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W.D. Cir. N .9; 3/19/43).
If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

Height: _____ Apparent nationality: _____
Weight: _____ Laundry marks: _____
Color of eyes: _____ Number of rifle: _____
Color of hair: _____ Wear glasses? _____
Race: _____ Is tooth chart attached? **NO**

(If possible, have medical personnel take a tooth chart)

Unable to take tooth chart on disinterment.

In space below, locate and describe any scars, birthmarks, moles deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

John E. Bobis
S/Sgt John E. Bobis, GRS

(Signature of officer or other person reporting burial)

Francis M. Simon
FRANCIS M. SIMON, 1st Lt., QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

19 Jan 45

8302

UNKNOWN I-20

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag, Is. of Leyte, P.I.			26 October 1944	KIA - Badly Burned;	
(Place of death)			(Date of death)	(Cause of death)	
0910	26 October 1944		USAF Cemetery Dulag #1	Dulag, Leyte, P.I.	
(Time and date of burial)			(Name of cemetery)	(Name or coordinates of location)	

(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
186	5	1	Cross

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Embossed Plate attached to Marker Religion - Unknown

One copy of G^R Form #1 placed in sealed bottle and buried with Body

(If no identification tags, what means of identification are buried with the body?)

Left (If no identification tags, but identity definitely established, give particulars)

Body buried on XXXX Unknown I-19	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on XXXX Lewis, William R.	(Name)	34598379	Sgt.	722nd Eng Dpt	187
		(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

List only personal effects FOUND ON BODY and disposition of same:

NONE

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
Race:	Is tooth chart attached?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

James G. Greer
 (Signature of Officer or other person reporting burial)
Robert W. Greer
 (Verified by Army GRS Officer)

Robert W. Greer, 2nd Lt. Inf

3075 **SEA**

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

2

1

THUMB

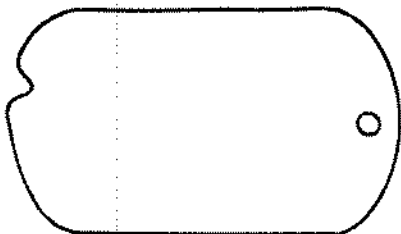
Fingerprints not obtainable because of badly burned condition of Body and Shrapnel Wounds, Milt.

RECEIVED
 3 JAN 1945

/aam


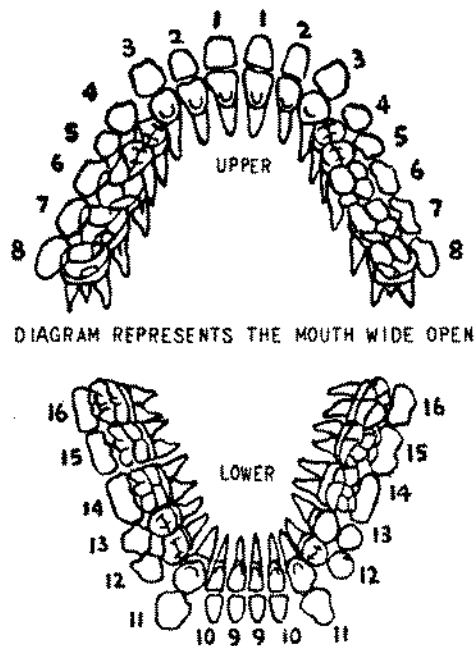





RESTRICTED

8302

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE				DATE OF REPORT
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				20 Jan 48
		NAME (Last, first, middle initial) UNKNOWN X-3414 (Formerly UNK X-139 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 Dulag, Leyte, P.I.		CAUSE OF DEATH KIA- Badly burned, shrapnel wounds, mult.			DATE OF DEATH 26 Oct 44	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. <i>Other than in established cemetery, furnish sketch and map coordinates on reverse.</i>						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.						
DATE OF BURIAL STORAGE 14 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. J	GRAVE No. 3334
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. 3226
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3417-A		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3336	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3410		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 3332	
SIGNATURE OF PERSON PREPARING REPORT F C AQUINO, T/5 QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT T 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.						

RESTRICTED

RESTRICTED

LEFT LITTLE FINGER	<p>Section 3. UNIDENTIFIED REMAINS.</p> <p>INSTRUCTIONS:</p> <p>(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.</p> <p>(b) A fingerprint, or prints, are the most-valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>				
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
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	<p>FILLINGS</p> 				
RIGHT THUMB	<p>CAVITIES</p> 				
RIGHT INDEX FINGER	<p>MISSING TEETH</p> 				
RIGHT MIDDLE FINGER	<p>CROWNED TEETH</p> 				
RIGHT RING FINGER	<p>BRIDGE WORK</p> 				
RIGHT LITTLE FINGER					
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align:center; margin-top: 20px;">  </div>					
REMARKS:					
<p>QMC Form 1044, 1044-A and 1044-B accomplished.</p>					

MAR 1945