

FILE IDENTIFICATION TOPPER

FILE NUMBER

275 Genk. Dept. II, X-149

SUBJECT

Also - Manila Mem. II, X-3323

1

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81745		DATE 30 06 50 DAY MONTH YEAR		
NAME UNKNOWN X - 149		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 3240	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)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-149	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED 26 June 50
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

Consistent Reason

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

REMAINS PREPARED AND PLACED IN CASKET

DATE **26 June 50** BY **PAUL R NICHOLS**

CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>s/ Paul R Nichols</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 26 June 50 BY ALBERT C EVATT, Sgt, RA	RAYMOND H TANGUAY, Sgt 1c., RA

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

s/ Raymond H Tanguay, Sgt 1c., RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

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	DATE

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

AIRMAIL

att

293 UNK P.I. (Manila) X-3323

QUART 293

11 July 1960

Unknown X-3323
AGNS Mausoleum, Manila, P.I.

SUBJ: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 928, c/o postmaster
San Francisco, California

1. Reference is made to your letter dated 26 June 1960, forwarding Certificate of Unidentifiability for Unknown X-3323 AGNS Mausoleum (formerly Unknown X-149, Leyte #1).

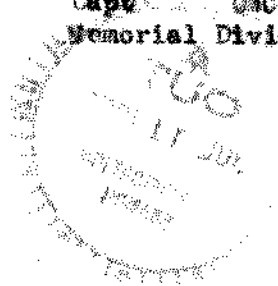
2. A Certificate of Unidentifiability for Unknown X-3323, AGNS Mausoleum (formerly Unknown X-149 Leyte #1) has previously been received. Inclosed is copy of letter approving the Unidentifiable Findings.

FOR THE QUARTMASTER GENERAL:

1 Incl
Copy ltr dtd 6 Jul 49

ROBERT G. LAY
Capt. MC
Memorial Division

JW
JMN



B. Venezky:lrc
Salser

cc--Administrative Section
cc--Cincfc

MAIL & RECORDS BRANCH

X-293 UNK P.I. (Leyte #1) X-149

AIRMAIL

QMGT 293
GRS Far East

6 July 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 in AGRS Mausoleum, Manila, P.I.:

Unknown X-82	(formerly X-196 Finschhafen #5)	
" X-3040		
" X-3249	(formerly X-148 Leyte #1	}
" X-3323	(formerly X-149 Leyte #1	
" X-4032		
" X-4129		
" X-4260		
" X-4262		

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

FOR THE QUARTERMASTER GENERAL:

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

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

3	SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 9740 80330	DATE 23 05 49
	NAME UNKNOWN X-149	SERIAL NUMBER GRADE ARM	RACE RELIGION

CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.	PLOT ROW GRAVE 3240	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. MCKINLEY, P. I.	NAME AND ADDRESS OF NEXT OF KIN (ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS			NAME AND TITLE	
<input type="checkbox"/> MARKER				

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
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CASKET SEALED BY	DATE	BY	EMBALMER (Signature)
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CASKET BOXED AND MARKED	DATE	BY	SHIPPING ADDRESS VERIFIED BY
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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 SGRS INSPECTOR	DATE
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REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CHANGING NUMBER

FILE
JAN 25 1950
Field

nfm 	Interred 3 Aug 1950 N 8 73 Ft. McManley <i>Correct Mark</i> CARL R. H. MARK <i>3 Junk Leyte #1X149</i>		DISINTERMENT DIRECTIVE	
	Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00169	

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWNX-000149				0	15 05 48 DAY MONTH YEAR
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY LEYTE NO 1					0 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		3240	PHILIPPINE ISLANDS		6

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 ORDER)	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN I-149				26 June 1950
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES ?	

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
26 June 1950	PAUL R NICHOLS
CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	s/ Paul R Nichols
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 26 June 50	ALBERT C EVATT, Sgt, RA
	JESSE E MAGERS, 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.

s/ Jesse E Magers, M/Sgt., RA
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

NOTE: Plot N Row 8 Grave 73 formerly occupied by UNKNOWN X - 1006, USAF Cem. Manila #2, which was disinterred and identified as Pfc. William F. Faux, 6889685.

Handwritten notes:
 15 Aug 50
 J. Nichols
 RA

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>Leachmark</i>	DATE 9 AUG 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

6

DISINTERMENT DIRECTIVE

293
Hukx-149 P.I. Leyte

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7740 00169	DATE 13 05 48 DAY MONTH YEAR
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NAME UNKNOWNX-000149	SERIAL NUMBER	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR 13 05 48
CEMETERY USAF CEMETERY LEYTE NO 1				DISPOSITION OF REMAINS 0 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE 3240	COUNTRY PHILIPPINE ISLANDS	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	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	
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 GRS INSPECTOR

I Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

COPY

GSGR 293.9

16 May 1949

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-82	UNKNOWN X-3040
" X-339	" X-3249
" X-359	" X-3323
" X-373	" X-3629
" X-431	" X-4032
" X-713	" X-4129
" X-714	" X-4260
" X-1335	" X-4262
" X-1701	" X-4332
" X-1929	" X-4562
" X-1937	" X-4623
" X-1968	" X-4628
" X-1972	" X-4901
" X-2389	" X-4924
	" X-4943

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

FOR THE COMMANDING GENERAL:

29 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A MARSZAL
1st Lt., AGD
Asst Adj Gen

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

23 June 1950
(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 149, Plot _____,
Row _____, Grave 3240, USMC Leyte # 1, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


H. B. McNEELAR
Captain, QMC
Chief, Records Branch

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK. X-3323 (Formerly X-149 Leyte # 1)				2. DATE OF REPORT 23 June 1950	
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	10. COLOR OF HAIR U. T. D.	11. RACE U. T. D.
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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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

U. T. D.

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"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18.

TOOTH CHART

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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	M A X I L L A								M I S S I N G								
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
	M A N D I B L E								M I S S I N G								
	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."

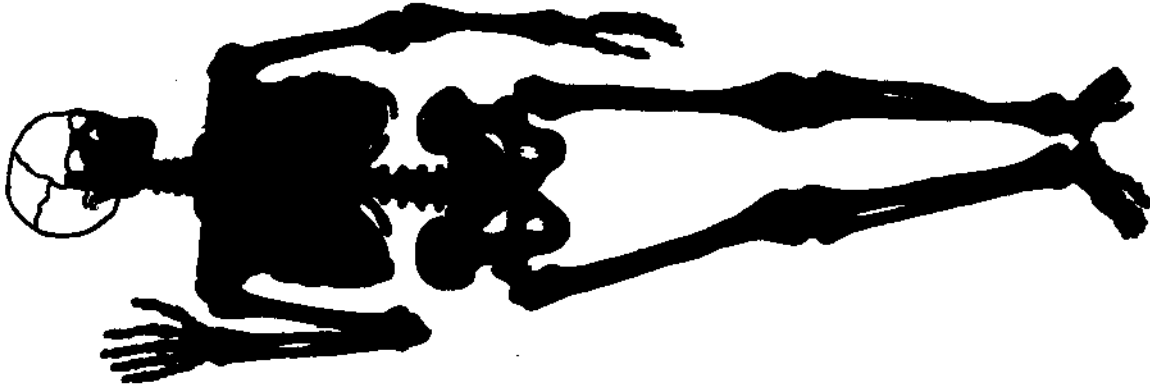
REMARKS: Maxilla and mandible missing, no maxillary and mandibular teeth found with remains.

"UNIDENTIFIABLE"

Paul R. Nichols
PAUL R NICHOLS

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA, Identification Sec.

19. BLACK OUT PARTS OF BODY NOT COVERED



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 I.D. tags, personal effects, or burial bottle found with remains.
Circumference of skull in inches - 19-3/4
Estimated weight of remains - 8 oz.
Found with remains just one (1) skull with no maxilla and mandible. The rest of bone structures are missing.

"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

PAUL R NICHOLS
Chief, Iden. Section

SIGNATURE

Paul R. Nichols

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

6 May 1949

Date

Sparks
SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 149, Plot _____,
Row _____, Grave 3240, 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. McNemar
H. B. McNEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Classified 31 May 1949 OQMG
Available from
information presently
available 23 June 1949 *J. Sparks*

Encl. #17

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3323 (Formerly Unk X-149 Leyte # 1)				2. DATE OF REPORT 6 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	I	2805	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
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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

"NOT AVAILABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. # 17^a

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:		Gold Crown, Porcelain Crown 	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		Gold Bridge 	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		Gold Filling, Silver Filling 	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		Cavity, Decayed 	

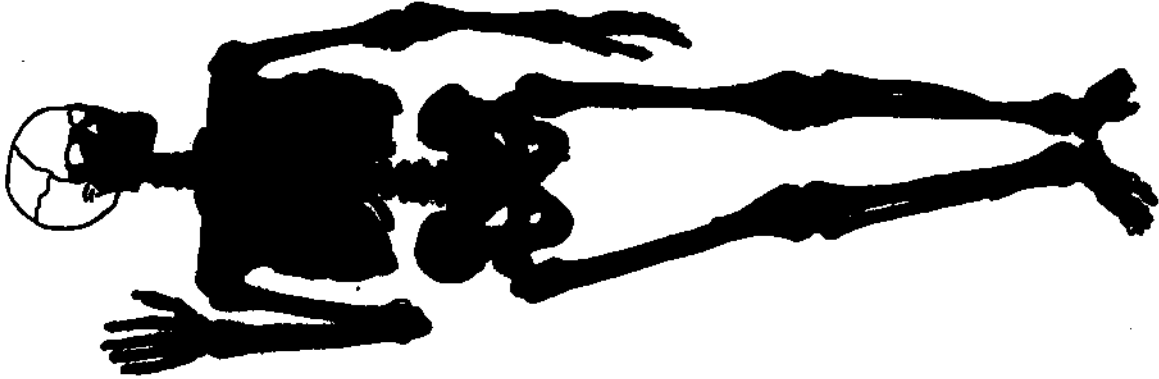
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
Side View								Side View							
Top View								Top View							
M A N D I B L E								M I S S I N G							
Side View								Side View							
U P P E R								L O W E R							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

No loose teeth present with remains.

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

19. BLACK OUT PARTS OF BODY NOT REFERRED



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 - 8 oz.

Circumference of skull - 19 3/4 inches.

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


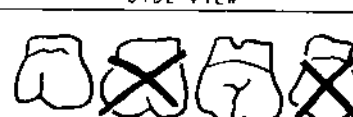








TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

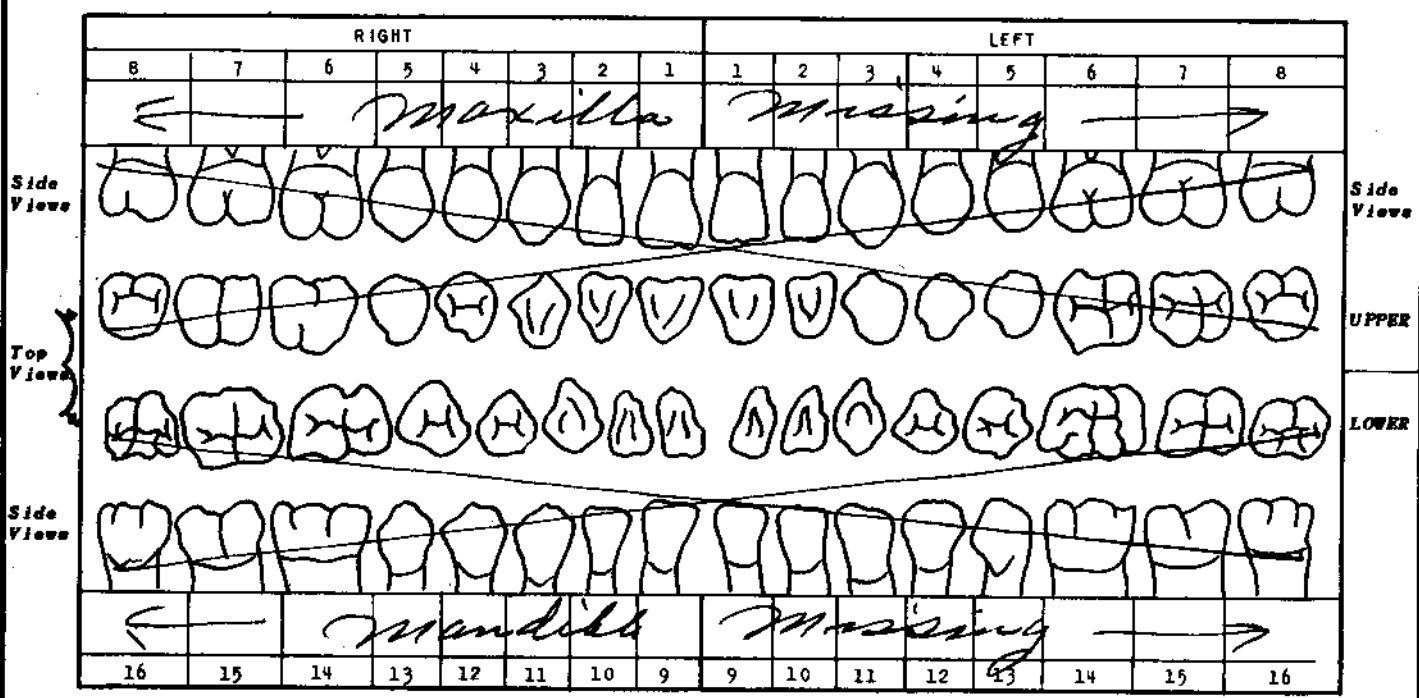
JAMES. J. MODEROTT
 Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				UNKNOWN X-3323 (Formerly UNK X-149 USAF Cem Leyte #1, P.I.)		2. DATE OF REPORT		9 Jan 48	
3. NAME OF CEMETERY				4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
AGRS Mausoleum, Manila, P.I.				HANGER BAY	CRYPTI		DISINTERMENT	REINTERMENT STORAGE	
				813	I	2805	10 Dec 47	12 Jan 48	
PHYSICAL DESCRIPTION									
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR			11. RACE		
UTD		UTD		UTD			UTD		
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 ?				TO WHAT EXTENT ?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
15. WAS BODY MANGLED ?				TO WHAT EXTENT ?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS									
UTD									
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									

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



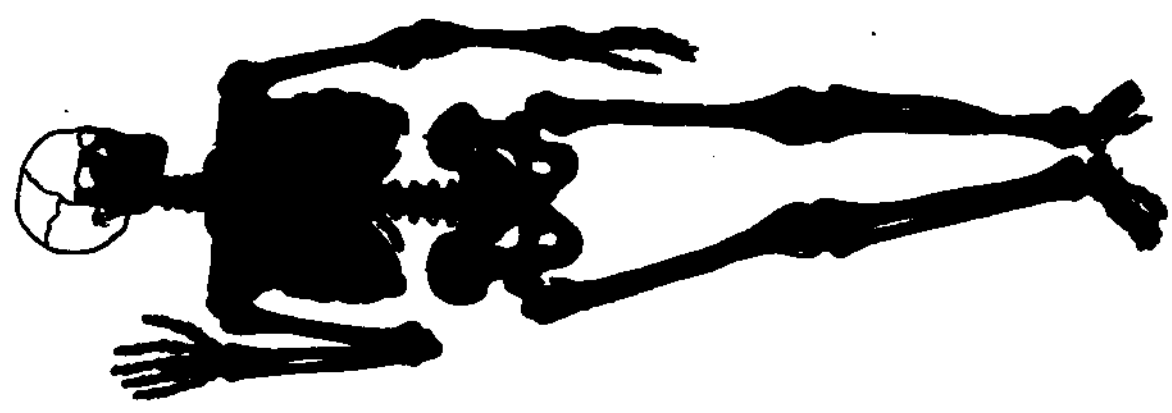
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla and mandible missing, no maxillary and mandibular teeth found with remains.

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

/s/ John H. Bennett Jr.
 Dental Tech.
 /s/ A. B. Iaconico
 Recorder

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I. D. tags, personal effects, or burial bottle found with remains.
Circumference of skull in inches- 19-3/4.
Estimated weight of remains- 8 oz.
Found with remains just one (1) skull with no maxilla and mandible. The rest of bone structures are missing.

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/ G. H. BROWN
Emb. Sr
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ G. H. Brown

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

14 November 1946

DATE

Unknown X - 149

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
PLACE OF DEATH	USAF Cem. Leyte #1, P.I.		PLOT	GRAVE NO. 3240

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

INSIDE — LOOKING OUT
MANDIBLE MISSING

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

FORM 1000-1004

REVERSE SIDE FOR INSTRUCTIONS

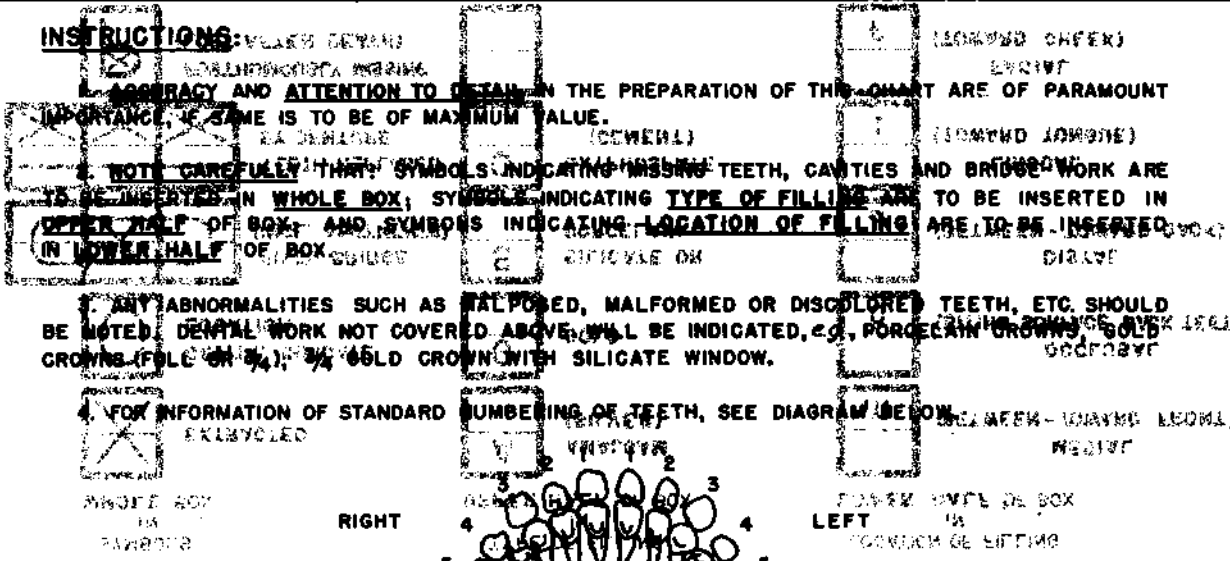
INSTRUCTIONS:

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

NOT 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.

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.

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



KEY OF SYMBOLS TO BE USED ON ABOVE CHART



REMARKS: 2 4 2 5 1 1 5 2 4 2 0 1 8
RIGHT UPPER TEETH LEFT

PLACE OF DEATH PLACE OF BURIAL GRAVE NO.

UNIT ORGANIZATION

SIGNATURE OF PERSON WHO PREPARED CHART
Paul R. Nichols

SERIAL NO. VERIFIED BY GRS OFFICER
Joseph M. Phelan

Paul R. Nichols, Embalmer JOSEPH M. PHELAN, Capt., CAC

NAME AND GRADE OR RANK OF PREPARED BY NAME AND GRADE OR RANK OF VERIFIED BY

IDENTIFICATION DENTAL CHART

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED DATE

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

119

U 113

UNKNOWN SKULL X - 149

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Found near Casiguran, Luzon

(Place of death)

(Date of death)

(Cause of death)

0900 hrs 25 July 1945

USAF Cemetery, Loyte #1, P.I.

(Time and date of burial)

(Name of Cemetery)

(Name of coordinates of location)

3210

(Grave number)

(Row number)

(Plot number)

Reg Cross

(Type of marker—Regulation Y-shaped or other)

Disposition of identification tags: Buried with body

Yes

No

Attached to marker

Yes

No

Found by C.O. USS Pathfinder

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

Religion

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

Body buried on RIGHT

END OF ROW

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT

UNKNOWN SKULL X - 149

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

3239

(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

as shown X-147

HEADQUARTERS
27th Medical Laboratory
AFWESPAC

AFO 72
19 June 1945

C E R T I F I C A T E

Two skulls were delivered to the 27th Medical Laboratory approximately 4 June 45, and were determined not to be members of the Caucasian race.

JOHN J. ROWE, Capt., MC
Path Dept., 27th Med Lab

CERTIFIED TRUE COPY

P. J. TORR,
CAPT., MC

BASIC: Ltr. Hq Base K, dated June 12, 45, file: PKQM 293, subj:
"Identification of Deceased."

Hq., 27th Med. La., ^{5th Ind.} AFWESPAC, APO 72, 14 July 45/

To: CO, Base K, AFWESPAC, APC 72.

1. Skulls mentioned in basic communications were examined on or about 4 June 1945 by the undersigned, Captain JOHN J. ROWE, MC, pathologist, and by Major ANTHONY LUTERING, DC.

2. The lower jaws were missing and most of the teeth-bearing portions of the upper jaws were eroded, leaving only a few molar teeth. The dental officer found no dental work or tooth characteristics of any identifying value.

3. Lacking anthropological training, Captain ROWE and I were guided only by the general conformation and contours to believe the skulls to be non-Caucasian.

4. No opinion is offered as to the possibility of their being Japanese.

JOHN W. LEICHLITER
Lt. Col., MC
Commanding


CERTIFIED TRUE COPY

P. J. TONE,
CAPT., MC

4
R E S T R I C T E D

RESTRICTED

U 113

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 16 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-3323 (Formerly UNK X-149 USAF Cem Leyte #1, P.I.)				
GRADE Unknown		ORGANIZATION Unknown		SERIAL No. Unknown		
RACE Unknown		RELIGION Unknown		BRANCH OF SERVICE Unknown		
PLACE OF DEATH Found near Casiguran, Luzon, P.I.		CAUSE OF DEATH Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
DATE OF DEATH Unknown		EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown				
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None				
Section 2.—BURIAL. If other than irrestablished cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.						
DATE OF BURIAL 12 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. I	GRAVE No. 2805
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. 3240
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes		BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3324-B			
RANK			SERIAL No.		ORGANIZATION	GRAVE No. 2807
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3321			RANK		SERIAL No.	ORGANIZATION
GRAVE No. 2803			SIGNATURE OF PERSON PREPARING REPORT R. R. SCIERTO, etc			SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPIO, 2d Lt., INF
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


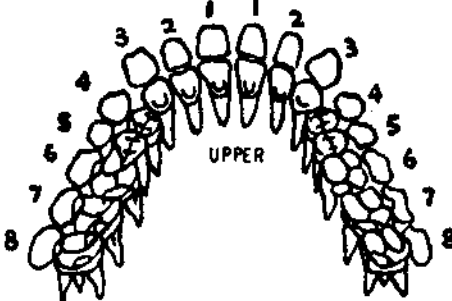

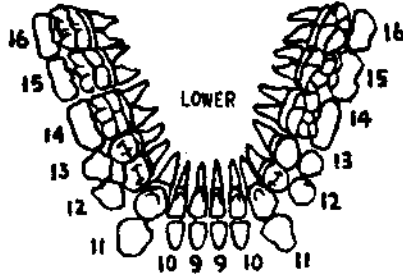



(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	LEFT RING FINGER	LEFT MIDDLE FINGER	LEFT INDEX FINGER	LEFT THUMB	RIGHT THUMB	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>					 <p align="center">UPPER</p>				
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>					 <p align="center">LOWER</p>				
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>					<p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>				
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>									
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>									

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



REMARKS:

QMC Form No 1044, 1044-A and 1044-B accomplished.

9 MAR 1948