

QUART 293
ONE Far East

31 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGES, PHILCOM EUSE

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

Unknown	X-838					
"	X-590	(formerly Unk. X-35,	USAF Com. #8,	Finche No. 0.)		
"	X-774	(" " X-69,	" " " " "	" " " " "		
"	X-778	(" " X-67,	" " " " "	" " " " "		
"	X-782	(" " X-62,	" " " " "	" " " " "		
"	X-1003	(" " X-68,	" " " " "	" " " " "		
"	X-2807	(" " X-7,	" " #1,	Loyte, P.I.)		
"	X-2997	(" " X-103,	" " Santa Barbara #1			
		Luzon, P.I.)				
"	X-8094	(formerly Unk. X-110,	USAF Com. Santa Barbara #1,			
		Luzon, P.I.)				
"	X-8220	(formerly Unk. X-66,	" " " " "			
		Luzon, P.I.)				
"	X-8230	(formerly Unk. X-66,	" " " " "			
		Luzon, P.I.)				
"	X-8231	(formerly Unk. X-67,	" " " " "			
		Luzon, P.I.)				
"	X-8261	(formerly Unk. X-158,	USAF Com. #1,	Loyte, P.I.)		
"	X-8653	(" " X-175,	" " #2,	Finche No. 0.)		
"	X-8654	(" " X-183,	" " #1,	Loyte, P.I.)		
"	X-4020	(" " X-184,	" " #2,	Finche No. 0.)		

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

FOR THE ACTING DEB QUARTERMASTER GENERAL:

T. H. WYSE
Lieutenant Colonel, GSC
Memorial Division

HEADQUARTERS
PHILIPPINE COMMAND
UNITED STATES ARMY

GSGR 293 9

APO 707
8 AUG 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-335	AGRS	Mslm	UNKNOWN	X-3230	AGRS	Mslm
"	X-417	"	"	"	X-3240	"	"
"	X-611	"	"	"	X-3245	"	"
"	X-642	"	"	"	X-3251	"	"
"	X-644	"	"	"	X-3318	"	"
"	X-1359	"	"	"	X-3722	"	"
"	X-2997	"	"	"	X-4131	Manila	#2
"	X-3004	"	"	"	X-4132	Manila	#2
"	3220	"	"	"	X-4133	Manila	#2

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

FOR THE COMMANDING GENERAL:

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

18 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

(Received)
(AUG 16 1949)

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILOM BONE
APO 900

25 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 158, Plot _____,
Row _____, Grave 3674, 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:



H. B. MCNEMAR
Captain, GIC
Chief, Records Branch

Atch: Form 1044

Received 16 Aug 49 OQMG
Not identifiable from
information presently
available

J. Miller Ad. Sec.
29 Aug 49

Incl. # 13'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X -3251(Formerly UNK X-158 Levte #1)				2. DATE OF REPORT 29 July 49	
3. NAME OF CEMETERY		4. PLOT 813	5. ROW F	6. GRAVE 1861	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 7 5/8"	10. COLOR OF HAIR UTD	11. RACE Unknown
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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

UTD

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

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

Incl. # 13²

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:			

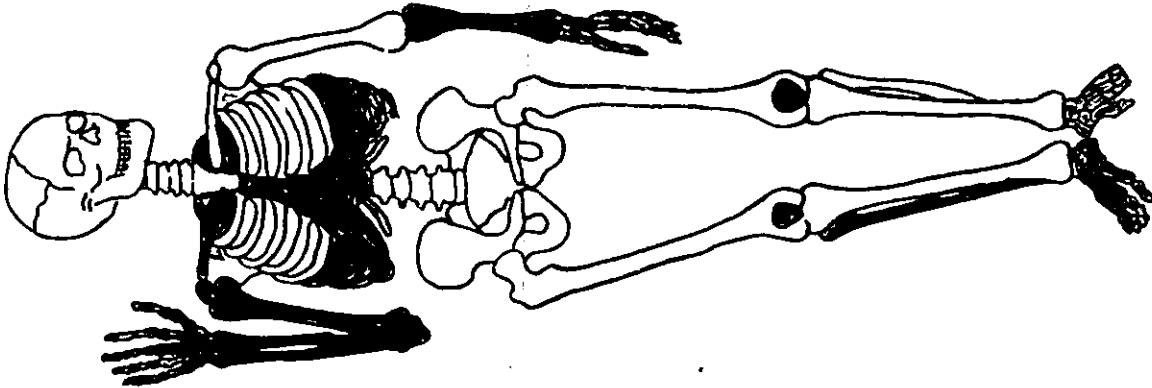
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>P</i>	<i>P</i>		<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>		<i>P</i>	<i>P</i>
		<i>A</i> <i>F</i>				<i>P</i>	<i>P</i>	<i>P</i>		<i>P</i>		<i>P</i>	<i>A</i> <i>F</i>	<i>A</i> <i>F</i>	
16	15	14	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."

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

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED.



Estimated height: 5' 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 1/2 lbs.

Circumference of skull - 20 1/2 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

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

James J. McDermott

1 /drs Interred 29 Aug 1949
 N 14 167 Ft. McKinley
Don L. Smathers
 DON L. SMATHERS
 1st Lt. Inf., Cemetery Officer
 SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED
 /fbp

DISINTERMENT DIRECTIVE

Mick-

DIRECTIVE NUMBER 7740 00177		DATE 15 05 48 DAY MONTH YEAR	
NAME 993 UNKNOWN	SERIAL NUMBER X-000158	RANK 0	ARM 0
CEMETERY USAF CEMETERY LEYTE NO 1		DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY
		3674	PHILIPPINE ISLANDS
			CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-158 UNK X-3251 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 27 Sept '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE SIMONEAU 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

MINOR DISCREPANCIES 1
 2 Identification tags show UNKNOWN X-3251, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET
 DATE 27 Sept '48 BY GEORGE SIMONEAU

CASKET SEALED BY GEORGE SIMONEAU	EMBALMER (Signature) <i>George Simoneau</i> GEORGE SIMONEAU
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CASKET BOXED AND MARKED 27 Sept '48	SHIPPING ADDRESS VERIFIED BY BY HORACE L ALLISON, Sgt Inf CHARLES R. BATES, 1st Lt., USAFR
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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.

Charles R. Bates
 CHARLES R. BATES, 1st Lt., USAFR
 SIGNATURE OF GRS INSPECTOR

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

FILE
 RECORDS ANNOTATED
 DATE 29 Sept 49
 NAME
 R & R EP.

QMC FORM 1194
 REV 15 MAR 46

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Don L. Smathers</i>	DATE 29 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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FOR FORT MCKINLEY MILITARY CEMETERY	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

/acd

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3251 (Formerly UNK X-158 USAF (Cemetery Leyte #1, P.I.))				2. DATE OF REPORT 7 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT VANGER 813	5. ROW RAY F	6. GRAVE UNKPT 1861	7. DATE OF DISINTERMENT 9 Dec 47
				REINTERMENT STORAGE 8 Jan 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 7-5/8"	10. COLOR OF HAIR UTD	11. RACE UTD
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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

Skeleton only - Skeletal chart attached.

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

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

TOOTH CHART		
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</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>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

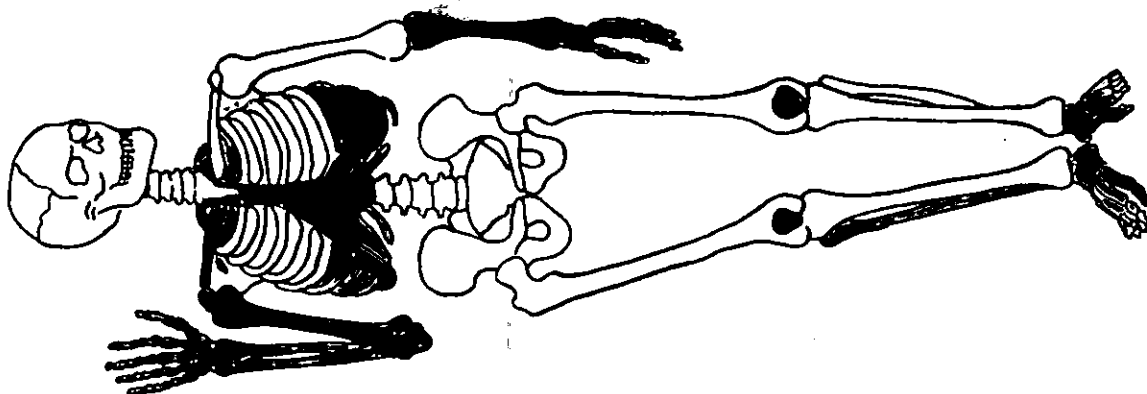
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

CERTIFIED TRUE COPY:

G. T. Gamboa
 G. T. GAMBOA
 2d Lt., MSC

/s/ Vernon H. Korn

19. BLACK OUT PARTS OF BODY NOT RECORDED



121

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 burial bottle, identification tags, personal effects or other means of identification found with remains. Circumference of skull in inches 20 $\frac{1}{2}$ ".
 Estimated weight of remains 6 $\frac{1}{2}$ lbs.

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

SIGNATURE

CIP, Lab., Manila, P.I.

/s/ Vernon H. Korn

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.

14 November 1946

Unknown X - 158

DATE
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
	USAF Cen. Leve #1, F.I.			3674

	RIGHT								UPPER TEETH								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8									
TYPE	[Grid of 16 boxes, each containing a circled 'P' symbol]																TYPE								
LOCATION	[Grid of 16 boxes, each containing a circled 'P' symbol]																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	[Grid of 16 empty boxes]																TYPE
LOCATION	[Grid of 16 empty boxes]																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)

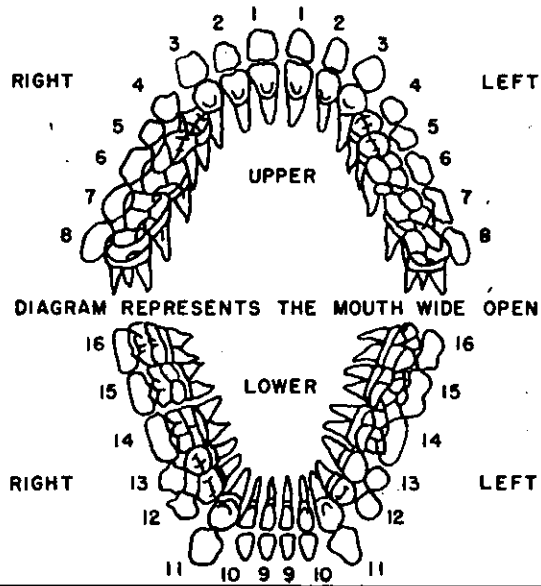
INSTRUCTIONS:

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

Joseph M. Phelan

VERIFIED BY GRS OFFICER

JOSEPH M. PHELAN, Capt., CAC

NAME AND RANK TYPED OR PRINTED

14 November 1946

DATE

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 - 158

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Hill, near Limon, P. I.			USAF Cemetery Leyte #1, P. I.	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
				3674

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

INSIDE — LOOKING OUT

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	
	RIGHT				LOWER TEETH				LEFT								
TYPE																	TYPE
LOCATION																	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 5px;"> X X X </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 5px;"> X X X </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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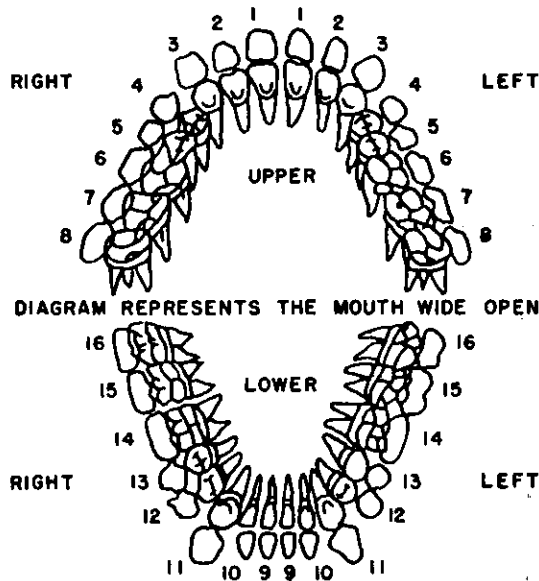
INSTRUCTIONS:

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:

A TRUE COPY

Joseph M. Phelan
JOSEPH M. PHELAN
Captain, CAC

SIGNATURE OF PERSON WHO PREPARED CHART

/s/t/ Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED

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

VERIFIED BY GRS OFFICER

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

14 November 1946
DATE

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 - 158

LAST NAME FIRST INITIAL RANK SERIAL NO.

Hill near Limon,
Leyte, P. I.

PLACE OF DEATH

USAF Cemetery Leyte #1, P. I.

PLACE OF BURIAL

ORGANIZATION

PLOT

ROW

GRAVE NO. 3674















	8	7	6	RIGHT				UPPER TEETH				LEFT						
				5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE	<i>P</i>	<i>P</i>		<i>P</i>	<i>P</i>		<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>		<i>P</i>	<i>P</i>	TYPE	
LOCATION																	LOCATION	

INSIDE — LOOKING OUT

M A N D I B L E M I S S I N G

	16	15	14	RIGHT				LOWER TEETH				LEFT						
				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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)	 FACIAL (TOWARD CHEEK)	

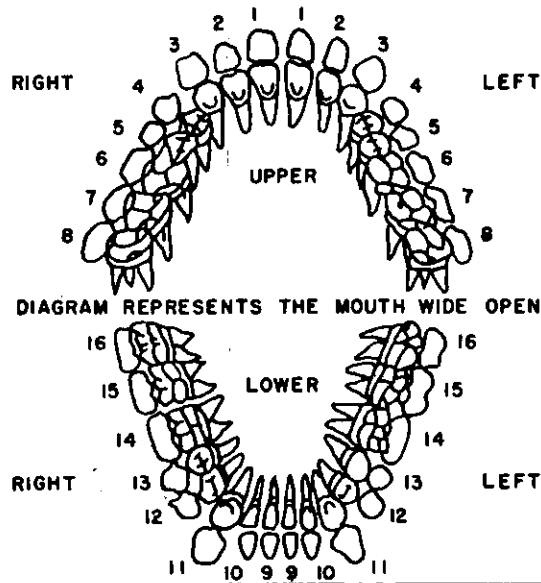
INSTRUCTIONS:

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REMARKS:

A TRUE COPY

Joseph M. Phelan
JOSEPH M. PHELAN P.M.
Captain, CAC

SIGNATURE OF PERSON WHO PREPARED CHART

/s/t/ Paul R. Nichols, Embalmer
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte Pl
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

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

14 November 1946
DATE

RESTRICTED

RE-
REPORT OF INTERMENT

U115
4115

(To be submitted through channels to the Quartermaster General, Washington, D.C.)

(Par. 21d - TM 10-630)

UNKNOWN X-158

(Last Name)	(First)	(Initial)	(Serial No.)	(Rank)	(Organization)
X Hill	near	Limon,	Leyte,	P.I.	KIA
(Place of Death)			(Date of Death)		(Cause of Death)

0900 hrs 31 July 1945	USAF Cemetery Leyte #1, P.I.
(Time and Date of Burial)	(Place of Burial - Name and No. of Cemetery, if in a cemetery)

3674	Reg. Cross	Buried with body	<input type="checkbox"/>
(Grave No.)	(Row No.)	Attached to marker	<input type="checkbox"/>
	(Plot No.)	(Kind Grave Marker)	(Identification Tags)
Metal tag buried with remains and attached to marker.			Protestant <input type="checkbox"/>
			Catholic <input type="checkbox"/>
			Hebrew <input type="checkbox"/>

Disinterred from USAF Cemetery Valencia #1, Leyte, P.I. Grave 291 (X-8)

Other pertinent data to enable grave to be located.
(Where necessary sketch to locate grave should be furnished)

(Name and address of Emergency Addressee)	(Name and address of legal next of kin)
(7) 758	

Fingerprints (right hand) if right hand missing furnish prints of left hand.

(Required when positive identity cannot otherwise be established) (Par. 25e (2)

TM 10-630)

Place X mark
below when
prints are of
left hand



Thumb	1	2	3	4

List of personal effects and disposition of same None

(Name, rank, serial number, organization, grave numbers of bodies buried on either side):

On Right— UNKNOWN X-159

3675

On Left— WREN, Horace M., Jr. 37 619 511

Pfc

Trp D,
5 Cav

3673

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

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

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer.

Prepare in triplicate—I copy to Army G.R.S. Officer—I copy to Chief, G.R.S.—Original to the Q.M.G.

291
2115

Unknown X-3
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)
 Hill near Linao, Leyte, P.I. ~~21 Nov 44~~ 21 Nov 44 RIA
 (Place of death) (Date of death) (Cause of death)
 1630 9 February 45 USAP GENERAL VALENCIA VALENCIA, Leyte, P.I.
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

291 2 1 CROSS
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

(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 Wren, Horace M., Jr. 37619511 Pfc. Trn. D 5th Cav. 292
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Unknown X-7 290
 (Name) (Serial number) (Rank) (Organization) (Grave number)

(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:

Dutch Currency:
152 Guilders
Equator Card
Porker Rencil

291/13 617

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? Yes

(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.:

Dental Chart with Body. in Bottle. Small Pocket Knife, Yellow Bone Handle, and Pipe, found with body but not brought to cemetery at Valencia

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

Walter T. McDonald

WALTER T. McDONALD

(Signature of officer or other person reporting burial)

2d Lt., GIC, GPO.

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

RECEIVED
6 JUN 1945

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT

STORAGE

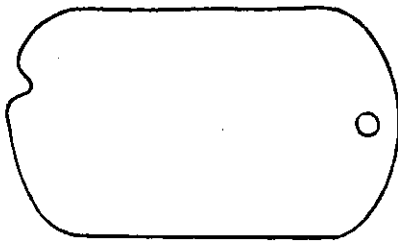
DATE OF REPORT

13 Jan 48

ADD 28 1040

(AR 30-1810 and AR 30-1815)

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3251 (Formerly UNK X-158)
USAF Cemetery 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

Hill near Limon,
Leyte, P.I.

CAUSE OF DEATH

KIA

DATE OF DEATH

21 Nov 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. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

GRS MAUSOLEUM, MANILA, P.

DATE OF BURIAL

STORAGE
8 Jan 48

HOUR

1100

BURIED IN (Shroud, blanket, or name of other)

STORIED
Casket

TYPE OF GRAVE
MARKER

None

PLOT No.

DANGER
813

ROW No.

RAY
F

GRAVE No.

GRAP.
1861

WAS THIS A REBURIAL?
(Yes or no)

Yes RESTORED

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.

3674

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 STORIED

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes

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

STORIED
UNKNOWN X-3253

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

STORIED
1863

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

STORIED
UNKNOWN X-3249

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

STORIED
1859

SIGNATURE OF PERSON PREPARING REPORT

R. R. ACIERTO, Pfc

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.

2029137

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


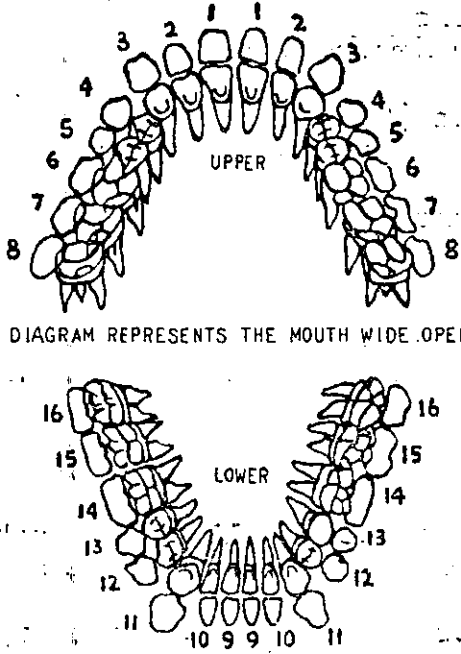




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

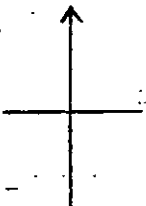
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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:

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

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

2 MAR 1948