

1. FILE UNDER NO.

293 - Unk. P. I. X- 3252 (Maus. Manila)

SYNOPSIS

2. TYPE OF DOCUMENT:

Letter

3. DATE:

11 Oct 49

4. FROM:

OQMG

5. TO:

CG, PhilCom, APO 707, 3PM, San Francisco, Calif.

6. SUBJECT:

Identification of World War II DEceased

Unk. X-76 (Formerly Unk. X-239, USAF Cem. #5, Finschhafen, N.G.)

.....

*was filed 90*

7. DOCUMENT FILED

UNDER NO.

293 - GRS Far East

(Ident.)

msb

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.

COPY

GSGR 293.9

APD 707  
20 SEP 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-3 Guam #2	UNKNOWN X-1317 AGRS Mslm
" X-76 AGRS Mslm	" X-1552 " "
" X-270 " "	" X-1655 " "
" X-813 " "	" X-1683 " "
" X-822 " "	" X-1889 " "
" X-887 " "	" X-3162 " "
" X-922 " "	" X-3252 " "
" X-1200 " "	" X-3751 " "

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

FOR THE COMMANDING GENERAL:

16 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

C. H. LIEURANCE  
2nd Lt., AGD  
Asst. Adj. Gen

COPY

DEPARTMENT OF THE ARMY



AGCIT 293  
(AGS Mausoleum  
Manila, P. I.)  
Unknown X-3252

*MB*

11 August 1948

SUBJECT: Identification of Unknown Deceased

TO: Commanding Officer  
American Graves Registration Service  
Philippine-Ryukyus Command Zone  
APO 707, c/o Postmaster  
San Francisco, California

1. Reference is made to Case History dated 15 June 1948, recommending that the remains of Unknown X-3252, stored in the AGS Mausoleum, Manila, P. I., Hangar 813, Bay P, Crypt 1862, be redesignated as the remains of Private First Class Chester A. Luther, IS 110 702.

2. The documentary evidence presented in the above-mentioned case is insufficient to establish identification. It is therefore requested that further investigation be made and if sufficient additional evidence is found to substantiate the identification, this office be so advised.

3. In the event that additional corroborating evidence is not forthcoming, it is requested that the case be processed as non-recoverable in accordance with AG letter, File AGAO-S 293.9, (27 March 1947), D-1, dated 9 April 1947.

FOR THE QUARTERMASTER GENERAL:

AGCIT 1 29 PM '48

O. Q. M. G. & RECORDS DIV.

dme  
Schmidt  
O. Q. M. G. & RECORDS DIV.

*3*

T. H. [unclear]  
Lt. Colonel, GAO  
Memorial Division

X243. Luther, Chester A. (38-1-1-1-1)

*mb*  
N.  
JC

DEPARTMENT OF THE ARMY



QMONT 293  
(AGRS Mausoleum  
Manila, P. I.)  
Unknown X-3252

*ms*

11 August 1948

SUBJECT: Identification of Unknown Deceased

TO: Commanding Officer  
American Graves Registration Service  
Philippine-Ryukyus Command Zone  
APO 707, c/o Postmaster  
San Francisco, California

1. Reference is made to Case History dated 15 June 1948, recommending that the remains of Unknown X-3252, stored in the AGRS Mausoleum, Manila, P. I., Hanger 813, Bay F, Crypt 1802, be redesignated as the remains of Private First Class Chester A. Luther, 38 110 702.

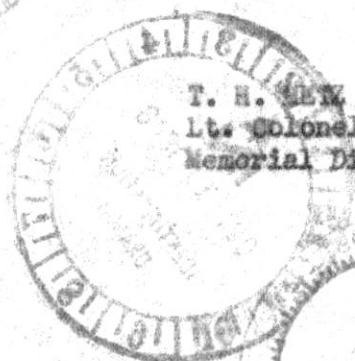
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FOR THE QUARTERMASTER GENERAL:

AUG 11 1 29 PM '48

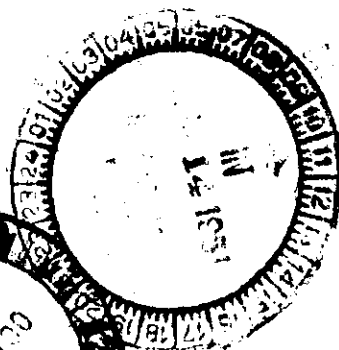
O. Q. M. G.  
RECORDS BR.



*ms*  
NJ

JCM

*X243. Luther, Chester A. (38-110-702)*



1501  
OCT 11 1948

Faint, illegible text, possibly a header or title.

Faint, illegible text, possibly a paragraph of a letter or report.

Faint, illegible text, possibly a list or table.

Faint, illegible text, possibly a signature or footer.

Faint, illegible text, possibly a date or reference.



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILRYCOM SECTOR

APO 707  
9 April 1948

GSGP

SPECIAL ORDERS )

NO.....28 )

EXTRACT

1. In accordance with paragraph one (1) TAG letter, dtd 9 Apr 1947, file #GAO-S 293.9 (27 Mar 47) D-41, Subject: "Establishment of Boards of Review for Identification of Unknown Dead Overseas"; CINCPAC radio CX 59328 dtd 18 Mar 1948; and Par 32 h and Par 115 a, TM 10-281, the following are appointed as Board of Officers for the purpose of reviewing and acting upon all cases referred to them pertaining to identity of unknown remains, finalizing disinterment discrepancy reports, and to review and determine in all cases, from evidence presented, the non-recoverability of remains referred to them within the PHILRYCOM Sector, IGRS.

MEMBERS OF BOARD

Major	Edward J Brucher	O-199 445	QAC
Major	Elee Tyler	O-324 330	INF
Captain	Andrew S Robson	O-1 823 062	INF (TD)
1st Lt	Theodore C Tharin, Jr.	O-887 173	QAC
1st Lt	Edward P Binder, Jr.	O-1 327 322	INF
1st Lt	John T Bittner, Jr.	O-1 594 725	QAC
1st Lt	William R DeLeese	O-1 587 926	QAC
1st Lt	Teodoro M Ronquillo	O-1 896 440	QMP

BY ORDER OF COLONEL SMITH:

HEROLD F. REVERSKI  
Lt Colonel, USAF  
Executive

OFFICIAL:

*Herold F. Reverski*  
HEROLD F. REVERSKI  
Lt Colonel, USAF  
Adjutant

DISTRIBUTION:

"A"

AGRS CENTRAL RECORDS BRANCH  
IDENTIFICATION SECTION

APO 707

JHB/cvs\*

CASES FORWARDED TO BOARD OF REVIEW

SUBJECT: Explanation of Dental Chart Comparison of Unknown  
X-3252, Mslm and O.Q.M.G. Form 371 for  
LUTHER, Chester A. Pfc. 38 110 702  
NAME RANK ASN

Dental chart of UNKNOWN X-3252, AGRS Mausoleum, in agreement with that of Pfc. LUTHER, based on the following comparison:

	X-3252 (Per Form 1044a)	Pfc. LUTHER (Per Form 371)
R - 7	UTD X or PX	/ (cariou non-restorable)
R - 6	Cavity	Cavity
L - 6	PX	X
L - 7	Portion of maxilla missing	/ (cariou non-restorable)
L - 8	Portion of maxilla missing	0 (cariou)
R -14	X	/ (cariou non-restorable)
L -14	X	X
L -15	X	X
L -16	X	/ (cariou non-restorable)

*Arsenio F. Santos*

ARSENIO F. SANTOS

INVESTIGATOR'S SIGNATURE





IDENTIFICATION CHECK LIST			DATE			
UNKNOWN X- NO. OR OTHER DESIGNATION X-3252			CEMETERY AGRS Mausoleum Manila, P.I.	PLACENUMBER HANGAR 813	ROW BAY F	GRAVE CRYPT 1862
IDENTIFIED AS LUTHER, Chester A. Pfc., 38 110 702						
ITEM	FAVORABLE	UNFAVORABLE	UNKNOWN			
DATE AND PLACE OF DEATH	X*					
CAUSE OF DEATH						
DENTAL CHART	X					
COLOR HAIR						
ESTIMATED HEIGHT	X					
ESTIMATED WEIGHT						
SCARS, FRACTURES, ETC.						
LAUNDRY MARKS						
SHOE SIZE						
TYPE CLOTHING						
IDENTIFICATION TAG						
PERSONAL EFFECTS						
STATEMENT OF CIVILIANS						
ENEMY RECORDS						
EMERGENCY MEDICAL TAG						
PAY BOOK (EM/OFF.)						
SIGNED STATEMENT <del>of the</del> (1st Ind						
Hq. 32nd Inf. Div., to CINCPAC						
APO 500, dtd 11 Nov 45)	X					
<i>Field Report, 1st Ind, 11 Nov 45</i>						
REMARKS *Original ROI indicates date of death as 21 November 1944, whereas AGO FOD shows MIA 22 November 1944. Place of death is in agreement insofar as indicated in 32nd Inf. Div., fact sheet. Excerpt which is as follows: " the 32nd landed on Leyte on November 14, 1944, three weeks after the initial landings. The division went into action in the Carrigara-Pinamapoon sector and soon went on to take Limon and wipe out the Jap spearhead at Calasian Point. The fighting on Leyte became a slugging match, with the 32nd and the famed Jap 1st Division fighting it out. During the period from November 16 to December 22 every bit of ground from Pinamapoon to Loney was contested. Ultimately however, the 32nd broke the vaunted Yamashita Line, joined forces with the 1st Cavalry Division and both pushed westward to the sea coast at Tabango Bay, cleaning the last of the Japs from northern Leyte."						
In view of the favorable comparison of dental and physical characteristics, together with the fact that the 32nd Infantry Division of which Pfc. Luther was a member, was operating near Limon in November 1944, it is reasonable to assume that the remains of Unknown X-3252, AGRS Mausoleum Manila, P.I., Hangar 813, Bay F, Crypt 1862 are the remains of Pfc. Chester A. LUTHER, 38 110 702. It is therefore suggested that the recommendation by the field be accepted.						

DENTAL CHART

Unknown X- 2252, AGRS  
Mausoleum, Manila, P.I.

Name LUTHER, Chester A., Pfc. 38 110 702

R-8 Maxilla missing  
R-7 UTD PX or X  
R-6 Caries o  
R-5 Decayed odf  
R-4  
R-3  
R-2 Caries mdl  
R-1 PX

R-8  
R-7  
R-6  
R-5  
R-4  
R-3  
R-2  
R-1

L-1 PX  
L-2 PX  
L-3 \*  
L-4 \*  
L-5 \* caries  
L-6 PX  
L-7 Maxilla missing  
L-8 Maxilla missing

L-1  
L-2  
L-3  
L-4  
L-5  
L-6 X  
L-7 /  
L-8 o

R-16 X  
R-15 caries of  
R-14 X  
R-13 \*  
R-12 PX  
R-11 \*  
R-10 PX  
R-9 PX

R-16  
R-15  
R-14 X  
R-13  
R-12  
R-11  
R-10  
R-9

L-9 PX  
L-10 PX  
L-11 PX  
L-12 caries dl Slightly rotated  
L-13 PX  
L-14 X  
L-15 X  
L-16 X

L-9  
L-10  
L-11  
L-12  
L-13  
L-14 X  
L-15 X  
L-16 X

\* show signs of attrition

Est. Ht: 5' 6 7/8"

Form 79 dtd 31 July 1942

Age: 32  
Ht: 5' 7 1/2"  
Wt: 135 lbs  
Hair: Brown

(No other dental data available)

1st Ind  
INF DIV, APO 32, 11 Nov 45.  
TO: CINCAFPAC, APO 500.

1. The following information is forwarded for compliance with basic communication:

Pfc Chester A. Luther, 38110702, Company member of a heavy machine gun platoon. Served in Join A and C Companies on Hill #1525, near the platoon was ambushed. Upon reassembling, Luther was found missing. A thorough search was conducted and only the pack and canteen of Luther were found. No trace of Pfc Luther has been found. The commanding officer is of the opinion that the foregoing information is evidence to change the subject's status.

2. Request this head...

704

HQ 32d INF DIV, APO 32, 11 Nov 45.

1st Ind

LPD/E/rab

TO: CINCAFPAC, APO 500.

1. The following information is forwarded to your headquarters in compliance with basic communication:

Pfc Chester A. Luther, 38110702, Company D, 126th Infantry, was a member of a heavy machine gun platoon. Subject platoon was enroute to join A and C Companies on Hill #1525, near Limon, Leyte, P.I., when the platoon was ambushed. Upon reassembling the platoon, Pfc Luther was found missing. A thorough search was made of the area 23 December 1944, and only the pack and canteen of subject enlisted man were found. No trace of Pfc Luther has been found since that date. This headquarters is of the opinion that the foregoing information is not sufficient evidence to change the subject soldier's status from KIA to MIA.

2. Request this headquarters be advised if further action should be taken in this case.

FOR THE COMMANDING GENERAL:

1 Incl  
n/c

JOSEPH C. WHITEHEAD  
Capt, Inf  
Actg Asst Adj Gen

AG 201-Luther, Chester A.  
(4 Oct 45) AG-PC

2nd Ind.

GENERAL HEADQUARTERS, UNITED STATES ARMY FORCES, PACIFIC, APO 500,  
23 November 1945.

TO: The Adjutant General, Washington 25, D.C.

For the Commander-in-Chief:

1 Incl  
n/c

LESTER SMITH  
Capt AGD  
Asst Adj Gen

C  
O  
P  
Y

AG 201-Luther, Chester A.  
(4 Oct 45) AG-PC

4 October 1945  
S: (19 Oct 45)

PERSONNEL

AG CASUALTY

INV & CONTROL

AGPC

Commanding General  
32nd Infantry Division  
APO 32

Courier

X

LS/jad

1. Reference is made to your Casualty Report No. 201, dated 19 December 1944, which reported Pfc Chester A. Luther, 38110702, Co "D" 126th Infantry Regiment, as "Missing in Action" 22 November 1944.

2. Your attention is invited to paragraph 4a and b, AFPAC Circular 13, dated 24 June 1945. If the circumstances surrounding the disappearance of above enlisted man justify a report of death, request compliance with the provisions of paragraph 8, Circular 13. If the circumstances do not justify a change of status, request that you forward a more complete account of the facts and circumstances upon which you base your presumption of survival. Recovery of the body is not essential if reasonably conclusive evidence of death exists or if circumstances lead to no other logical conclusion END AGPC MACARTHUR AFPAC

OFFICIAL:

LESTER SMITH  
Captain AGD  
Asst Adj Gen

RESTRICTED

COPY

Front

Name	Last	First	Middle	ASN	Rank
	LUTHER,	Chester	A.	38110702	Pfc.

Co. D. 126th Inf.

Organization	Religion
--------------	----------

Near Hill 1525,  
Leyte, P.I.

23 Nov. 45

Place of Death	Date of Death
----------------	---------------

Place of Burial	Date of Burial
-----------------	----------------

Grave No., etc.	Reburial
-----------------	----------

Matha Luther Box 23, Aspen, Colorado. (Mother)

Next of Kin	Address
-------------	---------

KIA  
MIA--22-Nov-44--

(C. 25 Mar. 46 Cas Br)  
(Rptd. 9 Jan. 45)

Name	Base Section	File No.
------	--------------	----------

Case No. 6066

LUTHER, Chester A.

P.I.

Back

Place of Reburial	Date of Reburial
-------------------	------------------

Grave No., etc.
-----------------

Place of Reburial	Date of Reburial
-------------------	------------------

Grave No., etc.
-----------------

Remarks:

CIP: Yes \_\_\_ No \_\_\_

Area \_\_\_ Sub Area \_\_\_

1

M.K.

Interred 13 October 1949  
10 Ft. McKinley  
Ft. McKinley

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A --  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00178

DATE  
15 | 05 | 48  
DAY | MONTH | YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
209 UNKNOWN		X-000159	0	Q	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY LEYTE NO 1					0 7701   80 CODE   DIST. PT.
PLOT.	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		3675	PHILIPPINE ISLANDS		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
--	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UPI X-159 UPI X-3252 (Maus)				27 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE L. NIX 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 /  
Identification Tag shows UMI X-3252 (Maus)

REMAINS PREPARED AND PLACED IN CASKET  
DATE 27 Sept 48 BY GEORGE L. NIX

CASKET SEALED BY  
GEORGE L. NIX  
EMBALMER (Signature)  
GEORGE L. NIX

CASKET BOXED AND MARKED  
DATE 27 Sept 48 BY HORACE L. ALLISON, Sgt. IFF. CELESTINO E. ABELLAR, 1st Lt., FA

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

*Celestino E. Abellar*  
CELESTINO E. ABELLAR, 1st Lt., FA  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report @MC Form 1194a for major discrepancies.



## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>Fort McKinley Military Cemetery</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE <b>23 OCT 1949</b>

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <b>(BY ADMINISTRATIVE ORDER)</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>FOR THE MILITARY CEMETERY</b>	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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900


9 Sept 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 159, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 3675, 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, GMC  
Chief, Records Branch

Atch: Form 1044

Received 3 Oct. 49 OQMG  
Not identifiable from  
information presently  
available

T. A. Fields, ID  
7 Oct. 49

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-3252 (Formerly UNK X-159 Leyte #1)				2. DATE OF REPORT 12 Sept 1949	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	F	1862	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'6 7/8"	10. COLOR OF HAIR U T D	11. RACE Unknown
------------------------------	---------------------------------	----------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

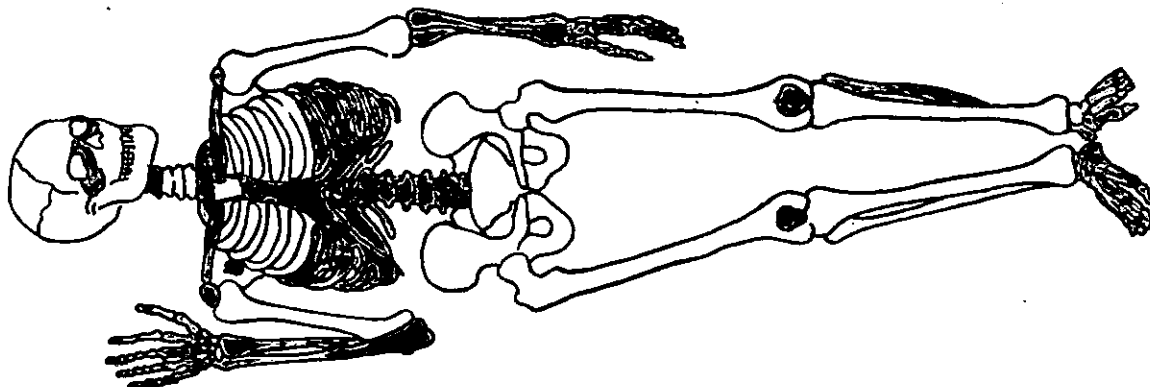
**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Final 15"*



19. BLACK OUT PARTS OF BODY NOT RECOVERED

3 Cervical Vertebrae  
9 Ribs



Estimated height: 5'6 7/8"

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEASETS 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 lbs.

Circumference of skull - 20 7/8 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

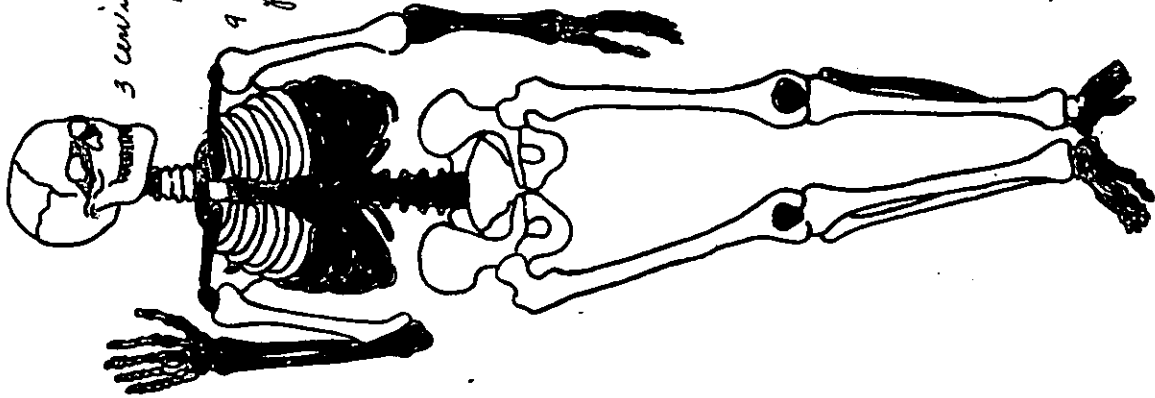
SIGNATURE

J J McDERMOTT, Lab Officer, CIP

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				X-3252 (Formerly Unk X-159, USAF Cemetery Leyte #1, P.I.)		2. DATE OF REPORT		7 Jan 1948	
3. NAME OF CEMETERY				4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
AGRS Mausoleum, Manila, P.I.				LANGER	ROW	CRYPT.	DISINTERMENT	REINTERMENT	
				813	F	1862	9 Dec 47	8 Jan 48	
PHYSICAL DESCRIPTION									
8. ESTIMATED WEIGHT		9. ESTIMATED HEIGHT		10. COLOR OF HAIR			11. RACE		
UTD		5' 6 7/8"		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									

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 personal effects, no ROI bottle nor I.D. tags found with remains. Circumference of the skull approximately 20 7/8". Estimated weight of remains 8 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  
p/ ROY G RUFF SP-6 C-063085  
CIP Laboratory, Manila, P.I.

SIGNATURE  
s/ Roy G Ruff





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>maxilla missing</i>	<i>see Remarks</i>	<i>o</i>	<i>decayed</i>			<i>o</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>see Remarks</i>	<i>see Remarks</i>	<i>o</i>	<i>P</i>	<i>maxilla missing</i>
<i>o</i>		<i>o</i>	<i>o</i>			<i>o</i>						<i>o</i>			
<i>Side Views</i>															<i>Side Views</i>
<i>Top Views</i>															<i>UPPER</i>
															<i>LOWER</i>
<i>Side Views</i>															
<i>X</i>	<i>o</i>	<i>X</i>	<i>see Remarks</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>o</i>	<i>P</i>	<i>X</i>	<i>X</i>	<i>X</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."

**REMARKS:** Portion of maxilla of R 8 & L 7 thru L 8 is missing and no maxillary teeth present on this portion. R 7, unable to determine whether it is P or X as socket is not present. L 12 slightly rotated. R 2,3,4, 11,13 & L 3, 4 & 5 show signs of attrition.

CERTIFIED TRUE COPY, *G. T. Gamboa*  
 G. T. GAMBOA  
 2d Lt., MSC  
 s/ James W. McClanahan

# 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.

DATE 14 November 1946

Unknown X - 159

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT		ORGANIZATION		
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
	USAF Cem. Levte #1, P.I.			3675

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	LOWER TEETH	9	9	10	11	LEFT	12	13	14	15	16	
TYPE	X	O	X		⊗					⊗	⊗	⊗	⊗		O	O	X	X	X	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)

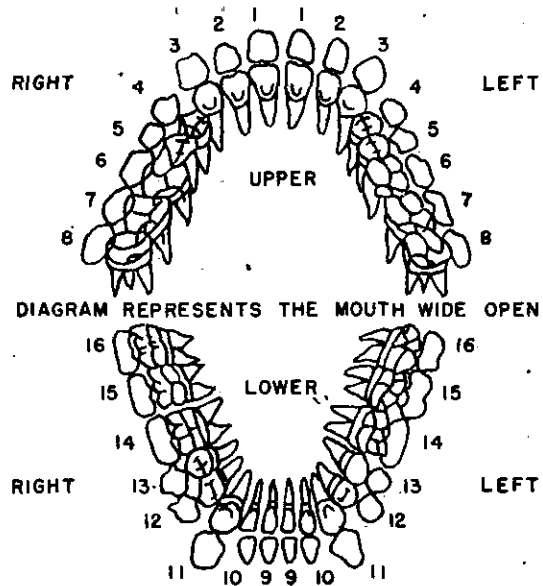
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

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 - 159

LAST NAME FIRST INITIAL RANK SERIAL NO.

Hill near Limon, UNIT  
Leyte, P. I.

ORGANIZATION

USAF Cemetery Leyte #1, P. I. 3675

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW







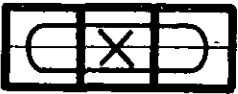








GRAVE NO.

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

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		X	O	X		⊗		⊗	⊗	⊗	⊗	⊗	O	O	X	X	X	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)

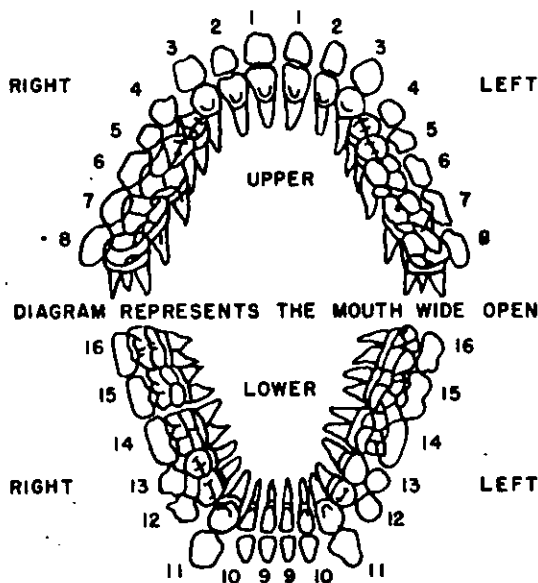
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**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

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14 November 1946

DATE

UNKNOWN X - 159

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. 3675

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

INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

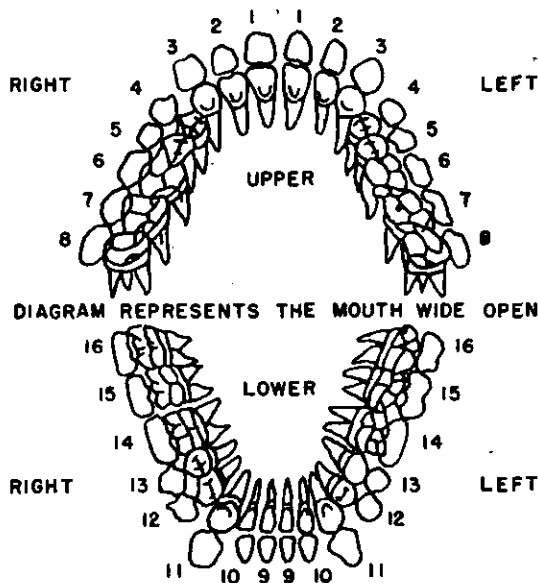
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

**A TRUE COPY:**

*Joseph M. Phelan*  
**JOSEPH M. PHELAN** P.N.  
**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 DATA

1. REMAINS OF UNKNOWN X-3252 (Formerly UNK X-159, USAF Cemetery Leyte, #1, P.I.)				2. DATE OF REPORT 7 Jan 1948		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT Hanger 813	5. ROW Bay F	6. GRAVE Crypt 1862	7. DATE OF DISINTERMENT 9 Dec 47	REINTERMENT 8 Jan 48
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UPD	9. ESTIMATED HEIGHT 5' 6 7/8"	10. COLOR OF HAIR UPD		11. RACE UPD		
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  UPD.						
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  UPD						
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						

A TRUE COPY

*E. L. Tyler*  
ELEE L. TYLER  
Major, GINI

Incl 3



TOOTH CHART

<p><b>MISSING TEETH:</b> 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>TOOTH MISSING</p>	<p>SIDE VIEW</p>
	<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</p>
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p>	
<p><b>CARIES (Cavities):</b> 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																																
<i>Maxilla all missing</i>		<i>all present</i>	<i>decayed</i>			<i>all present</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>all present</i>	<i>all present</i>	<i>P</i>	<i>P</i>	<i>maxilla missing</i>																																	
SIDE VIEWS																																															
TOP VIEWS																																															
SIDE VIEWS																																															
<table border="1"> <tr> <td>X</td><td><i>of</i></td><td>X</td><td><i>all present</i></td><td><i>P</i></td><td><i>all present</i></td><td><i>P</i></td><td><i>P</i></td><td><i>P</i></td><td><i>P</i></td><td><i>P</i></td><td><i>P</i></td><td><i>P</i></td><td>X</td><td>X</td><td>X</td> </tr> <tr> <td>16</td><td>15</td><td>14</td><td>13</td><td>12</td><td>11</td><td>10</td><td>9</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> </table>																X	<i>of</i>	X	<i>all present</i>	<i>P</i>	<i>all present</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	X	X	X	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	<i>of</i>	X	<i>all present</i>	<i>P</i>	<i>all present</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	X	X	X																																
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																																

**DENTURES PART:** 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:** Portion of maxilla of R 8 & L 7 thru L 8 is missing and no maxillary teeth present on this portion, R 7, unable to determine whether it is P or X as socket is not present. L 1? slightly rotated. R 2,3,4,11,13 & L 3, 4 & 5 show signs of attrition.

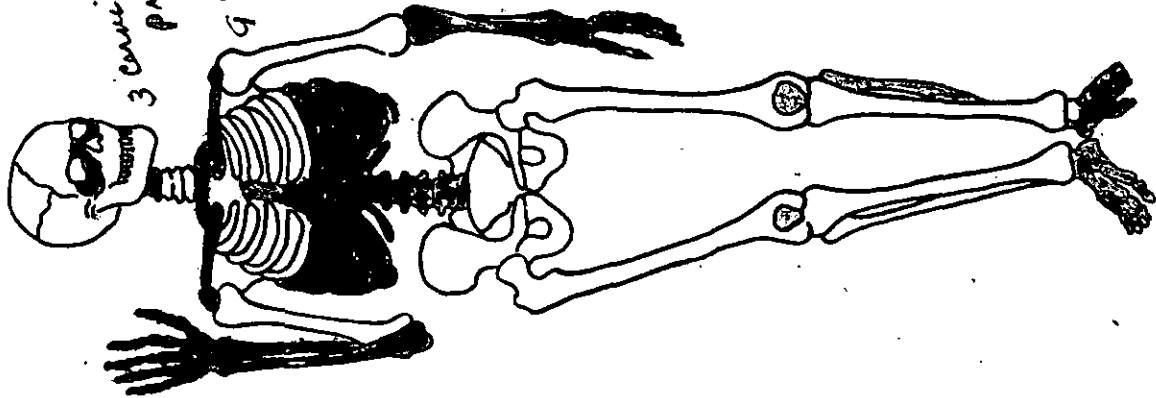
CERTIFIED TRUE COPY:

/s/t/ G. T. GAMBOA  
2d Lt., MSC

/s/ James W. McClanahan

A TRUE COPY  
*[Signature]*  
MAJOR, INF

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 \_\_\_\_\_ NUMBER \_\_\_\_\_ Decedents Based on the Presence of One or More of the Following Anatomical Parts :

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No personal effects, no ROI bottle nor I.D. tags found with remains. Circumference of the skull approximately 20 7/8". Estimated weight of remains 8 lbs.

CERTIFIED TRUE COPY :

/s/ G. T. Gamboa  
/t/ G. T. GAMBOA  
2d Lt., MSC

A TRUE COPY

*Elee L. Tyner*  
ELEE L. TYNER  
Major, INF

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/ ROY G RUFF SP-6 C-063085  
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Roy G Ruff

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

RESTRICTED

# REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

UNKNOWN X-159  
(Last name)

Hill near Limon, Leyte, P.I.  
(Place of death)

0900 hrs 31 July 1945  
(Time and date of burial)

(First) (Initial) (Serial number)  
Leyte, P.I. 21 Nov 1944

USAF Cemetery Leyte #1, P.I.  
(Name of cemetery) (Date of death) (Rank) (Organization)

(Cause of death) KIA

(Name or co-ordelees of location)

3675  
(Grave number)

Disposition of identification tags: Buried with body  
(Row number) (Plot number) Yes  No

Reg. Cross  
(Type of marker—Regulation V-shaped or other) Yes  No

Religion

Metal tag buried with remains and attached to marker.  
(If no identification tags, what means of identification are buried with the body?)

Disinterred from USAF Cemetery Valencia #1, Leyte, P.I. Grave 290 (X-7)  
(If no identification tags, but identity definitely established, give particulars)

UNKNOWN X-160  
(Name)

UNKNOWN X-158  
(Name)

Body buried on RIGHT  
Body buried on LEFT

List only personal effects FOUND ON BODY and disposition of same:  
(21) *Incl 4*

(Organization) (Organization)

3676  
(Grave number)  
3674  
(Grave number)

(Rank) (Rank) (Name, and address of LEGAL NEXT OF KIN) None

RESTRICTED

Graves Registration  
Form No. 1  
(Revised May 11, 1943)REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

UNKNOWN X-159

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Hill near Limon,	Leyte,	P.I.	21 Nov 1944		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)		(Name of cemetery)		(Name or co-ordinates of location)	

3675

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

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

Religion

Metal tag buried with remains and attached to marker.

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

Disinterred from USAF Cemetery Valencia #1, Leyte, P.I. Grave 290 (X-7)

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

Body buried on RIGHT	UNKNOWN X-160				3676
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	UNKNOWN X-158				3674
	(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:

None

(21)

Incl 4

**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 LANDMARKS.**

4. TRUE COPY: /s/t/ JOHN E. BOBIS, S/3gt, GRS  
 (Signature of officer or other person reporting burial)

MAJON, INF /s/t/ 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

# 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  
DATE

Unknown X - 159

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO. 3675

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

INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

**SYMBOLS IN WHOLE BOX**



**EXTRACTED**



**CAVITY. INDICATE LOCATION**



**FIXED BRIDGE (INCL. ABUTMENTS)**



**TEETH REPLACED BY DENTURE**



**POSTHUMOUSLY MISSING (LOST AFTER DEATH)**

**TYPE OF FILLING IN UPPER HALF OF BOX**



**AMALGAM (SILVER)**



**GOLD**



**SILICATE OR PORCELAIN**



**OXYPHOSPHATE (CEMENT)**



**LOCATION OF FILLING IN LOWER HALF OF BOX**



**MESIAL (BETWEEN-TOWARD FRONT)**



**OCCUSAL (BITING SURFACE BACK TEETH)**



**DISTAL (BETWEEN-TOWARD BACK)**



**LINGUAL (TOWARD TONGUE)**



**FACIAL (TOWARD CHEEK)**

*Handwritten initials*

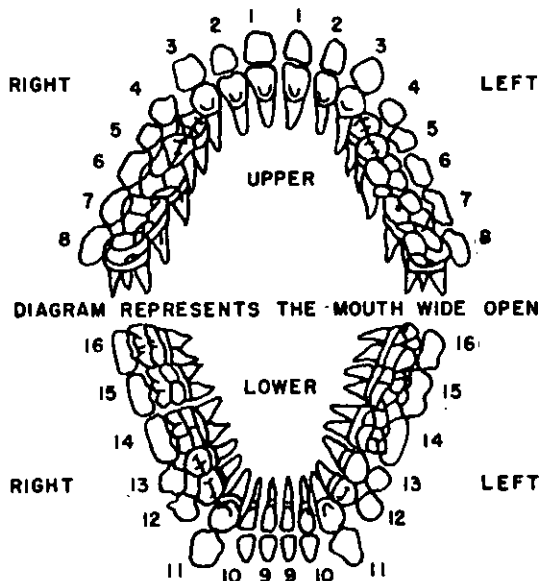
**INSTRUCTIONS:**

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:**

/s/ Paul R. Nichols  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Joseph M. Phelan  
VERIFIED BY GRS OFFICER

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

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

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

14 November 1946  
DATE

A TRUE COPY  
*Paul R. Nichols*  
PAUL R. NICHOLS  
Major, USAF

/mba

RESTRICTED

U-116

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

APR 28 1948

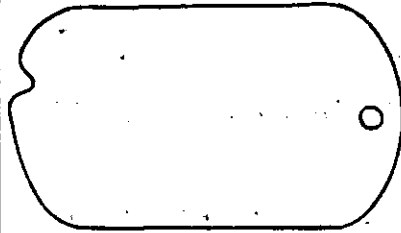
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

13 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)  
UNKNOWN X-3252 (Formerly Unk X-159  
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 1944

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.I.

DATE OF BURIAL 8 Jan 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. F	GRAVE No. 1862
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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. 3675
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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-3254	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 1864
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3250	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 1860
---	------	------------	--------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT  
R. R. ACIERTO, Pfc.

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
L. S. PANOPIC, 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

Jan 21 38



Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

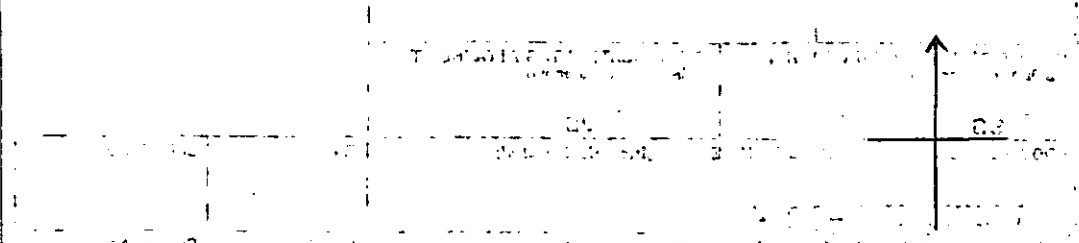
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

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

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



REMARKS:

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

2 MAR 1948

RIGHT LITTLE FINGER

RESTRICTED

RE-  
REPORT OF INTERMENT

U116  
U116

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

(Par. 21d - TM 10-630)

UNKNOWN X-159

(Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

Hill near Limon, Leyte, P.I. 21 Nov 1944 KIA

(Place of Death) (Date of Death) (Cause of Death)

0900 hrs 31 July 1945

(Time and Date of Burial)

USAF Cemetery Leyte #1, P.I.

(Place of Burial - Name and No. of Cemetery, if in a cemetery)

3675

(Grave No.)

(Row No.)

Reg. Cross

(Plot No.)

(Kind Grave Marker)

Buried with body

Attached to marker

(Identification Tags)

Metal tag buried with remains and attached to marker.

Protestant

Catholic

Hebrew

Disinterred from USAF Cemetery Valencia #1, Leyte, P.I. Grave 290 (X-7)

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) 729

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-160**

**3676**

On Left— **UNKNOWN X-158**

**3674**

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

Signature of Officer or other person reporting Burial.

*Francis M. Simon*

**FRANCIS M. SIMON, 1st Lt., QMC**

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.

Unknown X-7

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Hill near Linon, Leyte, P.I.

21 Nov 44

KIA

(Place of death) (Date of death) (Cause of death)

1630 9 February 45 USAR CEM. #1

VALENTIA, Leyte, P. I.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

290

9

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 Unknown X-8

(Name) (Serial number) (Rank) (Organization) (Grave number)

291

Body buried on LEFT Unknown X-6

(Name) (Serial number) (Rank) (Organization) (Grave number)

289

(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

*Don't put 6/18*

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.

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

*Walter F. Leonard*

WALTER F. LEONARD

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RECEIVED  
6 JUN 1949

RIGHT HAND

RESTRICTED

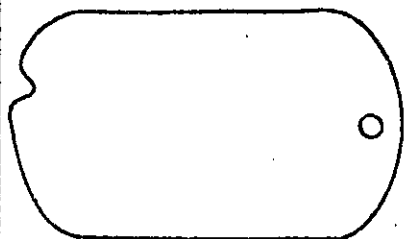
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

13 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOW N X-3252 (Formerly Unk X-159 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 1944
---	-----------------------	------------------------------

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

N O N E

TRU COPY:  
*[Signature]*  
Major [Signature]

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS Mausoleum, Manila, P. I.

DATE OF BURIAL Storage 8 Jan 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Stored Casket	TYPE OF GRAVE MARKER None	PLOT No. Hanger Bay Crypt 813	ROW No. F	GRAVE No. 1862
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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. 3675
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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) Stored Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) Stored UNKNOW N X-3254	RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 1864
---	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) Stored UNKNOW N X-3250	RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 1860
--	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. R. ACIERTO, Pfc	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ L. C. PANCIPIO, 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

Incl 2

**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.

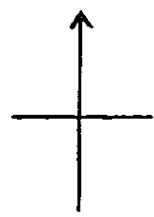
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

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

**REPORT OF INTERMENT**  
(TM 10-630 AND AR 30-1815)

Unknown X-7

(Last name)	(First)	(initial)	(Serial number)	(Rank)	(Organization)
Hill	near Limon, Leyte, P.I.		21 Nov 44		KIA
(Place of death)	(Date of death)	(Cause of death)			
1630 9 February 1945	USAF Cen. #1	VALENCIA, Leyte, P.I.			
(Time and date of burial)	(Name of cemetery)	(Name or co-ordinates of location)			
290	9	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

Religion.....

(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 <b>RIGHT</b>	Unknown X-8				291
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on <b>LEFT</b>	Unknown X-6				289
	(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:

None

*Level 3*



**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.

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

A TRUE COPY

/s/ Walter T. McDonald  
/t/ WALTER T. McDONALD

(Signature of officer, or other person reporting burial)

EDWARD J. LEE  
Major, INF

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND