

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unbr. Lays #1 X-17

SUBJECT

also - maus manila X-3720

1. FILE UNDER NO. 293 - Unk. Philippine Islands X- 3720 (Manila, Maus.)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 7 Oct 49
4. FROM: OCMG
5. TO: CG, Philippine Command, APO 707, San Francisco, Calif.
6. SUBJECT: Identification of World War II Deceased

7. DOCUMENT FILED UNDER NO. 293 - GRS, Far East (C)

rfs

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.

1

/drs

Interred 8 February 1950

D 12 43 Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00038

DATE

15 | 05 | 48
DAY | MONTH | YEAR

NAME

UNKNOWN X-000017

SERIAL NUMBER

RANK

0

ARM

0

DATE OF DEATH

DAY | MONTH | YEAR

CEMETERY

USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS

0 7701 | 80
CODE | DIST. PT.

PLOT ROW GRAVE COUNTRY

488 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNK X-17
UNK X-3720 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

27 Sept. '48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

ALBION H. McLELLAN JR.
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 1

2 Mausoleum tags show UNK X-3720

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept. '48

BY

ALBION H. McLELLAN JR.

CASKET SEALED BY

ALBION H. McLELLAN JR.

EMBALMER (Signature)

Albion H. Mclellan Jr.
ALBION H. McLELLAN JR.

CASKET BOXED AND MARKED

DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt. INF

SHIPPING ADDRESS VERIFIED BY

CHARLES R. BATES, 1st Lt., USAFR

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 FEB 1950

REPATRIATION
BRANCH
MEM. DIV.

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|------------------------------------|------|---|---------------------------|
| FROM AGRS Mausoleum | | TO Fort McKinley Military Cemetery | |
| KIND OF CONVEYANCE Truck | | NAME OF CONVOYER <i>[Handwritten Signature]</i> | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER <i>[Handwritten Signature]</i> | DATE FEB 8 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 <i>[Handwritten: 100 YD. WITH BLUE LINE 100 YD.]</i> | | 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 |

FILE UNDER NO. 293

Unk. P.I. X-17 (Leyte #1).

INDEX FILED
MAY 1947

23 Apr. 1947.

9TH IND.

FROM: OCSG.
TO: CG, Philippines-Myanmar Command, apo 707,
c/o PM, San Francisco, Calif.

RE: Comparison of tooth charts for Unks. X-15, 17, 21, 23 & 24,
Leyte #1, have been made with existing dental records for Pfc Troy B.
Lusky, with neg. results. Records of this office indicate Unk X-13, Leyte #1,
has been identified as S/Sgt. James O. Collins, 38209360.

DOCUMENT FILED UNDER NO. 293 Unk. P. I. ^{X-19}~~X-17~~ (Leyte #1). ~~X-15, 17, 21~~
~~23 and 24~~.

op

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

2 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

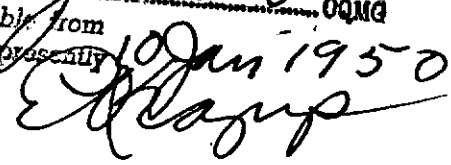
The records pertaining to Unknown X- 17, Flot ,
Row , Grave 488, USMC USAF Cem. Leyte #1 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



F. B. MCNEWAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received 3 Jan 1950 OQMG
Not identifiable from
information presently
available 10 Jan 1950


IDENTIFICATION DATA

| | | | | | |
|--|---------|--------|----------|---------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-3720 (formerly UNK X-17 Leyte #1) a | | | | 2. DATE OF REPORT 8 Dec 1949 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 812 | V | 5590 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|----------------------------|---------------------|--------------------------|---------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT | 10. COLOR OF HAIR UTD | 11. RACE Unknown |
|----------------------------|---------------------|--------------------------|---------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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

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

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)

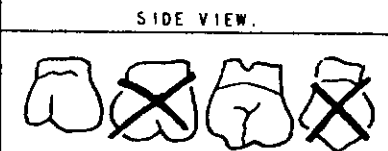
NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Final 11/2

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:



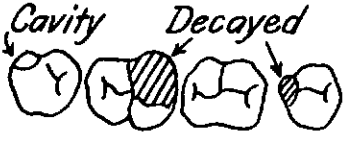
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 |
| Maxilla | | | | | | | | Missing | | | | | | | |
| <i>Side Views</i> | | | | | | | | | | | | | | | |
| <i>Top Views</i> | | | | | | | | | | | | | | | |
| <i>Side Views</i> | | | | | | | | | | | | | | | |
| Mandible | | | | | | | | Missing | | | | | | | |
| 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 teeth found with remains.

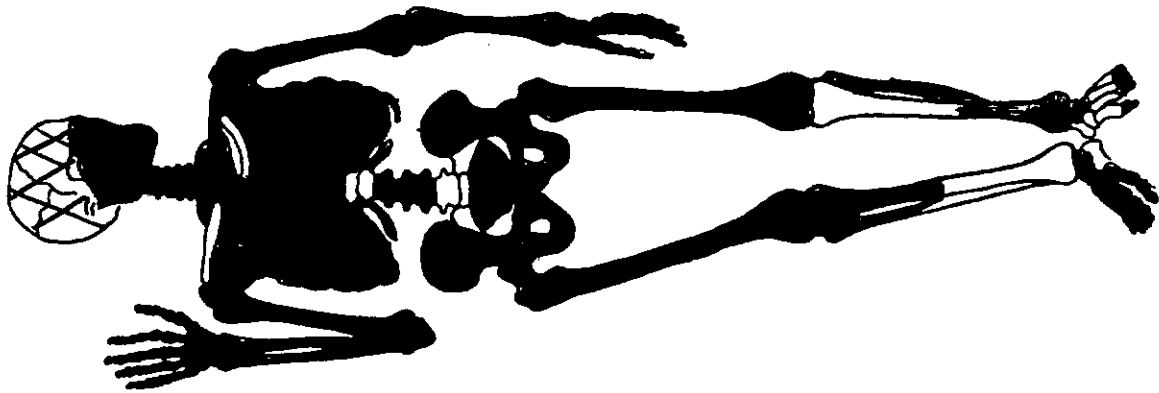
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R. NICHOLS

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA Chief, Iden 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 ROI, identification tags or personal effects found with remains.

Estimated weight of remains 2 lbs.

"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 Sec

SIGNATURE

IDENTIFICATION DATA

| | | | | | |
|--|----------------------------|---|----------|--------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-3720 (Formerly UNK X-17, USAF Cemetery Leyte #1, P.I.) | | | | 2. DATE OF REPORT 11 Feb 48 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 812 | V | 5590 | DISINTERMENT | REINTERMENT |
| 24 Dec 47 12 Feb 48 | | | | | |
| PHYSICAL DESCRIPTION | | | | | |
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT UTD | 10. COLOR OF HAIR UTD | | 11. RACE 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- Due to condition of remains. | | | | | |
| 14. WAS BODY BURNED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | TO WHAT EXTENT ? Bone structure shows that the remains was burned. | | | |
| 15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | TO WHAT EXTENT ? Most bones fractured. | | | |
| 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 | | | | | |

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>Maxilla</i> | | | | | | | | <i>Missing</i> | | | | | | | |
| SIDE VIEWS | | | | | | | | | | | | | | | | |
| TOP VIEWS | | | | | | | | | | | | | | | | |
| SIDE VIEWS | | | | | | | | | | | | | | | | |
| | <i>Mandible</i> | | | | | | | | <i>Missing</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: Maxilla and mandible missing. No teeth found with remains.

CERTIFIED TRUE COPY

G. J. Gamber
G T GAMBQA
2d Lt MSC

/s/ J. J. McDermott
Laboratory Officer

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, ROI bottle, or other means of identification found with remains.

No personal effects, Estimated weight of remains 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

/p/ ROBERT F. STEVENSON

CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Robert F. Stevenson

REPORT OF DISINTERMENT FOR IDENTIFICATION

8 January 1948

1. Remains of (Name)

Serial Number

UNKNOWN X-17

Grade

Organization

. Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

488

2. Date of Disinterment

NEXT TO KIN: -

24 December 1947

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

Original made in shelter halve burial. Skull fragmentated. Major bones missing. Tag on marker coincides with ROI on file.

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

Substitute tag

On Remains

Identification tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration


5. Signature of Officer Supervising Disinterment and Reinterment.

James H. Jackson
JAMES H. JACKSON, Major, TC.

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

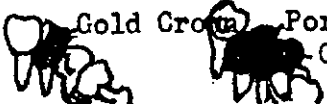
1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side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

Missing Teeth



Tooth Missing Tooth Missing

Crowned Teeth



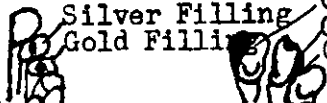
Gold Crown Porcelain Crown
Gold Crown

Bridgework




Gold & Porcelain Bridge Gold Bridge

Fillings



Silver Filling Gold Filling
Gold Filling Gold Filling

Caries (Cavities)



Cavity Decayed
Decayed Decayed

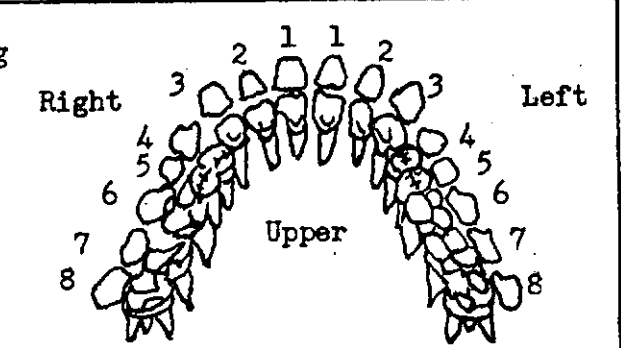
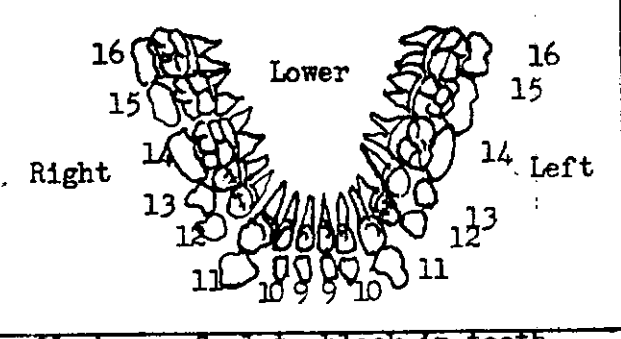
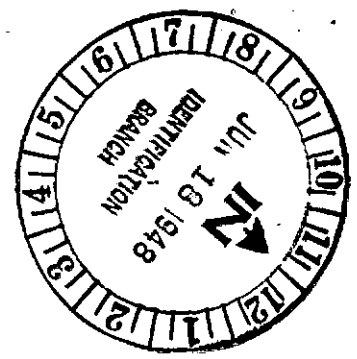


Diagram represents the mouth wide open



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



5-34880-4M

IDENTIFICATION SECTION
REPARATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

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

89

8685

8685

UNKNOWN X-17

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

San Pedro Bay, Leyte, P.I. 25 October 1944 KIA-bomb hit-amputation of
(Place of death) (Date of death) all extremities, burns, severe.

1000 hrs 9 June 1945 USAF Cemetery Leyte #1, P.I.
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

488

(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

Disinterred from USAF Cemetery Palo #5, Leyte, P.I. Grave 20 (X-4)

Metal tag buried with body and attached to marker.

(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 MAZZAROPPI, Arthur C. 800 39 92 Slc USS LST 552 489
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT HIGGINBOTHAM, Albert L. 803 47 77 Bkr2c USS LST 552 487
(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

RESTRICTED

10990

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? No; decapitation |

(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.:

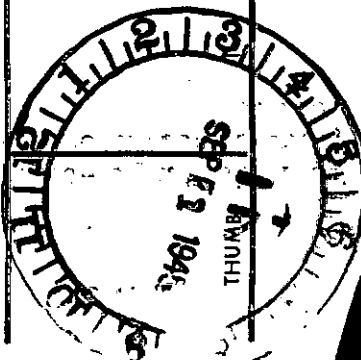
IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

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 GRS)



LEFT HAND

RIGHT HAND

THUMB

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

27 Jan 45

8685

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

UNKNOWN X-4

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
San Pedro Bay, Leyte Island, P.I. 25 October 1944 KIA-Bomb hit-Amp of all
(Place of death) (Date of death) extremities, severe. (Cause of death)
1410-26 October 1944 USAF Cem Palo No. 5, P.I. (Temp) (57.2-51.3)
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)
Map: 4544-I-SE Kabalawan SE, Leyte Province, P.I.

20 1 Regulation V-shaped
(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
Report containing available information as indicated hereon (on reverse side) enclosed in identification bottle buried with body. Same data on marker.
(If no identification tags, what means of identification are buried with the body?)

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

- Body buried on RIGHT Higginbotham, Albur L. 803-47-77 USN USS LST #552 21
(Name) (Serial number) (Rank) (Organization) (Grave number)
- Body buried on LEFT Mazzeroppi, Arthur C. 800-39-92 USN USS LST #552 19
(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

Incol 66

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 : Not determin. Apparent nationality : Not determin.
 Weight : Not determin. Laundry marks : None
 Color of eyes : Not determin. Number of rifle : No Rifle.
 Color of hair : Not determin. Wear glasses ? Not determin.
 Race : Not determin. Is tooth chart attached ? No.

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

In space below, locate and describe any scars, birthmarks, moles deformities, etc. : Body so severely burned and mangled as to make identification impossible. Fingerprints and dental chart not practicable.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. : No information on EMT except: Unidentified KIA -Traumatic amputation all extremities. Station were tagged: Co B, 24th Med Bn Date: 25 Oct, 1944. Death occurred as result of bomb hit on USS LST #552.

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

Chris J. Berlo

(Signature of officer or other person reporting burial)

Chapl. Capt. CHRIS J. BERLO, 19th Inf.

George Summers
 GEORGE SUMMERS, 1st Lt., QMC

RECEIVED
 13 JAN 1944

LEFT HAND

RIGHT HAND

4
3
2
1
THUMB

4
3
2
1
THUMB

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.

9 December 1946
DATE

UNKNOWN X-17

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

San Pedro Bay Leyte
PLACE OF DEATH

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

488
PLOT ROW GRAVE NO.

| | | | | | | | | | | | | | | | | | | | | | |
|----------|----------------------|---|---|---|---|---|---|---|-------------|---|---|---|------|---|---|---|--|--|--|--|--|
| | RIGHT | | | | | | | | UPPER TEETH | | | | LEFT | | | | | | | | |
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | |
| TYPE | | | | | | | | | | | | | | | | | | | | | |
| LOCATION | | | | | | | | | | | | | | | | | | | | | |
| | <i>M I S S I N G</i> | | | | | | | | | | | | | | | | | | | | |
| | INSIDE — LOOKING OUT | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | |
|----------|-------|----|----|----|----|----|----|---|-------------|----|----|----|------|----|----|----|--|--|--|--|--|
| | RIGHT | | | | | | | | LOWER TEETH | | | | LEFT | | | | | | | | |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | | | | |
| TYPE | | | | | | | | | | | | | | | A | A | | | | | |
| LOCATION | | | | | | | | | | | | | | | O | F | | | | | |

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

| | | |
|--|---|--|
| <p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 50px; height: 30px; text-align: center; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding: 2px;"> </div> <div style="display: flex; justify-content: center; align-items: center; height: 15px;"> X </div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 50px; height: 30px; text-align: center; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; padding: 2px;"> </div> <div style="display: flex; justify-content: center; align-items: center; height: 15px;"> X </div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">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: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div> | <p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div> |
|--|---|--|

Jmel

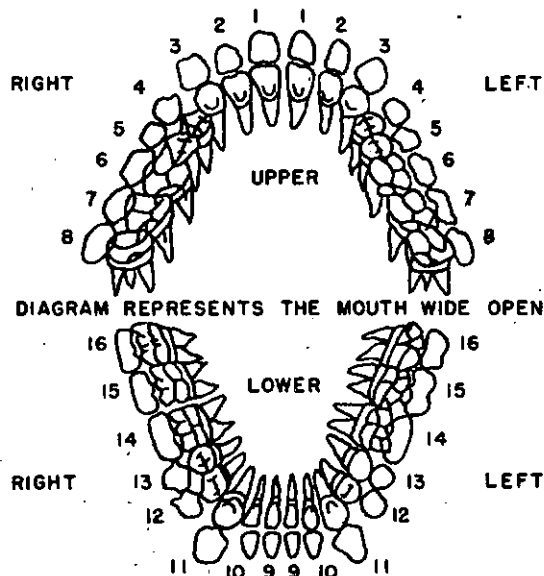
INSTRUCTIONS:

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

9 December 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.

9 December 1946

DATE

~~UNIFORM 1-17~~

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

San Pedro Day Leyte

USAF Cemetery Leyte P.I.

183

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 | | | | | | | | | | | | | | | TYPE |
| LOCATION | | | | | | | | | | | | | | | LOCATION |

M-I-S-S-I-N-G
INSIDE — LOOKING OUT

| RIGHT | | | | LOWER TEETH | | | | LEFT | | | | | | | |
|----------|----|----|----|-------------|----|----|---|------|----|----|----|----|----|----|----|
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| TYPE | | | | | | | | | | | | | | A | A |
| LOCATION | | | | | | | | | | | | | | O | F |

MISSING

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

| SYMBOLS IN WHOLE BOX | | TYPE OF FILLING IN UPPER HALF OF BOX | | LOCATION OF FILLING IN LOWER HALF OF BOX | |
|----------------------|---|--------------------------------------|-----------------------|--|-------------------------------------|
| | EXTRACTED | | AMALGAM (SILVER) | | MESIAL (BETWEEN-TOWARD FRONT) |
| | CAVITY. INDICATE LOCATION | | GOLD | | OCCUSAL (BITING SURFACE BACK TEETH) |
| | FIXED BRIDGE (INCL. ABUTMENTS) | | SILICATE OR PORCELAIN | | DISTAL (BETWEEN-TOWARD BACK) |
| | TEETH REPLACED BY DENTURE | | OXYPHOSPATE (CEMENT) | | LINGUAL (TOWARD TONGUE) |
| | POSTHUMOUSLY MISSING (LOST AFTER DEATH) | | | | FACIAL (TOWARD CHEEK) |

Unc 3

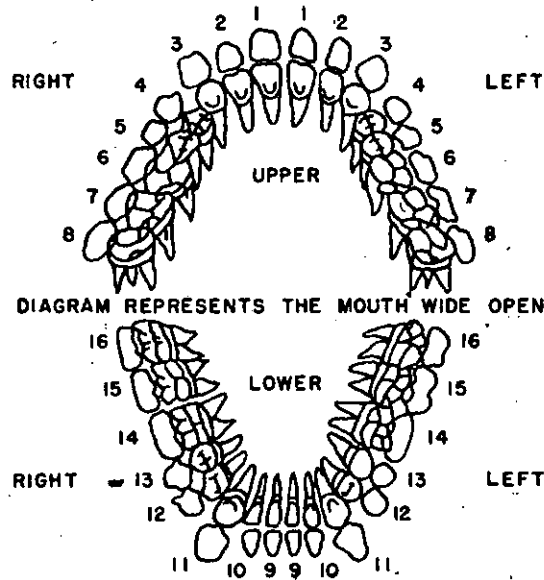
INSTRUCTIONS:

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, Esquire
NAME AND RANK TYPED OR PRINTED

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

Joseph E. Phelan
VERIFIED BY GRS OFFICER

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

9 December 1946
DATE

RESTRICTED

JUN 12 1948


U 3388 A

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

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

STORAGE

DATE OF REPORT
25 Feb 48

| | | | |
|--|---|-----------------------------|---|
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | | |
| | NAME (Last, first, middle initial) UNKNOWN X-3720 (Formerly UNK X-17, USAF Cem #1, Leyte, 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 San Pedro Bay, Leyte, P.I. | CAUSE OF DEATH KIA- bomb hit, amputation of all extremities, burns, severe | DATE OF DEATH 25 Oct 44 |
|---|--|----------------------------|

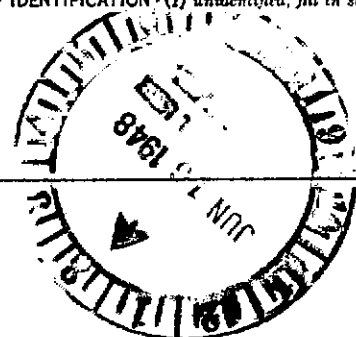
EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

| | |
|--|--|
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2) | |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None



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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSCLEUM, MANILA, P. I.

| | | | | | | |
|--|--------------|---|---------------------------------|-----------------|-------------------------|--------------------------|
| DATE OF BURIAL STORAGE 12 Feb 48 | HOUR 1100 | BURIED IN (Shroud, blanket, or name of other) STORED Casket | TYPE OF GRAVE MARKER None | PLOT No. 812 | ROW No. V GER BAY | GRAVE No. 5590 KTY |
|--|--------------|---|---------------------------------|-----------------|-------------------------|--------------------------|


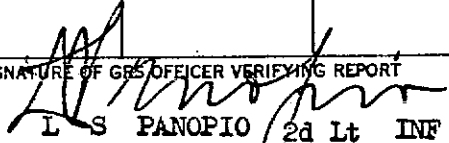
| | | |
|--|--|---|
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery #1, Leyte, P.I. | PLOT No. ROW No. GRAVE No. 488 |
|--|--|---|

| | | |
|-------------------------------|--------------------------------|--|
| 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 UNKNOWN X-3721 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 5591 |
|--|------|------------|--------------|----------------------------|


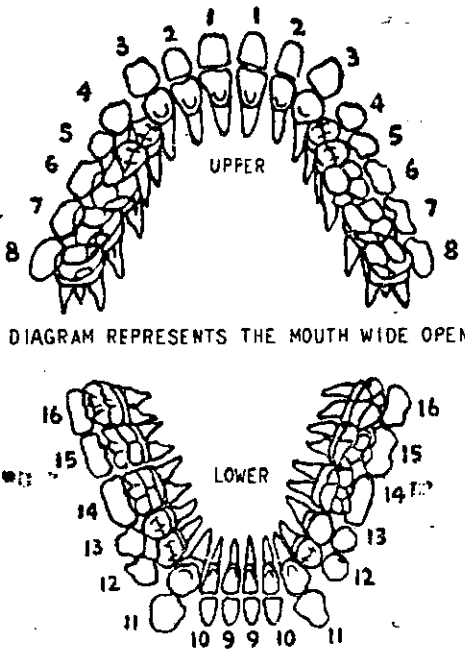




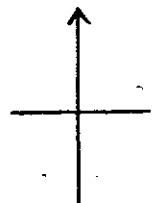
| | | | | |
|---|------|------------|--------------|----------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3718 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 5589 |
|---|------|------------|--------------|----------------------------|

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT  V. C. AQUINO, T/5, QMC | 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

2-27-370

| | | | | | | |
|--|--------------------------------------|---|--------|---|---------------|--------------------------------|
| | Section UNIDENTIFIED REMAINS. | <p>INSTRUCTIONS:</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p> | | | | |
| LEFT LITTLE FINGER | LEFT RING FINGER | HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| LEFT MIDDLE FINGER | LEFT INDEX FINGER | WEAPON AND SERIAL NO. | | LAUNDRY MARKS | | WHERE BODY WAS BURIED OR FOUND |
| OTHER IDENTIFICATION CLUES | | | | | | |
| LEFT THUMB | RIGHT THUMB | <p>FILLINGS</p>  | |  | | |
| LEFT THUMB | RIGHT THUMB | <p>CAVITIES</p>  | | | | |
| RIGHT THUMB | RIGHT THUMB | <p>MISSING TEETH</p>  | | | | |
| RIGHT INDEX FINGER | RIGHT INDEX FINGER | <p>CROWNED TEETH</p>  | | | | |
| RIGHT MIDDLE FINGER | RIGHT MIDDLE FINGER | <p>BRIDGE WORK</p>  | | | | |
| RIGHT RING FINGER | RIGHT RING FINGER | | | | | |
| RIGHT LITTLE FINGER | RIGHT LITTLE FINGER | <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div> | | | | |
| REMARKS: | | | | | | |
| <p>QMC Form 1044, 1044-A and 1044-B accomplished.</p> | | | | | | |
| <p>19 MAY 1948</p> | | | | | | |