

/rgb/

/bpm

1

Interred Jan 1950
J 7 14 Ft. McKinley
Correct Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

SECTION A - Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER DATE
7740 00194 15 05 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X-000176 0 0
CEMETERY USAF CEMETERY LEYTE NO. 1 0
DAY MONTH YEAR
7701 80
CODE DIST. PT.
PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
3830 PHILIPPINE ISLANDS 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNK X-3336 (Maus)
UNK X-176 27 Sept 1948
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN JOSEPH W. GESUSE
 MARKER EMBALMER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Shelter Half Skeletal

OTHER MEANS OF IDENTIFICATION
MINOR DISCREPANCIES 1

Two (2) Mausoleum Tags - UNK X-3336

REMAINS PREPARED AND PLACED IN CASKET
DATE 27 Sept 1948 BY JOSEPH W. GESUSE

CASKET SEALED BY JOSEPH W. GESUSE EMBALMER (Signature)
JOSEPH W. GESUSE

CASKET BOXED AND MARKED HORACE L. ALLISON SHIPPING ADDRESS VERIFIED BY
DATE 27 Sept 48 Sgt., Inf. HONORIO V. AURELIO, 1st Lt., Inf.

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

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Font McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE JAN 23 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 (LA VANDERBILTIAE ORDOS)		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FOBI MC KINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Nub-Leyte #1 (misc)

X-163 X-165 X-166 X-167 X-168 X-171 X-172
X-173 X-174 X-175 X-176 X-178

SYNOPSIS AND DATES

NEW CLASSIFICATION mis filed
293 Nub-Leyte #1 X-163

RECLASSIFICATION SHEET

1
INDEX NO. 293 - Unknown P.I. X-176 (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

5th Ind.

17 Feb. 1947

RE: 293
OO:

OO: 293
CO, Amer. GRS Area, Command, Pacific Theater, APO 707, c/o FM
San Francisco, Calif.

RE:

Identification of Unknown Deceased.

INDEXED UNDER NO. 293 - Unknown P.I. (Misc) (Leyte #1)

OO:

FILE UNDER NO: 293 - Unknown X-176 P.I. (Leyte #1)

INDEX SHEET
SYNOPSIS

Memo

10 April 1946

FROM: AGO
TO: World War II Records AGO, St. Louis, Mo.

RE: Information required for Graves Registration.

DOCUMENT FILED UNDER NO: 293 - Unknown (Misc) P.I. (Leyte #1)

bm

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- 176, Plot _____,
Row _____, Grave 3830, 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:



B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 30 Dec 1949 OQMG
Not identifiable from
information presently 5 Jan. 1950
available

Ed Kaye

Int 11

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3336 (Formerly UNK X-176 Leyte #1)			2. DATE OF REPORT 9 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 813	5. ROW I	6. GRAVE 2821	
			7. DATE OF DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 7$\frac{1}{2}$"	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? 3rd degree burns
---	--

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)

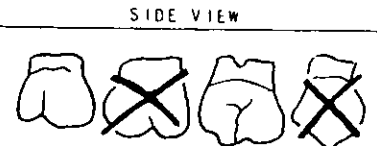
N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Smith 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:



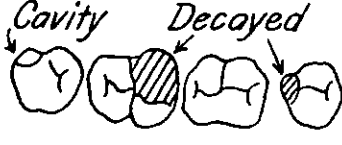
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
← M A X I L L A								M I S S I N G →							
Side Views								Side Views							
UPPER								UPPER							
Top Views								Top Views							
LOWER								LOWER							
Side Views								Side Views							
← M A N D I B L E								M I S S I N G →							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

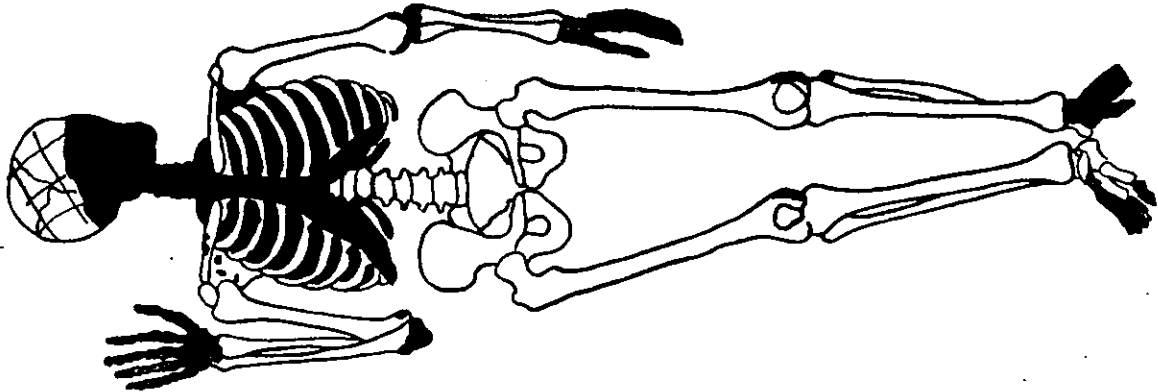
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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 _____ 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 - 6 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, Identification Section

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3336 (Formerly Unk X-176 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 9 Jan 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 813	5. ROW HANGER BAY I	6. GRAVE CRYPT 2821	7. DATE OF DISINTERMENT 8 Dec 47	
				REINTERMENT STORAGE 12 Jan 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 7½"	10. COLOR OF HAIR UTD	11. RACE
----------------------------	-------------------------------	--------------------------	----------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

UTD

14. WAS BODY BURNED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT ? 3rd degree burn
--	-------------------------------------

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

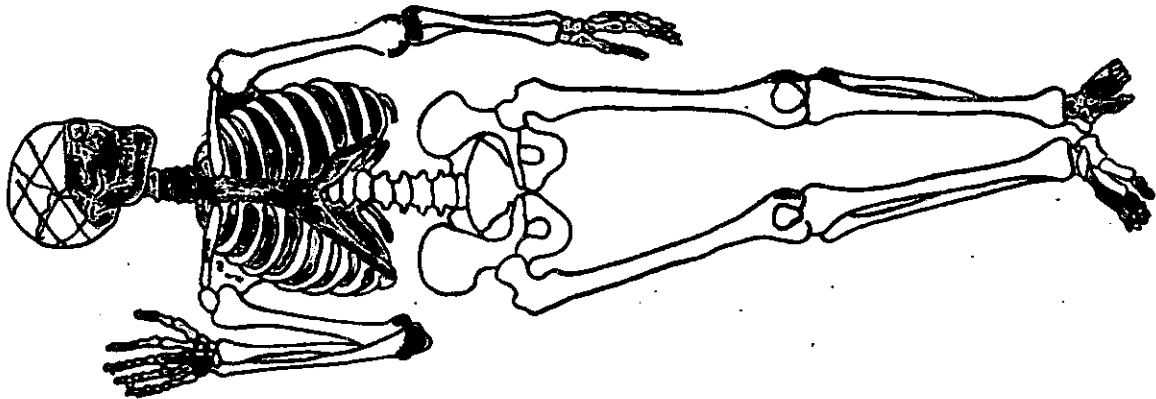
No clothing nor personal effects found with remains.

CERTIFIED TRUE COPY:

G. T. Gamboa

G. T. GAMBOA
2d Lt., MSC

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

17 Ribs

7 Thoracic) Vertebrae

5 Lumbar)

Skull fragments

Estimated weight of remains is 6-lbs.

CERTIFIED TRUE COPY:

G. T. GAMBOA
 2d Lt., MSC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

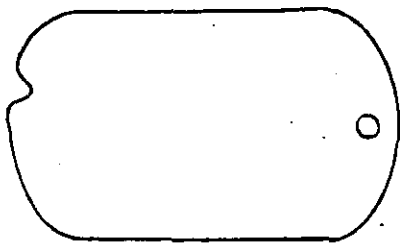
p/ FORREST G. BRADEN - SR EMB.

CIP Laboratory, Manila, P.I.

SIGNATURE

s/ Forrest G. Braden.

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	APR 28 1948	REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT 16 Jan 48
---	--------------------	---	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-3336 (Formerly Unk X-176 USAF Cem Leyte #1, P.I.)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Aboard SS Deady, Leyte, P.I.	CAUSE OF DEATH KIA- 3rd degree burns	DATE OF DEATH 2 Nov 44
---	---	---------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 5 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 MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL STORAGE 12 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. I	GRAVE No. CRYPT 2821
--	--------------	--	---------------------------------	-----------------	--------------	----------------------------

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. 3830
--	---	--

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 STORED	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3338	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2823
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3335-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2819
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. Acierto</i> R. ACIERTO, Pfc.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>L. S. Panopio</i> 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.

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


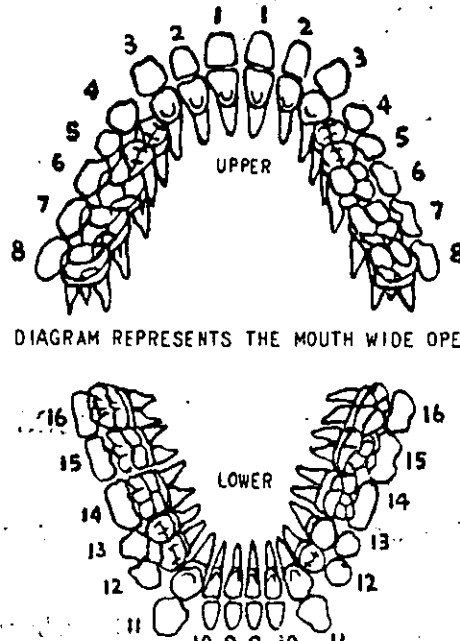




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

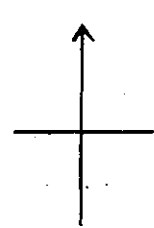
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>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 1044, 1044-A and 1044-B accomplished.

9 MAR 1948

REPORT OF INTERMENT

9424 9424

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

(Par. 21d - TM 10-630)

UNKNOWN SOLDIER X-176

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

Aboard SS DEADY, Leyte P.I.

2 November 1944

KIA 3rd deg burns

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

1600 hrs 1 August 1945

USAF Cemetery, Leyte #1, P.I.

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

3830

Reg Cross

Buried with body Attached to marker

(Grave No.)	(Row No.)	(Plot No.)	(Kind Grave Marker)	(Identification Tags)
-------------	-----------	------------	---------------------	-----------------------

UNKNOWN X-6

Protestant Catholic Hebrew

Disinterred from USAF Cemetery Tacloban #1, Leyte, P.I. grave 191

Metal tag buried with remains and attached to marker

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

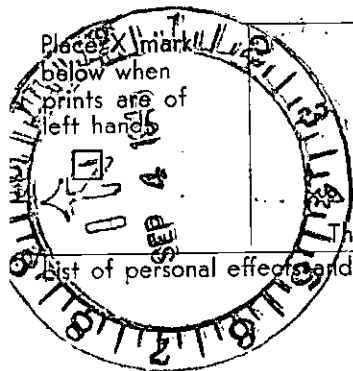
(Name and address of Emergency Addressee)

(Name and address of legal next of kin)

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)



Thumb	1	2	3	4

List of personal effects and disposition of same

EQ1B

Tooth chart attached to previous report

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

On Right— KAPLAN, Rubin V., 32 438 420, S/Sgt, 421st AV Sq 3891

On Left— UNKNOWN X-175 3829

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

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

Signature of Officer or other person reporting Burial.

Verified by Army G.R.S. Officer.

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

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

RESTRICTED

9434

13 FEB 1945

Unknown Soldier X 6.

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
SS DEADY,	Tacloban,	Leyte,	P.I.	2 Nov. 1944.	KIA. 3rd degree. Burns.
(Place of death)			(Date of death)	(Cause of death)	
1000	4 Nov. 1944.	USAF.	Cemetery Tacloban	#1.	Leyte, P.I.
(Time and date of burial)		(Name of Cemetery)		(Name of coordinates of location)	

Tooth Charts Attached, Finger Prints Un-available.

191	5	2	Reg. V-Marker.
(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

Duplicate report of interment in bottle with body. *Info painted on 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	Unknown Soldier X 7.	192
(Name)	(Serial number)	(Grave number)
Body buried on LEFT	Kaplan, Rubin V. 32438420	S/Sgt. 421NF Sq 86Ftr Gr.190
(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:

(*) No. 1247

inert #29

NONE.

Inert b2

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: _____
Colour of eyes: _____ Number of rifle: _____
Colour 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.

Otto H. Kaufmann
Otto H. KAUFMANN Sgt. 48th GRS

(Signature of officer or other person reporting burial)

Alger G. Johnson
ALGER G. JOHNSON 1ST LT. QMC.

(Verified by Army GRS Officer)

LEFT HAND

2

3

4

THUMB

RIGHT HAND

2

3

4

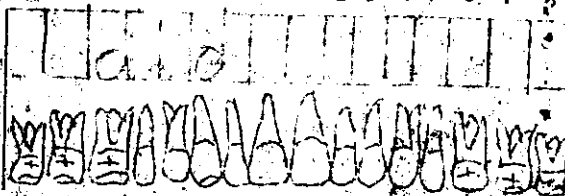
THUMB

5000 11-11-43
AS

REPORT OF DENTAL SURVEY

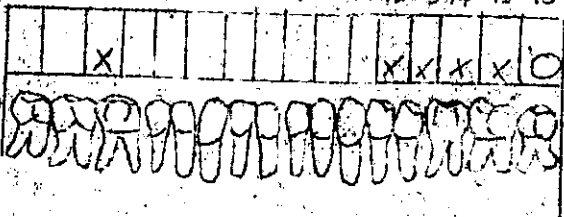
UPPER TEETH

RHL:
LHL:
 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8



LOWER TEETH

RHL:
LHL:
 18 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



UL 3 Chipped
 UR 63 Cavity 7-8 Extracted
 L 10 Cavity 11-13 14 15 Missing Not Ext.
 R 14 Extracted

UNKNOWN X-6

TACLOBAN #1