

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Misc. Expts #1 (misc)

X-605 X-194 X-210 X-336 X-177 X-186

X-183 X-603 SYNOPSIS AND DATES

NEW CLASSIFICATION misc filed  
293 Misc. Expts #1

X-605  
misc  
D-2

# RECLASSIFICATION SHEET

QMCMT 293  
GMS Far East

25 January 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

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

X-2212  
Unknown X-3385 (formerly X-608, Leyte #1)  
" X-3316 ( " X-194, " " )  
" X-3363 ( " X-210, " " )  
" X-3402 ( " X-336, " " )  
" X-3419 ( " X-177, " " )  
" X-3423 ( " X-183, " " )  
" X-3738 ( " X-608, " " )  
" X-3311 ( " X-186, " " )

2. Records of this Office indicate that the Mausoleum number for Unknown X-186, Leyte #1 is X-3311 instead of X-3311, as recorded on QMC Form 1044 forwarded by your Office.

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

FOR THE QUARTERMASTER GENERAL:

R. Miller:lrc  
Salsar  
JW  
cc--Administrative Section  
cc--Cincfe

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

REB

TEC

~~SECRET~~

GRPZ 293

APO 900

6 January 1950

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 QMGMTU 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-2212 AGRS Mslm  
X-3255  
X-3315-A  
X-3363-A  
X-3402-A

UNKNOWN X-3419 AGRS Mslm  
X-3423  
X-3738  
X-3311

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

FOR THE COMMANDING OFFICER:

9 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

/bpm  
1  
/log.

Interred 14 1950  
N 11 72 Ft. McKinley

*Carl R. H. Mark*  
CARL R. H. MARK  
Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00201

DATE

15 05 48  
DAY MONTH YEAR

NAME UNKNOWN

SERIAL NUMBER X-000183

RANK 0

ARM Q

DATE OF DEATH

CEMETERY USAF CEMETERY / LEYTE NO 1

0

DISPOSITION OF REMAINS  
7701 80  
DAY MONTH YEAR

PLOT ROW GRAVE

COUNTRY 4219 PHILIPPINE ISLANDS

6

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-183  
UNKNOWN X-3423 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
28 Oct '48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
RICHARD A HOYT  
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  
Tags show UNKNOWN X-3423 (Maus)

REMAINS PREPARED AND PLACED IN CASKET  
DATE 28 Oct '48

BY RICHARD A HOYT

CASKET SEALED BY  
RICHARD A HOYT

EMBALMER (Signature)  
*Richard A Hoyt*  
RICHARD A HOYT

CASKET BOXED AND MARKED  
28 Oct '48  
DATE 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 1350

SIGNATURE OF GRS INSPECTOR PATRIATION

BRANCH

*[Handwritten signature]*

1 Prepare Discrepancy Report QMC 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>Barrettsonak</i>	DATE <b>FEB 14 1950</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	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>TRUCK</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>LONG MC KINLEY CEMETERY</i>	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  
PACIFIC ZONE  
AMERICAN GRAVES REGISTRATION SERVICE


6 Jan. 1950  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 183, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 4219, USMC Leyte #1, P.I., have  
been reviewed and it is the opinion of this office that insuffi-  
cient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

  
J. B. MCNEWMAR  
Captain, OMC  
Chief, Records Branch

Atch: Form 1044

Received Jan 19 1950 0019  
Not identifiable from  
information presently  
available Robert W. Miller

Jan 7

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-3423 (Formerly UNK X-183, USAF Cem Leyte #1, P.I.)</b>	2. DATE OF REPORT <b>6 Jan. 1950</b>
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3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>813</b>	5. ROW <b>K</b>	6. GRAVE <b>3361</b>	7. DATE OF	
			DISINTERMENT <b>5 Dec 47</b>		REINTERMENT <b>14 Jan 48</b>

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 5-3/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>U T D</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N O N E**

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

**U T D**

14. WAS BODY BURNED?	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

**U T D**

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

**N O N E**

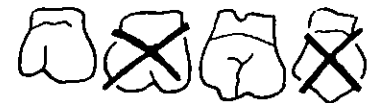
RECEIVED IN THE OFFICE OF THE  
 BY REASON OF THE  
 IDENTIFICATION DATA

*Incl 72*

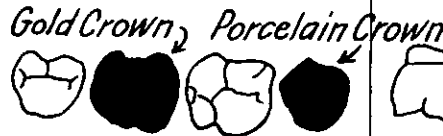
**MISSING TEETH:** ALL TEETH MISSING THROUGH EX-  
TRACTION (NOT THOSE FRACTURED OR DISPLACED BY  
RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED  
THUS:

TOP VIEW

SIDE VIEW



**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH  
(LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-  
LAIN), THUS:



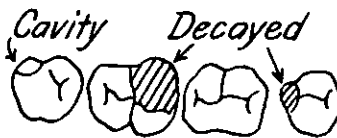
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH  
(LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE),  
THUS:



**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:



SEE REMARKS

RIGHT								LEFT										
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8			
								P	P	P	P		O	A	A	O		
													d	o	o	o		
Side Views								Side Views										
Top Views								Top Views										
Side Views								Side Views										
UPPER								UPPER										
LOWER								LOWER										
	Cavity	Cavity	P			P	P	P	P	P			Cavity	X	X			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16			

SEE REMARKS

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

**REMARKS:** Portion of maxilla, R-1 thru R-8 is missing and no teeth  
found on this portion. L-8 unable to determine whether X  
or K for which no socket present. R-16 is impacted.

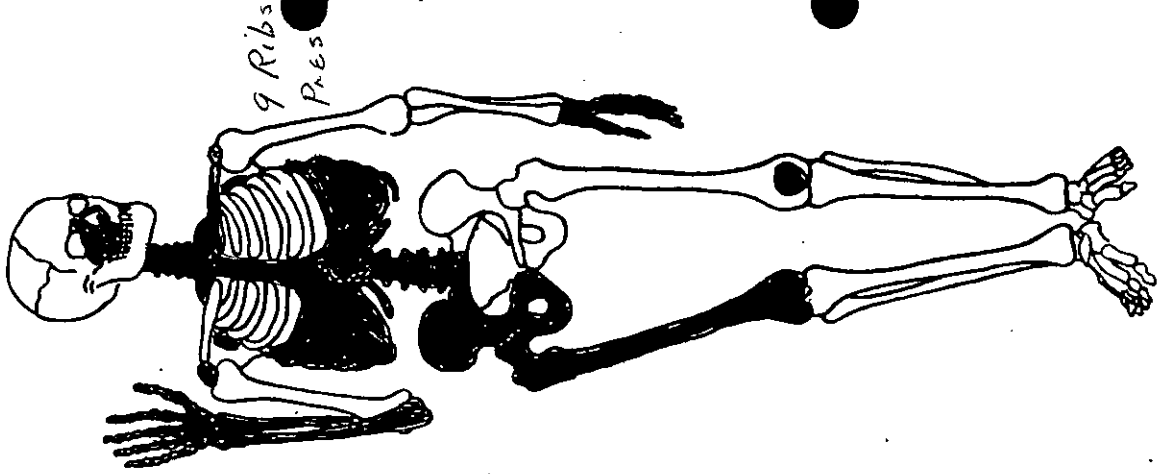
Incl 73

Paul R. Nichols

PAUL R. NICHOLS  
Chief, Ident. Section



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.

Estimated weight of remains - 5½ lbs.

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, Ident. Section

SIGNATURE

*Paul R. Nichols*

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3423 (Formerly UNK X-183, USAF Cem Leyte #1, P.I.)			2. DATE OF REPORT 12 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 813	5. ROW K	6. GRAVE 3361	7. DATE OF DISINTERMENT 5 Dec 47
				REINTERMENT STORAGE 14 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 5' 5-3/8"	10. COLOR OF HAIR U. T. D.	11. RACE U. T. D.
---------------------------------	----------------------------------	-------------------------------	----------------------

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

U. T. D.

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

N O N E

18.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:	TOP VIEW	SIDE VIEW
	TOOTH MISSING 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:	GOLD GROWN PORCELAIN GROWN 	
	GOLD BRIDGE 	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	GOLD FILLING SILVER FILLING 	
	CAVITY DECAYED 	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

See Remarks

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
<i>maxilla missing</i>								<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>D</i>	<i>A</i>	<i>A</i>	<i>O</i>	<i>↓</i>
																SIDE VIEWS
																UPPER
																SIDE VIEWS
																LOWER
	<i>cavity</i>	<i>cavity</i>	<i>P</i>		<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>			<i>cavity</i>	<i>X</i>	<i>X</i>	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

*See Remarks*

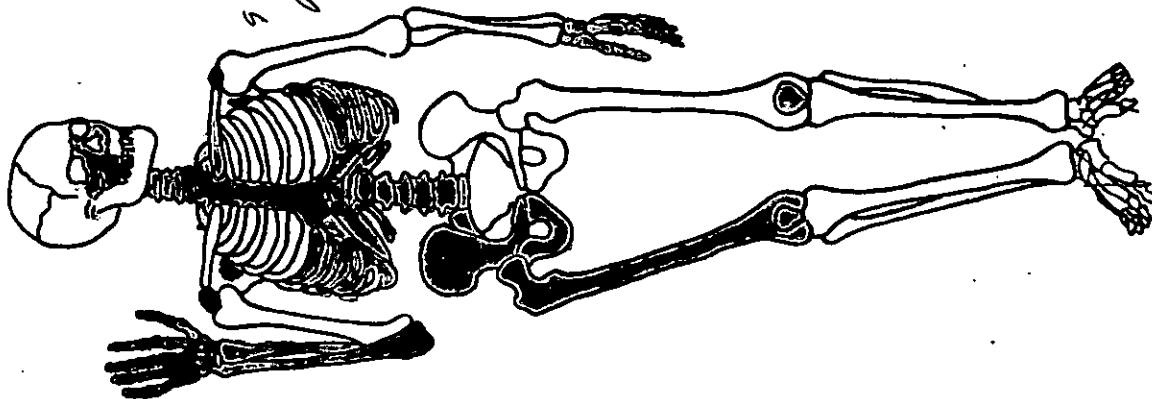
DISORDERLY: DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Portion of maxilla, R-1 thru R-8 is missing and no teeth found on this portion. L-8 unable to determine whether X or P for which no socket present. R-16 is impacted.

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

/s/ John H. Bennett Jr.

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 is approximately 21 inches.

Estimated weight of remains - 5½ lbs.

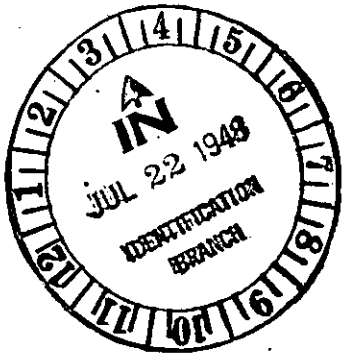
CERTIFIED TRUE COPY:

*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/ CLAUDE A. PILLERS, Emb. Sr.  
CIP Laboratory, Manila, P.I.

SIGNATURE  
/s/ Claude A. Pillers



# IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG 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

known X - 183

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
PLACE OF DEATH	USAF Com. Levte #1, P. T.		PLACE OF BURIAL	4219
			PLOT	ROW
				GRAVE NO.

RIGHT								UPPER TEETH								LEFT																	
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																		
		A																															
		OD																															

INSIDE — LOOKING OUT

RIGHT								LOWER TEETH								LEFT																	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																		
		A																															
		OF		O																													

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; 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; line-height: 30px; 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: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X X</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: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X X X</div> <p>TEETH REPLACED BY DENTURE</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; line-height: 30px; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; 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; line-height: 30px; 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; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</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; line-height: 30px; margin-right: 10px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; 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; line-height: 30px; 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; line-height: 30px; 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; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</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; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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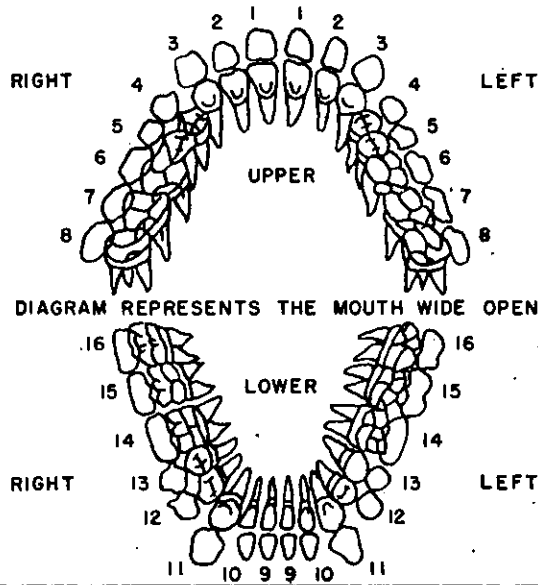
**INSTRUCTIONS:**

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

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

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

JUL 22 1948

RESTRICTED

U 5780A

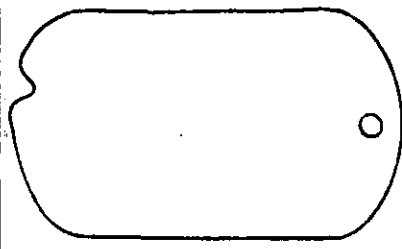
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

21 Jan 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3423 (Formerly UNK X-183  
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

Damulaan, Leyte, P.I.

CAUSE OF DEATH

KIA-GSW- rt chest and body.

DATE OF DEATH

6 Dec 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)

REPATRIATION  
 RECORDS BRANCH  
 JAN 20 10 05 PM '48  
 WASHINGTON FIELD OFFICE

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Jan 48	1100	STORED Casket	None	813	K	3361

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
RESTORED Yes	USAF Cemetery Leyte #1, P.I.			4219

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORED UNKNOWN X-3425				CRYPT 3363

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORED UNKNOWN X-3421				CITY 3359

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
V C AQUINO, T/5 QMC	L S PANOPLO, 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

me/190



Section 3. UNIDENTIFIED REMAINS.


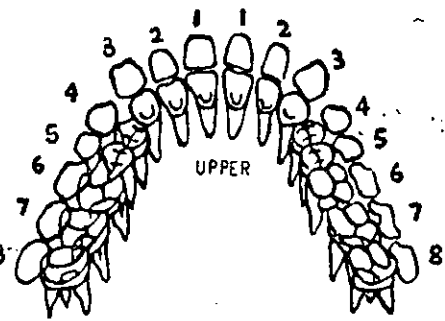




INSTRUCTIONS:

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

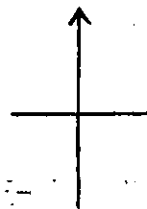
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

QMC Form 1044, 1044-A and 1044-B accomplished.

15 JUN 1968

HHB RESTRICTED

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

8.4

9667

9667

UNKNOWN X-183

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Damulaan,	Leyte,	P. I.	6 December 1944	KIA-GSW-rt	chest and body
(Place of death)			(Date of death)	(Cause of death)	
1400 hrs 7 Aug 1945			USAF Cemetery Leyte # 1, P. I.		
(Time and date of burial)			(Name of cemetery)		(Name or coordinates of location)

4219

Reg Cross

(Grave number)	(Row number)	(Plot Number)	(Type of marker—Regulation V-shaped or other)
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Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

DISINTERRED from Grave 53, USAF Cemetery Baybay # 1, Leyte, P. I.  
(UNKNOWN X-2)

~~Metal tag buried with remains 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	BLACKBURN, Troy D.	38 087 560	Pvt 1cl	Co K 184	Inf 4220
		(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on	LEFT	CHALKER, Claud E.	38 082 036	Pvt 1cl	Co A 32	Inf 4218
		(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

(9) 115

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.

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

(Signature of officer or other person reporting burial)

*Francis M. Simon*  
**FRANCIS M. SIMON, 1 Lt., OMC**

(Verified by Army GRS Officer)

LEFT HAND

2

3

4

THUMB

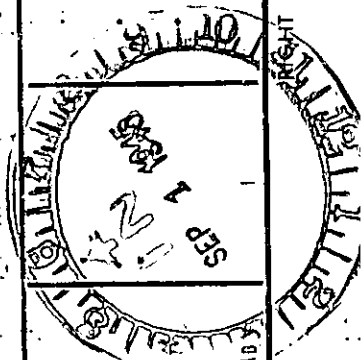
RIGHT HAND

2

3

4

THUMB



10 Mar 45

9667

Unknown X - 2

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Damulaan, Leyte, P.I.			6 December 1944		KIA GSW to right chest and body
(Place of death)			(Date of death)		(Cause of death)
0700 7 December 1944			USAF Cemt BayBay No 1		BayBay, Leyte, P.I.
(Time and date of burial)			(Name of cemetery)		(Name or coordinates of location)

53	4	1	Reg 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 unavailable

Embossed plate buried at head of grave

(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	Chalker, Claud E.	38082036	Pfc	Co A 32 Inf	54
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	Blackburn, Troy D.	38687560	Pfc	Co K 184 Inf	52
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

Unobtainable

(Name and address of EMERGENCY ADDRESSEE)

Unobtainable

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None

*Serial #39*

*Incl 99*

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: 6' Apparent nationality: ?  
 Weight: 170 Laundry marks: ?  
 Color of eyes: ? Number of rifle: None  
 Color of hair: ? Wear glasses? ?  
 Race: White 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.: None

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.: None

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

(Signature of officer or other person reporting burial)

GEO W. HOWLING S/Sgt

(Verified by Army GRS officer)  
 PHILIP G. MBITL Lt FA

RECEIVED  
 8 FEB 1945

Finger prints unavailable, body disinterred

LEFT HAND

RIGHT HAND

4

4

3

3

2

2

1

1

THUMB

THUMB

7364

36A

8

**R E S T R I C T E D**

5th ARMY  
HEADQUARTERS ALAMO FORGES  
OFFICE OF THE QUARTERMASTER  
APO 742 442

REPORT OF INTERMENT CORRECTION SHEET

TO: GRO - 7th Div DATE: 26 Dec 44  
 CEMETERY LOCATION BAY BAY #1  
 GRAVE NUMBER 73 and 53  
 CASUALTY REPORT NUMBER \_\_\_\_\_

	REPORT OF INTERMENT		CASUALTY REPORT	ENTER CORRECT INFORMATION
	OMITTED	INCORRECT		
NAME				
A.S.N.				
RANK				
ORGANIZATION				
DATE OF DEATH				
CAUSE OF DEATH (Note 1)				
TIME & DATE OF BURIAL				
DISPOSITION B.W.B. OF DOG TAGS A.T.M.				
MEANS OF IDEN. (if no Dog Tags) Note 2				
RELIGION				
BODY BURIED ON RT.				
BODY BURIED ON LT.				
EMERG. ADDRESSEE				
<b>SEE EXPLANATION ON REVERSE SIDE</b>				
DIS. OF EFFECTS	} Unknown X-2 buried in grave 53 ahead of X-1. Reason? } Date of death 6 Dec AND buried 7 Dec but note on reverse } of Rep of Interment states "Decomposed etc" indicating death before [6 Dec.			
AUTHENTICATION				
REMARKS				

Note 1: Insert cause of death, and where practicable, a brief notation showing location of wound and causative agent, i.e., (KIA-GSW-ABDOMEN) (DOW-EA-GSW-HEAD)

Note 2: What means of identification affixed to marker? (Embossed tag, information painted on cross)

CONFIDENTIAL

At the time that Unknown X-<sup>1</sup> and X-2 were buried we had quite a few burials all at one time so the Unknowns were mixed up as far as the numerical sequence is concerned

We accepted the date given us by the Collecting Co. for this Division. In cases of this type we assume the date we received the body as the date of death when there is no EMT made out by a Battalion Aid Station or Hospital.