

*Att of basic ltr. 10/27/49*

*293 Unk. P.I. X-3310 (Maus. Manila)*

QMGMT 293  
QRS Far East

2d Ind

Dept. of the Army, OQMG, Washington 25, D. C., 19 December 1949

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

1. Forwarded herewith for your information are copies of letters pertinent to action taken in both cases.

FOR THE QUARTERMASTER GENERAL:

2 Incls

- 1. Copy ltr dtd 17 Nov 49
- 2. Copy ltr dtd 21 Nov 49

T. H. METZ  
Lt. Colonel, QMG  
Memorial Division

REF  
REB  
TEC

T. A. Fields:lak  
Salser

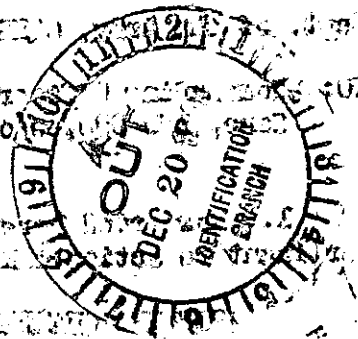
J. Windsor

cc: Adm Sect

*Divided 10-27-49*  
*Dec 20 12 29 PM '49*  
*U.S. Q.M.G.*  
*MAIL & RECORDS BRANCH*

100-3310 (M...)

UNIT ADDRESS OF ...  
...  
...  
...



100-198591-10  
FBI NEW YORK  
IDENTIFICATION BRANCH

...  
...

T. A. Field: lsk  
Salor

cc: Adm Sect

J. Lindor

AIR MAIL

GRPZ 293  
(27 October 1949)  
SUBJECT: Identification of World War II Deceased

1st Ind.

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, PHILCOM ZONE,  
APO 900, 2 December 1949

TO: The Quartermaster General, Department of the Army, Washington  
25, D.C., ATTN: Memorial Division

1. With reference to clarification requested in basic communication, study of subject case indicates that the certificate of unidentifiability was inadvertently submitted to your office.

2. In view of the above, it is requested that said certificate be cancelled if our Board Proceedings, dated 14 September 1949, recommending the identification of Unknown X-3310 as Pfc. Chester C. Oline, 37071215, is favorably considered by your office.

3. In the event that said recommendation is disapproved, request favorable action on the certificate of unidentifiability.

FOR THE COMMANDING OFFICER:

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

QMGMT 293  
GRS Far East  
2d Ind

Dept. of the Army, OQMG, Washington 25, D. C., 19 December 1949

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

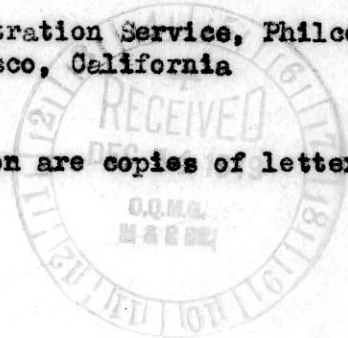
1. Forwarded herewith for your information are copies of letters pertinent to action taken in both cases.

FOR THE QUARTERMASTER GENERAL:

- 2 Incls
- 1. Cpy ltr dtd 17 Nov 49
- 2. Cpy ltr dtd 21 Nov 49

T. H. METZ  
Lt. Colonel, QMG  
Memorial Division

AIR MAIL



*293. Cpl P.O.R. 3310  
Mason - M. and Co.*

**AIRMAIL**

293-*Unk. P.I. X-3310 (P.A. McKinley #1)*

**QUICK 293**  
**AGRS Far East**

21 November 1949

**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 Unknown X-3310, (formerly Unknown X-185, USAF Cemetery #1, Leyte, P.I.) now stored at the AGRS Mausoleum, Manila, P.I.

2. Subject case has been reviewed and this Office approves the classification of Unknown X-3310 as unidentifiable.

**FOR THE QUARTERMASTER GENERAL:**

**T. H. METZ**  
**Lt. Colonel, QMG**  
**Memorial Division**

REB

TEG

*T.A.F.*  
*JW*  
T. A. Fields:jdk  
Salsen

cc: Admin. Sec.  
cc: Cincfe

*Reclass*

*11/29/49*

*293 Unk - P.I. X-3310 (Maus. Manila)*

**AIRMAIL**

*NOV 21 3 36 PM '49*  
MAIL & RECORDS BRANCH

RESTRICTED

293-Unknown P.I. X-3310 (Maus. Manila)

COMPT 293  
ONS Far East

17 November 1949

SUBJECT: Identification of World War II Deceased

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

1. Proceedings of the Field Board of Review, dated 14 September 1949, recommending that Unknown X-3310, ANIS Mausoleum, Manila, P.I., (formerly Unknown Y-185, USAF Cemetery #1, Leyte, P.I.) be identified as Pfc Chester C. Cline, 37071215, are returned herewith disapproved for the following reasons:

a. The partial dental chart accomplished for Unknown X-3310, while not contradictory with Army dental records for Pfc Cline, would not justify identification as the dental chart lacks any outstanding peculiarities for comparison.

b. Check with Army records on Pfc Cline and with his NOK reveal no record of a fractured or broken arm.

c. Documentary evidence presented fails to establish the basis for associating the remains of Unknown X-3310 with Pfc Chester C. Cline, 37071215.

2. It is requested that further investigation be conducted in an effort to establish the identification of subject unknown.

FOR THE QUARTERMASTER GENERAL:

T. H. UETZ  
Lt. Colonel, GPO  
Memorial Division

REGISTERED  
1315588

REB

TBC

MAIL ROOM  
MAIL ROOMS BRANCH  
442 PH 210  
Incl  
Ed. Proceedings (Cline)  
A. C. Fields:jdk  
Galsen  
cc: Admin. Sec.  
cc: Cincpa

REGISTERED  
1315589

293 Cline, Chester C. (37071215)  
293 Unknown P.I. X-185 (Leyte #1)

RESTRICTED  
RESTRICTED

**AIRMAIL**

*293- Unk. P.I. X-3310 (Maus. Manila)*

**MSGT 293**  
**GRS Var East**

27 October 1949

**SUBJECT: Identification of World War II Deceased**

**TO : Commanding General**  
**Philippine Command**  
**APO 707, c/o Postmaster**  
**San Francisco, California**  
**ATTN: AGRS, PHILCOM ZONE**

1. Reference is made to Board Proceedings, dated 14 September 1949, recommending that Unknown X-3310, AGRS Mausoleum, Manila, P.I., (formerly Unknown X-185, USAF Cemetery #1, Leyte, P.I.) be identified as Pfc Chester C. Cline, 37071215.
2. Further reference is made to certificate of unidentifiability, dated 21 September 1949, for Unknown X-185, USAF Cemetery #1, Leyte, P.I.
3. Clarification is requested.

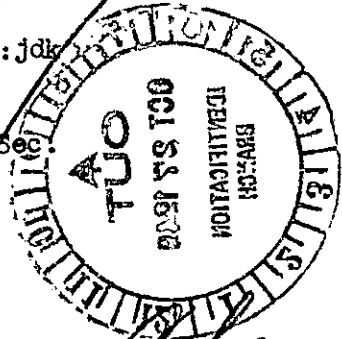
**FOR THE QUARTERMASTER GENERAL:**

**T. H. METZ**  
**Lt. Colonel, GMS**  
**Memorial Division**

*Jmk*  
REB  
*Jmk*  
TEC

*27 OCT 27 12 24 PM '49*  
D. Q. M. G.  
WAR RECORDS BRANCH

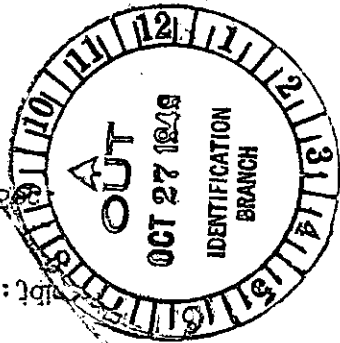
**A. A. Fields:jdk**  
**Salser**  
**JW**  
**cc: Admin. Sec**  
**cc: Cincis**



*293 Cline, Chester C. (37071215)*  
*293 Unk. P.I. X-185 Leyte #1*

**AIRMAIL**

VIRGINIA



cc: Chief

cc: Admin.

W

Salzer

Mr. A. E. ...

LEC

Handwritten signature

HEB

Handwritten signature

RECORDS BRANCH  
OCT 27 1948

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VIRGINIA

GSGR 293.9

AFD 707  
10 OCT 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 West), 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-1159	AGRS	Mslm	UNKNOWN	X-3371	AGRS	Mslm
"	X-1192	"	"	"	X-3455	"	"
"	X-1398	"	"	"	X-3836	"	"
"	X-1514	"	"	"	X-4192	"	"
"	X-1551	"	"	"	X-4674	"	"
"	X-1672	"	"	"	X-4724	"	"
"	X-2239	"	"	"	X-4755	"	"
"	X-2350	"	"	"	X-4779	"	"
"	X-2413	"	"	"	X-4791	"	"
"	X-2452	"	"	"	X-4928	"	"
"	X-2749	"	"	"	X-4932	"	"
"	X-3310	"	"	"	X-4933	"	"

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

FOR THE COMMANDING GENERAL:

24 Incls

QMG Forms 1044 w/Certificates  
of Unidentifiability

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



HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

APD 707  
20 SEP 1949

GRPZ 293.9

SUBJECT: Identification of Unknowns

*293-Unk. P.I. X-3310 (Maus. Manila)*

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTN: Memorial Division

Proceedings of the Board of Review, PHILCOM  
Zone, AGRS, for the following unknowns are forwarded  
herewith with recommendation that identification be  
approved:

X-3310 as CLINE, Chester C. Pfc. 37 071 215  
AGRS Mausoleum, Manila, P. I.  
(Formerly X-185, USAF Cemetery Leyte #1, P. I.)  
(Formerly X-5, USAF Baybay #1, P. I.)

X-4641 as VARONA, Diego Pfc. 3 291 834  
AGRS Mausoleum, Manila, P. I.  
(Formerly X-1260, USAF Cem. Manila No. 2, P. I.)

FOR THE COMMANDING GENERAL:

2 Incls:  
Board proceedings

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

*293 Unk P.I. X-3310 (Maus. Manila)*

*copy for*

*293 Unk. P.I. X-4641 (Maus. Manila)*

*Gen-NAN  
P.O. Files-ID  
17 Nov. 49*

RECEIVED  
OCT 3 1949  
O.C.M.S.  
L&G 224

MAILED  
20 SEP 1949  
HQ MAIL & DISTR. BR.  
HQ FBI - WASH.  
AFO 707

OUT  
19 SEP 1949  
1444

IDENTIFICATION  
BRANCH  
OCT 4 1949  
IN

IDENTIFICATION  
BRANCH  
NOV 17 1949  
OUT

*1*

*rgb*  
Interred 20 Oct 1949  
D. No. 216 Ft. McKinley  
*Caremark*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00203

DATE  
15 05 48  
DAY MONTH YEAR

NAME  
*9421* UNKNOWN X-000185

SERIAL NUMBER  
0

RANK  
Q

ARM  
Q  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS  
7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
4260 PHILIPPINE ISLANDS

CAUSE OF DEATH  
6

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  
UNK X-185  
UNK X-3310 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED  
27 Sept 1948

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
PERRY E. WHITE  
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  
Two (2) Identification Tags read - UNK X-3310 (Maus)

REMAINS PREPARED AND PLACED IN CASKET  
DATE 27 Sept 1948 BY PERRY E. WHITE

CASKET SEALED BY  
PERRY E. WHITE

EMBALMER (Signature)  
*Perry E. White*  
PERRY E. WHITE

CASKET BOXED AND MARKED  
DATE 27 Sept 48 HORACE L. ALLISON  
Sgt., Inf.

SHIPPING ADDRESS VERIFIED BY  
TEOFILO M. AMUTAN, 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.

*Teofilo M. Amutan*  
TEOFILO M. AMUTAN, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

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

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>Fort McFinley Military Cemetery</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl H. ...</i>	DATE <b>20 OCT 1943</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		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


HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

21 Sept. 1949  
Date

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

The records pertaining to Unknown X- 185, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 4260, 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, QMC  
Chief, Records Branch

Attach: Form 1044

Received 10/21/49 ..... OQMG  
Information previously  
available

*F. A. Fields - FD*  
*17 Nov. 49*

*Search*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-3310 (Formerly UNK X-185 Leyte #1)				2. DATE OF REPORT 26 Sept 1949	
3. NAME OF CEMETERY  AGRS Mausoleum,,Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	I	2791	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'10"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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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?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Old healed fractured improperly reduced on the upper third humerus.

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"**

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<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:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> 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
							⊗	⊗	⊗						
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
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"**

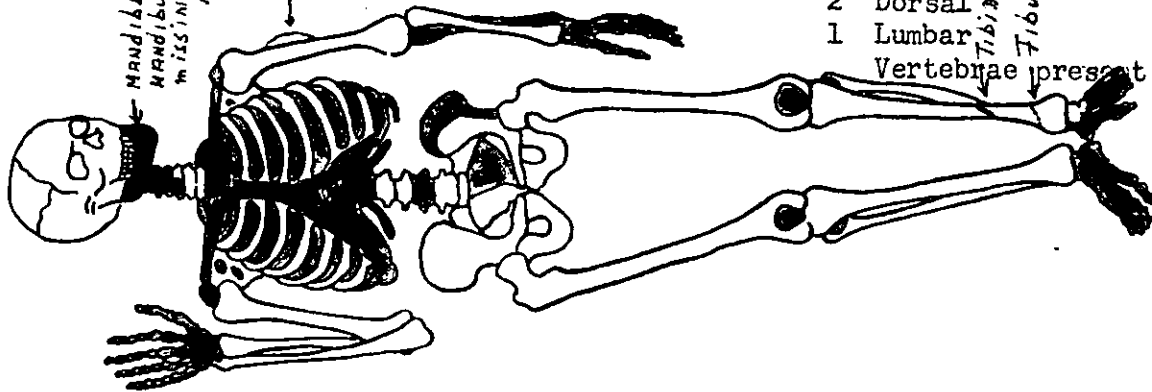
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

X-3310

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 ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 5 1/2 lbs.

Circumference of skull - 20 1/2 inches.

Old healed fracture which was improperly reduced on the upper third of the humerus.

**"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

*Paul R. Nichols*



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN **UNKNOWN X-3310 (Formerly UNK X-185 USAF Cemetery Leyte #1, P.I.)** 2. DATE OF REPORT **9 Jan, 1948**

3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>RANGER</b>	5. ROW <b>BAY</b>	6. GRAVE <b>CR-PT</b>	7. DATE OF	
	<b>'813</b>	<b>I</b>	<b>2791</b>	DISINTERMENT <b>4 Dec 47</b>	REINTERMENT <b>STORAGE</b> <b>12 Jan 48</b>

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT <b>5' 10"</b>	10. COLOR OF HAIR	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 - Due to condition of remains.**

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Old healed fractured improperly reduced.  
Upper third humerus.**

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.**

/s/ Melvin S. Mittenenthal

18:

TOOTH CHART

	TOP VIEW	SIDE VIEW
<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:	TOOTH MISSING 	
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:	GOLD CROWN PORCELAIN CROWN 	
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH. (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	GOLD BRIDGE 	
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	GOLD FILLING SILVER FILLING 	
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	CAVITY DECAYED 	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
								X	X	X							
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	
SIDE VIEWS																	
	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 RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

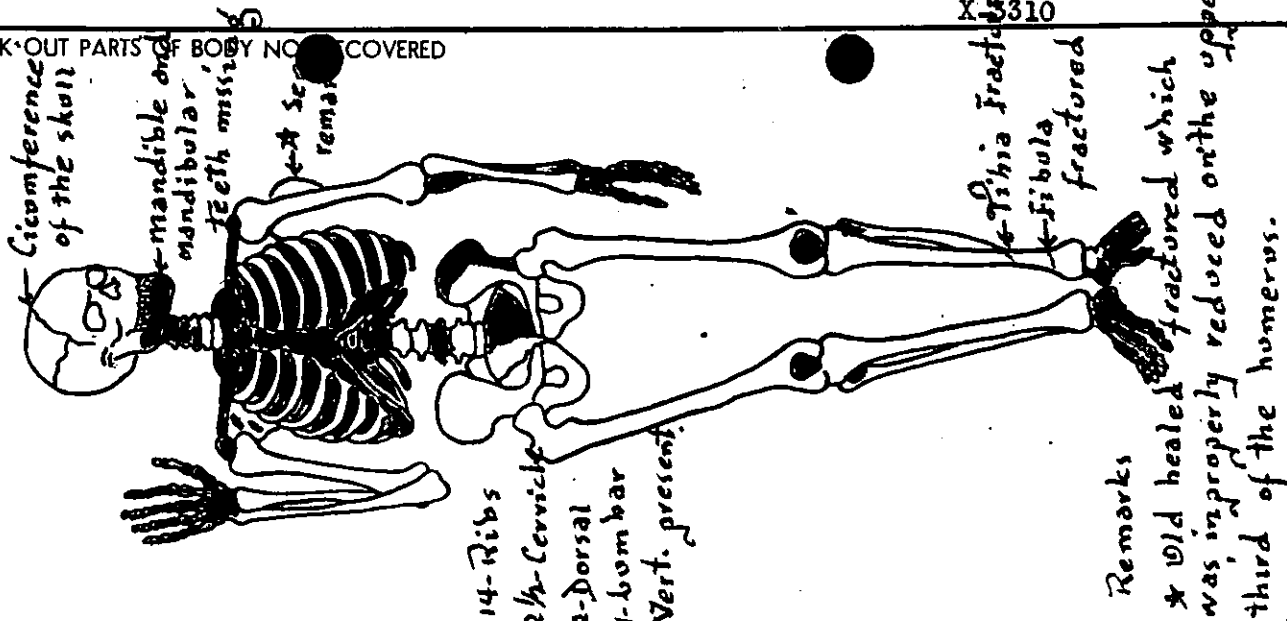
**REMARKS:** R 16 to R 9; L 9 to L 16 teeth and mandible are missing. U.T.D. whether teeth X or P.

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

/s/ John H. Bennett Jr.  
 /s/ Frazier Oliver SP-6

19. BLACK-OUT PARTS OF BODY NOT COVERED

X-310



Remarks  
 \* Old healed fractured which was improperly reduced on the upper third of the humerus.

C.R.

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 I. D. tags or burial bottle found with remains and no other means of identification. Approximate weight of remains 5 1/2 lbs.

CERTIFIED TRUE COPY:

*G. T. Gamboa*

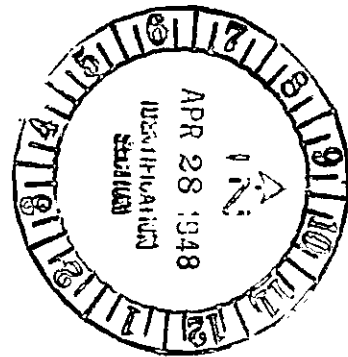
G. T. GAMBOA  
 2d Lt., MSC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
 /p/ CLIFFORD E. DE BAPTISTE SP-6  
 CIP Lab. AGRS Manila, P.I.

SIGNATURE  
 /s/ Clifford E. De Baptiste

APR 28 1948



# 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 - 185

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.			4260

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

INSIDE — LOOKING OUT  
*MANDIBLE MISSING*

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	LOWER TEETH																
TYPE																	TYPE
LOCATION																	LOCATION

## 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; 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: 60px; height: 30px; text-align: center; margin-right: 10px;"> </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; margin-right: 10px;"> </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><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; 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><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; 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>
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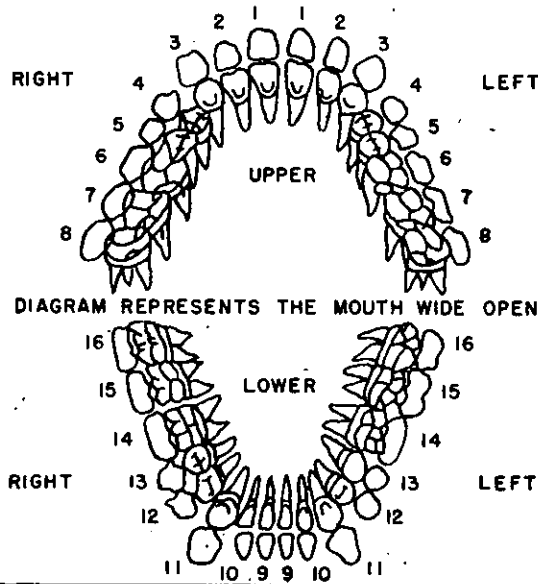
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

*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

T. A. Fields  
Investigator

10 November 1949

RECOMMENDATION FOR DISAPPROVAL OF FIELD BOARD PROCEEDINGS

Field Board Proceedings recommend the identification of Unknown X-3310 as Pfc Chester C. Cline, 37071215.

Pfc Cline, a member of Company A, 17th Infantry Regiment, 7th Infantry Division, was killed in action on 5 December 1944 on the Island of Leyte. According to the Fact Sheet, the Division started its northward push in mid-November from Baybay, a city on the western coast of Leyte, to Albuera on the way to Ormoc. Fighting in heavy rains and terrain criss-crossed with swamp and rivers seriously hampered progress on all fronts.

Unknown X-3310 was killed in action on 13 December 1944 at Damulaan, Leyte, and interred as Unknown X-5, USAF Cemetery #1, Baybay, and later interred as Unknown X-185, USAF Cemetery #1, Leyte. Remains are presently stored as Unknown X-3310 in the AGRS Mausoleum, Manila, P.I. Original Report of Interment and all subsequent Reports of Interment and/or Storage indicate the date of death as 13 December 1944.

The partial dental chart accomplished for Unknown X-3310, while not contradictory, does not present any outstanding peculiarities for comparison with the dental chart for Pfc Cline.

It is noted that the left arm (humerus) of Unknown X-3310 had been fractured at one time. Check with Army records revealed no record of fractures or broken bones. Check with the NOK revealed that the NOK had no knowledge of any fractures or broken bones suffered by Pfc Cline, except that he received a knee wound while fighting on Attu Island, for which he received a Purple Heart.

Identification data for Pfc Cline were compared against corresponding data for all unidentified remains recovered from that area with negative results.

Documentary evidence is insufficient to associate the remains of Unknown X-3310 with Pfc Cline.

It is recommended that the identification of Unknown X-3310, as proposed by the Field, be disapproved.

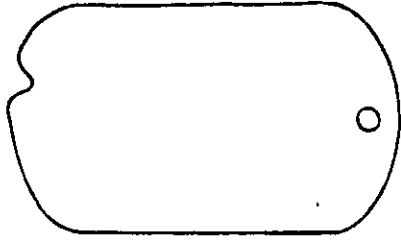
*Recommended approval of the  
Investigator's Findings.*  
*Salses JPT*

/nsf

RESTRICTED

8687

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	<b>STORAGE</b>	DATE OF REPORT  <b>16 Jan 48</b>
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Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) <b>UNKNOWN X-3310 (Formerly UNK X-185          USAF Com Leyte #1, P.I.)</b>	SERIAL No.  <b>Unknown</b>	
	GRADE  <b>Unknown</b>	ORGANIZATION  <b>Unknown</b>	BRANCH OF SERVICE  <b>Unknown</b>
	RACE  <b>Unknown</b>	RELIGION  <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH  <b>Damulaan, Leyte, P.I.</b>	CAUSE OF DEATH  <b>KIA - Shrapnel Wounds, Mult</b>	DATE OF DEATH  <b>13 Dec 44</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)  <b>None</b>	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)  <b>Yes (2)</b>	

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 <b>STORAGE</b> <b>12 Jan 48</b>	HOUR <b>1300</b>	BURIED IN (Shroud, blanket, or name of other) <b>STORED</b> <b>Casket</b>	TYPE OF GRAVE MARKER  <b>None</b>	PLOT No. <b>813</b>	ROW No. <b>I</b>	GRAVE No. <b>2791</b>
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WAS THIS A REBURIAL? (Yes or no) <b>RESTORED</b> <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  <b>USAF Cemetery Leyte #1, P.I.</b>	PLOT No. <b>4260</b>
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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
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
---------------------------------------------------------------	-----------------------------------------------------------------

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN X-3312</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>2793</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN X-3308-B</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>2789</b>
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SIGNATURE OF PERSON PREPARING REPORT  <b>V. C. AQUINO, T/5</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>L. S. PANOPIO, 2d Lt., INF</b>
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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.

*Handwritten:* 2/11/88

RESTRICTED



**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


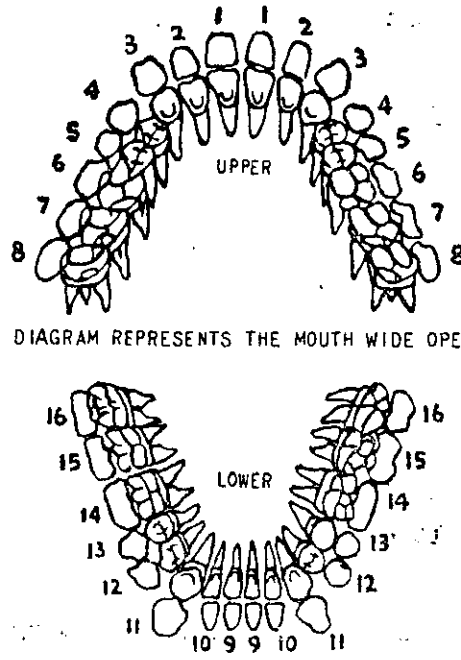




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

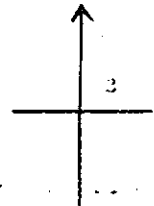
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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.

**MAR 1950**

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

JB RESTRICTED

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

85-9687  
9687

UNKNOWN XL85

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

Damulaan, Leyte, P.I. 13 Dec 1944 KIA - Shrapnel Wounds, Mult  
(Place of death) (Date of death) (Cause of death)

1600 hrs: 9 Aug 1945 USAF Cemetery Leyte #1 P.I.  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

4260

(Grave number) (Row number) (Plot Number) Reg Marker (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 Baybay #1 Leyte, P.I. Grave 145 X-5

(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 End of row:  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Whitsel Charles L. 33 764 334 Pfc Co D, 184th Inf 4259  
(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:

(9) 194

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.

*John E. Butler*  
 John E. Butler, Sgt. G-2

(Signature of officer or other person reporting burial)

Francis M. Simon, 1st Lt. G-2

(Verified by Army GRS Officer)

LEFT HAND

3

2

1

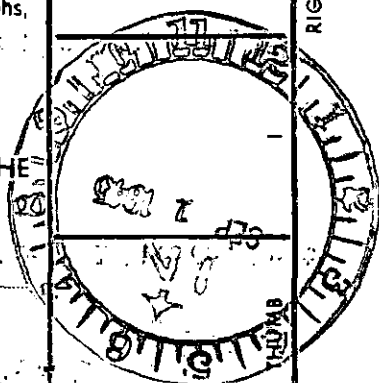
THUMB

RIGHT HAND

3

2

1



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

78 Mar 45

9687

**UNKNOWN X-5**

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Damulaan,	Leyte Is.	P.I.	13 December 1944	KIA - Shrapnel Wounds,	Mult.
(Place of death)		(Date of death)		(Cause of death)	
1500	18 December 1944	USAF Cemetery BayBay #1	BayBay,	Leyte,	P.I.
(Time and date of burial)		(Name of cemetery)	(Name or coordinates of location)		

Body was disinterred: Original Date of Burial was 13 December 1944

145	10	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   
 Embossed Plate attached to Marker Religion - Unknown

**Embossed Plate buried with Body showing Unknown Number**

(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	Whitsel, Charles L.	33764334	Pfc Co D, ?	146
	(Name)	(Serial number)	(Rank)	(Organization)
				(Grave number)

Body buried on LEFT	Beginning of Row - NONE			
	(Name)	(Serial number)	(Rank)	(Organization)
				(Grave number)

?

(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

Incl 44-

Incl 11.9

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 LAND-MARKS:

*George W. Howing*  
 (Signature of officer or other person reporting burial)  
 George W. Howing, S/Sgt

*Philip G. Meitl*  
 (Verified by Army GRS Officer)  
 Philip G. Meitl, 1st Lt. PA

8075 65A

4	
3	
2	
1	
THUMB	

LEFT HAND

8	
3	
2	
1	
THUMB	

RIGHT HAND

RECEIVED  
 ★  
 Fingerprints not obtainable because  
 Body was mutilated by Shrapnel