

FILE IDENTIFICATION TOPPER

FILE NUMBER	298 Unk. Segte # 1 X-215
SUBJECT	Also Marina Maus. X-3365

GMC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

293 Duk-Leyte #1 (misc)
X-213 X-214 X-215 X-216

SYNOPSIS AND DATES

NEW CLASSIFICATION

misc filed
293 Prentice, Alfred
0-103,506

10/3/50
DNL

RECLASSIFICATION SHEET

AIRMAIL

293 Unk P.I. (Miss) Hawaii
See list below

FORM 293
AGS Far East

3 February 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**

336

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

326 D

Unknown	X-3020	(formerly	X-110, Loyte #1)
"	X-3421	"	X-180, " "
"	X-3313	"	X-192, " "
"	X-3418	"	X-202, " "
"	X-3361	"	X-205, " "
"	X-3365	"	X-215, " "
"	X-3289	"	X-228, " "
"	X-3339	"	X-230, " "
"	X-3399	"	X-327, " "
"	X-3400	"	X-330, " "
"	X-3782	"	X-369, " "
"	X-3338	"	X-388, " "
"	X-753,	Loyte #1 (formerly	LYMB, A.)
"	X-4440,	AGRS Mausoleum, Manila, P.I.	
"	X-4864,	AGRS Mausoleum, Manila, P.I.	
"	X-5100,	"	" "
"	X-3496-	(formerly	X-332, Loyte #1)

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

FOR THE COMMANDER GENERAL:

H. Miller:rc
Salsar
J.
cc--Administrative Section
cc--Info

T. M. 2812
Lt. Colonel, GAC
Memorial Division

X 293 Unk P.I. (Miss) Hawaii
(A-1000-1-10-10-10)

TBB
TBB

AIRMAIL

OPZ 293

APD 900
5 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 OPZ 293, 973 (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AHS Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

OPZ 293	X-753	Leyte	Al	OPZ 293	-3405-A	AHS	Alm
	X-8260	AHS	Alm		-3418	"	"
	X-8289	"	"		-3481	"	"
	X-8313	"	"		-3782	"	"
	X-8338	"	"		-4106	"	"
	X-8339	"	"		-4440	"	"
	X-8361	"	"		X-4864	"	"
	X-8365	"	"		X-5001	"	"
	X-8399	"	"		X-5100	"	"
	X-3400	"	"				

2. Forwarded herewith, for your consideration, are new MC forms 1044 for the above mentioned Unknowns.

FOR THE COMMANDING OFFICER:

19 Incls
MC Form 1044 w/certificates
of unidentifiability

J. C. BRYLA
1st Lt., Infantry
Adjutant

AIRMAIL

RESTRICTED

293 *Unk - P.I. X-3365 (Mausoleum)*

~~QMG 293
SUS Far East~~

20 September 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ASTN: AGPS, PHILCOM ZONE

1. Proceedings of the Field Board of Review dated 20 July 1949, recommending the identification of Unknown X-3365, AGPS Mausoleum, as Pfc. Dorce E. Tuttle, 37084070, are returned herewith disapproved for the following reasons:

a. Additional dental data obtained for the decedent is in disagreement with dental chart accomplished for Unknown X-3365.

b. Documentary evidence is considered insufficient to associate Unknown X-3365 with the decedent.

2. OQMG Form 371 showing additional dental data for Pfc. Tuttle is inclosed herewith.

FOR THE QUARTERMASTER GENERAL:

SEP 21 1 30 PM '49
2 Incls:
1-Ad Proceedings (Tuttle)
2-OQMG Form 371 (in dup)
(Tuttle)
R. Little:jdk
Salser

cc: Administrative Section
cc: Cincfe



37-084-070

X293 Tuttle, Dorce

X293 G. R. S. Far East

AIRMAIL

DEPARTMENT OF THE ARMY



QMGT 293

Unknowns X-3365,
X-3366 Mausoleum,
Manila, P.I.

1 June 1948

SUBJECT: Reports of Internment

TO : Commanding General
Philippine-Ryukyus Command
APO 707, c/o Postmaster
San Francisco, California
ATTENTION: AGRS, Philippine Zone

1. Reference is made to Reports of Internment for Unknowns X-3365 and X-3366, AGRS Mausoleum, Manila, P.I., Hanger 813, Bay I, Crypt 2848 and 2849 formerly Unknowns X-215 and X-216, Leyte #1, P.I., Graves 5542 and 5443 respectively.

2. QMG Forms 1044, (A.B) accomplished 9-10 January 1948, AGRS Mausoleum, Manila, P.I. for Unknowns X-3365 and X-3366 have been compared with the list of members of the 1st Cavalry Division still unrecovered, with negative results.

3. In view of Congressional inquiries, it is requested that information be furnished this office as to whether any other unidentified deceased of the 1st Cavalry Division were recovered in the vicinity of Mt. Catabaran and Mt. Cabugasan, Leyte, P.I. If this information is available, it is further requested that burial reports accompanied by reprocessing reports be forwarded this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

11 2 12 PM '48
O.C.M.C.
AGRS

DH:gjb

an

O



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

JH
HJS

JCH

X-99 Unknowns. P.I. X-3366 (Mausoleum)

HEADQUARTERS
PHILRYCOM SECTOR
AMERICAN GRAVES REGISTRATION SERVICE

RAJ/ng*

GSGPR 293

APC 707
5 April 1948

SUBJECT: Letter of Transmittal

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

Inclosed herewith are QMC Forms 1044, 1044a, and 1044b, for Unknowns X-215 and X-216, formerly interred in USAF Cemetery, Leyte #1.

FOR THE COMMANDING OFFICER:

Daniel E. Kalish

2 Incls:

- 1 - QMC Form 1044 (Unk X-215)
- 2 - QMC Form 1044 (Unk X-216)

DANIEL E. KALISH
1st Lt., Cml. C.
Asst. Adjutant

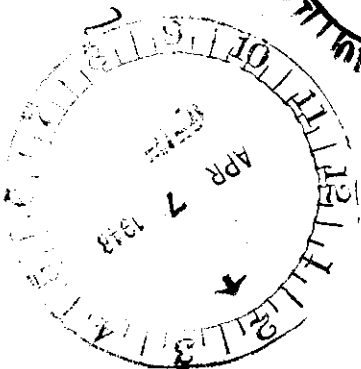
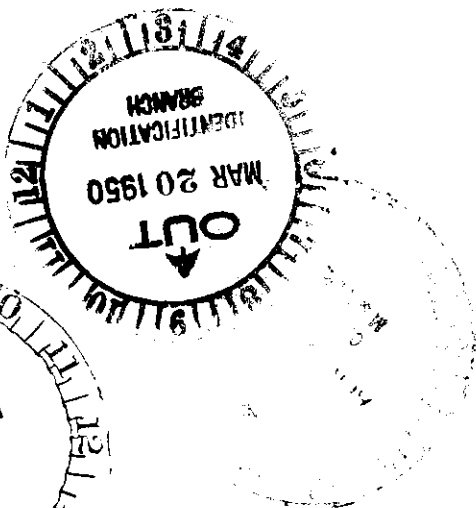
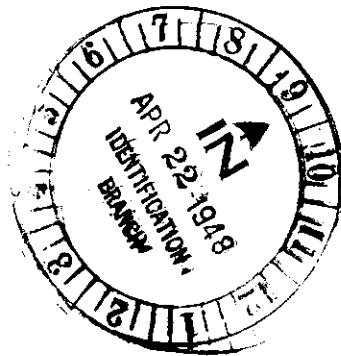
NAN
File

3/20/50

ZUMoyel

Identification Branch

916
293 Unknowns X-215
April 9, 1948



nfm

February 1950

H/S/D
42 Ft. McKinley
Carl R. H. Mark
CARETAKER
CARL R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE

1
/gyc

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00222

DATE
15 | 05 | 48
DAY | MONTH | YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
UNKNOWN		X-000215		0	0	DAY MONTH YEAR	
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY (LEYTE NO 1)						0 7701 80 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH		
		5442	PHILIPPINE ISLANDS		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	UNKNOWN X-215 UNKNOWN X- 56 (maus) UNKNOWN X-3365	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON				RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS		ORGANIZATION UNKNOWN			JOSEPH W GESUSE
<input checked="" type="checkbox"/> 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 /
One (1) identification tag shows A. P.O.W. UNK X-56
Two (2) Mausoleum tags - UNK X-3365

REMAINS PREPARED AND PLACED IN CASKET
DATE 27 Sept 48 BY JOSEPH W GESUSE

CASKET SEALED BY
JOSEPH W GESUSE
EMBALMER (Signature)
Joseph W Gesuse
JOSEPH W GESUSE

CASKET BOXED AND MARKED
DATE 27 Sept 48 BY HORACE L ALLISON, Sgt, Inf
SHIPPING ADDRESS VERIFIED BY
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.

3 MAR 1948
REPATRIATION
BRANCH
W. J. ...

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS Mausoleum		TO		Fort McKinley Military Cemetery	
KIND OF CONVEYANCE		Truck		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>Lovecraft</i>	
DATE				DATE		FEB 13 1950	
2. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
3. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
4. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
5. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
6. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
7. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

293 - Unknown X-215 P.I. (Leyte #1)

Letter

31 May 1946

FROM: QMGD
TO: AGO
ATTN: Officer's Records

SUBJ: Information required for Graves Registration.

293 - Unknown (Misc) P.I.

*File
1946*

29 May 1946

SPQYG 293 (ST LOUIS)

72993

QQNY

MEMORIAL

HR

IDEN.

SPQYG

DEMOBILIZED PERSONNEL RECORDS BRANCH

ST. LOUIS, MO.

X

JEM

WSTFOLINFO FOR ROBERT C NORTHEN 15399639

1. RELIGIOUS PREFERENCE
2. COLOR OF HAIR
3. HEIGHT
4. WEIGHT

REQUEST COMPLETE DENTAL CHART FOR HERMAN L THIBREY 20909396

REQUEST RELIGIOUS PREFERENCE FOR JAY H HEN 0-809957

ADTY

END SPQYG 215 (McFARIAND)

HARKIN

OFFICIAL BUSINESS:

JAMES G. McFARIAND
MAJOR, QMC
ASSISTANT

30 April 1946

SPQYG 293 Unks. X-215, X-216 (Leyte #1) P.I.

ASF, Memorial Rept. Records Identification

OQMG, 2nd & T. Sts. SW Washington 25, D. C.

World War II Records
Administration Center, AGO
4300 Goodfellow Blvd.
St. Louis 20, Missouri
ATTN: Clinical Records Br.

Immediate Action X

Information required for Graves Registration

1. It is requested that this office be furnished Dental Identification Records on file for the following at the earliest practicable date.

PRENTICE, Alfred W.	1st Lt.	0-1031506
LOCOCO, Joseph J.	Pfc.	39045715
DALTON, Lowell S.	Pfc.	39307567
CARTER, William A.	Pfc.	15330861
LOCKE, James E.	Pvt.	19052079
EZATKIENSKI, Edward P.	Pvt.	33490923
MORALES, Jose A.	Pfc.	18022920
CLARK, John	Pfc.	33344418 - Ident.
TUTTLE, Dorce E.	Pfc.	37084070
FOWLER, Joseph E.	Pfc.	11046597
TOWNS, Allie C.	Pfc.	34992874 - Ident.
DERRY BERRY, Lee H.	Pvt.	18006035

2. Please expedite. Case under Congressional investigation.

FOR THE QUARTERMASTER GENERAL:

ARTHUR S. ROSENBOARD
2nd Lt., QMG
Assistant

X-215
X-216
Leyte #1
X-216

HEADQUARTERS
FILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

4 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 215, Plot ,
Row , Grave 5442, USMC Leyte #1, P.I., have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


H. B. SCHELLAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received Jan 20 1950 OQMR
Not identifiable from
information presently
available Robert W. Miller

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3365		(Formerly UNK X-215 USAF cemetery Leyte #1, P.I.)			2. DATE OF REPORT 4 January 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.			4. PLOT 813	5. ROW I	6. GRAVE 2848	7. DATE OF DISINTERMENT 26 Nov 47
					REINTERMENT 12 Jan 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

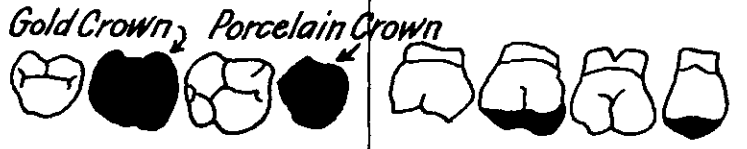
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

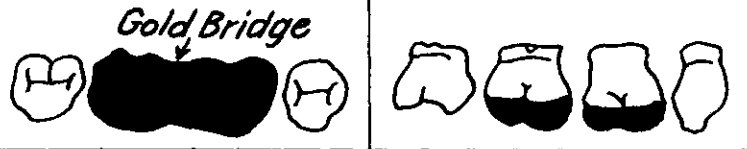
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



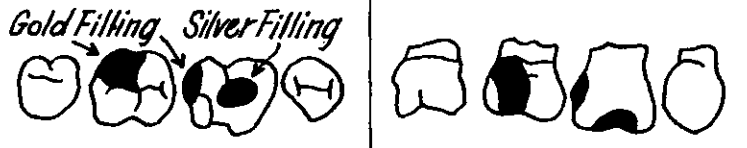
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



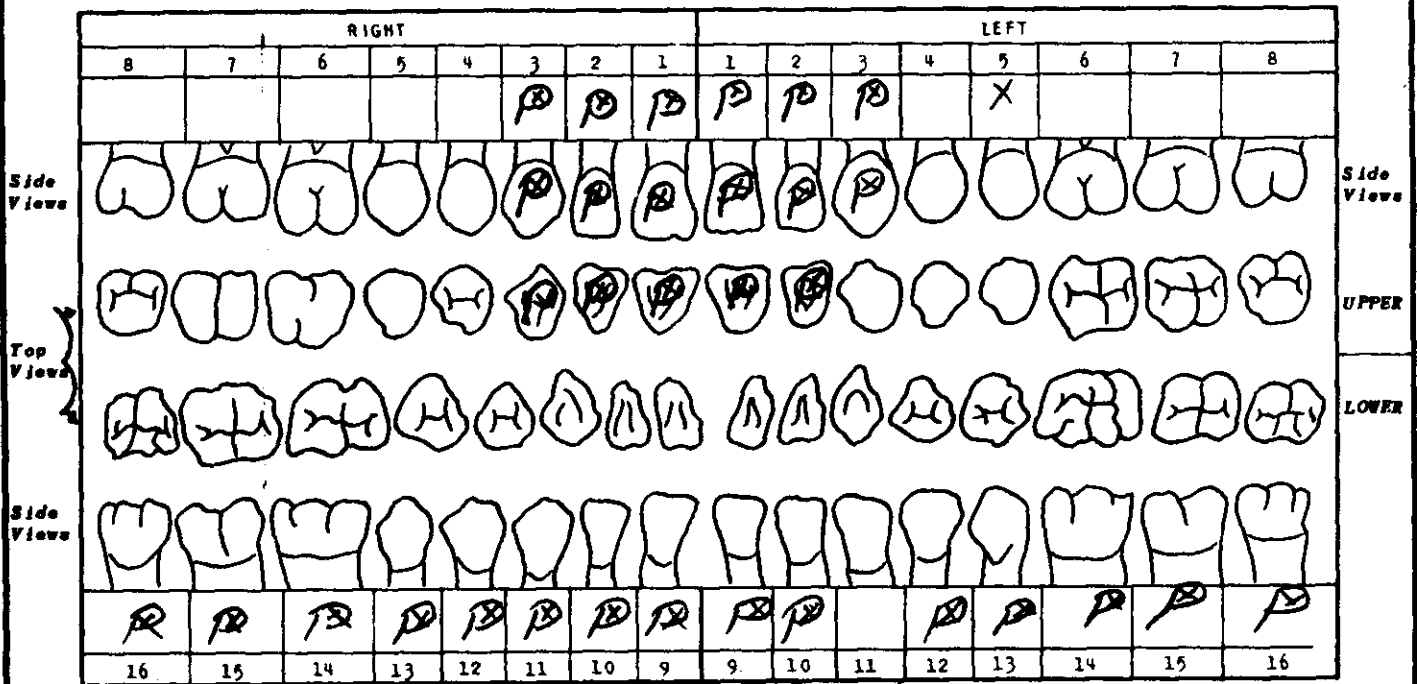
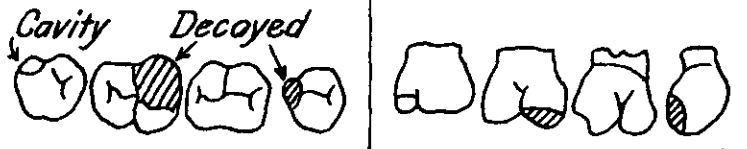
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



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."

Mandible not present with remains. Mandibular tooth L-11 found loose.

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Iden. 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 _____ 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 ID tags, burial bottle, personal effects, or any other means of identification found with remains.

Estimated weight of remains - 3 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, Iden. Section

SIGNATURE

Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3365 (Formerly UNK X-215 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 10 Jan 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 813	5. ROW I	6. GRAVE 2848	7. DATE OF DISINTERMENT 26 Nov 47	REINTERMENT STORAGE 12 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD Most long bones fractured	10. COLOR OF HAIR UTD	11. RACE UTD
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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

Skeleton only - Skeletal chart attached.

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

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

	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:	<i>Tooth Missing</i> 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	<i>Gold Crown, Porcelain Crown</i> 	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	<i>Gold Bridge</i> 	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	<i>Gold Filling, Silver Filling</i> 	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	<i>Cavity, Decayed</i> 	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
						<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>		<i>X</i>				
Side View																	Side View
Top View																	UPPER
																	LOWER
Side View																	
	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>		<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

Mandible *Misling*

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."

Mandible not present with remains. Mandibular teeth L-11 found loose.

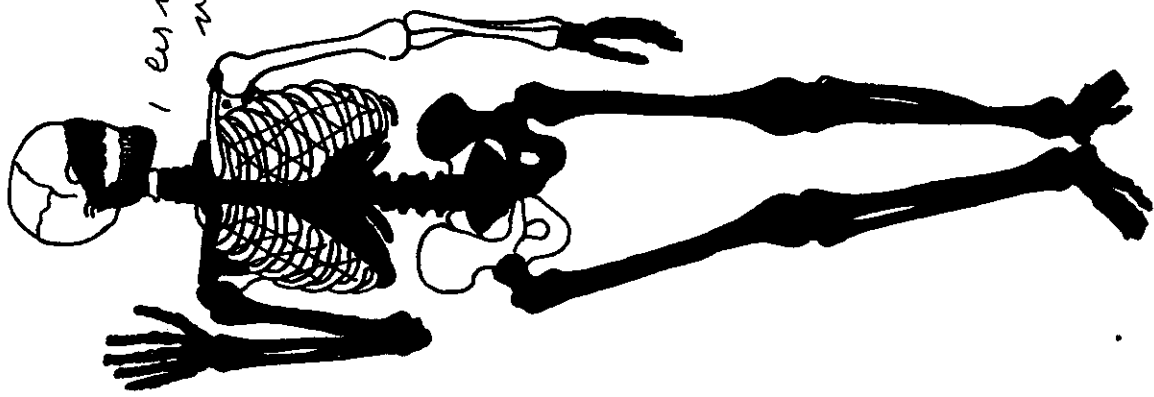
CERTIFIED TRUE COPY:

G. T. Gamboa

G. T. GAMBOA
2 d Lt., MSC

/s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 or burial bottle received with remains. No personal effects. Circumference of skull in inches 20". Estimated weight of remains 3 lbs.

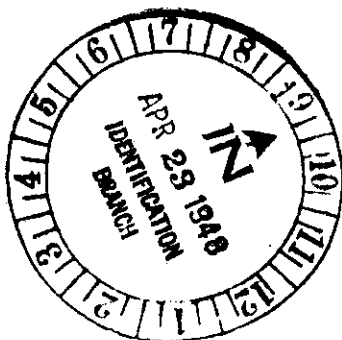
CERTIFIED TRUE COPY:

G. T. Gamboa
 G. T. GAMBOA
 2d Lt., M5C

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/ JAMES M. THOMAS
 Sr. Emb. C-063286
 CIP, Lab., Manila, P.I.

SIGNATURE
 /s/ James M. Thomas



WA116

2R 216

May 31 5 34 PM '46
D. O. H. G.
TEL. & CAB
SECTION

KT

URG V_UZTP NR53 WD P P
FROM CHIEF DEM PER REC BR ST LOUIS MO 352110Z
TO CGMC MEM DIV WASH DC

GRNC

RETURN HQGAS/291941Z SPQYG 215 MACFARLAND BN
ROBERT C NORTON 13359639 RELIG PREF CATHOLIC
HAIR RED HT 5 FT 8 1/2 IN WT 185 LBS
HOWARD L TRIBBEY 20903396 DENTAL CHART DTD 11 MAR 41 SHOWS NO TEETH MISSING
XXX NO TEETH MISSING
JAY H HGM 0-809957 REC NOT FD

END SPKRS DASH D

2115Z

293-11
J
J
J

From

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3365 (Formerly UNK X-215, USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 10 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	HANGER BAY	CRYPTI		DISINTERMENT	REINTERMENT STORAGE
	813	I	2848	26 Nov '47	12 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD Most long bones fractured	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	--	--------------------------	-----------------

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

Skeleton only - Skeletal chart attached.

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

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

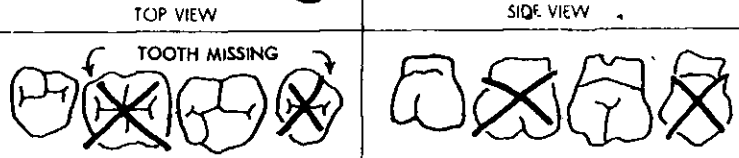
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

U T D

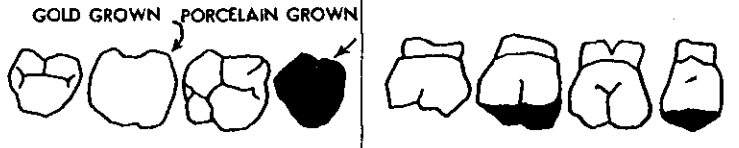
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

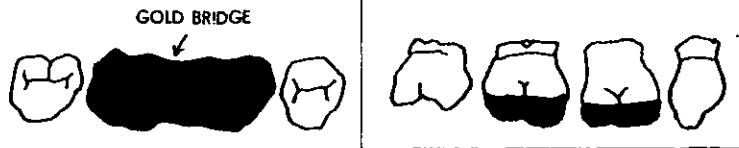
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



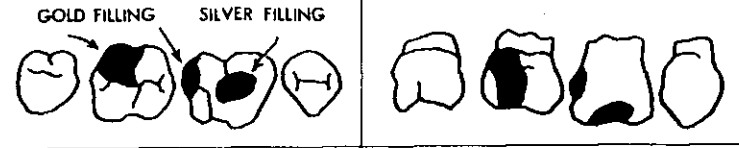
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



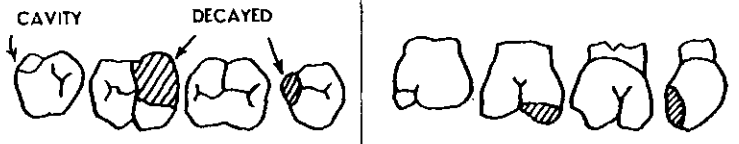
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
					⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗		
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
<i>Mandible</i>								<i>Missing</i>							

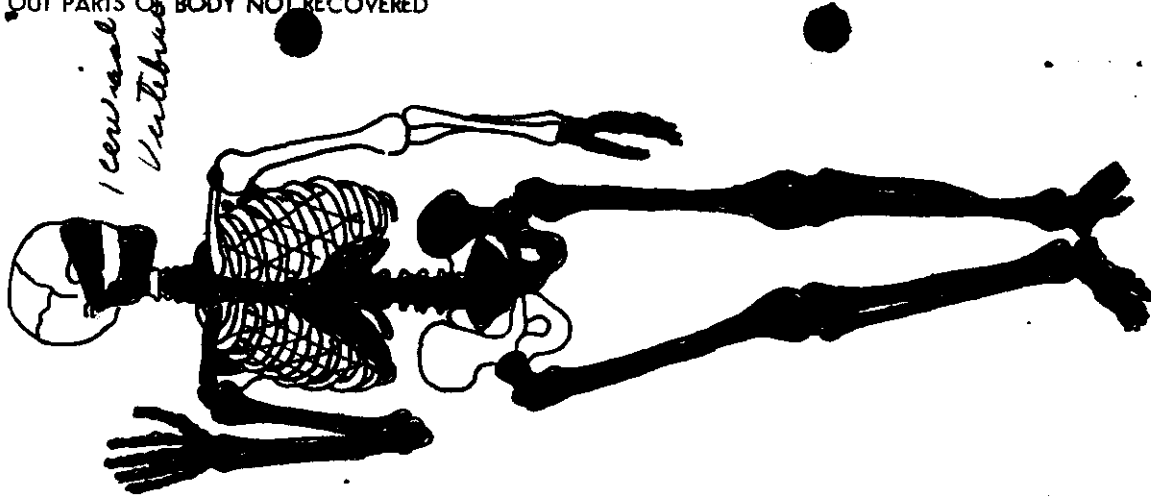
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Mandible not present with remains. Mandibular tooth L 11 found loose.

CERTIFIED TRUE COPY
G T GAMBOA
1st Lt., MSC

/s/ John J. Connors

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 _____ 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 or burial bottle received with remains.
 No personal effects. Circumference of skull in inches 20". Estimated weight of remains 3 lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa
 G T GAMBOA
 1st 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/ JAMES M. THOMAS Sr. Emb C 063286
 CIP LAB MANILA, P.I.

SIGNATURE
 /s/ James M Thomas

/acd

RESTRICTED

464

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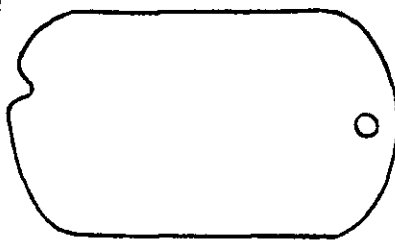
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

APR 20 1948

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

DATE OF REPORT
17 Jan 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3365 (Formerly UNK X-215 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
**Mt. Catabaran,
Leyte, P.I.**

CAUSE OF DEATH
KIA

DATE OF DEATH
Unknown

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 MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL STORAGE 12 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. I	GRAVE No. 2848
---	---------------------	--	--	------------------------	---------------------	--------------------------

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.
5442

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-3368

RANK SERIAL No. ORGANIZATION GRAVE No.
2850

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)
STORED
UNKNOWN X-3362

RANK SERIAL No. ORGANIZATION GRAVE No.
2846

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT


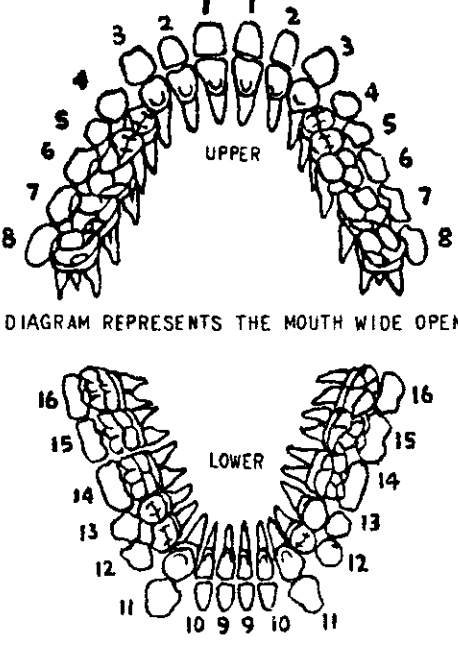




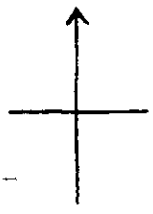
[Signature]
AQUINO, T/5

[Signature]
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

1573

		Section UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	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.				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
					
REMARKS:					
QMC Form No 1044, 1044-A and 1044-B accomplished.					

9 MAR 1946

RESTRICTED

RE

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

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

UNKNOWN X-215

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

Mt. Catabaran, Leyte, P. I.

(Place of death)

(Date of death)

KIA

(Cause of death)

1000 hrs 2 Sept 1945

(Time and date of burial)

USAF Cemetery Leyte # 1, P. I.

(Name of cemetery)

(Name or co-ordinates of location)

5442

(Grave number)

(Row number)

(Plot number)

Reg Cross

(Type of marker—Regulation V-shaped or other)

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

Religion

Metal tag buried with remains and attached to Marker.

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

Disinterred from isolated burial, Mt. Catabaran, Leyte, P. I.

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

Body buried on RIGHT

UNKNOWN X-216

(Name)

(Serial number)

(Rank)

1st Regt

5443

(Grave number)

Body buried on LEFT

BUSHMANN, Robert C.

(Name)

37 231 785

(Serial number)

Pvt 1cl

(Rank)

1st Cav Div.

(Organization)

5441

(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

Deaf 5

LEFT HAND

4

3

2

1

THUMB

Tooth chart taken on disinterment--attached.

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 or 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/t/ John E. Bobis, S/Sgt, GRS

(Signature of officer or other person reporting burial)

/s/t/ Francis M. Simon, 1st Lt., QMC

(Verified by Army GRS Officer)

A TRUE COPY:

H. B. McNemar
H. B. McNEMAR
Captain, QMC

THUMB

RIGHT HAND

1

3

4

HHB RESTRICTED RE
REPORT OF INTERMENT

U 461

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

(Par. 21d - TM 10-630)

UNKNOWN X-215

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

Mt Catabaran, Leyte, P. I.

KIA

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

1000 hrs 2 Sept 1945

USAF Cemetery Leyte # 1, P. I.

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

5442

Reg Cross

Buried with body
Attached to marker

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

Metal tag buried with remains and attached to Marker.

Protestant
Catholic
Hebrew

• Disinterred from isolated burial, Mt Catabaran, Leyte, P. I.

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)

Place X mark
below when
prints are of
left hand



Tooth chart taken on disinterment--attached.

1

2

3

4

5

List of personal effects and disposition of same

NONE

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

On Right— UNKNOWN X-216

5443

On Left— BUSHMANN, Robert C. 37 231 785 Pvt 1cl 12 Regt
1st Cav Div. 5441

S/Sgt John E. Bobis, GRS
Signature of Officer or other person reporting Burial.

FRANCIS M. SIMON, 1stLt., QMC
Verified by Army G.R.S. Officer.

Prepare in triplicate—1 copy to Army G.R.S. Officer—1 copy to Chief, G.R.S.—Original to the Q.M.G.

REGISTER OF DENTAL PATIENTS AT

(1) SURNAME

(2) CHRISTIAN NAME

UNKNOWN X-215

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

**Grave 5442, USAF Cemetery
Layton, Pa.**

(6) AGE YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE YEARS

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

(12) RESULTS AND REMARKS

Upper inc 1, 2, 3--missing since death.
 Upper inc 1, 2, 3--missing since death
 No lower jaw found--No cavities in teeth

F. P. Weinschkirch

8/Sgt F. P. Weinschkirch, CRS

Dental Corps, U. S. A.

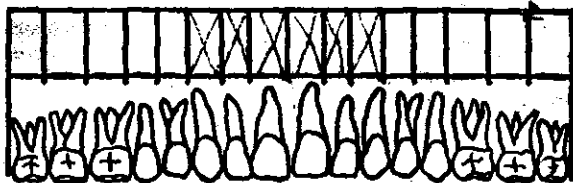
*REPORT OF DENTAL SURVEY

UPPER TEETH

Right

Left

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

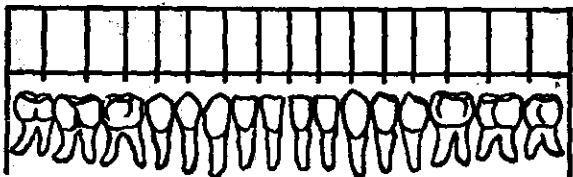


LOWER TEETH

Right

Left

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16



CLASS _____

Occlusion _____; Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Date **2 September**, 19**45**

S/Sgt **F. P. Weineschkirch, GRS**

Dental Corps, U. S. A.

*Restorable carious teeth by O
Nonrestorable carious teeth by /
Missing natural teeth by X

Teeth replaced by denture
(horizontal line)



Teeth replaced by fixed bridge
(oval to include abutments)

