

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ink. Leyte #1 X-223

SUBJECT

Also Manila News X-3451

GMC FORM 1121
1 Aug 45

AIRMAIL

29320 R.P. 123451 Manila

**QMCST 293
SAS Far East**

1 May 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 Findings of Unidentifiability for the following Unknown Deceased:

**Unknown X-3451, AGRS Maus. Manila, formerly X-223, USAF
Cemetery Loyte #1, P.I., Unit 4, Page 7**

Unknown X-4320, AGRS Maus. Manila, Unit 4, Page 8

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

**THOMAS E. COX
Capt QMC
Memorial Division**

RAH
**E.A. Kazup:lrc
Salser**

**cc--Administrative Section
cc--Cincfe**

**RECEIVED
MAY 1 1950
AGRS
PHILCOM**

*QMM
JW*

*X 29320 R.P. 123451 - 223 (page 11)
X 29320 R.P. #1, X-4320 (man - Manila)*

AIRMAIL

AIR MAIL

29221K P.I. X-3451/Unknown

QUEREN 293
SMITH, Marvin T.
78927, USNR

SUBJECT: Identification of Unknown Deceased

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

1. Reference is made to Case History dated 1 December 1949, PHILCOM Desk, recommending that the remains of Unknown X-3451, AGRS Mausoleum, Manila, P. I., Hanger 813, Bay K, Crypt 3386, formerly X-223, USNA Cemetery Leyte #1, P. I., be designated as those of LT. Comdr. Marvin T. SMITH, 78927, USNR.

2. The recommendation of the Board is disapproved. Disapproval of this case is based upon the numerous discrepancies in the types and location of dental restorations in the teeth present with Unknown X-3451 as against the recorded dental condition of SMITH.

3. Referenced Case History is returned herewith.

4. The above Unknown is listed on IFA Unit 4 roster, page 7.

FOR THE QUARTERMASTER GENERAL:

Handwritten stamp: 13 4 COPY TO COMZ MGR BR

Incl
Case History Std
1 Dec 1949

T. H. 1272
Lt Colonel, USMC
Memorial Division

Handwritten initials: All

vib

Copy furnished: CINCPAC

Handwritten signature: X 2 13 Smith, Marvin T. 78927

AIR MAIL

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

AFC 900

SUBJECT: Reprocessing of Remains

14 FEB 1950

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

With reference to your message AGL 34762 and our reply thereto S 1509 GRPZ, forwarded herewith are new dental charts prepared by a dental officer for Unknown X-3451, AGRS Mausoleum, Manila, P.I. Also enclosed herewith is a statement of the Anthropologist concerning subject remains.

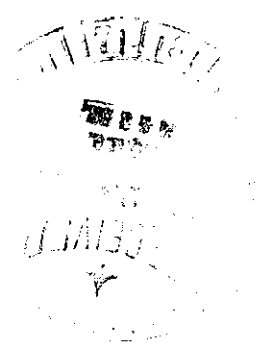
FOR THE COMMANDING OFFICER:

John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

- 3 Incls:
1 & 2 - JMC Forms 1044a
3 - Statement of Anthropologist
dtd 10 Feb '50

993 Smith Mason Finckle (78927)

AIR MAIL



QMO DEPT OF ARMY WASH D C

UNCLASSIFIED

COAGRS PHILC W (AF) ZONE MANILA P I

DEFERRED

DEFERRED

CENOTE T KID JAPAN

MULTIPLE ATER SC

FROM QMOVN UR CASE HISTORY FOR REMAINS CONSIDERED IDENTIFIABLE DATED
1 DECEMBER 1949 FOR URN XRAY 3451 AONS MAUS LUM MANILA

DISCREPANCIES EXIST IN RECORDED DENTAL CONDITION OF COMD SMITH PD POST
DENTAL CONDITION ONE MAY 3451 BE CHANGED BY DENTAL OFF AND RESULTS FROED
THIS OFFICE SOONEST

UNCLASSIFIED

GRAVES

QMOVN LA(3g)Maroon I-73000 25 JAN 50
QMOVN 293 SMITH, Marvin Terrell 78927

I. A. RENNOR
CAPT, MC, MEMORIAL DIVISION

1 Navy Chief,
Liaison Id Branch
Section Id Section
Repat Br
Mem Div ATTN:
Lt.Windsor

24 Apr
1950

SUBJECT: Unknowns X-3451 and X-4320, AGRS Mausoleum,
Manila, P. I.

1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Branch.

2. Efforts by this Section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties, have met with negative results based upon evidence presently contained in files.

3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.

MOYER
73880

2 Chief Navy
Ident Br Liaison
Ident Sec Section
Mem Div Repat Br
Mem Div

1 May
1950

1. Reference is made to paragraph 3, comment 1, above.

2. Findings of Unidentifiability have been approved by this office.

3. Files are returned herewith for completion of administrative reports.

COX ROFF
74059 2462

2 Incls

1. Cert. of Ident. for 223 Bayle
2. " " " " 4320 same.

Navy

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 600
24 Mar 1950

GRPZ 293

~~SECRET~~

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 QMG/4U 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-228 | AGRS Mslm | UNKNOWN X-3451 | AGRS Mslm |
| " X-490 | " " | " X-4330 | " " |
| " X-1445 | " " | " X-5190 | " " |
| " X-2694 | " " | | |

Navy

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

FOR THE COMMANDING OFFICER:

HARRY C. THORNSVARD
WOJG, USA
Assistant Adjutant

7 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

C O P Y

| | | | | | |
|---|--|---|----------------------------------|--|--|
| /bja | | Interred 30 Mar 1950 # 16 107 Ft. McKinley | | DISINTERMENT DIRECTIVE | |
| 1 | | Caretaker CARL R. H. MARK | | | |
| /gyc | | Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED | | DIRECTIVE NUMBER 7740 00229 | |
| NAME | | SERIAL NUMBER UNKNOWN X-000223 | | RANK 0 | |
| CEMETERY | | ARM 0 | | DATE OF DEATH 15 05 48 DAY MONTH YEAR | |
| USAF CEMETERY LEYTE NO 1 | | DATE OF DEATH DAY MONTH YEAR 7701 80 CODE DIST. PT. | | DISPOSITION OF REMAINS | |
| ROW | | COUNTRY | | CAUSE OF DEATH | |
| 5596 | | PHILIPPINE ISLANDS | | 6 | |
| SECTION B - CONSIGNEE AND NEXT OF KIN | | | | | |
| NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER) | | | NAME AND ADDRESS OF NEXT OF KIN | | |
| SECTION C - DISINTERMENT AND IDENTIFICATION | | | | | |
| NAME UNKNOWN X- 223 (Maus) UNKNOWN X-3451 | | SERIAL NUMBER | | RANK | |
| DATE OF DEATH | | DATE DISTINTERRED | | 27 Sept 48 | |
| IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | | ORGANIZATION UNKNOWN | | RELIGION | |
| | | | | IDENTIFICATION VERIFIED BY GEORGE SIMONEAU 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 show (Mausoleum) UNK X-3451 | | | | | |
| REMAINS PREPARED AND PLACED IN CASKET | | | | | |
| DATE 27 Sept 48 | | BY GEORGE SIMONEAU | | | |
| CASKET SEALED BY GEORGE SIMONEAU | | EMBALMER (Signature) <i>George Simoneau</i> GEORGE SIMONEAU | | | |
| CASKET BOXED AND MARKED | | SHIPPING ADDRESS VERIFIED BY | | | |
| DATE 27 Sept 48 | | BY HORACE L ALLISON, Sgt, Inf | | | |
| | | 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. | | | | | |
| | | <i>Charles R. Bates</i> CHARLES R BATES, 1st Lt, USAFR SIGNATURE OF GRS INSPECTOR | | | |
| Prepare Discrepancy Report GMC Form 1194a for major discrepancies. | | | | | |
| | | 25 APR 1950 REPAIRATION BRANCH MFC DIV. Jarris | | | |
| GMC FORM 1194 REV 15 MAR 46 | | | | | |

RECORD OF CUSTODIAL TRANSFER

| | | | | |
|----------------------|--|---------------------------|-----------------------|---------------------------------|
| FROM | | AGHS Mausoleum | TO | Fort McKimley Military Cemetery |
| KIND OF CONVEYANCE | | Truck | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | | SIGNATURE OF RECEIVER | |
| DATE | | | DATE | |
| 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 | | (BY ADMINISTRATIVE ORDER) | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | FORT MCKIMLEY CEMETERY | 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 | |

MAR 30 1950

Carroll
 NAME OF CONVOYER

Navy

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

23 March 1950

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 223, Plot _____,
Row _____, Grave 5596, USMC Lays #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
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

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

Received _____ OQMR
Not identifiable from
information presently available 27 April 1950
Ed Royer

IDENTIFICATION DATA

| | | | | | |
|---|------------------------|----------------------|-------------------------|---|------------------------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-3451 (Formerly UNK X-223, USAF CEM) (Leyte #1, P.I.) | | | | 2. DATE OF REPORT 23 March 1950 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | H 813 | B K | C 3386 | DISINTERMENT | REINTERMENT |
| | | | | 23 Nov 47 | S 14 Jan 48 |

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

| | |
|---|-----------------|
| 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

NONE

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

NONE

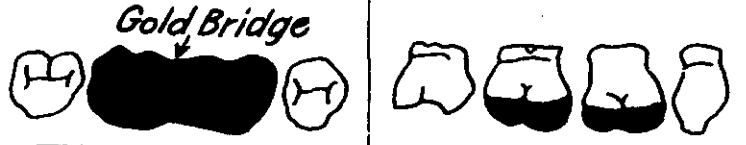
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



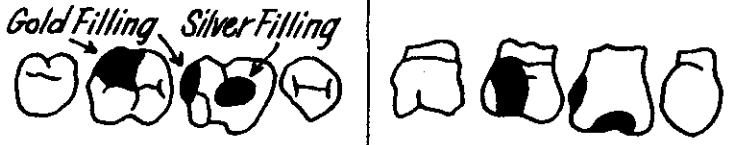
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



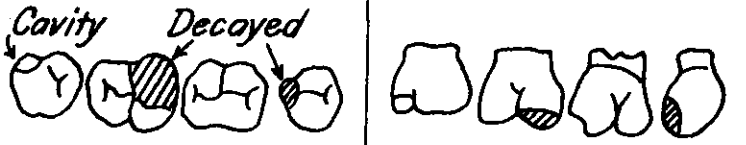
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

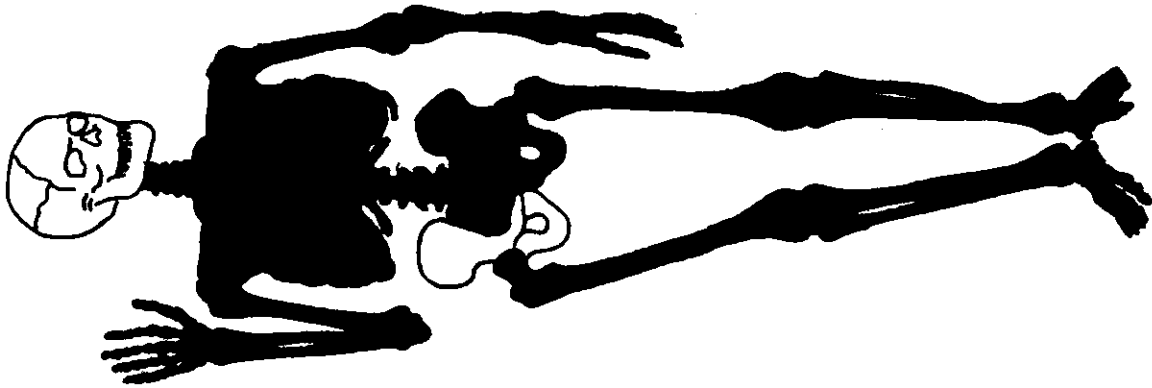


| RIGHT | | | | | | | | LEFT | | | | | | | |
|------------|----|----|-----|----|----|----|---|------------|----|----|----|----|----|------|----------|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| A | A | A | A | | S | S | S | S | S | S | A | | A | A | A |
| F | mo | mo | o | | M | M | M | M | M | M | mo | | mo | 8 | F |
| Side Views | | | | | | | | Side Views | | | | | | | |
| Top Views | | | | | | | | Top Views | | | | | | | |
| Side Views | | | | | | | | Side Views | | | | | | | |
| A | A | X | A | A | A | P | P | P | P | P | A | P | X | A | A cavity |
| F | mo | | dom | df | F | | | | | | do | | | modf | o |
| 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."

Paul R. Nichols
PAUL R. NICHOLS
 Chief, Ident. Sect.

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

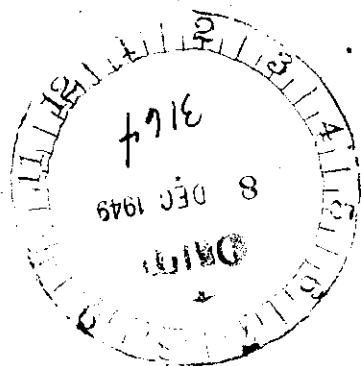
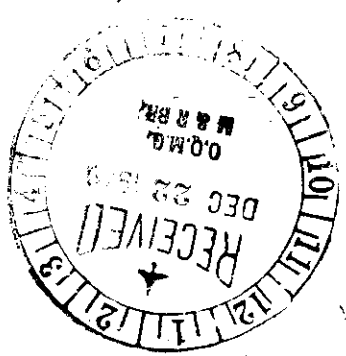
No ID tags, burial bottle, personal effects, or other means of identification found with remains.

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. Sect.

SIGNATURE



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE.

GPZ 293.9

4
APO 900
7 Dec. 1949

SUBJECT: Identification of Unknowns

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

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

X-3451 as SMITH, Marvin T. Lt. Comdr 78927, USNR
AGRS Mausoleum, Manila, P. I.
(Formerly X-223, USAF Cem. Leyte #1, P. I.)

X-5049 as FISCHER, William J. AOM2/c 809 32 15, USNR
AGRS Mausoleum, Manila, P. I.

X-3349 as ROTH, Melvin J. AMMR/c 645 87 92, USNR
AGRS Mausoleum, Manila, P. I.
(Formerly X-225, USAF Cem. Leyte #1, P. I.)

X-5048 as THURMOND, Talmadge C. AOMM 295 88 85, USN
AGRS Mausoleum, Manila, P. I.

2. These cases pertain to the identification of four crew members of aircraft PB4Y-1, Bu. No. 38840, which crashed near Brunei Bay, British North Borneo, on 13 Jan. 1945. Of the six other crew members, four returned to duty, one was killed as a result of the crash and has been associated with Unknown X-115, Barrackpore Cem., India, and the other one is being declared non-recoverable.

FOR THE COMMANDING OFFICER:

4 Incls:
Board Proceedings

JOHN SHYKULA
1st Lt., Inf
Adjutant

PHILCOM ZONE
RECEIVED
DEC 22
FILE
W. E. MARSDEN, MSC, USN
MAR 8 1950

copy to file

IDENTIFICATION DATA

| | | | | | |
|--|--|---|----------------|--------------------------------|--|
| 1. REMAINS OF UNKNOWN, UNKNOWN X-3451 | | (Formerly UNK X-223, USAF Cem) (Leyte #1, P.I.) | | 2. DATE OF REPORT 12 Jan 48 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF |
| | | Hanger 813 | Bay Crypt K | 3386 | DISINTERMENT 24 Nov 47 REINTERMENT Storage 14 Jan 48 |

PHYSICAL DESCRIPTION

| | | | |
|---------------------------------|---------------------------------|-------------------------------|---------------------|
| 8. ESTIMATED WEIGHT U. T. D. | 9. ESTIMATED HEIGHT U. T. D. | 10. COLOR OF HAIR U. T. D. | 11. RACE Unknown |
|---------------------------------|---------------------------------|-------------------------------|---------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

U. T. D. - Skeletal Chart and
Tooth Chart attached.

| | |
|---|-----------------|
| 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

NONE

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

NONE

| | TOP VIEW | SIDE VIEW |
|---|---|-----------|
| <p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> | <p>← <i>Tooth Missing</i> →</p> | |
| <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> | <p><i>Gold Crown</i>, <i>Porcelain Crown</i></p> | |
| <p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> | <p><i>Gold Bridge</i></p> | |
| <p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> | <p><i>Gold Filling</i>, <i>Silver Filling</i></p> | |
| <p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p> | <p><i>Cavity</i> <i>Decayed</i></p> | |

| | RIGHT | | | | | | | | LEFT | | | | | | | | |
|------------|-------|-----|----|----|----|----|----|---|------|----|----|----|----|----|-----|----|----------|
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | A | A | A | A | | S | S | S | S | S | S | S | A | A | A | A | |
| | f | f | f | f | | m | m | m | m | m | m | m | f | f | f | f | |
| Side Views | | | | | | | | | | | | | | | | | |
| Top Views | | | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | | | |
| | A | A | X | A | A | S | A | P | P | P | P | A | P | X | A | A | Cavities |
| | f | mof | | f | do | f | f | | | | | do | P | | mof | A | o |
| | 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."

CERTIFIED TRUE COPY:

/s/t/ 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 ROI bottle, I.D. tags, personal effects, or other means of identification received with remains. Skull is 21 inches in circumference. Unable to determine the physical height due to the condition of remains. Skull, maxilla, mandible and right pelvis only received.

CERTIFIED TRUE COPY:

A TRUE COPY:

Wilbur G. Hobbs
WILBUR G. HOBBS
1st Lt., Inf

/s/t/ 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


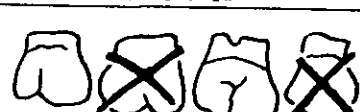
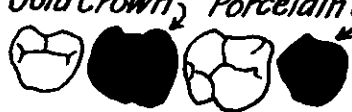





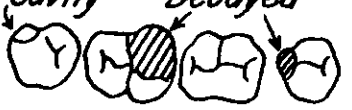

/p/ CLEMENT G. SWAN, Emb. Sr.
Ung. C-064862
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Clement G Swan

TOOTH CHART

Tooth Chart - A

| | | |
|--|--|--|
| <p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p> | <p>TOP VIEW</p>  <p><i>Tooth Missing</i></p> | <p>SIDE VIEW</p>  |
| <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> | <p>Gold Crown, Porcelain Crown</p>  |  |
| <p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> | <p>Gold Bridge</p>  |  |
| <p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> | <p>Gold Filling, Silver Filling</p>  |  |
| <p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p> | <p>Cavity, Decayed</p>  |  |

| RIGHT | | | | | | | | LEFT | | | | | | | |
|------------|----|----|----|----|----|----|---|------------|----|----|----|----|----|----|----|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| A | | A | A | | S | S | S | S | S | S | A | | A | A | A |
| or | | mo | O | | ml | md | m | m | md | ml | mo | d | mo | o | o |
| Side Views | | | | | | | | Side Views | | | | | | | |
| UPPER | | | | | | | | UPPER | | | | | | | |
| LOWER | | | | | | | | LOWER | | | | | | | |
| Mandible | | | | | | | | missing | | | | | | | |
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

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

No loose mandibular teeth present with remains.

Henry C. Thompson
Capt. D.C.

| 18. TOOTH CHART | | TOP VIEW | SIDE VIEW |
|--|--|----------|-----------|
| MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS: | | | |
| CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: | | | |
| BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS: | | | |
| FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS: | | | |
| CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: | | | |

| RIGHT | | | | | | | | LEFT | | | | | | | |
|-----------------------|----|-----|-----|----|----|----|---|-------------|----|----|----|----|----|-----|----|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| ← Maxilla | | | | | | | | ← missing → | | | | | | | |
| Side Views | | | | | | | | | | | | | | | |
| UPPER | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | |
| LOWER | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | |
| broken & missing | | | | | | | | | | | | | | | |
| A | X | A | A | A | | P | P | P | P | A | A | P | X | A | A |
| op | | mod | mod | od | | | | | | R | od | | | mod | mo |
| 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."

No loose maxillary teeth present with remains.

George Simpson
Capt. etc.

Incl # 2

CENTRAL IDENTIFICATION POINT
AGRS APO 900
NICHOLS FIELD, MANILA, P. I.

10 February 1950

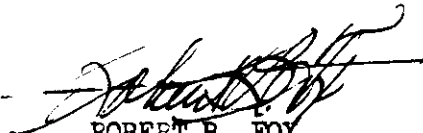
S T A T E M E N T

Reference: UNK X-3451 AGRS Mausoleum

As requested UNK X-3451 was examined and dental charts accomplished by H. C. Thompson, Capt., DC.

It was further found that the mandible, and maxilla and cranium of this remains are not properly associated. The maxilla and cranium have been assigned unknown number, UNK X-3451-A, and the mandible, UNK X-3451-B, awaiting final disposition.

The dental charts for "A", the maxilla, and "B", the mandible, are attached.


ROBERT B. FOX
Anthropologist

3rd Plat. 601st QM Co., GR
APO 705

Upon arrival at Labuan, Aug. 1st, 1945, I was ordered by 1st Lt. Legre, Plat. Leader, 3rd Plat., 601st QM CO GR., to disinter bodies at Labuan War Cemetery.

In one grave, were 3 bags of bones belonging to a number of bodies which three persons by the names of Lt. Cypret, Lt. Connely and Zuk were suppose to be among, according to Australian GRS at Labuan. The remains were located at Kuala Penyu, British Borneo by the Australians. Inclosed is a Burial Return made by Hq. 9th Aust. Div.

At time of departure from Labuan, we were given 4 skulls with a few bones in four bags and the only information the Australians could furnish us was the fact that they were the bones of American personnel and were gotten on the main land of Borneo across from the island of Labuan. Only means of identification might be by tooth chart.

This information was given me by 1st Lt. Legre who instructed me to take these bodies and information to GRS at BASE K, Leyte, P.I.

/t/ Sgt. John J. Norcini 13154424
Section Chief, 3rd Plat. 3rd Sect.
601st QM CO., GR

Certified True Copy.

/s/ FRANCIS R. SIMON
Capt. Quartermaster.

A TRUE COPY:

Wilbur G. Hobbs
WILBUR G. HOBBS
1st Lt., Inf

Upon arrival at Labuan, Aug. 1st 1945, I was ordered by 1st Lt. Legre, Plat. Leader, 3rd Plat., 601st QM CO. GR., to disinter at Labuan War Cemetery.

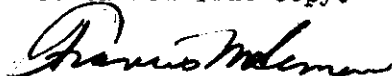
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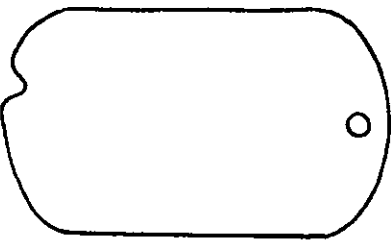
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Sgt. John J. Morcine. 13154424
Section Chief, 3rd Plat. 3rd Sect.
601st QM CO., GR.

Certified True Copy.


FRANCIS M. SIMON,
Capt. Quartermaster.

RESTRICTED

| | | |
|--|---|--|
| WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE | DATE OF REPORT 21 Jan 48 |
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | |
| | NAME (Last, first, middle initial) UNKNOWN X-3451 (Formerly UNK X-223 USAF Cemetery Leyte #1, P.I.) | SERIAL No. Unknown |
| | GRADE Unknown | ORGANIZATION Unknown |
| | RACE Unknown | ORGANIZATION Unknown |
| | | BRANCH OF SERVICE Unknown |
| | | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |
| PLACE OF DEATH British North Borneo | CAUSE OF DEATH Unknown | 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 <p align="center">None</p> | | |
| Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse. | | |
| NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">AGRS MAUSOLEUM, MANILA, P.I.</p> | | |
| DATE OF BURIAL STORAGE 14 Jan 48 | HOUR 1100 | BURIED IN (Shroud, blanket, or name of other) STORED Casket |
| | | TYPE OF GRAVE MARKER |
| | | PLOT No. HANGERS 813 |
| | | ROW No. BAY K |
| | | GRAVE No. CRYPT 3386 |
| 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. 5596 |
| TYPE OF RELIGIOUS CEREMONY | PERSON CONDUCTING BURIAL RITES | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY A TRUE COPY: <p align="right"><i>Wilbur G. Hobbs</i> WILBUR G. HOBBS 1st Lt., Inf</p> |
| 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-3914 | RANK | SERIAL No. |
| | | ORGANIZATION |
| | | GRAVE No. CRYPT 3388 |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3449 | RANK | SERIAL No. |
| | | ORGANIZATION |
| | | GRAVE No. CRYPT 3384 |
| SIGNATURE OF PERSON PREPARING REPORT /s/t/ V C AQUINO, T/5 QMC | | SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ LS PANOPPIO, 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

Just

Section UNIDENTIFIED REMAINS

INSTRUCTIONS:


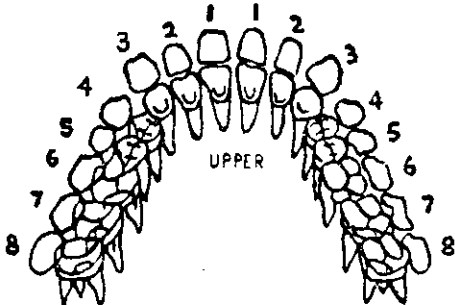




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

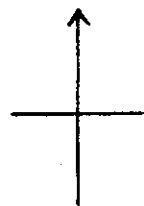
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|--------|--------|---------------|---------------|-------------------------------|

| | | |
|-----------------------|---------------|--------------------------------|
| 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.

REPORT OF INTERMENT

U507

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

UNIDENTIFIED, American Skull, (Par. 21d - TM 10-630)

X-223

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

British North Borneo

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

1500 Hrs. 4 October 45

(Time and Date of Burial)

USA Cemetery Leyte #1, P.I.

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

Buried with body

Attached to marker

5596

(Grave No.) (Row No.)

Reg. Cross

(Plot No.) (Kind Grave Marker)

(Identification Tags)

Protestant

Catholic

Hebrew

Metal tag buried with skull and attached to marker.

Attention is invited to attached statement.

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)

see 1000

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



| | | | |
|------------|---|---|---|
| Thumb 1 | 2 | 3 | 4 |
|------------|---|---|---|

List of personal effects and disposition of same:

NONE

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

On Right— Unidentified American Skull X-224 5597

On Left— Dennick, Joseph, P. 5595

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

William D. Rogals
WILLIAM D. ROGLAS, 1st Lt., Inf.
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.

RESTRICTED

RE

REPORT OF INTERMENT

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

(Par. 21d - TM 10-630)

UNIDENTIFIED, American skull A-223
 (Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)

British North Borneo
 (Place of Death) (Date of Death) (Cause of Death)

1500 hrs. 4 October 45 **USAF Cemetery Leyte #1, P.I.**
 (Time and Date of Burial) (Place of Burial - Name and No. of Cemetery, if in a cemetery)

5596 **Reg. Cross** **Buried with body**
(Grave No.) **(Row No.)** **(Plot No.)** **(Kind Grave Marker)** **Attached to marker**
Metal tag buried with skull and attached to marker. **(Identification Tags)**
Attention is invited to attached statement. **Protestant**
Catholic
Hebrew

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



| | | | | |
|-------|---|---|---|---|
| Thumb | 1 | 2 | 3 | 4 |
|-------|---|---|---|---|

List of personal effects and disposition of same

NONE

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

On Right—

Unidentified American Skull X-224

5597

Dennick, Joseph, P.

5595

On Left—

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

William D. Rogers
WILLIAM D. ROGERS, 1st Lt., Inf.

Signature of Officer or other person reporting Burial.

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.

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place USAF Cem. Leyte #1, P.I.

Date 4 October 45

1. Remains of X-223 Serial Number _____
Rank _____ Organization _____

2. Disinterred (date): 4 October 45 From (give complete location): USAF Cemetery Leyte #1, P.I.
By: Group Cpl. Martin Napoli Unit GRS

3. Reburied (date): 4 October 45 In (give complete location): USAF Cemetery Leyte #1 P.I.
By: Group Cpl. Martin Napoli Unit GRS Nature of reburial Blanket Burial

4. Report as to nature of original burial and condition of body upon disinterment:
Blanket burial, Completely decomposed.

5. (a) Identification tags: Buried with body? X On grave marker? X
(b) Other means of identification found upon disinterment, and general remarks: All parts of body missing except skull and femur bone.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) unable to determine.

(b) Weight (estimated) unable to determine.

(c) Hair-Color unable to determine.

Quantity _____

Characteristics _____

(d) Hair on face-Color _____

Location _____

Quantity _____

(e) Permanent marks on body (old scars, peculiarities, or missing parts) _____

(f) Wounds or missing parts (received at time of casualty) _____

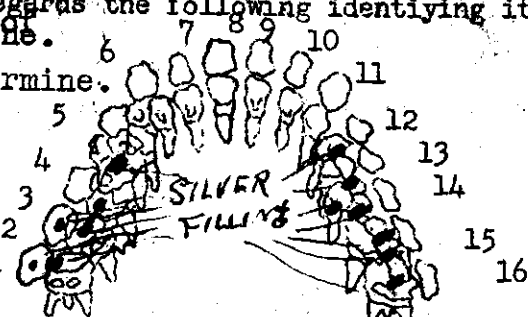
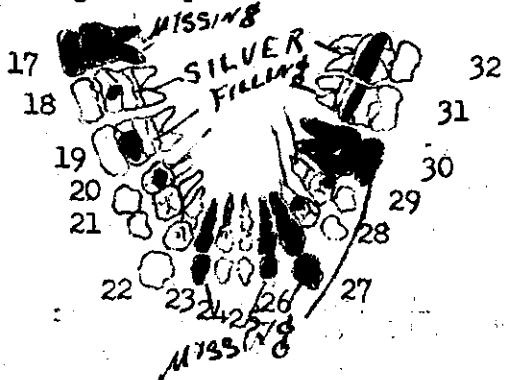


Diagram represents mouth wide open



7. Disinterment supervised by Martin Napoli Approved: William D. Rogers
Cpl. Martin Napoli (Title) Graves Registration Officer

8. Reburial supervised by Martin Napoli Approved: William D. Rogers
Cpl. Martin Napoli (Title) Graves Registration Officer

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.

2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.







3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made--in casket, wooden box, ect.

4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried--in a casket, box, burlap, ect. This statement should be as complete as possible.

5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".

(b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.

6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

| | | | |
|-------------------|--|---|--|
| MISSING TEETH | All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus: |  | Tooth missing Tooth missing |
| CROWNED TEETH | Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus: |  | Gold crown Porcelain crown Gold crown |
| BRIDGE WORK | Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus: |  | Gold & porcelain bridge Gold bridge |
| FILLINGS | Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus: |  | Silver filling Gold filling Gold filling |
| CARIES (CAVITIES) | Outline location and size of cavities, shade in thus: |  | Cavity Decayed Decayed |
| 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". |  | Cavity Decayed Decayed |

7. Show name of person supervising the disinterment and the name and title of the person approving same.

8. Show name of person supervising the reburial and the name and title of the person approving same.