

m. felder

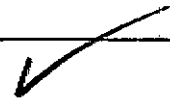
FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk Repts #1 X-24

SUBJECT

also memo manila X-3659



293 - Unk. P. I. (Misc.) (Maus. Manila) (X-3760, X-3659, X-3720, X-3657,
X-3709, thru X-3711, X-3748A
X-3750, X-2252, X-2282, X-2,
X-3819

QMGM 293
GRS Far East

12 January 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to findings of unidentifiability for the following Unknown Deceased:

Unknown X-3766,	AGRS Maus. Manila, formerly	X-14,	USAF Cem. Leyte #1
" X-3709,	" " " "	X-15,	" " "
" X-3720,	" " " "	X-17,	" " "
" X-3657,	" " " "	X-20,	" " "
" X-3710,	" " " "	X-21,	" " "
" X-3658,	" " " "	X-22,	" " "
" X-3748-A,	" " " "	X-23,	" " "
" X-3659,	" " " "	X-24,	" " "
" X-3711,	" " " "	X-25,	" " "
" X-3750,	" " " "	X-242,	" " "
" X-2252,	" " " "	X-534,	" " "
" X-2282-A,	" " " "	X-594,	" " "
" X-2	" " " "	X-127,	USAF Cem. Finsch. #2, N.
" X-3819,	AGRS Mausoleum, Manila, P. I.		

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

3. Certificate of Unidentifiability, your headquarters, dated 9 December 1949, for Unknown X-5216, AGRS Mausoleum Manila has been suspended. The records of this Office indicate that QMC Form 1042 is not on file for this Unknown Deceased, therefore, it is requested that a Report of Storage be forwarded as soon as practicable.

FOR THE QUARTERMASTER GENERAL:

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

COPY: mfs

X 293 Unk. P. I. X-3659 (Maus. Manila)

File #

1. FILE UNDER NO. 293 - Unk. Philippine Islands L- 3659 (Manila, Haas.)

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **7 Oct 49**
4. FROM: **OJMS**
5. TO: **CG, Philippine Command, APO 707, San Francisco, Calif.**
6. SUBJECT: **Identification of World War II Deceased**

7. DOCUMENT FILED UNDER NO. **293 - GRS, Far East** (C)

mfz

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

1

rrc

Interred 30 January 1950
A 15' 20 Ft. McKinley

DISINTERMENT DIRECTIVE

Caremark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00045

DATE

15 | 05 | 48
DAY MONTH YEAR

NAME

UNKNOWN X-000024 0

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY (LEYTE NO 1)

DISPOSITION OF REMAINS

7701 | 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

565 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNK X-24
UNK X-3659 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

27 Sept. '48

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 I

2 Identification tags read Mausoleum UNK X-3659

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept. '48

BY

PERRY E. WHITE

CASKET SEALED BY

PERRY E. WHITE

EMBALMER (Signature)

Perry E. White
PERRY E. WHITE

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 27 Sept. '48 HORACE L. ALLISON, Sgt. INF

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.
FEB 1950
INF
M.C. FN.

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Leachmark</i>	DATE JAN 30 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>WALLY WHITE</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

7. SHIPPED

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

JP
FILE UNDER NO. 293 - Unknown P.I. X-24 (Leyte #1)

INDEX SHEET

SYNOPSIS

~~7/17/47~~ 11th Ind.

18 July 1947

FROM: OCMG
TO: CG, Philippine-Ryukyus Command, APO 707, c/o FM, San Francisco,
Calif.
SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown P.I. ¹⁻¹⁹ (~~Misc~~) (Leyte #1) (~~X-15, 27, 28, 29, 24~~)

rtb

FILE UNDER NO. 293

Unk. P. I. X-24 (Leyte #1).

INDEX SHEET
EXPOSURE

23 Apr. 1947.

9TH IND.

FROM: OJAI.
TO: CG, Philippines-Myanmar Command, apt 707,
c/o HM, San Francisco, Calif.

RE: Comparison of tooth charts for Unks. X-15, 17, 21, 23 & 24,
Leyte #1, have been made with existing dental records for Pfc Troy B.
Lacey, with neg. results. Records of this office indicate Unk X-13, Leyte #1,
has been identified as S/Sgt. James O. Collins, 38309369.

DOCUMENT FILED UNDER NO. 293 Unk. P. I. ^{X-19} ~~X-15, 17, 21~~ (Leyte #1) • ~~23 and 24~~

cp

FILE UNDER NO. 293 - Unknown P.I. X-24 (Leyte #1)

I N D E X S H E E T

~~1/1/47~~ 2nd W/Ind.

SYNOPSIS

26 Feb. 1947

FROM: OQ1AG
TO: CO, Amer. GRS Area Command, Pac. Theater, APO 707, c/o PM,
San Francisco, Calif.

SUBJ: Identification of Unknown Deceased

SUBJ:

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

rtb

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

2 Dec 1949

Date

SUBJECT: Unidentifiable Remains


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

The records pertaining to Unknown X- 24, Plot _____,
Row _____, Grave 565, USMC USAF Cem. Leyte #2 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, QMG
Chief, Records Branch

Attach: Form 1044

Received 30 Jan 1950 OQMG
Not identifiable from
information presently
available 10 Jan 1950


IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3659 (Formerly UNK X-24 Leyte #1)			2. DATE OF REPORT 8 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	812	U	5421	DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

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

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

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

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18.

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): 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																																																
← MAXILLA								M I A S S I N G →																																																							
Side Views																																																															
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Side Views																																																															
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X	A	X	A	A	A	P	P	Worn	S	A	A	A	A	X	A																																																
	o		m	f	f				m	m	f	f	o		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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla missing, maxillary tooth L-3 found loose with remains.

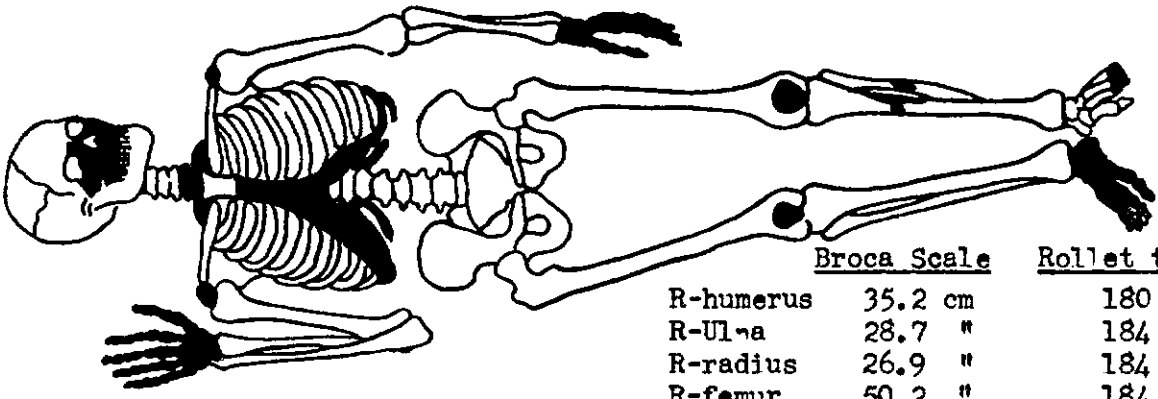
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Sec.

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT REQUIRED



	<u>Broca Scale</u>	<u>Rollet table</u>
R-humerus	35.2 cm	180 cm
R-Ul-na	28.7 "	184 "
R-radius	26.9 "	184 "
R-femur	50.2 "	184 "
R-tibia	39.9 "	182 "
R-fibula	40.5 "	186 "

Average height 183 1/3 cm or 5'11 5/8"

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 - 9 lbs.
 Circumference of skull - 21-3/4 inches.

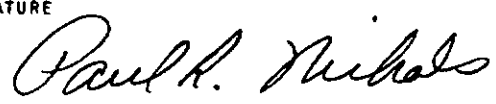
"UNIDENTIFIABLE"

"BY REASON OF LACK OF 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 Sec

SIGNATURE


IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3659 (Formerly UNK X-24, USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 10 February 1948	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 812	5. ROW U	6. GRAVE 5421	7. DATE OF	
	MANGER BAY		CRYPT	DISINTERMENT 23 Dec '47	REINTERMENT STORAGE 11 Feb 48

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 One (1) substitute tag found with the only inscription: UNKNOWN X-24.
 (This tag was placed with remains).

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 type="checkbox"/> NO	TO WHAT EXTENT ? Severely
---	------------------------------

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

 UTD

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
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:		

maxilla missing

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																

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."

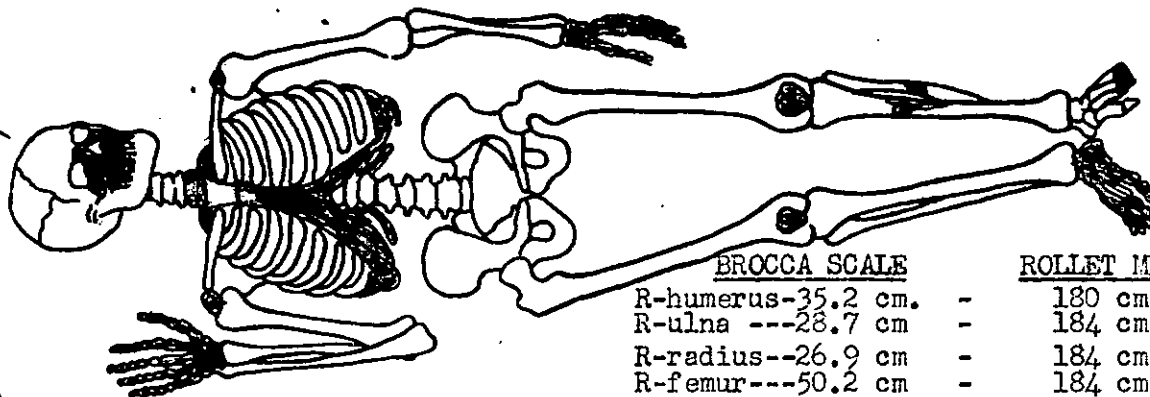
Maxilla missing, maxillary tooth L-3 found loose with remains.

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

/s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED

3- Cervical vert present
 16- Ribs present
 12- Thoracic vert. present
 5- Lumbar vert present



BROCCA SCALE		ROLLET MEASURE
R-humerus	35.2 cm.	180 cm
R-ulna	28.7 cm	184 cm
R-radius	26.9 cm	184 cm
R-femur	50.2 cm	184 cm
R-tibia	39.9 cm	182 cm
R-fibula	40.5 cm	186 cm

Average height 183 1/3 cm or 5'11 5/8"

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts:

NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No personal effects, no ROI bottle found with remains. One (1) tag as described in section 12 found. Circumference of the skull approximately 21 3/4 inches. Estimated weight of remains 9 lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa

G T GAMBOA
 2d Lt MSC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ CLAUDE A. PILLERS, Emb Sr C-063247
 CIP LAB MANILA, P.I.

SIGNATURE

/s/ Claude A. Pillers

X-3659

DMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

8 Jan 48

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)	Serial Number
UNKNOWN X-24	

Grade	Organization

Name, Number and Location of Cemetery	Plot	Row	Grave No.
USAF Cemetery Leyte #1, P.I.			565

2. Date of Disinterment	
29 December 1947	

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Original made in shelter halve burial. Tags found on remains and on marker coincide with ROI on file.

Skeletal remains.

4. What Identification Found at Time of Disinterment: On Marker

Sub tag

On Remains

Sub tag

What Identification Used Upon Reinterment: On Marker

Held for Concentration

On Remains

Sub tag

5. Signature of BSA or Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Embálmer

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. 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, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth

Tooth Missing Tooth Missing

Crowned Teeth

Gold Crown Porcelain Crown

Bridgework

Gold & Porcelain Bridge Gold Bridge

Fillings

Silver Filling Gold Filling

Caries (Cavities)

Cavity Decayed

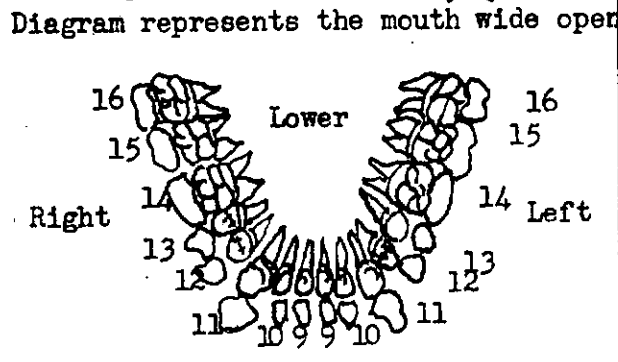
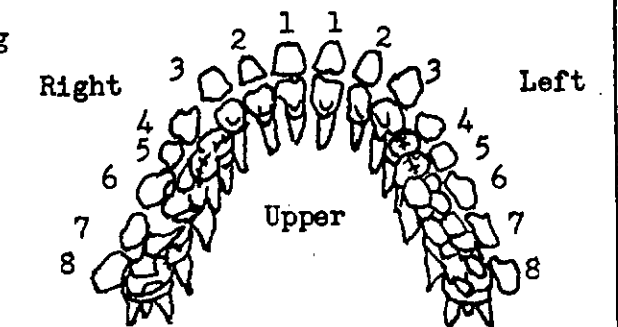
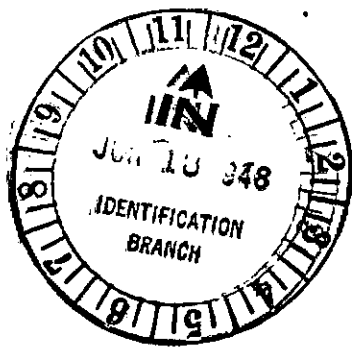


Diagram represents the mouth wide open

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



N7-0887C-5

REGISTER OF DENTAL PATIENTS AT

UNKNOWN X-24

(1) SURNAME

(2) CHRISTIAN NAME

USAF Cemetery Loyte #1, P.I.

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

Grato 565

(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

Dental Corps, U. S. A.

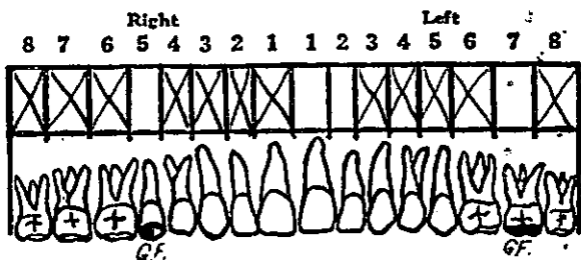
Form 79—MEDICAL DEPARTMENT, U. S. A.
(Revised Feb. 24, 1941)

GPO 16-20822

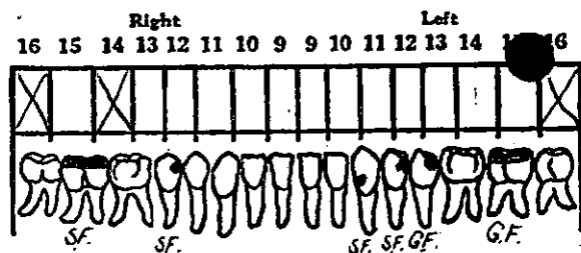
Spec 6

*REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH



CLASS

Occlusion: Calculus: Slight, Medium, Heavy

Periodontoclasia

Dental foci suspected: Yes No

Other conditions

Date 11 June, 1945
J.P. Weirneschkirch
S/sgt F.P. Weirneschkirch
ORG 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)



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.

26 March 1947

DATE

UZKTCNTH K-24

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

San Pedro Bay, Leyte, P.I.

USAF Cemetery Leyte #1, P.I.

565

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

		RIGHT								UPPER TEETH		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE		X	X	X	P	P	P	X	P	P	A	A	X	X	X	A	X	TYPE			
LOCATION											I	D				OIF		LOCATION			

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		X	G	X	A	A	A				SS	A	A	AA	X	G	X	TYPE	
LOCATION			DO		MO	F	F				M-D	F	D	OD		FOI		LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> </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; line-height: 30px; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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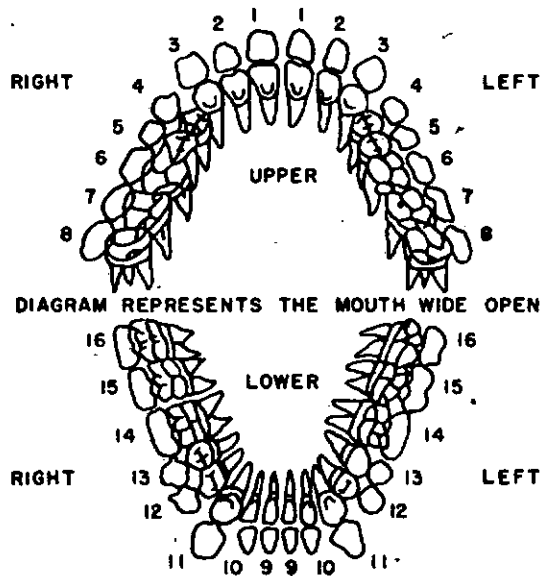
INSTRUCTIONS:

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

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

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

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

/s/ **William R. Staples, Lt., (ig) D.C. USN**
NAME AND RANK TYPED OR PRINTED

USAF Convatory Lodge #1

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Raymond Thomas
VERIFIED BY GRS OFFICER

RAYMOND THOMAS, Captain, OMC
NAME AND RANK TYPED OR PRINTED

26 March 1947

DATE

BASIC: Ltr fr WD, QMGI, Wash. 25, D.C., file QMGMU 293 Unknown X-24
(Leyte #1) P.I., dtd 23 September 1947, subj: Identification
of Unknown Deceased.

OSQMN 293

1st Ind

CRHM/gyd*

PHILRYCOM Sector Graves Registration Service, APO 707, 9 October 1947

TO: Quartermaster General, Washington 25, D. C.

Reference 11th Indorsement your office was replied to by 14th
Indorsement this office, dated 9 October 1947, a copy of which is
inclosed.

FOR THE COMMANDING OFFICER:

HAROLD F. REVERSKI
Lt. Colonel, GFC
Executive

2 Incls:

Incl 1: n/c

Incl 2: (Added)

As indicated.

2920
X-11
(Leyte #1)
(P.I.)

COPY

QMCMU 293
Unknown X-24,
(Leyte #1) P.I.

11th Ind

WD, OCMG, Washington 25, D.C., 18 July 1947

TO: CG, Philippine-Ryukyus Command, APO 707, c/o Postmaster,
San Francisco, California

1. Reference is made to preceding correspondence.
2. Comparison of tooth chart for Unknown X-24, USMC, Leyte #1, P.I., has been made with existing dental records for Pfc Troy B. Lusby, 18170065, with negative results.
3. It is requested that this office be furnished a list of personnel MIA or KIA at San Pedro Bay, Leyte, P.I., on 27 October 1944.

FOR THE QUARTERMASTER GENERAL:

Incl: n/c

JAMES C. MacFARLAND
Major, OMC
Memorial Division

BASIC: Msgfn, AFWESPAC, APO 707, file OSQNM 704.5, dtd 20 Jan 46,
QM Messageform No. 1862

OSQNM 293

14th Ind

CRHM/gyd*

PHILRYCOM Sector Graves Registration Service, APO 707, 9 October 1947

TO: Quartermaster General, Washington 25, D. C.

The list of personnel Missing in Action or Killed in Action at San Pedro Bay, Leyte, Philippine Islands, on 27 October 1944, as requested in 11th Indorsement your office, dated 18 July 1947, is contained in the preceding 13th Indorsement.

FOR THE COMMANDING OFFICER:

HAROLD F. REVERSKI
Lt. Col., Q.M.C.
Executive

1 Incl: n/c

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.

26 March 1947
DATE

UNKNOWN X-24

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

San Pedro Bay, Leyte, P.I.
PLACE OF DEATH
















USAF Cemetery Leyte #1, P.I. 565
PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT								UPPER TEETH		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE		X	X	X	P	P	P	X	P	P	A	A	X	X	X	A	X	TYPE			
LOCATION		X	X	X	P	P	P	X	P	P	I	D	X	X	X	OIF	X	LOCATION			

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH		LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		X	G	X	A	A	A				SS	A	A	AA	X	G	X	TYPE	
LOCATION		X	DO	X	MO	F	F				M-D	F	D	OD	X	FOI	X	LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

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.

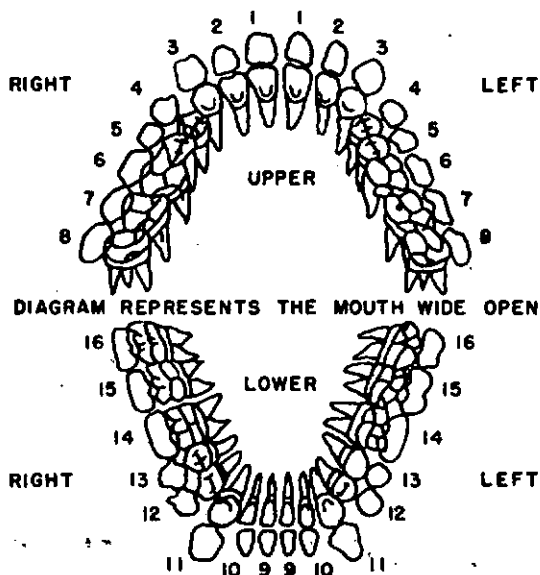


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN.

REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

/s/ William R. Staples, Lt., (jg) D.C. USN
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

RAMON THOMAS, Captain, QMC
NAME AND RANK TYPED OR PRINTED

26 March 1947

DATE

RESTRICTED

11 FEB 1948

U3394 A

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

20 Feb 48

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3659 (Formerly UNK X-24,
USAF Cem Leyte #1, P.I.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

San Pedro Bay,
Leyte, P.I.

CAUSE OF DEATH

KIA-bomb hit-severe burns, body and head

DATE OF DEATH

27 Oct 44

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
11 Feb 48	1000	Casket	None	812	U	5421

WAS THIS A REBURIAL?
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Cemetery #1, Leyte, P.I.

PLOT No.

ROW No.

GRAVE No.

565

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

UNKNOWN X-3660

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

5422

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

UNKNOWN X-3658

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

5420

SIGNATURE OF PERSON PREPARING REPORT

A C AQUINO T/5 QMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L S PANCP/O, 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

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


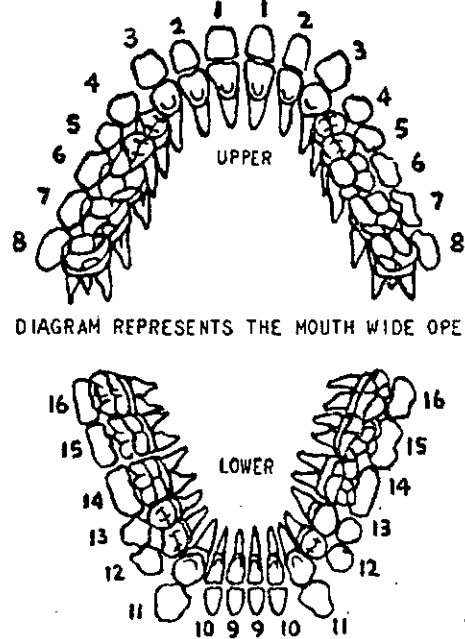




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

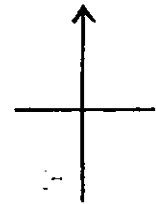
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

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

19 MAY 1949

RESTRICTED

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

8688
100

8688

UNKNOWN X-24

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

San Pedro Bay, Leyte, P.I. 27 October 1944 KIA-bomb hit-severe burns, body and head

(Place of death) (Date of death)

1100 hrs 11 June 1945 USAF Cemetery Leyte #1, P.I.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

565

Reg. Cross

(Grave number) (Row number) (Plot Number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No
Disinterred from USAF Cemetery Palo #5, Leyte, P.I. Grave 46 (X-12)

Metal tag buried with body and attached to marker.

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

Religion

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

Body buried on RIGHT UNKNOWN X-25 (Name) (Serial number) (Rank) (Organization) (Grave number) 566

Body buried on LEFT PHILLIPS, Lester (Name) (Serial number) (Rank) (Organization) (Grave number) 34 498 312 564

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

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

RESTRICTED

468

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? **Yes**
 (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. Bobis
 John E. Bobis, S/Sgt, GRS

(Signature of officer or other person reporting burial)

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

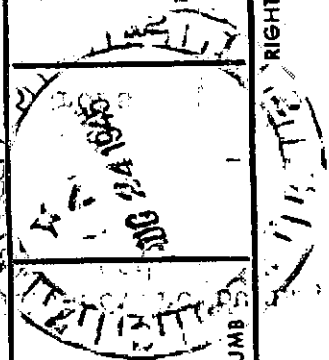
(Verified by Army GRS Officer)

LEFT HAND

THUMB

RIGHT HAND

THUMB



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

7 Jan 45

3688

UNKNOWN X-12

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
San Pedro Bay, Leyte Island, P.I.			27 October 1944	KIA	*Bomb hit-severe burns.
(Place of death)			(Date of death)		(Cause of death)
1440-27 October 1944	USAF Cem. Palo No. 5, P.I.	(Temp)	(57.2-51.3)		on body and head.
(Time and date of burial)	(Name of cemetery)		(Name or co-ordinates of location)		
Map 4544 I SE Kabalawan SE, Leyte Province, P.I.					

46	2		Regulation V-shaped
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)

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

Religion

Report containing available information, as indicated hereon (on reverse side), enclosed in identification bottle buried with body. Same data indicated on marker.
(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 UNKNOWN X-13				47
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT UNKNOWN X-11				45
(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

(21)

Incl 75

CONFIDENTIAL

Jan 45

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 : Not determin. Apparent nationality : Not determin.
 Weight : Not determin. Laundry marks : None
 Color of eyes : Not determin. Number of rifle : No Rifle
 Color of hair : Not determin. Wear glasses ? Not determin.
 Race : Not determin. Is tooth chart attached ? No.

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc. : Body so severely burned as to make identification impossible. Fingerprints and dental chart not practicable.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. : Death occurred as a result of bomb hit on USS LST #552. No information on EMT except: Unidentified KIA -body; head burns:
 Date: 27 October 1944

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

Chris J. Berlo

(Signature of officer or other person reporting burial)

Chapl., CHRIS J. BERLO, 1st Lt.

George Summers
 (Verified by Army GRS Officer)
 GEORGE SUMMERS, 1st Lt., OTC

RECEIVED
 123 JAN 1945

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

3

2

1

THUMB