

FILE IDENTIFICATION TOPPER

FILE NUMBER

293unk Leyte #1 X-337

SUBJECT

Also Manila Maus X-3403A

GMC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

293 Unk-Leyte #1 (misc)

X-228

X-328

X-332

X-335

X-337

X-340

X-362

SYNOPSIS AND DATES

X-364

NEW CLASSIFICATION

misc filed
293 Unk-Leyte #1 X-228

RECLASSIFICATION SHEET

SECRET 203
978 Far East

1 November 1949

SUBJECT: Identification of World War II Deceased

To: Commanding General
Philippine Air Command
APO 74, c/o Postmaster
San Francisco, California
ATTN: AGEM, MILCOM 203B

1. Reference is made to the following Unknown remains now stored at the AGEM Museum, Manila, P.I.

Unknown	N-1423 (Formerly Unknown)	N-1424	USAF Cemetery #2, Finschhafen
"	N-1425	"	"
"	N-1426	"	#1, Leyte
"	N-1427	"	#2, Finschhafen
"	N-1428	"	"
"	N-1429	"	#1, Santa Barbara
"	N-1430	"	"
"	N-1431	"	Leyte
"	N-1432	"	"
"	N-1433	"	"
"	N-1434	"	"

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

FOR THE QUARTERMASTER GENERAL.

T.A.Fields:lrc
Ball
JW

T. H. RYAN
Lt. Colonel, USAF
Memorial Division

REB
TEC

cc-Administrative Section
cc-CinCP

AIR MAIL

QMGIS 293

1st Ind.

Unknown X-337

P. I. (Leyte #1)

SUBJECT: Request for Information

Department of the Army, OQMG, Washington 25, D. C. 23 November 1948

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster
San Francisco, California, Attention: AGES, Philcom Zone

In compliance with request made in basic communication, submitted herewith is OQMG Form 371 for T/3 William C. Woods, 35437618. A thorough search of records this office reveals him to be the only person who can be associated with the partial serial number "W-7618".

FOR THE QUARTERMASTER GENERAL:

1 Incl:
OQMG Form 371 (1n dup)

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

SMR
CWR

JCM

HPB

smv

cur
23

✓ 1290 Woods, William C. 35437618



HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSGR 293

APO 707

SUBJECT: Request for Information

21 OCT 1948

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

1. Report of Interment for Unknown X-337, USAF Cemetery Leyte #1, P. I., (currently designated as Unknown X-3403-A, AGNS Mausoleum, Manila, P. I.) indicates that a helmet liner with initial and partial serial number V-7618 was recovered with remains from an isolated burial at Lubi, Leyte.

2. It is requested that an attempt be made to determine to whom the above partial serial number was assigned, and information forwarded to this office together with OQME Form 371 and any additional data that may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

NORMAN L. QUIGG
CWO, USA
Asst. Adj. Gen.

100-27-100

QUEST 203
WAR Far East

1 November 1948

SUBJECT: Identification of World War II Decedent

TO: Commanding General
Philippine Air Command
APO 74, c/o Postmaster
San Francisco, California
ATTN: APO, PHILIPPINE COM

1. Reference is made to the following unknown remains now stored at the APO Museum, Manila, P.I.:

Unknown	I-1453	(formerly	Tab	I-61, 4517	Sanctuary #1, Finschhafen)
"	I-1555	(	"	I-76,	"
"	I-2223	(	"	I-619,	#1, Leyte
"	I-2127	(	"	I-64,	#2, Finschhafen)
"	I-2150	(	"	I-133,	"
"	I-2225	(	"	I-69,	#1, Santa Barbara)
"	I-2226	(	"	I-71,	"
"	I-2421	(	"	I-623,	Leyte
"	I-2422	(	"	I-627,	"
"	I-2423	(	"	I-621,	"

2. Subject names have been reviewed and this office approves the classification of the above listed unknowns as unidentified.

FOR THE QUARTERMASTER GENERAL:

T.A.Fields:lrc
Ball
JW

T. S. WYSE
Lt. Colonel, 440
Memorial Division

WES

TEC

cc--Administrative Section
cc--Cinofe

5. 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 number 233, 50 (per East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at 4025 Serrano, Manila, P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

Serial No.	Location	Serial No.	Location
X-700	Island Com	X-3401	ASMC Main
X-1167	" "	X-3403	" "
X-1887	" "	X-3430	" "
X-1345	" "	X-3558	" "
X-1493	" "	X-4122	" "
X-1565	" "	X-4155	" "
X-2322	" "	X-4134	" "
X-3127	" "	X-4127	" "
X-3130	" "	X-4675	" "
X-3223	" "	X-4790	" "
X-3225	" "	X-4803	" "

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

ATTN: GENERAL

23 Incls
DC forms 10-4 w/ certificates
of Unidentifiability

C. H. LIEBOWITZ
Sgt. Lt., ASMC
Asst. Dir. - AD

FILE UNDER NO: 293 - Unknown 337 P.I. (Leyte #1)

INDEX SHEET
SYNOPSIS

Memo

22 March 1946

FROM: QMGO, Memorial
TO: World War II Office Adm. AGO, St. Louis, Mo.

RE: For necessary of [unclear].....

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

DM

18
FILE UNDER NO. 293 - Unk. P.I. X-337 (Leyte #1)

I N D E X S H E E T

RE: 42A Ind

SYNOPSIS

3 Feb 47

FROM: OOMZ
TO: CO, AGRSAC, Pacific Theater, APO 707 San Francisco, Calif.

RE: Identification of Unkn. Deceased...

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

JW

SECRET FILED UNDER NO. 293 - Unknown I- 337 P.I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

Letter

21 Aug. 1946

FROM:
SO:

COM:
AGO, WW II Records Admin., St. Louis, Mo.

RE:

Request - Dental Identification Record together with a list of all camps established in the U.S. prior to O/S service, including inclusive dates.

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

rtb

FILE UNDER NO: 293 -- Unk. 337, P. I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

Letter

10 June 1946

FROM: CCMG
TO: CO, Camp Adair, Oreg.
ATTN: Post Surgeon

SUBJ: Identification of Unk. Deceased..

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

th

FILE UNDER NO. 293 - Unknown X-337 P. I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

Letter

14 May 1946

FROM: OQM1
TO: CO, Cp. Beale, Calif.

SUBJ: Identification of Unknown Deceased

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

rtb

PHB

1
/ebc
Terc

Interred 17 January 1950
H 7 111 Ft. McKinley

Carl R. H. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK
Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00333

DATE
15 05 48
DAY MONTH YEAR

NAME: UNKNOWN SERIAL NUMBER: X-000337 RANK: ARM: Q DATE OF DEATH: DAY MONTH YEAR

CEMETERY: USAF CEMETERY LEYTE NO 1 DISPOSITION OF REMAINS: 0 7701 80 CODE DIST. PT.

PLOT: ROW: GRAVE: 5865 COUNTRY: PHILIPPINE ISLANDS CAUSE OF DEATH: 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: UNK X-337 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 3 Nov 1949

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: GERARD A BRICK Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: UNK X-3403 (Mslm)

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET
DATE: 3 Nov 1949 BY: GERARD A BRICK

CASKET SEALED BY: GERARD A BRICK EMBALMER (Signature): *Gerard A Brick* GERARD A BRICK

CASKET BOXED AND MARKED: DATE: 3 Nov 49 BY: RAYMOND H TANGUAY, Sgt 1c, RA SHIPPING ADDRESS VERIFIED BY: L. W. RICHARDSON, M/Sgt, RA

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

L. W. Richardson
L. W. RICHARDSON, M/Sgt.
SIGNATURE OF GRS INSPECTOR
FILE RECORDS ANNOTATED DATE: *3 Nov 49*

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGRS MAUSOLEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Goodman</i>
DATE		DATE	JAN 7 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	(BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	F. M. MCKINLEY COMPANY	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	

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

27 Sept 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 337, Plot _____,
Row _____, Grave 5865, USMC Leyte #1, _____ have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


J. B. McNEMAR
Captain, GIC
Chief, Records Branch

Atch: Form 1044

Received 25 Oct. 49 OOMC
Unidentifiable from
Information presently
available T. A. Gault, ID
27 Oct. 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3403 (Formerly UNK X-337 Leyte #1)				2. DATE OF REPORT 27 Sept 49		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 813	5. ROW D	6. GRAVE 3324	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8 1/2"	10. COLOR OF HAIR UTD	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

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


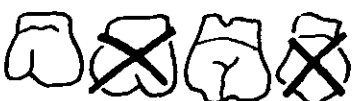








NONE





"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18:

TOOTH CHART

<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>← Tooth Missing →</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> 	

See Remarks	RIGHT								LEFT								See Remarks
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
↙				P			P	P	P	P	P	P				P	
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	impacted
				P	P	P	P	P	P	P	P	P				impacted	
	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."

(1) All the teeth which are present are in very good condition, except L8 where the maxilla is partly decomposed leaving its alveolar closure not too well present, thus UTD whether P or X.

(2) The slight fracture in the portion where R8 should be located makes it difficult to determine whether R8 is extracted.

"UNIDENTIFIABLE"

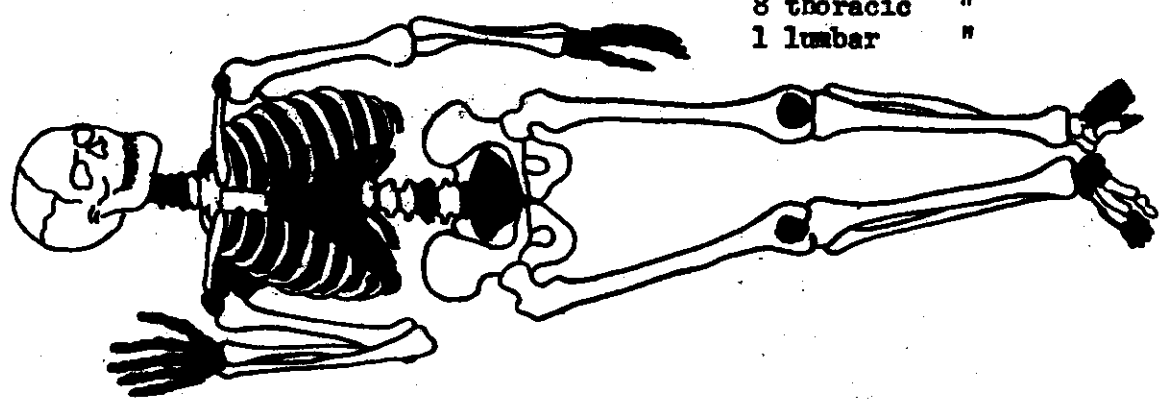
Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section.

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

- 18 ribs
- 2 cervical vertebrae
- 8 thoracic "
- 1 lumbar "



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 - 7½ lbs.
 Circumference of skull - 21½ inches.

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE
Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3403-A (Formerly UNK X-337, USAF Cem 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 J	6. GRAVE 3324	7. DATE OF DISINTERMENT 21 Nov 47
				REINTERMENT STORAGE 14 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT 5'8½"	10. COLOR OF HAIR	11. RACE
---------------------	------------------------------	-------------------	----------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD- Due to condition of remains

14. WAS BODY BURNED ? <input type="checkbox"/> YES <input 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

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	
				P			P	P	P	P	P	P				P	
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
TOP VIEWS																	LOWER
SIDE VIEWS																	SIDE VIEWS
				P	P	P	P	P	P	P	P	P	P				
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	*15	16	

See Remarks (written above the chart)

See Remarks (written above the chart)

impacted (written near tooth 15)

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."

(1) All the teeth which are present are in very good condition, except L8 where the maxilla is partly decomposed leaving its alveolar closure not too well present, thus U T D whether P or X.

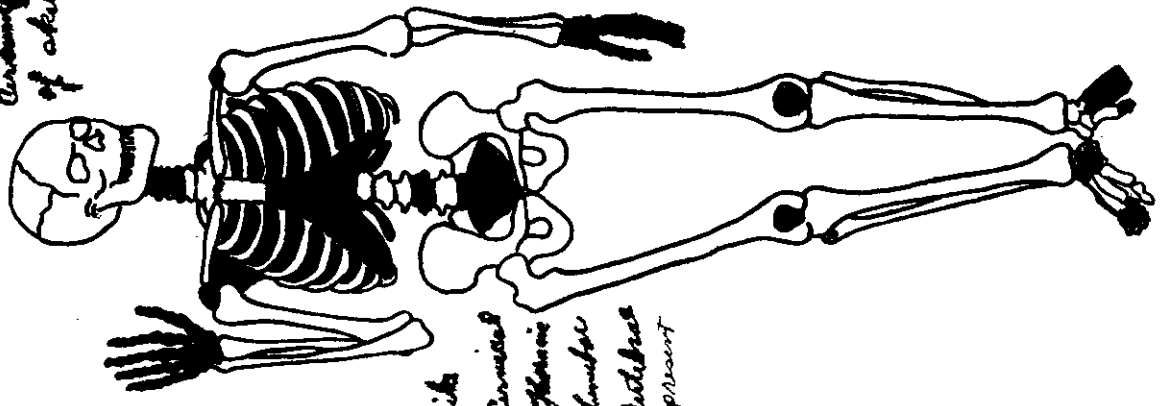
(2) The slight fracture in the portion where R 8 should be located makes it difficult to determine whether R8 is extracted.

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

/s/ Clifford Evans De Baptiste
 /s/ John H. Bennett Jr

19. BLACK-OUT PARTS OF BODY NOT RECOVERED

circumference of skull 21"



*18 ribs
2 - Cranium
8 - Ribs
1 - Femur
vertebrae present*

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

In processing former UNK X-337, USAF Cem Leyte #1, an extra bone (left ulna) was found, and designated as a separate case. Said remains was numbered UNKNOWN X-3403-B and the other bones as UNKNOWN X-3403-A (subject case) (Refer to UNKNOWN X-3403-B) No I. D. tags or burial bottle found with remains. Estimated weight of remains seven (7) and one half ($\frac{1}{2}$) pounds.

A CERTIFIED TRUE COPY:

G. T. Gamboa
G T GAMBOA
2d Lt MSC

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

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

SIGNATURE
/s/ Clifford E. de Baptiste SP-6

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

22 November 1946
DATE
















<u>UNKNOWN</u>	<u>X-337</u>		
LAST NAME	FIRST	INITIAL	RANK
UNIT		ORGANIZATION	
<u>Vicinity of Lubi, Leyte, P.I.</u>		<u>USAF Cemetery Leyte #1</u>	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.
			<u>5865</u>

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT				13	12	11	10	LOWER TEETH		9	9	10	11	LEFT				12	13	14	15	16	
TYPE																										TYPE	
LOCATION																										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. ADJUSTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

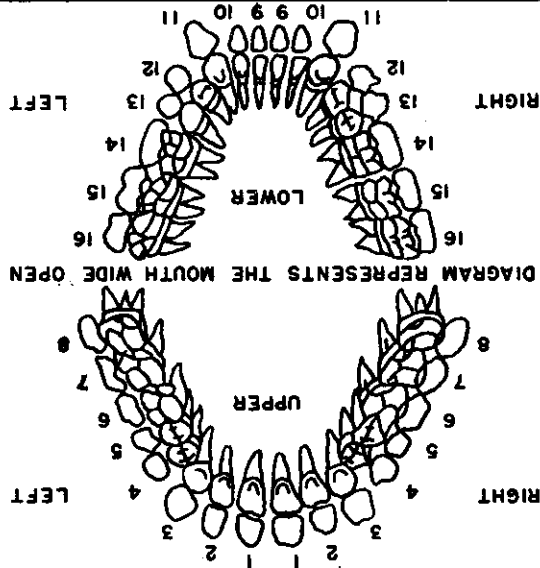
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

PAUL R. NICHOLS, Embalmer
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

JOSEPH M. PHELAN, Capt., CAC
NAME AND RANK TYPED OR PRINTED

22 November 1946
DATE

RESTRICTED

U 781

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

1948

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

STORAGE

DATE OF REPORT

24 Jan 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-3403-A (Formerly UNK X-337, 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 Vicinity of Lubi, Leyte, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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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) See Remarks
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
GRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 14 Jan 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. J	GRAVE No. 3324
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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. 5865
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3404	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3326
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3402-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3322
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SIGNATURE OF PERSON PREPARING REPORT V. C. AQUINO, T/5 OMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT T. S. PANOFIO, 2d Lt Inf
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

dmw 1539

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.

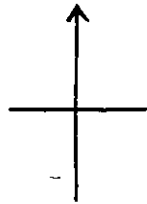
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</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



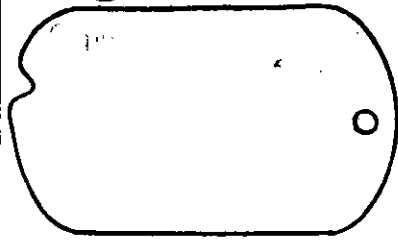
REMARKS: In processing case formerly UNKNOWN X-337, USAF Cemetery Leyte #1, P.I., bones of two bodies were found. They were segregated and designated as UNKNOWN X-3403-A and UNKNOWN X-3403-B, AGRS Mausoleum, Manila, P.I. Cross-reference this case UNKNOWN X-3403-A, with UNKNOWN X-3403-B.
GMC Form 1044, 1044-A and 1044-B accomplished.

9 MAR 1950

RESTRICTED

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5865 U-781

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 31 Dec 45	
Imprompt Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-337				SERIAL No. -	
		GRADE -		ORGANIZATION -		BRANCH OF SERVICE -	
		RACE -		RELIGION -		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Vicinity of Lubi, Leyte, P.I.		CAUSE OF DEATH -			DATE OF DEATH -		
EMERGENCY ADDRESSEE (Name, relationship, and address) -							
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 2 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Jewel 767 None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Leyte #1, P.I.							
DATE OF BURIAL 26 Dec 45	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) shelter halve		TYPE OF GRAVE MARKER Reg Cross	PLOT No.	ROW No.	GRAVE No. 5865
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Phil. Polyconic Grid System-scale-1:63360 Coord: 1334.4-1326.4						
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) Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes		Report of Reinterment buried in bottle			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-336		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 5864		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-338		RANK -	SERIAL No. -	ORGANIZATION -	GRAVE No. 5866		
SIGNATURE OF PERSON PREPARING REPORT T/15 Charles W. Hallock, GRS				SIGNATURE OF GRS OFFICER VERIFYING REPORT WILLIAM D ROGERS, 1st 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 Office. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

22 JAN 1946

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.


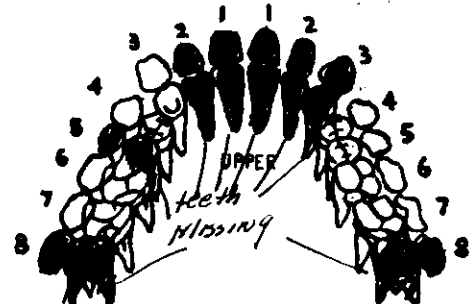
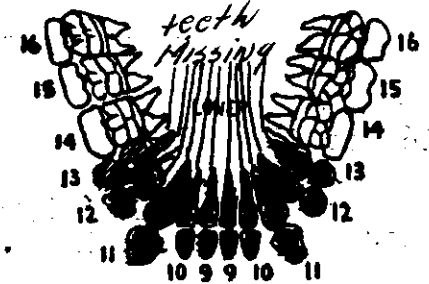




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

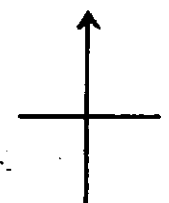
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND Isolated burial Lubi, Leyte, P.I.
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OTHER IDENTIFICATION CLUES

Helmet liner buried with body with: W-7618

FILLINGS	 <p>SILVER FILLING GOLD FILLING</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:

CONDITION OF BODY PRECLUDED FINGERPRINTING AND OTHER MEANS OF IDENTIFICATION.