

FILE IDENTIFICATION TOPPER

*Falser*

FILE NUMBER

293 unk Leyte #1 X-343

SUBJECT

Also Manila Maus X-3454

Formerly unk Cebu #2 X-1

QMC FORM 1121  
1 Aug 45

291900Z OCT 61

UNCLASSIFIED

COMD DEPT OF ARMY WASH DC  
CGUSARVAC FT SHAFTER TN

DEFERRED

X

CINCOPK TOKYO JAPAN (AIR MAIL)

COAGRS PHILCOM (AF) SBBE MANILA PT (AIR MAIL)

*DA 38 740*

FROM USMC

CERT OF UNIDENTIFIABILITY APPROVED XRAY 286 SANTA BARBARA ORA XRAY 4936  
AND 6180 AGRS MAUNDENRI MANILA ORA XRAY 88 FINSON DO 2 AND XRAY 843 LEYTE

Salsertlak

est Adm Sec

Copies furnished: CINCOPK, APO 500  
PHILCOM, APO 928

JHE

EBK

UNCLASSIFIED

(GRAVMS)

LT COL BENJAMIN B. KING

COMDT 283 ORS PACIFIC

74089

J. G. WHICHER  
LT COL, COM, MEMORIAL DIVISION

*11/11/61*  
Unk X-243, Leyte

CENTRAL IDENTIFICATION POINT  
AGRS APO 928  
NICHOLS FIELD, MANILA, P.I.

11 August 1950

S T A T E M E N T

Reference: UNK X-3453, AGRS Mausoleum  
UNK X-3454, AGRS Mausoleum

The above two (2) remains were examined by me this date for possible association with the associated decedents, and new QMC Forms 1044 were accomplished.

Each of the above remains is properly segregated, and each represents one and the same individual.

The examination and comparison of the remains revealed the following:

UNK X-3454 does not compare favorably with either of the associated decedents.

UNK X-3453 compares somewhat favorably with SCOTT, Harold W., for whom there is available, detailed descriptions as to dental work, and physical characteristics. However, there are significant discrepancies between the dental work on the remains and Scott's detailed dental record, which precludes a positive recommendation, of identity. Possibly more dental information can be obtained which will clarify these discrepancies, and lead to an individual identification.

  
ROBERT B. FOX  
Anthropologist

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**S T A T E M E N T**

Reference: UNK X-3453, AGRS Mausoleum  
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ROBERT B. FOX  
Anthropologist

*M. H. ...  
List ...  
w/ ...  
20*

1	Interred 6 March 1950 H-816 9 63 Ft. McKinley R-33 <i>Carl R. H. Mark</i> 7-15			DISINTERMENT DIRECTIVE			M.K.		
	SECTION A - Cemetery Superintendent NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 7740 00339			DATE 15 05 48 DAY MONTH YEAR		
NAME			SERIAL NUMBER UNKNOWN X-000343		RANK	ARM J	DATE OF DEATH		
CEMETERY USAF CEMETERY LEYTE NO 1						0	DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.		
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH			
		5931	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 Unk X-343 (Maus) Unk X-3454			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 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 / 2 Identification tags read Unk X-3454 (Maus)									
REMAINS PREPARED AND PLACED IN CASKET									
DATE 27 Sept. '48			BY PERRY E. WHITE						
CASKET SEALED BY PERRY E. WHITE					EMBALMER (Signature) <i>Perry E. White</i> PERRY E. WHITE				
CASKET BOXED AND MARKED					SHIPPING ADDRESS VERIFIED BY				
DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt. INF.					LUCIO S. PANOPIO, 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.									
					<i>Lucio S. Panopio</i> LUCIO S. PANOPIO, 1st Lt., INF. 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

DATE

*Robert M. ...*  
MAR 6 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

UNKNOWN

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

(BY ADMINISTRATIVE ORDER)  
FORT MCKINLEY CEMETERY

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

Cemetery Superintendent

SIGNATURE OF SHIPPER

CARL R. H. MARK

DATE

SIGNATURE OF RECEIVER

DATE

Entered March 1950  
C 9 63 Ft. McKinley

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNK. X-3454 (Formerly X-343, Leyte # 1)</b>				2. DATE OF REPORT <b>11 August 1950</b>		
3. NAME OF CEMETERY <b>AGRS Mausoleum Manila P. I.</b>		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION			
<b>Age: 20-27 yrs.</b>			
8. ESTIMATED WEIGHT <b>140 to 163 lbs.</b>	9. ESTIMATED HEIGHT <b>5'9 1/8"</b>	10. COLOR OF HAIR <b>U. T. D.</b>	11. RACE <b>U. T. D.</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N o n e**

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

**N o n e**

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

15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT ? <b>Humerii, right ulna, radius and left tibia.</b>
---	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**Sacrum fused to right and left pelvic bones.**

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

**N o n e**

U N I D E N T I F I A B L E

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

22 October 1951

*A. W. George*

OCT 26 1951

A. W. GEORGE  
Lt. Col. OMC

Identification Branch

OCT 25 1951

Received ..... OQMG

..... from

..... presently

available OCT 26 1951 *als.*

18.

TOOTH CHART

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

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views																
Top Views																
Side Views																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

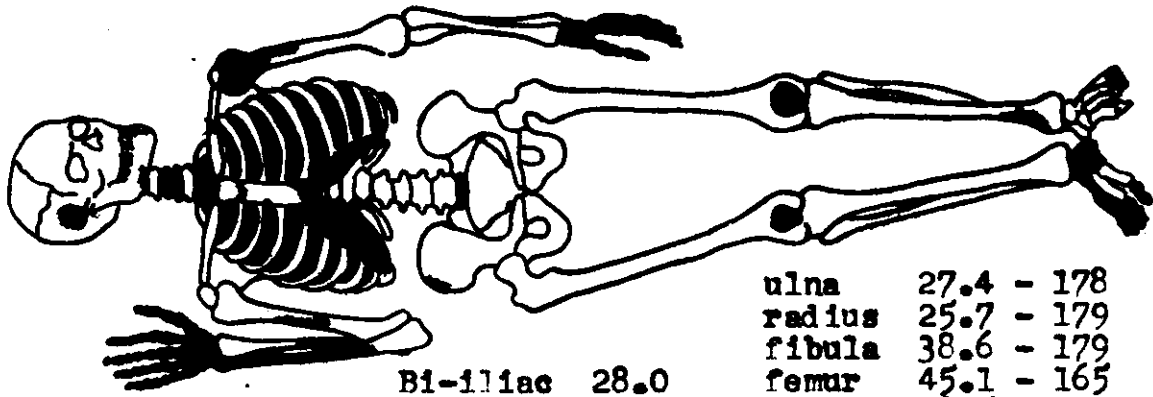
← broken & missing

**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."

Anthropologist



19. BLACK OUT PARTS OF BODY NOT COVERED



Bi-iliac 28.0

Estimated height 5'9 1/8"

ulna	27.4	-	178
radius	25.7	-	179
fibula	38.6	-	179
femur	45.1	-	165
tibia	38.5	-	177

5/178

175 3/5

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

See attached Anthropologist's statement dated  
 11 August 1950.

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

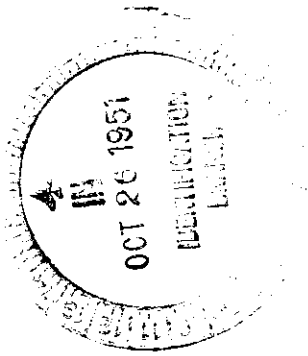
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
**ROBERT B. FOX**  
 Anthropologist

SIGNATURE

# IDENTIFICATION DATA

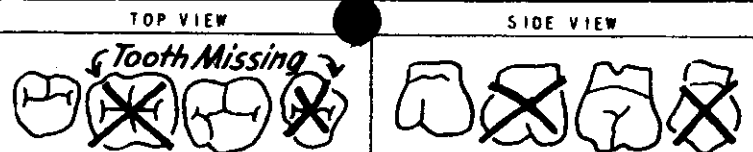
1. REMAINS OF UNKNOWN UNK. X-3454 (Formerly X-343, Leyte # 1)				2. DATE OF REPORT 11 August 1950		
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION      Age: 20-27 yrs.						
8. ESTIMATED WEIGHT 140 to 163 lbs.		9. ESTIMATED HEIGHT 5'9 1/8"		10. COLOR OF HAIR U. T. D.		11. RACE U. T. D.
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-align: center;">None</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p style="text-align: center;">None</p>						
14. WAS BODY BURNED ?		TO WHAT EXTENT ?				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Skull				
15. WAS BODY MANGLED ?		TO WHAT EXTENT ?				
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Humerus, right ulna, radius and left tibia.				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <p style="text-align: center;">Sacrum fused to right and left pelvic bones.</p>						
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)  <p style="text-align: center;">None</p>						

*Handwritten notes:*  
X-3454  
M...

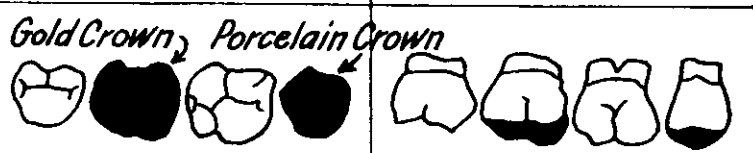


18. TOOTH CHART

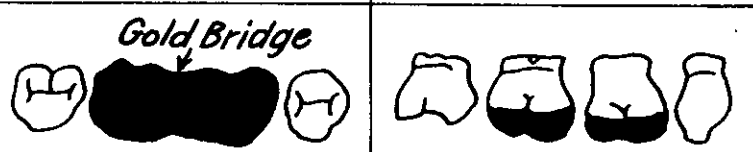
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



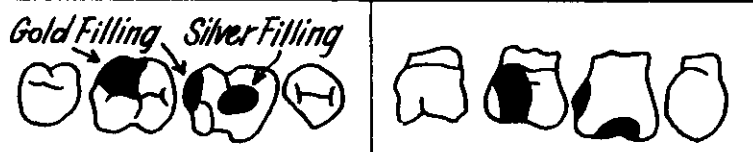
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



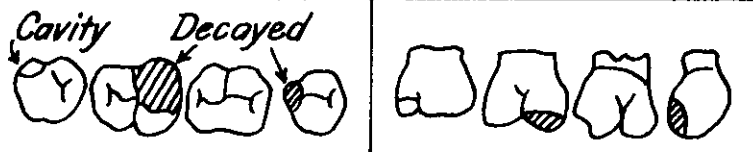
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:

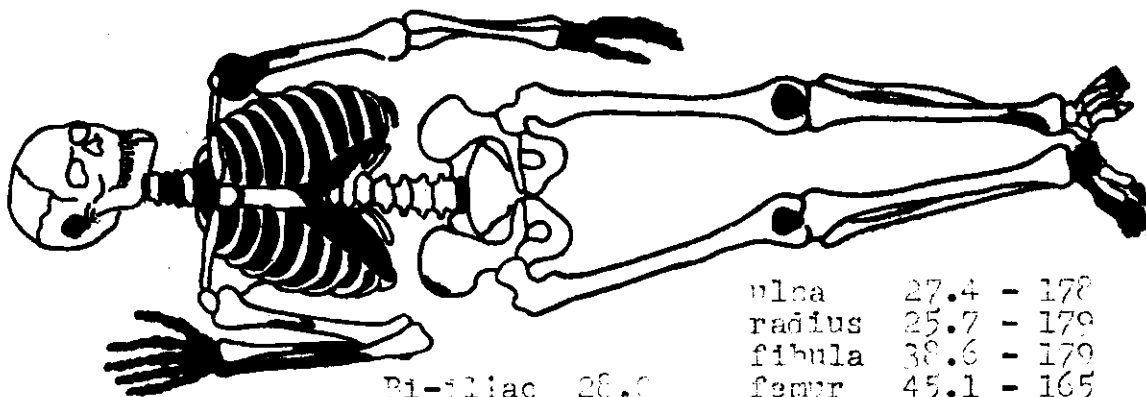


RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← broken & missing															
UPPER								LOWER							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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."

  
 ROBERT B. FOX  
 Anthropologist

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Pi-iliac 28.0

ulna	27.4	-	178
radius	25.7	-	170
fibula	38.6	-	170
femur	45.1	-	165
tibia	38.5	-	177

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5/878

175 3/5

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

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21. REMARKS AND ADDITIONAL INFORMATION

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TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

ROBERT R. FOX  
Anthropologist

SIGNATURE

QMMSG 293  
Unknown X-343  
(Leyte #1) P.I.

3 July 1946

SUBJECT: Identification of Unknown Deceased

TO : Commanding General, Army Forces  
Western Pacific Area  
APO 707, c/o Postmaster  
San Francisco, California  
FOR: Chief, American Graves Registration Service

1. Reference is made to letter dated 14 June 1946 your headquarters, File QMMSG 293, Subj: Graves Registration. The dental records of the following individuals will be compared with the records of the Unknown X-Number indicated interred in USAF Cemetery Leyte #1, P.I.

<u>NAME</u>		<u>X-NUMBER</u>
MANZELLA, Paul J. ASN. 32392A26	S/Sgt.	
SCOTT, Harold W. ASN. 32059375	Sgt.	X-343

2. The information requested in the communication referred to in Paragraph 1 above is not readily available in this office. It is necessary for this office to direct correspondence to other War Department Agencies in order to obtain the required information. In some cases the time delay is increased because of the necessity of directing correspondence to many former Posts, Camps, or Stations to which the deceased concerned may have been assigned, and from the status of the File Sections of the various War Department Agencies to which this office must direct its correspondence to obtain the desired information.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND  
Major, QMC  
Assistant

RECEIVED

dt  
DT

7/11/46  
File  
7/19/46  
WAL

6.8

FILE UNDER NO. 293 - Unk. P.I. X-343 (Leyte #1)

INDEX SHEET

SYNOPSIS

24 June 1947

LETTER

FROM: OJMG

TO: C. G. Philippine-Ryukyus Command, APO 707, c/o Postmaster  
San Francisco, Calif.

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk. P.I. X-342 (Leyte #1)

eh

FILE UNDER NO. 293 - Unk P.I. X-343 (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

5th Ind

24 March 47

FROM: OQMG  
TO: CG, Philippine-Ryukyus Command, APO 707, c/o PM, San Francisco, Calif.

RE: Identification by comparison of dental charts....

DOCUMENT FILED UNDER NO. 293 - Unkns X-342 - (Leyte #1) P.I.

JW



176  
FILE UNDER NO. 293 - Unknown X-343 (Leyte #1) P.I.

I N D E X S H E E T

S Y N O P S I S

Letter

16 Jan. 1947

FROM:

COMG

TO:

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

SUBJ:

Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unknown X-342 (Leyte #1) P.I.

rtb

FILE UNDER NO. 293 - Unknown X-343 P.I. (Leyte #1)

I N D E X S H E E T

S Y N O P S I S

~~Letter~~ 1st Ind.

26 Nov. 1946

FROM: OQMO

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

SUBJ: Identification of Unknown Deceased.

DOCUMENT FILED UNDER NO. 293 - 293 - Unknown X-342 (Leyte #1) P.I.

rtb

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-343, Leyte #1, UNKNOWN X-3454 P.I.)				2. DATE OF REPORT 24 Feb 48	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT 813	5. ROW K	6. GRAVE CRYPT 3391	7. DATE OF DISINTERMENT 25 Nov 47	
				REINTERMENT STORAGE 14 Jan 48	

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'9-1/4"	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 ?

 YES  NO

TO WHAT EXTENT ?

Skeletal remains deeply charred.

15. WAS BODY MANGLED ?

 YES  NO

TO WHAT EXTENT ?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


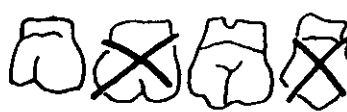
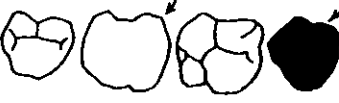







None

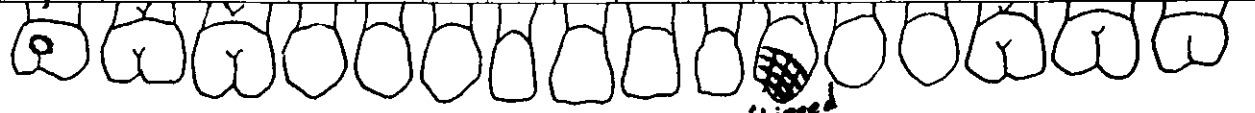



17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

18.

TOOTH CHART

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p>TOOTH MISSING</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p> 	
<p><b>CARIES (Cavities):</b> 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	
		Cavity	Cavity				X		X								U.T.D.	
SIDE VIEWS																		SIDE VIEWS
TOP VIEWS																		UPPER
																		LOWER
SIDE VIEWS																		
		Cavity	X												Cavity	X	Cavity	
		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."

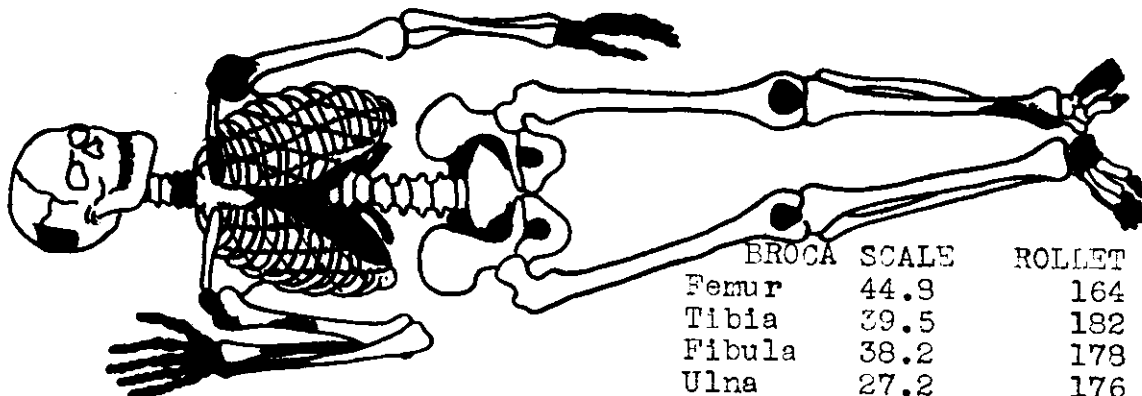
L-8 unable to determine whether X or F due to condition of alveolar process. All teeth present have a slight discoloration. Mandible fractured between L-14 & L-15.

CERTIFIED TRUE COPY:

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

s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED



	BROCA SCALE	ROLLET TABLE
Femur	44.3	164 cm
Tibia	39.5	182 "
Fibula	38.2	178 "
Ulna	27.2	176 "
Radius	25.5	179 "

Average height 176 cms. or 5'9-1/4"

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 identification tags, personal effects, burial bottle, or other means of identification found with remains. Skeletal remains shows evidence of burns. Circumference of the skull 21-1/4 inches.

Estimated weight of remains seven (7) lbs.

CERTIFIED TRUE COPY:

*G. A. 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/ JOHN J CONNORS  
SP-6  
CIP, Laboratory, Manila, P.I.

SIGNATURE  
s/ John J Connors

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3454			(Formerly UNK X-343, Leyte #1, P.I.)			2. DATE OF REPORT 24 Feb 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.			4. PLOT 813	5. ROW K	6. GRAVE 3391	7. DATE OF DISINTERMENT 25 Nov 47	
						REINTERMENT 14 Jan 48	

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'9-1/4"	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 ?

 YES  NO

TO WHAT EXTENT ?

Skeletal remains deeply charred.

15. WAS BODY MANGLED ?

 YES  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
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
	<i>cavity</i>	<i>cavity</i>				<i>P</i>		<i>P</i>								<i>26.T.O</i>
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	<i>cavity</i>	<i>X</i>												<i>cavity</i>	<i>X</i>	<i>cavity</i>
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

*Chipped* (pointing to tooth 3 top view)  
*Attrition* (pointing to teeth 10-12 side views)  
*Fracture* (pointing to tooth 15 side view)

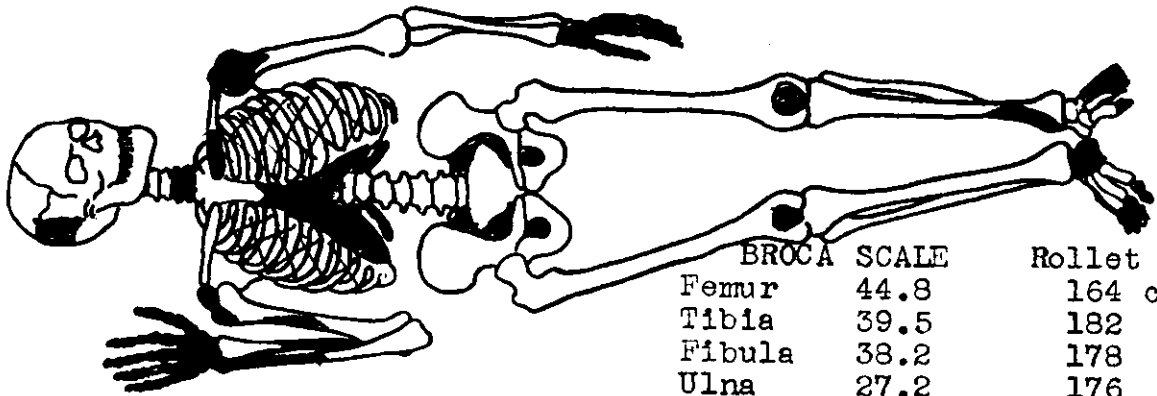
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

L-8 unable to determine whether X or P due to condition of alveolar process. All teeth present have a slight discoloration. Mandible fractured between L-14 & L-15.

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

s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Average height 176 cms. or 5'9-1/4"

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 identification tags, personal effects, burial bottle, or other means of identification found with remains. Skeletal remains shows evidence of burns. Circumference of the skull 21-1/4 inches. Estimated weight of remains seven (7) lbs.

CERTIFIED TRUE COPY:

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/ JOHN J CONNORS  
SP-6  
CIP, Laboratory, Manila, P.I.

SIGNATURE

s/ John J Connors



REPORT OF DISINTERMENT FOR IDENTIFICATION

15 September 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-343

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, Leyte, P.I.

5931

2. Date of Disinterment

15 September 1947

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

Australian (metal) burial case, Skeletal remains: Complete Major bones.

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

Substitute Tag

On Remains

Substitute Tag


What Identification Used Upon Reinterment: On Marker

Substitute Tag

On Remains

Substitute Tag









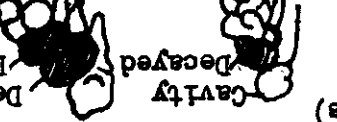
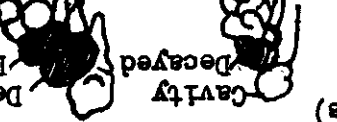
5. Signature of Officer Supervising Disinterment and Reinterment.



PAUL R. NICHOLS, Embalmer Supervisor

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 (grinding teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, cavities (cavities of decay), dentures (plates), and any deformity of jaws found.

<p>Missing Teeth</p>  <p>Diagram represents the mouth wide open</p>	<p>Missing Teeth</p> 
<p>Crowned Teeth</p> 	<p>Crowned Teeth</p>  <p>Gold Crown Porcelain Crown</p>
<p>Bridgework</p> 	<p>Bridgework</p>  <p>Gold &amp; Porcelain Bridge Gold Bridge</p>
<p>Fillings</p> 	<p>Fillings</p>  <p>Silver Filling Gold Filling</p>
<p>Cavities (Cavities)</p> 	<p>Cavities (Cavities)</p>  <p>Cavity Decayed</p>

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

# IDENTIFICATION DENTAL CHART

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

15 September 1947  
DATE

UNKNOWN X-343

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION

Cebu, P. I. USAF Cemetery Leyte #1 5931  
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

FRACTURE OF TOOTH

FRactURE

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

RIGHT UPPER TEETH LEFT

TYPE LOCATION

INSIDE — LOOKING OUT
















FRactURE

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

RIGHT LOWER TEETH LEFT

TYPE 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)

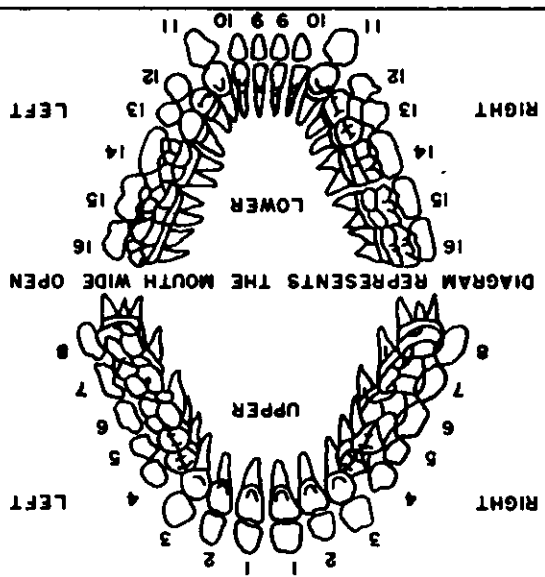
**INSTRUCTIONS:**

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  $\frac{3}{4}$ ),  $\frac{3}{4}$  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*

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

VERIFIED BY GRS OFFICER  
*A. P. Singson*

NAME AND RANK TYPED OR PRINTED  
A. P. SINGSON, 1st Lt., Inf.

DATE  
15 September 1947

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

REPORT OF DISINTERMENT FOR IDENTIFICATION

27 December 1946

1. REMAINS OF (Name)

UNKNOWN X-343

SERIAL NUMBER

GRADE

ORGANIZATION

Air Corp

NAME, NUMBER AND LOCATION OF CEMETERY

USAF Cemetery Leyte #1, P.I.

PLOT

ROW

GRAVE NO.

5931

2. DATE OF DISINTERMENT

27 December 1946

DATE OF REINTERMENT

28 December 1946

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.

Water in grave, buried in shelter half, body completely decomposed.

4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT: ON MARKER

Unknown tag.

ON REMAINS

Report of Interment in bottle with body.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

Same as number 4 above.

ON REMAINS

Report of Interment in bottle with body.

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

*Joseph M. Phelan*  
JOSEPH M. PHELAN, Capt., GAC

*Incl 4/1*

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 or decay), dentures (plates), and any deformity of jaws found.

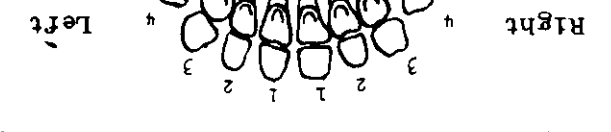


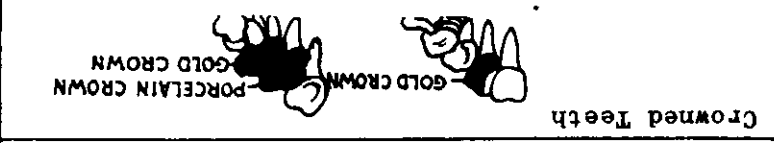
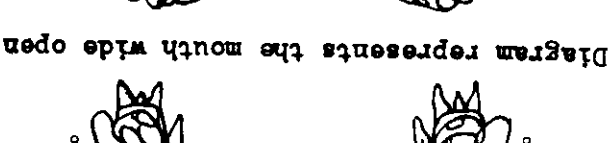
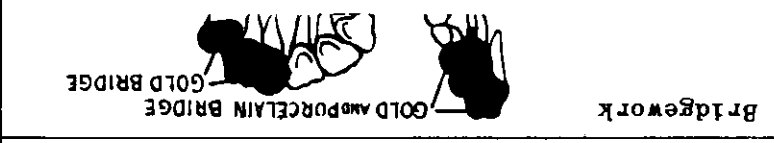
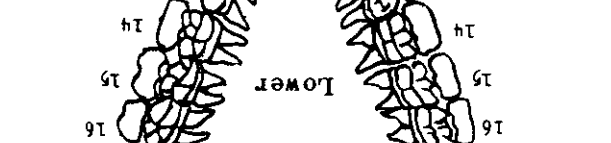
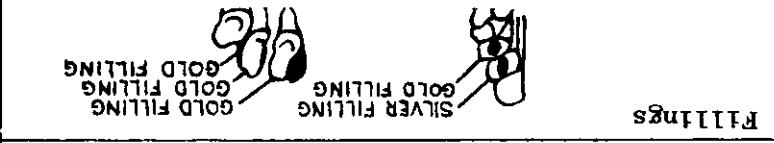

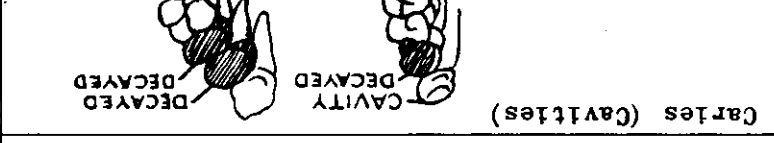
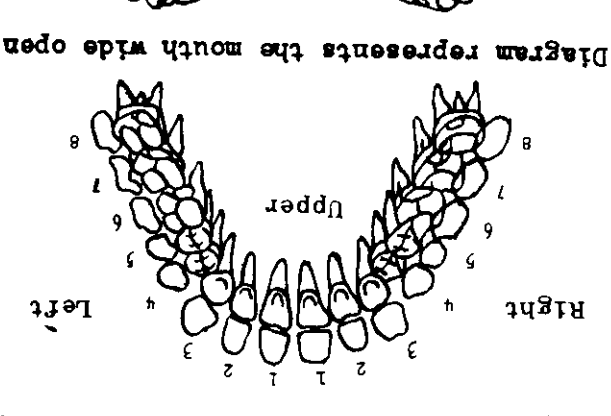
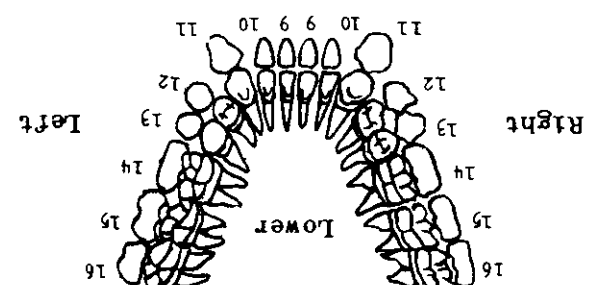
<p>Missing Teeth</p> 	<p>Missing Teeth</p>  <p>TOOTH MISSING TOOTH MISSING</p>
<p>Crowned Teeth</p> 	<p>Crowned Teeth</p>  <p>PORCELAIN CROWN GOLD CROWN</p>
<p>Bridgework</p> 	<p>Bridgework</p>  <p>GOLD AND PORCELAIN BRIDGE GOLD BRIDGE</p>
<p>Fillings</p> 	<p>Fillings</p>  <p>SILVER FILLING GOLD FILLING GOLD FILLING GOLD FILLING</p>
<p>Caries (Cavities)</p> 	<p>Caries (Cavities)</p>  <p>CAVITY DECEAYED DECEAYED</p>

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

# 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.

27 December 1946  
DATE

UNKNOWN X-343
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
<u>Cebu, P. I.</u>			<u>Air Corp</u>	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
	<u>USAF Cemetery Leyte #1</u>			<u>593L</u>

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8															
	RIGHT															LEFT															
	UPPER TEETH																														
TYPE																															TYPE
LOCATION	O <sub>f</sub>															X															LOCATION

INSIDE — LOOKING OUT

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

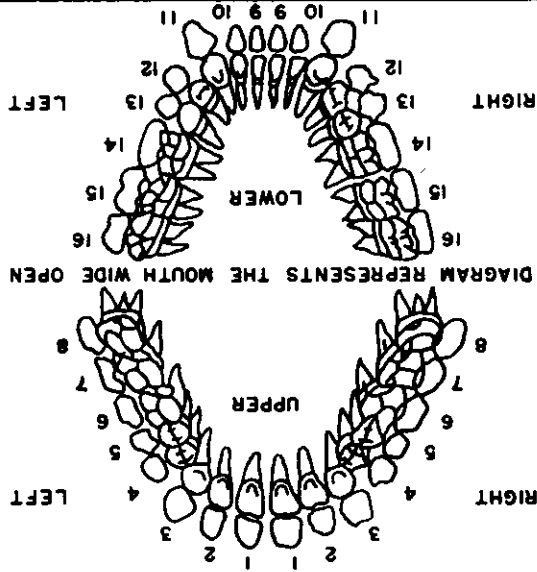
**INSTRUCTIONS:**

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

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



**REMARKS:**

*Left Max. displaced from Landmark #11  
 Original position found by 1/17/49*

SIGNATURE OF PERSON WHO PREPARED CHART  
*Joseph M. Pheasant*

NAME AND RANK TYPED OR PRINTED  
 JOSEPH MCKINLEY, Capt., M.C.

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

VERIFIED BY GRS OFFICER  
*Joseph M. Pheasant*

DATE  
 27 December 1946

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



# IDENTIFICATION DENTAL CHART

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

27 December 1946  
DATE

UNKNOWN X-343
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
<u>Cebu, P. I.</u>			<u>Air Corp</u>	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
	<u>USAF Cemetery Leyte #1</u>			<u>5921</u>

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																	
LOCATION	O <sub>f</sub>																X

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																	
LOCATION		X													X		

## 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)

*Incl # 2*

**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.

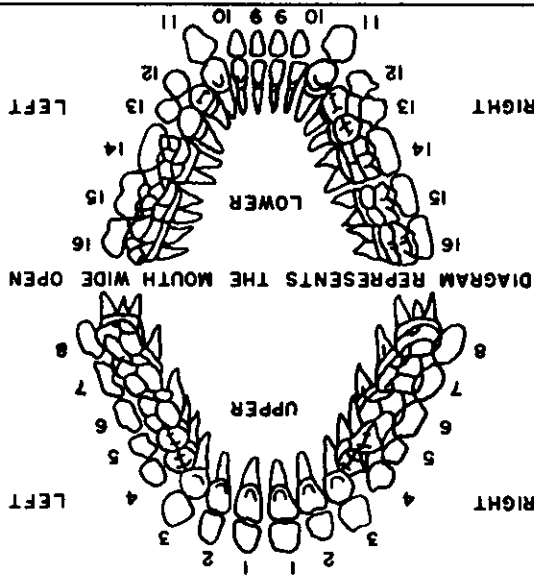


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

*Left 16 reduped forward and approx. 1/2 inch posterior quadrant of left 7*

SIGNATURE OF PERSON WHO PREPARED CHART

JOSEPH MORTIMER, Capt., M.C.

NAME AND RANK TYPED OR PRINTED

USAF Cemetery I-170 #1

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

27 December 1946 DATE

VERIFIED BY GRS OFFICER

JOSEPH N. FRIELAN, Capt., CAC

NAME AND RANK TYPED OR PRINTED

# IDENTIFICATION DENTAL CHART

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

27 December 1946  
DATE

UNKNOWN X-343

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.

Air Corp
















Cebu, P. I.      USAF Cemetery Leyte #1      5991

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

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT      LOWER TEETH      LEFT																
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. 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)

*Incl #2*

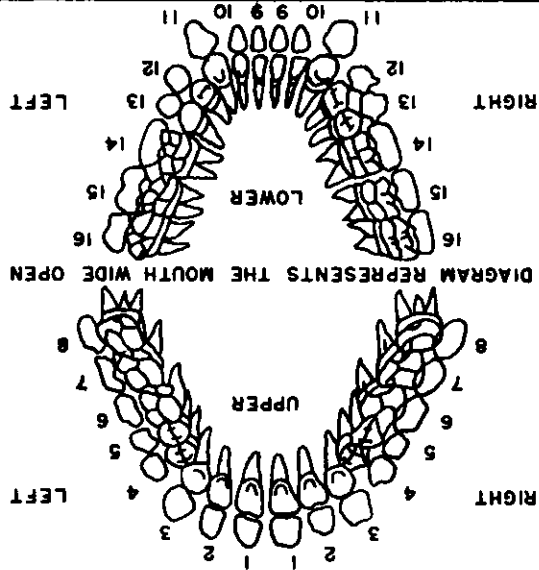
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

*Left 16 is displaced forward and appears to be a  
 restor. guard rest of left?*

SIGNATURE OF PERSON WHO PREPARED CHART

JOSEPH M. MURPHY, Capt., M.C.

NAME AND RANK TYPED OR PRINTED

USAF Cemetery 1470 #1

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

JOSEPH M. MURPHY, Capt., GAO

NAME AND RANK TYPED OR PRINTED

27 December 1946

DATE

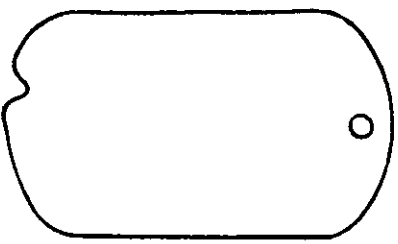
/amr.

RESTRICTED

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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
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Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-3454 (Formerly Unk X-343 USAF Cem Leyte #1, P.I.)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Air Corps	BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Cebu, P.I.	CAUSE OF DEATH Investigation pending. Body burned. Sword wound back of neck.	DATE OF DEATH Unknown
------------------------------	--	--------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.						
DATE OF BURIAL 14 Jan 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. K	GRAVE No. 3391

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. 5931
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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			
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-3456-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3393
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3915	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3389
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT V C AQUINO, T/5, QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT E S PANOFIO, 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.

July 1947

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**


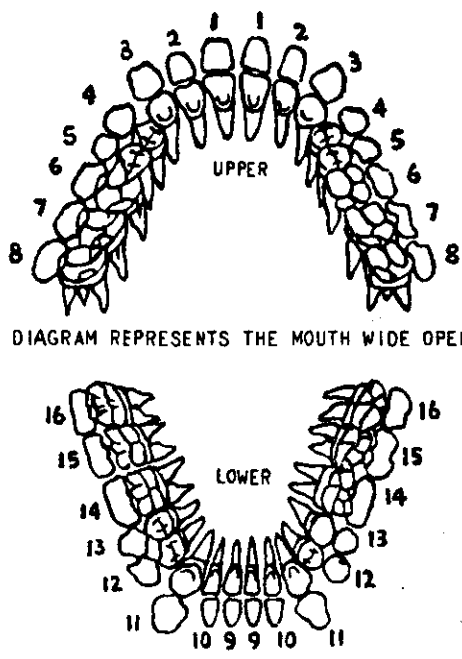




**INSTRUCTIONS:**

(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.

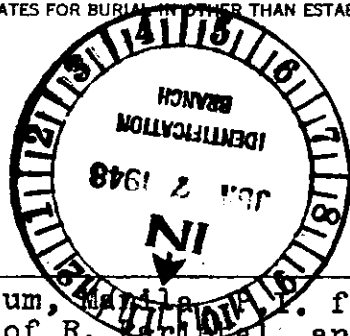
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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		SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		CAVITY DECAYED	
MISSING TEETH		TOOTH MISSING	
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK		GOLD BRIDGE	

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



**REMARKS:** At CIP AGRS Mausoleum, ~~Matilla~~ found on skull of remains about center of R. ~~Vertical~~, an irregular hole approximately 3" X-2-3/4" in size, and evidence of generalized burns.

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

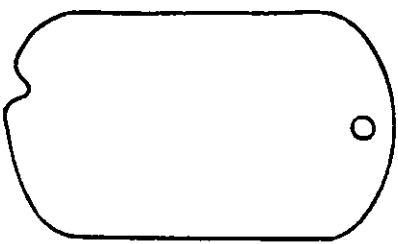
14 APR 1948

/amr

**RESTRICTED**WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supercedes GRS Form 1)**REPORT OF INTERMENT STORAGE**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

21 Jan 48

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.		SERIAL No.		
		NAME (Last, first, middle initial) UNKNOWN X-3454 (Formerly Unk X-343 USAF Cem Leyte #1, P.I.)		Unknown		
		GRADE Unknown	ORGANIZATION Air Corps	BRANCH OF SERVICE Unknown		
		RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
		PLACE OF DEATH Cebu, P.I.		CAUSE OF DEATH Investigation pending. Body burned. Sword wound back of neck.		DATE OF DEATH Unknown
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSCLEUM, MANILA, P. I.						
DATE OF BURIAL STORAGE 14 Jan 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. K	GRAVE No. CRYPT 3391
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. 5931
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-3456-A		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3393	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3915		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3389	
SIGNATURE OF PERSON PREPARING REPORT s/t/V C AQUINO, T/5, QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ L S PANOFIO, 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**

Tel # 2

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


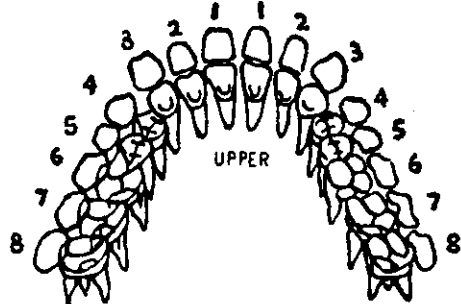




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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
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**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:** At CIP AGRS Mausoleum, Manila, P.I., found on skull of remains about center of R. Parietal, an irregular hole approximately 3" x 2-3/4" in size, and evidence of generalized burns.

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

CERTIFIED TRUE COPY:

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



RESTRICTED

U 167

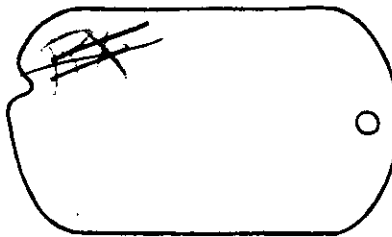
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

23 JAN 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-343 (Formerly Unknown X-1 USAF Cem. Cebu #2, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION unknown	BRANCH OF SERVICE Air Corp
RACE	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Cebu, P.I.	CAUSE OF DEATH killed by Japs after capture	DATE OF DEATH unknown
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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 3 on reverse) Unidentified
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (unknown tags)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

A TRUE COPY  
W. H. COOPER  
Capt. USAF

**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 29 Dec 45	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Shelter half	TYPE OF GRAVE MARKER dog cross	PLOT No.	ROW No.	GRAVE No. #931
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF CEMETERY CEBU #2, P.I.	PLOT No. 1	ROW No. 11	GRAVE No. 219
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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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) FISHER, Phillip H.	RANK Pvt	SERIAL No. 74 507 542	ORGANIZATION Co F, 172 Inf	GRAVE No. 5930
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) SIMPSON, Chalmers W.	RANK Pfc	SERIAL No. 74 559 151	ORGANIZATION Co C, 172 Inf	GRAVE No. 5932
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SIGNATURE OF PERSON PREPARING REPORT /s/t/ Sgt. Charles W. Hollock, JCS	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ 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 Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


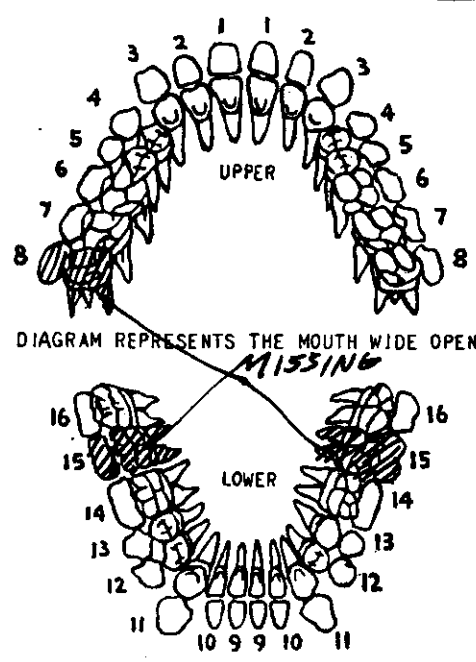




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

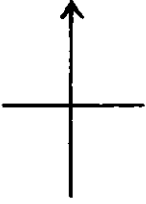
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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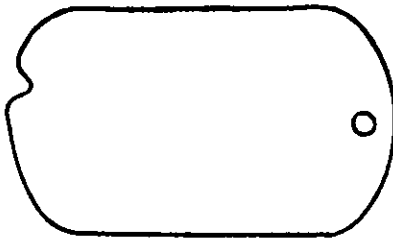
OTHER IDENTIFICATION CLUES

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

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



**REMARKS:** This body was recovered at Cebu Normal School, Cebu City, Cebu, P.I. He was a victim of enemy atrocity. A Full investigation was made by CIG Ref Ltr Proc-488 CIG Det APO #51, 28 May 1945, Case # G-488-227, Subj Atrocity, Execution of two American flyers on 23 Mar 1945 at Japanese Komeitai Headquarters Cebu City, Cebu, P.I. to date no information has been received on this investigation

WD OMC FORM 1042 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT  23 JAN. 46	
Imprint Identification Tag If Possible. DO NOT TYPE  		<b>Section 1.—IDENTIFICATION.</b>				
NAME (Last, first, middle initial) (Formerly Unknown X-1 USAF Cem. Cebu # 2, P.I.)		SERIAL No.  Unknown				
GRADE  Unknown		ORGANIZATION  unknown		BRANCH OF SERVICE  Air Corp		
RACE		RELIGION  Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH  Cebu, P.I.		CAUSE OF DEATH  Murdered by Japs after capture.			DATE OF DEATH  unknown	
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 3 on reverse)  Unidentified				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  Yes (unknown tags)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  Jel 538 None						
<b>Section 2.—BURIAL.</b> 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  29 Dec 45	HOUR  1500	BURIED IN (Shroud, blanket, or name of other)  Shelter half	TYPE OF GRAVE MARKER  Reg Cross	PLOT No.	ROW No.	GRAVE No.  5931
WAS THIS A REBURIAL? (Yes or no)  Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  USAF CEMETERY CEBU # 2, P.I.			PLOT No.  1	ROW No.  11	GRAVE No.  219
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					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  FISHER, Philip H.		RANK  Pvt	SERIAL No.  35 907 542	ORGANIZATION  Co F, 132 Inf	GRAVE No.  5930	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  SIMPSON, Chalmers W.		RANK  Pfc	SERIAL No.  34 659 161	ORGANIZATION  Co C, 132 Inf.	GRAVE No.  5932	
SIGNATURE OF PERSON PREPARING REPORT  Charles W. Hallock Sgt. Charles W. Hallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT  William D. Rogers 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 Officer. Copies for retention in theater as prescribed by theater commander.						

**18 FEB 1946**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


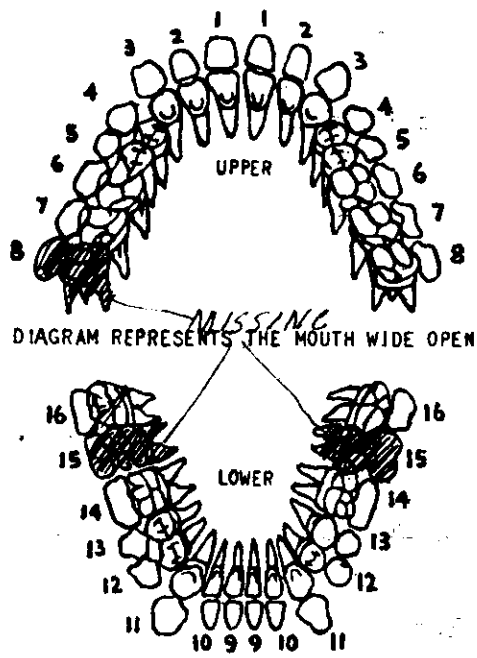




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

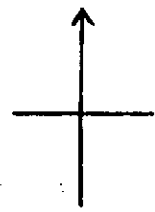
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING	
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

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

71635  
4722 knight



**REMARKS:**  
 This body was recovered at Cebu Normal School, Cebu City, Cebu P.I. He was a victim of enemy atrocity. A full investigation was made by CIC Det 1st From-488 CIB Det APO # 51, 28 May 1945 Case # 5-488-227, Subj Atrocity, Execution of two American Flyers on 26 Mar 1945 at Japanese Komposita Headquarters Cebu City, Cebu, P.I. to date no submission has been received on this investigation.

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

CORRECTED

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

DATE OF REPORT

21 Dec 1945

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) Possibly: UNKNOWN X-1 Paul J. Mansella or Harold W. Scott-		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Air Corps
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Cebu, P.I.	CAUSE OF DEATH Murdered by Japs after capture.	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) Unidentified
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes(Unknown Tags)	

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

U. S. A. E. Cemetery Cebu 2 Cebu, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
8 May 1945	1035	Pencho	Cross	1	11	219

WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY Burial Service Faith Unknown	PERSON CONDUCTING BURIAL RITES Chap. L. O. Coleman	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Report of Interment in wax sealed bottle.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes(Unknown Tag)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes(Unknown Tag)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Bunneback, Robert A.	RANK Pfc	SERIAL No. 36183877	ORGANIZATION Co. K. 182 Inf.	GRAVE No. 218
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Morton, Earnest A.	RANK Pfc	SERIAL No. 35400492	ORGANIZATION Co. C. 182 Inf.	GRAVE No. 220

SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i>
--	---

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.

**Section 1.—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. Inprint 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.

**11 JAN 1945**

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER


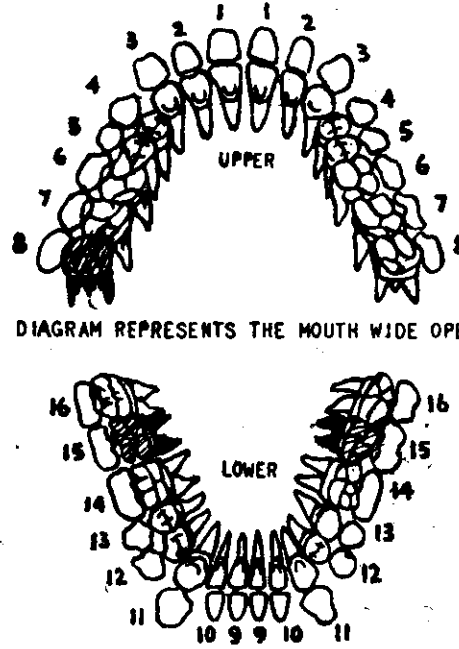




RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER

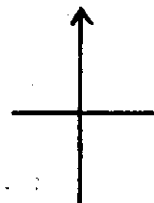
RIGHT  
LITTLE FINGER

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:** This body was recovered at Cebu Normal School, Cebu City, Cebu P.I. He was a victim of enemy atrocity. A full investigation was made by CIC Ref Ltr From-488 CIC Det APC 51, 28 May 1945, Case # S-488-227, Subj Atrocity, Execution of two Amer flyers on 26 Mar 1945 at Japanese Kempeitai Headquarters Cebu City, Cebu P.I. To date no information has been received on this investigation.

**RESTRICTED**

U 167

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

CORRECTED

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

DATE OF REPORT

21 Dec 1945

*Imprint Identification Tag If Possible.  
DO NOT TYPE*



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-1		Possibly: Paul J. Mansella or Harold W. Scott	SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Air Corps
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Cebu, P.I.	CAUSE OF DEATH Murdered by Japs after capture.	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) Unidentified
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (Unknown Tag)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

A TRUE COPY  
W. H. COOPER  
S. E. COOPER  
Capt., GPO

**Section 2.—BURIAL.** *If other than in established cemetery, furnish sketch and map coordinates on reverse.*

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
U.S.A.F. Cemetery Cebu #2, Cebu, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
8 Nov 1945	1735	Pancho	Cross	1	11	219

WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
---	---	----------	---------	-----------

TYPE OF RELIGIOUS CEREMONY Burial Service Faith Unknown	PERSON CONDUCTING BURIAL RITES Chap. L. O. Coleman	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY A part of Interment in wax sealed bottle.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes (Unknown Tag)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes (Unknown Tag)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Dunneback, Robert A.	RANK Pfc	SERIAL No. 35187877	ORGANIZATION Co K, 182nd Inf	GRAVE No. 218
--	-------------	------------------------	------------------------------------	------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Morton, Earnest A.	RANK Pfc	SERIAL No. 35100492	ORGANIZATION Co C, 182nd Inf	GRAVE No. 220
---	-------------	------------------------	------------------------------------	------------------

SIGNATURE OF PERSON PREPARING REPORT /s/t/ JOHN J. TUFFY, 1st Lt., Inf	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ JOHN J. TUFFY, 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 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.

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER


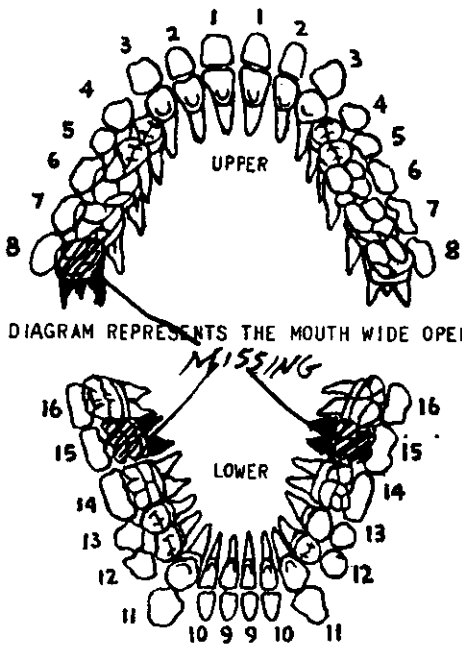




RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER

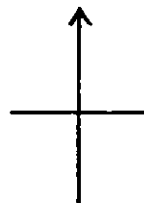
RIGHT  
LITTLE FINGER

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>MISSING</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:** This body was recovered at Cebu Normal School, Cebu City, Cebu, P.I. He was a victim of enemy atrocity. A full investigation was made by CIO Reg Ltr from-488 CIO Det APO #51, 28 May 1945, Case # S-488-227, Subj Atrocity, Execution of two Amer Flyers on 20 March 1945 at Japanese Kempeitai Headquarters Cebu City, Cebu P.I. To date no information has been received on this investigation.



Graves Registration  
Form No. 1  
(Revised May 11, 1943)RE  
**REPORT OF INTERMENT**  
(TM 10-630 AND AR 30-1815)

U 167

U UNKNOWN X-1 (Air Corps)

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Cebu, P.I.	Investigation pending	Body burned	-	WOUND	back of neck
(Place of death)	(Date of death)			(Cause of death)	
1035 Hours 8 Nov 1946	USAF Cemetery Cebu #2, P.I.				
(Time and date of burial)	(Name of cemetery)			(Name or co-ordinates of location)	

210	11	1	CROSS
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)

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

Religion: Unknown

A TRUE COPY:

Report of Interment buried with body

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

W. H. Cooper

Disinterred from Cebu #1

Gr-17-1-1

J. H. COMPTON

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

Body buried on <b>RIGHT</b>	Morton, Ernest A.	25100108	Pfc	Co C	182 Inf	230
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	
Body buried on <b>LEFT</b>	Dunnebeck, Robert A.	26183877	Pfc	Co B,	182 Inf	218
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	

Unknown

(Name and address of EMERGENCY ADDRESSEE)

Unknown

(Name and address of LEGAL NEXT OF KIN)  
No personal effectsList only personal effects **FOUND ON BODY** and disposition of same:

**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 :  
 Weight :  
 Color of eyes :  
 Color of hair :  
 Race :  
 (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.**

/s/ **SIMON P. LARRINS, 1st Lt., QMC QRS Officer**

(Signature of officer or other person reporting burial)

(Verified by Army QRS Officer)

4

3

2

1

THUMB

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

RESTRICTED

U 167

Grave's Registration

RE-INTERMENT

"AMERICAN SECTION" 50

Form No. 1

REPORT OF INTERMENT

(Revised May 11, 1943)

(TM 10-630 and AR 30-1815)

Unknown X-1 (Air Corps)

--- (Last name) --- (First) --- (Initial) --- (Serial No.) --- (Rank) --- (Org.) ---

CEBU, P.I.

Investigation pending Body burned-sword wound back

--- (Place of death) ---

--- (Date of death) ---

--- (Cause of death) of neck ---

1035 Hours 8 May 1945

U.S.A.E. Cemetery Cebu No. 2 P.I.

--- (Time and date of burial) --- (Name of cemetery) --- (Name or co-ordinates of location) ---

219

11

1

Cross

--- (Grave number) --- (Row number) --- (Plot number) --- (Type of marker) ---

Disp. of ident. tags: Buried w/body Yes  No  Attached to marker Yes  No

Religion Unknown

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

Report of interment buried with body

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

Body buried on RIGHT Morton, Earnest A. 35400492 Pfc Co C 182 Inf 220  
--- (Name) --- (Serial No.) --- (Rank) --- (Org.) --- (Grave No.) ---

Body buried on LEFT Dunneback, Robert A. 36183877 Pfc Co K 182 Inf 218  
--- (Name) --- (Serial No.) --- (Rank) --- (Org.) --- (Grave No.) ---

Unknown

Unknown

--- (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 No personal effects

107

RESTRICTED

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (WD Cir. No. 79; 5/19/43). 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:
- Weight:
- Laundry marks:
- Color of eyes:
- Color of hair:
- Wear glasses?
- Race:
- If possible, have mod. pers. take a tooth chart) Is tooth chart attached?
- In space below, locate and describe any scars, birthmarks, holes, deformities, etc.:

Note below any identifying clues found, such as letters photographs, probable organization of deceased, etc.:

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

*Simon J. Larkins*

(Sig. of officer or other person reporting burial)  
 SIMON J. LARKINS 1st Lt CMC GRS Officer

(Verified by Army GRS Office)

THUMB	1	2	3	4
RIGHT HAND				

THUMB	1	2	3	4
-------	---	---	---	---

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

0167

Unknown X-1 (Air Corps)

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
CEBU, P.I.	Investigation	Pending	Body	burned-sword	wound back
(Place of death)	(Date of death)			(Cause of death)	
1530 Hours 28 March 1945	U. S. A. E. Cemetery Cebu No. 1, P.I.			of neck	
(Time and date of burial)	(Name of cemetery)			(Name or co-ordinates of location)	

17	1	1	Cross
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)

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

Religion Unknown

A TRUE COPY:

*W. H. Cooper*  
 W. H. COOPER  
 Captain PFC  
 Report of Interment buried with body  
 (If no identification tags, what means of identification are buried with the body?)  
*Disinterred from Cebu #1 Gr 17-1-1*  
 (If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT	Unknown X-2 (Air Corps)	18
(Name)	(Serial number)	(Rank)
(Organization)	(Grave number)	

Body buried on LEFT	Rasnick, Howard L.	33655210	PFC Co L	132 Inf	16
(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)	

Unknown

(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

**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 :  
Weight :  
Color of eyes :  
Color of hair :  
Race :  
(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.**

/s/ SIMON J. HARKINS

1st Lt., GMC GRS Officer  
(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

THUMB

1

2

3

4

LEFT HAND

THUMB

1

2

3

4

RIGHT HAND

RESTRICTED

U 167

## Graves Registration

Form No. 1

## REPORT OF INTERMENT

(Revised May 11, 1943)

(TM 10-630 and AR 30-1815)

Unknown X-1 (Air Corps)  
 (Last name) (First) (Initial) (Serial No.) (Rank) (Org.)  
CEBU, P. I. Investigation Pending Body burned-sword wound back  
 (Place of death) (Date of death) (Cause of death) of neck  
1550 Hours 28 March 1945 U. S. A. F. Cemetery Cebu No 1, P. I.  
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)  
17 1 1 Cross  
 (Grave number) (Row number) (Plot number) (Type of marker)  
 Disp. of ident. tags: Buried w/body Yes  No  Attached to marker Yes  No   
 Religion Unknown  
 (If no identification tags, what means of identification are buried with body?)  
Report of Interment buried with body  
 (If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT Unknown X-2 (Air Corps) 18  
 (Name) (Serial No.) (Rank) (Org.) (Grave No.)  
 Body buried on LEFT Rasnick, Howard L. 33655210 PSC Co L 132 Inf 18  
 (Name) (Serial No.) (Rank) (Org.) (Grave No.)

Unknown  
 (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

RESTRICTED

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (WD Cir. No. 79; 3/19/45). 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:

Weight:

Color of eyes:

Color of hair:

Wear glasses?

Race:

(If possible, have med. pers. take a tooth chart)

In space below, locate and describe any scars,

birthmarks, mole, deformities, etc.:

Note below any identifying clues found, such as letters photographs, probable organization of deceased, etc.:

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

*Wm. J. Larkin*

(Sig. of officer or other person reporting burial)

SIMON J. LARKINS

1st Lt., GMC GRS Office

(Verified by Army GRS Officer)

4

3

2

1

THUMB

4

RECEIVED  
15 JUN 1950

RIGHT HAND

2

1

THUMB