

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unt. Seyte # 1 X-416

SUBJECT

Also Manila Mus. X-2837 ✓

Locality Unt. Zamboanga X-4 ✓

QMC FORM 1121
1 Aug 45

QMGMT 293 *Ident*
GRS Far East

26 April 1950

SUBJECT: Identification of World War II Deceased

293rd Leyte #1 X-416

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

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

Unknown X-238 (form. Edgar L. Bell, USAF Cem. #3, Finschhafen N. G.) Unit 2, Page 35

Unknown X-508B (Form. Unk. X-59, USAF Cem. #5, Finschhafen N. G.) Unit 2, Page 35

Unknown X-2857 (Form. Unk X-416, USAF Cem. #1, Leyte, P. I.) Unit 2, Page 12

Unknown X-3983 (form. Unk X-13, USAF Cem. #3, Finschhafen, N. G.) Unit 2, Page 30

Unknown X-4253, (form. Unk USAF Cem #2, Finschhafen, N. G.) Unit 2, Page 19

Unknown X-4930, Unit 2, Page 23

Unknown X-5094, Unit 2, Page 35

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

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

COPY:
mfs

X 293 unk Manila man 1-2-837

QMG 293
GRS Bar East

Ident

26 April 1950

SUBJECT: Reidentification of World War II Remains

TO: Commanding Officer
American Graves Registration Service
Thailand Zone
APO 500, c/o Postmaster
San Francisco, California

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

Unknown X-238 (form, Edgar L. Bell, USAF Com. #3, Finschhafen N. G.) Unit 2, Page 35

Unknown X-508B (Form, Unk. X-59, USAF Com. #5, Finschhafen N. G.) Unit 2, Page 35

Unknown X-2837 (Form, Unk X-416, USAF Com. #1, Leyte, P. I.) Unit 2, Page 12

Unknown X-3983 (form, Unk X-13, USAF Com. #3, Finschhafen, N. G.) Unit 2, Page 30

Unknown X-4153, (form, Unk USAF Com #2, Finschhafen, N. G.) Unit 2, Page 19

Unknown X-4930, Unit 2, Page 23

Unknown X-5094, Unit 2, Page 35

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

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

COPY:
mfa

X 293 unk Leyte #1 X-416

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

10 Mar 1950

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

UNKNOWN X-591	AGRS	Mslm	UNKNOWN X-2837	AGRS	Mslm
" X-593	"	"	" X-2852	"	"
" X-1188	"	"	" X-4701	"	"
" X-1237	"	"	" X4930	"	"
" X-1272	"	"	" X-	"	"

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

FOR THE COMMANDING OFFICER:

9 Incls
QMG Forms 1044 w/Certificates
of Unidentifiability

/s/ JOHN SHYPULA
1st Lt., Infantry
Adjutant

C
O
P
Y

1

Interred 23 March 1950
L 1 80 Ft. McKinley

Carl R. H. Mark

DISINTERMENT DIRECTIVE

M.K.

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 00393

DATE

15 05 48
DAY MONTH YEAR

NAME

UNKNOWN

SERIAL NUMBER

416

RANK

ARM

Q

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY LEYTE NO. 1

0

DISPOSITION OF REMAINS

7701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

7583

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-416

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

(Maus No.) UNK X-2837

27 Sept 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

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 Maus UNK X-2837

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept 48

BY

PERRY E. WHITE

CASKET SEALED BY

PERRY E. WHITE

EMBALMER (Signature)

Perry E. White
PERRY E. WHITE

CASKET BOXED AND MARKED

DATE 27 Sept 48

HORACE L. ALLISON
Sgt., Inf

SHIPPING ADDRESS VERIFIED BY

TEOFILO M. AMUTAN, 1st Lt., Inf

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

Teofilo M. Amutan
TEOFILO M. AMUTAN, 1st Lt., 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	Port McNamley Military Cemetery
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>David P. Smith</i>
DATE		DATE	MAR 3 1968

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE	(BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	FORT MCNAMLEY CEMETERY	SIGNATURE OF RECEIVER	
DATE		DATE	

6. SHIPPED

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

7. SHIPPED

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

7000 class : 293 - Legat H 1 X - 416

1. FILE UNDER NO. 293 - Unk. P. I. X-2837 (Maus. Manila)

SYNOPSIS

2. TYPE OF DOCUMENT: IO/R/S 3. DATE: 27 Jun 49
4. FROM: Mil Pl Div , Chief, Pl Br
5. TO: Division Security Officer Mem Div
6. SUBJECT: re: Request that consideration be given to downgrading attached case to UNCLASSIFIED.

7. DOCUMENT FILED UNDER NO. 293 - SMITH, John (Col.)

mf's

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

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

FILE UNDER NO. 293 - Unknown X-4 Zamboanga

INDEX FILE

SYNOPSIS

1st Ind.

1 March 46

FROM: QND
TO: CO, Co. Stennis, Calif.

RE: Report of Interest.

DOCUMENT FILED UNDER NO. 293 - Unknown (Misc) Zamboanga

12

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

4 March 1950
(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 416, Plot _____,
Row _____, Grave 7583, 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 decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


B. McNemar
Captain, GIC
Chief, Records Branch

Received 21 March 1950 0028
Not identifiable from
information presently
available 74-1000-11
74-1000-11

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2837 (Formerly X-416 Leyte #1)				2. DATE OF REPORT 4 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 802	5. ROW G	6. GRAVE 2027	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6 1/8"	10. COLOR OF HAIR Brown	11. RACE White
-----------------------------------	--	-----------------------------------	--------------------------

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

NONE

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

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

18.

TOOTH CHART

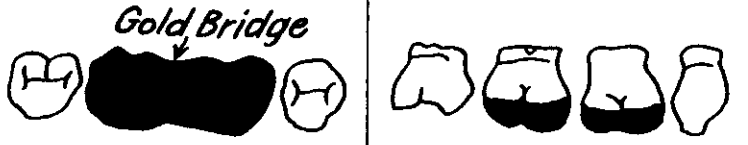
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



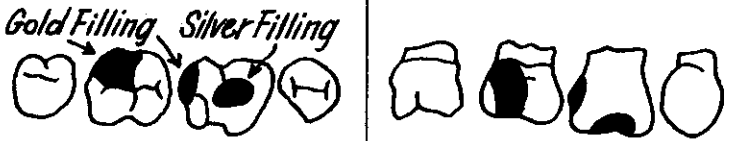
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



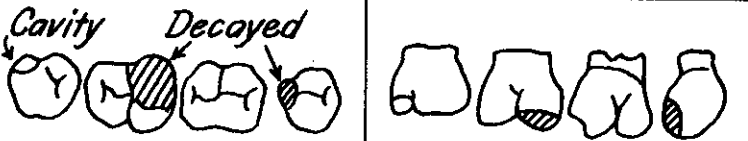
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	
	a	a										o	a	a	X	
	o	o										od	o	odk	o	
Side View																Side View
Top View																
Side View																
← mandible								missing →								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

REMARKS: No loose mandibular teeth present with remains.

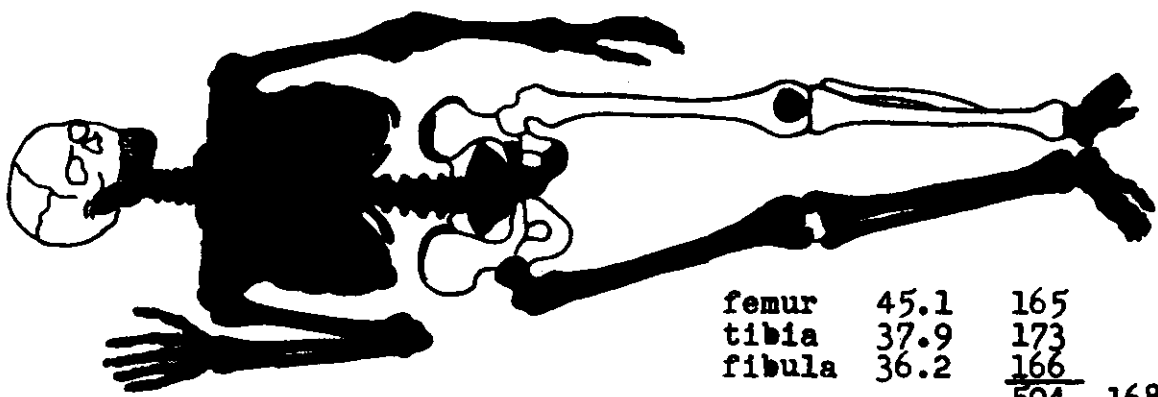
Paul R. Nichols

PAUL R NICHOLS
Chief, Ident. Section

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



femur	45.1	165
tibia	37.9	173
fibula	36.2	166
		<u>504</u>
		3
		-168

Estimated height: 5'6 1/8"

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 19 1/2 inches.

Estimated weight of remains - 4 1/2 lbs.

"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, Ident. Section

SIGNATURE

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-2837 (Formerly UNK X-416, USAF
 Unknown X- Cem Leyte #1, P.I.)

~~Cemetery~~ AGRS Mausoleum, Manila, P.I.

Plot 802 HANGER Row GRAY Grave GRAY? 2027

AGRS CIP Mausoleum, Manila, P.I.

1. Arrived at cemetery 9 Dec 47
(Date)
Leley, Indangan,
(How) (Date)
2. Place of death Zamboanga, Mindanao, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by 583rd Q M G R S Co.
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw		N	
Sweater		O	
Jacket, HBT		N	
* Shirt, Wool OD		E	
Undershirt, Wool		/	
Undershirt, Cotton		/	
Trousers, HBT		/	
* Trousers, Wool OD		/	

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)
 * If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or
 Insignia (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only - Skeletal Chart attached.**

Age ^{Est} Height 5'7" ^{Est} Weight 135 Description of wounds

Bandages or dressings Scars (Length, width, location)

..... Tattoos
 (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (Light, medium, dark, clear, pimples, pocks, freckles)

Build (Large, fat, thin, muscular)

Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or (Length, heavy)

Goatee
 (Light, color, extent)

Eyes Eyebrows
 (Color, setting, shape) U (Color, bushiness, extent across nose)

Nose Ears
 (Size, shape, straight) T D (Size, set close to or far from head)

Mouth Lips
 (Large, medium, small) // (Small, large, full)

Teeth
 Tooth chart attached.
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin
 (Prominent, receding, pointed, dimples, double)

Jaw Circumference of skull head in inches 19
 (Large, small, normal) // (Hat band)

Neck Larynx
 (Size, length, short, normal, wrinkled) // (Prominent, normal)

Shoulders Arms
 (Broad, straight, small, rounded) // (Length, muscular, color, extent and quantity of hair)

Hands
 //

Fingers
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

.....
 (Unusual characteristics of fingernails)

Chest
 U T (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist
 D (Size of navel, appendectomy, amount, quantity, and color of hair)

Back Circumcision Pubic Hair
 (Quantity and extent of hair) // (Yes-no) (Color)

Hernioplasty
 // (Yes-no; location)

Legs
 // (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet Toes
 (Size, corns, callouses, flat) // (Slender, straight, crooked, overlap)

Evidence of healed fractures
 // (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No

(Yes-no)

If not, explain Due to condition of remains

8. Has tooth chart been prepared? Yes If not, explain

(Yes-no)

9. Remarks No ROI bottle nor I.D. tags received with remains. No personal effects found to warrant identification. Estimated weight of remains is 4 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ Forrest G. Braden
(Officer's Name)

Embalmr Sr. C-064971
Rank Service

CIP LABORATORY, MANILA, P.I.
(Organization)

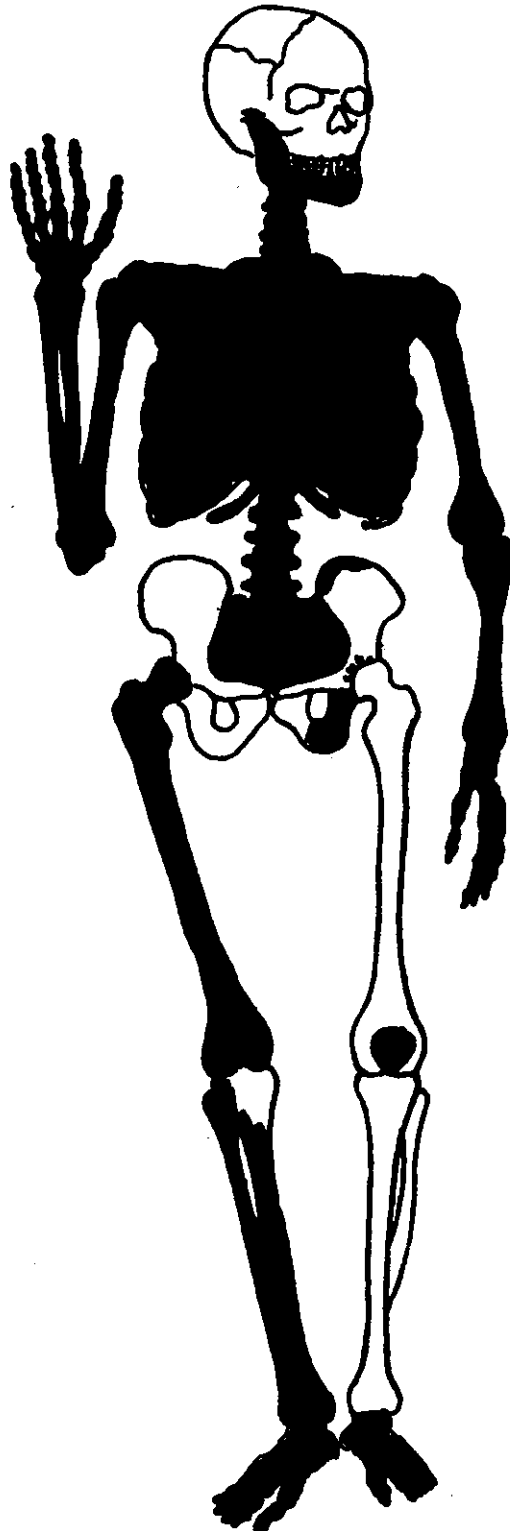
9 Dec 47

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

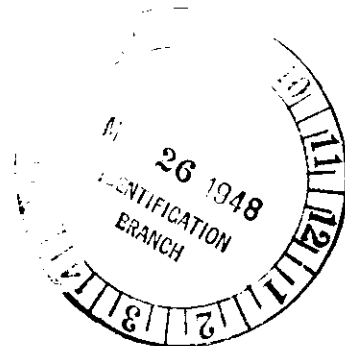
SKELETAL CHART

X-2837

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



No Ribs
No Vertebrae



X-2837

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.

UNKNOWN X-2837 (Formerly UNK X-416,
USAF Cem Leyte #1, P.I.)

(9 Dec 1947

DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown

Unknown

Cabanatuan Prison Camp,
Luzon, P.I.

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

802 PLOT 2027 GRAVE NO.
G ROW
HANGER BAY SERIAL

PLACE OF DEATH

PLACE OF BURIAL STORAGE

PLOT HANGER

ROW BAY

GRAVE NO. SERIAL
















RIGHT				UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	A	A					⊗				A	O	A	A	A
LOCATION	o	o									D	O	o	o	o

INSIDE — LOOKING OUT

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

Man dible *Missing*

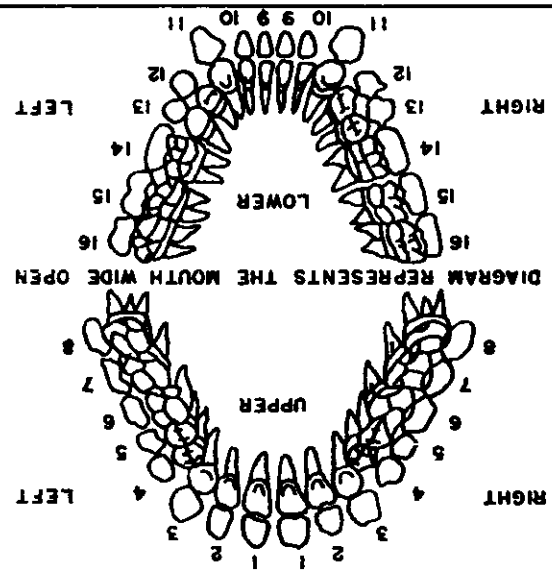
KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

A CERTIFIED TRUE COPY:
G. I. GARDNER
2d Lt MAC

<p style="text-align: center;"><u>PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED</u></p> <p style="text-align: center;">CIP LABORATORY, MANILA, P. I.</p>	<p style="text-align: center;"><u>DATE</u></p> <p style="text-align: center;">9 Dec 47</p>
<p style="text-align: center;"><u>NAME AND RANK TYPED OR PRINTED</u></p> <p style="text-align: center;">/p/ FORREST G. BRADEN EMBAJADOR SR.</p>	<p style="text-align: center;"><u>NAME AND RANK TYPED OR PRINTED</u></p> <p style="text-align: center;">/p/ MELVIN S. MITTENTHAL</p>
<p style="text-align: center;"><u>SIGNATURE OF PERSON WHO PREPARED CHART</u></p> <p style="text-align: center;">/s/ Forrest G. Braden</p>	<p style="text-align: center;"><u>VERIFIED BY GRS OFFICER</u></p> <p style="text-align: center;">/s/ Melvin S. Mittenenthal</p>

REMARKS:



4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.
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.
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.
1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

INSTRUCTIONS:

WD GRC FORM 1042
(Rev. 1 Aug. 1943)
(Supersedes GRS Form 1)

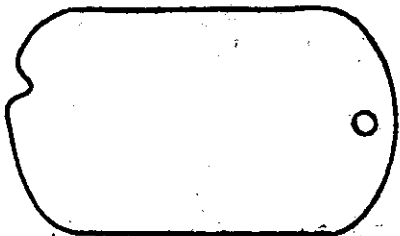
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

20 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION

NAME (Last, first, middle initial) UNKNOWN X-2837 (Formerly UNK X-416, USAF Cemetery Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Leloy, Mindangan, Zamboanga, Mindanao, P.I.	CAUSE OF DEATH KIA - Drowned	DATE OF DEATH 7 Sept 1944
--	--	-------------------------------------

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

DATE OF BURIAL 10 Dec 47	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. MARKER 802	ROW No. BAY G	GRAVE No. (SEE) 2027
------------------------------------	---------------------	---	-------------------------------------	-------------------------------	-------------------------	--------------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORE 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. 7583
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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 STORED	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-2839	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2029
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2835	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2025
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SIGNATURE OF PERSON PREPARING REPORT R R AQUINO, PVT	SIGNATURE OF GRS OFFICER VERIFYING REPORT ISS PANOPIC, 3d 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.

1399 MAR 26 1948

SECTION UNIDENTIFIED REMAINS

INSTRUCTIONS:

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

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

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER


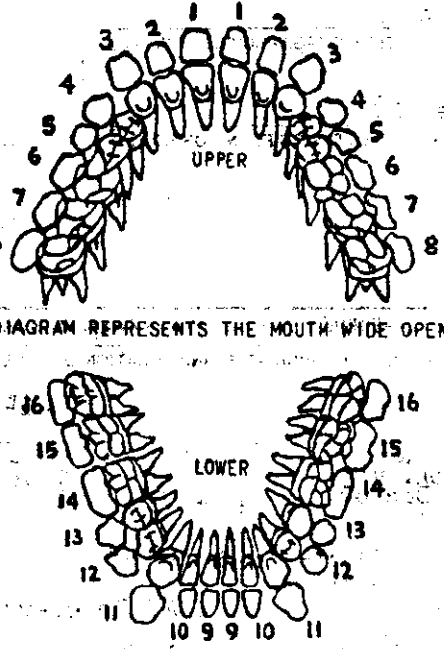




RIGHT RING FINGER

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
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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	

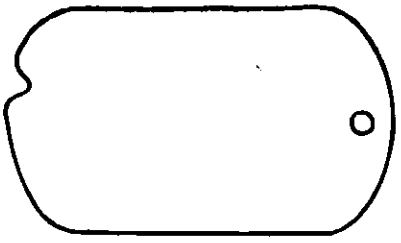
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

10 FEB 1948

Identification Check List and Dental Chart accomplished.

WECH FORM 1042 (Rev. 7 Apr. 1948) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 14 March 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					SERIAL No.
		NAME (Last, first, middle initial) (Formerly Unknown X-4, UNKNOWN X-416 USAF Cemetery Zamboanga, #1, Mindanao, P.I.)					BRANCH OF SERVICE
		GRADE		ORGANIZATION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Leloy, Sindangan, Zamboanga, Mindanao, P.I.		CAUSE OF DEATH KIA DROWNED			DATE OF DEATH 7 Sept. 1946		
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) Disinterred from USAF Cemetery Zamboanga #1, Mindanao, P.I. CORRECTED: Former Unknown number USAF Cemetery Zamboanga #1, Mindanao, P.I. from X-416 to X-4...Corrected this headquarters, 14 March 1946.....					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (Unknown tags.)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Feb 178 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 27 Jan 1946	HOUR 0900 hrs	BURIED IN (Shroud, blanket, or name of other) Shelter half	TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No.	GRAVE No. 7583	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Zamboanga #1, Mindanao, P.I.			PLOT No. 1	ROW No. 9	GRAVE No. 305	
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) MITCHELL, JOSEPH J.			RANK 1st Lt.	SERIAL No. 0-854 084	ORGANIZATION Chart Sq. 4th Photo	GRAVE No. 7582	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) KAISER, CLIFFORD J.			RANK 2nd Lt.	SERIAL No. 0-2 059 066	ORGANIZATION Chart Sq. 4th Photo	GRAVE No. 7584	
SIGNATURE OF PERSON PREPARING REPORT <i>Charles W. Hallock</i> S/Sgt. Charles W. Hallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Cecil G. Carter</i> CECIL G. CARTER, 1st Lt., QMC				
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.							

APR 1946

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


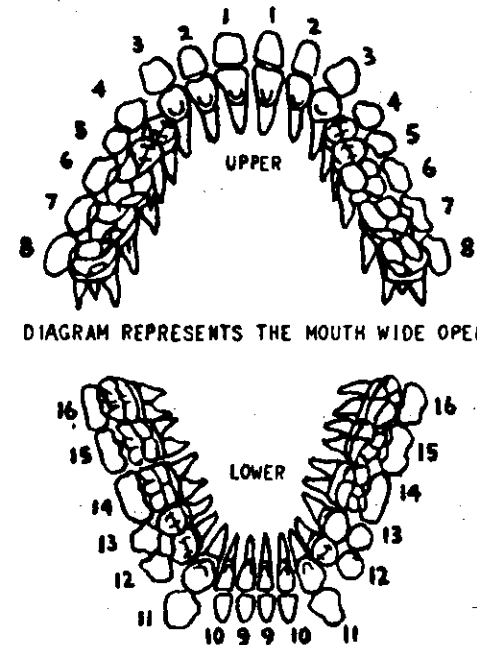




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

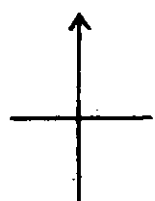
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

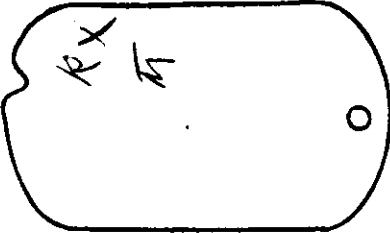
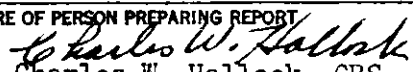

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
LEFT RING FINGER	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
RIGHT THUMB		
RIGHT INDEX FINGER		

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



REMARKS:

WD GMC FORM 1042 (Rev. 1-1-46) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 6 March 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) UNKNOWN X-416		(Formerly Unknown X-416, USAF Cemetery Zamboanga #1, P.I.)			SERIAL No.	
GRADE		ORGANIZATION		BRANCH OF SERVICE		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Leloy, Sindagan, Zamboanga, Mindanao, P.I.		CAUSE OF DEATH KIA DROWNED			DATE OF DEATH 7 Sept. 1946	
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) Disinterred from: USAF Cemetery Zamboanga #1, Mindanao, P.I.				
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 USAF Cemetery Leyte #1, P.I.						
DATE OF BURIAL 27 Jan 1946	HOUR 0900 hrs	BURIED IN (Shroud, blanket, or name of other) Shelter half	TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No.	GRAVE No. 7583
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Zamboanga #1, P.I.			PLOT No. 1	ROW No. 9	GRAVE No. 305
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) MITCHELL, Joseph J.		RANK 1st Lt.	SERIAL No. 0-854 084	ORGANIZATION Chart Sq 4th Photo	GRAVE No. 7582	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) KAISER, Clifford J.		RANK 2nd Lt.	SERIAL No. 02059 066	ORGANIZATION Chart Sq. 4th Photo	GRAVE No. 7584	
SIGNATURE OF PERSON PREPARING REPORT  Sgt. Charles W. Hallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT  CECIL G. CARTER, 1st Lt., QMC			
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 3. UNIDENTIFIED REMAINS

INSTRUCTIONS:


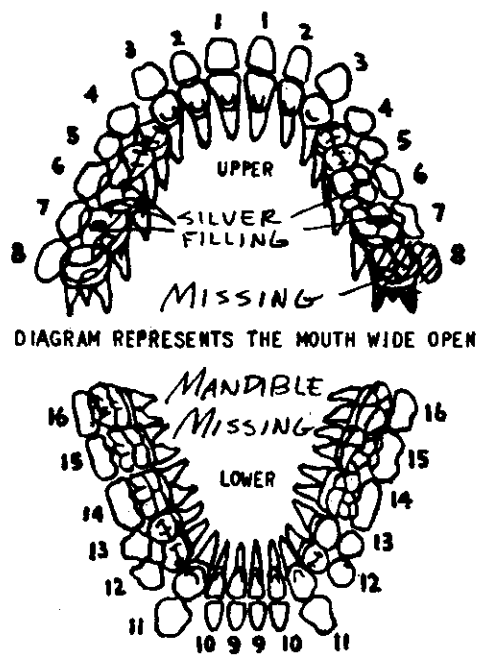




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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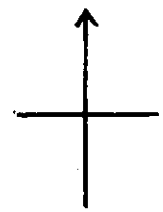
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:

(Mandible missing)

CONDITION OF BODY PRECLUDED FINGERPRINTING.

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

CORRECTED COPY

U 69

Unknown X-4
Zamboanga, Mindanao P.I. (First) (Initial) (Serial number) (Rank) (Organization)
Leley, Sindangan (Place of death) **7 September 1944** (Date of death) **KIA Drown** (Cause of death)

1400 27 Aug 1945 (Time and date of burial) **USAF Cemetery, Zamboanga #1, Zamboanga, Mindanao P.I.** (Name or coordinates of location)
Scale 1:1,000,000 Coordinates 122°40' - 8°10'

Disinterred from isolated burial at Leley, Sindangan, Zamboanga, Mindanao P.I. N 520-E 12040/740x600

305 (Grave number) **9** (Row number) **1** (Plot Number) **Cross** (Type of marker—Regulation V-shaped or other)

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

Identification tag made at GR Office

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

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

Body buried on **RIGHT Vacant** (Name) (Serial number) (Rank) (Organization) **306** (Grave number)

Body buried on **LEFT Unknown X-3** (Name) (Serial number) (Rank) (Organization) **304** (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same: **No effects on body.**

81950

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:

Is tooth chart attached?

(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 OR THE
 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Sgt Lloyd F. Kopp

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

IRVING HELLER, 1st Lt., OMC

4

3

2

1

THUMB

LEFT HAND

THUMB

RIGHT HAND

