

FILE IDENTIFICATION TOPPER

FILE NUMBER	273 Unt. Leyte #1 X-440
SUBJECT	Also Manila Maus. X-2269 ✓
	Sparsity Unt. Bacod #1 X-15 ✓

QMC FORM 1121  
1 Aug 45

QUEST 293  
GCS Far East

13 March 1950

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-5, 77th Division Cemetery, Okinawa, Unit 2, Page 1  
" X-47, Island Command Cemetery, Okinawa, Unit 2, Page 2  
" X-75, Guam #2, Agat Cemetery, Unit 2, Page 5  
" X-785, USAP Cemetery Leyte #1, P.I., Unit 2, Page 4 (Sup)  
" X-2269, (formerly X-440 Leyte #1), Unit 2, Page 12  
" X-2280 " X-451 " " " 2, " 12  
" X-2354 " X-547 " " " 2, " 13  
" X-3857, AGRS Mausoleum, Manila, Unit 2, Page 19  
" X-3859, " " " " 2, " 19  
" X-3860, " " " " 2, " 19  
" X-3861, " " " " 2, " 19  
" X-3862, " " " " 2, " 19  
" X-3863, " " " " 2, " 19  
" X-3864, " " " " 2, " 19  
" X-3928 " " " " 2, " 19  
" X-4172 " " " " 2, " 19

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

FOR THE QUARTERMASTER GENERAL:

J. Miller:lrc  
Salser  
JW

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

JW  
TAC

cc--Administrative Section  
cc--Cincfe

AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file 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-5 77th Div Cemetery Okinawa  
X-47 Island Command Okinawa  
X-79 4th Mar. Iwo Jima  
X-2269 AGRS Mausoleum  
X-2280

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

FOR THE COMMANDING OFFICER:

5 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYBULA  
1st Lt, Infantry  
Adjutant

AIRMAIL

Quart 293  
GCS Far East

4 October 1949

293 Unit - P. I. X - 2269 (Mans) Manila

SUBJECT: Identification of World War II Deceased

TO: Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, MILCOM ZONE

1. Reference is made to Board Proceedings, your headquarters, dated 26 July 1949, recommending a group identification of Unknowns X-2269 and X-2280, AGRS Mausoleum, Manila, P.I., as the recoverable remains of the following personnel:

GRANCE, James W.	2/Lt	O-762081
LEGGETT, William G.	2/Lt	O-760874
WALDO, James T.	2/Lt	O-765160
ZENESKY, Mitchell W.	Sgt	31039324

2. Circumstantial evidence surrounding the association of Unknowns X-2269 and X-2280 with the above known deceased are favorable, however, there are discrepancies indicated in a comparison of dental charts.

3. It is requested that the remains designated as Unknowns X-2269 and X-2280, AGRS Mausoleum, Manila, Hanger 810, Bay L, Crypts 3989 and 4001, be reprocessed by an anthropologist and QMC Forms 1044 be submitted to this Office.

4. Subject case is being held in suspense pending receipt of information requested.

FOR THE QUARTERMASTER GENERAL:

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

R.Little:lrc  
Salsor

JW  
cc--Administrative Section  
cc--Cinofe

AIRMAIL

*copy made  
for manager*

OCT 5 12 10 PM '49  
MAIL & RECORDS BRANCH

293 G. R. S. Far East

REB-

TEC

1. FILE UNDER NO. 293 - Unk P.I. X-2269 (Maus. Manila)

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 12 Jan 50  
4. FROM: OQMG  
5. TO: CO, AGRS, PZ, APO 900, c/o PM San Francisco, Calif.  
6. SUBJECT: Identification of World War II Deceased  
Change, James W. O-762081

.....

7. DOCUMENT FILED  
UNDER NO. 293 - Unk P.I. X-2280 (Maus. Manila)

eb

**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.

AIR MAIL

*[Handwritten initials]*

GRPZ 293  
GRS Far East  
(4 Oct 49)

1st Ind.

SUBJECT: Identification of World War II Deceased

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, PHILCOM ZONE,  
APO 900, 1 November 1949

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

Forwarded herewith are QMC Forms 1044 prepared by an Anthropologist  
for Unknowns X-2269 and X-2280, as requested in basic communication.

FOR THE COMMANDING OFFICER:

2 Incls:

- 1 - QMC Form 1044 for X-2269
- 2 - QMC Form 1044 for X-2280

*[Signature]*  
JOHN SHYPULA  
1st Lt., Inf  
Adjutant

*[Faint circular stamp]*  
NOV 11 1949  
PHILADELPHIA

293-Sub P IX 2269 - (Grandchild)

NAT. FILE  
J. Mulh. 11/15/50  
8 MAR 50

AIR MAIL

RECEIVED  
NOV 14 1949  
COMM. DIV.  
M.A.R.

NOV 16 1948  
IDENTIFICATION  
BRANCH

NOV 15 1948  
IDENTIFICATION  
BRANCH

NOV 17 1949  
2572

**AIRMAIL**

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

*Att  
Green*

IN REPLY REFER TO **QMGT 293**

**GRS Far East**

4 October 1949

*293 unk Leyte #1, X-440*  
*Chap [unclear] Manila [unclear] X-2269*

**SUBJECT: Identification of World War II Deceased**

**TO: Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE**

1. Reference is made to Board Proceedings, your headquarters, dated 26 July 1949, recommending a group identification of Unknowns X-2269 and X-2280, AGRS Mausoleum, Manila, P.I., as the recoverable remains of the following personnel:

CHANCE, James W.	2/Lt	0-762081
LEGGETT, William G.	2/Lt	0-760874
WALDO, James T.	2/Lt	0-765180
ZENESKY, Mitchell W.	Sgt	31039324

2. Circumstantial evidence surrounding the association of Unknowns X-2269 and X-2280 with the above Known deceased are favorable, however, there are discrepancies indicated in a comparison of dental charts.

3. It is requested that the remains designated as Unknowns X-2269 and X-2280, AGRS Mausoleum, Manila, Hanger 810, Bay L, Crypts 3989 and 4001, be reprocessed by an anthropologist and QMC Forms 1044 be submitted to this Office.

4. Subject case is being held in suspense pending receipt of information requested.

**FOR THE QUARTERMASTER GENERAL:**

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

**MAY 8 1950**  
File  
Identification Branch

NAVY & RECORDS BRANCH  
OCT 2 15 1949

**AIRMAIL**



17 OCT 1949  
19-11-49  
19-11-49

MAIL & RECEIPTS BRANCH  
MAY 18 AM 1950  
OUT  
OCT 5 12 10 PM '49

RECEIVED  
13 OCT 1949  
HGR  
1687

1

Interred 23 Feb 1950  
C 7 66 Ft. McKinley

*Carrollmark*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00412

DATE  
15 05 48  
DAY MONTH YEAR

NAME  
*292*  
UNKNOWN

SERIAL NUMBER  
X-000440

RANK  
ARM  
Q

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS  
0 7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
7946 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-440  
UNK X-2269 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
27 Sept. '48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
ROBERT F. STEVENSON  
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 1  
1 Marker UNK X-15 KIA Nov 44, USAF Gr 364 RIG  
2 tags Mausoleum UNK X-2269

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept. '48  
CASKET SEALED BY  
ROBERT F. STEVENSON

BY  
ROBERT F. STEVENSON  
EMBALMER (Signature)  
*Robert F. Stevenson*  
ROBERT F. STEVENSON

CASKET BOXED AND MARKED  
DATE 27 Sept '48 BY HORACE L. ALLISON, Sgt. INF

SHIPPING ADDRESS VERIFIED BY  
HONORIO V. AURELIO, 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.

*Honorio V. Aurelio*  
HONORIO V. AURELIO, 1st Lt., INF

SIGNATURE OF GRS INSPECTOR

*Graves*

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGRS Mausoleum	TO	Port McKinley Military Cemetery
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Robert A. ...</i>
DATE		DATE	FEB. 23, 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE	(BY ADMINISTRATIVE ORDER)	NAME OF CONVOYER	
SIGNATURE OF SHIPPER	FORT MCKINLEY 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	

BASIC: Ltr fr WD, OJAG, Wash. 25, D.C., file OJAGU 293 Unknown X-444 (Leyte #1), P.I., dtd 29 August 1947, subj: Identification of Unknown Deceased.

OSJMI 293

1st Ind

JC/gyd\*

PHILRYGOM Sector Graves Registration Service, APO 707, 29 October 1947

TO: Commanding Officer, USAF Cemetery Leyte #1, Leyte, P. I.

1. Reference is made to self-explanatory basic communication which identifies the remains currently interred as "Unknown X-444" (Formerly Unknown X-3, USAF Cemetery, Macolod #1, Occidental Negros, P. I.) as those of ASLIN, Harold G., T/Sgt, 17 119 592, Air Corps.

2. Request completion of necessary action, and this Headquarters be forwarded corrected ROI - in duplicate, with copy of basic letter attached to each as authority for action taken - at the earliest practicable date.

3. As a result of information obtained from records perused upon, and as result of receipt of basic letter, it is further requested the following ROI's be corrected as indicated and same also be forwarded this Headquarters in duplicate - with copy of basic letter and this indorsement attached to each as authority for action taken - at the earliest practicable date:

(a) DELLIVAN, Joseph Jr. - change the name to read: "DONOVAN, Joseph J., Jr."; add Mrs. Rose A. Donovan (L), 44 Charne Avenue, Roslindale, Mass., as "Emergency Addressee". It is possible that records of your office already contain the above amendatory and additional information; however the amended records of this Headquarters would seem to indicate such information has not been forwarded to your office.

(b) UNKNOWN'S X-375 and X-387 - add the notation that remains are those of "Possibly one of the following group":

1. ORANGE, James W.	2d Lt.	0 762 081
2. DEBBETT, William G.	2d Lt.	0 760 874
3. WALDO, James T.	2d Lt.	0 765 160
4. ZENESKY, Mitchell W.	S/Sgt.	31 039 324

(c) UNKNOWN'S X-440 and X-451 - delete only "4. T/Sgt. Harold G. Aslin, 17 119 593" (from the presently shown list of "Possibly one of the following group"); amend "5. S/Sgt. Mitchell Zenesky, 31 039 324", to read "4. S/Sgt. Mitchell W. Zenesky, 31 039 324".

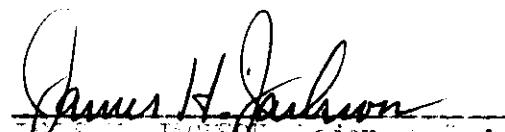
MEMO: Ltr fr HQ, OJAG, Wash. 25, D.C., file OJAGU 293 Unknown X-444  
(Leyte #1), P.I., dtd 29 August 1947, subj: Identification of  
Unknown Deceased. (Cont'd)

4. It is believed, by this Headquarters, that the remains of the individuals listed in above paragraph 3(b) are those interred as Unknowns X-375, 387, 440 and 451, and OJAG has been requested, this date, to compare appropriate dental and other available clinical records of the named individuals with those of the listed Unknowns X-375, 387 and 451 and, through process of elimination, the identification of unknown X-440.

BY ORDER OF JUDGE ATTORNEY:

/s/ Harold W. Reverski  
/t/ HAROLD W. REVERSKI  
Lt. Col., U.S.A.  
Executive

A TRUE COPY:

  
JAMES H. JACKSON, Major, U.S.A.

WAR DEPARTMENT  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

AGHU 293  
Unknown K-444  
(Leyte #1), P.I.

29 August 1947

SUBJECT: Identification of Unknown Deceased

TO : Commanding General  
Philippine-Hyukyus Command  
APO 707, c/o Postmaster  
San Francisco, California

1. The remains interred in U.S. Armed Forces Cemetery Leyte #1, P.I., Grave 7967, have been identified from information available to this office as those of Harold C. ASLIN, T/Sgt., 17119593, Air Corps.

2. The expressed religious preference of the deceased was Protestant. The designated emergency addressee is his wife, Mrs. Marguerite Clark Aslin, 1033 South Terrace Drive, Wichita 9, Kansas.

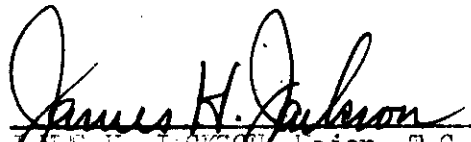
3. War Department records now indicate that the deceased was killed in action on 3 November 1944. The Report of Reinterment submitted to this office has been amended.

4. It is requested that the records of your office and the inscription on the grave marker be changed accordingly and this office advised upon completion thereof.

FOR THE QUARTERMASTER GENERAL:

/s/ James C. MacFarland  
/t/ JAMES C. MacFARLAND  
Major, MC  
Memorial Division

1 TRUE COPY:

  
JAMES H. JACKSON, Major, T.C.

HEADQUARTERS  
PACIFIC ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

9 Feb. 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 440, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 7946, USMC Leyte #1, P.I., have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:

  
E. S. McNEELAR  
Captain, QMC  
Chief, Records Branch

Attach: Form 1044

Received 21 Feb 50 OQMG

Not identifiable from  
information presently  
available

J. Miller Ident Sec  
9 Mar 50

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-2269 (Formerly X-440 USAF Cem Leyte #1)</b>				2. DATE OF REPORT <b>9 Feb. 1950</b>	
3. NAME OF CEMETERY  <b>AGRS MAUS, Manila P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>U T D</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

**U T D**

14. WAS BODY BURNED?      TO WHAT EXTENT?

YES     NO

15. WAS BODY MANGLED?      TO WHAT EXTENT?

YES     NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**

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**

207-



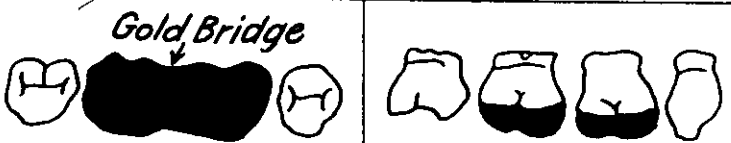
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



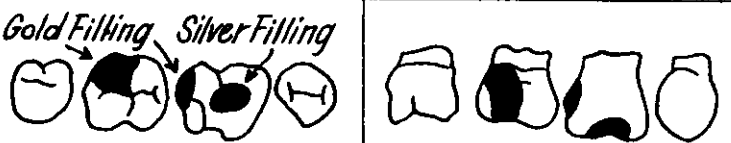
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



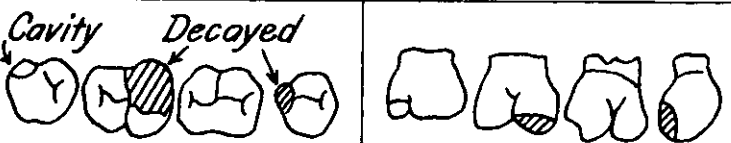
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



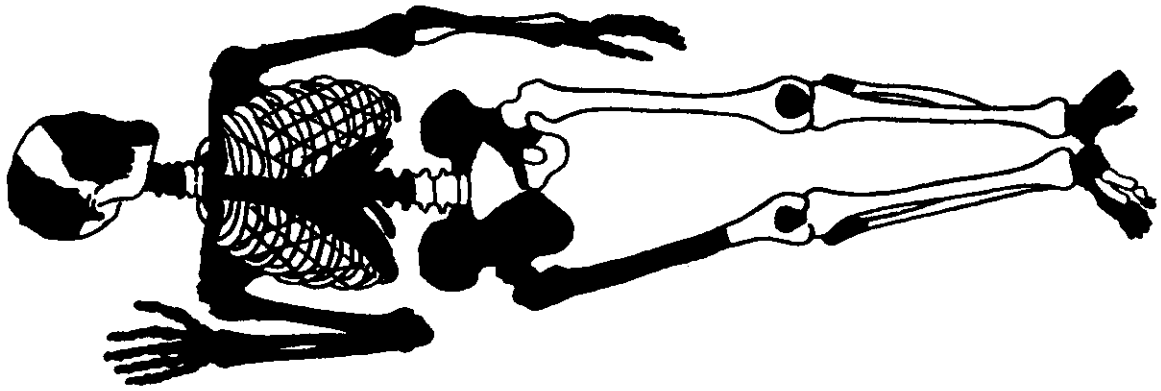
RIGHT								LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
←								MISSING								→							
Side Views																							
UPPER																							
LOWER																							
Side Views																							
MISSING		A OF		P		P		P		P		P		← MISSING →									
16	15	14	13	12	11	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."

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS  
Chief, Ident. Section

SIGNATURE

**IDENTIFICATION DATA**

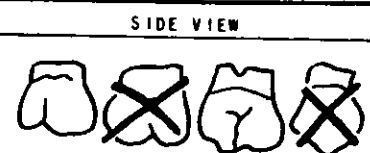
1. REMAINS OF UNKNOWN <b>UNKNOWN X-2269 (Formerly UNK X-440 Leyte #1)</b>				2. DATE OF REPORT <b>22 Oct 1949</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION <b>AGE: 25 - 35 (See Item #21)</b>					
8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5'3 1/2"</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  <p align="center"><b>N O N E</b></p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p align="center"><b>N O N E</b></p>					
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? <b>Skull shattered and long bones mangled.</b>			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <p align="center"><b>N O N E</b></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 align="center"><b>N O N E</b></p>					

*Encl 1*

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:



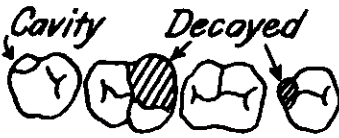
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
← Maxilla								Missing →							
Side Views															
UPPER															
LOWER															
Side Views															
Mandible Missing		$\frac{a}{o-f}$		$\frac{70}{14}$		$\frac{70}{11}$	$\frac{70}{10}$	$\frac{70}{9}$	$\frac{70}{9}$	$\frac{70}{10}$		Mandible Missing			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

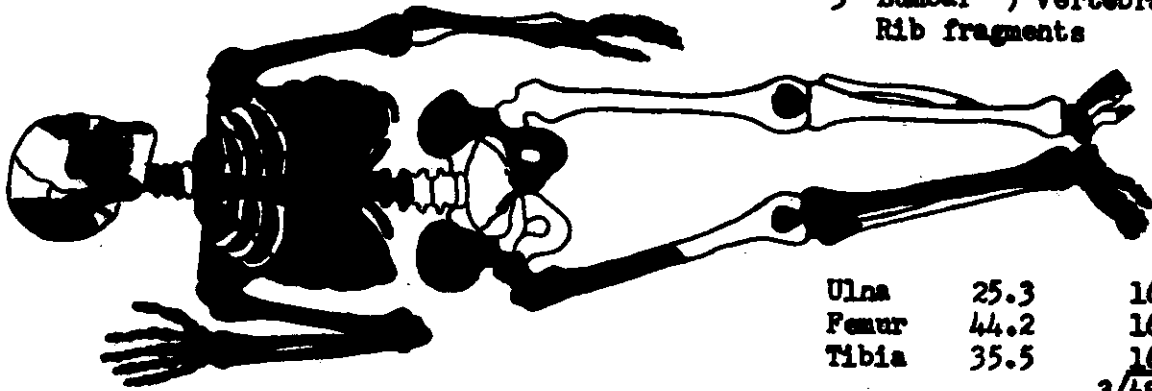
No loose maxillary or mandibular teeth present with remains.

*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT REGISTERED

- Present
- 1 Cervical)
- 3 Lumbar ) Vertebrae
- Rib fragments



Ulna	25.3	163
Femur	44.2	162
Tibia	35.5	161
		<u>3/486</u>
		162

Estimate height: 5'3 3/4"

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

This is the remains of an individual in the late twenty's or early thirty's (as determined by the pubic symphysis and suture closure on portions of the shattered skull), and relatively short (est. 5'3 3/4"). Portions of the skull necessary for establishing race are missing.

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

SIGNATURE

ROBERT B FOX, Anthropologist

X-2269

# 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-2269 (Formerly UNK X-440) 28 Nov 47  
 USAF Cemetery Leyte #1, P.I. DATE  
Unknown Unknown  
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Air Force Army  
 UNIT ORGANIZATION  
 Tortosa Area AGRS Mausoleum,  
 Negros, P.I. Manila, P.I. 810 L 3989  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.  
HANGER BAY CRY.  
*see REMARKS*

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

INSIDE — LOOKING OUT

*see Remarks* *see Remarks*

	RIGHT																LOWER TEETH																LEFT																																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																																																	
TYPE	P																P																P																P																TYPE
LOCATION	P																P																P																P																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	OXYPHOSPATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

CERTIFIED TRUE COPY:  
*George T. Gamboa*  
 GEORGE T. GAMBOA  
 2d Lt., MAC

/s/ Hilarion V. Castillo <u>SIGNATURE OF PERSON WHO PREPARED CHART</u>	/s/ John H. Bennett Jr. <u>VERIFIED BY DRS OFFICER</u>
/p/ HILARION V. CASTILLO, Emb's <u>NAME AND RANK TYPED OR PRINTED AIDE</u>	/p/ JOHN H. BENNETT JR. <u>NAME AND RANK TYPED OR PRINTED</u>
CIP Laboratory, Manila, P.I. <u>PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED</u>	
28 Nov 47 <u>DATE</u>	

**REMARKS:**

Maxilla missing, unable to determine whether teeth missing PX or X.  
 Mandible missing from L-11 thru 16 and R-15 & 16; unable to determine whether teeth missing PX or X.

**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.

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-2269 (Formerly UNK X-440  
~~UNKNOWN~~ USAF Cem Leyte #1, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 810 <sup>RANGER</sup> Row L <sup>BAV</sup> Grave 3989 <sup>CRYP</sup>

C. I. P. AGRS  
 Mausoleum, Manila, P.I.

1. Arrived at ~~AGRS~~ 28 Nov 47  
(Hour) (Date)

2. Place of death Tortosa Area  
Negros, P.I.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by USAF Cem Leyte #1, P.I.  
(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	/		
	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/	N	
Sweater	/	O	
Jacket, HBT	/	N	
	/	E	
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		



Belt, web /

Drawers, wool /

Drawers, cotton /

Leggings, wool /

Socks, cotton /

\* Shoes / N (type) /

Overshoes / N

Web Equipment / E (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 / Height U.T.D. Weight U.T.D. 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 / U (Light, medium, dark, clear, pimples, pocks, freckles)

Build / T (Large, fat, thin, muscular)

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

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

Sideburns / Mustache / Beard or / (Color, setting, shape) (Color, size, shape) (length, heavy)

Goatee / / (Light, color, extent)

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

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

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

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

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

Jaw / / (Large, small, normal) Circumference of Skull Fractured. (Hat band)

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

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

Hands / /

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

U (Unusual characteristics of fingernails)

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

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

Back / / Circumcision (Yes-no) Pubic Hair (Color)

Hernioplasty / / (Yes-no; location)

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

Feet / / (Size, corns, callouses, flat) Toes (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 ROI bottle found with remains. No Identification tags, no personal effects or other means of identification. Estimated weight of remains four (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/ Clement G. Swan  
(Officer's Name)

Emb. Sr. Ung. C-064862  
Rank Service

CIP Laboratory, Manila, P.I.  
(Organization)

28 Nov 47

CERTIFIED TRUE COPY:

George T. Gamboa  
GEORGE T. GAMBOA  
2d Lt., MAC

# SKELETAL CHART

X-2269

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



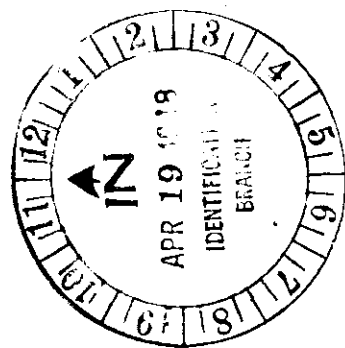
*Ribs fragments Received*  
*3 Lumbar Vertebrae*  
*Present*  
*1 - Cervical Vertebrae*  
*Present*

*AMS*  
CHART "A"



145

*[Faint, illegible handwritten marks]*



/vel

RESTRICTED 7323

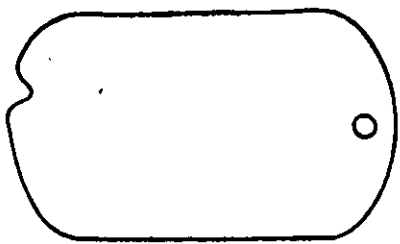
7323

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

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

DATE OF REPORT  
6 Dec 47

*Imprint Identification Tag If Possible. DO NOT TYPE*



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)  
UNKNOWN X-2269 (Formerly UNK X-440  
USAF Cemetery Leyte #1, P.I.)

SERIAL No.  
Unknown

GRADE  
Unknown

ORGANIZATION  
Air Force

BRANCH OF SERVICE  
Army

RACE  
Unknown

RELIGION  
Unknown

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

PLACE OF DEATH  
Tortosa Area  
Negros, P.I.

CAUSE OF DEATH  
KIA Plane crash

DATE OF DEATH  
3 Nov 44

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

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

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)  
Yes (2)

See Remarks

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
1 Dec 47	1100	Casket	None	810	L	3989

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.
		7946

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		<i>See 31/1/48 &amp; Walker N/A</i>

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes STORED	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2271-A				CRYPT 3991

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2267				CRYPT 3987

SIGNATURE OF PERSON PREPARING REPORT  
R R ACIERTO, Pvt

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
L S PANOPIO, 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

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**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		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



**REMARKS:** UNKNOWN X-2269 AGRS Mausoleum, Manila, P.I., formerly UNK X-440 USAF Cemetery Leyte #1, P.I. could be anyone of the unidentified persons named in previous Report of Reinterment, USAF Cemetery Leyte #1, P.I. Identification Check List and Dental Chart accomplished.

27 JAN 1948

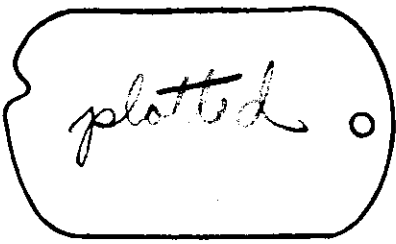
CORRECTED

RESTRICTED

Subject Count

mym 7323 7946

WD GRC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 6 November 1947
---	---	-----------------------------------

Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>	
	NAME (Last, first, middle initial) UNKNOWN X-440 (Formerly Unknown X-15) USAF Cemetery Tacolod #1, Occidental Negros, P.I.	
	GRADE	SERIAL No.
	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Negros, P.I.	CAUSE OF DEATH MIA Plane crash	DATE OF DEATH 6 November 1944
--------------------------------	-----------------------------------	----------------------------------

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) Possibly one of the following group: 1. MURPHY, James W. 2d Lt. 0 762 081 2. LAWRETT, William G. 2d Lt. 0 760 074 3. WIDU, James T. 2d Lt. 0 765 160 4. SIMMONS, Mitchell L. C/1st. 31 039 024
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2) Unknown Tags	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
NONE  
Per let ind. dtd 29 Oct '47 to ltr fr WD, O.A.G. Wash. 25, D.C., file G.M.U 296 Unknown X-444 (Leyte #1), P.I., dtd 29 August 1947, subj: Identification of Unknown deceased.

**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 2 Feb. 1946	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Shelter Halve	TYPE OF GRAVE MARKER Reg. Cross	PLOT No. ROW No. GRAVE No. 1 19 364	RECORDS BRANCH DEC 22 4 10 PM '47 MEMORIAL DIVISION
-------------------------------	--------------	--	------------------------------------	--	---

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Tacolod #1, Occidental Negros, P.I.
--	--

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY "This decedent has been disinterred and casketed for shipment to Concentration Point; therefore, corrected tags and corrected GRC Form 1042 could not be placed with body".
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) MIA, Austin P.	RANK	SERIAL No. 66 033 300	ORGANIZATION	GRAVE No. 7945
--	------	--------------------------	--------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) MAYHEW, Stanley I.	RANK Lieut.	SERIAL No. 32 767 627	ORGANIZATION 503rd Troop	GRAVE No. 7947
---	----------------	--------------------------	-----------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT Capt. Jack G. Slagle, GRC	SIGNATURE OF GRS OFFICER VERIFYING REPORT James H. Peterson, Major, GRC
---	--

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

File



**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. 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.

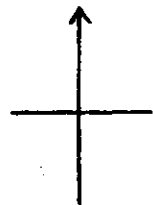
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

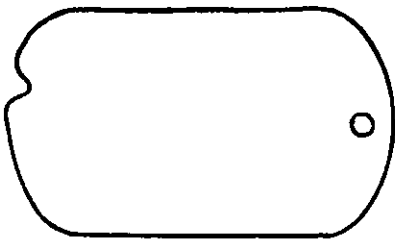
CONDITION OF BODY ENCLOSED ACCORDING TO TOOTH CHART.

CORRECTED

RESTRICTED

U-259 7946

WD OMC FORM 1042  
(Rev. 1 Apr. 1944)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)DATE OF REPORT  
CORRECTED  
3 July 1946

Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) (Formerly Unknown X-15, UNKNOWN X-440 USAF Cemetery Bacolod #1, Occidental Negros, P.I.)		SERIAL No.	
GRADE		ORGANIZATION USAAF		BRANCH OF SERVICE	
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Negros, P.I.		CAUSE OF DEATH KIA Plane Crash		DATE OF DEATH Est. Nov 1944	
EMERGENCY ADDRESSEE (Name, relationship, and address)					
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) NO None		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Possibly one of the following group: 1. 2nd Lt. William G. Leggett, 0760874 2. 2nd Lt. James W. Chance, 0762081 3. 2nd Lt. James T. Waldo, 0765160 4. T/Sgt Harold C. Aslin, 17119593			
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (Unknown tags)		LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME 5. S/Sgt Mitchell Zenesky, 31039324 None (Corr. Per. 2nd Ind. ltr, Hqs, AFWESPAC, OCG, dtd 22 May 46, file GSQMM 704.5, Subj: Casualty Information.)			
<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.				PLOTTED AS-1-440	
DATE OF BURIAL 2 Feb. 1946	HOUR 1100 hrs	BURIED IN (Shroud, blanket, or name of other) Shelter half	TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No. GRAVE No. 7946
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Bacolod #1, Occidental Negros, P.I.			PLOT No. 1	ROW No. 19 GRAVE No. 364
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Corrected report of reinternment buried in bottle 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) SHAFFER, AUSTIN T.			RANK	SERIAL No. 36 833 300	ORGANIZATION GRAVE No. 7945
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) KROPIEWNICHI, STANLEY P.			RANK Pfc.	SERIAL No. 32 767 647	ORGANIZATION GRAVE No. 503rd Prcht 7947
SIGNATURE OF PERSON PREPARING REPORT S/Sgt. Charles W. Hallock, GRS			SIGNATURE OF GRS OFFICER VERIFYING REPORT TORRE F. KNAPP, 1st Lt., OMC		
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Office. Copies for retention in theater as prescribed by theater commander.					

RESTRICTED

**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.

80 JUL 1948

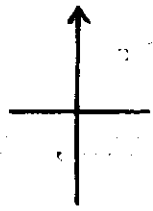
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

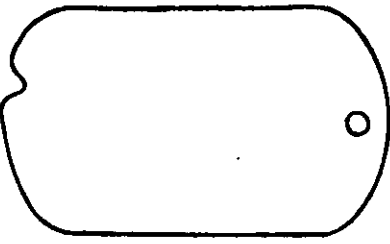
CONDITION OF BODY PRECLUDED EXECUTION OF A TOOTH CHART.

U-259  
**RESTRICTED**

U-259 hsw

7946

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <b>14 March 1946</b>
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Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>	
	NAME (Last, first, middle initial) <b>UNKNOWN X-440</b> (Formerly Unknown X-15, USAF Cemetery Bacolod #1, Occidental Negros P.I.)	SERIAL No.
	GRADE	ORGANIZATION <b>USAAF</b>
	RACE	RELIGION
		BRANCH OF SERVICE
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Negros, P.I.</b>	CAUSE OF DEATH <b>KIA Plane Crash</b>	DATE OF DEATH <b>Est. Nov 1944</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)

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

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 <b>2 Feb. 1946</b>	HOUR <b>1100 hrs</b>	BURIED IN (Shroud, blanket, or name of other) <b>Shelter half</b>	TYPE OF GRAVE MARKER <b>Reg. Cross</b>	PLOT No.	ROW No.	GRAVE No. <b>7946</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Bacolod #1, Occidental Negros, P.I.</b>	PLOT No. <b>1</b>	ROW No. <b>19</b>	GRAVE No. <b>364</b>
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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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>SHAFFER, AUSTIN T.</b>	RANK	SERIAL No. <b>36 833 300</b>	ORGANIZATION	GRAVE No. <b>7945</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>KROPIEWNICHI, STANLEY P.</b>	RANK <b>Pfc.</b>	SERIAL No. <b>32 767 647</b>	ORGANIZATION <b>503rd Pecht</b>	GRAVE No. <b>7947</b>
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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., OMC
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

**RESTRICTED**

**27 MAR 1946**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


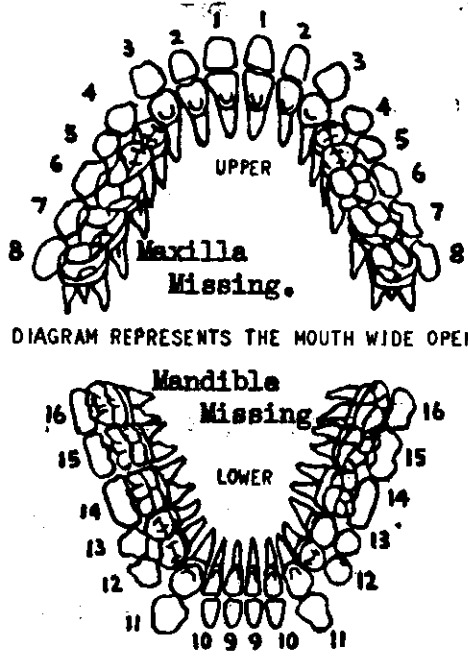




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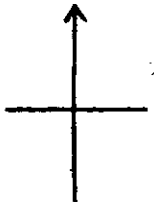
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

**CONDITION OF BODY PRECLUDED FINGERPRINTING AND TOOTH CHARTING.**

**R E S T R I C T E D**  
**REPORT OF INTERMENT**  
(TM 10-43) AND (AR 30-1015)

"AMERICAN SECTION" *Sh* 259

Graves Registration  
Form No. 1  
(Revised May 11, 1943)

**UNKNOWN X-15**

**U.S. Air Force**

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

**Tortosa Area, Negros, P.I.**

**Estimated:**

**November 1944 KIA - Plane Crash - Skeleton**

(Place of death) (Date of death) (Cause of death)

**1500 - 4 June 1945**

**USAF Cem. Bacolod No. 1, Occidental, Negros, P.I.**

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

**364**

**19**

**Reg. Cross**

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

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

**Duplicate of this Report of Interment enclosed in identification bottle buried with body. Zinc strip, with pertinent information thereon, attached to cross.**

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

**Undeterminable Religion**

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

Body buried on **RIGHT UNKNOWN X-16**

**U.S. Air Force**

**365**

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on **LEFT Joseph Donaban**

**U.S. Air Force**

**363**

(Name) (Serial number) (Rank) (Organization) (Grave number)

**Undeterminable**

(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**

(9) 68  
13

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: Undeterminable  
 Apparent nationality: Undeterminable  
 Weight: Undeterminable  
 Laundry marks: None  
 Color of eyes: Undeterminable  
 Number of rifle: No arms found  
 Color of hair: Undeterminable  
 Wear glasses? Undeterminable  
 Race: Undeterminable  
 Is tooth chart attached? No - see below remark

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

In space below, locate and describe any scars, birthmarks, moles,  
 deformities, etc.: Remains were in such state (broken skeleton)  
 as to make fingerprinting and the taking of a tooth chart (as well  
 as determination of date listed above) impossible.

Note below any identifying clues found, such as letters, photographs,  
 probable organization of deceased, etc.: No identification clues found  
 despite careful examination of area, except the fact that deceased was  
 found in the vicinity of Donaban, Joseph (interred Grave #363, Row #19)  
 and the shattered plane was probably a Liberator.  
 IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE  
 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer or other person reporting burial)  
 S/Sgt Arthur B. Dodd, 101st AM GR Reg Plat

WILLIAM W. BEARDSLEY, 1st Lt OMC

(Verified by Army GRS Office)

THUMB

LEFT HAND

3

2

THUMB

RIGHT HAND

3

2

1

1113