

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unit Byte #1 X-458

SUBJECT

Two Media Bags X-2338

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Buk-Leyte #1 (misc)  
X-456 X-457 X-458

## SYNOPSIS AND DATES

NEW CLASSIFICATION misc filed  
293 Buk-Leyte #1  
X-456

9/29/57  
SD

# RECLASSIFICATION SHEET

293 - Unk. P. I. (Misc.) (Maus. Manila) ( X-2253, X-2338, X-2346, X-2353, X-2839, X-4184  
thru X-4188)

QMGMT 293  
GCS, Far East

21 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 American Graves Registration Service Mausoleum, Manila, P. I.;

Unknown	X-2253	(formerly X-559 Leyte #1)	Unit 2	Page 13
"	X-2338	{ " X-458 " "	" 2	" 12
"	X-2346	{ " X-456 " "	" 2	" 12
"	X-2353	{ " X-457 " "	" 2	" 12
"	X-2839	{ " X-420 " "	" 2	" 12
"	X-4184		Unit 2	Page 20
"	X-4185		" 2	" 20
"	X-4186		" 2	" 20
"	X-4187		" 2	" 20
"	X-4188		" 2	" 20

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

FOR THE QUARTERMASTER GENERAL:

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

C O P Y:  
mfs

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

27 FEB 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-456 Leyte #1  
X-457

UNKNOWN X-458 Leyte #1  
X-559

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

FOR THE COMMANDING OFFICER:

4 Incls

QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

1

Interred 6 March 1950  
C 1 5<sup>4</sup> McKinley

*Carl R. H. Mark*

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00421

DATE  
15 09 48  
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION  
UNKNOWNX-000458 8 0 6

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS  
LEYTE NO 1 P I 8154 7701 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FT. MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
UNK X -458  
UNK X -2338 Maus No. 4 Oct 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN JOSEPH M OWEN  
 MARKER EMBALMER  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Shelter Half Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
Two identification tag Unk X -2338 Maus. No.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 4 Oct 48 BY JOSEPH M. OWEN

CASKET SEALED BY EMBALMER (Signature)  
JOSEPH M. OWEN s/ Joseph M. Owen

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE 4 Oct 48 BY WEYMAN L MCGUIRE  
Sgt, MC CORSINE C. KAYANAN, 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.

s/ Corsine C. Kayanan, 1st Lt, Inf  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*2613*

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM	TO		US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		<i>Quartermaster</i>
DATE			DATE		MAR 6 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			NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		
DATE			DATE		
6. SHIPPED					
FROM			TO		
KIND OF CONVEYANCE			NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		
DATE			DATE		
7. SHIPPED					
FROM			TO		
KIND OF CONVEYANCE			NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		
DATE			DATE		

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

23 Feb 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- 458, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 8154, USMC USAFGem. 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

  
H. B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Received \_\_\_\_\_ OQMG  
Not identifiable from  
information presently  
available

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-458, USAF Cem. Leyte #1</b>				2. DATE OF REPORT <b>23 Feb 1950</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>HANGAR 802</b>	<b>BAY A</b>	<b>CRYPT 222</b>	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>NONE</b>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>UTD</b>					
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>See skeletal chart</b>			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <b>NONE</b>					
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)  <b>NONE</b>					



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:

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Missing</i>															
<del>Side Views</del>															
<del>Top Views</del>															
<del>Side Views</del>															
<i>Missing</i>															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

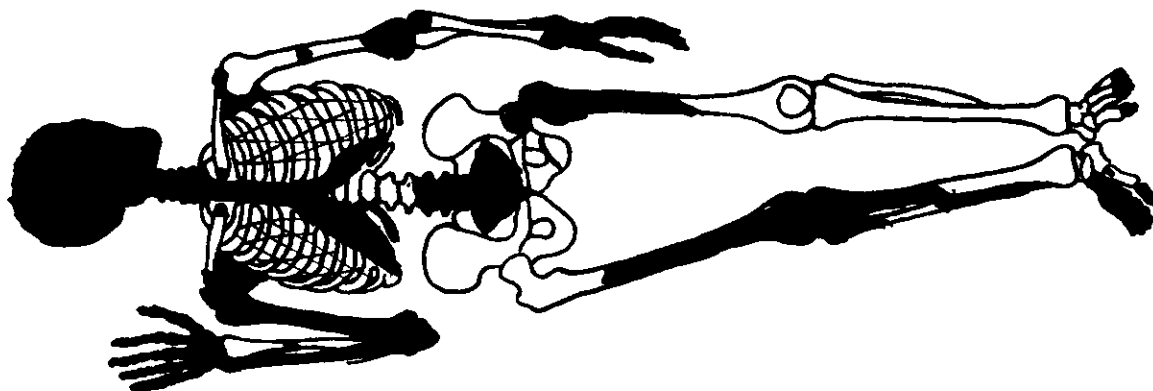
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

*dent 33*

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 I.D. tags, burial bottle, 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, Identification Section

SIGNATURE

## IDENTIFICATION CHECK LIST

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

(Formerly UNK X-458  
 (USAF Cem Leyte #1,  
 (P.I.)

Unknown X-2338

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 802 DANGER Row A SAY Grave 222 CHINA

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 1 Dec 47  
(Hour) (Date)
2. Place of death Fabrica, Negros, P.I.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by 583rd QM AGRS  
(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	/		
Sweater		N	
Jacket, HBT		O	
* Shirt, Wool OD		N	
Undershirt, Wool		E	
Undershirt, Cotton		/	
Trousers, HBT		/	
* Trousers, Wool OD		/	

Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool .....

Socks, cotton .....

\* Shoes ..... (type) <sup>N</sup>

Overshoes ..... <sup>N</sup>

Web Equipment ..... (type) <sup>E</sup>

(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 <sup>/</sup> <sup>/</sup> Height <sup>UTD</sup> Weight <sup>UTD</sup> 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 ..... <sup>U</sup> (Light, medium, dark, clear, pimples, pocks, freckles)

Build ..... <sup>T</sup> <sup>D</sup> (Large, fat, thin, muscular)

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

Hair ..... (Baldness, widow's peak, distinctive cutting or other characteristics)

Sideburns ..... <sup>M</sup> Mustache ..... Beard or ..... (Length, heavy)

(Color, setting, shape) ..... (Color, size, shape) .....

Goatee ..... (Light, color, extent)

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

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

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

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

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

Jaw ..... (Large, small, normal)      Circumference of head in inches ..... No skull (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 ..... (Unusual characteristics of fingernails)

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

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

Hernioplasty ..... (Yes-no; location)

Legs ..... (Muscular, 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? No If not, explain No skull  
(Yes-no)

9. Remarks No ROI bottle nor I. D. tags received with remains. No personal effects found nor any other means of identification. Estimated weight of remains four and one half (4½) 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/ Gerald M Holtz  
(Officer's Name)

CERTIFIED TRUE COPY:

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

Emb. Senior C-063008  
Rank Service  
CIP, Laboratory, Manila, P.I.  
(Organization)

1 Dec 47

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Present*  
*Rib fragments*  
2 - Cervical vertebrae  
3 - Thoracic "  
2 - Lumbar "

REPORT OF DISINTERMENT FOR IDENTIFICATION

5 November 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-458

Grade

Organization

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8154

2. Date of Disinterment

5 November 1947

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

Original burial made in local wooden casket. Substitute tag on remains and marker coincide with R. O. I. on file. Skeletal remains incomplete, maxillary and mandible are missing. Majority of major bones are missing.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field Morgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

/s/ Paul R. Nichols, Embalmer

/t/ PAUL R. NICHOLS, Embalmer

CERTIFIED TRUE COPY:

G. T. GAMBOA 2d Lt., MAC



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 X 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>Right 1 2 3 4 5 6 7 8 Left 1 2 3 4 5 6 7 8</p> <p>Upper Lower</p>	<p>Missing Teeth</p>
<p>Right 1 2 3 4 5 6 7 8 Left 1 2 3 4 5 6 7 8</p> <p>Upper Lower</p>	<p>Crowned Teeth</p>
<p>Right 1 2 3 4 5 6 7 8 Left 1 2 3 4 5 6 7 8</p> <p>Upper Lower</p>	<p>Bridgework</p>
<p>Right 1 2 3 4 5 6 7 8 Left 1 2 3 4 5 6 7 8</p> <p>Upper Lower</p>	<p>Fillings</p>
<p>Right 1 2 3 4 5 6 7 8 Left 1 2 3 4 5 6 7 8</p> <p>Upper Lower</p>	<p>Cavities (Cavities)</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

U-3809  
Y-456  
3809  
RESTRICTED

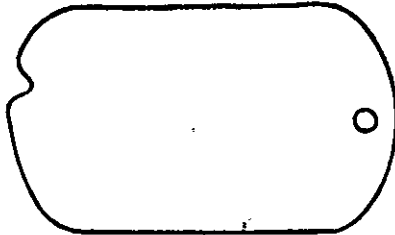
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

3 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

UNKNOWN X-2338 (Formerly UNK X-458  
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

Fabrica, Negros, P.I.

CAUSE OF DEATH

KIA- plane crash

DATE OF DEATH

Jan 1945

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

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

See remarks.

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRO MACABALUM SANILAF

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
2 Dec 47	1000	STORED Casket	None	HANGLN 802	BAY A	CR 222

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.
		8154

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

STORED

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

UNKNOWN X-2340

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRVP7  
224

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

UNKNOWN X-2336

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

220

SIGNATURE OF PERSON PREPARING REPORT

R. R. ACIERTO, Pvt.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L. S. PANOPLO, 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 Office. Copies for retention in theater as prescribed by theater commander.

INC 1356

MAR 26 1948

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.

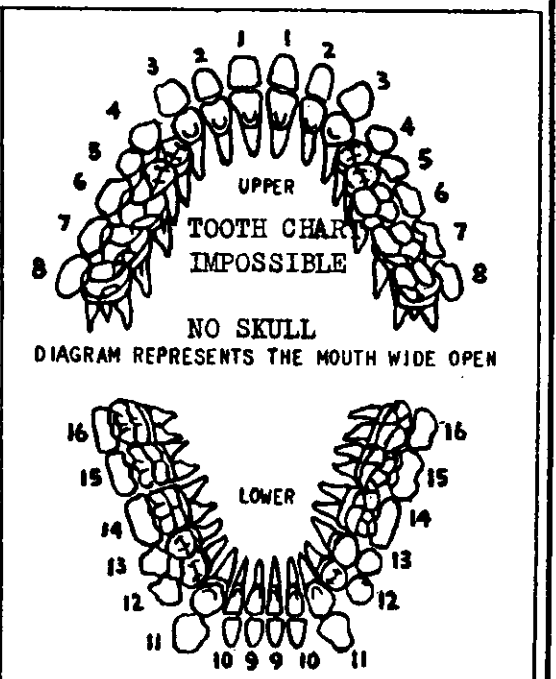
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

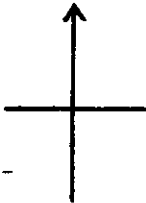
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING
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: UNKNOWN Nos. X-2346, X-2353 and X-2338, AGRS Mausoleum, Manila, P.I. formerly UNKNOWN Nos. X-456, X-457 and X-458, respectively, USAF Cemetery Leyte #1, P.I. were recovered from a common grave.  
Identification Check List accomplished.

**20 FEB 1946**

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

RESTRICTED *new*

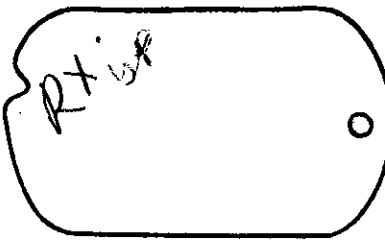
1st U

8154 U 3809

WD GMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

12 Feb 46

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial)		SERIAL No.		
		UNKNOWN X-458		-		
		GRADE	ORGANIZATION	BRANCH OF SERVICE		
-		-		-		
RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
-		-		-		
PLACE OF DEATH		CAUSE OF DEATH		DATE OF DEATH		
Fabrica, Negros, P.I.		KIA-Plane crash		Jan 1945		
EMERGENCY ADDRESSEE (Name, relationship, and address)						
-						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY. DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)				
None		Remains of 3 men buried in Common grave by Japanese. No information regarding plane crash available. No possible means of identification found. Remains were segregated into 3 human remains and buried as Unknowns X-456, X-457, and X-458.				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)						
2						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
<i>Jan 19</i> 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
5 Feb 46	1600	shelter halve	Reg Cross			8154
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	Overlay fr Negros, P.I., #17, Coast & Geodetic Survey Manila, P.I., 1935, Geo. Corrd: $N10^{\circ}53'45''$ - $E123^{\circ}21'45''$					
	PLOT No.	ROW No.	GRAVE No.			
			Isolated burial			
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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
Yes	Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
UNKNOWN X-457	-	-	-	8153		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
UNKNOWN X-459	-	-	-	8155		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
<i>Charles W. Hallock</i> Sgt Charles W. Hallock, GRS			<i>William D. Rogers</i> 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.


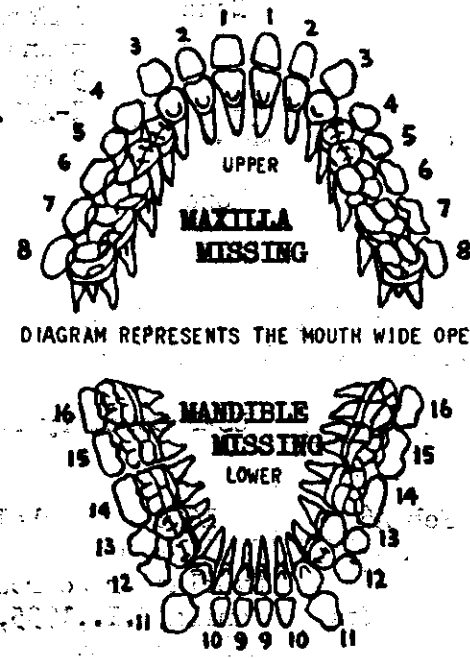




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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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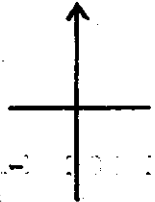
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND <b>Isolated burial Fabrica, Negros, P.I.</b>
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**OTHER IDENTIFICATION CLUES**

**Remains were recovered by searching parties on Negros, P.I. and shipped to this cemetery for re-interment.**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</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 DENTAL CHARTING  
SKULL MISSING.**

87 APR 1946

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

