

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 rank Leyte #1 X-472 / also
mausmele K-2348

SUBJECT

Formerly 293 rank Samar #1 X-6

GNC FORM 1121
1 Aug 45

DDMG FORM 1947
16 JUN 50

ADJUSTMENT OF RECORDS
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

X-6

CEMETERY

SAMAR

PLOT

ROW

GRAVE

APPROVED IDENTIFICATION

REDESIGNATION

CANCELLATION

NEW X-NUMBER

CONSOLIDATION

REMARKS

Valid X. no is X-472 by to #1

AIRMAIL

QMOMS 293 1st Ind
Unk. X-2348 P.I.
(Mausoleum, Manila)
SUBJECT: Request for Information

Dept. of the Army, OCMG, Washington 25, D. C., 12 January 1949

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster,
San Francisco, California, Att: AGRS PHILCOM Zone

1. In compliance with request made in basic communication, a thorough and complete search of records this office fails to associate the initials "HRC" with any individual.

2. It is requested that the ring mentioned in paragraph #1 of basic communication be forwarded to this office for investigation by the Federal Bureau of Investigation.

3. If subject ring is not in your possession, request information regarding its whereabouts.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Col. OMC
Memorial Division

AIRMAIL

X-293 Unk. P.I. (Mausoleum Manila) X-6 (San Francisco)

QMGAT 293
GDS Far East

26 April 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 Findings of Unidentifiability for the following Unknown Deceased:

Unknown X-395 AGRS Maus. Manila, Unit 4, Page 1
" X-397, " " " " 4, " 1
" X-398, " " " " 4, " 1
" X-2348, AGRS Maus. Manila, form X-472, USAF Com. Leyte #1
Unit 4, Page 8.

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

JEM

JW

E.A.Kazup:lro
Salsor

cc--Administrative Section
cc--Cinofe

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GHFZ 293

AFPO 900
15 Mar 1950

SUBJECT: Unidentifiables 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 248, 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 I-368	AGRS Main	UNKNOWN I-1628	AGRS Main
" I-869	" "	" I-2348	" "
" I-1498	" "	" I-2447	" "
" I-1502	" "	" I-4207	" "

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

FOR THE COMMANDING GENERAL:
OFFICER:

8 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

122 3-31-50

1 Navy Chief, 19 Apr
Liaison Id Branch 1950
Section Id Sec
Report of
Naval Div
ATTN:
Lt Windsor

SUBJECTS: Unknowns X-395, X-397, X-398 and X-2348,
AGRS Mausoleum, Manila, P. I.

1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your branch.

2. Efforts by this section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties, have met with negative results based upon evidence presently contained in files.

3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.

MOYER
73880

2 Chief Navy 26 Apr
Ident Br Liaison 1950
Ident Sec Section
Report of
Naval Div

1. Reference is made to paragraph 3, comment 1, above.

2. Findings of Unidentifiability have been approved by this Office.

administrative reports.

3. Files are returned herewith for completion of

4 Incls

1.	Cert. of Unid. for	X-395
2.	" " " "	X-397
3.	" " " "	X-398
4.	" " " "	X-472

oak

WFF
2462

COX
74059

DEPARTMENT OF THE ARMY

Att

9 March 1949

QMGOB 293, Unkn X-2348, (AGRS, Mausoleum, Manila) PI

3821

OCMG FIELD SERVICE DEP OPR

EFFECTS QMGOB

2nd and T. Sts., S. W., Washington 25, D. C.

1633 - B. Bldg.

The Commandant
Personal Effects Distribution Center
Naval Supply Depot
Clearfield, Utah

Handwritten scribbles

XXX

1. Reference is made to personal effects for Unknown X-6, USAF Cemetery, Samar #1, P. I., currently designated as Unknown X-2348, AGRS, Mausoleum, Manila, P. I. Burial Report for Unknown X-6 contains the following information: "wedding band with initials ERL-HRC, 5-25-40 found with remains".

2. It is requested that a search be made at your Center to ascertain if the wedding band in question can be located.

FOR THE QUARTERMASTER GENERAL:

R

C. ROMAIN
Lt. Colonel, OMC
Field Service Division

Handwritten signature

Handwritten scribbles

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Chief, Mem Div.	Field Service Div. Exec Off	7 March 1949	<p>1. Reference is made to personal effects for UNK X-6 USAF Cemetery Samar #1, P.I. (currently designated as Unk X-2348 AGRS Mausoleum Manila, P.I.). Burial Report for X-6 contains the following information: "wedding band with initials ERL-HRC, 5-25-40 found with remains".</p> <p>2. It is requested the US Naval Personal Effects Depot, Clearfield, Utah, be contacted to ascertain if personal effects referred to in paragraph one above are being held by that depot and this office notified.</p> <p style="text-align: right;">CAMPBELL</p> <p style="text-align: right;"><i>M. Marsden</i> MARSDEN 73880</p>



RECEIVED
MAR 7 1949
U.S. SERVICE DIV.
D.C. 20540

281

1

Interred 13 March 1950 14 FEB 52 }
11 105 Ft. McKinley R-16-109 }
Caremark
DISINTERMENT DIRECTIVE
CARL R. H. MARK IAA 1042 DTD 25 Feb 52

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER
7740 00432
DATE
15 05 48
DAY MONTH YEAR

NAME
SERIAL NUMBER
RANK
ARM
DATE OF DEATH
UNKNOWNX-000472
8

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

PLOT
ROW
GRAVE
COUNTRY
CAUSE OF DEATH
8196 PHILIPPINE ISLANDS
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS
(BY ADMINISTRATIVE ORDER)
NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
SERIAL NUMBER
RANK
DATE OF DEATH
DATE DISTINTERRED
UNK X-472
UNK X-2348 (Mains)
UNK X-6 Gr#27
27 Sept. '48
IDENTIFICATION TAG ON
3 REMAINS
1 MARKER
ORGANIZATION
UNKNOWN
RELIGION
IDENTIFICATION VERIFIED BY
PERRY E. WHITE
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half
CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
To Day 23 Feb 49

MINOR DISCREPANCIES 1
2 Identification tags read Mausoleum UNK X-2348
1 Marker tag reads UNKNOWN X-6 Gr#27
Seman

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
SHIPPING ADDRESS VERIFIED BY
DATE 27 Sept '48 BY HORACE L. ALLISON, ~~INF~~ INF
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.

John

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS Mausoleum	TO	Fort McKinley Military Cemetery
KIND OF CONVEYANCE		Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER <i>Boyd P. Frank</i>	
DATE			DATE MAR 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	
8. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	

BASIC: Ltr fr Hqs., Philippines Command, USA, APO 707, file GSGR 293,
dtd 27 Nov. 1948, subject: Request for Information.

GSGR 293

2nd Ind

HEADQUARTERS, PHILIPPINES COMMAND, APO 707

27 JAN 1949

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

1. Report of Reinterment from USAF Cemetery, Leyte #1, P. I.,
indicates no personal effects were found with remains.

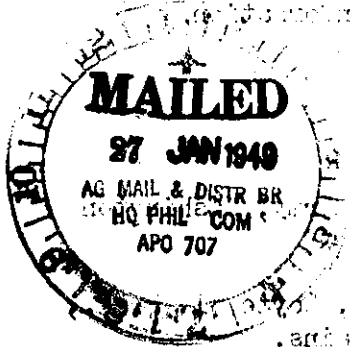
2. It is recommended that the Department of the Navy be queried
on the disposition of subject ring.

FOR THE COMMANDING GENERAL:

Frank D. Calahan, Jr.
FRANK D. CALAHAN, JR.
C W O USA
Asst Adj Gen

913 1046 X 2348 P. I.
(M can be made)

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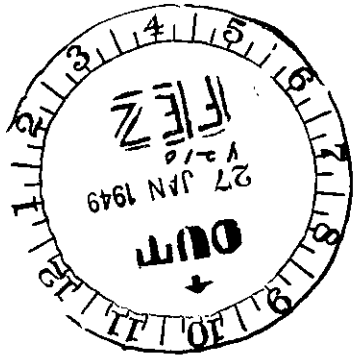


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Faint text lines in the middle section of the document.

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Faint text lines at the bottom of the main body of the document.



HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293

44 69
APO 707

27 NOV 1948

SUBJECT: Request for Information

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

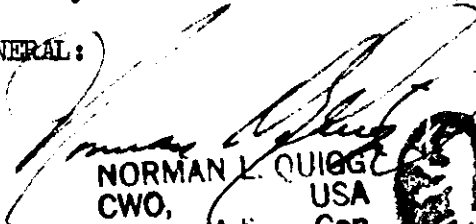
1. Report of Burial for Unknown X-6, USAF Cemetery Samar #1, P. I.,
(currently designated as Unknown X-2348, AGRS Mausoleum, Manila, P. I.)
gives the following information:

Wedding band with initials ERL-HRC, 5-25-40, found with
remains.

Tattoo on left forearm, Flying Eagle with star between
wings. A banner streaming from eagle with letters USA.

2. It is requested that the above information be associated with a
casualty, and information be furnished this office together with OQMG Form
371, and any additional data that may aid in identification proceedings.

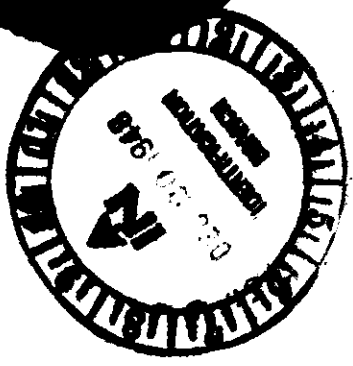
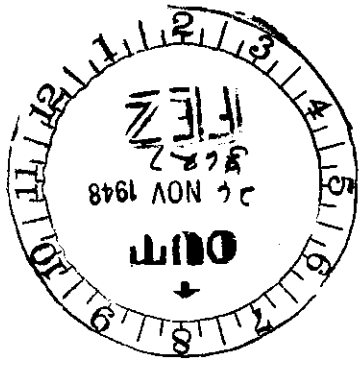
COMMANDING GENERAL:


NORMAN L. QUIGG
CWO, USA
Asst Adj Gen



293 Unknown X-6 - P.S. (Summary)

RECEIVED
NOV 20 1948



AIRMAIL

QMGMS 293 1st Ind
Unk. X-2348 P.I.
(Mausoleum, Manila)
SUBJECT: Request for Information

Dept. of the Army, OQMG, Washington 25, D. C., 12 January 1949


TO: Commanding General, Philippine Command, APO 707, c/a Postmaster,
San Francisco, California, Att: AGRS PHILCOM Zone

1. In compliance with request made in basic communication, a thorough and complete search of records this office fails to associate the initials "HRC" with any individual.

2. It is requested that the ring mentioned in paragraph #1 of basic communication be forwarded to this office for investigation by the Federal Bureau of Investigation.

3. If subject ring is not in your possession, request information regarding its whereabouts.

FOR THE QUARTERMASTER GENERAL:


T. H. METZ
Lt. Col. QMC
Memorial Division

AIRMAIL

X-472

July 2

Layton #1 MB.



REPORT OF BURIAL

NAVMED-801 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION **UNKNOWN** DATE REPORT **14 October 1945**
 ATTACHED AT TIME OF DEATH _____ FILLED OUT _____

COPY OF IDENTIFICATION TAG UNKNOWN	NAME (Last) (First) (Middle) UNKNOWN X-6		
	FILE OR SERVICE NO. UNKNOWN	RANK OR RATE UNKNOWN	BRANCH OF SERVICE UNKNOWN
	CORPS OR RESERVE CLASSIFICATION UNKNOWN		RACE WHITE

CAUSE OF DEATH UNKNOWN	PLACE OF DEATH UNKNOWN
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) UNKNOWN	ADDRESS OF NEXT OF KIN (If known) UNKNOWN
--------------------------------------------------	-----------------------------------------------------

DATE OF DEATH UNKNOWN	DATE OF BURIAL 14 October 1945
---------------------------------	------------------------------------------

NAME OF CEMETERY U.S.A.F. Cemetery, Samar #1, P.I.	LOCATION OF CEMETERY Samar, Philippine Islands
--------------------------------------------------------------	----------------------------------------------------------

GRAVE MARKER TYPE Wedge, (Unknown)	PLOT No. One	ROW No. One	GRAVE No. Twenty-seven
----------------------------------------------	------------------------	-----------------------	----------------------------------

BURIED AT SEA (Date) ---	AREA ---
------------------------------------	--------------------

TYPE OF RELIGIOUS CEREMONY General	RELIGION OF DECEASED UNKNOWN
----------------------------------------------	----------------------------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) ---
COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Wedding band with initials ERL-HRC, 5-25-40

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER Unknown Tag <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Fern "N" in identification bottle, buried with body

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side			
BODY ON LEFT. NAME (Last, first, middle) BRADLEY, George William Jr.	RANK OR RATE SC3c	FILE OR SERVICE NO. 671 52 27	FILE SECTION NAVY SECTION J. MOYER I-SEP 1945
BODY ON RIGHT. NAME (Last, first, middle) COLLAR, Robert Jesse	RANK OR RATE Flc (EM)	FILE OR SERVICE NO. 881 78 70	
PERSON REPORTING BURIAL (Name) H. LIEBER	(Rank or rate) Condr. (MC) USNR	PERSON CONDUCTING BURIAL RITES General Burial	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL		VERIFIED AND FORWARDED Walter A. Kamierski	GPHM O1c US
		(Name)	(Rank) (Title)

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT 5' 11"	ESTIMATED WEIGHT 190	COLOR OF EYES ---	COLOR OF HAIR ---
BIRTHMARKS, SCARS, OR TATTOOS Flying eagle on left forearm with red star between wings. A banner streaming from eagles beak with letters U.S.A.			
LAUNDRY MARKS -----		WEAPON AND SERIAL NO. ---	

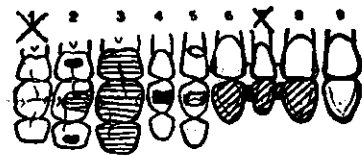
(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1930-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. **1-3-15-17**

Occlusion (Type of) **Class 1**

Malposed teeth (Describe) **None**

Removable appliances **None**

Other defects _____

Remarks _____

CHEEK SIDE

TONGUE SIDE

CHEEK SIDE

COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

A. M. Rose (Signature of dental examiner) **LT(jg) DC-USNR** (Rank/Rate)

This unidentified body, showing evidence of prolonged submersion, and in very poor condition, was brought from another Navy activity. The flesh was missing from the face, most of both arms and legs, and portions of the body. No means of identification other than tattoo and dental chart were available.

Postmortem examination was not possible because of the advanced decomposition of the body.

IMPOSSIBLE TO OBTAIN FINGER PRINTS.

L. THUMB, L. INDEX, L. MIDDLE, L. RING, L. LITTLE, R. THUMB, R. INDEX, R. MIDDLE, R. RING, R. LITTLE

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on linked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

AFPO 900

27 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- 472, Plot _____,
Row _____, Grave 8196, 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


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

Received OQMG
Not identifiable from
information presently
available - 24 April 1950
Ed Rayner

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2348 (Formerly X-472 Leyte #1)	2. DATE OF REPORT 26 Feb 1950
-------------------------------------------------------------------	----------------------------------

3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 802	5. ROW A	6. GRAVE 233	7. DATE OF	
			DISINTERMENT		REINTERMENT

PHYSICAL DESCRIPTION AGE: 30-35 years

8. ESTIMATED WEIGHT 136-159 lbs.	9. ESTIMATED HEIGHT 5' 5-3/4"	10. COLOR OF HAIR U T D	11. RACE White
-------------------------------------	----------------------------------	----------------------------	-------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

14. WAS BODY BURNED? <input 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

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

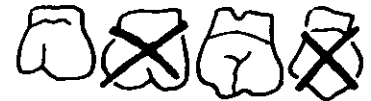
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'O' 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



See remarks

		RIGHT								LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		a of	X	X			⊕	⊕	⊕	⊕	⊕		⊕		X		a odf
Side View																	
Top View	UPPER																
	LOWER																
Side View																	
		a g	a o	X	a mo	⊕			⊕					a odf	a mod	a o	a of
		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."

Davis crown on R1.

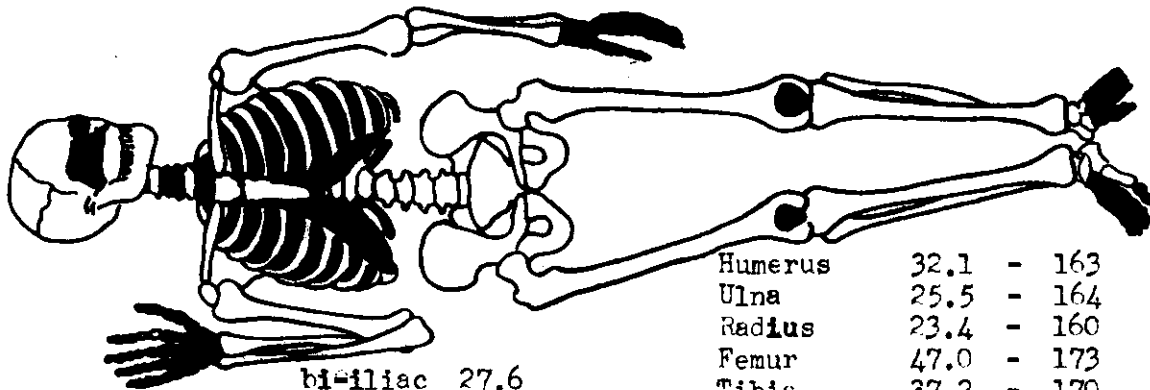
Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height 5' 5-3/4"

Humerus	32.1	-	163
Ulna	25.5	-	164
Radius	23.4	-	160
Femur	47.0	-	173
Tibia	37.2	-	170
Fibula	36.9	-	170

6 / 1000

20-

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

166-2/3

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 - 21-3/4 inches

Estimated weight of remains - 11 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, Identification Section

SIGNATURE

Efforts to associate the initials ERL and HRC, found on the wedding ring, with Navy and Marine Corps casualties met with negative results.

A. Burns
Navy Liaison Sec.

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH UNKNOWN DATE REPORT FILLED OUT 14 October 1945

COPY OF IDENTIFICATION TAG Unknown	NAME (Last) (First) (Middle)		
	UNKNOWN X-6		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
CORPS OR RESERVE CLASSIFICATION		RACE	
		white	

CAUSE OF DEATH _____ PLACE OF DEATH _____

Unknown
NAME OF NEXT OF KIN (If known) _____ ADDRESS OF NEXT OF KIN (If known) _____

Unknown
DATE OF DEATH _____ DATE OF BURIAL _____

unknown
NAME OF CEMETERY _____ LOCATION OF CEMETERY _____

U.S.A.F. Cemetery,
Samar #1 P.I.
Samar, Philippine Islands

GRAVE MARKER TYPE Wedge Unknown Marker	PLOT NO. One	ROW NO. One	GRAVE NO. Twenty-seven
-------------------------------------------	-----------------	----------------	---------------------------

BURIED AT SEA (Date) _____ AREA _____

TYPE OF RELIGIOUS CEREMONY
Unknown RELIGION OF DECEASED
Unknown

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Wedding Band with initials ERL-HRC, 5-25-40

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER Unknown tag <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Form "N" in identification bottle buried with body

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle) BRADLEY, George William Jr.	RANK OR RATE SCSc	FILE OR SERVICE NO. 672 52 21	GRAVE NO. Twenty-six
BODY ON RIGHT. NAME (Last, first, middle) COLLAR, Robert Jesse	RANK OR RATE Flc	FILE OR SERVICE NO. 881 78 77	GRAVE NO. Twenty-eight

PERSON REPORTING BURIAL (Name) (Rank or rate) _____ PERSON CONDUCTING BURIAL RITES _____
Walter A. Kazmierski CPHM USNR General Burial

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL _____ VERIFIED AND FORWARDED _____
Charles H. Wagers Lt. OinC (Title)
Charles H. Wagers Lt. OinC (Name)

3 file
23-46
Crsharp
mem

Incl 718

U.S.A.F. Cemetery, Samar #1, P.I.

INSTRUCTIONS FOR BU...

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
5' 11"	190 lbs	-----	-----
BIRTHMARKS, SCARS, OR TATTOOS			
Flying Eagle on left forearm with red star between wings. A banner streaming from eagles beack			
LAUNDRY MARKS		WEAPON AND SERIAL NO.	
With letters U.S.A.		-	

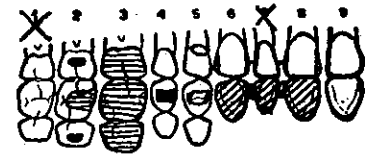
(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1930-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

RIGHT

LEFT

CHEEK SIDE

TONGUE SIDE

COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) (Rank or rate)

This unidentified body, showing evidence of prolonged submersion and in very poor condition, was brought from another Navy activity. The flesh was missing from the face, most of the arms and legs, and portions of the body. No means of identification other than tattoo and dental were available.

Post Mortem was not possible because of the advanced decomposition of the body.

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L THUMB
L INDEX
L MIDDLE
L RING
L LITTLE
R THUMB
R INDEX
R MIDDLE
R RING
R LITTLE

12 DEC 1945

REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH UNKNOWN DATE REPORT FILLED OUT 14 October 1945

COPY OF IDENTIFICATION TAG UNKNOWN	NAME (Last) (First) (Middle) UNKNOWN X-6		
	FILE OR SERVICE NO. UNKNOWN	RANK OR RATE UNKNOWN	BRANCH OF SERVICE UNKNOWN
	CORPS OR RESERVE CLASSIFICATION UNKNOWN		RACE WHITE

CAUSE OF DEATH UNKNOWN	PLACE OF DEATH UNKNOWN
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) UNKNOWN	ADDRESS OF NEXT OF KIN (If known) UNKNOWN
--------------------------------------------------	-----------------------------------------------------

DATE OF DEATH UNKNOWN	DATE OF BURIAL 14 October 1945
---------------------------------	------------------------------------------

NAME OF CEMETERY U.S.A.F. Cemetery, Samar #1, P.I.	LOCATION OF CEMETERY Samar, Philippine Islands
--------------------------------------------------------------	----------------------------------------------------------

GRAVE MARKER TYPE Wedge, (Unknown)	PLOT No. One	ROW No. One	GRAVE No. Twenty-seven
----------------------------------------------	------------------------	-----------------------	----------------------------------

BURIED AT SEA (Date) - - - -	AREA - - - -
---------------------------------	-----------------

TYPE OF RELIGIOUS CEREMONY General	RELIGION OF DECEASED UNKNOWN
----------------------------------------------	----------------------------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) - - - -
COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Wedding band with initials ERL-ERC, 5-25-40

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER Unknown Tag <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Form "N" in identification Bottle, buried with body

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle) BRADLEY, George William Jr.	RANK OR RATE SC3c	FILE OR SERVICE NO. 671 52 21	GRAVE No. Twenty-six
BODY ON RIGHT. NAME (Last, first, middle) COLLAR, Robert Jesse	RANK OR RATE Flc (EM)	FILE OR SERVICE NO. 881 78 77	GRAVE No. Twenty-eight
PERSON REPORTING BURIAL (Name) (Rank or rate) H. Lieber Comdr. (MC) USNR	PERSON CONDUCTING BURIAL RITES General Burial		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED Walter A. Kazmieraki CPhM OinC GRS		
	(Name)	(Rank)	(Title)

REPORT OF BURIAL

NAVJED-901 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION **UNKNOWN** DATE REPORT FILLED OUT **14 October 1945**
 ATTACHED AT TIME OF DEATH

COPY OF IDENTIFICATION TAG UNKNOWN	NAME (Last) UNKNOWN I-6 (First) (Middle)		
	FILE OR SERVICE NO. UNKNOWN	RANK OR RATE UNKNOWN	BRANCH OF SERVICE UNKNOWN
	CORPS OR RESERVE CLASSIFICATION UNKNOWN		RACE WHITE

CAUSE OF DEATH UNKNOWN	PLACE OF DEATH UNKNOWN
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) UNKNOWN	ADDRESS OF NEXT OF KIN (If known) UNKNOWN
--------------------------------------------------	-----------------------------------------------------

DATE OF DEATH UNKNOWN	DATE OF BURIAL 14 October 1945
---------------------------------	------------------------------------------

NAME OF CEMETERY U.S.A.F. Cemetery, Samar #1, P.I.	LOCATION OF CEMETERY Samar, Philippine Islands
--------------------------------------------------------------	----------------------------------------------------------

GRAVE MARKER TYPE Wedge, (Unknown)	PLOT No. One	ROW No. One	GRAVE No. Twenty-seven
----------------------------------------------	------------------------	-----------------------	----------------------------------

BURIED AT SEA (Date)	AREA
--------------------------------------	----------------------

TYPE OF RELIGIOUS CEREMONY General	RELIGION OF DECEASED UNKNOWN
----------------------------------------------	----------------------------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Wedding band with initials KRL-HRC, 5-25-40

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER Unknown Tag <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Pern "E" in identification bottle, buried with body

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side			
BODY ON LEFT. NAME (Last, first, middle) BRADLEY, George William Jr.	RANK OR RATE SG3	FILE OR SERVICE NO. 671 52 21	GRAVE NO. Twenty-six
BODY ON RIGHT. NAME (Last, first, middle) COLLAR, Robert James	RANK OR RATE Fla (EM)	FILE OR SERVICE NO. 881 78 77	GRAVE NO. Twenty-eight
PERSON REPORTING BURIAL (Name) M. LIEBER Contr. (MC) USNR	(Rank or rate)	PERSON CONDUCTING BURIAL RITES General Burial	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL		VERIFIED AND FORWARDED Walter A. Kamierski CPhM OinC GRS	
		(Name) (Rank) (Title)	

X-2348

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2348 (Formerly UNK X-472
USAF Cem Leyte #1, P.I.)

1 Dec 47
DATE

Unknown
RANK

Unknown
SERIAL NO.

LAST NAME FIRST INITIAL

Unknown
UNIT

AGRS Mausoleum
Manila, P.I.

Unknown
ORGANIZATION

802 A 233

Unknown

PLACE OF DEATH

PLACE OF BURIAL
STORAGE
















PLOT ROW GRAVE NO.
NUMBER BAY CRYPT

RIGHT				UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	X	X	O		P	P		P	P	P	P	O	X		A
of			dm									m			of

INSIDE — LOOKING OUT

RIGHT				LOWER TEETH				LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
A	A	O	X	A	P			P				A	A	A	A
of	o	d		am								of	mo	d	of

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)

2d Lt... MAC

G. T. GAMBOA

G. T. Gamboa

CERTIFIED TRUE COPY

PLACE OR NO. WHERE THIS FORM ACCOMPLISHED

GIP Laboratory, Manila, P.I.

DATE

1 Dec 47

NAME AND RANK TYPED OR PRINTED

/D/ JAMES W. McCLANAHAN SP-6

NAME AND RANK TYPED OR PRINTED

/D/ JOHN H. BENNETT JR

SIGNATURE OF PERSON WHO PREPARED CHART

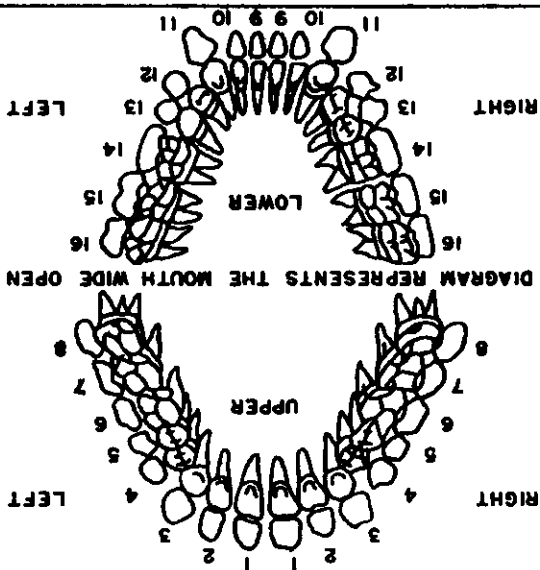
/S/ James W. McClanahan

VERIFIED BY GNS OFFICER

/S/ John H. Bennett Jr.

REMARKS:

Mandible fractured, lingual side, from R 12 to R 15.



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 3/4), 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:

Belt, web /

Drawers, wool /

Drawers, cotton /

Leggings, wool N

Socks, cotton ON

* Shoes E (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. Chart attached

Age / Est. Height 5'7-5/8" Weight UTD 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 T D (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, widow's peak, distinctive cutting or other characteristics) /

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

Goatee (Light, color, extent)

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

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

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

Teeth **See tooth chart**
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of **skull** **Est. 21"**
head in inches (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 U
T (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... D
(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 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 (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 No ROI bottle found, No I.D. tags or other personal effects found with remains. Estimated weight of remains 5 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/ James F. Brown
(Officer's Name)

SP-6 C-063011
Rank Service

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

CERTIFIED TRUE COPY

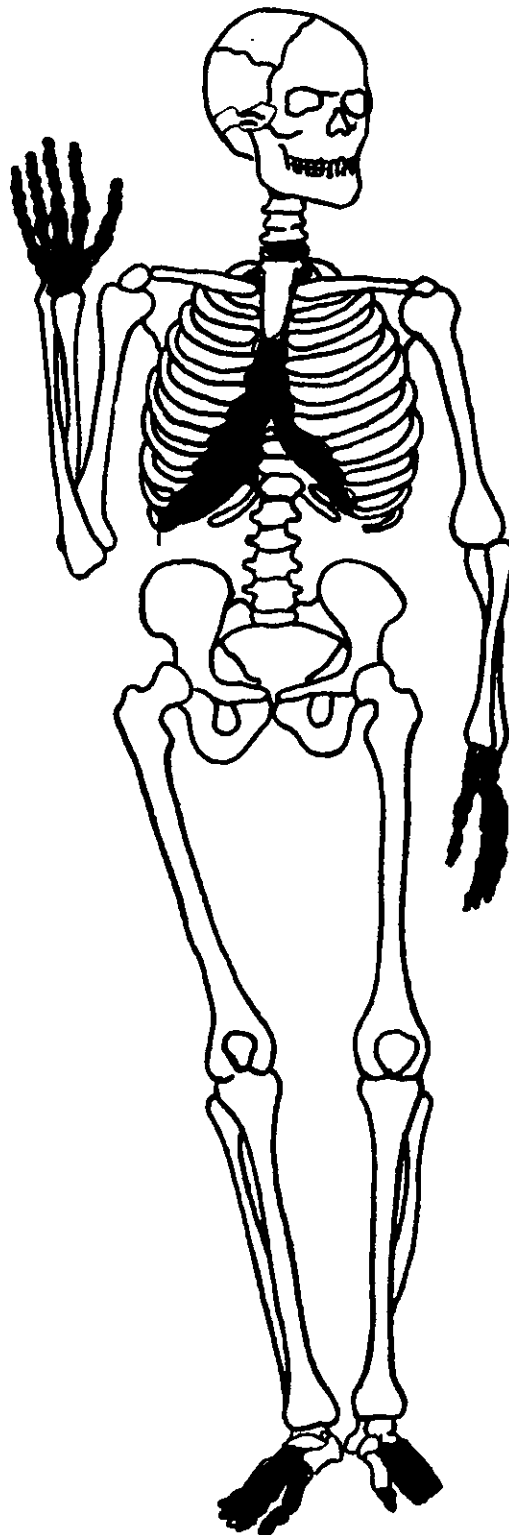
G. T. Gamboa
G. T. GAMBOA
2d Lt., MAC

1 Dec 47

SKELETAL CHART

X-2348

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 3-Cervical Vertebrae
- 10-Pairs of Ribs
- 5-Thoracic Vertebrae
- 5-lumbar "

REPORT OF DISINTERMENT FOR IDENTIFICATION

3 Nov 47

1. Remains of (Name)

Serial Number

UNKNOWN X-472 (Formerly X-6 Samar #1, P.I.)

Grade

Organization

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Levta. #1, P.I.

8196

2. Date of Disinterment

3 Nov 1947

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

Original made in local wooden casket burial. Substitute tags on remains and on marker coincide with R.O.I. on file. Skeletal remains.

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
/t/ PAUL R. NICHOLS, Embalmer

CERTIFIED TRUE COPY

G. T. GAMBOA
G. T. GAMBOA

2d Lt., MSC

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (grinding teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridged teeth, fillings, bridges, cavities (cavities of decay), dentures (plates), and any deformity of jaws found.

<p>Diagram represents the mouth wide open</p>	<p>Missing Teeth</p>
	<p>Crowned Teeth</p>
	<p>Bridgework</p>
	<p>Fillings</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



RESTRICTED

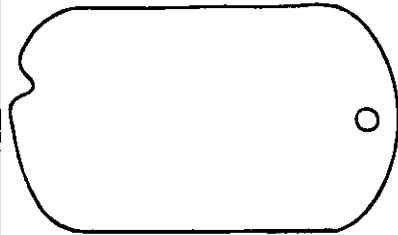
W5 QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

25 Feb 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-472 Leyte #1

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

Unknown

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

293 unk Leyte #1 X-472
Unknown

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

2 (Substitute)

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

No

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

UNITED STATES MILITARY CEMETERY, FT W. MCKINLEY, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Feb 52	--	Casket	Cross	F	16	109

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	US MILITARY CEMETERY, FT W. MCKINLEY, P.I.	N	11	105

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		FILE Name <u>Th...</u> Action <u>NAT</u> <u>18 FEB 52</u>
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.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT <i>Edward L. Berg</i> EDWARD L. BERG, Cpl, RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 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.

RESTRICTED

copy to ABMC 16-43907-1

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Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


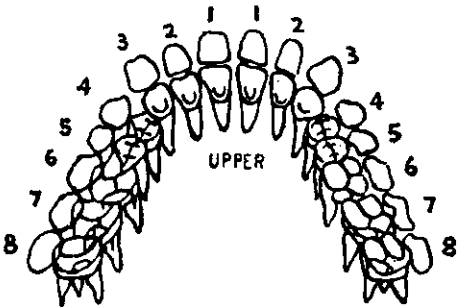



(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

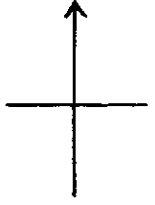
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Grave 109, Row 16, Plot F, was formerly occupied by Pfc Lee PICHE, 890757, disinterred and shipped to ZI.

MAY 6 1948

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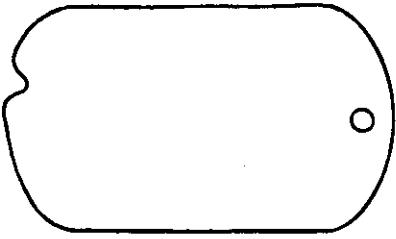
U 585

WD QMC FORM 1242
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

15 Dec 47

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-2348 (Formerly UNK X-472 USAF Cem Leyte #1, P.I.)		SERIAL NO. Unknown		
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
		RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
		PLACE OF DEATH Unknown		CAUSE OF DEATH Unknown		DATE OF DEATH Unknown
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.						
DATE OF BURIAL STORAGE 2 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. BAY A	GRAVE No. CRYPT 233
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. 8196
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-2350		RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 235	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2346		RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 231	
SIGNATURE OF PERSON PREPARING REPORT R. K. ACERIO, 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

16-43007-1

cc 824

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


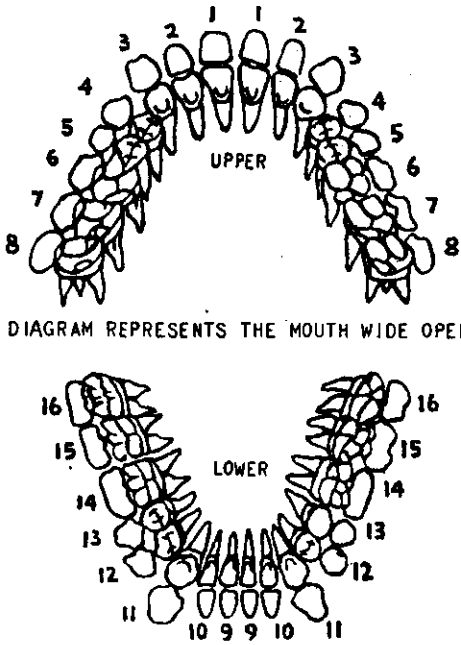




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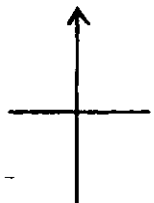
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.

FEB 1948

RESTRICTED

fvs-8196

U-585

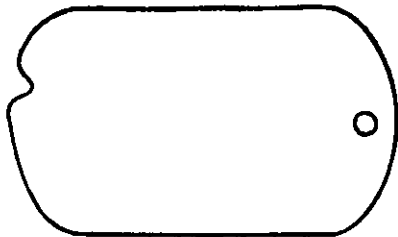
WD OMC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 Mar 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN I-472 (Formerly I-6)
Samar # 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

----- UNKNOWN

CAUSE OF DEATH

----- UNKNOWN

DATE OF DEATH

UNKNOWN ----

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

NONE

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

UNIDENTIFIED..

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

YES

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 # I, P.I.

DATE OF BURIAL

HOUR

1100

BURIED IN (Shroud, blanket, or name of other)

Shelter half

TYPE OF GRAVE
MARKER

Reg Cross

PLOT No.

ROW No.

GRAVE No.

8196

WAS THIS A REBURIAL?
(Yes or no)

YES

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF CEMETERY SAMAR # I, P.I.

PLOT No.

ROW No.

GRAVE No.

1

27

TYPE OF RELIGIOUS
CEREMONY

NONE

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)

CONDON, JAMES R.

RANK

1st Lt.

SERIAL No.

0-778 056

ORGANIZATION

42 Bab Grp

GRAVE No.

8195

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

COLLAR, ROBERT JESSE

RANK

Flc

SERIAL No.

881 78 77

ORGANIZATION

Fleet Hosp.
#114 H.3149

GRAVE No.

8197

SIGNATURE OF PERSON PREPARING REPORT

Charles W. Hallock

S. SGT. CHARLES W. HALLOCK, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Cecil G. Carter

CECIL G. CARTER, 1st Lt. OMC.

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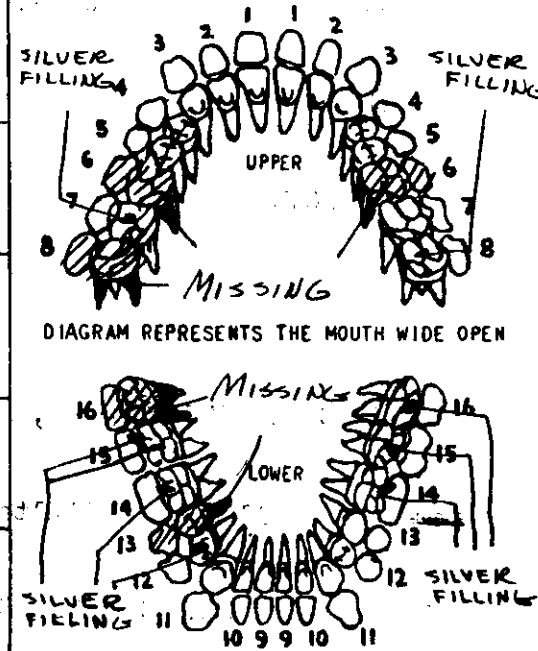




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MAY 1948

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
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FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS: