

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 rnk Legt #1 X-474

SUBJECT

also 293 rnk maus manila X-2842-

QMC FORM 1121
1 AUG 45

QMGMT 293
GRS Far East

20 October 1949

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 the following Unknown remains now stored in AGRS Mausoleum, Manila, P.I.

Unknown X-2345 (formerly X-474, Leyte #1)
" X-3041
" X-3039
" X-3612
" X-4226
" X-4441
" X-4863
" X-4867
" X-4948

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

FOR THE QUARTERMASTER GENERAL:

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

M. Donovan:jdk
Salser
JW
cc: Admin. Sec.
cc: Cincfe

REB

TEC

OSGR 298.9

SUBJECT: Unidentifiable Remains

AGO 707
30 SEP 1949

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 OMCNU 298, 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-365	AGRS	Mslm	UNKNOWN	X-3979	AGRS	Mslm
"	X-430	"	"	"	X-3041	"	"
"	X-451	"	"	"	X-3612	"	"
"	X-613	"	"	"	X-4226	"	"
"	X-712	"	"	"	X-4441	"	"
"	X-721	"	"	"	X-4899	"	"
"	X-726	"	"	"	X-4885	"	"
"	X-797	"	"	"	X-4867	"	"
"	X-8345	"	"	"	X-4848	"	"

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

FOR THE COMMANDING GENERAL:

18 Incls
OMC Forms 1044 w/Certificates
of Unidentifiability

C. H. LIEURANCE
2nd Lt., AGD
Asst. Adj. Gen

X 474
Jeyko

SPQYB 895
Unknown X-8 - P.I.

14 March 1946

SUBJECT: Fingerprints of Unknown Deceased

**TO : The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover**

**THRU : Status Review & Determination, Casualty Branch,
4602 Munitions Building, Washington, D. C.**

1. The enclosed Burial Report is forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. If found to be identical, it is requested that the name, rank, serial number, emergency addressee and religious preference, of the deceased, be forwarded, together with return of the form.

FOR THE QUARTERMASTER GENERAL:

1 Encl
Burial Report

ARTHUR S. ROSENBERG
End Lt., QMC
Assistant

474 Sayre #1

AGPC-S 704 (14 Mar 46)

1st Ind

DPR/SFw/1ag/4602

WD, AGO, Washington 25, D.C., 11 April 1946

TO: The Quartermaster General, Washington 25, D.C., Attention: Chief,
Identification Section, Repatriation Records Branch, Room 2426,
Temporary Building E.

Fingerprints appearing on Report of Burial for #8, USAF
Cemetery, Samar #1, P.I., grave 43, row 2, plot 1, could not be identified
and the report is being returned herewith.

FOR THE ADJUTANT GENERAL:

M. D. CARTWRIGHT
Lt. Col., AGO
Officer in Charge
Status Review and
Determination Section

1 Incl. n/c

4

HEADQUARTERS, ARMY SERVICE FORCES

MEMORANDUM ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

1	NAME OR TITLE ORGANIZATION BUILDING AND ROOM	INITIALS
		DATE
	Identification Section Memorial Division	
2		
3		

1. Inclosed report of burial for Unknown X-8, U.S.A.F. Cemetery, Samar #1, P.I., Plot 1, Row 2, Grave 43, if forwarded for positive established identification, Fingerprints have been checked by the Navy Department without establishing identification.

J. K. Waite
J. K. WAITE
Lt. (HC)USN

1 Incl.
burial report

1474
Leyton

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
	irh	Repatriation Branch,	Memorial Division (Navy Section)	27 Feb 46
				TELEPHONE 73880

HEADQUARTERS, ARMY SERVICE FORCES
MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

INITIALS	NAME OR TITLE	1
DATE	BUILDING AND ROOM	2
		3

DATE	BUILDING AND ROOM	TELEPHONE
<p align="right">FROM: NAME ORGANIZATION</p>		

Interred 7 March 1950
N 11 98 McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00434

DATE
15 09 48
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
/add UNKNOWNX-000474 0 0 6

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
LEYTE NO 1 P I 8215 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 - 474
UNK X - 2345 Maus No. 6 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.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 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
6 Oct 48 WEYMAN L MCGUIRE
DATE BY Sgt, MC CELESTINO E ABELLAR, 1st Lt, FA

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

s/ Celestino E Abellar, 1st Lt, FA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
57

Handwritten signature and circled number 2622

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

US MILITARY CEMETERY

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

MAR 7 1950

W. R. ...

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

X-474

Leyte #1

HEADQUARTERS, ARMY SERVICE FORCES
MEMO ROUTING SLIP

To the following in order indicated:

GPO 16-54300-3

1	Miss Hill, Bureau of Medicine & Surgery,	(Initials)
	(Name or title) (Organization) (Building and room)	(Date)
2	Navy Department.	
3		

It is requested that the fingerprints on the inclosed Report of Interment for Unknown X-8, USAF Cemetery, Samar #1, P. I., be checked with Bureau of Personnel.

Please return both copies to Lt. Waite.

WAITE

From

Lt. J. K. Waite, Room 1245, Tempo "C" Bldg.

(Name)

(Organization)

(Building and room)

12/4/45
(Date)

(Telephone)

73880

From

(Name) (Organization) (Building and room)

(Telephone)

(Date)

8

2

1

(Name or title) (Organization) (Building and room)

(Date)

(Initials)

To the following in order indicated:

MEMO ROUTING SLIP

HEADQUARTERS, ARMY SERVICE FORCES

W. D., A. G. O.
FORM NO. 6115
28 March 1944

16-54300-3 GPO

REPORT OF BURIAL

NAVMED-601 (3-48)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all islands 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 **30 October 1945**
 ATTACHED AT TIME OF DEATH

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

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 30 October 1945
---------------------------------	--

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

GRAVE MARKER TYPE Wedge Marker	PLOT NO. One	ROW NO. Two	GRAVE NO. Forty-three
--	------------------------	-----------------------	---------------------------------

BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY Full Honor (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.) Dental chart and fingerprints of left hand may lead to Identity.
COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Identification Bottle with Form 601 (Report of Burial) enclosed.

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) McNABB, Wallace Shields	RANK OR RATE Cpl2c	FILE OR SERVICE NO. 608 56 29	FILE NAVY SECTION G. J. POWERS 7 SEP 1950
BODY ON RIGHT, NAME (Last, first, middle) COLEMAN, John Coleman	RANK OR RATE Cpl	FILE OR SERVICE NO. 308 75	
PERSON REPORTING BURIAL (Name) Walter A. Kamieraki	(Rank or rate) CPlM USNR	PERSON CONDUCTING BURIAL RITES General Burial	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL		VERIFIED AND FORWARDED Charles H. Wagers Charles H. Wagers Lieut. Cpl6 U.S.A.F. (Name) (Rank) (Title)	

Cemetery, Samar #1, P.I.

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 Unknown	ESTIMATED WEIGHT Unknown	COLOR OF EYES Brown	COLOR OF HAIR Black
BIRTHMARKS, SCARS, OR TATTOOS Due to advanced stage of decomposition, marks and scars were not obtained.			
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, 1938-43 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 - 16 - 32** : X 4 5 6 ^{CHEEK SIDE} 7 8 9 10 11 12 13 14 15 X

Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

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

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

H. M. Krappa **Lieut. D.C.(S) USNR**
(Signature of dental examiner) (Rank or rate)

Partly destroyed body, possibly Filipino, was delivered to this activity by Harbor Patrol. It was lodged between drydock sections of A.S.S.D. #1. Identification as Navy Personnel has not been established. Rt. forearm and hand are missing. Dental chart and fingerprints of left hand were obtained. Cause of death is not apparent and autopsy was not practical because of the advanced state of 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

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

1	NAME OR TITLE ORGANIZATION BUILDING AND ROOM	INITIALS
		DATE
	Identification Section Memorial Division	
2		
3		

1. Inclosed report of burial for Unknown X-8, U.S.A.F. Cemetery, Samar #1, P. I., Plot 1, Row 2, Grave 43, if forwarded for positive established identification. Fingerprints have been checked by the Navy Department without established *identification*

J. K. WAITE
Lt. (HC)USN

1 Incl.
burial report

(C/W)

FROM:	NAME	ORGANIZATION	BUILDING AND ROOM	DATE
	irh	Repatriation Branch, (Navy Section)	Memorial Division	27 Feb 46
				TELEPHONE 73880

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

1	NAME OR TITLE	ORGANIZATION	BUILDING AND ROOM	INITIALS	DATE
2					
3					

FROM:		NAME	ORGANIZATION	BUILDING AND ROOM	DATE
TELEPHONE					

W. D. A. G. O. FORM 10-21046-2 GPO
 1 October 1944

This form supersedes W. D. A. G. O. Form 011, 1 March 1944, which may be used until existing stocks are exhausted.

REPORT OF BURIAL
NAVMED-001 (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 30 October 1945

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 Filipino

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 30 October 1945
---------------------------------	--

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

GRAVE MARKER TYPE Wedge Marker	PLOT NO. One	ROW NO. Two	GRAVE NO. Forty-three
--	------------------------	-----------------------	---------------------------------

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

TYPE OF RELIGIOUS CEREMONY Full Honor (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.) Dental chart and fingerprints of left hand may lead to Identity.
COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Identification Bottle with Form 601 (Report of Burial) enclosed.

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) McNABB, Wallace Shields	RANK OR RATE CN2a	FILE OR SERVICE NO. 608 56 29	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle) GALEMAN, John Coleman	RANK OR RATE SGT	FILE OR SERVICE NO. 528 28	GRAVE NO.
PERSON REPORTING BURIAL (Name) Walter A. Kasmierski CPHN USNR	(Rank or rate)	PERSON CONDUCTING BURIAL RITES General Burial	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED Charles H. Wagers	(Name) Charles H. Wagers	(Title) Lieut. Cinc U.S.A.F.

NAVY SECTION
C. J. MOYER
SEP 1945

Cemetery, Samar I., Pil.

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 Unknown	ESTIMATED WEIGHT Unknown	COLOR OF EYES Brown	COLOR OF HAIR Black
------------------------------------	------------------------------------	-------------------------------	-------------------------------

BIRTHMARKS, SCARS, OR TATTOOS **Due to advanced stage of decomposition, marks and scars were not obtained.**

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, 1938-43 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 - 16 - 17**

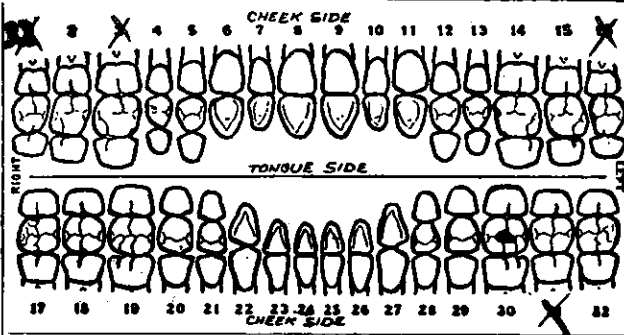
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



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

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

L. A. X. [Signature] **Lieut DC (S) USNR**
(Signature of dental examiner) (Rank or rate)

Partly destroyed body, possibly Filipino, was delivered to this activity by Harbor Patrol. It was lodged between drydock sections of A.S.S.D. #1. Identification as Navy Personnel has not been established. Rt. forearm and hand are missing. Dental chart and fingerprints of left hand were obtained. Cause of death is not apparent and autopsy was not practical because of the advanced state of 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 spaces. Do not overink.

L THUMB

L INDEX

L MIDDLE

L RING

L LITTLE

R THUMB

R INDEX

R MIDDLE

R RING

R LITTLE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

12 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 474, Plot _____,
Row _____, Grave 8215, USMC USMC Cem. Leyte #1 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

H. B. McNEEMAR
H. B. McNEEMAR
Captain, MC
Chief, Records Branch

Atch: Form 1044

Received 12 Oct 49 OQMG
Unidentifiable from
information presently
available M. Donovan 14 Oct 49.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2345 (Formerly UNK X-474 Leyte #1)				2. DATE OF REPORT 14 Sept 49	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	802	A	230	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'3"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
------------------------------	-----------------------------	----------------------------	---------------------

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? <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"

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X		X	P		P	P	P	P		P					X
								P					X		
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."

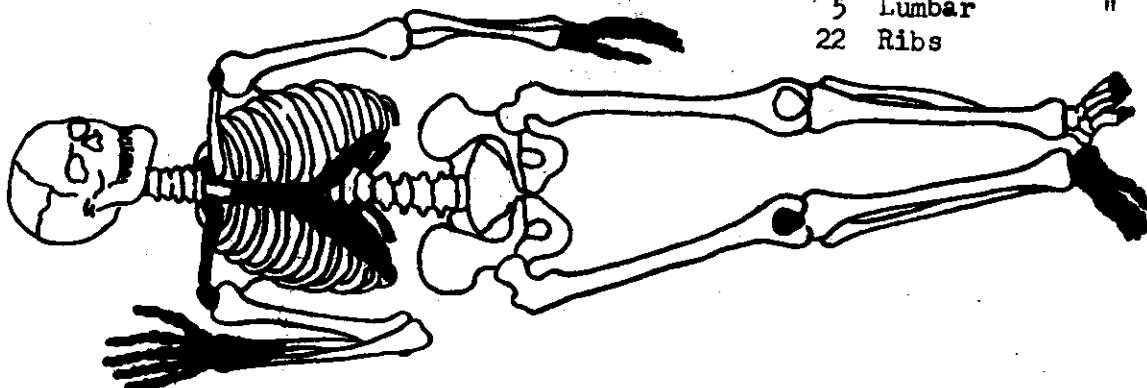
"UNIDENTIFIABLE"

"BY REASON OF LACK OF PATIENT IDENTIFYING DATA"

J. J. McDermott
 J. J. McDERMOTT
 Lab Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

- 7 Cervical Vertebrae
- 12 Thoracic "
- 5 Lumbar "
- 22 Ribs



Estimated height: 5'3"

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 ROI, identification tags or personal effects found with remains.
 Estimated weight of remains - 7 lbs.
 Circumference of skull - 20 inches.

"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

SIGNATURE

J J McDERMOTT, Lab Officer, CIP

Incl 94

X-2345

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-2345 (Formerly UNK X-474)
USAF Cem Leyte #1, P.I.)

1 Dec 47

LAST NAME	FIRST	INITIAL	RANK	DATE		
Unknown			Unknown	Unknown		
UNIT			ORGANIZATION			
Unknown			Unknown			
PLACE OF DEATH	PLACE OF BURIAL		PLOT	ROW	GRAVE NO.	
Unknown	AGRS Mausoleum Manila, P.I.		802	A	230	
STORAGE:			CASSET	BOX	CRTP.	

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

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE	RIGHT																TYPE
LOCATION	LOWER TEETH																LOCATION
			o			P			P					X	A		

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		OCCUSAL (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)

G. T. GAMBOA
2d Lt., MAC

G. T. Gamboa

CERTIFIED TRUE COPY

PLACE OR NO. WHERE THIS FORM ACCOMPLISHED

OIP Laboratory, Manila, P.I.

DATE

1 Dec 47

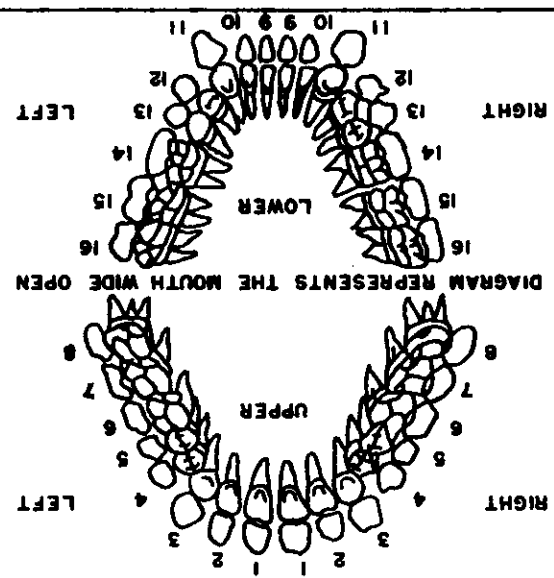
/D/ WILLIAM A. JOHNSON Asst Sp-6
NAME AND RANK TYPED OR PRINTED

/D/ JOHN H. BENNETT JR
NAME AND RANK TYPED OR PRINTED

/s/ William A. Johnson
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Bennett Jr.
VERIFIED BY GNS OFFICER

REMARKS:



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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g. PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

INSTRUCTIONS:

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-474 USAF
 Unknown X2345 (Cem Leyte #1, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 802 ^{SANGER BAY CAMP} Row A Grave 230

AGRS Mausoleum
 Manila, P.I.

1. Arrived at cemetery 1 Dec 47
(Hour) (Date)
2. Place of death Unknown
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by Leyte #1
(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	N		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web /

Drawers, wool /

Drawers, cotton /

Leggings, wool /

Socks, cotton /

* Shoes / N O N (type)

Overshoes / E

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: ^{Est.} Skeleton only. Chart attached

Age / Height 5'3" Weight / 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 / 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, widows peak, distinctive cutting or other characteristics)

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

Goatee (Light, color, extent)
 U
 Eyes Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)
 T
 D
 Nose (Size, shape, straight) Ears (Size, set close to or far from head)
 Mouth (Large, medium, small) Lips (Small, large, full)
 Teeth **See chart attached** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)
 Chin (Prominent, receding, pointed, dimples, double)
 Jaw (Large, small, normal) Circumference of **skull** **20"** (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)
 (Unusual characteristics of fingernails)
 U
 Chest T (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 (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
(NAVMED Form #601(3-45)) Finger prints has been ^(Yes-no) placed on Report of
If not, explain Burial and on Certificate of Death (Form NMS, N(1940))

8. Has tooth chart been prepared? Yes If not, explain _____
(Yes-no)

9. Remarks No personal effects, no ROI bottle nor I.D. tags found with remains.
Estimated weight of remains 7 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/ William A. Johnson
(Officer's Name)

SP-6 D-234835
Rank Service

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

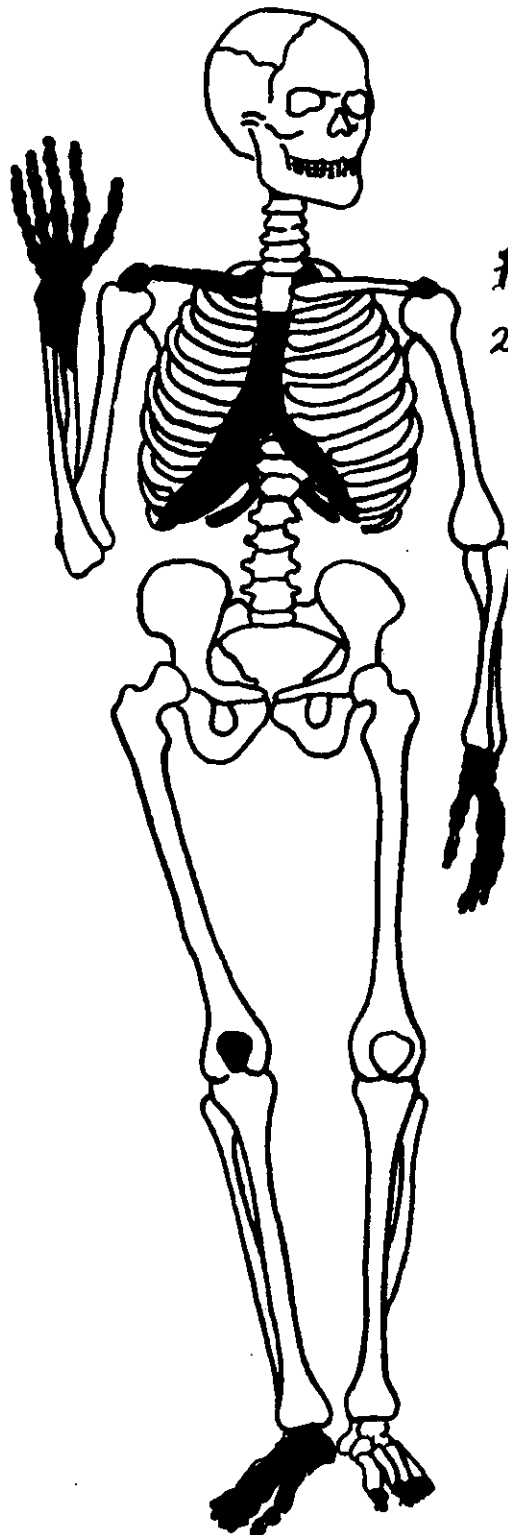
CERTIFIED TRUE COPY

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

SKELETAL CHART

X-2345-

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



7-Cervical Vert. present
22-Ribs "
12-Thoracic "
5-Lumbar "

REPORT OF DISINTERMENT FOR IDENTIFICATION

3 November 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-474 (Formerly Unknown X-8, USAF Cemetery

Samar #1, P.I.)

Grade

Organization

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8215

2. Date of Disinterment

3 November 1947

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

Original made in casket "C" type burial. Substitute tags on remains and on marker coincide with R.O.I. on file. Skeletal remains complete.

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.

CERTIFIED TRUE COPY

/s/ Paul R. Nichols

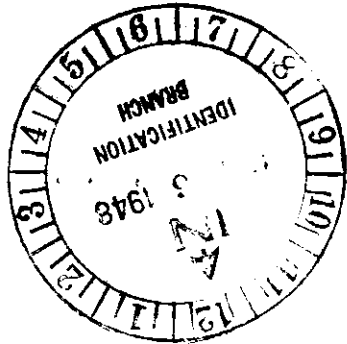
/t/ PAUL R. NICHOLS, Embalmer

G. T. GAMBOA

2d Lt., MSC

5-34880-4H

1769-PHILIPPA-COM-8-47-1234



Remarks

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".

	<p>Missing Teeth</p>
	<p>Crowned Teeth</p>
	<p>Bridgework</p>
	<p>Fillings</p>
	<p>Cavities (Cavities)</p>

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

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

RESTRICTED

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 30 October 1945

COPY OF IDENTIFICATION TAG Unknown	NAME (Last) — (First) (Middle)		
	UNKNOWN X-8		
	FILE OR SERVICE NO. Unknown	RANK OR RATE Unknown	BRANCH OF SERVICE Unknown
	CORPS OR RESERVE CLASSIFICATION Unknown		RACE Filipino

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 30 October 1945
---------------------------------	--

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

GRAVE MARKER TYPE Wedge Marker	PLOT NO. One	ROW NO. Two	GRAVE NO. Forty-three
--	------------------------	-----------------------	---------------------------------

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

TYPE OF RELIGIOUS CEREMONY Full Honor (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.) Dental chart and fingerprints of left hand may lead to Identity.
COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Identification Bottle with Form 601 (Report of Burial) enclosed.

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) McNABB, Wallace Shields	RANK OR RATE GM2c	FILE OR SERVICE NO. 608 56 29	GRAVE NO. Forty-two
BODY ON RIGHT, NAME (Last, first, middle) CARLISLE, John Coleman	RANK OR RATE S2c	FILE OR SERVICE NO. 582 26	GRAVE NO. 34

PERSON REPORTING BURIAL (Name) (Rank or rate) Walter A. Kazmierski CPhM USHR	PERSON CONDUCTING BURIAL RITES General Burial
--	---

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED Charles H. Wagers Charles H. Wagers Liept. OinC U.S.A.F. (Name) (Rank) (Title)
---	--

Burial #1 Cemetery, Samar #1, P.I.

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	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
Unknown	Unknown	Brown	Black
BIRTHMARKS, SCARS, OR TATTOOS Due to advanced stage of decomposition, marks and scars were not obtained.			
LAUNDRY MARKS		WEAPON AND SERIAL No.	
-		-	

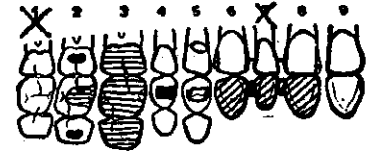
(If actual weight and height are used, delete estimated)

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, 1938-43 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 - 16 - 32	
Occlusion (Type of)	
Malposed teeth (Describe)	
Removable appliances	
Other defects	
Remarks Partly destroyed body, possibly Filipino, was delivered to this activity by Harbor Patrol. It was lodged between drydock sections A.B.S.D. #1. Identification as Navy Personnel has not been established. Rt. forearm and hand are missing. Dental chart and fingerprints of left hand were obtained. Cause of death is not apparent and autopsy was not practical because of the advanced state of decomposition of the body.	COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE G. M. Kuyper, Lieutenant DC (S), U.S.N.R. (Signature of dental examiner) (Rank or rate)

When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through last on inked surface.

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

WERE MISSING

FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
CASE NO. **WC #862**

MAR 19 1946
NAVY
RECEIVED

RECEIVED
NAVY
MAR 19 1946

Unable to identify Navy OS 2/19/46.

REPORT OF BURIAL

NAVMED-801 (3-45)

RESTRICTED

EW-587

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 30 October 1945

COPY OF IDENTIFICATION TAG <u>Unknown</u>	NAME (Last) (First) (Middle) <u>UNKNOWN X-8</u>		
	FILE OR SERVICE NO. <u>Unknown</u>	RANK OR RATE <u>Unknown</u>	BRANCH OF SERVICE <u>Unknown</u>
	CORPS OR RESERVE CLASSIFICATION <u>Unknown</u>		RACE <u>Pilipino</u>

CAUSE OF DEATH <u>Unknown</u>	PLACE OF DEATH <u>Unknown</u>
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known) <u>Unknown</u>	ADDRESS OF NEXT OF KIN (If known) <u>Unknown</u>
--	---

DATE OF DEATH <u>Unknown</u>	DATE OF BURIAL <u>30 October 1945</u>
---------------------------------	--

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

GRAVE MARKER TYPE <u>Wedge Marker</u>	PLOT NO. <u>One</u>	ROW NO. <u>Two</u>	GRAVE NO. <u>Forty-three</u>
--	------------------------	-----------------------	---------------------------------

BURIED AT SEA (Date) <u>-</u>	AREA <u>-</u>
----------------------------------	------------------

TYPE OF RELIGIOUS CEREMONY <u>Full Honor (General)</u>	RELIGION OF DECEASED <u>Unknown</u>
---	--

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.) Dental chart and fingerprints of left hand may lead to Identity. Above information has been omitted from this copy.
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" 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
None

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

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Identification Bottle with Form 601 (Report of Burial) enclosed.

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) <u>McNABB, Wallace Shields</u>	RANK OR RATE <u>GM2c</u>	FILE OR SERVICE NO. <u>608 56 29</u>	GRAVE NO. <u>Forty-two</u>
--	-----------------------------	---	-------------------------------

BODY ON RIGHT, NAME (Last, first, middle) <u>Walters, ...</u>	RANK OR RATE <u>-</u>	FILE OR SERVICE NO. <u>-</u>	GRAVE NO. <u>-</u>
--	--------------------------	---------------------------------	-----------------------

PERSON REPORTING BURIAL (Name) (Rank or rate) <u>Walter A. Kaznierski CPhM USNR</u>	PERSON CONDUCTING BURIAL RITES <u>General Burial</u>
--	---

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <u>Charles H. Wagers</u> Charles H. Wagers Lieut. CinC U.S.A.F. (Name) (Rank) (Title)
---	---

Incl 720

Cemetery, Samar #1, P.I.

file 3-23-46

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
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

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, 1938-43 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. 1-3-16-31 X • X 4 5 6 7

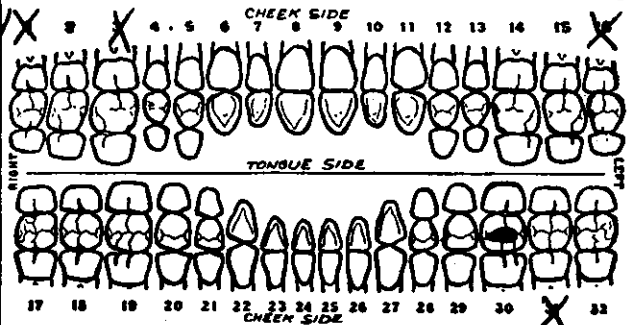
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

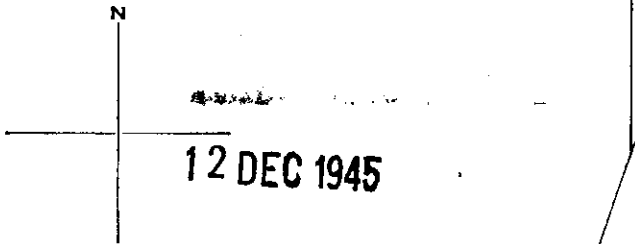
Remarks _____



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

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) (Rank or rate)



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

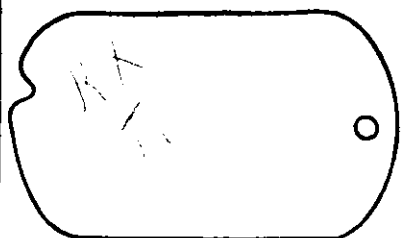
L. THUMB L. INDEX L. MIDDLE L. RING L. LITTLE R. THUMB R. INDEX R. MIDDLE R. RING R. LITTLE

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

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

DATE OF REPORT
21 March 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-474 (Formerly Unknown X-8, USAF Cemetery Samar #1, P.I.)		SERIAL No.
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Filipino	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 (Unknown tags)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Incl 398 **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 11 Feb. 1946	HOUR 1500 hrs	BURIED IN (Shroud, blanket, or name of other) Shelter half	TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No.	GRAVE No. 8215
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Samar #1, P.I.	PLOT No. 1	ROW No. 2	GRAVE No. 43
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TYPE OF RELIGIOUS CEREMONY None	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) MILLS, CARL EDWIN	RANK S2c	SERIAL NO. 929 02 13	ORGANIZATION USNR	GRAVE NO. 8214
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-475	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 8216
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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
--	---

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead; signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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






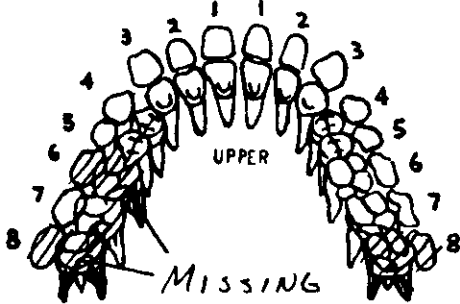
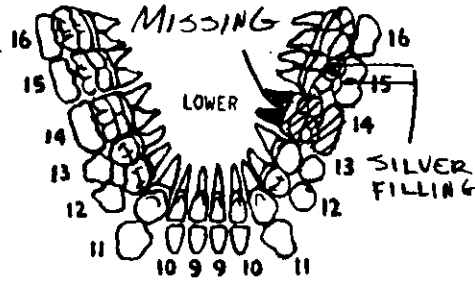
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

6 MAY 1946

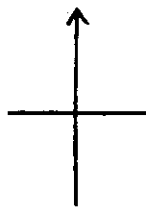
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

MAY 6 1948

RESTRICTED

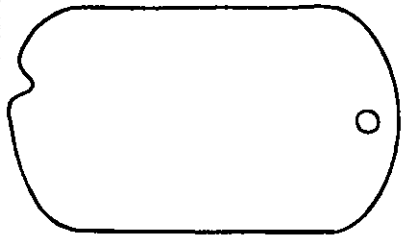
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WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

15 Dec 47

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-2345 (Formerly UNK X-474 USAF Cem Leyte #1, P.I.)			SERIAL No. Unknown	
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
		RACE Filipino	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 GRS MAUSOLEUM, MANILA, P.I.						
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. DANGER 802	ROW No. BAY A	GRAVE No. CR. 230
WAS THIS A REBURIAL? (Yes or no) NESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.					
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) STORED UNKNOWN X-2347		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 232	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2343		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 228	
SIGNATURE OF PERSON PREPARING REPORT R. R. ACLERTO, Pvt			SIGNATURE OF GRS OFFICER VERIFYING REPORT D. 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 Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

16-43997-1

822

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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


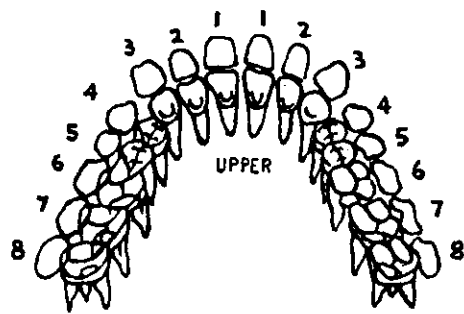




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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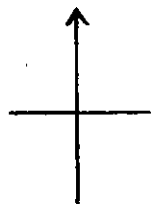
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

FILLINGS		SILVER FILLING GOLD FILLING	 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
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:

Identification Check List and Dental Chart accomplished.

3 FEB 1948