<i>C</i> · ·		
FILE NUMBER	FILE IDENTIFICATION TOPPER	
398 Unik SUBJECT	Leyt1#1 X-47	4
also 293	zuk maus manie	la X-2845
QMC FORM 121		

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
- A-4220
- " 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

REB

M. Donovan: jdk

Salser

JW

cc: Admin. Sec.

cc: Cincfe

TEC

SUBJECT: Unidentifiable Remains

APO 707 80 SEP 1949

TO: The Quartermester General Department of the Army Shahington 25, D. C. ATTN: Hemorial Division

le In accordance with the provisions of your letter, file GHONI 293, GRS (Far East), dated 17 September 1948, subject: Resolution of cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Hauseleum, Manila, Fele, have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

ON THE CAME				UNKNOWN	X-5059	A GRS	Walm
•	X-430	#	*		X-3041	#	**
	X-451	#		*	X-5Q1		•
	X-672	**	•	#	X-4226	•	
•	X-712	#	*		X-4441	•	•
	X-721		*	•	X-4899	-	
•	X-726	*	•		X-4865	•	
•	X-797	#	•	•	X-4867	#	
•	X-2345				X-4046	W	

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

FOR THE COMMANDING GENERAL.

18 Incle
QMC Forms 1044 w/Gertificates
of Unidentifiability

Znd Lt., AGD Asst. Adj. Om 1 474 de la

SPOYG 293 Unknown X-8 - P.I.

14 March 1946

SUBJECT: Fingerprints of Unknown Deseased

: The Federal Bureau of Imrestigation, Department of Justice, TO Washington, D. C.

ATTENTION: Mr. J. Edgar Hoover

: Statue Review & Determination, Casualty Branch, 4602 Munitions Building, Washington, D. C.

- l. 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.
- 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 Incl Burial Report

End Lt., CHC
Assistant

Letter Assistant ARTHUR S. ROBERGARD

DPR/SFW/1eg/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 B.

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., AGD Officer in Charge Status Review and Determination Section

1 Incl. n/c

1

مجيد راوات

HEADQUARTERS, ARMY SERVICE FORCES ROUTING SEIP

FOLLOWING IN OPDER INDICATED

	The following in order indicates:	
4	NAME OR TITLE ORGANIZATION BUILDING AND ROOM Identification Section	INITIALS
	Memorial Division	DATE
2		
3		
3		

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 duly

> 9 k Wart J. K. WAITE Lt. (HC)USN

l Incl. burial report



ORGANIZATION BUILDING AND ROOM NAME FROM: Repatriation Branch, Memorial Division (Navy Section)

irh

DATE

16-31046-2

27 Feb 46 TELEPHONE 73880

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

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and that the re	port above is correc	t.						,	
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RECORD OF CUSTODIAL TRANSFER

X-474

Leyte #1

HEADQUARTERS, ARMY SERVICE FORCES MEMO ROUTING SLIP

(Name or title)

of Personnel.

Havy Department.

To the following in order indicated:

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

Please return both copies to Lt. Waite.

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

(Organization)

Miss Hill, Bureau of Midicine & Surgery.

(Organization)

(Building and room)

WAITE

(Building and room)

(Initials)

(Date)

(Telephone)

W. D., A. Ĝ. Form No. 0: 23 March 19

3

 \mathbf{From}

(Name)

1

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(Bullding and room) (Dete) Ţ (Maltini)

> **MEMO ROUTING SLIP** HEADQUARTERS, ARMY SERVICE FORCES

To the following in order indicated:

(Cottaxinagro)

From

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(Lelephone)

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INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all provide or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through head-quarters 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 Hawalian, 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	Teknowa.		TE REPORT 39 Cate	ber 1945
COPY OF IDENTIFICATION TAG	NAME	(Last) (Fi	rst) (Middle	e)
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Unknown	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE	CE .
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	CORPS OR RESERVE CLASSIF		RACE	<u> </u>
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CAUSE OF DEATH		PLACE OF DEATH		
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NAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT OF KIN	(If known)	
Saknowa		**	. (1) 2/10411/	
DATE OF DEATH		DATE OF BURIAL	· • • • • • • • • • • • • • • • • • • •	
Unknown			3045	
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U.S.A.F. Cometer	y, Semer #1, P.I.		lippine Islands	•
GRAVE MARKER TYPE Hodgo Harker	PLOT No.	ROW No.	GRAVE NO.	14-
BURIED AT SEA (Date)	· · · · · · · · · · · · · · · · · · ·	AREA		-
TYPE OF RELIGIOUS CEREMONY Full Henor (General	rel)	RELIGION OF DECEASED		<u></u>
COMPLETE DENTAL CHART ON REVER	Yes No	Dental chart a may lead to Id	nd fingerprints e entity.	f left hen
LIST OF PERSONAL EFFECTS FOUND	ON BODY AND DISPOSITION OF SAME	<u> </u>		
IDENTIFICATION TAG BURIED WITH B	ODY _	IDENTIFICATION TAG ATTA	CHED TO MARKER	
	Yes A No		☐ Y•• 🛣	∏ No
		Report of Burial)	mclosed.	SE .
	Bodies Bur	ied on Either Side	-1E	Man
BODY ON LEFT, NAME (Last, first, mid	dle)	RANK OR RATE	ILE OR SERVICE NO.	OF ER
BODY ON RIGHT, NAME (Last, first, m	iddle)	RANK OR RATE	HE OR SERVICE TO CRAV	No.
PERSON REPORTING BURIAL (Name)	(Rank or re	PERSON CONDUCTING BUR General Buria		- SP (88)
IN REBURIAL, GIVE LOCATION OF PR	EVIOUS BURIAL	VERTILE AND FORWARDS	·	,
		Charles H. W.	Rank)	Tille)
				16-44684-1

	r	1 IDENTIFICAT	ON DEEDADATION OF	BODY BUBIAL AND A	MARKINGS OF GRAVES OF
	. ∄	5 ISOLATED BUR	IALS. Have body examine	ed to establish IDENTITY	. If body is unidentified, take
	ТНОМВ	four (4) sets of fi	ngerprints of all available t	ingers. Complete the foll	owing:
		estimated Height Estimated Height Control of the	Unknown	Brown	Black
and.		BIRTHMARKS, SCARS,	OR TATTOOS Des to	edvenced stage of	decomposition, mark
	=	and sears w	ero not obtained.	WEAPON AND SERIA	1 No.
	INDEX	LAUNDRY MARKS	•	WENTON AND SENIA	• •
119	^	clear	(If actual weight and h	eight are used, delete estir	mated)
	L. MIDDLE	to five feet or in has only one body in g tag and attach to gu to BuPers, Marine pencil of identifying	sty burials, to sufficient dep rave. Securely fasten one rave marker (when body i Corps, or Coast Guard, as g data on form in duplicate	th to prevent destruction of identification tag to body s disinterred or properly s indicated). If no tag is e, place in bottle, canteen	suitable substance. Dig grave f body or loss of identity. Place y. Remove other identification recorded, remove and forward present, make a notation with , spent shell or other available other, one (1) foot below grave
	r	marker. If no tag i	s available, write identifyin identify grave as a military	g data <mark>on marker. Whe</mark> n _l	pegs are not available, use other
.#!!	RING	2. LOCATION O	F GRAVE: Report burials s. prepare sketch in space p	in established cemeteries l provided below; and give l ent landmarks. Informat	by plot, row, and grave number. ocation by means of map referion must be specific, accurate, ed to the left and right.
	ר. בודדנב R	dental conditions in conpara, 2318 (b) (1) & (2) CHARTING EXAMP Tooth No. 1, missing: No. 4 cavity: No.	ise unidentified or fingerprints uniformity with Instructions In MI))(1945 Ed. para. 2234.1 & .2). PLE: (Chart Cavities In BLACK No. 2, gold Inlay and two silver floor, two porcelain or temporary finissing tooth No. 7; No. 9, porcel	MD (1942, 1938-43 Ed. This must be accurate. ; otherwise use RED) lilings; No. 3, full gold lilings; Nos. 6, 7, 8, gold	
	?. THUMB		1 - 3 - 16 - 32	CHEEK!	MMMUL 15 X
The second		Missing teeth Nos.			
	Ę	Malposed teeth (De	ecribe)	DOOO TONGUE	5/06
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11		Removable appliant	, r		
	R. MIDDLE	Remarks			MED-H-4 (DENTAL RECORD) REVEALS: RESEMBLANCE NO RESEMBLANCE (Rank or rate)
	R. RING R. LITTL	activity by of A.B.S.B. established fingerprint apparent as	troyed body, possy farber Patrel. Al. Identification and the of left hand was no seemposition of the composition of the compos	It was ledged be tion as Mavy Pers d hand are missis are obtained. Go t practical becau	sennel has not been ag. Pental chart and mass of death is not

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP



TO THE FOLLOWING IN ORDER INDICATED-

INITIALS
DATE
_

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. Finger-prints have been checked by the Navy Department without established;

J. K. WAITE Lt. (HC)USN

1 Incl.
burial report

CHI

ROM:	NAME ORGANIZ Repatriation	Branch, Men	LDING AND	Divis	DATE ion	27Feb4
	irh	(Navy	Section	n)	TELEPI	HONE 880

HEADQUARTERS, ARMY SERVICE FORCES

MEMO ROUTING SLIP

TO THE FOLLOWING IN ORDER INDICATED:

NAME OR TITLE

				
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REPORT OF BURIAL

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 head-quarters 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.

CORPS OR RESERVE CLASSIFICATION PLACE OF DEATH Unknown AE OF NEXT OF KIN (If known) ADDRESS OF NEXT OF KIN (If known) Tokense Tokense Date of Burial Ontober 1945	(Middle) FOF SERVICE Universe Filledam
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	•
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Pull Honor (General) Unknown	
MPLETE DENTAL CHART ON REVERSE Yes No No MPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE Yes No	
T OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME	
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	NTAINER
Identification Bottle with Ferm 601 (Report of Burial) enclosed.	
Identification Bottle with Form 601 (Report of Burial) enclosed. If SURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES	ON REVERSE
Identification Bottle with Form 601 (Report of Burial) enclosed. IF SURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES (Bodies Buried on Either Side	
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Identification Bottle with Form (CI. (Report of Burial) enclosed. IF SURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES (Bodies Buried on Either Side (DY ON LEFT, NAME (Last, first, middle) MEKABB, Wallace Shields DOY ON RIGHT, NAME (Last, first, middle) RANK OR RATE FILE OR SERVICE N RANK OR RATE FILE OR SERVICE N RANK OR RATE FILE OR SERVICE N	o, GRAVE NO
Identification Bottle with Form (CI. (Report of Burial) enclosed. IF SURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES Bodies Buried on Either Side TOY ON LEFT, NAME (Last, first, middle) RANK OR RATE FILE OR SERVICE N TOY ON RIGHT, NAME (Last, first, middle) RANK OR RATE FILE OR SERVICE N RESON REPORTING BURIAL (Name) (Rank or rate) PERSON CONDUCTING BURIAL RITES	o, GRAVE NO
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A STATE OF THE STA	ایا					<u> </u>
T	vithout	1. IDENTIFICATION, PREPARA	TION OF BODY,	BURIAL AND MAR	KINGS OF GRAV	ES Ô
	Si Si	ISOLATED BURIALS. Have be	ody examined to est	tablish IDENTITY. If	f body is unidentifie	
	Dou.	four (4) sets of fingerprints of al	l available tingers. ED WEIGHT	Complete the following	ng: COLOR OF HAIR	
• • • • • • • • • • • • • • • • • • • •	ldent ling.	ESTIMATED HEIGHT	ED WEIGHT	COLOR OF ETES	COLOR OF HAIR	
A WEST OF	ging. Obtain sharp,	BIRTHMARKS, SCARS, OR TATTOOS	Dan to offere	and store of d		
	tak	and seems were not al-	teined.	me sindle or o	stanfact case	, —
	shai	LAUNDRY MARKS		WEAPON AND SERIAL NO.	•	
With the same of t		• • •		<u> </u>	•	•
	Impre	🧖 🤭 (If actual w	eight and height are	e used, delete estimate	d)	
	ression of fingerpri	Wrap and tie body securely in a to five feet or in hasty burials, to su only one body in grave. Securely tag and attach to grave marker (w	ufficient depth to pre fasten one identif when body is disint	event destruction of boo ication tag to body. F erred or properly reco	dy or loss of identity. Remove other identi orded, remove and	. Placification
in	orints. d ridge	to BuPers, Marine Corps, or Coas pencil of identifying data on form.	in duplicate, place	in bottle, canteen, spe	ent shell or other a	vailab
	Cleanse fingers of and intervening	container which can be made water marker. If no tag is available, writ suitable means to identify grave a	e identifying data o			
	e fila	2. LOCATION OF GRAVE: Rep		lished cemeteries by n	lot row and grave i	numhe
	gers	For all other burials, prepare sketc	h in space provided	below; and give locati	ion by means of ma	p refe
	of all foreign g space. Do	ences, or by reference to promine complete. Stand at foot of grave				
Maria Caraca Car	l fore	Complete. Stand at 100t of grave	racing fload to dete	Thiệte Boards barrea to	The fert and right.	
	Bon o	If the body is otherwise unidentified or			3 4 6 A Y	
	matte not ov	dental conditions in conformity with instru para. 2318 (b) (1) & (2))(1945 Ed. para. 2			HUPINE	71
retain c	atter. Roll overink.	CHARTING EXAMPLE: (Chart Cavitle	es in BLACK: otherwi	se use RED)	国とととは	#
	_ ^{FR} ≥	Tooth No. 1, missing: No. 2, gold inlay and crown; No. 4, cavity; No. 5, two porceiain of	two silver fillings; No	o.3, full gold	喜88866 6	
. 1 ?	finger	fixed bridge supplying missing tooth No. 7	; No. 9, pprcelain crown	(outlined),		
	: 라		e lane Ne	CHEEK SIDE		
	include	Missing teeth Nos.	<u>♣♣</u> ┡⋝	เมนคนค่า	WM1121314	15 9
	- -					江ば
	crease	Occlusion (Type of)			MOBBATH	
	of first	Malposed teeth (Describe)		TONOUE SID		<u> </u>
	rst			300	$\alpha \Delta \Omega \Omega C$	<u> </u>
	olnt	Removable appliances	@@@@	3000000	14466	ÐŒ
13	oint through		TICIC			ΉÇ
		Other defects	17 (6 (6) 20 21 22 23 24 25 2 CHEEN SIGN	36 27 28 29 30 X	("
		Remarks	COMPARISON	WITH DECEASED NAVMED	H-4 (DENTAL RECORD)	REVEAL
a A	S 5		POSITIVE	IDENTITY SOME RESEM	IBLANCE NO RESEM	BLANCE
	laked		(Signature	Made Jaminer	(Rank or rate)	SNR
3 \	surface					
	100	Partly destroyed body	r. penethly !	Minimo, was	delivered to	thi
	Record	activity by Ferber Pr	strol. It w	s lodged between	en drydoak s	poot
73			dification .		mel hee mot b	2000
	Impression	Cincernature of last	boost man al		Postel char	1 0
	- sslor	apparent and autonom	head ways of	rtical because	er coosts 14	; 201
	<u>_</u>	state of decomposition			AND AND SERVICE	•
10	Same	•	,	•		_
,		• • • • • • • • • • • • • • • • • •	I		•	

HEADQUARTERS AMERICAN GRAVES REGISTRATION SURVICE PHILCOM ZONE APO 900

	•
	12 Sept 1949
	Date
SUBJECT: Unidentifiable Remains	
TO: The Quartermaster Washington 25, D. C. Attn: Memorial Division	
	No. of the second secon
The records pertaining to	Unknown X-474, Plot
Row, Grave8215_, USMC	USA: Cem. Leyte #1 have
been reviewed and it is the opinion	
evidence is available to establish	the identity of this deceased,
and that these remains should be cla	essified as unidentifiable.
FOR THE COMMANDING OFFICER	
•	Sminna
	Captain, GMC
Attch: Form 1044	Chief, Records Branch
1044, ,	
·	12 6d 49 00MG
	information presently
	orallable m. Donovan 14 Coct

		A . T . A				
	A IDENTIFE	CATION D	AIA T			
	2345 (Formerly UNY X-4	74 Le yt e #3	1)		2. DATE OF RE 1/4 Sep	PORT t 49
NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE 7. DATE OF		
					DISINTERMENT	REINTERMENT
AGRS Mausole	ım, Manila, P.I.	802	A	230		
	PHYS IC	AL DESCRIPTIO				
ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOF	OF HAIR		11. RACE	
UTD	513"		T D		UNKNO	WN
SIVE DESCRIPTION OF AN	Y OFFICIAL IDENTIFICATION FOR	UND WITH REMA	INS			
					-	
	. N	ONE				
GIVE DESCRIPTION OF TA	N TTOOS OR SCARS ON BODY AND/O		ATION OBT	AINED FROM	OTHER SOURCES	
GIVE DESCRIPTION OF TA			ATION OBT	AINED FROM	OTHER SOURCES	
.GIVE DESCRIPTION OF TA			ATION OBT	AINED FROM	OTHER SOURCES	
.GIVE DESCRIPTION OF TA			ATION OBT	AINED FROM	OTHER SOURCES	
.GIVE DESCRIPTION OF TA	TTOOS OR SCARS ON BODY AND/O	R SUCH INFORM	ATION OBT	AINED FROM	OTHER SOURCES	
GIVE DESCRIPTION OF TA	TTOOS OR SCARS ON BODY AND/O		ATION OBT	AINED FROM	OTHER SOURCES	
	TTOOS OR SCARS ON BODY AND/O	R SUCH INFORM	ATION OBT	AINED FROM	OTHER SOURCES	
. WAS BODY BURNED?	TTOOS OR SCARS ON BODY AND/O	R SUCH INFORM	ATION OBT	AINED FROM	OTHER SOURCES	
. WAS BODY BURNED?	TTOOS OR SCARS ON BODY AND/O	R SUCH INFORM	ATION OBT	AINED FROM	OTHER SOURCES	
. WAS BODY BURNED?	TTOOS OR SCARS ON BODY AND/O	R SUCH INFORM	ATION OBT	AINED FROM	OTHER SOURCES	

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

		л=2343 hsim
18	OOTH CHART	
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" DOUT AND LABELED THUS:	G Tooth Missing	SIDE VIEW
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain C	rown DDDD
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 (Covition): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity Decayed	
8 7 6 5 4 3 2 X P P P P	LEFT 1 1 2 3 4 5 2 2 7	6 7 8 × 31de Vieve
	700000 0 000000	THE LOUBER
16 15 14 13 12 11 10	7 P P P P P P P P P P P P P P P P P P P	X 15 16

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

"UNIDENTIFIABLE"

"BY REASON OF LACK OF A STERENT DENTIFYING DATA"

J J McDETHOTT Lab Officer, CIP

بنسي		X-2345
19. 8	LACK OUT PARTS OF BODY NOT RECOVERED	7 Cervical Vertebrae 12 Thoracic " 5 Lumbar " 22 Ribs
20	Estimated height:	51311
20 •	MASS BURIAL CERTIFICATE (IF APPLICA	50,5)

(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:

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 7 lbs.

Circumference of shull - 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

& & medemole.

X-2345

AND TO BE ATTAC	FICATI H QMC FORMS NO CHED TO AND FOR	S. 1042 & 1044 RWARDED WITH TO	IN PLACE OF HESE FORMS	CHART THER	EON, .ISHED.	
UNKNOWN X-2345 (Former USAF Cem Leyte #1. P.:	rly UNK X-47 I.)	74 Unko	nown		Dec 47 DATE	
LAST NAME FIRST	INITIAL	<u></u>	RANK	SE	RIAL NO.	
Unknown				cnown		
unit Unknown		Mausoleum ila, P.I.		GANIZATION	•••	
PLACE OF DEATH		PLACE OF BURIA	80:	PLOT ROY	230 GRAVE N).
		STORAGE		MANUER B	AT CRIP.	
RIGHT _8 7 6 5	4 3 2	UPPER TEETH	2 3	LEFT 4 5	6 7	8
M X &	BE	BB				\bigvee
ON / / /					\m\	ĽĽ
	INSIDE	E - LOOKIN	iG OUT			
RIGHT 16 15 14 13	12 11 10	LOWER TEETH	10 11	LEFT 12 13	14 15	16
		TIA				
	 /×/ 	 /×	·	╂─┼─	X	
" <u> </u>			<u> </u>	<u> </u>	V \ *	
· · · · · · · · · · · · · · · · · · ·						
KEY OF SYN						
SYMBOLS IN	TYP	PE OF FILLING IN		LOCATION OF	FILLING	
WHOLE BOX	UPPER	R HALF OF BOX		LOWER HALF	OF BOX	
EXTRACTED	A	AMALGAM (SILVER)		m (BET	MESIAL WEEN-TOWARD	FRONT)
EXTRACTED CAVITY INDICATION	ATE G	(SILVER)				.L
CAVITY INDICATION FIXED BR		(SILVER)		O (B17)	WEEN-TOWARD OCCLUSA	L CK TEET
CAVITY INDICATION FIXED BR (HNCL. AB	RIDGE S BUTMENTS)	(SILVER) GOLD SILICATE OR PORCELAIN		O (BIT1)	WEEN-TOWARD OCCLUSA NG SURFACE BA DISTAL	L CK TEET

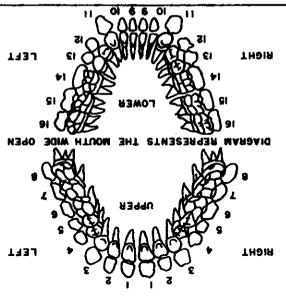
INSTRUCTIONS:

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

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN WHOLE BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, $\alpha_{\mathcal{G}}$, Porcelain Crowns, Gold Crowns, Milh Silicate window.

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



BEWARKS:

-\a\ Tohn H. Bennett Tr.

/D/ TOHN H. BENNETT JR

Dec 47

\s\ #illiem A. Johnson

заемьтине ог рензом who риерькер снаят

A-9e deat tead NOSMAC A. JOHNSON Asst tead NAILLIAM A. JOHNSON ASSTRATED OR PRINTED OF PRINTED . I.9 Ledotatory, Manila, P.I.

PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

CERTIFIED TRUE COPY

C. T. CANBOA

AGRC FORM No. 11, "Revised 16 Sept. 1946 "Formely "Check List of Unknowns")

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 US/ Unknown X2345(Cem Leyte #1, P.I. Cemetery AGRS Mausoleum, Manila, P.I.
		Mausoleum a, P.I.	Plot 802 Row Row Grave 230
. í	Arrived at cometes	1 Dec 47	
_		(Hour) (Date)	
2.	Place of death	Unknown (Name of closest town)	(Coordinates and letter Prefix, maps)
	(Sheet, sca	le and serials used)	Manager 1794-
2	Demains assessed	disintanal had	Leyte #1
J .	Remains recovered	or disinterred by	(Name and organization)
4.	Evacuated to Ceme	etery by	(Name and organization)
5.	Description of clot	hing and equipment: (if clo	hes do not fit, obtain size from body measurements)
		Clothing Markings S	Indicate unusual markings zes color, wear, tear, repairs, etc.
	* Headgear	(Type)	
	Raincoat		
	Overcoat	1,	
	Jacket, Field		
	Sweater	N	
		N	
	* Shirt, Wool OD	E	
	Undershirt, Cotton		
	Trousers, HBT		
	* Transers Wool	on '/	

Belt, web
Drawers, wool
Drawers, cotton
Leggings, wool
Socks, cotton / N
* Shoes O (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?
Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? Description of Remains: Skeleton only. Chart attached
Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? Description of Remains: Skeleton only. Chart attached Age Height Description of wounds
Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? Description of Remains: Skeleton only. Chart attached
Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? Description of Remains: Skeleton only. Chart attached Age Height 5'3" Weight Description of wounds Bandages of dressings Scars
Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? Description of Remains: Skeleton only. Chart attached Age
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Does clothing indicate that deceased was a member of the Air, Ground or Naval Force? Description of Remains: Skeleton only. Chart attached Age

6.

Goatee/				
	(Light, color, extent)			
Eyes		Eye	brows	
	DColor, setting, shape)		(Colo	r, bushiness, extent across nose)
Mass	/ .	D		
14026	(Size, shane, straight)	Lears	(Size •	et close to or far from head)
	()		(SILC, S	et close to or far from near)
Mouth		Lips		
	(Large, medium, small)			(Small, large, full)
g _{oo}	chart attached			
Teeth		·		
•	(White, size, 'u	neveness, spacing, noticea	ble crowns, fillin	gs, extracts)
,	/			
Chin	/		321 33.	
		minent, recently, pointed	, ampies, coubi	,
T	,	Cinaum (num na na h	kull	20 "
jaw(1	large, emall, normal)	. Circumierence of B	an inches	(Hat band)
,-	, , , ,, ,, , , , , , , , , ,			(IIII)
Neck		Larvn	.	
T TCCT	(Size, length, short, normal	, wrinkled)		(Prominent, normal)
	/			
Shoulders		Arms		
	(Broad, straight, small,	rounded) (1	ength, muscular,	color, extent and quantity of hair)
	/			
***************************************		······································		
	/			
Hands				
	1			
Fingers				
	(Short, thic	, long, slender, size of ki	uckles, missing fl	ngers or joints)
	• /			
***************************************		/		
	(Un d	sual characteristics of fin	gernails)	
	* * ·	TT.		•
Chest	(P)	······································	c 1	
	(Size of hippies, c	olor Dquantity and extent	or nair, large, s	man, norman)
\$\$7_:_4		11		
Waist	(Size of nave	d, appendegtomy, amount,	quantity, and col	or of hair
		/		
Back		Circumcision		Pubic Hair (Color)
Dack	(Quantity and extent of ha	ir)	(Yes-no)	(Color)
		,		
Herniaplasty	hamada a sa	/		······································
	hamiltoni (d. Constantini and	(Yes-no;	location)	
Legs	(Income surrenting true	sele-knood howed	muntity solon	and extent of hair)
	tiuscom, muscutar, kno	A.K-KHEEU, DOWEU, HOFINAL	, quantity, color	and catelle of natif
East		т/		
reet	(Size, corns, callouses, 1	itat)	/ (Slender,	straight, crooked, overlap)
			/	
Evidence of	healed fractures	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/	
		(Nose	, arms, tegs, etc.)	

__ 3 __

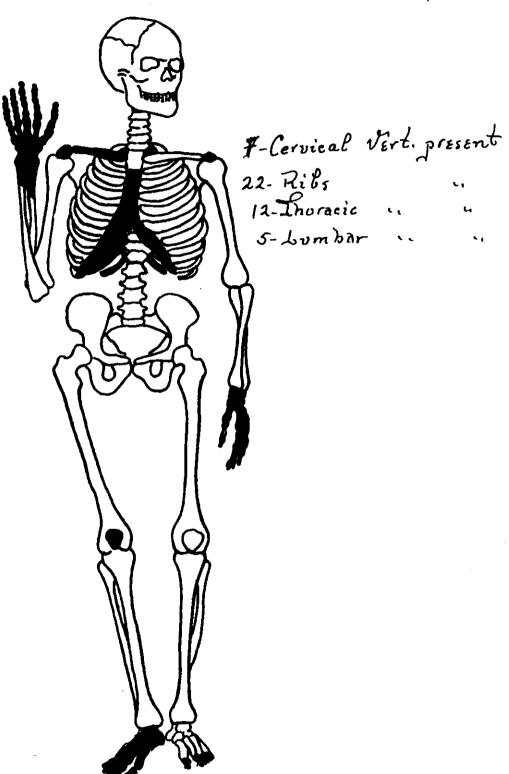
NOTE: Use attached charts "A" and "B" to indicate parts not received.

	Have finger prints been placed on Report of I	Interment? No	1.0000
	(NAVMED Form #601(3-45))	Finger prints has been placed on	Report o
	If not, explain Burial and on Certificate	e of Death (Form NMS, N(1940))	
8.	Has tooth chart been prepared? Yes (Yes-no)	If not, explain	-
9.	Remarks No personal effects, no ROI	bottle nor I.D. tags found with	remains.
	Estimated weight of remains 7 1	bs.	
			······
	, поставания поставания поставания поставания поставания поставания поставания поставания поставания поставани		***************************************
	I certify that I have personally viewed the rem has been recorded to the best of my knowledge		information
		/s/ William A. Johnson	
		(Officer's Name)	
		SP-6 D-234835	
		-54· 55	
		Rank	Service
		**************************************	Service
	ርክውጥ፤ም፤ምክ ጥ <u>ው</u> ።ም <u>ር</u> ላነውሃ	Rank	Service
	CERTIFIED TRUE COPY	Rank CIP Laboratory, Manila, P.I.	Service
	CERTIFIED TRUE COPY J. J. Jan Low G. T. GAMBOA	Rank CIP Laboratory, Manila, P.I.	Service

SKELETAL CHART

X-2345-

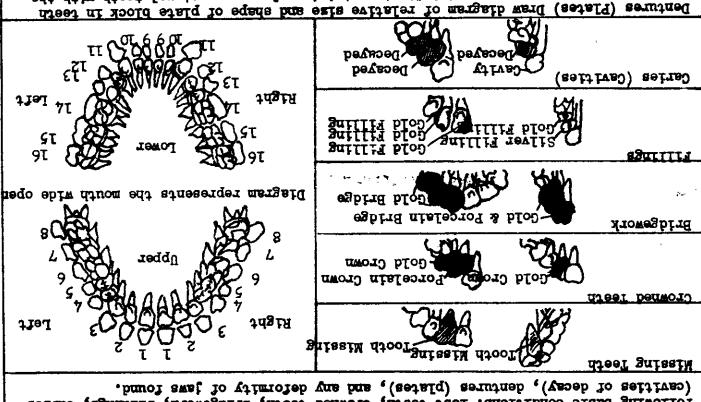
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



· · · · · · · · · · · · · · · · · · ·				
CMCForm 1044 Rev. Y Apr. 1945	RESTRICTED	Date		·
report of	DISINTERMENT FOR IDENTIFICATION	3 November 1947		,
1.Remains of (Name	,	Serial M	ımber	
имкиоми х	Samar #1,1	P.I.)		
Grade	Organization			
.Name, Number an	d Location of Cemetery	Plot	Row	Grave No.
USAF Cem	etery Leyte #1, P.I.		<u> </u>	8215
2.Date of Disinte				
3 Novemb	er 1947			
3.Report as to Na	ture of Original Burial and Condition of	Body Upon	Disinten	nent.
Original	made in casket "C" type burial. Substitu	te tags on	remains a	and
•	coincide with R.O.I. on file. Skeletal:			
on marker	GOINGING MICH WOVERS ON LILES DESIGNAL	waratto UU	pa	
/ What Trantage	tion Found at Time of Disinterment: On M	arker		
Henries Idenstites				
	Substitute tag			
On Remains				
	Substitute tag		•	
一 留みます でみあのチオグチャル	ation Used Upon Reinterment: On Marker			
"INTO TOPHOLITICS				
ļ				
	Held in Field Morgue			<u></u>
On Remains				
	G A . A . A . A			
	Substitute tag	TATMANT.		
_		TIFIED TRUE	COPY	
/s/ Paul R. N		<u>.</u> По дазест	. A	
/t/ PAUL R. N.		z. T. GAMBO 2d Lt. MS		

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 aids and classed as incisors (cutting) teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars(principal chewing teeth), an examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.



attached and indicate retaining clasps on natural teeth with the

HOITA317ITH301

. "qaalo" brow

Kemerks

5-34880-41

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 head-quarters 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.

Y OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle)				
		UNKNOWN X-8						
Unknown	FILE OR SERVICE NO.	RANK OR RATE	BRANCH O	F SERVICE				
•	<u>Unknown</u>	Unknown	t	J <u>nkn</u> own				
-	CORPS OR RESERVE CLASSIFI		RACE	<u> </u>				
USE OF DEATH	<u>Unkn</u>		<u> </u>	filipino				
		PLACE OF DEATH		32312				
Unknown		Unknown	Unknown					
ME OF NEXT OF KIN (If known)		ADDRESS OF NEXT OF	KIN (If known)					
Unknown		Unknown	· · · · · · · ·					
TE OF DEATH	′,	DATE OF BURIAL	<u> </u>					
Inknown		30 Octo	ber 1945					
ME OF CEMETERY	-	LOCATION OF CEMETE	RY					
U.S.A.F. Cemetery	, Samar #1, P.I.	Samar,	Philippine Isla	ınds				
RAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE NO.	+hman				
Wedge Marker	One	Two	Forty-	- ATT-09				
	· _	AREA	, 	_				
PE OF RELIGIOUS CEREMONY		RELIGION OF DECEASE		-				
Full Honor (Gener	-al)	Unknown						
ENTIFICATION TAGS FOUND ON BODY		IF NO IDENTIFICATION	TAGS, OTHER MEANS USED	TO IDENTIFY BODY				
±	2 X NONE	(Identification cards, l	etters, elc.)					
MPLETE DENTAL CHART ON REVERSE	OMPLETE DENTAL CHART ON REVERSE		t and fingerori	- Dental chart and fingerprints of left h				
	_							
	Yes No	may lead to						
MPLETE FINGERPRINT CHART OF BO	Yes No							
OMPLETE FINGERPRINT CHART OF BO	Yes No							
OMPLETE FINGERPRINT CHART OF BO	Yes No TH HANDS ON REVERSE Yes No	may lead to						
T OF PERSONAL EFFECTS FOUND ON	Yes No TH HANDS ON REVERSE Yes No	may lead to						
of personal effects found on	Yes No OTH HANDS ON REVERSE NO	may lead to	Identity.					
of personal effects found on	Yes No OTH HANDS ON REVERSE No No N BODY AND DISPOSITION OF SAME	may lead to	Identity.					
NOD9 ENTIFICATION TAG BURIED WITH BOX	Yes No OTH HANDS ON REVERSE Yes No	nay lead to	Identity.	K No				
None None Entification tag buried with both to the present.	Yes No OTH HANDS ON REVERSE Yes No	IDENTIFICATION TAG	ATTACHED TO MARKER Yes IN WHAT KIND OF CONTA	K No				
None ENTIFICATION TAGS NOT PRESENT.	Yes No OTH HANDS ON REVERSE Yes No	IDENTIFICATION TAG	ATTACHED TO MARKER Yes IN WHAT KIND OF CONTA	K No				
None None Entification tag buried with both dentification Both dentification by	Yes No OTH HANDS ON REVERSE Yes No	IDENTIFICATION TAG A	Identity. ATTACHED TO MARKER Yes IN WHAT KIND OF CONTA 1) enclosed.	IN No				
None None ENTIFICATION TAG BURIED WITH BOX IDENTIFICATION TAGS NOT PRESENT. Identification Bo	Yes No OTH HANDS ON REVERSE Yes No	IDENTIFICATION TAG A	Identity. ATTACHED TO MARKER Yes IN WHAT KIND OF CONTA 1) enclosed.	IN No				
None None Entification tag buried with both dentification between the dentification both dentification between the dentification between t	TY Yes No NOTH HANDS ON REVERSE Yes No NOTH BODY AND DISPOSITION OF SAME NOTHER IDENTIFICATION DATE NOTHER ID	IDENTIFICATION TAG A TA BURIED WITH BODY AND (Report of Buria	Identity. ATTACHED TO MARKER Yes IN WHAT KIND OF CONTA 1) enclosed.	IN No				
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INSTRUCTIONS FOR BURIA When unidentified, take without smudging, Obtain s 1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take **THUMBY** four (4) sets of fingerprints of all available fingers. Complete the following: ESTIMATED WEIGHT COLOR OF EYES COLOR OF HAIR ESTIMATED HEIGHT Unknown Unknown Black Brown BIRTHMARKS, SCARS, OR TATTOOS Due to advanced stage of decomposition, marks ke rolled I sharp, c d impression (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 of ingerpri 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. intervening RING 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 referof all for g space. ences, 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. Dig 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). ᅌ Missing teeth Nos. 1 - 3 - 16 -Occlusion (Type of) 잌 Malposed teeth (Describe) first INDEX Joint through Removable appliances Other defe COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: Partly destroyed body, possibly Filipino, was delivered to this ctivity by Harbor Patrol. It was lodged between drydock sections A.B.S.D. #1. Identification as Navy Personnel has not been Atablished. Rt. forearm and hand are missing. Dental chart and tangerprints 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. REPORT OF BURIAL (Back)

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 head-quarters 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.

OPY OF IDENTIFICATION TAG	NAME	(Last) (Fir	st)	(Middle)
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	CORPS OR RESERVE CLASSI	FICATION	RACE	TELOWIT .
		Unknown	P	linino
CAUSE OF DEATH		PLACE OF DEATH		•
Unknown	Unknown			
IAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT OF KIN	(If known)	
			(1) 41.00.11	
DATE OF DEATH		DATE OF BURIAL		
Unknown		30 October	1945	
NAME OF CEMETERY	· · · · · · · · · · · · · · · · · · ·	LOCATION OF CEMETERY		
U.S.A.F. Cemetery,	Samar #1, P.I.	Samar, Phi	llippine Isla	unds
BRAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE NO.	
Wadge Marker	One	Two	Forts	-three
BURIED AT SEA (Date)	<u> </u>	AREA		
TYPE OF RELIGIOUS GEREMONY	<u> </u>	RELIGION OF DECEASED		
	_ \	MELIGION OF DECEASED		
Pull Henor (General DENTIFICATION TAGS FOUND ON BOD	<u></u>	IF NO IDENTIFICATION TAG	C OTUED MEANS USE	TO IDENTIFY BODY
	2 NONE	(Identification cards, letters,	etc.)	
DOMPLETE DENTAL CHART ON REVER		(Identification cards, letters,	elc.)	
1 COMPLETE DENTAL CHART ON REVER		(Identification cards, letters, Dental chart	and fingerpr	rints of left
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<u> </u>	Joident Jdging.	ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
r index	ldentified, take rolled i ging. Obtain sharp, cl	BIRTHMARKS, SCARS, OR TATT	roos	WEAPON AND SERIAL N	vo.
r MIDDLE	mpression of fi	Wrap and tie body secure to five feet or in hasty buria only one body in grave.	ils, to sufficient depth to Securely fasten one ider	ering, canvas or other su prevent destruction of bo htification tag to body.	ted) uitable substance. Dig grave ody or loss of identity. Place Remove other identification corded, remove and forward
. P. RING	ngerprints. Cleanse fingers of all inked ridges and intervening space	to BuPers, Marine Corps, pencil of identifying data of container which can be made marker. If no tag is availal suitable means to identify 2. LOCATION OF GRAY For all other burials, preparent.	or Coast Guard, as indicate of form in duplicate, plade watertight, bury one valle, write identifying datagrave as a military grave E. Report burials in estre sketch in space provice prominent, permanent is	icated). If no tag is proce in bottle, canteen, so with remains and the otle on marker. When pegre. Tablished cemeteries by ded below; and give local andmarks. Information	resent, make a notation with pent shell or other available her, one (1) foot below grave gs are not available, use other plot, row, and grave number. ation by means of map refer- n must be specific, accurate,
ב. נוזדנב	of all foreign matter. Roll finger g space. Do not overink.	If the body is otherwise unider dental conditions in conformity we para. 2318 (b) (1) & (2))(1945 E) CHARTING EXAMPLE: (Chartooth No. 1, missing; No. 2, gold crown; No. 4, cavity; No. 5, two perfixed bridge supplying missing to	vith instructions in MMD (1) d. para. 2234.1 & .2). This mart Cavities in BLACK; other inlay and two silver fillings; orcelain or temporary fillings;	942, 1938-43 Ed. nust be accurate. invise use RED) No. 3, full gold Nos. 6, 7, 8, gold	
**************************************	to Include	Missing teeth Nos. 2-3 Occlusion (Type of)	-/6-3/X •	THOOLIGE STREET STREET	
. 7. I N D	crease of first joi	Malposed teeth (Describe)) 100 100 100		20000000000000000000000000000000000000
DEX	nt through	Other defects			
R. MIDDLE	180° on inked surface	Remarks	POSIT	ON WITH DECEASED NAVMED THE IDENTITY SOME RESULTE OF dental examiner)	E
R. RING R. LITTLE	urface. Record Impression of same motion	* *		1 2 DEC 19	45

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

MILLS. CARL EDWIN BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-475

HEMAT WHE OF GRS-OFFICER VERTIFYING REPORT Elli Caren

SERIAL No.

SERIAL NO.

929 02 13

SIGNATURE OF PERSON PREPARING REPORT S/Sgt. Charles W. Hallock, GRS

CECIL G. CARTER, 1st Lt., OMC

ORGANIZATION

ORGANIZATION

USNR

GRAVE NO

GRAVE NO.

8214

8216

DISTRIBUTION OF REPORT: Signed original for U. S. and albed dend signed original and one copy for enemy dead, to the Quartermenter Generation through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

CANK

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RESTRICTED

				- KLAS I	RICI				•	₩,
		Section 3.—	ENTIFI	ED REMAINS						
l _	LEFT .	(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers are chart at left, or as many as possible. If no fingerprint or prints can be secured, the conditional every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth								s shoe size, bers of air- imbs in the
SMAY 1946	LEFT RING FINGER	accomplishe	weight	coLOR O		coLOR O		BIRTHMARKS, S		
. 55	¥6ER									:
	MIDDLE FINGER	WEAPON AND	-		LAUNDRY	MARKS		WHERE BODY W	AS BURIED OR F	OUND
	_									
	LEFT INDEX FINGER	FILLINGS	5	Po Si	LVER FILL	ING IG	· · · · · · · · · · · · · · · · · · ·	3.200)	
	BM0HI LEFT	CAVITIES	S		L CAVITY DECAY	Y ED	7	UPPE		57
`	RIGHT THUMB	MISSING			OOTH MISSIN	46	D IAGRAM	MISS REPRESENTS TI	DIW HTUOM 3H	E OPEN)16
	RIGHT INDEX FINGER	BRIDGE W	rork		CGOLD B	'N	15 (1) 14 (13	LOWE	13	15 SILVER FILLING
THE COLUMN TWO IS NOT	RIGHT MIDDLE FINGER	FURNISH SKE	TCH AND MA	P REFERENCE	E AND COOR	: RDINATES F	OR BURIAL IN	OTHER THAN EST.	ABLISHED CEME	TERY
PLINGE FINGER	RIGHT RING FINCER	REMARKS:	···					• • • • • • • • • • • • • • • • • • • •		
E TIMER	RIGHT						·	· .		

/aaa	MA	Y 6 1948	RESTI	RICTED '	, ·	u s	587	
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)				INTERMENT nd AR 30-181			of report	
Imprint Identification 1 DO NOT TY		NAME (Last, firs UNKNO	DENTIFICATION. at, middle initial) WN X 2345 Cem Lev to		UNK X-474	SERIA	L No. Unknot	
	0	GRADE)Wn	ORGANIZATION Unknown RELIGION	n	BRANG IF OTHER TH NAME OF CO	Unknov	ICE
PLACE OF DEATH		Filip:		Unknow	<u>n</u>	DATE	OF DEATH	
Unknown		Unkno					Unknow	m
Unknown IDENTIFICATION TAGS FOUN (1, 2, or none) None WERE SUBSTITUTE TAGS PRO Yes (2) LIST PERSONAL EFFECTS FOL	OVIDED?(Yea or no)	<u>,</u>		DESCRIBÉ MEANS OF	FIDENTIFICATION (If	unidentified, fil	l in section 3	on reverse)
Section 2.—BURIAL. If oth	her than in estal	blished cemetery.	, furnish sketc	h and map coordir	nates on severse.			
NAME, NUMBER, COORDINAT		ON OF CEMETERY	· · · · · · · · · · · · · · · · · · ·	MANILA.PT				
DATE OF BURIAL STORAGE 2 Dec 47	1000	STORED Casket			TYPE OF GRAVE MARKER None	PLOT No. 4ANGER 802	A	GRAVE No. 230
WAS THIS A REBURIAL? (Yes or no) NESTORE: Yes		emetery Lej			US CEMETERY, AND LO	PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES			IF IDENTIFICATIO CONTAINERS BU	N TAGS NOT USED, D RIED WITH BODY	ESCRIBE IDE	NTIFICATION	I DATA AND
IDENTIFICATION TAG BURIED BODY (Yes or no) \$10 R	MAI	ITIFICATION TAG A RKER (Yes of no) Yes	TTACHED TO					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) \$708EL UNKNOWN X-2347			Δ)	RANK	SERIAL NO.	ORGANIZATIO	GANIZATION GRAVE NO. CRYPT 232	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STUDE UNKNOWN X-23113			RANK	SERIAL No.	ORGANIZATIO	CF	RYPT	

H. R. ACIERTO, Pvt 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.

SIGNATURE OF ORS OFFICER VENTFYING REPORT

UNKNOWN X-2343

SIGNATURE OF PERSON PREPARING REPORT

RESTRICTED

		Section 3.—UN MITIFIED REMAINS.							
LEFT RI	(b) A fingerprint, of chart at left, or as many every tooth will be indig	ical characteristics I position of body for nks. or prints, are the mo	pelow, and any other outlined in airplanes, vehiclest valuable of all clues	for the future identity of clues under "Other," suc es, and tanks; and serial s. Imprint all fingers and an be secured, the condit diagram below. Toothe	ch as shoe size, numbers of air- d thumbs in the ion of each and				
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR T	TATTOOS				
<u>×</u>	WEAPON AND SERIAL No.	LAUNDRY	MARKS	WHERE BODY WAS BURIED	OR FOUND				
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CL	UES							
INDEX FINGER	FILLINGS	SILVER FILL	ing T						
ER THUMB		GOLO FILLIF	4 Y 5 (DEPER OF	3 25 5 5 7				
THUMB	MISSING TEETH	TOOTH MISSI	· ' '	REPRESENTS THE MOUTH	WIDE OPEN				
INDEX FINGER	BRIDGE WORK	GOLD I	15 L	LOWER STANDARD	5) 15 () 14 () 13 (12				
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP	REFERENCE AND COO	RDINATES FOR BURIAL IN	OTHER THAN ESTABLISHED	CEMETERY				
RING FINGER	REMARKS;								
3FEB 1948 LITTLE FINGER	- Identifi	cation Check	List and Denta	al Chart accompi	ished.				