

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 zenk Leyt #1 X-490

SUBJECT

Also 293 zenk Maus munda X-2336

ONC FORM 1121  
1 Aug 45

GPZ 293

AFO 900  
18 January 1950

SUBJECT: Unidentifiable Remains

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

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

UNKNOWN	X-186	AGRS	Mslm	UNKNOWN	X-2336	AGRS	Mslm
"	X-239	"	"	"	X-3014	"	"
"	X-309	"	"	"	X-3828	"	"
"	X-539	"	"	"	X-4132	Manila #2	
"	X-657	"	"	"	X-4180	AGRS	Mslm
"	X-667	"	"	"	X-4197	"	"
"	X-690	"	"	"	X-4199	"	"
"	X-724	Keyte #1		"	X-4250	"	"
"	X-888	AGRS	Mslm	"	X-4251	"	"
"	X-889	"	"	"	X-4655	"	"
"	X-1366	"	"	"	X-4657	"	"
"	X-1703	"	"	"	X-4659	"	"
"	X-1963	"	"	"	X-4660	"	"
"	X-2228	"	"	"	X-4688	"	"
"	X-2312	"	"				

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

FOR THE COMMANDING OFFICER:

29 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

/s/  
/t/ John Shypula  
JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

C  
O  
P  
Y

QMOMT 208  
JES Par East

7 February 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 868, c/o Postmaster  
San Francisco, California

1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

Unknown X-158, AGNS Mausoleum Manila, P.I.				
" X-228, " " " "	"	"	"	"
" X-300, " " " "	"	"	"	"
" X-3020, " " " "	"	"	"	"
" X-4100, " " " "	"	"	"	"
" X-4199, " " " "	"	"	"	"
" X-4200, " " " "	"	"	"	"
" X-4221, " " " "	"	"	"	"
" <del>X-2212</del> , AGNS, Maus. Manila, formerly X-100, USMC Leyte #1	"	"	"	"
" X-2212, " " " "	"	"	"	"
" X-2212-A, " " " "	"	"	"	"
" X-724, USMC Leyte #1, formerly X-2212-B, AGNS Maus. Manila	"	"	"	"

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

FOR THE QUARTERMASTER GENERAL:

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

1/jcs

LH

1 ✓	rae Interred 14 January 1950 N 8 64 Ft. McKinley <i>Carl R. H. Mark</i> <b>CARL R. H. MARK</b> Cemetery Superintendent SECTION A— NAME AND BURIAL LOCATION OF DECEASED	<b>DISINTERMENT DIRECTIVE</b> DIRECTIVE NUMBER <b>7740 00443</b>	DATE <b>15 05 48</b> DAY MONTH YEAR
--------	---	--	---

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	<b>UNKNOWNX-0 0490</b>		<b>0</b>	DAY MONTH YEAR
CEMETERY	DISPOSITION OF REMAINS			
<b>USAF CEMETERY LEYTE NO 1</b>	<b>0</b>			<b>7701 80</b> CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
		<b>8389</b>	<b>PHILIPPINE ISLANDS</b>	<b>6</b>

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
<b>UNK X-490 UNK X-2336 (Maus)</b>				<b>27 Sept. 1948</b>
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	<b>UNKNOWN</b>		<b>PERRY E. WHITE Embalmer</b> NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
<b>Shelter Half</b>	<b>Skeletal</b>

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

**Two (2) Identification Tags read Mausoleum UNK X-2336**

REMAINS PREPARED AND PLACED IN CASKET

DATE **27 Sept. 1948** BY **PERRY E. WHITE**

CASKET SEALED BY	EMBALMER (Signature)
<b>PERRY E. WHITE</b>	<i>Perry E. White</i> <b>PERRY E. WHITE</b>

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
<b>HORACE L. ALLISON DATE 27 Sept. 48 BY Sgt., Inf.</b>	<b>HONORIO V. AURELIO, 1st Lt., Inf.</b>

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

*Honorio V. Aurelio*  
**HONORIO V. AURELIO, 1st Lt., Inf.**  
 SIGNATURE OF QRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

7 MAR 1950  
 REPATRIATION  
 BRANCH  
*[Signature]*

**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED

FROM AGRS Mausoleum TO Fort McKinley Military Cemetery

KIND OF CONVEYANCE Truck

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

FEB 14 1956

*Boothman*

2. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

(BY ADMINISTRATIVE ORDER)  
FORT MCKINLEY MILITARY CEMETERY

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

HEADQUARTERS  
PHILCORN ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

17 Jan. 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 490, Plot     ,  
Row     , Grave 8389, USMC Leyte #1, P.I., have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:

  
H. J. MCNEER  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 31 Jan 1950 OQMG  
Not identifiable from  
information presently 3 Feb. 1950  
available Ed Kaye

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-2336 (Formerly Unk X-490 USAF Cem Leyte #1, P.I.)			2. DATE OF REPORT 17 Jan. 1950		
3. NAME OF CEMETERY  AGRS MAUSOLEUM, MANILA, P.I	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	802	A	220	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE UNK
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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"**  
 "REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	A	A	A				P	P					X	A	O	
	O	O	O													
Side View	[Tooth diagrams in side view]														Side View	
Top View	[Tooth diagrams in top view]														Top View	
Side View	[Tooth diagrams in side view]														Side View	
					MISSING											
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

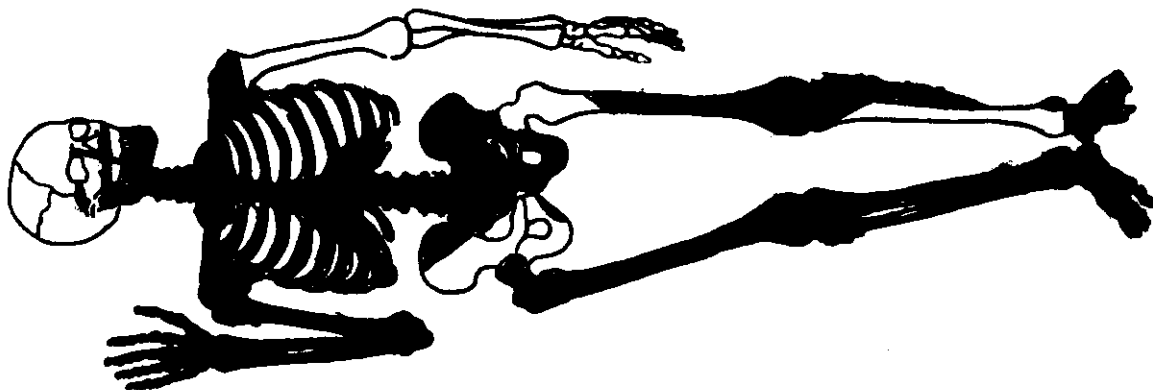
"UNIDENTIFIABLE"  
 REASON: LACK OF SUFFICIENT IDENTIFYING DATA

*Paul R. Nichols*

PAUL R. NICHOLS  
 Chief, Ident. Section



19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

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

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, bottle burial, personal effects or other means of identification found with remains.  
Est. weight of remains - 2 lbs.

**"UNIDENTIFIABLE"**  
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS  
Chief, Identification Section

SIGNATURE

X-2336

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2336 (Formerly Unk X-490)  
USAF Com Layte #1, P.I.)

1 Dec 47

DATE

LAST NAME

FIRST

INITIAL

Unknown

RANK

Unknown

SERIAL NO.

Unknown

UNIT

Unknown

ORGANIZATION

AGRS MAUSOLEUM

Kibawe, Mindanao, P.I.

PLACE OF DEATH

Manila, P.I.

PLACE OF BURIAL

802

PLOT

A

ROW

220

GRAVE NO.

STORAGE
















				RIGHT				UPPER TEETH				LEFT							
				8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE		A	A	A							P	P					X	A	O
LOCATION		s	mo	od															

INSIDE — LOOKING OUT

*Mandible Missing*

				RIGHT				LOWER TEETH				LEFT							
				16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE																			
LOCATION																			

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

*George I. Gamboa*  
 GEORGE I. GAMBOA  
 2nd Lt., MAC

CERTIFIED TRUE COPY:

GIP, Laboratory, Manila, P.I.  
 PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

p/ CIRILO R. SARIO - Emb's Aide  
 NAME AND RANK TYPED OR PRINTED S-8-A

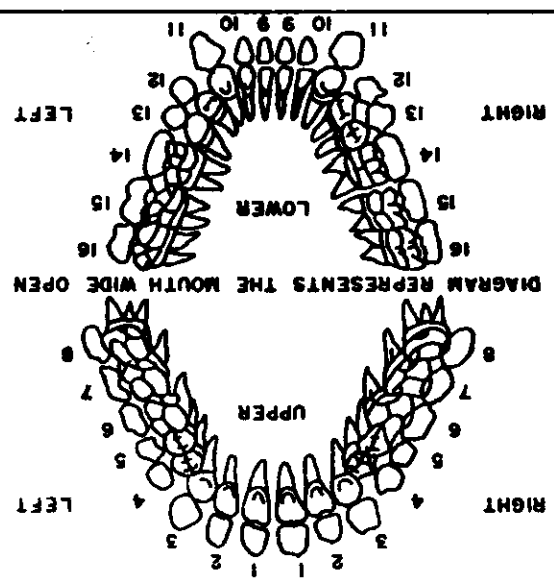
s/ Cirilo R. Sario  
 SIGNATURE OF PERSON WHO PREPARED CHART

1 Dec 47  
 DATE

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

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

REMARKS: R 16 to L 16 U/D whether P or X



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. AGENCY AND ATTENTION TO RETAIL 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)

UNKNOWN X-2336 (Formerly Unk X-490  
 USAF Cemetery Leyte #1, P.I.)

~~Unknown X~~  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 802 Row A Grave 220

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~xxxxxx~~ 1 Dec 47  
(Hour) (Date)
2. Place of death Kibawe, Mindanao, P.I.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by 583rd QMGR Co. 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	_____ <b>N</b>		
Sweater	_____ <b>O</b>		
Jacket, HBT	_____ <b>N</b>		
* Shirt, Wool OD	_____ <b>E</b>		
Undershirt, Wool	_____		
Undershirt, Cotton	_____		
Trousers, HBT	_____		
* Trousers, Wool OD	_____		

Belt, web \_\_\_\_\_  
 Drawers, wool \_\_\_\_\_  
 Drawers, cotton \_\_\_\_\_  
 Leggings, wool \_\_\_\_\_  
 Socks, cotton \_\_\_\_\_  
 \* Shoes \_\_\_\_\_ (type) \_\_\_\_\_  
 Overshoes \_\_\_\_\_  
 Web Equipment \_\_\_\_\_ (type) \_\_\_\_\_  
 (Other item) \_\_\_\_\_  
 (Other item) \_\_\_\_\_  
 \* If body is nude, sizes of these items should be computed by measuring the remains  
 Chevrons or \_\_\_\_\_  
 Insignia \_\_\_\_\_ (Type & location; shirt, jacket, coat, helmet)  
 Shoulder Patch \_\_\_\_\_

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only - Chart attached**

Age      /      Height      **UTD** Weight      **UTD** Description of wounds \_\_\_\_\_  
 Bandages or dressings \_\_\_\_\_ Scars \_\_\_\_\_ (Length, width, location)  
 \_\_\_\_\_ Tattoos \_\_\_\_\_  
 (Number, location - illustrate on separate page)  
 Outstanding moles, warts or birthmarks \_\_\_\_\_ (Yes-no; description, location)  
 Sunburn or tan, other than hand and face \_\_\_\_\_  
 Complexion \_\_\_\_\_ (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build \_\_\_\_\_ **U** **T** **D** (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 \_\_\_\_\_ (Length, heavy)  
 (Color, setting, shape) (Color, size, shape)

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

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

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

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

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

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

Jaw ..... (Large, small, normal)      Circumference of **skull** ~~head~~ in inches **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 ..... (Unusual characteristics of fingernails)

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

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

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

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

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

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

Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

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

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Due to condition of remains.

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

9. Remarks No ROI bottle found, no I.D. tags or other personal effects  
found with remains. Estimated weight of remains 2 lbs

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

s/ James W. McClanahan  
(Officer's Name)

SP 6                      C 064983  
Rank    Service

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

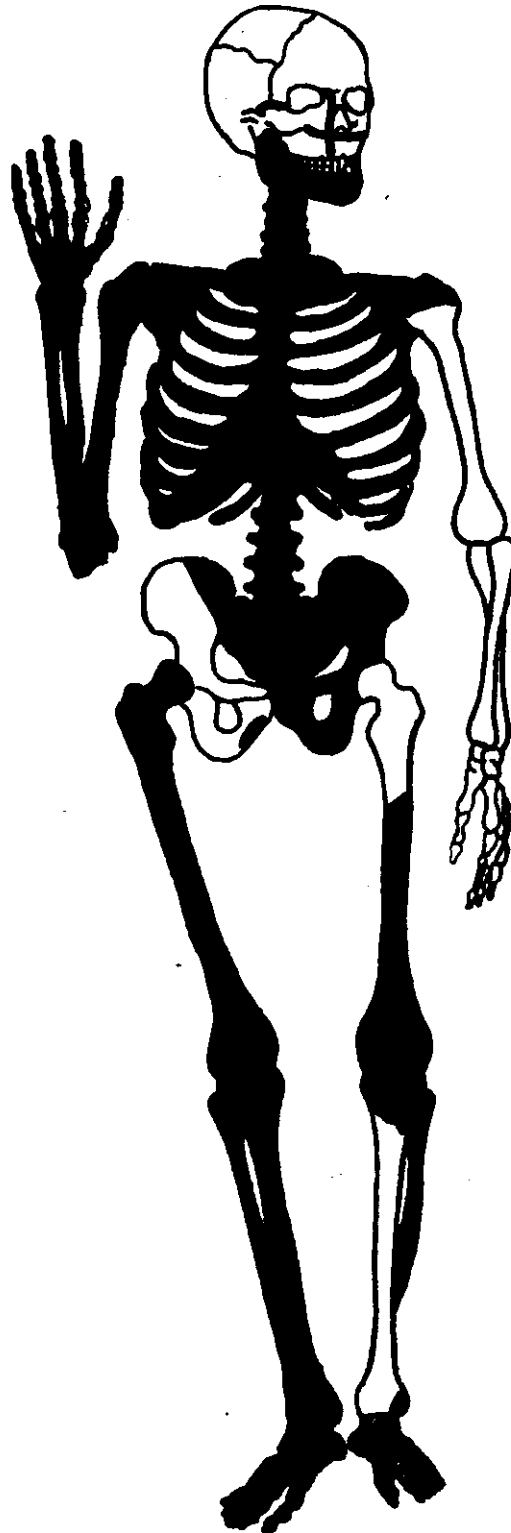
1 Dec 47

CERTIFIED TRUE COPY:

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

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



RD



REPORT OF DISINTERMENT FOR IDENTIFICATION

23 October 1947

1. Remains of (Name) Formerly in grave of MILX, John E.,  
35802940 USAF Cem Parang #1, Parang,  
UNKNOWN X-490 Mindanao, P.I.

Serial Number

-

Grade

Organization

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8389

2. Date of Disinterment

23 October 1947

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

Original made in Type "C" casket burial. Skeletal remains incomplete.  
Skull and few minor bones present. Substitute tags on remains and on  
marker coincide with R.C.I. on file. No identification clues found on  
remains.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Held in Field Torque

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*

PAUL R. NICHOLS, Embalmer

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

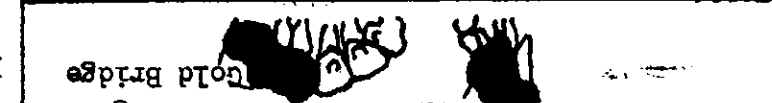
Missing Teeth



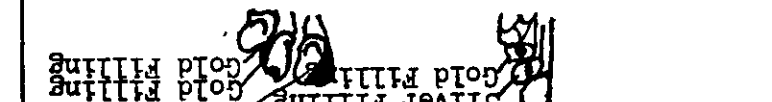
Crowned Teeth



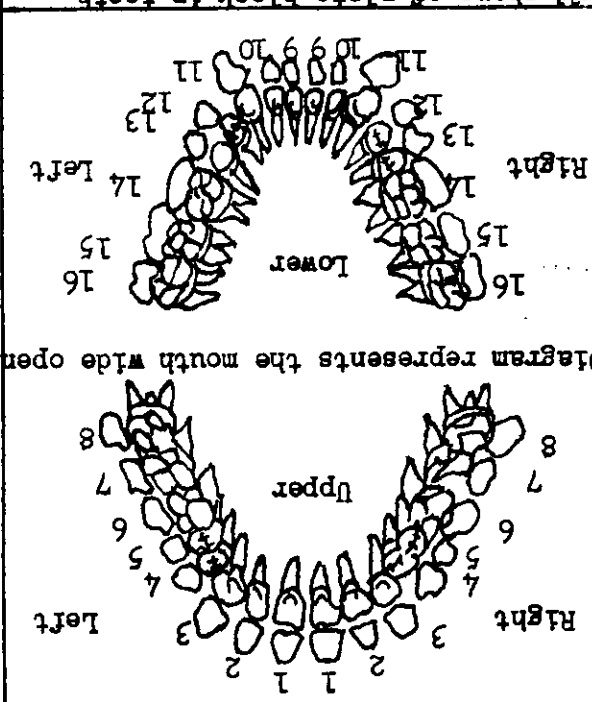
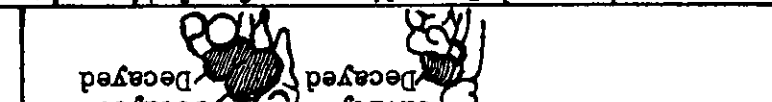
Bridgework



Fillings



Caries (Cavities)



Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks



JUL 22 1948

RESTRICTED

U-4353

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

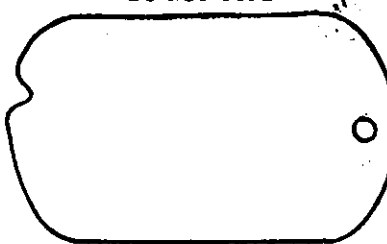
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

3 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2336 (Formerly Unk X-490 USAF Cem Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Kibawe, Mindanao, P.I.	CAUSE OF DEATH KIA	DATE OF DEATH Unknown
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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 established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
AGRS MAUSOLEUM, MANILA, P.

DATE OF BURIAL 2 Dec 47	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. A	GRAVE No. 220
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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 Leyte #1, P.I.	PLOT No.	ROW No.	GRAVE No. 8389
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-2338	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 222
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2334	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 218

SIGNATURE OF PERSON PREPARING REPORT R. R. ACIERTO, Pvt.	SIGNATURE OF OFFICER VERIFYING REPORT L. S. PANOPLO, 2nd Lt., Inf
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

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**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


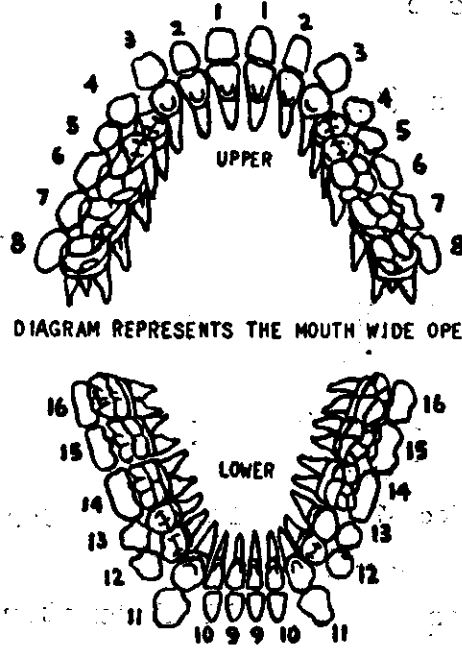




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

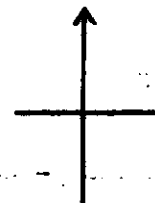
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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



**REMARKS:**

Identification Check List and Dental Chart accomplished

26 MAY 1948

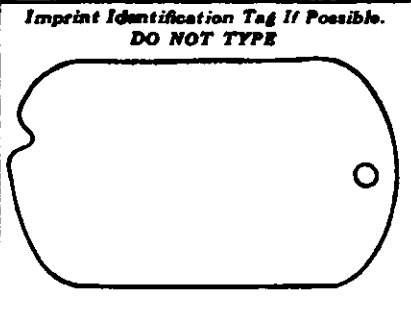
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME  
NO CLUES  
CATEGORY III CASE

IDENTIFICATION SECTION  
RECORDS BRANCH  
MEMORIAL DIVISION

WD CMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
**27 March 46**



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN X-490</b>		SERIAL No. <b>formerly in grave of MIX, John E., 35802940</b>	
GRADE <b>-</b>		ORGANIZATION <b>USAF Com Parang #1, Parang, Mindanao, P.I.</b>	
RACE <b>-</b>		BRANCH OF SERVICE <b>-</b>	
RELIGION <b>-</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY <b>-</b>	

PLACE OF DEATH <b>Kibawe, Mindanao, P.I.</b>	CAUSE OF DEATH <b>KIA</b>	DATE OF DEATH <b>-</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**-**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>-</b>	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>The remains of this Unknown consist of only a skull, which was found with the remains of MIX, John E., 35802940 upon arrival this Base for reinterment from Parang, Mindanao, P.I. Since the remains of Mix contained a skull, this one was removed and is now identified as Unknown X-490. Tooth chart</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>	<b>is accomplished on reverse side. MIX is interred in grave 8298, USAF Cemetery Layte #1, P.I.</b>

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

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**USAF Cemetery Layte #1, P.I.**

DATE OF BURIAL <b>21 March 46</b>	HOUR <b>1400</b>	BURIED IN (Shroud, blanket, or name of other) <b>"C" type casket</b>	TYPE OF GRAVE MARKER <b>Reg Cross</b>	PLOT No.	ROW No.	GRAVE No. <b>8389</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>#1 USAF Cemetery Parang, Mindanao, P.I.</b>	PLOT No. <b>1</b>	ROW No. <b>5</b>	GRAVE No. <b>92</b>
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TYPE OF RELIGIOUS CEREMONY <b>None</b>	PERSON CONDUCTING BURIAL RITES <b>None</b>	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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>JACKSON, Delbert</b>	RANK <b>Pfc</b>	SERIAL No. <b>35 273 885</b>	ORGANIZATION <b>-</b>	GRAVE No. <b>8388</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>LAUGHLIN, Harry Lee</b>	RANK <b>S 1c</b>	SERIAL No. <b>301 23 33</b>	ORGANIZATION <b>-</b>	GRAVE No. <b>8390</b>
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SIGNATURE OF PERSON PREPARING REPORT: **Charles W. Hallock**  
S/Sgt Charles W. Hallock, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT: **CAROL G. CARTER, 1st Lt., MCMC**

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.

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

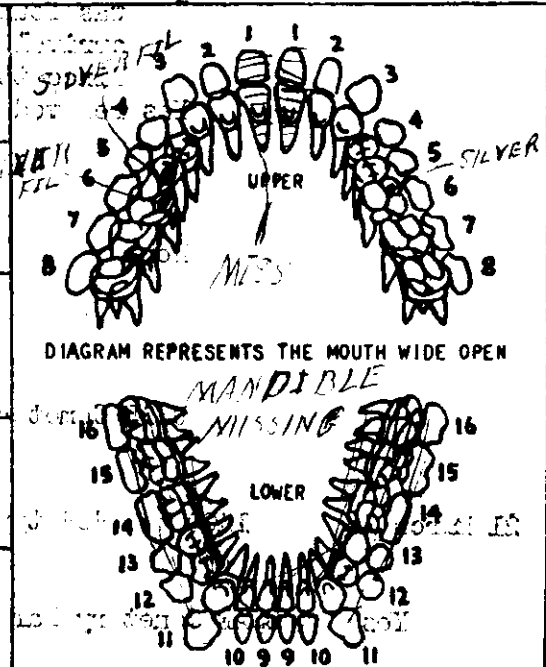
FILLINGS  
SILVER FILLING  
GOLD FILLING  
CROWN

CAVITIES  
CAVITY DECAYED

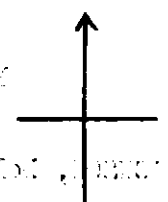
MISSING TEETH  
TOOTH MISSING

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:  
Condition of body precluded fingerprinting and other means of identification. Mandible missing. Only skull is present in these remains.