

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 ink Leyte #1 X-501
SUBJECT	also 293 ink mass manila X-2331

QMC FORM 1121  
1 Aug 45

QMGMT 293  
GRS Far East

11 July 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 at AGRS Mausoleum, Manila, P. I.:

Unknown X-1564 (formerly Unknown X-75 Finschhafen #2)  
Unknown X-2230 (formerly Unknown X-629 Leyte #1)  
Unknown X-2286 (formerly Unknown X-598 Leyte #1)  
Unknown X-2289 (formerly Unknown X-601 Leyte #1)  
~~Unknown X-2331 (formerly Unknown X-501 Leyte #1)~~  
Unknown X-2441 (formerly Unknown X-576 Leyte #1)  
Unknown X-3288 (formerly Unknown X-157 Finschhafen #2)  
Unknown X-3431 (formerly Unknown X-332 Leyte #1)  
Unknown X-3767 (formerly Unknown X-355 Leyte #1)  
Unknown X-4253

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

RES

NJS

J. Miller:lrc  
Salser  
JW

CSCE 293.9

SUBJECT: Unidentifiable Remains

9 June, 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 OMOBU 293, GCS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains presently stored at AGIS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN Y-621	UNKNOWN Y-3172
" Y-625	" Y-3258
" Y-630	" Y-3288
" Y-635	" Y-3422
" Y-1322	" Y-3431
" Y-1564	" Y-3767
" Y-1914	" Y-4253
" Y-2230	" Y-4096, Manila #2
" Y-2241	(Formerly Unk Y-1409, AGIS Mslm)
" Y-2286	" Y-5141 (Formerly Unk Y-327-I, AGIS Mslm)
" Y-2289	" Y-5142 (Formerly Unk Y-327-I, AGIS Mslm)
" Y-2331	" Y-5145 (Formerly Unk Y-327-I, AGIS Mslm)

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

FOR THE COMMANDING GENERAL:

23 Incls:

GIC Forms 1044 w/certificates  
of Unidentifiability

COPY

1

Interred 28 Oct 49  
A 27 Ft. McKinley  
*Case R. H. Mark*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7740 00454

DATE  
15 05 48  
DAY MONTH YEAR

NAME  
UNKNOWNX-000501

SERIAL NUMBER  
UNKNOWNX-000501

RANK

DATE OF DEATH  
8  
DAY MONTH YEAR

CEMETERY  
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS  
0 7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
8416 PHILIPPINE ISLANDS

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
UNK X-501  
UNK X-2331 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
27 Sept. 1948

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
JOSEPH W. GESUSE  
Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Shelter Half

CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /  
Two (2) Mausoleum Tags - UNK X-2331

REMAINS PREPARED AND PLACED IN CASKET  
DATE 27 Sept. 1948 BY JOSEPH W. GESUSE

CASKET SEALED BY  
JOSEPH W. GESUSE

EMBALMER (Signature)  
*Joseph W. Gesuse*  
JOSEPH W. GESUSE

CASKET BOXED AND MARKED  
HORACE L. ALLISON  
DATE 27 Sept. 48 Sgt., Inf.

SHIPPING ADDRESS VERIFIED BY  
HONORIO V. AURELIO, 1st Lt., Inf.

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

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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REMARKS: Unidentifiable - OQMG

RECORD OF CUSTODIAL TRANSFER

FROM		TO	
AGRS Mausoleum		Fort McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
		28 OCT 1949	
2 SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
3 SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
4 SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
5 SHIPPED			
FROM		TO	
KIND OF CONVEYANCE (EX ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MC KINLEY CEMETERY PHILIPPINE ISLANDS		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
6 SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
7 SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
8 SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE

FORM 1  
1-49  
Interim

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APQ 900

27 May 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-501, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 8416, USMC Leyte #1, \_\_\_\_\_ have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

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

Atch: Form 1044

Received 21 June 1949 OQMG  
Not identifiable from  
information presently  
available

Incl #12'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-2331 (Formerly Unk X-501 Leyte # 1)</b>			2. DATE OF REPORT <b>27 May 1949</b>	
3. NAME OF CEMETERY <b>AGRS MAUSOLEUM, MANILA P.I</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	<b>802</b>	<b>A</b>	<b>215</b>	DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>130 lbs</b>	9. ESTIMATED HEIGHT <b>5' 3"</b>	10. COLOR OF HAIR <b>U. T. D.</b>	11. RACE <b>Unknown</b>
---------------------------------------	-------------------------------------	--------------------------------------	----------------------------

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?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  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"**

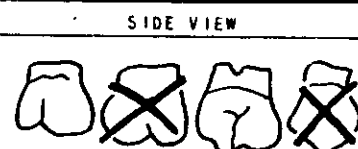
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Inc # 12*

18.

TOOTH CHART

**MISSING TEETH:** ALL TEETH MISSING THROUGH EX-  
TRACTION (NOT THOSE FRACTURED OR DISPLACED BY  
RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED  
THUS:



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



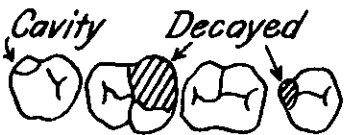
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH  
(LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE),  
THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	⊗		⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗			X
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
⊗	⊗		⊗	⊗	⊗	⊗	⊗	⊗	⊗		⊗	⊗			
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 RETAIN-  
ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**"UNIDENTIFIABLE"**

*J. J. McDermott*  
J. J. McDERMOTT

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

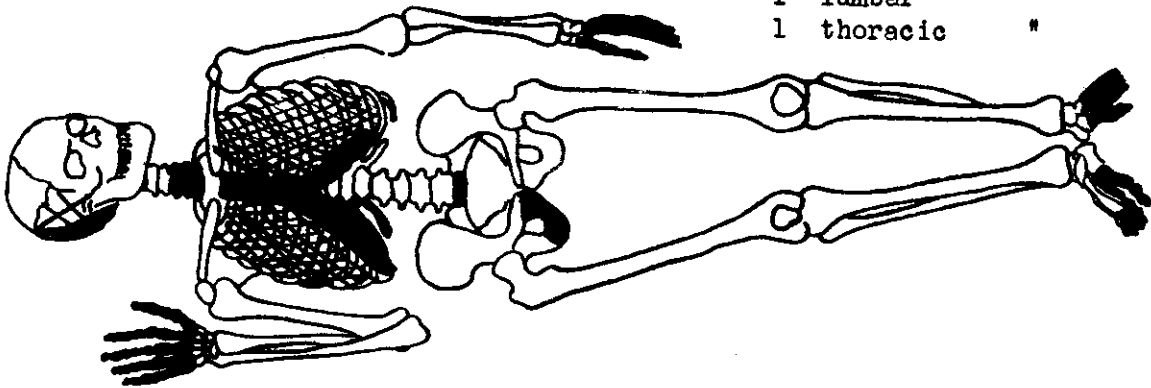
Laboratory Officer, CIP



19. BLACK OUT PARTS OF BODY NOT RECOVERED

RECEIVED

5 cervical vertebrae  
 1 lumbar  
 1 thoracic



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

JAMES J. McDERMOTT  
 Laboratory Officer, CIP

SIGNATURE

X-2331

# 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-2331 (Formerly UNK X-501)  
USAF Cem Leyte #1, P.I.)

1 Dec 47

DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown

Unknown

Mt. Canguipot, <sup>UNIT</sup> Leyte,  
P.I., near Villaba

AGPS Mausoleum,  
Manila, P.I.

ORGANIZATION

802

A

215

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

RANGE

BAY
















CELL.

		RIGHT								UPPER TEETH		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE		X	⊗		⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗				X	TYPE			
LOCATION																		LOCATION			

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE			⊗		⊗	⊗	⊗	⊗	⊗	⊗	⊗		⊗	⊗				TYPE	
LOCATION																		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 T. Gamboa*  
 GEORGE T. GAMBOA  
 2d Lt., MAC

CERTIFIED TRUE COPY:

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

1 Dec 47  
 DATE

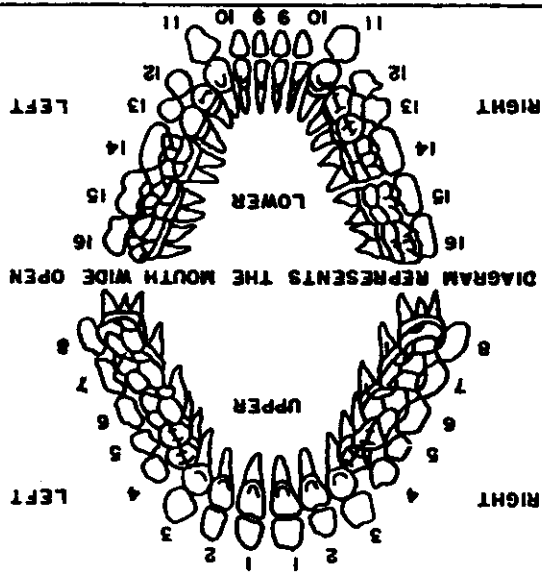
/s/ GERALD M HOLTZ, EMB SR  
 NAME AND RANK TYPED OR PRINTED

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

/s/ Gerald M Holtz, Emb Sr  
 SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H Bennett Jr  
 VERIFIED BY GRS OFFICER

REMARKS:



1. 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 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.
3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g. PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.

INSTRUCTIONS:

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-2331 (Formerly UNK X-501  
~~UNKNOWN~~ USAF Cem Leyte #1, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 802 ROW ABAY GRAVE 215

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~country~~ 1 Dec 47  
(Hour) (Date)
2. Place of death Mt. Canguipot, Leyte,  
P.I., near Villaba  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by 583rd QM AGRS  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/		
	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N		
	E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web .....  
Drawers, wool .....  
Drawers, cotton .....  
Leggings, wool .....  
Socks, cotton .....

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

Overshoes <sup>N</sup> <sub>E</sub> .....

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. Skeletal Chart attached.**

Age <sup>Est.</sup> <sub>/</sub> ..... Height <sup>Est.</sup> <sub>5'9"</sub> ..... Weight <sup>Est.</sup> <sub>130</sub> ..... 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)

<sup>D</sup>  
Sunburn or tan, other than hand and face .....

Complexion ..... (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)

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

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

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

Teeth **Tooth Chart attached.**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw / / (Large, small, normal) Circumference of 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 / /

Fingers U T D (Short, thick, long, slender, size of knuckles, missing fingers or joints)  
(Unusual characteristics of fingernails)

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

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

Back / / (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

(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 nor ID tags received with remains. No personal

effects nor any other means of identification. Weight of the remains is

approximately 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/ Gerald M Holtz

(Officer's Name)

Emb Senior C-063008

Rank

Service

CIP Laboratory, Manila, P.I.

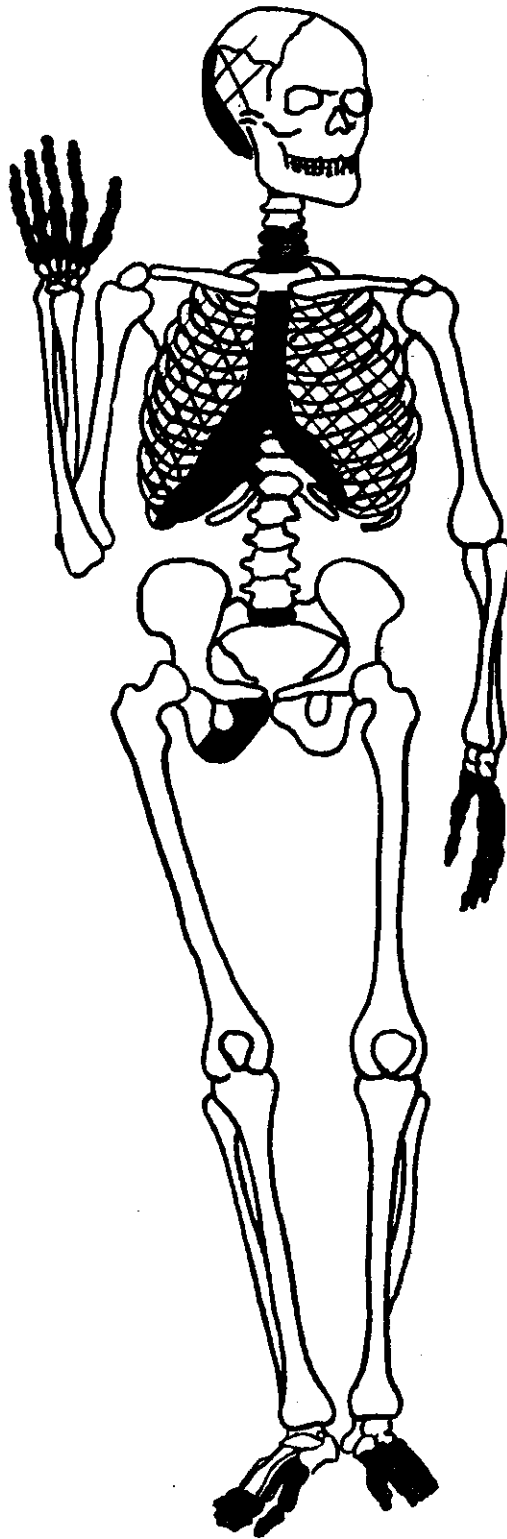
(Organization)

CERTIFIED TRUE COPY:

*George T. Bamboa*  
GEORGE T. BAMBOA

# SKELETAL CHART X-2331

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Missing:  
4 cervical } vertebrae  
1 Lumbar }  
1 Thoracic }  
Rib fragments



REPORT OF DISINTERMENT FOR IDENTIFICATION

25 October 1947

1. Remains of (Name)

Serial Number

William K-JCI

-

Grade

Organization

-

-

Name, Number and Location of Cemetery

Plot

Row

Grave No.

Fort Cemetery, Fort A, P.I.

1416

2. Date of Disinterment

13 October 1947

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

Original was in type "O" of 1941. Buried in type of 1941 and  
was buried inside of ... in ... of ... in ... of ...  
... metal ... in ... of ... of ... of ... of ...  
... of ... of ...

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

Substitute tag

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*  
PAUL R. NICHOLS, CAPTAIN

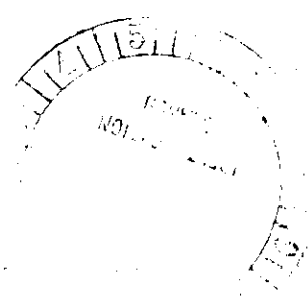
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

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

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

Remarks



# 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.

2 May 1946

DATE

UNKNOWN X-501

UNKNOWN

UNKNOWN

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNKNOWN

UNKNOWN

Near Villaba, UNIT

ORGANIZATION

Mt. Canguipot, Leyte, P.I.

USAF CEMETERY LEYTE #1, P.I.

8416

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

	8	7	6	RIGHT	5	4	3	2	1	1	2	3	LEFT	4	5	6	7	8	
TYPE	X				Ⓟ			Ⓟ	Ⓟ	Ⓟ	Ⓟ		Ⓟ				Ⓟ	X	TYPE
LOCATION																			LOCATION

INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">○</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <span style="font-size: 2em;">C</span> X <span style="font-size: 2em;">D</span> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <span style="font-size: 2em;">X</span> <span style="font-size: 2em;">X</span> <span style="font-size: 2em;">X</span> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">Ⓟ</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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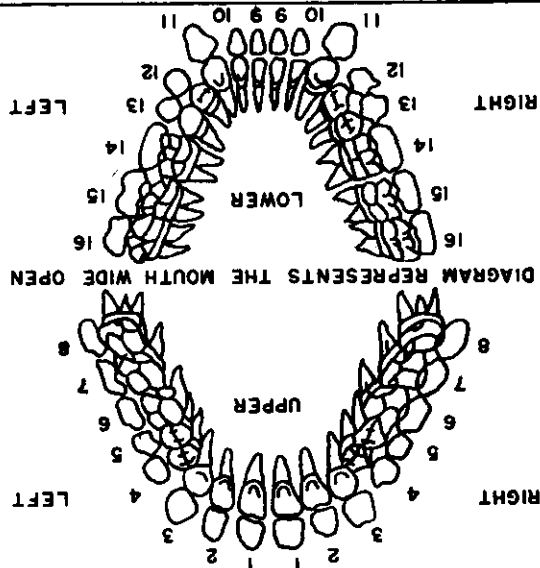
**INSTRUCTIONS:**

1. **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 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.**

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

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



**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

*Stephen G. Oliver, Sgt.*

NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

*Henry Paterno*

NAME AND RANK TYPED OR PRINTED

HENRY PATERNO, 1st Lt., GRC.

DATE

2 May 1946

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Headquarters, Base K, GRS

/cbf

MAY 6 1948



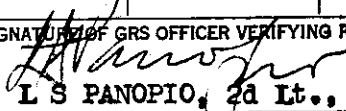
RESTRICTED

U 4408

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

3 Dec 47

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial)				
		UNKNOWN X-2331 (Formerly UNK X-501 USAF Cem Leyte #1, P.I.)				
		SERIAL No. Unknown				
GRADE		ORGANIZATION				
Unknown		Unknown				
RACE		RELIGION				
Unknown		Unknown				
PLACE OF DEATH		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
Mt. Canguipot, Leyte, P.I., near Villaba		Unknown				
CAUSE OF DEATH		DATE OF DEATH				
Unknown		Unknown				
EMERGENCY ADDRESSEE (Name, relationship, and address)						
Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
None						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)						
Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
AGRS MAUSOLEUM, MANILA, P						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 2 Dec 47	1000	STORED Casket	None	HANGER 802	BAY A	CRYPT 215
WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	USAF Cemetery Leyte #1, P.I.					
	PLOT No.	ROW No.	GRAVE No.			
			8416			
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
Yes	Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2333						CRYPT 217
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-2329						CRYPT 215
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
 RR ACIERRO, PVT			 L S PANOPIO, 2d Lt., Inf			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

10-4397-1

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


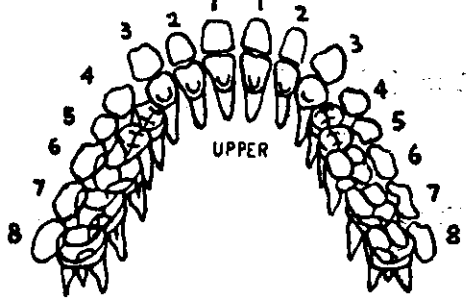




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

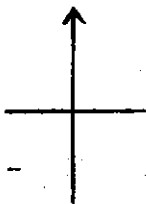
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



REMARKS:

**Identification Check List and Dental Chart accomplished.**

**3 FEB 1948**

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

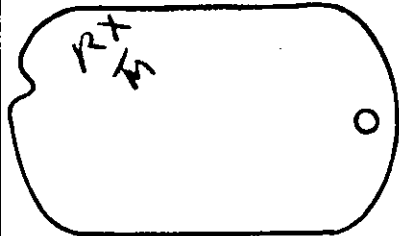
WD CMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

3 May 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-501

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

Mt. Canguipot,  
Leyte, P.I. Near Villaba

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)

UNIDENTIFIED:

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes -2- Unknown tags

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF CEMETERY LEYTE # 1, P.I.

DATE OF BURIAL

2 May 1946

HOUR

1500

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

"C" Type Casket

TYPE OF GRAVE  
MARKER

Reg. Cross

PLOT No.

ROW No.

GRAVE No.

8416

WAS THIS A REBURIAL?  
(Yes or no)

Yes

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

Mt. Canguipot, Leyte, P.I. MAP: Leyte, P.I.

SCALE: 1:50,000 Grid Co-ord: 1288.7 - 1355.8

PLOT No.

ROW No.

GRAVE No.

Isolated Burial

TYPE OF RELIGIOUS  
CEREMONY

None

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH  
BODY (Yes or no)

YES

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

YES

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

UNKNOWN X-500

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

8415

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

BOWMAN, Dean R.

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

8417

SIGNATURE OF PERSON PREPARING REPORT

S/Sgt. Charles W. Hallock, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

HENRY PATRICKO, 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 1.—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.


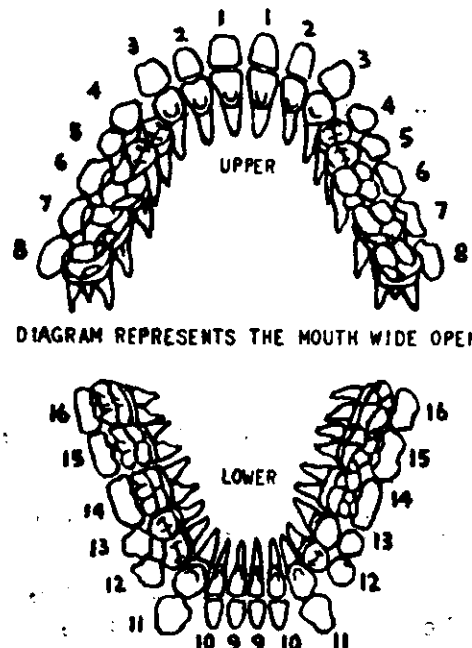




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

**12 JAN 1951**

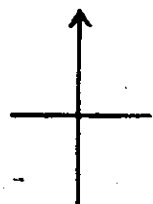
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

**TOOTH CHART ON ATTACHED QMC FORM 1045.**