

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 rank keyts #1 X-505

SUBJECT

Also 293 rank mans Manila X-3686

QMC FORM 1121  
1 Aug 45

**MAIL**

QMGT 293  
GRS Far East

20 March 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
American Graves Registration Service  
Philoom Zone  
APO 900, c/o Postmaster  
San Francisco, California

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

Unknown X-3758, AGRS Maus. Manila, form. X-96, USAF Cem. Leyte #1, Unit 2, Page 6

Unknown X-3759, AGRS Maus. Manila, form. X-101, USAF Cem. Leyte #1, Unit 2, Page 6

Unknown X-2836, AGRS Maus. Manila, form. X-415, USAF Cem. Leyte #1, Unit 2, Page 12

Unknown X-3686, AGRS Maus. Manila, form. X-505, USAF Cem. Leyte #1, Unit 2, Page 12

Unknown X-704, USAF Co. Leyte #1, form. X-2849-A, AGRS Maus. Manila, Unit 2, Page 14

Unknown X-734, U AF Cem. Leyte #1, form. X-4581-B, AGRS Maus. Manila, Unit 2, Page 14

Unknown X-5225, AGRS Mausoleum Manila, P.I., Unit 9, Page 9

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

FOR THE QUARTERMASTER GENERAL:

E.A.Kazup:lrc  
Salser  
JW  
cc--Administrative Section  
cc--Cinofe

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

JMR

TBC

*Handwritten notes on right margin:*  
643  
X-3686  
Mausoleum Manila

**MAIL**

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

OMPZ 293

APO 900

SUBJECT: Unidentifiable Remains

1 MAR 1950

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 QAGAU 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-415 Leyte #1  
X-704  
X-3686 AGRS Mslm  
X-3758

UNKNOWN X-3759 AGRS Mslm  
X-4681-B  
X-5225

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

FOR THE COMMANDING OFFICER:

7 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSCR 293.9

ARO 707

SUBJECT: Cancellation of Letter Suffixes of Unknown Numbers 8 AUG 1949

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

1. A recent reprocessing of Unknown remains presently stored at AGPS Mausoleum, Manila, P.I., resulted in the declaration of some Unknowns as Unidentifiables and also necessitated the cancellation of the letter suffix "A" or "B" of the X numbers of the Unknowns which were originally recovered or interred together with the Unknowns declared Unidentifiable.

2. In view of the above, it is requested all records your office pertaining to the following Unknowns be amended indicating the cancellation of the letter suffixes:

UNKNOWN X-1776-A	UNKNOWN X-2405-A	UNKNOWN X-3770-A	UNKNOWN X-4758-A
" X-2562-A	" X-3578-A	" X-3833-A	" X-4759-A
" X-2766-A	" X-3597-A	" X-3836-A	" X-4761-A
" X-2839-A	" X-3613-A	" X-4173-A	" X-4769-A
" X-2929-A	" X-3634-A	" X-4314-A	" X-4771-A
" X-3265-A	" X-3679-A	" X-4315-A	" X-4772-A
" X-3289-A	" X-3686-A	" X-4533-A	" X-4778-A
" X-3315-A	" X-3687-A	" X-4725-A	" X-4792-A
" X-3369-A	" X-3704-B	" X-4740-A	" X-4805-A
" X-3402-A	" X-3729-A	" X-4752-A	

3. All records in this Headquarters pertaining to the above Unknowns have already been amended accordingly.

FOR THE COMMANDING GENERAL:

/s/ John M. Weston, Jr.  
JOHN M. WESTON Jr  
1st Lt           ACD  
Asst      Adj      Gen

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

AFO 707  
7 JUN 1949

SUBJECT: Assignment of CIL Numbers

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 QMGMP 293, dated 2 April 1948, subject: Disinterment Discrepancies, the following Unknowns, presently stored at AGRS Mausoleum, Manila, P. I., have been assigned CIL numbers as indicated below:

a. Unknown X-2877-B (Formerly X-2286, USAF Cemetery Manila #2), be assigned CIL #340.

b. Unknown X-3686-B (Formerly X-505, USAF Cemetery Leyte #1), be assigned CIL #344.

c. Unknown X-3315-B (Formerly X-194, USAF Cemetery Leyte #1), be assigned CIL #345.

d. Unknown X-3729-B (Formerly X-363, USAF Cemetery Leyte #1), be assigned CIL #346.

e. Unknown X-2251-C (Formerly X-616-C, USAF Cemetery Leyte #1), be assigned CIL #348.

f. Unknown X-4927, AGRS Mausoleum, Manila, P.I., be assigned CIL #350.

g. Unknown X-3768 (Formerly X-358, USAF Cemetery Leyte #1), be assigned CIL #351.

2. It is requested that all pertinent records, your office, be amended to indicate that the above-mentioned Unknowns have been assigned CIL numbers.

FOR THE COMMANDING GENERAL:

/s/ John A. Marszal  
JOHN A. MARSZAL  
1st Lt., AGD  
Asst Adj Gen

/bpm 1 /gyc		Interred 6 March 1950 N 15 73 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00069		DATE 15 05 48 DAY MONTH YEAR	
NAME UNKNOWN		SERIAL NUMBER X-000505		RANK N	
CEMETERY USAF CEMETERY LEYTE NO 1		ARM 0		DATE OF DEATH 7701 80 CODE DIST. PT.	
PLOT 1220		ROW 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 I-505		SERIAL NUMBER		RANK	
DATE OF DEATH		DATE DISTINTERRED 9 June 1949			
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION	
				IDENTIFICATION VERIFIED BY RICHARD HOYT Embalmer NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL Shelter Half			CONDITION OF REMAINS Skeletal		
OTHER MEANS OF IDENTIFICATION 3606 (Mslm)					
MINOR DISCREPANCIES 1					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 9 June 1949		BY RICHARD HOYT			
CASKET SEALED BY RICHARD HOYT		EMBALMER (Signature) <i>Richard Hoyt</i> RICHARD HOYT			
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY GERARD A BRICK			
DATE 9 June 49		BY WEYMAN L McGUIRE, Sgt, MC			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
<i>Gerard A Brick</i> GERARD A BRICK SIGNATURE OF GRS INSPECTOR					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	AGRS MANSOLEUM	TO	U.S. MILITARY CEMETERY
KIND OF CONVEYANCE		NAME OF CONVOYER	
TRUCK			
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
		<i>Carroll</i>	
DATE	MAR 6	DATE	1950
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
8. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
9. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
10. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
11. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
12. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

(KIND OF CONVEYANCE)  
MANTLA, PHILIPPINE ISLANDS

SIGNATURE OF SHIPPER  
FORT MC KINLEY CEMETERY

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

24 Feb 1950

(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 505, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 1220, USMC USAF Cem. Leyte #1, have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

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



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3686-		(Formerly UNK X-505 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 27 Feb '50	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.		4. PLOT HANGAR  812	5. ROW BAY  U	6. GRAVE CRYPT  5449	7. DATE OF DISINTERMENT REINTERMENT	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 1 3/8"	10. COLOR OF HAIR UTD	11. RACE UTD
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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?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



MAXILLA (Upper Jaw) Missing

SEE REMARKS

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
← MISSING →						P	P	P	P	P	P	X	X	X	X	Cavity
Side View								Side View								
Top View								Top View								
Side View								Side View								
UPPER								LOWER								
P	X	X	P	P	P	P	P	P	P	X	X	X	X	X		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

SEE REMARKS

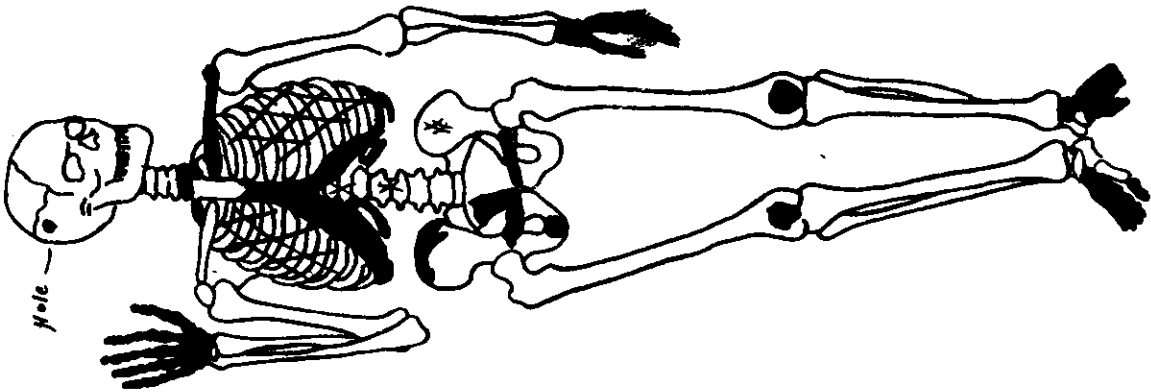
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: R4 is chipped on facial portion.  
L 11 and L 15 indicated sign of severe attrition.

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

19. BLACK-OUT PARTS OF BODY NOT COVERED



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 I.D. tags, burial bottle, personal effects, or other means of identification found with remains.

One hole, apparently caused by shrapnel, located on lower section of Rt. Parietal bone near the lambdoid suture. Rt. Parietal temporal bone is detached from the skull.

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

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3686-A</b>			(Formerly UNK X-505 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT <b>10 Feb 48</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>			4. PLOT <b>812</b>	5. ROW <b>U</b>	6. GRAVE <b>5449</b>	7. DATE OF DISINTERMENT <b>31 Dec 47</b>	
			<b>MANGER BAY CRYPT</b>			REINTERMENT <b>STORAGE 11 Feb 48</b>	

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5' 1 3/8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**NONE**

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

**UTD**

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


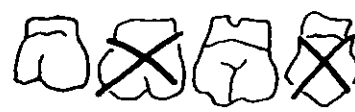
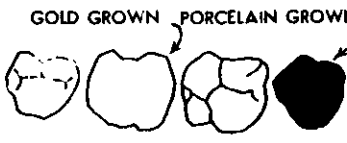



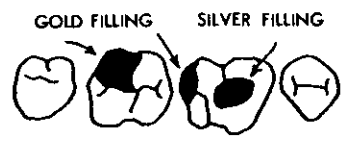

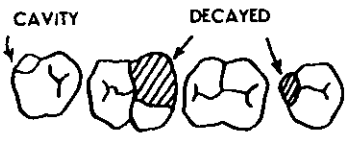

**NONE**

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)

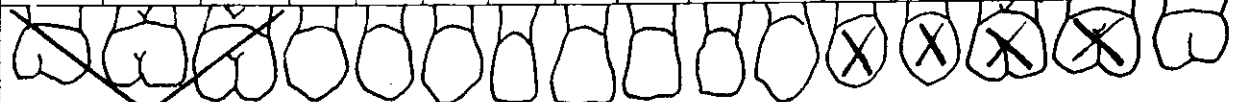


**No ROI bottle, no ID tag, or other means of identification.  
No personal effects, received at CIP Laboratory, Manila, P.I.**

18.

TOOTH CHART

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

*maxilla posthumously missing*      *See Remarks*

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	<i>missing</i>					<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>cavity</i> <i>o</i>
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

*See Remarks*

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

**REMARKS:** R4 is chipped on facial portion.  
L 11 and L 15 indicated sign of severe attrition.

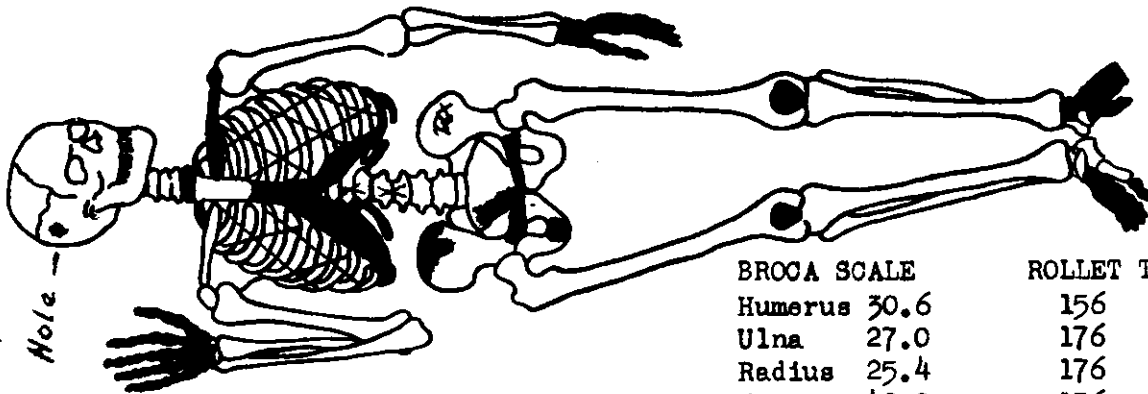
CERTIFIED TRUE COPY:

*G. T. Gamboa*  
G. T. GAMBOA, 2d Lt., MSO

/s/ John J. Connors

19. LACK OUT PARTS OF BODY NOT RECOVERED

- 3 Cervical vertebrae
- 2 Thoracic vertebrae
- 4 Lumbar vertebrae
- Fragments of Ribs



	BROCA SCALE	ROLLET TABLE
Humerus	30.6	156
Ulna	27.0	176
Radius	25.4	176
Femur	42.9	156
Tibia	35.3	160

Average of length in cm 156 or 5' 3/8"

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

Circumference of skull is 21".

Estimated weight of remains is 5 1/2 lbs.

In processing UNK X-505 USAF Cem Leyte #1, P.I. remains of two bodies were found. By measurement, and bone structure it was possible to segregate these into two remains, designated as Unknowns X-3686-A and X-3686-B. Cross check with UNK X-3686-B.

One hole, apparently caused by shrapnel, heated on lower section of Rt. Parietal bone near the lambdoid suture. Rt. Parietal temporal bone is detached from the skull.

CERTIFIED TRUE COPY:

*G. T. Gamboa*

G. T. GAMBOA  
2d Lt., MSC

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

p/ JAMES W. McOLANAHAN O-064983  
OIP Laboratory, Manila, P.I.

SIGNATURE

/s/ James W. McOlanahan

REPORT OF DISINTERMENT FOR IDENTIFICATION

13 January 1948

1. Remains of (Name)

Serial Number

UNKNOWN X-505

Grade

Organization

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

1220

2. Date of Disinterment

31 December 1947

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

Original made in shelter halve burial. Skeletal remains complete. Tag on marker coincides with ROI on file.

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

Substitute tag

On Remains

Identification tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*

PAUL R. NICHOLS, Embalmer

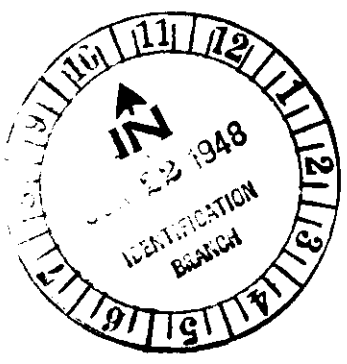
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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, dentures (plates), and any deformity of jaws found. (cavities of decay), dentures (plates), and any deformity of jaws found.

	<p>Missing Teeth</p> <p>Tooth Missing</p> <p>Gold Crown</p> <p>Porcelain Crown</p> <p>Gold &amp; Porcelain Bridge</p> <p>Gold Bridge</p> <p>FILLINGS</p> <p>Silver Filling</p> <p>Gold Filling</p> <p>Caries (Cavities)</p> <p>Cavity</p> <p>Decayed</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



5-34880-411



# 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.

22 May 1946

DATE

UNKNOWN X-505 (Formerly PALLODG, Federico D.)

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

----- Merchant Marine -----

UNIT

ORGANIZATION

Aboard Alexander Majors,  
Dilag, Leyte, P. I.

PLACE OF DEATH

USAF Cemetery Leyte #1, P. I.

PLACE OF BURIAL

PLOT

ROW

1220
















GRAVE NO.

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	9	9	10	11	12	13	14	15	16		
	LOWER TEETH																		
TYPE															X	o	X	X	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)

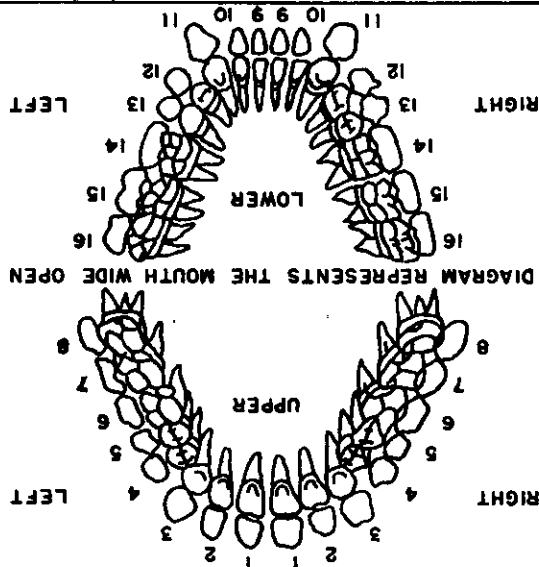
**INSTRUCTIONS:**

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, eg, 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:**

Black Navy Shoes, approximately size 7, Brown leather belt, approximately size 28 (markings on belt: PARIS CALFSKIN, Handmade)  
Possible Black hair  
Possibly remains of middle aged man.

SIGNATURE OF PERSON WHO PREPARED CHART

Sgt. Stephen G. Oliver, GRS

NAME AND RANK TYPED OR PRINTED

GRS Base K, APO 72

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

HENRY PATRINO, 1st Lt., QMC

NAME AND RANK TYPED OR PRINTED

22 May 1946

DATE


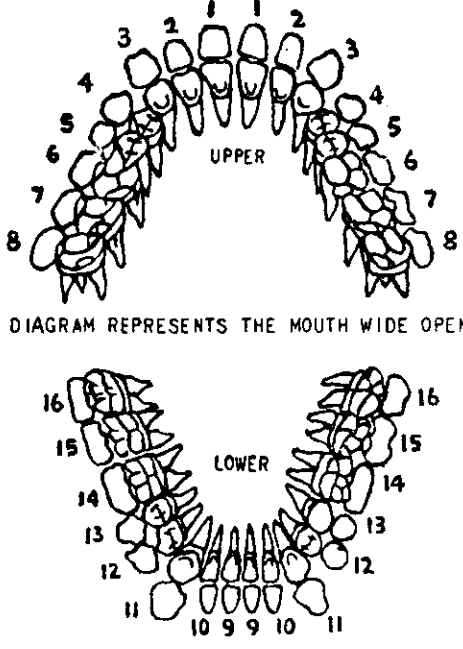




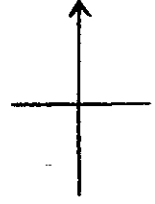

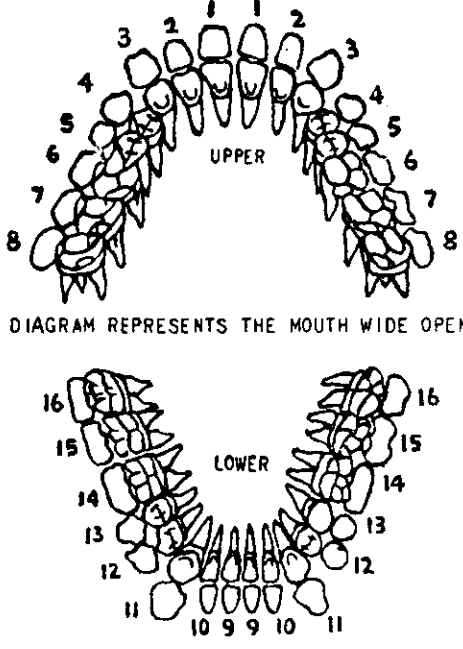




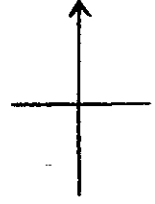

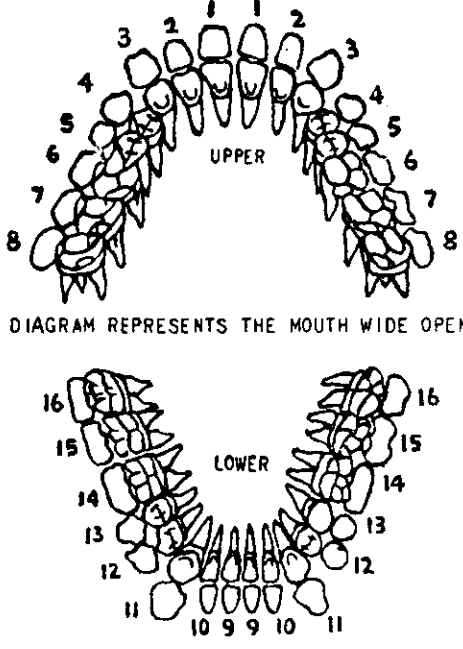




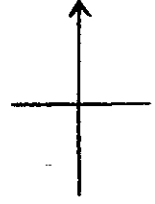
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 Feb 48

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.			SERIAL NO.	
		NAME (Last, first, middle initial) UNKNOWN X-3686 (Formerly UNK X-505 USAF Cemetery Leyte #1, P.I.)			Unknown	
		GRADE Unknown	ORGANIZATION Merchant Marine		BRANCH OF SERVICE Unknown	
		RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Aboard Alexander Major Dulag, Leyte, P.I.		CAUSE OF DEATH KIA Burns, Shrapnel wounds, multiple			DATE OF DEATH 12 Nov 44	
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) See Remarks				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		MEMORIAL DIVISION JUN 7 2 40 PM '48 REPAIRATION RECORDS BRANCH				
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. I.						
DATE OF BURIAL STORAGE 11 Feb 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT NO. 812	ROW No. U	GRAVE No. 5449
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.					
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY 14 files 14/104-14 CR			
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-3686-B			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5450
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3685-			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5448
SIGNATURE OF PERSON PREPARING REPORT V. O. AQUINO, T/5, QMC			SIGNATURE OF GBS OFFICER VERIFYING REPORT CALVIN F. FINN, Maj., FA			
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.						

LEFT LITTLE FINGER	<b>Section 3.— UNIDENTIFIED REMAINS.</b>																	
	<b>INSTRUCTIONS:</b> (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.																	
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR														
			BIRTHMARKS, SCARS, OR TATTOOS															
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND														
	OTHER IDENTIFICATION CLUES																	
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">                  SILVER FILLING GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">                  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> <tr> <td colspan="2" style="text-align: center;">FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</td> <td align="center" style="vertical-align: middle;">  </td> </tr> </table>				FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
FILLINGS					 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN												
CAVITIES					 CAVITY DECAYED													
MISSING TEETH					 TOOTH MISSING													
CROWNED TEETH					 PORCELAIN CROWN GOLD CROWN													
BRIDGE WORK					 GOLD BRIDGE													
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY																		
LEFT THUMB																		
RIGHT THUMB																		
RIGHT INDEX FINGER																		
RIGHT MIDDLE FINGER																		
RIGHT RING FINGER																		
RIGHT LITTLE FINGER	REMARKS: In processing UNKNOWN X-505, USAF Cemetery Leyte #1, P.I., at CIP, AGRS, Manila, P.I. parts of two remains were found, segregated and designated as UNKNOWN X-3686-A and X-3686-B, AGRS Mausoleum, Manila, P.I. QMD Form 1044, 1044-A and 1044-B accomplished.																	

12 MAY 1949

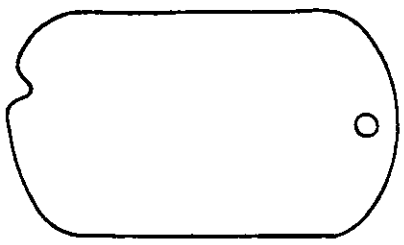
RESTRICTED

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

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

DATE OF REPORT  
CORRECTED  
22 May 1946

*Imprint Identification Tag If Possible. DO NOT TYPE*



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-505		SERIAL NO. ----
GRADE ----	ORGANIZATION Merchant Marine	BRANCH OF SERVICE ----
RACE ----	RELIGION ---	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Aboard Alexander Majors, Dulag, Leyte, P.I.	CAUSE OF DEATH MIA Burns, shrapnel wounds, multiple	DATE OF DEATH 12 Nov. 1944
---	--	-------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
---

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Changed from FALLODO, Federico D., 570095121, per ltr ASF, AIG, Wash., D.C. dtd 30 Apr. 1946
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (Unknown tags)	A TRUE COPY:

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

*George D Redden Jr.*  
GEORGE D REDDEN JR.  
Capt., Infantry

**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 25 June 45	HOUR 1000 hrs	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Reg. Cross	PLOT No.	ROW No.	GRAVE No. 1220
------------------------------	------------------	---	------------------------------------	----------	---------	-------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Dulag #1, Leyte, P.I.	PLOT No. 1	ROW No. 14	GRAVE No. 501
--	--	---------------	---------------	------------------

TYPE OF RELIGIOUS CEREMONY None	PERSON CONDUCTING BURIAL RITES None	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Corrected report of re-interment buried in bottle with body. Corrected Metal Tag buried with body and attached to marker.
------------------------------------	--	---

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) TODA, Robert L.	RANK 1st Lt.	SERIAL No. 0-1 291 910	ORGANIZATION 96 Div.	GRAVE No. 1219
---	-----------------	---------------------------	-------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) PADRIQUE, Salvador S.	RANK ----	SERIAL No. 559264348	ORGANIZATION M. Marine	GRAVE No. 1221
--	--------------	-------------------------	---------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT s/t/ Sgt. Charles W. Hallock, CRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ HENRY PATLANO, 1st Lt., AIG
---	---

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

**Section 3. UNIDENTIFIED REMAINS.**


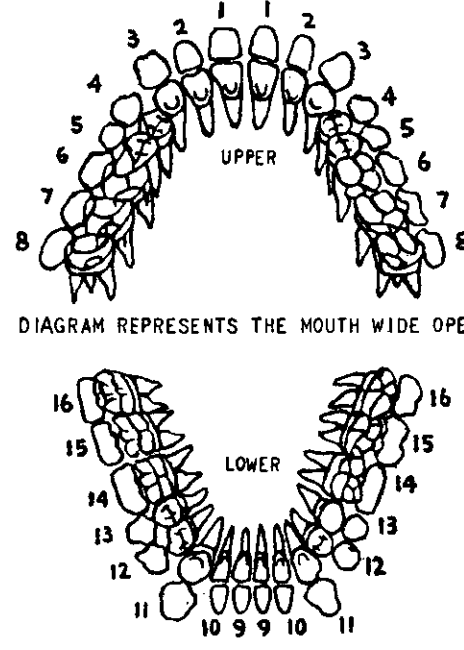




**INSTRUCTIONS:**

(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.

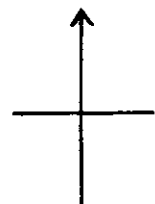
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

LEFT LITTLE FINGER					
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

LEFT INDEX 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>
LEFT THUMB	<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>	
RIGHT THUMB	<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>	
RIGHT INDEX FINGER	<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
RIGHT MIDDLE FINGER	<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:

RIGHT  
LITTLE FINGER

CORRECTED

RESTRICTED

hsv

1220

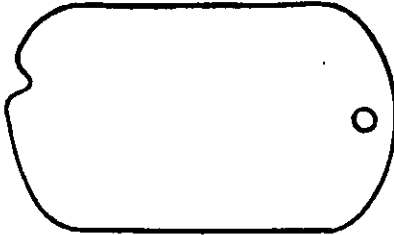
C-149

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

DATE OF REPORT

CORRECTED

22 May 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-505 (Formerly PALLODG, Fedrico D.)

SERIAL No.

---

GRADE

---

ORGANIZATION

--- Merchant Marine ---

BRANCH OF SERVICE

---

RACE

---

RELIGION

---

IF OTHER THAN U. S. DEAD. GIVE  
NAME OF COUNTRY

---

PLACE OF DEATH  
AboardAlexanders Majors, Dulag,  
Leyte, P.I.

CAUSE OF DEATH

KIA Burns, Shrapnel wounds, multiple

DATE OF DEATH

12 Nov. 1944

EMERGENCY ADDRESSEE (Name, relationship, and address)

---

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

None

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

Changed from PALLODG, Fedrico D., 570095121, per Ltr ASF,  
OQMG, Wash. D, C., dtd 30 Apr. 1946.

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
25 June 45	1000 hrs	Shelter half	Reg. Cross			1220

WAS THIS A REBURIAL?  
(Yes or no)

Yes

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

USAF Cemetery Dulag, #1, Leyte, P.I.

PLOT No.

1

ROW No.

14

GRAVE No.

501

TYPE OF RELIGIOUS  
CEREMONY

None

PERSON CONDUCTING BURIAL RITES

None

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODYCorrected report of re-interment buried in  
bottle with body.  
Corrected Metal Tag buried with body and  
attached to marker.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)

TODA, Robert L.

RANK

1st Lt.

SERIAL No.

O-1 291 910

ORGANIZATION

96 Div.

GRAVE No.

1219

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

PADRIQUE, Salvador S.

RANK

----

SERIAL No.

559264348

ORGANIZATION

M. Marine

GRAVE No.

1221

SIGNATURE OF PERSON PREPARING REPORT

S/Sgt. Charles W. Hallack

SIGNATURE OF GRS OFFICER VERIFYING REPORT

HENRY PATERNO, 1st Lt., QMC

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

RESTRICTED

**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.


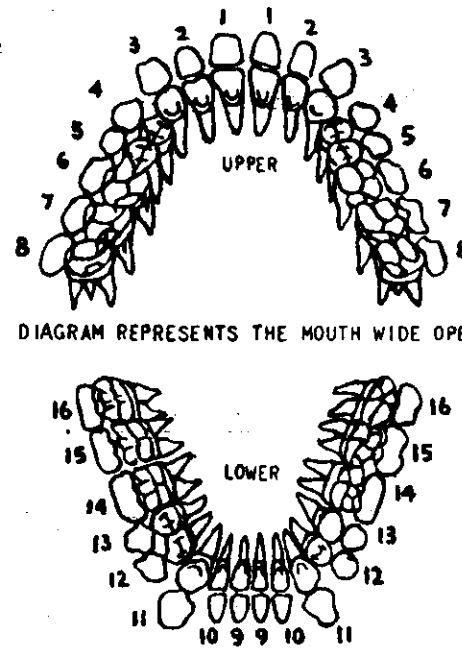




**2 JUN 1946**

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

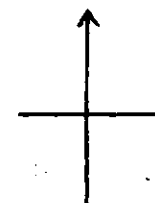
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

**Black Navy shoes, approximately size 7, Brown leather belt, approximately size 28 (markings on belt: PARRIS CALFSKIN, Handmade) Possible Black hair.**  
**Possibility of remains being those of middle aged man.**

<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:



Graves Registration Form No. 1 (Revised May 11, 1943)

RESTRICTED

RE-

33

C 149

# REPORT OF INTERMENT

(TM 10-630 AND AD 20, 1915)  
Social Sec. No. *570-09-5121*

Utility Man

Merchant Marine ✓

~~PALLODG~~

~~Fedrico~~

~~D.~~

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Alexander Majors, Dulag, Leyte, P.I. 12 November 1944 KIA-burns, shrapnel wounds, multiple

(Place of death) (Date of death)

1000 hrs 25 June 1945 USAF Cemetery Leyte #1, P.I.

(Time and date of burial) (Name of Cemetery) (Name of coordinates of location)

1220

Reg. Cross

(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

Disinterred from USAF Cemetery Dulag #1, Leyte, P.I. Grave 501

Metal tag buried with remains and attached to marker.

(If no identification tags, what means of identification are buried with the body?)

Religion

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT PADRICUE, Salvador S. 559 26 4348 Merchant Marine 1221

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT TODA, Robert L. 0-1 291 910 1st Lt 96 Div 1219

(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None

Form No. 1247

RESTRICTED

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43).  
 If unable to obtain a complete set of fingerprints, TAKE THOSE YOU  
 CAN, and fill in as many of the following as you are able:

Height:

Weight:

Colour of eyes:

Colour of hair:

Race:

Is Tooth chart attached?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles,  
 deformities, etc.:

Note below any identifying clues found, such as letters, photographs,  
 probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE  
 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

John E. Bobbs, S/Cpt, GRS

(Signature of officer or other person reporting burial)

FRANCIS H. SIMON, 1st Lt., GRC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

THUMB

