

FILE IDENTIFICATION TOPPER

| | |
|-------------|-----------------------------------|
| FILE NUMBER | 293 Unk. Leyte #1 X-547 |
| SUBJECT | |
| | Also Unk. 293 Masila Mans. X-2354 |

GNC FORM 1121
1 Aug 45

/bpm

Interred 6 Feb 1950
C 2 55 Ft. McKinley

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

1

Cecil H. Mark
CARL R. H. MARK
Cemetery SuperintendentSECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7740 81018

DATE

16 02 50
DAY MONTH YEAR

| | | | | | |
|-----------------|---------------|-------|-----|------|----------|
| NAME | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
| UNKNOWN X - 547 | | | | | |

| | | | | |
|----------------------------------|------|-----|-------|----------------------------|
| CEMETERY | PLOT | ROW | GRAVE | DISPOSITION OF REMAINS |
| USAF CEMETERY LETTE NO. 1, P. I. | | | 8470 | 7701 80 CODE DIST. CTR. |

SECTION B — CONSIGNEE AND NEXT OF KIN

| | |
|--|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE | NAME AND ADDRESS OF NEXT OF KIN |
| UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I. | (BY ADMINISTRATIVE DECISION) |

SECTION C — DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|---------------|----------|---|------------------|
| NAME | SERIAL NUMBER | GRADE | DATE OF DEATH | DATE DISINTERRED |
| UNKNOWN X- 547 | | | | 21 Feb. '50 |
| IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE | |

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

| | |
|-------------------------------|----------------------|
| NATURE OF BURIAL | CONDITION OF REMAINS |
| Shelter Half | Skeletal |
| OTHER MEANS OF IDENTIFICATION | |
| X - 2354 Maus | |

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

| | |
|--|---|
| DATE 21 Feb. '50 | BY PAUL R NICHOLS |
| CASKET SEALED BY PAUL R NICHOLS | EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS |
| CASKET BOXED AND MARKED RAYMOND H. TANGUAY DATE 21 Feb. '50 Sgt. lc., RA | SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA |

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt., RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM

TO U S MILITARY CEMETERY

KIND OF CONVEYANCE TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER *Barclay*

DATE

MAR 6 1950

DATE

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

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILIP...

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7740 81018

16 02 90
DAY MONTH YEAR

NAME: UNKNOWN I - 547 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY LEYTE NO. 1, P. I. PLOT: ROW: GRAVE: 8470 DISPOSITION OF REMAINS: 7701 CODE: 00 DIST. CTR.:

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY PT. W. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISINTERRED:

IDENTIFICATION TAG ON: ORGANIZATION: RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:

OTHER MEANS OF IDENTIFICATION:

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET: DATE: BY:

CASKET SEALED BY: EMBALMER (Signature):

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: DATE: BY:

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

SIGNATURE OF AGRS. INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS:

Handwritten signature and stamp of the AGRS Inspector.

AIRMAIL

MSG 293
GAS Far East

13 March 1960

SUBJECT: Identification of World War II Deceased

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

Handwritten initials/signature

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P.I.:

| | |
|---------------------|--|
| Unknown X-5, | 77th Division Cemetery, Okinawa, Unit 2, Page 1 |
| " X-47, | Island Command Cemetery, Okinawa, Unit 2, Page 2 |
| " X-75, | Guam #2, Agat Cemetery, Unit 2, Page 5 |
| " X-785, | USAF Cemetery Leyte #1, P.I., Unit 2, Page 4 (Sup) |
| " X-2269, | (formerly X-440 Leyte #1), Unit 2, Page 12 |
| " X-2280 | " X-451 " " " 2, " 12 |
| <i>2/3</i> " X-2354 | " X-547 " " " 2, " 13 |
| " X-3857, | AGRS Mausoleum, Manila, Unit 2, Page 19 |
| " X-3859, | " " " " 2, " 19 |
| " X-3860, | " " " " 2, " 19 |
| " X-3861, | " " " " 2, " 19 |
| " X-3862, | " " " " 2, " 19 |
| " X-3863, | " " " " 2, " 19 |
| " X-3864, | " " " " 2, " 19 |
| " X-3928 | " " " " 2, " 19 |
| " X-4172 | " " " " 2, " 19 |

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

FOR THE QUARTERMASTER GENERAL:

J. Miller:bre
Salsar
JW
cc--Administrative Section
cc--Cinofe

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

JEM
TEC

AIRMAIL

1. FILE UNDER NO.

293 - UNK. P. I. X-2354 (HAUS. MANILA)

SYNOPSIS

2. TYPE OF DOCUMENT:

TELEGRAM

3. DATE:

29 NOV 49

4. FROM:

C.M.G.

5. TO:

OF AGRS PHILCOE WASH MANILA PI

6. SUBJECT:

.....

X O L 25751

REQST EXAM OF XRAIS 2354 & 4551 THRU 4557 ENGL HAUS.

VANITA WITH EMPHASIS ON FRACTURES OF WRIST, NOSE AND
AMPUTATION OF TOES

7. DOCUMENT FILED
UNDER NO.

293 - UNK. P. I. (MISC) (HAUS. MANILA) (X-2354, X-4551
THRU X-4557)

msb

INSTRUCTIONS.-- Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of document.
4. and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

24
293 Unit - P.I. (misc) New Manila
X-2354 X-4551 thru X-4557

OSMG DEPT OF ARMY WASH DC

UNCLASSIFIED

COASRS PHILCOM (AF) ZONE MANILA PI

PRIORITY

PRIORITY

X

CINCPAC TOKYO JAPAN

MULTIPLE ADDRESS

FROM OSMGT

WCL 25751

REQUEST EXAM OF X-RAYS 2454 AND 4551 THRU 4557 INCL MAUSOLEUM
MANILA WITH EMPHASIS ON FRACTURES OF WRIST CHA NOSE AND AMPUTATION
TO TOES

P. Sanborn
L. M. White
J. Windsor

UNCLASSIFIED

GRAVES

OSMGT LT WINDSOR EXT 74158

291415Z
NOV 49

D. A. BRENNER
CAPT, GIC, MEM DIV

298 GRS FAR EAST

X 293 Unit P.I. X-2354 thru X-4557 (New Manila)

GSGR 293.9

APD 707
29 SEP 1949

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-676 | AGRS Mslm | UNKNOWN X-2243 | AGRS Mslm |
| " X-1052 | " " | " X-2354 | " " |
| " X-1203 | " " | " X-4129 | Manila #2 |

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

FOR THE COMMANDING GENERAL:

6 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

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

(AIR MAIL)

GRPE 293

1st Ind.

MOSELEY, Joseph T.

Pfc. 34280159 (6 Oct 49)

SUBJECT: Identification of World War II Deceased

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, PHILCOM ZONE,
APO 900, 24 Oct 1949

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

1. With reference to the case of Pfc. Joseph T. Moseley, 34280159, an investigation to ascertain the correct identity of the two (2) remains involved resulted in the findings that the remains carried on records as Pfc. Moseley are actually those of subject deceased. An attempt to consolidate the two (2) remains yielded negative results. (Refer to enclosed copy of CIP statement, dated 26 May 1949.)

2. As a consequence to the above findings, a corrected Report of Storage, dated 11 August 1949, was accomplished and forwarded to your office for Unknown X-2354, AGRS Mausoleum, deleting the information indicating the RTB status of the Unknown. Unknown X-2354 was subsequently considered as Unidentifiable. The certificate of unidentifiability and new processing report were already submitted for your final action.

3. The remains identified as pfc. Moseley are presently interred permanently in USAG Ft. McKinley, Rizal, P. I.

FOR THE COMMANDING OFFICER:

3 Incls:

1 & 2: n/c

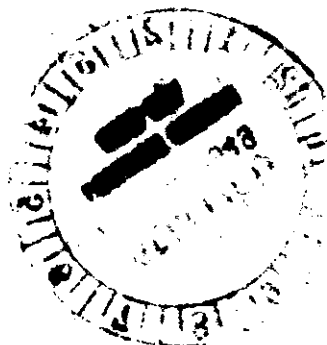
Added:

3 - Cyp, CIP statement
dtd 26 May 49

JOHN HAYLUM

1st Lt., Inf

Adjutant



(AIR MAIL)

QUINT 293

MOSELEY, Joseph T.
Pfc. 34200150

6 October 1949

SUBJECT: Identification of World War II Deceased

**TO: Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGCS, MILCOM BONE**

1. Reference is made to letter from your headquarters dated 28 January 1949, and to 1st Indorsement to your headquarters dated 3 March 1949. Copies are inclosed.

2. It is requested that status of investigation concerning the remains of Pfc. Joseph T. Moseley, 34200150, be forwarded to this Office.

FOR THE QUARTERMASTER GENERAL:

2 Incls

1. Copy ltr dtd 28 Jan 49
2. " 1st Ind. dtd 3 Mar 49

T. H. MEYER
Lt. Colonel, GSC
Memorial Division

REB

TEC

J. Miller:lrc

Salsor

JW

cc--Administrative Section

cc--Cinofc

OSGT 293

1st Ind

MOSELEY, Joseph T.

Pfc. 34 280 159

SUBJECT: Request for OAMG Form 371

DEPARTMENT OF THE ARMY, OAMG, WASHINGTON 25, D.C. 3 March 1949

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster
San Francisco, California. ATTN: AGS, WILLIAM BORN

1. Reference is made to basic communication.
2. All available dental information for Pfc Joseph T. Moseley, 34 280 159, is furnished on attached OAMG Form 371 in compliance with your request.

FOR THE QUARTERMASTER GENERAL:

1 Incl: (in dup)
OAMG Form 371
(Moseley)

T. H. BORN
Lt. Colonel, (AC)
Memorial Division

~~cc: Adm Sect
Reynolds/ejh
White~~

~~REB~~

REB

HJS

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

30 August 1949

Date

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

The records pertaining to Unknown X- 547, Flot _____,
Row _____, Grave 8470, 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 deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

AB Mcnemar
A. B. McNEMAR
Captain, QMC
Chief, Records Branch

Attn: Form 1044

Received 19 #1 OQMG
Not identifiable from
information presently available - *J. Miller Ident Sec*
9 Mar 50

IDENTIFICATION DATA

| | | | | | | |
|---|--|---------|--------|----------------------------------|---|--|
| 1. REMAINS OF UNKNOWN UNKNOWN X-2354 (Formerly UNK X-547 Leyte #1) | | | | 2. DATE OF REPORT 2 Sept 1949 | | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF 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 UNKNOWN |
|------------------------------|------------------------------|----------------------------|---------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

| | |
|---|-----------------|
| 14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT? |
|---|-----------------|

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E


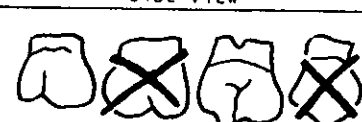
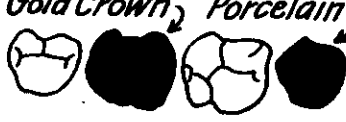





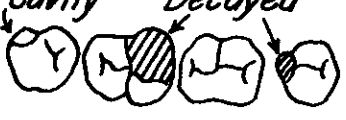

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

TOOTH CHART

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

| RIGHT | | | | | | | | LEFT | | | | | | | |
|-----------|----|----|----|----|----|----|---|---------|----|----|----|----|----|----|----|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| MAXILLA | | | | | | | | MISSING | | | | | | | |
| Side View | | | | | | | | | | | | | | | |
| UPPER | | | | | | | | | | | | | | | |
| Side View | | | | | | | | | | | | | | | |
| LOWER | | | | | | | | | | | | | | | |
| Side View | | | | | | | | | | | | | | | |
| MANDIBLE | | | | | | | | 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."

REMARKS: No loose maxillary or mandibular teeth present with remains.

"UNIDENTIFIABLE"

NO REASONABLE DENTURE DATA AVAILABLE FOR IDENTIFYING DATA

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

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 ROI, identification tags or personal effects found with remains.
Estimated weight of remains - 1 1/2 lbs.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF POSITIVE IDENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

J J McDERMOTT, Lab Officer, CIP

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.

8 January 1947

DATE

UNKNOWN X-547 (Possibly ROSELEY, Joseph T.)

34 280 159

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Matagob, Leyte

3470

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

| RIGHT | | | | | | | | UPPER TEETH | | | | LEFT | | | | | | | |
|---------------|---|---|---|---|---|---|---|-------------|---|---|---|------|---|---|---|--|--|--|--|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | |
| TYPE LOCATION | | | | | | | | | | | | | | | | | | | |
| P | P | S | | | | P | | | | P | P | P | | | | | | | |
| TYPE 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 LOCATION | | | | | | | | | | | | | | | | | | | |
| P | P | | | P | P | P | P | P | P | P | | P | P | | P | | | | |
| 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) |

JOSEPH M. PHELAN
Capt., OAC

A TRUE COPY:

PLACE OR HQ WHERE THIS FORM ACCOMPLISHED
Hq GRS USAF Cemetery Layte #1

DATE
8 January 1947

NAME AND RANK TYPED OR PRINTED
Lt. (jg) D.C. U.S.N.

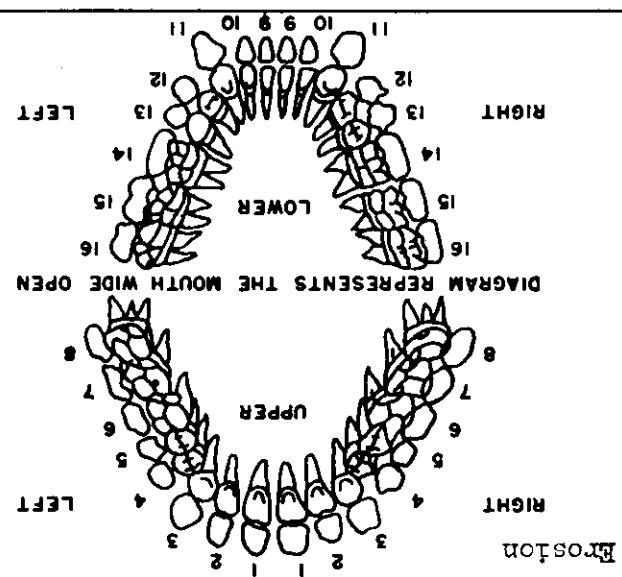
NAME AND RANK TYPED OR PRINTED
JOSEPH M. PHELAN, Capt., OAC

SIGNATURE OF PERSON WHO PREPARED CHART
s/ WILLIAM R. STAPLES

VERIFIED BY GRS OFFICER
Joseph M. Phelan

REMARKS:

No caries and no restoration in teeth found.
Some periodontoclasia with bone loss.
Bodily size small-head small boned.
Age about 26 - 28
Retrusive bite forcing right side in chewing.
Erosion on right cuspid marked.



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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

INSTRUCTIONS:

SEARCH AND RECOVERY REPORT
SEARCH TRIP #48

* * * Extract * * *

On 2 December 1946, at 1000 hours, a search party consisting of Cpl. Toney Vespa (the undersigned), Cpl. Arthur L. Schmid and one Filipino laborer, departed USAF Cemetery Leyte #1, to attempt to locate and recover remains of U.S. Service decedents buried in vicinity of barrio of Saay, Leyte, P.I., and Rizal, Leyte, P.I.

* * * * *

The search party proceeded to Saay, Leyte, arriving then at 1530 hours. Two guides hired. They led us to the isolated burial spot approximately two miles east of Saay. Recovery was effected at approximately 1730 hours. Identification tag (one); cigaretted lighter, Zippo make; mess kit cover; a few cartridges caliber 30; one hand grenade, live; and some buckles and straps formerly part of a combat pack were found with the remains. No identification marks were found upon any of these items except, identification tag which bears the following information:

Joseph T. Moseley 34280159 T-43-42

James E. Moseley 2121 8th Ave. South Nashville, Tenn.


Remains were recovered at coordinates 11° 7' 0" North Latitude, 124° 30' 0" East Longitude; Map of Leyte, Philippine Islands, Scale 1:200,000 Series of 1937, Sheet 14, Bureau of Coast & Geodetic Survey, Manila, P.I. Remains are now interred as Unknown X-547, pending positive identification from higher headquarters.

* * * * *

The party returned to Saay, arriving then at approximately 2100 hours. The search party then proceeded to the barrio of Togbong to await another search team which was without vehicles. We remained at Togbong the night of 3 December 1946. At approximately 1700 hours, 4 December 1946, the other search team joined us. All remained overnight, departed at 1000 hours, arrived at USAF Cemetery Leyte #1, at 1400 hours, 5 December 1946.

TONEY VESPA
CPL - RA6896142
Search Party Leader

A TRUE COPY:


JOSEPH M. PHELAN
Captain, CAC

IDENTIFICATION DATA

| | | | | | |
|--|--|---------|--------|---|--|
| 1. REMAINS OF UNKNOWN UNKNOWN X-2354 (Formerly UNK X-547 Leyte #1) | | | | 2. DATE OF REPORT 10 Dec 1949 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF 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 U T D | |

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

N O N E

14. WAS BODY BURNED? TO WHAT EXTENT?
 YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?
 YES 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

Incl #1

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED 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

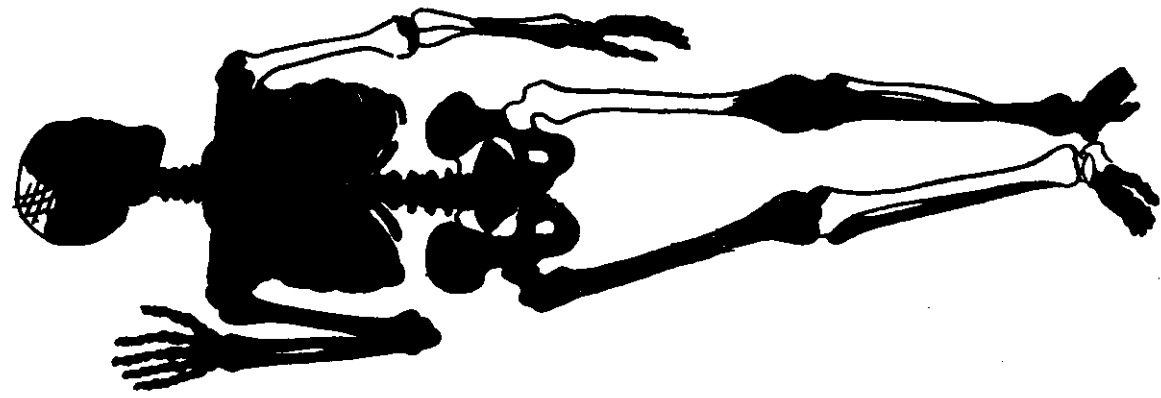


| | | RIGHT | | | | | | | | LEFT | | | | | | | | |
|-----------|-------|----------------------------|----|----|----|----|----|----|---|---------|----|----|----|----|----|----|----|-----------|
| | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | | MAXILLA | | | | | | | | MISSING | | | | | | | | |
| Side View | | [Upper Side View Diagrams] | | | | | | | | | | | | | | | | Side View |
| Top View | UPPER | [Upper Top View Diagrams] | | | | | | | | | | | | | | | | |
| | LOWER | [Lower Top View Diagrams] | | | | | | | | | | | | | | | | |
| Side View | | [Lower Side View Diagrams] | | | | | | | | | | | | | | | | Side View |
| | | MANDIBLE | | | | | | | | 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."

Paul R. Nichols
PAUL R NICHOLS
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED



No bone measurable

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

The paucity of the remains precludes estimates and determinations of age, sex, race, height, and weight.

See attached Anthrepologist's statement dated 12 Dec. 1949.

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
ROBERT B FOX
Anthropologist

SIGNATURE

CENTRAL IDENTIFICATION POINT
AGRS APO 900
NICHOLS FIELD, MANILA, P.I.

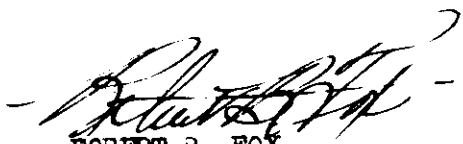
12 December 1949

S T A T E M E N T

Reference: UNK X-2354 Mausoleum
UNK's X-4551 thru X-4557

The above eight (8) remains were examined simultaneously by me this date for proper segregation, and new QMC Forms 1044 were accomplished for each remains. As requested, careful examination was made for "fractures of wrist, nose and amputation of toes"; however, bones necessary for establishing the above were missing, or partly missing, in all of the remains.

In so far as the condition of the remains allows for proper association, and to the best of my ability, each of the above remains is now properly segregated. Bones improperly associated were assigned CIL #522.


ROBERT B. FOX
Anthropologist

X-2354

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-2354 (Formerly Unk X-
547 BTB MOSELEY, Joseph T. USAF
Cem Leyte #1, P.I.

1 Dec 47

DATE

Unknown

34280159

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Army

Dipi (Matagob) ^{UNT} Leyte
P.I.

AGRS Mausoleum
Manila, P.I.

ORGANIZATION

802

A

239

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

MANGER BAY CRYPT

See Remarks * *See Remarks*

RIGHT UPPER TEETH LEFT

| | | | | | | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|---|---|---|---|---|----------|
| 6 | 7 | 8 | 9 | 4 | 3 | 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| TYPE | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | TYPE |
| LOCATION | | | | | | | | | | | | | | LOCATION |
















INSIDE LOOKING OUT

Mm dilla *on rooming* * * *

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 |  OXYPHOSPATE (CEMENT) |  LINGUAL (TOWARD TONGUE) |
|  POSTHUMOUSLY MISSING (LOST AFTER DEATH) |  |  FACIAL (TOWARD CHEEK) |

CERTIFIED TRUE COPY:
[Signature]
 G I GAMBOA
 2d Lt MAC

| | |
|--|--|
| PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED CIP, Laboratory, Manila, P.I. | DATE 1 Dec 47 |
| NAME AND RANK TYPED OR PRINTED /p/ JULIAN H. WEDDLE Emb | NAME AND RANK TYPED OR PRINTED /p/ JOHN H. BENNETT JR |
| SIGNATURE OF PERSON WHO PREPARED CHART /s/ Julian H. Weddle | VERIFIED BY GRS OFFICER /s/ John H. Bennett Jr |

REMARKS:

Maxilla R 5 to R 8 missing unable to determine whether teeth R 5 to R 8, X or P. Maxilla R 1 to R 4 missing. R 1 found loose unable to determine whether R 2 to R 4 X or P. Mandible missing. L 13, 14, 15 found loose. Unable to determine whether R 16 to L 12 & L 16 are X or P.

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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

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

INSTRUCTIONS:

IDENTIFICATION CHECK LIST

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

(Formerly Unk X-547
 (BTB MOSELEY, Joseph T
 (USAF Cem Leyte #1,

Unknown X 2354 (P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
HANGER-BAY CRYPT
 Plot 802 Row A Grave 239

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~AGRS Mausoleum~~ 1 Dec 47
(Hour) (Date)

2. Place of death Dipi (Matagob) Leyte, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by Leyte #1
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

| Item | Clothing Markings | Sizes | Indicate unusual markings color, wear, tear, repairs, etc. |
|---------------------|-------------------|-------|---|
| * Headgear | /// (Type) | | |
| Raincoat | /// | | |
| Overcoat | /// | | |
| Jacket, Field | /// | | |
| Jacket, Combat | /// | | |
| Mackinaw | /// | | |
| Sweater | N | | |
| Jacket, HBT | O | | |
| * Shirt, Wool OD | N | | |
| Undershirt, Wool | E | | |
| 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) **Original tag received with remains. Also**
(Other item) **cigarette lighter, messkit cover, and soap**
* If body is nude, sizes of these items should be computed by measuring the remains **case received.**

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 Height Weight Description of wounds

Bandages or dressings Scars (Length, width, location)
..... Tattoos
(Number, location -- illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (Light, medium, dark, clear, pimples, poeks, freckles)

Build (Large, fat, thin, muscular)

Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair (Baldness, widow's peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or (Length, heavy)

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 Original tag on remains found. Also messkit cover, and soap case received with remains. No burial bottle found. Estimated weight of remains 2 lbs. One (1) tag found and placed outside of remains. Cigarette lighter was not received in remains at CIP Manila.

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.

CERTIFIED TRUE COPY:

/s/ Julian H. Weddle
(Officer's Name)

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

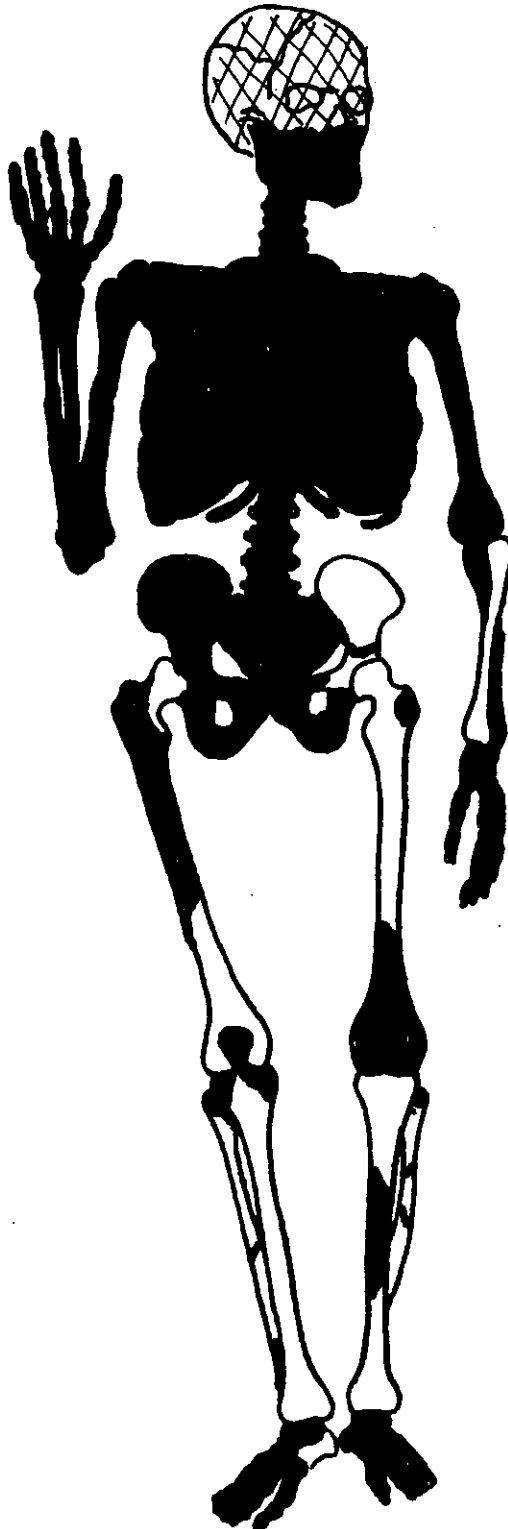
Embalmer C-064965
Rank Service
CIP, Laboratory, Manila, P.I.
(Organization)

JOSEPH T. MOSELEY
34280 159 T-43-42A
JAMES E MOSELEY
2121 8 AVE., SOUTH
Nashville Tenn.

SKELETAL CHART

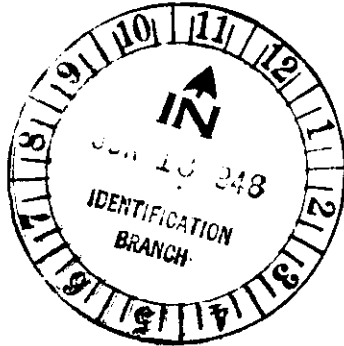
X-2354

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Q

CHART "A"



Remarks

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

| | |
|---|--------------------------|
| | <p>Missing Teeth</p> |
| <p>Diagram represents the mouth wide open</p> | <p>Crowned Teeth</p> |
| | <p>Bridgework</p> |
| | <p>Fillings</p> |
| | <p>Caries (Cavities)</p> |

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), 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.

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

SEARCH AND RECOVERY REPORT
SEARCH TRIP #48

* * * Extract * * *

On 2 December 1946, at 1000 hours, a search party consisting of Cpl Toney Vespa (the undersigned), Cpl Arthur L. Schmid and one Filipino laborer, departed USAF Cemetery Leyte #1, to attempt to locate and recover remains of U.S. Service decedents buried in vicinity of barrio of Saay, Leyte, P.I., and Rizal, Leyte, P.I.

* * * * *

The search party proceeded to Saay, Leyte, arriving then at 1530 hours. Two guides were hired. They led us to the isolated burial spot approximately two miles east of Saay. Recovery was effected at approximately 1730 hours. Identification tag (one); cigaretted lighter, Zippo make; mess kit cover; a few cartridges caliber 30; one hand grenade, live; and some buckles and straps formerly part of a combat pack were found with the remains. No identification marks were found upon any of these items except, identification tag which bears the following information:

Joseph T. Moseley 34280159 T43-42
James E. Moseley 2121 8th Ave South Nashville, Tenn.

Remains were recovered at coordinates 11° 47' 0" North Latitude, 124° 30' 0" East Longitude; Map of Leyte, Philippine Islands, Scale 1:200,000 Series of 1937, Sheet 14, Bureau of Coast & Geodetic Survey, Manila, P.I. Remains are now interred as Unknown X-547, pending positive identification from higher headquarters.

* * * * *

The party returned to Saay, arriving then at approximately 2100 hours. The search party then proceeded to the barrio of Togbong to await another search team which was without vehicles. We remained at Togbong the night of 3 December 1946. At approximately 1700 hours, 4 December 1946, the other search team joined us. All remained overnight, departed at 1000 hours, arrived at USAF Cemetery Leyte #1, at 1400 hours, 5 December 1946.

TONEY VESPA
Cpl - RA6896142
Search Party Leader

A TRUE COPY:

Incl #5
Joseph M. Phelan
JOSEPH M. PHELAN
Capt., CAC

SEARCH AND RECOVERY REPORT
SEARCH TRIP #48

* * * Extract * * *

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James E. Moseley 2121 8th Ave South Nashville, Tenn.

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TONKY VESPA
Cpl - RA6896142
Search Party Leader

A TRUE COPY:


JOSEPH M. PHELAN
Capt., CAG

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.

6 January 1947

DATE

UNIFORM X-547 (Possibly POSELEY, Joseph T.)

34 210 159

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Lutogh, Leyte

E470

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

| RIGHT | | | | | | | | UPPER TEETH | | | | LEFT | | | | | | | |
|---------------|---|---|---|---|---|---|---|-------------|---|---|---|------|---|---|---|---------------|--|--|--|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | |
| TYPE LOCATION | | | | | | | | | | | | | | | | | | | |
| TYPE | ⓧ | ⓧ | ⓧ | | | | ⓧ | | | ⓧ | ⓧ | ⓧ | | | | TYPE 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 LOCATION | | | | | | | | | | | | | | | | |
| TYPE | ⓧ | ⓧ | | | ⓧ | ⓧ | ⓧ | ⓧ | ⓧ | ⓧ | | ⓧ | ⓧ | | ⓧ | 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 |  OXYPHOSPATE (CEMENT) |  LINGUAL (TOWARD TONGUE) |
|  POSTHUMOUSLY MISSING (LOST AFTER DEATH) |  |  FACIAL (TOWARD CHEEK) |

JOSEPH M. PHILLIP
Capt., OAC

A TRUE COPY:

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED
 HQ GRS Dental Cemetery Lodge #1

NAME AND RANK TYPED OR PRINTED
 Lt. (jg) D.C. U.S.N.

NAME AND RANK TYPED OR PRINTED
 JOSEPH M. PHILLIP, Capt., OAC

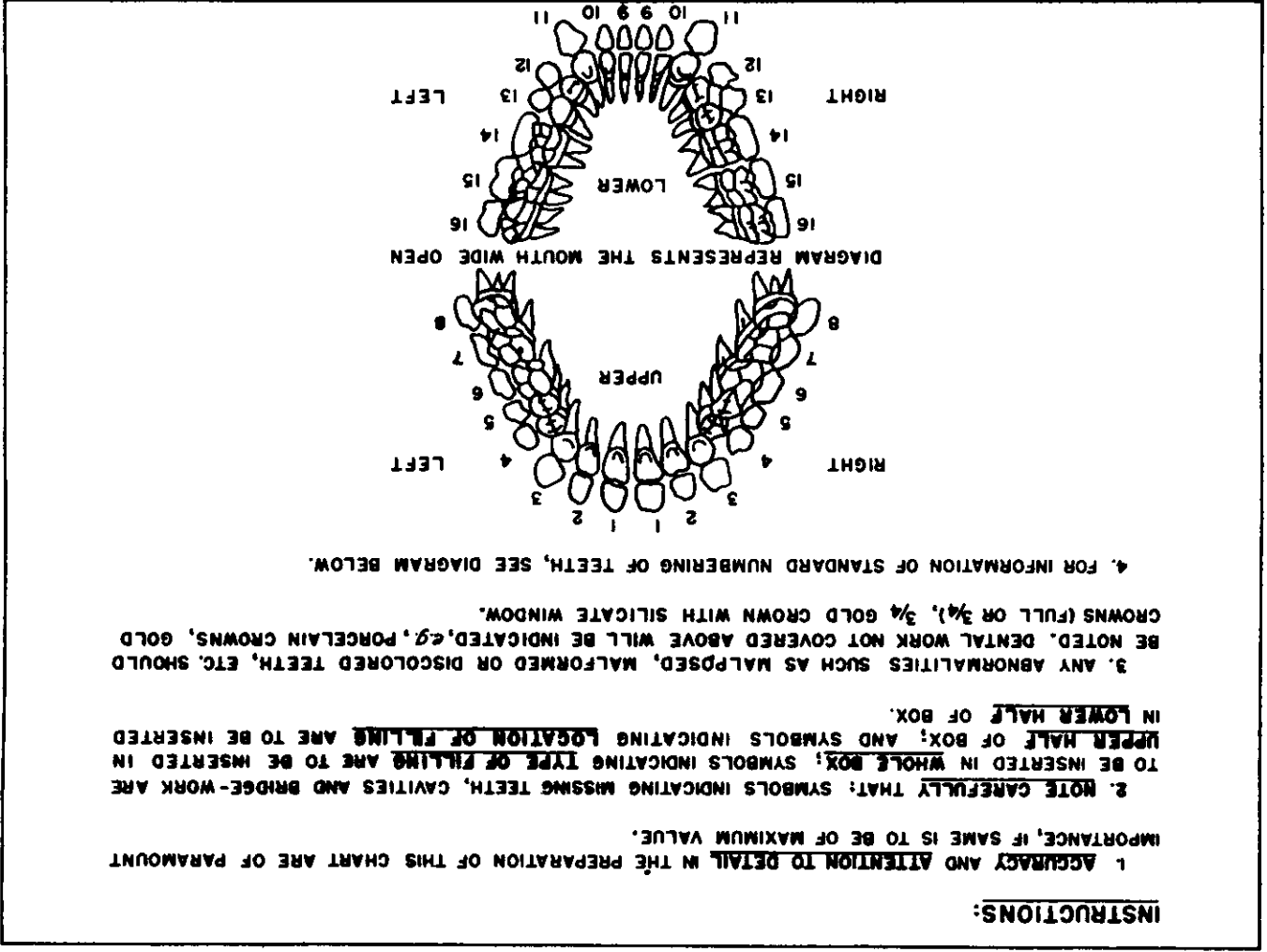
DATE
 2 January 1947

SIGNATURE OF PERSON WHO PREPARED CHART
 WILLIAM R. STAMLER

VERIFIED BY GRS OFFICER
Joseph M. Phillip

REMARKS:

No caries and no restoration in teeth found.
 Some periodontalitis with bone loss.
 Bodily size small-head, small-boned.
 Restorative work showing ridge in chewing.
 Eruption on right side slightly retarded.



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.

8 January 1947

DATE

UNKNOWN X-547 (Possibly NOSELEY, Joseph T.)

34 280 159

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Matagob, Leyte

8470

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|---|---|---|---|---|---|---|---|-------------|---|---|---|------|---|---|---|--|---|---|---|--|--|--|---|--|--|---|---|--|--|--|--|--|--|
| | RIGHT | | | | | | | | UPPER TEETH | | | | LEFT | | | | | | | | | | | | | | | | | | | | | |
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | |
| TYPE | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> | | | | | | | | | | | | | | | | | X | X | X | | | | X | | | X | X | | | | | | |
| | X | X | X | | | | X | | | X | X | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%; text-align: center;">X</td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">X</td> </tr> </table> | | | | | | | | | | | | | | | | | X | X | | | X | X | X | X | X | X | X | | X | X | | X | |
| | X | X | | | X | X | X | X | X | X | X | | X | X | | X | | | | | | | | | | | | | | | | | | |
| 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 |
|--|--------------------------------------|---|
| | A AMALGAM (SILVER) | MESIAL (BETWEEN-TOWARD FRONT) |
| | G GOLD | OCCUSAL (BITING SURFACE BACK TEETH) |
| | S SILICATE OR PORCELAIN | DISTAL (BETWEEN-TOWARD BACK) |
| | O OXYPHOSPATE (CEMENT) | LINGUAL (TOWARD TONGUE) |
| | | FACIAL (TOWARD CHEEK) |
| P POSTHUMOUSLY MISSING (LOST AFTER DEATH) | | |

JOSEPH N. PHELAN
Capt., CAC

A TRUE COPY:

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

By GRS BEAT Controlling Log to #1

8 January 1947
DATE

NAME AND RANK TYPED OR PRINTED

Lt. (JG) D.C. U.S.N.

NAME AND RANK TYPED OR PRINTED

JOSEPH N. PHELAN, Capt., CAC

SIGNATURE OF PERSON WHO PREPARED CHART

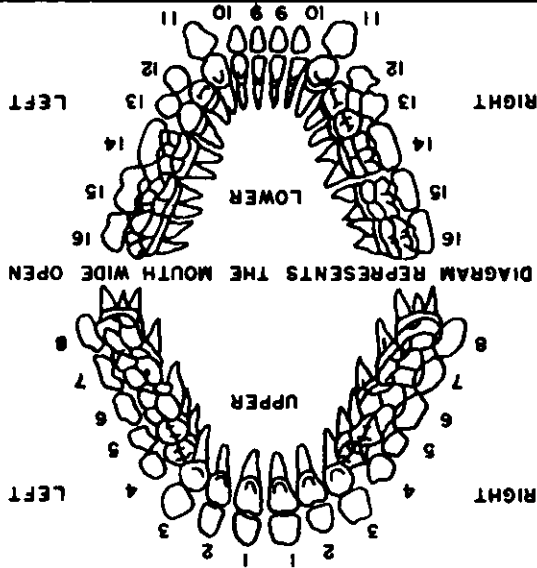
WILLIAM B. STAPLES

VERIFIED BY GRS OFFICER

Joseph N. Phelan

REMARKS:

No caries and no restoration in teeth found.
Some periodontalitis with bone loss.
Bodily size small-head, small-boned.
Restorations like following right side in operating.
Erosion on right cuspid marked.



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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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

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

INSTRUCTIONS:

/fsc*

CORRECT

RESTRICTED

| WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | | REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815) | | | | DATE OF REPORT 11 Aug 1949 | |
|--|--|---|--|-------------------------|--------------------------|---|--|
| Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> PLOTTED MOSELEY, J.T 34280 159 </div> | | Section 1.—IDENTIFICATION. | | | | | |
| | | NAME (Last, first, middle initial) Unknown A-2354 (Formerly J.K. A-547) Leyte #1 | | | | SERIAL No. | |
| | | GRADE Unknown | | ORGANIZATION Unknown | | BRANCH OF SERVICE | |
| | | RACE Unknown | | RELIGION Unknown | | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | |
| PLACE OF DEATH Dipi, (Matagob) Leyte, P. I. | | CAUSE OF DEATH Unknown | | | DATE OF DEATH Unknown | | |
| EMERGENCY ADDRESSEE (Name, relationship, and address) | | | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) Yes (1) | | 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) | | | | | | | |
| 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 2 Dec 47 | HOUR 1000 | BURIED IN (Shroud, blanket, or name of other) Sack | TYPE OF GRAVE MARKER AGRS MAUSOLEUM, MANILA, P. I. | PLOT No. | ROW No. | GRAVE No. | |
| WAS THIS A REBURIAL? (Yes or no) RESTORED Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U.S. Cemetery Leyte #1, P. I. | | | PLOT No. | ROW No. | GRAVE No. 8470 | |
| TYPE OF RELIGIOUS CEREMONY | PERSON CONDUCTING BURIAL RITES | | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY | | | | |
| IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes | | | | | | |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) | | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. | |
| SIGNATURE OF PERSON PREPARING REPORT James J. McDerrett JAMES J. McDERRETT, Adm. Asst. | | | SIGNATURE OF OFFICER VERIFYING REPORT R. B. McIlhenny, Capt., MC | | | | |
| 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:


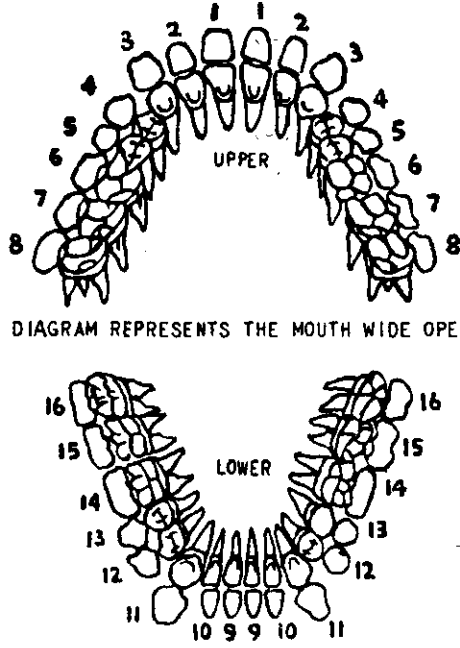




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

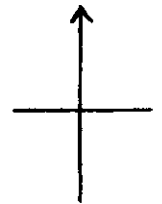
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|--------|--------|---------------|---------------|-------------------------------|

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

OTHER IDENTIFICATION CLUES

| | | |
|---------------|---|---|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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:

remains Unident. X-2354 (formerly Unk X-547 Leyte #1) is believed to be MULLAY, Joseph P., 34280159.

26 AUG 1948

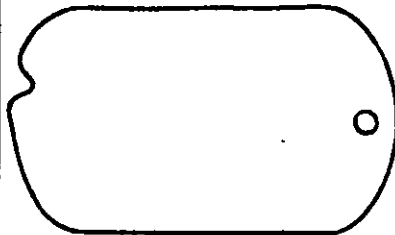
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

3 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

| | | |
|---|-------------------------|--|
| NAME (Last, first, middle initial) UNKNOWN X-2354 (Formerly Unk X-547 BTB MOSTLEY, Joseph T. USAF Cem Leyte #1, P.I.) | | SERIAL No. BTR 34280159 |
| GRADE Unknown | ORGANIZATION Unknown | BRANCH OF SERVICE Army |
| RACE Unknown | RELIGION Unknown | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

| | | |
|--|---------------------------|--------------------------|
| PLACE OF DEATH Dipi (Matagoh) Leyte, P. I. | CAUSE OF DEATH Unknown | DATE OF DEATH Unknown |
|--|---------------------------|--------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)
BTB James E. Moeley, 2121 8th Ave., South Nashville, Tenn.

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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 2 Dec 47 | HOUR 1000 | BURIED IN (Shroud, blanket, or name of other) Casket | TYPE OF GRAVE MARKER None | PLOT No. 302 | ROW No. A | GRAVE No. 239 |
|------------------------------------|--------------|---|------------------------------|-----------------|--------------|------------------|

| | | | | | |
|---|----------|---|----------|---------|-------------------|
| WAS THIS A REBURIAL? (Yes or no) Yes | RESTORED | 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. 8470 |
|---|----------|---|----------|---------|-------------------|

| | | |
|----------------------------|--------------------------------|---|
| TYPE OF RELIGIOUS CEREMONY | PERSON CONDUCTING BURIAL RITES | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY |
|----------------------------|--------------------------------|---|

| | |
|--|--|
| IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes |
|--|--|


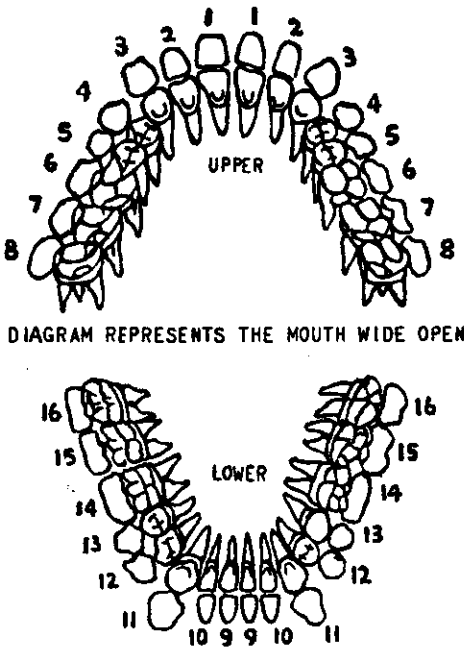




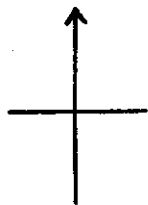
| | | | | |
|--|------|------------|--------------|------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-2356 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 241 |
|--|------|------------|--------------|------------------|

| | | | | |
|---|------|------------|--------------|------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-2352 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 237 |
|---|------|------------|--------------|------------------|

| | |
|--|---|
| SIGNATURE OF PERSON PREPARING REPORT /s/t/ P. R. AGIERTO, Pvt | SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ 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.

Incl #2

| | | | | | |
|------------------------|--|--------|--|---------------|--------------------------------|
| | Section 1. UNIDENTIFIED REMAINS. | | | | |
| LEFT LITTLE FINGER | 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 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 |
| LEFT INDEX FINGER | OTHER IDENTIFICATION CLUES | | | | |
| LEFT THUMB | FILLINGS  SILVER FILLING GOLD FILLING | |  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN | | |
| LEFT THUMB | CAVITIES  CAVITY DECAYED | | | | |
| RIGHT THUMB | MISSING TEETH  TOOTH MISSING | | | | |
| RIGHT INDEX FINGER | CROWNED TEETH  PORCELAIN CROWN GOLD CROWN | | | | |
| RIGHT MIDDLE FINGER | BRIDGE WORK  GOLD BRIDGE | | | | |
| RIGHT RING FINGER | FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY | | | | |
| RIGHT LITTLE FINGER |  | | | | |
| | REMARKS: | | | | |

RESTRICTED

U 3360

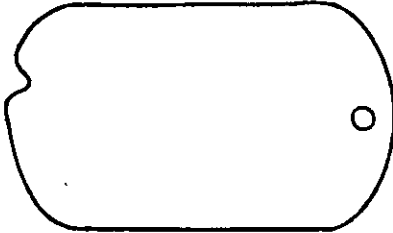
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

3 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2354 (Formerly Unk X-547 BTB MOSELEY, Joseph T. USAF Cem Leyte #1, P.I.)

SERIAL NO.

BTB 34280159

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Army

RACE

Unknown

RELIGION

Unknown

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

PLACE OF DEATH

Dipi (Matagob)
Leyte, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

BTB James E. Moseley, 2121 8th Ave., South Nashville, Tenn.

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

Yes (1)

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)

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 | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 2 Dec 47 | 1000 | Casket | None | 802 | A | 239 |

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.

PLOT No.

ROW No.

GRAVE No.

8470

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) STORED

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

STORED

UNKNOWN X-2356

CRYPT

241

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

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

STORED

UNKNOWN X-2352

CRYPT

237

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

R R ACIERTO, Pvt

L S PANOPYO, 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

263

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


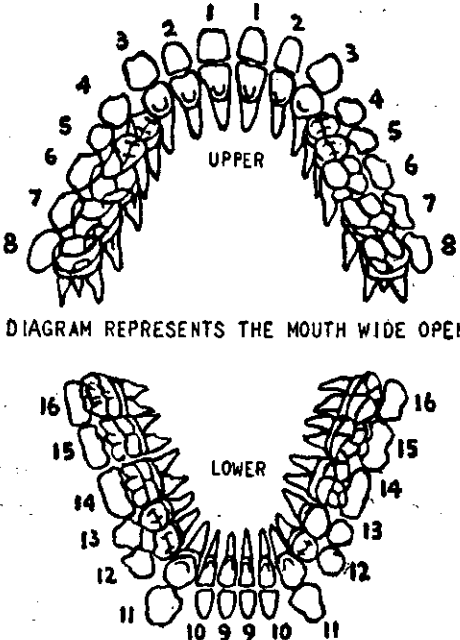




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

| | | | | |
|-----------------------|--------|---------------|--------------------------------|-------------------------------|
| 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

One (1) Mess Kit
One (1) Soap Case

| | | |
|---------------|---|---|
| FILLINGS |  SILVER FILLING GOLD FILLING |  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| 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: UNKNOWN X-2354 AGRS MAUSOLEUM, MANILA (Formerly Unk X-547 USAF Cem Leyte #1, P.I.) is believed to be MOSELEY, Joseph T., 34280159, T-43-42 A, James E. Moseley, 2121 8th Ave., South Nashville, Tenn., due to an identification tag found with the remains at CIP, Manila, bearing subject's name. Tag attached with remains.

REMARKS:

Identification Check List and Dental Chart accomplished.

19 MAY 1948

RESTRICTED

37422
8470 **H**

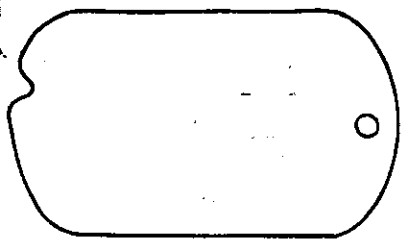
WD GMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

9 January 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

| | | |
|---|--------------|--|
| NAME (Last, first, middle initial) | | SERIAL No. |
| UNKNOWN X -547 (Possibly MOSELEY, Joseph T. 34 280 159) | | |
| GRADE | ORGANIZATION | BRANCH OF SERVICE |
| | | Army |
| RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |
| | | |

| | | |
|-----------------------------|----------------|---------------|
| PLACE OF DEATH | CAUSE OF DEATH | DATE OF DEATH |
| Dipi, (Matagob) Leyte, P.I. | | |

EMERGENCY ADDRESSEE (Name, relationship, and address)
James E. Moseley, 2121 8 Ave., South Nashville, Tenn.

| | |
|--|--|
| 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) |
| Yes (1) | |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) | |
| No | |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
1 Cigarette lighter

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 P.I.

| | | | | | | |
|----------------|------|---|----------------------|----------|---------|-----------|
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
| 8 Jan 1947 | 1100 | "C" type Casket | Reg Cross | | | 8470 |

| | | | | |
|-------------------------------------|--|----------|---------|-----------|
| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | PLOT No. | ROW No. | GRAVE No. |
| Yes No | Map of Leyte, Philippine Islands Scale 1:200,000 Series of 1937, Sheet #14 Grid Coord - 124° 30' 0" Long. 110° 7' 0" Lat. | | | |

| | | |
|----------------------------|--------------------------------|---|
| 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. |
| DERRYBERRY, Lee H. | Pvt | 18 006 035 | Trp A, 5th Cav. | 8469 |

| | | | | |
|---|------|------------|--------------|-----------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| UNKNOWN X-549 | | | | 8471 |

SIGNATURE OF PERSON PREPARING REPORT: Cpl Jack G. Slagle, G.R.S.
SIGNATURE OF GRS OFFICER VERIFYING REPORT: JOSEPH M. PHELAN, Capt., CAC

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

Incl #1

5 FEB 1947

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


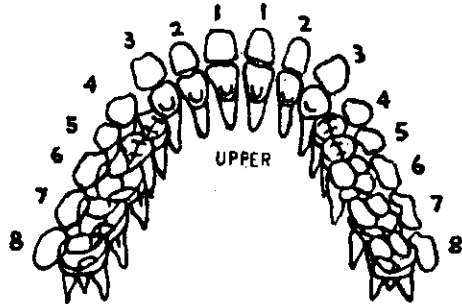




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

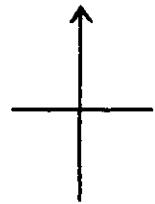
| | | | | |
|---------------|---------------|----------------------|----------------------|--------------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|---------------|---------------|----------------------|----------------------|--------------------------------------|

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

OTHER IDENTIFICATION CLUES

| | | |
|----------------------|---|---|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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:

Correspondence forwarded to higher headquarters to clarify and accurately identify subject decedent named hereon and MOSELEY, Joseph T. grave 3609.

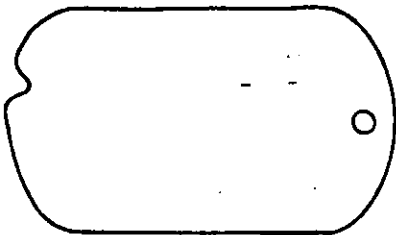
Similar remarks and correspondence appear on ROI for grave 3609.

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

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

DATE OF REPORT

9 January 1947

| | | | | | | |
|---|---|---|--|--|-------------------------------------|-------------------------------------|
| <p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p>  | | <p>Section 1.—IDENTIFICATION.</p> | | | | |
| <p>NAME (Last, first, middle initial)</p> <p>UNKNOWN X-547 (Possibly MOSELEY, Joseph T.)</p> | | <p>SERIAL No.</p> <p>3 4 280 159)</p> | | | | |
| <p>GRADE</p> | <p>ORGANIZATION</p> | <p>BRANCH OF SERVICE</p> <p>Army</p> | | | | |
| <p>RACE</p> | <p>RELIGION</p> | <p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p> | | | | |
| <p>PLACE OF DEATH</p> <p>Dipl, (Matagob) Leyte, P.I.</p> | | <p>CAUSE OF DEATH</p> | | <p>DATE OF DEATH</p> | | |
| <p>EMERGENCY ADDRESSEE (Name, relationship, and address)</p> <p>James E. Moseley, 2121 8 Ave., South Nashville, Tenn.</p> | | | | | | |
| <p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p>Yes (1)</p> | | <p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p> | | | | |
| <p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)</p> <p>No</p> | | | | | | |
| <p>LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME</p> <p>1 Cigarette lighter</p> | | | | | | |
| <p>Section 2.—BURIAL <i>If other than in established cemetery, furnish sketch and map coordinates on reverse.</i></p> | | | | | | |
| <p>NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY</p> <p>USAF Cemetery Leyte #1, P. I.</p> | | | | | | |
| <p>DATE OF BURIAL</p> <p>8 Jan 1947</p> | <p>HOUR</p> <p>1100</p> | <p>BURIED IN (Shroud, blanket, or name of other)</p> <p>"C" Type Casket</p> | <p>TYPE OF GRAVE MARKER</p> <p>Reg Cross</p> | <p>PLOT No.</p> | <p>ROW No.</p> | <p>GRAVE No.</p> <p>8470</p> |
| <p>WAS THIS A REBURIAL? (Yes or no)</p> <p>Yes</p> | <p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p>Map of Leyte, Philippine Islands Scale 1:200,000 Series of 1937 Sheet #14 Grid Coord - 124° 30' 0" Long, 116 7') " Lat.</p> | | | <p>PLOT No.</p> | <p>ROW No.</p> | <p>GRAVE No.</p> |
| <p>TYPE OF RELIGIOUS CEREMONY</p> | <p>PERSON CONDUCTING BURIAL RITES</p> | | <p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p> | | | |
| <p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p>Yes</p> | <p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p>Yes</p> | | | | | |
| <p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p> <p>DERRYBERRY, Lee H.</p> | | <p>RANK</p> <p>Pvt</p> | <p>SERIAL No.</p> <p>18 006 035</p> | <p>ORGANIZATION</p> <p>Trip, 5th Cav.</p> | <p>GRAVE No.</p> <p>8469</p> | |
| <p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p> <p>UNKNOWN X-549</p> | | <p>RANK</p> | <p>SERIAL No.</p> | <p>ORGANIZATION</p> | <p>GRAVE No.</p> <p>8471</p> | |
| <p>SIGNATURE OF PERSON PREPARING REPORT</p> <p>Cpl Jack G. Slagle, G.R.S.</p> | | <p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p><i>Joseph M. Phelan</i> JOSEPH M. PHELAN, Capt., CAC</p> | | | | |
| <p>DISTRIBUTION OF REPORT: <i>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.</i></p> | | | | | | |

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.


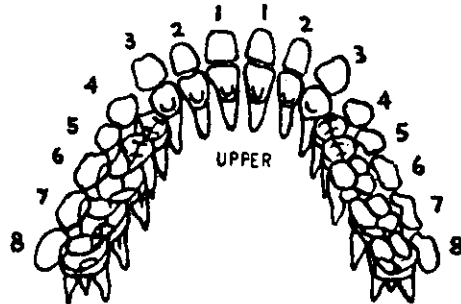
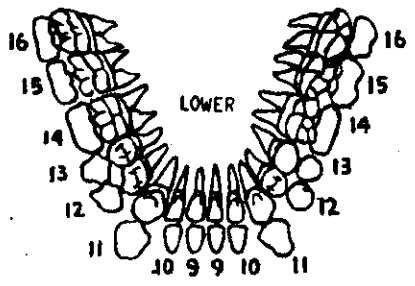




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

| | | |
|---------------|---|--|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>LOWER</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

A TRUE COPY:

JOSEPH M. PHELAN
Captain, CAC



REMARKS:

Correspondence forwarded to higher headquarters to clarify and accurately identify subject decedent named hereon and MOSELEY Joseph T. grave 3609.

Similar remarks and correspondence appear on ROI for grave 3609.

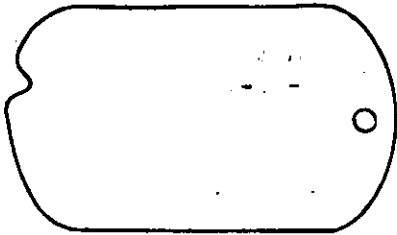
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REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

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Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-547 (Possibly MOSELEY, Joseph T., 3 4 280 159)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

Army

RACE

RELIGION

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

Dipi, (Matagob) Leyte, P. I.

EMERGENCY ADDRESSEE (Name, relationship, and address)

James E. Moseley, 2121 S Ave., South Nashville, Tenn.

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

Yes (1)

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)

No

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

1 Cigarette lighter

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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 8 Jan 1947 | 1100 | "C" Type Casket | Reg Cross | | | 8470 |

WAS THIS A REBURIAL?
(Yes or no)

Yes

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

Map of Leyte, Philippine Islands Scale 1:200,000
Series of 1937 Sheet #14 Grid Coord - 124° 30' 0"
Long. 118° 7' 0" Lat.

PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

DERYBERRY, Lee H.

RANK

Pvt

SERIAL No.

18 006 095

ORGANIZATION

Trip,
5th Cav.

GRAVE No.

8469

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

UNKNOWN X-549

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

8471

SIGNATURE OF PERSON PREPARING REPORT

Cpl Jack G. Slagle, G.R.S.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Joseph M. Helan
JOSEPH M. HELAN, Capt., GAO

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| | | |
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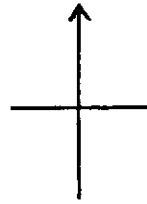
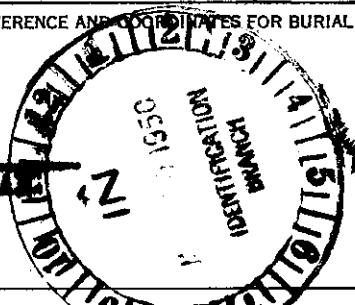
OTHER IDENTIFICATION CLUES

| | | |
|---------------|--|---|
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| CAVITIES | <p>CAVITY DECAYED</p> | |
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