

Shorter
FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>293</i>
SUBJECT	<i>unk rept #1 X-557 (also manila X-2236)</i>

QMC FORM 1121
1 Aug 45

AIRMAIL

2932unk P.I. X-2236 (Manila Manila)

QMGMT 293

10 March 1950

GPS Far East

SUBJECT: Identification of World War II Deceased

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

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

- Unknown X-1496, Unit 2, Page 17
- " X-2236 (formerly X-557, USAF Cemetery #1 Leyte)
Unit 2, Page 13
- " X-2566 (formerly X-565, USAF Cemetery #1, Leyte)
Unit 2, Page 13

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

FOR THE QUARTERMASTER GENERAL:

T.A. Fields:lrc

Salser

JW

cc--Administrative Section

cc--Cincfe

T. H. METZ

Lt. Colonel, QMG

Memorial Division

TEC

✓ X 2932unk P.I. X-2566 ()

✓ X 2932unk P.I. X-557 (Page 11)

✓ X 2932unk P.I. X-556 ()

Mar 13 11 27 AM '50
QMG M&R DR

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCO ZONE

GRDZ 293

APO 900
23 FEB 1950

SUBJECT: Unidentifiable remains

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

1. In accordance with the provisions of your letter, file QMGAU 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-1496 AGRS Main
X-1626
X-2238

UNKNOWN X-2344 AGRS Main
X-2356
X-3454

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

FOR THE COORDINATING OFFICER:

6 Incls
GAC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYDOLA
1st Lt., Infantry
Adjutant

/jdm /bpm		Interred 6 March 1950 G 13 55 McKinley <i>caremark</i>		DISINTERMENT DIRECTIVE		AMB	
1		CAREL R. H. MARK Cemetery Superintendent		DIRECTIVE NUMBER 7740 00486		DATE 15 05 48 DAY MONTH YEAR	
SECTION A — NAME AND BURIAL LOCATION OF DECEASED				SERIAL NUMBER UNKNOWNX-000557		RANK Q	
NAME				SERIAL NUMBER		DATE OF DEATH	
CEMETERY				RANK		DISPOSITION OF REMAINS	
USAF CEMETERY LEYTE NO 1				Q		0 7701 80 CODE DIST. PT.	
PLOT				ROW		GRAVE	
COUNTRY				CAUSE OF DEATH		6	
8480				PHILIPPINE ISLANDS			

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 UNKNOWN X-557 UNKNOWN X-2236 (MAUS)		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISTINTERRED 24 Sept 1948	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION UNKNOWN				RELIGION		IDENTIFICATION VERIFIED BY ALEXANDER P. PETTICE Embalmers NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half		CONDITION OF REMAINS Skeletal	
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES / Two Identification tags shows UNKNOWN X-2236 (MAUSOLEUM NUMBER)

REMAINS PREPARED AND PLACED IN CASKET DATE 24 Sept 1948 BY ALEXANDER P. PETTICE

CASKET SEALED BY ALEXANDER P. PETTICE	EMBALMER (Signature) <i>Alexander P. Pettice</i> ALEXANDER P. PETTICE
------------------------------------------	-----------------------------------------------------------------------------

CASKET BOXED AND MARKED DATE 24 Sep 48 BY HORACE L ALLISON, Sgt, INF	SHIPPING ADDRESS VERIFIED BY CORSINE G. KAYAMAN, 1st Lt., INF
-------------------------------------------------------------------------	------------------------------------------------------------------

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

Corsine G. Kayaman
CORSINE G. KAYAMAN, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS Lausolcum

TO

Fort Hoxmley Military Cemetery

KIND OF CONVEYANCE

Truck

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

MAR 8 1950

W. E. Smith

2. SHIPPED

FROM

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APD 900

21 February 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- 557, Plot _____,
Row _____, Grave 8480, USMC USAF Gen., Loyte Pl, P.I., 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


W. B. McNEMAR
Captain, QMC
Chief, Records Branch

Received 7 Mar 1950 OQMG
Not identifiable from
information presently
available G. G. Fields - F. D.
8 Mar 1950

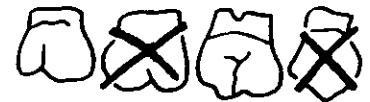
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-2236				(Formerly UNK X-557 USAF Cemetery Leyte #1, P.I.)			2. DATE OF REPORT 21 February 1950	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.				4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				HANGER 810	BAY K	CRYPT 3659	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'3"		10. COLOR OF HAIR UTD			11. RACE UTD	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">N O N E</p>								
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">U T D</p>								
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 <p style="text-align: center;">N O N E</p>								
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) <p style="text-align: center;">N O N E</p>								

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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			←				1								8
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
UTD	UTD	14					9							UTD	UTD
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

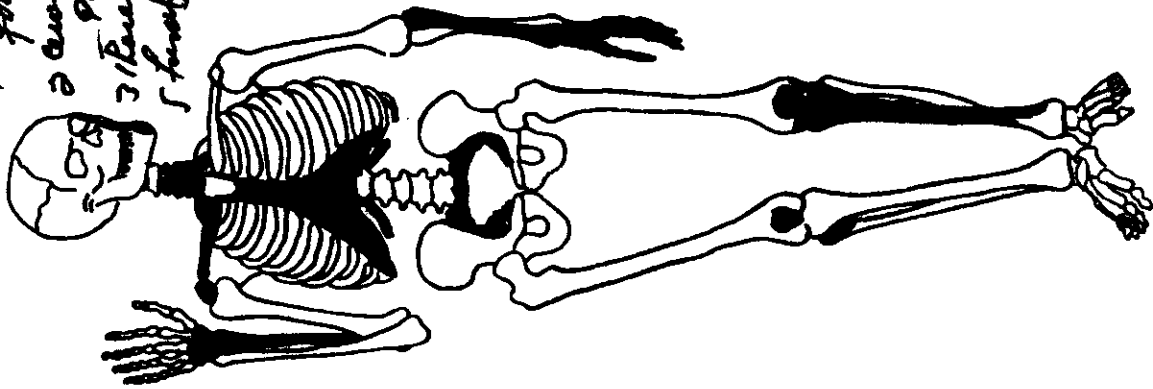
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED

17 Ribs found
2 Cervical
Pits.
3 Thoracic
5 Lumbar



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

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

Paul R. Nichols

IDENTIFICATION CHECK LIST

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

UNKNOWN X-2236 (Formerly Unk X-557)
 USAF Cem Leyte #1, P.I.)

~~UNKNOWN~~
 Cemetery AGRS Mausoleum, Manila, P.I.
DANGER BAY CRUISE
 Plot 810 Row K Grave 3659

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~unknown~~ 28 Nov 47
2. Place of death 15 miles North West of Lahug
Air Base, Cebu, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ reinterred 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	N		
Sweater	O		
	N		
Jacket, HBT	E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type)

Overshoes _____

Web Equipment _____ (type)

(Other item) _____

(Other item) _____

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or
Insignia _____
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch _____

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

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

Age _____ / Est. Height **5'3"** 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, pocks, freckles)

Build _____
U
T
D
(Large, fat, thin, muscular)

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

Hair _____
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns _____ Mustache _____ Beard or _____
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

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

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

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

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

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

Jaw (Large, small, normal) Circumference of ~~head~~ **skull** in inches **skull fractured**
 (Hat band)

Neck (Size, length, short, normal, wrinkled) Larynx (Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands (Unusual characteristics of fingernails)

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

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

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

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

Hernioplasty (Yes-no; location)

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

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

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

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

If not, explain Due to condition of remains.

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

9. Remarks No personal effects, no I.D. tags found with remains.
ROI bottle present. Estimated weight of remains 5 lbs.

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

s/ William A Johnson
(Officer's Name)

SP 6 D 234835
Rank Service

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

28 Nov 47

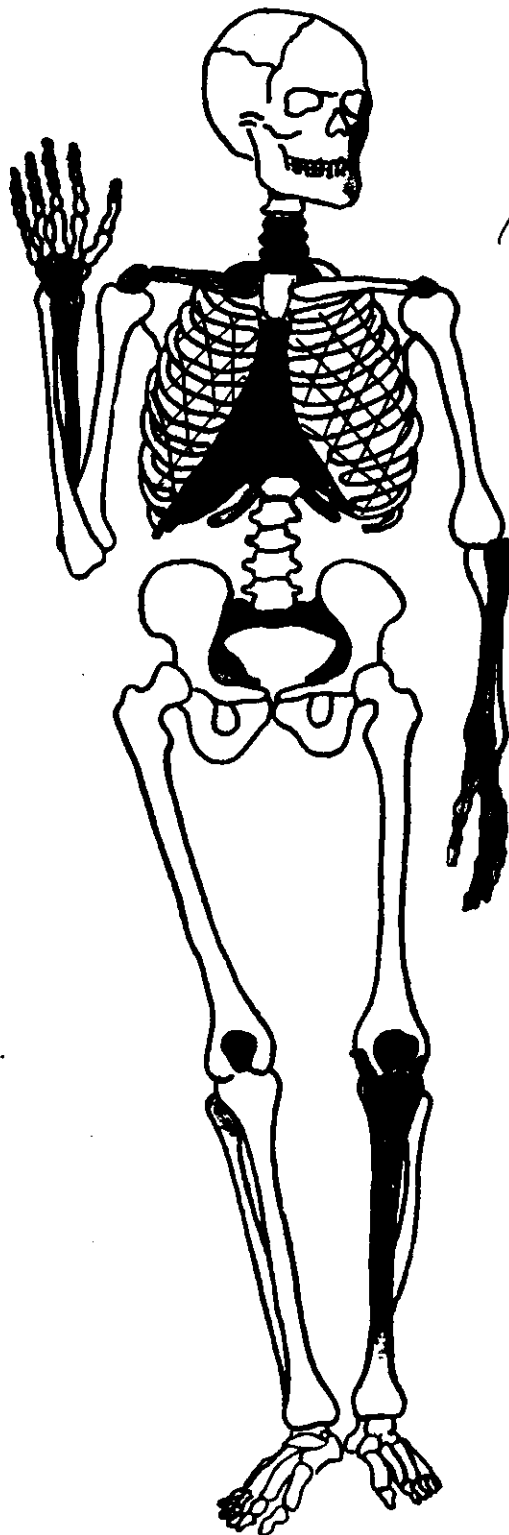
CERTIFIED TRUE COPY:

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-2236



17 Ribs found

2 Cervical present } Vertebrae
3 Thoracic " }
5 - lumbar "

JMS
CHART "A"

X-2236

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-2236 (Formerly Unk X-557)
USAF Gen Leye #1, P.I.)

28 Nov 47

DATE

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

15 miles North West of Lahug ^{UNIT} AGRS MAUSOLEUM ^{ORGANIZATION}
Air Base, Cebu, P.I. Manila, P.I. 810 K 3659

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

ANGER

BAY

CRY.

Partially impacted

fractured



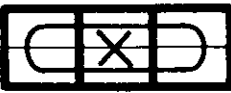











TYPE																			
LOCATION																			

man double missing 3 re Remnants

man double missing

TYPE																			
LOCATION																			

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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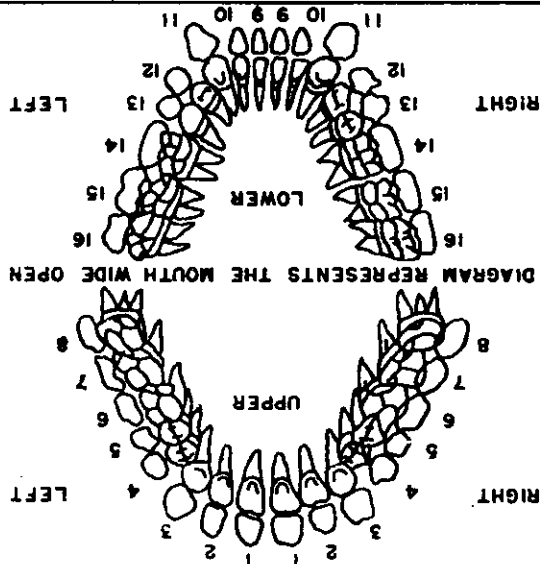
INSTRUCTIONS:

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

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

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

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



REMARKS:

R 14 fractured; UTD whether R 16 & L 16 P or X in missing portion of mandible

S/ William A Johnson
SIGNATURE OF PERSON WHO PREPARED CHART -

S/ John H. Bennett Jr.
VERIFIED BY GRS OFFICER

D/ WILLIAM A JOHNSON Asst Emb SP-6 P/ JOHN H. BENNETT JR.
NAME AND RANK TYPED OR PRINTED

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

28 NOV 47
DATE

CERTIFIED TRUE COPY:

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

REPORT OF DISINTERMENT FOR IDENTIFICATION

21 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN K-557

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte Isl, P.I.

8480

2. Date of Disinterment

21 October 1947

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

Original made in Type "C" casket burial. Skeletal remains incomplete. 2 scapulae, radius and ulna missing. Substitute tag on remains and on marker coincide with R.O.I. on file. No identification clues found on remains.

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

Substitute tag

On Remains

Substitute tag - R.O.I. placed in bottle.

What Identification Used Upon Reinterment: On Marker

Held in Field Lorgue

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Embalmer

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

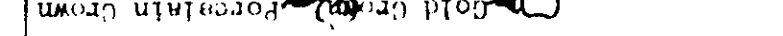
1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side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

Missing Teeth



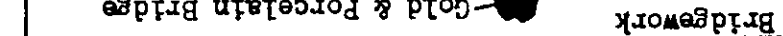
Tooth Missing

Crowned Teeth



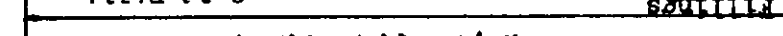
Gold Crown, Porcelain Crown

Bridgework



Gold & Porcelain Bridge, Gold Bridge

Fillings



Silver Filling, Gold Filling

Caries (Cavities)



Dentures (Plates)



Draw diagram of relative size and shape of plate block in teeth

attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks

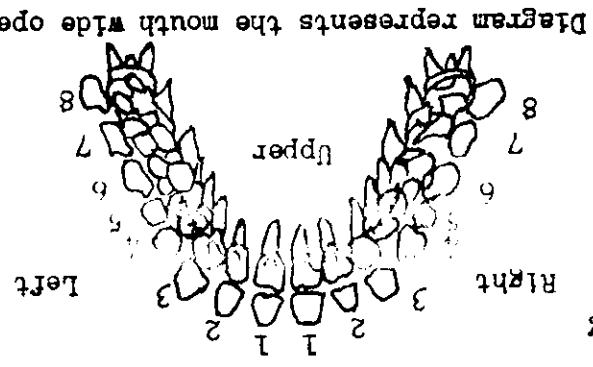
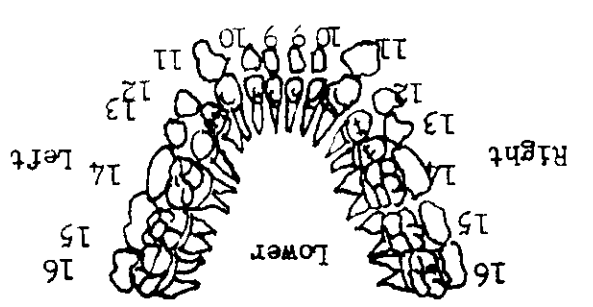


Diagram represents the mouth wide open



Right Left

5-34880-4M

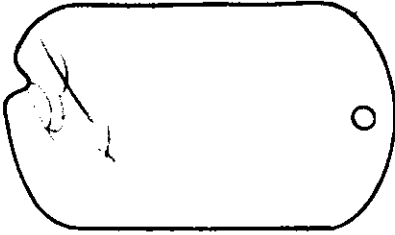
RESTRICTED

rlr U 5191 8480

WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

14 Feb. 1947

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-557

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

15 miles North West of
Lahug Air Base Cebu, P.I.

CAUSE OF DEATH

KIA

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

NONE

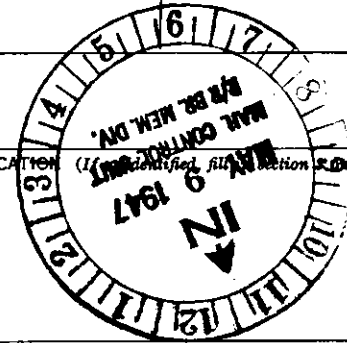
IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION
(If identified, fill in Section 2 on reverse)

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 NO. 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.
13 Feb 1947	0900 hrs	"C" Type Casket	Reg Cross			8480

WAS THIS A REBURIAL?
(Yes or no)

NO

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

Grid Coords: 10°23'7" North Lat., 123°51'30" East.
Long. Scale 1:200,000, Map of Cebu & Bohol, Polyconic
Projection Series 1934

PLOT No.	ROW No.	GRAVE No.
		Isolated Burial

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

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

Report of Interment buried in battle
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-556

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

8479

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

UNKNOWN X-558

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

8481

SIGNATURE OF PERSON PREPARING REPORT

Cpl. Jack R. Sagle, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Charles G. Waple, Jr. 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 Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

16-43997-1

122

Section 3.—UNIDENTIFIED REMAINS.


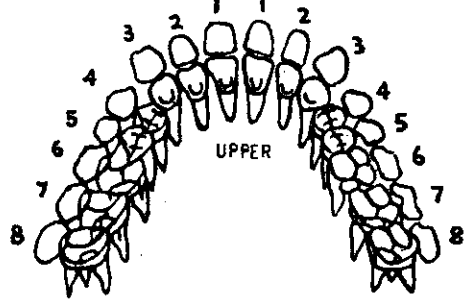
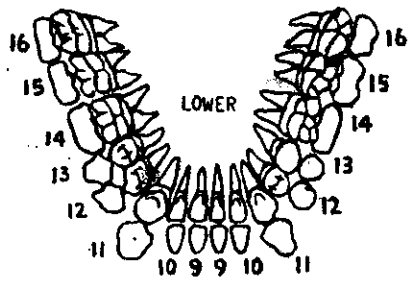




INSTRUCTIONS:

(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.

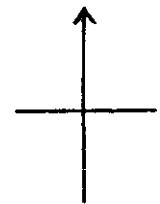
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
			Brown	
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	
			15 miles North West of Lahug Air Base	

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



17 APR 1947

REMARKS:

IDENTIFICATION DENTAL CHART

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

13 February 1947

DATE

UNKNOWN (X-557)

LAST NAME FIRST INITIAL RANK SERIAL NO.

15 miles northwest of ^{UNIT} Lahug Air Base, Cebu, P.I. ORGANIZATION USAF Cemetery Leyte #1, P. I. 8480

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

	8	7	6	RIGHT				UPPER TEETH				LEFT					
TYPE																	
LOCATION																	

INSIDE — LOOKING OUT

	16	15	14	RIGHT				LOWER TEETH				LEFT					
TYPE																	
LOCATION																	

Missing

Missing

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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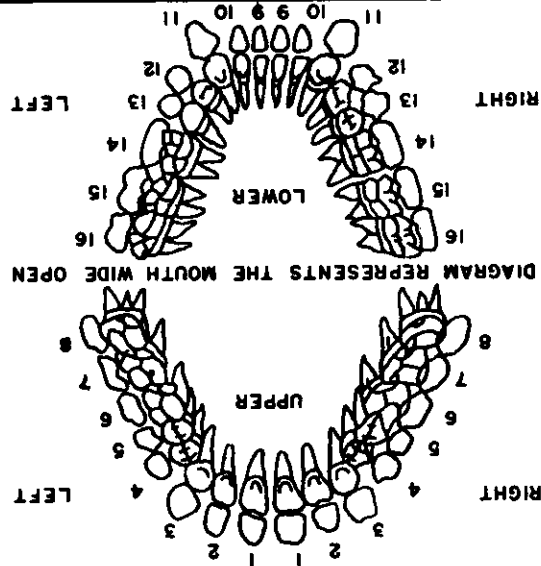
INSTRUCTIONS:

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

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

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

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

Paul R. Nichols

NAME AND RANK TYPED OR PRINTED
Paul R. Nichols, Embalmer

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED
USAF Cemetery Leyte #1

DATE
13 February 1947

NAME AND RANK TYPED OR PRINTED

CHARLES G. WAPLE, Jr., 2nd Lt., Inf

VERIFIED BY GRS OFFICER

Charles G. Waple, Jr.

Inf

SEARCH AND RECOVERY REPORT

On 15 January 1947, a search party composed of Pfc Ralph L Vernon and the undersigned left the FS-170, docked at Cebu City, mission: Recovery of remains in the vicinity of Lahug, Cebu City, Cebu.

Pfc Vernon and I questioned several natives living north of Lahug Air Base and learned that an American soldier was buried in the mountains approximately ten kilometers away. As we were proceeding to the scene of death, we made inquiries at several houses. We learned the exact location of the grave, went there immediately, and disinterred the remains.

We then talked to a Filipino woman who informed us that she had seen the body shortly after death. According to her information, he had brown hair and a sort of reddish complexion which may have been a sunburn. He also wore fatigues and combat boots. The woman also said that he had a helmet with the name Robert written on it, but we were unable to locate it.

Recovery was effected at polar coordinates: 10° 23' 7" North Latitude; 123° 51' 30" East Longitude, Scale 1:200,000, Map of Cebu and Bohol, Polyconic Projection, Series 1934.

We then returned to the FS-170, arriving there at 1730, 15 Jan 47.

Lawrence N. Tomei
Pvt Lawrence Tomei
Search Party Member

S T A T E M E N T

I, Catalina Soria in the month of March 1945, saw the remains of a dead American soldier still fully clothed lying above the ground. He had light brown hair with a reddish skin.

Due to the smell of the body I was unable to look at him closely.

I certify that the above statement is correct to the best of my knowledge.

/s/ Catalina Soria

WITNESSED BY:

CHARLES G. WAPLE, JR.
2nd Lt., QMC

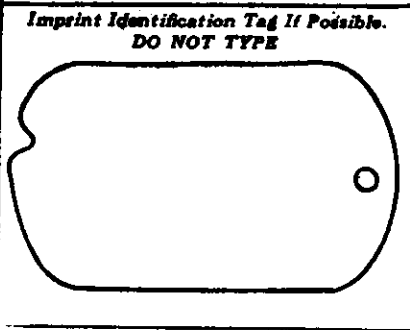
A TRUE COPY:

Charles G. Waple, Jr. (Jr)
CHARLES G. WAPLE, JR.
2nd Lt., QMC

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

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

DATE OF REPORT
6 Dec 47



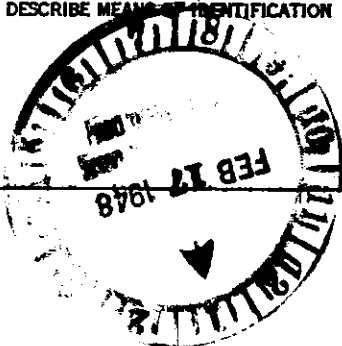
Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-2236 (Formerly Unk X-557 USAF Cem Leyte #1, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH 15 miles North West of Lahug Air Base, Cebu, P.I.	CAUSE OF DEATH KIA	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	



LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

Section 2.—BURIAL. If other than 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. SANGER	ROW No. BAY	GRAVE No. CRW-3
STORAGE 29 Nov 47	1300	Casket	None	810	K	3659

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. 8480
-----------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------	----------	---------	-------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	<i>File in folder 2/23/48 NAN</i>
---------------------------------------------------------------	----------------------------------------------------------	-----------------------------------------------

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-2238	RANK	SERIAL No.	ORGANIZATION	GRAVE No. IRWP 3661
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-2234	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRWP 3657
-----------------------------------------------------------------------------------------------	------	------------	--------------	---------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. R. Acierto</i> R. R. ACIERTO, Pvt.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>L. S. Panopio</i> L. S. PANOPIO, 2nd 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 Office. Copies for retention in theater as prescribed by theater commander.

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.


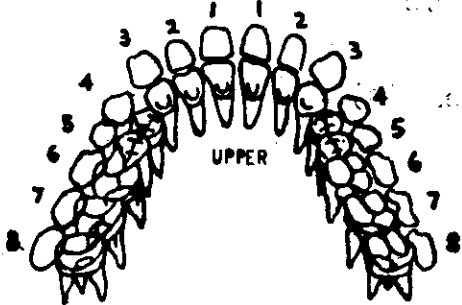
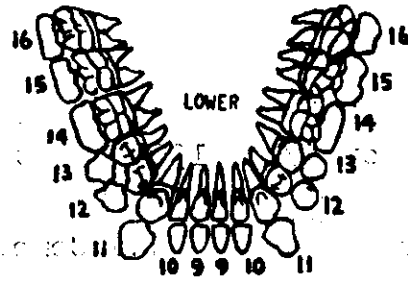




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart-at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

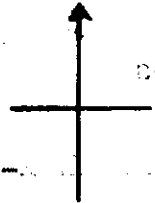
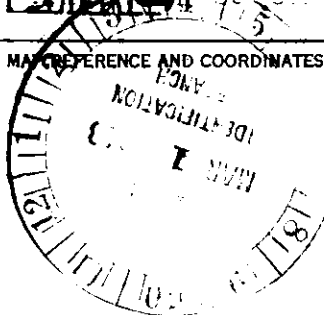
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

Probable American

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:

Identification Check List and Dental Chart accomplished

8941 NVP 02