

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Wk Reg #1 X-559 (last one Manila X-2053)

SUBJECT

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unk. Leyte #1 (misc)
X-456 X-457 X-458 X-559

SYNOPSIS AND DATES

NEW CLASSIFICATION misc filed
293 Unk. Leyte #1
X-456
11/17/50
24

RECLASSIFICATION SHEET

293 - Unk. P. I. (Misc.) (Maus. Manila) (X-2253, X-2338, X-2346, X-2353, X-2839, X-4184
thru X-4188)

QMGMF 293
GRS, Far East

21 March 1950

SUBJECT: Identification of World War II Deceased

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

1. 1. Reference is made to the following Unknown remains now stored in American Graves Registration Service Mausoleum, Manila, P. I.;

Unknown	X-2253	(formerly	X-559	Leyte #1)	Unit	2	Page	13
"	X-2338	{	"	X-458	"	"	"	12
"	X-2346	{	"	X-456	"	"	"	12
"	X-2353	{	"	X-457	"	"	"	12
"	X-2839	{	"	X-420	"	"	"	12
"	X-4184				Unit	2	Page	20
"	X-4185				"	2	"	20
"	X-4186				"	2	"	20
"	X-4187				"	2	"	20
"	X-4188				"	2	"	20

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

FOR THE QUARTERMASTER GENERAL:

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPS 293

APO 900

SUBJECT: Unidentifiable Remains

27 FEB 1950

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

1. In accordance with the provisions of your letter, file 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-458 Leyte #1
X-457

UNKNOWN X-458 Leyte #1
X-559

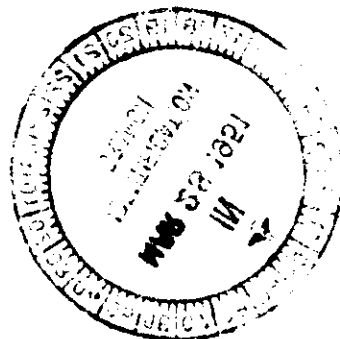
2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER

4 Incls

QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant



BASIC: Ltr fr Hq. WILSON, United States Army, file ORP: 293-9,
dat 6 May 1949, subject: Group Identification of Unknowns

OSGR 293.

2nd Ind.

HEAD: WASHINGTON, PHILIPPINES COMMAND, A.O 707 17 AUG 1949

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

1. No Search and Recovery Report is on file at this Headquarters
for Unknowns X-2338, X-2346 and X-2353, AGRS Mausoleum, Manila, P.I.

2. A check of available records indicates that Unknown X-2253,
AGRS Mausoleum, could be associated with the above mentioned Unknowns
based on the following:

a. Agreement in circumstances of death as to cause and place.

b. Agreement in the place of recovery. Unknowns X-2338,
X-2346 and X-2353 were recovered from coordinates N 10° 53' 45" - E
123° 21' 45" while Unknown X-2253 was recovered from coordinates
10° 53' 30" N Lat. - 123° 22' 30" E Long.

c. The twin-engine plane located during the recovery of
Unknown X-2253 suggests that it was a B-25 in view of the fact that
it had twin row Curtiss Wright engines and its landing gear had
inscriptions "For North American Aviation, Inc.". B-25 planes have
two engines, Curtiss Wright type - twin row, and they are manufactured
by "North American". (See copy of Search and Recovery Report attached
to ROI for Unknown X-2253 and copy of description of a B-25 aircraft.)

d. No definite plane crash is associated with Unknown X-2253.
This, therefore, does not preclude the association of X-2253 with the
crew of crashed B-25 aircraft.

3. The fragmentary condition of the remains does not permit an
individual identification.

4. In view of the above findings, it is recommended that Unknown
X-2253 be included in the recommendation for the group identification of
Unknowns X-2338, X-2346 and X-2353 as the recoverable remains of the
crew of the B-25 which crashed at Fabrica, Negros, P.I., on 1 January
1945.

FOR THE COMMANDING GENERAL:

2 Incls:

- 1 - Cy, S & R Report
- 2 - Cy, Description of
B-25 aircraft.

RECEIVED
AUG 24 1949
C. H. LESTER
2nd Lt. Asst. Asst. Dir.
AGRS

193 W. H. P. S. (Morse) (C. H. Lester) (X-2253, 2338, 2346, 2353)

DISINTERMENT DIRECTIVE

Interred 21 Mar 1950
L 13 125 Ft. McKinley

Carl R. H. Mark
Cemetery Superintendent

CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7740 00488

DATE
15 05 48
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000559

RANK
Q

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY LEYTE NO 1

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
8482 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN X-559
UNKNOWN X-2353 (MAUS)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
24 Sept 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
CLIFFORD INGROVILLE
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
Two Identification tags shows UNKNOWN X-2353 (MAUSOLEUM NUMBER)

REMAINS PREPARED AND PLACED IN CASKET
DATE 24 Sept 1948 BY CLIFFORD INGROVILLE

CASKET SEALED BY
CLIFFORD INGROVILLE

EMBALMER (Signature) *Clifford Ingroville*
CLIFFORD INGROVILLE

CASKET BOXED AND MARKED
DATE 24 Sep 48 BY HORACE L ALLISON, Sgt, INF

SHIPPING ADDRESS VERIFIED BY
LUCIO S. PANOPPIO, 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.

Lucio S. Panoppio
LUCIO S. PANOPPIO, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

FROM		TO	
GDS Mausoleum		Fort Ingley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER <i>Goodman</i>	
DATE		DATE MAR 2 1950	
1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		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	

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

23 Feb 1950

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 559, Plot _____,
Row _____, Grave 8482, USMC USAF Cem. Leyte #1, have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


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

Received 14 Feb 1950 OQMG
Not identifiable from
information presently
available

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-559, USAF Cem. Leyte #1				2. DATE OF REPORT 24 Feb 1950		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT HANGAR 810	5. ROW BAY K	6. GRAVE CRYPT 3675	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

UTD

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

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? See skeletal chart
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

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
<i>Missing</i>								<i>Missing</i>							
<i>Side Views</i>								<i>Side Views</i>							
<i>UPPER</i>								<i>UPPER</i>							
<i>LOWER</i>								<i>LOWER</i>							
<i>Side Views</i>								<i>Side Views</i>							
<i>Missing</i>								<i>Missing</i>							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

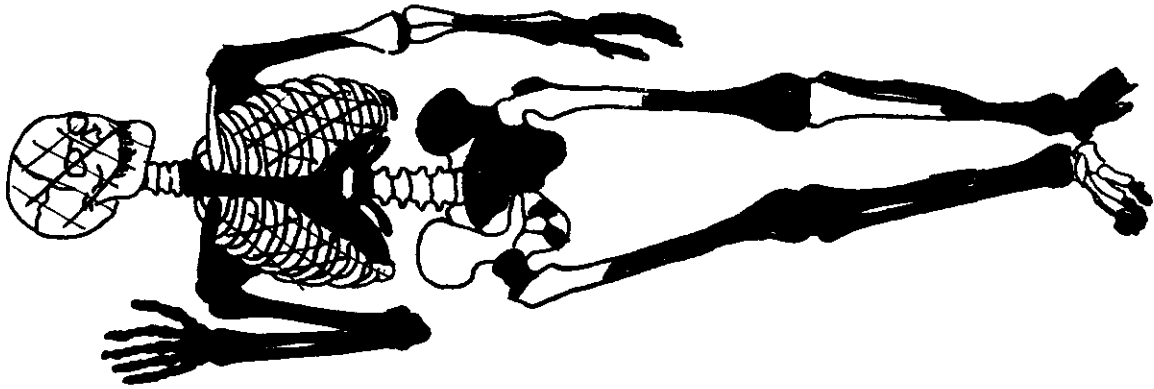
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

Serial 43

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 I.D. 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

IDENTIFICATION CHECK LIST

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

(Formerly Unk X-559
 (USAF Cem Leyte #1,
 Unknown X -2253 (P. I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 ^{TANGER} Row K ^{WAY} Grave 3676

AGRS Mausoleum, Manila, P.I.

1. Arrived at 0800 28 Nov 47
(Hour) (Date)
2. Place of death Vicinity of Fabrica Airdrome, Negros, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by 583rd QM GRS
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web /

Drawers, wool /

Drawers, cotton /

Leggings, wool /

Socks, cotton /

* Shoes (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. 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 (Color, setting, shape) / Mustache (Color, size, shape) / Beard or (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 **Tooth chart attached.** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

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

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

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

..... (Unusual characteristics of fingernails)

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

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

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

Hernioplasty (Yes-no; location)

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

Feet (Size, corns, callouses, flat) Toes (Slender, straight, hooked, 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 Received with remains - ROI bottle but no ID tags.
No personal effects to warrant identification. Weight of remains
is approximately 3 1/2 lbs. Height and weight cannot be
determined due to absence of major bones.

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:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

/s/ Forrest G. Braden
(Officer's Name)

Emb Senior C-064971

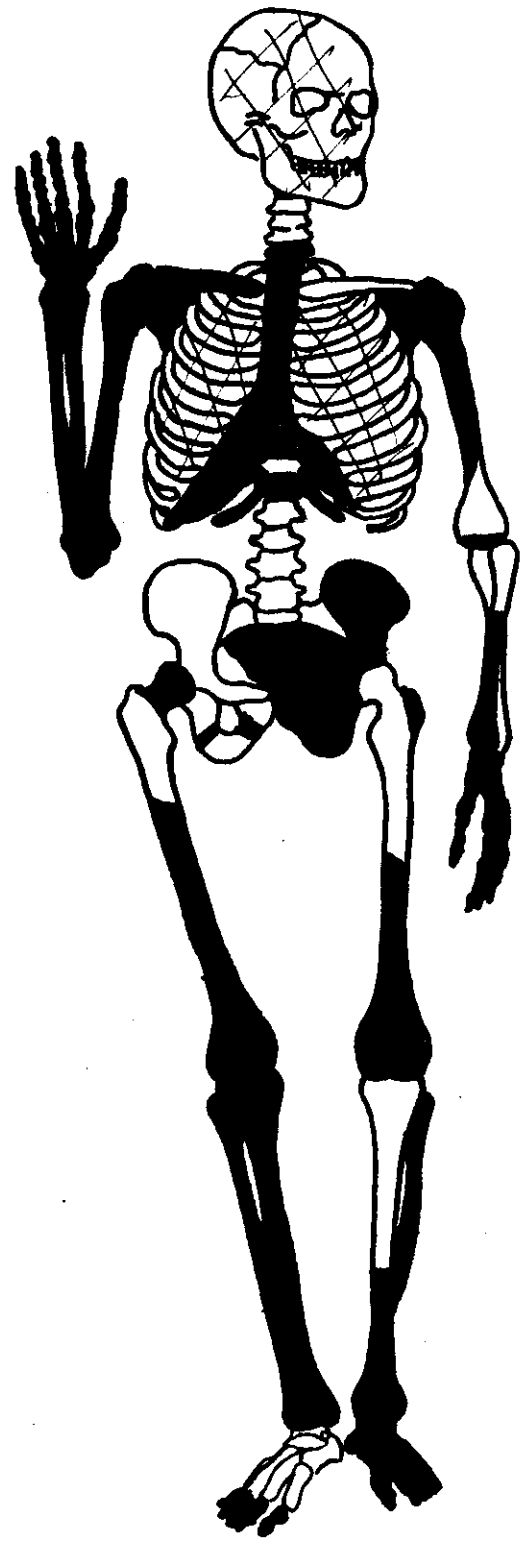
Rank Service

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

28 Nov 47

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Received
 Rib fragments
 3 cervical } vertebrae
 1 Thoracic }
 5 lumbar }

Red

REPORT OF DISINTERMENT FOR IDENTIFICATION

21 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-559

-

Grade

Organization

-

-

. Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

3482

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. Mostly major bones missing. Tag on remains and on marker coincide with R.C.I. on file.

No identification clues found on remains.

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

Substitute tag

On Remains

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

What Identification Used Upon Reinterment: On Marker

Held in Field Forge

On Remains

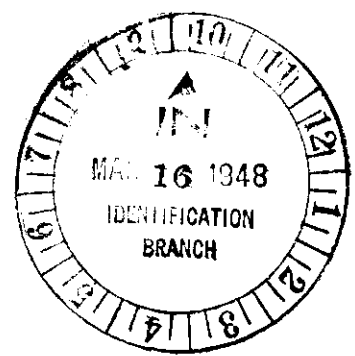
Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

Paul R. Nichols
PAUL R. NICHOLS, Embalmer

5-34880-4M

1174-PHILLYCON-5-47-193M



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>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 (cutting teeth) are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (grinding teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

RESTRICTED

X-2253

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-2253 (Formerly Unk X-
559 USAF Cem Leyte #1, P.I.)

28 Nov 47

DATE

LAST NAME

FIRST

INITIAL

Unknown

RANK

Unknown

SERIAL NO.

Unknown

Unknown

Vicinity of Fabrica
Airdrome, Negros, P.I.

PLACE OF DEATH

AGRS Mausoleum
Manila, P.I.

PLACE OF BURIAL

ORGANIZATION

810

K

3676

PLOT

ROW

GRAVE NO.

RANGER

BAY

CRIB

missing broken crown broken crown missing















RIGHT					UPPER TEETH					LEFT					
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
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
							<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			A	A
TYPE LOCATION															

fractured missing

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)

2d Lt
GEORGE T GAMBOA
MAC

CERTIFIED TRUE COPY:

<p><u>/s/ John H. Bennett Jr</u> <u>VERIFIED BY GRS OFFICER</u></p> <p><u>/p/ JOHN H. BENNETT JR</u> <u>NAME AND RANK TYPED OR PRINTED</u></p> <p><u>28 Nov 47</u> <u>DATE</u></p>	<p><u>/s/ Forrest G. Braden</u> <u>SIGNATURE OF PERSON WHO PREPARED CHART</u></p> <p><u>/p/ FORREST G. BRADEN Emb Sr.</u> <u>NAME AND RANK TYPED OR PRINTED</u></p> <p><u>CIP Laboratory, Mantle, P.I.</u> <u>PLACE OR HQ WHERE THIS FORM ACCOMPLISHED</u></p>
<p>REMARKS:</p>	
<p>INSTRUCTIONS:</p> <p>1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.</p> <p>2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN <u>WHOLE BOX</u>; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN <u>UPPER HALF OF BOX</u>; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN <u>LOWER HALF OF BOX</u>.</p> <p>3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.</p> <p>4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.</p> <div data-bbox="485 897 1039 1461" data-label="Diagram"> </div>	

/amp

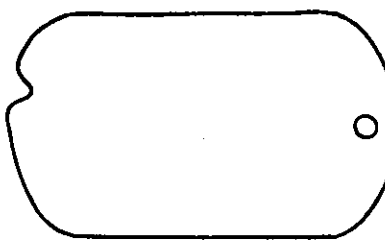

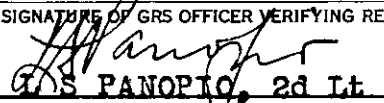
RESTRICTED 5210

U 5210

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

2 Dec 47

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.		SERIAL No.			
		NAME (Last, first, middle initial)		Unknown			
		UNKNOWN X-2253 (Formerly Unk X-559 USAF Cem Leyte #1, P.I.)		BRANCH OF SERVICE			
		GRADE		ORGANIZATION		Unknown	
		Unknown		Unknown		Unknown	
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
Unknown		Unknown					
PLACE OF DEATH		CAUSE OF DEATH		DATE OF DEATH			
Vicinity of Fabrica Airdrome, Negros, PI		Plane Crash		Unknown			
EMERGENCY ADDRESSEE (Name, relationship, and address)							
Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
None							
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)							
Yes (2)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME							
None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY							
AGRS MAUSOLEUM, MANILA, P.							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
STORAGE 29 Nov 47	1300	STORAGE Casket	None	ANGER 810	BAY K	CRYPT 3676	
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.
RESTORED Yes	USAF Cemetery Leyte, #1 P.I.						8482
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)						
STORAGE Yes	Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
STORAGE UNKNOWN X-2255				CRYPT 3678			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
STORAGE UNKNOWN X-2251-C				CRYPT 3674			
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
 R. K. AOLERIO, Pvt			 G. S. PANOPIO, 2d Lt Inf				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

MAR 17 1948

16-43997-1

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


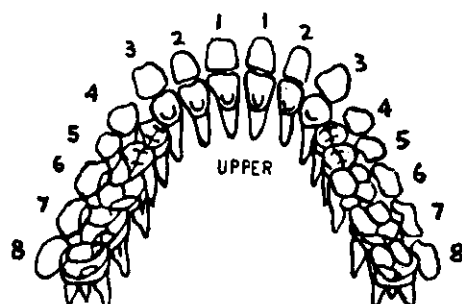




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

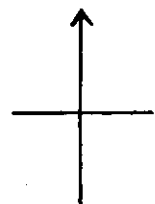
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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.

27 JAN 1946

RESTRICTED

rlr

U 5210

8432

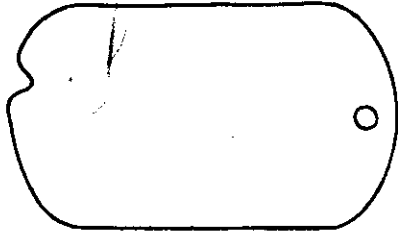
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

19 February 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-559

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

Vicinity of Febrica
Airdrome, Caracas, P.R.

CAUSE OF DEATH

Plane Crash

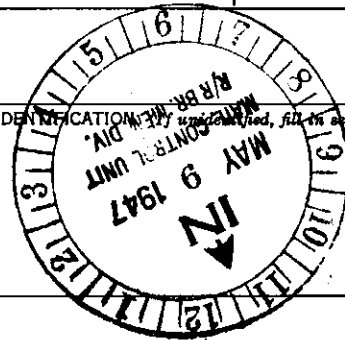
DATE OF DEATH

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 unspecified, fill in section 3 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 Loyale AFB, P.R.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
19 Feb. 1947	1400	Casket "C" Type	Reg. Cross			8432

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.
NO	Grid Coord: 10° 52' 30" North Lat., 122° 22' 30" East Longitude, Scale: 1:250,000, MAP Aero. Approach Chart.			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 bottle with body.

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-550	--	--	--	8431


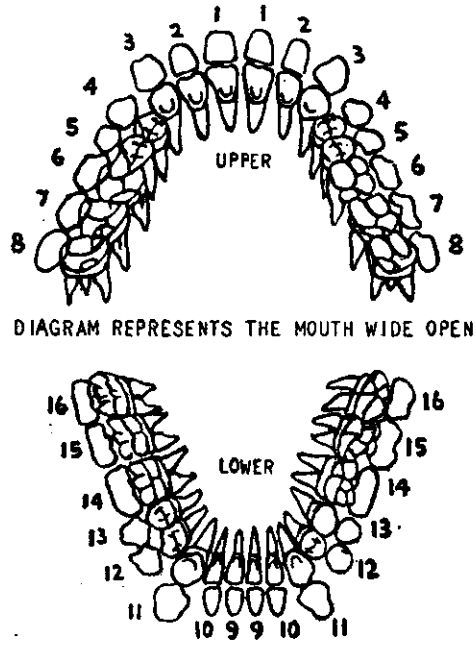




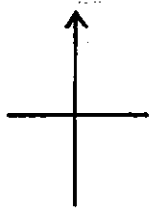
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-550	--	--	--	8433

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Cpl Jack A. Steele, GRS	Cpl T. G. Miller, Jr., 2nd Lt., GRS

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

RESTRICTED

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LEFT LITTLE FINGER	<p>Section 3.—UNIDENTIFIED REMAINS.</p> <p>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.</p>				
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	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>		
RIGHT THUMB	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>				
RIGHT INDEX FINGER	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>				
RIGHT MIDDLE FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>				
RIGHT RING FINGER	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>				
RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align:center; margin-top: 20px;">  </div>				
17 APR 1947	REMARKS:				

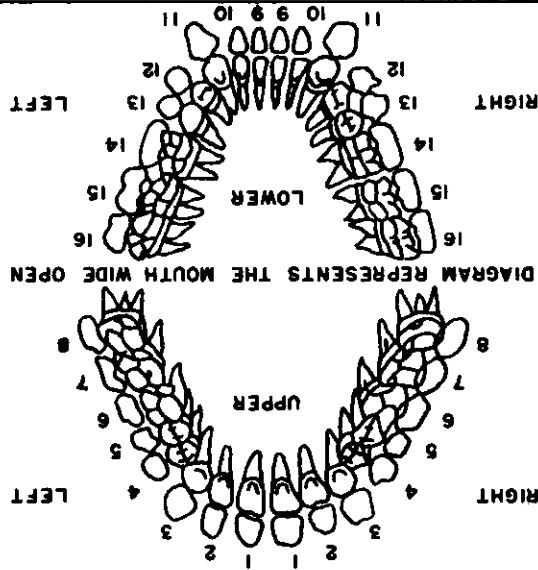
INSTRUCTIONS:

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:

SIGNATURE OF PERSON WHO PREPARED CHART

Paul H. Nichols

NAME AND RANK TYPED OR PRINTED

Paul H. Nichols, Dental

NAME AND RANK TYPED OR PRINTED

Paul H. Nichols, Dental

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Paul Cemetery, Levee #1

DATE

12 February 1947

NAME AND RANK TYPED OR PRINTED

Charles G. Smith, Jr., and Mr. G. O.

VERIFIED BY GRS OFFICER

Charles G. Smith, Jr.

SEARCH AND RECOVERY REPORT

(PLANE CRASH NEAR FABRICA, NEGROS)

On Sunday evening, 19 January 1947, the FS-170 anchored in the mouth of the Danao River, Negros. Monday morning we moved into the river and anchored off the town of Danao, one mile east of Escalante. That afternoon a search party of four went to Fabrica, approximately fifteen miles away. When we arrived there, we went to see the mayor but he wasn't at home. We then went to MPC headquarters to get information on plane crashes in that area. I talked with Lt. Ernesto Oquendo but he could not help me.

The party then went to Fabrica airfield to talk with the natives living in that area. We were informed about one crash in that vicinity. Since it was late, we postponed our investigation and returned to the ship. The following day seven of us returned and recovered the remains of one American decedent. The coordinates of the crash are: 10° 53' 30" North Latitude; 123° 22' 30" East Longitude, Tanon Strait Chart at MPC.

The plane had hit on a hillside and exploded. It was scattered over a large area and I could not identify it. The information I could gather is as follows:

1. Twin engine aircraft using twin row Curtis Wright Engine.
2. One fifty caliber machine gun with following numbers:
US - NO 649396, believed to be a nose gun.
3. Two landing gears with following inscription: "For North American Aviation, Inc."

Charles G. Maple, Jr. (2290)
CHARLES G. MAPLE, JR.
2nd Lt., QMC
Search Party Leader