

FILE IDENTIFICATION TOPPER

*Polstein*

FILE NUMBER

*293 unkl Lytle #1 X-561 (also Mausmanila X-2239)*

SUBJECT

QMC FORM 1121  
1 Aug 45

OSRT 293  
OS Far East

28 October 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGES, PHILCOM ZONE

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

Unknown X-2239 (formerly X-561, USAF Cemetery Leyte #1, P.I.)  
Unknown X-3455 (formerly X-244, USAF Cemetery Leyte #1, P.I.)  
Unknown X-3371 (formerly X-234, USAF Cemetery Leyte #1, P.I.)  
Unknown X-4192

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

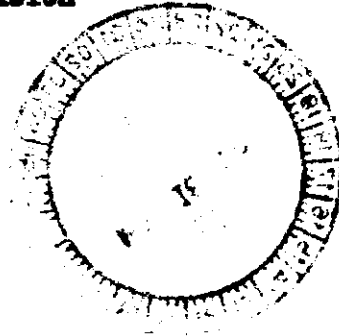
FOR THE QUARTERMASTER GENERAL:

R. Little:jdk  
Salser  
JW  
cc: Admin. Sec.  
cc: Cinfo

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

REB

TEC



COPY

JOGR 293.9

APD 707  
10 OCT 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 QMAMU 293, GCS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGPS 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-1159	AGPS	Maln	UNKNOWN X-3371	AGPS	Maln
" X-1192	" "	" "	" X-3455	" "	" "
" X-1399	" "	" "	" X-3836	" "	" "
" X-1514	" "	" "	" X-4192	" "	" "
" X-1551	" "	" "	" X-4674	" "	" "
" X-1672	" "	" "	" X-4724	" "	" "
" X-2239	" "	" "	" X-4755	" "	" "
" <del>X-2390</del>	" "	" "	" X-4779	" "	" "
" X-2413	" "	" "	" X-4791	" "	" "
" X-2452	" "	" "	" X-4928	" "	" "
" X-2749	" "	" "	" X-4932	" "	" "
" X-3310	" "	" "	" X-4933	" "	" "

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

FOR THE COMMANDING GENERAL:

24 Incls  
GPO Forms 1044 w/certificates  
of Unidentifiability

C. H. LINDANCE  
2nd Lt., AGI  
Asst. Adj. Gen

COPY

/jdm

afm

Interred 14 February 1950  
N 18 185 Ft. McKinley

DISINTERMENT DIRECTIVE

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

DIRECTIVE NUMBER  
7740 00490

DATE  
15 05 48  
DAY MONTH YEAR

1 ✓

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
		UNKNOWN X-000561			Q		
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY (LEYTE NO 1)						0 7701 80 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH		
		8484	PHILIPPINE ISLANDS		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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-561 UNKNOWN X-2239 (MAUS)				24 Sept 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY ALEXANDER P. PETTICE 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 / The (1) Identification tag shows UNKNOWN X-561 (UNKNOWN X-561) The (2) tag shows UNKNOWN X-2239 (UNKNOWN X-2239)	

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	SHIPPING ADDRESS VERIFIED BY
DATE 24 Sep 48 BY HORACE L ALLISON, Sgt, INF	CORSINE C. KAYANAN, 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 C. Kayanan*  
CORCINE C. KAYANAN, 1st Lt., INF  
SIGNATURE OF GRS INSPECTOR

REGISTRATION  
BRANCH  
*[Signature]*

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGNS Mausoleum	TO	Port McKinley Military Cemetery
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>W. J. ...</i>
DATE		DATE	FEB 14 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

21 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 561, Plot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 3484, USMC USN 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:

  
J. B. McNemar  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 10/24/49 ..... OQMG

presently  
available 10/24/49 Little

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-2239 (Formerly UNK X-561 Leyte #1)				2. DATE OF REPORT 26 Sept 1949	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	K	3662	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT 176 lbs	9. ESTIMATED HEIGHT 5'8"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED? <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

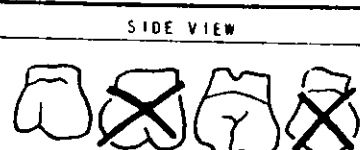
**"UNIDENTIFIABLE"**

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

18.

TOOTH CHART

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



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



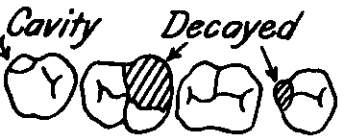
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
p	p	p	p	p	p	p	p	← Maxilla Missing →							
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
16								16							
15								15							
14								14							
13								13							
12								12							
11								11							
10								10							
9								9							
9								9							
10								10							
11								11							
12								12							
13								13							
14								14							
15								15							
16								16							

Partially Impacted

Impacted

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."

"UNIDENTIFIABLE"

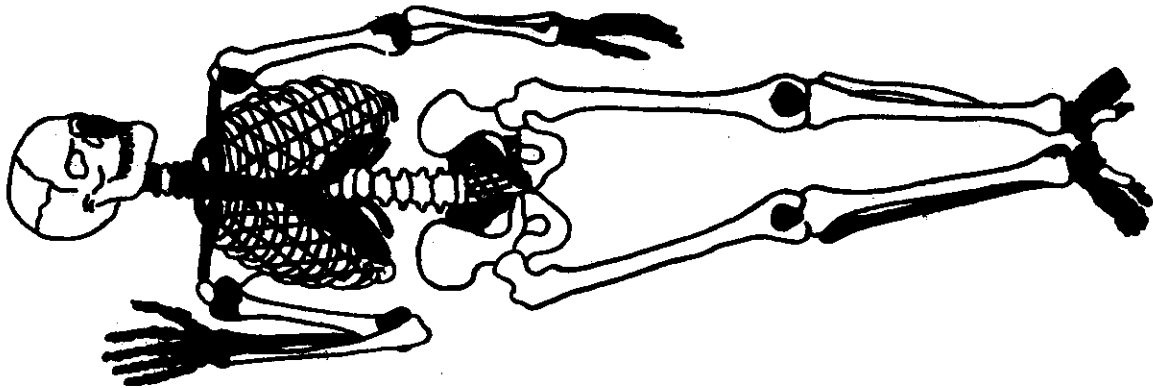
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R NICHOLS  
Chief, Identification Section



19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height: 5'8"

20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
*(Wherein segregation in whole or parts is impossible)*

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: **NUMBER**

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.  
Estimated weight of remains - 6½ lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS  
Chief, Identification Section

SIGNATURE

*Paul R. Nichols*

X-2239

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-2239 (Formerly UNK X-561)  
USAF Com Leyte #1, P.I.)

28 Nov 47  
DATE

Unknown  
RANK

Unknown  
SERIAL NO.

Unknown  
UNIT ORGANIZATION

3 miles northwest of Guadalupe, Cebu, P.I. AGRS Mausoleum, Manila, P.I.  
PLACE OF DEATH PLACE OF BURIAL

810 K 3662  
PLOT ROW GRAVE NO.

*maxilla & teeth missing*

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

*Partially impacted* INSIDE — LOOKING OUT *Impacted*

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

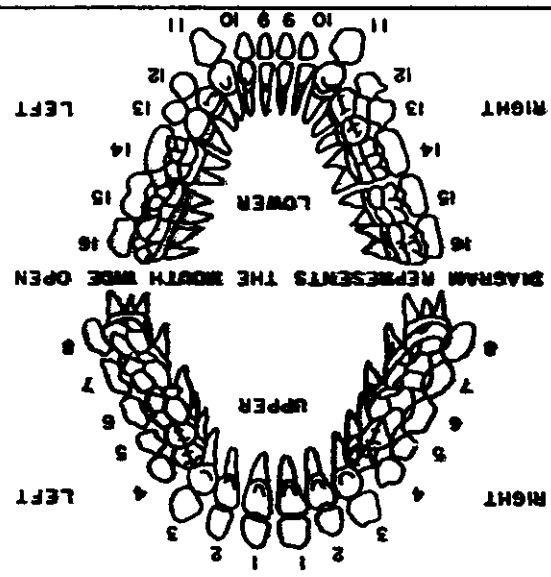
SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY INDICATE LOCATION		GOLD		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD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

2d Lt.,  
GEORGE T. GAMBOA  
MAC

CERTIFIED TRUE COPY:

/s/ Primitivo C. Mojica  
 SIGNATURE OF PERSON WHO PREPARED CHART  
 /p/ PRIMITIVO C. MOJICA-Emb's Aide  
 NAME AND RANK TYPED OR PRINTED  
 /s/ John H. Bennett Jr.  
 VERIFIED BY GNS OFFICER  
 /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

**REMARKS:** All upper teeth missing. I-1,2,3,4,5,6,7 and 8 cannot be determined whether X or B because 1/2 of the maxilla is missing.



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. AGENCY 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)

UNKNOWN X-2239 (Formerly UNK X-561  
 USAF Cem Leyte #1, P.I.)  
~~XXXXXXXXXX~~

Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 810 DANGER 4 CRYP 3662  
Row Grave

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 28 Nov 47  
3 miles northwest of
2. Place of death Guadalupe, Cebu, 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	_____		
Jacket, HBT	_____		
* 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) **Burial bottle containing- ROI**

\* 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 **UTD** Height **EST. 5'8"** Weight **EST. 176 lbs.** 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 .....  
 (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 ..... **Tooth 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 ..... **UTD**  
 (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, 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 identification tags, personal effects, or other means of identification. Unable to determine circumference of skull due to fragmentation. Estimated weight of remains 6 1/2 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/ Charles H. Vanderbilt  
(Officer's Name)

Emb. Senior, C-064897  
Rank Service

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

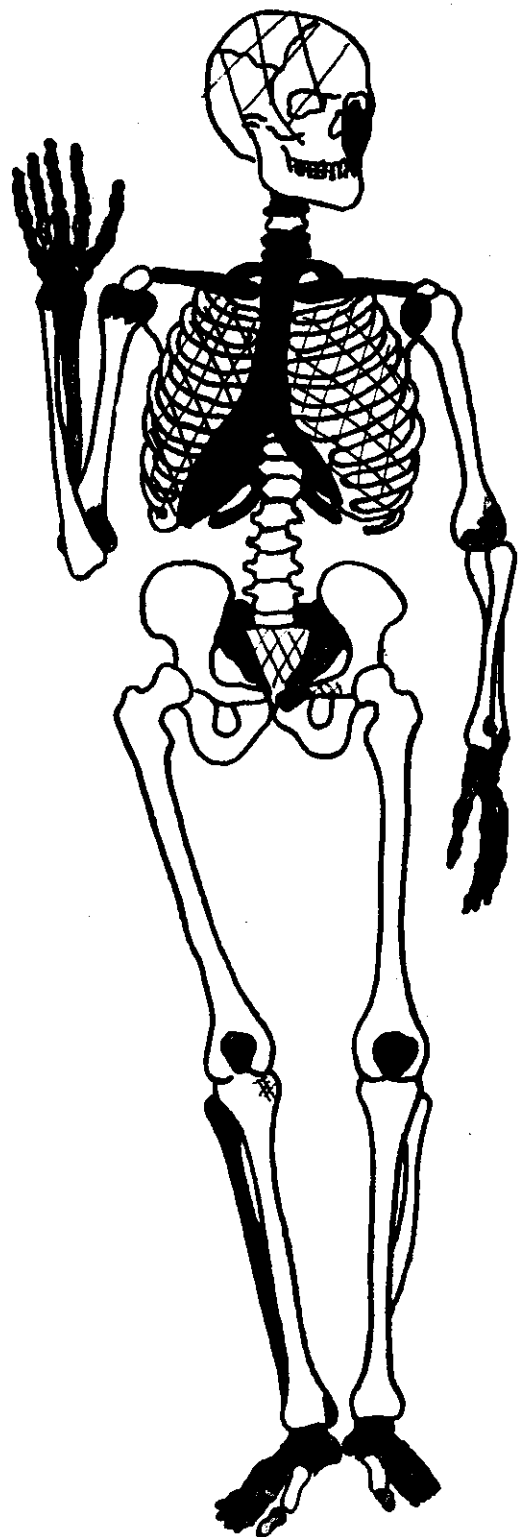
CERTIFIED TRUE COPY:

*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

# SKELETAL CHART

X-2239

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*FMS*  
CHART "A"



REPORT OF DISINTERMENT FOR IDENTIFICATION

21 October 1947

1. Remains of (Name)

Serial Number

UNKNOWN X-561

-

Grade

Organization

-

-

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Leyte #1, P.I.

8484

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. Substitute tags on remains and on marker coincide with R.O.I. on file. Skeletal remains incomplete. 1 Tibia, 2 femur and ulna missing. Skull broken. 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 Forge

On Remains

Substitute tag

5. Signature of Officer Supervising Disinterment and Reinterment.

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

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth  
Tooth Missing  
Tooth Missing

Crowned Teeth  
Gold Crown  
Porcelain Crown

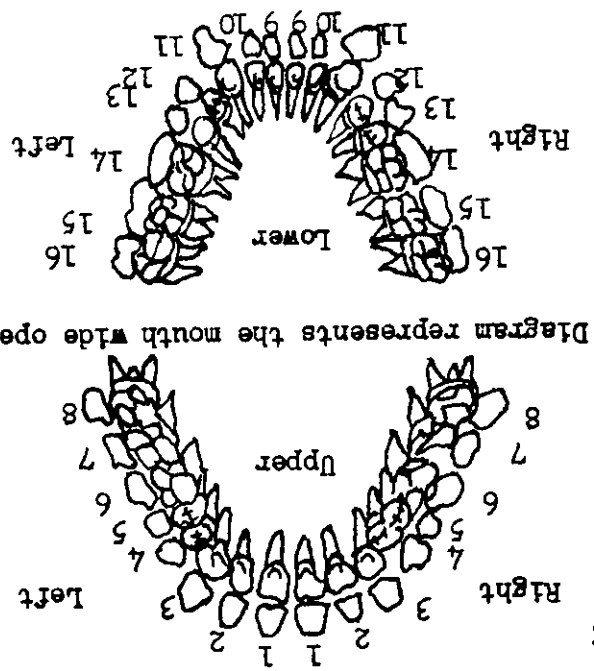
Bridgework  
Gold & Porcelain Bridge  
Gold Bridge

Fillings  
Silver Filling  
Gold Filling

Caries (Cavities)  
Cavity  
Decayed  
Decayed

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

Remarks



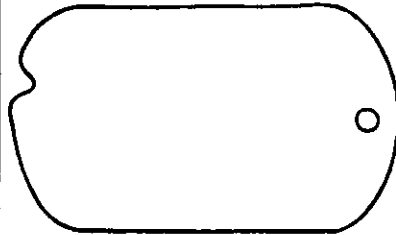
5-34880-4A1

WD QMC 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.**

NAME (Last, first, middle initial) <b>UNKNOWN X-2239 (Formerly UNK X-561 USAF Cem Leyte #1, P.I.)</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>3 miles northwest of Guadalupe, Cebu, P.I.</b>	CAUSE OF DEATH <b>KIA</b>	DATE OF DEATH <b>Unknown</b>
---	------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>Yes (2)</b>	

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 <b>STORAGE 29 Nov 47</b>	HOUR <b>1300</b>	BURIED IN (Shroud, blanket, or name of other) <b>STORED Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>810</b>	ROW No. <b>K</b>	GRAVE No. <b>3662</b>
--	---------------------	---	-------------------------------------	------------------------	---------------------	--------------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes RESTORED</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Leyte #1, P.I.)</b>	PLOT No.	ROW No.	GRAVE No. <b>8484</b>
--	---	----------	---------	--------------------------

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) <b>Yes STORED</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>STORED UNKNOWN X-2241</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 3664</b>
--	------	------------	--------------	------------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>STORED UNKNOWN X-2237</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 3660</b>
---	------	------------	--------------	------------------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>H. R. ACIERTO, Pvt.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>D S PANOPIO 2d Lt., Inf.</b>
--	--

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.

MAR 17 1948

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


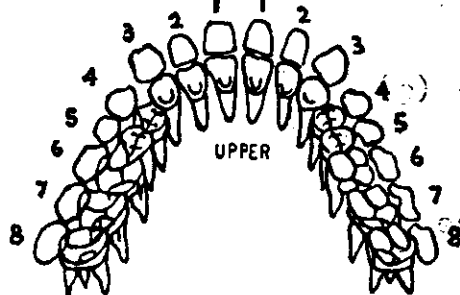
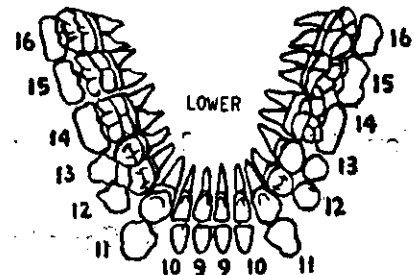




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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 1948**

RESTRICTED

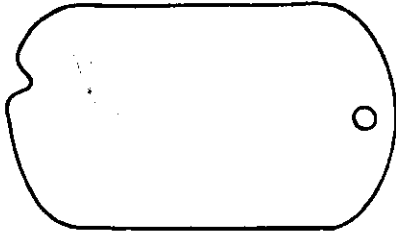
U 5303 8484

WD OMC FORM 1042  
(Rev. 1 Apr. 1946)  
(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.**

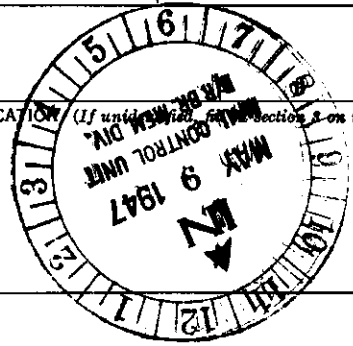
NAME (Last, first, middle initial) UNKNOWN X-561		SERIAL No. ----
GRADE ----	ORGANIZATION -----	BRANCH OF SERVICE ----
RACE ----	RELIGION -----	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY -----

PLACE OF DEATH 3 miles north west of Guadalupe, 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 unit name, use 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 #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.
19 Feb. 1947	1400	Casket "C" Type	Reg. Cross			8484

WAS THIS A REBURIAL? (Yes or no) NO	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Grid Coord: 10° 22' North Lat., 123° 55' East Long. Scale, 1:250,000, ANP Aeronautical 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) YES	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) YES	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-560	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. 8483
---	------------	------------------	--------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) CORREA, Jose A.	RANK Pvt	SERIAL No. --	ORGANIZATION --	GRAVE No. 8485
--	-------------	------------------	--------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT Jacky Slade Cpl Jack C. Slade, GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT Charles G. Maple, Jr. CHARLES G. MAPLE, JR., 2nd Lt., OIC
---	---

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

File #R5

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


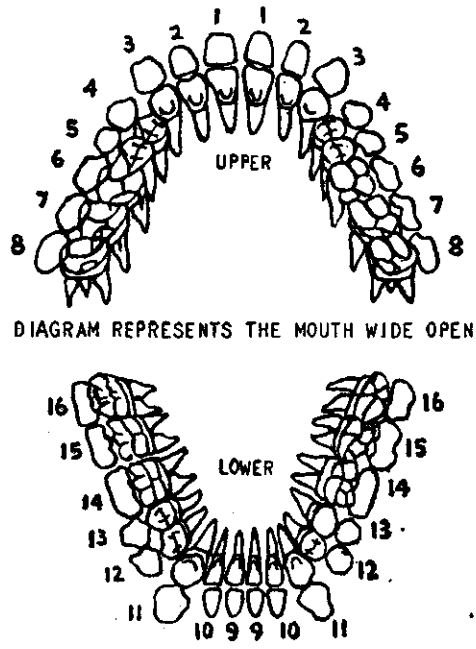




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

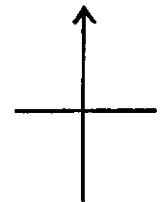
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

One helmet and cartridge belt, no markings.

17 APR 1947

# 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.

12 February 1967  
DATE

UNKNOWN X-501

\_\_\_\_\_  
LAST NAME                      FIRST                      INITIAL                      RANK                      SERIAL NO.

\_\_\_\_\_  
UNIT                      ORGANIZATION  
3 miles north west of                      1st Secretary Base Co, 1st  
Guadalube, Cebu, P.I.                      P.I.                      9434  
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																	TYPE				
LOCATION																	LOCATION				
	<i>M</i>								<i>S</i>				<i>N</i>								
	INSIDE — LOOKING OUT																				

	RIGHT								LOWER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					
TYPE					<i>P</i>		<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>					TYPE				
LOCATION																	LOCATION				

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; border-radius: 50%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; border-radius: 50%;"></div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; border: 1px dashed black;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; border: 1px dashed black;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; border: 1px dashed black;"></div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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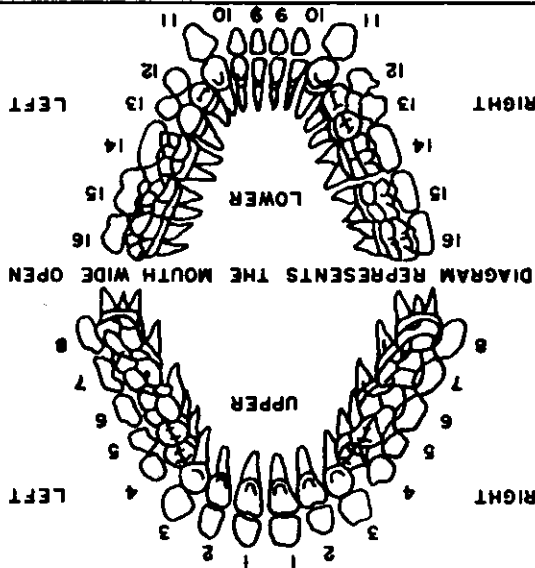
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

One helmet and cartridge belt, no markings.

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

Local Cemetery Dept. #1

DATE

18 February 1947

NAME AND RANK TYPED OR PRINTED

DR. JAMES G. WELLS, JR., 2nd Lt., GPO

VERIFIED BY GRS OFFICER

*James G. Wells, Jr.*



SEARCH AND RECOVERY REPORT

On 16 January 1947 at 0900 hours, the undersigned and Pvt Boyd left the ship and proceeded, on orders to consummate the disinterment of an alleged isolated burial, supposedly buried 8 miles north of Cebu City.

We stopped in a small barrio and picked up the man who supplied us this information, and who has knowledge of the isolated burial. We reached the burial site and found the remains at polar coordinates 10° 22' 0" North Latitude and 123° 55' 0" East Longitude.

The grave was completely dug up but we could not find any identification clues. A helmet and cartridge belt were the only Army equipments found with remains but no markings on either one of them. Much effort was exerted in finding means of identity to go by, but to no avail.

We left the burial site and arrived the ship on the same day at 1600 hours.

*T/5 Donald A. Martin*

T/5 DONALD A. MARTIN