FILE IDENTIFICATION TOPPER FILE NUMBER 20 293 21 1 mars march 7-3666 QMC FORM 1121 1 Aug 45

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Z REMAINS MARKER		1	UNKNOWN			PERRY Embal		HITE NAME A	ND TITLE
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1 rebruary 1951

SUBJECT: Identification of World War II Decembed

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Commanding Officer
American Graves Pagistration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to the Certificates of Unidentifiability for the remains of the following:

Unknown X-0, 77th Div Cem Okinawa, Unit D. Page 38 X-576, Manila Mausoleum, formerly Unknown X-30, USAF Cem #1, Finschhafen, New Guinea, Unit P.

292 " X-3666, Sanila Sausoleum forserly Inknown X-95, SAF Cem Leyto 11, P.I., Unit D. Rage 43.

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

FOR THE QUARTED MASTER GENERAL:

G. Pelmor C.C.Salser: Lrc

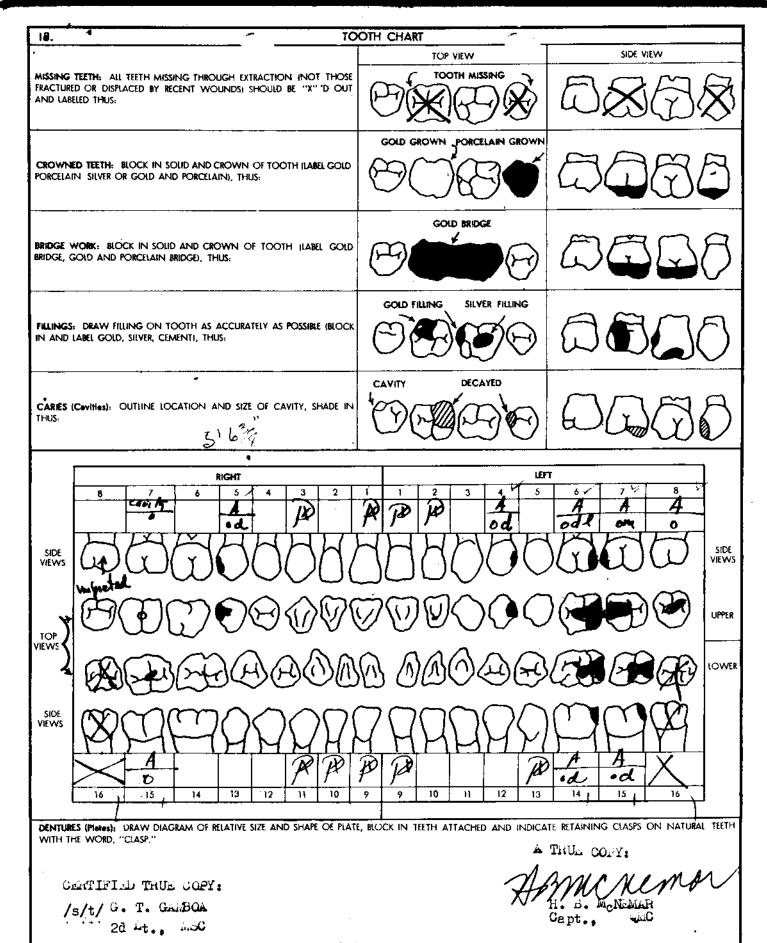
THOMAS S. COX Capt QMC Memorial Division

co-Cincfe co-Philcom co-Administrative Section 10.11

		·			· ·
	IDENTIFI	CATION DATA			
1. REMAINS OF UNKNOWN X-3666 (Pormerly	y UNK A_83. Ushl' Cem.			2. DATE OF RI	E PORT 118
3. NAME OF CEMETERY		4 PLOT 5 ROW	6. GRAVE	ļ	ATE OF
/ (1) 4 / 3 / -		HATCER BAY	CHYPT	DISTNIERMENT	REINTERMENT STORGET
AGRES Mausoleum,	Manila, P.I.	812 0	El. 00	17 Dec 17	i
			5429	17 Dec 47	11 Feb 48
8. ESTIMATED WEIGHT	PHYSIC PHYSIC	AL DESCRIPTION	D	1	
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12.GIVE DESCRIPTION OF AN	Y OFFICIAL IDENTIFICATION FOR	UNO WITH REMAINS			
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13.GIVE DESCRIPTION OF TAI	TTOOS OR SCARS ON BODY AND/OF	R SUCH INFORMATION OF	TAINED FROM	OTHER SOURCES	·
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77	T.D.				
•	1.0.				
14. WAS BODY BURNED?	TO WHAT EXTENT?				
YES NO	Slightly				
15. WAS BODY HANGLED?	TO WHAT EXTENT?	•			-
16. DESCRIBE EVIDENCE OF H	LEALED FRACTURES AND BONE MAL	FORMATIONS		·	·· <u>·</u> ··
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.7. LIST EVERY ITEM OF CLO SERVICE, ETC. (11 Inva	THING, EQUIPMENT AND PERSONA	L EFFECTS FOUND, SHOW	TING THE TY	PE, COLOR, SIZE	, MARKINGS,
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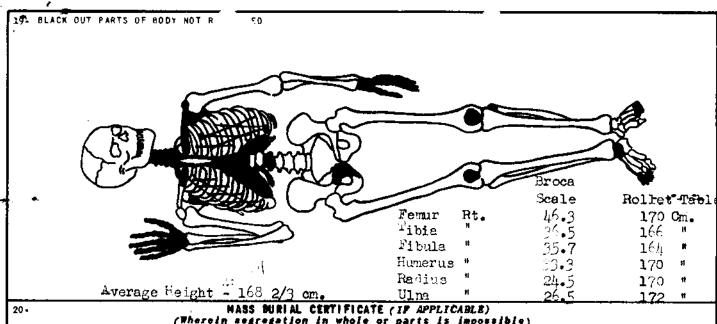
PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



/s/ John J. Connors

QMC FORM 10448

Catelly Army Printing Print Billion \$470



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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects, burial bottle, or other means of identification found on remains. Skeletal remains shows evidence of slight burns.

Circumference of the skull 211" inches.

Estimated weight of remains 61 lbs.

A TRUE COPY:

CERTIFIED TRUE COPY:

/s/t/ G. T. GAMBOA 2d Lt. LEC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ JOHN J. CONTORS, SP _ 6

GTP Laboratory, Mamila, P.I.

SIGNATURE

John J. Connors /s/*

OMC FORM 10446

SUBJECT: Identification of "orld War II Deceased

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to the Certificates of Unidentifiability for the remains of the following:

P101 310 W

Unknown X-9, 77th Cemetery, Okinawa, Unit D, Page 38

X-576, Manila Mausoleum, formerly Unk X-30, USAF
Cem #1 Finschhafen, New Guinea, Unit D, Page 38

X-3666, Manila Mausoelum formerly Unknown 83, USAF
Cem Leyte #1, P.I., Unig D, Page 43.

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

FOR THE QUARTERMASTER GNEERAL:

G. Palmer: 1 ro Salser

THOMAS E. COX
Capt QMC
Memorial Division

EJF

cc--#dmin Sec cc--Cincfe cc--Philcom 193 UNR PT 1-3666 Maw Manely 2007 June 1949

SUBJECT: Identification of World War II Deceased

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

- 1. Reference is made to Field Board Findings, dated 3 March 1949, recommending the individual identification of Unknown X-3666, AGRS Mausoleum, Manila, P.I., as Pvt., Carl R. Reasor, 33636196.
- 2. Subject findings are being returned by this Office as the dental chart accomplished for Unknown X-3666 does not compare favorably with the dental information submitted for Pvt. Reasor. However, additional dental information is being submitted for Pvt. Reasor, as well as for other unidentified deceased involved in the same explosion, and it is recommended that a re-investigation be made and this Office advised of your findings.
- 3. Further reference is made to attached copy of letter from this Office, dated 13 May 1949, to which reply has not been received.

POR THE QUARTERMASTER GRASERAL.

T. H. METZ 28 Incls: Lt. Colonel, QAC 1 - Bd Findings (Reasor) Memorial Division 2 - Cpy ltr dtd 15 May 49 3 - 00%6 Form 371 (in dup) (Carson) (in dup) (Cesa) UKS Far Cust Corcoran) Conley) Faulise) (Lebengood) ZoNutt) (Witters) 11 - Form 79 (Andrews) (Buszard) (Clark) Inch 1/12 fall 24 (Demarti) w/attcha/ Gross) (Gutierres)

Q### 295

GRS Fer East SUBJECT: Identification of World War II Deceased

Ltr 22 June 19,

17 - Form 79 (Johnson)
18 - " (Miller)
19 - " (Mocciare)
20 - " (O'Leary) w/attchs
21 - " (Parsnow)
22 - " (Paustain) w/attchs
23 - " (Rowe)
24 - " (Southworth)
25 - " (Straight) w/attchs
26 - " (Thurber)
27 - " (Wagner)
28 - " (Wilson)

Z.Sparks:lro

REB W



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ATURE OF BURIAL		SECTION D — PREPAR	ATION OF REM	I IAINS FOR SHIPME	! NT	T	NAME AND TITLE
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HER MEANS OF ID	ENTIFICATION				······································	<u></u>	
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		**					
Prepare Discr	epancy Report G	MC Form 1194a for main	or discrease	SIGNATURE OF	GRS INSPECTOR		
		= · · · · · · · · · · · · · · · · · · ·	- wisciepan(лes.			
Prepare Discr	epancy Report (IMC Form 1194a for majo	or discrepand	SIGNATURE OF (GRS INSPECTOR	<u> </u>	

RECLASSIFICATION SHEET

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PAPERS ORIG	SINALLY FILED	245 2/1	K-Bey	10 17 1	1
X-79	1-83	X-123	1-139	1-10	
			AND DATES		

NEW CLASSIFICATION 295 Muk-Leyte #/

10/6/50

RECLASSIFICATION SHEET

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PILE UNIER NO. 293 Unit. . X-83 (Loyte A).

3 Apr. 1947.

WH IND.

FROMs

QUG.

TO:

CO, Phalippa delyukyus Command, apo 707.

105: Comparison of tooth charts cannot be accuratley made with 4D reserves for perconnel listed in 3rd Ind., with U.Ko. X-79, X-63 123; 139 140 images as Q10 FORMS 1044 for came are uncomplete and not understood.....

DOCUMENT FILED UNDER NO. 293 Unk. P.I. (Misc.). (Laylasta).

formerly UNKNOWN X-Rank Or	tery Leyte # 1, P. I. Serial Number rganization Date 26 Aug 1945 Serial Number Leyte
Disinterred (date): 26 Aug 1945	From (give complete location): USAF Cemetery Leyte # 1, P. I.
By: Group Present Col Wm	
Reburied (date): 26 Aug 1945	In (give complete location): USAF Cemetery Leyte # 1, P. I.
By: Group PREXESTER Cpl Wm Brand	Unit Base K. GRS Nothing of makerial blombot
	original burial and condition of body upon disinter-
	several teeth missing due to decomposition.
7 A \$1. 1.	
(a) Identification tags:(b) Other means of ident.	Buried with body? no On grave marker? no
marks: <u>Metal tags</u> o Marker.	ification found upon disinterment, and general resonate by GRS buried with remains and attached
"Hat does examination of	body show as regards the following identifing items?
(a) marker (account Wessill	rement) 4 / 63 10
(b) Weight (estimated)	- 600000 FSF
(b) Weight (estimated)(c) Hair-Color	rement) 6 0 0 0 11 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(b) Weight (estimated)(c) Hair-Color	5 () () () () () () () () () (
(b) Weight (estimated)(c) Hair-Color	5 5 12 13 13 13 13 15 5 14 5 5 5 14 5 5 5 5 5 5 5 5 5 5 5
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(b) Weight (actual measure) (c) Hair-Color Quantity Characteristics (d) Hair on face-Color Location Quantity (e) Permanent marks on both peculiarities, or mis (f) Wounds or missing parat time of casualty)	Diagram represents mouth wide open ody (old scars, ssing parts) 17 18 19 19 19 20 21 22 23 24 25 25 26 27 Approved: FRANCIS M. SINON, 1st Lt.
(d) Weight (actual measure) (c) Weight (estimated) (d) Hair-Color Quantity Characteristics (d) Hair on face-Color Location Quantity (e) Permanent marks on both peculiarities, or mis (f) Wounds or missing parat time of casualty) Disinterment	Diagram represents mouth wide open ody (old scars, ssing parts) 17 32 32 31 31 31 31 31 31 31 31 31 31 32 32 32 32 32 32 32 32 32 32 32 32 32
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INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

- 1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
- 2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
- 3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how returnal was made—in casket, wooden box, ect,
- 4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, ect. This statement should be as complete as possible.
- 5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
- . (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.
- 6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled with great care. 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 (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH	All teeth missing through pre- vious extraction (not those frac- tured or displaced by recent wounds) should be scratched out, thus:	Tooth missing Tooth missing
CROWNED TEETH	Elock in solid the crown of tooth (label gold, porcelain, or gold and porcelain) thus:	Gold crown Forcelain crown Gold crown
BRIDGE WORK	Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:	Gold & porcelain Gold Gold Gold Gold
FILLINGS	Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:	Silver filling Gold Filling Gold Filling
CARIES (CAVITIES	Outline location and size of cav- ities, shade in thus:	Cavity Decayed Decayed
DENTURES (PLATES	i) Draw Mingrum of relative size and sh teeth attached and indicate retaining	hape of plate block in ag clasps on natural teeth

^{7.} Show name of person supervising the disinterment and the name and title of the person approving same.

with the word "clasp".

^{8.} Show name of person supervising the reburial and the name and title of the person approving same.

· /vei				UNK X-3666
	IDENTIF	CATION D	ATA	
X-3666 (Former)	ly UNK X-83, USAF	 -		2. DATE OF REPORT 11 Feb 48
3. NAME OF CEMETERY			ROW 6. GRAVE	7. DATE OF
AGRS Mausoleum	•		9 BLY CRYPT	DISINTERMENT REINTERMENT
Manila, P.I.		812	ਧ 5429	17 Dec 47 11 Feb 48
8. ESTIMATED WEIGHT	PHYSIC	AL DESCRIPTION	<u> </u>	
U. T. D.	9. ESTIMATED HEIGHT	10. COLOR OF H		II. RACE
12. GIVE DESCRIPTION OF ANY OFFI	51 6-3/8" CIAL IDENTIFICATION FOUND WITH REA	U. T.	D.	U. T. D.
	NONE			
3. GIVE DESCRIPTION OF TATTOOS C	OR SCARS ON BODY AND OR SUCH IN	FORMATION OBTAINED	FROM OTHER SOURCE	Es
	U. T. D.			
4. WAS BODY BURNED I	TO WHAT EXTENT #			
YES NO	Slightly			
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TO SECURISE LYBERGE OF REALITY FRA	ACTURES AND BONE MALFORMÁTIONS N O N E			
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. LIDT EVERY ITEM OF CLOTHING, EQI merks are indistinct such notation should be seen that the second should be seen that the second sec	UIPMENT AND PERSONAL EFFECTS FOUR d be made and specimen (orwarded ithrough the made and specimen forwarded ithrough th	ND, SHOWING THE TYPI gh channels for examinor	E, COLOR, SIZE, MARI ton when facilities are n	KINGS, SERVICE, ETC. II(laundry not available in the area)

CMC FORM REV 18 MAR 47 1044 PREVIOUS EDITIONS OF THIS FORM ARE ORSOLETE

18. TO	OOTH CHART	5111 1 JOGO
	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION INOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" "D OUT AND LABELED THUS:	TOOTH MISSING	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN), THUS:	GOLD GROWN PORCELAIN GROWN	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH ILABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE!, THUS:	COID 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		
SIDE VIEWS SIDE VIEWS SIDE VIEWS		SIDE VIEWS
	D DBO & B	LOWER LOWER
SIDE (/EWS) A		# # 01 02 14 15 16
DENTURES (Planes): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, B WITH THE WORD, "CLASP."	BLOCK IN TEETH ATTACHED AND INDICATE	RETAINING CLASPS ON NATURAL TEETH

CERTIFIED TRUE COPY:

G. T. GAMBOA 2d Lt., MSC

/s/ John J. Connors

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

1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF ____ _DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects, burial bottle, or other means of identification found on remains. Skeletal remains shows evidence of slight burns.

> Circumference of the skull 211" inches. Estimated weight of remains 63 lbs.

> > CERTIFIED TRUE COPY:

G. T. GAMBOA 2d Lt.,

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

SIGNATURE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION JOHN J. CONNORS,

SP - 6

CIP Laboratory, Manila, P.I.

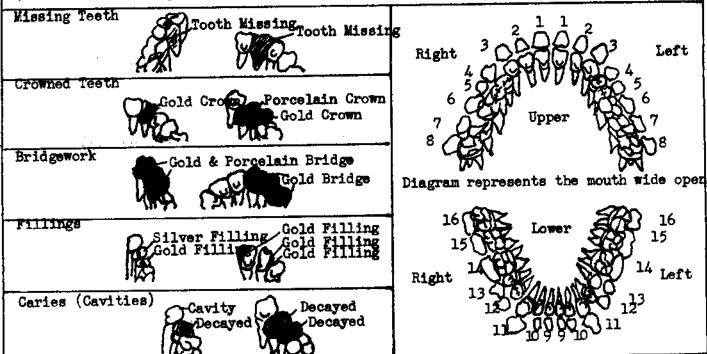
/s/ John J. Connors

OMCForm 1044 Rev. Y Apr	1945	R	ESTRICTED	DECE	-, 	
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USAF (Cemetery Leyt	e #1, P. I.		į		2149
2.Date of Disi	interment				- 	
6 May	1947		Ì			
3.Report as to	Nature of O	riginal Buria	and Condition	of Body Upon	Disinte	rment.
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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 he 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(principal 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.



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

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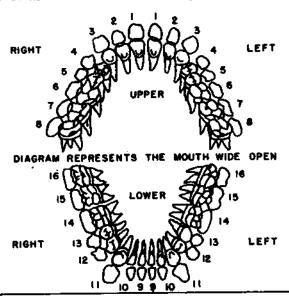
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REVERSE SIDE FOR MISTRUCTIONS

INSTRUCTIONS:

- L ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
- 2. HOTE 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 FELING 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, & &, PORCELAIN CROWNS, GOLD CROWNS (FULL OR \$\frac{1}{2}\), \$\frac{3}{2}\) 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, Embalmer
NAME AND RANK TYPED OR PRINTED

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

William 6 Sauk VERIFIED BY GRS OFFICER

WILLIAM C. CLARK, Ist Lt., QMC

7 May 1947

DATE

RESTRICTED

WD QMC FORM 1042		BEDNUT AL	THE THE STATE OF T				
(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)				STORAGE	111	.	t. 15 ·
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Imprint Identification Te DO NOT TYP	g If Possible. E	Section 1. IDENTIFICATION. NAME (Last, first, middle initial)	SERIAL	No.				
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Section 2.—BURIAL If of MAME, NUMBER, COORDINATE OF BURIAL STORAGE 11 Feb 48 WAS THIS A REPUBLIAL OF BURIAL STORAGE S	HOUR 1000 IF A REBURIAL, USAF C	None Mone Mished cometery, furnish sketc. N OF CEMETERY PCPC **ATICAL FI BURIED IN (Shroud, blenket, or a Casket INDICATE NAME NUMBER, COOR Cemetery Leyte #	DINATES OF PREVIOUS P. I.	TYPE OF GRAVE MARKER NONE TOUS CEMETERY, AND	812 PLOCATION OF 6	ROW No.	5429 GRAVE No. 2149	
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Section 2—BURIAL If of: NAME, NUMBER, COORDINATE DATE OF BURIAL STORAGE 11 Feb 48 WAS THIS A RESURFACE Yes or NO) Yes TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIA BODY (Yes or No) STORE	HOUR 1000 IF A REBURIAL, USAF C PERSON CONDU	None Minhed cometery, furnish sketc. N OF CEMETERY PCPC **A 10C FI BURIED IN (Shroud, blenkel, or a Casket INDICATE NAME, NUMBER, COOR COMETORY Leyte # ECTING BURIAL RITES STIFICATION TAG ATTACHED TO RICKER (Yes or no) Yes	DINATES OF PREVIOUS P. I.	TYPE OF GRAVE MARKER NONE TOUS CEMETERY, AND	812 PLOCATION OF 6	TO ROW NO.	GRAVE NO.	
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SECOND 2—BURIAL If OR NAME, NUMBER, COORDINATE STORAGE 11 Feb 48 WAS THIS A REDURAL YES OF BODY FELIGIOUS CEREMONY IDENTIFICATION TAG BURIL BODY (Yes or no) STORE Yes BODY BURIED ON DECEASE UNKNOWN X—	HOUR 1000 IF A REBURIAL, USAF C PERSON CONDU	None Mone Stished comptery, furnish sketc. N OF CEMETERY PCPC **ATICAL FI BURIED IN (Shroud, blanket, or a Casket INDICATE NAME NUMBER, COOR COME tery Leyte # CTING BURIAL RITES STIFICATION TAG ATTACHED TO LIKER (Yes or no) Yes st, first, middle (nitial)	DINATES OF PREVIOUS P. I.	TYPE OF GRAVE MARKER NOTE OUS CEMETERY, AND FION TAGS NOT USE BURIED WITH BOOY	812 PLOCATION OF 6 PLOT NO.	RAVE ROW NO.	5429 GRAVE NO. 2149 DATA AN	
SECTION 2.—BURIAL IF OF MAME, NUMBER, COORDINATE STORAGE 11 Feb 48 WAS THIS A REDURIAL YES YES TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIL BODY (Yes or no) STORE YES BODY BURIED ON DECEASE UNKNOWN X— BODY BURIED ON DECEASE	HOUR 1000 IF A REBURIAL, USAF C PERSON CONDUCTED WITH D LEFT, NAME (La	None Mone Stished comptery, furnish sketc. N OF CEMETERY PCPC **ATICAL FI BURIED IN (Shroud, blanket, or a Casket INDICATE NAME NUMBER, COOR COME tery Leyte # CTING BURIAL RITES STIFICATION TAG ATTACHED TO LIKER (Yes or no) Yes st, first, middle (nitial)	DINATES OF PREVIOUS IF IDENTIFICATION CONTAINERS	TYPE OF GRAVE MARKER NONE TOUS CEMETERY, AND THON TAGS NOT USE BURIED WITH BOOY	PLOT NO. D. DESCRIBE ID ORGANIZAT	RAVE ROW NO.	5429 GRAVE NO 2149 DATA AN	
SECTION 2.—BURIAL IT OF NAME, NUMBER, COORDINATE OF BURIAL STORAGE 11 Feb 48 WAS THIS A REPUBLIAN AND THE OF BURIAL (Yes OF BA) Yes TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG BURIAL BODY (Yes OF BA) STORE Yes UNKNOWN X— BODY BURIED ON DECEASE UNKNOWN X—	HOUR 1000 IF A REBURIAL, USAF C PERSON CONDU D LEFT, NAME (La 3667 D RIGHT, NAME (La 3665	None Mone Stished comptery, furnish sketc. N OF CEMETERY PCPC **ATICAL FI BURIED IN (Shroud, blanket, or a Casket INDICATE NAME NUMBER, COOR COME tery Leyte # CTING BURIAL RITES STIFICATION TAG ATTACHED TO LIKER (Yes or no) Yes st, first, middle (nitial)	DINATES OF PREVIOUS IF IDENTIFICATION CONTAINERS RANK	TYPE OF GRAVE MARKER NONE TOUS CEMETERY, AND THON TAGS NOT USE BURIED WITH BOOY	812 PLOCATION OF G PLOT NO. D. DESCRIBE ID ORGANIZAT ORGANIZAT	RAVE ROW NO.	5429 GRAVE NO. 2149 DATA AN	
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	LEFT RING FINGER	planes, vehicles, and (b) A fingerprichart at left, or as every tooth will be accomplished if on-			Tooth chart w				
	¥i			-					
	LEFT MIDDLE FINGER	WEAPON AND SERIAL I		LAUNDR	Y MARKS	<u> </u>	WHERE BODY WA	S BURIED OR FOU	ND .
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8 46! YAN & J	RIGHT LITTLE RINGER		m 1044,	1044	-A and	i 1044-	B accomp]	ished.	

Regis ration	1 1	DEPORT O	F INTERMENT				5 Mary 201
(Revised May 11, 1943) 83			AND AR 30-1815)		2	•	854
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2149					R g Cross		
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DISINTERRED 1	con Grave ed with m	uried with body Ye 250. USAF Cemet remains and atta	ery Dulag # 1. ched to Marker.	Leyte, P.	I. (UNKNO	WN X-3	No x
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DISINTERRED f	ed with a	250. USAF Cemet remains and atta intification tags, what means tags but identity definitely	ery Dulag # 1. ched to Marker. of identification are buried	Leyte, P.	I. (UNKNO	WN X-3	0)
DISINTERRED f	ed with a (if no ide no identification SENSABAL	250. USAF Cemet remains and atta intification tags, what means tags, but identity definitely JGH. Hester F.	ery Dulag # 1. ched to Marker. of identification are buried established, give particular 35 352 346 (Serial number)	Leyte, P. with the body Tec 4 (Rank)	Religio	on Engr	0) 215
Metal tag buri Metal tag buri (If Body buried on RIGHT	ed with a (if no ide no identification SENSABAL	250. USAF Cemet remains and atta intification togs, what means togs, but identity definitely JGH. Hester F.	ery Dulag # 1. ched to Marker. of identification are buried established, give particular 35 352 346 (Serial number) 34 313 283	with the body Tec (Rank) Pvt lcl	Religio	on Engr	215 number)
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	IF DECEASED UNIDENTIFIED	·······	
	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79: 3/19/ If unable to obtain a complete set of fingerprints, TAKE THOSE Y CAN, and fill in as many of the following as you are able:		
	Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? 30 Race: Is tooth chart attached? Yes: (If possible have medical personnel take a tooth chart)		
(EFT 1.	(If possible, have medical personnel take a tooth chart) Tooth chart taken on disinterment. In space below, locate and describe any scars, birthmarks, medeformities, etc.:	oles.	
# D D D D D D D D D D D D D D D D D D D	Note below any identifying clues found, such as letters, photogra probable organization of deceased, etc.: Possible 502nd AAA. 7th 9M Co or 722 Engr Dep	1150	
	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS." S/Sgt John E. Bodis, GHS	THE	
Z S	(Rignature of officer or other person reporting burial) FRANCIS M. SIMON, t Lt.	, OMC	8WNHI

Grave 2119 REGISTER OF DENTAL PATIENTS AT USAF CENTERNY Leyte / 1. P. I. TELETIONE X_B9

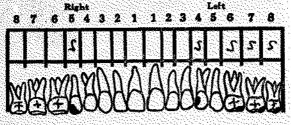
(8) RANK	(4) COMPAN	(Y (5) REGIMEN	(B) REGIMENT OR STAFF COR					
(6) AGE, YEARS	(7).RACE	(B) NATIVITY	(9) SERVICE, YEARS					
			LOCATION SEQUELAE.					
			LOCATIONS SECURIARE SECURIARE SECURIARE SECURIARE SECURIARE SECURIARE SECURIARE SECURIARE SECURIARIES					
			ONS (11) DATES AND NATURE OF TREATMENT-					
			RE OF TREATMENT					
			112) RESULTS AND REMARKS					

Llogid Monton, Pri 101, GRS Dental Corps, U. S. A.

W. D., A. G. O. Form No. 8-118 (Old W. D., M. D. Form No. 79, which may continue in use) 31 May 1944

X & 3 2 REPORT OF DENTAL SURVEY

UPPER TEETH



LOWER TEETH

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Periodontoclasia.

Dental foci suspected: Yes No

Other conditions

Date 10 John 10 45 horson 10 45 horson 10 101, GUS

Dental Corps, U. S. A.

*Restorable carious teeth by O Nonrestorable carious teeth by / Missing natural teeth by X

Teeth replaced by denture (horizontal line)



Teeth replaced by fixed bridge (oval to include abutments)



Graves	Re⊋iat	rat	ion i
Form N	o. 1		
(Revise	û May	11,	1948

REPORT OF INTERMENT

27 Jan 45

548

UNKNOWN X-	30								
(Last name)	(First)	(Initial)	(Serial numb	er)	(Rank)	(Org	anization	1)
ulag, Leyte Isla	nd, P.I.	27 (October	1944	KIA -	- Badly	y Burn	ьđ	
(Place of deat	h)	-	Date of death)		Suff	cation	use o Sina	unnel	Wour
L645 27 Octobe	er 1944	USAF (Jene tery	Dulag	#1 I	Dulag,	Leyte	, P.I	Mult.
(Time and date of l	ouriai)		ne of cemetery				ordinates of		
250		7	1	· · · · · · · · · · · · · · · · · · ·	***********	Cross			· • • • · · · · · · · · · · · · · · · ·
(Grave number)	(Row numb	er)	(Piot nun	nber)	(Туре	of marker—	Regulation V	V-shaped	or other)
Disposition of identific Embossed Plate one copyof GR For Inknown Number	attached to	Marker			Rel	ligion	- Unkı	nown	_
Left Body buried on Bucks Right		ion tags, but lder	ıtity definitely	established,	give partic	ulars)	B. 501	thEn	g 21.9
Right	(17.	imē)	(Serial	number)	(Rank) (Or	anization)	31Grave	number)
Body buried on ****	Miller, Ro	bert.A.	3431 (Serial	3283 number)	Pfc (Rank	Co F	17th	Inf (Grave	251 number)

List only personal effects FOUND ON BODY and disposition of same:

NONE

	·	IF DECEASED UNIDENTIFIED		1	
	4	TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:		4	
		Height: Apparent nationality: Weight: Laundry marks: Color of eyes: Number of rifle: Color of hair: Wear glasses? Race: Is tooth chart attached? (If possible, have medical personnel take a tooth chart)	Fingerpri of Badly	80	
LEFT HAND	×	In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:	ints not o Burned co	2 SIGHT HAND	
U		Note below any identifying clues found, such as letters, phosiple graphs, probable organization of deceased, etc.: possible	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		Ē
	a.	502nd AAA; 7th QM Co; 722nd Eng Dpt Det	neb ion	-	
		IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.	of Be		٠
*	THUMB	Lover W. (Verified by Arrewillis Phicellif	ecause Body	THUMB	
•	•	woners as atoer, who no this		ŧ	