

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Cont. Lette II, X-36

SUBJECT

Also Manila Mans. X-3690 - A

QMC FORM 1121  
1 Aug 45

QUART 293  
293 For East

16 November 1949

**SUBJECT:** Identification of World War II Deceased

**TO:** Commanding Officer  
American Graves Registration Service  
Philomene Lane  
APO 800, c/o Postmaster  
San Francisco, California

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

Unknown I-3752	Formerly Unknown I-84	Loyte #1
* I-3892	* *	I-38
* I-3891	* *	I-37
* I-3890	* *	<del>I-36</del>
* I-3889	* *	<del>I-35</del>
* I-3888	* *	I-34

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

FOR THE QUARTERMASTER GENERAL:

J.E. Ball:lrc

I. H. WHEE  
Lt. Colonel, GRC  
Memorial Division

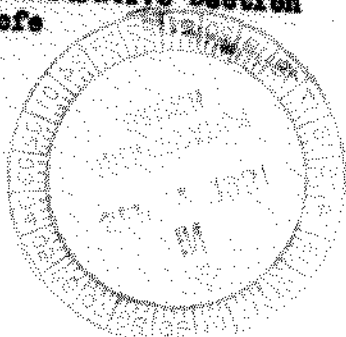
Salsar

HEB

JW

TEC

cc--Administrative Section  
cc--Cincfe



*File  
10 Aug 50  
Alpha Perceval*

OMPZ 293

APD 900  
25 October 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 #100000 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-729 Leyte #1	UNKNOWN/ X-3691 GRS #slm
" X-3316 AGRS #slm	" X-3692 " "
" X-3427 " "	" X-3752 " "
" X-3688 " "	" X-4158 Manila #2
" X-3690-A " "	" X-4790 AGRS #slm

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

FOR THE DEPARTMENT OF THE ARMY:

11 Incls  
GAC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPOLA  
1st Lt., Infantry  
Adjutant

QMCMT 298  
AGRS Far East

19 September 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Proceedings of the Field Board of Review recommending the following identifications:

Unknown X-3692, AGRS Mausoleum (Formerly X-38, Leyte ) as  
FAUCHENDER, Anthony E., 35 102 810

Unknown X-3752, AGRS Mausoleum (Formerly X-84, Leyte) as  
GODALL, William F., 12 055 037

Unknowns X-3427, (Formerly X-197, Leyte), X-3316 (Formerly X-198, Leyte)  
X-3688 (Formerly X-34, Leyte), X-3689 (Formerly X-35, Leyte), X-3690-A  
(Formerly X-36, Leyte), X-3691 (Formerly X-37, Leyte) as the recoverable  
remains of the remaining known deceased group:

BORTZ, Willard F.	36 170 269
CRANFORD, Harvey	20 904 460
HURKIAN, John	39 383 388
ISHAM, Harry W.	36 516 680
ZAYZANAU CRAS, Anthony W.	33 170 424
McKINNEY, Howard A.	35 102 826
MULASKI, Joseph	12 055 237
PEACE, Billy J.	35 122 857
ROBERTS, Holland J.	31 078 240
SCHLEGEL, Earl W.	37 162 585
SIRCY, John	20 525 342
SZCZESNY, Walter J.	36 333 190
TOOLEY, Bob	35 103 105
TOON, William T.	35 102 569

2. Results of investigations in this Office reveal that there is insufficient evidence to indicate that the Unknowns are conclusively established as being associated with subject decedents.

3. Lack of physical and dental information precludes any possibility of individual identifications.

QM GMT 293

19 September 1949

GCS Far East

SUBJECT: Identification of World War II Deceased

4. Proceedings referred to in paragraph 1, above, are returned herewith, disapproved.

FOR THE QUARTERMASTER GENERAL:

3 Incls

1. Bd Proceedings  
(Faughender)
2. Bd Proceedings (Godall)
3. Bd Proceedings (Group)

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

LH

/drs		Interred 31 January 1950 A 2 3 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE	
/add		SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 00057	DATE 15   05   48 DAY   MONTH   YEAR
NAME		SERIAL NUMBER UNKNOWN X - 000036		RANK 0	ARM 1
CEMETERY USAF CEMETERY <i>Leyte no 1</i>		DISPOSITION OF REMAINS 7701   80 CODE   DIST. PT.		DATE OF DEATH DAY   MONTH   YEAR	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
		904	PHILIPPINE ISLANDS		6
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE FT. MCKINLEY NATIONAL CEMETERY MANILA, PHILIPPINE ISLANDS (BY ADMINISTRATIVE ORDER)			NAME AND ADDRESS OF NEXT OF KIN		
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME UNK X -36(Leyte) UNK X - 3690-A Mslm		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 22 July 49
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION USAGF	RELIGION	IDENTIFICATION VERIFIED BY RICHARD HOYT Embalmer NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL Shelter Half			CONDITION OF REMAINS Skeletal		
OTHER MEANS OF IDENTIFICATION Recommended as part of a group.					
MINOR DISCREPANCIES 1					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 22 July 49		BY RICHARD HOYT			
CASKET SEALED BY RICHARD HOYT			EMBALMER (Signature) s/ Richard Hoyt		
CASKET BOXED AND MARKED DATE 22 July 49		WEYMAN L McGUIRE Sgt, MC		SHIPPING ADDRESS VERIFIED BY J J McDERMOTT	
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
				s/ J J McDermott SIGNATURE OF GRS INSPECTOR	
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					

FILED  
FEB 1950  
BRANCH

## RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carrollmark</i>	DATE <b>JAN 31 1950</b>
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILBOM ZONE

14 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 36, Flot \_\_\_\_\_,  
Row \_\_\_\_\_, Grave 904, USMC USAF Gen. Loyte #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. M. NESBITT  
Captain, QMG  
Chief, Records Branch

Attch: Form 1044

8 Nov 49 OCMG  
available from  
information presently  
available 15 NOV 49

Ball 10 Sec



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-3690 (Formerly UNK X-36 Leyte #1)</b>				2. DATE OF REPORT <b>20 Oct 1949</b>	
3. NAME OF CEMETERY <i>A.P.I.T</i>  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>812</b>	5. ROW <b>V</b>	6. GRAVE <b>5571</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5'8 1/2"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>UNKNOWN</b>
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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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Slightly</b>
---	------------------------------------

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"**

*2-16*  
GMC FORM 1044  
REV 18 MAR 47

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> 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
←								→							
M a x i l l a								M i s s i n g							
Side Views															
UPPER															
LOWER															
←								→							
M a n d i b l e								M i s s i n g							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

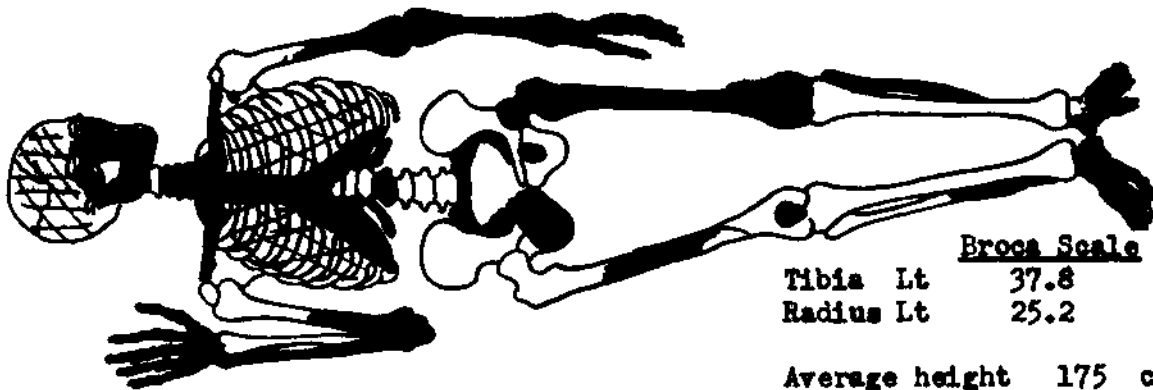
**REMARKS:** No mandibular and loose maxillary teeth found with remains.

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA  
 Chief, Identification Section

*Paul R. Nichols*  
 PAUL R NICHOLS  
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

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

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 6 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

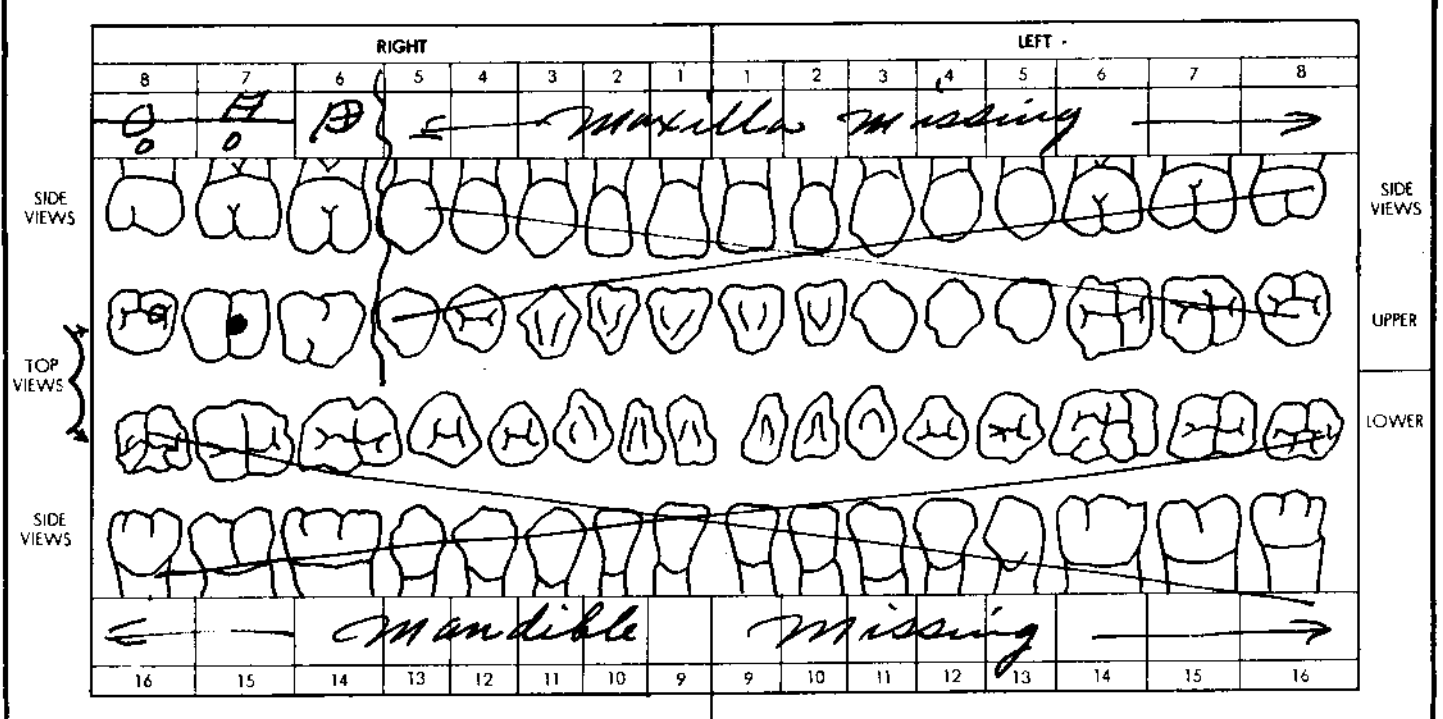
**PAUL R NICHOLS**  
**Chief, Identification Section**

SIGNATURE

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3690-A (Formerly UNK X-36 USAF Cem Leyte #1, P.I.)				2. DATE OF REPORT 11 Feb 48		
3. NAME OF CEMETERY  ACRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
		WANGER BAY CRYPT			DISINTERMENT	REINTERMENT
		812	V	5571	21 Dec 47	12 Feb 48 <b>STORAGE</b>
<b>PHYSICAL DESCRIPTION</b>						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'8½"		10. COLOR OF HAIR UTD		11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-align: center;">N O N E</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p style="text-align: center;">U T D</p>						
14. WAS BODY BURNED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT ? Slightly				
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  <p style="text-align: center;">N O N E</p>						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  <p style="text-align: center;">N O N E</p>						

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:		TOOTH MISSING 	
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		GOLD GROWN PORCELAIN GROWN 	
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		GOLD BRIDGE 	
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		GOLD FILLING SILVER FILLING 	
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		CAVITY DECAYED 	

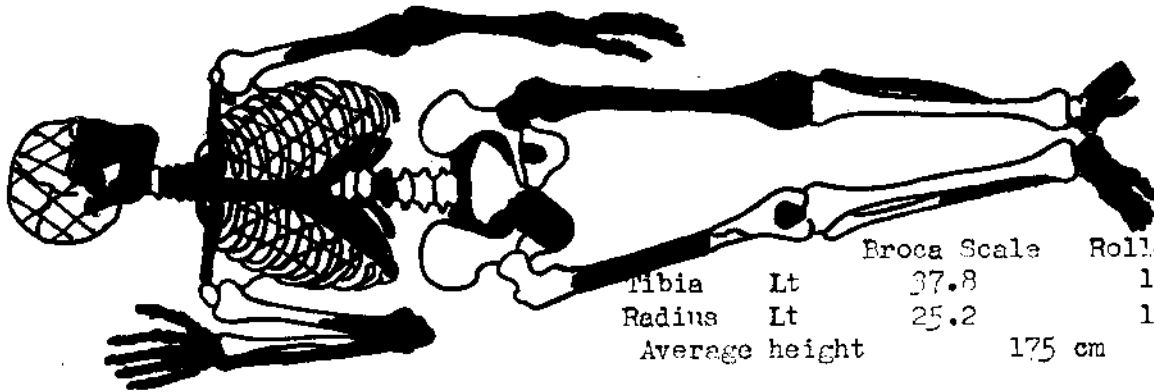


**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."  
**REMARKS:** No mandibular and loose maxillary teeth found with remains.

CERTIFIED TRUE COPY:  
*G. S. Gamboa*  
 G. S. Gamboa  
 2d Lt MSC

/s/ John H Bennett Jr

## 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

In processing the remains of UNK X-3690, extra bones were found, therefore, they were segregated and designated as UNK X-3690-A, and X-3690-B. Cross check with UNK X-3690-B.

No identification tags, burial bottle, personal effects or other means of identification found with remains. Unable to determine the circumference of the skull due to fragmentation. Very slight burns of skeletal remains is indicated. Estimated weight of remains, 6 lbs.

CERTIFIED TRUE COPY:

*G. T. Galboa*  
G T GALBOA  
2d Lt MSC

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 CONNORS, SP-6  
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ John J Connors

REPORT OF DISINTERMENT FOR IDENTIFICATION

UNKNOWN / 13 Jan 48

1. Remains of (Name)

UNKNOWN X-26

Serial Number

Grade

Organization

149th Inf.

Name, Number and Location of Cemetery

USAF Cemetery Leyte #1

Plot

Row

Grave No.

904

2. Date of Disinterment

31 Dec 47

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

Original made in shelter halve burial. Skeletal remains.  
Tag on marker coincides with ROI on file.

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

Substitute tag

On Remains

Substitute tag

What Identification Used Upon Reinterment: On Marker

None

On Remains

Held for concentration

5. Signature of Officer Supervising Disinterment and Reinterment.

*Paul R. Nichols*

PAUL R. NICHOLS, Embalmer

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



Dentures (Plates)

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

Remarks

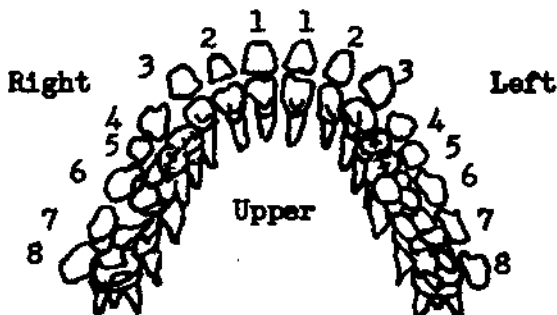
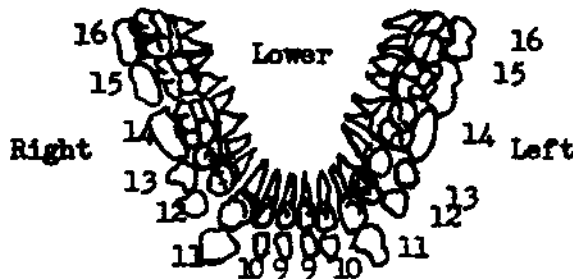


Diagram represents the mouth wide open



5-34880-4N



# IDENTIFICATION DENTAL CHART

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

10 December 1946  
DATE

UNKNOWN X-36















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT		ORGANIZATION		
Dulag Area, Leyte, P. I.	USAF Cemetery Leyte #1		904	
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																A	TYPE								
LOCATION																O	LOCATION								

*MISSING*  
INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

*Incl 10*

**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.

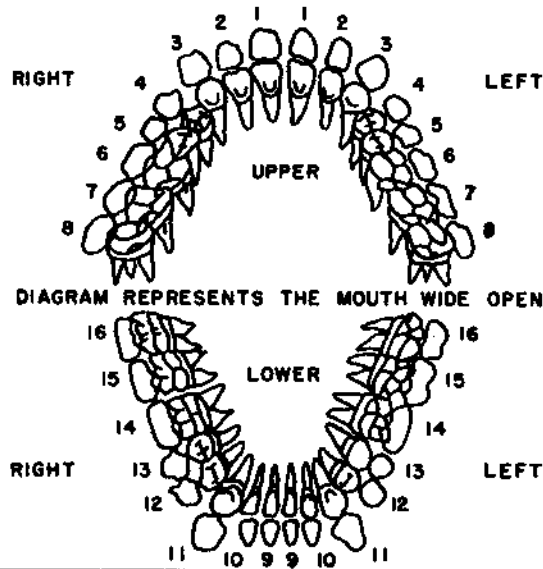


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

Paul R. Nichols  
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

Joseph M. Phelan  
VERIFIED BY GRS OFFICER

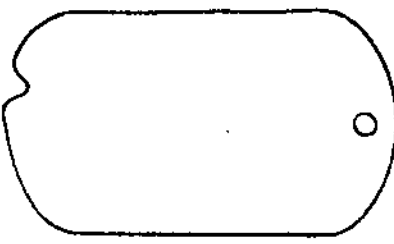
JOSEPH M. PHELAN, Capt., CAC  
NAME AND RANK TYPED OR PRINTED

10 December 1946  
DATE

RESTRICTED

JUN 22 1948

3139 A


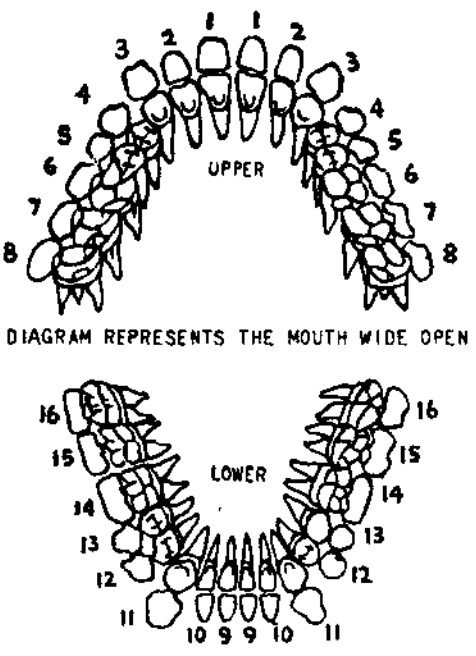




WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) STORAGE				DATE OF REPORT 26 Feb 48		
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.						
		NAME (Last, first, middle initial) UNKNOWN X-3690-A (Formerly USAF 1-36 USAF Cem Leyte #1, P.I.)				SERIAL NO. Unknown		
		GRADE Unknown		ORGANIZATION 149th Inf		BRANCH OF SERVICE Army		
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Dulag Area, Leyte, P.I.		CAUSE OF DEATH Shrapnel wounds, multiple, body KIA - completely burned.				DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown								
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unknown, fill in section 3 on reverse) See Remarks						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)								
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None								
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.								
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.								
DATE OF BURIAL 12 Feb 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. V	GRAVE No. 5571	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.					PLOT No.	ROW No.	GRAVE No. 904
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3690-B				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5572	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3688				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5570	
SIGNATURE OF PERSON PREPARING REPORT <i>V C Aquino</i> V C AQUINO, T/5, QMC				SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> S PANOPIC, 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.								

REPAIR DIVISION  
 RECORDS BRANCH  
 JUN 7 2 41 PM '48  
 QUARTERMASTER DIVISION

7-1 838

RESTRICTED

**RESTRICTED**

LEFT LITTLE FINGER	Section 3.—UNIDENTIFIED REMAINS.			
	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	
LEFT THUMB	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>			
RIGHT THUMB	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>			
RIGHT INDEX FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>			
RIGHT MIDDLE FINGER	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>			
	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <p><b>REMARKS:</b> In processing former UNK X-36 USAF Cam Layte #1, P.I. at CIP Laboratory, Manila, remains of two (2) bodies were found, segregated and designated as UNKs X-3690-A (subject case) and X-3690-B, AGRS Mausoleum, Manila, P.I.</p>			
RIGHT RING FINGER	<p>QTC Form 1044, 1044-A and 1044-B accomplished.</p>			
RIGHT LITTLE FINGER	REMARKS:			

12 MAY 1948

REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1815)

*Blm*

UNKNOWN X-36

149th Inf

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
Dulag Area, Leyte, P.I.			Unknown		KIA-shrapnel wounds, mult., Body completely of burned.
(Place of death)	(Date of death)				

0900 hrs 19 June 1945	USAF Cemetery Leyte #1, P.I.	
(Time and date of burial)	(Name of cemetery)	(Name or coordinates of location)

904

Reg. Cross

(Grave number)	(Row number)	(Plot Number)	(Type of marker—Regulation V-shaped or other)
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Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

Disinterred from USAF Cemetery Dulag #1, Leyte, P.I. Grave 621 (X-57)

Metal tag buried with remains and attached to marker.

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

Religion

Body buried on RIGHT CRAIN, Bert L.	36 234 154	149 Inf	905
(Name)	(Serial number)	(Rank)	(Grave number)

Body buried on LEFT UNKNOWN X-35		149 Inf	903
(Name)	(Serial number)	(Rank)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None

RESTRICTED

IF DECEASED UNIDENTIFIED

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:

Height: \_\_\_\_\_ Apparent nationality: \_\_\_\_\_  
Weight: \_\_\_\_\_ Laundry marks: \_\_\_\_\_  
Color of eyes: \_\_\_\_\_ Number of rifle: \_\_\_\_\_  
Color of hair: \_\_\_\_\_ Wear glasses? \_\_\_\_\_  
Race: \_\_\_\_\_ Is tooth chart attached? **No, crushed skull.**

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles,  
deformities, etc.:

Note below any identifying clues found, such as letters, photographs,  
probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE  
LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

*John E. Bobis*  
John E. Bobis, S/Sgt., GRS

(Signature of officer or other person reporting burial)

*Francis M. Simon*  
FRANCIS M. SIMON, 1st Lt., OMC

(Verified by Army GRS Officer)

LEFT HAND

3

2

1

THUMB

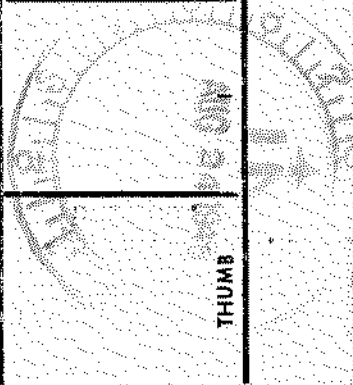
4

3

2

THUMB

RIGHT HAND



CONFIDENTIAL

12 Mar 45

9907

149th Inf. Regt.  
38th Div.

UNKNOWN X-57

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Abuyog, Leyte, P.I.

(Place of death) (Date of death) KIA Shrapnel wounds multiple (Cause of death)

1400 hrs 9 December 1944 USAF CEMETERY DULAG #1, DULAG, LEYTE, P.I.

(Time and date of burial) reburial (Name of cemetery) (Name or coordinates of location)

621

(Grave number) (Row number) (Plot number) Cross, regulation (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

Embossed plate attached to marker.

One CR Form #1 placed in a sealed bottle and buried with body.

(If no identification tags, what means of identification are buried with the body?)

Disinterred from beach at Abuyog; persons making burial unknown.

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT UNKNOWN X-58

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT UNKNOWN X-56

(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None.

84A

1562

**IF DECEASED UNIDENTIFIED**

**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:**

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)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.**

*Robert H. Green* *R.H.G.*

ROBERT W. GREEN 2nd Lt. INF.  
(Signature of officer or other person reporting burial)

*Roy F. Sulebacher*  
ROY F. SULEBACHER 1st Lt. GMC

8075 65A

★ RECEIVED  
13 FEB 1945

LEFT HAND

RIGHT HAND

4

4

3

3

2

2

1

1

THUMB

THUMB