

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. York (Misc) Memo # 2 X170, X179, X1809

## SYNOPSIS AND DATES

NEW CLASSIFICATION 293. York Memo # 2 X170

# RECLASSIFICATION SHEET

QUART 202  
CNS Far East

13 February 1960

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to findings of Unidentifiability for the following Unknown Deceased:

Unknown	X-1574,	ACNS	Zone	Manila,	Formerly	X-18,	USAF	Gen	Manila	#1
"	X-306	"	"	"	"	X-117	"	"	"	"
"	X-308	"	"	"	"	X-160	"	"	"	"
"	X-333	"	"	"	"	X-176	"	"	"	"
"	X-336	"	"	"	"	X-179	"	"	"	"
"	X-338	"	"	"	"	X-181	"	"	"	"
"	X-339	"	"	"	"	X-200	"	"	"	"
"	X-341	"	"	"	"	X-225	"	"	"	"
"	X-342	"	"	"	"	X-239	"	"	"	"
"	X-343	"	"	"	"	X-241	"	"	"	"
"	X-347	"	"	"	"	X-242	"	"	"	"
"	X-350	"	"	"	"	X-243	"	"	"	"
"	X-353	"	"	"	"	X-254	"	"	"	"
"	X-357	"	"	"	"	X-255	"	"	"	"
"	X-344	"	"	"	"	X-259	"	"	"	"
"	X-351	"	"	"	"	X-259	"	"	"	"
"	X-1630	"	"	"	"	X-2502	"	"	"	"
"	X-1628	"	"	"	"	X-2441	"	"	"	"
"	X-1706	"	"	"	"	X-2423	"	"	"	"
"	X-1678	"	"	"	"	X-2417	"	"	"	"
"	X-1748	"	"	"	"	X-2381	"	"	"	"
"	X-1920	"	"	"	"	X-2318	"	"	"	"
"	X-1931	"	"	"	"	X-2319	"	"	"	"
"	X-1789	"	"	"	"	X-2330	"	"	"	"
"	X-1760	"	"	"	"	X-2331	"	"	"	"

OSST 1945

15 February 1960

OSM War Dept

SUBJECT: Identification of World War II Deceased

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

S. H. NIXE  
Lt. Colonel, QMG  
Memorial Division

cc: Adm Section

JBY

TBC

H. McLaurin/dal  
L. H. White  
J. Windsor

Copy furnished: GINCPM, APO EOO

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION SERVICE  
 PHILIPPINE ZONE

ORPZ 293

AGO 900

SUBJECT: Unidentifiable Remains

JAN 27 1950

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

1. In accordance with the provisions of your letter, file (AGMU 293, ORS (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-178	AGRS	Main	UNKNOWN	X-820	AGRS	Main
"	X-211	"	"	"	X-927	"	"
"	X-234	"	"	"	X-928	"	"
"	X-238	"	"	"	X-943	"	"
"	X-269	"	"	"	X-961	"	"
"	X-296	"	"	"	X-1374	"	"
"	X-306	"	"	"	X-1478	"	"
"	X-556	"	"	"	X-1530	"	"
"	X-563	"	"	"	X-1623	"	"
"	X-566	"	"	"	X-1678	"	"
"	X-568	"	"	"	X-1705	"	"
"	X-589	"	"	"	X-1743	"	"
"	X-821	"	"	"	X-1759	"	"
"	X-824	"	"	"	X-1760	"	"
"	X-826	"	"	"	X-1920	"	"
"	X-827	"	"	"	X-1931	"	"

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

FOR THE COMMANDING OFFICER:

33 Incls  
 G.O Forms 1044 w/Certificates  
 of Unidentifiability

/s/ John Shypala  
 JOHN SHYPALA  
 1st Lt., Infantry  
 Adjutant

**HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILIPPINE ZONE**

ORPZ 293

AGO 900

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Department of the Army  
Washington 25, D. C.  
ATTN: Memorial Division

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UNKNOWN	X-178	AGRS	Manila	UNKNOWN	X-920	AGRS	Manila
"	X-211	"	"	"	X-927	"	"
"	X-234	"	"	"	X-928	"	"
"	X-238	"	"	"	X-942	"	"
"	X-269	"	"	"	X-961	"	"
"	X-296	"	"	"	X-1374	"	"
"	X-306	"	"	"	X-1478	"	"
"	X-556	"	"	"	X-1530	"	"
"	X-563	"	"	"	X-1623	"	"
"	X-566	"	"	"	X-1678	"	"
"	X-568	"	"	"	X-1705	"	"
"	X-589	"	"	"	X-1743	"	"
"	X-821	"	"	"	X-1759	"	"
"	X-824	"	"	"	X-1760	"	"
"	X-826	"	"	"	X-1920	"	"
"	X-827	"	"	"	X-1931	"	"

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

FOR THE COMMANDING OFFICER:

32 Incls  
GIC Forms 1044 w/Certificates  
of Unidentifiability

/s/ John Shypula  
JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

QMGOD 332.3  
Kansas City

11 August 1945

SUBJECT: Report on Certain Unknowns

TO: Commanding Officer  
Quartermaster Activities  
Kansas City Records Center (AGO)  
Kansas City, Missouri  
ATTENTION: Effects Quartermaster

1. Reference your inquiry concerning present status of the following named Unknowns, you are advised that identification has not yet been established:

X-255	Margraten, Holland
X-797	" "
X-2043	" "
X-15	Molenhoek, Holland
X-142	Island Command, Okinawa
X-179	Manila No. 2, P. I.
X-668-	Yokohama No. 1, Japan

2. Correspondence from the Bureau regarding these Unknowns is returned herewith.

BY COMMAND OF MAJOR GENERAL MIDDLESWART:

1 Incl:  
Correspondence

H. W. DONNARD  
Lt. Colonel, QMC  
Field Service Division

QMGOD 293 UNKNOWN X-179 MANILA #2, P. I.

DEPARTMENT OF THE ARMY  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 722501

HOC/AID/1h

~~5 July 1949~~  
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X -179  
Plot 2, Row 4, Grave 457, USMC USAF Com. #2, Manila,  
Philippine Islands have been held at this Bureau as of 25 June 1946

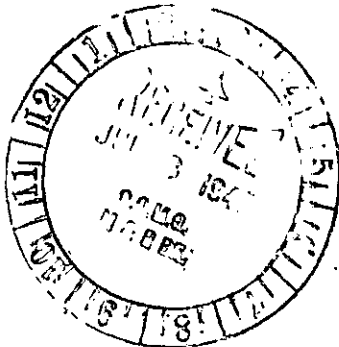
2. Bureau inspection of the effects has been made and the following description furnished for reference:

1 Cigarette Lighter  
1 Ring, with black onyx stone  
1 Key

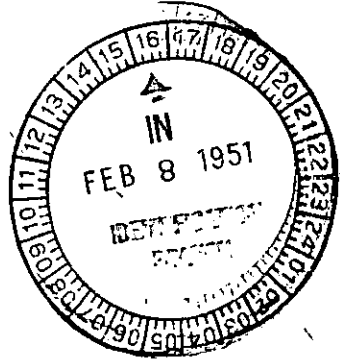
3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL  
Effects Quartermaster



*Handwritten notes on the right margin:*  
293  
Book  
179  
Manila  
Philippines





/ebc <b>1</b>	Interred 6 Feb 1950 D. 10 9 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK		<b>DISINTERMENT DIRECTIVE</b>	
	Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7747 02859</b>	DATE <b>15 06 48</b> DAY MONTH YEAR
NAME		SERIAL NUMBER <b>UNKNOWN X-000179</b>	RANK	ARM <b>0</b>
CEMETERY <b>USAF CEMETERY MANILA NO 2</b>		DATE OF DEATH DAY MONTH YEAR		DISPOSITION OF REMAINS <b>0 7701 80</b> CODE DIST. PT.
PLOT <b>F12</b>	ROW <b>4</b>	GRAVE <b>457</b>	COUNTRY <b>PHILIPPINE ISLANDS</b>	CAUSE OF DEATH <b>6</b>

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>
--	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME <b>UNKNOWN X-000179 UNKNOWN X-666 (MAUS)</b>	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED <b>22 Sept 1948</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>	RELIGION	IDENTIFICATION VERIFIED BY <b>JOSEPH M. OWEN Embalmer NAME AND TITLE</b>	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Shelter Half</b>	CONDITION OF REMAINS <b>Skeletal</b>
---	---

OTHER MEANS OF IDENTIFICATION

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MINOR DISCREPANCIES 1

Two remains tags shows UNKNOWN X-666 (AGRS MAUSOLEUM NUMBER)

REMAINS PREPARED AND PLACED IN CASKET

DATE **22 Sept 1948** BY **JOSEPH M. OWEN**

CASKET SEALED BY **JOSEPH M. OWEN** EMBALMER (Signature) *Joseph M. Owen*  
**JOSEPH M. OWEN**

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY **LUCIO S. PANOPIO, 1st Lt., INF**

DATE **22 Sep 48** BY **HORACE L. ALLISON, Sgt, INF**

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

*Lucio S. Panopio*  
LUCIO S. PANOPIO, 1st Lt., INF  
SIGNATURE OF GRS INSPECTOR.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

**FILED**  
**28 FEB 1950**  
REPATRIATION  
BRANCH  
MEDICAL

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll</i>	DATE <b>FEB 6 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 <i>WIKICAM</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM <b>NAVY BRITISH ISLANDS</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>LOBI MC KINLEY CEMETERY</b>	DATE	SIGNATURE OF RECEIVER <b>1213VITAE DECISTO</b>	DATE

## 6. SHIPPED

FROM <b>NAVY BRITISH ISLANDS</b>		TO <b>ISLANDS</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>WELBX</b>	DATE <b>1950</b>	SIGNATURE OF RECEIVER <b>ONS</b>	DATE <b>1950</b>

## 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <b>OSR</b>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

aw  
QMGOD 293 Unknown X-179  
(Manila)

1st Ind

MB  
Department of the Army, OQMG, Washington 25, D. C., 9 April 1948

TO: Commanding Officer, Kansas City Quartermaster Depot, 601 Hardesty Ave.,  
Kansas City 1, Missouri. ATTENTION: Effects Quartermaster

Unknown X-179, USAF Cemetery #2, Manila, Philippine Islands, is under  
investigation. When identity of this Unknown is effected, your Bureau  
will be so advised.

BY COMMAND OF MAJOR GENERAL LARKIN:

SMG

ELR





GUY B. KEGLEY  
Major, OMC  
Field Service Division

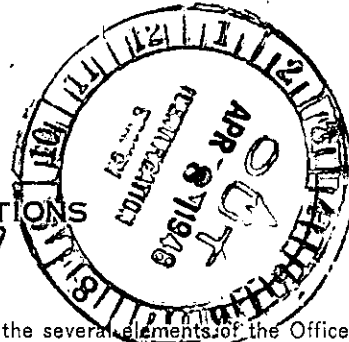
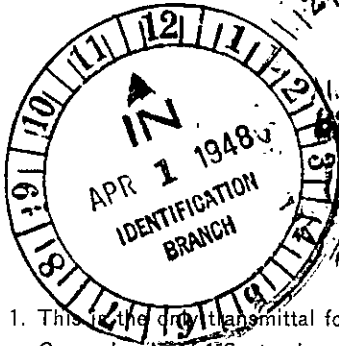
APR 12 10 25 AM '48  
O.C.M.G.

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTEROFFICE REFERENCE SHEET**

See reverse side for instructions in the use of this form

DUE, HOUR AND DATE 7 April 1948

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	FIELD SERV DIV EXEC OFFICER	MEMORIAL DIVISION IDENT. BRANCH	1 APR 48	<p>For information upon which to base a reply.</p> <p>FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p>1 Atchmt: Ltr dtd 24 Mar 48 in dup</p> <p style="text-align: right;">   MUNSTER 5473 </p> <p style="text-align: right;">   Kegley 3821 </p>
2	Chief, Identifi- cation Branch Memorial Division	Field Service Division Exec Officer	8 Apr 48	<p>The following information is submitted upon which to base a reply:</p> <p>Unknown X-179- Case under investigation. Upon completion of investigation your office will be advised.</p> <p style="text-align: right;">   METZ 74059 </p> <p style="text-align: right;">   SCOANE 2462 </p>



MEMORIAL DIVISION  
INSTRUCTIONS  
INS 111 48

1. This is the only transmittal form authorized for use among the several elements of the Office of The Quartermaster General. As of 1 September 1946 all similar forms, i. e., slips of various sizes, colors, and shapes, were discontinued; remaining supplies of old forms will be turned in to the Chief, General Administrative Services Division, for disposal.
2. Copies will NOT accompany original.
3. Messages addressed to The Quartermaster General will be signed by the DIVISION Chief IN PERSON unless he is absent, in which case the signature of his executive assistant will be accepted.
4. Due hours and dates as entered by the Chief, General Administrative Services Division, covering action on incoming correspondence, or as used by TQMG or Division Chiefs for dead line purposes, will be met in all cases.
5. Use of columns of form: Column 1, "No.," originator enters the number "1" as his entry; subsequent messages are numbered serially in column 1. Column 2, "From," enter Division identification (abbreviated) or, within Division enter Division identification PLUS branch or section. Column 3, "To," same instruction as for column 2—name of officer or civilian may be added where desirable. Column 4, "Date," spell out month, e. g. 6 Sept. 46. Column 5, "Message," present succinctly and accurately whatever you wish to say. Use full width of sheet when message goes far enough down sheet to clear entries in columns 1, 2, 3, and 4. Use one side of sheet only. Sign surname at end of "message," enter phone extensions under name, then, immediately below, draw line completely across sheet.
6. Use of typewriter is NOT required.
7. Division chief forwarding lengthy papers to TQMG will brief background action in concise manner in his "message" so that TQMG will not be forced to waste time reading nonessential information.
8. Questions as to use of this form and related matters will be directed to the Executive Officer, Office of TQMG.

DEPARTMENT OF THE ARMY  
KANSAS CITY QUARTERMASTER DEPOT  
ARMY EFFECTS BUREAU  
601 HARDESTY AVENUE  
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 722601

MEM/ELR/mjo's  
24 March 1948  
DATE

SUBJECT: Disposal of Personal Effects

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

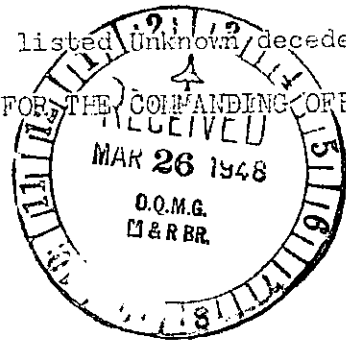
1. Personal effects found on remains interred as Unknown X-179 ,  
Plot 2 , Row 4 , Grave 457 , ~~USAF~~ USAF Cemetery #2, Manila,  
Philippine Islands have been held at this Bureau as of 25 June 1946 .

2. Bureau inspection of the effects has been made and the following description furnished for reference:

- 1 Cigarette Lighter
- 1 Ring, with black onyx stone
- 1 Key

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:



M. E. POHR  
Major, QTC  
Effects Quartermaster

*Open*

*793 unknown X-179 Manila, Philippine Is*

UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535  
MAR 29 1968  
AIR MAIL  
COMM. FILE



11



FILE UNDER NO. 293 - ~~XXXX~~ Unknown X-179 P.I. (Manila #2)

I N D E X S H E E T

S Y N O P S I S

Letter

20 Sept. 1946

FROM: OQMG

TO: Effects QM, Army Effects Bureau, Kansas City QMD, Mo.

SUBJ: Identification of Unknown Deceased. Personal Effects.

DOCUMENT FILED UNDER NO. 293 - Unknown (Misc) (X-170, X-179, X-1809) (Manila #2)

P. I.

rtb



AMERICAN GRAVES REGISTRATION SERVICE

27 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 179, Plot 2,  
Row 4, Grave 457, USMC USAF Cem Manila #2, have  
been reviewed and it is the opinion of this office that insuffi-  
cient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

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

Atch: Form 1044

Received 7 Feb 50  
Not identifiable from  
information presently  
available

*W. T. O'Leary*  
Ident Sec  
13 Feb 50

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-666 (Formerly UNK X-179 Manila #2)</b>				2. DATE OF REPORT <b>11 Jan 50</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>801</b>	5. ROW <b>E</b>	6. GRAVE <b>1240</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 8 1/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>White</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

**N O N E**

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**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"**

TOOTH CHART

<p><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:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Side View															Side View
Top View															
															
Side View															
	a	aga	X									X	a	X	X
	no	ollf											o		
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16

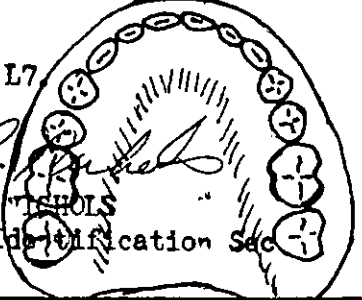
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Full upper acrylic plate denture replacing R7 thru L7

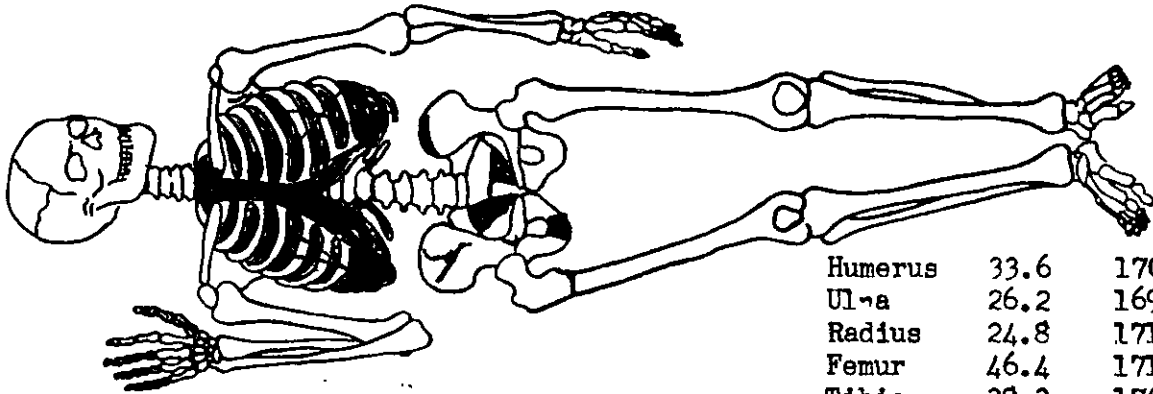
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

*Paul R. Tishols*  
 PAUL R. TISHOLS  
 Chief, Identification Sec



19. BLACK OUT PARTS OF BODY NOT COVERED



Humerus	33.6	170
Ulna	26.2	169
Radius	24.8	171
Femur	46.4	171
Tibia	38.3	176
Fibula	38.7	179
		<u>6/1036</u>

Estimated height- 5' 8-1/8"

20.

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

172 2/3

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 identification tags, personal effects or any other means of identification is found with remains.

Circumference of skull - 20 1/2 inches.

Estimated weight of remains - 8 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

SIGNATURE

PAUL R. NICHOLS  
Chief, Identification Sec

# 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.

9 Oct 47

(Formerly UNK X-179)  
UNK X-666 (USAF Cem Manila #2, P.I.) Unknown

DATE  
Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown

Stotsenberg Area,  
Pampanga, P.I.

AGRS MAUSOLEUM,  
Manila, P.I.

ORGANIZATION  
801 E 1240

PLACE OF DEATH

PLACE OF BURIAL

PLOT HANGER

ROW BAY

GRAVE NO.

*Complete upper denture*

RIGHT UPPER TEETH LEFT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8

TYPE  
LOCATION

TYPE  
LOCATION

INSIDE — LOOKING OUT

RIGHT LOWER TEETH LEFT

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	A	A	X									X	A	X	X
	mo	Lo											Do		

TYPE  
LOCATION

TYPE  
LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

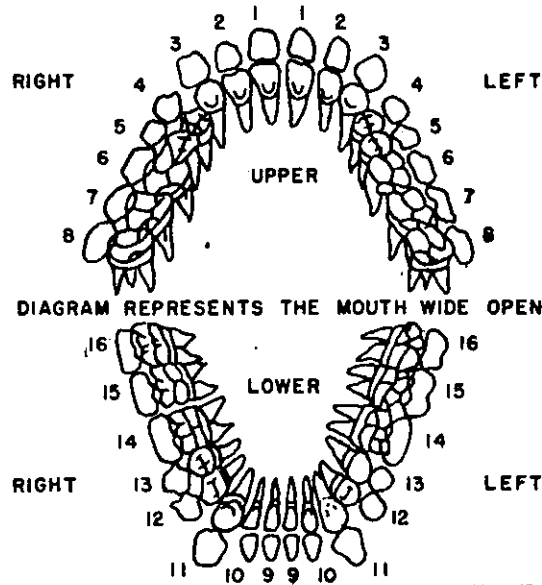
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

Complete upper denture, remaining teeth normal and in line.  
Full upper acrylic denture with transparent pallet.

/s/ Russell Smith  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ RUSSELL SMITH T/4  
NAME AND RANK TYPED OR PRINTED

CIP, AGRS MAUSOLEUM, MANILA, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Edward H Marshall  
VERIFIED BY GRS OFFICER

SP-8 C-062874  
NAME AND RANK TYPED OR PRINTED

9 Oct 47  
DATE

CERTIFIED TRUE COPY:

*E. H. Newman, Jr.*  
E. H. NEWMAN, JR.  
Capt FA

# IDENTIFICATION CHECK LIST

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

(Formerly UNK X-179)  
 Unknown X-666 (USAF Cem Manila #2, P.I.)  
 Cemetery. AGRS MAUSOLEUM, MANILA, P.I.  
 Plot 801 Row HANGER E Grave CRYE 1240

AGRS MAUSOLEUM, MANILA, P.I.

1. Arrived at cemetery 7 Oct 47
2. Place of death Stotsenberg Area, Pampanga, P.I.

(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by C. M. T. #1, QM GR REG CO

(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	/ / N		
Mackinaw	/ / O		
Sweater	/ / N E		
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 **A pair of service shoes** (type) **Size 7-E**

Overshoes .....

Web Equipment (type) .....

(Other item) .....

(Other item) .....

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

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

Shoulder Patch .....

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

6. Description of Remains: **Skeletal remains only - Chart attached**

Age **Est. 5'6 7/8"** Height **Est. 150 lbs** Weight Description of wounds .....

Bandages or dressings Scars (Length, width, location) .....

Tattoos (Number, location — illustrate on separate page) .....

Outstanding moles, warts or birthmarks (Yes-no; description, location) .....

Sunburn or tan, other than hand and face .....

Complexion **U** (Light, medium, dark, clear, pimples, pocks, freckles) .....

Build **D** (Large, fat, thin, muscular) .....

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

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

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



Goatee ..... (Light, color, extent)

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

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

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

Teeth **Tooth Chart attached.** ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of ~~head~~ **Skull** in inches ..... **21 inches** (Hat band)

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

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

Hands ..... (Unusual characteristics of fingernails)

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

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

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

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

Hernioplasty ..... (Yes-no; location)

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

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

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

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

No

7. Have finger prints been placed on Report of Interment? \_\_\_\_\_  
(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 I.D. tag, ROI or identification material other than one

(1) pair of service shoes found with the remains.

Estimated weight of remains 10 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/ Edward H. Marshall

(Officer's Name)

SP-8

C-062874

Rank

Service

AGRS MAUSOLEUM, MANILA, P.I.

(Organization)

9 Oct 47

CERTIFIED TRUE COPY:

*E. H. Newman, Jr.*

E. H. NEWMAN, JR.

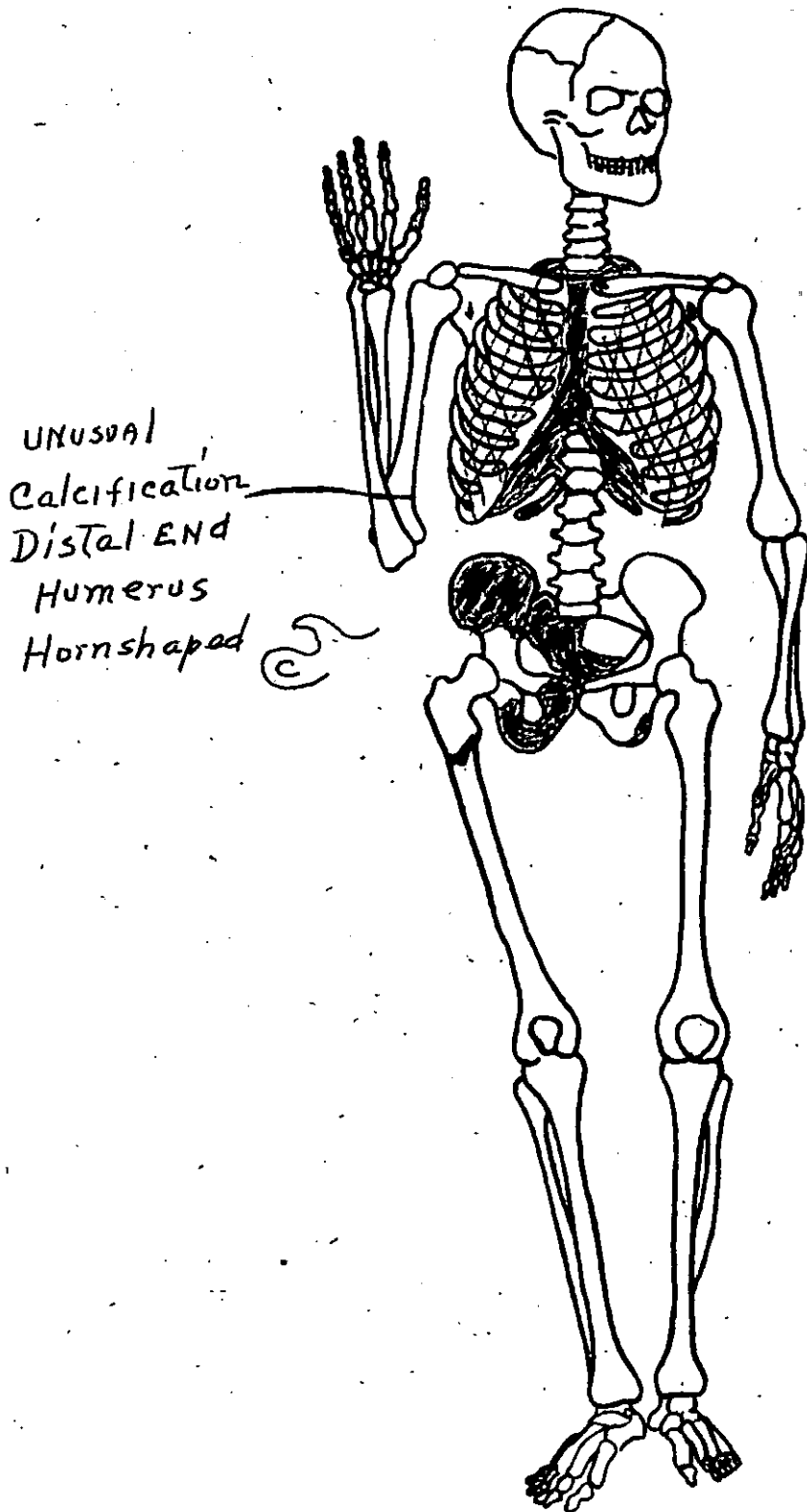
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FA

X-666

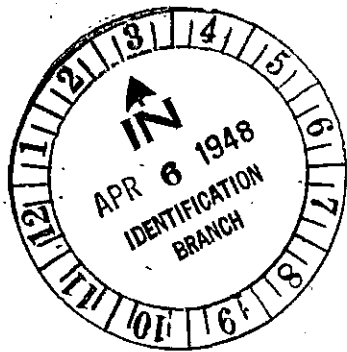
# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



UNUSUAL  
Calcification  
Distal END  
Humerus  
Hornshaped

7- Cervical vertebrae  
12- Dorsal. vertebrae  
5- Lumbar vertebrae  
27- Rib fragments



# INVENTORY OF EFFECTS - AR 600-550

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>UNENO H X-179</b> <b>USAF Cemetery Manila #2</b>	2. ARMY SERIAL NUMBER	3. GRADE	4. DATE OF DEATH <b>Dec 1941</b>
5. ORGANIZATION OF DECEASED ( <i>Assigned</i> )	6. PLACE OF DEATH		

7. CLASS I EFFECTS - SABER, INSIGNIA, DECORATIONS, MEDALS, CAMPAIGN CITATIONS, WATCHES, MANUSCRIPTS AND OTHER ARTICLES VALUABLE CHIEFLY AS KEEPSAKES. (*If necessary Class I Effects may be included and listed under 8.*)

NUMBER	DESCRIPTION OF ARTICLE	NUMBER	DESCRIPTION OF ARTICLE
1	Cigarette Lighter (Badly corroded)		
1	Silver Ring with damaged black stone set		
1	Key		


8. CLASS II EFFECTS - MONEY, BANK DRAFTS, CHECKS, MONEY ORDERS, PERSONAL EFFECTS, BILLFOLD ETC.

NUMBER	DESCRIPTION OF ARTICLE	NUMBER	DESCRIPTION OF ARTICLE

*Shallon*  
 2/18/56

3 ENTER TOTAL AMOUNT OF CASH OR EQUIVALENT HERE

FOR USE OF IMMEDIATE COMMANDING OFFICER OF ORGANIZATION SECURING EFFECTS

9. CHECK HERE IF EFFECTS SENT TO THE EFFECTS QUARTERMASTER, ARMY EFFECTS BUREAU, KANSAS CITY QUARTERMASTER DEPOT, KANSAS CITY, MO. NOTE: DO NOT SEND PERSONAL EFFECTS OF PERSONNEL DECEASED WITHIN THE UNITED STATES TO THE EFFECTS QUARTERMASTER.	YES	11. I CERTIFY THAT THE FOREGOING INVENTORY COMPRISES ALL THE EFFECTS OF ABOVE NAMED DECEASED. <div style="text-align: center;">   <b>ALFORD A. WALKER, CAPT INF, GPO</b> </div> SIGNATURE
10. EFFECTS ARE TO BE DELIVERED OR SHIPPED IN ACCORDANCE WITH A.W. 112 IF EFFECTS DELIVERED TO LEGAL REPRESENTATIVE MAKE ENTRIES HERE.		NAME AND GRADE
NAME  ADDRESS  CITY AND STATE  DATE DELIVERED		ORGANIZATION
		12. SIGNATURE OF RECIPIENT OR SUMMARY COURT OFFICER

# INVENTORY OF EFFECTS - AR 600-550

1. LAST NAME - FIRST NAME - MIDDLE INITIAL <b>UNKNOWN X-179</b> <b>USAF Cemetery Manila #2</b>	2. ARMY SERIAL NUMBER	3. GRADE	4. DATE OF DEATH <b>DEC 1941</b>
5. ORGANIZATION OF DECEASED (Assigned)	6. PLACE OF DEATH		

7. CLASS I EFFECTS - SABER, INSIGNIA, DECORATIONS, MEDALS, CAMPAIGN CITATIONS, WATCHES, MANUSCRIPTS AND OTHER ARTICLES VALUABLE CHIEFLY AS KEEPSAKES. (If necessary Class I Effects may be included and listed under 8.)

NUMBER	DESCRIPTION OF ARTICLE	NUMBER	DESCRIPTION OF ARTICLE
1	Cigarette Lighter (Badly corroded)		
1	Silver Ring with damaged black stone set		
1	Key		

8. CLASS II EFFECTS - MONEY, BANK DRAFTS, CHECKS, MONEY ORDERS, PERSONAL EFFECTS, BILLFOLD ETC.

NUMBER	DESCRIPTION OF ARTICLE	NUMBER	DESCRIPTION OF ARTICLE
<div style="text-align: right; margin-right: 20px;"> <i>Sharon</i>  <i>2/18/56</i> </div>			
		\$ ENTER TOTAL AMOUNT OF CASH OR EQUIVALENT HERE	

FOR USE OF IMMEDIATE COMMANDING OFFICER OF ORGANIZATION SECURING EFFECTS

9. CHECK HERE IF EFFECTS SENT TO THE EFFECTS QUARTERMASTER, ARMY EFFECTS BUREAU, KANSAS CITY QUARTERMASTER DEPOT, KANSAS CITY, MO. NOTE: DO NOT SEND PERSONAL EFFECTS OF PERSONNEL DECEASED WITHIN THE UNITED STATES TO THE EFFECTS QUARTERMASTER.	YES	11. I CERTIFY THAT THE FOREGOING INVENTORY COMPRISES ALL THE EFFECTS OF ABOVE NAMED DECEASED. <div style="text-align: center;"> <i>Alfred A Walker</i>  <b>ALFRED A WALKER, Capt Inf, GPO</b> </div>
10. EFFECTS ARE TO BE DELIVERED OR SHIPPED IN ACCORDANCE WITH A.W. 112 IF EFFECTS DELIVERED TO LEGAL REPRESENTATIVE MAKE ENTRIES HERE. NAME ADDRESS CITY AND STATE DATE DELIVERED		NAME AND GRADE ORGANIZATION 12. SIGNATURE OF RECIPIENT OR SUMMARY COURT OFFICER

# REPORT OF SUMMARY COURT - AR 600-550

**13. THE FOLLOWING AMOUNTS DUE THE ESTATE OF THE DECEASED WERE COLLECTED**

DATE	AMOUNT	RECEIVED FROM	DATE	AMOUNT	RECEIVED FROM
	\$			\$	
			TOTAL		

**14. THE FOLLOWING CLAIMS AGAINST THE ESTATE OF THE DECEASED WERE PAID**

DATE	AMOUNT	PAID TO	DATE	AMOUNT	PAID TO
	\$			\$	
			TOTAL		

**15. OTHER TRANSACTIONS, INCLUDING SALE OF EFFECTS. REPORT EACH TRANSACTION IN DETAIL (See AR 600-550). NOTE: STOCKS, BONDS AND OTHER COMMERCIAL PAPER WILL NOT BE CONVERTED INTO CASH, BUT SENT TO THE ADJUTANT GENERAL WITH THIS REPORT IN CASE OF DOMESTIC DECEASE. FOR OVERSEAS CASUALTIES THESE EFFECTS WILL BE SENT TO THE EFFECTS QUARTERMASTER.**

ENTER AMOUNT OF MONEY REALIZED FROM SALE OF EFFECTS HERE IN WORDS AND FIGURES.

16.

**RECEIPT FOR FUNDS**

PROCEEDS OF SALE OF PROPERTY OF DECEASED MILITARY PERSONNEL (AR 600-550)

*(Normally not to be used for overseas casualties under Par. 16, W.D. Circular 195, 1943. Send Check to Effects Quartermaster.)*

APPROPRIATION TO BE CREDITED BY DISBURSING OFFICER	AMOUNT (In words and figures) DEPOSITED WITH DISBURSING OFFICER
DATE, ORGANIZATION AND LOCATION OF DISBURSING OFFICER	SIGNATURE AND TYPED NAME AND GRADE OF DISBURSING OFFICER
17. DATE APPROVED BY COMMANDING OFFICER	18. DATE AND LOCATION
SIGNATURE OF COMMANDING OFFICER	SIGNATURE OF SUMMARY COURT OFFICER
TYPED NAME AND GRADE	TYPED NAME, GRADE AND ORGANIZATION

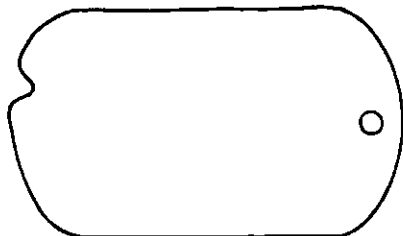
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

14 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-666 (formerly UNK X-179 USAF Cem Manila #2, Luzon, P. I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Stotsenberg Area, Pampanga, P. I.	CAUSE OF DEATH Unknown	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 unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 10 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY E	GRAVE No. CRYPT 1240
--	--------------	---	---------------------------------	---------------------------	---------------------	----------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P. I.	PLOT No. 2	ROW No. 4	GRAVE No. 457
--	--	---------------	--------------	------------------

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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORED UNKNOWN X-409-C	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1242
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-672	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1238

SIGNATURE OF PERSON PREPARING REPORT <i>Wm R Gilbert</i> Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucto S Panoptis</i> LUCTO S PANOPTIS, 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.

*Serial #139*



**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


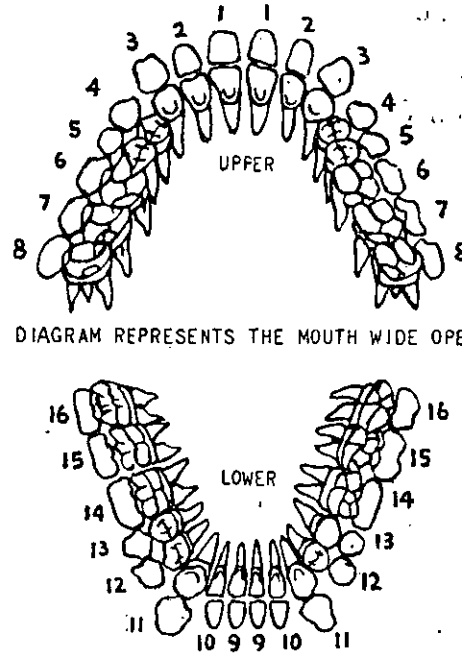





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

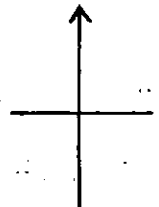
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

**OTHER IDENTIFICATION CLUES**

A pair of Service Shoes, size 7-E was found with the remains.

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

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

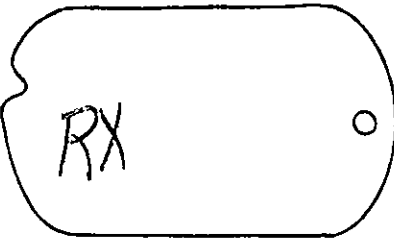


**REMARKS:**

Identification Check List and Dental Chart  
accomplished.

**24 NOV 1947**

WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	<b>REPORT OF/INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 8 Dec. 45
---	---	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)	SERIAL No.	
	UNKNOWN -X- 179 (Cem. Manila #2) (Formerly Unknown - Stotsenberg Cem.)		
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Ft. Stotsenberg, Duzon, P. I.</b>	CAUSE OF DEATH	DATE OF DEATH
--	----------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 1009

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 Manila #2, Duzon, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
28 Nov 45	1100	Shelter Half	Cross	2	4	457

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	Ft. Stotsenberg Cemetery, Duzon, P. I.	C	9	9

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION, DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN -X- 178 Cem. Manila #2 (Formerly Unknown Stotsenberg Cem.)				456

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN -X- 180 (Cem. Manila #2) (Formerly Unknown Stotsenberg Cem.)				458

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>D. L. Armstrong</i> D. L. ARMSTRONG, Capt. OMC.
---	--

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.

Incl 21

**Section 3. IDENTIFIED 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.

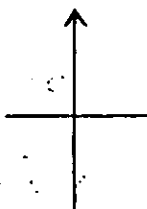
7 JAN 1946

LEFT LITTLE FINGER  
LEFT RING FINGER  
LEFT MIDDLE FINGER  
LEFT INDEX FINGER  
LEFT THUMB  
RIGHT THUMB  
RIGHT INDEX FINGER  
RIGHT MIDDLE FINGER  
RIGHT RING FINGER  
RIGHT LITTLE FINGER

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**

<p><b>FILLINGS</b></p> <p>SILVER FILLING GOLD FILLING</p>	<p>UPPER Full UPPER PLATE</p> <p>MISSING</p> <p>LOWER</p> <p>SILVER Filling</p> <p>GOLD BRIDGE</p>
<p><b>CAVITIES</b></p> <p>CAVITY DECAYED</p>	
<p><b>MISSING TEETH</b></p> <p>TOOTH MISSING</p>	
<p><b>CROWNED TEETH</b></p> <p>PORCELAIN CROWN GOLD CROWN</p>	
<p><b>BRIDGE WORK</b></p> <p>GOLD BRIDGE</p>	
<p><b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b></p>	



**REMARKS:**

Disc. #58 found on body.