

293

Unknown X-181 USAF Cem Manila #2, P.I. associated with PFC Anthony Frasure,  
6662505

Reference is made to attached anthropologist's report of examination of remains designated X-181 Manila #2 . Inasmuch as the examination failed to reveal any additional identifying data to substantiate the association, it is recommended that the remains of Unknown X-181 revert to unidentifiable status and PFC Frasure's status remain nonrecoverable.

*Gladys Reynolds*  
Gladys Reynolds  
10 Sept '52

*G. B. Salsen*  
10 Sept '52

*[Signature]*  
*Major, QMC*

APPROVED *10 Sept '52*  
*Heuman*  
J. C. MacFARLAND  
Lt. Col. QMC  
Identification Branch  
Memorial Division, OCMG.

✓  
*File 16 Sept '52*  
*MAN*  
*GR*

Unknown X-181 USAF Cem Manila #2, P.I. associated with PFC Anthony Frasure,  
.6662505

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Gladys Reynolds  
10 Sept 52

X-668 (Formerly X-191) Associated with data for Frasure, Anthony 6662505

1. General Condition: Skeletal, no tissue. Moderately complete but pelvis damaged. Vertebral column is complete and cranial-post cranial articulation is positive.

2. Co-mingling: No evidence of such.

3. Age: Cranial: Beginning ecto-cranial closure of sagittal suture, 20-25 years. Pelvic: Phases of I-II, 18-21 years. The evidence is not clear because of damage, and it might possibly be a Phase III. Clavical epiphysis commencing to unite.

4. Stature: Rollet 67-3/8", Krogman 68 $\frac{1}{2}$ ". Based on right femur, tibia and humerus.

5. Dentition: See Form 569, 1 May 52. No special comments.

6. Hair Color: No evidence.

7. Race: White.

8. Conclusions and recommendations: Form 371 data for Frasure are age at death 24 years; stature 71"; race white and dental information. There is reasonable agreement with regards to age, race and the dental comparison is very definitely favorable. Stature is discrepant. In my opinion identification of these remains as being those of Frasure is possible, but the limited evidence appears to me to be inconclusive. *2 inches off*

*Theodore D. McCown*  
Theodore D. McCown  
Professor of Anthropology

X-668 (Formerly X-181) Associated with data for Frasure; Anthony 6662505

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---

Theodore D. McCown  
Professor of Anthropology

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-668 AGRS Mausoleum</b> <b>Formerly X-181 MANILLA No. 2.</b>				2. DATE OF REPORT <b>1 MAY 1952</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
---------------------	---------------------	-------------------	----------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**3 - AGRS TAGS w/REMAINS — Spelinal**

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

**NONE**

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**

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

**NONE**

# IDENTIFICATION DENTAL CHART

DATE **1 MAY**  
**██████████** 1952

NAME (Last, First, Middle Initial) **UNKNOWN X-668 AGRS MASOLEUM, Formerly X-181 Manila No. 2** GRADE **██████████** SERVICE NUMBER **██████████**

UNIT **Associated** ORGANIZATION **With FRASURE, Anthony PFC** CAUSE OF DEATH **██████████** DATE OF DEATH **6662 505**

PLACE OF DEATH **██████████** PLACE OF BURIAL **██████████** PLOT **██████████** ROW **██████████** GRAVE **██████████**

	1	2	3	4	5	6	7	8	9	10	11	12	13	<del>14</del>	15	16	
RIGHT																	LEFT

- |                         |                  |                              |
|-------------------------|------------------|------------------------------|
| 1. O-AM.                | 5. MO-AM.        | 9. PORC. CR.                 |
| 2. DOL-AM.; F-AM.       | 6. ML-GOLD FILL. | 10. F-PORC. FILL.; L-AM.     |
| 3. MOD. GOLD FILL.      | 7. 3/4 GOLD CR.  | 11. MF-PORC. FILL.           |
| 4. F-GOLD FILL.; ML-AM. | 8. D-PORC. FILL. | 12. Px-POSTHUMOUSLY MISSING. |
|                         |                  | 13. GOLD CR.                 |
|                         |                  | 14. MISSING                  |
|                         |                  | 15. MO-AM.; L-AM.            |
|                         |                  | 16. MODL-AM.                 |

MARKING ABBREVIATIONS:  
 F - Facial      O - Occlusal      D - Distal      Am - Amalgam      FILL - Filling      BACK - Backing  
 L - Lingual      M - Mesial      I - Incisal      CR - Crown      PORC - Porcelain      FAC - Facing

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	<del>16</del>	
CARIES																	CARIES
RESTORATIONS	Unrupted			4-5-6-7													RESTORATIONS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	<del>16</del>	
UPPER RIGHT																	UPPER LEFT

↑  
chipped

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	<del>16</del>	
LOWER RIGHT																	LOWER LEFT

	<del>17</del>	18	19	<del>20</del>	21	22	23	24	25	26	27	28	<del>29</del>	<del>30</del>	<del>31</del>	
RESTORATIONS																RESTORATIONS
CARIES		o												o		CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART \_\_\_\_\_ VERIFIED BY GRS OFFICER \_\_\_\_\_

DENTURES (Plates): DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. (For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.) SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

None

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: (Describe in detail under remarks)

MOTTLED ENAMEL	UNERUPTED TEETH	RETAINED DECIDUOUS TEETH
ENAMEL HYPOPLASIA	MALOCCLUSION	ABNORMAL INTERDENTAL SPACES
EROSION	SUPERNUMERARY TEETH	IRREGULARITY OF ALIGNMENT
ABRASION	FRACTURES OF ENAMEL	UNUSUAL RESTORATIONS
ROTATION	FRACTURES OF TEETH	UNUSUAL APPLIANCES

REMARKS (If no abnormalities are found make notation to that effect)

SPACE between Nos 3 & 5 = 4MM Approx.

No. 1 Appears to have Started ERUPTING, It also Appears to be FACIALLY inclined.

*John E. Tucker*



TOOTH CHART

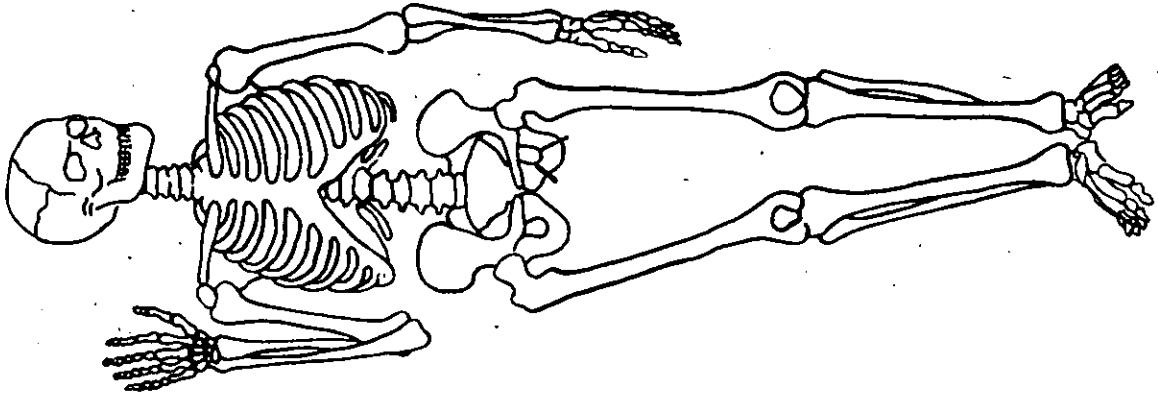
	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>		
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<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		
Side Views																		Side Views	
Top Views	UPPER																		
	LOWER																		
Side Views																			
		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."

SEE DD Form 569 Attached.

19. BLACK OUT PARTS OF BODY NOT COVERED



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

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

21. REMARKS AND ADDITIONAL INFORMATION

ENTIRE REMAINS ARE SKELETAL AND DISARTICULATED  
ALL MAJOR BONES PRESENT.  
VETEBRAE = 24  
CRANIAL - POST CRANIAL ASSOCIATION PRESENT  
BONE EROSION INDICATED.

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

*George J. Schwabauer*  
JRT

QMOMT 293  
GRS Far East

13 February 1950

SUBJECT: Identification of WorldWar II Deceased

TO : Commanding Officers  
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-1374,	AGRS	Maus	Manila,	formerly	X-18,	USAF	Cem	Manila
"	X-606,	"	"	"	"	X-117,	"	"	"
"	X-656,	"	"	"	"	X-169,	"	"	"
"	X-663,	"	"	"	"	X-176,	"	"	"
"	X-666,	"	"	"	"	X-179,	"	"	"
"	X-668,	"	"	"	"	X-181,	"	"	"
"	X-689,	"	"	"	"	X-203,	"	"	"
"	X-821,	"	"	"	"	X-336,	"	"	"
"	X-824,	"	"	"	"	X-339,	"	"	"
"	X-826,	"	"	"	"	X-341,	"	"	"
"	X-827,	"	"	"	"	X-342,	"	"	"
"	X-920,	"	"	"	"	X-445,	"	"	"
"	X-928,	"	"	"	"	X-454,	"	"	"
"	X-927,	"	"	"	"	X-452,	"	"	"
"	X-942,	"	"	"	"	X-4019,	"	"	"
"	X-961,	"	"	"	"	X-4018,	"	"	"
"	X-1530,	"	"	"	"	X-3502,	"	"	"
"	X-1623,	"	"	"	"	X-3441,	"	"	"
"	X-1705,	"	"	"	"	X-3413,	"	"	"
"	X-1678,	"	"	"	"	X-3417,	"	"	"
"	X-1743,	"	"	"	"	X-3381,	"	"	"
"	X-1920,	"	"	"	"	X-3318,	"	"	"
"	X-1931,	"	"	"	"	X-3319,	"	"	"
"	X-1759,	"	"	"	"	X-3330,	"	"	"
"	X-1760,	"	"	"	"	X-3331,	"	"	"

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GMPZ 293

AFPO 900

SUBJECT: Unidentifiable Remains

JAN 27 1960

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 GPMU 293, GRS (War 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:

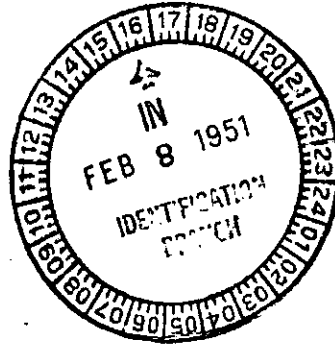
UNKNOWN	X-178	AGRS	Mslm	UNKNOWN	X-920	AGRS	Mslm
"	X-211	"	"	"	X-927	"	"
"	X-234	"	"	"	X-928	"	"
"	X-238	"	"	"	X-942	"	"
"	X-269	"	"	"	X-961	"	"
"	X-296	"	"	"	X-1274	"	"
"	X-506	"	"	"	X-1478	"	"
"	X-556	"	"	"	X-1530	"	"
"	X-563	"	"	"	X-1623	"	"
"	X-566	"	"	"	X-1678	"	"
"	X-568	"	"	"	X-1705	"	"
"	X-589	"	"	"	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:

22 Incls  
GIC Forms 1044 w/Certificates  
of Unidentifiability

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



OMGMT 293  
GRS Far East

13 February 1950

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"	X-826,	"	"	"	"	X-341,	"	"	"	"
"	X-827,	"	"	"	"	X-342,	"	"	"	"
"	X-920,	"	"	"	"	X-445,	"	"	"	"
"	X-928,	"	"	"	"	X-454,	"	"	"	"
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"	X-1920,	"	"	"	"	X-3318,	"	"	"	"
"	X-1931,	"	"	"	"	X-3319,	"	"	"	"
"	X-1759,	"	"	"	"	X-3330,	"	"	"	"
"	X-1760,	"	"	"	"	X-3331,	"	"	"	"

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"	X-666,	"	"	"	X-179,	"	"	"	"
"	X-668,	"	"	"	X-181,	"	"	"	"
"	X-689,	"	"	"	X-203,	"	"	"	"
"	X-821,	"	"	"	X-336,	"	"	"	"
"	X-824,	"	"	"	X-339,	"	"	"	"
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"	X-827,	"	"	"	X-342,	"	"	"	"
"	X-920,	"	"	"	X-445,	"	"	"	"
"	X-928,	"	"	"	X-454,	"	"	"	"
"	X-927,	"	"	"	X-452,	"	"	"	"
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"	X-961,	"	"	"	X-4018,	"	"	"	"
"	X-1530,	"	"	"	X-3502,	"	"	"	"
"	X-1623,	"	"	"	X-3441,	"	"	"	"
"	X-1705,	"	"	"	X-3413,	"	"	"	"
"	X-1778,	"	"	"	X-3417,	"	"	"	"
"	X-1782,	"	"	"	X-3381,	"	"	"	"
"	X-1783,	"	"	"	X-3318,	"	"	"	"
"	X-1784,	"	"	"	X-3319,	"	"	"	"
"	X-1785,	"	"	"	X-3330,	"	"	"	"
"	X-1786,	"	"	"	X-3331,	"	"	"	"

QMGT 293

13 February 1950

GRS Far East

SUBJECT: Identification of World War II Deceased

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

FOR THE QUARTERMASTER GENERAL:

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

N. McLaurin:dal  
L. M. White  
J. Windsor



mf-c

/ebc

1

Interred 7 Feb 1950

B. 25 65 Ft. McKinley  
N. 24 1960 BIRATH  
N. 24 1960 BIRATH

DISINTERMENT DIRECTIVE

CARL R. H. MARK

24 FEB 53 9718

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 02861

DATE  
15 06 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWN X - 000181		0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					0 7701 180 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
R12	4	459	PHILIPPINE ISLANDS		6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-181 (Maus) UNK X-668				21 Sept 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		ALEXANDER P. PETTICE Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

Two Identification Tags UNKNOWN X-668 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 48 BY ALEXANDER P. PETTICE

CASKET SEALED BY ALEXANDER P. PETTICE	EMBALMER (Signature) <i>Alexander P. Pettice</i> ALEXANDER P. PETTICE
--	---

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 BY HORACE L. ALLISON, Sgt. INF.	CORSINE C. KAYAMAN, 1st Lt. INF.

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

FILE  
CORSINE C. KAYAMAN  
CORPSIE C. KAYAMAN, 1st Lt. INF.

SIGNATURE OF GRS INSPECTOR

BRANCH  
MEMO, PMA

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

# 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>Carermark</i>	DATE <b>FEB 7 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>WIKIOMI</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM <b>WIKIOMI BIRIGIBINE ISLANDS</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>LOBI NC KIMEX CENELEBA</b>	DATE	SIGNATURE OF RECEIVER <b>OLIVIAE DECISION</b>	DATE

## 6. SHIPPED

FROM <b>LOBI NC KIMEX CENELEBA</b>		TO <b>ISLANDS</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>CENELEBA</b>	DATE	SIGNATURE OF RECEIVER	DATE

## 7. SHIPPED

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

HEADQUARTERS  
PENNSYLVANIA ZONE  
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- 181 , Plot 2 ,  
Row 4 , Grave 459 , 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

Attn: Form 1044

Received ..... 7 Feb 50 OMC  
Not identifiable from  
information presently  
available

*W. J. McQuinn*  
Ident Sec  
13 Feb 50

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-668 (Formerly UNK X-181 Manila #2)				2. DATE OF REPORT 16 Jan '50	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1243	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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









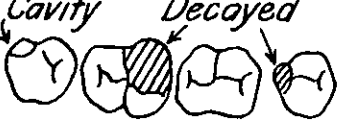

N O N E





**"UNIDENTIFIABLE"**

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

18.

TOOTH CHART

	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:		

Malposed		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		✓		o	o				o	o	o						X	
Side Views																		Side Views
Top Views	UPPER																	UPPER
	LOWER																	LOWER
Side Views																		
		X	o	X	X	o			o				X	o			o	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

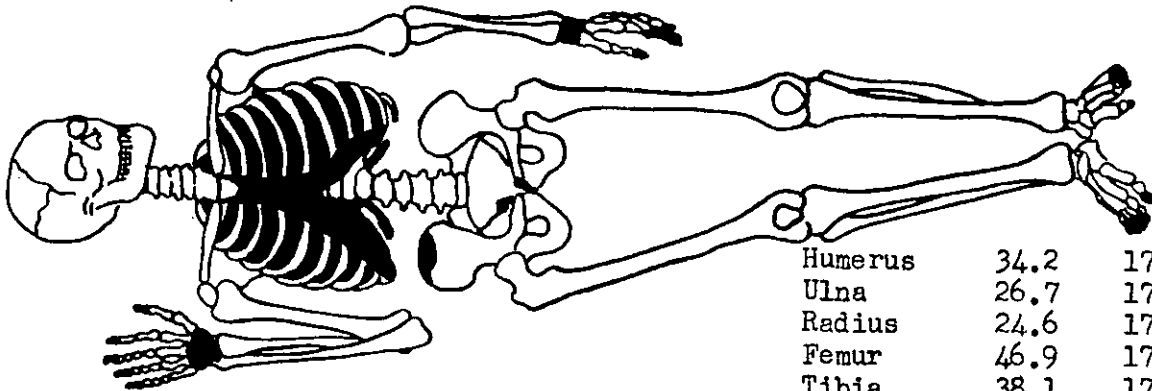
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

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

"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT COVERED



Humerus	34.2	174
Ulna	26.7	172
Radius	24.6	170
Femur	46.9	173
Tibia	38.1	174
Fibula	37.9	<u>175</u>
		<u>6/1038</u>

Estimated height: 5' 8 1/8".

20.

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

173

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 found with remains.

Circumference of skull - 21 inches.

Estimated weight of remains - 8½ 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 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.

UNKNOWN X-668 (Formerly UNK X-181  
USAF Cem Manila #2, Luzon, P.I.)

9 Oct 47

DATE

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Ft. Stotsenberg, UNIT  
Luzon, P.I.

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION

801 E 1243

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

RANGER

BAY

CRYPT

CROWN BROKEN

*impacted*

RIGHT

UPPER TEETH

LEFT

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

TYPE																	TYPE
LOCATION		<i>m</i>	<i>m</i>	<i>⊗</i>				<i>⊗</i>	<i>⊗</i>	<i>⊗</i>						<i>⊗</i>	LOCATION

INSIDE — LOOKING OUT

RIGHT
















LOWER TEETH

LEFT

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

TYPE	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	<i>⊗</i>								<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	TYPE	
LOCATION		<i>⊗</i>												<i>⊗</i>	<i>⊗</i>	<i>⊗</i>	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)

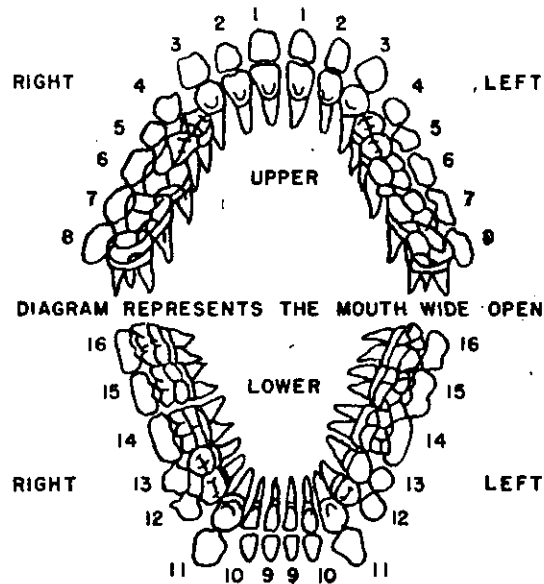
**INSTRUCTIONS:**

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:**

/s/ Hilarion V. Castillo,  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Felix Glass  
VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

9 Oct 47  
DATE

CERTIFIED TRUE COPY::

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



## IDENTIFICATION CHECK LIST

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

UNKNOWN X-668 (Formerly  
 Unknown X-181 USAF Cem Manila #2, Luzon P.  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 801 Row E Grave 1243

CIP, AGRS Mslm, Manila, P.I.

1. Arrived at cemetery 9 Oct 47  
(Hour) (Date)
2. Place of death Ft. Stotsenberg, Luzon, P.I.  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains ~~recovered~~ or disinterred by AGRS CMT #1  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \* Shoes ..... N (type) .....  
 Overshoes ..... N E .....  
 Web Equipment ..... (type) .....  
 (Other item) .....  
 (Other item) .....  
 \* If body is nude, sizes of these items should be computed by measuring the remains  
 Chevrons or Insignia ..... (Type & location; shirt, jacket, coat, helmet) .....  
 Shoulder Patch .....

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

6. Description of Remains: Skeleton only - Skeletal Chart attached.

Age .....  
 Est. Height 5' 9" Est. Weight 150 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 ..... U

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

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

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

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

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

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

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

Nose ..... (Size, shape, straight) D / / 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 in inches ..... (Hat band) / /

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

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

Hands ..... T / /

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

..... (Unusual characteristics of fingernails) / /

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

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

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

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

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

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

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

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

7. Have finger prints been placed on Report of Interment? NO  
(Yes-no)

If not, explain Due to the condition of remains.

8. Has tooth chart been prepared? Yes If not, explain \_\_\_\_\_  
(Yes-no)

9. Remarks No ROI found with remains. No personal effects. No means of  
identification. Estimated weight of remains, eleven (11) 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/ James J McDermott  
(Officer's Name)

Civ., CAF-9  
Rank Service

AGRS  
(Organization)

9 Oct 1947

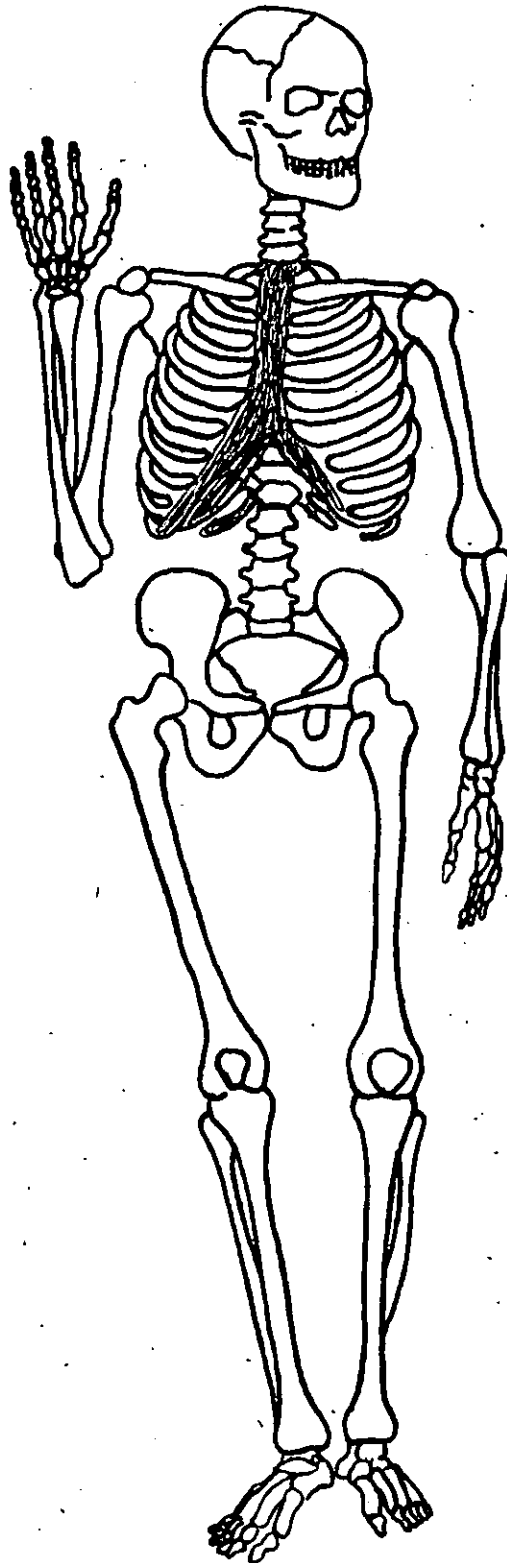
CERTIFIED TRUE COPY:

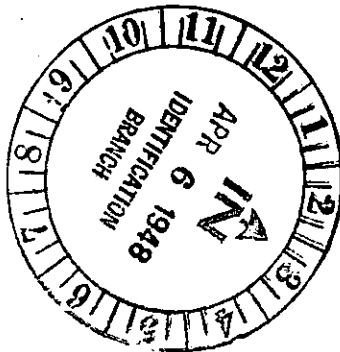
*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

X-668

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





RESTRICTED

RE

REPORT OF INTERMENT

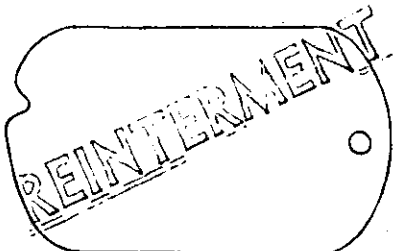
(AR 30-1810 and AR 30-1815)

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

Date of Report

FEB 24 1953

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

UNKNOWN X-181 (Manila Mausoleum X-668)  
USAF Cem. Manila #2, P. I.

Serial Number

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

Ft. Stotsenberg Area,  
Luzon, P. I.

Cause of Death

Unknown

Date of Death

Unknown

Emergency Addressee (Name, Relationship and Address)

None

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

UNIDENTIFIABLE

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

U. S. M. C. Fort William McKinley, Manila, P. I.

Date of Burial

24 Feb 53

Hour

1400

Buried in (Shroud, Blanket, or name of other)

Final Type Casket

Type of Grave Marker

Reg Cross

Plot No.

N

Row No.

11

Grave No.

101

Was This a Re-Burial  
(Yes or No)

Yes

If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave

USAF Cemetery Manila #2, P. I.

Plot No.

2

Row No.

4

Grave No.

459

Type of Religious Ceremony

Person Conducting Burial Rites

If Identification Tag 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-1931 Manila No 2

Rank

Serial Number

Organization

Grave No.

N 11 100

Body Buried on Deceased Right, Name (Last, First, Middle Initial)

Vacant

Signature of Person Preparing Report


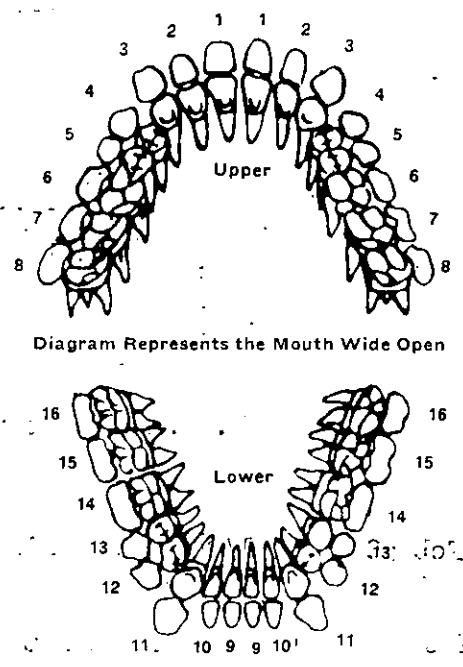





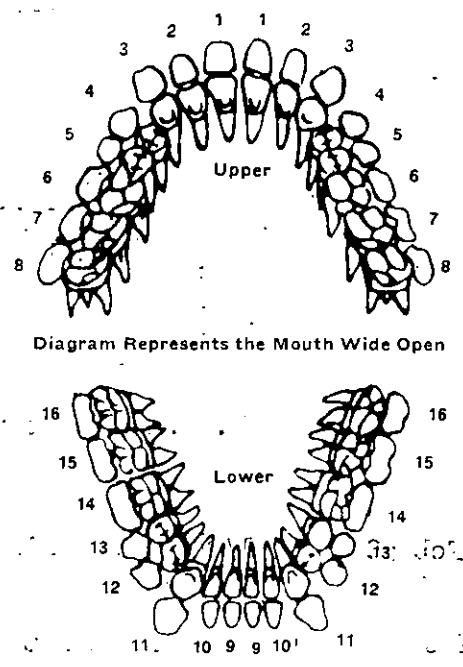





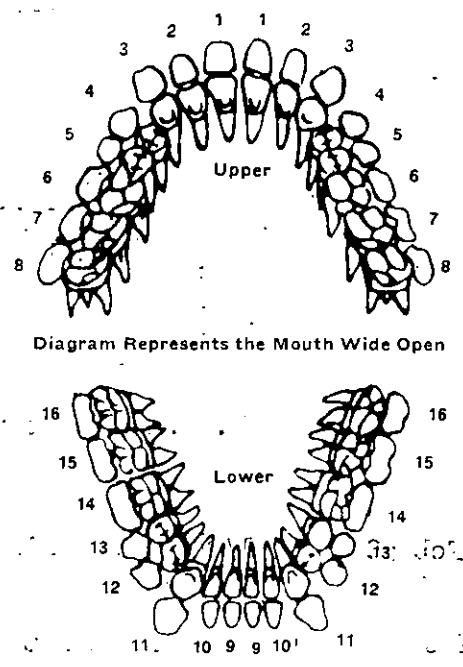




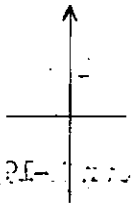
RAYMOND H. TANGUAY, M/Sgt, QMC

Signature of GRS Officer Verifying Report

FREDERIC B. TOOMOTH, 1st Lt., QMC

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

RESTRICTED

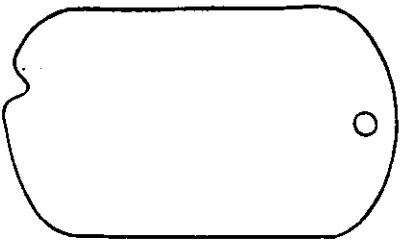
SECTION UNIDENTIFIED REMAINS											
Left Little Finger	<p><b>Instructions</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social 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 fingerprints 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Height</td> <td style="width: 15%;">Weight</td> <td style="width: 20%;">Color of Eyes</td> <td style="width: 20%;">Color of Hair</td> <td style="width: 30%;">Birthmarks, Scars or Tattoos</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos					
Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos							
Left Middle Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Weapon and Serial Number</td> <td style="width: 35%;">Laundry Mark</td> <td style="width: 30%;">Where Body Was Buried or Found</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found							
Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found									
Left Index Finger	<p><b>Other Identification Clues</b></p>										
Left Thumb	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p><b>Fillings</b></p> <p>Silver Filling Gold Filling</p>  </td> <td rowspan="5" style="width: 50%; vertical-align: top;">  <p align="center">Diagram Represents the Mouth Wide Open</p> </td> </tr> <tr> <td> <p><b>Cavities</b></p> <p>Cavity Decayed</p>  </td> </tr> <tr> <td> <p><b>Missing Teeth</b></p> <p>Tooth Missing</p>  </td> </tr> <tr> <td> <p><b>Crowned Teeth</b></p> <p>Porcelain Crown Gold Crown</p>  </td> </tr> <tr> <td> <p><b>Bridge Work</b></p> <p>Gold Bridge</p>  </td> </tr> </table>	<p><b>Fillings</b></p> <p>Silver Filling Gold Filling</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> 	 <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> 											
Right Thumb	<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center;">  </div>										
Right Index Finger											
Right Middle Finger											
Right Ring Finger											
Right Little Finger											
<p><b>Remarks</b></p> <p align="center">AUTHORITY FOR REINTERMENT FT MCKINLEY CEMETERY - QMG ltr, QMGMR 314.6, 30-Sep 52, Subj: Reinterment of Unknowns</p>											



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-668 (Formerly UNK X-181) USAF Cem Manila #2, Luzon, P.I.)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Fort Stotsenberg, Luzon, 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 1243
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WAS THIS A REBURIAL? (Yes or no) RESTORED 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. 459
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-741	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1245
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-670	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1241
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SIGNATURE OF PERSON PREPARING REPORT <i>Wm. A. Gilbert</i> WM. A. GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S. Panopio</i> LUCIO S. PANOPIO, 2nd Lt., INF.
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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.

Encl 59

**Section 3.— UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


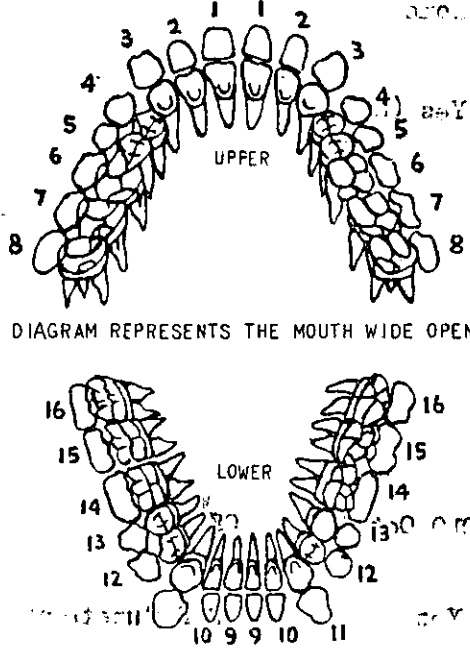




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

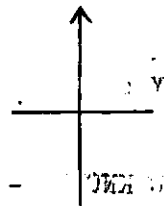
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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



REMARKS:

**24 NOV 1947**

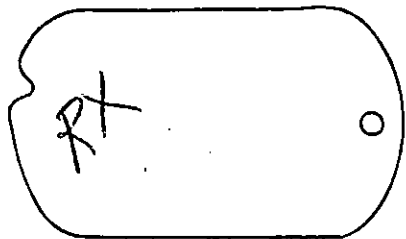
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

8 Dec. 45

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>U N K N O W N -X- 181 (Cem. Manila #2)</b> <b>(Formerly Unknown Stotsenberg Cem.)</b>		SERIAL NO.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Ft. Stotsenberg, Luzon, P. I.</b>	CAUSE OF DEATH	DATE OF DEATH
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EMERGENCY ADDRESSEE (Name, relationship, and address)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
  
**None**

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
  
**USAF Cemetery Manila #2, Luzon, P. I.**

DATE OF BURIAL <b>28 Nov. 45</b>	HOUR <b>1100</b>	BURIED IN (Shroud, blanket, or name of other) <b>Shelter Half</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>2</b>	ROW No. <b>4</b>	GRAVE No. <b>459</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Ft. Stotsenberg Cemetery, Luzon, P. I.</b>			
	<table border="1"> <tr> <td>PLOT No. <b>C</b></td> <td>ROW No. <b>9</b></td> <td>GRAVE No. <b>4</b></td> </tr> </table>	PLOT No. <b>C</b>	ROW No. <b>9</b>	GRAVE No. <b>4</b>
PLOT No. <b>C</b>	ROW No. <b>9</b>	GRAVE No. <b>4</b>		

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN- X - 180 (Cem. Manila #2)</b> <b>(Formerly Unknown - X - Stotsenberg Cem.)</b>	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. <b>458</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN -X- 182 (Cem. Manila #2)</b> <b>(Formerly Unknown - Stotsenberg Cem.)</b>	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. <b>460</b>
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SIGNATURE OF PERSON PREPARING REPORT <b>R. C. BARRETT, T/4 GRS.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>D. L. ARMSTRONG, Capt. QMC.</b>
--	---

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

*Incl 23'*

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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**01 JAN 1946**

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER


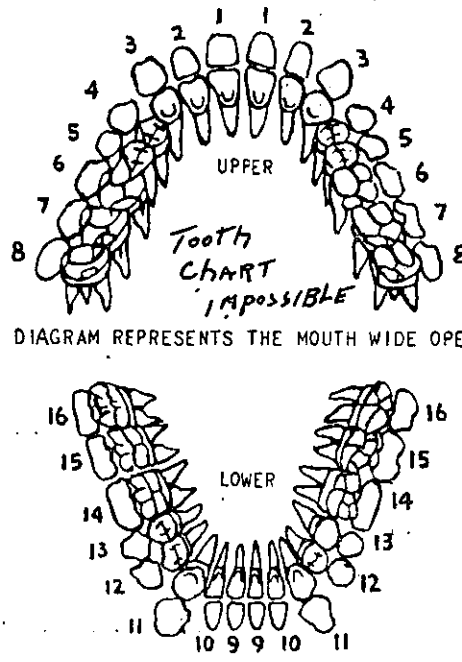




RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

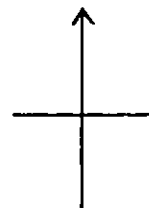
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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



REMARKS:

**Disc. #39 found on body.**