

OMCMT 293  
GRS Far East

1 February 1950

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-168, | AGRS Maus Manila, formerly X-3970,   | USAF Cem Manila #2 |
| " X-839,       | " " " " X-357,                       | " " " "            |
| " X-840,       | " " " " X-358,                       | " " " "            |
| " X-805,       | " " " " X-320,                       | " " " "            |
| " X-443,       | " " " " X-296,                       | " " " "            |
| " X-435,       | " " " " X-288,                       | " " " "            |
| " X-418,       | " " " " X-270,                       | " " " "            |
| " X-416,       | " " " " X-268,                       | " " " "            |
| " X-680,       | " " " " X-194,                       | " " " "            |
| " X-677,       | " " " " X-191,                       | " " " "            |
| " X-615,       | " " " " X-126,                       | " " " "            |
| " X-616,       | " " " " X-127,                       | " " " "            |
| " X-605,       | " " " " X-118,                       | " " " "            |
| " X-364,       | " " " " X-42,                        | " " " "            |
| " X-3630,      | " " " " X-3676,                      | " " " "            |
| " X-3183,      | " " " " X-1020,                      | " " " "            |
| " X-4159,      | USAF Cem Manila #2, formerly Oleris, | AGRS Maus Manila   |
| " X-4157,      | " " " " " Gunn, A. H.,               | AGRS Maus Manila   |

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

FOR THE QUARTERMASTER GENERAL:

RMB

TBC

cc: AdmSection

A. C. King:dal  
L. M. White  
J. Windsor

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

Cpy furnished: CINCPAC, APO 500

*File  
15 Aug 50  
A. C. King  
Sarcophagus*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900  
11 January 1950

GRPZ 293

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 QMGMU 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-168 | AGRS | Mslm | UNKNOWN X-616 | AGRS | Mslm |
|---------------|------|------|---------------|------|------|
| " X-289       | "    | "    | " X-677       | "    | "    |
| " X-364       | "    | "    | " X-680       | "    | "    |
| " X-416       | "    | "    | " X-805       | "    | "    |
| " X-418       | "    | "    | " X-839       | "    | "    |
| " X-435       | "    | "    | " X-840       | "    | "    |
| " X-443       | "    | "    | " X-2371      | "    | "    |
| " X-605       | "    | "    | " X-2372      | "    | "    |
| " X-615       | "    | "    |               |      |      |

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

FOR THE ~~QUARTER~~ COMMANDING OFFICER:

17 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

RECEIVED JAN 20 1950

/dvw/drs  
1

Interred 9 February 1950  
D. 14 5 Ft. McKinley

### DISINTERMENT DIRECTIVE

*Caremark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00121

DATE  
15 06 48  
DAY MONTH YEAR

|                                  |                         |       |                    |                |
|----------------------------------|-------------------------|-------|--------------------|----------------|
| NAME                             | SERIAL NUMBER           | RANK  | ARM                | DATE OF DEATH  |
|                                  | <u>UNKNOWN X-000268</u> |       | 0                  |                |
| CEMETERY                         | DISPOSITION OF REMAINS  |       |                    |                |
| <u>USAF CEMETERY MANILA NO 2</u> | 7701 80                 |       |                    |                |
| PLOT                             | ROW                     | GRAVE | COUNTRY            | CAUSE OF DEATH |
| 2                                | 10                      | 1292  | PHILIPPINE ISLANDS | 6              |

#### SECTION B - CONSIGNEE AND NEXT OF KIN

|   |   |
|---|---|
| NAME AND ADDRESS OF CONSIGNEE<br>FT. MC KINLEY CEMETERY<br>MANILA, PHILIPPINE ISLANDS | NAME AND ADDRESS OF NEXT OF KIN<br><br>(BY ADMINISTRATIVE DECISION) |
|---|---|

#### SECTION C - DISINTERMENT AND IDENTIFICATION

|   |                         |          |   |                   |
|---|-------------------------|----------|---|-------------------|
| NAME  | SERIAL NUMBER           | RANK     | DATE OF DEATH   | DATE DISTINTERRED |
| UNKNOWN X-268<br>UNKNOWN X-416 (MAUS)   |                         |          |   | 21 Sept 1948      |
| IDENTIFICATION TAG ON<br><input checked="" type="checkbox"/> REMAINS<br><input type="checkbox"/> MARKER | ORGANIZATION<br>UNKNOWN | RELIGION | IDENTIFICATION VERIFIED BY<br>PERRY E. WHITE<br>Embalmer NAME AND TITLE |                   |

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

|                                  |                                  |
|----------------------------------|----------------------------------|
| NATURE OF BURIAL<br>SHELTER HALF | CONDITION OF REMAINS<br>SKELETAL |
|----------------------------------|----------------------------------|

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1  
Two Identification tags read MAUS UNKNOWN X-416

REMAINS PREPARED AND PLACED IN CASKET  
DATE 21 Sept 1948 BY PERRY E. WHITE

CASKET SEALED BY PERRY E. WHITE  
EMBALMER (Signature) *Perry E. White*  
PERRY E. WHITE

CASKET BOXED AND MARKED  
DATE 21 Sept 48 BY HORACE L. ALLISON, Sgt, INF  
SHIPPING ADDRESS VERIFIED BY TEOFILO M. AMUTAN, 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.

*Teofilo M. Amutan*  
TEOFILO M. AMUTAN, 1st Lt, INF  
SIGNATURE OF GRS INSPECTOR

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

28 FEB 1948  
BRANCH

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

|                                    |      |  |                           |
|------------------------------------|------|--|---------------------------|
| FROM<br><b>AGRS MAUSOLEUM</b>      |      | TO<br><b>FORT MCKINLEY MILITARY CEMETERY</b> |                           |
| KIND OF CONVEYANCE<br><b>TRUCK</b> |      | NAME OF CONVOYER                             |                           |
| SIGNATURE OF SHIPPER               | DATE | SIGNATURE OF RECEIVER<br><i>Car...mark</i>   | DATE<br><b>FEB 9 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<br><i>UNK...</i> | DATE | SIGNATURE OF RECEIVER | DATE |

## 5. SHIPPED

|   |      |  |      |
|---|------|--|------|
| FROM  |      | TO   |      |
| KIND OF CONVEYANCE                              |      | NAME OF CONVOYER   |      |
| SIGNATURE OF SHIPPER<br><i>SHITIBYHE 18VVD2</i> | DATE | SIGNATURE OF RECEIVER<br><i>FOR VERNING CIVILAF DECISION</i> | DATE |

## 6. SHIPPED

|  |      |   |      |
|--|------|---|------|
| FROM<br><i>S TO TSAS SHITIBYHE</i>           |      | TO<br><i>18VVD2</i>                     |      |
| KIND OF CONVEYANCE                           |      | NAME OF CONVOYER                        |      |
| SIGNATURE OF SHIPPER<br><i>WELLSX WVA...</i> | DATE | SIGNATURE OF RECEIVER<br><i>O. S...</i> | DATE |

*UNK... SHIPPED DOCK...*

|                      |      |                                     |      |
|----------------------|------|-------------------------------------|------|
| FROM                 |      | TO                                  |      |
| KIND OF CONVEYANCE   |      | NAME OF CONVOYER<br><i>CONST...</i> |      |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER               | DATE |

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

9 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-268, Plot 2,  
Row 10, Grave 1292, 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:

  
E. McNEMAR  
Captain, OMC  
Chief, Records Branch

Atch: Form 1044

Received 20 Jan 1950 OMCB  
Not identifiable from  
information presently  
available

1 Feb. 1950  
A. C. King 1P. O.

See 1'

**IDENTIFICATION DATA**

|  |   |
|--|---|
| 1. REMAINS OF UNKNOWN<br><b>X-416 (Formerly X-268, USAF Com Manila #2)</b> | 2. DATE OF REPORT<br><b>10 Jan 1950</b> |
|--|---|

|  |                          |                      |                          |              |             |
|--|--------------------------|----------------------|--------------------------|--------------|-------------|
| 3. NAME OF CEMETERY<br><b>AGRS Mausoleum, Manila, P.I.</b> | 4. PLOT<br><b>HANGAR</b> | 5. ROW<br><b>BAY</b> | 6. GRAVE<br><b>CRYPT</b> | 7. DATE OF   |             |
|  | <b>801</b>               | <b>F</b>             | <b>1594</b>              | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

|                                     |                                     |                                   |                            |
|-------------------------------------|-------------------------------------|-----------------------------------|----------------------------|
| 8. ESTIMATED WEIGHT<br><b>U T D</b> | 9. ESTIMATED HEIGHT<br><b>5' 7"</b> | 10. COLOR OF HAIR<br><b>U T D</b> | 11. RACE<br><b>Unknown</b> |
|-------------------------------------|-------------------------------------|-----------------------------------|----------------------------|

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

|  |                 |
|--|-----------------|
| 15. WAS BODY MANGLED?<br><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**

"CONFIDENTIAL"  
"BY REASON OF LACK OF IDENTIFICATION FACILITIES"

*72:08 12*

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



| RIGHT          |          |          |          |          |    |          |          | LEFT           |          |    |          |          |          |          |          |
|----------------|----------|----------|----------|----------|----|----------|----------|----------------|----------|----|----------|----------|----------|----------|----------|
| 8              | 7        | 6        | 5        | 4        | 3  | 2        | 1        | 1              | 2        | 3  | 4        | 5        | 6        | 7        | 8        |
| <i>Missing</i> |          |          |          |          |    |          |          | <i>Missing</i> |          |    |          |          |          |          |          |
|                |          |          |          |          |    |          |          |                |          |    |          |          |          |          |          |
|                |          |          |          |          |    |          |          |                |          |    |          |          |          |          |          |
|                |          |          |          |          |    |          |          |                |          |    |          |          |          |          |          |
|                |          |          |          |          |    |          |          |                |          |    |          |          |          |          |          |
| <i>X</i>       | <i>R</i> | <i>X</i> | <i>R</i> | <i>X</i> |    | <i>X</i> | <i>R</i> | <i>R</i>       | <i>P</i> |    | <i>R</i> | <i>R</i> | <i>P</i> | <i>R</i> | <i>X</i> |
| 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."

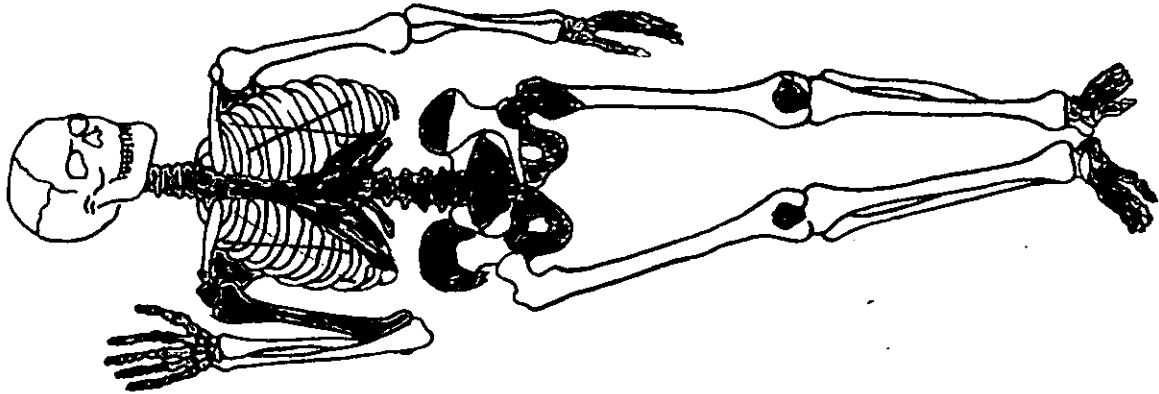
R-11 carious.

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

*Incl 13*

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 I.D. tags, burial bottle, personal effects, or other means of identification found with remains.

Estimated weight of remains - 5 lbs.

RECEIVED  
NEW YORK  
MAY 15 1947

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

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

SIGNATURE

*Paul R. Nichols*



PLACE OR NO WHERE IN THE BOX ACCOMPLISHED DATE

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-416 (Formerly UNK X-268,  
USAF Gen Manila #2, Luzon, P.I.)

Unknown 13 Oct 47  
Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown UNIT Unknown ORGANIZATION  
AGRS Mausoleum, ORGANIZATION  
Manila, P.I. 801 F 1594  
Unknown PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.  
STORAGE RANGER BAY CRYPT

UTD ext. RIGHT UPPER TEETH LEFT UTD  
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

|          |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |          |
|----------|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| TYPE     |  |  | X | X |  |  |  |  |  |  |  |  |  |  |  |  | TYPE     |
| LOCATION |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  | LOCATION |

RIGHT 12 13 FEEL

INSIDE - LOOKING OUT

|          |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |          |
|----------|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| TYPE     | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | TYPE     |
| LOCATION |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | LOCATION |

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

|   |  |  |
|---|--|--|
| <p>SYMBOLS IN WHOLE BOX</p> <p><b>X</b> EXTRACTED</p> <p><b>O</b> CAVITY INDICATE LOCATION</p> <p><b>[ ]</b> FIXED BRIDGE (W/ ABUTMENTS)</p> <p><b>[ ]</b> TEETH REPLACED BY DENTURE</p> <p><b>[ ]</b> POSTHUMOUSLY MISSING (AFTER DEATH)</p> | <p>TYPE OF FILLING</p> <p><b>A</b> AMALGAM</p> <p><b>G</b> GEMMA</p> <p><b>S</b> SILICATE OR PORCELAIN</p> <p><b>O</b> OXYPHOSPHATE (CEMENT)</p> | <p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p><b>m</b> MESIAL (BETWEEN-TOWARD FRONT)</p> <p><b>D</b> DISTAL (BETWEEN-TOWARD BACK)</p> <p><b>L</b> LINGUAL (TOWARD TONGUE)</p> <p><b>F</b> FACIAL (TOWARD CHEEK)</p> |
|---|--|--|

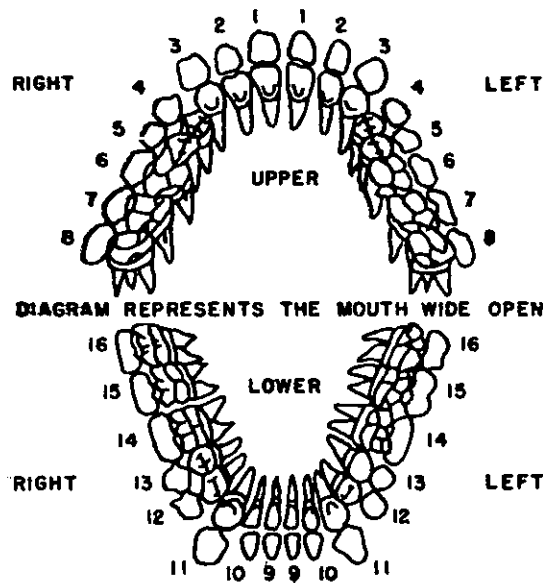
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:** Unable to determine, R 7, R 8, L 5, L 6, L 7, L 8 whether extracted or posthumously missing due to decay and lose of bone.

/s/ Edwin Gregurek  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Felix Glass  
VERIFIED BY GRS OFFICER

/p/ EDWIN GREGUREK  
NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

CIP, Lab. Manila, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 Oct 47  
DATE

A CERTIFIED TRUE COPY:

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



Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \* Shoes ..... (type) .....  
 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: Skeleton only - Skeletal Chart attached.

Age ..... Est. Height 5'7" Weight Est 140 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  
 T

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

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)      **skull**  
 Circumference of ~~head~~ in inches ..... **19 1/2**  
 (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.

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

If not, explain Due to condition of remains.

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

9. Remarks No burial bottle with ROI found. No personal effects. Nothing found to warrant identification. Estimated weight of remains 5 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)

13 Oct 47

A CERTIFIED TRUE COPY:

*George T Gamboa*

GEORGE T GAMBOA

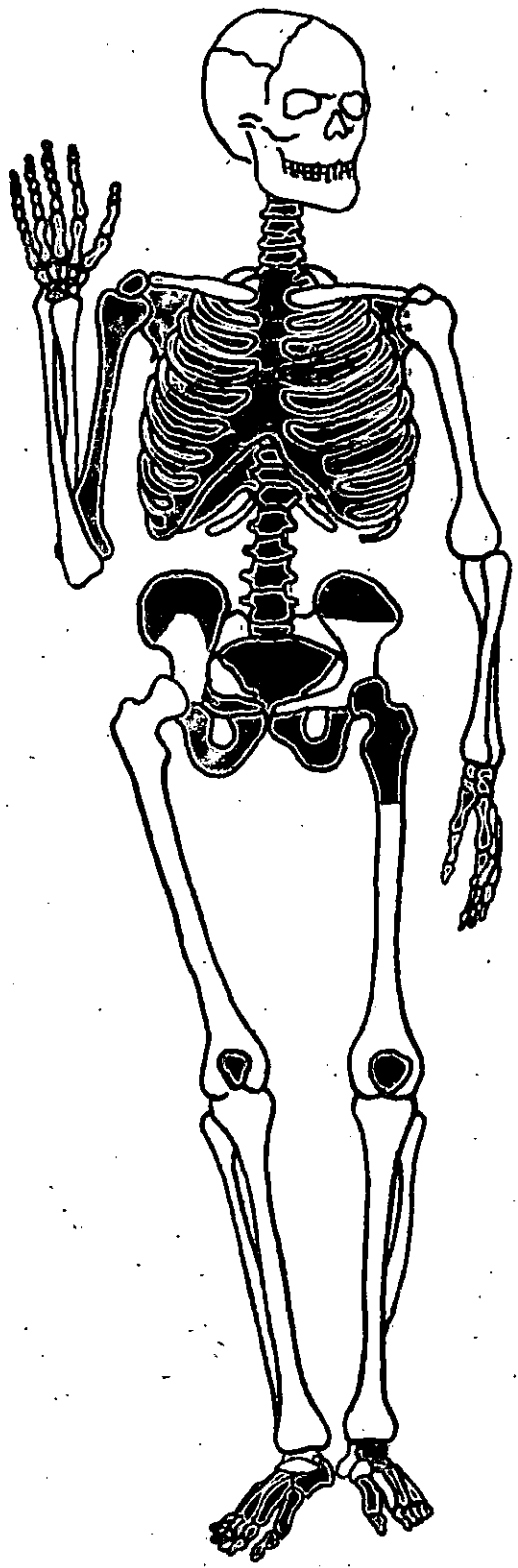
2d Lt

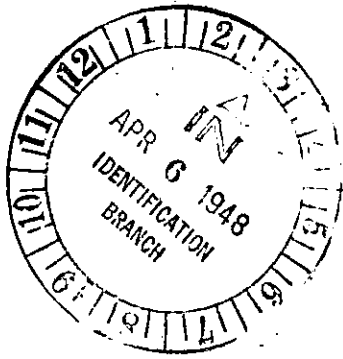
QMC

X-416

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)







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

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

DATE OF REPORT

15 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-416 (Formerly UNK X-268, 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

Unknown

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<br>STORAGE<br>14 Oct 47 | HOUR<br>1500 | BURIED IN (Shroud, blanket, or name of other)<br>STORED<br>Casket | TYPE OF GRAVE<br>MARKER<br>None | PLOT No.<br>HANGER<br>801 | ROW No.<br>BAY<br>F | GRAVE No.<br>CRYPT<br>1594 |
|--|--------------|---|---------------------------------|---------------------------|---------------------|----------------------------|

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.<br>2 | ROW No.<br>10 | GRAVE No.<br>1292 |
|---------------|---------------|-------------------|

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-421

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1596

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  
STORED  
UNKNOWN X-761

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1592

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOPIO, Jr, 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.

9. 2568

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


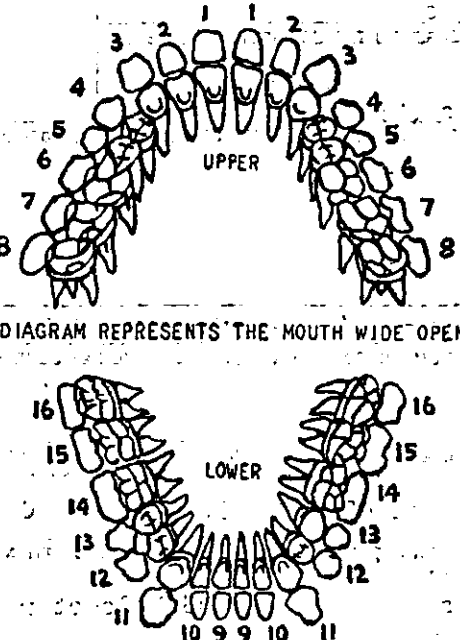




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

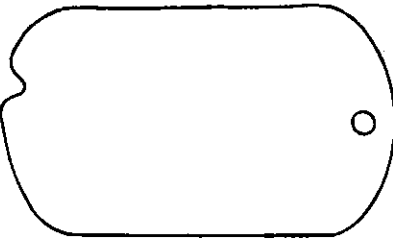
Identification Check List and Dental Chart accomplished.

24 NOV 1947

RESTRICTED

U- 921

|   |                                   |
|---|-----------------------------------|
| WD QMC FORM 1042<br>(Rev. 1 Apr. 1945)<br>(Supersedes GRS Form 1) | DATE OF REPORT<br>11 January 1946 |
| <b>REPORT OF INTERMENT</b><br>(AR 30-1810 and AR 30-1815)         |                                   |

|  |  |              |  |
|--|--|--------------|--|
| Imprint Identification Tag If Possible.<br>DO NOT TYPE<br> | Section 1.—IDENTIFICATION.<br>NAME (Last, first, middle initial)<br>UNKNOWN X_ 268 |              |  |
|  | SERIAL NO.   |              |  |
|  | GRADE  | ORGANIZATION | BRANCH OF SERVICE                              |
|  | RACE   | RELIGION     | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

|                |                |               |
|----------------|----------------|---------------|
| PLACE OF DEATH | CAUSE OF DEATH | DATE OF DEATH |
|----------------|----------------|---------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)

|  |  |
|--|--|
| IDENTIFICATION TAGS FOUND ON BODY<br>(1, 2, or none)<br>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)<br>Yes (2)        |  |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 595

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 | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 19 Dec. 1945   | 0800 | shelter half                                  | Cross                | 2        | 10      | 1292      |


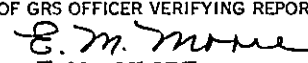
|  |   |               |              |                |
|--|---|---------------|--------------|----------------|
| WAS THIS A REBURIAL?<br>(Yes or no)<br>Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br>USAF cemetery Ft. McKinley Luzon, P.I. | PLOT No.<br>B | ROW No.<br>4 | GRAVE No.<br>2 |
|--|---|---------------|--------------|----------------|

|                            |                                |   |
|----------------------------|--------------------------------|---|
| 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) |
|---|---|

|  |      |            |              |                   |
|--|------|------------|--------------|-------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)<br>UNKNOWN X_ 270 | RANK | SERIAL NO. | ORGANIZATION | GRAVE No.<br>1291 |
|--|------|------------|--------------|-------------------|

|   |      |            |              |                   |
|---|------|------------|--------------|-------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br>UNKNOWN X_ 269 | RANK | SERIAL NO. | ORGANIZATION | GRAVE No.<br>1293 |
|---|------|------------|--------------|-------------------|

|  |  |
|--|--|
| SIGNATURE OF PERSON PREPARING REPORT<br><br>R.C. BARRETT, 7/4 GRS | SIGNATURE OF GRS OFFICER VERIFYING REPORT<br><br>E.M. MOORE 1st. Lt., QMC. |
|--|--|

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.

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