

QUART 293
GCS Far East

10 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGCS, PHILIPPINE COM

1. Reference is made to findings of unidentifiability for the following unknown deceased:

Unknown	X-443,	AGCS	Navalcom Manila,	Formerly	X-4280,	USAF	Com.,	Manila #2
"	X-1406,	"	"	"	"	X-3977,	"	"
"	X-1133,	"	"	"	"	X-3790,	"	"
"	X-1132,	"	"	"	"	X-3789,	"	"
"	X-1215,	"	"	"	"	X-3749,	"	"
"	X-1731,	"	"	"	"	X-3342,	"	"
"	X-1898,	"	"	"	"	X-3261,	"	"
"	X-2047,	"	"	"	"	X-3200,	"	"
"	X-2417,	"	"	"	"	X-3129,	"	"
"	X-3151,	"	"	"	"	X-3028,	"	"
"	X-301,	"	"	"	"	X-3016,	"	"
"	X-716,	"	"	"	"	X-292,	"	"
"	X-683,	"	"	"	"	X-197,	"	"
"	X-652,	"	"	"	"	X-165,	"	"
"	X-4661,	"	"	"	"	X-1272,	"	"
"	X-317,	"	"	"	"	X-932,	"	"
"	X-308,	"	"	"	"	X-896,	"	"
"	X-799,	"	"	"	"	X-814,	"	"
"	X-445,	"	"	"	"	X-809,	"	"
"	X-429,	"	"	"	"	X-801,	"	"
"	X-415,	"	"	"	"	X-805,	"	"
"	X-655,	"	"	"	"	X-160,	"	"

2. Recommendations for unidentifiability have been approved by this office. Request your records be searched accordingly.

FOR THE ACTING THE QUARTERMASTER GENERAL:

REB

cc: Adm Section

T. Sanborn dal
L. M. White
J. Windsor

T. H. BERT
Lt. Colonel, GSC
Memorial Division

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSCR 293.9

AFO 707

SUBJECT: Unidentifiable Remains

25 JUL 1949

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 QMSMU 293, GRS (Mar 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-415	AGRS	Malm	UNKNOWN X-617	AGRS	Malm
" X-429	AGRS	Malm	" X-838	AGRS	Malm
" X-446	AGRS	Malm	" X-3679	AGRS	Malm
" X-655	AGRS	Malm	" X-4661	AGRS	Malm
" X-799	AGRS	Malm			

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

FOR THE COMMANDING GENERAL:

9 Incls
QIC Forms 1044 w/certificates
of Unidentifiability

/s/ John M. Weston, Jr.
JOHN M. WESTON JR
1st Lt ACD
Asst. Adj. Gen

aab/

1	/drs		Interred, 27 July 1948 N 5 47 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE					
	Cemetery Superintendent SECTION A -		NAME AND BURIAL LOCATION OF DECEASED					DIRECTIVE NUMBER 7747 00131		DATE 15 06 48 DAY MONTH YEAR
NAME			SERIAL NUMBER UNKNOWNX-000281		RANK		ARM 0		DATE OF DEATH	
CEMETERY USAF CEMETERY MANILA NO 2							DISPOSITION OF REMAINS 0 7701 80 CODE DIST. PT.		CAUSE OF DEATH 6	
PLOT		ROW		GRAVE		COUNTRY				
2		11		1311		PHILIPPINE ISLANDS				

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNK X-281 UNK X-429 (Maus)		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISINTERRED 22 Sept 1948	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION UNKNOWN			RELIGION		IDENTIFICATION VERIFIED BY FORREST G. BRADEN Embalmer NAME AND TITLE		

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half		CONDITION OF REMAINS Skeletal	
OTHER MEANS OF IDENTIFICATION			

MINOR DISCREPANCIES

2 (Maus) tags show - UNK X-429

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 1948		BY FORREST G. BRADEN	
CASKET SEALED BY FORREST G. BRADEN		EMBALMER (Signature) <i>Forrest G. Braden</i> FORREST G. BRADEN	
CASKET BOXED AND MARKED DATE 22 Sept 48		SHIPPING ADDRESS VERIFIED BY HONORIO V. AURELIO, 1st Lt., Inf.	
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.

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

16 AUG 1949

REPATRIATION
BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE 27 JUL 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER BHTIBYNE ISLANDS ET MC KINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER SUBALIVE DECISION	DATE

6. SHIPPED

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

RECORDED & SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

8 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-281, Plot 2, Row 11, Grave 1311, USMC USAF Cem. Manila #2 have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

H. B. McNemar
H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 4/8/49 OOQG
Not identifiable from
information presently
available

5/8/49

Sanborn, T.

5/8/49

Incl. #2'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-429 (Formerly UNK X-281 Manila #2)			2. DATE OF REPORT 18 July 1949		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT
	812	A	9		

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED? <input 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"

Incl. # 2

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

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
⊗	⊗			⊗	⊗	⊗	⊗	←	MAXILLA - MISSING								→
Side Views								Side Views									
Top Views								UPPER									
Top Views								LOWER									
Side Views								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."

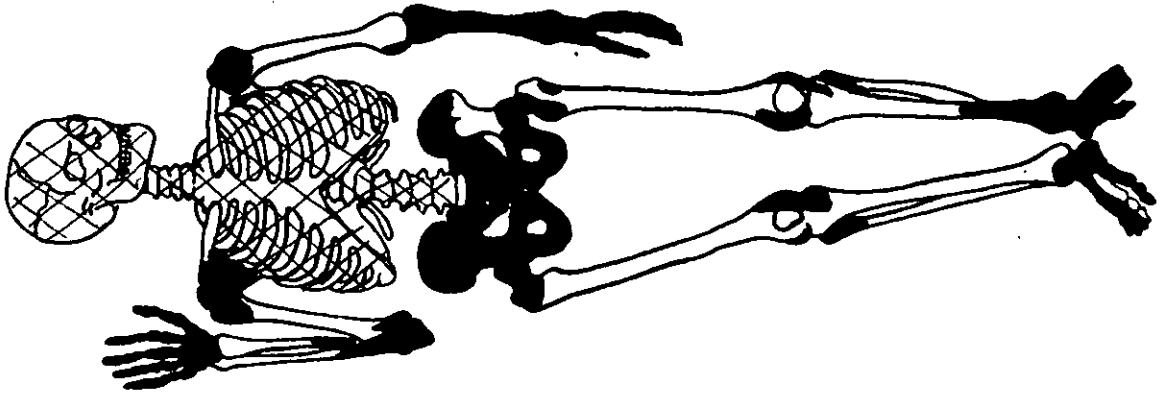
Maxilla and maxillary teeth from I1 - I8 are missing.

"UNIDENTIFIABLE"

J. J. McDermott
J. J. McDERMOTT
 Laboratory Officer, CIP

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'5"

20.

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

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

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

Estimated weight of remains - 6½ 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

JAMES J. McDERLOTT
Laboratory Officer, CIP

SIGNATURE

X-429

IDENTIFICATION DENTAL CHART

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

13 Oct 47

DATE

UNKNOWN X-429 (Formerly UNK X-281
USAF Cemetery Manila #2, Luzon P.I.)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum

ORGANIZATION

Unknown

Manila P.I.

812

A

9

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER

BAY

CRYPT

Missing

Missing

RIGHT UPPER TEETH								LEFT UPPER TEETH							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	X			X	X	X	X								
TYPE															
LOCATION															

INSIDE — LOOKING OUT

RIGHT LOWER TEETH								LEFT LOWER TEETH							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
							X	X							
TYPE															
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		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

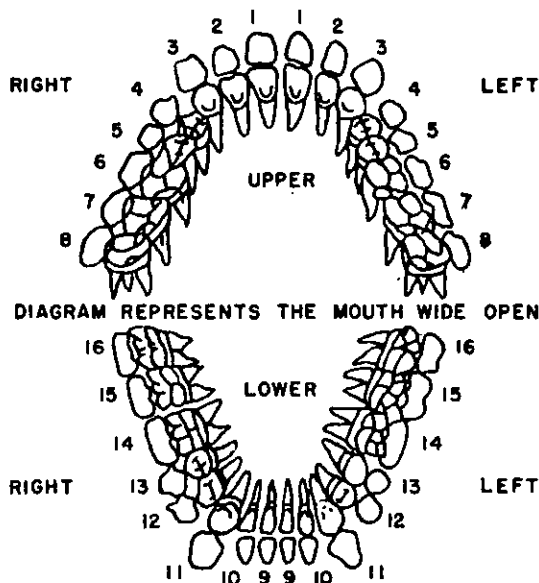
INSTRUCTIONS:

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:

Maxilla missing from L-1 through L-8. Also missing is the bone from R-7 through R-8.

Mandible & teeth are in fair condition.

s/ Troy H. Ellis
SIGNATURE OF PERSON WHO PREPARED CHART

s/ John H. Barr D-234444
VERIFIED BY GRS OFFICER

p/ TROY H. ELLIS T/5
NAME AND RANK TYPED OR PRINTED

p/ JOHN H. BARR - SP-8
NAME AND RANK TYPED OR PRINTED

CIP AGRS Maunoleym, Manila PI
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 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-429 (Formerly UNK X-281 USAF)
~~UNKNOWN X~~ (Cemetery Manila #2, Luzon P.I.)
 Cemetery AGRS Mausoleum, Manila P.I.
 HANGER BAY GRYP
 Plot 812 Row A Grave 9

AGRS Mausoleum, Manila P.I.

1. Arrived at cemetery 13 Oct 47
(Hour) (Date)
2. Place of death Unknown
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered~~ or disinterred by C M T #1, QMGR 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	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
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 (type) N

Overshoes O

Web Equipment (type) N

(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: Remains are skeleton only - Chart attached.

Age Height 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 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 Mustache Beard or (Color, setting, shape) (Color, size, shape) (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 See tooth chart, (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 D

Fingers (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 (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 ID tags, personal effects, nor other means of identification to justify information. ROI in bottle found with remains and ROI statement enclosed. Other means of information found in the remarks of the original ROI which is enclosed is: Body buried found with bottle but contents completely destroyed. Estimated height of deceased 5' 5".

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/ John H. Barr D-234444

(Officer's Name)

SP - 8 AGRS

Rank

Service

CIP, AGRS Mausoleum, Manila P.I.

(Organization)

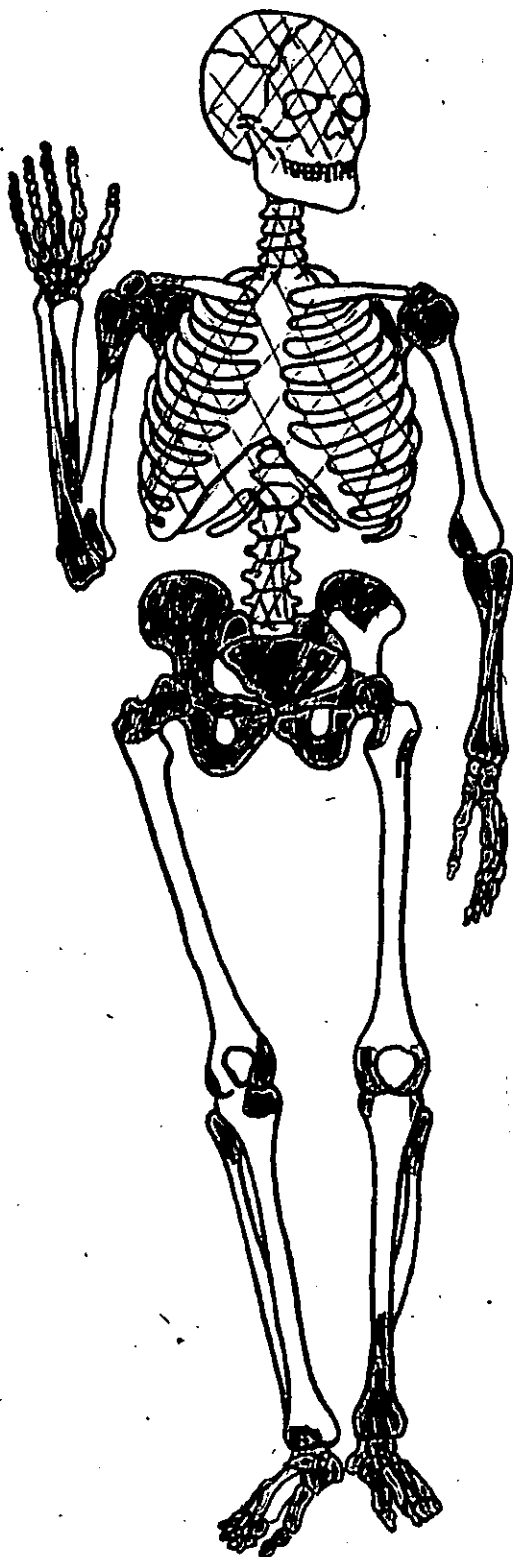
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-429

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



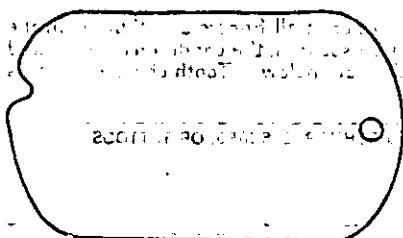
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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-429 (Formerly UNK X-281)
USAF Cemetery 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 STORAGE 14 Oct 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 812	ROW No. BAY A	GRAVE No. CRYPT 9
--	--------------	---	---------------------------------	---------------------------	---------------------	-------------------------

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. 11	GRAVE No. 1311
---	--	---------------	---------------	-------------------

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-440	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 11
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-435	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 7

SIGNATURE OF PERSON PREPARING REPORT Wm R. GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO 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.

File 589

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


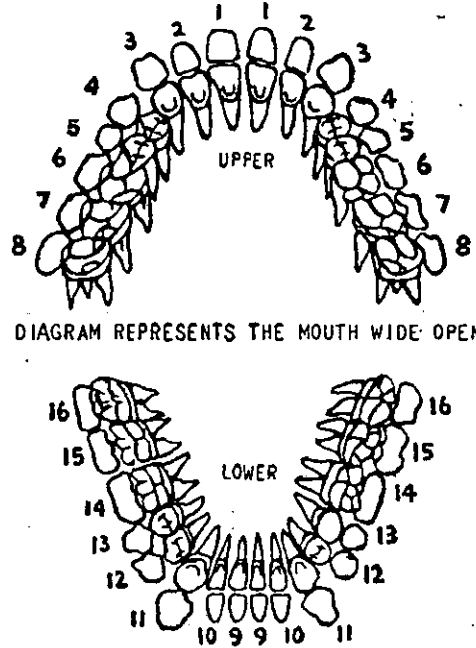




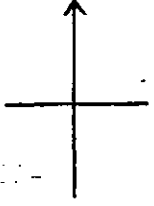
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>					 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>				
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>									
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>									
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>									
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>									
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>									

REMARKS:

Identification Check List and Dental Chart accomplished.

24 NOV 1947

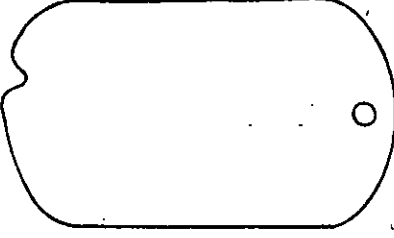
IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL-DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE

U. S. DEPT. OF JUSTICE

WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 14 Jan. 46
---	---	------------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN -X- 281 (Cem. Manila #2)	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 (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

USAF Cemetery Manila #2, Luzon, P. I.

DATE OF BURIAL 19 Dec. 45	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 11	GRAVE No. 1311
------------------------------	--------------	---	-------------------------------	---------------	---------------	-------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Ft. Wm. McKinley, Luzon, P. I.	PLOT No. F	ROW No. 3	GRAVE No. 10
--	---	---------------	--------------	-----------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
----------------------------	--------------------------------	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN -X- 280 (Cem. Manila #2)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 1310
--	------	------------	--------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) DAMPITAN, Bartolome	RANK	SERIAL NO.	ORGANIZATION US NAVY	GRAVE No. 1312
--	------	------------	-------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, T/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. M. MOORE, 1st Lt. GRC.
--	--

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. 116'


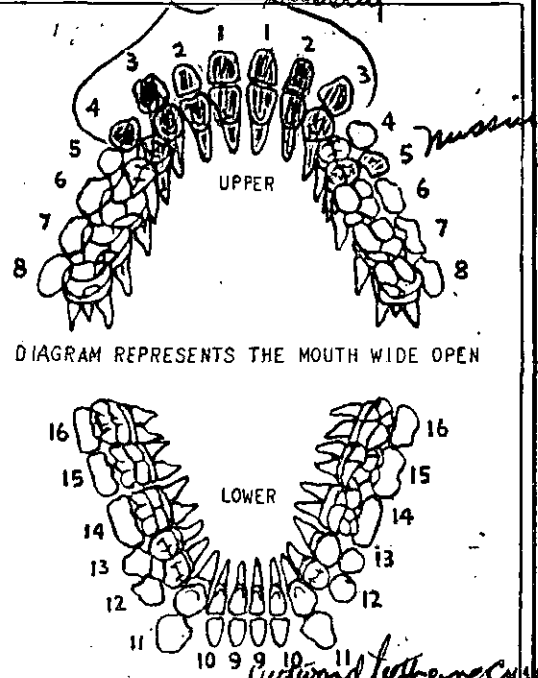




Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

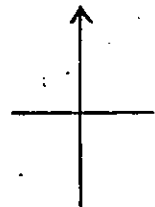
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

LEFT LITTLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT RING FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES				

LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING	 <p align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT THUMB	CAVITIES  CAVITY DECAYED	
RIGHT THUMB	MISSING TEETH  TOOTH MISSING	
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE	
RIGHT RING FINGER		

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



REMARKS:

Bottle found buried with body but contents completely destroyed.

6 FEB 1946