

MGMT 293  
GRS Far East

13 June 1949

74397  
SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 7075 c/o Postmaster  
San Francisco, California

ATTENTION: AGRS, PHILCOM ZONE

2. 1. Reference is made to Findings of Unidentifiability for the following unknown remains:

Unknown X-339	AGRS Mausoleum Manila formerly X-21	Manila #2
Unknown X-359	AGRS Mausoleum Manila formerly X-34	Manila #2
Unknown X-373	AGRS Mausoleum Manila formerly X-78	Manila #2
Unknown X-431	AGRS Mausoleum Manila formerly X-283	Manila #2
<del>Unknown X-713</del>	<del>AGRS Mausoleum Manila formerly X-228</del>	<del>Manila #2</del>
Unknown X-714	AGRS Mausoleum Manila formerly X-229	Manila #2
Unknown X-1124	AGRS Mausoleum Manila formerly X-3767	Manila #2
Unknown X-1125	AGRS Mausoleum Manila formerly X-3768	Manila #2
Unknown X-1617	AGRS Mausoleum Manila formerly X-3495	Manila #2
Unknown X-1701	AGRS Mausoleum Manila formerly X-3409	Manila #2
Unknown X-1929	AGRS Mausoleum Manila formerly X-3263	Manila #2
Unknown X-1937	AGRS Mausoleum Manila formerly X-3325	Manila #2
Unknown X-1972	AGRS Mausoleum Manila formerly X-3266	Manila #2
Unknown X-2389	AGRS Mausoleum Manila formerly X-3109	Manila #2
Unknown X-3629	AGRS Mausoleum Manila formerly X-3675	Manila #2
Unknown X-3629		

2. 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

cc: Adm Section  
T. Sanborn:par  
L.V. Monzel  
J. Windsor

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

6 May 1949

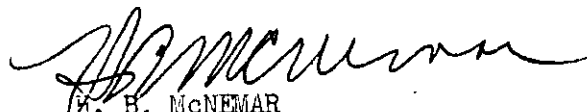
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-283, Plot 2,  
Row 12, Grave 1432, USMC Manila #2, Luzon, P.I. 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:

  
M. B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Attach: Form 1044

Received ..... 5/30/49 ..... QMG  
Not identifiable from  
information presently  
available

6/8/49  
Samborn, T.

Pres #5

NIF

accidentally

not

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE

KIND OF COMPLEYANCE SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER DATE

NAME SERIAL NUMBER GRADE ARM DAY MONTH YEAR RACE RELIGION

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS

KIND OF COMPLEYANCE SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL DATE CONDITION OF REMAINS DATE

KIND OF COMPLEYANCE OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report GMC Form 1194a for major discrepancies.)

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE

KIND OF COMPLEYANCE REMAINS PREPARED AND PLACED IN CASKET

DATE BY EMBALMER (Signature)

CASKET SEALED BY SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE

REMARKS AND SPECIAL INSTRUCTIONS SIGNATURE OF AGRS INSPECTOR

DATE BY

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE

REMARKS AND SPECIAL INSTRUCTIONS SIGNATURE OF AGRS INSPECTOR

DATE BY

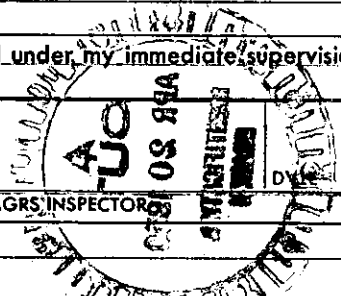
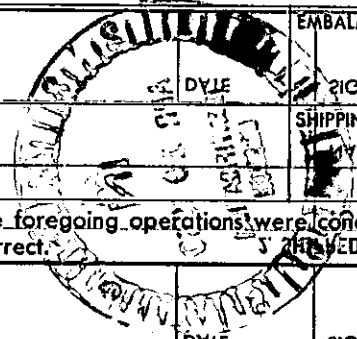
SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER DATE

REMARKS AND SPECIAL INSTRUCTIONS SIGNATURE OF AGRS INSPECTOR

DATE BY

RECORD OF CUSTODIAL TRANSFER

AUG 29 1948



Handwritten signature and date: July 10 1948

Handwritten: #3

NIF

unidentifiable

not located

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SIGNATURE OF SHIPPER DATE SIGNATURE OF RECIPIER DATE

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 7747 80326 DATE 23 05 49 DAY MONTH YEAR

NAME UNKNOWN X - 283 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY MANILA NO. 2, P. I. PLOT 2 ROW 12 GRAVE 1432 DISPOSITION OF REMAINS 7701 DIST. CTR. CODE

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. MCKINLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN (ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

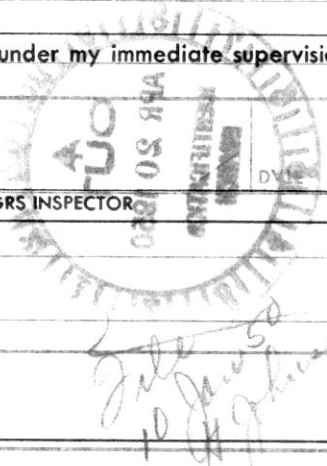
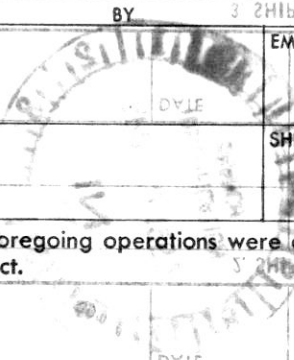
REMAINS PREPARED AND PLACED IN CASKET DATE BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

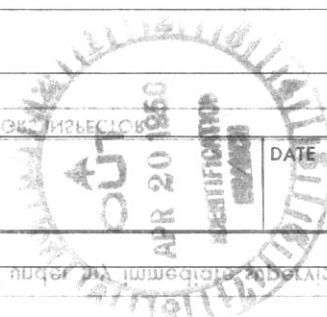
REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

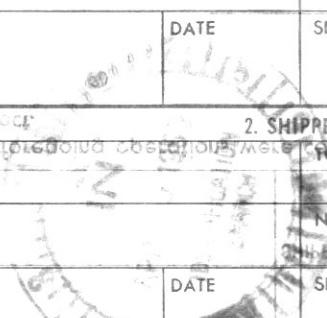


# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

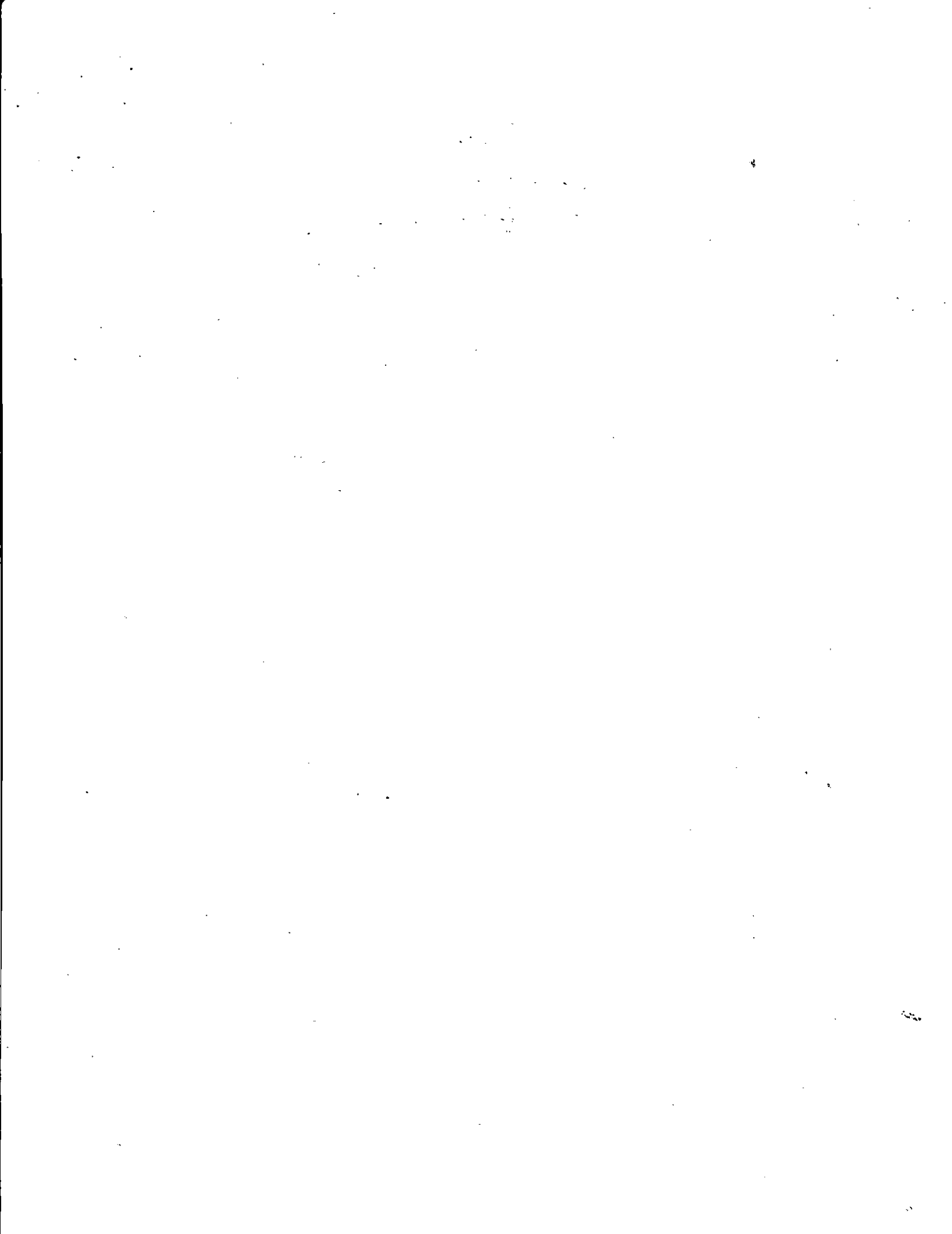
## 6. SHIPPED

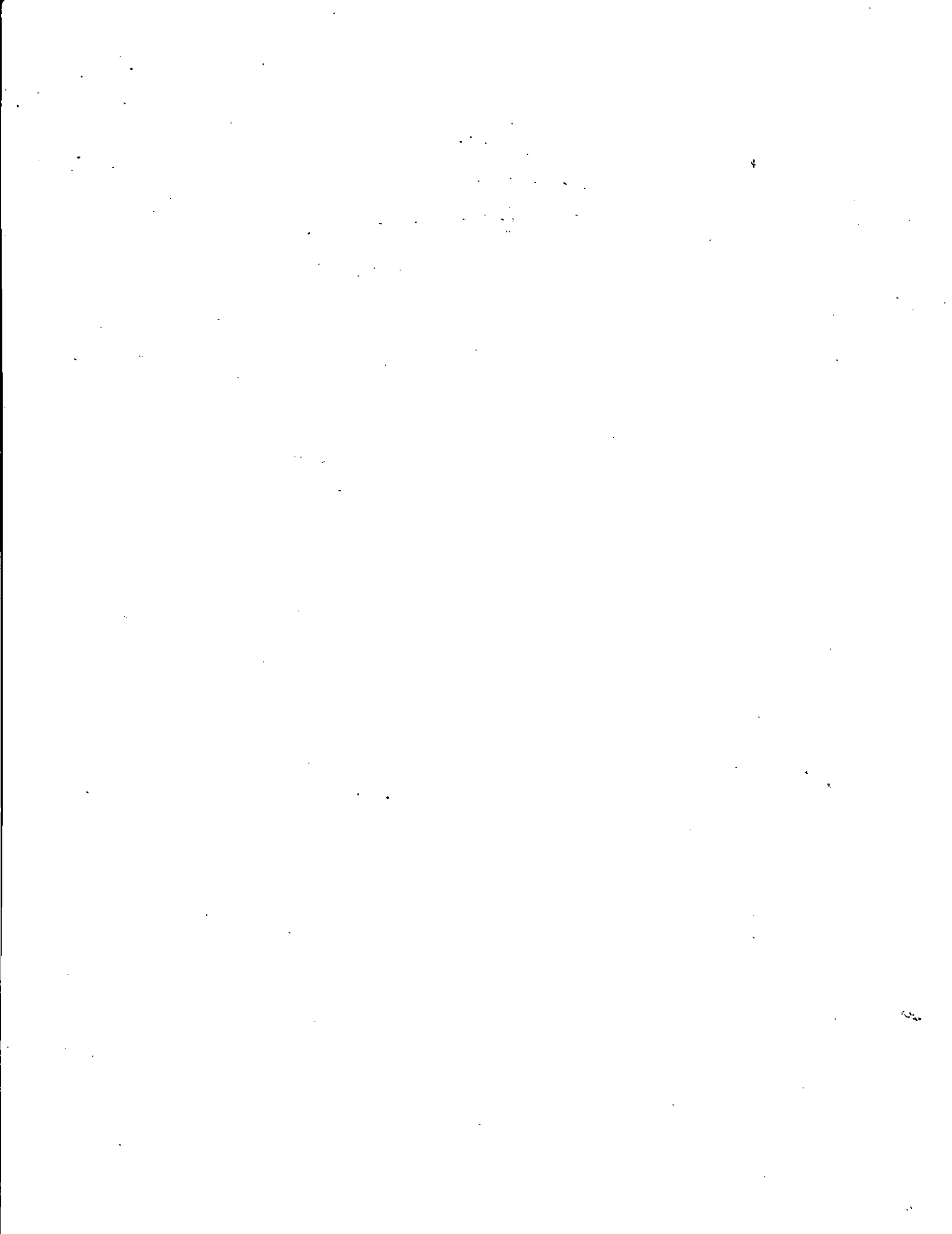
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 7. SHIPPED

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

DISINTEGRATION DIVISION  
PREPARED BY BHIICOW





375

1

Interred 9 June 1949  
D 6 105 Ft. McKinley

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

*Carl R. H. Mark*  
CARL R. H. MARK D-6-105

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 80326

DATE  
23 05 49  
DAY MONTH YEAR

NAME *J-3*  
UNKNOWN X-283

SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY  
USAF CEMETERY MANILA NO. 2, P. I.

PLOT ROW GRAVE DISPOSITION OF REMAINS  
2 12 1432 7701 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
UNITED STATES MILITARY CEMETERY  
FT. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN  
(ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
UNKNOWN X-283 9 June 1949

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER  
J. J. McDERMOTT  
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Shelter Half Skeletal

OTHER MEANS OF IDENTIFICATION  
Grave 1432 Row 12 Plot 2

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
Two (2) Maus Tags: UNK X-431 formerly UNK X-283, Manila #2

REMAINS PREPARED AND PLACED IN CASKET

DATE 9 June 1949 BY J. J. McDERMOTT  
CASKET SEALED BY EMBALMER (Signature)  
J. J. McDERMOTT *J. J. Mc Dermott*

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE 9 June 49 BY WEYMAN L McGUIRE, Sgt, MC RICHARD HOYT

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
*Richard Hoyt*  
RICHARD HOYT  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
FILE  
14 JUL 1949  
REPATRIATION  
BRANCH  
MEM. DIV.

*CCS*



## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS Mausoleum</b>		TO <b>U. S. MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>Truck</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Casey R. Mark</i>	DATE <b>9 JUN 1949</b>

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

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

### 5. SHIPPED

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

### 6. SHIPPED

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

### 7. SHIPPED

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

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-431 (Formerly UNK X-283 Manila # 2)</b>				2. DATE OF REPORT <b>6 May '49</b>	
3. NAME OF CEMETERY <b>AGRS B. USOLEUM, MANILA, P. I.</b>		4. PLOT <b>801</b>	5. ROW <b>F</b>	6. GRAVE <b>1602</b>	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>150 lbs.</b>	9. ESTIMATED HEIGHT <b>5' 9"</b>	10. COLOR OF HAIR <b>U. T. D.</b>	11. RACE <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? <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"**

*Anal. # 5-2*

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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	M A X I L L A								M I S S I N G								
Side Views																	Side Views
Top Views																	
	M A N D I B L E								M I S S I N G								
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."

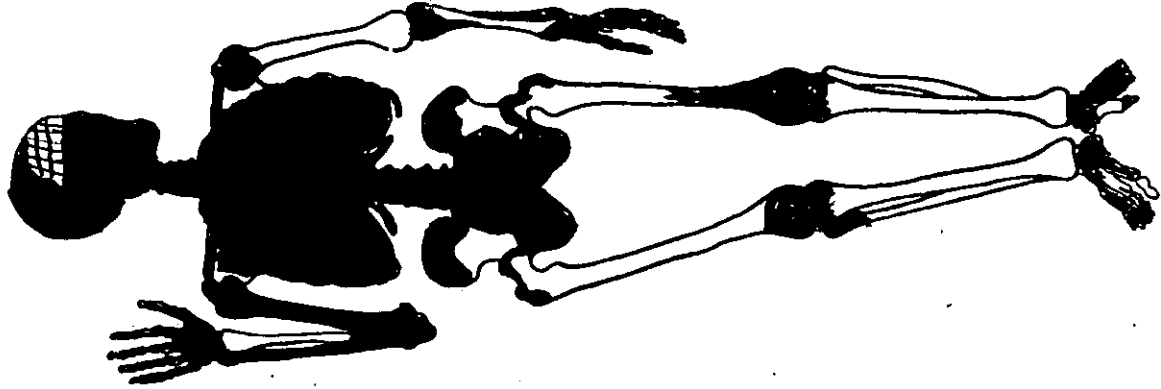
No loose teeth present with remains.

**"UNIDENTIFIABLE"**

*J. J. McDermott*  
 J. J. McDERMOTT

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA Laboratory Officer, CIP

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 \_\_\_\_\_ 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 - 4 lbs.

UNIDENTIFIED REMAINS  
BY REASON OF LACK OF IDENTIFICATION 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. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-431 (Formerly UNK X-283, USAF  
~~Unknown-X~~ Cem Manila #2, Luzon, P.I.)

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 801 <sup>HANGER</sup> Row F5A7 <sup>CRYPH</sup> Grave 1602

CIP, 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 AGRS, C M T #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	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw		N	
Sweater		O	
Jacket, HBT		N	
* Shirt, Wool OD		E	
Undershirt, Wool		/	
Undershirt, Cotton		/	
Trousers, HBT		/	
* Trousers, Wool OD		/	

Belt, web .....

Drawers, wool ..... N

Drawers, cotton ..... O

Leggings, wool ..... N

Socks, cotton ..... E

\* Shoes one (1) pair of shoes (type) Civilian shoes size 7 D

Overshoes .....

Web Equipment (type) ..... N

(Other item) ..... O

(Other item) ..... N

\* 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 .....

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

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

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

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

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

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

Eyes ..... (Color, setting, shape) / 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 ..... **No teeth received**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal) / skull  
 Circumference of head in inches ..... fragments  
 (Flat 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 ..... H  
 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 condition of remains

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

no teeth received.

9. Remarks No ROI found with remains. No personal effects. No means of identification.

Estimated weight of remains four (4) lbs. Skull fragments and no teeth received.

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/ E.F. Moriarty

(Officer's Name)

SP-6

Rank

Service

A G R S

(Organization)

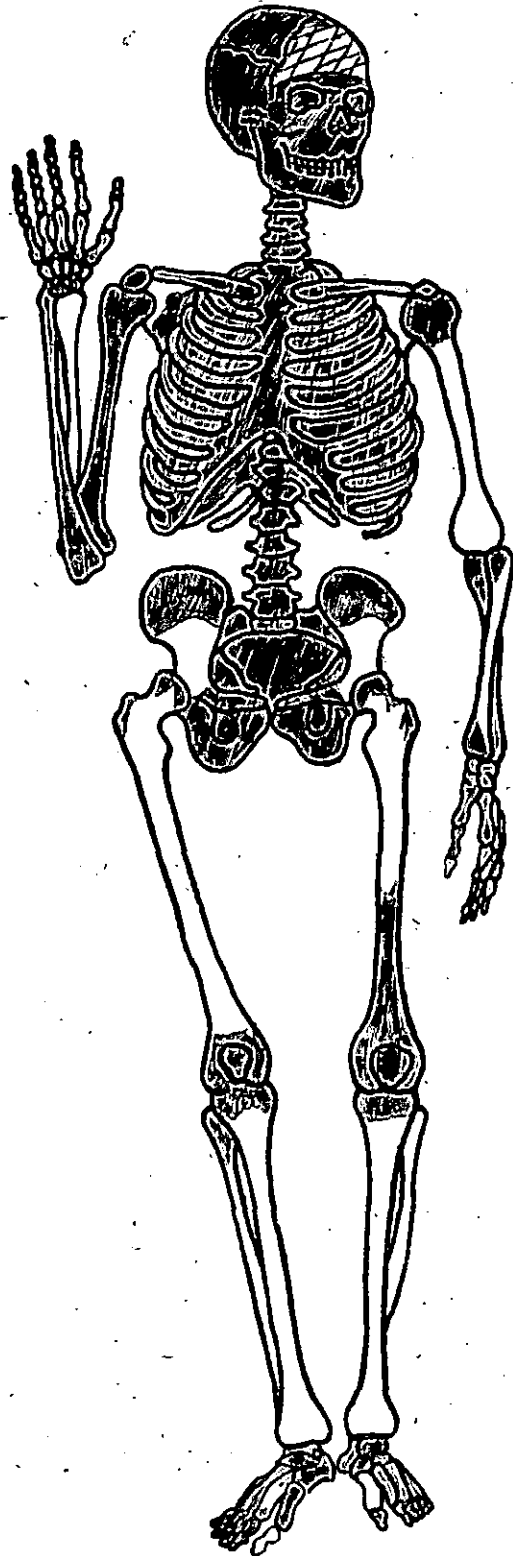
A CERTIFIED TRUE COPY:  
*George T Gamboa*  
GEORGE T GAMBOA  
2d Lt MAC



# SKELETAL CHART

X-431

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



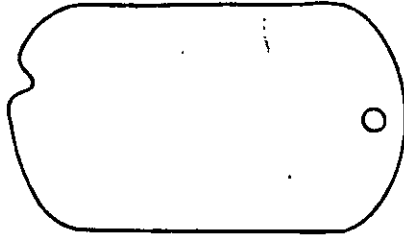
WD GRC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

16 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-431 (Formerly UNK X-283, 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  
STORAGE  
14 Oct 47

HOUR

1500

BURIED IN (Shroud, blanket, or name of other)

STORAGE  
Casket

TYPE OF GRAVE  
MARKER

None

PLOT No.  
DANGER  
801

ROW No.  
BAY  
F

GRAVE No.  
CRYPT  
1602

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.  
12

GRAVE No.  
1432

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)  
STORAGE  
UNKNOWN X-426

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1604

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  
STORAGE  
UNKNOWN X-422

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1600

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOFIO, 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.

Sub 576

**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.


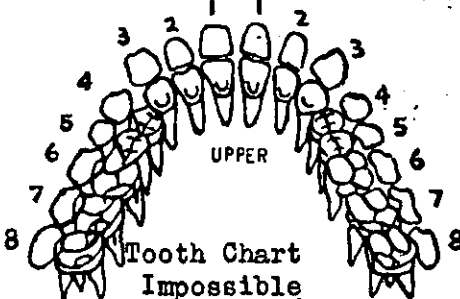
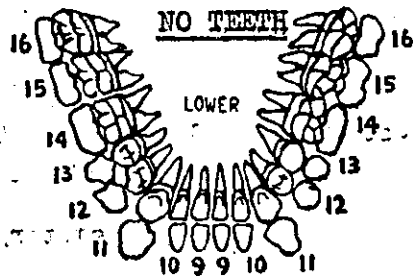




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

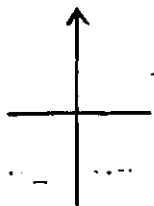
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

One pair of civilian shoes size 7-D was found.

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>TOOTH CHART Impossible</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>NO TEETH</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:**

Identification Check List accomplished.

24 NOV 1947

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

W D QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p style="text-align: center;">16 Jan. 46</p>				
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; border-radius: 50%;"></div>	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) <p style="text-align: center;">UNKNOWN -X- 283 (Cem. Manila #2)</p> 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) <p style="text-align: center;">None</p>	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) <p style="text-align: center;">Yes (2)</p>						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center; font-size: 1.2em;">Incl 600</p> <p style="text-align: center;">None</p>						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p style="text-align: center;">USAF Cemetery Manila #2, Luzon, P. I.</p>						
DATE OF BURIAL <p style="text-align: center;">22 Dec. 45</p>	HOUR <p style="text-align: center;">0900</p>	BURIED IN (Shroud, blanket, or name of other) <p style="text-align: center;">shelter half</p>	TYPE OF GRAVE MARKER <p style="text-align: center;">Cross</p>	PLOT No. <p style="text-align: center;">2</p>	ROW No. <p style="text-align: center;">12</p>	GRAVE No. <p style="text-align: center;">1432</p>
WAS THIS A REBURIAL? (Yes or no) <p style="text-align: center;">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p style="text-align: center;">USAF Cemetery Ft. Wm. McKinley, Luzon, P. I.</p>			PLOT No. <p style="text-align: center;">H</p>	ROW No. <p style="text-align: center;">3</p>	GRAVE No. <p style="text-align: center;">4</p>
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) <p style="text-align: center;">Yes</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no). <p style="text-align: center;">Yes</p>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p style="text-align: center;">UNKNOWN -X- 282 (Cem. Manila #2)</p>		RANK _____	SERIAL No. _____	ORGANIZATION _____	GRAVE No. <p style="text-align: center;">1431</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p style="text-align: center;">UNKNOWN -X- 284 (Cem. Manila #2)</p>		RANK _____	SERIAL No. _____	ORGANIZATION _____	GRAVE No. <p style="text-align: center;">1433</p>	
SIGNATURE OF PERSON PREPARING REPORT <p style="text-align: center;"><i>R. C. Barrett</i> R. C. BARRETT, T/4 GRS.</p>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <p style="text-align: center;"><i>E. M. Moore</i> E. M. MOORE, 1st Lt. QMC.</p>			
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. 114'

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


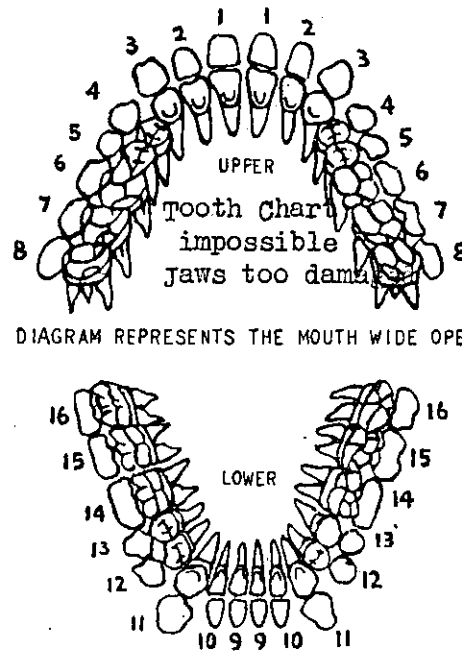
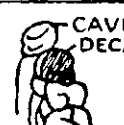



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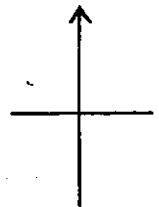
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER Tooth Chart impossible jaws too damaged</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN 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:**

Bottle found with body with all information destroyed. Multiple fracture of skull, arms and legs. Remains of w shoes found with body.

6 FEB 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