

QUART 293  
GNS Far East

9 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
ARU 707, c/o Postmaster  
San Francisco, California  
ATTN: ACNS, PHILCOM ZONE

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

Unknown X-439,	AGNS	Muscleless Manila,	formerly X-392,	USAF Gen., Manila #2
" X-444,	"	"	"	X-297,
" X-617,	"	"	"	X-128,
" X-627,	"	"	"	X-140,
" X-637,	"	"	"	X-150,
" X-722,	"	"	"	X-239,
" X-1127,	"	"	"	X-3770,
" X-1153,	"	"	"	X-3776,
" X-1219,	"	"	"	X-3728,
" X-1639,	"	"	"	X-3460,
" X-1656,	"	"	"	X-3460,
" X-1736,	"	"	"	X-334,
" X-2421,	"	"	"	X-3061,
" X-2427,	"	"	"	X-3065,
" X-3153,	"	"	"	X-1030,
" X-3156,	"	"	"	X-1033,
" X-3164,	"	"	"	X-1041,

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

H. T. Bredenberg:dal  
L. M. White  
J. Windsor

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

QCGR 293.9

APC 707

SUBJECT: Unidentifiable Remains

21 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 QCGR 293, GFC (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at ACPS Macolosa Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-177	ACPS	Wain	UNKNOWN	X-1699	ACPS	Wain
"	X-439	"	"	"	X-1656	"	"
"	X-444	"	"	"	X-1735	"	"
"	X-617	"	"	"	X-2355	"	"
"	X-627	"	"	"	X-2424	"	"
"	X-637	"	"	"	X-2427	"	"
"	X-722	"	"	"	X-3153	"	"
"	X-1127	"	"	"	X-3156	"	"
"	X-1153	"	"	"	X-3164	"	"
"	X-2219	"	"	"	X-3224	"	"

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

FOR THE COMMANDING GENERAL:

20 Incls  
GIC Forms 1044 w/certificates  
of Unidentifiability

/s/ John A. Marshall  
JOHN A. MARSHAL  
1st Lt., AGC  
Asst Adj Gen

**DISINTERMENT DIRECTIVE**

Interred 18 Jul 1949  
L 1, 91 Ft. McKinley

*Carl R. H. Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00173

DATE

15 06 48  
DAY MONTH YEAR

1

NAME

UNKNOWNX-000297

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

7701 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

2 12 1483 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE

FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME

UNK X-297  
UNK X-444 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

22 Sept 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

UNKNOWN

C. MAXLEE FANN  
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 1

Two (2) Remains Tags - UNK X-444

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 1948

BY C. MAXLEE FANN

CASKET SEALED BY

C. MAXLEE FANN

EMBALMER (Signature)

*C. Maxlee Fann*  
C. MAXLEE FANN

CASKET BOXED AND MARKED

HORACE L. ALLISON  
Sgt., Inf.

SHIPPING ADDRESS VERIFIED BY

CHARLES R. BATES, 1st Lt., USAFR

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

*Charles R. Bates*  
CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

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

9 AUG 1949

REPATRIATION  
BRANCH  
MEM. DIV.

# 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>Barrett Mark</i>	DATE 18 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

REPAIRS  
 RECORDS  
 DIVISION  
 8 33 PM '49

## 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

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-297, Plot 2,  
Row 12, Grave 1483, 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  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

Received 2 Aug 49 QMG  
Not identifiable from  
information presently  
available Budenberg  
9-Aug 49

Incl. #3'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-444 (Formerly UNK X-297 Manila No.2)				2. DATE OF REPORT 14 July 49	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	22	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 150 lbs.	9. ESTIMATED HEIGHT 5' 8"	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 # 92*

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:			

Fractured															
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
						P	P								
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
	R/O	R/O					P	P	P			A/od	P	P	
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."

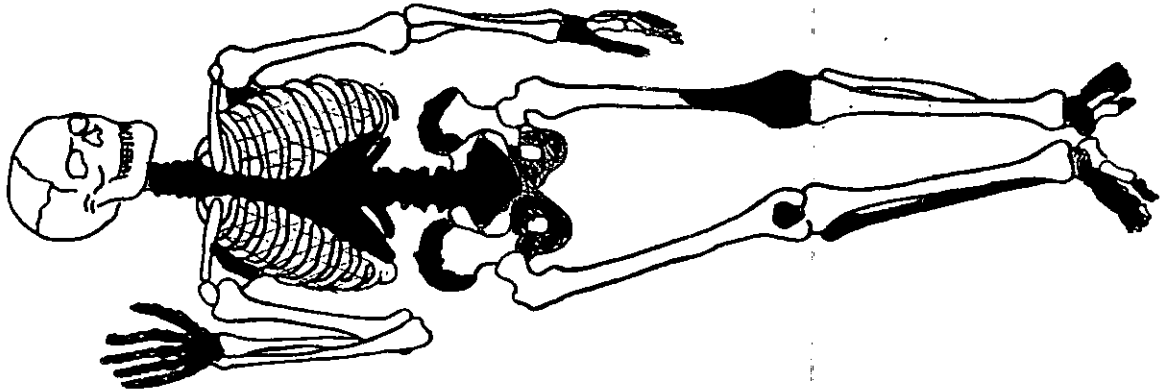
Maxilla is fractured between L6 and L7.

**"UNIDENTIFIABLE"**

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

*James J. McDermott*  
 JAMES J. McDERMOTT  
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height - 5' 8"

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 - 6 lbs.  
Circumference of skull - 20 inches.

**"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. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE



X-444

# IDENTIFICATION DENTAL CHART

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

13 Oct 47  
DATE

(Formerly UNK X-297 USAF)      Unknown

UNKNOWN X-444 (Cem. Manila #2, Luzon, P.I.)      Unknown

---

LAST NAME      FIRST      INITIAL      RANK      SERIAL NO.

Unknown      Unknown

---

UNIT      ORGANIZATION

Unknown      AGRS Mausoleum Manila, P.I.

---

PLACE OF DEATH      PLACE OF BURIAL STORAGE      PLOT NUMBER      ROW      GRAVE NO.
















Unknown      Unknown      812      A      22

		RIGHT								UPPER TEETH		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE								⊗	⊗									TYPE			
LOCATION																		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			F	F					⊗	⊗				F	⊗	⊗		TYPE	
LOCATION			0	0										0				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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

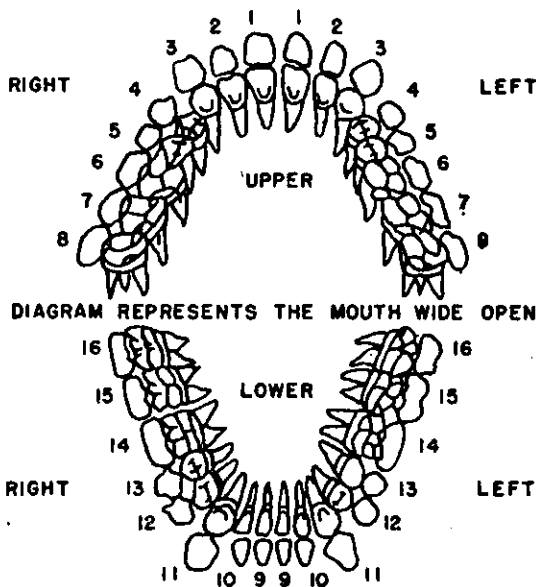
**INSTRUCTIONS:**

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:**

Rest of teeth in perfect condition.

/s/ Edwin Gregorek  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Felix Glass  
VERIFIED BY GRS OFFICER

/p/ EDWIN GREGOREK  
NAME AND RANK TYPED OR PRINTED

/p/ FELIX GLASS, Capt. DC 01717213  
NAME AND RANK TYPED OR PRINTED

CIP, Lab, Manila, P.I.  
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)

(Formerly UNK X-297  
 Unknown X 444 (USAF Cem Manila #2  
 Luzon, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 RANGER BAY CRPT  
 Row A Grave 22

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  
(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 N		
Jacket, HBT	E		
* Shirt, Wool OD	///		
Undershirt, Wool	///		
Undershirt, Cotton	///		
Trousers, HBT	///		
* Trousers, Wool OD	///		

Belt, web /  
Drawers, wool /  
Drawers, cotton /  
Leggings, wool /  
Socks, cotton /

\* Shoes <sup>O</sup> (type) /

Overshoes <sup>N</sup> /

Web Equipment <sup>E</sup> (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 / Height 5'8" Weight 150 lbs 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 <sup>U</sup> (Light, medium, dark, clear, pimples, pocks, freckles) /

Build <sup>T</sup> (Large, fat, thin, muscular) /

Hair <sup>D</sup> (Color, length, quantity, curly, wavy, straight, whorls, or definite parting) /

Hair (Baldness, widow's peak, distinctive cutting or other characteristics) /

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

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

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

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

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

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

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

Jaw ..... (Large, small, normal)      Circumference of head in inches ..... 20" (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 ..... U

Fingers ..... T 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? Yes If not, explain (Yes-no)

9. Remarks No burial bottle found. No personal effects. No other means of identification found. Estimated weight of remains 6 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.

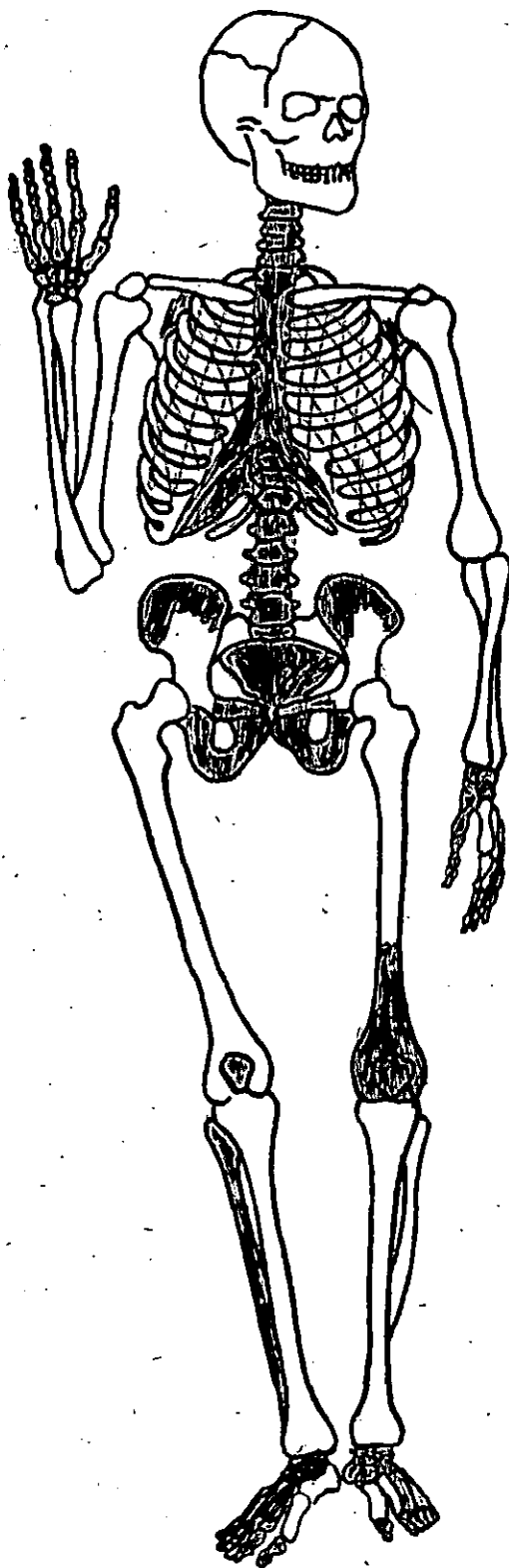
/s/ Alton E. Jones  
(Officer's Name)  
SP-6 062812  
Rank Service  
AGRS Mausoleum  
(Organization)  
13 Oct 47

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

# SKELETAL CHART

X-444

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

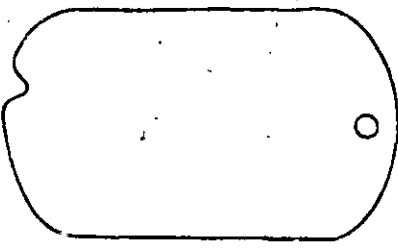


APR 5 - 1948

RESTRICTED

1078

U 1078

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 16 Oct 47		
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.							
		NAME (Last, first, middle initial) UNKNOWN X-444 (Formerly UNK X-297 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 0800		BURIED IN (Shroud, blanket, or name of other) STORED Casket		TYPE OF GRAVE MARKER None	PLOT No. DANGER 812	ROW No. BAY A	GRAVE No. CRYPT 22
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  USAF Cem Manila #2, Luzon, P.I.							
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-445				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 24		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-466				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 20		
SIGNATURE OF PERSON PREPARING REPORT  Wm R GILBERT, Adm Asst				SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S PANOPLO 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.

RESTRICTED

Incl 602



**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.

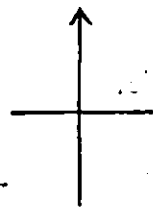
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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**

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

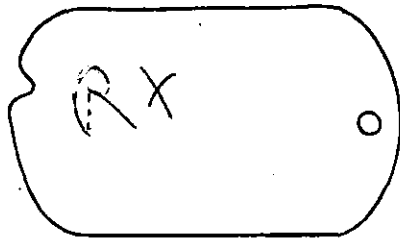


**REMARKS:**

Identification Check List and Dental Chart accomplished.

**24 NOV 1941**

WD 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 19 Jan. 46
---	---	------------------------------

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial)  UNKNOWN -X- 297	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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 Dec. 45	0900	Shelter half	Cross	2	12	1483

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. B	ROW No. 3	GRAVE No. 7
--	---	---------------	--------------	----------------

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- 298	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				1482

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  DE JESUS, Federico	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	Civilian		USN	1484

SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, T/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  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.

Incl 2'

**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**

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</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:**

*10 FEB 1948*