

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unbr manila # 2 X-305-

SUBJECT

also 293 unbr maus manila X-452

QNC FORM 1121
1 Aug 45

OMGMT 293
GRS Far East

26
23 August 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, PNILCOM ZONE

1. Reference is made to findings of Unidentifiability for the following Unknown Deceased:

| Unknown | AGRS Mausoleum Manila, formerly | USAF Cem., Manila #2 |
|-----------|---------------------------------|----------------------|
| " X- 642, | " " " " " | X- 155, " " " " |
| " X- 644, | " " " " " | X- 157, " " " " |
| " X- 417, | " " " " " | X- 269, " " " " |
| " X- 419, | " " " " " | X- 271, " " " " |
| " X- 794, | " " " " " | X- 309, " " " " |
| " X- 798, | " " " " " | X- 313, " " " " |
| " X-1704, | " " " " " | X-3412, " " " " |
| " X-1900, | " " " " " | X-3254, " " " " |
| " X-1298, | " " " " " | X-3629, " " " " |
| " X- 330, | " " " " " | X- 74, " " " " |
| " X- 452, | " " " " " | X- 305, " " " " |
| " X- 608, | " " " " " | X- 119, " " " " |
| " X- 791, | " " " " " | X- 306, " " " " |
| " X- 982, | " " " " " | X-3922, " " " " |
| " X-1343, | " " " " " | X-3560, " " " " |
| " X-3154, | " " " " " | X-1031, " " " " |
| " X-4635, | " " " " " | X- 826, " " " " |

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

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

cc: CINCPAC, APO 500

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSGR 293

APO 707

SUBJECT: Unidentifiable Remains

8 Aug 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 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-330 | AGRS | Mslm | UNKNOWN X-2855 | AGRS | Mslm |
| " X-334 | " | " | " X-3839 | " | " |
| ✓" X-452 | " | " | " X-4259 | " | " |
| " X-608 | " | " | " X-4915 | " | " |
| " X-2671 | " | " | | | |

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

FOR THE COMMANDING GENERAL:

JOHN M. WESTON JR
1st Lt AGD
Asst. Adj. GEN

9 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

(Received)
(Aug 17 1949)

/bpm mfc

1

Interred 8 Aug 48
G 2 8 Ft. McKinley
Caremark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00174

DATE
15 06 48
DAY MONTH YEAR

NAME: *293 UNKNOWNX-000305* SERIAL NUMBER: RANK: ARM: 0
DATE OF DEATH: DAY MONTH YEAR

CEMETERY: **USAF CEMETERY MANILA NO 2** DISPOSITION OF REMAINS: 7701 80
CODE DIST. PT.

PLOT: 2 ROW: 12 GRAVE: 1485 COUNTRY: **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: UNKNOWN X-305 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 22 Sept 48
UNKNOWN X-462 (Maus)

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: WILLIAM A. MULLINS
Embalmers 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) Identification Tags show UNKNOWN X-462 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE: 22 Sept 48 BY: WILLIAM A. MULLINS
CASKET SEALED BY: WILLIAM A. MULLINS EMBALMER (Signature): WILLIAM A. MULLINS

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: HONORIO V. AURELIO, 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.

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., INF.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. SEP 1948
REPAIRATION 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>Edward Mark</i> | DATE 8 AUG 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

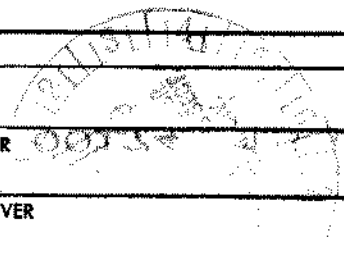
| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

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

26 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 305 , Plot 2 ,
Row 12 , Grave 1485 , 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:


J. B. McNEMAR
Captain, OMC
Chief, Records Branch

Atch: Form 1044

Received 2 Aug 49 OCMG
Unidentifiable from
information presently
available 26 Aug 49

A. C. King, det. 131

Incl #3'

IDENTIFICATION DATA

| | | | | | |
|---|--|----------------|-------------|-----------------------------------|---|
| 1. REMAINS OF UNKNOWN UNKNOWN X-452 (Formerly UN X-305, Manila #2) | | | | 2. DATE OF REPORT 29 July 1949 | |
| 3. NAME OF CEMETERY AGRS MUSEUM, MANILA, P. I | | 4. PLOT 812 | 5. ROW A | 6. GRAVE 12 | 7. DATE OF DISINTERMENT REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|--------------------------------|-----------------------------|--------------------------|---------------------|
| 8. ESTIMATED WEIGHT 135 lbs | 9. ESTIMATED HEIGHT 5'3" | 10. COLOR OF HAIR UTD | 11. RACE Unknown |
|--------------------------------|-----------------------------|--------------------------|---------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

| | |
|---|-----------------|
| 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

NONE

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









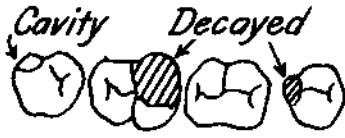

NONE





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

Incl #32

18.

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 |
| |  | | | | | | | | | | | | | | | | LOWER |
| Side Views |  | | | | | | | | | | | | | | | | |
| | X | P | X | A | P | P | P | P | P | P | P | P | P | o | X | | |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |

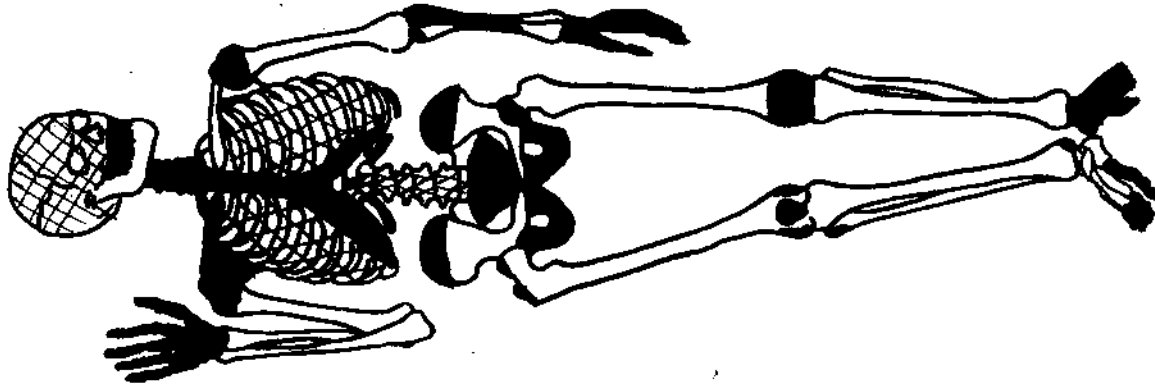
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

J. M. McDermott
 J. M. McDERMOTT
 Lab. Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'3"

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
NUMBER
 OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, ident. tags or personal effects found with remains.
 Estimated weight of remains - 4 lbs
 Circumference of skull - 19½ 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

J J McDERMOTT, Lab Officer, CIP

SIGNATURE

X-452

/af

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.

UNKNOWN X-452 (Formerly Unk X-305,
USAF Cemetery Manila #2, Luzon, P.I.)

13 Oct 47

DATE

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

812

A

12

Unknown

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER BAY

CRYPT







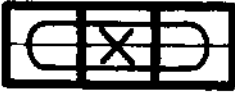







maxilla missing

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

INSIDE — LOOKING OUT

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

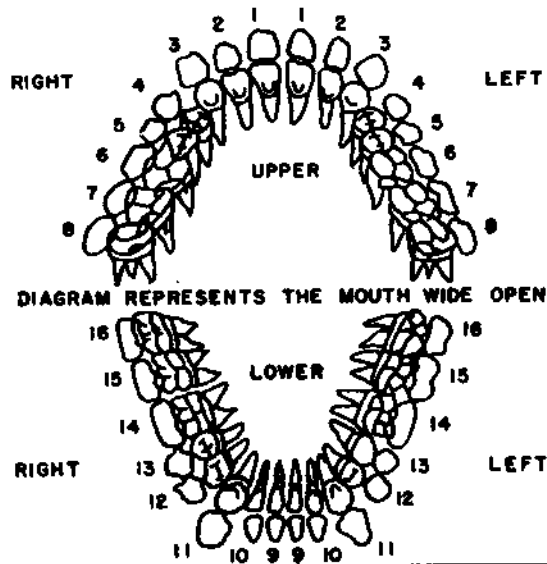
INSTRUCTIONS:

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

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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, $\frac{1}{2}$, 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:

/s/ Joseph D. Murphy
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ JOSEPH D. MURPHY, T/5
NAME AND RANK TYPED OR PRINTED

/s/ Felix Glass, Capt., D.C.
VERIFIED BY GRS OFFICER

/p/ FELIX GLASS, Capt. D.C.
NAME AND RANK TYPED OR PRINTED

13 Oct 47

DATE

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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)

/af

UNKNOWN X-452 (Formerly
 Unknown X - 305 USAF Cem Manila #2, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 RANGER BAY CR-PT
 Row 1 Grave 12

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 C.M.P. No. 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 | / | | |
| Sweater | | N | |
| Jacket, HBT | | O N | |
| * Shirt, Wool OD | | E | |
| 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) E

(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' 3" ^{Est.} Weight 135 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 (Light, medium, dark, clear, pimples, pocks, freckles)

Build (Large, fat, thin, muscular)

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

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

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

Goatee / C
(Light, color, extent)

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

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

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

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

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

Jaw / Circumference of head in inches 19 1/2"
(Large, small, normal) (Hat band)

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

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

Hands /

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

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

Hernioplasty /
(Yes-no; location)

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

Feet / Toes /
(Size, corns, callouses, flat) (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 Remains interred 23 Dec 45, USAF Cem Manila #2, P.I.

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

9. Remarks No ROI bottle nor identification tags received with remains.
No personal effects. This is BTB Lt. Agapito Divino, Corps
of Engr., PA, as per records attached. Weight of the remains
is estimated about 4-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/ E. F. Moriarty
(Officer's Name)
SP-6
Rank Service
AGRS
(Organization)

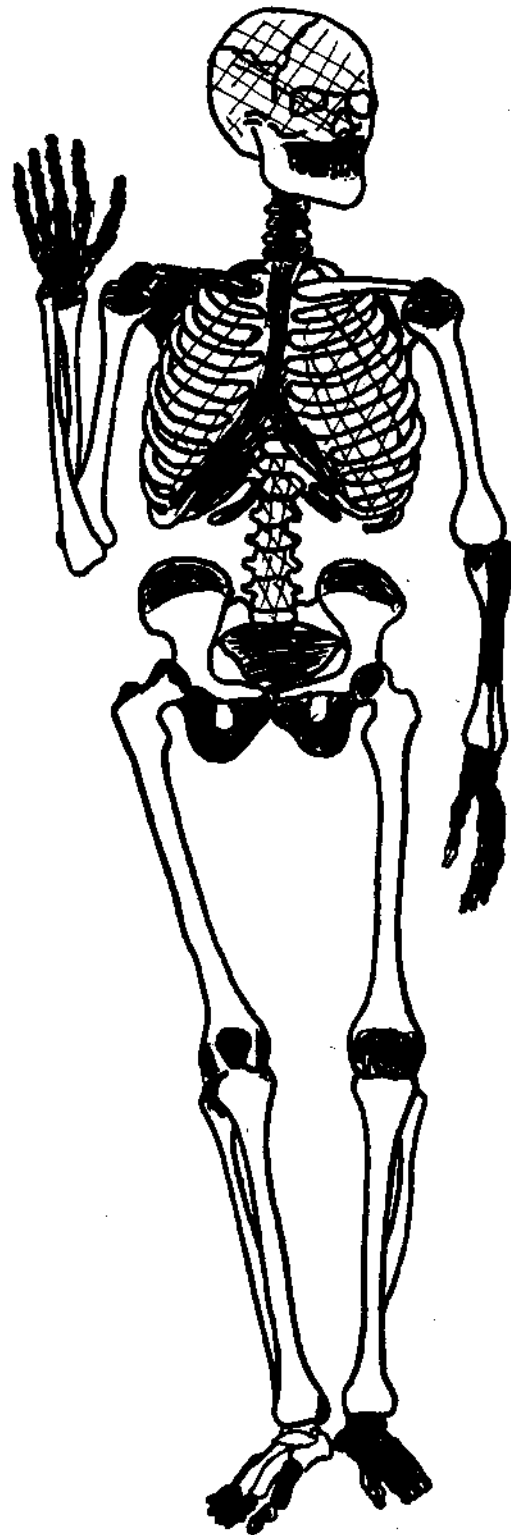
CERTIFIED TRUE COPY:

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

X-452

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



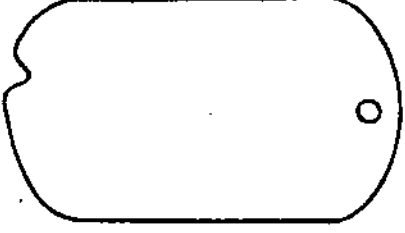
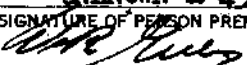
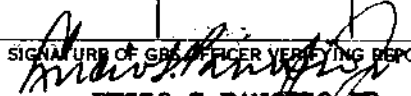
Rib and vertebrae
Fragments

/af

APR 5 - 1948

RESTRICTED

U 1437

| WD QMC FORM 1042, (Rev. 1 Apr. 1946) (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. | | | | | | SERIAL No. | |
| | | | NAME (Last, first, middle initial) UNKNOWN X-452 (Formerly Unk X-305, USAF Cemetery Manila #2, Luzon, P.I.) | | | | Unknown | | | |
| GRADE | | | ORGANIZATION | | BRANCH OF SERVICE | | | | | |
| Unknown | | | Unknown | | Unknown | | | | | |
| RACE | | | RELIGION | | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | | | | | |
| Unknown | | | Unknown | | | | | | | |
| PLACE OF DEATH | | | CAUSE OF DEATH | | | DATE OF DEATH | | | | |
| Unknown | | | Unknown | | | Unknown | | | | |
| EMERGENCY ADDRESSEE (Name, relationship, and address) | | | | | | | | | | |
| Unknown | | | | | | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) | | | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) | | | | | | | |
| None | | | | | | | | | | |
| 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 | HOUR | BURIED IN (Shroud, blanket, or name of casket) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. | | | | |
| 14 Oct 47 | 0800 | Casket | None | RANGER 812 | BAY A | CRYPT 12 | | | | |
| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | | | | | | PLOT No. | ROW No. | GRAVE No. | |
| RESTORED Yes | USAF Cemetery Manila #2, Luzon, P.I. | | | | | | 2 | 12 | 1485 | |
| 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) | | | | | | | | | |
| Yes | Yes | | | | | | | | | |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. | | | | | | |
| STORED UNKNOWN X-447 | | | | CRYPT 14 | | | | | | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. | | | | | | |
| STORED UNKNOWN X-437 | | | | CRYPT 10 | | | | | | |
| SIGNATURE OF PERSON PREPARING REPORT | | | SIGNATURE OF GRAVE OFFICER VERIFYING REPORT | | | | | | | |
|  Wm R GILBERT, Adm Asst | | |  LUCIO S PANGPIO 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

20592

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


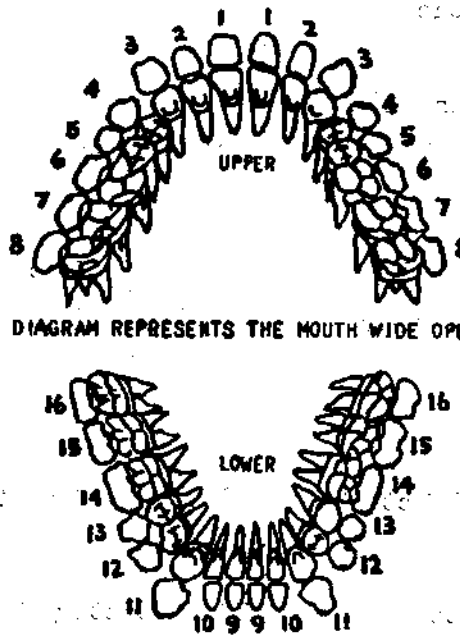




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

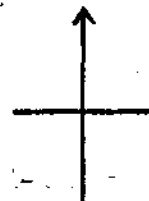
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |

| | | |
|-----------------------|---------------|--------------------------------|
| 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:

Identification Check List and Dental Chart accomplished.

24 NOV 1947

RESTRICTED

U-1437

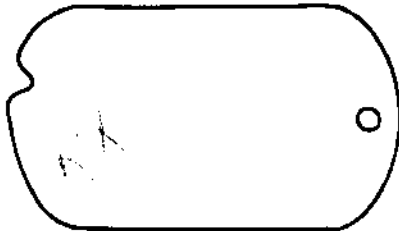
WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

REPORT OF/INTERMENT
(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) | | SERIAL No. |
| UNKNOWN -X- 305 (Cem. Manila #2) | | |
| 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) | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) |
| None | |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) | |
| Yes (2) | |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Jan 6 46

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. |
| 23 Dec. 45 | 0900 | Shelter Half | Cross | 2 | 12 | 1485 |

| | | | | |
|-------------------------------------|---|----------|---------|-----------|
| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | PLOT No. | ROW No. | GRAVE No. |
| Yes | USAF Cemetery Ft. Wm. McKinley, Luzon, P. I. | F | 2 | 9 |

| | | |
|----------------------------|--------------------------------|---|
| 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) |
| Yes | Yes |

| | | | | |
|--|------|------------|--------------|-----------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| | | | | 1484 |

| | | | | |
|---|------|------------|--------------|-----------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| UNKNOWN -X- 306 (Cem. Manila #2) | | | | 1486 |

| | |
|---|--|
| 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.

RESTRICTED

Jan 36

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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(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.

27 FEB 1948

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

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

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

OTHER IDENTIFICATION CLUES

| | | |
|---------------|--|---|
| FILLINGS | <p>SILVER FILLING GOLD FILLING</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:

Burial bottle found with body but information obliterated except words "fracture" and "internal". These words appear on McKinley Cemetery records for Devino Agapito, 2d Lt PA.