

FILE IDENTIFICATION TOPPER

FILE NUMBER

273 Cont. Manila II 2 X-310

SUBJECT

Also Manila memo. X-795

QMC FORM 1121  
1 Aug 45

QUART 295  
CMA Far East

21 February 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer  
American Graves Registration Service  
Philosa Zone  
APO 900, c/o Postmaster  
San Francisco, California

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

ASFG Maus. Manila	WEAF Cem. Manila #2	FRA Unit	Page
X-312	X-16	1	1
X-615	X-158	1	3
X-685	X-197	1	4
X-775	X-310	1	5
X-806	X-266	1	4
X-730	X-247	1	5
X-1543	X-3278	1	14
X-1259	X-3650	1	19
X-1129	X-3782	1	21
X-1378	X-7960	1	22

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

FOR THE QUARTMASTER GENERAL:

R. Little:rvs  
L. M. White  
J. Windsor

T. H. WHITE  
Lt. Colonel, USMC  
Memorial Division

JEN

TEC

*M.A.N.  
File 14 Aug 50  
E. Christine Garwin  
JLK*

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION SERVICE  
 PRISON ZONE

CRPZ 293

AFG 900

SUBJECT: Unidentifiable Remains

FEB 7 1950

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 QMGM 293, CRZ (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-342	AGRS	Ms Im	UNKNOWN	A-1378	AGRS	Ms Im
"	X-645	"	"	"	X-1485	"	"
"	X-685	"	"	"	X-1943	"	"
"	X-686	"	"	"	X-2314	"	"
"	X-730	"	"	"	X-2359	"	"
"	X-795	"	"	"	X-2361	"	"
"	X-1129	"	"	"	X-2370	"	"
"	X-1259	"	"	"	X-3009	"	"

2. Forwarded herewith, for your consideration, are new GIC Forms 10d, for the above-mentioned Unknowns.

BY THE COMMANDING OFFICER:

16 Incls  
 GIC Forms 10d, w/Certificates  
 of Unidentifiability

JOHN SHYFOLA  
 1st Lt., Infantry  
 Adjutant

Interred 7 F 1950  
 D 13 41 Ft. McKinley  
*Caremark*  
**DISINTERMENT DIRECTIVE**  
**CARL R. H. MARK**  
 Cemetery Superintendent

NAME		SERIAL NUMBER		RANK	ARM	DATE		
		UNKNOWNX-000310			J	15	06	48
CEMETERY		DISPOSITION OF REMAINS						
USAF CEMETERY MANILA NO 12		7701		80				
DAY	MONTH	YEAR	CAUSE OF DEATH					
2	12	1466	PHILIPPINE ISLANDS					
PLOT		ROW	GRAVE	COUNTRY	DATE OF DEATH			
2		12	1466	PHILIPPINE ISLANDS	6			

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

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

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-310 (Maus) UNKNOWN X-795				21 Sept 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		CLEOPHED INGROVILLE Embalmers NAME AND TITLE	

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES 1	

Two (2) Identification tags - Mausoleum UNKNOWN X-795

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
21 Sept 48	CLEOPHED INGROVILLE
CASKET SEALED BY	EMBALMER (Signature)
CLEOPHED INGROVILLE	<i>Cleophed Ingroville</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 BY HOWARD T. ALLEN, Sgt, Inf	MUSTO S PANOPLO, 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.

*Musto S Panoplo*  
 MUSTO S PANOPLO, 1st Lt, Inf  
 SIGNATURE OF GRS INSPECTOR

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE <b>FEB 7 1950</b>

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>W. W. ...</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>TRUCK</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>W. W. ...</i>	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  
FILCOL ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

16 Jan 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 310, Plot 2,  
Row 12, Grave 1466, USMC USAF CEM Manila #2, have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:

  
W. B. McNEELAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 2/17/50 ..... OQMG  
Not identifiable from  
information presently  
available Little 2/20/50  
Ident Br.

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-795 (Formerly UNK X-310 Manila #2)</b>				2. DATE OF REPORT <b>19 Jan '50</b>	
3. NAME OF CEMETERY  <b>ACRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>812</b>	5. ROW <b>A</b>	6. GRAVE <b>234</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 6 3/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>U T D</b>
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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

**N O N E**

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

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)

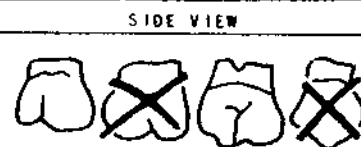
**N O N E**

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

18.

TOOTH CHART

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:



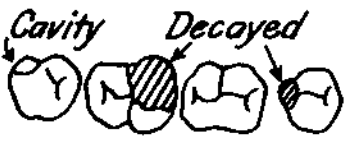
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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								Partially Impacted
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
X	A	A	X	A	B	B	B	B		B	A	X	A	A	Y	
	B	O		O							O		O	O		
Side Views																Side Views
Top Views																UPPER
																LOWER
Side Views																
← M A N D I B L E								M I S S I N G								
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 mandibular teeth present with remains.

"UNIDENTIFIABLE"

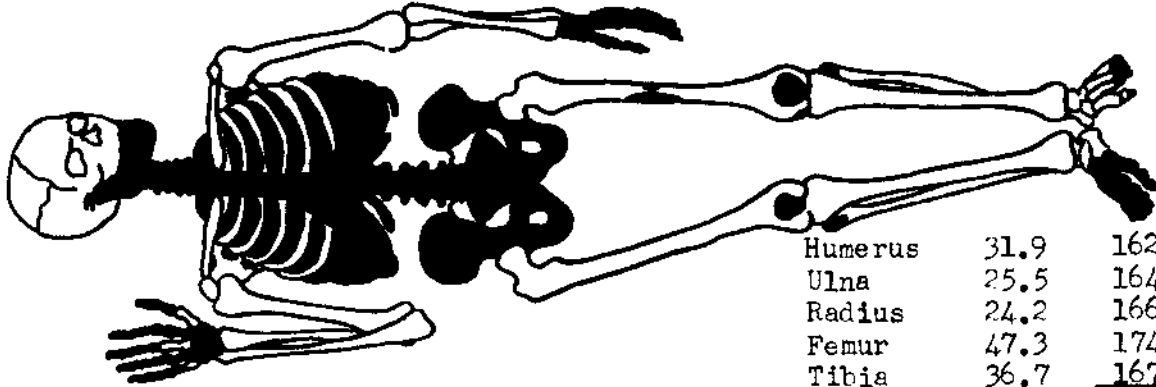
Paul R. Nichols

PAUL R. NICHOLS  
Chief, Identification Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA



19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	31.9	162
Ulna	25.5	164
Radius	24.2	166
Femur	47.3	174
Tibia	36.7	167

5/	843
	168 3/5

Estimated height: 5' 6 3/8".

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 identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 20 1/2 inches.

Estimated weight of remains - 6 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

PAUL R NICHOLS  
 Chief, Identification Section

SIGNATURE

X-795

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-795 (Formerly UNK X-310)  
USAF Cem Manila #2, Luzon, P.I.)

15 Oct 47

DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown UNIT  
Iba, Zambales,  
Luzon, P.I.  
PLACE OF DEATH

AGRS Mausoleum,  
Manila, P.I.  
PLACE OF BURIAL  
STORAGE

USAC ORGANIZATION  
812 ANGELIC AFB 234 INPT  
PLOT ROW GRAVE NO.  
TANGER BAY CRYPT















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

*Impacted*

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH				LEFT				
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
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)

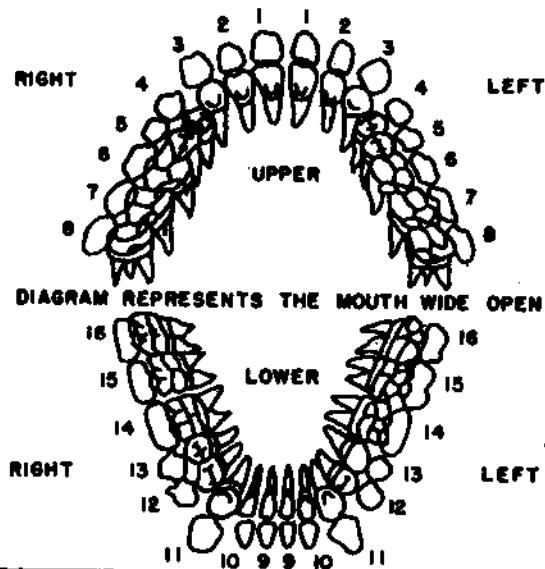
**INSTRUCTIONS:**

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, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

Reversal of position of cuspid and lateral incisor left side  
1 ; 3 ; 2

/s/ Hilarion V. Castillo  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ E. F. Moriarty  
VERIFIED BY GRS OFFICER

Emb's Aide S-8-A  
NAME AND RANK TYPED OR PRINTED

SP-6  
NAME AND RANK TYPED OR PRINTED

CIP Nichols Field  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

15 Oct 1947  
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-795 (Formerly  
 Unknown X-310 USAF Cem Manila #2, Luzon, PI)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 TANGER, 844 CR/PT  
 Row A Grave 234

CIP, AGRS Malm, Manila, P.I.

1. Arrived at ~~0800Z~~ 15 Oct 47  
(Hour) (Date)

2. Place of death Iba, Zambales, Luzon, P.I.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by AGRS, CMT #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	<u>///</u> <small>(Type)</small>		
Raincoat	<u>///</u>		
Overcoat	<u>///</u>		
Jacket, Field	<u>///</u>		
Jacket, Combat	<u>N</u>		
Mackinaw	<u>O</u>		
Sweater	<u>N E</u>		
Jacket, HBT	<u>///</u>		
* Shirt, Wool OD	<u>///</u>		
Undershirt, Wool	<u>///</u>		
Undershirt, Cotton	<u>///</u>		
Trousers, HBT	<u>///</u>		
* Trousers, Wool OD	<u>///</u>		

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

\* Shoes **One (1) pr. of shoes** (type) **Service, size 8 D.**

Overshoes

Web Equipment  (type)

(Other item)

(Other item)

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia   
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only. Skeletal Chart attached.**

Age  Height **Est. 5' 5"** **Est. 140** 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

Complexion   
(Light, medium, dark, clear, pimples, poeks, 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 ..... 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~~ <sup>skull</sup> in inches **20 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 .....  
(Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... U .....  
(Unusual characteristics of fingernails)

Chest ..... D .....  
(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 .....  
(Diseant, 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 Due to the condition of remains.

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

9. Remarks ROI found with remains. No personal effects. One (1) pair of shoes, service, size 8 D found with remains with the following information; USA No. 241. No other means of identification. Estimated weight of remains, seven (7) 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/ C. Maxlee Fann, C-062781  
(Officer's Name)

Sp-6 AGRS  
Rank Service

I.B. Lab, Nichols Field, Manila, P.I.  
(Organization)

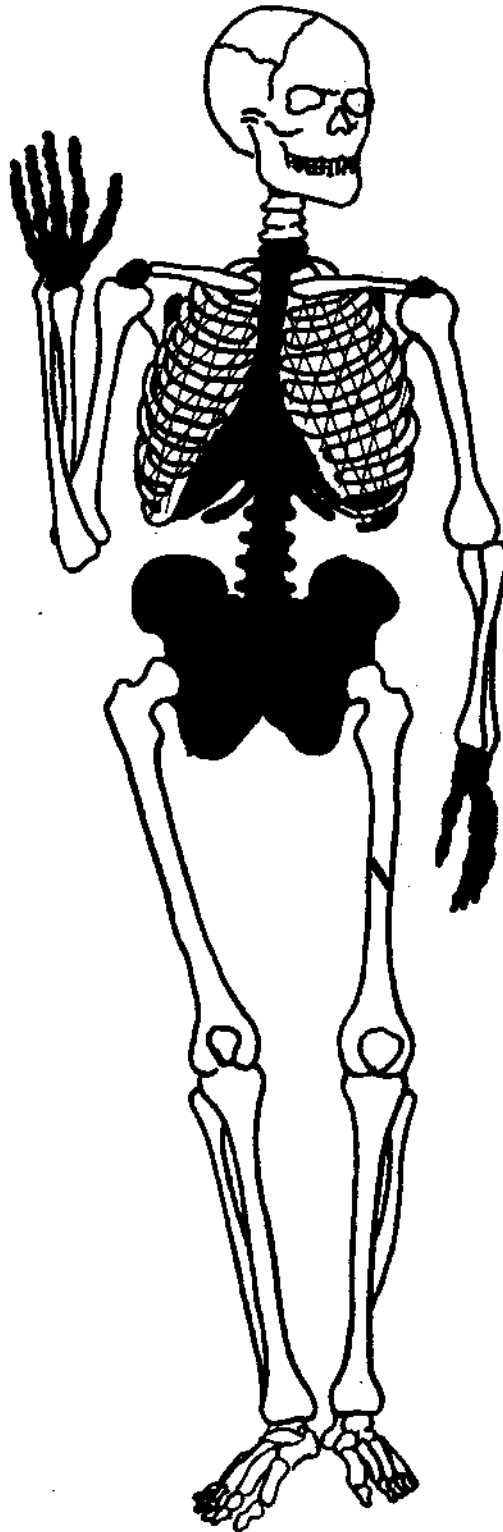
CERTIFIED TRUE COPY:

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

X-795

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Vertebrae present:

4- cervical

no Lumbar

no Thoracic

22 Rib fragments

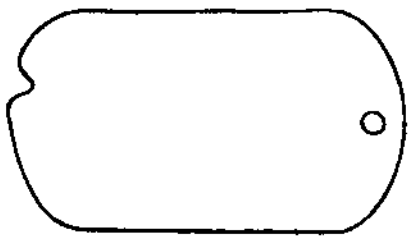
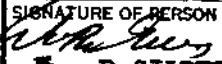
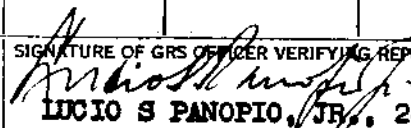


/cbf

APR 5 - 1948


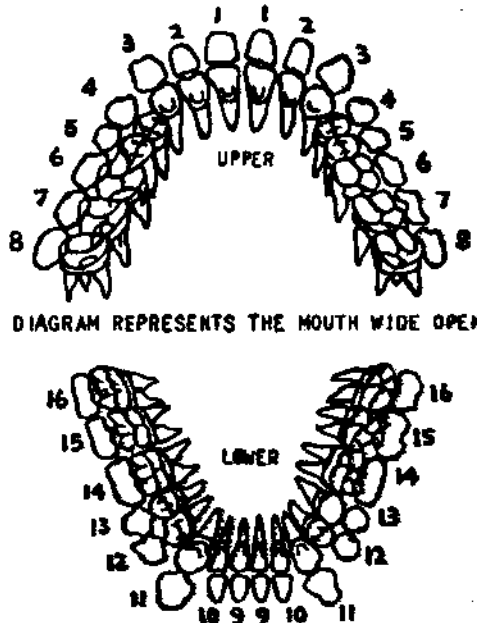




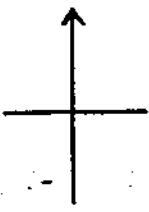
RESTRICTED

1485

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 20 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-795 (Formerly UNK X-310 USAF Cem Manila #2, Luzon, P.I.)				SERIAL No. Unknown	
		GRADE Unknown		ORGANIZATION USAC		BRANCH OF SERVICE Army	
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Iba, Zambales, Luzon, P.I.		CAUSE OF DEATH KIA-Air Raid			DATE OF DEATH 9 Dec 41		
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 2 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 GRS MAUSOLEUM, MANILA, P.I.							
DATE OF BURIAL STORAGE 15 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or some of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 812	ROW No. BAY A	GRAVE No. CRYPT 234	
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. 1466	
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) STORED UNKNOWN X-823			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 236	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-820			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 232	
SIGNATURE OF PERSON PREPARING REPORT  Wm. R GILBERT, Adm. Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S PANOPIO, JR., 2d Lt., Inf.				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

700696

LEFT LITTLE FINGER	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 RING FINGER	HEIGHT	WEIGHT	BIRTHMARKS, SCARS, OR TATTOOS
	COLOR OF EYES	COLOR OF HAIR	
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		WHERE BODY WAS BURIED OR FOUND
	LAUNDRY MARKS		
	OTHER IDENTIFICATION CLUES		
	One (1) pair of service shoes, size 8-D was found with the remains.		
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
LEFT THUMB	CAVITIES  CAVITY DECAYED		
	MISSING TEETH  TOOTH MISSING		
RIGHT THUMB	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN		
RIGHT INDEX FINGER	BRIDGE WORK  GOLD BRIDGE		
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
			
RIGHT RING FINGER	REMARKS:		
RIGHT LITTLE FINGER	Identification Check List and Dental Chart accomplished.		

24 NOV 1947



**27 FEB 1949**

**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.

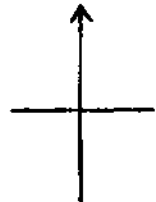
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

<b>FILLINGS</b>	<p>SILVER FILLING GOLD FILLING</p>	<p><i>first his is missing natural's no dent</i></p> <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OR</p> <p><i>Secret Head</i></p> <p><i>Lower jaw missing</i></p> <p><i>suspect</i></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 containing above information.**