

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unt. Munda + 2 X-312

SUBJECT

Also Munda Maw. X-797

QMC FORM 1121
1 Aug 45

QMCMT 293
CIS Far East

20 October 1949

SUBJECT: Approval of Unidentifiability

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

ATTN: AGRS, PHILCON ZONE

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

Unknown X-365,	AGRS Mausoleum Manila, formerly X-54,	USAF Com., Manila #2
" X-430,	" " " " " " " " " "	" X-282, " " " " "
" X-451,	" " " " " " " " " "	" X-304, " " " " "
" X-613,	" " " " " " " " " "	" X-124, " " " " "
" X-712,	" " " " " " " " " "	" X-227, " " " " "
" X-828,	" " " " " " " " " "	" X-238, " " " " "
" X-880,	" " " " " " " " " "	" X-243, " " " " "
" X-797,	" " " " " " " " " "	" X-312, " " " " "
" X-4699,	" " " " " " " " " "	" X-456, " " " " "

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

G. Reynolds:dl
L. M. White
J. Windsor

*Del. M.
File 14 Aug. 50
P. Christine Garcia
Sol. 73*

HEADQUARTERS
PHILIPPINE COMMAND
UNITED STATES ARMY

OSMU 293.9

ATTN: 707
30 SEP 1949

SUBJECT: Unidentifiable Remains

T : The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file OSMU 293, OSO (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at A. NS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:


UNKNOWN	NO	X-365	ACORN	Wslm	UNKNOWN	NO	X-3039	ACORN	Wslm
"	X-430	"	"	"	"	X-3041	"	"	"
"	X-451	"	"	"	"	X-3612	"	"	"
"	X-613	"	"	"	"	X-4226	"	"	"
"	X-712	"	"	"	"	X-4441	"	"	"
"	X-721	"	"	"	"	X-4699	"	"	"
"	X-726	"	"	"	"	X-4863	"	"	"
"	X-777	"	"	"	"	X-4967	"	"	"
"	X-2345	"	"	"	"	X-4948	"	"	"

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

F. H. TEE, COMMANDING GENERAL

18 Incls
AC Form 1044 w/certificates
of Unidentifiability

/s/ C. H. LISHANCE
C. H. LISHANCE
2nd Lt., ACB
Asst. Adj Gen

/ebc 1 /cyc		Interred 30 September 1949 A 2 56 Ft. McKinley		DISINTERMENT DIRECTIVE	
		Caremark CARL R. H. MARK			
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		Cemetery Superintendent		DIRECTIVE NUMBER 7747 00166	
NAME		SERIAL NUMBER UNKNOWN X-000312		RANK	
CEMETERY USAF CEMETERY MANILA NO. 2		ARM J		DATE OF DEATH 15 06 48 DAY MONTH YEAR	
PLOT 2		ROW 12		GRAVE 1468	
COUNTRY PHILIPPINE ISLANDS		DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.		CAUSE OF DEATH 6	
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE (FORT MC KINLEY CEMETERY) MANILA, PHILIPPINE ISLANDS			NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)		
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME UNKNOWN X-312 (Mausoleum) UMSK X-797		SERIAL NUMBER		RANK	
DATE OF DEATH 10 Dec 41		DATE DISTINTERRED Sept 21, 1948			
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION	
				IDENTIFICATION VERIFIED BY ALBION H McLELLAN JR 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 / One (1) Identification tag reads - Mausoleum UMSK X-797.					
REMAINS PREPARED AND PLACED IN CASKET					
DATE 21 Sept 48		BY ALBION H McLELLAN JR			
CASKET SEALED BY ALBION H McLELLAN JR		EMBALMER (Signature) <i>Albion H. McEllan Jr</i> ALBION H McLELLAN JR			
CASKET BOXED AND MARKED DATE 21 Sept 48		SHIPPING ADDRESS VERIFIED BY BY HORACE L ALLISON, Sgt, Inf CELESTINO E ABELLAR, 1st Lt, FA			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
 CELESTINO E ABELLAR, 1st Lt, FA SIGNATURE OF GRS INSPECTOR					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					

27 OCT 1948
REPATRIATION
BRANCH
MANILA

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCON ZONE
APO 900

12 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 312, Plot 2,
Row 12, Grave 1463, 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:

B. McNemar
B. MCNEMAR
Captain, CAP
Chief, Records Branch

Atch: Form 1044

Received 12 Oct 49 0000
Not identifiable from
information presently
available *F. Reynolds ID Br.*
20 Oct 49

Encl 8

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-797 (Formerly US X-312 Manila #2)				2. DATE OF REPORT 14 Sept 1949	
3. NAME OF CEMETERY AGHS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	155	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 120 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"

Encl 82

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	
Side View																	Side View
Top View																	UPPER
																	LOWER
Side View																	
	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."

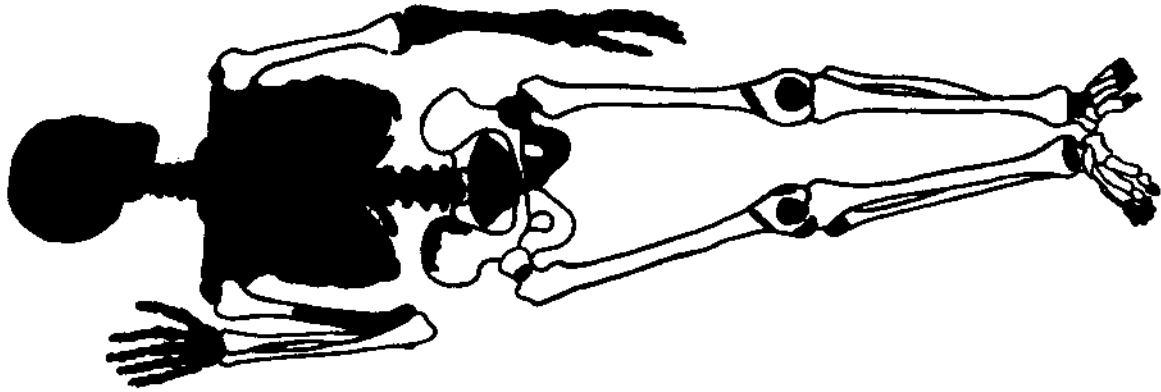
REMARKS: No skull

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 - 4 3/4lbs.

"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
J J McDermott

IDENTIFICATION CHECK LIST

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

/af

UNKNOWN X-797 (Formerly
 Unknown X-312 USAF Cem Manila #2, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
HANGER BAY CRUPS
 Plot 812 Row A Grave 155

CIP, AGRS Mausoleum

1. Arrived at ~~recovery~~ 15 Oct 47
(Hour) (Date)
2. Place of death Cavite, Luzon, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by C.M.T. 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	/		
	<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 / (type) Service, Size 10½-D

Overshoes /

Web Equipment / (type)

(Other item) 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' 8" Est. Weight 180 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 / T (Large, fat, thin, muscular)

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

Hair / (Baldness, widows peak, distinctive parting or other characteristics)

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

Goatee / (Light, color, extent)

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

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

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

Teeth / (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw / (Large, small, normal) Circumference of head in inches / No skull. (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
P
D

Fingers / (Short, thick, long, slender, size of knuckles, missing fingers or joints)
(Unusual characteristics of fingernails)

Chest / (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist / (Size of navel, appendectomy, amount, quantity, and color of hair)

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

Hernioplasty / (Yes-no; location)

Legs / (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 Remains interred 22 Dec 45, USAF Cem Manila #2.

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

Mandible not received with remains.

9. Remarks Contents of ROI bottle are nothing but water and pieces of paper
almost to be dissolved. No identification tags and no personal
effects found, but a pair of service shoes size 10½-D. Weight
of remains is estimated about 4-3/4 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)

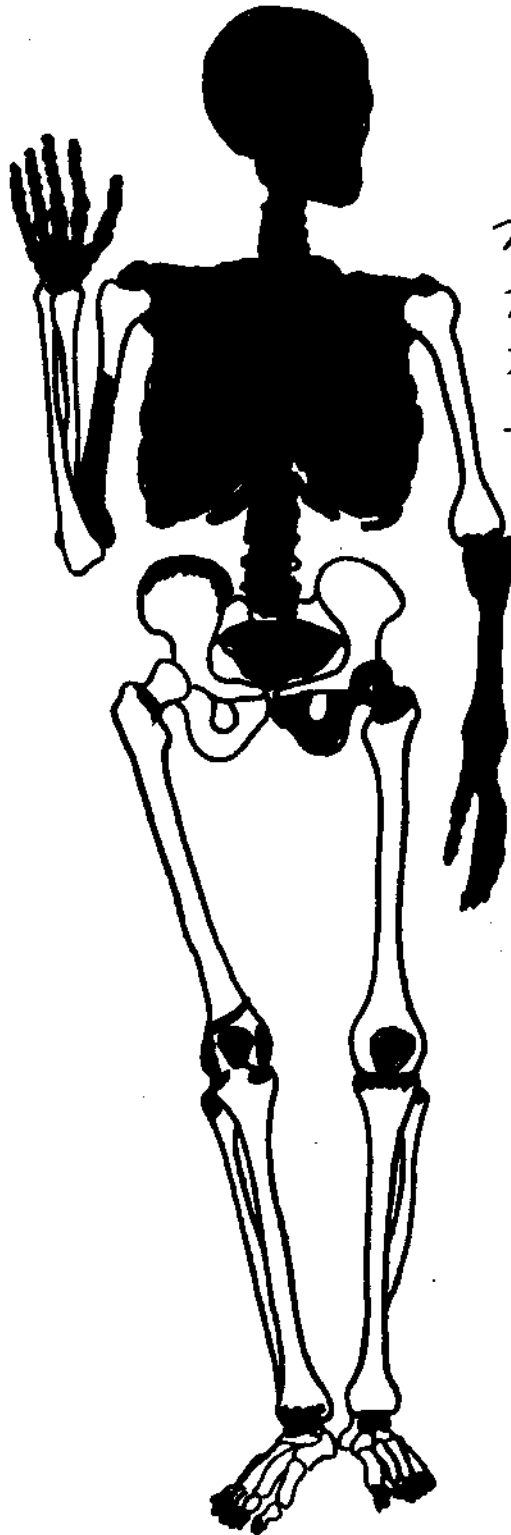
CERTIFIED TRUE COPY:

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-797



No Ribs
No Cervical
No lumbar
No thoracic } vertebrae

RESTRICTED

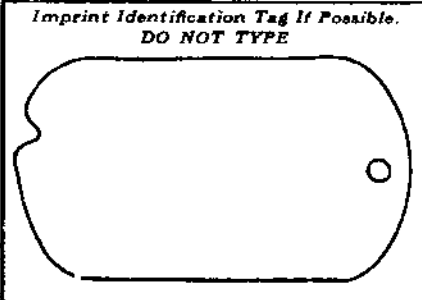
1468

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

APR 5-1948

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

DATE OF REPORT
20 Oct 47



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-797 (Formerly Unk X-312 USAF Cem Manila #2, Luzon, P.I.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Hq & Hq Air Corps	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Cavite, Luzon, P.I.	CAUSE OF DEATH Air Raid	DATE OF DEATH 10 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 8 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 15 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT NO. 812	ROW NO. A	GRAVE NO. 155
-----------------------------	--------------	---	------------------------------	-----------------	--------------	------------------

WAS THIS A REBURIAL? (Yes or no) Yes RESTORED	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. 1468
---	---	---------------	---------------	-------------------

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-800	RANK	SERIAL No.	ORGANIZATION	GRAVE No. Crypt 157
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-788	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 153

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

1468

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.


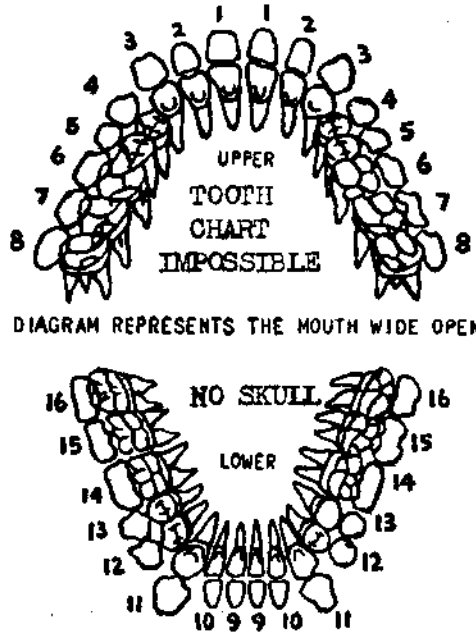




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

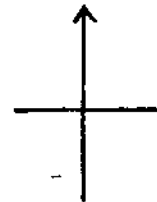
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS American Laundry Tag #413	WHERE BODY WAS BURIED OR FOUND
-----------------------	---	--------------------------------

OTHER IDENTIFICATION CLUES

One (1) pair of service shoes size 10½-D found with the remains.

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>	



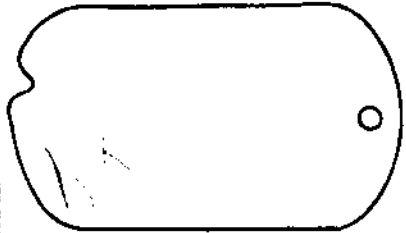
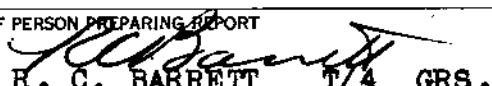

REMARKS:

Identification Check List accomplished.

24 NOV 1947

RESTRICTED

U-1468

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 27 Jan 46	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-312 (USAF Com Manila #2)			SERIAL NO. American Laurel dry tag #413		
		GRADE Hq. Hq. Air Corps		ORGANIZATION Hq. Hq. Air Corps			
		BRANCH OF SERVICE Air Corps					
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Cavite Luzon, P.I.		CAUSE OF DEATH Air-Raid			DATE OF DEATH 10 Dec. 41		
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 Jul 663 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 Com Manila #2, Luzon, P.I.							
DATE OF BURIAL 22 Dec. 45	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter half		TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 12	GRAVE No. 1468
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Com Ft. Wm. McKinley Luzon, P.I.						
				PLOT No. B	ROW No. 2	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) LIPPG, John			RANK Civ. Empl.	SERIAL NO.	ORGANIZATION U.S. Navy	GRAVE No. 1467	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) INGLEBUGTSEN			RANK Civ. Empl.	SERIAL NO.	ORGANIZATION US Navy	GRAVE No. 1469	
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT T/4 GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. M. MOORE 1st. Lt. OMC.				
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

27 FEB 1946

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	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE

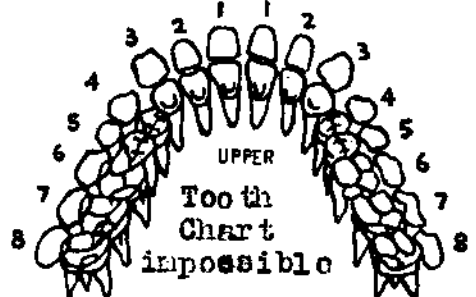
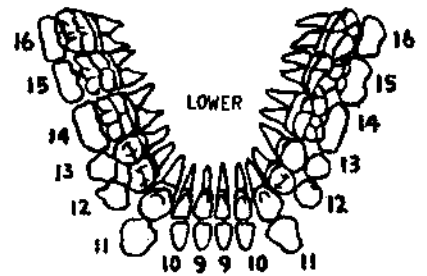
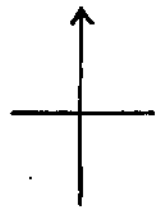


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

**Bottle found containing above information.
No head found on Body.**