

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Oak. Manila #2 X-313

SUBJECT

Also Manila Mas. X-798 ✓

QMC FORM 1121
1 Aug 45

QCMT 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, PHILCOM 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, MC
Memorial Division

cc: CINGFE, APO 500

M. A. N.
File 14 Aug 50
E. Christine Garrison
Jh Y3r

HEADQUARTERS
PHILIPPINE COMMAND
UNITED STATES ARMY

GSGR 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-419	AGRS Malin	UNKNOWN X-2307	AGRS Malin
" X-794	" "	" X-3231	" "
✓" X-798	" "	" X-3242	" "
" X-1704	" "	" X-1298	" "
" X-1900	" "	" X-4095	" "

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

FOR THE COMMANDING GENERAL:

C. H. LIEURANCE
2nd Lt., AGD
Asst. Adj. Gen

10 Incls
OMC Forms 1044 x/certificates
of Unidentifiability

(Received)
(AUG 17 1949)

C
O
P
Y

DISINTERMENT DIRECTIVE

Interred 27 Jul 1949
N 6 47 Ft. McKinley

H-811 Caremark

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00156

DATE
15 06 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWNX-000313 0

CEMETERY DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2 7701 30
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
2 12 1454 PHILIPPINE ISLANDS 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNKNOWN X-310 (Neus) UNKNOWN X-798 21 Sept 48
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
REMAINS UNKNOWN CLIFFORD INNOVILLE Embalmer NAME AND TITLE
MARKER

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-798

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 48 BY CLIFFORD INNOVILLE
CASKET SEALED BY EMBALMER (Signature) Clifford Innoville
CLIFFORD INNOVILLE CLIFFORD INNOVILLE

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 BY HORACE L ALLISON, Sgt, Inf LUCIO S PANOFIO, 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.

LUCIO S PANOFIO, 1st Lt, Inf
SIGNATURE OF GRS INSPECTOR

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

FILE
16 AUG 1948
REPAIRATION 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>Carermark</i>	DATE 27 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

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

REPAI (10)
 RECORDS BRANCH
 JUL 15 4 28 PM '49
 U.S. ARMY
 FORT MCKINLEY

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- 313, Plot 2,
Row 12, Grave 1454, 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. E. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 7 Aug 1949 OQMG
Not identifiable from
information presently
available

Incl. #3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-798 (Formerly UNK X-313 Serials -2)				2. DATE OF REPORT 19 July 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	150	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
------------------------------	------------------------------	----------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O I 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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O I 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 I E

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

Incl # 3²

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
M A X	I L L	A												I L L	A
M I S S I N G			P	P	P	P	P	P	P	P	P	P			M I S S I N G
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

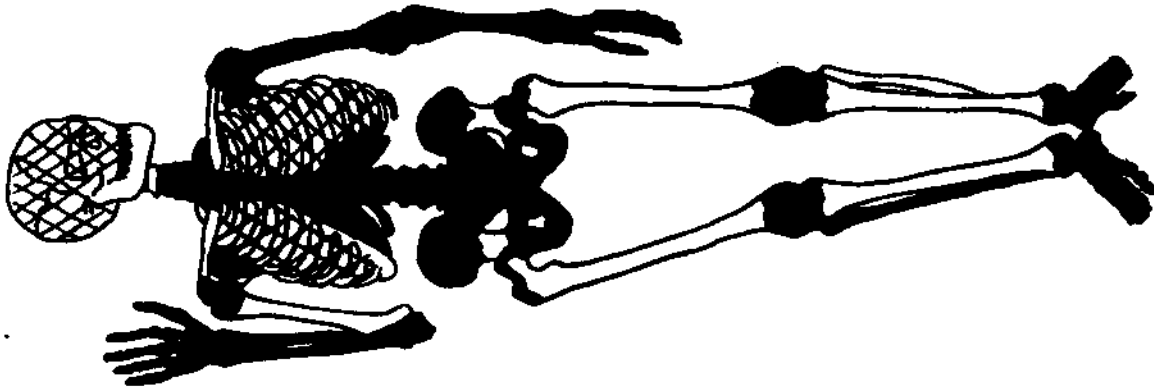
Portions of the maxilla from #7 - #8 and from #6 - #3 are missing.
 No loose maxillary teeth present with remains.

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

James J. McNeill
 JAMES G. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT-PARTS OF BODY NOT RECOVERED

Present: 1 - Cervical Vertebrae



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 - 2½ 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

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

James J. McDermott

X-798

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-798 (Formerly UNK X-313 USAF)

15 Oct 47

DATE

Cemetery Manila #2, Luzon, P.I.)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum

ORGANIZATION

Unknown

Manila, P.I.

812

A

150

PLACE OF DEATH

PLACE OF BURIAL

PLOT HANGER

ROW BAY

GRAVE NO. CRYPT

Missing

Missing

RIGHT								UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE LOCATION																			
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
TYPE 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 LOCATION															
	E			X	X	X	X	X	X	X				D	S
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		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		ORTHOPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

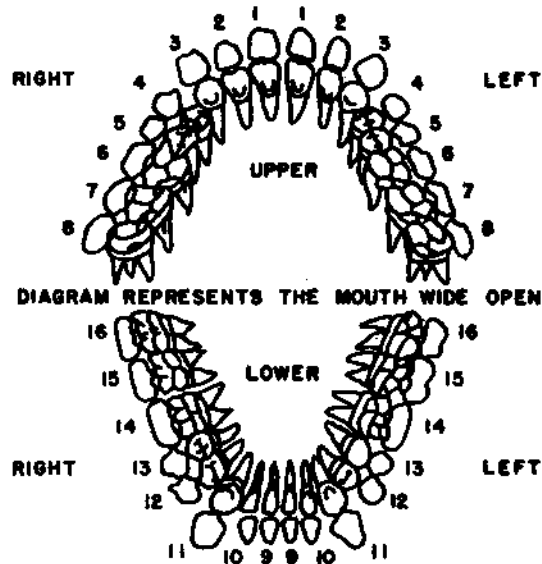
INSTRUCTIONS:

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 DISCLORED 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:

Attrition Posterior teeth.

s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

s/ Felix Glass
VERIFIED BY GRS OFFICER

p/ RUSSELL SMITH T/4
NAME AND RANK TYPED OR PRINTED

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

CIP, AGRS Mausoleum, Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

15 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)

UNKNOWN X-798 (Formerly UNK X-313 USAF)
~~UNKNOWN X~~ (Cemetery Manila #2, Luzon, P.I.)

Cemetery AGRS Mausoleum, Manila, P.I.
 HANGER 544 CRHPF
 Plot 812 Row A Grave 150

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 15 Oct 47
(Hour) (Date)
2. Place of death Unknown
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by AGRS, 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	/		
	(Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater		N	
Jacket, HBT		O	
* Shirt, Wool OD		N	
		E	
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) _____

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: Skeletal remains only - chart attached.

Age UTD Height UTD Weight UTD 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 _____ Mustache _____ Beard or _____
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)
Eyes (Color, setting, shape)
Eyes (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 **Tooth chart attached.**
..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)
Chin (Prominent, receding, pointed, dimples, double)
..... **skull**
Jaw (Large, small, normal)
Circumference of ~~head~~ in inches **UTD**
..... (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)
..... **U**
Hands **T**
..... **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 (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 Identification tags, ROI, or personal effects found with remains.
Estimated weight of remains 2½ 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/ Edward H. Marshall
(Officer's Name)
SP-8 C-062874
Rank Service
CIP, AGRS Mausoleum, Manila P.I.
(Organization)

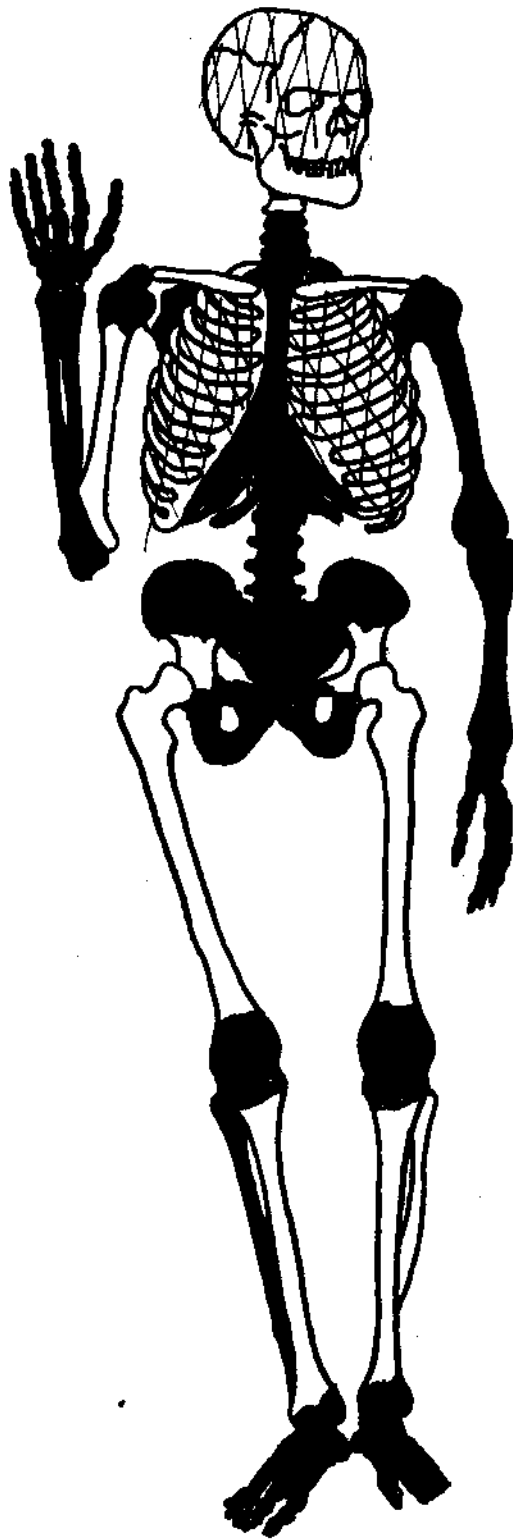
15 Oct 48

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

SKELETAL CHART

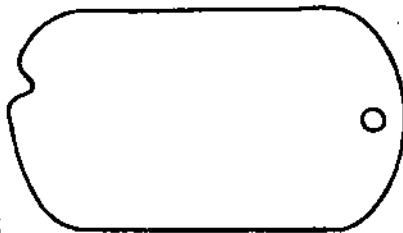
X-798

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



1 CERVICAL VERTEBRAE

17-Ribs FRAGMENTS

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.				SERIAL NO.				
		NAME (Last, first, middle initial) UNKNOWN X-798 (Formerly UNK X-313 USAF Cemetery Manila #2, Luzon, P.I.)				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 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 AGRS MAUSOLEUM, MANILA, P.I.										
DATE OF BURIAL STORAGE 16 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. 150						
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. 1454								
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-798			RANK		SERIAL No.		ORGANIZATION		GRAVE No. 152	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-780			RANK		SERIAL No.		ORGANIZATION		GRAVE No. 148	
SIGNATURE OF PERSON PREPARING REPORT Wm R. GILBERT, Adm Asst					SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPPIO, 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.										


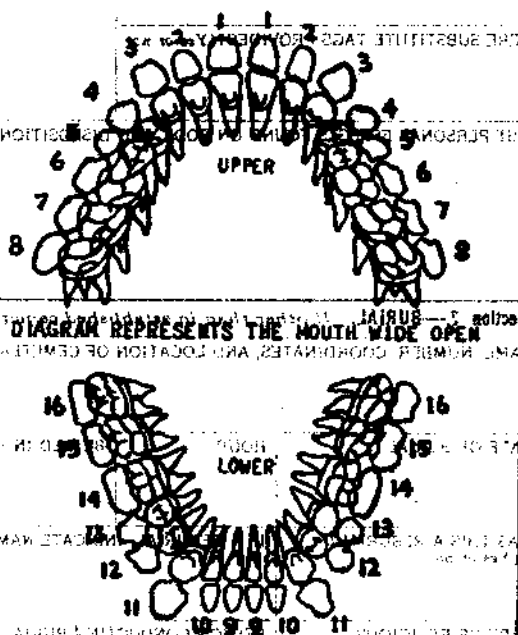




Section 3. UNIDENTIFIED REMAINS

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.

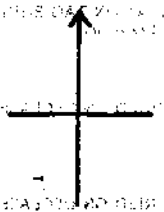
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	
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>	
RIGHT THUMB		

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-

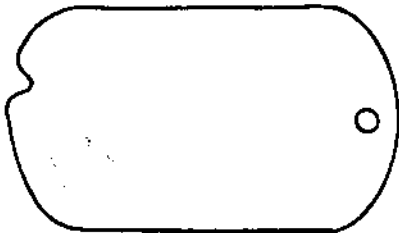
U-1469

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

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

DATE OF REPORT
16 January 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X - 313		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

Paul 664
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 No. 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. 1945	0900	Shelter Half	Cross	2	12	1454

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.

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
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X - 314	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1453
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 308	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1455
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SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> E. M. MOORE, 1st Lt., GRC.
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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.

Paul 26

RESTRICTED

27 FEB 1946

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


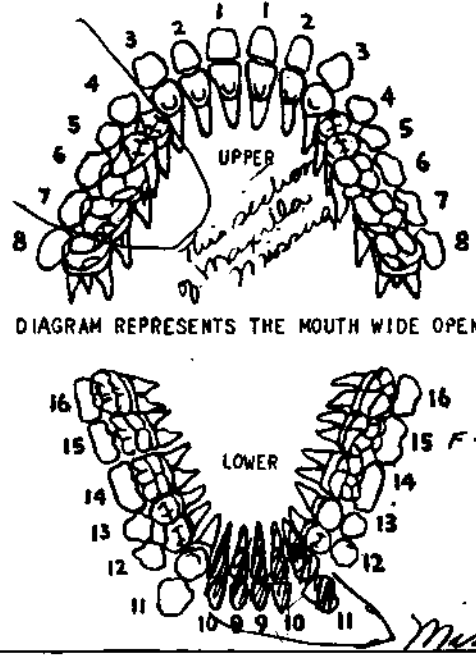




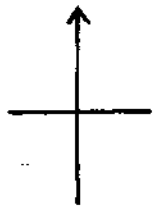
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> <p>15 F. SILVER</p> <p>Missing</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 contents destroyed.