

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Cont. Manila II & X-314

SUBJECT

Also Manila Maws. X-799

QMC FORM 1121
1 Aug 45

UNIT 213
GPO For East

10 August 1949

SUBJECT: Identification of World War II Decedent

TO: Commanding General
Philippine Command
AF 707, c/o Postmaster
San Francisco, California
ATTN: AGPO, PHILIPPINE COM

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

Unknown	I-443	AGPO Honolulu Manila, formerly	I-4000	AGPO Gen., Manila #2
*	I-443	*	I-5777	*
*	I-443	*	I-5778	*
*	I-443	*	I-5779	*
*	I-443	*	I-5780	*
*	I-443	*	I-5781	*
*	I-443	*	I-5782	*
*	I-443	*	I-5783	*
*	I-443	*	I-5784	*
*	I-443	*	I-5785	*
*	I-443	*	I-5786	*
*	I-443	*	I-5787	*
*	I-443	*	I-5788	*
*	I-443	*	I-5789	*
*	I-443	*	I-5790	*
*	I-443	*	I-5791	*
*	I-443	*	I-5792	*
*	I-443	*	I-5793	*
*	I-443	*	I-5794	*
*	I-443	*	I-5795	*
*	I-443	*	I-5796	*
*	I-443	*	I-5797	*
*	I-443	*	I-5798	*
*	I-443	*	I-5799	*
*	I-443	*	I-5800	*
*	I-443	*	I-5801	*
*	I-443	*	I-5802	*
*	I-443	*	I-5803	*
*	I-443	*	I-5804	*
*	I-443	*	I-5805	*
*	I-443	*	I-5806	*
*	I-443	*	I-5807	*
*	I-443	*	I-5808	*
*	I-443	*	I-5809	*
*	I-443	*	I-5810	*
*	I-443	*	I-5811	*
*	I-443	*	I-5812	*
*	I-443	*	I-5813	*
*	I-443	*	I-5814	*
*	I-443	*	I-5815	*
*	I-443	*	I-5816	*
*	I-443	*	I-5817	*
*	I-443	*	I-5818	*
*	I-443	*	I-5819	*
*	I-443	*	I-5820	*
*	I-443	*	I-5821	*
*	I-443	*	I-5822	*
*	I-443	*	I-5823	*
*	I-443	*	I-5824	*
*	I-443	*	I-5825	*
*	I-443	*	I-5826	*
*	I-443	*	I-5827	*
*	I-443	*	I-5828	*
*	I-443	*	I-5829	*
*	I-443	*	I-5830	*
*	I-443	*	I-5831	*
*	I-443	*	I-5832	*
*	I-443	*	I-5833	*
*	I-443	*	I-5834	*
*	I-443	*	I-5835	*
*	I-443	*	I-5836	*
*	I-443	*	I-5837	*
*	I-443	*	I-5838	*
*	I-443	*	I-5839	*
*	I-443	*	I-5840	*
*	I-443	*	I-5841	*
*	I-443	*	I-5842	*
*	I-443	*	I-5843	*
*	I-443	*	I-5844	*
*	I-443	*	I-5845	*
*	I-443	*	I-5846	*
*	I-443	*	I-5847	*
*	I-443	*	I-5848	*
*	I-443	*	I-5849	*
*	I-443	*	I-5850	*
*	I-443	*	I-5851	*
*	I-443	*	I-5852	*
*	I-443	*	I-5853	*
*	I-443	*	I-5854	*
*	I-443	*	I-5855	*
*	I-443	*	I-5856	*
*	I-443	*	I-5857	*
*	I-443	*	I-5858	*
*	I-443	*	I-5859	*
*	I-443	*	I-5860	*
*	I-443	*	I-5861	*
*	I-443	*	I-5862	*
*	I-443	*	I-5863	*
*	I-443	*	I-5864	*
*	I-443	*	I-5865	*
*	I-443	*	I-5866	*
*	I-443	*	I-5867	*
*	I-443	*	I-5868	*
*	I-443	*	I-5869	*
*	I-443	*	I-5870	*
*	I-443	*	I-5871	*
*	I-443	*	I-5872	*
*	I-443	*	I-5873	*
*	I-443	*	I-5874	*
*	I-443	*	I-5875	*
*	I-443	*	I-5876	*
*	I-443	*	I-5877	*
*	I-443	*	I-5878	*
*	I-443	*	I-5879	*
*	I-443	*	I-5880	*
*	I-443	*	I-5881	*
*	I-443	*	I-5882	*
*	I-443	*	I-5883	*
*	I-443	*	I-5884	*
*	I-443	*	I-5885	*
*	I-443	*	I-5886	*
*	I-443	*	I-5887	*
*	I-443	*	I-5888	*
*	I-443	*	I-5889	*
*	I-443	*	I-5890	*
*	I-443	*	I-5891	*
*	I-443	*	I-5892	*
*	I-443	*	I-5893	*
*	I-443	*	I-5894	*
*	I-443	*	I-5895	*
*	I-443	*	I-5896	*
*	I-443	*	I-5897	*
*	I-443	*	I-5898	*
*	I-443	*	I-5899	*
*	I-443	*	I-5900	*

2. Recommendations for unidentifiability have been approved by this office. Request your records be searched accordingly.

FOR THE ACTING THE QUARTERMASTER GENERAL: RUB

cc: Adm Section
T. Sanborn
L. M. White
J. Windsor

T. H. [unclear]
Lt. Colonel, GPO
Special Division
*M. A. N.
file 14 Aug. 50
C. Christine Garrison
Ed Br*

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSCR 293.9

AFO 707

SUBJECT: Unidentifiable Remains

25 JUL 1949

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

1. In accordance with the provisions of your letter, file QMCMU 293, OCS (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-415	AGRS	Maln	UNKNOWN X-817	AGRS	Maln
" X-429	AGRS	Maln	" X-838	AGRS	Maln
" X-446	AGRS	Maln	" X-3679	AGRS	Maln
" X-655	AGRS	Maln	" X-4661	AGRS	Maln
" X-799	AGRS	Maln			

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

FOR THE COMMANDING GENERAL:

9 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

/s/ John M. Weston, Jr.
JOHN M. WESTON JR
1st Lt ACD
Asst. Adj. Gen

1
/ers
/cyc

Interred 20 July 1949
L 12 21 Ft. McKinley
H. H. H. Mark
CAYLA A. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00155

DATE
15 06 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X-000314 0

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

PLOT ROW GRAVE COUNTRY
2 12 1453 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNKNOWN X-314
(Maus) UNKNOWN X-799
UNKNOWN X-316
9 Dec 41 21 Sept 48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN
 MARKER
ALBION H McLELLAN JR
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Shelter Half Skeletal

OTHER MEANS OF IDENTIFICATION Minor Discrepancy
One identification tag and Marker read UNKNOWN X-310
same Marker also reads U.S. Air Corps

MINOR DISCREPANCIES /
9 Dec 41
1466 - 12 - 2
Two Identification tags read - UNKNOWN X-799, AGAS Mausoleum
Formerly X-314, Manila No 2.

REMAINS PREPARED AND PLACED IN CASKET
DATE 21 Sept 48 BY ALBION H. McLELLAN JR

CASKET SEALED BY EMBALMER (Signature)
ALBION H McLELLAN JR
ALBION H McLELLAN JR

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 BY HORACE L ALLISON, Sgt, Inf CHARLES R BATES, 1st Lt, USAFR

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
Charles R Bates
CHARLES R BATES, 1st Lt, USAFR
SIGNATURE OF GRS INSPECTOR

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

FILE
9 AUG 1949
REPATRIATION
BRANCH
Hawkins

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>Carroll Marks</i>	DATE 20 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 <i>WILLIAM DEWITT</i>	DATE	SIGNATURE OF RECEIVER <i>WILLIAM DEWITT</i>	DATE

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

8 July 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 314, Plot 2,
Row 12, Grave 1453, USMC USAF Cem. Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


H. B. McNEEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 4/8/49 OQMG
Not identifiable from
information presently
available

5/8/49
Sanborn, T.
5/8/49

Incl # 5-1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-799 (Formerly UNK X-314 Manila #2)				2. DATE OF REPORT 18 July 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	159	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 135 lbs	9. ESTIMATED HEIGHT 5'5"	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
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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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES 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. # 5-2

TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED 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:			

Fractured

RIGHT								LEFT							
See Remarks								See Remarks							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
						P	P	P	P	P					
Side Views															
UPPER															
LOWER															
Side Views															
						P	P	P	P	P					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

Sockets of R3 and L3 indicate that missing teeth are both malposed facially while both L4 and R4 are rotated lingual distally.

"UNREPAIRABLE" J. J. McDERMOTT
 "BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA" Laboratory Off. CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present:
1 Lumbar vertebrae



Estimated height: 5'5"

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 - 5 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

J. J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

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-799 (Formerly UNK X-314, USAF
Cem Manila #2, Luzon, P.I.)

15 Oct 47
DATE

LAST NAME FIRST INITIAL

Unknown
RANK

Unknown
SERIAL NO.

Unknown
UNIT

Unknown
ORGANIZATION

Unknown
PLACE OF DEATH

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

812 A 159
PLOT ROW GRAVE NO.
ANGER BAY CRYPT

see Remarks















see Remarks missing

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE							X	X	X	X	X					
LOCATION																

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE		o					X	X	X	X		X			o	
LOCATION		f														

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ADJUSTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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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.

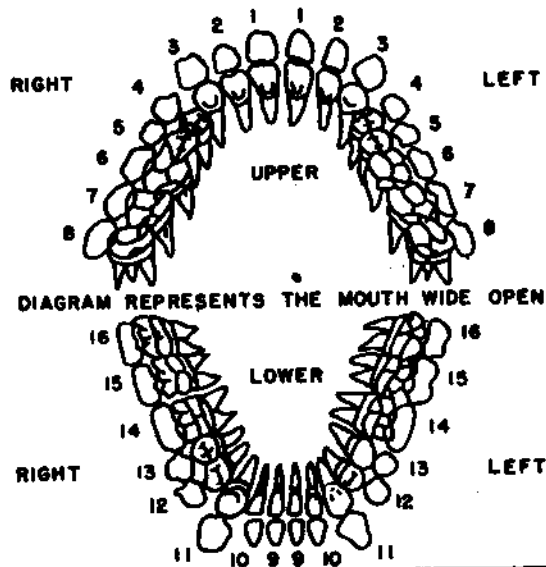


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Maxilla L4 and R4 Rotated toward mesial $\frac{1}{2}$ 7; and L 8; found loose

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

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

CIP, Nichols Field
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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

SP-6
NAME AND RANK TYPED OR PRINTED

AGRS 15 Oct 47
DATE

A 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-799 (Formerly UNK X-314, USAF
~~Unknown X Cem Manila #2, Luzon, P.I.~~)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 Row TANGERA BAY Grave CR/P159

CIP 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 O M T # 1
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	<small>(Type)</small>		
Raincoat		/	
Overcoat		//	
Jacket, Field		/	
Jacket, Combat		/	
Mackinaw		N	
Sweater		O	
Jacket, HBT		N	
* Shirt, Wool OD		/	
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? _____

Chart

6. Description of Remains: **Skeleton only - Skeletal/attached**

Age _____ Height ^{Est} 5'5" Weight ^{Est} 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 _____ Mustache _____ Beard or _____ (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

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

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

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

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

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

Jaw (Large, small, normal) **Circumference of skull 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)

Hands **U**
T

Fingers (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 (Quantity and extent of hair) **Circumcision** (Yes-no) **Pubic Hair** (Color)

Hernioplasty (Yes-no; location)

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

Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

Evidence of healed fractures (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain Due to the condition of remains.

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

9. Remarks No ROI bottle found with remains. No personal effects. No means of identification. Skull fractured. Estimated weight of remains five (5) 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)

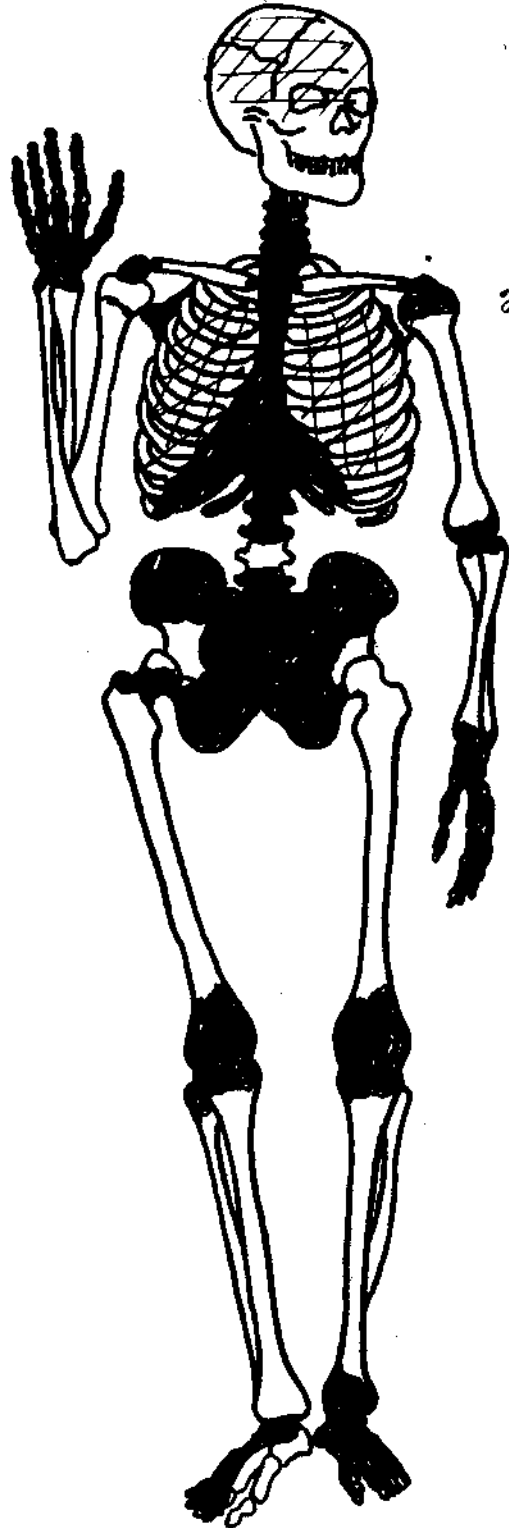
SP-6 A.G.R.S.
Rank Service

C.I.P., Nichols Field Mausoleum, Manila, P.I.
(Organization)

A CERTIFIED TRUE COPY:
George T. Gamboa
GEORGE T GAMBOA
24 66 MAC

SKELETAL CHART X-799

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



24 - Ribs fragments
fragments of 1 thoracic
1 lumbar vertebrae

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 20 Oct 47	
Imprint Identification Tag, if possible. DO NOT TYPE		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-799 (Formerly UNK X-314, USAF Cem Manila #2, Luzon, P.I.)				SERIAL NO. Unknown	
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
		PLACE OF DEATH Unknown		CAUSE OF DEATH Unknown			DATE OF DEATH Unknown
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 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 15 Oct 47	HOUR 0800	BURIED IN STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 812	ROW No. BAY A	GRAVE No. CRYPT 159	
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. 1453	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-804	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 161			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-800	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 157			
SIGNATURE OF PERSON PREPARING REPORT <i>Wm R. Gilbert</i> Wm R. GILBERT, Adm. Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio Jr</i> 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.							

Success

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


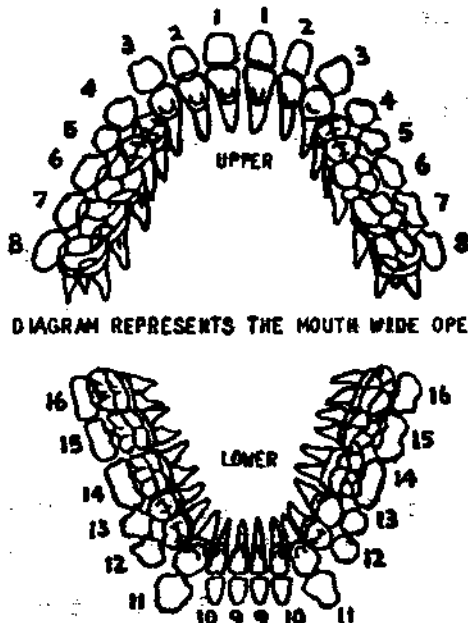




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

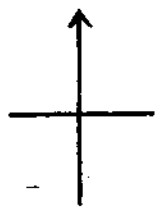
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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- O

U-1470

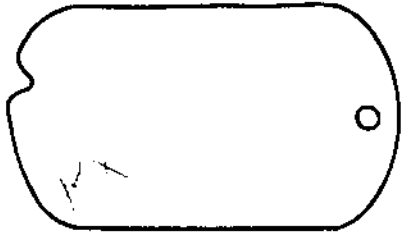
WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

RE/

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

DATE OF REPORT
16 January 1946

<i>Imprint Identification Tag If Possible. DO NOT TYPE</i> 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN WN X - 314 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 <i>Serial 665</i> None					
Section 2.—BURIAL. <i>If other than in established cemetery, furnish sketch and map coordinates on reverse.</i>					
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Manila No. 2, Luzon, P. I.					
DATE OF BURIAL 22 Dec. 1945	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. 1453
WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Ft. Wm. McKinley, Luzon, P. I.			PLOT No. C	ROW No. 5 GRAVE No. 2
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 - 317		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1452
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 319		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1454
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., G.D.		
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

16-48997-1

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.

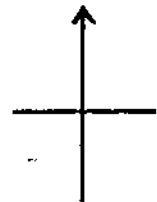
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p align="center"><i>missing</i></p> <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">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:

Burial bottle found with body but contents destroyed.