

FILE IDENTIFICATION TOPPER

FILE NUMBER

298 Oak Manila II 2 X 315

SUBJECT

Also Manila Maus. X-808

QMC FORM 1121
1 Aug 45

QUART 235
GRS Far East

9 August 1949

SUBJECT: Identification of World War II Deceased

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	X-618	AGRS	Mausoleum	Manila,	formerly	X-150,	USAF	Cem.,	Manila	#2
"	X-651	"	"	"	"	X-144	"	"	Manila	#2
"	X-682	"	"	"	"	X-145	"	"	Manila	#2
"	X-433	"	"	"	"	X-235	"	"	"	#2
"	X-437	"	"	"	"	X-290	"	"	"	#2
"	X-800	"	"	"	"	X-515	"	"	"	#2
"	X-841	"	"	"	"	X-559	"	"	"	#2
"	X-5182	"	"	"	"	X-1019	"	"	"	#2
"	X-5148	"	"	"	"	X-1025	"	"	"	#2
"	X-5161	"	"	"	"	X-1033	"	"	"	#2
"	X-5159	"	"	"	"	X-1036	"	"	"	#2
"	X-5170	"	"	"	"	X-1047	"	"	"	#2
"	X-2530	"	"	"	"	X-3024	"	"	"	#2
"	X-2590	"	"	"	"	X-3110	"	"	"	#2
"	X-2068	"	"	"	"	X-3191	"	"	"	#2
"	X-2069	"	"	"	"	X-3211	"	"	"	#2
"	X-1892	"	"	"	"	X-3246	"	"	"	#2
"	X-1980	"	"	"	"	X-3303	"	"	"	#2
"	X-1743	"	"	"	"	X-3350	"	"	"	#2
"	X-1754	"	"	"	"	X-3365	"	"	"	#2
"	X-1640	"	"	"	"	X-3461	"	"	"	#2
"	X-1513	"	"	"	"	X-3515	"	"	"	#2
"	X-1519	"	"	"	"	X-3521	"	"	"	#2
"	X-1301	"	"	"	"	X-3632	"	"	"	#2
"	X-1165	"	"	"	"	X-3753	"	"	"	#2
"	X-1116	"	"	"	"	X-3824	"	"	"	#2
"	X-1086	"	"	"	"	X-3872	"	"	"	#2
"	X-1418	"	"	"	"	X-3963	"	"	"	#2
"	X-1397	"	"	"	"	X-3990	"	"	"	#2

*N.A.N.
Filed 14 Aug 50
E. Christine Garvin
Slt 731*

QMGMT 293

ONS Far East

Ltr 9 August 1949

SUBJECT: Identification of World War II Deceased

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

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

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9
SUBJECT: Unidentifiable Remains

APO 707
21 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 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-433	AGRS	Mslm	UNKNOWN	X-1640	AGRS	Mslm
"	X-437	"	"	"	X-1749	"	"
"	X-618	"	"	"	X-1754	"	"
"	X-631	"	"	"	X-1892	"	"
"	X-632	"	"	"	X-1960	"	"
"	X-800	"	"	"	X-2058	"	"
"	X-841	"	"	"	X-2068	"	"
"	X-1036	"	"	"	X-2390	"	"
"	X-1116	"	"	"	X-2530	"	"
"	X-1165	"	"	"	X-3148	"	"
"	X-1301	"	"	"	X-3159	"	"
"	X-1397	"	"	"	X-3161	"	"
"	X-1418	"	"	"	X-3170	"	"
"	X-1513	"	"	"	X-3182	"	"
"	X-1519	"	"	"	X-4099, Manila #2		

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

FOR THE COMMANDING GENERAL:

30 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen

?DPS
 1
 Interred 15 Jul 1948
 A 7 18 Ft. McKinley
Case R Mark
DISINTERMENT DIRECTIVE

NAME AND BURIAL LOCATION OF DECEASED
 SECTION A
 DIRECTIVE NUMBER **7747 00153**
 DATE **15 05 48**
 DAY MONTH YEAR

NAME **UNKNOWN X - 000315** SERIAL NUMBER RANK ARM
 DATE OF DEATH
 DAY MONTH YEAR

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

ROW GRAVE COUNTRY
2 12 1451 PHILIPPINE ISLANDS
 CAUSE OF DEATH
6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN X-315** SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
(Mausoleum) UNK X-800 **21 Sept 48**
 IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS **UNKNOWN** **ALBION H McLELLAN JR**
 MARKER **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 DISCREPANCIES 1

(2) Identification tags read **UNKNOWN X-800, AGES Mausoleum
 Formerly X-315, 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. Mc Lellan Jr.*
ALBION H McLELLAN JR

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
 DATE **21 Sept 48** BY **MORACE L ALLISON, Sgt, Inf** **CHARLES R SATES, 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. Sates
CHARLES R. SATES, 1st Lt, USAFR
 SIGNATURE OF GRS INSPECTOR

FILE
13 AUG 1948
 REGISTRATION
 BRANCH
 MEM. DIV.

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 15 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>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

7. SHIPPED

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

REMAINING RECORDS
 (FOR THE LIBRARY DECISION)

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- 315, Plot 2,
Row 12, Grave 1451, 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. McNemar
H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received *2 Aug 49* OQMG
Not identifiable from
information presently
available *8-9-49*
9 Aug 1949

Encl # 6

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-800 (Formerly UNK X-315 Manila #2)				2. DATE OF REPORT 14 July 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	157	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 140 lbs.	9. ESTIMATED HEIGHT 5'5"	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
--	------------------------------------	---------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

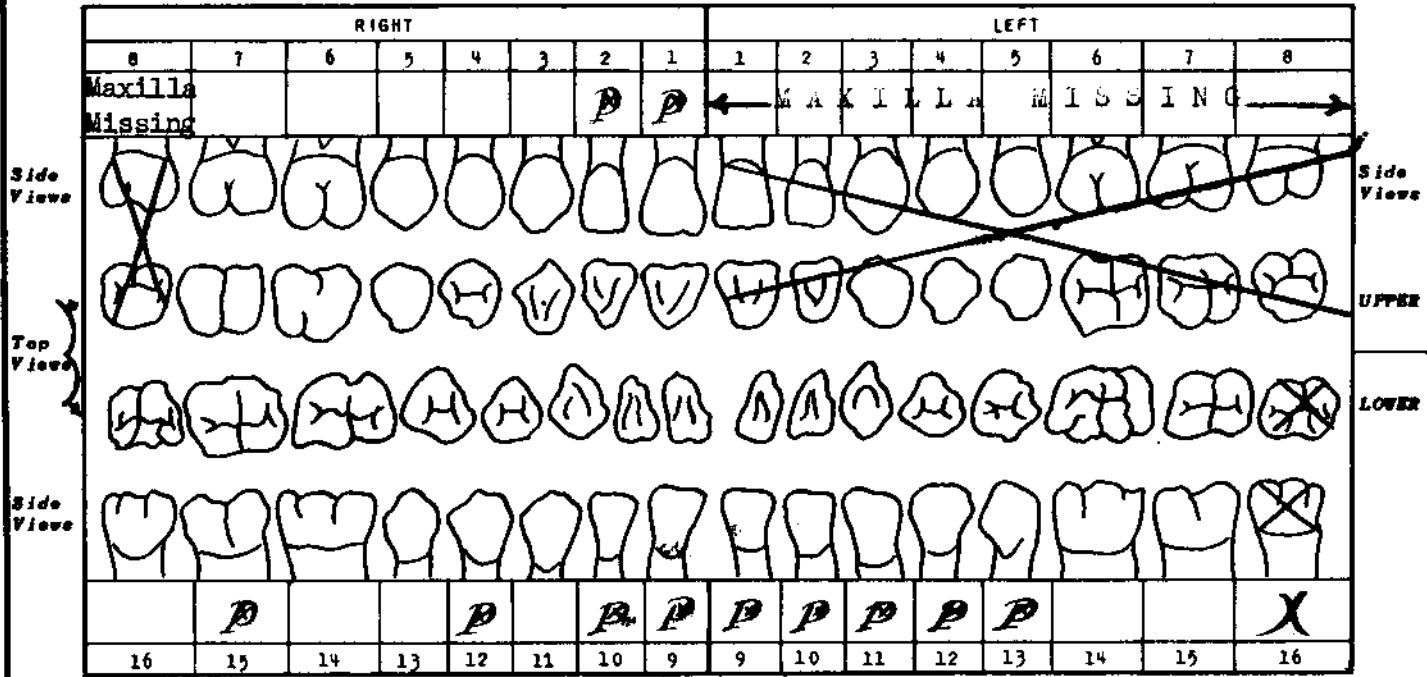
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

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

Incl. # 6²

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:		



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."

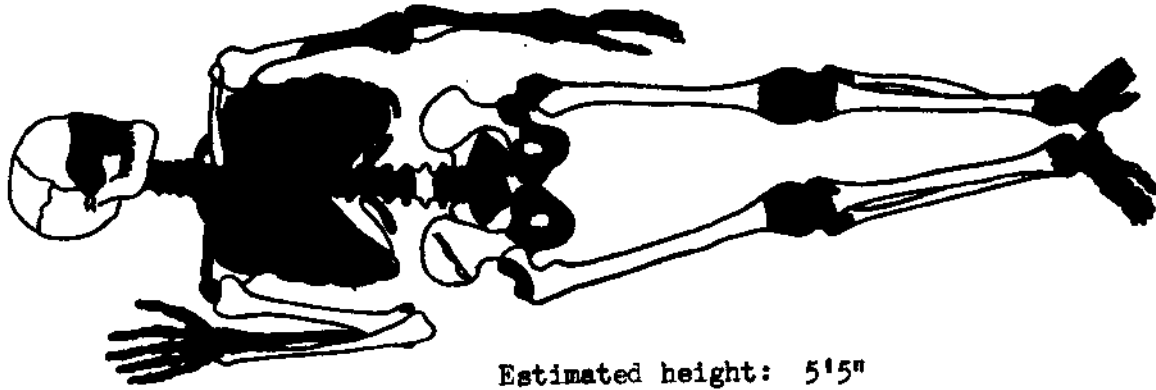
Portions of the maxilla from L1 - L8 and on R8 are missing. No loose Maxillary teeth present with remains.

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, CIP

"UNIDENTIFIABLE"
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

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
NUMBER
 OF THE FOLLOWING ANATOMICAL PARTS:

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 4½ lbs.

Circumference of skull - 19-¾ inches.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF 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

INSTRUCTIONS:

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

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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, $\frac{1}{2}$ PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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

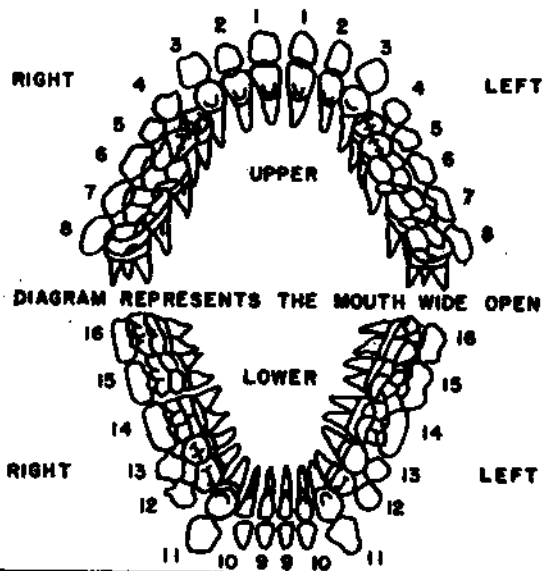


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

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

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

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

SP-6
NAME AND RANK TYPED OR PRINTED

C.I.P.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

15 Oct 47
DATE

CERTIFIED TRUE COPY

900-PHILBYCOM-4 97-20M

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)

(Formerly UNK X-315 USAF
 Unknown X 800 (Cem Manila #2, Luzon, P.I.
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 Row A Grave 157

AGRS, CIP Mausoleum,
 Manila, P.I.

1. Arrived at ~~_____~~ 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~~ 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	<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</u>		
Jacket, HBT	<u>E</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 _____ (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: Skeleton only. Skeletal Chart attached.

Age / _____ Est. _____ Est. _____
 Height 5'5" Weight 140 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, widow's 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) Eyebrows / (Color, bushiness, extent across nose)

Nose T (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)

Jaw / (Large, small, normal) Circumference of head in inches 19-3/4" (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 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers T (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 Remains interred 22 Dec 45 USAF Cem Manila #2

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

9. Remarks No RCI bottle and no I.D. tags received with remains.
No personal effects found to warrant identification. Weight
of remains is about 4½ 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)

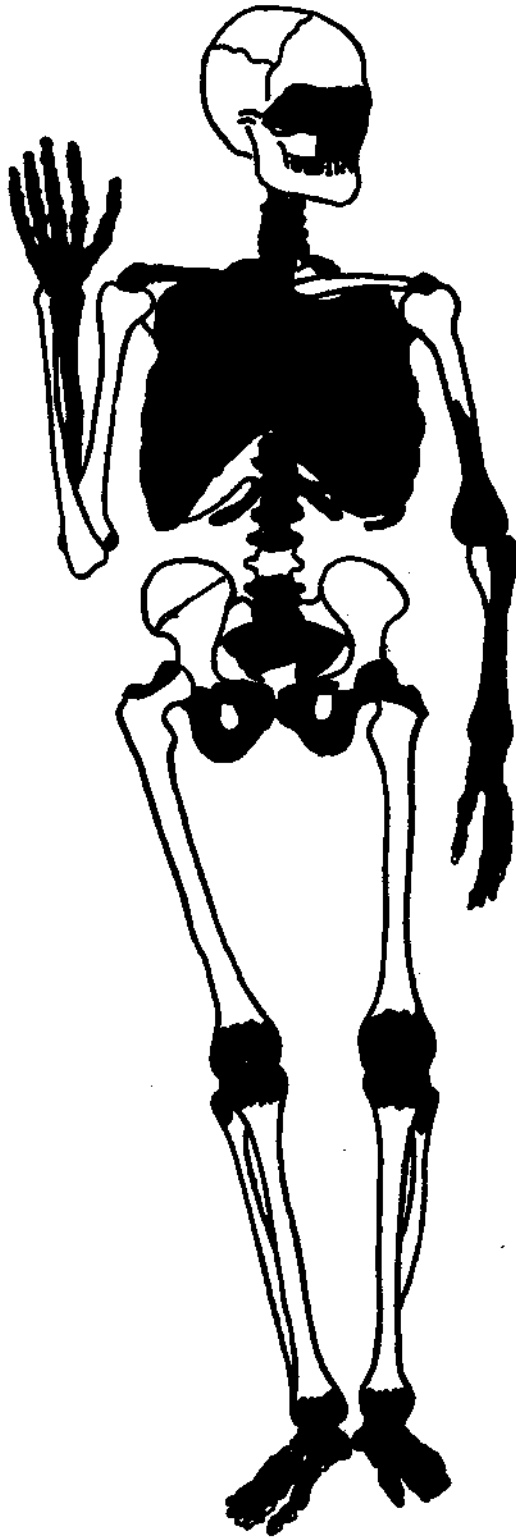
CERTIFIED TRUE COPY

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-800



No Ribs
No Cervical
No Thoracic } Vertebrae
1 Lumbar }
Bone fragments

RESTRICTED

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

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815) STORAGE

DATE OF REPORT

20 Oct 47

APP 5-1948

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-800 (Formerly UNK X-315,
USAF Cem #2, Manila, 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 3 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 (Shroud, blanket, or some of above) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. 1 ANGER 812	ROW No. BAY A	GRAVE No. CRYPT 157
--	--------------	--	---------------------------------	----------------------------	---------------------	---------------------------

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, Manila, P.I.	PLOT No. 2	ROW No. 12	GRAVE No. 1451
---	--	---------------	---------------	-------------------

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) STORAGE Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-799	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 159
--	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-797	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 155
---	------	------------	--------------	---------------------------

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 PANOPTO 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

See
664

Section UNIDENTIFIED REMAINS.


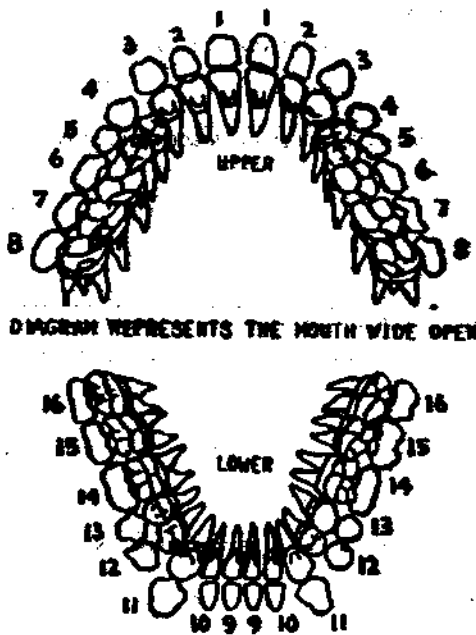




INSTRUCTIONS:

(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.

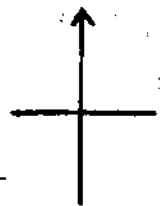
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

Identification Check List and Dental Chart accomplished.

24 NOV 1947

RESTRICTED

U-1471

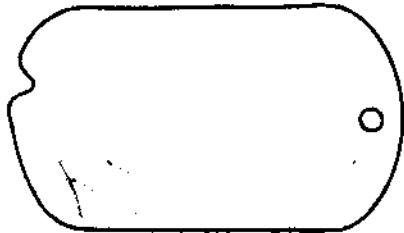
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

18 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-315

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

June 6 66

---None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila #2, Luzon, P I

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 Dec 45	0900	Shelter Half	Cross	2	12	1451

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Ft Wm McKinley, Luzon, P I	C	5	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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-316				1450

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNO..N X-317				1452

SIGNATURE OF PERSON PREPARING REPORT
R. C. Barrett
R. C. BARRETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT
E. M. Moore
E. M. MOORE, 1st Lt., QMC.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

June 46

RESTRICTED

27 FEB 1946

Section 3. UNIDENTIFIED REMAINS.


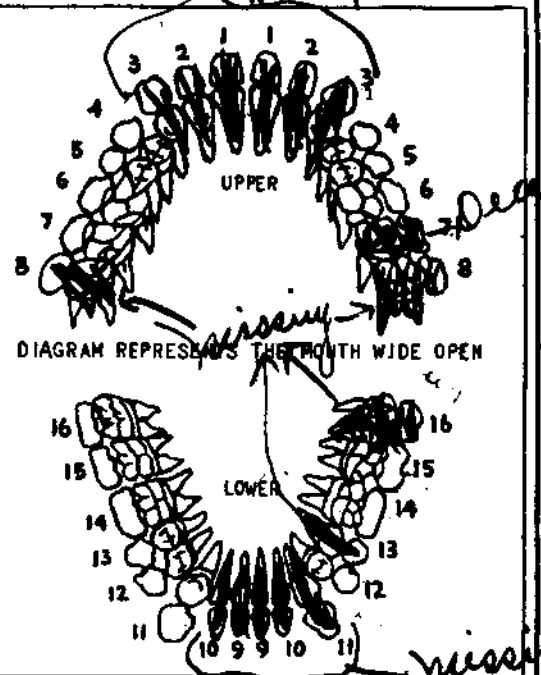




INSTRUCTIONS:

(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.

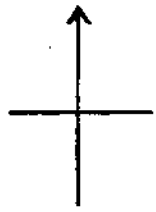
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>	
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:

Bottle found empty.