

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 wk. Manila #2 X-315

SUBJECT

Also Manila News. X-863

QMC FORM 1121
1 Aug 45

QUEST 293
GMS For List

22 August 1949

SUBJECT: Approval of Unidentifiability

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

ATTN: AFPO, PHILIPPINE COM

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

Unknown I-612,	AFPO Manila, formerly I-173,	USAF Oca, Manila #2
* I-612,	* " " " " " " " " " " " "	* I-173, " " " " " " " " " " " "
* I-2115,	* " " " " " " " " " " " "	* I-3071, " " " " " " " " " " " "
* I-2116,	* " " " " " " " " " " " "	* I-3072, " " " " " " " " " " " "
* I-2117,	* " " " " " " " " " " " "	* I-3073, " " " " " " " " " " " "
* I-1318,	* " " " " " " " " " " " "	* I-3074, " " " " " " " " " " " "
* I-112,	* " " " " " " " " " " " "	* I-295, " " " " " " " " " " " "
* I-117,	* " " " " " " " " " " " "	* I-300, " " " " " " " " " " " "
* I-303,	* " " " " " " " " " " " "	* I-316, " " " " " " " " " " " "
* I-2123,	* " " " " " " " " " " " "	* I-3060, " " " " " " " " " " " "
* I-2077,	* " " " " " " " " " " " "	* I-3072, " " " " " " " " " " " "

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

cc: Adm Section

T. H. BETA
Lt. Colonel, GS
Memorial Division

J. H. Lewis
L. H. White
J. Windsor

T.H.B.
File 14 Aug 50
C. Christine Lawren
J.H. Br

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

APO 707
1 Aug 1949

SUBJECT: Unidentifiable Remains

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-205	AGRS	Mslm	UNKNOWN X-803	AGRS	Mslm
" X-206	"	"	" X-1484	"	"
" X-213	"	"	" X-1977	"	"
" X-310	"	"	" X-2423	"	"
" X-442	"	"	" X-4504	"	"
" X-447	"	"			

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

FOR THE COMMANDING GENERAL:

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

11 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

Interred 28 July 1949
D 9 104 Ft. ~~McKinley~~ ⁸⁰³

DISINTERMENT DIRECTIVE

Search mark
CARL R. H. MARK

Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00158

DATE
15 06 48
DAY MONTH YEAR

NAME: UNKNOWN X-000318 SERIAL NUMBER: RANK: ARM: 0 DATE OF DEATH: DAY MONTH YEAR

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

PLOT: 2 ROW: 12 GRAVE: 1457 COUNTRY: 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-318 (Mausoleum) UNK X-803 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISINTERRED: 21 Sept 48
IDENTIFICATION TAG ON: 3 REMAINS 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: (2) identification tags shows Mausoleum UNKNOWN X-803

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

CASKET SEALED BY: ALBION H McLELLAN JR EMBALMER (Signature): *Albion H. McLeellan Jr.* ALBION H McLELLAN JR

CASKET BOXED AND MARKED: DATE: 21 Sept 48 BY: HORACE E ALLISON, Sgt, Inf SHIPPING ADDRESS VERIFIED BY: 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
16 AUG 1949
REPAIRATION BRANCH
MEMO DIV. *Stoyd*

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>Case R. Mark</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	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

REPAIRS
 RECORDS
 JUL 15 1949

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- 318, Plot 2,
Row 12, Grave 1457, 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
H. B. McNEEMAR
Captain, QMG
Chief, Records Branch

Attach: Form 1044

Received 8/5/49 OQMG

Not identifiable from
information presently
available

Lewis
8/16/49

Incl. # 7'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-803 (Formerly UNK X-313 Manila No.2)				2. DATE OF REPORT 19 July 1949	
3. NAME OF CEMETERY AGAS MAUSOLEUM, MANILA, P.I.		4. PLOT 812	5. ROW A	6. GRAVE 151	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 135 lbs.	9. ESTIMATED HEIGHT 5' 5"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

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"

Incl. # 72

18.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), THUS:



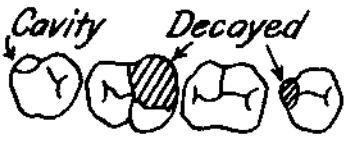
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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					M	I	S	S	I	N	G
Side Views																	Side Views	
Top Views																		
Side Views																		
	16	15	14	13	12	11	10	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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

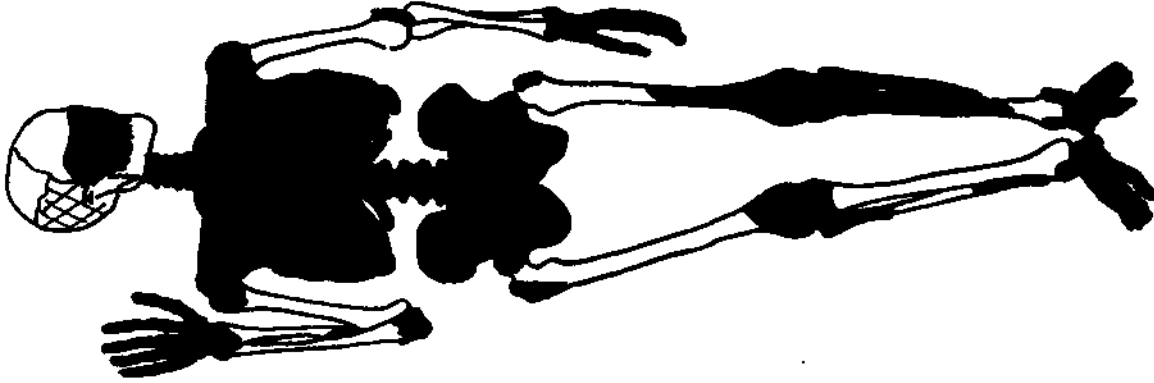
Perfect mandibular teeth.

"UNIDENTIFIABLE"

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

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 RO1, identification tags or personal effects found with remains.

Estimated weight of remains - 3 lbs.

Circumference of skull - 19½ inches.

"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

/af

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-803 (Formerly Unk X-318)
USAF Cem Manila #2, Luzon, P.I.)

15 Oct 47

DATE

UNKNOWN

FIRST

INITIAL

Unknown

RANK

Unknown

SERIAL NO.

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

Unknown

812

A

151

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE missing

RIGHT

UPPER TEETH

LEFT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE															TYPE
LOCATION															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															TYPE
LOCATION															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  CAVITY. INDICATE LOCATION  FIXED BRIDGE (INCL. ABUTMENTS)  TEETH REPLACED BY DENTURE  POSTHUMOUSLY MISSING (LOST AFTER DEATH)	 AMALGAM (SILVER)  GOLD  SILICATE OR PORCELAIN  OXYPHOSPHATE (CEMENT) 	 MESIAL (BETWEEN-TOWARD FRONT)  OCCLUSAL (BITING SURFACE BACK TEETH)  DISTAL (BETWEEN-TOWARD BACK)  LINGUAL (TOWARD TONGUE)  FACIAL (TOWARD CHEEK)

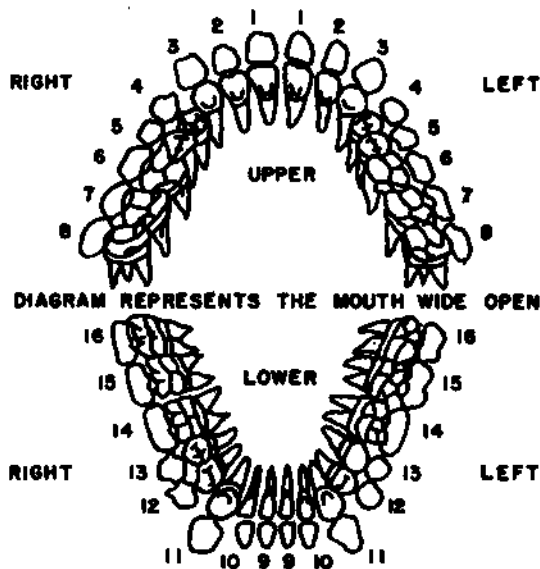
INSTRUCTIONS:

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

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

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

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



REMARKS:

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

Enb's Aide S-8-A
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

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)

/af

UNKNOWN X-803 (Formerly
 Unknown X-318 USAF Cem Manila #2, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 ^{HANGER} Row A ^{BAW} ^{CRWP} Grave 151

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 ~~excavated~~ disinterred by AGRS, C.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	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	N		
Mackinaw	O		
Sweater	N		
Jacket, HBT	E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web /

Drawers, wool /

Drawers, cotton N

Leggings, wool N

Socks, cotton /

* Shoes One (1) pr. of shoes (type) Civilian shoes.

Overshoes /

Web Equipment / (type)

(Other item) N

(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' 5" Est. Weight 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 U (Light, medium, dark, clear, pimples, pocks, freckles)

Build D (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)
 U

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

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

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 1/2"**
 (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 (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 means of identification.
One (1) pair of shoes civilian, but no marking in it found with
the remains. Estimated weight of remains three (3) lbs.
Civilian shoes enclosed with the remains in the casket.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ C. Maxlee Fann C-062781
(Officer's Name)

SP-6 AGRS
Rank Service

CIP, Nichols Field Mausoleum, Manila
(Organization)

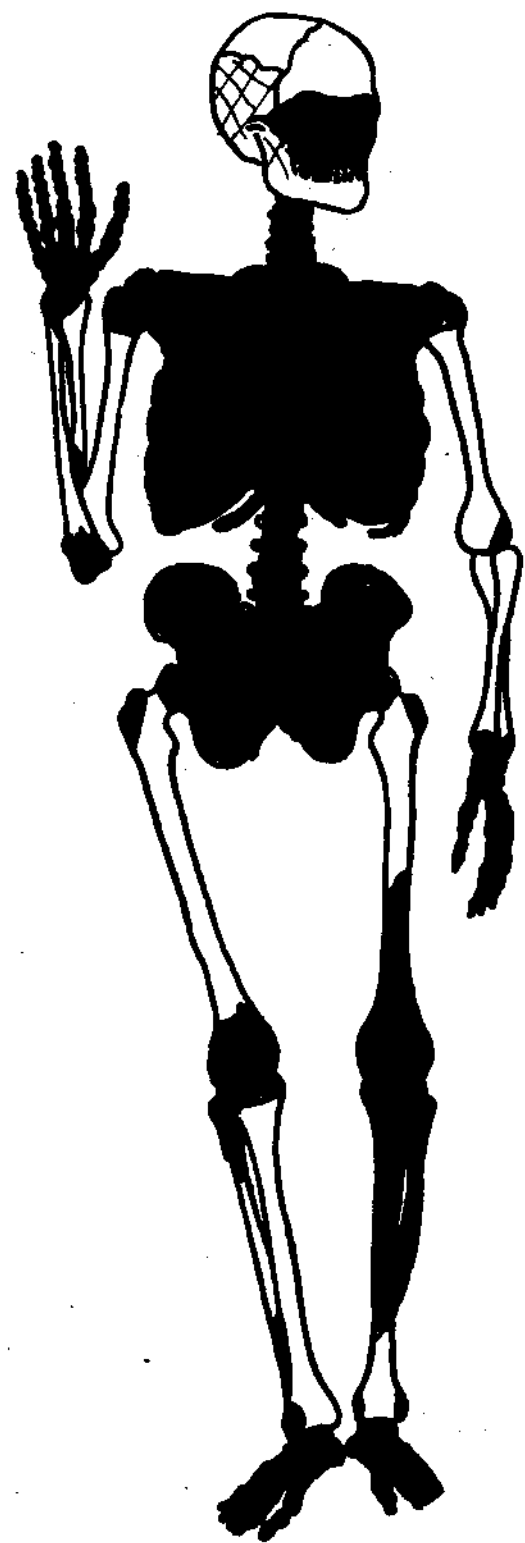
CERTIFIED TRUE COPY:

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

X-803

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*No ribs nor vertebrae
Received*

CHART "A"

RESTRICTED

U 1474

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

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

DATE OF REPORT
20 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-803 (Formerly Unk X-318 USAF Cemetery 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
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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
GRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 15 Oct 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of casket) Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 812	ROW No. BAY A	GRAVE No. CRYPT # 151
--	--------------	--	------------------------------	---------------------------	---------------------	-----------------------------

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. 1457
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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-788	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 153
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-791	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 149
--	------	------------	--------------	---------------------------

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.
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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.

RESTRICTED

Incl 660

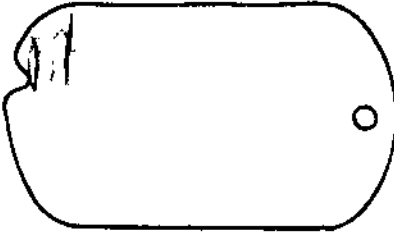
RESTRICTED U-

U-1474

WD GMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)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 X - 318					
		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 Incl 683 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. 1457
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. 4	GRAVE No. 6	
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) GILL, Everett O.		RANK	SERIAL No.	ORGANIZATION 33rd Nichols Field	GRAVE No. 1456		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 319		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1458		
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., QAC.			
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

16-43907-1

Section 3.—UNIDENTIFIED REMAINS.

27 FEB 1946

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER






INSTRUCTIONS:

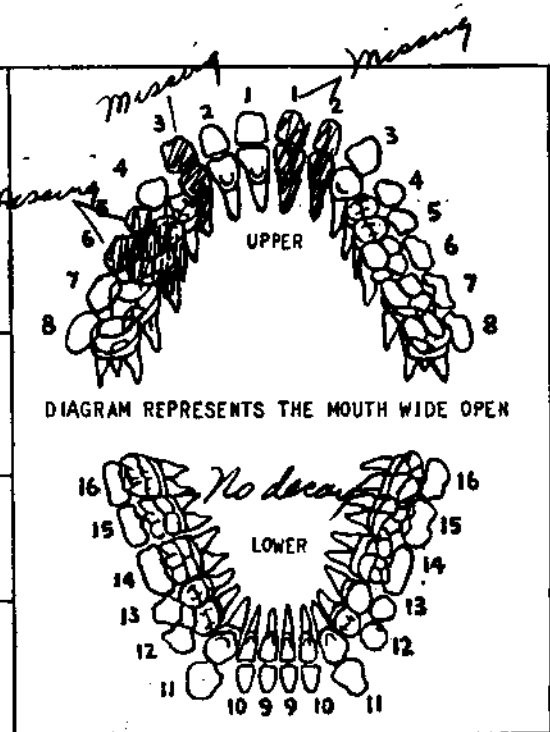
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

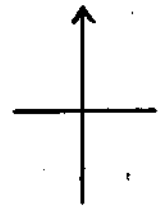
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

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



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



REMARKS: