

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Cont. Manila #2 X-322

SUBJECT

Also Manila Manus. X-807 ✓

GAC FORM 1121  
1 Aug 49

QUART 293  
CNS Far East

3 September 1949

SUBJECT: Approval of Unidentifiability

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

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

Unknown X-432,		AGNS Mausoleum Manila, formerly I-284,		USAF Cem. Manila #2				
"	X-604,	"	"	"	X-115,	"	"	"
"	X-598,	"	"	"	X-109,	"	"	"
"	X-807,	"	"	"	X-322,	"	"	"
"	X-808,	"	"	"	<del>X-323,</del>	"	"	"
"	X-1673,	"	"	"	X-3434,	"	"	"
"	X-1682,	"	"	"	X-3422,	"	"	"
"	X-1698,	"	"	"	X-3406,	"	"	"
"	X-1932,	"	"	"	X-3320,	"	"	"
"	X-1923,	"	"	"	X-3321,	"	"	"
"	X-1376,	"	"	"	X-3983-B	"	"	"
"	X-5109,	"	"	"	Rivera, Francisco	"	"	"
"	X-4990,	"	"	"	Pvt. 10 300 503	"	"	"
"	X-3616,	"	"	"	Freeman, Donald E.	"	"	"
					Sgt. 7 021 958			
					Eric F. Davis			
					1/Lt 57th Inf.			

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, QMC  
Memorial Division

REB

cc: Adm Section  
S. M. Gaultier  
L. M. White  
J. Wimmer

*J. D. W.*  
*File 14 Aug 50*  
*L. Christine Gardner*  
*S. Br*

COPY

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

OSOR 293.9

APC 707

SUBJECT: Unidentifiable Remains

18 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 OSOR 293, (RS (Par 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-240	AGRS Manila	UNKNOWN X-1673	AGRS Manila
" X-432	" "	" X-1682	" "
" X-598	" "	" X-1698	" "
" X-604	" "	" X-1932	" "
" X-807	" "	" X-1933	" "
" X-808	" "		

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

FOR THE COMMANDING GENERAL:

/s/ C. H. Mourance  
C. H. MOURANCE  
2nd. Lt. AGD  
Asst. Adj. Gen

11 Incls  
MC Form 1044 w/certificates  
of Unidentifiability

COPY

1/mrl

1

Interred 8 August 1948  
22 Ft. McKinley

DISINTERMENT DIRECTIVE

*Carl R. H. Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00162

DATE  
15 05 48  
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH  
*J. J. UNKNOWN* X-000322 0 0  
DAY MONTH YEAR

CEMETERY DISPOSITION OF REMAINS  
USAF CEMETERY MANILA NO 2 0 7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH  
2 12 1462 PHILIPPINE ISLANDS 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  
UNK X-322 UNK X-807 (Mausoleum) 21 Sept. '48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN ALEIGH 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 I UNK X-807  
(2) Identification tags read: Aches Mausoleum  
Formerly X-322 Manila #2

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

CASKET SEALED BY EMBALMER (Signature)  
ALEIGH H. McLELLAN JR. *Aleight H. McAllan Jr.*  
ALEIGH 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.

7 - SEP 1948  
REPATRIATION  
BRANCH  
MEM. *Marking*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT. MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carol R. Mark</i>	DATE <b>8 AUG 1949</b>

## 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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

26 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 322 , Plot 2 ,  
Row 12 , Grave 1462 , USMC USAF Com 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, *CMC*  
Chief, Records Branch

Atch: Form 1044

Received AUG 29 1949 *CCMG*  
Not identifiable from  
information presently  
available

AUG 30 1949  
*Heild*  
*Ident.*

*Incl 5'*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-807 (Formerly UNK X-322 Manila #2)</b>			2. DATE OF REPORT <b>1 Aug 1949</b>		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>812</b>	<b>A</b>	<b>163</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>140 lbs</b>	9. ESTIMATED HEIGHT <b>5' 8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
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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?  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 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 52*

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN). THUS:		Gold Crown, Porcelain Crown 	
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		Gold Bridge 	
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT). THUS:		Gold Filling, Silver Filling 	
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		Cavity, Decayed 	

*Fractured*

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Maxilla missing								maxilla missing							
X	A	A	P		P	P	P	P	P	P		P	A	A	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

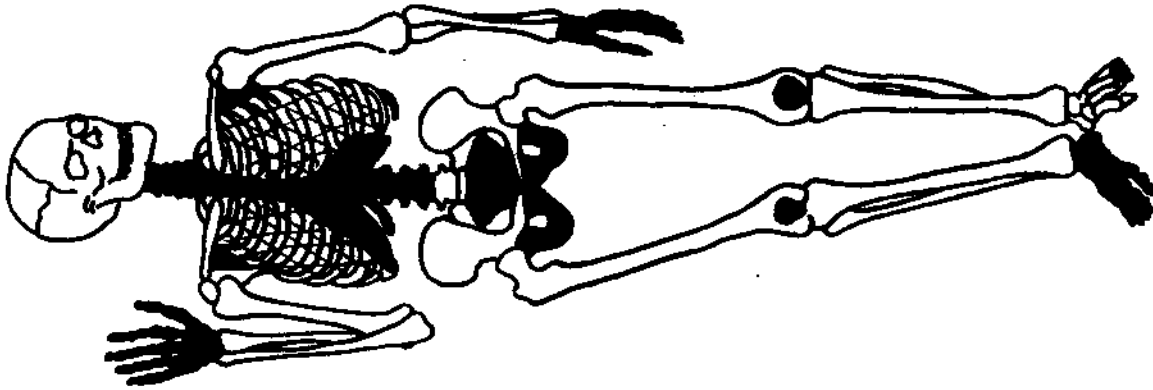
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**"UNIDENTIFIABLE"**  
 REASON OF LACK OF SUFFICIENT IDENTIFYING DATA  
*Incl 5<sup>3</sup>*

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



19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5' 8"

20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_  
NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.  
Estimated weight of remains - 11 lbs  
Circumference of skull - 20 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

X-907

# 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.

(Formerly Unk X-322  
USAF Com Manila #2,

15 Oct 47  
DATE

UNKNOWN X-807 Luzon, P.I.)  
LAST NAME FIRST INITIAL

Unknown  
RANK

Unknown  
SERIAL NO.

Unknown  
UNIT

Unknown  
ORGANIZATION

Unknown  
PLACE OF DEATH

AGRS MAUSOLEUM  
Manila, P.I.

812 A 163  
PLOT ROW GRAVE NO.

PLACE OF BURIAL  
STORAGE

CRYP  
TANGER BAY

maxilla  
missing

maxilla  
missing

RIGHT								LEFT							
UPPER TEETH								UPPER TEETH							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A	A	X			P	P	P	P	P	P		P	A	A

INSIDE — LOOKING OUT

RIGHT								LEFT							
LOWER TEETH								LOWER TEETH							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
P	A	A	P		P	P	P	P					A	A	X

## 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 (ENCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

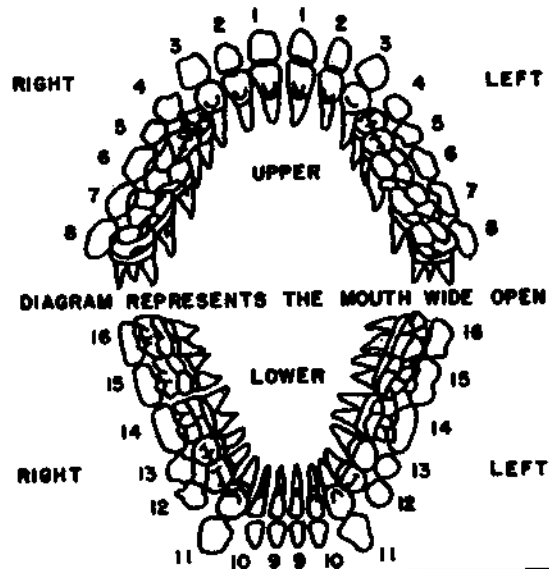
**INSTRUCTIONS:**

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 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/ Edwin Gregurek  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ EDWIN GREGUREK  
NAME AND RANK TYPED OR PRINTED

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

/s/ Edward H. Marshall  
VERIFIED BY GRS OFFICER

SP-8- C-062874  
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)

(Formerly Unk X-322  
 USAF Cem Manila #2,  
 Unknown X-807 Luzon, P.I.  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 <sup>RANGER BAY CAMP</sup> Row A Grave 163

**AGRS MAUSOLEUM, Manila, P.I. 15 Oct 47**

1. Arrived at ~~xxxxxx~~ \_\_\_\_\_  
(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 GMT #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	N		
* Shirt, Wool OD	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: **Skeleton only- Skeletal chart attached.**

Age \_\_\_\_\_ Est. Height **5'8"** Est. 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, poeks, 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)



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 ROI bottle found, No personal effects.  
Nothing found to warrant identification, Estimated weight  
of remains 11 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

AGRS Mausoleum, Manila, P.I.  
(Organization)

15 Oct 47

CERTIFIED TRUE COPY:

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

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

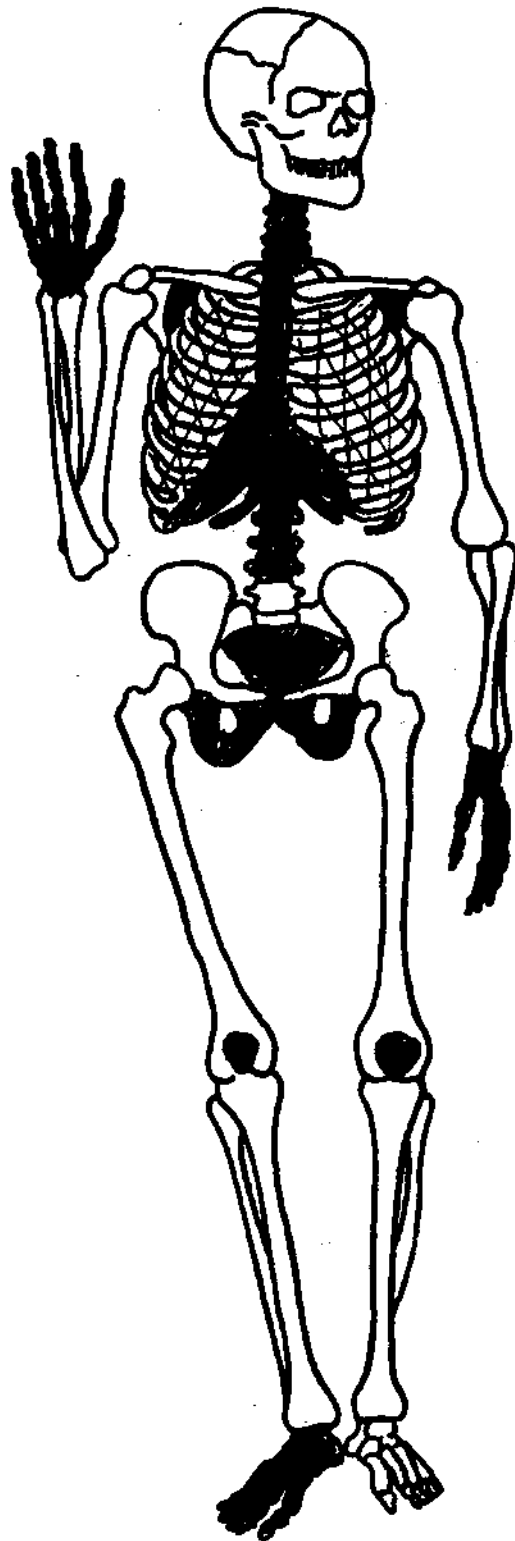


CHART "A"



1277  
RESTRICTED

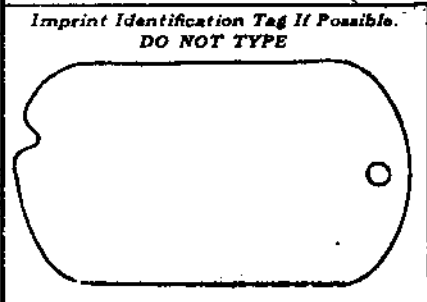
1477

/mba  
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

APR 5-1948

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

DATE OF REPORT  
18 Oct 47



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-807 (Formerly Unk X-322 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
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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  
IGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 15 Oct 47	HOUR 1300	BURIED IN (Shroud, blanket, or nature of container) Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. A	GRAVE No. CRYPT 163
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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. 1462
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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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-805	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 165
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-804	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 161

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.

RESTRICTED

Incl 670

**Section 2. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


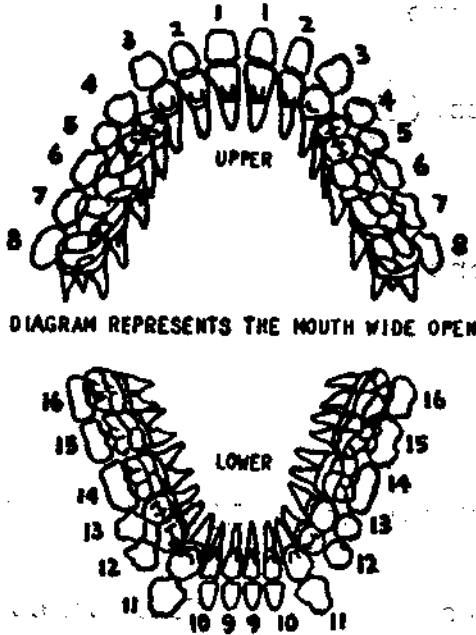




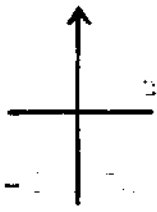
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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
FILLINGS  SILVER FILLING GOLD FILLING					 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN				
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									
									

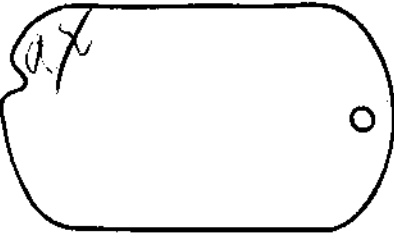


REMARKS:

**Identification Check List and Dental Chart accomplished.**

**24 NOV 1947**

RESTRICTED U-

U-1477

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 - 322				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  Jan 6 46  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 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. 1462	
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					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X - 321			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1461	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) LARIOS, M. T.			RANK	SERIAL No.	ORGANIZATION USN	GRAVE No. 1463	
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARREITT, T/4, GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  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.							

Jul 30'

RESTRICTED

**27 FEB 1940**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


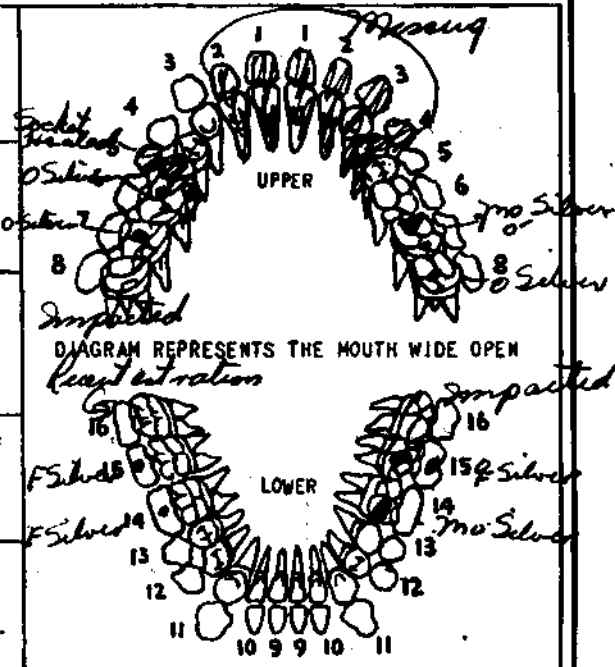




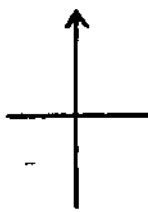
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>Diagram represents the mouth wide open Reaction ration</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	
<b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b>		

**REMARKS:**

Burial bottle found with body but contents destroyed.