

FILE IDENTIFICATION TOPPER

FILE NUMBER

298 Unk. Manila # 2 X-325

SUBJECT

Also Manila New. X-810 ✓

QMC FORM 1121
1 Aug 45

QMGMT 293
GRS Far East

2 September 1949

SUBJECT: Approval of Unidentifiability

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

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

Unknown	X-2686, AGRS Mausoleum Manila, formerly	X-2834, USAF Cem., Manila	#2
"	X-2684, " " " " " "	X-2832, " " " " " "	#2
"	X-2682, " " " " " "	X-2830, " " " " " "	#2
"	X-2783, " " " " " "	X-2841, " " " " " "	#2
"	X-2779, " " " " " "	X-2857, " " " " " "	#2
"	X-2764, " " " " " "	X-2862, " " " " " "	#2
"	X-2762, " " " " " "	X-2860, " " " " " "	#2
"	X-2777, " " " " " "	X-2855, " " " " " "	#2
"	X-2774, " " " " " "	X-2852, " " " " " "	#2
"	X-2778, " " " " " "	X-2856, " " " " " "	#2
"	X-2744, " " " " " "	X-2814, " " " " " "	#2
"	X-2722, " " " " " "	X-2823, " " " " " "	#2
"	X-2742, " " " " " "	X-2812, " " " " " "	#2
"	X-2719, " " " " " "	X-2819, " " " " " "	#2
"	X-2679, " " " " " "	X-2806, " " " " " "	#2
"	X-2771, " " " " " "	X-2869, " " " " " "	#2
"	X-2770, " " " " " "	X-2868, " " " " " "	#2
"	X-2753, " " " " " "	X-2871, " " " " " "	#2
"	X-2754, " " " " " "	X-2872, " " " " " "	#2
"	X-2752, " " " " " "	X-2870, " " " " " "	#2
"	X-2691, " " " " " "	X-2839, " " " " " "	#2
"	X-2690, " " " " " "	X-2838, " " " " " "	#2
"	X-2689, " " " " " "	X-2837, " " " " " "	#2
"	X-2414, " " " " " "	X-3126, " " " " " "	#2
"	X-1975, " " " " " "	X-3270, " " " " " "	#2
"	X-1947, " " " " " "	X-3282, " " " " " "	#2
"	X-1940, " " " " " "	X-3328, " " " " " "	#2
"	X-1699, " " " " " "	X-3407, " " " " " "	#2
"	X-1631, " " " " " "	X-3452, " " " " " "	#2
"	X-1405, " " " " " "	X-3996, " " " " " "	#2
"	X-1379, " " " " " "	X-3961, " " " " " "	#2
"	X- 832, " " " " " "	X- 348, " " " " " "	#2

Received
Not identifiable from
information presently
available

*File 14 Aug 59
C. Christian Garcia
J. P. R.*

QCMT 205

GIS For East

12r 2 September 1949

SUBJECT: Approval of Unidentifiability

Unknown	X- 810,	AGS	Massicus	Manila,	Formerly	X- 828,	RAF	Com.,	Manila	42
*	X- 785,	*	*	*	*	X- 840,	*	*	*	42
*	X- 837,	*	*	*	*	X- 841,	*	*	*	42
*	X- 854,	*	*	*	*	X- 187,	*	*	*	42
*	X- 857,	*	*	*	*	X- 108,	*	*	*	42
*	X- 858,	*	*	*	*	X- 249,	*	*	*	42
*	X-8736,	*	*	*	*	X-8774,	*	*	*	42
*	X-8757,	*	*	*	*	X-8876,	*	*	*	42
*	X-8758,	*	*	*	*	X-8877,	*	*	*	42
*	X-8888,	*	*	*	*	X-8884,	*	*	*	42
*	X-8884,	*	*	*	*	X-8885,	*	*	*	42
*	X-8885,	*	*	*	*	X-8886,	*	*	*	42
*	X-8886,	*	*	*	*	X-8887,	*	*	*	42
*	X-8887,	*	*	*	*	X-8888,	*	*	*	42
*	X-8888,	*	*	*	*	X-8889,	*	*	*	42
*	X-8889,	*	*	*	*	X-8890,	*	*	*	42
*	X-8890,	*	*	*	*	X-8891,	*	*	*	42
*	X-8891,	*	*	*	*	X-8892,	*	*	*	42
*	X-8892,	*	*	*	*	X-8893,	*	*	*	42
*	X-8893,	*	*	*	*	X-8894,	*	*	*	42
*	X-8894,	*	*	*	*	X-8895,	*	*	*	42
*	X-2781-a,	*	*	*	*	X-8879,	*	*	*	42

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. H. MEE
Lt. Colonel, GIC
Memorial Division

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

HEB

TBC

CC: CINCPC, APO 500, c/o Postmaster, San Francisco, California

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 QUART 295, QRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGPS Hanoie, Hanoi, P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-102	AGPS	Wain	UNKNOWN	X-1579	AGPS	Wain
"	X-208	"	"	"	X-1405	"	"
"	X-244	"	"	"	X-1651	"	"
"	X-312	"	"	"	X-1656	"	"
"	X-456	"	"	"	X-1940	"	"
"	X-537	"	"	"	X-1947	"	"
"	X-654	"	"	"	X-1976	"	"
"	X-697	"	"	"	X-2247	"	"
"	X-725	"	"	"	X-2316	"	"
"	X-810	"	"	"	X-2320	"	"
"	X-852	"	"	"	X-2329	"	"

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

TO: THE QUARTERMASTER GENERAL:

C. H. LINDSAY
Supt. Lt., AGP
Asst. Adj. Gen.

22 Encls

QIC Form 1044 w/certificates
of unidentifiability

/mr1

/ebc

1

Interred 16 August 1949

G 13 44 Ft. McKinley

Caremark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00190

DATE

15 06 48
DAY MONTH YEAR

NAME

UNKNOWN X-000325

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

0 7701 80

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

2 12 1535 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

UNK X-325
UNK X-810 (Mausoleum)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

21 Sept. '48

IDENTIFICATION TAG ON

REMAINS
 MARKER

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 read: UNKNOWN X-810
AGRS Mausoleum
Formerly X-325 Manila #2

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. Mclellan Jr.
ALBION H. McLELLAN JR.

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

21 Sept '48 by HORACE L. ALLISON, Sgt. INF

CELESTINO E. ABELLAR, 1st Lt., FA

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Celestino E. Abellar
CELESTINO E. ABELLAR, 1st Lt., FA

SIGNATURE OF GRS INSPECTOR

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

RECORDS ANNOTATED
DATE 16 Sept 49
NAME Bell

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 Mark</i>	DATE 16 AUG 1948

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

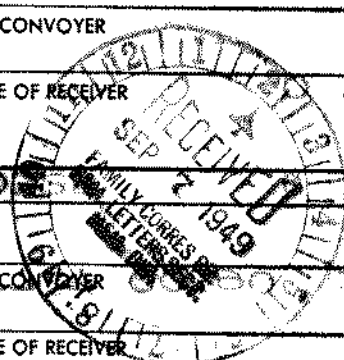
FROM		TO	
KIND OF CONVEYANCE <i>LOCAL HOSPITAL CEMETERY</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>LOCAL HOSPITAL CEMETERY</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM <i>S IS 1932 BIRIBIRING</i>		TO <i>BERANDA</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>RECEIVED</i>	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

28 July 1949
Date

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

The records pertaining to Unknown X-325, Plot 2,
Row 12, Grave 1535, USMC USAr Cam 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:

A. B. McNemar
A. B. McNEMAR
Captain, GMC
Chief, Records Branch

Atch: Form 1044

Received 8/30/49
Not Identifiable from
Information provided
8/31/49
Samborn/T.
Ident

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-810 (Formerly Unk X-325 Manila #2)				2. DATE OF REPORT 2 Aug 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	164	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 10"	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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO











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"

16. TOOTH CHART		X-210	
		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

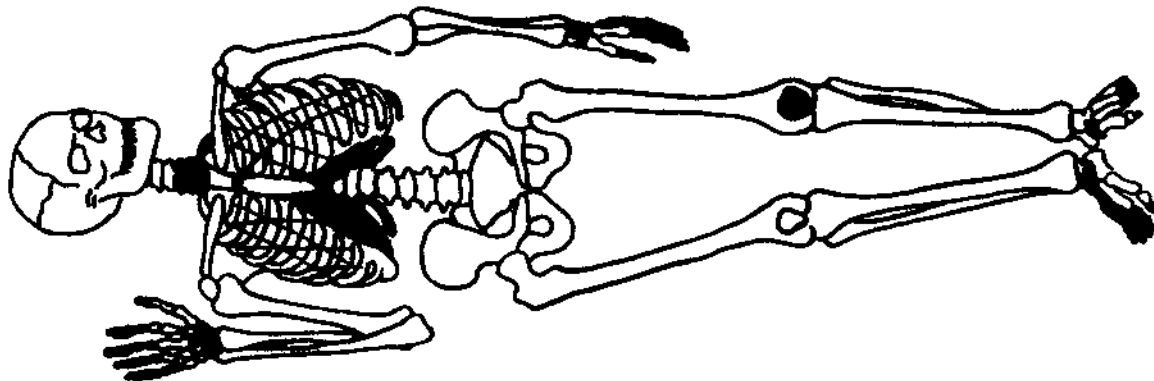
RIGHT								LEFT								Impacted
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
X	$\frac{A}{O}$	$\frac{A}{O}$					$\frac{S}{M}$	$\frac{S}{M}$					$\frac{A}{O}$	$\frac{A}{O}$	\downarrow	
<i>Side View</i>																<i>Side View</i>
<i>Top View</i>																
																
<i>Side View</i>																
X	X	$\frac{A}{O}$											$\frac{A}{O}$	$\frac{A}{O}$	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"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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



Estimated height: 5' 10".

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 - 8½ lbs.

Circumference of skull - 21 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

SIGNATURE

J. J. McDERMOTT
Laboratory Officer, CIP

122

MAY 20 1948

RESTRICTED

U 1480

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

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

DATE OF REPORT

13 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-810 (Formerly UNKNOWN
X-325 USAF Cem Manila #2)

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 2 on reverse)

See remarks

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

N O N E

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	HOUR	BURIED IN (Shroud, blanket, or name of cloth)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 15 Oct 47	1300	STORED Casket	None	RANGE 812	BAY A	CRYP 164

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.	ROW No.	GRAVE No.
2	12	1535

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 - 809

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

166

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)
STORED

UNKNOWN X - 801

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

162

SIGNATURE OF PERSON PREPARING REPORT

W. R. GILBERT, Adm Asst


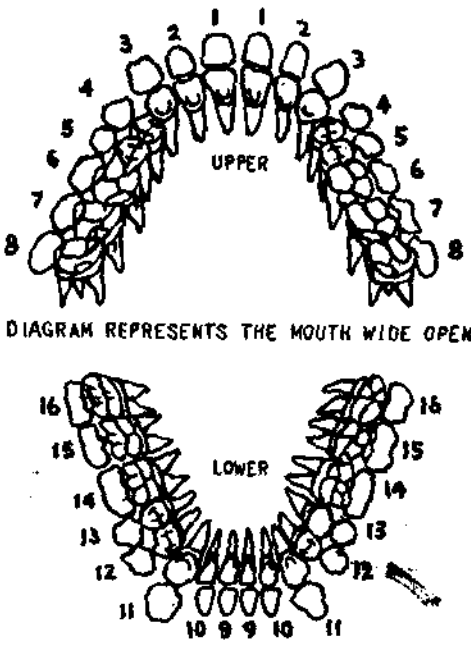





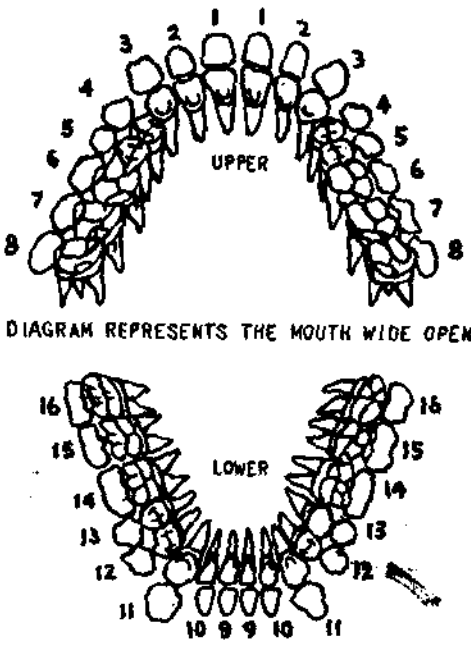





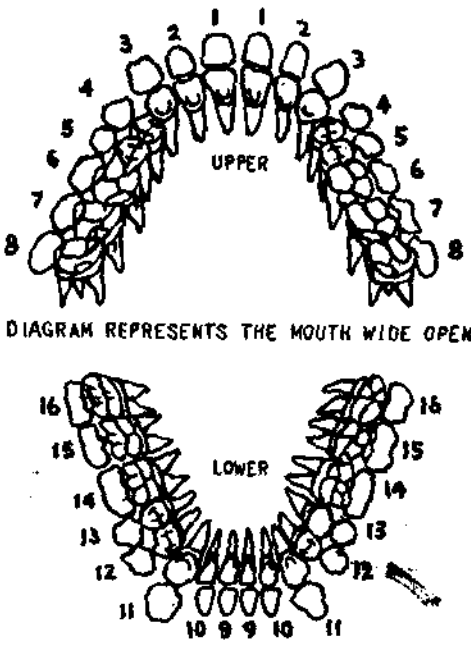




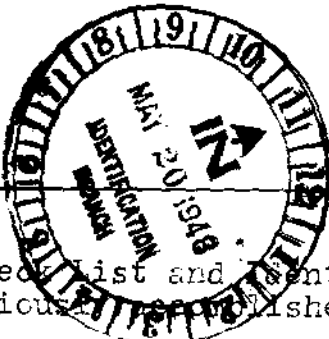

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Donald D. Hinds
DONALD D. HINDS, 2nd Lt., GRC

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.

Handwritten signature

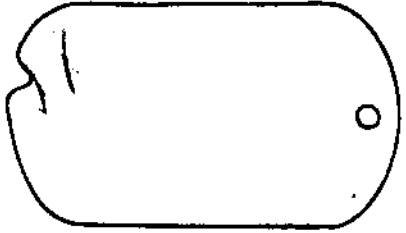
RESTRICTED

Section 3. UNIDENTIFIED REMAINS.														
LEFT 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.													
LEFT RING FINGER														
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">HEIGHT</td> <td style="width:15%;">WEIGHT</td> <td style="width:20%;">COLOR OF EYES</td> <td style="width:20%;">COLOR OF HAIR</td> <td style="width:30%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td colspan="2">WEAPON AND SERIAL No.</td> <td colspan="2">LAUNDRY MARKS</td> <td>WHERE BODY WAS BURIED OR FOUND</td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND			
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS										
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND										
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES													
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="6" style="width:40%; vertical-align: top;">  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> </td> </tr> <tr> <td>CAVITIES</td> <td>  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td>MISSING TEETH</td> <td>  <p>TOOTH MISSING</p> </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  <p>GOLD BRIDGE</p> </td> </tr> <tr> <td></td> <td></td> </tr> </table>	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>		
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>												
RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY													
RIGHT INDEX FINGER	<div style="display: flex; align-items: center; justify-content: center;">  <div style="margin-left: 20px;">  </div> </div>													
RIGHT RING FINGER														
RIGHT MIDDLE FINGER	REMARKS:													
RIGHT LITTLE FINGER	Identification Check list and Identification Dental Chart previously established.													

31 DEC 1947

RESTRICTED

-U- 1480

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 19 Jan. 46
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN - X- 325 (Cem. Manila #2)			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 689 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 23 Dec. 45	HOUR 0930	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 12	GRAVE No. 1535
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. Stotsenberg, Pampanga, Luzon, P. I. C					
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- 324 (Cem. Manila #2)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1534	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN -X- 326 (Cem. Manila #2)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1536	
SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, 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.						

RESTRICTED

16-48997-1

27 FEB 1946

Section 3. UNIDENTIFIED REMAINS.


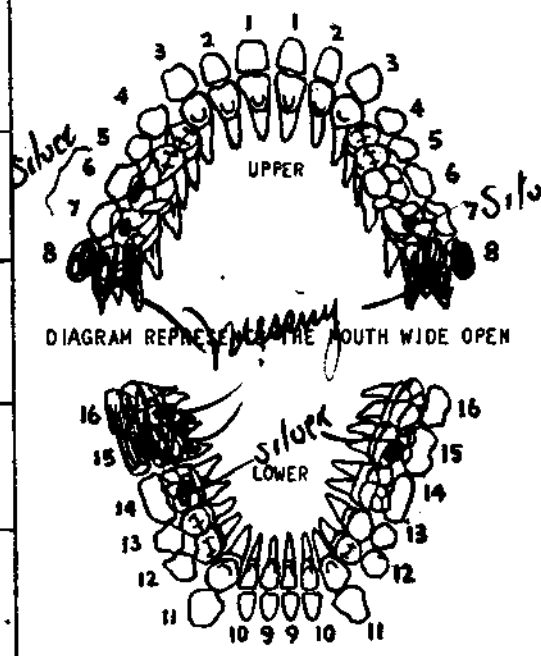




INSTRUCTIONS:

(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">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:

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