

FILE IDENTIFICATION TOPPER

FILE NUMBER

298 Int. Manila # 2 X-328

SUBJECT

Also Manila Mans X-813 ✓

QMC FORM 1121
1 Aug 45

QUICHT 293
GRS Far East

11 October 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 Certificates of Unidentifiability for the following Unknown Deceased:

Unknown X-813,	AGRS Mausoleum Manila, P.I.,	formerly X-328,	USAF Cem. Man. #2
" X-922,	" " " " "	" " " " "	" " " " "
" X-1317,	" " " " "	" " " " "	" " " " "
" X-822,	" " " " "	" " " " "	" " " " "

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

FOR THE QUARTERMASTER GENERAL:

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

T. Sanborn: dal
L. M. White
J. Windsor

cc: CINCPC, APO 500

AIRMAIL

Vertical handwritten note on right margin: X-813, X-922, X-1317, X-822

COPY

OSOR 293.9

AGO 707
20 SEP 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 OAGMU 293, GRS (Far East), dated 17 September 1948, subject; Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGHS 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-3 Quam #2	UNKNOWN X-1317 AGHS Main
" X-76 AGHS Main	" X-1552 " "
" X-270 " "	" X-1655 " "
" X-813 " "	" X-1683 " "
" X-822 " "	" X-1889 " "
" X-887 " "	" X-3162 " "
" X-922 " "	" X-3252 " "
" X-1200 " "	" X-3751 " "

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

FOR THE COMMANDING GENERAL:

16 Incls
GIC Forms 1044 w/certificates
of Unidentifiability

G. H. LEBRANCE
2nd Lt., AGC
Asst. Adj. Gen

COPY

AM

Unk P. I. X-328 (Manila #2)

AGHS Maus.,
Manila, P.I. (Formerly X-328,
USAF Cemetery Manila #2, P.I.)

5 August 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Proceedings of your Board of Review, dated 11 April 1949, recommending the following identification:

X-813, AGHS Mausoleum, Manila, P.I., (formerly X-328, USAF Cemetery Manila #2, P.I.) as Sgt. Art A. Micheli, 20 842 720.

2. A detailed study of the above noted case has been made, and it has been considered that the evidence presented is insufficient to establish identification. Dental Charts for Unknowns X-825, X-828, and X-823, AGHS Mausoleum, Manila, P.I., recovered from the same locality, also compare favorably with the available Army dental records for Sgt. Micheli.

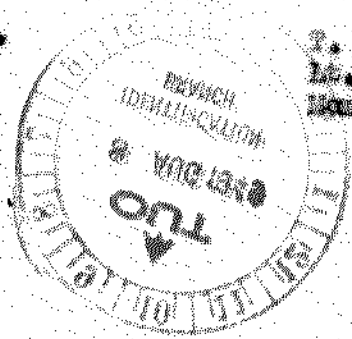
3. Board Proceedings have been disapproved for the reasons outlined above and are returned herewith.

FOR THE ACTING TH. QUARTERMASTER GENERAL:

1 Incl: Bd Proc.

T. E. HETZ
Lt. Colonel, GPO
Memorial Division

cc: Adm Section
T. Sanborn:par 2A
L. M. White:LMW
J. Windsor



REB

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

X 29 3 Micheli, Art A. 20,842,720
X 29 3 Unk P. I. X-813 (maus. Manila)

293 - Unk. P. I. X-328 (Manila #2)

QMGMT 293

Unknown X-313, AGRS Maus.,
Manila, P.I. (Formerly X-328,
USAF Cemetery Manila #2, P. I.)

5 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 Proceedings of your Board of Review, dated 11 April 1949, recommending the following identification:

X-613, AGRS Mausoleum, Manila, P.I., (formerly X-328, USAF Cemetery Manila #2, P. I.) as Sgt. Art A. Micheli, 20 842 720.

2. A detailed study of the above noted case has been made, and it has been considered that the evidence presented is insufficient to establish identification. Dental Charts for Unknowns X-625, X-628, and X-923, AGRS Mausoleum, Manila, P. I., recovered from the same locality, also compare favorably with the available Army dental records for Sgt. Micheli.

3. Board Proceedings have been disapproved for the reasons outlined above and are returned herewith.

FOR THE ACTING THE QUARTERMASTER GENERAL:

1 Incl: B2 Proc.

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

COPY:
mf's

X-313 with P.I. X-613 (manila)

Interred 5 Oct. 1949
 D. 10 50 Ft. McKinley
Carl R. H. Mark
DISINTERMENT DIRECTIVE
CARL R. H. MARK

Cemetery Superintendent
 SECTION A
 NAME AND BURIAL LOCATION OF DECEASED
 DIRECTIVE NUMBER
7747 00193
 DATE
15 06 48
 DAY MONTH YEAR

NAME
UNKNOWNX-000328
 SERIAL NUMBER
 RANK
 ARM
 DATE OF DEATH
 DAY MONTH YEAR

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

PLOT ROW GRAVE COUNTRY
2 12 1538 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-328
 UNK X-813 (Mausoleum)**
 SERIAL NUMBER
 RANK
 DATE OF DEATH
 DATE DISINTERRED
21 Sept. '48
 IDENTIFICATION TAG ON
 REMAINS
 MARKER
 ORGANIZATION
UNKNOWN
 RELIGION
 IDENTIFICATION VERIFIED BY
**GEORGE L. MIX
 Embalmer**
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half
 CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
Grave # 1538 Row #12 Plot #2

MINOR DISCREPANCIES
Mausoleum tag show UNK X-813

REMAINS PREPARED AND PLACED IN CASKET

DATE **21 Sept. '48** BY **GEORGE L. MIX**

CASKET SEALED BY
GEORGE L. MIX
 EMBALMER (Signature)
George L. Mix
GEORGE L. MIX

CASKET BOXED AND MARKED
 SHIPPING ADDRESS VERIFIED BY
 DATE **21 Sept. '48** **HOBACE L. ALLISON, Sgt. INF** **CORSINE C. KAYAWAN, 1st Lt., INF**

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

Corsine C. Kayawan
CORSINE C. KAYAWAN, 1st Lt., INF
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC 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	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Casey Mark</i>	DATE 5 OCT 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 S TS 1220 SHIPPIBINE		TO 3 P VMD2	
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

9 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 328, Plot 2,
Row 12, Grave 1538, 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:


B. McNEMAR
Captain, GIC
Chief, Records Branch

Atch: Form 1044

Received 10/6/49
Not identifiable from
information presently
available

Sanborn, T.
ident
10/6

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-813 (Formerly UNK X-328 Manila #2)				2. DATE OF REPORT 12 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P. I.	4. PLOT 812	5. ROW A	6. GRAVE 198	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 165 lbs.	9. ESTIMATED HEIGHT 5'10"	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? <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

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"

FORM 1044
1 MAR 47

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

29E-21-12-47

PAGE 1 OF 3

16. 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:		<p><i>Tooth Missing</i></p>	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		<p><i>Gold Crown, Porcelain Crown</i></p>	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		<p><i>Gold Bridge</i></p>	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		<p><i>Gold Filling, Silver Filling</i></p>	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		<p><i>Cavity, Decayed</i></p>	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗			⊗	
					⊗	⊗	⊗	⊗							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See Remarks

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."

L10 is rotated.

Evidence of attrition on posterior teeth.

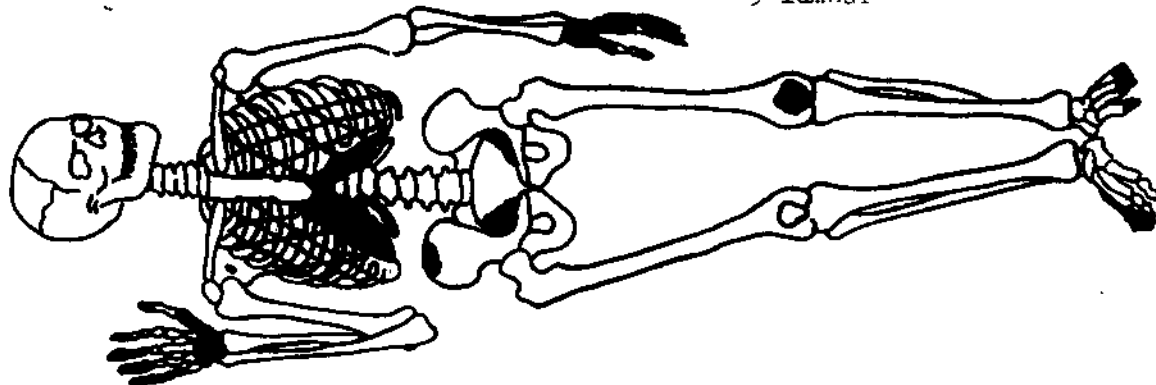
"UNIDENTIFIABLE"

J. J. McDERMOTT
 Laboratory Officer, CIP

18 MAR 47 LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

7 Cervical vertebrae
12 dorsal "
5 lumbar "



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 - 10 lbs.

Circumference of skull - 20 3/4 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

X-813

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-813 (Formerly UNK X-328, USAF
Cem Manila #2, Luzon, P.I.)

15 Oct 47

LAST NAME			FIRST			INITIAL			RANK			SERIAL NO.			
Unknown			Unknown			Unknown			Unknown			Unknown			
UNIT						ORGANIZATION									
Unknown						AGRS Mausoleum, Manila, P.I.									
PLACE OF DEATH				PLACE OF BURIAL STORAGE				PLOT		ROW		GRAVE NO.			
Unknown				AGRS Mausoleum, Manila, P.I.				812		A		198			
												MANGER BAY		CRYPT	
















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																									

ROTATED

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	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

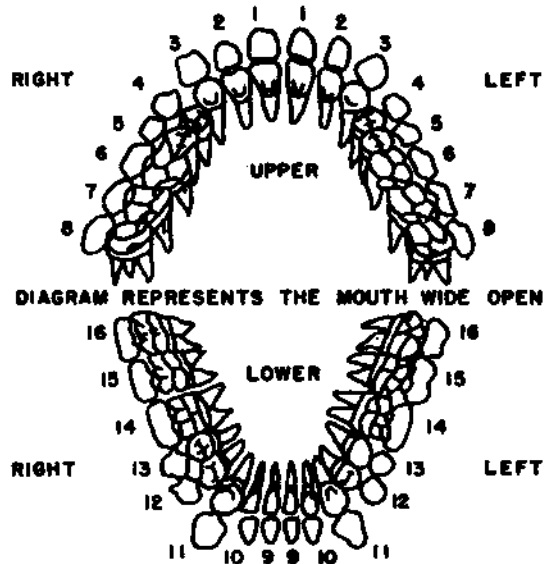
INSTRUCTIONS:

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:

Attrition posterior teeth.

/s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ RUSSELL SMITH T/4
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mausoleum
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass, Capt D.C.
VERIFIED BY GRS OFFICER

/p/ FELIX GLASS, Capt, D.C. O-1717213
NAME AND RANK TYPED OR PRINTED

15 Oct 47
DATE

A CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-813 (Formerly UNK X-328, USAF
 Unknown-X, Cem Manila #2, P.I.)

Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 Row RANGER A BAY Grave CR-198

AGRS Mausoleum Manila

1. Arrived at cemetery 15 Oct 47
(Hour) (Date)

2. Place of death Unknown
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by C M T #1 Q M G R Co
(Name and organization)

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

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

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

Belt, web _____

Drawers, wool _____

Drawers, cotton _____

Leggings, wool _____

Socks, cotton _____

* Shoes _____ (type) _____

Overshoes _____

Web Equipment _____ (type) _____

(Other item) _____

(Other item) _____

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia _____
 (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch _____

Does clothing indicate that deceased was a member of the Air, Ground, or Naval Force?

6. Description of Remains: Skeletal remains only - Chart attached.

Age ^{Est} UTD _____ Height ^{Est} 5'10" _____ Weight ^{Est} 165 lbs _____ 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)

Goatee (Light, color, extent)

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

Nose (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 **20 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

Fingers T
D
(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 condition of remains

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

9. Remarks No burial bottle, identification tags, or personal effects with
remains. Estimated weight of remains 10 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

CIP, AGRS Mausoleum
(Organization)

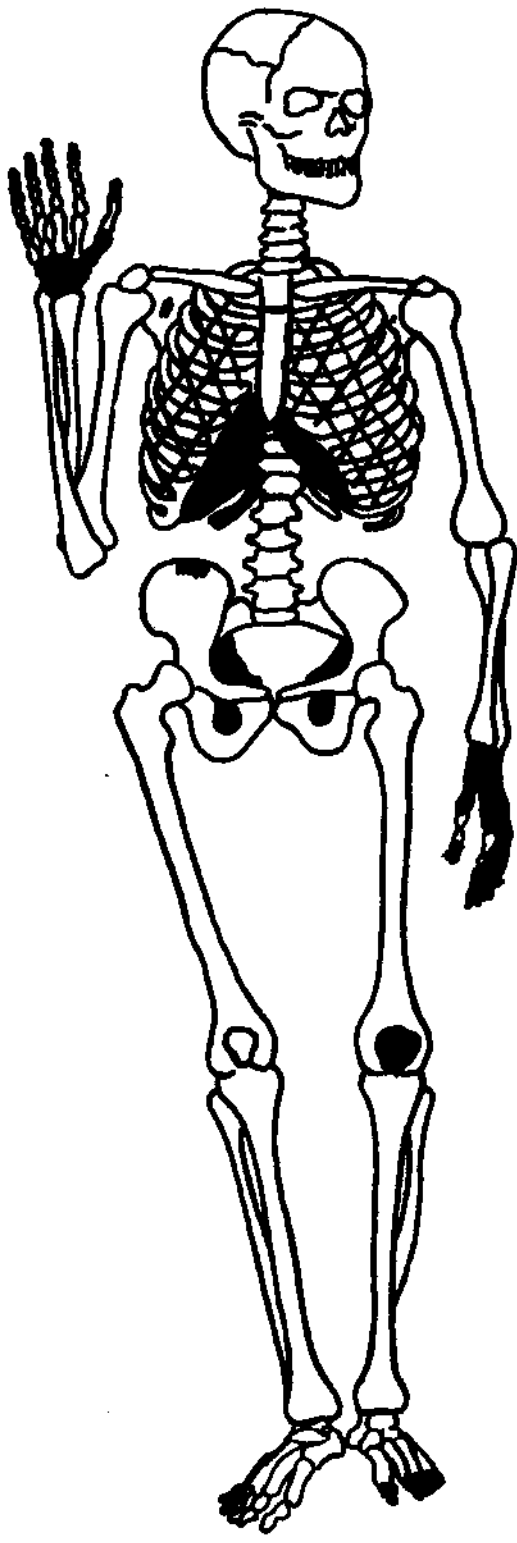
15 Oct 47

A CERTIFIED TRUE COPY:

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 7 - Cervical vertebrae
- 12 - Dorsal vertebrae
- 5 - Lumbar vertebrae
- 26 - Ribs

DISAPPROVAL OF BOARD FINDINGS

X-813, AGRS Mausoleum, Manila,
P.I. (formerly X-328, USAF Cemetery
Manila #2, P.I.)

recommended for identification on Board Findings, dated 11 April 1949, as the
remains of:

MICHELI, Art A.
Sgt., 20842720

I Reasons for Disapproval:

A. Dental charts for Unknowns X-825, X-828, and X-923, recovered from
Fort Stotsenberg Cemetery, are in excellent agreement with the available
Army dental records for Sgt. Micheli.

B. Circumstantial evidence presented is insufficient to establish
individual identification.

II Recommended Action:

A. That Board Findings be disapproved.

Sanborn, T.

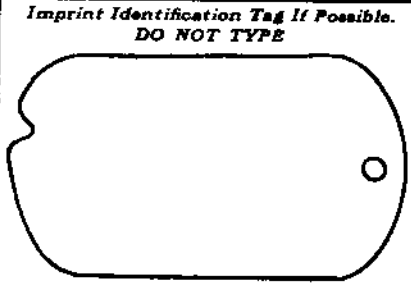
*K.M. White
1 AUG 49*


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

100 5-19

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-813 (Formerly UNK X-328, 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 2 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 15 Oct 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of casket) Casket	TYPE OF GRAVE MARKER None	PLOT NO. RANGER 812	ROW NO. BAY A	GRAVE NO. CRYP 198
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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. 1538
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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
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-816	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYP 200
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-812	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYP 196

SIGNATURE OF PERSON PREPARING REPORT Wm R. GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPLO, Jr., Ed 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.

100 670

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.

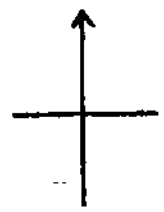
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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
<p>FILLINGS</p>									
<p>MISSING TEETH</p>					<p>CROWNED TEETH</p>				
<p>BRIDGE WORK</p>									

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



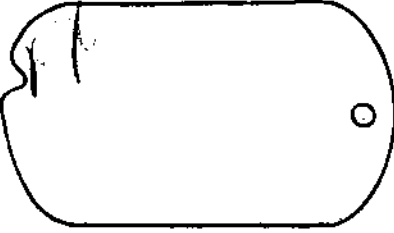
REMARKS:

Identification Check List and Dental Chart accomplished.

24 NOV 1947

RESTRICTED U-

- U- 1483

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 20 Jan. 46		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						
		NAME (Last, first, middle initial) UNKNOWN -X- 328 (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 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. 1538	
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. Stotsenburg, Luzon, P. I.					PLOT No. D	ROW No. 7	GRAVE No. 1
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- 327 (Cem. Manila #2)			RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 1537		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 329 (Cem. Manila #2)			RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 1539		
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

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27 FEB 1946

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


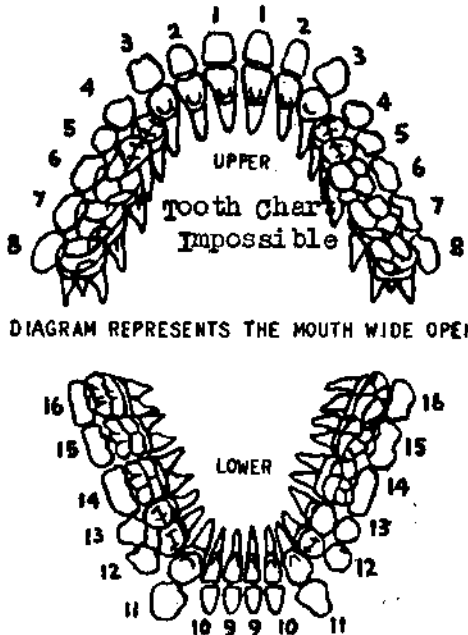




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

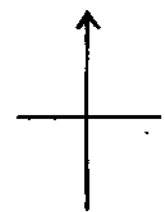
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER tooth chart impossible</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

Disc. # 208