

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk Manila II 2 X-330

SUBJECT

Also Manila Mass. X-815 ✓

QMC FORM 1121
1 Aug 45

AIRMAIL

293 Unknown P.I. (Miss) Maus
293 Unknown P.I. (Miss) Maus
21 December 1949
CINCPT, APO 500
SUBJECT: Approval of Unidentifiability (*H. M. Metz*)

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 500, c/o Postmaster
San Francisco, California

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

Unknown X-426, AGRS Maus Manila, formerly X-278, USAF Cem. Manila #2
Unknown X-815, AGRS Maus Manila, formerly X-330, USAF Cem. Manila #2

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, QMG
Memorial Division

N. McLaurin:dal
L. M. White
J. Windsor

Copy furnished: CINCPT, APO 500

293 Unknown P.I. X-330 (Maus Manila #2)

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

AFO 900
2 December 1949

GRPZ 293

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-389	AGRS	Mslm	UNKNOWN X-393	AGRS	Mslm
" X-390	"	"	" X-394	"	"
" X-391	"	"	" X-426	"	"
" X-392	"	"	" X-815	"	"

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

FOR THE COMMANDING OFFICER:

8 Incls
QMC Forms 1044 w/Certificates
Of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

QMGMT 293
GRS Far East

14 October 1949

*AGRS Mausoleum Manila, P.I. (Manila)
X-815 X-330
X-928 X-330*

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 21 April 1949, recommending the following identification:

X-815 AGRS Mausoleum Manila, P.I. (formerly X-330, USAF
Cemetery Manila #2, P.I.) as Pfc John R. Gagliardi,
6 291 419

2. After a thorough analysis of this case, it is considered that the evidence presented is insufficient to establish identification. Dental charts for Unknowns X-827 and X-928, AGRS Mausoleum Manila, P.I., recovered from Fort Stotsenberg, as well as Unknown X-815, compare equally well with available Army dental records for Pfc Gagliardi.

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

FOR THE QUARTERMASTER GENERAL:

1 Incl
Bd Proceedings (Gagliardi)

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

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

cc: CINCPAC, APO 500

OSMET 293
Gagliardi, J. R.
Pfc. 6 291 491

27 September 1949

*File
X-330
Mem #2*

Dr. T. F. Kane

Trinidad, Colorado

Dear Dr. Kane:

On 17 August 1949 a letter was forwarded to you, a copy of which is inclosed for your convenience.

As no reply to our letter has been received, I should like to again request that you obtain for us the desired information, if possible. In the event that this information is not available, it will be greatly appreciated if you will advise us to that effect.

A self-addressed envelope which requires no postage is inclosed.

Permit me to again express my sympathy in your great loss.

2 Incls.

1. Copy of letter
2. Penalty envelope

Sincerely yours,

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

Sanborn, T.

REB

TEC

SMGME 293
GAGLIARDI, John R.
Pfc. 6 291 419

22 August 1949

Mr. Ralph Gagliardi
General Delivery
Delagua, Colorado

Dear Mr. Gagliardi:

On 12 July 1949 a letter was forwarded to you, a copy of which is inclosed for your convenience.

As no reply to our letter has been received, I should like to again request that you obtain for us the desired information, if possible. In the event that this information is not available, it will be greatly appreciated if you will advise us to that effect.

A self-addressed envelope which requires no postage is inclosed.

Permit me to again express my sympathy in your great loss.

2 Incls.

1. Copy of letter
2. Penalty envelope

Sincerely yours,

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



REB

330

QMCMT 293
GAGLIARDI, John R.
Pfc. 6 291 419

12 July 1949

Mr. Ralph Gagliardi
General Delivery
Delagua, Colorado

Dear Mr. Gagliardi:

I regret the necessity of writing to you with reference to your son, the late Private First Class John R. Gagliardi.

Every effort is being expended by this Office and the American Graves Registration Service overseas to recover and identify the remains of all deceased American personnel of World War II. I feel sure that you will appreciate the tremendous complexities of this undertaking, as well as the amount of time its proper accomplishment demands. To facilitate this project, complete dental records on an individual are helpful and, in some instances, essential. In view of the fact that military dental records do not always include work accomplished prior to entry into service, it is often necessary to request this information from the family of a decedent.

Inasmuch as there is the possibility that your late son may have received treatment by a civilian dentist which is not shown in his military records, it will be greatly appreciated if, in the event this is so, you will secure from the dentist who treated him a copy of the chart usually retained by members of the dental profession showing work performed for each patient. If you would prefer that we request this information directly from the dentist, we will be quite willing to do this if you will furnish us his name and address.

A reply at your earliest convenience will be appreciated as this information may prove to be of material assistance in the identification of your son's remains.

A self-addressed envelope which requires no postage is inclosed for your convenience and in order to expedite delivery.

Please accept my sincere sympathy in the great loss you have sustained.

1 Incl.
Penalty envelope

Sanborn

*File
Sanborn
select
7/8*

Sincerely yours,

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

REB

NJS

1 Chief Chief 12 Aug
Id Sec Repat Br 1949
Mem Div Cor Sec

1. Attached letter forwarded for appropriate reply.

2. Field Board Proceedings have been received recommending the identification of Unknown X-815, AGRS Mausoleum, Manila, P.I., as Pfc. John E. Gagliardi, G 291 419. Remains of Unknown X-815 were recovered from Ft. Stotsenburg Cemetery, Lazon, P.I. No personal effects or means of identification were found with the remains. Board Proceedings are being suspended pending a reply from Pfc. Gagliardi's civilian dentist.

2 Incl:
1 - Ltr dtd 5 Aug 49
2 - 293 File

12TZ
74059

BAIKY
2462

ts

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

REB

QUEST 293
Gagliardi, John R.
Pfc. O 291 419

17 August 1949

Dr. T. F. Hanz
Trinidad, Colorado

Dear Dr. Hanz:

I regret the necessity of writing to you with reference to the late Pfc. John R. Gagliardi, O 291 419.

Every effort is being expended by this Office and the American Graves Registration Service overseas to recover and identify the remains of all deceased American personnel of World War II. To facilitate this program, complete dental records on an individual are helpful, and in some instances essential. In view of the fact that military records do not always include dental treatment accomplished prior to entry into service, it is often necessary to request this information from the family dentist.

The father of Pfc. John R. Gagliardi has indicated that you performed work for Pfc. Gagliardi, and may be able to furnish this office with a record of the dental treatment you may have performed.

A reply at your earliest convenience will be appreciated as this information may prove to be of material assistance in the identification of the remains of Pfc. Gagliardi.

A self-addressed envelope, which requires no postage, is inclosed for your convenience and in order to expedite delivery.

Sincerely yours,

1 Incl: Envelope

T. H. HERTZ
Lt. Colonel, GSC
Memorial Division

cc: Adm Section

RFB

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

/ebc

1

Interred 16 Jan 1950
H 12 127 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00195

DATE
15 06 48
DAY MONTH YEAR

SERIAL NUMBER
UNKNOWNX-000330

RANK
ARM 0

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 1540 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-330 (Mans) UNK X-815
SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED 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 #1540 Row 12 Plot #2

MINOR DISCREPANCIES 1
Mausoleum tags Show Unknown X-815

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*

CASKET BOXED AND MARKED DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. INF SHIPPING ADDRESS VERIFIED BY CORSIANE 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.

Corsiane C. Kayawan
CORSIANE 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>Barckmark</i>	DATE JAN 16 1950

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 1240 BRITISH		TO 27VAND2	
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

21 Nov. 1949
Date

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

The records pertaining to Unknown X- 330, Plot 2,
Row 12, Grave 1540, 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:


W. McNemar
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received 14 Dec 49 OQMG
Unidentifiable from
information presently
available


21 Dec 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-815 (Formerly UNK X-330 Manila #2)				2. DATE OF REPORT 23 Nov 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	197	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 145 lbs	9. ESTIMATED HEIGHT 5'9½"	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

23. 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


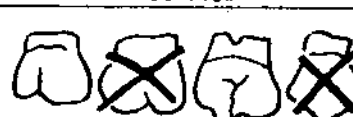








17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimens forwarded through channels for examination when facilities are not available in the area)

N O N E

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

18.

TOOTH CHART

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		X	X												
UPPER								LOWER							
		X											X	X	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."

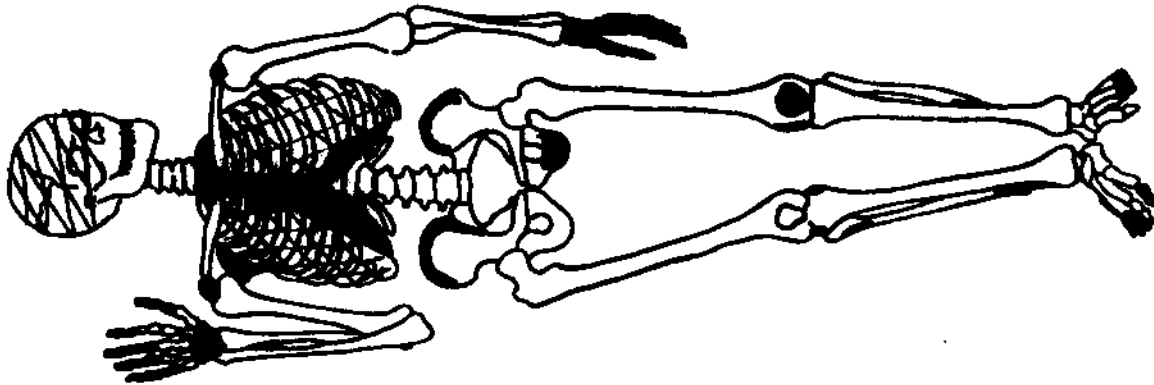
"UNIDENTIFIABLE"

Paul P. Nichols
 PAUL P. NICHOLS
 Chief, Identification Section

BY REASON OF LACK OF IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

5 Lumbar Vertebrae



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 - 9 lbs.

"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

PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE

Paul R. Nichols

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-815 (Formerly UNK X-330 USAF)			15 Oct 47		
Cemetery Manila #2, Luzon, P.I.)			Unknown		DATE
LAST NAME	FIRST	INITIAL	RANK	Unknown	
Unknown			Unknown		
UNIT			ORGANIZATION		
Unknown			AGRS Mausoleum, Manila P.I.		
PLACE OF DEATH			812	A	197
			PLOT	ROW	GRAVE NO.
			TANGER	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				

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
	A	m
EXTRACTED	AMALGAM (SILVER)	MESIAL (BETWEEN-TOWARD FRONT)
	G	o
CAVITY. INDICATE LOCATION	GOLD	OCCLUSAL (BITING SURFACE BACK TEETH)
	S	d
FIXED BRIDGE (ENCL. ABUTMENTS)	SILICATE OR PORCELAIN	DISTAL (BETWEEN-TOWARD BACK)
	O	l
TEETH REPLACED BY DENTURE	OXYPHOSPHATE (CEMENT)	LINGUAL (TOWARD TONGUE)
		f
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

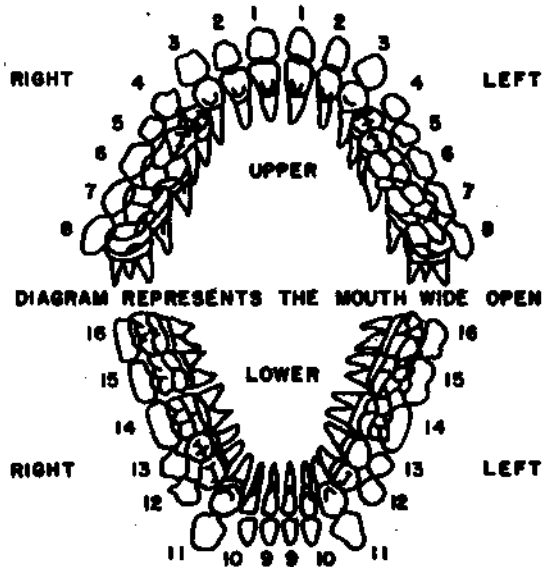
INSTRUCTIONS:

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 DISCLORED 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

Emb's Aide S-8-A
NAME AND RANK TYPED OR PRINTED

CIP Nichols Field
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

s/ Edward H. Marshall
VERIFIED BY GNS OFFICER

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)

UNKNOWN X-815 (Formerly UNK X-330 USAF)
~~XXXXXXXXXX~~ Cemetery Manila #2, Luzon, P.I.)

Cemetery AGRS Mausoleum, Manila P.I.

Plot 812 ^{MANGER} ^{ROW} A ^{BAY} ^{CRAPT} 197

CIP, AGRS Mausoleum, Manila P.I.

1. Arrived at ~~country~~ 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 AGRS CMT #2
(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	_____	_____	_____
Raincoat	_____	_____	_____
Overcoat	_____	_____	_____
Jacket, Field	_____	_____	_____
Jacket, Combat	_____	_____	_____
Mackinaw	_____	_____	_____
Sweater	_____	N	_____
Jacket, HBT	_____	O	_____
* Shirt, Wool OD	_____	N	_____
Undershirt, Wool	_____	E	_____
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 attached.

Age _____ Height ^{Est.} 5'9 ^{4"} Weight ^{Est.} 145 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, pocks, freckles)

Build _____
 (Large, fat, thin, muscular)

Hair _____
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair _____
 (Baldness, widows peak, distinctive curling 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~~ **skull** in inches **Fractured**
 (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
 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 ^U _D (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

Legs (Muscular, 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 ROI bottle found with the remains. No personal effects either means of identification to identify the remains. Cannot take the measurement of the skull due to the fragmentation. Estimated weight of remains nine (9) 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/ C. Marlee Fann, C-062781
(Officer's Name)

SP-6 AGRS
Rank Service

I.D. Lab, Nichols, Field, Manila, P.I.
(Organization)

15. Oct 47

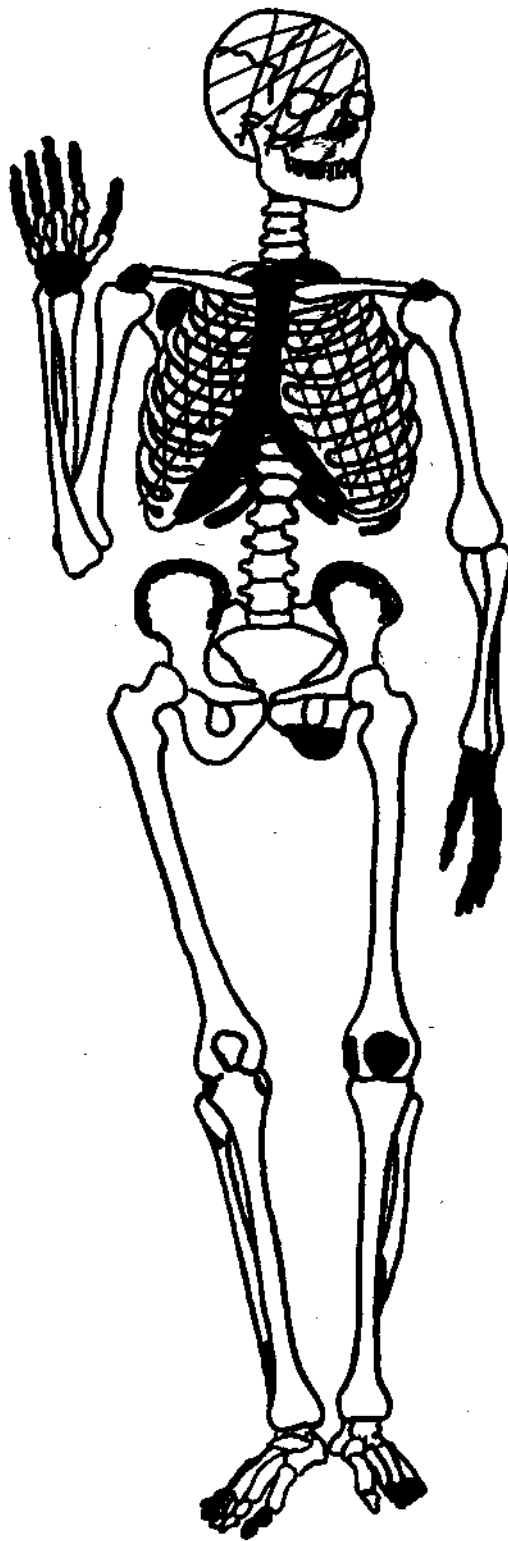
CERTIFIED TRUE COPY:

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-815



- 1 - Cervical vertebrae missing
- 2 - Thoracic vertebrae missing
- 5 - Lumber vertebrae Present

APPROVAL OF BOARD FINDINGS

Unknown X-815, AGRS Mausoleum , Manila

7 October 1949

recommended for identification on Board Findings, dated 21 April 1949, as

GAGLIARDI, John R.
Pfc., 6 291 419

SUMMARY:

Unknown X-815 was recovered from Plot A, Row 5, Grave 1, Fort Stotsenburg Cemetery.

REASONS FOR DISAPPROVAL:

DENTAL comparison presents no outstanding features.

Available Army dental records for Pfc. Gagliardi compare equally well with the dental charts for Unknowns X-827 and X-928, AGRS Mausoleum, Manila, P.I.

RECOMMENDED ACTION:

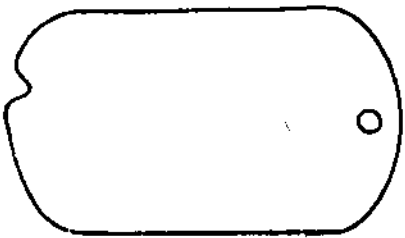
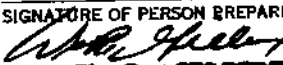

That the Board findings be disapproved.

Sanborn, T.

T. Sanborn
10/7/49

RESTRICTED

1485

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 18 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN I-815 (Formerly Unk I-330 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	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.						
DATE OF BURIAL STORAGE 15 Oct 47		HOUR 1300		BURIED IN (Shroud, blanket, or other covering) STORED Casket		TYPE OF GRAVE MARKER None
				PLOT No. 812		ROW No. A
				GRAVE No. 197		
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. 1540	
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 I-806-B				RANK	SERIAL No.	ORGANIZATION
						GRAVE No. CRYPT 199
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN I-808				RANK	SERIAL No.	ORGANIZATION
						GRAVE No. CRYPT 199
SIGNATURE OF PERSON PREPARING REPORT  Wm R GILBERT, Adm Asst				SIGNATURE OF GRS OFFICER VERIFYING REPORT  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 678

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


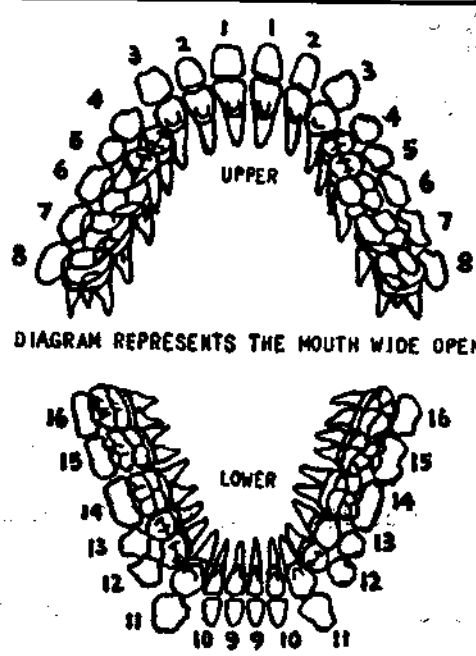




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

RIGHT
LITTLE FINGER

RIGHT
RING FINGER

RIGHT
MIDDLE FINGER

RIGHT
INDEX FINGER

RIGHT
THUMB

LEFT
THUMB

LEFT
INDEX FINGER

LEFT
MIDDLE FINGER

LEFT
RING FINGER

LEFT
LITTLE FINGER

RESTRICTED

U-1485

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- 330 (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)

IDENTIFICATION SECTION
EPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Jul 694

None

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila #2, Luzon, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
23 Dec. 45	0930	shelter half	Cross	2	12	1540

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.

ROW No.

GRAVE No.

A

5

1

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION 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- 329 (Cem. Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1539

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

UNKNOWN -X- 331 (Cem. Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1541

SIGNATURE OF PERSON PREPARING REPORT

H. 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

16-4897-1

27 FEB 1948

Section 3.—UNIDENTIFIED REMAINS.


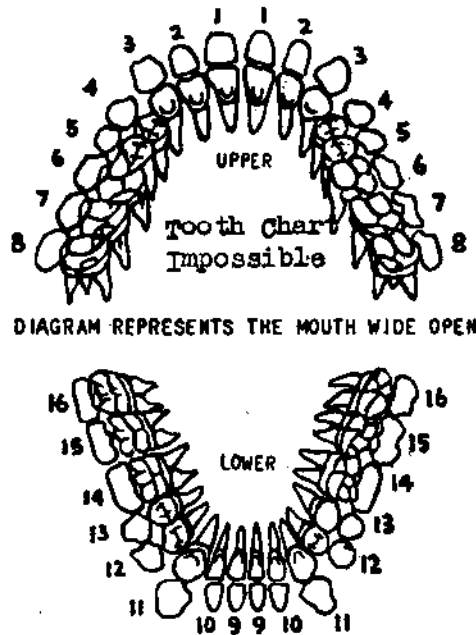




INSTRUCTIONS:

(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.

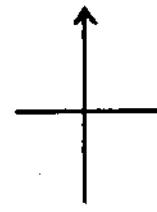
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>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 No. 64