

FILE IDENTIFICATION TOPPER

FILE NUMBER

298 Unt. Manila # 2 X-332

SUBJECT

Also Manila Maus X-817 ✓

GNC FORM 1121
1 Aug 45

FORM 323
GSA For East

20 August 1949

SUBJECT: Identification of World War II Deceased

**TO: Commanding General
Military General
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGM, PHILIPPO DOME**

1. Reference is made to findings of unidentifiability for the following unknown deceased:

Unknown	IC-943	AGM	Unknown	Deaths	Formerly	IC-943	USAF	Gen.	Deaths	(2)
*	IC-1406	*	*	*	*	IC-3771	*	*	*	*
*	IC-1133	*	*	*	*	IC-3780	*	*	*	*
*	IC-1138	*	*	*	*	IC-3789	*	*	*	*
*	IC-1215	*	*	*	*	IC-3790	*	*	*	*
*	IC-1731	*	*	*	*	IC-3792	*	*	*	*
*	IC-1838	*	*	*	*	IC-3793	*	*	*	*
*	IC-1847	*	*	*	*	IC-3794	*	*	*	*
*	IC-1847	*	*	*	*	IC-3795	*	*	*	*
*	IC-2151	*	*	*	*	IC-3796	*	*	*	*
*	IC-2151	*	*	*	*	IC-3797	*	*	*	*
*	IC-2151	*	*	*	*	IC-3798	*	*	*	*
*	IC-2151	*	*	*	*	IC-3799	*	*	*	*
*	IC-2151	*	*	*	*	IC-3800	*	*	*	*
*	IC-2151	*	*	*	*	IC-3801	*	*	*	*
*	IC-2151	*	*	*	*	IC-3802	*	*	*	*
*	IC-2151	*	*	*	*	IC-3803	*	*	*	*
*	IC-2151	*	*	*	*	IC-3804	*	*	*	*
*	IC-2151	*	*	*	*	IC-3805	*	*	*	*
*	IC-2151	*	*	*	*	IC-3806	*	*	*	*
*	IC-2151	*	*	*	*	IC-3807	*	*	*	*
*	IC-2151	*	*	*	*	IC-3808	*	*	*	*
*	IC-2151	*	*	*	*	IC-3809	*	*	*	*
*	IC-2151	*	*	*	*	IC-3810	*	*	*	*
*	IC-2151	*	*	*	*	IC-3811	*	*	*	*
*	IC-2151	*	*	*	*	IC-3812	*	*	*	*
*	IC-2151	*	*	*	*	IC-3813	*	*	*	*
*	IC-2151	*	*	*	*	IC-3814	*	*	*	*
*	IC-2151	*	*	*	*	IC-3815	*	*	*	*
*	IC-2151	*	*	*	*	IC-3816	*	*	*	*
*	IC-2151	*	*	*	*	IC-3817	*	*	*	*
*	IC-2151	*	*	*	*	IC-3818	*	*	*	*
*	IC-2151	*	*	*	*	IC-3819	*	*	*	*
*	IC-2151	*	*	*	*	IC-3820	*	*	*	*
*	IC-2151	*	*	*	*	IC-3821	*	*	*	*
*	IC-2151	*	*	*	*	IC-3822	*	*	*	*
*	IC-2151	*	*	*	*	IC-3823	*	*	*	*
*	IC-2151	*	*	*	*	IC-3824	*	*	*	*
*	IC-2151	*	*	*	*	IC-3825	*	*	*	*
*	IC-2151	*	*	*	*	IC-3826	*	*	*	*
*	IC-2151	*	*	*	*	IC-3827	*	*	*	*
*	IC-2151	*	*	*	*	IC-3828	*	*	*	*
*	IC-2151	*	*	*	*	IC-3829	*	*	*	*
*	IC-2151	*	*	*	*	IC-3830	*	*	*	*
*	IC-2151	*	*	*	*	IC-3831	*	*	*	*
*	IC-2151	*	*	*	*	IC-3832	*	*	*	*
*	IC-2151	*	*	*	*	IC-3833	*	*	*	*
*	IC-2151	*	*	*	*	IC-3834	*	*	*	*
*	IC-2151	*	*	*	*	IC-3835	*	*	*	*
*	IC-2151	*	*	*	*	IC-3836	*	*	*	*
*	IC-2151	*	*	*	*	IC-3837	*	*	*	*
*	IC-2151	*	*	*	*	IC-3838	*	*	*	*
*	IC-2151	*	*	*	*	IC-3839	*	*	*	*
*	IC-2151	*	*	*	*	IC-3840	*	*	*	*
*	IC-2151	*	*	*	*	IC-3841	*	*	*	*
*	IC-2151	*	*	*	*	IC-3842	*	*	*	*
*	IC-2151	*	*	*	*	IC-3843	*	*	*	*
*	IC-2151	*	*	*	*	IC-3844	*	*	*	*
*	IC-2151	*	*	*	*	IC-3845	*	*	*	*
*	IC-2151	*	*	*	*	IC-3846	*	*	*	*
*	IC-2151	*	*	*	*	IC-3847	*	*	*	*
*	IC-2151	*	*	*	*	IC-3848	*	*	*	*
*	IC-2151	*	*	*	*	IC-3849	*	*	*	*
*	IC-2151	*	*	*	*	IC-3850	*	*	*	*
*	IC-2151	*	*	*	*	IC-3851	*	*	*	*
*	IC-2151	*	*	*	*	IC-3852	*	*	*	*
*	IC-2151	*	*	*	*	IC-3853	*	*	*	*
*	IC-2151	*	*	*	*	IC-3854	*	*	*	*
*	IC-2151	*	*	*	*	IC-3855	*	*	*	*
*	IC-2151	*	*	*	*	IC-3856	*	*	*	*
*	IC-2151	*	*	*	*	IC-3857	*	*	*	*
*	IC-2151	*	*	*	*	IC-3858	*	*	*	*
*	IC-2151	*	*	*	*	IC-3859	*	*	*	*
*	IC-2151	*	*	*	*	IC-3860	*	*	*	*
*	IC-2151	*	*	*	*	IC-3861	*	*	*	*
*	IC-2151	*	*	*	*	IC-3862	*	*	*	*
*	IC-2151	*	*	*	*	IC-3863	*	*	*	*
*	IC-2151	*	*	*	*	IC-3864	*	*	*	*
*	IC-2151	*	*	*	*	IC-3865	*	*	*	*
*	IC-2151	*	*	*	*	IC-3866	*	*	*	*
*	IC-2151	*	*	*	*	IC-3867	*	*	*	*
*	IC-2151	*	*	*	*	IC-3868	*	*	*	*
*	IC-2151	*	*	*	*	IC-3869	*	*	*	*
*	IC-2151	*	*	*	*	IC-3870	*	*	*	*
*	IC-2151	*	*	*	*	IC-3871	*	*	*	*
*	IC-2151	*	*	*	*	IC-3872	*	*	*	*
*	IC-2151	*	*	*	*	IC-3873	*	*	*	*
*	IC-2151	*	*	*	*	IC-3874	*	*	*	*
*	IC-2151	*	*	*	*	IC-3875	*	*	*	*
*	IC-2151	*	*	*	*	IC-3876	*	*	*	*
*	IC-2151	*	*	*	*	IC-3877	*	*	*	*
*	IC-2151	*	*	*	*	IC-3878	*	*	*	*
*	IC-2151	*	*	*	*	IC-3879	*	*	*	*
*	IC-2151	*	*	*	*	IC-3880	*	*	*	*
*	IC-2151	*	*	*	*	IC-3881	*	*	*	*
*	IC-2151	*	*	*	*	IC-3882	*	*	*	*
*	IC-2151	*	*	*	*	IC-3883	*	*	*	*
*	IC-2151	*	*	*	*	IC-3884	*	*	*	*
*	IC-2151	*	*	*	*	IC-3885	*	*	*	*
*	IC-2151	*	*	*	*	IC-3886	*	*	*	*
*	IC-2151	*	*	*	*	IC-3887	*	*	*	*
*	IC-2151	*	*	*	*	IC-3888	*	*	*	*
*	IC-2151	*	*	*	*	IC-3889	*	*	*	*
*	IC-2151	*	*	*	*	IC-3890	*	*	*	*
*	IC-2151	*	*	*	*	IC-3891	*	*	*	*
*	IC-2151	*	*	*	*	IC-3892	*	*	*	*
*	IC-2151	*	*	*	*	IC-3893	*	*	*	*
*	IC-2151	*	*	*	*	IC-3894	*	*	*	*
*	IC-2151	*	*	*	*	IC-3895	*	*	*	*
*	IC-2151	*	*	*	*	IC-3896	*	*	*	*
*	IC-2151	*	*	*	*	IC-3897	*	*	*	*
*	IC-2151	*	*	*	*	IC-3898	*	*	*	*
*	IC-2151	*	*	*	*	IC-3899	*	*	*	*
*	IC-2151	*	*	*	*	IC-3900	*	*	*	*

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

FOR THE ACTING THE CHIEFMASTER GENERAL:

REB

cc: Adm Section
T. Sanborn
L. M. White
J. Winick

T. H. WHITE
Lt. Colonel, GPO
General Division

*N.A.M.
File 15 Aug 50
Christine Gerwin
Jd Br*

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSCF 293.9

AFO 707

SUBJECT: Unidentifiable Remains

25 JUL 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 QMCMU 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-415	AGRS	Mslm	UNKNOWN	X-817	AGRS	Mslm
"	X-429	AGRS	Mslm	"	X-838	AGRS	Mslm
"	X-446	AGRS	Mslm	"	X-3679	AGRS	Mslm
"	X-655	AGRS	Mslm	"	X-4661	AGRS	Mslm
"	X-799	AGRS	Mslm				

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

FOR THE COMMANDING GENERAL:

9 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

/s/ John M. Weston, Jr.
JOHN M. WESTON JR
1st Lt ACD
Asst. Adj. Gen

/mrl

/drs

Interred 21 July 1948
L 13 105 Ft. McKinley

DISINTERMENT DIRECTIVE

Caremark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00197

DATE
15 06 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN - 000332

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
2 12 1542 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: UNK X-332, UNK X-817 (Mausoleum)
SERIAL NUMBER, RANK, DATE OF DEATH, DATE DISTINTERRED: 21 Sept. '48
IDENTIFICATION TAG ON: REMAINS, MARKER
ORGANIZATION: UNKNOWN
RELIGION, IDENTIFICATION VERIFIED BY: GEORGE I. MIX, Embalmer

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half
CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
Mausoleum Tags show UNKNOWN X-817

REMAINS PREPARED AND PLACED IN CASKET
DATE: 21 Sept. '48 BY: GEORGE I. MIX

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

CASKET BOXED AND MARKED
DATE: 21 Sept '48 BY: HORACE I. ALLISON, Sgt. INF
SHIPPING ADDRESS VERIFIED BY: CORSIANE C. KAYAMAN, 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. Kayaman
CORSIANE C. KAYAMAN, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR
AUG 1948

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

REPATRIATION BRANCH MEM DIV

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>Robert Mark</i>	DATE 21 JUL 1949

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

REPT. TO
 RECORDS
 SECTION
 100-100000-100000

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

9 July 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 332, Plot 2,
Row 12, Grave 1542, 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, QMG
Chief, Records Branch

Atch: Form 1044

Received 4/8/49
Not identifiable from
information presently
available QMG

5/8/49
Sanborn, T.
relent.

Incl. #6'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-817 (Formerly Unk X-332 Manila #2)				2. DATE OF REPORT 18 July 1949	
3. NAME OF CEMETERY		4. PLOT 812	5. ROW A	6. GRAVE 204	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8"	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
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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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

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"

Anal. # 62

TOOTH CHART

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	A mod	A mod	A mod	P											
MAXILLA								MISSING							
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
MANDIBLE								MISSING							
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."

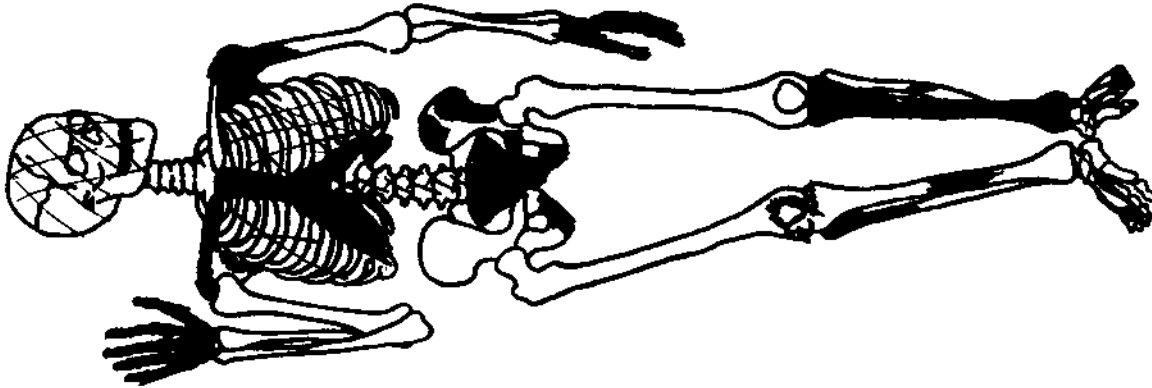
Maxilla from R3 - L8 and mandible from L13 - R16 are missing. No base maxillary and mandibular teeth present with remains. Only root of L14 is present.

"UNIDENTIFIABLE"

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

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 - 7 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

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

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.

15 Oct 47
DATE

UNKNOWN X-817 (Formerly UNK X-332) Unknown Unknown
USAF Com Manila #2, Luzon, P.I. RANK SERIAL NO.

Unknown Unknown
UNIT ORGANIZATION

Unknown Manila, P.I. 812 A 204
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

This part of mandible missing

		RIGHT					UPPER TEETH					LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		X	A	A	A	A	P	P	P	P	P	P	P	P	P	P	P	TYPE	
LOCATION			mod	mod	mod	0												LOCATION	

This part of mandible missing *broken*

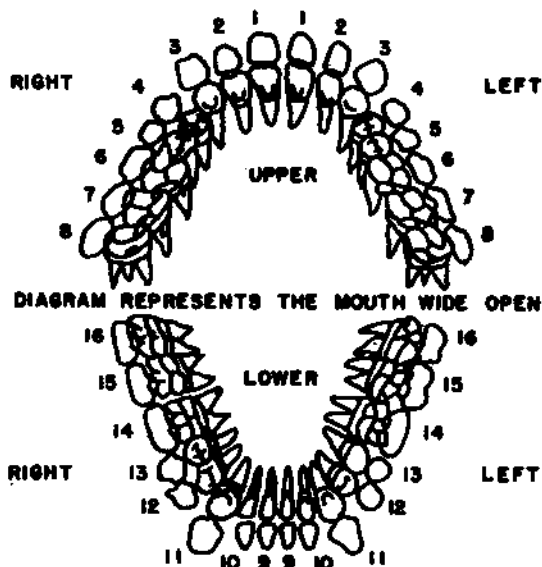
		RIGHT					LOWER TEETH					LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		P	P	P	P	P	P	P	P	P	P	P	P	P		A	X	TYPE	
LOCATION																0		LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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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:

No loose teeth found other than those listed. R-4 chipped. I-12, broken.

/s/ Magno A. Noble
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Alton E. Jones
VERIFIED BY GRS OFFICER

/p/ MAGNO A. NOBLE
NAME AND RANK TYPED OR PRINTED

/p/ ALTON E. JONES SP-6
NAME AND RANK TYPED OR PRINTED

GIP, AGRS Mausoleum, Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

15 October 1947
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-817 (Formerly
 Unknown X332 USAF Cem Manila #2, Luzon, PI)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 HANGER 844 CRYP? 204
 Row Grave

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~secretary~~ 7 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 ~~unknown~~ or disinterred by CMT #1
(Name and organization)
4. Evacuated to Cemetery by CMT #1
(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	N		
Sweater	0		
Jacket, HBT	N		
* 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: **Skeleton only. Chart attached.**

Age _____ ^{Est.} Height **5' 8"** Weight _____ 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)

^U
 Sunburn or tan, other than hand and face _____

^D
 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, widow's 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 **See 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 **UTD** (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 (Unusual characteristics of fingernails)

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

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 One (1) metal disc #80 enclosed herewith. No personal effects, no ROI bottle nor identification tags found. Estimated weight of remains, 7 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/ Alton E. Jones

(Officer's Name)

SP-6 062812

Rank

Service

ACRS Mausoleum

(Organization)

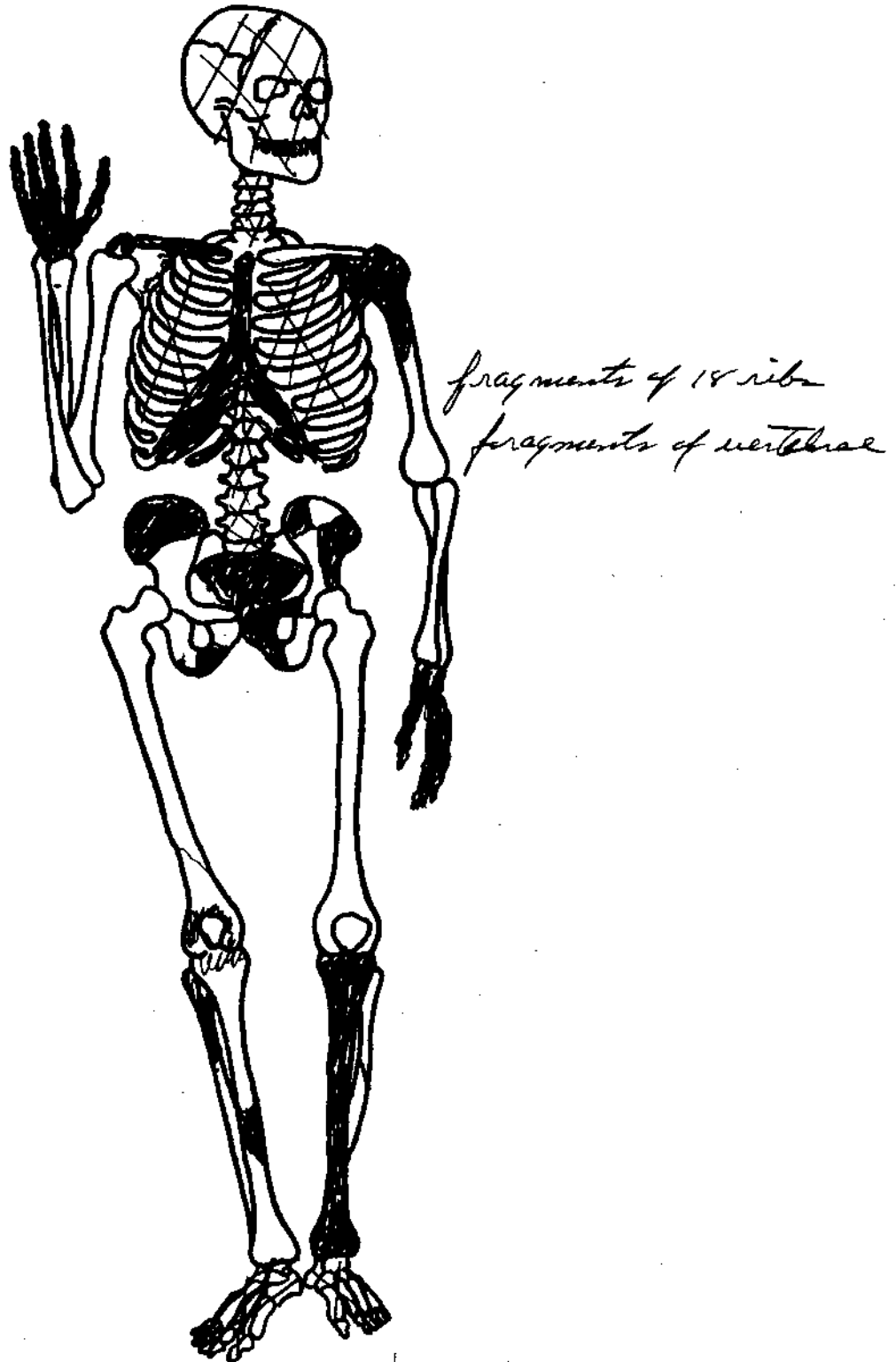
CERTIFIED TRUE COPY:

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

○ ○ X-817

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



/obf

APR 5 - 1947

RESTRICTED

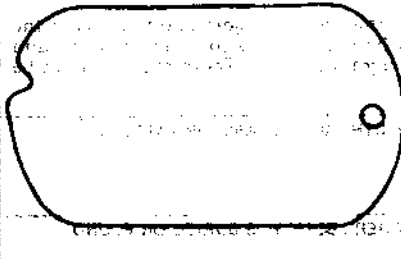
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WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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 X-817 (Formerly UNK X-332 DEAF Cam 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 (I, S, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 7 on reverse)	
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME	DECAYED 	MISSING
	None	

Section 2 - BURIAL (Use only when interment is made in a cemetery, furnish sketch and coordinates on reverse.)
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
USAF MAUSOLEUM MANILA #2

DATE OF BURIAL 15 Oct 47	HOUR 1:00	TYPE OF GRAVE MARKER None	PLOT NO. 812	ROW NO. A	GRAVE NO. 204
------------------------------------	---------------------	-------------------------------------	------------------------	---------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2	PLOT NO. 2	ROW No. 12	GRAVE No. 1542
--	--	----------------------	----------------------	--------------------------

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) COMERFORD, Alexander J	RANK Pfc	SERIAL NO. 32539319	ORGANIZATION 15 Airborne (Inf)	GRAVE NO. CR47 206
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-824	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CR47 202


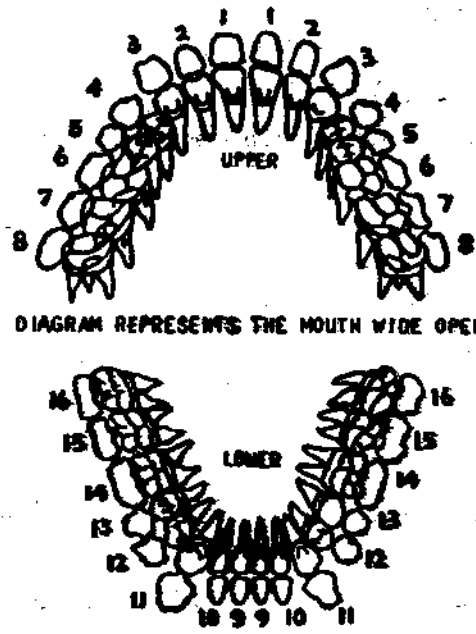





SIGNATURE OF PERSON PREPARING REPORT
Wm. R GILBERT, Adm. Asst.


SIGNATURE OF GRS OFFICER VERIFYING REPORT
LUCIO S PANOPLO, 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 Office. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

acc 67

LEFT LITTLE FINGER	Section 3 - UNIDENTIFIED REMAINS.				
	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
					
	REMARKS: <p align="center">Identification Check List and Dental Chart accomplished.</p>				
24 NOV 1947					

WD OMC 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- 332 (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 Jan 4 1946 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, Dizon, 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. 1542
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, Dizon, P. I.			PLOT No. C	ROW No. 5	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- 331 (Cem. Manila #2)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1541		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 336 (Cem. Manila #2)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1543		
SIGNATURE OF PERSON PREPARING REPORT R. C. BARNETT, T/4 GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT E. M. MOORE, 1st Lt. OMC.				
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.							

Jan 5 1946

27 FEB 1949

Section 3.—UNIDENTIFIED REMAINS.


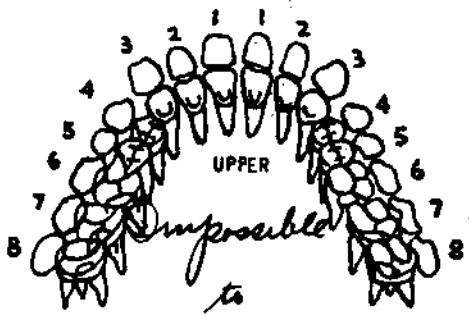




INSTRUCTIONS:

(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.

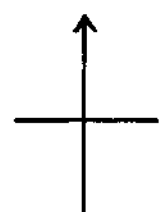
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>Chart</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. #80