

QJOWAF 293  
GRS Far East

13 February 1950

SUBJECT: Identification of WorldWar II Deceased

TO : Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

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

Unknown	X-1374,	AGRS Maus Manila,	formerly	X-18,	USAF Cem Manila #1
"	X-606,	"	"	"	"
"	X-656,	"	"	"	"
"	X-663,	"	"	"	"
"	X-666,	"	"	"	"
"	X-668,	"	"	"	"
"	X-689,	"	"	"	"
"	X-821,	"	"	"	"
"	X-824,	"	"	"	"
"	X-826,	"	"	"	"
"	X-827,	"	"	"	"
"	X-920,	"	"	"	"
"	X-928,	"	"	"	"
"	X-927,	"	"	"	"
"	X-943,	"	"	"	"
"	X-961,	"	"	"	"
"	X-1530,	"	"	"	"
"	X-1623,	"	"	"	"
"	X-1705,	"	"	"	"
"	X-1678,	"	"	"	"
"	X-1743,	"	"	"	"
"	X-1920,	"	"	"	"
"	X-1931,	"	"	"	"
"	X-1759,	"	"	"	"
"	X-1760,	"	"	"	"
				X-117,	"
				X-169,	"
				X-176,	"
				X-179,	"
				X-181,	"
				X-203,	"
				X-336,	"
				X-339,	"
				X-341,	"
				X-343,	"
				X-445,	"
				X-454,	"
				X-452,	"
				X-4019,	"
				X-4018,	"
				X-3502,	"
				X-3441,	"
				X-3413,	"
				X-3417,	"
				X-3381,	"
				X-3318,	"
				X-3319,	"
				X-3330,	"
				X-3331,	"

QMGT 298

13 February 1950

CRS Far East

SUBJECT: Identification of World War II Deceased

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

FOR THE QUARTERMASTER GENERAL:

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

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOX BARRACKS

QGRS 303

AGO 900

SUBJECT: Unidentifiable Remains

JAN 27 1950

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 QGRS 303, AGRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Decedent, 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	N-178	AGRS	Main	UNKNOWN	N-220	AGRS	Main
"	N-211	"	"	"	N-227	"	"
"	N-234	"	"	"	N-228	"	"
"	N-238	"	"	"	N-242	"	"
"	N-259	"	"	"	N-261	"	"
"	N-266	"	"	"	N-1774	"	"
"	N-266	"	"	"	N-1478	"	"
"	N-266	"	"	"	N-1530	"	"
"	N-268	"	"	"	N-1623	"	"
"	N-268	"	"	"	N-1678	"	"
"	N-269	"	"	"	N-1705	"	"
"	N-281	"	"	"	N-1743	"	"
"	N-284	"	"	"	N-1753	"	"
"	N-286	"	"	"	N-1760	"	"
"	N-287	"	"	"	N-1820	"	"
				"	N-1831	"	"

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

FOR THE COMMANDING OFFICER:

33 Incls  
QIC Form 1044 w/Certificates  
of Unidentifiability

/s/ John Sypula  
JOHN SYPUŁA  
1st Lt., Infantry  
Adjutant

/ebc  
1

Interred 7 Feb 1950  
D 2 45 Ft. McKinley  
*Admiral Mark*  
**DISINTERMENT DIRECTIVE**  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER  
7747 00201  
DATE  
15 06 48  
DAY MONTH YEAR

NAME  
UNKNOWN X - 000339  
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 1547 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-339  
UNK X-824 (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 #1547 Row #12 Plot #2

MINOR DISCREPANCIES 1  
Mausoleum Tags show UNKNOWN X-824

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  
DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. INF  
SHIPPING ADDRESS VERIFIED BY  
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*  
SEP 20 1950  
CORSINE C. KAYAWAN, REPARATION  
BRANCH  
SIGNATURE OF GRS INSPECTOR  
RIV.

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Smith</i>	DATE <b>FEB 7 1950</b>

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM <b>WAMITA WHITIBBINE ISLANDS</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <b>(S. S. MICHIGANIAN DECISION)</b>	
SIGNATURE OF SHIPPER <b>LOB. I. NOKIWEA CEMELEKA</b>	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM <b>S. S. TERA WHITIBBINE</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>WELEBA</b>	DATE	SIGNATURE OF RECEIVER	DATE

## 7. SHIPPED

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

HEADQUARTERS  
PACIFIC ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

27 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 339 , Plot 2 ,  
Row 12 , Grave 1547 , USMC USAF Cem Manila #2 , have  
been reviewed and it is the opinion of this office that insuffi-  
cient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:



H. B. McVEMAR  
Captain, OMC  
Chief, Records Branch

Atch: Form 1044

Received 7 Feb 50 OMC  
Not identifiable from  
information presently  
available

*Chas. J. Laurin*  
*Ident Sec*  
*13 Feb 50*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-824 (Formerly UNK X-339 Manila #2)</b>				2. DATE OF REPORT <b>16 Jan '50</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>812</b>	5. ROW <b>A</b>	6. GRAVE <b>202</b>	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 9½"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Probably White</b>

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

**N O N E**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

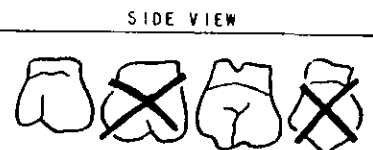
**N O N E**

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"**

**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:



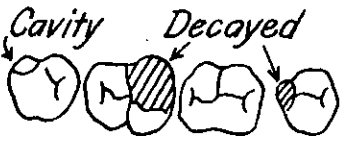
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		X	a	a			P	P									
			mo	od													
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	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"

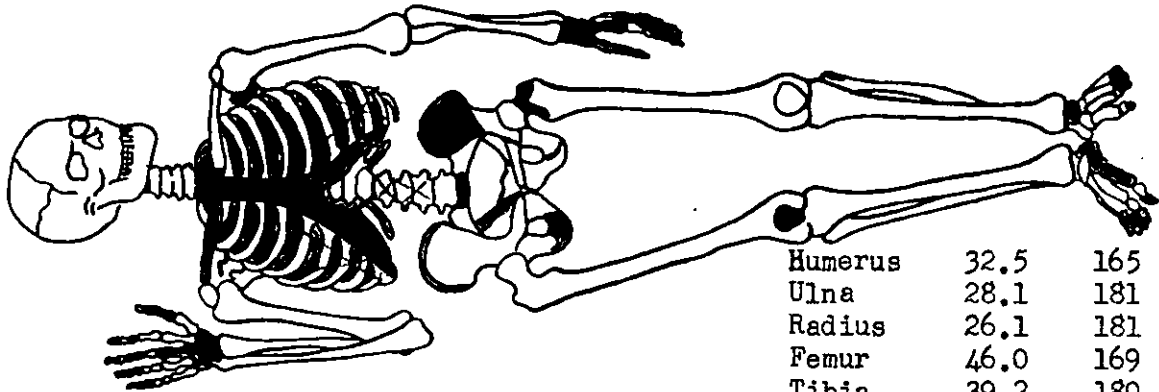
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*Paul R. Nichols*

PAUL R NICHOLS  
Chief Identification Section



19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	32.5	165
Ulna	28.1	181
Radius	26.1	181
Femur	46.0	169
Tibia	39.2	180
Fibula	38.8	180
		<u>6/1056</u>

Estimated height: 5' 9 $\frac{1}{4}$ ".

20.

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

176

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 identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 20 $\frac{1}{4}$  inches.

Estimated weight of remains - 8 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  
 Chief, Identification Section  
**PAUL R. NICHOLS**

SIGNATURE

X-824

# 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

UNKNOWN X-824 (Formerly UNK X-339)

DATE

USAF Cem Manila #2, Luzon, P.I.)

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

AGRS Mausoleum,

Unknown

Manila, P.I.

812

A

202

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE















HANGER BAY CRYPT

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

INSIDE — LOOKING OUT

		RIGHT								LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16										
TYPE																											
LOCATION																											

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></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><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></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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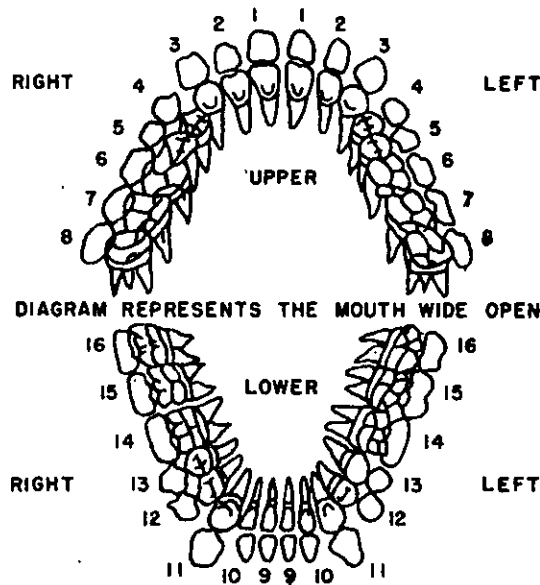
**INSTRUCTIONS:**

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:** Both upper and lower teeth are worn. L 2 and R 2 are slightly malposed lingually.

/s/ Troy H. Ellis  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Barr D-234444  
VERIFIED BY GRS OFFICER

/p/ TROY H. ELLIS, T/5  
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BARR SP-8  
NAME AND RANK TYPED OR PRINTED

CIP AGRS Mausoleum  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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-824 (Formerly  
 Unknown X-339 USAF Cem Manila #2, Luzon, PI)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
~~Cemetery~~ DIANGER BAY CRYPT  
 Plot 812 Row A Grave 202

AGRS Mausoleum, Manila, P.I.

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 609th QMGR 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	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton ..... N  
 Leggings, wool ..... O  
 Socks, cotton ..... N  
 Socks, cotton ..... E  
 \* Shoes ..... (type)  
 Overshoes .....  
 Web Equipment ..... (type)

(Other item) One (1) key undetermined to which is utilized, well rusted bearing the # UR-3514 (yale) on the reverse side of key marked initials J.C.

~~(Other item)~~ .....

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

Chevrons or /  
 Insignia ..... N  
 (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch ..... N  
 e

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

6. Description of Remains: <sup>5</sup>Remains are skeleton only. (Chart attached.)

Age ..... Height // ..... 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)

Sunburn or tan, other than hand and <sup>T</sup>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 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 ..... **Dental 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 ..... 20"  
 (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 ..... (Yes-no)      Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

Legs ..... (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 Undetermined key enclosed with papers. No I.D. tags, burial bottle and physical characteristics found to warrant identification. ROI statement enclosed. Estimated weight of remains approx: - 12 lbs. One key with initials "J.C. or J.O." and numbered UR 3514 (yale)

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/ John H. Barr D-234444  
(Officer's Name)

SP-8 AGRS  
Rank Service

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

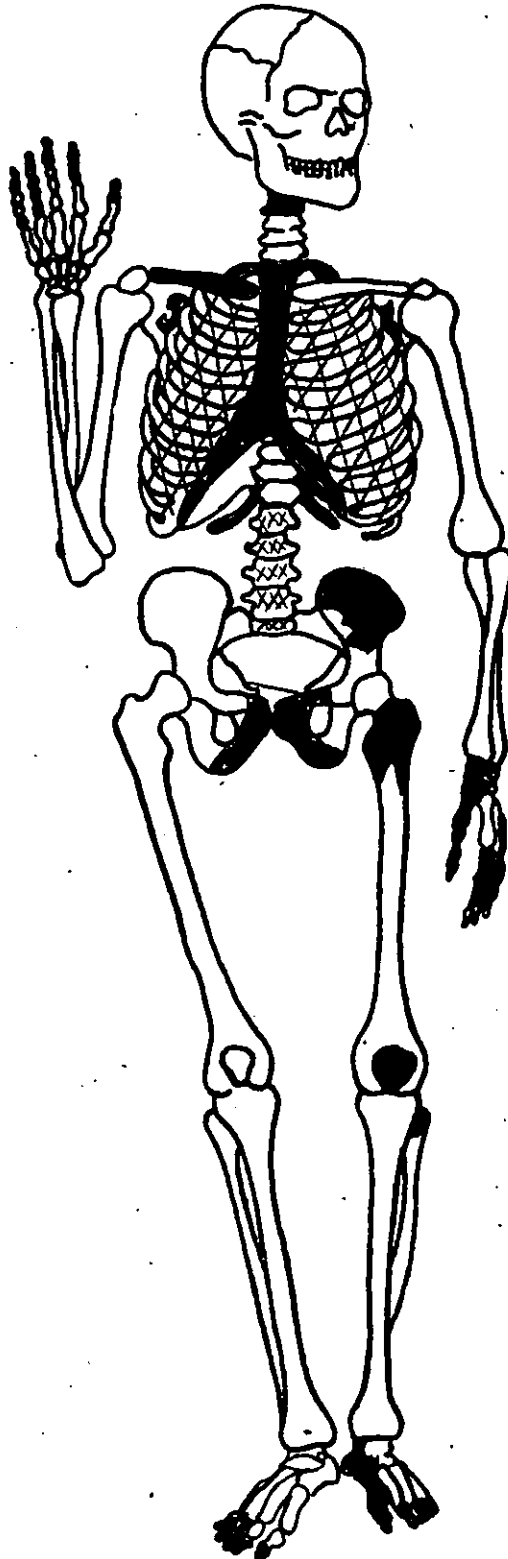
CERTIFIED TRUE COPY:

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

X-824

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



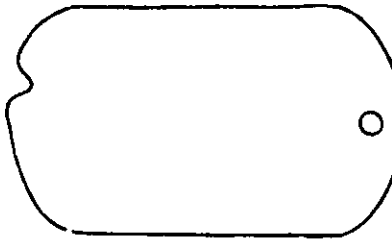


WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
20 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-824 (Formerly UNK X-339 USAF Cem Manila #2, Luzon, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Unknown	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  (See Remarks)
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 other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. DIANGER 812	ROW No. BAY A	GRAVE No. CRYP 202
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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. 1547
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-817	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 204
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-816	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 200
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SIGNATURE OF PERSON PREPARING REPORT <i>Wm. R Gilbert</i> Wm. R GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio Jr.</i> LUCIO S PANOPIO JR., 2d Lt., Inf.
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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.

Disc 680

**Section 3.—UNIDENTIFIED REMAINS.**


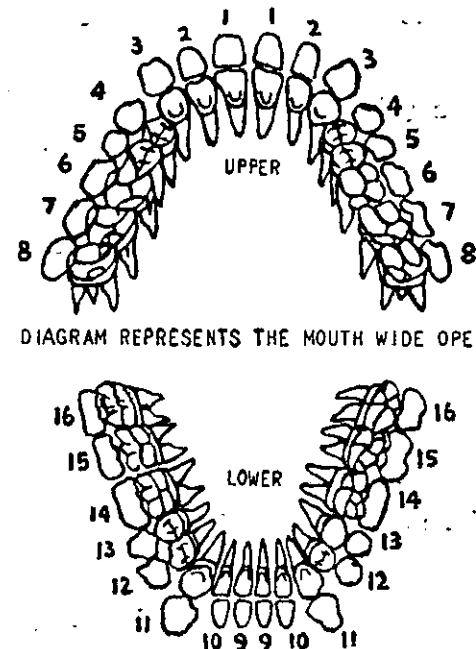




**INSTRUCTIONS:**

(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.

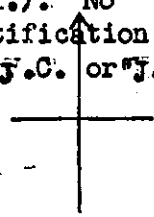
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

**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:** UNKNOWN X-824 (AGRS Mausoleum, Manila, P.I.). No I.D. tags or personal effects found to warrant identification except a key numbered: UR 2514 (yale) with initials J.C. or J.O. and enclosed with permanent records.



REMARKS:

Identification Check List and Dental Chart accomplished.

**24 NOV 1947**

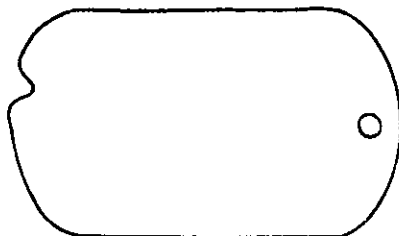
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

**REPORT OF/INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

21 Jan. 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN -X- 339 (Cem. Manila #2)		
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)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Paul 713

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	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	1547

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	USAF Cemetery Ft. Stotsenburg, Luzon, P. I.

PLOT No.	ROW No.	GRAVE No.
C	7	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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN -X- 338 (Cem. Manila #2)				1546

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN -X- 340 (Cem. Manila #2)				1548

SIGNATURE OF PERSON PREPARING REPORT

*R. C. Barrett*  
R. C. BARRETT, T/4 GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*E. M. Moore*  
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.

Paul 631

**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**

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER

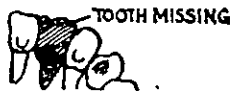
**FILLINGS**



**CAVITIES**



**MISSING TEETH**



**CROWNED TEETH**



**BRIDGE WORK**

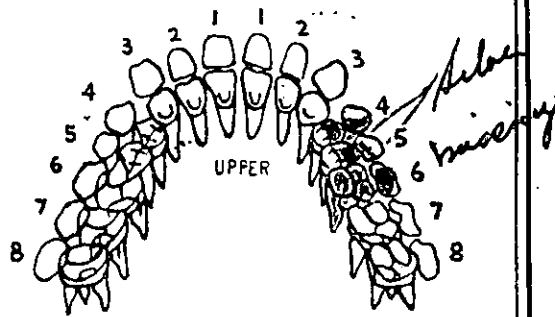
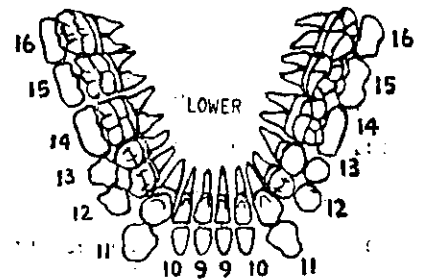
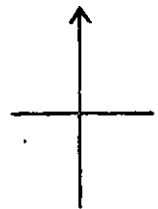


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



**REMARKS:**

Disc. # 92

27 FEB 1948