

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293.7unk (Misc) Manila # 2 X80, X193, X286
X298, X340, X347, X1997, X3177, X3660

SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION 293.7 - K Manila # 2 X193

RECLASSIFICATION SHEET

a/29/58
BR

293 Unk. P.I. (Misc) (Manila #2) X-80, 193, 286, 298, 340, 347,
1997, 3177, & X-3660)

QMGMAT-293

GRS Far East

8/9/49

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, Calif.

ATTN: AGRS, PHILCOM ZONE

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

Unknown	X-679,	AGRS MAUSOLEUM MANILA,	Formerly	X-193,	USAF Cem.,	Manila #2
"	X-388,	"	"	"	X-80,	" " " "
"	X-434,	"	"	"	X-286,	" " " "
"	X-445,	"	"	"	X-298,	" " " "
"	X-825,	"	"	"	X-340,	" " " "
"	X-831,	"	"	"	X-347,	" " " "
"	X2907,	"	"	"	X-1997,	" " " "
"	X-2076,	"	"	"	X-3177,	" " " "
"	X-1228,	"	"	"	X-3660,	" " " "

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

COPY
CR

X 293 Unk P.I. X-340 (Manila #2)

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSGR 293.9

AFC 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 QMOMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGPS 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-197	AGPS	Mslm	UNKNOWN X-1480	AGPS	Mslm
" X-272	AGPS	Mslm	" X-1495	AGPS	Mslm
" X-388	AGPS	Mslm	" X-2076	AGPS	Mslm
" X-434	AGPS	Mslm	" X-2542	AGPS	Mslm
" X-445	AGPS	Mslm	" X-2907	AGPS	Mslm
" X-679	AGPS	Mslm	" X-3640	AGPS	Mslm
" X-825	AGPS	Mslm	" X-5101	AGPS	Mslm
" X-831	AGPS	Mslm	" X-5102	AGPS	Mslm
" X-1228	AGPS	Mslm	" X-5106	AGPS	Mslm

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

FOR THE COMMANDING GENERAL:

18 Incls
QMC Forms 1044, w/certificates
of Unidentifiability

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

/mfc

/drs

Interred 20 July 1949
L 8 54 Ft. McKinley

DISINTERMENT DIRECTIVE

Carer mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00202

DATE
15 06 48
DAY MONTH YEAR

NAME: **UNKNOWNX-000340** SERIAL NUMBER: **0** RANK: **0** ARM: **0** DATE OF DEATH: **0**
DAY MONTH YEAR

CEMETERY: **USAF CEMETERY MANILA NO 2** DISPOSITION OF REMAINS: **0**
CODE: **7701** DIST. PT.: **80**

LOT: **2** ROW: **12** GRAVE: **1548** COUNTRY: **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-000340** SERIAL NUMBER: **UNK X-825 (Maus)** RANK: **UNK** DATE OF DEATH: **22 Sept 48** DATE DISTINTERRED: **22 Sept 48**

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: **UNKNOWN** RELIGION: **UNK** IDENTIFICATION VERIFIED BY: **C. MAXLEE FAIN**
Embalmers NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Shelter Half** CONDITION OF REMAINS: **Skeletal**

OTHER MEANS OF IDENTIFICATION: **None**

MINOR DISCREPANCIES: **Two (2) Remains Tags- UNK X-825 (Maus)**

REMAINS PREPARED AND PLACED IN CASKET
DATE: **22 Sept 48** BY: **C. MAXLEE FAIN**

CASKET SEALED BY: **C. MAXLEE FAIN** EMBALMER (Signature): *C. Maxlee Fain*
C. MAXLEE FAIN

CASKET BOXED AND MARKED: **None** SHIPPING ADDRESS VERIFIED BY: **CHARLES R. BATES, 1st Lt., USAFR**

DATE: **22 Sept 48** BY: **HORACE L. ALLISON, Sgt. IIF.**

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

Charles R. Bates
CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

9 AUG 1948
REFATRIATION
BRANCH
MEMO DIV *Hawkins*

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>Carer...</i>	DATE 20 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 MANILA PHILIPPINE ISLANDS		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM S IS 1240 PHILIPPINE ISLANDS		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

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- 340, Plot 2,
Row 12, Grave 1548, 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:



H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 2 August 1949 QMC
Not identifiable from
information presently
available



O. K. Rawlin
9 August 1949

Incl #7'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-825 (Formerly Unk X-340 Manila #2)				2. DATE OF REPORT 18 July 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 150 lbs	9. ESTIMATED HEIGHT 5'8"	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"

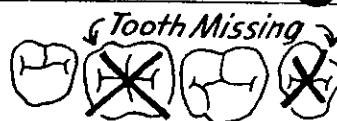
Incl. #72

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
						P	P			P	P	P			
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
	P	R													
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."

Unable to determine whether teeth from R10 - R12 and from L9 - L10 are X or FX due to the condition of the mandible.

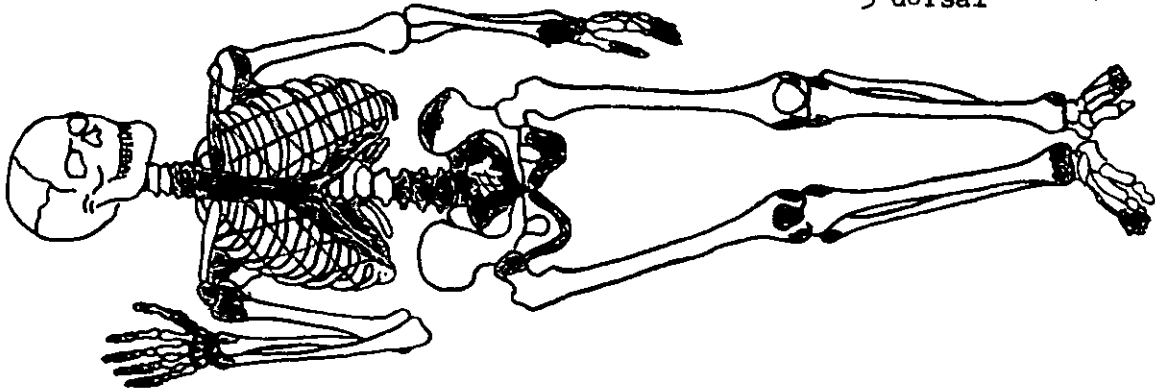
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present 2 cervical vertebrae
2 lumbar "
3 dorsal "



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 - 6 lbs.
Circumference of skull - 20½ inches.

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

X-825

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC 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-825 (Formerly UNK X-340, USAF
Cem Manila #2, Luzon, P.I.)

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

Unknown

AGRS Mausoleum,
Manila, P.I.

812

A

235

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

PLOT
RANGER

ROW
BAY
















GRAVE NO.
CRYPT

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8			
	UPPER TEETH																		
	RIGHT											LEFT							
TYPE							X	X		X		X	X						
LOCATION																			

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	LOWER TEETH																
	RIGHT										LEFT						
TYPE		X	X		X	X	X			X	X	X	X				
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
 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	 OXYPHOSPHATE (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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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

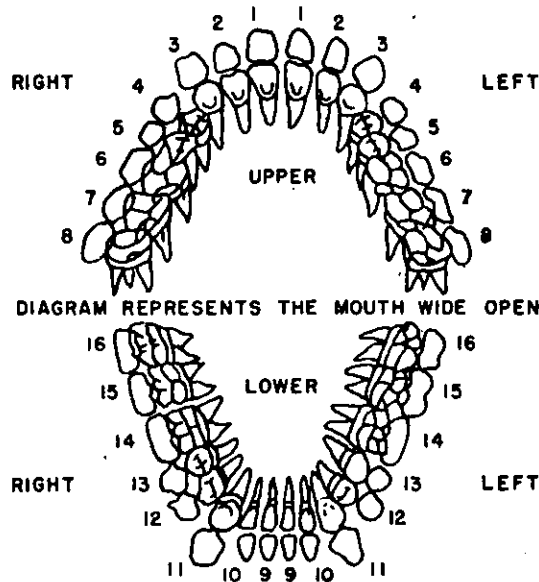


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Attrition posterior teeth.

/s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Edward H. Marshall
VERIFIED BY GRS OFFICER

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

/p/ EDWARD MARSHALL
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-825, (Formerly UNK X-340, USAF
 Unknown-X Cem Manila #2, Luzon, P.I.)

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 812 Row RANGER A BAY Grave CRYPT 235

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
(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	_____	_____	_____
Sweater	_____	N	_____
Jacket, HBT	_____	O N E	_____
* 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} 5'8" Weight 150 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, whorly, or definite parting)
 Hair (Baldness, widows peak, distinctive cutting or other characteristics)
 Sideburns Mustache Beard or (Length, heavy)
 (Color, setting, shape) (Color, size, shape)

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 identification tags, ROI, bottle, personal effects, or other means of identification. Estimated weight of remains 6 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)

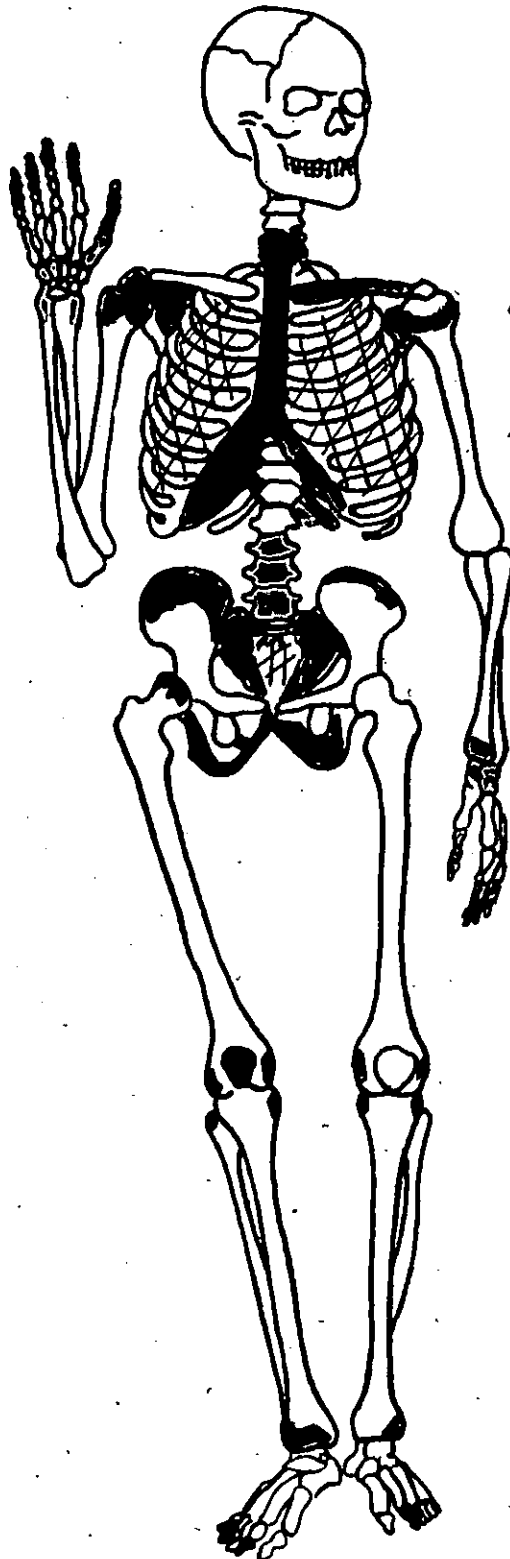
15 Oct 47

A CERTIFIED TRUE COPY:
George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

SKELETAL CHART

X-825

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 2 Cervical vertebrae
- 2 Lumbar vertebrae
- 3 Dorsal vertebrae
- 22 Rib fragments
- Small bone fragments

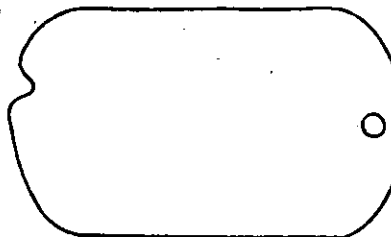
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

APR 5-1948

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-825 (Formerly UNK X-340, 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)
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
AGPS 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. DANGER 812	ROW No. BAH A	GRAVE No. CRYPT 235
----------------------------------------	--------------	-------------------------------------------------------------------	------------------------------	---------------------------	---------------------	---------------------------

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. 1548
-----------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	----------------	---------------	-------------------

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-794	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 237
---------------------------------------------------------------------------------------------	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-822	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 233
----------------------------------------------------------------------------------------------	------	------------	--------------	---------------------------

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.

Incl 687

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


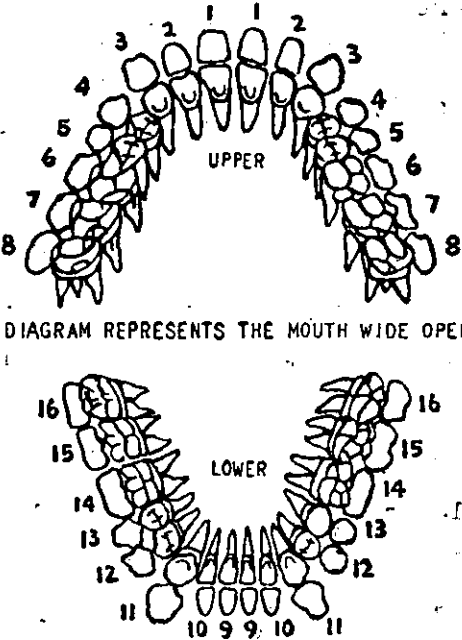




INSTRUCTIONS:

(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.

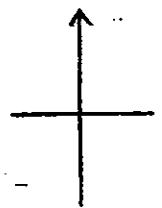
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

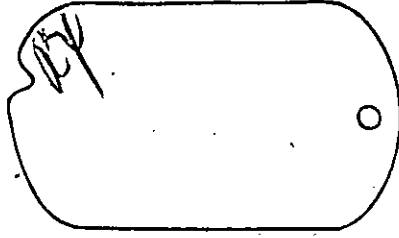
WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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- 340 (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

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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	1548

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Ft. Stotsenburg, Luzon, P. I.	C	9	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- 339 (Cem. Manila #2)				1547

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN -X- 341 (Cem. Manila #2)				1549

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>R. C. Barrett</i> R. C. BARRETT, T/4 GRS.	<i>E. M. Moore</i> 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 proscribed by theater commander.

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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.

27 FEB 1948

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

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

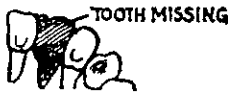
FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

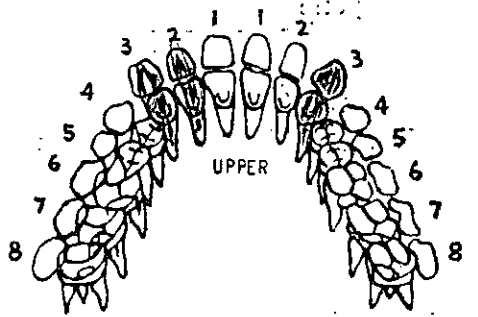
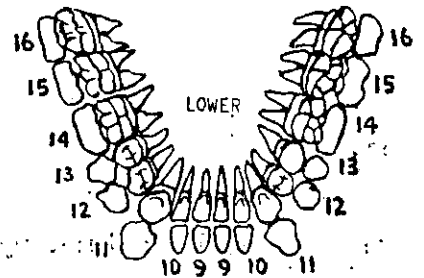
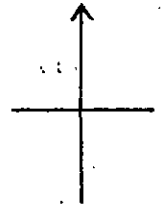


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Disc. # 207