

AIRMAIL

QUERY 293

21 December 1951

AGRS Pacific *"Unidentifiable"*

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
American Graves Registration Service  
Pacific Zone  
APO 928, c/o Postmaster  
San Francisco, California

1. Reference is made to Certificates of Unidentifiability for the remains of the following Unknown deceased:

Unknown X-4992, AGRS Maus. Manila, P.I.  
" X-833, " " " " form. X-349, USAF Cem.  
Manila #2, P.I.  
" X-1307, AGRS Maus. Manila, P.I., form. X-3638, USAF  
Cem. Manila #2, P.I.

2. This Office approves the classification of the above unknown deceased as Unidentifiable. It is requested that your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

THOMAS R. COX  
Major GRC  
Memorial Division

G.Reynolds:lrc

cc--Administrative Section  
cc--Philcom, APO 928  
cc--Cincfe, APO 500

293 X-833, AGRS Maus. Manila, Form. X-349 USAF Cem Manila #2, P.I.  
JMS

AIRMAIL

6

DISINTERMENT DIRECTIVE

CTB

*943unk Manila #2 X-349*

SECTION A - NAME AND BURIAL-LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7747 00180

09 1962 52  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-349			8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MANILA #2 PHILIPPINE ISLANDS	2	12	1510	0492 CODE 64 DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	
DATE	BY	

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. REMAINS PERM INTERRED IN NATIONAL MEMORIAL CEM. OF THE PACIFIC, T. H., PLOT E, GRAVE 414.

*File 9 Aug 52 Records Johnson*

RESTRICTED

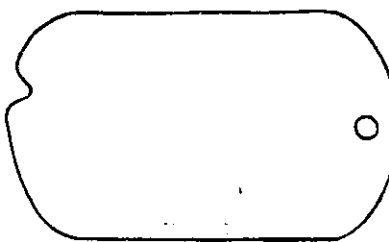
Att.

QMC Form 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT  
5 December 1951

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION. (UNIDENTIFIABLE)

NAME (Last, first, middle initial) Unknown X-349, USAF Cem Manila #2, P. I. (Manila Mausoleum X-833)		SERIAL No. Unknown
GRADE M3 Unknown	ORGANIZATION Manila #2 X-349 Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Camp O'Donnell POW Camp, Luzon, P.I.	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) Unidentifiable
--	--

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	---

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  
National Memorial Cemetery of the Pacific, Honolulu, T. H.

DATE OF BURIAL 5 Dec 1951	HOUR 1030	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER	PLOT No. E	ROW No. -	GRAVE No. 414
------------------------------	--------------	--	-------------------------	---------------	--------------	------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U. S. Army Mausoleum, AGRS-PAZ	Casket PLOT No. ROW No. GRAVE No. Manila Sec 248
--	---	--

TYPE OF RELIGIOUS CEREMONY Catholic Protestant Jewish	PERSON CONDUCTING BURIAL RITES Chaplain Moran Chaplain Lock Chaplain Feldheym	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)
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Ross, Ralph T.	RANK T/5	SERIAL No. 34146/89	ORGANIZATION USA	GRAVE No. E-134
--	-------------	------------------------	---------------------	--------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Legassie, James P.	RANK S/Sgt	SERIAL No. 6143501	ORGANIZATION USA	GRAVE No. E-399
---	---------------	-----------------------	---------------------	--------------------

SIGNATURE OF PERSON PREPARING REPORT FRANC S. FOSTER	SIGNATURE OF GRS OFFICER VERIFYING REPORT T. SUZUKI, Capt., NMCP
---	---

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

RECORDS ANNOTATED  
DATE 2/2/52  
NAME [Signature]  
REGS BR. MEM. DIV.

Encl 3'

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.

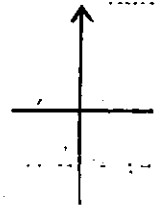
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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



REMARKS:

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

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT <b>5 December 1951</b>	
Imprint Identification Tag If Possible. DO NOT TYPE. <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px 0;"></div>		<b>Section 1.—IDENTIFICATION. (UNIDENTIFIABLE)</b>				
		NAME (Last, first, middle initial) <b>Unknown X-349, USAF Cem Manila #2, P. I.                  (Manila Mausoleum X-833)</b>			SERIAL No. <b>Unknown</b>	
		GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>	
		RACE <b>Unknown</b>	RELIGION <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH <b>Camp O'Donnell POW Camp,                  Iazon, P.I.</b>		CAUSE OF DEATH <b>Unknown</b>			DATE OF DEATH <b>Unknown</b>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Unidentifiable</b>				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>None</b>						
<b>Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.</b>						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>National Memorial Cemetery of the Pacific, Honolulu, T. H.</b>						
DATE OF BURIAL <b>52Dec 1951</b>	HOUR <b>1030</b>	BURIED IN (Shroud, blanket, or name of other) <b>Final Type Casket</b>		TYPE OF GRAVE MARKER <b>E</b>	ROW No. <b>-</b>	GRAVE No. <b>414</b>
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>U. S. Army Mausoleum, AGRS-PAZ</b>					
				PLOT No. <b>Manila</b>	ROW No. <b>Sec</b>	GRAVE No. <b>248</b>
TYPE OF RELIGIOUS <b>Catholic</b> Protestant Jewish		PERSON CONDUCTING BURIAL RITES <b>Chaplain Moran</b> <b>Chaplain Lock</b> <b>Chaplain Feldheym</b>		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)				
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) <b>Ross, Ralph T.</b>			RANK <b>T/5</b>	SERIAL No. <b>34146489</b>	ORGANIZATION <b>USA</b>	GRAVE No. <b>E-434</b>
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) <b>Legassie, James P.</b>			RANK <b>S/Sgt</b>	SERIAL No. <b>6143501</b>	ORGANIZATION <b>USA</b>	GRAVE No. <b>E-399</b>
SIGNATURE OF PERSON PREPARING REPORT  <b>FRANC S. FOSTER</b>				SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>T. SUZUKI, Supt., NMCP</b>		
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 3*

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.

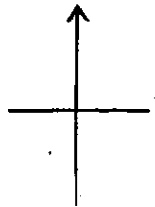
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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



REMARKS:

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

*all.*

**DISINTERMENT DIRECTIVE**

**1**

*293 Unk Manila #2 X-349*

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00180

DATE

09 01 52  
DAY MONTH YEAR

NAME

UNKNOWN

*X-349*

SERIAL NUMBER

GRADE

ARM

8

RACE

0.

RELIGION

6

CEMETERY

MANILA #2 PHILIPPINE ISLANDS

PLOT

2

ROW

12

GRAVE

1510

DISPOSITION OF REMAINS

0492

CODE

64

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NATIONAL MEMORIAL CEMETERY  
OF THE PACIFIC  
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

- REMAINS
- MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. REMAINS PERM INTERRED IN NATIONAL MEMORIAL CEM. OF THE PACIFIC, T. H., PLOT E, GRAVE 414.

HAS  
FILED

RECORDS MANAGER

DATE

NAME

Agg. SR. MEM. DIV.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

## 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



Dec-1-51

AIR MAIL

Mr. Turner/pku/682205

HEADQUARTERS, UNITED STATES ARMY, PACIFIC  
OFFICE OF THE QUARTERMASTER  
APO 958

RRREC 314.6

26 October 1951

SUBJECT: Transmittal of Certificate of Unidentifiability

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTENTION: Memorial Division

Forwarded herewith is the Certificate of Unidentifiability for Unknown X-349, USAF Cemetery Manila #2, P. I., stamped and signed in accordance with letter, DA OQMG, QMGMU 293 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948. (See Master Roster, Unit D, Page 8).

FOR THE QUARTERMASTER:

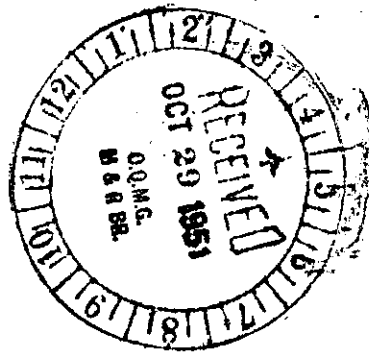
*A. W. George*  
A. W. GEORGE  
Lt Col OMC  
Asst Quartermaster

1 Incl  
Cert of Unidentifiability,  
dated 18 Oct 51

245  
314.6 HQ Pacific

26 Dec 51  
*G. Reynolds*  
Identification Branch

AIR MAIL



Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

(The following information is for your information only and should not be used for any other purpose.)

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

Very truly yours,  
[Signature]

AIR MAIL

Mr. Turner/pku/682205

HEADQUARTERS, UNITED STATES ARMY, PACIFIC

OFFICE OF THE QUARTERMASTER

APO 958

RRREC 314.6

26 October 1951

SUBJECT: Transmittal of Certificate of Unidentifiability

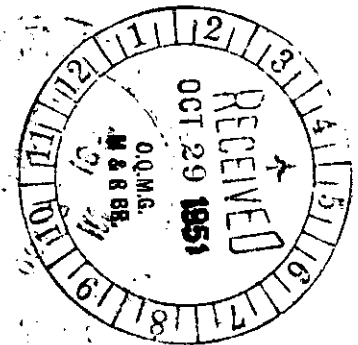
TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTENTION: Memorial Division

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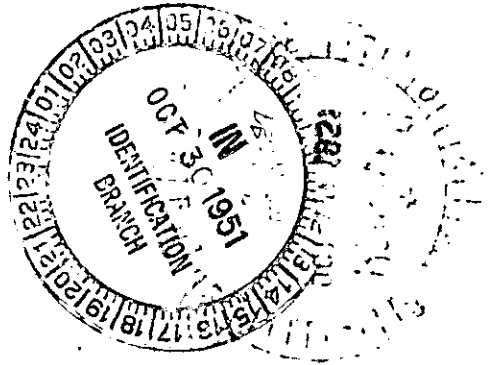
FOR THE QUARTERMASTER:

1 Incl  
Cert of Unidentifiability,  
dated 18 Oct 51

A. W. GEORGE  
Lt Col QMC  
Asst Quartermaster



AIR MAIL



760 829

OFFICE OF THE COMMISSIONER

REVENUE DEPARTMENT, UNITED STATES ARMY, PACIFIC

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-349 (MM X-833) Manila #2</b>				2. DATE OF REPORT <b>18 October 1951</b>		
3. NAME OF CEMETERY <b>US Army Mausoleum - Final Type Casket # Formerly USAF Cemetery, Manila #2</b>		4. PLOT <b>Manila</b>	5. ROW <b>Section</b>	6. GRAVE <b>248</b>	7. DATE OF DISINTERMENT <b>18 Oct 51</b>	REINTERMENT <b>18 Oct 51</b>

PHYSICAL DESCRIPTION			AGE: <b>26 - 28</b>	
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5' 5 3/8" - 5' 7 3/8"</b>	10. COLOR OF HAIR <b>None Found</b>		11. RACE <b>White</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) Embossed Plate on remains reads: "Unknown X-349, Plot - 2".**

**One (1) Headmarker plate reads: "Unknown X-349 - 1510-12-2".**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

**None**

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? <b>Considerable erosion of all bones present.</b>
--	--

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**

U N I D E N T I F I A B L E		
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA		
26 October 1951	<i>A. W. George</i>	A. W. GEORGE Lt Col QMC

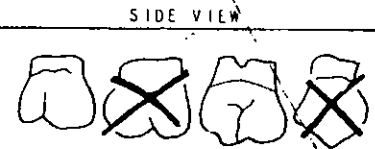
Received 30 Oct 51 QMC  
 Not identifiable from  
 information presently available 21 Dec 51

*G. Reynolds*  
Ident

*Incl 1*

**MISSING TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

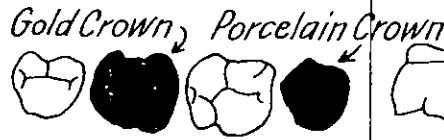
Unknown X-349



(MM X-833)

**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Manila #2



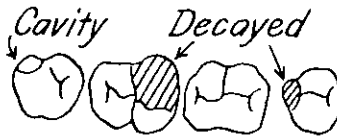
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
M A K I L L A								A N D T E E T H M I S S I N G							
<i>Side Views</i>															
<i>Top Views</i>															
<i>Side Views</i>															
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."

**REMARKS:** Considerable signs of attrition on all teeth present.



DISINTERMENT DIRECTIVE

6

~~273 Underwood / 273 Underwood~~

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00190

DATE

15 05 48  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN - 000341

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

USAF CEMETERY MANILA NO 2

7701 80  
CODE DIST. PT.

LOT ROW GRAVE COUNTRY

CAUSE OF DEATH

2 12 1510 PHILIPPINE ISLANDS

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

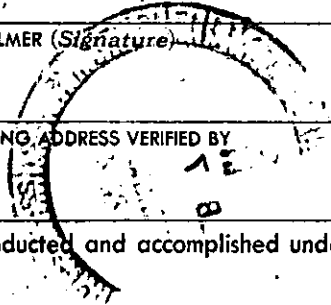
CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY



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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report OMC Form 1194a for major discrepancies.





DISINTERMENT DIRECTIVE

6

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00100

DATE

15 05 48  
DAY MONTH YEAR

NAME

UNKNOWN X-000349

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

7701 80  
CODE DIST. PT.

LOT

ROW

GRAVE

COUNTRY

PHILIPPINE ISLANDS

CAUSE OF DEATH

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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.



DDMG FORM  
16 JUN 50

1947

ADJUSTMENT OF RECORDS  
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

X-349

CEMETERY

Manila # 2

PLOT

2

ROW

12

GRAVE

1510

- |  |  |
|--|--|
| <input type="checkbox"/> APPROVED IDENTIFICATION | <input type="checkbox"/> REDESIGNATION |
| <input type="checkbox"/> CANCELLATION            | <input type="checkbox"/> NEW X-NUMBER  |
| <input type="checkbox"/> CONSOLIDATION           | <input type="checkbox"/>               |

REMARKS

#3 D.D. issued  
by Field 16 June 48

## IDENTIFICATION CHECK LIST

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

/af

UNKNOWN X-833 (Formerly  
 Unknown X-349 USAF Cem Manila #2, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 HANGER B DAY CRYPT  
Row Grave 370

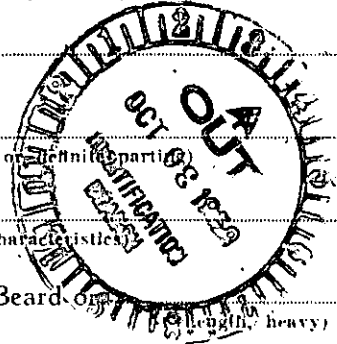
CIP, AGRS Mausoleum

1. Arrived at cemetery 15 Oct 47  
(Hour) (Date)
2. Place of death Camp O'Donnell, POW Camp, Luzon, P.I.  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred by C.M.T. #1, Cem #2, Manila  
(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	N		
Jacket, HBT	E		
* Shirt, Wool OD	//		
Undershirt, Wool	//		
Undershirt, Cotton	//		
Trousers, HBT	//		
* Trousers, Wool OD	//		

Belt, web .....  
 Drawers, wool N  
 Drawers, cotton O  
 Leggings, wool N  
 Socks, cotton E  
 \* 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 only. Chart attached.  
 Age Est. Height 5'8 1/2" Est. Weight 140 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 U  
 (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build ..... (Large, fat, thin, muscular)  
 Hair ..... (Color, length, quantity, curly, wavy, straight, whorls, or definite part)  
 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)

U.  
T.  
D.

Hands .....  
 // (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

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

Legs ..... (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)  
If not, explain Due to condition of long bones.

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

9. Remarks No R.O.I. bottle, identification tags, personal effects recovered.  
No shoes nor clothing. Approximate weight of remains 10-lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

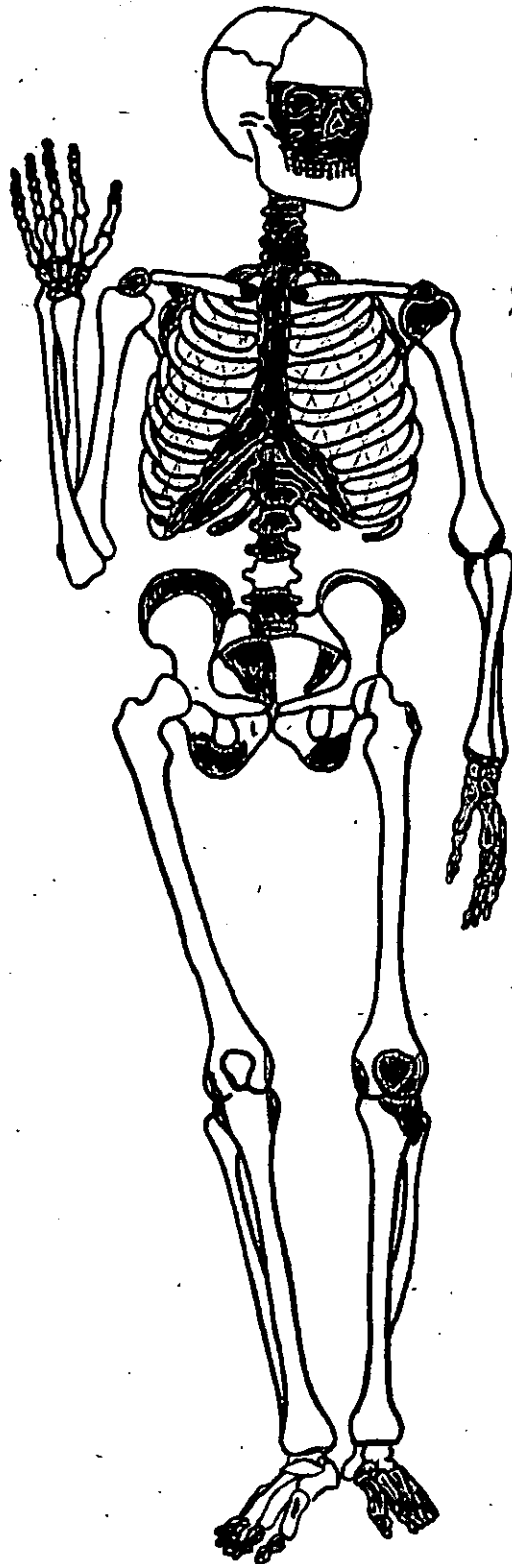
/s/ C. Maxlee Fann, C-062781  
(Officer's Name)  
SP-6 AGRS  
Rank Service  
CIP, Nichols Field, Mausoleum.  
(Organization) Manila, P.I.

CERTIFIED TRUE COPY:

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

# SKELETAL CHART X-933

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Ribs fragments  
Fragments of vertebrae*

/af

# 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.

UNKNOWN X-833 (Formerly Unk X-349  
USAF Cemetery Manila #2, Luzon, P.I.)

Unknown

15 Oct 47  
DATE  
Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown

Camp O'Donnell, <sup>UNIT</sup> POW Camp  
Luzon, P.I.

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION  
812 B 370

PLACE OF DEATH PLACE OF BURIAL PLOT RANGER ROW DAY GRAVE NO. CRYPT

*Manilla missing*

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

INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX.



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)



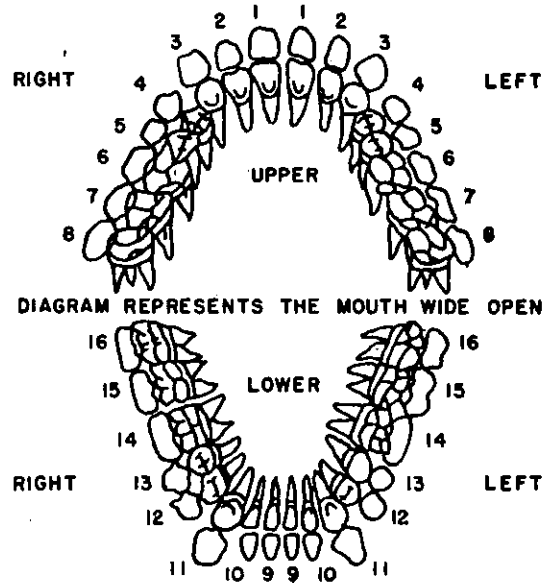
**INSTRUCTIONS:**

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.



**REMARKS:**

/s/ Joseph D. Murphy  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ JOSEPH D. MURPHY, T/5  
NAME AND RANK TYPED OR PRINTED

CIP, Nichols Field  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

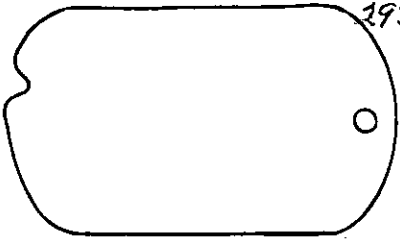
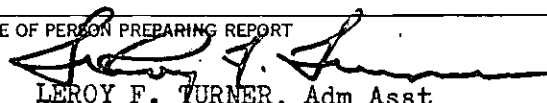

/s/ James J McDermott, CAF-9  
VERIFIED BY GRS OFFICER

/p/ JAMES J McDERMOTT, CAF-9  
NAME AND RANK TYPED OR PRINTED

15 Oct 47  
DATE

CERTIFIED TRUE COPY:

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

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT DEC 12 1950		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. <i>943 unk manila #2 X-349</i>					
		NAME (Last, first, middle initial) UNKNOWN X-349, USAF Cem Manila #2, P. I. (Manila Maus X-833)			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 Camp O'Donnell POW Camp, Luzon, P. I.		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 U. S. Army Mausoleum, AGRS-PAZ							
DATE OF BURIAL 3 Nov 50		HOUR ---		BURIED IN (Shroud, blanket, or name of other) Final type casket			
				TYPE OF GRAVE MARKER ---			
				ROOT No. X-349 ROW No. 248 GRAVE No. Casket			
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P. I.					
				Burial Bay Crypt 812 B 370			
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) ---					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to			RANK ---	SERIAL NO. ---	ORGANIZATION ---		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets			RANK ---	SERIAL NO. ---	ORGANIZATION ---		
SIGNATURE OF PERSON PREPARING REPORT  LEROY F. TURNER, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT  STANLEY E. MAY, Major, 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.							

**Section 3 UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


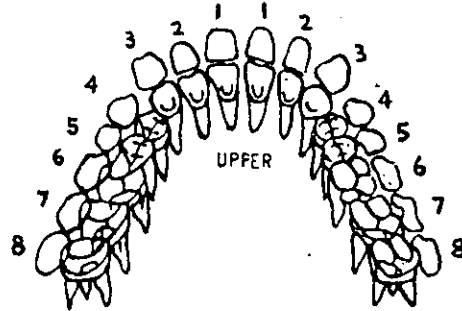




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

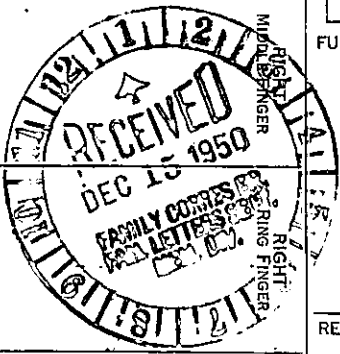
<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>	
<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>	
<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p><b>BRIDGE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

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



REMARKS:

IDENTIFICATION SECTION  
 19 DEC 1950



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

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <div style="font-size: 1.5em; font-weight: bold;">DEC 12 1950</div>		
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> </div>	Section 1.—IDENTIFICATION.			
	NAME (Last, first, middle initial)		SERIAL NO.	
	UNKNOWN X-349, USAF Cem Manila #2, P. I. (Manila Maus X-833)		Unknown	
	GRADE	ORGANIZATION	BRANCH OF SERVICE	
Unknown	Unknown	Unknown		
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
Unknown	Unknown			
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH		
Camp O'Donnell POW Camp, Luzon, P. I.	Unknown	Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address)				
Unknown				
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				
None				
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.				
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY				
U. S. Army Mausoleum, AGRS-PAZ				
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	REMARKS
3 Nov 50		Final type casket		Casket Manila Section 248
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE		TYPE OF GRAVE	GRAVE NO.
Yes	AGRS Mausoleum, Manila, P. I.		Day	Crypt
			812	B 370
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)			
---	---			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
Not applicable due to	---	---	---	---
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
manner of storing caskets	---	---	---	---
SIGNATURE OF PERSON PREPARING REPORT		SIGNATURE OF GRS OFFICER VERIFYING REPORT		
 LEROY F. TURNER, Adm Asst		 STANLEY E. MAY, Major, 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.				

3. 153

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


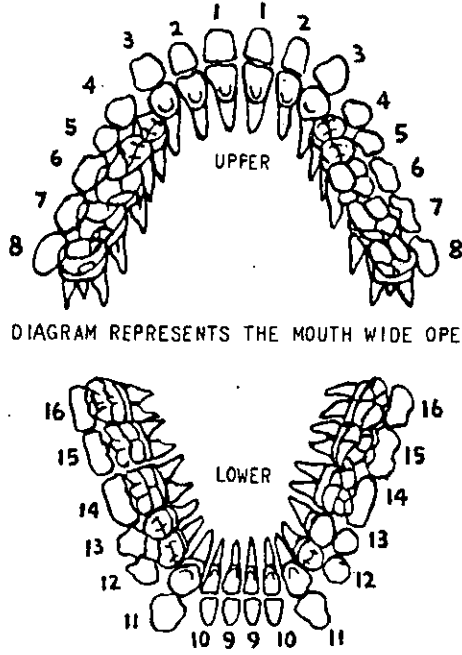




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

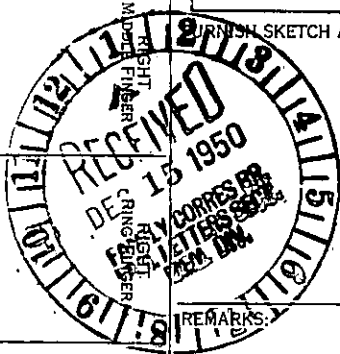
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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>	

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



**19 DEC 1950**  
Identification Section

REMARKS:

RIGHT INDEX FINGER


RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) **APR 5-1947** **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-833 (Formerly Unk X-349 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 Camp O'Donnell POW Camp, Luzon, P.I.	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 16 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 812	ROW No. BAY B	GRAVE No. CRYPT 370
--	--------------	--	------------------------------	---------------------------	---------------------	---------------------------

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. 1510
---	---	---------------	---------------	-------------------

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) STORAGE Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-836	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 372
--	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-837	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 368
---	------	------------	--------------	---------------------------

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.
--	--

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 702*

**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.

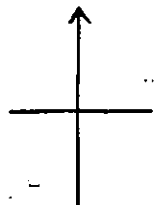
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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**

IDENTIFICATION SECTION  
DEPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

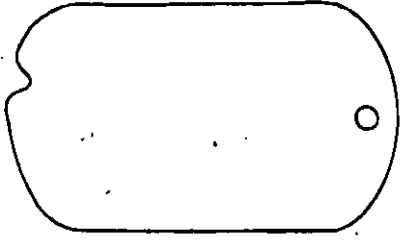


MX

RESTRICTED

U-1021

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 19 January 1946
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Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>		
NAME (Last, first, middle initial) UNKNOWN X - 349 (Formerly Unknown X -34)	SERIAL NO.		
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Camp O'Donnell POW camp Luzon, P. I.	CAUSE OF DEATH	DATE OF DEATH
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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

Amd 1479

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 No. 2, Luzon, P. I.


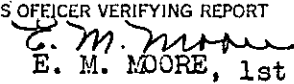
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE No.
23 Dec. 1945	0900.	shelter Half	Cross	2	12	1510

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE American POW cemetery Campo'Donnell, Luzon, P. I.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">PLOT NO.</th> <th style="width: 33%;">ROW NO.</th> <th style="width: 33%;">GRAVE No.</th> </tr> <tr> <td>I</td> <td>6</td> <td>1</td> </tr> </table>	PLOT NO.	ROW NO.	GRAVE No.	I	6	1
PLOT NO.	ROW NO.	GRAVE No.						
I	6	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) BOLDT, Merve H.	RANK	SERIAL No. 19051981	ORGANIZATION	GRAVE No. 1509
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) GASWAY, Howard D.	RANK	SERIAL No. 35001138	ORGANIZATION	GRAVE No. 1511
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SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. M. MOORE, 1st Lt., QMC.
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Incl 27'

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**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


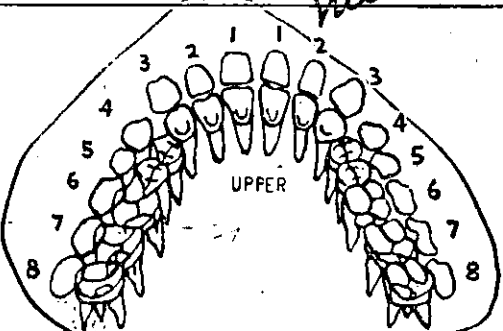
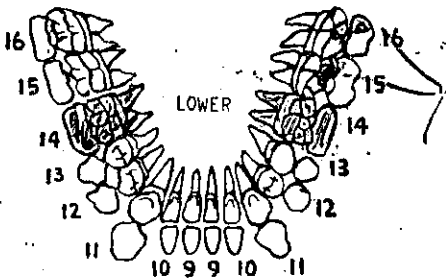




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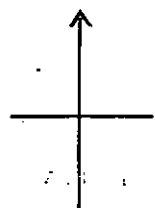
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	<p align="right"><i>Missing</i></p>  <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS—THE—MOUTH—WIDE OPEN</p>  <p align="center">LOWER</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	

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



REMARKS:

18 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