

QMGMT 293  
GRS Far East

1 February 1950

SUBJECT: Identification of World War 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-168,	AGRS Maus Manila, formerly X-3970,	USAF Cem Manila #2						
" X-839,	" " " "	" X-357,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-840,	" " " "	" X-358,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-805,	" " " "	" X-320,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-443,	" " " "	" X-296,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-435,	" " " "	" X-288,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-418,	" " " "	" X-270,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-416,	" " " "	" X-268,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-680,	" " " "	" X-194,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-677,	" " " "	" X-191,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-615,	" " " "	" X-126,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-616,	" " " "	" X-127,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-605,	" " " "	" X-118,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-364,	" " " "	" X-42,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-3630,	" " " "	" X-3676,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-3183,	" " " "	" X-1020,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-4159,	USAF Cem Manila #2, formerly Gleris,	AGRS Maus Manila						
" X-4157,	" " " " " "	" Gunn, A. H.,	AGRS Maus Manila					

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

FOR THE QUARTERMASTER GENERAL:

REB

TEC

cc: AdmSection

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

A. C. King:dal  
L. M. White  
J. Windsor

Cpy furnished: CINCFE, APO 500

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900  
11 January 1950

GRPZ 293

SUBJECT: Unidentifiable

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-168	AGRS	Mslm	UNKNOWN	X-616	AGRS	Mslm
"	X-289	"	"	"	X-677	"	"
"	X-364	"	"	"	X-680	"	"
"	X-416	"	"	"	X-805	"	"
"	X-418	"	"	"	X-839	"	"
"	X-435	"	"	"	X-840	"	"
"	X-443	"	"	"	X-2371	"	"
"	X-605	"	"	"	X-2372	"	"
"	X-615	"	"				

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

FOR THE COMMANDING OFFICER:

17 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

RECEIVED JAN 20 1950

/add

1 ebc ✓

Interred 8 Feb 1950  
D 8 78 Ft. McKinley  
*H. Bradenmark*  
CARL E. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00178

DATE  
15 06 48  
DAY MONTH YEAR

NAME  
UNKNOWNX - 000358

SERIAL NUMBER

RANK

ARM  
DATE OF DEATH  
0  
DAY MONTH YEAR

CEMETERY  
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS  
0 7701 180  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
2 12 1489 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 - 358  
(Maus) UNK X - 840

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED  
21 Sept 48

IDENTIFICATION TAG ON  
 2 REMAINS  
 1 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
FORREST G. BRADEN  
Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Shelter Half

CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

1 tag (Maus) shows Unk X - 840

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 48 BY FORREST G. BRADEN

CASKET SEALED BY  
FORREST G. BRADEN

EMBALMER (Signature)  
*Forrest G. Braden*  
FORREST G. BRADEN

CASKET BOXED AND MARKED  
DATE 21 Sept 48 BY HORACE L. ALLISON, Sgt., INF.

SHIPPING ADDRESS VERIFIED BY  
HONORIO V. AURELIO, 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.

*Forrest G. Braden*  
HONORIO V. AURELIO, 1st Lt., INF.  
SIGNATURE OF GRS INSPECTOR  
RECEIVED 1950  
SEP 21 1948  
SEP 21 1948

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</i>	DATE

## 2. SHIPPED

**FFR 8 1950**

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>FAMILY BURIAL HOME ISLANDS</b>		TO <b>FORT MCKINLEY CEMETERY</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <b>(BY ADMINISTRATIVE DECISION)</b>	DATE

## 6. SHIPPED

FROM <b>S. ISLAND BURIAL HOME ISLANDS</b>		TO <b>ISLANDS</b>	
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  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

9 Jan 1950

Date

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

The records pertaining to Unknown X- 358, Plot 2,  
Row 12, Grave 1489, 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. McNEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 20 Jan 1950 **0300**  
Not identifiable from  
information presently  
available 1 Feb. 1950  
D. C. King 10.13.

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>X-840 (Formerly X-358, USAF Cem. Manila #2 )</b>	2. DATE OF REPORT <b>10 Jan. 1950</b>
--	--

3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>HANGAR</b>	<b>BAY</b>	<b>CRYPT</b>	DISINTERMENT	REINTERMENT
	<b>812</b>	<b>B</b>	<b>365</b>		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 6"</b>	10. COLOR OF HAIR <b>B T D</b>	11. RACE <b>Unknown</b>
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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

**U T D**

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<b>(Skull mangled)</b>

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**

RECORDED & INDEXED  
 "BY REASON OF IDENTIFYING DATA"

*Jan 15*

**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
○	Ⓟ		X	○			Ⓟ			Missing							
Side Views								Side Views									
Top Views								Top Views									
Side Views								Side Views									
A								Missing									
○	○	X	○			Ⓟ	Ⓟ			Missing							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

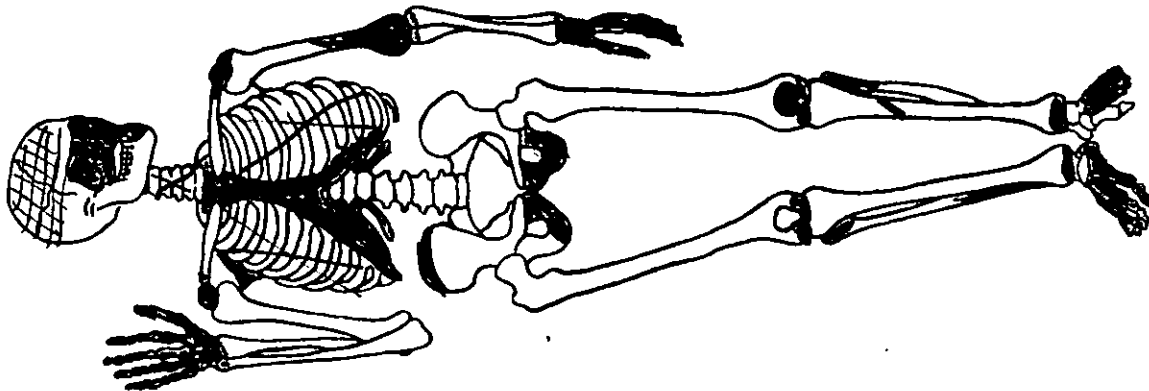
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

Incl 15<sup>3</sup>

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 I.D. tags, burial bottle, personal effects or other means of identification found with remains.

Estimated weight of remains - 4 lbs.

RECEIVED BY REASON OF ...

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

**PAUL R. NICHOLS**  
Chief, Identification Section

SIGNATURE

*Paul R. Nichols*

*Nichols*



# IDENTIFICATION CHECK LIST

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

/af

UNKNOWN X-840 (Formerly  
 Unknown X-358 USAF Cem Manila #2, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 RANGER BAY CRYPT Row B Grave 365

CIP, AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 15 Oct 47  
(Hour) (Date)

2. Place of death Camp Murphy, Luzon, P.I.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred by AGRS, CMT #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	/ N		
Sweater	/ O		
Jacket, HBT	/ 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) N O  
 Overshoes ..... E  
 Web Equipment ..... (type)  
 (Other item) .....  
 (Other item) .....  
 \* If body is nude, sizes of these items should be computed by measuring the remains  
 Chevrons or Insignia ..... (Type & location; shirt/jacket, coat, helmet)  
 Shoulder Patch .....  
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only. Skeletal attached.  
 Age ..... Est. Height 5' 5" Est. Weight 135 ..... 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 ..... U  
 Complexion ..... D (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 .....  
**Tooth chart attached.**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin .....  
(Prominent, receding, pointed, dimples, double)

Jaw .....  
(Large, small, normal)

Circumference of ~~head~~ <sup>skull</sup> in inches ..... **fractured**  
(Hat band)

Neck .....  
(Size, length, short, normal, wrinkled)

Larynx .....  
(Prominent, normal)

Shoulders .....  
(Broad, straight, small, rounded)

Arms .....  
(Length, muscular, color, extent and quantity of hair)

Hands .....  
(U)

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 .....  
(Husky, 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 Skeletal remains only received by CIP Lab.

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

9. Remarks No ROI bottle found with remains. No personal effects either  
means of identification to warrant said remains, unable to  
determine the height and weight exactly due to the fractured  
of bones. Estimated weight of remains four (4) 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/ E. F. Moriarty  
(Officer's Name)  
SP-6  
Rank Service  
AGRS  
(Organization)

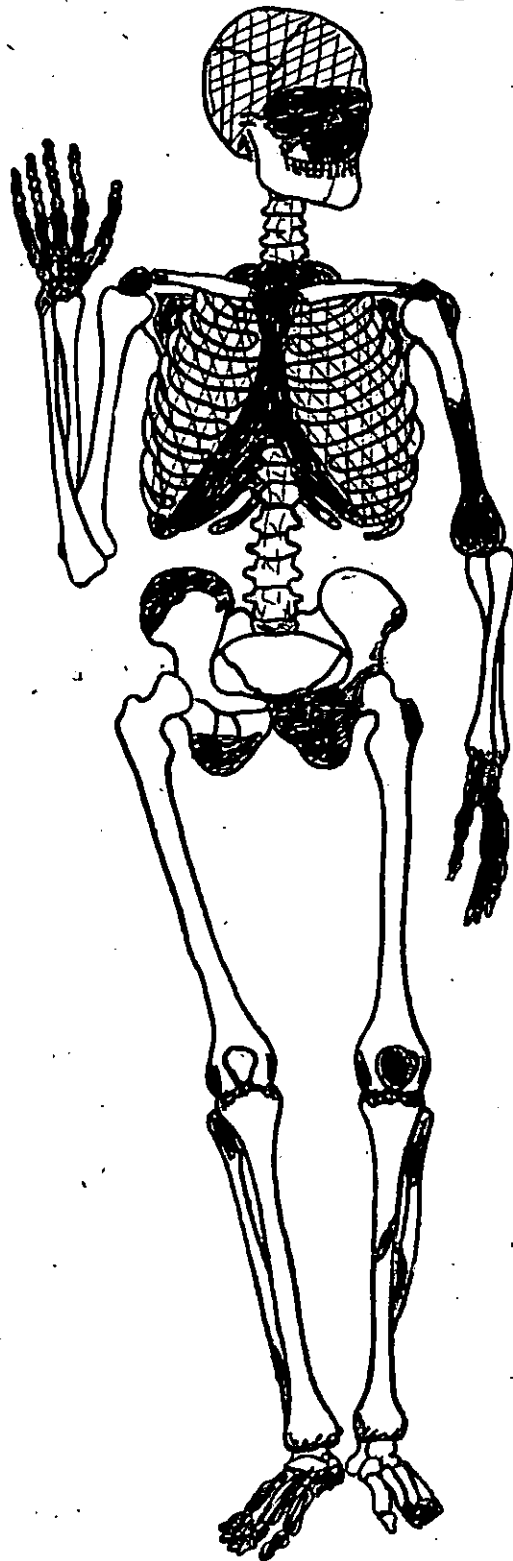
CERTIFIED TRUE COPY:

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

# SKELETAL CHART

X-840

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



X-840

/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.

16 Oct 47

UNKNOWN X-840 (Formerly Unk X-358)

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

Unknown

Unknown

DATE

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Camp Murphy, UNIT  
Luzon, P.I.

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION

812 B 365

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

DANGER BAY

CRYPT

STORAGE

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

MISSING

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

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)

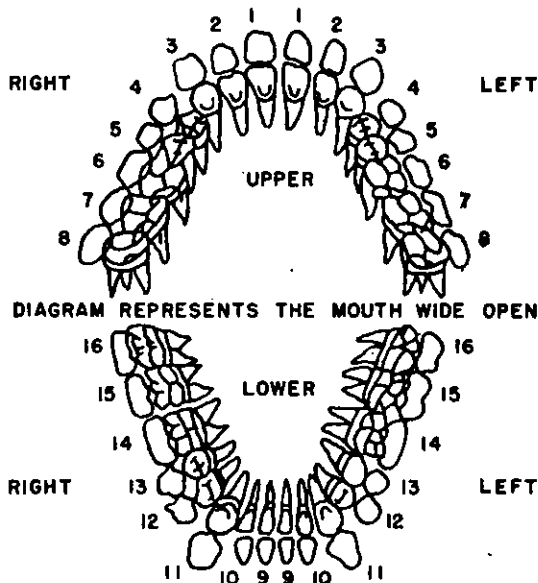
**INSTRUCTIONS:**

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.



**REMARKS:**

Maxilla missing from L-1, thru 8, except L-4, found loose.

/s/ Hilarion V. Castillo  
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

/s/ E. F. Moriarty  
VERIFIED BY GRS OFFICER

SP-6  
NAME AND RANK TYPED OR PRINTED

16 Oct 47  
DATE

CERTIFIED TRUE COPY:

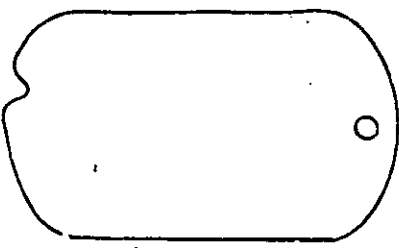
George T. Gamboa  
GEORGE T. GAMBOA  
2d Lt., MAC

APR 5 - 1948

RESTRICTED

1446

U 1446

WD OMC 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 20 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-840 (Formerly Unk X-358 USAF Cemetery 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 Murphy, Luzon, P.I.		CAUSE OF DEATH Wounds			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 16 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORE Casket		TYPE OF GRAVE MARKER None	PLOT No. MANGER 812	ROW No. BAY B	GRAVE No. CRYPT 365
WAS THIS A REBURIAL? (Yes or no) Yes RESTORED	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. 1489
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 STORE	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) SICK UNKNOWN X-832			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 367	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) SICK TECLA, Marcos			RANK S/Sgt	SERIAL No. 6612868	ORGANIZATION 12th Sig PS	GRAVE No. CRYPT 363	
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.							

RESTRICTED

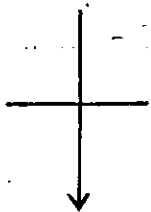
Serial 690



24 NOV 1947

Identification Check List and Dental Chart accomplished.

REMARKS:



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

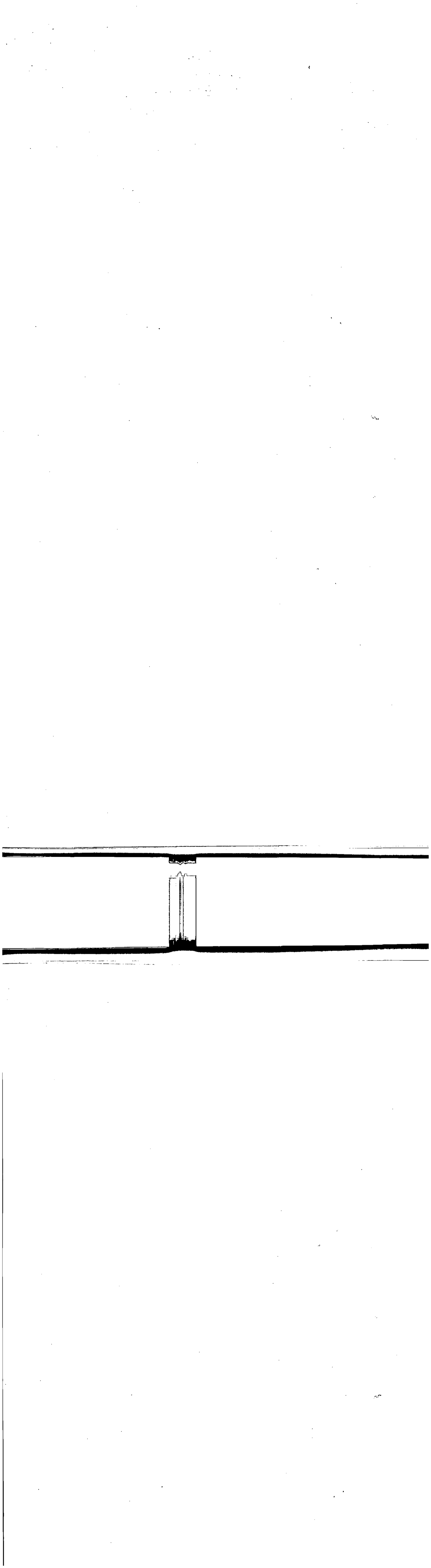
<p>UPPER LOWER</p>	<p>GOLD BRIDGE</p>
<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>UPPER</p>	<p>PORCELAIN CROWN</p>
	<p>TOOTH MISSING</p>
	<p>CAVITY DECAYED</p>
	<p>SILVER FILLING</p>

RIGHT LITTLE FINGER
RIGHT RING FINGER
RIGHT MIDDLE FINGER
RIGHT INDEX FINGER
RIGHT THUMB
LEFT THUMB
LEFT INDEX FINGER
LEFT MIDDLE FINGER
LEFT RING FINGER
LEFT LITTLE FINGER

OTHER IDENTIFICATION CLUES

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

INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identification 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.



IDENTIFICATION SECTION  
PATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

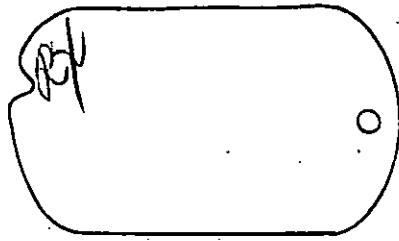
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

19 Jan. 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

UNKNOWN -X- 358 (Cem. Manila #2)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

Camp Murphy, Luzon, P.I.

CAUSE OF DEATH

Wounds

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 671

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	0900	shelter Half	Cross	2	12	1489

WAS THIS A REBURIAL?  
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Cemetery Ft. Wm. McKinley, Luzon, P. I.

PLOT No.	ROW No.	GRAVE No.
G	3	2

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

UNKNOWN -X- 357 (Cem. Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1488

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

UNKNOWN -X- 359 (Cem. Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1490

SIGNATURE OF PERSON PREPARING REPORT

R. C. BARRETT, T/4 GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. M. MOORE, 1st Lt. QMC.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as proscribed by theater commander.

Incl 38

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 1945

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

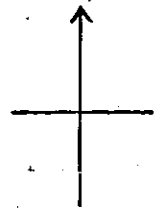
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

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: Bottle found buried with body. All information destroyed.