



QUEST 293  
AGS For East

31 Oct.  
2 November 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General  
Philippine Air Command  
APO 74, c/o Postmaster  
San Francisco, California

ATTN: AGCS, PHILCON ZONE

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

Unknown	X-626,	AGCS	Manuel	Manila,	Formerly	X-139,	USAF	Com.,	Manila #2
"	X-923,	"	"	"	"	X-148,	"	"	"
"	X-1205,	"	"	"	"	X-3714,	"	"	"
"	X-1246,	"	"	"	"	X-3693,	"	"	"
"	X-1349,	"	"	"	"	X-3578,	"	"	"
"	X-1634,	"	"	"	"	X-3455,	"	"	"
"	X-1714,	"	"	"	"	X-3402,	"	"	"
"	X-1744,	"	"	"	"	X-3382,	"	"	"
"	X-1719,	"	"	"	"	X-3360,	"	"	"
"	X-2408,	"	"	"	"	X-3099,	"	"	"

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

FOR THE QUARTERMASTER GENERAL:

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

cc: Adm Section

G. Reynolds:dal  
L. M. White  
J. Windsor

cc: CINCPE, APO 500

REB

TEC

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

APO 707  
12 OCT 1949

SUBJECT: Unidentifiable Remains

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-184	AGRS	Mslm	UNKNOWN	X-1691	AGRS	Mslm
"	X-626	"	"	"	X-1714	"	"
"	X-923	"	"	"	X-1744	"	"
"	X-969	"	"	"	X-2255	"	"
"	X-1033	"	"	"	X-2290	"	"
"	X-1120	"	"	"	X-2408	"	"
"	X-1205	"	"	"	X-4139	Manila #2	
"	X-1246	"	"	"	X-4895	AGRS Mslm	
"	X-1349	"	"	"	X-1719	"	"
"	X-1634	"	"				

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

FOR THE COMMANDING GENERAL:

19 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

/s/ C. H. Lieurance  
C. H. LIEURANCE  
2nd Lt., AGD  
Asst. Adj Gen

AIRMAIL

293 Unk. P.I. X-448 (Ft. McKinley) *AV*

QMGNT 293

1st Ind

Zayon, Morris

33 324 178

SUBJECT: Resolution of Unidentified Remains

Dept. of the Army, OQMG, Washington 25, D. C., 12 October 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 958, c/o Postmaster, San Francisco, California

Subject cases has been reviewed and this Office approves the classification of Unknown X-923, USA Mausoleum, formerly Shanghai Remains Depot, Case Number 491, formerly identified as Pfc. Morris Zayon, 33 324 178, as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

1 Incl w/d

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

REB

TEC

V. Jeffrey:lak  
J. Windsor

cc: Administrative Section

*copy made*  
293 Zayon, Morris 33-324-178

Reclass 10/19/49  
293 Unk. P.I X-448 (Manila #2)

AIRMAIL

AIR MAIL

RRREC 293

MAR 30 1949

SUBJECT: Resolution of Unidentified Remains

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

293 L  
1. Reference Radio WCL 42662, submitted herewith QMC Form 1044 for Unknown X-923, Shanghai Remains Depot, formerly identified as Pfc Morris Zayon, 33324178, stamped and signed in accordance with letter, DA OQMG ~~QMC~~ 293, GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

1 Incl  
QMC Form 1044-1044a-1044b-  
Bone List-X-923

FRANK M. GREEN, JR.  
Major, QMC  
Chief, RR Div



AIR MAIL



*att*

*unk P. I. X-448 (manila #2)*

QUEST 293

UNKNOWN X-323, AGRS MAUS.,  
Manila, P.I. (Formerly X-448,  
USAF Cemetery Manila #2, P.I.)

5 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE

1. Reference is made to Proceedings of your Board of Review, dated 11 May 1949, recommending the following identification:

X-323, AGRS Mausoleum, Manila, P.I., (Formerly X-448, USAF Cemetery Manila #2, P.I.) as Sgt. Otto E. Wellman, G 859 377.

2. A detailed study of the above noted case has been made, and it has been considered that the evidence presented is insufficient to establish identification. Dental charts for Unknowns X-323, X-332, X-322, X-325, X-322, AGRS Mausoleum, Manila, recovered from the same locality, also compare favorably with available Army dental records for Sgt. Wellman.

3. Board Proceedings have been disapproved for the reasons outlined above and are returned herewith.

FOR THE ACTING THE QUARTERMASTER GENERAL:

1 Incl: Bd Proc.

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

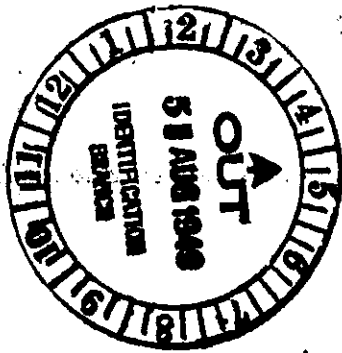
cc: Adm Section  
T. Sanborn: pmr  
L. M. White: *AW*  
J. Windsor: *JK*

CC: CINCPAC, APO 500, c/o Postmaster San Francisco, California.



REB

*X293 unk P. I. X-448 (maus. Manila)*  
*X293 Wellman, Otto E, 6,859,377*



WMD



/frv

Interred 17 Oct 49  
L 5 82 Ft. McKinley

DISINTERMENT DIRECTIVE

H-811 *Case R Mark*  
R-14 **CARL R. H. MARK**

**Cemetery Superintendent**

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00293

DATE

15 06 48  
DAY MONTH YEAR

NAME

*WJ*

SERIAL NUMBER

UNKNOWNX-000448

RANK

ARM

0

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

2 15 1845 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	Unknown X-448 (Haus No.) Unknown X-923	SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISTINTERRED	21 Sept. '48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY						
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		ROBERT F. STEVENSON Embalmer		NAME AND TITLE				

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

(2) Inside tags - Unknown X-923 (Haus)

REMAINS PREPARED AND PLACED IN CASKET

DATE	21 Sept. '48	BY	ROBERT F. STEVENSON
CASKET SEALED BY	ROBERT F. STEVENSON	EMBALMER (Signature)	<i>Robert F. Stevenson</i> ROBERT F. STEVENSON
CASKET BOXED AND MARKED	DATE 21 Sept '48 by PORACE 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.

HONORIO V. AURELIO, 1st Lt., INF

SIGNATURE OF GRS INSPECTOR

FILE  
NOV 1948  
RECEIVED  
MENA

1 Prepare Discrepancy Report GMC 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>Barrett</i>	DATE <b>17 OCT 1949</b>

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>OLIVE OIL</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>OLIVE OIL</i>		NAME OF CONVOYER <i>(OLIVE OIL)</i>	
SIGNATURE OF SHIPPER <i>FORT MCKINLEY CEMETERY</i>	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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

9 Sept 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 448, Plot 2,  
Row 15, Grave 1845, 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*

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

Atch: Form 1044

Received 24 Oct 49 0018  
Not identifiable from  
information presently  
available *G. Reynolds*  
*31 Oct 49*

*Incl 3'*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-923 (Formerly UNK X-448 Manila #2)</b>				2. DATE OF REPORT <b>12 Sept 49</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>812</b>	<b>C</b>	<b>785</b>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>135 lbs</b>	9. ESTIMATED HEIGHT <b>5'4"</b>	10. COLOR OF HAIR <b>U 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**N O N E**

**"UNIDENTIFIABLE"**

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

*ref 3*

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



Impacted

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
						⊗	⊗	maxilla missing						⊗	
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
								⊗	⊗						
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
Impacted								unerupted							

**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."

L7 is loose present with remains.

*Paul R. Nichols*

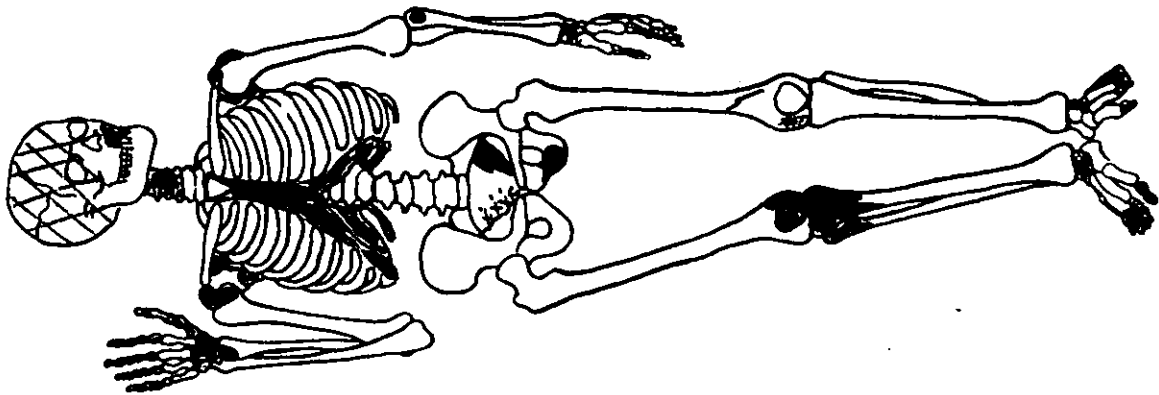
PAUL R NICHOLS  
Chief Ident. Section

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*incl 3's*

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'4"

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 effect found with remains.  
Estimated weight of remains - 8 lbs.

**"UNIDENTIFIABLE"**

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

J. J. McDERMOTT  
Laboratory Off. CIP

SIGNATURE

# IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

(Formerly Unk X- 448  
USAF Cem Manila # 2,  
Luzon, P.I.)

17 Oct 47

DATE

UNKNOWN X-923

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

UNIT

Unknown

ORGANIZATION

Unknown

PLACE OF DEATH

A GRS MAUSOLEUM

Manila, P.I.

PLACE OF BURIAL

STORAGE

812

PLOT

C

ROW

785

GRAVE NO.

MISSING

CRYP

RIGHT

UPPER TEETH

LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

TYPE


TYPE

LOCATION

LOCATION

Impacted

INSIDE — LOOKING OUT

RIGHT

LOWER TEETH

LEFT

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

TYPE


TYPE















LOCATION

LOCATION

Impacted

Impacted

## 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)

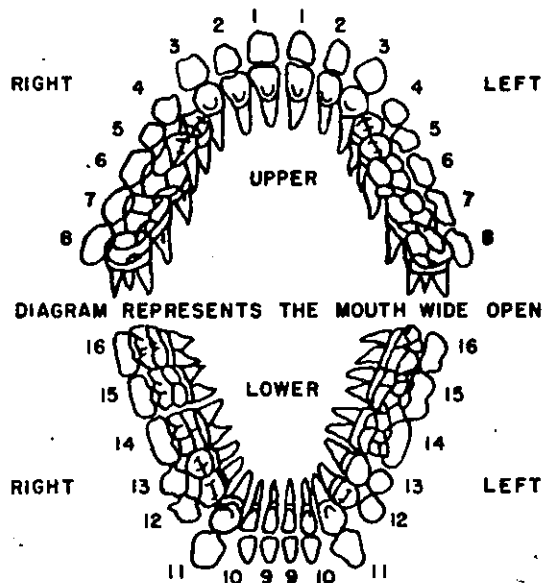
**INSTRUCTIONS:**

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 through L 8, but L 8 (Tooth) is present.  
Both 3rd. molars of mandible impacted. R 8 is also impacted.

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

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

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

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

CIP.AGRS Mausoleum, N.F.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

16 Oct 47  
DATE

A CERTIFIED TRUE COPY:

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





Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool .....

Socks, cotton .....

\* Shoes (type) .....

Overshoes .....

Web Equipment (type) .....

(Other item) Buckles for Web equipment as of type worn on Over-all straps

(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:

Age Est. Height 5' 4" Est. Weight 135 Description of wounds UTD

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 U (Large, fat, thin, muscular) .....

Hair D (Color, length, quantity, curly, wavy, straight, whorls, or definite parting) .....

Hair (Baldness, widows peak, distinctive cutting or other characteristics) .....

Sideburns (Color, setting, shape) Mustache (Color, size, shape) Beard or (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 in inches **UTD** ..... (Hat band)

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

Shoulders ..... (Broad, straight, small, rounded)      Arms ..... (Length, muscular, color, extent and quantity of hair)

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

Fingers ..... (Unusual characteristics of fingernails) **T**

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

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

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

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

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

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

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

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

7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain T.D.

8. Has tooth chart been prepared? Yes If not, explain Maxilla missing from L 1 thru L 8, but L 8 (tooth) is present. Both 3rd molars of mandible impacted. R 8 also impacted.

9. Remarks No I.D. tag found; burial bottle but paper destroyed. Estimated weight of remains 8 lbs. 1 Aluminum Cigarette case and remnants of leather "Bill-fold without any identifying characteristics.

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

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

SP-8 AGRS  
Rank Service

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

17 Oct 47

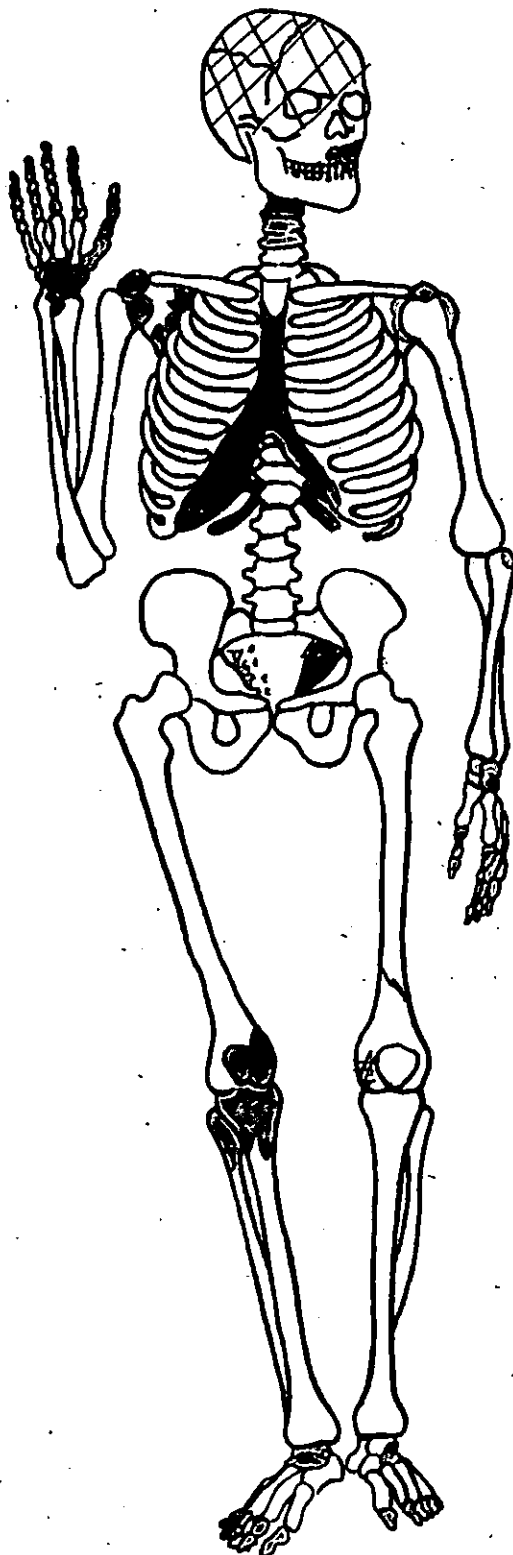
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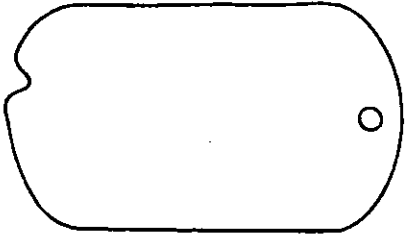
*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC


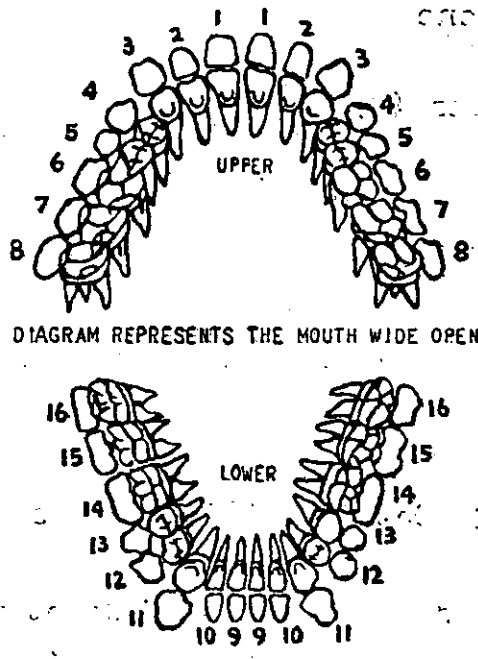

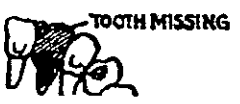



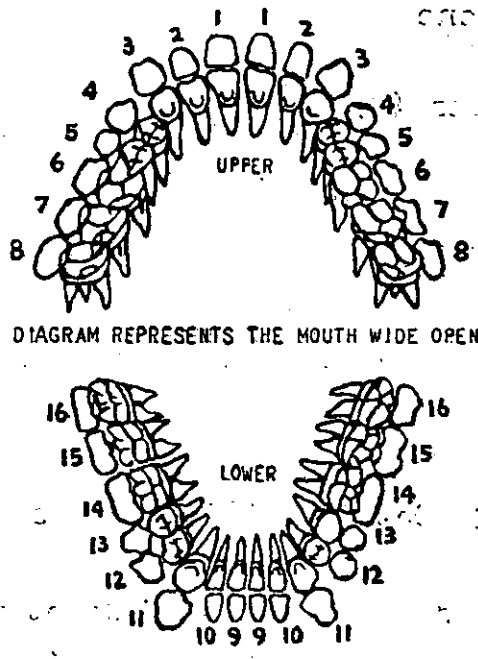

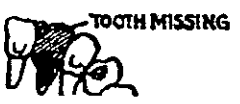



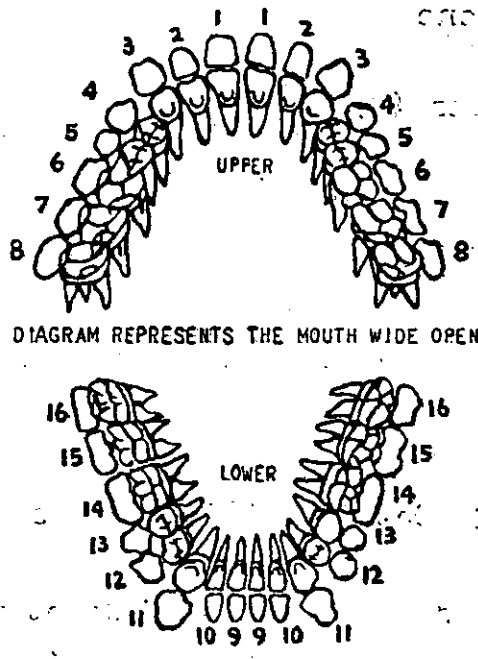

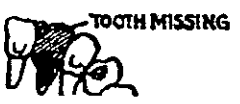



# SKELETAL CHART

X-923

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



WD OMC FORM 1042- (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 23 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-923 (Formerly Unk X-448 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	
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 20 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER 812	ROW No. DAY C	GRAVE No. CRIP # 785	
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.						
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-951			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 787	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-952			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRIP # 783	
SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S. PANOFIO, 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.							

74 000 09 LEFT LITTLE FINGER	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.																
LEFT RING FINGER	HEIGHT	WEIGHT	BIRTHMARKS, SCARS, OR TATTOOS														
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND														
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES																
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">                  SILVER FILLING GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">                  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> <tr> <td colspan="3">                 FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY             </td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN															
CAVITIES	 CAVITY DECAYED																
MISSING TEETH	 TOOTH MISSING																
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN																
BRIDGE WORK	 GOLD BRIDGE																
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY																	
RIGHT THUMB																	
RIGHT INDEX FINGER	REMARKS:																
RIGHT MIDDLE FINGER	Identification Check List and Dental Chart accomplished.																
RIGHT RING FINGER																	
RIGHT LITTLE FINGER																	

17 DEC 1947

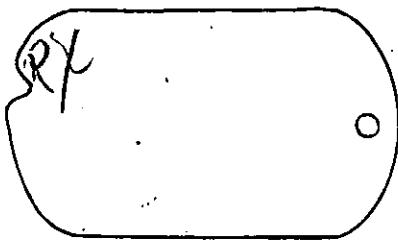
RESTRICTED

1120

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  
27 January 1946

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X - 448		
	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
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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  
  
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.
29 Dec. 1945	1000	Shelter Half	Cross	2	15	1845

WAS THIS A REBURIAL? (Yes or no) yes.	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF cemetery Ft. Stotsenburg, Pampanga, Luzon, P. I.						
	<table border="1"> <tr> <th>PLOT No.</th> <th>ROW No.</th> <th>GRAVE No.</th> </tr> <tr> <td>C</td> <td>9</td> <td>5</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	C	9	5
PLOT No.	ROW No.	GRAVE No.					
C	9	5					

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X - 447	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1844
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) ALLEN, Author A.	RANK pvt.	SERIAL No.	ORGANIZATION 4081st QM serv. Co.	GRAVE No. 1846
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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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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 52



**18 FEB 1946**

**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.

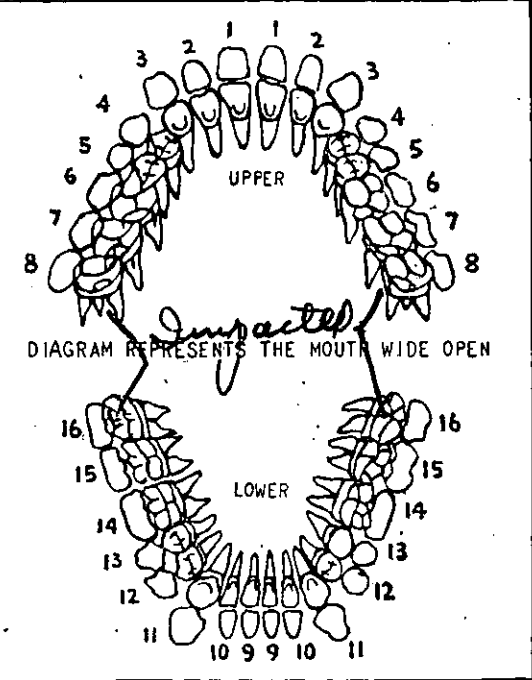
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

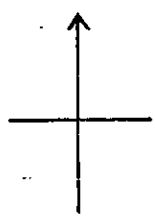
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE



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



**REMARKS:**

Disc No. 31