

293

Unknown X-452 USAF Cem Manila #2, P.I. associated with 2nd Lt Morgan S McCowan,
O-401 199

Reference is made to attached anthropologist's report of examination of remains designated Unknown X-452 Manila #2, P.I.

Inasmuch as the examination failed to reveal additional identifying data for conclusive association with Army records for Lt. McCowan, it is recommended that the remains of Unknown X-452 revert to unidentifiable and the status of Lt. McCowan remain nonrecoverable.

G. Reynolds
Gladys Reynolds
19 Aug 1952

cele alser

Possibly NOK for dental, however NOK were advised of nonrecoverability on 10 August 1950.

25 Aug. 1952 -

A concur in the recommendation that remains of X-452 revert to non-identifiable and status of Lt. McCowan remain unchanged.

[Signature]

McCowan 9 Sept 52

flm

*File NAW
16 Sept 52
AR*

DENTAL COMPARISON CHART

UNKNOWN A-172 Fort Stotsenburg x- 452 Manila #2				NAME McCOWAN, Morgan O-401 199	
R-8	Imp	Imp	Part Imp erupted	R-8	X X
R-7				R-7	
R-6				R-6	
R-5				R-5	
R-4		Chipped	Chipped	R-4	
R-3				R-3	
R-2		<i>malocclusion</i>		R-2	
R-1				R-1	
L-1		PX	PX PX	L-1	
L-2				L-2	
L-3				L-3	
L-4				L-4	X X
L-5		PX	PX PX	L-5	
L-6				L-6	
L-7		∅		L-7	X
L-8	PX	X	X X	L-8	
R-16				R-16	X
R-15				R-15	
R-14	A	Ao	Ao car f oA	R-14	
R-13	A	Ado	Ado foldA	R-13	
R-12				R-12	
R-11				R-11	
R-10				R-10	
R-9				R-9	
L-9				L-9	
L-10		X	X X	L-10	X X
L-11				L-11	
L-12				L-12	
L-13	A	Ado	Ado foldA	L-13	
L-14	A	Amod	Amod foldmA	L-14	
L-15	A	Afo	Afo oA fA	L-15	X
L-16	Imp	Imp	Unerupted	L-16	X
ESTIMATED HEIGHT 68 1/2" 66 5/8" 66 1/2"				HEIGHT Oct 1940 Dec 40 - 41 Feb. 5' 11 1/2"	
ESTIMATED WEIGHT 175 130 - 152				WEIGHT 165	
ESTIMATED AGE 20-25, over 28 30-35				AGE 25	
HAIR				HAIR	

REMARKS	27 Jan 46	18 Oct 47	11 Jan 50 <i>Apr 52</i>	KIA Clark Field 12/10/41
	Disc. #84			20th Pur
	Race: White			NOK - interred in Fort Stotsenburg Non-rec - August 1950 Chaplain Duffy's list - Line #79

1. General condition: Skeletal, no tissue. Good; frontal bone and face shattered, but palate and mandible present. Vertebral column complete. Cranial-postcranial association positive.
2. Comingling: No evidence of such.
3. Age: Cranial: vault sutures open with trace of beginning fusion in sagittal; 20 - 25 years.
Pelvic: late phase VI; 30-35 years
Clavicle: medial epiphysis united, over 28 years.
General estimate: uncertain
4. Stature: Rollet $66\frac{1}{4}$ "; Krogman $67\frac{7}{8}$ ", Based on r. femur, tibia and humerus.
5. Dentition: See Form 569, 1 May 1952. No special comments.
6. Hair color: No evidence
7. Race: White.
8. Conclusions and recommendations: Form 371 data for McCowan are age at death 25 years, stature $71\frac{1}{2}$ ", race white and dental info. Age estimates trend towards a value about 5 years in excess of known age at death, Stature is not in agreement and the dental comparison shows unresolved discrepancies.

Identification of the remains as those of McCowan appears to me to be improbable.

Theodore D. McCowan
Theodore D. McCowan
Professor of Anthropology

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN x-927 AGRS MAUSOLEUM Formerly x-452 MANILA No.2				2. DATE OF REPORT 1 MAY 1952	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
6 - AGRS TAGS w/ Remains — see Line 1.

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?
--	-----------------

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

IDENTIFICATION DENTAL CHART

DATE

1 MAY 1952

NAME (Last, First, Middle Initial)

Unknown X-927, AGRS MASoleom, Formerly

GRADE

SERVICE NUMBER

X-452 Manila No.2

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

Associated with McCowan, Morgan S. 2nd Lt.

0401 199

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT																	LEFT

- 1. O-AM.
- 2. DOL-AM.; F-AM.
- 3. MOD. GOLD FILL.
- 4. F-GOLD FILL.; ML-AM.
- 5. MO-AM.
- 6. ML-GOLD FILL.
- 7. 3/4 GOLD CR.
- 8. D-PORC. FILL.
- 9. PORC. CR.
- 10. F-PORC. FILL.; L-AM.
- 11. MF-PORC. FILL.
- 12. PX-POSTHUMOUSLY MISSING
- 13. GOLD CR.
- 14. MISSING
- 15. MO-AM.; L-AM.
- 16. MODL-AM.

MARKING ABBREVIATIONS:

F - Facial O - Occlusal D - Distal Am - Amalgam FILL - Filling BACK - Backing
 L - Lingual M - Mesial I - Incisal CR - Crown PORC - Porcelain FAC - Facing

CARIES																	CARIES
RESTORATIONS	UNRECEPTED																RESTORATIONS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER RIGHT																	UPPER LEFT

	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
LOWER RIGHT																	LOWER LEFT

RESTORATIONS			O-AM	F-O-L-D AM									F-O-L-D AM	F-O-L-D AM	O-AM F-AM	UNRECEPTED	RESTORATIONS
CARIES			M														CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

DENTURES (Plates): DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. (For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.) SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE. **NONE**

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: (Describe in detail under remarks)

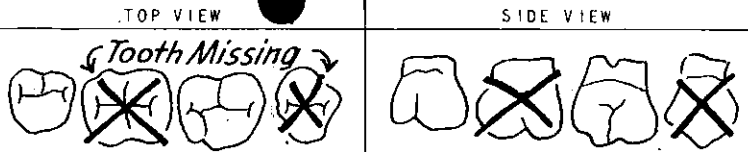
<input checked="" type="checkbox"/> MOTTLED ENAMEL	<input checked="" type="checkbox"/> UNERUPTED TEETH	<input type="checkbox"/> RETAINED DECIDUOUS TEETH
<input type="checkbox"/> ENAMEL HYPOPLASIA	<input type="checkbox"/> MALOCCLUSION	<input type="checkbox"/> ABNORMAL INTERDENTAL SPACES
<input type="checkbox"/> EROSION	<input type="checkbox"/> SUPERNUMERARY TEETH	<input type="checkbox"/> IRREGULARITY OF ALIGNMENT
<input type="checkbox"/> ABRASION	<input type="checkbox"/> FRACTURES OF ENAMEL	<input type="checkbox"/> UNUSUAL RESTORATIONS
<input type="checkbox"/> ROTATION	<input type="checkbox"/> FRACTURES OF TEETH	<input type="checkbox"/> UNUSUAL APPLIANCES

REMARKS (If no abnormalities are found make notation to that effect)

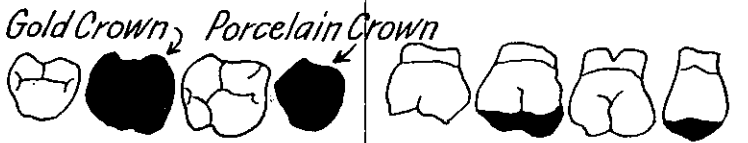
No. 26 is INCLINED MESIALLY.
 No 7 is ROTATED AND INCLINED MESIALLY.

TOOTH CHART

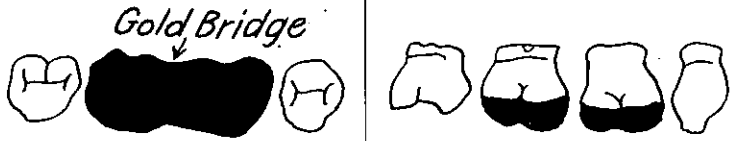
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



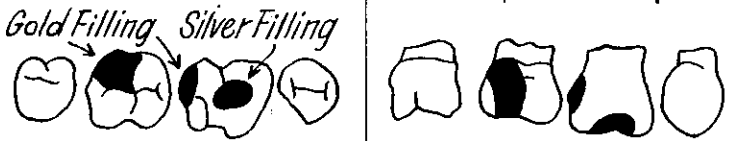
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



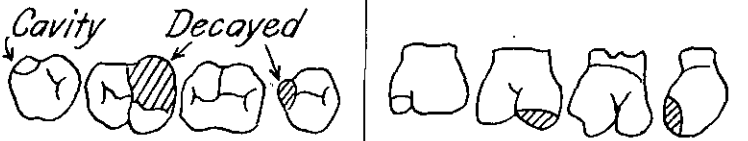
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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

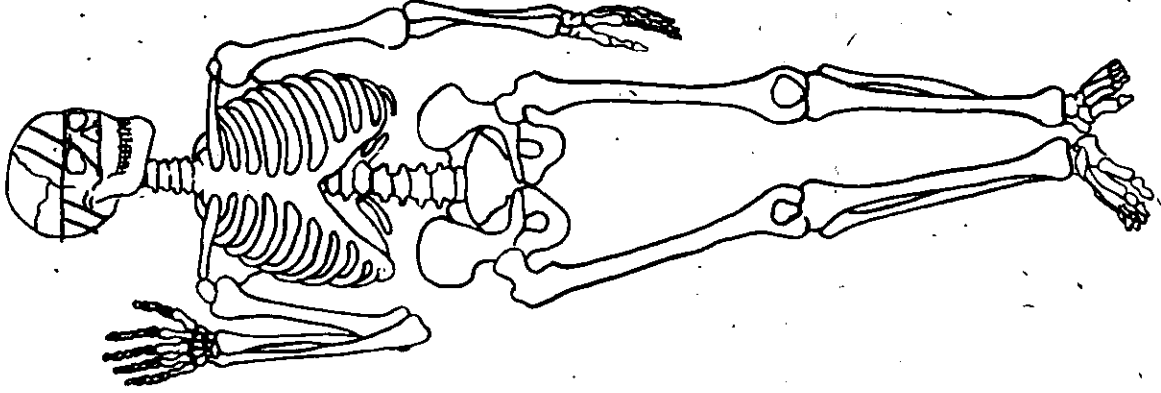


RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

See DD Form 569

19. BLACK OUT PARTS OF BODY NOT COVERED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains ARE skeletal & disarticulated.
Skull is shattered. Bone erosion well
Advanced.

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

SIGNATURE

George J. Schneider
JST

UNIT 103
 ORS War Dept

13 February 1980

SUBJECT: Identification of World War II Deceased

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

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

Unknown	X-1574,	AGRS Maus Manila,	formerly	X-18,	USAF Cem Manila #1
"	X-808,	"	"	"	X-117, #2
"	X-815,	"	"	"	X-169,
"	X-833,	"	"	"	X-176,
"	X-855,	"	"	"	X-179,
"	X-888,	"	"	"	X-181,
"	X-889,	"	"	"	X-203,
"	X-891,	"	"	"	X-226,
"	X-894,	"	"	"	X-239,
"	X-895,	"	"	"	X-241,
"	X-897,	"	"	"	X-242,
"	X-899,	"	"	"	X-245,
"	X-908,	"	"	"	X-254,
"	X-927,	"	"	"	X-257, 52
"	X-941,	"	"	"	X-261,
"	X-961,	"	"	"	X-261B,
"	X-1530,	"	"	"	X-2802,
"	X-1632,	"	"	"	X-2441,
"	X-1705,	"	"	"	X-2413,
"	X-1678,	"	"	"	X-2417,
"	X-1745,	"	"	"	X-2381,
"	X-1820,	"	"	"	X-2318,
"	X-1831,	"	"	"	X-2319,
"	X-1739,	"	"	"	X-2320,
"	X-1700,	"	"	"	X-2321,

QUEST 293

13 February 1950

GRS Far East

SUBJECT: Identification of World War II Deceased

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

FOR THE QUARTERMASTER GENERAL:

T. H. MOTT
Lt. Colonel, QIG
Memorial Division

H. McLaughlin
L. N. White
J. Windsor

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APC 900

SUBJECT: Unidentifiable Remains

Jan 27 1950

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

1. In accordance with the provisions of your letter, file 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-178	AGRS	Mslm	UNKNOWN	X-928	AGRS	Mslm
"	X-211	"	"	"	X-927	"	"
"	X-234	"	"	"	X-928	"	"
"	X-238	"	"	"	X-942	"	"
"	X-269	"	"	"	X-961	"	"
"	X-296	"	"	"	X-1374	"	"
"	X-606	"	"	"	X-1478	"	"
"	X-656	"	"	"	X-1530	"	"
"	X-663	"	"	"	X-1623	"	"
"	X-666	"	"	"	X-1678	"	"
"	X-668	"	"	"	X-1705	"	"
"	X-689	"	"	"	X-1743	"	"
"	X-821	"	"	"	X-1759	"	"
"	X-824	"	"	"	X-1760	"	"
"	X-826	"	"	"	X-1920	"	"
"	X-827	"	"	"	X-1931	"	"

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

FOR THE COMMANDING OFFICER:

32 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

bpm
dvv
1

Interred 6 Feb 1950
D 12 9 Ft. McKinley
N. Carel R. H. Mark
DISINTERMENT DIRECTIVE

CARL R. H. MARK
Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00297

DATE
15 06 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		X-000452		0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					0 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
2	15	1854	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
UNKNOWN X-927 (MAUS) UNKNOWN X-452				21 Sept 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		ROBERT F. STEVENSON Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
SHELFER HALF	SKELTAL

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
(2) Inside tags - MAUS UNKNOWN X-927

REMAINS PREPARED AND PLACED IN CASKET
DATE 21 Sept 1948 BY ROBERT F. STEVENSON

CASKET SEALED BY ROBERT F. STEVENSON
EMBALMER (Signature) Robert F. Stevenson
ROBERT F. STEVENSON

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.

HONORIO V. AURELIO, 1st Lt, INF
SIGNATURE OF GRS INSPECTOR

REPAIRATION
BRANCH
MEM. DIV.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Casey Hornak</i>	DATE FEB 6 1950

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

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION ... : TOB

27 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 452 , Plot 2 ,
Row 15 , Grave 1854 , 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:



E. McVEMAR
Captain, OMC
Chief, Records Branch

Attch: Form 1044

Received 7 Feb 50
Not identifiable from
information presently
available

Kate McVemar
Ident Sec
13 Feb 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-927 (Formerly X-452 Manila #2)				2. DATE OF REPORT 11 Jan 50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 812	5. ROW C	6. GRAVE 797	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

Age: **24-30 years**

8. ESTIMATED WEIGHT 130-152 lbs	9. ESTIMATED HEIGHT 5' 6-5/8"	10. COLOR OF HAIR U T D	11. RACE White
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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

N O N E

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

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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"

18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

partially impacted		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
										10				10			X	
Side Views																		Side Views
Top Views	UPPER																	
	LOWER																	
Side Views																		
				$\frac{a}{o}$	$\frac{a}{od}$						X			$\frac{a}{od}$	$\frac{a}{mod}$	$\frac{a}{g}$		
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
		unerupted																

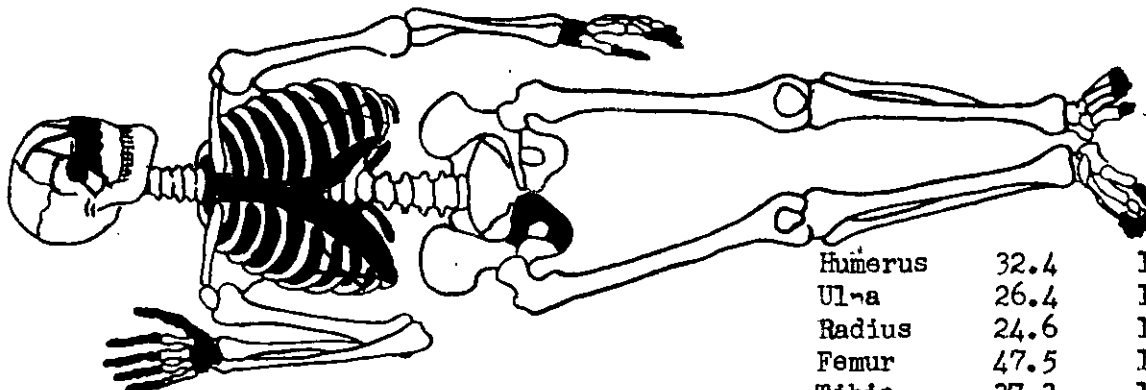
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Sec

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	32.4	164
Ulna	26.4	170
Radius	24.6	170
Femur	47.5	175
Tibia	37.3	170
Fibula	36.8	168

Estimated height: 5' 6-5/8"

6/1015

169 1/2

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

Estimated weight of remains - 9 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

PAUL R. NICHOLS
 Chief, Identification Sec

SIGNATURE

Paul R. Nichols

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.

18 Oct 47

UNKNOWN X-927 (Formerly UNK X-452
USAF Cem Manila #2, Luzon, P.I.)

DATE

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

ACRS Mausoleum,

ORGANIZATION

Unknown

Manila, P.I.

801

C

797

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER BAY CRYPT















Impacted Chipped

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

INSIDE — LOOKING OUT

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
		A	A						X			A	A	A			
		o	do									do	mod	fo			

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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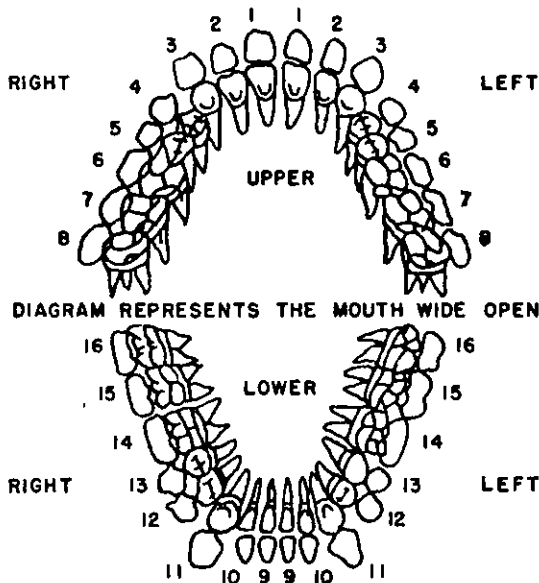
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

R 2 malposed.

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

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

CIP
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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

SP-6
NAME AND RANK TYPED OR PRINTED

18 Oct 47
DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

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

UNKNOWN X-927 (Formerly
 Unknown X-452 USAF Cem Manila #2, Luzon, PI
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 ^{HANGER} Row C ^{BAW} ^{CRYP} Grave 797

CIP, AGRS Mslm, Manila, P.I.

1. Arrived at ~~AGRS~~ 17 Oct 47
(Hour) (Date)
2. Place of death Unknown
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered~~ or disinterred by 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	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	N		
* Shirt, Wool OD	O		
Undershirt, Wool	N		
Undershirt, Cotton	E		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web /
 Drawers, wool /
 Drawers, cotton /
 Leggings, wool /
 Socks, cotton /
 * Shoes / (type) /
 Overshoes /
 Web Equipment / (type) /
 (Other item) /
 (Other item) /
 • If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or /
 Insignia / (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch /

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

6. Description of Remains: **Skeleton only. Skeletal Chart attached.**

Age / Est. Height 5' 8 1/2" Est. Weight 175 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 / T / 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 in inches 20 1/2"
 (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)

Fingers
 (Unusual characteristics of fingernails)

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

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

Back
 (Quantity and extent of hair)

Circumcision
 (Yes-no)

Pubic Hair
 (Color)

Hernioplasty
 (Yes-no; location)

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

Feet
 (Size, corns, callouses, flat)

Toes
 (Slender, straight, crooked, overlap)

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

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

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

If not, explain Due to condition of remains.

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

9. Remarks No ROI bottle and I.D. tags received with remains. No personal effects found. Tooth Chart is possible, though records states tooth chart impossible. Estimated weight of remains is about 7½ 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)

18 Oct 47

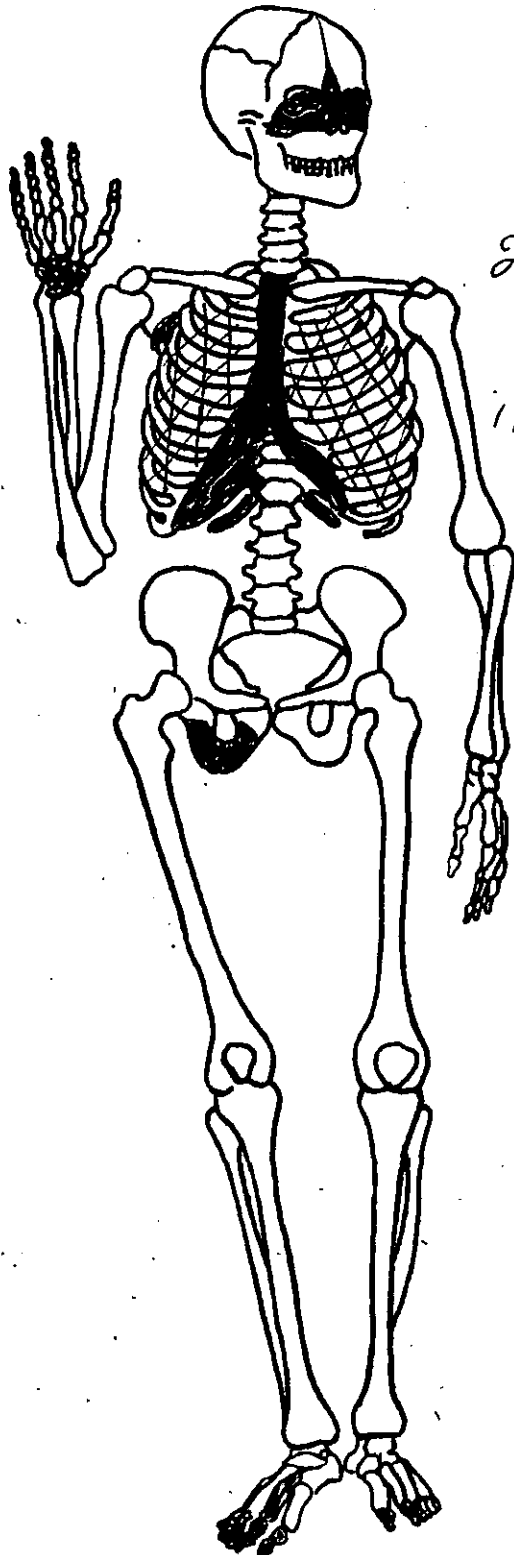
CERTIFIED TRUE COPY:

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

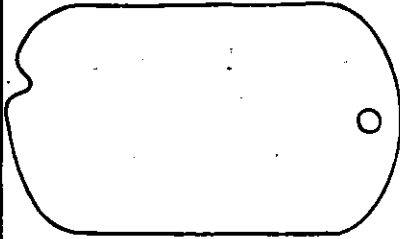
SKELETAL CHART

X-927

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



26 Rib fragments
5 Cervical }
12 Thoracic } Vertebrae
5 lumbar }

REPORT OF INTERMENT						DATE OF REPORT			
TYPE OF REPORT <input type="checkbox"/> INITIAL <input checked="" type="checkbox"/> SUPPLEMENTAL (Reason) Reinterment Ft McKinley Cemetery						FEB 24 1953			
Imprint Identification Tag If Possible. DO NOT TYPE 		SECTION 1. - IDENTIFICATION.							
		NAME (Last, First, Middle Initial) UNKNOWN X-452 (Manila Mausoleum X-927) USAF Cem. Manila #2, P. I.				SERVICE NUMBER Unknown			
		GRADE <i>PHM 2</i> Unknown		ORGANIZATION <i>Manila #2</i> Unknown		BRANCH OF SERVICE <i>X-452</i> Unknown			
		RACE Unknown		RELIGION Unknown		COUNTRY (If not U.S.) <i>3</i>			
PLACE OF DEATH Unknown		CAUSE OF DEATH Unknown				DATE OF DEATH Unknown			
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) UNIDENTIFIABLE							
WERE SUBSTITUTE TAGS PROVIDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC. None									
SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)									
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U. S. M. C. Fort William McKinley, P. I.									
DATE OF BURIAL 24 Feb 53	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Final Type Casket		TYPE OF GRAVE MARKER Reg Cross	PLOT NO. N	ROW NO. 2	GRAVE NO. 100		
WAS THIS A REBURIAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, P. I.						PLOT NO. 2	ROW NO. 15	GRAVE NO. 1854
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY <i>FILE RECORDS ANNOTATED DATE 6 Apr 53 NAME B. Toomoth</i>						
IDENTIFICATION TAG BURIED WITH BODY. <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IDENTIFICATION TAG ATTACHED TO MARKER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial) Stewart, Charles R. PHM 2	GRADE PHM 2	SERVICE NUMBER 386347	ORGANIZATION	GRAVE NO. N 2 99		
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) Vacant			GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.			
SIGNATURE OF PERSON PREPARING REPORT <i>Raymond H. Tanguay</i> RAYMOND H. TANGUAY, M/Sgt, QMC				SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Frederic B. Toomoth</i> FREDERIC B. TOOMOTH, 1st Lt., QMC					

SECTION 3. - UNIDENTIFIED REMAINS:

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND (Grid Coordinates)
SCARF MARKS, SCARS, OR TATTOOS: 5		H. S		LAUNDRY MARKS H S 60
WEAPON(S) WITH SERIAL NUMBER(S)				<p>GUN DUAL WEGGONS VERGELVED LIFE</p>

OTHER IDENTIFICATION CLUES (Including other remains recovered or associated with this remains).

SY 509 23 1700 JOE (LORE H S 100

SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN

IMPRINT ALL FINGERS AND THUMBS (or as many as possible) IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND				
1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER
LEFT HAND				
6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER

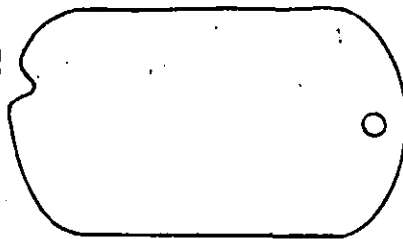
DO NOT WRITE IN THIS SPACE (For FBI use only)	REMARKS AUTHORITY FOR REINTERMENT FT McKinley Cemetery - QMG ltr, QMGMR 314.6, 30 Sep 52, Subj: Reinterment of Unknowns
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WD OMC FORM 1042
 (Rev. 1 Apr. 1945)
 (Supersedes GRS Form 1)

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

DATE OF REPORT
 22 Oct 47

Imprint Identification Tag If Possible.
 DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-927 (Formerly UNK X-452 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 STORAGE 20 Oct 47	HOUR 0800	BURIED IN—(Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 812	ROW No. BAY C	GRAVE No. CRYP 797
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 15	GRAVE No. 1854
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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-947	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 799
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-949	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 795
--	------	------------	--------------	--------------------------

SIGNATURE OF PERSON PREPARING REPORT
 Wm. R GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT
 LUCIO S PANOPPIO 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 58

Section 3. UNIDENTIFIED REMAINS.


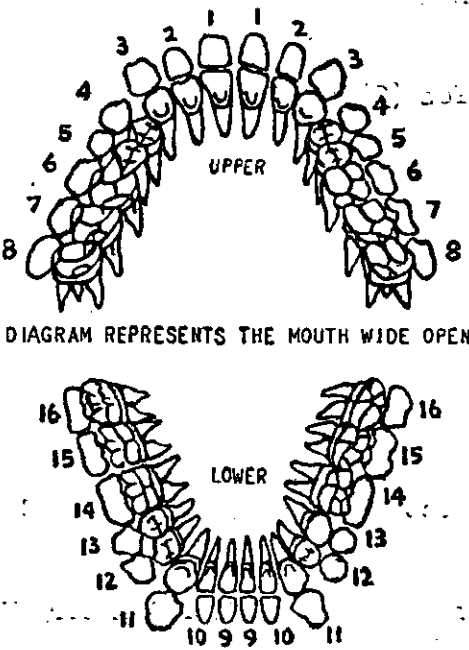




INSTRUCTIONS:

(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.

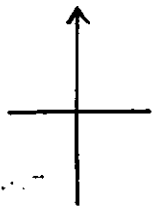
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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



REMARKS:

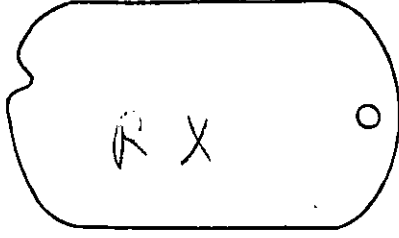
Identification Check List and Dental Chart accomplished.

17 DEC 1947

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

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

DATE OF REPORT
27 January 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X # 452		
	GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY	

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

Dec 15/46

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	1854

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem. Ft. Stotsenburg, Pampanga, Luzon, P. I.	PLOT No. ..	ROW No. 1	GRAVE No. 2
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X - 451	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1853
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 453	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1855

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 prescribed by theater commander.

Dec 46

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.

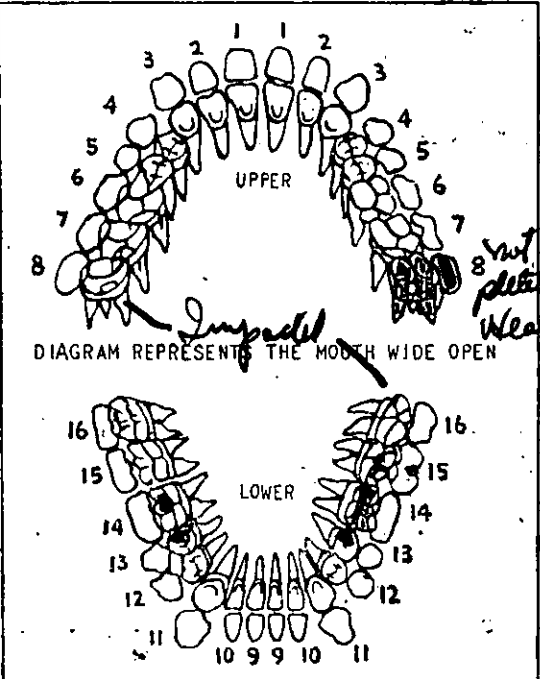
18 FEB 1946

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. 84