

QMCMT 293  
GRS Far East

9 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 findings of unidentifiability for the following unknown deceased:

Unknown	X-618	, AGRS	Mausoleum	Manila,	formerly	X-130,	USAF	Cem.,	Manila	#2
"	X-631	,	"	"	"	X-144	"	"	Manila	#2
"	X-632	,	"	"	"	X-145	"	"	Manila	#2
"	X-433	,	"	"	"	X-285	"	"	"	#2
"	X-437	,	"	"	"	X-290	"	"	"	#2
"	X-800	,	"	"	"	X-315	"	"	"	#2
"	X-841	,	"	"	"	X-359	"	"	"	#2
"	X-3182	,	"	"	"	X-1019	"	"	"	#2
"	X-3148	,	"	"	"	X-1026	"	"	"	#2
"	X-3161	,	"	"	"	X-1038	"	"	"	#2
"	X-3159	,	"	"	"	X-1036	"	"	"	#2
"	X-3170	,	"	"	"	X-1047	"	"	"	#2
"	X-2530	,	"	"	"	X-5024	"	"	"	#2
"	X-2390	,	"	"	"	X-3110	"	"	"	#2
"	X-2068	,	"	"	"	X-3191	"	"	"	#2
"	X-2058	,	"	"	"	X-3211	"	"	"	#2
"	X-1892	,	"	"	"	X-3246	"	"	"	#2
"	X-1960	,	"	"	"	X-3308	"	"	"	#2
"	X-1749	,	"	"	"	X-3350	"	"	"	#2
"	X-1754	,	"	"	"	X-3355	"	"	"	#2
"	X-1640	,	"	"	"	X-3461	"	"	"	#2
"	X-1513	,	"	"	"	X-3515	"	"	"	#2
"	X-1519	,	"	"	"	X-3521	"	"	"	#2
"	X-1301	,	"	"	"	X-3632	"	"	"	#2
"	X-1165	,	"	"	"	X-3758	"	"	"	#2
"	X-1116	,	"	"	"	X-3824	"	"	"	#2
"	X-1036	,	"	"	"	X-3872	"	"	"	#2
"	X-1418	,	"	"	"	X-3983	"	"	"	#2
"	X-1397	,	"	"	"	X-3990	"	"	"	#2

QMGT 295

GRS Far East

Ltr 9 August 1949

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 ACTING THE QUARTERMASTER GENERAL:

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

G. Reynolds: *pmr*  
L. M. White  
J. Windsor

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

APO 707  
21 JUL 1949

OSGR 293.9

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-433	AGRS	Mslm	UNKNOWN	X-1640	AGRS	Mslm
"	X-437	"	"	"	X-1749	"	"
"	X-618	"	"	"	X-1754	"	"
"	X-631	"	"	"	X-1892	"	"
"	X-632	"	"	"	X-1960	"	"
"	X-800	"	"	"	X-2058	"	"
"	X-841	"	"	"	X-2068	"	"
"	X-1036	"	"	"	X-2390	"	"
"	X-1116	"	"	"	X-2530	"	"
"	X-1165	"	"	"	X-3148	"	"
"	X-1301	"	"	"	X-3159	"	"
"	X-1397	"	"	"	X-3161	"	"
"	X-1418	"	"	"	X-3170	"	"
"	X-1513	"	"	"	X-3182	"	"
"	X-1519	"	"	"	X-4099, Manila #2		

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

FOR THE COMMANDING GENERAL:

30 Incls:  
QMC Forms 1044 w/certificates  
of Unidentifiability

JOHN A. MARZAL  
1st Lt., AGD  
Asst Adj Gen

1

Interred 15 Jul 1948  
A 6 A 18 Ft. McKinley

*Carl R. H. Mark*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00133

DATE  
15 06 48  
DAY MONTH YEAR

NAME SERIAL NUMBER RANK RANK ARMS DATE OF DEATH  
UNKNOWNX-000285 0 0

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

PLOT ROW GRAVE COUNTRY  
2 11 1415 PHILIPPINE ISLANDS  
CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS  
NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-285 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
UNK X-286  
UNK X-433 (Maus) 22 Sept 1948  
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN ALEXANDER P. PETTICE  
 MARKER 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

Two tags UNK X433 (Maus) - 1 Tag UNK X-286

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 1948 BY ALEXANDER P. PETTICE

CASKET SEALED BY ALEXANDER P. PETTICE EMBALMER (Signature) *Alexander P. Pettice*  
ALEXANDER P. PETTICE

CASKET BOXED AND MARKED HORACE L. ALLISON SHIPPING ADDRESS VERIFIED BY  
DATE 22 Sept 48 Sgt., Inf LUCIO S. PANOPIO, 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.

*Lucio S. Panopio*  
LUCIO S. PANOPIO, 1st Lt., Inf.  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

11 AUG 1949

REPATRIATION  
BRANCH  
MEM. DIV.

# 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>Edward Mark</i>	DATE 15 JUL 1949

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER PHILIPINE ISLANDS FT. MC KINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

**RECEIVED**

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

8 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 285, Plot 2,  
Row 11, Grave 1415, USMC USAF Cem. Manila #2 have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



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

Atch: Form 1044

Received 2 Aug 49 QOMA  
Not identifiable from  
information presently  
available  
8-8-49  
9. K. Reynolds

*Incl #1*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-433 (Formerly UNK X-285 Manila #2)</b>				2. DATE OF REPORT <b>14 July 1949</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>801</b>	<b>F</b>	<b>1608</b>	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>150 lbs</b>	9. ESTIMATED HEIGHT <b>5'8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNKNOWN</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**NONE**

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

**UTD**

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**

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

**NONE**

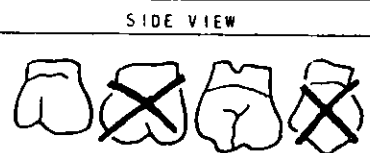
**"UNIDENTIFIABLE"**

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

*Incl. #12*

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:



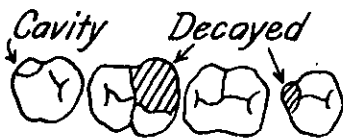
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
← MAXILLA								← Maxilla							
MISSING								Missing							
Side Views															
UPPER															
LOWER															
← U T D →								← O →							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Partially impacted

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."

Portion of the maxilla from R1 - R8 and from L7 - L8 are missing. No loose maxillary teeth present with remains. L16 is partially impacted. Unable to determine whether teeth from R12 - R15 are X or Px due to the condition of the mandible.

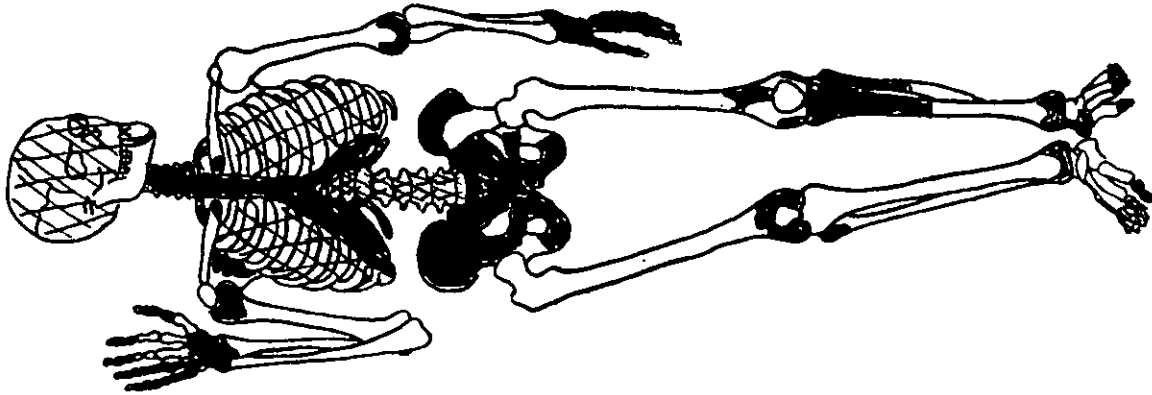
James J. McDermott  
JAMES J. McDERMOTT  
Laboratory Officer, CIP

"UNIDENTIFIABLE"

REASON FOR LACK OF SUFFICIENT IDENTIFYING DATA



19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'8"

20.

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

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

\_\_\_\_\_  
 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 5 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 Officer, CIP

SIGNATURE

*J. J. McDermott*

# IDENTIFICATION DENTAL CHART

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

(Formerly Unk X-285)

13 Oct 47

USAF Cem Manila #2,

DATE

UNKNOWN X-433 Luzon, P.I.)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS MAUSOLEUM

ORGANIZATION

Luzon, P.I.

Manila, P.I.

801

F

1608

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

HANGER

BAY

CRYPT

*Missing*

*Missing*

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

*Missing*

INSIDE — LOOKING OUT

RIGHT						LOWER TEETH			LEFT						
6	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
								X	X	X				O	
TYPE															
LOCATION															

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPATE (CEMENT)

LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

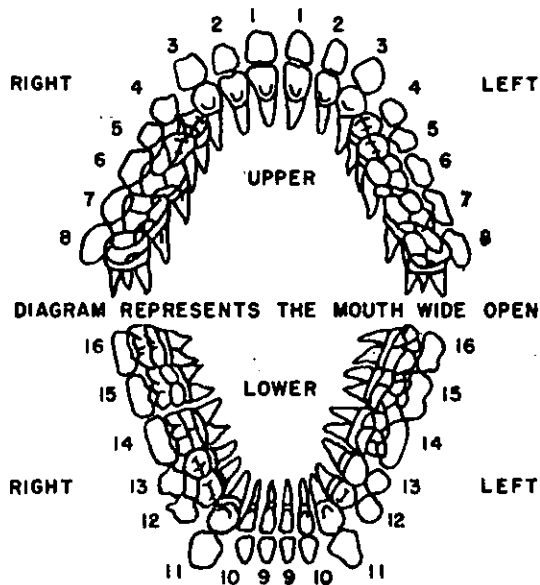
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:** Mandible missing from R 9 through R 16, but R 16 is present.  
Maxilla missing from R 1 through R 8 also from L 6 thru L 8 is missing.

/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  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 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)

(Formerly Unk X-285  
 USAF Cem Manila #2  
 Unknown X-433 Luzon, P.I.)  
 Cemetery AGRS MAUSOLEUM, Manila, P.I.  
 Plot 801 HANGER F BAY GRAVE 1608  
 Row Grave

AGRS MSIM Manila, P.I. 13 Oct 47

1. Arrived at Cemetery (Hour) (Date)
2. Place of death Luzon, P.I. (Name of closest town) (Coordinates and letter Prefix, maps)  
 (Sheet, scale and serials used)
3. Remains recovered or disinterred by C.M.T. #1 QMGR Co. (Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_ (Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	N		
Jacket, HBT	N E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

\* Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

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

6. Description of Remains: Remains are skeleton only- (Chart attached)

Age Est Height 5'8" Est Weight 150 lbs Description of wounds

Bandages or dressings Scars (Length, width, location)

Tattoos (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (Light, medium, dark, clear, pimples, pocks, freckles)

Build (Large, fat, thin, muscular)

Hair (Color, length, quantity, curly, wavy, straight, 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 ..... Eyebrows .....  
 (Color, setting, shape) (Color; bushiness, extent across nose)

Nose ..... Ears: .....  
 (Size, shape, straight) (Size, set close to or far from head)

Mouth ..... Lips .....  
 (Large, medium, small) (Small, large, full)

Teeth **Tooth chart attached.** .....  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... Circumference of head in inches .....  
 (Large, small, normal) (Hat band)

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

Shoulders ..... Arms .....  
 (Broad, straight, small, rounded) (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 ..... Circumcision ..... Pubic Hair .....  
 (Quantity and extent of hair) (Yes-no) (Color)

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

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

Feet ..... Toes .....  
 (Size, corns, callouses, flat) (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 According to the remarks of the R.O.I. statement enclosed with, that a bottle was found buried with the remains but the identification was completely destroyed. Nothing found to warrant identification. No personal effects found nor I.D.Tags,

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 MSLM., Nichols Field, P.I.  
(Organization)

13 Oct 47

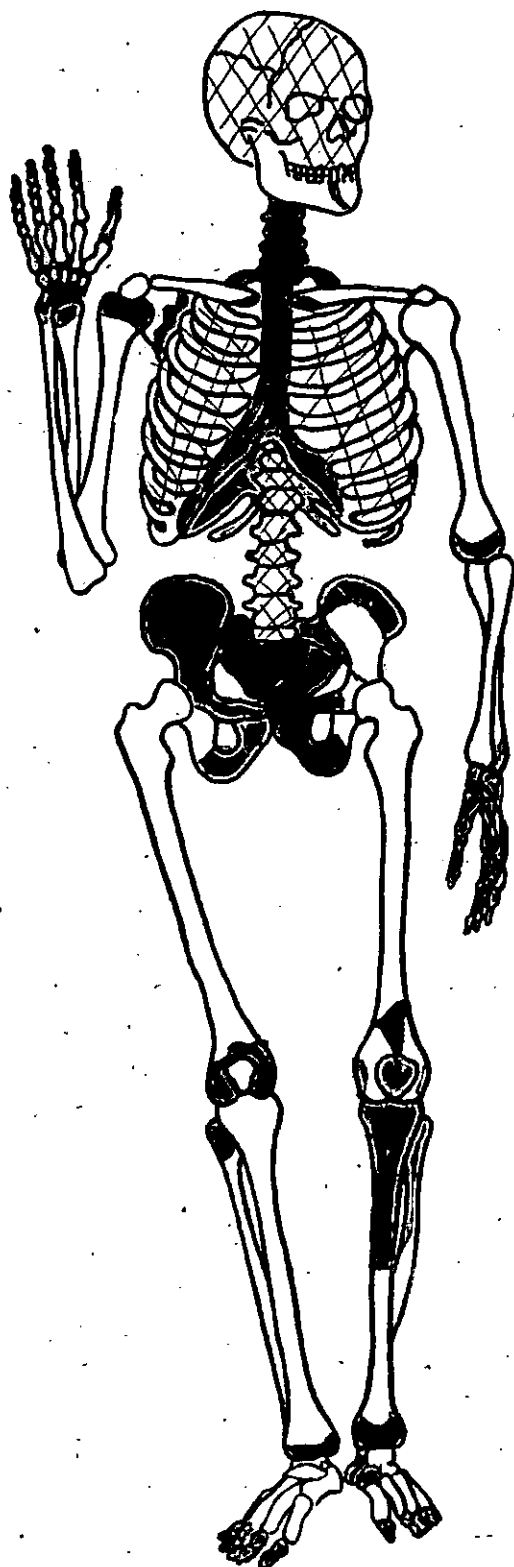
CERTIFIED TRUE COPY:

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

X-433

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





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

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

DATE OF REPORT

15 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-433 (Formerly Unk X-285)  
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

Luzon, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

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

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Oct 47	1500	Casket	None	801	F	1608

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.	ROW No.	GRAVE No.
2	11	1415

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

A I S L E

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

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

STORED

UNKNOWN X-430

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1606

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PANOPLO, 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.

2nd 582

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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

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

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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

**Identification Check List and Dental Chart accomplished**

**24 NOV 1941**

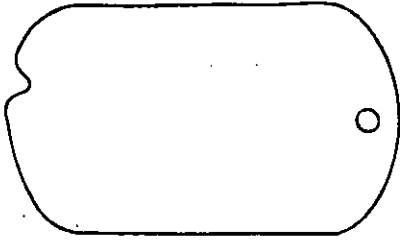

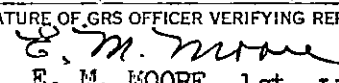
IDENTIFICATION SECTION  
REPAIRS RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

RX

RESTRICTED

0-976

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF/INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 17 Jan. 46		
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>					
		NAME (Last, first, middle initial) UNKNOWN -X- 285 (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		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 Jewel 1434 None							
<b>Section 2.—BURIAL.</b> 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 21 Dec. 45	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Shelter Half		TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 11	GRAVE No. 1415
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. F	ROW No. 3	GRAVE No. 5	
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) POXTATORM, Bernard			RANK	SERIAL No. 16021795	ORGANIZATION	GRAVE No. 1414	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 286 (Cem. Manila #2)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1416	
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, T/4 GRS.				SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. M. MOORE, 1st. Lt.			
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.							

Jewel 34'

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


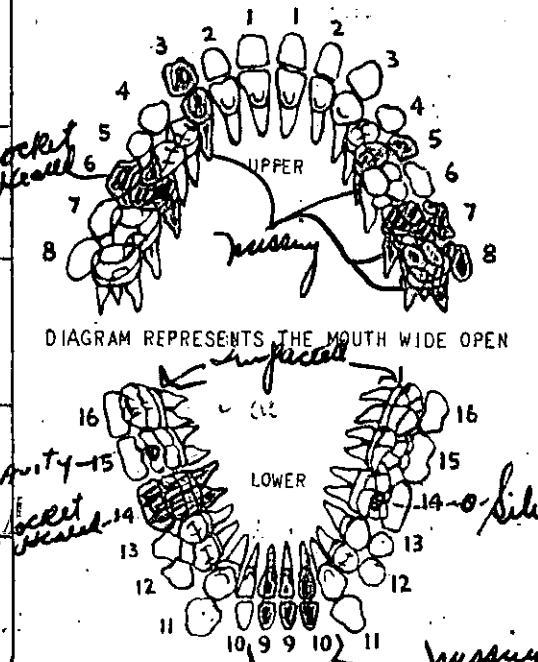




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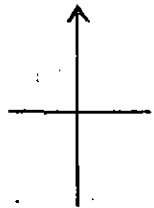
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

Bottle buried with body identification completely destroyed.

18 FEB 1946

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