

QIGS 393  
GRS Far East

13 February 1950

SUBJECT: Identification of World War II Deceased

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

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

Unknown	X-1374,	AGRS	Manila	Manila,	formerly	X-18,	USAF	Cam	Manila	#1
"	X-606,	"	"	"	"	X-117,	"	"	"	#2
"	X-655,	"	"	"	"	X-169,	"	"	"	"
"	X-653,	"	"	"	"	X-176,	"	"	"	"
"	X-666,	"	"	"	"	X-179,	"	"	"	"
"	X-688,	"	"	"	"	X-181,	"	"	"	"
"	X-689,	"	"	"	"	X-203,	"	"	"	"
"	X-821,	"	"	"	"	X-336,	"	"	"	"
"	X-824,	"	"	"	"	X-339,	"	"	"	"
"	X-826,	"	"	"	"	X-341,	"	"	"	"
"	X-827,	"	"	"	"	X-342,	"	"	"	"
"	X-920,	"	"	"	"	X-445,	"	"	"	"
"	X-925,	"	"	"	"	X-454,	"	"	"	"
"	X-927,	"	"	"	"	X-452,	"	"	"	"
"	X-942,	"	"	"	"	X-4019,	"	"	"	"
"	X-961,	"	"	"	"	X-4018,	"	"	"	"
"	X-1530,	"	"	"	"	X-3508,	"	"	"	"
"	X-1623,	"	"	"	"	X-3441,	"	"	"	"
"	X-1705,	"	"	"	"	X-3413,	"	"	"	"
"	X-1678,	"	"	"	"	X-3417,	"	"	"	"
"	X-1743,	"	"	"	"	X-3381,	"	"	"	"
"	X-1920,	"	"	"	"	X-3318,	"	"	"	"
"	X-1931,	"	"	"	"	X-3319,	"	"	"	"
"	X-1759,	"	"	"	"	X-3330,	"	"	"	"
"	X-1760,	"	"	"	"	X-3331,	"	"	"	"

FORM 893

13 February 1950

GRE 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:

S. H. MESS  
Lt. Colonel, Q4C  
Memorial Division

N. McLaughlin:Gal  
L. M. White  
J. Windsor

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILTON B/MS

FORM 104

AGO 500

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 FORM 104, GRS (War Post), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Honolulu, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	N-170	AGRS	Notes	UNKNOWN	N-170	AGRS	Notes
"	N-011	"	"	"	N-027	"	"
"	N-034	"	"	"	N-038	"	"
"	N-038	"	"	"	N-043	"	"
"	N-059	"	"	"	N-081	"	"
"	N-085	"	"	"	N-1274	"	"
"	N-086	"	"	"	N-1478	"	"
"	N-088	"	"	"	N-1820	"	"
"	N-088	"	"	"	N-1823	"	"
"	N-088	"	"	"	N-1878	"	"
"	N-088	"	"	"	N-1708	"	"
"	N-088	"	"	"	N-1743	"	"
"	N-081	"	"	"	N-1750	"	"
"	N-084	"	"	"	N-1760	"	"
"	N-085	"	"	"	N-1820	"	"
"	N-027	"	"	"	N-1821	"	"

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

FOR THE COMMANDING OFFICER:

33 Incls  
GIC Forms 1044 w/Certificates  
of Unidentifiability

/s/ John Sypula  
JOHN SYPUŁA  
1st Lt., Infantry  
Adjutant

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION SERVICE  
 PHILTON STNS

FORM 305

AFO 900

SUBJECT: Unidentifiable Remains

JAN 27 1950

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

1. In accordance with the provisions of your letter, file 3050 305, 900 (War Rest), dated 17 September 1948, subject: Resolution of Cases of Unidentified Remains, the following Unknown remains, presently stored at AGRS Honolulu, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	N-178	AGRS	Main	UNKNOWN	N-680	AGRS	Main
"	N-011	"	"	"	N-027	"	"
"	N-024	"	"	"	N-038	"	"
"	N-028	"	"	"	N-043	"	"
"	N-029	"	"	"	N-051	"	"
"	N-035	"	"	"	N-1274	"	"
"	N-036	"	"	"	N-1478	"	"
"	N-038	"	"	"	N-1820	"	"
"	N-038	"	"	"	N-1824	"	"
"	N-038	"	"	"	N-1878	"	"
"	N-038	"	"	"	N-1878	"	"
"	N-038	"	"	"	N-1743	"	"
"	N-031	"	"	"	N-1759	"	"
"	N-034	"	"	"	N-1760	"	"
"	N-036	"	"	"	N-1880	"	"
"	N-037	"	"	"	N-1881	"	"

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

FOR THE COMMANDING OFFICER:

33 Incls  
 GIC Forms 1044 w/Certificates  
 of Unidentifiability

/s/ John Stypula  
 JOHN STYPULA  
 1st Lt., Infantry  
 Adjutant

/frv

/bpm

1

Interred 7 Feb 1950  
D 12 91 Ft. McKinley

*Carl R. H. Mark*

DISINTERMENT DIRECTIVE

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

DIRECTIVE NUMBER  
7747 00290

DATE  
15 06 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		NX-000445		Q	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
2	15	1842	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
(Haus) Unknown X-920 Unknown X-445				21 Sept. '48
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
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

(2) Inside tags - Unknown X-920 (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	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. INF.	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*  
HONORIO V. AURELIO, 1st Lt., INF  
FEB 1950

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REPAIRS  
BRANCH  
REC'D.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE <b>FEB 7 1950</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		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>AGRS MAUSOLEUM</i>	DATE	SIGNATURE OF RECEIVER <i>(Faint signature)</i>	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  
FBI/COM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

27 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-445, Plot 2,  
Row 15, Grave 1842, 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. MCNEMAR  
Captain, OMC  
Chief, Records Branch

Attn: Form 1044

Received ..... 7 Feb 50 .....  
Not identifiable from  
information presently  
available

*W. B. Quinn*  
Ident. Sec  
13 Feb 50

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-920 (Formerly UNK X-445 Manila #2)				2. DATE OF REPORT 18 Jan '50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW C	6. GRAVE 813	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 5"	10. COLOR OF HAIR Brown	11. RACE Prob. 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?
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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)

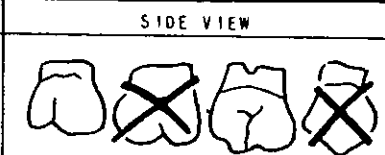
N O N E

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



18. 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:



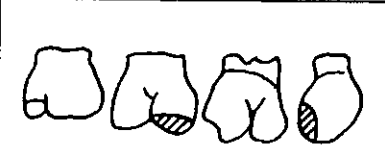
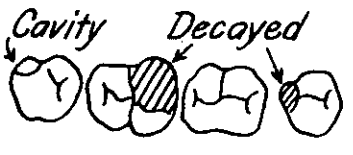
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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	
	a	X	a	a		X	S	S	S			a	a	X		
	o		od	me			df	a	F			med	odL			
Side Views																Side Views
Top Views																UPPER
																LOWER
Side Views																
	a	a	a	a								a	a	a	a	
	of	f	of	o								o	of	of	of	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	

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

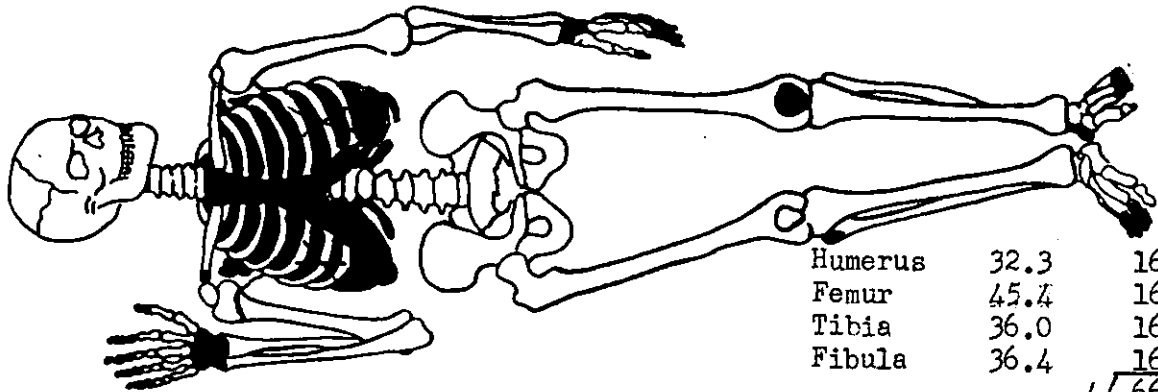
**"UNIDENTIFIABLE"**

*Paul R. Nichols*

PAUL R NICHOLS  
 Chief, Identification Section

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	32.3	163
Femur	45.4	166
Tibia	36.0	164
Fibula	36.4	167
		<u>4/ 660</u>
		165

Estimated height: 5' 5".

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 effect or any other means of identification found with remains.

Circumference of skull - 20 inches.

Estimated weight of remains - 8½ 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 Section

SIGNATURE

X-920

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-920 (Formerly UNK X-445)

18 Oct 47

DATE

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

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

AGRS Mausoleum,  
Manila, P.I.

812

C

813

Unknown  
PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT ROW GRAVE NO.  
ANGER BAY CRYPT

		RIGHT UPPER TEETH								LEFT UPPER TEETH									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE			A	X	A	A		X	S	S	S		O	A	A	X		TYPE	
LOCATION			do		do	mo			d	d	md		d	mod	mod		LOCATION		

INSIDE — LOOKING OUT

		RIGHT LOWER TEETH								LEFT LOWER TEETH										
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16			
TYPE			A	A	A	A								A	A	A	A		TYPE	
LOCATION			fo	fo	mo	o								o	ol	fo	dof		LOCATION	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

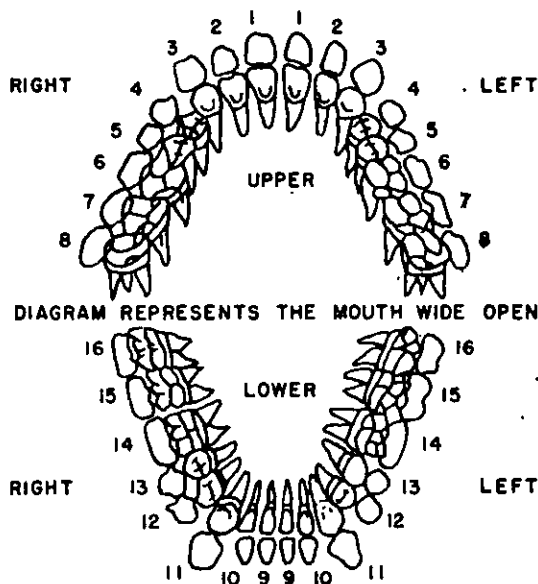
**INSTRUCTIONS:**

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:**

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

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

CIP, AGRS Mslm, N.F. Manila, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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

/p/ JOHN H. BARR, SP-8  
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-920 (Formerly  
 Unknown X-445 USAF Cem Manila #2, Luzon, P.I.  
~~Cemetery~~ AGRS Mausoleum, Manila, P.I.  
 Plot 812 <sup>HANGER</sup> Row C <sup>BAY</sup> Grave 813

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 18 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 GMT #1 QMGR Co.  
(Name and organization)
4. Evacuated to Cemetery by GMT #1 QMGR Co.  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web \_\_\_\_\_

Drawers, wool \_\_\_\_\_

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 / \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ 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 ..... (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 ..... **Chart attached.** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of ~~head~~ **skull** in inches ..... **19 1/8 inches** (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 ..... (Unusual characteristics of fingernails)

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

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 Good Tooth Chart  
(Yes-no)  
accomplished.

9. Remarks Remains had a brown hair and two inches long. Found one (1) disc  
like shape tag (round) attached with the original ROI official record, en-  
closed in an envelope bearing the #22 on the tag and the grave, row and plot  
numbers on it. No I.D. tags, personal effects, burial bottle or physical

characteristics found to warrant identification. Estimated weight of remains,  
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.  
approximately, 14 lbs.

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

SP-8 AGRS  
Rank Service

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

18 Oct 47

CERTIFIED TRUE COPY:

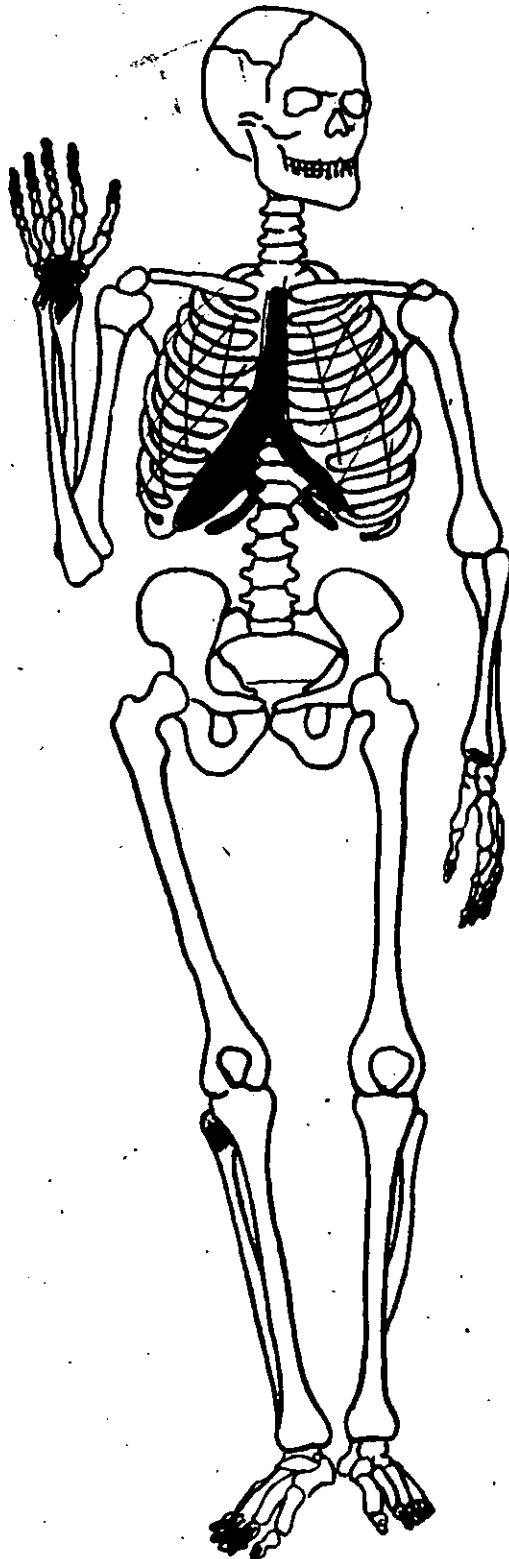
George T. Gamboa  
GEORGE T. GAMBOA  
2d Lt., MAC



# SKELETAL CHART

X-920

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

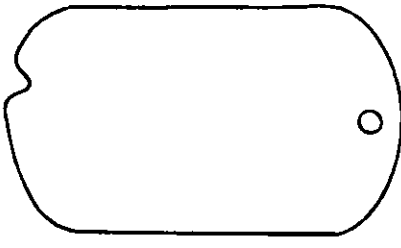


APR 3 - 1948

RESTRICTED

U 1067

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 23 Oct 47
---	---	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial) UNKNOWN X-920 (Formerly UNK X-445 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. 812	ROW NO. BAY C	GRAVE NO. CRYPT 813
--	--------------	---	---------------------------------	-----------------	---------------------	---------------------------

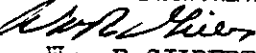
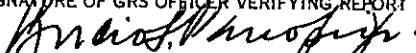
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 15	GRAVE No. 1842
---	---	---------------	---------------	-------------------

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-933	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 815
---	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-930	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 811
--	------	------------	--------------	---------------------------

SIGNATURE OF PERSON PREPARING REPORT  Wm. R GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S PANOPIO JR., 2d Lt., Inf.
---	--

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

RESTRICTED

Incl. 587

**Section 3. UNIDENTIFIED REMAINS.**


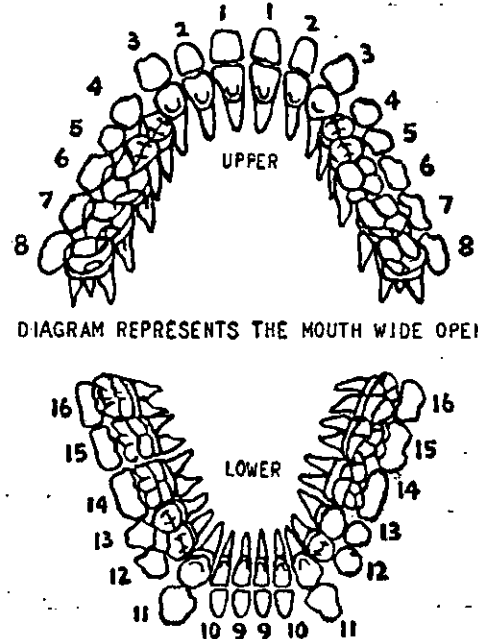




**INSTRUCTIONS:**

(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.

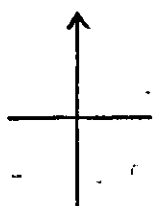
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR <b>Brown</b>	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:  
  
**Identification Check List and Dental Chart accomplished.**

**17 DEC 1947**

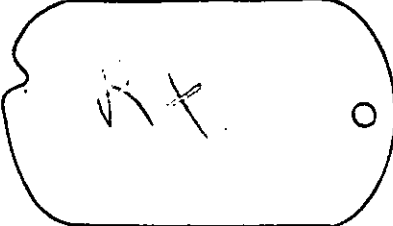
RESTRICTED U-

U 1067

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

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

DATE OF REPORT  
26 January 1946

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X - 445		
	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)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

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	1842

<p>WAS THIS A REBURIAL? (Yes or no)</p> <p>yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p>USAF cemetery Ft. Stotsenburg, Luzon, P. I.</p>	<table border="1"> <tr> <th>PLOT No.</th> <th>ROW No.</th> <th>GRAVE No.</th> </tr> <tr> <td>0</td> <td>7</td> <td>5</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	0	7	5
PLOT No.	ROW No.	GRAVE No.						
0	7	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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
yes	yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 444				1841
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 446				1843

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.	<i>E. M. Moore</i> E. M. MOORE, 1st Lt., OMC.

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

Serial 491

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**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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(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 1950**

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

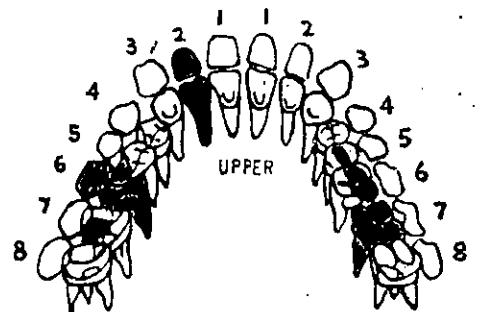
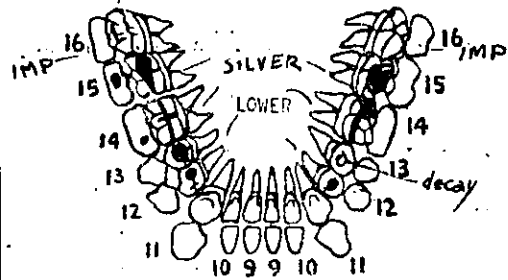
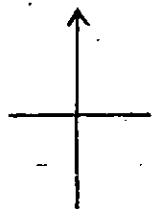


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Disc No. 21