

/sja 1	/ebc Interred 6 M 1950 N 3 85 Ft. McKinley <i>Checkmark</i> CARL R. H. MARK	DISINTERMENT DIRECTIVE <i>Check complete</i>	
	Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWNX-0000180			Q	O	6
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
MANILA NO 1 P I	2	4	36	7701 CODE	80 DIST. CTR.

SECTION B -- CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C -- DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-18 UNKNOWN X-1374 <i>Islm</i>			4 March 45	29 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE L. MIX 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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
Mausoleum tags show Unk X-1374

REMAINS PREPARED AND PLACED IN CASKET

DATE 29 Sept 48	BY GEORGE L. MIX
CASKET SEALED BY GEORGE L. MIX	EMBALMER (Signature) s/ George L. Mix
CASKET BOXED AND MARKED 29 Sept 48 by WEYMAN L. McGUIRE, Sgt, MC	SHIPPING ADDRESS VERIFIED BY CELESTINO E. ABELLAR, 1st Lt, FA

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

s/ Celestino E. Abellar, 1st Lt, FA
SIGNATURE OF AGRS INSPECTOR

SPECIAL INSTRUCTIONS

RECORDS ANNOTATED
DATE 18 Sept 50
NAME [Signature]

HEADQUARTERS
PACIFIC ZONE
AMERICAN GRAVES REGISTRATION SERVICE

28 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 18, Plot 2,
Row 4, Grave 36, USMC USAF Cem Manila #1, have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:



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

Atch: Form 1044

Received 7 Feb 50
Not identifiable from
information presently
available *W. H. Laurin*
Ident Sec
13 Feb 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1374 (Formerly UNK X-18 Manila #1)				2. DATE OF REPORT 10 Jan 1950	
3. NAME OF CEMETERY AGRS Masucleum, Manila, P.I.		4. PLOT 812	5. ROW J	6. GRAVE 3263	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'6 1/2"	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? TO WHAT EXTENT?
 YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?
 YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E


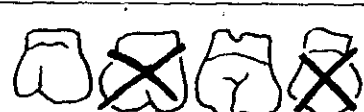
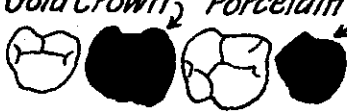





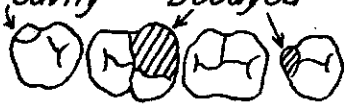

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

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

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								See Remarks				LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>P</i>		<i>A</i> <i>MO</i>	X	<i>A</i> <i>O</i>						↓		X	<i>A</i> <i>O</i>		
Side Views															
UPPER															
LOWER															
Side Views															
<i>A</i> <i>O</i>	<i>A</i> <i>O</i>	X											X	<i>A</i> <i>O</i>	X
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."

REMARKS: L3 is impacted diagonally behind L2.

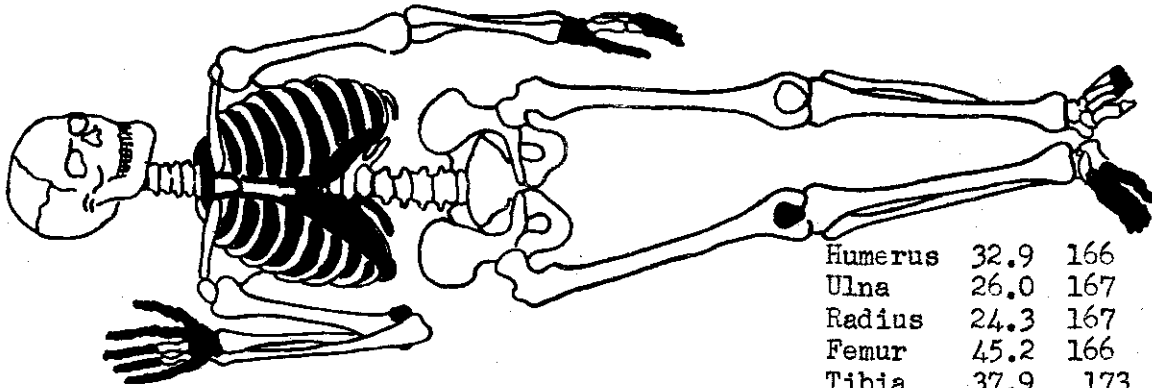
Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	32.9	166
Ulna	26.0	167
Radius	24.3	167
Femur	45.2	166
Tibia	37.9	173
Fibula	37.9	<u>175</u>

Estimated height: 5'6 $\frac{1}{2}$ "

6/1014 --169

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.

Circumference of skull - 19 $\frac{3}{4}$ inches.

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 Section

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.

UNKNOWN X-1374 (Formerly UNK X-18
USAF Cem Manila #1, Luzon, P.I.)

30 Oct 47
DATE

LAST NAME: Unknown FIRST: Unknown INITIAL: Unknown RANK: Unknown SERIAL NO.: Unknown
















UNIT: West of Fort Stotsen- ORGANIZATION: AGRS Mausoleum,
PLACE OF DEATH: burg, Luzon, P.I. PLACE OF BURIAL: Manila, P.I. PLOT: 812 ROW: J GRAVE NO.: 3263
STORAGE: BAY: CRYPT:

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

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	RIGHT						LOWER TEETH				LEFT					
TYPE	A	A	X											X	A	X
LOCATION	o	of													o	

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></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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IDENTIFICATION CHECK LIST

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

UNKNOWN X-1374 (Formerly UNK X-18
 USAF Cem Manila #1, Luzon, P.I.)

~~UNKNOWN~~
 Cemetery AGRS Mausoleum, Manila, P.I.

Plot 812 ANGER Row J BAY CRYPT Grave 3263

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 30 Oct 47
West of Fort Steensen-
burg, Luzon, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by CMT #1, QM, GRs
(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	_____	_____ U	_____
Jacket, HBT	_____	_____ T	_____
* Shirt, Wool OD	_____	_____ D	_____
Undershirt, Wool	_____	_____	_____
Undershirt, Cotton	_____	_____	_____
Trousers, HBT	_____	_____	_____
* Trousers, Wool OD	_____	_____	_____

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~~ **Skull** in inches **Approximately 21 1/4"** (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

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

..... (Unusual characteristics of fingernails)

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

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

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

Hernioplasty (Yes-no; location)

Legs (Inseam, 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 identification tags, or other means of identification.
Burial bottle found with remains. Estimated weight of remains
eleven (11) 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/ Edward H. Marshall
(Officer's Name)

SP-8 C-062874

Rank Service

CIP, AGRS Mausoleum
(Organization)

30 Oct 47

CERTIFIED TRUE COPY:

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

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes A pair of service shoes Size (7-D)

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: Skeletal remains only- Chart attached.

Age EST. 5'11" Height EST. 170 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 (Color, setting, shape) Mustache (Color, size, shape) Beard or (Length, heavy)

CERTIFIED TRUE COPY:
 GEORGE J. GAMBOA
 MAC
 2d Lt.

PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

CIP, AGRS Mausoleum

DATE
 30 Oct 47

NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BENNETT JR. SP-5

NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BENNETT JR. SP-5

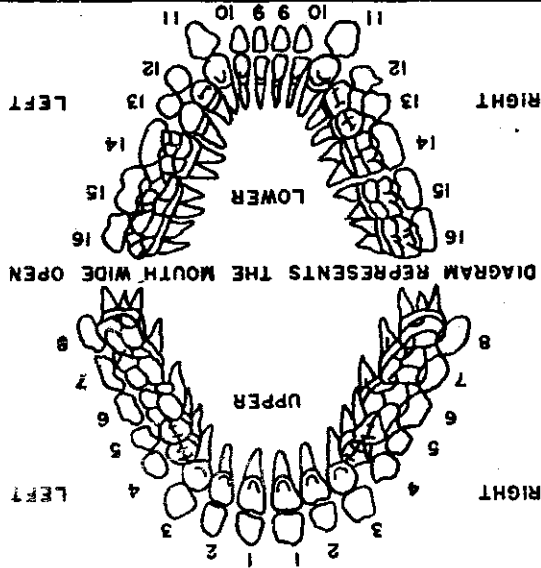
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Bennett Jr.

VERIFIED BY GRS OFFICER

/s/ John H. Bennett Jr.

REMARKS:



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

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.

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.

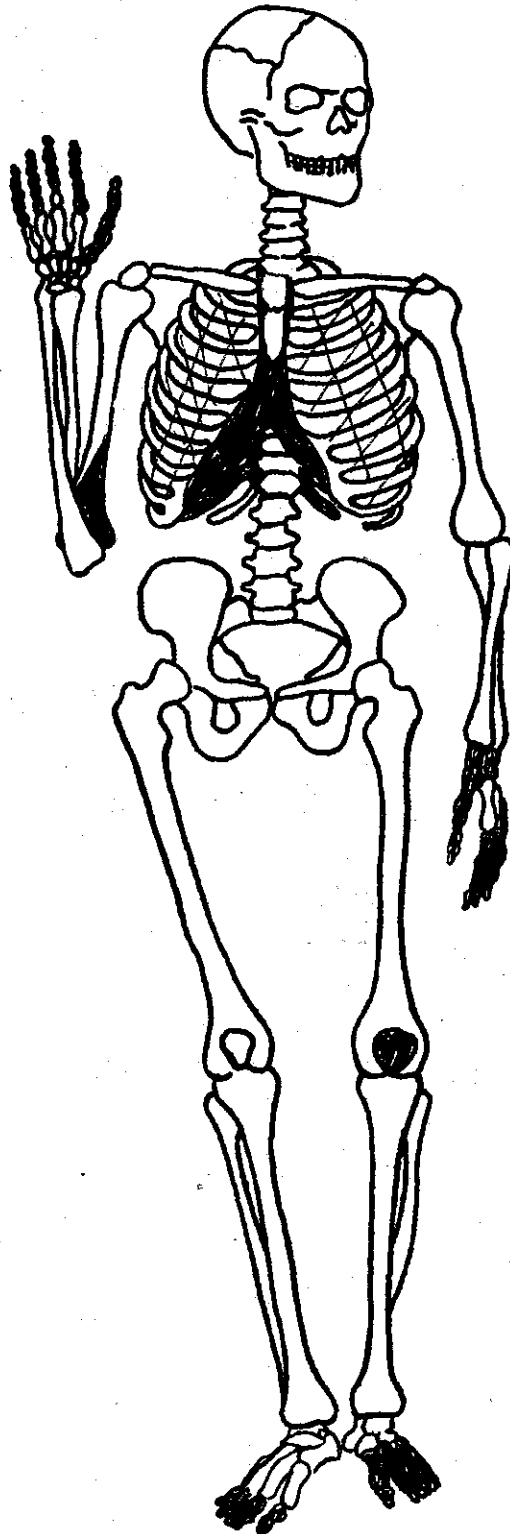
1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

INSTRUCTIONS:

SKELETAL CHART

X-1374

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



/eml

RESTRICTED

U 272

WD GMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT **STORAGE**
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

13 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-1374 (Formerly UNK X-18
USAF Cem Manila #1, 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

West of Fort Stotsen-
burg, Luzon, P.I.

CAUSE OF DEATH

KIA body decomposed

DATE OF DEATH

4 Mar 45

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

1 Nov 47

HOUR

0800

BURIED IN (Shroud, blanket, or name of other)

Casket

TYPE OF GRAVE

None

PLOT No.

812

ROW No.

J

GRAVE No.

3263

HANGER

BAY

CRYPT

WAS THIS A REBURIAL?

Yes RESTORED

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

USAF Cemetery Manila #1, Luzon, P.I.

PLOT No.

2

ROW No.

4

GRAVE No.

36

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION 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-1378

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
3265

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

BAHNICK, Ralph J.

RANK

Unknown

SERIAL No.

36300915

ORGANIZATION

Unknown

GRAVE No.

CRYPT
3261

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PANOPPIO 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

16-43997-1

Incl # 1239

RESTRICTED

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

U 272

UNKNOWN X-18

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

West of Fort Stotsenburg, Luzon, P.I.

(Place of death)

4 Mar 1945

(Date of death)

KIA-Body decomposed

(Cause of death)

1500 - 18 Mar 1945

(Time and date of burial)

USAF Cemetery Manila No. 1, Luzon, P.I.

(Name of cemetery)

(Name or coordinates of location)

36

(Grave number)

4

(Row number)

2

(Plot Number)

Reg. Cross

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Report of Interment in bottle buried with body. Embossed plate atchd to marker.

(If no identification tags, what means of identification are buried with the body?)

Religion

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT Stanek, Eugene C.

(Name)

0-1323093

(Serial number)

2d Lt

(Rank)

Co B, 172d

Inf Regt

(Organization)

37

(Grave number)

Body buried on LEFT Carey, Ronald J.

(Name)

37567912

(Serial number)

Cpl

(Rank)

Co E, 169th

Inf Regt

(Organization)

35

(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

None.

(9) 317

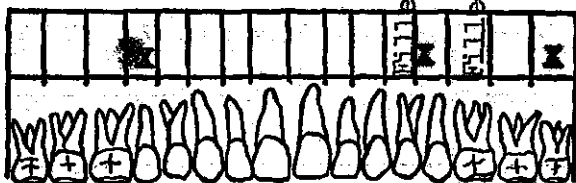
*REPORT OF DENTAL SURVEY

UPPER TEETH

Right

Left

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

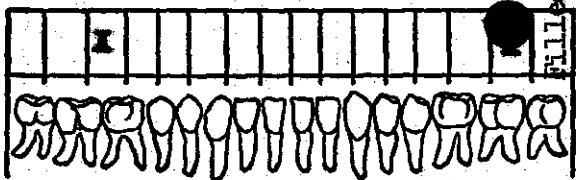


LOWER TEETH

Right

Left

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



CLASS _____

Occlusion _____: Calculus: Slight, Medium, Heavy

Periodontoclasia _____

Dental foci suspected: Yes No

Other conditions _____

Tooth chart made 18 Mar 1915

Date Body buried 18 Mar 1915

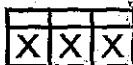
Dental Corps, U. S. A.

*Restorable carious teeth by O

Nonrestorable carious teeth by /

Missing natural teeth by X

Teeth replaced by denture
(horizontal line)



Teeth replaced by fixed bridge
(oval to include abutments)

