FILE IDENTIFICATION TOPPER

| FILE HUMBER  393 Unk manila Cem  SUBJECT | #2 X-64A |
|--|----------|
|  |          |
| Also manila maus                         | 7-401/   |

QMC FORM []

CHE Far Dast

18 Movember 1949

SUBJECT: Approval of Unidentifiability

TO a Commanding Officer
American Oravan Registration Service
Philom Lone
APO 900, a/o Postmetter
San Francisco, Galifornia

l. Reference is made to Cortificates of Unicentificality for the following Unknown December:

| Unknown | x-4601,<br>x-1252, | ACTE | <b>1000</b> | impile, | tornerly | Today.      | Commo | **   | ₹2,  | P.I.         |
|---------|--------------------|------|-------------|---------|----------|-------------|-------|------|------|--------------|
| ₩       | X-1270             | #    | •           | * *     | **       | X-3607.     | * *   |      |      | Polo<br>Polo |
| •       | X-1319.            | *    | * •         | · ·     | *        | x=3620,     |       | _    |      | P.I.         |
| #       | I-1.27.            | **   | * •         |         | · **     | x-4:051. "  | n     |      |      | P.I.         |
| *       | 1.703,             |      | * •         | . "     | *        | X-2767. "   | * *   | # #  |      | P.I.         |
|         | X-1120,<br>X-1125, | USAP | Copte       | ienile  | 2, 2-1., | forwarly de | In Cu | ava, | Pani | <b>*1</b>    |

2. Recommendations for Unidentifiability have been approved by this Mfice. Request your records be manufed socordingly.

POT TO USTALISTA GARALA

ec: Adm. Section
R.Little:rvs
L.W. White
J. Windsor
CC: CIMCPE, APO 500



REB

TEC

SUBJECT: Unidentifiable Remains

6 NT 1949

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

l. In accordance with the provisions of your letter, file QMCMU 293, CRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS -ausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UUKUOWU X-1252 AGRS Mslm " X-2187 " "

UNKNOWN X-4681 AGRS Malm

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

FOR THE COLFANDING GENERAL:

3 Incls

WiC Forms 10 w/Certificates
of Unidentifiability

C. H. LIEURANCE 2nd Lt., ACD Asst. Adj. Gen.

| · · · · · · · · · · · · · · · · · · · |            |   |                      |               |       |                        | 3/       | 1        |  |            |         | G/A              |
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| 77                                    |            |   | rintendent           |               | DIREC | TIVE NUA               |          |          | <i>/</i>   | DATE       |         |                  |
| <b>1</b>                              | SECTION    |   | TION OF DECEASED     |               | 7     | 747                    | , OC     | )44      | 5  | 15         | 01      | 50               |
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| MANILA                                | 19 0       | ~ Z F                                   |                      | <u> </u>      | 2     | 19                     |          | 346      |  | 77 (       |         | BO<br>DIST. CTR. |
| NAME AND ADDRESS                      | 05 CON     | CICNEE                                  | SECTION B — CO       |               |       | KT OF KIN<br>ADDRESS ( |          | OF VIN   |  |            |         |                  |
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| NAME                                  |            |   | SECTION C — DISIN    | TERMENT AN    |       | NTIFICATE OF DEA       |          |          | D  | ATE DISTIN | TERRED  | · ·              |
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| I MARKER                              |            | - · · · · · · · · · · · · · · · · · · · |                      |               | L     |                        |          | mbal     | mer  | N/         | AME AND | O TITLE          |
| NATURE OF BURIAL                      |            |   | SECTION D — PREPARA  |               |       | FOR SHI                |          |          |  |            |         |                  |
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| OTHER MEANS OF IDE                    |            |   | X - 4681 Ma          |               | r ma  | jor disci              | repancio | es.)     |  |            |         |                  |
| REMAINS PREPARED AT                   | ND PLAC    | ED IN CASKET                            | ·                    | <del></del> - |       |                        |          |          |  |            |         | ·                |
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|                      | NAME OF CONVOYER                | · · · · · · · · · · · · · · · · · · · | KIND OL CONAELVINCE  |  |  |  |  |
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| -                    | the Charleston man              |                                       |  |  |  |  |  |
| 6961 <sub>3140</sub> | SIGNATURE OF RECEIVER           | DATE                                  | SHOMATURE OF SHIPPER   |  |  |  |  |
|                      | NAME OF CONVOYER                |                                       | LENCK KIND OF CONVEYNCE  |  |  |  |  |
|                      | NS WIFITARY CEMETERY            |                                       | MURIOS (FW SHOP)   |  |  |  |  |
|                      | PPED 7.2                        | IHS 't                                | FROM   |  |  |  |  |
|                      | RECORD OF CUSTODIAL TRANSFER    |                                       |  |  |  |  |  |

。 (1) (**3)** (1) Agg Will FI 1-649 Manch #2/

QMOMET 295 Unknown X-4681, AGRS Maus, Mamila, P.I. (formerly X-649, USAF Cometery Manila #2, F.I.)

26 July 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Proceedings of your Board of Review, dated 25 March 1949, recommending the following identification:

E-4681, AGRS Mausoless, Manila, P.I., (Fernerly K-649, USAF Cemetery Manila #2, P.I.) as Pvt. Paul E. Johnston, 18 011 328.

- 2. After a thorough analysis of this case, it has been considered that the evidence presented is insufficient to establish identification. The dental comparison between X-4681 and Pvt. Paul B. Johnston is inconclusive. Dental charts for Unknowns X-4682, X-4427 and X-4685, recovered in the same locality, also compare favorably with the Army dental records for Pvt. Johnston.
- 54 Beard Proceedings have been disapproved for the reasons outlined above and are returned heresith.

POP THE ACTING THE QUARTERNASTER GENERAL.

I Incl.

Bd Prog.

REB

1. 1. Coloniel, GEC

REB

1. Sanborn: pmr

1. M. White had

1. Windsor

1. Windsor

1. Windsor

1. Paul F 136/1348

FIDE UNDER NO. 293 - Unk X-649 P.I. Manila #2

INDEX SHEET

LETTER

SYMOPSIS

11 March 47

FROT:

OUNG

CG, Philippine-Ryakyue Command, APO 707, San Francisco, Calif.

SURJ: Idertification of Unim Deceased

DOGETHT FILED UNDER NO. 293 - Unkn (Misc) P.I. (Manila #2)

jw

AGRS-DC 201 Johnston, Paul E. lst Ind (27 Aug 46)
MD, AGO, Records Administration Center, St. Louis 20, No., 9 Sep 46

TO: Office of the Quartermaster General, Memorial Division, Washington 25, D. C.

The records show that Paul 2. Johnston, 13 011 328, at time of enlistment, had no dental defects. No dental chart of more recent date has been found on file among his military records.

BY ORDER OF THE SECRETARY OF MAK:

Lary James Adjugant General



HOW WELL CHOUSE HE CONDING THE PARTY OF THE

| MESSA              | GEFOR      | MES MES              | SAGE CENTER NO.  | TRANSMITTING           | MEANS      | CRYPTOGRAPH OR           | CLEAR TEXT           |
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| CALLS              |            | STA, SER, NO.   PREC | EDENCE I         | TRANSMISS              | ION INSTRU | ICTIONS ORIGI            | INATOR DATE-TIME GRO |
|                    | ,          |                      |                  |                        |            |                          |                      |
|                    |            | NR                   |                  |                        |            |                          |                      |
| ACTION             |            | INFORMATION          |                  |                        | EXEMPT     | OPERATING SIGNALS        | GROUP COUNT          |
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| FROM: (Originator) |            | 8                    | BPACE ABOVE FO   | R SIGNAL CEN           | TER ONL    |                          |                      |
|                    | Memorial   | Div. Was             | shington 25      | . D. C.                | 1          | SECURITY CLASSIF         | CATION               |
| ACTION TO:         |            |                      | 2112118 0 011 22 | , 2. 0.                | •          |                          |                      |
| •                  |            | Mr.                  |                  |                        | 1          | PRECEDENCE F             | FOR<br>INFORMATION   |
|                    |            | General's            |                  |                        | 1          | Immediate                |                      |
|                    |            |                      | Administrat      | ion Center             | ~ <b></b>  | IIGINAL MESSAGE          |                      |
|                    | Goodfell   |                      |                  |                        |            | REFERS TO ANOTHER M      | IESSAGE              |
| • St.              | Louis 20,  | , Missouri           | Ļ                |                        | 1          | IDENTIFICATION           | CLASSIFICATION       |
| INFORMATION TO:    |            |                      |                  |                        | <u>L</u>   |                          |                      |
|                    |            |                      |                  |                        |            |                          |                      |
|                    |            |                      |                  |                        |            | OMGYG 293                | _                    |
|                    |            |                      |                  |                        |            | Unknown X→               | 549                  |
|                    |            |                      |                  |                        |            | Manila #2                | <u> </u>             |
|                    |            |                      |                  |                        |            | 27 August 3016           | ,                    |
|                    |            |                      |                  |                        |            | 27 August 1946           |                      |
|                    | •          |                      | red for Gra      |                        |            | on<br>Records on file fo | or Pvt               |
|                    |            | 13011328 1           | e forwarde       | d to this              | offic      | e at the earliest        | prac-                |
| ticable da         | te.        |                      |                  |                        |            |                          |                      |
|                    | FOR THE Q  | UARTEPMAS            | STER GENERA      | L:                     |            |                          |                      |
| SE                 | CURITY CLA |                      | //Majo           | S C. MacFir, QMC stant | ALAND      | AUTHORIZATION—           |                      |
| SYMBOL             | ORIGINATIN | G AGEN               | DATE-TIME GROUP  | OFFICIAL TITU          |            |                          | <del></del>          |
| <del></del>        |            |                      |                  |                        |            |                          | PAGE OF              |

WD, CQMG, Memorial Div., Washington 25, D. C.

( )

The Adjutant General's Office World War II Records Administration Center 4300 Geodfellow Blvd. St. Louis 20, Missouri

Immediate

QMGYG 293 Unknown X-649

27 August 1946

SUBJECT: Information Required for Graves Registration

It is requested that Dental Identification Records on file for Pvt Paul E. Johnston, 13011328 be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

LANES RECORDS BRANC

bfb

JAMES C. MacPARLAND Major, QMC Assistant

RECORDS BRANCH

1/2 me John to, Jan E. (13611828)

2 / Quoma 292 1-610, 652, 662, 663 (Manila #2) Iman, P.I. 293. Unk Munica 4 2 4.649

SUBJECT: Identification of Unknown Deceased

TO : Commanding General, Philippine-Bydryus Command, APO 707, c/o Postmaster, Sam Francisco, California

1. Tooth charts for Unknowns X-649, X-651, X-662 and X-663, Memila #2, Immen, P. I., are being compared with WD records of the following:

Carlo Rach

Walsh, Paul E. Pvt 11027465
Johnston, Paul E. Pvt 13011328
Francia, Jusnito Pvt 10362481
Keefe, Frederick Pfc 6151564
Pierschalski, Edward J. Cpl 36303683

Upon completion, your office will be advised of findings.

FOR THE QUARTERIASTER GENERAL:

JAMES B. COLSON Colonel, QMC Nemorial Division



293 Unk. X-649 P.I. (Manila #2)

#### ERRERREGIE

#### SYNOPSIS

25 June 1946.

MEMO ROUTING SLIP.

FROM:

OGRIG, Mem. Div.

TO:

WW II, Records Admin. Center, AGO. St. Louis, Mo.

RE:

Request information necessary as indicated in inclosed Form

8-7A

ALD UNDER HO.

293 / Unk. (Misc.) P.I. (Manill #2).

op

Fi LE UNDER NO: 293 - 293 - Unknown X-649 P.I. (Manila #2)

INDEX SHEET

Letter

12 June 1946

From:

TO:

Q.100

CO, Ft. Slocum, N.Y.

RE:

Information required for Greves Registration.

DOCUMENT FILED UNDER NO: 293 - Unknown (Misc) P.I. (Manila #2)

bm

FILE UNDER NO: 293 - Unknown X-649 P.I. (Manila #2)

INDEX SHEET STROPS IS

Memo

21 May 1946

PRCH:

Q.MO, Memorial Div.

ACC, World Amr II Records Adm., St. Louis, No.

 $R \supset \bullet$ 

Information required for Graves Wegistration.

DCCU ENT FILED UNDER MO: 293 - Unknown (Misc) P.I. (Manila #2)

6.01

# HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

26 Sept 1949 Date

SUBJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X-649, Plot 2, Row 19, Grave 2346, USMC manila #2, Luzon, F.1. 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:

Captain, QMC Chief, Records Branch

Attch: Form 1044

I'rt identifiable from information presently, available

-OGMG

Januar B

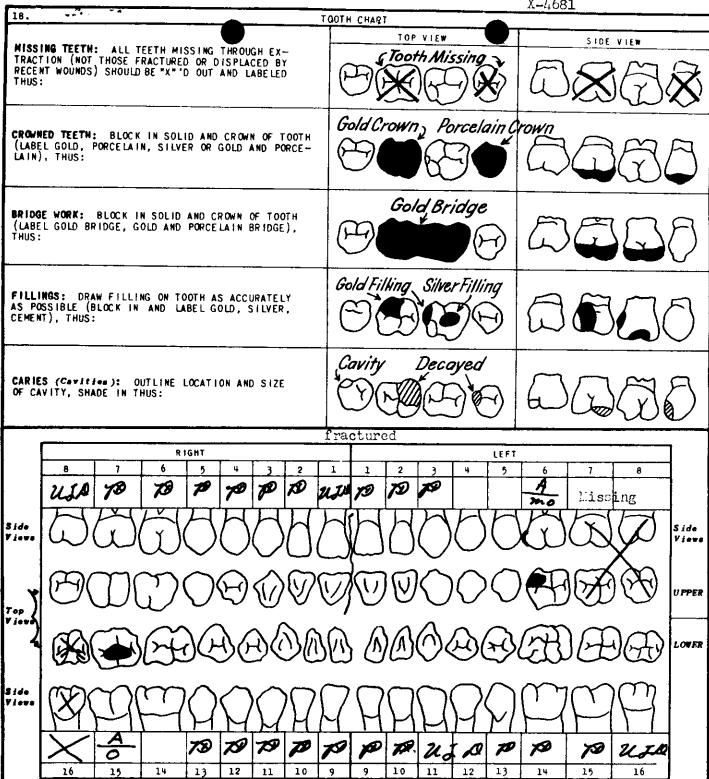
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| - <del>**</del>          |   | <del></del>      |                  |                                    |
|--------------------------|---|------------------|------------------|------------------------------------|
|                          | IDENTIF   | TCATION DAT      | 'A 💮             |                                    |
| REMAINS OF UNKNOWN       | 4681 (Formerly UN H-6/  | 10.1: 13         | · · · · ·        | 2. BATE OF REPORT                  |
| . NAME OF CEMETERY       | 26 Sept 1949  |                  |                  |                                    |
| . NAME OF CEMEICKY       |   | 4. PLOT 5.       | ROW 6. GRAVE     | 7. DATE OF DISINTERMENT REINTERMEN |
| office and a             |   |                  |                  | DISTRICKMENT KEINTEHMEN            |
| water ( susot            | eum, Phila, P.I.  |                  | 1                |                                    |
|                          | PHYS (C   | CAL DESCRIPTION  | <u> </u>         |                                    |
| ESTIMATED WEIGHT         | 9. ESTIMATED HEIGHT   | 10. COLOR O      | F HAIR           | LL. RACE                           |
| UTD                      | 516 7/811 ANY OFFICIAL IDENTIFICATION FO                        | UT               | D                | UMC NO.4R                          |
|                          |   |                  |                  |                                    |
|                          |   |                  |                  |                                    |
|                          |   |                  |                  |                                    |
|                          | **  | E                |                  |                                    |
|                          | TATTOOS OR SCARS ON BODY AND/O                                  |                  |                  |                                    |
|                          | U T   | D                |                  |                                    |
|                          |   |                  |                  |                                    |
| . WAS BODY BURNED?       | TO WHAT EXTENT?   |                  |                  |                                    |
| YES X NO                 | O WHAT EXTENT?  | - <del></del> .  |                  |                                    |
|                          |   |                  |                  |                                    |
|                          | F HEALED FRACTURES AND BONE MA                                  |                  |                  |                                    |
| TO DESCRIBE EN TO EN CO. | THE THE THREE THE STATE OF THE                                  | C. Swart 10113   |                  |                                    |
|                          |   |                  |                  |                                    |
|                          |   |                  |                  |                                    |
|                          | II C II I   | <del>u</del> '   |                  |                                    |
|                          | •; C 1/ .   | فا               |                  |                                    |
|                          |   |                  |                  |                                    |
|                          |   |                  |                  |                                    |
| 7. LIST EVERY ITEM OF    | LOTHING, EQUIPMENT AND PERSON                                   | AL EFFECTS FOUND | , SHOWING THE TY | PE, COLOR, SIZE, MARKINGS          |
|                          | sundry marke are indistinct su<br>stion when facilities are not |                  |                  | pecimen forwarded through          |

V О И **Е** 

## "UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



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

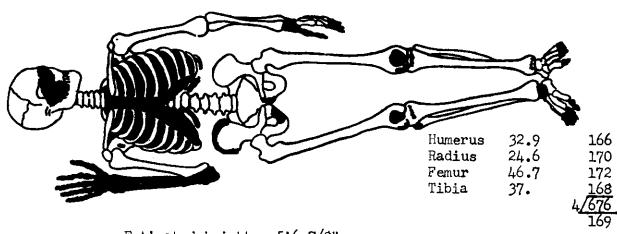
REMARKS: Maxilla fractured on median line. Laxilla on 17 and 18 and teeth are missing. R1, RS, L11, L12 and L16 are marked UTD because of the condition of the maxilla and mandible.

"UNIDENTIFIABLE"

PAUL R HICHULS Chief, Identification Section

18 MAR 47

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'6 7/8"

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

Estimated weight of remains -  $7\frac{1}{2}$  lbs.

Circumference of skull - 22 inches.

### "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 MICHOLS
Chief, Identification Section

SIGNATURE

Faul P. Thihale

| gc <u>s</u>  | <u> </u>      |          | RESTI   | RICTED          |                                      | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | . n -                | 19.4         |  |  |
|--|---------------|----------|---|-----------------|--------------------------------------|--|----------------------|--------------|--|--|
| MC FORM 1042<br>ev. 1 Apr. 1945)<br>arredes GRS Form 1)          |               |          | REPORT OF   | INTERME         | NT STORGE                            | DATE                                     | DATE OF REPORT       |              |  |  |
| arsedes GRS Form 1)  |               |          | (AR 30-1810 a                                     | nd AR 30-1      | <i>815</i> )                         | 26 3                                     | 94 <b>9</b>          |              |  |  |
| Imprint Identification T<br>DO NOT TY                            |               | ble.     | Section 1.—IDENTIFICATION                         |                 |                                      |  |                      |              |  |  |
| / LV   |               |          | NAME (Last, first, middle initial) UNYNOWN X-4681 | (Forman)        | w HMV Y 640 d                        | SERIAL                                   | SERIAL No.           |              |  |  |
| oballa !   |               |          | USAF Cem Manil                                    |                 |                                      | 111,                                     | ıknown               |              |  |  |
| 1 4 10 V 24  |               | - 1      | GRADE   | ORGANIZATIO     |                                      |  | H OF SERV            | ICE          |  |  |
| 7,1B (013)   |               | 0        |   |                 |                                      |  |                      |              |  |  |
| (16)   |               |          | Unknown   | 1!              | nknown                               | <del>, </del>                            | ıknown               | <u>-</u>     |  |  |
| (1) (1) D.   |               |          | RACE  | RELIGION        |                                      | NAME OF CO                               | N U.S. DE.<br>Buntry | AD, GIVE     |  |  |
|  |               |          | Unknown   | U               | nknown                               |  |                      |              |  |  |
| ACE OF DEATH   |               |          | CAUSE OF DEATH                                    | <u> </u>        |                                      | DATE                                     | OF DEATH             |              |  |  |
| Bataan, Luzon,   | P.I.          |          | Unknown   |                 |                                      | Ur                                       | ıknown               |              |  |  |
| MERGENCY ADDRESSEE (Na   | me, relations | kip, an  | d addresz)  |                 |                                      |  |                      |              |  |  |
|  |               |          | •• ,  |                 |                                      |  |                      |              |  |  |
| ENTIFICATION TAGS FOUND  | OH DODY       |          | Unknown   |                 |                                      |  |                      | ············ |  |  |
| (1, 2, or none)  | D ON BODY     |          | IF NO TAGS FOUND ON BODY,                         | DESCRIBE MEANS  | OF IDENTIFICATION (1)                | f unidentified, fill                     | in section 8         | on reperse)  |  |  |
| Non <b>e</b>   |               |          |   |                 | ,                                    |  |                      |              |  |  |
| ERE SUBSTITUTE TAGS PRO  | VIDED?(Yes    | of ma)   | W # 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1         | کا تر سے کا سپن | I 7- 77                              |  |                      |              |  |  |
| Yes (2)  |               |          | "UNIDEN   |                 | BLE"                                 |  |                      |              |  |  |
| <u>`</u>   | W. N. B.      | ONE.     | ASSENTINFORSAMEK OF                               | ~               |                                      | NOTE/                                    | <u></u>              |              |  |  |
|  |               |          | K o n e   |                 |                                      | •  |                      |              |  |  |
| ection 2.—BURIAL, If oth   | er than in    | eetab.   | lished cemetery, furnish eketo                    | h and map cool  | rdinates on reverse.                 |  |                      | <del></del>  |  |  |
| AME, NUMBER, COORDINATI  | ES, AND LO    | CATION   | OF CEMETERY                                       |                 |                                      |  |                      | <u></u>      |  |  |
|  |               | ÀĆ       | RS MAUSOLEUM.                                     | MANILA. 🦻       | 1 2                                  |  |                      |              |  |  |
| TE OF BUISTORAGE   | HOUR          |          | BURIED IN (Shroud, blanket, or s                  | same of other)  | TYPE OF GRAVE<br>MARKER              | PLOT No.<br>養名物QEW                       | ROW No.              | GRAVE No     |  |  |
| 24 July 48   | 1500          | •        | Casket  |                 | None                                 | 800                                      | 10E                  |              |  |  |
| AS THIS A REBURIAL?  | IF A REBU     | RIAL, I  | INDICATE NAME, NUMBER, COOR                       | DINATES OF PRE  | VIOUS CEMETERY, AND L                | OCATION OF GR                            | AVE                  |              |  |  |
| AS THIS A REBURIAL? (Yes of no) RESTORE:                         | USAF          | Sen      | netery l'anila "2,"                               | Luzoń, P.       | I.                                   | PLOT No.                                 | ROW No.              | GRAVE No     |  |  |
| YPE OF RELIGIOUS   | PERSON C      | ONDUC    | TING BURIAL RITES                                 | IF IDENTIFICA   | TION TAGS NOT USED, BURIED WITH BODY | DESCRIBE IDE                             |                      |              |  |  |
|  |               |          |   |                 |                                      |  |                      |              |  |  |
| PENTIFICATION TAG BURIED   | WITH C        |          | TIFICATION TAG ATTACHED TO                        | -               |                                      | 1  | Jan .                |              |  |  |
| Yes  |               |          | Yes   |                 |                                      |  |                      |              |  |  |
| DDY BURIED ON DECEASED   | LEFT, NAMI    | E (Last, |   | RANK            | SERIAL No.                           | ORGANIZATIO                              | N GRA                | VE No.       |  |  |
|  |               |          |   |                 |                                      |  |                      |              |  |  |
| ODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) |               |          |   | RANK            | SERIAL NO.                           | ORGANIZATIO                              | N GRA                | VE No.       |  |  |

PAUL R NICHOLS, Chief, Identification Sect. H. B. McNETAR, Capt, CLIC

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Jack 28

SKIND THE OF DESCRIPTION REPORT

### RESTRICTED

|                | _  .                   | Section 3  | NIDENTIFIED                   | REMAINS      | <u> </u>                |                         |                  | ·                                      |                             | 7.0   |
|----------------|------------------------|--|-------------------------------|--------------|-------------------------|-------------------------|------------------|--|-----------------------------|---|
|                | LEFT<br>LITTLE FINGER  | INSTRUCTIONS:  (a) Great care will be taken to record the most minute clues for the future identity or mains. Fill in anatomical characteristics below, and any other clues under "Other," suci social security number; position of body found in airplanes, vehicles, and tanks; and serial nuplanes, vehicles, and tanks; and serial nuplanes, vehicles, and tanks.  (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth characcomplished if one or more fingerprints are secured. |                               |              |                         |                         |                  |  |                             |   |
| •              | 2                      | accomplishe  | will be indicated if one or m | nore finge   | rprints ar              | art in acc<br>e secured | ordance with     | i diagram below.                       | . looth cha                 | irt will not  |
|                | LEFT<br>RING FINGER    | HEIGHT   | WEIGHT                        | COLOR O      | F EYES                  | COLOR O                 | F HAIR           | BIRTHMARKS, S                          | CARS, OR TAT                | TOCS  |
|                | _                      | WEAPON AND   | SERIAL No.                    |              | i LAUNDRY               | MARKS                   | -                | WHERE BODY W                           | AS BURIED OF                | FOUND   |
|                | LEFT<br>MIDDLE FINGER  | OTHER IDENT  | IFICATION CLU                 | IES          |                         |                         |                  |  | <del></del>                 |   |
|                | GE A                   |  |                               |              |                         |                         |                  |  |                             |   |
|                | LEFT<br>INDEX FINGER   | <b>,</b>   | ····                          |              |                         |                         |                  |  |                             |   |
|                | NGER                   | FILLINGS   | •                             | SI<br>Go     | LVER FILL<br>DLD FILLIN | ING<br>G                |                  | 3000                                   | $\int_{0}^{2} \int_{0}^{3}$ |   |
|                | LEFT                   | CAVITIES   | <u> </u>                      |              | CAVITY                  |                         | 4<br>5<br>6<br>7 | O O TATE                               |                             | 5   |
|                |                        | MISSING  | TEETH                         | <u>مر</u> مر | OTK MISSI               | (G                      | 8                |  |                             | \$\frac{1}{2}\frac{1}{2 |
|                | RIGHT<br>THUMB         |  |                               | Re           | <u> </u>                | :                       | DIAGRAM          | REPRESENTS TI                          | -<br>W HTUOM 3H             | <i>3</i> ~  |
|                | INDE                   | CROWNED  | TEETH C                       |              | CELAIN CI<br>OLD CROW   |                         | 16 19            | LOWE LOWE                              | " All                       | ) 16<br>} 15<br>14  |
| , <del>"</del> | RIGHT<br>X FINGER      | BRIDGE W   | ORK                           |              | CGOLD B                 | RIDGE                   | 13               | 12 SAAA                                |                             | 3   |
|                | Migor                  | FURNISH SKET   | CH AND MAP I                  | REFERENCE    | E AND COOF              | RDINATES F              | OR BURIAL IN     | OTHER THAN EST                         | ABLISHED CEN                | METERY  |
|                | RIGHT<br>MIDDLE FINGER |  |                               |              |                         | 3                       |                  |  | 1                           | •   |
|                | RIGHT 15               |  |                               |              |                         |                         |                  |  |                             |   |
|                | 1,500                  | to be J  | OHNSTON,                      | Faul         | E, Pvt                  | , 7th                   | MAT, Sq          | , Manila #<br>dn. AC and<br>ting data. | was de                      | elieved<br>termine  |
|                | RIGHT                  |  |                               |              |                         |                         |                  | complished                             |                             |   |

|  |                    |   | RR.                            |  |              | 700          | <u>ر                                     </u> |  |
|--|--------------------|---|--------------------------------|--|--------------|--------------|---|--|
| WD QMC FORM 1042<br>(Rev. 1 Apr. 1945)<br>(Supersedes GRS Form 1)    | ,                  | REPORT OF/<br>(AR 30-1810 az                |                                |  |              | of report    | _   |  |
| Imprint Identification   | Tad If Possible    | Section 1.—IDENTIFICATION.                  |                                | <del> </del>                           | <u> </u>     |              |   |  |
| DO NOT T   |                    | NAME (Last, first, middle initial)          |                                |  | SERIA        | L No.        | JWZ-  |  |
|  |                    | UNKNOWN -X-                                 | 649 (John                      | ston, paul g.                          | ) 13         | 13011328     |   |  |
| >  | _ /                | GRADE                                       | ORGANIZATION                   | ·····                                  | BRAN         | CH OF SERV   | ICE   |  |
| []   | 0                  | pvt.  | 7th ma                         | t. Sqdn A.C.                           |              | air cor      | <b>פ</b> קי                                   |  |
|  |                    | RACE  | RELIGION                       |  | IF OTHER TH  | IAN U. S. DE |   |  |
| PLACE OF DEATH   |                    | CAUSE OF DEATH                              | <br>HW                         | Z                                      | DATE         | OF DEATH     | HWE   |  |
| Bataan, Luzon  | la Pa Ta           | MALARIA                                     | • -                            | •                                      | 9            | May          | 42  |  |
| EMERGENCY ADDRESSEE (A   |                    |   |                                |  | /            | 1.09         | <u> </u>                                      |  |
| IDENTIFICATION TAGS FOU (1, 2, or none) NOne WERE SUBSTITUTE TAGS PR |                    | IF NO TAGS FOUND ON BODY, D                 |                                |  | ,            |              |   |  |
|  |                    |   |                                |  |              | 2502         | ,-  |  |
| Yes (2   | <del></del>        |   |                                |  |              |              |   |  |
| Jul 795  | •                  | 1   | eacy,                          |  |              |              |   |  |
| Section 2.—BURIAL. If o  | ther than in estab | lished cemetery, furnish sketc              | h and map coord                | linates on reverse.                    |              |              |   |  |
| NAME, NUMBER, COORDINA   | TES, AND LOCATION  | N OF CEMETERY                               |                                | ····                                   | <del></del>  |              |   |  |
|  |                    | USAF Cometery                               | manila #2                      | , Iuzon, p. I                          | •            |              |   |  |
| DATE OF BURIAL   | HOUR               | BURIED IN (Shroud, blanket, or n            | ame of other)                  | TYPE OF GRAVE<br>MARKER                | PLOT No.     | ROW No.      | GRAVE No.                                     |  |
| 11 Jan. 46   | 0900               | Shelter Hal                                 | Lf.                            | Cross                                  | 2            | 19           | 2346  |  |
| WAS THIS A REBURIAL?   | IF A REBURIAL.     | INDICATE NAME, NUMBER, COORD                | DINATES OF PREVI               | <u> </u>                               | OCATION OF G | RAVE         |   |  |
| (Yes or no)  | Bataan Ho          | osp., No. 2 Cemeter                         | y, Bataan                      | , Inzon, P.I.                          | PLOT No.     | ROW No.      | GRAVE No.                                     |  |
| TYPE OF RELIGIOUS<br>CEREMONY  | PERSON CONDUC      | CTING BURIAL RITES                          | IF IDENTIFICAT<br>CONTAINERS E | ION TAGS NOT USED,<br>BURIED WITH BODY | DESCRIBE IDE | ENTIFICATIO  | N DATA AND                                    |  |
| IDENTIFICATION TAG BURII<br>BODY (Yes or no)                         |                    | TIFICATION TAG ATTACHED TO RKER (Yes or no) |                                |  |              |              |   |  |
| Y <b>e</b> s   |                    | Yes   | <u></u>                        |  |              | ,            |   |  |
| BODY BURIED ON DECEASE   |                    | l, first, middle initial)                   | RANK                           | SERIAL No.                             | CO. A        | L92nd        | VE No.  |  |
|  | , Miles            |   | pvt                            |  | Tank         | :            | 2345  |  |
| BODY BURIED ON DECEASE   | D RIGHT, NAME (La  | st, first, middle initial)                  | RANK                           | SERIAL NO.                             | CO. C        |              | VE No.  |  |
| SCHIRNER, junior v.  |                    |   |                                | 6982648                                | Engra        | -            | 2347  |  |
| SIGNATURE OF PERSON PR   | EPARING MEPORT     | ~   | SIGNATURE OF                   | GRS OFFICER VERIFYIN                   | ig report    |              |   |  |
| R. C.  | BARRETT,           | s/ggt. GRS.                                 |                                | E. M. MOORE,                           | lst Lt.      | QMC.         |   |  |

June 1 44"

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|                        | Section 3. RIDENTIFIED REMAI   | NS.  | F . 1  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|--|--|
| LEFT<br>LITTLE FINGER  | INSTRUCTIONS:  (a) Great care will be taken to record the most minute clues for the future identity of unidentified a mains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe six social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of a planes, vehicles, and tanks.  (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the serial numbers of a planes. |  |  |  |  |  |  |  |
| R RING FING            | chart at left, or as many as posevery tooth will be indicated on accomplished if one or more fin   | sibleIf no fingerprint or prints the tooth chart in accordance with gerprints are secured. | can be secured, the condition of each and h diagram below. Tooth chart will not be |  |  |  |  |  |
| LEFT<br>RING FINGER    | HEIGHT WEIGHT COLOR  | COLOR OF HAIR  | BIRTHMARKS, SCARS, OR TATTOOS  |  |  |  |  |  |
| MIDD                   | WEAPON AND SERIAL NO.  | LAUNDRY MARKS  | WHERE BODY WAS BURIED OR FOUND   |  |  |  |  |  |
| LEFT<br>MIDDLE FINGER  | OTHER IDENTIFICATION CLUES   |  | - · · ·  |  |  |  |  |  |
| LEFT<br>INDEX FINGER   | FILLINGS   | SILVER FILLING R.  |  |  |  |  |  |  |
|                        |  | GOLD FILLING   | 3000003  |  |  |  |  |  |
| THUMB                  | CAVITIES   | DECAYED OMANA N-7  | UPPER (700)  |  |  |  |  |  |
| RIGHT                  | CROWNED TEETH  | 16 🕅   | TEETH MISSING REPRESENTS THE MOUTH WIDE OPEN SOCKET-HEALED                         |  |  |  |  |  |
| RIGHT<br>INDEX FINGER  | BRIDGE WORK  | GOLD BRIDGE  | LOWER 15 14 14 15 12 11 10 10 12 12 11 10 10 10 10 10 10 10 10 10 10 10 10         |  |  |  |  |  |
| RIGHT<br>MIDDLE FINGER | FURNISH SKETCH AND MAP REFEREN  OCCLUSION NORMAN   | ICE AND COORDINATES FOR BURIAL IN  | 10 19 9 19 14. Sh. Jack  |  |  |  |  |  |
| RIGHT<br>RING FINGER   | REMARKS:   |  | ,  |  |  |  |  |  |
| RIGHT<br>LITTLE FINGER | ,  |  |  |  |  |  |  |  |