

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk. Manila #2 X-670

SUBJECT

also Manila News. X-1503 ✓

/bpm  
1  
/add

Interred 23 Feb 1950  
C 11 86 Ft McKinley

PREPARED BY PHILCOM

*caremark*

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 80670

DATE  
09 02 50  
DAY MONTH YEAR

NAME: UNKNOWN X - 670  
SERIAL NUMBER: [blank]  
GRADE: [blank]  
ARM: [blank]  
RACE: [blank]  
RELIGION: [blank]

CEMETERY: USAF CEMETERY MANILA NO. 2, P. I.  
PLOT: 2  
ROW: 12  
GRAVE: 1553  
DISPOSITION OF REMAINS: 7701 80  
CODE: [blank]  
DIST. CTR.: [blank]

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
UNITED STATES MILITARY CEMETERY  
FT. W. MCKINLEY, NP. I.

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X - 670  
SERIAL NUMBER: [blank]  
GRADE: [blank]  
DATE OF DEATH: [blank]  
DATE DISTINTERRED: 21 Feb '50  
IDENTIFICATION TAG ON: [ ] REMAINS [ ] MARKER  
ORGANIZATION: [blank]  
RELIGION: [blank]  
IDENTIFICATION VERIFIED BY: PAUL R NICHOLS  
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half  
CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION  
Y - 1503 Maus.

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE: 21 Feb '50 BY: PAUL R NICHOLS  
CASKET SEALED BY: PAUL R NICHOLS  
EMBALMER (Signature): *Paul R Nichols*  
PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H TANGUAY, Sgt 1c, RA  
DATE: 21 Feb '50  
SHIPPING ADDRESS VERIFIED BY: L. W. RICHARDSON, M/Sgt, RA

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

*L. W. Richardson*  
L. W. RICHARDSON, M/Sgt, RA  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM	TO		US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		<i>W. J. ...</i>
DATE			DATE		FEB 23 1950
2. SHIPPED					
FROM			TO		
KIND OF CONVEYANCE			NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		
DATE			DATE		
3. SHIPPED					
FROM			TO		
KIND OF CONVEYANCE			NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		
DATE			DATE		
4. SHIPPED					
FROM			TO		
KIND OF CONVEYANCE			NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		
DATE			DATE		
5. SHIPPED					
FROM			TO		
KIND OF CONVEYANCE			NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		
DATE			DATE		
6. SHIPPED					
FROM			TO		
KIND OF CONVEYANCE			NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		
DATE			DATE		
7. SHIPPED					
FROM			TO		
KIND OF CONVEYANCE			NAME OF CONVOYER		
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER		
DATE			DATE		

3

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 7747 80670

DATE 09 02 50 DAY MONTH YEAR

NAME UNKNOWN X - 670 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY MANILA NO. 2, P. I. PLOT 2 ROW 12 GRAVE 1553 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. MC. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

Incl #29

**RECORD OF CUSTODIAL TRANSFER**

<b>1. SHIPPED</b>			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
		NAME OF CONVOYER	SIGNATURE OF RECEIVER
KIND OF CONVEYANCE	DATE	SIGNATURE OF RECEIVER	DATE
<b>2. SHIPPED</b>			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
		NAME OF CONVOYER	SIGNATURE OF RECEIVER
KIND OF CONVEYANCE	DATE	SIGNATURE OF RECEIVER	DATE
<b>3. SHIPPED</b>			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
		NAME OF CONVOYER	SIGNATURE OF RECEIVER
KIND OF CONVEYANCE	DATE	SIGNATURE OF RECEIVER	DATE
<b>4. SHIPPED</b>			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
		NAME OF CONVOYER	SIGNATURE OF RECEIVER
KIND OF CONVEYANCE	DATE	SIGNATURE OF RECEIVER	DATE
<b>5. SHIPPED</b>			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
		NAME OF CONVOYER	SIGNATURE OF RECEIVER
KIND OF CONVEYANCE	DATE	SIGNATURE OF RECEIVER	DATE
<b>6. SHIPPED</b>			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
		NAME OF CONVOYER	SIGNATURE OF RECEIVER
KIND OF CONVEYANCE	DATE	SIGNATURE OF RECEIVER	DATE
<b>7. SHIPPED</b>			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
		NAME OF CONVOYER	SIGNATURE OF RECEIVER
KIND OF CONVEYANCE	DATE	SIGNATURE OF RECEIVER	DATE

SECRET 273  
CDS Far East

16 September 1969

SUBJECT: Approval of Unknown Identifiability

TO: Commanding General  
Philippine Command  
AR 707, c/o Postmaster  
San Francisco, California  
ATTN: AGSC, PHILIPPINE COM

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

Unknown: I-814,	AGSC Mausoleum Manila, formerly I-289,	USAF Co., Manila #2		
" I-921,	" " " " " " " " " "	" " " " " " " " " "	" " " " " " " " " "	" " " " " " " " " "
" X-1411,	" " " " " " " " " "	" " " " " " " " " "	" " " " " " " " " "	" " " " " " " " " "
" I-1302,	" " " " " " " " " "	" " " " " " " " " "	" " " " " " " " " "	" " " " " " " " " "
" X-1625,	" " " " " " " " " "	" " " " " " " " " "	" " " " " " " " " "	" " " " " " " " " "
" X-1970,	" " " " " " " " " "	" " " " " " " " " "	" " " " " " " " " "	" " " " " " " " " "
" X-4093,	USAF Co., Manila #2, formerly I-1072,	AGSC Mausoleum Manila		

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

FOR THE QUARTERMASTER GENERAL:

T. H. BENE  
Lt. Colonel, USAF  
Memorial Division

cc: Adm Section

A. C. Kingshal  
L. M. White  
J. Windsor

REB

TEC

GSGR 293 .9

APD 707  
23 AUG 1949

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-196	AGRS	Mslm	UNKNOWN X-1503	AGRS	Mslm ✓
" X-814	"	"	" X-1625	AGRS	Mslm
" X-921	"	"	" X-1970	"	"
" X-1411	"	"	" X-3670	"	"
" X-1497	"	"	" X-4053	Manila #2	

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

FOR THE COMMANDING GENERAL:

C. H. LIEURANCE  
2nd Lt., AGD  
Asst. Adj. GEN

10 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

(RECEIVED 7 SEP 1949)  
(O. Q. M. G. M&R BR.)

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCON ZONE  
APO 900

29 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 570, Plot 2,  
Row 12, Grave 1553, USMC USMC Gen. 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, GIC  
Chief, Records Branch

Atch: Form 1044

Received 7 Sept 1949 OCMG  
Not identifiable from  
information presently  
available 16 Sept 1949  
J. C. [unclear] 10 [unclear]



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-1503 (Formerly UNK X-670 Manila #2)</b>				2. DATE OF REPORT <b>8 Aug 1949</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>812</b>	5. ROW <b>H</b>	6. GRAVE <b>2411</b>	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 9 1/2"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
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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

**U T D**

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**

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

**N O N E**

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

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

see remarks

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
$\frac{a}{d}$	$\frac{a}{d}$	$\frac{a}{d}$									$\frac{a}{o}$		$\frac{A}{odl}$		$\frac{p}{d}$
Side Views															
UPPER															
LOWER															
Side Views															
X	$\frac{p}{d}$	$\frac{a}{d}$	$\frac{a}{d}$	$\frac{a}{o}$							$\frac{a}{o}$	$\frac{a}{d}$	X	$\frac{p}{d}$	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

see remarks

**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."

Sockets of R8 and L8 indicates that missing teeth are undeveloped. R5 is rotated lingual - distally.

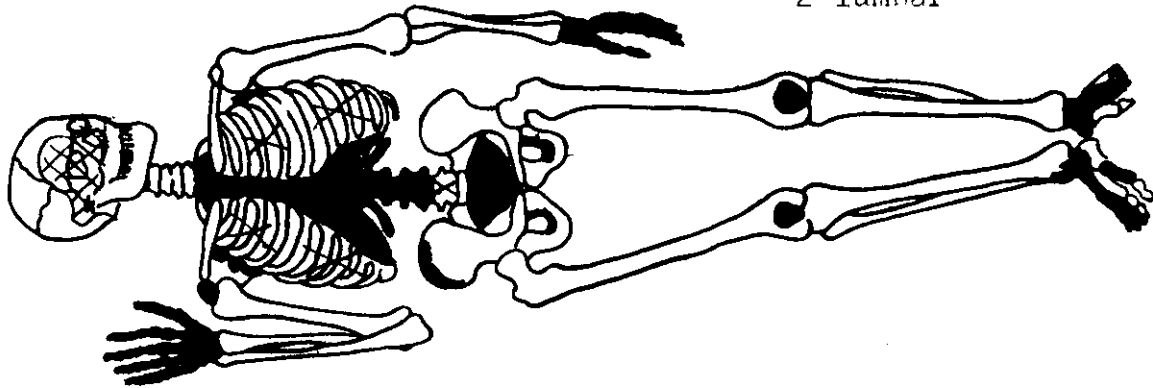
**"UNIDENTIFIABLE"**

James J. McDermott  
 JAMES J McDERMOTT  
 Laboratory Officer, CIP

REASON OF UNIDENTIFIABLE IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

5 Cervical vertebrae  
6 thoracic "  
2 lumbar "



Estimated height: 5' 9 1/2"

20.

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

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

NUMBER

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

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.  
Estimated weight of remains - 7 lbs.

SEARCHED INDEXED  
SERIALIZED FILED  
MAR 18 1947  
FBI - WASHINGTON

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

JAMES J McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

*James J. McDermott*

X-1503

# 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.

7 Nov 47

UNKNOWN X-1503 (Formerly UNK X-670  
USAF Cem Manila #2, Luzon, P.I.)

LAST NAME FIRST INITIAL

Unknown  
RANK

DATE  
Unknown  
SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

Unknown

AGRS Mausoleum,  
Manila, P.I.

812 H 2411

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT ROW GRAVE NO.  
RANGER BAY CRYPT

RIGHT				UPPER TEETH				LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE															TYPE	
LOCATION			<i>mc</i>								<i>o</i>	<i>d</i>	<i>m</i>	<i>lody</i>	<i>m</i>	LOCATION

INSIDE — LOOKING OUT

RIGHT				LOWER TEETH				LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE															TYPE
LOCATION			<i>mc</i>		<i>o</i>							<i>o</i>	<i>d</i>	<i>f</i>	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	OCCLUSAL (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)

2d Lt., MAO  
GEORGE T. GAMBOA

CERTIFIED TRUE COPY:

OIP AGRS Neurolinum, Manila, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

7 Nov 47  
DATE

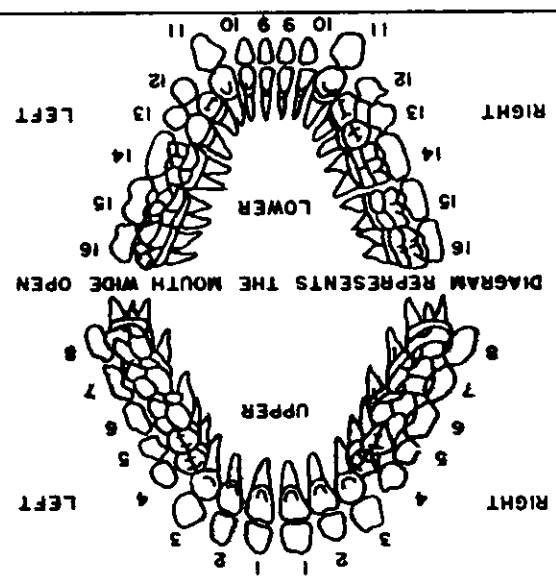
p/ CIRILO R. SARIO  
NAME AND RANK TYPED OR PRINTED

p/ JOHN H. BENNETT JR.  
NAME AND RANK TYPED OR PRINTED

SARIO Cirilo R.  
SIGNATURE OF PERSON WHO PREPARED CHART

John H. Bennett Jr.  
VERIFIED BY GRS OFFICER

REMARKS:



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  $\frac{3}{4}$ ), GOLD CROWN WITH SILICATE WINDOW.
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.

INSTRUCTIONS:

## IDENTIFICATION CHECK LIST

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

**UNKNOWN X-1503 (Formerly UNK X-670 USAF  
~~XXXXXXXXXX~~ Cem Manila #2, Luzon, P.I.)**

Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 Row H Grave 2411  
DANGER BAY CRYPT

**AGRS Mausoleum, Manila, P.I.**

1. Arrived at Cemetery 7 Nov 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 609th 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	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw		N O	
Sweater		N E	
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \* Shoes ..... (type) **N**  
 Overshoes ..... **O**  
 Web Equipment ..... (type) **N**  
 (Other item) ..... **E**  
 (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 - Chart attached.**

Age ..... Height <sup>Est</sup> 5'9 1/4" 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 **U** .....  
 Complexion **D** ..... (Light, medium, dark, clear, pimples, pocks, freckles)  
 Build ..... (Large, fat, thin, muscular)  
 Hair ..... (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  
 Hair ..... (Baldness, widows peak, distinctive cutting or other characteristics)  
 Sideburns ..... Mustache ..... Beard or ..... (Length, heavy)  
 (Color, setting, shape) (Color, size, shape)

Goatee ..... (Light, color, extent) /

Eyes ..... (Color, setting, shape) U  
 Eyebrows ..... (Color, bushiness, extent across nose) T

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

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

Teeth **See Chart attached.**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal) /  
 Circumference of ~~neck~~ **skull** in inches **Fractured.**  
 (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 ..... U  
 (Short, thick, long, slender, size of knuckles, missing fingers or joints) T  
 (Unusual characteristics of fingernails) D

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

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

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

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

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

Feet ..... (Size, corns, callouses, flat) /  
 Toes ..... (Slender, straight, crooked, overlap)

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

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



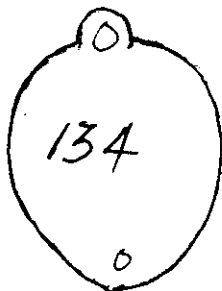
7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Due to condition of remains.

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

9. Remarks One disc tag # 134 found. (Description below). No personal effects,  
no ROI bottle, nor identification tags found with remains. Estimated  
weight of remains seven (7) 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.



*tag tied outside remains*

s/ Alton E. Jones  
(Officer's Name)

SP-6 062812  
Rank Service

CIP Mausoleum, Manila  
(Organization)

7 Nov 47

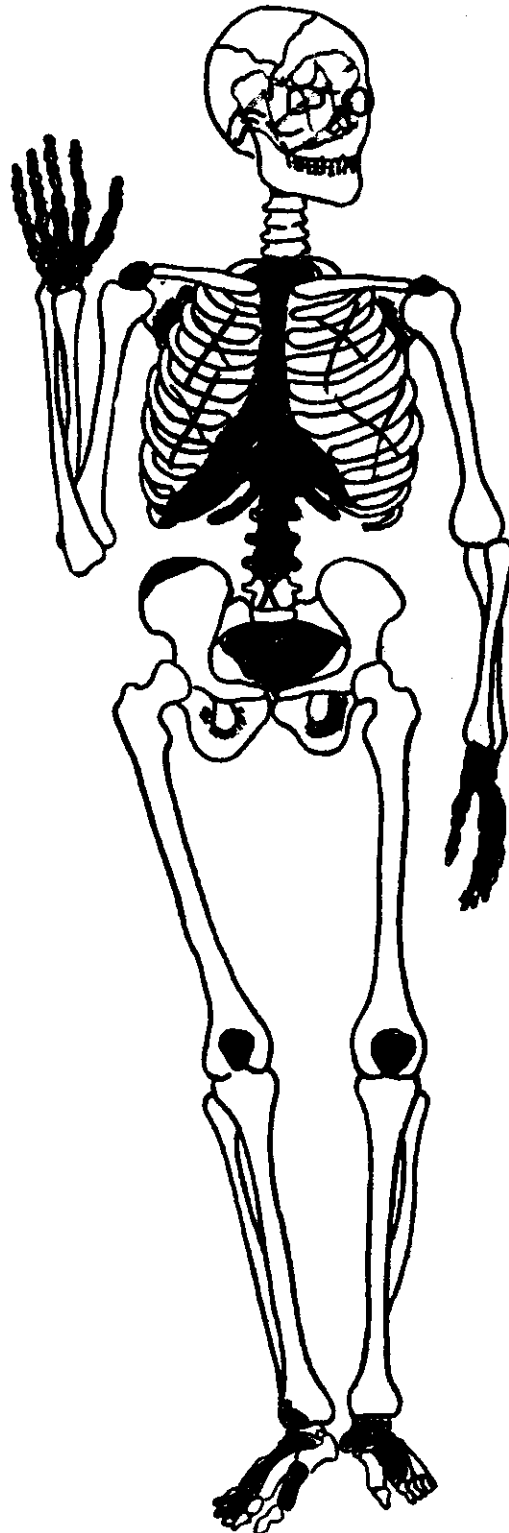
CERTIFIED TRUE COPY:

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

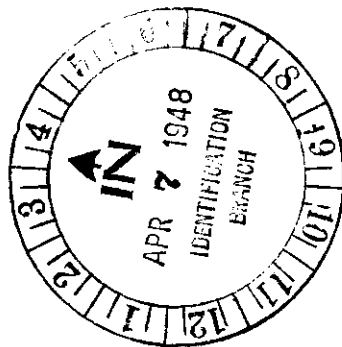
# SKELETAL CHART

X-1503

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Fragments of -  
5. Cervical Vertebrae present  
6. Thoracic Vert. present  
2. Lumbar .. ..  
Fragments of Ribs



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

10 Nov 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

**Section 1.—IDENTIFICATION.**

	NAME (Last, first, middle initial) <b>UNKNOWN X-1503 (Formerly UNK X-670 USAF Cem Manila # 2, Luzon, P.I.)</b>		SERIAL No. <b>Unknown</b>
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH <b>Unknown</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>Yes (2)</b>	

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 <b>7 Nov 47</b>	HOUR <b>0830</b>	BURIED IN (Shroud, blanket, or name of other) STORE <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>DANGER 812</b>	ROW No. <b>BAY H</b>	GRAVE No. <b>CRYPT 2411</b>
WAS THIS A REBURIAL? (Yes or no) <b>RESTORED</b> <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Manila #2, Luzon, F.I.</b>			PLOT No. <b>2</b>	ROW No. <b>12</b>	GRAVE No. <b>1553</b>
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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN X-1505</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 2413</b>		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>FORD, Norman C.</b>	RANK <b>Pvt</b>	SERIAL No. <b>19006108</b>	ORGANIZATION <b>Co. "A" 31st Inf.</b>	GRAVE No. <b>2409</b>		
SIGNATURE OF PERSON PREPARING REPORT <b>Wm R. GILBERT, Adm Asst</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>LUIGIO S PANOPIO, 2d Lt., INF</b>			

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.

**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
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**OTHER IDENTIFICATION CLUES**

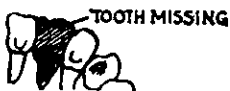
**FILLINGS**



**CAVITIES**



**MISSING TEETH**



**CROWNED TEETH**



**BRIDGE WORK**

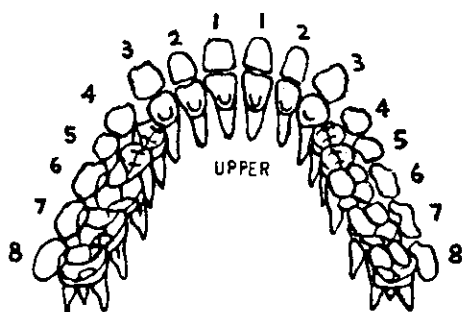
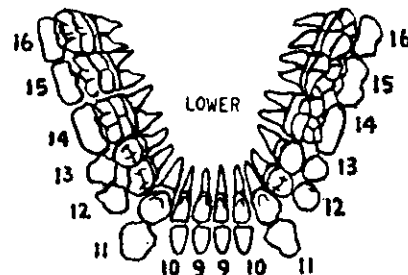


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



**REMARKS:**

**Identification Check List and Dental Chart accomplished.**

**31 DEC 1947**

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE

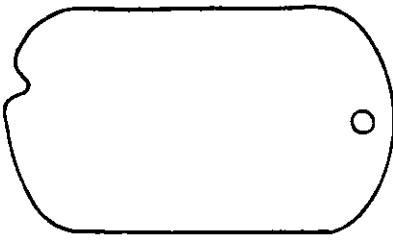
NO CLUES

IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

RESTRICTED

U-1452 U-1452

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>CORRECTED</b> <b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 21 Feb 46
---	--	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>		
GRADE  RACE	NAME (Last, first, middle initial) UNKNOWN X-670 (Cem Manila #2)		SERIAL No.
	ORGANIZATION	BRANCH OF SERVICE	
	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

Airtel 1006

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 #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.
23 Dec 45	0930	Shelter Half	Cross	2	12	1553

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. Stotsenburg, Luzon P I			PLOT No. D	ROW No. 5	GRAVE No. 1
--	--	--	--	---------------	--------------	----------------

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)  JARAMILLO, Terecino	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
		38011239		1552

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  GUEST, Pat F.	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
		20842708		1554

SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, S/Sgt, GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. M. MOORE, 1st Lt, QMC
--	---

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

**6 MAR 1946**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


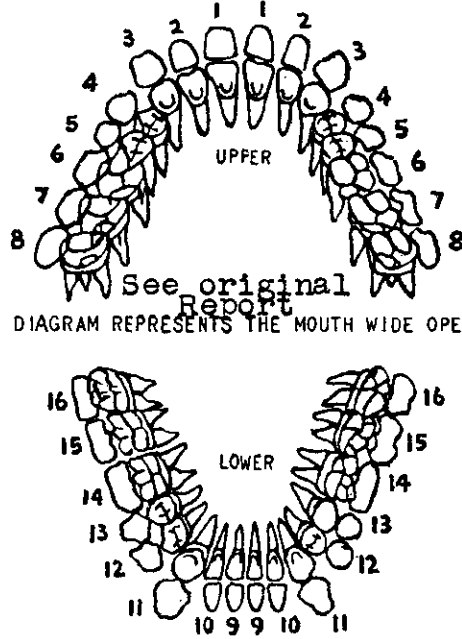




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

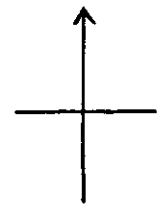
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:** Disc # 134 found with body.  
Corrected Report changes Unknown No from X-243 to X-670 as X-243 has previously been used for grave 1138, Row 9, Plot 2.



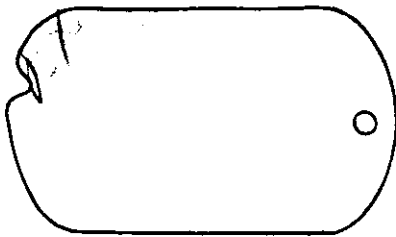
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

21 Jan. 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN -X- 243 (Cem. Manila #2)		
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

*Incl 6 77*

None

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NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
USAF Cemetery Manila #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.
23 Dec. 45	1553	shelter Half	Cross	2	12	1553
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Ft. Stotsenburg, Luzon, P. I.			D	5	1
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.		
JARAMILLO, Terecino		38011239		1552		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
GUEST, Pat F.		20842708		1554		
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. QMC.			

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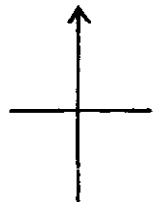
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Disc. # 134