

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ink. Manila #2 X-671

SUBJECT

Also Manila Mus. X-1584

AF 293
 293 For Enst

23 November 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding Officer
 American Graves Registration Service
 Philomene Lane
 AF 293, c/o Postmaster
 San Francisco, California

1. Reference is made to Certificate of Unidentifiability for the following Unknowns (encl):

Unknown	AF 293	AF 293	AF 293	AF 293	AF 293	AF 293	AF 293	AF 293	AF 293	AF 293	AF 293	AF 293
Unknown	A-125	"	Manila	Manila	formerly	A-277	USAF	Com.	Man.	12	P.I.	
"	A-600	"	"	"	"	A-111	"	"	"	12	P.I.	
"	A-601	"	"	"	"	A-112	"	"	"	12	P.I.	
"	A-602	"	"	"	"	A-214	"	"	"	12	P.I.	
"	A-752	"	"	"	"	A-307	"	"	"	12	P.I.	
"	A-831	"	"	"	"	A-351	"	"	"	12	P.I.	
"	A-834	"	"	"	"	A-420	"	"	"	12	P.I.	
"	A-1501	"	"	"	"	A-577	"	"	"	12	P.I.	
"	A-2001	"	"	"	"	A-2134	"	"	"	12	P.I.	
"	A-2001	"	"	"	"	A-2333	"	"	"	12	P.I.	
"	A-1717	"	"	"	"	A-578	"	"	"	12	P.I.	
"	A-1718	"	"	"	"	A-650	"	"	"	12	P.I.	
"	A-1101	USAF	Com.	Man.	12, P.I., formerly	A-119-0	AF 293	Man.	Man.			

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

FOR THE INTERESTED OFFICIALS:

C. E. GOTT
 Lt. Colonel, USG
 Memorial Division

293

cc: Adm. Section

L. Littlejohn

L. G. White

J. Windsor

293

cc: GINNE

HEADQUARTERS
 AMERICAN GRAVED REGISTRATION SERVICE
 PHILCORN 1002

GRIZ 293

APO 900
 20 October 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file GRIZ 293, GRG (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-#	AGRS	Manila	UNKNOWN	X-#	AGRS	Manila
"	X-125	"	"	"	X-2974	"	"
"	X-600	"	"	"	X-2504	"	"
"	X-601	"	"	"	X-2506	"	"
"	X-699	"	"	"	X-2735	"	"
"	X-792	"	"	"	X-2264	"	"
"	X-894	"	"	"	X-1108	Manila	GR
"	X-886	"	"	"	X-1121	AGRS	Manila
"	X-1133	"	"	"	X-1110	Manila	GR
"	X-1138	"	"	"	X-1717	AGRS	Manila
"	X-1139	"	"	"	X-1772	"	"

2. Forwarded herewith, for your consideration, are new QIC Forms 1014 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

22 Incls
 QIC Forms 1014, w/Certificates
 of Unidentifiability

JORDI SHYPUA
 1st Lt., Infantry
 Adjutant

/ebc
 1
 Interred 27 October 1949
 A 1 16 Ft. McKinley
Case R H Mark
DISINTERMENT DIRECTIVE
CARL R. H. MARK

Cemetery Superintendent SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 00207	DATE 15 06 48 DAY MONTH YEAR
NAME	SERIAL NUMBER UNKNOWNX-000571	RANK	ARM 0
CEMETERY USAF CEMETERY MANILA NO 2	DISPOSITION OF REMAINS 0 7701 B0 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR
ROW 2 12	GRAVE 1556	COUNTRY PHILIPPINE ISLANDS	CAUSE OF DEATH 6

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 UNKNOWN X-671 UNKNOWN X-1504 (MAUS)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 24 Sept 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY J. A. MULLINS Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL SHALTER TABLE	CONDITION OF REMAINS SKLETAL
--	--

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /
 (E) MAUS Identification tags UNKNOWN X-1504

REMAINS PREPARED AND PLACED IN CASKET
 DATE **24 Sept 1948** BY **W. A. MULLINS**

CASKET SEALED BY W. A. MULLINS	EMBALMER (Signature) <i>W. A. Mullins</i> W. A. MULLINS
--	--

CASKET BOXED AND MARKED DATE 24 Sept 48 BY HORACE L. ALLISON, Sgt, INF	SHIPPING ADDRESS VERIFIED BY TEOFILO M. AMUTAN, 1st Lt, INF
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I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Teofilo M. Amutan
TEOFILO M. AMUTAN, 1st Lt, INF
 SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

FORT MCJINNEY MILITARY CEMETERY

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

Conroy
22 OCT 1949

FROM

2. SHIPPED

FROM

3. SHIPPED

FROM

4. SHIPPED

FROM

5. SHIPPED

FROM

6. SHIPPED

FROM

IS 1900 PHILIPPIN

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

7. SHIPPED

FROM

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

8. SHIPPED

FROM

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE


12 Oct. 1949

Date


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

The records pertaining to Unknown X- 671 , Flot 2 ,
Row 12 , Grave 1556 , USMC USAF Cem. Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


J. D. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received OQMG
Not identifiable from
information presently
available 11/21/49 
D. C. R.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-1504 (Formerly UNK X-671 Manila #2)			2. DATE OF REPORT 13 Oct 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 812	5. ROW H	6. GRAVE 2412	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 155 lbs	9. ESTIMATED HEIGHT 5'7 1/2"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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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? YES NO TO WHAT EXTENT?

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

TOP VIEW

SIDE VIEW



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:

Gold Crown, Porcelain Crown



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

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



see remarks

undeveloped

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	X	o													
Side View															Side View
UPPER								UPPER							
Top View															Top View
LOWER								LOWER							
Side View															Side View
	a													a	
	o													o	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

partially impacted

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

R5 is rotated lingual - mesially.

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

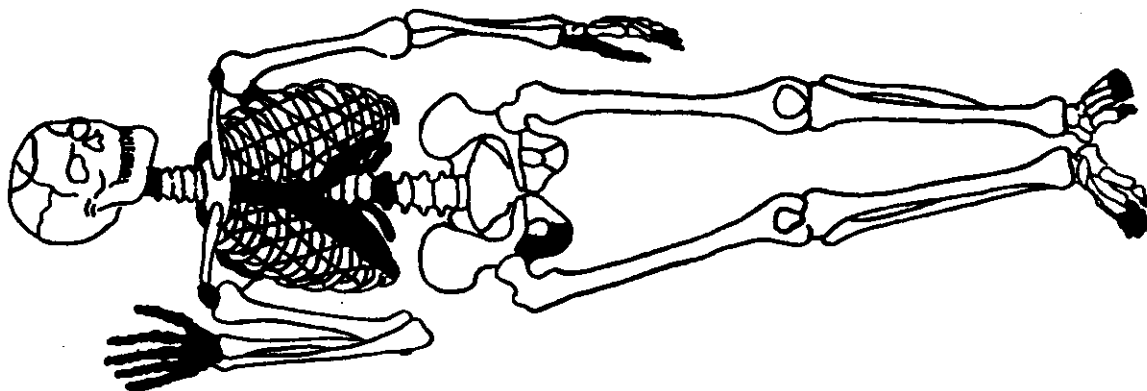
Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-1504

● 5	Cervical Vertebrae	"
12	Thoracic	"
4	Lumbar	"



Estimated height: 5'7½"

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 - 8½ lbs.

Circumference of skull - 20½ 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 NICHOLS
Chief, Identification Section

SIGNATURE

Paul R. Nichols

X-1504

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-1504 (Formerly UNK X-671)
 USAF Cem #2, Luzon, P.I.)

7 Nov 47

DATE

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.		
Unknown			Unknown	Unknown		
UNIT			ORGANIZATION			
Unknown			AGRS Mausoleum, Manila, P.I.			
PLACE OF DEATH			PLOT	ROW	GRAVE NO.	
			812	H	2412	
			DANGER	BAY	CRYPT	
















See Remarks

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

See Remarks

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT				LOWER TEETH				LEFT								
TYPE																	TYPE
LOCATION																	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)

GEORGE T. GAMBOA
2d Lt. MAC

CERTIFIED TRUE COPY:

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

CIP, AGRS Mausoleum, Manila, P.I.

DATE
7 Nov 47

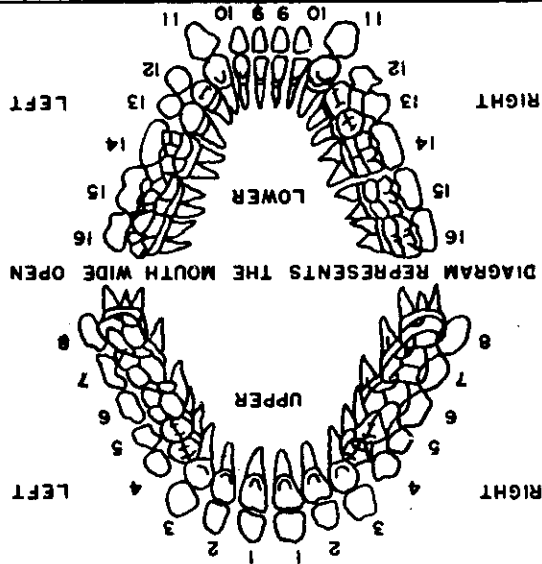
/p/ JOHN H. BENNETT JR.
NAME AND RANK TYPED OR PRINTED

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

/s/ John H. Bennett Jr.
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Bennett Jr.
VERIFIED BY GRS OFFICER

REMARKS: R 5 of Maxilla is found malposed.
R 16 is partially impacted.



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 $\frac{3}{4}$), $\frac{3}{4}$ 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:

IDENTIFICATION CHECK LIST

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

UNKNOWN X-1504 (Formerly UNK X-671
~~UNKNOWN~~ USAF Cem #2, Ison, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 LANGER BAY CRYPT
 Plot 812 Row H Grave 2412

AGRS CIP 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 CPT #1
 (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	/		
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)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)
 * If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only. Skeletal chart attached**

EST. 5'7 1/2" EST. 155

Age / Height Weight Description of wounds
 Bandages or dressings Scars (Length, width, location)
 Tattoos (Number, location -- illustrate on separate page)
 Outstanding moles, warts or birthmarks (Yes-no; description, location)
 Sunburn or tan, other than hand and face
 Complexion (Light, medium, dark, clear, pimples, pocks, freckles)
 Build (Large, fat, thin, muscular)
 Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)
 Hair (Baldness, widows peak, distinctive cutting or other characteristics)
 Sideburns (Color, setting, shape) Mustache (Color, size, shape) Beard or (Length, heavy)

Goatee (Light, color, extent)

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

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

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

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

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

Jaw (Large, small, normal) Circumference of **Skull** ~~head~~ in inches **20 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 (Unusual characteristics of fingernails)

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

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

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

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

Hernioplasty (Yes-no; location)

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

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

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

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

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

If not, explain **Due to condition of remains**

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

9. Remarks **No ROI bottle or identification tags received with remains. No personal effect found to warrant identification. Estimated weight of remains is approximately 8 1/4 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/ E. F. Moriarty
(Officer's Name)

SP-6
Rank Service

AGRS
(Organization)

7 Nov 47

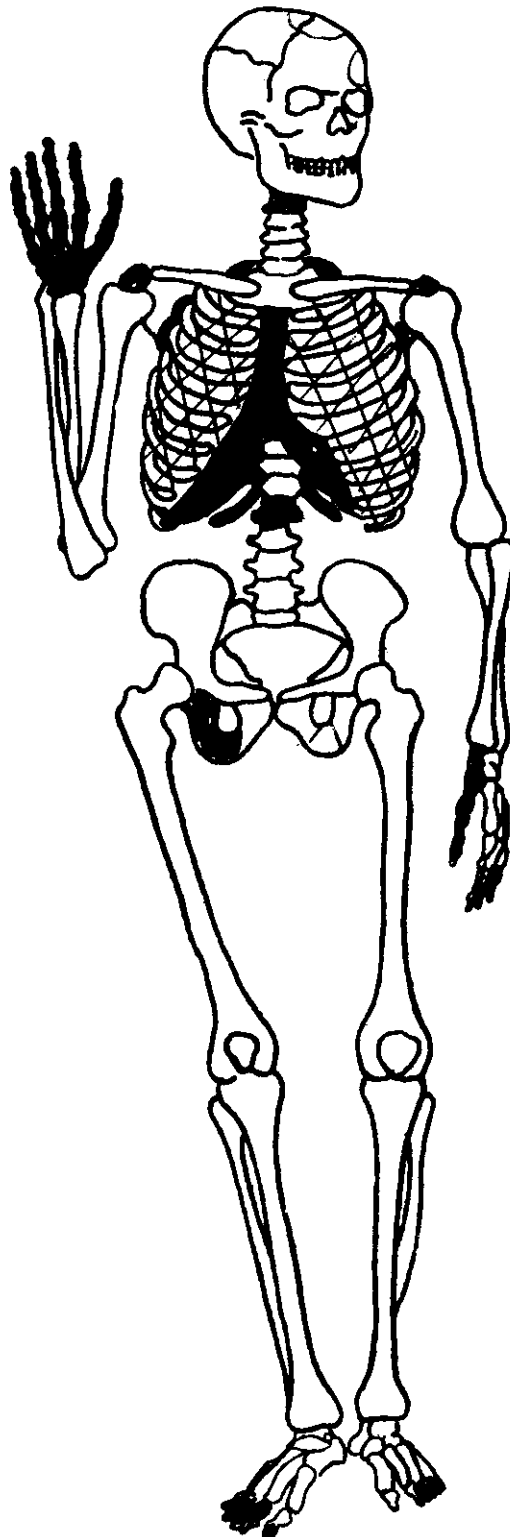
CERTIFIED TRUE COPY:

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-1504



Received

Rib fragments

5 - Cervical vertebrae

12 - Thoracic "

4 - Lumbar "

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

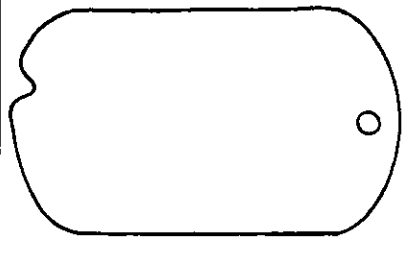
REPORT OF INTERMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
10 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-1504 (Formerly UNK X-671 USAF Com #2, Luzon, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY



PLACE OF DEATH Unknown	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 7 Nov 47	HOUR 0830	BURIED IN (Shroud, blanket, or name of other) STORGE Casket	TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. H	GRAVE No. CR42 2412
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 12	GRAVE No. 1556
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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) STORGE Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORGE UNKNOWN X-1506	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2414
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORGE UNKNOWN X-1500	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2410

SIGNATURE OF PERSON PREPARING REPORT
Wm R. Gilbert
Wm R. GILBERT Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT
Lucio S. Panopio
LUCIO S. PANOPIO 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.

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

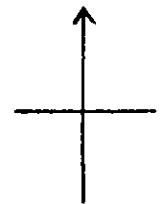
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS:

Identification Check List and Dental Chart accomplished.

17 DEC 1947

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

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

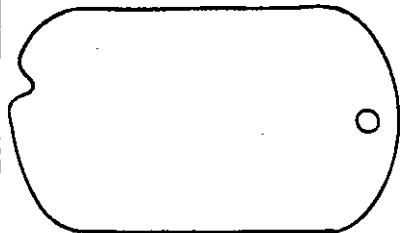
CORRECTED

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

DATE OF REPORT

21 Feb 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-671 (Cem Manila #2)

SERIAL NO.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

None

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 1007

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	1556

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	3	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.
UNKNOWN X-344 (Cem Manila #2)				1555
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
UNKNOWN X-346 (Cem Manila #2)				1557

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, S/Sgt. GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> E. M. MOORE, 1st Lt. QMC
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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 1948

Section 3.—UNIDENTIFIED REMAINS.


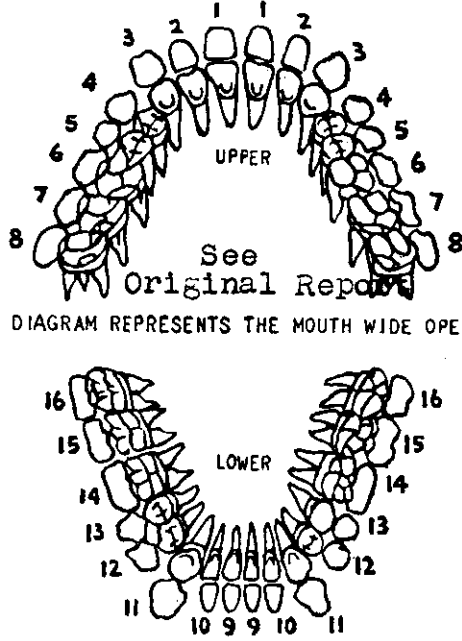




INSTRUCTIONS:

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

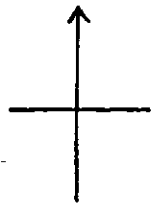
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS: Disc No 165 found with body.
Corrected report changes Unknown No from X-245 to X-671 as X-245 has previously been used for grave 1159, Row 9, Plot 2.

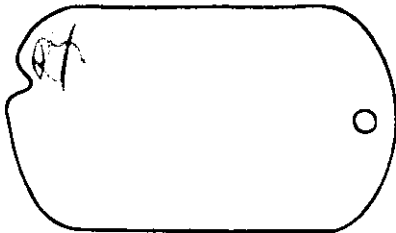
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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- 245 (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

Jan 6 78

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	1556

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	USAF Cemetery Ft. Stotsenburg, Luzon, P. I.

PLOT No.	ROW No.	GRAVE No.
D	3	I

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN -X- 344 (Cem. Manila #2)				1555

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UNKNOWN -X- 346 (Cem. Manila #2)				1557

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R. C. BARRETT, T/4 GRS.	E. L. MOORE, 1st Lt. QMC.

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Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


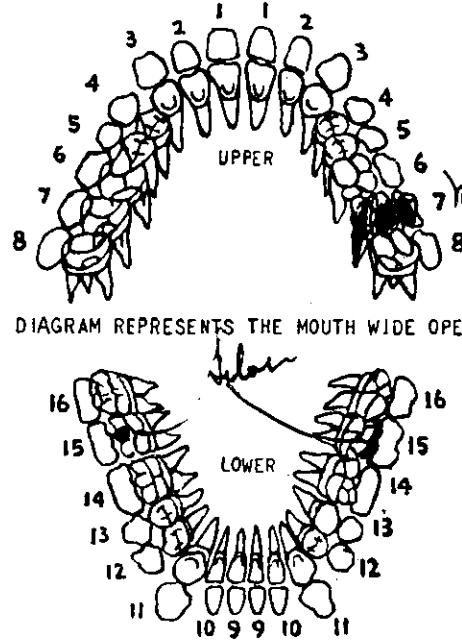




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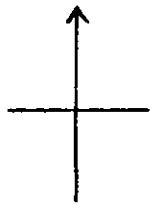
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Disc. Tag No. 165

27 FEB 1946

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER