

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unlk Manila # 2 X-828

SUBJECT

also Manila X-408

QMONT 293
GRS Far East

7 February 1950

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-657,	AGRS Maus Manila, formerly	X-170,	USAF Cem Manila #2
" X-667,	" " " " "	X-180,	" " " "
" X-690,	" " " " "	X-304,	" " " "
" X-888,	" " " " "	X-422,	" " " "
" X-889,	" " " " "	X-423,	" " " "
" X-1366,	" " " " "	X-3575,	" " " "
" X-1703,	" " " " "	X-3411,	" " " "
" X-1963,	" " " " "	X-3288,	" " " "
" X-3014,	" " " " "	X-1822,	" " " "
" X-4655,	" " " " "	X-1266,	" " " "
" X-4657,	" " " " "	X-1268,	" " " "
" X-4659,	" " " " "	X-1270,	" " " "
" X-4660,	" " " " "	X-1271,	" " " "
" X-4688,	" " " " "	X-1404,	" " " "
" X-4083,	" " " " "	X-828,	" " " "
" X-4671,	" " " " "	X-1056,	" " " "
" X-3194,	" " " " "	X-1011,	" " " "
" X-4663,	" " " " "	X-1274,	" " " "
" X-4703,	" " " " "	X-4031,	" " " "
" X-4589,	" " " " "	X-4032,	" " " "
" X-4121, Manila #2, P.I. formerly	X-3620, AGRS Maus Manila, P.I.		
" X-4106,	" " " " "	X-3614-B,	" " " "
" X-4134,	" " " " "	Raymond, S.C.	" " " "
" X-4156,	" " " " "	Sanchez, George	" " " "

QMGMT 293

7 February 1950

GRS Far East

SUBJECT: Identification of World War II Deceased

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

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QMG
Memorial Division

A. C. King:dal
L. M. White
J. Windsor

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ

APO 900
18 January 1950

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 MCMU 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-3194	AGRS Mslm	UNKNOWN X-4589	AGRS Mslm
" X-4083	" "	" X-4639	" "
" X-4106	Manila #2	" X-4663	" "
" X-4121	" "	" X-4671	" "
" X-4156	" "	" X-4703	" "

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

FOR THE COMMANDING OFFICER:

JOHN SHYPULA
1st Lt., Infantry
Adjutant

10 Incls
OMC Forms 1044 w/Certificates
of Unidentifiability

/bpm 1 /gyc		Interred 23 Jan 1950 J 4 14 Ft. McKinley <i>Carl R. Mark</i> CARL R. H. MARK Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DISINTERMENT DIRECTIVE		DIRECTIVE NUMBER 7747 00448		DATE 15 06 48 DAY MONTH YEAR	
NAME UNKNOWN			SERIAL NUMBER X-000828		RANK	ARM J	DATE OF DEATH DAY MONTH YEAR		
CEMETERY USAF CEMETERY MANILA NO 2							DISPOSITION OF REMAINS O 7701 80 CODE DIST. PT.	CAUSE OF DEATH 6	
PLOT 2	ROW 19	GRAVE 2350	COUNTRY PHILIPPINE ISLANDS						
SECTION B -- CONSIGNEE AND NEXT OF KIN									
NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS					NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)				
SECTION C -- DISINTERMENT AND IDENTIFICATION									
NAME UNK X-828 UNK X64083		SERIAL NUMBER		RANK	DATE OF DEATH		DATE DISINTERRED 6 Oct 48		
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> 2 REMAINS <input type="checkbox"/> 1 MARKER		ORGANIZATION UNKNOWN			RELIGION	IDENTIFICATION VERIFIED BY ROBERT F STEVENSON Embalmer NAME AND TITLE			
SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT									
NATURE OF BURIAL Shelter Half					CONDITION OF REMAINS Skeletal				
OTHER MEANS OF IDENTIFICATION									
MINOR DISCREPANCIES 1 Two (2) tags MN Unk X-4083									
REMAINS PREPARED AND PLACED IN CASKET									
DATE 6 Oct 48		BY ROBERT F STEVENSON							
CASKET SEALED BY ROBERT F STEVENSON					EMBALMER (Signature) s/ Robert F Stevenson				
CASKET BOXED AND MARKED					SHIPPING ADDRESS VERIFIED BY CELESTINO E ABELLAR, 1st Lt, FA				
DATE 6 Oct 48		BY WEYMAN L McGUIRE, Sgt, MC							
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.									
s/ Celestino E Abellar, 1st Lt, FA SIGNATURE OF GRS INSPECTOR									
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.									

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	AGRS NAUSOLEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		<i>Overstrom</i>	
DATE		SIGNATURE OF RECEIVER	JAN 28 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	
8. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

HEADQUARTERS
FEDERAL BUREAU OF INVESTIGATION
AMERICAN GRAVES REGISTRATION SERVICE

21 Dec 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 828, Plot 2,
Row 19, Grave 2350, USMC USA Gen Manila, have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:


J. MCNEMAR
Captain, CMC
Chief, Records Branch

Atch: Form 1044

Received 31 Jan 50 OQMG
Not identifiable from
information presently
available T Feb 50

A. P. King IDB.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4083 (Formerly UNK X-828 Manila #2)				2. DATE OF REPORT 10 Jan 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 801	5. ROW X	6. GRAVE 5329	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'5 3/8"	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? TO WHAT EXTENT?
 YES NO

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

"UNIDENTIFIABLE"
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

Maxilla

Missing	RIGHT							LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	A	A				P								A	X	
	O	O												O		
Side Views																Side Views
Top Views																UPPER
Side Views																LOWER
	X	X	A				P	P					A		X	
			O										O			
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

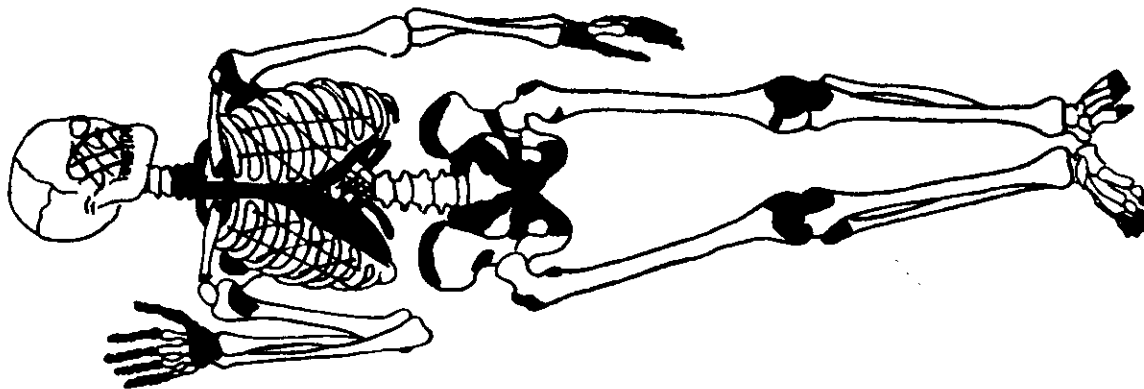
REMARKS: Maxilla fractured between R1 and L1. R7 and R8 found loose teeth.

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Section

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 - $7\frac{1}{2}$ lbs.

Circumference of skull - $21\frac{1}{2}$ 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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4083 (Formerly UNK X-828 USAF Cemetery Manila #2, Luzon, P.I.)				2. DATE OF REPORT 27 Mar 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 801	5. ROW X	6. GRAVE CRYPT 5329	7. DATE OF DISINTERMENT 15 Dec 47	REINTERMENT STORAGE 30 Mar 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 5 3/8"	10. COLOR OF HAIR UTD	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed tag and two cem. tags, received with remains bearing the following markings:
UNK X-828 PVT 12th MED DET 2350-19-2
Tags placed with remains.**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UTD - Skeletal chart and tooth chart attached.

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

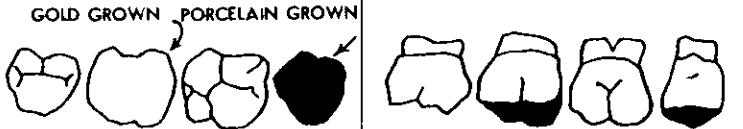
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

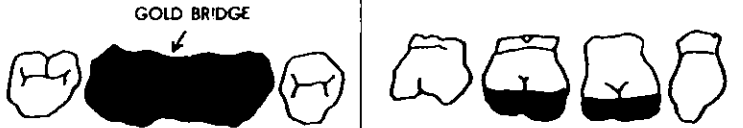
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



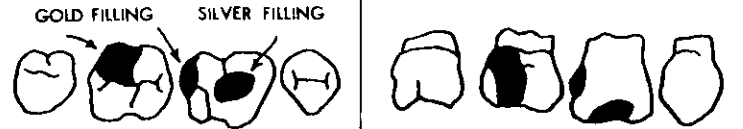
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



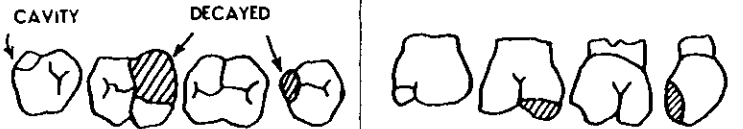
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



Maxilla

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A	A				⊗								A	⊗
	o	o												o	
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
		A				⊗	⊗							A	⊗
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Fractured

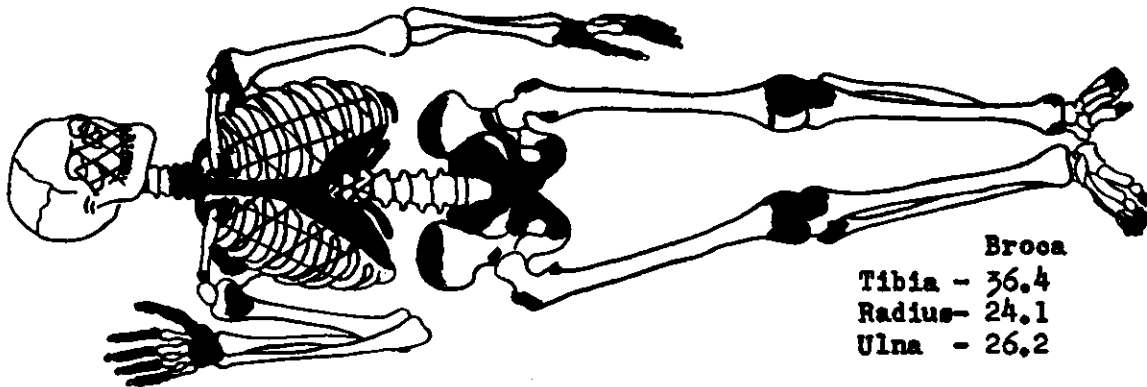
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla fractured between R1 and L1. R7 and R8 found loose teeth.

CERTIFIED TRUE COPY:
[Signature]
L S PANOPLO
1st Lt INF

/s/ Joseph D. Murphy T/5

19. BLACK OUT PARTS OF BODY NOT RECORDED



Est. height - 5' 5 3/8"

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASETS 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 burial bottle, original ID tags, personal effects, or other means of identification received with remains. Skull is 21 1/2 inches in circumference. Estimated weight of remains 7 1/2 lbs. Embossed tag and cem. tags found with remains, described in item 12.

CERTIFIED TRUE COPY:

L S PANDPIO
 L S PANDPIO
 1st Lt INF

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

/p/ EDWARD F. MORIARTY Emb Supervisor
OIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Edward F. Moriarty

/tla

OMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

ite

15 Dec 47

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

UNKNOWN X-828

Serial Number

Grade

Organization

. Name, Number and Location of Cemetery

USAF Cemetery Manila #2, Luzon P.I.

Plot

2

Row

19

Grave No.

2350

2. Date of Disinterment

15 Dec 47

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Skeletal remains

4. What Identification Found at Time of Disinterment: On Marker

One (1) substitute tag

On Remains

One (1) substitute tag

What Identification Used Upon Reinterment: On Marker

On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.

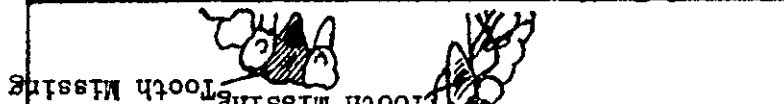
Ward C. Stephenson
WARD C. STEPHENSON 1st Lt., QMC

RESTRICTED

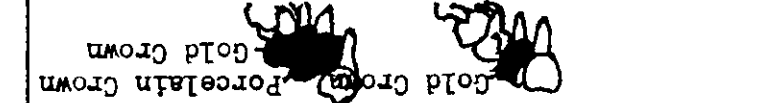
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



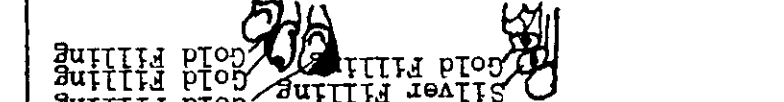
Crowned Teeth



Bridgework



Fillings

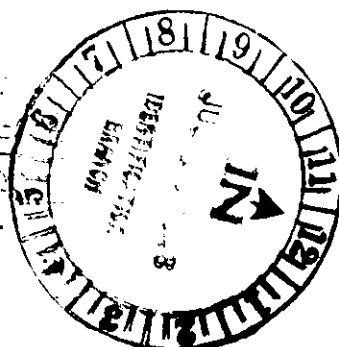


Caries (Cavities)



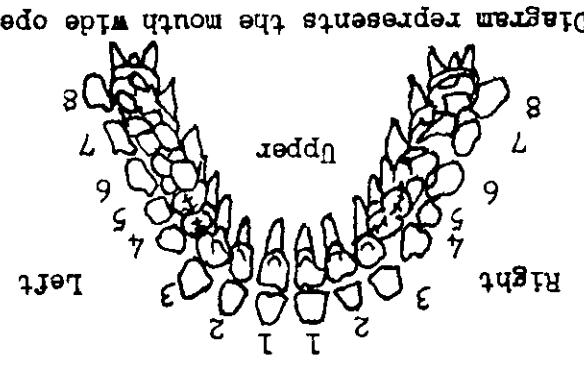
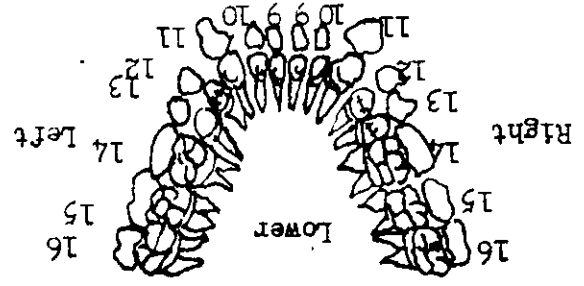
Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks



UN. 11/21/31

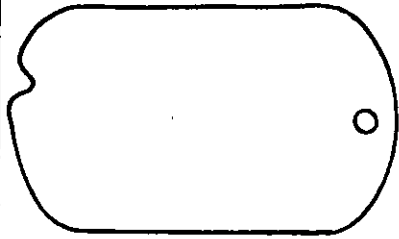
1000000



JUL 15 1948

RESTRICTED

U- 1248

WD FORM 1048 (Rev. 3 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT		
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.			27 April 48		
		NAME (Last, first, middle initial)			SERIAL No.		
		UNKNOWN X-4083 (Formerly Unknown X-828 Cem. Manila #2)			Unknown		
		GRADE		ORGANIZATION	BRANCH OF SERVICE		
		Pvt		12th Med. Det.	Army		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
Unknown		Unknown					
PLACE OF DEATH		CAUSE OF DEATH			DATE OF DEATH		
Bataan, Luzon, P.I.		Unknown			Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address)							
Unknown							
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		See Remarks					
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							
1000 MAUSOLEUM, MANILA, P.I.							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
30 March 48	1000	Casket	None	801	X	5329	
WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.	
Yes	USAF Cemetery Manila #2, Luzon, P.I.			2	19	2350	
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) STORED	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-4084						5330	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-4078						5328	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT				
V. C. AQUINO, T/5, QMC			L. B. PANOPLO, 1st Lt., INF				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


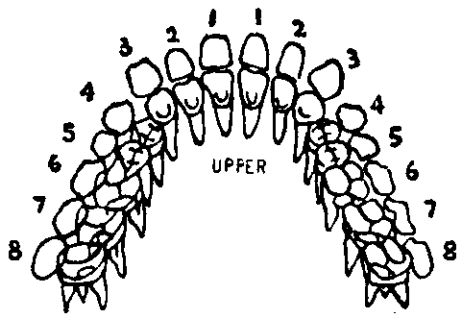




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

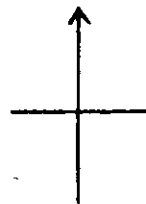
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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:

Information taken from original marker.

QMC Form No. 1044, 1044-A and 1044-B accomplished.

9 JUN 1948

RIGHT LITTLE FINGER

RIGHT RING FINGER

RIGHT MIDDLE FINGER

RIGHT INDEX FINGER

RIGHT THUMB

LEFT THUMB

LEFT INDEX FINGER

LEFT MIDDLE FINGER

LEFT RING FINGER

LEFT LITTLE FINGER

RESTRICTED

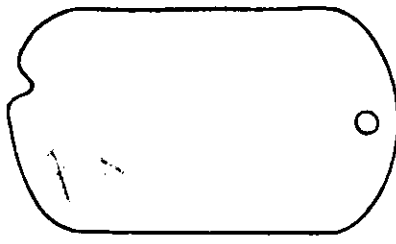
U-1248

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
5 February 1946

*Imprint Identification Tag If Possible.
DO NOT TYPE*



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X - 828		SERIAL No.
GRADE Pvt.	ORGANIZATION 12th Med. Det.	BRANCH OF SERVICE Army
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Bataan, Luzon, P.I.	CAUSE OF DEATH	DATE OF DEATH
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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) Information taken from marker.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
USAF Cemetery Manila No. 2, Luzon, P.I.

DATE OF BURIAL 11 Jan. 1946	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 19	GRAVE No. 2350
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Cabcaban USAF Cemetery, Bataan, Luzon, P.I.	PLOT No. C	ROW No. 1	GRAVE No. 4
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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
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) VALLENCOURT, Roger A.	RANK Pfc.	SERIAL No.	ORGANIZATION 27th Bomb Sqn. A.C.	GRAVE No. 2349
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) PEPPERS, Glenath S.	RANK Pvt.	SERIAL No.	ORGANIZATION	GRAVE No. 2351
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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.

RESTRICTED

UNKNOWN

80 FEB 1948

Section 3. UNIDENTIFIED REMAINS.


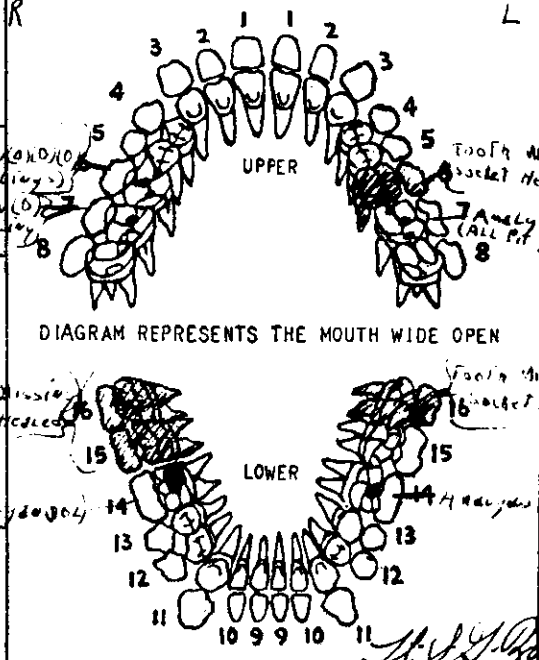




INSTRUCTIONS:

(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	 SILVER FILLING GOLD FILLING	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p><i>Handwritten notes: Tooth missing socket healed, Analyzed (6) (ALL PIT FILLING), 15, 14, 13, 12, 11, 10, 9, 9, 10, 11</i></p>
CAVITIES	 CAVITY DECAYED <i>Analyzed (6) PIT FILLING</i>	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

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

occlusion dental 11/3



REMARKS: