

AIR MAIL

QUERF 293  
QRS Far East

16 September 1949

SUBJECT: Approval of Unidentifiability

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

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

Unknown X-620,	AGRS Mausoleum Manila, formerly	X-132,	USAF Cem., Manila #2
" X-660,	" "	" X-173,	" "
" X-819,	" "	" X-334,	" "
" X-919,	" "	" X-444,	" "
" X-1531,	" "	" X-3503,	" "
" X-1624,	" "	" X-3442,	" "
" X-1674,	" "	" X-3435,	" "
" X-1681,	" "	" X-3421,	" "
" X-1700,	" "	" X-3408,	" "
" X-1761,	" "	" X-3332,	" "
" X-1949,	" "	" X-3284,	" "
" X-1950,	" "	" X-3285,	" "
" X-1962,	" "	" X-3287,	" "
" X-2039,	" "	" X-3222,	" "
" X-2911,	" "	" X-2001,	" "
" X-3034,	" "	" X-1815,	" "
" X-4098,	USAF Cem., Manila #2, formerly	X-1003,	AGRS Mausoleum Manila

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

3. Records of this Office indicate that recommendations of Unidentifiability of the remains of Unknown X-1003, AGRS Mausoleum, Manila, P.I., (formerly X-3935-B, USAF Cemetery Manila #2, P.I.) were previously approved on 28 April 1949.

FOR THE QUARTERMASTER GENERAL:

A. C. Kingsdal  
L. H. White  
J. Windsor

*T. H. Metz*  
T. H. METZ  
Lt. Colonel, QMS  
Memorial Division

AIR MAIL

X 293  
Lund  
P. S.  
X-173  
M. C. H. H.

GSGR 293.9

APD 707  
23 AUG 1949

SUBJECTS: 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 QMCMU 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-207	AGRS Mslm	UNKNOWN X-1700	AGRS Mslm
" X-620	" "	" X-1761	" "
" X-660	" " ✓	" X-1949	" "
" X-819	" "	" X-1950	" "
" X-919	" "	" X-1962	" "
" X-1268	" "	" X-2039	" "
" X-1531	" "	" X-2197	" "
" X-1624	" "	" X-2911	" "
" X-1674	" "	" X-3034	" "
" X-1681	" "	" X-4098 Manila">#2	

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

FOR THE COMMANDING GENERAL:

20 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

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

(Received Sept 7 1949)  
(O.Q.M.G. M&R BR )

/frv

1 /fms

Interred 18 Aug 1949  
H. 2, 100 Ft. McKinley  
*Caremark*  
CARL R. H. MARK

### DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**7747 02853**

DATE  
**15 06 48**  
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		<b>UNKNOWNX-000173</b>		<b>0</b>	
CEMETERY					DISPOSITION OF REMAINS
<b>USAF CEMETERY MANILA NO 2</b>					<b>7701 80</b> CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
<b>F12</b>	<b>4</b>	<b>446</b>	<b>PHILIPPINE ISLANDS</b>		<b>6</b>

#### 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)**

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
Unk X - 173 Unk X - 660 (Maus)				<b>21 Sept. '48</b>
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	<b>UNKNOWN</b>		<b>PERRY E. WHITE</b> Embalmer NAME AND TITLE	

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
<b>Shelter half</b>	<b>Skeletal</b>

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES  
1 Identification & 1 marker tag read Maus - Unk X - 660

REMAINS PREPARED AND PLACED IN CASKET  
DATE **21 Sept. '48** BY **PERRY E. WHITE**

CASKET SEALED BY **PERRY E. WHITE**  
EMBALMER (Signature) *Perry E. White*  
**PERRY E. WHITE**

CASKET BOXED AND MARKED  
DATE **21 Sept '48** BY **HORACE L. ALLISON, Sgt. INF.** SHIPPING ADDRESS VERIFIED BY **TEOFILO M. ANUTAN, 1st Lt., INF.**

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. Anutan*  
**TEOFILO M. ANUTAN, 1st Lt., INF.**  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

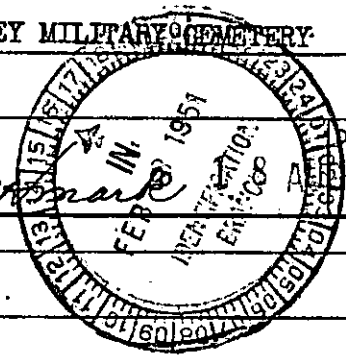
**NAT**  
**FILE**  
**RECORDS ANNOTATED**  
DATE **16 Sept 49**  
NAME *[Signature]*  
**R & R HR.**

# RECORD OF CUSTODIAL TRANSFER

FORM NO. 10  
MAY 1951

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>1949</b>



## 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 4. SHIPPED

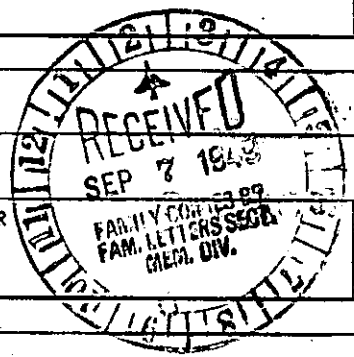
FROM		TO	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <b>(BY THE DECISION)</b>	DATE

## 6. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



## 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

28 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 173, Plot 2,  
Row 4, Grave 446, 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:



H. B. McNEEMAR  
Captain, QMG  
Chief, Records Branch

Attch: Form 1044

Received 7 Sept. 1949 OQMG  
Not identifiable from  
information presently  
available 16 Sept. 1949  
A. C. King IDB

Incl 3

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-660 (Formerly UNK X-173 Manila # 2)</b>				2. DATE OF REPORT <b>4 Aug 1949</b>	
3. NAME OF CEMETERY  <b>AGRS MAUSOLEUM, MANILA, P. I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>801</b>	<b>E</b>	<b>1153</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>175 lbs</b>	9. ESTIMATED HEIGHT <b>5' 8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
---------------------------------------	-------------------------------------	---------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**NONE**

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

**UTD**

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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**

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

*Incl 3<sup>rd</sup>*

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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
						X	S mod	G/O A	G/O A	A mod	A mod	A mod	A mod		
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
	A B	A mod				P	P	P	P				A O	A 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."

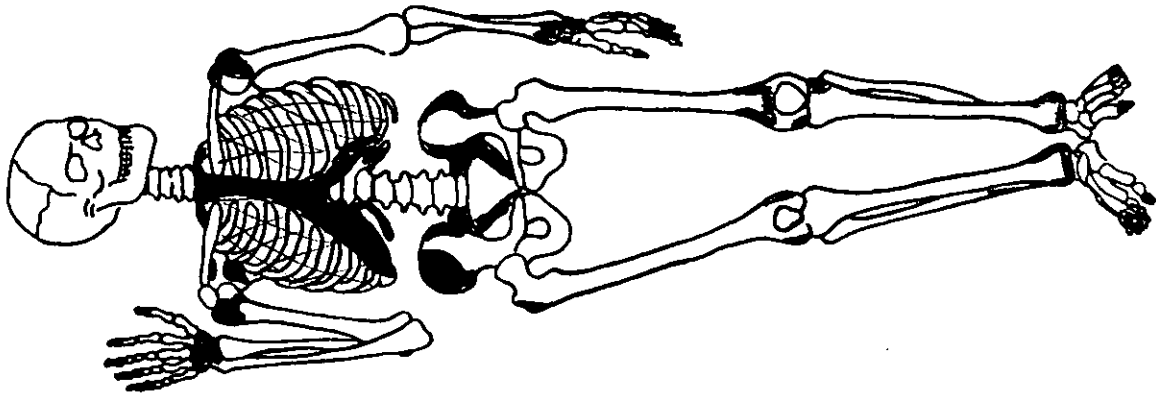
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

J. J. McDermott  
J. J. McDERMOTT

Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height: 5' 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 \_\_\_\_\_ 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 - 14 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

J. J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE



X-660

# IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

9 Oct 47

UNKNOWN X-660 (Formerly Unk X-173)

DATE

USAF Cemetery Manila #2, Luzon P.I.)

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum

ORGANIZATION

Stotsenberg, Luzon P.I.

Manila P.I.

801

E

1153

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER

BAY

CRYPT

RIGHT								UPPER TEETH				LEFT					
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	TYPE	LOCATION
						S	S	S	O	A	A	A	A				
						Md	Md	Fld	M	d	Mod	Mod	Mo				

INSIDE — LOOKING OUT

RIGHT								LOWER TEETH				LEFT					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	TYPE	LOCATION
	A	A						P	P	P	P			A	A		
	Fo	Mo												O	O		

## 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		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

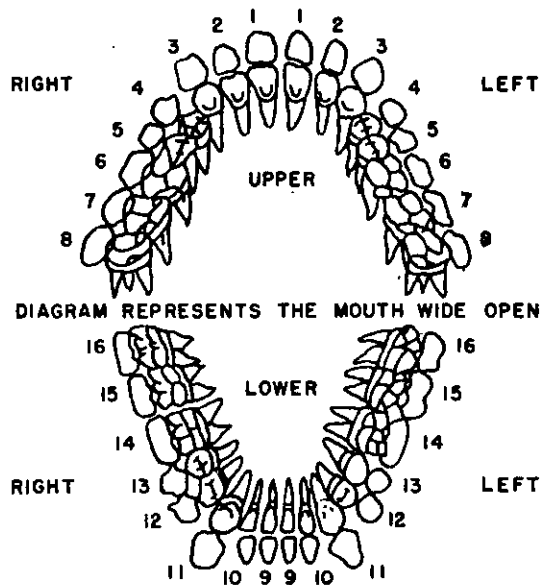
**INSTRUCTIONS:**

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 DISCLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

s/ E. F. Moriarty  
VERIFIED BY GRS OFFICER

SP - 6  
NAME AND RANK TYPED OR PRINTED

9 Oct 47  
DATE

CERTIFIED TRUE COPY:

E. H. Newman, Jr.  
E. H. NEWMAN, Jr.  
Capt., FA

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-660 (Formerly Unk X-173)  
~~Unknown X~~ (USAF Cemetery Manila #2, P.I.)  
 Cemetery AGRS Mausoleum, Manila P.I.  
HANGER BAY CRYPT  
 Plot 801 Row E Grave 1153

AGRS CIP Mausoleum

1. Arrived at Cemetery 9 Oct 47  
(Hour) (Date)
2. Place of death Stotsenberg, Luzon P.I.  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred by C.M.T.#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	N		
Jacket, HBT	O		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

\* Shoes (type) N

Overshoes N

Web Equipment (type) E

(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.

Age \_\_\_\_\_ Height 5' 8" Weight Est. 175 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 U T (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 head in inches **20 1/2"**      (Hat band)

Neck ..... (Size, length, short, normal, wrinkled)      Larynx ..... (Prominent, normal)

Shoulders ..... (Broad, straight, small, rounded)      Arms ..... (Length, muscular, color, extent and quantity of hair)

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

..... (Unusual characteristics of fingernails)

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

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

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

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

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

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

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

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

7. Have finger prints been placed on Report of Interment? No

(Yes-no)

If not, explain Remains interred 28 Nov 45 USAF Cemetery Manila #2, Luzon P.I.

8. Has tooth chart been prepared? Yes If not, explain \_\_\_\_\_

(Yes-no)

9. Remarks No ROI bottle nor identification tags received with remains.

No personal effects found. Remains estimated to weigh 14 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 Mausoleum, Manila P.I.

(Organization)

CERTIFIED TRUE COPY:

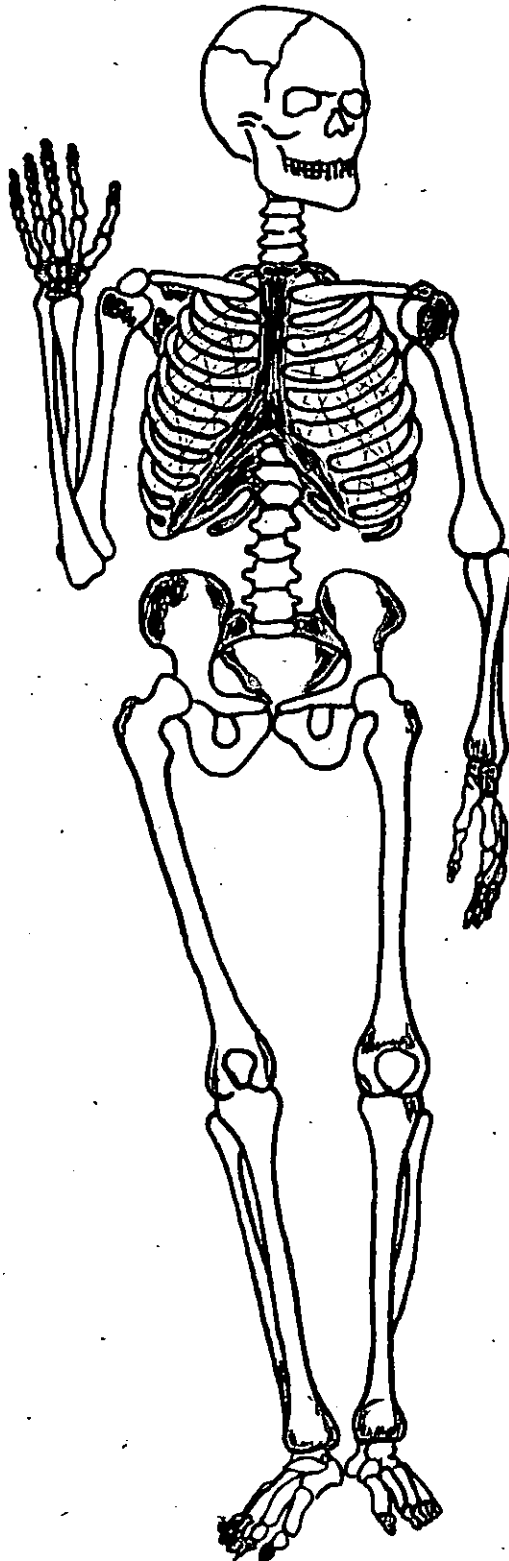
*E. H. Newman, Jr.*  
E. H. NEWMAN, JR.  
Capt., FA

9 Oct 47

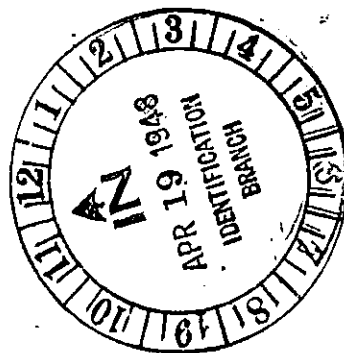
7-660

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Ribs fragments*





/acm

WD QMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
14 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-660 (Formerly Unk X-173  
USAF Cemetery Manila #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

Stotsenberg, Luzon,  
P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

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

REPAIRATION  
RECORDS BRANCH  
Dec 22 2 53 PM '47  
MEMORIAL DIVISION

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 9 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY E	GRAVE No. CRYPT 1153
---------------------------------------	--------------	--	---------------------------------	---------------------------	---------------------	----------------------------

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. 4	GRAVE No. 446
---------------	--------------	------------------

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

Yes

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)  
STORED.

UNKNOWN X-647

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.  
CRYPT

1155

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

UNKNOWN X-646

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.  
CRYPT

1151

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO PANOPIO Jr., 2d Lt., INF

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

8 of 517

**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>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:**

Identification Check List and Dental Chart accomplished.

**18 NOV 1951**

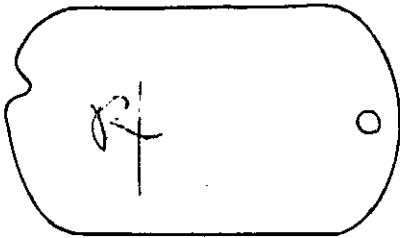
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

7 Dec. 45

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>U N K N O W N -X- 173 (Cem. Manila #2)</b> <b>(Formerly Unknown -Stotsenberg Cem.)</b>		SERIAL NO.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Stotsenberg, Luzon, P. I.</b>	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) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>(Over)</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**Inst 1003**  
**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 <b>28 Nov 45</b>	HOUR <b>0900</b>	BURIED IN (Shroud, blanket, or name of other) <b>Shelter Half</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>2</b>	ROW No. <b>4</b>	GRAVE No. <b>446</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Ft. Stotsenberg Cemetery, Luzon, P. I.</b>	PLOT No. <b>A</b>	ROW No. <b>9</b>	GRAVE No. <b>5</b>
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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) <b>Yes.</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN-X-172 (Cem. Manila #2)</b> <b>(Formerly Unknown-Stotsenberg Cem.)</b>	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. <b>445</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>GERRON, Wayne C.</b>	RANK	SERIAL NO. <b>19028874</b>	ORGANIZATION	GRAVE No. <b>447</b>
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SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> <b>R. C. BARRETT, T/4 GRS.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>D. L. Armstrong</i> <b>D. L. ARMSTRONG, Capt, G.M.C.</b>
--	---

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*Inst 11'*

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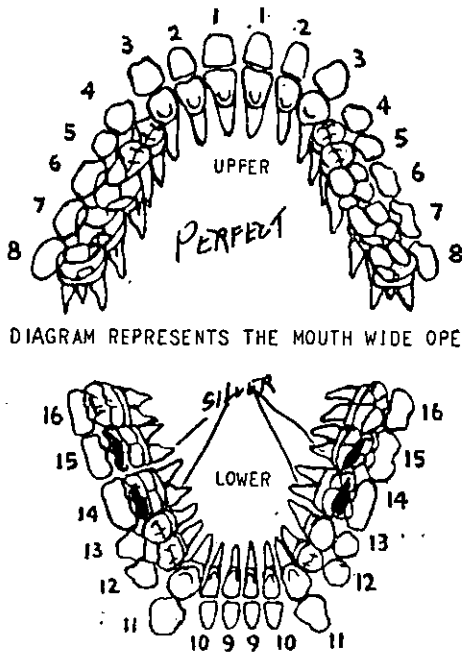

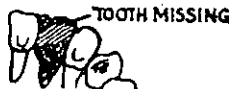


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8 1 JUN 1946

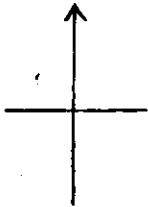
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

**Disc. #12 found on body.**