

CHIEF OF
ORS War East

13 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-1374, | ASRS | Manila, | formerly | X-18, | USAF | Can | Manila | #1 |
|---------|---------|------|---------|----------|---------|------|-----|--------|----|
| " | X-606, | " | " | " | X-117, | " | " | " | " |
| " | X-656, | " | " | " | X-189, | " | " | " | " |
| " | X-668, | " | " | " | X-178, | " | " | " | " |
| " | X-668, | " | " | " | X-178, | " | " | " | " |
| " | X-668, | " | " | " | X-181, | " | " | " | " |
| " | X-680, | " | " | " | X-203, | " | " | " | " |
| " | X-821, | " | " | " | X-336, | " | " | " | " |
| " | X-824, | " | " | " | X-339, | " | " | " | " |
| " | X-826, | " | " | " | X-341, | " | " | " | " |
| " | X-827, | " | " | " | X-342, | " | " | " | " |
| " | X-830, | " | " | " | X-445, | " | " | " | " |
| " | X-838, | " | " | " | X-454, | " | " | " | " |
| " | X-837, | " | " | " | X-452, | " | " | " | " |
| " | X-842, | " | " | " | X-4019, | " | " | " | " |
| " | X-861, | " | " | " | X-4018, | " | " | " | " |
| " | X-1530, | " | " | " | X-3802, | " | " | " | " |
| " | X-1533, | " | " | " | X-3461, | " | " | " | " |
| " | X-1706, | " | " | " | X-3413, | " | " | " | " |
| " | X-1678, | " | " | " | X-3417, | " | " | " | " |
| " | X-1743, | " | " | " | X-3381, | " | " | " | " |
| " | X-1820, | " | " | " | X-3318, | " | " | " | " |
| " | X-1931, | " | " | " | X-3319, | " | " | " | " |
| " | X-1739, | " | " | " | X-3320, | " | " | " | " |
| " | X-1750, | " | " | " | X-3331, | " | " | " | " |

FORM 393

13 February 1950

ONE 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. HESS
Lt. Colonel, USA
Memorial Division

cc: Adm Section

JMN

TEC

W. McLaurin: dal
L. M. White
J. Windsor

Copy furnished: CINCOPM, APO 500

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GPZ 293

AFPO 900

SUBJECT: Unidentifiable Remains

JAN 27 1950

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 QNGMU 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-178 | AGRS | Mslm | UNKNOWN | X-920 | AGRS | Mslm |
|---------|-------|------|------|---------|--------|------|------|
| " | X-211 | " | " | " | X-927 | " | " |
| " | X-234 | " | " | " | X-928 | " | " |
| " | X-238 | " | " | " | X-942 | " | " |
| " | X-269 | " | " | " | X-961 | " | " |
| " | X-296 | " | " | " | X-1374 | " | " |
| " | X-606 | " | " | " | X-1478 | " | " |
| " | X-656 | " | " | " | X-1530 | " | " |
| " | X-663 | " | " | " | X-1623 | " | " |
| " | X-666 | " | " | " | X-1678 | " | " |
| " | X-668 | " | " | " | X-1705 | " | " |
| " | X-689 | " | " | " | X-1743 | " | " |
| " | X-821 | " | " | " | X-1759 | " | " |
| " | X-824 | " | " | " | X-1760 | " | " |
| " | X-826 | " | " | " | X-1920 | " | " |
| " | X-827 | " | " | " | X-1931 | " | " |

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

FOR THE COMMANDING OFFICER:

32 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

| | | | | | | | |
|---------------------------|--|--------------------------------------|--|---------------------|--|----------------------------|--|
| /frv | | Interred 7 Feb 1950 | | D 3 45 Ft. McKinley | | DISINTERMENT DIRECTIVE | |
| /ebc | | Heard Smith | | CARL B. H. MARK | | | |
| 1 | | Cemetery Superintendent | | DIRECTIVE NUMBER | | DATE | |
| SECTION A | | NAME AND BURIAL LOCATION OF DECEASED | | 7747 02856 | | 15 06 48 DAY MONTH YEAR | |
| NAME | | SERIAL NUMBER | | RANK | | ARM | |
| | | UNKNOWN X 000176 | | | | Q | |
| CEMETERY | | DISPOSITION OF REMAINS | | DATE OF DEATH | | | |
| USAF CEMETERY MANILA NO 2 | | O 7701 180 CODE DIST. PT. | | DAY MONTH YEAR | | | |
| LOT | | ROW | | GRAVE | | COUNTRY | |
| R12 | | 4 | | 454 | | PHILIPPINE ISLANDS | |
| | | | | | | CAUSE OF DEATH | |
| | | | | | | 6 | |

SECTION B — CONSIGNEE AND NEXT OF KIN

| | | | |
|--|--|---------------------------------|--|
| NAME AND ADDRESS OF CONSIGNEE | | NAME AND ADDRESS OF NEXT OF KIN | |
| FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS | | (BY ADMINISTRATIVE DECISION) | |

SECTION C — DISINTERMENT AND IDENTIFICATION

| | | | | | | | | | |
|---|--|---------------|--|----------|--|----------------------------|--|-------------------|--|
| NAME | | SERIAL NUMBER | | RANK | | DATE OF DEATH | | DATE DISTINTERRED | |
| Unk X - 176 | | | | | | | | 21 Sept. '48 | |
| Unk X - 663 (Haus) | | | | | | | | | |
| IDENTIFICATION TAG ON | | ORGANIZATION | | RELIGION | | IDENTIFICATION VERIFIED BY | | | |
| <input checked="" type="checkbox"/> REMAINS | | UNKNOWN | | | | ALEXANDER P. PETTICE | | | |
| <input type="checkbox"/> MARKER | | | | | | Embalmer NAME AND TITLE | | | |

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

| | | | |
|------------------|--|----------------------|--|
| NATURE OF BURIAL | | CONDITION OF REMAINS | |
| Shelter half | | Skeletal | |

| | |
|-------------------------------|--|
| OTHER MEANS OF IDENTIFICATION | |
| | |

| | |
|-----------------------------|--|
| MINOR DISCREPANCIES | |
| Two tags Unk X - 663 (Haus) | |

| | |
|---------------------------------------|--|
| REMAINS PREPARED AND PLACED IN CASKET | |
| | |

| | | | |
|----------------------|--|---|--|
| DATE | | BY | |
| 21 Sept. '48 | | ALEXANDER P. PETTICE | |
| CASKET SEALED BY | | EMBALMER (Signature) | |
| ALEXANDER P. PETTICE | | <i>Alexander P. Pettice</i> ALEXANDER P. PETTICE | |

| | | | |
|---|--|------------------------------------|--|
| CASKET BOXED AND MARKED | | SHIPPING ADDRESS VERIFIED BY | |
| DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. INF | | CORSIANE C. KAYANAN, 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.

Corsiane C. Kayanan
CORSIANE C. KAYANAN, 1st Lt., INF.
8 FEB 1951

SIGNATURE OF GRS INSPECTOR

REPATRIATION
BRANCH
MED. DIV.

Prepare Discrepancy Report GMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|------------------------------------|------|--|---------------------------|
| FROM AGRS MAUSOLEUM | | TO FORT MCKINLEY MILITARY CEMETERY | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER <i>Carl R. Mark</i> | DATE FEB 7 1950 |

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 | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

5. SHIPPED

| | | | |
|--|------|--|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER FORT MCKINLEY MILITARY CEMETERY | DATE | SIGNATURE OF RECEIVER (BY ADMINISTRATIVE DECISION) | DATE |

6. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | 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
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

27 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 176, Plot 2,
Row 4, Grave 454, USMC USAF Cem Manila #2, 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. E. MCNEMAR
Captain, CMC
Chief, Records Branch

Attch: Form 1044

Received 7 Feb 50 0400
Not identifiable from
information presently
available

Walt McSpurin
Ident. Sec
13 Feb 50

IDENTIFICATION DATA

| | | | | | |
|---|---------|--------|----------|---------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-663 (Formerly UNK X-176 Manila #2) | | | | 2. DATE OF REPORT 16 Jan '50 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 801 | E | 1236 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|------------------------------|----------------------------------|----------------------------|-------------------|
| 8. ESTIMATED WEIGHT U T D | 9. ESTIMATED HEIGHT 5' 9 5/8" | 10. COLOR OF HAIR U T D | 11. RACE White |
|------------------------------|----------------------------------|----------------------------|-------------------|

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

N O N E

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

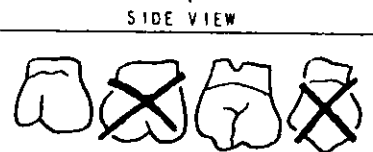
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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



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



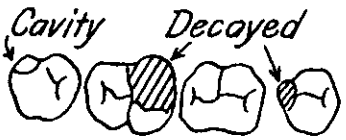
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



| RIGHT | | | | | | | | LEFT | | | | | | | | |
|------------|----|---------------|----|----|----|----|--------------------------|------|---|----|----|----|----|---------------|----|----|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | | X | | | | | | | | | | | X | | X | |
| Side Views | | | | | | | | | | | | | | | | |
| Top Views | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | | |
| | X | $\frac{w}{o}$ | | | | | $\text{\textcircled{P}}$ | | | | | | | $\frac{w}{f}$ | | |
| | 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."

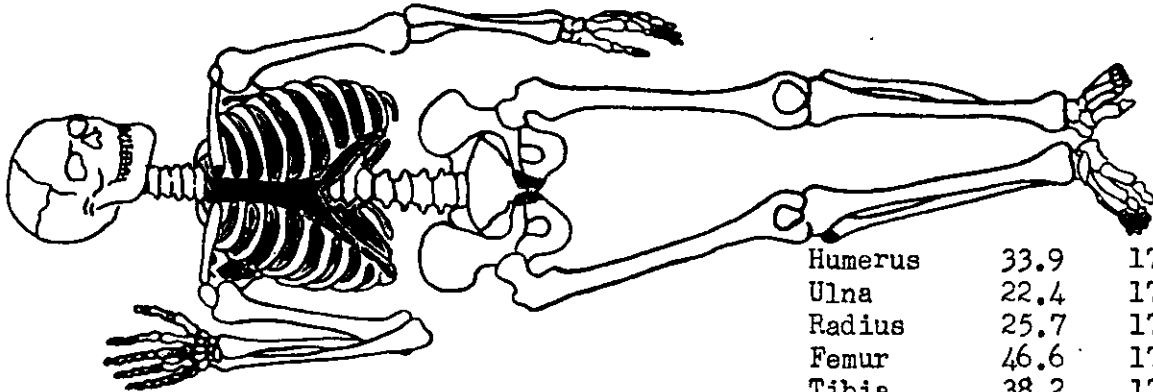
"UNIDENTIFIABLE"

Paul R. Nichols

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED



| | | |
|---------|------|---------------|
| Humerus | 33.9 | 172 |
| Ulna | 22.4 | 178 |
| Radius | 25.7 | 179 |
| Femur | 46.6 | 172 |
| Tibia | 38.2 | 175 |
| Fibula | 38.0 | 176 |
| | | <u>6/1042</u> |

Estimated height: 5' 9 5/8".

6/1042

20.

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

177 1/6

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 identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 21 inches.

Estimated weight of remains - 8½ lbs.

"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

X-663

/af

IDENTIFICATION DENTAL CHART

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

9 Oct 47

DATE

UNKNOWN X-663 (Formerly Unk X-176)

USAF Cem. Manila #2, Luzon, P.I.

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,

ORGANIZATION

Ft. Stotsenberg, Luzon, P.I.

Manila, P.I.

801

E

1236

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

PLOT

ROW

GRAVE NO.
CRYPT

MANGER

SAY

GRYPT

RIGHT

UPPER TEETH

LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

TYPE

LOCATION

| | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|--|--|--|--|---|--|---|
| | | X | | | | | | | | | | | | X | | X |
|--|--|---|--|--|--|--|--|--|--|--|--|--|--|---|--|---|

TYPE

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

LOCATION

| | | | | | | | | | | | | | | | | |
|--|---|---|--|--|--|--|--|---|--|--|--|--|--|--|---|---|
| | X | A | | | | | | X | | | | | | | A | |
| | | O | | | | | | | | | | | | | O | F |

TYPE

LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS
IN
WHOLE BOX



EXTRACTED



CAVITY. INDICATE
LOCATION



FIXED BRIDGE
(INCL. ABUTMENTS)



TEETH REPLACED
BY DENTURE



POSTHUMOUSLY MISSING
(LOST AFTER DEATH)

TYPE OF FILLING
IN
UPPER HALF OF BOX.



AMALGAM
(SILVER)



GOLD



SILICATE OR
PORCELAIN



OXYPHOSPHATE
(CEMENT)



LOCATION OF FILLING
IN
LOWER HALF OF BOX



MESIAL
(BETWEEN-TOWARD FRONT)



OCCUSAL
(BITING SURFACE BACK TEETH)



DISTAL
(BETWEEN-TOWARD BACK)



LINGUAL
(TOWARD TONGUE)



FACIAL
(TOWARD CHEEK)

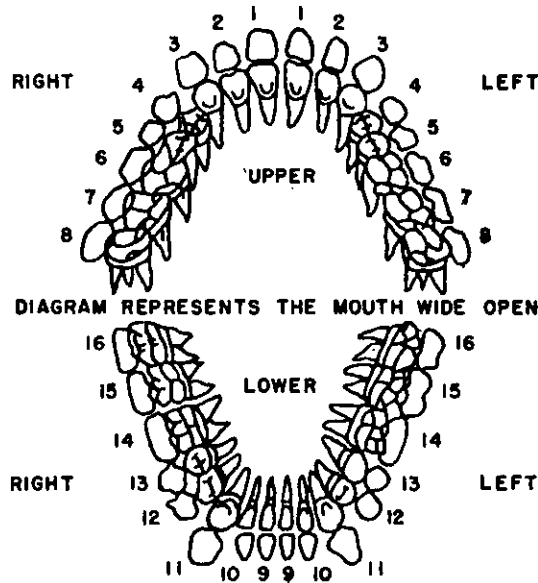
INSTRUCTIONS:

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 DISCOLORED 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:

Alveolar closure moderate on upper and lower anteriors.

/s/ Joseph D. Murphy
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ JOSEPH D. MURPHY, T/5
NAME AND RANK TYPED OR PRINTED

AGRS Mausoleum
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Alton E. Jones
VERIFIED BY GRS OFFICER

/p/ ALTON E. JONES, SP-6
NAME AND RANK TYPED OR PRINTED

9 Oct 47
DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

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

/af

UNKNOWN X-663 (Formerly
 Unknown X-176, USAF Cem. Manila #2, P.I.)
 Cemetery: AGRS Mausoleum, Manila, P.I.
 Plot 801 ^{HANGER} Row E ^{BAY} Grave 1236 ^{CRYPT}

1. Arrived at cemetery 7 Oct 47
(Hour) (Date)
2. Place of death Ft. Stotsenberg, Luzon, P.I. Plot 2, Row 4, Grave 454
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by C.M.T. #1
(Name and organization)
4. Evacuated to Cemetery by C.M.T. #1
(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 | | N O N E | |
| Sweater | / | | |
| Jacket, HBT | / | | |
| * Shirt, Wool OD | / / / | | |
| Undershirt, Wool | / / / | | |
| Undershirt, Cotton | / / / | | |
| Trousers, HBT | / / / | | |
| * Trousers, Wool OD | / / / | | |

Belt, web
Drawers, wool N
Drawers, cotton O
Leggings, wool N
Socks, cotton E
* Shoes Service one (1) pair (type) Size 9

Overshoes
Web Equipment (type)
(Other item)
(Other item) N

* 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 Est. Height 5'8" Est. Weight U.T.D. 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 T. D. (Light, medium, dark, clear, pimples, poeks, 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 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee
 (Light, color, extent)

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

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

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

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

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

Jaw Circumference of head in inches **20"**
 (Large, small, normal) (Hat band)

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

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

Hands U. T. D.

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

Hernioplasty
 (Yes-no; location)

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

Feet Toes
 (Size, corns, callouses, flat) (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 R.O.I. bottle or identification tags with remains.
Metal disc with number 79 found with remains. This
disc enclosed with remains. Estimated weight of remains 8-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/ Alton E. Jones
(Officer's Name)
SP-6 062812
Rank Service
AGRS Mausoleum, Manila
(Organization)

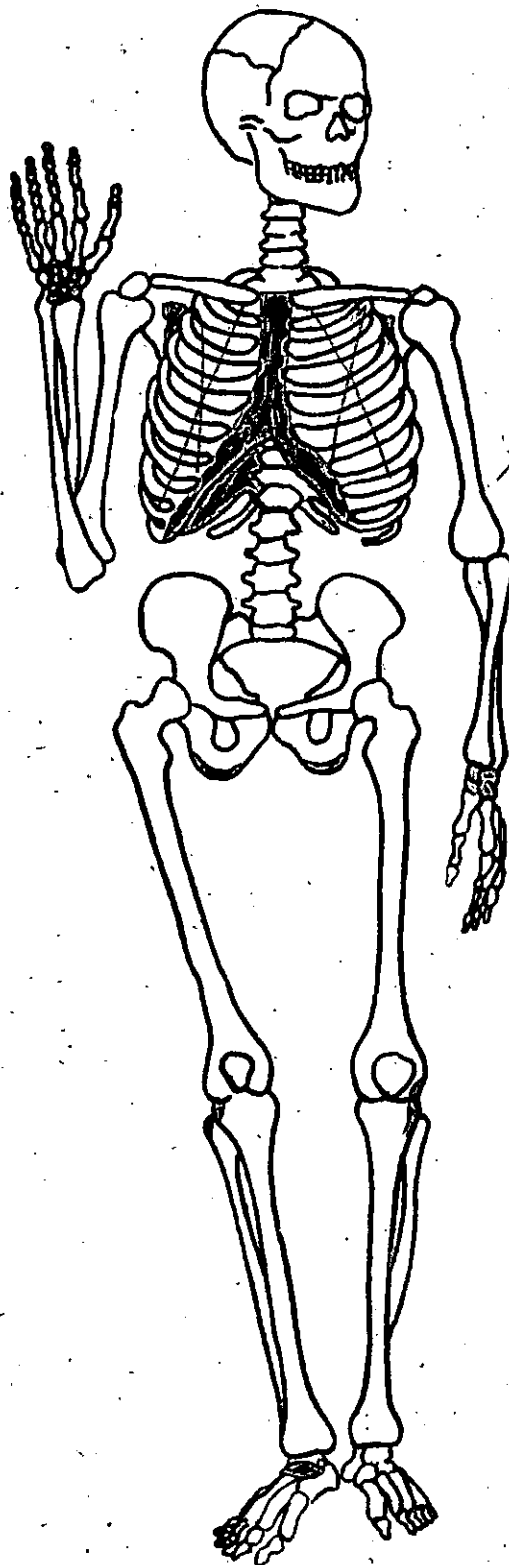
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X - 663

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



6 Cervical Vertebrae
present

fragments of 21 Ribs

12 Thoracic Vertebrae
present

5 Lumbar Vertebrae
present



APR 29 1948

RESTRICTED

U 706

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

14 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-663 (Formerly Unk X-176
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

Ft. 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)

See Remarks

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

MEMORIAL DIVISION
Dec 22 2 54 PM '47
REPATRIATION
RECORDS BRANCH

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

ARMY MUSEUM, 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. |
|----------------------|------|---|----------------------|---------------|----------|---------------|
| STORAGE 10 Oct 47 | 0800 | STORAGE Casket | None | HANGER 801 | BAY E | CRYPT 1236 |

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. | ROW No. | GRAVE No. |
|----------|---------|-----------|
| 2 | 4 | 454 |

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)

STORAGE
UNKNOWN X-672

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.
CRYPT
1238

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

STORAGE
UNKNOWN X-705

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.
CRYPT
1234

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOFIO 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.

RESTRICTED

and 529

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.

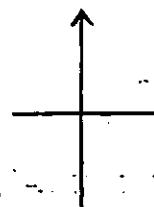
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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



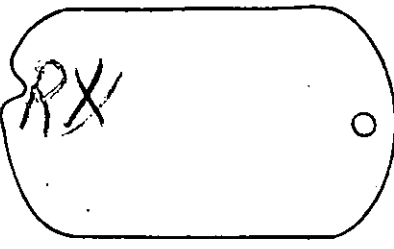
REMARKS:

UNKNOWN X-663 AGRS MAUSOLEUM, MANILA, P.I. - At CIP Laboratory, a metal disc with number 79 was found with remains. Said disc enclosed with remains. No ROI bottle, or I.D. tags with remains.

Identification Check List and Dental Chart accomplished.

18 NOV 1960

| | | |
|---|---|-----------------------------|
| WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) | DATE OF REPORT 8 Dec. 45 |
|---|---|-----------------------------|

| | | | |
|--|---|-------------------------|---|
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | | |
| | NAME (Last, first, middle initial) UNKNOWN -X-176 (Cem Manila #2) (Formerly Unknown - Stotsenberg Cem.) | SERIAL NO. | |
| | GRADE | ORGANIZATION | BRANCH OF SERVICE |
| | RACE | RELIGION <i>Slav</i> | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

| | | |
|---|----------------|---------------|
| PLACE OF DEATH Ft. Stotsenberg, Luzon, P. I. | 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 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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 28 Nov 45 | 1100 | Shelter Half | Cross | 2 | 4 | 454 |

| | | | | |
|--|---|---------------|--------------|----------------|
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Ft. Stotsenberg Cemetery, Luzon, P. I. | PLOT No. D | ROW No. 9 | GRAVE No. 7 |
|--|---|---------------|--------------|----------------|

| | | |
|----------------------------|--------------------------------|---|
| 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) UNKNOWN-X-174 (Cem. Manila #2) (Formerly Unknown-Stotsenberg Cem.) | RANK | SERIAL NO. | ORGANIZATION | GRAVE No. 453 |
|---|------|------------|--------------|------------------|

| | | | | |
|---|------|------------|--------------|------------------|
| BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN-X-177 (Cem. Manila #2) (Formerly Unknown -Stotsenberg Cem.) | RANK | SERIAL NO. | ORGANIZATION | GRAVE No. 455 |
|---|------|------------|--------------|------------------|

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4 GRS. | SIGNATURE OF GRS OFFICER VERIFYING REPORT. <i>D. L. Armstrong</i> D. L. ARMSTRONG, Capt., GRC. |
|---|--|

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.

Incl 18'

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


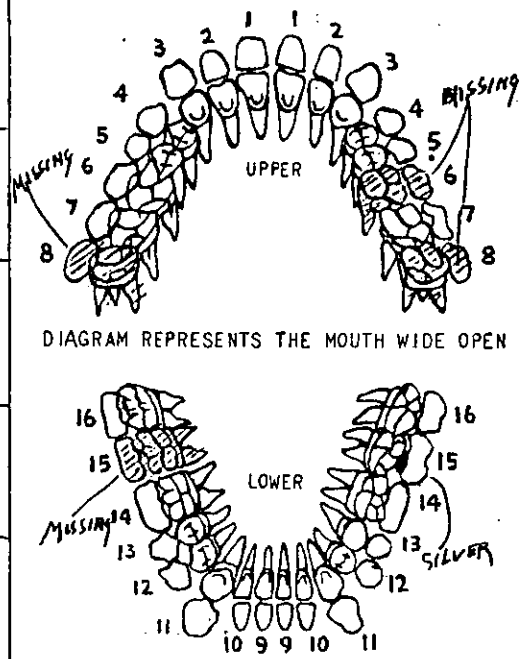




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

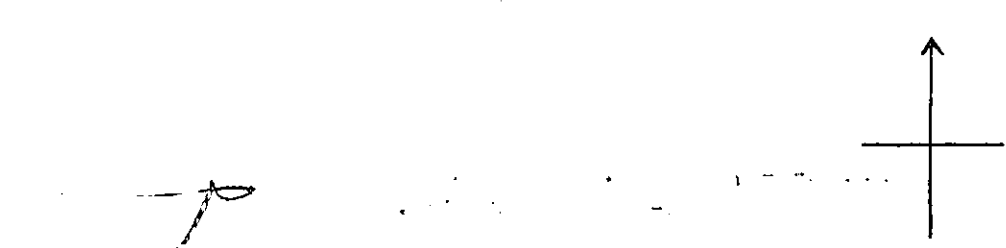
LEFT LITTLE FINGER
11 JAN 1946
 LEFT RING FINGER
 LEFT MIDDLE FINGER
 LEFT INDEX FINGER
 LEFT THUMB
 RIGHT THUMB
 RIGHT INDEX FINGER
 RIGHT MIDDLE FINGER
 RIGHT RING FINGER
 RIGHT LITTLE FINGER

| | | | | |
|-----------------------|--------|---------------|--------------------------------|-------------------------------|
| 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>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:

Disc. #79 found on body.