

293

Unknown X-182 USAF Cem Manila #2, P.I. associated with data for Pvt
James M. Gill, Jr. 19 019 510

Reference is made to attached anthropologist's report of examination of remains designated X-182 Manila #2, P.I. It is recommended, that, inasmuch as examination of the remains fails to reveal any additional identifying data for association with records for Pvt Gill and indicates the possibility of co-mingling of remains, the remains of Unknown X-182 revert to unidentifiable status and the status of Pvt Gill remain nonrecoverable.

Gladys Reynolds

Gladys Reynolds
10 Sept 1952

CB Jansen
10 Sept 52

[Signature]
Major, QMC

<i>[Signature]</i> APPROVED 10 Sept. 52 <i>[Signature]</i>
J. C. MacFARLAND Lt. Col. QMC Identification Branch Memorial Division, OQMG.

File NAW
16 Sept 52
QR

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Gladys Reynolds
10 Sept 1952

X-669 (Formerly X-182) Associated with data for Gill, James N. 19019510

1. General Condition: Skeletal, no tissue. Poor; some erosion and deterioration. Vertebral column is complete with six lumbar vertebrae of which it appears to me is caused by the first sacral segment appearing as the last in the lumbar series. Cranial-post cranial association is positive. The right femur shows a mid-thigh amputation which must have been performed shortly prior to death since there is no healing of the ends of the shaft and clear evidence of recency of the cutting.

2. Co-mingling: Yes. There is one extra thoracic and one extra cervical vertebrae. However, apart from these the other remains appear to be of one and the same individual.

3. Age: Cranial: Vault sutures open, 20-25 years. Pelvic: Phases I-II, 19-21 years.

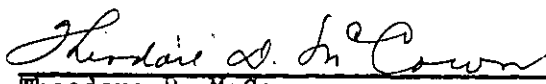
4. Stature: Rollet 69-5/8"; Krogman 69 $\frac{1}{4}$ ", based on left femur and tibia, right humerus.

5. Dentition: See Form 569, 1 May 1952. No special comments.

6. Hair Color: No evidence.

7. Race: White.

8. Conclusions and recommendations: Form 371 data for Gill are age at death 21 years; stature 72"; race white and dental information. Age and race are in agreement, but stature is discrepant and dental comparison is unfavorable. Identification of these remains as those of Gill appears to me to be inconclusive.



Theodore D. McCown
Professor of Anthropology

X-669 (Formerly X-152) Associated with data for Gill, James N. 19019510

1. General Condition: Skeletal, no tissue. Poor; some erosion and deterioration. Vertebral column is complete with six lumbar vertebrae of which it appears to me is caused by the first sacral segment appearing as the last in the lumbar series. Cranial-post cranial association is positive. The right femur shows a mid-thigh amputation which must have been performed shortly prior to death since there is no healing of the ends of the shaft and clear evidence of recency of the cutting.

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3. Age: Cranial: Vault sutures open, 20-25 years. Pelvic: Phases I-II, 19-21 years.

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8. Conclusions and recommendations: Form 371 data for Gill are age at death 21 years; stature 72"; race white and dental information. Age and race are in agreement, but stature is discrepant and dental comparison is unfavorable. Identification of these remains as those of Gill appears to me to be inconclusive.

Theodore D. McCown
Professor of Anthropology

QMGMT 293
GRS Far East

31 March 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:

<u>AGRS Maus Manila</u>	<u>USAF Com Manila #2</u>	<u>FEA Unit</u>	<u>Page</u>
X-669	X-182	1	3
X-727	X-244	1	5
X-816	X-331	1	5
X-2906	X-1996	1	10
X-2032	X-5215	1	13

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

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

Copy furnished: CINCPAC, APO 500

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Memorial Division

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J. Windsor

Copy furnished: CINCPAC, APO 500

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GHPZ 293

AFPO 900

SUBJECT: Unidentifiable Remains

10 Mar 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 QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-194	AGES	Mslm	UNKNOWN	X-1483	AGES	Mslm
"	X-243	"	"	"	X-1570	"	"
"	X-669	"	"	"	X-1823	"	"
"	X-715	"	"	"	X-2032	"	"
"	X-727	"	"	"	X-2234	"	"
"	X-816	"	"	"	X-2322	"	"
"	X-1185	"	"	"	X-2906	"	"

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

FOR THE COMMANDING OFFICER:

14 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

/drs

1

Interred March 1950 ~~HEADS~~

N 17100 Ft. McKinley

H (800-10-1000) ~~GR~~ DISINTERMENT DIRECTIVE

R ~~Carl R. H. Mark~~ Plot N, Row 10, GRAVE 101 Per BIR STD 24759

7-3 Cemetery Superintendent

DIRECTIVE NUMBER

7747 02862

DATE

15 06 48
DAY MONTH YEAR

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

UNKNOWN X - 000182

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

NAME

CEMETERY

USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

0 7701 80
CODE DIST. PT.

PLOT ROW GRAVE

F12 4 460 PHILIPPINE ISLANDS

COUNTRY

CAUSE OF DEATH

6

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-182
(Maus) Unk: X-669

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

21 Sept. 1948

IDENTIFICATION TAG ON

3 REMAINS
 2 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

ALEXANDER P. PETTICE
Embalmier

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 tags, Mausoleum Unknown X-669, Two tags number 38

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept. '48

BY

ALEXANDER P. PETTICE

CASKET SEALED BY

ALEXANDER P. PETTICE

EMBALMER (Signature)

Alexander P. Pettice
ALEXANDER P. PETTICE

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. INF

CORSINE 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.

Corsine C. Kayanan
CORSENE C. KAYANAN, 1st Lt., INF.

SIGNATURE OF GRS INSPECTOR

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

REPATRIATION
BRANCH
MEM. DIV.

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>Car... 1950</i>	DATE 9 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 <i>AM... M...</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM WRIGHT BROTHERS ISLANDS		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MC KINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER RESERVE DECISION	DATE

6. SHIPPED

FROM RESERVE DECISION		TO RESERVE	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>RESERVE DECISION</i>	DATE	SIGNATURE OF RECEIVER <i>RESERVE</i>	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

4 March 1950

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 182, Plot 2,
Row 4, Grave 460, USMC Manila #2, Luzon, P.I., have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


H. B. McENEMAR
Captain, QMC
Chief, Records Branch

Received 23 March 1950 **CGMG**
Not identifiable from
information presently Lewis - 21 B.
available 28 March 1950

Final 3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-669 (Formerly X-182 Manila #2)				2. DATE OF REPORT 4 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1244	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 10 1/4"	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Handwritten signature

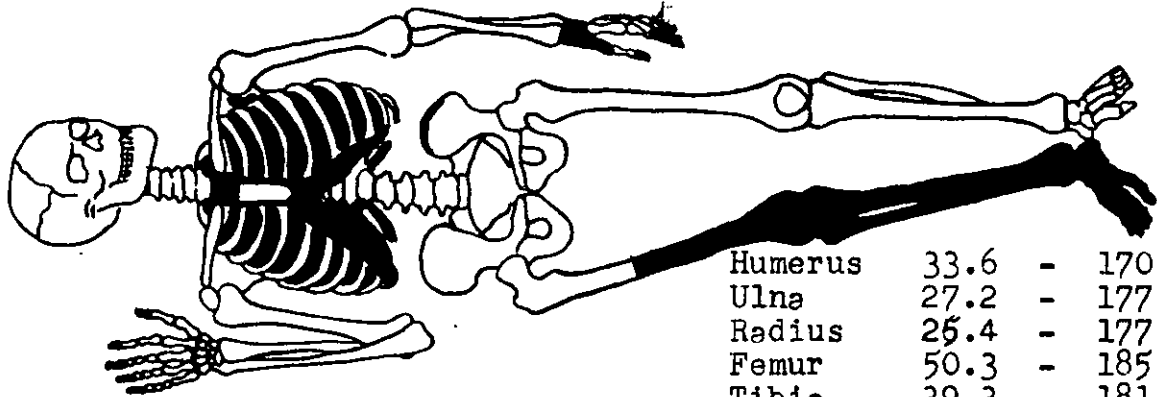
TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>			
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>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

RIGHT													rotated		LEFT	
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
o	A	A	X	A	o	o	o	S	o	A	X	A	A	A		
o	o	o		od		DL	o	d	d	d		mod	mod	o		
<p>Side Views</p> <p>Top Views</p> <p>Side Views</p> <p>UPPER</p> <p>LOWER</p>																
o	X	X	P	A	o	o	X			o	A	X	X	o	A	
m				mo	df	f				d	mo			m	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" Chief, Identification Section
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

PAUL R NICHOLS



Humerus	33.6	-	170
Ulna	27.2	-	177
Radius	25.4	-	177
Femur	50.3	-	185
Tibia	39.3	-	181
Fibula	39.2	-	181
			<u>6 / 1071</u>

Estimated height - 5' 10 1/4"

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

178 1/2

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 e 12 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-669

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.

9 Oct 47

DATE

UNKNOWN X-669 (Formerly Unk X-182
USAF Cem Manila #2)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Fort Stotsenberg,
Luzon, P.I.

AGRS MAUSOLEUM
Manila, P.I.

ORGANIZATION

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

801
PLOT
RANGER

E
ROW
BAY

1244
GRAVE NO.
CRYPT

		RIGHT								UPPER TEETH		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE		○	A	A	A	⊗		⊗	○	S/G	○	A	○	⊗	A	A	A	○	FO	TYPE	
LOCATION		○	○	○	do				M	d/M	d	d	F		Mod	Mod	○		FO	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		⊗		⊗	⊗	A	○	○	○		○	○	A	⊗	A		⊗	TYPE	
LOCATION						MO	d	M	M		d	L	MO		○			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		OCCUSAL (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)

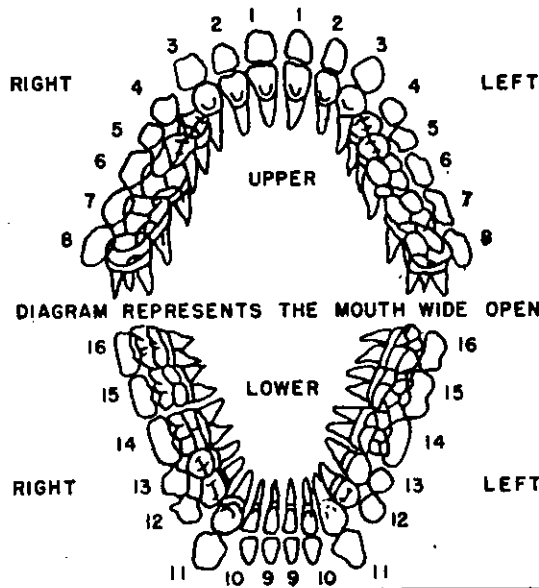
INSTRUCTIONS:

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:

/s/ E.F.Moriarty
SIGNATURE OF PERSON WHO PREPARED CHART

SP 6
NAME AND RANK TYPED OR PRINTED

Mausoleum Lab.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass Capt.D.C.
VERIFIED BY GRS OFFICER

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)

(Formerly Unk X-182
 Unknown X-669 (USAF Cem Manila #2)
 Cemetery AGRS MAUSOLEUM, Manila, P.I.
 Plot 801 Row E Grave 1244

AGRS CIP MSLM Manila, P.I. 9 Oct 47.

1. Arrived at cemetery AGRS (Hour) _____ (Date) _____
2. Place of death Fort Stotsenberg, Luzon, P.I. (Name of closest town) _____ (Coordinates and letter Prefix, maps) _____

 (Sheet, scale, and serials used)
3. Remains recovered or disinterred by C.M.T. No. 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	/ <u>N</u> _____		
* Shirt, Wool OD	/ <u>N</u> _____		
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.**

Age _____
 Est. Height 5'5" Est. Weight 145 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 _____ Mustache _____ Beard or _____
 (Color, setting, shape) (Color, size, shape) (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 **19 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
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers
 (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)

Public 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 Cem Manila #2

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

9. Remarks No I.D. tags nor ROI bottle received with remains
No personal effects found. Estimated weight of remains 9 1/2 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)

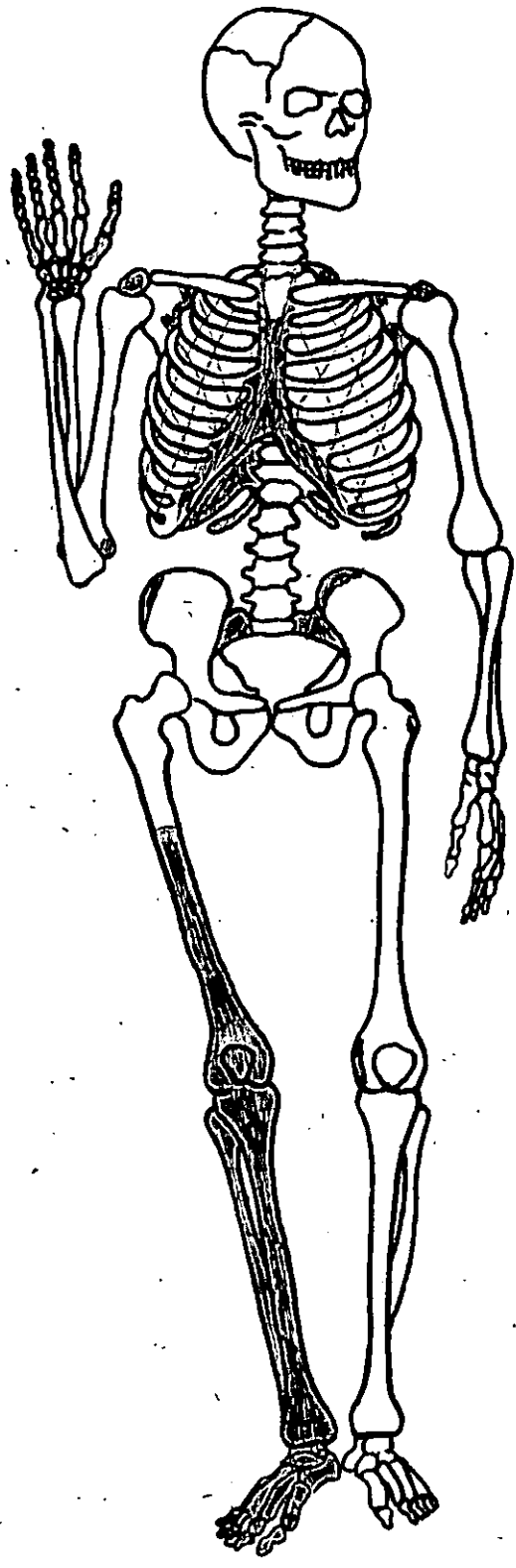
CERTIFIED TRUE COPY:


E. H. NEWMAN, JR
Capt., FA

X 669

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



RESTRICTED

RE

REPORT OF INTERMENT

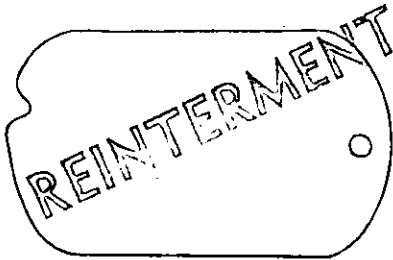
(AR 30-1810 and AR 30-1815)

Date of Report

FEB 24 1953

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

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial) UNKNOWN X-182 (Manila Mausoleum X-669) USAF Cem. Manila #2, P. I.		Serial Number Unknown
Grade <i>M3 rank</i> Unknown	Organization <i>Manila #2</i> Unknown	Branch of Service <i>X-182</i> 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)
None

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 UNIDENTIFIABLE
Were Substitute Tags Provided (Yes or No) Yes	

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
U. S. M. C. Fort William McKinley, 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.
24 Feb 53	1400	Final Type Casket	Reg Cross	N	10	101

Was This a Re-Burial (Yes or No) Yes	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave USAF Cemetery Manila #2, P. I.	Plot No. 2	Row No. 4	Grave No. 460
--	---	----------------------	---------------------	-------------------------

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not with Describe Identification Data and Containers Buried with Body RECORDS ALLOCATED DATE 6 apr 53 NAME B. Newcome REG 10
Identification Tag Buried With Body (Yes or No) Yes	Identification Tag Attached to Marker (Yes or No) Yes	


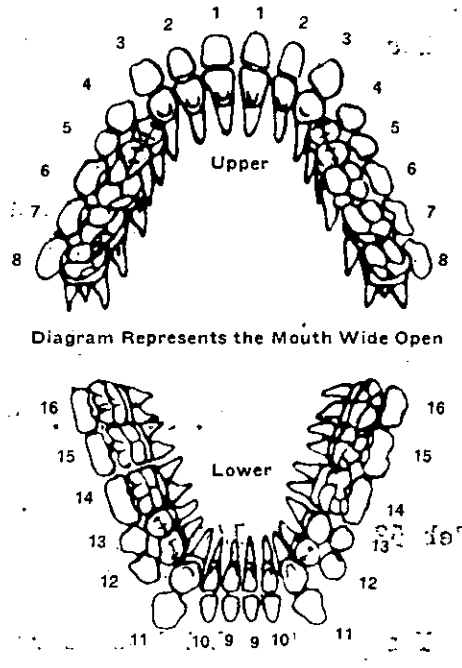


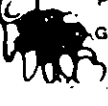

Body Buried on Deceased Left, Name (Last, First, Middle Initial) Sanders, Lewis F.	Rank Sgt	Serial Number 6856705	Organization	Grave No. N 10 100
--	--------------------	---------------------------------	--------------	------------------------------

Body Buried on Deceased Right, Name (Last, First, Middle Initial) Vacant	Rank	Serial Number	Organization	Grave No.
--	------	---------------	--------------	-----------

Signature of Person Preparing Report <i>Raymond H. Tanguay</i> RAYMOND H. TANGUAY, M/Sgt., QMC	Signature of GRS Officer Verifying Report <i>Frederic B. Toomoth</i> FREDERIC B. TOOMOTH, 1st Lt., QMC
---	---

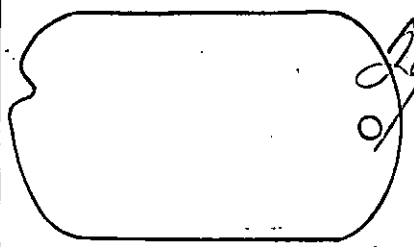
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

	SECTION UNIDENTIFIED REMAINS				
Left Little Finger	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 fingerprints 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 Ring Finger	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos
Left Middle Finger	Weapon and Serial Number		Laundry Mark		Where Body Was Buried or Found
Left Index Finger	Other Identification Clues				
Left Thumb	Fillings  Silver Filling Gold Filling		 <p align="center">Diagram Represents the Mouth Wide Open</p>		
Right Thumb	Cavities  Cavity Decayed				
Right Index Finger	Missing Teeth  Tooth Missing				
Right Middle Finger	Crowned Teeth  Porcelain Crown Gold Crown				
Right Ring Finger	Bridge Work  Gold Bridge				
Right Little Finger					
Right Little Finger	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery				
Right Little Finger	Remarks AUTHORITY FOR REINTERMENT FT MCKINLEY CEMETERY - QMG ltr, QMGMR 314.6, 30 Sep 52, Subj: Reinterment of Unknowns				

RESTRICTED

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 5 Feb 1952
---	---	------------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-182 Manila #2		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) 2 (Substitute)	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) No	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

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
 UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
4 Feb 1952	--	Casket	Cross	N	2	181

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US MILITARY CEMETERY, FT WM MCKINLEY	PLOT No. N	ROW No. 7	GRAVE No. 106
--	---	---------------	--------------	------------------

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	MAP FILE
--	--	----------

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO. 405	ORGANIZATION	GRAVE NO.
		DATE 4 Mar 52	NAME Eugene Shuster	

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO. 405	ORGANIZATION	GRAVE NO.
---	------	---------------------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT Edward L. Berg, Cpl., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT Charles R. Whaylen, 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

254381 Copy to ABMC

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

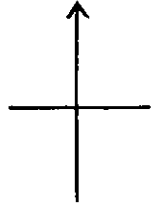
WEAPON AND SERIAL No.

LAUNDRY MARKS

WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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



REMARKS:

Grave 181, Row 2, Plot N, was previously occupied by UNKNOWN X-1705 Manila #2, disinterred and presently stored at Manila Mausoleum as Capt Howard H. AMOS, O-391 935.

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

/mba

APR 5 - 1947

RESTRICTED

7/2

U 712

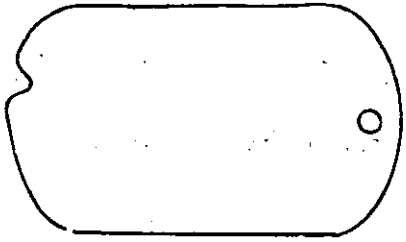
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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-669 (Formerly Unk X-182)
USAF Cem 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

Fort 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

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 10 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 801	ROW No. BAY E	GRAVE No. CRYPT 1244
--	--------------	---	---------------------------------	---------------------------	---------------------	----------------------------

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. 460
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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) STORED

Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes

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

UNKNOWN X-664

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

1246

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

UNKNOWN X-409-C

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

1242

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

Incl 502

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


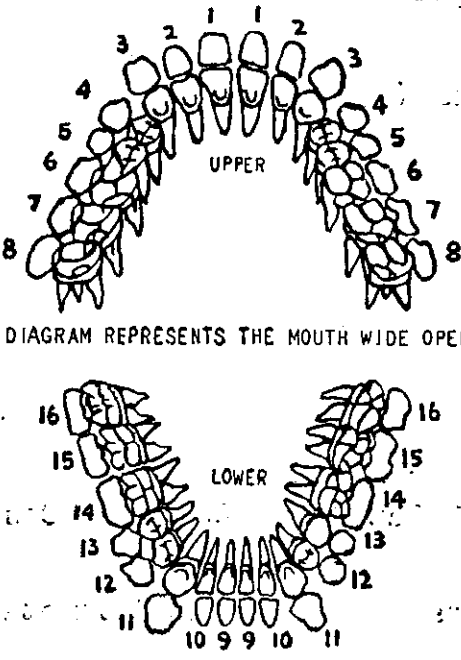




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the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

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

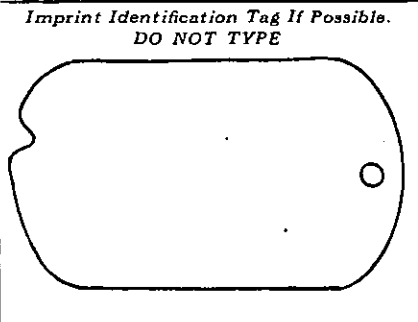
RIGHT LITTLE FINGER

24 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
8 Dec. 45



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) U N K N O W N -X- 182 (Cem. Manila #2) (Formerly unknown - Stotsenberg Cem.)		SERIAL NO.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	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)	(over)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

92d 1012

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 28 Nov 45	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 4	GRAVE No. 460
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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 Ft. Stotsenberg Cemetery, Luzon, P. I.	PLOT No. 0	ROW No. 9	GRAVE No. 6
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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) UNKNOWN -X- 181 (Cem. Manila #2) (Formerly unknown - Stotsenberg Cem.)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 459
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) POWELL, Edward Joseph	RANK Chief Cook	SERIAL No. 12117472	ORGANIZATION Merchant Marine	GRAVE No. 461
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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, 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.

Dec 24

01 JAN 1946

Section 3. UNIDENTIFIED REMAINS.


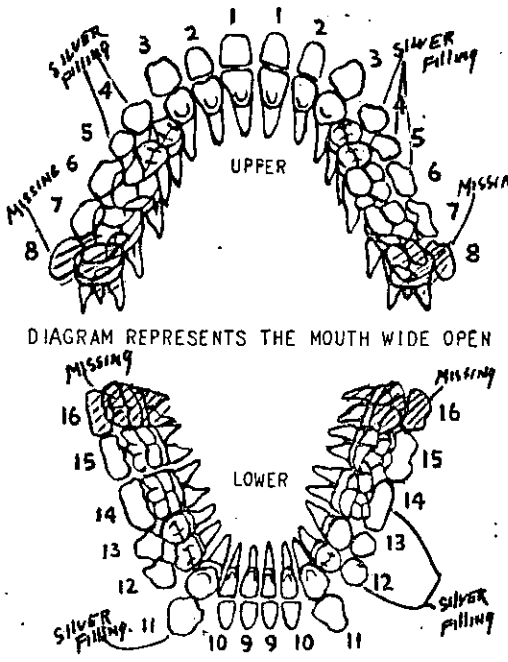




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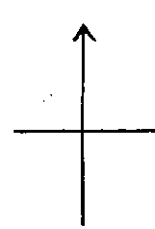
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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. #38 found on body.