

QNHBT 293
GNS Far East

21 October 1949

SUBJECT: Approval of Unidentifiability

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

ATTN: ACPS, PHILCOM ZONE

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

Unknown X-1203, ACPS Mausoleum Manila, formerly X-3712, USAF Com., Manila #2
Unknown X-676, ACPS Mausoleum Manila, formerly X-190, USAF Com., Manila #2

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

FOR THE QUARTERMASTER GENERAL:

T. H. NETZ
Lt. Colonel, QMC
Memorial Division

cc: Adm Section

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

cc: CINCPAC, APO 500

REB

TEC

GSGR 293.9

ARO 707
29 SEP 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file 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 reasons of lack of sufficient identifying data:

UNKNOWN X-676	AGRS	Mslm	UNKNOWN X-2243	AGRS	Mslm
" X-1052	"	"	" X-2354	"	"
" X-1203	"	"	" X-4129	Manila	#2

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

FOR THE COMMANDING GENERAL:

6 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

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

*C*O*P*Y*

*C*O*P*Y*

att

29 3 unk P. I. X-190 (Manila #2)

COMBAT 283
Unk. X-676
(Formerly USAF Gen Manila #2)
Manila, P. I.

10 August 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Proceedings of your Board of Review, dated 6 July 1949, recommending the following identification:

Unknown X-676, AGRS Macabalan, Manila, P. I. (formerly Unknown X-190 USAF Cemetery, Manila #2) as Pvt. Austin F. Bittner, IS 030 366.

2. After a thorough analysis of this case, it has been determined that the evidence presented is insufficient to establish identification. The dental comparison between Unknown X-676 and Pvt. Bittner is considered inconclusive in view of the fact the dental chart for the remains is incomplete and the only extraction recorded is that of a common place molar, teeth B-14.

3. Board Proceedings have been disapproved for the reason outlined above and are returned herewith.

FOR THE ACTING THE QUARTERMASTER GENERAL:

AUG 10 4 14 PM '49
MAIL & RECORDS BRANCH

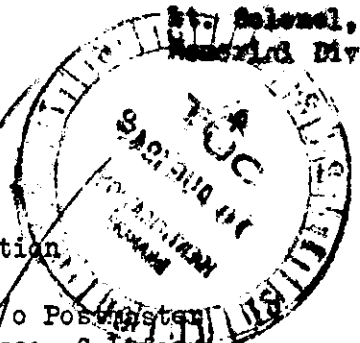
1 Incl
MP dtd 6 July 1949
(Bittner)

T. H. METZ
Lt. Colonel, QMS
Records Division

REB

W.E.
W. Eustace, iak
E. Fenwick
J. Windsor

cc: Administrative Section
cc: CINCPAC, APO 500, c/o Postmaster
San Francisco, California



X-29 3 unk P. I. X-676 (Manila #2)
X-29 3 Bittner, Austin F. 13 030 366

att

29 3 unk P. I. X-190 (Manila #2)

MSGMT 293

Unk. X-676

10 August 1949

(Formerly USAF Cem Manila #2)

Manila, P. I.

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Proceedings of your Board of Review, dated 8 July 1949, recommending the following identification:

Unknown X-676, AGRS Mausoleum, Manila, P. I. (formerly Unknown X-190 USAF Cemetery, Manila #2) as Pvt. Austin F. Bittner, 13 030 356.

2. After a thorough analysis of this case, it has been determined that the evidence presented is insufficient to establish identification. The dental comparison between Unknown X-676 and Pvt. Bittner is considered inconclusive in view of the fact the dental chart for the remains is incomplete and the only extraction recorded is that of a common place molar, tooth B-14.

3. Board Proceedings have been disapproved for the reason outlined above and are returned herewith.

FOR THE ACTING THE QUARTERMASTER GENERAL:

AUG 10 4 14 PM '49
MAIL & RECORDS BRANCH
D. O. H. C.

1 Incl
MF dtd 8 July 1949
(Bittner)

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

REB

W. Eustace:iak
E. Fenwick
J. Windsor

cc: Administrative Section

CC: CINCPAC, APO 500, c/o Postmaster
San Francisco, California



29 3 unk P. I. X-676 (Manila #2)
29 3 Bittner, Austin F. 13 030 356



OFFICE A
10

QMGO 293, Unknown X-190 : 1st Ind

Manila #2 (P.I.)

Department of the Army, OQMG, Washington 25, D. C., 7 June 1948

TO: Commanding Officer, Kansas City Quartermaster Depot, 601 Hardesty Ave.,
Kansas City 1, Missouri. ATTENTION: Effects Quartermaster

Unknown X-190, Plot 2, Row 4, Grave 480, United States Armed Forces Cem-
etery No. 2, Manila, P. I., is under investigation. When the investigation
is completed, the Bureau will be advised.

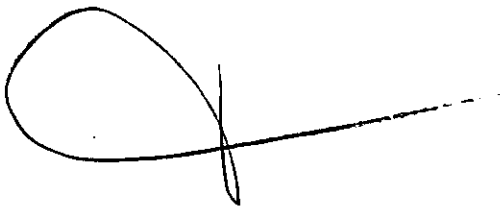
BY COMMAND OF MAJOR GENERAL LARKIN:

R

GUY B. KEGLEY
Major, OQC
Field Service Division

JUN 7 11 25 AM '48

O. Q. M. G.
MAIL & RECORDS BRANCH



Marvins

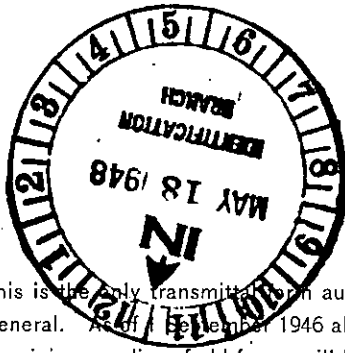
OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTEROFFICE REFERENCE SHEET

See reverse side for instructions in the use of this form

DUE, HOUR AND DATE _____

1 No.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Field Service Exec. Officer	Memorial Division Iden. Branch	17 May 1948	<p>1. For information upon which to base a reply.</p> <p>2. Request clarification of grave location.</p> <p>FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p style="text-align: right;"><i>tel</i> MUNSTER 5473</p> <p>2 Incls: 1. 293 Unknown X-190 2. KC ltr dtd 13 May 48 in dupl</p> <p style="text-align: right;"><i>GBK</i> GBK 3821 <i>ELK</i> ELK <i>MTB</i> MTB</p>
2	Chief Id Br Mem Div	Field Service Depot Oper Br Effects Section	4 June 1948	<p>1. The following is information upon which to base a reply.</p> <p>2. Unknown X-190, Plot 2, Row 4, Grave 480, USAF Cemetery #2, Manila, P.I. is under investigation.</p> <p>2 Incls: n/c</p> <p style="text-align: right;"><i>M</i> METZ 74059</p> <p style="text-align: right;"><i>SLOANE</i> SLOANE 2462</p>
				<p style="text-align: center;">MEMORANDUM</p> <p style="text-align: center;">700</p> <p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">MAY 18 1948</p> <p style="text-align: center;">OFFICE OF THE QUARTERMASTER GENERAL</p> <p style="text-align: center;">WASHINGTON</p> <p style="text-align: center;">DISTRIBUTION</p> <p style="text-align: center;">1000000</p> <p style="text-align: center;">THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE</p> <p style="text-align: center;">16-49650-1</p>



INSTRUCTIONS



1. This is the only transmittal form authorized for use among the General Elements of the Office of The Quartermaster General. As of September 1946 all similar forms, i.e., those of various sizes, colors, and shapes, were discontinued; remaining supplies of old forms will be turned in to the Chief, General Administrative Services Division, for disposal.

MEMORIAL DIVISION

2. Copies will NOT accompany original.
3. Messages addressed to The Quartermaster General will be signed by the DIVISION Chief IN PERSON unless he is absent, in which case the signature of his executive assistant will be accepted.
4. Due hours and dates as entered by the Chief, General Administrative Services Division, covering action on incoming correspondence, or as used by TQMG or Division Chiefs for dead line purposes, will be met in all cases.
5. Use of columns of form: Column 1, "No.," originator enters the number "1" as his entry; subsequent messages are numbered serially in column 1. Column 2, "From," enter Division identification (abbreviated) or, within Division enter Division identification PLUS branch or section. Column 3, "To," same instruction as for column 2—name of officer or civilian may be added where desirable. Column 4, "Date," spell out month, e. g. 6 Sept. 45. Column 5, "Message," present succinctly and accurately whatever you wish to say. Use full width of sheet when message goes far enough down sheet to clear entries in columns 1, 2, 3, and 4. Use one side of sheet only. Sign surname at end of "message," enter phone extensions under name, then, immediately below, draw line completely across sheet.
6. Use of typewriter is NOT required.
7. Division chief forwarding lengthy papers to TQMG will brief background action in concise manner in his "message" so that TQMG will not be forced to waste time reading nonessential information.
8. Questions as to use of this form and related matters will be directed to the Executive Officer, Office of TQMG.

DEPARTMENT OF THE ARMY
KANSAS CITY QUARTERMASTER DEPOT
ARMY EFFECTS BUREAU
601 HARDESTY AVENUE
KANSAS CITY 1, MISSOURI

IN REPLY REFER TO QMDKG 630090

HOC/ELR/mjo'o
13 May 1948
DATE

SUBJECT: Disposal of Personal Effects

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

1. Personal effects found on remains interred as Unknown X-190

Plot 2, Row 4, Grave 480, ^{USAF}~~USMC~~ ^{USMC} Cemetery #2,
Manila, P. I. have been held at this Bureau as of 2 April 1946.

2. Bureau inspection of the effects has been made and the following description furnished for reference:

7 Philippine coins

3. It is requested that this Bureau be informed whether or not the above listed Unknown decedent has been officially identified.

FOR THE COMMANDING OFFICER:

H. O. CALDWELL
Effects Quartermaster



2490
H. I. Adams
X-190
Philippine
Orlando (Manila #2)



1/cs

1/drs
H-811
L-13
7-87

Interred 21 September 1949
B 8/161 P. McKinley

DISINTERMENT DIRECTIVE

Care of *Carl R. H. Mark*
293 The - P.I X-190

SECTION A
Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02872

DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWN X-000190

SERIAL NUMBER
UNKNOWN X-000190

RANK

ARM
0

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
F12 4 480 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNK X-000190
UNK X-676 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
21 Sept. 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
JOSEPH M. OWEN
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
Two (2) Remains Tags - UNK X-676 (Maus)

REMAINS PREPARED AND PLACED IN CASKET
DATE 21 Sept. 1948 BY JOSEPH M. OWEN

CASKET SEALED BY
JOSEPH M. OWEN

EMBALMER (Signature)
Joseph M. Owen
JOSEPH M. OWEN

CASKET BOXED AND MARKED
DATE 21 Sept. '48 BY HORACE L. ALLISON
Sgt., Inf.

SHIPPING ADDRESS VERIFIED BY
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
CORSINE C. KAYANAN, 1st Lt., Inf.
20 OCT 1949

SIGNATURE OF GRS INSPECTOR

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

REPATRIATION
BRANCH
MET. 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>Curechmark</i>	DATE 21 SEP 1949

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 CEMETERY	DATE	SIGNATURE OF RECEIVER (EX ADMINISTRATIVE DECISION)	DATE

6. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
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

9 Sept. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-190, Plot 2,
Row 4, Grave 480, 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. Mcnemar
H. B. MCNEMAR
Captain, QIC
Chief, Records Branch

Atch: Form 1044

Received 14 Oct 49 80MG
Not identifiable from
information presently
available *W. M. Laurin*
25 Oct 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-676 (Formerly UNK X-190 Manila #2)				2. DATE OF REPORT 12 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1258	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'9 5/8"	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
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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? <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

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"

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

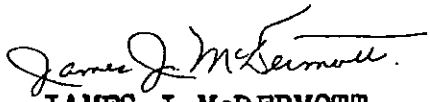
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
←								→							
M a x i l l a								m i s s i n g							
Side Views															
UPPER															
LOWER															
Side Views															
UPPER															
LOWER															
Side Views															
decayed															
P A X P P ← U.T.D. → P P P P P P P P P P P P P P															
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."

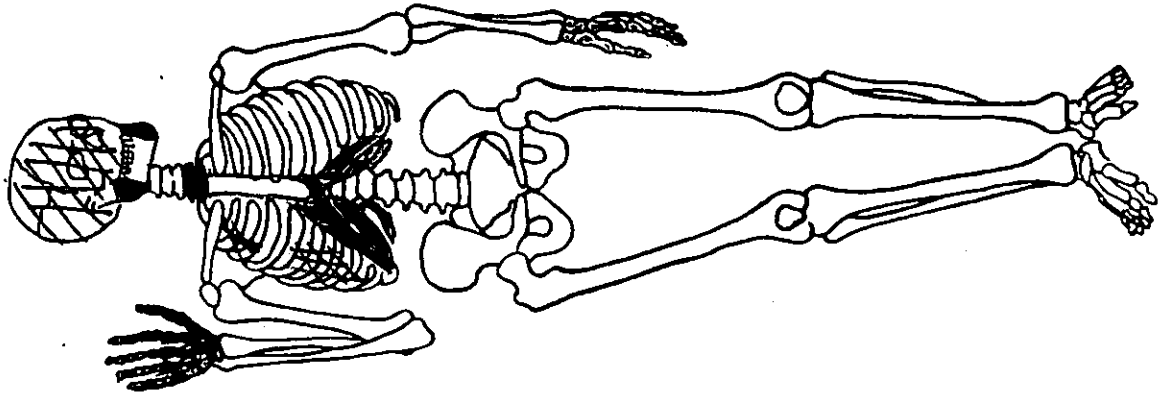
No loose maxillary teeth present with remains. Unable to determine whether teeth from R10 - L10 are X or PX due to the condition of the mandible.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"


 JAMES J McDERMOTT
 Laboratory Officer, CIP

19. BLACKOUT PARTS OF BODY NOT RECORDED



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 effect found with remains.
Estimated weight of remains - 9 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

J. J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

4 August 1949

DISAPPROVAL OF BOARD FINDINGS

X-676, AGRS Mausoleum, Manila, P. I.
(Formerly X-190, USAF Cemetery, Manila #2)

Recommended for identification on Board Findings dated 8 July 1949,
as the remains of:

BITTNER, Austin F., Pvt., 13 030 356

1. REASONS FOR DISAPPROVAL

The remains of Unknown X-676 were originally interred in Ft. Stotsenberg Cemetery.

Although records of the Adjutant General's Office indicate that Pvt. Austin Bittner was killed in action at Clark Field 8 December 1941, and it is known that personnel killed in action at Clark Field in December 1941 were interred in Ft. Stotsenberg, it is the opinion of this Investigator that sufficient evidence is not available to establish a conclusive identification. It will be noted that the dental comparison does not afford a positive individual identification in view of the fact the dental chart for the remains is incomplete, and the only extraction recorded is that of a common missing molar (P-14)

2. RECOMMENDED ACTION:

Board Proceedings be disapproved.

W. E. Eustace
W. E. Eustace

W. E. Eustace
13/8/49

DENTAL CHART

Unknown X-676 (Formerly X-190
USAF Com., Manila # 2)

Name: BITTNER, AUSTIN F., Pvt
13 030 356

R-8 M
R-7 A M
R-6 X I
R-5 L S
R-4 L S
R-3 L I
R-2 A N
R-1 G

R-8 _____
R-7 _____
R-6 CARIOUS
R-5 _____
R-4 _____
R-3 X
R-2 X
R-1 _____

L-1 M
L-2 A M
L-3 X I
L-4 I S
L-5 L S
L-6 L I
L-7 A N
L-8 G

L-1 CARIOUS
L-2 _____
L-3 _____
L-4 CARIOUS
L-5 _____
L-6 CARIOUS
L-7 _____
L-8 X

R-16 _____
R-15 oIA o cavity
R-14 X
R-13 o cavity
R-12 PX
R-11 * UTD
R-10 * UTD
R-9 * UTD

R-16 X
R-15 _____
R-14 X
R-13 CARIOUS
R-12 _____
R-11 _____
R-10 _____
R-9 _____

L-9 * UTD
L-10 * UTD
L-11 PX
L-12 PX
L-13 _____
L-14 mof cavity ol cavity
L-15 o cavity
L-16 PX

L-9 _____
L-10 _____
L-11 _____
L-12 _____
L-13 _____
L-14 CARIOUS
L-15 CARIOUS
L-16 X

*Alveolus from R-10 to L-10 is missing. Cannot determine whether teeth are X or PX.
EST, HGT : 5' 5/8"

Enlistment date 13 June 1941
HGT : 5' 10"

X-676

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.

10 Oct 47

DATE

UNKNOWN X-676 (Formerly UNK X-676)

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

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Fort Stotsenberg,
Pampanga, Luzon P.I.

AGRS Mausoleum
Manila P.I.

ORGANIZATION

PLACE OF DEATH

PLACE OF BURIAL

801

E

1258

PLACE OF BURIAL

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

HANGER

BAY

CRYP.

Maxill Missing
















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

INSIDE — LOOKING OUT

See Remarks

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p> <p></p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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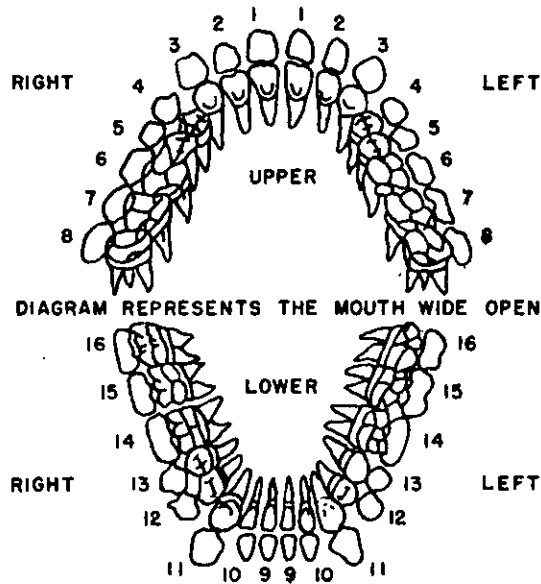
INSTRUCTIONS:

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:

ALVELOUS from R-10 to L-10 is missing. Cannot determine whether teeth or X or PX.

/s/ Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Felix Glass Capt., DC
VERIFIED BY GRS OFFICER

/p/ EDWIN GREGUREK
NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

CIP Lab. Manila P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

10 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)

UNKNOWN X-676 (Formerly UNK X-190)
~~UNKNOWN X~~ (USAF Cemetery Manila #2, Luzon P.I.)
 Cemetery AGRS Mausoleum, Manila P.I.
 Plot 801 HANGER Row E BAY Grave CRY P 1258

AGRS Mausoleum, Manila P.I.

1. Arrived at ~~cemetery~~ AGRS Mausoleum, Manila P.I. 9 Oct 47
(Hour) (Date)
2. Place of death _____
(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 _____
(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 N	
* 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 _____ / Weight _____ Description of wounds _____

Bandages or dressings _____ Scars _____
(Length, width, location)

_____ Tattoos
(Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks _____
(Yes-no; description, location)

Sunburn or tan, other than hand and face _____

Complexion _____^T
(Light, medium, dark, clear, pimples, pocks, freckles)^D

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)

U
 T
 D

Eye brows
 (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
 (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
 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
 (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 Due to condition of remains.

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

9. Remarks No burial bottle with ROI found. No personal effects too. Nothing found to justify identification. Estimated weight of remains 9 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/ Edward H. Marshall
(Officer's Name)

SP - 8 C-062874
Rank Service

AGRS Mausoleum, Manila P.I.
(Organization)

10 Oct 47

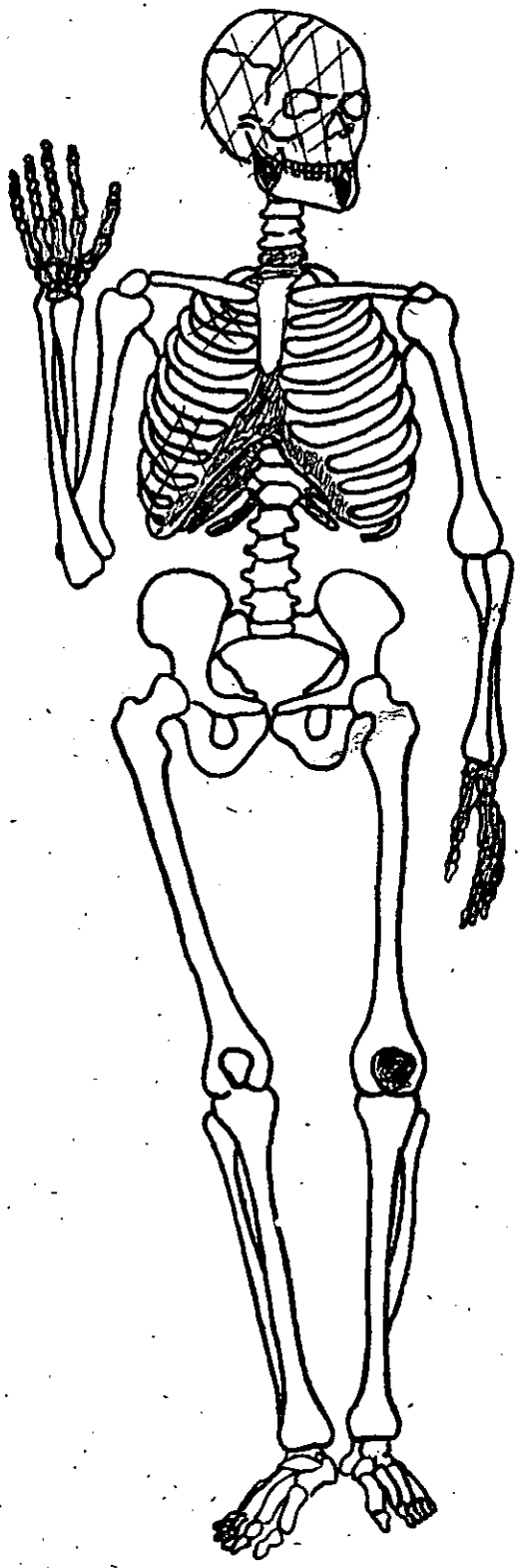
CERTIFIED TRUE COPY:

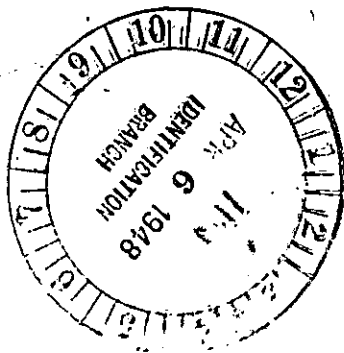
George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAC

X-626

SKELETAL CHART

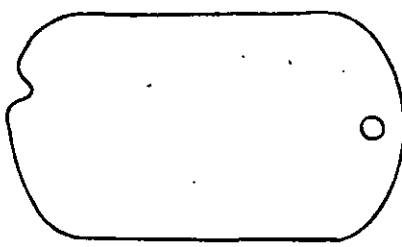
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





/acm

WD QMC 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-676 (Formerly UNK X-190 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 Fort Stotsenberg, Pampanga, 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	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 1258

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE							
Yes	USAF Cemetery Manila #2, Luzon, P.I.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">PLOT No.</td> <td style="width:33%;">ROW No.</td> <td style="width:33%;">GRAVE No.</td> </tr> <tr> <td>2</td> <td>4</td> <td>480</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	2	4	480
PLOT No.	ROW No.	GRAVE No.						
2	4	480						

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) STORAGE	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-695	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1260
--	------	------------	--------------	------------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-410-E	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1256
---	------	------------	--------------	------------------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>Wm R. Gilbert</i> Wm R. GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio Panopio, Jr.</i> 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.

Serial 505

Rec'd w/ Bd. Forwarding 7/29/49

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


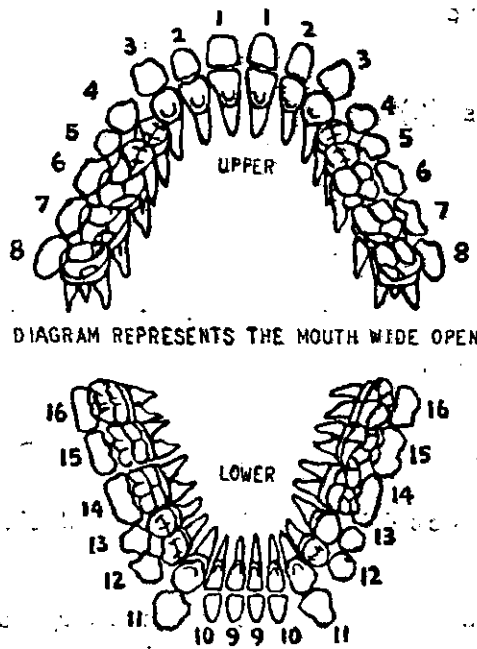




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

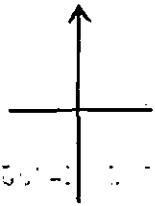
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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:

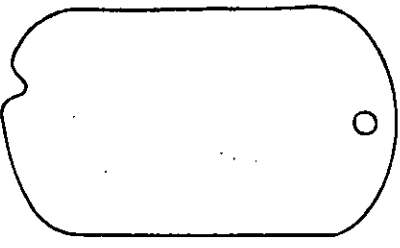
Identification Check List and Dental Chart accomplished.

24 NOV 1947

RX

RESTRICTED

721

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 9 Dec. 45
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-190 (Manila #2)			SERIAL No.	
		GRADE	ORGANIZATION	BRANCH OF SERVICE		
		RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Ft. Stotsenberg Area, Pampanga, 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 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 1500	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 4	GRAVE No. 480
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. A	ROW No. 5	GRAVE No. 5
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-189 (Manila #2 Cem) Unknown (Ft. Stotsenberg Cem)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 479	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) YZELMAN, Charles R.		RANK SM1/c	SERIAL No.	ORGANIZATION US Navy	GRAVE No. 481	
SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, T/4, GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT 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.						

Am 1021

Incl 38

RESTRICTED

LEFT LITTLE FINGER
11 JAN 1946
 LEFT RING FINGER

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


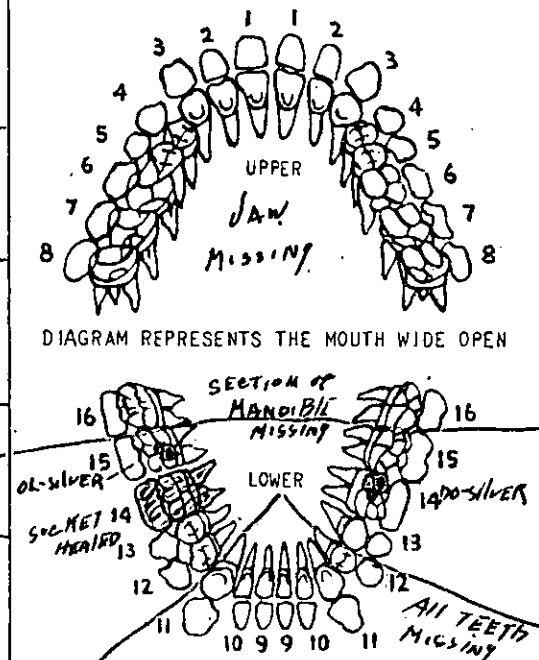




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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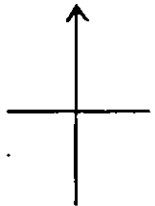
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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:

1. Skull crashed so that a tooth chart is impossible to make.
2. No disc.