

29 3unk P.I. (Misc) Manila #2

QMENT 293  
GCS Far East

(X-80, 193, 286, 298, 340, 347  
1997, 3177, & X-3660)

9 AUG 1949

SUBJECT: Identification of World War II Deceased

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

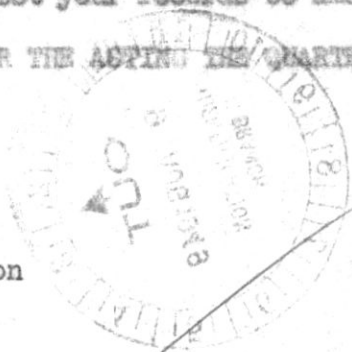
ATTN: AGRS, PHILCOM ZONE

1. Reference is made to findings of unidentifiability for the following unknown deceased:

Unknown X-679,	AGRS Mausoleum Manila, formerly X-193,	USAF Gen., Manila #2
" X-388,	" " " " " X-80,	" " " "
" X-434,	" " " " " X-286,	" " " "
" X-445,	" " " " " X-298,	" " " "
" X-825,	" " " " " X-340,	" " " "
" X-831,	" " " " " X-347,	" " " "
" X-2907,	" " " " " X-1997,	" " " "
" X-2076,	" " " " " X-3177,	" " " "
" X-1228,	" " " " " X-3660,	" " " "

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

FOR THE ACTING CHIEF QUARTERMASTER GENERAL:



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

REB

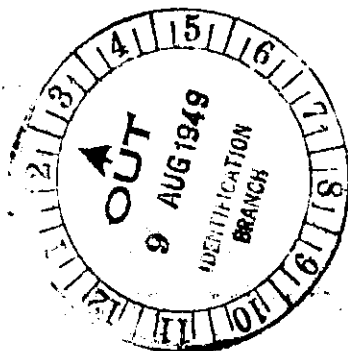
cc: Adm Section

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

X 29 3unk P.I. (X-80, 193, 286, 298, 340, 347, 1997, 3177, X-3660) (Manila #2)

cc: CINCPAC, APO 500

AUG 9 3 34 PM '49  
MAIL & RECORDS SECTION



Handwritten notes in the top left corner, including "Aug 9" and "3:30 PM".

Handwritten initials "MM" in the top center.



293 Unk. P.I. (Misc) (Manila #2) X-80, 193, 286, 298, 340, 347,  
1997, 3177, & X-3660)

~~QUART~~ 293

GRS Far East

8/9/49

SUBJECT: Identification of World War II Deceased

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

ATTN: AGRS, PHILCOM ZONE

1. Reference is made to findings of unidentifiability for the following unknown deceased;

Unknown	X-679,	AGRS MAUSOLEUM MANILA,	Formerly X-193,	USAF Cem., Manila #2.
"	X-388,	"	"	"
"	X-434,	"	"	"
"	X-445,	"	"	"
"	X-825,	"	"	"
"	X-831,	"	"	"
"	X2907,	"	"	"
"	X-2076,	"	"	"
"	X-1228,	"	"	"
			X-80,	"
			X-286,	"
			X-298,	"
			X-340,	"
			X-347,	"
			X-1997,	"
			X-3177,	"
			X-3660,	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

COPY  
CR

*X 293 Unk P.I. X-193 (Manila #2)*

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

OSCR 293.9

ARO 707

SUBJECT: Unidentifiable Remains

25 JUL 1949

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 OSCR 293, GCS (War East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at ACPB Manila, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-197	ACPS	Male	UNKNOWN	X-1480	ACPS	Male
"	X-272	ACPS	Male	"	X-1495	ACPS	Male
"	X-388	ACPS	Male	"	X-2076	ACPS	Male
"	X-434	ACPS	Male	"	X-2512	ACPS	Male
"	X-445	ACPS	Male	"	X-2907	ACPS	Male
"	X-679	ACPS	Male	"	X-3640	ACPS	Male
"	X-825	ACPS	Male	"	X-5101	ACPS	Male
"	X-831	ACPS	Male	"	X-5102	ACPS	Male
"	X-1228	ACPS	Male	"	X-5106	ACPS	Male

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

FOR THE COMMANDING GENERAL:

18 Encls  
GIC Form 1044 w/certification  
of Unidentifiability

/s/ John H. Weston, Jr.  
JOHN H. WESTON JR.  
1st Lt      ACD  
Asst      Adj      Gen

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

OSCR 293.9

APO 707

SUBJECT: Unidentifiable Remains

25 JUL 1949

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 OSCR 293, OCS (War Dept), dated 17 September 1948, subject: Resolution of Cases of Unidentified Decedents, the following Unknown remains, presently stored at AFPS Honsalem, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-197	ACRS	Male	UNKNOWN	X-1488	ACRS	Male
"	X-272	ACRS	Male	"	X-2495	ACRS	Male
"	X-388	ACRS	Male	"	X-2876	ACRS	Male
"	X-434	ACRS	Male	"	X-2542	ACRS	Male
"	X-445	ACRS	Male	"	X-2907	ACRS	Male
"	X-579	ACRS	Male	"	X-3650	ACRS	Male
"	X-625	ACRS	Male	"	X-5101	ACRS	Male
"	X-891	ACRS	Male	"	X-5102	ACRS	Male
"	X-1228	ACRS	Male	"	X-5106	ACRS	Male

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

FOR THE COMMANDING GENERAL:

18 Incls  
GIC Form 1044 w/certificates  
of Unidentifiability

/s/ John H. Weston, Jr.  
JOHN H. WESTON JR  
1st Lt           ACD  
Asst           Adj   Gen

/ics

/bpm

1

Interred 20 July 1949  
L 3 58 Ft. McKinloy

*Chas. R. Mark*  
CARL R. MARK

DISINTERMENT DIRECTIVE

Comptroller Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 02875

DATE  
15 06 48  
DAY MONTH YEAR

NAME: UNKNOWN X-000193 SERIAL NUMBER: RANK: ARM: 0 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: USAF CEMETERY MANILA NO 2 DISPOSITION OF REMAINS: 0 7701 80 CODE DIST. PT.

LOT: F12 ROW: 4 GRAVE: 486 COUNTRY: 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-193, UNK X-679 (Maus) SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 21 Sept. 1948

IDENTIFICATION TAG ON: 5 REMAINS, 1 MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: CLIFFORD INGROVILLE, Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: MAINOR DISCREPANCIES: Two (2) Identification Tags - UNK X-679 (Maus)

REMAINS PREPARED AND PLACED IN CASKET: DATE: 21 Sept. 1948 BY: CLIFFORD INGROVILLE

CASKET SEALED BY: CLIFFORD INGROVILLE EMBALMER (Signature): *Cliff Ingroville* CLIFFORD INGROVILLE

CASKET BOXED AND MARKED: HORACE L. ALLISON SGT., Inf. DATE: 21 Sept. 48 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*  
CORCINE C. KAYANAN, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

9 AUG 1948  
REPATRIATION  
BRANCH  
MEM. DIV.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carver Mark</i>	DATE <b>20 JUL 1949</b>

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <b>(BY ADMINISTRATIVE DECISION)</b>	DATE

## 6. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
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

REPAIRS  
 RECORDS SECTION  
 JUL 22 1949

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

8 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-193, Plot 2,  
Row 4, Grave 486, 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  
Captain, QMC  
Chief, Records Branch

Attch: Form 1044

Received 2 August 1949 OQMS  
Not identifiable from  
information presently  
available

  
9 August 1949

Incl. #6'



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-679 (Formerly Unk X-193 Manila #2)</b>			2. DATE OF REPORT <b>18 July 1949</b>		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>801</b>	<b>E</b>	<b>1273</b>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>145 lbs</b>	9. ESTIMATED HEIGHT <b>5'8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNKNOWN</b>
---------------------------------------	------------------------------------	---------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**NONE**

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

**UTD**

14. WAS BODY BURNED? <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)

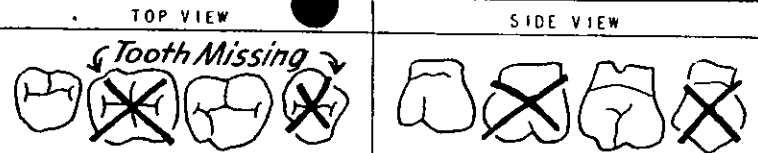
**NONE**

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

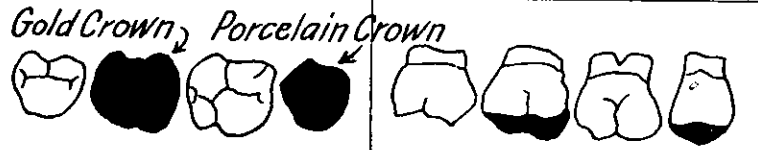
*Incl. # 62*

18. TOOTH CHART

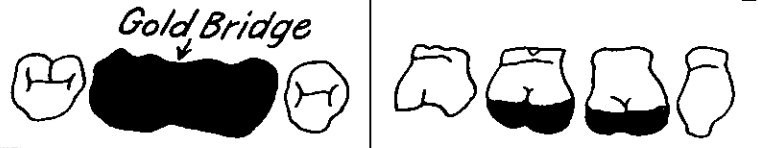
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



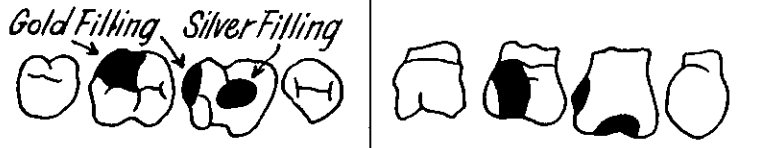
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



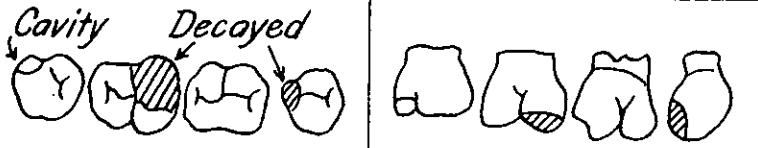
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
← MAXILLA								MISSING →							
Side Views															
UPPER															
Side Views															
LOWER															
Side Views															
A odf		A O						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."

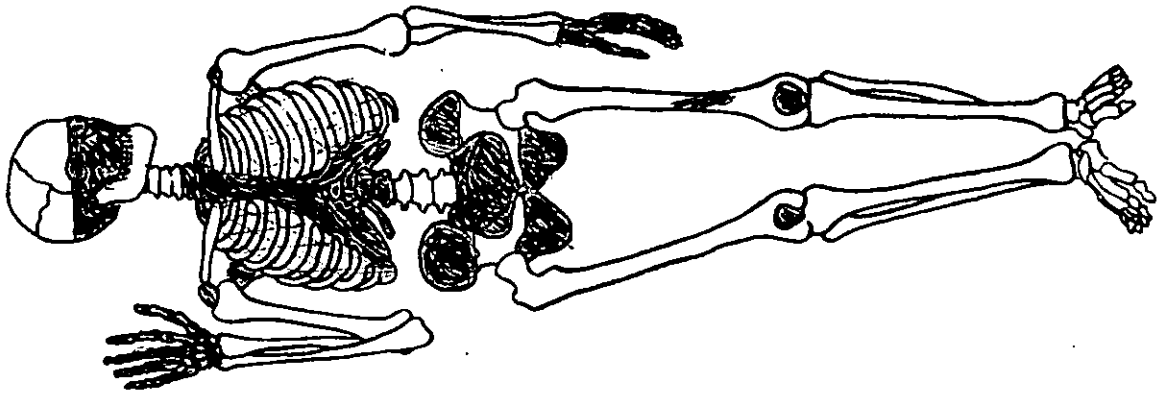
Maxilla and maxillary teeth are missing.

"UNIDENTIFIABLE"

*James J. McDermott*  
 JAMES J. McDERMOTT  
 Laboratory Officer, CIP

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'8"

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 6 lbs.

Circumference of skull - 22 inches.

**"UNIDENTIFIABLE"**

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

X-679

# 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.

UNKNOWN X-679 (Formerly UNK X-193)  
USAF Cem Manila #2, Luzon, P.I.

10 Oct. 47

DATE

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION

Unknown

801

E

1273

PLACE OF DEATH

PLACE OF BURIAL

PLOT HANGER ROW DAY

GRAVE NO.

STORAGE Maxilla 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

RIGHT						LOWER TEETH				LEFT					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	A		A				⊗	⊗							
LOCATION	DO		O												

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

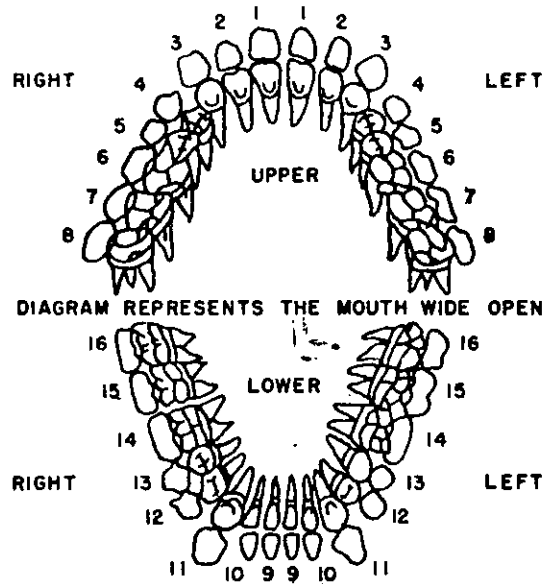
**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

Mandible in poor condition - most of alveolar process PX teeth loose.

/s/ Hilarion V. Castillo  
SIGNATURE OF PERSON WHO PREPARED CHART

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass  
VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

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-679 (Formerly  
 Unknown X-193 USAF Cem Manila #2, Luzon FI  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 801 <sup>HANGER</sup> Row E <sup>BAY</sup> Grave 1273 <sup>CRIF.</sup>

CIP, AGRS Mslm, Manila, P.I.

1. Arrived at cemetery 9 Oct 47  
(Hour) (Date)
2. Place of death Unknown  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by AGRS Cem Maintenance Team #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	N		
Sweater	N		
Jacket, HBT	E		
* Shirt, Wool OD	/		
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 5'8" Est. Weight 145 lbs 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 D (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 ..... 22  
 (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)

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 the condition of remains.

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

9. Remarks No ROI found with remains. No means of identification. No personal effects. Estimated weight of remains, six (6) 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)

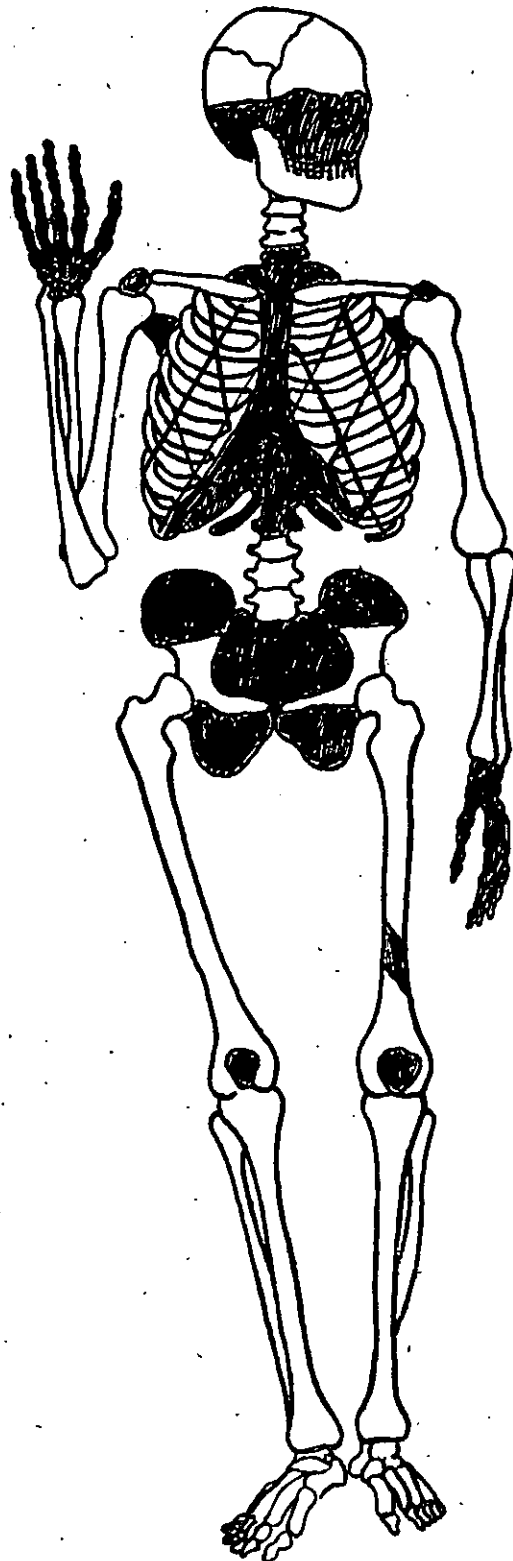
CERTIFIED TRUE COPY:

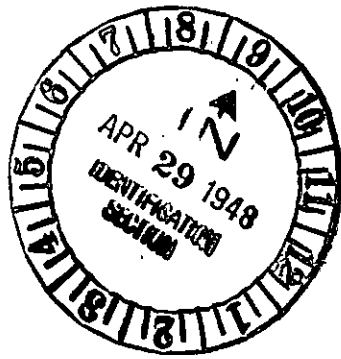
*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

# SKELETAL CHART

X-679

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





APR 29 1948

RESTRICTED

U 694

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-679 (Formerly UNK X-193  
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

Unknown

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)

RECORDS BRANCH  
MEMORIAL DIVISION  
DEC 22 2 55 PM '47

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	Casket	None	HANGER 801	BAY E	CRYPT 1273

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.

486

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

STORED

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

STORED

UNKNOWN X-686

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

1275

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

STORED

UNKNOWN X-674

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

1271

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S 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.

RESTRICTED

and 546

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


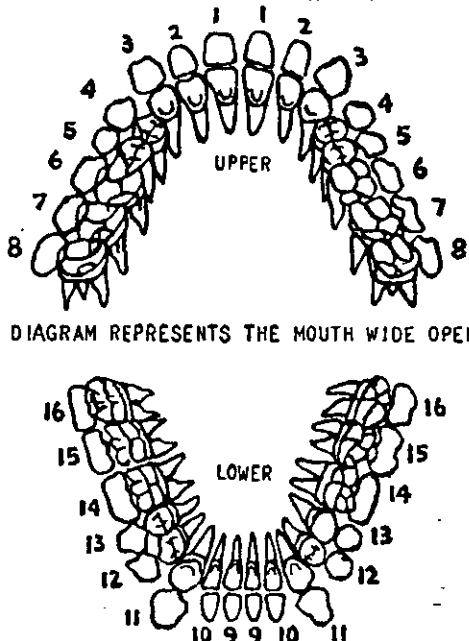




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

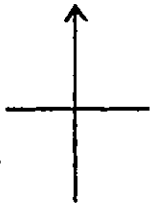
<b>HEIGHT</b>	<b>WEIGHT</b>	<b>COLOR OF EYES</b>	<b>COLOR OF HAIR</b>	<b>BIRTHMARKS, SCARS, OR TATTOOS</b>
---------------	---------------	----------------------	----------------------	--------------------------------------

<b>WEAPON AND SERIAL NO.</b>	<b>LAUNDRY MARKS</b>	<b>WHERE BODY WAS BURIED OR FOUND</b>
------------------------------	----------------------	---------------------------------------

**OTHER IDENTIFICATION CLUES**

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

R X

RESTRICTED U

U 694

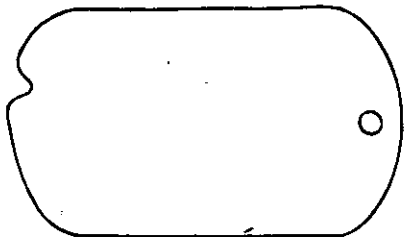
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

10 Dec. 45

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-193 (Manila #2 Cem)  
Unknown (Ft Wm McKinley Cem)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

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 unidentifised, 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

Inf 994

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	1600	Shelter Half	Cross	2	4	486

WAS THIS A REBURIAL?  
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

Ft Wm McKinley Cem., Luzon, P. I.

PLOT No.	ROW No.	GRAVE No.
G	2	3

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

Information in bottle buried with body destroyed.

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-192 (Manila #2 Cem)  
Unknown ( Ft. Wm McKinley Cem)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

485

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

UNKNOWN X-194 (Manila #2 Cem)  
Unknown ( Ft. Wm McKinley Cem)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

487

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.

RESTRICTED

**31 JAN 1946**

**Section 3.— UNIDENTIFIED REMAINS.**


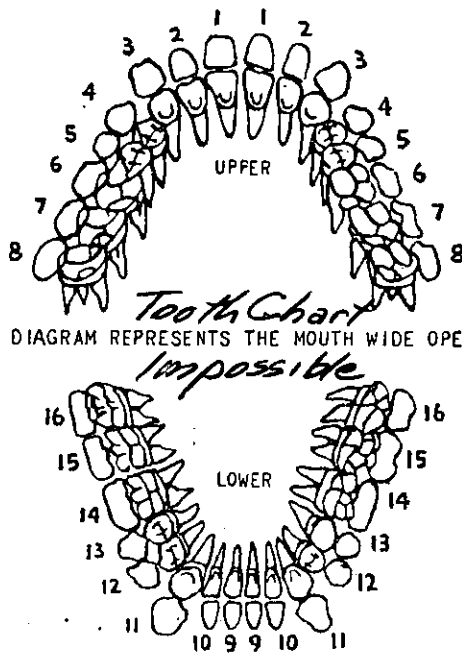




**INSTRUCTIONS:**

(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.

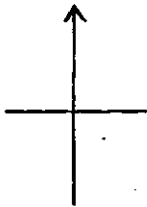
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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 align="center"><i>Tooth Chart</i> DIAGRAM REPRESENTS THE MOUTH WIDE OPEN <i>Impossible</i></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. Tooth Chart impossible.
2. ( )