

OMGMT 293
GRS Far East

1 February 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

Unknown X-168,	ACRS Maus Manila, formerly X-3970,	USAF Cem Manila #2
" X-839,	" " " " " X-357,	" " " "
" X-840,	" " " " " X-358,	" " " "
" X-805,	" " " " " X-320,	" " " "
" X-443,	" " " " " X-296,	" " " "
" X-435,	" " " " " X-288,	" " " "
" X-418,	" " " " " X-270,	" " " "
" X-416,	" " " " " X-268,	" " " "
" X-680,	" " " " " X-194,	" " " "
" X-677,	" " " " " X-191,	" " " "
" X-615,	" " " " " X-126,	" " " "
" X-616,	" " " " " X-127,	" " " "
" X-605,	" " " " " X-118,	" " " "
" X-364,	" " " " " X-42,	" " " "
" X-3630,	" " " " " X-3676,	" " " "
" X-3183,	" " " " " X-1020,	" " " "
" X-4159,	USAF Cem Manila #2, formerly Oleris,	ACRS Maus Manila
" X-4157,	" " " " " Gunn, A. H.,	ACRS Maus Manila

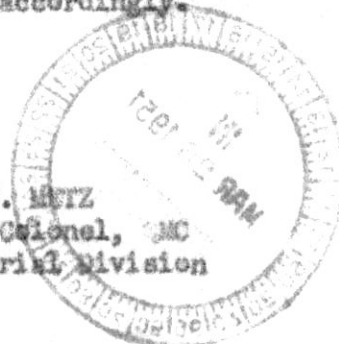
2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

cc: AdmSection

A. C. King:dal
L. M. White
J. Windsor

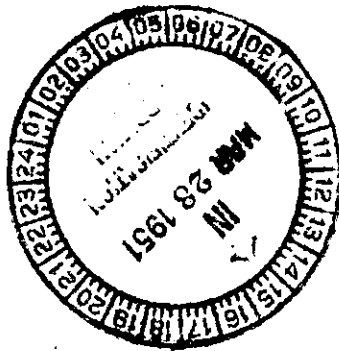
T. H. METZ
Lt. Colonel, MC
Memorial Division



R&B

T&C

Copy furnished: CINCPAC, APO 500



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900
11 January 1950

GRPZ 293

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 reason of lack of sufficient identifying data:

UNKNOWN X-168 AGRS Mslm	UNKNOWN X-616 AGRS Mslm
" X-289 " "	" X-677 " "
" X-364 " "	" X-680 " "
" X-416 " "	" X-805 " "
" X-418 " "	" X-839 " "
" X-435 " "	" X-840 " "
" X-443 " "	" X-2371 " "
" X-605 " "	" X-2372 " "
" X-615 " "	

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

FOR THE QUARTER COMMANDING OFFICER:

17 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHEPULA
1st Lt., Infantry
Adjutant

RECEIVED JAN 20 1950

/drs

1

Interred 9 February 1950
D 15 5 Ft. McKinley

DISINTERMENT DIRECTIVE

Caremark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 02876

DATE

15 06 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

~~UNKNOWN X - 000194~~

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

~~USAF CEMETERY MANILA NO 2~~

7701 80

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

F12 4 487 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-194
UNK X-680 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

21 Sept. 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

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

MINOR DISCREPANCIES 1

One (1) Marker and one (1) Identification Tag - UNK X-680 (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.

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

REPATRIATION
BRANCH
MEMO. FILE

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mack</i>	DATE FEB 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	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 (BY AUTHORITY OF THE DECISION)	DATE

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
PACILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

9 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 194 , Plot 2 ,
Row 4 , Grave 487 , USMC USAF Cem Manila #2 , have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:



B. MCNEMAR
Captain, OMC
Chief, Records Branch

Atch: Form 1044

Received 20 Jan 1950 0910
Not identifiable from
information presently
available 7 Feb. 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-680 (Formerly X-194, USAF Cem Manila #2)	2. DATE OF REPORT 10 Jan. 1950
----------------------------------------------------------------------------	------------------------------------------

3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT HANGAR	5. ROW BAY	6. GRAVE CRYPT	7. DATE OF	
	801	E	1268	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 8"	10. COLOR OF HAIR U T D	11. RACE Unknown
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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

U T D

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? (Badly decomposed)
----------------------------------------------------------------------------------------------	----------------------------------------------

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)

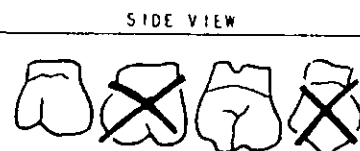
N O N E

REASON FOR ENTRY: ...

... DATA

2

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:



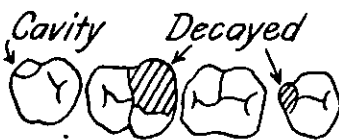
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



Missing

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	A	A	A	A			<i>Missing</i>					A	P	P	A
omd	omd	omd	om												omf
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
			A	OD								X	X	A	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

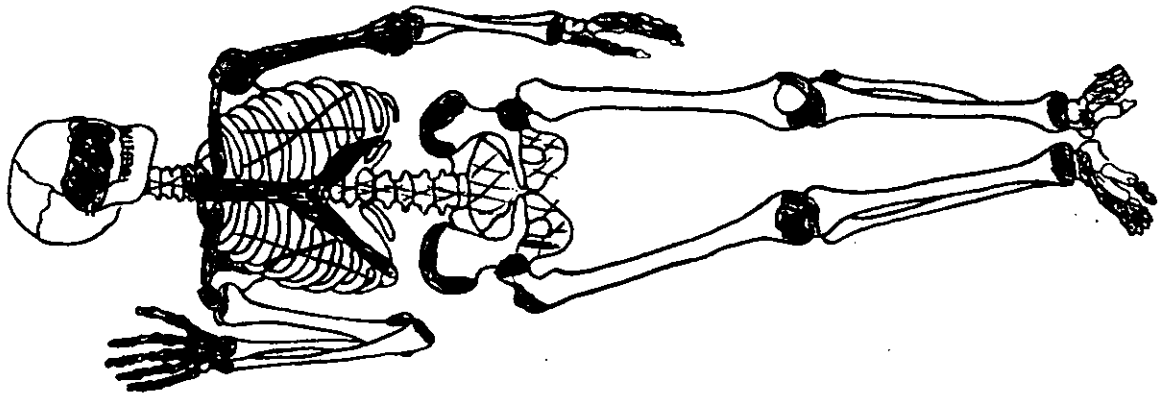
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R-4 carious occlusal.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 I.D. tags, burial bottle, personal effects, or other means of identification found with remains.

Estimated weight of remains - 8 lbs.

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
Paul R. Nichols

X-680

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-680 (Formerly UNK X-194) 10 Oct 47
 USAF Cem Manila #2, Luzon, P.I. DATE
 Unknown Unknown
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown
 UNIT ORGANIZATION

Unknown AGRS Mausoleum,
 PLACE OF DEATH Manila, P.I. 801 E 1268
 PLACE OF BURIAL PLOT HANGER ROW BAY GRAVE NO. CRIP.

Missing STORAGE

	RIGHT								UPPER TEETH								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8									
TYPE	A	A	A	A	A	P	X	X	X	X	X	X	A	X	X	A	TYPE								
LOCATION	mod	mod	mod	mod	mod								do			mod	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		X	X	A	A								X	X	A		TYPE
LOCATION				mod	do										do		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>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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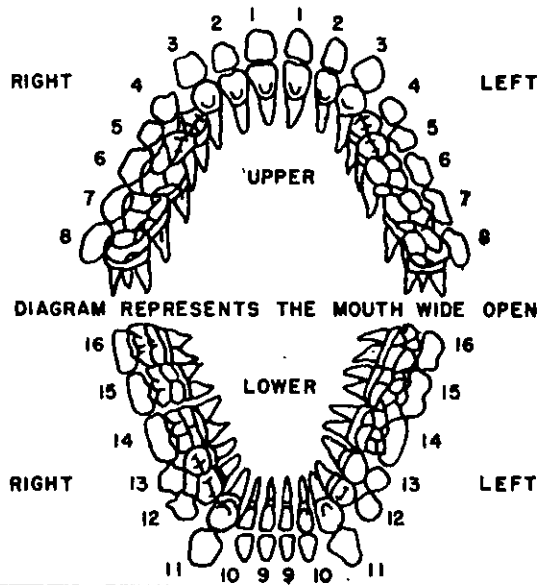
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

No maxilla unable to determine whether missing.
Teeth are X or PX.

/s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ RUSSELL SMITH T/4
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mausoleum
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass
VERIFIED BY GRS OFFICER

/p/ FELIX GLASS, Capt., D.C.
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)

(Formerly UNK X-194 USA
 Unknown X 680 (Cem Manila #2, Luzon, P.
 Cemetery AGRS Mausoleum, Manila P.I.
 Plot 801 HANGER Row E BAY CRYP Grave 1268)

1. Arrived at cemetery 7 Oct 47
(Hour) (Date)
2. Place of death Unknwon
(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	N		
Mackinaw	O		
Sweater	N		
Jacket, HBT	E		
* Shirt, Wool OD	///		
Undershirt, Wool	///		
Undershirt, Cotton	///		
Trousers, HBT	///		
* Trousers, Wool OD	///		

Belt, web /
Drawers, wool /
Drawers, cotton ^N /
Leggings, wool ^O /
Socks, cotton ^N /
* Shoes (type) /
Overshoes /
Web Equipment (type) /

(Other item) A water canteen and cup, no markings

(Other item) /

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or ^U /
Insignia ^T /
(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: Skeletal remains only, Chart attached.

Age / Est. Height 5'8" Est. Weight 155 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 ^U /
^T (Light, medium, dark, clear, pimples, pocks, freckles)

Build ^D /
(Large, fat, thin, muscular)

Hair /
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair /
(Baldness, widow's peak, distinctive cutting or other characteristics)

Sideburns (Color, setting, shape) /
Mustache (Color, size, shape) /
Beard or (Length, heavy)

Goatee (Light, color, extent)

Eyes (Color, setting, shape) Eyebrows (Color, bushiness, extent across nose)

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

Mouth D (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 ^{skull} ~~head~~ in inches **21 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 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers T (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 (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 identification tags, ROI or EHM personal effects
recovered with the remains. Estimated weight of remains
8 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ Edward H. Marshall
(Officer's Name)

SP-8 C-062874
Rank Service

AGRS Mausoleum 10 Oct 47
(Organization)

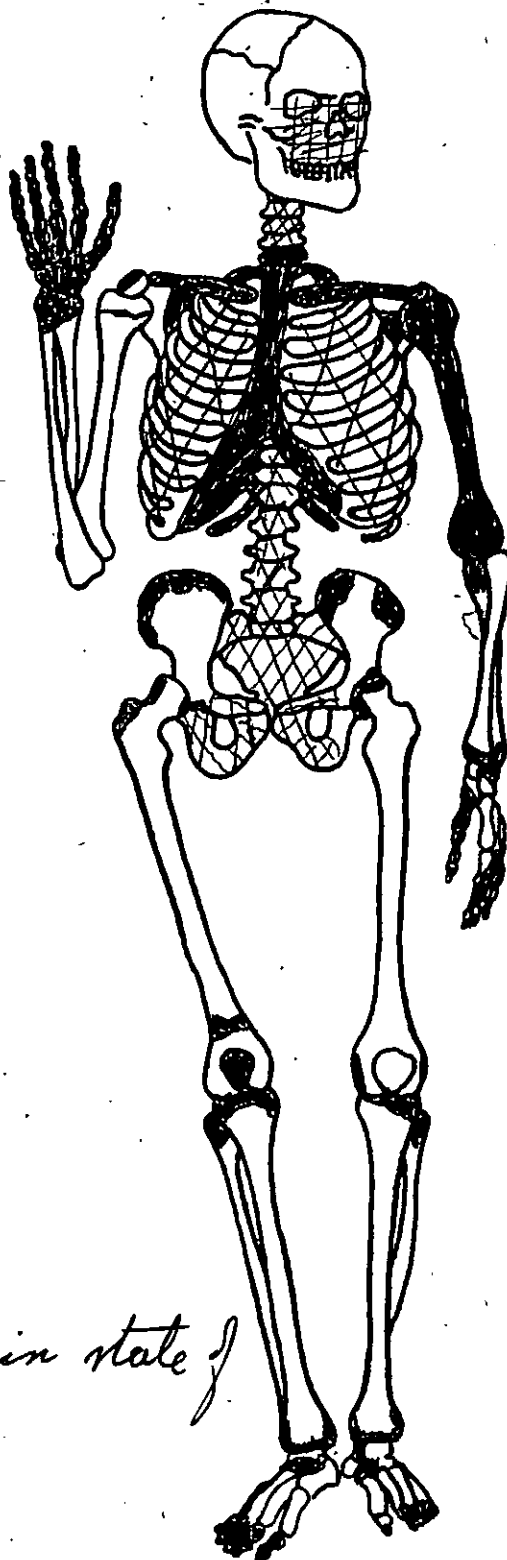
CERTIFIED TRUE COPY:

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

SKELETAL CHART

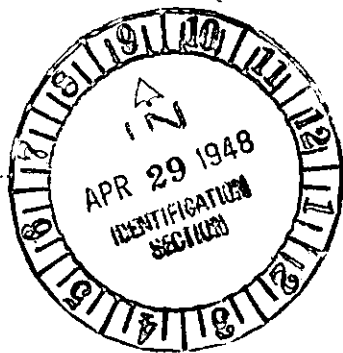
X-680

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



34 Rib Fragments
vertebrae Broken &
Crushed
Small Bone Fragments
Too small To place

Remains in state of
decay



APR 29 1949

690

RESTRICTED

U 690

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-680 (Formerly UNK X-194
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)

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. ROW No. GRAVE No.

CHANGELAY CRYPT
801 E 1268

WAS THIS A REBURIAL?
(Yes or no) RESTORED

Yes

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

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

PLOT No. ROW No. GRAVE No.
2 4 487

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-688

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
1270

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

UNKNOWN X-691

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
1266

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOPIC 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

2 of 1571

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.


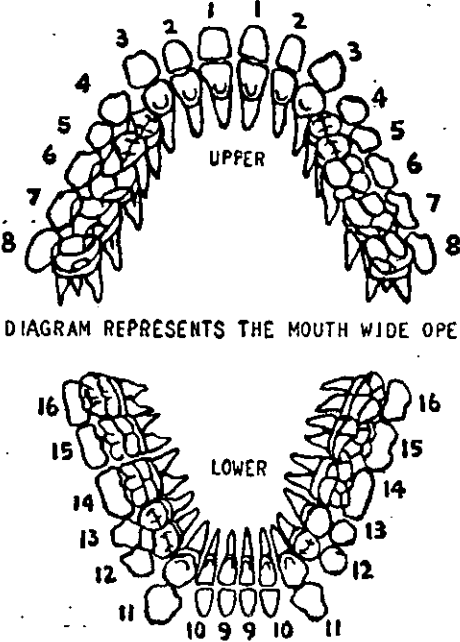




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

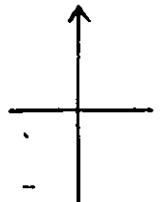
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.

18 NOV 1951

RESTRICTED

U 690

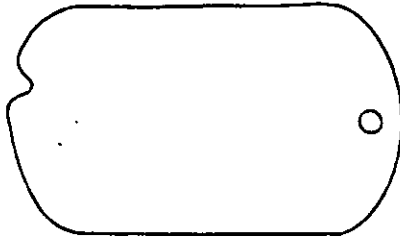
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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)		SERIAL NO.
UNKNOWN X-194 (Manila #2 Cem) Unknown (Ft Wm McKinley Cem)		
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)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
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	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	487

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-193 (Manila #2 Cem) Unknown (Ft Wm McKinley Cem)				486

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-195 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)				488

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER-VERIFYING REPORT
R. C. BARRETT, T/4, GRS.	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

Handwritten: Mel 82

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.

11 JAN 1946

33 JAN 1946

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


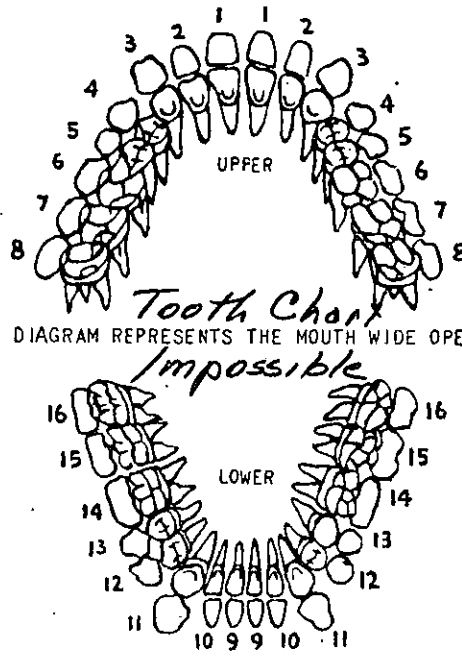




RIGHT
LITTLE FINGER

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

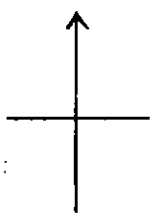
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

- One (1) canteen and cup found in grave

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

- Tooth Chart impossible.
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