

QMGM 293
GRS Far East

13 June 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 remains:

Unknown X-339	AGRS Mausoleum Manila formerly X-21	Manila #2
Unknown X-359	AGRS Mausoleum Manila formerly X-34	Manila #2
Unknown X-373	AGRS Mausoleum Manila formerly X-78	Manila #2
Unknown X-431	AGRS Mausoleum Manila formerly X-283	Manila #2
Unknown X-713	AGRS Mausoleum Manila formerly X-228	Manila #2
Unknown X-714	AGRS Mausoleum Manila formerly X-229	Manila #2
Unknown X-1124	AGRS Mausoleum Manila formerly X-3767	Manila #2
Unknown X-1125	AGRS Mausoleum Manila formerly X-3768	Manila #2
Unknown X-1617	AGRS Mausoleum Manila formerly X-3495	Manila #2
Unknown X-1701	AGRS Mausoleum Manila formerly X-3409	Manila #2
Unknown X-1929	AGRS Mausoleum Manila formerly X-3263	Manila #2
Unknown X-1937	AGRS Mausoleum Manila formerly X-3325	Manila #2
Unknown X-1972	AGRS Mausoleum Manila formerly X-3266	Manila #2
Unknown X-2389	AGRS Mausoleum Manila formerly X-3109	Manila #2
Unknown X-3629	AGRS Mausoleum Manila formerly X-3675	Manila #2

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

FOR THE QUARTERMASTER GENERAL

cc: Adm Section
T. Sanborn:pmr
L. V. Monzel
J. Windsor

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

DISINTERMENT DIRECTIVE

Interred 1 July 1949
F 16 51 Ft. McKinley

Heureston
CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00075

DATE
15 06 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	UNKNOWNX-000229		Q	
CEMETERY	DISPOSITION OF REMAINS			
USAF CEMETERY MANILA NO 2	7701 80			
LOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
2	8	1014	PHILIPPINE ISLANDS	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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-229 UNK X-714 (Maus)			30 Dec '44	21 Sept '48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		ALEXANDER P. PETTICE Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

Two Tags - UNKNOWN X-714, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept '48 BY ALEXANDER P. PETTICE

CASKET SEALED BY ALEXANDER P. PETTICE
EMBALMER (Signature) *Alexander P. Pettice*
ALEXANDER P. PETTICE

CASKET BOXED AND MARKED 21 Sept '48
DATE BY HORACE E. ALLISON, Sgt Inf CORSIWE C. KAVANAN, 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.

REPATRIATION RECORD
JUL 20 1949

Caroline C. Kavanan
CORSIWE C. KAVANAN, 1st Lt., Inf

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

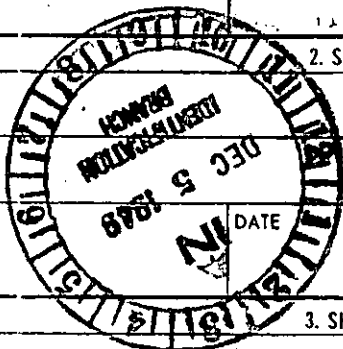
1 AUG 1949
REPATRIATION BRANCH
MEM. DIV.

NLN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl B. ...</i>	DATE 1 JUL 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 <i>PIRKHOM</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORL MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER (LOS ANGELES BRANCH)	DATE

6. SHIPPED

FROM LOS ANGELES BRANCH		TO LOS ANGELES BRANCH	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>W. B. ...</i>	DATE NOV 11 1948	SIGNATURE OF RECEIVER <i>W. B. ...</i>	DATE NOV 11 1948

7. SHIPPED

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

DATE 9 Oct 1947

293

NAME: Unknown X-229

P.D.

(Manila #2)

RANK _____

ASN: _____

BURIAL INFORMATION FOR RECONCENTRATIONS AS SHOWN ON CEMETERY FIELD ROSTER:

"PRESENT BURIAL LOCATION"

MANILA # 2	4	23	2902
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

"PREVIOUS BURIAL LOCATION"

PELELIU ISLAND, PALAU ISLANDS	6	11	163
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

REMARKS _____

FILE: X

H.A.T. X

DATE: 9 Oct 1947

NAME: C. Langston

F/AUDIT SECTION

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

6 May 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 229, Plot 2,
Row 8, Grave 1014, USMC _____ 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, QMG
Chief, Records Branch

Attch: Form 1044

Received 5/30/49 QMG
Not identifiable from
information presently
available

6/8/49 Sanborn, T.

Encl. #1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X- 714 (Formerly Unk X- 229 Manila # 2)				2. DATE OF REPORT 6 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1235	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
-------------------------------	-------------------------------	-----------------------------	---------------------

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?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E


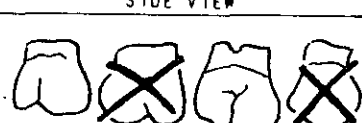








17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl # 72

TOOTH CHART

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views								Side Views							
UPPER								UPPER							
Side Views								Side Views							
MANDIBLE								MISSING							
LOWER								LOWER							
Side Views								Side Views							
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."

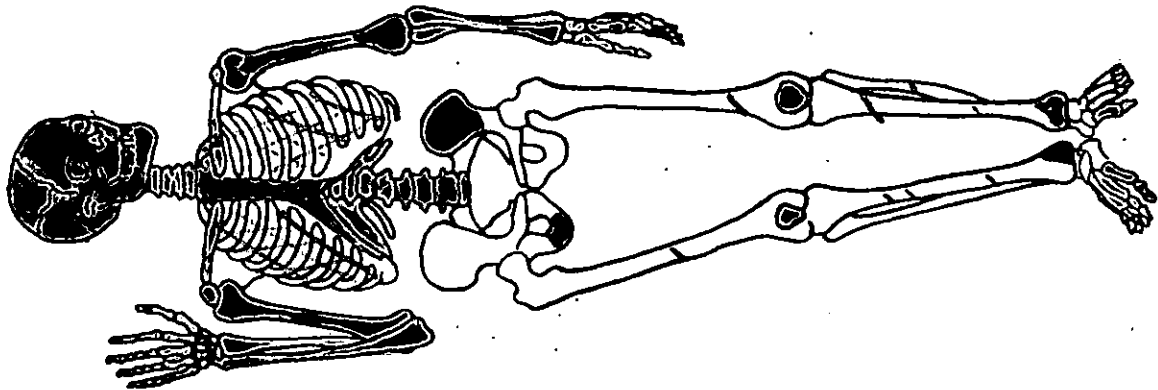
No loose teeth present with remains. ---

J. J. McDermott
 J. J. McDERMOTT
 Laboratory Officer, CIP

"UNIDENTIFIABLE"

"REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT 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 effects found with remains.

Estimated weight of remains - 2 1/2 lbs.

RECORDED IN THE RECORDS OF THE
"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

IDENTIFICATION CHECK LIST

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

/af

UNKNOWN X-714 (Formerly
 Unknown X -229, USAF Cem Manila #2, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 801 ^{RANGER} Row E ^{CR+PT} Grave 1235

CIP, AGRS Mausoleum

1. Arrived at ~~cemetery~~ 10 Oct 47
(Hour) (Date)

2. Place of death Luzon, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by C.M.T. No. 1
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	//		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/	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
 Leggings, wool
 Socks, cotton
 * Shoes (type) N
 Overshoes O 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. Remains badly mangled.

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

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

Teeth (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference^T 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 (Unusual characteristics of fingernails)

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

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 (Thick, 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? No If not, explain No skull
(Yes-no)

9. Remarks No ROI bottle nor identification tags received. No personal effects found with remains. Weight of remains is estimated to be about 2 1/2-lbs. Cannot determine the height and weight because the remains are badly mangled.

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)

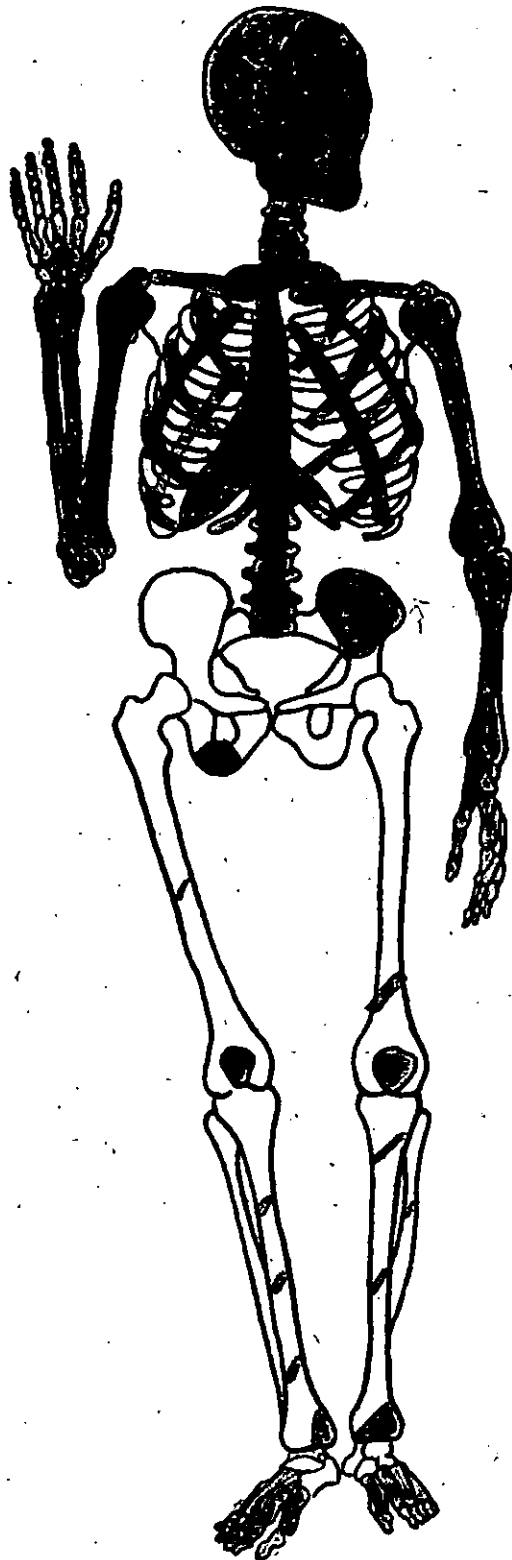
CERTIFIED TRUE COPY:

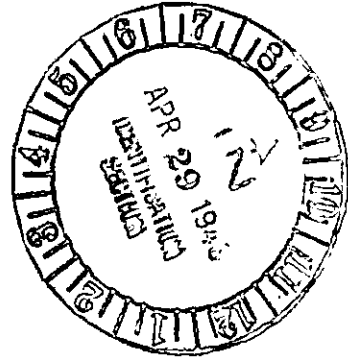
George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAC

SKELETAL CHART

X-714

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





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

15 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-714 (Formerly UNK X-229,
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

Luzon, P.I.

CAUSE OF DEATH

KIA EA Body decomposed and mangled.

DATE OF DEATH

30 Dec 44

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

REPARATION
RECORDS BRANCH
DEC 22 2 54 PM '47
MEMORIAL DIVISION

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)

Casket

TYPE OF GRAVE
MARKER

None

PLOT No.
RANGER

801

ROW No.
BAT

E

GRAVE No.
CRYPT

1235

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.

8

GRAVE No.

1014

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-667

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

1237

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

STORED

UNKNOWN X-718

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

1233

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.

2d 52j

Section 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.

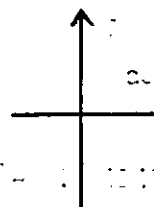
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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



REMARKS:

Identification Check List accomplished.

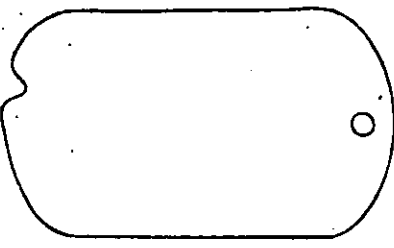
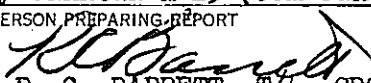
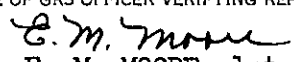
NOV 18 NOV 1947

RX

RESTRICTED

U-92

U 93

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 5 Jan 46	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) U N K N O W N X-229 (Cem Manila #2) Formerly UNKNOWN X-7 (Cem San Jose #1)			SERIAL No. Unknown		
		GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown			
		RACE	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Luzon, PI	CAUSE OF DEATH KIA-EA-Body decomposed & mangled			DATE OF DEATH 30 Dec 44			
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 Jan 14 11 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 11 Dec 45	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 8	GRAVE No. 1014	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem San Jose #1, Mindoro, PI 86.8-05.7			PLOT No. 1	ROW No. 5	GRAVE No. 64	
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) U N K N O W N X-228 (Cem Manila #2) Formerly UNKNOWN X-6 (Cem San Jose #1)		RANK Unknown	SERIAL No. Unknown	ORGANIZATION Unknown	GRAVE No. 1013		
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) U N K N O W N X-230 (Cem Manila #2) Formerly UNKNOWN X-15 (Cem San Jose #1)		RANK Unknown	SERIAL No. Unknown	ORGANIZATION USN n	GRAVE No. 1015		
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, T/4, GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. M. MOORE, 1st Lt., OMC.				
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 95

RESTRICTED

Section 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.

10 FEB 1948

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER


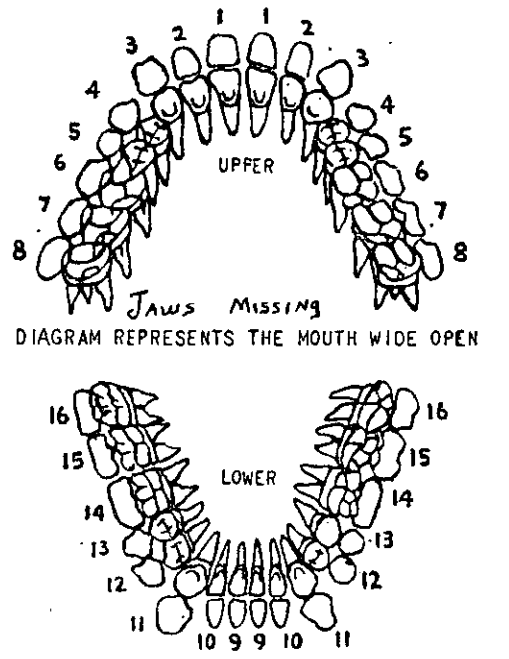




RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

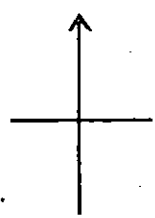
RIGHT
LITTLE FINGER

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

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>JAWS MISSING</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:

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

20 Jun 45

U 93

Unknown X-7

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
			30 Dec 1944	KIA-EA-body	decomposed and mangled
(Place of death)		(Date of death)		(Cause of death)	
0930 3 Jan 1945		USAF Cem San Jose No.1 Mindoro PI		86.8-05.7	
(Time and date of burial)		(Name of cemetery)		(Name or co-ordinates of location)	

64	5	1	V-shaped
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
Disposition of identification tags: Buried with body? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Attached to marker? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

Religion.....

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT	Unknown X-6				63
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	Unknown X-8				65
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same: None

(21) 41

RESTRICTED

Auth: AR 30-1815 C2

~~CONFIDENTIAL~~

J. E. Roth 9/27/50

LEFT HAND

2

3

4

1

THUMB

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

Height : Apparent nationality :
Weight : Laundry marks :
Color of eyes : Number of rifle :
Color of hair : Wear glasses ?
Race : Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc. :

Body so badly decomposed that identification impossible.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

Fred T. Huffman
Fred T. Huffman Sgt OMC

(Signature of officer or other person reporting burial)

Bertram Koening
A. BERTRAM KOENIG OMC

(Verified by Army GRS Office)

RIGHT HAND

2

3

4

1

THUMB

RECEIVED
26 MAY 1945