

QMGMT 293  
GRS Far East

2 September 1949

SUBJECT: Approval of Unidentifiability

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-2686,	AGRS	Mausoleum	Manila,	formerly	X-2834,	USAF	Cem.,	Manila	#2
"	X-2684,	"	"	"	"	X-2832,	"	"	"	#2
"	X-2682,	"	"	"	"	X-2830,	"	"	"	#2
"	X-2783,	"	"	"	"	X-2841,	"	"	"	#2
"	X-2779,	"	"	"	"	X-2857,	"	"	"	#2
"	X-2764,	"	"	"	"	X-2862,	"	"	"	#2
"	X-2762,	"	"	"	"	X-2860,	"	"	"	#2
"	X-2777,	"	"	"	"	X-2855,	"	"	"	#2
"	X-2774,	"	"	"	"	X-2852,	"	"	"	#2
"	X-2778,	"	"	"	"	X-2856,	"	"	"	#2
"	X-2744,	"	"	"	"	X-2814,	"	"	"	#2
"	X-2722,	"	"	"	"	X-2823,	"	"	"	#2
"	X-2742,	"	"	"	"	X-2812,	"	"	"	#2
"	X-2719,	"	"	"	"	X-2819,	"	"	"	#2
"	X-2679,	"	"	"	"	X-2806,	"	"	"	#2
"	X-2771,	"	"	"	"	X-2869,	"	"	"	#2
"	X-2770,	"	"	"	"	X-2868,	"	"	"	#2
"	X-2753,	"	"	"	"	X-2871,	"	"	"	#2
"	X-2754,	"	"	"	"	X-2872,	"	"	"	#2
"	X-2752,	"	"	"	"	X-2870,	"	"	"	#2
"	X-2691,	"	"	"	"	X-2839,	"	"	"	#2
"	X-2690,	"	"	"	"	X-2838,	"	"	"	#2
"	X-2689,	"	"	"	"	X-2837,	"	"	"	#2
"	X-2414,	"	"	"	"	X-3126,	"	"	"	#2
"	X-1975,	"	"	"	"	X-3270,	"	"	"	#2
"	X-1947,	"	"	"	"	X-3282,	"	"	"	#2
"	X-1940,	"	"	"	"	X-3328,	"	"	"	#2
"	X-1699,	"	"	"	"	X-3407,	"	"	"	#2
"	X-1631,	"	"	"	"	X-3452,	"	"	"	#2
"	X-1405,	"	"	"	"	X-3996,	"	"	"	#2
"	X-1379,	"	"	"	"	X-3961,	"	"	"	#2
"	X- 832,	"	"	"	"	X- 348,	"	"	"	#2

*File  
15 Aug 50  
W. J. A.  
G. J. A.*

*1007*

QMSPT 298  
 QMS Far East  
 SUBJECT: Approval of Unidentifiability

Ltr 2 September 1949

Unknown	X- 810,	AGNS Mausoleum Manila,	formerly	X- 325,	USAF Cem.,	Manila	f2
"	X- 723,	"	"	X- 240,	"	"	f2
"	X- 687,	"	"	X- 201,	"	"	f2
"	X- 654,	"	"	X- 167,	"	"	f2
"	X- 597,	"	"	X- 105,	"	"	f2
"	X- 456,	"	"	X- 209,	"	"	f2
"	X-2766,	"	"	X-2874,	"	"	f2
"	X-2767,	"	"	X-2875,	"	"	f2
"	X-2768,	"	"	X-2877,	"	"	f2
"	X-2858,	"	"	X-2854,	"	"	f2
"	X-2854,	"	"	X-2855,	"	"	f2
"	X-2855,	"	"	X-2856,	"	"	f2
"	X-2859,	"	"	X-2860,	"	"	f2
"	X-2860,	"	"	X-2861,	"	"	f2
"	X-2861,	"	"	X-2862,	"	"	f2
"	X-2800,	"	"	X-2850,	"	"	f2
"	X-2801,	"	"	X-2851,	"	"	f2
"	X-2751-a,	"	"	X-2879,	"	"	f2

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

cc: Adm Section  
 T. Sanborn:pmr  
 L. M. White  
 J. Windsor

REB  
 TEC

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

OSOR 293.9

APC 707  
17 AUG 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 OSOR 293, OS (Far East), dated 17 September 1949, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGIS Museum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-162	AGIS	Manila	UNKNOWN	X-1570	AGIS	Manila
"	X-808	"	"	"	X-1605	"	"
"	X-844	"	"	"	X-1631	"	"
"	X-812	"	"	"	X-1699	"	"
"	X-836	"	"	"	X-1940	"	"
"	X-897	"	"	"	X-1947	"	"
"	X-854	"	"	"	X-1975	"	"
"	X-837	"	"	"	X-2247	"	"
"	X-725	"	"	"	X-3614	"	"
"	X-810	"	"	"	X-3149	"	"
"	X-832	"	"	"	X-3149	"	"

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

FOR THE COMMANDING GENERAL:

C. H. LEBLANCK  
2nd Lt., AGC  
Asst. Adj. Gen

22 Incls  
QIC Forms 1044 w/certificates  
of Unidentifiability

OSGR 293.9

APD 707  
17 AUG 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 QMGR 293, OS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGPS Museum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-162	AGPS	Manila	UNKNOWN	X-1570	AGPS	Manila
"	X-808	"	"	"	X-1605	"	"
"	X-844	"	"	"	X-1631	"	"
"	X-512	"	"	"	X-1699	"	"
"	X-656	"	"	"	X-1940	"	"
"	X-897	"	"	"	X-1947	"	"
"	X-654	"	"	"	X-1976	"	"
"	X-637	"	"	"	X-2247	"	"
"	X-725	"	"	"	X-3414	"	"
"	X-610	"	"	"	X-5149	"	"
"	X-632	"	"	"	X-5149	"	"

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

FOR THE COMMANDING GENERAL:

C. H. LEBLANC  
2nd Lt., AGP  
Asst. Adj. Gen

22 Incls  
QIC Forms 1044 w/certificates  
of Unidentifiability

1 /drs

Interred 28 July 1949  
N 7 23 Ft. McKinley  
*Care R. Mark*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00086

DATE  
15 06 48  
DAY MONTH YEAR

NAME  
UNKNOWN X - 000240

SERIAL NUMBER  
UNKNOWN X - 000240

RANK

ARM  
Q  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS  
7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
2 8 1025 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-240  
(Maus) UNK X-723

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
21 Sept 48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
C. MAXLEE FANN  
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- UTK X-723 (Maus)

REMAINS PREPARED AND PLACED IN CASKET  
DATE 21 Sept 48 BY C. MAXLEE FANN

CASKET SEALED BY  
C. MAXLEE FANN

EMBALMER (Signature)  
*C. Maxlee Fann*  
C. MAXLEE FANN

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

SHIPPING ADDRESS VERIFIED BY  
CHARLES R. BATES, 1st Lt., USAFR

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
*Charles R. Bates*  
CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

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

16 AUG 1949

REPAIRATION  
BRANCH  
MEM. DIV. *Hoyt*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>28 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>[Signature]</i>	DATE <b>15 APR 1949</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

## 5. SHIPPED

FROM <b>REPAIRS RECORDS BUREAU</b>		TO	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <b>15 APR 1949</b>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE <b>15 APR 1949</b>

## 6. SHIPPED

FROM <b>S O JONES BRITISH</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

## RECORDED & SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

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-240, Plot 2,  
Row 8, Grave 1025, 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 8/30/49  
Not identifiable from  
information presently  
available 8/31/49  
Samborn, T.  
Adjutant  
OQMG

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-723 (Formerly UNK X-240 Manila No. 2)</b>				2. DATE OF REPORT <b>18 July 1949</b>	
3. NAME OF CEMETERY <b>AGRS MAUSOLEUM, MANILA, P.I.</b>	4. PLOT <b>801</b>	5. ROW <b>F</b>	6. GRAVE <b>1411</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>135 lbs.</b>	9. ESTIMATED HEIGHT <b>5' 6"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>UNKNOWN</b>
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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?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**

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

**N O N E**

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

*Sher? 90*



18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>← Tooth Missing →</p>	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p><b>CARIES (Cavities):</b> 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	
	P	P			P	P	P	P	P	P	P	P			P	P	
Side Views																	Side Views
Top Views																	
Side Views																	
				P		P	P	P	P	P	P	P					
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	See Remarks								See Remarks								

**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."

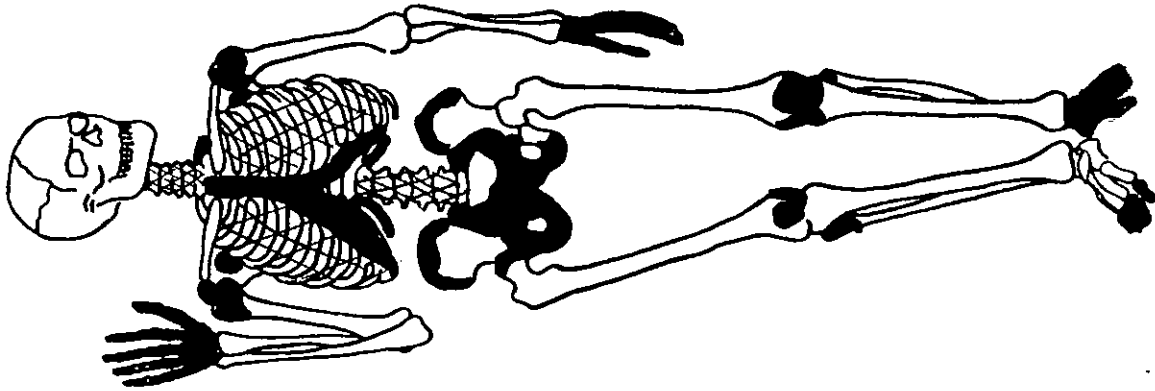
One (1) supernumerary tooth is present between R13 and R12. Three extra sockets (pointed by arrow above) in the mandible indicates that missing teeth are supernumerary. Present tooth and sockets are all in the lingual side.

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

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA  
 18 MAR 47

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated - 5' 6"

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 - 8 lbs.

Circumference of skull - 20 $\frac{1}{2}$  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

# 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

(Formerly UNK X-240)

UNKNOWN X-723 (USAF Cem Manila #2, P.I.)

Unknown

DATE  
Unknown

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown			Unknown	

UNIT	AGRS MAUSOLEUM, Manila, P.I.	ORGANIZATION	801	F	1411
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PLACE OF DEATH	PLACE OF BURIAL STORAGE	PLOT HANGER	ROW BAY	GRAVE NO. GRYPI
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


	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE	X	X			X	X	X	X	X	X	X	X			X	X	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

*See Remarks*

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE				X		X	X	X	X	X	X		X				TYPE
LOCATION																	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></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><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p> <p></p>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></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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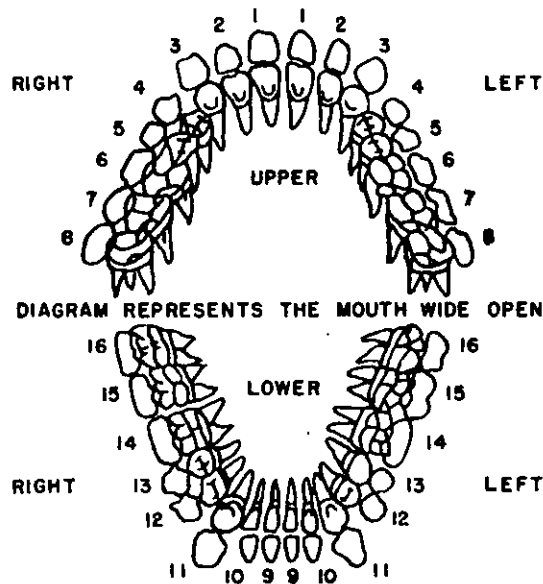
**INSTRUCTIONS:**

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:**

Mandible - R 12 & L 12 Supernumeraries.  
Lingually malposed.

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

/p/ HILARION V. CASTILLO  
NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass  
VERIFIED BY GRS OFFICER

/p/ FELIX GLASS  
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-240)  
 Unknown X-723 (USAF Cem Manila #2, P.I.)  
 Cemetery AGRS MAUSOLEUM, MANILA, P.I.  
 Plot 801 HANGER Row E BAY Grave CRYPT 1411

CIP. AGRS MAUSOLEUM, MANILA, P.I.

1. Arrived at cemetery 10 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 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	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 attached.  
 Age \_\_\_\_\_ Est Height 5'6" Est Weight 135 Description of wounds \_\_\_\_\_

Bandages / 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, poeks, freckles)

Build \_\_\_\_\_ D  
 (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 **20½** ..... (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 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 eight  
(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/ E. F. Moriarty  
(Officer's Name)  
SP-6  
Rank Service  
AGRS  
(Organization)

CERTIFIED TRUE COPY:

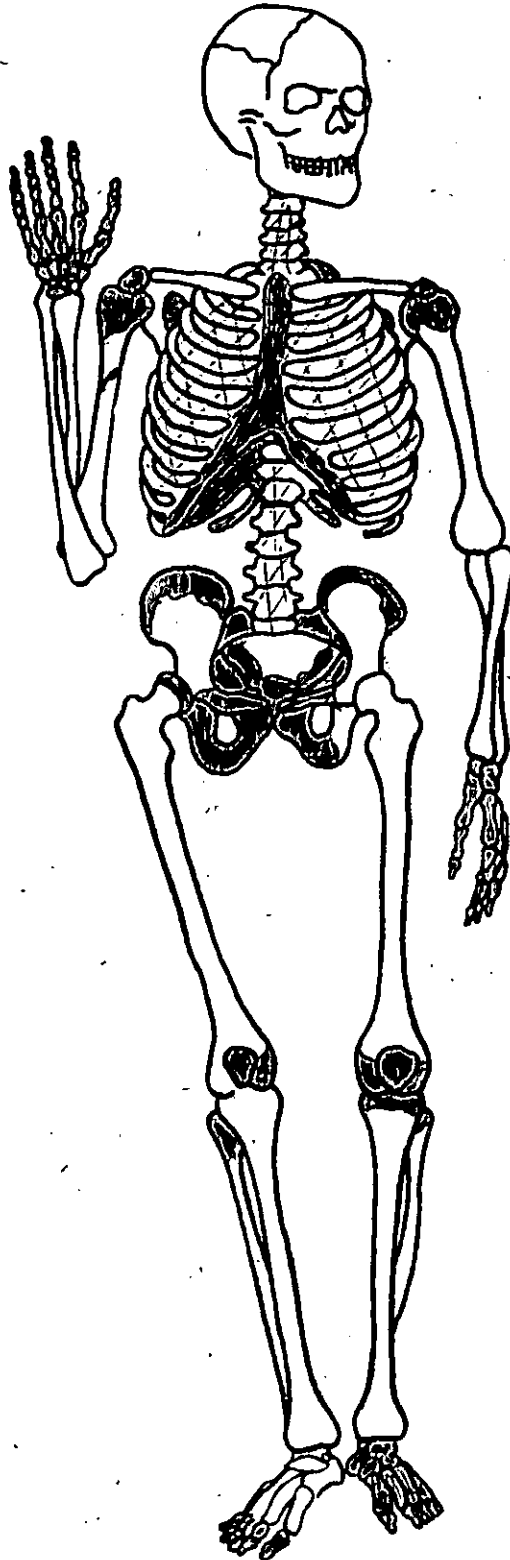
*George T Gamboa*  
GEORGE T GAMBOA  
2d Lt., MAC

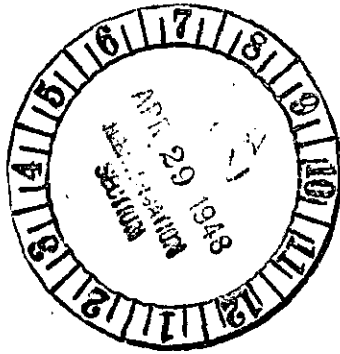


# SKELETAL CHART

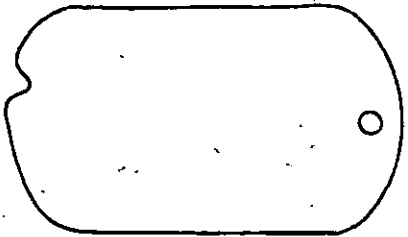
X-723

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT STORAGE</b> (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-723 (Formerly UNK X-240 USAF Cem #2, Manila, 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) <div style="text-align: center;">             MEMORIAL DIVISION              DEC 22 2 57 PM '47              RECORDS BRANCH           </div>
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 Oct 47	1000	Casket	None	801	F	1411

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. 1025
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-725	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1413
---	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-721	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1409
--	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPLO, 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.

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**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.

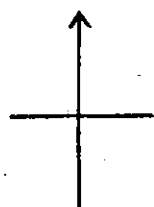
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

<b>FILLINGS*</b>	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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>	
<b>FILLINGS*</b>	<p>SILVER FILLING GOLD FILLING</p>	

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



**REMARKS:**

Identification Check List and Dental Chart accomplished.

NOV 18 1941

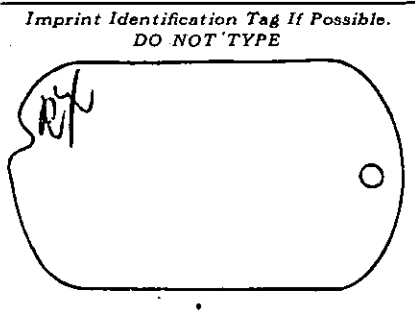
RESTRICTED

U 1095

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 January 1946



Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X 240 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 WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2) IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

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 No. 2, Luzon, P. I.

Table with columns: DATE OF BURIAL (11 Dec. 1945), HOUR (1100), BURIED IN (Shelter half), TYPE OF GRAVE MARKER (Cross), PLOT No. (2), ROW No. (8), GRAVE No. (1025)

WAS THIS A REBURIAL? (Yes or no) yes IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF cemetery Ft. Wm. McKinley, Luzon, P. I. PLOT No. G ROW No. 3 GRAVE No. 10

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 239 RANK SERIAL NO. ORGANIZATION GRAVE No. 1024

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) McCANN; JOHN RANK SERIAL No. 6906318 ORGANIZATION 31st Infantry GRAVE No. 1026

SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, T/4, GRS. SIGNATURE OF GRS OFFICER VERIFYING REPORT E. M. MOORE, 1st Lt., QMC.

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

Jul 86

RESTRICTED

**Section 3. UNIDENTIFIED REMAINS.**

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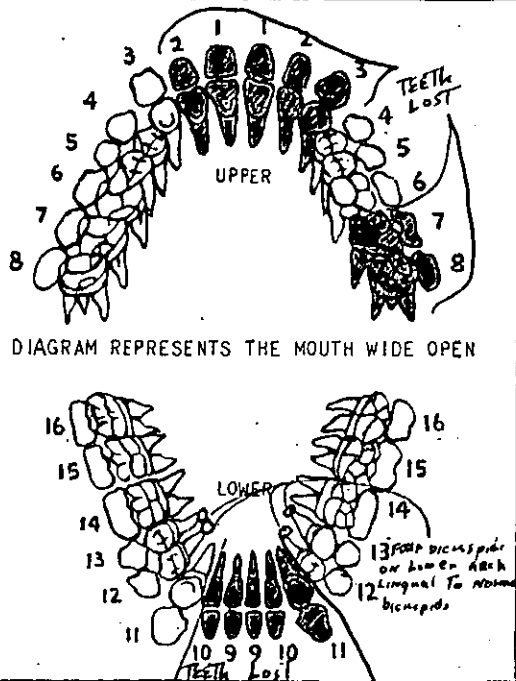




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

18 FEB 1949

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

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



REMARKS:  
bottle found buried with body. All information destroyed by water.