

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,	AGRS 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, AGRS Maus Manila	
" X-4157,	" " " " " Gunn, A. H., AGRS Maus Manila	

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

FOR THE QUARTERMASTER GENERAL:

REB

TBC

cc: AdmSection

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

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

Copy furnished: CINCPAC, APO 500

*File August 50
Alba
Sawing*

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:

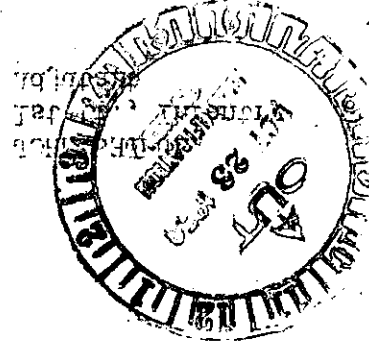
17 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability


JOHN SHWPULA
1st Lt., Infantry
Adjutant

RECEIVED JAN 20 1950

of intelligence gathering
 in the form of a collection
 of data

RECEIVED 17th 10 1950



FOR THE ATTENTION OF THE DIRECTOR:

NOTE: For the above-mentioned information:

5. Forwarded herewith for your consideration are two copies of the

- | | | | | | | | |
|---|-------|---|---|---|-------|---|---|
| " | X-912 | " | " | " | X-835 | " | " |
| " | X-902 | " | " | " | X-831 | " | " |
| " | X-873 | " | " | " | X-870 | " | " |
| " | X-872 | " | " | " | X-833 | " | " |
| " | X-878 | " | " | " | X-802 | " | " |
| " | X-870 | " | " | " | X-880 | " | " |
| " | X-867 | " | " | " | X-811 | " | " |
| " | X-868 | " | " | " | | " | " |
- ENCLOSURE X-108 THIS DATE
 ENCLOSURE X-870 THIS DATE

Reason of loss of intelligence gathering data:
 Several identification photographs and contact information, as
 well as other information, were processed by the
 State of Michigan, Detroit, Michigan, and the following information was
 sent to the State of Michigan, Detroit, Michigan, and the following information
 was sent to the State of Michigan, Detroit, Michigan, and the following information
 was sent to the State of Michigan, Detroit, Michigan, and the following information

NOTE: Enclosed herewith
 are two copies of the
 Department of the Army
 and the Department of the Navy

SUBJECT: Intelligence gathering

REF: 833

17 10 1950
 11 0 806

UNITED STATES
 DEPARTMENT OF COMMERCE
 BUREAU OF ECONOMIC RESEARCH

/bpm

Interred 26 Jan 1950
F. 1 104 Ft. McKinley

DISINTERMENT DIRECTIVE

Carer R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00120

DATE
15 06 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWNX-000270 0

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
2 10 1291 PHILIPPINE ISLANDS 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS
NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-270 UNK X-418 (Maus)
SERIAL NUMBER RANK DATE OF DEATH 22 Sept. 1948
DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY
2 REMAINS PERRY E. WHITE
1 MARKER 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 I:
Two (2) Identification Tags read - UNK X-418 (Maus)

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept. 1948 BY PERRY E. WHITE

CASKET SEALED BY PERRY E. WHITE EMBALMER (Signature) PERRY E. WHITE

CASKET BOXED AND MARKED HORACE L. ALLISON SGT., Inf. SHIPPING ADDRESS VERIFIED BY TEOFILO M. AMUTAN, 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.

Teofil M. Amutan
TEOFILO M. AMUTAN, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
23
REMARKS
BRANCH
ONE

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 Mark</i>	DATE JAN 26 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	DATE	SIGNATURE OF RECEIVER	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
PHILCOM 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- 270 , Plot 2 ,
Row 10 , Grave 1291 , 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:



H. B. McNEWMAR
Captain, OMC
Chief, Records Branch

Atch: Form 10/4

Received 20 Jan 1950 OMB
Not identifiable from
information presently
available 1 Feb. 1950

B. C. King 10-130.

Jan 5'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-418 (Formerly X-270, USAF Cem Manila #2)	2. DATE OF REPORT 10 Jan. 1950
---	--

3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	HANGAR	BAY	CRYPT	DISINTERMENT	REINTERMENT
	801	F	1595		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 7"	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?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	(Badly decomposed)

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS.

N O N E

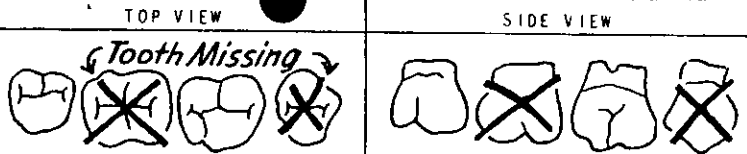
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

UNRECORDED COPY
BY REASON OF LIMITED SPACE

Incl 5

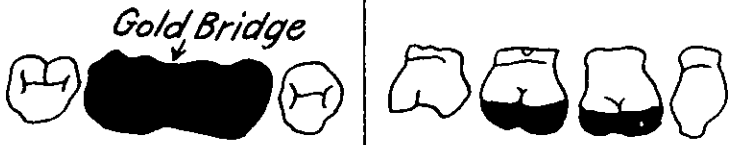
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



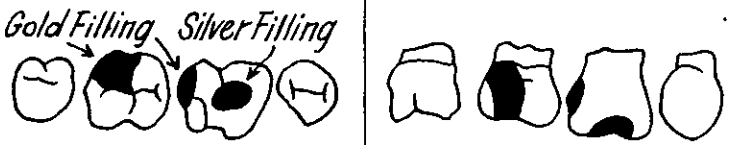
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



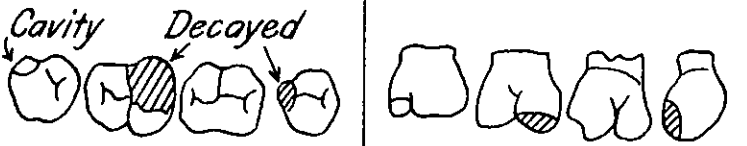
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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		
							X	X									
Side Views	[Tooth diagrams in side view]																Side Views
Top Views	[Tooth diagrams in top view]																
	UPPER	[Upper teeth diagrams]															
Side Views	[Tooth diagrams in side view]																
	X	X	P				P	P	P	P	P	P		X	X		
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15		

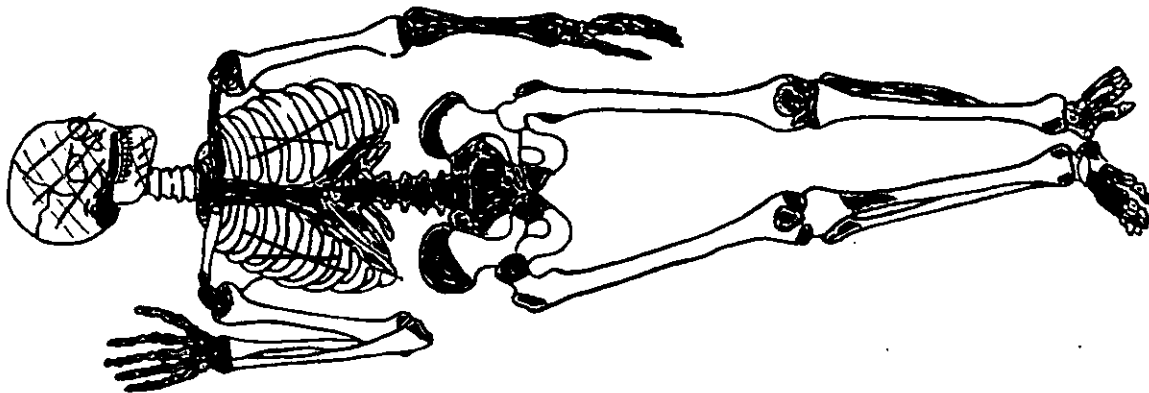
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Gold bridge replacing R-1 and L-1. Maxilla missing.
 Maxillary teeth R-5, 4, 2, L-2 thru 5, found loose with remains.

Paul R. Nichols

PAUL R. NICHOLS
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED



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 - 5 lbs.

RECEIVED
"BY REASON OF LACK OF TIME OF THE IDENTIFICATION 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
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE
Paul R. Nichols

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-418 (Formerly UNK X-270 USAF) 13 Oct 47
DATE
 Cemetery Manila #2, Luzon P.I. Unknown Unknown
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown UNIT Unknown
 AGRS Mausoleum ORGANIZATION
 Luzon, P.I. Manila P.I. 801 F 1595
 PLACE OF DEATH PLACE OF BURIAL PLOT HANGER ROW GRAVE NO. CRYPT
















Facial cusp missing *MISSING STORAGE* *Gold bridge*

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

INSIDE — LOOKING OUT

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

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	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

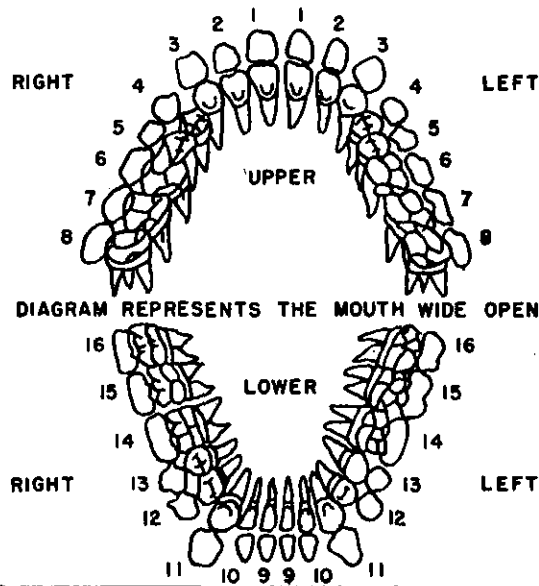
INSTRUCTIONS:

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 DISCLORED 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:

Bridge L 2, 1 R12 - Shell crown (Full crown L2, R2 - Steeles facing soldered backings. Maxilla missing UTD whether maxillary teeth are X or PX.

s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

s/ Felix Glass Capt., D.C.
VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 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-418 (Formerly UNK X-270)
~~UNKNOWN~~ (USAF Cemetery Manila #2, Luzon
 Cemetery AGRS Mausoleum, Manila P.I. PI)
 Plot 801 HANGER Row E BAY Grave 1595

1. Arrived at cemetery 13 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 or disinterred by 4587 QM GR Co.
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	/	N	
* Shirt, Wool OD	/	O	
Undershirt, Wool	/	N	
Undershirt, Cotton	/	E	
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: Skeletal Only - See chart.

Age _____ Height 5' 7" _____ 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 _____
 (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	(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)	
Chin	(Prominent, receding, pointed, dimples, double)	
Jaw	(Large, small, normal)	Circumference of head in inches (Hat band)
Neck	(Size, length, short, normal, wrinkled)	Larynx (Prominent, normal)
Shoulders	(Broad, straight, small, rounded)	Arms (Length, muscular, color, extent and quantity of hair)
Hands		
Fingers	(Short, thick, long, slender, size of knuckles, missing fingers or joints)	
	(Unusual characteristics of fingernails)	
Chest	(Size of nipples, color, quantity and extent of hair, large, small, normal)	
Waist	(Size of navel, appendectomy, amount, quantity, and color of hair)	
Back	(Quantity and extent of hair)	Circumcision (Yes-no) Pubic Hair (Color)
Hernioplasty	(Yes-no; location)	
Legs	(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)	
Feet	(Size, corns, callouses, flat)	Toes (Slender, straight, crooked, overlap)
Evidence of healed fractures	(Nose, arms, legs, etc.)	

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No

(Yes-no)

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? Yes If not, explain

(Yes-no)

9. Remarks No burial bottle. No tags. No means of identification.

Estimated weight of remains 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/ Edward H. Marshall
(Officer's Name)

SP - 8 C-062874
Rank Service

AGRS Mausoleum, Manila P.I.
(Organization)

CERTIFIED TRUE COPY:

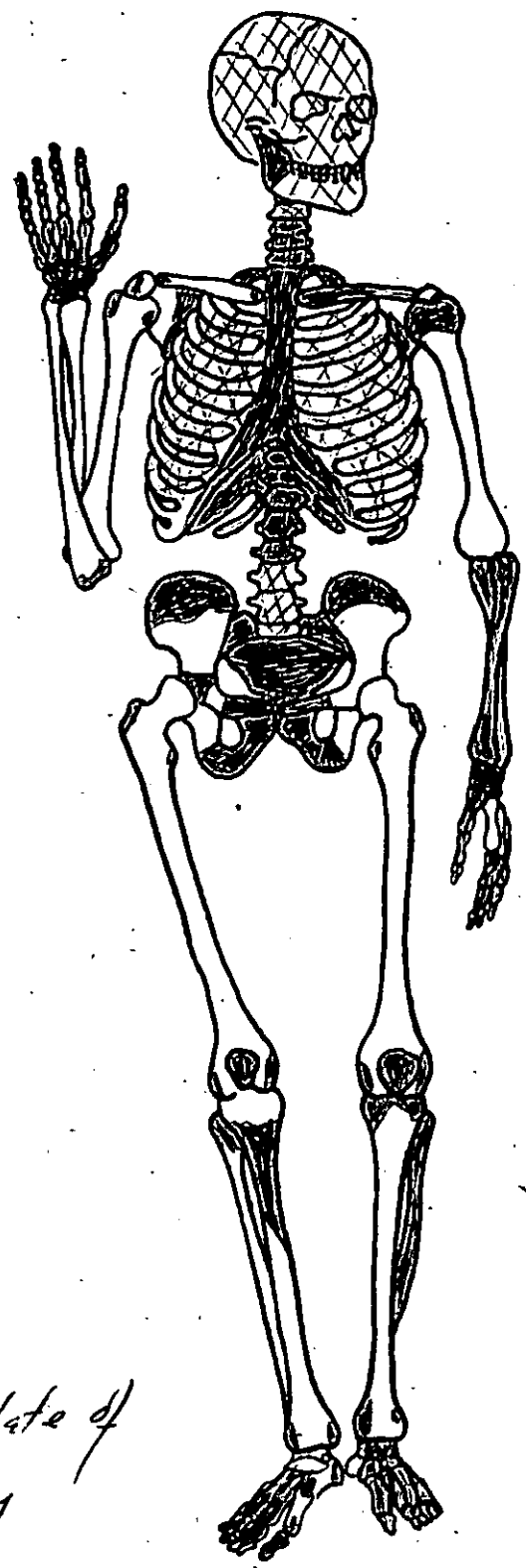
George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAC

13 Oct 47

X-418

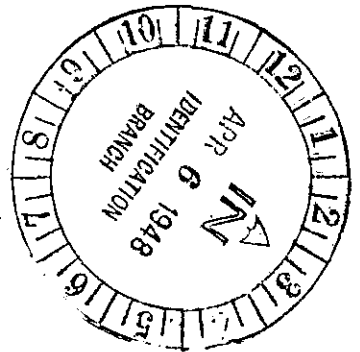
SKELETAL CHART

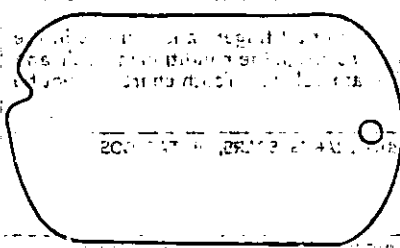
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



2 cervical fragments
3 Lumbar fragments
26 Ribs fragments
Small base fragments

Remains in state of
advanced decay



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-418 (Formerly UNK X-270 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 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 14 Oct 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY F	GRAVE No. CRYPT 1595	
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. 10	GRAVE No. 1291
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-419			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1597	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-760			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1593	
SIGNATURE OF PERSON PREPARING REPORT Wm R. GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO PANOPIO, Jr. 2d Lt., INF				

File 569

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


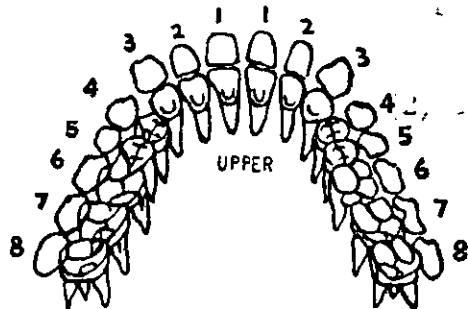




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

24 NOV 1947

RESTRICTED

U-910

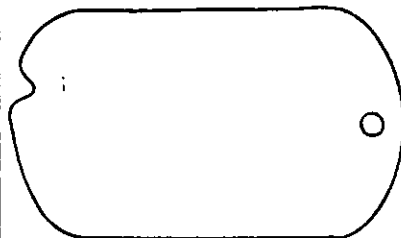
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

11 January 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-270

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 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

Incl 584

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.
19 Dec. 1945	0800	shelter Half	Cross	2	10	1291

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.	ROW No.	GRAVE No.
B	4	4

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)

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

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

UNKNOWN X- 868 (Praxton, Harry-American cemetery POW, camp O'donnell, Luzon, P.I.)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1290

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

UNKNOWN X- 268

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1292

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.

Incl. 124'

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.


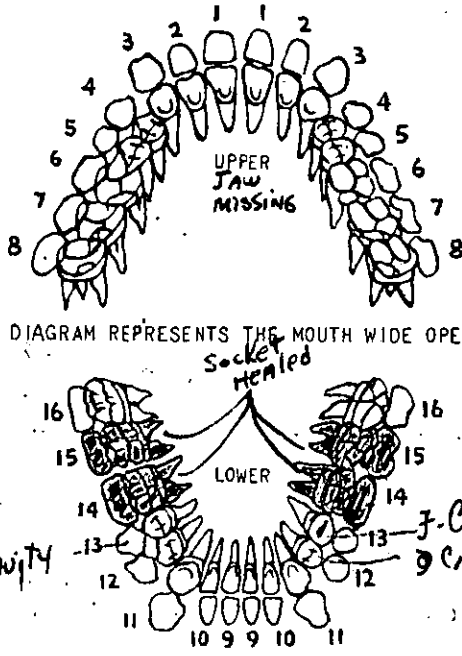




INSTRUCTIONS:

(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.

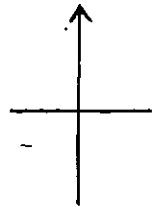
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>UPPER JAW MISSING</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>Socket Healed</p> <p>LOWER</p> <p>F. Cavity</p> <p>G. Cavity</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:

bottle found with all identification destroyed.

6 FEB 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