

QMGMT 295  
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- 332,	AGRS Mausoleum Manila,	formerly	X- 77,	USAF Cem.,	Manila	#2
"	X- 377,	"	"	X- 76,	"	"	#2
"	X- 424,	"	"	X- 276,	"	"	#2
"	X- 447,	"	"	X- 160,	"	"	#2
"	X- 648,	"	"	X- 161,	"	"	#2
"	X- 672,	"	"	X- 185,	"	"	#2
"	X- 675,	"	"	X- 189,	"	"	#2
"	X- 926,	"	"	X- 451,	"	"	#2
"	X-1134,	"	"	X-3791,	"	"	#2
"	X-1934,	"	"	X-3322,	"	"	#2
"	X-1935,	"	"	X-3323,	"	"	#2

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

cc: Adm Section  
E. A. Kazup:pmr  
L. M. White  
J. Windsor

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

*File  
15 Aug 50  
Alfa  
Percy*

HEADQUARTERS  
PHILIPPIN IS COMMAND  
UNITED STATES ARMY

OSR 293.9

AGO 707  
15 AUG 49

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 OSR 293, OSR (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGNS 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-210	AGNS	Reim	UNKNOWN	X-075	AGNS	Reim
"	X-015	"	"	"	X-710	"	"
"	X-032	"	"	"	X-080	"	"
"	X-077	"	"	"	X-1134	"	"
"	X-084	"	"	"	X-1054	"	"
"	X-098	"	"	"	X-1035	"	"
"	X-047	"	"	"	X-0000	"	"
"	X-040	"	"	"	X-0225	"	"
"	X-072	"	"				

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

FOR THE COMMANDING GENERAL:

/s/ JOHN H. WESTON, Jr.  
JOHN H. WESTON, Jr.  
1st Lt. AMB  
Asst. Adj. Gen.

17 Incls  
QIC Forms 1044 w/certificates  
of Unidentifiability

C  
O  
P  
Y

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

OSOR 205.9

APC 707  
15 AUG 49

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 205, OSR (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Decedent, the following unknown remains, presently stored at AGNS 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-210	AGNS	Manila	UNKNOWN	X-075	AGNS	Manila
"	X-015	"	"	"	X-710	"	"
"	X-032	"	"	"	X-080	"	"
"	X-077	"	"	"	X-1154	"	"
"	X-084	"	"	"	X-1934	"	"
"	X-098	"	"	"	X-1935	"	"
"	X-047	"	"	"	X-3000	"	"
"	X-040	"	"	"	X-3235	"	"
"	X-072	"	"				

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

FOR THE COMMANDING GENERAL:

/s/ JOHN H. WESTON, Jr.  
JOHN H. WESTON, Jr.  
1st Lt ASD  
Asst. Adj Gen

17 Incls  
QME Forms 1044 w/certificates  
of Unidentifiability

C  
O  
P  
Y

/dvv/bpm		Interred 8 Aug 48 G 4 9 Ft. McKinley <i>Carl R. H. Mark</i>		<b>DISINTERMENT DIRECTIVE</b>	
1		Cemetery Superintendent SECTION A —		DIRECTIVE NUMBER 7747 00129	
		NAME AND BURIAL LOCATION OF DECEASED CARL R. H. MARK		DATE 15 06 48 DAY MONTH YEAR	
NAME		SERIAL-NUMBER 293 UNKNOWNX-000276		RANK	
CEMETERY		COUNTRY		DATE OF DEATH	
USAF CEMETERY MANILA NO 2		PHILIPPINE ISLANDS		DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.	
PLOT		ROW		GRAVE	
2		11		1309	
CAUSE OF DEATH		6			

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY MANILA, P. I.		NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)	
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## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-276 UNKNOWN X-424 (MAUS)		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISTINTERRED 21 Sept 1948	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION		IDENTIFICATION VERIFIED BY FORREST G. BRADEN Embalmer NAME AND TITLE			

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL SHELTER HALF		CONDITION OF REMAINS SKELETAL	
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OTHER MEANS OF IDENTIFICATION
MINOR DISCREPANCIES 1

2 (MAUS) tags show UNKNOWN X-424

REMAINS PREPARED AND PLACED IN CASKET	
DATE 21 Sept 1948	BY FORREST G. BRADEN
CASKET SEALED BY FORREST G. BRADEN	EMBALMER (Signature) <i>Forrest G. Braden</i> FORREST G. BRADEN
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 by HORACE L. ALLISON, Sgt, INF	HONORIO V. AURELIO, 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.

*Honorio V. Aurelio*  
HONORIO V. AURELIO, 1st Lt, INF

SIGNATURE OF GRS INSPECTOR

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

REPATRIATION  
BRANCH  
MED. DIV.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM AGRS MAUSOLEUM		TO FOPT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE 8 AUG 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	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER EL MC KINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER SILVIAE DECISION	DATE

## 6. SHIPPED

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

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



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

25 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 276, Flot 2,  
Row 11, Grave 1309, 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

Atch: Form 1044

Incl # 5'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-424 (Formerly UNK X-276 Manila #2)				2. DATE OF REPORT 29 July 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	6	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT	10. COLOR OF HAIR UTD	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

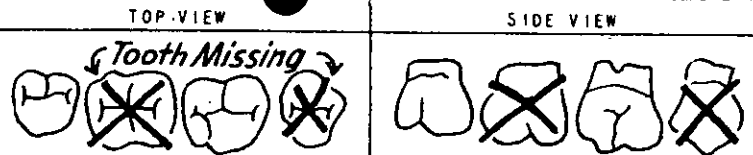
NONE

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

*Dicks 5<sup>th</sup>*

TOOTH CHART

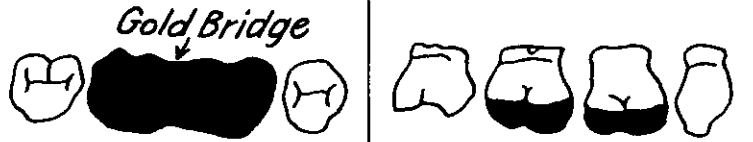
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



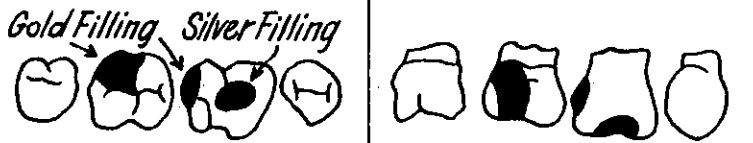
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



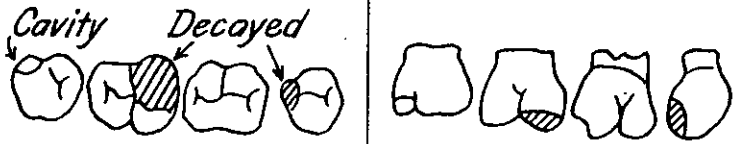
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



Fractured

Fractured															
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M	A	X	L	L	L	L	L	U	T	D					
M	I	S	S	I	E	G	P	P	P	P	P	P	P	P	P
Side Views															
Top Views															
Side Views															
UPPER															
LOWER															
Side Views															
	P	X	X	P		←	U	T	D	→	P	P	P	P	P
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

Unable to determine whether teeth from L4 - L8 and from R9 - R11 are X or Px due to the condition of the maxilla and mandible.

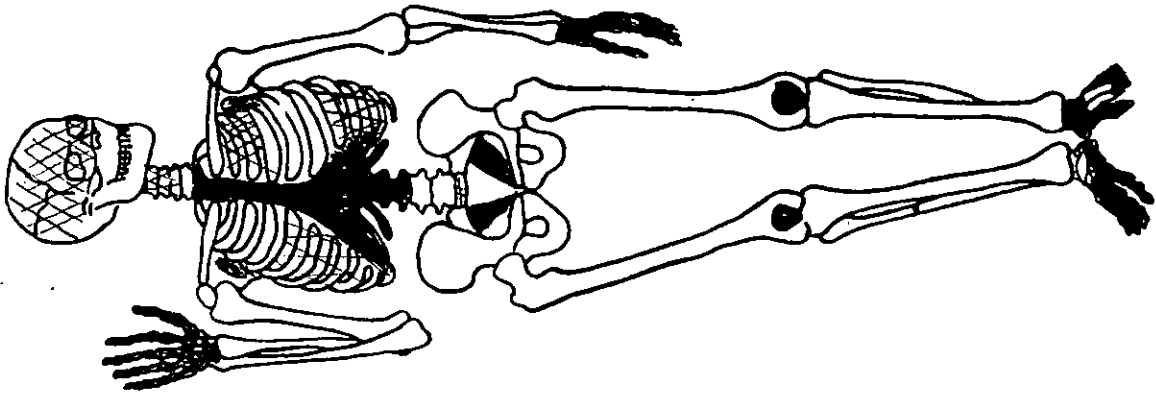
Such's 5<sup>2</sup> "UNIDENTIFIABLE"

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

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



19. BLACK OUT PARTS OF BODY NOT RECOVERED



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, ident. tags or personal effects found with remains.  
Estimated weight of remains - 10 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

X-424

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-424 (Formerly UNK X-276 USAF) 13 Oct 47  
DATE  
 Cemetery Manila #2, Luzon, P.I. Unknown Unknown  
 LAST NAME FIRST INITIAL RANK SERIAL NO.  
 Unknown Unknown  
 UNIT ORGANIZATION  
 AGRS Mausoleum  
 Manila P.I. 812 A 6  
 PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.  
 HANGER RAY CRYPT.

maxilla missing

maxilla missing

RIGHT UPPER TEETH LEFT

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
















INSIDE — LOOKING OUT

Crown missing alveolus missing impacted

RIGHT LOWER TEETH LEFT

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
0	X	X							X	X	X	X	X	X	0
TYPE															
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	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

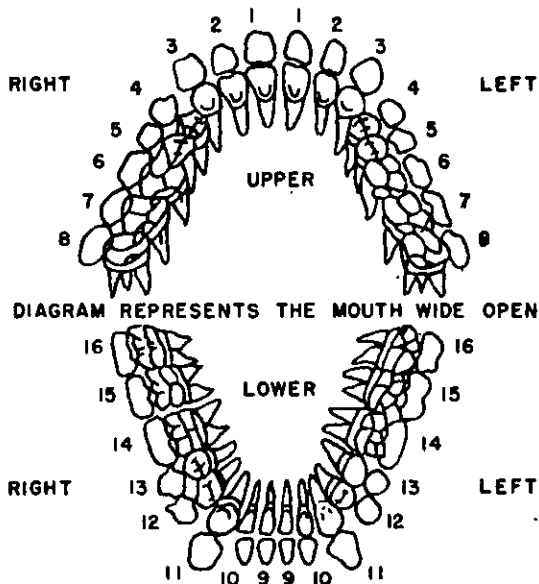
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

From R-9 to L-12, Alveolus is missing, UTD whether teeth are X or PX.

s/ Edwin Gregurek  
SIGNATURE OF PERSON WHO PREPARED CHART

p/ EDWIN GREGUREK  
NAME AND RANK TYPED OR PRINTED

CIP Lab, Manila P. I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

p/ Felix Glass  
VERIFIED BY GRS OFFICER

p/ FELIX GLASS Capt., D.C. 01717213  
NAME AND RANK TYPED OR PRINTED

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-424 (Formerly UNK X-276 USAF)  
~~Unknown X~~ (Cemetery Manila #2, Luzon PI)  
 Cemetery AGRS Mausoleum, Manila P.I.  
 Plot 812 <sup>HANGER</sup> Row A <sup>BAY</sup> Grave <sup>CRYP.</sup> 6

AGRS Mausoleum, Manila P.I.

1. Arrived at cemetery 13 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~~ disinterred by CMT #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	/		
Sweater	/		
Jacket, HBT	/	N	
* Shirt, Wool OD	/	0	
Undershirt, Wool	/	N	
Undershirt, Cotton	/	E	
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool .....

Socks, cotton .....

\* Shoes One (1) left rubber shoe (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, <sup>N</sup> <sup>O</sup> <sup>E</sup> hat, helmet)

Shoulder Patch .....

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only - Skeletal chart attached.

Age ..... 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 ..... Mustache ..... Beard or .....  
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee .....  
 (Light, color, extent)

Eyes .....  
 (Color, setting, shape)

Nose .....  
 (Size, shape, straight)

Mouth .....  
 (Large, medium, small)

Teeth .....  
**Tooth chart attached.**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw .....  
 (Large, small, normal)

Neck .....  
 (Size, length, short, normal, wrinkled)

Shoulders .....  
 (Broad, straight, small, rounded)

Hands .....  
 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)

Hernioplasty .....  
 (Yes-no; location)

Legs .....  
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet .....  
 (Size, corns, callouses, flat)

Eyebrows .....  
 (Color, hushness, extent across nose)

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

Lips .....  
 (Small, large, full)

Circumference of head in inches ..... UTD  
 (Hat band)

Larynx .....  
 (Prominent, normal)

Arms .....  
 (Length, muscular, color, extent and quantity of hair)

Circumcision ..... (Yes-no)

Pubic Hair ..... (Color)

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 bottle found with remains. No personal effects. No  
other means of identification found. Estimated weight of remains 10 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:

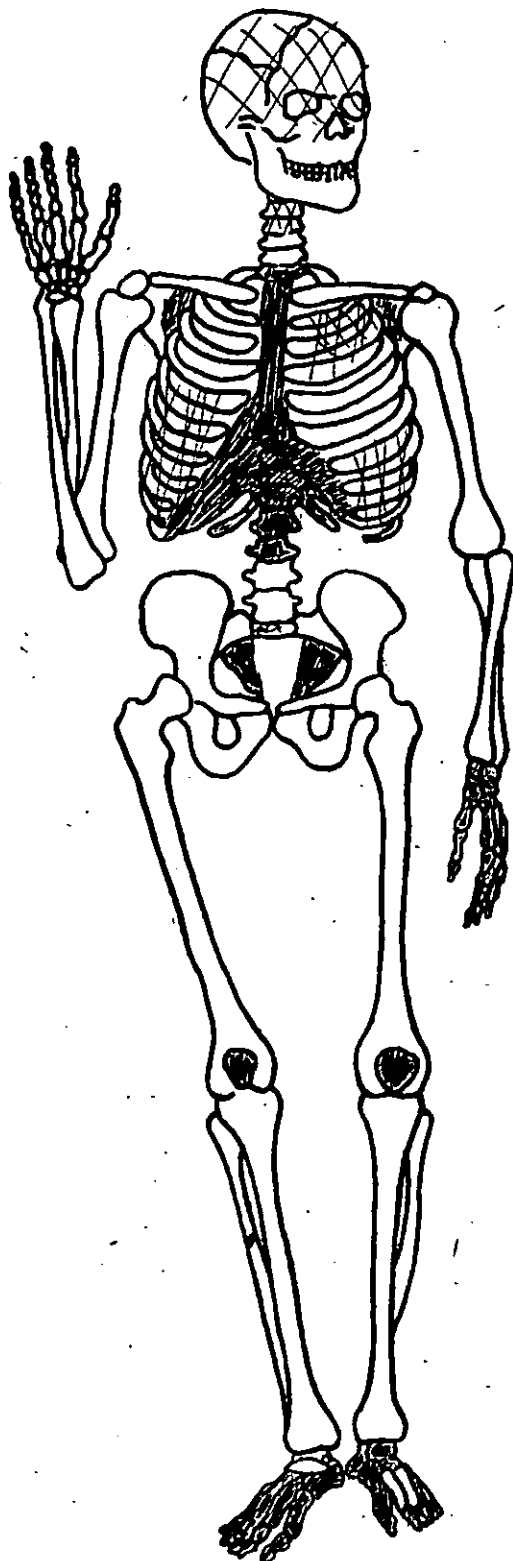
13 Oct 47

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

X-24

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



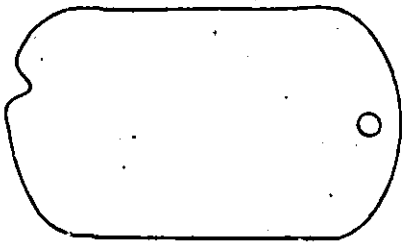


APR 5-1948

915  
RESTRICTED

U 915

WD GRC 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
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Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial) UNKNOWN X-424 (Formerly UNK X-276 USAF Cemetery Manila #2, Luzon P.I.)	
	GRADE Unknown	ORGANIZATION Unknown
	RACE Unknown	RELIGION Unknown
		SERIAL No. Unknown
		BRANCH OF SERVICE 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)  Received 29 Aug. 1949 Not identifiable from information presently available E.G. Kayser
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 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 812	ROW No. BAY A	GRAVE No. CRYPT 6
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. 11	GRAVE No. 1309
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-438	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 8		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-451	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 4		
SIGNATURE OF PERSON PREPARING REPORT Wm R. GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO 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.

RESTRICTED

June 587






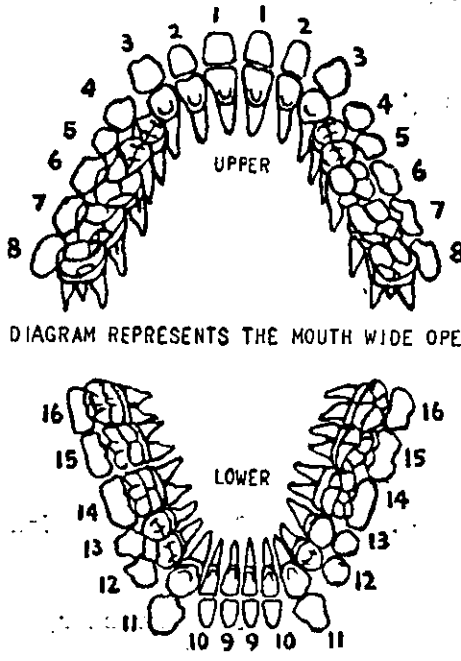
**Section 3. UNIDENTIFIED REMAINS.**

**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.

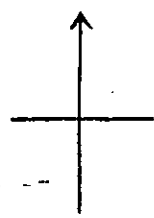
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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	<p><b>FILLINGS</b></p> <p>SILVER FILLING GOLD FILLING</p>  <p><b>CAVITIES</b></p> <p>CAVITY DECAYED</p>  <p><b>MISSING TEETH</b></p> <p>TOOTH MISSING</p>  <p><b>CROWNED TEETH</b></p> <p>PORCELAIN CROWN GOLD CROWN</p>  <p><b>BRIDGE WORK</b></p> <p>GOLD BRIDGE</p> 	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
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FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

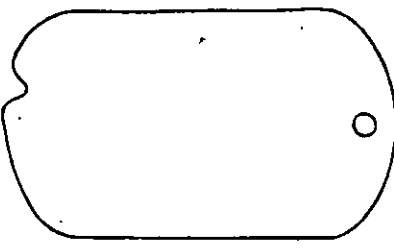


REMARKS:

Identification Check List and Dental Chart accomplished.

**24 NOV 1947**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 14 Jan. 46
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial)		SERIAL No.	
UNKNOWN -X- 276 (Cem. Manila #2)			
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)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 589

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. 45	0800	Shelter Half	Cross	2	11	1309


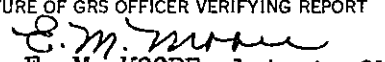
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE							
Yes	USAF Cemetery Ft. McKinley, Luzon, P. I.							
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">PLOT No.</th> <th style="width: 33%;">ROW No.</th> <th style="width: 33%;">GRAVE No.</th> </tr> <tr> <td style="text-align: center;">F</td> <td style="text-align: center;">3</td> <td style="text-align: center;">8</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	F	3	8
PLOT No.	ROW No.	GRAVE No.						
F	3	8						

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)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				1308

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN -X- 280 (Cem. Manila #2)				1310

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
 R. C. BARRETT, T/4 GRS.	 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. 117'

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


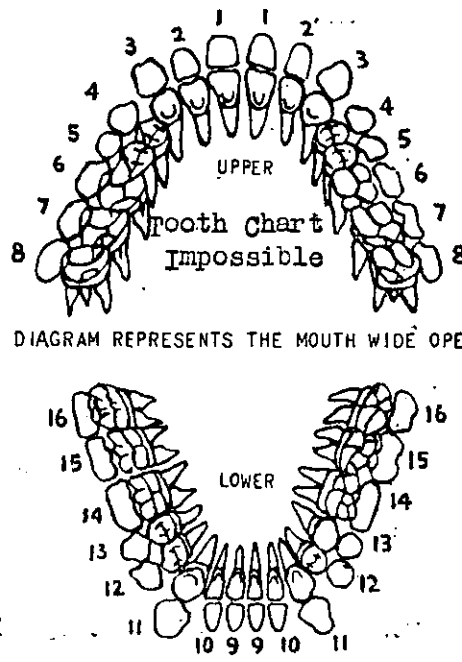




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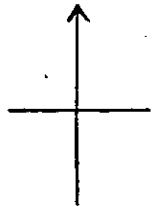
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

bottle buried with body. contents completely destroyed.

**6 FEB 1946**