

QMDMT 293  
GCS Far East

20 October 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California

ATTN: ACPS, PHILCOM ZONE

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

Unknown X-365,	ACPS Mausoleum Manila, formerly X-54,	USAF Com., Manila #2
" X-490,	" " " " X-282,	" " " "
" X-451,	" " " " X-304,	" " " "
" X-613,	" " " " X-124,	" " " "
" X-712,	" " " " X-227,	" " " "
" X-721,	" " " " X-238,	" " " "
" X-726,	" " " " X-243,	" " " "
" X-797,	" " " " X-312,	" " " "
" X-4699,	" " " " X-456,	" " " "

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

FOR THE QUARTERMASTER GENERAL:

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

REB

TEC

cc: Adm Section

G. Reynolds:dal  
L. M. White  
J. Windsor

cc: CINCPAC, APO 500

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

ARO 707  
30 SEP 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 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-365	AGRS	Mslm	UNKNOWN	X-3039	AGRS	Mslm
"	X-430	"	"	"	X-3041	"	"
"	X-451	"	"	"	X-3612	"	"
"	X-613	"	"	"	X-4226	"	"
"	X-712	"	"	"	X-4441	"	"
"	X-721	"	"	"	X-4699	"	"
"	X-726	"	"	"	X-4863	"	"
"	X-797	"	"	"	X-4867	"	"
"	X-2345	"	"	"	X-4948	"	"

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

FOR THE COMMANDING GENERAL:

18 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

/s/ C. H. Lieurance  
C. H. LIEURANCE  
2nd Lt., AGD  
Asst. Adj Gen

1/21/c

1  
drs

Interred 22 September 1949  
N 10 146 Ft. McKinley

DISINTERMENT DIRECTIVE

*Carl R. Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00140

DATE  
15 06 48  
DAY MONTH YEAR

NAME  
UNKNOWN X - 000282

SERIAL NUMBER  
RANK

ARM  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
USAF CEMETERY MANILA

DISPOSITION OF REMAINS  
7701 80  
CODE DIST. PT.

LOT ROW GRAVE COUNTRY  
2 12 1431 PHILIPPINE ISLANDS

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MC KINLEY 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 DISTINTERRED  
UNK X-282  
UNK X-430 (Maus) 21 Sept 1948

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN PERRY E. WHITE  
 MARKER 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 (2) Identification Tags read UNK X-430 (Maus)

REMAINS PREPARED AND PLACED IN CASKET  
DATE 21 Sept 48 BY PERRY E. WHITE

CASKET SEALED BY EMBALMER (Signature)  
PERRY E. WHITE *Perry E. White*  
PERRY E. WHITE

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE 21 Sept 48 BY HORACE L. ALLISON, Sgt. I.F. HONORIO V. AURELIO, 1st Lt., INT.

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.  
FILE  
16 OCT 1948

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REPATRIATION  
BRANCH  
*[Signature]*

## 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>Carerobmark</i>	DATE 22 SEP 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>PHILIP</i>	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM FORT MCKINLEY MILITARY CEMETERY		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER ADMINISTRATIVE DECISION	DATE

### 6. SHIPPED

FROM S JS TROT BRITISH		TO S JAVAN	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>WELLS</i>	DATE 10	SIGNATURE OF RECEIVER <i>WELLS</i>	DATE 10

*PHILIP* SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

12 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 282, Plot 2,  
Row 12, Grave 1431, 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. McNEEMAR  
Captain, CGC  
Chief, Records Branch

Atch: Form 1044

Received 12 Oct 49 CGMG  
Not identifiable from  
information presently  
available F. Reynolds ID Br  
20 Oct 49

Encl 2'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-430 (Formerly UNK X-282 Manila #2)				2. DATE OF REPORT 14 Sept 49			
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 801	5. ROW F	6. GRAVE 1606	7. DATE OF DISINTERMENT REINTERMENT		

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT 150 lbs	9. ESTIMATED HEIGHT 5'8"	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?  
 YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?  
 YES  NO

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"**

*Incl 2*

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
<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:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> 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	
	<i>Maxilla Missing</i>								<i>Maxilla Missing</i>								
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
	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."

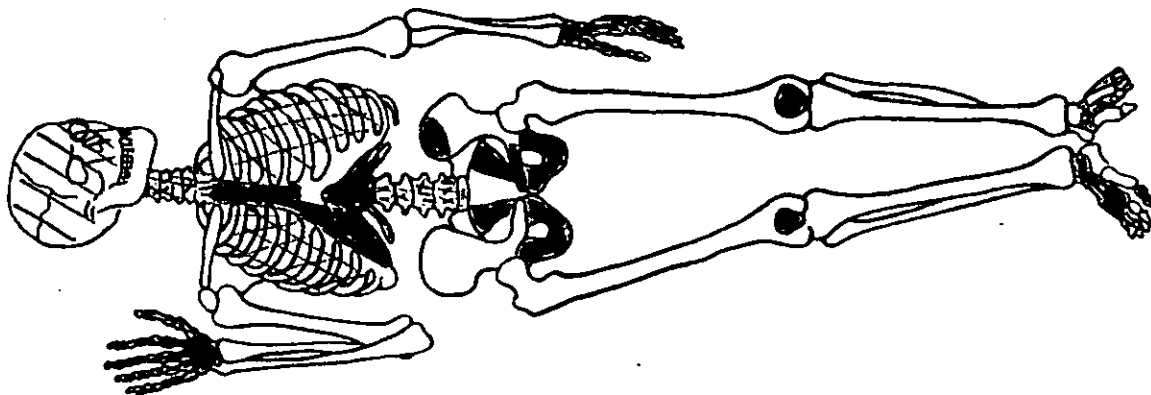
REMARKS: R7, L2 and L5 are loose present with remains.

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

**"UNIDENTIFIABLE"**

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'8"

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 - 6 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

SIGNATURE

J J McDERMOTT, Lab Officer, CIP



Y-430

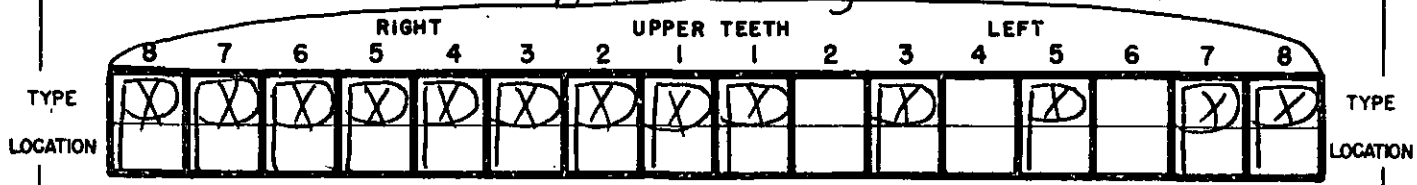
# IDENTIFICATION DENTAL CHART

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.

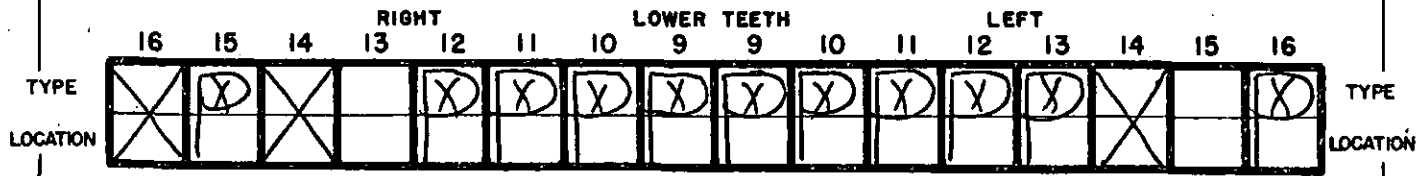
UNKNOWN X-430 (Formerly UNK X-282 USAF) 13 Oct 47  
 Cemetery Manila #2, Luzon P.I. DATE  
 Unknown Unknown  
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown  
 UNIT ORGANIZATION  
 Camp Murphy, Luzon P.I. AGRS Mausoleum Manila P.I. 801 F 1606  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.  
 STORAGE HANGER BAY CHPT
















*Maxilla Missing*



INSIDE — LOOKING OUT



## 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)

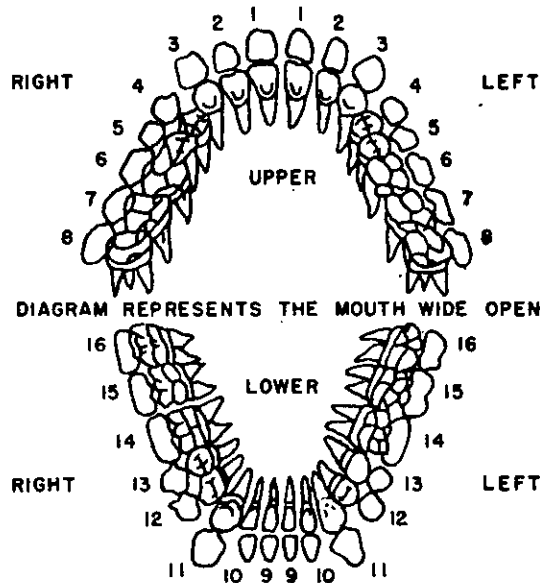
**INSTRUCTIONS:**

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 DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

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

s/ Edward H. Marshall  
VERIFIED BY GRS OFFICER

SP-8 C-062874  
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-430 (Formerly UNK X-282)  
~~UNKNOWN~~ (USAF Cemetery Manila #2, Luzon  
 Cemetery AGRS Mausoleum, Manila P.I. PI)  
 Plot 801 HANGER Row F BAY GRAVE Grave 1606

AGRS Mausoleum, Manila P.I.

1. Arrived at ~~cemetery~~ 13 Oct 47  
(Hour) (Date)

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

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by C M T #1  
(Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	(Type) _____		
Raincoat	_____		
Overcoat	_____		
Jacket, Field	_____		
Jacket, Combat	_____		
Mackinaw	_____		
Sweater	_____	N	
Jacket, HBT	_____	O	
* Shirt, Wool OD	_____	N	
Undershirt, Wool	_____	E	
Undershirt, Cotton	_____		
Trousers, HBT	_____		
* Trousers, Wool OD	_____		

Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool .....

Socks, cotton .....

\* Shoes ..... (type) .....

Overshoes ..... N O

Web Equipment ..... (type) N 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.

Age ..... Est. Height 5' 8" Est. Weight 150 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 ..... U T (Large, fat, thin, muscular)

Hair ..... D (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 .....  
 (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 burial bottle found with remains. No personal effects. Nothing found to warrant 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)

13 Oct 47

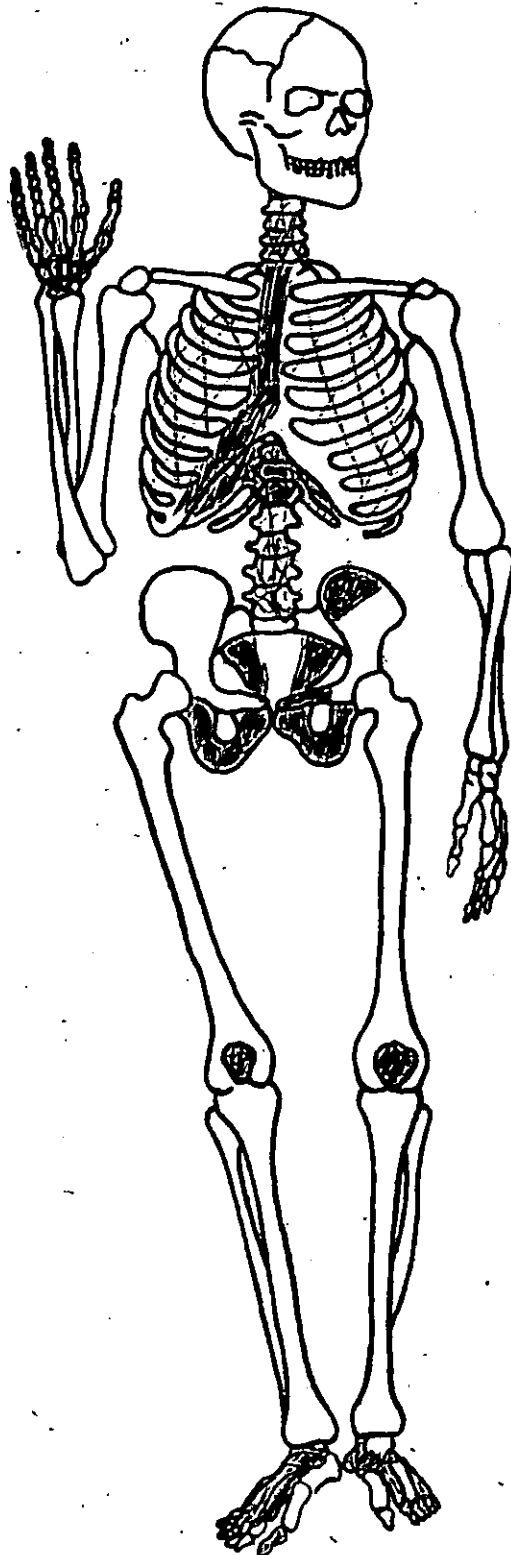
CERTIFIED TRUE COPY:

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

# SKELETAL CHART

X-430

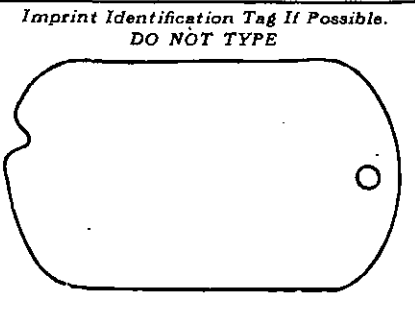
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



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



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-430 (Formerly UNK X-282 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 Camp Murphy, 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 1606
--	--------------	---	------------------------------	---------------------------	---------------------	----------------------------

WAS THIS A REBURIAL? (Yes or no) 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. 12	GRAVE No. 1431
--	--	---------------	---------------	-------------------

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) STORED UNKNOWN X-433	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 1608
---	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-426	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 1604
--	------	------------	--------------	----------------------------

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

Handwritten initials/signature at bottom left.



**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


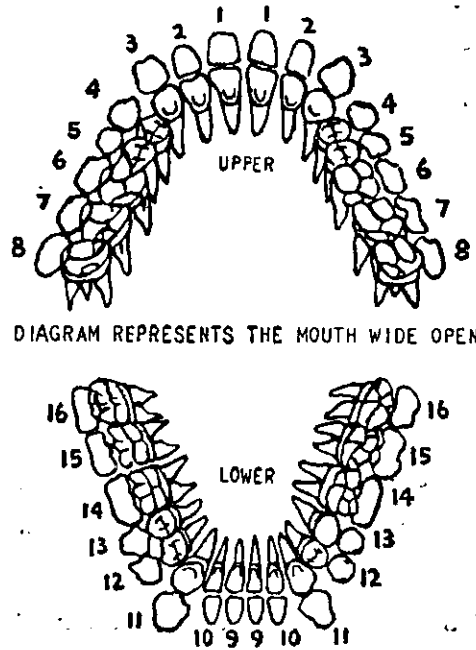




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

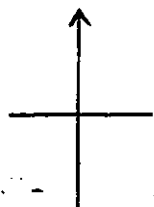
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS  SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	CAVITIES  CAVITY DECAYED	
LEFT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK  GOLD BRIDGE	
RIGHT THUMB		

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**

RIGHT  
LITTLE FINGER

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

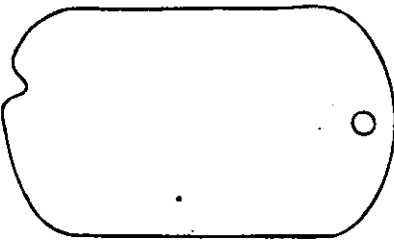
CATEGORY III CASE  
NO CLUES

IDENTIFICATION IMPOSSIBLE

RESTRICTED

U-927

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 <p style="text-align: center;">15 Jan. 46</p>
---	---	---

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial)		SERIAL No.	
UNKNOWN -X- 282 (Cem. Manila #2)			
GRADE	ORGANIZATION	BRANCH OF SERVICE	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Camp Murphy, Luzon, P. I.	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 601

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.
22 Dec. 45	0900	Shelter Half	Cross	2	12	1431

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. Wm. McKinley, Luzon, P. I.		
	PLOT No.	ROW No.	GRAVE No.
	H	3	7

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.
B E G I N N I N G    O F    R O W				

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN -X- 283 (Cem. Manila #2)				1432

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> 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. 113'

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


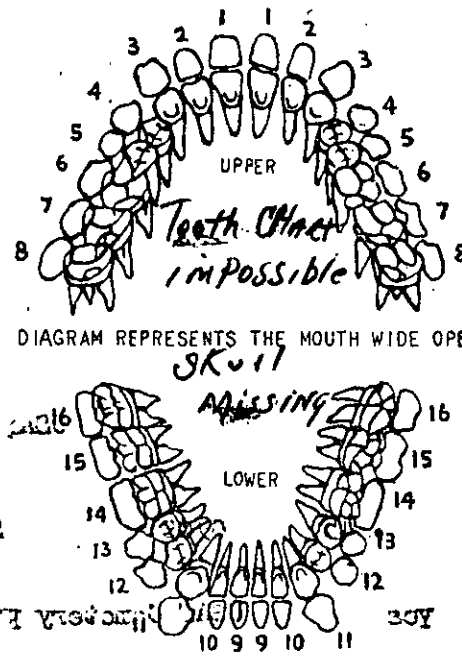





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

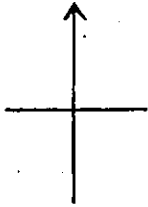
**OTHER IDENTIFICATION CLUES**

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p><i>Tooth Chart impossible</i></p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN <i>Skull MISSING</i></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>	
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	

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

FOR

O F R O D



**REMARKS:**

... tal, BHOON ...

**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