

OMONT 293
GRS Far East

3 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-432,	AGRS Mausoleum Manila, formerly	X-284,	USAF Com. Manila	#2
"	X-604,	"	"	"	#2
"	X-598,	"	"	"	#2
"	X-807,	"	"	"	#2
"	X-808,	"	"	"	#2
"	X-1673,	"	"	"	#2
"	X-1682,	"	"	"	#2
"	X-1698,	"	"	"	#2
"	X-1932,	"	"	"	#2
"	X-1923,	1933	"	"	#2
"	X-1376,	now 401958	"	"	#2
"	X-5109,	"	"	Rivera, Francisco,	#2
"	X-4990,	"	"	Pvt. 10 300 503 Freeman, Donald E.	#2
"	X-3616,	now 4133 m 2	"	Sgt. 7 021 958 Eric F. Davis 1/Lt 57th Inf.	#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, MC
Memorial Division

cc: Adm Section
S. M. Guild:gr
L. M. White
J. Windsor

COPY

HEADQUARTERS
PHILIPPINE COMMAND
UNITED STATES ARMY

GSOR 293.9

AFPO 707

SUBJECT: Unidentifiable Remains

18 Aug 1949

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-240	AGRS	Manila	UNKNOWN X-1673	AGRS	Manila
" X-432	"	"	" X-1682	"	"
" X-598	"	"	" X-1698	"	"
" X-604	"	"	" X-1932	"	"
" X-807	"	"	" X-1933	"	"
" X-808	"	"			

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

FOR THE COMMANDING GENERAL:

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

11 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

COPY

/fms
1

Interred 8 August 1949
G 10 1 Ft. McKinley
Search mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00142

DATE
15 06 48
DAY MONTH YEAR

NAME
253 UNKNOWNX - 000284

SERIAL NUMBER

RANK

ARM
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 12 1433 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
UNK X-284
(Maus) UNK X-432

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
21 Sept 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
PERRY E. WHITE
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
Two Identification Tags read UNK X-432 (Maus)

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

CASKET SEALED BY
PERRY E. WHITE

EMBALMER (Signature)
Perry E. White
PERRY E. WHITE

CASKET BOXED AND MARKED
DATE 1 Sept 48 BY HORACE E. 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 7 - SEP 1949

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

REPAIRATION BRANCH
MEM. DIV.
Handwritten mark

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>Robert 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

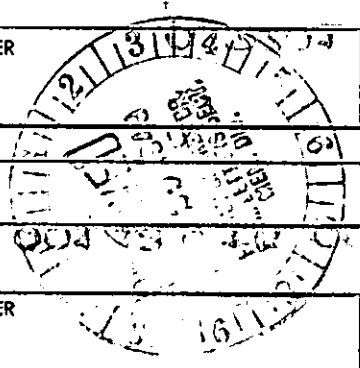
5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE WVITG' BHITIBIME ISGWDZ		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LOBL MC KINLEY CENELEBA	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM S JS JNDH BHITIBIME		TO ISGWDZ	
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
PHILGCM ZONE

26 July 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-284, Plot. 2,
Row 12, Grave 1433, 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:



M. B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received **AUG 29 1949** **QMCB**
Not identifiable from
information presently
available **AUG 30 1949**

*Build
Ident*

Incl 3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-432 (Formerly UNK X-284 Manila #2)				2. DATE OF REPORT 29 July 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	F	1605	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 10"	10. COLOR OF HAIR U T D	11. RACE Unknown
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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? YES NO

TO WHAT EXTENT?

15. WAS BODY MANGLED? YES 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"

Arch 22

TOOTH CHART		TOP VIEW	SIDE VIEW
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:		Gold Crown, Porcelain Crown 	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		Gold Bridge 	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		Gold Filling, Silver Filling 	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		Cavity, Decayed 	

fractured

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
maxilla missing		A/O						P	P					maxilla missing			
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
			X				P	P	P			P		X			
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

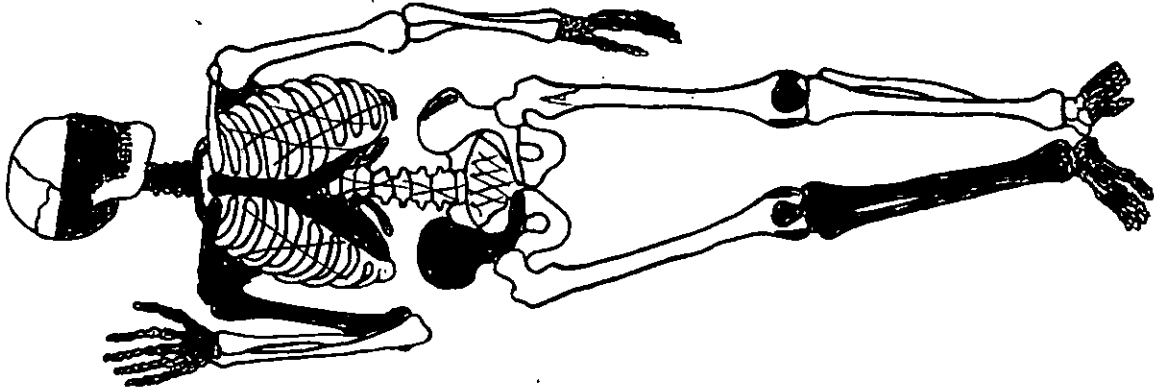
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose maxillary teeth present with remains.

"UNIDENTIFIABLE"
 REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

James J. McDermott
 JAMES J McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5' 10"

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 - 5 lbs.
Circumference of skull - 19 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 QMG FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

UNKNOWN X-432 (Formerly UNK X-284
USAF Cem Manila #2, Luzon, P.I.)

13 Oct 47

DATE

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

Unknown

PLACE OF BURIAL

801

F

1605

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

Manilla missing

Manilla Fractured

Manilla Fractured

Manilla missing

RIGHT

UPPER TEETH

LEFT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>P</i>		<i>A</i>	<i>D</i>			<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>				<i>P</i>	<i>P</i>	<i>P</i>
TYPE															TYPE
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
		<i>X</i>	<i>A</i>										<i>X</i>		
TYPE															TYPE
LOCATION															LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX

EXTRACTED



EXTRACTED



CAVITY INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



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.

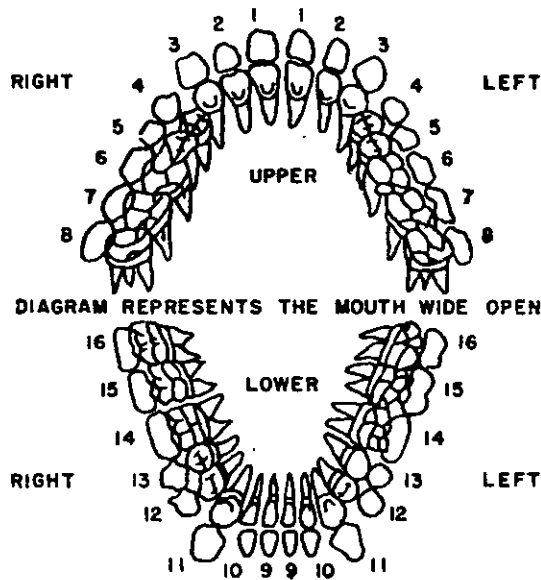


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Unable to determine whether maxillary teeth are X or PX.
Moderate alveolar closure generalized max. and mand.

/s/ Magno A. Noble
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Felix Glass
VERIFIED BY GRS OFFICER

/p/ MAGNO A. NOBLE
NAME AND RANK TYPED OR PRINTED

/p/ FELIX GLASS
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mausoleum, Manila, P.I.
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-492 (Formerly
 Unknown X-284 USAF Cem Manila #2, Luzon, PI
 Cemetery AGRS Mausoleum, Manila, P.I.
 HANGER BAY CRYFI
 Plot 801 Row F Grave 1605

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 7 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~~ of disinterred by CMT #1
(Name and organization)
4. Evacuated to Cemetery by CMT #1
(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	C N E		
Jacket, HBT	/		
* 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. Chart attached.

Age _____ Est. Height 5' 10" 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) 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 **See chart, attached.** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of ^{skull} head in inches 19" (Hat band)

Neck (Size, length, short, normal, wrinkled) Larynx (Prominent, normal)

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands (Unusual characteristics of fingernails)

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

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist (Size of navel, appendectomy, amount, quantity, and color of hair)

Back (Quantity and extent of hair) Circumcision (Yes-no) Pubic Hair (Color)

Hernioplasty (Yes-no; location)

Legs (Muscular, 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 personal effects, no ROI bottle nor identification tags found
with remains. Estimated weight of remains, 5 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.

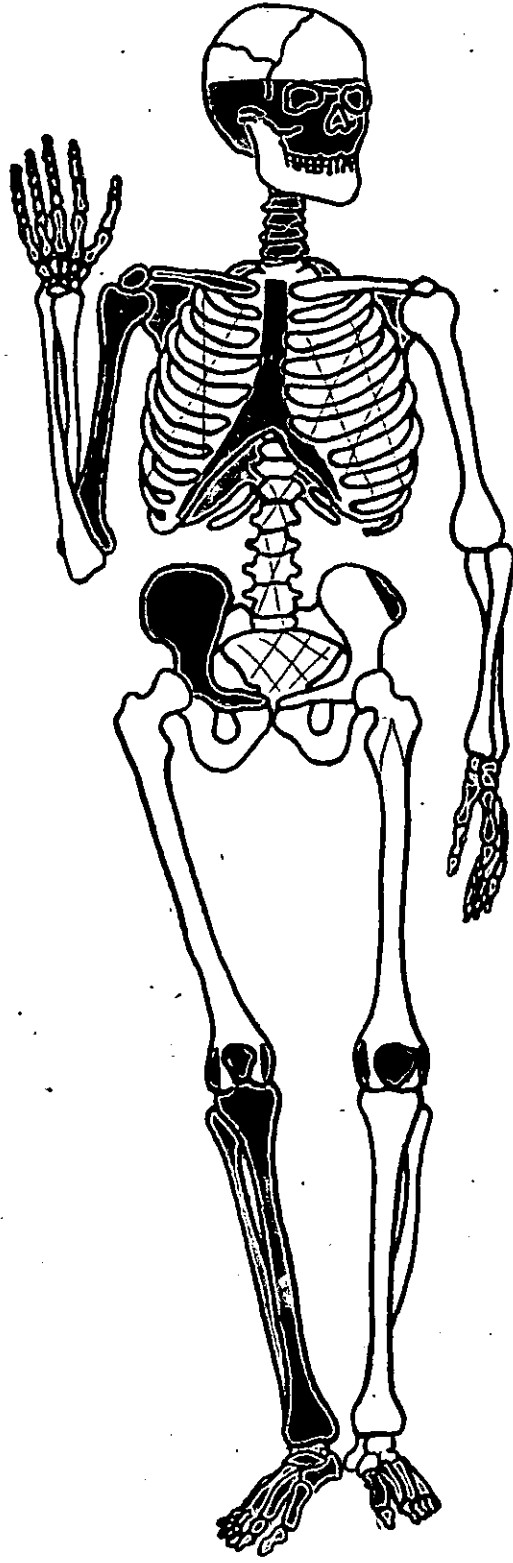
/s/ Alton E. Jones
(Officer's Name)
SP-6 062812
Rank Service
ACRS Mausoleum
(Organization)

CERTIFIED TRUE COPY:

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



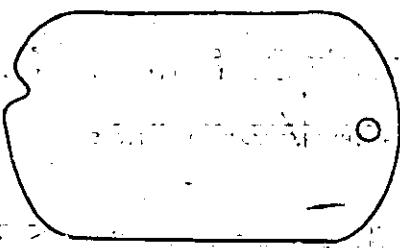
*fragments of ribs +
17 vertebrae*

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) UNKNOW:IN X-432 (Formerly UNK X-284. USAF Cem 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 Unknown	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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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 1605
--	--------------	---	------------------------------	---------------------------	---------------------	----------------------------

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. 12	GRAVE No. 1493
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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-428.	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1607
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-427	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1603
--	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>Wm. R Gilbert</i> Wm. R GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio</i> LUCIO S PANOPIO, 1st 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.

File 579

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


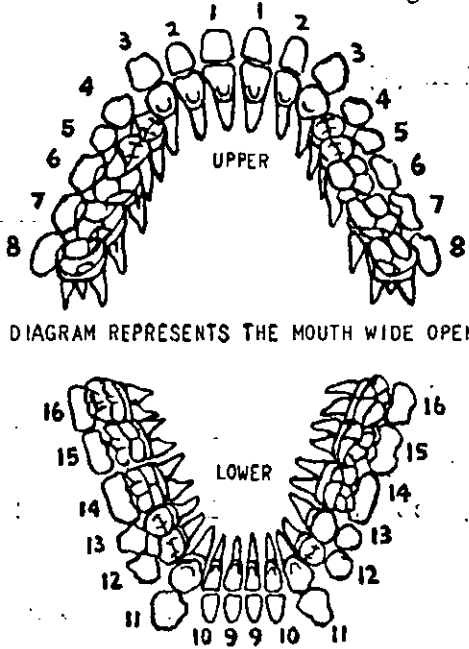




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

IDENTIFICATION SECTION
REPAIRS RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RX

RESTRICTED

0-975

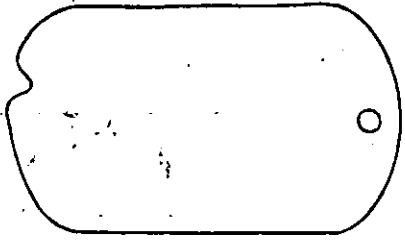
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

16 Jan. 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN -X- 284 (Cem. Manila #2)

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.

Amul 1433

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	1433

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.
G	2	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)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

UNKNOWN -X- 283 (Cem. Manila #2).

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1432

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

RUSSO

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

S 1/c

USN

1434

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.

Final 30'

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


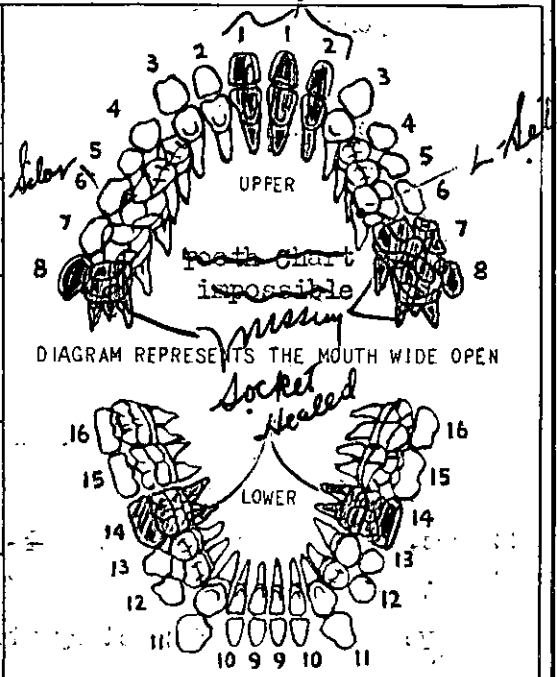




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

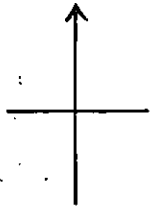
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	<p align="center"><i>Russian</i></p>  <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:

All information destroyed by elements.

18 FEB 1948

LEFT LITTLE FINGER
 LEFT RING FINGER
 LEFT MIDDLE FINGER
 LEFT INDEX FINGER
 LEFT THUMB
 RIGHT THUMB
 RIGHT INDEX FINGER
 RIGHT MIDDLE FINGER
 RIGHT RING FINGER
 RIGHT LITTLE FINGER