

QMGMT 293
GRS Far East

2 September 1949

SUBJECT: Approval of Unidentifiability

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

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

Unknown	X-2686,	AGRS	Mausoleum	Manila,	formerly	X-2834,	USAF	Cem.,	Manila	#2
"	X-2684,	"	"	"	"	X-2852,	"	"	"	#2
"	X-2682,	"	"	"	"	X-2830,	"	"	"	#2
"	X-2783,	"	"	"	"	X-2841,	"	"	"	#2
"	X-2779,	"	"	"	"	X-2857,	"	"	"	#2
"	X-2764,	"	"	"	"	X-2862,	"	"	"	#2
"	X-2762,	"	"	"	"	X-2860,	"	"	"	#2
"	X-2777,	"	"	"	"	X-2855,	"	"	"	#2
"	X-2774,	"	"	"	"	X-2852,	"	"	"	#2
"	X-2778,	"	"	"	"	X-2856,	"	"	"	#2
"	X-2744,	"	"	"	"	X-2814,	"	"	"	#2
"	X-2722,	"	"	"	"	X-2823,	"	"	"	#2
"	X-2742,	"	"	"	"	X-2812,	"	"	"	#2
"	X-2719,	"	"	"	"	X-2819,	"	"	"	#2
"	X-2679,	"	"	"	"	X-2806,	"	"	"	#2
"	X-2771,	"	"	"	"	X-2869,	"	"	"	#2
"	X-2770,	"	"	"	"	X-2868,	"	"	"	#2
"	X-2758,	"	"	"	"	X-2871,	"	"	"	#2
"	X-2754,	"	"	"	"	X-2872,	"	"	"	#2
"	X-2752,	"	"	"	"	X-2870,	"	"	"	#2
"	X-2691,	"	"	"	"	X-2859,	"	"	"	#2
"	X-2690,	"	"	"	"	X-2838,	"	"	"	#2
"	X-2689,	"	"	"	"	X-2837,	"	"	"	#2
"	X-2414,	"	"	"	"	X-3126,	"	"	"	#2
"	X-1975,	"	"	"	"	X-3270,	"	"	"	#2
"	X-1947,	"	"	"	"	X-3282,	"	"	"	#2
"	X-1940,	"	"	"	"	X-3323,	"	"	"	#2
"	X-1699,	"	"	"	"	X-3407,	"	"	"	#2
"	X-1631,	"	"	"	"	X-3452,	"	"	"	#2
"	X-1405,	"	"	"	"	X-3996,	"	"	"	#2
"	X-1379,	"	"	"	"	X-3961,	"	"	"	#2
"	X- 832,	"	"	"	"	X- 348,	"	"	"	#2

0101

QUART 295

QPS Far East

Ltr 2 September 1949

SUBJECT: Approval of Unidentifiability

Unknown	X- 810,	AGRS Mausoleum Manila,	formerly	X- 325,	USAF Cem.,	Manila	#2
"	X- 723,	"	"	X- 240,	"	"	#2
"	X- 667,	"	"	X- 201,	"	"	#2
"	X- 654,	"	"	X- 167,	"	"	#2
"	X- 597,	"	"	X- 105,	"	"	#2
"	X- 433,	"	"	X- 289,	"	"	#2
"	X-2756,	"	"	X-2873,	"	"	#2
"	X-2757,	"	"	X-2875,	"	"	#2
"	X-2759,	"	"	X-2877,	"	"	#2
"	X-2853,	"	"	X-2954,	"	"	#2
"	X-2854,	"	"	X-2955,	"	"	#2
"	X-2855,	"	"	X-2956,	"	"	#2
"	X-2859,	"	"	X-2960,	"	"	#2
"	X-2860,	"	"	X-2961,	"	"	#2
"	X-2861,	"	"	X-2962,	"	"	#2
"	X-2800,	"	"	X-2950,	"	"	#2
"	X-2801,	"	"	X-2951,	"	"	#2
"	X-2761-A,	"	"	X-2879,	"	"	#2

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. K. NETZ
Lt. Colonel, QMC
Memorial Division

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

REB

TEC

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

17 copies

GSGR 293, 9

APC 707
17 AUG 1949

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D.C.
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file 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-182	AGRS	Mslm	UNKNOWN	X-1379	AGRS	Mslm
"	X-208	"	"	"	X-1405	"	"
"	X-244	"	"	"	X-1631	"	"
"	X-312	"	"	"	X-1699	"	"
"	X-436	"	"	"	X-1940	"	"
"	X-597	"	"	"	X-1947	"	"
"	X-654	"	"	"	X-1975	"	"
"	X-687	"	"	"	X-2247	"	"
"	X-723	"	"	"	X-2414	"	"
"	X-810	"	"	"	X-5148	"	"
"	X-832	"	"	"	X-5149	"	"

293 GRS Far East

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

FOR THE COMMANDING GENERAL:

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

22 Incls
QMC Forms 1044 w/certificates
of Unidentifiability





SUBJECT: Unidentifiable Remains

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

22 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

/mfc

/drs

Interred 28 ~~Sept~~ 1949
N 9 19 Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent
SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00136

DATE

15 06 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWNX - 000289

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

USAF CEMETERY MANILA NO 2

0 7701 80

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

2 11 1418 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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNK X-289

UNK X-436 (Maus)

21 Sept 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS

UNKNOWN

C. MAXLEE FANN

 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 1

Two (2) Identification Tags UNK X-436 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 48

BY C. MAXLEE FANN

CASKET SEALED BY

C. MAXLEE FANN

EMBALMER (Signature)

C. Maxlee Fann
C. MAXLEE FANN

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 21 Sept 48 BY HORACE L. ALLISON, Sgt. IIF.

CHARLES R. BATES, 1st Lt., USAFR

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

FILE

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

16 AUG 1949

REPATRIATION
BRANCHMED. DIV. *myrd*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS NAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Charles Mark</i>	DATE 28 JUL 1948

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
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

8 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-289, Plot 2,
Row 11, Grave 1418, 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
H. B. McNemar
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 8/30/49
Not identifiable from
information presently
available
8/31/49
Sanborn, T.
Lieut.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-436 (Formerly UNK X-289 Manila No. 2)				2. DATE OF REPORT 16 July 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	21	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 140 lbs.	9. ESTIMATED HEIGHT 5' 8"	10. COLOR OF HAIR UTD	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"

Level 5"

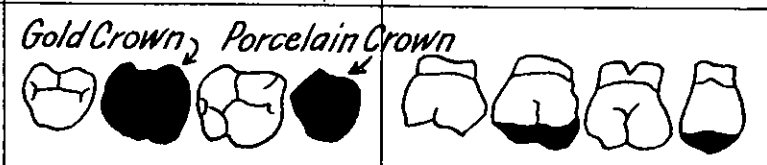
18.

TOOTH CHART

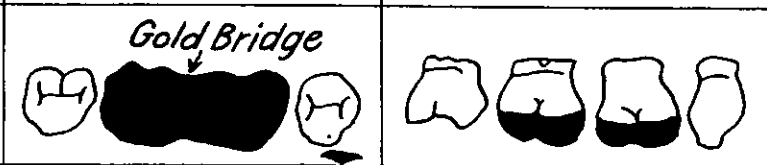
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



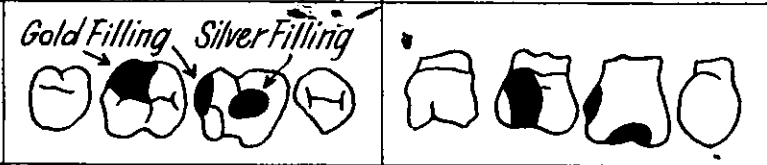
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



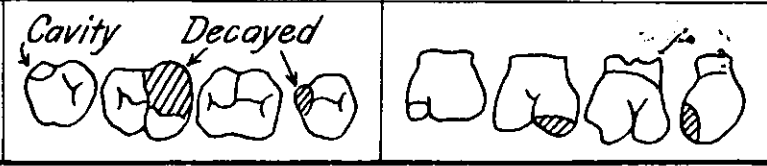
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views															
UPPER															
LOWER															
MANDIBLE								MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

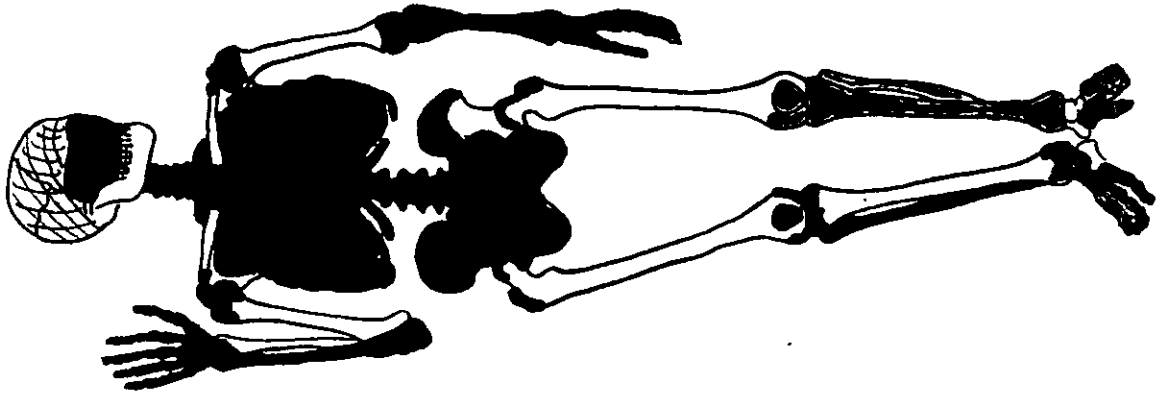
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxilla and mandible are missing. L11 and L12 are loose present with remains.

"UNIDENTIFIABLE" *J. J. McDERMOTT*
 J. J. McDERMOTT
 Laboratory Officer, CIP

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 --- 4 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

Inc 5'
JAMES J. McDERMOTT
Laboratory Officer, CIP

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.

13 Oct 47
DATE

UNKNOWN X-436 (Formerly UNK X-289 USAF)
Cemetery Manila #2, Luzon, P.I.)

Unknown Unknown
RANK SERIAL NO.

Unknown Unknown
UNIT ORGANIZATION

Unknown AGRS Mausoleum,
Manila, P.I. 812 A 21
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.
STORAGE DANGER BAY CRYPT

maxilla missing - individual teeth L4, L7
















		RIGHT UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
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		
TYPE			○	A/O	⊗	⊗	⊗	⊗	⊗		⊗								TYPE
LOCATION			○	O/L															LOCATION

missing (above 16, 15, 14)
missing (above 14, 15, 16)

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)

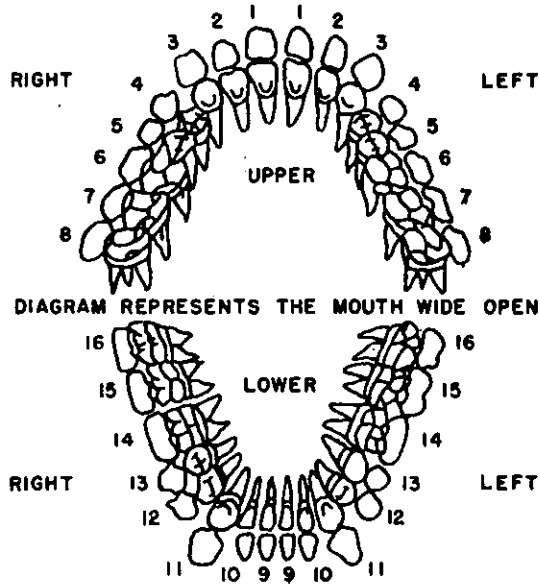
INSTRUCTIONS:

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:

s/ Joseph D. Murphy
SIGNATURE OF PERSON WHO PREPARED CHART

p/ JOSEPH D. MURPHY
NAME AND RANK TYPED OR PRINTED

s/ E. F. Moriarty
VERIFIED BY GRS OFFICER

SP - 6
NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 Oct 47
DATE

GERTIFIED 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-436 (Formerly UNK X-289 USAF)
~~UNKNOWN~~ (Cemetery Manila #2, Luzon P.I.)

Cemetery AGRS Mausoleum, Manila P.I.
 BANGCO PAU CRPT
 Plot 812 Row A Grave 21

CIP, 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~~ or disinterred by AGRS 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	/	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: Skeleton only - Skeletal chart attached.

Age _____ Height ^{Est.} 5' 8" Weight ^{Est.} 140 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 **Tooth 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 **Fractured**
 (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 / / / / / 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 Bottle found with remains all information destroyed. No personal effects. No means of identification. Estimated weight of remains four (4) lbs. Skull fractured.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

s/ E. F. Moriarty
(Officer's Name)
SP-6
Rank Service
AGRS
(Organization)

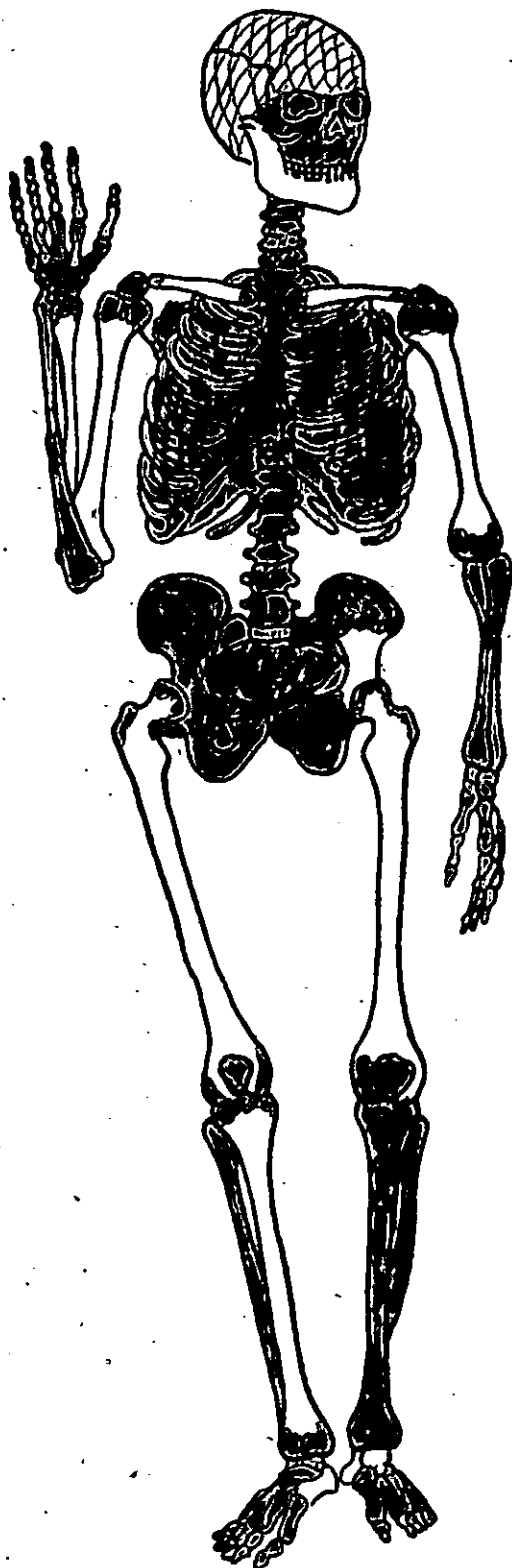
13 Oct 47

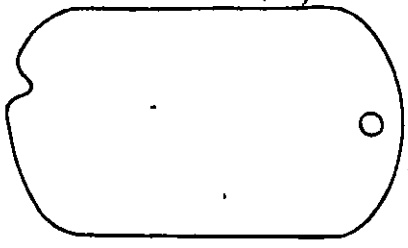
CERTIFIED TRUE COPY:
George T. Gamba
GEORGE T. GAMBA
2d Lt., MAC

SKELETAL CHART

X-436

(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 16 Oct 47		
Imprint Identification Tag If Possible. DO NOT TYPE 			Section 1.—IDENTIFICATION.						SERIAL NO.	
			NAME (Last, first, middle initial) UNKNOWN X-436 (Formerly UNK X-289 USAF Cemetery Manila #2, Luzon, P.I.)						Unknown	
			GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown			
			RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Unknown			CAUSE OF DEATH Unknown				DATE OF DEATH Unknown			
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown										
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None			IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)							
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 STORED Casket		TYPE OF GRAVE MARKER None	PLOT No. TANGER 812	ROW No. BAY A	GRAVE No. CRYPT 21		
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. 1418
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-441				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 23			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-467				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 19			
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.										

me 601

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


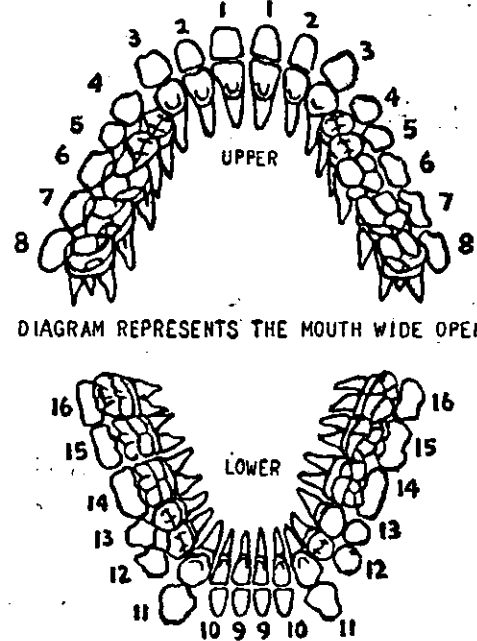




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

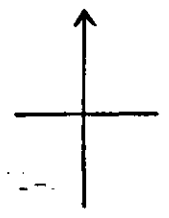
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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>LOWER</p> <p>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



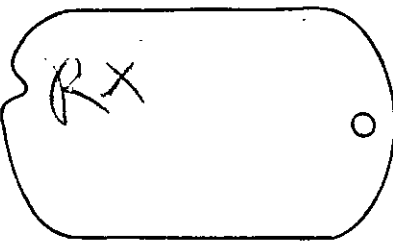
REMARKS:

Identification Check List and Dental Chart accomplished.

24 NOV 1942

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	DATE OF REPORT 17 Jan. 46
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REPORT OF/INTERMENT
(AR 30-1810 and AR 30-1815)

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN -X- 289 (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
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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

June 1474

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.
21 Dec. 45	1600	Shelter Half	Cross	2	11	1418

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	9

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- 288 (Cem. Manila #2)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				1417

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) CIULLA, M. A.	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	S 2/c		USN	1419

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.

June 37'

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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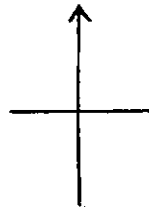
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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:

Bottle found with body all information destroyed.

18 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