

QMGMT 293
GRS Far East

9 August 1949

SUBJECT: Identification of World War II Deceased

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-618	, AGRS	Mausoleum	Manila,	formerly	X-130,	USAF	Com.,	Manila	#2		
"	X-631	,	"	"	"	"	X-144	,	"	"	Manila	#2
"	X-632	,	"	"	"	"	X-145	,	"	"	Manila	#2
"	X-433	,	"	"	"	"	X-235	,	"	"	"	#2
"	X-437	,	"	"	"	"	X-290	,	"	"	"	#2
"	X-800	,	"	"	"	"	X-315	,	"	"	"	#2
"	X-841	,	"	"	"	"	X-359	,	"	"	"	#2
"	X-3182	,	"	"	"	"	X-1019	,	"	"	"	#2
"	X-3148	,	"	"	"	"	X-1025	,	"	"	"	#2
"	X-3161	,	"	"	"	"	X-1038	,	"	"	"	#2
"	X-3159	,	"	"	"	"	X-1036	,	"	"	"	#2
"	X-3170	,	"	"	"	"	X-1047	,	"	"	"	#2
"	X-2530	,	"	"	"	"	X-3024	,	"	"	"	#2
"	X-2390	,	"	"	"	"	X-3110	,	"	"	"	#2
"	X-2088	,	"	"	"	"	X-3191	,	"	"	"	#2
"	X-2058	,	"	"	"	"	X-3211	,	"	"	"	#2
"	X-1892	,	"	"	"	"	X-3246	,	"	"	"	#2
"	X-1960	,	"	"	"	"	X-3308	,	"	"	"	#2
"	X-1749	,	"	"	"	"	X-3350	,	"	"	"	#2
"	X-1754	,	"	"	"	"	X-3355	,	"	"	"	#2
"	X-1640	,	"	"	"	"	X-3461	,	"	"	"	#2
"	X-1513	,	"	"	"	"	X-3515	,	"	"	"	#2
"	X-1519	,	"	"	"	"	X-3521	,	"	"	"	#2
"	X-1301	,	"	"	"	"	X-3632	,	"	"	"	#2
"	X-1165	,	"	"	"	"	X-3758	,	"	"	"	#2
"	X-1116	,	"	"	"	"	X-3824	,	"	"	"	#2
"	X-1036	,	"	"	"	"	X-3872	,	"	"	"	#2
"	X-1418	,	"	"	"	"	X-3983	,	"	"	"	#2
"	X-1397	,	"	"	"	"	X-3990	,	"	"	"	#2

QMGT 293

GRS Far East

Ltr 9 August 1949

SUBJECT: Identification of World War II Deceased

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

G. Reynolds: *fmk*
L. M. White
J. Windsor

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

APO 707
21 JUL 1949

OS GR 293.9

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 QMGU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGPS 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-433	AGRS	Mslm	UNKNOWN	X-1640	AGRS	Mslm
"	X-437	"	"	"	X-1749	"	"
"	X-618	"	"	"	X-1754	"	"
"	X-631	"	"	"	X-1892	"	"
"	X-632	"	"	"	X-1960	"	"
"	X-800	"	"	"	X-2058	"	"
"	X-841	"	"	"	X-2068	"	"
"	X-1036	"	"	"	X-2390	"	"
"	X-1116	"	"	"	X-2530	"	"
"	X-1165	"	"	"	X-3148	"	"
"	X-1301	"	"	"	X-3159	"	"
"	X-1397	"	"	"	X-3161	"	"
"	X-1418	"	"	"	X-3170	"	"
"	X-1513	"	"	"	X-3182	"	"
"	X-1519	"	"	"	X-4099, Manila #2		

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

FOR THE COMMANDING GENERAL:

30 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen

1 /drs

Interred 15 Jul 1949
A /12 18 Ft. McKinley
Carl R. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00138

DATE
15 06 48
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
UNKNOWN		X-000290			Q	15 06 48 DAY MONTH YEAR	
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY MANILA NO 2						7701 80 CODE DIST. PT.	
LOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH	
2	11	1420	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)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-290 UNK X-437 (Maus)				22 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

2 tags show UNK X-437 (Formerly X-290) - (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 1948 BY FORREST G. BRADEN

CASKET SEALED BY FORREST G. BRADEN	EMBALMER (Signature) <i>Forrest G. Braden</i> FORREST G. BRADEN
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CASKET BOXED AND MARKED DATE 22 Sept 48 BY HORACE L. ALLISON Sgt., Inf.	SHIPPING ADDRESS VERIFIED BY HONORIO V. AURELIO, 1st Lt., Inf.
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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 AUG 1949

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REPATRIATION
BRANCH
MEM. DIV.

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>Carol R. ...</i>	DATE 15 JUL 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	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

RECORD OF CUSTODIAL TRANSFER

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-290, Plot 2,
Row 11, Grave 1420, 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

Attch: Form 1044

Received 2 Aug 49 QMG
Not identifiable from
information presently
available.
8-8-49
G. Reynolds

Incl #2

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-437 (Formerly UNK X-290 Manila #2)				2. DATE OF REPORT 14 July 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	10	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 140 lbs.	9. ESTIMATED HEIGHT 5'5"	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)


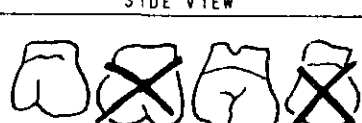






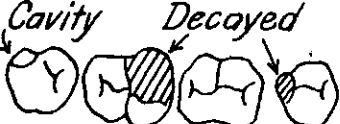

NONE

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

Incl. #2

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views															
UPPER															
LOWER															
Side Views															
P			P	P	P	P	← UTD →	P			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."

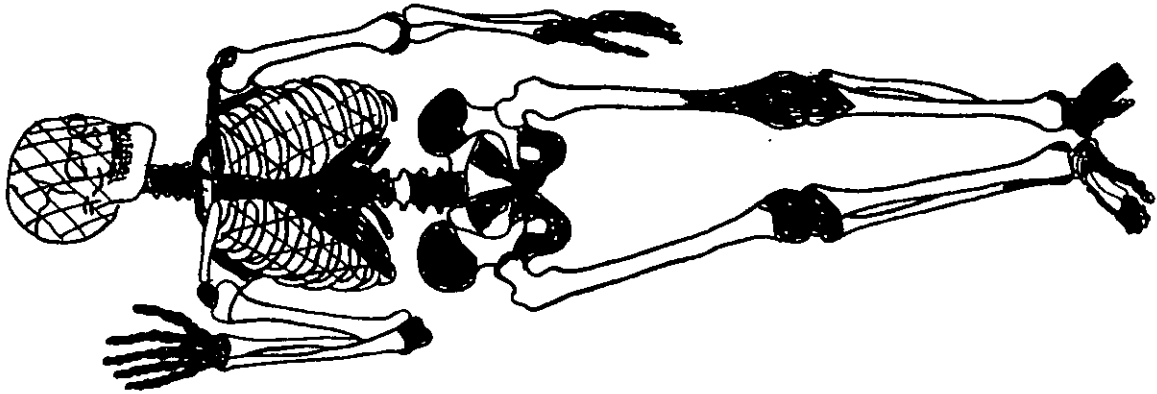
Maxilla and maxillary teeth are missing. Unable to determine whether teeth from R9 - L10 are X or Px due to the condition of the mandible.

"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



Estimated height: 5'5"

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 - 5 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

J. J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

X-437

/af

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

UNKNOWN X-437 (Formerly UNK X-290,
USAF Cemetery Manila #2, Luzon, P.I.)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

Unknown

ORGANIZATION

Luzon, P.I.

PLACE OF DEATH

PLACE OF BURIAL

812

A

10

PLOT/ANGER ROW/BAY GRAVE/NO.



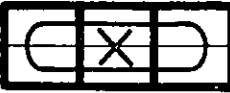











Maxilla Missing

RIGHT								UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE																			
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	X		X		X	X	X	X	X		X	X	A		Missing				
LOCATION												dol							

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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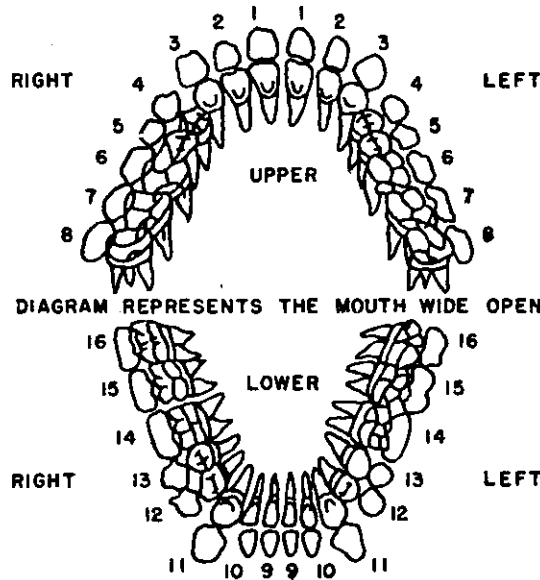
INSTRUCTIONS:

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:

Blank space for remarks.

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

/p/ JOSEPH D. MURPHY, T/5
NAME AND RANK TYPED OR PRINTED

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

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

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 Oct 47
DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

/af

UNKNOWN X-437 (Formerly
 Unknown X-290 USAF Cem Manila #2, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 Row HANGER A Bay BAY Grave CRYP110

CIP, AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 13 Oct 47
(Hour) (Date)
2. Place of death Luzon, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred by C.M.T. No. 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	/	N	
Sweater	/	O	
Jacket, HBT	/	N E	
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web //

Drawers, wool //

Drawers, cotton //

Leggings, wool //

Socks, cotton //

*Shoes (type) N

Overshoes N E

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 // Est. Height 5' 5" Est. Weight 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, poeks, freckles) //

Build T. (Large, ~~Da~~, thin, muscular) //

Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting) //

Hair (Baldness, widows peak, distinctive cutting/or other characteristics) //

Sideburns (Color, setting, shape) Mustache (Color, size, shape) Beard or (Length, heavy) //

Goatee /
 (Light, color, extent)

Eyes // Eyebrows /
 (Color, setting, shape) (Color, bushiness, extent across nose)

Nose / Ears /
 (Size, shape, straight) (Size, set close to or far from head)

Mouth / Lips /
 (Large, medium, small) (Small, large, full)

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

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

Jaw / Circumference of head in inches / **Cannot be determined.**
 (Large, small, normal) (Hat band) **Skull fragments only.**

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

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

Hands /

Fingers / **U.**
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

D.
 (Unusual characteristics of finger/nails)

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

Hernioplasty /
 (Yes-no; location)

Legs /
 (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet / Toes /
 (Size, corns, callouses, flat) (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 R.O.I. bottle nor identification tags received with remains.
Neither personal effects found. Weight of remains is estimated
about five (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/ E. F. Moriarty
(Officer's Name)

SP-6
Rank Service

AGRS
(Organization)

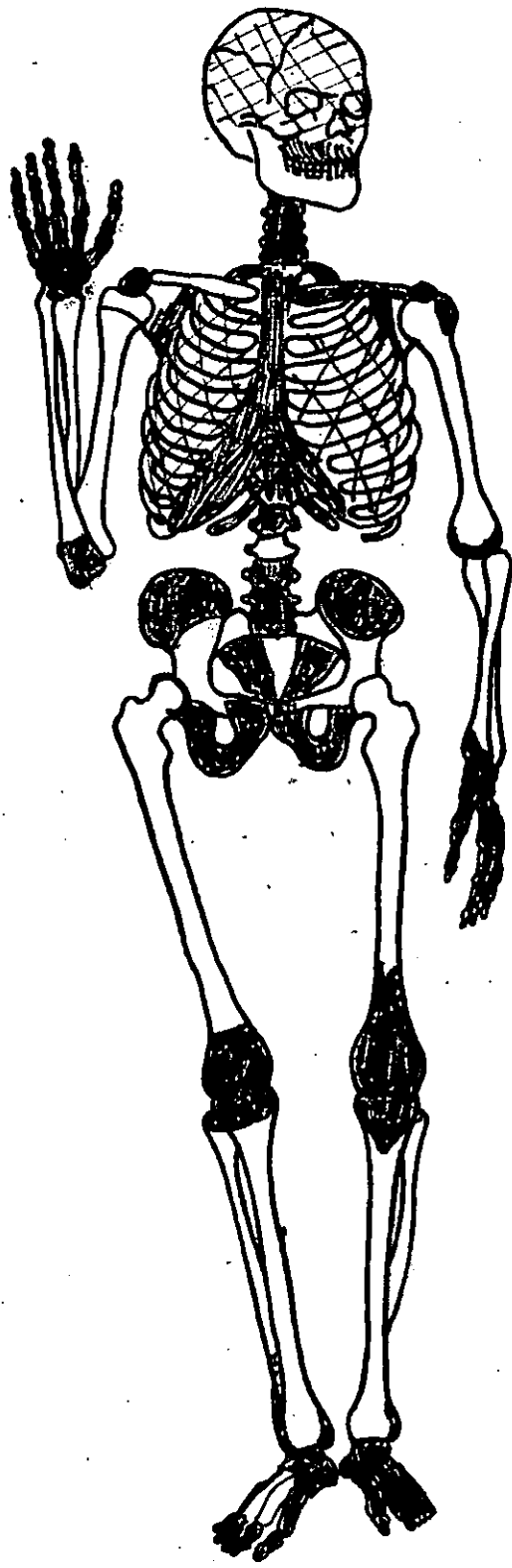
CERTIFIED TRUE COPY:

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

V-437

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

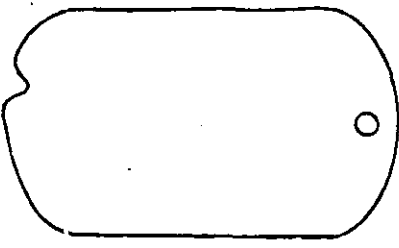


*Ribs and bones
fragments
Vertebral fragments*

APR 5 - 1948

1017
RESTRICTED

U 1017

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.				SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-437 (Formerly UNK X-290 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 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 0800	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 812	ROW No. BAY A	GRAVE No. CRYPT 10	
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. 1420	
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-452			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 12	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-438			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT	
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 Jr</i> LUCIO S PANOPIO JR, 2d Lt, INF.				

RESTRICTED

Incl 590

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.

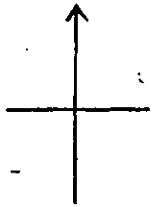
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		
FILLINGS		

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



REMARKS:

Identification Check List and Dental Chart accomplished.

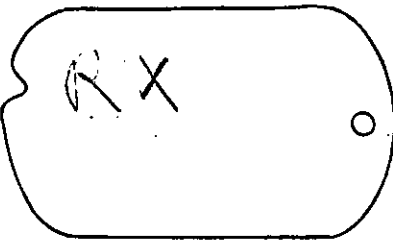
24 NOV 1951

RIGHT
LITTLE FINGER

RESTRICTED

U-1017

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	REPORT OF/INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 17 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- 290 (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

Jewel 1475

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	1420



WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Ft. Wm. McKinley, Luzon, P. I.	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)	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.
CIULLA, M. A.	S 2/c		USN	1419

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
APADUEA, Ramon		20843123		1421

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.

Jewel 281

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.

18 FEB 1948

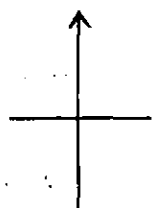
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p><i>Section missing</i></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



REMARKS:

Bottle found with body all information destroyed.