

QMCMT 293
GRS Far East

12 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-678, | AGRS | Mausoleum | Manila, | formerly | X-192, | USAF | Cem., | Manila | #2 |
|---------|---------|------|-----------|---------|----------|---------|------|-------|--------|----|
| " | X-440, | " | " | " | " | X-293, | " | " | " | " |
| " | X-3012, | " | " | " | " | X-1820, | " | " | " | " |
| " | X-1903, | " | " | " | " | X-3226, | " | " | " | " |
| " | X-1980, | " | " | " | " | X-3275, | " | " | " | " |
| " | X-1946, | " | " | " | " | X-3281, | " | " | " | " |
| " | X-1427, | " | " | " | " | X-3956, | " | " | " | " |
| " | X-949, | " | " | " | " | X-4026, | " | " | " | " |

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

T. Sanborn: dal
L. M. White
J. Windsor

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSCR 293.9

AFD 707

SUBJECT: Unidentifiable Remains

22 Aug 1949

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

2. In accordance with the provisions of your letter, file GDMU 293, GCS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGCS 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-268 | AGCS | Manila | UNKNOWN | X-1980 | AGCS | Manila |
| " | X-271 | " | " | " | X-1946 | " | " |
| " | X-440 | " | " | " | X-2153 | " | " |
| " | X-878 | " | " | " | X-3006 | " | " |
| " | X-949 | " | " | " | X-3012 | " | " |
| " | X-1427 | " | " | " | X-3808 | " | " |
| " | X-1903 | " | " | | | | |

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

FOR THE COMMANDING GENERAL:

13 Incls
GIC Form 1044 w/certificates
of Unidentifiability

C. H. LISBRANCE
2nd Lt., AGC
Asst. Adj. Gen

1 /ebc

Interred 16 August 1949
 G 15 44 Ft. McKinley
Leachmark
 CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
 SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
 7747 00150

DATE
 15 06 48
 DAY MONTH YEAR

| | | | | |
|-----------------------------|------------------------|-------|--------------------|----------------|
| NAME | SERIAL NUMBER | RANK | ARM | DATE OF DEATH |
| | UNKNOWNX-000293 | | 0 | |
| CEMETERY | DISPOSITION OF REMAINS | | | |
| USAF CEMETERY (MANILA NO 2) | 0 7701 80 | | | |
| PLOT | ROW | GRAVE | COUNTRY | CAUSE OF DEATH |
| 2 | 12 | 1446 | PHILIPPINE ISLANDS | 6 |

SECTION B - CONSIGNEE AND NEXT OF KIN

| | |
|-------------------------------------------------------|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE | NAME AND ADDRESS OF NEXT OF KIN |
| FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS | (BY ADMINISTRATIVE DECISION) |

SECTION C - DISINTERMENT AND IDENTIFICATION

| | | | | |
|-------------------------------------------------------------------------------------------|---------------|----------|-----------------------------------------------|-------------------|
| NAME | SERIAL NUMBER | RANK | DATE OF DEATH | DATE DISTINTERRED |
| UNK X-440 (Maus) UNK X-293 | | | | 22 Sept 1948 |
| IDENTIFICATION TAG ON | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY | |
| <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER | UNKNOWN | | WILLIAM A. MULLINS 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

" 2 Identification Tags - UNK X-440 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

| | |
|--------------------|-------------------------------------------------|
| DATE 22 Sept 1948 | BY WILLIAM A. MULLINS |
| CASKET SEALED BY | EMBALMER (Signature) |
| WILLIAM A. MULLINS | <i>William A. Mullins</i> WILLIAM A. MULLINS |

| | |
|-------------------------------------------------|-----------------------------------|
| CASKET BOXED AND MARKED | SHIPPING ADDRESS VERIFIED BY |
| DATE 22 Sept 48 BY HORACE L. ALLISON Sgt., Inf. | HONORIO V. AURELIO, 1st Lt., Inf. |

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

Honorio V. Aurelio
 HONORIO V. AURELIO, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

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

FILE
 RECORDS ANNOTATED
 DATE 16 Sept 49
 NAME Bell

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>Carl H. Mark</i> | DATE 16 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

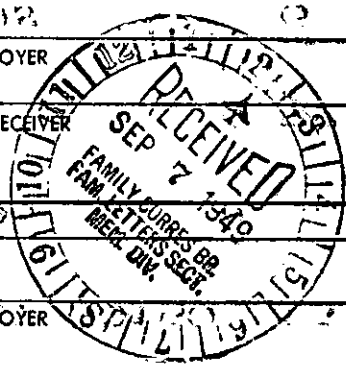
| | | | |
|-------------------------------------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE MILITARY BRITISH BOMBERS | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER LOBI WO KIMPEX CEMETERY | DATE | SIGNATURE OF RECEIVER | DATE |

6. SHIPPED

| | | | |
|--------------------------------------|------------|-----------------------|------|
| FROM S JS JROO BRITISH BOMBERS | | TO CEMETERY | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER WIBSBA WWSBY | DATE DU | 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

26 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 293, Plot 2,
Row 12, Grave 1446, USMC USAF Cem Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



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

Atch: Form 1044

Received 2/2/49 OQMG
Not identifiable from
information presently
available

9/7/49

Samban, T.
relief

Incl 3

IDENTIFICATION DATA

| | | | | | |
|------------------------------------------------------------------------------|------------|----------|-----------|------------------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-440 (Formerly Unk X-293 Manila #2) | | | | 2. DATE OF REPORT 29 July 1949 | |
| 3. NAME OF CEMETERY | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 812 | A | 11 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|----------------------------------------|-------------------------------------|-----------------------------------|----------------------------|
| 8. ESTIMATED WEIGHT 155 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? <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

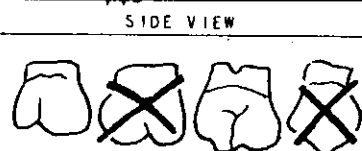
N O N E

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"

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



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



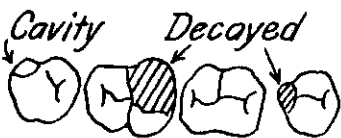
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



Fractured

| RIGHT | | | | | | | | LEFT | | | | | | | | |
|-----------------|----|----|----|----|----|----|----|------|----|----|----|----|----|----|-----------------|------------|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Maxilla Missing | A | A | A | | | | S | S | S | | | | A | | Maxilla Missing | |
| | od | mo | od | | | | ML | ML | ML | | | | o | | | |
| Side Views | | | | | | | | | | | | | | | | Side Views |
| Top Views | | | | | | | | | | | | | | | | Top Views |
| Side Views | | | | | | | | | | | | | | | | Side Views |
| | A | X | A | A | | | P | P | | | | A | X | A | | |
| | o | | m | od | | | | | | | | mo | | o | | |
| | 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"

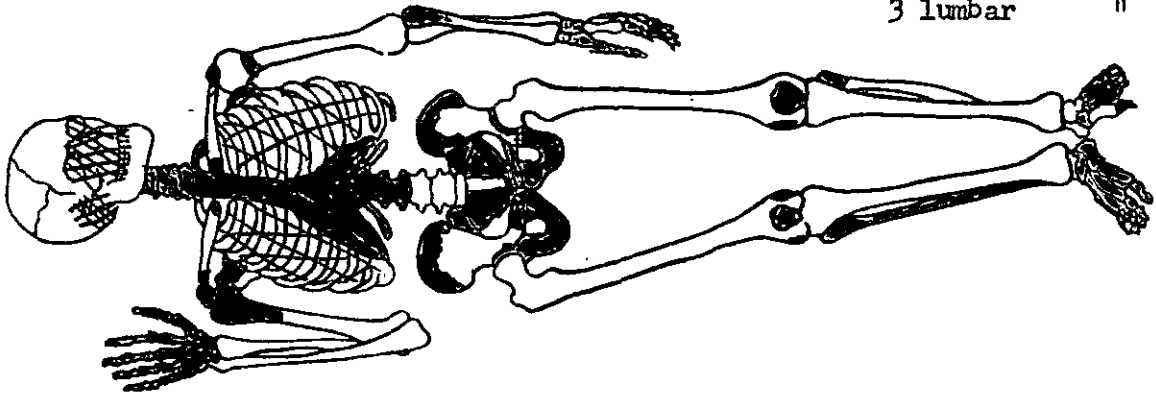
J. J. McDERMOTT Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-440

PRESENT:

1 cervical vertebrae
3 lumbar "



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 - 8 lbs.

Circumference of skull - 20½ 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

J. J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

X-440

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-440 (Formerly UNK X-293)

Unknown

Unknown

USAF Cem Manila #2, Luzon, P.I.

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

Unknown

812

A

11

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

PLOT

ROW

GRAVE NO.

RANGER BAY

CRYPT

Missing

Missing

| | | RIGHT | | | | | | | LEFT | | | | | | | | |
|------|----------|-------------|---|---|---|---|---|---|------|---|---|---|---|---|---|---|---|
| | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | UPPER TEETH | | | | | | | | | | | | | | | |
| TYPE | LOCATION | X | | A | | A | | A | | S | | S | | A | | X | |
| TYPE | LOCATION | O | | m | | O | | m | | O | | d | | O | | X | |

INSIDE — LOOKING OUT

| | | RIGHT | | | | | | | LEFT | | | | | | | | |
|------|----------|-------------|----|----|----|----|----|----|------|---|----|----|----|----|----|----|----|
| | | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| | | LOWER TEETH | | | | | | | | | | | | | | | |
| TYPE | LOCATION | A | | X | | A | | A | | X | | X | | A | | X | |
| TYPE | LOCATION | O | | m | | O | | m | | O | | d | | O | | X | |

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



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



OXYPHOSPATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCLUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

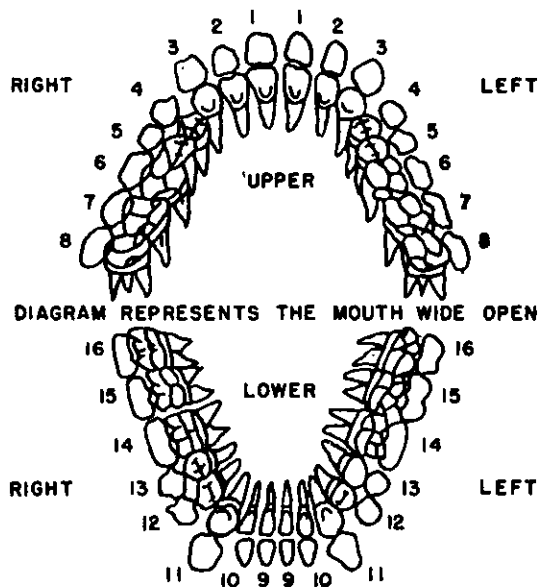
INSTRUCTIONS:

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.



REMARKS:

Moderate flourosis.
UTD whether R8, L7, 8 are FX or X.

/s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Felix Glass
VERIFIED BY GRS OFFICER

/p/ RUSSELL SMITH, T/4
NAME AND RANK TYPED OR PRINTED

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

CIP, AGRS Mausoleum
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 Oct 47
DATE

CERTIFIED TRUE COPY:

930-PHILRYCOM-4-47-30M

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-440 (Formerly
 Unknown X-293 USAF Cem Manila #2, Luzon, PI
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 RANGER BAY CRYPT 11
 Row A Grave 11

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 CMT #1 CM-GR Co
(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 | / | | |
| | <small>(Type)</small> | | |
| Raincoat | / | | |
| Overcoat | / | | |
| Jacket, Field | / | | |
| Jacket, Combat | / | | |
| Mackinaw | / | | |
| Sweater | | O | |
| Jacket, HBT | | N | |
| * 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. Skeletal Chart attached.

Age Height 5' 8" Weight 155 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) U
 Eyebrows
 (Color, bushiness, extent across nose) F

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

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

Teeth See Tooth Chart
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw
 (Large, small, normal)
 Circumference of head in inches 20 1/2
 (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
 (Yes-no)
 Pubic Hair
 (Color)

Hernioplasty
 (Yes-no; location)

Legs
 (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 Identification tags, burial bottle, personal effects or other
means of identification. Estimated weight of remains, 8 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
(Organization)

13 Oct 47

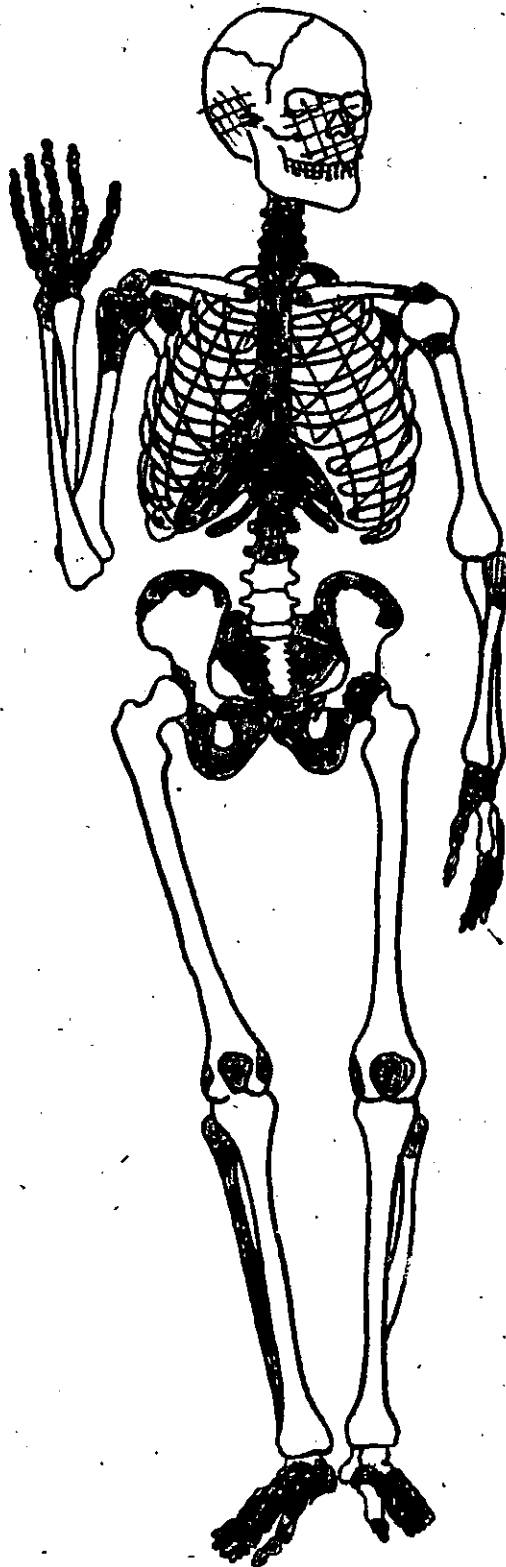
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-4fo

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



1 Cervical vertebrae
3 Lumbar vertebrae
Small bone fragments
Ribs badly fragmented

/cbf

APR 5 1948

RESTRICTED


U 1456

WD OMC 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.

| | | |
|-------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------------------|
| NAME (Last, first, middle initial) UNKNOWN X-440 (Formerly UNK X-293 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 |
|---------------------------|---------------------------|--------------------------|

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 14 Oct 47 | HOUR 0800 | BURIED IN (Shroud, blanket, or name of other) STORED Casket | TYPE OF GRAVE MARKER None | PLOT No. DANGER 812 | ROW No. BAY A | GRAVE No. CRYPT 11 |
| 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. 1116 | | | |
| 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-443 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 13 | | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-429 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 9 | | |
| SIGNATURE OF PERSON PREPARING REPORT Wm. R GILBERT, Adm. Asst. | SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPLO, JR., 2d Lt., Inf. | | | | | |

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

File 591

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


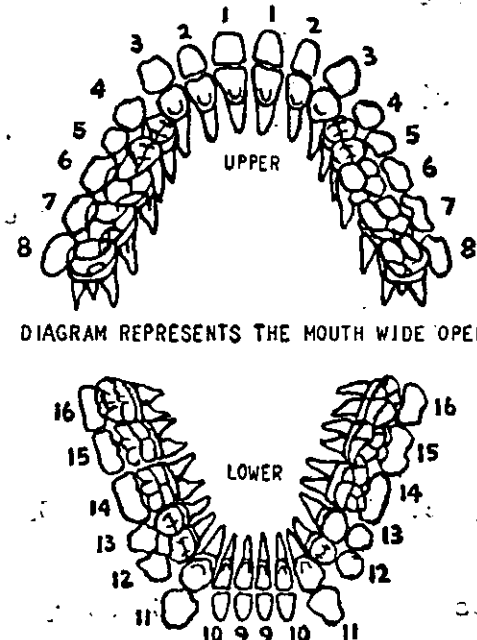




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

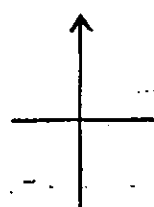
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |

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

OTHER IDENTIFICATION CLUES

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p> |  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| <p>CAVITIES</p>  <p>CAVITY DECAYED</p> | |
| <p>MISSING TEETH</p>  <p>TOOTH MISSING</p> | |
| <p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| <p>BRIDGE WORK</p>  <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.

28 NOV 1947

| | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------|------------------------------------------------|
| WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | | REPORT OF INTERMENT (AR 30-1810 and AR 30-1815) | | | DATE OF REPORT: 18 Jan 46 | |
| Imprint Identification Tag If Possible. DO NOT TYPE | | Section 1.—IDENTIFICATION. | | | | |
| | | NAME (Last, first, middle initial) UNKNOWN X-293 | | | 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 Jan 681 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 22 Dec 45 | HOUR 0900 | BURIED IN (Shroud, blanket, or name of other) Shelter Half | TYPE OF GRAVE MARKER Cross | PLOT NO. 2 | ROW NO. 12 | GRAVE NO. 1446 |
| 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. B | ROW NO. 3 | GRAVE NO. 2 |
| 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-295 | | | RANK | SERIAL NO. | ORGANIZATION | GRAVE NO. 1445 |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-294 | | | RANK | SERIAL NO. | ORGANIZATION | GRAVE NO. 1447 |
| SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, T/4, GRS. | | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT E. M. MOORE, 1st Lt., OMC. | | |
| 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. | | | | | | |

Section 3.—UNIDENTIFIED REMAINS.

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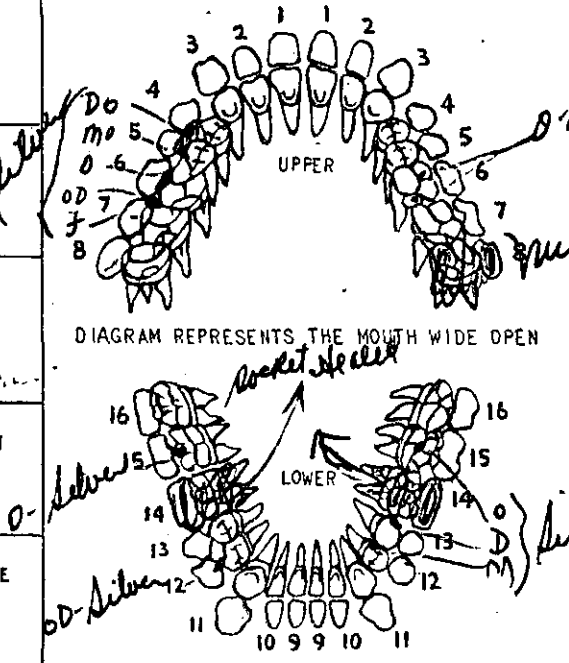




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the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

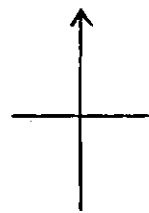
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|--------|--------|---------------|---------------|-------------------------------|

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

OTHER IDENTIFICATION CLUES

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p> |  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| <p>CAVITIES</p>  <p>CAVITY DECAYED</p> | |
| <p>MISSING TEETH</p>  <p>TOOTH MISSING</p> | |
| <p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| <p>BRIDGE WORK</p>  <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.

27 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