

MSGT 293  
GRS FAR EAST

13 June 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 remains:

Unknown X-3150	AGRS	MAUSoleum	Manila	formerly	X-1027	Manila	#2
Unknown X-3168	AGRS	Mausoleum	Manila	formerly	X-1045	Manila	#2
Unknown X-3147	AGRS	Mausoleum	Manila	formerly	X-2024	Manila	#2
Unknown X-2066	AGRS	Mausoleum	Manila	formerly	X-3188	Manila	#2
Unknown X-1973	AGRS	Mausoleum	Manila	formerly	X-3268	Manila	#2
Unknown X-1893	AGRS	Mausoleum	Manila	formerly	X-3247	Manila	#2
Unknown X-1723	AGRS	Mausoleum	Manila	formerly	X-3364	Manila	#2
Unknown X-1616	AGRS	Mausoleum	Manila	formerly	X-3494	Manila	#2
Unknown X-1348	AGRS	Mausoleum	Manila	formerly	X-3577	Manila	#2
Unknown X-1217	AGRS	Mausoleum	Manila	formerly	X-3726	Manila	#2
Unknown X-1250	AGRS	Mausoleum	Manila	formerly	X-3641	Manila	#2
Unknown X-937	AGRS	Mausoleum	Manila	formerly	X-4004	Manila	#2
Unknown X-2052	AGRS	Mausoleum	Manila	formerly	X-3205	Manila	#2
Unknown X-1213	AGRS	Mausoleum	Manila	formerly	X-3746	Manila	#2
Unknown X-4690	AGRS	Mausoleum	Manila	formerly	X-2003	Manila	#2
Unknown X-1291	AGRS	Mausoleum	Manila	formerly	X-3590	Manila	#2
Unknown X-1344	AGRS	Mausoleum	Manila	formerly	X-3561	Manila	#2
Unknown X-1621	AGRS	Mausoleum	Manila	formerly	X-3439	Manila	#2
Unknown X-1326	AGRS	Mausoleum	Manila	formerly	X-3627	Manila	#2
Unknown X-4633	AGRS	Mausoleum	Manila	formerly	X-832	Manila	#2
Unknown X-702	AGRS	Mausoleum	Manila	formerly	X-217	Manila	#2
Unknown X-719	AGRS	Mausoleum	Manila	formerly	X-236	Manila	#2
Unknown X-414	AGRS	Mausoleum	Manila	formerly	X-268	Manila	#2
Unknown X-720	AGRS	Mausoleum	Manila	formerly	X-237	Manila	#2
Unknown X-441	AGRS	Mausoleum	Manila	formerly	X-294	Manila	#2
Unknown X-802	AGRS	Mausoleum	Manila	formerly	X-317	Manila	#2
Unknown X-1923	AGRS	Mausoleum	Manila	formerly	X-3257	Manila	#2
Unknown X-1939	AGRS	Mausoleum	Manila	formerly	X-3327	Manila	#2

CMGMT 293

GNS Far East

Ltr 13 June 1949

SUBJECT: Identification of World War II Deceased

Unknown X-1965 AGRS Mausoleum Manila formerly X-3290 Manila #2  
Unknown X-4680 AGRS Mausoleum Manila formerly X-1089 Manila #2  
Unknown X-4678 AGRS Mausoleum Manila formerly X-1087 Manila #2  
Unknown X-4677 AGRS Mausoleum Manila formerly X-1086 Manila #2  
Unknown X-4675 AGRS Mausoleum Manila formerly X-1084 Manila #2  
Unknown X-1885 AGRS Mausoleum Manila formerly X-3245 Manila #2  
Unknown X-2750 AGRS Mausoleum Manila formerly X-3815 Manila #2  
Unknown X-1306 AGRS Mausoleum Manila formerly X-3637 Manila #2

3425

2. Recommendations for unidentifiability have been accepted by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

cc: Adm Section  
G. Reynolds: pmr  
L.V. Mansel  
J. Windsor

Interred 11 Oct 49  
E 4 48 Ft. Kinley

DISINTERMENT DIRECTIVE

*Carer's mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00151

DATE  
15 06 48  
DAY MONTH YEAR

1

NAME		SERIAL-NUMBER		RANK	ARM	DATE OF DEATH		
<i>JP</i> UNKNOWN X - 000294		- 000294				DAY	MONTH	YEAR
CEMETERY						DISPOSITION OF REMAINS		
USAF CEMETERY MANILA NO 2						0	7701	80
						CODE	DIST. PT.	
						CAUSE OF DEATH		
						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 DISINTERRED
UNK X-000294				21 Sept 1948
UNK X-441 (Maus)				
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		C. MAXLEE FANN 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) Remains Tags -- UNK X-441, (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  
DATE 21 Sept 48 BY HORACE L. ALLISON, Sgt. I.F. SHIPPING ADDRESS VERIFIED BY 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*  
CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
REMARKS: Unidentifiable - OQMG  
REPAIR/REVISION  
BY  
NAME *Graves*

# 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>[Signature]</i>	DATE 11 OCT 1949

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE MILITARY BRITISH ARMY		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LOBL MC KINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER MILITARY DECISION	DATE

## 6. SHIPPED

FROM S TS JCS BRITISH ARMY		TO BRITISH ARMY	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	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

10 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 294 , Plot 2 ,  
Row 12 , Grave 1447 , USMC Manila #2, Luzon, P.I. 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, QMG  
Chief, Records Branch

Atch: Form 1044

Received ..... 9 June 49 ..... QMG  
Not identifiable from  
information presently  
available

9. Keyrol 6-9-49

*Incls. #2*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN Unknown X-441 ( Formerly Unk X-294 Manila #2 )				2. DATE OF REPORT 10 May 1949	
3. NAME OF CEMETERY  AGRS MAUSOLEUM, MANILA, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	23	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE Unknown
----------------------------	----------------------------	--------------------------	---------------------

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?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  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)


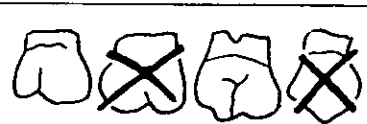
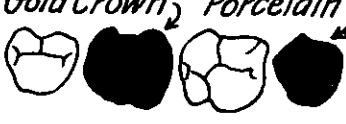





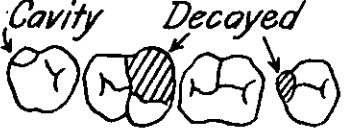

NONE

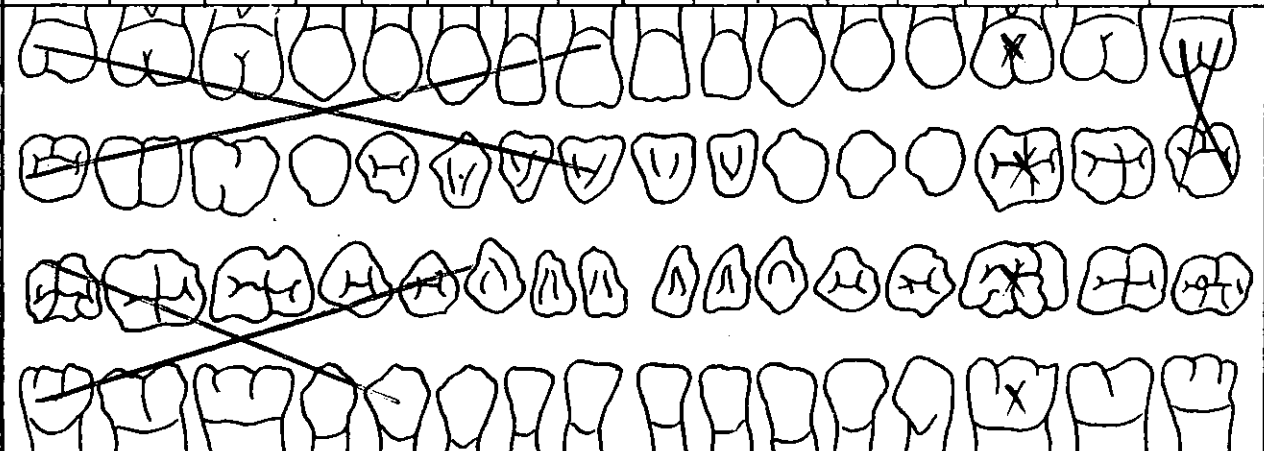
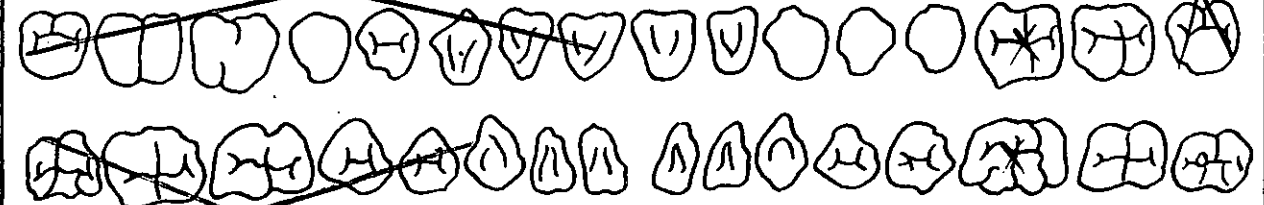

**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Encls. #22*

18.

TOOTH CHART

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

RIGHT								LEFT								maxilla missing
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Maxilla				Missing				P	P	P	P	P	X	P		
Side Views																Side Views
Top Views																UPPER
Side Views																LOWER
Mandible Missing				P				P	P	P	P	P	X	P	0	
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."

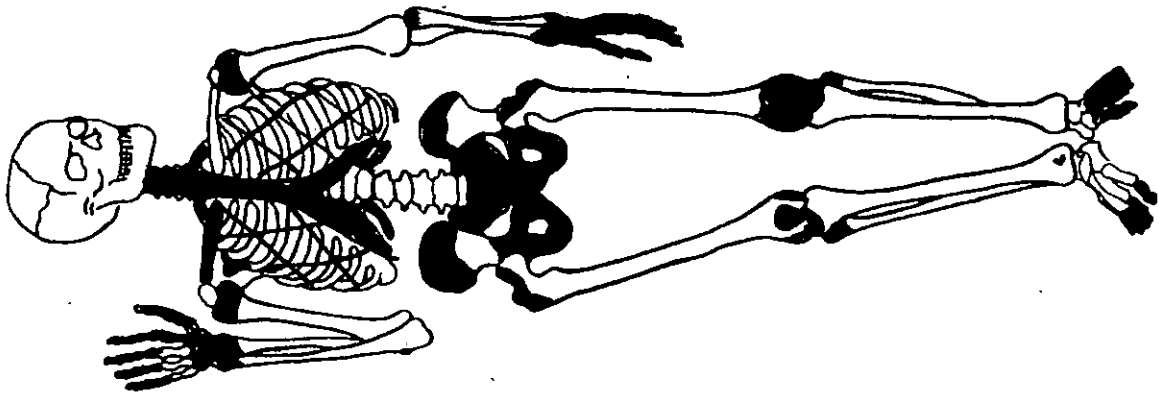
Portions of maxilla on L8 and from R1-R8 and mandible from R12- R16 are missing. No loose maxillary and mandibular teeth are present with remains.

**"UNIDENTIFIABLE"**

*J. J. McDermott*  
J. J. McDERMOTT

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 1/2 lbs.

RECORDED AND INDEXED  
"LACK OF IDENTIFICATION 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



X-441

# 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-441 (Formerly UNK X-294)  
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

812

A

23

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT

ROW

GRAVE NO.

HANGER

BAY

CRYPT

RIGHT

UPPER TEETH

LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

*No maxilla*

*M.I.S.I.N.G.*

TYPE  
LOCATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE  
LOCATION

INSIDE — LOOKING OUT

*missing*

RIGHT

LOWER TEETH

LEFT

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

TYPE  
LOCATION

							X	X	X	X	X			X	X	
--	--	--	--	--	--	--	---	---	---	---	---	--	--	---	---	--

TYPE  
LOCATION

## 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)



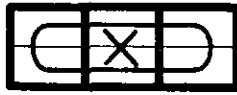
CAVITY INDICATE  
LOCATION



GOLD



OCCUSAL  
(BITING SURFACE BACK TEETH)



FIXED BRIDGE  
(INCL. ABUTMENTS)



SILICATE OR  
PORCELAIN



DISTAL  
(BETWEEN - TOWARD BACK)



TEETH REPLACED  
BY DENTURE



OXYPHOSPATE  
(CEMENT)



LINGUAL  
(TOWARD TONGUE)



POSTHUMOUSLY MISSING  
(LOST AFTER DEATH)



FACIAL  
(TOWARD CHEEK)

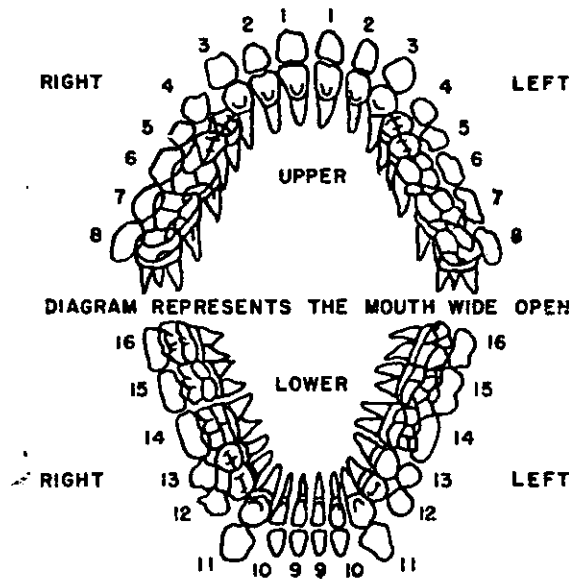
**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

Maxilla missing.  
L 13 rotated. Mandible missing from R 12 thru R 16.

/s/ Troy H. Ellis  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Barr D-234444  
VERIFIED BY GRS OFFICER

/p/ TROY H. ELLIS T/5  
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BARR SP-8  
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mslm, Nichols Field, Manila, PI  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 Oct 47  
DATE

CERTIFIED TRUE COPY:

*George T. Galboa*  
GEORGE T. GALBOA  
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-441 (Formerly  
 Unknown X-294 USAF Cem Manila #2, Luzon, PI  
 Cemetery: AGRS Mausoleum, Manila, P.I.  
 Plot 812 RANGER A BAY CRYPT 23  
 Row Grave

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 CMP #1. QMGR 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	/		
	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater		N	
Jacket, HBT		O	
* Shirt, Wool OD		E	
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web / /

Drawers, wool / /

Drawers, cotton N

Leggings, wool O

Socks, cotton E

\* Shoes / / (type)

Overshoes / /

Web Equipment / (type)

(Other item) One (1) hair comb, small, black color and spoiled.

(Other item) / /

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or N

Insignia O (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch E

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 / 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 T

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) U

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

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

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

Teeth: Tooth Chart attached. ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal) Circumference of head in inches ..... (Hat band)

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

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

Hands ..... U T

Fingers ..... D (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 ..... (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... (Size, corns, callouses, flat) Toes ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? Yes If not, explain \_\_\_\_\_  
(Yes-no)

9. Remarks No I.D. tags, personal effects and nothing found to warrant  
identification. Remarks in the ROI statement enclosed was a bottle found  
of which all the informations were destroyed.

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/John H. Barr D-234444  
(Officer's Name)

SP-8 AGRS  
Rank Service

CIP, AGRS Mslm., Nichols Field, Manila, PI.  
(Organization)

13 October 1947

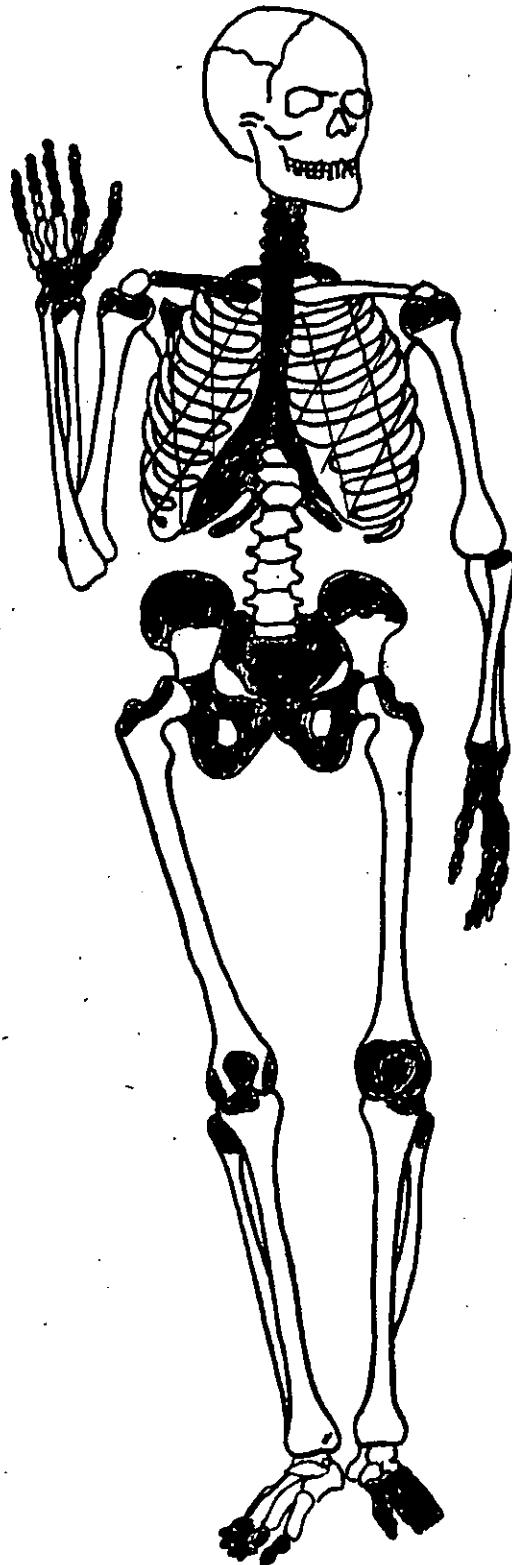
CERTIFIED TRUE COPY:

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

# SKELETAL CHART

X-441

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

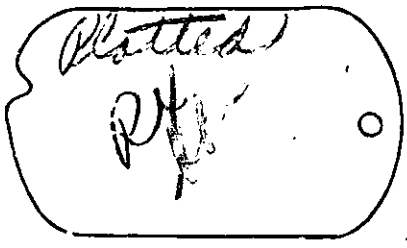


WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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.

NAME (Last, first, middle initial) UNKNOWN X-441 (Formerly UNK X-294 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 STORAGE 14 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. *ANGER 812	ROW No. BA4 A	GRAVE No. CRYP 23
--	--------------	--	---------------------------------	---------------------------	---------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 12	GRAVE No. 1447
---	--	---------------	---------------	-------------------

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) STORAGE UNKNOWN X-448	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 25
--	------	------------	--------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-436	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 21
---	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>Wm. R Gilbert</i> Wm. R GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panofio, Jr.</i> LUCIO S PANOFIO, 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.

File 663



**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


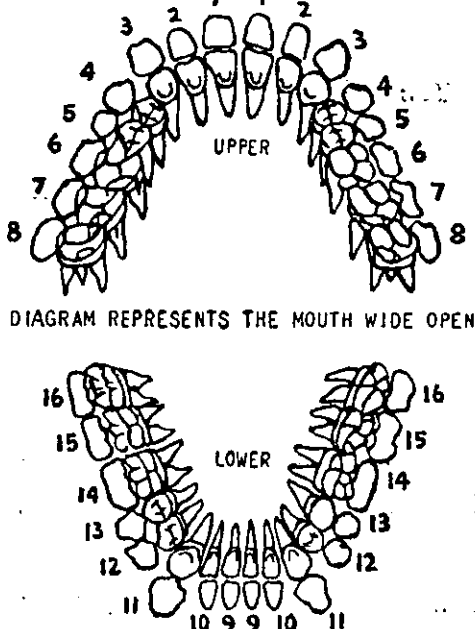




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

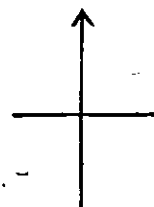
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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

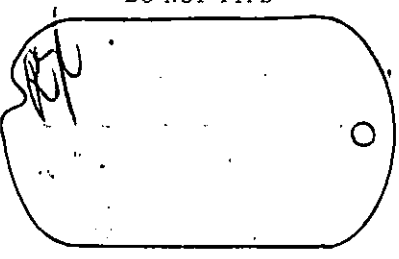
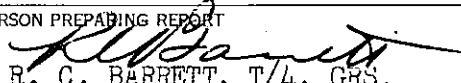



REMARKS:  
Identification Check List and Dental Chart accomplished.

*Erison*

RESTRICTED U-

U-1457

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 18 Jan 46			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.							
		NAME (Last, first, middle initial) UNKNOWN X-294			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  June 653  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. 1447
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. 3
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-293				RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 1446		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) ROSS, James A				RANK EM	SERIAL NO. 18011869	ORGANIZATION USA	GRAVE No. 1448		
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.									

Inc 391

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


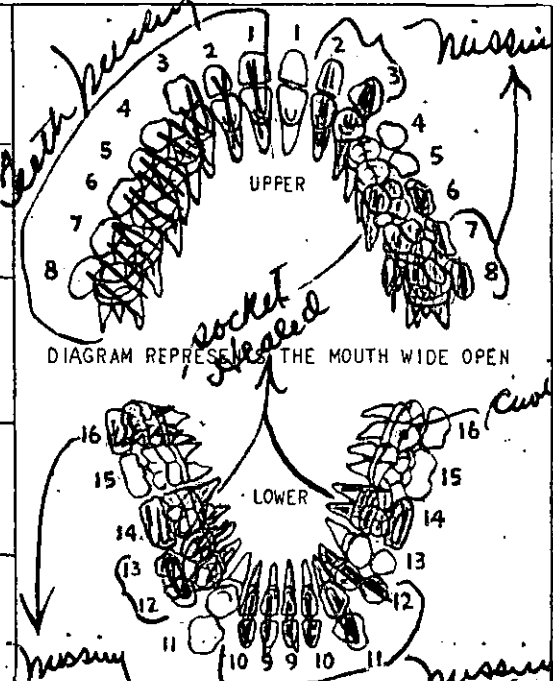




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

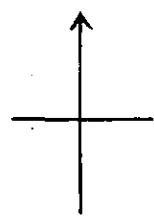
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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:

Bottle found. All information destroyed.

27 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