

MEMO 273  
(AS Far East)

10 August 1949

SUBJECT: Identification of World War II Deceased

To: Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGHS, PRISONER WARE

1. Reference is made to findings of unidentifiability for the following unknown deceased:

Unknown	X-943	AGHS	Musoleum	Manila,	Formerly	X-4020	USAF	Com.,	Manila	/2
"	X-1400,	"	"	"	"	X-3977,	"	"	"	"
"	X-1133,	"	"	"	"	X-3790,	"	"	"	"
"	X-1132,	"	"	"	"	X-3789,	"	"	"	"
"	X-1215,	"	"	"	"	X-3719,	"	"	"	"
"	X-1731,	"	"	"	"	X-3342,	"	"	"	"
"	X-1888,	"	"	"	"	X-3241,	"	"	"	"
"	X-2047,	"	"	"	"	X-3000,	"	"	"	"
"	X-2117,	"	"	"	"	X-3129,	"	"	"	"
"	X-3151,	"	"	"	"	X-3028,	"	"	"	"
"	X-3021,	"	"	"	"	X-3116,	"	"	"	"
"	X-716,	"	"	"	"	X-332,	"	"	"	"
"	X-683,	"	"	"	"	X-197,	"	"	"	"
"	X-652,	"	"	"	"	X-155,	"	"	"	"
"	X-4661,	"	"	"	"	X-2272,	"	"	"	"
"	X-827,	"	"	"	"	X-332,	"	"	"	"
"	X-838,	"	"	"	"	X-356,	"	"	"	"
"	X-799,	"	"	"	"	X-314,	"	"	"	"
"	X-146,	"	"	"	"	X-370,	"	"	"	"
"	X-129,	"	"	"	"	X-281,	"	"	"	"
"	X-115,	"	"	"	"	X-269,	"	"	"	"
"	X-655,	"	"	"	"	X-268,	"	"	"	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

REB

cc: Adm Section

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

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

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

OSGR 293.9

AFD 707

SUBJECT: Unidentifiable Remains

25 JUL 1949

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

1. In accordance with the provisions of your letter, file QMGMU 293, QRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGFS 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-415 AGFS Malm	UNKNOWN X-817 AGFS Malm
" X-429 AGFS Malm	" X-838 AGFS Malm
" X-446 AGFS Malm	" X-3679 AGFS Malm
" X-655 AGFS Malm	" X-4661 AGFS Malm
" X-799 AGFS Malm	

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

FOR THE COMMANDING GENERAL:

9 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

/s/ John M. Weston, Jr.  
JOHN M. WESTON JR  
1st Lt           ACD  
Asst.   Adj.   Gen

/mfc

1

Interred 20 Jun 1949  
L 13 21 Ft. McKinley

DISINTERMENT DIRECTIVE

*Case R Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00171

DATE  
15 06 48  
DAY MONTH YEAR

NAME: UNKNOWNX-000299 SERIAL-NUMBER: RANK: ARM: 0 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: USAF CEMETERY MANILA NO 2 DISPOSITION OF REMAINS: 0 7701 80 CODE DIST. PT.

PLOT: 2 ROW: 12 GRAVE: 1401 COUNTRY: PHILIPPINE ISLANDS CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-299 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 21 Sept 1948  
UNK X-446 (Maus)

IDENTIFICATION TAG ON:  REMAINS ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: C. MAXLEE FANN  
 MARKER NAME AND TITLE: Embalmer

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1  
Two Remains Tags- UNK X-446 (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 INF 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.

9 AUG 1948  
REPATRIATION  
BRANCH  
MEM. DIV. *Hawkins*

# 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>Carroll Mark</i>	DATE 20 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



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-446 (Formerly UNK X-299 Manil</b>				2. DATE OF REPORT <b>18 July 49</b>	
3. NAME OF CEMETERY	4. PLOT	5. GRAVE	7. DATE OF		
	<b>812</b>		<b>A</b>	6. GRAVE <b>15</b>	DISINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNKNOWN</b>
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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?  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"**

*Incl. #32*

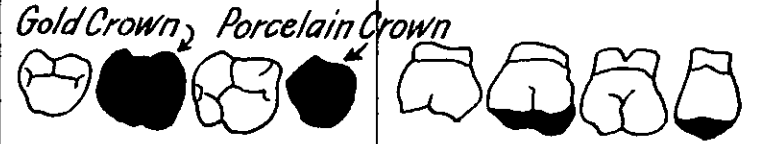
18.

TOOTH CHART

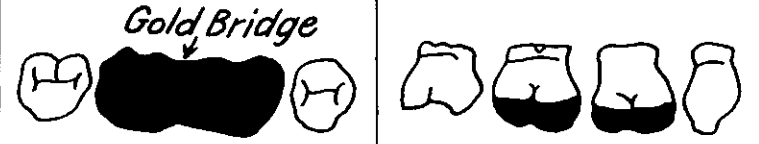
**MISSING TEETH:** ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



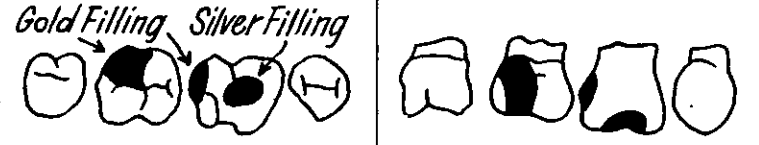
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:



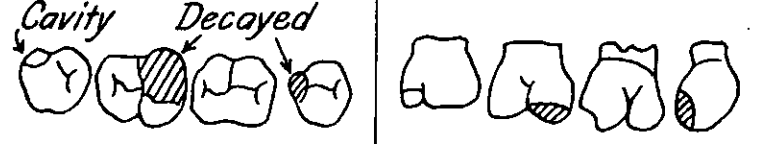
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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								MAXILLA							
MISSING								MISSING							
	A/O	A/def	A/O	P	P	P	P	P	P	P	P	P	UTD	A/O	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**Fractured**

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

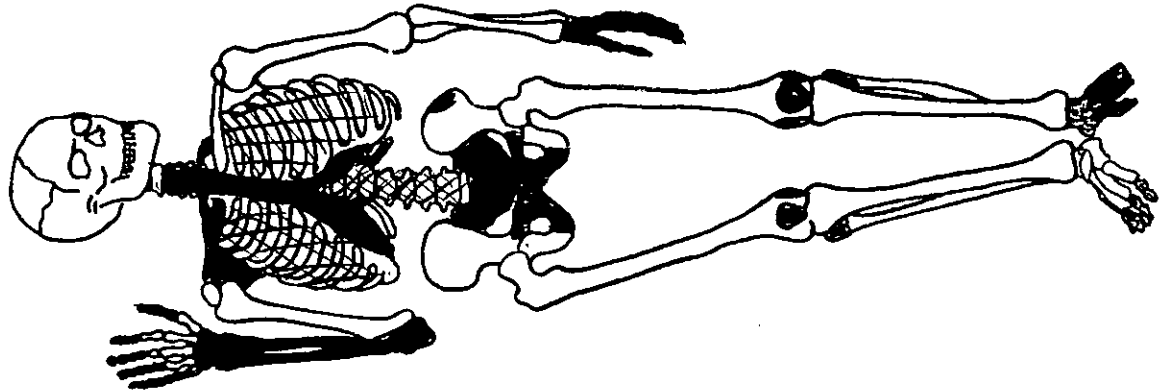
Portions of the maxilla from R6 - R8 and from L1, L8 are missing. No loose teeth present with remains. Unable to determine whether L14 is X or PX due to the condition of the mandible.

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

"UNREPAIRABLE"  
Laboratory Off. CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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 - 16 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 Off. CIP

SIGNATURE



X-446

# 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

(Formerly UNK X-299 USAF)

DATE

UNKNOWN X-446 (Cem Manila #2, Luzon, P.I.) Unknown.

Unknown

LAST NAME                      FIRST                      INITIAL                      RANK                      SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

AGRS Mausoleum

Unknown

Manila, P.I.

812

A

15

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER BAY CRYPT

*MISSING* RIGHT

UPPER TEETH















*MISSING* LEFT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
							X								
TYPE															TYPE
LOCATION															LOCATION

INSIDE — LOOKING OUT

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	A	A		X	X	X	X	X	X	X	X	X	X	A	
TYPE															TYPE
LOCATION	o	MOD												o	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></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><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></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.

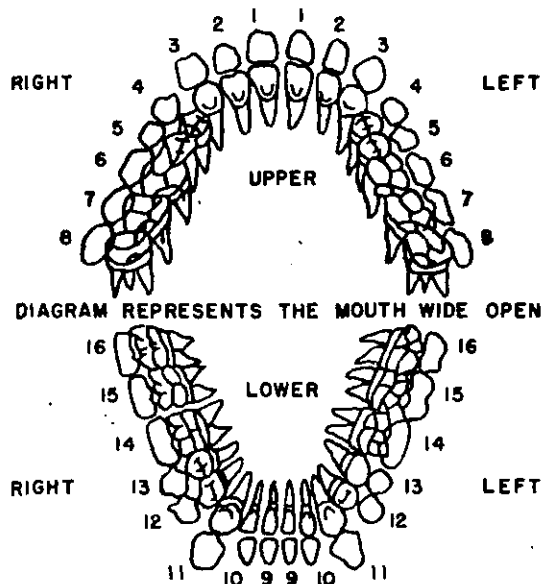


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

Maxilla fractured between R-9 & L-9.  
 Maxilla missing from R-4 through R-8 also missing from L-1 through L-8/

/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 Mausoleum, Manila, P.I.  
 PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 Oct 47  
 DATE

CERTIFIED TRUE COPY

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

## IDENTIFICATION CHECK LIST

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

(Formerly UNK X-299,  
 Unknown X 446 (USAF Cem Manila #2, Lu-  
 Cemetery-AGRS Mausoleum, Manila, P.I.  
 Plot 812 RANGER BAY CRIPY  
 Row A Grave 15

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 C M T #1 QMGR Co.  
(Name and organization)
4. Evacuated to Cemetery by C M T #1 QMGR Co.  
(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	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	O		
Sweater	N		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web /

Drawers, wool /

Drawers, cotton /

Leggings, wool /

Socks, cotton /

\* Shoes <sup>N</sup> <sup>O</sup> (type) /

Overshoes <sup>N</sup> <sup>E</sup> /

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: Remains are Skeleton only-(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 .....

Complexion ..... (Light, <sup>U</sup>medium, dark, clear, pimples, pocks, freckles)

Build ..... (Large, fat/<sup>D</sup>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 ..... (Length, heavy)

(Color, setting, shape) (Color, size, shape)

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 ..... Dental 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 .....  
 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 Burial bottle found with remains but contents were fully destroyed. No I.D. tags, personal effects and nothing found to warrant identification. Estimated weight of remains approx. 16 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/ John H. Barr D-234444  
(Officer's Name)

SP-8 AGRS  
Rank Service

CIP, AGRS Mausoleum, Manila, P.I.  
(Organization)

13 Oct 47

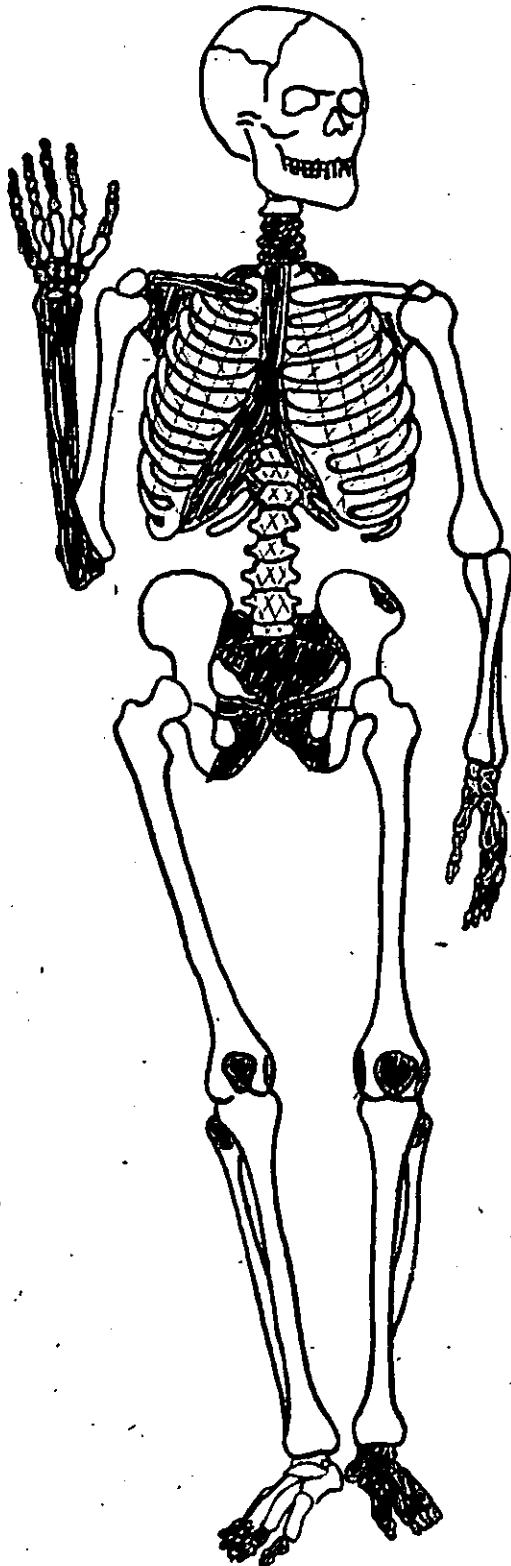
CERTIFIED TRUE COPY:

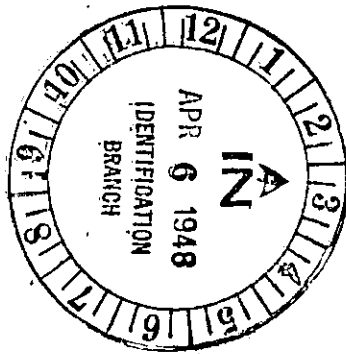
*George T Gamboa*  
GEORGE T GAMBOA  
2d Lt., MAC

# SKELETAL CHART

X-446

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





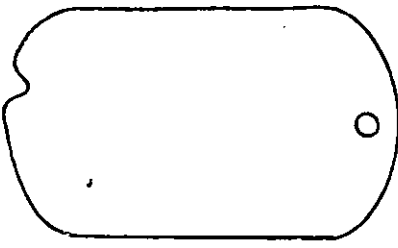
*[Faint, illegible handwritten text]*



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)		SERIAL No.
	UNKNOWN X-446 (Formerly UNK X-299 USAF Cem Manila #2, Luzon, P.I.)		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Unknown	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

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  
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Oct 47	0800	Casket	None	812	A	15

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 RESTORED	USAF Cem Manila #2, Luzon, P.I.	2	12	1481

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 STORED	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-460				CRYPT 17

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-443				CRYPT 13

SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT; Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPIO Sr. 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.

Handwritten initials/signature at bottom left.

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


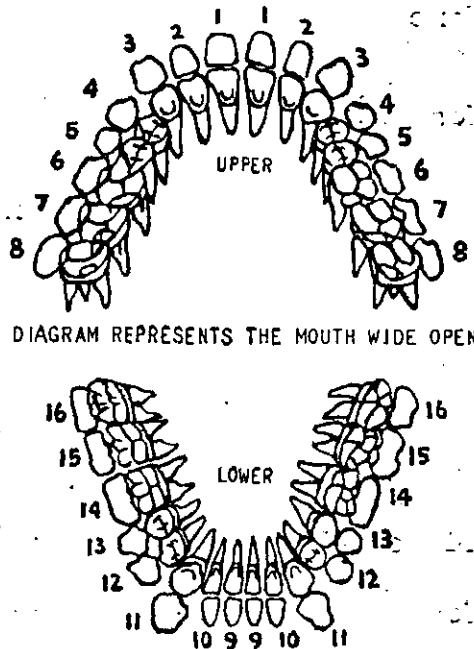




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

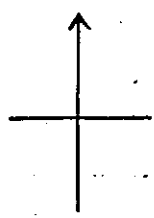
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

FILLINGS	 <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

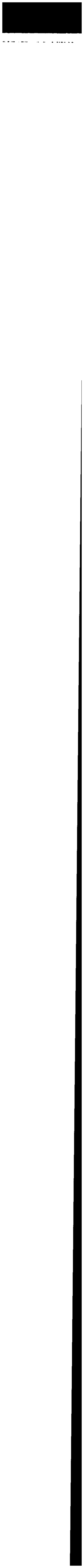


**REMARKS:**

Identification Check List and Dental Chart accomplished.

24 NOV 1947

RIGHT  
LITTLE FINGER



IDENTIFICATION SECTION  
REPLICATION RECORDS BRANCH  
TELEPHONE DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

RESTRICTED

U-1458

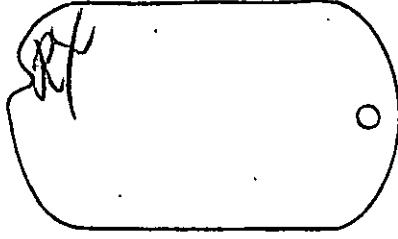
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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-299

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

Jul 654

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila #2, Luzon, P I

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 Dec 45	0900	Shelter Half	Cross	2	12	1481

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.
B	3	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-296

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1480

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

UNKNOWN X-298

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1482

SIGNATURE OF PERSON PREPARING REPORT

R. C. BARRETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. M. MOORE, 1st Lt., OMC.

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RESTRICTED

**27 FEB 1945**

**Section 3.—UNIDENTIFIED REMAINS.**

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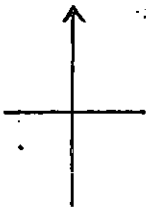
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

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<b>CAVITIES</b>	<p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	<p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	<p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	<p>GOLD BRIDGE</p>	
<b>RIGHT THUMB</b>		

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



**REMARKS:**

Burial bottle found with remains but contents destroyed.