

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ink Manila # 2 X-301 ✓

SUBJECT

also 293 Ink manila X-448

QMC FORM 1121  
1 Aug 45

FORM 293  
GPO WarEast

5 February 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

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

Unknown	X-3781,	AGRS	News	Manila,	formerly	X-2859,	USAF	Com	Manila	#2
"	X-3010,	"	"	"	"	X-2615,	"	"	"	"
"	X-3017,	"	"	"	"	X-2632,	"	"	"	"
"	X-3065,	"	"	"	"	X-2129,	"	"	"	"
"	X-4131,	"	"	"	"	X-2262,	"	"	"	"
"	X-1530,	"	"	"	"	X-2451,	"	"	"	"
"	X-645,	"	"	"	"	X-159,	"	"	"	"
"	X-448,	"	"	"	"	X-301,	"	"	"	"
"	X-2680,	"	"	"	"	<del>X-2807,</del>	"	"	"	"
"	X-2687,	"	"	"	"	X-2835,	"	"	"	"
"	X-2783,	"	"	"	"	X-2840,	"	"	"	"
"	X-941,	"	"	"	"	X-4008,	"	"	"	"
"	X-1152,	"	"	"	"	X-2775,	"	"	"	"
"	X-1248,	"	"	"	"	X-3639,	"	"	"	"
"	X-1321,	"	"	"	"	X-2622,	"	"	"	"
"	X-1326,	"	"	"	"	X-3989,	"	"	"	"
"	X-1876,	"	"	"	"	X-2540,	"	"	"	"
"	X-1841,	"	"	"	"	X-2473,	"	"	"	"
"	X-2324,	"	"	"	"	X-3104,	"	"	"	"
"	X-2325,	"	"	"	"	X-3105,	"	"	"	"
"	X-2327,	"	"	"	"	X-3107,	"	"	"	"
"	X-2328,	"	"	"	"	X-3108,	"	"	"	"
"	X-2408,	"	"	"	"	X-3095,	"	"	"	"
"	X-2410,	"	"	"	"	X-3101,	"	"	"	"
"	X-2411,	"	"	"	"	X-3102,	"	"	"	"
"	X-2908,	"	"	"	"	X-1992,	"	"	"	"

QICAT 293

3 February 1950

CRS Far East

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 QUARTERMASTER GENERAL:

E. H. JONES  
Lt. Colonel, QMC  
Memorial Division

R. C. Naylor: dal  
L. H. White  
J. Windsor

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900  
12 January 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-336	AGRS	Mslm	UNKNOWN X-992	AGRS	Mslm
" X - 448	"	"	" X-1630	"	"
" X-646	"	"	" X-2263	"	"

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

FOR THE COMMANDING OFFICER:

6 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

/s/ John Shypula  
JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

/bpm 1 ✓		Interred 13 Feb 1950 D 1 24 Ft. McKinley <i>Carl R. Mark</i> <b>CARL R. H. MARK</b> Cemetery Superintendent			DISINTERMENT DIRECTIVE	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 7747 00146		DATE 15 06 48 DAY MONTH YEAR	
NAME UNKNOWN		SERIAL NUMBER X-000301		RANK	ARM K	DATE OF DEATH DAY MONTH YEAR
CEMETERY USAF CEMETERY MANILA NO 2					DISPOSITION OF REMAINS O 7701 80 CODE DIST. PT.	
PLOT 2	ROW 12	GRAVE 1439	COUNTRY PHILIPPINE ISLANDS		CAUSE OF DEATH 6	
SECTION B - CONSIGNEE AND NEXT OF KIN						
NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS				NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)		
SECTION C - DISINTERMENT AND IDENTIFICATION						
NAME UNK X-000301 UNK X-448 (Maus)		SERIAL NUMBER	RANK	DATE OF DEATH 10 Dec 41	DATE DISTINTERRED 21 Sept 48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN		RELIGION	IDENTIFICATION VERIFIED BY C. MAXLIE FANN Embalmer NAME AND TITLE		
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-448 (Maus)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE 21 Sept 48	BY C. MAXLIE FANN					
CASKET SEALED BY C. MAXLIE FANN			EMBALMER (Signature) <i>C. Maxlie Fann</i> C. MAXLIE FANN			
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY			
DATE 21 Sept 48	BY FORACE L. ALLISON, Sgt/ INF		CHARLES R. BATES, 1st Lt., USAFR		USAFR	
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  <i>Charles R. Bates</i> CHARLES R. BATES, 1st Lt., USAFR SIGNATURE OF GRS INSPECTOR						
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. MAR 1950 REPATRIATION BRANCH WETA						

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM AGRS MARCOLSUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Barrett Mark</i>	DATE FEB 13 1950

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

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

### 5. SHIPPED

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

### 6. SHIPPED

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

### 7. SHIPPED

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

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION

11 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 301 , Plot 2 ,  
Row 12 , Grave 1439 , USMC USAF Com. Manila #2, P.I. , have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:



B. McNEELAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 26 Jan 50 OQMG  
Not identifiable from  
information presently  
available 3 Feb. 50

R. C. Baylor

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN (Formerly UNK X-301 USAF Com Manila #2, UNKNOWN X-448 Luzon, P.I.)			2. DATE OF REPORT 11 January 1950		
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	HANGER 812	BAY A	CRYPT 25	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UNK
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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? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO **Skull fragmented - remains badly decomposed**

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



TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity Decayed

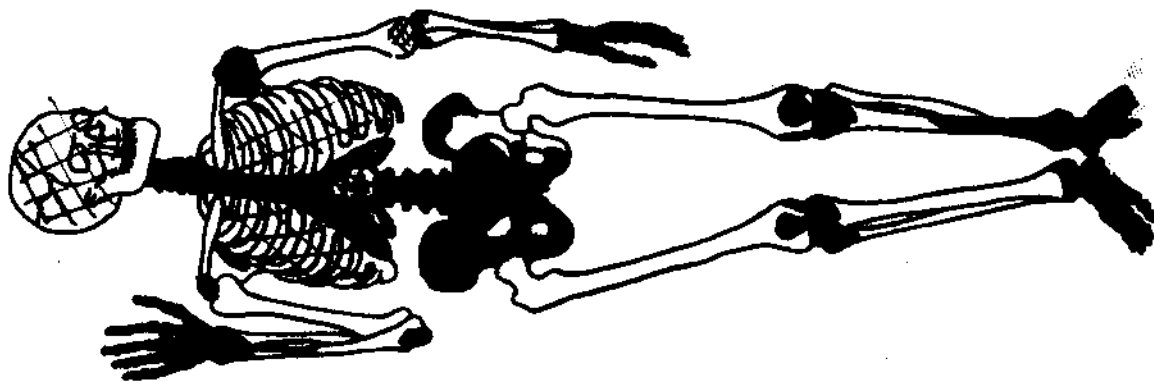


RIGHT								LEFT							
8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	
<i>Maxilla Missing</i>															
Side Views															
Top Views															
UPPER															
LOWER															
Side Views															
R	R	X	R	R											
O	O		O	O											
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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."

*Paul R. Nichols*  
**PAUL R. NICHOLS**  
 Chief, Identification Section

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 ID tags, burial bottle, personal effects, or other means of identification found with remains.  
Est. weight of remains - 6 lbs.

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

**PAUL R. NICHOLS**  
Chief, Identification Section

SIGNATURE

*Paul R. Nichols*

X-448

# IDENTIFICATION DENTAL CHART

TO BE USED WITH GMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

(Formerly UNK X-301 USAF  
UNKNOWN X-448 (Cem Manila #2, Luzon, P.I.) EM

13 Oct 47

DATE

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

USN

Navy

US Navy Yard, Cavite  
Luzon, P.I.

AGRS Mausoleum  
Manila, P.I.

ORGANIZATION

812

A

25

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE -  
*No Maxilla*

ANGER

BAY















CR/PT

RIGHT								UPPER TEETH			LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8			
TYPE																		
LOCATION																		
								<i>Missing</i>										

INSIDE — LOOKING OUT

RIGHT								LOWER TEETH			LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16			
TYPE																		
LOCATION																		
<i>A</i>	<i>A</i>	<i>X</i>	<i>X</i>	<i>A</i>											<i>O</i>			
<i>O</i>	<i>O</i>			<i>DD</i>											<i>O</i>			

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

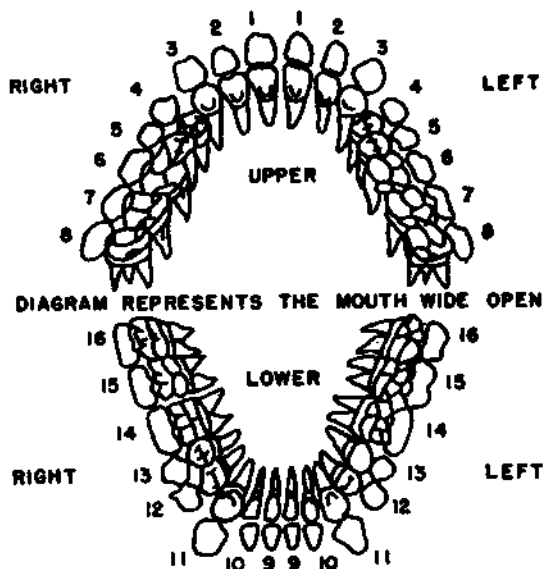
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

Maxilla is missing. Lower teeth in fair condition.

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

/s/ John H. Barr 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  
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-301 USAF  
 Unknown X448 (Cem Manila #2, Luzon, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 <sup>JANGER A BAY</sup> Row A <sup>CRYPT</sup> Grave 25

AGRS Mausoleum  
 Manila, P.I.

1. Arrived at Manila 13 Oct 47  
(Hour) (Date)
2. Place of death US Navy Yard, Cavite, 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 #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	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	N		
Mackinaw	O		
Sweater	N E		
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 \_\_\_\_\_ (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 \_\_\_\_\_ 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, medium, dark, clear, pimples, pocks, freckles)

Build \_\_\_\_\_ (Large, fat, thin, muscular)

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

Hair \_\_\_\_\_ (Baldness, widow's peak, distinctive cutting or other characteristics)

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

Goatee ..... / (Light, color, extent)

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

Nose ..... D (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 ..... U (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... D (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 Burial bottle found with remains, with above information,  
Morgue slip attached. No I.D. tags personal effect and nothing  
found to warrant identification. ROI statement enclosed.

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-448

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

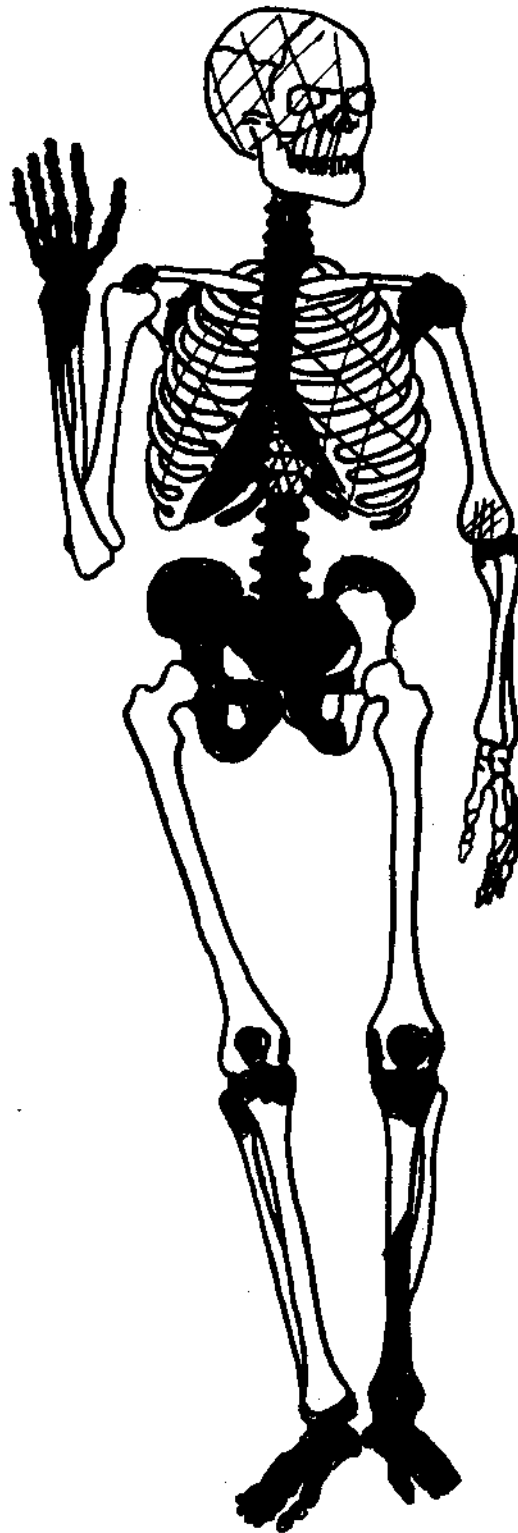


CHART "A"

/aaa

RESTRICTED

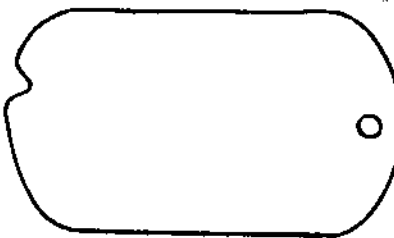
N 4480

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-448 (Formerly UNK X-301  
USAF Cem Manila #2, Luzon, P.I.)

SERIAL No.  
Unknown

GRADE  
EM

ORGANIZATION  
USN

BRANCH OF SERVICE  
Navy

RACE  
Unknown

RELIGION  
Unknown

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH  
US Navy Yard, Cavite,  
Luzon, P.I.

CAUSE OF DEATH  
KIA- by aerial bombing of enemy.  
Wounds multiple, extreme.

DATE OF DEATH  
10 Dec 41

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 2 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. RANGER	ROW No. BAY	GRAVE No. CRYPT
14 Oct 47	0800	Casket	None	812	A	25

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Manila #2, Luzon, P.I.			2	12	1439

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	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT
UNKNOWN X-449				27

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT
UNKNOWN X-441				23

SIGNATURE OF PERSON PREPARING REPORT  
Wm R GILBERT, Adm Asst

SIGNATURE OF OFFICER VERIFYING REPORT  
LUCIO S PANOVIO 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.

RESTRICTED

File 378

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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

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

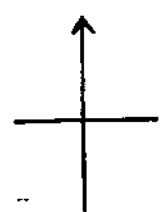
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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

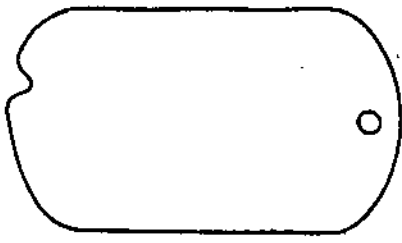


REMARKS:  
 Identification Check List and Dental Chart accomplished.

24 NOV 1947

RESTRICTED

N 4480

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 17 Jan 46	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X-301 (Cem Manila #2) Formerly UNKNOWN x-16 (Cem Ft Wm McKinley)					
GRADE EM		ORGANIZATION USN		SERIAL No.			
RACE		RELIGION		BRANCH OF SERVICE Navy			
PLACE OF DEATH US Navy Yard, Cavite, Luzon, P I		CAUSE OF DEATH Wounds multiple extreme		DATE OF DEATH 10 Dec 41			
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)		Information found in burial bottle.					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <i>June 5 49</i> None							
<b>Section 2.—BURIAL.</b> 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. 1439	
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. G	ROW No. 2	GRAVE No. 6	
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-292		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1438		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-302		RANK	SERIAL No.	ORGANIZATION USN	GRAVE No. 1440		
SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> E. M. MOORE, 1st Lt., QMC.				
<b>DISTRIBUTION OF REPORT:</b> 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.							

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16-43007-1

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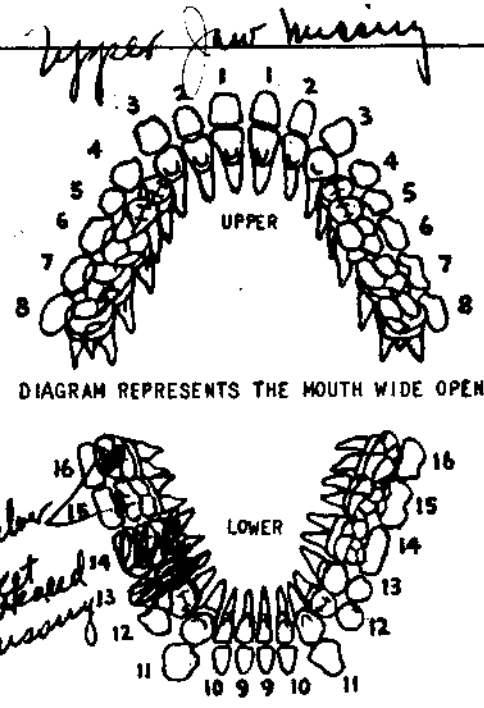
**27 FEB 1946**

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

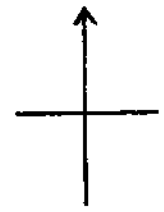
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BRIDGE WORK	 GOLD BRIDGE



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



REMARKS: