

FILE IDENTIFICATION TOPPER

REYNOLDS

FILE NUMBER

293 unkl Manila #2 X-302

SUBJECT

also 293 unkl Manila maus X-449

QMC FORM 1121
1 Aug 45

7709

3

DISINTERMENT DIRECTIVE

RED BY PHILCOM

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 7747 80864

DATE: 19 08 49
DAY MONTH YEAR

NAME: UNKNOWN X - 302

SERIAL NUMBER: 910

GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: USAP CEMETERY MANILA NO. 2, P. I.

PLOT: 2 ROW: 12 GRAVE: 1440

DISPOSITION OF REMAINS: 7701 CODE 00 DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. MONMOUTH, P. I.

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: [] SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISTINTERRED: []

IDENTIFICATION TAG ON REMAINS MARKER: [] ORGANIZATION: [] RELIGION: [] IDENTIFICATION VERIFIED BY: []

NAME AND TITLE: []

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

MEANS OF IDENTIFICATION: []

MEANS OF BURIAL: [] CONDITION OF REMAINS: []

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

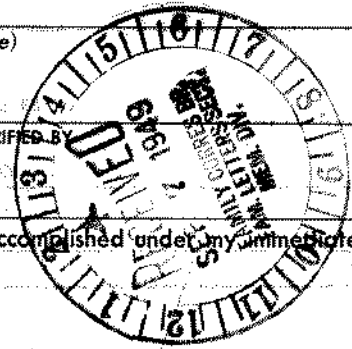
REMAINS PREPARED AND PLACED IN CASKET

DATE: [] BY: []

CASKET SEALED BY: [] EMBALMER (Signature): []

CASKET BOXED AND MARKED: [] SHIPPING ADDRESS VERIFIED BY: []

DATE: [] BY: []



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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: []

File 19 Jan 1950

14 Jan 1950

Signature: [] NAN

OCT 17 1949

001-1-1010
RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

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

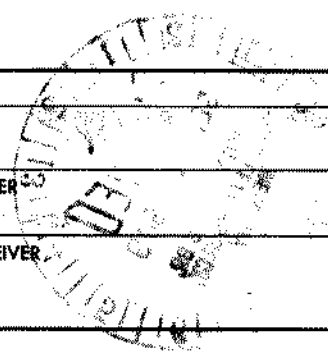
| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

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 |



GROUP 205
GMS Far East

19 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGMS, PHILCOM SCHE

1. Reference is made to findings of unidentifiability for the following Unknown Deceaseds:

| Unknown | X-387 | AGMS | Mausoleum | Manila, | formerly | X-79 | USAF | Com., | Manila | #2 |
|---------|---------|------|-----------|---------|----------|---------|------|-------|--------|----|
| " | X-4152, | " | " | " | " | X-3053, | " | " | " | #2 |
| " | X-2444, | " | " | " | " | X-3073, | " | " | " | #2 |
| " | X-2395, | " | " | " | " | X-3084, | " | " | " | #2 |
| " | X-1580, | " | " | " | " | X-2973, | " | " | " | #2 |
| " | X-449, | " | " | " | " | X-302, | " | " | " | #2 |
| " | X-3037, | " | " | " | " | X-1813, | 2 | 2 | 2 | #2 |
| " | X-2363, | " | " | " | " | X-3103, | " | " | " | #2 |
| " | X-2073, | " | " | " | " | X-3173, | " | " | " | #2 |
| " | X-1573, | " | " | " | " | X-3542, | " | " | " | #2 |
| " | X-1126, | " | " | " | " | X-3769, | " | " | " | #2 |
| " | X-1149, | " | " | " | " | X-3772, | " | " | " | #2 |
| " | X-1157, | " | " | " | " | X-3780, | " | " | " | #2 |
| " | X-1098, | " | " | " | " | X-3806, | " | " | " | #2 |
| " | X-990, | " | " | " | " | X-3949, | " | " | " | #2 |
| " | X-1420, | " | " | " | " | X-3957, | " | " | " | #2 |
| " | X-1868, | " | " | " | " | X-3423, | " | " | " | #2 |

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

CC: Adm Section
J. W. Lewis:per
L. M. White
J. Windsor

REB

CC: CINCPAC, APO 500, c/o Postmaster, San Francisco, California.

X-449

302 Manila 2

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

AFD 707

SUBJECT: Cancellation of Letter Suffixes of Unknown Numbers 10 AUG 1949

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

1. The reprocessing of Unknown remains, presently at AGRS Mausoleum, Manila, P.I., resulted in the declaration of some Unknowns as Unidentifiables and also necessitated the cancellation of the letter suffix "A" or "B" of the X numbers of the Unknowns which were originally recovered or interred together with those declared Unidentifiables.

2. In view of the above, it is requested that all records, your office, pertaining to the following Unknowns be amended indicating the cancellation of the letter suffixes:

(See inclosed list.)

3. All pertinent records in this Headquarters have already been amended accordingly.

FOR THE COMMANDING GENERAL:

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

1 Incl:
List

X-NOS. OF UNKNOWN (AGRS MAUSOLEUM, MANILA, P.I.)
LETTER SUPPLIES OF WHICH HAVE BEEN CANCELLED

X-610A
X-449-A
X-508-A
X-860-A
X-888-B
X-889-B
X-1563-A
X-1866-A
X-1868-A
X-2110-A
X-2119-A
X-2142-A
X-2147-A
X-2312-A

X-2486-B
X-2542-A
X-2652-A
X-2654-A
X-2805-A
X-2807-A
X-2849-A
X-2908-A
X-2944-A
X-2946-A
X-2969-A
X-2979-A
X-2646-A
X-2761-A

X-3079-A
X-3087-A
X-3095-A
X-3326-B
X-3483-A
X-3499-A
X-3535-A
X-3551-A
X-3568-A
X-3590-A
X-3591-A
X-3639-A
X-3644-A
X-3905-A

X-3896-A
X-4012-A
X-4031-A
X-4074-A
X-4189-A
X-4217-A
X-4622-B
X-4646-A
X-4739-A
X-4795-A
X-4821-A
X-4843-A
X-4887-A

copy

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

APO 707
28 JUL 1949

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-229 | AGRS | Mslm | UNKNOWN | X-2330 | AGRS | Mslm |
| " | X-449 | AGRS | Mslm | " | X-2383 | AGRS | Mslm |
| " | X-990 | AGRS | Mslm | " | X-3037 | AGRS | Mslm |
| " | X-1079 | AGRS | Mslm | " | X-3425 | AGRS | Mslm |
| " | X-1098 | AGRS | Mslm | " | X-3684 | AGRS | Mslm |
| " | X-1126 | AGRS | Mslm | " | X-3728 | AGRS | Mslm |
| " | X-1149 | AGRS | Mslm | " | X-4118 | Manila #2 | |
| " | X-1157 | AGRS | Mslm | " | X-4194 | AGRS | Mslm |
| " | X-1428 | AGRS | Mslm | " | X-4503 | AGRS | Mslm |
| " | X-1578 | AGRS | Mslm | " | X-4505 | AGRS | Mslm |
| " | X-1668 | AGRS | Mslm | " | X-4535 | AGRS | Mslm |
| " | X-2078 | AGRS | Mslm | | | | |

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

FOR THE COMMANDING GENERAL:

23 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

C. H. LIEURANCE
2nd Lt., AGD
Asst. Adj. Gen.

copy

1. FILE UNDER NO. 293 - Unk. P. I. X-302 (Manila)

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **21 June 49**
4. FROM: **OQMG, Mem. Div.**
5. TO: **CG, Philippine Command, APO 707, San Francisco, Calif.**
6. SUBJECT: **Identification of World War II Deceased**

7. DOCUMENT FILED UNDER NO. **293 - SERMONIA, Ramon 6738451**

m's

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

/add

| | | | | | |
|--|--|--------------------|---|--|---------------------------------|
| 1 | /drs Interred 27 Jul 1949 N 13 43 Ft. McKinley <i>Carroll Mark</i> CAPT R. E. MARK | | DISINTERMENT DIRECTIVE | | |
| | Cemetery Superintendent SECTION A— NAME AND BURIAL LOCATION OF DECEASED | | | | DIRECTIVE NUMBER 7747 00147 |
| NAME UNKNOWN X - 000302 | | SERIAL NUMBER | RANK | ARM K | DATE OF DEATH DAY MONTH YEAR |
| CEMETERY USAF CEMETERY MANILA NO 2 | | | | DISPOSITION OF REMAINS 7701 80 CODE DIST. PT. | |
| PLOT | ROW | GRAVE | COUNTRY | | CAUSE OF DEATH |
| 2 | 12 | 1440 | PHILIPPINE ISLANDS | | 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 - 302 | | SERIAL NUMBER | RANK | DATE OF DEATH | DATE DISTINTERRED 9 June 49 |
| IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | ORGANIZATION UNKNOWN | | RELIGION | IDENTIFICATION VERIFIED BY RICHARD HOYT Embalmer NAME AND TITLE | |
| SECTION D — PREPARATION OF REMAINS FOR SHIPMENT | | | | | |
| NATURE OF BURIAL Shelter Half | | | CONDITION OF REMAINS Skeletal | | |
| OTHER MEANS OF IDENTIFICATION 449 Mslm | | | | | |
| MINOR DISCREPANCIES 1 | | | | | |
| REMAINS PREPARED AND PLACED IN CASKET | | | | | |
| DATE 9 June 49 | | BY RICHARD HOYT | | | |
| CASKET SEALED BY RICHARD HOYT | | | EMBALMER (Signature) <i>Richard Hoyt</i> RICHARD HOYT | | |
| CASKET BOXED AND MARKED DATE 9 June 49 WEYMAN L McGUIRE Sgt., MC | | | SHIPPING ADDRESS VERIFIED BY GERARD A BRICK | | |
| I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. <i>Gerard A Brick</i> GERARD A BRICK SIGNATURE OF GRS INSPECTOR | | | | | |
| 1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. | | | | | |

FILE
16 AUG 1949
REPATRIATION
BRANCH
MCAS, CV. *W. J. ...*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|------------------------------------|------|---|----------------------------|
| FROM AGRS MAUSOLEUM | | TO US Military Cemetery | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER <i>Robert Mark</i> | DATE 27 JUL 1949 |

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

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

8 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 302, Plot 2,
Row 12, Grave 1440, 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:


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

Atch: Form 1044

Received 8/12/49 OQMG
Not identifiable from
information presently Levin
available 8/12/49

Incl. #2'

IDENTIFICATION DATA

| | | | | | | |
|--|--|------------|----------|--|--------------|-------------|
| 1. REMAINS OF UNKNOWN <i>UNKNOWN A-449 (formerly UKK A-302 Manila #2)</i> | | | | 2. DATE OF REPORT <i>18 July 1949</i> | | |
| 3. NAME OF CEMETERY | | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | | | | | DISINTERMENT | REINTERMENT |
| | | <i>812</i> | <i>A</i> | <i>1</i> | | |

PHYSICAL DESCRIPTION

| | | | |
|---------------------------------------|------------------------------------|-----------------------------------|----------------------------|
| 8. ESTIMATED WEIGHT <i>140 lbs</i> | 9. ESTIMATED HEIGHT <i>5'7"</i> | 10. COLOR OF HAIR <i>U T D</i> | 11. RACE <i>UNKNOWN</i> |
|---------------------------------------|------------------------------------|-----------------------------------|----------------------------|

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? | TO WHAT EXTENT? |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

| | |
|---|-----------------|
| 15. WAS BODY MANGLED? | TO WHAT EXTENT? |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |

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"

Incl. # 22

TOOTH CHART

| | TOP VIEW | SIDE VIEW |
|--|----------|-----------|
| MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (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 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: | | |

| | RIGHT | | | | | | | | LEFT | | | | | | | |
|-----------|---------------|-----|----|----|----|----|----|---|---------------|----|----|----|----|----|-----|-----|
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | M A X I L L A | | | | | | | | M I S S I N G | | | | | | | |
| Side View | | | | | | | | | | | | | | | | |
| Top View | | | | | | | | | | | | | | | | |
| Side View | | | | | | | | | | | | | | | | |
| | B | A/O | | | | | B | P | P | P | P | | X | P | A/O | A/O |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

PARTIALLY IMPACTED

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

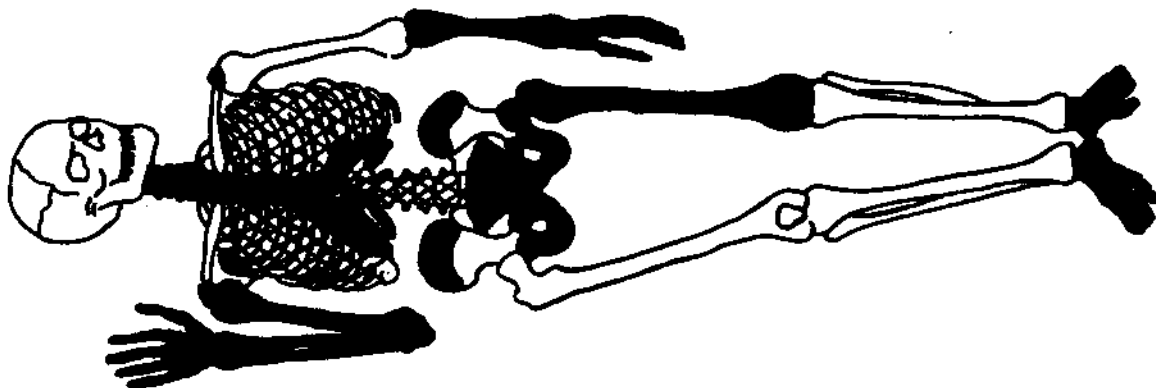
Maxilla and maxillary teeth are missing.

"UNIDENTIFIABLE"

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, CIP

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height: 5'7"

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 XOI, identification tags or personal effects found with remains.
Estimated weight of remains - 5 lbs.
Circumference of skull - 21 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

JAMES J. McDERMOTT
Laboratory Officer, GIP

SIGNATURE

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.

UNKNOWN X-449-A (Formerly UNK X-302,
USAF Cem Manila #2, Luzon, P.I.) Unknown

13 Oct 47

DATE

Unknown

| | | | | |
|----------------|-----------------|-----------------|--------|-------------------|
| LAST NAME | FIRST | INITIAL | RANK | SERIAL NO. |
| Unknown | | | Navy | |
| UNIT | | AGRS Mausoleum, | | ORGANIZATION |
| Luzon, P. I. | | Manila, P.I. | | 812 A 1 |
| PLACE OF DEATH | PLACE OF BURIAL | | PLOT | ROW |
| | STORAGE | | HANGER | BAY |
| | | | | GRAVE NO. (CRYPT) |

Maxilla Missing
















| | | | | | | | | | | | | | | | |
|----------------------|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|
| INSIDE — LOOKING OUT | | | | | | | | | | | | | | | |
| RIGHT | | | | | | | | LEFT | | | | | | | |
| UPPER TEETH | | | | | | | | | | | | | | | |
| 9 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| X | X | X | X | | | X | X | X | | | | | | A | |
| TYPE | | | | | | | | | | | | | | | |
| LOCATION | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|----------------------|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|
| INSIDE — LOOKING OUT | | | | | | | | | | | | | | | |
| RIGHT | | | | | | | | LEFT | | | | | | | |
| LOWER TEETH | | | | | | | | | | | | | | | |
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| | O | A | | | | | | | | | | | | A | |
| TYPE | | | | | | | | | | | | | | | |
| LOCATION | | | | | | | | | | | | | | | |

Impacted

Impacted

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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

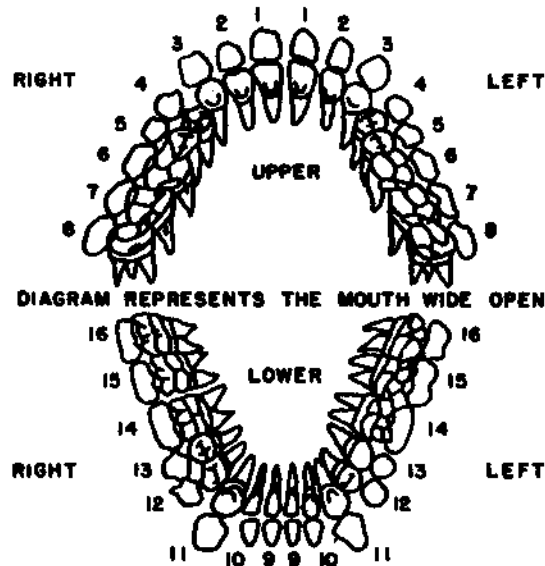


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Maxilla from R-1 thru R-8 missing R-3, R-4 found. Rest of teeth in good condition.

/s/ Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Edward H. Marshall
VERIFIED BY GRS OFFICER

/p/ EDWIN GREGUREK
NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

C.I.P. Lab. Manila, P. I.

13 Oct 47

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

A 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)

UNKNOWN X-449-A (Formerly UNK X-302,
~~Unknown X USAF Cem Manila #2, Luzon, P.I.~~)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 ^{ROW} A ^{CHISEL} 1

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 13 Oct 47
(Hour) (Date)
2. Place of death Luzon, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains recovered or disinterred by C M T #1
(Name and organization)
4. Evacuated to Cemetery by _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

| Item | Clothing Markings | Sizes | Indicate unusual markings color, wear, tear, repairs, etc. |
|---------------------|----------------------|--------|---|
| * Headgear | (Type) | | |
| Raincoat | / | | |
| Overcoat | / | | |
| Jacket, Field | / | | |
| Jacket, Combat | / | | |
| Mackinaw | | N O | |
| Sweater | | N B | |
| 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 _____ Est. Height **5'7"** Est. Weight **140** Description of wounds _____

Bandages or dressings _____ Scars _____
(Length, width, location)

Tattoos _____
(Number, location -- illustrate on separate page)

Outstanding moles, warts or birthmarks _____
(Yes-no; description, location)

Sunburn or tan, other than hand and face _____
U
T

Complexion _____
D
(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) 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 **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 **21**
 (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 (Unusual characteristics of fingernails)

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

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 In processing two remains were found. Due to bone structure these were segregated and assigned nos. X-449-A and X-449-B. No means of identification found. Estimated weight of remains 5 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ Edward H. Marshall
(Officer's Name)
SP-8 C-062874
Rank Service
AGRS Mausoleum, Manila, P.I.
(Organization)

13 Oct 47

A CERTIFIED TRUE COPY:

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

X-449-A

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

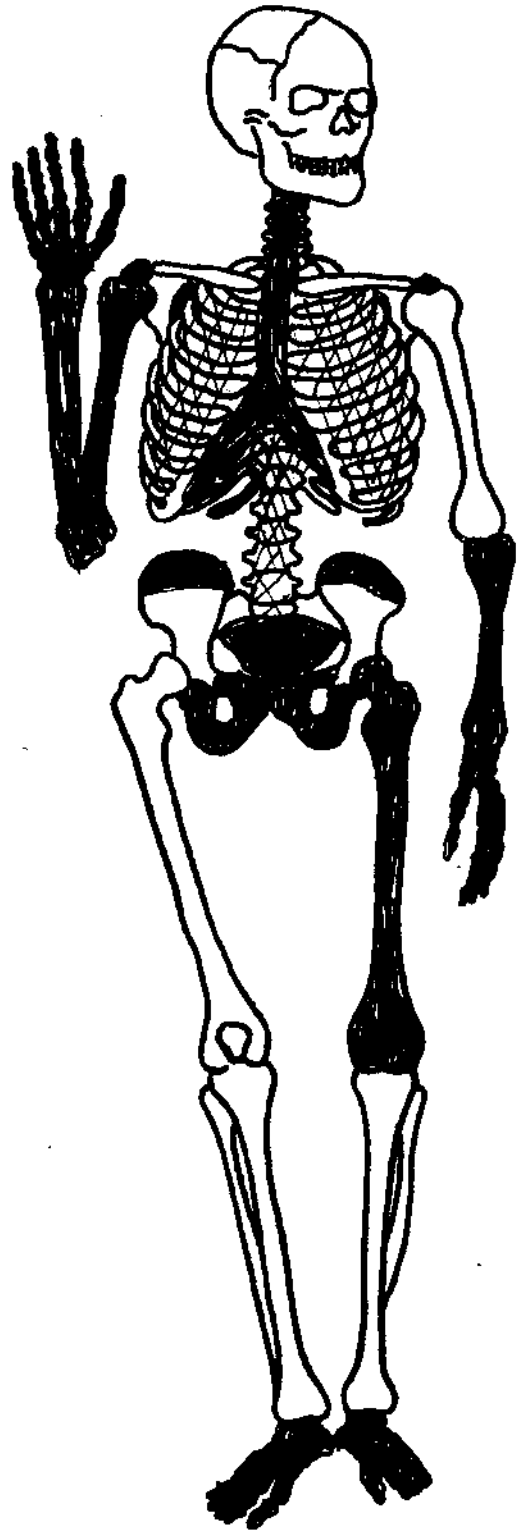
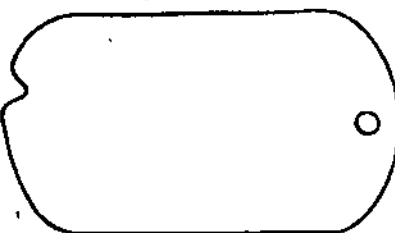




CHART "A"

APR 29 1948

RESTRICTED

4469

| 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. | | | | SERIAL NO. | |
| | | NAME (Last, first, middle initial) UNKNOWN X-449-A (Formerly UNK X-302, USAF Cem Manila #2, Luzon, P.I.) | | | | Unknown | |
| | | GRADE Unknown | | ORGANIZATION Unknown | | BRANCH OF SERVICE Navy | |
| | | RACE Unknown | | RELIGION Unknown | | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | |
| PLACE OF DEATH Luzon, P.I. | | CAUSE OF DEATH Unknown | | | DATE OF DEATH Unknown | | |
| EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown | | | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None | | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reverse) See Remarks | | | | | |
| 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, Number, or Name of Coffin) STORAGE Casket | TYPE OF GRAVE MARKER None | PLOT No. HANGER 812 | ROW No. BAY A | GRAVE No. CRYPT 1 | |
| WAS THIS A REBURIAL? (Yes or no) RESTORED Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I. | | | PLOT No. 2 | ROW No. 12 | GRAVE No. 1440 | |
| 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) STORAGE UNKNOWN X-425 | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 3 | | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE AISLE | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT | | |
| SIGNATURE OF PERSON PREPARING REPORT  Wm R. GILBERT, Adm. Asst. | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S. PANGPIO, 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

Incl 976

Section 3.—UNIDENTIFIED REMAINS.


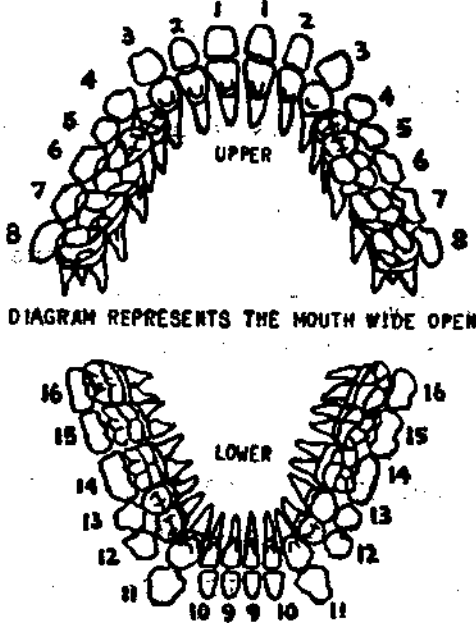




INSTRUCTIONS:

(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

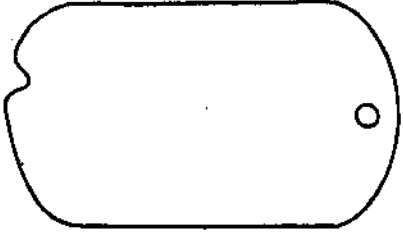
| | | |
|---|---|--|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| CAVITIES |  <p>CAVITY DECAYED</p> | |
| MISSING TEETH |  <p>TOOTH MISSING</p> | |
| CROWNED TEETH |  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| BRIDGE WORK |  <p>GOLD BRIDGE</p> | |
| FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY | | |

REMARKS: In processing these remains at CIP, AGRS Mausoleum, Manila, P I, it was determined that bones from two bodies were present showing marked difference in structures, hence segregated and assigned Unknown Nos. X-449-A and X-449-B.
Identification Check List and Dental Chart accomplished.

24 NOV 1947

RESTRICTED

N-4469

| 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 17 Jan 46 | |
|--|---|--|---|---|---------------------|-----------------------------|-------------------|
| Imprint Identification Tag If Possible. DO NOT TYPE  | | Section 1.—IDENTIFICATION. | | | | | |
| | | NAME (Last, first, middle initial) UNKNOWN X-302 | | | | SERIAL No. | |
| | | GRADE | | ORGANIZATION USN | | BRANCH OF SERVICE Navy | |
| 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 Incl 738 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. 1440 |
| 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-301 (Cem Manila #2) Formerly UNKNOWN X-16 (Cem Ft Wm McKinley) | | | RANK EM | SERIAL No. | ORGANIZATION USN | GRAVE No. 1439 | |
| BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) BUSHLER, O F | | | RANK RM 3/c | SERIAL No. | ORGANIZATION USN | GRAVE No. 1441 | |
| SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, 1/4, GRS. | | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> 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. | | | | | | | |

RESTRICTED

16-43007-1

27 FEB 1949

Section 3.—UNIDENTIFIED REMAINS.


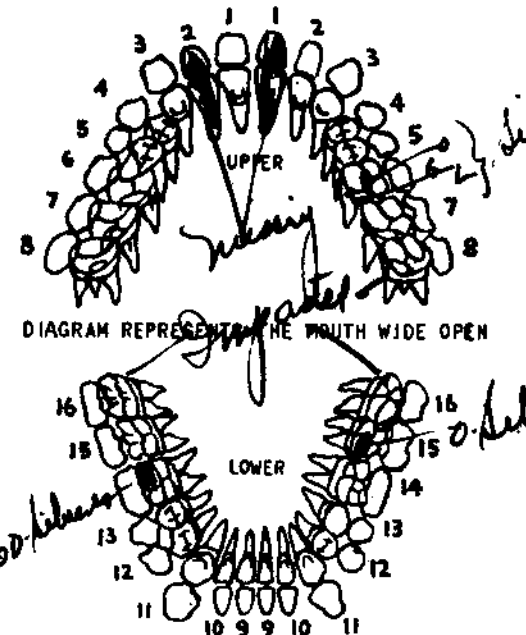




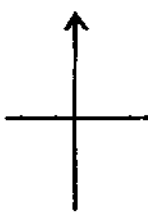
INSTRUCTIONS:

(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>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:
Burial bottle found with body with contents damaged.