

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk. Manila #2 X-309

SUBJECT

Also Manila Mens. X-794

QMC FORM 1121  
1 Aug 49

CMCANT 293  
GRS Far East

26  
23 August 1949

SUBJECT: Approval of Unidentifiability

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

ATTN: AGRS, PHILCOM ZONE

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

Unknown X- <del>642</del>	AGRS Mausoleum Manila, formerly X- <del>642</del>	USAF Cem., Manila #2
" X- 642,	" " "	" X- 155,
" X- 644,	" " "	" X- 157,
" X- 417,	" " "	" X- 269,
" X- 419,	" " "	" X- 271,
" X- 794,	" " "	" X- 309,
" X- 798,	" " "	" X- 313,
" X-1704,	" " "	" X-3412,
" X-1900,	" " "	" X-3254,
" X-1298,	" " "	" X-3629,
" X- 330,	" " "	" X- 74,
" X- 452,	" " "	" X- 305,
" X- 608,	" " "	" X- 119,
" X- 791,	" " "	" X- 306,
" X- 982,	" " "	" X-3922,
" X-1343,	" " "	" X-3560,
" X-3154,	" " "	" X-1031,
" X-4635,	" " "	" X- 826,
"	"	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

A. C. King  
L. M. White  
J. Windsor

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

cc: GINCFE, APO 500

*N. A. N.  
File 14 Aug 50-  
C. Christine Karwin  
Ed. Yr*

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

GSGR 293

APO 707

SUBJECT: Unidentifiable Remains

8 AUG 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, 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-419	AGRS Mslm	UNKNOWN X-2307	AGRS Mslm
✓ " X-794	" "	" X-3231	" "
" X-798	" "	" X-3242	" "
" X-1704	" "	" X-1298	" "
" X-1900	" "	" X-4095	" "

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

FOR THE COMMANDING GENERAL:

10 Incls  
QMC Forms 1044 x/certificates  
of Unidentifiability

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

(Received )  
(AUG 17 1949)

C  
O  
P  
Y

Interred 1 Aug 45  
 N 3 41 Ft. McKinley  
*Carl R. Mark*  
**DISINTERMENT DIRECTIVE**  
**CARL R. H. MARK**

**Cemetery Superintendent**  
 SECTION A —  
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**7747 00160**

DATE  
**15 06 45**  
 DAY MONTH YEAR

NAME

SERIAL NUMBER  
**270 UNKNOWNX-000309**

RANK

ARM  
**0**

DATE OF DEATH  
 DAY MONTH YEAR

CEMETERY  
**USAF CEMETERY MANILA NO 2**

DISPOSITION OF REMAINS  
**7701 80**  
 CODE DIST. PT.

LOT  
**2**

ROW  
**12**

GRAVE  
**1450**

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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
**UNKNOWN**

RELIGION

IDENTIFICATION VERIFIED BY  
 NAME AND TITLE

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL

CONDITION OF REMAINS  
**Label**

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE **01 20 45** BY **Cliff Deproull**

CASKET SEALED BY

EMBALMER (Signature) *Cliff Deproull*

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE **01 20 45** BY **Cliff Deproull, 1st Lt, Inf**

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

*Coraine C. Poyan*  
 SIGNATURE OF GRS INSPECTOR

**SEP 1945**

REPATRIATION  
 BRANCH

*Stewart*

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl R. Mark</i>	DATE <b>1 AUG 1949</b>

## 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

12 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-309, Plot 2,  
Row 12, Grave 1459, USMC USAF Cem Manila #2 have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

*H. B. McNEEMAR*  
H. B. McNEEMAR  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

Received 2 Aug 49 OQMG  
Not identifiable from  
information presently  
available 26 Aug 49

Incl. #2'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-794 (Formerly Unk X-309 Manila #2)</b>				2. DATE OF REPORT <b>20 July 1949</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>812</b>	<b>A</b>	<b>237</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	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? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**

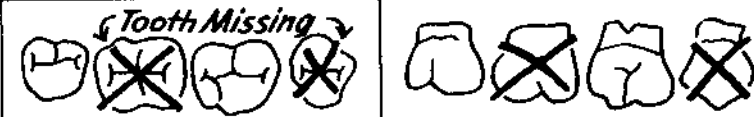



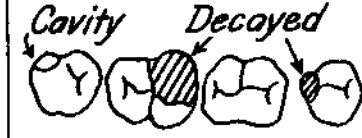
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

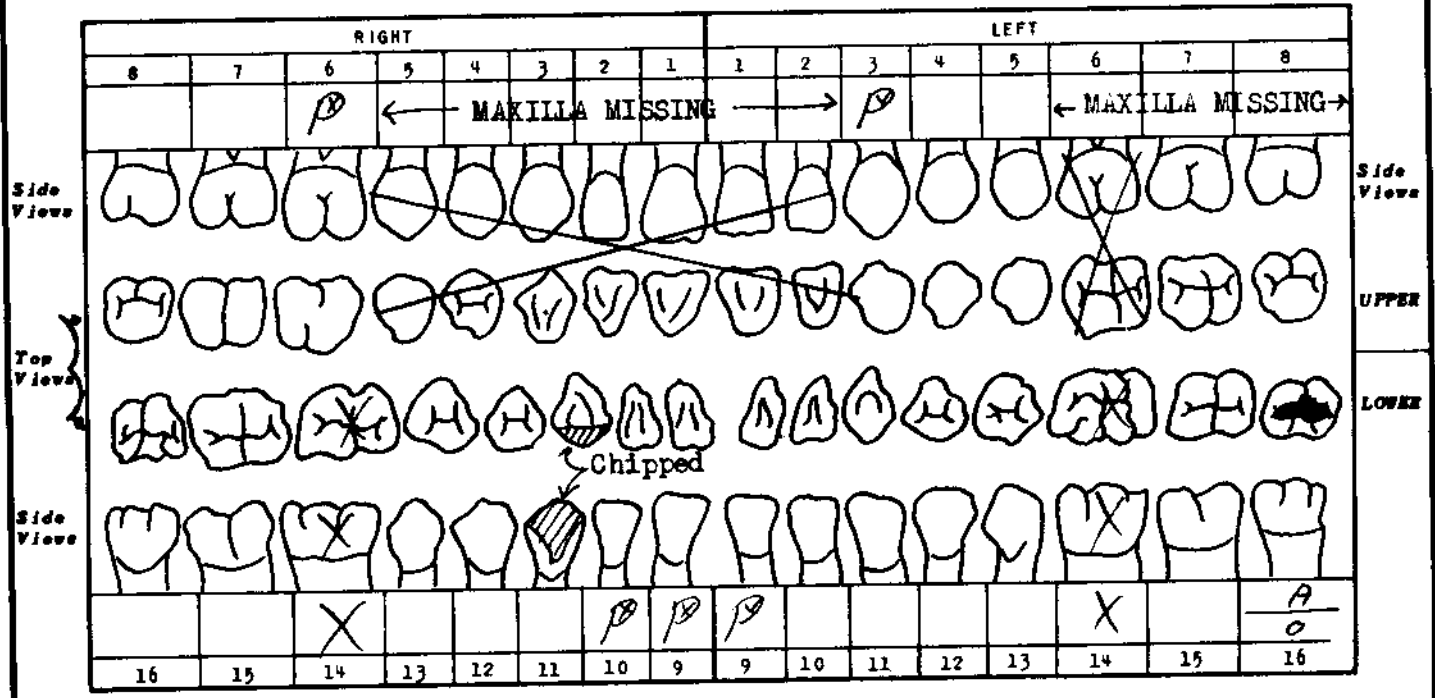
**NONE**

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

*Incl. # 2<sup>2</sup>*

TOOTH CHART

1A.	TOP VIEW	SIDE VIEW
	<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><i>Tooth Missing</i></p>
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	



**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."

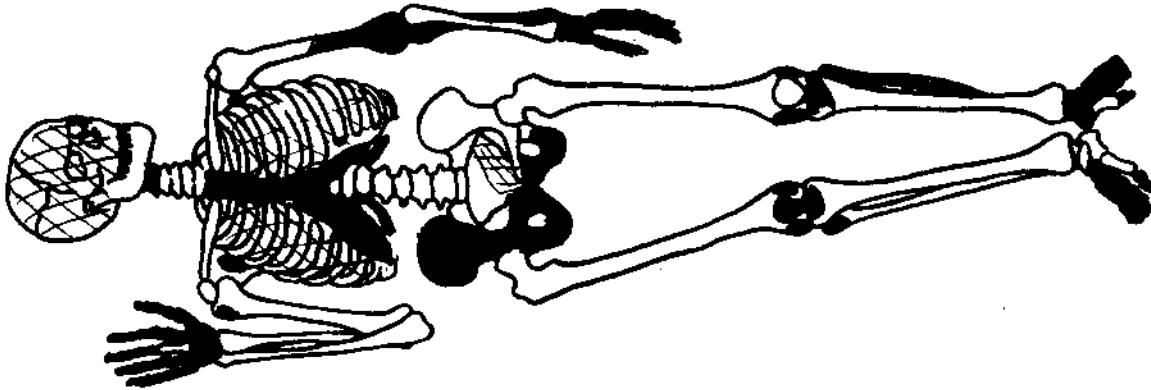
R7 & R8 are loose present with remains.

*J. J. Mc Dermott*  
 J. J. McDERMOTT  
 Laboratory Officer, 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 - 10 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

**JAMES J. McDERMOTT**  
 Laboratory Officer, CIP

SIGNATURE

*James J. McDermott*

X-794

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-794 (Formerly UNK X-309, USAF  
Cem Manila #2, Luzon, P.I.)

15 Oct '47  
DATE
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown			Unknown	Unknown
UNIT			ORGANIZATION	
Iba, Zambales, Luzon, P.I.			USAAC	
PLACE OF DEATH			PLACE OF BURIAL STORAGE	PLOT TANGER
			AGRS Mausoleum, Manila, P.I.	ROW BAY
			812	GRAVE NO. 237

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

INSIDE — LOOKING OUT

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

## 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)

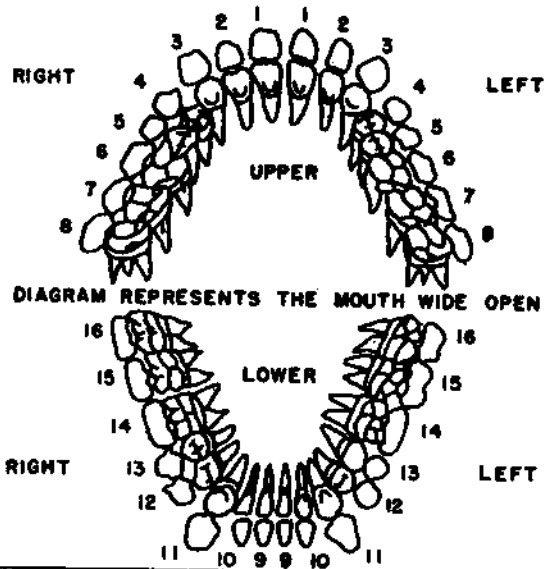
**INSTRUCTIONS:**

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.



**REMARKS:** Due to fractured condition of maxilla it's impossible to tell if teeth were P or X.

/s/ John H. Barr. D-234444  
SIGNATURE OF PERSON WHO PREPARED CHART

/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

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

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

15 Oct 47  
DATE

**CERTIFIED TRUE COPY:**  
*George T. Gamboa*  
GEORGE T GAMBQA  
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-794 (Formerly UNK X-309, USAF  
 Unknown-N, Cem Manila #2, Luzon, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 813 Row A Grave 237

- AGRS Mausoleum, Manila, P.I.
1. Arrived at cemetery 15 Oct. 1947  
(Hour) (Date)
  2. Place of death Iba, Zambales, Luzon, P.I.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by O.M.F. #1 QMC 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		N	
Sweater		N	
Jacket, HBT		E	
* Shirt, Wool OD		/	
Undershirt, Wool		/	
Undershirt, Cotton		/	
Trousers, HBT		/	
* Trousers, Wool OD		/	

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

\* Shoes One (1) pair of service shoes, size - 9 1/2 - E

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: 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, 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, side, 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 ..... Dental Chart attached /

(White, size, unevenness, spacing, noticeable crowns, fillings, extracts) /

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

Jaw ..... (Large, small, normal) /

Circumference of skull head in inches ..... UTD /

(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 ..... (Tuscan, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair) /

Feet ..... (Size, corns, callouses, flat) /

Toes ..... (Slender, straight, hooked, 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 R.O.I. statement enclosed. No I.D. tags, and burial bottle found with remains. Nothing found to warrant identification. Remains BTE killed during Air Raid. Estimated weight of remains approximately - 10 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 A.G.R.S.  
Rank Service

C.I.P. AGRS Mslm., Nichols Field, Manila, P.I.  
(Organization)

15 October 1947

A CERTIFIED TRUE COPY:  
*George T. Gamboa*  
GEORGE T GAMBOA  
2d Lt MAC

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

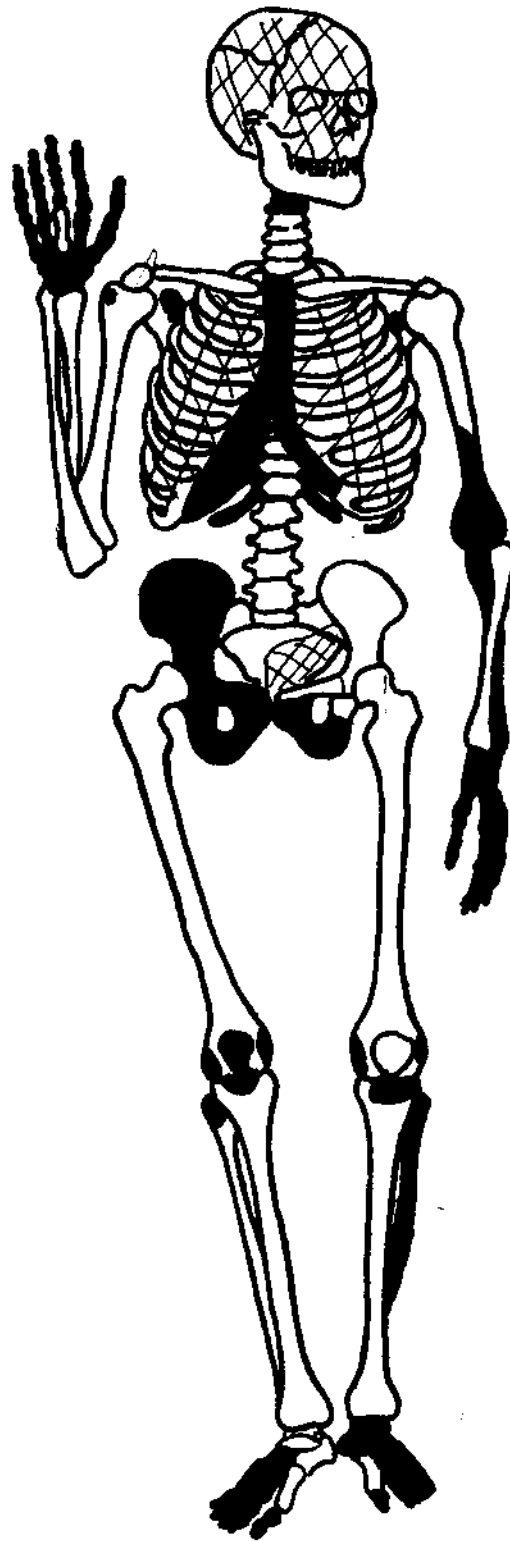


CHART "A"



RESTRICTED

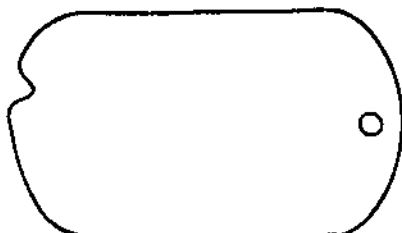
U 988

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

20 Oct 47

APR 5-1948

Imprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN X-794 (Formerly UNK X-309, USAF Cem Manila #2, Luzon, P.I.)</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>USAAC</b>	BRANCH OF SERVICE <b>Army</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH

**Iba, Zambales,  
Luzon, P.I.**

CAUSE OF DEATH

**KIA- Air Raid**

DATE OF DEATH

**9 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 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. DANGER	ROW No. BAY	GRAVE No. CRYP
<b>15 Oct 47</b>	<b>0800</b>	<b>Stored Casket</b>	<b>None</b>	<b>812</b>	<b>A</b>	<b>237</b>

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.	ROW No.	GRAVE No.
<b>2</b>	<b>12</b>	<b>1459</b>

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)

**UVALLES, Virgilio F**

RANK

**Pvt**

SERIAL No.

**38256678**

ORGANIZATION

**Co. M  
169th Inf**

GRAVE No.

**CRYP  
239**

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

**UNKNOWN X-825**

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

**235**

SIGNATURE OF PERSON PREPARING REPORT

**Wm R GILBERT, Adm Asst**

SIGNATURE OF GRS OFFICER VERIFYING REPORT

**LUCIO S PANOPLO Ed 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

16-43997-1

Incl 689

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


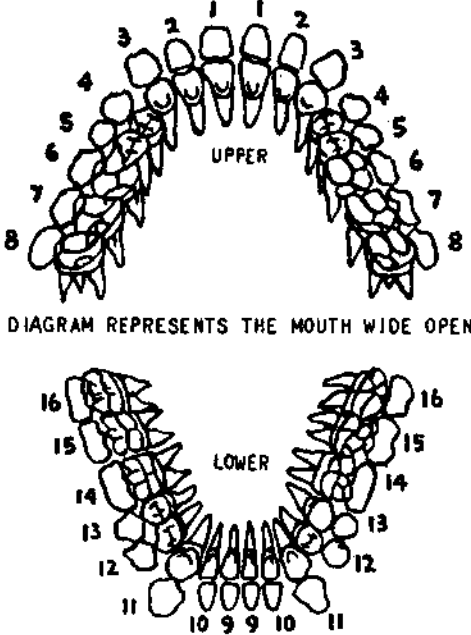




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

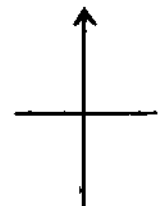
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

**Identification Check List and Dental Chart accomplished.**

*24 NOV 1947*

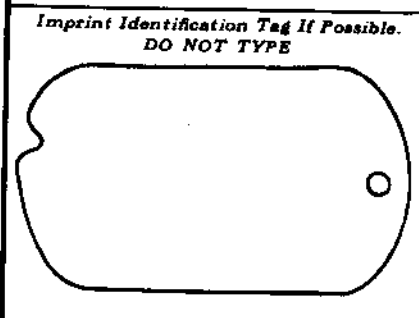
**RESTRICTED**

U-988

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  
**16 Jan 46**



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN X-309 (USAF Cem Manila#2)</b>		SERIAL No.
GRADE	ORGANIZATION <b>USAAC</b>	BRANCH OF SERVICE <b>Air Corps</b>
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Iba Zambales Luzon, P.I.</b>	CAUSE OF DEATH <b>KIA-Air Reaid</b>	DATE OF DEATH <b>9 Dec. 41</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>Yes-2</b>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

*Jan 1446*  
**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 Cem Manila#2, Luzon, P.I.**

DATE OF BURIAL <b>22 Dec. 45</b>	HOUR <b>0900</b>	BURIED IN (Shroud, blanket, or name of other) <b>Shelter half</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>2</b>	ROW No. <b>12</b>	GRAVE No. <b>1459</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cem Ft. Wm. McKinley Luzon, P.I.</b>	PLOT No. <b>B</b>	ROW No. <b>2</b>	GRAVE No. <b>10</b>
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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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN X-319 (USAF Cem Manila#2)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>1458</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>DEXTER, Courtney W.</b>	RANK <b>Pfc.</b>	SERIAL No.	ORGANIZATION <b>27 th. Mat. Sgd. Air Corp</b>	GRAVE No. <b>1460</b>
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SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> <b>R. C. BARRETT T/4 GRS.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> <b>E. M. MOORE 1st. Lt. QMC.</b>
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**RESTRICTED**

**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.

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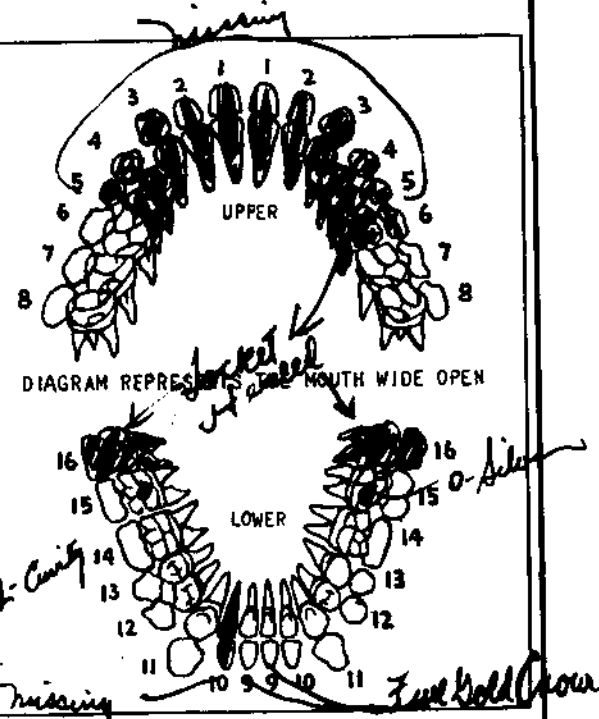
**18 FEB 1949**

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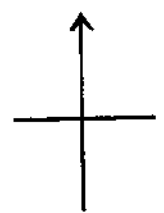
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>
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 containing above information.