

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unt. Manila #2 X-316

SUBJECT

Also Manila News. X-801 ✓

QMC FORM 1121  
1 Aug 45

QUART 295  
GCS Far East

10 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 701, c/o Postmaster  
San Francisco, California  
ATTN: AGCS, PHILCOM ZONE

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

Unknown	X-413,	AGCS	Museo	Manila,	formerly	X-4020,	USAF	Gen.,	Manila #2
"	X-1106,	"	"	"	"	X-3797,	"	"	"
"	X-1133,	"	"	"	"	X-3790,	"	"	"
"	X-1132,	"	"	"	"	X-3789,	"	"	"
"	X-1215,	"	"	"	"	X-3719,	"	"	"
"	X-1731,	"	"	"	"	X-3342,	"	"	"
"	X-1838,	"	"	"	"	X-3211,	"	"	"
"	X-2047,	"	"	"	"	X-3200,	"	"	"
"	X-2117,	"	"	"	"	X-3129,	"	"	"
"	X-3151,	"	"	"	"	X-3028,	"	"	"
"	X-801,	"	"	"	"	X-316,	"	"	"
"	X-716,	"	"	"	"	X-32,	"	"	"
"	X-683,	"	"	"	"	X-297,	"	"	"
"	X-652,	"	"	"	"	X-265,	"	"	"
"	X-661,	"	"	"	"	X-272,	"	"	"
"	X-817,	"	"	"	"	X-332,	"	"	"
"	X-888,	"	"	"	"	X-356,	"	"	"
"	X-779,	"	"	"	"	X-311,	"	"	"
"	X-446,	"	"	"	"	X-299,	"	"	"
"	X-429,	"	"	"	"	X-281,	"	"	"
"	X-415,	"	"	"	"	X-268,	"	"	"
"	X-655,	"	"	"	"	X-168,	"	"	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. Santornal  
L. M. White  
J. Winkler

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

*M. A. N.*  
*File 14 Aug 50*  
*E. Christine Garvin*  
*Ed Be*

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

OSR 299.9

AR: 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 QUOSR 293, OSR (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AMM Museum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-180	ACFS	Male	UNKNOWN	X-1132	ACFS	Male
"	X-200	ACFS	Male	"	X-1133	ACFS	Male
"	X-201	ACFS	Male	"	X-1215	ACFS	Male
"	X-202	ACFS	Male	"	X-1206	ACFS	Male
"	X-203	ACFS	Male	"	X-1455	ACFS	Male
"	X-452	ACFS	Male	"	X-1731	ACFS	Male
"	X-483	ACFS	Male	"	X-1833	ACFS	Male
"	X-716	ACFS	Male	"	X-2047	ACFS	Male
"	X-901	ACFS	Male	"	X-2417	ACFS	Male
"	X-943	ACFS	Male	"	X-3151	ACFS	Male

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

PLR THE QUARTERMASTER GENERAL:

20 Incls:  
QIC Form 1044 w/ certificates  
of Unidentifiability

/s/ John H. Weston Jr.  
JOHN H. WESTON JR.  
1st Lt      LCD  
Asst      Adj      Con

Interred 22 Aug 1948  
C 4 65 Ft. McKinley

DISINTERMENT DIRECTIVE

*Carle H Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00152

DATE  
15 06 48  
DAY MONTH YEAR

NAME: UNKNOWN X-316 SERIAL NUMBER: UNKNOWN X-000316 RANK: ARM: 0 DATE OF DEATH: DAY MONTH YEAR

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

ROW GRAVE: 2 12 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: UNKNOWN X-316 SERIAL NUMBER: (Mausoleum) UNKNOWN X-901 RANK: DATE OF DEATH: 23 Dec 41 DATE DISTINTERRED: 21 Sept 48

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: ALBION H McLELLAN JR, 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: Two (2) Identification tags read UNKNOWN X-901, Mausoleum Formerly X-316, Manila No 2

REMAINS PREPARED AND PLACED IN CASKET DATE: 21 Sept 48 BY: ALBION H McLELLAN JR

CASKET SEALED BY: ALBION H McLELLAN JR EMBALMER (Signature): ALBION H McLELLAN JR

CASKET BOXED AND MARKED DATE: 21 Sept 48 by HORACE L ALLISON, Sgt, Inf SHIPPING ADDRESS VERIFIED BY: CHARLES R BATES, 1st Lt, USAF

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, USAF  
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies. 14 SEP 1948 REPATRIATION BRANCH

# RECORD OF CUSTODIAL TRANSFER

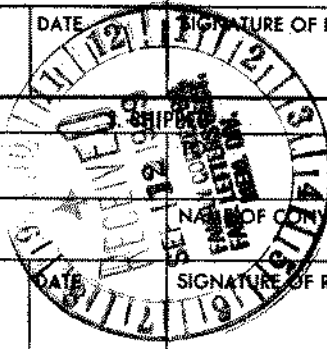
## 1. SHIPPED

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>Carroll Mark</i>	DATE <b>22 AUG 1949</b>

## 2. SHIPPED

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

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 <i>LOBI MCKINLEY CEMETERY</i>	DATE	SIGNATURE OF RECEIVER <i>(BY ...)</i>	DATE

## 6. SHIPPED

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

## 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 EX-316, Plot 2,  
Row 12, Grave 1450, USMC USAF Gen. 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. McENEMAR*  
H. B. McENEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received ..... 4/8/49 ..... QMC  
Not identifiable from  
information presently  
available

5/8/49

*Sanborn, T.*  
*Ident.*

*Serial # 9'*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-801 (Formerly Unk X-316 Manila #2)</b>				2. DATE OF REPORT <b>14 July 49</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>812</b>	<b>A</b>	<b>162</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?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**









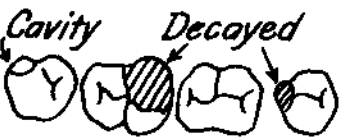

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)





**NONE**

**"UNIDENTIFIABLE"**

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

*Incl. #92*

	TOP VIEW	SIDE VIEW
<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:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> 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								Missing										
Side View																	Side View		
Top View																	UPPER		
Top View																	LOWER		
Side View																			
	← Mandible Missing →								P	P	P	P					X	X	
	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."

No loose mandibular nor maxillary teeth present with remains.

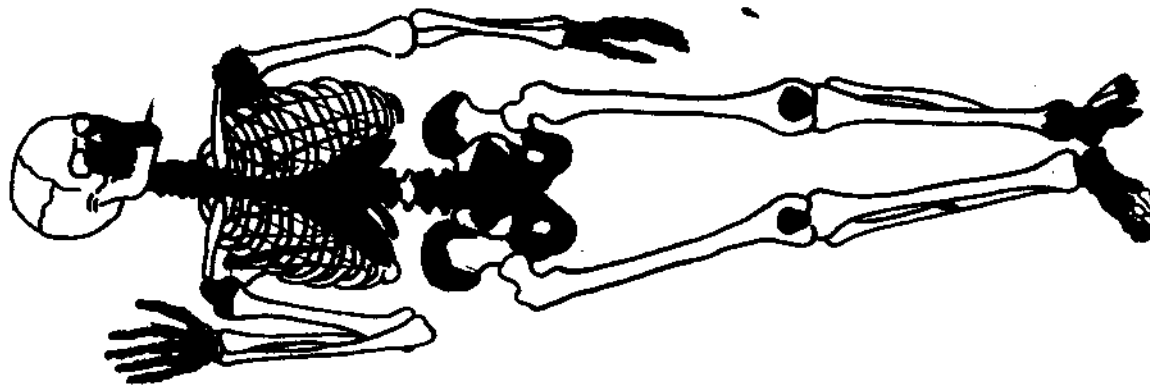
**"UNIDENTIFIABLE"**

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

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



19. BLACK OUT PARTS OF BODY NOT RECORDED



20. **MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_ NUMBER

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 4 lbs.

Circumference of skull - 19 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

J. J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

X-801

# 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-801 (Formerly UNK X-316, USAF  
Cem Manila #2, Luzon, P.I.)

15 Oct 47

DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown UNIT

Unknown ORGANIZATION

Philippine General Hospital, Manila, Luzon, P.I. AGRS Mausoleum, Manila, P.I.

PLACE OF DEATH

PLACE OF BURIAL STORAGE

812 PLOT A ROW 162 GRAVE NO.

*Maxilla missing*

DANGER BAY CRYPT

RIGHT								UPPER TEETH				LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE LOCATION															

*mandible missing* INSIDE — LOOKING OUT

RIGHT						LOWER TEETH				LEFT					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
						⊗	⊗	⊗	⊗				X	X	
TYPE LOCATION															

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)

LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

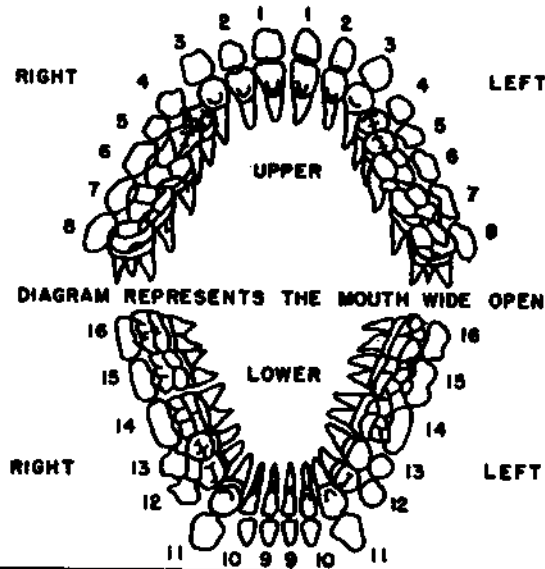
**INSTRUCTIONS:**

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, EG. 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:**

/s/ Edwin Gregurek  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ EDWIN GREGUREK  
NAME AND RANK TYPED OR PRINTED

C.I.P. Lab. Manila, P.I  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Edward H Marshall  
VERIFIED BY GRS OFFICER

SP-8- C-062874  
NAME AND RANK TYPED OR PRINTED

15 Oct 47  
DATE

A CERTIFIED TRUE COPY:

*George T Gamboa*  
GEORGE T GAMBOA  
Ed 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-801 (Formerly UNK X-316, USAF Cem  
~~Unknown X~~ Manila #2, Luzon, P.I.)

Cemetery AGRS Mausoleum Manila, P.I.

Plot 812 Row A Grave 162

AGRS Mausoleum Manila, P.I.

1. Arrived at cemetery 15 Oct 47  
(Hour) (Date)

2. Place of death Philippine Gen Hospital, 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	/		
Sweater	/		
Jacket, HBT		N	
* Shirt, Wool OD		O	
Undershirt, Wool		N	
Undershirt, Cotton		E	
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 \_\_\_\_\_ UTD \_\_\_\_\_ Weight \_\_\_\_\_ UFD \_\_\_\_\_ 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, 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, notifiable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of head in inches ..... **19** (Hat band)

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

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

Hands ..... U

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

..... (Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

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

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

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

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

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

If not, explain Due to condition of remains

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

9. Remarks No burial bottle found. No other means of identification. No personal effects. Estimated weight of remains 4 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  
AGHS Mausoleum Manila, P.I.  
(Organization)

15 Oct 47

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

**SKELETAL CHART**

X-801

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

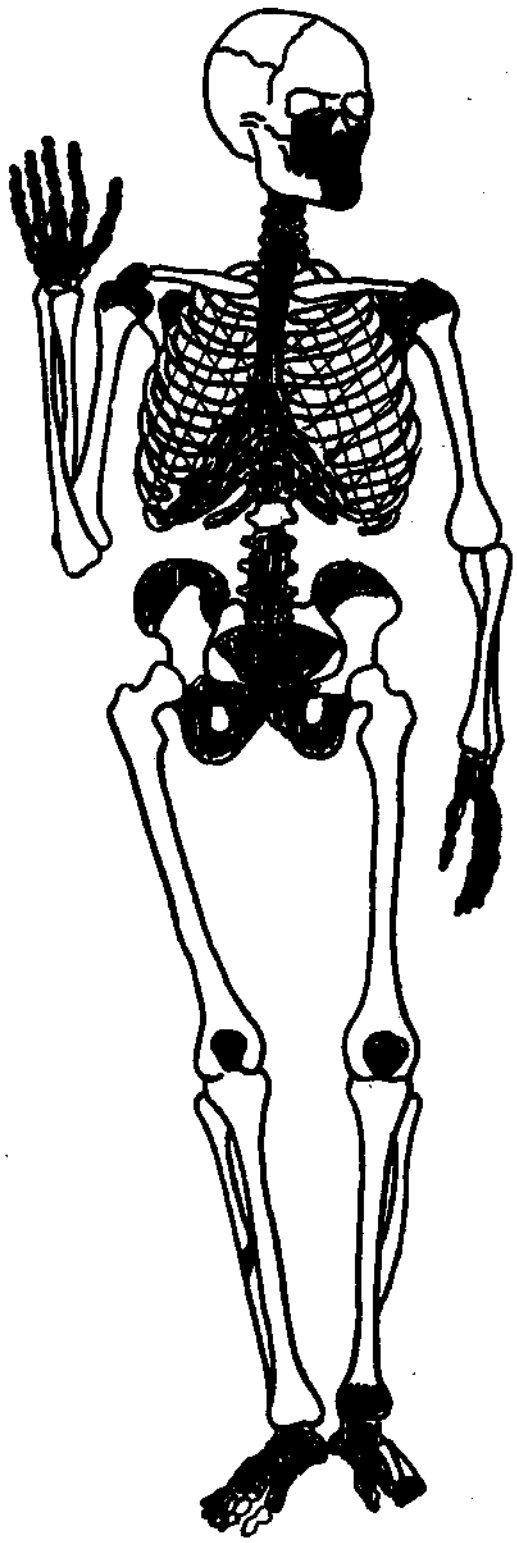

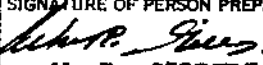
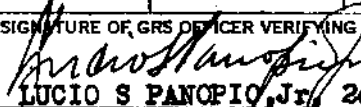


CHART "A"



1077  
/aam **RESTRICTED**

U 1472

WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		<b>APR 5-1948</b>			<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 20 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>							
		NAME (Last, first, middle initial) UNKNOWN X-801 (Formerly UNK X-316, USAF Cem Manila #2, Luzon, P.I.)				SERIAL No. Unknown			
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown			
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Philippine General Hos- pital, Manila, Luzon, P. I.		CAUSE OF DEATH KIA				DATE OF DEATH 23 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									
<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 GRS MAUSOLEUM, MANILA, P.I.									
DATE OF BURIAL STORAGE 15 Oct 47		HOUR 0800		BURIED IN (Shroud, blanket, or name of casket) STORED Casket		TYPE OF GRAVE MARKER None	PLOT No. 812	ROW No. BAY A	GRAVE No. CRYPT 162
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. 1450
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES			IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-810				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 164		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-802				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 160		
SIGNATURE OF PERSON PREPARING REPORT  Wm E. GILBERT, Adm. Asst.					SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S PANOPIO, 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.									

2-10-69  
**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


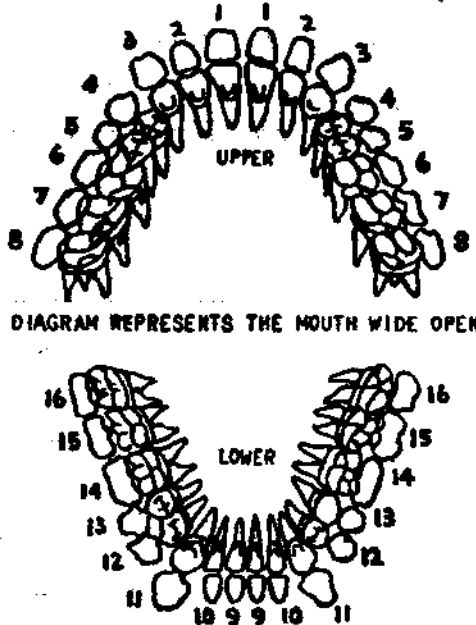




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

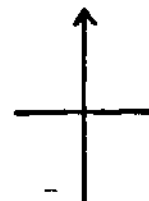
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<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>	

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

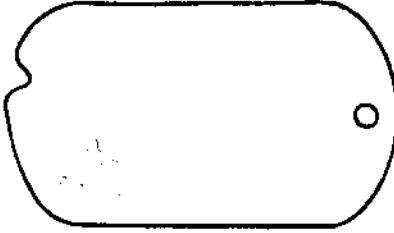
RESTRICTED

U-1472

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

FB7  
**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT  
18 January 1946

Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial)		SERIAL NO.
	UNKNOWN X - 316		
	GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Phil. General Hospital Luzon, P. I.	CAUSE OF DEATH K. I. A.	DATE OF DEATH 23 December 1941	

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

Jewel 667

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 No. 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. 1945	0900	Shelter Half	Cross	2	12	1450

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.

6

ROW No.

5

GRAVE No.

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)

GORSUCH, E. O.

RANK

SERIAL NO.

6667973

ORGANIZATION

GRAVE No.

1449

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

UNKNOWN X - 315

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

1451

SIGNATURE OF PERSON PREPARING REPORT

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

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

**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

16-48097-1

**27 FEB 1946**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


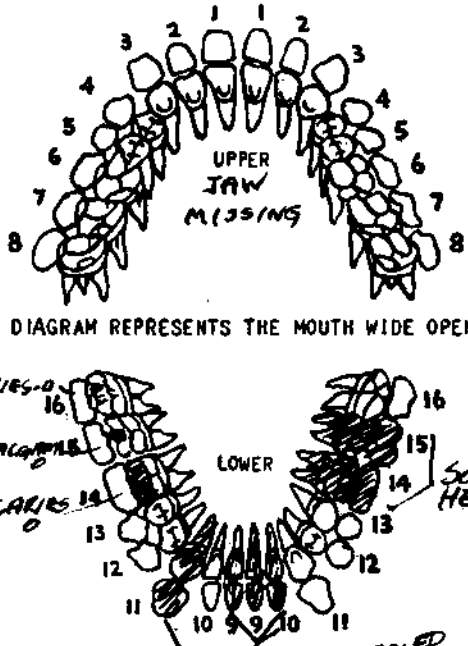




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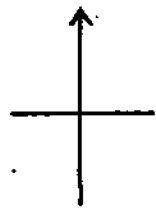
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER JAW MISSING</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> <p>SOCKETS HEALED</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 but information destroyed except as shown. Information shown coincides with Unidentified No 33, Ft McKinley as to place and date of death.