

FILE IDENTIFICATION TOPPER

FILE NUMBER

298 Cont. Manila # 2 X 323

SUBJECT

Also Manila News. X-888 ✓

QMC FORM 1121
1 Aug 45

MEMO 293
GMS Far East

3 September 1949

SUBJECT: Approval of Unidentifiability

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

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

| | | | |
|----------------|---------------------------------|--------------------|---------------------|
| Unknown X-432, | AGMS Mausoleum Manila, formerly | X-204, | USAF Com. Manila #2 |
| " X -504, | " " " " | " X-115, | " " " |
| " X-598, | " " " " | " X-109, | " " " |
| " X-807, | " " " " | " X-322, | " " " |
| " X-808, | " " " " | " X-321, | " " " |
| " X-1673, | " " " " | " X-3434, | " " " |
| " X-1682, | " " " " | " X-3422, | " " " |
| " X-1698, | " " " " | " X-3406, | " " " |
| " X-1932, | " " " " | " X-3380, | " " " |
| " X-1923, | " " " " | " X-3321, | " " " |
| " X-1376, | " " " " | " X-3983-B | " " " |
| " X-5109, | " " " " | Rivera, Francisco | " |
| " X-4990, | " " " " | Pvt. LO 300 503 | " |
| " X-3616, | " " " " | Freeman, Donald E. | " |
| | | Sgt. 7 O2L 958 | " |
| | | Eric F. Davis | " |
| | | Lt/Lt 57th Inf. | " |

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. H. SEXTON
Lt. Colonel, USMC
Memorial Division

M. A. H.
File # 14100-50
L. G. ...
...

COPY

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSCR 293.9

APO 707

SUBJECT: Unidentifiable Remains

18 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 GSCR 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-240 | AGRS Mslm | UNKNOWN X-1673 | AGRS Mslm |
| " X-432 | " " | " X-1682 | " " |
| " X-598 | " " | " X-1698 | " " |
| " X-604 | " " | " X-1932 | " " |
| " X-807 | " " | " X-1933 | " " |
| " X-808 | " " | | |

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

FOR THE COMMANDING GENERAL:

11 Incls
GIC Forms 1044 w/certificates
of Unidentifiability

/s/ C. H. Lieurance
C. H. LIEURANCE
2nd. Lt. AGD
Asst. Adj. Gen

COPY

/arl

Interred 8 August 1949
G 9 7 Ft. McKinley

DISINTERMENT DIRECTIVE

cancel mark
CARL R. H. MARK

SECTION A
NAME AND BURIAL LOCATION OF DECEASED
Superintendent

DIRECTIVE NUMBER
7747 00188

DATE
15 06 48
DAY MONTH YEAR

NAME: *999 UNKNOWNX-000323* SERIAL NUMBER: *999 UNKNOWNX-000323* RANK: ARM: 0
DATE OF DEATH: DAY MONTH YEAR

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

PLOT: 2 ROW: 12 GRAVE: 1533 COUNTRY: **PHILIPPINE ISLANDS** CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-323 SERIAL NUMBER: UNK X-808 (mausoleum) RANK: DATE OF DEATH: 21 Sept. '48 DATE DISTINTERRED:
IDENTIFICATION TAG ON: REMAINS ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: CLIFFORD INGROVILLE
 MARKER NAME AND TITLE: Embalmer

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
2 Identification tags UNK X-808 - Mausoleum

REMAINS PREPARED AND PLACED IN CASKET
DATE: 21 Sept. '48 BY: CLIFFORD INGROVILLE

CASKET SEALED BY: CLIFFORD INGROVILLE EMBALMER (Signature): *Cliff Ingroville*
CLIFFORD INGROVILLE

CASKET BOXED AND MARKED: 21 Sept '48 BY: MORACE L. ALLISON, Sgt. INF SHIPPING ADDRESS VERIFIED BY: LUCIO S. PANOPLO, 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.

Lucio S. Panoplo
LUCIO S. PANOPLO, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

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

7 - SEP 1948
AIRIATION
BRANCH
MEMO

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|------------------------------------|------|--|---------------------------|
| FROM AGRS MAUSOLEUM | | TO FORT MCKINLEY MILITARY CEMETERY | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER <i>Caremark</i> | DATE 8 AUG 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 <i>WHITTY SHIPMENT 107402</i> | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER <i>FORL MCKINLEY CEMETERY</i> | DATE | SIGNATURE OF RECEIVER <i>(mirrored text)</i> | DATE |

6. SHIPPED

| | | | |
|--|-------------------|---|--------------------------------|
| FROM <i>S JS 1232 WHITBYLINE 107402</i> | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER <i>BELEBA MMTI</i> | DATE <i>NO</i> | SIGNATURE OF RECEIVER <i>(mirrored text)</i> | DATE <i>(mirrored text)</i> |

7. SHIPPED

| | | | |
|----------------------|------|--|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER <i>(mirrored text)</i> | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

28 July 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 323, Plot 2,
Row 12, Grave 1533, 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. McNemar
H. B. McNEMAR
Captain, OMC
Chief, Records Branch

Attch: Form 1044

Received AUG 29 1949 OQMG
Not identifiable from
information presently
available

AUG 30 1949
*Will
Ident*

encl 6











IDENTIFICATION DATA

| | | | | | |
|--|--|--------------------------------------|--------------------|--|---|
| 1. REMAINS OF UNKNOWN UNKNOWN X-808 (Formerly UNK X-323 Manila #2) | | | | 2. DATE OF REPORT 4 Aug 1949 | |
| 3. NAME OF CEMETERY AGRS MAUSOLEUM, Manila, P.I. | | 4. PLOT 812 | 5. ROW A | 6. GRAVE 195 | 7. DATE OF DISINTERMENT REINTERMENT |
| PHYSICAL DESCRIPTION | | | | | |
| 8. ESTIMATED WEIGHT 170 lbs | | 9. ESTIMATED HEIGHT 5' 11" | | 10. COLOR OF HAIR U T D | |
| 11. RACE Unknown | | | | | |
| 12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">N O N E</p> | | | | | |
| 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">U T D</p> | | | | | |
| 14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | TO WHAT EXTENT? | | | |
| 15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | TO WHAT EXTENT? | | | |
| 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p align="center">N O N E</p> | | | | | |
| 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) <p align="center">N O N E</p> | | | | | |





"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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: |  |  |

malformed

| | RIGHT | | | | | | | | LEFT | | | | | | | | |
|------------|--|---------------|----------------|----|----|----|----|---|------|----|----|----|----------------|---------------|---------------|----|------------|
| | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| | $\frac{A}{O}$ | X | $\frac{A}{od}$ | | | | | | | | | | $\frac{A}{mo}$ | $\frac{A}{O}$ | $\frac{O}{O}$ | | |
| Side Views |  | | | | | | | | | | | | | | | | Side Views |
| Top Views |  | | | | | | | | | | | | | | | | UPPER |
| |  | | | | | | | | | | | | | | | | LOWER |
| Side Views |  | | | | | | | | | | | | | | | | |
| | $\frac{A}{O}$ | $\frac{A}{O}$ | | | | | | | | | | | | X | X | | |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |

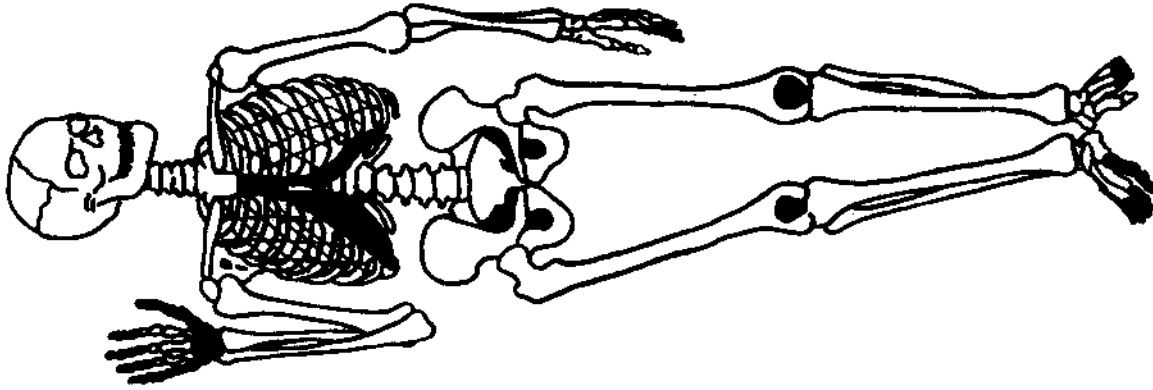
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James J. McDermott
JAMES J McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5' 11"

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.
Circumference of skull - 21 -3/4 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, CIP

SIGNATURE

K-808

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-808 (Formerly Unk X-323)
USAF Cam Manila #2, Luzon, P.I.

15 Oct 47
DATE















| | | | | |
|----------------|------------------------------|-------------|--------------|------------|
| LAST NAME | FIRST | INITIAL | RANK | SERIAL NO. |
| Unknown | Unknown | Unknown | Unknown | Unknown |
| UNIT | AGRS Mausoleum, Manila, P.I. | | ORGANIZATION | |
| Unknown | Unknown | Unknown | 812 | A 195 |
| PLACE OF DEATH | PLACE OF BURIAL STORAGE | PLOT NUMBER | ROW | GRAVE NO. |
| | | | CRIP 1 | |

| | | | | | | | | | | | | | | | | | |
|----------|---|---|---|----|---|---|---|---|---|---|---|---|---|---|----|---|---|
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| TYPE | | A | X | A | | | | | | | | | | | A | A | ⊙ |
| LOCATION | | o | | do | | | | | | | | | | | mo | o | ⊙ |

| | | | | | | | | | | | | | | | | |
|----------|----|----|----|----|----|----|----|---|---|----|----|----|----|----|----|----|
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| TYPE | ⊙ | A | A | | | | | | | | | | | X | ⊙ | X |
| LOCATION | ⊙ | o | o | | | | | | | | | | | | o | o |

Impaction (above tooth 16), *Rotated* (above tooth 11)

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

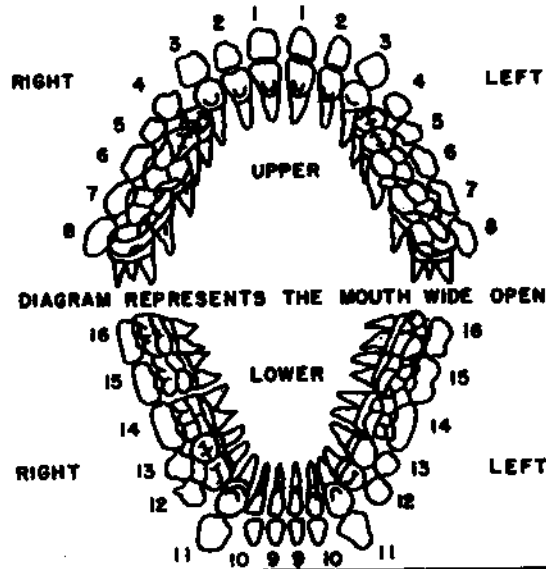
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{8}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

/s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ RUSSELL SMITH T/4
NAME AND RANK TYPED OR PRINTED

GIP, AGHS Mausoleum
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass
VERIFIED BY GRS OFFICER

/p/ FELIX GLASS, Capt, DC G-1717213
NAME AND RANK TYPED OR PRINTED

15 Oct 47
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-808 (Formerly UNK X-323, USAF
~~Unknown~~ Cem Manila #2, Luzon, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
RANGER BAY CAMP
 Plot 812 Row A Grave 195

AGRS Mausoleum, Manila

1. Arrived at cemetery 15 Oct 47
(Hour) (Date)
 2. Place of death Unknown
(Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)
3. Remains recovered or disinterred by C M T #1
(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) <u>/</u> | | |
| Raincoat _____ | <u>/</u> | | |
| Overcoat _____ | <u>/</u> | | |
| Jacket, Field _____ | <u>/</u> | | |
| Jacket, Combat _____ | <u>/</u> | | |
| Mackinaw _____ | <u>/N</u> | | |
| Sweater _____ | <u>O</u> | | |
| Jacket, HBT _____ | <u>N</u> | | |
| * Shirt, Wool OD _____ | <u>/</u> | | |
| Undershirt, Wool _____ | <u>/</u> | | |
| Undershirt, Cotton _____ | <u>/</u> | | |
| Trousers, HBT _____ | <u>/</u> | | |
| * Trousers, Wool OD _____ | <u>/</u> | | |

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: Skeletal Remains only - Chart attached

Age ^{Est} UTD Height ^{Est} 5'11" Weight ^{Est} 170 lbs 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, slim, 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) **Skull**
 Circumference of head in inches **21 3/4**
 (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 (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 identification tags, burial bottle, or personal effects found with remains. Estimated weight of remains 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/ Edward H. Marshall
(Officer's Name)
SP-8 C-062874
Rank Service
CIP, AGBS Mausoleum
(Organization)

15 Oct 47

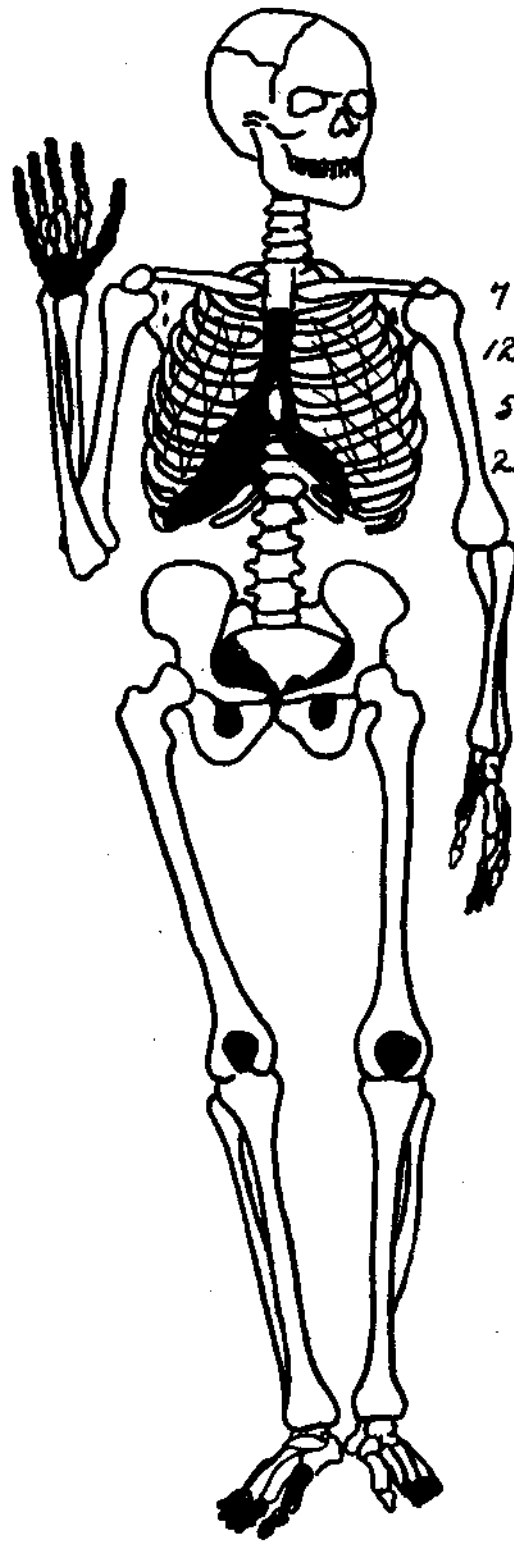
A CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

SKELETAL CHART

X-808

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 7 - Cervical vertebrae
- 12 - Dorsal vertebrae
- 5 - Lumbar vertebrae
- 24 - Ribs fragments

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

APR 5 - 1948

REPORT OF INTERMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

18 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-808 (Formerly Unk X-323
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

Unknown

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 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, Masket, or casket of other) | TYPE OF GRAVE MARKER | PLOT No. HANGER | ROW No. BAY | GRAVE No. CRYP |
|------------------------|------|--|----------------------|-----------------|-------------|----------------|
| 15 Oct 47 | 1300 | Casket | None | 812 | A | 195 |

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.

1533

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-815

RANK

SERIAL NO.

ORGANIZATION

GRAVE No. CRYP

197

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

UNKNOWN X-811

RANK

SERIAL NO.

ORGANIZATION

GRAVE No. CRYP

193

SIGNATURE OF PERSON PREPARING REPORT

Wm R. Gilbert
Wm R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Lucio S Panopio Jr
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 Office. Copies for retention in theater as prescribed by theater commander.

Section 3. UNIDENTIFIED REMAINS.


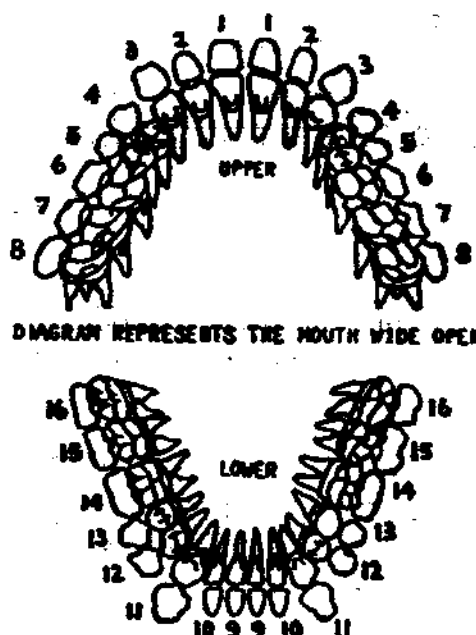




INSTRUCTIONS:

(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.

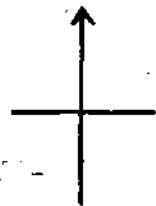
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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> | |
| CROWDED 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


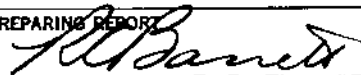
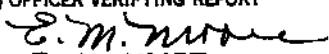


REMARKS:

Identification Check List and Dental Chart accomplished.

23 DEC 1947

RESTRICTED U- O-1478

| 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 19 January 1946 | |
|--|--|--|---|--|--|--|-----------------------------------|-------------------|
| Imprint Identification Tag If Possible. DO NOT TYPE  | | Section 1.—IDENTIFICATION. | | | | | | SERIAL No. |
| | | NAME (Last, first, middle initial) UNKNOWN X - 323 | | | | | | |
| | | GRADE | | ORGANIZATION | | BRANCH OF SERVICE | | |
| | | RACE | | RELIGION | | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | | |
| PLACE OF DEATH | | CAUSE OF DEATH | | | | DATE OF DEATH | | |
| EMERGENCY ADDRESSEE (Name, relationship, and address) | | | | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None | | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) | | | | | | |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2) | | | | | | | | |
| LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Jewel 687 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 23 Dec. 1945 | | HOUR 0930 | BURIED IN (Shroud, blanket, or name of other) Shelter Half | | TYPE OF GRAVE MARKER Cross | PLOT No. 2 | ROW No. 12 | GRAVE No. 1533 |
| 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. Stotsenburg, Pampanga, Luzon, P. I. | | | | | | |
| | | | | PLOT No. C | ROW No. 5 | GRAVE No. 2 | | |
| 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) DELEHANTY, William | | | | RANK | SERIAL No. 675573 | ORGANIZATION | GRAVE No. 1532 | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 324 | | | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 1534 | |
| SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, 74, GRS. | | | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT  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

10-43997-1

27 FEB 1948

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.

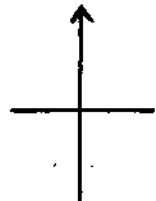
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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 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:

Disc No. 206