

FILE IDENTIFICATION TOPPER

FILE NUMBER

298 Unt. Manila #2 X-526

SUBJECT

Also Manila News X-811

QMC FORM 1121
1 Aug 45

293
Unknown X-326 USAF Cem Manila #2, P.I. associated with Pvt Chester Pokrzywa,
16 003 426

Reference is made to attached anthropologist's report for remains designated Unknown X-326 USAF Cem Manila #2, P.I. Inasmuch as the examination fails to reveal additional identifying data to substantiate the tentative association for the remains with Army records of Pvt Pokrzywa, it is recommended that the remains of Unknown X-326 Manila #2, revert to unidentifiable status and the remains of Pvt Pokrzywa remain nonrecoverable.

Gladys Reynolds
Gladys Reynolds

19 Aug 52

W. H. H. H.
W. H. H. H.

Stewart 8 Sept. 52

JAM

File 16 Sept 52
MAN
GR

X-811 (Formerly X-326) Associated with data for Pokrzywa, Chester J. 16003426

1. General Condition: Skeletal, no tissue. Good; major bones present; a little damaged. Vertebral column is complete and cranial post cranial is positive.

2. Co-mingling: No evidence of such.

3. Age: Cranial: All vault sutures open, 20-25 years. Pelvic: Late Phase III, or early Phase IV; 22-26 years. Clavical epiphysis not united.

4. Stature: Rollet 63-3/4"; Krogman 66-7/8". Based on right femur, tibia and humerus.

5. Dentition: See Form 569, 30 April 1952. There is a very pronounced overbite and the third molars show considerable wear.

6. Hair Color: No evidence.

7. Race: White.

8. Conclusions and recommendations: Form 371 data for Pokrzywa shows age at death 19 years, stature 63", race white, but there is no dental information. Cranial age is not in disagreement with known age, but the pelvic age cannot be less than 22 years, although there are no clear indications that the age was over 25 years. There is the further fact that the very considerable wear on the third molars makes an age of 19 years unlikely. Stature is in fair agreement, although my general impression is that the Rollet value is minimal. Since there is no dental comparison possible, the only positive agreement is with regards to race. I believe that identification of these remains as those of Pokrzywa is inconclusive.

Theodore D. McCown

Theodore D. McCown

Professor of Anthropology

OF 203
222 Far East

31 July 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 928, c/o Postmaster
San Francisco, California

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

- Unknown X-12, 77th Div. Comd, Okinawa, Unit 2, Page 1
- " X-22, 27th Div. Japan, Unit 2, Page 4
- " X-661, AGRS Mausoleum Manila, (formerly X-174 Manila 2), Unit 1, Page 3
- " X-762, Coyte Pl, Unit 2, Page 3, Addition
- " X-111, AGRS Maus. Manila, (form. X-326, Manila 2) Unit 1, Page 5
- " X-1147, AGRS Maus. Manila, (form. X-3804, Manila 2) Unit 1, Page 21
- " X-3739, AGRS Maus. Manila, (form. 2 & 3) Unit 2, Page 18

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

FOR THE QUARTERMASTER GENERAL:

THOMAS S. COX
Capt AGC
Memorial Division

JMS

JW

F. McLaughlin:lrc
Salsar
cc--Administrative Section
cc--Cinofc

N.A.M.
Filed 15 Aug 50
C. Christine Garvin
JH Br

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOW ZONE

AGO 928

OFF: 253

21 JUN 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file #10210 253, AGS (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-12, 77th Div. Com., Okinawa
" X-22, 27th Div. Saipan
" X-661 AGRS Main
" X-762 Leyte #1
" X-811 AGRS Main
" X-1147 " "
" X-3739 " "

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

FOR THE COMMANDING OFFICER:

7 Incls

QIC Forms 1044 w/Certificates
of Unidentifiability

/s/ Charles E. Whaylen
/t/ CHARLES E. WHAYLEN

COPY

COPY

60

293 unk P.F. X-324 Manila #2

QIOMT 593

23 June 1949

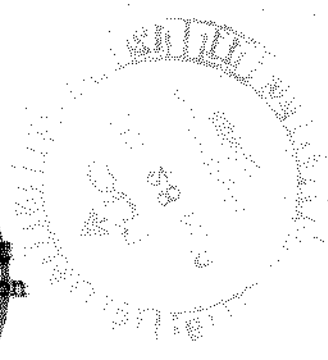
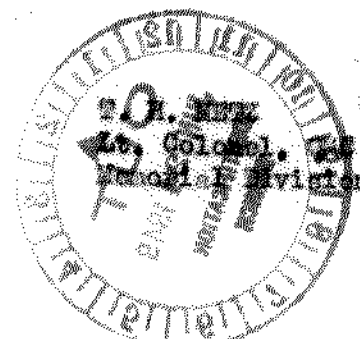
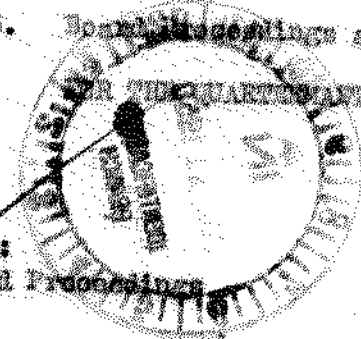
Unknown X-811, AGRS Mausoleum Manila
(Formerly Unk X-326, USAF Cemetery
Manila #2)

SUBJECT: Identification of World War II Deceased

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

ATTENTION: AGRS, PHILCOM ZONE

1. Reference is made to Board Proceedings, your headquarters, dated 21 April 1949, recommending that Unknown X-811, AGRS Mausoleum Manila, be identified as S/Sgt. Wilbur L. Inlow, ASN 6 579 822.
2. Board Proceedings in this case have been disapproved. A comparison between the Army dental records for S/Sgt. Inlow and the dental chart for Unknown X-811 does not present conclusive proof for identification.
3. Board Proceedings are returned herewith.



FEB 4 1949

1 Incl: Board Proceedings

cc: Adm Section

E. A. Kazup:dal *EA*
L. V. Monzel *ZVM*
J. Windsor

12 JUN 1949
OCHG
MOR

293 unk P.F. X-811 Mausoleum Manila
#593 Inlow, Wilbur L 6 579 822

/arl

1
/drs

Interred 20 J 1950
 H 17 194 Ft. McKinley
 28 101 101 812 417
DISINTERMENT DIRECTIVE
 CARL R. H. MARK 24 FEB 57 ems.

SECTION A - Cemetery Superintendent
 NAME AND BURIAL LOCATION OF DECEASED
 DIRECTIVE NUMBER 7747 00191
 DATE 15 05 48
 DAY MONTH YEAR

NAME UNKNOWNX-000326 SERIAL NUMBER RANK ARM 0
 DATE OF DEATH DAY MONTH YEAR

CEMETERY USAP CEMETERY MANILA NO 2
 DISPOSITION OF REMAINS 7701 30
 CODE DIST. PT.

PLOT 2 ROW 12 GRAVE 1536 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-326 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED 21 Sept. '48
 UNK X-811 (Mausoleum)
 IDENTIFICATION TAG ON ORGANIZATION UNKNOWN RELIGION IDENTIFICATION VERIFIED BY CLIFFORD INGROVILLE
 REMAINS
 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, Mausoleum, UNK X-811

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

CASKET SEALED BY CLIFFORD INGROVILLE EMBALMER (Signature) Clifford Ingroville
 CLIFFORD INGROVILLE

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
 DATE 21 Sept. '48 by HORACE L. ALLISON, Sgt. INF LUCIO S. PANOPIO, 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. PanoPIO
 LUCIO S. PANOPIO, 1st Lt., INF
 SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
 (Plot N, Row 7, Grave 194 was formerly occupied by Unknown X-739, Loyte No. 1, DD # 7740 81036 which was disinterred, reprocessed by an Anthropologist and consolidated.)

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>Evermark</i>	DATE 20 JUN 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>AGRS MAUSOLEUM</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>FORT MCKINLEY MILITARY CEMETERY</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM <i>AGRS MAUSOLEUM</i>		TO <i>AGRS MAUSOLEUM</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>AGRS MAUSOLEUM</i>	DATE <i>10</i>	SIGNATURE OF RECEIVER <i>AGRS MAUSOLEUM</i>	DATE <i>10</i>

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

16 June 1950
(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 326, Plot 2,
Row 12, Grave 1536, USMC Manila # 2, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


B. McNEEMAR
Captain, QMC
Chief, Records Branch

Received 27 June 50
Not identifiable from
information presently
available

Ident sec
31 July 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK. X-811 (Formerly X-326 Manila # 2)				2. DATE OF REPORT 16 June 1950	
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION **Age: 19 to 24 yrs.**

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 5'4 1/2"	10. COLOR OF HAIR U. T. D.	11. RACE White
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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

N o n e

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

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"

2/1/54

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
		X						P					A	A	
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
				P											A
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."

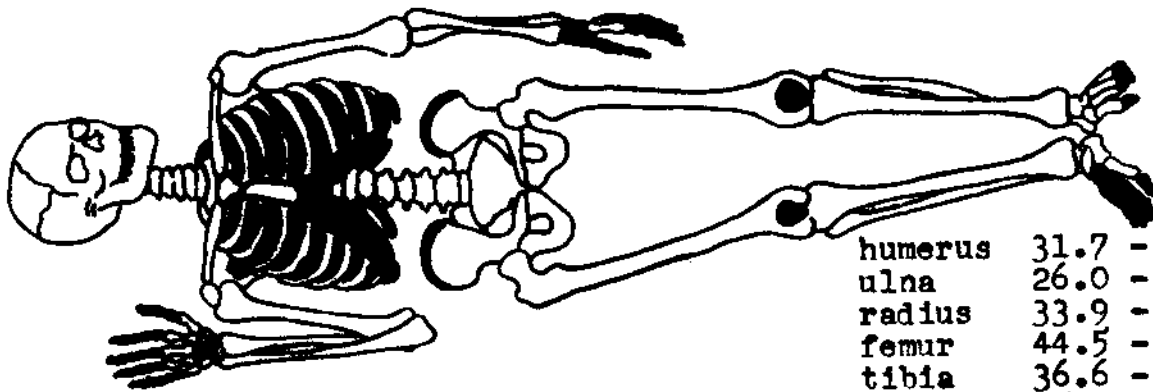
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R NICHOLS
Chief Ident. Section

"BY REASON OF LACK OF IDENTIFYING DATA"

19. BLACK-OUT PARTS OF BODY NOT RECOVERED



humerus	31.7	-	161
ulna	26.0	-	167
radius	33.9	-	164
femur	44.5	-	163
tibia	36.6	-	166
fibula	35.7	-	164
			<u>6/985</u>

Estimated height 5'4 1/2"

164 1/6

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
NUMBER
 OF THE FOLLOWING ANATOMICAL PARTS:

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tag, personal effect or any other means identification found with remains.

"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

PAUL R NICHOLS
 Chief Ident. Section

SIGNATURE

Paul R. Nichols

X-811

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-811 (Formerly UNK X-326 USAF) 15 Oct 47
 Cemetery Manila #2, Luzon, P.I. DATE

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown			Unknown	Unknown

UNIT	ORGANIZATION	
Unknown	AGRS Mausoleum Manila, PI	812 A 193

PLACE OF DEATH	PLACE OF BURIAL STORAGE	PLOT DANGER	ROW BAT	GRAVE NO. CRYP

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE			X											A	A		TYPE
LOCATION														100	00		LOCATION

INSIDE — LOOKING OUT

	RIGHT								LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE					P											A	TYPE
LOCATION																	LOCATION

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> OXYPHOSPATE (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>
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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.

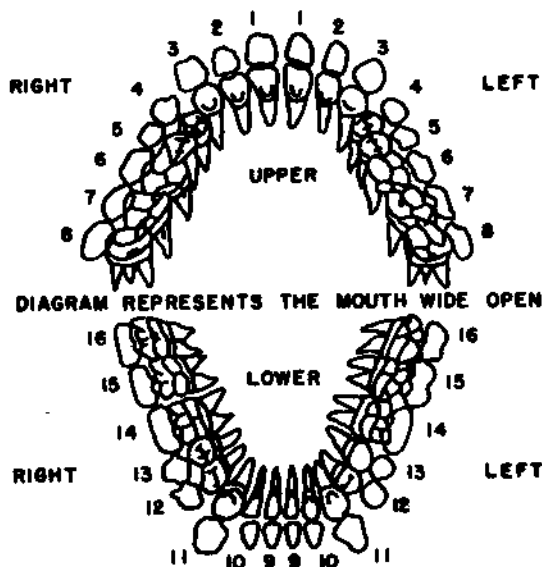


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

General alveolar closure moderate, orthognathic.

s/ Joseph D. Murphy
SIGNATURE OF PERSON WHO PREPARED CHART

s/ Felix Glass Capt., D.C.
VERIFIED BY GRS OFFICER

p/ JOSEPH D. MURPHY T/5
NAME AND RANK TYPED OR PRINTED

p/ FELIX GLASS CAPT D.C.
NAME AND RANK TYPED OR PRINTED

CIP

15 Oct 47

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-811 (Formerly UNK X-326 USAF)
~~UNKNOWN~~ Cemetery Manila #2, Luzon, P.I.)
 Cemetery AGRS Mausoleum, Manila P.I.
 Plot 812 Row A Grave 193

1. Arrived at CIP AGRS Mausoleum, Manila P.I., 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	<u>/</u> <small>(Type)</small>		
Raincoat	<u>/</u>		
Overcoat	<u>/</u>		
Jacket, Field	<u>/</u>		
Jacket, Combat	<u>/</u>		
Mackinaw	<u>/</u>		
Sweater	<u>/</u>		
Jacket, HBT	<u>/</u>	<u>N</u>	
* Shirt, Wool OD	<u>/</u>	<u>O</u>	
Undershirt, Wool	<u>/</u>	<u>N</u>	
Undershirt, Cotton	<u>/</u>	<u>E</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: Skeleton only - Skeletal chart attached.

Age _____ Height 5'3 3/4" Weight 125 lbs. Est. 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 Dental chart attached.
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of skull in inches 21 1/4" (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 Remains interred 23 Dec 45 USAF Cemetery Manila #2

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

9. Remarks No ROI bottle and no I.D. tags received with the remains. No personal effects found. Weight of the remains is estimated about 11 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/ C. Maxlee Fann, C-062871
(Officer's Name)

SP-6 AGRS
Rank Service

I.D. Lab, Nichols Field, Manila P.I.
(Organization)

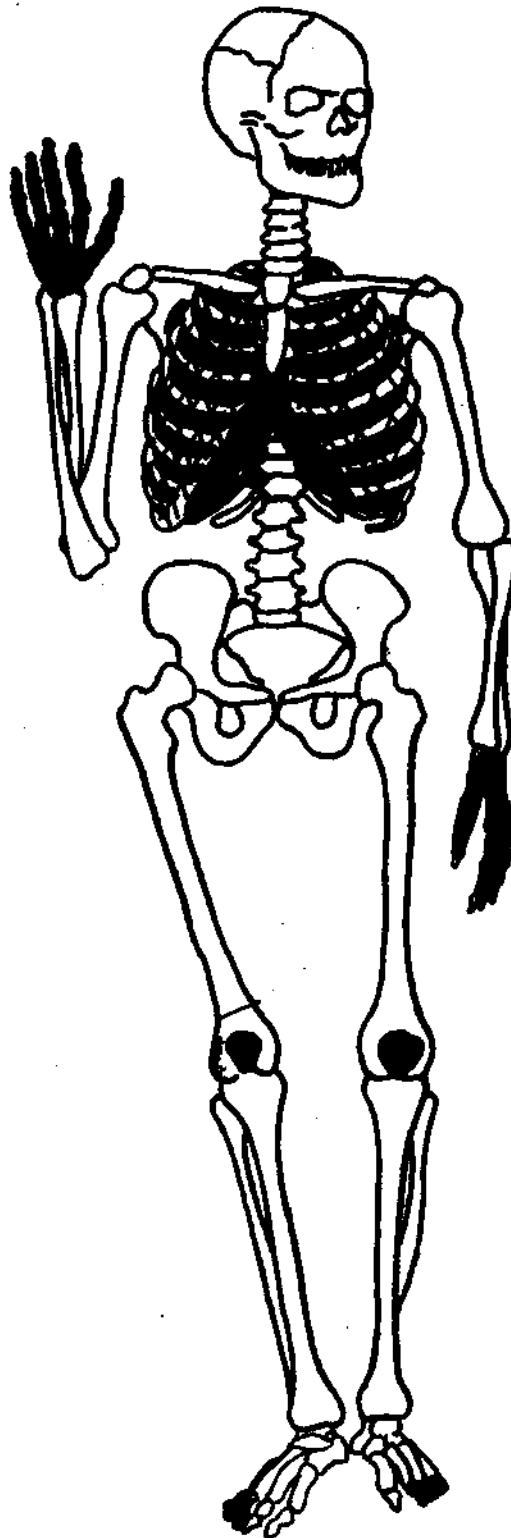
CERTIFIED TRUE COPY:

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-811



*All vertebrae present
24 Rib fragments*

RESTRICTED
RE

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

FEB 24 1953

Imprint Identification Tag If Possible. DO NOT TYPE

SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

UNKNOWN X-326 (Manila Mausoleum I-811)
USAF Cem. Manila #2, P. I.

Serial Number

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)

None

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

UNIDENTIFIABLE

Were Substitute Tags Provided (Yes or No)

Yes

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

U. S. M. C. Fort William McKinley, Manila P. I.

Date of Burial

24 Feb 53

Hour

1400

Buried in (Shroud, Blanket, or name of other)

Final Type Casket

Type of Grave Marker

Reg. Cross

Plot No.

N

Row No.

S

Grave No.

101

Was This a Re-Burial (Yes or No)

Yes

If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave

USAF Cemetery Manila #2, P. I.

Plot No.

2

Row No.

12

Grave No.

1536

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)

Hufsmith, Richard E.

Rank

Pvt

Serial Number

19026140

Organization

N S 100

Grave No.

Body Buried on Deceased Right, Name (Last, First, Middle Initial)

Vacant

Signature of Person Preparing Report


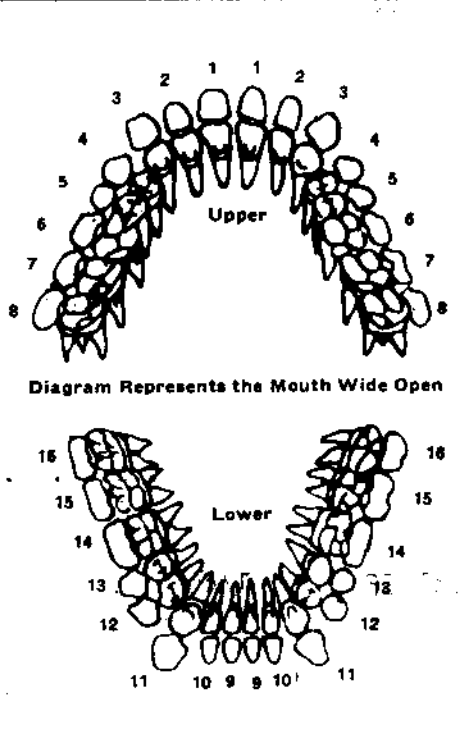




RAYMOND H. TANGUAY, M/SGT, QMC

Signature of GRS Officer Verifying Report

FREDERIC B. TOOMOTH, 1st Lt., QMC

DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hqs, GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

	SECTION UNIDENTIFIED REMAINS			
Left Little Finger	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 fingerprints 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.			
Left Ring Finger	Height	Weight	Color of Eyes	Color of Hair
Left Middle Finger	Weapon and Serial Number		Laundry Mark	Birthmarks, Scars or Tattoos
Left Index Finger	Other Identification Clues			
Left Thumb	Fillings  Silver Filling Gold Filling	 <p align="center">Diagram Represents the Mouth Wide Open</p>		
Right Thumb	Cavities  Cavity Decayed			
Right Index Finger	Missing Teeth  Tooth Missing			
Right Middle Finger	Crowned Teeth  Porcelain Crown Gold Crown			
Right Ring Finger	Bridge Work  Gold Bridge	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery		
Right Little Finger	Remarks AUTHORITY FOR REINTERMENT FT MCKINLEY CEMETERY - QMG ltr, QMGMR 314,6, 30 Sep 52, Subj: Reinterment of Unknowns			

/bcm

RESTRICTED

U 1481

WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

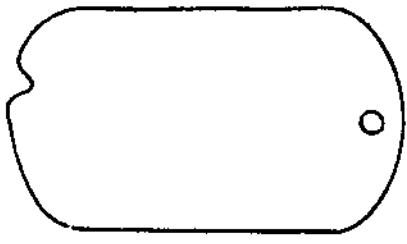
APR 5 1947

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-811 (Formerly UNK X-326 USAF Cemetery 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
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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 15 Oct 47	HOUR 1300	BURIED IN (shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. BANGER 812	ROW No. BAY A	GRAVE No. CRYP 193
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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. 1536
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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
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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-808	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 195
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED HUMMELL, William R.	Unknown	36026739	Unknown	GRAVE No. CRYPT 191

SIGNATURE OF PERSON PREPARING REPORT Wm R. GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO 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.

RESTRICTED

April 6 72

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


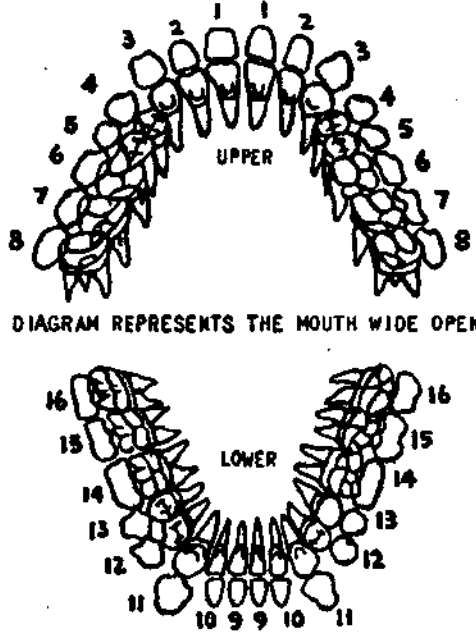




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

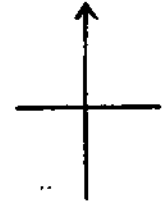
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <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:

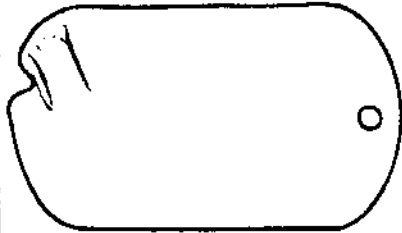


Identification Check List and Dental Chart accomplished.

24 NOV 1947

RIGHT
LITTLE FINGER

RESTRICTED

U-1481

WD GMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 19 Jan. 46			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.							
NAME (Last, first, middle initial) UNKNOWN -X- 326 (Cem. Manila #2)		SERIAL No.		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 Incl 690 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 23 Dec. 45		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. 1536	
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. Stotsenberg, Camp., Luzon, P. I.				PLOT No. B	ROW No. 9	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) UNKNOWN -X- 325 (Cem. Manila #2)				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1535		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 327 (Cem. Manila #2)				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1537		
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, T/4 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

Incl 51'

27 FEB 1948

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


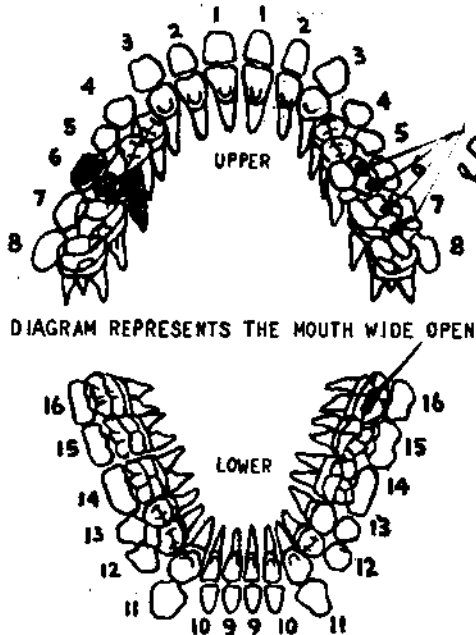




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the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

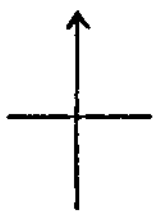
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Disc. 183