FILE IDENTIFICATION TOPPER

293 Unk. Manula I 2 X-331
SUBJECT
Less Maria Mars II 1 X-816

QHC FORM | 121

Imprint Identification Tag If Possible DO NOT TYPE Section 1.—DENTIFICATION. HAME (Jam, fort, middle initial) JUNKNOWN X-331 Manile #2 Unknown Unknown RACE RELIGION Unknown U	РОК Т b 1952
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Yes US MILITARY CEMETERY, FT MACKINIEY, P.I. N	
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BODY BURIED ON DECEASED LEFT, NAME (Last, stret, middle initial) RANK SERIAL NO. ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Link, steel, steel, steel) RANK SERIAL NO	GRAVE No.
SIGNATURE OF PERSON PREDARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT	
Roger L. Mione	
ROGER L. DION, Sgt., RA CHARLES R. WHAYLEN, 1st Lt., QI DISTRIBUTION OF REPORT: Signed original for U. S. and allied deed, signed original and one copy for enemy deed, to the Quar-	~

RESTRICTED

Copy to ABMC

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and mar me re	pori as	ove is correct.		Skal	Me o. kaya	NAN, 1st	Lŧ.	, inf		
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HEADQUARTERS AMERICAN GRAVES REDISTRATION SERVICE PHILCOM ZONE

APO 900

4 March 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- 331 , Plot 2 , 12., Grave 1541, USMC Manila #2, Luzon, P.I., have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this decedent, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl: Form 1044 unu

Captain, QMC

Chief, Records Branch

Not identifiable front

information presently Lew

available

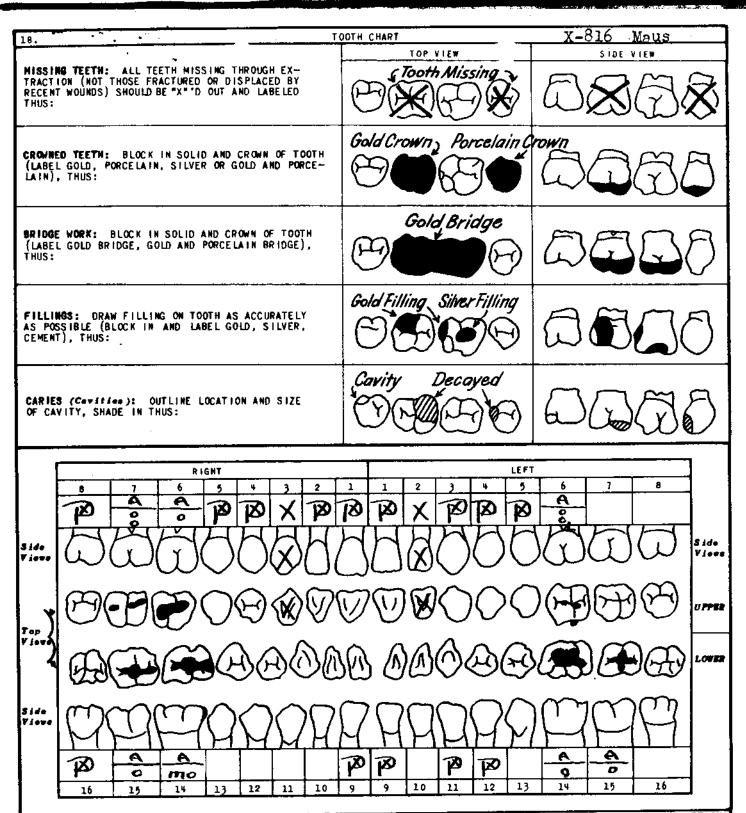
	IDENTIFI	ICATION D	ATA		, ,
. REMAINS OF UNKNOWN					2. DATE OF REPORT
UNKNOWN X-81	6 (Formerly X-33	l Manila	#2)		4 March 1950
. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
		_		ĺ	DISTNIERMENT REINTERMEN
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TES IND	TO WHAT EXTENT?				
5. WAS BODY MANGLED?					
YES NO	TO WHAT EXTENT?	ALFORMATIONS			

channels for examination when facilities are not available in the area)

NONE

"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

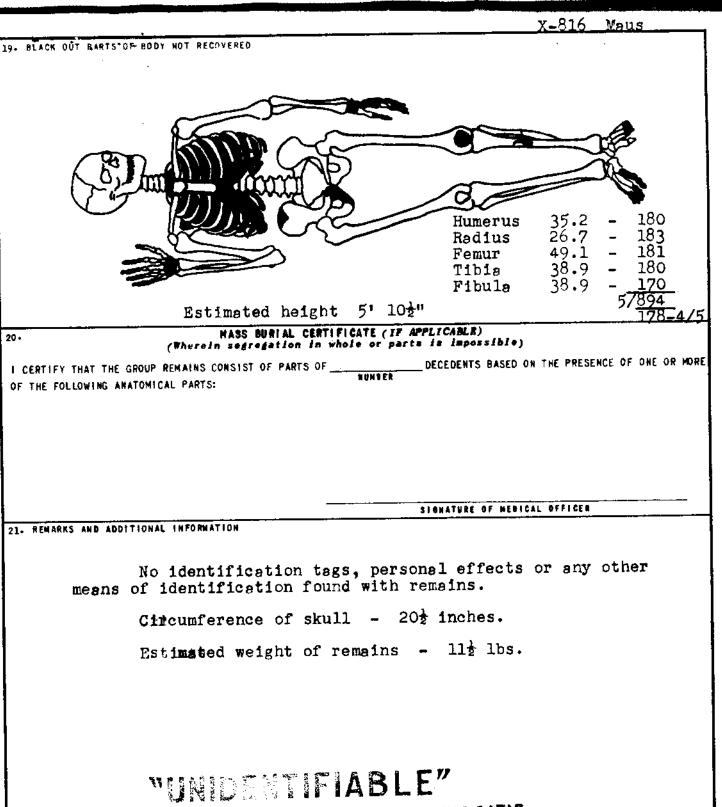


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

PAUL R NICHOLS Chief, Identification Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA



THE REASON OF LACK OF SUFFICIENT IDENTIFYING DATA?

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OR RECORDED TO THE BEST OF MY KNOWLEDGE	F DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN
ED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE

PAUL R NICHOLS Chief, Identification Sect.

TYP

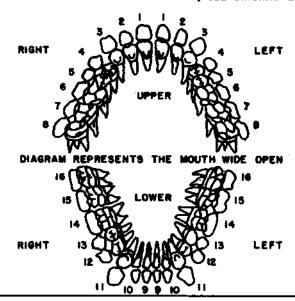
	TO BE USED WITH QMC FO	ATION DENT	ACE OF CHART THEREON,	
			15 Oct 1947	
-	UNKNOWN X-816 (Formerly UNK		DATE	→
	USAF Com Manila #2, Luzon, P.			_
		NITIAL RANK		
- 1	Unknown		Unknown organization	_
	UNIT Unknown	AGRS Mausoleum,	-	
	PLACE OF DEATH	Manila, P.I.	812 A 200 PLOT ROW GRAVE NO.	-
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	FIXED BRIDGE CHICL. ABUTHIDITE	S SILIGATE OR PORCELAIN	DISTAL (SETWEEN - TOWARD)	BAGK)
1	TEETH REPLACED BY DENTURE	O OXYPHOSPATE (GEMENT)	LINGUAL (TOWARD TONGUE)	-
			1 (TOWARD TOWARD)	
	POSTYUMOUSLY MISSING		FAGIAL	
	(LOST AFTER DEATH)		f (TOWARD GHEEK)	

QNC FORM 1888 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS:

- I AGCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS GHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
- 2. NOTE GAREFULLY THAT: SYMBOLS INDIGATING MISSING TEETH, GAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDIGATING TYPE OF FALING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDIGATING LOCATION OF FALING 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 SE INDICATED, & g., PORCELAIN CROWNS, GOLD GROWNS (FULL OR 364), 364 GOLD GROWN WITH SILIGATE WINDOW.
 - 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

/s/ Edwin Gregurek -

SIGNATURE OF PERSON WHO PREPARED-CHART

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/a/ Edward H. Marshall

VERIFIED BY GRS OFFICER

/p/ EDWIN GREGUREK

NAME AND RANK TYPED OR PRINTED

50-8 C-062874

NAME AND RANK TYPED OR PRINTED

CIP Lab., Manile, P.I. 15 Oct 1947

DATE

CERTIFIED TRUE COPY:

900--PHILRYCOM--4-47--30M

AGRC FORM No. 11 Revised 16 Sept. 1966 Formely "Check List of Unknowns") =

IDENTIFICATION CHECK LIST

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

		UNKNOWN X-816 (Formerly Unknown X-331 USAF Cem Manila #2, Luzo Cemetery AGRS Mausoleum, Manila, P.I. Plot 812 Row A Grave 200
AGRS 1 Arrived at comment	(Hour) (Date)	
-	(Name of closest town)	(Coordinates and letter Prefix, maps)
	le and serials used) (NAT #1	(Name and grantiation)
Kemains Extraction	Gsinterred by	(Name and organization)
Evacuated to Ceme	etery by	(Name and organization)
Itom	Clathing	hdicate unusual markings
Ī	Clothing Markings Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	Markings Sizes	color, wear, tear, repairs, etc.
Headgear /	Markings Sizes	color, wear, tear, repairs, etc.
Headgear	Markings Sizes (Type)	color, wear, tear, repairs, etc.
Headgear // Raincoat // Overcoat // Jacket, Field // Jacket, Combat //	(Type)	color, wear, tear, repairs, etc.
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Headgear Raincoat Overcoat Jacket, Field Mackinaw Sweater Jacket, HBT * Shirt, Wool OD	(Type)	color, wear, tear, repairs, etc.
Headgear Raincoat Overcoat Jacket, Field Mackinaw Sweater Jacket, HBT * Shirt, Wool OD	(Type)	color, wear, tear, repairs, etc.
* Headgear // Raincoat // Overcoat // Jacket, Field // Jacket, Combat // Mackinaw // Sweater // Jacket, HBT // * Shirt, Wool OD Undershirt, Wool Undershirt, Cotton	(Type) N E	color, wear, tear, repairs, etc.
* Headgear // Raincoat // Overcoat // Jacket, Field // Jacket, Combat // Mackinaw // Sweater // Jacket, HBT // * Shirt, Wool OD Undershirt, Wool Undershirt, Cotton	(Type)	color, wear, tear, repairs, etc.

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Drawers, cotton	
' /	
Leggings, wool	
Socks, cotton	
*Shoes (type)	rapagamental de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya de la companya della companya de la companya della co
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(Other item)	
(Other item)	4
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Insignia	ket, coat, helmet)
(Type & location:/shirt. in-	
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11036	(Size, shape, straight)		(Size, set close to or far from head)
Mouth	· /,	Ĭ ins	•
IVIOIIII	(Large, medium, small)		(Small, large, full)
Teeth Toot	th Chart attached.		
16601 444	(White, size, unevi	eness, spacing, noticeable	crowns, fillings, extracts)
Chin		4	<u> </u>
	(Pr y mir	ent, receding, pointed, dl sk ul	mples, double)
law			in inches 211
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Hands		/,	
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			·/
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Back		Circumcision	(Yes-no) Pubic Hair (Color)
	(Quantity and extent of hair)		(Yes-no) (Color)
Hernianlasty			
		(Yes-no; loca	(tion)
T	•		
Legs	(Inseam, muscular, knock-	kneed, bowed, normal, qu	mulity, color and extent of hair)
Feet		Toes	
	(Size, corns, callouses, flat)		(Siender, straight, fesoked, overlap)
T (1	1 116 4		
Evidence of	healed fractures	(Nose, ar	ms, legs, ctc.)
		. ,	•• •

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

Have finger prints been placed on Report of Interment? (Yes-uo)
If not, explain Due to condition of remains.
Has tooth chart been prepared? Yes If not, explain (Yes-no)
Remarks No burial bottle found with remains. No personal effects. No
other means of identification. Estimated weight of remains, 12 lbs.
·
I certify that I have personally viewed the remains of subject deceased and all resulting informatio has been recorded to the best of my knowledge. /s/ Edward H. Marshall
I certify that I have personally viewed the remains of subject deceased and all resulting informatio has been recorded to the best of my knowledge. /B/ Edward H. Marshall (Officer's Name)
I certify that I have personally viewed the remains of subject deceased and all resulting informatio has been recorded to the best of my knowledge. /s/ Edward H. Marshall
I certify that I have personally viewed the remains of subject deceased and all resulting informatio has been recorded to the best of my knowledge. /s/ Edward H. Marshall (Officer's Name)
I certify that I have personally viewed the remains of subject deceased and all resulting informatio has been recorded to the best of my knowledge. /s/ Edward H. Marshall (Officer's Name) SP-8 C-062874

CERTIFIED TRUE COPY:

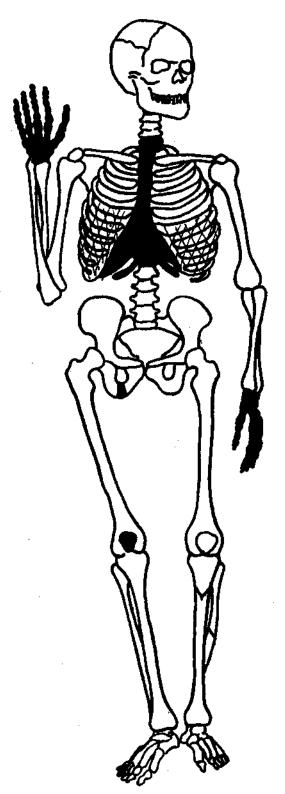
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GEORGE T. GAMBOA
2d/Jan. NAC

X-816

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



4861

	46	AAU REPORT O	IF INTERMENI		1	REPORT	
(Rev. 1 Apr. 1945) Supersedes GRS Form 1)	APR 5-19	(AR 30-1810	and AR 30-181		18 (Oct 47	
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ENTIFICATION TAGS FOUND	ON BODY	IF NO TAGS FOUND ON BOD	Y, DESCRIBE MEANS O	F IDENTIFICATION (f unidentified, fill (in section 2 on	7000700)
(I, S, or none)							
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	Section 3	NIDENTIFIE	D REMAIN						
LEFT LYTTLE 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								
sti ressudi	chart at joft, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every touth 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.								
EVILLALITY FINGER	HEIGHT	WEIGHT	COLOR O		COLOR O		BIRTHMARKS		
<u></u>	WEAPON AND	SERIAL NO.	<u> </u>	LAUNDRY	/ MARKS	film"	WHERE BODY	WAS BURIED	OR FOUND
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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supercodes GRS Form 1)		REPORT OF (AR 30-1810 as		DATE OF REPORT 20 Jan. 46					
Imprint Identification		Section 1.—IDENTIFICATION.	<u></u>						
DO NOT TY	PE	NAME (Last, first, middle initial)			SERI/	SERIAL NO.			
(A)		UNKNOWN -X-	UNKNOWN -x- 331 (Cem. Manila #2)						
0)		GRADE	ORGANIZATION		BRAN	BRANCH OF SERVICE			
		RACE	IF OTHER THE NAME OF C	OTHER THAN U.S. DEAD, GIVE IAME OF COUNTRY					
PLACE OF DEATH	 	CAUSE OF DEATH	1		DATE	OF DEATH			
EMERGENCY ADDRESSEE (N	nme, relationskip, as	nd address)			1				
IDENTIFICATION TAGS FOUN	ID ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS	OF IDENTIFICATION (I)	unidentified, fi	ll in section 3	on reverse)		
(1, 2, or none)									
None	·								
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or no)	,							
	(0)								
Yes	'	D DIGDOCITION OF CAMP	· · · · · · · · · · · · · · · · · · ·						
Jul 695	CRU ON BODY ARI	D DISPOSITION OF SAME	•						
			None	• •			<u> </u>		
Section 2.—BURIAL If of	her than in estat	lished cometery, furnish sketci	h and map coord	linates on reverse.					
NAME, NUMBER, COORDINAT					•				
		USAF Cemetery Mani	.la #2, j u	zon, Pl I.					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blambel, or m	ome of other) TYPE OF GRAVE MARKER		PLOT No.	ROW No.	GRAVE No.		
23 pec. 45	0930	Shelter Hal	f cross		2	12	1541		
WAS THIS A REBURIAL? (Yes or no)		OUS CEMETERY, AND LO							
Ye s	77/31/50 6				PLOT No.	ROW No.	GRAVE No.		
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	CTING BURIAL RITES	IF IDENTIFICAT CONTAINERS B	ion tags not used, Buried with Body	DESCRIBE IDE	NTIFICATION	DATA AND		
IDENTIFICATION TAG BURIE BODY (Yes or no)		TIFICATION TAG ATTACHED TO RKER (Yes or no)							

Yes

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

RANK SERIAL NO. ORGANIZATION GRAVE NO.

UNKNOWN -x- 330 (Cem. Manila #2)

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

UNKNOWN -x- 332 (Cem. Manila #2)

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF DRS OFFICER VERIFYING REPORT

E. M. MOORE, 1st 1t. CMC.

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.

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194	L <u>eft</u> Ring Finger	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	EIGHT WEIGHT COLOR OF EYES COLOR OF HAIR					AIR BIRTHMARKS, SCARS, OR TATTOOS					
<u>.</u>		WEAPON AND	SERIAL NO.	1	LAUNDRY	/ MARKS		WHERE BOD	Y WAS BURIE	OR FOUND		
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