

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Genk. Manila II 2 X-331

SUBJECT

Bill Manila Maus II 1 X-816 ✓

GNC FORM 1121  
1 Aug 45

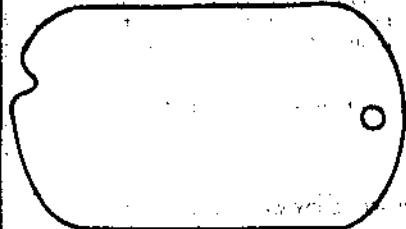
RESTRICTED

WJ OMC FORM 1042  
(Rev. 1 Apr. 1948)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
18 Feb 1952

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

|   |                         |  |
|---|-------------------------|--|
| NAME (Last, first, middle initial)<br>UNKNOWN X-331 Manila #2 |                         | SERIAL No.<br>Unknown                          |
| GRADE<br>Unknown  | ORGANIZATION<br>Unknown | BRANCH OF SERVICE<br>Unknown                   |
| RACE<br>Unknown   | RELIGION<br>Unknown     | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

|                           |                           |                          |
|---------------------------|---------------------------|--------------------------|
| PLACE OF DEATH<br>Unknown | CAUSE OF DEATH<br>Unknown | DATE OF DEATH<br>Unknown |
|---------------------------|---------------------------|--------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

|  |  |
|--|--|
| IDENTIFICATION TAGS FOUND ON BODY<br>(If 2, or more)<br>2 (Substitute) | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse) |
| WERE SUBSTITUTE TAGS PROCURED? (Yes or no)<br>No,                      |  |

|   |   |
|---|---|
| LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME<br>None | FILE RECORDS<br>DATE 10/16/52<br>NAME Capt<br>Regiment 1st Regt. Inf. |
|---|---|

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and grid coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

|                             |      |  |                               |               |               |                 |
|-----------------------------|------|--|-------------------------------|---------------|---------------|-----------------|
| DATE OF BURIAL<br>13 Feb 52 | HOUR | BURIED IN (Shroud, blanket, or name of casket)<br>Casket | TYPE OF GRAVE MARKER<br>Cross | PLOT No.<br>L | ROW No.<br>10 | GRAVE No.<br>38 |
|-----------------------------|------|--|-------------------------------|---------------|---------------|-----------------|

|   |   |               |              |                  |
|---|---|---------------|--------------|------------------|
| WAS THIS A REBURIAL? (Yes or no)<br>Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br>US MILITARY CEMETERY, FT WM MCKINLEY, P.I. | PLOT No.<br>N | ROW No.<br>6 | GRAVE No.<br>103 |
|---|---|---------------|--------------|------------------|

|                            |                                |   |
|----------------------------|--------------------------------|---|
| 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)<br>Yes | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)<br>Yes |
|--|--|

|   |      |            |              |           |
|---|------|------------|--------------|-----------|
| BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)  | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |

|   |   |
|---|---|
| SIGNATURE OF PERSON PREPARING REPORT<br>ROGER L. DION, Sgt., RA | SIGNATURE OF GRS OFFICER VERIFYING REPORT<br>CHARLES R. WHAYLEN, 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 Office. Copies for retention in theater as prescribed by theater commands.

RESTRICTED

Copy to ABMC

**Section 2 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. Impaint 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<br/>GOLD FILLING</p>   | <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| <b>CAVITIES</b>      | <p>CAVITY<br/>DECAYED</p>  |   |
| <b>MISSING TEETH</b> | <p>TOOTH MISSING</p>   |   |
| <b>CROWNED TEETH</b> | <p>PORCELAIN CROWN<br/>GOLD CROWN</p>  |   |
| <b>BRIDGE WORK</b>   | <p>GOLD BRIDGE</p>   |   |
| <b>REMARKS:</b>      | <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;"> </div> |   |

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

REMARKS:

1/21

1 ✓

Interred 9 ~~Feb 1950~~ 13 Feb 52  
6-103 Ft. McKinley

DISINTERMENT DIRECTIVE

*Breakdown*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00196

DATE  
15 06 48  
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH  
UNKNOWNX-000331 0

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH  
2 12 1541 PHILIPPINE ISLANDS 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
UNK X-331  
(Lias) UNK X-016 21 Sept. '48

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS UNKNOWN GEORGE L. MIX  
 MARKER Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Shelter Half Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /  
Mausoleum Tag shows UNK X-016.

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept. '48 BY GEORGE L. MIX

CASKET SEALED BY EMBALMER (Signature)  
GEORGE L. MIX *George L. Mix*  
GEORGE L. MIX

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE 21 Sept '48 HORACE L. ALLISON, Sgt. INF CORSIENE C. RAYANAN, 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.

*Corsiene C. Rayanan*  
CORSIENE C. RAYANAN, 1st Lt., INF  
SIGNATURE OF GRS INSPECTOR

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

14 APR 1948  
REPATRIATION  
FRANCIS  
MORRIS

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

|                                    |      |  |                           |
|------------------------------------|------|--|---------------------------|
| FROM<br><b>AGRS MAUSOLEUM</b>      |      | TO<br><b>FORT MCKINLEY MILITARY CEMETERY</b> |                           |
| KIND OF CONVEYANCE<br><b>TRUCK</b> |      | NAME OF CONVOYER                             |                           |
| SIGNATURE OF SHIPPER               | DATE | SIGNATURE OF RECEIVER<br><i>Carroll Mack</i> | DATE<br><b>MAR 9 1950</b> |

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

## 6. SHIPPED

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

## 7. SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

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,  
Row 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

  
H. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Received 23 March 1950 0308

Not identifiable from  
information presently  
available

Lewis - 2d Br.  
28 March 50

**IDENTIFICATION DATA**

|  |                       |                    |                        |  |             |
|--|-----------------------|--------------------|------------------------|--|-------------|
| 1. REMAINS OF UNKNOWN<br><b>UNKNOWN X-816 (Formerly X-331 Manila #2)</b> |                       |                    |                        | 2. DATE OF REPORT<br><b>4 March 1950</b> |             |
| 3. NAME OF CEMETERY<br><b>AGRS Mausoleum, Manila, P.I.</b>               | 4. PLOT<br><b>812</b> | 5. ROW<br><b>A</b> | 6. GRAVE<br><b>200</b> | 7. DATE OF                               |             |
|  |                       |                    |                        | DISINTERMENT                             | REINTERMENT |

**PHYSICAL DESCRIPTION**

|                                     |                                       |                                   |                          |
|-------------------------------------|---------------------------------------|-----------------------------------|--------------------------|
| 8. ESTIMATED WEIGHT<br><b>U T D</b> | 9. ESTIMATED HEIGHT<br><b>5' 10½"</b> | 10. COLOR OF HAIR<br><b>U T D</b> | 11. RACE<br><b>White</b> |
|-------------------------------------|---------------------------------------|-----------------------------------|--------------------------|

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?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT? |
|---|-----------------|

|  |                 |
|--|-----------------|
| 15. WAS BODY MANGLED?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT? |
|--|-----------------|

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"**

*Final 62*

| 18.  | TOOTH CHART | X-816 Maus |
|--|-------------|------------|
|  | 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  |
|           | P     | A<br>o | A<br>o  | P  | P  | X  | P  | P | P    | X  | P  | P  | P  | A<br>o |        |    |
| Side View |       |        |         |    |    |    |    |   |      |    |    |    |    |        |        |    |
| Top View  |       |        |         |    |    |    |    |   |      |    |    |    |    |        |        |    |
|           |       |        |         |    |    |    |    |   |      |    |    |    |    |        |        |    |
| Side View |       |        |         |    |    |    |    |   |      |    |    |    |    |        |        |    |
|           | P     | A<br>o | A<br>mo |    |    |    |    | P | P    | P  | P  |    |    | A<br>o | A<br>o |    |
|           | 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."

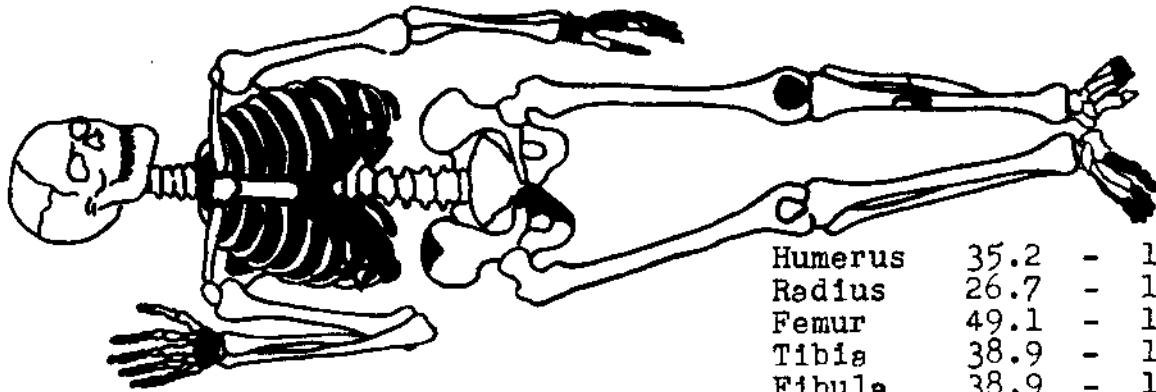
**"UNIDENTIFIABLE"**

PAUL R NICHOLS  
Chief, Identification Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA



19. BLACK OUT PARTS OF BODY NOT RECOVERED



|         |      |   |     |
|---------|------|---|-----|
| Humerus | 35.2 | - | 180 |
| Radius  | 26.7 | - | 183 |
| Femur   | 49.1 | - | 181 |
| Tibia   | 38.9 | - | 180 |
| Fibula  | 38.9 | - | 170 |

Estimated height 5' 10 $\frac{1}{2}$ "
$$\frac{57894}{178-4/5}$$

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 identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 20 $\frac{1}{2}$  inches.

Estimated weight of remains - 11 $\frac{1}{2}$  lbs.

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
**PAUL R NICHOLS**  
 Chief, Identification Sect.

SIGNATURE

X-816

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-816 (Formerly UNK X-331) 15 Oct 1947  
 USAF Com Manila #2, Luzon, P.I. DATE  
 LAST NAME: UNKNOWN RANK: UNKNOWN SERIAL NO. UNKNOWN  
 FIRST: UNKNOWN ORGANIZATION: UNKNOWN  
 UNIT: UNKNOWN AGRS Mausoleum, Manila, P.I.  
 PLACE OF DEATH: UNKNOWN PLACE OF BURIAL STORAGE: UNKNOWN PLOT NUMBER: 812 ROW: A GRAVE NO. CRYPT: 200

|                  |          | RIGHT |   |   |   |   |   |   |   | LEFT |   |   |   |   |   |   |   |                  |  |
|------------------|----------|-------|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|------------------|--|
|                  |          | 8     | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1    | 2 | 3 | 4 | 5 | 6 | 7 | 8 |                  |  |
| TYPE<br>LOCATION | TYPE     |       |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   | TYPE<br>LOCATION |  |
|                  | LOCATION |       |   |   |   |   |   |   |   |      |   |   |   |   |   |   |   |                  |  |

INSIDE — LOOKING OUT

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

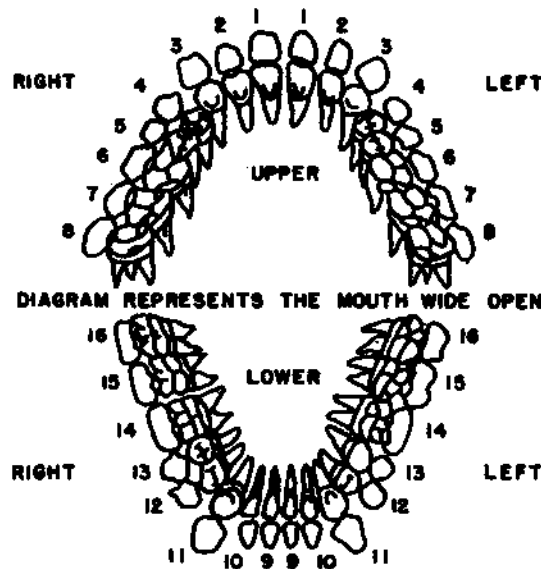
**INSTRUCTIONS:**

1. **ACCURACY AND ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY THAT:** SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

/s/ Edwin Gregurek  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Edward H. Marshall  
VERIFIED BY DRS OFFICER

/p/ EDWIN GREGUREK  
NAME AND RANK TYPED OR PRINTED

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

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

15 Oct 1947  
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-816 (Formerly  
 Unknown X-331 USAF Cem Manila #2, Luzon, PT)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 HANGER BAY CRYPT  
Row A Grave 200

AGRS Mausoleum, Manila, P.I.

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~~ disinterred by CMT #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<br>color, wear, tear, repairs, etc. |
|---------------------|-------------------|-------|---|
| * Headgear          | /                 |       |   |
|                     | (Type)            |       |   |
| Raincoat            | /                 |       |   |
| Overcoat            | /                 |       |   |
| Jacket, Field       | /                 |       |   |
| Jacket, Combat      | /                 |       |   |
| Mackinaw            | /                 |       |   |
| Sweater             | N                 |       |   |
| Jacket, HBT         | O                 |       |   |
| * Shirt, Wool OD    | N                 |       |   |
|                     | E                 |       |   |
| Undershirt, Wool    | /                 |       |   |
| Undershirt, Cotton  | /                 |       |   |
| 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 \_\_\_\_\_ / <sup>Est.</sup> Height 5' 9" <sup>Est.</sup> Weight 150 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 <sup>T</sup> \_\_\_\_\_ <sup>D</sup> \_\_\_\_\_  
 (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, widow's 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 1/2** ..... (Hat band)

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

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

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, hooked, overlap)

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

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

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)  
If not, explain Due to condition of remains.

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

9. Remarks 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 information has been recorded to the best of my knowledge.

/s/ Edward H. Marshall  
(Officer's Name)

SP-8 C-062874

Rank Service

AGRS Mausoleum, Manila, P.I.

(Organization)

15 Oct 47

CERTIFIED TRUE COPY:

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

X-816

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

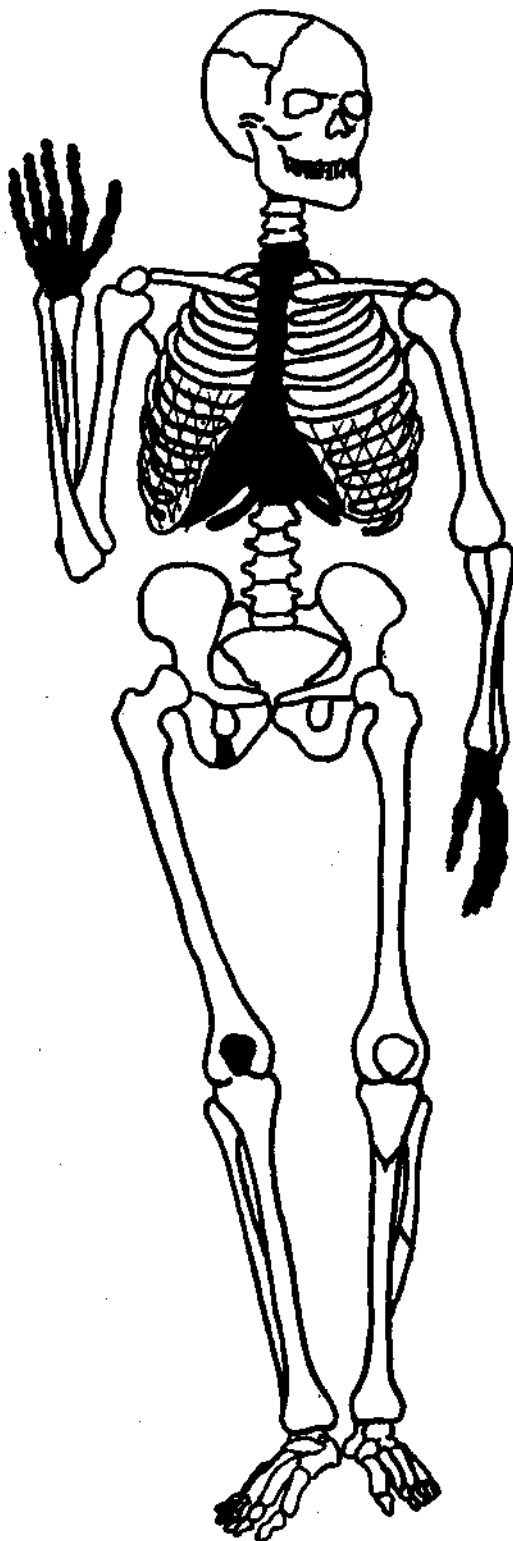


CHART "A"



/obf

RESTRICTED

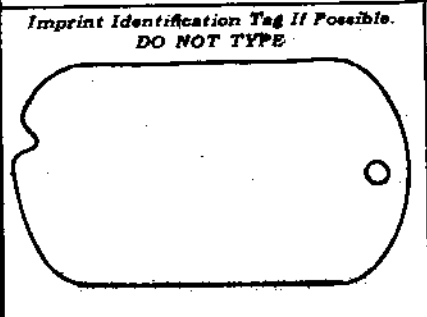
486

WD OMC FORM 1042  
(Rev. 1 Apr. 1948)  
(Supersedes GRS Form 1)

APR 5-1947

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

DATE OF REPORT  
18 Oct 47



**Section 1.—IDENTIFICATION.**

|   |                                |   |
|---|--------------------------------|---|
| NAME (Last, first, middle initial)<br><b>UNKNOWN X-816 (Formerly UNK X-331<br/>USAF Cem Manila #2, Luzon, P.I.)</b> |                                | SERIAL NO.<br><b>Unknown</b>                      |
| GRADE<br><b>Unknown</b>   | ORGANIZATION<br><b>Unknown</b> | BRANCH OF SERVICE<br><b>Unknown</b>               |
| RACE<br><b>Unknown</b>  | RELIGION<br><b>Unknown</b>     | IF OTHER THAN U. S. DEAD, GIVE<br>NAME OF COUNTRY |

|                                  |                                  |                                 |
|----------------------------------|----------------------------------|---------------------------------|
| PLACE OF DEATH<br><b>Unknown</b> | CAUSE OF DEATH<br><b>Unknown</b> | DATE OF DEATH<br><b>Unknown</b> |
|----------------------------------|----------------------------------|---------------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**None**

**Section 2.—BURIAL.** If other than established cemetery, furnish sketch and coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**AFRS MAUSOLEUM, MANILA, P.I.**

|                                    |                     |   |                                     |                        |                     |                                   |
|------------------------------------|---------------------|---|-------------------------------------|------------------------|---------------------|-----------------------------------|
| DATE OF BURIAL<br><b>15 Oct 47</b> | HOUR<br><b>1300</b> | BURIED IN (Coffin, blanket, casket, etc.)<br><b>STORED<br/>Casket</b> | TYPE OF GRAVE MARKER<br><b>None</b> | PLOT No.<br><b>812</b> | ROW No.<br><b>A</b> | GRAVE No.<br><b>CR-PT<br/>200</b> |
|------------------------------------|---------------------|---|-------------------------------------|------------------------|---------------------|-----------------------------------|

|  |  |                      |                      |                          |
|--|--|----------------------|----------------------|--------------------------|
| WAS THIS A REBURIAL?<br>(Yes or no) <b>Yes</b> | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br><b>USAF Cemetery Manila #2, Luzon, P.I.</b> | PLOT No.<br><b>2</b> | ROW No.<br><b>12</b> | GRAVE No.<br><b>1541</b> |
|--|--|----------------------|----------------------|--------------------------|

|   |  |   |
|---|--|---|
| TYPE OF RELIGIOUS CEREMONY  | PERSON CONDUCTING BURIAL RITES                               | IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY |
| IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>STORED<br/>Yes</b> | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b> |   |

|  |      |            |              |                                   |
|--|------|------------|--------------|-----------------------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)<br><b>STORED<br/>UNKNOWN X-824</b>  | RANK | SERIAL NO. | ORGANIZATION | GRAVE No.<br><b>CRYPT<br/>202</b> |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br><b>STORED<br/>UNKNOWN X-813</b> | RANK | SERIAL NO. | ORGANIZATION | GRAVE No.<br><b>CRYPT<br/>198</b> |

|  |  |
|--|--|
| SIGNATURE OF PERSON PREPARING REPORT<br><b>Wm. R GILBERT, Adm. Asst.</b> | SIGNATURE OF GRS OFFICER VERIFYING REPORT<br><b>LUCIO S PANOPIO, Jr., 2d Lt., Inf.</b> |
|--|--|

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.

RESTRICTED

200678

**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.

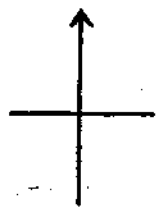
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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<br/>GOLD FILLING</p> | <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> |
| CAVITIES      | <p>CAVITY<br/>DECAYED</p>              |   |
| MISSING TEETH | <p>TOOTH MISSING</p>                   |   |
| CROWNED TEETH | <p>PORCELAIN CROWN<br/>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**

RESTRICTED

U-1486

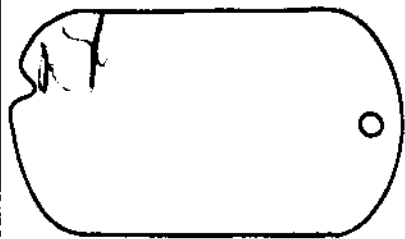
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 Jan. 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

UNKNOWN -X- 331 (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

None

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 | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 23 Dec. 45     | 0930 | Shelter Half                                  | Cross                | 2        | 12      | 1541      |

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, Luzon, P. I.

| PLOT No. | ROW No. | GRAVE No. |
|----------|---------|-----------|
| B        | 1       | 1         |

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- 330 (Cem. Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1540

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

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1542

SIGNATURE OF PERSON PREPARING REPORT

R. C. BARRETT, T/4 GRS.

SIGNATURE OF 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.

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**27 FEB 1948**

**Section 3.—UNIDENTIFIED REMAINS.**


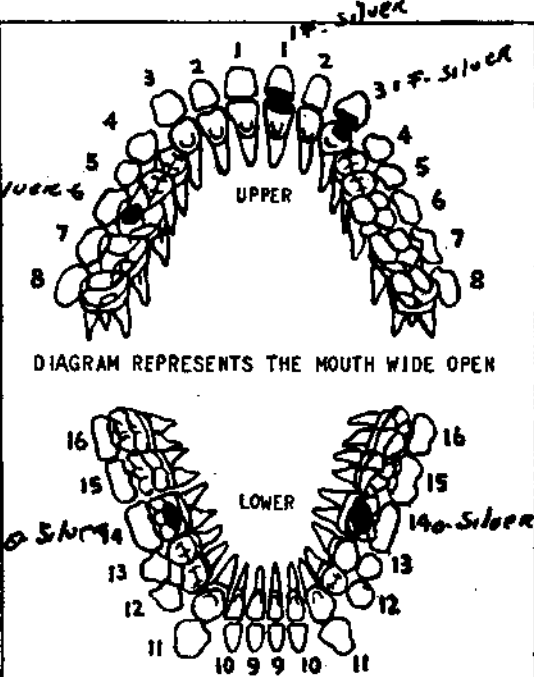




**INSTRUCTIONS:**

(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.

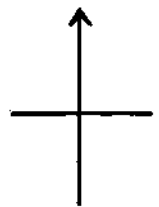
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

|                      |   |   |
|----------------------|---|---|
| <b>FILLINGS</b>      |  <p>SILVER FILLING<br/>GOLD FILLING</p>  |  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> |
| <b>CAVITIES</b>      |  <p>CAVITY<br/>DECAYED</p>              |   |
| <b>MISSING TEETH</b> |  <p>TOOTH MISSING</p>                  |   |
| <b>CROWNED TEETH</b> |  <p>PORCELAIN CROWN<br/>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:**

Disc. # 65