

293

Unknown X-334 USAF Cem Manila #2, P.I. associated with Pvt Frank D. Borchers,
6 938 053

Reference is made to attached anthropologist's report of examination of the remains designated X-334 Manila #2, P.I.

Inasmuch as the cranial and postcranial relationship of the remains is uncertain, and additional identifying data was not revealed thru examination for a more conclusive association of the remains with Pvt Borchers' Army records, it is recommended that the remains of Unknown X-334 Manila #2, P.I. revert to unidentifiable and the status of Pvt Borchers remain nonrecoverable.

Gladys Reynolds
Gladys Reynolds
19 Aug 52

Leeds
P. Borchers

Sturman 9 Sept 52
gpm

↓
File 16 Sept 52
GR
MAN

IDENTIFICATION CHECK LIST				DATE	
				8 July 1952	
UNKNOWN X- NO. OR OTHER DESIGNATION	CEMETERY	PLOT	ROW	GRAVE	
X-334	USAF Cem Manila #2, P.I.				
IDENTIFIED AS					
PVT Frank D. BORCHERS, 6 938 053					
ITEM	FAVORABLE	UNFAVORABLE	UNKNOWN		
DATE AND PLACE OF DEATH	X				
CAUSE OF DEATH	X				
DENTAL CHART	X				
COLOR HAIR					
ESTIMATED HEIGHT	X				
ESTIMATED WEIGHT	X				
SCARS, FRACTURES, ETC.					
LAUNDRY MARKS					
SHOE SIZE	X				
TYPE CLOTHING					
IDENTIFICATION TAG					
PERSONAL EFFECTS					
STATEMENT OF CIVILIANS					
ENEMY RECORDS					
EMERGENCY MEDICAL TAG					
PAY BOOK (EM/OFF.)					
SIGNED STATEMENT OF IDENTITY					
Chaplain Duffy's Roster of Fort Stotsenberg Interments	X				
Age	X				
Race	X				
REMARKS					
Records of the Adjutant General's Office indicate that Pvt Frank D. Borchers, 6 938 053, AC, died in action 8 Dec 1941 at Clark Field, Luzon, P. I.					
Investigation reveals that deceased killed in action at Clark Field, were interred in Ft. Stotsenberg Cemetery and Medical Dept Form 52, for Pvt Borchers states " <u>KIA, Clark Field, P.I. Buried Fort Stotsenberg Cemetery; Gunshot & Shrapnel wounds Dec 8 1941</u> "					
Although Pvt Borchers is not listed by name on Chaplain Duffy's roster of deceased interred in Ft Stotsenberg, Line 74--listing an unidentified Military decedent with red hair, interred 9 Dec 41, may possibly refer to Pvt Borchers. It is noted that preceding and following listings are those of air corps members.					
The Army dental records for Pvt Borchers were rechecked and evidence found that tooth R-4 shown as missing on dental records in Pvt Borchers' 293 file was in reality present and tooth R-5 was recorded as missing on Form 79 dated 3 Sept 1941.					
The remains recovered from Ft Stotsenberg Cemetery and interred as Unknown X-334 in USAF Manila #2, were associated with Pvt Borchers on the basis of favorable dental and physical information.					
Examination of the remains indicates that they are those of an individual of the white race, approximately 30-35, although the condition of the remains prevents more					
(over)					

X-334, USAF Cem Manila #2, P.I. (Cont'd)

8 July 1952

PVT Frank D. BORCHERS, 6 938 053

conclusive estimates, with an estimated height of 71 5/8" to 73 5/8". Army records indicate that Pvt Borchers was of the white race, 72 1/2" tall and 33 years and 1 month old at death. The dental charts accomplished for the remains compare favorably with the available dental records for Pvt Borchers, although, the charts indicate that the maxilla of the remains is fractured in several places.

It is recommended that the identification of the remains designated X-334, Manila #2 as those of PVT Frank BORCHERS, 6 938 053, Air Corps be approved.

Rejected - see previous notes and remarks

DENTAL COMPARISON CHART

UNKNOWN 334 Manila #2 X- B-3-2, Ft. Stotsenburg				NAME BORCHERS, Frank D. 6 938 053				
R-8	IO JAN 46 Disc. #164 TOOTH CHART IMPOSSIBLE		UTD	Max. Frat X	R-8	X	✓	
R-7		Ao			R-7			
R-6		X	Ao	oA	R-6			
R-5		Ado	X	X	R-5	X	✓	
R-4			Aod	odLA	R-4	X*		
R-3					R-3			
R-2		PX			R-2			
R-1		PX			R-1	0		
L-1					Frat	L-1		
L-2			X ? PX	X	MAXILLA FRACTURED	L-2		
L-3			X ? PX	X		L-3		
L-4		PX	X ? PX	X		L-4	X	✓
L-5			X ? PX	X		L-5	X	✓
L-6		PX		X		L-6	X	✓
L-7			X ? PX	(MAX. FRAT.		L-7		
L-8		PX	X ? PX	(X		L-8		
R-16	Malposed		Malpos. Ling	R-16				
R-15				R-15				
R-14	Amof	od/Amof	fA folmA card	R-14				
R-13	Ad	Aod	fodA	R-13				
R-12				R-12				
R-11	Rotated			R-11				
R-10				R-10				
R-9	PX	PX	PX	R-9				
L-9	PX	PX	Mand. frat PX	L-9				
L-10	PX	PX	PX	L-10				
L-11				L-11				
L-12				L-12				
L-13				L-13				
L-14			Max Frat X	L-14				
L-15	PX	X		L-15	X	✓		
L-16			Inclined Mesially	L-16				

79 Dated 3 Sept 1941

ESTIMATED HEIGHT 73 5/8" - 71 5/8"	HEIGHT 14 Dec 1939 6 1/2"
ESTIMATED WEIGHT Aug 49 - 175	WEIGHT 176 lbs
ESTIMATED AGE 20 - 25, 27 - 30, 30 - 35.	AGE 33 yrs
HAIR Race: White	HAIR Red Shoe Size: 9EE

REMARKS 15 Oct 1947 Shoe Size 10D	4 Aug 1949	30 Apr 1952	*See Induction Records dated 14 Dec 39 <u>R-4 is not shown as missing.</u>
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1. General condition: Skeletal, no tissue. Poor, except for skull and mandible. Left femur with compound fracture of the proximal half. Vertebral column incomplete, with 5 lumbar, about 9 thoracic and 4 cervical only. Occipital condyles on skull eroded and atlas cannot be fitted to them. Cranial postcranial association uncertain although there is no gross evidence that the remains are not those of one and the same individual.

2. Comingling: No evidence of this, but see above concerning cranial-post cranial relationships.

3. Age: Cranial: vault sutures open except for slight obelic fusion. 20 - 25 years.

pelvic: probably phase V, 27 - 30 years but might be phase VI, 30 - 35 years. Symphysis detail not clear.

4. Stature: Rollet, 73-5/8 inches, Krogman, 71-5/8 inches. Based on r. femur, l. tibia and humerus.

5. Dentition: See Form 569, 2 May 1952. No special comment.

6. Hair color: no evidence.

7. Race: white

8. Conclusions and recommendation. Form 371 data for Borchers (are age at death, 33 years, stature 72- $\frac{1}{2}$ inches, race white and dental info. Race and stature estimates are in agreement. Age estimates of the remains are internally inconsistent and widely variant. Age as determined by the condition of the pubic symphysis is more reliable than age determined by cranial suture closure but in view of the uncertain cranial-postcranial relationships I hesitate to stress the apparent agreement between the pelvic age estimate and Borchers age at death. Further the dental comparison reveals major discrepancies.

These remains cannot be identified on those of Borchers on the basis of the evidence considered here.

Theodore D. McCown
THEODORE D. MCCOWN
Professor of Anthropology

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-819 AGRS MASOLEUM Formerly X-334 MANILA No. 2				2. DATE OF REPORT 30 April 1952	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

4 - AGRS TAGS W/ REMAINS — See line 1.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

IDENTIFICATION DENTAL CHART

DATE

30 April 1952

NAME (Last, First, Middle Initial)

GRADE

SERVICE NUMBER

Unknown X-819 AGRS HASOLEUM, formerly X-334

MANILA No. 2

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

Associated with BORCHERS, FRANK D. Pvt.

6 938 053

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RIGHT																	LEFT

- | | | | |
|-------------------------|------------------|-----------------------------|-------------------|
| 1. O-AM. | 5. MO-AM. | 9. PORC. CR. | 13. GOLD CR. |
| 2. DOL-AM.; F-AM. | 6. ML-GOLD FILL. | 10. F-PORC. FILL.; L-AM. | 14. MISSING |
| 3. MOD. GOLD FILL. | 7. 3/4 GOLD CR. | 11. MF-PORC. FILL. | 15. MO-AM.; L-AM. |
| 4. F-GOLD FILL.; ML-AM. | 8. D-PORC. FILL. | 12. Px-POSTHUMOUSLY MISSING | 16. MODL-AM. |

MARKING ABBREVIATIONS:

- | | | | | | |
|-------------|--------------|-------------|--------------|------------------|----------------|
| F - Facial | O - Occlusal | D - Distal | Am - Amalgam | FILL - Filling | BACK - Backing |
| L - Lingual | M - Mesial | I - Incisal | CR - Crown | PORC - Porcelain | FAC - Facing |

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16			
CARIES																	CARIES		
RESTORATIONS	MAXILLA FRACTURED		O-AM		O-D-L-AM					MAXILLA FRACTURED							MAXILLA FRACTURED		RESTORATIONS

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
UPPER RIGHT																	UPPER LEFT

	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	
LOWER RIGHT																	LOWER LEFT

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
RESTORATIONS			F-GOLD FILL 30-31														RESTORATIONS
CARIES	MALPOSED LINGUALLY		D					MANDIBLE FRACTURED									CARIES

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

DENTURES (Plates): DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. (For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.) SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: (Describe in detail under remarks)

MOTTLED ENAMEL		UNERUPTED TEETH		RETAINED DECIDUOUS TEETH
ENAMEL HYPOPLASIA	✓	MALOCCLUSION		ABNORMAL INTERDENTAL SPACES
EROSION		SUPERNUMERARY TEETH		IRREGULARITY OF ALIGNMENT
ABRASION		FRACTURES OF ENAMEL		UNUSUAL RESTORATIONS
ROTATION		FRACTURES OF TEETH		UNUSUAL APPLIANCES

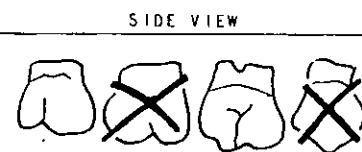
REMARKS (If no abnormalities are found make notation to that effect)

Teeth Nos. 17 & 32 ARE inclined mesially.

J. Earl Tucker

TOOTH CHART

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:



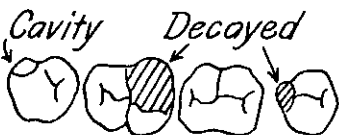
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

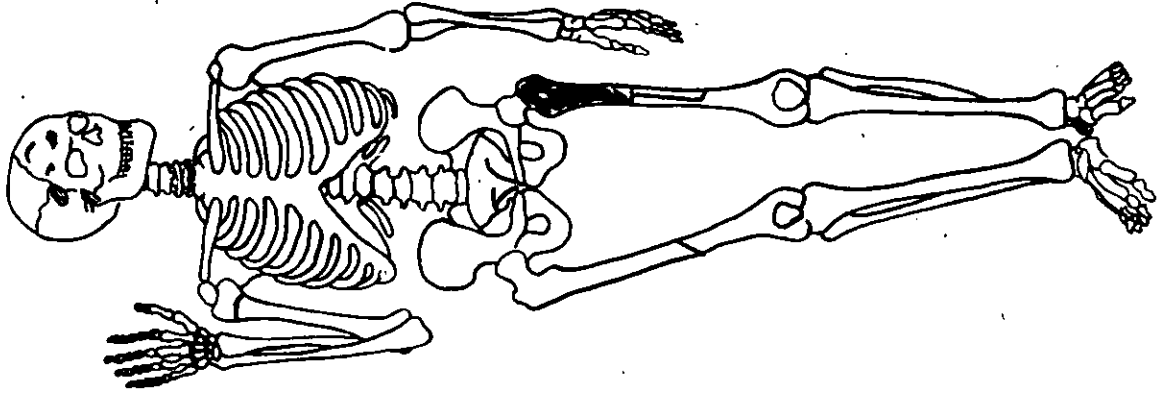


RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16		

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."

SEE DD Form 569

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

ENTIRE REMAINS ARE SKELETAL AND DISARTICULATED
VETEBRAL COLUMN IS INCOMPLETE. EROSION OF BONES
WELL ADVANCED; PARTICULARLY ARTICULATING SURFACES
AND CONDYLES. THESE REMAINS ARE SEVERELY
SHATTERED.

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

SIGNATURE

George J. Schwadner
JST

AIR MAIL

QUART 293
QRS Far East

26 September 1949

SUBJECT: Approval of Unidentifiability

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

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

Unknown X-620,	AGRS Mausoleum Manila,	formerly X-132,	USAF Cem.,	Manila #2
X-660,		X-173,		
X-819,		X-336,		
X-919,		X-446,		
X-1531,		X-3503,		
X-1626,		X-3662,		
X-1676,		X-3635,		
X-1681,		X-3621,		
X-1700,		X-3608,		
X-1761,		X-3332,		
X-1849,		X-3284,		
X-1950,		X-3285,		
X-1962,		X-3287,		
X-2039,		X-3222,		
X-2911,		X-2001,		
X-3034,		X-1815,		
X-4098,	USAF Cem., Manila #2,	formerly X-1003,	AGRS Mausoleum Manila	

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

3. Records of this Office indicate that recommendations of Unidentifiability of the remains of Unknown X-1003, AGRS Mausoleum, Manila, P.I., (formerly X-3935-B, USAF Cemetery Manila #2, P.I.) were previously approved on 28 April 1949.

FOR THE QUARTERMASTER GENERAL:

A. C. Kingdall
L. M. White
J. Windsor

T. H. Metz
T. H. METZ
Lt. Colonel, QMC
Memorial Division

AIR MAIL

X 293
Unit P. I.
X-5334
174-M...
...

AIR MAIL

OSMART 293
GRS Far East

16 September 1949

SUBJECT: Approval of Unidentifiability

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

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

Unknown X-620,	AGRS Mausoleum Manila,	formerly X-132,	USAF Cem.,	Manila #2
" X-660,	" "	" X-173,	" "	" "
" X-819,	" "	" X-334,	" "	" "
" X-919,	" "	" X-444,	" "	" "
" X-1531,	" "	" X-3503,	" "	" "
" X-1624,	" "	" X-3442,	" "	" "
" X-1674,	" "	" X-3435,	" "	" "
" X-1681,	" "	" X-3421,	" "	" "
" X-1700,	" "	" X-3408,	" "	" "
" X-1761,	" "	" X-3332,	" "	" "
" X-1949,	" "	" X-3284,	" "	" "
" X-1950,	" "	" X-3285,	" "	" "
" X-1962,	" "	" X-3287,	" "	" "
" X-2039,	" "	" X-3222,	" "	" "
" X-2911,	" "	" X-2001,	" "	" "
" X-3034,	" "	" X-1815,	" "	" "
" X-4098,	USAF Cem., Manila #2,	formerly X-1003,	AGRS Mausoleum Manila	

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

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FOR THE QUARTERMASTER GENERAL:

A. C. Kingdall
L. M. White
J. Windsor

T. H. Metz
T. H. METZ
Lt. Colonel, GMS
Memorial Division

AIR MAIL

X 293
Unit P. I.
X-5334
174-170-100-1000

GSGR 293.9

APO 707
23 AUG 1949

SUBJECTS: 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 OMEMU 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-207	AGRS Mslm	UNKNOWN X-1700	AGRS Mslm
" X-620	" "	" X-1761	" "
" X-660	" "	" X-1949	" "
" X-819	" " ✓	" X-1950	" "
" X-919	" "	" X-1962	" "
" X-1268	" "	" X-2039	" "
" X-1531	" "	" X-2197	" "
" X-1624	" "	" X-2911	" "
" X-1674	" "	" X-3034	" "
" X-1681	" "	" X-4098	Manila #2

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

FOR THE COMMANDING GENERAL:

C. H. LIEURANCE
2nd Lt., AGD
Asst. Adj GEN

20 Incls
OMC Forms 1044 w/certificates
of Unidentifiability

(Received Sept 7 1949)
(O.Q.M.G. M&R BR)

1 /fms

Interred 18 August 1949

N # 170 Ft. McKinley

to 100 per BIR and Carl R. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

24 FEB 53 emb.

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00186

DATE
15 06 48
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
UNKNOWN		X-000334			0		
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY MANILA NO 2						7701 (80) CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH	
2	12	1529	PHILIPPINE ISLANDS			6	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-334 UNK X-819 (Mausoleum)				21 Sept. '48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		GEORGE L. MIX Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
Plot #2	
MINOR DISCREPANCIES 1	
Mausoleum Tags show UNKNOWN X-819	

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
21 Sept. '48	GEORGE L. MIX	<i>George L. Mix</i> GEORGE L. MIX
CASKET SEALED BY	SHIPPING ADDRESS VERIFIED BY	
GEORGE L. MIX	CORSIANE C. KAYANAN, 1st Lt., INF	
CASKET BOXED AND MARKED	DATE	
	21 Sept '48 BY HORACE L. ALLISON, Sgt. INF	

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Corsiane C. Kayanan
CORSIANE C. KAYANAN, 1st Lt., INF

SIGNATURE OF GRS INSPECTOR

FILE
RECORDS ANNOTATED
DATE 16 Sept 49
NAME Bill
B & B R.

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

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>Leone R. Mark</i>	DATE 18 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

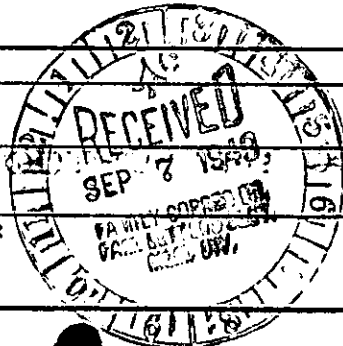
5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LOFT MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

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



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

28 July 1949

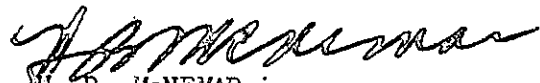
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 334, Plot 2,
Row 12, Grave 1529, 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
Captain, CMC
Chief, Records Branch

Atch: Form 1044

Received 7 Sept 1949 OCMG
Not identifiable from
information presently
available 16 Sept 1949
A. C. King ID Bi.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-819 (Formerly UNK X-334, Manila #2)	2. DATE OF REPORT 4 Aug 1949
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3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.)	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	203	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 175 lbs	9. ESTIMATED HEIGHT 6'	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
--------------------------------	---------------------------	--------------------------	---------------------

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

U T D

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

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"

Incl 42

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>			
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>			
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>			
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>			
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>			

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
U.T.D.		A	X	A					← U.T.D. →					→	
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
16								16							
15								15							
14								14							
13								13							
12								12							
11								11							
10								10							
9								9							
9								9							
10								10							
11								11							
12								12							
13								13							
14								14							
15								15							
16								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."

Unable to determine whether teeth, R8, L2 - L5 and from L7 - L8 are X or PX due to the condition of the maxilla.

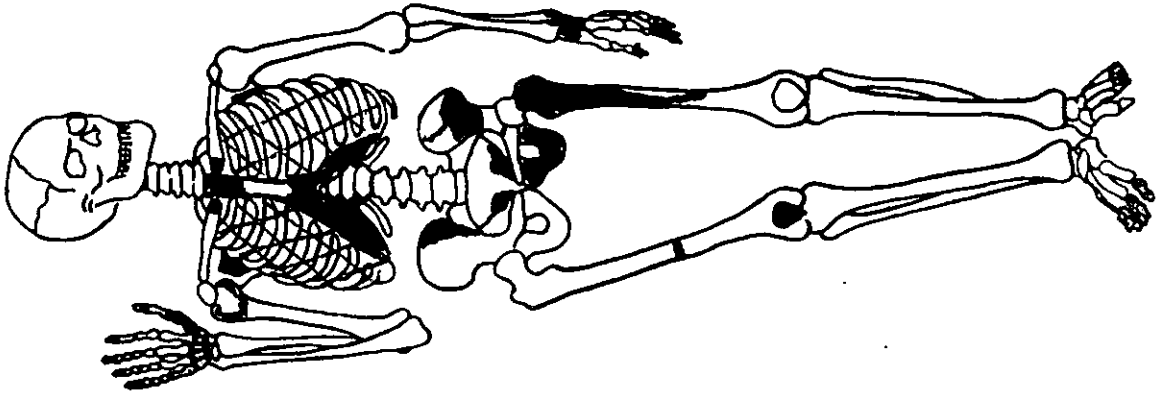
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

J J McDermott
 J J McDERMOTT
 Lab. Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED

●	4 Cervical vertebrae	
	10 Dorsal	"
	5 Lumbar	"



Estimated height: 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 ROI, identification tags or personal effects found with remains.
 Estimated weight of remains - 10 lbs.
 Circumference of skull - 21 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

SIGNATURE

J J McDERMOTT, Lab. Officer, CIP

X-819

IDENTIFICATION DENTAL CHART

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

15 Oct 47

DATE

(Formerly UNK X-334 USAF)
UNKNOWN X-819 (Cem Manila #2, Luzon, P.I.) Unknown

Unknown
SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

Unknown

AGRS Mausoleum
Manila, P.I.

812

A

203

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

PLOT

ROW

GRAVE NO.

HANGER

BOX

CRYP

		RIGHT								UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	TYPE LOCATION									
TYPE			A	X	A																						
LOCATION			o		do																						

Malposed Lingually

Rotated

		RIGHT								LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	TYPE LOCATION									
TYPE				A	A																						
LOCATION				mo of	d																						

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

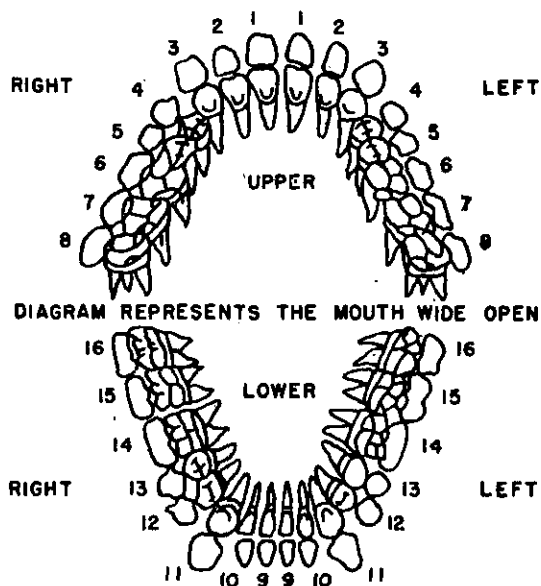
INSTRUCTIONS:

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

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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 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

/s/ Felix Glass Capt., DC
VERIFIED BY GRS OFFICER

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

/p/ FELIX GLASS Capt., DC
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mausoleum
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

15 Oct 47
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)

(Formerly UNK X-334 USAI
 Unknown X 819 (Cem Manila #2, Luzon, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 ^{HANGER} Row A ^{BAY} ^{CRYPT} Grave 203

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 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	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	N		
Jacket, Combat	O		
Mackinaw	E		
Sweater	/		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web / /

Drawers, wool N

Drawers, cotton O

Leggings, wool N E

Socks, cotton / /

* Shoes (1) Left Service Shoe (type) size 10-D

Overshoes / /

Web Equipment (type) / /

(Other item) / /

(Other item) N

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia N E
(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 UTD Est Height 6 ft. Est. Weight 175 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 U

Complexion T D
(Light, medium, dark, clear, pimples, poeks, 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 (Color, setting, shape) Mustache (Color, size, shape) Beard or (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) Circumference of head in inches **21"** (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 ROI, identification tags, or other means of
identification. Estimated weight of remains 10 lbs. Found
three (3) keys, enclosed herewith.

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, AGRS Mausoleum
(Organization)

15 Oct 47

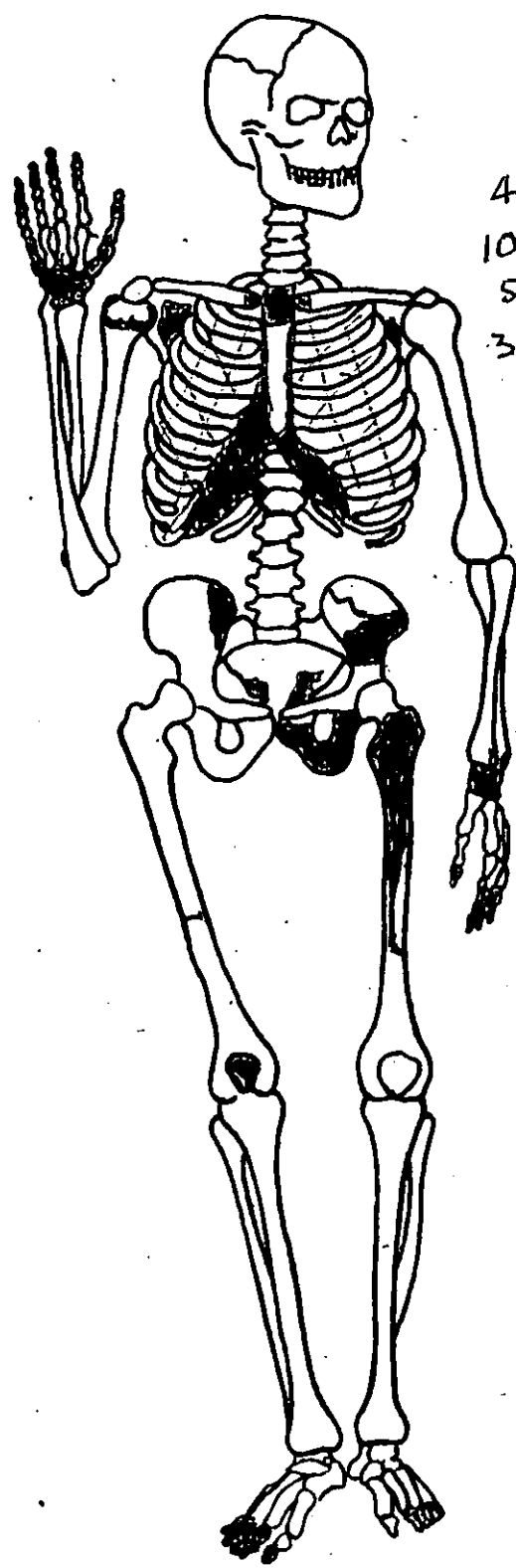
CERTIFIED TRUE COPY

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

X-819

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



4 Cervical vertebrae
10 Dorsal vertebrae
5 Lumbar vertebrae
34 Rib fragments

RESTRICTED

RE

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

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

Date of Report

FEB 24 1953

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial) UNKNOWN X-334 (Manila Mausoleum X-819) USAF Cemetery 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, P. I.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
24 Feb 53	1400	Final Type Casket	Reg Cross	N	6	100

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. 1529
--	---	----------------------	----------------------	--------------------------

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body None
Identification Tag Buried With Body (Yes or No) Yes	Identification Tag Attached to Marker (Yes or No) Yes	

RECORDS AUTOMATICALLY DATE 6 Apr 53 NAME B. Newcome Regia.



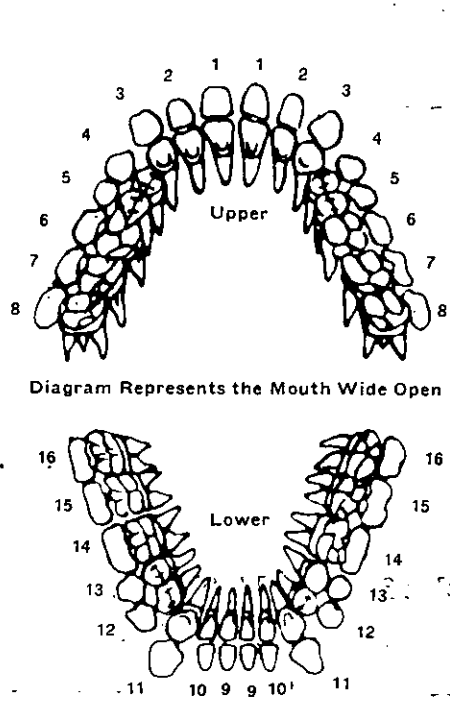

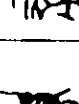


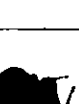

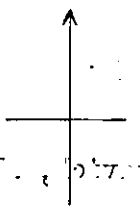
Body Buried on Deceased Left, Name (Last, First, Middle Initial) Lukosavich, Clem F.	Rank 1st Lt	Serial Number 01305613	Organization	Grave No. N 6 99
Body Buried on Deceased Right, Name (Last, First, Middle Initial) Vacant	Rank	Serial Number	Organization	Grave No.

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 Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

Wol's S'

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	Birthmarks, Scars or Tattoos
Left Middle Finger	Weapon and Serial Number		Laundry Mark		Where Body Was Buried or Found
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				
Right Little Finger	Remarks FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align:right; margin-right: 50px;">  </div>				
	AUTHORITY FOR REINTERMENT FT MCKINLEY CEMETERY - QMG ltr, QMGMR :314.6, 30 Sep 52, Subj: Reinterment of Unknowns				

/aaa

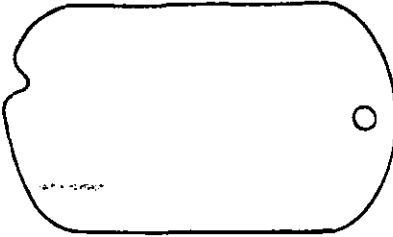
APR 3 - 1948

RESTRICTED

1020

U 1020

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	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-819 (Formerly UNK X-334 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

GRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 15 Oct 47	1300	STORED Casket	None	812	A	203

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Manila #2, Luzon, P.I.	2	12	1529

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	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
FLEMING, James H	S/Sgt	32592431	530 B Sq 380 B Gp	205

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
UNKNOWN X-806-A				201

SIGNATURE OF PERSON PREPARING REPORT <i>Wm R Gilbert</i> Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio</i> LUCIO S PANOPIO 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

Incess

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>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:

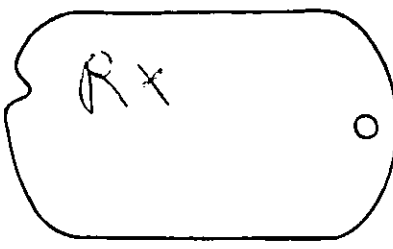
Identification Check List and Dental Chart accomplished.

24 NOV 1957

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.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X - 334		
	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)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Serial 1478

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila No. 2, Luzon, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
23 Dec. 1945	0930	shelter Half	Cross	2	12	1529

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	USAF cemetery Ft. Stotsenburg, Pampanga, Luzon, P. I.
	PLOT No. B, ROW No. 3, 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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 333				1528
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 335				1530

SIGNATURE OF PERSON PREPARING REPORT: *R. C. Barrett*
R. C. BARRETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT: *E. M. Moore*
E. M. MOORE, T/4, GRS.

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.

Serial 25

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.


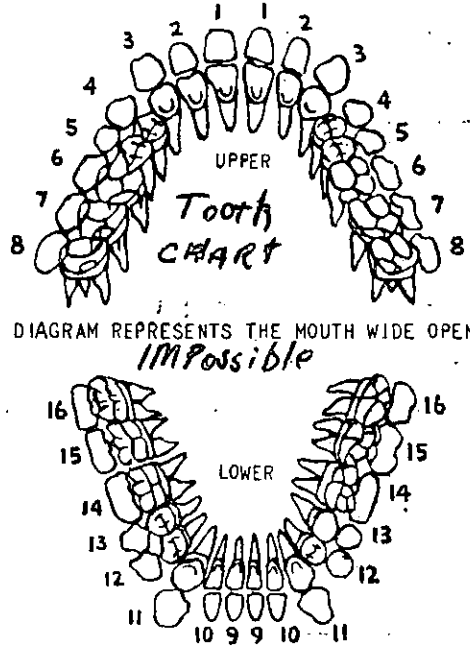




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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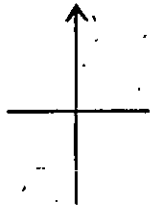
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

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



REMARKS:

Disc No. 164