

FOR THE RECORD

Date 17 Aug 50

X-336 Mansel #2 Plot 2, Row 12, Grave 1542
(Name) (Rank) (Serial Number)

Date remains interred permanently 2 Feb 50 per 333 card
(Information rec'd from RFE 16 or Plot Map)

DD cut by Adm Decision Philcom

Number Copy of Disinterment Directive to be used in lieu of Missing
#1 D. D.

Permanently interred Ft Mc Kinley Plot D, Row 16, Grave 2

This form is to be used when 1194 (D/D #1) and pertinent papers have been lost or misplaced.

NOTE: If the above papers are found or received this form is to be removed from 293 File and destroyed.

Kirkland
for
L. W. ALLEN
Lt. Colonel, GIC
Memorial Division

Marl

1 /ebc Interred 2 Feb. 1950
 #811 *Carl R. Mark*
 D. 16 2 Ft. McKinley **DISINTERMENT DIRECTIVE**
 CARL R. H. MARK

Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 00198	DATE 15 06 48 DAY MONTH YEAR
NAME	SERIAL NUMBER UNKNOWNX-000336	RANK	ARM Q
CEMETERY USAF CEMETERY (MANILA NO 2)	DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR
LOT 2	ROW 12	GRAVE 1543	COUNTRY PHILIPPINE ISLANDS
CAUSE OF DEATH 6			

SECTION B -- CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C -- DISINTERMENT AND IDENTIFICATION

NAME UNK X-336 (haus) UNK X-821	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 21 Sept. '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY C. MAXLEE FANN Embalmer NAME AND TITLE	

SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

Two (2) Remains Tags - UNK X-821, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET

DATE **21 Sept. '48** BY **C. MAXLEE FANN**

CASKET SEALED BY **C. MAXLEE FANN** EMBALMER (Signature) *C. Maxlee Fann*
C. MAXLEE FANN

CASKET BOXED AND MARKED DATE **21 Sept '48** BY **HORACE L. ALLISON, Sgt. INF** SHIPPING ADDRESS VERIFIED BY **CHARLES R. BATES, 1st Lt., USAFR**

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

Charles R. Bates
CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

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 <i>[Signature]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE <i>[Date]</i>	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE FEB. 2 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

OMGT 298
GRS Far East

13 February 1950

SUBJECT: Identification of WorldWar II Deceased

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

Unknown	X-1374,	AGRS Maus Manila,	formerly	X-18,	USAF Cem Manila	#1
"	X-606,	"	"	"	X-117,	"
"	X-656,	"	"	"	X-169,	"
"	X-663,	"	"	"	X-176,	"
"	X-666,	"	"	"	X-179,	"
"	X-668,	"	"	"	X-181,	"
"	X-689,	"	"	"	X-203,	"
"	X-821,	"	"	"	X-336,	"
"	X-824,	"	"	"	X-339,	"
"	X-826,	"	"	"	X-341,	"
"	X-827,	"	"	"	X-342,	"
"	X-820,	"	"	"	X-445,	"
"	X-928,	"	"	"	X-454,	"
"	X-937,	"	"	"	X-452,	"
"	X-942,	"	"	"	X-4019,	"
"	X-951,	"	"	"	X-4018,	"
"	X-1530,	"	"	"	X-3502,	"
"	X-1623,	"	"	"	X-3441,	"
"	X-1705,	"	"	"	X-3413,	"
"	X-1678,	"	"	"	X-3417,	"
"	X-1743,	"	"	"	X-3381,	"
"	X-1920,	"	"	"	X-3318,	"
"	X-1931,	"	"	"	X-3319,	"
"	X-1759,	"	"	"	X-3330,	"
"	X-1760,	"	"	"	X-3331,	"

QMGT 293

13 February 1950

GRS Far East

SUBJECT: Identification of World War II Deceased

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

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QIG
Memorial Division

N. McLaurin: dal
L. M. White
J. Windsor

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILIPPINE ZONE

OPZY 293

AFPO 900

SUBJECT: Unidentifiable Remains

JAN 27 1950

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 OPZY 293, GRG (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Decedent, 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-170	AGRS	Manila	UNKNOWN	X-990	AGRS	Manila
"	X-211	"	"	"	X-927	"	"
"	X-234	"	"	"	X-928	"	"
"	X-238	"	"	"	X-942	"	"
"	X-259	"	"	"	X-961	"	"
"	X-296	"	"	"	X-1274	"	"
"	X-306	"	"	"	X-1478	"	"
"	X-326	"	"	"	X-1530	"	"
"	X-333	"	"	"	X-1533	"	"
"	X-355	"	"	"	X-1578	"	"
"	X-358	"	"	"	X-1705	"	"
"	X-359	"	"	"	X-1743	"	"
"	X-381	"	"	"	X-1789	"	"
"	X-384	"	"	"	X-1790	"	"
"	X-395	"	"	"	X-1820	"	"
"	X-327	"	"	"	X-1931	"	"

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

FOR THE COMMANDING OFFICER:

33 Incls
GIC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Snygula
JOHN SNYGULA
1st Lt., Infantry
Adjutant

HEADQUARTERS
PHILOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

27 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 336, Plot 2,
Row 12, Grave 1543, USMC USAF Cem Manila #2, have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:



H. B. MCENEMAR
Captain, OMC
Chief, Records Branch

Atch: Form 1044

Received 7 Feb 50 **OMC**
Not identifiable from
information presently
available

W. E. Laurin
Ident. Sec
13 Feb 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-821 (Formerly UNK X-336 Manila #2)				2. DATE OF REPORT 10 Jan 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	B	373	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'11 $\frac{1}{4}$ "	10. COLOR OF HAIR U T D	11. RACE U T D
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

14. WAS BODY BURNED? <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

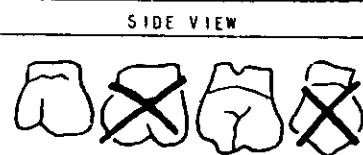
N O N E

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)

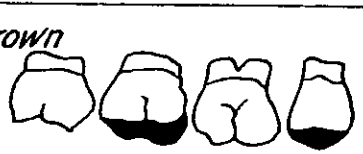
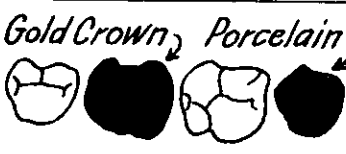
N O N E

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

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" OUT AND LABELED THUS:



CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



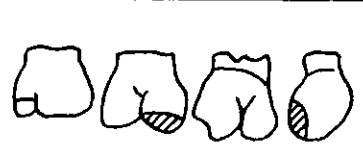
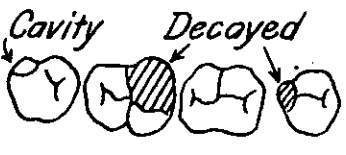
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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		
<i>o</i>	<i>a</i>	<i>a</i>	<i>a</i>	<i>a</i>			<i>s</i>	<i>s</i>	<i>s</i>		<i>a</i>		<i>a</i>	<i>a</i>	<i>o</i>		
<i>o</i>	<i>of</i>	<i>o</i>	<i>o</i>	<i>o</i>			<i>f</i>	<i>f</i>	<i>of</i>		<i>o</i>		<i>od</i>	<i>mod</i>	<i>o</i>		
Side Views																	Side Views
																	UPPER
Top Views																	LOWER
Side Views																	
<i>o</i>	<i>a</i>	<i>a</i>	<i>a</i>				<i>o</i>	<i>o</i>	<i>o</i>	<i>o</i>		<i>a</i>	<i>a</i>	<i>x</i>	<i>a</i>		
<i>o</i>	<i>odf</i>	<i>mpf</i>	<i>odfl</i>				<i>o</i>	<i>o</i>	<i>o</i>	<i>o</i>		<i>odf</i>	<i>mpd</i>	<i>x</i>	<i>a</i>		
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."

Paul R. Nichols
PAUL R NICHOLS
Chief, Ident. Section

"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Estimated height: 5'11 $\frac{1}{4}$ "

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASETS 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 - 21 inches.

Estimated weight of remains: 7 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 Section

SIGNATURE

Paul R. Nichols

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.

UNKNOWN X-821 (Formerly UNK X-336,
USAF Cem Manila #2, Luzon, P.I.)

DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown UNIT

Unknown ORGANIZATION

Unknown PLACE OF DEATH

AGRS Mausoleum,
Nichols Field Manila, PI 812

B PLOT ROW GRAVE NO.

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STONER
















TANGER 344 CAMP

		RIGHT								UPPER TEETH				LEFT						
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8			
TYPE		O	A	A	A	A	S	S	S	S	S	S	A	S		A	A	O	TYPE	
LOCATION		f	fol	o	o	o	f	df	f	df	mtf	mt	o	f		ld	fol	o	LOCATION	

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		O	A	A	A						⊕			A	A	⊗	A	TYPE	
LOCATION		o	mtf	modf	folld									modf	modf		bo	LOCATION	

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. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN - TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

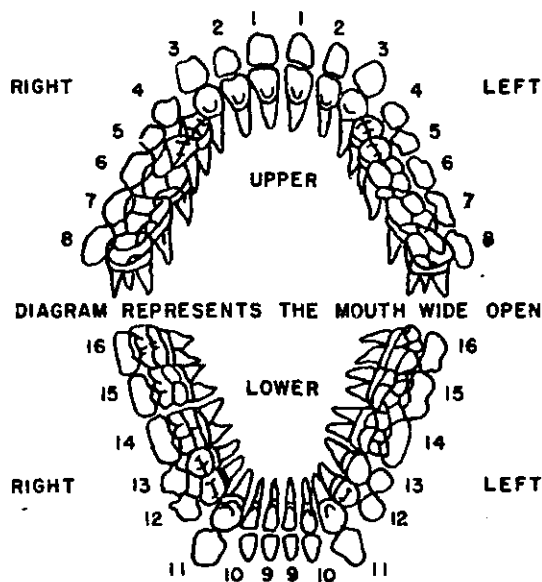
INSTRUCTIONS:

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/ Joseph D. Murphy
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

/p/ FELIX GLASS CAPT DC 01717213
NAME AND RANK TYPED OR PRINTED

CIP AGRS MAUSOLEUM, MANILA, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

15 Oct 1947
DATE

CERTIFIED TRUE COPY:

G. T. Gamboa
G T GAMBOA
2d Lt MSC

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-336,
 Unknown X- 821 (USAF Cem Manila #2, Luzon, P
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 Row B Grave 373

AGRS CIP Mausoleum, Manila, P.I.

1. Arrived at cemetery 15 October 47
(Hour) (Date)

2. Place of death _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by C M T #1, Cem #2, Manila
(Name and organization)

4. Evacuated to Cemetery by CIP Lab " " "
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	(Type) /		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type) N
 Overshoes N
 Web Equipment (type) E
 (Other item)
 (Other item)
 * If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeletal only - Skeletal chart attached.

Age Height Weight 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
 (Light, medium, dark, clear, pimples, pocks, freckles) D
 Build (Large, fat, thin, muscular)
 Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)
 Hair (Baldness, widows peak, distinctive cutting or other characteristics)
 Sideburns Mustache Beard or (Length, heavy)
 (Color, setting, shape) (Color, size, shape)

Goatee (Light, color, extent) //

Eyes (Color, setting, shape) U // Eyebrows (Color, bushiness, extent across nose) T //

Nose (Size, shape, straight) D // Ears (Size, set close to or far from head)

Mouth (Large, medium, small) // Lips (Small, large, full)

Teeth Dental chart attached. (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) // Circumference of skull head in inches 19" (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) U //

..... (Unusual characteristics of fingernails) T //

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 R.O.I. bottle, clothing personal effects nor I. D. tags
recovered. Approximate weight of remains: 10 lbs., unable to determine height
and weight of body, due to fragmentation of long bones.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ C. Maxlee Fan, C-062781
(Officer's Name)

SP-6 AGRS
Rank Service

C.I.P. Nichols Field Mausoleum, Manila, PI
(Organization)

CERTIFIED TRUE COPY:

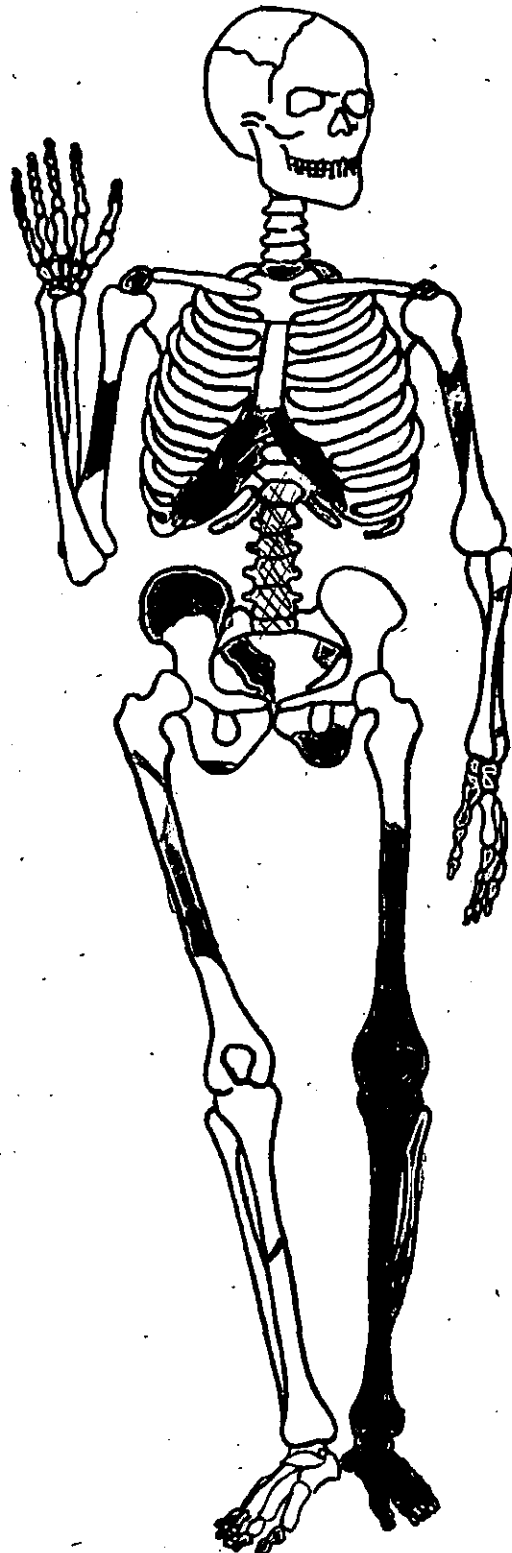
G. T. Gamboa
G T GAMBOA
2d Lt MSC

/aam

SKELETAL CHART

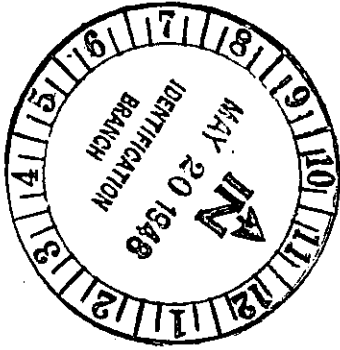
821

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



22 Ribs
6 Cervicle)
11 Thoracic) Vertebrae
5 Lumbar)

Numerous bones
fragments too small to
reclassify



MAY 20 1948

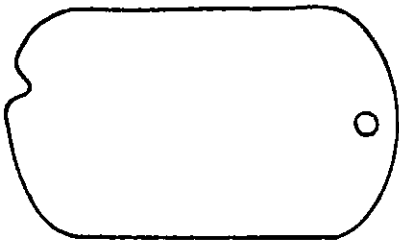
RESTRICTED

U 1491


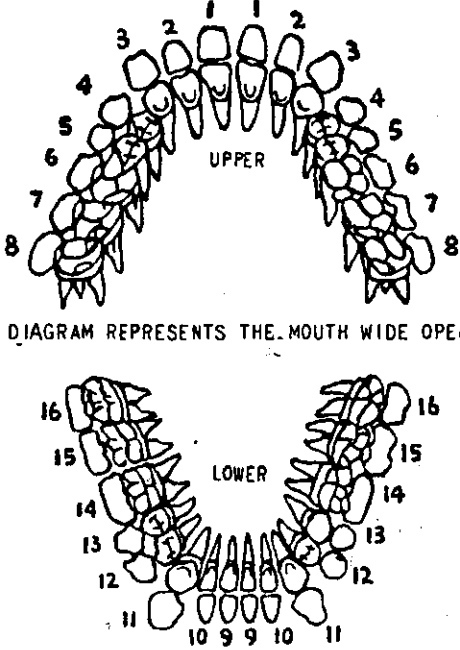





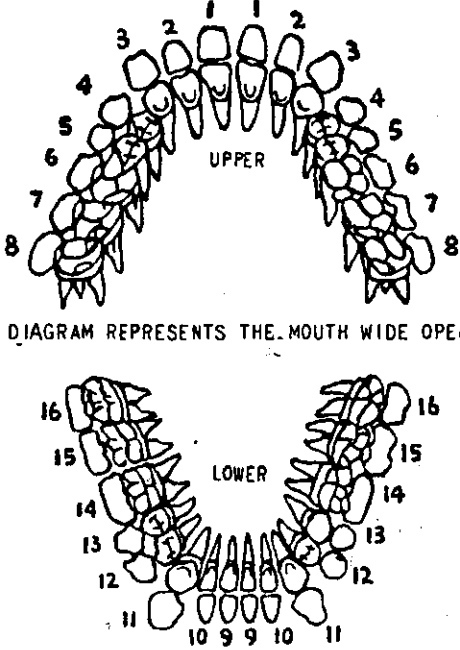





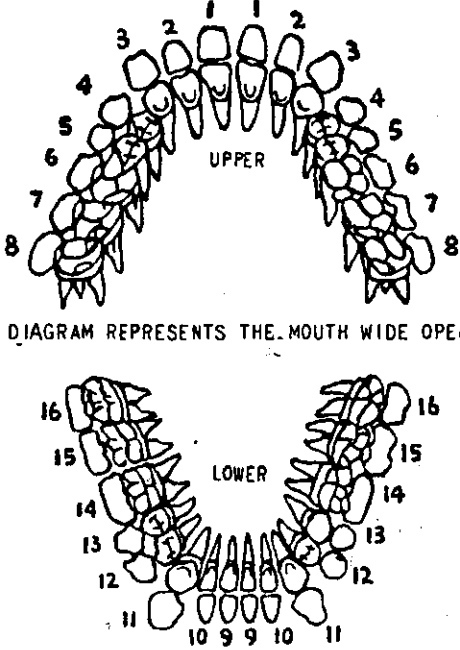




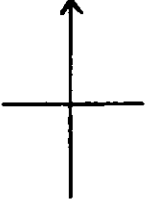
WDQMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT **STORAGE**
(AR 30-1810 and AR 30-1819)

DATE OF REPORT

7 Feb 48

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial)		SERIAL No.		
		UNKN. OWN X-821 (Formerly UNK X-336 USAF Cem Manila #2)				
		GRADE	ORGANIZATION	BRANCH OF SERVICE		
		Unknown	Unknown			
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
Unknown	Unknown					
PLACE OF DEATH	CAUSE OF DEATH		DATE OF DEATH			
Unknown	Unknown		Unknown			
EMERGENCY ADDRESSEE (Name, relationship, and address)						
Unknown						
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						
None						
Section 2.—BURIAL. <i>Other than in established cemetery, furnish sketch and map coordinates on reverse.</i>						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
GRS MAUSOLEUM, MANILA, P.						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
16 Oct 47	1300	Casket	None	812	B	373
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	USAF Cem Manila #2, Luzon, P.I.			PLOT No.	ROW No.	GRAVE No.
				2	12	1543
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-844				375		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
UNKNOWN X-839				371		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
V. C. AQUINO, T/5 QMC			L. S. PANOPIO, 2nd 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

LEFT LITTLE FINGER	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.															
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES													
			COLOR OF HAIR													
			BIRTHMARKS, SCARS, OR TATTOOS													
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS													
			WHERE BODY WAS BURIED OR FOUND													
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES															
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%; text-align:center;">  SILVER FILLING GOLD FILLING </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align:middle;">  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN </td> </tr> <tr> <td>CAVITIES</td> <td style="text-align:center;">  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td style="text-align:center;">  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td style="text-align:center;">  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td style="text-align:center;">  GOLD BRIDGE </td> </tr> <tr> <td></td> <td></td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE		
FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN														
CAVITIES	 CAVITY DECAYED															
MISSING TEETH	 TOOTH MISSING															
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN															
BRIDGE WORK	 GOLD BRIDGE															
RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY															
RIGHT INDEX FINGER																
RIGHT MIDDLE FINGER	REMARKS:															
	Identification Check List and Identification Dental Chart accomplished.															
RIGHT LITTLE FINGER	7 APR 1948															

RESTRICTED

U-1491

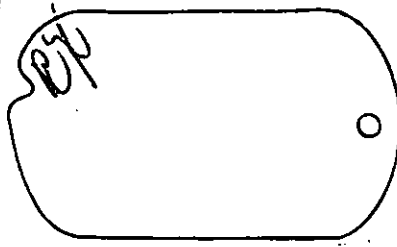
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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- 336 (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

Jewel 743

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	1543

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	7	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- 332 (Cem. Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1542

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

UNKNOWN -X- 337 (Cem. Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1544

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, 1st Lt. OMC.

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

Jewel 601

27 FEB 1948

Section 3: UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

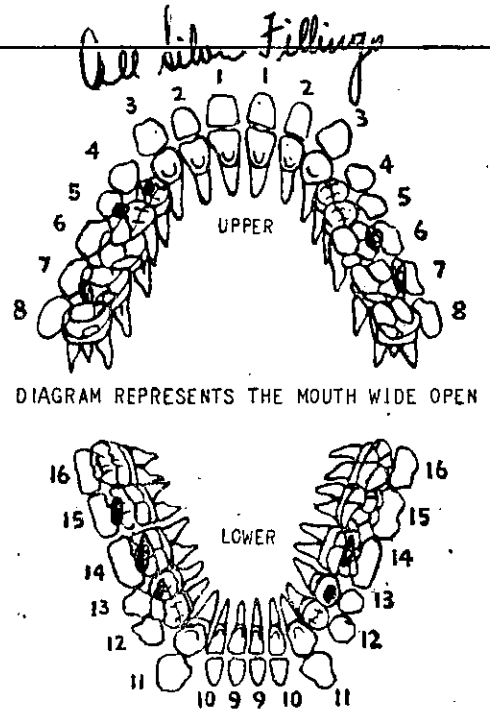
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

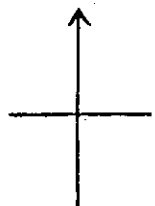
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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



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



REMARKS:

Disc. # 85