

OPMENT 293
 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-1274,	AGRS Maus Manila,	formerly	X-18,	USAF Cem Manila	#1
"	X-606,	"	"	"	X-117,	"
"	X-666,	"	"	"	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-837,	"	"	"	X-343,	"
"	X-920,	"	"	"	X-445,	"
"	X-928,	"	"	"	X-454,	"
"	X-927,	"	"	"	X-452,	"
"	X-942,	"	"	"	X-4019,	"
"	X-961,	"	"	"	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-3316,	"
"	X-1931,	"	"	"	X-3316,	"
"	X-1759,	"	"	"	X-3330,	"
"	X-1760,	"	"	"	X-3331,	"

QMCNT 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, QMC
Memorial Division

N. McLaurin:da1
L. M. White
J. Windsor

HEADQUARTERS
 AMERICAN GRAVES REGISTRATION SERVICE
 PHILIPPINES

FORM 893

AGO 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 QGHW 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Manila, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-178	AGRS	Manila	UNKNOWN	X-820	AGRS	Manila
"	X-211	"	"	"	X-827	"	"
"	X-234	"	"	"	X-828	"	"
"	X-239	"	"	"	X-842	"	"
"	X-259	"	"	"	X-861	"	"
"	X-256	"	"	"	X-1274	"	"
"	X-306	"	"	"	X-1473	"	"
"	X-336	"	"	"	X-1520	"	"
"	X-333	"	"	"	X-1523	"	"
"	X-335	"	"	"	X-1578	"	"
"	X-338	"	"	"	X-1705	"	"
"	X-339	"	"	"	X-1743	"	"
"	X-331	"	"	"	X-1759	"	"
"	X-334	"	"	"	X-1760	"	"
"	X-335	"	"	"	X-1820	"	"
"	X-337	"	"	"	X-1821	"	"

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

FOR THE COMMANDING OFFICER:

33 Incls
 QIC Form 1044 w/Certificates
 of Unidentifiability

/s/ John Strycula
 JOHN STRYKULA
 1st Lt., Infantry
 Adjutant

101
bpm

Interred 7 Feb 1950
D 7 91 Ft. McKinley

Carl R. H. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00203

DATE

15 06 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWNX-000341				0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					0 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
2	12	1549	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-341 UNK X-826 (Mausoleum)				21 Sept. '48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		CLIFFORD INGROVILLE 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 1
2 Identification tags, Mausoleum, UNK X-826

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

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

CASKET BOXED AND MARKED
DATE 21 Sept '48 by HONORACE L. ALLISON, Sgt. INF
SHIPPING ADDRESS VERIFIED BY
CORSIENE C. KAYANAN, 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. Kayanan
CORSIENE C. KAYANAN, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR BRANCH
8 FEB 1950
REPATRIATION

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>Carol Frank</i>	DATE FEB 7 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		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
PHILCEN 2036
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- 341 , Plot 2 ,
Row 12 , Grave 1549 , 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:



I. B. MCNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 7 Feb 50
Not identifiable from
information presently
available

W. J. McLaughlin
Ident. Sec
13 Feb 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-826 (Formerly UNK X-341 Manila #2)				2. DATE OF REPORT 18 Jan '50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW B	6. GRAVE 357	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 5/8"	10. COLOR OF HAIR U T D	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

14. WAS BODY BURNED? <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

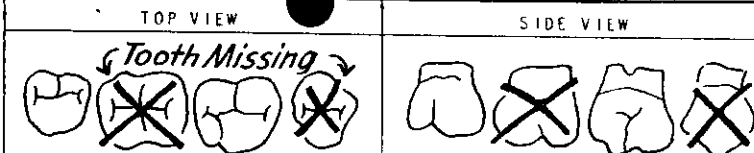
N O N E

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)

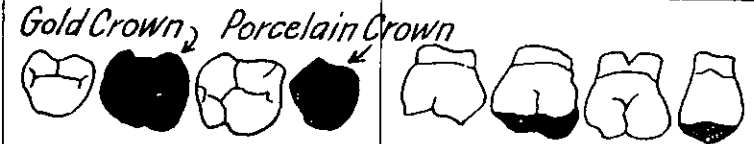
N O N E

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

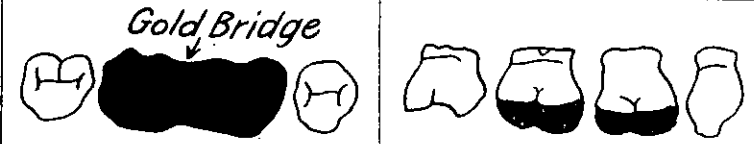
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



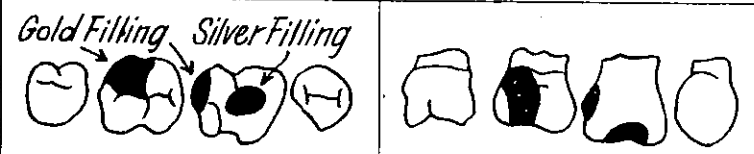
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



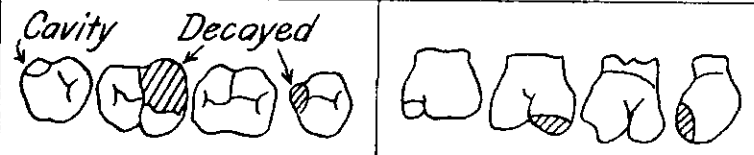
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
P		P				P	P	X	P	g			P		
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
X	X	X	P			P	P	P	P	P		P	P	X	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

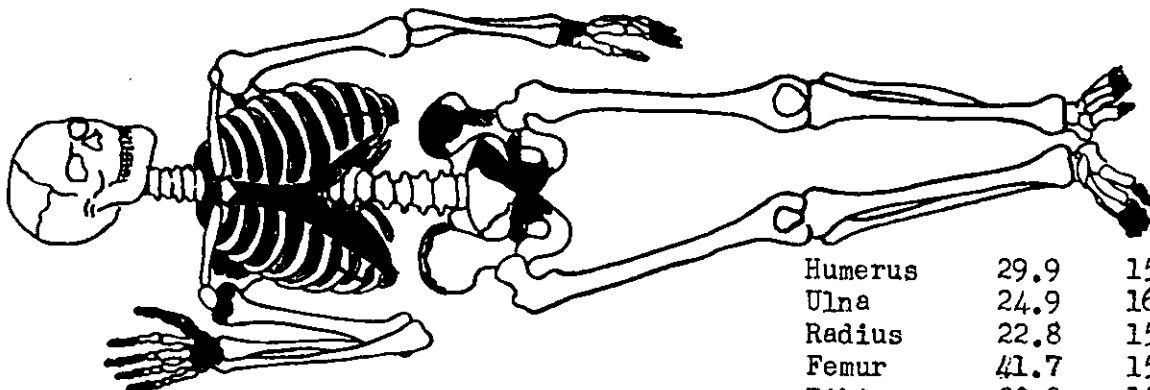
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA?

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section



Humerus	29.9	152
Ulna	24.9	160
Radius	22.8	156
Femur	41.7	153
Tibia	33.3	152
Fibula	32.9	152

Estimated height: 5' 5/8".

6/925

20. MASS BURIAL CERTIFICATE (IF APPLICABLE) 154 1/6
 (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 - 19 3/4 inches.

Estimated weight of remains - 6 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

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.

10 July 47
DATE

UNKNOWN X-341

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

PLACE OF DEATH

USAF Cem Manila#2

PLACE OF BURIAL

2

PLOT

12

ROW

1549
















GRAVE NO.

	RIGHT								UPPER TEETH				LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE	P		P				P	P	X	P				P						
LOCATION											d		d							

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH				LEFT							
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16				
TYPE	X	X	X	P		P	P	P	P			P	P	X		X				
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)

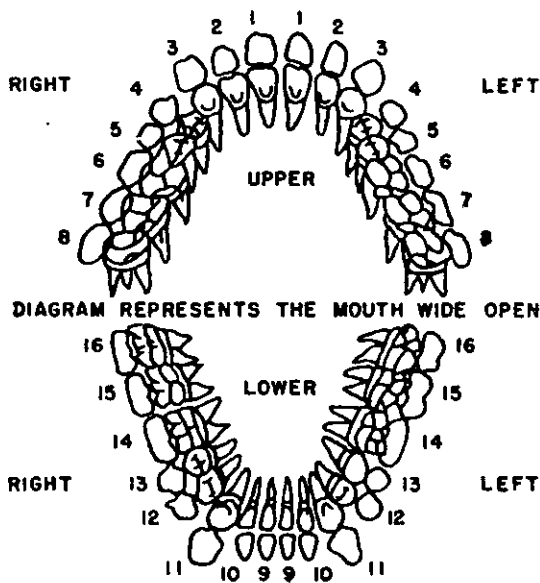
INSTRUCTIONS:

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 3/4), 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/ Lt (jg) J. A. Ruffini DC USNR
VERIFIED BY GRS OFFICER

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

/p/ LT (jg) J. A. RUFFINI DC USNR
NAME AND RANK TYPED OR PRINTED

C.I.P. USAF Cem Manila #2, Luzon, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

10 July 47
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)

Unknown X 341
Cemetery USAF Manila #2, Luzon, P.I.
Plot 2 Row 12 Grave 1549

1. Arrived at cemetery _____
(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 USAF Cemetery Manila #2, Luzon, P.I.
(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	(Type) /		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater		N	
Jacket, HBT		O	
* Shirt, Wool OD		N	
Undershirt, Wool		E	
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 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
 Complexion (Light, medium, dark, clear, pimples, pocks, freckles)
 Build (Large, fat, thin, muscular)
 Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)
 Hair (Baldness, widows peak, distinctive/cutting or other characteristics)
 Sideburns Mustache Beard or
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color, extent)

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

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

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

Teeth **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 (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 Estimated height - 4'11 3/4"

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/ Andrew S. Robson
(Officer's Name)

Capt QMC
Rank Service

CIP AGRS, FEZ, APO 707
(Organization)

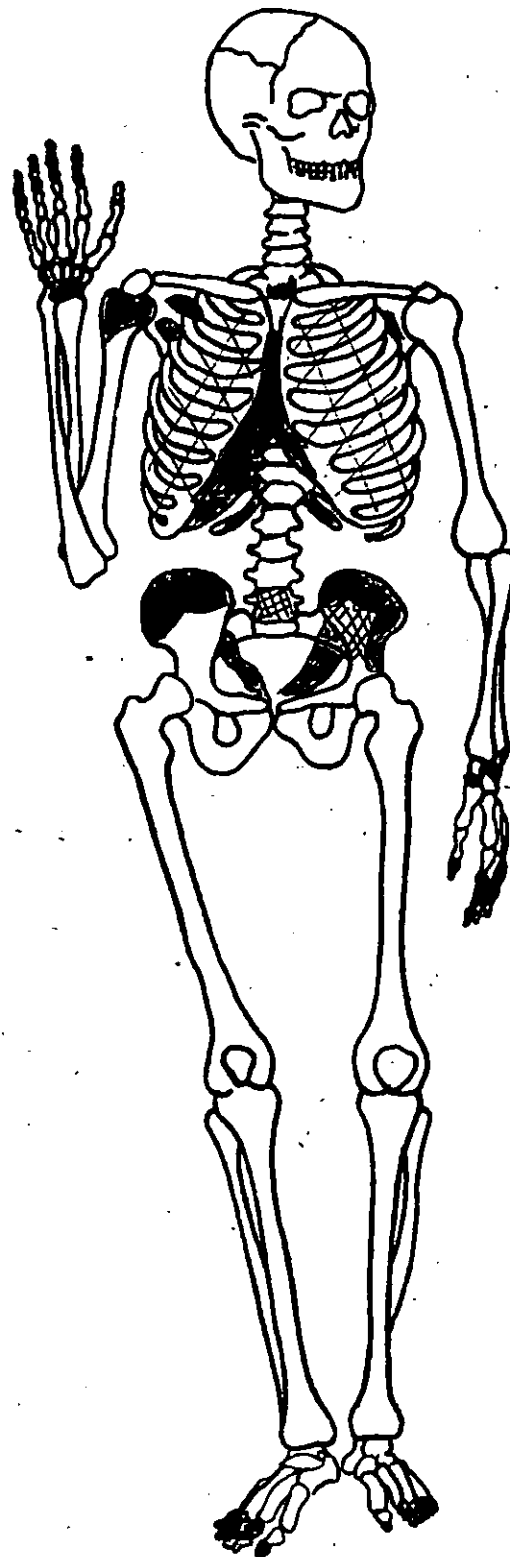
CERTIFIED TRUE COPY:

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-341



23 rib fragments
received

CERTIFIED TRUE COPY:

G T Gamboa
G T GAMBOA
2d Lt MSC

APR 5-1948

RESTRICTED

U 1495

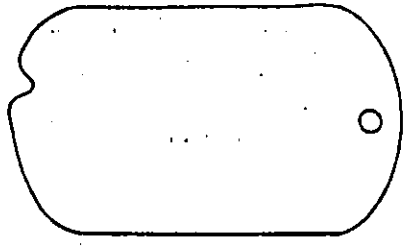
WD OMC FORM 1042
(Rev. 1 Apr 1945)
(Supersedes GDS Form 1)

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

DATE OF REPORT

17 Nov 47.

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOTT X- 826 (Formerly UNK X- 341 USAF Cem Manila #2)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Unknown	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL STORAGE 16 Oct 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER 812	ROW No. BAY B	GRAVE No. CRYPT 357
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 12	GRAVE No. 1549
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
----------------------------	--------------------------------	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOTT X- 834	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 359
--	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED SWANSON, Clifford H.	RANK Cpl	SERIAL No. 386244	ORGANIZATION Unknown	GRAVE No. CRYPT 355
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SIGNATURE OF PERSON PREPARING REPORT Wm. R. GILBERT, Adr. Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT D. D. HINDS, 2nd 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

Incl 1975

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


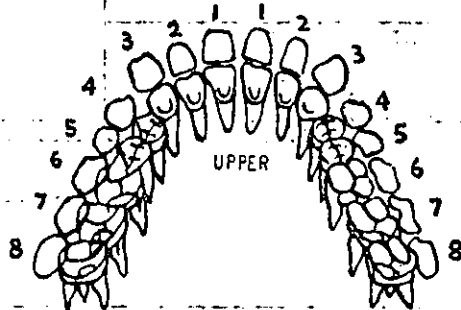




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

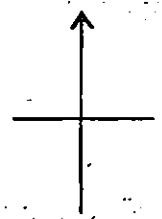
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

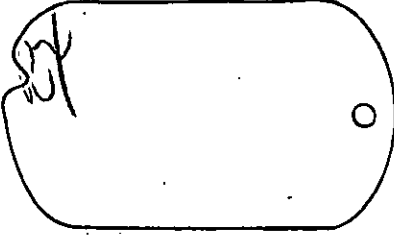
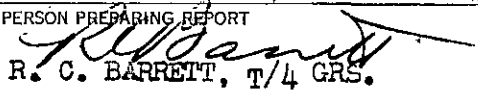
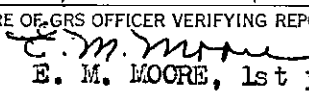
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">LOWER</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN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

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



REMARKS:

Identification Check List and Identification Dental Chart previously accomplished.

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 21 Jan. 46		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN -X- 341 (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						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Manila #2, Luzon, P. I.						
DATE OF BURIAL 23 Dec. 45	HOUR 0930	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER cross	PLOT No. 2	ROW No. 12	GRAVE No. 1549
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. C	ROW No. 3	GRAVE No. 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- 340 (Cem. Manila #2)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1548	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 342 (Cem. Manila #2)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1550	
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, T/4 GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. M. MOORE, 1st Lt. QMC.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Jan 65

27 FEB 1948

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


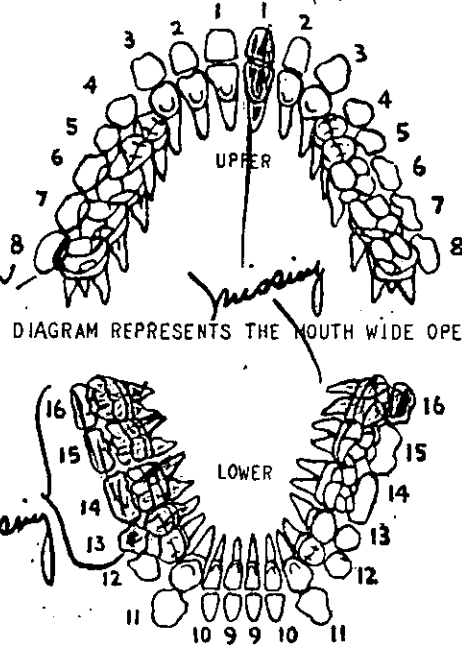




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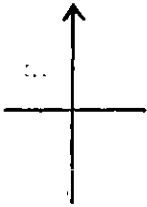
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MISSING TEETH	 <p>TOOTH MISSING</p>	
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BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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REMARKS:

All dirt from grave was sifted thru a screen but no identification could be found.