

293

Unknown X-342 USAF Cem Manila, #2, P.I. associated with data for
Captain John A.E. Bergstrom, O-260 949

Reference is made to attached anthropologist's report of examination of remains designated X-342 Manila #2., P.I. Inasmuch as the examination failed to reveal any additional identifying data for conclusive association with records for Captain John A.E. Bergstrom, it is recommended that the remains revert to unidentifiable status and Captain Bergstrom's status remain nonrecoverable.

Glady's Reynolds

Glady's Reynolds

10 Sept 52

C. B. Baker
10 Sept 52

[Signature]
10 Sept 52

APPROVED
H. C. MacFarland 10 Sept 52

J. C. MacFARLAND
Lt. Col. QMC
Identification Branch
Memorial Division, OQMG.

File MAN
16 Sept 52
AR

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Gladys Reynolds
10 Sept 52

X-827 (Formerly X-342) Associated with Data for Bergstrom, John A.E. O-260949

1. General Condition: Skeletal, no tissue. Skull and mandible good, pelvis and scapulae very fragmentary, limb bones fair. Vertebral column incomplete with only 22 elements and fragmentary, but cervicals #1-5 are present and atlas fits cranial base. Cranial--post-cranial association appears to be very probable.

2. Co-mingling: No evidence of such.

3. Age: Cranial: Sagittal 1/2 open, coronal 1/4 open; lambdoid open, 25-30 years. Pelvic: No data available and same for clavicle.

4. Stature: Rollet 70-3/4", Krogman 69 1/2". Based on right femur, tibia and humerus.

5. Dentition: See Form 569 dated 28 April 52. #16 is absent and apparently was never formed.

6. Hair Color: No evidence.

7. Race: White.

8. Conclusions and Recommendations: Form 371 data for Bergstrom are age at death 35 years, stature 73", race white and dental information. With the limited information available for an age estimate, the condition described could occur in the age period 30-35 years, but agreement with Bergstrom is only partial. Stature estimates are in disagreement, race is in agreement and dental comparison appears to be favorable. Consequently, in my opinion, identification of these remains is inconclusive primarily on the basis of the noted evidence available.

Theodore D. McCown
Theodore D. McCown
Professor of Anthropology

FORM 293
GHS 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	Name	Manila,	formerly	X-13,	USAF	Gen	Manila	#1
"	X-606,	"	"	"	"	X-117,	"	"	"	#2
"	X-686,	"	"	"	"	X-169,	"	"	"	"
"	X-653,	"	"	"	"	X-176,	"	"	"	"
"	X-666,	"	"	"	"	X-179,	"	"	"	"
"	X-688,	"	"	"	"	X-181,	"	"	"	"
"	X-689,	"	"	"	"	X-303,	"	"	"	"
"	X-821,	"	"	"	"	X-336,	"	"	"	"
"	X-824,	"	"	"	"	X-339,	"	"	"	"
"	X-826,	"	"	"	"	X-341,	"	"	"	"
"	X-827,	"	"	"	"	X-342,	"	"	"	"
"	X-930,	"	"	"	"	X-445,	"	"	"	"
"	X-928,	"	"	"	"	X-454,	"	"	"	"
"	X-927,	"	"	"	"	X-453,	"	"	"	"
"	X-942,	"	"	"	"	X-4019,	"	"	"	"
"	X-961,	"	"	"	"	X-4018,	"	"	"	"
"	X-1530,	"	"	"	"	X-3502,	"	"	"	"
"	X-1523,	"	"	"	"	X-3441,	"	"	"	"
"	X-1705,	"	"	"	"	X-3413,	"	"	"	"
"	X-1679,	"	"	"	"	X-3417,	"	"	"	"
"	X-1743,	"	"	"	"	X-3381,	"	"	"	"
"	X-1920,	"	"	"	"	X-3318,	"	"	"	"
"	X-1931,	"	"	"	"	X-3319,	"	"	"	"
"	X-1759,	"	"	"	"	X-3330,	"	"	"	"
"	X-1760,	"	"	"	"	X-3331,	"	"	"	"

QIC-1 293

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, QIC
Memorial Division

H. McLaurin:dal
L. H. White
J. Windsor

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
FIELD OFFICE

OFF: 294

APO 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 4020 294, 295 (The East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Remains, the following Unknown remains, presently stored at AGRS Honsolow, 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	Main	UNKNOWN	X-200	AGRS	Main
"	X-011	"	"	"	X-037	"	"
"	X-014	"	"	"	X-038	"	"
"	X-015	"	"	"	X-042	"	"
"	X-019	"	"	"	X-051	"	"
"	X-020	"	"	"	X-1274	"	"
"	X-028	"	"	"	X-1478	"	"
"	X-030	"	"	"	X-1520	"	"
"	X-033	"	"	"	X-1523	"	"
"	X-035	"	"	"	X-1678	"	"
"	X-038	"	"	"	X-1705	"	"
"	X-040	"	"	"	X-1743	"	"
"	X-041	"	"	"	X-1749	"	"
"	X-044	"	"	"	X-1760	"	"
"	X-055	"	"	"	X-1800	"	"
"	X-057	"	"	"	X-1811	"	"

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

FOR THE COMMANDING OFFICER:

23 Incls
GIC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Stypula
JOHN STYPULA
1st Lt., Infantry
Adjutant

drs
 Interred 7 . 1950
 Ft. McKinley
 DISINTERMENT DIRECTIVE
 CARL R. H. MARK 3466538ms

SECTION A - Cemetery Superintendent NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 00204	DATE 15 06 48 DAY MONTH YEAR
NAME UNKNOWNX-000342		SERIAL NUMBER 000342	DATE OF DEATH 0 DAY MONTH YEAR
CEMETERY USAF CEMETERY MANILA NO 2		RANK	DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.
PLOT 2	ROW 12	GRAVE 1550	COUNTRY PHILIPPINE ISLANDS
			CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-342 UNK X-827 (Mausoleum)	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 CLIFFORD INGROVILLE Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
----------------------------------	----------------------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
5 Identification tags, Mausoleum UNK X-827

REMAINS PREPARED AND PLACED IN CASKET	
DATE 21 Sept. '48	BY CLIFFORD INGROVILLE
CASKET SEALED BY CLIFFORD INGROVILLE	EMBALMER (Signature) <i>Cliff Ingroville</i> CLIFFORD INGROVILLE
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. INF	TEOFILO L. ALUTAN, 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.

Teofilo L. Alutan
 TEOFILO L. ALUTAN, 1st Lt., INF
 SIGNATURE OF GRS INSPECTOR
 6 FEB 1950
 REPATRIATION BRANCH
 AFSPC, DOW

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>Carroll H. ...</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 MAINTENANCE BRIGADE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FOR FORT MCKINLEY CEM	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
PHILOM Zone
AMERICAN GRAVES REGISTRATION SERVICE


27 Dec 1949
Date

SUBJECT: Unidentifiable Remains

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

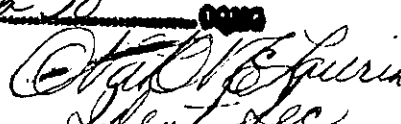
The records pertaining to Unknown X- 342, Plot 2,
Row 12, Grave 1550, USMC USAF Cem Manila #2, have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:


A. B. McENEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 7 Feb 50
Not identifiable from
information presently
available


Ident Sec
13 Feb 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-827 (Formerly UNK X-342 Manila #2)				2. DATE OF REPORT 18 Jan '50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	B	356	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 10 $\frac{1}{2}$ "	10. COLOR OF HAIR U T D	11. RACE Prob. 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

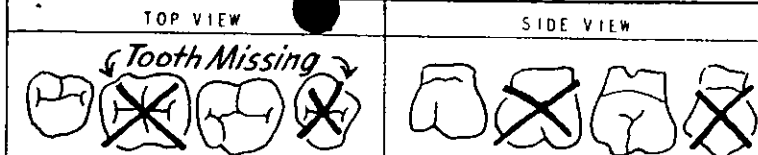
N O N E

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)

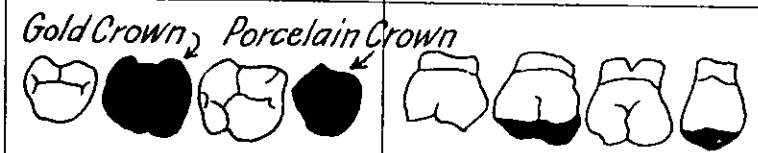
N O N E

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

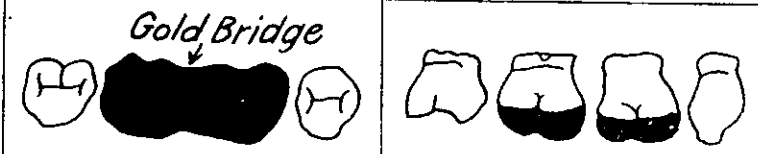
MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



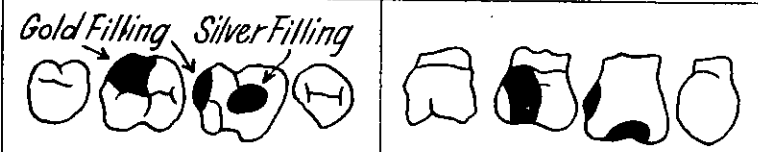
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:



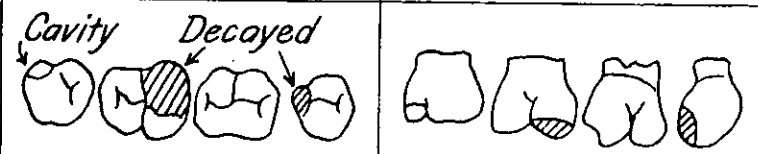
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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		
X		X	a mo				P	P							X		
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	Side Views
	X	X	X					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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

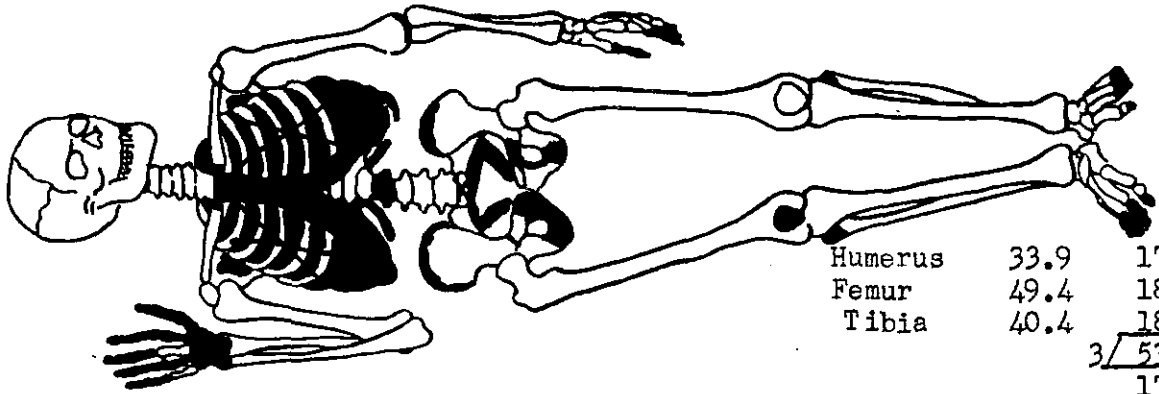
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R NICHOLS

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Chief, Identification Section



Estimated height: 5' 10 $\frac{1}{2}$ ".

20.

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

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

NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification found with remains.

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

Estimated weight of remains - 8 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

X 342-A

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-342-A

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION

USAF Cem.

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

Manila No. 2















2 12 1550

		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE		X		X	A			S	⊗	⊗	S/O						X	TYPE					
LOCATION		X		X	MO			M			M/O						X	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		X	X	X					⊗	⊗			⊗		X	○	X	TYPE					
LOCATION		X	X	X											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)

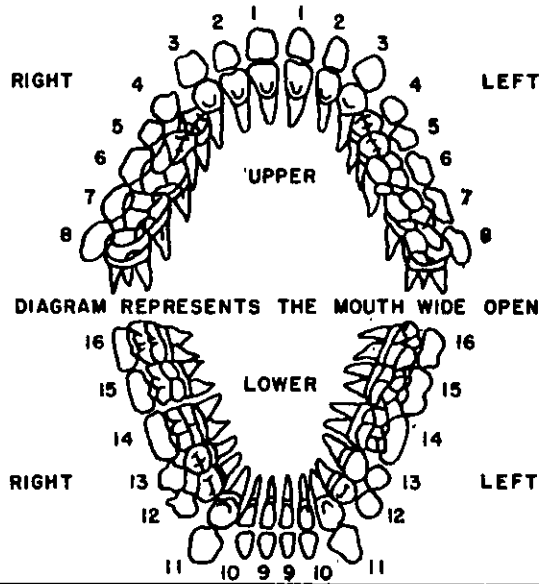
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Joseph D. Murphy
SIGNATURE OF PERSON WHO PREPARED CHART

JOSEPH D MURPHY, PVT.
NAME AND RANK TYPED OR PRINTED

Lt(jg) J. A. Ruffini DC USNR
VERIFIED BY GRS OFFICER

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

CIP, USAF Cem. Manila No.2, Luzon, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

10 July 47
DATE

X-342-A

IDENTIFICATION CHECK LIST

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

Unknown X 342-A
 Cemetery USAF Cem. Manila No. 2
 Plot 2 Row 12 Grave 1550

1. Arrived at cemetery _____
(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 USAF Cem. Manila No. 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	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	/		
* Shirt, Wool OD	/	H O 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 ^Nknuckles, missing fingers or joints)
^O
(Unusual characteristics of ^Efinger/nails)

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.

X-342-A

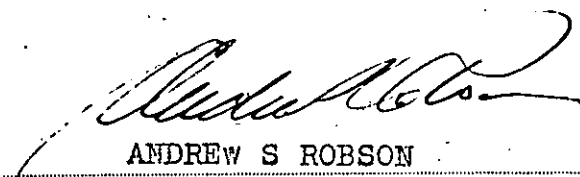
7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Due to condition of remains.

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

9. Remarks Estimated Height 6 ft. 1 1/8 inches. While processing extra portion of mandible found with remains. See X-342-B. (Refer to UNKNOWN X-342-B.)

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.


ANDREW S ROBSON
(Officer's Name)

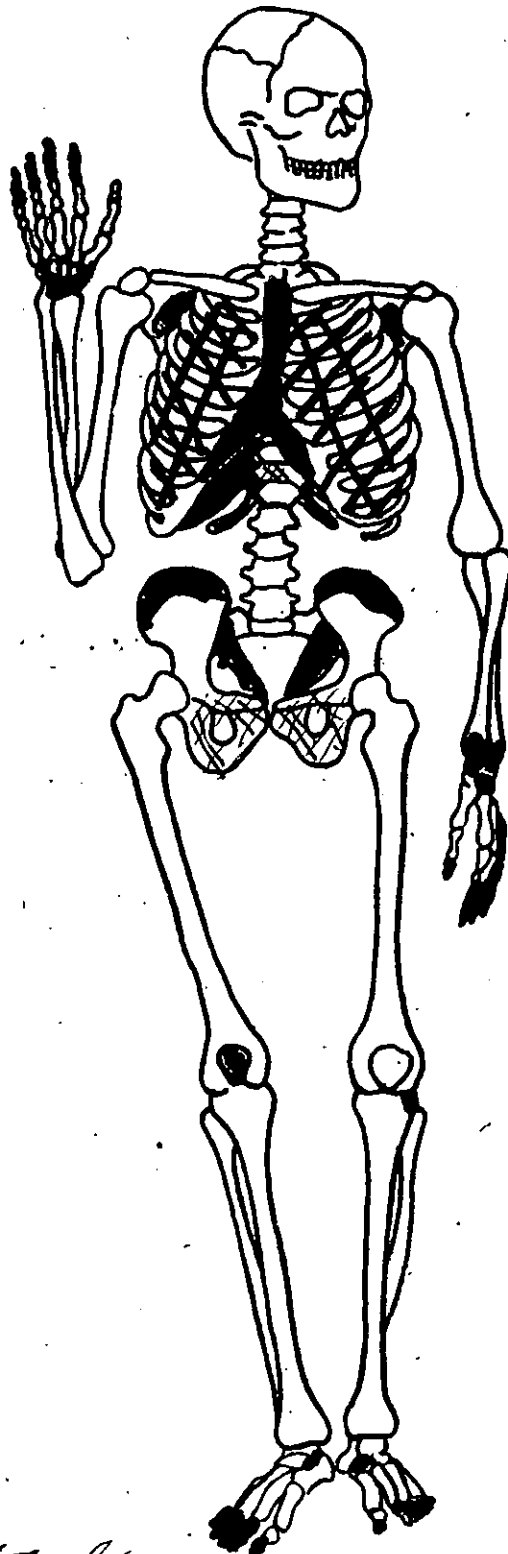
Capt. QMC
Rank Service

CIP, AGRS, FEZ, APO 707
(Organization)

SKELETAL CHART

X-342-A

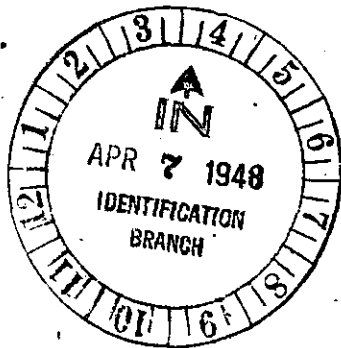
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*26 rib. fragments
received*

Bones in state of decay

CHART "A"



REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)	Serial Number
UNKNOWN X-342-A	

Grade	Organization

Name, Number and Location of Cemetery	Plot	Row	Grave No.
USAF Cemetery Manila No. 2, Luzon, P.I.	2	12	1550

2. Date of Disinterment

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Skeletal Remains Only.

4. What Identification Found at Time of Disinterment: On Marker

One (1) Substitute

On Remains

One (1) Substitute

What Identification Used Upon Reinterment: On Marker

One (1) Substitute

On Remains

One (1) Substitute

5. Signature of Officer Supervising Disinterment and Reinterment.

Ward C. Stephenson
WARD C STEPHENSON, 1ST LT., QMC

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth

Tooth Missing Tooth Missing

Crowned Teeth

Gold Crown Porcelain Crown

Bridgework

Gold & Porcelain Bridge Gold Bridge

Fillings

Silver Filling Gold Filling

Gold Filling Gold Filling

Caries (Cavities)

Cavity Decayed

Decayed Decayed

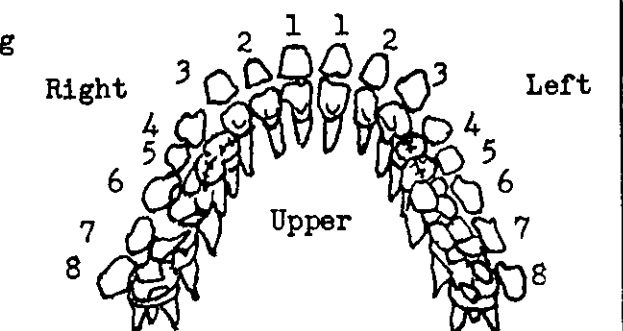
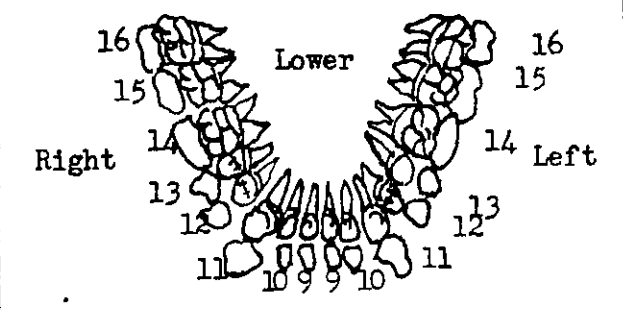


Diagram represents the mouth wide open



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".

Remarks

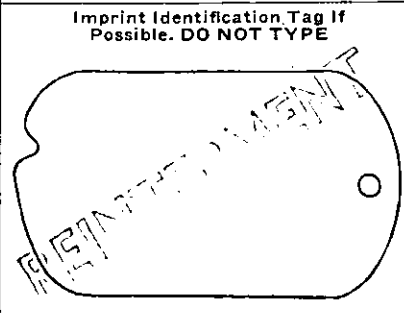
5-34880-AM

RESTRICTED
RE

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
FEB 24 1953



Imprint Identification Tag If Possible. DO NOT TYPE

SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial) UNKNOWN X-342 (Manila Mausoleum X-827) USAF Cem. Manila #2, P. I.		Serial Number Unknown
Grade Unknown	Organization Manila #2 X-342 Unknown	Branch of Service Unknown
Race Unknown	Religion Unknown	If Other than U. S. Dead, Give Name of Country [Signature]

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 24 Feb 53	Hour 1400	Buried in (Shroud, Blanket, or name of other) Final Type Casket	Type of Grave Marker Reg Cross	Plot No. N	Row No. 5	Grave No. 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. 1550
--	---	----------------------	----------------------	--------------------------

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body NOT FILE RECORDS ASSOCIATED DATE 6 Apr '53 NAME B. Neumann
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) Jones, Clarence F.	Rank S Sgt	Serial Number 6911487	Organization [Signature]	Grave No. N 5 99
---	----------------------	---------------------------------	------------------------------------	----------------------------






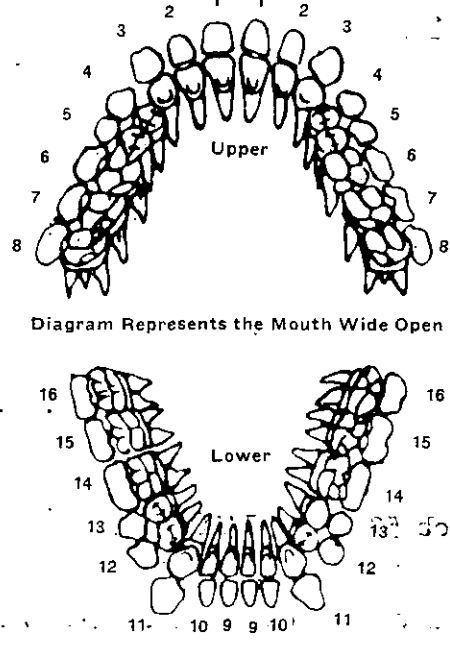

Body Buried on Deceased Right, Name (Last, First, Middle Initial) Vacant	Rank	Serial Number	Organization	Grave No.
--	------	---------------	--------------	-----------

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.

incl 69

RESTRICTED

SECTION UNIDENTIFIED REMAINS											
Left Little Finger	<p>Instructions</p> <p>(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.</p> <p>(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.</p>										
Left Ring Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Height</td> <td style="width: 15%;">Weight</td> <td style="width: 20%;">Color of Eyes</td> <td style="width: 20%;">Color of Hair</td> <td style="width: 30%;">Birthmarks, Scars or Tattoos</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos					
Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos							
Left Middle Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Weapon and Serial Number</td> <td style="width: 33%;">Laundry Mark</td> <td style="width: 34%;">Where Body Was Buried or Found</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Other Identification Clues</p>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found							
Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found									
Left Index Finger	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Fillings</p> <p>Silver Filling Gold Filling</p>  </div> <div style="width: 50%;">  <p>Cavities</p> <p>Cavity Decayed</p> </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Missing Teeth</p> <p>Tooth Missing</p>  </div> <div style="width: 50%;"> <p>Crowned Teeth</p> <p>Porcelain Crown Gold Crown</p>  </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Bridge Work</p> <p>Gold Bridge</p>  </div> <div style="width: 50%;">  <p align="center">Diagram Represents the Mouth Wide Open</p> </div> </div>										
Left Thumb											
Right Thumb											
Right Index Finger											
Right Middle Finger											
Right Ring Finger											
Right Little Finger	<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: right; margin-top: 20px;">  </div>										
Right Little Finger	<p>Remarks</p> <p>AUTHORITY FOR REINTERMENT FT MCKINLEY CEMETERY - QMG ltr, QMGMR 314.6, 30 Sep 52, Subj: Reinterment of Unknowns</p>										

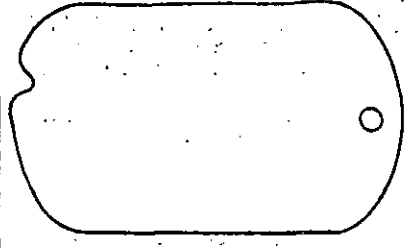
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

17 Nov 47.

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X- 827 (Formerly UNK X-
342-A USAF Cem Manila #2).

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

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

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)
STORED

Casket

TYPE OF GRAVE
MARKER

None

PLOT No.
RANGER

812

ROW No.
BAY

B

GRAVE No.
CRYPT

356

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.

1550

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

UNKNOWN X- 830

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

358

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

DUPREE, William A.

RANK

Pfc.

SERIAL No.

6399637

ORGANIZATION
Co B, 35th
Inf Regt.

GRAVE No.
CRYPT

354

SIGNATURE OF PERSON PREPARING REPORT

Wm. R. GILBERT, Adm. Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

D. D. HINDS, 2nd 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.

File 690

Section 3.—UNIDENTIFIED REMAINS.


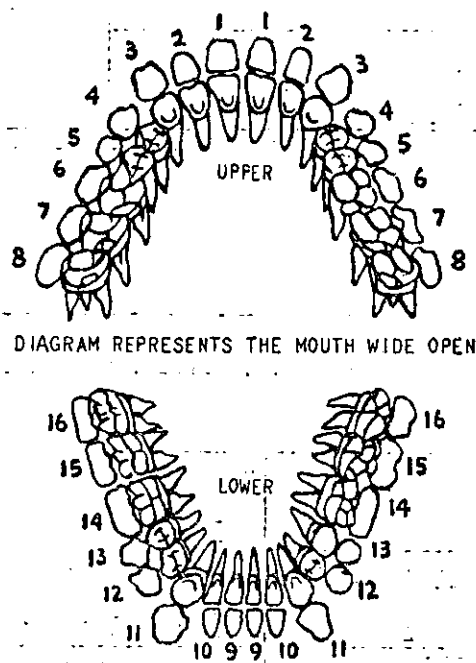




INSTRUCTIONS:

(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.

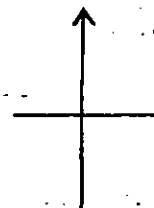
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>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>	

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



REMARKS:

Identification Check List and Identification Dental Chart previously accomplished.

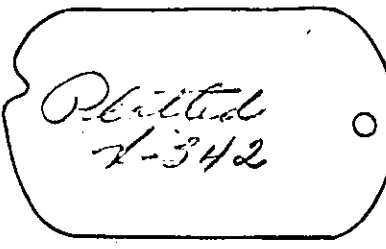
NOV 1940

7/vng

RESTRICTED

U 1496

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	CORRECTED REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 23 July 47
---	---	------------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION	
	NAME (Last, first, middle initial) UNKNOWN X-342-AM (Formerly Unknown X-342, USAF Cem. Manila #2)	
	GRADE	SERIAL No.
	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) See remarks on reverse side.
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	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	1550

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem. Ft. Stotsenburg, Luzon, P.I.	PLOT No. D	ROW No. 9	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-341 (Cem. Manila #2)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1549
--	------	------------	--------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) BANDLEMAN, Alfred	RANK	SERIAL No. 10304895	ORGANIZATION	GRAVE No. 1551
--	------	------------------------	--------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT AL S. PADAYHAG, SGT., GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT WARD C STEPHENSON, 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.

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


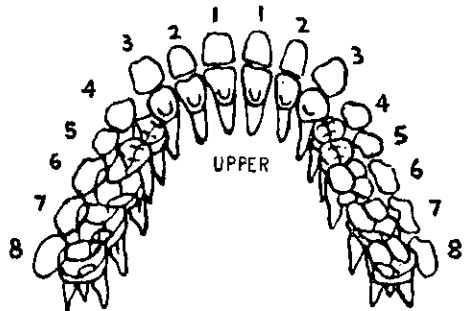
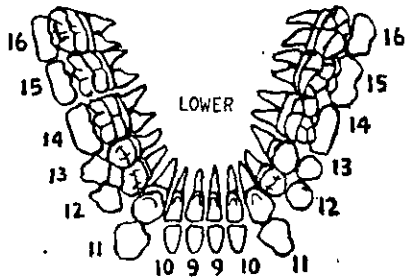




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

The remains of Unknown X-342 were disinterred for processing for identification at CIP, ~~AGRS~~, FEZ. It was found out that extra portion of mandible was present together with the remains of Unknown X-342. Said extra portion of mandible was designated as Unknown X-342-B and buried in diferent grave inasmuch as it does not belong to Unknown X-342 which was designated as Unknown X-342-A.

1 2 AUG 1947

REMARKS:

IDENTIFICATION SECTION
PATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

U-1496

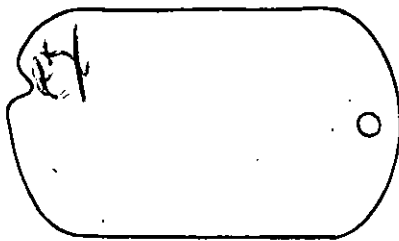
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

21 Jan. 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN-X- 342 (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

Jul 716

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	1550

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.
D	9	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- 341 (Cem. Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1549

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

BANDLEMAN, Alfred

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

10304895

1551

SIGNATURE OF PERSON PREPARING REPORT

R. C. BARRETT, T/4 GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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.

Jul 31'

RESTRICTED

27 FEB 1946

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


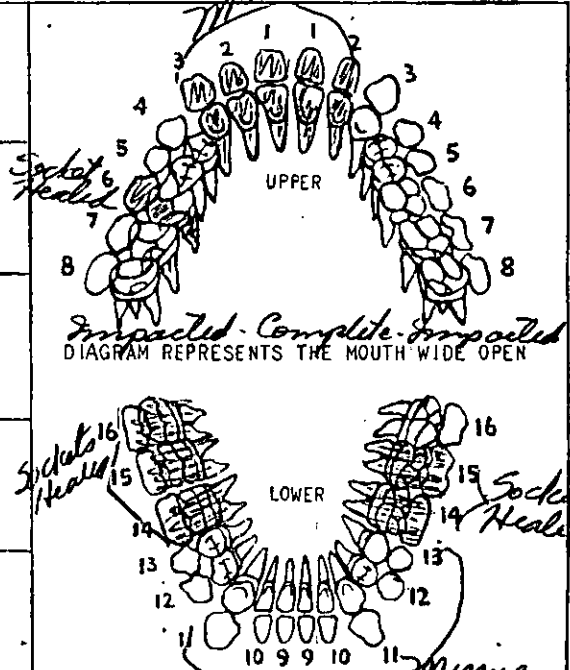




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the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

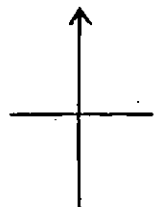
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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:

No disc. tag could be found on remains. One blank I. D. tag was found on remains, with nothing printed on it.