21 December 1981

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SUDJECT: Identification of Smald Mar II Decembed

TOn

Commanding Officer American Graves Registration Service Pacifia Zone APS \$58, o/o Postmester San Francisco, California

1. Deference is made to Cortificates of Unidentifiability for the remains of the fellowing Unknown deceased:

> Vaknown X-4092, ASRS Maus. Banila, P.I. X---图示器。 form. N-349, Walf Com. Manila (2, ".1. X-1507, ASSS Saus. Sanila, P.I., form. R-3638, WAF Com. Manila #2. P.I.

2. This Office approves the classification of the above unknown decoased as Unidentifiable. It is requested that your records be assuded accordingly.

FOR YES QUARTERSASTER WEEKERAL.

THORSAS E. COX to jor 福建点 Memorial Division

G.Reynolds: 1re

co-Administrative Section cc--Philcom, APO 928 co-Cincfe, APO 500

AIRMAIL

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	70		<del> </del>	DIRE	CTIVE NUM	BER		DATE		/
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		SECTION B — C							;-	D101. C1
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NATIONAL MEM OF THE PAGIF TERRITORY OF	IG	<b>€</b> }€‼Y		(BY	ADMI	NISTRAT	IAE D	ECIS	ION)	
		SECTION C — DISIN	TERMENT	AND ID	ENTIFICAT	ION				
ME		SERIAL NUMBER	GRAD	E DAT	E OF DEAT	ſΗ	DA	ATE DISTIN	ITERRED	,
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and that the report of	ibove is correct	t.	W C T C C C C C		ana ac		onuci my	· issuited	idie 30	per visio
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MARKS AND SPECIAL INSTRU	ICTIONS		<del></del>		SIGN	IATURE OF AG	KS INSPEC	IOR		
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OMC FORM REV 11 FEB 48 1194

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and the same		RESTR	ICTED						
2010 Form 1042		REPORT OF	INTERMENT	4/ 51	DATE OF REPORT				
(Rev. 1 Apr. 1946) (Supersedes GRS Form 1, Rev. of 1 Apr. 45, which may t	and se used.)•	(AR 30-1810 ar			5	Decembe	r 1951		
Imprint Identification T	at If Possible.	Section 1.—IDENTIFICATION.	(UNIDENTI	/·		····			
DO NOT TY		NAME (Last, first, middle initial)	(ONTREMET	r Tellini	SERIA	L No.			
		Unknown X-349, US. (Manila Mausole		ila #2, P. I	•	Unkno	wn -		
	~ \	8242 1100 B no	ORGANIZATION	#2 %	- 7 BRANG	CH OF SERVI	CE		
<b> </b> \	0	Unknown	Un	known	779	Unkn	own		
,		RACE	RELIGION		IF OTHER TH	ANJU, S. DEA	D, GIVE		
		Unknown	Unkn	own	NAME OF C	JUNTRY			
PLACE OF DEATH		CAUSE OF DEATH	!	<del></del>	DATE	OF DEATH	<u>.</u>		
Camp O'Donnell 1	POW Camp,				İ				
Luzon, P.I.		Unknow	n	· ·		Unknow	n		
EMERGENCY ADDRESSEE (Na	me, relationship, and	d address)							
Unknown									
IDENTIFICATION TAGS FOUND	D ON BODY	IF NO TAGS FOUND ON BODY, D	ESCRIBE MEANS O	FIDENTIFICATION (I	f unidentified, fi	I in section I	on reverse)		
(1, 2, or none)									
None	MDCD3/Y	COUNTY TO TOOTH CHART OF	Unident:						
WERE SUBSTITUTE TAGS PRO	GS PROVIDED? (Yes or no) COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO								
Yes		YES	X NO						
LIST PERSONAL EFFECTS FOL	IND ON BODY AND	DISPOSITION OF SAME	<u> </u>						
,									
1	None					•			
i									
Section 2.—BURIAL, If oth	er than in estab.	lished cemetery, furnish sketci	h and map coordi	nates on reverse.	,	,			
NAME, NUMBER, COORDINAT	ES, AND LOCATION	OF CEMETERY							
National Memoria	al Cemeter	y of the Pacific,	Honolulu,	т. н.					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or ne	ame of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.		
5 Dec 1951	1030	Final Type Cask	et.		E	_	414		
WAS THIS A REBURIAL?		INDICATE NAME, NUMBER, COORE		OUS CEMETERY, AND L	OCATION OF G	RAVE	Casket		
(Yes or no)			DO DAG		PLOT No.	ROW No.	GRAVE No.		
Yes		Army Mausoleum, AG		ON TACK NOT LICED	Manila	Sec	248		
TYPE OF RELIGIOUS CEREMONY US GIVLIC	Chaplain	ting burial rites Moran	CONTAINERS BU	ON TAGS NOT USED, JRIED WITH BODY	DESCRIBE IDE	NIFICATION	DATA AND		
Protestant Jewish	Chaplain			V					
IDENTIFICATION TAG BURIED BODY (Yes or no)	WITH IDENT	TIFICATION TAG ATTACHED TO							
1001 (100 0)		(100 V) 100)	•						
BODY BURIED ON DECEASED	I SET NAME (Last	first middle initial)	RANK	SERIAL NO.	ORGANIZATIO	N GRAV	E No.		
į.	LLI 1, 117.11L (200)	, jirot, medicise therete)		34146489					
Ross, Ralph T.			T/5	34140469	USA	E-	1/54		
BODY BURIED ON DECEASED	RIGHT, NAME (La	st, first, middle initial)	RANK	SERIAL NO.	ORGANIZATIO	ON GRAV	E No.		
Legassie, James	s P.		S/Sgt	6143501	USA	/E-	399		
SIGNATURE OF PERSON PREF		. (	SIGNATURE OF G	RS OFFICER VERIFYI	IG REPORT	./ .			
FRANC S.		ter	T'. Suz	MY MAN	NLCP IL	<b>/</b> . * * .	:		
	-	al for U.S. and allied dead, si		1 7	RIVA	OS ASESO	Cor Good Uni		
DISTRIBUTION OF KEPUK	e. Digneu origin PS Officer Con-	es for tetention in theater as r	stactional by the	the commander	DATE		スライニ		

Quel 3'

		Section 3. UNIDENTIFIED REMAIN	IS.			
. II. ( )	LEFT LITTLE FINGER	INSTRUCTIONS:  (a) Great care will be taker mains. Fill in anatomical chars social security number; position planes, vehicles, and tanks.  (b) A fingerprint, or prints,	acteristics be	low, and any other	clues under "Other,	such as shoe size,
	RING	planes, vehicles, and tanks.  (b) A fingerprint, or prints, chart at left, or as many as poss every tooth will be indicated on accomplished if one or more fing	ible. It no t the tooth cha gerprints are	rt in accordance with secured.	can be secured, the condition of the con	ondition of each and oth chart will not be
a.velsi	LEFT RING FINGER	HEIGHT WEIGHT COLOR	OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS,	OR TATTOOS
-		WEAPON AND SERIAL NO.	LAUNDRY N	IARKS .	WHERE BODY WAS BU	RIED OR FOUND
•	אליני <b>ו</b>					
4. 8 721	LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES		•		
	LEFT INDEX FINGER		-			i a set
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	RIGHT INDEX FINGER				3	Joseff wat j
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	RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFEREN	CE AND COOR	DINATES FOR BURIAL	N OTHER THAN ESTABL	ISHED CEMETERY
17 Mg	20				_	
	RIGHT RING FINGER				1:	1 12 (130 . )
		REMARKS:			. 12	ស <sub>ព</sub> ាំណ្យាស្ថិត
ع منفع کارسر ریمان منابع میران میران میران	RIGHT LITTLE FINGER		•			· · · ·

QMC Form 1042	DEPORT OF	INTERMEN	T	DATE (	OF REPORT	
(Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)	(AR 30-1810 a		-	5	December 1951	
Imprint Identification Tag If Possible.	Section 1.—IDENTIFICATION			<u> l </u>		
DO NOT TYPE	NAME (Last, first, middle initial)	)		SERIAL	. No.	
	Unknown X-349, U	SAF Cem Mar eum X-833)	nila #2, P. I	•	Unknown	
	GRADE	ORGANIZATION	•	BRANC	H OF SERVICE	
[\ 0]	Unknown	Uz	iknown		Unknown	
\	RACE	RELIGION		IF OTHER THA	N U. S. DEAD, GIVE UNTRY	
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PLACE OF DEATH	CAUSE OF DEATH		-	DATE	OF DEATH	
Camp O'Donnell POW Camp,	Talan a			4	The law areas	
IAIEON P.I.  EMERGENCY ADDRESSEE (Name, relationship, a	Unknow Unknow	au	· · · · · · · · · · · · · · · · · · ·	1 "	Unknown	
The control of the co	w uuurcoay		•	, //	<u>//</u>	
Unknown	· .			<u>`</u>	M M	
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS	OF IDENTIFICATION (I	f unidentified, fill	in section 3 on reverse)	
		Thu & A and	466013-	<i>"</i>		
None   WERE SUBSTITUTE TAGS PROVIDED?(Yes or no	COMPLETED TOOTH CHART O		ATTACHED HERETO		<u> </u>	
_ t ·			•			
Yes	YES	Х ио				
LIST PERSONAL EFFECTS FOUND ON BODY AN	D DISPOSITION OF SAME					
	•	•				
			•	•	• .	
, None						
Section 2.—BURIAL, If other than in estai	<del></del>	ch and map coord	finates on reverse.		<del></del>	
Name, Number, coordinates, and location  National Memorial Cemeter		Honolulu;	T. H.	·		
DATE OF BURIAL HOUR	BURIED IN (Shroud, blanket, or	name of other)	TYPE OF GRAVE	PLOT No.	ROW No.   GRAVE No.	
ECD 1051 1020			MARKER	E		
52Dec 1951 1030	Final Type Cas		<u> </u>	<u>.                                    </u>	- 414	
WAS THIS A REBURIAL? IF A REBURIAL, (Yes or no)	INDICATE NAME, NUMBER, COOF	RDINATES OF PREVI	OUS CEMETERY, AND L		- Casker	
Yes U.S.	Army Mausoleum, A	GRS-PAZ		PLOT No.	ROW NO. GRAVE NO. 248	
	CTING BURIAL RITES	IF IDENTIFICAT	ION TAGS NOT USED,		Sec   248 NTIFICATION DATA AND	
Protestant Chaplain	a Moran	CONTAINERS	BURIED WITH BODY	ſ	r	
Jewish Chaplair	Feldheym	_		•		
	ITIFICATION TAG ATTACHED TO RKER (Yes or no)				•	
BODY BURIED ON DECEASED LEFT, NAME (Lax	it, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAVE No.	
Ross, Ralph T.		T/5	34146489	USA	1	
BODY BURIED ON DECEASED RIGHT, NAME (L	ast first middle initial	RANK	SERIAL No.	ORGANIZATIO		
	, , , , , , , , , , , , , , , , ,					
Legassie, James P.		S/Sgt	6143501	.USA	E-399	
SIGNATURE OF PERSON PREPARING REPORT	/	GIGNATURE OF	GRS OFFICER VERIFYII	NG REPORT		
FRANC S. FOSTER	ter	T. SUZ	UKI, Supt.	NECP		
DISTRIBUTION OF REPORT: Signed original			ed and about for anomy	dead to the	Duartermastet General	

RESTRICTED

16-43997-2

	Section 3.—UNIDENTIFIED	REMAINS.		
LEFT LITTLE FINGER				for the future identity of unidentified re- clues under "Other," such as shoe size, es, and tanks; and serial numbers of air-
	(b) A fingerprint, or chart at left, or as many every tooth will be indic accomplished if one or r	r prints, are the mo as possible. If no ated on the tooth ch nore fingerprints ar	est valuable of all clues fingerprint or prints cl art in accordance with e secured.	s. Imprint all fingers and thumbs in the an be secured, the condition of each and diagram below. Tooth chart will not be
LEFT RING FINGER	HEIGHT . WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
	WEAPON AND SERIAL NO.	LAUNDRY	MARKS	WHERE BODY WAS BURIED OR FOUND
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MID	FURNISH SKETCH AND MAD	PEFFERENCE AND COL	DRINATES FOR BURNAL	N OTHER THAN ESTABLISHED CEMETERY
RIGHT MIDLE FINGER	Towns State of Miles	THE ENERGY AND CO.	ONDINATES FOR BURIAL I	IN OTHER THAN ESTABLISHED GEMETERY
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RIGHT RING FINGER				
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	REMARKS:	•		. •
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RIGHT LITTLE FINGER	<b>:•</b> .	fig#		
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July and Than	(Xa)	DIRECTIVE NUM		<u> </u>	DATE &	
SECTION A —	<del></del>	77 <sup>1</sup> 47	00180	<del></del>	09/0	1 5
NAME AND BURIAL LOCATION OF DECEASED		[ [ + [	00100	, .		NTH YEAR
NAME	SERIAL NUA	ABER	GRADE	ARM		GION
. UNKNOWN . X-349	,	•		8	0.	6
CEMETERY	PLOT		GRAVE		DISPOSITION	
MANILA #2 BHILIPPINE ISLANDS	.2	12	1510		0492	64
SECTION B CON	ISIGNEE AN	D NEXT OF KIN			CODE	DIST. CTR.
NAME AND ADDRESS OF CONSIGNEE			OF NEXT OF K	IN		
NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII	( E	BY ADMII	NISTRAT	 IVE D	ECISION	)
SECTION C — DISINT						
NAME SERIAL NUMBER	GRADE	DATE OF DEA	TH	. D	ATE DISTINTERRI	ED
	-					
IDENTIFICATION TAG ON ORGANIZATION		RELIGION	IDENTIFI	CATION VI	RIFIED BY	<del></del>
REMAINS UNKNOWN			-	•••	-	•
MARKER					NAME /	AND TITLE
SECTION D — PREPARAT		MAINS FOR SHI				
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		. •				
OTHER MEANS OF IDENTIFICATION	\ <del></del>					
		• • •				٠.
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form	1194a for	major disc	repancies.)			
		* .				**
DEMANDS OPERATED AND BLACED IN CASSET	,	· · · · · · · · · · · · · · · · · · ·				
REMAINS PREPARED AND PLACED IN CASKET	٠.					
DATE BY	•					· . ·
CASKET SEALED BY	EMBALME	R (Signature	<del>)</del>			
	, , , , , , , , , , , , , , , , , , ,					<u>.</u> : .
CASKET BOXED AND MARKED	SHIPPING	ADDRESS VER	IFIED BY			
DATE BY						
	ere condu	cted and ac	complished	under m	y immediate	supervision .
	• • • •				•	•,
				•		

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. REMAINS PERM INTERRED IN NATIONAL MEMORIAL CEM. OF THE PACIFIC, T. H., PLOT E, GRAVE 414.

SIGNATURE OF AGRS INSPECTOR

FR. NEW. DIV.

QMC FORM REV 11 FEB 48 1194

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### AIR MAIL

Mr. Turner/pku/682205

## HEADQUARTERS, UNITED STATES ARMY, PACIFIC OFFICE OF THE QUARTERMASTER APO 958

RRREC 314.6

26 October 1951

314,6 BRJ Pac

SUBJECT: Transmittal of Certificate of Unidentifiability

TO:

The Guartermaster General Department of the Army Washington 25, D. C.

ATTENTION: Memorial Division

Forwarded herewith is the Certificate of Unidentifiability for Unknown X-349, USAF Cemetery Manila #2, P. I., stamped and signed in accordance with letter, DA OQMG, QMGMU 293 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948. (See Master Roster, Unit D. Page 8).

FOR THE QUARTERMASTER:

1 Incl
Cert of Unidentifiability,
dated 18 Oct 51

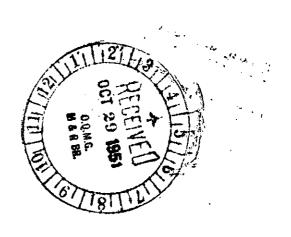
A. W. GEORGE

Lt Col QMC

Asst Quartermster

Toont ir icet you Brown

AIR MAIL



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### AIR MATL

Wr. Turner/pku/682205

### HEADQUARTERS, UNITED STATES ARMY, PACIFIC

OFFICE OF THE QUARTERMASTER

RRREC 314.6

APO 958

26 October 1951

SUBJECT: Transmittal of Certificate of Unidentifiability

TO:

The Quartermaster General Department of the Army Washington 25, D. C.

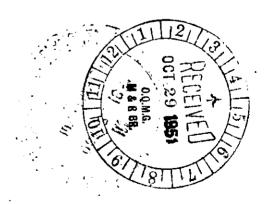
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Forwarded herewith is the Certificate of Unidentifiability for Unknown X-349, USAF Cemetery Manila #2, P. I., stamped and signed in accordance with letter, DA OQMG, QMGMU 293 GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948. (See Master Roster, Unit D, Page 8).

FOR THE QUARTERMASTER:

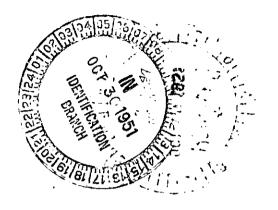
1 Incl
Cert of Unidentifiability,
dated 18 Oct 51

A. W. GEORGE Lt Col QMC Asst Quartermaster



### HEADQUARTERS, UNITED STATES ARMY, PACIFIC

OFFICE OF THE QUARTURMASTER APO 958



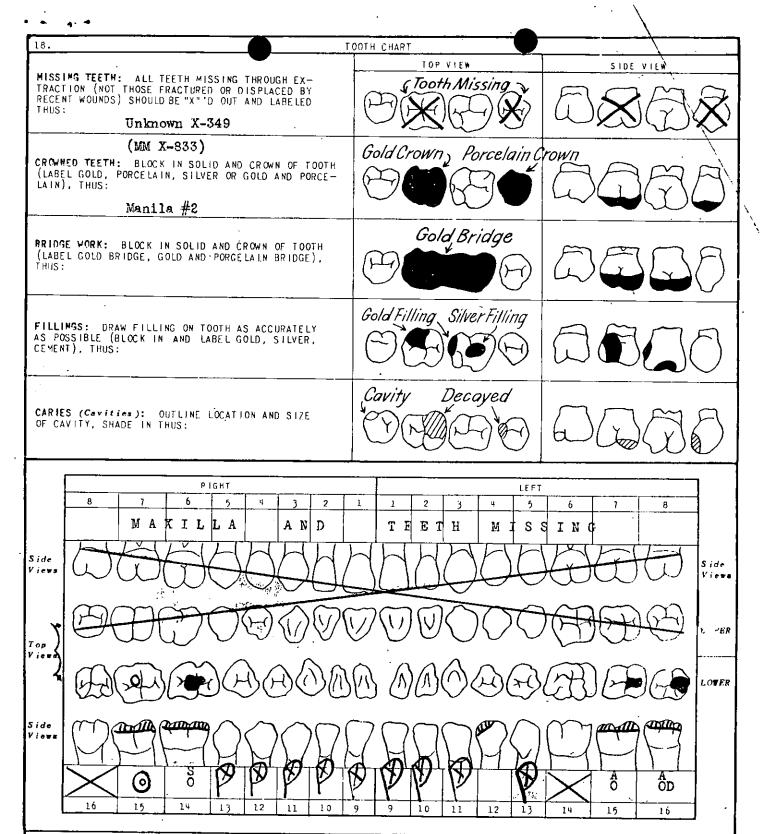
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			<b>■</b> IDE	NTIFIC	ATION	DATA	•	_	
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UNKNOWN X-		X-833)	Manil	a #2				18 Octo	per 1951
. NAME OF CEMETE	ŧΥ				4. PLO	T . 5 . ROW	6. GRAVE		TE OF
US Army May	soleum	- Final '	Type C	askat #	Manil	a Secti	on 248	DISINTERMENT	REINTERMENT
Formerly U			<b>-</b>		3,002,44	.   00001	<b>7.</b>	18 Oct 51	18 Oct 5
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	_				DESCRIPT	ION AG	E: 26 -	28	
ESTIMATED WEIG	IT	9. ESTIMATE				LOR OF HAT		11. RACE	•
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One (1) Em	oossed F	late on	remain	, s reads.	u <sup>n</sup> Unk	nown X-	349, Plo	t - 2 <sup>n</sup> .	
One (1) He				•					
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7. LIST EVERY IT SERVICE, ETC. channels for	(If laund.	ry marka ari	e indist	inct such	notation	should be	e m <b>ade</b> and i	YPE, COLOR, SIZ specimen forwar	E, MARKINGS, ded through
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Not identifiable from information presently 21 Dec 51

G. Reynolds

Therefore The presently 21 Dec 51

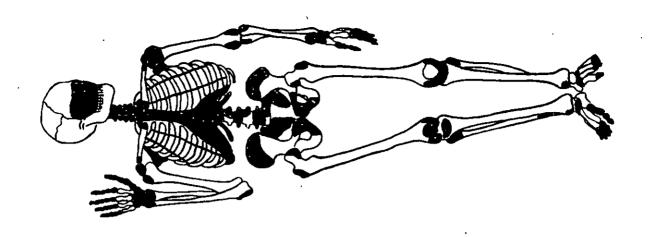
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DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Considerable signs of attrition on all teeth present.

BLACK OUT PARTS OF BODY NOT RECO



MMNIXHIMAN CERTIFICATE (MEXADELMENTAS)
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Lack of duplication of skeletal parts.

Gross appearance and morphology of remains.

andrew Franche B ANDREW FRANCKE BRAFF, 113953

Lt. Commander (MC) USN

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R - 167 - 65.75 - 5' 5 3/4"

K - 171 - 67.32 - 5' 7 3/8"

P - 166 - 65.36 - 5' 5 3/8"

Teeth Charted

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

STEWART W. ABEL, LT. COLONEL, QMC CENTRAL IDENTIFICATION LABORATORY AGRS, APO 958

SIGNATURE

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AGRC FORM No. 11 Revised 16 Sept. 1946 Formely "Check List of Unknowns")

### IDENTIFICATION CHECK LIST

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

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(Sheet,	scale and serials used)			•
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* Headgear	Clothing Markings / / (Type) //	Sizes	Indicate color,	e unusual markings wear, tear, repairs, etc.
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-				C. Maxlee Far	n, <b>c-</b> 06278	
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-			/s/ Ran	C. Maxlee Far (Officer's SP-6	m, C-06278 Name)	l Ice

CERTIFIED TRUE COPY:

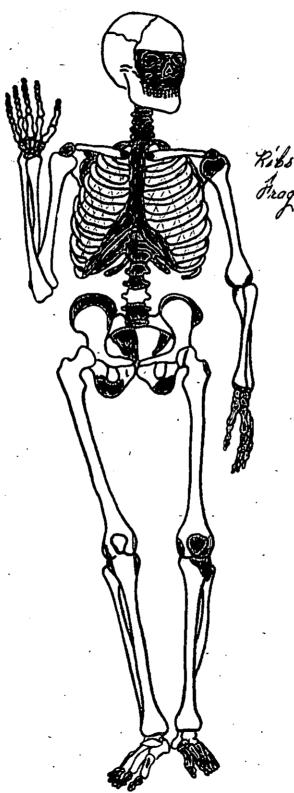
GEORGE T. GAMB OA

2d Lt., MAC

1463—PHILRYCOM—8/47—40M

### SKELETAL CHART X-933

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

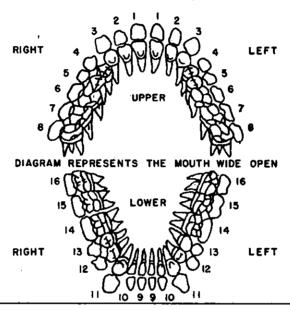


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<del>-X-</del>			180	8	18)	Ø	B	B	8		12		X	Ā	A
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<del>-X-</del>	SYMBO	BOX EXTR	TY. IND ATION		GE .	UPPER A G	OF FILE	US LLING OF BOX LEGAM VER)	ED C	ON	ABO' LOCATI	VE (ION OF INTERPRETALE)	CHAI FILLING FOF BO WEEN-	RT  X  MESIAL  TOWARD  CCLUBA	FRONT
	SYMBO	BOX EXTR	TY. UNDATION  FIXER CHICL.	DIGATE D BRID	ge . Ments) Laced	UPPER A G	OF FILE IN AMA SILE SILE POR	US LLING OF BOX LLGAM VER)	ED C	ON	ABO' LOCATI	VE ( ION OF IN	CHAI FILLING F OF BO WEEN -	RT  AESIAL TOWARD  CCLUSA FAGE BA	FRONT

#### **INSTRUCTIONS:**

- L 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

/p/ JOSEPH D. MURPHY, T/5

CIP, Nichols Field
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ James: J McDermott, CAF-9

NAME AND RANK TYPED OR PRINTED

15 Oct 47

5818→ ##**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*** --12/46--12M

CERTIFIED TRUE COPY:

GEORGE T. GAMBOA
2d Lt., MAC

WD QMC FORM 1042		REPORT OF	INTERMEN	E STORAGE		F REPORT	
(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		(AR 30-1810 ar		-	. DE	C 121	95n
Imprint Identification T		Section 1.—IDENTIFICATION.		k man	ilw #	2 1	-34
DO NOT TY	193	NAME (Last, first, middle initial)	//		SZRÍAL		
	100	UNKNOWN X-349, (Manila Maus X		anila #2, P.	1.0	nknown	m
	1	GRADE	ORGANIZATION		BRANCI	H OF SERVICE	E
[(	0	Unknown	Unkn	own	Unknown		
\	/	RACE	RELIGION		I IE OTUED TUA	N II S DEAD	CIVE
	/	Unknown	1 .	nown	IF OTHER THA NAME OF CO	UNTRY	, 0112
PLACE OF DEATH	<del></del>	CAUSE OF DEATH	<u> </u>		DATE O	F DEATH	
Camp O'Donnell		Unknow	n.		Un	known	
POW Camp, Luzon		<u>'</u>		·		•	
EMERGENCY ADDRESSEE (Na Unl	me, relationship, and CNOWN	d address)	-				
IDENTIFICATION TAGS FOUN	D ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS (	OF IDENTIFICATION (	f unidentified, fill	in section 5 or	n reverse)
(1, 2, or none)							
None WERE SUBSTITUTE TAGS PRO	VIDED2(Ven or mo)				•		
	, ,						
Yes (2)							
LIST PERSONAL EFFECTS FOL	IND ON BODY AND	DISPOSITION OF SAME					
None							
				·			
Section 2.—BURIAL. If off	er than in estab	lished cemetery, furnish sketci	h and map coord	inates on reverse.			
NAME, NUMBER, COORDINAT.	ES, AND LOCATION	OF CEMETERY	-				
U. S.	Army Maus	soleum, AGRS-PAZ	•				Caaleat
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no	ame of other)	TYPE OF GRAVE MARKER	RDOX NA.XX		APANTINO.
3 Nov 50		Final type cas			Manila \$	l	248
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, I	NDICATE NAME, NUMBER, COORD	INATES OF PREVIO	OUS CEMETERY, AND L	OHATION OF GRA		Crypt
Yes	AGRS	Mausoleum, Manila,			812	В	370
TYPÉ OF RELIGIOUS CEREMONY	PERSON CONDUC	TING BURIAL RITES	IF IDENTIFICATI CONTAINERS B	ION TAGS NOT USED, URIED WITH BODY	DESCRIBE IDEN	TIFICATION	DATA AND
		<b></b>					,
IDENTIFICATION TAG BURIED BODY (Yes or no)		IFICATION TAG ATTACHED TO KER (Yes of no)			•		
				.=			1
BODY BURIED ON DECEASED	LEFT, NAME (Last,	first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE	No.
Not applicabl							-
BODY BURIED ON DECEASED	· ·		RANK	SERIAL No.	ORGANIZATION	GRAVE	No.
manner of st	oring cask	ets	:			سيزير	000
SIGNATURE OF PERSON PREE	ARING REPORT	L.	SIGNATURE OF C	GRS OFFICER VERIFYII	_ ****	ne present	Gares
LEROY F.	TURNER, A	dm Asst	ST	ANLEY L. MAY	Major C	MCCone	ng
		al for U.S. and allied dead, signs for retention in theater as p			dead to the Q	uartermaste	FA General

	Section UNIDENTIFIE	REMAINS		
LEFT LITTLE FINGER	mains. Fill in anatom	ical characteristics t	below, and any other of	for the future identity of unidentified re- clues under ''Other,'' such as shoe size, es, and tanks; and serial numbers of air-
RIN	chart at left, or as man every tooth will be indic accomplished if one or	or prints, are the moy y as possible. If no cated on the tooth ch more fingerprints ar	st valuable of all clues fingerprint or prints c art in accordance with e secured.	es, and tanks; and serial numbers of air-  i. Imprint all fingers and thumbs in the an be secured, the condition of each and diagram below. Tooth chart will not be
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
Midd	WEAPON AND SERIAL NO.	LAUNDRY	MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CL	UES · ·	•	
LEFT INDEX FINGER	FILLINGS			** ·, * ·
GER	FICEINGS	SILVER FILLINGOLD FILLIN	ING G	
LEFT THUMB	CAVITIES	CAVITY	5 6 7 7 8 6 6 8 6 6 6 6 6 6 6 6 6 6 6 6 6	UPFER 7
RIGHT	MISSING TEETH	TOOTH MISSIN	, ,	REPRESENTS THE MOUTH WIDE OPEN
NIGH NDEX FI	BRIDGE WORK	PORCELAIN CI		LOWER 15
No.		GOLD B	RIDGE	10 0000 0 11
DECEMBER 1	FURNISH SKETCH AND MAP	REFERENCE AND COOF	RDINATES FOR BURIAL IN	OTHER THAN ESTABLISHED CEMETERY
DEC 1950 " TOPING OF THE PROPERTY OF THE PROPE	770			
None and American	REMARKS:	FOR POST	Edlygoell (hackl	
RIGHT LITTLE FINGER	a to to	000000000000000000000000000000000000000	TITE T	

					1	OC DEBODE	
WD QMC FORM 1042 (Rev. 1 Apr. 1945)	•	REPORT OF	INTERMEN	I STORAGE	}	OF REPORT	ا سر
(Supersedes GRS Form 1)		(AR 30-1810 a			<b>n</b> F	EC 121	9 <b>50</b>
	. 74.75		<u>. t</u>			,	
Imprint Identification Ta DO NOT TYP		Section 1.—IDENTIFICATION NAME (Last, first, middle initial)			SERIAL	L No.	<del></del>
		UNKNOWN X-349		anila #2 P		nknown	
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>	/	GRADE	ORGANIZATION		BRANC	CH OF SERVIC	E
	0]	Unknown	Unkne	OWE	Un	known	
· ·	]					<del></del>	
\	/	RACE	RELIGION		IF OTHER THA	AN U. S. DEAE DUNTRY	O, GIVE
		Unknown	Unk	nown			. •
PLACE OF DEATH		CAUSE OF DEATH	<u> </u>		I DATE	OF DEATH	
Camp: O'Donnell		Unknow	'n		·	known	,
POW Camp, Luzon,	P. I.	OHRHOW					-
EMERGENCY ADDRESSEE (Nam		d address)				-	<u> </u>
Unki	nown					1	•• •
							<u> </u>
IDENTIFICATION TAGS FOUND (1, 2, or none)	ON BODY	IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS (	JF IDENTIFICATION ()	I unidentified, fil	ın section <b>S</b> (	on reverse)
LE .							
None WERE SUBSTITUTE TAGS PROV	IDED?(Yes or ma)						
Yes (2)	( a vo vi fiv)	] .					~ .
108 (2)			4				
LIST PERSONAL EFFECTS FOUR	ID ON BODY AND	DISPOSITION OF SAME		• .	·		
None							*
				•	٠		•
<b> </b>		·			<del></del>	<u></u>	· <del></del> =-
Section 2.—BURIAL. If other	r than in estab	lished cemetery, furnish sket	ch and map coord	linates on reverse.		; <del></del> -	
NAME, NUMBER, COORDINATE	S, AND LOCATION	OF CEMETERY	<del>-</del>				
. บ. ธ.	Army Maus	coleum, AGRS-PAZ		•			
			name of all	TYPE OF GRAVE	NOT THE WAY	ROW NOXX	Casket
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or	e of ower)	MARKER	Manila S		248
3: Nov: 50		Final type ca	sket		scall IB	20110U	°.≉0
WAS THIS A REBURIAL?	IF A REBURIAL, I	I INDICATE NAME, NUMBER, COOR	IDINATES OF PREVI	OUS CEMETERY, AND I	Odation of G	RAVEay	Crypt
(Yes or no)	4000	Manager 16 43	י פ		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1	GRAVE No.
Yes		Mausoleum, Manila	<del></del>	-	812	B	370
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	TING BURIAL RITES		TON TAGS NOT USED. BURIED WITH BODY	DESCRIBE IDE	NTIFICATION	DATA AND
					•		
IDENTIFICATION TAG BURIED BODY (Yes or no)		FIFICATION TAG ATTACHED TO RKER (Yes or no)	-				
***		<b>(a-4a-2a</b> -				•	
BODY BURIED ON DECEASED I	EFT, NAME (Last,	, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAVE	E No.
Not applicable	due to	۵		4-4-4	***	-	•
BODY BURIED ON DECEASED I		st, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAVI	E No.
manner of sto		<b>*</b> •	•				
SIGNATURE OF PERSON PREPA	TRÎNG REPORT	1	SIGNATURE OF	GRS OFFICER VERIFYI	NG REPORT	<del></del> -	
1 Show	<4. √	Farmer 1	1	Fully &	trus	,	
LEROY F.	AURNER, A		<del></del>	ANLEY EX MAY	·	QMC	
DISTRIBUTION OF REPORT	: Signed origin	al for U.S. and allied dead, s	igned original and	d one copy for enemy	y dead, fo the	Quartermas:	ter General

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	Section JUNI	DENTIFIED REM	MAINS.	<u></u>			
LEFT LITTLE FINGER R	i bianes venicie	care will be ta anatomical ch number; positi					atity of unidentified re- er," such as shoe size, serial numbers of air- eers and thumbs in the condition of each and Tooth chart will not be
LEFT RING FINGER	l —————	<del>-</del>	OR OF EYES	COLOR OF H		BIRTHMARKS, SCAF	
LEFT MIDDLE FINGER	WEAPON AND SEF		LAUNDR	Y MARKS		WHERE BODY WAS I	BURIED OR FOUND
LEFT INDEX FINGER	FILLINGS		SILVER FILE	.ING	<del></del>	3 2 0 0	2
LEFT	CAVITIES		CAVIT	Y ED	5 6 7 8	UPFER	03-4-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-
RIGHT Тнимв	MISSING TEI		TOOTH MISSI		W	EPRESENTS THE	MOUTH WIDE OPEN
RIGHT INDEX FINGER	BRIDGE WOR				15 14 ( 14 ( 13 1 12	LOWER LOWER	15 14 13 12
PHOSE PROPERTY OF THE PROPERTY	PART SKETCH			RDINATES FOR		THER THAN ESTABL	ISHED CEMETERY
RIGHT LITTLE FINGER	IKEMARKS:	<b>८७७</b> ७००००		61.0		•	

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WD QMC FORM 1042 (Rev. 1 Apr. 1945)	APR 5	REPORT OF	INTERMEN	STORAGE	DATE	OF REPORT		
(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	ī,	(AR 30-1810 at	nd AR 30-18	<b>ンす</b> むれ <u>み</u> ふここ 15)	2	20 Oct 4	<u> 1</u> 7	
Imprint Identification 7		e. Section 1.—IDENTIFICATION.			ı		·	
DO NOT TY	PE	NAME (Last, first, middle initial)			SERIA	AL No.		
	1	UNKNOWN X-833 (	•			En los comos		
15		USAF Cem Manila	ORGANIZATION	1, F.1./		Inknown		
	0		ORGANIZATION	\$15.000		BRANCH OF SERVICE		
[ ]		Unknown	Unknown	ı	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	hknown		
	/	RACE	RELIGION	-: '	IF OTHER TH NAME OF C	AN U.S. DEA	ID, GIVE	
		Unknown	Unknown	1				
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH		
Camp O'Donnell		- The lease come				En lan anna		
POW Camp, Luzo						hknown	<u> </u>	
	:##6; 1 CMU(10:301**)p	i, and accress;					1	
Unknown								
IDENTIFICATION TAGS FOUN (1, 2, or none)	D ON BODY	IF NO TAGS FOUND ON BODY, E	DESCRIBE MEANS O	F IDENTIFICATION (If	unidentified, fi	I in section 3	on reverse)	
None								
WERE SUBSTITUTE TAGS PRO	VIDED?(Yes or	no)						
Yes (2).								
LIST PERSONAL EFFECTS FOL	JND ON BODY A	AND DISPOSITION OF SAME		<u>.</u>				
		•						
None								
		<i>;</i>						
Section 2.—BURIAL. If oth	er than in es	tablished cometery, furnish sketch	n and map coordi	nates on reverse.		<del></del>		
NAME, NUMBER, COORDINATE			•			<u> </u>		
		Sapa Menan and I						
DATE OF BURIAL	HOUR	GRS MAUSOLEUM, I	<del></del>	TYPE OF COME	I DI OT NO	DOW NO	T CONTRACT	
STORAGE	HOUR	BURIED IN (Shroud, blanket, or no	ime of older)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
16 Oct 47	0800	Casket		None	812	B	370	
WAS THIS A REBURIAL?	IF A REBURIA	AL, INDICATE NAME, NUMBER, COORD	INATES OF PREVIO	US CEMETERY, AND LO	CATION OF G	RAVE	-	
(Yee or no) RESTORED					PLOT No.	ROW No.	GRAVE No.	
Yes	<del>!</del>	emetery Manila #2, L			2	12	1510	
TYPE OF RELIGIOUS CEREMONY	PERSON CONI	DUCTING BURIAL RITES	IF IDENTIFICATION CONTAINERS BU	ON TAGS NOT USED, D JRIED WITH BODY	ESCRIBE IDE	NTIFICATION	DATA AND	
IDENTIFICATION TAG BURIED	WITH 10	DENTIFICATION TAG ATTACHED TO						
BODY (Yes or no)	, A	MARKER (Yes or no)			•			
Yes		Yes					$\wedge$	
BODY BURIED ON DECEASED	LEFT, NAME (I	Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	I		
STORED						CR	4P~	
UNKNOWN X-836			]				372 -	
STORED	RIGHT, NAME (	(Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO			
UNKNOWN X-837						-	368	
SIGNATURE OF PERSON PREP	ARING REPORT	T	SIGNATURE OF G	RS OFFICER VERIFYING	AEPORT			
Win The	2			withing	wh.			
Wm R GIIBERT,	Adm Ass	t	LUCIO	S PANOPIO J	R/ 2d Lt	INF		
DISTRIBUTION OF DECOM	F: C:44	Minut don Fr. Co. and a High don don't	4					

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.

Jack 202

		CONTRACTOR DEPARTMENT
) . <b>.</b> /.	LEFT LITTLE FINGER	INSTRUCTIONS:  (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.  (b) A fingerprint; or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no 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
	RING.	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.
: 1:1 : <sup>1</sup>	LEFT RING FINGER	HEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS
·	MIDDL	WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND
· · ·	LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES
	LEFT INDEX FINGER	FILLINGS SILVED FILLING
	¥	FILLINGS SILVER FILLING GOLD FILLING  CORRES  SILVER FILLING  CORRES
	BWNH1 LABT	CAVITIES CAVITY DECAYED 5 UPPER 7 7
	RIGHT THUMB	MISSING TEETH  TOOTH MISSING  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  TOOTH MISSING  DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  16
	RIGHT INDEX FINGER	BRIDGE WORK  GOLD BRIDGE  GOLD BRIDGE  13  14  15  16  17  18  19  19  10  10  10  10  10  10  10  10
	RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
	RIGHT RING FINGER	REMARKS:
SA NOV.	RIGHT LITTLE FINGER	Identification Check List and Dental Chart accomplished.

# EPATRIATION RECORDS BRAHCH IDENTIFICATION SECTION MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

U-1021

THE OLD TODAY	······	R			DATE	OF REPORT	
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF (AR 30-1810 an				january	1946
		<u> </u>					<del>/</del>
Imprint Identification Tag DO NOT TYPE		Section 1.—IDENTIFICATION.  NAME (Last, first, middle initial)			SERIAL	_ No.	
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(					<u> </u>	··· on ordina	
	0	GRADE	ORGANIZATION		BRANC	CH OF SERVI	CE
// · · · · · · · ·							,
		RACE	RELIGION		IF OTHER THE NAME OF CO	N U. S. DEA	D, GIVE
			,				
PLACE OF DEATH		CAUSE OF DEATH	<u> </u>		DATE (	OF DEATH	
Camp O'Donnell Po Luzon, P. I	,						
EMERGENCY ADDRESSEE (Name	e, relationship, and	l address)	•				
IDENTIFICATION TAGS FOUND (1, 2, or none)	ON BODY	IF NO TAGS FOUND ON BODY, D	ESCRIBE MEANS O	F IDENTIFICATION (If	unidentified, fill	in section 3	оп гейетве)
None.							
WERE SUBSTITUTE TAGS PROVI	DED?(Yes or no)	·					,
Yes (2)							
LIST PERSONAL EFFECTS FOUN	D ON BODY AND	DISPOSITION OF SAME			. ,		
Aud 1479				•			,
proc. / / /		يستاري والمرازع	<del>-</del>	_			ļ
		None ·					
Section 2.—BURIAL. If other	than in establ	ished cometery, furnish sketch	and map coordi	nates on reverse.			
NAME, NUMBER, COORDINATES	, AND LOCATION	OF CEMETERY	•				
*,	nila No. 2	P. Luzon, P. I.					
DATE OF BURIAL	HOUR .	BURIED IN (Shroud, blanket, or no	ıms of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
23 pec. 1945	0900,	Shelter Half		Cross	2	12	1510
WAS THIS A REBURIAL? (Yes or no)	F A REBURIAL, II	NDICATE NAME, NUMBER, COORD	INATES OF PREVIO	US CEMETERY, AND LO	<del></del>		
	merican I	POW Cemetery Campo	Donnell, I	uzon, P. I.	PLOT No.	ROW No.	GRAVE No.
	PERSON CONDUCT	TING BURIAL RITES	IF IDENTIFICATION	ON TAGS NOT USED, I			<u> </u>
CLILLINGITI							1 -
IDENTIFICATION TAG BURIED V BODY (Yes or no)		IFICATION TAG ATTACHED TO KER (Yes or no)		•	-		
yes		Yes		/	•	<del></del>	
BODY BURIED ON DECEASED LE	FT. NAME (Last,	first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAVI	E No.
BOLDT, Merve H.	•			19051981		l 1	509
BODY BURIED ON DECEASED RI	GHT, NAME (Las	, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAV	E No.
GASWAY, Howard D.				35001138			1511
SIGNATURE OF PERSON PREPAI	RING REPORT	B	SIGNATURE OF G	RS OFFICER VERIFYING	G REPORT	<del>. , , </del>	
	R. C. B	ARRETT, T/4, GRS.	ı	E. M. MOOF	E, 1st I	t., Qi	c.

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.

فمع مسر	r   1914	ا مماست <sub>انت</sub> ار	RESTRICTED
		· ·	Section 3.—UNIDENTIFIED REMAINS.
e de la companya de l	M. J. Janes	LEFT LITTLE FINGER	!NSTRUCTIONS:  (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; are the most valuable of all clues. Imprint all fingers and thumbs in the
	8 83 48 F	LEFT RING FINGER	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
		LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND  OTHER IDENTIFICATION CLUES
		LEFT INDEX FINGER	FILLINGS  SILVER FILLING  GOLD FILLING  4  3  2  3  3  3  4
		LEFT THUMB	CAVITIES  CAVITY DECAYED  WISSING TEETH  TOOTH MISSING
		RIGHT THUMB IN	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN  15  LOWER  D IAGRAM REPRESENTS—THE-MOUTH-WIDE OPEN  LOWER  LOWER
	ن کی گ	RIGHT INDEX FINGER M	BRIDGE WORK  GOLD BRIDGE  14  13  12  10  10  19  10  10  10  10  10  10  10
/		RIGHT :	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
		RIGHT RING FINGER	REMARKS:
		RIGHT LITTLE FINGER	