

COMINT 295
GRS Far East

7 April 1950

SUBJECT: Identification of World War 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:

<u>Present</u> <u>AGRS Maus Manila</u> <u>X-No</u>	<u>Former</u> <u>USAF GEM Manila #3</u> <u>X-No</u>	<u>FEA Unit</u>	<u>Page</u>
X-368	X-52	1	1
X-869 ✓	X-397	1	6
X-1628	X-3449	1	17
X-2447	X-3076	1	12

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

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

H. McLaurin:dal
E. H. White

Copy furnished: CINCPAC, APO 500

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APG 900
15 Mar 1950

GRPZ 293

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-368	AGRS Mslm	UNKNOWN X-1628	AGRS Mslm
" X-369	" "	" X-2348	" "
" X-1498	" "	" X-2447	" "
" X-1502		" X-4207	Manila #3

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

FOR THE COMMANDING OFFICER:

JOHN SHYFULA
1st Lt., Infantry
Adjutant

8 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/add

/bpm

1

Interred 9 Feb 1950 14 FEB 50
 N 16 107 Ft. McKinley PEA 1042 DTD 25 Feb 52
 Ft 2-7-87
Carl H. Mark
DISINTERMENT DIRECTIVE
CARL R. H. MARK

Cemetery Superintendent
 SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00252

DATE
15 06 48
 DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH		
		UNKNOWN X - 000397			0			
CEMETERY						DISPOSITION OF REMAINS		
USAF CEMETERY MANILA NO. 2						0 7701 180		
ROW	GRAVE	COUNTRY		CODE		DIST. PT.		CAUSE OF DEATH
2	14	PHILIPPINE ISLANDS		6				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 - 397 (Maus) UNK X - 869			May 42	21 Sept 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		C. MAXLEE FANN 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

One (1) Remains Tag - Unk X- 869, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
21 Sept 48		<i>C. Maxlee Fann</i> C. MAXLEE FANN
CASKET SEALED BY	SHIPPING ADDRESS VERIFIED BY	
C. MAXLEE FANN	CHARLES R. BATES, 1st Lt., USAFR.	
CASKET BOXED AND MARKED		
21 Sept 48	HORACE L. ALLISON	
DATE	BY	
	Sgt., INF.	

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

Charles R. Bates
CHARLES R. BATES, 1st Lt., USAFR.
 SIGNATURE OF GRS INSPECTOR

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

1-4 APR 1948
 REGISTRATION
[Signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE MAR 8 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 LOBL WCKTIFEX CEMETERY	DATE	SIGNATURE OF RECEIVER THE DECISION	DATE

6. SHIPPED

FROM S T4 TEOB BHTFIDME		TO STVADZ	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER WBLEBA WVAIV	DATE 100	SIGNATURE OF RECEIVER	DATE 100

UNKNOWN SHIPPED 100.25.3

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER 00525	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEAD QUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

26 Feb 1950

(Date)


SUBJECT: Unidentifiable Remains

TO: The Quartermaster General,
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

The records pertaining to Unknown X- 397, Plot 2,
Row 14, Grave 1697, USMC Manila #2, Luzon, P.I., have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Received 3 Apr 50 OQMG
Not identifiable from
information presently
available *Walt J. ...*
Ident. sec.
7 Apr 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-869 (Formerly X-397 Manila #2)				2. DATE OF REPORT 26 Feb 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 812	5. ROW B	6. GRAVE 506	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'10 1/4"	10. COLOR OF HAIR UTD	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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

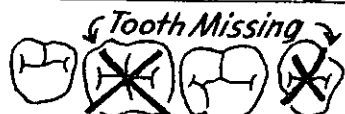
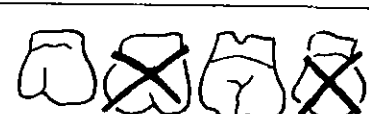






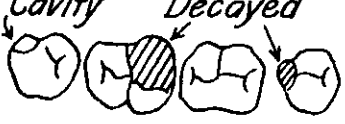

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

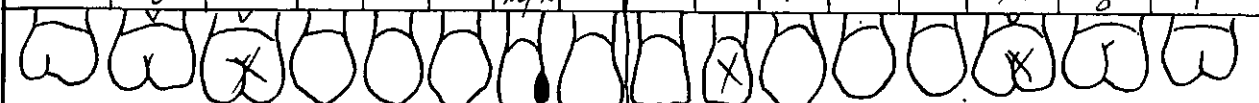



N O N E

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

18.

TOOTH CHART

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

		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		10	$\frac{a}{o}$	X				$\frac{a}{mph}$	10	10	X	10			X	$\frac{a}{o}$	10	
Side Views																		Side Views
Top Views	UPPER																	
	LOWER																	
Side Views																		Side Views
			$\frac{a}{o}$	X	$\frac{a}{od}$										X	$\frac{a}{o}$		
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

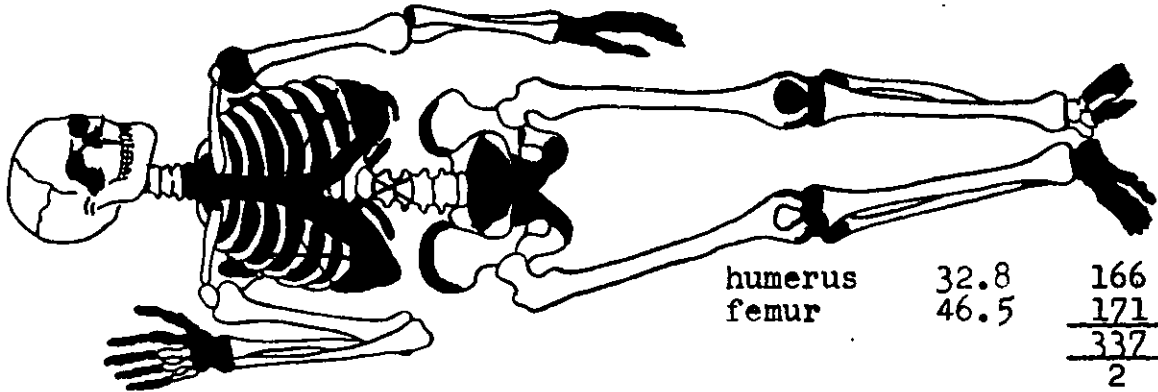
Paul R. Nichols

PAUL R NICHOLS
Chief, Ident. Section

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'10 1/4"

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ 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 3/4 inches.

Estimated weight of remains - 9 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, Ident. Section

SIGNATURE

Paul R. Nichols

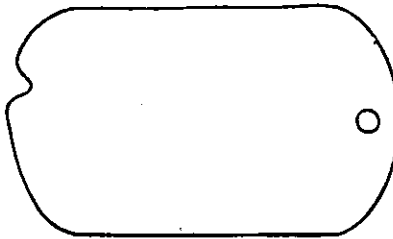
RESTRICTED

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
25 Feb 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-397 Manila #2		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH Tagaytay City Luzon, P.I.	CAUSE OF DEATH KIA - Bayoneted by Japs	DATE OF DEATH May 1942
--	---	---------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
293 Tank Manila #2 X-397

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
2 (Substitute)	<i>JL</i>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
No	

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

UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
14 Feb 52	--	Casket	Cross	F	2	107

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	US MILITARY CEMETERY, FT WM MCKINLEY, P.I.	N	16	107

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		<i>Name Mc ... Action ... 18 MAR 52</i>

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT <i>Edward L. Berg</i> EDWARD L. BERG, Cpl., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 1st Lt., OMC
---	--

DISTRIBUTION OF REPORT. Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Copy to ABME 16-43007-1

Incl #361

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


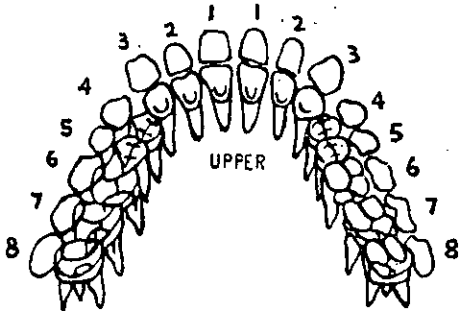
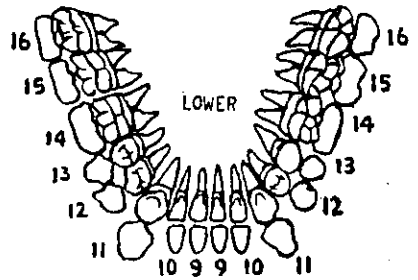




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

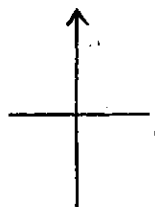
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Grave 107, Row 2, Plot F, was formerly occupied by UNKNOWN X-42 Finschhafen #2, disinterred and shipped to ZI.

/arm

RESTRICTED

U 1258

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

APR 5 1947

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

DATE OF REPORT

21 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-869 (Formerly Unk X-397, USAF
Cem Manila #2, Luzon, P.I.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Tagaytay City,
Luzon, P.I.

CAUSE OF DEATH

Bayoneted by Japs

DATE OF DEATH

May 42

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

GRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL

STORAGE
17 Oct 47

HOUR

0800

BURIED IN (Shroud, blanket, or name of other)

STORAGE

Casket

TYPE OF GRAVE
MARKER

None

PLOT No.

DANGER
812

ROW No.

BAT
B

GRAVE No.

CRYPT
506WAS THIS A REBURIAL?
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Cemetery Manila #2, Luzon, P.I.

PLOT No.

2

ROW No.

14

GRAVE No.

1697

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION 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)

STORAGE

UNKNOWN X-894

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
508

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

STORAGE

UNKNOWN X-893-B

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
504

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOPIO, Jr, 2d Lt, Inf

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Incl 951

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
--------	--------	---------------	---------------	-------------------------------

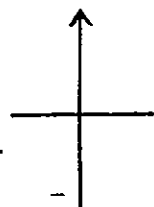
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.

24 NOV 1947

X-869

IDENTIFICATION DENTAL CHART

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

(Formerly Unk X-397
USAF Cem Manila #2,

17 Oct 47
DATE

UNKNOWN X-869 - Luzon, P.I.)
LAST NAME FIRST INITIAL

Unknown
RANK

Unknown
SERIAL NO.

Unknown

Unknown

Tagaytay City,
Luzon, P.I.

A GRS MAUSOLEUM
Manila, P.I.

ORGANIZATION
812 B 506

PLACE OF DEATH

PLACE OF BURIAL
STORAGE















PLOT ROW GRAVE NO.
BANGER BAY CRYPT

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		UPPER TEETH																	
TYPE		⊗	⊗	A				S	⊗	⊗	X	⊗			A	⊗	⊗	TYPE	
LOCATION				o				fnd							m			LOCATION	

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
		LOWER TEETH																	
TYPE		X		A	A										A		X	TYPE	
LOCATION				o	db										o			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)

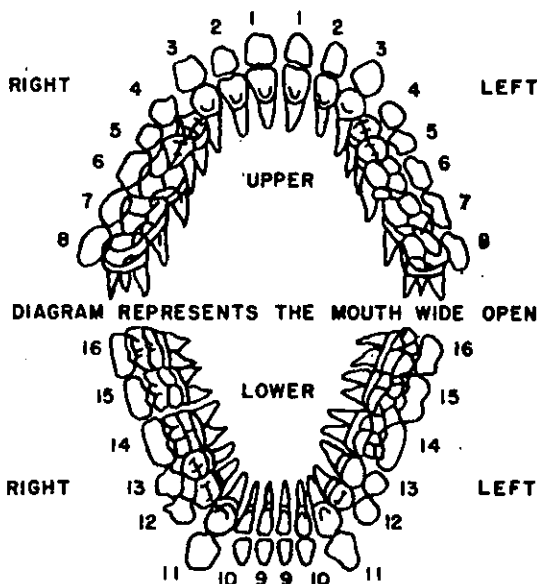
INSTRUCTIONS:

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:

Maxilla fractured between R-1 & L-1

/s/ Magno A. Noble
SIGNATURE OF PERSON WHO PREPARED CHART.

/s/ Alton E. Jones
VERIFIED BY GRS OFFICER

/p/ MAGNO A. NOBLE
NAME AND RANK TYPED OR PRINTED

/p/ ALTON E. JONES
NAME AND RANK TYPED OR PRINTED

CIP AGRS Mausoleum Manila P. I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

17 Oct 47
DATE

A CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

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

UNKNOWN X-869 (Formerly Unk X-397, USAF
~~Unknown X~~ Cem Manila #2, Luzon, P.I.)

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 812 BANGER BAY CRYPT 506
 Row Grave

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 7 Oct 47
 (Hour) (Date)

2. Place of death Tagaytay City, Luzon, P.I.
 (Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

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

4. Evacuated to Cemetery by _____
 (Name and organization)

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	(Type) /		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	/	N	
* 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 pieces of shoes no markings (type) Service
 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. Chart attached.

Age Height UTD Weight UTD 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, poeks, freckles)

Build
 (Large, fat, thin, muscular)

Hair
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee (Light, color/extent)

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

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

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

Teeth **See Chart attached.** (White, ^T size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) / Circumference of head in inches **21"** (Hat band)

Neck (Size, length, short, normal, wrinkled) / ^T Larynx (Prominent, normal)

Shoulders (Broad, straight, small, rounded) ^D Arms (Length, muscular, color, extent and quantity of hair)

Hands (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers (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 Statement shows that formerly UNK X-397, Manila #2, died in Tagaytay City, May 1942. Cause, Bayonated by the Japs. No ROI bottle nor identification tags found. Estimated weight of remains 6 lbs. No personal effects, other than pieces of shoes.

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/ Alton E. Jones

(Officer's Name)

SP-6 062812

Rank

Service

AGRS Mausoleum, Manila

(Organization)

17 Oct 47

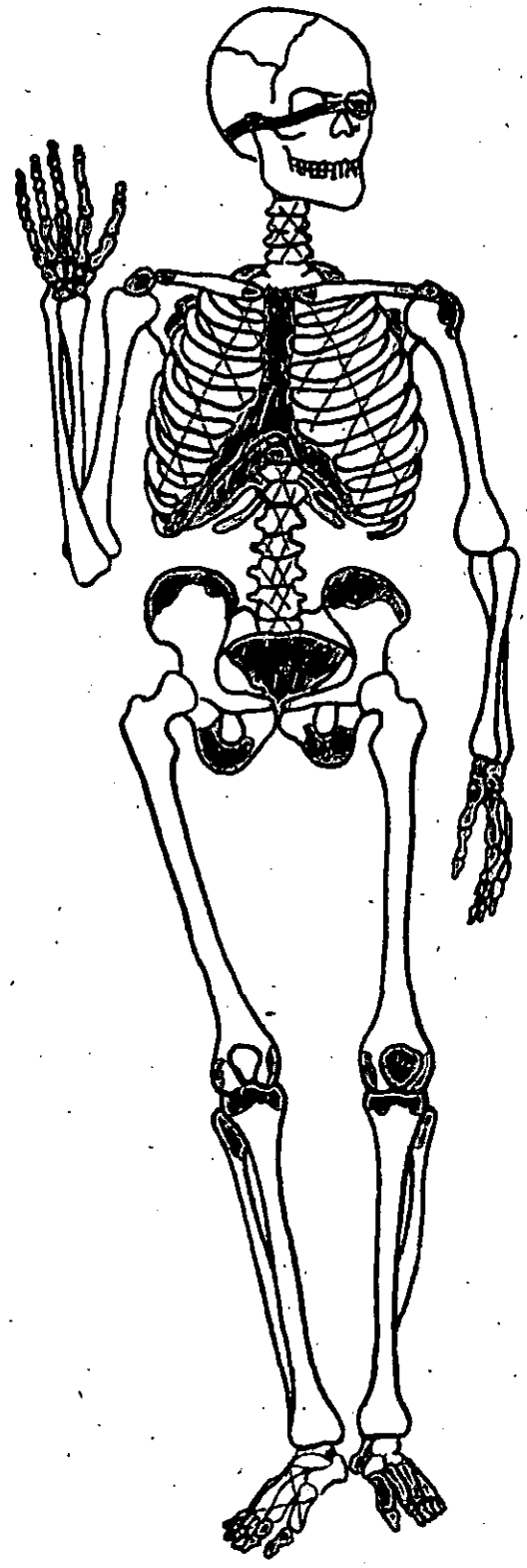
A CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-869

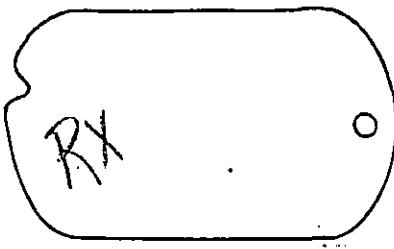
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



RESTRICTED

U-1258

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 <p style="text-align: center;">27 Jan. 46</p>
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN -X- 397 (Cem. Manila #2) (Formerly Unknown -X- 1)		SERIAL No.	
GRADE	ORGANIZATION	BRANCH OF SERVICE	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Tagaytay City, Luzon, P. I.	CAUSE OF DEATH <p style="text-align: center;">Bayoneted by Japs</p>	DATE OF DEATH <p style="text-align: center;">May 42</p>
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center;">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p style="text-align: center;">See Report of Interment on Mann, Foy J. for more information, statement, affidavit, and sketch of isolated grave buried in Grave 1696, Row 14, Plot 2.</p>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p style="text-align: center;">Yes (2)</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 463

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.
26 Dec. 45	0900	Shelter Half	Cross	2	14	1697



WAS THIS A REBURIAL? (Yes or no) <p style="text-align: center;">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Remains disinterred from an isolated grave, approx. 200 yds. West of Ipil Road, Tagaytay City, Luzon, P. I.	PLOT No.	ROW No.	GRAVE No.
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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
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p style="text-align: center;">Yes</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center;">Yes</p>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p style="text-align: center;">MANN, Foy J.</p>	RANK <p style="text-align: center;">Cpl</p>	SERIAL No. <p style="text-align: center;">19012883</p>	ORGANIZATION	GRAVE No. <p style="text-align: center;">1696</p>
---	--	---	--------------	--

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p style="text-align: center;">LUCAS, Andrew</p>	RANK	SERIAL No. <p style="text-align: center;">16948154</p>	ORGANIZATION	GRAVE No. <p style="text-align: center;">1698</p>
---	------	---	--------------	--

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.

RESTRICTED

Incl 2'

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


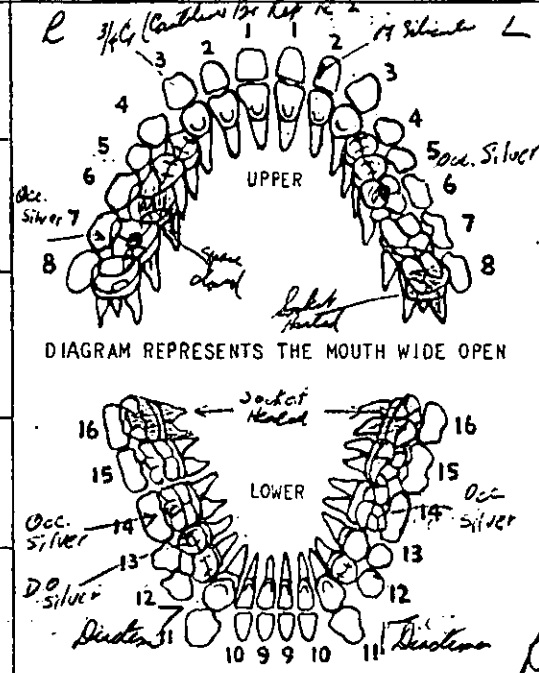




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

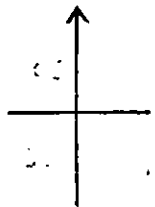
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	<p><i>R</i> $\frac{3}{4}$ <i>(Cautions for Rep R)</i> <i>L</i> <i>14 Silver</i></p>  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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: