Qualit 293 CES Fer Dest

23 November 1949

SUBJ CT: Approval of Unidentifiability

To Commanding Officer
American Draves Registration Service
Philosm Some
APO 900, o/o Postmaster
Sen Transisse, California

l. Reference is made to Certificates of Unidentifiability for the following Unknown December:

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Unknown X-125, ACES Hous. Santia, formerly 1-277, WHAF Com. San. (2, P. 1.
        X=600, "
                                             A-111, 0
                                                                  · R. Pala
        1-601, "
                                             Amilia,
                                                                   . R. Pala
    Emelly "
                                                                  . R. Fale
                                             I-507. "
                                                               " . 2. Pal.
                                             /-351./"
-150/"
                                                                  . 2. P.L.
                                                               . 2. P.I.
       2-1501. *

x-2501. *

x-2501. *

x-4717. *
                     38
                                            X-671, "
X-2138, "
X-2353, "
                                                          " . " . /2, P.I.
                                                        . .
                     $7
                                                                " . 12. P.I.
                                                          " . " . 12, P.I.
                                             X-538。 *
                                                                " . 22. P.I.
      2001.79E "
                                                                " . (2, P.l.
                                             300550
        X-5100, UDAY Com. Sam. FR. F.L., formerly K-119-B, ASSE Monn. Sam.
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2. Recommendations for Unidentifiability have been approved by this Office. Request your records be assended accordingly.

FIR THE CHARTENDETER SHEEKAL

I. H. MIX Lt. Colonel, 23 Managinal Division

REB

cos Adm. Section

L. M. Widte

d. Windsor

CO. CINCYL

学習書

# HEAD-JUARTERS AMERICAN GRAVES RECIETRATION SERVICES PHILION FORE

GRPZ 295

APO 900 20 October 1919

SUBJECTy Unidentifiable Remains

TOR

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

1. In accordance with the provisions of your letter, file DEME 295, CRE (Far East), dated 17 September 1913, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at ACRE Mauscleum, Manila, P.I., have been processed by the Gentral Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

| UN KNOW | X-3147     | ACESI<br># | Melm |  | UNKNOWN | X-150L      | AGRS  | Melm |
|---------|------------|------------|------|--|---------|-------------|-------|------|
| **      | A.M. (ELT) | 19         | ti   |  | 80      | 1.000 3 1/4 |       | **   |
| ***     | 2~600      |            |      |  | 44      | X=250L      | 91    | **   |
|         | X=001      | 75         | **   |  | 912     | 1-2506      | FT.   | 65   |
| 18      | 1409       | 79         | 33   |  | 73      | 1-2753      | 34    | 44   |
| 64      | 1.4792     | . 16       | - 69 |  | 29      | Z-2864      | 44    | 48.  |
| 27      | X=034      | 9          | 10   |  | 11      | 144108      | Mana, | la R |
| 贫       | 1-006      | レ業         | - 67 |  | 91      | A-1121      | AGRS  | sla  |
| 59      | 1-145      | 5 4        | 46   |  | 11      | X-4110      |       |      |
| 健       | 3-1430     | 3 **       | - 97 |  | 99      | Im4747      |       |      |
| R       | X=11.35    | 9 "        | 15   |  | 赘       | X=1792      | 85    | 22   |

2. Forwarded herewith, for your consideration, are new QNC Forms 1014, for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

22 Incls QMC Porms 1014, w/Certificates of Unidentifiability

JOHN SHYPULA lat bt., infantry Adjutant

| CEMETERY  WANTLA NO 2  DAY MANTH YEAR  DISPOSITION OF REMAINS  CAUSE OF DEATH  SECTION B — CONSIGNEE AND NEXT OF KIN  MAME AND ADDRESS OF CONSIGNEE  FORT MCK INLEY CEMETERY  MANILA, PHILIPPINE ISLANDS  SECTION C — DISINTERMENT AND IDENTIFICATION  NAME UNKNOWN X — 000420  (Maus) UNK X — 886  IDENTIFICATION TAG ON ORGANIZATION  SECTION C — DISINTERMENT AND IDENTIFICATION OF REMAINS  UNKNOWN  REMAINS  UNKNOWN  SECTION C — DISINTERMENT AND IDENTIFICATION  RELIGION  RELIGION  DENTIFICATION VERIFIED BY  C. MAXLEE FANN  Embalmer  NAME AND TITLE  SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  CONDITION OF REMAINS  Shelter Half  Skeletal  DIHER MEANS OF IDENTIFICATION  MINOR DISCREPANCIES 1  UNK. X — 886, AGRS Mausoleum  TEMAINS PREPARED AND PLACED IN CASKET  | /add_  | -                                     | *  |   |                 |                 |                   |            |                             |           |
|--|--|---------------------------------------|--|---|-----------------|-----------------|-------------------|------------|-----------------------------|-----------|
| CARLE R. H. MARK CEMBETERY SUPERINTENDENT  CEMBETERY WANTELA NO 2  CEMBETERY MANIELA NO 2  CONTROL OF REAL PROPERTY  MANIE AND ADDRESS OF CONSIGNEE  FORT MCKINLEY CEMBETERY MANIELA NO 2  CAUSE OF GEATH  SECTION B — CONSIGNEE MANIELA NO 2  CAUSE OF GEATH  SECTION B — CONSIGNEE MANIELA NO 2  CAUSE OF GEATH  NAME AND ADDRESS OF CONSIGNEE  FORT MCKINLEY CEMBETERY MANIELA, PHILIPPINE ISLANDS  SECTION B — CONSIGNEE MANIELA NO 2  SECTION C — DISINIERMENT AND IDENTIFICATION  NAME UNKNOWN X — COO420  (IMALIS) UNK X — 886  IDENTIFICATION AND ORGANIZATION  SECTION D — PREPARATION OF REALISE FOR SHIPPENT  NAME AND ADDRESS OF DENTIFICATION  SECTION D — PREPARATION OF REALISE FOR SHIPPENT  CONDITION OF REALISE  UNK X — 886, AGRS Mausoleum  MINOR DISCREPANCES I  UNK X — 886, AGRS Mausoleum  C. MAXLEE FANN  C. MAXLEE F | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \  |                                       |  | • •   | V (p.e.         |                 |                   |            |                             |           |
| Ceme tery Superintendent SECTION A- NAME   | $\mathcal{L}_{\mathcal{J}}}}}}}}}}$   | 2 12 1                                | DIS  | SINTERN   | IENT DIREC      | TIVE            | •,                |            |                             |           |
| Ceme tery Superintendent SECTION A- NAME   | 5/   | Larle                                 | mark   |   |                 |                 | •                 | : .        |                             | ,         |
| NAME NAME  N | CAL  | LR. H. MA                             | HK   |   | DIRECTIVE MILL  | ncn             |                   | 0.75       | ``                          |           |
| NAME    SERIAL NUMBER   RANK   ARM DATE OF DEATH   CONTROL OF SERIAL NUMBER   COUNTRY   COUNTRY  | SECTION  | Becery Supe<br>JNA-                   | erin cenden t  | •   | ł               |                 | <b></b>           | i          |                             |           |
| SERIAL NUMBER  UNKNOWN X - 000 20  | NAME   | AND BURIAL LOCA                       | ATION OF DECEASED  |   | 6646            | <b>6025</b>     | <b>)</b>          | 1          |                             |           |
| CEMETERY MANILA NO 2  DAY MONTH TEAR  DAY OF THE TEARY MANILA NO 2  TOTAL BO CODE DIST. FT.  COUNTRY  CODE DIST. FT.  CODE DIS | NAME   |                                       |  | SERIAL NU   | MBER · ~        | RANK-           | ARM               |            |                             | 7 400 112 |
| DISPOSITION OF REMANS  USAF CENETERY MANILA NO 2  O 7701 80 CODE  SECTION B — CONSIGNEE  FORT MCK INLEY CEMETERY  MANILA, PHILIPPINE ISLANDS  SECTION B — CONSIGNEE  FORT MCK INLEY CEMETERY  MANILA, PHILIPPINE ISLANDS  SECTION C — DISINTERMENT AND IDENTIFICATION  NAME  UNKNOWN X — COC420  (Maus) UNK X — 886  IDENTIFICATION TAG ON COGANIZATION  SECTION D — PREPARATION OF REMANS  IDENTIFICATION TAG ON COGANIZATION  MARKER  UNKNOWN SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  AUTURE OF BURBAL  SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  CONDITION OF REMAINS  Skeletal  THERE MEANS OF IDENTIFICATION  MINOR DISCREPANCIES I  Unk. X — 886, AGRS Mausoleum  MINOR DISCREPANCIES I  Unk. X — 886, AGRS Mausoleum  C. MAXLEE FANN  EMABANS PREPARED AND PLACED IN CASKET  AUTURE OF BURBAL  C. MAXLEE FANN  C. MAXLE |  | 1                                     | UNKNOHN  | X-00  | 00420           | •               | Q.                |            | 1 5                         | 19        |
| NOT CAUSE OF CENTER Y MAN I LA NO 2  O 7701 80 CODE DIST. PI CAUSE OF DEATH  SECTION B — COUNSIGNEE FAIN MAME AND ADDRESS OF NEXT OF KIN  NAME AND ADDRESS OF CONSIGNEE  FORT MCK INLEY CEMETERY  MAN I LA, PHILIPPINE ISLANDS  SECTION C — DISINTERMENT AND IDENTIFICATION  NAME UNKNOWN X — 000420 (Maus) UNK X — 886  SECTION C — DISINTERMENT AND IDENTIFICATION  NAME UNKNOWN X — 000420 (Maus) UNK X — 886  IDENTIFICATION TAG ON ORGANIZATION  WINCH DESTRUCTION OF REMAINS FOR SHIPMENT  ATURE OF BURNAL  SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  ATURE OF BURNAL  Shelter Half  THER MEANS OF IDENTIFICATION  MINOR DISCREPANCIES I  UNK. X — 886, AGRS Mausoleum  MEMAINS PREPARED AND PLACED IN CASKET  OATE 21 Sept 48  BY  C. MAXLEE FANN  C. MAXLEE FANN  ASKET BOXED AND MARKED  HORACE L. ALLISON  SHIPPING ADDRESS VERIFED BY  HORACE L. ALLISON  C. MAXLEE FANN  C. MAXLEE FANN  ASKET BOXED AND MARKED  HORACE L. ALLISON  CHARLES R. BATES, 1st Lt., JUSAFR.  CHARLES R. BATES, 1st Lt., JUSAFR.  SIGNATURE OF GRS INSPECTOR' MAY IMPREDITED TO GRS INSPECTOR' MAY  | CEMENDOY*****  | · · · · · · · · · · · · · · · · · · · | 1/4 to the second secon |   | 7.00            | <u> </u>        | *****             |            | -1                          |           |
| CODE DIST. PT.  CODE DIST. PT.  CAUSE OF DEATH  SECTION B — CONSIGNEE AND NEXT OF KIN  NAME AND ADDRESS OF CONSIGNEE  FORT MCK INLEY CEMETERY  (BY ADMINISTRATIVE DECISION)  NAME AND ADDRESS OF CONSIGNEE  FORT MCK INLEY CEMETERY  (BY ADMINISTRATIVE DECISION)  SECTION C — DISINTERMENT AND IDENTIFICATION  RELIGION  RELIGION DATE DISINTERMENT AND IDENTIFICATION  RELIGION DATE DISINTERMENT  C. MAXLEE FANN  C. MAXLEE FANN  SHOULD AND MAKER  UNIK. X — 886, AGRS Mausoleum  REMANS OF IDENTIFICATION  MINOR DISCREPANCIES I  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  UNIK. X — 886, AGRS Mausoleum  REMANS PREPARED AND PLACED IN CASKET  C. MAXLEE FANN  C. MAXLEE  |  | TERY                                  |  | m 2   |                 | - 74<br>74 - 74 | <b>.</b>          |            |                             |           |
| SECTION B — CONSIGNEE AND NEXT OF KIN  NAME AND ADDRESS OF CONSIGNEE  FORT MCKINLEY CEMETERY  MANILA, PHILIPPINE ISLANDS  SECTION C — DISINTERMENT AND IDENTIFICATION  SECTION C — DISINTERMENT AND IDENTIFICATION  NAME UNKNOWN X — COO420  (Maus) UNK X — 886  IDENTIFICATION TAG ON ORGANIZATION  MARKER  UNKNOWN  SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  VATURE OF BURIAL  SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  VALUE OF BURIAL  SHEALT SCHEDARD  WINNOR DISCREPANCES !  UNK. X — 886, AGRS Mausoleum  SEMAINS PREPARED AND PLACED IN CASKET  UNK. X — 886, AGRS Mausoleum  SEMAINS PREPARED AND PLACED IN CASKET  OATE 21 Sept 48  BY  C. MAXLEE FANN  EMBANAS PREPARED AND PLACED IN CASKET  OATE 21 Sept 48  BY  C. MAXLEE FANN  C. MAXLEE FANN  SEMAINS SHEPING ADDRESS VERHED BY  C. MAXLEE FANN  C. MAXLEE FAN |  |                                       |  |   |                 |                 |                   | 1          |                             |           |
| SECTION 8 — CONSIGNEE AND NEXT OF KIN  NAME AND ADDRESS OF CONSIGNEE  FORT MCKINLEY CEMETERY  MANILA, PHILIPPINE ISLANDS  SECTION C — DISINTERMENT AND IDENTIFICATION  NAME UNKNOWN X — COO420  (Maus) UNK X — 886  DENTIFICATION TAG ON CRANIZATION  IDENTIFICATION TAG ON COMBANIZATION  SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  NAME AND THE MEANS OF IDENTIFICATION  SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  ACTURE OF BURIAL  Shelter Half  OTHER MEANS OF IDENTIFICATION  MINOR DISCREPANCIES I  Unk. X — 886, AGRS Mausoleum  SECTION D — REMAINS FOR SHIPMENT  ACTURE OF BURIAL  CONDITION OF REMAINS  Skeletal  OTHER MEANS OF IDENTIFICATION  MINOR DISCREPANCIES I  Unk. X — 886, AGRS Mausoleum  SECTION D — REPARATION OF REMAINS FOR SHIPMENT  ACTURE OF BURIAL  CONDITION OF REMAINS  Skeletal  OTHER MEANS OF IDENTIFICATION  MINOR DISCREPANCIES I  Unk. X — 886, AGRS Mausoleum  SECTION D — REPARATION OF REMAINS FOR SHIPMENT  C. MAXLEE FANN  C. MAXLEE | Children of the Control of the Contr |                                       |  |   |                 | ~//             | ٠٠.               |            | OF DEATH                    | • •       |
| NAME AND ADDRESS OF CONSIGNEE  FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS  SECTION C DISINTERMENT AND IDENTIFICATION  NAME UNKNOWN X - 000420 (Maus) UNK X - 886  IDENTIFICATION TAG ON ORGANIZATION  IDENTIFICATION VERREE BY C. MAXLEE FANN  SHELIGION (C. MAXLEE FANN)  Embalmer (C. MAXLEE FANN)  SHELIGION (C. MAXLEE | 2.14.1   | रकार ्रम                              | ILIPRINE   | IS  | LANDS_          |                 |                   | 6          | -                           |           |
| NAME AND ADDRESS OF CONSIGNEE  FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS  SECTION C DISINTERMENT AND IDENTIFICATION  NAME UNKNOWN X - 000420 (Maus) UNK X - 886  IDENTIFICATION TAG ON ORGANIZATION  IDENTIFICATION VERREE BY C. MAXLEE FANN  SHELIGION (C. MAXLEE FANN)  Embalmer (C. MAXLEE FANN)  SHELIGION (C. MAXLEE |  |                                       | SECTION B — COI  | NSIGNEE AN  | D NEXT OF KIN   |                 |                   |            | <u> </u>                    |           |
| MANILA, PHILIPPINE ISLANDS  SECTION C DISINTERMENT AND IDENTIFICATION  NAME UNKNOWN X - OOO420 (Maus) UNK X - 886  (Maus) UNK X - 886  IDENTIFICATION TAG ON ORGANIZATION  INC. MAXLEE FANN  SECTION D - PREPARATION OF REMAINS FOR SHIPMENT  NATURE OF BURIAL  SHELDSON  SHEMAINS  Shelter Half  Unk. X - 886, AGRS Mausoleum  MINOR DISCREPANCIES I  Unk. X - 886, AGRS Mausoleum  MINOR DISCREPANCE AND PLACED IN CASKET  OATE 21 Sept 48  BY  C. MAXLEE FANN  C. MAXLEE FA | NAME AND ADDRESS OF COM  | NSIGNEE                               | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  |   |                 | F NEXT OF KIN   |                   |            |                             |           |
| SECTION C — DISINTERMENT AND IDENTIFICATION  NAME UNKNOWN X — 000420 (Maus) UNK X — 886  IDENTIFICATION TAG ON GRANIZATION  IDENTIFICATION TAG ON C. MAXLEE FANN  SECTION D — PREPARATION OF REMAINS  UNKNOWN  SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  CONDITION OF REMAINS  Shelter Half  Skeletal  Signature  One of Remains  Shelter Half  C. MAXLEE FANN  LEMBALMER (Signature)  C. MAXLEE FANN  CHARLES R. BATES, 1st Lt., USAFR.  SIGNATURE OF GRS INSPECTOR.  | FORT MCKINLE   | Y CEMETE                              | RY   | 1   | DV ADMIN        | ICTOATIV        | יר טי             |            | ONI                         |           |
| SECTION C — DISINTERMENT AND IDENTIFICATION  NAME UNKNOWN X — 000420 (Maus) UNK X — 886  IDENTIFICATION TAG ON GRANIZATION  IDENTIFICATION TAG ON GRANIZATION  IDENTIFICATION TAG ON UNKNOWN  SECTION D — PREPARATION OF REMAINS FOR SHIPPENT  VATURE OF BURIAL  STREAM SOF IDENTIFICATION  SHOP THE MARKER  UNK. X — 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  DATE 21 Sept 48  BY  C. MAXLEE FANN  SHIPPING ADDRESS VERIFIED BY  C. MAXLEE FANN  C. MAXLEE | MANIIA PHII  | IPPINE I                              | SIANDS   | . \   | DI ADMIN        | ISTRATIV        | t. Di             | LUISI      | ON)                         |           |
| NAME UNKNOWN X - 000420 (Maus) UNK X - 886  IDENTIFICATION TAG ON ORGANIZATION IN RELIGION IDENTIFICATION VERHELD BY C. MAXLEE FANN IN RELIGION C. MAXLEE FA |  |                                       | SCANDS   |   |                 |                 |                   |            |                             |           |
| UNKNOWN X - 000420 (Maus) UNK X - 886  IDENTIFICATION TAG ON ORGANIZATION  INVESTIGATION OF REMAINS  UNKNOWN  SECTION D - PREPARATION OF REMAINS FOR SHIPMENT  NATURE OF BURIAL  Shelter Half  Shelter Half  OTHER MEANS OF IDENTIFICATION  MINOR DISCREPANCIES I  Unk. X - 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  ATTE 21 Sept 48  BY  C. MAXLEE FANN  C. MAXLEE FANN  C. MAXLEE FANN  C. MAXLEE FANN  ASKET BOXED AND MARKED  HORACE L. ALLISON  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, 1 st Lt. USAFR  CHARLES R. BATES PATES  |  |                                       | SECTION C — DISINT   | ERMENT AN   | D IDENTIFICATIO | N               |                   |            |                             |           |
| C. MAXLEE FANN   C. M   | NAME TINKNOWN X -  | 000420                                | SERIAL NUMBER  | RANK  | DATE OF DEATH   |                 | DAT               | E DISTINTI | ERRED                       |           |
| IDENTIFICATION TAG ON STREAMINS UNKNOWN C. MAXLEE FANN  SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  NATURE OF BURIAL  Shelter Half  OTHER MEANS OF IDENTIFICATION  WINOR DISCREPANCIES I  Unk. X = 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  OATE 21 Sept 48  BY  C. MAXLEE FANN  C. MA |  |                                       |  |   |                 |                 | 2                 | 7 Se       | nt 48                       |           |
| REMAINS  NATURE OF BURIAL  SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  NATURE OF BURIAL  Shelter Half  CONDITION OF REMAINS  Shelter Half  Skeletal  OTHER MEANS OF IDENTIFICATION  MINOR DISCREPANCIES I  Unk. X = 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  AATE 21 Sept 48  BY  C. MAXLEE FANN  EMBALMER (Signature)  C. MAXLEE FANN  CASKET BOXED AND MARKED  AATE21 Sept 48  SIGNATURE OF GRS INSPECTOR  CHARLES R. BATES, 1st Lt., USAFR.  |  |                                       | <u> </u>   | I   | RELIGION        | IDENTIFICATION  |                   |            | <del></del>                 |           |
| SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  VATURE OF BURIAL  Shelter Half  CONDITION OF REMAINS  Shelter Half  Skeletal  OTHER MEANS OF IDENTIFICATION  MINOR DISCREPANCIES 1  Unik. X — 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  DATE 21 Sept 48  C. MAXLEE FANN  CHARLES R. BATES, 1st Lt., JUSAFR.  CHARLES R. BATES, 1 st Et., JUSAFR.  |  | - CKOPINIZATION                       | _  |   | WEELO IO I Y    | C. MAX          | LEE               | FANN       |                             |           |
| Shelter Half  Shelter Half  Other Means of Identification  MINOR DISCREPANCIES I  Unk. X = 886, AGRS Mausoleum  Remains Prepared and Placed in Casket  Other Maxible Fann  C. Ma | MARKER   |                                       | UNKNOWN  |   |                 | Embalm          | er                | NA         | ME AND TI                   | TLE       |
| Shelter Half  Skeletal  DTHER MEANS OF IDENTIFICATION  MINOR DISCREPANCIES 1  Unk. X = 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  DATE 21 Sept 48  BY  C. MAXLEE FANN  C. MAXLEE FANN  C. MAXLEE FANN  C. MAXLEE FANN  SHIPPING ADDRESS VERIFIED BY  DATE 1 Sept 48  SIGNATURE OF GRS INSPECTOR!  CHARLES R. BATES, 1st Lt., USAFR  SIGNATURE OF GRS INSPECTOR!  SIGNATURE OF GRS INSPECTOR!  | MATURE OF BURNAL   |                                       | SECTION D — PREPARAT   |   |                 | ENT             |                   |            |                             |           |
| Unk. X - 886, AGRS Mausoleum  WEMAINS PREPARED AND PLACED IN CASKET  DATE 21 Sept 48  C. MAXLEE FANN  CHARLES R. BATES, 1st Lt., USAFR.  CHARLES R. BATES, 1st Lt., USAFR.  CHARLES R. BATES, 1st Lt., USAFR.  SIGNATURE OF GRS INSPECTOR  CHARLES R. BATES, 1st Lt., USAFR.   | NATURE OF BURIAL   |                                       |  | CONDITIO  | ON OF REMAINS   |                 |                   |            |                             |           |
| Unk. X - 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  DATE 21 Sept 48  C. MAXLEE FANN  CHARLES R. BATES, 1st Lt., USAFR.  CHARLES R. BATES, 1st Lt., USAFR.  CHARLES R. BATES, 1st Lt., USAFR.  SIGNATURE OF GRS INSPECTOR  CHARLES R. BATES, 1st Lt., USAFR.   | Shelter H  | alf                                   | •  |   | Skeleta         | ıl              |                   |            |                             |           |
| Unk. X - 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  DATE 21 Sept 48  C. MAXLEE FANN  C. MAXLEE FANN  CASKET BOXED AND MARKED  HORACE L. ALLISON  HORACE L. ALLISON  CHARLES R. BATES, 1st Lt. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  SIGNATURE OF GRS INSPECTOR!   | OTHER MEANS OF IDENTIFICA  | TION                                  |  | - L. , <u>-</u> , - , - , - , - , - , - , - , - , - , | ·····           |                 |                   |            |                             |           |
| Unk. X - 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  DATE 21 Sept 48  C. MAXLEE FANN  C. MAXLEE FANN  CASKET BOXED AND MARKED  HORACE L. ALLISON  HORACE L. ALLISON  CHARLES R. BATES, 1st Lt. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  SIGNATURE OF GRS INSPECTOR!   |  |                                       |  |   |                 |                 |                   |            | ٠                           |           |
| Unk. X - 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  DATE 21 Sept 48  C. MAXLEE FANN  C. MAXLEE FANN  CASKET BOXED AND MARKED  HORACE L. ALLISON  HORACE L. ALLISON  CHARLES R. BATES, 1st Lt. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  SIGNATURE OF GRS INSPECTOR!   |  |                                       |  |   |                 |                 |                   |            |                             |           |
| Unk. X - 886, AGRS Mausoleum  REMAINS PREPARED AND PLACED IN CASKET  DATE 21 Sept 48  C. MAXLEE FANN  C. MAXLEE FANN  CASKET BOXED AND MARKED  HORACE L. ALLISON  HORACE L. ALLISON  CHARLES R. BATES, 1st Lt. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  CHARLES R. BATES, 1st Et. JUSAFR.  SIGNATURE OF GRS INSPECTOR!   | MINOR DISCREPANCIES 1  |                                       |  |   | <del></del> -   | <del> </del>    |                   |            |                             |           |
| C. MAXLEE FANN  SHIPPING ADDRESS VERIFIED BY  CHARLES R. BATES, 1st Lt., JUSAFR.  SIGNATURE OF GRS INSPECTOR.  |  | G_1_ 35 (                             | 00/ 2000 25  | <b></b>   |                 |                 |                   |            |                             |           |
| C. MAXLEE FANN  SHIPPING ADDRESS VERIFIED BY  CHARLES R. BATES, 1st Lt., USAFR.  SIGNATURE OF GRS INSPECTOR.  | U  | $n\kappa$ . $\lambda = 0$             | oob, AGRS Mau  | isotem  | n               | •               |                   |            |                             |           |
| C. MAXLEE FANN  SHIPPING ADDRESS VERIFIED BY  CHARLES R. BATES, 1st Lt., USAFR.  SIGNATURE OF GRS INSPECTOR.  | FMAINS DEEDADED AND DIAG   | TED IN CASKET                         |  |   |                 |                 | _                 |            |                             |           |
| C. MAXLEE FANN  SHIPPING ADDRESS VERIFIED BY  CHARLES R. BATES, 1st Lt., USAFR.  CHARLES R. BATES, 1st Lt., USAFR.  CHARLES R. BATES, 1st Lt., USAFR.  CHARLES R. BATES, 1st Et., USAFR.  SIGNATURE OF GRS INSPECTOR   |  |                                       |  |   |                 |                 |                   |            |                             |           |
| C. MAXLEE FANN  C. MAXLEE FANN  C. MAXLEE FANN  SHIPPING ADDRESS VERIFIED BY  CHARLES R. BATES, 1st Lt., USAFR.  SIGNATURE OF GRS INSPECTOR.   | 2016   |                                       | BY   | C. 1  | MAXLEE FA       | NN              | <u> </u>          |            |                             |           |
| SHIPPING ADDRESS VERIFIED BY  HORACE L. ALLISON  CHARLES R. BATES, 1st Lt., USAFR.  I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  CHARLES R. BATES, 1st Lt., USAFR.  CHARLES R. BATES, 1st Lt., USAFR.  SIGNATURE OF GRS INSPECTOR  | CASKET SEALED BY   | . 2                                   |  | EMBALME   | R (Signature)   | an F            | 10 -              |            |                             |           |
| SHIPPING ADDRESS VERIFIED BY  HORACE L. ALLISON  CHARLES R. BATES, 1st Lt., USAFR.  I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  CHARLES R. BATES, 1st Lt., USAFR.  CHARLES R. BATES, 1st Lt., USAFR.  SIGNATURE OF GRS INSPECTOR.   | C. MAXLEE  | FANN                                  | •  | C   | MAXLEE FA       | NN C            | en                | ~          | :                           |           |
| HORACE L. ALLISON  CHARLES R. BATES, 1st Lt., USAFR.  I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  CHARLES R. BATES, 1st Lt., USAFR.  CHARLES R. BATES, 1st Lt., USAFR.  SIGNATURE OF GRS INSPECTOR  | CASKET BOXED AND MARKED  |                                       |  |   |                 |                 |                   |            | /                           |           |
| 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, 1 st Et., USAFR.  SIGNATURE OF GRS INSPECTOR!   |  |                                       |  |   |                 |                 |                   |            | <b>/</b> ;                  |           |
| CHARLES R. BATES, 1 st Et., USAFR'.  |  |                                       | ·  | <del> </del>  |                 |                 |                   |            |                             |           |
| CHARLES R. BATES, 1 st Et., USAFR' SIGNATURE OF GRS INSPECTOR  | I hereby certify   | that all the for                      | regoing operations we  | ere condu   | ted and accor   | mplished unde   | er my             | immedic    | ate super                   | vision    |
| SIGNATURE OF GRS INSPECTOR   | and marme report a   | bove is correct                       | ь.   |   |                 | 11/5            | $\checkmark$      | -V         |                             |           |
| SIGNATURE OF GRS INSPECTOR   |  |                                       |  | M   | TALLO []        | Mai             | 21.               | 41 113     |                             | 00        |
|  |  |                                       | <u></u>  | CHAF  | RLES R. E       | ATES, 1         | st <sup>t</sup> F | t.,        | USAFR <sup>(</sup>          |           |
| Trepare Discrepancy Report GINC Form 1194a for major discrepancies.  | I Propose Di   | Para at 01/0                          | F 1104 /   |   |                 | OF GRS INSPECT  | OR 1              | cri        | —— <del>~</del>             | <u></u>   |
|  | riepare Discrepano   | y Keport UMC                          | Form 1194a for majo  | r discrepa.   | ncies.          | 1               | ME">-             | 7'V.       | $\mathscr{A}_{\mathcal{M}}$ |           |
|  |  |                                       | , ,  |   |                 |                 |                   |            | //                          |           |

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| FROM  |                                       | ТО   |             |
| AGRS MAUSOLEUM                              |                                       | FORT MCKINLEY MILITARY CEMETERY  |             |
| KIND OF CONVEYANCE                          | (                                     | MANEOF CONNOVER 1 1588   | ,           |
| TRUCK SIGNATURE OF SHIPPER                  | DATE                                  | SIGNATURE OF RECEIVER  |             |
| SIGNATURE OF GRAPER                         | , DATE                                | 1 (1) (1) (1) (1) (1) (1)  |             |
| <u> </u>                                    |                                       | Career trainer JAN 1 133   |             |
| 1 10 10 10 10 10                            | 2. SH                                 | IPPED  |             |
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| KIND OF CONVEYANCE                          | · · · · · · · · · · · · · · · · · · · | NAME OF CONVOYER   |             |
| THE OF CONVETANCE                           | •                                     | NAME OF CONVOTER   |             |
| SIGNATURE OF SHIPPER                        | DATE                                  | SIGNATURE OF RECEIVER DATE   | <del></del> |
|   |                                       |  | - 1         |
|   | <u> </u>                              |  |             |
| FROM  | 3. SH                                 |  |             |
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| (IND OF CONVEYANCE                          | <del></del>                           | NAME OF CONVOYER   |             |
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| CONTACTION OF CHIPPER                       | CONTRACTOR                            | 3.50.24.24.77  |             |
| SIGNATURE OF SHIPPER                        | DATE                                  | SIGNATURE OF RECEIVER  |             |
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| FROM TO THAT THE STORY OF A PARTY           |                                       | TO   |             |
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| (IND OF CONVEYANCE                          |                                       | NAME OF CONVOYER   |             |
| SIGNATURE OF SHIPPER                        | DATE                                  | SIGNATURE OF DECEMEN   |             |
| FORT MCKINLEY CEMETERY                      |                                       | SIGNATURE OF RECEIVES STON TIVE DECISION) DATE   | - 1         |
|   |                                       |  |             |
| -ROM  | 6. SH                                 |  |             |
| E Je INOT PHILIP                            | \$ \$A.W                              | CSLAWAS & S  |             |
| IND OF CONVEYANCE                           | (D & V.) (1)                          | NAME OF CONVOYER   |             |
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| SIGNATURE OF SHIPPER, TELL TELL TO IN IN IN | DATE M.                               | SIGNATURE OF RECEIVER O SAN DATECT   | U           |
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| N 1AYPY                                     | A O 25 to 25.                         | PPEDIO OSSO U  |             |
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| IND OF CONVEYANCE                           | ···                                   | NAME OF CONVOYER OOSED 12 OF C   | <b>U</b>    |
| Section 1 Section 1                         | r                                     |  | [           |
| IGNATURE OF SHIPPER                         | DATE                                  | SIGNATURE OF RECEIVER DATE   |             |
|   |                                       |  |             |
|   | <del>!</del>                          | · · · · · · · · · · · · · · · · · · ·  |             |
|   | , · •                                 | The second secon | •           |
| 1. 445                                      |                                       |  | I           |
|   |                                       | 4. <u>1</u>  | ַחַר.       |
|   |                                       |  |             |

i t in Source &

## HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

13 Oct. 1949 Date

SUBJECT: Unidentifiable Remains

To: The Quartermaster
Washington 25, D. C. D.

FOR THE COMMANDING OFFICER:

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

Attch: Form 1044

Smil 8"

|                                |                                       | <del></del>    |              | <del></del> |               |         |
|--------------------------------|---------------------------------------|----------------|--------------|-------------|---------------|---------|
| *                              | identifi /                            | ICATION D      | ATA          |             |               |         |
| 1. REMAINS OF UNKNOWN          | •                                     |                |              |             | 2. DATE OF RE | PORT    |
| unknown x-886                  | (Formerly UNK X-420                   | Manila #2      | )            |             | 17 00         | et 1949 |
| 3. NAME OF CEMETERY            | <u> </u>                              |                | 5. ROW       | 6. GRAVE    | 1             | TE OF   |
|                                |                                       |                | <del> </del> |             | DISINTERMENT  |         |
| AGRS Mausoleur                 | m, Manila, P.I.                       | 812            | В            | 560         | 1             |         |
|                                |                                       |                |              | •           |               |         |
| •                              |                                       | CAL DESCRIPTIO | IN           |             | <u> </u>      |         |
|                                | 9. ESTIMATED HEIGHT                   | 10. COLO       |              |             | 11. RACE      |         |
| 170 <b>l</b> bs                | 5'8"                                  | 1              | UTD          |             | Unkno         | )WI)    |
| 12.GIVE DESCRIPTION OF ANY     | OFFICIAL IDENTIFICATION FO            | OUND WITH REMA | INS          |             |               |         |
|                                |                                       |                |              |             |               |         |
| •                              |                                       |                |              |             |               |         |
|                                |                                       |                |              |             |               |         |
|                                | NONE                                  |                |              |             |               |         |
|                                |                                       |                |              |             |               |         |
| 13.GIVE DESCRIPTION OF TATE    | DOS OR SCARS ON BODY AND/C            | TO SUCH INFORM | ATION ORT    | AINEN EDNM  | ATHER COURCES | ·       |
| 2,10172 220011,11,011 01 11111 | יים יים פורים אים פורים אים פורים אים | A Jour Mich.   | KIIOK UUI    | ATREC INCM  | DINER SOUNCES |         |
|                                |                                       |                |              |             | •             |         |
|                                |                                       |                |              |             |               |         |
| -                              | UTD                                   |                |              |             |               |         |
|                                | 0 1 D                                 |                |              |             |               |         |
|                                |                                       |                |              |             |               |         |
| 14. WAS BODY BURNED?           | TO WHAT EXTENT?                       |                |              |             | ·- <u>-</u>   |         |
| TES X NO                       |                                       |                |              |             |               | •       |
| 15. WAS BODY MANGLED?          | TO WHAT EXTENT?                       |                |              |             |               |         |
| · YES NO                       |                                       |                |              |             |               |         |
| 16. DESCRIBE EVIDENCE OF HE    | ALED FRACTURES AND BONE MA            | LEORMATIONS    |              |             |               |         |
|                                |                                       |                |              |             |               |         |
|                                |                                       |                |              |             |               |         |
|                                |                                       |                |              |             |               |         |
|                                |                                       |                |              |             |               |         |

NONE

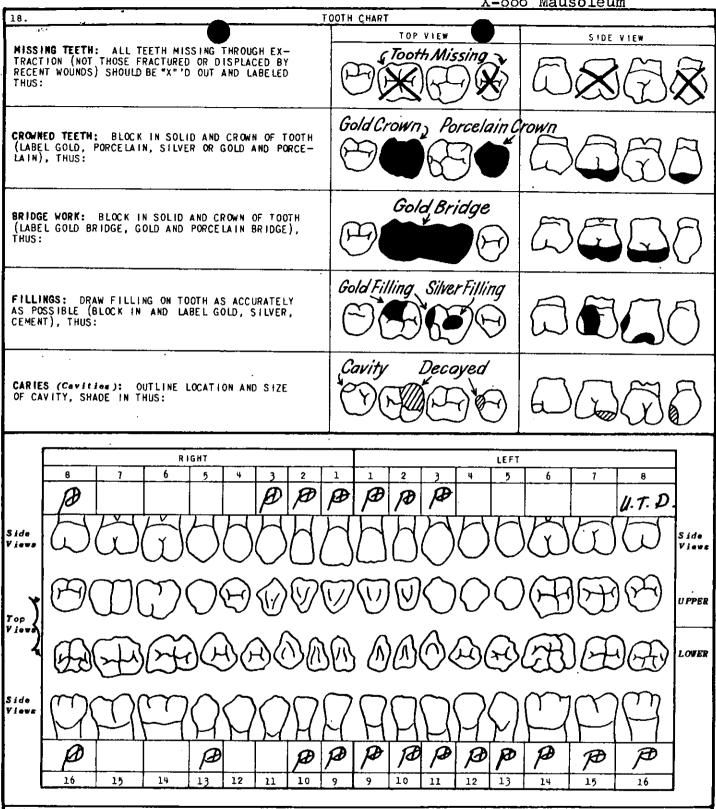
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and apacimon forwarded through channels for examination when facilities are not available in the area)

NONE

## "UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Carl fra-



DENTURES (Places): 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."

Unable to determine whether L8 is X or PX because of the condition of the maxilla.

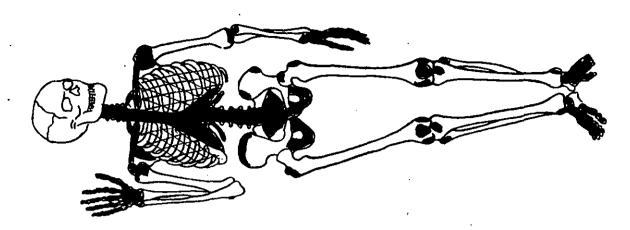
"UNIDENTIFIABLE"

Chief PAUL R NICHOLS Chief Ident. Section

19. BLACK OUT PARTS OF BODY NOT

OVERED

Cervical Vertebrae



Estimated height: 5'8"

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 NUMBER OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 6 lbs.

Circumference of skull - 20 7/8 inches.

## "UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATAP

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

and & Michalo

| /abf  | <br>ABD 5-2         | RESTR   | RICTED                                 |                                      | u                  | 1,500              | )           |
|---|---------------------|---|--|--------------------------------------|--------------------|--------------------|-------------|
| WD QMC FORM 1042<br>(Rev. 1 Apr. 1945)<br>(Supersedes GRS Form 1) | ,                   | REPORT OF<br>(AR 30-1810 as                                     | INTERMEN<br>ad AR 30-18                | T STURAGE                            | 1 /                | OF REPORT          |             |
| Imprint Identification Tag DO NOT TYPE                            |                     | Section 1.—IDENTIFICATION.                                      |  |                                      | <u> </u>           |                    |             |
| DO NOT THE  |                     | NAME (Last, first, middle initial) UNKNOWN X-886 USAF Cem Manil | (Formerly                              | UNK X-420                            |                    | nknown             |             |
|   | 0)                  | GRADE<br>Unknown  | ORGANIZATION Unknow                    | <b>vn</b>                            | ľ                  | nknown             | ICE         |
|   | ./                  | RACE  | RELIGION                               |                                      | JF OTHER TH        | AN U.S. DE         | AD, GIVE    |
|   |                     | Unknown   | Unknov                                 | m                                    | NAME OF C          | DUNIKY             |             |
| PLACE OF DEATH  POW Cemp, Cemp Luzon, P.I.                        | O'Donnell           | cause of death  Unknown   |  |                                      |                    | of death<br>nknown |             |
| EMERGENCY ADDRESSEE (Name   | , relationship, and |   | ······································ |                                      |                    |                    |             |
| <b>U</b> nkno <b>wn</b>   |                     |   |  |                                      |                    |                    |             |
| IDENTIFICATION TAGS FOUND ( (1, 2, or none)                       | ON BODY             | IF NO TAGS FOUND ON BODY, D                                     | DESCRIBE MEANS (                       | OF IDENTIFICATION (I                 | f unidentified, fi | I in section 3     | on reverse) |
| None  |                     |   |  |                                      |                    |                    | -           |
| WERE SUBSTITUTE TAGS PROVIDE                                      | DED?(Yes or no)     |   |  |                                      |                    |                    |             |
| Yes. (2)  |                     |   | •                                      |                                      |                    |                    |             |
| LIST PERSONAL EFFECTS FOUND                                       | O ON BODY AND       | DISPOSITION OF SAME   |  |                                      |                    |                    |             |
|   |                     | None  | •                                      |                                      |                    |                    | ·<br>       |
| NAME, NUMBER, COORDINATES,  |                     | ished cemetery; furnish eketol                                  | and map coord                          | inates on reverse.                   |                    |                    |             |
| ·   | , AND EOCATION      | ⊷ar,  | ANUI A SE                              |                                      |                    |                    |             |
|   | OUR                 | AGRS MAUSOLEUM, M   |  | TYPE OF GRAVE                        | PLOT No.           | ROW No.            | GRAVE No    |
| STORAGE<br>17 Oct 47  | 1000                |   | ,                                      | MARKER                               | PANGER             |                    | CRYPT       |
|   | 1300                | Casket NDICATE NAME, NUMBER, COORD                              | INITES OF BRIDE                        | None                                 | 812                | B                  | 560         |
| (Yes or no) RESTORED  | A REDURINE, 11      | TOTALL HAME, NUMBER, COOKD                                      | MAILS OF PREVIO                        | JOS CEMETERT, AND L                  | PLOT No.           | ROW No.            | GRAVE No.   |
| Yes   |                     | etery Manila. #2, L   | uzon, P.I.                             |                                      | 2                  | 1/ <sub>1</sub>    | 1707        |
| TYPE OF RELIGIOUS P   | ERȘON CONDUCT       | ING BURIAL RITES  | IF IDENTIFICATI<br>CONTAINERS BI       | ON TAGS NOT USED,<br>URIED WITH BODY | DESCRIBE IDE       | NTIFICATION        | DATA AND    |
| IDENTIFICATION TAG BURIED W<br>BODY (Yes or no) STORED            | TH IDENTI           | FICATION TAG ATTACHED TO<br>(ER (Yes or no)                     |  |                                      |                    |                    |             |
| Yes   |                     | Yes,  |  |                                      | •                  |                    |             |
| BODY BURIED ON DECEASED LEI STORED                                | FT. NAME (Last,     | first, middle initial)  | RANK                                   | SERIAL NO.                           | ORGANIZATIO        | CR                 | 461         |
| UNKNOWN X-903 BODY BURIED ON DECEASED RIG                         | SHT, NAME (Last     | first, middle juitial)  | RANK                                   | SERIAL No.                           | ORGANIZATIO        |                    | 62          |
| STORED<br>UNKNOWN X-889-B   | - \                 | · · · · · · · · · · · · · · · · · · ·                           | <b>∕</b> ·                             |                                      | ON CANTEAU (U      | CR                 | **PI        |
| SIGNATURE OF PERSON PREPAR  | ING REPORT          |   | SIGNATURE OF G                         | RS OFFICER VERIFYIN                  | E DEDART           |                    | 58          |
| Wm. R GILBERT, Ad   |                     |   | men                                    | PANOPIO JH                           | Sp.                | Tne                |             |
| DISTRIBUTION OF REPORT:   | Signed origina      | I for U.S. and allied dead, sign for retention in theater as pr | ned original and                       | one and for enemy                    |                    | -                  | ter General |

Du 137

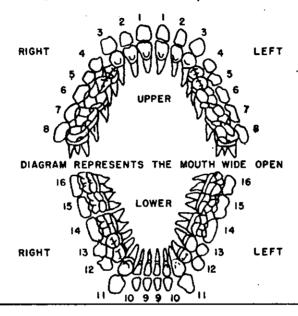
#### RESTRICTED

|                        | Section 3.— ENTIFIED   | REMAINS.                                   |  |  |                   |
|------------------------|--|--|--|--|-------------------|
| LEFT LITTLE FINGER     | INSTRUCTIONS:  (a) Great care will mains. Fill in anatom social security number; planes, vehicles, and tare (b) A fingerprint, chart at left, or as many | nks  | · · · · · · · · · · · · · · · · · · ·  |  | -                 |
| <br>20                 | (b) A fingerprint, of chart at left, or as many every tooth will be indicaccomplished if one or  | ated on the tooth o<br>more fingerprints a | hart in accordance with<br>re secured. | diagram below. Tooth   | chart will not be |
| LEFT<br>RING FINGER    | HEIGHT WEIGHT,   | COLOR OF EYES                              | COLOR OF HAIR                          | BIRTHMARKS, SCARS, OR  |                   |
| 3                      | WEAPON AND SERIAL NO.  | LAUNDR                                     | Y MARKS                                | WHERE BODY WAS BURIE   | D OR FOUND        |
| MIDDLE.                |  |  |  |  |                   |
| FINGER                 | OTHER IDENTIFICATION CL  | UES  | £27                                    |  |                   |
|                        |  |  |  | ·  | 1 - 2 - 1 -       |
| LEFT<br>INDEX FINGER   |  | • .  |  | ·  |                   |
| NGER                   | FILLINGS   | SILVER FILE                                | ing<br>VG                              | 3 2 0 0 2  | \$. ģ             |
|                        |  |  | 4                                      | 09HH8C   | )3                |
| 로드                     | CAVITIES   | CAVIT                                      | 5 C                                    | SALLING S  | <b>2</b> 5        |
| THUMB                  |  | DECA                                       | ED 6                                   | UPPER 1  | 20 e              |
| ·                      |  |  | 3 3 8                                  | go v   | Barrie            |
|                        | MISSING TEETH  | TOOTH MISS                                 | NG W                                   | N  |                   |
| THUMB                  |  | 7 72                                       | DIAGRAM                                | REPRESENTS THE MOUT  | H WIDE OPEN       |
| · <b>અ</b> ⊣           | CROWNED TEETH  |  | 16/19                                  | R Z  | 779 16            |
|                        | (  | PORCELAIN (                                |  | LOWER S  | 15                |
| INDEX                  |  | VOC?                                       | 14                                     |  | <b>1</b> 14       |
| RIGHT<br>INDEX FINGER  | BRIDGE WORK  | GOLD                                       | BRIDGE [3                              | SAMMES.  | )13<br>)12        |
|                        |  |  |  |  |                   |
| M DD                   | FURNISH SKETCH AND MAP   | REFERENCE AND COO                          | RDINATES FOR BURIAL IN                 | OTHER THAN ESTABLISHED   | CEMETERY          |
| RIGHT<br>MIDDLE FINGER |  |  |  |  |                   |
| GER                    |  |  |  | e de la companya de l | 1                 |
|                        | •  |  |  | ,  |                   |
| RIGHT<br>RING FINGER   |  |  |  |  |                   |
| HT NGER                |  |  |  |  |                   |
|                        | REMARKS: Identifica  | tion Check I                               | ist and Dentel                         | Chart accompli   | shed.             |
| برج ا                  | 2001111100   | 1201 OHOOM A                               | dia sontat                             | Chart docompile  |                   |
| 24 NOV 1947            |  |  |  | govern generally   |                   |
| 47                     |  | •  |  |  |                   |

|               |          |   | TO BE    | USED Y           | VITH QN         | AC FOR | MS NO | S. 1042        | 8 1044            | NT       | CE OF   | CHART  | THERE      | ON,            |                 |              |       |
|---------------|----------|---|----------|------------------|-----------------|--------|-------|----------------|-------------------|----------|---------|--------|------------|----------------|-----------------|--------------|-------|
|               |          |   |          |                  |                 |        |       |                |                   |          |         |        | 1'         | 7 Oct          |                 |              |       |
|               |          |   |          |                  | rly U           |        |       |                | Π'n               | known    | + -     |        | Unl        | DA<br>knowi    | TE              |              | ·     |
| <u>- U</u>    | LAST     | NAME  | DT TA    | #C<br>FIR        | Luzon<br>st     |        | ITIAL | -              |                   | RANK     |         |        |            | IAL N          |                 |              |       |
|               |          |   | Unkr     | JOMI             |                 |        | _     | _              |                   | Ū        | akno    | ma     |            |                |                 |              |       |
| P             | OW Ca    | mp O'   | Donne    | UNIT             |                 |        |       |                | ausol             | -        |         | ANIZAT | ION        |                |                 |              |       |
|               |          | PLACE   |          | -                |                 | _      |       |                | . P.I             |          | 81      | LOT    | B          | <del></del>    | 560<br>RAVE 1   |              | •     |
|               |          |   | - 0, 0   |                  |                 |        |       |                | RAGE              |          |         |        | BAY        |                | 4PT             | ···          |       |
|               | 8        | 7   | 6        | R16<br>5         | нт <sup>.</sup> | 3      | 2.    | UPPER          | TEETH             | 2        | 3       | , LE   |            | 6              | 7               | Miuj         | NG.   |
| TYPE          | (K)      |   |          |                  |                 | 18)    | 13)   | B              | ·(X)              | 8        | Ø       |        |            | <u></u>        | Ī               | D            | TYP   |
| LOCATION .    |          | · — · · ·   |          |                  |                 |        | ٣     |                |                   |          |         | -      |            |                |                 | 1            | LOCAT |
| TYPE LOCATION | 8        | 15  | 14       | RIG<br>13        | HT<br>12        | 11     | 10    |                | TEETH<br>9        | 10<br>10 | II<br>B | IZ     | 13<br>13   | 14.            | 15              | 16           | TYF   |
|               |          | KE  |          | F S              | YMB(            | DLŞ    |       | BE<br>E OF FIL |                   | ED O     |         | •      | /E C       |                | RT              |              |       |
|               |          | WHOLE   |          |                  |                 |        |       | IN             | OF BOX            |          |         |        | IN<br>HALF |                | x               |              |       |
|               |          | X   | EXTR     | ACTED            |                 | !      | A     |                | LGAM<br>Ver)      |          |         | m      |            | M              | ESIAL           | FRON         | IT)   |
|               |          | 0   |          | TY. IND<br>ITION | ICATE           | !      | G     | GOLI           | D                 |          |         | 0      | (BITIN     |                | CCLUS<br>Face e | AL<br>ACK TE | ETH)  |
|               |          | X   |          |                  | BRIDG<br>ABUTM  | _      | S     |                | CATE OF           | R        |         | d      | (BETW      |                | STAL<br>Towar   | D BACI       | O     |
|               | $\times$ | X   | $\times$ |                  | H REPLA         |        | 0     |                | PHOSPAT<br>EMENT) | _        |         | ı      | L<br>AWOT) | INGUA<br>RD TO | -               | 1            |       |
| OMC FOR       |          | Image: Control of the | (LOST    |                  | SLY MISS        |        |       | <u> </u>       |                   |          |         | f      | AWOT)      |                | IEEK)           |              |       |

#### INSTRUCTIONS:

- I 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 FALING 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, eg, 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: L 8. unable to determine whether P or X.

| /s/ C.W. Bernardo SIGNATURE OF PERSON WHO PREPARED CHART | /s/ E. F. Moriarty             |
|--|--------------------------------|
| SIGNATURE OF PERSON WHO PREPARED CHART                   | VERIFIED BY GRS OFFICER        |
|  | • • • • •                      |
|  | <b>sr-</b> 6                   |
| NAME AND RANK TYPED OR PRINTED                           | NAME AND RANK TYPED OR PRINTED |
|  | 17 Oct 47                      |
| PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED                | DATE                           |

CERTIFIED TRUE COPY:

930--PHILRYCOM--4:47-30M

T. GAMBOA

AGRC FORM No. IT 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)

|  | Unknown X-420 USAF Cem Manila #2, Luzor  |
|--|--|
|  | Cemetery AGRS Mausoleum, Manila, P.I.  Plot 812 Row B Grave 560  |
| CIP AGRS Mausoleum, Manila, P.I.  17 Oct 47  Arrived at Canada (2011)  | Plot Row Grave 300   |
| POW Camp O'Donnell.  |  |
| Place of death Inzon P.I. (Name of closest town)   | (Coordinates and letter Prefix, maps)  |
| (Sheet, scale and serials used)  |  |
| Remains recovered or disinterred byCh  | nr #1  |
|  | (Name and organization)  |
| Evacuated to Cemetery by   | (Name and organization)  |
|  | (Name and organization)  |
| Item Clothing  Markings Sizes  | Indicate unusual markings color, wear, tear, repairs, etc.   |
| * Headgear (Type)  |  |
|  |  |
| Raincoat   | · ·  |
| Raincoat Overcoat  | The second secon |
| Raincoat Overcoat Jacket, Field  |  |
| Raincoat Overcoat Jacket, Field Jacket, Combat   |  |
| Overcoat  Jacket, Field  |  |
| Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater  |  |
| Raincoat  Overcoat  Jacket, Field  Jacket, Combat  Mackinaw  Sweater  Jacket, HBT  |  |
| Raincoat  Overcoat  Jacket, Field  Jacket, Combat  Mackinaw  Sweater   |  |
| Raincoat  Overcoat  Jacket, Field  Jacket, Combat  Mackinaw  Sweater  Jacket, HBT  * Shirt, Wool OD  N                   |  |
| Raincoat  Overcoat  Jacket, Field  Jacket, Combat  Mackinaw  Sweater  Jacket, HBT  * Shirt, Wool OD  Undershirt, Wool  E |  |

| Belt, web             |   |
|-----------------------|---|
| Drawers, wool         |   |
| Drawers, cotton       |   |
| ,                     |   |
|                       |   |
|                       | - N   |
| Overshoes             | N<br>E  |
| Web Equipment         | (type)  |
| (Other item)          |   |
| (Other item)          | these items should be computed by measuring the remains   |
| Chevrons or Insignia  |   |
| Shoulder Patch        | (Type & location; shirt/jacket, coat, helmet)   |
| Description of Remai  | that deceased was a member of the Air, Ground or Naval Force?  Skeleton only. Skeletal Chart attached.  t. 5. 8. Weight 170 Description of wounds |
| /                     |   |
| Bandages or/dressing  | Scars (Length, width, Jocation)   |
|                       | (Number, location — illustrate on separate page)  |
|                       |   |
| Outstanding moles,    | arts or birthmarks  |
| Sunburn or tan, other | Jthan 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)   |
|                       | Ung, shape) (Color, size, shape) Beard or (Leugth, heavy)   |

6.

| Goatee                                  |                               |   | ************                            |                          |                           |
|---|-------------------------------|---|---|--------------------------|---------------------------|
|   | (Light, color, extent)        | ,                                       | •                                       |                          |                           |
| Fues                                    | U                             |   | Evebros                                 | ve                       |                           |
| Eyes                                    | (Color, setting shape)        | <b>,</b>                                |   | (Color, hushine          | ess, extent across nose)  |
| Nose ·                                  |                               |   | Eears :                                 |                          |                           |
| 2 1030                                  | (Size, shape, straight)       |   | , | (Size, set close to      | o or far from head)       |
| B.# - 4).                               | /                             |   | T :                                     | <del>.</del>             |                           |
| wouth                                   | (Large, medium, small)        | *************************************** | .Lips                                   | (Small, lai              | rge, full)                |
| т.                                      | ath Chart attached            |   |   | •                        | •                         |
| Teeth                                   | ooth Chart attached           | neveness, spacing                       | noticeable (                            | crowns, fillings, extrac | <u>)</u>                  |
|   | (Williams Sim, a              |   | , nonecono c                            | , and in the same        | ,                         |
| Chin                                    |                               |   |   |                          |                           |
|   | /                             | minent, receding                        |   |                          | •                         |
| Jaw                                     | . /,                          | Circumferen                             | re of head                              | in inches 20 7/8         | a ,                       |
| (L                                      | arge, small, normal)          | Gircumiteren                            | ic of ficad                             |                          | (Hat band)                |
|   | /,                            |   |   | •                        |                           |
| Neck                                    | (Size, length, short, normal, | wrinkled)                               | Larynx                                  |                          | nt, normal)               |
|   | /                             |   |   |                          | ,,                        |
| Shoulders                               | (Broad, straight, small,      | ×                                       | . Arms                                  |                          | *                         |
| •                                       | (Broad, straight, small,      | rounded)                                | (Lengt)                                 | h, muscular, color, ext  | tent and quantity of hair |
| . *                                     |                               |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,       | 14bas                    | <i>t</i> '                |
| Hands                                   |                               |   | •                                       |                          |                           |
| ridido                                  |                               |   |   |                          |                           |
| Fingers                                 |                               | /<br>                                   |   |                          |                           |
|   | (Short, thick                 | t, Yong, slender, s<br>n                | size of knuckl                          | es, missing fingers or   | joints)                   |
|   | •                             | מ                                       |   | •                        | •                         |
| *************************************** | (Unu                          | sual characteristi                      |   | uils)                    | )                         |
|   | •                             | . /                                     |   |                          | ,                         |
| Chest                                   | /Size of nipples or           | olor disptity un                        | ul extent of [                          | hair, large, small, nor  |                           |
|   | . toise of implies, to        | one, quantity an                        | u extent of a                           | iair, raige, smarr, nor  | , mai                     |
| <br>Waist                               | , ,                           |   |   |                          |                           |
|   | (Size of nave                 | I, appendectonge,                       | -amount, qนลi<br>/                      | itity, and color of hai  | r)                        |
| Back                                    |                               | Circ                                    | whoisian                                | Pubic F                  | lair.                     |
| Dack                                    | (Quantity and extent of ha    | ir) .                                   | / /                                     | (Yes-no) &               | (Color)                   |
|   | • . •                         |   | 1                                       | •                        |                           |
| Herniaplasty                            |                               |   | (Yes-no; local                          |                          |                           |
|   |                               |   |   | ,                        | t •                       |
| Legs                                    | (laseam, muscular, kno        | - 3 To 1 3                              |   | )*t1 1                   |                           |
|   | (Inseam, muscular, kno        | ock-kneed, bowed                        | , normal, And                           | amaty, cotor and exte    | m of nair)                |
| Feet                                    |                               | •                                       |   |                          |                           |
|   | (Size, corns, callouses, i    | lat)                                    |   | / (Slender, straight,    | erooked, overlap)         |
| TZ + towner of t                        |                               | -                                       |   | ′/                       |                           |
| Evidence of 1                           | healed fractures              |   | (Nose, arı                              | ns, legs, etc.)          | 6                         |
|   |                               |   |   |                          |                           |

NOTE: Use attached charts "A" and "B" to indicate parts not received.

|           | not printe been process or | Report of Intermer  | it?No                        | *************************************** |   |
|-----------|----------------------------|---------------------|------------------------------|---|---|
| •         |                            |                     | •                            | Yes-no)                                 |   |
| If not e  | xplain Due to cond         | ition of remains    | •                            |   | ~                                       |
|           | AP10111                    |                     | (44)))     1                 | -                                       | *                                       |
| Has toot  | th chart been prepared?    | Yes                 | at aunilein                  |   | •                                       |
| Tras toot | in chart been prepared:    | (Yes-no)            | iot, explain                 |   |   |
|           | •                          |                     | •                            | •                                       | <b>i</b>                                |
|           |                            |                     |                              | »·····································  |   |
| Remarks   | No ROI bottle and          | no I.D. tags re     | ceived with r                | emains. No                              | personal                                |
| effects   | s found to warrant ic      | dentification.      | eight of rem                 | ains is est                             | imated                                  |
| about 6   | b lbs.                     |                     |                              | . '                                     |   |
| ,         |                            |                     |                              |   | •                                       |
|           | × .                        |                     |                              |   |   |
| ••••••••• |                            | .,                  | w morrows                    |   | *************************************** |
| .,        |                            |                     |                              |   | *************************************** |
| Loortify  | that I have personally vie | awad the remains of | subject deceased             | and all resulti                         | ng informa                              |
| •         | that I have personally vie |                     | subject deceased             | and all resulti                         | ng informa                              |
| •         | that I have personally vie |                     | subject deceased             | and all resulti                         | ng informa                              |
| •         | •                          |                     | subject deceased             | and all resulti                         | ng informa                              |
| •         | •                          |                     | subject deceased             | and all resulti                         | ng informa                              |
| •         | •                          | my knowledge.       | subject deceased             | ·                                       | ng informa                              |
| •         | •                          | my knowledge.       | s/ E. F. Mori                | ·                                       | ng informa                              |
| •         | •                          | my knowledge.       | s/ E. F. Mori                | arty                                    | ng informa                              |
| •         | •                          | my knowledge.       | s/ E. F. Mori<br>(or<br>SP-6 | arty                                    |   |
| •         | •                          | my knowledge.       | s/ E. F. Mori                | arty                                    | ng informa                              |
| •         | •                          | my knowledge.       | s/ E. F. Mori<br>(or<br>SP-6 | arty                                    |   |

17 Oct 47

CERTIFIED TRUE COPY.

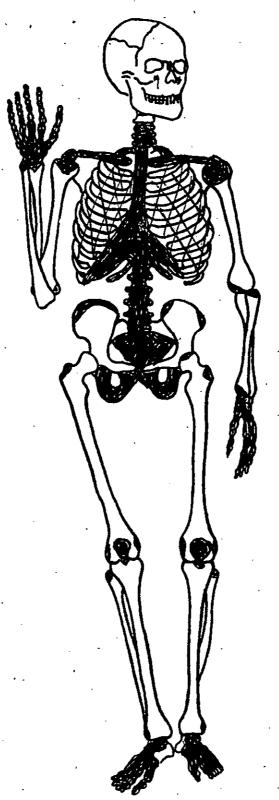
GEORGE T. GAMBOA 2d Lt., MAC

1493—PHILRYCOM--8/47-40M

### SKELETAL CHART

Y-886

(BLACK OUT PARTS OF BODY NOT RECEIVED. AT CEMETERY)



Ribs fragments No vertebrae but one (1) cervicle

# IDENTIFICATION SECTION REPATRIATION RECORDS BRENCH

IMIIORIAL DIVISION

IDENTIFICATION IMPOSSIBLE CATEGORY III CASE AT PRESENT TIME NO CLUES

| WD QMC FORM 1042<br>(Rev. 1 Apr. 1945)  |   | REPORT OF INTERMENT   |                              |                                      |                        | DATE OF REPORT                                   |                |  |
|---|---|---|------------------------------|--------------------------------------|------------------------|--|----------------|--|
| (Supersedes GRS Form 1)   |   | (AR 30-1810 and AR 30-1815)   |                              |                                      |                        | 26 Jan 46  |                |  |
| ,, Imprint Identification T   |   | Section 1.—IDENTIFICATION.  |                              | - :                                  |                        |  | <del></del>    |  |
| DO NOT TYPE   |   | NAME (Last, first, middle initial)  |                              |                                      |                        | SERIAL, NO.                                      |                |  |
| 7   |   | U N K N O W N X-420 Cem Manila #2<br>(Formerly UNKNOWN #28 Cem Camp O'Donnell |                              |                                      |                        |  |                |  |
| [5]   |   | GRADE   | 1                            |                                      | <del></del>            | BRANCH OF SERVICE                                |                |  |
| [(··· . o)  |   |   |                              |                                      |                        |  |                |  |
|   |   | /   |                              |                                      |                        |  |                |  |
|   |   | RACE  | RACE RELIGION IF             |                                      | 1F OTHER<br>NAME O     | F OTHER THAN U. S. DEAD, GIVE<br>NAME OF COUNTRY |                |  |
|   |   |   | ١.                           | ÷                                    | j .                    |  |                |  |
| PLACE OF DEATH  |   | CAUSE OF DEATH  | <u> </u>                     |                                      | D/                     | TE OF DEATH                                      |                |  |
| Camp. O'Donnell POW Camp  |   |   |                              |                                      |                        |  |                |  |
| Luzon, P  | <del></del>                               |   |                              |                                      |                        |  |                |  |
| EMERGENCY ADDRESSEE (Na:  | me, relationship, and                     | i address)  |                              |                                      |                        |  |                |  |
|   |   |   |                              |                                      |                        |  |                |  |
| IDENTIFICATION TAGS FOUND   | O ON BODY                                 | IF NO TAGS FOUND ON BODY, D   | ESCRIBE MEANS O              | FIDENTIFICATION (1,                  | unidentifie            | i, fill in section                               | s on reverse)  |  |
| (1, 2, or none)<br>None   |   |   | · - •                        |                                      | •                      |  |                |  |
| WERE SURSTITUTE TAGS PRO  | VIDED2/ Van or mo)                        |   |                              |                                      | t                      |  |                |  |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)   |   |   |                              | -                                    |                        | =  | · <del></del>  |  |
| 105 (2  | :   |   |                              |                                      |                        |  |                |  |
| And 720 None  |   |   |                              |                                      |                        |  |                |  |
| Costing 2 DIIDIAL 77 At 17  |   |   |                              |                                      |                        |  |                |  |
| 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  | ноия                                      | BURIED IN (Shroud, blanket, or n  | ame of other)                | TYPE OF GRAVE                        | PLOT NO                | . ROW No   | . GRAVE No.    |  |
| 26 Dec 45   | 1530                                      | Shelter Half  |                              | MARKER<br>Cross                      | 2                      | 14.  | 1707           |  |
| WAS THIS A REBURIAL?  |   | :<br>NDICATE NAME, NUMBER, COORD  | INATES OF PREVIO             | NIS CEMETERY AND I                   | OCATION O              | E CDAVE  | ] =, -,        |  |
| (Yes or no)   |   |   |                              |                                      | PLOT N                 |  | o.   GRAVE No. |  |
| Yes   | POW                                       | Camp O'Donnell Cem  | etery, Luz                   | on, PI                               | H                      | 1  | 6              |  |
| TYPE OF RELIGIOUS CEREMONY  | PERSON CONDUC                             | TING BURIAL RITES   | IF IDENTIFICATI CONTAINERS B | ON TAGS NOT USED,<br>URIED WITH BODY | DESCRIBE               | IDENTIFICAT                                      | ION DATA AND   |  |
|   |   | •   |                              |                                      |                        |  |                |  |
| IDENTIFICATION TAG BURIED   |   | IFICATION TAG ATTACHED TO   |                              |                                      |                        |  |                |  |
| BODY (Yes or no) MAR Yes  |   | KER (Yes or no) Yes   |                              |                                      |                        |  |                |  |
|   |   | · · · · · · · · · · · · · · · · · · ·   | l DANK                       | CEDIAL NO                            | Longiniz               | 1710H   00                                       | NAME NO        |  |
| BODY BURIED ON DECEASED LEFT, NAME (Last,   |   | first, middle initial)  | RANK                         | SERIAL No.                           | ORGANIZATION GRAVE No. |  |                |  |
| MCGRADE, Oren   |   |   |                              | 6976598                              |                        | 1706   |                |  |
| BODY BURIED ON DECEASED   | RIGHT. NAME (Las                          | friest, middle initial)   | RANK                         | SERIAL NO.                           | ORGANIZ                | ATION GF   | RAVE No.       |  |
|   | ISKI, Sta                                 |   | Pvt                          | 36111569                             |                        | 1708   |                |  |
| SIGNATURE OF PERSON PREP  | SIGNATURE OF GRS OFFICER VERIFYING REPORT |   |                              |                                      |                        |  |                |  |
| Klibanett   |   |   | E.M. more                    |                                      |                        |  |                |  |
| Ř. C.   | BARRETT, T                                | /4, GRS.  | E.                           | M. MOORE, 1                          | st Lt.                 | . QMC.   | <del></del> -  |  |
| 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

|                                       | An in The              | Section 3.— DENTIFIED REMAINS.  |  |  |  |  |  |  |
|---------------------------------------|------------------------|---|--|--|--|--|--|--|
| , \$\frac{1}{2}                       | LEFT<br>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.  |  |  |  |  |  |  |
| 7.FEB 1948                            | RING                   | (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.   |  |  |  |  |  |  |
| 48                                    | LEFT<br>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  |  |  |  |  |  |  |
|                                       | LEFT<br>Middle Finger  |   |  |  |  |  |  |  |
|                                       | FINGER                 | OTHER IDENTIFICATION CLUES  |  |  |  |  |  |  |
|                                       | LEFT<br>INDEX FINGER   |   |  |  |  |  |  |  |
|                                       | NGER                   | FILLINGS SILVER FILLING GOLD FILLING 4  |  |  |  |  |  |  |
|                                       | LEFT<br>THUMB          | CAVITIES CAVITY DECAYED STORY OF THE CAVITY |  |  |  |  |  |  |
| ,                                     | RIGHT<br>THUMB         | DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  CROWNED TEETH   |  |  |  |  |  |  |
| :                                     | RIGHT<br>(NDEX FINGER  | BRIDGE WORK  GOLD BRIDGE  15  LOWER  13  12  10  10  10  10  10  10  10  10  10   |  |  |  |  |  |  |
| •                                     | RIGHT<br>MIDDLE FINGER | FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  |  |  |  |  |  |  |
|                                       |                        | : (14.€)<br>  |  |  |  |  |  |  |
| • :                                   | RIGHT<br>RING FINGER   |   |  |  |  |  |  |  |
| · · · · · · · · · · · · · · · · · · · |                        | REMARKS:  |  |  |  |  |  |  |
|                                       | RIGHT<br>LITTLE FINGER |   |  |  |  |  |  |  |