

QUART 293
CRS Far East

23 November 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding Officer
American Graves Registration Service
Philosa Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to Certificates of Unidentifiability for the following Unknown Deceased:

Unknown	X-125,	ACRS	Manila,	formerly	X-277,	USAF	Com. Man.	12,	P.I.
"	X-600,	"	"	"	X-111,	"	"	12,	P.I.
"	X-601,	"	"	"	X-112,	"	"	12,	P.I.
"	X-699,	"	"	"	X-214,	"	"	12,	P.I.
"	X-792,	"	"	"	X-307,	"	"	12,	P.I.
"	X-834,	"	"	"	X-351,	"	"	12,	P.I.
"	X-886,	"	"	"	X-120,	"	"	12,	P.I.
"	X-1501,	"	"	"	X-671,	"	"	12,	P.I.
"	X-2501,	"	"	"	X-2138,	"	"	12,	P.I.
"	X-2861,	"	"	"	X-2333,	"	"	12,	P.I.
"	X-4747,	"	"	"	X-598,	"	"	12,	P.I.
"	X-4792,	"	"	"	X-650,	"	"	12,	P.I.
"	X-1109,	USAF	Com. Man.	12, P.I.,	formerly	X-119-B,	ACRS	Manila,	

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

FOR THE QUARTMASTER GENERAL:

T. H. WHITE
Lt. Colonel, QMS
Memorial Division

cc: Adm. Section
E. Littlejohn
L. H. White
J. Windsor

cc: SINGH

REB

TEC

HEAD-QUARTERS
AMERICAN GRAVE REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
20 October 1949

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 UNKNOWN 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Decedent, 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-317	AGRS	Manila	UNKNOWN	X-1504	AGRS	Manila
"	X-425	"	"	"	X-2394	"	"
"	X-600	"	"	"	X-2504	"	"
"	X-601	"	"	"	X-2506	"	"
"	X-609	"	"	"	X-2733	"	"
"	X-792	"	"	"	X-2864	"	"
"	X-831	"	"	"	X-4108	Manila #2	
"	X-886	"	"	"	X-4121	AGRS Manila	
"	X-1133	"	"	"	X-4140	Manila #2	
"	X-1138	"	"	"	X-4747	AGRS Manila	
"	X-1139	"	"	"	X-4792	"	"

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

FOR THE COMMANDING OFFICER:

22 Incls
GRC Forms 1044, w/Certificates
of Unidentifiability

JOHN SHYPUA
1st Lt., Infantry
Adjutant

/add

1 /ebc	Interred 16 Jan 1950 H 15 127 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE	
	Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 00253	DATE 15 06 48 DAY MONTH YEAR

NAME	SERIAL NUMBER UNKNOWNX-000420	RANK	ARM	DATE OF DEATH
CEMETERY USAF CEMETERY MANILA NO 2				DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
2	14	1707	PHILIPPINE ISLANDS	6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X - 000420 (Maus) UNK X - 886	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 21 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY C. MAXLEE FANN Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER 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

CASKET SEALED BY C. MAXLEE FANN	EMBALMER (Signature) <i>C. Maxlee Fann</i> C. MAXLEE FANN
------------------------------------	---

CASKET BOXED AND MARKED DATE 21 Sept 48 BY HORACE L. ALLISON Sgt., INF.	SHIPPING ADDRESS VERIFIED BY CHARLES R. BATES, 1st Lt., USAFR.
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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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE JAN 16 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 FORT MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER (BY AUTHORITY OF THE DECISION)	DATE

6. SHIPPED

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

UNKNOWN SHIPPED

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

CP Connell

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

13 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 420, Plot 2,
Row 14, Grave 1707, USMC USAF Cem. Manila #2 have

been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

[Handwritten Signature]

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

Attch: Form 1044

Received 11/16/49 OQMG
Not identifiable from
information presently
available 11/21/49

[Handwritten Signature]
[Handwritten Signature]

[Handwritten Signature]

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-886 (Formerly UNK X-420 Manila #2)				2. DATE OF REPORT 17 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	B	560	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 170 lbs	9. ESTIMATED HEIGHT 5'8"	10. COLOR OF HAIR UTD	11. RACE Unknown
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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

U T D

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Handwritten signature

18.

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
⊕					⊕	⊕	⊕	⊕	⊕	⊕					U.T.D.
Side Views															
UPPER															
LOWER															
Side Views															
⊕			⊕			⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕	⊕
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."

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

Final 83

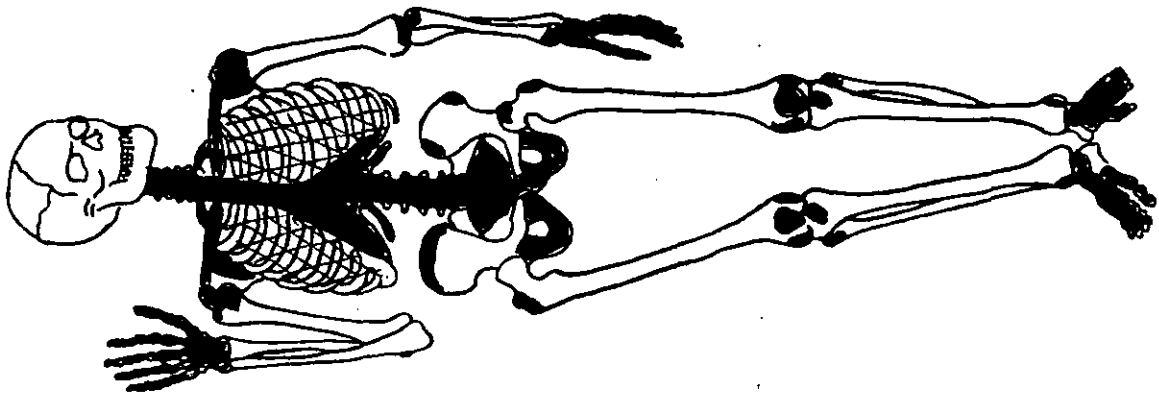
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R NICHOLS
Chief Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED

1 Cervical Vertebrae



Estimated height: 5'8"

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 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 DATA"

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

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

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

DATE OF REPORT

22 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-886 (Formerly UNK X-420
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

POW Camp, Camp O'Donnell,
Luzon, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

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

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes. (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL
STORAGE

17 Oct 47

HOUR

1300

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

STORIED

Casket

TYPE OF GRAVE
MARKER

None

PLOT No.

812

ROW No.

BAY
B

GRAVE No.

CRYPT
560

WAS THIS A REBURIAL?
(Yes or no) RESTORED

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.

1707

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no) STORIED

Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes.

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)
STORIED

UNKNOWN X-903

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
562

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

UNKNOWN X-889-B

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
558

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.

2011 9 27

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:


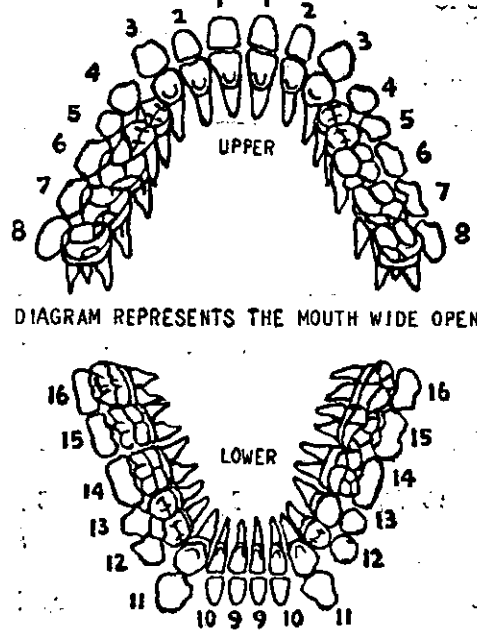




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

FILLINGS	 <p>SILVER FILLING GOLD FILLING</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-886

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-886 (Formerly UNK X-420)
USAF Cem Manila #2, Luzon, P.I.)

Unknown
RANK

17 Oct 47
DATE
Unknown
SERIAL NO.

Unknown
UNIT
POW Camp O'Donnell,
Luzon, P.I.
PLACE OF DEATH

AGRS Mausoleum,
Manila, P.I.
PLACE OF BURIAL
STORAGE















Organization
812 B 560
PLOT ROW GRAVE NO.
RANGER BAY CRYPT

RIGHT								UPPER TEETH				LEFT				Missing
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																
LOCATION																

INSIDE — LOOKING OUT

RIGHT						LOWER TEETH				LEFT					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE															
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	 OXYPHOSPHATE (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.

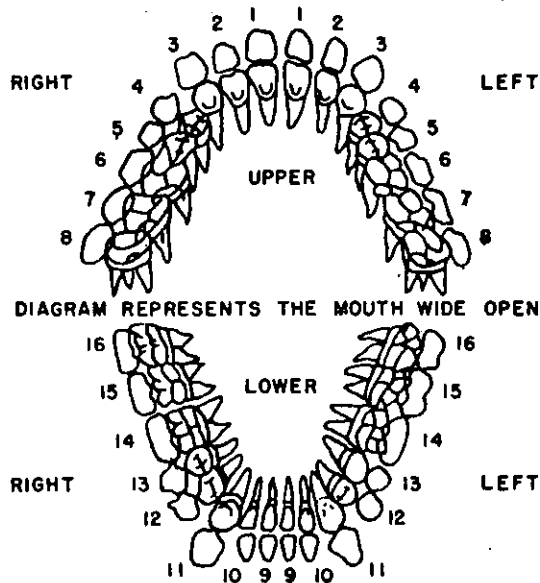


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS: I 8, unable to determine whether P or X.

/s/ C.W. Bernardo
SIGNATURE OF PERSON WHO PREPARED CHART

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ E. F. Moriarty
VERIFIED BY GRS OFFICER

SP-6
NAME AND RANK TYPED OR PRINTED

17 Oct 47
DATE

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-886 (Formerly
 Unknown X-420 USAF Cem Manila #2, Luzon, PI
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 MANGER BAY CRPT Row B Grave 560

CIP AGRS Mausoleum, Manila, P.I.
 17 Oct 47

1. Arrived at ~~cemetery~~ POW Camp O'Donnell,
(Hour) (Date)
 2. Place of death Luzon, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by CMP #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	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	/		
* Shirt, Wool OD	N		
	O		
Undershirt, Wool	N		
	E		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes N (type)

Overshoes N E

Web Equipment (type)

(Other item)

(Other item)

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only. Skeletal Chart attached.

Age / / Est. Height 5' 8" Est. Weight 170 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 T D (Light, medium, dark, clear, pimples, pocks, freckles)

Build (Large, fat, thin, muscular)

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

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

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

Goatee
(Light, color, extent)

Eyes
(Color, setting, shape)

Eyebrows
(Color, hushiness, extent across nose)

Nose
(Size, shape, straight)

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

Mouth
(Large, medium, small)

Lips
(Small, large, full)

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

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

Jaw
(Large, small, normal)

Circumference of head in inches **20 7/8"**
(Hat band)

Neck
(Size, length, short, normal, wrinkled)

Larynx
(Prominent, normal)

Shoulders
(Broad, straight, small, rounded)

Arms
(Length, muscular, color, extent and quantity of hair)

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

(Unusual characteristics of fingernails)

Chest
(Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist
(Size of navel, appendectomy, amount, quantity, and color of hair)

Back
(Quantity and extent of hair)

Circumcision
(Yes-no)

Pubic Hair
(Color)

Hernioplasty
(Yes-no, location)

Legs
(Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet
(Size, corns, callouses, flat)

Toes
(Slender, straight, crooked, overlap)

Evidence of healed fractures
(Nose, arms, legs, etc.)

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

7. Have finger prints been placed on Report of Interment? No

(Yes-no)

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? Yes If not, explain

(Yes-no)

9. Remarks No ROI bottle and no I.D. tags received with remains. No personal effects found to warrant identification. Weight of remains is estimated about 6 lbs.

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/ E. F. Moriarty

(Officer's Name)

SP-6

Rank

Service

ACRS

(Organization)

17 Oct 47

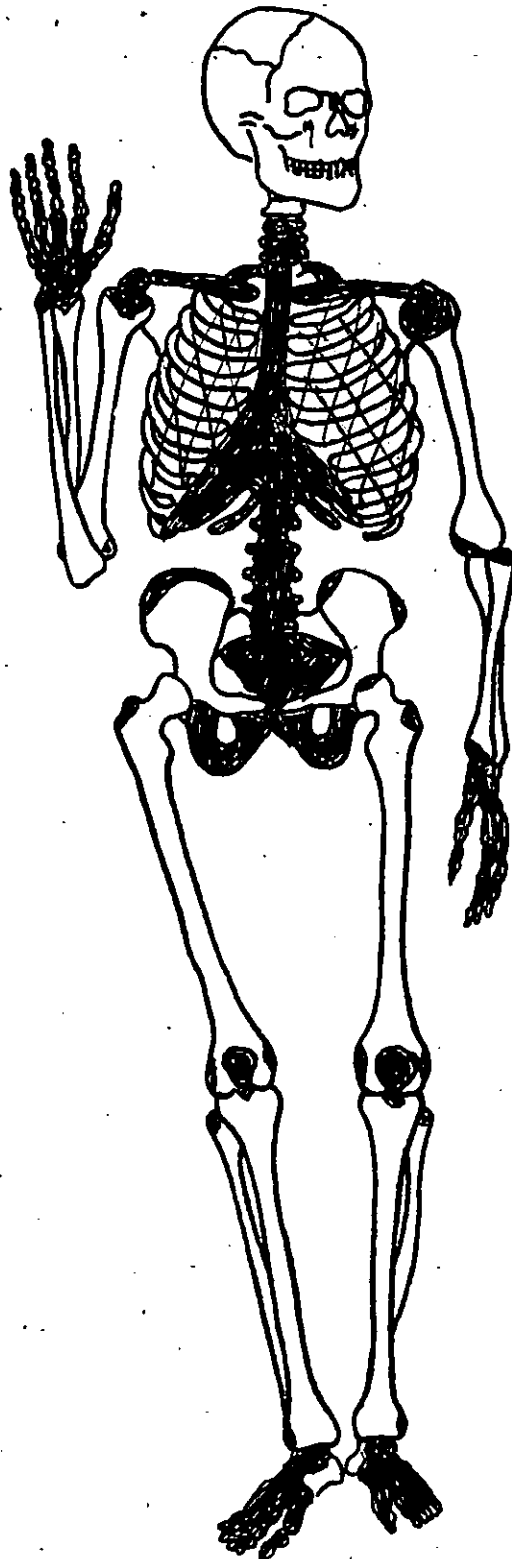
CERTIFIED TRUE COPY.

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

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 BRANCH
MEMORIAL DIVISION

1
CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

U-1500

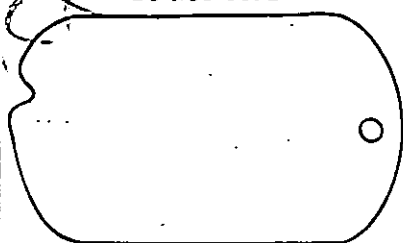
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

26 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) U N K N O W N X-420 Cem Manila #2 (Formerly UNKNOWN #28 Cem Camp O'Donnell)		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Camp O'Donnell POW Camp Luzon, P I	CAUSE OF DEATH	DATE OF DEATH
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EMERGENCY ADDRESSEE (Name, relationship, and address)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Jan 7 20 **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 26 Dec 45	HOUR 1530	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 14	GRAVE No. 1707
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camp O'Donnell Cemetery, Luzon, P I	PLOT No. H	ROW No. 1	GRAVE No. 6
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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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) MCCLADE, Oren	RANK	SERIAL No. 6976598	ORGANIZATION	GRAVE No. 1706
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-1382 (WICOPOLSKI, Stanley)	RANK Pvt	SERIAL No. 36111569	ORGANIZATION	GRAVE No. 1708
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SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT E. M. MOORE, 1st Lt., GRC.
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Jan 33'

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

27 FEB 1948

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

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>UPPER <i>Perfect</i> DIAGRAM REPRESENTS THE MOUTH WIDE OPEN <i>Set.</i> 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: