

AIR MAIL

QUEST 293
GRS Far East

16 September 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM ZONE

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

| | | | | |
|----------------|------------------------|-----------------|------------------|-----------------------|
| Unknown X-620, | AGRS Mausoleum Manila, | formerly X-132, | USAF Cem., | Manila #2 |
| " X-660, | " " | " " | " " | " " |
| " X-819, | " " | " " | " " | " " |
| " X-919, | " " | " " | " " | " " |
| " X-1531, | " " | " " | " " | " " |
| " X-1624, | " " | " " | " " | " " |
| " X-1674, | " " | " " | " " | " " |
| " X-1681, | " " | " " | " " | " " |
| " X-1700, | " " | " " | " " | " " |
| " X-1761, | " " | " " | " " | " " |
| " X-1949, | " " | " " | " " | " " |
| " X-1950, | " " | " " | " " | " " |
| " X-1962, | " " | " " | " " | " " |
| " X-2039, | " " | " " | " " | " " |
| " X-2911, | " " | " " | " " | " " |
| " X-3034, | " " | " " | " " | " " |
| " X-4098, | USAF Cem., | Manila #2, | formerly X-1003, | AGRS Mausoleum Manila |

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

3. Records of this Office indicate that recommendations of Unidentifiability of the remains of Unknown X-1003, AGRS Mausoleum, Manila, P.I., (formerly X-3935-B, USAF Cemetery Manila #2, P.I.) were previously approved on 28 April 1949.

FOR THE QUARTERMASTER GENERAL:

A. C. Kingdral
L. H. White
J. Windsor

T. H. Metz
T. H. METZ
Lt. Colonel, USMC
Memorial Division

AIR MAIL

X 293
Walt P. S. X-1003
C. H. Kingdral

GSGR 293.9

APO 707
23 AUG 1949

SUBJECTS: 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 QMGHU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

| | | | |
|--------------------|-----------|----------------|-----------|
| UNKNOWN X-207 | AGRS Mslm | UNKNOWN X-1700 | AGRS Mslm |
| " X-620 | " " | " X-1761 | " " |
| " X-660 | " " | " X-1949 | " " |
| " X-819 | " " | " X-1950 | " " |
| " X-919 | " ✓ | " X-1962 | " " |
| " X-1268 | " " | " X-2039 | " " |
| " X-1531 | " " | " X-2197 | " " |
| " X-1624 | " " | " X-2911 | " " |
| " X-1674 | " " | " X-3034 | " " |
| " X-1681 | " " | " X-4098 | Manila"#2 |

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

FOR THE COMMANDING GENERAL:

20 Incls

QMC Forms 1044 w/certificates
of Unidentifiability

C. H. LIEURANCE
2nd Lt., AGD
Asst. Adj GEN

(Received Sept 7 1949)
(O.Q.M.G. M&R BR)

/frv

1 /fms

Interred 18 Aug 1949
108 100 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00289

DATE
15 06 48
DAY MONTH YEAR

| | | | | | |
|-----------------------------|-----|---------------|--------------------|-----|---------------------------|
| NAME | | SERIAL NUMBER | RANK | ARM | DATE OF DEATH |
| UNKNOWN | | X-000444 | | 0 | |
| CEMETERY | | | | | DISPOSITION OF REMAINS |
| USAF CEMETERY (MANILA NO 2) | | | | | 7701 80 CODE DIST. PT. |
| PLOT | ROW | GRAVE | COUNTRY | | CAUSE OF DEATH |
| 2 | 15 | 1841 | PHILIPPINE ISLANDS | | 6 |

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|---------------|----------|--|------------------|
| NAME | SERIAL NUMBER | RANK | DATE OF DEATH | DATE DISINTERRED |
| Unknown X-444 (Haus No.) Unknown X-919 | | | | 21 Sept. '48 |
| IDENTIFICATION TAG ON | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY | |
| <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | UNKNOWN | | ROBERT F. STEVENSON Embalmer NAME AND TITLE | |

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

(2) Inside tags, Unknown X-919 (Haus)

REMAINS PREPARED AND PLACED IN CASKET

| | |
|--|---|
| DATE | BY |
| 21 Sept. '48 | ROBERT F. STEVENSON |
| CASKET SEALED BY | EMBALMER (Signature): |
| ROBERT F. STEVENSON | <i>Robert F. Stevenson</i> ROBERT F. STEVENSON |
| CASKET BOXED AND MARKED | SHIPPING ADDRESS VERIFIED BY |
| DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. INF. | HONORIO V. AURELIO, 1st Lt., INF |

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

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., INF.
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report @MC Form 1194a for major discrepancies.

FILE
RECORDS ANNOTATED
DATE 16 Sept 48
NAME *Bill*
R & R BR.

1 /fms

Interred 18 Aug 1949
100 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00289

DATE
15 06 48
DAY MONTH YEAR

| | | | | | |
|-----------------------------|-----|---------------|--------------------|-----|---------------------------|
| NAME | | SERIAL NUMBER | RANK | ARM | DATE OF DEATH |
| UNKNOWN | | UNKNOWN | | Q | |
| CEMETERY | | | | | DISPOSITION OF REMAINS |
| USAF CEMETERY (MANILA NO 2) | | | | | 7701 80 CODE DIST. PT. |
| PLOT | ROW | GRAVE | COUNTRY | | CAUSE OF DEATH |
| 2 | 15 | 1841 | PHILIPPINE ISLANDS | | 6 |

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|---------------|----------|--|-------------------|
| NAME | SERIAL NUMBER | RANK | DATE OF DEATH | DATE DISTINTERRED |
| Unknown X-444 (Haus No.) Unknown X-919 | | | | 21 Sept. '48 |
| IDENTIFICATION TAG ON | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY | |
| <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | UNKNOWN | | ROBERT F. STEVENSON Embalmer NAME AND TITLE | |

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

(2) Inside tags, Unknown X-919 (Haus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept. '48 BY ROBERT F. STEVENSON

| | |
|---------------------|---|
| CASKET SEALED BY | EMBALMER (Signature) |
| ROBERT F. STEVENSON | <i>Robert F. Stevenson</i> ROBERT F. STEVENSON |

| | |
|-------------------------|------------------------------|
| CASKET BOXED AND MARKED | SHIPPING ADDRESS VERIFIED BY |
|-------------------------|------------------------------|

DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. INF. HONORIO V. AURELIO, 1st Lt., INF

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

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., INF.
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILE
RECORDS ANNOTATED
DATE 16 Sept 49
NAME *Bill*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|------------------------------------|------|--|----------------------------|
| FROM AGRS MAUSOLEUM | | TO FORT MCKINLEY MILITARY CEMETERY | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER <i>Caremark</i> | DATE 18 AUG 1949 |

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

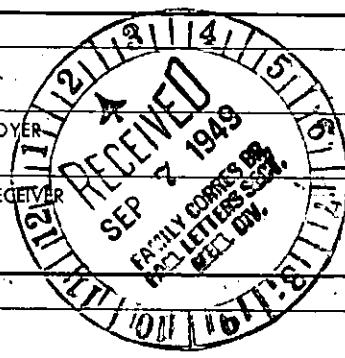
| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

5. SHIPPED

| | | | |
|--|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER <i>LOSI WCMATEA CEMETERY</i> | DATE | SIGNATURE OF RECEIVER | DATE |

6. SHIPPED

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



7. SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

29 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-444, Plot 2,
Row 15, Grave 1841, 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:



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

Attch: Form 1044

Received 7 Sept 1949 OSMG
Not identifiable from
information presently
available to Sept. 1949

Incl 5'

IDENTIFICATION DATA

| | | | | | |
|--|---------|--------|----------|---------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-919 (Formerly UNK X-444, Manila #2) | | | | 2. DATE OF REPORT 8 Aug 1949 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 812 | C | 792 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|----------------------------|--------------------------------|--------------------------|---------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 6' 3/8" | 10. COLOR OF HAIR UTD | 11. RACE UNKNOWN |
|----------------------------|--------------------------------|--------------------------|---------------------|

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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl 52

18.

TOOTH CHART

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

| | RIGHT | | | | | | | | LEFT | | | | | | | |
|------------|-------|----|----|--------|--------|--------|----|---|------|----|----|--------|----|----------|----|----|
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | | | A O | | A L | | | | | | A a | P | A odL | | |
| Side Views | | | | | | | | | | | | | | | | |
| Top Views | | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | | |
| | | P | X | P | A O | | | | | | | A O | | A odL | | |
| | 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."

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

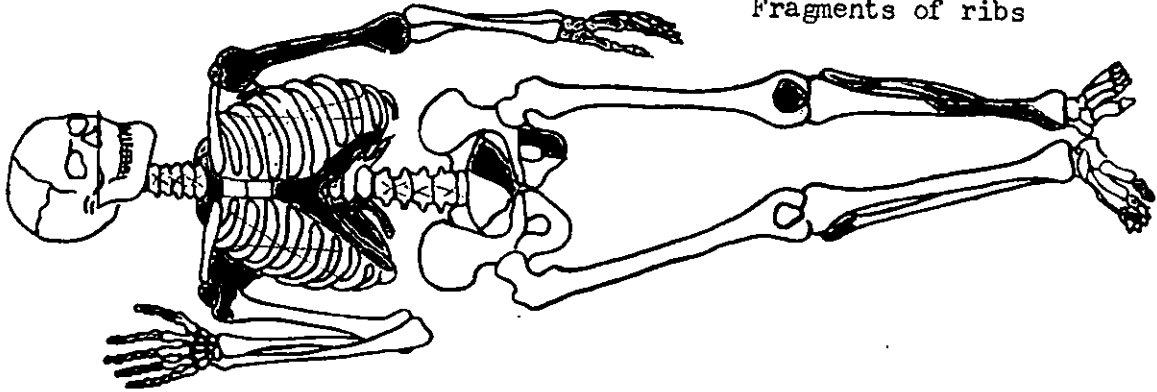
Incl 5

J. J. McDermott
J. McDERMOTT
Lab. Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Fragments of vertebrae

Fragments of ribs



Estimated height: 6' 3/8"

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 - 21 3/4 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

J J McDERMOTT, Lab. Officer, CIP

SIGNATURE

X-919

IDENTIFICATION DENTAL CHART

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

17 Oct 47

(Formerly UNK X-444)

UNK X-919 (USAF Cem Manila #2, P.I.)















Unknown

DATE
Unknown

| | | | | |
|----------------|-----------------|---------|---------------------------------|---------------|
| LAST NAME | FIRST | INITIAL | RANK | SERIAL NO. |
| Unknown | | | Unknown | |
| UNIT | | | ORGANIZATION | |
| Unknown | | | AGRS MAUSOLEUM, Manila, P.I. | |
| PLACE OF DEATH | PLACE OF BURIAL | STORAGE | PLOT | ROW GRAVE NO. |
| | | | 812 | C 792 |
| | | | WANGER | BAY CRYPT |

| | | | | | | | | | | | | | | | | | | | | | |
|----------|----------------------|-----|-----|-----|-----|----|----|---|-------------|----|----|----|------|-----|----|----|--|--|--|--|--|
| | RIGHT | | | | | | | | UPPER TEETH | | | | LEFT | | | | | | | | |
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | |
| TYPE | | | | A | (m) | A | | | | | S | A | (X) | A | | | | | | | |
| LOCATION | | | | o | (m) | ol | | | | | l | d | (m) | od | | | | | | | |
| | INSIDE — LOOKING OUT | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | RIGHT | | | | | | | | LOWER TEETH | | | | LEFT | | | | | | | | |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | | | | |
| TYPE | | (X) | (X) | (X) | A | S | | | | | | A | | A | | | | | | | |
| LOCATION | | | | | l | o | | | | | | lo | | mod | | | | | | | |

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) |  SILIGATE OR PORCELAIN |  DISTAL (BETWEEN-TOWARD BACK) |
|  TEETH REPLACED BY DENTURE |  OXYPHOSPATE (CEMENT) |  LINGUAL (TOWARD TONGUE) |
|  POSTHUMOUSLY MISSING (LOST AFTER DEATH) |  FACIAL (TOWARD CHEEK) | |

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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

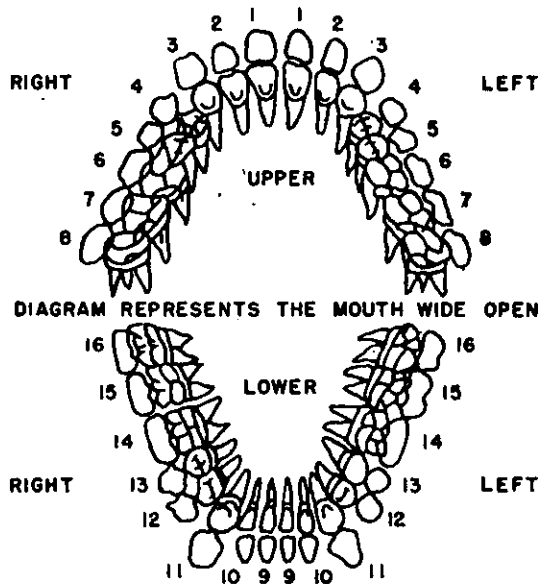


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

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

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

CIP, AGRS MAUSOLEUM, MANILA, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Alton E. Jones
VERIFIED BY GRS OFFICER

/p/ ALTON E. JONES
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)

(Formerly UNK X-444)
 Unknown X-919 (USAF Cem Manila #2, P.I.)
 Cemetery AGRS-MAUSOLEUM, MANILA, P.I.
 Plot 812 DANGER ROW CRYP Grave 792

CIP, AGRS MAUSOLEUM, MANILA, P.I.

7 Oct 47

1. Arrived at cemetery (Hour) (Date)

2. Place of death Unknown
 (Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

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

4. Evacuated to Cemetery by C. M. T. #1
 (Name and organization)

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

| Item | Clothing Markings | Sizes | Indicate unusual markings color, wear, tear, repairs, etc. |
|---------------------|-------------------|-------|--|
| * Headgear | /// (Type) | | |
| Raincoat | /// | | |
| Overcoat | /// | | |
| Jacket, Field | /// | | |
| Jacket, Combat | /// | | |
| Mackinaw | N | | |
| Sweater | N | | |
| Jacket, HBT | E | | |
| * Shirt, Wool OD | /// | | |
| Undershirt, Wool | /// | | |
| Undershirt, Cotton | /// | | |
| Trousers, HBT | /// | | |
| * Trousers, Wool OD | /// | | |

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)
 • If body is nude, sizes of these items should be computed by measuring the remains
 Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)
 Shoulder Patch
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only - Chart attached

Age Est. Height 6' 3/8 " Weight Description of wounds
 Bandages or dressings Scars (Length, width, location)
 Tattoos (Number, location - illustrate on separate page)
 Outstanding moles, warts or birthmarks (Yes-no; description, location)
 Sunburn or tan, other than hand and face
 Complexion U (Light, medium, dark, clear, pimples, poeks, freckles)
 Build D (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)

U
 T

Eyebrows
 (Color, bushiness, extent across nose)

Nose
 (Size, shape, straight)

D

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

Mouth
 (Large, medium, small)

Lips
 (Small, large, full)

Teeth
 See chart attached
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw
 (Large, small, normal)

Skull
 Circumference of head in inches 21 3/4 "
 (Hair 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)

U
 D
 (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
 (Muscular, 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 personal effects, no ROI bottle nor identification tags found with remains. Estimated weight of remains 6 lbs. One (1) disc tag enclosed herewith.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

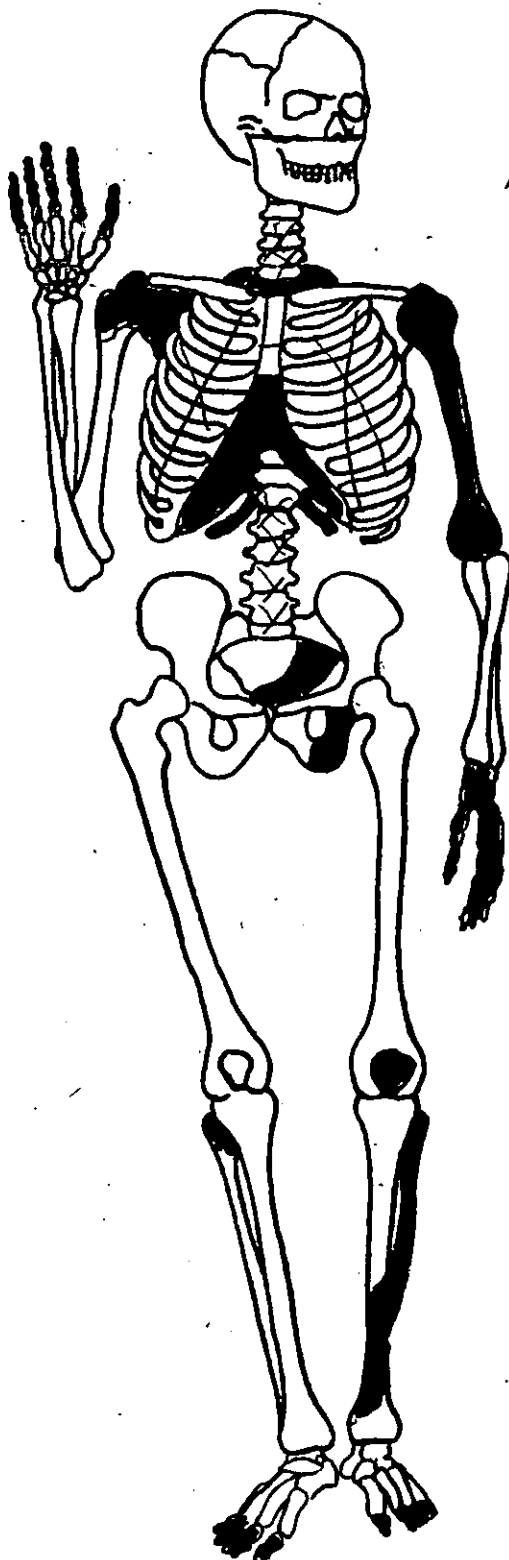
/s/ Alton E. Jones
(Officer's Name)
SP-6 0-62812
Rank Service
AGRS MAUSOLEUM, MANILA, P.I.
(Organization)

CERTIFIED TRUE COPY:
George T. Gamboa
GEORGE T GAMBOA
2d Lt., MAC

SKELETAL CHART

X-919

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Fragments of Vertebrae
Fragments of Ribs

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:

23 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-919 (Formerly UNK X-444
USAF Cemetery 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

Unknown

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

GRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL

STORAGE
20 Oct 47

HOUR

0800

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

STORED
Casket

TYPE OF GRAVE
MARKER

None

PLOT No.

CHANGER
812

ROW No.

BAY
C

GRAVE No.

CRYPT
792

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.

15

GRAVE No.

1841

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no) STORED

Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes

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

STORED
UNKNOWN X-944

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
794

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

STORED
UNKNOWN X-928

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
790

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.

Incl. 582

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


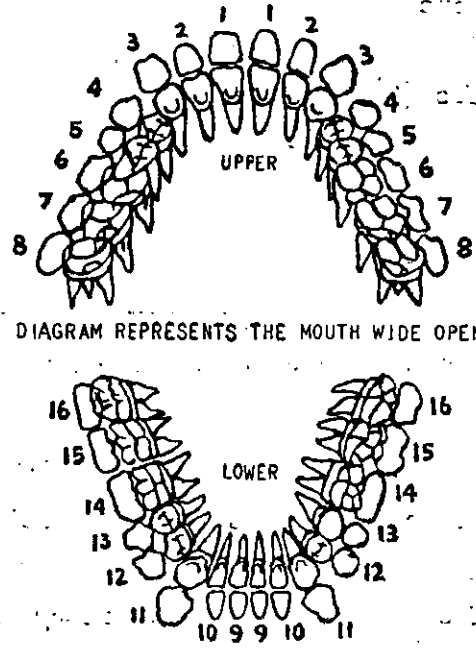




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

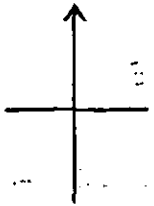
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.

17 DEC 1947

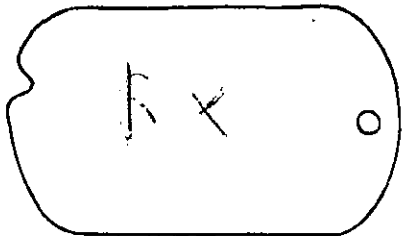
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

^{BE/}
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

26 January 1946

Imprint Identification Tag If Possible:
DO NOT TYPE



Section 1.—IDENTIFICATION.

| | | |
|------------------------------------|--------------|--|
| NAME (Last, first, middle initial) | | SERIAL No. |
| UNKNOWN X - 444 | | |
| GRADE | ORGANIZATION | BRANCH OF SERVICE |
| | | |
| RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |
| | | |

| | | |
|----------------|----------------|---------------|
| PLACE OF DEATH | CAUSE OF DEATH | DATE OF DEATH |
| | | |

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Gold 1515

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 No. 2, Luzon, P. I.

| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 29 Dec. 1945 | 1000 | Shelter Half | Cross | 2 | 15 | 1841 |

| | | | |
|-------------------------------------|---|--|-----------|
| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | | |
| | Yes | ft. Stotsenburg Cemetery, Luzon, P. I. | |
| | PLOT No. | ROW No. | GRAVE No. |
| | B | 9 | 5 |

| | | |
|----------------------------|--------------------------------|---|
| 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) | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) |
| Yes | Yes |

| | | | | |
|--|------|------------|--------------|-----------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| EVERSON, Earl E. | | 19032038 | | 1840 |

| | | | | |
|---|------|------------|--------------|-----------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| UNKNOWN X - 445 | | | | 1842 |

| | |
|--|--|
| SIGNATURE OF PERSON PREPARING REPORT | SIGNATURE OF GRS OFFICER VERIFYING REPORT |
| <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS. | <i>E. M. Moore</i> E. M. MOORE, 1st Lt., QMC. |

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

Serial 481

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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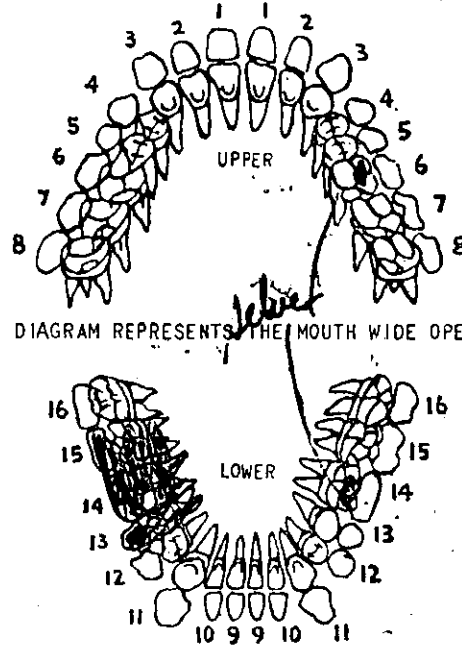




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

18 FEB 1949

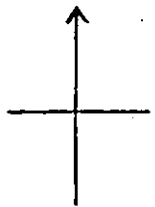
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Disc No. 4