

293 Unk. P.I. (Misc) (Manila #2) X-60, 193, 286, 298, 340, 347,  
1997, 3177, & X-3660)

QMGM 293  
GRS Far-East

8/9/49

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, Calif.

ATTN: AGRS, PHILCOM ZONE

1. Reference is made to findings of unidentifiability for the following unknown deceased:

Unknown	X-679,	AGRS MAUSOLEUM MANTIA,	Formerly	X-193,	USAF Cem.,	Manila #2
"	X-388,	"	"	"	X-80,	"
"	X-434,	"	"	"	X-286,	"
"	X-445,	"	"	"	X-298,	"
"	X-825,	"	"	"	X-340,	"
"	X-831,	"	"	"	X-347,	"
"	X2907,	"	"	"	X-1997,	"
"	X-2076,	"	"	"	X-3177,	"
"	X-1228,	"	"	"	X-3660,	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt. Colonel, GMC  
Memorial Division

COPY  
CR

*X-993 Manila P.I. X-298 Manila #2*

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

OSCR 293.9

AFG 707

SUBJECT: Unidentifiable Remains

25 JUL 1949

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 QMOMU 293, CRS (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-197	AGRS	Mslm	UNKNOWN X-1480	AGRS	Mslm
" X-272	AGRS	Mslm	" X-1495	AGRS	Mslm
" X-388	AGRS	Mslm	" X-2076	AGRS	Mslm
" X-434	AGRS	Mslm	" X-2542	AGRS	Mslm
" X-445	AGRS	Mslm	" X-2907	AGRS	Mslm
" X-679	AGRS	Mslm	" X-3640	AGRS	Mslm
" X-825	AGRS	Mslm	" X-5101	AGRS	Mslm
" X-831	AGRS	Mslm	" X-5102	AGRS	Mslm
" X-1228	AGRS	Mslm	" X-5106	AGRS	Mslm

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

FOR THE COMMANDING GENERAL:

18 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

/s/ John M. Weston, Jr.  
JOHN M. WESTON JR  
1st Lt            AGD  
Asst            Adj    Gen

HEADQUARTERS  
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UNITED STATES ARMY

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"	X-388	AGRS	Malin	"	X-2076	AGRS	Malin
"	X-434	AGRS	Malin	"	X-2542	AGRS	Malin
"	X-445	AGRS	Malin	"	X-2907	AGRS	Malin
"	X-679	AGRS	Malin	"	X-3640	AGRS	Malin
"	X-825	AGRS	Malin	"	X-5101	AGRS	Malin
"	X-831	AGRS	Malin	"	X-5102	AGRS	Malin
"	X-1228	AGRS	Malin	"	X-5106	AGRS	Malin

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/s/ John M. Weston, Jr.  
JOHN M. WESTON JR  
1st Lt           ACD  
Asst           Adj    Gen

1

/drs

Interred 21 July 1949  
L 15/109 Ft. McKinley  
*Carl R. Mark*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00172

DATE  
15 06 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
		UNKNOWNX-000298			0		
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY MANILA NO 2						0 7701 80	
						CODE	DIST. RT.
						CAUSE OF DEATH	
PLOT	ROW	GRAVE	COUNTRY				
2	12	1462	PHILIPPINE ISLANDS				

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-298 UNK X-445 (Maus)				22 Sept 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		C. MAXLEE FANN Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	

MINOR DISCREPANCIES /  
Two (2) Remains Tags - UNK X-445, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET  
DATE 22 Sept 1948 BY C. MAXLEE FANN

CASKET SEALED BY  
C. MAXLEE FANN  
EMBALMER (Signature) *C. Maxlee Fann*  
C. MAXLEE FANN

CASKET BOXED AND MARKED  
DATE 22 Sept 48 BY NORACE L. ALLISON  
Sgt., Inf.  
SHIPPING ADDRESS VERIFIED BY  
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*  
CHARLES R. BATES, 1st Lt, USAFR  
SIGNATURE OF GRS INSPECTOR

9 AUG 1948  
REPATRIATION  
BRANCH  
MCCO. DIV. *Hawkins*

1 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 21 JUL 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 LOBI MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 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

8 July 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-298, Plot 2,  
Row 12, Grave 1482, 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*  
H. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Attn: Form 1044

Received 2 August 1949 OQMG  
Not identifiable from  
information presently  
available

*O. H. Harris*  
9 August 1949

*Incl. #5'*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-445 (Formerly Unk X-298 Manila #2)</b>			2. DATE OF REPORT <b>18 July 1949</b>		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	A	24	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNKNOWN</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**NONE**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

**UTD**

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

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

**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 specimen forwarded through channels for examination when facilities are not available in the area)

**NONE**

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

*Incl # 5-2*

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



fractured

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
													A/O		maxilla missing
Side Views															
UPPER															
LOWER															
Side Views															
													A/O		X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

unerupted

**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."

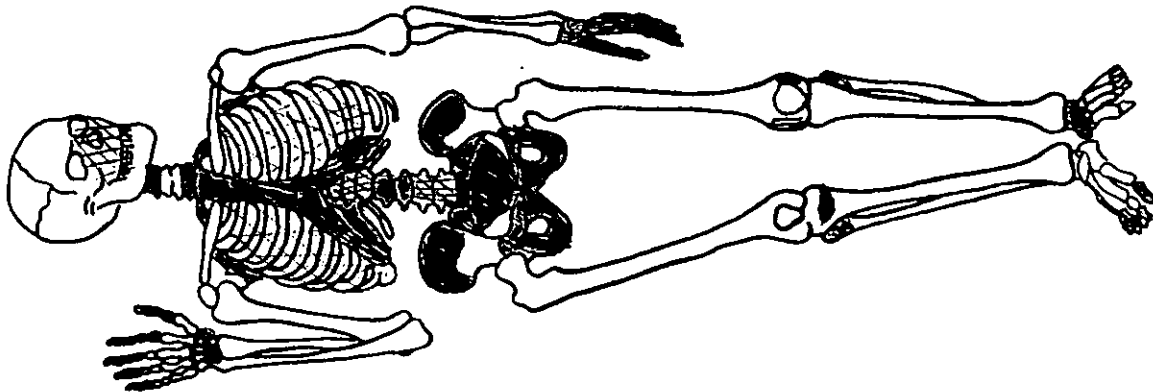
Maxilla on L8 and tooth are missing.

"UNIDENTIFIABLE"  
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

James J. McDermott  
 JAMES J. McDERMOTT  
 Laboratory Officer, CIP



19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 - 7½ lbs.

Circumference of skull - 20 ¾ 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

**JAMES J. McDERMOTT**  
Laboratory Officer, CIP

SIGNATURE

V-445

/df

# 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.

13 Oct 47

UNKNOWN X-445 (Formerly UNK X-298,  
USAF Cemetery Manila #2, Luzon, P.I.)

Unknown

Unknown

DATE

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION

Unknown

812

A

24

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT  
RANGER

ROW  
BAR

GRAVE NO.  
CRYPT.

UPPER TEETH

RIGHT \*      LEFT

8/ 7   6   5   4   3   2   1   1   2   3   4   5   6   7   8

*missing*      *missing*

TYPE																	TYPE
LOCATION												A					LOCATION

INSIDE — LOOKING OUT







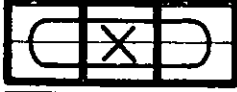








LOWER TEETH

RIGHT      LEFT

16   15   14   13   12   11   10   9   9   10   11   12   13   14   15   16

TYPE																TYPE
LOCATION	X														X	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

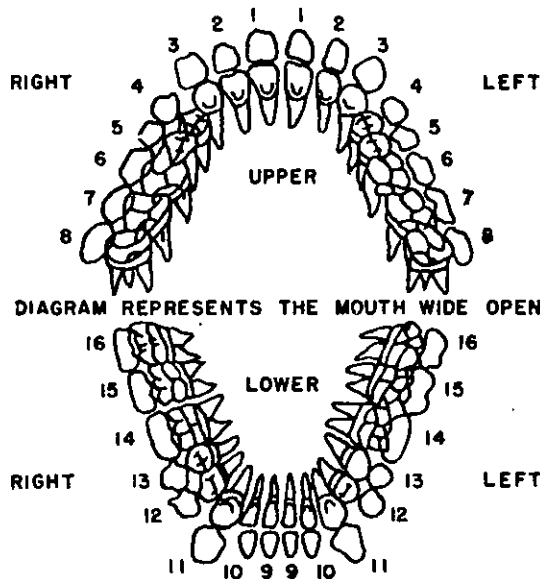
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

Maxilla fractured between R4 and R5. Maxilla missing at R8 and L8. Teeth of mandible not very well aligned.

/s/ Troy H. Ellis  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ TROY H. ELLIS, T/5  
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mausoleum  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ John H. Barr D-234444  
VERIFIED BY GRS OFFICER

/p/ JOHN H. BARR, SP-8  
NAME AND RANK TYPED OR PRINTED

13 October 1947  
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)

/af

UNKNOWN X-445 (Formerly  
 Unknown X-298, USAF Cem Manila #2, P.I.)  
~~Cemetery~~ AGRS Mausoleum, Manila, P.I.  
 HANGER BAY CRYPT  
 Plot 812 Row A Grave 24

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 13 Oct 47  
(Hour) (Date)
2. Place of death Unknown  
(Name of closest town)

USAF Cem Manila #2, Luzon, P.I.  
(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

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

4. Evacuated to Cemetery by C.M.T. #1 QMGR Co.  
(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	/	O	
Jacket, HBT	/	N	
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	//		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web //

Drawers, wool //

Drawers, cotton //

Leggings, wool //

Socks, cotton //

\* Shoes (type) // N

Overshoes // O

Web Equipment (type) // E

(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: Remains are skeleton only. Chart attached.

Age // Height // 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 (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 (Color, setting, shape) Mustache (Color, size, shape) Beard or (length, heavy) //

Goatee ..... //  
 (Light, color, extent)

Eyes ..... U  
 (Color, setting, shape)      Eyebrows .....  
 (Color, bushiness, extent across nose)

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

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

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

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

Jaw ..... //      Circumference of skull in inches ..... 20-3/4"  
 (Large, small, normal)      (Hat band)

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

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

Hands ..... //

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

..... 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 ..... //      Circumcision ..... //      Pubic Hair .....  
 (Quantity and extent of hair)      (Yes-no)      (Color)

Hernioplasty ..... //  
 (Yes-no; location)

Legs ..... //  
 (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet ..... //      Toes .....  
 (Size, corns, callouses, flat)      (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 Burial bottle found with remains but contents are destroyed.

R.O.I. statement enclosed. Nothing found to warrant identification.

No identification tags and personal effects found with remains.

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/ John H. Barr D-234444  
(Officer's Name)

SP-8 AGRS  
Rank Service

CIP, AGRS Mausoleum,  
Nichols Field, Manila, P.I.  
(Organization)

13 October 1947

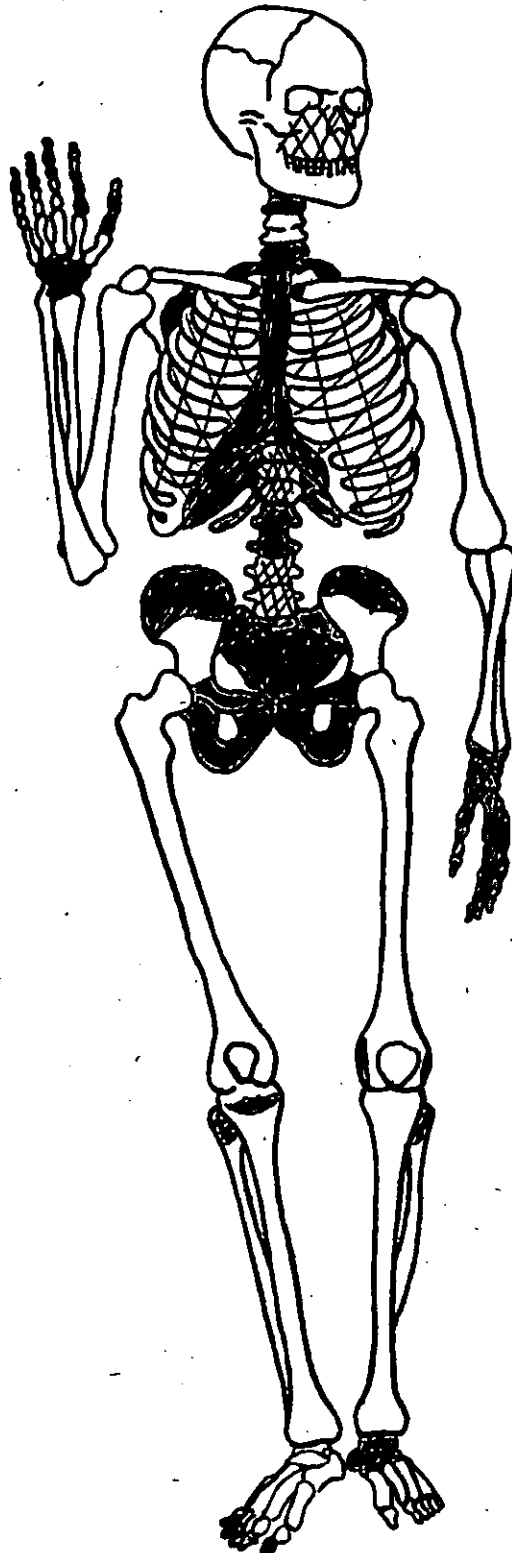
CERTIFIED TRUE COPY:-

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

# SKELETAL CHART

X-445

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





APR 5 - 1948

RESTRICTED

1459

U 1459

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

16 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-445 (Formerly UNK X-298,  
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

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 14 Oct 47	0800	STORED Casket	None	RANGER 812	BAV A	CRYPT 24

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.  
2ROW No.  
12GRAVE No.  
1482

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-469

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

26

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

STORED

UNKNOWN X-444

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

22

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOPPIO JR, 2d Lt, INF.

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

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


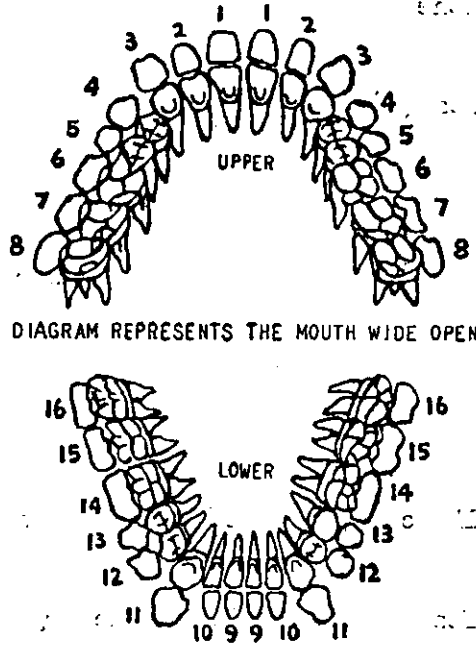




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

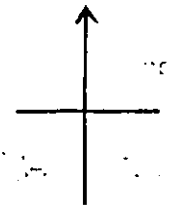
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.

*NOV 1942*

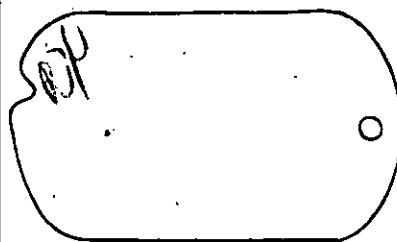
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

19 Jan 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-298		
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

June 655

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
USAF Cemetery Manila #2, Luzon, P. I						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 Dec 45	0900	Shelter Half	Cross	2	12	1482
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Ft Wm McKinley, Luzon, P I			B	3	8
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.		
UNKNOWN X-299				1481		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
UNKNOWN X-297				1483		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
R. C. BARRETT, T/4, GRS.			E. M. MOORE, 1st Lt., QMC.			

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June 41'

27 FEB 1946

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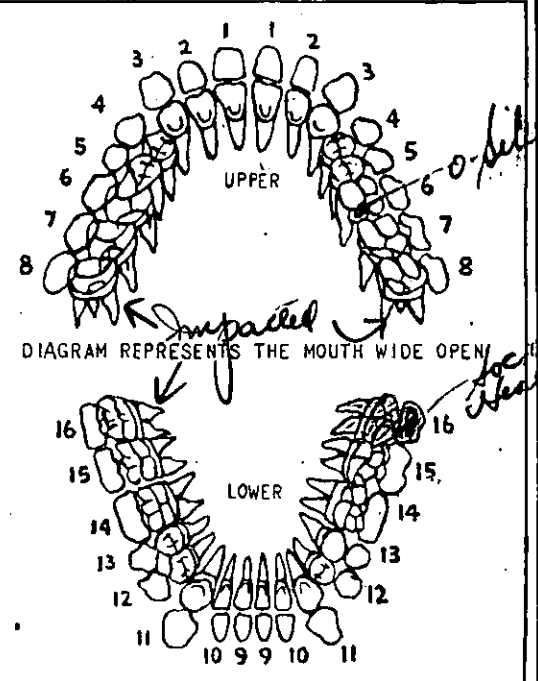
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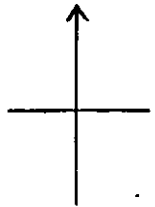
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

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<b>CAVITIES</b>	<p>CAVITY DECAYED</p>
<b>MISSING TEETH</b>	<p>TOOTH MISSING</p>
<b>CROWNED TEETH</b>	<p>PORCELAIN CROWN GOLD CROWN</p>
<b>BRIDGE WORK</b>	<p>GOLD BRIDGE</p>



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



**REMARKS:**

Burial bottle found with remains but contents destroyed.