

QMGMT 293
QCS Far East

7 November 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General
Philippine Air Command
AR 74, c/o Postmaster
San Francisco, California

ATTN: ACPS, PHILIPINE ZONE

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

Unknown I-596,	ACPS Museum, Manila, formerly I-104,	USAF Cem., Manila #2							
" X-1408,	" " " " "	" " " " "	X-3999,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-1012,	" " " " "	" " " " "	X-3944,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-1026,	" " " " "	" " " " "	X-3882,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-1643,	" " " " "	" " " " "	X-3476,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-2435,	" " " " "	" " " " "	X-3137,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-2734,	" " " " "	" " " " "	X-2917,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-924,	" " " " "	" " " " "	X-449,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-728,	" " " " "	" " " " "	X-245,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-4728,	" " " " "	" " " " "	X-1393,	" " " "	" " " "	" " " "	" " " "	" " " "	" " " "
" X-4153,	USAF Cemetery Manila #2, P.I.								

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

FOR THE QUARTERMASTER GENERAL:

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

T. Sanbornsdal
L. M. White
J. Windsor

HEADQUARTERS
PHILIPPINE AIR COMMAND

QGR 293

APD 74

SUBJECT: Unidentifiable Remains

OCT 20 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 QGR 293, QCS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at ACSI Museum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reasons of lack of sufficient identifying data:

UNKNOWN X-205	Island Command	UNKNOWN X-1112	ACSI Manila
" X-596	ACSI Manila	" X-1406	" "
" X-728	" "	" X-1479	" "
" X-924	" "	" X-1486	" "
" X-978	" "	" X-1643	" "
" X-1012	" "	" X-2435	" "
" X-1026	" "	" X-2734	" "

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

FOR THE COMMANDING GENERAL:

14 Encls
QCS Forms 1044 w/Certificates
of Identifiability

WILLIAM C. HURNEY, Jr.
CAPT. USAF
ASST. ADJ GEN

QMGT 293
Unknown X-924, AGES Mausoleum
Manila, P.I. (Formerly X-449,
USAF Cemetery Manila #2)

12 July 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Proceedings of your Board of Review, dated 12 April 1949, recommending the following identification:

X-924, AGES Mausoleum, Manila, P.I., (formerly X-449, USAF Cemetery Manila #2, P.I.) as Sgt. Earl C. Powell, 6661758

2. After a thorough analysis of this case, it has been considered that the evidence presented is insufficient to establish identification. The Report of Interment, dated 27 January 1945, states that Unknown X-449 has protruding teeth. A letter from Sgt. Powell's next of kin states that there were no protrusions in his teeth. The dental charts and the estimated height for Unknowns X-819, X-822, X-832, X-919 and X-926, recovered from the same vicinity, compare equally well with available Army dental records and recorded height for Sgt. Powell.

3. Board Proceedings have been disapproved for the reasons outlined above and are returned herewith.

FOR THE QUARTERMASTER GENERAL:

1 Incl:
Bd Proceedings

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

REB

NJS

T. Sanborn:lrc
L.M. White
J. Windsor

cc--Administrative Section

293 Unknown PI X-449 Manila #2

QMMT 293
Unknown X-924, AGRS Mausoleum
Manila, P.I. (Formerly X-449,
USAF Cemetery Manila #2)

15 July 1949

SUBJECT: Identification of World War II Deceased

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

ATTENTION: AGRS, PHILCOM ZONE

1. Reference is made to Proceedings of your Board of Review, dated 12 April 1949, recommending the following identification:

X-924, AGRS Mausoleum, Manila, P.I. (Formerly X-449, USAF Cemetery Manila #2, P.I.) as Sgt. Earl C. Powell, 6661758

2. After a thorough analysis of this case, it has been considered that the evidence presented is insufficient to establish identification. The Report of Interment, dated 27 January 1945, states that Unknown X-449 has protruding teeth. A letter from Sgt. Powell's next of kin states that there were no protrusions of the teeth. The dental charts and the estimated height for Unknowns X-819, X-822, X-832, X-919 and X-928, recovered from the same vicinity, compare equally well with available Army dental records and recorded height for Sgt. Powell.

3. Board Proceedings have been disapproved for the reasons outlined above and are returned herewith.

FOR THE QUARTERMASTER GENERAL:



1 Incl
Bd Proceedings

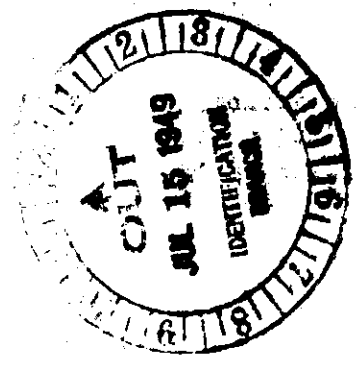
cc: Adm Section

T. Sanborn:cal
L. M. White
J. Windsor

MAIL ROOM
C. M. G.
AGRS BRANCH

1293 Unknown PI X-924/maus manila
1293 Powell, Earl C 6661758

Handwritten notes and stamps in the top left corner, including a date stamp that appears to be "JUL 12 1949".



Main body of the document containing several paragraphs of extremely faint, illegible text, likely a report or memorandum.

1
1/ebc

Interred 18 October 1949
J. 5 17 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
Cemetary Superintendent

NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00294

DATE

15 06 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000449

0

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

0

DISPOSITION OF REMAINS

7701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

2 15 1851 PHILIPPINE ISLANDS

CAUSE OF DEATH

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)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

(Maus Ho.) Unknown X-924
Unknown X-449

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

21 Sept. '48

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

ROBERT P. STEVENSON
Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

(2) Inside tag - Unknown X-924 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE

21 Sept. '48

BY

ROBERT F. STEVENSON

CASKET SEALED BY

ROBERT F. STEVENSON

EMBALMER (Signature)

Robert F. Stevenson
ROBERT F. STEVENSON

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

21 Sept '48 by HORACE L. ALLISON, Sgt. INF

HONORIO V. AURELICO, 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. Aurelico
HONORIO V. AURELICO, 1st Lt., INF. NOV 1948

SIGNATURE OF GRS INSPECTOR

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	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Everbank</i>	DATE 18 OCT 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>AGRS MAUSOLEUM</i>	DATE	SIGNATURE OF RECEIVER <i>(BY THE MAUSOLEUM REGION)</i>	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

19 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 449 3, Plot 2,
Row 15, Grave 1851, 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, QMC
Chief, Records Branch

Atch: Form 1044

Received 11/2/49
Not identifiable from
information presently
available QMG

Sanborn T. 11/2/49

Serial 4'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN: UNKNOWN X-924 (Formerly Unk X-449 Manila #2)			2. DATE OF REPORT 21 Sept 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	C	806	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

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 42

TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
						<i>to</i>	<i>to</i>	<i>to</i>	<i>to</i>				<i>mo</i>		
<i>Side Views</i>															
<i>UPPER</i>															
<i>LOWER</i>															
<i>Side Views</i>															
						<i>to</i>	<i>to</i>	<i>to</i>	<i>to</i>						
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"

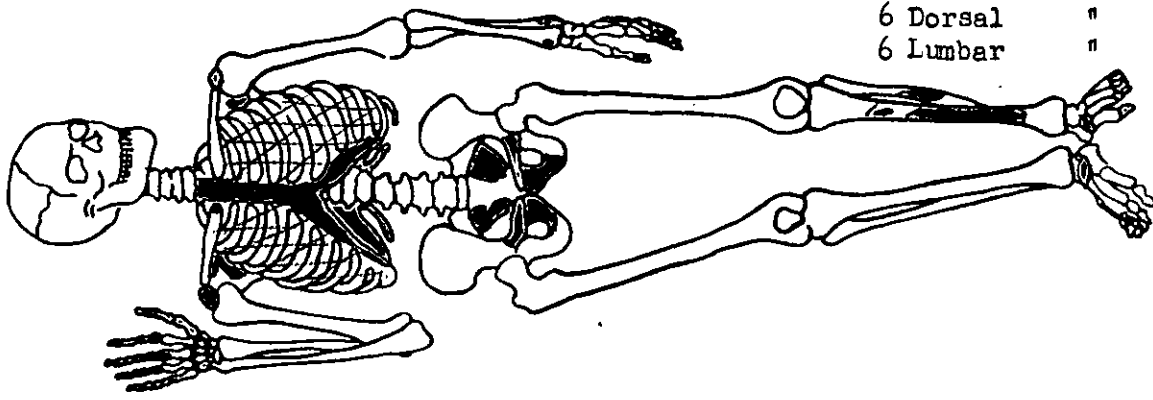
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Paul R. Nichols

PAUL R NICHOLS

Chief, Identification Section

6 Cervical vertebrae
6 Dorsal "
6 Lumbar "



Estimated height - 5'11"

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 - 9 lbs.

Circumference of skull - 20½ 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

SIGNATURE

James J. McDermott.

X-924

IDENTIFICATION DENTAL CHART

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

(Formerly UNK X-449)

18 Oct 47

UNKNOWN X-924 (USAF Cem Manila #2, P.I.)

Unknown

Unknown

LAST NAME: Unknown FIRST: Unknown INITIAL: Unknown RANK: Unknown SERIAL NO.: Unknown

UNIT: Unknown AGRS MAUSOLEUM, Manila, P.I. ORGANIZATION: 812 C 806

PLACE OF DEATH: PLACE OF BURIAL: STORAGE PLOT: 812 ROW: C GRAVE NO.: 806

misposed

RIGHT UPPER TEETH LEFT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	TYPE						X	X	X	X					
LOCATION	LOCATION														







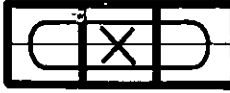








INSIDE — LOOKING OUT

rotated

RIGHT LOWER TEETH LEFT

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
							X	X	X		X				
TYPE	TYPE														
LOCATION	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)

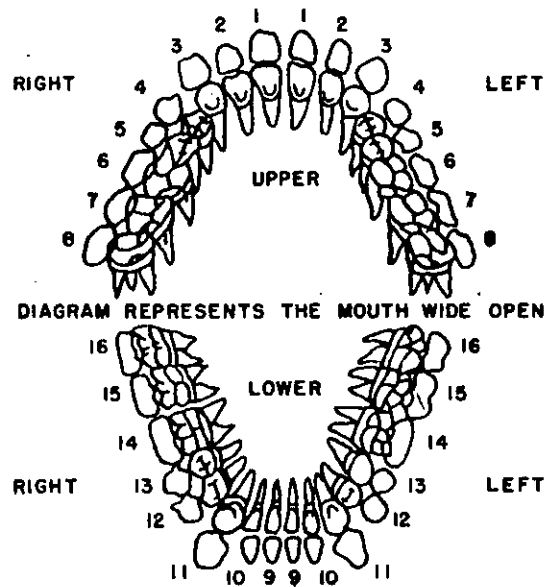
INSTRUCTIONS:

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 $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

/s/ Aurelio D. Cabildo
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ AURELIO D. CABILDO Civ
NAME AND RANK TYPED OR PRINTED

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

/s/ Felix Glass
VERIFIED BY GRS OFFICER

/p/ FELIX GLASS D.C.O-1717213
NAME AND RANK TYPED OR PRINTED

18 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-449)

Unknown X-924 (USAF Cem Manila #2, P.I.)

Cemetery AGRS MAUSOLEUM, MANILA, P.I.

Plot 812 DANGER ROW CRYP 806
Row Grave

18 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 _____
(Name and organization)

AGR CMT #1

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

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

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	//		
Overcoat	///		
Jacket, Field	////		
Jacket, Combat	/////		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N		
	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) A sole of Civilian Shoe - No Markings

* 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: Skeletal remains only - Chart attached

Age UTD Est. Height 5'11" Est. Weight 170 lbs 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 curling 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, bushiness, 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) Skull **20 1/2 "**
 Circumference of head in inches (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 identification tags, burial bottle or other means of identification
found with remains. Estimated weight of remains 9 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/ Edward H. Marshall
(Officer's Name)

SP-8 C-062874
Rank Service

CIP, AGRS MAUSOLEUM, MANILA, P. I.
(Organization)

18 Oct 47

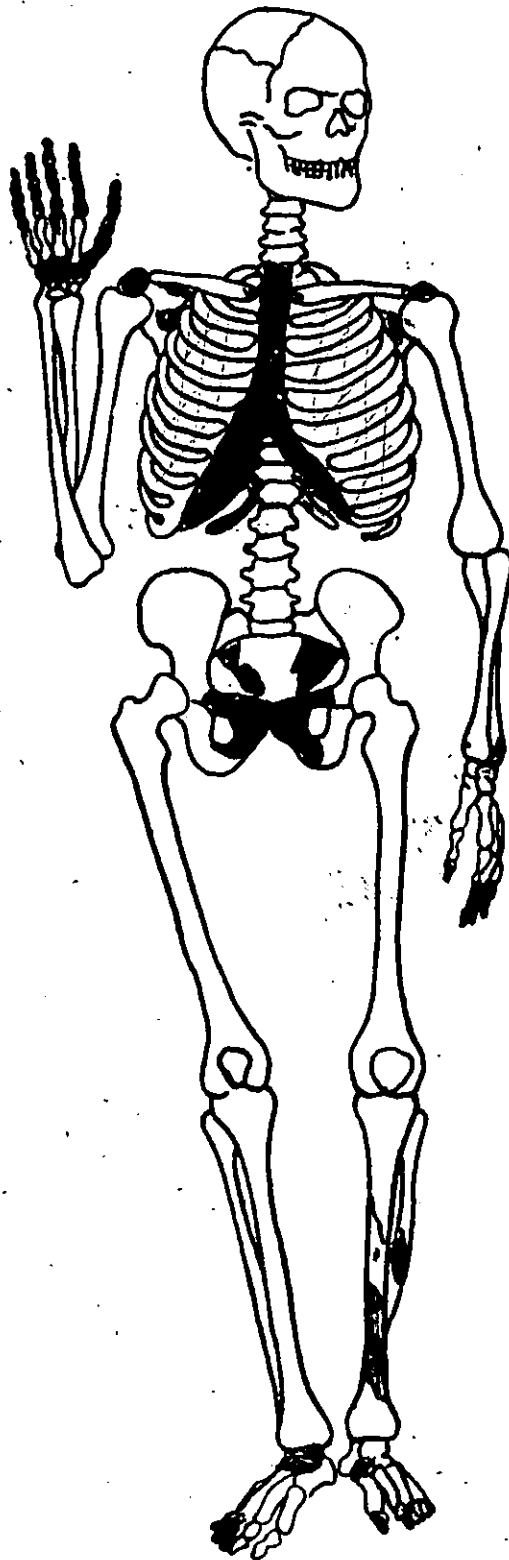
CERTIFIED TRUE COPY:

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

X-924

SKELETAL CHART

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

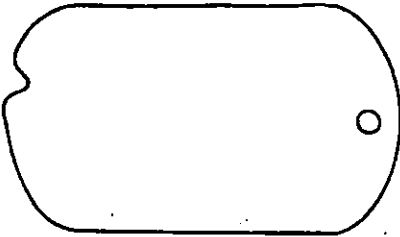

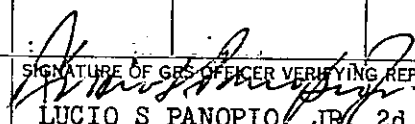


- 6 Cervical vertebrae
- 8 Dorsal vertebrae
- 5 Lumbar vertebrae
- 32 Rib fragments
- Small bone fragments

APR 5 - 1948

RESTRICTED

U 1043

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-924 (Formerly UNK X-449 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 20 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED --Casket	TYPE OF GRAVE MARKER None	PLOT NO. HANGER 3812	ROW NO. SAY C	GRAVE NO. CRUP 806	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.			PLOT No. 2	ROW No. 15	GRAVE No. 1851	
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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-934	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRUP 808			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKN OTN X-931	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRUP 804			
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. 583.

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


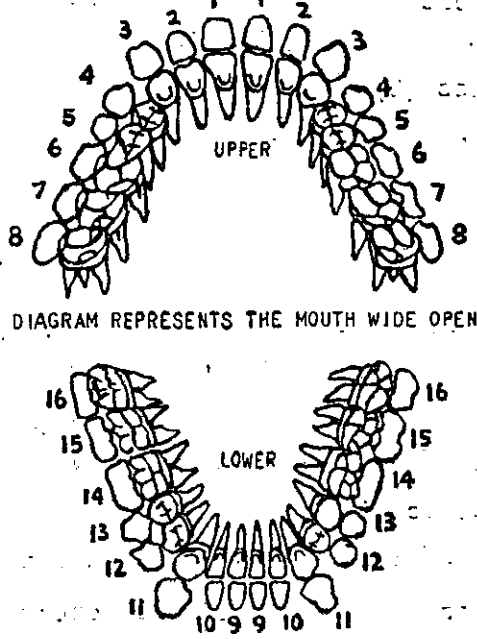




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

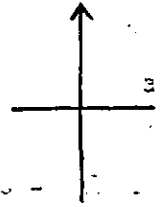
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS 	SILVER FILLING GOLD FILLING	
CAVITIES 	CAVITY DECAYED	
MISSING TEETH 	TOOTH MISSING	
CROWNED TEETH 	PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK 	GOLD BRIDGE	

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

RESTRICTED U-

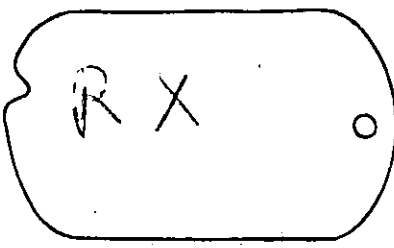
U 1043

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

27 January 1946

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X - 449		
	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
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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

Insul 1490

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	1851

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE		
Yes	USAF Cemetery Ft. Stotsenburg, Pampanga, Luzon, P.I.		
	PLOT No.	ROW No.	GRAVE No.
	C	1	1

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.
WROBLEWSKI, Anton J.	Pfc.	36901666	Btry D 198 AAA	1850

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 450				1852

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.

RESTRICTED

Insul 53'

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

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

OTHER IDENTIFICATION CLUES

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

FILLINGS



SILVER FILLING
GOLD FILLING

CAVITIES



CAVITY
DECAYED

MISSING TEETH



TOOTH MISSING

CROWNED TEETH

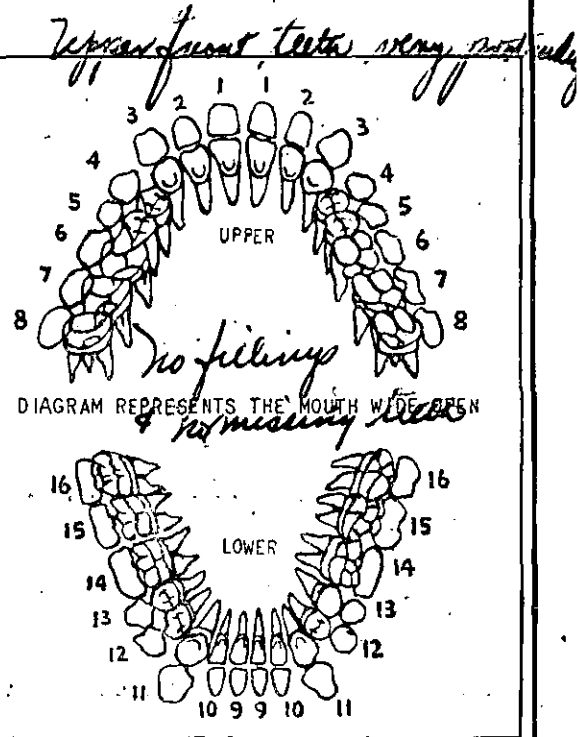


PORCELAIN CROWN
GOLD CROWN

BRIDGE WORK



GOLD BRIDGE



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



REMARKS:

Disc No. 86