

293

Unknown X-451, USAF Cem. Manila #2, associated with data for  
2/Lt Robert D. Clark O 412 166

Reference is made to attached anthropologist's report of examination of remains designated Unknown X-451, Manila #2. Inasmuch as the examination failed to reveal any additional dental and physical information substantiating the tentative association with records for Lt Clark, it is recommended that the remains revert to unidentifiable status and Lt Clark's status remain nonrecoverable.

*Gladys Reynolds*  
GLADYS REYNOLDS

17 Aug 1952

*Caro Salsar*  
~~*[Signature]*~~

*Stewart 8 Sept 52*

*gpc*

↓  
*File NAM  
16 Sept 52  
gpc*

Unknown X-451, USAF Cem. Manila #2, associated with data for  
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GLADYS REYNOLDS  
1 Aug 1952

## DENTAL COMPARISON CHART

UNKNOWN					NAME				
451 Manila #2					CLARK, Robert D., 2/Lt O 412 166				
X- A-5-2, Fort Stotsenburg									
R-8	Imp	Imp	Imp	Imp	R-8				filling
R-7	A	Aoo	Aoo	oAoa	R-7				filling
R-6	A	Ao	Aoo	oldA	R-6				filling
R-5	A	Ado	Aod	foldA	R-5				
R-4	A	Ado	Aod		R-4				
R-3					R-3				
R-2					R-2				filling
R-1		PX	PX	PX	R-1				filling
L-1		PX	PX	PX	L-1				
L-2		PX	PX	PX	L-2				
L-3		PX	PX	PX	L-3				
L-4	A	Ao	Ao	oA	L-4				filling
L-5		Ado	Aod	foldA	L-5				car
L-6	A	Aoo	Aoo	oAoa	L-6				2 filling
L-7	A	Aomo	Amo	foldA	L-7				filling
L-8	Imp	Imp	Imp	Imp	L-8				filling
R-16	X	X	X	X	R-16				
R-15				car f	R-15				filling
R-14	A	Ao	Ao	oAfoA	R-14				X
R-13					R-13				
R-12					R-12				
R-11					R-11				
R-10					R-10				
R-9					R-9				
L-9					L-9				
L-10					L-10				
L-11					L-11				
L-12					L-12				
L-13					L-13				
L-14	A	Aof	Aof	oAfa	L-14				X
L-15	A	Aof	Aof	fAoa	L-15				
L-16	Imp	Imp	Part. Imp		L-16				
ESTIMATED HEIGHT					HEIGHT				
65"					5' 6"				
69 5/8"					Jan 41 - Civ Chart 1934				
ESTIMATED WEIGHT					WEIGHT				
150									
150									
ESTIMATED AGE					AGE				
25 - 30					23 years				
HAIR					HAIR				

REMARKS

Fractured humerus - 1925  
Fractured left ulna - 1927

Lower teeth crowded  
No fractures found

KIA: Clark Field - 21st Pur Sq.  
Non-rec - December 1949

UNKNOWN X-451 Manila #2 associated with CLARK, ROBERT D., O 412 166

X-926 (formerly X-451). Associated with data for Clark, Robert D.  
O 412 166

1. General Condition: Skeletal, no tissue. Poor. Major limb bones present but skull shattered. Palate and mandible present. Pelvic damaged. Vertebral Column incomplete but the cervical section is present and atlas articulates with occipital condyles. Cranial-postcranial association probable.

2. Co-mingling: No evidence of such.

3. Age: Cranial: Sagittal and coronal sutures obliterated; lambdoid open, 25-30 years, not less. Pelvic: right pubic symphysis, lower half only available; probably phase V, 27-30 years, general estimate, 27-30 years.

4. Stature: Rollet, 69 5/8; "Krogman 69 1/4." Based on rt. femur, tibia, humerus.

5. Dentition: See Form 509, 1 May 1952. No special comment.

6. Hair Color: No evidence.

7. Race: White

8. Conclusions and Recommendations: Form 371 data for Clark are age at death 23 years, 1 month, Stature 69 inches, race White and dental information. There is agreement as to stature and race but disagreement with the age estimate and the dental comparison is contradictory. On the basis of the present evidence, identification is inconclusive that these are the remains of Clark.

*Theodore D. McCown*

Theodore D. McCown  
Professor of Anthropology

X-926 (formerly X-451). Associated with data for Clark, Robert D.  
O 412 166

1. General Condition: Skeletal, no tissue. Poor. Major limb bones present but skull shattered. Palate and mandible present. Pelvic damaged. Vertebral Column incomplete but the cervical section is present and atlas articulates with occipital condyles. Cranial-postcranial association probable.

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5. Dentition: See Form 509, 1 May 1952. No special comment.

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Theodore D. McCown  
Professor of Anthropology

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>x-926 AGRS MASOLEUM</b> <b>Formerly X-451 MANILA No. 2</b>				2. DATE OF REPORT <b>1 MAY 1952</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE.	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
---------------------	---------------------	-------------------	----------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**4 AGRS TAGS w/ REMAINS — See LINE 1**

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

**NONE**

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

**L. 5<sup>th</sup> METATARSAL MAY HAVE BEEN INJURED**

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**

# IDENTIFICATION DENTAL CHART

DATE

1 MAY 1952

NAME (Last, First, Middle Initial)

GRADE

SERVICE NUMBER

**Unknown X-926 AGRS MASOLEUM, Formerly**

**X-451 MANILA No.2**

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

**Associated with Clark, Robert D. 2nd Lt.**

**0-412 166**

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE

	1	2	3	4	5	6	7	8	9	10	11	12	13	<del>14</del>	15	16	
RIGHT																	LEFT

- |                         |                  |                             |
|-------------------------|------------------|-----------------------------|
| 1. O-AM.                | 5. MO-AM.        | 9. PORC. CR.                |
| 2. DOL-AM.; F-AM.       | 6. ML-GOLD FILL. | 10. F-PORC. FILL.; L-AM.    |
| 3. MOD. GOLD FILL.      | 7. 3/4 GOLD CR.  | 11. MF-PORC. FILL.          |
| 4. F-GOLD FILL.; ML-AM. | 8. D-PORC. FILL. | 12. PX-POSTHUMOUSLY MISSING |
|                         |                  | 13. GOLD CR.                |
|                         |                  | 14. MISSING                 |
|                         |                  | 15. MO-AM.; L-AM.           |
|                         |                  | 16. MODL-AM.                |

MARKING ABBREVIATIONS:

F - Facial      O - Occlusal      D - Distal      Am - Amalgam      FILL - Filling      BACK - Backing  
 L - Lingual      M - Mesial      I - Incisal      CR - Crown      PORC - Porcelain      FAC - Facing

CARIES																	CARIES
RESTORATIONS	Impacted	O-AM O-AM	O-AM O-AM	O-L-D AM	F-O-L-D AM							O-M F-O-L-D AM	O-AM O-AM	F-O-L-D AM	Impacted	RESTORATIONS	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

UPPER RIGHT																	UPPER LEFT
-------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------------

LOWER RIGHT																	LOWER LEFT
-------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	------------

RESTORATIONS			O-AM											O-AM F-AM	O-AM F-AM	Impacted	RESTORATIONS
CARIES			F														CARIES
	<del>32</del>	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

DENTURES (Plate): DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. (For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.) SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE. **None**

THE FOLLOWING CONDITIONS WILL BE CHECKED IN THE SPACE BELOW: (Describe in detail under remarks)

<input type="checkbox"/>	MOTTLED ENAMEL	<input checked="" type="checkbox"/>	UNERUPTED TEETH	<input type="checkbox"/>	RETAINED DECIDUOUS TEETH
<input type="checkbox"/>	ENAMEL HYPOPLASIA	<input checked="" type="checkbox"/>	MALOCCLUSION	<input type="checkbox"/>	ABNORMAL INTERDENTAL SPACES
<input type="checkbox"/>	EROSION	<input type="checkbox"/>	SUPERNUMERARY TEETH	<input type="checkbox"/>	IRREGULARITY OF ALIGNMENT
<input type="checkbox"/>	ABRASION	<input type="checkbox"/>	FRACTURES OF ENAMEL	<input type="checkbox"/>	UNUSUAL RESTORATIONS
<input checked="" type="checkbox"/>	ROTATION	<input type="checkbox"/>	FRACTURES OF TEETH	<input type="checkbox"/>	UNUSUAL APPLIANCES

REMARKS (If no abnormalities are found make notation to that effect)

No. 6 Rotated distally 45° approx.  
 No. 26 Rotated Mesially 90° approx.  
 Lower incisors ARE crowded.

*James E. Tucker*



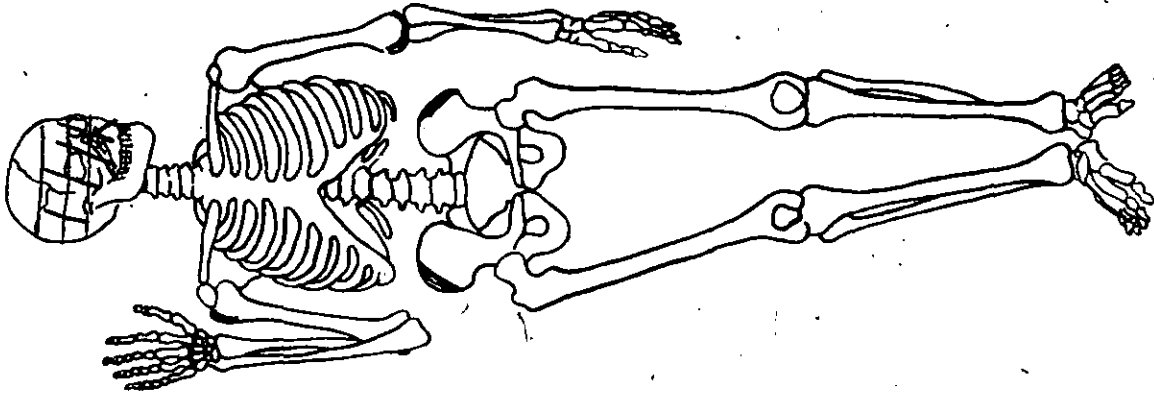
	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p><i>Tooth Missing</i></p>	
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Side Views																	Side Views
Top 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."

SEE DD Form 569

19. BLACK-OUT PARTS OF BODY NOT RECOVERED



DARK AREAS INDICATE BONE EROSION.

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains are skeletal and disarticulated.  
Long bones available for measurement

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

SIGNATURE

QUART 295  
AFS Far East

2 September 1949

SUBJECT: Approval of Unidentifiability

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

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

Unknown	X- 332,	AFSC	Manila,	formerly	X- 77,	USAF	Gen.,	Manila	#2
"	X- 577,	"	"	"	X- 76,	"	"	"	#2
"	X- 424,	"	"	"	X- 276,	"	"	"	#2
"	X- 647,	"	"	"	X- 160,	"	"	"	#2
"	X- 648,	"	"	"	X- 161,	"	"	"	#2
"	X- 672,	"	"	"	X- 185,	"	"	"	#2
"	X- 675,	"	"	"	X- 189,	"	"	"	#2
"	X- 926,	"	"	"	X- 451,	"	"	"	#2
"	X-1154,	"	"	"	X-5791,	"	"	"	#2
"	X-1934,	"	"	"	X-5322,	"	"	"	#2
"	X-1935,	"	"	"	X-5325,	"	"	"	#2

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

cc: Adm Section  
E. A. Kampfer  
L. M. White  
J. Windsor

CC: CINCPAC, APO 500, c/o Postmaster, San Francisco, California

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

GSGR 293.9

AFD 707  
15 AUG 49

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 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-210	AGRS	Mslm	UNKNOWN	X-675	AGRS	Mslm
"	X-215	"	"	"	X-710	"	"
"	X-332	"	"	"	X-926	"	"
"	X-377	"	"	"	X-1134	"	"
"	X-424	"	"	"	X-1934	"	"
"	X-508	"	"	"	X-1935	"	"
"	X-647	"	"	"	X-3000	"	"
"	X-648	"	"	"	X-3225	"	"
"	X-672	"	"				

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

FOR THE COMMANDING GENERAL:

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

17 Incls  
QMG Forms 1044 w/certificates  
of Unidentifiability

C  
O  
P  
Y

1 /drs /avv	Interred 8 August 1948 22-101 Ft. McKinley N. B. 100 Ave B.P. #124 <i>Carl R. H. Mark</i>		DISINTERMENT DIRECTIVE	
	Cemetry Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 00296	DATE 15 06 48 DAY MONTH YEAR
NAME <i>293 UNKNOWN</i>		SERIAL NUMBER X-000451	RANK	ARM Q
CEMETERY USAF CEMETERY MANILA NO 2		DISPOSITION OF REMAINS O 7701 80 CODE DIST. PT.		DATE OF DEATH DAY MONTH YEAR
PLOT 2	ROW 15	GRAVE 1853	COUNTRY 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)
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## SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-926 (MAUS) UNKNOWN X-451	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 21 Sept 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY ROBERT F. 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 1

(2) tags - MAUS UNKNOWN X-926

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 1948	BY ROBERT F. STEVENSON
CASKET SEALED BY ROBERT F. STEVENSON	EMBALMER (Signature) <i>Robert F. Stevenson</i> ROBERT F. STEVENSON
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY LUCIO S. PANOPIO, 1st Lt, INF

DATE 21 Sept 48 BY HORACE L. ALLISON, Sgt, INF

LUCIO S. PANOPIO, 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.

LUCIO S. PANOPIO, 1st Lt, INF

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

INFORMATION  
BRANCH  
MEMO

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Leare...</i>	DATE <b>8 AUG 1949</b>

## 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

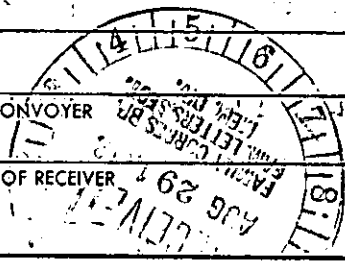
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>EGUI NOKIATEA GENERAL</i>	DATE	SIGNATURE OF RECEIVER <i>(...)</i>	DATE

## 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  
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- 451, Plot 2,  
Row 15, Grave 1853, 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, CMC  
Chief, Records Branch

Attch: Form 1044

*Rec'd 7/12'*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-926 (Formerly UNK X-451 Manila #2)				2. DATE OF REPORT 5 Aug 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	C	821	DIS INTERMENT	RE INTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 150 lbs	9. ESTIMATED HEIGHT 5' 5"	10. COLOR OF HAIR U T D	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? 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"**

*Lucas 122*



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

		RIGHT								LEFT									
		7	6	5	4	3	2	1	1	2	3	4	5	6	7	impacted			
		A o	A o	A od	A od			o	o	o	o	A o	A od	A o	A mo				
Side Views																		Side Views	
Top Views	UPPER																		
	LOWER																		
Side Views																			
		X	A o											A o	A o		↑		
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

Partially impacted

**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."

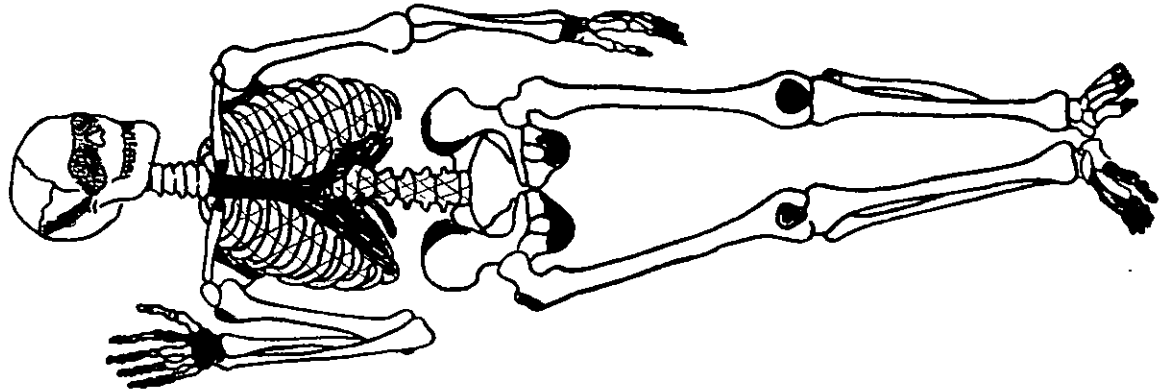
**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED

7 cervical vertabrae



Estimated height 5' 5"

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.

**"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

# 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-926 (Formerly Unk X-451)  
USAF Cem Manila #2, Luzon, P.I.)

18 Oct 47

DATE

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION

812 C 821

Unknown

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT

ROW

GRAVE NO.

MANAGER

BY

CRYPT

*impacted*

*impacted*

		RIGHT					UPPER TEETH					LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE			A	A	A	A		Q	X	X	X	X	A	A	A	A		TYPE	
LOCATION			o	o	do	do		Q	X	X	X	X	o	do	o	mo		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		X		A											A	A		TYPE	
LOCATION		X		o											of	fo		LOCATION	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">X</div> <div style="margin-left: 10px;">EXTRACTED</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">O</div> <div style="margin-left: 10px;">CAVITY INDICATE LOCATION</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px;">C X D</div> <div style="margin-left: 10px;">FIXED BRIDGE (INCL. ABUTMENTS)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px;">X X X</div> <div style="margin-left: 10px;">TEETH REPLACED BY DENTURE</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">P</div> <div style="margin-left: 10px;">POSTHUMOUSLY MISSING (LOST AFTER DEATH)</div> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">A</div> <div style="margin-left: 10px;">AMALGAM (SILVER)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">G</div> <div style="margin-left: 10px;">GOLD</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">S</div> <div style="margin-left: 10px;">SILICATE OR PORCELAIN</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">O</div> <div style="margin-left: 10px;">OXYPHOSPATE (CEMENT)</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;"></div> <div style="margin-left: 10px;"></div> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">m</div> <div style="margin-left: 10px;">MESIAL (BETWEEN-TOWARD FRONT)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">o</div> <div style="margin-left: 10px;">OCCLUSAL (BITING SURFACE BACK TEETH)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">d</div> <div style="margin-left: 10px;">DISTAL (BETWEEN-TOWARD BACK)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">i</div> <div style="margin-left: 10px;">LINGUAL (TOWARD TONGUE)</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">f</div> <div style="margin-left: 10px;">FACIAL (TOWARD CHEEK)</div> </div>
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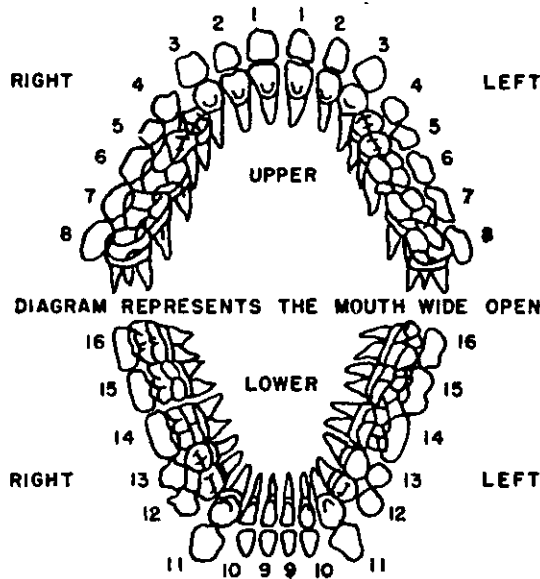
**INSTRUCTIONS:**

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:**

R 3 malposed, R 10, 9 and L 9 malposed.

/s/ C. D. Bernardo

SIGNATURE OF PERSON WHO PREPARED CHART

/p/ C. D. BERNARDO, E.A

NAME AND RANK TYPED OR PRINTED

CDP, AGRS Mausoleum

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ E. F. Moriarty

VERIFIED BY GRS OFFICER

SP-6

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)

UNKNOWN X-926 (Formerly  
 Unknown X-451 USAF Cem Manila #2, Luzon, PI  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 Row C Grave 821  
ANGER BAY CRYPT

CIP, AGRS Mausoleum, Manila, P.I.

1. Arrived at Cemetery 17 Oct 47  
(Hour) (Date)
2. Place of death Unknown  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred by CMT #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	/	N	
* Shirt, Wool OD	/	O	
Undershirt, Wool	/	N	
Undershirt, Cotton	/	E	
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. Skeletal Chart attached.

Age Est. Height 5' 5" Est. Weight 150 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 .....  
 (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)

Circumference of head in inches .....  
**Skull fragments.**  
 (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 I.D. tags received with remains. No personal effects found to warrant identification. Tooth Chart is possible, though original record stated tooth chart impossible. Estimated weight of remains is 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

AGRS  
(Organization)

18 Oct 47

CERTIFIED TRUE COPY:

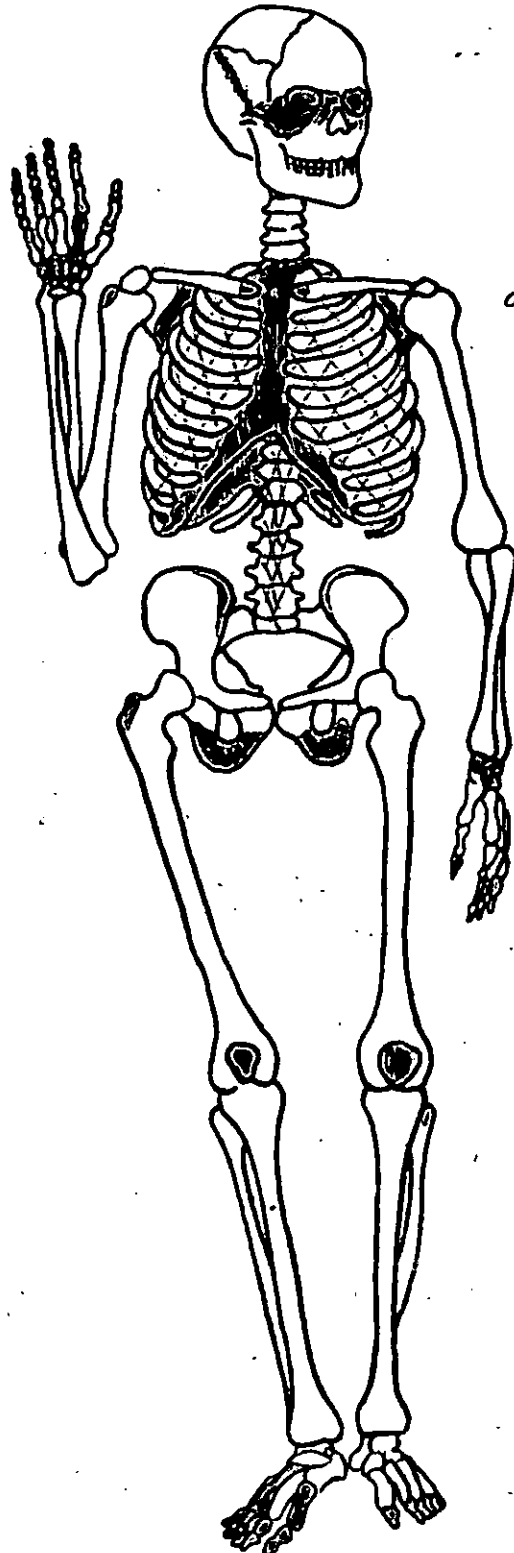
George T. Gamboa  
GEORGE T. GAMBOA  
2d Lt., MAC



# SKELETAL CHART

X-926

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

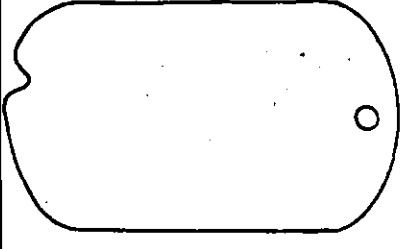


*Rib fragments*  
*7 Cervical Vertebrae*  
*Bone and Vertebrae fragments*

**REPORT OF INTERMENT**

DATE OF REPORT **FEB 24 1953**

TYPE OF REPORT  
 INITIAL  SUPPLEMENTAL (Reason) **Reinterment Ft McKinley Cemetery**

Imprint Identification Tag If Possible. DO NOT TYPE 	<b>SECTION 1. - IDENTIFICATION.</b>		
	NAME (Last, First, Middle Initial) <b>UNKNOWN X-451 (Manila Mausoleum X-926)</b> <b>USAF Cem. Manila #2, P. I.</b>		SERVICE NUMBER: <b>Unknown</b>
	GRADE <b>Unknown</b>	ORGANIZATION <b>USAF #2 X-451</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	COUNTRY (If not U.S.) <b>2</b>	

PLACE OF DEATH <b>Unknown</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
----------------------------------	----------------------------------	---------------------------------

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>UNIDENTIFIABLE</b>
WERE SUBSTITUTE TAGS PROVIDED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

COMPLETED TOOTH CHART WILL BE ATTACHED HERETO.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME. IF LETTERS FOUND, INCLUDE NAME OF ADDRESSEE AND WRITER. GIVE OWNER OF WALLET, ETC.

**None**

**SECTION 2. - BURIAL (If other than in established cemetery, furnish overlay and attach)**

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**U. S. M. C. Fort William McKinley, P. I.**

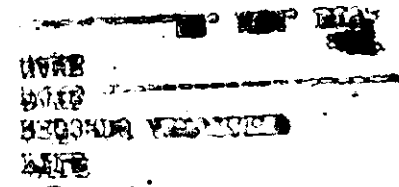
DATE OF BURIAL <b>23 Feb 53</b>	HOUR <b>1400</b>	BURIED IN (Shroud, blanket, or name of other) <b>Final Type Casket</b>	TYPE OF GRAVE MARKER <b>Reg Cross</b>	PLOT NO. <b>N</b>	ROW NO. <b>3</b>	GRAVE NO. <b>100</b>	
WAS THIS A REBURIAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE. <b>USAF Cemetery Manila #2, P. I.</b>			PLOT NO. <b>2</b>	ROW NO. <b>15</b>	GRAVE NO. <b>1853</b>

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY <b>FILE RECORDS MAINTAINED DATE 6 Apr '53 NAME B. Toomoth</b>				
IDENTIFICATION TAG BURIED WITH BODY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IDENTIFICATION TAG ATTACHED TO MARKER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	REMAINS BURIED IN GRAVE TO LEFT (When viewed from foot of grave), NAME (Last, First, Middle Initial) <b>Seal, Martin</b>	GRADE <b>T/4</b>	SERVICE NUMBER <b>32212684</b>	ORGANIZATION <b>USAF</b>	GRAVE NO. <b>N 3 99</b>
REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) <b>Vacant</b>		GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.	

SIGNATURE OF PERSON PREPARING REPORT <i>Raymond H. Tanguay</i> <b>RAYMOND H. TANGUAY, 1st Sgt, QMC</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Frederic B. Toomoth</i> <b>FREDERIC B. TOOMOTH, 1st Lt., QMC</b>
--	---

**SECTION 3. - UNIDENTIFIED REMAINS:**

INSTRUCTIONS: Great care will be taken to record the most minute clues for the future identification of remains. Fill in anatomical characteristics below, and any other clues under "other" such as shoe size, Social Security number; position of body in airplanes, vehicles, and tanks; and serial number of airplanes, vehicles and tanks.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	WHERE BODY WAS FOUND (Grid Coordinates)
SCARS, OR TATTOOS			J/W	LAUNDRY MARKS
WEAPON(S) WITH SERIAL NUMBER(S)				

OTHER IDENTIFICATION CLUES (Including other remains recovered or associated with this remains).

33 Sep 52 1400 100

**SECTION 4. - FINGERPRINTING - FINGERPRINTS OF ALL REMAINS MUST BE TAKEN**

IMPRINT ALL FINGERS AND THUMBS (or as many as possible) IN THE PROPER SEQUENCE. Fingers should be clean, dry and not over-inked. Missing fingers should be noted in the proper individual finger blocks. Impressions MUST be recorded in the proper order.

RIGHT HAND				
1 RIGHT THUMB	2 RIGHT INDEX FINGER	3 RIGHT MIDDLE FINGER	4 RIGHT RING FINGER	5 RIGHT LITTLE FINGER
LEFT HAND				
6 LEFT THUMB	7 LEFT INDEX FINGER	8 LEFT MIDDLE FINGER	9 LEFT RING FINGER	10 LEFT LITTLE FINGER

DO NOT WRITE IN THIS SPACE (For FBI use only)

REMARKS  
 AUTHORITY FOR REINTERMENT FT  
 MCKINLEY CEMETERY - QMG ltr,  
 QMGMR 314.6, 30 Sep 52, Subj:  
 Reinterment of Unknowns

cbf 100 5-1948

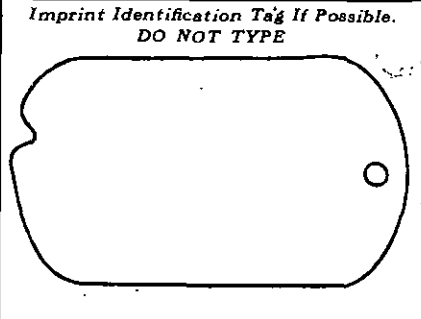
RESTRICTED

U 1042

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



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-926 (Formerly UNK X-451 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 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

*Received 29 Aug. 1949  
Not identifiable from information presently available  
30 Aug. 1949  
E. G. Rayne*

**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) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 812	ROW No. BAV C	GRAVE No. CRYPT 821
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. 1853
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 BAILEY, James O	RANK Pfc	SERIAL No. 34303648	ORGANIZATION Unknown	GRAVE No. CRYPT 823		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-937	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 819		
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

Incl. 610

**Section 3. UNIDENTIFIED REMAINS.**


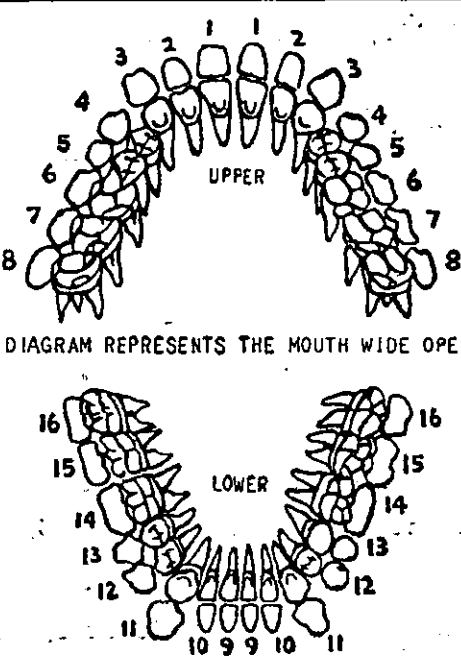




**INSTRUCTIONS:**

(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.

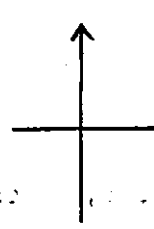
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<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>	
<b>THUMB</b>		

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



**REMARKS:**

Identification Check List and Dental Chart accomplished.

23 DEC 1947

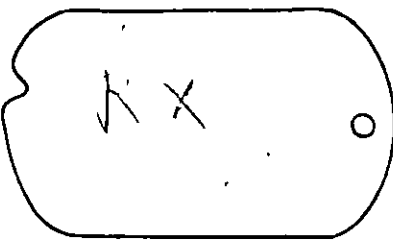
RESTRICTED 0-

U1042

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

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X - 451		
	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 1489

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, Lyzon, 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 alf	cross	2	15	1853

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.
	A 5 2

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 - 450				1852
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 452				1854

SIGNATURE OF PERSON PREPARING REPORT: R. C. BARRETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT: 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.

**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.

**10 FEB 1948**

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER


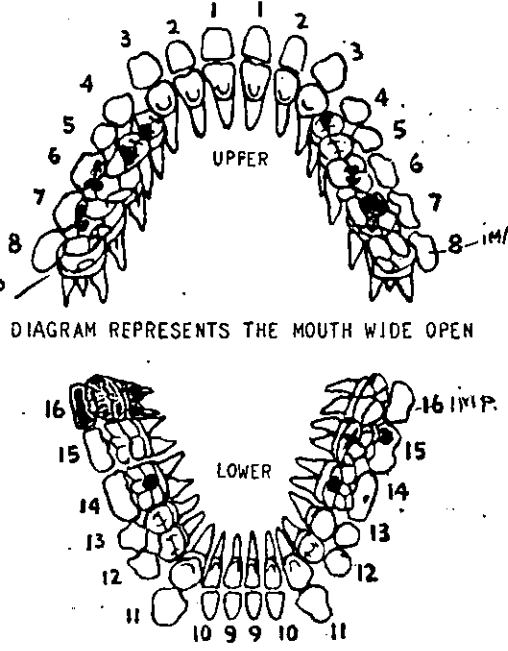




RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

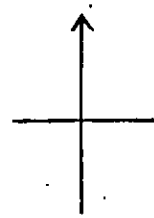
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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:

Disc No. 82