

QDMT 293  
CES Far East

10 August 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-943,	AGRS	Museoleum	Manila,	formerly	X-4020,	USAF	Gen.,	Manila #2	
" X-1406,	"	"	"	"	X-3797,	"	"	"	"
" X-1133,	"	"	"	"	X-3790,	"	"	"	"
" X-1132,	"	"	"	"	X-3789,	"	"	"	"
" X-1215,	"	"	"	"	X-3749,	"	"	"	"
" X-1731,	"	"	"	"	X-3342,	"	"	"	"
" X-1888,	"	"	"	"	X-3241,	"	"	"	"
" X-2047,	"	"	"	"	X-3200,	"	"	"	"
" X-2417,	"	"	"	"	X-3129,	"	"	"	"
" X-3151,	"	"	"	"	X-1028,	"	"	"	"
" X-801,	"	"	"	"	X-316,	"	"	"	"
" X-716,	"	"	"	"	X-232,	"	"	"	"
" X-683,	"	"	"	"	X-197,	"	"	"	"
" X-652,	"	"	"	"	X-165,	"	"	"	"
" X-4661,	"	"	"	"	X-1272,	"	"	"	"
" X-817,	"	"	"	"	X-332,	"	"	"	"
" X-838,	"	"	"	"	X-356,	"	"	"	"
" X-799,	"	"	"	"	X-314,	"	"	"	"
" X-446,	"	"	"	"	X-299,	"	"	"	"
" X-429,	"	"	"	"	X-281,	"	"	"	"
" X-415,	"	"	"	"	X-265,	"	"	"	"
" X-655,	"	"	"	"	X-168,	"	"	"	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

*July 15 Aug 50*  
*Alban*  
*Deerney*

REB

cc: Adm Section

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

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

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

OSCR 293.9

AFD 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 QMGRU 293, GNS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at ACPS 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-415	ACPS	Malin	UNKNOWN	X-817	ACPS	Malin
"	X-429	ACPS	Malin	"	X-836	ACPS	Malin
"	X-446	ACPS	Malin	"	X-9679	ACPS	Malin
"	X-655	ACPS	Malin	"	X-1661	ACPS	Malin
"	X-799	ACPS	Malin				

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

FOR THE COMMANDING GENERAL:

9 Incls  
QMC Form 1044 w/certificates  
of Unidentifiability

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

/jcs

/bpm

Interred 20 July 1949  
L 1 58 Ft. McKinley

## DISINTERMENT DIRECTIVE

Casket mark  
CARL R. H. MARKCemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00112

DATE

15 06 4  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X - 000265

0

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

USAF CEMETERY MANILA NO 2

0 7701 80

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

2 10 1226 PHILIPPINE ISLANDS

6

## SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FT. MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

## SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNK X-265

UNK X-415 (Maus)

22 Sept. 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS

UNKNOWN

PERRY E. WHITE

 MARKER

Embalmer

NAME AND TITLE

## SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shelter Half

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

Two (2) Identification Tags read UNK X-415 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept. 1948

BY

PERRY E. WHITE

CASKET SEALED BY

PERRY E. WHITE

EMBALMER (Signature)

PERRY E. WHITE

CASKET BOXED AND MARKED

HORACE L. ALLISON

SHIPPING ADDRESS VERIFIED BY

DATE 22 Sept. 48 by Sgt., Inf.

TEOFILO M. AMUTAN, 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.

TEOFILO M. AMUTAN, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

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

AUG 1948  
REPATRIATION  
BRANCH  
MSEP, 1111

# 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>Carer Mark</i>	DATE 30 JUL 1948

## 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	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

9 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 265, Plot 2,  
Row 10, Grave 1226, 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

Atch: Form 1044

Received 4/8/49 **QMC**  
Not identifiable from  
information presently  
available

5/8/49

*Sambson, T.*  
*Ident.*

*Incl: #1'*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-415 (Formerly UNK X-265 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	
	<b>801</b>	<b>F</b>	<b>1599</b>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>160 lbs</b>	9. ESTIMATED HEIGHT <b>5'9"</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**

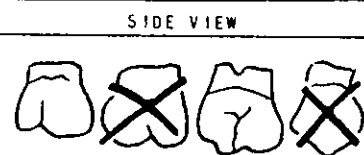
**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Incl. #12*

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:



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



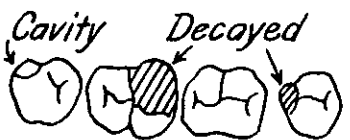
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
⊘						⊘	⊘					⊘	⊘	Maxilla Missing	
Side Views															
UPPER															
LOWER															
Side Views															
							⊘								
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Portion of the maxilla from L6 - L8 is missing. No loose maxillary teeth present with remains.

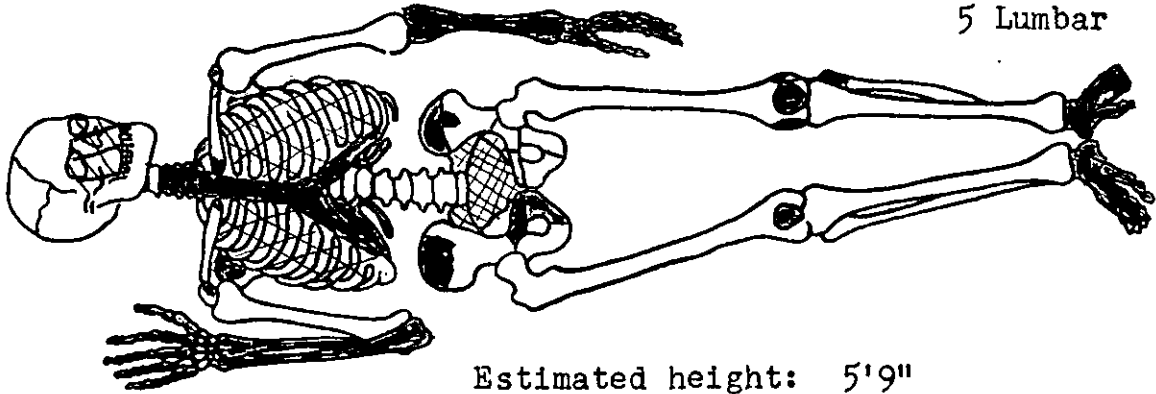
"UNIDENTIFIABLE"

J. J. McDermott

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present: 3 cervical vertebrae  
12 dorsal vertebrae  
5 Lumbar "



Estimated height: 5'9"

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 - 7 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

J. J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE



X-415

# IDENTIFICATION DENTAL CHART

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

UNKNOWN X-415 (Formerly X-265, USAF)  
Cem Manila #2, Luzon, P.I.:

13 Oct 47

DATE

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,

ORGANIZATION

Unknown

Manila, P.I.

801

F

1599

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT

ROW

GRAVE NO.

HANGER

BAY

CRYPT

*Missing*

	RIGHT				UPPER TEETH				LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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								<input checked="" type="checkbox"/>								<input type="checkbox"/>
LOCATION																

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS  
IN  
WHOLE BOX



EXTRACTED



CAVITY. INDICATE  
LOCATION



FIXED BRIDGE  
(INCL. ABUTMENTS)



TEETH REPLACED  
BY DENTURE



POSTHUMOUSLY MISSING  
(LOST AFTER DEATH)

TYPE OF FILLING  
IN  
UPPER HALF OF BOX



AMALGAM  
(SILVER)



GOLD



SILICATE OR  
PORCELAIN



OXYPHOSPHATE  
(CEMENT)



LOCATION OF FILLING  
IN  
LOWER HALF OF BOX



MESIAL  
(BETWEEN-TOWARD FRONT)



OCCUSAL  
(BITING SURFACE BACK TEETH)



DISTAL  
(BETWEEN-TOWARD BACK)



LINGUAL  
(TOWARD TONGUE)



FACIAL  
(TOWARD CHEEK)

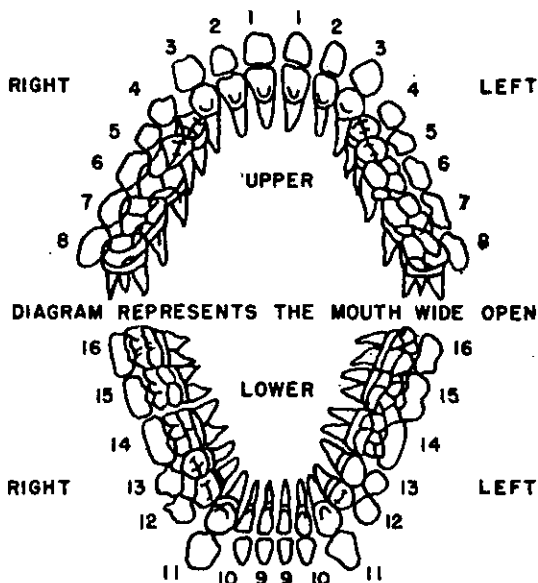
**INSTRUCTIONS:**

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 missing L 6, L 8 region unable to determine whether missing teeth are X or P.

/s/ Russell Smith T/4  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ RUSSELL SMITH T/4  
NAME AND RANK TYPED OR PRINTED

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

/s/ Felix Glass  
VERIFIED BY GRS OFFICER

/d/ FELIX GLASS, Capt, D.C. 01717213  
NAME AND RANK TYPED OR PRINTED

13 Oct 47  
DATE

A 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-415 (Formerly X-265, USAF  
 Unknown-X Cem Manila #2, Luzon, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 801 WANGER FRAY CRAPT 1599  
 Row Grave

- AGRS Mausoleum, Manila
1. Arrived at cemetery 13 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 or disinterred by 4587 G R Co.  
(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	(Type) /		
Raincoat	/		
Overcoat	/		
Jacket, Field		N	
Jacket, Combat		O	
Mackinaw		N	
Sweater		E	
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

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

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

Age ..... Height 5' 9 Weight 160 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, poeks, freckles\*)  
 Build ..... (Large, fat, thin, muscular)  
 Hair ..... (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)  
 Hair ..... (Baldness, widows peak, distinctive cutting or other characteristics)  
 Sideburns ..... Mustache ..... Beard or ..... (Length, heavy)

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

Eyes ..... (Color, setting, shape)      Eyebrows ..... (Color, hushiness, extent across-nose)

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

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

Teeth ..... **See tooth chart** ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of head in inches ..... (Hat band)

Neck ..... (Size, length, short, normal, wrinkled)      Larynx <sup>U</sup> <sub>T</sub> ..... (Prominent, normal)

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

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

Fingers ..... (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 burial bottle. No identification tags. No personal effects.  
Estimated weight of remains 7 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  
AGRS Mausoleum  
(Organization)

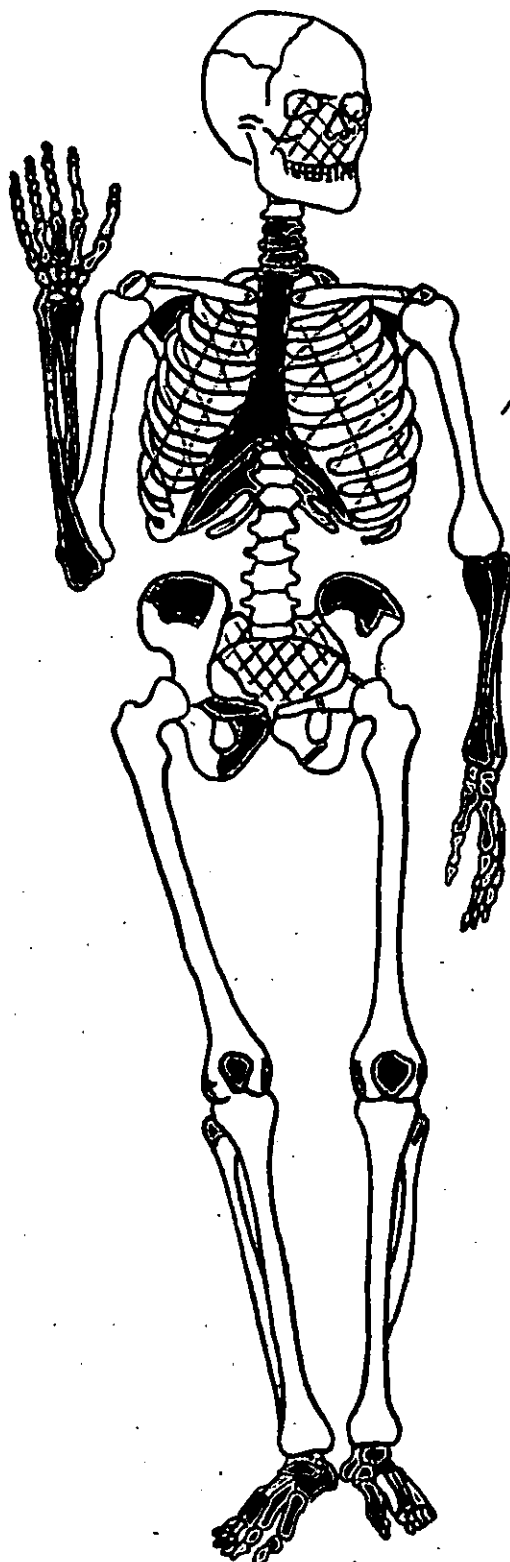
13 Oct 47

A CERTIFIED TRUE COPY:  
*George T Gamboa*  
GEORGE T GAMBOA  
2d/Lt MAC

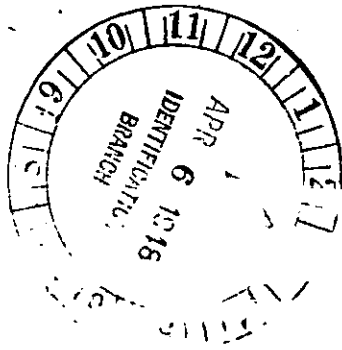
X-415

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



3 Cervical vertebrae  
12 Dorsal vertebrae  
5 Lumbar vertebrae  
28 Rib fragments



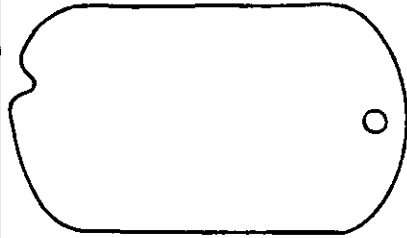


WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
15 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-415 (Formerly X-265; 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
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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 14 Oct 47	STORAGE	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. F	GRAVE No. 1599
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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. 10	GRAVE No. 1226
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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-420	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1601
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-419	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1597

SIGNATURE OF PERSON PREPARING REPORT Wm R. GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPIC, Jr, 2d Lt, Inf
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

200573

**Section 3 UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


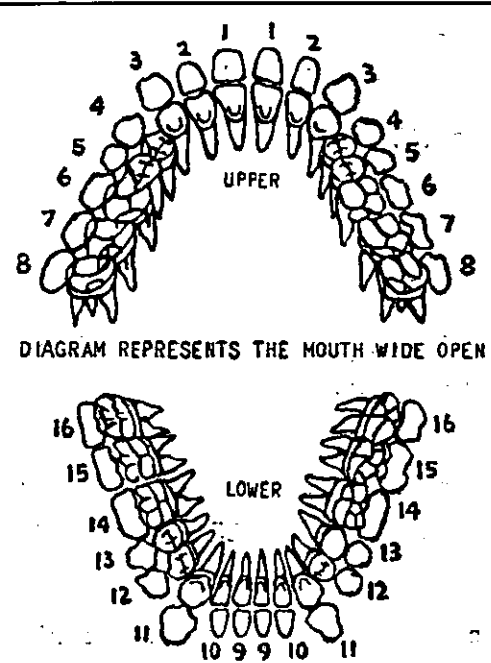




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

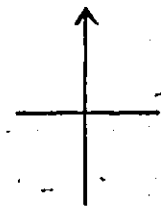
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

<p><b>FILLINGS</b></p> 	
<p><b>CAVITIES</b></p> 	
<p><b>MISSING TEETH</b></p> 	
<p><b>CROWNED TEETH</b></p> 	
<p><b>BRIDGE WORK</b></p> 	

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



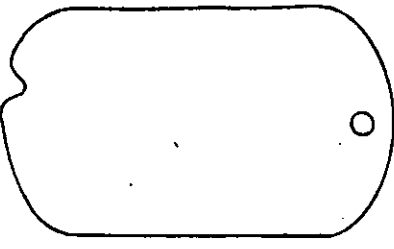
**REMARKS:**

Identification Check List and Dental Chart accomplished.

24 NOV 1947

RIGHT LITTLE FINGER

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF/INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center">10 Jan. 46</p>
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) <p align="center">UNKNOWN -X- 265 (Cem. Manila #2)                  (Formerly Unknown -Ft. Wm. McKinley Cem.)</p>		SERIAL No.	
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) <p align="center">None</p>	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) <p align="center">Yes (2)</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

*Incl 594*

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.
17 Dec. 45	1000	Shelter Half	Cross	2	10	1226

WAS THIS A REBURIAL? (Yes or no) <p align="center">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">USAF Cemetery Ft. Wm. McKinley, Luzon, P. I.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PLOT No.</th> <th>ROW No.</th> <th>GRAVE No.</th> </tr> <tr> <td align="center">H</td> <td align="center">3</td> <td align="center">9</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	H	3	9
PLOT No.	ROW No.	GRAVE No.						
H	3	9						

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center">Yes</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">Yes</p>
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BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) <p align="center">UNKNOWN -X- 264 (Cem. Manila #2)                  (Formerly Unknown-Ft. Wm. McKinley Cem.)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <p align="center">1225</p>
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) <p align="center">SEALEY, Henry.</p>	RANK <p align="center">2nd Lt.</p>	SERIAL No. <p align="center">305309</p>	ORGANIZATION <p align="center">AC</p>	GRAVE No. <p align="center">1227</p>
---	---------------------------------------	--	--	---

SIGNATURE OF PERSON PREPARING REPORT  E. C. BARRETT, T/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. M. MOORE, 1st Lt. GRC.
--	--

**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. 128'*

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


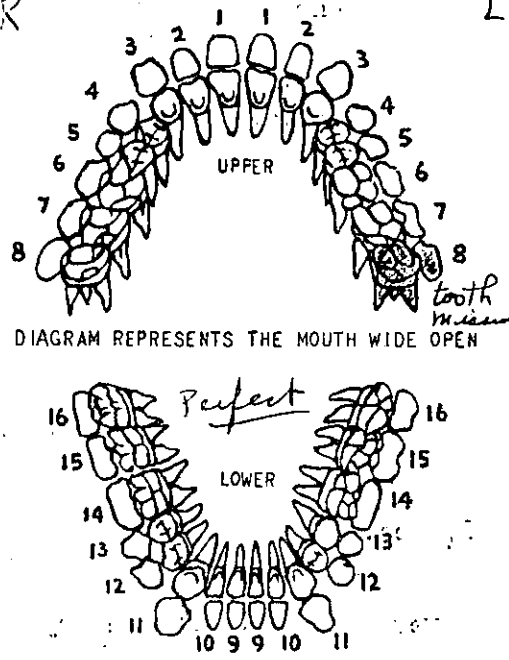




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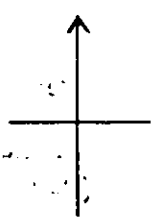
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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

**OTHER IDENTIFICATION CLUES**

FILLINGS  SILVER FILLING GOLD FILLING	R <span style="float: right;">L</span>  UPPER LOWER tooth missing
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:**

Bottle found buried with body. All information destroyed.

**6 FEB 1946**