

293

Unknown X-348 USAF Cem Manila #2, P.I., associated with Cpl John B. Morrison
18 038 781

Reference is made to attached anthropologist's report of examination of the remains designated X-348 Manila #2, P.I.

The tentative association for the remains with the Army records for Cpl Morrison is not substantiated by the estimated height for the remains. It is therefore recommended that the remains of Unknown X-348 revert to unidentifiable and the remains of Cpl Morrison remain nonrecoverable.

G. Reynolds
Gladys Reynolds
19 Aug 1952

Ch. Halse
~~*[Signature]*~~

William 9 Sept. 52
gm

↓
File NATH
16 Sept 52
GR

DENTAL COMPARISON CHART


UNKNOWN A-1-1, Fort Stotsenberg x- 348 Manila #2				NAME MORRISON, John B. CPL 18 038 78 1		
R-8				R-8		
R-7	A	Ao	Ao oA	R-7		
R-6	A	Ao	Ao oA	R-6		
R-5				R-5		
R-4				R-4	O.K.	
R-3				R-3		
R-2				R-2		
R-1				R-1		
L-1				L-1		
L-2				L-2		
L-3			car o	L-3		
L-4				L-4	O.K.	
L-5				L-5		
L-6	A	Ao	Amofl foImA	L-6		
L-7	A	Ao	Ao oA	L-7		
L-8				L-8		
R-16				R-16		
R-15	A	Aof	Aof oAfa	R-15		
R-14			car f	R-14		
R-13				R-13	O.K.	
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		PX	PX PX	L-12		
L-13		PX	PX PX	L-13	O.K.	
L-14	A	Ao	Ao oA	L-14		
L-15				L-15		
L-16	A	Af	Af FA	L-16		
ESTIMATED HEIGHT		72 3/8"	72 3/8" <i>APP'S</i>	HEIGHT		6' 4"
ESTIMATED WEIGHT		70 1/8"	69 5/8"	WEIGHT		200
ESTIMATED AGE		20 - 25	22 - 24	AGE		23 Shoe: 10-E
HAIR				HAIR		Brown

REMARKS		
21 Jan 46 Disc. #71	16 Oct 47	8 Aug 49

1. GENERAL CONDITION: Skeletal, no tissue. Fair; r. ulna missing and pelvis and scapula damaged. Occipital of skull fragmentary but face and mandible and remainder of brain case in good condition. Vertebral column complete with one extra lumbar, #6, articulating with sacrum. Same condition as in X-669. Cranial-post cranial association positive.
2. COMINGLING: No evidence of such.
3. AGE: Cranial: all sutures open, 20-25 years.

Pelvic: Not older than phase III, 22-24 years but damage to symphysis obscures detail.

Clavicle: Beginning union of medial epiphysis.
4. STATURE: Rollet, 70 1/8"; Krogman, 69 5/8". Based on r. femur, tibia and humerus.
5. DENTITION: See Form 569, 29 April 1952. No special comment.
6. HAIR COLOR: No evidence.
7. RACE: White
8. CONCLUSIONS AND RECOMMENDATIONS: Form 371 data for Morrison are age at death, 23 years, stature 76" (6' 4"), race, white, but no dental information since report is "No defects". Age is in good agreement with estimate, but stature is widely discrepant. Even adding 1-2 inches for the extra lumbar vertebra does not provide a better concordance. The absolute lengths of the bones are less than in the case of X-690. Dental comparison is inconclusive. Statures of 6' 4" are infrequent enough in our population, so that in this case, I believe that these remains cannot be those of Morrison. This evidence weighs more heavily than does the agreement of age, race and the neutral value of the dental data.


Theodore D. Mc Cown
Professor of Anthropology

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Theodore D. Mc Cown
Professor of Anthropology

IDENTIFICATION DENTAL CHART

DATE
29 April 1952

NAME (Last, First, Middle Initial) UNKNOWN X-832 AGAS MASLOVA, Formerly X-348				GRADE MANILA No.2				SERVICE NUMBER MANILA No.2					
UNIT ASSOCIATED WITH MORRISON, JOHN B. CPL.				ORGANIZATION				CAUSE OF DEATH 18 03 8 781					
PLACE OF DEATH				PLACE OF BURIAL				PLOT		ROW		GRAVE	

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

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

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART _____ VERIFIED BY GRS OFFICER _____

DENTURES (Plates): 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)

MOTTLED ENAMEL	UNERUPTED TEETH	RETAINED DECIDUOUS TEETH
ENAMEL HYPOPLASIA	MALOCCLUSION	ABNORMAL INTERDENTAL SPACES
EROSION	SUPERNUMERARY TEETH	IRREGULARITY OF ALIGNMENT
ABRASION	FRACTURES OF ENAMEL	UNUSUAL RESTORATIONS
ROTATION	FRACTURES OF TEETH	UNUSUAL APPLIANCES

REMARKS (If no abnormalities are found make notation to that effect) **NONE**

James E. Tucker

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN x-832 AGRS Mausoleum Formerly x-348 MANILA No.2				2. DATE OF REPORT 29 April 1952	
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 — 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? <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

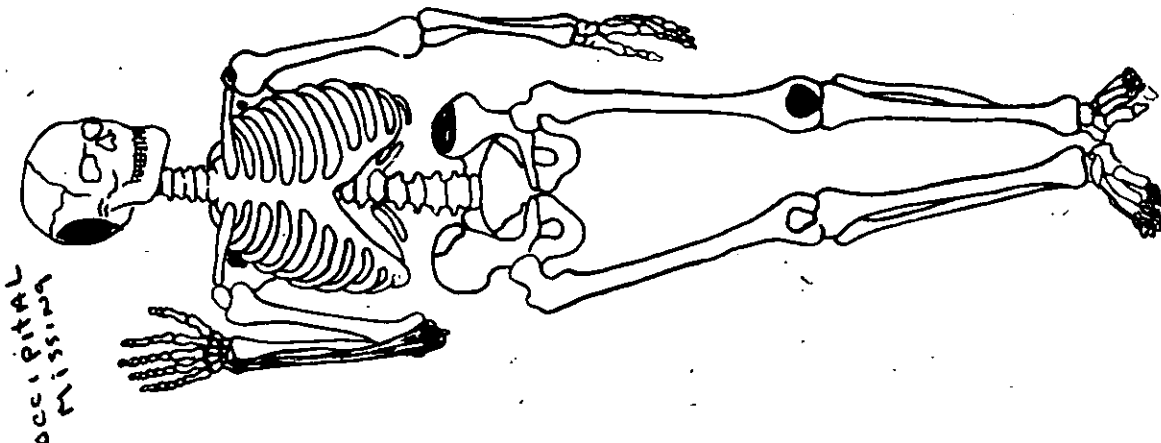
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN),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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 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

Entire Remains Are Skeleta
 All vertebrae present
 Tooth Chart Accomplished.

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 <i>George J. Schwaderer</i> <i>JST</i>
---	--

AIRMAIL

293. Unknown, P.I. (misc) Mausoleum #2

QMGM 293
GBS Pacific

X-37 X-348 X-114

28 November 1949

SUBJECT: Identification of World War II Deceased.

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to the following Unknown remains now stored at the US Army Mausoleum #2:

- Unknown X-37 (formerly Folmar, James F., Shanghai)
- Unknown X-348 (formerly Shanghai Mil. Cemetery, China)
- Unknown X-114 (formerly Nelson, Hershel R., Kunming)

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

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

REB

R. Miller:lak

TEC

Salser

J. Windsor

cc: Administrative Section

CC: Commanding General
Eighth Army
APO 343, c/o Postmaster
San Francisco, California
ATTENTION: AGRS, JAP-KOR ZONE

AIRMAIL

293 Unknown, P.I. X-348 (Mausoleum #2)

QMGMT 293
GRS Far East

2 September 1949

SUBJECT: Approval of Unidentifiability

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

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

Unknown	X-2686,	AGRS	Mausoleum	Manila,	formerly	X-2834,	USAF	Cem.,	Manila	#2
"	X-2684,	"	"	"	"	X-2832,	"	"	"	#2
"	X-2682,	"	"	"	"	X-2830,	"	"	"	#2
"	X-2783,	"	"	"	"	X-2841,	"	"	"	#2
"	X-2779,	"	"	"	"	X-2857,	"	"	"	#2
"	X-2764,	"	"	"	"	X-2862,	"	"	"	#2
"	X-2762,	"	"	"	"	X-2860,	"	"	"	#2
"	X-2777,	"	"	"	"	X-2855,	"	"	"	#2
"	X-2774,	"	"	"	"	X-2852,	"	"	"	#2
"	X-2778,	"	"	"	"	X-2856,	"	"	"	#2
"	X-2744,	"	"	"	"	X-2814,	"	"	"	#2
"	X-2722,	"	"	"	"	X-2823,	"	"	"	#2
"	X-2742,	"	"	"	"	X-2812,	"	"	"	#2
"	X-2719,	"	"	"	"	X-2819,	"	"	"	#2
"	X-2679,	"	"	"	"	X-2806,	"	"	"	#2
"	X-2771,	"	"	"	"	X-2869,	"	"	"	#2
"	X-2770,	"	"	"	"	X-2868,	"	"	"	#2
"	X-2753,	"	"	"	"	X-2871,	"	"	"	#2
"	X-2754,	"	"	"	"	X-2872,	"	"	"	#2
"	X-2752,	"	"	"	"	X-2870,	"	"	"	#2
"	X-2691,	"	"	"	"	X-2839,	"	"	"	#2
"	X-2690,	"	"	"	"	X-2838,	"	"	"	#2
"	X-2689,	"	"	"	"	X-2837,	"	"	"	#2
"	X-2414,	"	"	"	"	X-3126,	"	"	"	#2
"	X-1975,	"	"	"	"	X-3270,	"	"	"	#2
"	X-1947,	"	"	"	"	X-3282,	"	"	"	#2
"	X-1940,	"	"	"	"	X-3328,	"	"	"	#2
"	X-1699,	"	"	"	"	X-3407,	"	"	"	#2
"	X-1631,	"	"	"	"	X-3452,	"	"	"	#2
"	X-1405,	"	"	"	"	X-3996,	"	"	"	#2
"	X-1379,	"	"	"	"	X-3961,	"	"	"	#2
"	X- 832,	"	"	"	"	X- 348,	"	"	"	#2

QUOTE 205
 GDS For Dist
 SUBJECT: Approval of Unidentifiability

14r 2 September 1949

Unknown	X- 810,	AGNS	Muscleum	Navila,	Formerly	X- 325,	USAF	Com.,	Navila	42
"	X- 725,	"	"	"	"	X- 340,	"	"	"	42
"	X- 687,	"	"	"	"	X- 301,	"	"	"	42
"	X- 684,	"	"	"	"	X- 167,	"	"	"	42
"	X- 587,	"	"	"	"	X- 105,	"	"	"	42
"	X- 488,	"	"	"	"	X- 209,	"	"	"	42
"	X-2785,	"	"	"	"	X-2874,	"	"	"	42
"	X-2787,	"	"	"	"	X-2875,	"	"	"	42
"	X-2788,	"	"	"	"	X-2877,	"	"	"	42
"	X-2855,	"	"	"	"	X-2854,	"	"	"	42
"	X-2854,	"	"	"	"	X-2855,	"	"	"	42
"	X-2856,	"	"	"	"	X-2856,	"	"	"	42
"	X-2858,	"	"	"	"	X-2860,	"	"	"	42
"	X-2860,	"	"	"	"	X-2861,	"	"	"	42
"	X-2861,	"	"	"	"	X-2862,	"	"	"	42
"	X-2863,	"	"	"	"	X-2860,	"	"	"	42
"	X-2861,	"	"	"	"	X-2861,	"	"	"	42
"	X-2751-A,	"	"	"	"	X-2879,	"	"	"	42

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. E. HENZ
 Lt. Colonel, GDS
 Memorial Division

cc: Adm Section
 T. Sanborn:par
 L. M. White
 J. Windsor

REB

TEC

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

OSCR 295,9

AFD 707
17 AUG 1949

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 OSCR 295, OSB (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGES Museum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-152	AGES	Manila	UNKNOWN	X-1573	AGES	Manila
"	X-208	"	"	"	X-1405	"	"
"	X-244	"	"	"	X-1551	"	"
"	X-312	"	"	"	X-1689	"	"
"	X-436	"	"	"	X-1940	"	"
"	X-597	"	"	"	X-1947	"	"
"	X-654	"	"	"	X-1976	"	"
"	X-687	"	"	"	X-2247	"	"
"	X-723	"	"	"	X-2414	"	"
"	X-810	"	"	"	X-5148	"	"
"	X-832	"	"	"	X-5149	"	"

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

FOR THE COMMANDING GENERAL:

C. H. LIBAANCE
2nd Lt., AGC
Asst. Adj. Gen

22 Incls
QMC Form 1044 w/certificates
of Unidentifiability

/mfc

1/ebc

Interred 16 August 1949

Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R; H. MARK

24 FEB 53

Cemetery Superintendent

DIRECTIVE NUMBER

DATE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

7747 00210

15 06 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM DATE OF DEATH

UNKNOWN X - 000348

0
DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

USAF CEMETERY MANILA NO 2

0 7701 180
CODE DIST. PT.

PLOT ROW GRAVE

COUNTRY

CAUSE OF DEATH

2 12 1559

PHILIPPINE ISLANDS

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

UNK X-348
(Maus) UNK X-832

21 Sept 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

FORREST G. BRADEN
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shelter Half

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

Two Identification Tags UNK X-832 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 48 BY FORREST G. BRADEN

CASKET SEALED BY

EMBALMER (Signature)

FORREST G. BRADEN

Forrest G. Braden
FORREST G. BRADEN

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

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

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

Fomorio V. Aurelio
FOMORIO V. AURELIO, 1st Lt., INF.
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORDS ANNOTATED
DATE 16 Sept 49
NAME *Pell*

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>Carroll</i>	DATE 6 AUG 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

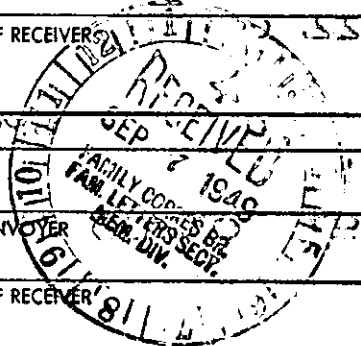
5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE <i>NAVY SHIPBOARD</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>LOBL MCKINLEY CEMETERY</i>	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

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

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- 348, Plot 2,
Row 12, Grave 1559, 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, CMC
Chief, Records Branch

Attch: Form 1044

Received 8/30/49
Received
Not identifiable from
information presently
available

8/31/49
Saulson, T.
Ident.

Incl 11!

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-832 (Formerly Unk X-348 Manila #2)				2. DATE OF REPORT 8 Aug 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	B	367	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 3/8"	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?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

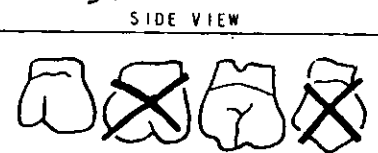
N O N E

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

Incl #2

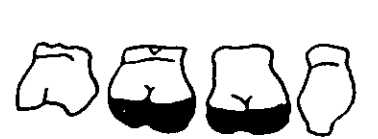
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



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



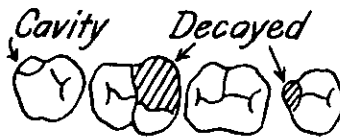
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



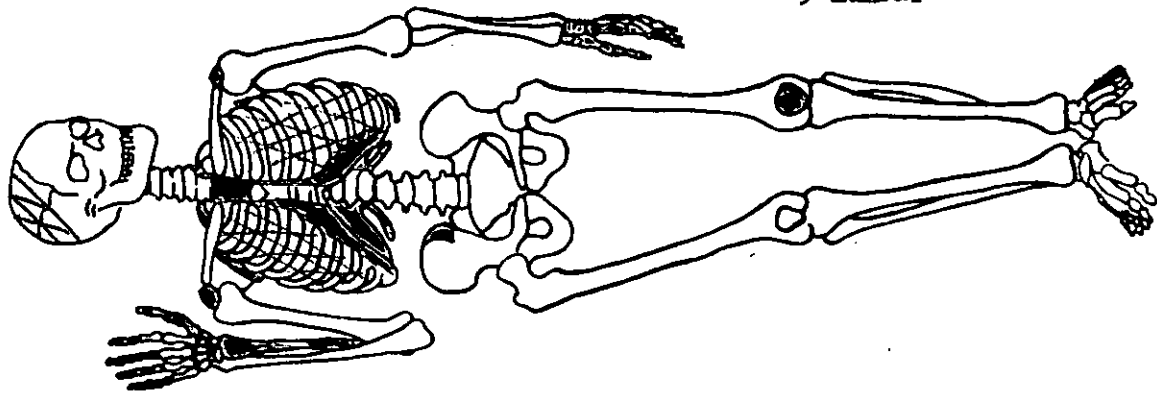
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A o	A o											A nof	A o			
Side Views																	Side Views
Top Views																	
	UPPER																
Side Views																	
	A of										P P	A o		A f			
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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."

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

19. BLACK OUT PARTS OF BODY NOT RECORDED

7 cervical vertebrae
12 thoracic "
5 lumbar "



Estimated height: 6' 3/8"

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.
Estimated weight of remains - 7 lbs.

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

Incl 11 J. J. McDERMOTT
Laboratory Officer, CIP

X-832

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.

16 Oct 47

(Formerly UNK X-348, USAF)

DATE

Unknown

UNKNOWN X-832 (Cem Manila #2, Luzon, P.I.) Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum

ORGANIZATION

Unknown

Manila, P.I.

812

B

367

PLACE OF DEATH

PLACE OF BURIAL STORAGE

PLOT

ROW

GRAVE NO.

HANGER BAY















CRYPT

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE			A	A											A	A		TYPE	
LOCATION			o	o											no	o		LOCATION	

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE			A										X	D	A		A	TYPE	
LOCATION			o												o		f	LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

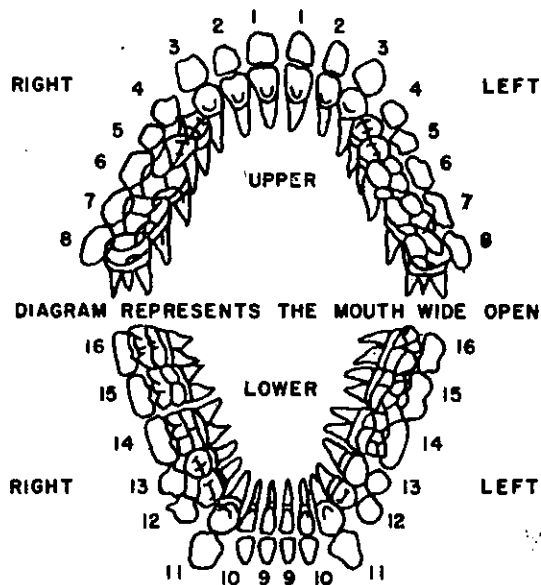
INSTRUCTIONS:

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:

Alveolar closure moderate on upper and lower Anteriors.

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

/s/ Alton E. Jones
VERIFIED BY GRS OFFICER

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

/p/ ALTON E. JONES
NAME AND RANK TYPED OR PRINTED

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

16 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-348, USAF
 Unknown X 832 (Cem ⁱⁿ Manila #2, Luzon, P.I.
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 Row B Grave 367
DANGER BAY CRYPT)

AGRS Mausoleum
 Manila, P.I.

1. Arrived at cemetery 7 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 C M T #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	/		
	(Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	N		
Mackinaw	O		
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: Skeleton only, Chart attached

Age / Height 6' 3/8" Weight Description of wounds

Bandages or dressings Scars (Length, width, location)

..... Tattoos
 (Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (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, widow's peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or (Length, heavy)

Goatee / / (Light, color, extent)

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

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

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

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

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

Jaw (Large, small, normal) Circumference of skull head in inches Skull fractured (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 U T (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, arm, 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 One disc tag #71 found. No personal effects, no ROI
bottle nor identification tags found with remains. Estimated
weight of remains 7 lbs. Disc tag enclosed herewith.

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

/s/ Alton E. Jones
(Officer's Name)

SP-6
Rank Service

AGRS Mausoleum
(Organization)

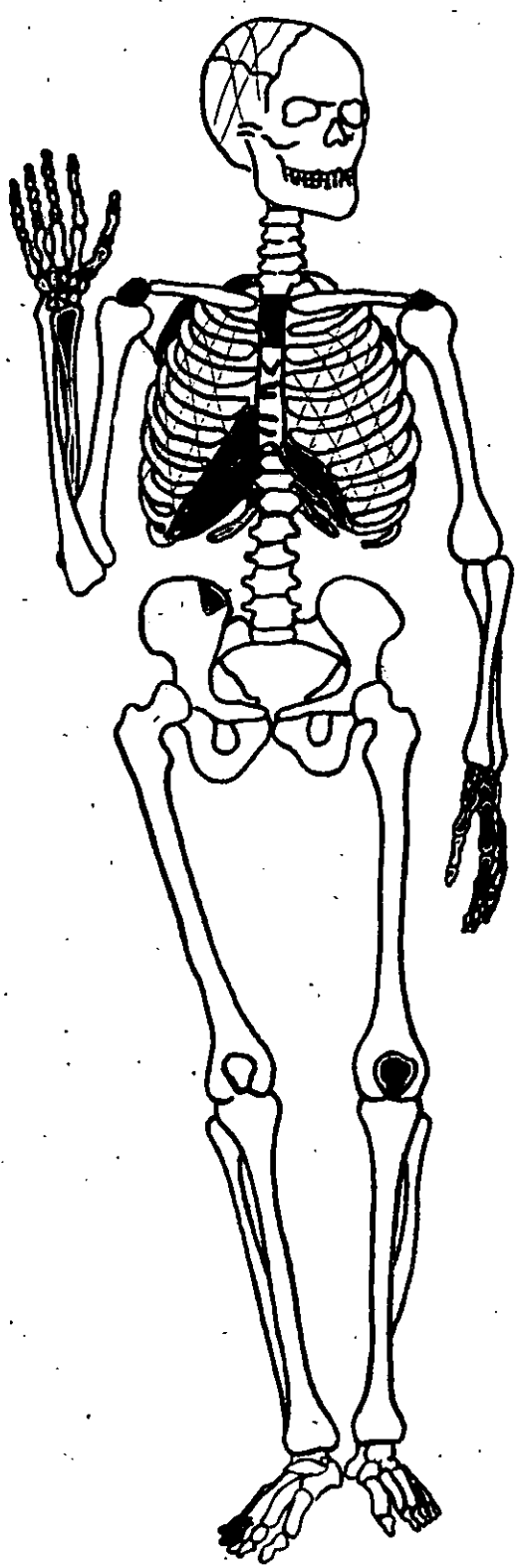
CERTIFIED TRUE COPY

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

X-832

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



7 Cervical vertebrae
fragments of 20 ribs
12 Thoracic vertebrae
5 Lumbar vertebrae

RE
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

SECTION 1. - IDENTIFICATION.

NAME (Last, First, Middle Initial) UNKNOWN X-348 (Manila Mausoleum X-832) USAF Cem. Manila #2, P. I.		SERVICE NUMBER: Unknown
GRAVE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	COUNTRY (If not U.S.) USA

Handwritten: Manila #2 X-348

PLACE OF DEATH Unknown	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
----------------------------------	----------------------------------	---------------------------------

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE ALL MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) UNIDENTIFIABLE
--	---

WERE SUBSTITUTE TAGS PROVIDED?
 YES 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 24 Feb 53	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER Reg Cross	PLOT NO. N	ROW NO. 4	GRAVE NO. 100
------------------------------------	---------------------	---	--	----------------------	---------------------	-------------------------

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. USAF Cemetery Manila #2, P. I.	PLOT NO. 2	ROW NO. 12	GRAVE NO. 1559
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINER BURIED WITH BODY FILE RECORDS ASSOCIATED DATE 6 Apr 53 NAME B. Toomoth
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) Simpson, Anthony J.	GRADE Pfc	SERVICE NUMBER 19030195	ORGANIZATION	GRAVE NO. N 4 99
--	---------------------	-----------------------------------	--------------	----------------------------

REMAINS BURIED IN GRAVE TO RIGHT (When viewed from foot of grave), NAME (Last, First, Middle Initial) Vacant	GRADE	SERVICE NUMBER	ORGANIZATION	GRAVE NO.
--	-------	----------------	--------------	-----------

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

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)
BIRTHMARKS, SCARS, OR TATTOOS			LAUNDRY MARKS	
WEAPON(S) WITH SERIAL NUMBER(S)			MEDIUM WEIGHTS BLUE	

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

58 Sep 23 IVCO ECE GLOBE I V 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

RESTRICTED

U 1445

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

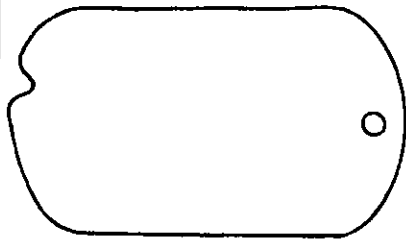
APR 5-1947

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

DATE OF REPORT
20 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.



NAME (Last, first, middle initial) UNKNOWN X-832 (Formerly UNK X-348 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

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 16 Oct 47	HOUR 0800	*BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT NO. 812	ROW NO. B	GRAVE NO. CRYPT 367
-----------------------------	--------------	---	------------------------------	-----------------	--------------	------------------------

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. 12	GRAVE NO. 1559
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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) UNKNOWN X-841	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 369
---	------	------------	--------------	------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-840	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 365
---	------	------------	--------------	------------------------

SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPLO 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

Serial 699

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.

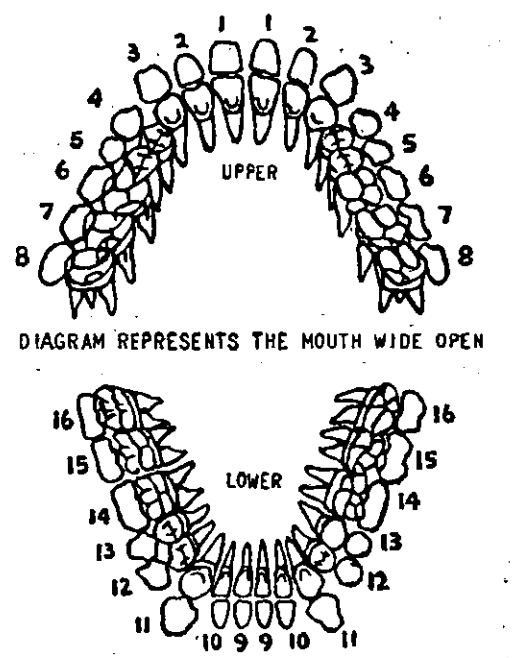
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

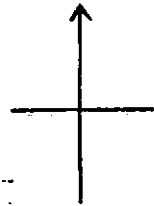
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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.

NOV 1947

IDENTIFICATION SECTION
RETRIBUTION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

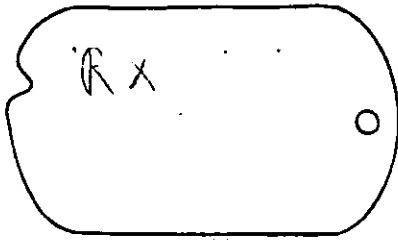
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

21 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-348		
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

June 6 70

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.
23 Dec 45	0930	Shelter Half	Cross	2	12	1559

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, Luzon, P I
	PLOT No. ROW No. GRAVE No.
	A 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.
UNKNOWN X-347				1558

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-402 (JENDROFF, Robert D) (Formerly UNKNOWN C-41 Cabanatuan Cemetery)	Pfc	37026129	MD 194T	1560

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>K. C. Barrett</i> K. 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.

June 11

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

All Fillings Silver

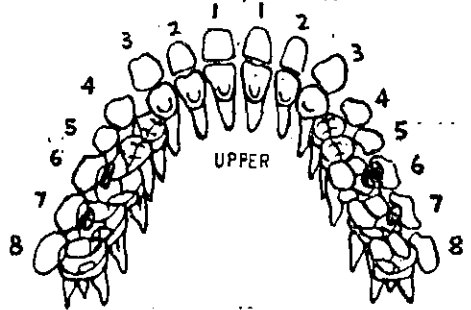
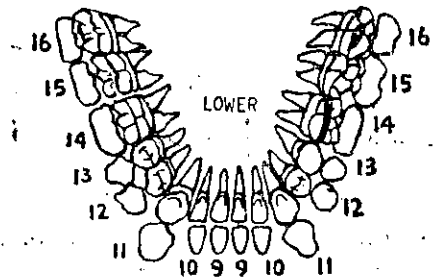
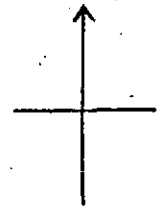


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

Disc #71