

AFPO 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 QM88U 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS 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	AGRS	Manila	UNKNOWN	X-2579	AGRS	Manila
"	X-308	"	"	"	X-2405	"	"
"	X-344	"	"	"	X-1631	"	"
"	X-312	"	"	"	X-1699	"	"
"	X-436	"	"	"	X-1940	"	"
"	X-597	"	"	"	X-1947	"	"
"	X-654	"	"	"	X-1975	"	"
"	X-687	"	"	"	X-2247	"	"
"	X-783	"	"	"	X-2414	"	"
"	X-810	"	"	"	X-5143	"	"
"	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. LIEURANCE  
2nd Lt., AGD  
Asst. Adj. Gen

22 Incls  
QMC Form 1044 w/certificates  
of Unidentifiability

Interred 18 August 1949  
H 15 100 Ft. McKinley

DISINTERMENT DIRECTIVE

*Carermark*  
CARL R. H. MARK

Cemetery Superintendent  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 02790

DATE  
15 06 48  
DAY MONTH YEAR

NAME  
UNKNOWNX-000105

SERIAL NUMBER  
UNKNOWNX-000105

RANK

ARM  
0  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
USAF CEMETERY (MANILA NO 2)

DISPOSITION OF REMAINS  
0 7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
F12 2 144 PHILIPPINE ISLANDS

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
UNKNOWN - 000105  
UNKNOWN - 597 (Irus)

SERIAL NUMBER

RANK

DATE OF DEATH  
April '42

DATE DISINTERRED  
21 Sept '48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
George Simonian  
Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Shelter Half

CONDITION OF REMAINS  
Relict

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1  
2 Identification tags show F12 Y-597, 16 1/2 Hauscloum

REMAINS PREPARED AND PLACED IN CASKET  
DATE 21 Sept '48 BY GEORGE SIMONIAN

CASKET SEALED BY  
GEORGE SIMONIAN

EMBALMER (Signature)  
*George Simonian*  
GEORGE SIMONIAN

CASKET BOXED AND MARKED  
21 Sept '48

SHIPPING ADDRESS VERIFIED BY  
BY GEORGE SIMONIAN, USAF Inf, QUINCY ST. CAMP, 1st Lt., USAF

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

*Charles D. Porter*  
1st Lt., USAF

SIGNATURE OF GRS INSPECTOR

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

FILE  
RECORDS APPROVED  
DATE 16 Sept '49  
NAME *W. H. R. R.*  
R & R BR.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOIN ZONE  
APO 900

28 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 105, Plot 2,  
Row 2, Grave 144, USMC USMC 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:

*[Handwritten Signature]*  
H. B. McNEMAR  
Captain, GIC  
Chief, Records Branch

Attch: Form 1044

Received 8/30/49  
Not identifiable from  
information presently  
available  
8/31/49  
Sanborn, T.  
Ident

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-597 (Formerly UNK X-105, Manila #2)				2. DATE OF REPORT 2 Aug 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	D	894	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT	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)

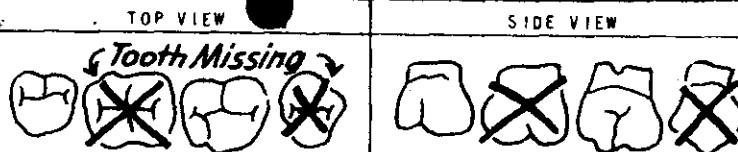
N O N E

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

18.

TOOTH CHART

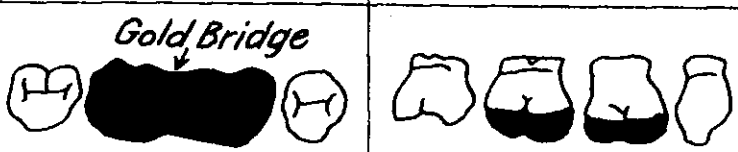
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



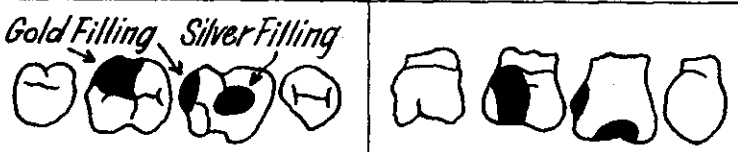
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



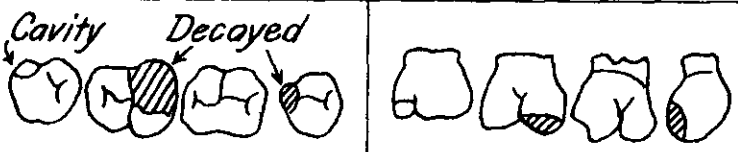
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
$\frac{A}{O}$	$\frac{A}{O}$	X	$\frac{A}{MO}$	$\frac{A}{MO}$	$\frac{A}{DL}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{S}{YA}$	$\frac{A}{MO}$	$\frac{A}{MO}$	$\frac{A}{MO}$	$\frac{A}{O}$	$\frac{A}{O}$
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
Side Views								Side Views							
LOWER								LOWER							
$\frac{O}{O}$	$\frac{A}{O}$	$\frac{A}{O}$	$\frac{P}{P}$	$\frac{P}{M}$	$\frac{P}{L}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	$\frac{P}{P}$	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

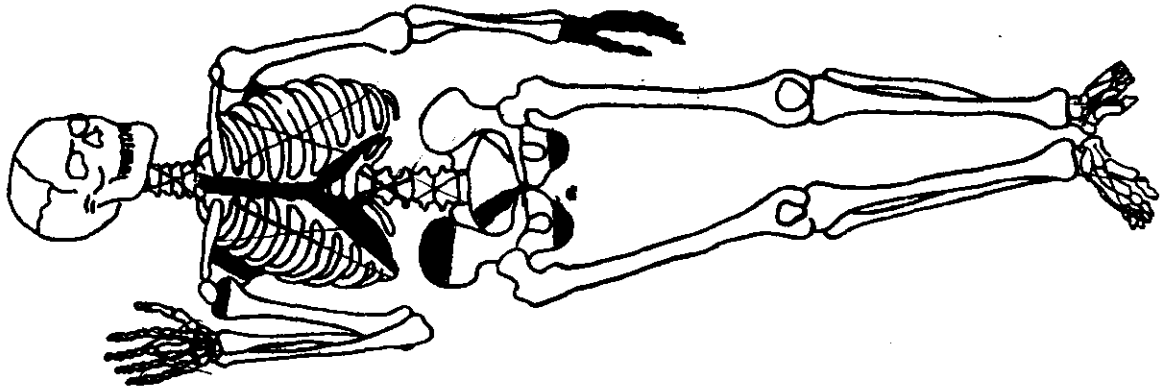
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**"UNIDENTIFIABLE"**

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

*J. J. McDermott*  
**J. J. McDERMOTT**  
 Lab. Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.  
Estimated weight of remains - 8 lbs.  
Circumference of skull - 20 inches.

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

J J McDERMOTT, Lab. Officer, CIP

X-597

# 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.

8 Oct 47

DATE

UNKNOWN X-597 (Formerly Unk X-105)

USAF Cem Manila #2 Manila, PI

Unknown

Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown

Unknown

Bacolor, Pampanga UNIT

AGRS Mausoleum

ORGANIZATION

Luzon, P.I.

Manila P.I.

801

D

894

PLACE OF DEATH

PLACE OF BURIAL STORAGE

PLOT HANGER ROW BAY GRAVE NO. CRYPT

		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE		⊙	A	⊗	⊙	A	A	⊗	⊗	⊗	S	A	A	A	A	⊙							
LOCATION		○	○	⊗	⊙	MO	D				M	M	MOB	MOD	MO	○							
		INSIDE — LOOKING OUT																					
		<i>See Remarks</i>																					
		RIGHT				LOWER TEETH					LEFT												
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16						
TYPE		⊙	A	A	⊗				⊗	⊗	⊗												
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)



OCLUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-597 (Formerly Unk X-105  
~~UNKNOWN~~ (USAF Cem Manila #2, Luzon PI)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 801 Row D Grave 894  
 HANGER BAY CRYPT

AGRS Mausoleum, Manila P.I.

1. Arrived at ~~23 Sept 47~~ 23 Sept 47  
(Hour) (Date)
2. Place of death Bacolor, Pampanga Luzon PI  
(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 C M T #1  
(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	_____ / _____		
* Shirt, Wool OD	_____ / _____		
Undershirt, Wool	_____ / _____		
Undershirt, Cotton	_____ / _____		
Trousers, HBT	_____ / _____		
* Trousers, Wool OD	_____ / _____		



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

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

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

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

Teeth ..... **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 ..... (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 ..... U

Fingers ..... T D ..... (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)

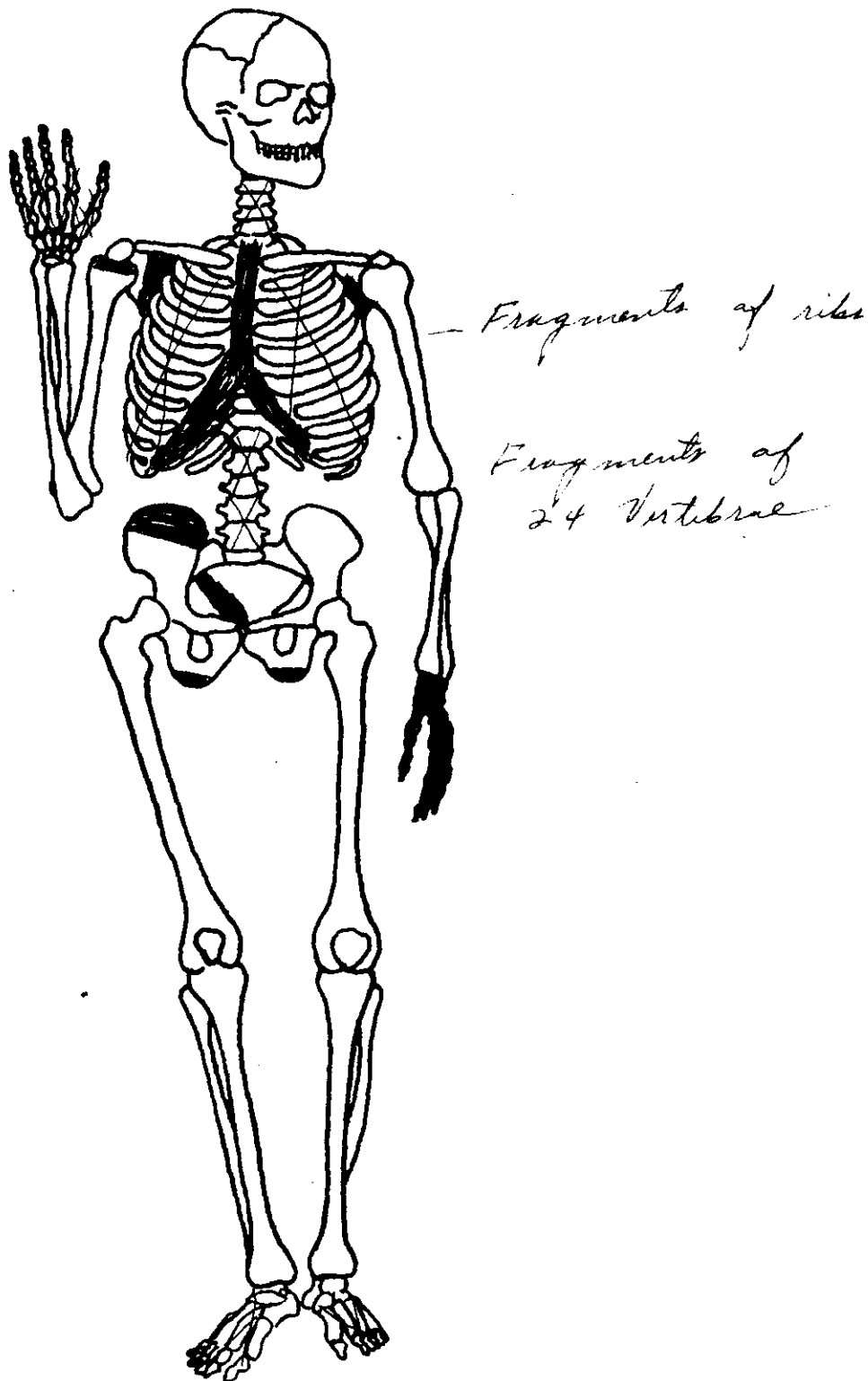
Feet ..... (Size, corns, callouses, flat) ..... Toes ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



APR 5 - 1948

RESTRICTED

U 535

WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT STORAGE  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

10 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-597 (Formerly Unk X-105  
USAF Cemetery Manila #2, Luzon P.I.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

Bacolor, Pampanga, Luzon  
P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

April 1942

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN STORED	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
8 Oct 47	1500	Casket	None	HANGER 801	BAY D	CRYPT 894

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.	ROW No.	GRAVE No.
2	2	144

TYPE OF RELIGIOUS  
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODYIDENTIFICATION 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-399

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

896

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

STORED

UNKNOWN X-589

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

892

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO PANOPIO Jr, 2d/Lt., INF

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

RESTRICTED

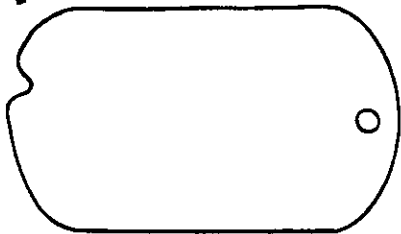
RESTRICTED

U 535

WD GMC FORM 1042  
(Rev. 1 Apr. 1945)  
Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

12 Nov 45

Fingerprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN - X - 105 (Cem. Manila #2) (Unknown-X-4 (Bacolor Cem. Pamp.))		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Bacolor, Pampanga Luzon, P. I.	CAUSE OF DEATH	DATE OF DEATH April 1942
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EMERGENCY ADDRESSEE (Name, relationship, and address)

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

USAF Cemetery Manila #2, Luzon, P. I.

DATE OF BURIAL 10 Nov 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 2	GRAVE No. 144
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Bacolor Catholic Cem. Bacolor, Pamp. Luzon, P. I.	PLOT No. (40.8	ROW No. + 14.8)	GRAVE No.
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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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) VAUGHN, James N.	RANK Major	SERIAL No. 0-18074	ORGANIZATION Sig Corps	GRAVE No. 143
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) THURSTON, William G.	RANK T/5	SERIAL No. 35049206	ORGANIZATION 1530th Engr OT Co.	GRAVE No. 145

SIGNATURE OF PERSON PREPARING REPORT W. V. HARDY JR. 1/3 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT W. E. SESSIONS III, Capt. GRC.
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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.

RESTRICTED

16-43997-1

Final 642