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COPY

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSOR 293.9

AFD 707

SUBJECT: Unidentifiable Remains

18 Aug 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 OSOR 293, OSR (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGNS Hinesland, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN I-240	AGNS Main	UNKNOWN X-1673	AGNS Main
" I-432	" "	" I-1682	" "
" I-398	" "	" I-1698	" "
" I-404	" "	" I-1932	" "
" I-807	" "	" I-1933	" "
" I-808	" "		

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

FOR THE COMMANDING GENERAL:

11 Encls
OSR Forms 1044 w/certificates
of Unidentifiability

/s/ C. H. Linsrance
C. H. LINSRANCE
2nd Lt. AGD
Asst. Adj. Gen

COPY

1 /fms
/fbp

Interred 8 August 1949

G 11 1 Ft. McKinley

Carl R. H. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 02791

DATE

15 06 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

895 UNKNOWNX-000109

0

DAY MONTH YEAR

CEMETERY

URAF CEMETERY MANILA NO 2

0

DISPOSITION OF REMAINS

7701 80
CODE DIST. PT.

LOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

R12 2 188 PHILIPPINE ISLANDS

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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNK 7 - 109
UNK 7 - 598 (fms)

21 Sept '46

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

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 tags UNK 7 - 598, 109 in casket

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept '46

BY

W. J. P. [Signature]

CASKET SEALED BY

EMBALMER (Signature)

[Signature]

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 21 Sept '46

[Signature]

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

Caroline C. [Signature]

SIGNATURE OF GRS INSPECTOR

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

7-SEP 1946
REPAIRATION
BRANCH
MFM. [Signature]

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900


20 July 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 109 , Plot 2 ,
Row 2 , Grave 188 , USMC CSAF Gen. 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:


F. B. McNEMAR
Captain, QMC
Chief, Records Branch

Attach: Form 1044

Received AUG 29 1949.....OQMG
Not identifiable from
information presently
available AUG 30 1949

*Build
Ident.*

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-598 (Formerly UNK X-109 Manila #2)				2. DATE OF REPORT 3 Aug 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	D	925	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 165 lbs	9. ESTIMATED HEIGHT 5' 10"	10. COLOR OF HAIR U T D	11. RACE Unknown
---------------------------------------	--------------------------------------	-----------------------------------	----------------------------

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"

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
←								→							
maxilla								missing							
decayed								decayed							
chipped															
X								X							
A								A							
mod								mo							
16								15							
14								13							
12								11							
10								9							
9								10							
11								12							
13								14							
15								16							

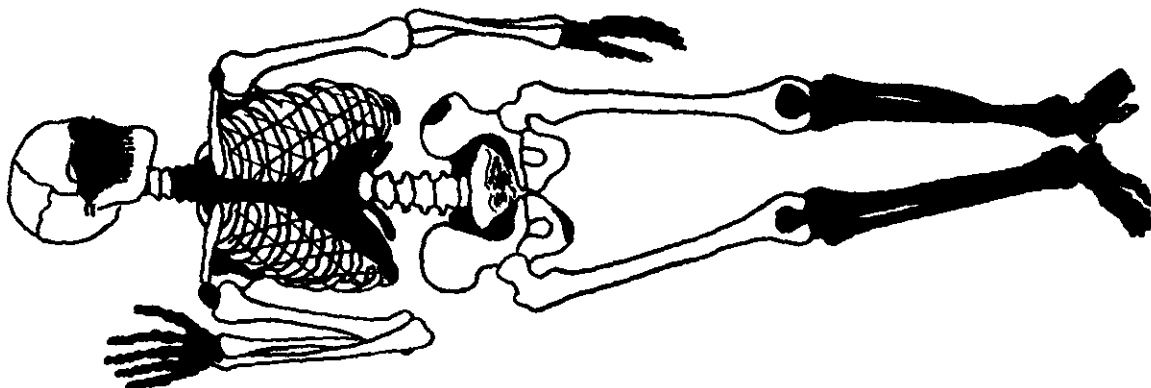
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R2, R6, and R7 are loose present with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA" JAMES J McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5' 10"

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 - 10 lbs.
Circumference of skull - 22 inches.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J McDERMOTT
Laboratory Officer, 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.

(Formerly Unk X-109
USAF Cem Manila #2)

8 Oct 47
DATE

UNKNOWN X-598 Luzon, P.I.)

Unknown

Unknown

Unknown

Unknown

San Juan Nepomuceno,
Betis, Pampanga, P.I.

A GRS MAUSOLEUM
Manila, P.I.

ORGANIZATION
801 D 925

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.
















STORAGE in HANGER'S BAY CRYPT

	RIGHT								UPPER TEETH								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8									
TYPE																									
LOCATION		O	A																						
		DF	MO																						

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	X	A	A	P	P	P	P	P	P	O	P	P	A	A	X									
LOCATION			DMD	MO							M			OM	O										

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

IDENTIFICATION CHECK LIST

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

(Formerly Unk X-109
 USAF Cem Manila #2
 Unknown X-598 Luzon, P.I.)
 (G.188 R.2 P.2)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 801 ^{HANGER BAY CRYP} Row D Grave 925

CIP AGRS MSLM Manila, P.I. 8 Oct 47

1. Arrived at ~~Cemetery~~ San Juan Nepomuceno,
 (House (date))
2. Place of death Betis, Pampanga, P.I.
 (Name of closest town) (Coordinates and letter Prefix, maps)
-
 (Sheet, scale and serials used)
3. Remains ~~recovered~~ or disinterred by AGRS, CMT # 1
 (Name and organization)
4. Evacuated to Cemetery by AGRS, CMT # 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	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	N		
Jacket, HBT	O		
	N		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

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 **22"** (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
T
D

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 (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, hooked/overlap)

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

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

X-VY8

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

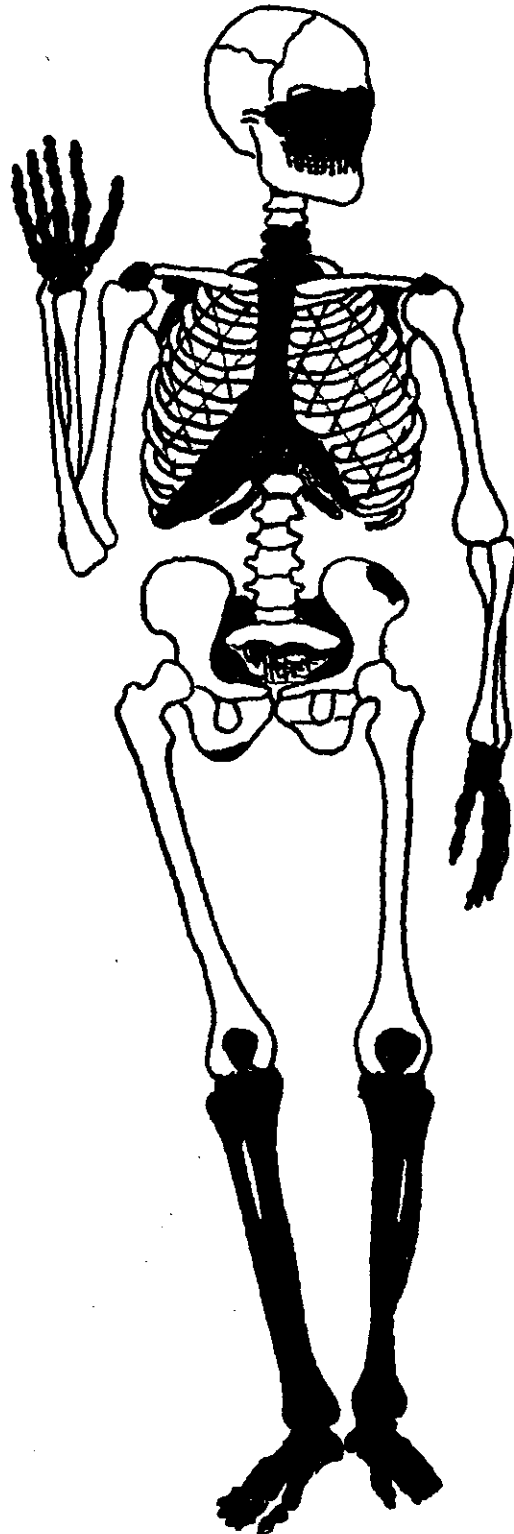


CHART "A"

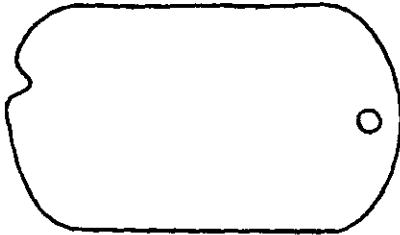
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

11 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-598 (Formerly Unk X-109
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

San Juan Nepomuceno,
Betis, Pampanga, P.I.

CAUSE OF DEATH

Dysentery

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

4GRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. HANGER	ROW No. BAY	GRAVE No. CRYPT
8 Oct 47	1500	STORED Casket	None	801	D	925

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.

2

GRAVE No.

188

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-620

RANK

SERIAL No.

ORGANIZATION

GRAVE No. CRYPT

927

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

STORED

UNKNOWN X-606

RANK

SERIAL No.

ORGANIZATION

GRAVE No. CRYPT

923

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

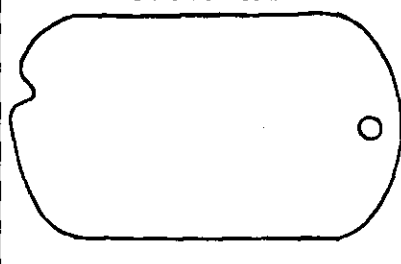
LUCIO S. PANOPIC, Jr 2d Lt., Inf

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

200 200 1 U 238

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 <p style="text-align: center; font-size: 1.2em;">18 Nov. 45</p>
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) <p style="text-align: center; font-size: 1.2em;">UNKNOWN X-109 (Manila #2)</p>	SERIAL No.		
GRADE	ORGANIZATION	BRANCH OF SERVICE	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH San Juan Nepomuceno, Betis, Pampanga, P. I.	CAUSE OF DEATH <p style="text-align: center; font-size: 1.2em;">Dysentery</p>	DATE OF DEATH
--	--	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

None

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center; font-size: 1.2em;">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 style="text-align: center; font-size: 1.2em;">Yes (2)</p>	<p style="text-align: center; font-size: 1.5em;">(Over)</p>

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
17 Nov. 45	1400	Shelter Half	Cross	2	2	188

WAS THIS A REBURIAL? (Yes or no) <p style="text-align: center; font-size: 1.2em;">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p style="text-align: center; font-size: 1.2em;">Remains disinterred from an isolated grave in a fish pond at San Juan Nepomuceno, Betis, Pampanga, Luzon, P. I.</p>
---	---

TYPE OF RELIGIOUS CEREMONY	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
----------------------------	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p style="text-align: center; font-size: 1.2em;">Yes</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center; font-size: 1.2em;">Yes</p>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p style="text-align: center; font-size: 1.2em;">Messer, John P.</p>	RANK <p style="text-align: center; font-size: 1.2em;">(12 days old)</p>	SERIAL No.	ORGANIZATION	GRAVE No. <p style="text-align: center; font-size: 1.2em;">187</p>
--	--	------------	--------------	---

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p style="text-align: center; font-size: 1.2em;">UNKNOWN X-110 (Manila #2)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <p style="text-align: center; font-size: 1.2em;">189</p>
---	------	------------	--------------	---

SIGNATURE OF PERSON PREPARING REPORT <p style="text-align: center; font-size: 1.2em;">W. V. HARDY Jr. 1/3, GRS.</p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <p style="text-align: center; font-size: 1.2em;">W. E. SESSIONS III, Capt., QMC.</p>
--	---

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.

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1236