

QCMT 198
GHS Far East

25 November 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

Unk X-1310,	AGRW Maus Manila,	formerly X-3598,	USAF Com Manila	#2
" X-1415,	" " " " "	" X-3980,	" " "	#2
" X-2420,	" " " " "	" X-3128,	" " "	#2
" X-1675,	" " " " "	" X-3435,	" " "	#2
" X- 502,	" " " " "	" X- 118,	" " "	#2

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

FOR THE QUARTERMASTER GENERAL:

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

cc: Adm Section
H. Melauria, per
L. M. White
J. Windkor

CC: OINCPH

M.H.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILIPPINE ZONE

ORPZ 293

APO 900
1 November 1949

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.

1. In accordance with the provisions of your letter, file QMNU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Decedent, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN I-290 Sta Barbara #1	UNKNOWN I-1436 AGRS Main
" -I-602 AGRS Main	" -I-1675 " "
" -I-732 Leyte #1	" -I-1877 " "
" -I-1310 AGRS Main	" -I-2420 " "
" -I-1415 " "	" -I-4154 Manila #2

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

FOR THE COMMANDING OFFICER:

10 Encls
QM Form 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant



/ebc
1

Interred 19 Jan 1950
H 4 131 Ft. McKinley
Carl R. H. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02795

DATE
15 06 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		UNK-000113		Q	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY (MANILA NO 2)					7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
2	2	192	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)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-000113 UNK X-602 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 22 Sept. 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY JOSEPH M. OWEN Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES ?	

Two (2) Remains Tags - UNK X-602 (Maus)

REMAINS PREPARED AND PLACED IN CASKET	
DATE 22 Sept. 1948	BY JOSEPH M. OWEN
CASKET SEALED BY JOSEPH M. OWEN	EMBALMER (Signature) <i>Joseph M. Owen</i> JOSEPH M. OWEN
CASKET BOXED AND MARKED DATE 22 Sept. 48 By HORACE L. ALLISON Sgt., Inf.	SHIPPING ADDRESS VERIFIED BY LUCIO S. PANOPIO, 1st Lt., Inf.

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

Lucio S. Panopio
LUCIO S. PANOPIO, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

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

6 Feb 48
J. S. [unclear]

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

13 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 113 , Plot 2 ,
Row 2 , Grave 192 , USMC USAF Com. 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:



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

Atch: Form 1044

Received 15 Nov 49 OCMG
Not identifiable from
information presently
available 23 Nov 49
W. O. Laurin

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-602 (Formerly UNK X-113 Manila #2)			2. DATE OF REPORT 17 Oct 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	D	913	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	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"

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Broken + missing</i>															
<i>Broken + missing</i>															
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."

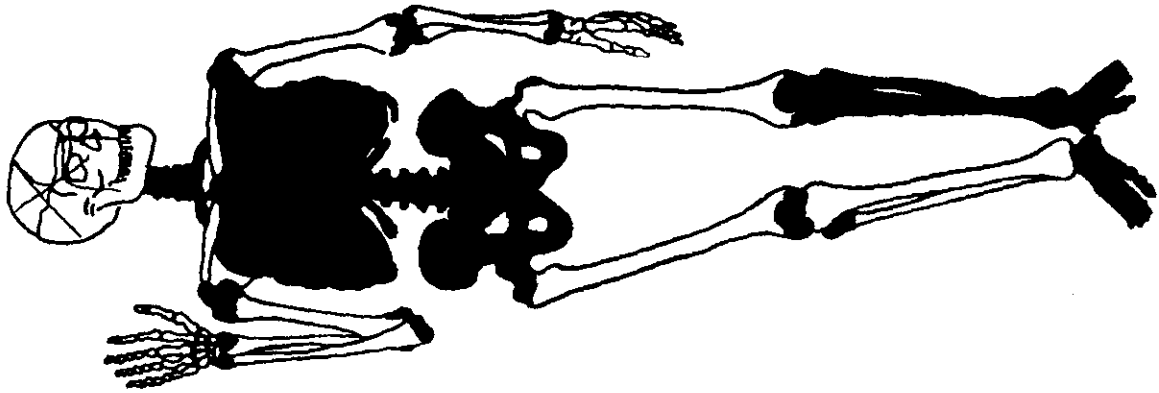
Paul P. Nichols

PAUL P. NICHOLS
Chief, Iden Sec

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT COVERED



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 - 5 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

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

X-602

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

(Formerly Unit 1-113)
UNIT 1-1-602 (1st Gen. S.I.P. Co., 1st Div., 1st Bn., 1st Regt., 1st Cavalry Div., 1st AFMFPB, 1st AFMFPB, 1st AFMFPB)
 LAST NAME: [redacted] FIRST: [redacted] INITIAL: [redacted] RANK: [redacted] SERIAL NO.: [redacted] DATE: [redacted]















Camp, [redacted] UNIT: [redacted] ORGANIZATION: [redacted]
 PLACE OF DEATH: [redacted] PLACE OF BURIAL: [redacted] STORAGE: [redacted] GRAVE NO. CRYPZ: [redacted]

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE	(X)											(X)			(X)		TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																	TYPE
LOCATION																	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>
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IDENTIFICATION CHECK LIST

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

(Formerly Unit A-113)
 Unknown X - 602 (CPT Don Manila)
 Cemetery ANGELUS, HANGAR BAY, CRYPT
 Plot 301 Row 1 Grave 913

1. Arrived at cemetery _____
 (Hour) _____ (Date) _____
2. Place of death Camp O'Donnell Capas

 (Name of closest town) _____ (Coordinates and letter Prefix, maps) _____

 (Sheet, scale and serials used)
3. Remains recovered or disinterred by UNIT A

 (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	/		
Mackinaw	/		
Sweater	ii		
Jacket, HBT	ii		
	e		
* Shirt, Wool OD	/		
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 ^{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
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)

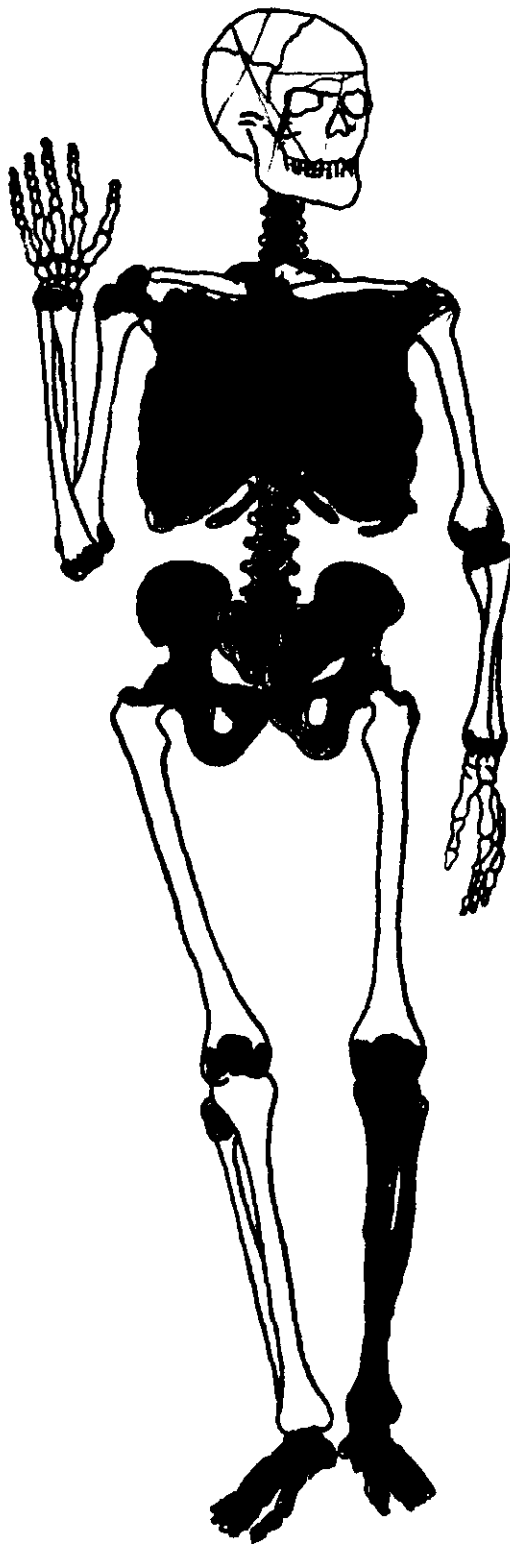
Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

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

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

SKELETAL CHART 1-60*

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



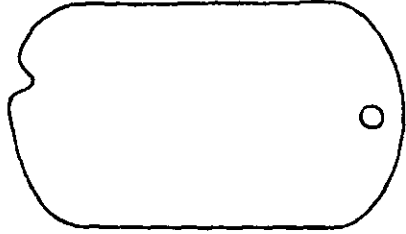
*Fragments of bones →
made to identify*

WD G.M.C. 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) Wm J. -302 (Formerly Unit 1-113 Wm J. Manila #2, Buzon, 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 Camp O'Donnell, Camp Marlac, Buzon, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH 1942
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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

RECORDS BRANCH
DEC 22 2 50 PM '47
MEMORIAL DIVISION

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 11 Oct 47	HOUR 1500	BURIED IN Casket	TYPE OF GRAVE MARKER None	PLOT NO. 001	ROW NO. D	GRAVE NO. 013
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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 Wm Cemetery Manila #2, Buzon, P.I.
	PLOT NO. 2, ROW NO. 2, GRAVE NO. 192

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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED Abando, Renato	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION Unknown	GRAVE NO. CRYPT 915
--	-----------------	-----------------------	-------------------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED Wm, Francisco de los	RANK Unknown	SERIAL NO. Unknown	ORGANIZATION P.S.	GRAVE NO. 911
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SIGNATURE OF PERSON PREPARING REPORT
Wm J. Manila #2, Buzon, P.I.

SIGNATURE OF GRS OFFICER VERIFYING REPORT
Wm J. Manila #2, Buzon, P.I.

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.

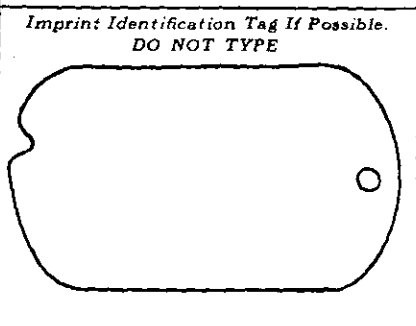
RESTRICTED

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

REPORT OF
(AR 30-1810)

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME



Section 1.—IDENTIFICATION
NAME (Last, first, middle initial)
UNKNOWN X-113 (Manila #2)

GRADE ORGANIZATION
RACE RELIGION IF OTHER THAN U.S. - NAME OF COUNTRY

PLACE OF DEATH **Camp O'Donnell, Camp, Parlac, Luzon, P. I.** CAUSE OF DEATH DATE OF DEATH **1942**

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

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 **17 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. **192**

WAS THIS A REBURIAL? (Yes or no) **Yes** IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE **Remains disinterred from a common grave in Camp O'Donnell Area, Pampanga, Luzon, P. I.**

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**

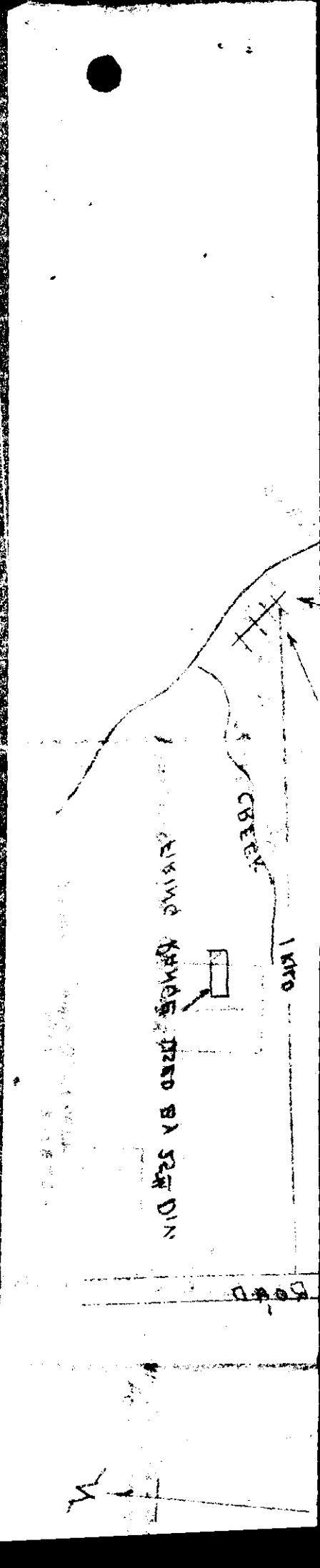
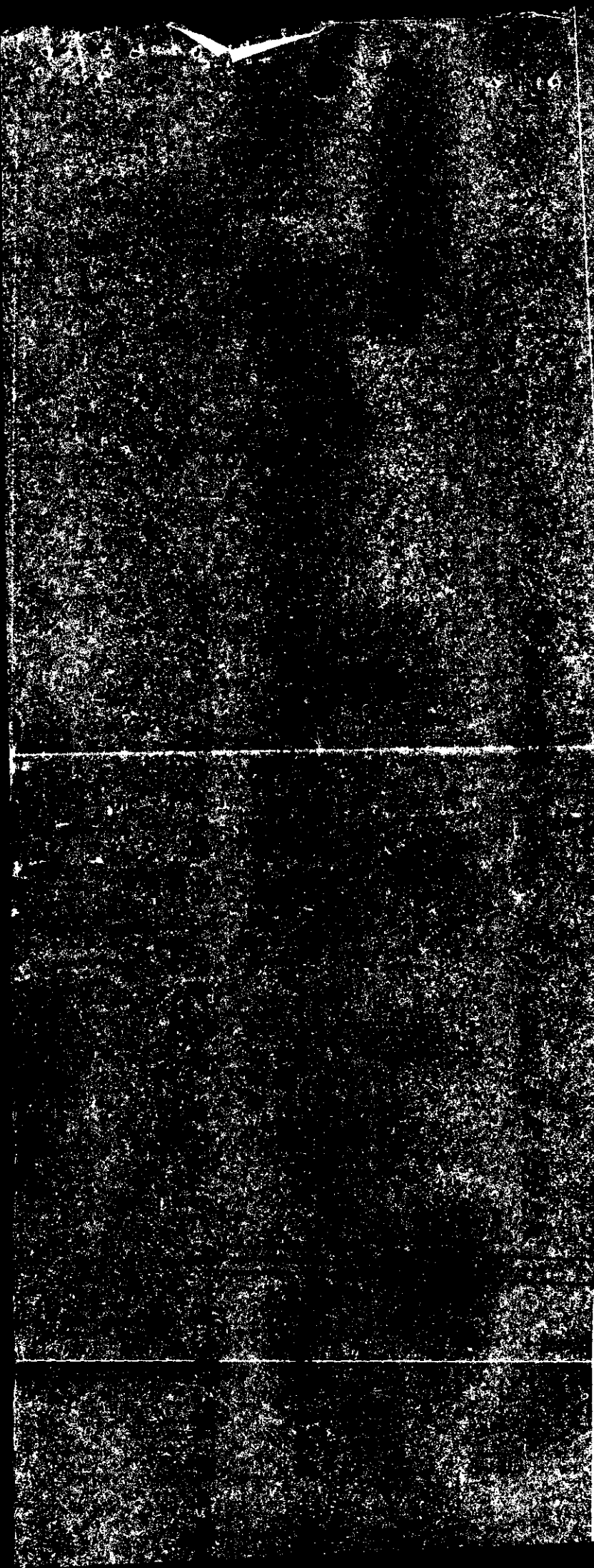
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) **UNKNOWN X-112 (Manila #2)** RANK SERIAL No. ORGANIZATION GRAVE No. **191**

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) **MATTIE, John E.** RANK **Pvt.** SERIAL No. ORGANIZATION **Co I, 31 Inf.** GRAVE No. **193**

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

RESTRICTED



1. Deceased is one of the four remains disinterred from a common grave 1/2 kilometer northwest of a Filipino POW Cemetery in the Camp O'Donnell POW, Enclosure Area, Luzon, P. I. (See attached sketch).

2. Remains could not be identified although search of remnants of clothing and personal effects found in grave were carefully searched for clues. Natives in the vicinity could give no assistance as to identity.

3. Personal effects found in this common grave could not be associated with any one remains and consist of the following articles:

1. Chronometer - nickel plated, no markings or serial numbers.
2. Plastic ring - colorless, no initial, appears to be home made.
3. Two insignia - one Filipino, one unidentified.
4. Remains of a slip of paper, believed to be remains of a special order not legible.
5. Three coins, (Two 1 centavo and one 5 centavo)

4. These four deceased taken from the common graves are buried in USAF Cemetery Manila #2, Luzon, P. I. as follows:

UNKNOWN X-110	Grave 189, Row 2, Plot 2
UNKNOWN X-111	Grave 190, Row 2, Plot 2
UNKNOWN X-112	Grave 191, Row 2, Plot 2
UNKNOWN X-113	Grave 192, Row 2, Plot 2

CAMP O'DONNELL POW ENCLOSURE AREA

FIRING RANGE USED BY 25TH DIV.

4 BODIES IN COMMON GRAVE

FILIPINO POW CEMETERY

ANNEX - CAMP O'DONNELL POW CEMETERY

MAIN CP O'DONNELL POW CEMETERY

CREEK

CREEK

1 KILO

TO CAPAS CAMP O'DONNELL ROAD

ISOLATED GRAVES IN CAMP O'DONNELL AREA
REMAINS REMOVED TO USAF GEN. MANILA
NO 24 SEP. 1945

24 SEP. 1945
III QM GR. PLATOON

