

COPY

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

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

UNKNOWN X-240	AGCS Main	UNKNOWN X-1673	AGCS Main
" X-432	" "	" X-1682	" "
" X-998	" "	" X-1698	" "
" X-604	" "	" X-1932	" "
" X-807	" "	" X-1933	" "
" X-808	" "		

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

FOR THE COMMANDING GENERAL:

/s/ C. H. Liorance  
C. H. LIORANCE  
2nd. Lt. AGC  
Asst. Adj. Gen

11 Incls  
(11 GMS Form 1044 w/certificates  
of Unidentifiability)

COPY

fms  
1  
/fms

Interred 8 August 1948  
G 9 9 Ft. McKinley  
*Carl R. H. Nare*  
CARL R. H. NARE

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 02797

DATE  
15 06 48  
DAY MONTH YEAR

NAME: *JAN UNKNOWN* SERIAL NUMBER: *000115* RANK: RANK ARM: 0 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: *USAF CEMETERY MANILA NO 2* DISPOSITION OF REMAINS: 0 7701 80 CODE DIST. PT.

ROW GRAVE COUNTRY: *F12 2 195 PHILIPPINE ISLANDS* CAUSE OF DEATH: *6*

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: *000115* SERIAL NUMBER: SERIAL NUMBER RANK: RANK DATE OF DEATH: DATE OF DEATH DATE DISTINTERRED: 21 Sept 48

IDENTIFICATION TAG ON:  REMAINS ORGANIZATION: UNKNOWN RELIGION: RELIGION IDENTIFICATION VERIFIED BY: *Joseph P. O'Neil* NAME AND TITLE: *Embalmr*

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: *Shelter Half* CONDITION OF REMAINS: *Skeletal*

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES: *The remains tags "000115" -604, of Laureolum*

REMAINS PREPARED AND PLACED IN CASKET  
DATE: 21 Sept 48 BY: *Joseph P. O'Neil*

CASKET SEALED BY: *Joseph P. O'Neil* EMBALMER (Signature): *Joseph P. O'Neil*

CASKET BOXED AND MARKED: 21 Sept 48 SHIPPING ADDRESS VERIFIED BY: *Joseph P. O'Neil*

DATE: 21 Sept 48 BY: *Joseph P. O'Neil*, 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.

*Caroline E. ...*  
SIGNATURE OF GRS INSPECTOR

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

7-SEP-1948  
BRANCH  
MEMO

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

26 July 1949

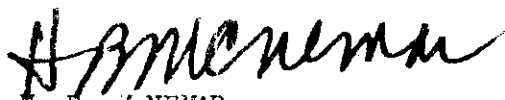
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 115, Plot 2,  
Row 2, Grave 195, USMC USA. 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  
Captain, CMG  
Chief, Records Branch

Attch: Form 1044

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

AUG 30 1949

*Guild  
Ident*

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-604 (Formerly UNK X-115 Manila #2)				2. DATE OF REPORT 29 July 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT
	801	D	916		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 120 lbs.	9. ESTIMATED HEIGHT 5' 3"	10. COLOR OF HAIR UTD	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)

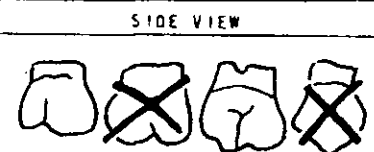
N O N E

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

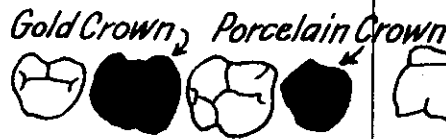
18.

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:



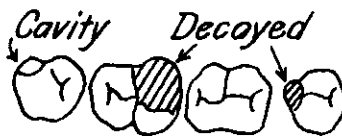
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



fractured

fractured

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
$\frac{A}{P}$	$\frac{A}{O}$	X	$\frac{A}{odf}$	$\frac{A}{odf}$								$\frac{P}{}$	$\frac{A}{mod}$	$\frac{A}{mo}$		
Side View															Side View	
Top View															UPPER	
Side View															LOWER	
	$\frac{A}{of}$	$\frac{O}{m}$	X	$\frac{P}{}$	$\frac{P}{}$		$\frac{P}{}$	$\frac{P}{}$				$\frac{A}{od}$	$\frac{A}{mod}$	X	$\frac{A}{of}$	$\frac{A}{P}$
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

fractured

**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"**

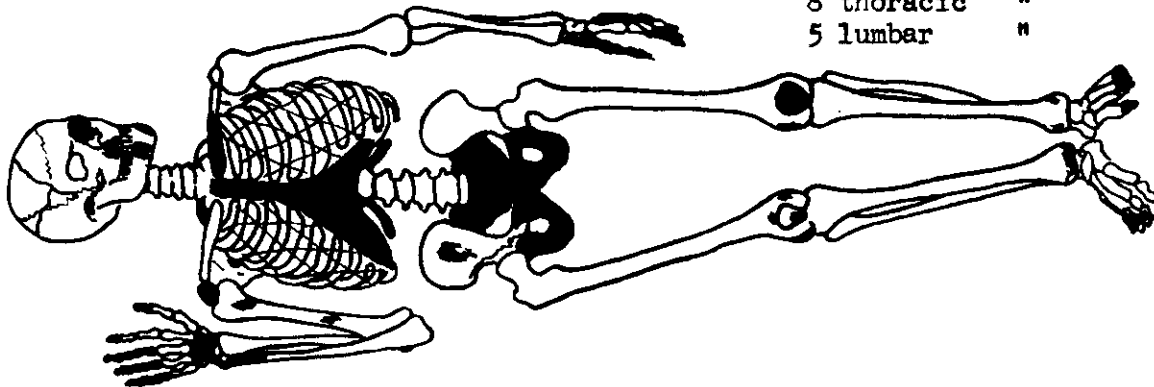
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*James J. McDermott*  
 JAMES J. McDERMOTT  
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present:

- 6 cervical vertebrae
- 8 thoracic "
- 5 lumbar "



Estimated height: 5' 3"

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, ident. tags or personal effects found with remains

Estimated weight of remains - 7 lbs.

**"UNIDENTIFIABLE"**

REASON FOR EACH OF THE ABOVE IDENTIFIED

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

*James J Mc Dermott*

X-604

# IDENTIFICATION DENTAL CHART

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

(Formerly Unk X-115  
USAF Cem Manila #2)

8 Oct 47  
DATE

UNKNOWN X-604

Unknown  
RANK

Unknown  
SERIAL NO.

LAST NAME FIRST INITIAL

Unknown

Unknown

UNIT

ORGANIZATION

Unknown

AGRS MAUSOLEUM

Manila, P.I.

801

D

916

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 LOCATION																TYPE LOCATION							
X	O	A	A	A			S						X	A	A	O							
	O	MO	do	do			d						Fold	O	O								

INSIDE — LOOKING OUT

RIGHT								LOWER TEETH								LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								
TYPE LOCATION																TYPE LOCATION							
X	O	A	X	X			X	X				A	A	X	A	O							
	FO	DOF										OD	ODM		OF	FO							

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ADJUSTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)





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 **UTD due to condition of skull** ..... (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 ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers ..... (Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

Legs ..... (Inseant, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

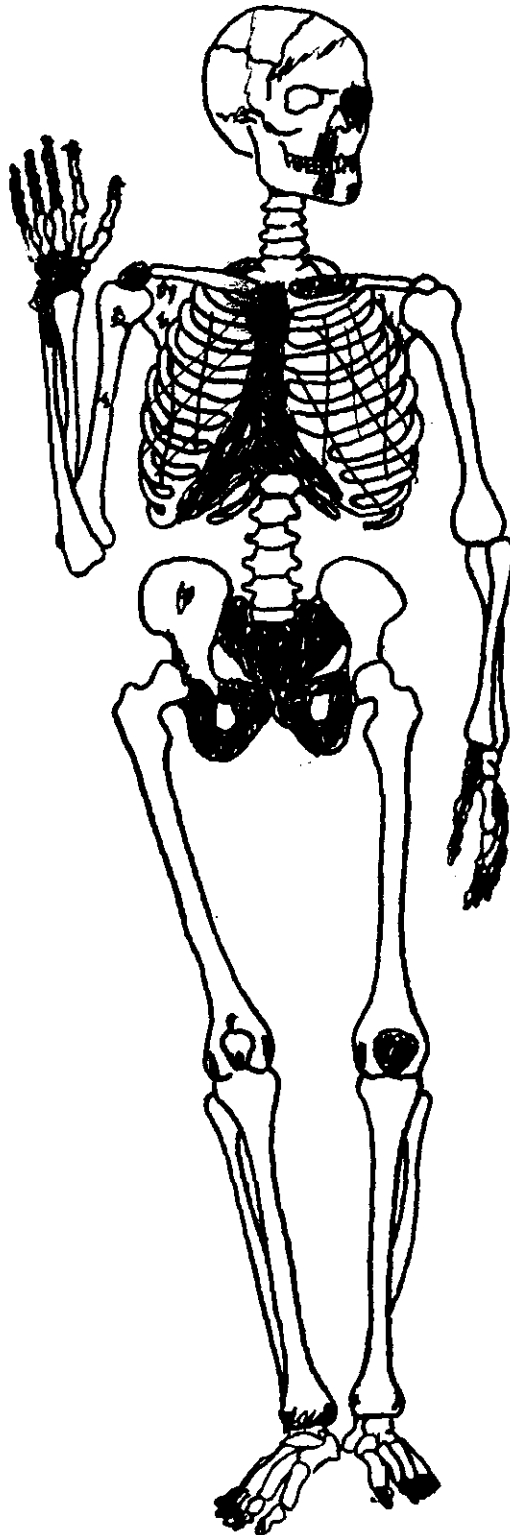
Evidence of healed fractures ..... (Nose, arms, legs, etc.)

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

# SKELETAL CHART

X-604

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Rib fragments*

*6 - Cervical*

*8 - Thoracic*

*5 - lumbar*

*vertebrae*

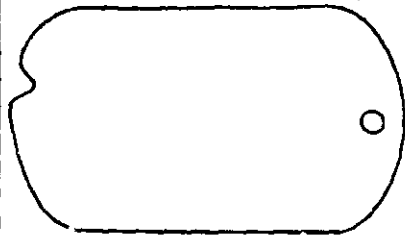
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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- 604 (Formerly Unk X-115  
USAF Cem Manila #2, Manila, 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)

RECORDS BRANCH  
DEC 22 2 50 PM '47  
MEMORIAL DIVISION

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  
STORAGE  
8 Oct 47

HOUR  
1500

BURIED IN (Shroud, blanket, or name of other)  
STORED  
Casket

TYPE OF GRAVE  
MARKER  
None

PLOT No.  
BANGER  
801

ROW No.  
BAY  
D

GRAVE No.  
CRYPT  
916

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.  
CRYPT  
195

TYPE OF RELIGIOUS  
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION TAGS 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  
SANTOS, Acogido

RANK

Unknown

SERIAL NO.

10303326

ORGANIZATION

PS

GRAVE No.  
CRYPT

918

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

RANK

Unknown

SERIAL NO.

10303326

ORGANIZATION

PS

GRAVE No.  
CRYPT

914

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Wm R GILBERT, Adm Asst

LUCIO S. 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.

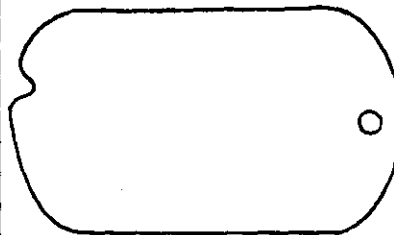
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

20 Nov 45

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)		SERIAL No.
U N K N O W N - X - 115 (Cem. Manila #2)		
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

7-11-496

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	195

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	Ft. Wm. McKinley Cemetery, Luzon, P. I.
	PLOT No. ROW No. GRAVE No.
	E 2 3

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		Information contained in bottle impossible to read. (Air Corp buckle found on 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.
U N K N O W N - X - 114 (Cem. Manila #2)				194
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
R O A D W A Y				

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
R. C. BARRETT, T/4, GRS.	D. L. ARMSTRONG, Capt. GRS.

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.