

~~FILED~~  
No 46 Filed 1943 12-13-43 (H.H.H.)

X 5010 (due to 1-15-44 filing)

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HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

OSGR 293.9

AFO 707  
30 SEP 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 QM293 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, 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	X-365	AGRS	Main	UNKNOWN	X-3039	AGRS	Main
"	X-430	"	"	"	X-3041	"	"
"	X-451	✓	"	"	X-3612	"	"
"	X-613	✓	"	"	X-4226	"	"
"	X-712	"	"	"	X-4441	"	"
"	X-721	"	"	"	X-4699	"	"
"	X-726	"	"	"	X-4863	"	"
"	X-797	"	"	"	X-4867	"	"
"	X-2345	"	"	"	X-4948	"	"

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

FOR THE COMMANDING GENERAL:

18 Encls  
QM Form 1044 w/certificates  
of Unidentifiability

/s/ G. H. LEBLANC  
G. H. LEBLANC  
2nd Lt., AGD  
Asst. Adj Gen

1 /fms		Interred 28 Sep 1949 J 12 6 Ft. McKinley <i>Carl R. H. Mark</i>		DISINTERMENT DIRECTIVE	
1		CARTER H. MARK Cemetery Superintendent		DIRECTIVE NUMBER 7747 02804	
NAME		SERIAL NUMBER		DATE	
UNKNOWNX		-000124		15 06 48 DAY MONTH YEAR	
CEMETERY		RANK		ARM	
USAF CEMETERY MANILA NO 2				0	
PLOT		ROW		GRAVE	
F12		3		281	
COUNTRY		PHILIPPINE ISLANDS		CAUSE OF DEATH	
6					
SECTION B - CONSIGNEE AND NEXT OF KIN					
NAME AND ADDRESS OF CONSIGNEE			NAME AND ADDRESS OF NEXT OF KIN		
FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS			(BY ADMINISTRATIVE DECISION)		
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME		SERIAL NUMBER		RANK	
- 107 - 413 (Spec.)					
DATE OF DEATH		DATE DISTINTERRED			
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		UNKNOWN		IDENTIFICATION VERIFIED BY RICHARD F. SILVENSON NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL			CONDITION OF REMAINS		
OTHER MEANS OF IDENTIFICATION					
MINOR DISCREPANCIES I					
(2) ...					
REMAINS PREPARED AND PLACED IN CASKET					
DATE		BY		EMBALMER (Signature)	
21 Sept 48					
CASKET SEALED BY		SHIPPING ADDRESS VERIFIED BY			
DATE		BY			
21 Sept 48		HORACE L ALLIBON, Sgt Inf			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
<i>Thomas J. Curtis</i>					
SIGNATURE OF GRS INSPECTOR					
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.					

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

12 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 124, Plot 2,  
Row 3, Grave 231, 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. McNEIDER  
Captain, GIC  
Chief, Records Branch

Atch: Form 1044

Received 12 Oct 49 OQMG  
Not identifiable from  
information presently  
available

*G. Reynolds Id Br.*  
*20 Oct 49*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-613 (Formerly UIC 7-124 Manila (2))				2. DATE OF REPORT 14 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1123	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 135 lbs	9. ESTIMATED HEIGHT 5'6"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

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

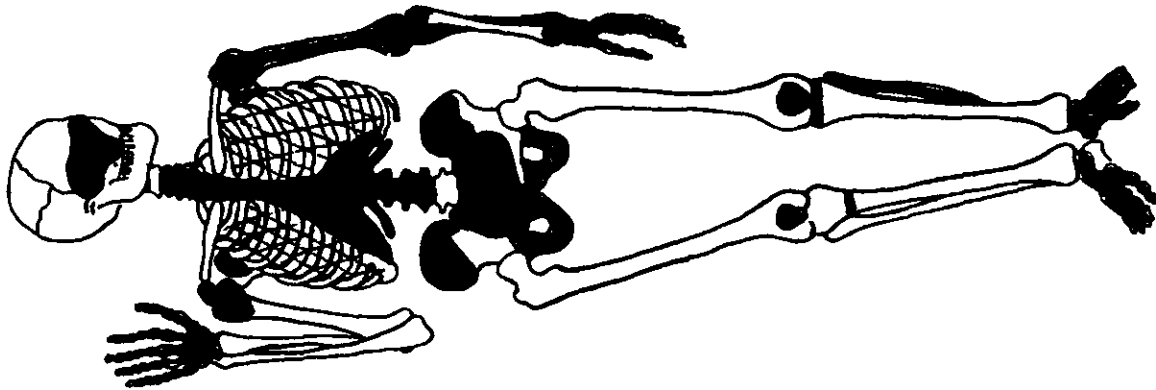
**"UNIDENTIFIABLE"**

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



19. BLACK-OUT PARTS OF BODY NOT RECOVERED

1 Lumbar Vertebrae



Estimated height: 5'6"

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 - 20½ 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

J J McDERMOTT, Lab Officer, CIP

SIGNATURE

# 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.

8 Oct 47

DATE

(Last Name) (First Name) (Initial) (Rank) (Serial No)  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

MISSING      RIGHT      3      2      1      1      2      3      LEFT      MISSING  
 8   7   6   5   4   3   2   1   1   2   3   4   5   6   7   8  
 UPPER TEETH

TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

16   15   14   RIGHT   13   12   11   10   9   9   10   11   LEFT   12   13   14   15   16  
 LOWER TEETH

TYPE																	TYPE
LOCATION																	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)

 OCCLUSAL (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-11 (1000 Gen Conville, P.I.)  
 Cemetery ...  
 Plot ... HANGER BAY CRTP Grave 1123

01F, 1963 ... P.I.

1. Arrived at cemetery \_\_\_\_\_  
 (Hour) (Date)
2. Place of death \_\_\_\_\_  
 (Name of closest town) (Coordinates and letter Prefix, maps)  
 (Sheet, scale and serials used)
3. Remains recovered or disinterred by \_\_\_\_\_  
 (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 _____			
Jacket, HBT _____			
* Shirt, Wool OD _____			
Undershirt, Wool _____			
Undershirt, Cotton _____			
Trousers, HBT _____			
* Trousers, Wool OD _____			

Coatee ..... (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 ..... Teeth absent or decayed.  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of head in inches ..... 20 1/2  
 (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 ..... (Unusual characteristics of fingernails)

Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

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

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

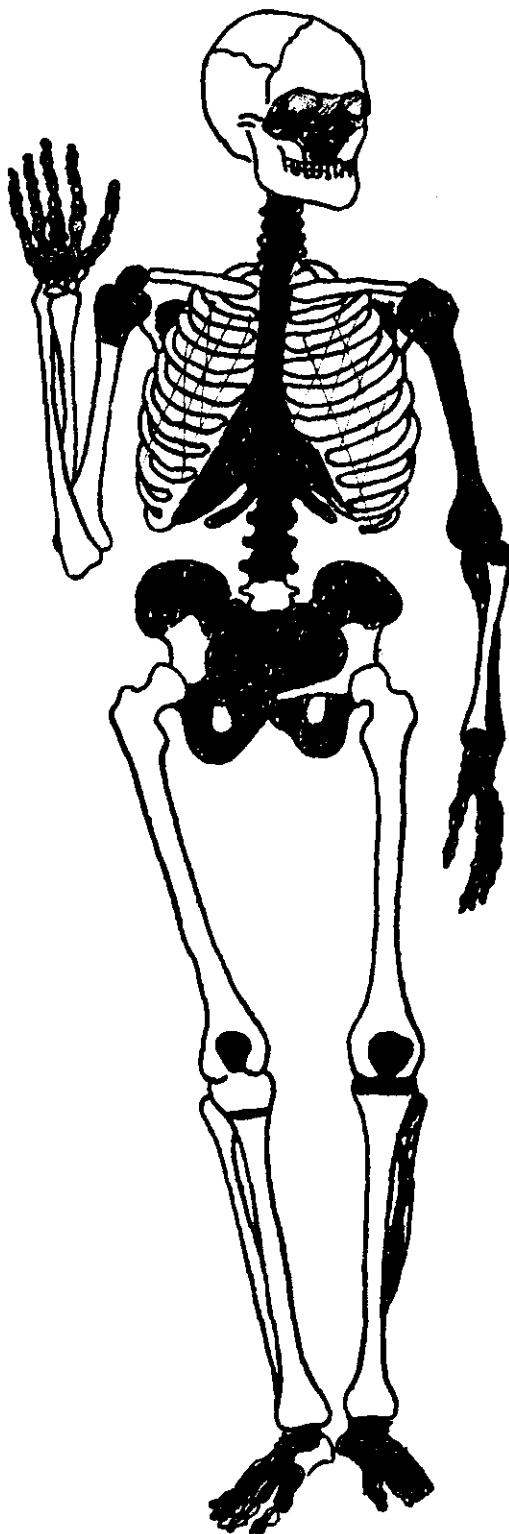
Evidence of healed fractures ..... (Nose, arms, legs, etc.)

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

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

X-613



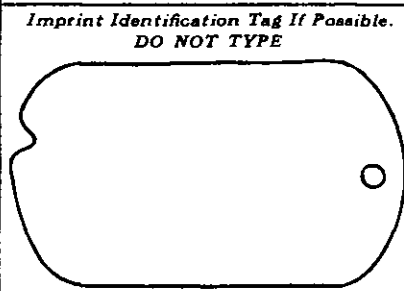
6 cervical vertebrae  
missing  
all thoracic vertebrae  
missing  
1 lumbar vertebrae  
Present

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

13 Oct 47



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) USMC 1-124 USMC Gen Manila 21, 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
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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) REMEMORANCE DEC 22 2 51 PM '47 REGISTRATION RECORDS BRANCH
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 STORAGE 9 Oct 47	HOUR 0000	BURIED IN (Shroud, blanket, or name of other) STORER Washed	TYPE OF GRAVE MARKER None	PLOT NO. DANGER 001	ROW NO. BAY 3	GRAVE NO. CRYPT 1123
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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 USMC Cemetery Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 3	GRAVE No. 281
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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
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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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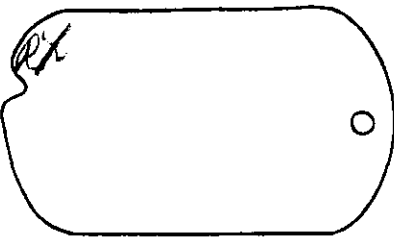
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED USMC 1-124	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 1123
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED USMC 1-124	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 1121
--	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT [Signature]	SIGNATURE OF GRS OFFICER VERIFYING REPORT [Signature]
---	--

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)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <b>3 Dec. 45</b>
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Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) <b>(Unknown - Ft. Wm. McKinley)</b> <b>U N K N O W N - X - 124 (Cem. #2 Manila)</b>		SERIAL No.
	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
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)  <b>None</b>	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)  <b>Yes (2)</b>	

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.
20 Nov 45	1400	Shelter Half	Cross	2	3	281

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE						
<b>Yes</b>	Ft. Wm. McKinley Cemetery, Luzon, P. I. <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>PLOT No.</td> <td>ROW No.</td> <td>GRAVE No.</td> </tr> <tr> <td align="center"><b>E</b></td> <td align="center"><b>3</b></td> <td align="center"><b>10</b></td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	<b>E</b>	<b>3</b>	<b>10</b>
PLOT No.	ROW No.	GRAVE No.					
<b>E</b>	<b>3</b>	<b>10</b>					

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY  <b>Identity unknown, bottle found in grave but contents destroyed.</b>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)  <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)  <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  <b>GUNN, A. H.</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.  <b>280</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  <b>UNKNOWN - X - 125 (Cem. #2 Manila)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.  <b>282</b>
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SIGNATURE OF PERSON PREPARING REPORT  <i>R. C. Barrett</i> <b>R. C. BARRETT, Cpl. GRS.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <i>D. L. Armstrong</i> <b>D. L. ARMSTRONG, Capt. QMC.</b>
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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.

*[Handwritten signature]*  
Date: \_\_\_\_\_

\_\_\_\_\_  
 (Officer's Name)  
 Rank \_\_\_\_\_  
 Service \_\_\_\_\_  
 \_\_\_\_\_  
 (Organization)

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.

\_\_\_\_\_  
 \_\_\_\_\_

9. Remarks \_\_\_\_\_  
 \_\_\_\_\_

8. Has tooth chart been prepared?  Yes  No  
 If not, explain \_\_\_\_\_

7. Have finger prints been placed on Report of Interment?  Yes  No  
 If not, explain \_\_\_\_\_

\_\_\_\_\_  
 (Yes-no)

