

QMGM 293  
GRS Far East

9 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE

1. Reference is made to findings of unidentifiability for the following unknown deceased:

Unknown X-618	AGRS Mausoleum Manila,	formerly X-130,	USAF Cem.,	Manila #2
" X-631	" "	" "	" X-144	" #2
" X-632	" "	" "	" X-145	" #2
" X-433	" "	" "	" X-285	" #2
" X-437	" "	" "	" X-290	" #2
" X-800	" "	" "	" X-315	" #2
" X-841	" "	" "	" X-359	" #2
" X-3182	" "	" "	" X-1019	" #2
" X-3148	" "	" "	" X-1025	" #2
" X-3161	" "	" "	" X-1038	" #2
" X-3159	" "	" "	" X-1036	" #2
" X-3170	" "	" "	" X-1047	" #2
" X-2530	" "	" "	" X-3024	" #2
" X-2390	" "	" "	" X-3110	" #2
" X-2068	" "	" "	" X-3191	" #2
" X-2058	" "	" "	" X-3211	" #2
" X-1892	" "	" "	" X-3246	" #2
" X-1960	" "	" "	" X-3308	" #2
" X-1749	" "	" "	" X-3350	" #2
" X-1754	" "	" "	" X-3355	" #2
" X-1640	" "	" "	" X-3461	" #2
" X-1513	" "	" "	" X-3515	" #2
" X-1519	" "	" "	" X-3521	" #2
" X-1301	" "	" "	" X-3632	" #2
" X-1165	" "	" "	" X-3758	" #2
" X-1116	" "	" "	" X-3824	" #2
" X-1036	" "	" "	" X-3872	" #2
" X-1418	" "	" "	" X-3983	" #2
" X-1397	" "	" "	" X-3990	" #2

QMCMT 293

GRS Far East

Ltr 9 August 1949

SUBJECT: Identification of World War II Deceased

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

G. Reynolds: *pmk*  
L. M. White  
J. Windsor

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

APO 707  
21 JUL 1949

GSGR 293.9

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 QMQU 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-433	AGRS	Mslm	UNKNOWN	X-1640	AGRS	Mslm
"	X-437	"	"	"	X-1749	"	"
"	X-618	"	"	"	X-1754	"	"
"	X-631	"	"	"	X-1892	"	"
"	X-632	"	"	"	X-1960	"	"
"	X-800	"	"	"	X-2058	"	"
"	X-841	"	"	"	X-2068	"	"
"	X-1036	"	"	"	X-2390	"	"
"	X-1116	"	"	"	X-2530	"	"
"	X-1165	"	"	"	X-3148	"	"
"	X-1301	"	"	"	X-3159	"	"
"	X-1397	"	"	"	X-3161	"	"
"	X-1418	"	"	"	X-3170	"	"
"	X-1513	"	"	"	X-3182	"	"
"	X-1519	"	"	"	X-4099, Manila #2		

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

FOR THE COMMANDING GENERAL:

30 Incls:  
QMC Forms 1044 w/certificates  
of Unidentifiability

JOHN A. MARZAL  
1st Lt., AGD  
Asst Adj Gen

/drs  
1  
/fbp

Interred 15 Jun 1949  
A 10<sup>th</sup> 18 Ft. McKinley

*Carl R. H. Mark*  
CARL R. H. MARK  
Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 02809

DATE  
15 DAY 06 MONTH 48 YEAR

NAME  
UNKNOWN

SERIAL NUMBER  
X-000130

RANK  
Q

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS  
7701 CODE 80 DIST. PT.

LOT  
FT2

ROW  
3

GRAVE  
290

COUNTRY  
PHILIPPINE ISLANDS

CAUSE OF DEATH  
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
UNK X-130  
UNK X-618 (Haus.)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED  
21 Sept '48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
C. MYLIE FANN  
Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Shelter Half

CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION

NOTOR DISCREPANCIES  
Two (2) Remains Tags - Unk X-618, AGRS, Mausoleum

REMAINS PREPARED AND PLACED IN CASKET  
DATE 21 Sept '48 BY C. MYLIE FANN

CASKET SEALED BY  
C. MYLIE FANN

EMBALMER (Signature)  
*C. Mylie Fann*  
C. MYLIE FANN

CASKET BOXED AND MARKED  
DATE 21 Sept '48 BY HORACE L ALLISON, Sgt Inf

SHIPPING ADDRESS VERIFIED BY  
CHARLES R. DATES, 1st Lt., USAFR

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

*Charles R. Dates*  
CHARLES R. DATES, 1st Lt., USAFR

FILE

SIGNATURE OF GRS INSPECTOR 1 AUG 1949

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REPATRIATION  
BRANCH  
MEM. DIV.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 15 JUL 1969

## 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM FORT MCKINLEY CEMETERY		TO (BY ADMINISTRATIVE DECISION)	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM IS 3 SDO PHILIPPINE ISLANDS		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

8 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 130, Plot 2,  
Row 3, Grave 290, 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. McNEMAR  
Captain, QMG  
Chief, Records Branch

Attch: Form 1044

Received 2 Aug 49 OQMG  
Not identifiable from  
information presently  
available

9. Receipts 58-49  
8-8-49

Incl #3'

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-618 (Formerly UNK X-130 Manila No. 2)				2. DATE OF REPORT 14 July 49	
3. NAME OF CEMETERY  AGRS. MAUSOLEUM, MANILA, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1117	DISINTERMENT,	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 150 lbs.	9. ESTIMATED HEIGHT 5' 9"	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

N O N E

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

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)









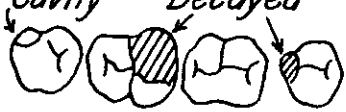

N O N E

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

*Incl. #3<sup>2</sup>*

18.

FOOTH CHART

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MAXILLA							
MISSING								MISSING							
Side Views															
UPPER															
LOWER															
Side Views															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Decayed

Decayed

**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."

Portions of the maxilla from L2 - R8 and from L6 - L8 are missing.  
Loose teeth from L6 - L8 are present with remains.

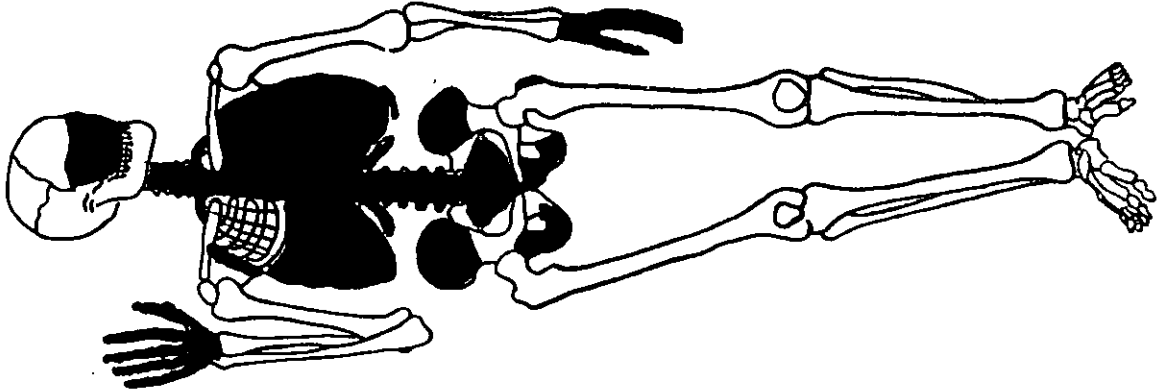
**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

James J. McDermott  
JAMES J. McDERMOTT  
Laboratory Officer, CIF



19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height - 5' 9"

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.  
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

X-618

# 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.

(Formerly Unk X-130  
USAF Cem Manila #2

18 Oct 47

DATE

UNKNOWN X-618 Luzon, P.I.

Unknown RANK

Unknown SERIAL NO.

Unknown UNIT

Unknown ORGANIZATION

AGRS MAUSOLEUM  
Manila, P.I.

Unknown PLACE OF DEATH

801 E 1117  
PLOT ROW GRAVE NO.

STORAGE HANGER BAY CRYPT

Missing

Missing

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

INSIDE — LOOKING OUT

RIGHT								LOWER TEETH								LEFT															
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

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		OCCUSAL (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)

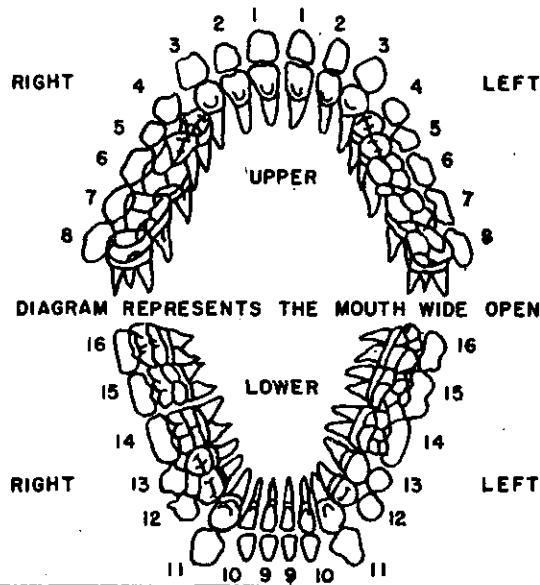
**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

Maxilla missing. Found R 3 and 4 in good condition L 6, 7, 8

s/ Hilarion V. Castillo  
SIGNATURE OF PERSON WHO PREPARED CHART

s/ J. J. McDermott  
VERIFIED BY GRS OFFICER

p/ \_\_\_\_\_  
NAME AND RANK TYPED OR PRINTED

p/ J. J. McDERMOTT Civ  
NAME AND RANK TYPED OR PRINTED

\_\_\_\_\_  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Oct 8, 1947  
DATE

CERTIFIED TRUE COPY:

930-PHILRYCOM-4-47-30M

*E. H. Newman Jr.*  
E. H. NEWMAN Jr.  
Capt FA

## IDENTIFICATION CHECK LIST

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

(Formerly Unk X-130  
 USAF Cem Manila #2,  
 Luzon, P.I.)

Unknown X -618  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 801 Row E Grave 1117  
HANGER BAY CRYPI

**CIP AGRS MAUSOLEUM, Manila, P.I.**

1. Arrived at cemetery 8 Oct 47  
(Hour) (Date)
2. Place of death Unknown  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred by AGRS, CMT #1  
(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	<u>///</u> <small>(Type)</small>		
Raincoat	<u>///</u>		
Overcoat	<u>///</u>		
Jacket, Field	<u>///</u>		
Jacket, Combat	<u>///</u>		
Mackinaw	<u>NO</u>		
Sweater	<u>NE</u>		
Jacket, HBT	<u>///</u>		
* Shirt, Wool OD	<u>///</u>		
Undershirt, Wool	<u>///</u>		
Undershirt, Cotton	<u>///</u>		
Trousers, HBT	<u>///</u>		
* Trousers, Wool OD	<u>///</u>		

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

\* Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only - Skeletal chart attached.

Age Est. Height 5'9" Est. Weight 150 Description of wounds

Bandages or dressings Scars (Length, width, location)

Tattoos (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (Light/medium, dark, clear, pimples, pocks, freckles)

Build (Large, fat, thin, muscular)

Hair (Color, length, quantity, curly/wavy, straight, whorls, or definite parting)

Hair (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or (Color, setting, shape) (Color, size/shape) (Length, heavy)

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**

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

..... **D** ..... (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.

7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Due to the condition of remains

8. Has tooth chart been prepared? Yes If not, explain (Yes-no)

9. Remarks No ROI bottle found with remains.

No means of identification. No personal effects,

Estimated weight of remains five (5) lbs.

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.

/s/ Edward H. Marshall  
(Officer's Name)

SP-8 C-062874  
Rank Service

AGRS, Mausoleum  
(Organization)

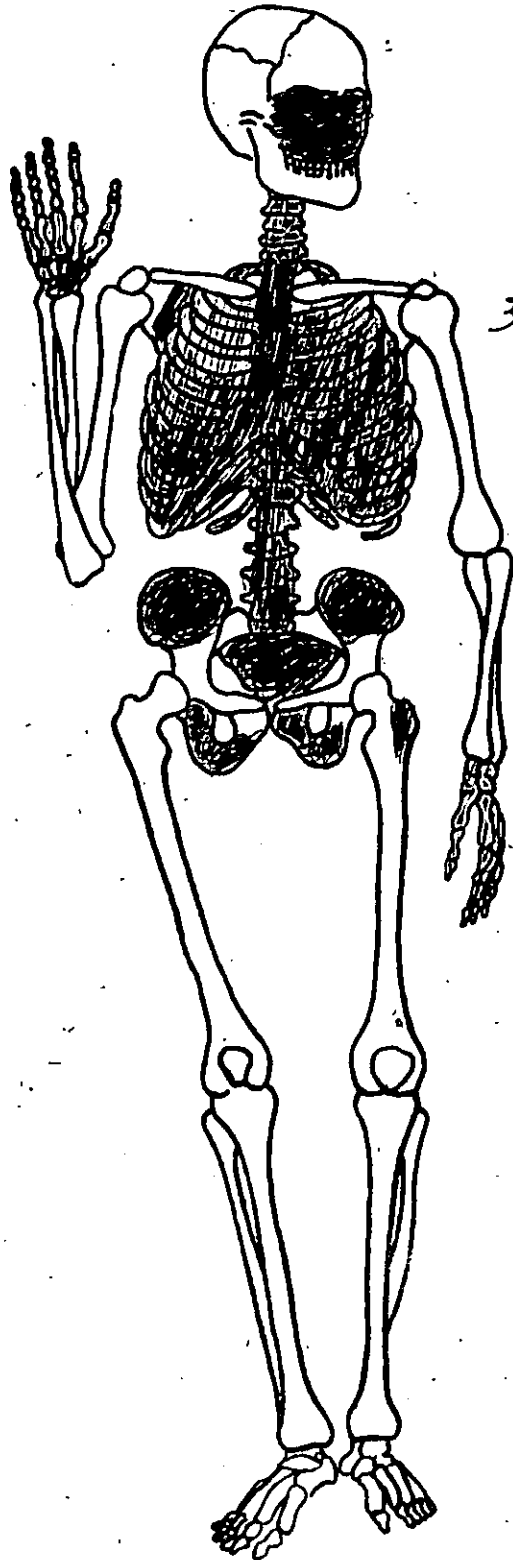
A CERTIFIED TRUE COPY:

  
E. H. NEWMAN, Jr  
Capt., FA

# SKELETAL CHART

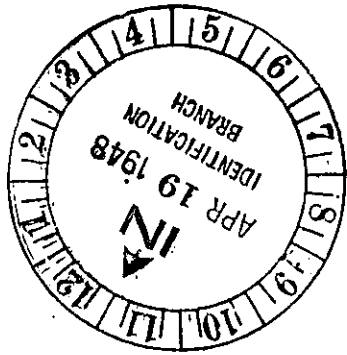
X-618

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



3 Ribs received fragment





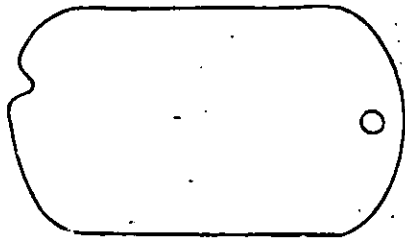
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

13 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-618 (Formerly Unk X-130  
USAF Cem 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

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 51 PM '47  
MEMORIAL DIVISION

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

9 Oct 47

HOUR

0800

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

STORDED  
Casket

TYPE OF GRAVE MARKER

None

PLOT No.

801

ROW No.

E

GRAVE No.

1117

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.

3

GRAVE No.

290

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) STORDED

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORDED

UNKNOWN X-622

RANK

SERIAL No.

ORGANIZATION

GRAVE No. CRYPT

1119

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

UNKNOWN X-610-B

RANK

SERIAL No.

ORGANIZATION

GRAVE No. CRYPT

1115

SIGNATURE OF PERSON PREPARING REPORT

*Wm R Gilbert*

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*Lucio S Panopio*

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.

**Section 3.—UNIDENTIFIED REMAINS:**

**INSTRUCTIONS:**

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

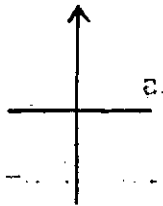
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Identification Check List and Dental Chart accomplished.

18 NOV 1947

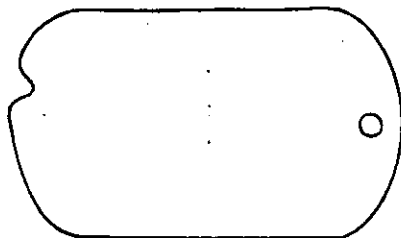
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

25 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-130 (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

Incl 1003

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, Duzon, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
23 Nov 45	1400	Shelter Half	Cross	2	3	290

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, Duzon, P. I.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		No identification, bottle contents destroyed.
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.
MABRY, Thomas C.	AMM/2c		USN	289

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
SPENCER, Robert L.	2nd Lt.	0-779652	67th Ftr. Squadron	291

SIGNATURE OF PERSON PREPARING REPORT: R. C. BARRETT, Cpl. GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT: D. L. ARMSTRONG, Capt. QMC.

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**19 DEC 1945**

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER


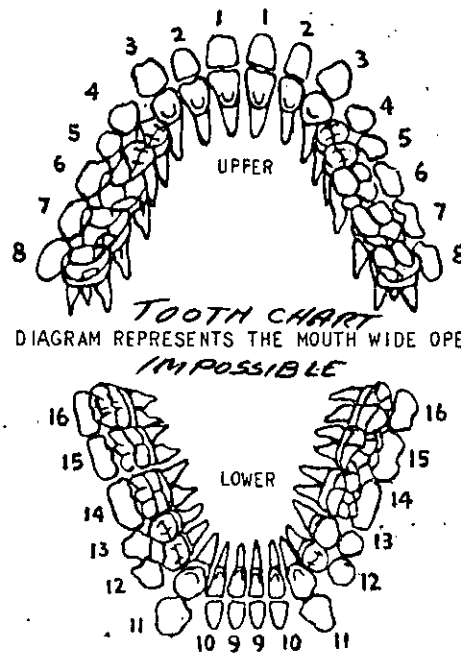


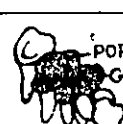

RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

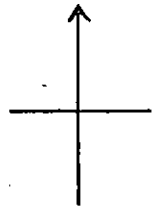
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

**OTHER IDENTIFICATION CLUES**

**Jack Knife, Key, Leather Belt, 2 gold teeth upper jaw, Button (shorts) possibly coconut shell (2 holes).  
Skeleton, American, suggest tall, long limbed individual.**

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p><b>TOOTH CHART</b> DIAGRAM REPRESENTS THE MOUTH WIDE OPEN <i>IMPOSSIBLE</i></p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS: