

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Link (misc) Manila #2 X131, X132, X133
X134, X135, X136, X137, X138, X139, X140, X141, X142, X143, X144
X145, X146, X147, X148, X149, X150, X151, X152, X153, X154, X155
X156 **SYNOPSIS AND DATES** X157, X158

Spec now filed

NEW CLASSIFICATION 293. T. K. Manila #2 X131

*10/2/50
E.C.*

RECLASSIFICATION SHEET

QMONT 293
GRS For East

31 Oct
2 November 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General
Philippine Air Command
APO 74, 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-626,	AGRS Mausoleum Manila, formerly X-139,	USAF Cem., Manila #2
" X-923,	" " "	" X-448,
" X-1205,	" " "	" X-3714,
" X-1246,	" " "	" X-3695,
" X-1349,	" " "	" X-3578,
" X-1634,	" " "	" X-3455,
" X-1714,	" " "	" X-3402,
" X-1744,	" " "	" X-3382,
" X-1719,	" " "	" X-3360,
" X-2408,	" " "	" X-3099,

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

FOR THE QUARTERMASTER GENERAL:

REB

TEC

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

cc: Adm Section

G. Reynolds:dal
L. M. White
J. Windsor

cc: CINCFE, APO 500

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

AFO 707
12 OCT 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 QMGMU 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-184	AGRS	Mslm	UNKNOWN	X-1691	AGRS	Mslm
"	X-626	"	"	"	X-1714	"	"
"	X-923	"	"	"	X-1744	"	"
"	X-969	"	"	"	X-2255	"	"
"	X-1033	"	"	"	X-2290	"	"
"	X-1120	"	"	"	X-2408	"	"
"	X-1205	"	"	"	X-4139	Manila #2	
"	X-1246	"	"	"	X-4139	AGRS	Mslm
"	X-1349	"	"	"	X-1714	"	"
"	X-1634	"	"				

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

FOR THE COMMANDING GENERAL:

19 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ C. H. Lieurance
C. H. LIEURANCE
2nd Lt., AGD
Asst. Adj. Gen

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GRPZ 293.9

APO 707

2 JUN 1949

SUBJECT: Identification of Unknowns

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

Proceedings of the Board of Review, PHILCOM
Zone, AGRS, for the following unknowns are forwarded
herewith with recommendation that identification be
approved:

X-626 as MAY, James E. 2nd Lt. O-418 157
AGRS Mausoleum, Manila, P. I.
(Formerly UNK X-139, USAF Cemetery Manila #2)
(Formerly X-9, US Army Cemetery #3, Mariveles, Bataan)

X-34 as McCASKILL, Olen E. Pfc. 814 949
6th Marine Division Cem. Okinawa

X-44 as RICHARDS, James Z. Pfc. 449 240
6th Marine Division Cemetery, Okinawa

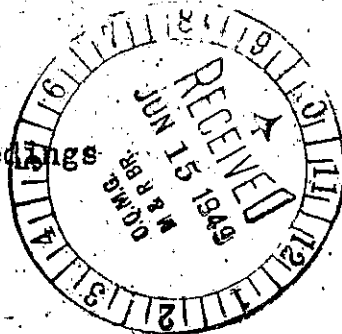
X-32 as TISON, James E. Pvt. 977 686
6th Marine Division Cemetery, Okinawa

X-29 as BRUSMAN, Gilbert A. Pfc. 913 119
6th Marine Division Cem., Okinawa

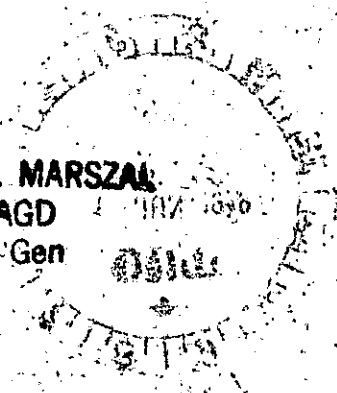
X-1 as KILLOUGH, Lowell M. Pfc. 933 435, USMC
6th Marine Division Cemetery, Okinawa

FOR THE COMMANDING GENERAL:

6 Incls:
Board proceedings



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



993
9th Mar East

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GRPZ 293.9

APO 707

2 JUN 1949

SUBJECT: Identification of Unknowns

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
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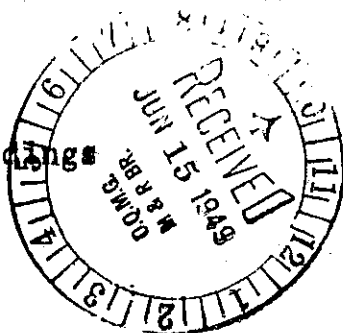
X-32 as TISON, James E. Pvt. 977 686
6th Marine Division Cemetery, Okinawa

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6th Marine Division Cem., Okinawa

X-1 as KILLOUGH, Lowell M. Pfc. 933 435, USMC
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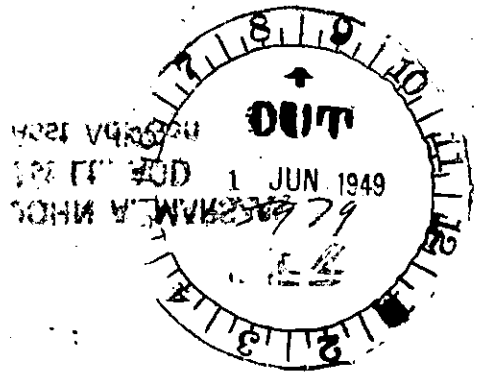
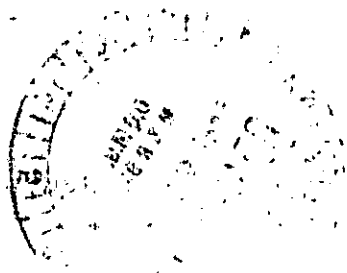
FOR THE COMMANDING GENERAL:

6 Incls:
Board proceedings



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

*1949
AGRS
File East*



[Faint, mostly illegible text covering the middle section of the page]

7001343

AIRMAIL

*293 unk PT Mrs. Mary, Manila
X-620, 624, 627, 631, 634, 637, 639*

293
C/O Far East

24 August 1949

R

SUBJECT: Identification of World War II Deceased

**TO : Commanding General
Philippine Command
ARC 707, c/o Postmaster
San Francisco, California**

ATTN: AGES, PHILCOM ZONE

1. Reference is made to Proceedings of your Board of Review, dated 25 May 1949, recommending the following identifications:

X-626, AGES Mausoleum, Manila, P.I., (Formerly X-139, USAF Cemetery Manila #2, P.I.) as: 2d Lt James E. May,
O 416 157

2. After a thorough study of this case, it is considered that the evidence presented is insufficient to establish identification. Dental records for Unknowns X-620, X-627, X-631, X-634, X-637, and X-639, AGES Mausoleum, Manila, recovered from the same locality, compare equally well with available Army dental and physical characteristics recorded for 2d Lt May. In addition, Army records for this officer indicate an old fracture of the right ulna. A recent re-examination of the remains of Unknown X-626 by your headquarters for evidence of this fracture has proven negative.

3. Board Proceedings have been disapproved for the reasons outlined above and are returned herewith.

FOR THE ACTING THE QUARTERMASTER GENERAL:

1 Encl: M1 Proceedings



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

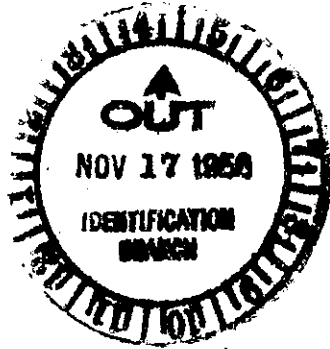
T. Sanborn: dal
L. M. White
J. Windsor

cc: CINCPAC, AFD 500

AIRMAIL

293 unk PT Mrs. Mary, Manila

AIRMAIL



● AIRMAIL ●

CNC 212

DEPT/ARMB... GREENWICH CT... ME (Z)

1949 AUG 13 09 02

168

HUG 70

MUA28

RR UEPOG

MPA39

RR UMP ZVA

RR UEPOG UAPEG 222

DE UMPC 26

R 130730Z

FM CONGENPHILCOM CP JOHN HAY LUZON PI

TO UEPOG/OQMG WASHDC

INFO UAPEG/CINCFE TOKYO JAPAN
WD GRNC

GX ONE TWO FOUR NINE ONE GSGR ACTION FOR QMGMT REURMSG WCL THREE ZERO
FIVE TWO NINE PD REEXAM OF XRAY SIX TWO SIX MAUSOLEUM FOR OLD FRACTURE
RIGHT ULNA WITH NEGATIVE REPEAT NEGATIVE FINDINGS.

CFN GX GSGR QMGMT WCL ULNA
13/0742Z

Memo (10)

MAN
FILE

8-17-49
LM White

Investigation Branch

AUG 13 0 23

AUG 15 2 53 PM '49

O. S. M. S.
TEL & CAB SECTION

CGPHILCOM

GX-12491

130730Z

MSG NO

D. T. G.

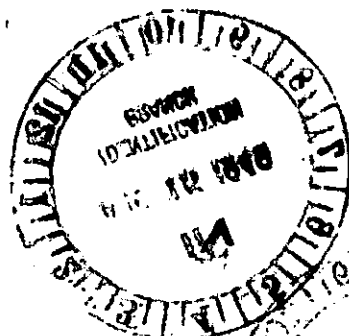
QMC

73467

AUG 13 AM 10:26

293-UMR - P.I. X626-
MAUS. Man-a

73467



BRANCH

ADMINISTRATIVE BRANCH

TELETYPE

879
172

MEMORIAL DIVISION

MEMORIAL DIVISION

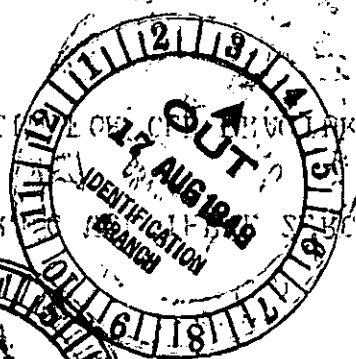
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MEMORIAL DIVISION

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MEMORIAL DIVISION

MEMORIAL DIVISION

TELETYPE SECTION

AUG 12 5 23 PM '49

TELETYPE SECTION

879

293 sub PI X - 624-manus Manila

COMBAT DEPT OF ARMY WASH DC

UNCLASSIFIED

COMBATPHILCOM MANILA PI

PRIORITY

PRIORITY

X

CINCOPAC TOKYO JAPAN

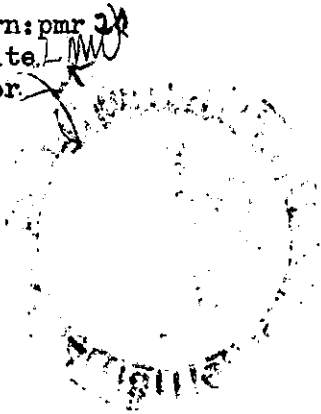
MULTIPLE ADDRESS

WCL 30529

FROM COMBAT

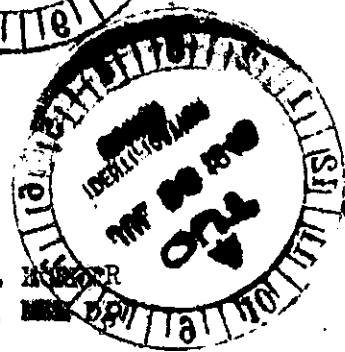
REQUEST REPAIR OF XRAY 626 MAUSOLEUM FOR OLD FRACTURE RIGHT ULNA

T. Sanborn:pmr
L. M. White
J. Windsor



RECEIVED TELETYPE SECTION
JUL 28 2 53 PM '49

REB
[Signature]



UNCLASSIFIED

281430Z

COMBAT LT WINDSOR BK 74158

JULY 49 1ST LT, COMBAT, MANILA

M. R. [Signature]

293 X-626

293 X-626 PI X-424 Maus Manila

QMG DEPT OF ARMY WASH DC

UNCLASSIFIED

COMSEMPHILCOM MANILA PI

PRIORITY

PRIORITY

X

CINCPAC TOKYO JAPAN

MULTIPLE ADDRESS

WCL 30529

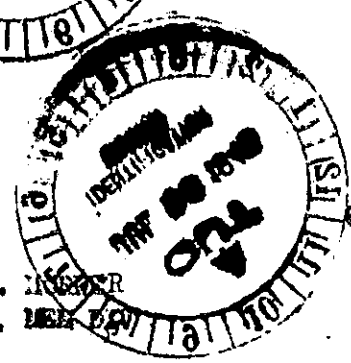
FROM QMGMT

REQUEST REEXAM OF XRAY 626 MAUSOLEUM FOR OLD FRACTURE RIGHT ULNA

T. Sanborn:pmr
L. M. White
J. Windsor

ADMINSR... JUL 28 2 53 PM '49
JUL 23 10 00 A.M. '49
RECEIVED
TEL & CAB SECTION
HEADQUARTERS DIVISION

REC
TEL



UNCLASSIFIED

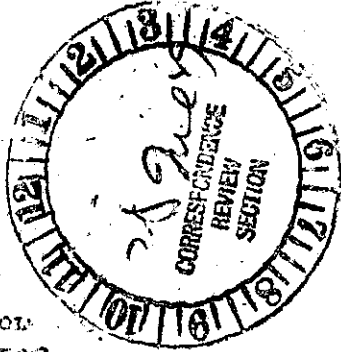
281430Z

QMGMT LT WINDSOR EX 74158

M. R. INGRAM
JULY 49 1ST LT, QMG, MED 589

293 X-626

3074208



1. MURKIN
2. M. M. M. M.
3. M. M. M. M.

U.S. MAR. 0. 1949
SECTION 8423

85 JUL 25 1949

[Handwritten signature]
FBI

Interred 11 October 1949
 N 14 30 Ft. McKinley
Carl R. H. Mark
DISINTERMENT DIRECTIVE

SECTION A NAME AND BURIAL LOCATION OF DECEASED	Cemetery Superintendent CARL R. H. MARK	DIRECTIVE NUMBER 7747 02817	DATE 15 06 48 DAY MONTH YEAR
	NAME <i>Y/S</i> UNKNOWN X-000139		DATE OF DEATH DAY MONTH YEAR
CEMETERY USAF CEMETERY MANILA NO 2	SERIAL NUMBER 000139	RANK <i>Y/S</i>	DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.
PLOT F12	ROW 4	GRAVE 398	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 UNKNOWN X-139	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 11 Mar 49
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY JAMES J. McDERMOTT Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
---	---

OTHER MEANS OF IDENTIFICATION
 (1) Mausoleum tag Unknown X-626 (formerly X-139 Manila #2)
 (1) Embossed tag Mausoleum Unknown X-626
 (1) Cem. embossed tag Unknown X-139 398-4-2

MINOR DISCREPANCIES 1

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 Mar 49	BY JAMES J. McDERMOTT
CASKET SEALED BY JAMES J. McDERMOTT	EMBALMER (Signature) <i>James J. McDermott</i> James J. McDermott
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY RICHARD A. HOYT
DATE 11 Mar 49 BY WEYMAN L McGUIRE, Sgt., MC	

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

Richard A. Hoyt
RICHARD A. HOYT
 SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Ft. McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE 11 OCT 1949

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		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LOK1 WCK1NGEA CEWELEKA	DATE	SIGNATURE OF RECEIVER (BA VLAITHLEVLIVE DECISION)	DATE

6. SHIPPED

FROM ELS & 250 BHP1BBLIC		TO 257K02	
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

J.P.
FILE UNDER NO. 293 - Unknown P.O. X-139 (Mail #2)

INDEX SHEET

SYNOPSIS

Letter

2 June 1947

FROM: OCMG
TO: Org. Rec. Br., Rec. Admin. Center, AGO, St. Louis, Mo.

SUBJ: Identification Data

DOCUMENT FILED UNDER NO. 293 - Unknown P.I. Misc (Mail #2) (X-121 thru 158)

rtb

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

19 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 139, Flot 2,
Row 4, Grave 398, 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, QMC
Chief, Records Branch

Attach: Form 1044

Received 24 Oct 49 0048
Unidentifiable from
information presently
available
G. Reynolds
To Sec. 21 Oct 49

Incl 2

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-626 (Formerly Unk X-139 Manila #2)				2. DATE OF REPORT 21 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1114	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 165 lbs	9. ESTIMATED HEIGHT 5'7"	10. COLOR OF HAIR UTD	11. RACE Unknown
--------------------------------	-----------------------------	--------------------------	---------------------

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

UTD

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

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"

Incl 2

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:

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



maxilla

maxilla																
missing																
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	0	a						←	maxilla				a	missing	→	
	0	mod											8			
Side View	[Tooth diagrams for maxilla]														Side View	
Top View	[Tooth diagrams for maxilla]														UPPER	
Side View	[Tooth diagrams for maxilla]														LOWER	
	a	a	a			to	U.T.D.		to	to	to	to	to	to	to	
	no	mod	od													
	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."

R6, R7 and L6 are loose present with remains. Unable to determine whether teeth from R9-L10 are X or PX due to the condition of the mandible.

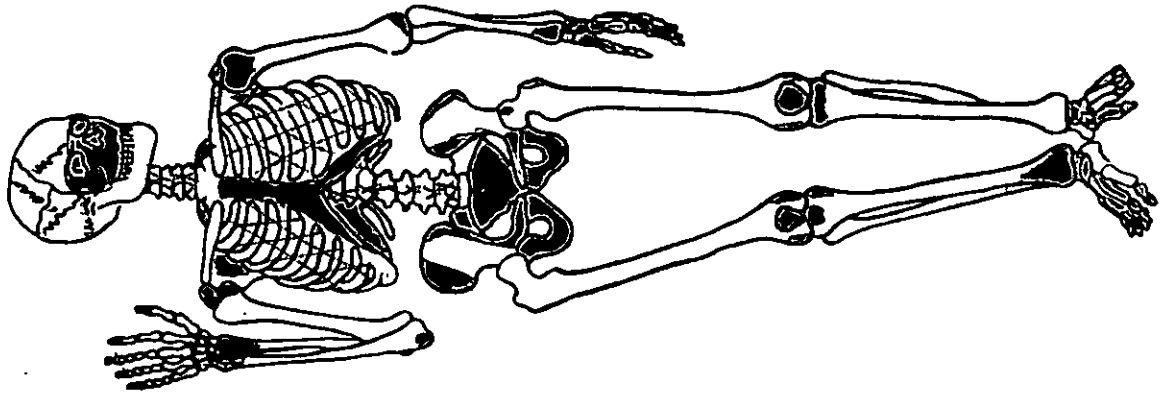
Paul R Nichols

PAUL R NICHOLS
Chief Ident. Section

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Incl 2^s



Estimated height - 5'7"

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 - 4½ 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

JAMES J. McDERMOTT
Laboratory Officer

SIGNATURE

DISAPPROVAL OF BOARD FINDINGS

X-626, AGRS Mausoleum, Manila, P.I.
(formerly X-139, USAF Cemetery Manila
#2, P.I.)

recommended for identification on Board Findings, dated 25 May 1949, as the remains of:

MAY, James E.
2/Lt., O-418 157

I. SUMMARY:

Unknown X-626, was recovered from Plot 1, Row 2, Grave 15, US Army Cemetery #3, Mariveles, Luzon, P.I. AGO records indicate that 2/Lt. May was buried in Cemetery #3, P.I.

II. Reasons for Disapproval:

A. The reported height, weight, and dental chart for 2/Lt. May compare favorably with the dental charts and estimated height and weight for the following Unknowns: X-620, X-627, X-631, X-634, X-637, and X-639, AGRS Mausoleum Manila, P.I., who were recovered from the U. S. Army Cemetery #3, Mariveles, Luzon, P.I.

B. 2/Lt. May had a fracture of the right ulna. Unknown X-626, was reprocessed for a fracture in the right ulna with negative results.

III. Recommended Action:

A. That the Board Findings be disapproved.

B. That the Board Findings be returned to the Field with the notation that evidence presented in this case is insufficient to establish positive identification.

Sanborn, T.

KMW
8/12/49
~~_____~~
17 Aug 49

V-626

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-139)
 UNK X-626 (USAF Cem Manila #2, P.I.) Unknown
 8 Oct 47
 DATE
 Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.
 Unknown Unknown

UNIT ORGANIZATION
 Bataan, Luzon, P.I. AGRS MAUSOLEUM, Manila, P.I. 801 E 1114

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.
 STORAGE HANGER BAY

Teeth missing

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

INSIDE — LOOKING OUT *badly decomposed*

		RIGHT								LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	TYPE									
TYPE			A	A	A																						
LOCATION			mod	mod	do																						

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		OXYPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

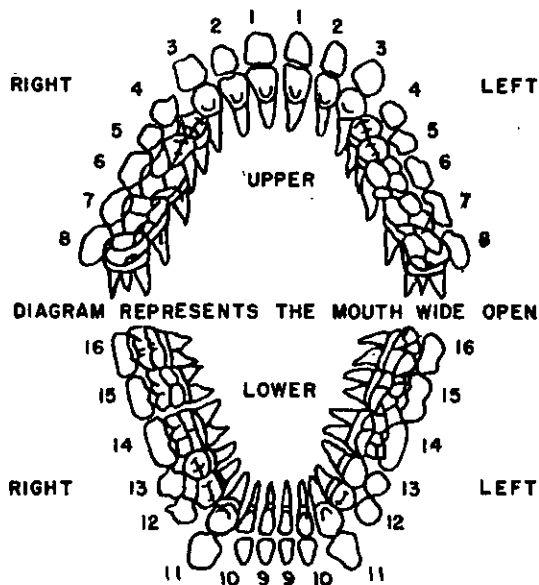
INSTRUCTIONS:

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:

/s/ E. F. Moriarty
SIGNATURE OF PERSON WHO PREPARED CHART

SP-6

NAME AND RANK TYPED OR PRINTED

Mausoleum, Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass, Capt., D.C.
VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

8 Oct 47
DATE

CERTIFIED TRUE COPY:

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-139)
 Unknown X -626 (USAF Cam Manila #2, P.I.)
 Cemetery AGRS MAUSOLEUM, MANILA, P.I.
 Plot 801 Row E Grave 1114
HANGER BAY CRYPT

1. Arrived at cemetery _____
(Hour) (Date)
2. Place of death Bataan, Luzon, P.I. _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
3. Remains recovered or disinterred by C. M. T. No. 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	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	N		
Mackinaw	O		
Sweater	N E		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type)

Overshoes (type)

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 5'7" Est. Weight 165 lbs 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, poeks, freckles)

Build (Large, fat, thin, muscular)

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

Hair (Baldness, widow's 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
Cannot be determined 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
(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.

No

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

If not, explain Due to condition of remains.

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

9. Remarks None received with the remains to warrant identification.
Teeth inclosed in personal bag.

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/ E. F. Moriarty

(Officer's Name)

SP-6

Rank

Service

AGRS

(Organization)

CERTIFIED TRUE COPY:

E. H. Newman, Jr.

E. H. NEWMAN, JR.

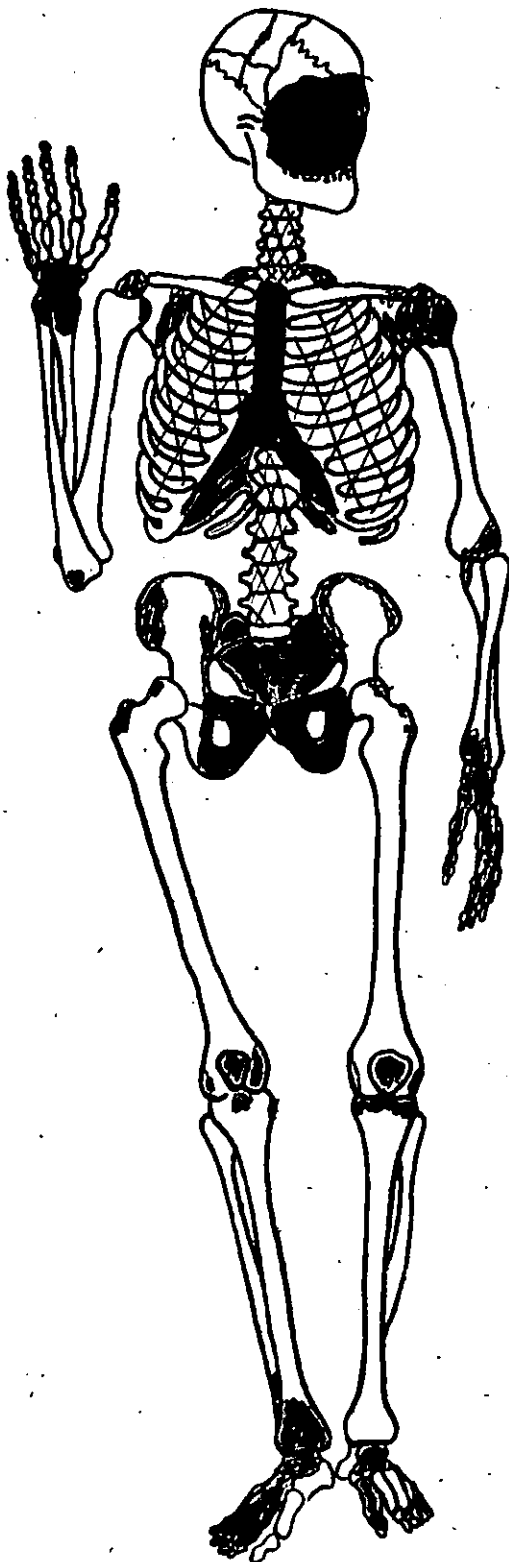
Capt

FA

SKELETAL CHART

X-676

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Rib fragments and
vertebrae fragments*

X-626

IDENTIFICATION DENTAL CHART

DATE 8 Oct 47

NAME (Last, First, Middle Initial) Formerly UNK X-139
UNK X-626 USAF Cem Manila #2, P.I.)

RANK Unknown

SERIAL NUMBER Unknown

UNIT Unknown

ORGANIZATION Unknown

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH Bataan, Luzon, P.I.

PLACE OF BURIAL AGRS MAUSOLEUM, Manila, P.I.

PLOT 801

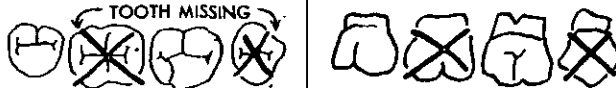
ROW E

GRAVE 1114

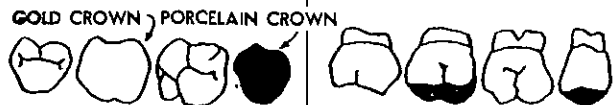
STORAGE

TOP VIEW Hanger Bay SIDE VIEW Crypt

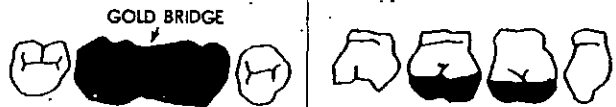
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



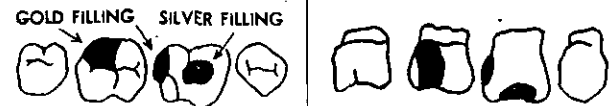
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



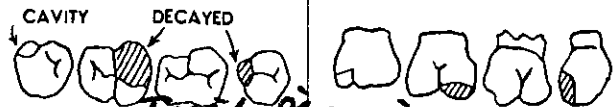
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



Teeth Missing

Billy Joe Campbell

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>0</i>	<i>A</i>	<i>A</i>													
<i>0</i>	<i>0</i>	<i>red</i>													
SIDE VIEWS															
UPPER															
LOWER															
	<i>A</i>	<i>A</i>	<i>A</i>												
	<i>red</i>	<i>red</i>	<i>cb</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."

CERTIFIED TRUE COPY:

A TRUE COPY:

Golden J. Frame
GOLDEN J. FRAME
1st Lt., QMC

/s/ E. H. Newman, Jr.
/t/ E. H. NEWMAN, JR.
Capt., FA

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

/s/ E. F. Moriarty
SP-6
Mausoleum, Manila, P.I.

/s/ Felix Glass, Capt., D. C.
8 Oct 47

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-139)
 Unknown X-626 USAF Cem Manila #2, P.I.
 Cemetery AGRS MAUSOLEUM, MANILA, P.I.
 Plot 801 Row HANGER BAY Grave CRYPT 1114

1. Arrived at cemetery _____
(Hour) (Date)
2. Place of death Bataan, Luzon, P.I. _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
3. Remains recovered or disinterred by C. M. T. No. 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	//// (Type)		
Raincoat	////		
Overcoat	////		
Jacket, Field	////		
Jacket, Combat	////		
Mackinaw	////		
Sweater	N		
Jacket, HBT	O		
* Shirt, Wool OD	N E		
Undershirt, Wool	////		
Undershirt, Cotton	////		
Trousers, HBT	////		
* Trousers, Wool OD	////		

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type)

Overshoes (type)

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 5'7" Est. Weight 165 lbs 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, poeks, 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 U Eyebrows
 (Color, setting, shape) (Color, bushiness, extent across nose)

Nose D Ears
 (Size, shape, straight) (Size, set close to or far from head)

Mouth Lips
 (Large, medium, small) (Small, large, full)

Teeth Tooth Chart attached.
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw Circumference of head in inches
 (Large, small, normal) Cannot be determine due to condition of skull
 (Hat band)

Neck Larynx
 (Size, length, short, normal, wrinkled) (Prominent, normal)

Shoulders Arms
 (Broad, straight, small, rounded) (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 U
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

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

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

Hernioplasty
 (Yes-no; location)

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

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

Evidence of healed fractures
 (Nose, arm, 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 condition of remains.

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

9. Remarks None received with the remains to warrant identification.
Teeth inclosed in personal bag.

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/ E. F. Moriarty
(Officer's Name)

SP-6
Rank Service

CERTIFIED TRUE COPY:

(Organization)

/s/ E. H. Newman, Jr.
/t/ E. H. NEWMAN, JR.
Capt FA

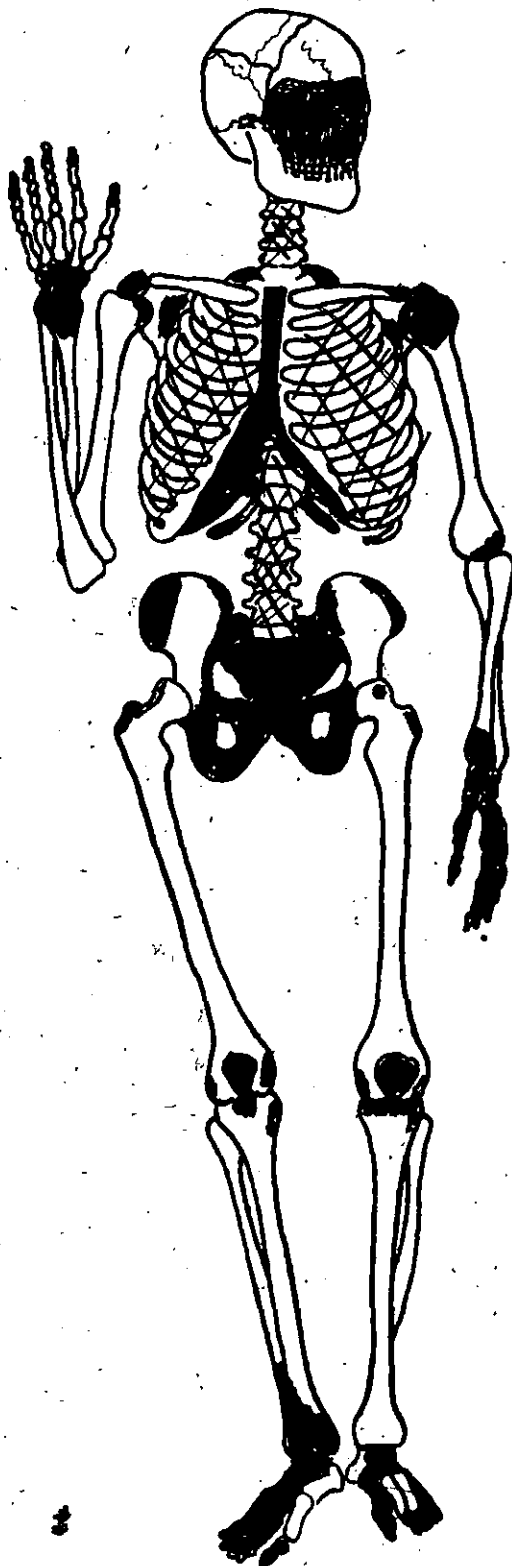
A TRUE COPY:


GOLDEN J. FRAME
1st Lt., OMC

SKELETAL CHART

X-626

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



RIB FRAGMENTS AND
VERTEBRAL FRAGMENTS

/pum.

APR 5-1948

RESTRICTED

U 820

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

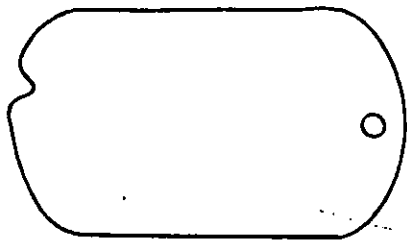
REPORT OF INTERMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT
13 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-626. (Formerly UNK X-139 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 Bataan, Luzon, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH 4 Feb 1942
---------------------------------------	---------------------------	-----------------------------

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

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL 9 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. E	GRAVE No. 1114
----------------------------	--------------	--	------------------------------	-----------------	--------------	-------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P. I.	PLOT No. 2	ROW No. 4	GRAVE No. 398
---	---	---------------	--------------	------------------

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-624	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 1116
---	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED LISTER, Alfonzo	RANK Pfc	SERIAL No. 32695335	ORGANIZATION 236 Port Co, 491 Port Bn.	GRAVE No. CRYP 1112
--	-------------	------------------------	---	---------------------------

SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPPIO, 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

631

APR 2 1948

Section 3.—UNIDENTIFIED; REMAINS, etc.

INSTRUCTIONS: (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(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
		RELIGION	RACE	

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	CAUSE OF DEATH	PLACE OF BIRTH

OTHER IDENTIFICATION CLUES

IDENTIFICATION TAGS FOUND ON BODY (If no tags found on body, describe means of identification.)

FILLINGS

SILVER FILLING

GOLD FILLING

CAVITIES

CAVITY DECAYED

MISSING TEETH

TOOTH MISSING

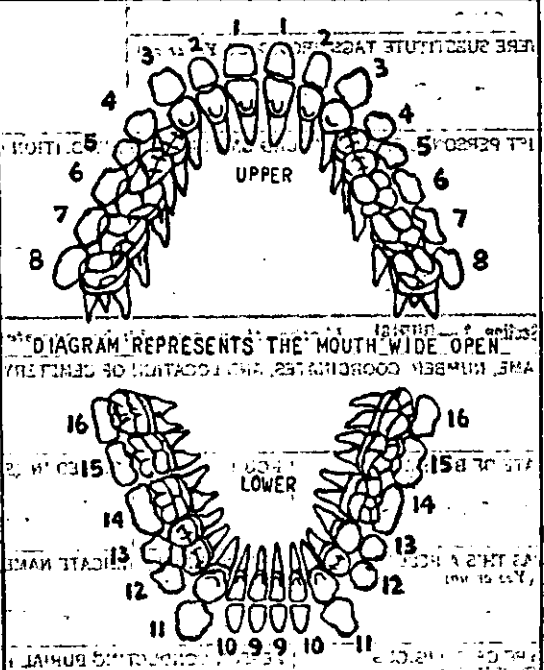
CROWNED TEETH

PORCELAIN CROWN

GOLD CROWN

BRIDGE WORK

GOLD BRIDGE



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

REMARKS:

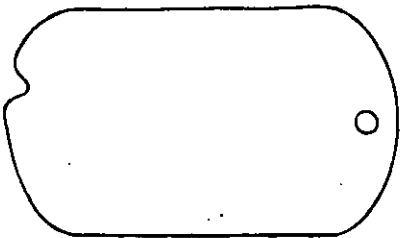

IDENTIFICATION TAGS FOUND ON BODY

IDENTIFICATION TAGS FOUND ON BODY

IDENTIFICATION TAGS FOUND ON BODY

Identification Check List and Dental Chart accomplished.

23 DEC 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 5 Dec 45
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOW N X-139 (Manila No.2 Cem) Unknownb X-9 (Cem No.3 Mariveles)				SERIAL NO.	
	GRADE		ORGANIZATION		BRANCH OF SERVICE	
	RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Bataan, F.I.		CAUSE OF DEATH			DATE OF DEATH 4 Feb 42	
EMERGENCY ADDRESSEE (Name, relationship, and address)						
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)		(Over)				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None				A TRUE COPY  WALTER H. COOPER Captain, QMC		
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 No.2, Luzon, P.I.						
DATE OF BURIAL 26 Nov . 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 4	GRAVE No. 398
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army No.3 Mariveles 821-1748			PLOT No. 1	ROW No. 2	GRAVE No. 15
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-138 (Manila No.2 Cem) Unknown X-8 (Cem No.3 Mariveles)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 397
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-140 (Manila No.2 Cem) Unknown X-10 (Cem No.3 Mariveles)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 399
SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRETT, C pl, GRS				SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ D. L. ARMSTRONG, Capt., QMC		

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


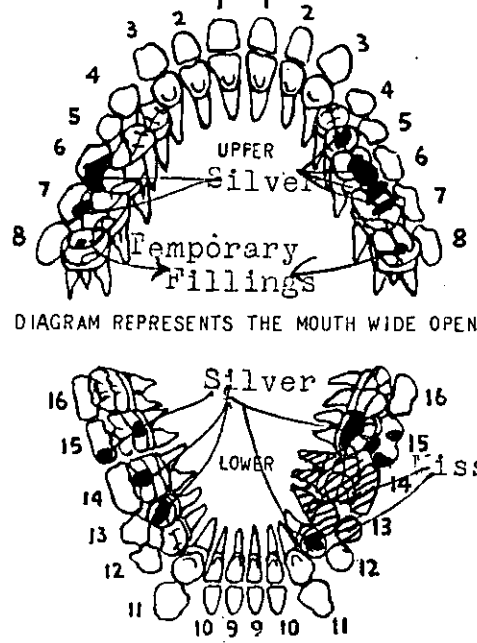




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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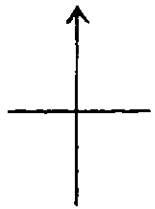
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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>	

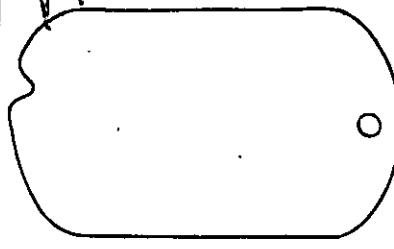
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY.



REMARKS:

Section of marker remaining with PUR Sqdr. written on same.

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 5 Dec 45
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN X-139 (Manila #2 Cem) Unknown X-9 (Cem #3 Mariveles)		SERIAL No.	
GRADE	ORGANIZATION	BRANCH OF SERVICE	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Bataan, P. I.	CAUSE OF DEATH	DATE OF DEATH 4 Feb 42
---------------------------------	----------------	---------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

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.
26 Nov. 45	1400	Shelter Half	Cross	2	4	398



WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army #3 Mariveles 821 - 1748	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">PLOT No.</th> <th style="width: 33%;">ROW No.</th> <th style="width: 33%;">GRAVE No.</th> </tr> <tr> <td>1</td> <td>2</td> <td>15</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	1	2	15
PLOT No.	ROW No.	GRAVE No.						
1	2	15						

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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-138 (Manila #2 Cem) Unknown X-8 (Cem #3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 397
---	------	------------	--------------	------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-140 (Manila #2 Cem) Unknown X-10 (Cem #3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 399
---	------	------------	--------------	------------------

SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, Cpl. GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  D. L. ARMSTRONG, 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.

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


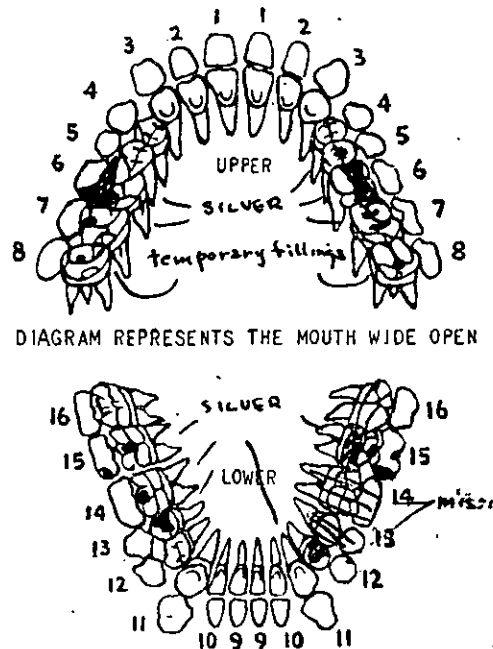





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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



REMARKS:

Section of marker remaining with PUR Squadr. written on same.

19 DEC 1945

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

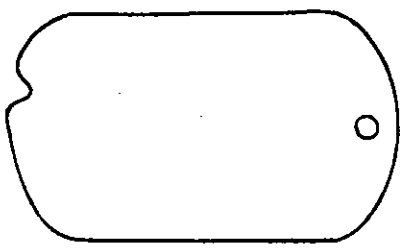
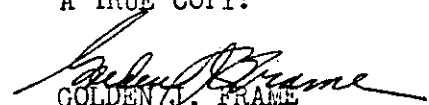
RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

RESTRICTED

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 13 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					SERIAL No. Unknown
	NAME (Last, first, middle initial) UNKNOWN X-626 (Formerly UNK X-139 USAF Cem Manila #2, Luzon, P.I.)					BRANCH OF SERVICE Unknown
	GRADE Unknown		ORGANIZATION Unknown		RACE Unknown	
PLACE OF DEATH Bataan, Luzon, P.I.		CAUSE OF DEATH Unknown			DATE OF DEATH 4 Feb 1942	
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				A TRUE COPY:  GOLDEN L. FRAME 1st Lt., QMC		
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) Casket	TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. E	GRAVE No. 1114
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P.I.			PLOT No. 2	ROW No. 4	GRAVE No. 398
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-624		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1116	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) LISTER, Alfonzo		RANK Pfc	SERIAL No. 32695335	ORGANIZATION 236 Port Co. 491 Port	GRAVE No. 1112	
SIGNATURE OF PERSON PREPARING REPORT /s/t/ Wm R. GILBERT, Adm Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT Bn. /s/t/ 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.						

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


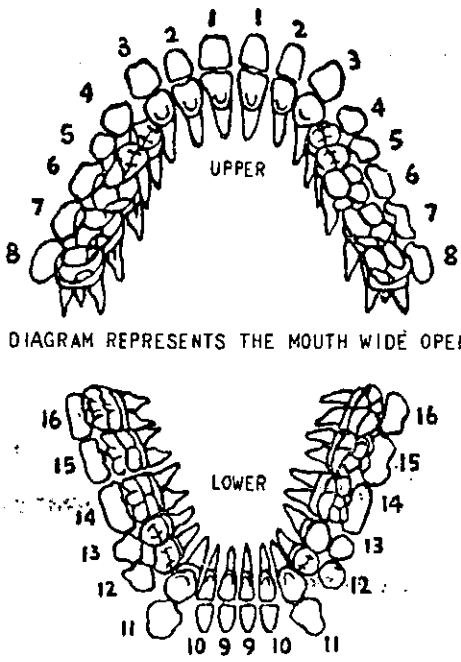




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

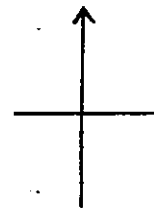
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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>	

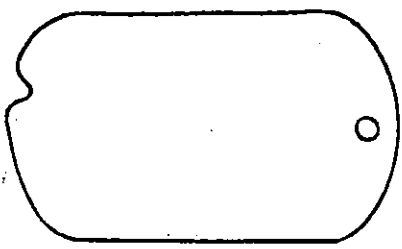

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Identification Check List and Dental Chart accomplished.

RESTRICTED

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 5 Dec. 45		
Imprint Identification Tag if Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.						
	NAME (Last, first, middle initial) UNKNOWN X-139 (Manila #2 Cem) Unknown X-9 (Cem #3 Mariveles)				SERIAL No.		
	GRADE		ORGANIZATION		BRANCH OF SERVICE		
	RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Bataan, P.I.		CAUSE OF DEATH			DATE OF DEATH 4 Feb. 42		
EMERGENCY ADDRESSEE (Name, relationship, and address)							
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)		(Over)					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None				TRUE COPY:  GOLDEN J. FRAME 1st Lt. QMC			
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 26 Nov. 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half		TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 4	GRAVE No. 398
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army #3 Mariveles 821 - 1748				PLOT No. 1	ROW No. 2	GRAVE No. 15
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-138 (Manila #2 Cem) UNKNOWN X-8 (Cem #3 Mariveles)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 397	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-140 (Manila #2 Cem) UNKNOWN X-10 (Cem #3 Mariveles)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 399	
SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRETT, Cpl. GRS				SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ D. L. ARMSTRONG, 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

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


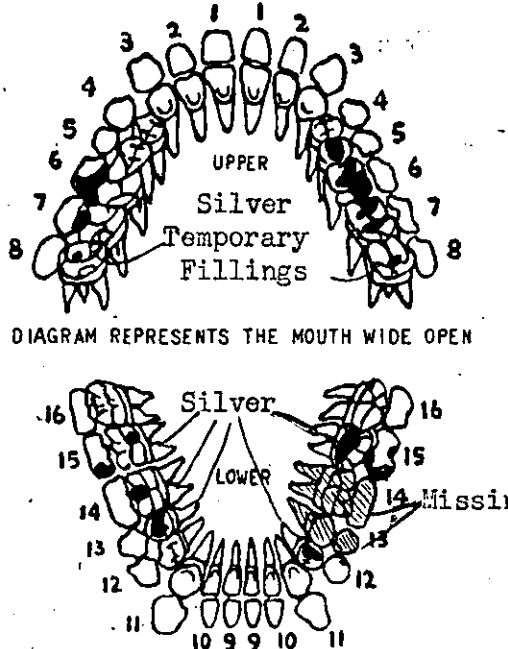
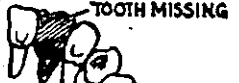


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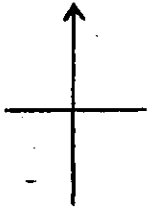
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND.

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS	 SILVER FILLING GOLD FILLING	 <p>UPPER</p> <p>Silver</p> <p>Temporary</p> <p>Fillings</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> <p>Missing</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	 TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH.	 PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK	 GOLD BRIDGE	
RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		



REMARKS:

Section of marker remaining with PUR Squdr. written on same.