

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 2937 (misc) Memos #2 X131, X132, X133  
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X146, X147, X148, X149, X150, X151, X152, X153, X154, X155, X156, X157  
SYNOPSIS AND DATES X158

*Misc now filed*

NEW CLASSIFICATION 2937 (misc) Memos #2 X131

*10/2/50  
etc.*

# RECLASSIFICATION SHEET

MEMO 293  
GCS 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: ACPS, PHILIPPINE ZONE

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

Unknown	X-499,	ACPS	Manila	Manila,	formerly	X-892,	USAF	Gen.,	Manila	#2
"	X-444,	"	"	"	"	X-277,	"	"	"	"
"	X-627,	"	"	"	"	X-128,	"	"	"	"
"	X-627,	"	"	"	"	X-140,	"	"	"	"
"	X-637,	"	"	"	"	X-140,	"	"	"	"
"	X-722,	"	"	"	"	X-259,	"	"	"	"
"	X-1127,	"	"	"	"	X-3770,	"	"	"	"
"	X-1153,	"	"	"	"	X-3770,	"	"	"	"
"	X-1219,	"	"	"	"	X-3728,	"	"	"	"
"	X-1630,	"	"	"	"	X-3460,	"	"	"	"
"	X-1656,	"	"	"	"	X-3460,	"	"	"	"
"	X-1736,	"	"	"	"	X-3341,	"	"	"	"
"	X-2424,	"	"	"	"	X-3061,	"	"	"	"
"	X-2427,	"	"	"	"	X-3065,	"	"	"	"
"	X-3153,	"	"	"	"	X-1030,	"	"	"	"
"	X-3156,	"	"	"	"	X-1033,	"	"	"	"
"	X-3164,	"	"	"	"	X-1041,	"	"	"	"

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

H. T. Bredenberg:dal  
L. M. White  
J. Windsor

MEMO 293  
GPO Day East

9 August 1949

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Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: ACPS, PHILIPPINE ZONE

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

Unknown	X-439,	ACPS	Manila,	formerly	X-392,	USAF	Gen.,	Manila	#2
"	X-444,	"	"	"	X-397,	"	"	"	"
"	X-527,	"	"	"	X-128,	"	"	"	"
"	X-527,	"	"	"	X-140,	"	"	"	"
"	X-537,	"	"	"	X-140,	"	"	"	"
"	X-722,	"	"	"	X-239,	"	"	"	"
"	X-1127,	"	"	"	X-370,	"	"	"	"
"	X-1153,	"	"	"	X-370,	"	"	"	"
"	X-1219,	"	"	"	X-372,	"	"	"	"
"	X-1630,	"	"	"	X-340,	"	"	"	"
"	X-1656,	"	"	"	X-340,	"	"	"	"
"	X-1736,	"	"	"	X-334,	"	"	"	"
"	X-2424,	"	"	"	X-306,	"	"	"	"
"	X-2427,	"	"	"	X-306,	"	"	"	"
"	X-3133,	"	"	"	X-3030,	"	"	"	"
"	X-3156,	"	"	"	X-3033,	"	"	"	"
"	X-3164,	"	"	"	X-3041,	"	"	"	"

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

H. T. Bredenberg:dal  
L. M. White  
J. Windsor

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

OSGR 293.9

AFO 707

SUBJECT: Unidentifiable Remains

21 JUL 1949

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

1. In accordance with the provisions of your letter, file QMGR 293, OSR (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-177	AGRS	Manila	UNKNOWN X-1639	AGRS	Manila
" X-439	"	"	" X-1656	"	"
" X-444	"	"	" X-1736	"	"
" X-617	"	"	" X-2355	"	"
" X-627	"	"	" X-2424	"	"
" X-637	"	"	" X-2427	"	"
" X-722	"	"	" X-3153	"	"
" X-1127	"	"	" X-3156	"	"
" X-1153	"	"	" X-3164	"	"
" X-1219	"	"	" X-3224	"	"

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

FOR THE COMMANDING GENERAL:

20 Incls  
QIC Forms 1044 w/certificates  
of Unidentifiability



John A. Marszal  
JOHN A. MARSZAL  
1st Lt., ACD  
Asst Adj Gen



Interred 18 July 1949  
L 243 Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R. H. MARK  
Army Superintendent  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 02828

DATE  
15 06 48  
DAY MONTH YEAR

NAME: UNKNOWNX-000150 SERIAL NUMBER: RANK: ARM: DATE OF DEATH: DAY MONTH YEAR

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

PLOT: R12 ROW: 4 GRAVE: 410 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-150 (Maus) UNK X-637 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISINTERRED: 21 Sept. '48

IDENTIFICATION TAG ON: [4] REMAINS [1] MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: ROBERT F. STEVENSON Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1  
(2) tags MAUSOLEUM UNKNOWN X-637

REMAINS PREPARED AND PLACED IN CASKET  
DATE: 21 Sept. '48 BY: ROBERT F. STEVENSON

CASKET SEALED BY: ROBERT F. STEVENSON EMBALMER (Signature): ROBERT F. STEVENSON

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: HONORIO V. AURELIO, 1st Lt., INF  
DATE: 21 Sept '48 BY: HORACE L. ALLISON, 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.

HONORIO V. AURELIO, 1st Lt., INF  
SIGNATURE OF GRS INSPECTOR

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

9 AUG 1949  
REPAIRATION  
BRANCH

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carermark</i>	DATE 18 JUL 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	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## UNKNOWN: SHIPPED

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

REPAIRS  
 RECORDS BRANCH  
 AUG 8 3 33 PM '49  
 MEMORIAL DIVISION

FILE UNDER NO. 293 - Unknown P.I. X- 150 (Manila #2)

INDEX SHEET

SYNOPSIS

Letter

2 June 1947

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

SUBJ: Identification Data

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

rtb



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

13 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 150, Plot 2,  
Row 4, Grave 410, USMC Manila #2, Luzon, P.I. 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. McNEEMAR*  
H. B. McNEEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 7 Aug 49 OQMG  
Not identifiable from  
information presently  
available *Burdenburg*  
9-Aug 49

*Incl #6*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-637 (Formerly Unk X-150 Manila #2)</b>				2. DATE OF REPORT <b>13 July 49</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>801</b>	<b>#</b>	<b>1133</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>140 lbs.</b>	9. ESTIMATED HEIGHT <b>5' 7"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
--	-------------------------------------	---------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N O N E**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

**U T D**

14. WAS BODY BURNED? <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









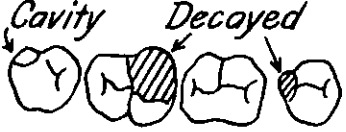

**N O N E**

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. #62*

<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 missing →						P	P	P	S <sub>ml</sub>	S <sub>mi</sub>				← maxilla missing →			
Side Views								Side Views									
UPPER								UPPER									
LOWER								LOWER									
Side Views								Side Views									
X	X	A <sub>MO</sub>	P	P		P	P						A <sub>O</sub>		16		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

*Partially impacted*

**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."

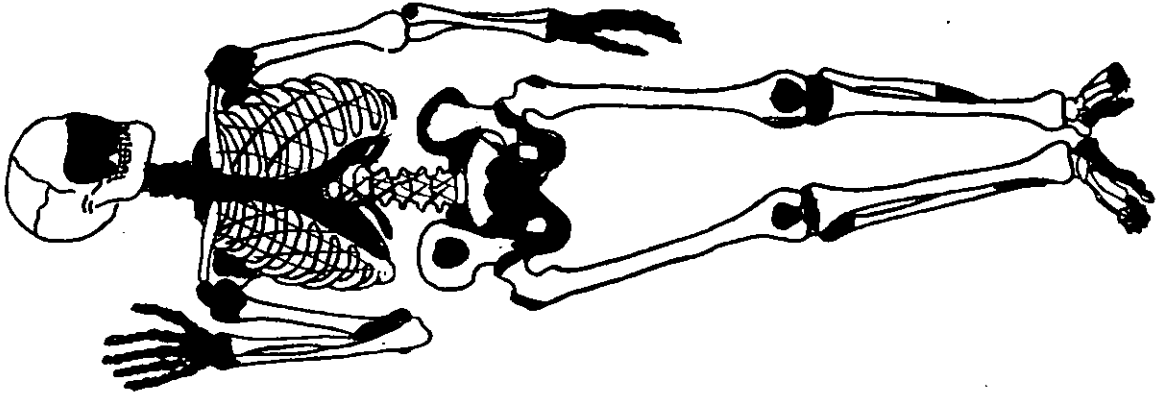
Portions of the maxilla from R-4 - R-8 and from L-5 - L-8 are missing. No loose maxillary teeth present with remains. L-16 is partially impacted.

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

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

29. BLACK OUT PARTS OF BODY NOT RECOVERED



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, ident. tags or personal effects found with remains.  
Circumference of skull - 22 inches.  
Estimated weight of remains - 9 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  
  
J. J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE  
*JJ McDermott*

# 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.

UNKNOWN X-637 (Formerly UNK X-150) 9 Oct 47  
DATE  
 USAF Cemetary Manila #2, Luzon PI) Unknown Unknown  
 LAST NAME FIRST INITIAL RANK SERIAL NO.  
 Unknown Unknown  
 UNIT ORGANIZATION  
 AGRS Mausoleum  
 Bataan, Luzon P.I. Manila P.I. 801 E 1133  
 PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.

*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	X	A	⊗	⊗			⊗	⊗					A	O		TYPE
LOCATION		mo											fo			LOCATION

*impacted*

## 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	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (UNCL. 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.

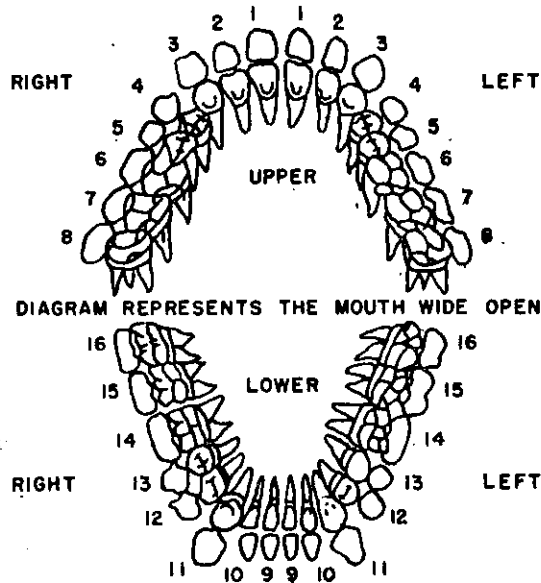


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

Maxilla partially decomposed.

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

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

s/ E. F. Moriarty  
VERIFIED BY GRS OFFICER

SP 6 AGRS  
NAME AND RANK TYPED OR PRINTED

9 Oct 47  
DATE

**CERTIFIED TRUE COPY**  
*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

/aom

# IDENTIFICATION CHECK LIST

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

UNKNOWN X-637 (Formerly Unk X-150)  
~~UNKNOWN~~ (USAF Cem Manila #2, Luzon PI)  
 Cemetery AGRS, Mausoleum, Manila PI  
 MANAGER BAY CRYPT  
 Plot 801 Row E Grave 1133

CIP, AGRS, Mausoleum Manila PI

1. Arrived at ~~Cemetary~~ 9 Oct 47  
 (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~~ disinterred by A. G. R. S., 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	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	N		
Jacket, HBT	E		
* 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 \_\_\_\_\_

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? \_\_\_\_\_

N  
O  
N  
E

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

Age \_\_\_\_\_ Height <sup>Est.</sup> 5' 7" Weight <sup>Est.</sup> 140 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 .....

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

..... (Unusual characteristics of fingernails)

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

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

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

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

Legs ..... (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 found with remains. No means of identification. No personal effects. Estimated with of remains nine (9) 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/ E.F. Moriarty  
(Officer's Name)

SP-6  
Rank Service

A G R S  
(Organization)

A CERTIFIED TRUE COPY:

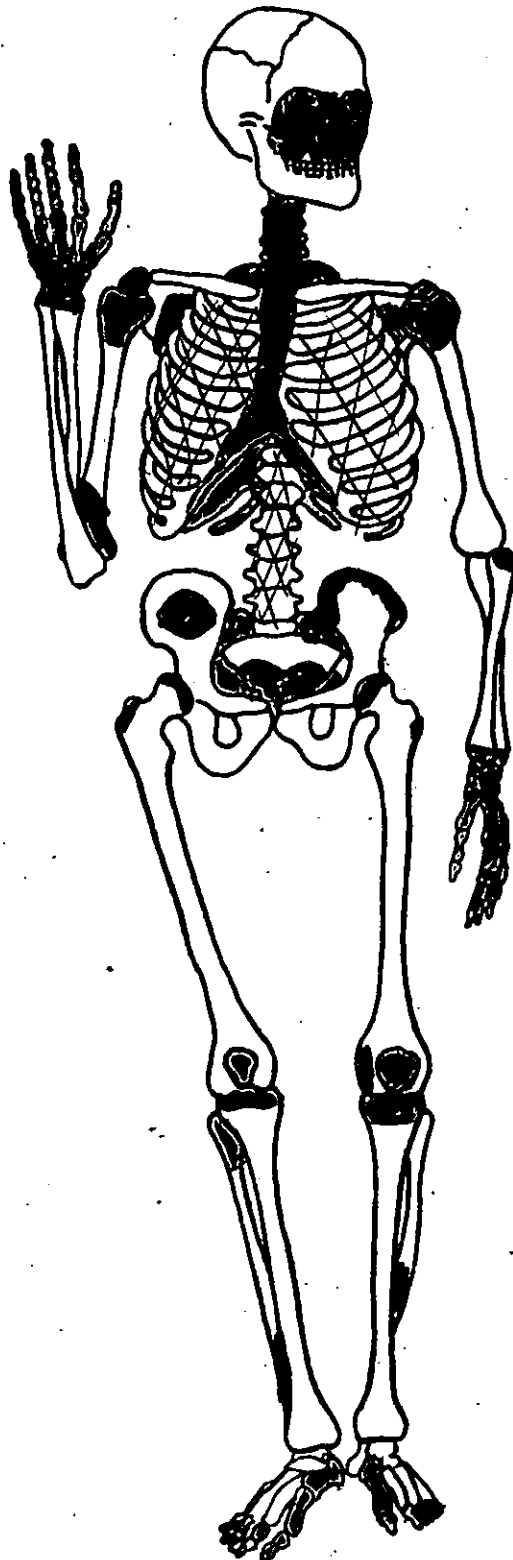
9 Oct 47

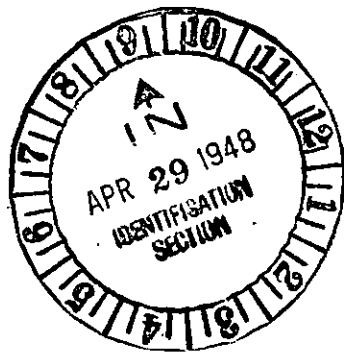
*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

# SKELETAL CHART

X-637

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





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

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

DATE OF REPORT

11 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-637 (Formerly UNK X-150  
USAF Cemetery 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

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)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

RECORDS BRANCH  
DEC 22 2 52 PM '47  
MEMORIAL DIVISION

Section 2.—BURIAL If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 9 Oct. 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY E	GRAVE No. CRYPT 1133
--	--------------	---	---------------------------------	---------------------------	---------------------	----------------------------

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. 4	GRAVE No. 410
---------------	--------------	------------------

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)  
STORED

UNKNOWN X-636

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1135

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

UNKNOWN X-634

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1131

SIGNATURE OF PERSON PREPARING REPORT

Wm. R. GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO 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:**


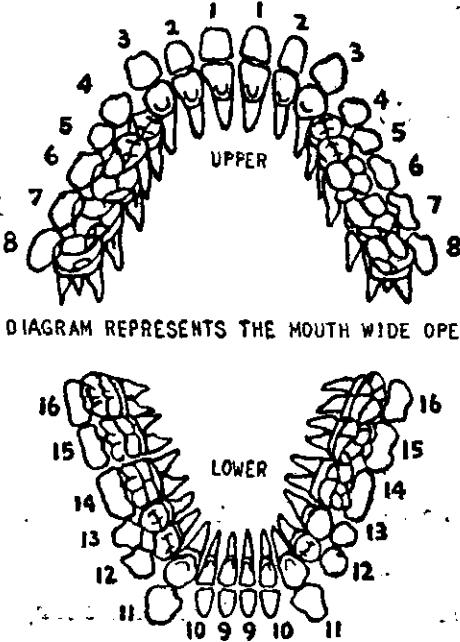




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

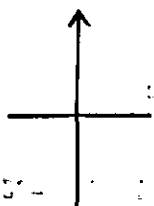
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

16 NOV 1947

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

RESTRICTED

RE

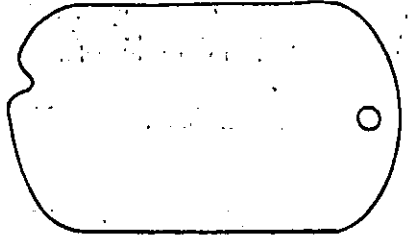
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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-150 ( Manila No.2 Cem) Unknown X-20 ( 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, Luzon, P.I.	CAUSE OF DEATH	DATE OF DEATH
---------------------------------------	----------------	---------------

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. COPPER  
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	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	410

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army Cem No.3 Mariveles 821-1748	PLOT No. 1	ROW No. 4	GRAVE No. 31
--	--	---------------	--------------	-----------------

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-149 ( Manila No.2 Cem) Unknown X-19 ( Cem No.3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 409
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-151 ( Manila No.2 Cem) Unknown X-21 ( Cem no 3, Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 411
--	------	------------	--------------	------------------

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:**

(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**

SILVER FILLING  
GOLD FILLING

**CAVITIES**

CAVITY  
DECAYED

**MISSING TEETH**

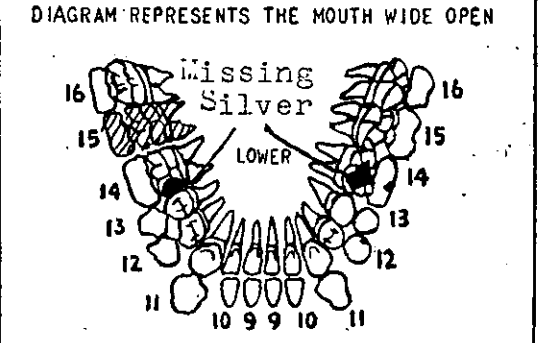
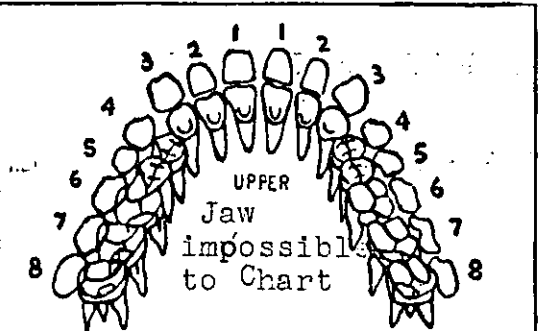
TOOTH MISSING

**CROWNED TEETH**

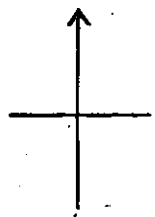
PORCELAIN CROWN  
GOLD CROWN

**BRIDGE WORK**

GOLD BRIDGE



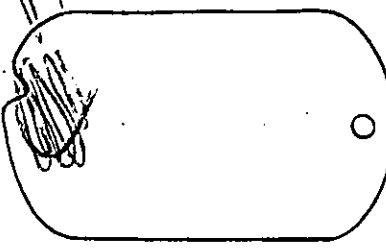
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

U 631

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 5 Dec. 45			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.							
		NAME (Last, first, middle initial) UNKNOWN X-150 (Manila #2 Cem) Unknown X-20 (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, Luzon, P. I.		CAUSE OF DEATH				DATE OF DEATH			
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 Inul 1022 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 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. 410	
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army Cem #3 Mariveles 821 - 1748					PLOT No. 1	ROW No. 4	GRAVE No. 31
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 - 149 (Manila #2 Cem) Unknown X - 19 (Cem #3 Mariveles)				RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 409		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 151 (Manila #2 Cem) Unknown X - 21 (Cem #3 Mariveles)				RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 411		
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.									

RESTRICTED

Inul 67

9 DEC 1945

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


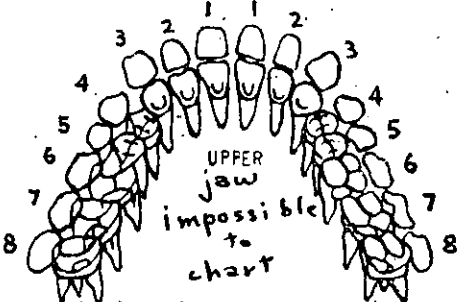
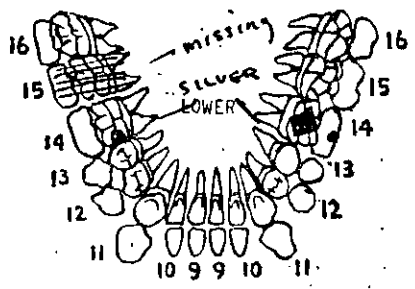





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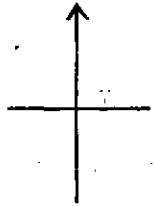
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER Jaw impossible to chart</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>MISSING SILVER LOWER</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	
<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	

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



REMARKS: