

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Cenk (Misc) Manila #2 X 131, X 132, X 133
X 134, X 135, X 136, X 137, X 138, X 139, X 140, X 141, X 142, X 143, X 144, X 145
X 146, X 147, X 148, X 149, X 150, X 151, X 152, X 153, X 154, X 155, X 156, X 157
SYNOPSIS AND DATES X 158.

Misc now filed:

NEW CLASSIFICATION 293. Cenk Manila #2 X 131

*10/2/50
EO*

RECLASSIFICATION SHEET

QMGMT 293
GRS P.I.

17 May 1949

SUBJECT: Approval of Unidentifiability

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

ATTENTION: AGRS, PHILCOM ZONE

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

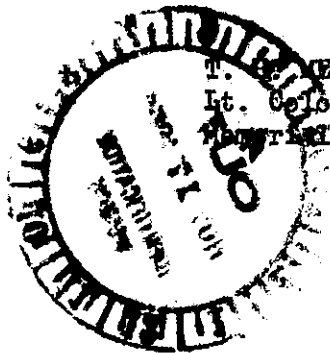
Unknown X-640 ✓ AGRS Mausoleum Manila formerly X-157 Manila #2
Unknown X-1327 AGRS Mausoleum Manila formerly X-3628 Manila #2
Unknown X-2043 AGRS Mausoleum Manila formerly X-3196 Manila #2
Unknown X-2392 AGRS Mausoleum Manila formerly X-3113 Manila #2
Unknown X-2556 AGRS Mausoleum Manila formerly X-3050 Manila #2
Unknown X-2572 AGRS Mausoleum Manila formerly X-3036 Manila #2
Unknown X-2578 AGRS Mausoleum Manila formerly X-3042 Manila #2
Unknown X-2586 AGRS Mausoleum Manila formerly X-3030 Manila #2
Unknown X-2904 AGRS Mausoleum Manila formerly X-1994 Manila #2

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

FOR THE QUARTERMASTER GENERAL:

cc: Adm Section

C. Hayden:dal
L. M. White
J. Windsor

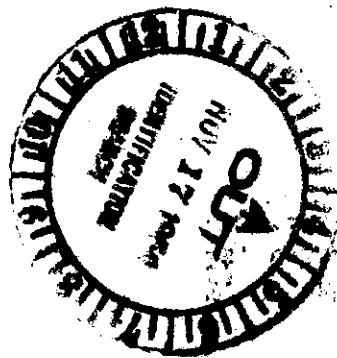


I. G. KETZ
Lt. Colonel, QMG
Manila Division

REB

NJS

100-100000-100000
100-100000-100000
100-100000-100000



TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

[The following text is extremely faint and illegible due to the quality of the scan.]

RE: [Illegible]

[The following text is extremely faint and illegible due to the quality of the scan.]

100-100000-100000

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSR 293

APO 707

SUBJECT: Unidentifiable Remains

22 April 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 QMGU 293, GRS (Far East), dated 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-640	Unknown X-2556
" X-1327	" X-2572
" X-1432	" X-2578
" X-2043	" X-2586
" X-2392	" X-2904

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

FOR THE COMMANDING GENERAL:

FRANK O. CALOCHAN, JR.

CWO USA

Asst Adj Gen

10 Incls:
QMC Forms 1044 with
Certificates of Unidentifiability.

/mfc

/drs

Interred 13 Jul 1949
F 6 88 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02831

DATE
15 06 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	UNKNOWN X0000153		0	
CEMETERY	DISPOSITION OF REMAINS			
USAF CEMETERY MANILA NO 2	7701 80			
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
F12	4	413	PHILIPPINE ISLANDS	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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-0000153				22 Sept 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		JOSEPH M. OWEN 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
Two (2) Remains Tags UNK X-640 (Maus)

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept 48 BY JOSEPH M. OWEN

CASKET SEALED BY JOSEPH M. OWEN
EMBALMER (Signature) *Joseph M. Owen*
JOSEPH M. OWEN

CASKET BOXED AND MARKED
DATE 22 Sept 48 BY HORACE L. ALLISON, Sgt. INF. LUCIO S. PANOPIO, 1st Lt., INF.

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

Lucio S. PanoPIO
LUCIO S. PANOPIO, 1st Lt., INF.

SIGNATURE OF GRS INSPECTOR

FILE
11 AUG 1949
REPATRIATION
BRANCH
MEM. DIV.

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCYINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carol R. Smart</i>	DATE 13 JUL 1970

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

SHIPPED

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

FILE UNDER NO. 293 - Unknown P.I. X-153 (Manila #2)

I N D E X S H E E T

S Y N O P S I S

Letter

2 June 1947

FROM: OACG
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

2 April 1949

Date

SUBJECT: Unidentifiable Remains

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

1. The records pertaining to Unknown X 640, Hangar 801, Bay E, Crypt 1136, AGRS Mausoleum, Manila, 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
Capt., OMC

Encl. #1

X-640

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-640 (Formerly Unk X-153 Manika # 2)			2. DATE OF REPORT 2 April '49		
3. NAME OF CEMETERY AGRE ...	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 115 lbs	9. ESTIMATED HEIGHT 5' 3"	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

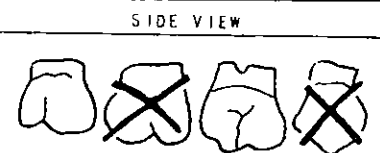
Received **5-9-49**
 Not identifiable from
 information presently
 available
C. ...
J. ...

UNRECORDED
 DUE TO LACK OF SUFFICIENT IDENTIFYING DATA

Anal. II 12

TOOTH CHART

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



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



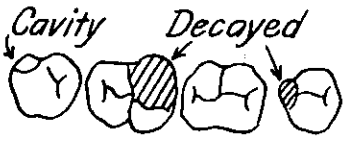
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



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

See Remarks

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."

Mandible has all teeth extracted, possible denture. Maxilla missing.

"UNIDENTIFIABLE"

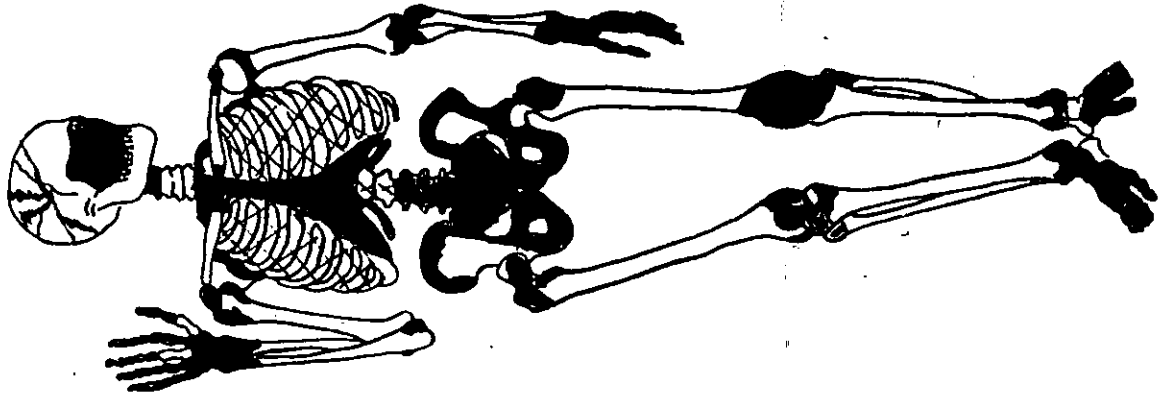
J. J. McDERMOTT
Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

BLACK OUT PARTS OF BODY NOT COVERED

Received:

Rib, Vertebrae and bone fragments



Estimated height: 5' 3"

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 4 1/2 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, CIP

SIGNATURE

X-640

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-640 (Formerly Unk X-153) 9 Oct 47
DATE
 USAF Cemetery Manila #2, Luzon PI) : Unknown Unknown
SERIAL NO.
 LAST NAME FIRST INITIAL RANK

Unknown Unknown
 UNIT ORGANIZATION
 Bataan, Luzon P.I. AGRS Mausoleum Manila P.I. 801 E 1136
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.
MANAGER DAY CR.F.

STORAGE
Maxilla 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
Possible Denture

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

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-bottom: 10px;"></div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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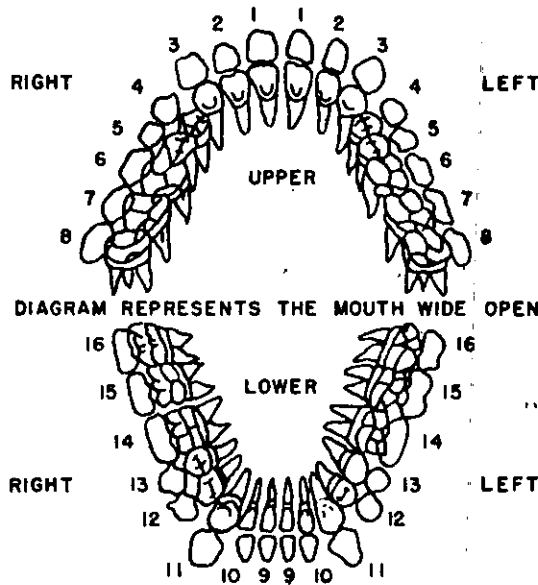
INSTRUCTIONS:

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:

Mandible has all teeth extracted possible denture.

Maxilla missing.

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

NAME AND RANK TYPED OR PRINTED

9 Oct 47

DATE

A CERTIFIED TRUE COPY

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

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type) /

Overshoes /N

Web Equipment (type) O

(Other item) N

(Other item) E

* 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 / Height Est. 5' 3" Weight Est. 115 Description of wounds

Bandages of 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 U
..... T
..... D (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 (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 **Skull Fragments** (Hat band)

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

Shoulders (Broad, straight, small, rounded) Arms (Length, muscular, color, extent and quantity of hair)

Hands (Unusual characteristics of fingernails)

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

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

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

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

Hernioplasty (Yes-no; location)

Legs (Tense, 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 condition of remains.

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

9. Remarks No ROI bottle nor identification tags received with remains. No personal effects found. All mandible teeth extracted, but no false teeth or denture found with remains.

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)

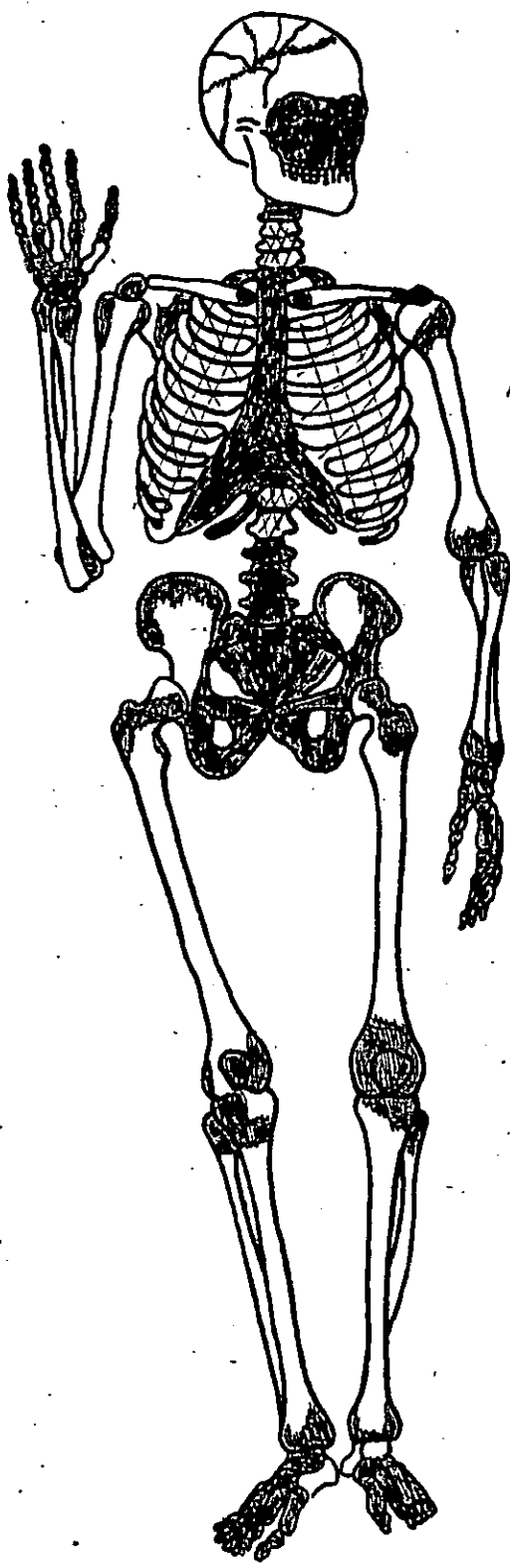
9 Oct 47

A CERTIFIED TRUE COPY:
George T. Gameoa
GEORGE T. GAMEOA
2d Lt., MAC

X-640

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



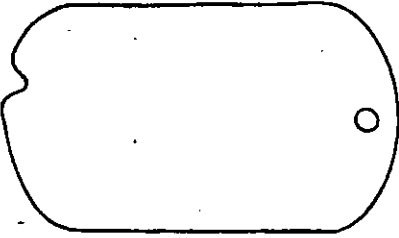
*Rib fragments And
Vertebrae fragments
Also bone fragments*



APR 29 1948

RESTRICTED

U 634

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 11 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-640 (Formerly UNK X-153 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)		None Reel 5-9-47 Not identifiable from information presently available C. [unclear] MEMORIAL DIVISION DEC 22 2 53 PM '47 REPATRIATION RECORDS BRANCH					
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 STORAGE 9 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of casket) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY E	GRAVE No. CRYPT 1136	
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. 413	
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) STOPPED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STOPPED UNKNOWN X-641			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1138	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STOPPED UNKNOWN X-407			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1134	
SIGNATURE OF PERSON PREPARING REPORT <i>Wm R. Gilbert</i> Wm R. GILBERT, Adm. Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio Panopio Jr.</i> LUCIO PANOPIO Jr., 2d Lt., INF				

RESTRICTED

Vol 501

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.

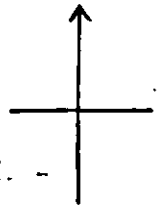
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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.

18 NOV 1954

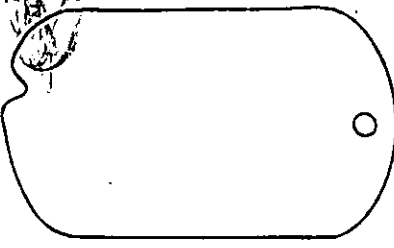
IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

U 634

WD QMC FORM #042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	RE 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)		SERIAL NO.	
UNKNOWN X-153 (Manila #2 Cem)			
Unknown X-23 (Cem #3 Mariveles)			
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
Bataan		

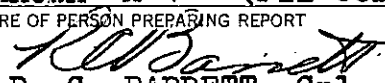
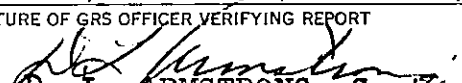
EMERGENCY ADDRESSEE (Name, relationship, and address)

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)	(Over)

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	413
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
Yes	US Army Cem #3 Mariveles 421 - 1748			1	4	40
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)	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.	
UNKNOWN X-152 (Manila #2 Cem)					412	
Unknown X-22 (Cem #3 Mariveles)						
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-154 (Manila #2 Cem)					414	
Unknown X-4 (Fil Cem Corregidor)						
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
 R. C. BARRETT, Cpl., GRS.			 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.

Jan 65

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


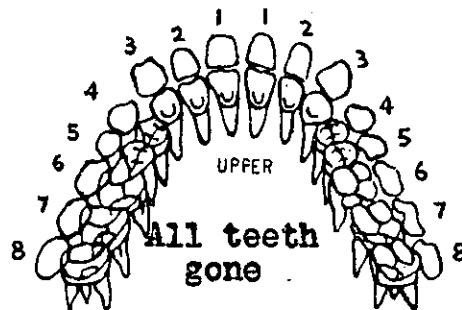
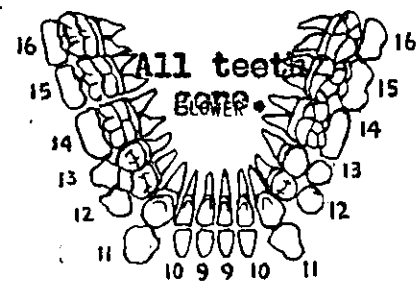




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the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

19 DEC 1945

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 align="center">UPPER</p> <p align="center">All teeth gone</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p> <p align="center">All teeth gone</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:

All teeth gone; false teeth not with remains.