

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Tank (7 cases) 7/11/50 L#20 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, X157
SYNOPSIS AND DATES X157

Misc now filed

NEW CLASSIFICATION 293. Tank. Transla. #2 X131
10/2/50
E.C.

RECLASSIFICATION SHEET

QMGMT 293
GRS Far East

25 January 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to findings of Unidentifiability for the following Unknown Deceased:

Unknown	X-643,	AGRS	Maus.	Manila,	formerly	X-156,	USAF	Cem	Manila	#2
"	X-4634,	"	"	"	"	X-834,	"	"	"	"
"	X-4693,	"	"	"	"	X-922,	"	"	"	"
"	X-3179,	"	"	"	"	X-1016,	"	"	"	"
"	X-4644,	"	"	"	"	X-1258,	"	"	"	"
"	X-4658,	"	"	"	"	X-1269,	"	"	"	"
"	X-4687,	"	"	"	"	X-1403,	"	"	"	"

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

FOR THE QUARTERMASTER GENERAL:

J. W. Lewis:rvs
L. M. White
J. Windsor

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

REB

TEC

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
4 January 1950

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-643	AGRS	Mslm	UNKNOWN	X-4634	AGRS	Mslm
"	X-3086	"	"	"	X-4644	"	"
"	X-3179	"	"	"	X-4658	"	"
"	X-3222	"	"	"	X-4687	"	"
"	X-3223	"	"	"	X-4693	"	"
"	X-3226	"	"	"	X-4820	"	"
"	X-3810	"	"	"	X-4888	"	"
"	X-4610	"	"				

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

FOR THE COMMANDING OFFICER:

15 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

CJA 270 Log GH JAB

/ebc

Interred 25 Jan. 1950

H 2 143 Ft. McKinley

Carl R. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent

SECTION A -

NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 02834

DATE

15 06 48
DAY MONTH YEAR

1
BYC ✓

NAME: UNKNOWNX-000156 SERIAL NUMBER: RANK: ARM: 0 DATE OF DEATH: DAY MONTH YEAR

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

PLOT: R12 ROW: 4 GRAVE: 416 COUNTRY: PHILIPPINE ISLANDS CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-156 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 4 Nov 48

IDENTIFICATION TAG ON: 4 REMAINS ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: RICHARD HOYT 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: Two (2) tags UNK X-643 (Maus)

REMAINS PREPARED AND PLACED IN CASKET: DATE: 4 Nov 48 BY: RICHARD HOYT

CASKET SEALED BY: RICHARD HOYT EMBALMER (Signature): RICHARD HOYT

CASKET BOXED AND MARKED: DATE: 4 Nov 48 BY: HORACE L ALLISON, Sgt, Inf SHIPPING ADDRESS VERIFIED BY: HONORIO V AURELIO, 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.

Honorio V Aurelio
HONORIO V AURELIO, 1st Lt, Inf
SIGNATURE OF GRS INSPECTOR

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

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>Carer Atmark</i>	DATE JAN 25 1950

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 FORT MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER (ALIVE DECISION)	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

FILE UNDER NO. 293 - Unknown P.I. X- 156 (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: 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,
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

3 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 156, Plot 2,
Row 4, Grave 416, USMC Manila #2, Luzon, P.I., have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:


V. B. MONEMAR
Captain, OMC
Chief, Records Branch

Attch: Form 1044

Received 19 Jan 1950 OOMS
Not identifiable from
information presently
available

Lewis - 2d Br.
20 Jan 50

Ind 1'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X- 643 (Formerly Unk. X-156 Manila #2)				2. DATE OF REPORT 1 January 1950	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.	11. RACE UNKNOWN
-------------------------------	-------------------------------	-----------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

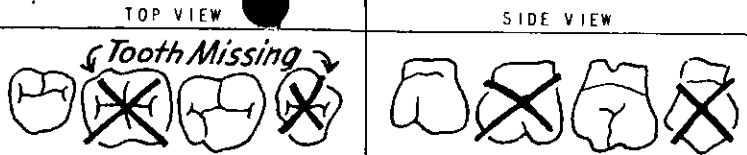
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

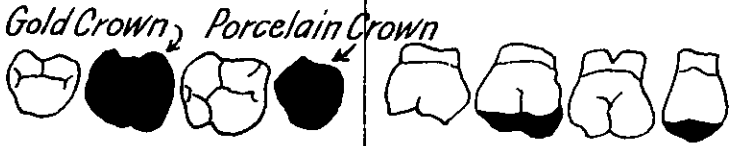
BY REASON OF LACK OF EVIDENCE

Handwritten signature/initials

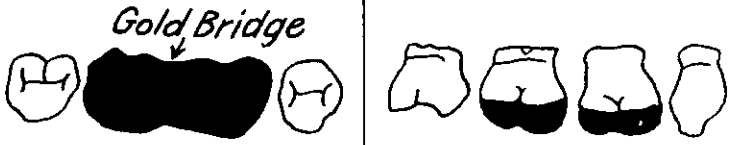
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



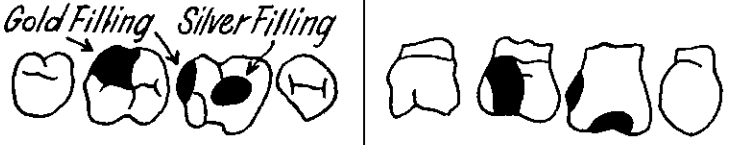
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



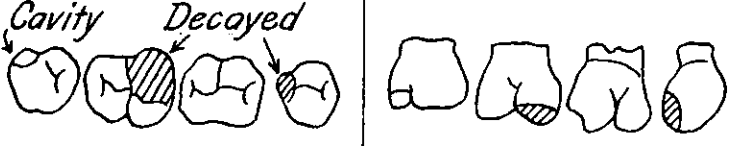
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 →							
WORN															
UPPER															
LOWER															
X	A/O			P			P					← UTD →	X	A/O	
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."

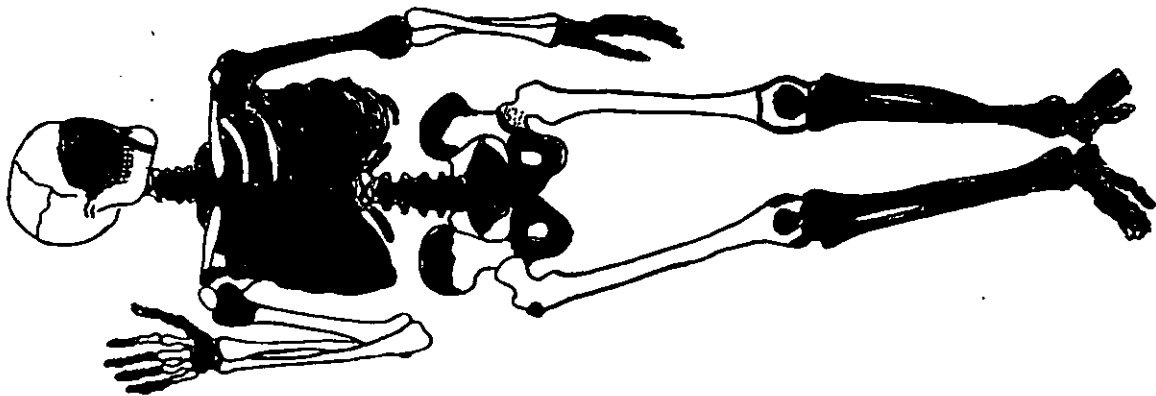
Maxilla is missing. R 1 is loose present with remains. R 11 is partially impacted, malposed to the lingual side and rotated lingual-distally. Due to the deterioration of the alveolar process of the mandible it is unable to determine whether L 13 and L 14 are naturally or posthumously missing. All teeth present are attritious.

Paul R. Nichols
PAUL R. NICHOLS
Chief, Iden. Section

April 13

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Received
Vertebrae & ribs fragments



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

Circumference of skull - U. T. D.
There were no identification tags, burial bottle or personal effects found with remains.
Estimated weight of remains - 1½ lbs.
Analization of the sutures of the skull of subject remains reveals that subject deceased was approximately 38 - 42 years of age.
Teeth attrition also reveal the proximity of deceased as being 40 years of age.

RECEIVED
MAY 19 1947
BY REASON OF LOSS OF 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

PAUL R. NICHOLS
Chief, Iden. Section

SIGNATURE

Paul R. Nichols

X-643

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.

UNKNOWN X-643 (Formerly UNK X-156)
USAF Cem Manila #2, P. I.)

9 Oct 47

DATE

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

Corregidor Island, P. I.

AGRS Mausoleum,
Manila, P. I.

801

E

1116

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER

BAY

CRYPT

maxilla missing - GI found

RIGHT

UPPER TEETH

LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

TYPE

LOCATION

TYPE

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

LOCATION

TYPE

LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS
IN
WHOLE BOX



EXTRACTED



CAVITY. INDICATE
LOCATION



FIXED BRIDGE
(INCL. ABUTMENTS)



TEETH REPLACED
BY DENTURE



POSTHUMOUSLY MISSING
(LOST AFTER DEATH)

TYPE OF FILLING
IN
UPPER HALF OF BOX



AMALGAM
(SILVER)



GOLD



SILICATE OR
PORCELAIN



OXYPHOSPHATE
(CEMENT)



LOCATION OF FILLING
IN
LOWER HALF OF BOX



MESIAL
(BETWEEN-TOWARD FRONT)



OCCUSAL
(BITING SURFACE BACK TEETH)



DISTAL
(BETWEEN-TOWARD BACK)



LINGUAL
(TOWARD TONGUE)



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.

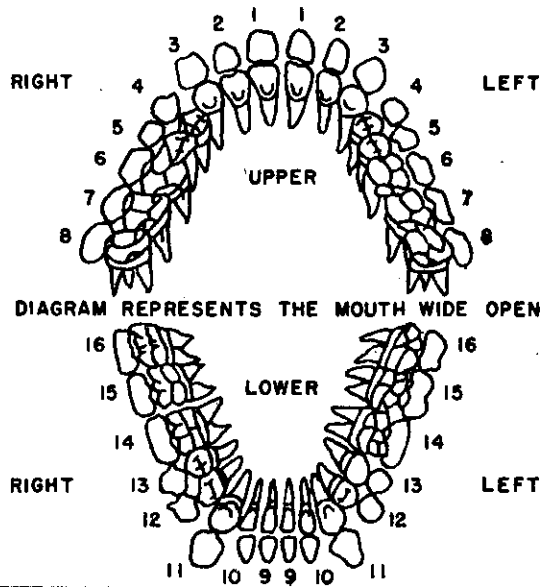


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Maxilla missing.

Mandible partially decomposed.

/s/ Joseph D. Murphy
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Alton E. Jones
VERIFIED BY GRS OFFICER

/p/ JOSEPH D. MURPHY T/5
NAME AND RANK TYPED OR PRINTED

/p/ ALTON E. JONES SP6
NAME AND RANK TYPED OR PRINTED

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

9 Oct 47
DATE

CERTIFIED TRUE COPY:

E. H. Newman, Jr.
E. H. NEWMAN, JR.
Capt. FA.

IDENTIFICATION CHECK LIST

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

UNKNOWN X-643 (Formerly
 Unknown X - 156 USAF Cem Manila #2 P I)
 Cemetery AGRS Mausoleum, Manila, P. I.
 Plot 801 Row E Grave 1146

1. Arrived at cemetery 23 Sept 47
(Hour) (Date)
2. Place of death Corregidor Island, 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 # 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		O N E	
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool N
 Socks, cotton O
 * Shoes N (type)
 Overshoes E
 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 - chart attached.

Age Height ^{UTD} Weight ^{UTD} 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 ^U _D (Light, medium, dark, clear, pimples, pocks, freckles)
 Build (Large, fat, thin, muscular)
 Hair (Color, length, quantity, curly, wavy, straight, whorls, or density, 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 **UTD**
 (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 condition of remains.

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

9. Remarks No ROI. Bottle found. No personal effects or ID tags found
with remains. Estimated weight of remains, 4 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/ Alton E. Jones
(Officer's Name)

SP6 062812
Rank Service

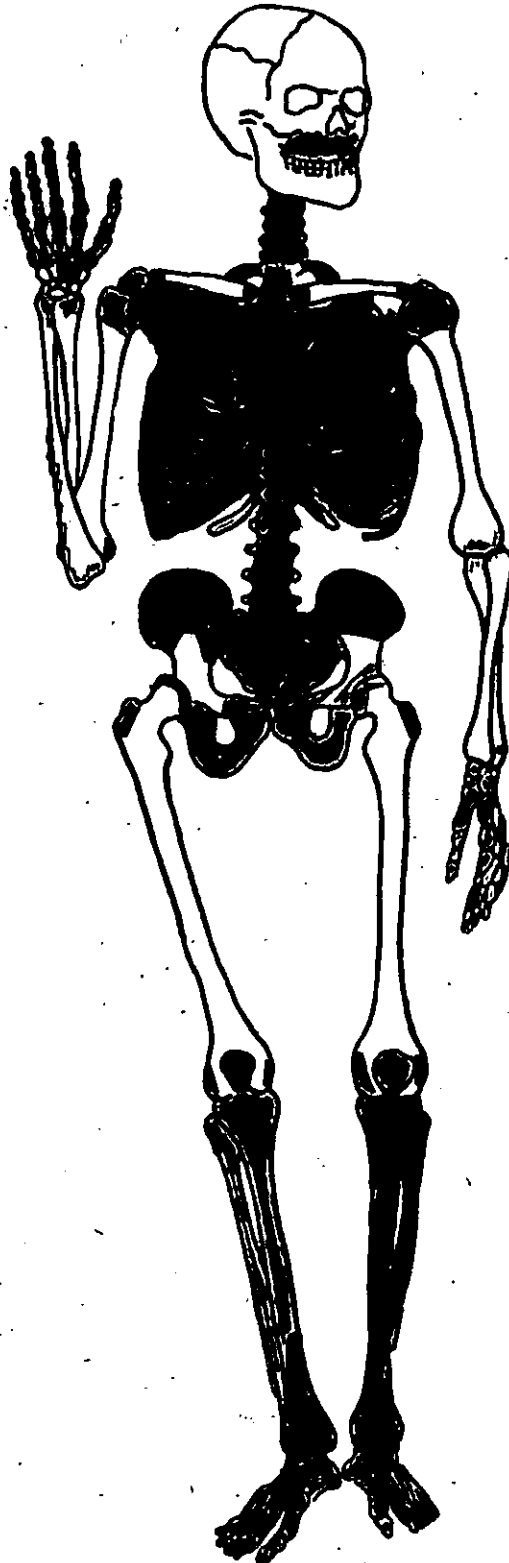
AGPS Mausoleum Manila PI
(Organization)

CERTIFIED TRUE COPY:

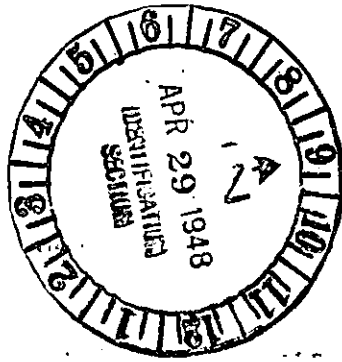

E. H. NEWMAN, JR.
2d Lt. FA.


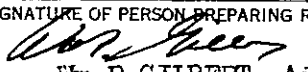
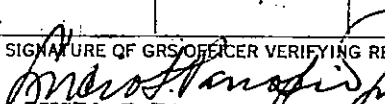
SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*- Fragments of
bones too small
to identify.*



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-643 (Formerly UNK X-156 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 Corregidor Island, PI.	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						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF 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. RANGER 801	ROW No. BAY E	GRAVE No. CRYPT 1146
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. 416
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-650	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1148		
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-408	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1144		
SIGNATURE OF PERSON PREPARING REPORT  Wm R GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT  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.						

REPARATION
 RECORDS BRANCH
 DEC 22 2 53 PM '47
 MEMORIAL DIVISION

Del 570

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


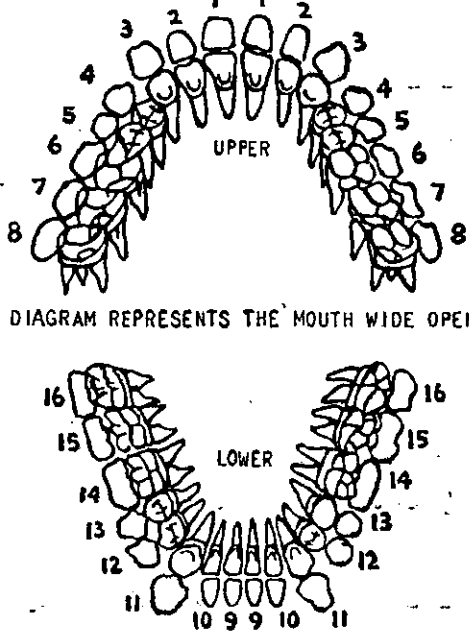




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

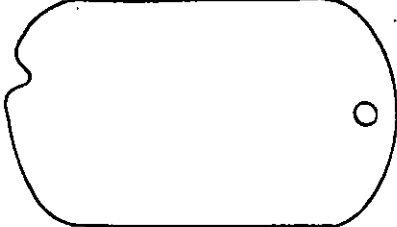
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Identification Check List and Dental Chart accomplished.

18 NOV 1947

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (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) UNKNOWN X-156 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)		SERIAL NO.		
		GRADE		ORGANIZATION		
		RACE		RELIGION		
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
PLACE OF DEATH Corregidor, 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 Jul 10 28 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 1300	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 4	GRAVE No. 416
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Amer Corregidor Cem, Corregidor, P.I.			PLOT No. C	ROW No. 6	GRAVE No. 26
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		No record of burial in burial records.			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-155 (Manila #2 Cem) Unknown X-1 (Fil Cem Corregidor)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 415	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-157 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 417	
SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, Cpl., GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT D. L. ARMSTRONG, Capt., OMC.			
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.						

19 DEC 1945

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


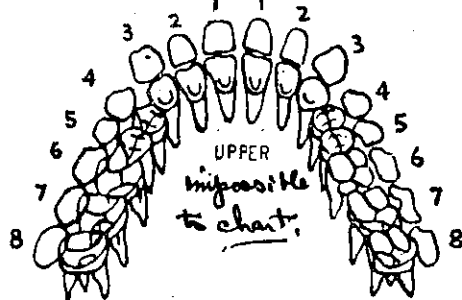




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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Upper jaw impossible to chart.