

QMCMT 293  
GRS FarEast

3 February 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-3781,	AGRS	Naus	Manila,	formerly	X-2859,	USAF	Cem	Manila	#2
"	X-2010,	"	"	"	"	X-2615,	"	"	"	"
"	X-2017,	"	"	"	"	X-2622,	"	"	"	"
"	X-3065,	"	"	"	"	X-2129,	"	"	"	"
"	X-4131,	"	"	"	"	X-2263,	"	"	"	"
"	X-1630,	"	"	"	"	X-2451,	"	"	"	"
"	X-646,	"	"	"	"	X-159,	"	"	"	"
"	X-448,	"	"	"	"	X-301,	"	"	"	"
"	X-2680,	"	"	"	"	X-2807,	"	"	"	"
"	X-2687,	"	"	"	"	X-2835,	"	"	"	"
"	X-2782,	"	"	"	"	X-2840,	"	"	"	"
"	X-941,	"	"	"	"	X-4008,	"	"	"	"
"	X-1152,	"	"	"	"	X-2775,	"	"	"	"
"	X-1248,	"	"	"	"	X-2639,	"	"	"	"
"	X-1321,	"	"	"	"	X-2622,	"	"	"	"
"	X-1396,	"	"	"	"	X-2989,	"	"	"	"
"	X-1576,	"	"	"	"	X-2540,	"	"	"	"
"	X-1641,	"	"	"	"	X-2473,	"	"	"	"
"	X-2384,	"	"	"	"	X-3104,	"	"	"	"
"	X-2385,	"	"	"	"	X-3105,	"	"	"	"
"	X-2387,	"	"	"	"	X-3107,	"	"	"	"
"	X-2388,	"	"	"	"	X-3108,	"	"	"	"
"	X-2405,	"	"	"	"	X-3096,	"	"	"	"
"	X-2410,	"	"	"	"	X-3101,	"	"	"	"
"	X-2411,	"	"	"	"	X-3102,	"	"	"	"
"	X-2908,	"	"	"	"	X-1998,	"	"	"	"

QMGMT 293

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GRS Far East

SUBJECT: Identification of World War II Deceased

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

FOR THE QUARTERMASTER GENERAL:

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

R. C. Baylor: dal  
L. M. White  
J. Windsor

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900  
12 January 1950

GRPZ 293

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 QMGU 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-336 AGRS Mslm	UNKNOWN X-992 AGRS Mslm
" X - 448 " "	" X-1630 " "
" X-646 " "	" X-2263 " "

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

FOR THE COMMANDING OFFICER:

6 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

/s/ John Shypula  
JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

nfm Interred 13 February 1950  
 D 13 42 Ft. McKinley  
*Carl R. H. Mark* **DISINTERMENT DIRECTIVE**

Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7747 02837</b>	DATE <b>15 06 48</b> DAY MONTH YEAR
NAME	SERIAL NUMBER <b>UNKNOWN X - 000159</b>	RANK	ARM <b>0</b>
CEMETERY <b>USAF CEMETERY (MANILA NO 2)</b>			DATE OF DEATH DAY MONTH YEAR <b>0 77 01 80</b> CODE DIST. PT.
PLOT <b>F12</b>	ROW <b>4</b>	GRAVE <b>419</b>	COUNTRY <b>PHILIPPINE ISLANDS</b>
			CAUSE OF DEATH <b>6</b>

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME <b>UNKNOWN X-159 UNKNOWN X-646 (Maus)</b>	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED <b>23 April 49</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>	RELIGION	IDENTIFICATION VERIFIED BY <b>J. J. McDERMOTT Embalmer</b> NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Shelter Half</b>	CONDITION OF REMAINS <b>Skeletal</b>
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES <sup>1</sup>  
 1 Emb. tag: Unk X-159 419-4-2  
 Two Identification tags reads Maus. Unk X-646  
 formerly X-159 Manila No. 2.

REMAINS PREPARED AND PLACED IN CASKET

DATE <b>23 April 49</b>	BY <b>J. J. McDERMOTT</b>
CASKET SEALED BY <b>J. J. McDERMOTT</b>	EMBALMER (Signature) <i>J. J. McDermott</i> <b>J. J. McDERMOTT</b>

CASKET BOXED AND MARKED DATE <b>23 April 49</b> BY <b>WEYMAN L McGUIRE, Sgt, MC</b>	SHIPPING ADDRESS VERIFIED BY <b>RICHARD HOYT</b>
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I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Richard Hoyt*  
**RICHARD HOYT**  
 SIGNATURE OF GRS INSPECTOR

# 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>Caremark</i>	DATE FEB 13 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 (BY ADMINISTRATIVE DECISION)	DATE

## 6. SHIPPED

FROM LIS & STO BRITISH		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

**RECORDED & SHIPPED**

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

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

11 January 1950

Date

SUBJECT: Unidentifiable Remains

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

*159 mails 2*

The records pertaining to Unknown X-646, Plot 2,  
Row 4, Grave 419, USMC USAF Cem., Manila #2, P.I., have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:

*H. W. McNEELAR*  
H. W. McNEELAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 26 Jan 50 OQMG  
Not identifiable from  
information presently  
available 3 Feb 50  
*R. C. Baylot*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-646</b> (Formerly UNK X-159 USAF Cem., Manila #2, Luzon, P.I.)	2. DATE OF REPORT <b>11 January 1950</b>
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3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>HANGER 801</b>	5. ROW <b>BAY E</b>	6. GRAVE <b>CRYPT 1151</b>	7. DATE OF DISINTERMENT   REINTERMENT	
	(Empty space for date entries)				

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'6"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNK</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N O N E**

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

**N O N E**

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

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)

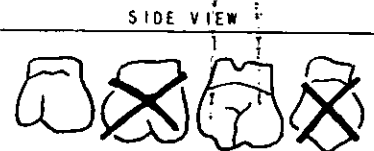
**N O N E**

RECEIVED BY THE  
 ...  
 BY REASON OF ...

18.

TOOTH CHART

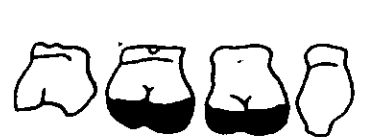
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



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



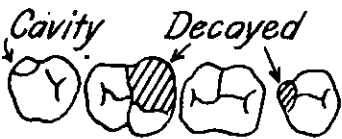
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



*Missing*

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	○					X		<i>Missing</i>									
Side Views																	Side Views
Top Views																	
Side Views																	
	○	○						⊗	⊗	⊗		⊗					
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16		

*Missing*

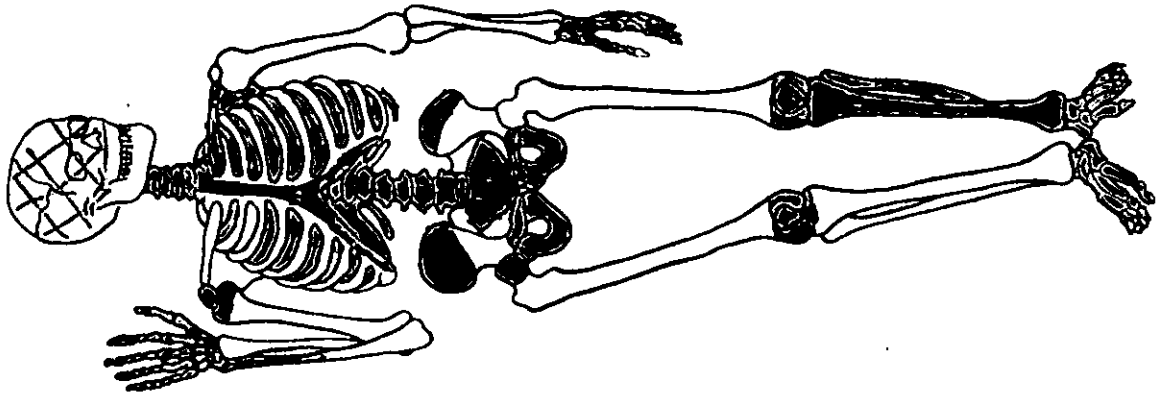
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section



19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 ID tags, burial bottle, personal effects, or other means of identification found with remains.  
Est. weight of remains - 5 lbs.

NO OTHER INFORMATION  
"BY REASON OF LIMITED SPACE AND TIME"

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, Identification Section

SIGNATURE

X-646

# 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.

9 Oct 47

(Formerly UNK X-159 USAF)  
 UNKNOWN X-646 (Cem Manila #2, Luzon, P.I.) Unknown

DATE: Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown UNIT AGRS Mausoleum ORGANIZATION Unknown  
 Corregidor, P. I. Manila, P. I. 801 E 1151  
 PLACE OF DEATH PLACE OF BURIAL PLOT HANGER ROW BAY GRAVE NO. CRY.P.

MAXILLA MISSING

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

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY (INDICATE LOCATION)		GOLD		OCCLUSAL (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  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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

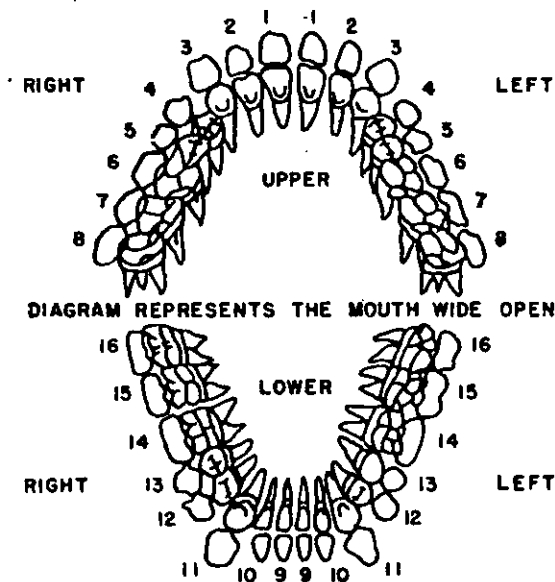


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

Portion of maxilla from R-1 thru L-8 missing  
L-7 L-8 found.  
Part of maxilla from R-6 thru R-8 missing  
R-6, R-7, R-8 found. Rest of teeth in good condition.

/s/ Edwin Gregurek  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Edward H. Marshall  
VERIFIED BY GRS OFFICER

/p/ EDWIN GREGUREK  
NAME AND RANK TYPED OR PRINTED

/p/ EDWARD H. MARSHALL  
NAME AND RANK TYPED OR PRINTED

9 Oct 47

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

CERTIFIED TRUE COPY

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

## IDENTIFICATION CHECK LIST

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

(Formerly UNK X-159  
 Unknown X 646 (USAF Cem Manila #2  
 Cemetery AGRS Mausoleum, Manila P.I.)  
 Plot 801 <sup>HANGER</sup> Row <sup>BAY</sup> E <sup>GRV</sup> Grave 1151

CIP, AGRS, MAUSOLEUM

1. Arrived at cemetery 8 Oct 47  
(Hour) (Date)
  2. Place of death Corregidor, P.I.  
(Name of closest town)
- (Sheet, scale and serials used)

(Coordinates and letter Prefix, maps)

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	N		
Mackinaw	O		
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?

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

Age / Height Weight 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 ..... (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 ..... (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 burial bottle with ROI found. No personal effects found.  
Nothing else found to warrant identification. Est. weight 5 lbs.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ EDWARD H. MARSHALL  
(Officer's Name)

SP-8 C-062874  
Rank Service

AGRS, Mausoleum, 9 Oct 47  
(Organization)

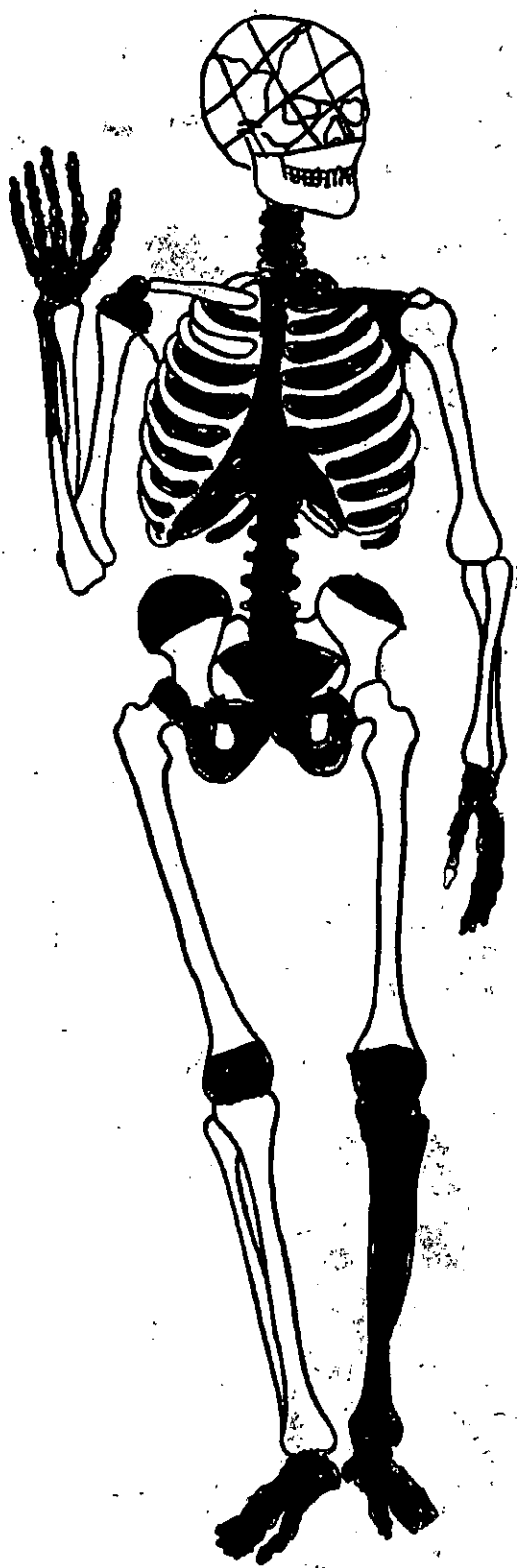
CERTIFIED TRUE COPY:

  
E. H. NEWMAN JR.  
Capt. FA

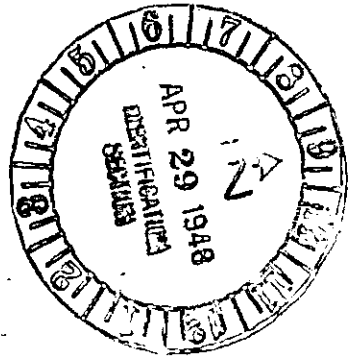
X-646

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)







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

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

DATE OF REPORT  
13 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-646 (Formerly UNK X-159  
USAF Cem Manila #2, Luzon P.I.) Unknown

SERIAL NO.

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, 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 53 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. HANGER	ROW No. BAY	GRAVE No. CRYPT
9 Oct 47	0800	Casket	None	801	E	1151

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Manila #2, P.I.	2	4	419

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
UNKNOWN X-660				1153

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
UNKNOWN X-653				1149

SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S. PANOPIO JR. 2d Lt., INF.
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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.

2 of 575

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


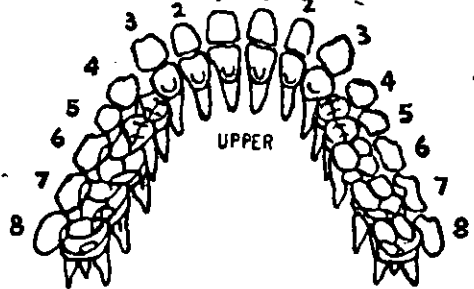




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

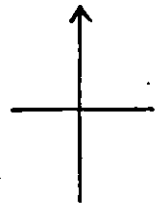
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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



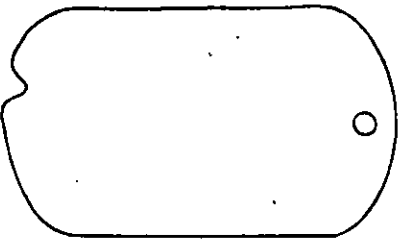
REMARKS:

Identification Check List and Dental Chart  
accomplished.

18 NOV 1947

IDENTIFICATION SECTION  
REPAIRATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		RE <b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT .6 Dec 45	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-159 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)				
		SERIAL NO.				
		GRADE		ORGANIZATION		
				BRANCH OF SERVICE		
		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 Incl 1031 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. 419
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 345.5-406.5 Amer Corregidor Cem, Corregidor, P. I.			PLOT No. C	ROW No. 6	GRAVE No. 30
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY No record of burial in burial records.				
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-158 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 418	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-160 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 420	
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.						

Incl 711

**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.


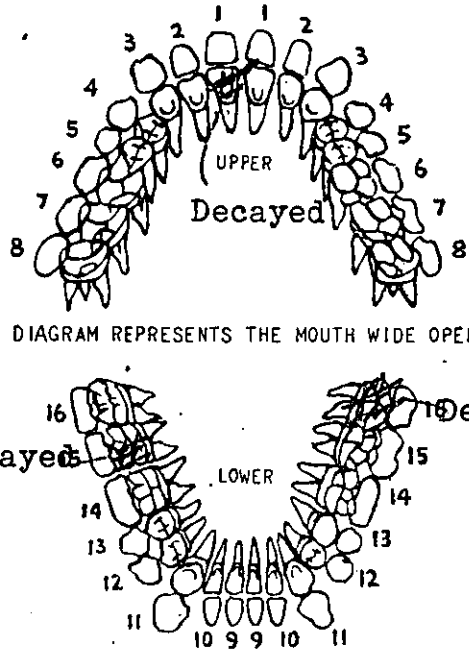




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

19 DEC 1945

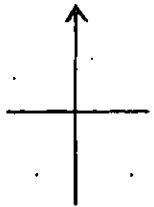
LEFT LITTLE FINGER  
LEFT RING FINGER  
LEFT MIDDLE FINGER  
LEFT INDEX FINGER  
LEFT THUMB  
RIGHT THUMB  
RIGHT INDEX FINGER  
RIGHT MIDDLE FINGER  
RIGHT RING FINGER  
RIGHT LITTLE FINGER

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

**OTHER IDENTIFICATION CLUES**

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:**

Both jaws split in middle.