

M I S S E I L E D

~~MR~~

NOT RELATED TO ATCHD X-16, Manila #2

(PHILIPPINO)      Row 17      Grave 332  
Plot



DDMG FORM  
16 JUN 50 1947

ADJUSTMENT OF RECORDS  
ON X-NUMBER CASES

X-NUMBER OR NAME AND SERIAL NUMBER

UNKNOWN X-16

CEMETERY

USAF CEM. Manila #2, Luzon, P. I.

PLOT

ROW

GRAVE

Pl. Filipino

17

332

APPROVED IDENTIFICATION

REDESIGNATION

CANCELLATION

NEW X-NUMBER

CONSOLIDATION

REMARKS

Cancelled 18 Mar 52, Turned over to the Philippine  
Government 12 April 1948, per 1st Ind. Philcom dated  
3 June 1949.

M. W. Leake

RESTRICTED

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

WD GMC FORM 1042  
(Rev. 1 Apr. 1948)  
(Supersedes GRS Form 1)

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

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-16 (Unknown F. Corp)

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

GRADE

Unknown

ORGANIZATION

Unknown

Unknown

RACE

Filipino

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

Philippine Islands

PLACE OF DEATH

Corregidor, P. I.

CAUSE OF DEATH

KIA

DATE OF DEATH

Unknown

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)

CANCELLED 18 March 52, Turned over to the Philippine Gov't  
12 Apr 1948, per 1st Ind. Philcom dated 3 June 1949.

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Phil 623

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

6 Nov. 45

HOUR

0900

BURIED IN (Shroud, blanket, or name of other)

Shelter Half

TYPE OF GRAVE  
MARKER

Cross

PLOT No.  
Fili-  
pino

ROW No.  
17

GRAVE No.  
332

WAS THIS A REBURIAL?  
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

American Cemetery on Corregidor. (345.5-406.5)

PLOT No.  
C

ROW No.  
4

GRAVE No.  
10

TYPE OF RELIGIOUS  
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODY

Information from original 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)

FRIANESA, G.

RANK

Unknown

SERIAL No.

115633

ORGANIZATION

Unknown

GRAVE No.

331

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

CARAMPATAN, Jaciente

RANK

Pvt.

SERIAL No.

10305573

ORGANIZATION  
Hq. Btry 92  
CA (PS)

GRAVE No.

333

SIGNATURE OF PERSON PREPARING REPORT

T/3 W. V. HARDY JR., GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

W. E. SESSIONS III, Capt., GRC.

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

Serial 121

RESTRICTED

U-951

WD GMC FORM 1842  
(Rev. 1 Apr. 1966)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

7 Nov. 45

Imprint Identification Tag if Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

~~UNKNOWN I-16 (Unknown Filipino #2)~~

~~Unknown~~

GRADE

ORGANIZATION

BRANCH OF SERVICE

~~Unknown~~

~~Unknown~~

~~Unknown~~

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

Filipino

~~Unknown~~

Philippine Islands

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

Corregidor, P. I.

KIA

Unknown

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

CANCELLED 18 March 52, Turned over to the Philippine Gov't  
12 Apr 1948, per 1st Ind. Philcom dated 3 June 1949.

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

WPAF Cemetery Manila St. Lucas, P. I.

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE  
MARKER

PLOT No.

ROW No.

GRAVE No.

6 Nov. 45

0900

Shelter Half

Cross

1114-  
Pina

27

328

WAS THIS A REBURIAL?  
(Yes or no)

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

Yes

American Cemetery on Corregidor. (915-5-4065)

PLOT No.

ROW No.

GRAVE No.

6

4

20

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)

Information from original burial records.

Yes

Yes

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

FRANKEA, G.

Unknown

11663

Unknown

321

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

GARABATAK, Isidoro

Pvt.

2091773

U. S. Army  
CA (75)

322

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

W. T. HANBY JR., CSM.

W. G. Sessions Sd  
W. E. Sessions III, Capt., USMC.

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 12<sup>2</sup>

RESTRICTED

1/CSV

Interred 7 Feb 1950  
D 1 41 Ft. McKinley  
*Carroll H. Mark*

DISINTERMENT DIRECTIVE

CARL R. H. MARK  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00005

DATE  
15 06 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		<u>UNKNOWN X-000016</u>		0	
CEMETERY					DISPOSITION OF REMAINS
<u>USAF CEMETERY MANILA NO 2</u>					7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
1	7	866	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 UNKNOWN X-16 UNKNOWN X-342 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH 3 Feb 45	DATE DISINTERRED 10 Feb 49
IDENTIFICATION TAG ON <input type="checkbox"/> 2 REMAINS <input checked="" type="checkbox"/> 1 MARKER	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 1 Tag UNK X-342 (Maus)	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 10 Feb 49	BY RICHARD HOYT
CASKET SEALED BY RICHARD HOYT	EMBALMER (Signature) s/ Richard Hoyt
CASKET BOXED AND MARKED DATE 10 Feb 49 BY WEYMAN L MCGUIRE SGT, MC	SHIPPING ADDRESS VERIFIED BY CELESTINO E ABELLAR, 1st Lt., FA.

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

s/ Celestino E Abellar, 1st Lt., FA

SIGNATURE OF GRS INSPECTOR

See Discrepancy Report QMC Form 1194a for major discrepancies.

293 Unk K16 - P.I. (Olongapo)

3/7/46

**Memo Routing Slip**

**From:** QMGO  
**TO:** World War II Records Admin. Center, AGO, 4300 Goodfellow Blvd.  
St. Louis 20, Mo.  
**Re:** One inclosure (Form 8-WA) forwarded for necessary action.

293 Unk. (misc.) P.I. Olongapo)

nh

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

16 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 16, Plot 1,  
Row 7, Grave 866, USMC USAF Cem. Manila #2, 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:



L. B. McNEELAR  
Captain, OMC  
Chief, Records Branch

Atch: Form 1044

Received 2/17/50 OMCB  
Not identifiable from  
information presently  
available

File 2/20/50  
Ident. Br.

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-342 (Formerly UNK X-16 Manila #2)				2. DATE OF REPORT 20 Jan '50	
3. NAME OF CEMETERY  ACRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	K	3278	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 1 3/8"	10. COLOR OF HAIR U T D	11. RACE White
------------------------------	----------------------------------	----------------------------	-------------------

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?
---	-----------------

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"**

*Jan 12*



<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY REGENT WOUNDS) SHOULD BE "X" 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
$\frac{a}{o}$	$\frac{a}{o}$	X										X	X	X	$\frac{a}{o}$
Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View
UPPER								UPPER							
LOWER								LOWER							
$\frac{p}{o}$	$\frac{a}{o}$		$\frac{a}{odf}$										$\frac{a}{o}$	$\frac{a}{o}$	$\frac{a}{o}$
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

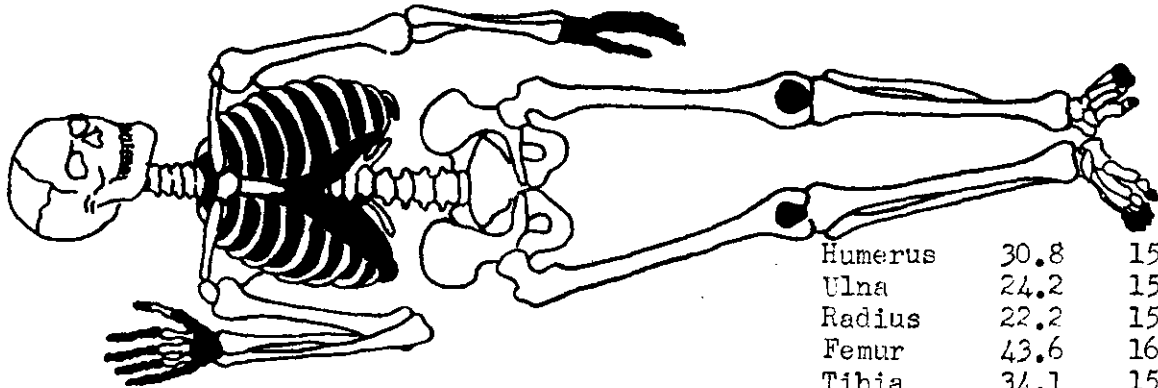
*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED



Humerus	30.8	157
Ulna	24.2	157
Radius	22.2	152
Femur	43.6	160
Tibia	34.1	155
Fibula	34.1	157

Estimated height: 5' 1 3/8".

6/938

156 1/3

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 identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 19 1/2 inches.

Estimated weight of remains - 8 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

PAUL R NICHOLS  
Chief, Identification Section

SIGNATURE

# 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.

23 Sept 47  
DATE

UNKNOWN X-342 (Formerly X-16)  
USAF Cem Manila #2, Luzon, P.I.)      Unknown      Unknown

LAST NAME      FIRST      INITIAL      RANK      SERIAL NO.

Unknown      Unknown

UNIT      ORGANIZATION

Olongapo Area,  
Luzon, P.I.      AGRS Mausoleum, Manila 801      K      3278

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

HANGER      BAY      CRYPT
















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

INSIDE — LOOKING OUT

*Malposed facially      Malposed lingually*

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT      LOWER TEETH      LEFT																
TYPE	P	A		A										A	A	A	TYPE
LOCATION		O		OD										O	OO	OO	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p> <p></p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
--	---	---



Goatee ..... (Light, color, extent) *u*

Eyes ..... (Color, setting, shape) *t d* 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 ..... **Dental Chart attached**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... (Prominent, receding, pointed, dimples, double) */ /*

Jaw ..... (Large, small, normal) */ /* Circumference of ~~head~~ <sup>skull</sup> in inches 20 1/2 (Hat band)

Neck ..... (Size, length, short, normal, wrinkled) *u* Larynx ..... (Prominent, normal) *t d*

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

Hands ..... *u*

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

..... (Unusual characteristics of fingernails) *u*

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

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

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

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

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

Feet ..... (Size, corns, callouses, flat) */* Toes ..... (Slender, straight, crooked, overlap) *u*

Evidence of healed fractures ..... (Nose, arms, legs, etc.) *t d*

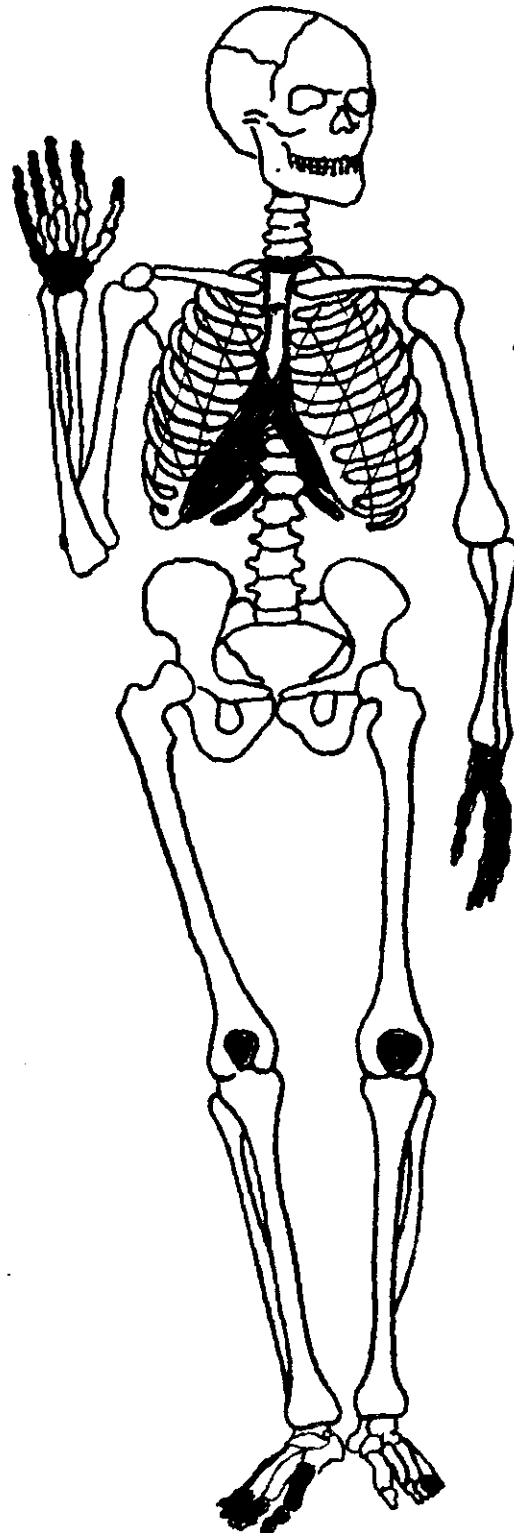
NOTE: Use attached charts "A" and "B" to indicate parts not received.

*copy*

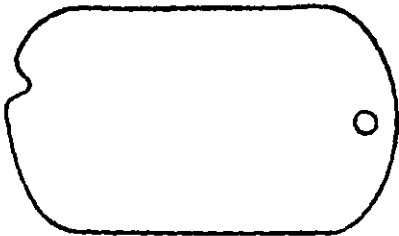
*X - 342*

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*24 ribs present*  
*all vertebrae present*

WD GMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815) STORAGEDATE OF REPORT  
2 Oct '47Impression Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-342 Cem. Manila #2, Luzon, P.I. (Formerly X-16, USAF) 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

Olongapo Area,  
Luzon, P.I.

CAUSE OF DEATH

KIA - Severe burns.

DATE OF DEATH

3 Feb '45

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)

See Remarks

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

AGNES MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other) STORED	TYPE OF GRAVE MARKER	PLOT No. RANGER	ROW No. BAY	GRAVE No. CRYPT
30 Sept '47	0900	Casket	None	801	K	3278

WAS THIS A REBURIAL?  
(Yes or no) RESTORED

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

Disinterred from: USAF Cem. Manila  
#2, Luzon P.I.

PLOT No.	ROW No.	GRAVE No.
1	7	866

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-344

RANK

SERIAL NO.

ORGANIZATION

GRAVE No. CRYPT

3280

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

UNKNOWN X-339

RANK

SERIAL NO.

ORGANIZATION

GRAVE No. CRYPT

3276

SIGNATURE OF PERSON PREPARING REPORT

Wm. R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PANOPIO, 2nd Lt., INF

DISTRIBUTION OF REPORT: Signed original for U. S. and allies 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.

### REPORT OF DISINTERMENT FOR IDENTIFICATION

Place WPA Cemetery Manila #2

Date 5 Feb 46

1. Remains of INDIVIDUAL X-10 Serial Number \_\_\_\_\_

Rank \_\_\_\_\_ Organization \_\_\_\_\_

2. Disinterred (date): \_\_\_\_\_ From (give complete location):  
Grave 300, Box 7, Plot 1

By: Group \_\_\_\_\_ Unit \_\_\_\_\_

3. Reburied (date) \_\_\_\_\_ In (give complete location): \_\_\_\_\_

By: Group \_\_\_\_\_ Unit \_\_\_\_\_ Nature of reburial \_\_\_\_\_

4. Report as to nature of original burial and condition of body upon disinterment:  
\_\_\_\_\_  
\_\_\_\_\_

5. (a) Identification tags: Buried with body? \_\_\_\_\_ On grave marker? \_\_\_\_\_  
(b) Other means of identification found upon disinterment, and general remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What does examination of body show as regards the following identifying items:

(a) Height (actual measurement) \_\_\_\_\_

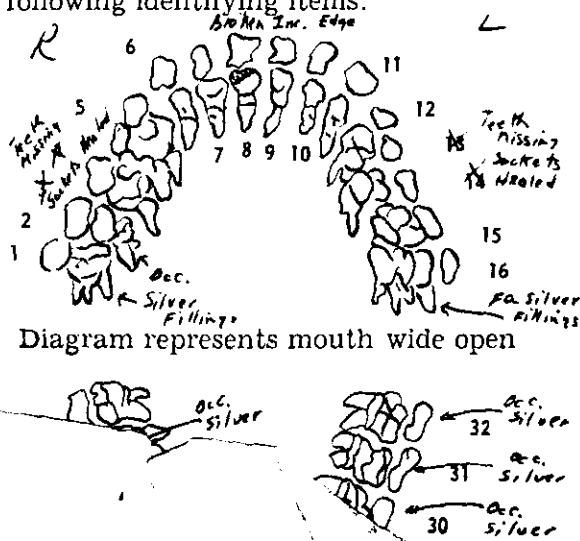
(b) Weight (estimated) \_\_\_\_\_

(c) Hair-Color \_\_\_\_\_

Quantity \_\_\_\_\_

Characteristics \_\_\_\_\_

(d) Hair \_\_\_\_\_



Show name of person supervising the disinterment and the name and title of the person proving same.

Show name of person supervising the reburial and the name and title of the person proving same.



QMMBT 293  
GRS Far East

*LTS WALTER T. ...*  
X-342 X-645 X-685  
X-795 X-686 X-730 X-1943 X-1259

24 February 1950

Em

SUBJECT: Identification of World War II Deceased

X-1129 X-1378

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

*Walter T. ...*

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

AGRS Maus, Manila	USAF Com. Manila #2	FRA Unit	Page
X-16	X-16	1	1
X-158	X-158	1	3
X-199	X-199	1	4
X-310	X-310	1	5
X-200	X-200	1	4
X-247	X-247	1	5
X-378	X-378	1	14
X-362	X-362	1	19
X-378	X-378	1	21
X-396	X-396	1	22

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

FOR THE QUARTERMASTER GENERAL:

T. E. METZ  
Lt. Colonel, OMC  
Memorial Division

JMK  
TEG

R. Littleerava  
L. M. White  
J. Windsor  
cc: Adm Section  
Copy furnished CINCPAC APO 500

**AIRMAIL**

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

FEB 7 1950

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:

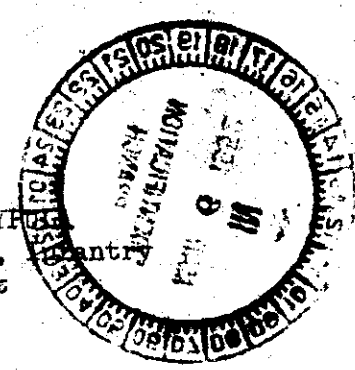
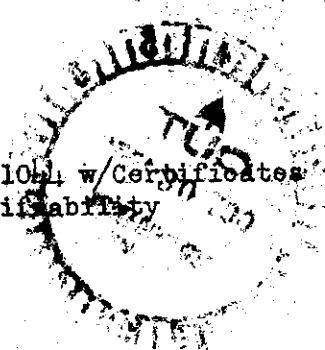
UNKNOWN	X-342	AGRS	Mslm	UNKNOWN	X-1378	AGRS	Mslm
"	X-645	"	"	"	X-1485	"	"
"	X-685	"	"	"	X-1943	"	"
"	X-686	"	"	"	X-2314	"	"
"	X-730	"	"	"	X-2359	"	"
"	X-795	"	"	"	X-2361	"	"
"	X-1129	"	"	"	X-2370	"	"
"	X-1259	"	"	"	X-3009	"	"

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

FOR THE COMMANDING OFFICER:

16 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYFFER  
1st Lt.,  
Adjutant



Graves Registration  
Form No. 1  
(Revised May 11, 1943)

# REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

25

RE-INTERMENT

U 572

U S ARMY 2-16  
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)  
 GEORGE ROBERTSON, LUDON, I.I. 3 800 45 KIA SOVIET BUREAU.  
 (Place of death) (Date of death) (Cause of death)  
 1900 12 17 45 USAF CASUALTY BUREAU, I.I.  
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)  
 BURIAL

630 7 1  
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

Religion

REMAINING DISMEMBERED FROM SERVICE #24, USAF  
 COMBURY GEORGE #2, 21-00000, L.I.

(If no identification tags, what means of identification are buried with the body?)  
 REMAINS OF AMBROSIO BURIED IN 601835 AT RA BONEY.

Body buried on RIGHT KALDOE, JAMES L. 32460130 ETC CO F 102 INF. 867  
 (Name) (Serial number) (Rank) (Organization) (Grave number)  
 Body buried on LEFT STOUT, ROSS A. 20549730 ETC CO F 102 INF. 865  
 (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)  
 List only personal effects FOUND ON BODY and disposition of same:  
 (Name and address of LEGAL NEXT OF KIN)  
 WING

## RESTRICTED

**CONFIDENTIAL**

RESTRICTED

Graves Reg.  
Form No. 1  
(Revised May  
11, 1943)

REPORT OF INTERMENT  
(TM 10-630 and AR 30-1815)

UNIFORM X-2

(Last Name) (First) (Initial) (Ser.No) (Rank) (Org.)

Olongapo Area, Luzon P.I. 3 Feb 1945 KIA Severe burns.  
(Place of death) (Date of death) (Cause of Death)

1400 12 February 1945 U.S.A.F. Cemetery Olongapo No.2, Zambales, Luzon P.I.  
(Time and date of burial) (Name of Cemetery) (Location)

64 4 1 Regulation Cross.  
(Grave number) (Row number) (Plot number) (Type of marker)

Disposition of identification tags: Buried with body: Yes X  
No  
Attached to marker: Yes X  
No

Report of interment buried with body. Zinc strip attached to marker.  
(If no identification tags, what means of identification are buried with body?)

Religion  
(If no identification tags, but identity definitely established, give particulars)

STOUT,  
Body buried on RIGHT ROSS A. 20545736 1fc Co F, 152nd Inf Regt 65  
(Name) (ASN) (Rank) (Org) (Grave No.)

RAISON,  
Body buried on LEFT JAMES L. 32460135 1fc Co F, 152nd Inf Regt 63  
(Name) (ASN) (Rank) (Org) (Grave No.)

(Name and address of EMERGENCY ADDRESSEE) (LEGAL NEXT OF KIN)

ist only personal effects FOUND ON BODY and disposition of same: None.

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V # 8