

AIRMAIL

293 ~~Unk. P. I.~~ RESTRICTED X-426 (Maus Manila) *jt*

~~ORIENT 293~~  
~~CMS Far East~~

13 October 1949

SUBJECT: Identification of World War II Deceased

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

ATTN: AGRS, PHILCOM ZONE

1. Reference is made to Proceedings of your Board of Review, dated 21 July 1949, recommending the following identification:

X-426      AGRS Mausoleum Manila (formerly X-278, USAF Cemetery  
Manila #2, P.I.) as Pfc William I. Coleman, Jr.,  
13 016 072

2. After a thorough analysis of this case, it is considered that the documentary evidence presented is insufficient to establish positive identification. There is nothing to indicate that Pfc Coleman was originally interred in Grave 6, Row 1, Plot I, Camp O'Donnell POW Cemetery, the grave from which the remains of Unknown X-426 were originally disinterred. Dental records for Pfc Coleman are incomplete, and available data is insufficient for comparison with dental chart for the remains.

3. Board Proceedings are returned herewith, disapproved.

FOR THE QUARTERMASTER GENERAL:

1 Incl: Bd Proceedings  
(Coleman)

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

REGISTERED  
# 1314731

J. W. Lewis: dal  
L. M. White: LMD  
J. Windsor

cc: Adm Section

cc: CINCFC, APO 500

RESTRICTED

AIRMAIL

REGISTERED  
# 1314732

*Copy made for signatures and names*

*J.W.L.*

*293*

*G.R.S. Far East*

*REB  
TEC*

QMGMT 293  
GRS Far East

21 December 1949

SUBJECT: Approval of Unidentifiability

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-426, AGRS Maus Manila, ~~formerly X-278, USAF Cem. Manila #2~~  
Unknown X-815, AGRS Maus Manila, formerly X-330, USAF Cem. Manila #2

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

N. McLaurinsdal  
L. M. White  
J. Windsor

Copy furnished: CINCPAC, APO 500

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOIN ZONE

AFO 900  
2 December 1949

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 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-389	AGRS	MsIm	UNKNOWN X-393	AGRS	MsIm
" X-390	"	"	" X-394	"	"
" X-391	"	"	" X-426	"	"
" X-392	"	"	" X-815	"	"

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

FOR THE COMMANDING OFFICER:

8 Incls  
QMC Forms 1044 w/Certificates  
Of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

DISAPPROVAL OF BOARD FINDINGS

X-426, AGRS Mausoleum, Manila, P.I.  
(formerly X-278, USAF Cemetery,  
Manila #2, P. I.)

Recommended for identification on board Findings dated 21 July 1949 as the remains of:

COLEMAN, William I., Jr.  
Pfc 13,016,072

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1. Summary:

Remains of Unknown X-426 were the only remains recovered from Plot I, Row 1, Grave 6, Camp O'Donnell prisoner of war cemetery.

2. Reasons for Disapproval:

There is nothing to indicate that Pfc Coleman was originally interred in Grave 6, Row 1, Plot I, Camp O'Donnell POW Cemetery, the grave from which the remains of Unknown X-426 were originally disinterred.

3. Recommended Action:

- a. That the Board Findings be disapproved.
- b. That Board Findings be returned to the Field with the notation that evidence presented in this case is insufficient to establish positive identification.

*James W. Lewis*  
James W. Lewis  
Investigator

*JW*  
10/8/49

/mfc

/drs

Interred 17 January 1950  
H. 686 Ft. McKinley  
*Caremark*  
CARL R. H. MARK

### DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**7747 00115**

DATE  
**15 06 48**  
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
<i>293</i>		<b>UNKNOWN X - 000278</b>			<b>Q</b>		
CEMETERY						DISPOSITION OF REMAINS	
<b>USAF CEMETERY (MANILA NO. 2)</b>						<b>7701 80</b>	
						CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY				CAUSE OF DEATH
<b>2</b>	<b>10</b>	<b>1248</b>	<b>PHILIPPINE ISLANDS</b>				<b>6</b>

#### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**FT. MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS**  
*Em*

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

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
<b>UNK X-278</b> <b>UNK X-426 (Maus)</b>				<b>21 Sept 48</b>
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	<b>UNKNOWN</b>		<b>PERRY E. WHITE</b> Embalmer NAME AND TITLE	

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

OTHER MEANS OF IDENTIFICATION

#### MINOR DISCREPANCIES

Two (2) Identification Tags read UNK X-426 (Maus)

#### REMAINS PREPARED AND PLACED IN CASKET

DATE <b>21 Sept 48</b>	BY <b>PERRY E. WHITE</b>
CASKET SEALED BY	EMBALMER (Signature)
<b>PERRY E. WHITE</b>	<i>Perry E. White</i> <b>PERRY E. WHITE</b>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE <b>21 Sept 48</b> by <b>HORACE L. ALLISON, Sgt. INF.</b>	<b>TEOFILO M. ANUTAN 1st Lt., INF.</b>

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

*Teofilo M. Anutan*  
**TEOFILO M. ANUTAN, 1st Lt., INF.**  
SIGNATURE OF GRS INSPECTOR  
NAME *Teofilo M. Anutan*  
**B & R RR.**

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>Carroll Mark</i>	DATE JAN 17 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	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

21 Nov. 1949

Date

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

The records pertaining to Unknown X- 278, Plot 2,  
Row 10, Grave 1248, USMC USAF Cem. Manila #2 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  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 14 Dec 49 ..... OQMG  
Not identifiable from  
information presently  
available

  
21 Dec 49

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-426 (Formerly UNK X-278 Manila #2)</b>				2. DATE OF REPORT <b>23 Nov 1949</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>801</b>	<b>F</b>	<b>1604</b>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>6'1 5/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Probably White</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

**U T D**

14. WAS BODY BURNED?  YES  NO

TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO

TO WHAT EXTENT? **Upper bones eroded**

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**

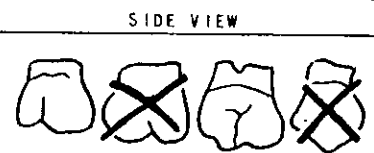
**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**



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:



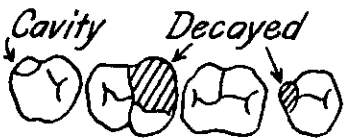
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



Maxilla Missing

Maxilla Missing

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
			P	A <sub>m</sub> od	S dL	P	P		S dL	S m				O/A m/p	
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
	X	A mod	P		P	P	P	P	P	P	P	P	X	X	P
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."

**REMARKS:** Portions of the maxilla from R6 - R8 and from L1 - L8 are missing.  
R8, L2, L3 and L7 are loose present with remains.

*Paul R. Nichols*

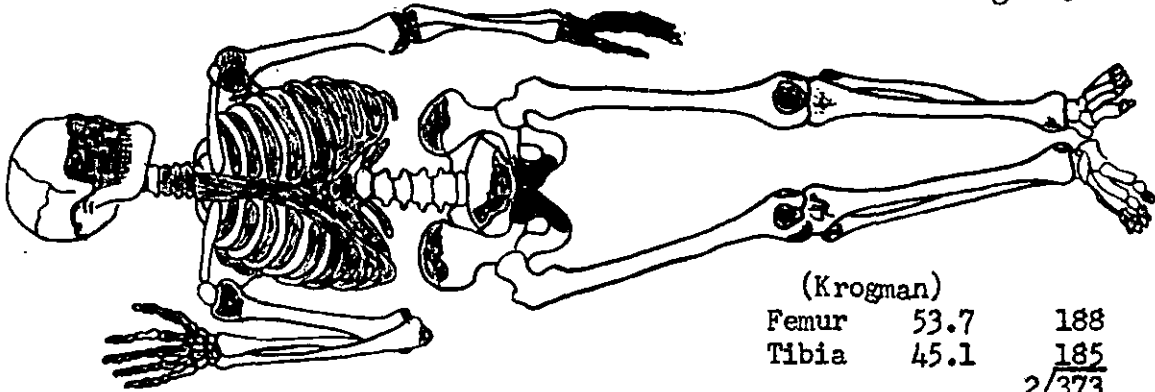
PAUL R NICHOLS  
Chief, Identification Section

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present  
5 Lumbar Vertebrae  
Rib fragments



(Krogman)  
Femur 53.7 188  
Tibia 45.1 185  
2/373  
186½

Estimated height: 6'1 5/8"

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 - 8 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

*Paul R. Nichols*

# 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.

13 Oct 47

UNKNOWN X-426 (Formerly UNK X-278)

DATE

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

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Camp O'Donnell, <sup>UNIT</sup> Camp,  
Luzon, P.I.

AGRS Mausoleum,  
Manila, P.I.

ORGANIZATION

801 F 1604

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT  
RANGER

ROW  
BAY

GRAVE NO.  
CRYPT



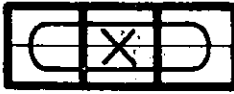











*missing*      *fractured*      *missing*

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	8
TYPE		X	X	X	A	S	X	X	X	S	S	X	X	A	A
LOCATION					Do	D				Scal	M	F		Mod	O

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE		X	A	X	O	X	X	X	X	X	O	A	O	X	X	O
LOCATION			ODF		FDM						F	M	D	F		O

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></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><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></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>
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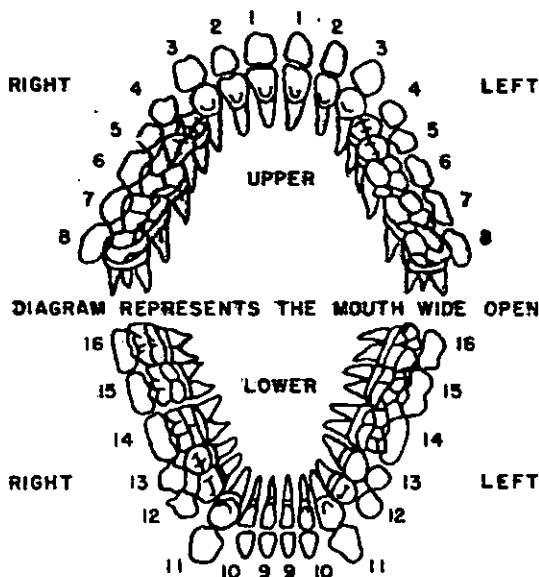
**INSTRUCTIONS:**

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:**

Unable to determine whether R5, 6, 7; L8, are PX or X . Severe generalized alveolar closure max. and mand.

/s/ John H. Barr  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Felix Glass  
VERIFIED BY GRS OFFICER

/p/ JOHN H. BARR  
NAME AND RANK TYPED OR PRINTED

/p/ FELIX GLASS  
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mslm, Nichols Fld., Manila, PI  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

13 Oct 47  
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)

UNKNOWN X-426 (Formerly  
 Unknown X-278 USAF Cem Manila #2, Luzon, PI  
 Cemetery: AGRS Mausoleum, Manila, P.I.  
 Plot: 801 RANGER FBAY CRYPT 1604  
 Row Grave

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery: 13 Oct 47
2. Place of death: Camp O'Donnell, PO Camp, Luzon, P.I.

(Sheet, scale and serials used)

(Coordinates and letter Prefix, maps)

3. Remains ~~recovered~~ disinterred by CMT #1, QMGR Co.  
 (Name and organization)
4. Evacuated to Cemetery by CMT #1, QMGR Co.  
 (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	/ /		
Sweater	N		
Jacket, HBT	N		
* Shirt, Wool OD	E		
Undershirt, Wool	/ /		
Undershirt, Cotton	/ /		
Trousers, HBT	/ /		
* Trousers, Wool OD	/ /		

Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \* Shoes .....  
 Overshoes .....  
 Web Equipment .....  
 (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: Remains are skeleton only - (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, pocks, freckles)

Build .....  
 (Large, fat, thin, muscular)

Hair .....  
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair .....  
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns ..... Mustache ..... Beard or .....  
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

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

Eyes ..... (Color, setting, shape)      Eyebrows ..... (Color, bushiness, extent across nose)

Nose ..... (Size, shape, straight)      Ears ..... (Size, set close to or far from head)

Mouth ..... (Large, medium, small)      Lips ..... (Small, large, full)

Teeth ..... **Dental Chart attached.**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of <sup>skull</sup> head in inches 21" (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 <sup>U</sup>knuckles, missing fingers or joints)  
 (Unusual characteristics of <sup>T</sup>finger<sup>D</sup>nails)

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

Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, hooked, 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 I.D. tags, personal effects nor burial bottle found. ROI state-  
ment enclosed. Nothing found to warrant identification. Estimated weight of  
deceased, approximately, 15 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/ John H. Barr D-234444  
(Officer's Name)

SP-8 AGRS  
Rank Service

CIP AGRS Mslm., Nichols Field,  
(Organization) Manila, P.I.

13 October 1947

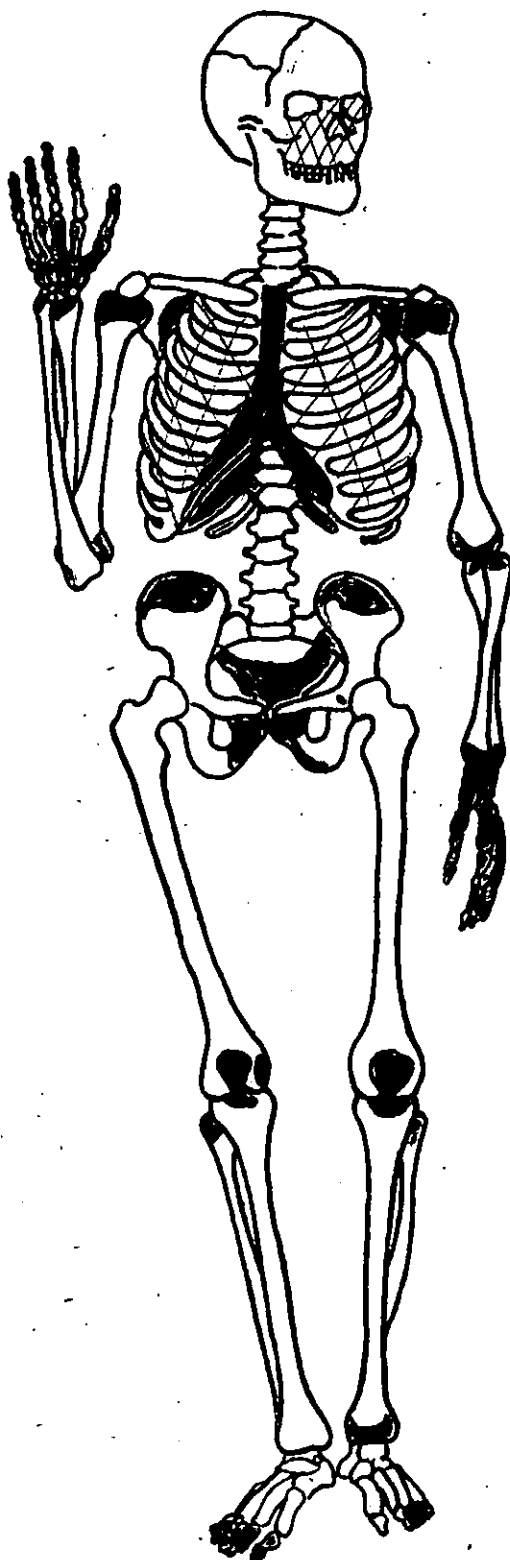
CERTIFIED TRUE COPY:

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



# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



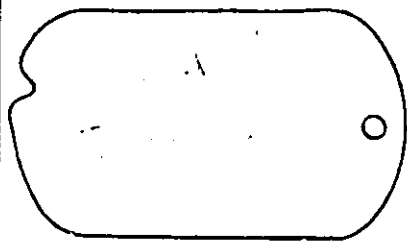
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

15 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-426 (Formerly UNK X-278 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

Camp O'Donnell, POW  
Camp, Luzon, P.I.

## CAUSE OF DEATH

Unknown

## DATE OF DEATH

Unknown

## EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

None

## IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

## WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

## LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

## 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) STORED	TYPE OF GRAVE MARKER	PLOT No. RANGER	ROW No. BAY	GRAVE No. CRYPT
14 Oct 47	1500	Casket	None	801	F	1604

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.	ROW No.	GRAVE No.
2	10	1248

TYPE OF RELIGIOUS  
CEREMONY

## PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODYIDENTIFICATION 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-430

## RANK

## SERIAL NO.

## ORGANIZATION

GRAVE No.  
CRYPT  
1606

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

UNKNOWN X-431

## RANK

## SERIAL NO.

## ORGANIZATION

GRAVE No.  
CRYPT  
1602

## 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.

**Section 3.—UNIDENTIFIED REMAINS.**


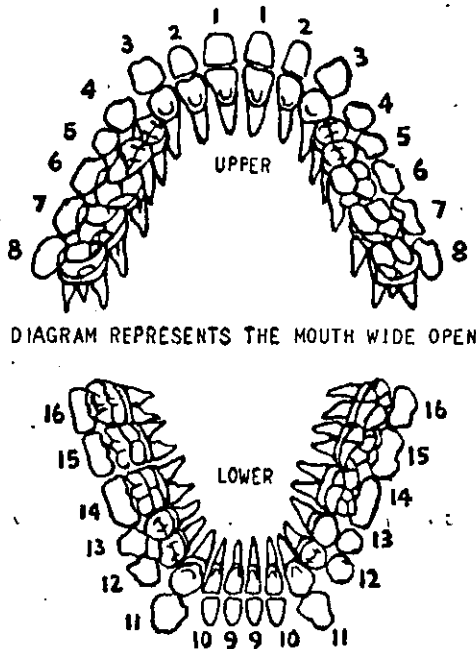




**INSTRUCTIONS:**

(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.

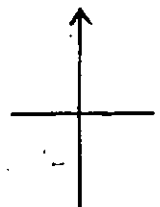
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



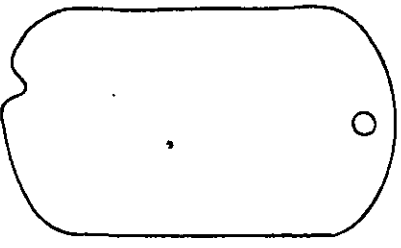
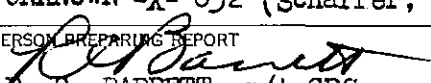
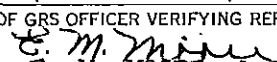
**REMARKS:**

Identification Check List and Dental Chart accomplished.

**24 NOV 1947**

IDENTIFICATION SECTION  
REPATRIATION 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)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 12 Jan. 46			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.							
		NAME (Last, first, middle initial) UNKNOWN -X- 278 (Cem. Manila #2) (Formerly unknown #31 (Camp O'Donnel Cem.))				SERIAL NO.			
		GRADE		ORGANIZATION		BRANCH OF SERVICE			
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH Camp O'Donnel POW Camp, Luzon, P. I.		CAUSE OF DEATH				DATE OF DEATH			
EMERGENCY ADDRESSEE (Name, relationship, and address)									
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)							
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)									
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Incl 591 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 18 Dec. 45		HOUR 1500		BURIED IN (Shroud, blanket, or name of other) Shelter Half		TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 10	GRAVE No. 1248
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE American POW Cemetery Camp O'Donnel, Luzon, P.I.							
				PLOT No. I	ROW No. 1	GRAVE No. 8			
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY					
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes							
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN -X- 279 (Cem. Manila #2) (Formerly unknown #30 (Camp O'Donnel Cem.))				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1247		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 852 (Schaffer, Raymond D.)				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1249		
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, T/4 GRS.				SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. M. MOORE, 1st Lt. 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 126

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


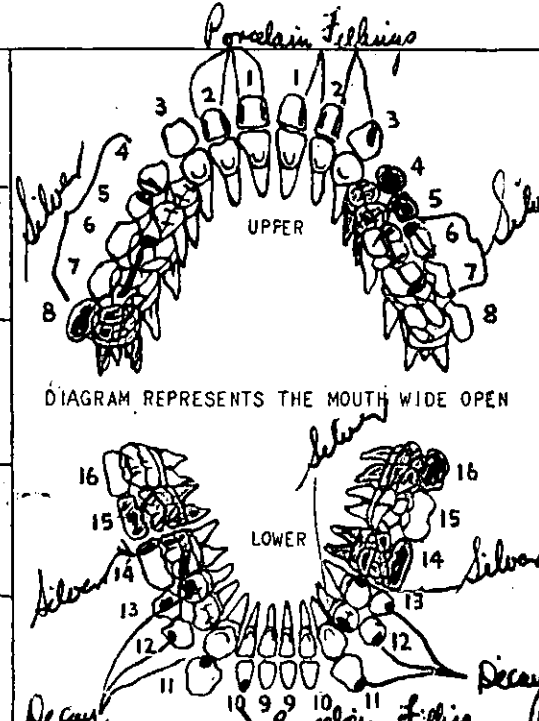




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

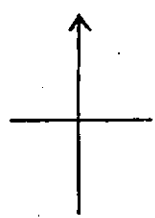
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	<p align="center"><i>Porcelain Fillings</i></p>  <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	CAVITIES	 <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT THUMB			
RIGHT LITTLE FINGER			
RIGHT RING FINGER			
RIGHT MIDDLE FINGER			
RIGHT INDEX FINGER			
RIGHT THUMB			

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



REMARKS:

**6 FEB 1946**