

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293

APO 707

SUBJECT: Unidentifiable Remains

8 Aug 1949

TO : The Quartermaster General  
Department of the Army  
Washington 25, D.C.  
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file 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-330	AGRS	Mslm	UNKNOWN	X-2855	AGRS	Mslm
"	X-334	"	"	"	X-3839	"	"
"	X-452	"	"	"	X-4259	"	"
"	X-608	"	"	"	X-4915	"	"
"	X-2671	"	"				

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

FOR THE COMMANDING GENERAL:

JOHN M. WESTON JR  
1st Lt AGD  
Asst. Adj. GEN

9 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

(Received )  
(Aug 17 1949)

1

/nce

/drs

Interred 8 August 1948  
G 1 6 Ft. McKinley

*Clear R. Smith*  
CARL R. H. BARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent

DIRECTIVE NUMBER

DATE

NAME AND BURIAL LOCATION OF DECEASED

7747 00045

15 06 48  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

115 UNKNOWNX-000074

0  
DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

USAF CEMETERY MANILA NO 2

0 7701 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

1 24 3060 PHILIPPINE ISLANDS

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-74 UNK X-330 (MAUSOLEUM)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 27 Sept '48
---	---------------	------	---------------	---------------------------------

IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY JOSEPH W. GEUSE 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) Mausoleum Tags - UNK X-330.

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Sept '48	BY JOSEPH W. GEUSE	EMBALMER (Signature) <i>Joseph W. Geuse</i> JOSEPH W. GEUSE
---------------------	-----------------------	---

CASKET BOXED AND MARKED	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.

FILE  
7-SEP 1948  
REPATRIATION  
BRANCH  
MEM. CIV.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

25 July 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 74, Plot 1,  
Row 24, Grave 3060, 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. Mcnemar*

H. B. McNEMAR  
Captain, USMC  
Chief, Records Branch

Atch: Form 1044

Received .....  
Unidentifiable from .....  
information presently .....  
available .....  
0000

*Encl #1*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN - UNKNOWN X-330 (Formerly UNK X-74 Manila #2)				2. DATE OF REPORT 29 July 49	
3. NAME OF CEMETERY AGNES MEMORIAL CEMETERY, MANILA, P.I.		4. PLOT 801	5. ROW K	6. GRAVE 3222	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE Unknown
----------------------------	----------------------------	--------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

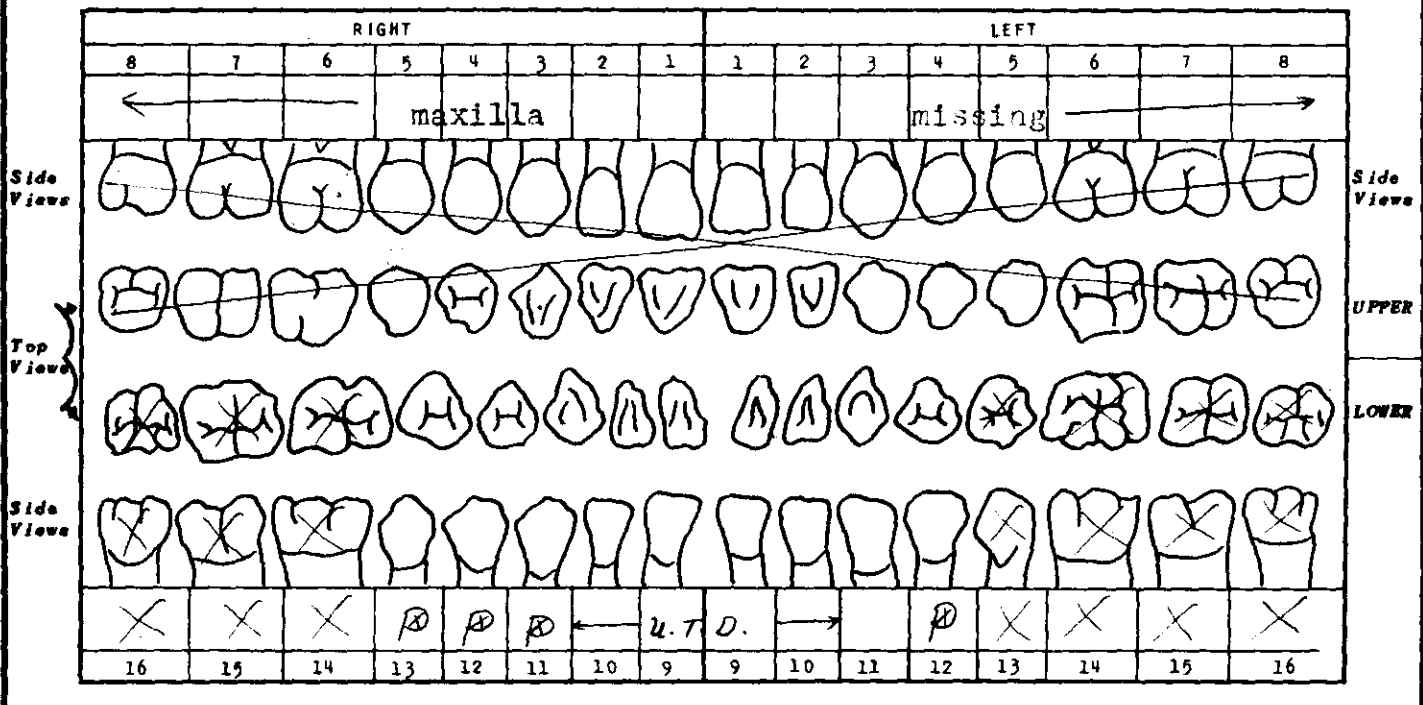
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

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

*Incl #12*

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			



**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."

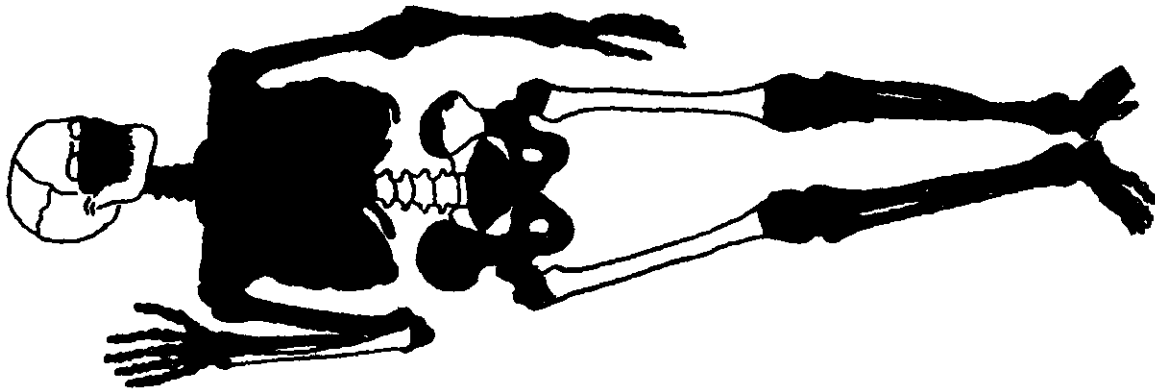
Unable to determine whether teeth from R10-L10 are X or PX due to the condition of the mandible.

**"UNIDENTIFIABLE"**

*W. J. McDermott*  
 W. J. McDERMOTT  
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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 ROI, identification tags or personal effects found with remains.  
 Estimated weight of remains - 3 lbs.  
 Circumference of skull - 20 inches.

**"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

J. J. McDERMOTT  
 Laboratory Off. CIP

SIGNATURE

*J. J. McDermott*

# IDENTIFICATION CHECK LIST

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

(Formerly Unknown X-74  
Unknown X-330 USAF Cem Manila #2)  
Cemetery AGRS Mausoleum, Nichols Field,  
Plot 801 <sup>HANGER</sup> Row K <sup>CR</sup> Grave 3222 <sup>Manila,</sup> P.I.

1. Arrived at cemetery \_\_\_\_\_  
(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, Cem. #2, Manila, P.I.  
(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	/		
Sweater	/		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

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 head in inches ..... 20" ..... (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.



# SKELETAL CHART

X-330

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



X-330

# 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.

20 Sept 47  
DATE

(Formerly Unknown X-74)  
X-530 USAR Gen Manila (2)

Unknown  
RANK

Unknown  
SERIAL NO.

Unknown  
UNIT

USNS Macoleum  
Manila, P.I.

Unknown  
ORGANIZATION

Corporal, P.I.  
PLACE OF DEATH

801  
PLACE OF BURIAL

II 5282  
PLOT ROW GRAVE NO.

Manilla Storage HANGER BAY CRYPT


INSIDE — LOOKING OUT


## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

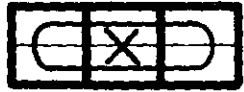
SYMBOLS IN WHOLE BOX



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)



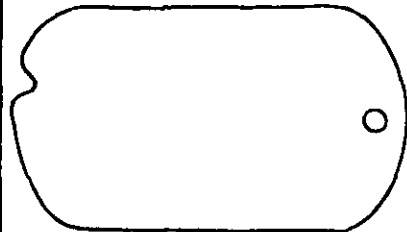
FACIAL (TOWARD CHEEK)

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

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

DATE OF REPORT  
1 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN X-330 (Formerly Unknown X-74 USAF Cem Manila #2, Luzon, P.I.)</b>		SERIAL NO. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Corregidor Island, P.I.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
--	----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>Yes (2)</b>	

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, MANICA, P.I.**

DATE OF BURIAL STORAGE <b>30 Sept 47</b>	HOUR <b>0900</b>	BURIED IN (Shroud, blanket, or name of other) STORED <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. HANGER <b>801</b>	ROW No. BAY <b>K</b>	GRAVE No. CRYPT <b>3222</b>
--	---------------------	--	--	----------------------------------	----------------------------	-----------------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Disinterred From: USAF Cem Manila #2, Luzon, P.I.</b>	PLOT No. <b>1</b>	ROW No. <b>24</b>	GRAVE No. <b>3060</b>
--	---	----------------------	----------------------	--------------------------

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 <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE <b>UNKNOWN X - 332</b>	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT <b>3224</b>
---	------	------------	--------------	-----------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE <b>CLAFLIN, Wilfred D.</b>	RANK <b>T/5</b>	SERIAL No. <b>15324319</b>	ORGANIZATION <b>Co "F" 532nd Engr. (R&amp;S)</b>	GRAVE No. CRYPT <b>3220</b>
--	--------------------	-------------------------------	---	-----------------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>Wm R. Gilbert</i> <b>Wm R. GILBERT, Adm Asst</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S. Panopio</i> <b>LUCIO S. PANOPIO, 2d Lt., Inf</b>
--	--

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.

469

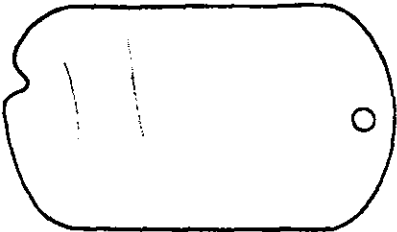
RESTRICTED

U 677

WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

25 Oct 45

Imprint Identification Tag If Possible. DO NOT TYPE  		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial)  U N K N O W N - X - 74			SERIAL No.	
GRADE		ORGANIZATION		BRANCH OF SERVICE		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH		CAUSE OF DEATH			DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address)						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
None						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)						
Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  None						
<b>Section 2.—BURIAL.</b> 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  22 Oct 45	HOUR  1300	BURIED IN (Shroud, blanket, or name of other)  Shelter Half	TYPE OF GRAVE MARKER  Cross	PLOT No.  1	ROW No.  24	GRAVE No.  3060
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
Yes	American Cem. Corregidor Island, P. I. (406.5)			C	3	70
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
			Ident. from original burial records. Report of Interment in bottle buried with body.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
No	Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
ZETTLER, John A.			Pfc	15017305	Btry H, 59 CA	3059
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
JONES, David E.			Pvt	18036306	Btry L, 60 CA	3061
SIGNATURE OF PERSON PREPARING REPORT  W. V. HARDY JR., T/3 GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  W. E. SESSIONS III, 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.

RESTRICTED

16-43997-1