

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk. Manila #12 X-529

SUBJECT

Also 295 unk. Manila #11-4746

/jdm

/ebc
1 ✓

Interred 18 January 1950
H 9 145 Ft. McKinley
Caremark
DISINTERMENT DIRECTIVE
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER
7747 00346
DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWNX-000529
SERIAL NUMBER
RANK
ARM
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY (MANILA NO 2)
DISPOSITION OF REMAINS
7701 60
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
2 16 2069 PHILIPPINE ISLANDS
CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS
NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-000529
UNKNOWN X-4746 (MAUS)
SERIAL NUMBER
RANK
DATE OF DEATH
DATE DISINTERRED
22 Sept 1948
IDENTIFICATION TAG ON
 REMAINS
 MARKER
ORGANIZATION UNKNOWN
RELIGION
IDENTIFICATION VERIFIED BY
GEORGE SIMONEAU
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

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept 1948 BY GEORGE SIMONEAU
CASKET SEALED BY
GEORGE SIMONEAU
EMBALMER (Signature)
George Simoneau
GEORGE SIMONEAU

CASKET BOXED AND MARKED
DATE 22 Sep 48 BY HORACE L ALLISON, Sgt. INF
SHIPPING ADDRESS VERIFIED BY
CHARLES R BATES, 1st Lt., USAFR

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
Charles R. Bates
CHARLES R. BATES, 1st Lt. USAFR
SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.
DATE 13 Feb 50
NAME *J. Brooks*
R & R BR.

RECORD OF CUSTODIAL TRANSFER

FROM		TO	
AGRS MAUSOLEUM		FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER <i>W. Stewart</i>	
DATE	DATE	DATE	DATE
		JAN 18 1950	
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE	DATE	DATE	DATE

CGMAY 293
CIS Far East

16 November 1949

SUBJECT: Approval of Unidentifiability

**To: Commanding Officer
American Graves Registration Service
Philcom Zone
AA 900, c/o Postmaster
San Francisco, California**

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

Unknown K-4754, AGRS Name. Maria formerly K-248, USAF Cemetery Manila #2
Unknown K-4746, AGRS Name. Maria formerly K-529, USAF Cemetery Manila #8

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

VIA THE QUARTERMASTER GENERAL:

**T. H. METZ
Lt. Colonel, QMC
Quartermaster Division**

REB

TEC

cc: Adm Section

**S. M. Guildsdal
L. M. White
J. Windsor**

cc: CINCPAC, AFM 500

HEAD OFFICE
 AMERICAN GRAVE REGISTRATION SERVICE
 WASHINGTON, D. C.

CR 15 293

AR 900
 24 October 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, File 1044 293, CR (See last), dated 17 September 1949, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGO, Hagerman, Idaho, U.S.A., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

XXXX	W-4775	AFG	Wain	XXXX	W-4781	AFG	Wain
"	W-4777	"	"	"	W-4783	"	"
"	W-4783	"	"	"	W-4778	"	"
"	W-4786	"	"	"	W-4789	"	"
"	W-4790	"	"	"	W-4788	"	"
"	W-4792	"	"	"	W-4800	"	"
"	W-4798	"	"	"	W-4802	"	"
"	W-4780	"	"	"	W-4807	"	"

2. Forwarded herewith, for your consideration, are two AG Forms 1044 for the above-mentioned unknowns.

Very truly yours,

16 Encls
 AG Form 1044 w/ Certificates
 of Unidentifiability

/s/ John Chynala
 JOHN CHYNALA
 1st Lt., Infantry
 Adjutant

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

13 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 529, Flot 2,
Row 16, Grave 2069, 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:


A. B. MCNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received NOV 2 1949
Not identifiable from
information received

admit 132
Jd Sec.

QMC

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4746 (Formerly UNK X-529 Manila #2)			2. DATE OF REPORT 17 Oct 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	C	737	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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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? <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?
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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		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Missing				X			70						Missing			
Side View								Side View								
Top View								Top View								
Side View								Side View								
UPPER								LOWER								
X	A	A	A				70	70				0	0	A	A	X
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."

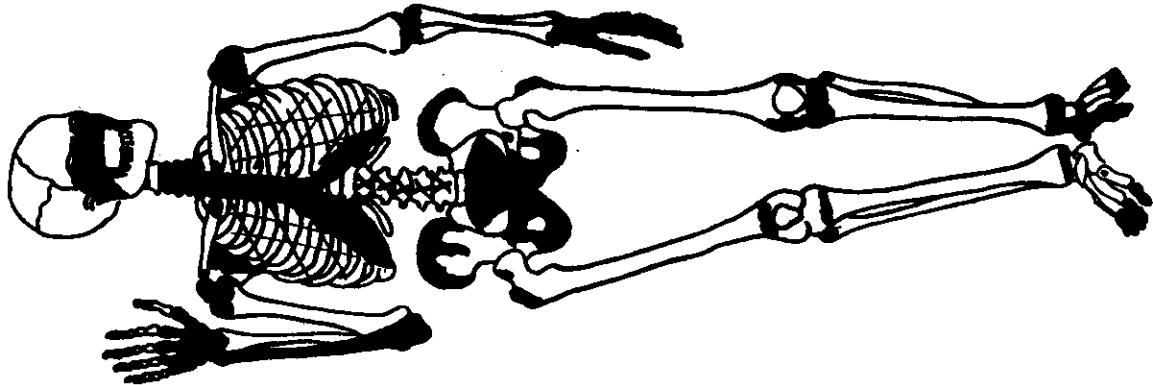
REMARKS: Portions of the maxilla from R6-R8 and from L6-L8 are missing.
No loose teeth are present with remains.

"UNIDENTIFIABLE"

Paul R Nichols

PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 - 6½ 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

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

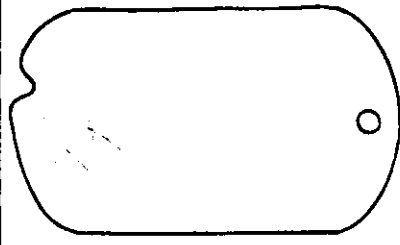
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

U-1207

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1042)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center">30 Jan. 46</p>
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<i>Imprint Identification Tag If Possible.</i> DO NOT TYPE 	Section 1.—IDENTIFICATION. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">NAME (Last, first, middle initial) UNKNOWN -X- 529 (Gen. Manila #2) (Formerly Unknown - X - 26 Camp O'Donnell)</td> <td style="padding: 2px;">SERIAL No.</td> </tr> <tr> <td style="padding: 2px;">GRADE</td> <td style="padding: 2px;">ORGANIZATION</td> <td style="padding: 2px;">BRANCH OF SERVICE</td> </tr> <tr> <td style="padding: 2px;">RACE</td> <td style="padding: 2px;">RELIGION</td> <td style="padding: 2px;">IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</td> </tr> </table>	NAME (Last, first, middle initial) UNKNOWN -X- 529 (Gen. Manila #2) (Formerly Unknown - X - 26 Camp O'Donnell)		SERIAL No.	GRADE	ORGANIZATION	BRANCH OF SERVICE	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
NAME (Last, first, middle initial) UNKNOWN -X- 529 (Gen. Manila #2) (Formerly Unknown - X - 26 Camp O'Donnell)		SERIAL No.								
GRADE	ORGANIZATION	BRANCH OF SERVICE								
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY								

PLACE OF DEATH FCM Camp O'Donnell, Luzon, P. I.	CAUSE OF DEATH	DATE OF DEATH
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center">Listed on Prison Death Register as above indicated T.I.</p>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center">Yes (2)</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

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

DATE OF BURIAL 4 Jan. 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 16	GRAVE No. 2069
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE American POW Camp Cemetery, Camp O'Donnell, Luzon, P. I.
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PLOT No. 2	ROW No. 5	GRAVE No. 8
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-1801 (ALLEN, W V)	RANK Civilian	SERIAL No.	ORGANIZATION	GRAVE No. 2068
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-1640 (NYE, Phillip E)	RANK Pvt	SERIAL No. 6680605	ORGANIZATION	GRAVE No. 2070
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SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. L. Moore</i> E. L. MOORE, 1st Lt. G.C.
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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.

RESTRICTED

Serial 44

Section 3. UNIDENTIFIED REMAINS.


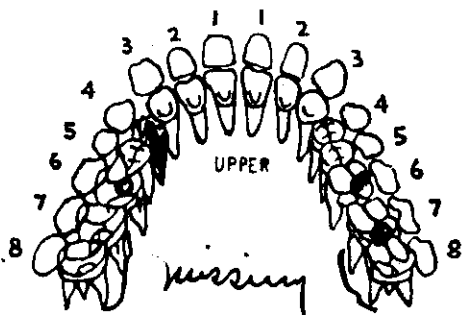
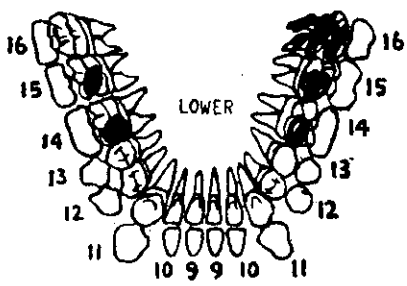




INSTRUCTIONS:

(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.

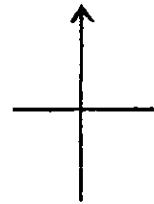
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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



REMARKS:

20 FEB 1949

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