

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Manila # 2 X-732

SUBJECT

Also Manila News X-4563

And unk. Cabanatuan Cor. C-1584

U/abc
1

Interred 30 Sept 1949
H 3 120 Ft. McKinley
Don L. Smathers
DON L. SMATHERS

DISINTERMENT DIRECTIVE

1st Lt., Inf., Cemetery Officer
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 01808

DATE
15 06 48
DAY MONTH YEAR

NAME
9901 UNKNOWN X-000732

SERIAL NUMBER / RANK
ARM Q

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
3 21 2682 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-732
UNKNOWN X-4563 (MAUS)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
22 Sept 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
ALEXANDER P. PETTICE
Embalmr 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 Identification tags - UNKNOWN X-4563 (MAUS)

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept 1948 BY ALEXANDER P. PETTICE

CASKET SEALED BY
ALEXANDER P. PETTICE

EMBALMER (Signature)
Alexander P. Pettice
ALEXANDER P. PETTICE

CASKET BOXED AND MARKED
DATE 22 Sep 48 BY HORACE L. ALLISON, Sgt, INF

SHIPPING ADDRESS VERIFIED BY
CORSIKE C. KAYAMAN, 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.

Corsike C. Kayaman
CORSIKE C. KAYAMAN, 1st Lt., INF
SIGNATURE OF ORS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

FILE
RECORDS ANNOTATED
DATE
NAME

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	AGRS MAUSOLEUM	TO	FORT MCKINLEY MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	<i>Don J. Amadio</i>
30 AUG 1949			
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER			
DATE		SIGNATURE OF RECEIVER	

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

3 August 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 732, Plot 3,
Row 21, Grave 2682, USMC USAF Com. 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:



B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Incl 8

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4563 (Formerly UNK X-732, Manila #2)			2. DATE OF REPORT 9 Aug 1949		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	802	I	2981	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'10 2/3"	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?
---	-----------------

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"

Incl 8

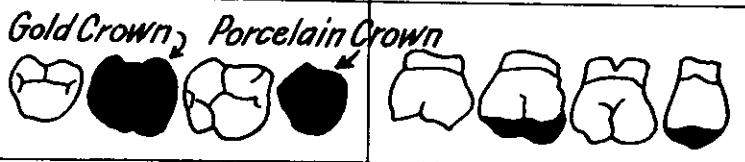
18.

TOOTH CHART

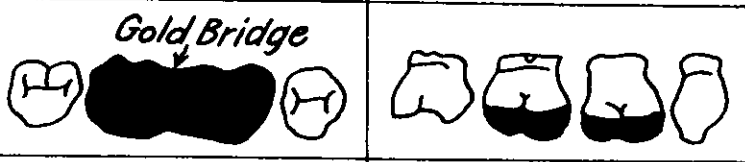
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



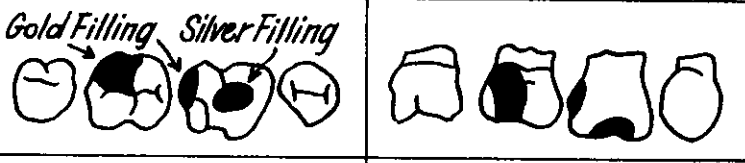
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



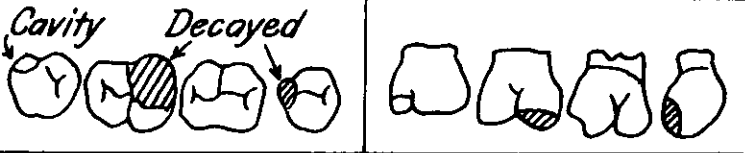
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Maxilla								Missing							
Side Views															
UPPER															
LOWER															
Side Views															
Mandible								Missing							
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."

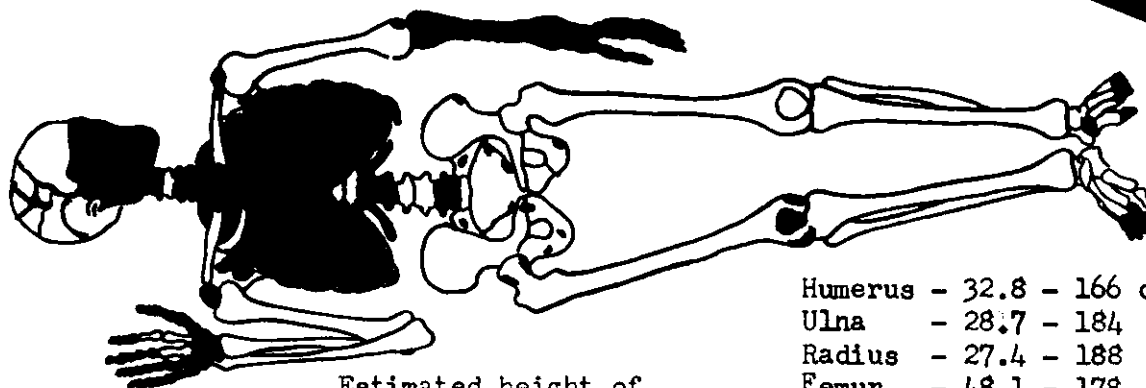
No loose teeth present with remains.

J J McDermott
 J J McDERMOTT
 Lab. Officer, CIP

"UNIDENTIFIABLE"

ONLY BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height of
remains - 178 4/6 or 178 2/3 cms
or 5'10 2/3"

Humerus	-	32.8	-	166	cms
Ulna	-	28.7	-	184	"
Radius	-	27.4	-	188	"
Femur	-	48.1	-	178	"
Tibia	-	40.6	-	184	"
Fibula	-	37.3	-	172	"

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 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

J J McDERMOTT, Lab. Officer, CIP

SIGNATURE

X-4563



RESTRICTED

U-3557

WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

30 Mar 46

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> </div>	<p>Section 1.—IDENTIFICATION.</p> <p>NAME (Last, first, middle initial) UNKNOWN -X- 732 (Cem. Manila #2) (Formerly unknown C-1584 Cabanatuan Cem.)</p> <p>SERIAL No.</p>		
<p>GRADE</p>	<p>ORGANIZATION</p>	<p>BRANCH OF SERVICE</p>	
<p>RACE</p>	<p>RELIGION</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>	
<p>PLACE OF DEATH POW Camp, Cabanatuan, Duzon, P. I.</p>	<p>CAUSE OF DEATH</p>		<p>DATE OF DEATH</p>

EMERGENCY ADDRESSEE (Name, relationship, and address)

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p align="center">None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p>		
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)</p> <p align="center">Yes (2)</p>	<p>Received <u>4-30-49</u> OQMG Not identifiable from information presently available <i>Budenberg</i></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


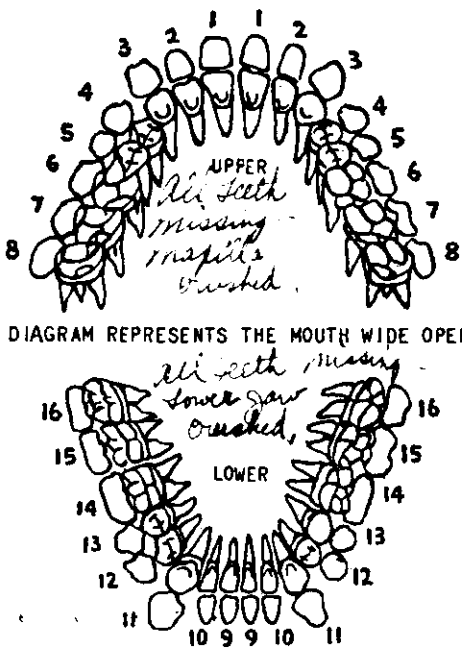




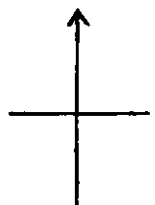
USAF Cemetery Manila #2, Duzon, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
4 Mar 46	0900	shelter half	cross	3	21	2682
<p>WAS THIS A REBURIAL? (Yes or no)</p> <p align="center">Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p>POW Camps # I & II cemetery, Cabanatuan, Duzon, P. I.</p>			<p>PLOT No.</p> <p align="center">2</p>	<p>ROW No.</p> <p align="center">0</p>	<p>GRAVE No.</p> <p align="center">224</p>
<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>				
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p align="center">Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p align="center">Yes</p>					
<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p> <p>UNKNOWN -X- 2969 (Cem. Manila #2) (Formerly unknown C-1547 Cabanatuan Cem.)</p>		<p>RANK</p> <p align="center">Cem.)</p>	<p>SERIAL No.</p>	<p>ORGANIZATION</p>	<p>GRAVE No.</p> <p align="center">2681</p>	
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p> <p>UNKNOWN -X- 738 (Cem. Manila #2) (Formerly unknown C-1585 Cabanatuan Cem.)</p>		<p>RANK</p> <p align="center">Cem.)</p>	<p>SERIAL No.</p>	<p>ORGANIZATION</p>	<p>GRAVE No.</p> <p align="center">2683</p>	
<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p align="center"><i>L. Venafra</i> L. VENAFRA, PFC. GRS</p>			<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p align="center"><i>E. M. Moore</i> E. M. MOORE, 1st Lt. QMC.</p>			

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

Incl 74

		Section 3. UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	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.				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>		
RIGHT THUMB	CAVITIES  CAVITY DECAYED				
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING				
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN				
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE				
RIGHT LITTLE FINGER					
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY					
					
REMARKS:					