

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Ant. Manila # 2 X-736

SUBJECT

Also Ant. Manila Mus. X-4597

Ant Ant. Cabanatuan Com. C-1592

1/abc
1

Interred 18 January 1950
Rt. 14 129 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 01767

DATE
15 06 48
DAY MONTH YEAR

NAME
193
UNKNOWNX-000736

SERIAL NUMBER
RANK

ARM
0

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY ~~(MANILA NO 2)~~

DISPOSITION OF REMAINS
0 7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
3 21 2616 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-736
UNKNOWN X-4597 (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
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 tags UNKNOWN X-4597 (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
22 Sep 48 BY HORACE L ALLISON, Sgt, INF

SHIPPING ADDRESS VERIFIED BY
CORSINE C. KAYANAN, 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.

Corsine C. Kayanan
CORSINE C. KAYANAN, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

DATE 6 Feb 50
NAME *Pettice*
B & R BR.

RECORD OF CUSTODIAL TRANSFER

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

25 Nov 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 736, Plot 3,
Row 21, Grave 2616, 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. E. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 20 Jan 50 0901
Not identifiable from
information presently
available
Chit Wynin
Ident Sec
31 Jan 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4597 (Formerly UNK X-736 Manila #2)				2. DATE OF REPORT 2 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 802	5. ROW F	6. GRAVE 1830	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 7-1/8"	10. COLOR OF HAIR U T D	11. RACE Unknown
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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

U T D

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"

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:			

MAXILLA MISSING

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Cavity	Cavity	Cavity				u	utd	o	o				utd	Cavity	UTD
o	o	mo				molt		d	molt					o	
Side View															Side View
Top View															UPPER
Side View															LOWER
	Cavity	X	P	P	P	P	P	P	P	P	P	P	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: Maxilla missing. R2 thru R8 and L1 thru L5 and L7 of maxillary teeth are present. UTD whether R1, L6 and L8 are X or Px due to maxilla missing.

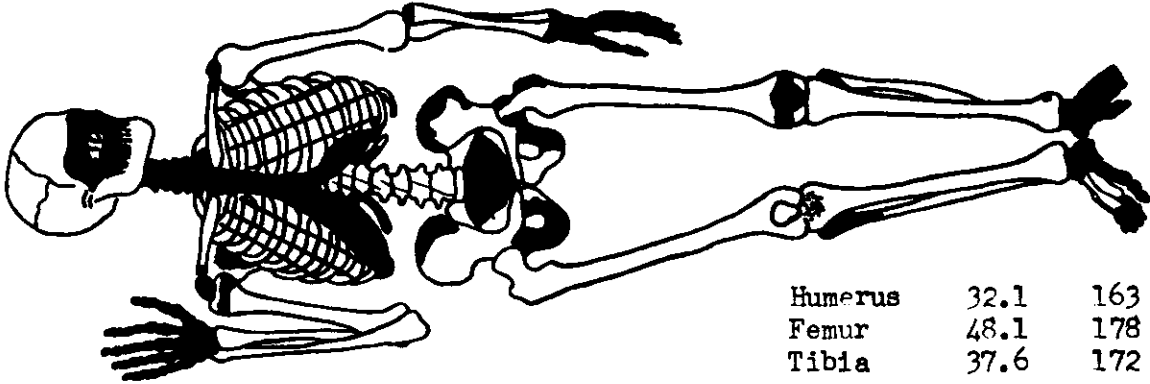
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Sec

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Average height of remains - 171 cm or 5' 7-1/8"

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 - 3 lbs.

Circumference of skull - 19 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 Sec

SIGNATURE

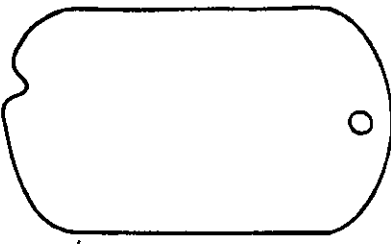
RESTRICTED

U-3554

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
29 Mar 46

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-736 (Cem Manila #2) Formerly UNKNOWN C-1592 (Cem Cabanatuan)		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Cabanatuan Prison Camp 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) 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

USAF Cemetery Manila #2, Luzon, P I

DATE OF BURIAL 4 Mar 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 3	ROW No. 21	GRAVE No. 2616
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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 POW Camps I & II Cabanatuan Cemetery, Luzon, PI 45.7-70.9 1/50,000			PLOT No. 3	ROW No. 0	GRAVE No. 302
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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-731 (Cem Manila #2) Formerly UNKNOWN C-1591 (Cem Cabanatuan)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2615
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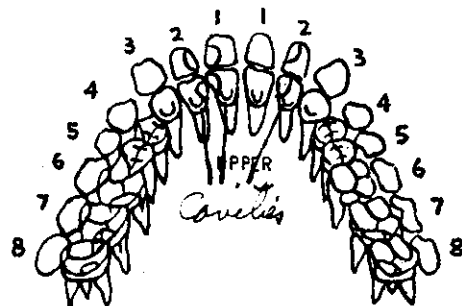
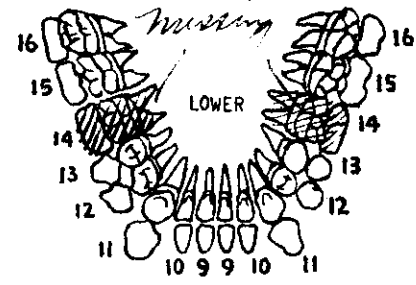





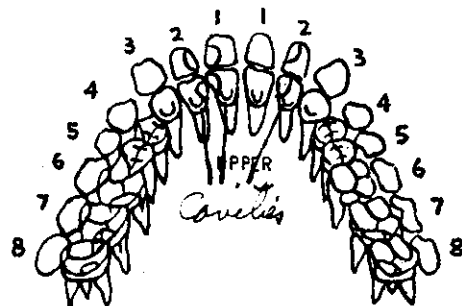
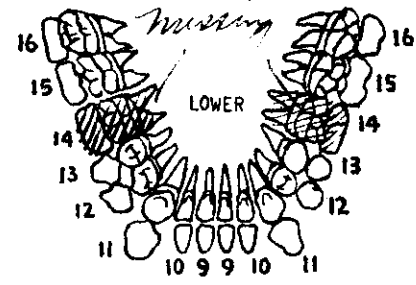





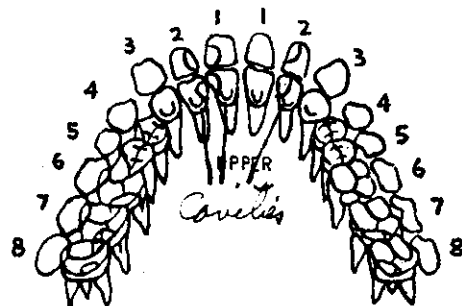
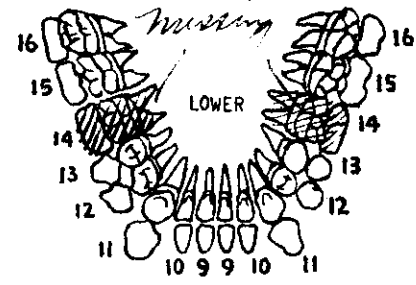




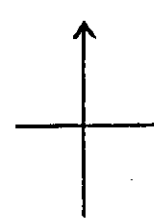
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-1247 (Cem Manila #2) Formerly UNKNOWN C-1593 (Cem Cabanatuan)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2617
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SIGNATURE OF PERSON PREPARING REPORT  L. VENAFRA, Pfc., GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  E. M. MOORE, 1st Lt., QMC.
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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

Handwritten: Incl 15

LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.															
LEFT RING 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 MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES													
LEFT INDEX FINGER	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS														
LEFT THUMB	WEAPON AND SERIAL No.		WHERE BODY WAS BURIED OR FOUND													
RIGHT THUMB	LAUNDRY MARKS		OTHER IDENTIFICATION CLUES													
RIGHT LITTLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  SILVER FILLING GOLD FILLING </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">  UPPER Cavities DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  LOWER Missing </td> </tr> <tr> <td>CAVITIES</td> <td>  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td>  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  GOLD BRIDGE </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER Cavities DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  LOWER Missing	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE		
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MISSING TEETH	 TOOTH MISSING															
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN															
BRIDGE WORK	 GOLD BRIDGE															
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center;">  </div>															
RIGHT MIDDLE FINGER	REMARKS:															
RIGHT INDEX FINGER																
RIGHT LITTLE FINGER																