

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Manila #2 X-747

SUBJECT

Also Manila Manus. X-4566

and unk. Sabarotuan Com. C-1581

FBI

1 ✓

Interred 13 Feb 1948
D 9 42

caremark DISINTERMENT DIRECTIVE
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 01825

DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000747

RANK

ARM
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY (MANILA NO 2)

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT
3 22 2739

COUNTRY
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-747
UNKNOWN X-456 (MAUS)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED
24 Sept 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
FERRY E. WHITE
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
SHOET IN HALF

CONDITION OF REMAINS
SALINE

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES
Two Identification tags read MAUS UNKNOWN X-4568

REMAINS PREPARED AND PLACED IN CASKET
DATE 14 Sept 1948 BY FERRY E. WHITE

CASKET SEALED BY
FERRY E. WHITE

EMBALMER (Signature)
Ferry E. White

CASKET BOXED AND MARKED
DATE 4 Sept 48 BY ROYAL E. ALLISON, Sgt, INF

SHIPPING ADDRESS VERIFIED BY
PROF. G. M. ... 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.

Griffith M. ...
PROF. G. M. ... 1st Lt, INF
SIGNATURE OF GRS INSPECTOR

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

3 MAR 1950
REPATRIATION
BRANCH

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM	TO	PORT MCKINLEY MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		2. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		3. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		4. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		5. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		6. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		7. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	

DATE FEB 13 1950 *Wesley Frank*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
AFO. 900

15 Aug. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 747, Plot 3,
Row 22, Grave 2739, 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, QMC
Chief, Records Branch

Attch: Form 1044

Received JAN 4 1950
Not identifiable from Serial 4111
information presently ident in
available
JAN 9 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4566 (Formerly UNK X-747 Manila # 2)				2. DATE OF REPORT 18 Aug 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT
	802	I	2991		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 5/8"	10. COLOR OF HAIR UTD	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

UTD

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

NONE


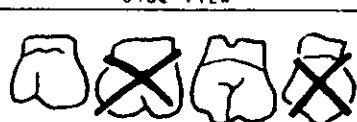
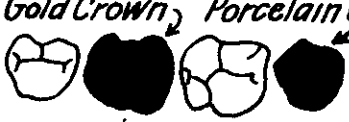





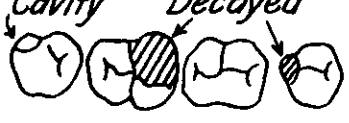

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

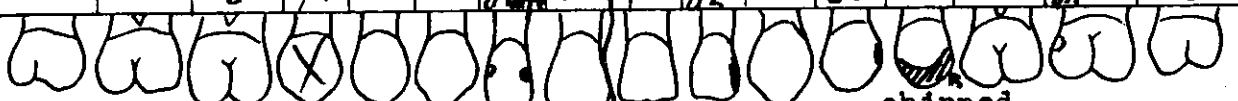


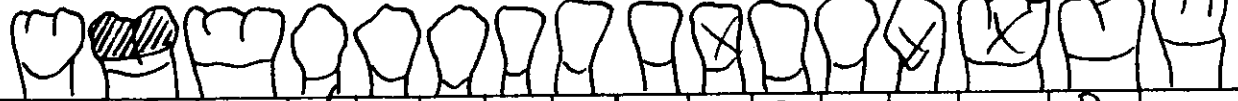
NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>  <p><i>Tooth Missing</i></p>	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	

		Fractured																Missing	
		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
				A	X			gls	P	P	S	do	o		o/o	o			
				o							dl		o						
Side View																		Side View	
																		UPPER	
Top View																		LOWER	
Side View																			
				o	P	P		P	P	P	X	P	P	X	X	P	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."

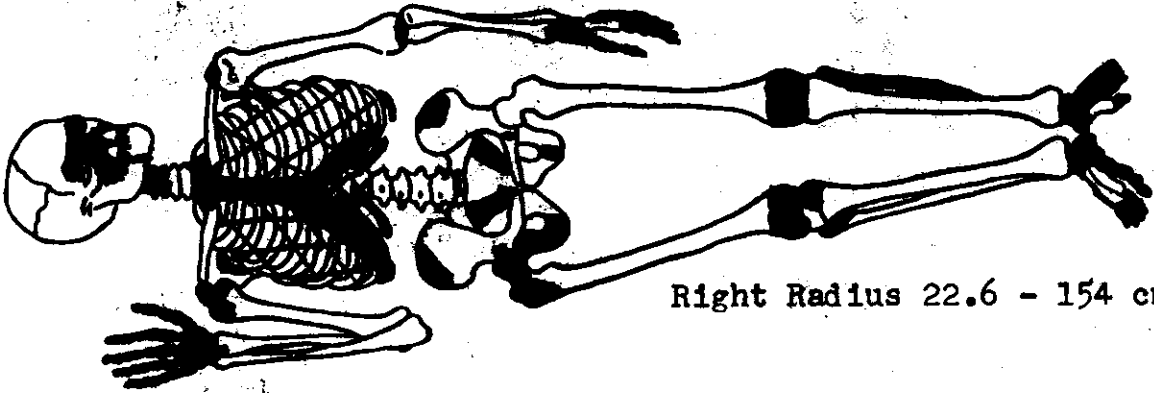
REMARKS: Portion of maxilla missing from R7 thru R8 and L6 thru L8. R7, R8 and L6 thru L8 of maxillary teeth are present. Mandible badly decomposed from L15 thru L16.

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Right Radius 22.6 - 154 cm

Average height of remains - 154 cm or 5' 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 - 5 lbs.
Circumference of skull - 20 1/8 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 Officer, CIP

SIGNATURE

RESTRICTED

U-3550

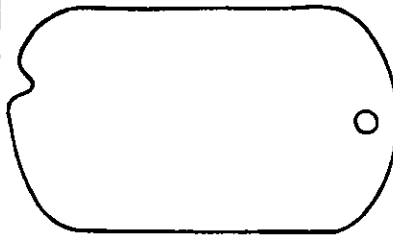
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 Apr 46

*Imprint Identification Tag If Possible.
DO NOT TYPE*



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN -X- 747 (Cem. Manila #2) (formerly unknown C-1581 Cabanatuan Cem.)		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH POW Camp, Cabanatuan, 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
4 Mar 46	1300	shelter half	cross	3	22	2739

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 Cemetery, Cabanatuan, Luzon, P. I. 45.7-70.9 1/50,000.	PLOT No. 2	ROW No. 0	GRAVE No. 224
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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- 745 (Cem. Manila #2) (formerly unknown C-1580 Cabanatuan Cem.)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2738
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 730 (Cem. Manila #2) (formerly unknown C-1582 Cabanatuan Cem.)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2740
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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

Incl 60L

Incl 60L

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


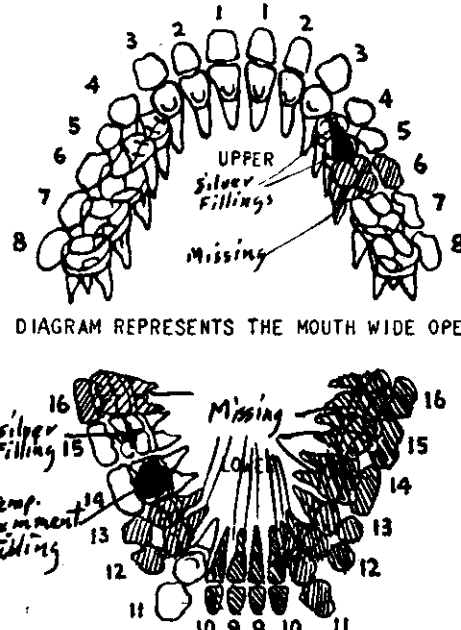




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

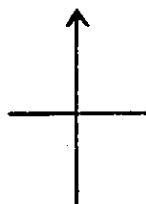
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER Silver Fillings</p> <p>Missing</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>Lower</p> <p>Temp. or cement filling</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:

REMARKS: