

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unt. Manila #2 X-777

SUBJECT

Also Manila Mus. X-4723

QMONT 293  
GRS Far East

13 March 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

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

<u>AGRS Mans Manila</u>	<u>USAF Com Manila #2</u>	<u>FPA Unit</u>	<u>PAGE</u>
X-4720	X-773	1	7
X-4723	<del>X-773</del>	1	7
X-4752	X-837	9	10
X-4769	X-839	1	7
X-4770	X-843	1	7
X-4780	X-864	1	8
X-4315	X-1845	1	10
X-4664	X-2091	1	11
X-4767	X-2110	1	11
X-4765	X-2112	1	11
X-4736	X-2116	1	11
X-4738	X-2118	1	11
X-4741	X-2121	1	11
X-4742	X-2122	1	11
X-4744	X-2124	1	11
X-4759	X-2125	1	11
X-4772	X-2126	1	11
X-4773	X-2127	1	11

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

FOR THE QUARTERMASTER GENERAL:

J. W. Lewis:dal  
L. N. White  
J. Windsor

T. H. METZ  
Lt. Colonel, QMG  
Memorial Division

**HEADQUARTERS**  
**AMERICAN GRAVES REGISTRATION SERVICE**  
**PHILCOM ZONE**

GPZ 293

APO 900

SUBJECT: Unidentifiable Remains

21 FEB 1950

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 QMGTU 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-3192	AGRS	Mslm	Unknown	X-4744	AGRS	Mslm
"	X-4120	"	"	"	X-4752	"	"
"	X-4315	"	"	"	X-4759	"	"
"	X-4664	"	"	"	X-4765	"	"
"	X-4720	"	"	"	X-4767	"	"
"	X-4723	"	"	"	X-4769	"	"
"	X-4736	"	"	"	X-4770	"	"
"	X-4738	"	"	"	X-4772	"	"
"	X-4739	"	"	"	X-4773	"	"
"	X-4741	"	"	"	X-4780	"	"
"	X-4742	"	"	"	X-5218	"	"

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

FOR THE COMMANDING OFFICER:

22 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

/s/ John Shypula  
/t/ JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

1/ebc  
1

Interred 6 Mar 1950  
C 4 19 Ft. McKinley  
*Carroll*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00441

DATE

15 05 48  
DAY MONTH YEAR

NAME

UNKNOWNX-000777

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

2 18 2315 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 X000777  
UNKNOWN X-4723 (PAUS)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

22 Sept 48

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

Gr. 2315 Row 18 Plot 2

MINOR DISCREPANCIES 1

2 Two Identification tags shows - UNKNOWN X4723 (PAUSOLEN NUMBER)

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

SHIPPING ADDRESS VERIFIED BY

DATE 22 Sep 48 BY HORACE L ALLISON, Sgt, INF

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.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		TO	FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
		PORT MCKINLEY MILITARY CEMETERY	AGRS MAUSOLEUM	TRUCK				<i>[Signature]</i>	MAR 6 1950
2. SHIPPED									
		TO	FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
3. SHIPPED									
		TO	FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
4. SHIPPED									
		TO	FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
5. SHIPPED									
		TO	FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
6. SHIPPED									
		TO	FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
7. SHIPPED									
		TO	FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

17 Feb. 1950

(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 777, Plot 2,  
Row 18, Grave 2315, USMC Manila #2, Luzon, P.I., have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

  
E. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Received 6 March 50 OQMG  
Not identifiable from  
information presently Lewis 2d Br.  
available 8 March 1950

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4723 (Formerly UNK X-777 USAF Cemetery Manila #2, Luzon, P.I.)		2. DATE OF REPORT 17 Feb. 1950			
3. NAME OF CEMETERY  ACPS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	WANGER 810	BAY C	CRYPT 695	DISINTERMENT 15 Dec '47	REINTERMENT 23 Jul '48

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5 10 3/4"	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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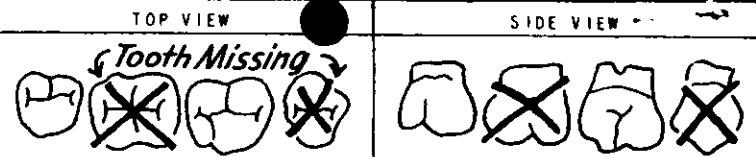
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

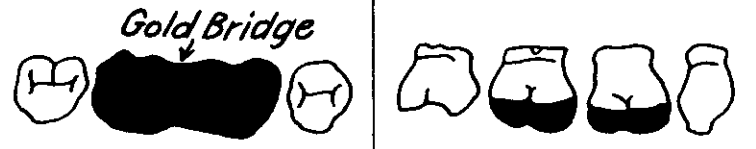
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



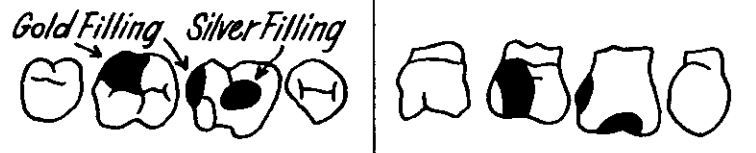
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



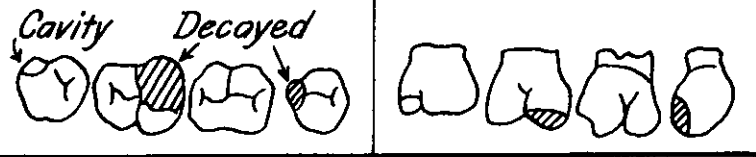
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



**Fractured** **Missing**

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Missing		o od A	o od	o od			o od					o od	o od	o od	o od
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
o od		X	X				o od	o od	o od	o od		o od	X	X	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

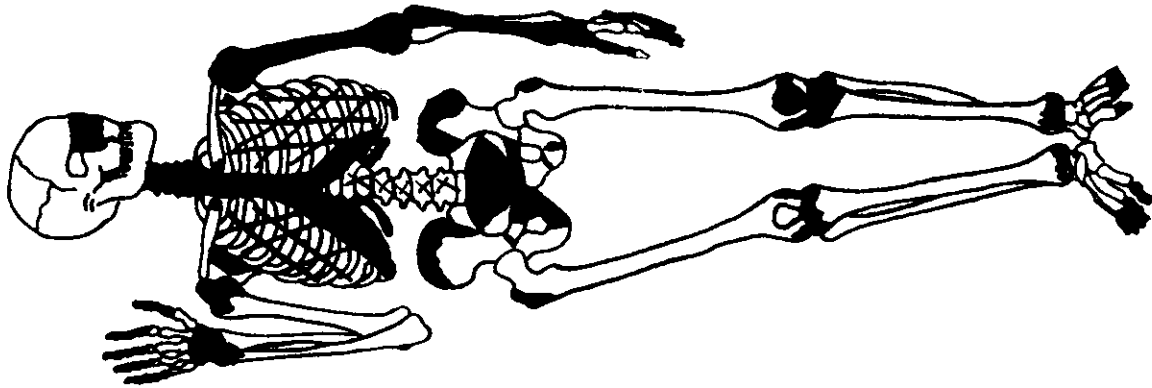
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla is fractured on median line. Portions of the maxilla from P7 - R3 and from L6 - L3, are missing. L7 is present with remains.

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Ident. Sect.



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 ID tags, burial bottle, personal effects, or other means of identification found with remains.

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, Ident. Sect.

SIGNATURE

*Paul R. Nichols*

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

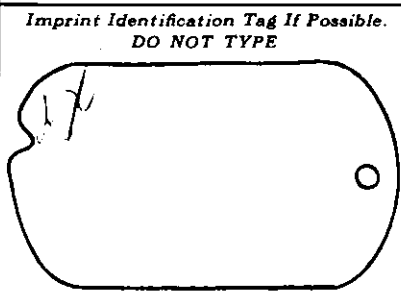
CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

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 February 1946



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X # 777 (Formerly UNKNOWN X-20, Cp O'Donnell)		
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
Camp O'Donnell POW Camp Luzon, P. I.		

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	Listed on Prison death Register as above indicated EM.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

*Ind 404*      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 No. 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.
10 Jan. 1946	0900	Shelter Half	Cross	2	18	2315

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	American POW cemetery Camp O'Donnell, Luzon, P. I.

PLOT No.	ROW No.	GRAVE No.
F	6	4

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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 773				2314

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 778				2316

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.	<i>E. M. Moore</i> E. M. MOORE, 1st Lt., 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.

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


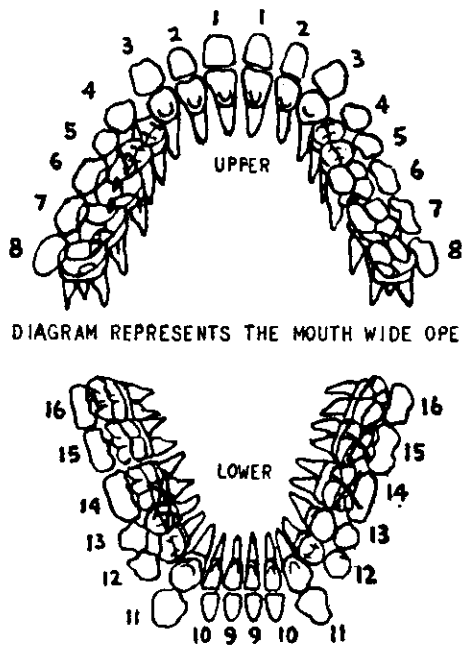




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

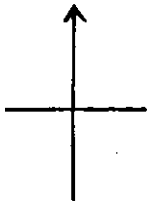
10-1-55  
 10-1-55  
 10-1-55

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

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>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: