

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unlk manila # 2 X-598

SUBJECT

Also manila maps X-4747

Formerly Carey O Bonnell #27

CINCPAC 295
GRS Far East

23 November 1949

SUBJECT: Approval of Unidentifiability

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

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

| | | | | | | | |
|---------|---------|--------------------|----------|---------|----------------|----------|-----------------|
| Unknown | X-125, | AGRS Maus. Manila, | formerly | X-277, | USAF Com. Man, | #2, | P.I. |
| " | X-600, | " " " " " " | " | X-111, | " " " " " " | " | P.I. |
| " | X-601, | " " " " " " | " | X-112, | " " " " " " | " | P.I. |
| " | X-699, | " " " " " " | " | X-214, | " " " " " " | " | P.I. |
| " | X-792, | " " " " " " | " | X-307, | " " " " " " | " | P.I. |
| " | X-834, | " " " " " " | " | X-391, | " " " " " " | " | P.I. |
| " | X-886, | " " " " " " | " | X-420, | " " " " " " | " | P.I. |
| " | X-1504, | " " " " " " | " | X-671, | " " " " " " | " | P.I. |
| " | X-2504, | " " " " " " | " | X-2138, | " " " " " " | " | P.I. |
| " | X-2864, | " " " " " " | " | X-2939, | " " " " " " | " | P.I. |
| " | X-4747, | " " " " " " | " | X-298, | " " " " " " | " | P.I. |
| " | X-4792, | " " " " " " | " | X-675, | " " " " " " | " | P.I. |
| " | X-4108, | USAF Com. Man, | #2, | P.I., | formerly | X-115-B, | AGRS Maus. Man. |

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

FOR THE QUARTERMASTER GENERAL:

T. H. MITE
Lt. Colonel, GME
Memorial Division

cc: Adm. Section
K. Littlejohn
L. M. White
J. Windsor

CO: CINCPAC

RHS

TW

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APC 900
28 October 1949

SUBJECT: Unidentifiable Remains

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 QMGMU 293, ORS (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-347 | AGRS | Manila | UNKNOWN X-1504 | AGRS | Manila |
| " X-425 | " | " | " X-2394 | " | " |
| " X-600 | " | " | " X-2504 | " | " |
| " X-601 | " | " | " X-2506 | " | " |
| " X-699 | " | " | " X-2733 | " | " |
| " X-792 | " | " | " X-2864 | " | " |
| " X-834 | " | " | " X-4108 | Manila #2 | |
| " X-886 | " | " | " X-4121 | AGRS Manila | |
| " X-1133 | " | " | " X-4140 | Manila #2 | |
| " X-1138 | " | " | " X-4747 | AGRS Manila | |
| " X-1139 | " | " | " X-4792 | " | " |

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

JOHN SHYPULA
1st Lt., Infantry
Adjutant

/jdm

BJ

1
10pm
✓

Interred 30 Jan 1948
A 3 35 Ft. McKinley

DISINTERMENT DIRECTIVE

Charles R. Bates

CARL R. H. BARK

Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00395

DATE

15 06 48
DAY MONTH YEAR

NAME

UNKNOWN X-000598

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY (MANILA NO 2)

DISPOSITION OF REMAINS

7701 00
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

2 18 2215 PHILIPPINE ISLANDS

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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNKNOWN X-000598

UNKNOWN X-4747 (MAUS)

22 Sept 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

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 I

Two (2) Identification tags shows UNKNOWN X-4747 (MAUSOLEUM 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

| | | | | | | | |
|----------------------|--|----------------|--|-----------------------|--|---------------------------------|--|
| FROM | | AGRS MAUSOLEUM | | TO | | FORT MCKINLEY MILITARY CEMETERY | |
| KIND OF CONVEYANCE | | TRUCK | | NAME OF CONVOYER | | <i>[Signature]</i> | |
| SIGNATURE OF SHIPPER | | | | SIGNATURE OF RECEIVER | | <i>[Signature]</i> | |
| DATE | | | | DATE | | JAN 30 1950 | |
| 1. SHIPPED | | | | | | | |
| FROM | | | | TO | | | |
| KIND OF CONVEYANCE | | | | NAME OF CONVOYER | | | |
| SIGNATURE OF SHIPPER | | | | SIGNATURE OF RECEIVER | | | |
| DATE | | | | DATE | | | |
| 2. SHIPPED | | | | | | | |
| FROM | | | | TO | | | |
| KIND OF CONVEYANCE | | | | NAME OF CONVOYER | | | |
| SIGNATURE OF SHIPPER | | | | SIGNATURE OF RECEIVER | | | |
| DATE | | | | DATE | | | |
| 3. SHIPPED | | | | | | | |
| FROM | | | | TO | | | |
| KIND OF CONVEYANCE | | | | NAME OF CONVOYER | | | |
| SIGNATURE OF SHIPPER | | | | SIGNATURE OF RECEIVER | | | |
| DATE | | | | DATE | | | |
| 4. SHIPPED | | | | | | | |
| FROM | | | | TO | | | |
| KIND OF CONVEYANCE | | | | NAME OF CONVOYER | | | |
| SIGNATURE OF SHIPPER | | | | SIGNATURE OF RECEIVER | | | |
| DATE | | | | DATE | | | |
| 5. SHIPPED | | | | | | | |
| FROM | | | | TO | | | |
| KIND OF CONVEYANCE | | | | NAME OF CONVOYER | | | |
| SIGNATURE OF SHIPPER | | | | SIGNATURE OF RECEIVER | | | |
| DATE | | | | DATE | | | |
| 6. SHIPPED | | | | | | | |
| FROM | | | | TO | | | |
| KIND OF CONVEYANCE | | | | NAME OF CONVOYER | | | |
| SIGNATURE OF SHIPPER | | | | SIGNATURE OF RECEIVER | | | |
| DATE | | | | DATE | | | |
| 7. SHIPPED | | | | | | | |
| FROM | | | | TO | | | |
| KIND OF CONVEYANCE | | | | NAME OF CONVOYER | | | |
| SIGNATURE OF SHIPPER | | | | SIGNATURE OF RECEIVER | | | |
| DATE | | | | DATE | | | |

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- 598, Plot 2,
Row 18, Grave 2215, 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
Captain, QMC
Chief, Records Branch

Attn: Form 1044

Received 11/16/49 0082
Not identifiable from
information presently
available 11/21/49 Fitts
Identify Br.

IDENTIFICATION DATA

| | | | | | |
|--|--|---------|--------|---|--|
| 1. REMAINS OF UNKNOWN UNKNOWN X-4747 (Formerly UNK X-598 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 DISINTERMENT REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|-----------------------------------|-----------------------------------|---------------------------------|----------------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT UTD | 10. COLOR OF HAIR UTD | 11. RACE Unknown |
|-----------------------------------|-----------------------------------|---------------------------------|----------------------------|

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? |
|---|-----------------|

| | |
|--|------------------------------------|
| 15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | TO WHAT EXTENT? Slightly |
|--|------------------------------------|

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE


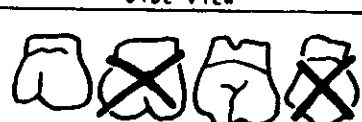








17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

10.

TOOTH CHART

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

| | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|-----|-----------|----|----|----|----|----|----|---------|
| ← Maxilla | | | | | | | | Missing → | | | | | | | |
| RIGHT | | | | | | | | LEFT | | | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| ← | | U | - | - | - | - | T | - | - | - | D | → | | ← | U T D → |
| Side Views | | | | | | | | | | | | | | | |
| UPPER | | | | | | | | | | | | | | | |
| LOWER | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | |
| <p style="text-align: center;">fractured</p> | | | | | | | | | | | | | | | |
| | 0 | | | | 10 | 10 | ← U | - | T | - | D | → | 0 | X | UTD |
| 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. L6 of maxillary teeth is only present. UTD whether R8 thru L5 and L7 thru L8 are X or PX due to maxilla missing.

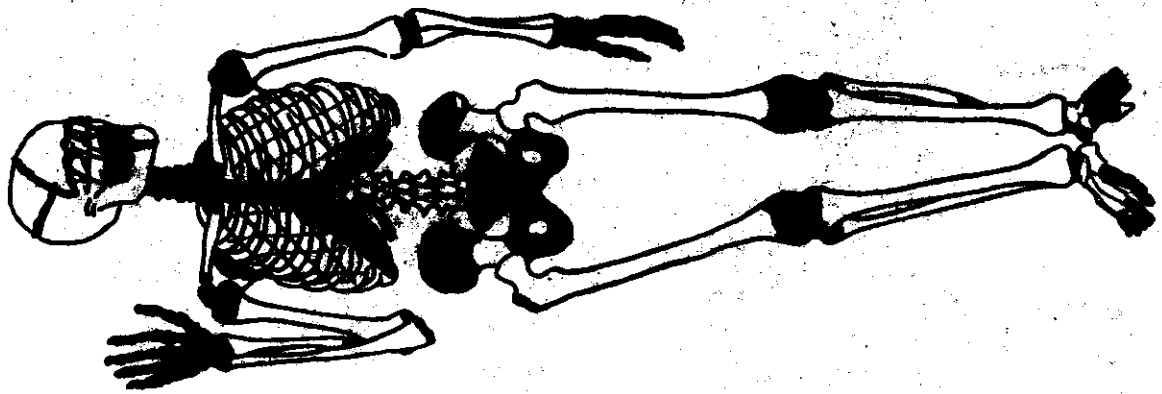
"UNIDENTIFIABLE"

Paul R. Nichols

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

PAUL R. NICHOLS
Chief, Ident. Section

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 _____ DECEASETS 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 - 4 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
PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE
Paul R. Nichols

IDENTIFICATION SECTION
RETRIBUTION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

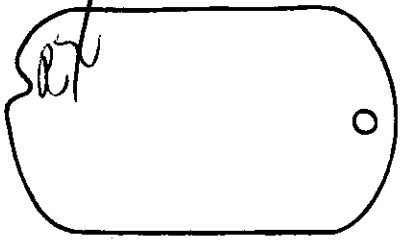
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

2 Feb 46

*Imprint Identification Tag If Possible.
DO NOT TYPE*



Section 1.—IDENTIFICATION.

| | | |
|--|--------------|--|
| NAME (Last, first, middle initial) U N K N O W N X-598 (Cem Manila #2) Formerly UNKNOWN #27 (Cem 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 Camp O'Donnell POW Camp Luzon, P I | CAUSE OF DEATH | DATE OF DEATH |
|---|----------------|---------------|

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

June 419 **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 8 Jan 46 | HOUR 1400 | BURIED IN (Shroud, blanket, or name of other) Shelter Half | TYPE OF GRAVE MARKER Cross | PLOT No. 2 | ROW No. 18 | GRAVE No. 2215 |
|-----------------------------------|---------------------|--|--------------------------------------|----------------------|----------------------|--------------------------|

| | | | | |
|---|---|----------------------|----------------------|------------------------|
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camp O'Donnell Cemetery, Luzon, P I | PLOT No. G | ROW No. 10 | GRAVE No. 10 |
|---|---|----------------------|----------------------|------------------------|

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

| | | | | |
|--|------|------------|--------------|--------------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-636 (ORTIZ, Bill E) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 2214 |
|--|------|------------|--------------|--------------------------|

| | | | | |
|--|------|------------|--------------|--------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-640 (HAMILTON, Johnny) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 2216 |
|--|------|------------|--------------|--------------------------|

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS. | SIGNATURE OF GRS OFFICER VERIFYING REPORT <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.

June 80'

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.


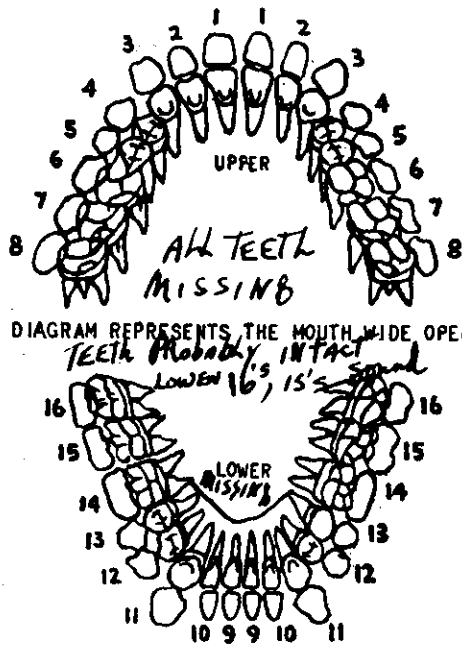




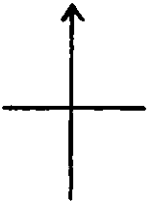
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

20 FEB 1946

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> |  |
| 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> | |
| <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div> | | |

REMARKS: