

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Cont. Manila II 2 X-735

SUBJECT

Also Manila manus. X-4564

Ant cont. Cabanatuan Cem. C-1579

135

1

Interred 26 Aug 1949
H 14 121 Ft. McKinley

DISINTERMENT DIRECTIVE

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

Cemetery Superintendent
SECTION X
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 01823

DATE
15 06 48
DAY MONTH YEAR

NAME: UNKNOWNX SERIAL NUMBER: 000735 RANK: ARM: Q DATE OF DEATH: DAY MONTH YEAR

CEMETERY: USAF CEMETERY MANILA NO 2 DISPOSITION OF REMAINS: 7701 80 CODE DIST. FT.

PLOT: 3 ROW: 22 GRAVE: 2737 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-735, UNKNOWN X-4564 (LAUS) SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 22 Sept 1948
IDENTIFICATION TAG ON: 3 REMAINS, 2 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 1

Two Identification tags - UNKNOWN X-4564 (LAUSOLEUM NUMBER)

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 SHIPPING ADDRESS VERIFIED BY: COURSIENE C. KAYAMAN, 1st Lt., INF

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

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

Reclar 10/22/49

Corsiene C. Kayaman
CORSIENE C. KAYAMAN, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MUSEUM		TO		FORT MCINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>Leathman</i>	
DATE				DATE		20 AUG 1948	
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			

RECEIVED
 SEP 12 9 22 AM '48
 MEMORIAL DIVISION

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

25 Aug. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 735, Plot 3,
Row 22, Grave 2737, 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

Attch: Form 1044

Received JAN 4 1950 ^{COMB}
Not identifiable from
information presently
available
Smith
ident See
JAN 9 1950

Final 6'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4664 (Formerly UNK X-735, Manila #2)				2. DATE OF REPORT 18 Aug 1949	
3. NAME OF CEMETERY		4. PLOT 802	5. ROW I	6. GRAVE 2982	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'7 5/8"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

N O N E

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

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

[Signature]

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT MAXILLA								MISSED							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
P				P	P		P	P	P	P					P
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
			P	P	P	P	X	X	P		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."

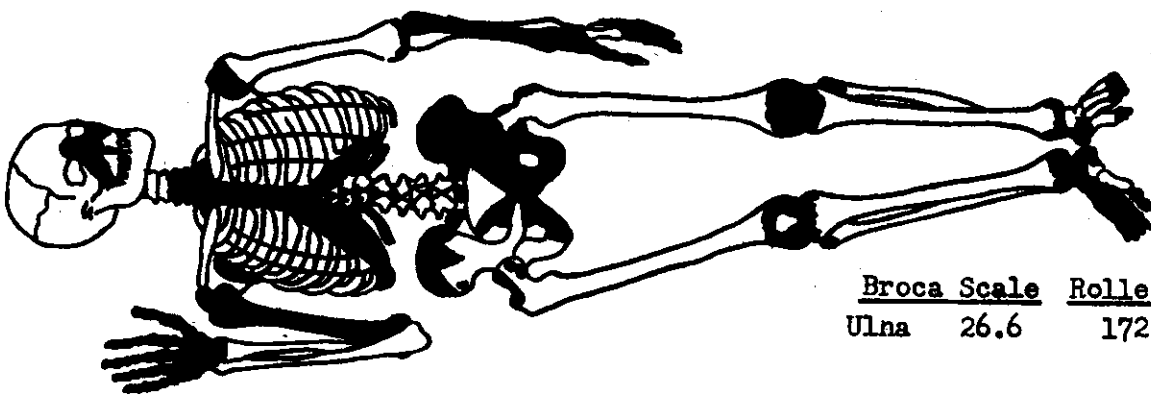
REMARKS: R2, R4 to R7, L3 to L7 are all loose teeth. Mostly all teeth present with remains show signs of attrition.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

J. J. McDermott
 J. J. McDERMOTT
 Lab Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



	<u>Broca Scale</u>	<u>Rollet Table</u>
Ulna	26.6	172

Average height in cms - 172 or 5'7 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 _____ DECEDETS 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 1/2 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, Lab Officer, CIP

SIGNATURE
J J McDermott

RESTRICTED

U-3555

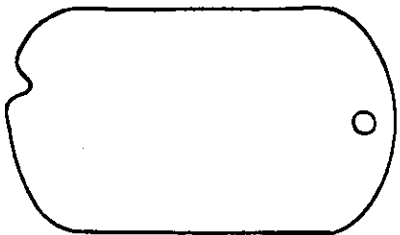
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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- 735 (Cem. Manila #2) (formerly unknown C-1579 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 4 Mar 46	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) shelter half	TYPE OF GRAVE MARKER Cross	PLOT No. 3	ROW No. 22	GRAVE No. 2737
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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 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- 3000 (Cem. Manila #2) (formerly unknown C-1578 Cabanatuan Cem.)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2736
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BODY BURIED ON DECEASED RIGHT, 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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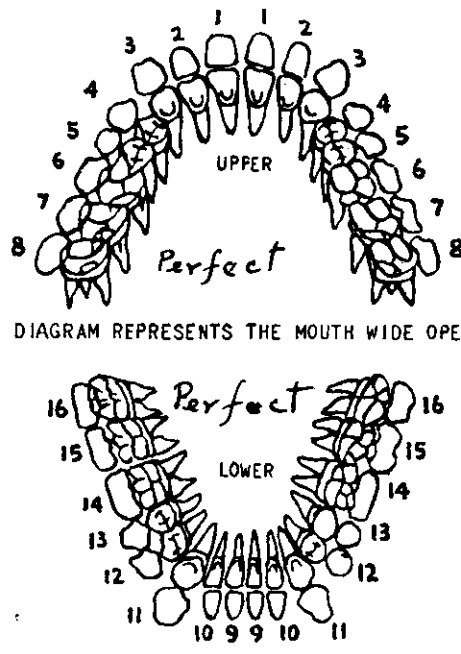




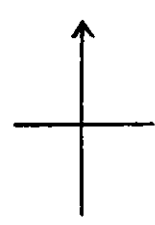
SIGNATURE OF PERSON PREPARING REPORT
L. Venafra
L. VENAFRA, PFC. GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT
E. M. Moore
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.

RESTRICTED

Jul 84

	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
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
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:			