

QMC FORM 1121

FILE NUMBER

SUBJEC'

			<u> </u>	· • ·			TIV BU		
/čvv /,6pm									
 		CARL R. H.	MAKK manintandant		DIRECTIVE NUM	REP	DATE		
ПЛ			aperintendent TION OF DECEASED			01827	15 06 48		
NAME	l			SERIAL NU	IMBER	RANK	ARM DATE OF DEATH		
			UNKNOWN		•		Q DAY MONTH YEAR		
USAF C	EME	TERY	MANILA N	102			DISPOSITION OF REMAINS 0 7701, 80 CODE DIST. PT.		
PLOT ROW	GRAVE 27		r ILIPPINE	IS	LANDS	· · · · · · · · · · · · · · · · · · ·	CAUSE OF DEATH		
	·	······································	SECTION B — CO						
NAME AND ADDRESS	OF CON	ISIGNEE		NAME	AND ADDRESS OF	F NEXT OF KIN			
FORT MCK				(B)	Y ADMINIS	TRATIVE	DECISION)		
	نعاب سوسه	the second section of the second section secti	SECTION C — DISINT	ERMENT AN	D IDENTIFICATION				
UNKNOWY I UNKNOWY I		F (Matte)	SERIAL NUMBER	RANK	DATE OF DEATH		DATE DISTINTERRED		
IDENTIFICATION TAG		ORGANIZATION		<u> </u>	RELIGION	IDENTIFICATIO	ON VERIFIED BY		
REMAINS MARKER			UNKNOWN			0-BO17:	.GO SIMONDAU		
			SECTION D - PREPARAT	ION OF REN	AINS FOR SHIPM		HAME AND TOLK		
NATURE OF BURIAL	5 H.1.	LUAR HALF		CONDITIC	ON OF REMAINS	SÆLITAL			
OTHER MEANS OF IDE		TION							
MINOR DISCREPANCIE		tification	tems show UNC	O′(2 <u>1</u> 1. − 4	565 MAUS 1	o.			
REMAINS PREPARED A	ND PLAC	ED IN CASKET		·			· · · · · · · · · · · · · · · · · · ·		
· · ·	opt 19	948	8Y		GLO.GS SIM	OM IAU			
CASKET SEALED BY				EMBALMER (Signature) Leage Service					
೧೯೪೮ ವರ್ಷ CASKET BOXED AND /		KUNAAŬ	-	SHIPPING	ADDRESS VERIFIE	D BY			
DATE 24 Sept43	e av	HORAGI I. z	LLISOF,Sgt,INF	,	JHA-LIS	5a5 3. 1	st út. USach		
	certify	that all the for	egoing operations w		Charles R.	mplished under	et Lt, USATA		
1 Prepare Disc	repanç	y Report QMC	Form 1194a for majo	r discrepa		>-	West of the second		
OMC FORM 1 REV 15 MAR 46	194								

RECORD OF CUSTODIAL TRANSFER

SIGNATUR FROM SIGNATUR
SIGNATUR
SIGNATUR
SIGNATUR
sicnatur MO97
IUTAMƏİZ
IUTAMƏİZ
<u>КІИВ ОЕ (</u>
FROM
11003
autavəis
14.1
KIND OF
FROM
SIGNATUR
KIND OF
MOR!
ŧ.
RUTANƏIS
KIND OE C
, 10 OIN
FROM
SIGNATUR
KIND OE C
FROM
SIGNATUR
KIND OE
MOЯŦ

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE APO 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-746, Plot 3, Row 22, Grave 2741, 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:

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

Attch: Form 1044

Received

Not identifiable from Why Some information presently with Some available

JAN 9 1950

Initz'

							
<i>j</i> 4 .	• IDENT	IFICATION D	ATA			i .	
L. REMAINS OF UNINOWN					2. DATE OF RE	PORT	
UNKNOWN X-4565	<u>.</u>	18 Aug 1949					
. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
and the state of t					DISINTERMENT	REINTERMENT	
		000	_				
		802	I	2988		<u> </u>	
		IYS ICAL DESCRIPTION					
. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR	OF HAIR		11. RACE		
UTD L2.GIVE DESCRIPTION OF ANY	61 7/8"		TD		Unknown		
NONE							
13.GIVE DESCRIPTION OF TATT	TOOS OR SCARS ON BODY A	ND/OR SUCH INFORM	TION DET	AINED FROM	OTHER SOURCES		
UTD							
01D							
L4. WAS BODY BURNED?	TO WHAT EXTENT?						
YES X NO							
15. WAS BODY MANGLED?	TO WHAT EXTENT?						
YES X HO	· .						
16. DESCRIBE EVIDENCE OF HI	EALED FRACTURES AND BON	IE MALFORMATIONS					
			•				
none							
		. <u>.</u>	·				
17. LIST EVERY ITEM OF CLO SERVICE, ETC. (If laun channels for examinati	THING, EQUIPMENT AND Place of the service of the se	CE SUCH ROLDLION E	Medica se	meet ent	YPE, COLOR, SIZ specimen ferwa	ZE, MARKINGS, rded through	
			•				
none							

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

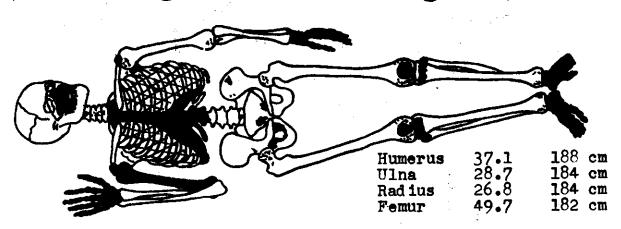
Ind 12

18.	TOOTH CHART								
	TOP VIEW	SIDE VIEW .							
MISSING TEETH: ALL TEETH MISSING THROUGH EX- TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" DOUT AND LABELED THUS:	G Tooth Missing								
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain C	rown COCO							
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 (Covition): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity Decayed								
Maxilla Missing Maxilla Missing									
RIGHT	LEFT								
\$ 1 6 7 4 3 2 P P P P P P P P P P P P P P P P P P	1 1 2 3 4 5 	6 7 8 B B B Side Vieve							
		UPPER UPPER							
THE REPORT		LOWER LOWER							
16 12 14 13 12 11 10	9 9 10 11 12 13	A A B A D 14 15 16							
1See Remarks									
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."	AND SHAPE OF PLATE, BLOCK IN TEET	H ATTACHED AND INDICATE RETAIN-							

REMARKS: Portion of maxilla are missing from R8 thru R6 & L1 thru L8 R7, R6, L4 & L5 are the only maxillary teeth found on these portion. Signs of attrition are present on R11 thru R9 & L9 & L10.

MIDENTIFIABLE"

J. J. McDERMOTT Laboratory Officer, CIP



Average height of remains - 1842 cm or 6' 7/8"

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

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 inches.

CIPCUMIETERICE OF SKULL - 20 INCHOS

"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

SIGNATURE

J. J. McDERMOTT
Laboratory Officer, CIP

& D. M. Leimott.

RESTRICTED

4	خ	35	51

) Fr			000				
WD QMC FORM 1042, (Rev. 1 Apr. 1945)	*	REPORT OF	REPORT OF/INTERMENT				*			
(Supersedes GRS Form 1)		₹.	(AR 30-1810 and AR 30-1815)							
Imprint Identification		Section 1.—IDENTIFICATION.								
DO NOT TY	PE	NAME (Last, first, middle initial)	71.6 / 4000		SERIA	L No.	· <u>·</u>			
	/	(Wormerly H	nynomu c≕j - ∖4o (Ceπ	n. Manila #2) 1583 Cabanatus	n dem i	`				
		GRADE FORMULA C	ORGANIZATION		- 	BRANCH OF SERVICE				
[(0									
 		/								
		RACE	RACE RELIGION							
POW Camp. Caban		CAUSE OF DEATH	1		DATE OF DEATH					
Luzon, P. I.	ra man									
EMERGENCY ADDRESSEE (Na	me relationshin	and address)								
(***	mo, romaniansp,	with buttices)								
										
IDENTIFICATION TAGS FOUN (1, z, or none)	D ON BODY	IF NO TAGS FOUND ON BODY, D	ESCRIBE MEANS O	OF IDENTIFICATION (If	unidentified, fi	ll in section 3	on reverse)			
None										
WERE SUBSTITUTE TAGS PRO	VIDED?(Yes or 1	no)								
Tog /	21									
Yes (IND DISPOSITION OF SAME								
	JAD OR BOD! A	MAD DISTOSTITION OF SKINE								
rel 605										
	-	**	~~ <u>~</u>							
		1/	one							
Section 2.—BURIAL. If oti	er than in est	ablished cemetery, furnish sketch	and map coord	inates on reverse.						
NAME, NUMBER, COORDINAT	ES, AND LOCAT	ION OF CEMETERY								
		USAF Cemetery	Manila #2,	Duzon, P. I.	•					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no	BURIED IN (Shroud, blanket, or name of other)			ROW No.	GRAVE No.			
1 1/	1000		MARKER			00	071.1			
4 Mar 46 WAS THIS A REBURIAL?	1300	Shelter Half L, INDICATE NAME, NUMBER, COORD	INATES OF PREVIO	Cross	CATION OF G	PAVE	2741			
(Yes or no)	POW Camp	ps # I & II Cemetery	, Cabanatu	an, Luzca, P.I.	PLOT No.	ROW No.	GRAVE No.			
Yes	45.7-70.	.9 1/50,000.			2	0	224			
TYPE OF RELIGIOUS CEREMONY	PERSON CONE	DUCTING BURIAL RITES	IF IDENTIFICATI CONTAINERS B	ON TAGS NOT USED, DURLED WITH BODY	DESCRIBE IDE	ENTIFICATION	DATA AND			
IDENTIFICATION TAG BURIE	ioi hlim c	ENTIFICATION TAG ATTACHED TO								
BODY (Yes or no)	6	MARKER (Yes or no)								
Yes	LEET NAME (T	Yes	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	E NO			
BODY BURIED ON DECEASED UNKNOW		Com. Manila #2)	INAMA	SERIAL RO.	ONORENZANIA					
remor)	ly unknow	wn C-1582 Cabanatuan	Cem·)			<u> </u>	2740			
BODY BURIED ON DECEASED			RANK	SERIAL No.	ORGANIZATIO	ON GRAV	E No.			
		o (cem. Manila #2) mn c-1583 cabanatuan	Cem.)				2741			
SIGNATURE OF PERSON PRE		!	RS OFFICER VERIFYING	REPORT		-144				
	~ · · ·		مَّحَ	. m. more	· -	n b ser				
T. VEIN	AFRA, PFO	ve unde //	🖺	. M. MOORE, 1	st Lt.	anc.				

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

							·	
<u> </u>	Section 3. CHIDENTIFIED REMAINS.							
LEFT RING F	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							
· 2	(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 O	EYES	COLOR O	HAIR	BIRTHMARKS, SCA	ARS, OR TATTOOS
	WEAPON AND	SERIAL No.		LAUNDRY	MARKS	. ,	WHERE BODY WAS	BURIED OR FOUND
MIDDLE								,
LEFT MIDDLE FINGER	OTHER IDENT	IFICATION CLI	JES	·				
INDE								
LEFT INDEX FINGER	FILLINGS	3	O Si	LVER FILL	ING IG		3 2 0 0	2
			以			4		
THUMB	CAVITIES	S		CAVIT DECAY	Y ED	7 ()	UPPER Silver Filling	100.
RIGHT	MISSING	{	JAP.	OTH MISSI	KG		M class	MOUTH WIDE OPEN
INDEX	CROWNED	TEETH (CELAIN C DLD CROV		16 15 Missing 15	LOWER	15 15
EX FINGER	BRIDGE V	ORK		GOLD E	RIDGE	13		13 Missing
Middle	FURNISH SKE	TCH AND MAP	REFERENCE	E AND COO	RDINATES F	OR BURIAL IN	OTHER THAN ESTA	BLISHED CEMETERY
RIGHT MIDDLE FINGER								\uparrow
RIGHT RING FINGER						•	·	•
INGER	DEMARKS		•				 .	
	REMARKS:					-		
רודונג רודונג								
RIGHT LITTLE FINGER	t	• • •				•	* *	•
2 7	į							and the second second