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| SUBJECT | |
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GMMI 293 GRS Far Sast

SUBJECT: Approval of Unidentifiability

To: Commanding Seneral
Philippine Command
APO 707, s/e Postmaster
Sen Prencisco, California
ATTH: AGRS, PETILON ZORE

l. Reference is unde to findings of Unidentifiability for the following Unknown Deceased:

| | | e de tod | Mansaleum, | invila. | farmerly | z-8205. | USAF | Come | Xenila | #2 |
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| PERSON | I-ZUOU, | 2010 | 記載がお与する 内面 ³ | ************ | * ********* | X-3204 | 95 | ** | * | |
| # | 3-2061 | • | | - | | | # | Ħ | • | |
| ** | X-2441. | 77 | ¥ | ** | | 1-1143, | | 號 | | |
| | L-4386, | #7 | ** | * | • | 1-3106. | | ĸ | - | |
| ** | X-4632 | # | * | ₩. | | X-830. | • | | | |
| * | X-4636, | ₹ | • | * | • | X=827. | # | at . | | |
| | | * | ~ % | * | 4 | X-638 | * | 辫 | 件 | |
| * | 1-4705, | FN. | 3 | - | - | 1-1013. | 70 | 4 | | |
| | 1-3176, | | = | * | w | X-1043, | | * | • | |
| ₩ | I-\$166, | | _ | | | | | | ** | |
| • | I-3165, | • | | - | | X=1042, | | | | |
| ** | X-3149, | 微 | * | 75 | ** | 1-1026, | | w | | |
| # | I-8146. | | ## | * | ** | I-1023, | | | | |
| * | 1-3185, | | 16 | u | ii | 1-1032, | | | _ | |
| | X-5184, | | Wg | # | A | x-1021. | ** | 72 | - | |
| ** | | | # | ₩ | 78 | X-1018, | * | 26 | ** | |
| _ | X-3181, | | ** | 11 | 4 | 1-1017 | | Ħ | ** | |
| ₩ | 1-1180, | | * | | | 1-1015 | | Ħ | • | |
| 维 | X-3178, | | _ | | | | | 4 | | |
| = | X-3177, | = | d | • | - | X-1014, | | 45. | | |
| • | I-4637, | | 5 | 45 | * | X-629, | | _ | - | |
| - | I-2421, | | ** | ** | • | 1-3133, | | | - | |
| • | X-2452 | _ | • | 9# | #4 | 1-5134 | 160 E | 78 | न | |
| 10 | 3-466R | | ** | * | • | X-1344. | ** | * | 第 | |

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

FOR HE STARTS MASTER GREENALL

T. B. ESTI it. Colonel, QEC Somerial Division

Q.A. 373.9

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in Continuity the Persins

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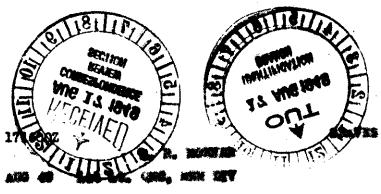
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QMC FORM REV 15 MAR 46 1194

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

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HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

13 Sept 1949 Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster

Washington 25, D. C. Attn: Memorial Division

The records pertaining to Unknown X-830 , Flot 2 , Row 19 , Grave 2378 , 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:

B. McNEMAR

Captain, QMC

Chief, Records Branch

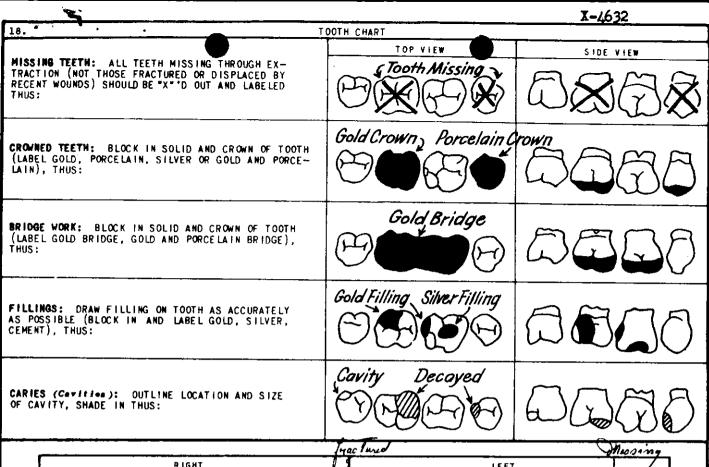
Attch: Form 1044

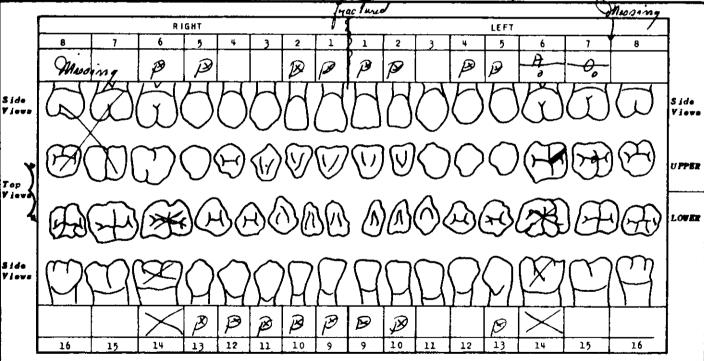
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| * | A 12547151 | 447140 | | | |
|--------------------------------|--|---------------|--------------|------------|--------------------------|
| | IDENTIFI | CATION D | ATA | | |
| 1. REMAINS OF UNKNOWN | | | | | 2. DATE OF REPORT |
| UNKNOWN X-46 | 32 (Fermerly UNK) | | | | 15 Sept 1949 |
| 3. NAME OF CEMETERY | • | 4. PLOT | 5 - ROW 1 | 6. GRAVE | 7. DATE OF |
| AGRS Mausele | um, Manila, P.I. | 810 | A | 324 | DISINTERMENT REINTERMENT |
| | | AL DESCRIPTIO | | | |
| 8. ESTIMATED WEIGHT | 9. ESTIMATED HEIGHT 512 3/8# | 10. COLO | = | | 11. RACE |
| UTD 12.GIVE DESCRIPTION OF ANY | | UTD | <u> </u> | Unknewn | |
| | N o n o | | | | |
| 13.GIVE DESCRIPTION OF TATE | UTD | R SUCH INFORM | ATION OBT | AINED FROM | OTHER SOURCES |
| 14. WAS BOOY BURNED? | TO WHAT EXTENT? | | | | |
| YES NO | | | | | |
| 15. WAS BODY MANGLED? | FO WHAT EXTENT? | | | | |
| YES X NO | ALED FRACTURES AND BONE MA | LF OR MATIONS | | | |
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| SERVICE, ETC. (If laune | THING, EQUIPMENT AND PERSON dry marks are indistinct su on when facilities are not | ch notation s | hould be | mede and e | |
| | N • n • | | | | |

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"





DENTURES (Places): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Portion of maxilla missing from R+7 thru R-8 and L-8. L-8 of maxillary teeth is only present on this portion. In Leimen.

"UNIDENTIFIABLE"

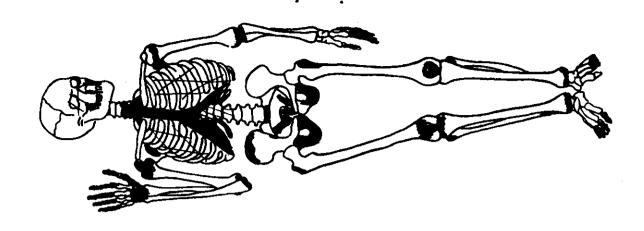
J. J. McDERMOTT

REASON OF LACK OF THEFT THE CENTIFYING DATA Laboratory Officer, CIP

Side

Top

19. BLACK OUT PARTS OF BODY NOT &



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

1 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

Ne ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 5 lbs.

Circumference of skull - 19 3/4 inches.

"INIDE SLE" MBY REASON OF LACTICE CONTROL OF STEVENING 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

J. J. M. Sermole.

| WD QMC FORM 1042 (Rev. 1 Apr. 1945) | WD CMC FORM 1042 (Rev. 1 Apr. 1945) REPORT OF INTERMENT | | | | | | |
|--|---|---|--------------------|---------------------|--------------------|-----------------|--------------|
| (Supersedes GRS Form 1) | | (AR 30-1810 as | • | | | 4 Feb | 46 |
| Imprint Identification | | Section 1.—IDENTIFICATION. | | | | | |
| DO NOT TY | PE | NAME (Last, first, middle initial) | | | SERIA | L No. | |
| | | UNK | имои | X-830 | | | |
| \ | 1 | GRADE | ORGANIZATION | | | CH OF SERV | CF. |
| | 0 | GRADE | ORGANIZATION | | Ditait | CITOI SERV | |
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| | | RACE | RELIGION | | IF OTHER TH | IAN U. S. DEA | ND, GIVE |
| | | | | | NAME OF C | OUNIKI | |
| DI ACE OF DEATH | | CALICE OF DEATH | | | l Dire | OF PEATIL | |
| PLACE OF DEATH | ~ - | CAUSE OF DEATH | | | DATE | OF DEATH | |
| Bataan, Luzo | m, F 1 | | | | | | |
| EMERGENCY ADDRESSEE (No | ıme, relationship, a | nd address) | | | ., | | |
| | | | | | | | |
| | | | | | | | |
| IDENTIFICATION TAGS FOUN (1, 2, or none) | D ON BODY | IF NO TAGS FOUND ON BODY, | DESCRIBE MEANS O | FIDENTIFICATION (I | f unidenlified, fi | ll in section 3 | on reverse) |
| None | | | | | | | |
| WERE SUBSTITUTE TAGS PRO | VIDED?(Yes or no | _ | | | | | |
| Yes (| 2) | | | | | | |
| | , | | • | | | | |
| LIST PERSONAL EFFECTS FOR | JND ON BODY AN | D DISPOSITION OF SAME | | | | | |
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| And 755 | | No | ne | | | | |
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| | | | | | | | |
| Section 2.—BURIAL. If of | her than in esta | blished cemetery, furnish sketc | h and map coord | inates on reverse. | | | |
| NAME, NUMBER, COORDINAT | | | | | | | |
| • | Ü | SAF Cemetery Manila | 1 #2, Luzor | ı, P I | | | |
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or r | same of other) | TYPE OF GRAVE | PLOT No. | ROW No. | GRAVE No. |
| 11 Jan 46 | 0900 | Shelter Ha | lf | Cross | 2 | 19 | 2378 |
| | | <u> </u> | | | <u> </u> | <u> </u> | 1 -51-5 |
| WAS THIS A REBURIAL? (Yes or no) | | INDICATE NAME, NUMBER, COOR SAF Cemetery Cabca | | | | | LCDAVE NO |
| Yes | | 833500-174 | - | P I | PLOT No. | ROW No. | GRAVE No. |
| TYPE OF RELIGIOUS | PERSON CONDU | CTING BURIAL RITES | IF IDENTIFICATI | ON TAGS NOT USED, | ! | <u> </u> | ' |
| CEREMONY | | | CONTAINERS B | URIED WITH BODY | | | |
| | | | | | | | |
| IDENTIFICATION TAG BURIER BODY (Yes or no) | | ITIFICATION TAG ATTACHED TO RKER (Yes or no) | | | | | |
| Yes | | Yes | | | | | |
| | LEFT NAME (T. | | RANK | SERIAL NO. | ORGANIZATIO | ON GRAV | /E No. |
| BODY BURIED ON DECEASED | | , | | | PL pH | 0 | |
| HENK | IRII, …ich | ael R | lst Lt | 0-206358 | 7th A3 | i C | 2377 |
| BODY BURIED ON DECEASED | RIGHT, NAME (L | ast, first, middle initial) | RANK | SERIAL No. | ORGANIZATI | ON GRA | /E No. |
| CORI | | 20844193 | | | 2379 | | |
| | | naiz N | SIGNATURE OF | GRS OFFICER VERIFYI | NG REPORT | | |
| SIGNATURE OF PERSON PRE | PARING REPORT | \mathcal{Q} | | .M. ru | | | |
| R. C. | BAR ETT. | S/Sgt. Grs. | 77. | M. MOORE, I | Lst It. | ವಾದ. | |
| DISTRIBUTION OF REPOR | T' Sidned orid | inal for U. S. and allied dead, s. | igned original and | one copy for enemy | | Quarterma | ster General |
| through Headquarters G | RS Officer. Con | oies for retention in theater as | prescribed by the | ater commander. | | | |

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RESTRICTED

| | | Section 3 | ITIFIED REMAIN | IS. | | | ~ • |
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| · | <u> </u> | WEAPON AND SERIAL | _ No. | LAUNDRY MARK | S | WHERE BODY WAS B | URIED OR FOUND |
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| | LEFT INDEX FINGER | FILLINGS | | SILVER FILLING | | | , |
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| | RIGHT THUMB | MISSING TEET | PR | TOOTH MISSING | 9 | REPRESENTS THE I | OUTH WIDE OPEN |
| | RIGHT INDEX FINGER | BRIDGE WORK | | GOLD BRIDG | sath Missing socke Meded so | LOWER | 15 (Twoth Misselve Socket Head College miles) |
| | RIGHT MIDDLE FINGER | FURNISH SKETCH A | | CE AND COORDINA | TES FOR BURIAL I | 10 9 9 10 | ISHED CEMETERY |
| | RIGHT RING FINGER | - | | | | , | |
| | RIGHT LITTLE FINGER | REMARKS: | | ied as an <i>n</i> Hq Det., 3m | | y T/Sgt Franc AUS. | isco Catig, |