

QMC

25

72318

DEPT ARMY COMCENTER  
GREENWICH CIVIL TIME (Z)

1950 JUN 05 02 49

HUB38

MUB24

2612

PP UEPC

25

MC18

FROM COAGRS PZ Manila

MSG NO U 2162

PP UMP ZVA UEPC UAPC

D.T.G. 050146Z

JMLAP A14

ACFT QMC

PP JML ZVA

NR IN NO 72318

PP/RR UEPC UAPC JMLC 333

DE JMLAP 06A

P/R 050146Z

*Reply due  
6-7-50  
12:10 noon*

FM CO AGRS PHILCOM ZONE MANILA PI

TO UEPC/OQMG DEPTAR WASHDC

INFO UAPC/CINCFE TOKYO JAPAN

JMLC/CG PHILCOM AF AND 13TH AF CLARK AFB PI

GRAVES GRNC

JUN 5 12 10 PM '50

O.D.M.S.  
CAN SEC

CITE U 2162 GRPZ PASS TO MEMORIAL DIV PD REQUEST AUTH BE

GRANTED THIS OFFICE TO AMEND BURIAL LOCATION OF DD NBR 7747

02796 FOR UNK X-114 MANILA NBR 2 TO READ PLOT 2 ROW 2 GRAVE

194 PD

*1  
293 MAP P, & X-114 Manila #2*

1  
/fbb  
/fbp

Interred 15 July 1950  
G 9 33 Ft. McKinley

*Carl Mark*  
CARL R. H. MARK  
Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 02796

DATE  
15 06 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN		000114		0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					0 7701 80 CODE DIST. PT.
ROW	GRAVE	COUNTRY		CAUSE OF DEATH	
2	194	PHILIPPINE ISLANDS		6	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X- 000114 UNK X- 603 (Maus)				21 Sept '48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		JOSEPH M OWEN Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES	
Two remains tags UNKNOWN X-603, AGRS Mausoleum	

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept '48 BY JOSEPH M OWEN

CASKET SEALED BY	EMBALMER (Signature)
JOSEPH M OWEN	<i>Joseph M Owen</i> JOSEPH M OWEN

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
21 Sept '48	
DATE	BY HORACE L ALDRICH, Sgt Inf COUSINE C. KAYAPAN, 1st Lt., Inf

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

*Corsine C. Kayapan*  
CORCINE C. KAYAPAN, 1st Lt., Inf  
SIGNATURE OF GRS INSPECTOR

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

*Handwritten notes and signatures:*  
29 June 50  
[Signature]

*Handwritten initials*

*Handwritten initials*

Not identifiable from  
information presently  
available

~~March 1957~~

H. B. McNEER  
Captain, GNC  
Chief, Records Branch

Form 1044  
Incls

FOR THE COMMANDING OFFICER:

The records pertaining to Unknown X-114, Plot 2, Row 2, Grave 194, USMC, Manila # 2, 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.

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

SUBJECT: Unidentifiable Remains

31 MAY 1958  
(Date)

APD 900

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK. X-603 (Formerly X-114 Mantle # 2)  
 2. DATE OF REPORT 31 May 1950

3. NAME OF CEMETERY  
 4. PLOT 5. ROW 6. GRAVE 7. DATE OF DISINTERMENT REINTERMENT

8. NAME OF CEMETERY  
 9. ESTIMATED WEIGHT U. I. D.  
 10. ESTIMATED HEIGHT 5'4 1/2"  
 11. COLOR OF HAIR U. I. D.  
 12. RACE Prob. White

PHYSICAL DESCRIPTION  
 Age: 21 to 27 yrs.

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  
 None

14. WAS BODY BURNED? YES  NO  TO WHAT EXTENT?  
 15. WAS BODY MANGLED? YES  NO  TO WHAT EXTENT?  
 None

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"

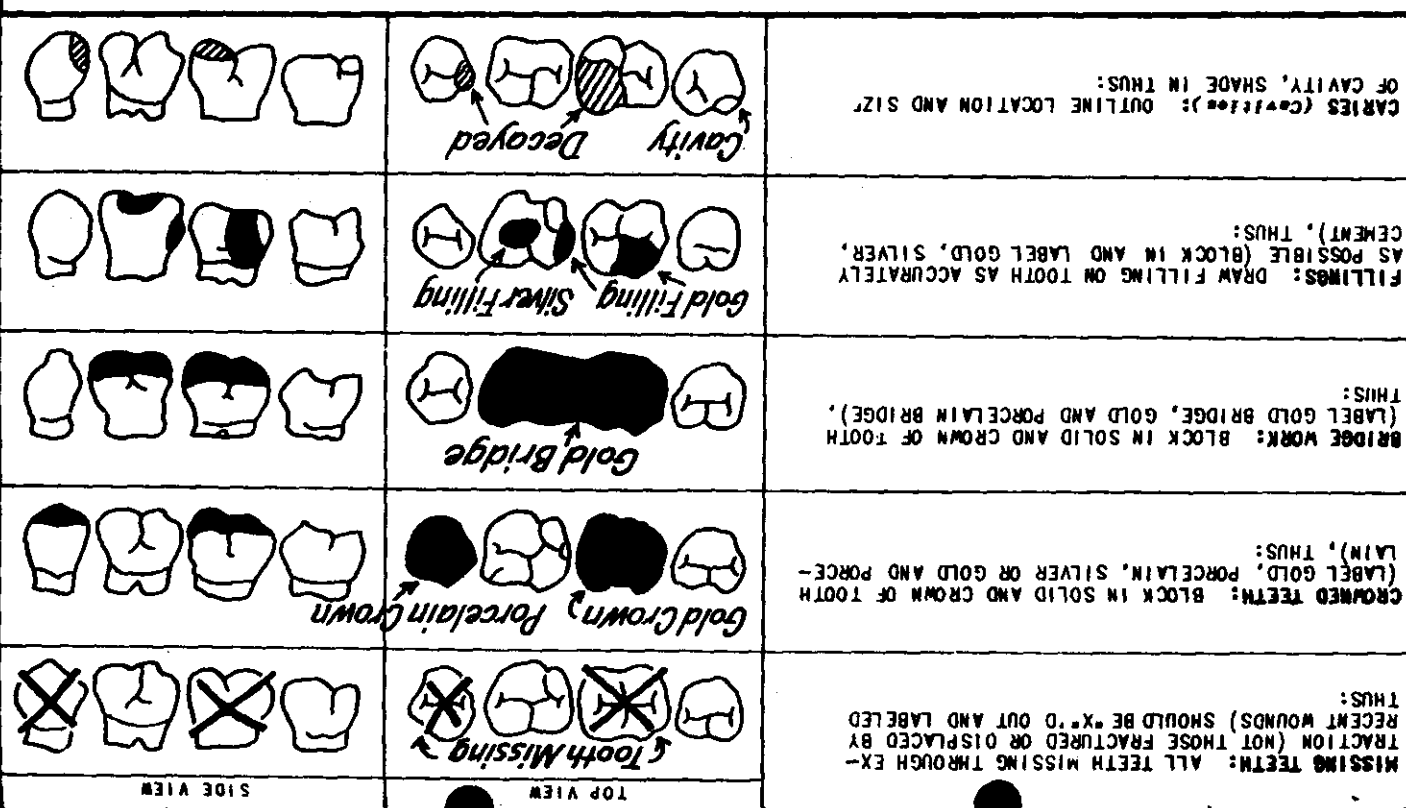
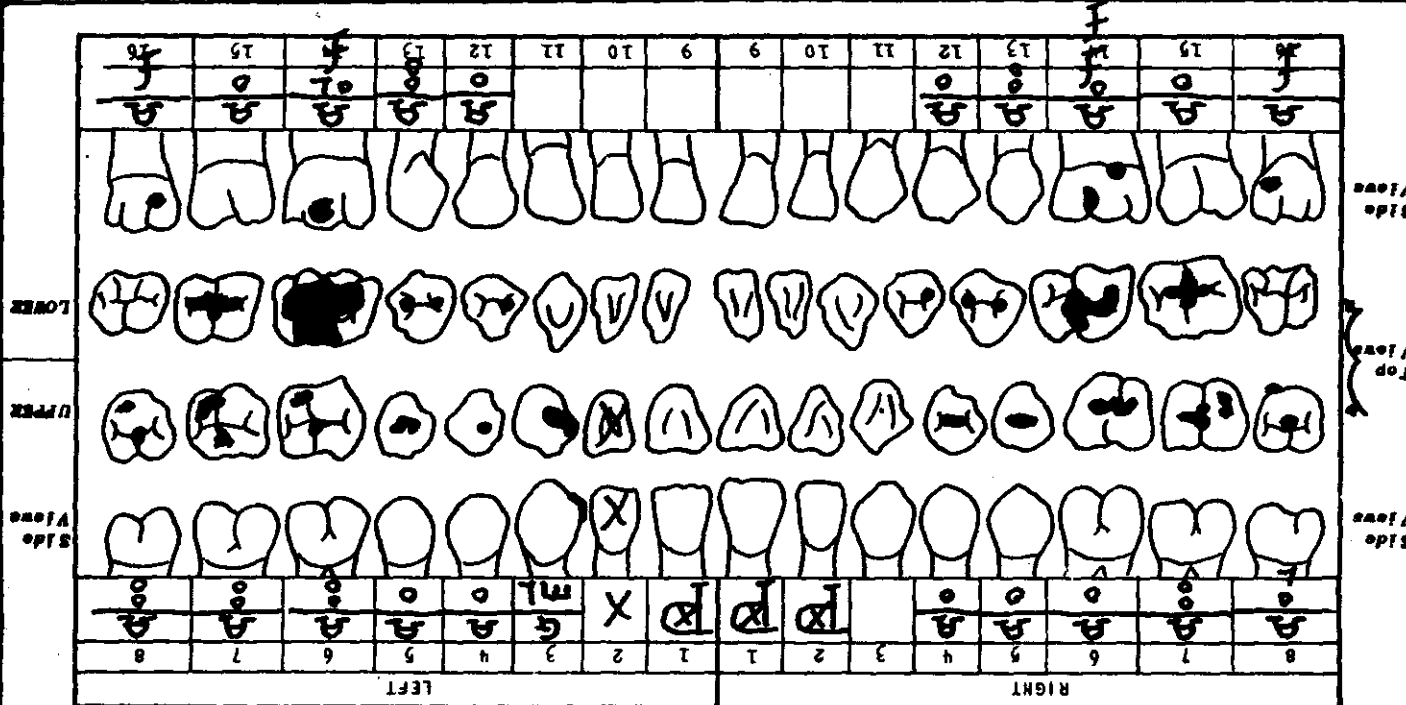
PAUL R NICHOLS  
Chief Ident. Section

*Paul R. Nichols*

"UNIDENTIFIABLE"

DEPARTMENT OF LABOR OF THE UNITED STATES GOVERNMENT

DEPTURES (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."



PAUL R NICHOLS  
Chief Ident. Section

*Paul R Nichols*

SIGNATURE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

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

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

No identification tag, personal effect or any other means of identification found with remains.

21. REMARKS AND ADDITIONAL INFORMATION

SIGNATURE OF MEDICAL OFFICER

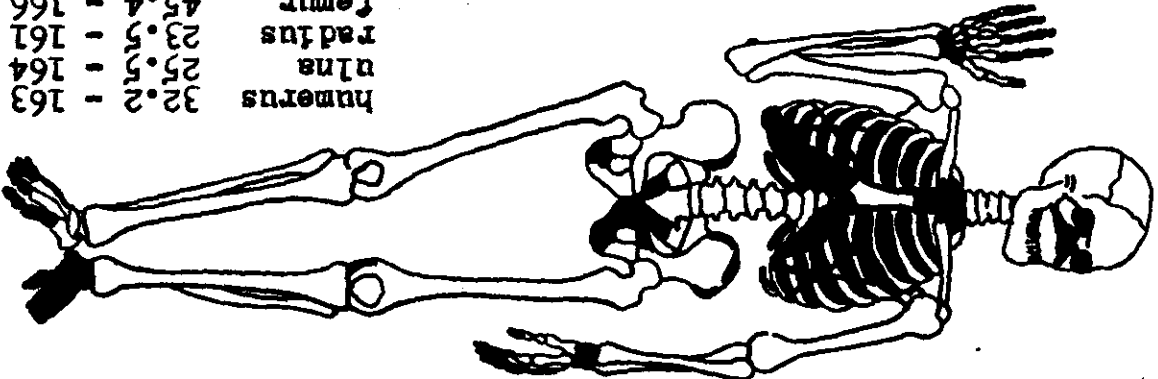
OF THE FOLLOWING ANATOMICAL PARTS:

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ NUMBER DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE

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

6/986  
164 1/3

Estimated height	5'4 1/2"
humerus	32.2 - 163
ulna	25.5 - 164
radius	23.5 - 161
femur	45.4 - 166
tibia	36.5 - 166
fibula	36.3 - 166



19. BLACK OUT PARTS OF BODY NOT COVERED

## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment WD QMC Form 1042)

UNKNOWN X-603 (Formerly Unk X-114  
~~UNKNOWN~~ USAF Cemetery Manila #2)  
 Cemetery AGRS Mausoleum, Manila P.I.  
 RANGER BAY CRYPT  
 Plot 801 Row D Grave 914

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death Cavite, Cavite, P.I. \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
 \_\_\_\_\_  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by C M T # 1 \_\_\_\_\_  
(Name and organization)
4. Evacuated to Cemetery by C M T # 1 \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	_____ / _____ <small>(Type)</small>		
Raincoat	_____ / _____		
Overcoat	_____ / _____		
Jacket, Field	_____ / _____		
Jacket, Combat	_____ / _____		
Mackinaw	_____ / _____		
Sweater	_____ / _____	N	
Jacket, HBT	_____ / _____	N E	
* Shirt, Wool OD	_____ / _____		
Undershirt, Wool	_____ / _____		
Undershirt, Cotton	_____ / _____		
Trousers, HBT	_____ / _____		
* Trousers, Wool OD	_____ / _____		

Goatee \_\_\_\_\_  
 (Light, color, extent)

Eyes \_\_\_\_\_  
 (Color, setting, shape)

Nose \_\_\_\_\_  
 (Size, shape, straight)

Mouth \_\_\_\_\_  
 (Large, medium, small)

Teeth **Tooth chart attached.**  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin \_\_\_\_\_  
 (Prominent, receding, pointed, dimples, double)

Jaw \_\_\_\_\_  
 (Large, small, normal)

Neck \_\_\_\_\_  
 (Size, length, short, normal, wrinkled)

Shoulders \_\_\_\_\_  
 (Broad, straight, small, rounded)

Hands \_\_\_\_\_

Fingers \_\_\_\_\_  
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Chest \_\_\_\_\_  
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist \_\_\_\_\_  
 (Size of navel, appendectomy, amount, quantity, and color of hair)

Back \_\_\_\_\_  
 (Quantity and extent of hair)

Hernioplasty \_\_\_\_\_  
 (Yes-no; location)

Legs \_\_\_\_\_  
 (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet \_\_\_\_\_  
 (Size, corns, callouses, flat)

Evidence of healed fractures \_\_\_\_\_  
 (Nose, arms, legs, etc.)

Eyebrows \_\_\_\_\_  
 (Color, bushiness, extent across nose)

Ears \_\_\_\_\_  
 (Size, set close to or far from head)

Lips \_\_\_\_\_  
 (Small, large, full)

Circumference of head in inches 19 1/2  
 (Hat band)

Larynx \_\_\_\_\_  
 (Prominent, normal)

Arms \_\_\_\_\_  
 (Length, muscular, color, extent and quantity of hair)

Circumcision Yes-no  
 (Yes-no)

Pubic Hair \_\_\_\_\_  
 (Color)

Toes \_\_\_\_\_  
 (Slender, straight, crooked, overlap)

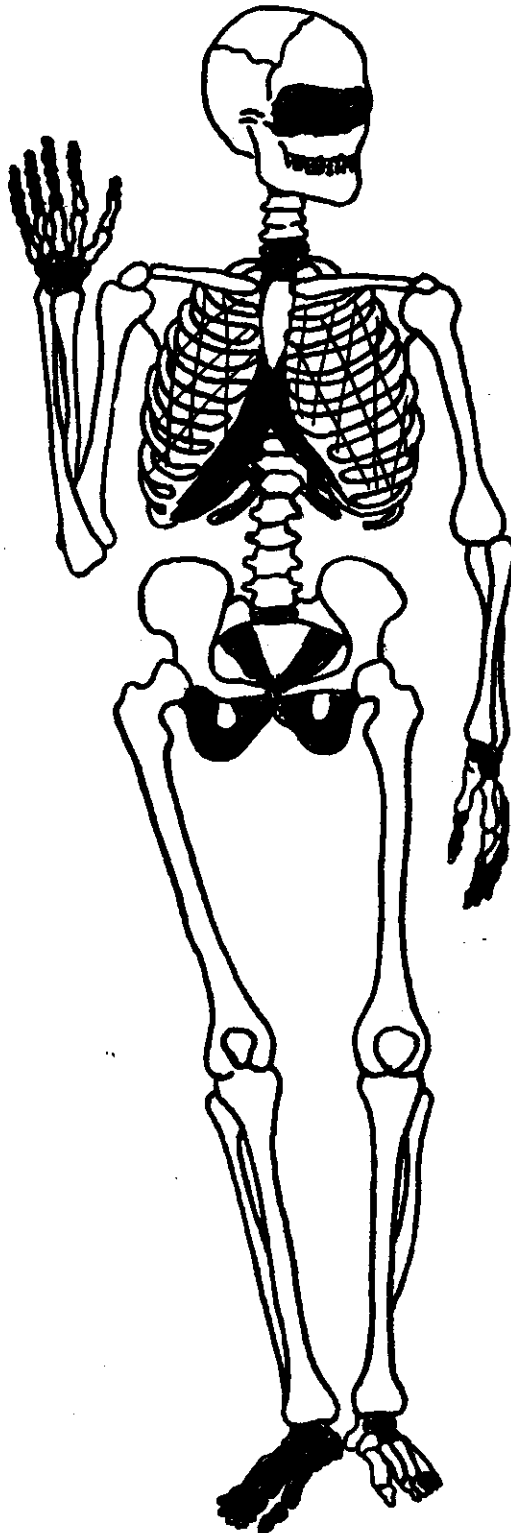
NOTE: Use attached charts "A" and "B" to indicate parts not received.



# SKELETAL CHART

X-603

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



20 Ribs and Rib  
fragments. Received  
3 - Cervical, 1/2 dorsal  
4 - Lumbar Vertebrae  
Received

/aom

# IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,  
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.
















UNKNOWN X-603 (Formerly Unk X-114)		Unknown	
USAF Cemetery Manila #2, Luzon PI		DATE	
LAST NAME	FIRST INITIAL	RANK	SERIAL NO.
Unknown		Unknown	Unknown
UNIT	AGRS Mausoleum	ORGANIZATION	
Cavite, Cavite P.I.	Manila P.I.	801	D 914
PLACE OF DEATH	PLACE OF BURIAL	PLOT HANGER	ROW BAY GRAVE NO. CRYP

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	A	A	A	A	A		P	P	P	X	G	A	A	A	A	A	TYPE				
LOCATION	do	oo	O	do	O						LM	O	Mod	oo	do	O	LOCATION				

INSIDE — LOOKING OUT

	RIGHT					LOWER TEETH						LEFT						
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE	A	A	A	A	A							A	A	A	A	A	TYPE	
LOCATION	F	OF	Fed	oo	O							O	oo	Mod	FI	O	F	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

RESTRICTED 273

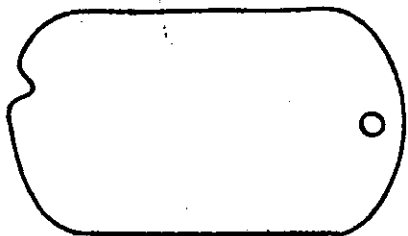
U 243

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

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

DATE OF REPORT  
11 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN X-603 (Formerly UNK X-114 USAF Cemetery Manila #2, Luzon, P.I.)</b>		SERIAL No. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Cavite, Cavite P.I.</b>	CAUSE OF DEATH <b>Killed during air raid</b>	DATE OF DEATH <b>19 Dec 41</b>
--	---	-----------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If not identified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <b>Yes (2)</b>	

RECORDED IN BRANCH  
 DEC 22 2 50 PM '47  
 MEMORIAL DIVISION

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

**AGRS MAUSOLEUM, MANILA, P.I.**

DATE OF BURIAL <b>8 Oct 47</b>	HOUR <b>1600</b>	BURIED IN (Shroud, blanket, or name of other) <b>COFFIN</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>801</b>	ROW No. <b>D</b>	GRAVE No. <b>914</b>
-----------------------------------	---------------------	--	-------------------------------------	------------------------	---------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
<b>RESTORED</b>	<b>USAF Cemetery Manila #2, Luzon, P.I.</b>
	PLOT No. <b>2</b> ROW No. <b>2</b> GRAVE No. <b>194</b>

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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) <b>UNKNOWN X-604</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 916</b>
--	------	------------	--------------	-------------------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) <b>CUNAHAN, Macario</b>	RANK <b>Unknown</b>	SERIAL No. <b>6738824</b>	ORGANIZATION <b>PS</b>	GRAVE No. <b>CRYPT 912</b>
--	------------------------	------------------------------	---------------------------	-------------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>Wm R. GILBERT, Adm Asst</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>LUCIO PANOPIO, Jr., 2d Lt., INF</b>
--	---

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 Office. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

2 of 469

RESTRICTED *RAW*

U 243

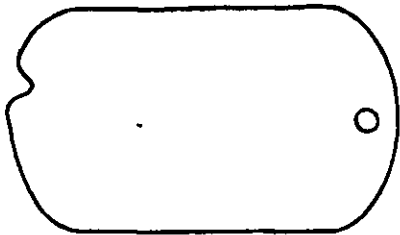
WD OMC FORM 1042  
(Rev. Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

19 Nov. 45

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-114 (Manila #2)		
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
Cavite, Cavite, P.I.	Killed during air raid.	19 Dec. 41

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	
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
17 Nov. 45	1400	Shelter Half	Cross	2	2	194

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	Remains disinterred from Ft. Wm. McKinley Cemetery, Luzon, P. I.	E	2	2

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		Information in bottle not legible.
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.
MATTIE, John E.	Pvt.		Co I, 31st Inf.	193

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-115				195

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>W. V. Hardy Jr.</i> W. V. HARDY JR., T/3, GRS.	<i>W. E. Sessions III</i> W. E. SESSIONS III, Capt., OMC.

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

1241