

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293

APO 707

SUBJECT: Unidentifiable Remains

8 Aug 1949

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, GRS (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-330	AGRS	Maln	UNKNOWN X-2855	AGRS	Maln
" X-334	"	"	" X-3839	"	"
" X-452	"	"	" X-4259	"	"
✓ " X-608	"	"	" X-4915	"	"
" X-2671	"	"			

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

JOHN M. WESTON JR  
1st Lt            AGD  
Asst. Adj.      GRN

9 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

(Received )  
(Aug 17 1949)

/drs

Interred 8 Aug 1949  
G 7 4 Ft. McKinley

### DISINTERMENT DIRECTIVE

*Carl H. Hark*  
CARL R. H. HARK  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 02799

DATE

15 05 48  
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

*77* UNKNOWNX-000119

0

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

USAF CEMETERY MANILA NO 2

0

7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

P12 2 200 PHILIPPINE ISLANDS

6

#### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

(BY ADMINISTRATIVE DECISION)

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNK X-000119  
UNK X-608 (Maus)

22 Sept. 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY  
JOSEPH M. OWEN  
Embalmer  
NAME AND TITLE

REMAINS  
 MARKER

UNKNOWN

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shelter Half

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

Two (2) Remains Tags - UNK X-608 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept. 1948

BY

JOSEPH M. OWEN

CASKET SEALED BY

EMBALMER (Signature)

JOSEPH M. OWEN

*Joseph M. Owen*  
JOSEPH M. OWEN

CASKET BOXED AND MARKED

HORACE L. ALLISON  
Sgt., Inf.

SHIPPING ADDRESS VERIFIED BY

DATE 22 Sept. 48

BY

LUCIO S. PANOPIO, 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.

*Lucio S. Panopio*  
LUCIO S. PANOPIO, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

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

SEP 1948  
NATION  
BRANCH  
M.F.

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

26 July 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 119, Plot 2,  
Row 2, Grave 209, USMC USMC 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, QMG  
Chief, Records Branch

Atch: Form 1044

Received Aug 49 OQMG  
Not identifiable from  
information presently  
available 6 Aug 49  
7. 6. 49

Incl. # 4

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-608 (Formerly UNK X-119 Manila #2)</b>				2. DATE OF REPORT <b>28 July 1949</b>	
3. NAME OF CEMETERY <b>AGRS MAUSOLEUM MANILA P I</b>		4. PLOT <b>801</b>	5. ROW <b>D</b>	6. GRAVE <b>921</b>	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNKNOWN</b>

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? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

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)


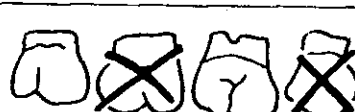
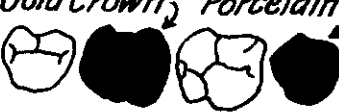







**NONE**





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

*Incl #4<sup>2</sup>*

18.

TOOTH CHART

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

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

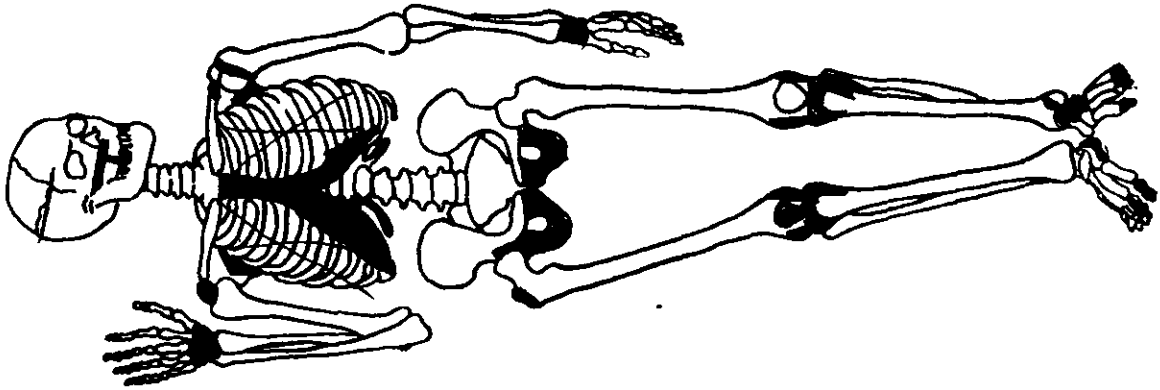
The teeth present are markedly discolored.

**"UNIDENTIFIABLE"**

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

*James J. McDermott*  
 JAMES J. McDERMOTT  
 Laboratory Officer, GIP

19. BLACK OUT PARTS OF BODY NOT COVERED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS 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 - 6 lbs.

UNIDENTIFIABLE  
NO REASON APPARENT FOR THE UNIDENTIFIABLE

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

**JAMES J McDERMOTT**  
Laboratory Officer

X-608

# 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.

8 Oct 47  
DATE

UNKNOWN X-608 (Formerly Unk X-119)  
USAF Cem Manila #2 Luzon P I )

LAST NAME FIRST INITIAL RANK SERIAL NO

Unknown Unknown

UNIT ORGANIZATION

Unknown AGRS Mausoleum, Manila, P. I. 801 D 921

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.
















STORAGE

	RIGHT				UPPER TEETH				LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	X			X			X	X	X	X						X
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				X												
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)

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-608 (Formerly  
 Unknown X- 119 USAF Gen Manila #2 P I)  
 Cemetery AGPS Mausoleum, Manila P I  
ANGER BAY CRYPT  
 Plot 801 Row D Grave 921

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
  
2. Place of death Unknown \_\_\_\_\_  
(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 \_\_\_\_\_  
(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	(Type)		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw		N	
Sweater		N E	
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			



Goatee ..... (Light, color, extent)

Eyes ..... (Color, setting, shape)      Eyebrows ..... (Color, bushiness, extent across nose)

Nose ..... (Size, shape, straight)      Ears ..... (Size, set close to or far from head)

Mouth ..... (Large, medium, small)      Lips ..... (Small, large, full)

Teeth ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... (Prominent, receding, pointed, dimples, double)

Jaw ..... (Large, small, normal)      Circumference of head in inches ..... (Hat band)

Neck ..... (Size, length, short, normal, wrinkled)      Larynx ..... (Prominent, normal)

Shoulders ..... (Broad, straight, small, rounded)      Arms ..... (Length, muscular, color, extent and quantity of hair)

Hands ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers ..... (Unusual characteristics of fingernails)

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)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

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

Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)

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

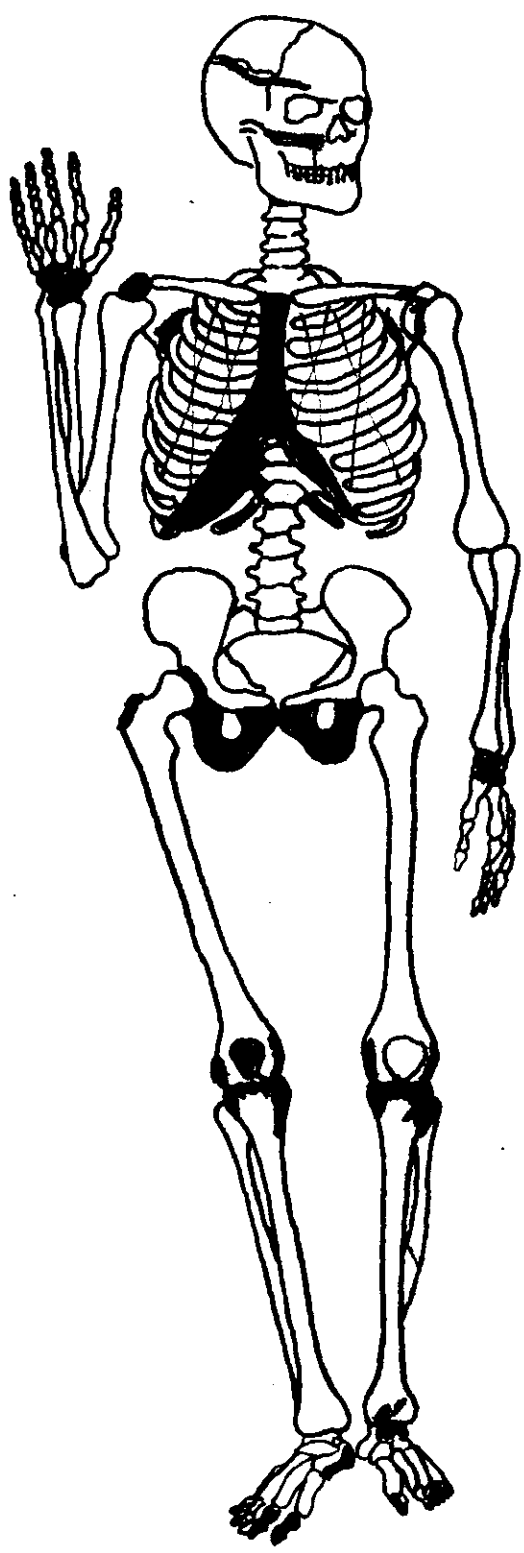
Chart attached.

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

X-608

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Fragments of Ribs*

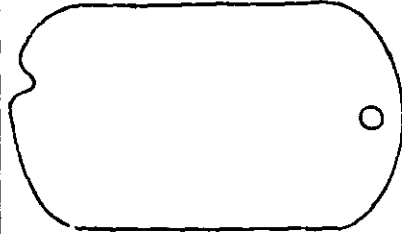
*Fragments of bones  
too small to identify.*

WD OMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
11 Oct 1947

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-608 (Formerly UNK X-119 USAF Cem Manila #2, Luzon, P. I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Unknown	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
---------------------------	---------------------------	--------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

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

RECORDS BRANCH  
DEC 22 2 50 PM '47

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
AGRS MANSION. MANILA, P. I.

DATE OF BURIAL STORAGE 8 Oct 1947	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) STORAGED Casket	TYPE OF GRAVE MARKER None	PLOT NO. TANGER 801	ROW No. EAT D	GRAVE No. CRYPT 921
---	--------------	---	---------------------------------	---------------------------	---------------------	---------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P. I.	PLOT No. 2	ROW No. 2	GRAVE No. 209
--	--	---------------	--------------	------------------

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-606	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CR 923
---	------	------------	--------------	------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGED KELIHER, John E.	RANK Unknown	SERIAL No. 11015864	ORGANIZATION USA	GRAVE No. CR 919
---	-----------------	------------------------	---------------------	------------------------

SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPIO Jr, 2d Lt INF
--	--

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.

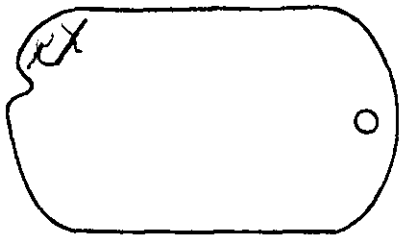
492

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

21 Nov. 45

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial)</p> <p><b>UNKNOWN X-119 (Manila #2)</b></p>		<p>SERIAL NO.</p>
	<p>GRADE</p>	<p>ORGANIZATION</p>	<p>BRANCH OF SERVICE</p>
	<p>RACE</p>	<p>RELIGION</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>
<p>PLACE OF DEATH</p>	<p>CAUSE OF DEATH</p>	<p>DATE OF DEATH</p>	

EMERGENCY ADDRESSEE (Name, relationship, and address)

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p><b>None</b></p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reverse)</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)</p> <p><b>Yes (2)</b></p>	<p><b>(Over)</b></p>

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.

<p>NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY</p> <p><b>USAF Cemetery Manila #2, Luzon, P. I.</b></p>						
<p>DATE OF BURIAL</p> <p><b>18 Nov. 45</b></p>	<p>HOUR</p> <p><b>1100</b></p>	<p>BURIED IN (Shroud, blanket, or name of other)</p> <p><b>Shelter Half</b></p>	<p>TYPE OF GRAVE MARKER</p> <p><b>Cross</b></p>	<p>PLOT No.</p> <p><b>2</b></p>	<p>ROW No.</p> <p><b>2</b></p>	<p>GRAVE No.</p> <p><b>209</b></p>
<p>WAS THIS A REBURIAL? (Yes or no)</p> <p><b>Yes</b></p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p><b>Remains disinterred from Ft. Wm. McKinley Cemetery, Luzon, P. I.</b></p>			<p>PLOT No.</p> <p><b>E</b></p>	<p>ROW No.</p> <p><b>2</b></p>	<p>GRAVE No.</p> <p><b>9</b></p>
<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>				
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p><b>Yes</b></p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p><b>Yes</b></p>					
<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p> <p><b>UNKNOWN X-118 (Manila #2)</b></p>			<p>RANK</p>	<p>SERIAL No.</p>	<p>ORGANIZATION</p>	<p>GRAVE No.</p> <p><b>208</b></p>
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p> <p><b>UNKNOWN X-120 (Manila #2)</b></p>			<p>RANK</p>	<p>SERIAL No.</p>	<p>ORGANIZATION</p>	<p>GRAVE No.</p> <p><b>210</b></p>
<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p><i>R. C. Barrett</i> <b>R. C. BARRETT, Cpl., GRS.</b></p>			<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p><i>D. L. Armstrong</i> <b>D. L. ARMSTRONG, Capt., QMC.</b></p>			

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.

760

FOR THE RECORD

Date 15 August 1950

X-118 Manila #2 - Plot 2 Row 2 Grave 208  
(Name) (Rank) (Serial Number)

Date remains interred 7 Feb 1950 - Ft McKinley D-15-91  
(Information rec'd from RRE 18 or Plot Map)  
*cut by adm Oor - Phil. Com*

Number none Asia Copy of Disinterment Directive to be used in lieu of Missing #1 D. D.

This form is to be used when 1194 (D/D #1) and pertinent papers have been lost or misplaced.

NOTE: If the above papers are found or received this form is to be removed from 293 File and destroyed.

*Prograves*  
for Lt. W. ALLEN  
Lt. Colonel, **CMC**  
Memorial Division

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900  
11 January 1950

GRPZ 293

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 QMMSU 293, GRS (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-168	AGRS	Mala	UNKNOWN X-616	AGRS	Mala
" X-289	"	"	" X-677	"	"
" X-364	"	"	" X-680	"	"
" X-416	"	"	" X-805	"	"
" X-418	"	"	" X-839	"	"
" X-435	"	"	" X-840	"	"
" X-443	"	"	" X-2372	"	"
" X-605 <sup>7</sup>	"	"	" X-2372	"	"
" X-615	"	"			

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE QUARTERMASTER COMMANDING OFFICER:

17 Incls  
QMC Forms 1044, w/Certificates  
of Unidentifiability

JOHN SHEPULA  
1st Lt., Infantry  
Adjutant

RECEIVED JAN 20 1950

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

9 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 118 , Plot 2 ,  
Row 2 , Grave 208 , USMC USAF Cem Manila #2 , have  
been reviewed and it is the opinion of this office that insuffi-  
cient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:



H. B. MCNEMAR  
Captain, OMC  
Chief, Records Branch

Attech: Form 1044

Received 20 Jan 1950 0000  
Not identifiable from  
information presently  
available 1 Feb. 1950

R. C. King. ID. Bn.

# IDENTIFICATION DATA

1. REMAINS OF <sup>7</sup> UNKNOWN <b>X-605 (Formerly X-118, Manila #2 Cem.)</b>						2. DATE OF REPORT <b>9 Jan. 1950</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>				4. PLOT	5. ROW	6. GRAVE	7. DATE OF
				<b>HANGAR 801</b>	<b>BAY D</b>	<b>CRYPT 924</b>	DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT <b>U T D</b>		9. ESTIMATED HEIGHT <b>5' 5"</b>		10. COLOR OF HAIR <b>U T D</b>		11. RACE <b>Unknown</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>NONE</b>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>U T D</b>							
14. WAS BODY BURNED?				TO WHAT EXTENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
15. WAS BODY MANGLED?				TO WHAT EXTENT?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <b>NONE</b>							
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)  <b>NONE</b>							



TOOTH CHART

**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



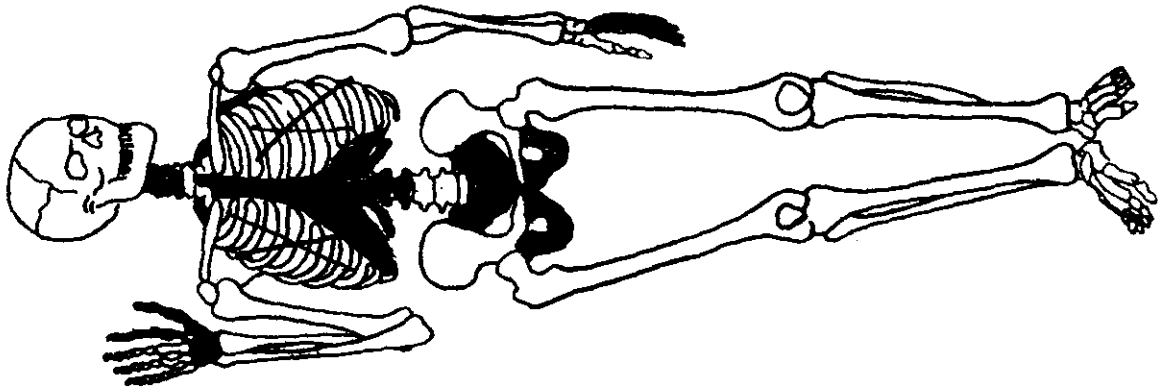
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		A O				X							A O		X	
Side View						X							X		Side View	
Top View						X							X			
Side View																
		X											A F		X	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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."

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No I.D. tags, burial bottle, personal effects or other means of identification found with remains.

Estimated weight of remains - 10 lbs.

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