

AIRMAIL

**QUEST 808
SEE PAR EAST**

20 September 1949

SUBJECT: Approval of Unidentifiability

**TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGSO, FIELDHQ SCMP**

1. Reference is made to findings of unidentifiability for the following Unknowns identified:

~~Unknown X-614, AGSO Manuscript Manila, Formerly X-188, USAF Com., Manila #2
Unknown X-1881, AGSO Manuscript Manila, Formerly X-1881, USAF Com., Manila #2
Unknown X-1784, AGSO Manuscript Manila, Formerly X-1881, USAF Com., Manila #2
Unknown X-1883, AGSO Manuscript Manila, Formerly X-1881-E, USAF Com., Manila #2~~

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

FOR THE QUARTERMASTER GENERAL:

**T. M. HERR
Lt. Colonel, GSC
Memorial Division**

**T. Barkorn/MSJ
L. H. White
J. Windsor**

OO: CINCPAC APO 808

AIRMAIL

COPY

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

APO 707

SUBJECT: Unidentifiable Remains

1 September 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-614 AGRS Mslm
" X-1251 " "

UNKNOWN X-1758 AGRS Mslm
" X-4094 Manila #2

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

FOR THE COMMANDING GENERAL:

/s/ C. H. LIEURANCE
2nd Lt., AGD
Asst. Adj. Gen

4 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

C
O
P
Y

1	/drs		Interred 20 September 1949 C 13 51 Ft. McKinley		DISINTERMENT DIRECTIVE	
	H - <i>Clare R. Mark</i> R - 13		CART. R. H. MARK		7-36 Cemetery Superintendent	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER 7747 02805		DATE 15 06 48 DAY MONTH YEAR	
NAME		SERIAL NUMBER UNKNOWNX-000125		RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR
CEMETERY USAF CEMETERY MANILA NO 2					DISPOSITION OF REMAINS O 7701 80 CODE DIST. PT.	CAUSE OF DEATH 6
PLOT P12	ROW 3	GRAVE 292	COUNTRY PHILIPPINE ISLANDS			
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 -125 -14		SERIAL NUMBER		RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL			CONDITION OF REMAINS			
OTHER MEANS OF IDENTIFICATION						
MINOR DISCREPANCIES 1						
REMAINS PREPARED AND PLACED IN CASKET						
DATE 21 September 1949		BY				
CASKET SEALED BY			EMBALMER (Signature) <i>Clare R. Mark</i>			
CASKET BOXED AND MARKED			SHIPPING ADDRESS VERIFIED BY			
DATE BY HORACE I. 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.						
Signature of <i>Clare R. Mark</i>					OCT 1949	
SIGNATURE OF GRS INSPECTOR					REPATHING BRANCH	
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.						

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

8 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 125, Plot 2,
Row 3, Grave 282, 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. McNEEMAR
H. B. McNEEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

9/13/49
Not identifiable from
information presently
available
9/15/49
Sanborn, T.
OCEG

End 1'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-614 (Formerly UNK X-125 Manila #2)				2. DATE OF REPORT 18 July 49	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	D	929	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 9 3/8"	10. COLOR OF HAIR UTD	11. RACE Unknown
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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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

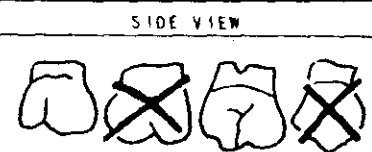
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

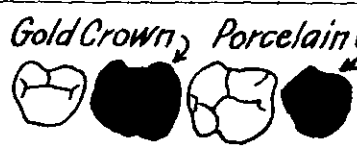
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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:



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



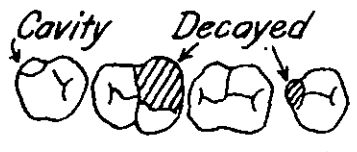
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		A/O				P	P	P		DL	MO				
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
X	A/O	A/O	A/OD	O		P	P	P		P		A/OD	O/M	A/ODL	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."

"UNIDENTIFIABLE"

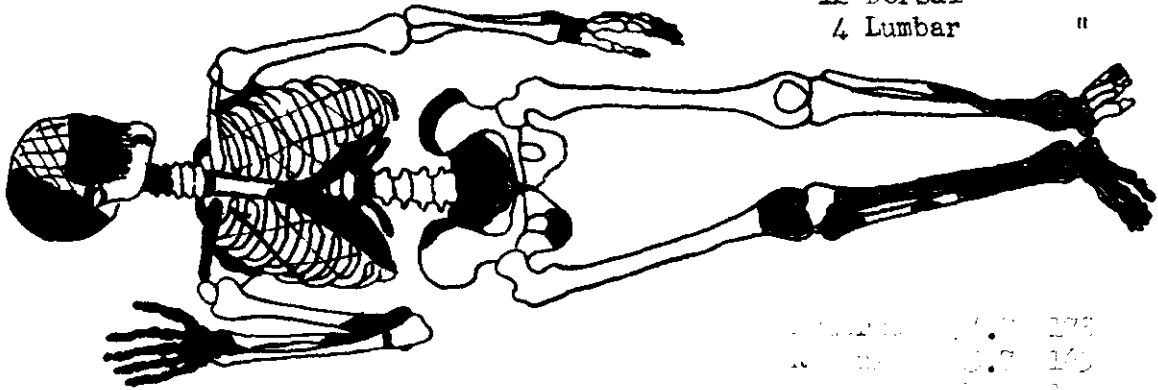
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

James J. McDevitt
Laboratory of X-ray, OH

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present:

- 3 cervical Vertebrae
- 12 Dorsal "
- 4 Lumbar "



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 - 8 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

J. J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

X-614

/af

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-614 (Formerly X-125)
USAF Cem Manila #2, Luzon, P.I.)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

Unknown

801

D

929

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

Missing

STORAGE

RANGER

BAR

CRAPS

Missing Missing

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE						A				⊗	⊗		⊙				A		TYPE
LOCATION						o							o				o		LOCATION

INSIDE — LOOKING OUT

		RIGHT						LEFT											
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		⊗	A	A	A		⊗		⊗	⊗	⊗	⊗		A	A	A	⊗	TYPE	
LOCATION		⊗	o	o	do									do	Mod	do	⊗	LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

IDENTIFICATION CHECK LIST

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

/af

UNKNOWN X-614 (Formerly
 Unknown X-125, USAF Cem Manila #2)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 801 ^{TRANSFER} Row D ^{BAF} Grave 929 ^{CR/PT}

1. Arrived at AGRS Mausoleum, Manila
~~cemetery~~ 7 Oct 47
(Hour) (Date)

2. Place of death Unknown
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by OMT # 1
(Name and organization)

4. Evacuated to Cemetery by OMT # 1
(Name and organization)

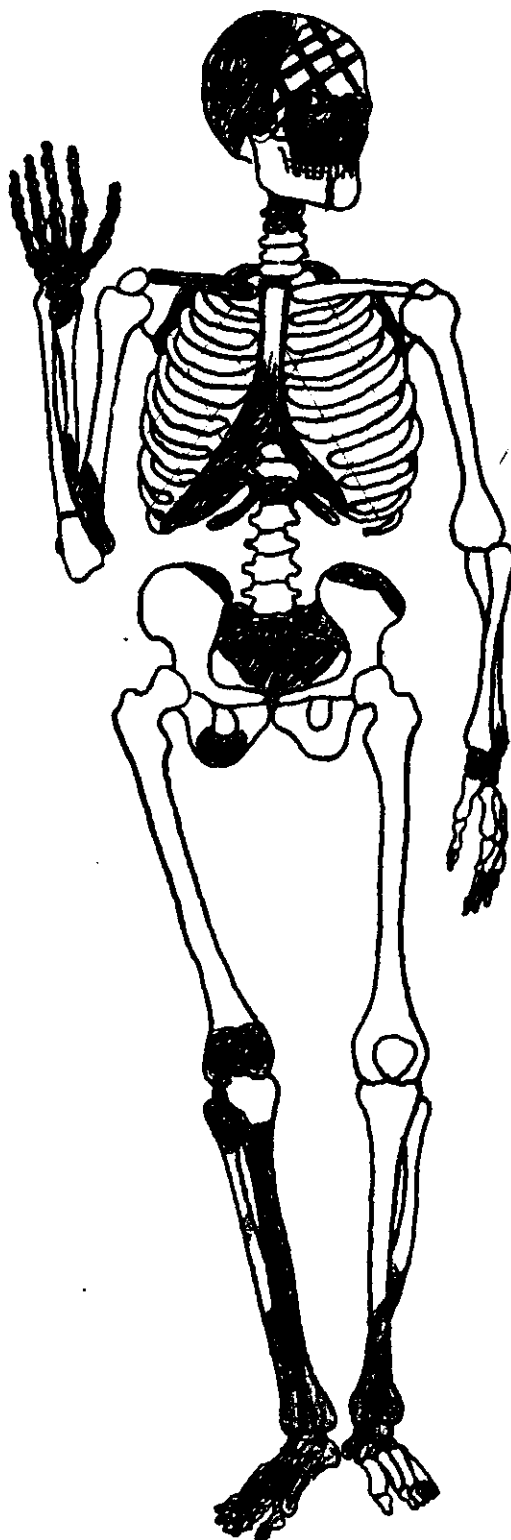
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

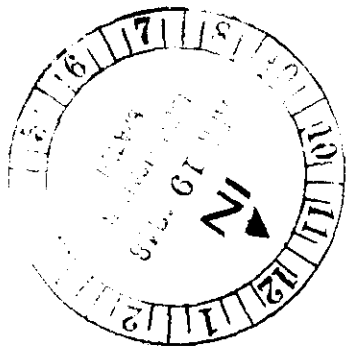
SKELETAL CHART

X-614

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



19 Ribs fragments
received
3 cervical
12 thoracic
4 lumbar vertebrae
received



24 14.,
MAC
GEORGE T. GAMBOA

CERTIFIED TRUE COPY:

8 Oct 47

(Organization)

AGRS

Service

Rank

CLV. CAP-9

(Officer's Name)

/s/ J. J. McDermott

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

remains eight (8) lbs.

Nothing found to warrant identification. Estimated weight of

9. Remarks No burial bottle with R. C. I. found. No personal effects found.

(Yes-no)

8. Has tooth chart been prepared? Yes If not, explain

If not, explain Due to condition of remains.

(Yes-no)

7. Have finger prints been placed on Report of Interment? No

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains : Skeleton only - Skeletal chart attached.

Age / Height / Weight / Description of wounds

Bandages or dressings / Scars (Length, width, location)

Tattoos (Number, location -- illustrate on separate page)

Outstanding moles, warts or birthmarks (Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion (Light, medium, dark, clear, pimples, poeks, freckles)

Build (Large, ~~big~~ thin, muscular)

Hair (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair (Baldness, widows peak, distinctive cutting/ or other characteristics)

Sideburns (Color, setting, shape)

Mustache (Color, size, shape)

Beard or (Length, heavy)

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type) N

Overshoes O

Web Equipment (type) E

(Other item)

(Other item)

Chevron or Insignia (Type & location: shirt, jacket, coat, helmet)

Shoulder Patch

* If body is nude, sizes of these items should be computed by measuring the remains

/af

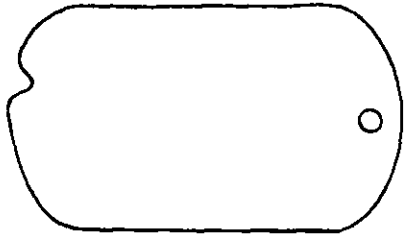
RESTRICTED

U 602

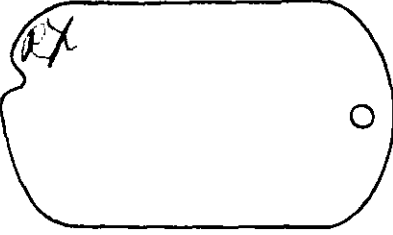


WD GMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

11 Oct 47

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
	NAME (Last, first, middle initial) UNKNOWN X-614 (Formerly X-125 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)		<div style="text-align: center;"> MEMORIAL DIVISION DEC 22 2 50 PM '47 RECORDS BRANCH </div>				
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 8 Oct 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER 801	ROW No. RAY D	GRAVE No. CRYPT 929
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P.I.					
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-616	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 931		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-620	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 927		
SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPLO, 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.						

RESTRICTED

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 <p align="center">3 Dec. 45</p>		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) (Unknown - Ft. Wm. McKinley) U N K N O W N - X - 125 (Cem. Manila #2)		SERIAL No.		
		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		
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.
20 Nov 45	1400	shelter Half	Cross	2	3	282
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	Ft. Wm. McKinley Cemetery, Luzon, P. I.			2	3	2
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
		Identity Unknown, Bottle found in grave but contents destroyed.				
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.	
U N K N O W N -X-124(Cem. Manila #2)					281	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
U N K N O W N -X-126 (Cem. Manila #2)					283	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
 R. C. BARRETT, Cpl. GRS.			 D. L. ARMSTRONG, Capt. 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.						

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