

GROUP 273
OWS For East

1 February 1990

SUBJECT: Identification of World War II Remains

TO : Commanding Officer
 American Graves Registration Service
 Pacific Area
 APO 930, a/o Postmaster
 San Francisco, California

1. Reference is made to findings of Unidentifiability for the following Unknown Remains:

Unknown	AGRS Mass Module, formerly	USAF Com Module #2
X-168	X-370	
X-207	X-387	
X-240	X-388	
X-205	X-390	
X-413	X-391	
X-475	X-392	
X-418	X-393	
X-418	X-394	
X-420	X-395	
X-477	X-396	
X-418	X-397	
X-418	X-398	
X-405	X-399	
X-384	X-400	
X-380	X-401	
X-383	X-402	
X-407	X-403	
X-407	X-404	
X-407	X-405	
X-407	X-406	
X-407	X-407	
X-407	X-408	
X-407	X-409	
X-407	X-410	
X-407	X-411	
X-407	X-412	
X-407	X-413	
X-407	X-414	
X-407	X-415	
X-407	X-416	
X-407	X-417	
X-407	X-418	
X-407	X-419	
X-407	X-420	
X-407	X-421	
X-407	X-422	
X-407	X-423	
X-407	X-424	
X-407	X-425	
X-407	X-426	
X-407	X-427	
X-407	X-428	
X-407	X-429	
X-407	X-430	
X-407	X-431	
X-407	X-432	
X-407	X-433	
X-407	X-434	
X-407	X-435	
X-407	X-436	
X-407	X-437	
X-407	X-438	
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X-407	X-446	
X-407	X-447	
X-407	X-448	
X-407	X-449	
X-407	X-450	
X-407	X-451	
X-407	X-452	
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X-407	X-470	
X-407	X-471	
X-407	X-472	
X-407	X-473	
X-407	X-474	
X-407	X-475	
X-407	X-476	
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X-407	X-487	
X-407	X-488	
X-407	X-489	
X-407	X-490	
X-407	X-491	
X-407	X-492	
X-407	X-493	
X-407	X-494	
X-407	X-495	
X-407	X-496	
X-407	X-497	
X-407	X-498	
X-407	X-499	
X-407	X-500	

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

FOR THE QUARTERMASTER GENERAL:

RM
TC

cc: Attention
 A. G. Kingdahl
 L. M. White
 J. Windsor

T. H. BERRY
Lt. Colonel, MC
Medical Division

Copy furnished: CINCPAC, APO 380

HEAD QUARTERS
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 QMEMU 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 Mslm	UNKNOWN X-616 AGRS Mslm
" X-289 " "	" X-677 " "
" X-364 " "	" X-680 " "
" X-416 " "	" X-805 " "
" X-418 " "	" X-839 " "
" X-435 " "	" X-840 " "
" X-443 " "	" X-2371 " "
" X-605 " "	" 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

/bpa 1	Interred 9 1950 D 12 5 Ft. McKinley <i>Caremark</i> DISINTERMENT DIRECTIVE CARL R. H. MARK Cemetery Superintendent	DIRECTIVE NUMBER 7747 02806	DATE 15 06 48 DAY MONTH YEAR
	SECTION A NAME AND BURIAL LOCATION OF DECEASED		

NAME	SERIAL NUMBER UNKNOWNX-000126	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR
CEMETERY USAF CEMETERY MANILA NO 2				DISPOSITION OF REMAINS 0 7701 80 CODE DIST. PT.
PLOT FT2	ROW 3	GRAVE 283	COUNTRY PHILIPPINE ISLANDS	CAUSE OF DEATH 6

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)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME <i>Carl R. H. Mark</i>	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input 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	

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature) <i>George J. ...</i>
CASKET SEaled BY		CASKET BOXED AND MARKED
DATE	BY	SHIPPING ADDRESS VERIFIED BY

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

Cecilia E. ...
SIGNATURE OF GRS INSPECTOR

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

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- 126, Plot 2,
Row 3, Grave 283, 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. McNEWMAR
Captain, CMC
Chief, Records Branch

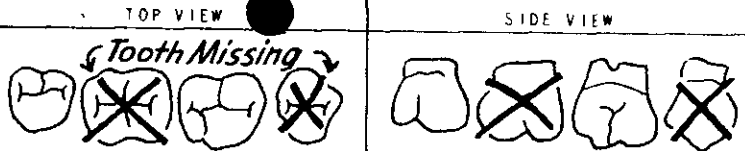
Attn: Form 1044

Received 20 Jan 1950 0098
Not identifiable from
information presently
available 1 Feb. 1950
a. e. King. 10. 122.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-615 (Formerly X-126, Manila #2 Cem.)				2. DATE OF REPORT 9 Jan. 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT HANGAR 801	5. ROW BAY D	6. GRAVE CRYPT 930	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT U T D		9. ESTIMATED HEIGHT 5'		10. COLOR OF HAIR U T D	
11. RACE Unknown					
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS N O N E					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES U T D					
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		(Remains badly decomposed)			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N O N E					
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) N O N E					

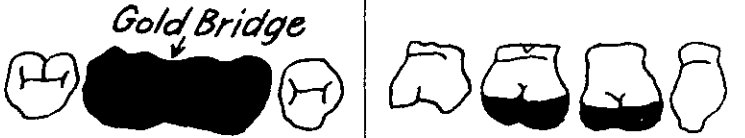
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:



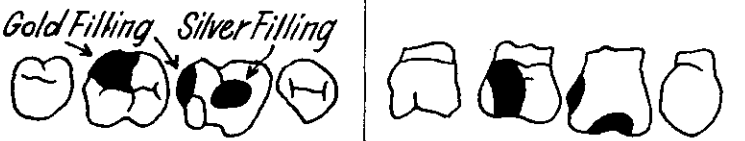
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



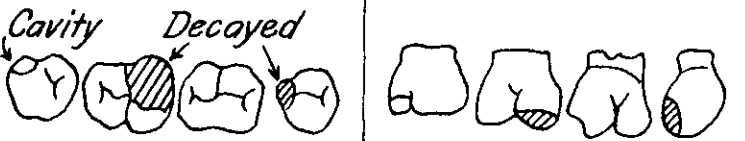
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
P	X	X	X	A	A	P	X				P		P	P	X
				Dm	D										
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
<i>Missing</i>															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

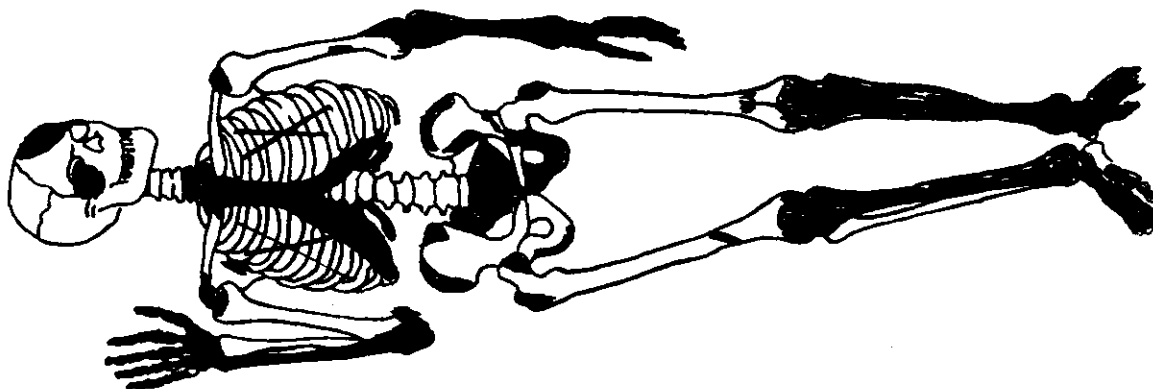
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Mandible missing. No mandibular teeth found.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASETS 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 - 4 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

Paul R. Nichols

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

13 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN (Last, first, middle initial)
US Army, Manila, Luzon, P.I.

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Army

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

13 Oct 47

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)

RECORDS BRANCH
NO 22 2 50 PM '47
MEMORIAL SERVICE

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

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. HANGER	ROW No. BAY	GRAVE No. CRYPT
13 Oct 47	1:00	Cloth	None	207	D	232

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.
RESTORED Yes	US Army Cemetery Manila, Luzon, P.I.	2	3	232

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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
STORED Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
STORED UNKNOWN 1-405				232

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
STORED UNKNOWN 1-405				232

SIGNATURE OF PERSON PREPARING REPORT: *Walter S. ...*
 SIGNATURE OF GRS OFFICER VERIFYING REPORT: *... 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.

X-615

IDENTIFICATION DENTAL CHART

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

(Formerly Unk X-126
USAF Cem Manila #2,
UNKNOWN X-615 Luzon, P.I.)

8 Oct 47
DATE

Unknown
Unknown
Unknown

LAST NAME
FIRST
INITIAL
RANK
SERIAL NO

Unknown

Army

UNIT

AGRS MAUSOLEUM

ORGANIZATION

Unknown

Manila, P.I.

801

D

930

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER

BAV

CRYPT

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	RIGHT UPPER TEETH LEFT																
TYPE	<div style="display: flex; justify-content: space-between;"> ⊗⊗⊗⊗AA⊗⊗⊗⊗⊗⊗ </div>																TYPE
LOCATION	<div style="display: flex; justify-content: space-between;"> moD </div>																LOCATION

INSIDE *mandible* LOOKING OUT *missing*

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT LOWER TEETH LEFT																
TYPE	<div style="display: flex; justify-content: space-between;"> </div>																TYPE
LOCATION	<div style="display: flex; justify-content: space-between;"> </div>																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	OXYPHOSPATE (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)

(Formerly Unk X-126 USAF
Cemetery Manila #2,
Unknown X-615 Luzon, P.I.)
Cemetery AGRS Mausoleum, Manila, P.I.
Plot 801 HANGER BAY CRYP Row D Grave 930

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. No. 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	/		
Sweater	N	O	
Jacket, HBT	N	E	
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Goatee (Light, color, extent)

Eyes U Eyebrows (Color, bushiness, extent across nose)

Nose D Ears (Size, set close to or far from head)

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

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

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

Jaw (Large, small, normal) Circumference of head in inches **19 1/2** (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 U T D

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

..... (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)

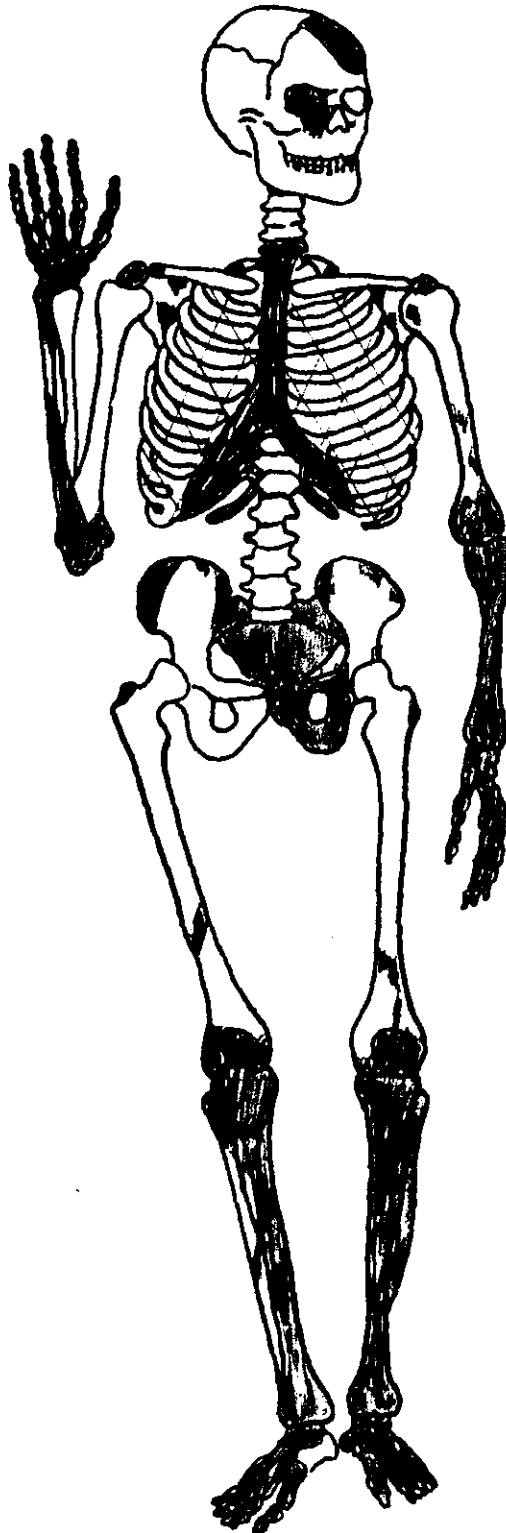
Evidence of healed fractures (Nose, arms, legs, etc.)

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

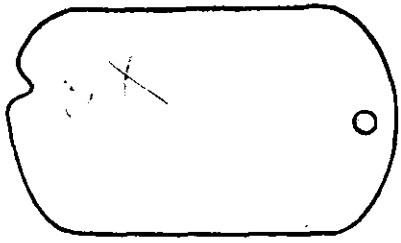


SKELETAL CHART

X-615

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Rib fragments
4 Cervical } vertebrae
4 Lumbar }
5 Thoracic }
Remaining vertebrae
fragments

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 3 Dec. 45
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 - 126 (Cem. Manila #2)	
	GRADE RACE	SERIAL No. ORGANIZATION RELIGION
	BRANCH OF SERVICE IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH	CAUSE OF DEATH Air Raid	DATE OF DEATH 25, 1941
EMERGENCY ADDRESSEE (Name, relationship, and address)		
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		
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 20 NOV 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter half
	TYPE OF GRAVE MARKER Cross	PLOT No. ROW No. GRAVE No. 2 3 283
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Ft. Wm. McKinley Cemetery, Luzon, P. I.	
		PLOT No. ROW No. GRAVE No. E 3 3
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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) U N K N O W N -X-125 (Cem. Manila #2)		RANK SERIAL No. ORGANIZATION GRAVE No. 282
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) U N K N O W N -X-127 (Cem. Manila #2)		RANK SERIAL No. ORGANIZATION GRAVE No. 284
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, Cpl. GRS.		SIGNATURE OF GRS OFFICER VERIFYING REPORT  D. L. ARMSTRONG, 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.		