

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Unit (Misc) Manila #2 X131, X132

X133, X134, X135, X136, X137, X138, X139, X140, X141, X142, X143, X144
X145, X146, X147, X148, X149, X150, X151, X152, X153, X154, X155
X156, X157 **SYNOPSIS AND DATES** X158

Misc now filed

NEW CLASSIFICATION 293. Unit Manila #2 X131

*10/2/50
B.C.*

RECLASSIFICATION SHEET



QUICNET 293
CIS Far East

28 June 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California

ATTENTION: AGRS, PHILCON ZONE

1. Reference is made to findings of unidentifiability for the following Unknown remains:

Unknown X-621	AGRS Mausoleum Manila formerly X-133	Manila #2
Unknown X-625	AGRS Mausoleum Manila formerly X-138	Manila #2
Unknown X-630	AGRS Mausoleum Manila formerly X-143	Manila #2
Unknown X-635	AGRS Mausoleum Manila formerly X-148	Manila #2
Unknown X-684	AGRS Mausoleum Manila formerly X-198	Manila #2
Unknown X-957	AGRS Mausoleum Manila formerly X-4014	Manila #2
Unknown X-1158	AGRS Mausoleum Manila formerly X-3751	Manila #2
Unknown X-1322	AGRS Mausoleum Manila formerly X-3623	Manila #2
Unknown X-1891	AGRS Mausoleum Manila formerly X-3245	Manila #2
Unknown X-1914	AGRS Mausoleum Manila formerly X-3312	Manila #2
Unknown X-1961	AGRS Mausoleum Manila formerly X-3286	Manila #2
Unknown X-3172	AGRS Mausoleum Manila formerly X-1049	Manila #2

2. Recommendations for unidentifiability have been ~~presented~~ ^{approved} by this Office. Request your records be amended ~~accordingly~~ ^{accordingly}

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QMC
Memorial Division

REB

NJS

CC: Administrative Section

R. C. Baylor:dal
L. M. White
J. Windsor

GSGR 293.9

SUBJECT: Unidentifiable Remains

9 JUN 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-621	UNKNOWN X-3172
" X-625	" X-3258
" X-630	" X-3288
" X-635	" X-3422
" X-1322	" X-3431
" X-1564	" X-3767
" X-1914	" X-4255
" X-2230	" X-4096, Manila #2
" X-2241	(Formerly Unk X-1409, AGRS Mslm)
" X-2286	" X-5141 (Formerly Unk X-327-E, AGRS Mslm)
" X-2289	" X-5142 (Formerly Unk X-327-F, AGRS Mslm)
" X-2331	" X-5145 (Formerly Unk X-327-I, AGRS Mslm)

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

FOR THE COMMANDING GENERAL:

23 Incls:
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen

1 /dra Interred 5 July 1948
 L 2-111, Ft. McKinley
Carexmark
 CARE R. H. MARK
 Cemetery Superintendent
 SECTION A
 NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

DIRECTIVE NUMBER 7747 02812
 DATE 15 06 48
 DAY MONTH YEAR

NAME UNKNOWN X-000133
 SERIAL NUMBER RANK Q
 CEMETERY USAF CEMETERY MANILA NO 2
 DISPOSITION OF REMAINS 0 7701 80
 CODE DIST. PT.

PLOT R12 ROW 4 GRAVE 392 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)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN -X-133
 UNK X-621 (Maus)
 SERIAL NUMBER RANK DATE OF DEATH 21 Sept '48
 DATE DISTINTERRED
 IDENTIFICATION TAG ON REMAINS
 MARKER ORGANIZATION UNKNOWN RELIGION
 IDENTIFICATION VERIFIED BY ROBERT F. STEVENSON
 Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION
 MINOR DISCREPANCIES 1

(1) marker (1) tag UNKNOWN X-621, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET
 DATE 21 September 1948 BY ROBERT F. STEVENSON

CASKET SEALED BY ROBERT F. STEVENSON
 EMBALMER (Signature) Robert F. Stevenson
 ROBERT F. STEVENSON

CASKET BOXED AND MARKED 21 Sept '48
 SHIPPING ADDRESS VERIFIED BY
 DATE BY HORACE L ALLISON, Sgt In HONORIO V. AURELIO, 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.

Honorio V. Aurelio
 HONORIO V. AURELIO, 1st Lt. Inf
 SIGNATURE OF GRS INSPECTOR

NAF FILE
 RECEIVED
 DATE 8/3/49
 NAME NIMBERLY
 R & R BR.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

NLN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER HW	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 5 JUL 1949

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER (S.V. THE DECISION)	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER MELEBA NVAI	DATE 10	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

270
FILE UNDER NO. 293 - Unknown P.I. X-133 (Manila #2)

INDEX SHEET

SYNOPSIS

Letter

2 June 1947

FROM:
TO:

COMM
Org. Rec. Br., Rec. Admin. Center, AGO, St. Louis, Mo.

SUBJ:

Identification Data

DOCUMENT FILED UNDER NO. 293 - Unknown P.I. Misc: (Manila #2) (X-121 thru 158)

rtb

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

28 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 133, Plot 2,
Row 4, Grave 392, USMC Manila #2, Luzon, P.I. 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

H. B. McNEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received 9 June 49 OQMG
Not identifiable from
information presently
available 28 June 49
Baylors

Incl #1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-621 (Formerly Unk X-133 Manila # 2)				2. DATE OF REPORT 28 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.		4. PLOT 801	5. ROW E	6. GRAVE 1124	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 135 lbs	9. ESTIMATED HEIGHT 5' 6"	10. COLOR OF HAIR U.T.D.	11. RACE Unknown
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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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

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

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

Incl. # 12

TOOTH CHART		TOP VIEW	SIDE VIEW
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
← M A X I L L A R Y								M I S S I N G →							
															
															
← U. T. D. →															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

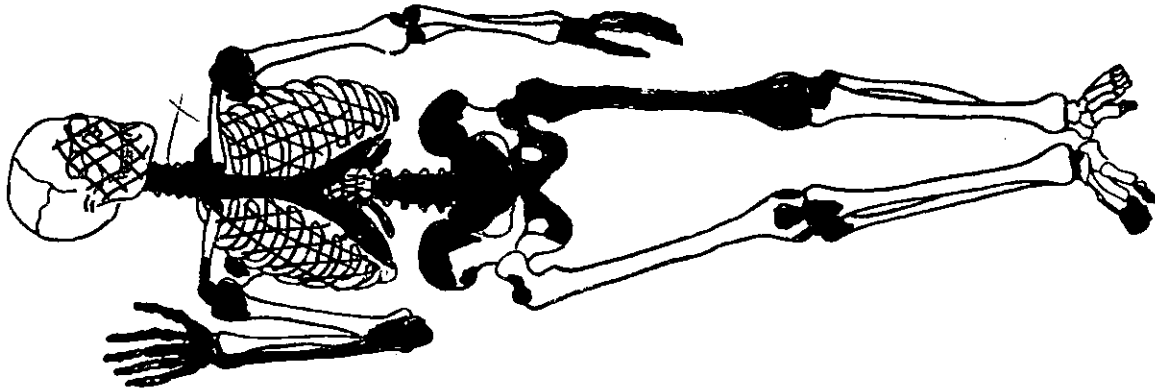
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxillae and maxillary teeth are missing. Unable to determine whether teeth from R9 - R12 are X-or- Px due to the eroded condition of the mandible.

"UNIDENTIFIABLE"

J. J. McDermott
 J. J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height: 5' 6"

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

Circumference of skull - $23\frac{1}{2}$ inches.**"UNIDENTIFIABLE"****"BY REASON OF LACK OF SUFFICIENT IDENTIFYING 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

JAMES J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

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.

(Formerly Unk X-133
USAF Cem Manila #2,

8 Oct 47
DATE

UNKNOWN X-621 LUZON, P.I.

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

A GRS MAUSOLEUM

ORGANIZATION

Bataan, Luzon, P.I.

Manila, P.I.

801

E

1124

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

Maxilla missing

SECTOR BAY CRYPT

RIGHT UPPER TEETH LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

RIGHT LOWER TEETH LEFT

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

Fractured

TYPE					X	X	X	X	X	X						X	TYPE
LOCATION																	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)

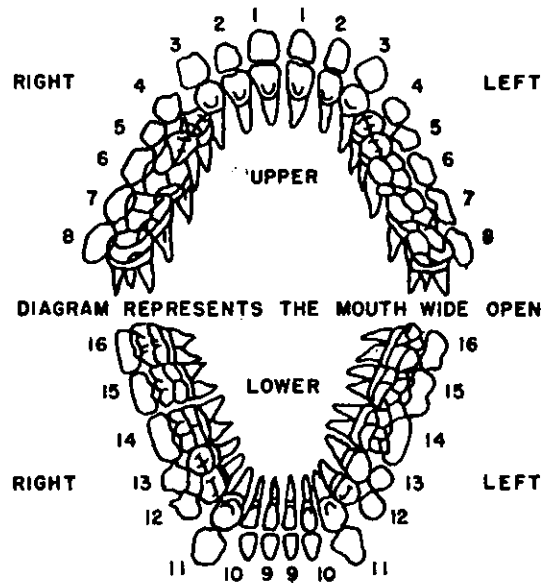
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Mandible fractured L 11,12 region.

/s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ RUSSELL SMITH T/4
NAME AND RANK TYPED OR PRINTED

CIP AGRS Mausoleum
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass Capt. D.C.
VERIFIED BY GRS OFFICER

/p/ FELIX GLASS
NAME AND RANK TYPED OR PRINTED

8 Oct 47
DATE

A CERTIFIED TRUE COPY:

E. H. NEWMAN, Jr
Capt., FA

IDENTIFICATION CHECK LIST

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

(Formerly Unk X-133
 USAF Cem Manila #2)

Unknown X-621 Luzon, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 801 Row E Grave 1124

1. Arrived at cemetery 7 Oct 47
(Hour) (Date)

2. Place of death Bataan, Luzon, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by CMT # 1
(Name and organization)

4. Evacuated to Cemetery by CMT # 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	/		
Mackinaw	/		
Sweater	/		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt; Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web
Drawers, wool
Drawers, cotton
Leggings, wool

Socks, cotton
* Shoes (type) **N O**

Overshoes **N E**
Web Equipment (type)

(Other item)
(Other item)

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

Chevrons or Insignia
(Type & location; shirt, jacket, coat/helmet)

Shoulder Patch

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

6. Description of Remains: **Skeletal remains only. Skeletal chart attached.**

Age
Est. Height **5'6"** Est. Weight **135 lbs** 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, pocks, freckles)

Build **U**
(Large, fat, thin, muscular)

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

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

Sideburns Mustache Beard or
(Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee
 (Light, color, extent)

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

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

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

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

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

Jaw **skull** **23 1/2 inches**
 (Large, small, normal) Circumference of ~~head~~ in inches (Hat band)

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

Shoulders Arms
 (Broad, straight, small, rounded) (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 Circumcision Pubic Hair
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty
 (Yes-no; location)

Legs
 (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

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

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

7. Have finger prints been placed on Report of Interment? No (Yes-no)

If not, explain Due to condition of remains

8. Has tooth chart been prepared? Yes If not, explain (Yes-no)

9. Remarks No I.D. tag, ROI or other identification material found w/ remains. Estimated weight of remains 6 lbs.


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.

/s/ J.J. McDermott
(Officer's Name)

Civ CAF-9
Rank Service

AGRS
(Organization)

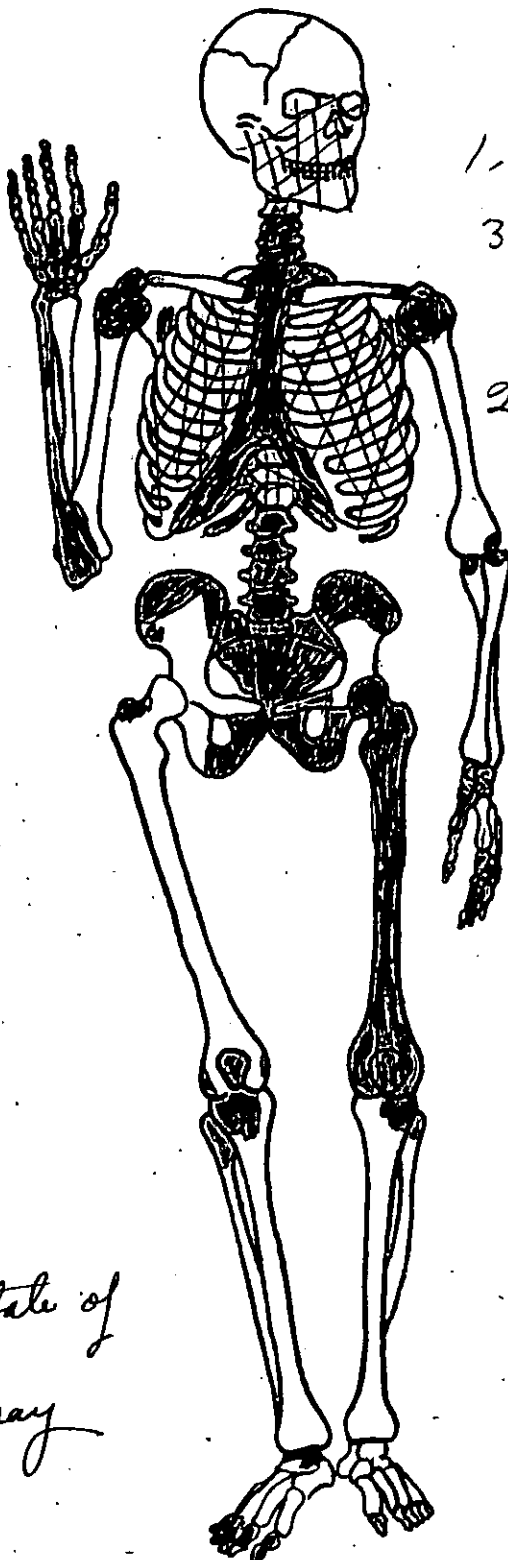
A CERTIFIED TRUE COPY:


E. H. NEWMAN, Jr
Capt., FA

SKELETAL CHART

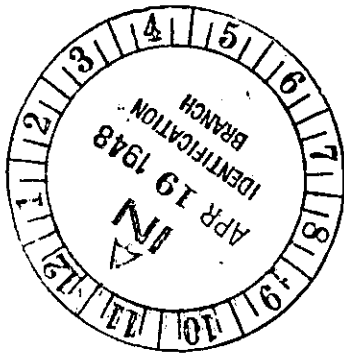
X-621

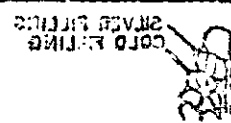

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)


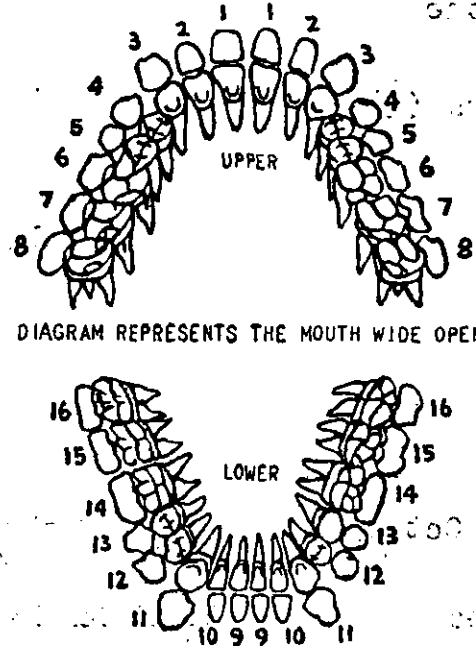




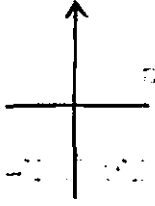


- 1- Cervical fragments
- 3- Dorsal fragments
- 1- lumbar fragments
- 23- Rib fragments

*Remains in state of
advanced decay*



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		SERIAL No.		
NAME (Last, first, middle initial) UNKNOWN X-621 (Formerly Unk X-133)		ORGANIZATION USAF Cem Manila #2, Luzon, P.I.		BRANCH OF SERVICE 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 Bataan, Luzon, P.I.		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)		 <p>Hand holding tag</p>				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME		 <p>Hand holding tag</p>				
None		None				
Section 2 - BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY MAUSOLEUM, MANILA, P.I.						
DATE OF BURIAL 9 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. E	
WAS THIS A REBURIAL? (Yes or no) Yes				GRAVE No. 1124		
IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P.I.				PLOT No. 2	ROW No. 4	
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY		
None		None		None		
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-628		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1126	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-617		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1122	
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.						

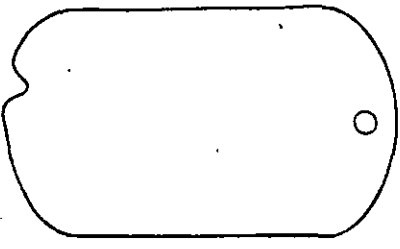
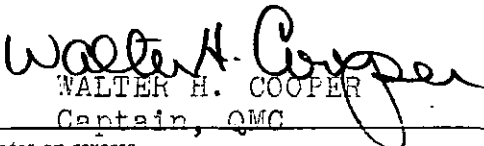
74 J00 EI LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.			
LEFT RING FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT INDEX FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS
LEFT THUMB	OTHER IDENTIFICATION CLUES			
RIGHT THUMB	FILLINGS  SILVER FILLING GOLD FILLING			
RIGHT INDEX FINGER	CAVITIES  CAVITY DECAYED			
RIGHT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT RING FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT LITTLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
				
REMARKS:				
Identification Check List and Dental Chart accomplished				

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH.
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

621

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 5 Dec. 45		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						
		NAME (Last, first, middle initial) UNKNOWN X-133(Cem. Manila No.2)(Formerly Unknown X-3 Cem. No.3, Mariveles)				SERIAL No.		
		GRADE		ORGANIZATION		BRANCH OF SERVICE		
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Bataan, Luzon, P.I.		CAUSE OF DEATH				DATE OF DEATH		
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) (See over)						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)								
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None				A TRUE COPY  WALTER H. COOPER Captain, QMC				
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 No.2, Luzon, P.I.								
DATE OF BURIAL 26 Nov 45		HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half		TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 1	GRAVE No. 392
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U. S. Army Cemetery No.3, Mariveles, Luzon P.I. 821-1748						
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-132 (Cem. Manila No.2) (Formerly Unknown X-2 Cem, No.3, Mariveles)				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 391	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-131, (Cem. Manila No.2) (Formerly Unknown X-4 Cem. No.3, Mariveles)				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 393	
SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRETT, Cpl, GRS				SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ 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.								

Serial # 6

RESTRICTED

Section UNIDENTIFIED REMAINS.






INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE

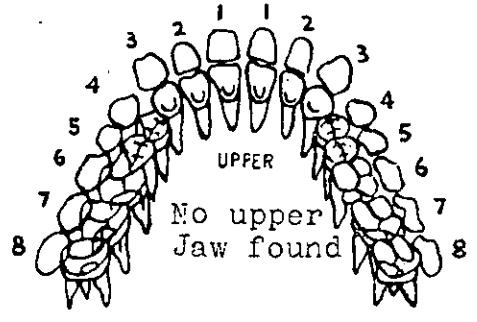
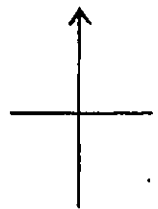


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

broken marker with Inf. Fur. Sqd. U.S.A.

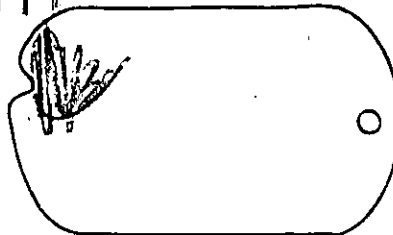
WD QMC FORM 1042
(Rev. 11 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

5 Dec. 45

Imp
Impression Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) U N K N O W N - X - 133 (Cem. Manila #2) (Formerly Unknown-X-3 (Cem. #3 Mariveles))		SERIAL NO.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Bataan, Luzon, P. I.	CAUSE OF DEATH	DATE OF DEATH
---	----------------	---------------

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)	(See Over)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Mail 1005

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 26 Nov 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 4	GRAVE No. 392.
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U. S. Army Cemetery #3, Mariveles, Luzon, P. I. 821-1748	PLOT No. 1	ROW No. 1	GRAVE No. 4
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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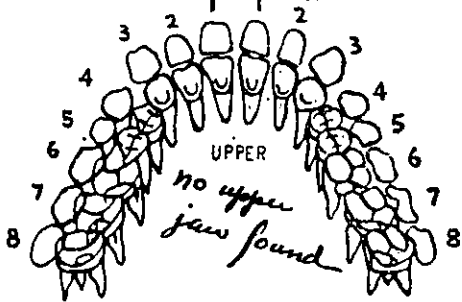

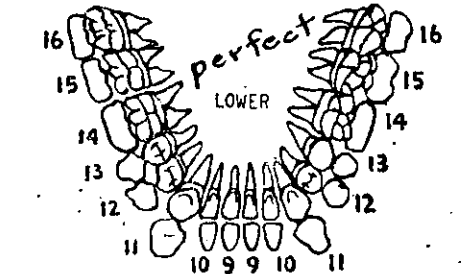



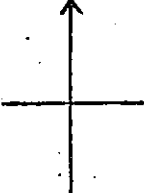

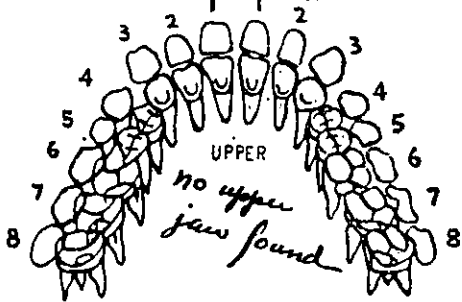

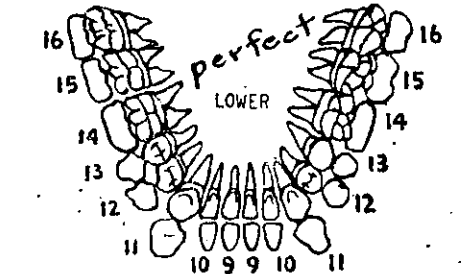



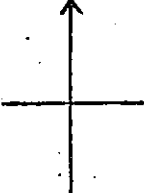

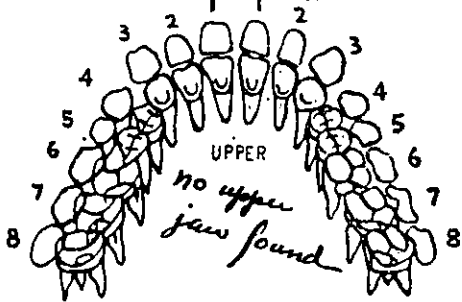

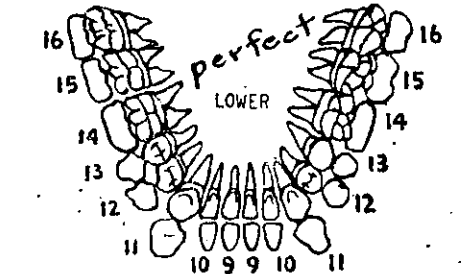



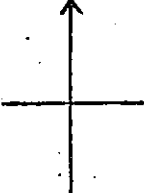
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN - X - 132 (Cem. Manila #2) (Formerly Unknown-X-2 (Cem. #3, Mariveles))	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 391
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN - X - 134 (Cem. Manila #2) (Formerly Unknown -X-4 (Cem. #3, Mariveles))	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 393
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SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, Cpl. GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>D. L. Armstrong</i> 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.

Mail 57'

	Section UNIDENTIFIED REMAINS.	<p>INSTRUCTIONS:</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>										
LEFT LITTLE FINGER	LEFT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">HEIGHT</td> <td style="width:20%;">WEIGHT</td> <td style="width:20%;">COLOR OF EYES</td> <td style="width:20%;">COLOR OF HAIR</td> <td style="width:40%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS					
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS								
LEFT MIDDLE FINGER	LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">WEAPON AND SERIAL NO.</td> <td style="width:33%;">LAUNDRY MARKS</td> <td style="width:34%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND							
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND										
LEFT THUMB	RIGHT THUMB	<p>OTHER IDENTIFICATION CLUES</p>										
RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p>  </td> <td style="width:50%; vertical-align: top;">  </td> </tr> <tr> <td style="vertical-align: top;"> <p>CAVITIES</p> <p>CAVITY DECAYED</p>  </td> <td style="vertical-align: top;"> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  </td> </tr> <tr> <td style="vertical-align: top;"> <p>MISSING TEETH</p> <p>TOOTH MISSING</p>  </td> <td style="vertical-align: top;"> <p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p>  </td> </tr> <tr> <td style="vertical-align: top;"> <p>BRIDGE WORK</p> <p>GOLD BRIDGE</p>  </td> <td style="vertical-align: top;"> <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div> </td> </tr> </table>	<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p> 		<p>CAVITIES</p> <p>CAVITY DECAYED</p> 	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> 	<p>MISSING TEETH</p> <p>TOOTH MISSING</p> 	<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p> 	<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p> 	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>		
<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p> 												
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<p>MISSING TEETH</p> <p>TOOTH MISSING</p> 	<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p> 											
<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p> 	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center;">  </div>											
RIGHT RING FINGER	RIGHT LITTLE FINGER	<p>REMARKS:</p> <p align="center">Broken marker with Inf. par. Sqd. U. S. A.</p>										

19 DEC 1945