

# RECLASSIFICATION SHEET

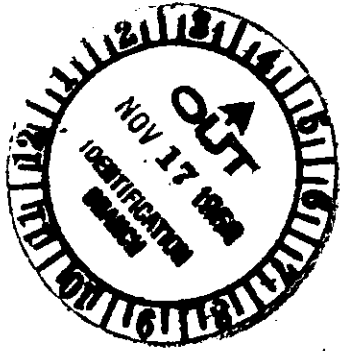
PAPERS ORIGINALLY FILED 203. Tank (Misc) Manuals #2 X131, X132  
X133, X134, X135, X136, X137, ~~X138~~ X139, X140, X141, X142, X143  
X144, X145, X146, X147, X148, X149, X150, X151, X152, X153, X154, X155  
X156 **SYNOPSIS AND DATES** X157, X158

*Misc now filed*

NEW CLASSIFICATION 293. Tank Manuals #2 X131

*10/2/50  
bc*

# RECLASSIFICATION SHEET



QUEST 293  
AFS Far East

28 June 1949

SUBJECT: Approval of Unidentifiability

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

ATTENTION: AGRS, PHILIPPINE 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-136	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-196	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 <sup>approved</sup> ~~accepted~~ by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

T. H. MEYER  
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-4259
" 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

Interred 6 June 1949  
L 10 107 Ft. McKinley  
*Here at mark*  
**DISINTERMENT DIRECTIVE**

1  
/bpm  
/cyc

**CARL R. H. MARK**  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER  
**7747 02816**  
DATE  
**15 06 48**  
DAY MONTH YEAR

NAME  
**UNKNOWN X - 000138**  
SERIAL NUMBER  
RANK  
ARM  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
**USAF CEMETERY MANILA NO 2**  
DISPOSITION OF REMAINS  
**7701 80**  
CODE DIST. PT.

ROW GRAVE COUNTRY CAUSE OF DEATH  
**F12 4 397 PHILIPPINE ISLANDS 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-138** SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
**(Haus) UNKNOWN X-625** **21 Sept 48**

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS **UNKNOWN** **ROBERT F STEVENSON**  
 MARKER **Embalmer NAME AND TITLE**

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

NATURE OF BURIAL CONDITION OF REMAINS  
**Shelter Half Skeletal**

OTHER MEANS OF IDENTIFICATION  
MINOR DISCREPANCIES

Two (2) tags - Mausoleum UNKNOWN X-625

REMAINS PREPARED AND PLACED IN CASKET  
DATE **21 Sept 48** BY **ROBERT F STEVENSON**

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

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY  
DATE **21 Sept 48** BY **HONORCE I. ALLISON, Sgt, Inf** **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

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.  
BRANCH  
MEMO, DIV.

*D. H. Matthews*  
**NLH**

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll</i>	DATE 6 JUL 1948

## 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 <i>UNKNOWN</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM FORT MCKINLEY MILITARY CEMETERY		TO VALIAC DECISION	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM <i>UNKNOWN</i>		TO <i>UNKNOWN</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>UNKNOWN</i>	DATE <i>10</i>	SIGNATURE OF RECEIVER <i>UNKNOWN</i>	DATE <i>10</i>

*UNKNOWN SHIPPED*

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

FILE UNDER NO. 299 - Unknown P.I. L-138 (Manila #2)

MEMORANDUM

SYNOPSIS

Letter

2 June 1947

FROM: COMC  
TO: 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- 138 , Plot 2 ,  
Row 4 , Grave 397 , 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. McNEEMAR  
Captain, QMG  
Chief, Records Branch

Attch: Form 1044

Received ..... 9 June 49 ..... OQMG  
Not identifiable from  
information presently  
available 28 June  
*Baylor*

*Encl. #1*



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-625 (Formerly Unk X-138 Manila # 2)				2. DATE OF REPORT 28 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	DANGER DAY CRYPT 801	E	1125	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	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? <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

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

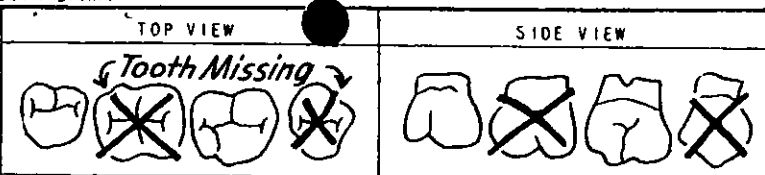
**"UNIDENTIFIABLE"**  
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Incl # 22*

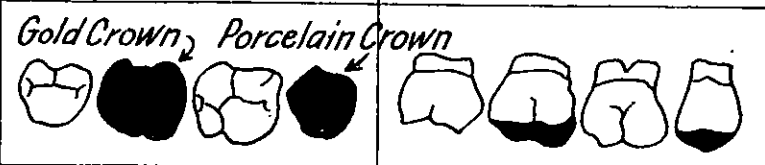
18.

TOOTH CHART

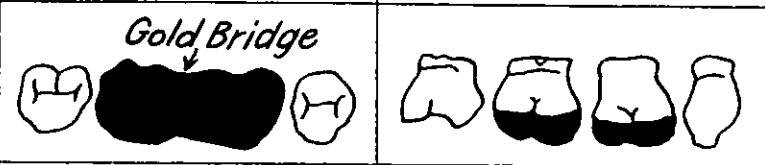
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



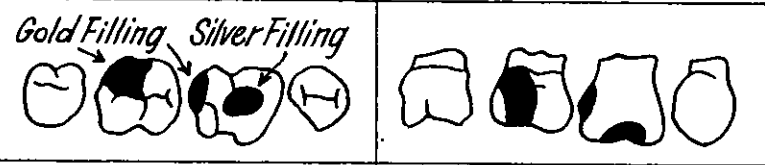
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



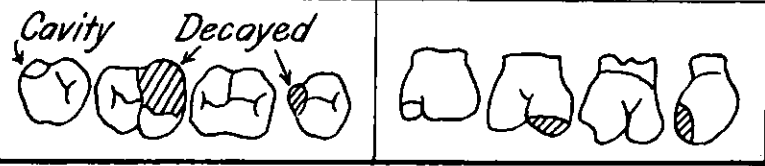
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
← M A X I L L A								M I S S I N G →							
Side Views															
UPPER															
Top Views															
LOWER															
Side Views															
P		A					P	P							
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."

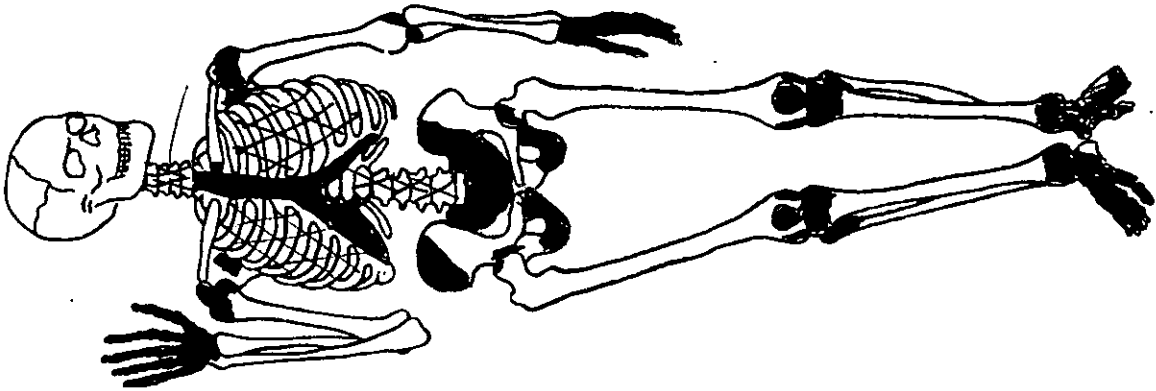
Maxilla missing. Teeth from R2 - R8 and from L2 - L8 are loose present with remains.

**"UNIDENTIFIABLE"**

*J. G. McDermott*  
J. G. McDERMOTT

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA Laboratory Officer, CIP

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 ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 4 lbs.

Circumference of skull - 20 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

X-138 275

# 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-625 (Formerly Unk X-138 USAF) Cem Manila #2, Luzon, Unknown Unknown  
 LAST NAME FIRST INITIAL P.I.) RANK SERIAL NO.

Unknown Unknown  
 UNIT ORGANIZATION  
 Bataan, Luzon, P.I. AGRS Mausoleum Manila, P.I. 801 E 1125  
 PLACE OF DEATH PLACE OF BURIAL PLOT HANGER ROW BAY GRAVE NO. CRYPT















*maxilla missing - STORAGE*

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

INSIDE — LOOKING OUT

	RIGHT																LOWER TEETH																LEFT																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																																	
TYPE			A																																														
LOCATION			F																																														

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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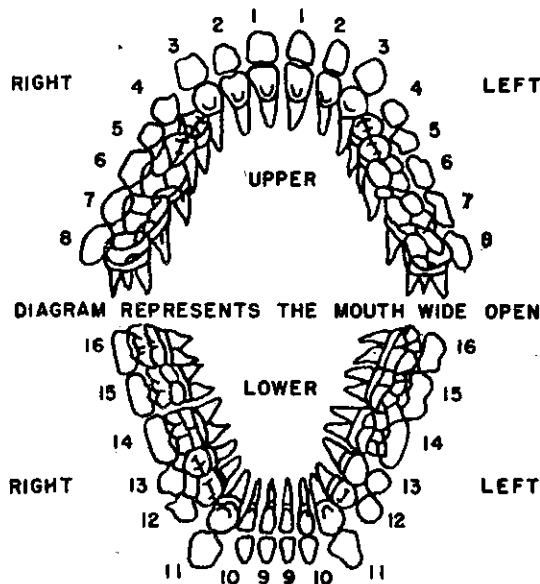
**INSTRUCTIONS:**

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 DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

Maxilla missing. Teeth loose.

s/ Magno A Noble  
SIGNATURE OF PERSON WHO PREPARED CHART

s/ Alton E Jones  
VERIFIED BY GRS OFFICER

p/ Magno A Noble  
NAME AND RANK TYPED OR PRINTED

p/ Alton E Jones  
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mausoleum, Manila, P.I. PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED  
8 Oct 47 DATE

CERTIFIED TRUE COPY:

*George T. Gamboa*  
GEORGE T GAMBOA  
2d Lt., MAC

## IDENTIFICATION CHECK LIST

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

(Formerly UNK X-138)  
 Unknown X-625 (USAF Cem Manila #2, P.I.)  
 Cemetery AGRS MAUSOLEUM, MANILA, P.I.  
 Plot 801 Row E Grave 1125  
HANGER BAY CRYP

1. Arrived at cemetery \_\_\_\_\_  
(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 \_\_\_\_\_  
(Name and organization) **CMT #1**
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		
Jacket, HBT	E		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool .....

Socks, cotton .....

\* Shoes ..... (type) .....

Overshoes ..... **N** .....

Web Equipment ..... (type) ..... **O** .....

(Other item) ..... **N** .....

(Other item) ..... **E** .....

\* 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: **Skeleton only - Chart attached.**

Age **7** Height **UTD** Weight **UTD** 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 **U** ..... (Light, medium, dark, clear, pimples, pocks, freckles)

Build **T** ..... (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 ..... (Length, heavy)

(Color, setting, shape) ..... (Color, size, shape) .....

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 **20"**      (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**

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

..... (Unusual characteristics of fingernails)      **D**

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.



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 personal effects, nor ROI bottle found. No identification tags found with remains. Estimated weight of remains 4 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/ Alton E. Jones  
(Officer's Name)

SP 6 062812  
Rank Service

AGRS Mausoleum  
(Organization)

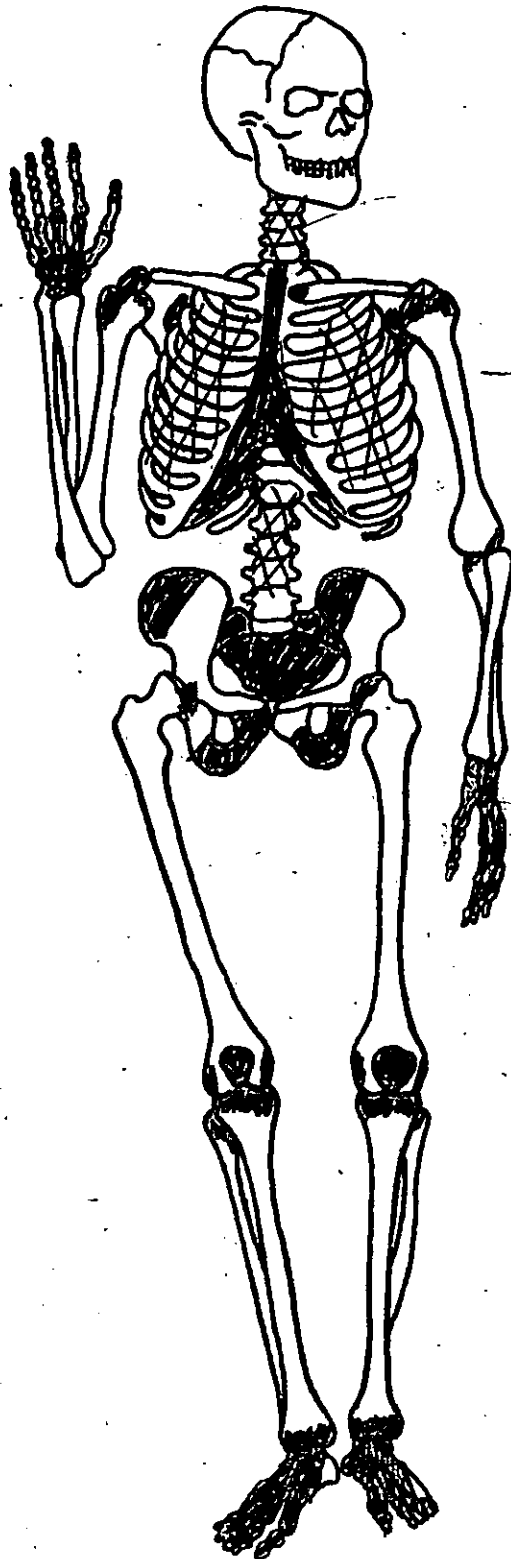
CERTIFIED TRUE COPY:

*George T. Gamboa*  
GEORGE T. GAMBOA  
2nd Lt. MAC

# SKELETAL CHART

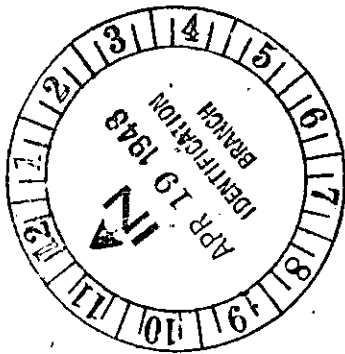
X-625

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- fragments of Ribs

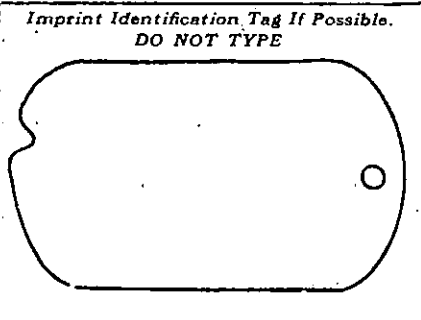
- fragments of vertebrae



WD OMC 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



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) (Formerly Unk X-138)  
**UNKNOWN X-625 (USAF Cemetery 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  
**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)**

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**None**

REPATRIATION RECORDS BRANCH  
 DEC 22 2 51 PM '47  
 MEMORIAL DIVISION

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

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

DATE OF BURIAL <b>9 Oct 47</b>	HOUR <b>0800</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT NO. <b>801</b>	ROW NO. <b>E</b>	GRAVE NO. <b>1125</b>
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WAS THIS A REBURIAL? (Yes or no) **RESTORED**  
**Yes**

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  
**USAF Cemetery Manila #2, Luzon, P.I.**

PLOT No. <b>2</b>	ROW No. <b>4</b>	GRAVE No. <b>397</b>
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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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) **RESTORED**  
**Yes**

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  
**Unknown X -642**

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.  
**CRYPT 1127**

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  
**UNKNOWN X-613**

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.  
**CRYPT 1123**

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.

G 2 491

**Section 3.—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.

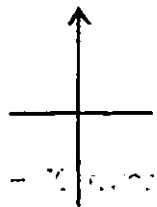
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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**

LEFT LITTLE FINGER	FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	<p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	<p>GOLD BRIDGE</p>	
RIGHT THUMB			

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



**REMARKS:**

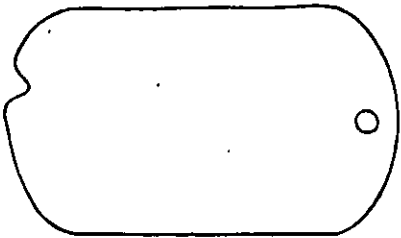
Identification Check List and Dental Chart accomplished.

18 NOV 1947

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (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-138 (Manila No.2 Cem) UNKNOWN X-8 (Cem No.3 Mariveles)		SERIAL NO.	
GRADE	ORGANIZATION	BRANCH OF SERVICE	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

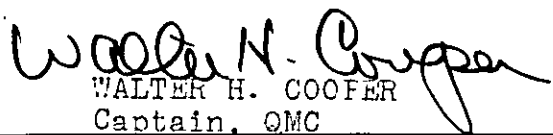
PLACE OF DEATH Bataan, P.I.	CAUSE OF DEATH	DATE OF DEATH
--------------------------------	----------------	---------------

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)	

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
26 Nov. 45	1400	Shelter Half	Cross	2	4	397

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army Cem No.3, Mariveles 821-1748	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">PLOT No.</th> <th style="width: 33%;">ROW No.</th> <th style="width: 33%;">GRAVE No.</th> </tr> <tr> <td>1</td> <td>2</td> <td>14</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	1	2	14
PLOT No.	ROW No.	GRAVE No.						
1	2	14						

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-137 (Manila No.2 Cem) Unknown X-7 ( Cem No.3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				396

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-139 (Manila No.2 Cem) Unknown X-9 ( Cem No.3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				398

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.

**Section 3.—UNIDENTIFIED REMAINS.**


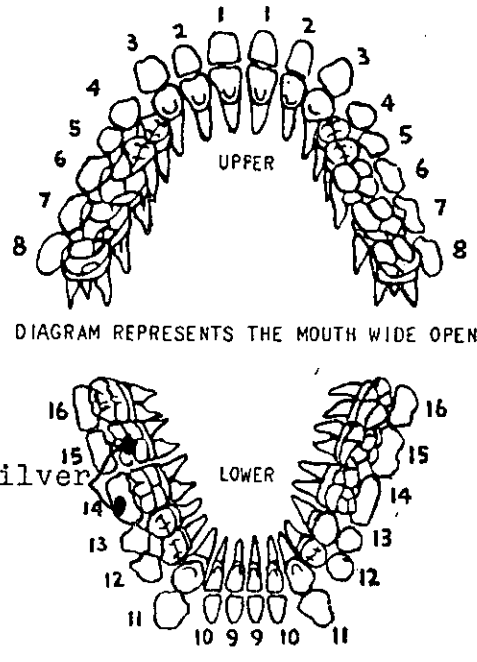




**INSTRUCTIONS:**

(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.

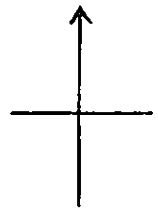
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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**

<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	

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




**REMARKS:**

Part of Marker standing with U.S.A. Written on same.



RESTRICTED

U 619

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)						SERIAL No.			
UNKNOWN X-138 (Manila #2 Cem) Unknown X-8 (Cem #3 Mariveles)									
GRADE			ORGANIZATION		BRANCH OF SERVICE				
RACE			RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
PLACE OF DEATH Bataan, P. I.			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)			(Over)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME									
Incl 1070									
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.			
26 Nov. 45	1400	Shelter Half	Cross	2	4	397			
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	US Army Cem #3 Mariveles 821 - 1748						1	2	14
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)								
Yes	Yes								
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
UNKNOWN X-137 (Manila #2 Cem) Unknown X-7 (Cem #3 Mariveles)						396			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.			
UNKNOWN X-139 (Manila #2 Cem) Unknown X-9 (Cem #3 Mariveles)						398			
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.									

RESTRICTED

10-43007-1

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


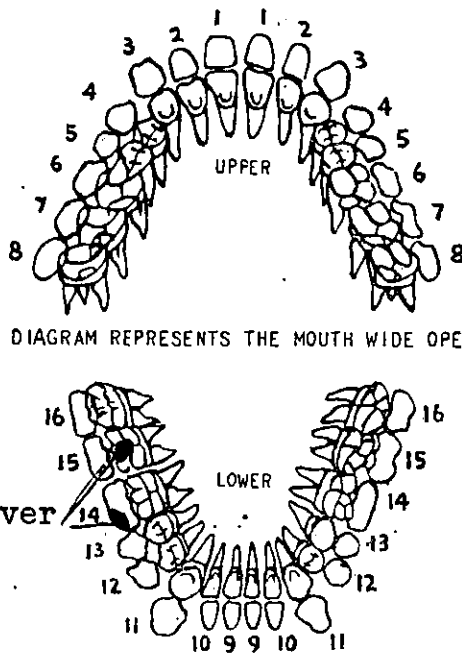




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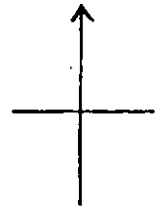
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> <p>Silver</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



**REMARKS:**

Part of Marker standing with U.S.A. written on same.

19 DEC 1945

LEFT LITTLE FINGER  
 LEFT RING FINGER  
 LEFT MIDDLE FINGER  
 LEFT INDEX FINGER  
 LEFT THUMB  
 RIGHT THUMB  
 RIGHT INDEX FINGER  
 RIGHT MIDDLE FINGER  
 RIGHT RING FINGER  
 RIGHT LITTLE FINGER