

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293.2enk (Misc) Manila #2 X131, X132  
X133, X134, X135, X136, X137, X138, X139, X140, X141, X142, X143, X144, X145  
X147, X148, X149, X150, X151, X152, X153, X154, X155, X156, X157, X158  
**SYNOPSIS AND DATES**

*Misc now filed*

NEW CLASSIFICATION 293.2enk Manila #2 X131

*10/2/50  
E.C.*

# RECLASSIFICATION SHEET



QUART 293  
CGS Far East

9 August 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to findings of unidentifiability for the following unknown deceased:

Unknown	X-1332,	AGCS	Museo	Manila,	formerly	X-3549,	USAF	Com.,	Manila	#2
"	X-1611,	"	"	"	"	X-3489,	"	"	"	"
"	X-1767,	"	"	"	"	X-3338,	"	"	"	"
"	X-1915,	"	"	"	"	X-3313,	"	"	"	"
"	X-2055,	"	"	"	"	X-3302,	"	"	"	"
"	X-2134,	"	"	"	"	X-3136,	"	"	"	"
"	X-2449,	"	"	"	"	X-3259,	"	"	"	"
"	X-2672,	"	"	"	"	X-3062,	"	"	"	"
"	X-3169,	"	"	"	"	X-3046,	"	"	"	"
"	X-3160,	"	"	"	"	X-3037,	"	"	"	"
"	X-3193,	"	"	"	"	X-3010,	"	"	"	"
"	X-423,	"	"	"	"	X-275,	"	"	"	"
"	X-428,	"	"	"	"	X-241,	"	"	"	"
"	X-1309,	"	"	"	"	<del>X-3390,</del>	"	"	"	"
"	X-1324,	"	"	"	"	X-3625,	"	"	"	"
"	X-1178,	"	"	"	"	X-3723,	"	"	"	"
"	X-1179,	"	"	"	"	X-3724,	"	"	"	"
"	X-1218,	"	"	"	"	X-3721,	"	"	"	"
"	X-1412,	"	"	"	"	X-3771,	"	"	"	"
"	X-1394,	"	"	"	"	X-3987,	"	"	"	"
"	X-1692,	"	"	"	"	X-192,	"	"	"	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

J. W. Lewistal  
L. M. White  
J. Windsor

T. H. HEE  
Lt. Colonel, QM  
Materia Division

QUART 293  
CRS For East

9 August 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to findings of unidentifiability for the following unknown deceased:

Unknown	X-1332,	ACRS	Mausoleum	Manila,	Formerly	X-3549,	USAF	Com.,	Manila	#2
"	X-1611,	"	"	"	"	X-3489,	"	"	"	"
"	X-1767,	"	"	"	"	X-3338,	"	"	"	"
"	X-1915,	"	"	"	"	X-3313,	"	"	"	"
"	X-3055,	"	"	"	"	X-3302,	"	"	"	"
"	X-2134,	"	"	"	"	X-3136,	"	"	"	"
"	X-4449,	"	"	"	"	X-1259,	"	"	"	"
"	X-4672,	"	"	"	"	X-1062,	"	"	"	"
"	X-3169,	"	"	"	"	X-1046,	"	"	"	"
"	X-3160,	"	"	"	"	X-1037,	"	"	"	"
"	X-3193,	"	"	"	"	X-1010,	"	"	"	"
"	X-423,	"	"	"	"	X-775,	"	"	"	"
"	X-628,	"	"	"	"	X-141,	"	"	"	"
"	X-1309,	"	"	"	"	<del>X-3798,</del>	"	"	"	"
"	X-1324,	"	"	"	"	X-3625,	"	"	"	"
"	X-1178,	"	"	"	"	X-3723,	"	"	"	"
"	X-1179,	"	"	"	"	X-3724,	"	"	"	"
"	X-1218,	"	"	"	"	X-3727,	"	"	"	"
"	X-1412,	"	"	"	"	X-3777,	"	"	"	"
"	X-1394,	"	"	"	"	X-3987,	"	"	"	"
"	X-4692,	"	"	"	"	X-492,	"	"	"	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

J. W. Lewistal  
L. M. White  
J. Windsor

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

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

AFO 707

SUBJECT: Unidentifiable Remains

19 JUL 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-423 AGRS Mslm	UNKNOWN X-1611 AGRS Mslm
" X-628 AGRS Mslm	" X-1767 AGRS Mslm
" X-1178 AGRS Mslm	" X-1915 AGRS Mslm
" X-1179 AGRS Mslm	" X-1955 AGRS Mslm
" X-1218 AGRS Mslm	" X-2434 AGRS Mslm
" X-1309 AGRS Mslm	" X-3160 AGRS Mslm
" X-1324 AGRS Mslm	" X-3169 AGRS Mslm
" X-1332 AGRS Mslm	" X-3193 AGRS Mslm
" X-1394 AGRS Mslm	" X-4649 AGRS Mslm
" X-1412 AGRS Mslm	" X-4672 AGRS Mslm

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

FOR THE COMMANDING GENERAL:

20 Incls:  
QMC Forms 1044 w/certificates  
of Unidentifiability

/s/ John A. Marszal  
JOHN A. MARSZAL  
1st Lt., AGD  
Asst. Adj. Gen.





/bpm 1 /gyc		Interred 7 July 1949 F 3 49 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE	
Cemetery Superintendent SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 02819		DATE 15 06 48 DAY MONTH YEAR	
NAME <i>Mark</i>		SERIAL NUMBER UNKNOWN X-000141		RANK 0	
CEMETERY USAF CEMETERY MANILA NO 2		DATE OF DEATH 7701 80 DAY MONTH YEAR		DISPOSITION OF REMAINS 0 CODE DIST. PT.	
LOT F12	ROW 4	GRAVE 400	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-141 (Claus) UNKNOWN X-628		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISINTERRED 21 Sept 48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> 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

One (1) Marker and one (1) tag - Mausoleum UNKNOWN X-628

## REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 48		BY ROBERT F STEVENSON	
CASKET SEALED BY ROBERT F STEVENSON		EMBALMER (Signature) <i>Robert F Stevenson</i> ROBERT F STEVENSON	
CASKET BOXED AND MARKED DATE 21 Sept 48 BY NORMACE L ALLISON, Sgt, Inf		SHIPPING ADDRESS VERIFIED BY 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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

5 AUG 1948

REPATRIATION  
BRANCH

# 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 Mack</i>	DATE 7 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	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

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

## 7. SHIPPED

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

REPAIRS BRANCH  
 JUL 26 9 01 AM '49  
 NEW YORK DIVISION  
 (MCKINLEY)



FILE UNDER NO. 293 - Unknown P.I. I- 141 (Manila #2)

I N D E X S H E E T

S Y N O P S I S

Letter

2 June 1947

FROM: COMB  
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

11 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-<sup>141</sup>\_\_\_\_\_, Plot 2,  
Row 4, Grave 400, 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  
Captain, CMC  
Chief, Records Branch

Attch: Form 1044

Received 8/3/49  
Not identifiable from  
information presently Lewis available  
OCMG  
8/4/49

*del #2*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-628 (Formerly UNK X-141 Manila No.2)				2. DATE OF REPORT 11 July 49	
3. NAME OF CEMETERY  AGRS MAUSOLEUM, MANILA, P.I.	4. PLOT 801	5. ROW E	6. GRAVE 1126	7. DATE OF	
			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 #2*

18.

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	Ø	A															
								← MAXILLA * MISSING →									
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
		A		Ø			Ø	Ø	Ø	Ø			A	A			
		Ø											Ø	Ø			
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

impacted

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

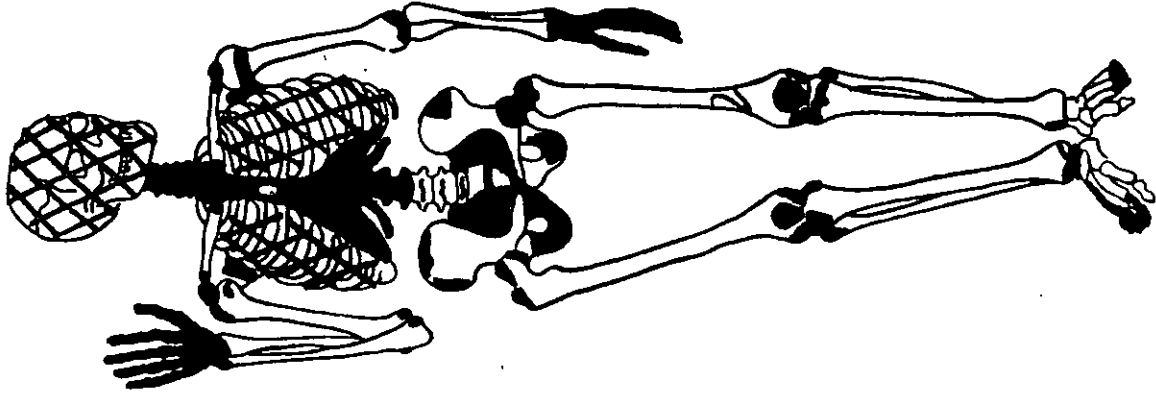
"UNIDENTIFIABLE"

J. J. McDermott  
J. J. McDERMOTT

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED

PRESENT  lumbar vertebrae



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 - 6½lbs.

**"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-141  
USAF Cem Manila #2,  
UNKNOWN X-628 Luzon, P.I.)

8 Oct 47  
DATE

UNKNOWN X-628 Luzon, P.I.      Unknown      Unknown  
LAST NAME      FIRST      INITIAL      RANK      SERIAL NO.

Unknown

Unknown

UNIT

AGRS MAUSOLEUM

ORGANIZATION

Bataan, Luzon, P.I.  
PLACE OF DEATH

Manila, P.I.  
PLACE OF BURIAL

801      E      1126  
PLOT      ROW      GRAVE NO.  
RANGER      BAY

*maxilla missing*

*maxilla missing*

RIGHT								UPPER TEETH								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
TYPE	<input checked="" type="checkbox"/>		A						<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>								
LOCATION			o																				
















## INSIDE — LOOKING OUT

*fractured mandible*

*impacted*

RIGHT								LOWER TEETH								LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								
TYPE		A		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				A	A									
LOCATION		o											do	o									

## 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)

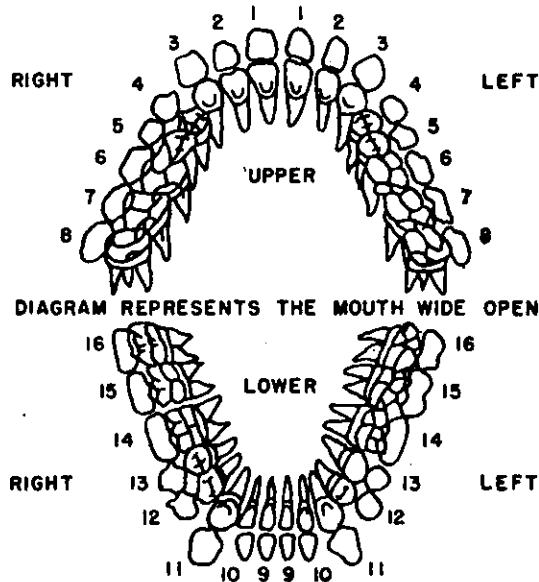
**INSTRUCTIONS:**

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

Left side maxilla missing, also from R 7,8 region.  
mandible fractured R 15,16 region

/s/ Russell Smith  
SIGNATURE OF PERSON WHO PREPARED CHART

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

C.I.P. AGRS Mausoleum.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass  
VERIFIED BY GRS OFFICER

/p/ FELIX GLASS, CAPT.D.C.  
NAME AND RANK TYPED OR PRINTED

8 Oct 47  
DATE

A CERTIFIED TRUE COPY:

*E. H. Newman, Jr*  
E. H. NEWMAN, Jr  
Capt., FA





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

Socks; cotton .....  
\* Shoes ..... (type) N O N

Overshoes .....  
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 UTD <sup>Est</sup> Height ..... <sup>Est</sup> 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, pocks, freckles)

Build ..... (Large, fat, thin, <sup>U</sup>muscular)

Hair ..... (Color, length, quantity, curly, wavy, <sup>D</sup>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)

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 ..... **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 **UTD** ..... (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 .....  
 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.

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

Yes

If not, explain

(Yes-no)

9. Remarks

No ROI I.D. tag or other identification material  
found with remains. Unable to determine circumference  
of skull due to fragmentation.

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

A.G.R.S.

(Organization)

Oct. 8, 1947

A CERTIFIED TRUE COPY:

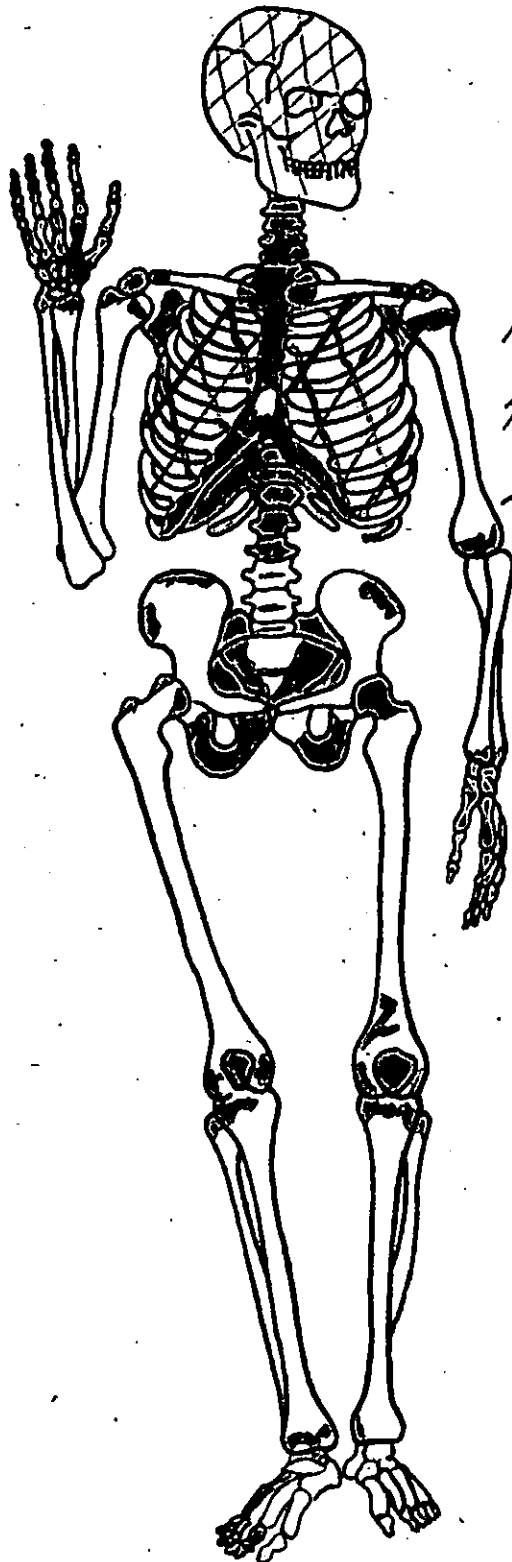


E. H. NEWMAN, Jr  
Capt. FA

# SKELETAL CHART

X-628

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

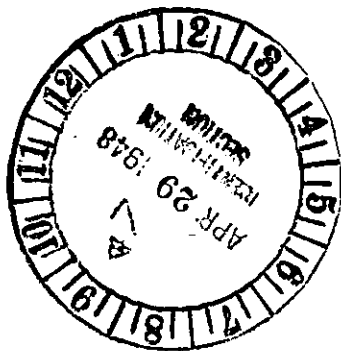


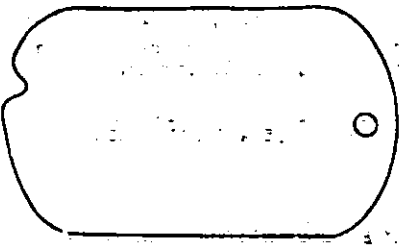

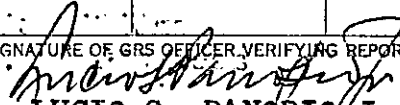
1- dorsal fragment

4- Lumbar Vertebrae

20- Rib fragments  
(present)

Small Bone fragments  
(present)



WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT <b>13 Oct 47</b>	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) <b>UNKNOWN X-628 (Formerly Unk X-141          USAF Cem Manila #2, Luzon, P.I.)</b>				SERIAL NO. <b>Unknown</b>	
GRADE <b>Unknown</b>		ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>			
RACE <b>Unknown</b>		RELIGION <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH <b>Bataan, Luzon, P.I.</b>		CAUSE OF DEATH <b>Unknown</b>			DATE OF DEATH <b>Unknown</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		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) <b>Yes (2)</b>		MEMORIAL DIVISION DEC 22 2 51 PM '47 REPLICATION RECORDS BRANCH					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>None</b>							
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>AGRS MAUSOLEUM, MANILA, P.I.</b>							
DATE OF BURIAL STORAGE <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>BAY E</b>	GRAVE No. <b>CRYPT 1126</b>	
WAS THIS A REBURIAL? (Yes or no) <b>RESTORED</b> <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cem Manila #2, Luzon, P.I.</b>			PLOT No. <b>2</b>	ROW No. <b>4</b>	GRAVE No. <b>400</b>	
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) <b>STORED</b> <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>STORED          UNKNOWN X-630</b>			RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 1128</b>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>STORED          UNKNOWN X-621</b>			RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT 1124</b>	
SIGNATURE OF PERSON PREPARING REPORT  <b>Wm R GILBERT, Adm Asst</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>LUCIO S. PANOPIO, Jr. 2d Lt. Inf</b>				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

492

**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

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS:

Identification Check List and Dental Chart accomplished.

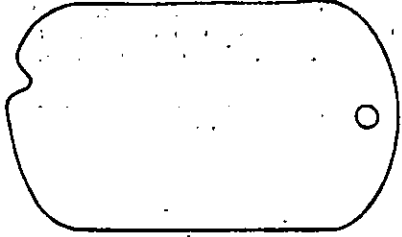
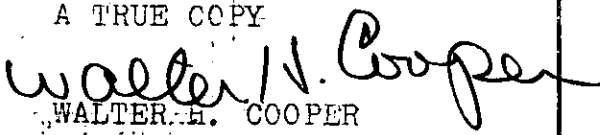
**18 NOV 1947**

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME



**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (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 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X-141 ( Manila No.2 Cem) Unknown X-11 ( 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)		( Over )				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
A TRUE COPY  WALTER H. COOPER Captain, QMC						
<b>Section 2.—BURIAL:</b> 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. 4	GRAVE No. 400
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army No.3 Mariveles 821-1748			PLOT No. 1	ROW No. 2	GRAVE No. 19
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-140 ( Manila No.2) Unknown X-10 ( Cem No.3 Mariveles)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 399	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-142 ( Manila No.2) Unknown X-12 ( Cem No.2 Mariveles)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 401	
SIGNATURE OF PERSON PREPARING REPORT /s/t/ R.C. FARRETT, 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.						

**RESTRICTED**

**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.


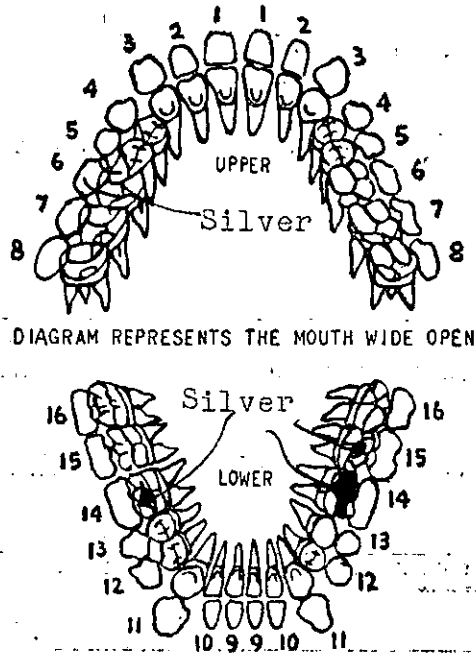




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>Silver</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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:**

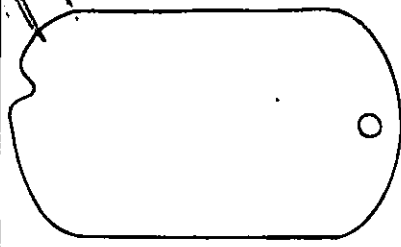
Lower Limbs apparently injured by shrapnel.

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

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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
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL NO.
	UNKNOWN X-141 (Manila #2 Cem) Unknown X-11 (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) 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	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	400

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army #3 Mariveles 821 - 1748	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PLOT No.</th> <th>ROW No.</th> <th>GRAVE No.</th> </tr> <tr> <td>1</td> <td>2</td> <td>19</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	1	2	19
PLOT No.	ROW No.	GRAVE No.						
1	2	19						

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-140 (Manila #2) Unknown X-10 (Cem #3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				399

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-142 (Manila #2) Unknown X-12 (Cem #3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				401

SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, Cpl., GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  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.

Incl 49'

**Section 3.—UNIDENTIFIED REMAINS.**

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19 DEC 1945

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER


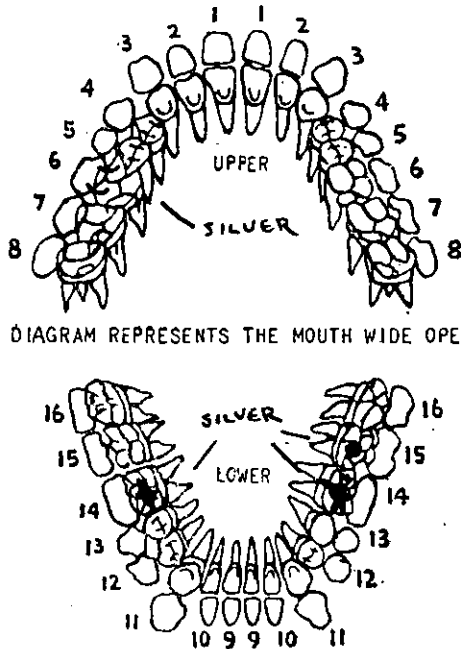




RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER

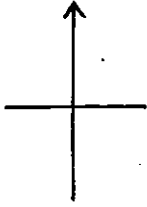
RIGHT  
LITTLE FINGER

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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:**

Lower limbs apparently injured by shrapnel.