

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

*293, 294 (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, X158*

SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION

293, 294 Manila #2 X131

*10/2/50
EC*

RECLASSIFICATION SHEET



QUART 293
CPS Far East

23 June 1949

SUBJECT: Approval of Unidentifiability

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

ATTENTION: AGFS, PHILCOM ZONE

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

Unknown X-621	AGFS	Mausoleum	Manila	formerly	X-133	Manila	#2
Unknown X-625	AGFS	Mausoleum	Manila	formerly	X-136	Manila	#2
Unknown X-630	AGFS	Mausoleum	Manila	formerly	X-143	Manila	#2
Unknown X-635	AGFS	Mausoleum	Manila	formerly	X-148	Manila	#2
Unknown X-684	AGFS	Mausoleum	Manila	formerly	X-196	Manila	#2
Unknown X-957	AGFS	Mausoleum	Manila	formerly	X-4014	Manila	#2
Unknown X-1158	AGFS	Mausoleum	Manila	formerly	X-3751	Manila	#2
Unknown X-1322	AGFS	Mausoleum	Manila	formerly	X-3623	Manila	#2
Unknown X-1891	AGFS	Mausoleum	Manila	formerly	X-3245	Manila	#2
Unknown X-1914	AGFS	Mausoleum	Manila	formerly	X-3312	Manila	#2
Unknown X-1961	AGFS	Mausoleum	Manila	formerly	X-3286	Manila	#2
Unknown X-3172	AGFS	Mausoleum	Manila	formerly	X-3049	Manila	#2

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

FOR THE QUARTERMASTER GENERAL:

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

REB

NJS

CC: Administrative Section

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

GSCR 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 MsIm)
" X-2286	" X-5141 (Formerly Unk X-327-E, AGRS MsIm)
" X-2289	" X-5142 (Formerly Unk X-327-F, AGRS MsIm)
" X-2331	" X-5145 (Formerly Unk X-327-I, AGRS MsIm)

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., AGC
Asst Adj Gen

1 /EYC	Interred 7 July 1949 L 7 115 Ft. McKinley <i>Caremark</i> DISINTERMENT DIRECTIVE	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED Cemetary Superintendent CARL R. H. MARK	DIRECTIVE NUMBER 7747 02821

NAME <i>247</i>	SERIAL NUMBER UNKNOWNX-000143	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR 15 06 48
CEMETERY USAF CEMETERY MANILA NO 2	DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.		CAUSE OF DEATH 6	
PLOT F12	ROW 4	GRAVE 402	COUNTRY PHILIPPINE ISLANDS	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-143 (Maus) UNKNOWN X-630	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 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
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

One (1) tag, one (1) Marker - Mausoleum UNKNOWN X-630

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
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CASKET BOXED AND MARKED DATE 21 Sept 48 BY HORACE 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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT LICKINLEY MILITARY CEMSTERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Car... Mark</i>	DATE 6 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

REPATRIATION
 RECORDS BRANCH
 JUL 26 9 06 AM '49
 MORRIS DIVISION

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ROBT WCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER (BY AUTHORITY OF THE DECISION)	DATE

6. SHIPPED

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

WARRUMI SHIPPED

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

JHP
Z

FILE UNDER NO. 293 - Unknown P.I. X-143 (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: COMM
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- 143, Plot 2,
Row 4, Grave 402, 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, QMC
Chief, Records Branch

Atch: Form 1044

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

Encl. #3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-630 ; (Formerly UNK X-143 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	
	801	E	1128	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 140 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"

In #32

18.

TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND "LABEL GOLD, SILVER, CEMENT"), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

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

Fractured

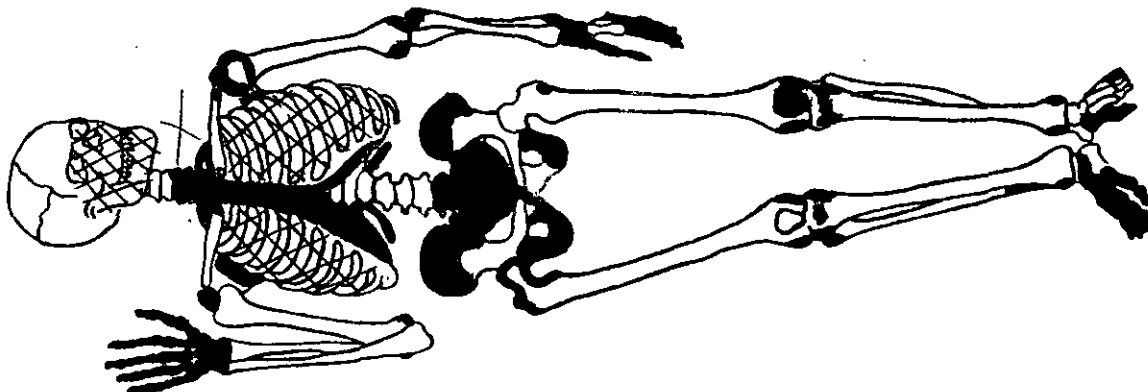
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Portions of the maxilla from R5 - R8 and from L6 - L8 are missing.
 Loose teeth from R5-R7 and from L6 - L8 are present with remains.
 Mandible is fractured between R11 and R12. Unable to determine whether R10 and L9 are X or Px due to the condition of the mandible.

"UNIDENTIFIABLE"

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

(Formerly X-143 USAF)
UNKNOWN X-630 (Cem Manila #2.)

Unknown

9 Oct 47

DATE
Unknown

LAST NAME FIRST INITIAL
Unknown

RANK SERIAL NO.
Unknown

UNIT ORGANIZATION
Bataan, Luzon, P.I. AGRS Mausoleum
Manila, P.I.

PLACE OF DEATH PLACE OF BURIAL PLOT HANGER ROW BAY GRAVE NO.
Maxilla missing *Maxilla surgery* 801 E 1128
Maxilla missing

RIGHT								UPPER TEETH					LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
INSIDE — LOOKING OUT																				
<i>Fractured</i>																				
RIGHT								LOWER TEETH					LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> X </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> X </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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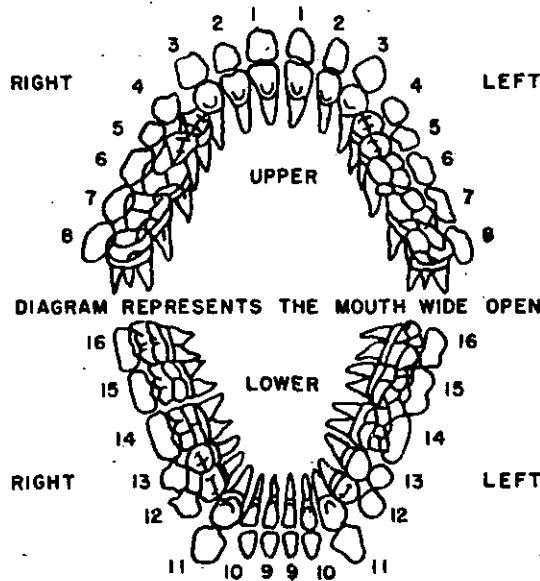
INSTRUCTIONS:

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

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



REMARKS: Mandible fractured R-10, 11, region Maxilla mostly missing. Large number loose teeth.

/s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

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

CIP, AGRS LAUSOLEUM
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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

FELIX GLASS, Capt. D.C.
NAME AND RANK TYPED OR PRINTED

9 Oct 47
DATE

A CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

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

(Formerly X-143 USAF
 Unknown X-630 (Cem #2, Manila, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
MANGER BAY CRIP
 Plot 801 Row E Grave 1128

1. Arrived at cemetery AGRS MSLM Manila, PI
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 _____
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/		
	(Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	n		
Jacket, HBT	n		
	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

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 - Chart attached.

Age ^{Est.} _{ult} Height ^{Est.} 5' 6" Weight 140 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, muscular)

Hair
(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
 (Large, small, normal) Circumference of head in inches approx 21 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
 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 Circumcision Pubic Hair
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty
 (Yes/no; location)

Legs
 (Inseam, 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 identification tags, ROI, or other means of identification material found with 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/ Edward H. Marshall

(Officer's Name)

SP-8

C-062874


Rank

Service

AGRS Mausoleum

(Organization)

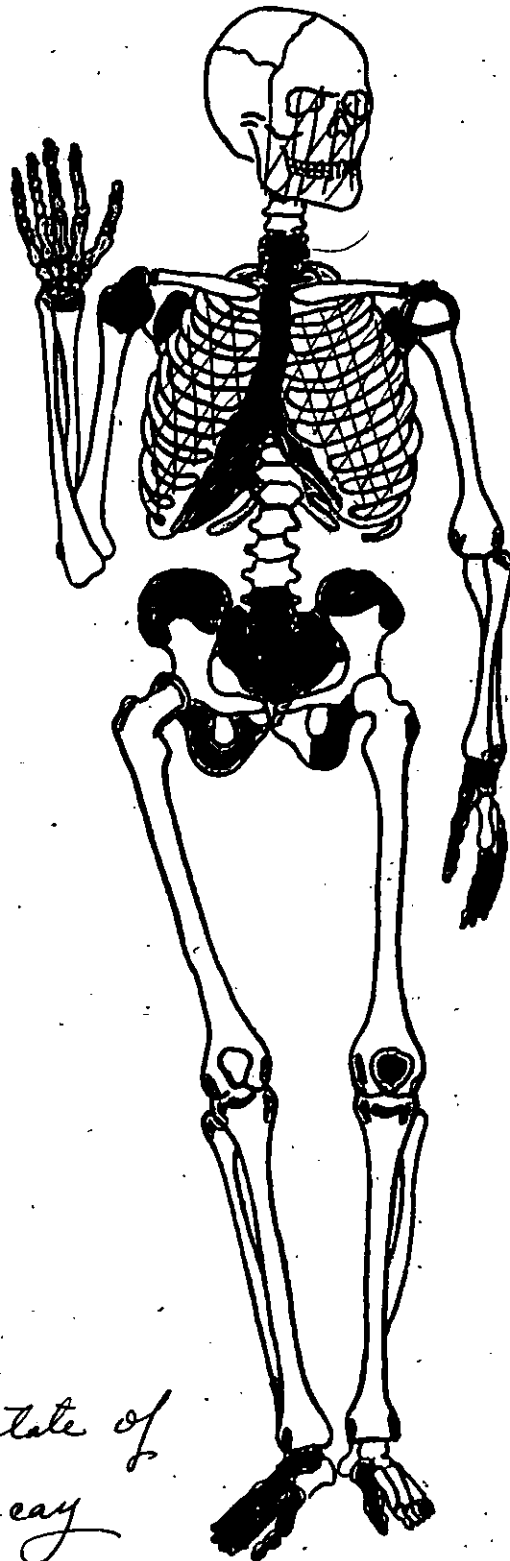
A CERTIFIED TRUE COPY:


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

SKELETAL CHART

X-630

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 2 - Cervical fragments
- 3 - Dorsal fragments
- 3 - Lumbar fragments
- 22 - Rib fragments
(present)
- small bone fragment

*Remains in state of
advanced decay*



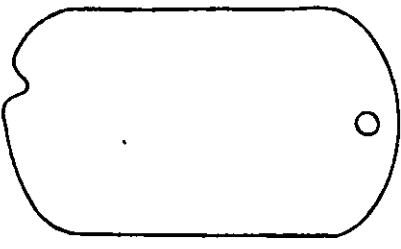
APR. 29 1948

RELIATION SECTION

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

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

DATE OF REPORT
13 Oct 47

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-630 (Formerly X-143 USAF Cem Manila #2, Luzon, P.I.)		SERIAL NO. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH 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) MEMORIAL DIVISION DEC 22 2 51 PM '47 REBURIAL RECORDS BRANCH
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL 9 Oct 47	STORAGE	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. E	GRAVE No. 1128
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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. 2	ROW No. 4	GRAVE No. 402
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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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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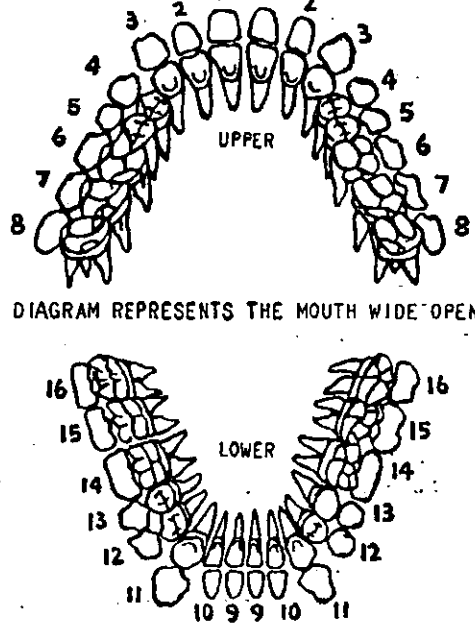




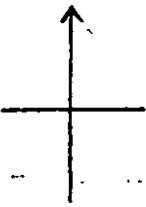
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORED UNKNOWN X-629	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1130
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-628	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1126
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SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S. PANOPPIO, Jr. 2d Lt., Inf.
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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.

2 of 494

PA 10) 2) LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.:		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER				
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



RESTRICTED

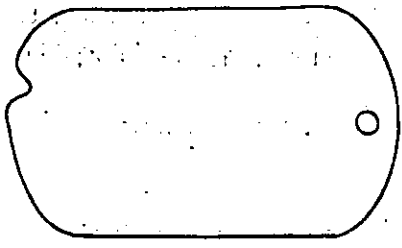
RE

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

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

DATE OF REPORT

5 Dec 45

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial) UNKNOWN X-143 (Manila No.2 Cem) Unknown X-13 (Cem No.3 Mariveles)</p>		<p>SERIAL NO.</p>
	<p>GRADE</p>	<p>ORGANIZATION</p>	<p>BRANCH OF SERVICE</p>
	<p>RACE</p>	<p>RELIGION</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>
<p>PLACE OF DEATH Bataan, P.I.</p>	<p>CAUSE OF DEATH</p>	<p>DATE OF DEATH</p>	

EMERGENCY ADDRESSEE (Name, relationship, and address)

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)</p>	

<p>LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None</p>	<p>A TRUE COPY <i>Walter H. Cooper</i> WALTER H. COOPER Captain, QMC</p>
---	--

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	402

<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army Cem No.3, "ariveles" 821-1748</p>	<p>PLOT No. 1</p>	<p>ROW No. 3</p>	<p>GRAVE No. 22</p>
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<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
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<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes</p>
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-142 (Manila No.2 Cem) Unknown X-12 (Cem No.3 Mariveles)				401

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-144 (Manila No.2 Cem) Unknown X-14 (Cem No.3 Mariveles)				403

<p>SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRETT, T/4. GRS</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ D. L. ARMSTRONG, Capt., QMC</p>
---	--

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.

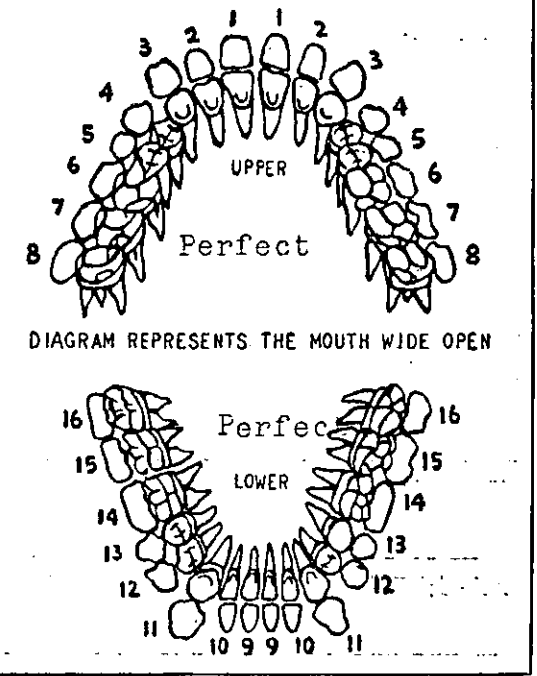
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

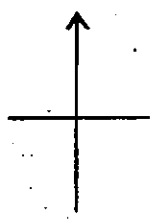
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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



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



REMARKS:

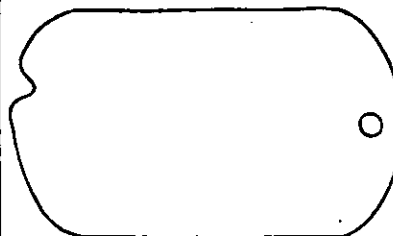
WD QMCFORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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-143 (Manila #2 Cem) Unknown X-13 (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, P. I.	CAUSE OF DEATH	DATE OF DEATH
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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
Jul 10/5
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. 402
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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. US Army Cem #3 Mariveles 821 - 1748	PLOT No. 1	ROW No. 3	GRAVE No. 22
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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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-142 (Manila #2 Cem) Unknown X-12 (Cem #3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 401
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-144 (Manila #2 Cem) Unknown X-14 (Cem #3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 403

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, 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 proscribed by theater commander.

Jul 47

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


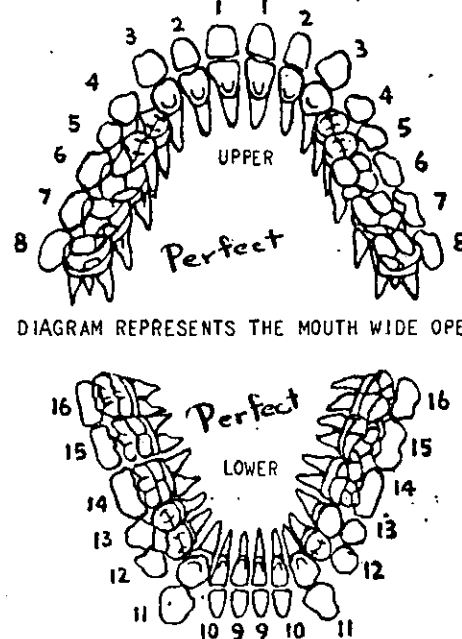




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the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

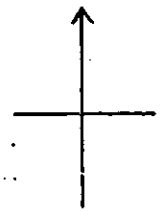
19 DEC 1945

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>Perfect</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> <p>Perfect</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: