RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Link (Mose) Manula 42. X131, X132, X133 X134, X136, X136, X137, X138, X134, X140, X141, X142, X143, X144, X145, X156, X157, X156 X147, X148, X149, X150, X151, X152, X158, X154, X155, X156, X156, X156 SYNOPSIS AND DATES

Mese now filed

NEW CLASSIFICATION 2/18 Cent Manula #2 X 13/

10/2/50

RECLASSIFICATION SHEET

QMGMT 293 GRS Far East

9 August 1949

SUBJECT: Identification of World War II Deceased

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

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

| Unknown | | , A | GRS | Mausoleum | Manila, | formerly | X-130, | USAF | Cem., | Manila | #2 |
|-----------------|--------|-------|----------|-----------|-------------------|----------|------------------|------|--------|----------------|----------|
| t) | X-631 | , | t1 | Ħ | 11 | 9 | X-144, | tt | n , | Mani la | |
| 11 | X-632 | ····· | <u> </u> | | والمحسوقالين والم | 11. | X-145 | tt | | Manila | |
| . 43 | X-433 | • | .13 | 18 | n . | SP . | X-285 | 17 | 11 | rt. | #2 |
| n | X-437 | • | ,tt | 11. | n | ti · | X-290 | 13 | TI. | 11 | #2 |
| n | X-800 | | ts | ti. | u í | 12 | X-315 | 17 | 11 | ts | #2 |
| tt | X-841 | • | 13 | ti | กั | 13 | X-359 | 12 | 11 | 12 | #2 |
| - D | X-3182 | • | ្នា | 11 | n | n | X-1019, | n | n | 13 | #2 |
| . 🕦 | X-5148 | | n | 13 | 11 | 13 | X-1025, | Tå. | 13 | 12 | #2 |
| · tt | X-3161 | | 11 | 59 | ព | 19 | X-1038 | tř | n | tt | #2 |
| th | X-3159 | | 13 | tt . | n | ù | X-1036 | tt. | n | 11 | #2 |
| 11 | X-3170 | | n | 11 | 11 | 19 | X-1047 | tt | tt | 13 | #2 |
| 12 | X-2530 | | 12 | n | n , | n | X-3024 | 13 | 11 | t) | #2 |
| tt , | X-2390 | | 13 | tt | n " | 13 | X-3110, | 13 | n · | 19 | #2 |
| 19 . | X-2068 | | 13 | 13 | - 11 | 23 | X-3191, | tz | 11 | £\$ | #2 |
| , 11 | X-2058 | | 19 | n | 11 | 19 | X-3211, | 13 | 12 | 13 | #2 |
| tt [*] | X-1892 | | u. | n | | 13 | X-3246. | tt | 12 | 12 | #2 |
| n | X-1960 | | 13 | 13 | 11 | th | X-3308 | 11 | | 13 | π≃ #2 |
| n, n | X-1749 | • | tr | 11 | , n | 18 | X-3350. | n | 11 | 13 | #2 |
| 13 | X-1754 | | tr | 11 | 40 . | ti | X-3355. | 52 | n •, | 12 | #2 |
| 11 | X-1640 | | 13 | | | 19 | X-3461, | 13 | 11 | n | #2 |
| n | X-1513 | | ní, | | The V | | X-3515. | , n | 11 | 13 | #2 |
| 11 | X-1519 | | 19 | 130 | 10 | n n | X-3521, | 19 | 11 | tî | ₩2 |
| Ħ | X-1301 | | 11 | | A BEET | | X-3632. | tt . | n *, | tt | #2 |
| TT . | X-1165 | , | 17 | 二. 头 | V ,n & ' | 100 11 | X-3758, | tt | ti * , | 11 | Д2 Д2 |
| · n. | X-1116 | | 18 | 12 40 | The state of | Eln | X-3824, | 17 | 11 | 11 | #2 |
| n | X-1036 | | 13: | N T | | n . | X-3872 | ts | · · · | 11 | ₩2 |
| 12 | X-1418 | | 18 | | | T n | | 17 | · • • | 13 | |
| n | X-1397 | | ti | | 1137, | 19 | X-3983, | 17 | 11 | tt | #2 |
| | T-7001 | • | | - | u_hart' g | | X * 3990, | | | ** | #2 |
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QMGMT 293 GRS Far East

Ltr 9 August 1949

SUBJECT: Identification of World War II Deceased

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

- G. Reynolds: Par
- L. M. White
- J. Windsor

MC FORM EV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

| , REGURD U | r cosic | JUIAL TRANSFER | |
|---|-------------|--|---------------------|
| | 1. SHIP | PED | |
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| | • | | |

CKEE 293 Unknown X-145 P. I. (Namila /2. P.T.)

4 Ceptember 1947

SUBJECT: Identification of Unknown Deceased.

TO:

Commanding General Philippines-Ryukyus Command AFO 707, c/o Postmaster San Francisco, California

- The dental chart on the reverse side of the Report of Reinterment for Unknown X-145, U. S. Armed Porces Cometery, Manila No. 2, Luzon, P. I., Plot 2, Row 4, Grave 404, has been checked with the dental record of Charles Edward SMITH, 320 55 76, CEM, USM. Identification could not be established.
- Havy Department records indicate that Chief Electrician's Mate Charles E. Smith was killed in action on 7 February 1942. While ongaged in offshore patrol duty, the boat in which he was patrolling was attacked by enemy aircraft. He was attached to U. S. Raval Section Base, Marivales, P. I. His remains were reported interred in U. S. Army Cemetery No. 3, Marivales, P. I.
- The inclosed dental record of Charles 6. Smith was prepared from a Report of Physical Examination made 14 September 1938. His - current dental record was lost in the Philippines.
 - It is requested that the inclosed dental record be rechecked with the remains interred in U. S. Armed Forces Cemetery, Manila No. 2 as Unknown X-145; and if identification is not established, the dental record be checked with any other unknowns recovered from U. S. Army Cemetery No. 3, Marivales.

It is further requested that this office be advised of the findings and a corrected report of interment be submitted if identiesi personianea.

CASTERNASTER CHNERAL:

1 Incl:

Dental Record - SMITH, Charles E.

JAMES C. MacFARLAND Hajor, CMC Memorial Division

\$293 Smith, Charles Edward 320-55-76

DOK

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ন্ধ্য কাৰ্য্য কৰি । ক্ষুণ্ট কৰি কৰি কৰি প্ৰতিষ্ঠান । কৰিছে কৰিছে কৰিছে কৰিছে কৰিছে কৰিছে কৰিছে কৰিছে । কৰিছে ক এই এই কাৰ্য্য কৰিছে জাৰ্যা কৰিছে এই কাৰ্য্য কৰিছে এই কাৰ্য্য কৰিছে কৰিছে কৰিছে কৰিছে কৰিছে কৰিছে কৰিছে কৰিছে ক ইয়াই কৈ কিবলৈ কাৰ্য্য কৰিছে কৰিছ কৰিছে কৰিছে

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293 - Unknown P.I. I- 145 (Maila #2)

INDEX SHEET

SYNOPSIS

Letter

2 June 1947

FROM:

TO:

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

Subj:

Identification Data

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

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

14 July 1949 Date

SUBJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X-145, Plot 2, Row 4, Grave 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:

Captain, QMC Chief, Records Branch

Attch: Form 1044

Proceived 2 and 49
11'st illentifiable from y and y an

Inal. #5'

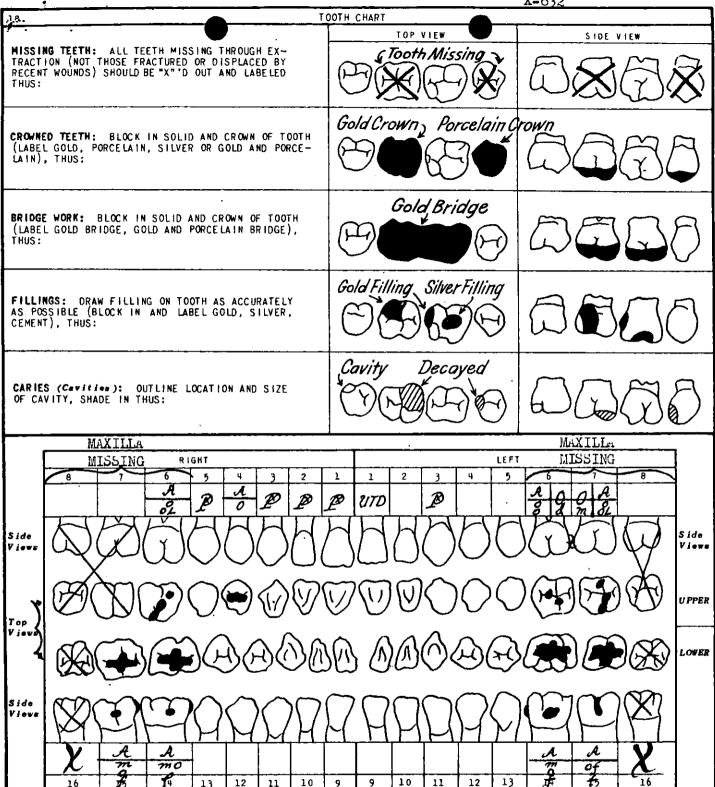
| | | | | | | · <u></u> . | | |
|---|--|---------------------------------------|-------------------------|------------|----------------|--------------|--|--|
| • | 1DENTIF | ICATION D | ATA | | | | | |
| 1. REMAINS OF UNKNOWN | · · · · · · | · · · · · · · · · · · · · · · · · · · | | | 2. DATE OF RE | PORT | | |
| UNKNOWN X-632 | UNKNOWN X-632 (Formerly UNK X-145 Manila No. 2) | | | | | | | |
| 3. NAME OF CEMETERY | . NAME OF CEMETERY 4. PLOT 5. ROW 6. GRAVE | | | | | | | |
| | | | | | DISINTERMENT | REINTERMENT | | |
| ACDO DEATE | 107 777 | | | | | | | |
| AUA MACO | OLEUM, MANILA, P.I. | 801 | E | 1140 | | <u> </u> | | |
| | | CAL DESCRIPTION | | | T) | | | |
| B. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT | | R OF HAIR | | 11. RACE | | | |
| | ANY OFFICIAL IDENTIFICATION FO | | UTD | | Unknown | 1 | | |
| | и о | n e | | | | | | |
| | | | <u> </u> | | | · | | |
| 3.GIVE DESCRIPTION OF | TATTOOS OR SCARS ON BODY AND/ | OR SUCH INFORM | MATION OBT | AINED FROM | OTHER SOURCES | | | |
| | | | | | | | | |
| | | • | | | | | | |
| | 17 m | <u>.</u> . | | | | | | |
| | UT | D | | | | | | |
| 4. WAS BODY BURNED? | TO WHAT EXTENT? | | | | | | | |
| YES TAT N | | | | | | | | |
| 5. WAS BODY MANGLED? | TO WHAT EXTENT? | | | <u> </u> | | | | |
| YES 🛣 N | 0 | | | | | | | |
| 6. DESCRIBE EVIDENCE O | F HEALED FRACTURES AND BONE MA | LEGRMATIONS | | | 717 | | | |
| | | 1 | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | . NO | N E | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 5 1167 CHEEN 1700 15 | | | | | | | | |
| .7. LIST EVERY ITEM OF SERVICE, ETC. (If I | CLOTHING, EQUIPMENT AND PERSON Bundry marks are indistinct si | NAL EFFECTS FO UCh notation a |)UND, SHOW :hould be | ING THE TY | PE, COLOR, SIZ | E, MARKINGS, | | |
| channels for examin | ation when facilities are not | available in | the area; |) | y = | | | |
| | | | | | | | | |
| | | | | | | | | |
| | • | | | | | | | |

NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl.#5-2

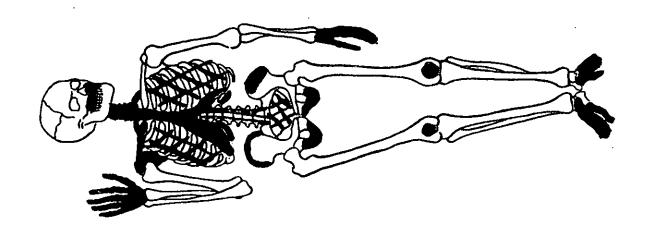


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

Portions of the maxilla from R6 - R8 and from L6 - L8 are missing. Loose teeth from L6 - L7 and R6 are present with remains.

"UNIDERTIFIABLE"

JAMES F. McDERMOTT Laboratory Officer, CIP 49. BLACK OUT PARTS OF BODY NOT COVERED



| 20• | MASS BURIAL CERT | TIFICATE (IF APPLICABLE) |
|-----|------------------|-------------------------------|
| | | 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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains. Estimated weight of remains -10 lbs. Circumference of skull -20 inches.

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

WI HEADON OF EACH OF DOTTICE HIS DESIGN SHIP

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

SIGNATURE

JAMES J. McDERHOTT Laboratory Officer, CIP Jame J. M. Sermell.

. .

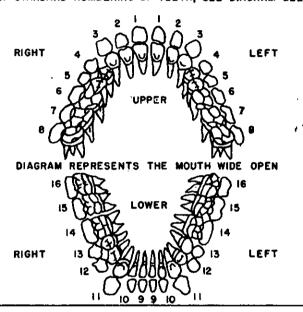
| | IDENTIFICA TO BE USED WITH QMC FOR | | | | | | | | | |
|---------|---|------------------|---------------------|----------------|--------|-------------|--------------------------|------------------|--------------------|----------|
| | AND TO BE ATTACHED TO AN | ID FORW | ARDED WITH | THESE F | ORMS W | HEN AC | COMPLI | SHED. | t 47 | |
| | (Formerly U | NK X- | ·145 US | | | | | DAT | | - |
| · - | UNKNOWN X-632(Cem lanila | #∠) | . - | Unknov RANK | m _ | | | Jnkno | | - |
| | Unknown | | | • | Unkr | own | | | | |
| - | | AGRS | MausoI | eum | | ANIZAT | ION | <u> </u> | | |
| | Bataan Iuzon P.I. | Mani | la,P.I | • . | 80 |)1 | E | 17 | 140 | |
| - | PLACE OF DEATH | | LACE OF BL | RIAL | PL | OT ANGER | ROW | | AVE NO. | - |
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| | RIGHT | نى <u>ت</u> ا | JPPER TEE | | - + | - LEI | · | | | |
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| | RIGHT | ı | LOWER TEE | TH | | LEI | | | | į |
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| TYPE | $\bigvee A \cup A$ | | | | | | $\langle \gamma \rangle$ | A | A | / ТҮР |
| LOCATIO | 2 l mal | | | | | | T | mof | fm 1 | LDCAT |
| - | | <u> </u> | | | | | | امرا: درس | | |
| | KEY OF SYMBOLS | то | BE U | SED (| ON A | BOV | /E (| HAR | RT . | |
| | SYMBOLS | TYPE | OF FILLING | | | LOCATK | N OF F | ILLING | | |
| 1 | WHOLE BOX | UPPER | IN HALF OF B | юх | L | OWER | IN HALF | OF BOX | : | |
| | EXTRACTED | A | AMALGAN (SILVER) | • | | m | (BETW | | ESIAL Oward fr | ONT) |
| | CAVITY. INDICATE LOCATION | G | BOLD | | | 0 | (BITIN | | CLUSAL ACE BACK | TEETH) |
| | FIXED BRIDGE (INCL. ABUTMENTS) | S | SILIGATE PORCELA | | | ď | (BETW | | STAL TOWARD B | ACK) |
| | TEETH REPLACED BY DENTURE | 0 | OXYPHOS | _ | | 1 | | LINGUA ARD TO | _ | |
| | POSTHUMOUSLY MESSING (LOST AFTER DEATH) | | | | | f | | FACIAL IRD CH | | |

DNC FORM 1845 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

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 FILING 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:

Maxilla missing, four loose teeth found. L-2,6, R-6,7.

| /s/ Edwin Gregurek SIGNATURE OF PERSON WHO PREPARED CHART | /s/ Edward H. Marshall verified by GRS OFFICER |
|--|--|
| /p/ EDWIN GREGUREK NAME AND RANK TYPED OR PRINTED | /p/ SP-8 C-062874 |
| CIP, Lab. Manila, P.I. PLACE OR HO. WHERE THIS FORM ACCOMPLISHED | 9 Oct 47 |

930-PHILRYCOM-4:47-30M

GEORGE T GAMBOA
2d Lt., MAC

AGRC ORM No. 11 Revised 16 Sept. 1946 Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

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

| | | · | 7.4 |
|--|------------------------------|--|---------------------------|
| | Unknown x -632 | (Formerly U | Jnk X-14 a #2. Lu |
| · · | Unknown X OSE Cemetery AGRS | | |
| • | | | |
| A CIDO Maria James Maria Ja | Plot 801 48 | Gra | ve <u>1140</u> |
| AGRS Mausoleum Manila Arrived at c emetery 8 Oct 47 | , P•± | | |
| (Hour) (Date) | - | | • |
| Place of death Bataan, Luzon, P. J | (Coordinates | and letter Prefix, n | naps) ' |
| | Percenta | | |
| (Sheet, scale and serials used) | | | |
| Remains recovered or disinterred by | C M T #1 | -1425 | |
| | (Name and organ | nzation) | |
| Evacuated to Cemetery by | (Name and organiza | | |
| | . (| , | |
| | • | | • |
| Description of clothing and equipment: (if clothing Item Clothing Markings S | In | ze from body mo dicate unusual m olor, wear, tear, | narkings |
| Item Clothing Markings S | In | dicate unusual m | narkings |
| Item - Clothing | In | dicate unusual m | narkings |
| Item Clothing Markings S Headgear | In ces co | dicate unusual m | narkings |
| Item Clothing Markings S Headgear (Type) Raincoat | In co | dicate unusual molor, wear, tear, | narkings |
| Item Clothing Markings S Headgear (Type) Raincoat Overcoat | Zes Co | dicate unusual molor, wear, tear, | narkings repairs, etc. |
| Item Clothing Markings S Headgear (Type) Raincoat Overcoat Jacket, Field | Zes Co | dicate unusual molor, wear, tear, | narkings repairs, etc. |
| Item Clothing Markings S Headgear (Type) Raincoat Overcoat | Zes Co | dicate unusual molor, wear, tear, | narkings repairs, etc. |
| Item Clothing Markings S Headgear (Type) Raincoat (Type) Jacket, Field (Type) Mackinaw O Sweater D | Zes Co | dicate unusual molor, wear, tear, | narkings repairs, etc. |
| Item Clothing Markings S Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw O | Zes Co | dicate unusual molor, wear, tear, | narkings repairs, etc. |
| Item Clothing Markings S Headgear (Type) Raincoat Overcoat Jacket, Field Mackinaw O Sweater O Sweater O Shirt, Wool OD | Zes Co | dicate unusual molor, wear, tear, | narkings repairs, etc. |
| Item Clothing Markings S Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Wool | Zes Co | dicate unusual molor, wear, tear, | narkings repairs, etc. |
| Item Clothing Markings S Headgear (Type) Raincoat Overcoat Jacket, Field Mackinaw O Sweater O Sweater O Shirt, Wool OD | Zes Co | dicate unusual molor, wear, tear, | narkings repairs, etc. |
| Item Clothing Markings S Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater Jacket, HBT * Shirt, Wool OD Undershirt, Wool | In Co | dicate unusual molor, wear, tear, | narkings repairs, etc. |

| Belt, web |
|--|
| Drawers, wool |
| Drawers, cotton |
| Leggings, wool |
| Socks, cotton |
| * Shoes(type) |
| Overshoes |
| Web Equipment (type) |
| (Other item) |
| (Other item) |
| * If body is nuce, 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? |
| Description of Remains: Skeleton only - skeletal chart attached. |
| Age Height Description of wounds |
| Bandagés or dressings Scars |
| (Length, width, location) |
| (Number, location — illustrate on separate page) |
| Outstanding moles, warts or birthmarks (Yes-no; description, location) |
| Sunburn or tan, other than hand and face T |
| 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) |

| Color, bushiness, extent across uoses | | | | *************************************** | |
|---|---------------|------------------------------|---------------------------|---|---|
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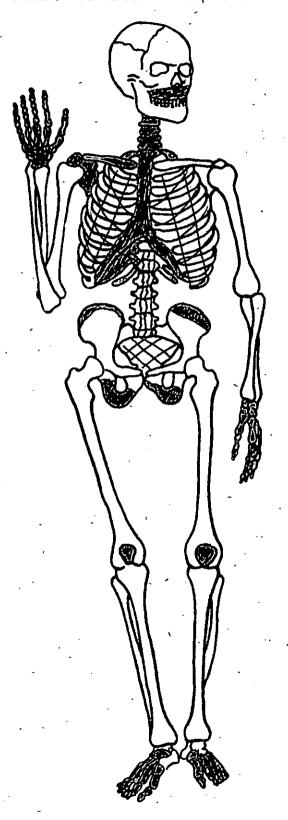
NOTE: Use attached charts "A" and "B" to indicate parts not received.

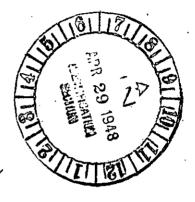
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| 7. | Have finger prints been placed on Report of Inter- | rment? | | - |
| | If not, explain Due to condition of re | emains | (Yes-11) | |
| 8 . | Has tooth chart been prepared? Yes (Yes-no) | If not, expl | ain | |
| 9. | Remarks No burial bottle with R. |).I'. fou | nd. No perso | onal effects. |
| . , | Nothing else found to warra | nt ident | ification. | |
| | EST weight 10 lbs. | | | - |
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| | I certify that I have personally viewed the remains has been recorded to the best of my knowledge. | of subject | deceased and all r | esulting informatio |
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| | | AGRS | Mausoleum | 10/9/47 |
| - | H. NEWMAN JR. | | (Organizatio | n) |

X-632

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT, RECEIVED AT CEMETERY)





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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.

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| WD QMC FORM 1042 (Rev.11 Apr. 1945) | | REPORT OF | INTERME | NT | DATE | OF REPORT | |
| (Supersedes GRS Form 1) | | (AR 30-1810 as | | | 6 | Dec. 1 | 15 |
| Imprint Identification | | Section 1.—IDENTIFICATION. | | | | | |
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| | | | | | | • | • . |
| PLACE OF DEATH | | CAUSE OF DEATH | | | DATE | OF DEATH | |
| Bataan, Luzon | . P. I. | | | ••• | j | | |
| EMERGENCY ADDRESSEE (No | `_ | d address) | | | | | |
| | | • | • | | • | ' | |
| IDENTIFICATION TAGS FOUN | D ON BODY | IF NO TAGS FOUND ON BODY, I | DESCRIBE MEAN | NS OF IDENTIFICATION (II | unidentified, fi | ll in section 8 | on reverse) |
| (1, 2, or none) | | - | | | | | |
| None | | | | , | • | • | |
| WERE SUBSTITUTE TAGS PRO | OVIDED?(Yes or no) | (S | ee: Over |) | | | |
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| Continu 2 - DIIDIAI - To - 41 | | lished cemetery, furnish sketc. | 1 | | <u>. </u> | | |
| NAME NUMBER, COORDINAT | | | n and map co | ordinates on reverse. | <u> </u> | | |
| | , | USAF Cemetery Man | ila #2. | Tuzon, Parta | | | |
| DATE OF BURIAL | HOUR | | | —, <u> </u> | DI OT No | L DOW No | LODALEN |
| DATE OF BURIAL | , HOUR | BURIED IN (Shroud, blanket, or n | ame of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
| 26 Nov 45 | 1400 | Shelter Ha | lf | Cross | 2 | 4 | 404 |
| WAS THIS A REBURIAL? (Yes or no) | | NDICATE NAME, NUMBER, COORL | | | OCATION OF G | RAVE | |
| (168 0/ 100) | | rmy Cemetery #3, M | ariveles | , Luzon, P. I. | PLOT No. | ROW No. | GRAVE No. |
| . ⊼es | 821-1,7 | 48 | | | 1 1 | 3 | 24 |
| TYPE OF RELIGIOUS CEREMONY | PERSON CONDUC | TING BURIAL RITES | IF IDENTIFIC | CATION TAGS NOT USED, IS BURIED WITH BODY | DESCRIBE IDE | INTIFICATION | N DATA AND |
| | | | | ., | | | |
| IDENTIFICATION TAG BURIEI BODY (Yes or no) | | IFICATION TAG ATTACHED TO KER (Yes or no) | | | | • | |
| . Yes | | Yes | | • | | | |
| BODY BURIED ON DECEASED UNKNO | | first, middle initial) ame Manila #2) | RANK | SERIAL NO. | ORGANIZATIO | ON GRAV | Æ No. |
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| BODY BURIED ON DECEASED UNKNO | | st, first, middle initial) Cem. Manila #2) | RANK | SERIAL NO. | ORGANIZATIO | ON GRAV | /E No. |
| | | n-x-16 cem. #3 Mar | iveles) | _ | | | 405 |
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| DISTRIBUTION OF REPOR | : Signed origin | al for U.S. and allied dead, singles for retention in theater as p | gned original | and one copy for enemy | | | ster General |
| Though Monaganiters Wi | i contract. | The state of the s | | | | | |

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| <u>_</u> | | Section 3.—UNIDENTIFIED REMAINS. | | | | | | |
|------------|---|---|--|--|--|--|--|--|
| | LEFT LITTLE FINGER | INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint or prints are the most valuable of all clues. Imprint all fingers and thumbs in the | | | | | | |
| .9 | 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. | | | | | | | |
|) DEC 1945 | LEFT RING FINGER | HEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS | | | | | | |
| | - | WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND | | | | | | |
| | LEFT MIDDLE FINGER | OTHER IDENTIFICATION CLUES | | | | | | |
| | LEFT INDEX FINGER | | | | | | | |
| | FINGER | FILLINGS SILVER FILLING GOLD FILLING | | | | | | |
| | LEFT | CAVITIES CAVITY DECAYED UPPER 5 6 7 SILVER 8 | | | | | | |
| ·. | RIGHT THUMB | MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN CROWNED TEETH. | | | | | | |
| | RIGHT INDEX FINGER | BRIDGE WORK GOLD BRIDGE 15 16 17 18 19 19 10 10 10 10 11 11 12 13 14 15 16 17 18 19 19 10 10 10 10 10 10 10 10 | | | | | | |
| | RIGHT MIDDLE FINGER | FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY | | | | | | |
| : : : : | RIGHT RING FINGER | DEMANUE | | | | | | |
| | RIGHT LITTLE FINGER | Remains of cross (2. E. Smith USN died Feb. 1942)' Body buried with black low cut shoes on. | | | | | | |

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|--|--|--|--|--|---|--|--|
| WD GMC FORM 1042 | REPORT OF | INTERMENT | | DATE OF R | EFORT | | |
| (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) | • | / 5 | 6 Dec. 45 | | | | |
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| (5 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / | Cem. No.3, Mari | iveles) | | , | · | | |
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| 1\ | 1 | · · | · | | | | |
| \ | RACE | RELIGION | | IF OTHER THAN U | . S. DEAD, GIVE | | |
| RACE RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | | | | | | | |
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| PLACE OF DEATH | CAUSE OF DEATH | ' | | DATE OF D | EATH | | |
| and the second of the second o | | | | | | | |
| Bataan, Luzon, P.I. | | - | · : · i | ļ | | | |
| EMERGENCY ADDRESSEE (Name, relationship, an | d address) | | | | · · · · · · · · · · · · · · · · · · · | | |
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| IDENTIFICATION TAGS FOUND ON BODY | IF NO TAGS FOUND ON BODY, D | FSCRIBE MEANS O | F IDENTIFICATION (7) | unidentified fill in a | ection 2 on reverse) | | |
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| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) | | | | | | | |
| WERE SUBSTITUTE TAGS PROVIDED!(128 OF 10) | | - | | 1. 1 | | | |
| Yes (2) | (80 | e Over) | | | • | | |
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| LIST PERSONAL EFFECTS FOUND ON BODY AND | DISPOSITION OF SAME | | A'TRUE | COPY | | | |
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| Section 2.—BURIAL If other than in estab. | lished cametery furnish skatci | h and man coord | Cantai | r , diffe | - \ | | |
| | | The state of the s | | | | | |
| NAME, NUMBER, COORDINATES, AND LOCATION | " - | | | | | | |
| USAF Cen | netery Lanila No | .2. Luzo | n. P.Í. | | | | |
| 3. | <u> </u> | • | | PLOT No. ROV | N No. CDAVE NO. | | |
| 1 - 3 | BURIED IN (Shroud, blanket, or ne | ame of other) | TYPE OF GRAVE • MARKER | PLOT NO. RO | W No. GRAVE No. | | |
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| -20 NOV 4) 114.00 | Shelter Half | UNIATES OF DECIS | Cross - | 2 L | 1 1/0/ | | |
| (Van or wa) | INDICATE NAME, NUMBER, COORD | | | | | | |
| | imy Cemetery No. | o, mariv | eres, Luzon | | OW No. GRAVE No. | | |
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| TYPE OF RELIGIOUS PERSON CONDUC | TING BURIAL RITES | CONTAINERS BI | ON TAGS NOT USED, URIED WITH BODY | - | ICATION DATA AND | | |
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| | | 1 | | • | | | |
| | TIFICATION TAG ATTACHED TO RKER (Yes or no) | | | | | | |
| | | | | | | | |
| Yes | Yes Yes | 1 | | _ | | | |
| BODY BURIED ON DECEASED LEFT, NAME (Last, | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. | | |
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| (Formerly Unknown X-] | | <u>diveles)</u> | <u> </u> | | 1 403 | | |
| BODY BURIED ON DECEASED RIGHT, NAME (Las | RANK | SERIAL No. | ORGANIZATION | GRAVE No. | | | |
| UNKNOWN X-146 (Cem. | | · · · · · | | 1 | | | |
| (Formerly Unknown X-1 | riveles) | | <u> </u> | 405 | | | |
| SIGNATURE OF PERSON PREPARING REPORT | SIGNATURE OF GRS OFFICER VERIFYING REPORT | | | | | | |
| | 4 | | | : | | | |
| /s/t/ R. C. BARRETT, | T/4, GRS | /s/t/ D | . L. ARMST | RONG, Cap | ot.,QMC | | |
| DISTRIBUTION OF REPORT: Signed origin | | aned original and | one copy for enemy | dead, to the Quan | rtermaster General | | |
| through Headquarters GRS Officer. Copie | | | | | | | |

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| LEFT LITTLE FINGER | (b) A | eat care will in anatomi rity number; icles, and tai fingerprint, of tor as many | cal charac position of nks. or prints, a v as possib | teristics to body four re the mode. | elow, and and in airp st valuable fingernin | any other of lanes, vehicles of all clues of or prints o | clues under es, and tank s. Imprint a an be secure | "Other," such s; and serial n Il fingers and | nidentified re- as shoe size, umbers of air- thumbs in the n of each and |
| RING | accomplish | every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will n accomplished if one or more fingerprints are secured. HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS | | | | | | | |
| RING FINGER | HEIGHT | WEIGHT | COLOR OF | · ETES | COLOR OF | HAIR | BIRIHMARK | s, scars, or ta | 11005 |
| · · | WEAPON AND | SERIAL NO. | 1 | LAUNDRY | MARKS | | WHERE BOD | Y WAS BURIED C | R FOUND |
| MIDDLE FINGER | OTHER IDEN | TELEVISION OF | | • | | , , , , , , , , , , , , , , , , , , , | | | . , . |
| NGER | OTHER IDEN | OTHER IDENTIFICATION CLUES | | | | | | | |
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| THUMB | CAVITIE | S | | DECAY | Y | 7 | | PPER | 25 06 357 |
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| THUMB | | - . | y Re | ζ. | | DIAGRAM | REPRESENTS | THE MOUTH | WIDE OPEN |
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| INDEX FINGER | BRIDGE | WORK | VUX 7 | GOLD E | RIDGE | 14 13 | | AAAR E. | / 17 13 2 |
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