

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Unit (misc) Manila #2 X131, X132, X133  
X134, X135, X136, X137, X138, X139, X140, X141, X142, X143, X144, X145, X146  
X147, X148, X149, X150, X151, X152, X153, X154, X155, X156, X157, X158

**SYNOPSIS AND DATES**

*Misc now filed*

NEW CLASSIFICATION 293 Unit Manila #2 X131  
  
10/1/50  
BC

# RECLASSIFICATION SHEET

QMGMT 293  
GRS Far East

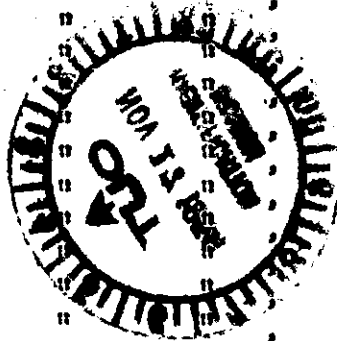
9 August 1949

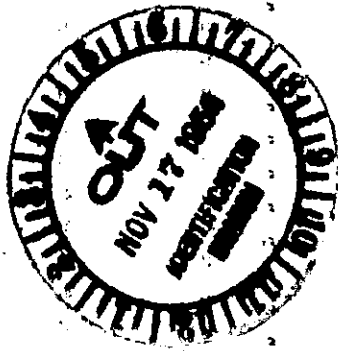
SUBJECT: Identification of World War II Deceased

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

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

Unknown X-618	, AGRS Mausoleum Manila, formerly X-130,	USAF Cem., Manila #2.
" X-631	, " " " " " X-144	, " " " " Manila #2
<del>" X-632</del>	<del>, " " " " " X-145</del>	<del>, " " " " Manila #2</del>
" X-433	, " " " " " X-285	, " " " " " #2
" X-437	, " " " " " X-290	, " " " " " #2
" X-800	, " " " " " X-315	, " " " " " #2
" X-841	, " " " " " X-359	, " " " " " #2
" X-3182	, " " " " " X-1019	, " " " " " #2
" X-3148	, " " " " " X-1025	, " " " " " #2
" X-3161	, " " " " " X-1038	, " " " " " #2
" X-3159	, " " " " " X-1036	, " " " " " #2
" X-3170	, " " " " " X-1047	, " " " " " #2
" X-2530	, " " " " " X-3024	, " " " " " #2
" X-2390	, " " " " " X-3110	, " " " " " #2
" X-2068	, " " " " " X-3191	, " " " " " #2
" X-2058	, " " " " " X-3211	, " " " " " #2
" X-1892	, " " " " " X-3246	, " " " " " #2
" X-1960	, " " " " " X-3308	, " " " " " #2
" X-1749	, " " " " " X-3350	, " " " " " #2
" X-1754	, " " " " " X-3355	, " " " " " #2
" X-1640	, " " " " " X-3461	, " " " " " #2
" X-1513	, " " " " " X-3515	, " " " " " #2
" X-1519	, " " " " " X-3521	, " " " " " #2
" X-1301	, " " " " " X-3632	, " " " " " #2
" X-1165	, " " " " " X-3758	, " " " " " #2
" X-1116	, " " " " " X-3824	, " " " " " #2
" X-1036	, " " " " " X-3872	, " " " " " #2
" X-1418	, " " " " " X-3983	, " " " " " #2
" X-1397	, " " " " " X-3990	, " " " " " #2





NOV 27 1964

NOV 27 1964

NOV 27 1964

NOV 27 1964

NOV 27 1964

QMGM 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: ~~enr~~  
L. M. White  
J. Windsor

TAB 9

DISINTERMENT DIRECTIVE

/drs  
1  
/gyc

Interred 15 July 1949  
A 13 18 Ft. McKinley  
# *Carl R. H. Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 02823

DATE  
15 06 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWN X - 000145		0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					0 7701 80
PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH	
F12	4	404	PHILIPPINE ISLANDS	6	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-145 (Mausoleum) UNK X-632				21 Sept 48
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		PERRY E WHITE Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /  
Two (2) Identification tags read - (Mausoleum) UNKNOWN X-632

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 48	BY PERRY E WHITE
CASKET SEALED BY PERRY E WHITE	EMBALMER (Signature) <i>Perry E White</i> PERRY E WHITE
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 BY HORACE L ALLISON, Sgt, Inf	TEOFILO M ALUTAN, 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.

*Teofilo M. Alutan*  
TEOFILO M ALUTAN, 1st Lt, Inf  
SIGNATURE OF GRS INSPECTOR

FILE  
11 AUG 1949  
REPATRIATION  
BRANCH  
MEM. DIV.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# 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>[Signature]</i>	DATE 15 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 <i>[Handwritten]</i>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	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

XXXXXXXXXXXXXXXXXXXX

QWNN 293  
Unknown X-145 P.I.  
(Manila #2, ~~P.I.~~)

4 September 1947

SUBJECT: Identification of Unknown Deceased.

TO: Commanding General  
Philippines-Ryugus Command  
APO 707, c/o Postmaster  
San Francisco, California

1. The dental chart on the reverse side of the Report of Reinterment for Unknown X-145, U. S. Armed Forces Cemetery, 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, USN. Identification could not be established.

2. Navy Department records indicate that Chief Electrician's Mate Charles E. Smith was killed in action on 7 February 1942. While engaged in offshore patrol duty, the boat in which he was patrolling was attacked by enemy aircraft. He was attached to U. S. Naval Section Base, Marivales, P. I. His remains were reported interred in U. S. Army Cemetery No. 3, Marivales, P. I.

3. The inclosed dental record of Charles E. Smith was prepared from a Report of Physical Examination made 14 September 1938. His current dental record was lost in the Philippines.

4. 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.

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

FOR THE POSTMASTER GENERAL:

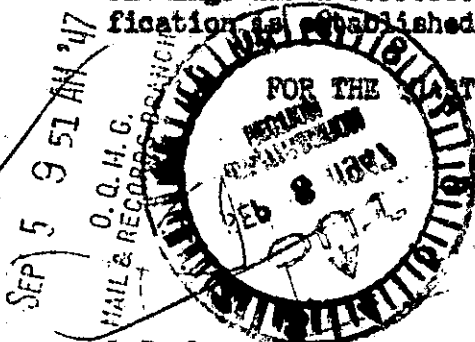
JAMES C. MacFARLAND  
Major, OMC  
Memorial Division

1 Incl:-  
Dental Record - SMITH, Charles E.

wek

*93 Smith, Charles Edward 320-55-76*

*JKW*



dek

SEP 12 1947



SEP 12 1947

[Faint, mostly illegible text covering the majority of the page, appearing to be a document or report.]





JK  
2  
FILE UNDER NO. 293 - Unknown P.I. X- 145 (Manila #2)

INDEX SHEET

SYNOPSIS

Letter

2 June 1947

FROM: OQMG  
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

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 404, 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:



R. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Incl. #5'

Received 2 Aug 49 0023  
Not identifiable from  
information presently  
available  
8-8-49  
9 Reynolds

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-632 (Formerly UNK X-145 Manila No. 2)				2. DATE OF REPORT 14 July 49	
3. NAME OF CEMETERY  AGRS MAUSOLEUM, MANILA, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1140	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT	10. COLOR OF HAIR U T D	11. RACE UnKnown
------------------------------	---------------------	----------------------------	---------------------

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

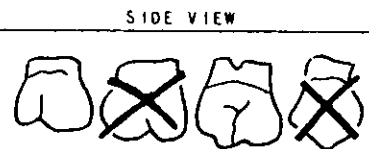
**"UNIDENTIFIABLE"**

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

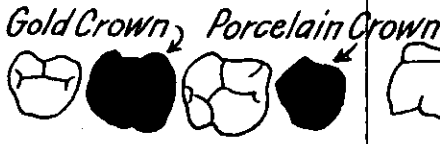
*Incl. #5-2*

TOOTH CHART

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



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



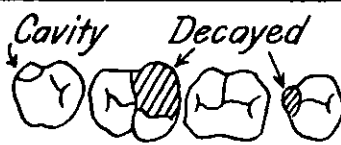
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



MAXILLA

MAXILLA

MISSING								RIGHT								LEFT								MISSING							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																
		A	P	A	P	P	P	UTD		P			A	A	A	A															
		o		o									o	o	o	o															
Side Views																Side Views															
Top Views																Top Views															
UPPER																UPPER															
LOWER																LOWER															
Side Views																Side Views															
X	A	A											A	A	X																
	m	mo												o	o																
	o	o												o	o																
16		14	13	12	11	10	9	9	10	11	12	13	13	14	16																

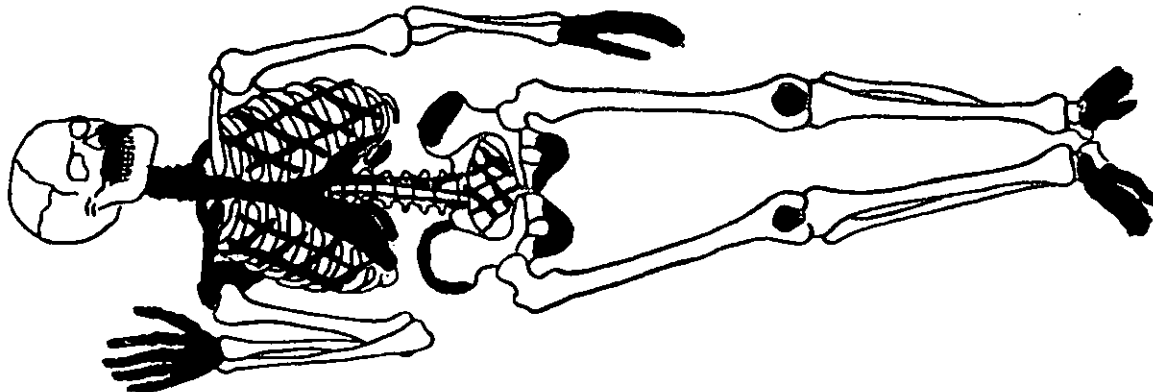
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

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

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

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

19. BLACK OUT PARTS OF BODY NOT COVERED



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 - 10 lbs.  
Circumference of skull - 20 inches.

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

# 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.

9 Oct 47

(Formerly UNK X-145 USAF)

UNKNOWN X-632 (Cem Manila #2)      Unknown      Unknown

LAST NAME      FIRST      INITIAL      RANK      SERIAL NO.

Unknown      Unknown

UNIT      ORGANIZATION

Bataan, Luzon, P.I.      AGRS Mausoleum Manila, P.I.      801      E      1140

PLACE OF DEATH      PLACE OF BURIAL STORAGE      PLOT HANGER      ROW BAY      GRAVE NO. CRYPT.

*max ill missing - lower teeth found*

		RIGHT      UPPER TEETH      LEFT																	
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE			A	OA												A		TYPE	
LOCATION			olo	dlo												of		LOCATION	

INSIDE — LOOKING OUT

		RIGHT      LOWER TEETH      LEFT																	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		X	A	A											O	A	A	TYPE	
LOCATION			el	waf											d	waf	fm	LOCATION	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

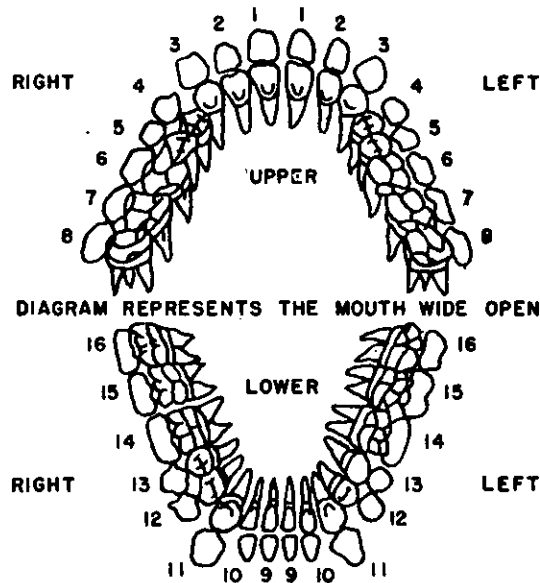
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

Maxilla missing, 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  
NAME AND RANK TYPED OR PRINTED

CIP, Lab. Manila, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

9 Oct 47  
DATE

CERTIFIED TRUE COPY

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

**IDENTIFICATION CHECK LIST**

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

(Formerly Unk X-145 USAF  
 Unknown X-632 Cem Manila #2, Luzon,  
 Cemetery AGRS Mausoleum Manila, P.I.)  
 Plot 801 WANGER Row BAY CRYP Grave 1140

AGRS Mausoleum Manila, P.I

1. Arrived at cemetery 8 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 C M T #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	N		
Mackinaw	O		
Sweater	E		
Jacket, HBT	e		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		



Belt, web /

Drawers, wool /

Drawers, cotton /

Leggings, wool /

Socks, cotton /

\* Shoes (type)

Overshoes

Web Equipment (type) n

(Other item) e

(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: Skeleton only - skeletal chart attached.

Age / Height Weight Description of wounds

Bandages or dressings Scars (Length, width, location)

Tattoos (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks U (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)

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 ..... 20  
 (Hat band)

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

Shoulders ..... (Broad, straight, small, rounded)      Arms ..... (Length, muscular, color, extent and quantity of hair)

Hands ..... T

Fingers ..... T  
 (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 If not, explain  
(Yes-no)

9. Remarks No burial bottle with R.O.I. found. No personal effects.  
Nothing else found to warrant identification.  
EST weight 10 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 10/9/47

(Organization)

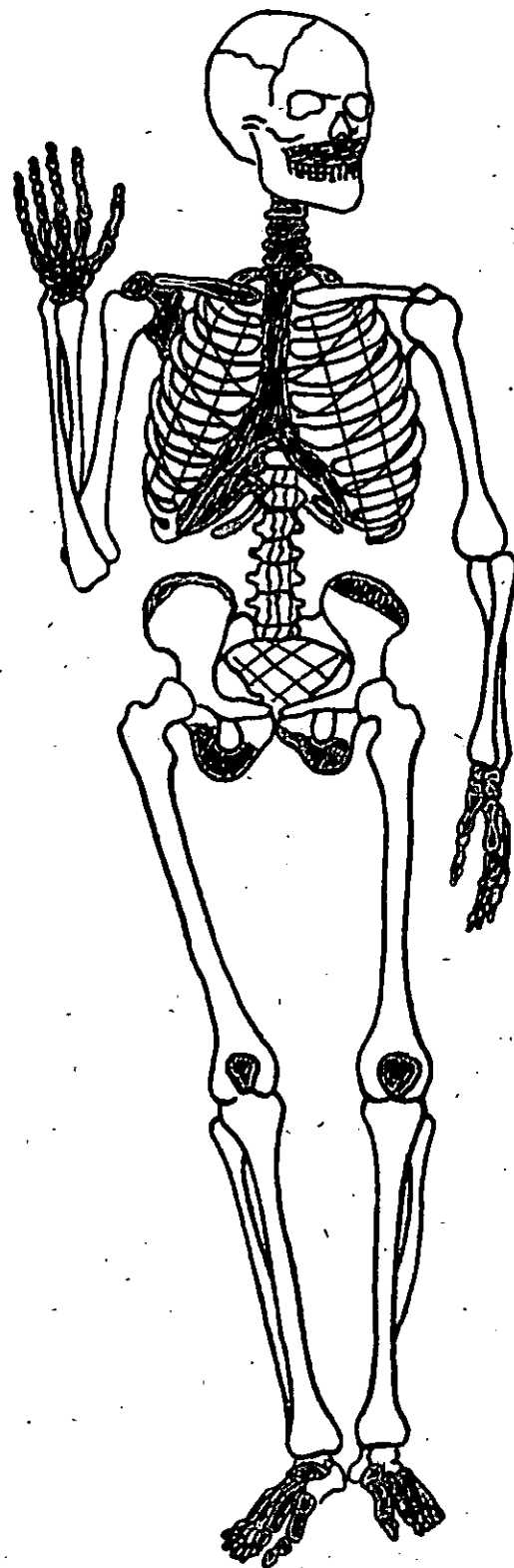
CERTIFIED TRUE COPY:

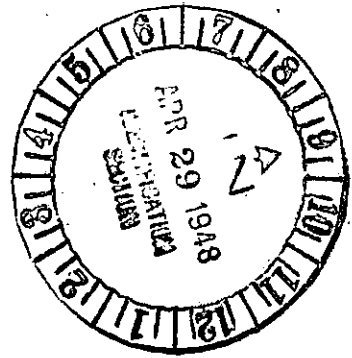
E. H. NEWMAN JR.  
Capt. FA

X-632

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





APR 29 1948

RESTRICTED

U 626

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-632 (Formerly UNK X-145  
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)

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No. BAY	GRAVE No. CRYPT
9 Oct 47	0800	Casket	None	801	E	1140

WAS THIS A REBURIAL?  
(Yes or no) RESTORED

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Cem Manila #2, Luzon, P.I.

PLOT No.

2

ROW No.

4

GRAVE No.

404

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)

STORED

UNKNOWN X-635

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT 1142

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)

STORED

UNKNOWN X-641

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT 1138

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Wm R GILBERT, Adm Asst

LUCIO S. PANOPLO Jr. 2d Lt., INF.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

2 of 505

Section 3.—UNIDENTIFIED REMAINS: 20 100720

INSTRUCTIONS: (A) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)

(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.


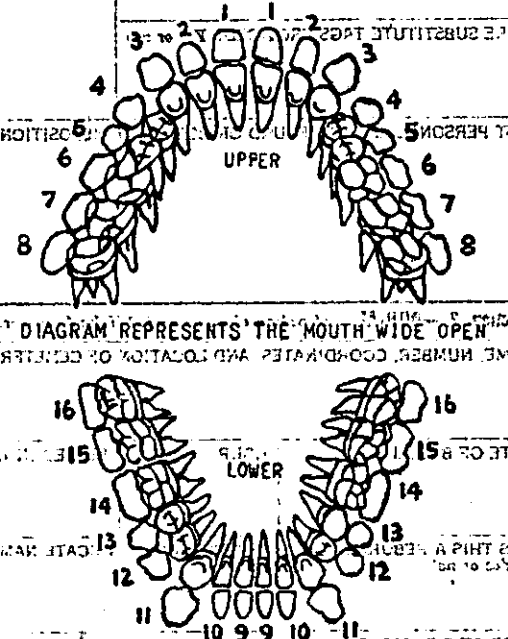




HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

EMERGENCY ADDRESS (Name, telephone, and address)

IF NO FACE FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If no teeth, fill in section 1 on reverse)

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:

Identification Check List and Dental Chart accomplished.

18 NOV 1947

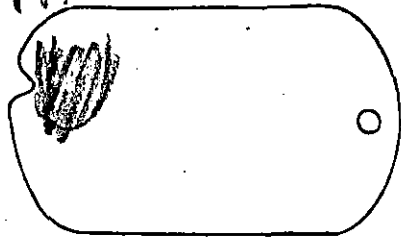
WD QMC FORM 1042  
(Rev. 11 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

6 Dec. 45

Impression Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)  
**UNKNOWN -X- 145 (Cem. Manila #2)**  
**(Formerly Unknown-X-15 Cem. #3 Mariveles)**

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

**Bataan, Luzon, P. I.**

CAUSE OF DEATH

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

(See Over)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 1017

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	404

WAS THIS A REBURIAL?  
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

**U. S. Army Cemetery #3, Mariveles, Luzon, P. I.**  
**821-1,748**

PLOT No.	ROW No.	GRAVE No.
1	3	24

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-144 (Cem. Manila #2)**  
**(Formerly Unknown-X-14 Cem #3 Mariveles)**

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

403

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  
**UNKNOWN-X-146 (Cem. Manila #2)**  
**(Formerly Unknown-X-16 Cem. #3 Mariveles)**

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

405

SIGNATURE OF PERSON PREPARING REPORT

*R. C. Barrett*  
**R. C. BARRETT, T/4 GRS.**

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*D. L. Armstrong*  
**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 45



**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


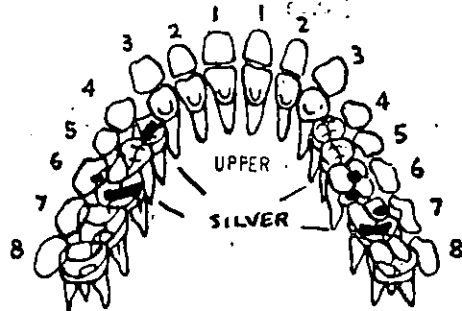
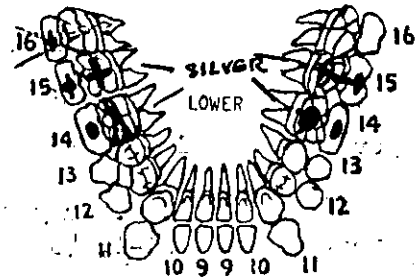




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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



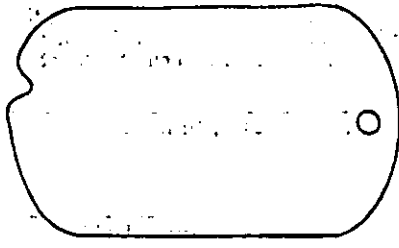
**REMARKS:**

Remains of cross (G. E. Smith USN died Feb. 1942)  
Body buried with black low cut shoes on.

RESTRICTED

Ray?

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 6 Dec. 45
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Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>	
	NAME (Last, first, middle initial) UNKNOWN X-145 (Cem. Manila No.2) (Formerly Unknown X-15 Cem. No.3, Mariveles)	
	GRADE	ORGANIZATION
	RACE	RELIGION
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

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

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
USAF Cemetery Manila No.2, Luzon, P.I.

DATE OF BURIAL 26 Nov 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT NO. 2	ROW NO. 4	GRAVE NO. 101
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE U.S. Army Cemetery No.3, Mariveles, Luzon P.I. 821-1.748	PLOT NO. 1	ROW NO. 3	GRAVE NO. 24
--	---	---------------	--------------	-----------------

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-144 ( Cem. Manila No.2) (Formerly Unknown X-14 Cem No.3, Mariveles)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 103
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-146 ( Cem. Manila No.2) (Formerly Unknown X-16 Cem. No.2, Mariveles)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 405

SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRETT, T/4, 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:**


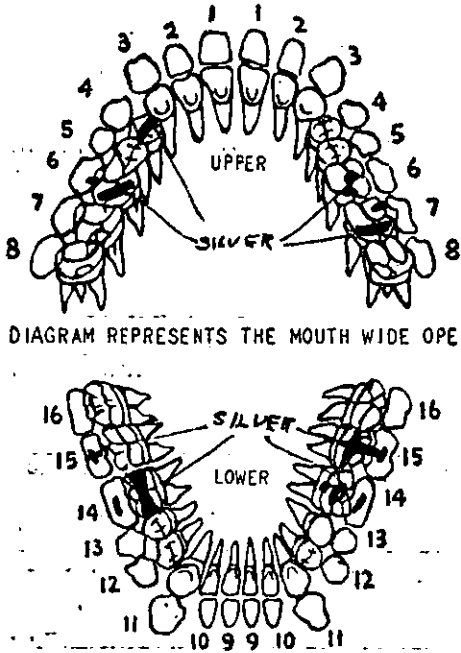




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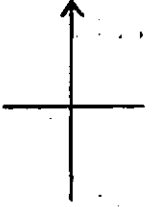
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

Remains of cross ( C. E. Smith USN died Feb. 1942)  
Body buried with black low cut shoes on;