RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 (Ink (Muse) Minutes #2 X131, X132, X133 X134, X135, X136, X137, X188, X139, X140, X141, X142, X143, X144, X145-X146, X147, X148, X149, X150, X151, X152, X153, X154, X155, X156, X157 X146, X147, X148, X149, X150, X151, X152, X153, X154, X155, X156, X157

Mese now filed.

NEW CLASSIFICATION 293, Enk. Danila # 2 Y131

10/2/50 EC

RECLASSIFICATION SHEET

QMC Form 357 (Revised 6-27-42)

16-29400-1 U. S. GOVERNMENT PRINTING OFFICE

QMGMT 293 GRS Far East 2 February \ 50

SUBJECT: Identification of World War II Deceased

TO

: Commanding Officer

American Graves Registration Service

Philcom Zone

APO 900, c/e Postmaster San Francisco, California

1. Reference is made to findings of Unidentifiability for the following Unknown Deceased:

Unknown	X-357	AGRS	Maus	Manila,	formerly	X-38,	USAF	Cem	Manila	#2
n	X-636	Ħ	Ħ	11	11	×-149	<u>t1</u>	11	n' '	11
n	X-639	12	11	11	ti 🖰	Y-152,		(3	H ,	11
11	X-991,	11	Ħ	13	41	X-3950;	11	H	11	Ħ
n	X-1160,		Ħ	11	n	X-3753,	11	11	11	- 11
n	X-1162,	t1	11	n	11	x-3755,	t1	11	Ħ	tt
n	X-1163,	ti	11	17	11	X-3756,	11	Ħ	11	11
11	X-1212,		11	\$1	n	X-3745	n,	11 -	TI .	п
t1	X-1220;		ŧŧ	11	12	X-3729;	12	11	111	11
11	X-1292,	11	11	11	Ħ	X-3591;	11	- (1	B	11
Ħ	x-1341,	. 19	97	Ħ	11	X-3558;	11	13	Ħ	rt.
11	X-1350,	18		H	H.	X-3579	11	tt	11	Ħ
u	X-1423.	STI		n. 11	11	X-3952,		11	11	11
.11	X-14.25		44	/ \	11	X-3954;		11	tt	Ħ
ji .	X-155Y	1	11		11	X-3510		. #	' a	11
11	X-1373	6	11.3		tt	¥-3537;	n	11	Ħ	Ħ
, H	X-144.2	TIF	i i		11	X-3474;	(î	111	15	11
16 ,	X-1751,	A.	n		51	X-3462;	11	н	ti	. 11
11	X-16 0			E	Ħ	X-3430,	Ħ	11	11	11

2. Recommendation for Unidentifiability have been approved by this Office. Registry your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

R. C. Baylor:dal

L. M. White

J. Windsor

north Saying the Englished

ner Complete (1985) (1985) Geography (1985) (1985) Graphy (1985)

BOX ON THE WAR CONTRACTOR

· "我就是我们的人们,你可以不是大多的人的人。"

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HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

GRPZ 293 APO 900 11 January 1950

SUBJECT: Unidentifiable Remains

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-223 AGRS	MslM	UNKNOWN	X-1292	AGRS	Mslm
C)	X=357 "	11	17	X-1341	11	tt
tŧ	X-636 "	it .	l†	X-1350	12	tt
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กิ	X-784 Leyte	a ∰1	it	X-1425	it .	11
ñ	X-991 AGRS		ũ	X-1554	ít	์ ที
ñ	X-1160 "	17	rī r	X-1573	t t	u ii
û	X-1162 "	tt	ii	X-1642	it.	it
û	X-1163 "	ũ	11		i	- II
rī		it	i	X-1651	tī.	11
	X-1212 "	ii.	;	X-1670	-	-
Ξ,	X-1220 "	7	-		•	~

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

FOR THE COMMANDING OFFICER:

21 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPUIA lst Lt., Infantry Adjutant

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/ (%)	RLR. H. M.	erintendent	**	DIRECTIVE NUMB	ER .	DAT	Έ
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FILE UNDER NO. 293 - Unknown P.I. X-149 (Meals #2)

INDEX SHEET

SYNOPSIS

Letter

2 June 1947

FROM:

OQMO

10:

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

SUBJ:

Identification Data

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

rtb

HEADQUARTERS PHILCOM ZONE AMERICAN GRAVES REGISTRATION SERVICE

16	Dec	1949
	D	ate

SUBJECT: Unidentifiable Remains

TO The Quartermaster

> Washington 25, D. C. Attn: Memorial Division

The records pertaining to Unknown X-149, Plot 2, Row 4 , Grave 409 , USMC USAF Cem. Manila #2 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 uniden- . tifiable.

FOR THE COMMANDING OFFICER:

Captain, QMC

Chief, Records Branch

Attch: Form 1044

Not identifiable from information presently available 2 Zel-50

B. C. Baylor

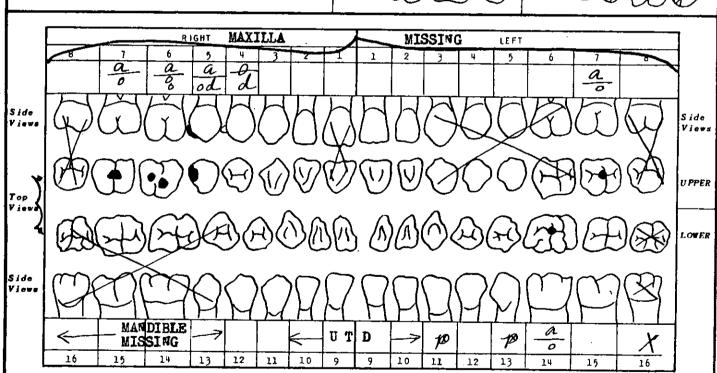
•	1DENTIF	ICATION D	ATA				
UNKNOWN X-636	(Formerly UNK X-14	49 Manila #	2)		2. DATE OF REPORT 27 Dec 1949		
. NAME OF CEMETERY		4. PLOT	5 - ROW	6. GRAVE			
AGRS Mausoleum,	Manila, P.I.	801	R	1135	DISINTERMENT	REINTERMENT	
		CAL DESCRIPTIO					
. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLO	R OF HAIR		11. RACE		
UTD	OFFICIAL IDENTIFICATION FO	<u> </u>	UTD		Unk	C-OM	
	TOOS OR SCARS ON BODY AND/						
	ит р						
4. WAS BODY BURNED?	TO WHAT EXTENT?						
.4. MAS BUDE BURNEDS	I						
YES X NO	<u>.</u>						
	TO WHAT EXTENT?			 -	·		
YES X NO 5. WAS BODY MANGLED? YES X NO							
YES X NO 5. WAS BODY MANGLED? YES X NO	TO WHAT EXTENT?	ALFORMATIONS					
YES X NO 5. WAS BODY MANGLED? YES X NO		A LF OR MATIONS					

NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATAP

Onel 32



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

REMARKS: No loose maxillary or mandibular teeth present with remains. Unable to determine whether teeth from R10 thru L10 are X or Px due to the condition of the mandible.

"UNIDENTIFIABLE"

PAUL R. "ICHOIS Chief, Identification Sec

X-636 19. BLACK OUT PARTS OF BODY NOT MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible) † 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 - 8 lbs.

"UNDENTIFIABLE"

"BY REASON OF LACK OF SHIFFICIENT IDENTIFYING DATA"

1 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

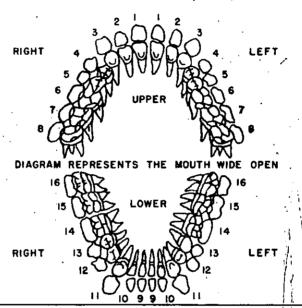
PAUL R. VICHOLS
Chief, Identification Sec

Paul R. Muhals

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INSTRUCTIONS:

- I 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 FRLING 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: L-12, 13 have gold inlays on facial. The mandible is so badly decomposed that it is impossible to tell whether missing teeth are X or PX.

Maxilla is missing, loose teeth found. R-1, 2, 4, 5, 6, 7, I-2, 7, found.

/p/ EDNIN E: GREGUREK, T/5

NAME AND RANK TYPED OR PRINTED

CIP Lab Manila; P.I.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Edward/H. Marshall

VERIFIED BY GRS OFFICER

/p// EDHARD H. MARSHALL, SP-8, 062874

NAME AND RANK TYPED OR PRINTED

9 Oct 47

DATE

GERTIFIED TRUE COPY:

GEORGE T. GAMBOA 2d Lt. MAC

TUTAY.

AGRO FORM No. 11
Revised 16 t. 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)

Leader.	UNKNOJN X-636 (Formerly Unknown X-149 USAF Cem Manila #2:
Leader.	Unknown X-149 USAF Cem Menila #21
	Cemetery AGRS Mausoleum; Manila; P.
•	Plot 801 Row EAY CRYPI
AGRS Mausoleum, Manila, P.I.	
Arrived at cometery 8 Oct 47	·······
(Hour) (Date)	
Place of death Bataan, Inzon, P.I. (Name of closest town)	(Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)	
Remains recovered or disinterred by	炟 ,
Remains recovered or disinterred by	(Name and organization)
	·
Evacuated to Cemetery by	(Name and organization)
	(1) mo - ma o' Managan'
Markings Siz	color, wear, tear, repairs, et
· ·	color, wear, tear, repairs, et
· ·	es color, wear, rear, repairs, et
* Headgear / (Type)	
* Headgear / (Type)	
* Headgear /(Type) Raincoat /	
* Headgear / (Type) Raincoat / Overcoat	
* Headgear / (Type) Raincoat / (Type) Overcoat / Jacket, Field	
* Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat N	
* Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw	
* Headgear / (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater * Headgear / (Type) * D * D * D * D * D * D * D *	
* Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater E Jacket, HBT	
* Headgear / (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater * Headgear / (Type) * O * O * O * O * O * O * O *	
* Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater E Jacket, HBT	
* Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater E Jacket, HBT * Shirt, Wool OD Undershirt, Wool	
* Headgear (Type) Raincoat Overcoat Jacket, Field Jacket, Combat Mackinaw Sweater E Jacket, HBT * Shirt, Wool OD	

Delt, Web
Drawers, wool
Drawers, cotton
Leggings, wool
Socks, cotton
* Shoes (type) 77
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, jackey coat, helmet)
Shoulder Patch
Does clothing indicate that deceased was a member of the Air. Ground or Naval Force?
Does clothing indicate that deceased was a member of the All, Glound of Ivaval Forces
Description of Remains: Skeleton only - Skeletal Chart attached.
Age Height Description of wounds
Bandages or dressings Scars
(Length, width, location)
Outstanding makes during as high marks
Outstanding moles, warts or birthmarks (Yes-no; description, location)
Sunburn or tan, other than hand and face
and the contract of the contra
Complexion (Light, medium, dark, clear, pimples, pocks, freckles)
Build /
(Large, fat, thin, muscular)
Hair (Color, length, quantily, curly, wavy, straight, whorls, or definite parting)
· · · · · · · · · · · · · · · · · · ·
Hair (Baldness, widows/ peak, distinctive cutting or other characteristics)
Sideburns Beard or
(Color, setting, shape) (Color, size, shape) (Length, heavy)

6.

Cantan	y ,			****
Goatee	(Light, color, extent)		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	/			
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, .	(Color, setting, shape)	•	(Color, bushiness, extent	across nose)
	D ,	_ ,		
Nose	(Size, shape, straight) /	Eears	(Size, set close to or far fr	
	(Size, Snape, Straight)	•	(Size, set close to or lar it	om nead)
Mouth		Line	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
IVIOUIII	(Large, medium, small)		(Small, large, full)	,
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Teeth	Tooth Chart attached.			»
	(White, size, uneveness, spaci	ng, noticeable crow	ns, fillings, extracts)	
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	(Prominent, recedi	ng, pointed, dimpie	s, double)	
Y	Circumfere	at hand in	inches	· ·
Jaw	(Large, snyall, normal)	ince of head in	inches (Hat	
			•	
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•	(Size, length, short, normal, wrinkled)	-	(Prominent, normal	1)
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	(Broad, stylaight, small, rounded)	(Length, n	nuscular, color, extent and q	uantity of hair)
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•	(Short, thing, brings	, siec or minumica,	arranda magers of Joints)	•
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/	(Unusual characteri			,
· .	/			
Chest		······································		
	(Size of nipples, color, quantity	and extent of hair,	large, small, normal)	
***	· · · · / . · · / . · · · / . · · · · / . · · · ·		•	
Waist	(Size of navel, appendector	v amount, quantity	and color of hair)	
	/ .		; (·
Back	(Quantity and extent of hair)	cumcision	Pubic Hair	
,	(Quantity and extent of hair)	(Y)	es-no)	(Color)
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Herniaplas	ty		<u></u>	
		(Yes-no; location;	1	
Lace		1.		•
Legs	(Inscam, muscular, knock-kneed, bow	ed, normal, quantit	ty, color and extent of hai	r)
			•	
Feet		Toes/		
	(Size, corns, callouses, flat)	1	(Slender, straight, cyooked, c	overlap)
-		· /·	•	
Evidence o	of healed fractures	· No.	· · · · · · · · · · · · · · · · · · ·	*
•	•	(Nose, arms,	regs, etc.)	

NOTE: Use attached charts "A" and "B" to indicate parts not received.

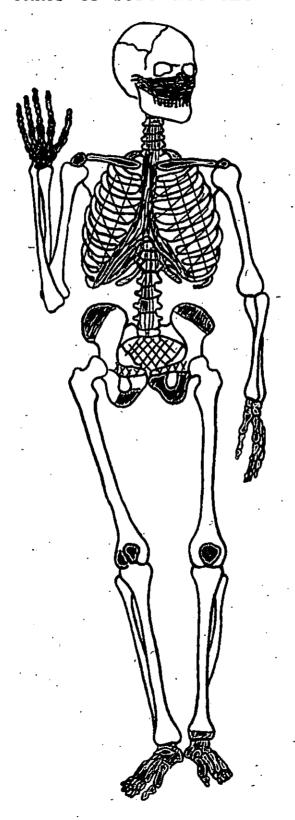
Have finger prints been placed on Report of Inter	rment? <u>N</u> o	•	
		(Yes-no)	
If not, explain Due to condition of rer	nains.		
Has tooth chart been prepared?Yes	If not explain		•
(Yes-no)	. II not, explain	*	<u>.</u>
	•		
		•	
Remarks No burial bottle with ROI found	. No personal	effects found.	Nothi
found to warrant identification. Estimate	nated weight,	3 1bs.	
	•		
	***************************************		***************************************
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	***************************************		*
I certify that I have personally viewed the remains	s of subject deceas	sed and all resulting	informat
has been recorded to the best of my knowledge,	· ·		
		•	
	-		-
			٠
	/s/ Edward.	H. Marshall	*
		(Officer's Name)	
•	SP-8	C- 062874	
	wy1+1+4+1 M > 10000 yra 1007) A II I IF34+4 4 II I I I I I I I	0=002014	Service
	Rank		Per 1166
•••	AGRS Ma	usoleum	
•)	⊱ (Organization)	
	9 Oct 4	7 .	
	7 00 0 4	•1	

CERTIFIED TRUE COPY:

GEORGE 1

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





Section 1.—BURNIAL. If other than in metablished exameter, furnish shetch and map coordinates on reverse. NAME. (Last, find, siedle station) USAF Geme tory Manil a #2, Luzon, P.I.) USAF Geme tory Manil a #2, Luzon, P.I.) UNKNOWN UNKNOWN RACE UNKNOWN REPESSEE (Name, relationship, and oldren) UNKNOWN UNKNOWN UNKNOWN UNKNOWN REPESSEE (Name, relationship, and oldren) NOTE Section 2.—BURNAL. If other than in metablished exameter, furnish shetch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMPTERY AGRS MAUSDLEUM, MANILA, P.I. DATE OF BURNAL AND LOCATION OF CEMPTERY AGRS MAUSDLEUM, MANILA, P.I. PARTY OF CEMPTERS (Name, and oldren) Section 2.—BURNAL AND LOCATION OF GRAVE ROUNG IN A RESUltation of the properties of	(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	,	REPORT OF (AR 30-1810 ar		T STCRAGE	13 (ot 47
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Bataan, Luzon, P.I. Unknown U	<u> </u>		Unknown	Unknow	'n		
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SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF GRESS OFFICER VERIFYING REPORT Who standards	d me Kell	אייויים אברטאו •		MALIN		\ /	
Wm. R GILBERT, Adm. Asst: LUCIO S. PANOPIO, JR., 2d Lt., Inf.	Vm. R GILBERT.	Adm. Ass	t	LUCIO S	PANOPIO, A	2d Lt.,	_Inf
DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original and one copy for enemy dead, to the Quartermester General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.	DISTRIBUTION OF REPORT	: Signed origin	nal for U.S. and allied dead, sig		d ane copy for enemy		

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 1. WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND OTHER IDENTIFICATION CLUES Recovered with remains at USAF Cemetery #3, Mariveles, Bataan, P.I.: 26 Cav. collar insignia. FILLINGS SILVER FILLING GOLD FILLING CAVITIES CAVITY DECAYED MISSING TEETH poth Missing RIGHT DIAGRAM REPRESENTS THE MOUTH WIDE OPEN CROWNED TEETH ORCELAIN CROWN GOLD CROWN RIGHT INDEX FINGER BRIDGE WORK OLD BRIDGE FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY REMARKS: Identification Check List and Dental Chart accomplished.

RESTRICTED

DATE OF REPORT								
WD QMC FORM 1042	DATE	DATE OF REPORT						
(Supersedes GRS Form 1) (AR 30-1810 and AR 30-1815)					Dec.	45		
Imprint Identification Tag It Possible. Section 1.—IDENTIFICATION.								
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NAME OF COUNTRY								
PLACE OF DEATH	Tours of Beltin			- 15470				
PLACE OF DEATH	CAUSE OF DEATH			DATE	OF DEATH			
Bataan, Luzon, P.I.								
EMERGENCY ADDRESSEE (Name, relationship, ar	ıd address)		•					
			•					
The state of the s	The second on popular							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, D	ESCRIBE MEANS O	F IDENTIFICATION (If	unidentified, fil	l in section 3 o	on reverse)		
None	•							
WERE SUBSTITUTE TAGS PROVIDED? (Yes of no)								
37 (0)	/ 2		A	AAI				
Yes (2)	(Ove	r)	. A 11	RUE COF	, X	· /		
LIST PERSONAL EFFECTS FOUND ON BODY AND) DISPOSITION OF SAME		Je	ng s!	Nedda	ingth.		
			GEO	RGE D F	REDDEN	JR.		
			Cap	t.,	Infant	ry		
	NONE		-	•	-7	•		
Section 2.—BURIAL. If other than in estat.	hlished cemetery, furnish sketci	h and map coordi	nates on reverse.	<u> </u>				
NAME, NUMBER, COORDINATES, AND LOCATION	_ 				t e			
TICLA	· · · · · · · · · · · · · · · · · · ·	// ~ ~			,	,		
	AF Cemetery Mani					=		
DATE OF BURIAL HOUR	BURIED IN (Shroud, blanket, or no	ame of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.		
26 Nov 45 1400	Shelter Ha	alf	Cross	2	4	409		
WAS THIS A REBURIAL? IF A REBURIAL,	INDICATE NAME, NUMBER, COORD		1		<u> </u>	1.07		
(Yes or no)	o	0	0	PLOT No.	ROW No.	GRAVE No.		
	Cem #3, Marivelo			1	3	29		
TYPE OF RELIGIOUS PERSON CONDUC	CTING BURIAL RITES	IF IDENTIFICATION CONTAINERS BUT	ON TAGS NOT USED, I URIED WITH BODY	DESCRIBE IDE	NTIFICATION	DATA AND		
	•			•				
	TIFICATION TAG ATTACHED TO RKER (Yes or no)	-						
`.		•		•				
Yes Yes Yes		<u> </u>	T					
BODY BURIED ON DECEASED LEFT, NAME (Las	RANK	SERIAL No.	ORGANIZATIO	ON GRAVE	Ξ NO.			
WALLACE, Charles	Pvt			4(08			
BODY BURIED ON DECEASED RIGHT, NAME (La	RANK	SERIAL No.	ORGANIZATIO	- i				
UNKNOWN X-150(Ma			,					
UNKNOWN X-20 (Ce				4:	10			
SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT								
SIGNATURE OF PERSON FREFARING REPORT		SIGNATURE OF G	RS OFFICER VERIFYING	g report				
s/t/ RanceTBARRETT.	CRE. GRS.		GRS OFFICER VERIFYING		1FT (OMC.		

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	Section 3.—U NTIFIED RE	MAINS.		
LEFT LITTLE FINGER	mains. Fill in anatomical c social security number; posi- planes, vehicles, and tanks	haracteristics below, an tion of body found in air	d any other clues under planes, vehicles, and tanks	e identity of unidentified re- 'Other,'' such as shoe size, ; and serial numbers of air- Il fingers and thumbs in the d, the condition of each and ow. Tooth chart will not be
LEFT RING FINGER		OR OF EYES COLOR O		, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES	LAUNDRY MARKS	, ,	WAS BURIED OR FOUND .
LEFT INDEX FINGER	FILLINGS	SILVER FILLING	3,20	20003
THUMB	CAVITIES	CAVITY	7	PER 7 8
RIGHT	CROWNED TEETH	TOOTH MISSING	DIAGRAM REPRESENTS	THE MOUTH WIDE OPEN
RIGHT INDEX FINGER	BRIDGE WORK	GOLD CROWN D11	14 13 13 13 14 Gold 11 00	WER Silver Gold Silver
RIGHT	FURNISH SKETCH AND MAP REFE	RENCE AND COORDINATES	FOR BURIAL IN OTHER THAN	ESTABLISHED CEMETERY
RIGHT RING FINGER	REMARKS:		,	
RIGHT LITTLE FINGER	Found on bod	y (26 cav col	lar insignia)	•

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH

CATEGORY III CASE

NO CLUES
IDENTIFICATION IMPOSSIBLE

AT PRESENT TIME

RESTRICTED WD QMC FORM 1042 REPORT OF INTERMENT (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) (AR 30-1810 and AR 30-1815) 5 Dec. 45 Imprint Identification Tag If Possible. Section 1 .-- IDENTIFICATION. DO NOT TYPE SERIAL No. NAME (Last, first, middle initial) UNKNOWN X-149 (Manila No.2 Cem) Unknown X-19 (Cem No. 3 Mariveles) BRANCH OF SERVICE ORGANIZATION 0 IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY RACE RELIGION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH Bataan, Luzon, P.I. EMERGENCY ADDRESSEE (Name, relationship, and address) IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (1, 2, or none) None WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2) (Over) LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME A TRUE COPY COOPER QMCCaptain. Section 2.—BURIAL: If other than in established cometery, furnish sketch and map coordinates on reverse NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Manila No.2, Luzon, P.I. BURIED IN (Shroud, blanket, or name of other) TYPE OF GRAVE PLOT No. ROW No. GRAVE No. DATE OF BURIAL 26 Nov. 45 1400 Shelter Half. Cross 709 WAS THIS A REBURIAL? IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army Cem No.3 Mariveles 821-1748 PLOT No. ROW No. GRAVE No. Yes 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 IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes Yes BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No. WALLACE. Charles F. Pvt Ъо8 ORGANIZATION BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK · GRAVE No. SERIAL No. UNKNOWN X-150 (Manila No.2 Cem) Unknown X-20 (Cem No. 3 Mariveles)

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.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

D. L. ARMSTRONG, Capt. QMC

SIGNATURE OF PERSON PREPARING REPORT

R. C. BARRETT, Cpl., GRS

DIO.

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		Section 3.—I	ction 3.—UftracNTIFIED REMAINS.							
	LEFT LITLE 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 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.								
	P P	accomplishe	ed if one or n	nore finge	rprints ar	e secured	·	diagram below.	rooth chan	WIII HOL DE
	LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF		COLOR O	 	BIRTHMARKS, SC		
		WEAPON AND	SERIAL No.	·	LAUNDRY	MARKS		WHERE BODY WA	S BURIED OR F	OUND
	LEFT MIDDLE FINGER		٠.	- •			· · · · · · · · · · · · · · · · · · ·		:	١.
	T	OTHER IDENT	Cav. (· Insi	gnia	•	•		
,	INC									
	X					••				
	LEFT INDEX FINGER	FILLINGS	5	SII SII	LVER FILL PLO FILLIN	ING IG		3 200	2	
	_						4		00	
	ᅻᆮ	CAVITIES	<u> </u>		CAVIT	Y	5 5	CANDAN	师公	5
	EWOHL LEEL			H	DECAY	ED	6 (7	UPPER	NO TO	6
		-		183	3		70			3,
· · · · · · · · · · · · · · · · · · ·		MISSING	TEETH	İIA	-<1		8 00	Silve	r R	$\mathfrak{D}_{\mathbf{s}}$
			ſ	70	OTH MISSI	(G	NA/)	Do	0
	RIGHT THUMB		· · · · · · · · · · · · · · · · · · ·	1940	2	•	DIAGRAM	REPRESENTS TH	E MOUTH WIE	E OPEN .
	87 -	000,000	TEFT!				ne	AJ3). ₄
· · · · · · · · · · · · · · · · · · ·		CROWNED	TEFIH (CELAIN C		1617		5/00), ₆
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	HT	BRIDGE V	VOR K		GOLD B	RIDGE	13	XAAAA		Silver
•	79			JY (•	Gold-		70-	Sold Silver
	-		لخيا	nirivi			.	10 9.9.	10 11.	
	,R&GHT MIDDLE FINGER	FURNISH SKE	TCH AND MAP	REFERENCE	E AND COOF	RDINATES I	OR BURIAL IN	OTHER THAN ESTA	BLISHED CEME	TERY
	EFIN EFIN									11pl A to
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	R.		- (* '		 -
1	RIGHT RING FINGER		1		-					
Y	GER T		•						I	
	··· ·	remarks: Foun	d on bo	dv (2	A Car	, 6011	lar inş:	icnic \		
· · ·	. 5.			, u.y - \ Z			111\$.	renira)		-
	RIGHT LITTLE FINGER							* * 10	- Fe 11. 1	
•	INGE	-				 .		<u>.</u>		
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WD OMC FORM 1042		DATE	OFLREPORT	-			
(Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF				*	
1/1		(AR 30-1810 ar	nd AR 30-18	15)		Dec.	45
hmprint Identification in DO NOT TY		Section 1.—IDENTIFICATION.	•		- FEDIA	- No	
A. C.		NAME (Last, first, middle initial) UNKNOWN X	_149 (Ma	nila #2 Cer	n) · SERIA	L NO.	
(A)	/			m #3 Marive			
	~ 1	GRADE	ORGANIZATION			CH OF SERVI	CE
/ "	0			•			
\	/	RACE	RELIGION		IF OTHER TH	ANTIS DEA	ID GIVE
	/	Lar squag	neuro.		NAME OF CO	OUNTRY	W, Gitt
							·
PLACE OF DEATH		CAUSE OF DEATH		_	DATE	OF DEATH	
Bataan, Luzo	on. P.I.	` <u>'</u>					
EMERGENCY ADDRESSEE (No		<u></u>	•				
					•		
IDENTIFICATION TACS FOLD	ON BODY	LIE NO TICE FOUND ON BODY I	+				
IDENTIFICATION TAGS FOUN (1, 2, or none)	ID ON BODY	IF NO TAGS FOUND ON BODY, D	ESCRIBE MEANS C	OF IDENTIFICATION (1)	unidentified, fil	I in section 3	on reverse)
None					•	•	
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or no	»					
Yes ((2)	,	(Over))			
LIST PERSONAL EFFECTS FOR	UND ON BODY AN	ID DISPOSITION OF SAME	· · · · · · ·	<u>' </u>			
\mathbf{a}		•					
Dul 102,	1	ور و المسلم علاه					

o d o manial y,			None				
NAME, NUMBER, COORDINAT		blished cemetery, furnish sketch	n and map coord	inates on reverse.			_ .
		•					
US	SAF Cemet	tery Manila #2, 1	Luzon, P	. I.			
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no		TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
26 Nov. 45	1400	Shelter Hali	ф.	Cross	2	4	400
WAS THIS A REBURIAL?	<u> </u>	, INDICATE NAME, NUMBER, COORD	-	<u> </u>			409
(Yes or no)				٠	PLOT No.	ROW No.	GRAVE No.
Yes	·	Cem #3 Marivele:			1 1	3	29
TYPE OF RELIGIOUS CEREMONY	PERSON CONDU	JCTING BURIAL RITES	IF IDENTIFICATI CONTAINERS BI	ION TAGS NOT USED, E URIED WITH BODY	DESCRIBE IDE	NTIFICATION	DATA AND
					•		,
IDENTIFICATION TAG BURIEL BODY (Yes or no)		NTIFICATION TAG ATTACHED TO	,	•			
		MACA (168 UI MU)					
Yes BODY BURIED ON DECEASED	I FFT NAME (Las	Yes	RANK	SERIAL No.	ORGANIZATIO	N CRAVI	F NA
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RAIN	SERIAL NO.	OKRAHITVIO	N GRAVE	E NO.
WALLACE, Charles F.			Pvt.			4	-08
BODY BURIED ON DECEASED	•		RANK	SERIAL NO.	ORGANIZATIO	N GRAVI	E No.
		anila #2 Cem)					- ^
SIGNATURE OF PERSON PREF		em #3 Mariveles)	SIGNATURE OF G	SRS OFFICER VERIFYING	REPORT	4	10
100	and	4	Lolles - Som				
R. C. BARRETT, Cpl., GRS. D. L. ARMSTRONG, Capt., QMC.							
DISTRIBUTION OF REPORT	T: Signed origin	inal for U.S. and allied dead, signies for retention in theater as pr	ned original and	l one copy for enemy e	dead, to the	uartermasi	ter General

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, =	_	Section 3.— DENTIFIED	REMAINS.			· ————	
	LEFT LITTLE FINGER F	INSTRUCTIONS: (a) Great care will b mains. Fill in anatomics social security number; p planes, vehicles, and tank (b) A fingerprint, or chart at left, or as many a every tooth will be indicated accomplished if one or many anatomic security.	such as shoe size, ial numbers of air- and thumbs in the dition of each and				
9 DEC 1945	LEFT RING FINGER	accomplished if one or more fingerprints are secured. HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR				IRTHMARKS, SCARS, C	OR TATTOOS
9		WEAPON AND SERIAL No.	lia	UNDRY MARKS		HERE BODY WAS BUR	IED OB FOLIND
671 -	LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUE		·			
		- •				•	
	LEFT INDEX FINGER	26 Cav.		r insign	ia.	2 1 2	
, ;	LEFT .	CAVITIES		AVITY DECAYED	5 6 7 8	UPFER	3 4 5 5 7 7
	RIGHT THUMB	MISSING TEETH	Ro	MISSING	DIAGRAM RE	PRESENTS THE MOI	JTH WIDE OPEN
,•	RIGHT INDEX FINGER	BRIDGE WORK		LAIN CROWN CROWN GOLD BRIDGE	511. Var 14	LOWER S	15 14 Silver 15 16 14 Silver 11 Silver
	RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP R	EFERENCE AN	ID COORDINATES I	FOR BURIAL IN OT	HER THAN ESTABLISH	ED CEMETERY
	RIGHT RING FINGER	REMARKS:	· "····	·	•	<u>-</u>	
	RIGHT LITTLE FINGER	Found on boo	dy (26	Cav coll	lar insig	mia).	