

*g/3 unk Manila #2 X-151*

QMG DEPT OF ARMY WASH DC

231500Z APR 51

UNCLASSIFIED

DEFERRED

CGUSARPAC FT SHAFTER TH

X

CINCPAC TOKYO JAPAN (AIR MAIL)

COAGRS PHILCOM (AF) ZONE MANILA PI (AIR MAIL)

FROM QMGMT

DA-37374

IDENT XRAY 151 USMC MANILA NR 2 CANNOT BE ESTAB PD LTR POL

*EJF*  
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APR 23 10 24 AM '51  
D.O.M.S. SECTION  
TELEGRAPH SECTION  
245

TELETYPE UNIT  
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MAY 1 1951  
HEADQUARTERS  
USARPAC  
MANILA  
PHILIPPINES

RECEIVED  
MAY 1 1951  
HEADQUARTERS  
USARPAC  
MANILA  
PHILIPPINES

UNCLASSIFIED

CAPT JOHN M. NEFF

QMGMT 293 X-151 MANILA NR 2 52462

J. C. WHICHER  
LT COL, QMC, MEM DIV

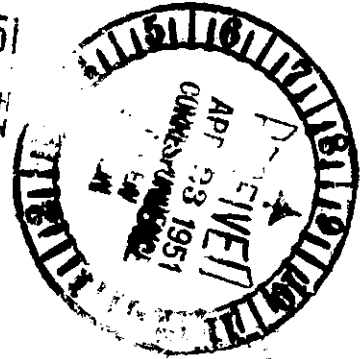
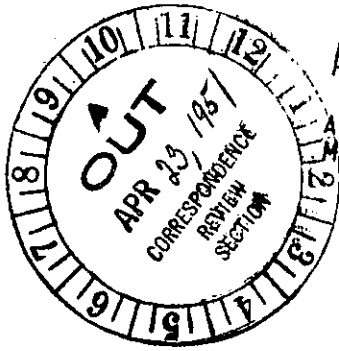
(GRAVES)

*lml*

OUTGOING

APR 23 9 52 AM '51

ADMINISTRATIVE BRANCH  
MEMORIAL DIVISION



1044

8

293 Unk Manila #2 X-151

*JA*

371830Z JUN 51

UNCLASSIFIED

COMG DEPT OF ARMY WASH DC

DEFERRED

COMSARPAC FT SHAFTER TH

X

DA 28447

CINCPAC TOKYO JAPAN (AIR MAIL)

DA 37374

UNCLASSIFIED

COMSARPAC PHILDOM (AF) ZONE MANILA PI (AIR MAIL)

FROM COMSARPAC TOKYO DA 37374 AND MY LTR COMSARPAC 293 COMSARPAC FAR EAST 26 JUL 49

CONCERNING XRAY 151 MANILA NR 2

NO FURTHER INFO AVAILABLE REMAINS BEING RETURNED FOR INTERMENT AS UNIDENTIFIABLE

JUN 27 4 15 PM '51  
O.D.M.  
TEL & C/R SECTION

OUT  
DA 37374 (23 APR 51)

*gmm*

*W* Salsar:lrc



UNCLASSIFIED

LT. COL. BENJAMIN B. KING

COMSARPAC 293 Unk X-151 Manila #2

*M. R. Hornum Capt, DMC*  
(GRAVES)  
J. U. WHICHER  
LT. COL., SAC, 454 DIV

*lm 10*

293 Unk Manila #2 X-151

*JA*

271830Z JUN 51

UNCLASSIFIED

OCMC DEPT OF ARMY WASH DC

DEFERRED

CGUSARPAC FT SHAFTER TH

X

DA 28447

CINCPAC TOKYO JAPAN (AIR MAIL)

DA 37374

UNCLASSIFIED

COAGS PHILOM (AF) ZONE MANILA PI (AIR MAIL)

FROM QMGT WYISO DA 37374 AND MY LTR QMGT 293 CWS FAR EAST 26 JUL 49  
CONCERNING XRAY 151 MANILA NR 2

NO FURTHER INFO AVAIL PD REMAINS BEING RETURNED FOR INTERMENT AS UNIDENTIFIABLE

JUN 27 4 15 PM '51  
O. O. M. S. 599  
TEL & CAB SECTION

OUT  
DA 37374 (23 APR 51)

*W* Salser:lrc

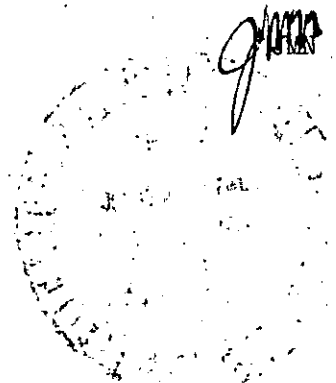


UNCLASSIFIED

LT. COL. BENJAMIN B. KING

QMGT 293 Unk X-151 Man. 78

*M. R. Hornum Capt, DMC*  
J. G. SWICKER  
LT. COL., OAC, WEA LIV



(GRAVES)

*ln 16*

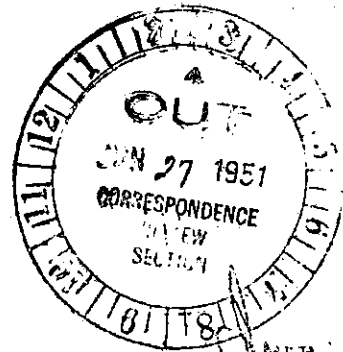
OUTGOING



JUN 27 4 40 PM '51

REVIEW SECTION  
ADMINISTRATIVE BRANCH DIVISION  
JUN 27 1951

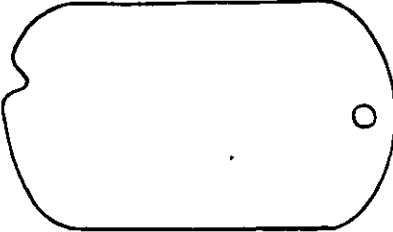
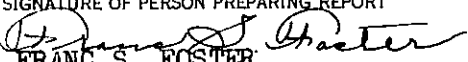

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OUT  
JUN 27 1951  
CORRESPONDENCE  
REVIEW  
SECTION

*[Handwritten signature]*

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 7 August 1951	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. <i>243 unk Manila #2 151</i>			SERIAL NO.	
		NAME (Last, first, middle initial) <b>UNIDENTIFIABLE</b>			UNKNOWN	
		UNKNOWN X-151 (Manila Maus. X-638), USAF Cemetery #2, Manila P. I.			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) Declared Unidentifiable per OQMG Ltr, OQGMT 293, GRS Far East, 26 July 49, "Identification of World War II Deceased."				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes						
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 National Memorial Cemetery of the Pacific, Honolulu, T. H.						
DATE OF BURIAL 7 Aug 51	HOUR	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER	PLOT No. Q	ROW No. -	GRAVE No. 1352
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 Mausoleum, AGRS-PAZ			Casket PLOT No. ROW No. GRAVE No. Manila Section 416		
TYPE OF RELIGIOUS CEREMONY Catholic Protestant Jewish	PERSON CONDUCTING BURIAL RITES Chaplain Moran Chaplain Lock Chaplain Feldhym		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Padley, Robert Clyde			RANK Capt	SERIAL NO. O 14841	ORGANIZATION QMC, USA	GRAVE NO. Q-1320
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) None			RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
SIGNATURE OF PERSON PREPARING REPORT  FRANC S. FOSTER			SIGNATURE OF GRS OFFICER VERIFYING REPORT  T. SUZUKI, Acting Supt., NMCP			
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**

*Incl 2*

*NAT FILED 11/10/51*

**Section UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


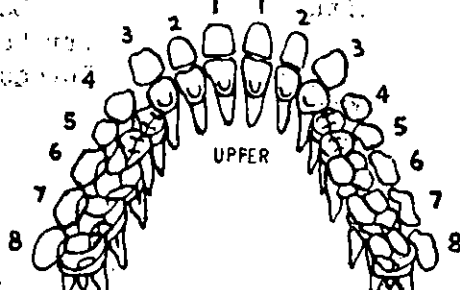
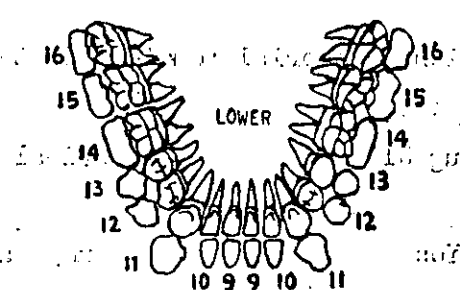




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

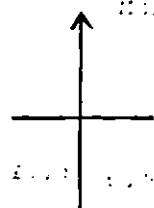
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

LEFT LITTLE FINGER	<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>LOWER</p>
LEFT RING FINGER	<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>	
RIGHT THUMB		

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



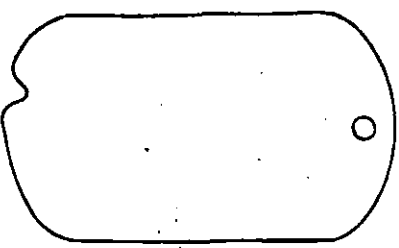
**REMARKS:**

**RESTRICTED**

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

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

DATE OF REPORT  
**7 August 1951**

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <b>UNIDENTIFIABLE</b> <b>UNKNOWN X-161 (Manila Maus. X-688), USAF</b> <b>Cemetery #2, Manila P. I.</b>		SERIAL No. <b>Unknown</b>
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH <b>Bataan, Luzon, P. I.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>Declared Unidentifiable per QM3 Ltr, QMGMF 293, GRS Far East, 26 July 49, "Identification of World War II Deceaseds."</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes</b>	

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  
**National Memorial Cemetery of the Pacific, Honolulu, T. H.**

DATE OF BURIAL <b>7 Aug 51</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Final Type Casket</b>	TYPE OF GRAVE MARKER	PLOT No. <b>Q</b>	ROW No. <b>-</b>	GRAVE No. <b>1352</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>U. S. Army Mausoleum, AGRS-PAZ</b>	TYPE OF GRAVE <b>Casket</b>
		PLOT No. ROW No. <del>1352</del> <b>Manila Section - 416</b>

TYPE OF RELIGIOUS CEREMONY <b>Catholic</b> <b>Protestant</b> <b>Jewish</b>	PERSON CONDUCTING BURIAL RITES <b>Chaplain Moran</b> <b>Chaplain Lock</b> <b>Chaplain Feldhym</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
---	--	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Padley, Robert Clyde</b>	RANK <b>Capt</b>	SERIAL No. <b>0 14841</b>	ORGANIZATION <b>QMC, USA</b>	GRAVE No. <b>Q-1320</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>None</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
--	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT  <b>FRANC S. FOSTER</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>T. SUZUKI, Acting Supt., NMCP</b>
--	---

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

*Doc 2*

*Handwritten notes and signatures in the bottom right corner, including a large signature and some illegible text.*



**Section UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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


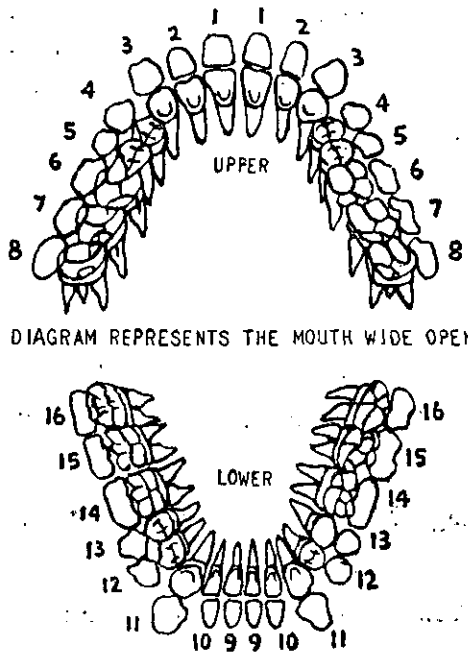




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

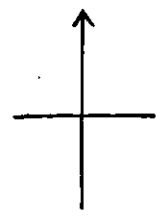
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

LEFT LITTLE FINGER  
LEFT RING FINGER  
LEFT MIDDLE FINGER  
LEFT INDEX FINGER  
LEFT THUMB  
RIGHT THUMB  
RIGHT INDEX FINGER  
RIGHT MIDDLE FINGER  
RIGHT RING FINGER  
RIGHT LITTLE FINGER

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

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



REMARKS:

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

3 August 1951

*Imprint Identification Tag If Possible.  
DO NOT TYPE*

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

UNKNOWN X-151 (MM X-638), USAF Cemetery  
Manila #2

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

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

U.S. Army Mausoleum, AGRS-PAZ

Casket

DATE OF BURIAL

3 Aug 51

HOUR

BURIED IN (Shroud, blanket, or name of other)

Final Type Casket

TYPE OF GRAVE  
MARKER

PLOT No.

Manila

ROW No.

Section

GRAVE No.

416

WAS THIS A REBURIAL?  
(Yes or no)

Yes

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

AGRS Mausoleum, Manila, P.I.

Range Row Crypt

801 E 1145

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)

---

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

---

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

Not applicable due to

RANK

---

SERIAL No.

---

ORGANIZATION

---

GRAVE No.

---

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

manner of storing caskets

RANK

---

SERIAL No.

---

ORGANIZATION

---

GRAVE No.

---

SIGNATURE OF PERSON PREPARING REPORT


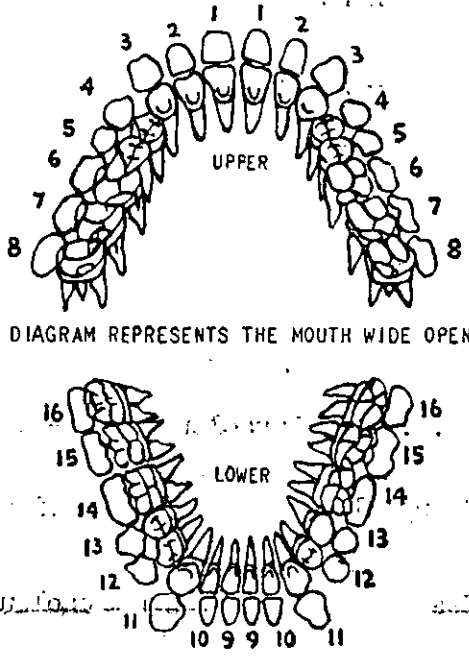





LEROY F. TURNER, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

STEWART W. ABEL, Lt Colonel, 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 2!

LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>			
	<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	WEAPON AND SERIAL NO.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT LITTLE FINGER	REMARKS: <p align="center"> <span style="font-size: 1.5em; font-weight: bold;">13 AUG 1951</span>  <span style="font-size: 1.2em; font-weight: bold;">Identifications</span> </p> <p align="center">  </p> Remains were received aboard the USNS Cardinal O'Connell on 3 Aug 51			

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

**3 August 1951**

*Imprint Identification Tag If Possible.  
DO NOT TYPE*

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

**UNKNOWN X-151 (MNH X-638), USAF Cemetery  
Manila #2**

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**

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

**U.S. Army Mausoleum, AGRS-PAZ**

**Casket**

DATE OF BURIAL

**3 Aug 51**

HOUR

BURIED IN (Shroud, blanket, or name of other)

**Final Type Casket**

TYPE OF GRAVE  
MARKER

PLOT No.

**Manila**

ROW No.

**Section 416**

WAS THIS A REBURIAL?  
(Yes or no)

**Yes**

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

**AGRS Mausoleum, Manila, P.I.**

~~Header~~ ~~Day~~ ~~Crypt~~

**801**

**E**

**1145**

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)

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

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

**Not applicable due to**

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

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

**manner of storing caskets**

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

**LEROY F. TURNER, Adm. Asst.**

SIGNATURE OF GRS OFFICER VERIFYING REPORT

**STEWART W. ABEL, Lt Colonel, QMC**

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*Doc 22*

**Section UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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


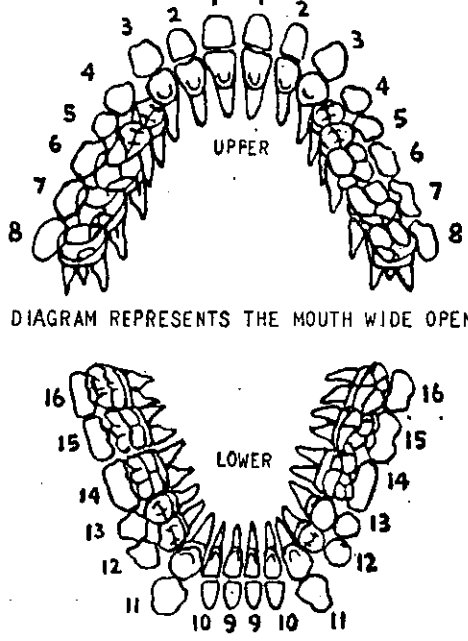




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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

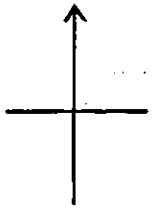
**OTHER IDENTIFICATION CLUES**

LEFT LITTLE FINGER  
LEFT RING FINGER  
LEFT MIDDLE FINGER  
LEFT INDEX FINGER  
LEFT THUMB  
RIGHT THUMB  
RIGHT INDEX FINGER  
RIGHT MIDDLE FINGER  
RIGHT RING FINGER  
RIGHT LITTLE FINGER

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

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

**13 AUG 1951**  
**Identification**



**REMARKS:**

**Remains were received aboard the USNS Cardinal O'Connell on 3 Aug 51**

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293.7ink (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,  
SYNOPSIS AND DATES X158

*Misc now filed*

NEW CLASSIFICATION 293.7ink Manila #2 X131

*10/2/50  
B.C.*

# RECLASSIFICATION SHEET

QUEST 203  
GCS Far East

26 July 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-038 AGCS Mausoleum Manila formerly X-151 Manila #2 ✓  
~~Unknown X-1330 AGCS Mausoleum Manila formerly X-3547 Manila #2~~  
Unknown X-1765 AGCS Mausoleum Manila formerly X-3334 Manila #2  
Unknown X-1958 AGCS Mausoleum Manila formerly X-3506 Manila #2  
Unknown X-2533 AGCS Mausoleum Manila formerly X-3027 Manila #2  
Unknown X-2535 AGCS Mausoleum Manila formerly X-3029 Manila #2

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. H. MITE  
Lt. Colonel, GSC  
Memorial Division

REB

NJS

cc: Adm Section  
N. McLaurin:par  
L. M. White  
J. Windsor

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Unknown X-1958 AGNS Mausoleum Manila formerly X-3506 Manila #2  
Unknown X-2555 AGNS Mausoleum Manila formerly X-3027 Manila #2  
Unknown X-2556 AGNS Mausoleum Manila formerly X-3029 Manila #2

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. B. MEYER  
Lt. Colonel, QMC  
Memorial Division

REB

NJS

cc: Adm Section  
N. McLaurin:pmr  
L. H. White  
J. Windsor



HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

CSGR 293.9

AFO 707  
11 JUL 1949

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-638 AGRS Mslm  
" X-1330 AGRS Mslm  
" X-1763 AGRS Mslm

UNKNOWN X-1958 AGRS Mslm  
" X-2583 AGRS Mslm  
" X-2585 AGRS Mslm

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

FOR THE COMMANDING GENERAL:

6 Incls  
QMC Form 1044 w/certificates  
of Unidentifiability

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

Received ..... OQMG  
Not identifiable from  
information presently  
available

GWA

1 /drs  
 Interred 30-Jun-49  
~~FT. MC KINLEY~~  
 Caretaker  
 CARETAKER, MARK  
 Cemetery Superintendent  
 SECTION A  
 NAME AND BURIAL LOCATION OF DECEASED

*Disinterred*  
**DISINTERMENT DIRECTIVE**  
 NAT. MEM. PAC.  
 9-1352 (7 Aug 51)

DIRECTIVE NUMBER  
 7747 02829

DATE  
 15 06 48  
 DAY MONTH YEAR

NAME  
 UNKNOWN X-000151

SERIAL NUMBER  
 UNKNOWN X-000151

RANK  
 0

ARM  
 0

DATE OF DEATH  
 DAY MONTH YEAR  
 04 11 48

CEMETERY  
 USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS  
 CODE DIST. PT.  
 7701 80

LOT  
 2

ROW  
 4

GRAVE  
 411

COUNTRY  
 PHILIPPINE ISLANDS

CAUSE OF DEATH  
 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
 FT. MC KINLEY CEMETERY  
 MANILA, PHILIPPINE ISLANDS  
 NAT. MEM. PACIFIC

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
 UNKNOWN X-151  
 UNKNOWN X-638 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
 28 Oct '48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
 UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
 RICHARD A HOYT  
 Embalmer  
 NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
 SHELTER HALF

CONDITION OF REMAINS  
 SKELETAL

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES  
 Two (2) tags with remains X-638 (Maus)

REMAINS PREPARED AND PLACED IN CASKET  
 DATE 28 Oct '48 BY RICHARD A HOYT

CASKET SEALED BY  
 RICHARD A HOYT

EMBALMER (Signature)  
 RICHARD A HOYT

CASKET BOXED AND MARKED  
 28 Oct '48 HORACE L ALLISON,  
 DATE BY Sgt, INF

SHIPPING ADDRESS VERIFIED BY  
 CHARLES R BATES, 1st Lt, USAFR

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Charles R Bates*  
 CHARLES R BATES, 1st Lt, USAFR

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORDS ANNOTATED

RECORDS ANNOTATED  
 DATE 30 Aug 49

RECORDS ANNOTATED  
 R & R BR.

**RECORD OF CUSTODIAL TRANSFER**

**1. SHIPPED**

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE 30 JUN 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

DEPARTMENT OF DEFENSE  
 RECORDS BRANCH  
 JUL 27 9 33 AM '49  
 HEADQUARTERS, WASHINGTON

**4. SHIPPED**

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

**5. SHIPPED**

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER F. MC KINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER SUBALINE DECISION	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

FILE UNDER NO. 293 - Unknown P.I. X- 151 (Manila #2)

I N D E X S H E E T

S Y N O P S I S

Letter

2 June 1947

FROM: OCMG  
TO: Org. Rec. Br., Rec. Admin. Center, AGO, St. Louis, Mo.

SUBJ: Identification Data

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

rtb

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

10 June 1949


                      
Date

SUBJECT: Unidentifiable Remains


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


The records pertaining to Unknown X- 151, Plot 2,  
Row 4, Grave 411, USMC Manila #2, Luzon, P.I. have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

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

Attach: Form 1044

Received 20 July 1949   
Not identifiable (form  
information presently  
available

  
26 July 1949

Encl. #1

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-638 (Formerly UNK X-151 Manila #2)</b>						2. DATE OF REPORT <b>10 June 1949</b>		
3. NAME OF CEMETERY  <b>AGRS MAUSOLEUM, MANILA, P. I.</b>				4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				<b>801</b>	<b>E</b>	<b>1145</b>	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION								
8. ESTIMATED WEIGHT <b>UTD</b>		9. ESTIMATED HEIGHT <b>UTD</b>		10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UNKNOWN</b>		
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>NONE</b>								
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>UTD</b>								
14. WAS BODY BURNED?		TO WHAT EXTENT?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
15. WAS BODY MANGLED?		TO WHAT EXTENT?						
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO								
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <b>NONE</b>								
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)  <b>NONE</b>								

*Incl. #1<sup>2</sup>*

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLAE								MISSING →							
Side Views								Side Views							
Top Views								Top Views							
SEE REMARKS															
Side Views								Side Views							
UPPER								LOWER							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	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."

Maxillae missing. Mandible badly eroded  
 Loose teeth: R2, 4, 6, 7, 8, 10, 11, 12, 13, 14 & 15.  
 I2, 5, 7, 10, 12 and 14.

**"UNIDENTIFIABLE"**

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

*J. J. McDermott*  
 J. 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 \_\_\_\_\_ DECEASETS 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 - 4 lbs.

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

J. J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE



x-638

# IDENTIFICATION DENTAL CHART

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

9 Oct 47

UNKNOWN X-638 (Formerly UNK X-151, USAF)

Cemetery Manila #2, Luzon, P.I.

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,

ORGANIZATION

Bataan, P.I.

Manila, P.I.

801

E

1145

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

ANGER

BAY

CRYP

RIGHT

UPPER TEETH

LEFT

8

7

6

5

4

3

2

1

1

2

3

4

5

6

7

8

TYPE

LOCATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE

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

LOCATION

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TYPE

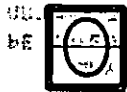
LOCATION

## 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



OXYPHOSPHATE (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)

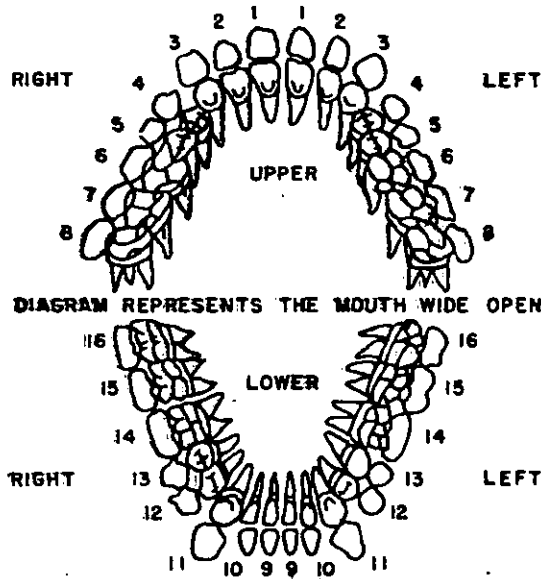
**INSTRUCTIONS:**

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 individual teeth found.  
Mandible partially decomposed.

/s/ Joseph D. Murphy

SIGNATURE OF PERSON WHO PREPARED CHART

/p/ JOSEPH D. MURPHY T/5

NAME AND RANK TYPED OR PRINTED

AGRS Mausoleum

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Alton E. Jones

VERIFIED BY GRS OFFICER

/p/ ALTON E. JONES SP-6

NAME AND RANK TYPED OR PRINTED

9 Oct 47

DATE

A 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)

UNKNOWN X-638 (Formerly UNK X-151, USAF  
 Unknown X Cemetery Manila #2, Luzon, P.I.)  
 Cemetery AGRS Mausoleum Manila, P.I.  
 PANGERAN BAY CRPT  
 Plot 801 Row E Grave 1145

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death Bataan, P.I. \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by CMT #1 \_\_\_\_\_  
(Name and organization)
4. Evacuated to Cemetery by CMT #1 \_\_\_\_\_  
(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 _____	<small>(Type)</small>		
Raincoat _____	/		
Overcoat _____	/		
Jacket, Field _____	/		
Jacket, Combat _____	/		
Mackinaw _____	/		
Sweater _____	/		
Jacket, HBT _____	/	N	
* Shirt, Wool OD _____	/	O	
Undershirt, Wool _____	/	N	
Undershirt, Cotton _____	/	E	
Trousers, HBT _____	/		
* Trousers, Wool OD _____	/		

Belt, web \_\_\_\_\_

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* Shoes \_\_\_\_\_ (type) **N O N E**

Overshoes \_\_\_\_\_

Web Equipment \_\_\_\_\_ (type)

(Other item) \_\_\_\_\_

(Other item) \_\_\_\_\_

\* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or Insignia \_\_\_\_\_ (Type & location; shirt, jacket, coat, helmet)

Shoulder Patch \_\_\_\_\_

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeleton only - Chart attached.**

Age \_\_\_\_\_ Height **UTD** Weight **UTD** Description of wounds \_\_\_\_\_

Bandages or dressings \_\_\_\_\_ Scars \_\_\_\_\_ (Length, width, location)

\_\_\_\_\_ **Tattoos** (Number, location - illustrate on separate page)

Outstanding moles, warts or birthmarks \_\_\_\_\_ (Yes-no; description, location)

Sunburn or tan, other than hand and face \_\_\_\_\_

Complexion \_\_\_\_\_ (Light, **T** medium, dark, clear, pimples, pocks, freckles)

Build \_\_\_\_\_ (**D** 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 ..... **U T D**  
 (Hat band)

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

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

Hands .....  
 Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

Legs ..... (Haseam, 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 personal effects, no ROI bottle or any means of identification  
found with remains. Est. Weight of remains - 4 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/ Alton E. Jones

(Officer's Name)

SP-6 062812

Rank

Service

AGRS Mausoleum

(Organization)

Right Femur appears to have been fractured or proximal third old fracture.

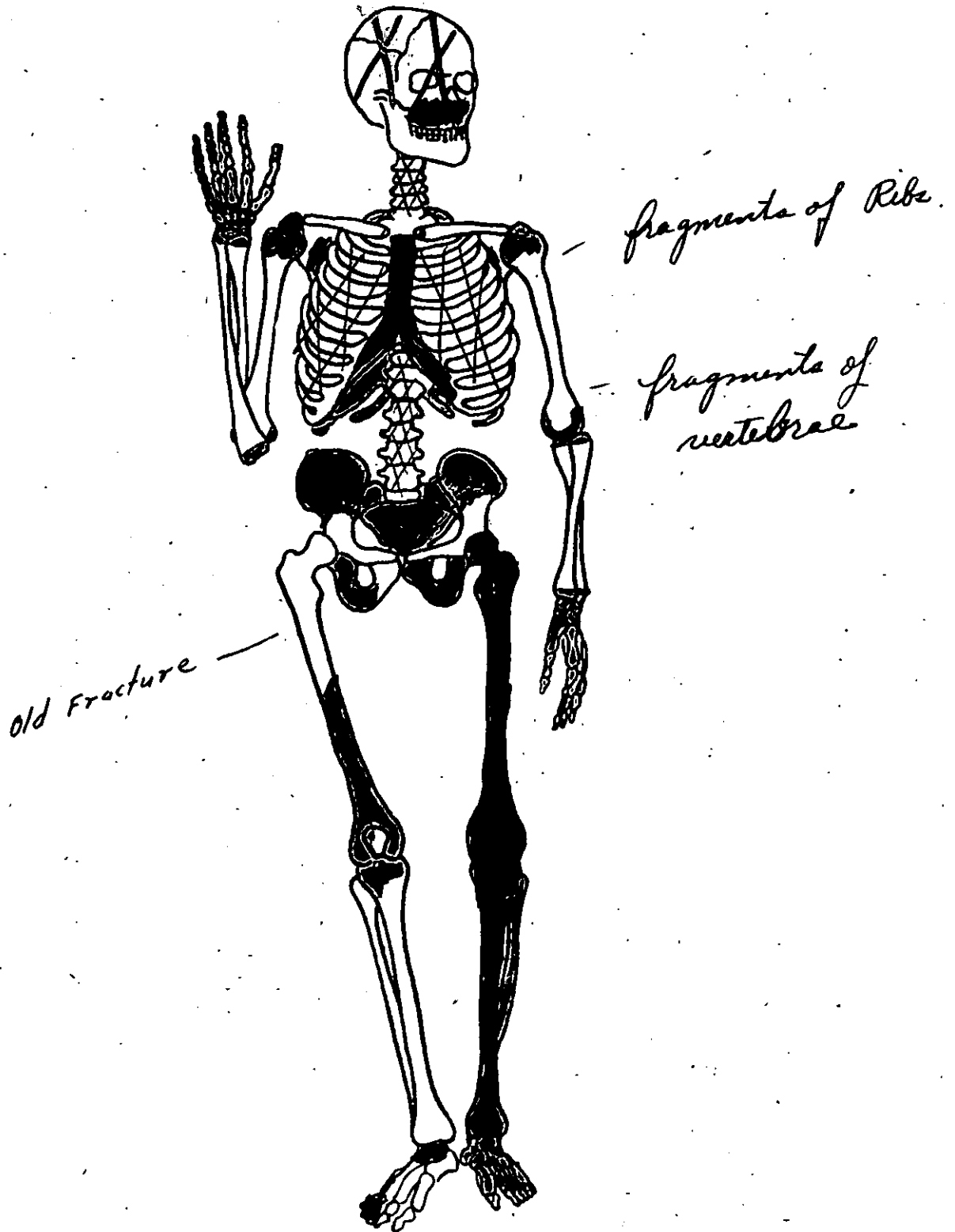
A CERTIFIED TRUE COPY:

George T. Gamboa  
GEORGE T GAMBOA  
2d Lt MAC

# SKELETAL CHART

X-638

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



APR 5 - 1948

RESTRICTED

U 632

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-638 (Formerly UNK X-151, USAF  
Cemetery 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

AMN. MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL  
STORAGE  
9 Oct 47

HOUR

0800

BURIED IN (Shroud, blanket, or name of other)

STORED  
Casket

TYPE OF GRAVE  
MARKER

None

PLOT No.  
RANGER  
801

ROW No.  
BAY  
E

GRAVE No.  
CRYPT  
1145

WAS THIS A REBURIAL?  
(Yes or no) RESTORED

Yes

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

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

PLOT No.  
2

ROW No.  
4

GRAVE No.  
411

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) STORED

Yes

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

Yes

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

UNKNOWN X-644

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT

1147

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

UNKNOWN X-639

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT

1143

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PANOPIO, 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

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**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


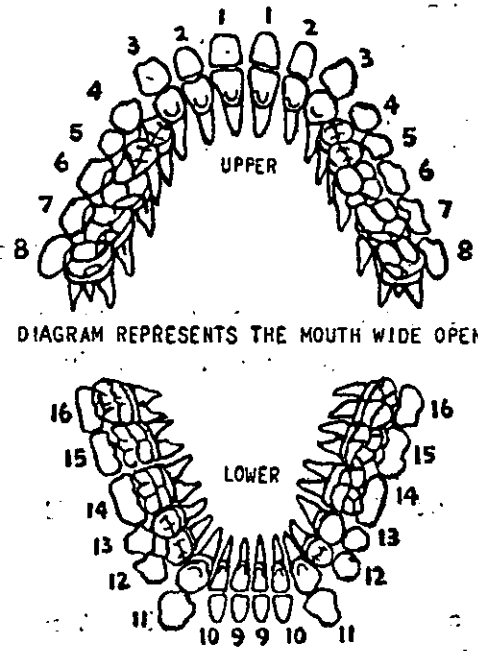




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

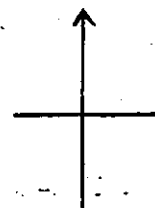
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

**OTHER IDENTIFICATION CLUES**

Old fracture on proximal third of right Femur

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



**REMARKS:**

Identification Check List and Dental Chart accomplished.

23 DEC 1947

RESTRICTED

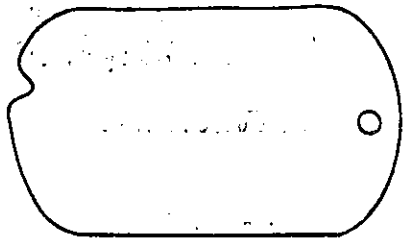
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

5 Dec. 45

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-151 (Manila No.2 Cem)  
Unknown X-21 (Cem No.3 Mariveles)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

Bataan, Luzon, P.I.

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY

(1, 2, or none)

None

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

(Over)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

A TRUE COPY

*Walter H. Cooper*  
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

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

411

WAS THIS A REBURIAL?  
(Yes or no)

Yes

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

US Army Cem No.3 Mariveles 421-1748

PLOT No.

ROW No.

GRAVE No.

1

4

38

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-150 (Manila No.2 Cem)  
Unknown X-20 (Cem No. 3 Mariveles)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

410

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

UNKNOWN X-152 (Manila No. 2 Cem)  
Unknown X-22 (Cem No.3 Mariveles)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

412

SIGNATURE OF PERSON PREPARING REPORT

/s/t/ R. C. BARRETT, Cpl., GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

/s/t/ D. L. ARMSTRONG, Capt., QMC

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

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


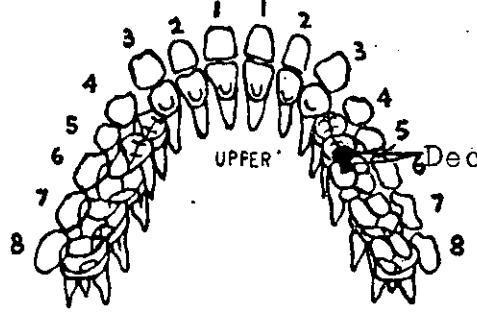
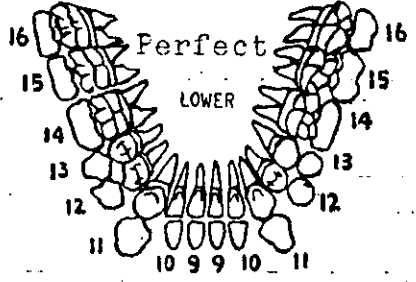




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

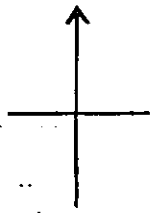
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

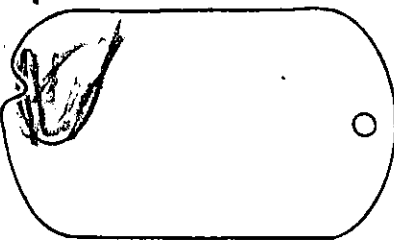

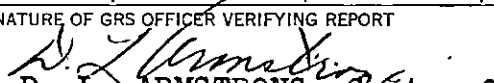
**OTHER IDENTIFICATION CLUES**

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

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF/INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p style="text-align: center; font-size: 1.2em;">5 Dec. 45</p>				
Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X-151 (Manila #2 Cem) Unknown X-21 (Cem #3 Mariveles)					
	GRADE  RACE	ORGANIZATION  RELIGION	SERIAL NO.  BRANCH OF SERVICE  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)	(Over)					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <p style="text-align: center; font-size: 1.2em;">None</p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  <p style="text-align: center; font-size: 1.2em;">USAF Cemetery Manila #2, Luzon, P. I.</p>						
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.  411
WAS THIS A REBURIAL? (Yes or no)  Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  US Army Cem #3 Mariveles 421 - 1748			PLOT No.  1	ROW No.  4	GRAVE No.  38
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 - 150 (Manila #2 Cem) Unknown X - 20 (Cem #3 Mariveles)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.  410	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X - 152 (Manila #2 Cem) Unknown X - 22 (Cem 33 Mariveles)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.  412	
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, Cpl., GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  D. L. ARMSTRONG, Capt., OMC.			
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 63'

19 DEC 1945

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


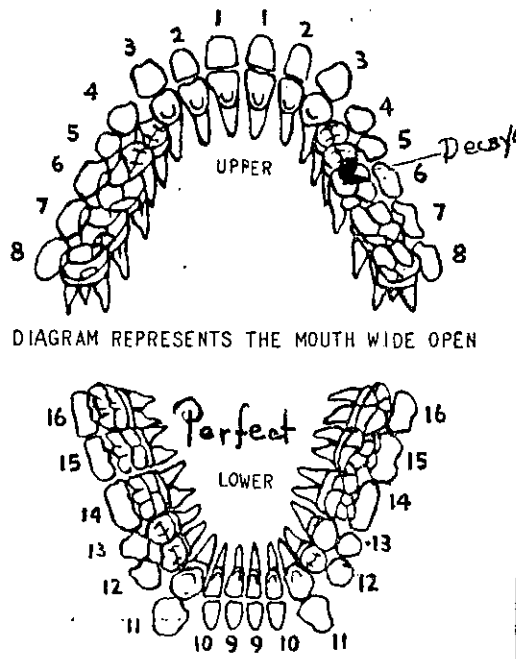




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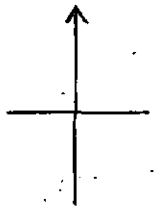
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**