

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED: 293 Link (7 Mac) 7/1/1944 #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 Link Manual #2 X131

*10/2/50  
b.c.*

# RECLASSIFICATION SHEET

QMCMT 293  
GRS Far East

2 February 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o 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
"	X-636,	" " "	" X-149,	" " " "
"	X-639,	" " "	" <del>X-152</del>	" " " "
"	X-991,	" " "	" X-3950,	" " " "
"	X-1160,	" " "	" X-3753,	" " " "
"	X-1162,	" " "	" X-3755,	" " " "
"	X-1163,	" " "	" X-3756,	" " " "
"	X-1212,	" " "	" X-3745,	" " " "
"	X-1220,	" " "	" X-3729,	" " " "
"	X-1292,	" " "	" X-3591,	" " " "
"	X-1341,	" " "	" X-3558,	" " " "
"	X-1350,	" " "	" X-3579,	" " " "
"	X-1423,	" " "	" X-3952,	" " " "
"	X-1425,	" " "	" X-3954,	" " " "
"	X-1554,	" " "	" X-3510,	" " " "
"	X-1573,	" " "	" X-3537,	" " " "
"	X-1642,	" " "	" X-3474,	" " " "
"	X-1651,	" " "	" X-3462,	" " " "
"	X-1670,	" " "	" X-3430,	" " " "

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

FOR THE QUARTERMASTER GENERAL:

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

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

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 QIGLU 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	LsIII	UNKNOWN	X-1292	AGRS	LsIIm
"	X-357	"	"	"	X-1341	"	"
"	X-636	"	"	"	X-1350	"	"
"	X-639	"	"	"	X-1423	"	"
"	X-784	Leyte #1		"	X-1425	"	"
"	X-991	AGRS	LsIm	"	X-1554	"	"
"	X-1160	"	"	"	X-1573	"	"
"	X-1162	"	"	"	X-1642	"	"
"	X-1163	"	"	"	X-1651	"	"
"	X-1212	"	"	"	X-1670	"	"
"	X-1220	"	"				

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

FOR THE COMMANDING OFFICER

21 Incls  
QIGC Forms 1044 w/Certificates  
of Unidentifiability



JOHN SHYPULA  
1st Lt., Infantry  
Adjutant



/ebc  
1  
/CSV

Interred 16 Jan 1950  
H 16 137 Ft. McKinley

DISINTERMENT DIRECTIVE

*Carl R. Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 02830

DATE  
15 06 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER <b>UNKNOWN X-000152</b>		RANK	ARM	DATE OF DEATH
CEMETERY <b>USAF CEMETERY (MANILA NO 2)</b>		DISPOSITION OF REMAINS		DATE OF DEATH		
PLOT <b>F12</b>		ROW <b>4</b>	GRAVE <b>412</b>	COUNTRY <b>PHILIPPINE ISLANDS</b>		CAUSE OF DEATH <b>6</b>

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 <b>UNKNOWN X-152 UNKNOWN X-639 (Maus)</b>	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED <b>29 Sept 48</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>	RELIGION	IDENTIFICATION VERIFIED BY <b>CLIFFORD INGROVILLE Embalmer</b> NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Shelter Half</b>	CONDITION OF REMAINS <b>Skeletal</b>
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

One (1) Marker Tag - One (1) Identification Tag UNK X-639 (Maus).

REMAINS PREPARED AND PLACED IN CASKET

DATE <b>29 Sept 48</b>	BY <b>CLIFFORD INGROVILLE</b>
CASKET SEALED BY <b>CLIFFORD INGROVILLE</b>	EMBALMER (Signature) <b>s/ Clifford Ingroville</b>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY <b>CELESTINO E ABELLAR, 1st Lt., FA.</b>

DATE **29 Sept 48** WEYMAN L MCGUIRE, SGT, MC

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

FEB 1950  
s/ Celestino E Abellar, 1st Lt., FA.  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>U.S. MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Barclay</i>	DATE <b>JAN 16 1950</b>

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>LOBL WCKINGEA CEMETERY</i>	DATE	SIGNATURE OF RECEIVER <i>(NATIVE DECISION)</i>	DATE

## 6. SHIPPED

FROM <i>LES &amp; SJS BRITISH</i>		TO <i>12 PM 12</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>W. J. B. A. ...</i>	DATE	SIGNATURE OF RECEIVER <i>O. S. ...</i>	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-152 (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: OOMG  
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  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

16 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 152, Plot 2,  
Row 4, Grave 412, USMC USAF Cem. Manila #2 have  
been reviewed and it is the opinion of this office that insuffi-  
cient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

*[Handwritten Signature]*  
H. B. MCNEEMAR  
Captain, OMC  
Chief, Records Branch

Atch: Form 1044

Received 29 Jan 50 OQMG  
Not identifiable from  
information presently  
available 2 Feb 50

*B. C. Baylor*



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-639 (Formerly UNK X-152 Manila #2)			2. DATE OF REPORT 27 Dec 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 801	5. ROW E	6. GRAVE 1143	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 165 lbs	9. ESTIMATED HEIGHT 5'10"	10. COLOR OF HAIR U T D	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U T D

14. WAS BODY BURNED? <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 4

18.

TOOTH CHART

<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:	TOP VIEW	SIDE VIEW
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), 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	
←	M A X I L L A								M I S S I N G								
Side Views																	Side Views
Top Views																	
Side Views																	
	X	a	a	X	⊗	⊗	⊗	X	X	⊗	⊗	⊗	X	a	a	o	
	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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R2, R3 and L7 are loose present with remains.

*Paul R. Nichols*

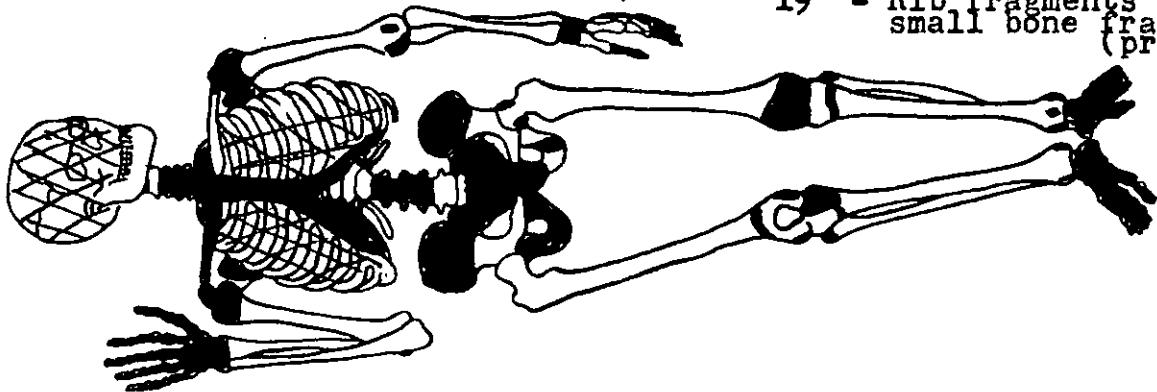
PAUL R NICHOLS  
Chief, Identification Section

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

- 1 - Cervical fragment
- 3 - Dorsal fragments
- 3 - Lumbar fragments
- 19 - Rib fragments  
small bone fragments (present)



20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
 (Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE  
 OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

\_\_\_\_\_  
 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 6 lbs.

# "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  
**PAUL R NICHOLS**  
 Chief, Identification Section

SIGNATURE  
*Paul R. Nichols*

## 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

DATE

UNKNOWN X-639 (Formerly UNK X-152)

USAF Cemetery Manila #2, Luzon, PI)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum

ORGANIZATION

Bataan, Luzon P.I.

Manila P.I.

801

E

1143

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

*Maxilla missing* STORAGE HANGER BAY CRYPT.

	RIGHT																UPPER TEETH								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																	
TYPE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																	
LOCATION		A	A											A	A																		

### KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">X</div> <p>EXTRACTED</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span style="font-size: 2em;">C</span> <span style="font-size: 2em;">X</span> <span style="font-size: 2em;">D</span> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="display: flex; justify-content: space-between;"> <span style="font-size: 2em;">X</span> <span style="font-size: 2em;">X</span> <span style="font-size: 2em;">X</span> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">G</div> <p>GOLD</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <div style="text-align: center; font-size: 2em;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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**INSTRUCTIONS:**

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

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

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

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

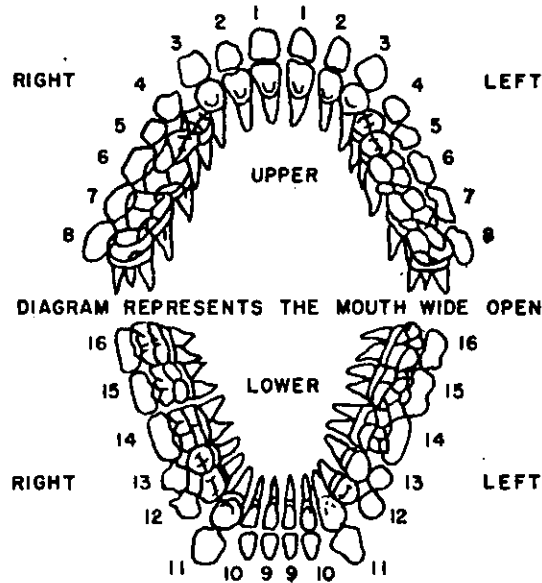


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

Maxilla missing.

s/ Russell Smith  
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

s/ Edward H. Marshall  
VERIFIED BY GRS OFFICER

p/ EDWARD H. MARSHALL SP-8 C-012874  
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-639 (Formerly Unk X-152)  
~~XXXXXXXX~~ (USAF Cem Manila #2, Luzon PI  
Cemetery AGRS Mausoleum, Manila P.I.  
HANGER BAY CRYPT  
Plot 801 Row E Grave 1143

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death Bataan, Luzon, P.I. \_\_\_\_\_  
(Name of closest town) (Coordinates and letter Prefix, maps)
- (Sheet, scale and serials used)
3. Remains ~~recovered or~~ disinterred by CMT #1 \_\_\_\_\_  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	N		
Sweater	O		
Jacket, HBT	N	E	
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \*Shoes (type) .....  
 Overshoes .....  
 Web Equipment (type) .....  
 (Other item) .....  
 (Other item) .....

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

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

Shoulder Patch .....

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

6. Description of Remains: Skeletal Remains only - chart attached.

Age UTD ..... Height Est. 5'10" Weight Est. 165 lbs. Description of wounds .....

Bandages or dressings ..... Scars .....  
 (Length, width, location)

Tattoos .....  
 (Number, location - illustrate on separate page)

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

Sunburn or tan, other than hand and face .....

Complexion .....  
 (Light, medium, dark, clear, pimples, pocks, freckles)

Build .....  
 (Large, fat, thin, muscular)

Hair .....  
 (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair .....  
 (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns ..... Mustache ..... Beard or .....  
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee ..... (Light, color, extent)

Eyes ..... (Color, setting, shape)      N      Eyebrows ..... (Color, bushiness, extent across nose)

Nose ..... (Size, shape, straight)      N      Ears ..... (Size, set close to or far from head)

Mouth ..... (Large, medium, small)      E      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 <sup>skull</sup> ~~head~~ in inches      UTD      (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 ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers ..... (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 ..... (Muscular, 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 ID tags, ROI, or other means of identification found with remains.  
Estimated weight of remains 6 lbs. Unable to determine circumference  
of skull due to fragmentation.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

s/ Edward H. Marshall  
(Officer's Name)

SP-8 C-062874  
Rank Service

AGRS Mausoleum  
(Organization)

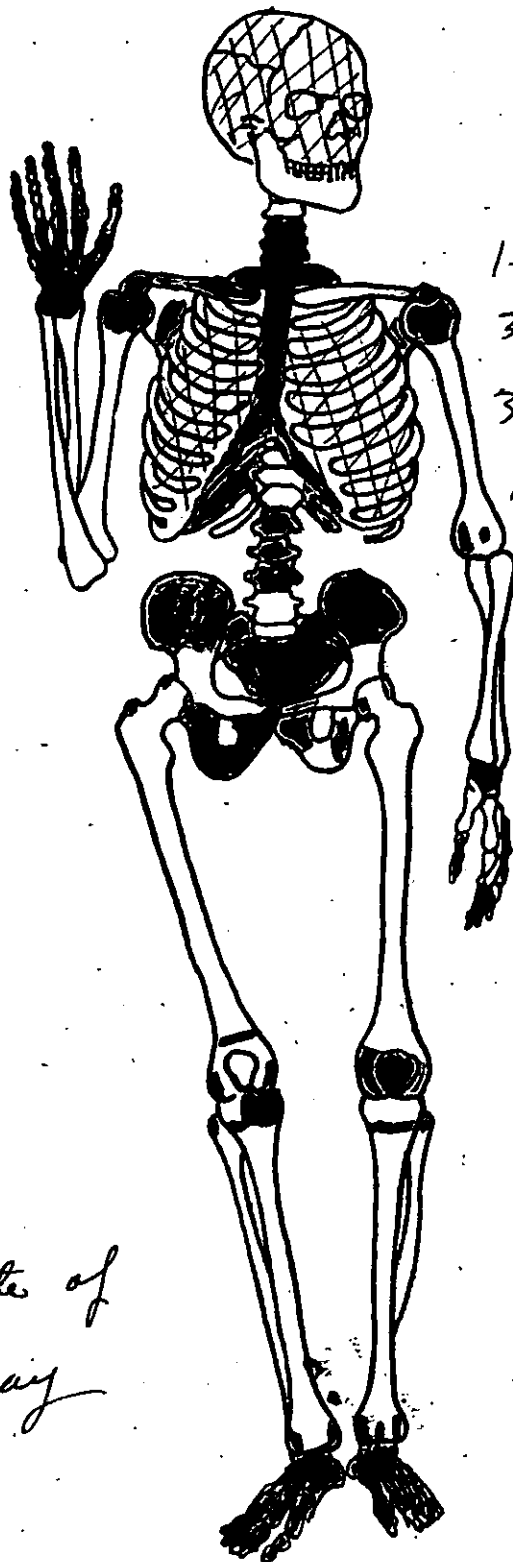
A CERTIFIED TRUE COPY:  
*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

9 Oct 47

# SKELETAL CHART

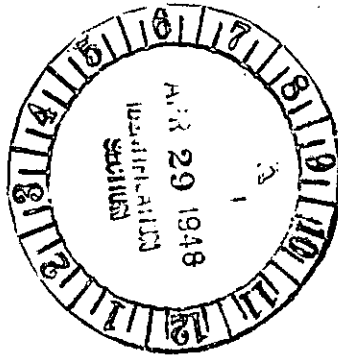
X-639

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



- 1- Cervical fragment
- 3- Dorsal fragments
- 3- lumbar fragments
- 19- Rib fragments  
small bone frag-  
ments (present)

*Remains in state of  
advanced decay*




APR 29 1948

RESTRICTED

U 633

WD GRC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT STORAGE.</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 11 Oct 47
---	--	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-639 (Formerly UNK X-162 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

REFERENCE  
 RECORDS BRANCH  
 DEC 27 2 53 PM '47  
 MEMORIAL DIVISION

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

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

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
9 Oct 47	0800	STORED Casket	None	HANGER 801	BAY E	CRYPT 1143

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. 412
---	---	---------------	--------------	------------------

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	STORED	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORED UNKNOWN X-638	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1145
---	------	------------	--------------	----------------------------






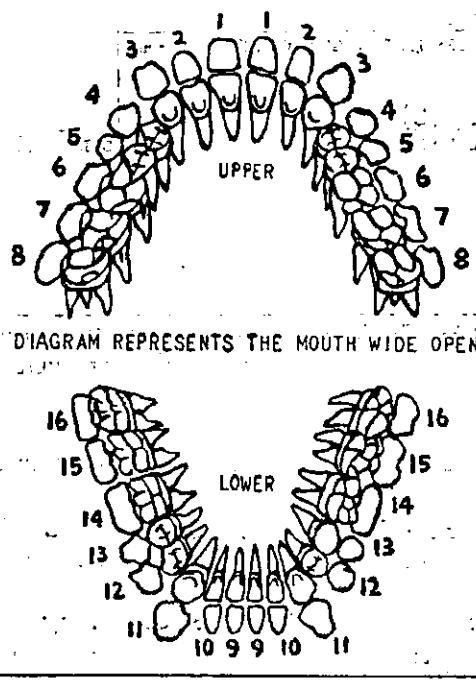











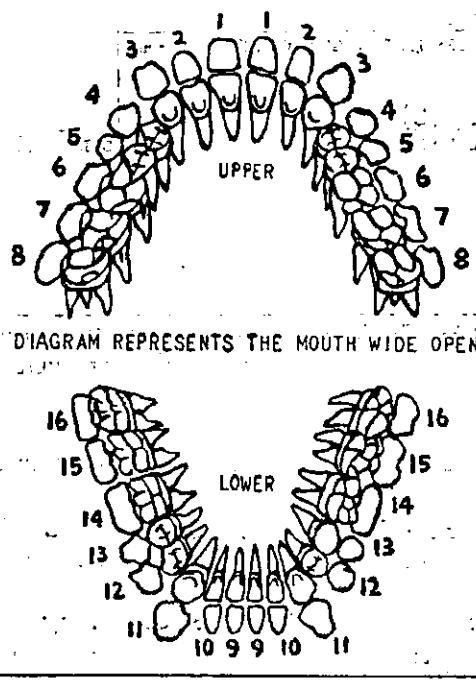











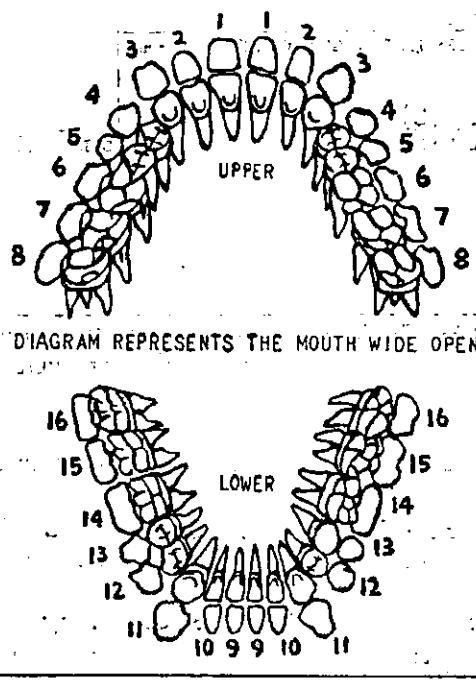






BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-645	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1141
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SIGNATURE OF PERSON PREPARING REPORT <i>Wm R. Gilbert</i> Wm R. GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio Panopio, Jr.</i> LUCIO 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.

Q of 508

RESTRICTED

DATE OF REPORT LEFT LITTLE FINGER REPORT NO.	<b>Section 3.—UNIDENTIFIED REMAINS.</b> 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.																			
RING FINGER OTHER THAN IN THIS CHART CLASS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">HEIGHT</td> <td style="width:15%;">WEIGHT</td> <td style="width:15%;">COLOR OF EYES</td> <td style="width:15%;">COLOR OF HAIR</td> <td style="width:40%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS														
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MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">WEAPON AND SERIAL NO.</td> <td style="width:33%;">LAUNDRY MARKS</td> <td style="width:34%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td> </td> <td> </td> <td>HTAB</td> </tr> </table>	WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND			HTAB													
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		HTAB																		
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES     																			
LEFT THUMB	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:20%;">                  SILVER FILLING                  GOLD FILLING             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY                  DECAYED             </td> </tr> <tr> <td>MISSING-TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN                  GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> </table> </td> <td style="width:50%; vertical-align: top;">  <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td style="vertical-align: top;">                 RIGHT THUMB             </td> <td rowspan="6">                 FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY    <div style="text-align: center;">  </div> </td> </tr> <tr> <td style="vertical-align: top;">                 RIGHT INDEX FINGER             </td> </tr> <tr> <td style="vertical-align: top;">                 RIGHT MIDDLE FINGER             </td> </tr> <tr> <td style="vertical-align: top;">                 RIGHT RING FINGER             </td> </tr> <tr> <td style="vertical-align: top;">                 RIGHT LITTLE FINGER             </td> </tr> <tr> <td style="vertical-align: top;">                 REMARKS:                  Identification Check List and Dental Chart accomplished.             </td> </tr> </table>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:20%;">                  SILVER FILLING                  GOLD FILLING             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY                  DECAYED             </td> </tr> <tr> <td>MISSING-TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN                  GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> </table>	FILLINGS	 SILVER FILLING GOLD FILLING	CAVITIES	 CAVITY DECAYED	MISSING-TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE	 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  <div style="text-align: center;">  </div>	RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	RIGHT RING FINGER	RIGHT LITTLE FINGER	REMARKS: Identification Check List and Dental Chart accomplished.
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REMARKS: Identification Check List and Dental Chart accomplished.																				

18 NOV 1947

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
( AT PRESENT TIME

RESTRICTED

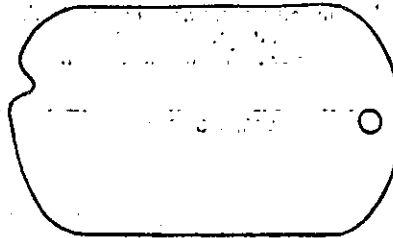
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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-152 (Manila No.2 Cem) Unknown X-22 (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 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 None	A TRUE COPY 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 Cem. 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. 412
-----------------------------	--------------	---	-------------------------------	---------------	--------------	------------------

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 321-1748	PLOT No. 1	ROW No. 4	GRAVE No. 39
--	--	---------------	--------------	-----------------

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-151 (Manila No.2 Cem) Unknown X-21 (Cem No.3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 411
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-153 (Manila No.2 Cem) Unknown X-23 (Cem No.3 Mariveles)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 413

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 proscribed by theater commander.

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


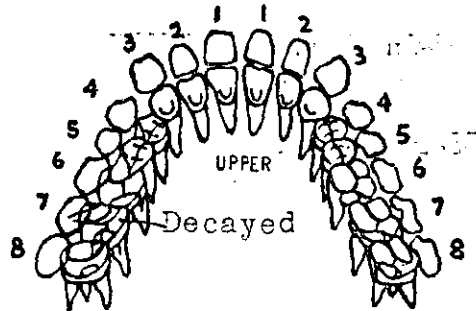
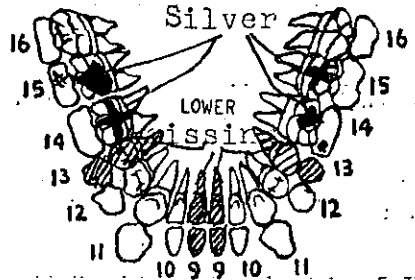




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

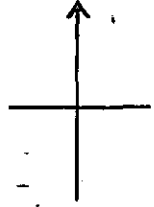
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

**OTHER IDENTIFICATION CLUES**

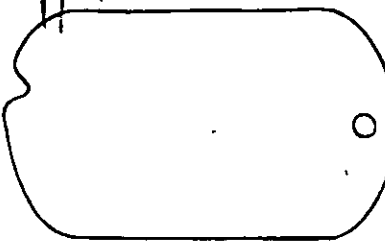
<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER Decayed</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>Silver LOWER Missing</p>
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK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

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



**REMARKS:**



WD 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 5 Dec. 45			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.							
		NAME (Last, first, middle initial) UNKNOWN X-152 (Manila #2 Cem) Unknown X-22 (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)							
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)		(Over)							
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 USAF Cemetery Manila #2, Luzon, P. I.									
DATE OF BURIAL 26 Nov. 45		HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half		TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 4	GRAVE No. 412	
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army Cem #3 Mariveles 821 - 1748					PLOT No. 1	ROW No. 4	GRAVE No. 39
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-151 (Manila #2 Cem) Unknown X-21 (Cem #3 Mariveles)				RANK	SERIAL No.	ORGANIZATION	GRAVE No. 411		
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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.									

19 DEC 1945

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


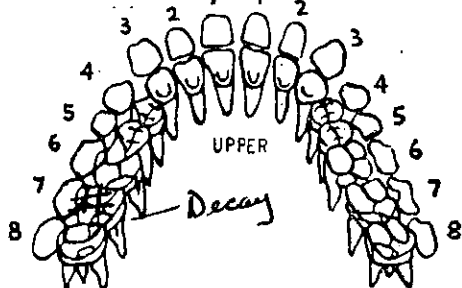
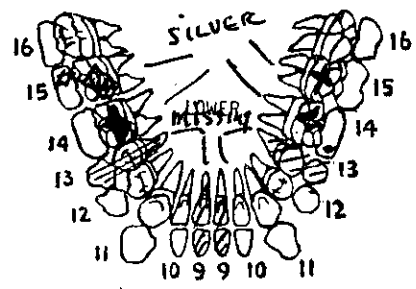




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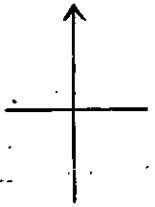
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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 Decay</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>SILVER LOWER MISSING</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:**