

RECLASSIFICATION SHEET

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

SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION 293. Link Manila #2 X131

*10/2/58
B.C.*

RECLASSIFICATION SHEET

QMGMT 293
GRS Far East

21
23 August 1949

SUBJECT: Approval of Unidentifiability

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

ATTN: AGRS, PHILCOM ZONE

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

Unknown X- 2	AGRS Mausoleum Manila, formerly 2	USAF Cem., Manila #2
" X- 642,	" " " " " " X- 155,	" " " " "
" X- 644 ,	" " " " " " X- 157,	" " " " "
" X- 417,	" " " " " " X- 269,	" " " " "
" X- 419,	" " " " " " X- 271,	" " " " "
" X- 794,	" " " " " " X- 309,	" " " " "
" X- 798,	" " " " " " X- 313,	" " " " "
" X-1704,	" " " " " " X-3412,	" " " " "
" X-1900,	" " " " " " X-3254,	" " " " "
" X-1298,	" " " " " " X-3629,	" " " " "
" X- 330,	" " " " " " X- 74,	" " " " "
" X- 452,	" " " " " " X- 305,	" " " " "
" X- 608,	" " " " " " X- 119,	" " " " "
" X- 791,	" " " " " " X- 306,	" " " " "
" X- 982,	" " " " " " X-3922,	" " " " "
" X-1343,	" " " " " " X-3560,	" " " " "
" X-3154,	" " " " " " X-1031,	" " " " "
" X-4635,	" " " " " " X- 826,	" " " " "
"		

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

A. C. King
L. M. White
J. Windsor

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

cc: CINCPAC, APO 500

HEADQUARTERS
PHILIPPINE COMMAND
UNITED STATES ARMY

GSGR 293 9

AFPO 707
8 AUG 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 QMCAU 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-335	AGRS	Malm	UNKNOWN	X-3230	AGRS	Malm
"	X-417	"	"	"	X-3240	"	"
"	X-611	"	"	"	X-3245	"	"
"	X-642	"	"	"	X-3251	"	"
✓ "	X-644	"	"	"	X-3318	"	"
"	X-1359	"	"	"	X-3722	"	"
"	X-2997	"	"	"	X-4131	Manila	#2
"	X-3004	"	"	"	X-4132	Manila	#2
"	X-3220	"	"	"	X-4133	Manila	#2

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

FOR THE COMMANDING GENERAL:

18 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN M. WESTON JR
1st Lt AGD
Asst. Adj. Gen

(Received)
(AUG 16 1949)

2007

1 /drs

Interred 8 August 1949
G 2 Weyman L. McGuire
care R. H. Mark

DISINTERMENT DIRECTIVE

Cemetry Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02835

DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWN X - 000157

SERIAL NUMBER
UNKNOWN X - 000157

RANK
0

ARM
0

CEMETERY
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS
7701 180
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
F12 4 417 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNK X - 157
Maus No. - Unk X-644

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED
29 Sept 48

IDENTIFICATION TAG ON
4 REMAINS
2 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
CLIFFORD INGROVILLE
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION
417 - 4 - 2

MINOR DISCREPANCIES 1
2 identification tags Maus # - Unk X - 644.

REMAINS PREPARED AND PLACED IN CASKET
DATE 29 Sept 48 BY CLIFFORD INGROVILLE

CASKET SEALED BY
CLIFFORD INGROVILLE

EMBALMER (Signature)
s/ Clifford Ingroville

CASKET BOXED AND MARKED
DATE 29 Sept 48 BY WEYMAN L McGUIRE
Sgt., MC

SHIPPING ADDRESS VERIFIED BY
CELESTINO E ABELLAR, 1st Lt., FA

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

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

7-SEP-1949
REPAIRATION
BRANCH
MEM. FILE
Abellar

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Leare R. Mark</i>	DATE 8 AUG 1949

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>ПРИКОМАН</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>ГИББИЕ ЦГВМДЗ ЛОБН МСКНТЕА СЕМЕТЕРА</i>	DATE	SIGNATURE OF RECEIVER <i>(BY ADMINISTRATIVE DECISION)</i>	DATE

6. SHIPPED

FROM <i>ВИБ & ЦГА БИГИББИЕ</i>		TO <i>ЦГВМДЗ</i>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>ВВЗВКА ВВМДЗ</i>	DATE <i>10</i>	SIGNATURE OF RECEIVER	DATE

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

JK
L
FILE UNDER NO. 293 - Unknown P.I. X-157 (Manila #2)

I N D E X S H E E T

SYNOPSIS

Letter

2 June 1947

FROM: COM
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

25 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 157, Flot 2,
Row 4, Grave 417, USMC USAF Cem. Manila #2 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

Attech: Form 1044

Received 8 Aug 49 QMCB
Not identifiable from
information presently
available 23 Aug 49

A. C. King, Lt. Br.

Incl. #5'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X -644 (Formerly UNK X - 157 Manila # 2)			2. DATE OF REPORT 29 July 49		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1147	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 145 lbs	9. ESTIMATED HEIGHT 5' 8"	10. COLOR OF HAIR UTD	11. RACE Unknown
---------------------------------------	-------------------------------------	---------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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

NONE

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)









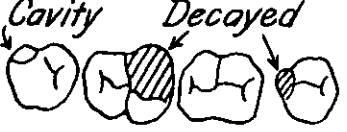

NONE

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

Incl #52

18:

TOOTH CHART

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

MAXILLA MISSING

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
_____								_____							
Side Views								Side Views							
decayed								decayed							
Top Views								Top Views							
Side Views								Side Views							
UPPER								LOWER							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

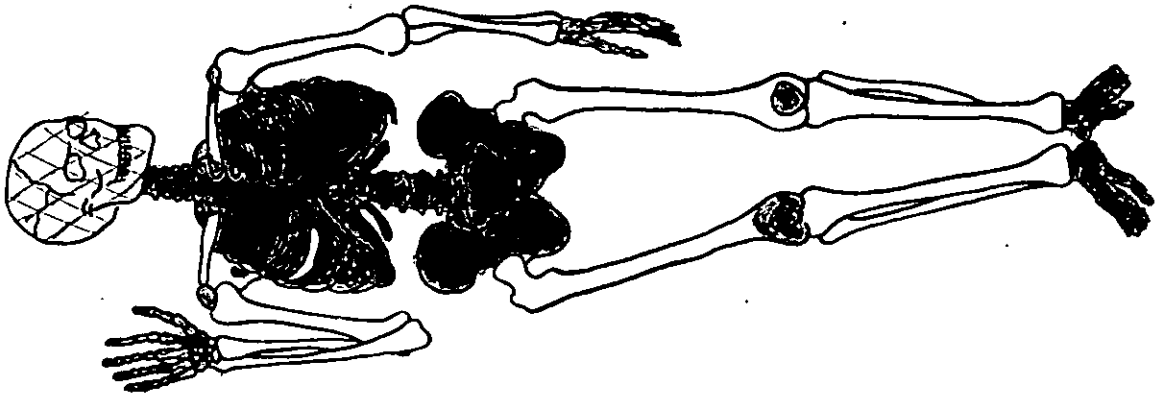
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Loose teeth from L 2 - R 7 and L5 - L6 are present with remains.

"UNIDENTIFIABLE"
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

James J. McDermott
 JAMES J McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5' 8"

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, ident. tags or personal effects found with remains
Estimated weight of remains - 5 lbs.

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J McDERMOTT
Laboratory Officer, CIP

SIGNATURE

X-644

IDENTIFICATION DENTAL CHART

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

9 Oct 47

(Formerly UNK X-157, USAF)
UNKNOWN X-644 (Cem Manila #2, Luzon) Unknown

DATE
Unknown

LAST NAME FIRST INITIAL P.I. RANK SERIAL NO.

unknown UNIT AGRS, Mausoleum Unknown ORGANIZATION

Corregidor, P.I. PLACE OF BURIAL 801 E 1147

PLACE OF DEATH STORAGE PLOT RANGER ROW BAY GRAVE NO. CR/PT
















Maxilla missing.

RIGHT				UPPER TEETH				LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE															TYPE
LOCATION															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	⊙	⊙	⊙	⊗	⊗	⊗	⊗	⊗		⊗			⊗	⊗	TYPE
LOCATION															LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

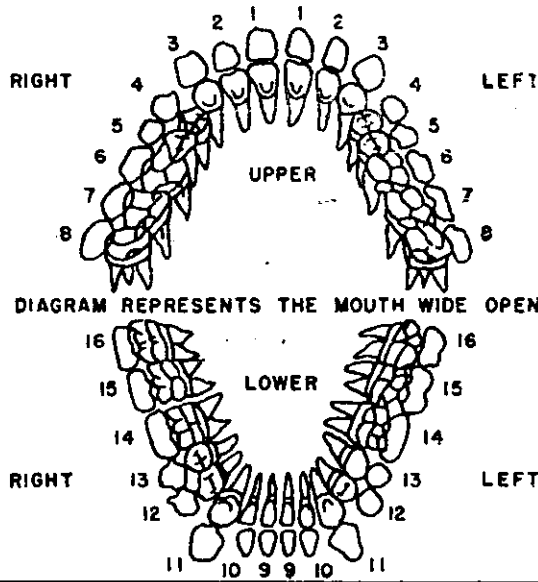
INSTRUCTIONS:

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Maxilla missing - Individual teeth found.

/s/ Hilarion V. Castillo
SIGNATURE OF PERSON WHO PREPARED CHART

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ E.F. Moriarty
VERIFIED BY GRS OFFICER

SP 6
NAME AND RANK TYPED OR PRINTED

9 Oct. 1947
DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

X-644

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

(Form. X-157 USAF Cem
 (Manila #2, Luzon, P.I.)

Unknown X -644

Cemetery AGRS, Mausoleum, Manila, P.I.
 Plot 801 Row E Grave 1147
RANGER BAY CRYPT

CIP, AGRS,
 Mausoleum,
 Manila, P.I.

1. Arrived at ~~cemetery~~ 9 Oct. 47
(Hour) (Date)

2. Place of death Corregidor, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by AGRS 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	_____	_____	_____
	<small>(Type)</small>		
Raincoat	_____	_____	_____
Overcoat	_____	_____	_____
Jacket, Field	_____	_____	_____
Jacket, Combat	_____	_____	_____
Mackinaw	_____	_____	_____
Sweater	_____	_____	_____
Jacket, HBT	_____	_____	_____
* 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: **Skeleton only - Skeletal Attached**

Age Height ^{EST} 5' 8" Weight ^{EST} 145 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, poeks, freckles)

Build U (Large, fat, thin, muscular)

Hair D (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 **Fractured**
 (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, **U** abundant, quantity, and color of hair)

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

Hernioplasty (Yes-no; location)

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

Evidence of healed fractures (Nose, arms, legs, etc.)

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

7. Have finger prints been placed on Report of Interment? NO (Yes-no)

If not, explain Due to the condition of remains.

8. Has tooth chart been prepared? Yes If not, explain (Yes-no)

9. Remarks No ROI found with remains. No personal effects. No means of identification. Cannot get the measurement of the skull due to the fragmentation. Estimated weight of remains five (5) 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/ E. F. Moriarty
(Officer's Name)

SP-6
Rank Service

AGRS
(Organization)

9 Oct 47

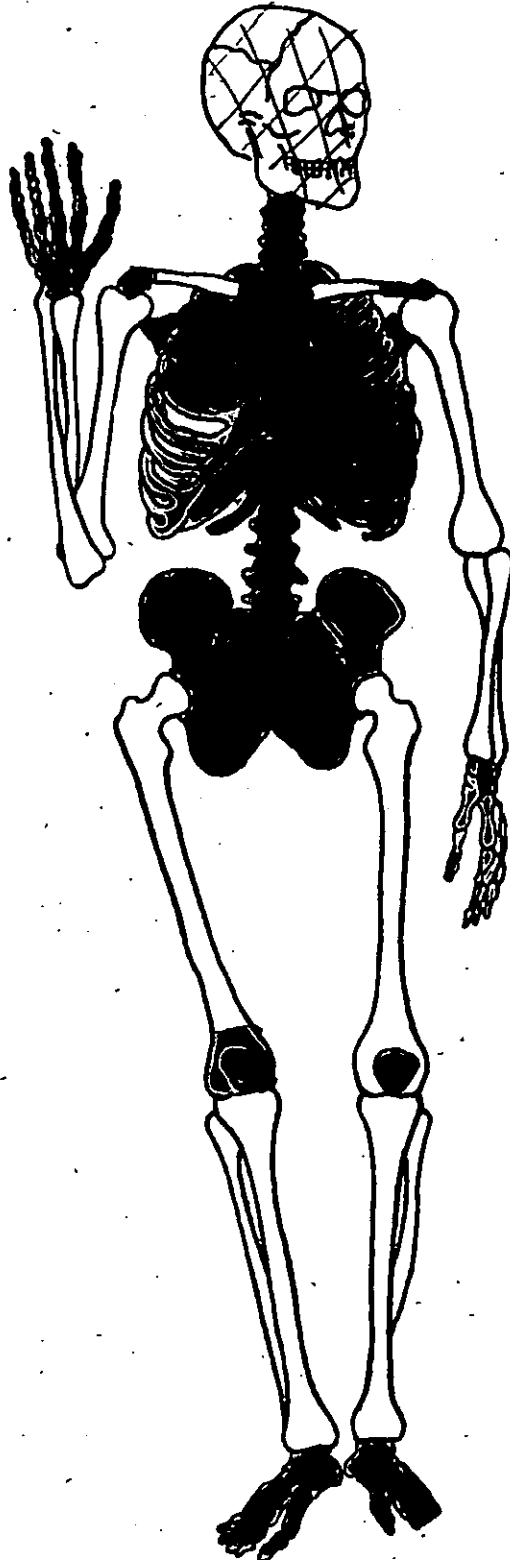
CERTIFIED TRUE COPY

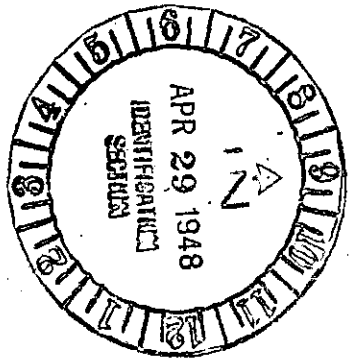
George T Gamboa
GEORGE T GAMBOA
2d Lt., MAC

SKELETAL CHART

X-644

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





/lbr APR 29 1948

RESTRICTED

U 638

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) (Formerly Unk X-157,
UNKNOWN USAF Cemetery, Manila
X-644 #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
Corregidor, 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)

REPAIRATION
RECORDS BRANCH
Dec 22 2 53 PM '47
MEMORIAL DIVISION

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. RANGE R	ROW No. BAY	GRAVE No. CRYP T
STORAGE 9 Oct 47	0800	Casket	None	801	E	1147

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Manila #2, Luzon, P.I.	2	4	417

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP T
Unknown X-653,				1149

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP T
Unknown X-638				1145

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Wm. R. GILBERT, Adm Asst	LUCIO S. PANOFIO 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

del 511

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


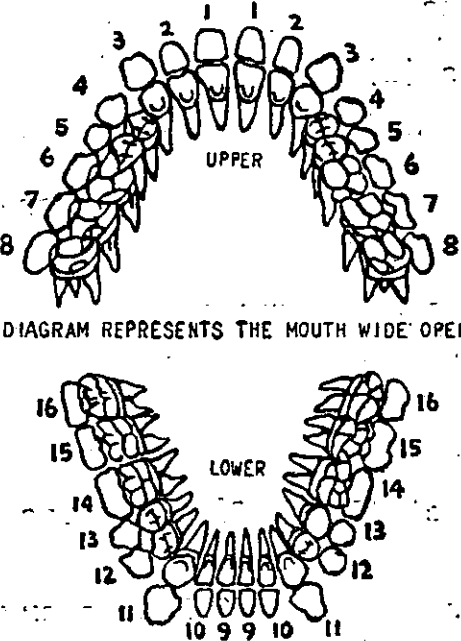




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

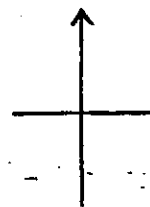
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

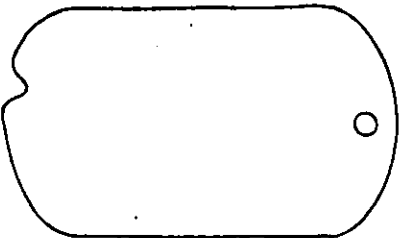

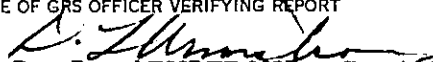
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

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



REMARKS: Identification Check List and Dental Chart accomplished.

18 NOV 1952

WD QMC FORM 1042 (Rev. 11 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF/INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 5 Dec. 45	
Imprint Identification Tag, if Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-157 (Manila #2 Cem) UNIDENTIFIED (Amer Corregidor Cem)				
		SERIAL NO.				
GRADE		ORGANIZATION		BRANCH OF SERVICE		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Corregidor, 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 Jul 10 29 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 1300	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT NO. 2	ROW NO. 4	GRAVE NO. 417
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE American Corregidor Cem, Corregidor, P.I. 345.5-406.5			PLOT NO. C	ROW NO. 6	GRAVE NO. 27
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY No record of burial in burial records.				
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-156 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 416	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-158 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 418	
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, Cpl., GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  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.						

Jul 69

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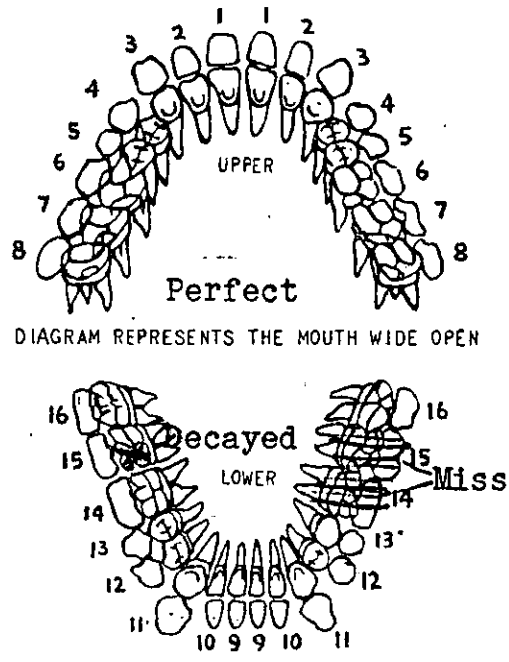




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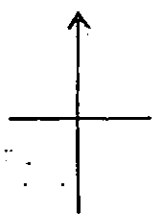
19 DEC 1945

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

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

OTHER IDENTIFICATION CLUES

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