

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 393 Tank (7) Manual / Manual # 2 X131, X132, X133,
X134, X135, X136, X137, X138, X139, X140, X141, X142, X143, X144, X145, X146,
X147, X148, X149, X150, X151, X152, X153, X154, X155, X156, X157, X158
SYNOPSIS AND DATES

These now filed

NEW CLASSIFICATION 393 Tank Manual # 2 X131

10/2/50
CC

RECLASSIFICATION SHEET

QACMT 293
GRS Far East

24 February 1956

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 Certificates of Unidentifiability for the following Unknown Deceased:

AGRS Maus. Manila	USAF Com. Manila #2	FRA Unit	Page
X-342	X-16	1	1
X-645	X-158	1	3
X-605	X-199	1	4
X-795	X-310	1	5
X-606	X-200	1	4
X-730	X-247	1	5
X-1943	X-3278	1	14
X-1259	X-3650	1	19
X-1129	X-3782	1	21
X-1378	X-3960	1	22

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

FOR THE QUARTERMASTER GENERAL:

R.Little:rvs
L. M. White
J. Windsor

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

JLN

TEC

HEADQUARTERS
 AMERICAN GRAVES REGISTRATION SERVICE
 PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

FEB 7 1950

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-342	AGRS Mslm	UNKNOWN X-1378	AGRS Mslm
" X-645	" "	" X-1485	" "
" X-685	" "	" X-1943	" "
" X-686	" "	" X-2314	" "
" X-730	" "	" X-2359	" "
" X-795	" "	" X-2361	" "
" X-1129	" "	" X-2370	" "
" X-1259	" "	" X-3009	" "

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

FOR THE COMMANDING OFFICER:

16 Incls
 QMC Forms 1044 w/Certificates
 of Unidentifiability

JOHN SHYPULA
 1st Lt., Infantry
 Adjutant

A I R M A I L

QVWER 293 2nd Ind
Turner, Walter E.
SUBJECT: Processing of Remains

DEPARTMENT OF THE ARMY, GAGND, WASHINGTON 25, D. C. 15 February 1949

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster
San Francisco, California. ATTENTION: AGRS, PHILCOM 28085

1. Reference is made to paragraph 1, basic communication, dated 1 June 1948.
2. Report of interment for remains buried in Plot 3, Row 3, Grave 384, USAF Cemetery, Manila #2, as Private Walter E. Turner, 14038318, indicates that the deceased was killed in action on Corregidor Island, P. I., cause and date not shown. An effort was made to associate these remains with Pvt. Turner who was KIA at Fort Mills, P. I., 29 December 1941; however, tooth chart comparison is contradictory.
3. Further reference is made to Report of Storage for Unknown X-622 (Formerly X-135, USAF Cemetery, Manila #2) Hanger 801, Row 3, Crypt 1355, AGRS Manila, Manila, P. I. These remains were recovered from American Corregidor Cemetery, Corregidor, P. I., Plot 3, Row 1, Grave 10. On the face of this Report it is stated, "Records show that the deceased was Walter Turner but bottle found in grave show same deceased to be Unknown X-3".
4. A search of Pvt. Turner's 201 File revealed the following information:
 - a. Form 82b, which was placed on Turner at the Station Hospital, Fort Mills, P. I., at 5:20 P.M., 29 December 1941, revealed that death was caused by shrapnel wounds in lower abdomen.
 - b. Original Report of Death, dated 3 February 1942, shows Turner's complete name, rank, serial number, organization, date, place and cause of death. Report further shows that the remains were interred at Fort Mills, P. I., January 31, 1942 in Grave No. 10, Row No. 1 of Plot 3.
5. In view of the preceding paragraphs, it is requested that an investigation be conducted by your Headquarters and if identification of X-622 as the remains of Turner can be established, that this Office be advised by Radio and Field Board Findings forwarded by Air Mail.

Q1007 105

Inf 15 February 1949

Turner, Walter E.

SUBJECT: Processing of Remains

6. OQ10 Form 371 is inclosed as an aid to identification.
7. A Congressional Inquiry has been received for Pvt. Turner.

FOR THE QUARTERMASTER GENERAL:

1 Incl: w/d

Added 3 Incls:

1. Copy Form 88b (Turner)
2. Copy Report of Death (Turner)
4. OQ10 Form 371 (in dup) (Turner)

C. H. HOWE

Lt. Colonel, Q10
Memorial Division

cc: Adm Section

A. Foy:dal
D. Landes
H. N.

RMB

WJS

AIR MAIL

1 Ident FC Br 15 Feb
Branch Cong Data 1949
Ident Section
Section
CONG

293 TURNER, Walter E., 14038316, Pvt., CAC

1. Attached copy of letter dispatched to the Field, this date, forwarded for your information.

2. Further action cannot be taken in this Branch until reply is received from the Field.

apf

METZ
74059

BARRY
2462

1 QM Ident 9 Feb
Pentagon Section 49
Liaison

ATTN: Mr Foy

1. Attached are copies of Report of Death and Medical Tag which shows Turner, Walter E., 15038316 as dying in Fort Mills, P. I. Hospital on 29 Dec 41 and interred at Fort Mills, P. I., 31 Jan 42 in Grave Number 10, Row Number 1, Plot B.

2. Enlisted Record 3 Feb 41 shows R-14 and L-5 missing, R-9 and L-9 restorable carins. No forms 79 found.

Physical Characteristics:

Height 5' 8"	Weight 150 lbs
Eyes Blue	Hair Brown
Shoe Size 7 1/2 EE	Born 8 April 1922

3. No further information pertaining to circumstances of death etc. found in 201 or AGO files.

X-196

Sakowski
6679

/ebg
1
/gyc

Interred 7 Feb. 1950
D 6 23 Ft. McKinley
caremark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02836

DATE
15 06 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWNX-000158		0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					0 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
F12	4	418	PHILIPPINE ISLANDS		6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-158 UNK X-645 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 4 Nov 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY RICHARD 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 1 One (1) tag UNK X-645 (Maus)	
REMAINS PREPARED AND PLACED IN CASKET	

DATE 4 Nov 48 BY RICHARD HOYT	CASKET SEALED BY RICHARD HOYT	EMBALMER (Signature) <i>Richard Hoyt</i> RICHARD HOYT
DATE 4 Nov 48 BY HORACE L ABLISON, Sgt, Inf	SHIPPING ADDRESS VERIFIED BY HONORIO V AURELIO, 1st Lt, Inf	

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

Honorio V Aurelio
HONORIO V AURELIO, 1st Lt, Inf
SIGNATURE OF GRS INSPECTOR
NAME *H. V. Aurelio*
B & R BR.

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll H. ...</i>	DATE FEB 7 1950

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 FIBBYNE ISLANDS FORT MCKINLEY CEMETERY		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER (RELATIVE DECISION)	DATE

6. SHIPPED

FROM LIS ...		TO ... ISLANDS	
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- 158 (Mmila #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 (Mmila #2) (X-121 thru 158)

rtb

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

16 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 158 , Plot 2 ,
Row 4 , Grave 418 , 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:



H. B. MCNEMAR
Captain, QMG
Chief, Records Branch

Atch: Form 1044

Received 2/17/50..... QMG
Not identifiable from
information presently
available little 2/29/50
Ident. Br.

Jan 21

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-645 (formerly INK X-158 Manila #2)				2. DATE OF REPORT 20 Jan 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

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

N O N E

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? Bones eroded
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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 2²

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



Fractured

MAXILLA MISSING

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
$\frac{a}{o}$	$\frac{a}{o}$	$\frac{a}{od}$								$\frac{s}{df}$		$\frac{a}{od}$		$\frac{o}{o}$	
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
	$\frac{a}{o}$	$\frac{o}{od}$	$\frac{a}{od}$	$\frac{a}{od}$								$\frac{a}{od}$	$\frac{a}{m o k}$	$\frac{a}{o}$	$\frac{a}{o}$
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Partially Impacted

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."

L2 thru L8 are loose present with remains.

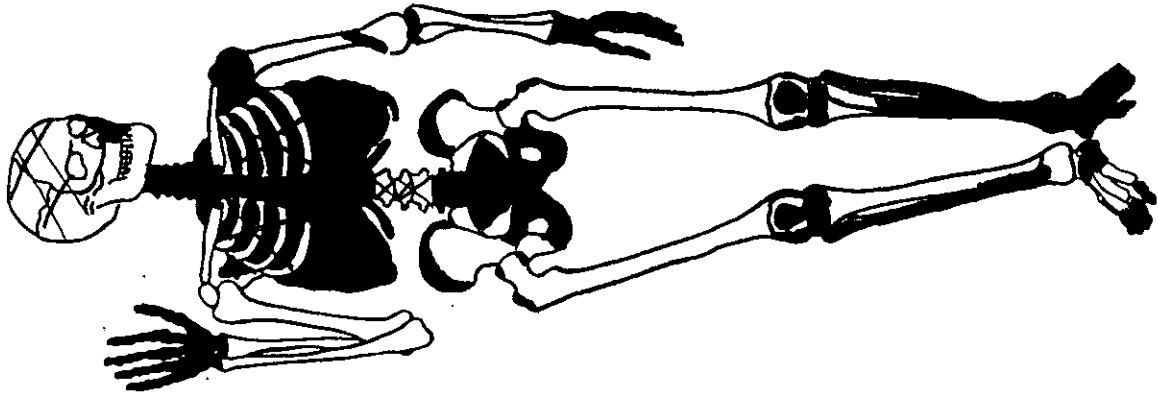
Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section.

"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA?

19. BLACK OUT PARTS OF BODY NOT REQUIRED



Estimated height: U T D

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 identification tags, personal effects or any other means of identification found with remains.

Estimated weight of remains - 4 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

X-645-

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC 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

(Formerly UNK X-158, USAF)
UNKNOWN X-645 (Cem Manila #2, Luzon P.I.) **Unknown**
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

Corregidor, P.I.

AGRS Mausoleum

Manila, P.I.

801

E

1141

PLACE OF DEATH

PLACE OF BURIAL

STORAGE

PLOT HANGER

ROW BAY

GRAVE NO. CRYPT

				RIGHT				UPPER TEETH				LEFT							
				8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE					A	A	A								A				
LOCATION					o	do	mod								mod				

INSIDE — LOOKING OUT

				RIGHT				LOWER TEETH				LEFT							
				16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE					O	A	A								S	A		A	A
LOCATION					o	m	o	o	fo						m	do		mal	o

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		OCCUSAL (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.

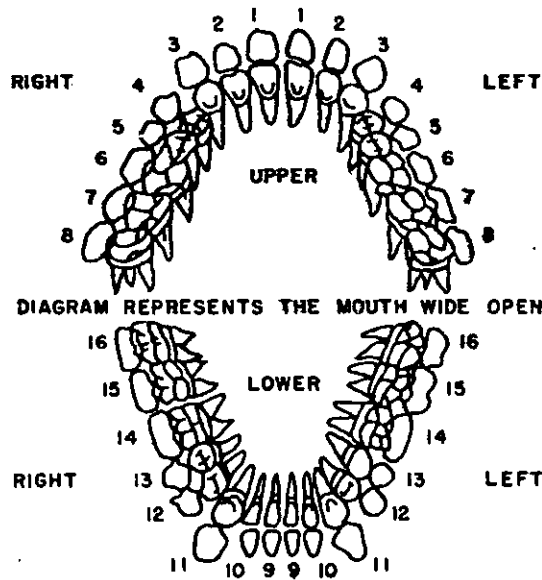


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

R-10,9 L-9,10 malposed. Maxilla badly broken.
Tooth in fair condition.

SIGNATURE OF PERSON WHO PREPARED CHART

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

NAME AND RANK TYPED OR PRINTED

SP-6
NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

9 Oct '47
DATE

CERTIFIED TRUE COPY:

E. H. Newman Jr
E. H. NEWMAN JR
Capt. FA

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-158 USAF
 Unknown X 645 (Cem Manila #2, Luzon P.I.
 Cemetery AGRS Mausoleum, Manila P.I. Grave #418)
 MANGER BAY CRYPI
 Plot 801 Row E Grave 1141

1. Arrived at CIP AGRS, Mausoleum
(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 C M T NO.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	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	N		
Mackinaw	N		
Sweater	E		
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 ^N _O (type)
 Overshoes ^N _E
 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 Chart attached.

Age ^{3"} Height EST 5' Weight EST 135 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 ^T _D (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, widow's peak, distinctive cutting or other characteristics)
 Sideburns (Color, setting, shape) Mustache (Color, size, shape) Beard or (Length, heavy)

Goatee (Light, color, extent)

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

Nose (Spc, 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 **Skull badly 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 (Unusual characteristics of fingernails)

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

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

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

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

Hernioplasty (Yes-no; location)

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

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

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

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

7. Have finger prints been placed on Report of Interment? No

(Yes-no)

If not, explain Due to condition of remains

8. Has tooth chart been prepared? Yes If not, explain

(Yes-no)

9. Remarks No I.D. tags nor ROI bottle received with remains.

No personal effects found. Remains is estimated to weight about 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.

E. F. MORIARTY

(Officer's Name)

SP-6

Rank

Service

AGRS, Mausoleum

(Organization)

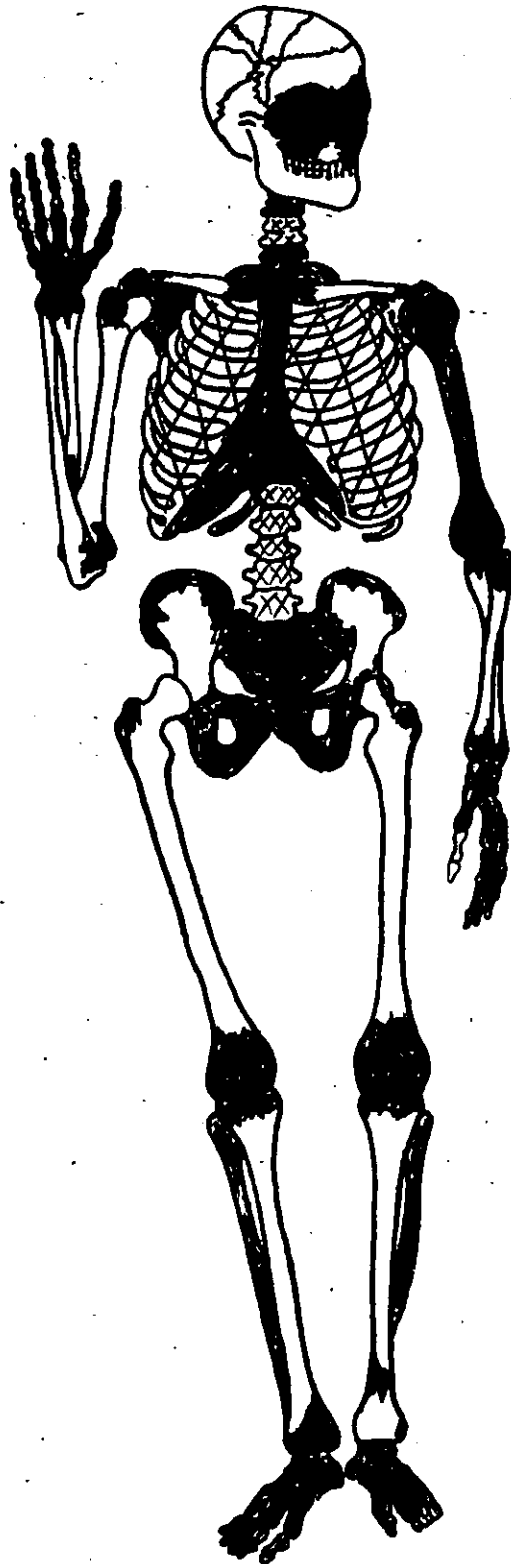
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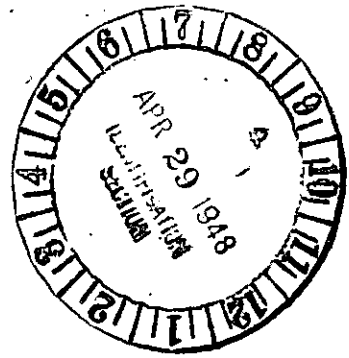
E. H. Newman Jr.
E. H. NEWMAN JR.
Capt. FA

7-645

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





APR 29 1948

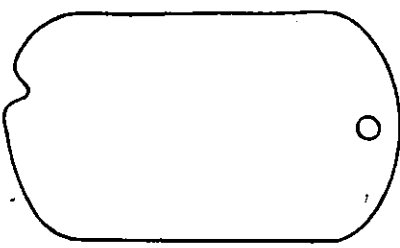


7aaa

APR 29 1948


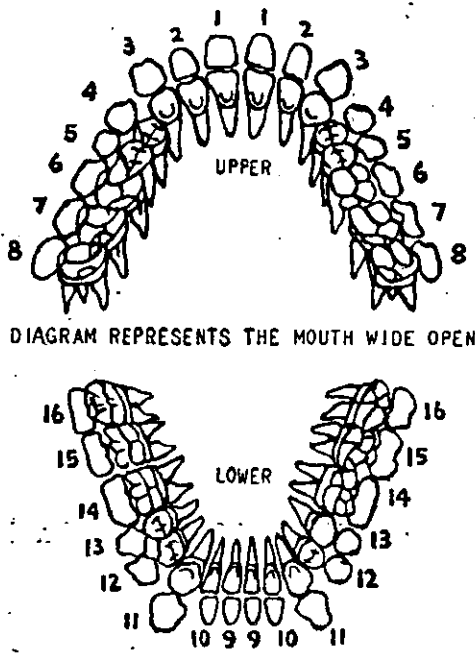




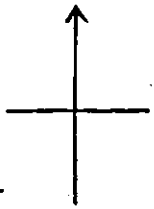
639
RESTRICTED

U 639

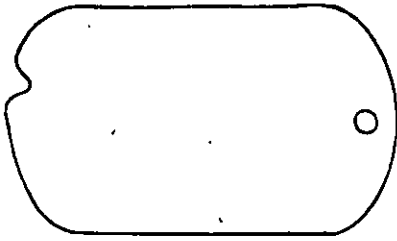
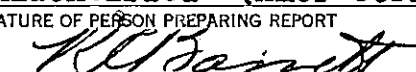
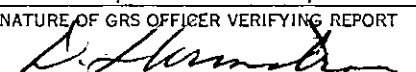
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 13 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-645 (Formerly UNK X-158, USAF Cem Manila #2, Luzon, P.I.)			SERIAL NO. Unknown	
		GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown		
		RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH 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)		REPT. DIVISION 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 STORAGE 9 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY E	GRAVE No. CRYPT 1141
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. CRYPT 418
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) STORED UNKNOWN X-639	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 1143		
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-648	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1139		
SIGNATURE OF PERSON PREPARING REPORT <i>Wm R Gilbert</i> Wm R GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio Jr.</i> 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.						

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RESTRICTED

LEFT LITTLE FINGER	Section 5 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.		
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES
			COLOR OF HAIR
	BIRTHMARKS, SCARS, OR TATTOOS		
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS
			WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES		
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
	CAVITIES  CAVITY DECAYED		
	MISSING TEETH  TOOTH MISSING		
RIGHT THUMB	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN		
RIGHT INDEX FINGER	BRIDGE WORK  GOLD BRIDGE		
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		
RIGHT RING FINGER			
RIGHT LITTLE FINGER	REMARKS: Identification Check List and Dental Chart accomplished.		

19 NOV 1952

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		RE 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-158 (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 1030 None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Manila #2, Luzon, P. I.							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)		TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
26 Nov. 45	1300	Shelter Half		Cross	2	4	418
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 345.5-406.5 Amer Corregidor Cem, Corregidor, P. I.				PLOT No.	ROW No.	GRAVE No.
				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		No record of burial in burial records.			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-157 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)				RANK	SERIAL No.	ORGANIZATION	GRAVE No.
							417
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-159 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)				RANK	SERIAL No.	ORGANIZATION	GRAVE No.
							419
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.							

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Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


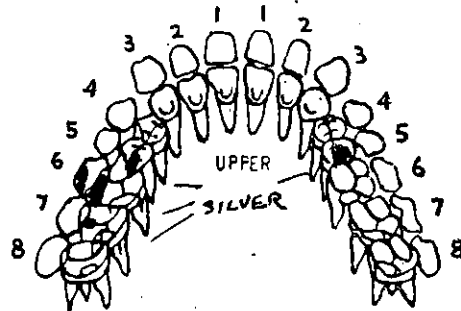
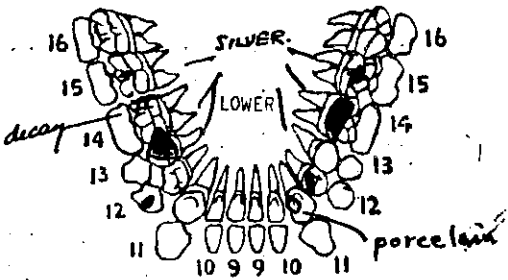




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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



REMARKS: