

QUART 295
ONS Far East

30 August 1949

SUBJECT: Identification of World War II Deceased

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

ATTN: AGRS, PHILIPPINE COM

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

Unknown	X-1329	AGRS	Mausoleum	Manila	formerly	X-3596	Manila	#2
Unknown	X-1518	AGRS	Mausoleum	Manila	formerly	X-3620	Manila	#2
Unknown	X-1629	AGRS	Mausoleum	Manila	formerly	X-3450	Manila	#2
Unknown	X-1921	AGRS	Mausoleum	Manila	formerly	X-3256	Manila	#2
Unknown	X-2407	AGRS	Mausoleum	Manila	formerly	X-3098	Manila	#2
Unknown	X-3036	AGRS	Mausoleum	Manila	formerly	X-1816	Manila	#2
Unknown	X-4643	AGRS	Mausoleum	Manila	formerly	X-1263	Manila	#2
Unknown	X-4656	AGRS	Mausoleum	Manila	formerly	X-1857	Manila	#2
Unknown	X-4689	AGRS	Mausoleum	Manila	formerly	X-3003	Manila	#2
Unknown	X-550	AGRS	Mausoleum	Manila	formerly	X-163	Manila	#2
Unknown	X-553	AGRS	Mausoleum	Manila	formerly	X-186	Manila	#2
Unknown	X-431	AGRS	Mausoleum	Manila	formerly	X-273	Manila	#2
Unknown	X-1702	AGRS	Mausoleum	Manila	formerly	X-2410	Manila	#2
Unknown	X-4590	AGRS	Mausoleum	Manila	formerly	X-4333	Manila	#2
Unknown	X-1333	AGRS	Mausoleum	Manila	formerly	X-3986	Manila	#2
Unknown	X-1652	AGRS	Mausoleum	Manila	formerly	X-3464	Manila	#2
Unknown	X-2093	AGRS	Mausoleum	Manila	formerly	X-3081	Manila	#2

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

S. H. METZ
Lt. Colonel, QMG
Memorial Division

REB

TEC

S. M. Guild:lak
L. M. White
J. Windsor

cc: Administrative Section

CC: CINCPAC, APO 500,
C/O PM
San Francisco, Cali

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293 .9

APO 707

SUBJECT: Unidentifiable Remains

11 AUG 1949

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-421	AGRS Mslm	UNKNOWN X-3677	AGRS Mslm
" X-650	" "	" X-3740	" "
" X-653	" "	" X-4590	" "
" X-1702	" "	" X-4640	" "
" X-2134	" "	" X-5152	" "

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

FOR THE COMMANDING GENERAL:

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

10 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

(Received)
(AUG 22, 1949)

1 fms

Interred 8 August 1949
N. 16 42 Ft. McKinley
Carl H. Mark
CARL H. MARK

DISINTERMENT DIRECTIVE

SECTION A
Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02841

DATE
15 06 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	UNKNOWN X - 000163		Q	
CEMETERY	DISPOSITION OF REMAINS			
USAF CEMETERY MANILA NO 2	7701 80			
PROT.	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
F12	4	423	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 - 163 Unk X - 650 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 21 Sept. '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY PERRY E. WHITE 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

2 Identification tags read Maus. Unk X - 650

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept. '48	BY PERRY E. WHITE
CASKET SEALED BY PERRY E. WHITE	EMBALMER (Signature) <i>Perry E. White</i> PERRY E. WHITE
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept '48	BY HORACE L. ALLISON, Sgt. INF.

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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

7-SEP-48
REPATRIATION
BRANCH
MEMO

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>Carermark</i>	DATE 3 AUG 1948

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>NIKINOMI</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FOR MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER (BY ADMINISTRATIVE DECISION)	DATE

6. SHIPPED

FROM US & ASS BRITISH ISLANDS		TO ISLANDS	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>ALBBA</i>	DATE	SIGNATURE OF RECEIVER	DATE

RECORDED & SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

15 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-163, Plot 2,
Row 4, Grave 423, USMC USar' 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

Atch: Form 1044

Received AUG 22 1949 OQMG
Not identifiable from
information presently
available AUG 25 1949

*Field
Ident*

Ident

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-650 (Formerly Unk X-163 Manila #2)			2. DATE OF REPORT 21 July 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P. I.	4. PLOT 801	5. ROW E	6. GRAVE 1148	7. DATE OF
				DISINTERMENT

PHYSICAL DESCRIPTION

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

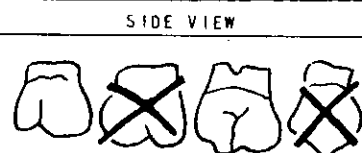
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl #2

18.

TOOTH CHART

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:



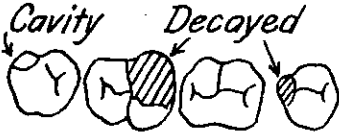
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



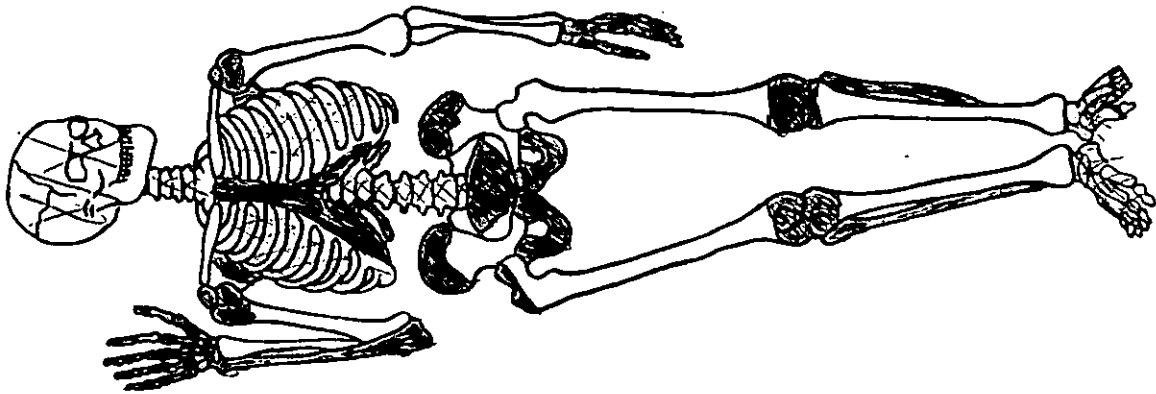
Fractured

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		P							P	P							P		
Side Views																		Side Views	
Top Views	UPPER																		
	LOWER																		
Side Views																			
		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."

James J. McDermott
JAMES J. McDERMOTT
 Laboratory Officer

19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height: 5'5"

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 - 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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

X-650

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.

UNKNOWN X-650 (Formerly UNK X-163, USAF
Cem Manila #2, Luzon, P.I.)

9 Oct 47

DATE

LAST NAME FIRST INITIAL

Unknown RANK

Unknown SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

Corregidor, P.I.

801 E 1148

PLACE OF DEATH

PLACE OF BURIAL &
STORAGE

PLOT ROW GRAVE NO.
HANGER BAY CRYPT

RIGHT

UPPER TEETH

LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

TYPE
LOCATION

								X	X	X						

TYPE
LOCATION

INSIDE — LOOKING OUT

RIGHT

LOWER TEETH

LEFT
















16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

TYPE
LOCATION

									X	X						

TYPE
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.

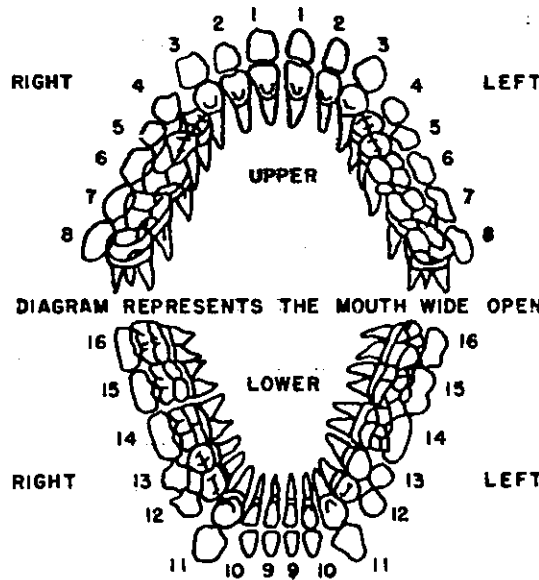


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Moderate alveolarclazure on upper and lower anteriors.

Uppers and Lovers generally discolored.

/s/ C Maxlee Fann, C-062781
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Alton E. Jones
VERIFIED BY GRS OFFICER

/p/ C. MAXLEE JANN, MSP-6
NAME AND RANK TYPED OR PRINTED

/p/ ALTON E. JONES, SP-6
NAME AND RANK TYPED OR PRINTED

AGRS Mausoleum
PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

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-650 (Formerly UNK X-163, USAF
~~Unknown X~~ Cemetery Manila #2, Luzon, P.I.)
 Cemetery AGRS Mausoleum Manila, P.I.
 Plot 801 HANGER Row E BAY CRYPT Grave 1148

1. Arrived at cemetery _____
(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. #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		N	
Mackinaw		O	
Sweater		N	
Jacket, HBT		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) _____ N

Overshoes _____ O
N

Web Equipment _____ (type) _____ E

(Other item) _____

(Other item) _____

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

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

Shoulder Patch _____

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

6. Description of Remains: Skeleton only - Chart attached

Age _____ Height _____ UTD _____ Weight _____ UTD _____ Description of wounds _____

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

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

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

Sunburn or tan, other than hand and face _____ U

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, 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) U / Eyebrows (Color, bushiness, extent across nose) /

Nose (Size, shape, straight) - D / Ears (Size, set close to or far from head) /

Mouth (Large, medium, small) / Lips (Small, large, full) /

Teeth **See Chart** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts) /

Chin (Prominent, receding, pointed, dimples, double) /

Jaw (Large, small, normal) Circumference of head in inches UTD (Hat band) /

Neck (Size, length, short, normal, wrinkled) U Larynx (Prominent, normal) /

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

Hands /

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

..... (Unusual characteristics of fingernails) /

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

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

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

Hernioplasty (Yes-no; location) /

Legs (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 ROI bottle. No personal effects or any means of identification
found with remains. Est. weight of remains - 4 lbs.

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

/s/ Alton E. Jones

(Officer's Name)

SP-6

062812

Rank

Service

AGRS Mausoleum Manila, P.I.

(Organization)

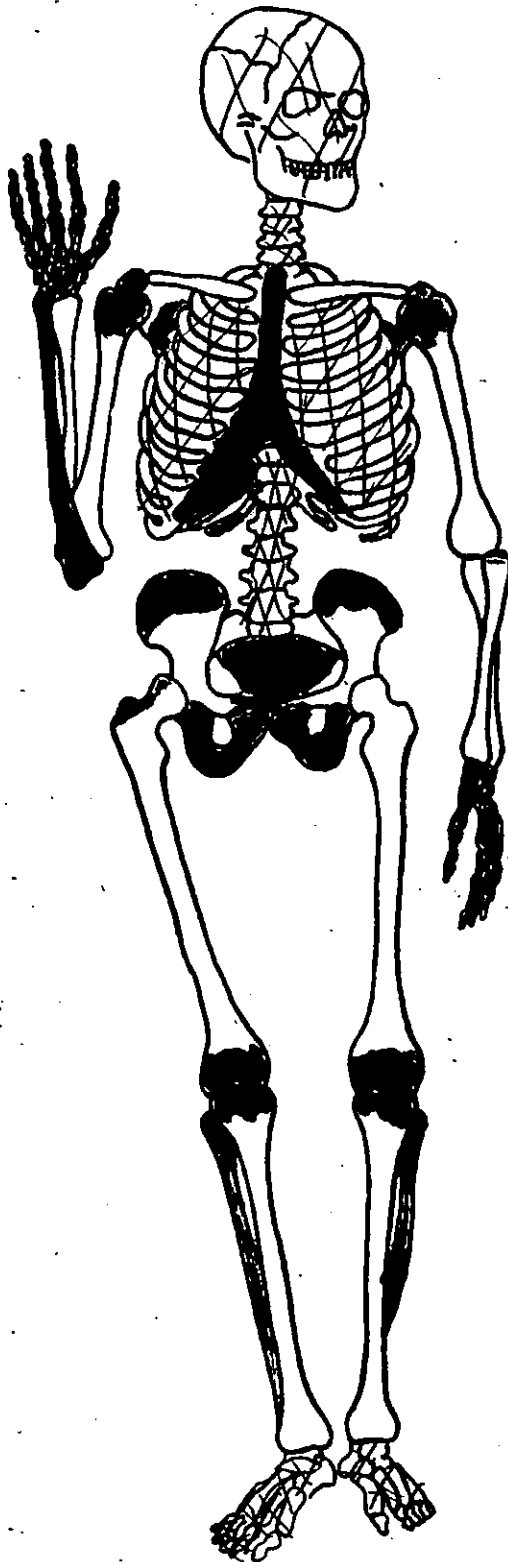
A CERTIFIED TRUE COPY:

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

SKELETAL CHART

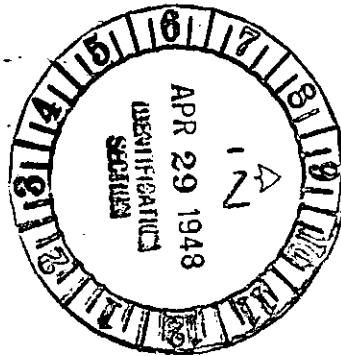
X-650

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Small fragments
of ribs and vertebrae*

*Bone fragments too
small to identify*



1/AM

APR 29 1948

RESTRICTED

U644

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

14 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-650 (Formerly UNK X-163, 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)

REPARATION
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

1148

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.

423

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-649

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

1150

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

STORED
UNKNOWN X-643

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

1146

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PANOPIO, Jr., 2d Lt, Inf

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

encl 5/2

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.

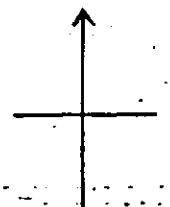
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		
FILLINGS		

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



REMARKS:

Identification Check List and Dental Chart accomplished.

18 NOV 1941

IDENTIFICATION SECTION
REPARATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

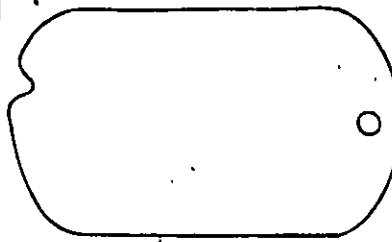
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

6 Dec 45

Impression Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
UNKNOWN X-163 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)		
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Corregidor, P. I.		

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
Yes (2)	(Over)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 1035

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	423

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	345.5-406.5 Amer Corregidor Cem, Corregidor, P. I.	C	6	36

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	No record of burial in burial reports.
Yes	Yes	

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-162 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)				422

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-164 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)				424

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
R. C. BARRETT, Cpl., GRS.	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.

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.

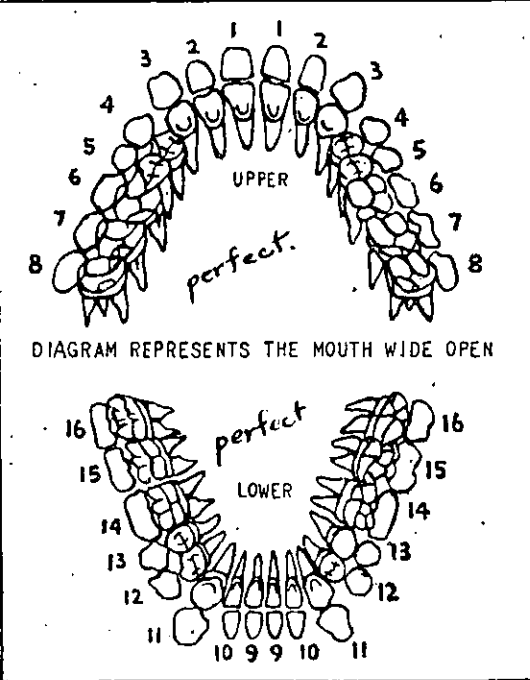
19 DEC 1945

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>
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: