

QMGMT 293
AGRS Far East

10 August 1949

SUBJECT: Identification of World War II Deceased

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-943,	AGRS	Mausoleum	Manila,	formerly	X-4020,	USAF	Com.,	Manila #2
"	X-1406,	"	"	"	"	X-3997,	"	"	"
"	X-1133,	"	"	"	"	X-3790,	"	"	"
"	X-1132,	"	"	"	"	X-3789,	"	"	"
"	X-1215,	"	"	"	"	X-3749,	"	"	"
"	X-1791,	"	"	"	"	X-3342,	"	"	"
"	X-1888,	"	"	"	"	X-3241,	"	"	"
"	X-2047,	"	"	"	"	X-3200,	"	"	"
"	X-2417,	"	"	"	"	X-3129,	"	"	"
"	X-3151,	"	"	"	"	X-1028,	"	"	"
"	X-801,	"	"	"	"	X-316,	"	"	"
"	X-716,	"	"	"	"	X-232,	"	"	"
"	X-683,	"	"	"	"	X-197,	"	"	"
"	X-652,	"	"	"	"	X-165,	"	"	"
"	X-4661,	"	"	"	"	X-1272,	"	"	"
"	X-817,	"	"	"	"	X-332,	"	"	"
"	X-888,	"	"	"	"	X-356,	"	"	"
"	X-799,	"	"	"	"	X-314,	"	"	"
"	X-446,	"	"	"	"	X-299,	"	"	"
"	X-429,	"	"	"	"	X-281,	"	"	"
"	X-415,	"	"	"	"	X-265,	"	"	"
"	X-655,	"	"	"	"	X-168,	"	"	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. Sanborn:dal
L. M. White
J. Windsor

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

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

AFD 707

SUBJECT: Unidentifiable Remains

25 JUL 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 QMGMTU 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-180	AGRS	Mslm	UNKNOWN	X-1132	AGRS	Mslm
"	X-200	AGRS	Mslm	"	X-1133	AGRS	Mslm
"	X-201	AGRS	Mslm	"	X-1215	AGRS	Mslm
"	X-202	AGRS	Mslm	"	X-1406	AGRS	Mslm
"	X-203	AGRS	Mslm	"	X-1455	AGRS	Mslm
"	X-652	AGRS	Mslm	"	X-1731	AGRS	Mslm
"	X-683	AGRS	Mslm	"	X-1888	AGRS	Mslm
"	X-716	AGRS	Mslm	"	X-2047	AGRS	Mslm
"	X-801	AGRS	Mslm	"	X-2417	AGRS	Mslm
"	X-943	AGRS	Mslm	"	X-3151	AGRS	Mslm

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

FOR THE COMMANDING GENERAL:

20 Incls:
QMC Forms 1044 w/ certificates
of Unidentifiability

/s/ John M. Weston Jr.
JOHN M. WESTON JR
1st Lt
Asst Adj Gen





[Faint, mostly illegible text from a document, possibly a report or log, covering the majority of the page.]

/trv

1 /drs

Interred 1 Aug.
N 7 68 Ft. McKinley
Carl R. H. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent
SECTION A

DIRECTIVE NUMBER

7747 02843

DATE

15 06 48
DAY MONTH YEAR

NAME AND BURIAL LOCATION OF DECEASED

NAME

UNKNOWN X - 000165

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

0 7701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

R12 4 425 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 Unknown X - 000165 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

Unknown X - 652 (Maus)

21 Sept. '48

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
JOSEPH M. O'TEN
Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

Two remains tags - Unknown X - 652 AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept. '48

BY

JOSEPH M. O'TEN

CASKET SEALED BY

JOSEPH M. O'TEN

EMBALMER (Signature)

Joseph M. O'ten
JOSEPH M. O'TEN

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. INF.

CORSINE C. KAYAMAN, 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.

Reclam 10/14/48

Corsine C. Kayaman
CORSINE C. KAYAMAN, 1st Lt., INF

SIGNATURE OF GRS INSPECTOR

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

7-SEP-1948
REPATRIATION
BRANCH
MEDICAL
Raymond

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>Charles R. ...</i>	DATE 1 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	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

12 July 1949
Date

SUBJECT: Unidentifiable Remains

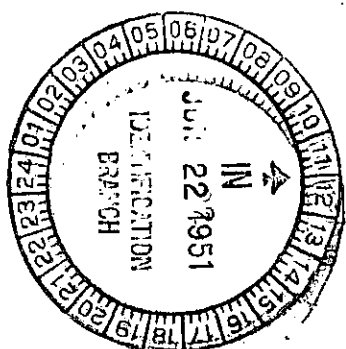
TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 165, Plot 2,
Row 4, Grave 425, 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. McENEMAR
H. B. McENEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044



Received 4/8/49
Not identifiable from
information presently
available

5/8/49
Sawborn, T.
Ident.

Encl # 6'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-652 (Formerly Unk. X-165 Manila #2)			2. DATE OF REPORT 14 July 49		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1157	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 150 lbs.	9. ESTIMATED HEIGHT 5' 8"	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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

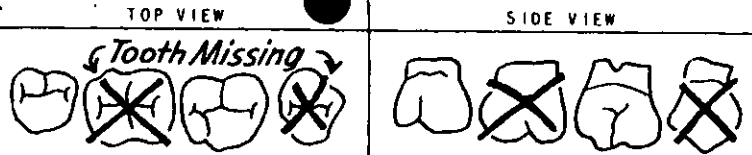
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

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

Incl. # 6²

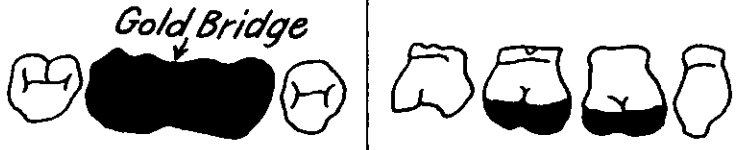
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



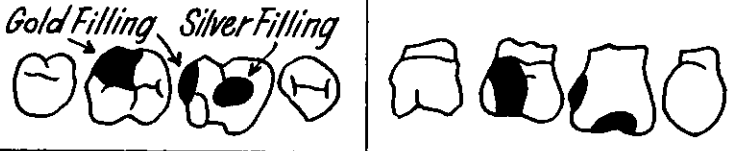
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



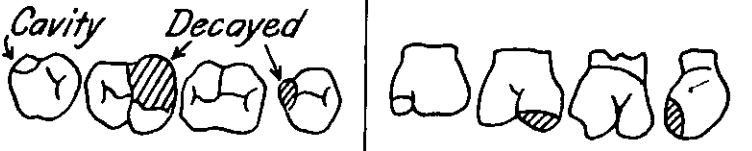
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



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

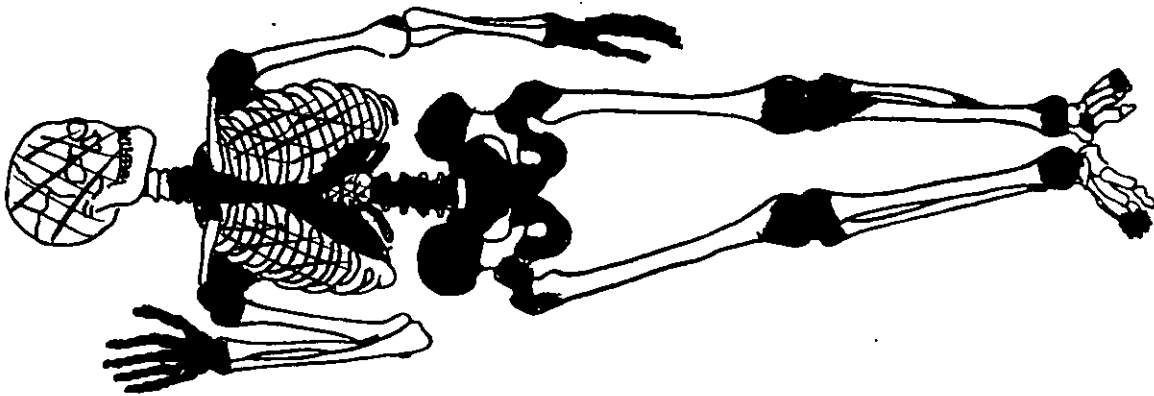
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

J. J. McDERMOTT

Laboratory Officer, CIP

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



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, 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

J. J. McDERMOTT
 Laboratory Officer, CJP

SIGNATURE

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-652 (Formerly UNK X-165)

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

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown

UNIT ORGANIZATION

Corregidor, Island, P.I. AGRS Mausoleum Manila P.I. 801 E 1157

PLACE OF DEATH PLACE OF BURIAL 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							P	P	P	P						P				
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	P				P		P	P	P	P										
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	OXYPHOSPATE (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.

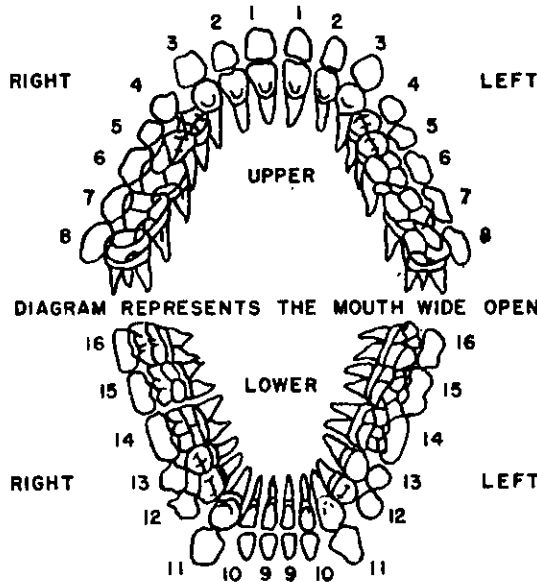


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

s/ Edward H. Marshall
VERIFIED BY GRS OFFICER

SP-8 C-062874
NAME AND RANK TYPED OR PRINTED

9 Oct 47
DATE

CERTIFIED TRUE COPY:
E. H. Neuman, Jr.
E. H. NEUMAN, JR.
Capt., FA

IDENTIFICATION CHECK LIST

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

UNKNOWN X-652 (Formerly UNK X-165)
~~UNKNOWN~~ (USAF Cemetery Manila #2, P.I.)
 Cemetery AGRS Mausoleum, Manila P.I.
 Plot 801 HANGER Row E BAY GRAVE Grave 1157

1. Arrived at cemetery 7 Oct 47
(Hour) (Date)
2. Place of death Corregidor, Island, 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	/ / / / /		
Mackinaw	/ / / / /		
Sweater		N 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) ^N _O

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: Skeletay only - Chart attached.

Age ^{Est.} UTD _____ Height ^{Est.} 5' 8" _____ Weight 150 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 _____ ^U _T

Complexion _____ ^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)

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 skull _____
 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 _____

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 _____
 (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 identification tags. ROI, or other means of identification found
with remains. Estimated weight of remains 4 lbs. Skull fractured.
Can't determine circumference.

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
(Organization)

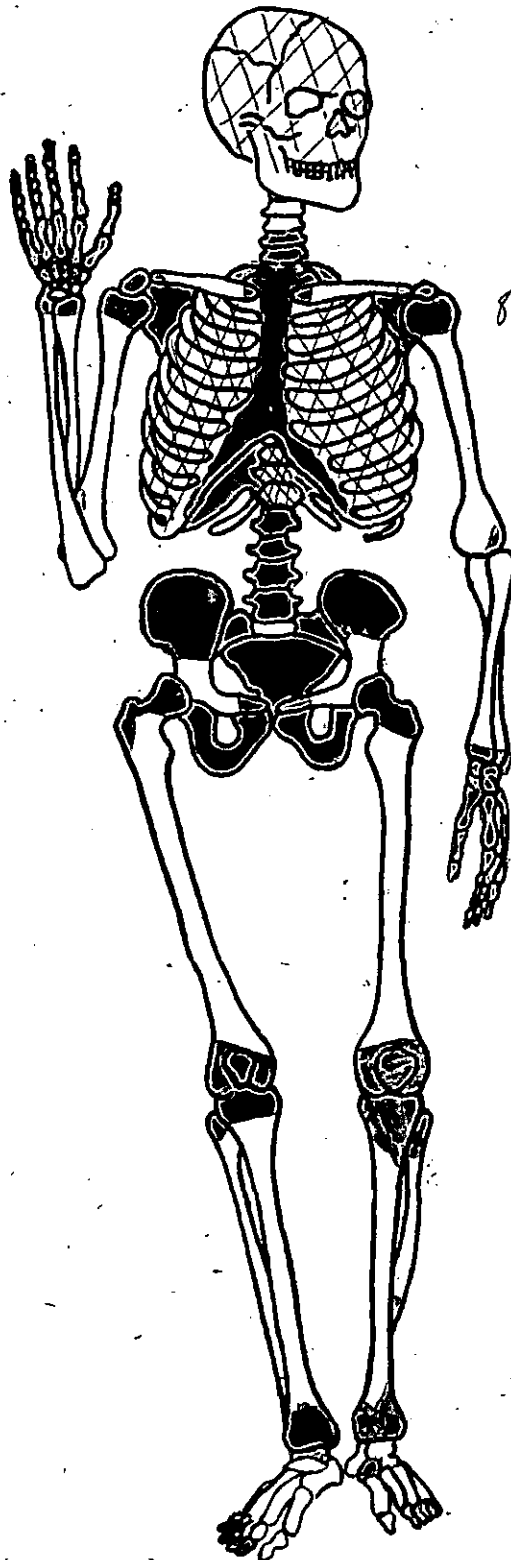
CERTIFIED TRUE COPY:

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

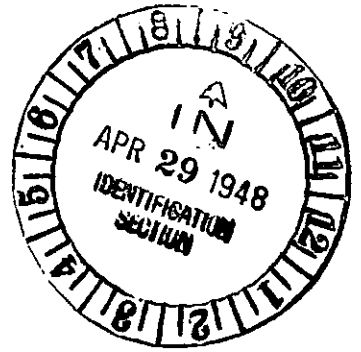
9 Oct 47

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 8- Rib fragments
- 2- Lumbar fragments
- 6- Dorsal fragments
- 2- Cervical vertebrae
- Small bone fragments
(present)



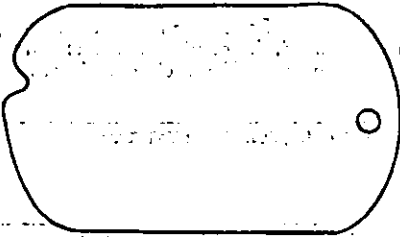
/acm

APR 29 1947

646
RESTRICTED

U 646

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-652 (Formerly UNK X-165 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 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 54 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 14 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT NO. HANGER 801	ROW NO. BAY E	GRAVE NO. CRYP. 1157
----------------------------------------	--------------	--------------------------------------------------------------------	------------------------------	------------------------	------------------	-------------------------

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. 425
-----------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	---------------	--------------	------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORAGE Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
-------------------------------------------------------------------	----------------------------------------------------------

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORAGE UNKNOWN X-622	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYP. 1159
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORAGE UNKNOWN X-647	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYP. 1155
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SIGNATURE OF PERSON PREPARING REPORT  Wm R. GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO PANOPIO JR 2d Lt., INF
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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 521

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


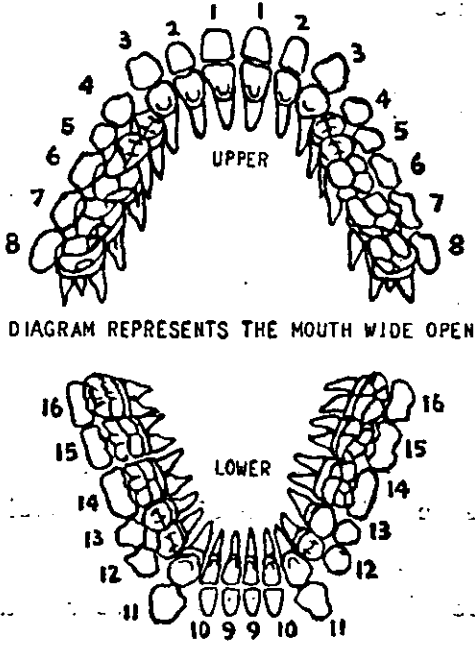




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

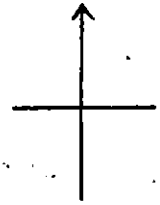
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.

18 NOV 1957

IDENTIFICATION SECTION
DEPARTMENTAL RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

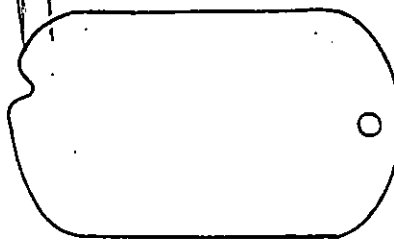
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

U 646

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

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN X-165 (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)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Jul 10 39

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	425

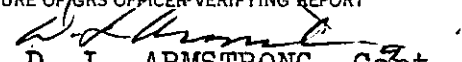
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 345.5-406.5 Amer Corregidor Cem, Corregidor, P. I.	PLOT No. ROW No. GRAVE No.
		C 6 38

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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-164 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				424

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-166 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				426

SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, Cpl., GRS.	SIGNATURE OF GRS OFFICER-VERIFYING REPORT  D. L. ARMSTRONG, Capt., QMC.
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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

Jul 79

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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(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

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER


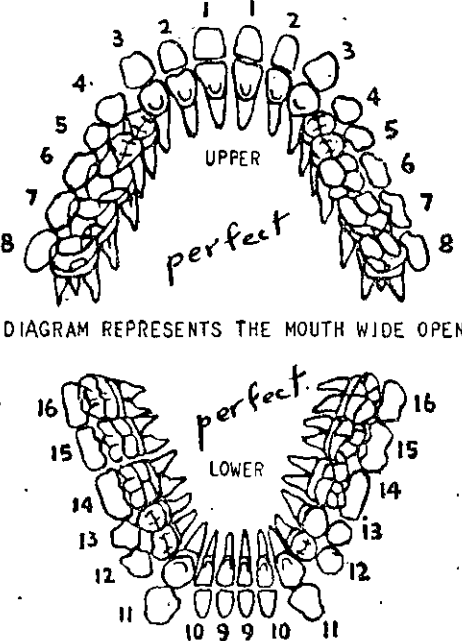




RIGHT
RING FINGER

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</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER perfect</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: