

QMGMT 293  
 GRS Far East  
 SUBJECT: Approval of Unidentifiability

Ltr 2 September 1949

Unknown	X- 810,	AGRS	Mauseleum	Manila,	formerly	X- 325,	ESAF	Com.,	Manila	#2
"	X- 728,	"	"	"	"	X- 240,	"	"	"	#2
"	X- 687,	"	"	"	"	X- 201,	"	"	"	#2
"	X- 654,	"	"	"	"	X- 167,	"	"	"	#2
"	X- 597,	"	"	"	"	X- 105,	"	"	"	#2
"	X- 436,	"	"	"	"	X- 289,	"	"	"	#2
"	X-2756,	"	"	"	"	X-2874,	"	"	"	#2
"	X-2757,	"	"	"	"	X-2875,	"	"	"	#2
"	X-2759,	"	"	"	"	X-2877,	"	"	"	#2
"	X-2653,	"	"	"	"	X-2954,	"	"	"	#2
"	X-2654,	"	"	"	"	X-2955,	"	"	"	#2
"	X-2655,	"	"	"	"	X-2956,	"	"	"	#2
"	X-2659,	"	"	"	"	X-2960,	"	"	"	#2
"	X-2660,	"	"	"	"	X-2961,	"	"	"	#2
"	X-2661,	"	"	"	"	X-2962,	"	"	"	#2
"	X-2800,	"	"	"	"	X-2950,	"	"	"	#2
"	X-2801,	"	"	"	"	X-2951,	"	"	"	#2
"	X-2761-A,	"	"	"	"	X-2879,	"	"	"	#2

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

cc: Adm Section  
 T. Sanborn:pmr  
 L. M. White  
 J. Windsor

REB

TEC

CC: CINCFE, APO 500, c/o Postmaster, San Francisco, California.

QMGMF 293  
GRS Far East

2: September 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-2686, AGRS Mausoleum Manila, formerly	X-2834, USAF Cem., Manila	#2
"	X-2684, " " "	X-2832, " " "	#2
"	X-2682, " " "	X-2830, " " "	#2
"	X-2783, " " "	X-2841, " " "	#2
"	X-2779, " " "	X-2857, " " "	#2
"	X-2764, " " "	X-2862, " " "	#2
"	X-2762, " " "	X-2860, " " "	#2
"	X-2777, " " "	X-2855, " " "	#2
"	X-2774, " " "	X-2852, " " "	#2
"	X-2778, " " "	X-2856, " " "	#2
"	X-2744, " " "	X-2814, " " "	#2
"	X-2722, " " "	X-2823, " " "	#2
"	X-2742, " " "	X-2812, " " "	#2
"	X-2719, " " "	X-2819, " " "	#2
"	X-2679, " " "	X-2806, " " "	#2
"	X-2771, " " "	X-2869, " " "	#2
"	X-2770, " " "	X-2868, " " "	#2
"	X-2753, " " "	X-2871, " " "	#2
"	X-2754, " " "	X-2872, " " "	#2
"	X-2752, " " "	X-2820, " " "	#2
"	X-2691, " " "	X-2838, " " "	#2
"	X-2690, " " "	X-2838, " " "	#2
"	X-2689, " " "	X-2837, " " "	#2
"	X-2414, " " "	X-3126, " " "	#2
"	X-1975, " " "	X-3270, " " "	#2
"	X-1947, " " "	X-3282, " " "	#2
"	X-1940, " " "	X-3328, " " "	#2
"	X-1699, " " "	X-3407, " " "	#2
"	X-1631, " " "	X-3452, " " "	#2
"	X-1405, " " "	X-3996, " " "	#2
"	X-1379, " " "	X-3961, " " "	#2
"	X- 832, " " "	X- 348, " " "	#2

**Revised  
Not Identifiable  
available**

GSGR 293.9

AFPO 707  
17 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 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:

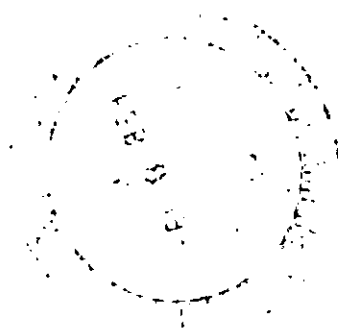
UNIDENTIFIED	X-182	AGRS	Mslm	UNKNOWN	X-1379	AGRS	Mslm
"	X-208	"	"	"	X-1405	"	"
"	X-244	"	"	"	X-1631	"	"
"	X-312	"	"	"	X-1699	"	"
"	X-436	"	"	"	X-1940	"	"
"	X-597	"	"	"	X-1947	"	"
"	X-654	"	"	"	X-1975	"	"
"	X-687	"	"	"	X-2247	"	"
"	X-723	"	"	"	X-2414	"	"
"	X-810	"	"	"	X-5148	"	"
"	X-852	"	"	"	X-5149	"	"

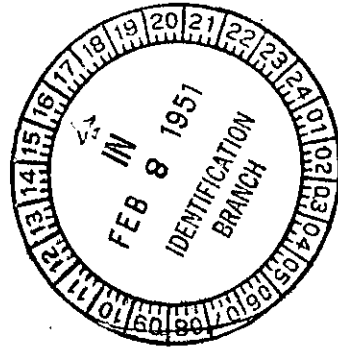
2. Forwarded herewith, for your consideration, are new QIC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

22 Incls  
QIC Forms 1044 w/certificates  
of Unidentifiability

C. H. LILLIANCE  
2nd Lt., AGD  
Asst. Adj. Gen





Vertical lines of text, possibly representing a list or index, are visible in the center of the page. The text is too faint to be legible.

LH

Interred 22 Aug 1949  
N 6 161 Ft. Riley

### DISINTERMENT DIRECTIVE

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

Cemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**7747 02847**

DATE  
**15 06 48**  
DAY MONTH YEAR

NAME: **UNKNOWN X-000167** SERIAL NUMBER: **UNKNOWN X-000167** RANK: **0** ARM: **0** DATE OF DEATH: **15 06 48**  
DAY MONTH YEAR

CEMETERY: **USAF CEMETERY MANILA NO 2** DISPOSITION OF REMAINS: **7701 80**  
CODE DIST. PT.

PLOT: **F12** ROW: **4** GRAVE: **436** COUNTRY: **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-167** SERIAL NUMBER: **UNKNOWN** RANK: **UNKNOWN** DATE OF DEATH: **2 April 1949** DATE DISTINTERRED: **2 April 1949**  
IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: **UNKNOWN** RELIGION: **UNKNOWN** IDENTIFICATION VERIFIED BY: **J J McDERMOTT  
Embalmer** NAME AND TITLE

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Shelter Half** CONDITION OF REMAINS: **Skeletal**

OTHER MEANS OF IDENTIFICATION: **None**

MINOR DISCREPANCIES: **One (1) Maus tag UNK X-654 formerly X-167 Manila #2  
One (1) Emp tag UNK X-167 436-4-2  
Two (2) Embossed tag X-167**

REMAINS PREPARED AND PLACED IN CASKET: **DATE 2 April 1949 BY J J McDERMOTT**

CASKET SEALED BY: **J J McDERMOTT** EMBALMER (Signature): *J J McDERMOTT*  
**J J McDERMOTT**

CASKET BOXED AND MARKED: **DATE 2 April 49 BY WEYMAN L McGUIRE, Sgt, MC** SHIPPING ADDRESS VERIFIED BY: **RICHARD HOYT**

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

*Reclous 10/12/49*

*Richard Hoyt*  
RICHARD HOYT  
SIGNATURE OF GRS INSPECTOR

4 SEP 1949  
REPATRIATION  
BRANCH  
MEDICAL  
*Woyd*

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM AGRS MAUSOLEUM		TO FT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE 22 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>PKK</i>	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

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

## 6. SHIPPED

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

*PKK* SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCON ZONE  
APO 900

28 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 167, Plot 2,  
Row 4, Grave 436, 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, GME  
Chief, Records Branch

Attch: Form 1044

Received 8/30/49  
Not identifiable from  
information presently  
available

8/31/49  
Sanborn, T.  
Adm't

CGMG

*File 7*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-654 (Formerly UNK X-167 Manila # 2)</b>				2. DATE OF REPORT <b>3 Aug 1949</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1154	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5' 7"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
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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"**



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

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A	A					X				g		A	A	X		
	o	o											o	o			
Side Views																	Side Views
Top Views																	
	<i>fracture</i>																
Side Views																	
<i>mandible missing</i>		X	X	X	X	X		X					A	A/C			
	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"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*J. J. McDermott*  
**J. J. McDERMOTT**

Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height: 5' 7"

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

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

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

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.  
Estimated weight of remains - 6 lbs.  
Circumference of skull - 20 inches.

**"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, CIP

SIGNATURE

Y-654

# 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-167 USAF)

DATE

UNKNCWN X-654 (Cem Manila #2, Luzon, P.I.) Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT  
Ft. Stotsenburg Area,  
Pampanga, Luzon, P.I.

AGRS Mausoleum  
Manila, P.I.

ORGANIZATION

801

E

1154

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

RANGER

ROW
















CRYPT

		RIGHT					UPPER TEETH					LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE			A	A						S					A	A	⊗	TYPE	
LOCATION			o	o						M					o	o		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			⊗	⊗	⊗	⊗	⊗		⊗		⊗				A	A	⊗	TYPE	
LOCATION															o	o		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)

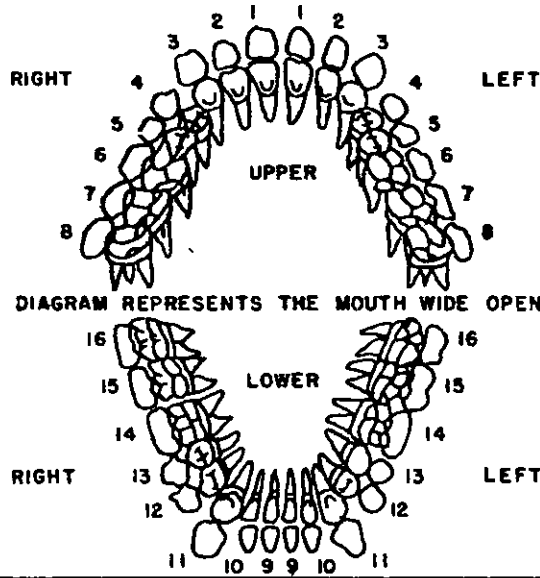
**INSTRUCTIONS:**

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.



**REMARKS:**

L-12, L-13 out of line. R-7 broken. Mandible fractured between R-1 L-1.

/s/ Joseph D. Murphy  
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ Alton E. Jones  
VERIFIED BY GRS OFFICER

/p/ JOSEPH D. MURPHY T/5  
NAME AND RANK TYPED OR PRINTED

/p/ ALTON E. JONES  
SP 6 062812  
NAME AND RANK TYPED OR PRINTED

AGRS, Mausoleum  
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-167 USAF  
 Unknown X 654 (Cem Manila #2 Luzon, P.  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 801 DANGER BAY CRIPY Row E Grave 1154

1. Arrived at cemetery 7 Oct 47  
(Hour) (Date)
  2. Place of death Ft. Stotsenburg Area, Pampanga, P.I.  
(Name of closest town) Plot #2, Row 4, Grave 436  
(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 C M T #1  
(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 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 Pieces of shoe soles (type) size 9-E

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 Chart attached.

Age Height 5' 7" Est 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

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

Build (Large, fat, thin, muscular)

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

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

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

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

Teeth ..... 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 20" ..... (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 ..... (Muscular, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

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

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

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

If not, explain Due to condition of remains.

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

9. Remarks No ROI bottle. No I.D. tags found with remains. Small disk found with the number "30" on one side. Disk with remains. Est. wt. of remains 6 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  
(Organization)

CERTIFIED TRUE COPY:

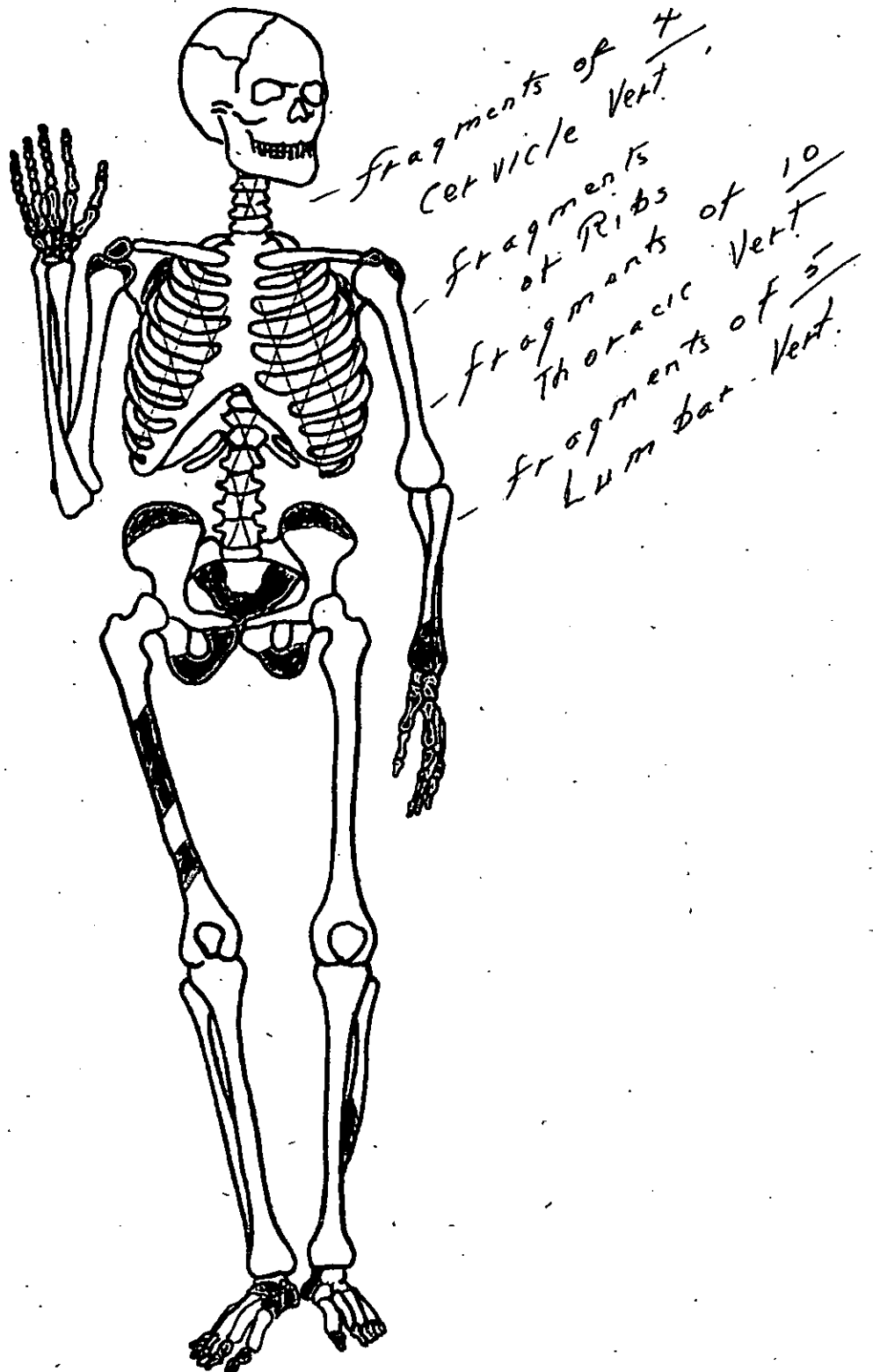
*E. H. Newman Jr.*  
E. H. NEWMAN JR.  
Capt. FA

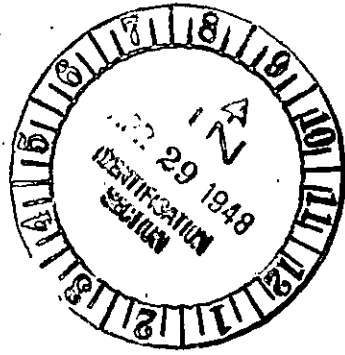


# SKELETAL CHART

X-654

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





APR 29 1948

RESTRICTED

U 697

/aaa

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-654 (Formerly UNK X-167  
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

Ft. Stotsenburg Area,  
Pampanga, Luzon, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

See Remarks

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

RECORDS DIVISION  
RECORDS BRANCH  
DEC 22 2 53 PM '47  
MEMORIAL DIVISION

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

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.  
RANGER

801

ROW No.  
BAY

E

GRAVE No.  
CRYPT

1154

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.

436

TYPE OF RELIGIOUS  
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODYIDENTIFICATION 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-658

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT

1156

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

STORED

UNKNOWN X-655

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT

1152

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PAVOPIO 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

9 of 519

**RESTRICTED**

**Section 3.— UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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

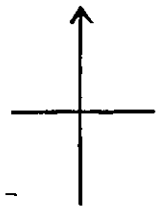
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

Small disk found with remains at CIP, AGRS Mausoleum, Manila, P.I. with No. "30" on one side. Disk with remains.

Identification Check List and Dental Chart accomplished.

**18 NOV 1963**

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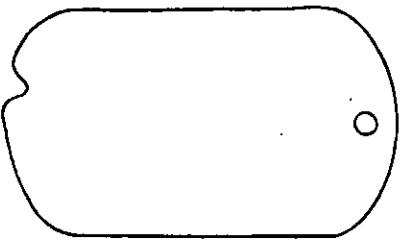


IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

R X

RESTRICTED

U 697 38

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 7 Dec. 45	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
NAME (Last, first, middle initial) <b>UNKNOWN X-167 (Manila #2 Cem)</b>				SERIAL No.			
GRADE		ORGANIZATION		BRANCH OF SERVICE			
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH <b>Ft. Stotsenberg Area, Pampanga, Luzon, P. I.</b>		CAUSE OF DEATH			DATE OF DEATH		
EMERGENCY ADDRESSEE (Name, relationship, and address)							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		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) <b>Yes (2)</b>		<b>(Over)</b>					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>Box 997</b>  <b>None</b>							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>USAF Cemetery Manila #2, Luzon, P. I.</b>							
DATE OF BURIAL <b>28 Nov. 45</b>	HOUR <b>0900</b>	BURIED IN (Shroud, blanket, or name of other) <b>Shelter Half</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>2</b>	ROW No. <b>4</b>	GRAVE No. <b>436</b>	
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Ft. Stotsenberg Cemetery, Luzon, P.I.</b>			PLOT No. <b>B</b>	ROW No. <b>7</b>	GRAVE No. <b>1</b>	
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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>						
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) <b>FRANKLIN, David H.</b>			RANK	SERIAL No. <b>38 011 864</b>	ORGANIZATION	GRAVE No. <b>435</b>	
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) <b>RICE, Hugh P. Jr.</b>			RANK	SERIAL No. <b>19 050 636</b>	ORGANIZATION <b>AC</b>	GRAVE No. <b>437</b>	
SIGNATURE OF PERSON PREPARING REPORT  <b>R. C. BARRETT, T/4, GRS.</b>				SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>D. L. ARMSTRONG, Capt., QMC.</b>			
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

**Section 3.— IDENTIFIED REMAINS.**

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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.

**31 JAN 1946**

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

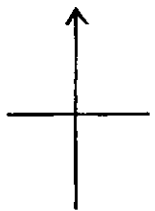
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

<p><b>FILLINGS</b></p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p><b>CAVITIES</b></p>	
<p><b>MISSING TEETH</b></p>	
<p><b>CROWNED TEETH</b></p>	
<p><b>BRIDGE WORK</b></p>	

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



**REMARKS:**

Disc. #30. found on body.