

293

Unknown X-171 USAF Cem Manila #2, P.I., associated with Pvt John L. Coffin, Jr.
11 014 165

Reference is made to attached anthropologist's report for remains designated Unknown X-171 Manila #2, P.I.

Inasmuch as no additional identifying data has been revealed thru examination of the remains tentatively associated with Pvt Coffin and differences are noted in location of teeth charted as missing on Pvt Coffin's dental records and the dental chart of the remains, it is recommended that the remains of Unknown X-171 revert to unidentifiable and Pvt Coffin's status remain nonrecoverable.

G. Reynolds
Gladys Reynolds
19 Aug 1952

L. B. S. Oliver

[Signature]

Walter F. Mann 9 Sept. 52
[Signature]

File MAN
16 Sept 52
AR

X-658 (formerly X-171). Associated with data for Coffin, John L. Jr. 11014165

1. General Condition: Skeletal, no tissue. Major bones are present but pelvic bones damaged. Face missing except for maxillae. Vertebral column incomplete in the Thoracic region, #12 probably missing; total vertebrae 23. Atlanto-occipital articulation good and positive cranial-postcranial articulation.

2. Comingling: No evidence of this.

3. Age: Cranial: Sagittal suture about 1/4 closed, all others open, age 22-25. Pelvic; no evidence, symphysis damaged, but crests and tuberosities fused and thus over 20 years. Clavicle: Medial epiphysis ununited, not over 25 years. General estimate of age at death, 23-24 years.

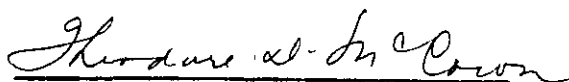
4. Stature: Rollet, 66 1/2 inches; Krogman, 68 inches; general estimate 67 inches.

5. Dentition: See Form 569, 1 May 1952. Wear facets on #32 indicate the presence of the now missing #1.

6. Hair Color: No evidence available.

7. Race: White

8. Conclusions and Recommendations: The Form 371 data for Coffin are age at death 24 years, Stature 67 1/2 inches, race White. This is excellent agreement with the estimates for the remains. But the 371 dental information appears to be in major disagreement with the dental condition of the remains. In view of the last, my opinion is that the identification of the remains as those of Coffin is inconclusive.



Theodore D. McCown
Professor of Anthropology

DENTAL COMPARISON CHART

| UNKNOWN | | NAME | | |
|------------------|---------------|---------------------------------|------------------------------|---|
| x- 171 Manila #2 | | COFFIN, John L., Jr. 11 014 165 | | |
| R-8 | PX | } FRACTURED | R-8 | X |
| R-7 | PX | | R-7 | |
| R-6 | oA oA | | R-6 | |
| R-5 | foA | | R-5 | |
| R-4 | foA | | R-4 | |
| R-3 | car d | | R-3 | |
| R-2 | | | R-2 | |
| R-1 | PX | | R-1 | |
| L-1 | PX | | L-1 | |
| L-2 | | | L-2 | |
| L-3 | | | L-3 | |
| L-4 | | | L-4 | |
| L-5 | | | L-5 | |
| L-6 | foA oA | | L-6 | |
| L-7 | oA oA oA | | L-7 | |
| L-8 | Max Fractured | | L-8 | X |
| R-16 | Car f wear | | R-16 | X |
| R-15 | X | | R-15 | |
| R-14 | foldmA | | R-14 | X |
| R-13 | PX | | R-13 | X |
| R-12 | X | | R-12 | |
| R-11 | PX | | R-11 | |
| R-10 | PX | | R-10 | |
| R-9 | PX | | R-9 | |
| L-9 | PX | | L-9 | |
| L-10 | | | L-10 | |
| L-11 | | | L-11 | |
| L-12 | car o | | L-12 | |
| L-13 | PX | | L-13 | |
| L-14 | X | | L-14 | |
| L-15 | X | | L-15 | |
| L-16 | PX | | L-16 | X |
| ESTIMATED HEIGHT | | May 52 | HEIGHT | |
| 67" or 5'7" | | | 5' 7 $\frac{1}{2}$ " Sept 40 | |
| ESTIMATED WEIGHT | | | WEIGHT | |
| ESTIMATED AGE | | | AGE | |
| 23 - 24 years | | | 24 | |
| HAIR | | | HAIR | |
| Race: White | | | Brown | |

REMARKS

KIA 8 Dec 41 Clark Field
 28th MAT 20th AB
 Non-rec Feb 50
 Chaplain Duffy's list - Line #15

IDENTIFICATION DATA

| | | | | | |
|--|---------|--------|----------|--|-------------|
| 1. REMAINS OF UNKNOWN x-658 AGRS HASOLEUM Formerly x-171 MANILA No. 2 | | | | 2. DATE OF REPORT 1 MAY 1952 | |
| 3. NAME OF CEMETERY | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | | | | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|---------------------|---------------------|-------------------|----------|
| 8. ESTIMATED WEIGHT | 9. ESTIMATED HEIGHT | 10. COLOR OF HAIR | 11. RACE |
|---------------------|---------------------|-------------------|----------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

3 AGRS TAGS w/ REMAINS — See line 1.

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

NONE

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

IDENTIFICATION DENTAL CHART

DATE

1 MAY 1952

NAME (Last, First, Middle Initial)

UNKNOWN X-658 AGRS MASOLEUM, Formerly X-171

GRADE

SERVICE NUMBER

MANILA No. 2

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

Associated with COFFIN, JOHN L. JR.

11014165

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE

| | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|---------------|----|----|-------|------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | RIGHT | LEFT |
| | | | | | | | | | | | | | | | | | | |

- | | | | |
|-------------------------|------------------|-----------------------------|-------------------|
| 1. O-AM. | 5. MO-AM. | 9. PORC. CR. | 13. GOLD CR. |
| 2. DOL-AM.; F-AM. | 6. ML-GOLD FILL. | 10. F-PORC. FILL.; L-AM. | 14. MISSING |
| 3. MOD. GOLD FILL. | 7. 3/4 GOLD/CR. | 11. MF-PORC. FILL. | 15. MO-AM.; L-AM. |
| 4. F-GOLD FILL.; ML-AM. | 8. D-PORC. FILL. | 12. PX-POSTHUMOUSLY MISSING | 16. MODL-AM. |

MARKING ABBREVIATIONS:

F - Facial O - Occlusal D - Distal Am - Amalgam FILL - Filling BACK - Backing
 L - Lingual M - Mesial I - Incisal CR - Crown PORC - Porcelain FAC - Facing

| | | | | | | | | | | | | | | | | | | |
|--------------|----------------------|--|--------------|--------|--------|---|--|--|--|--|--|--|--|----------------|----------------------|----------------------|--------|--------------|
| CARIES | | | | | | | | | | | | | | | | | CARIES | |
| RESTORATIONS | MAXILLA FRACTURED | | O-AM O-AM | F-O-AM | F-O-AM | D | | | | | | | | F-O-AM O-AM | O-AM O-AM O-AM | MAXILLA FRACTURED | | RESTORATIONS |

| | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|---------------|-------------|------------|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | UPPER RIGHT | UPPER LEFT |
| | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------|
| LOWER RIGHT | | | | | | | | | | | | | | | | | LOWER LEFT |
| | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|--|----|---------------|--------------------|----|---------------|----|----|----|----|----|----|----|----|---------------|---------------|----|--------------|--------|---|---|
| | 32 | 31 | 30 | 29 | 28 | 27 | 26 | 25 | 24 | 23 | 22 | 21 | 20 | 19 | 18 | 17 | RESTORATIONS | CARIES | | |
| | | | F-O-L D-M AM | | | | | | | | | | | | | | | F | O | D |

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

DENTURES (Plates): DESCRIBE DENTURES INCLUDING NATURAL TEETH REPLACED AND TEETH WHICH HAVE RETAINING CLASPS. (For example: Lower acrylic partial denture with lingual bar, replacing teeth Nos. 17, 18, 19, 30, 31, 32. Clasps on natural teeth Nos. 20 and 29.) SHOW ANY NUMBERS OR LETTERS APPEARING ON DENTURE.

NONE

THE FOLLOWING CONDITIONS WILL BE CHECKED, IN THE SPACE BELOW: (Describe in detail under remarks)

| | | |
|-------------------|---------------------|-----------------------------|
| MOTTLED ENAMEL | UNERUPTED TEETH | RETAINED DECIDUOUS TEETH |
| ENAMEL HYPOPLASIA | MALOCCLUSION | ABNORMAL INTERDENTAL SPACES |
| EROSION | SUPERNUMERARY TEETH | IRREGULARITY OF ALIGNMENT |
| ABRASION | FRACTURES OF ENAMEL | UNUSUAL RESTORATIONS |
| ROTATION | FRACTURES OF TEETH | UNUSUAL APPLIANCES |

REMARKS (If no abnormalities are found make notation to that effect)

No. 15 HAS supernumary (CARABELLI) Cusp FACIALLY.
 Chemical deterioration of Amalgum Filling
 Results in staining of ENAMEL.

James E. Tucker

TOOTH CHART

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

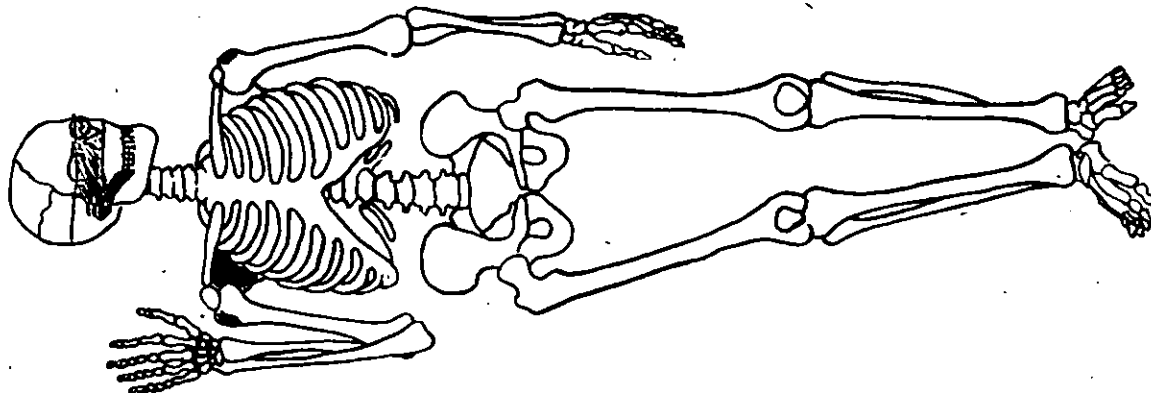
| | RIGHT | | | | | | | | LEFT | | | | | | | | |
|------------|-------|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|------------|
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Side Views | | | | | | | | | | | | | | | | | Side Views |
| Top Views | | | | | | | | | | | | | | | | | 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."

SEE DD Form 569

19. BLACK OUT PARTS OF BODY NOT RECOVERED

R. SCAPULA MISSING



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF 1 DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

ENTIRE REMAINS ARE SKELETAL & DISARTICULATED
BONE EROSION WELL ADVANCED.
CRANIAL-POST CRANIAL ASSOCIATION POSSIBLE.
PUBIC SYMPHYSIS DESTROYED THRU DETERIORATION
AND EROSION.

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

SIGNATURE

George J. Schwaderer
JST

QUART 293
GRS War East

31 March 1950

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 findings of Unidentifiability for the following Unknown Deceased:

| <u>AGRS Name Manila</u> | <u>USAF Gen Manila #2</u> | <u>ESA Unit</u> | <u>Page</u> |
|-------------------------|---------------------------|-----------------|-------------|
| X-688 | X-171 | 1 | 3 |
| X-673 | X-186 | 1 | 3 |
| X-2463 | X-3145 | 1 | 13 |
| X-2471 | X-3153 | 1 | 13 |
| X-1697 | X-3305 | 1 | 16 |
| X-1708 | X-3306 | 1 | 16 |
| Z-945 | X-4022 | 1 | 23 |

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

FOR THE QUARTERMASTER GENERAL:

T. H. MERR
Lt. Colonel, USAF
Memorial Division

JMN

TBC

cc: Adm Section

J. W. Lewis:dal
L. M. White
J. Windsor

Copy furnished: CINCPAC, APO 500

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
6 March 1950.

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 13 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoluen, Manila, P. I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

| | | | | | |
|---------|--------|---------------|---------|--------|------------------|
| UNKNOWN | X-3153 | Manila No. 2. | UNKNOWN | X-658 | AGRS Mslm |
| " | X-3395 | " " " | " | X-673 | " " |
| " | X-3396 | " " " | " | X-945 | " " |
| " | X-3145 | " " " | " | X-2711 | " " |
| " | X-29 | Finsch No. 2 | " | X-279 | Is. Com. Okinawa |
| " | X-33 | " " " | " | X-285 | " " " |
| " | X-41 | " " " | " | X-280 | " " " |
| " | X-79 | " " " | | | |

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

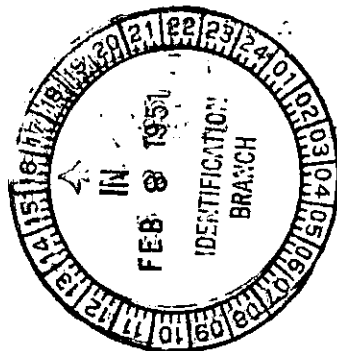
FOR THE COMMANDING OFFICER:

15 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

159
3
/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

3-24-50

DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.



RECEIVED
FEB 8 1951

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SEARCHED
SERIALIZED
INDEXED
FILED

APR 1951
FBI

1. FILE UNDER NO. 293 Unk. P.I. X-658 (Maus. Manila)

SYNOPSIS

2. TYPE OF DOCUMENT: TELETYPE 3. DATE: " 2/15/50
4. FROM: CO AGRS PZ MANILA PI
5. TO: UEPC/COMG DEPTAR WASHDC
6. SUBJECT: CITE S 1570 GRPZ FOR CMGMT. PASS TO MEMORIAL DIVISION
URMSG WCL 35856. FURTHER REPROCESSING OF UNKNOWNNS X-662 AND X-658
AGRS MAUS. MANILA DID NOT REPEAT NOT REVEAL ADDITIONAL SPECIFIC CLUES
NECESSARY TO ESTABLISH POSITIVE IDENTIFICATION.....
CASE OF SGT. LIONEL L. LOWE 6885137 BEING PRESENTED TO PHILCOM ZONE
BD OF REVIEW AS NONRECOVERABLE AND BD PROCEEDINGS WILL BE FWDD UROFFICE
UPON COMPL THEREOF

7. DOCUMENT FILED
UNDER NO. 293 Unk. P.I. X-662 (Maus Manila)

cr

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

1. FILE UNDER NO. 293 - UNK. P. I. X-658 (MAUS MANILA)

SYNOPSIS

2. TYPE OF DOCUMENT: TT 3. DATE: 25 NOV 49

4. FROM: AGRS MANILA

5. TO: OQMG WASH DC

6. SUBJECT: ENK. X-675 AGRS MAUS. MANILA WAS CONSIDERED AND APPROVED AS UNIDENTIFIABLE. REMS NOW PERMANENTLY INTERRED IN USMC FT MCKINLEY P.I. UNKS X-66 X-658 AGRS MAUS. MANILA CURRENTLY BEING REPROCESSED BY ANTHROPOLOGIST FOR POSSIBILITY OF OBTAINING MORE SPECIFIC IDENT. CLUES NECES. IN ESTABLISHING THE IDENTITY OF SGT LIONEL L. LOWE, 6855137. X-612 REFERRED TO IN URMSG IS BELIEVED TO BE IN ERROR SINCE SAID UNK. IS A CORREGIDOR RECOVERY & HENCE CANNOT BE ASSOC. WITH LOWE.

25/0135Z NOV

7. DOCUMENT FILED
C UNDER NO.

MC IN NO 77376

293 - GRS FAR EAST

(Ident.)

msb

INSTRUCTIONS.-- Enter after the above headings information as follows:

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WCL 24014

MULTIPLE ADDRESSES

FROM: [illegible] 000 00 0000 000 0000 00 000 0000 0000 0000

NOTIFICATION [illegible]

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rok: WCSchmidt
DLandes

X 293 [illegible] X658 (NGRS [illegible])

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A. H. [illegible]

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ORIG DEPT OF ARMY WASH D C

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ORIGNS PHILAINOON BONE MANILA PI

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ORIGNS TOKYO JAPAN

WCL 24014

MULTIPLE ADDRESSES

FROM QUART WYLER 9 SEP 49 QUART 293 LIONEL L LONE 8055137 GRSJ
IDENTIFICATION OF WWII DECREASED

REQUEST FOR STATE INVESTIGATION UNKNOWN MAY 662 CRA 658 AND 675
AGRS MANILA MANILA

rok: WCSchmidt
DLandes

UNCLASSIFIED

ORIGNS

QUART CAPT HARRY EMT 2402
293 GRS FAR EAST *(Del)*

1619002
NOV 49

H. R. HARRER
1ST LT QMC MGR DIV

X 293 Unit 293 X 658 (AGRS Manilla)

REB

THM

AIRMAIL

**QMGMT 293
GCS Far East**

9 September 1949

SUBJECT: Identification of World War II Deceased

**TO : Commanding General
Philippine Command
APO 707, c/o Postma star
San Francisco, California
ATTN: AGCS, PHILCOM ZONE**

1. Reference is made to Board Proceedings recommending the following identification:

**Unknown X-662, AGCS Mausoleum Manila, as Sgt Lionel L. Lowe,
6 866 137**

2. The identification cannot be approved at this time due to the similarity of dental charts for Sgt Lowe and charts accomplished for the remains of Unknown X-658 and X-675, AGCS Mausoleum Manila, recovered from Fort Stotsenberg Cemetery with the remains of Unknowns X-662.

3. It is also considered by this Office that in view of the favorable height and weight estimations and almost identical shoe size recorded for the remains of Unknown X-662, reprocessing of the remains may clarify the present discrepancy between the extractions of teeth L-14, L-15 and L-16 for Sgt Lowe and extractions of teeth L-13, L-14 and L-15 shown on the dental chart for Unknown X-662.

4. The remains of Unknown X-662 may be reconsidered for identification as Sgt Lowe, in the event that the remains of Unknowns X-658 and X-675 are eventually identified.

5. In view of the above facts, Board Proceedings have been disapproved and are returned herewith.

FOR THE ACTING THE QUARTERMASTER GENERAL:

**1 Incl:
BI Proceedings (Lowe)**

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

**G. Reynoldsdal
L. H. White
J. Windsor**

cc: CINEFE, APO 500

AIRMAIL

X 293 and Phil. Standard - X 5-8 Ft. Stotsenberg Com

AIRMAIL

QMGMT 293
GCS Far East

9 September 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
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BI Proceedings (Lowe)

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

G. Reynolds: dal
L. M. White
J. Windsor

cc: CIEFE, ARO 500

AIRMAIL

X 293 under Phil. Standard - X 5-8 Ft. Stotsenberg Com

COM DEPT OF THE ARMY WASH DC

UNCLASSIFIED

COM GENPHILCOM MANILA PI

PRIORITY PRIORITY
X

CINCFE TOKYO JAPAN

MULTIPLE ADDRESS

FROM QMGMT

SPECIAL INQUIRY RECEIVED FOR SERGEANT LIONEL LOVE LOWE 6855137 KILLED IN ACTION CLARK FIELD LUZON AND REPORTED BURIED FORT STOTSENBERG PD RECOMMEND CONSIDERATION BE GIVEN UNKNOWNNS XRAY 171 CMA 175 AND 189 UNCLE SUGAR ABLE FOX CEMETERY MANILA NUMBER TWO FOR POSSIBLE ASSOCIATION AND BOARD ACTION PD FORM 371 FORWARDED YOUR HEADQUARTERS 10 MAY 1948

UNCLASSIFIED

GRAVES

~~QMGMT LT. WINDSON EXT 74158~~
293 SGT. LIONEL L. LOWE 6855137

2214.02
MAR 49

J. G. HOLLOWAY
LT. COLONEL, QMC, MEM DIV

203
2214.02
P. J. X-171 Manila #2

/frv

5 FEB 52

1
/bpm

Interred March 1950
N 65 St. McKinley

H-84 *Callmark*
R-13 CARL R. H. MARK

DISINTERMENT DIRECTIVE

7-70 Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02851

DATE
15 06 48
DAY MONTH YEAR

| | | | | |
|---------------------------|------------------------|-------|--------------------|----------------|
| NAME | SERIAL NUMBER | RANK | ARM | DATE OF DEATH |
| | UNKNOWNX-000171 | | Q | |
| CEMETERY | DISPOSITION OF REMAINS | | | |
| USAF CEMETERY MANILA NO 2 | O 7701 180 | | | |
| CODE | DIST. PT. | | | |
| PLOT | ROW | GRAVE | COUNTRY | CAUSE OF DEATH |
| P12 | 4 | 443 | 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)

SECTION C - DISINTERMENT AND IDENTIFICATION

| | | | | |
|---|---------------|----------|---|------------------|
| NAME | SERIAL NUMBER | RANK | DATE OF DEATH | DATE DISINTERRED |
| Unk X - 171 Unk X - 658 (Maus) | | | | 21 Sept. '48 |
| IDENTIFICATION TAG ON | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY | |
| <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER | UNKNOWN | | PERRY E. WHITE Embalmer NAME AND TITLE | |

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

| | |
|------------------|----------------------|
| NATURE OF BURIAL | CONDITION OF REMAINS |
| Shelter half | Skeletal |

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES
1 Identification tag & 1 marker tag read Maus Unk. X - 658

REMAINS PREPARED AND PLACED IN CASKET
DATE 21 Sept. '48 BY PERRY E. WHITE

CASKET SEALED BY PERRY E. WHITE
EMBALMER (Signature)
Perry E. White

CASKET BOXED AND MARKED
DATE 21 Sept '48 BY HORACE L. ALLISON, Sgt. INF
SHIPPING ADDRESS VERIFIED BY TEOFILO N. ANUTAN, 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.

Teofilo N. Anutan
TEOFILO N. ANUTAN, 1st Lt., INF.
SIGNATURE OF GRS INSPECTOR

REPATRIATION
BRANCH
MEM. DIV.

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 <i>2ebf, Jr</i> | DATE | SIGNATURE OF RECEIVER <i>Carrollmark</i> | DATE MAR 8 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 <i>MARKOM</i> | DATE | SIGNATURE OF RECEIVER | DATE |

5. SHIPPED

| | | | |
|---|------|------------------------|------|
| FROM FORT MCKINLEY MILITARY CEMETERY | | TO MILITARY SECTION | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | 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

APO 900

18 Feb 1950
(Date)


SUBJECT: Unidentifiable Remains

TO: The Quartermaster General,
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

The records pertaining to Unknown X- 171 , Plot 2 ,
Row 4 , Grave 443 , USMC Manila #2, Luzon, P.I. , have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


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

Received 20 Feb 50 OQMG
Not identifiable from
information presently
available

IDENTIFICATION DATA

| | | | | | |
|--|--|---------|--------|---|--|
| 1. REMAINS OF UNKNOWN UNKNOWN X-658 (Formerly X-171 Manila #2) | | | | 2. DATE OF REPORT 18 Feb 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 5' 6½" | 10. COLOR OF HAIR U T D | 11. RACE White |
|-------------------------------------|--------------------------------------|-----------------------------------|--------------------------|

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? |
|--|-----------------|

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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# 94

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

| | | RIGHT | | | | | | | | S | LEFT | | | | | | | |
|------------|--|-------|----|----|----|----|----|----|---|---|------|----|----|----|----|----|----|------------|
| | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| maxilla | | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | ⊕ | maxilla |
| missing | | | | | | | | | | | | | | | | | | missing |
| Side Views | | | | | | | | | | | | | | | | | | Side Views |
| Top Views | | | | | | | | | | | | | | | | | | UPPER |
| Side Views | | | | | | | | | | | | | | | | | | LOWER |
| | | | | | | | | | | | | | | | | | | |
| | | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |

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

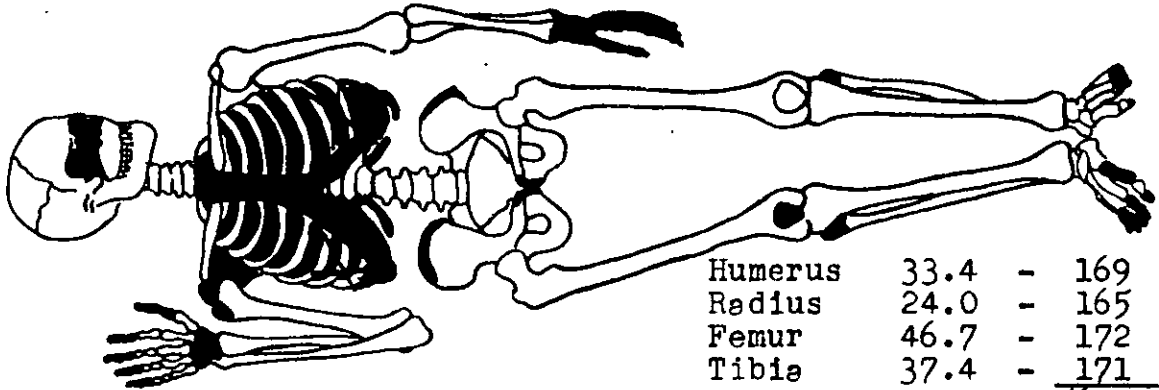
No loose maxillary teeth present with remains.

"UNIDENTIFIABLE"

Paul R. Nichols

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA, PAUL R NICHOLS, Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECORDED



| | | | |
|---------|------|---|--------------|
| Humerus | 33.4 | - | 169 |
| Radius | 24.0 | - | 165 |
| Femur | 46.7 | - | 172 |
| Tibia | 37.4 | - | 171 |
| | | | <u>4/677</u> |
| | | | 169 1/4 |

Estimated height 5' 6 1/2"

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

Circumference of skull - 20-3/4 inches.

Estimated weight of remains - 9 1/2 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

Paul R. Nichols

X-658

/af

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-658 (Formerly Unk X-171,
USAF Cemetery Manila #2, Luzon, P.I.)

9 Oct 47

DATE

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

Stotsenberg, Luzon, P.I.

801

E

1156

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

PLOT
RANGER

ROW
BAY

GRAVE NO.
CRYPT

*maxilla
missing*















*maxilla
missing*

| RIGHT | | | | | | | | UPPER TEETH | | | | LEFT | | | | | | | |
|----------|---|----|-----|----|---|---|---|-------------|---|----|---|------|----|----|---|--|--|--|--|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | |
| TYPE | X | A | A | A | | | X | X | S | O | O | X | A | A | | | | | |
| LOCATION | | md | mod | dm | | | | | m | md | d | | md | fo | | | | | |

INSIDE — LOOKING OUT

| RIGHT | | | | | | LOWER TEETH | | | | LEFT | | | | | |
|----------|----|----|----|----|----|-------------|----|----|----|------|----|----|----|----|----|
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| TYPE | X | | A | X | X | X | O | O | O | O | O | X | X | X | X |
| LOCATION | | | md | | | | dm | md | dm | d | d | | | | |

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) |

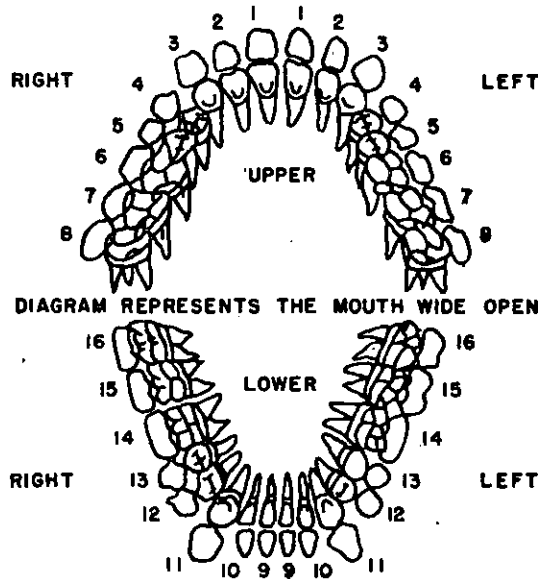
INSTRUCTIONS:

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:

/s/ Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ EDWIN GREGUREK, T/5
NAME AND RANK TYPED OR PRINTED

C.I.P., Lab., Manila, P.I.
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:

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)

/df

UNKNOWN X-658 (Formerly
 Unknown X-171, USAF Cem Manila #2, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 801 ^{RANGER} Row E ^{BAW} Grave 1156 ^{CRPT}

AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 8 Oct 47
(Hour) (Date)
2. Place of death Stotsenberg, Luzon, 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 | | N | |
| Sweater | | O | |
| Jacket, HBT | | N | |
| * Shirt, Wool OD | / | | |
| Undershirt, Wool | / | | |
| Undershirt, Cotton | / | | |
| Trousers, HBT | / | | |
| * Trousers, Wool OD | / | | |

Belt, web
 Drawers, wool
 Drawers, cotton
 Leggings, wool
 Socks, cotton
 * Shoes (type)
 Overshoes
 Web Equipment (type)
 (Other item)
 (Other item)

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

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

Shoulder Patch

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

6. Description of Remains: Skeleton only. Skeletal chart attached.

Age Height Weight 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, widow's peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or
 (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee //
 (Light, color, extent)

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

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

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

Teeth Tooth chart attached!
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw // Circumference of head in inches 19 1/2
 (Large, small, normal) (Hat band)

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

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

Hands //
 U. T.

Fingers T.
 (Short, thick, long, slender, ~~Die~~ 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 // Circumcision // Pubic Hair
 (Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty //
 (Yes-no; location)

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

Feet // Toes
 (Size, corns, callouses, flat) (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 R.O.I., found with remains. No means of identification

found. No personal effects. Estimated weight of remains 11-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/ Edward H. Marshall

(Officer's Name)

SP-8 C-062874

Rank

Service

AGRS Mausoleum, Manila, P.I.

(Organization)

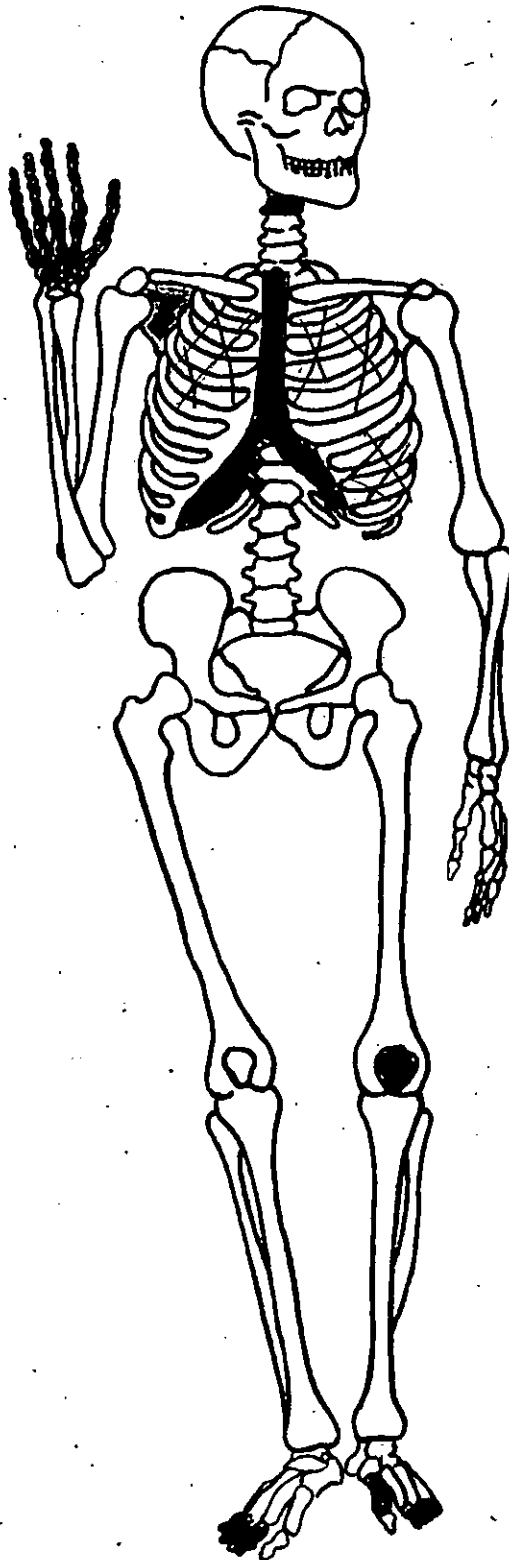
CERTIFIED TRUE COPY:

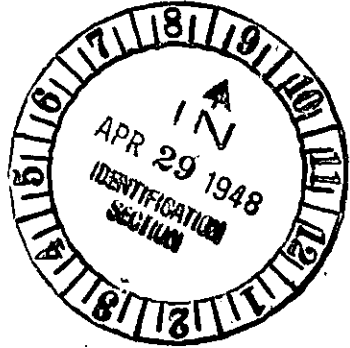
George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAC

SKELETAL CHART

X-658

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





RESTRICTED

RE

REPORT OF INTERMENT

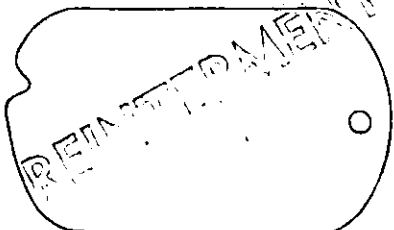
WD QMC Form 1042
Rev. 1 Apr. 1945
(Supersedes GRS Form 1)

(AR 30-1810 and AR 30-1815)

Date of Report

FEB 24 1953

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

UNKNOWN X-171 (Manila Mausoleum X-658)
USAF Cem. Manila #2, P. I.

Serial Number

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. Stotsenberg Area
Luzon, P. I.

Cause of Death

Unknown

Date of Death

Unknown

Emergency Addressee (Name, Relationship and Address)

None

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

UNIDENTIFIABLE

Were Substitute Tags Provided (Yes or No)

Yes

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

U. S. M. C. Fort William McKinley, Manila, P. I.

| Date of Burial | Hour | Buried in (Shroud, Blanket, or name of other) | Type of Grave Marker | Plot No. | Row No. | Grave No. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 24 Feb 53 | 1400 | Final Type Casket | Reg. Cross | N | 12 | 101 |

| Was This a Re-Burial (Yes or No) | If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave | Plot No. | Row No. | Grave No. |
|----------------------------------|--|----------|---------|-----------|
| Yes | USAF Cemetery, Manila #2, P. I. | 2 | 4 | 443 |

| Type of Religious Ceremony | Person Conducting Burial Rites | If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body |
|----------------------------|--------------------------------|---|
| | | <p>WAR FILE RECORDS SERIALIZED DATE 6 Apr 53 NAME B. Newsome</p> |

| Identification Tag Buried With Body (Yes or No) | Identification Tag Attached to Marker (Yes or No) |
|---|---|
| Yes | Yes |

| Body Buried on Deceased Left, Name (Last, First, Middle Initial) | Rank | Serial Number | Organization | Grave No. |
|--|------|---------------|--------------|-----------|
| Unknown X-1932 | | | | N 12 100 |


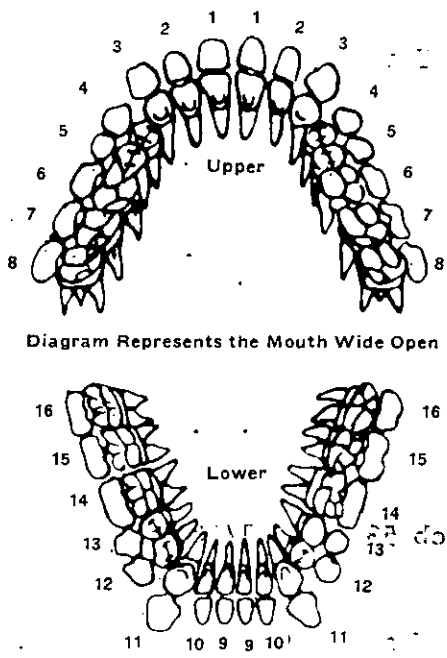




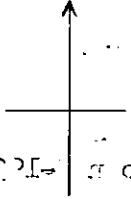
| Body Buried on Deceased Right, Name (Last, First, Middle Initial) | Rank | Serial Number | Organization | Grave No. |
|---|------|---------------|--------------|-----------|
| Vacant | | | | |

Signature of Person Preparing Report
RAYMOND H. TANGUAY, M/Sgt, QMC

Signature of GRS Officer Verifying Report
FREDERIC B. TOOMOTH, 1st Lt., QMC

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

RESTRICTED

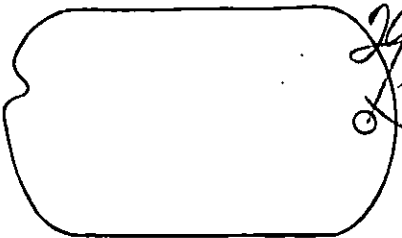
| | | | | |
|------------------------|---|--------|--|------------------------------|
| Left Little Finger | SECTION UNIDENTIFIED REMAINS | | | |
| Left Ring Finger | Instructions (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical 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 fingerprints 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 Middle Finger | Height | Weight | Color of Eyes | Color of Hair |
| Left Index Finger | Weapon and Serial Number | | Laundry Mark | Birthmarks, Scars or Tattoos |
| Left Thumb | Other Identification Clues | | | |
| Right Thumb | Fillings Silver Filling Gold Filling  | |  <p align="center">Diagram Represents the Mouth Wide Open</p> | |
| Right Index Finger | Cavities Cavity Decayed  | | | |
| Right Middle Finger | Missing Teeth Tooth Missing  | | | |
| Right Ring Finger | Crowned Teeth Porcelain Crown Gold Crown  | | | |
| Right Little Finger | Bridge Work Gold Bridge  | | | |
| Right Thumb | Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery <div style="text-align: right; margin-right: 50px;">  </div> | | | |
| Right Index Finger | Remarks AUTHORITY FOR REINTERMENT FT MCKINLEY CEMETERY - QMG ltr, 30 Sep 52 QMGMR 314.6, 30 Sep 52, Subj: Reinterment of Unknowns | | | |

RESTRICTED

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 Feb 1952

| | | | |
|--|------------------------------------|--|-------------------|
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | | |
| | NAME (Last, first, middle initial) | | SERIAL No. |
| | UNKNOWN X-171 Manila #2 | | Unknown |
| | GRADE | ORGANIZATION | BRANCH OF SERVICE |
| Unknown | Unknown | Unknown | |
| RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | |
| Unknown | Unknown | | |
| PLACE OF DEATH | CAUSE OF DEATH | DATE OF DEATH | |
| Unknown | Unknown | Unknown | |

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

| | |
|--|--|
| 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) |
| 2 (Substitute) | |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) | |
| No | |

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

UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

| | | | | | | |
|----------------|------|---|----------------------|----------|---------|-----------|
| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
| 5 Feb 1952 | -- | Casket | Cross | N | 6 | 186 |

| | |
|-------------------------------------|---|
| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE |
| Yes | US MILITARY CEMETERY, FT WM MCKINLEY, P.I. |
| | PLOT No. / ROW No. / GRAVE No. |
| | N / 3 / 107 |

| | | |
|---|---|---|
| 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) | |
| Yes | Yes | |

| | | | | |
|---|------|------------|--------------|-----------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| | | | | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
| | | | | |

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT <i>Edward L. Berg</i> EDWARD L. BERG, Cpl., RA | SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 1st Lt., 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.

RESTRICTED

243 Copy to ABMC

Section 3. UNIDENTIFIED REMAINS.


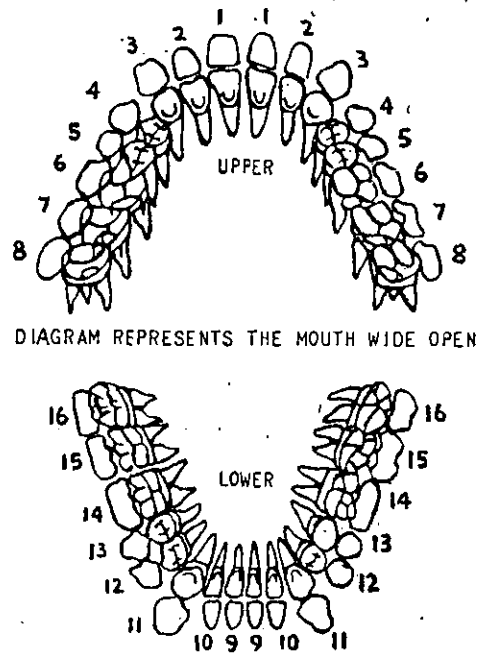




INSTRUCTIONS:

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

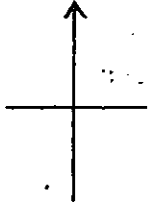
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Grave 186, Row 6, Plot N, was previously occupied by Unknown X-746 Leyte #1, disinterred and shipped to ZI as part of a Group Burial (Palawan Project).

APR 29 1948

RESTRICTED

701

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-658 (Formerly Unk X-171, 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

Stotsenberg, 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)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRI MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL

STORAGE
9 Oct 47

HOUR

0800

BURIED IN (Shroud, blanket, or name of other)

STORAGE
Casket

TYPE OF GRAVE
MARKER

None

PLOT No.
RANGER

801

ROW No.
BAY

E

GRAVE No.
CRYPT

1156

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.

443

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)

STORAGE
UNKNOWN X-661

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
1158

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

STORAGE
UNKNOWN X-654

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
1154

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOFIO, JR, 2d Lt., INF

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

RESTRICTED

520

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.

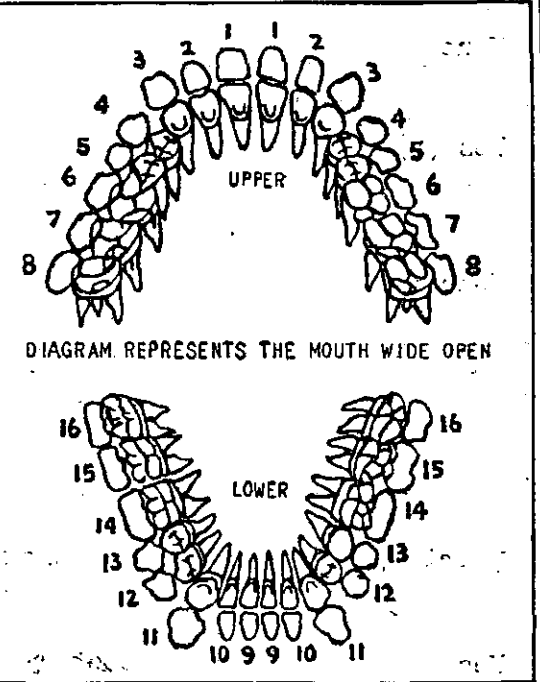
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

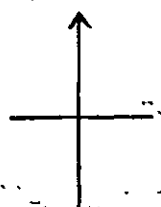
| | | |
|-----------------------|---------------|--------------------------------|
| WEAPON AND SERIAL No. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
|-----------------------|---------------|--------------------------------|

OTHER IDENTIFICATION CLUES

| | |
|---------------|---|
| FILLINGS |  SILVER FILLING GOLD FILLING |
| CAVITIES |  CAVITY DECAYED |
| MISSING TEETH |  TOOTH MISSING |
| CROWNED TEETH |  PORCELAIN CROWN GOLD CROWN |
| BRIDGE WORK |  GOLD BRIDGE |



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



REMARKS:

Identification Check List and Dental Chart accomplished.

18 NOV 1951

| | | |
|---|---|--|
| 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 <p style="text-align: center; font-size: 1.2em;">7 Dec. 45</p> |
|---|---|--|

| | | | |
|---|----------------------------|--|--|
| Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> 4 </div> | Section 1.—IDENTIFICATION. | | |
| NAME (Last, first, middle initial) <p style="text-align: center; font-weight: bold;">U N K N O W N - X - 171 (Cem. Manila #2) (Formerly Unknown, Stotsenberg Cemetery)</p> | | SERIAL No. | |
| GRADE | ORGANIZATION | BRANCH OF SERVICE | |
| RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | |

| | | |
|--|----------------|---------------|
| PLACE OF DEATH <p style="text-align: center; font-weight: bold;">stotsenberg, Luzon, P.I.</p> | CAUSE OF DEATH | DATE OF DEATH |
|--|----------------|---------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)

| | | | |
|--|--|--|--|
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center; font-weight: bold;">None</p> | 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) <p style="text-align: center; font-weight: bold;">Yes (2)</p> | (Over) | | |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 1001

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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 28 Nov 45 | 0900 | Shelter | Cross | 2 | 4 | 443 |

| | | | | | | |
|--|---|--|--|---|--|--|
| WAS THIS A REBURIAL? (Yes or no) <p style="text-align: center; font-weight: bold;">Yes</p> | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p style="text-align: center; font-weight: bold;">Ft. Stotsenberg Cemetery, Luzon, P. I.</p> | | | PLOT No. <p style="text-align: center; font-weight: bold;">A</p> | ROW No. <p style="text-align: center; font-weight: bold;">7</p> | GRAVE No. <p style="text-align: center; font-weight: bold;">6</p> |
|--|---|--|--|---|--|--|

| | | | | | |
|----------------------------|--------------------------------|---|--|--|--|
| 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) <p style="text-align: center; font-weight: bold;">Yes</p> | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center; font-weight: bold;">Yes</p> |
|--|--|

| | | | | |
|--|------|---|--------------|---|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p style="text-align: center; font-weight: bold;">BROOKS, Robert</p> | RANK | SERIAL NO. <p style="text-align: center;">35120588</p> | ORGANIZATION | GRAVE No. <p style="text-align: center;">442</p> |
|--|------|---|--------------|---|

| | | | | |
|---|------|--|--------------|---|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p style="text-align: center; font-weight: bold;">BRIGGS, William R.</p> | RANK | SERIAL NO. <p style="text-align: center;">6581106</p> | ORGANIZATION | GRAVE No. <p style="text-align: center;">444</p> |
|---|------|--|--------------|---|

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT <p style="text-align: center; font-weight: bold;">R. C. BARRETT, T/4 GRS.</p> | SIGNATURE OF GRS OFFICER VERIFYING REPORT <p style="text-align: center; font-weight: bold;">D. L. ARMSTRONG, Capt. QMC.</p> |
|---|--|

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.

Incl 8'

Section 3. UNIDENTIFIED REMAINS.

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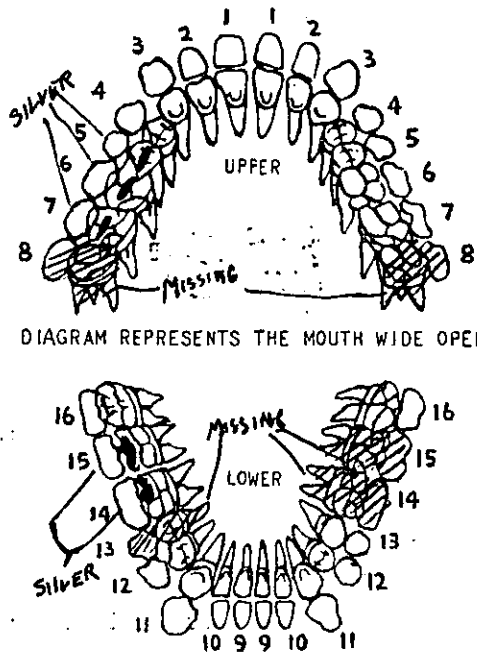




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

11 JAN 1946

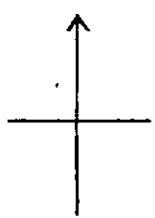
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |

| | | |
|-----------------------|---------------|--------------------------------|
| 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:

Disc. #17