

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

OSOR 293.9

AFO 707  
3 OCT 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 OSORU 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-338	AGRS	Main
"	X-341	"	"
"	X-1375	"	"
"	X-1529	"	"
"	X-2077	"	"

UNKNOWN	X-3637	AGRS	Main
"	X-3814	"	"
"	X-3820	"	"
"	X-5176	Group Burial	AGRS Main

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

FOR THE COMMANDING GENERAL:

9 Incls  
QMG Forms 1044 w/Certificates  
of Unidentifiability

/s/ C. H. LEURANCE  
C. H. LEURANCE  
2nd Lt., AGD  
Asst. Adj. Gen

Interred 28 Sept 49  
J 12 4 Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00008

DATE  
15 03 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH		
UNKNOWN		X-000019			Q	DAY	MONTH	YEAR
CEMETERY						DISPOSITION OF REMAINS		
USAF CEMETERY MANILA NO 2						0	7701	80
						CODE	DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH.			
1	8	1024	PHILIPPINE ISLANDS		6			

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNK X-000019			10 Feb '45	22 Sept '48
UNK X-338 (Maus)				
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		JOSEPH M OWEN 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	
One Identification Tag: UNKNOWN X-338, AGRS Mausoleum	

REMAINS PREPARED AND PLACED IN CASKET  
DATE 22 Sept '48 BY JOSEPH M OWEN

CASKET SEALED BY  
JOSEPH M OWEN  
EMBALMER (Signature)  
JOSEPH M. OWEN

CASKET BOXED AND MARKED  
DATE 22 Sept '48  
BY HORACE L ALLISON, Sgt Inf LUCIO S. PANOPIO, 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.

LUCIO S. PANOPIO, 1st Lt., Inf

SIGNATURE OF GRS INSPECTOR

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

RECORDED  
INDEXED  
1949  
REGISTRATION  
BRANCH  
MEM DIV.

153 - Unk. X-6, P. I.

Memo Routing Slip

5/28/45

**FROM:** OCMG, Ident. Sec., Mem. Div.  
**TO:** A.G.O., Demob. Pers. Records Br., High Point, N. C.

**RE:** Information required for Graves Registration.

293 - Unk. 10392, P. I.

tjh

FILE UNDER NO. 293 - Unknown X-6 Phil. Islands

INDEX SHEET  
SYNOPSIS

Memo Routing Slip

29 March 1945

FROM: MEM, Div, COMG, Identification Sect.  
TO: Lt. Waite.

RE: Photostatic copies forwarded for possible identification of the  
following:....

DOCUMENT FILED UNDER NO. 293 - Unknown W-1519, Philliping Islands

tjh

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

12 Sept 1949  
Date

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

The records pertaining to Unknown X- 19, Flot 1,  
Row 8, Grave 1024 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  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 17 Oct 49 0243  
Not identifiable from  
information presently  
available R. W. Laurin  
# Nov 49

Mac:

I think you might be able to pull  
this one out by requesting a casualty  
list of the 2<sup>nd</sup> Bn, 1<sup>st</sup> Inf Regiment  
between 7 February 1945 and 13 February  
1945.

Vince

**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1.	Ident Sec Mem Div	QM Liaison Office Pentagon	26 Oct 1949	<p>1. Request casualty list of 2nd En., 1st Inf. Regt., from 7 February 1945 to 15 February 1945.</p> <p style="text-align: right;">McLaurin 71564</p>
2	QM Pent Liais Adm Br. Mem Div	Ident Sec Mem Div	28 Oct 1949	<p>Re telephone conversation, above request is not feasible. Organization of the men buried on left and right of the unknown may not be the organization of subject deceased. He may have been from another Division operating in the area and brought to the cemetery at the same time as the men buried on his right and left.</p> <p style="text-align: right;"> <i>P. J. S.</i> SEKOWSKI 6679             <span style="margin-left: 100px;"> <i>E. M. D.</i> DYER 73090             </span> </p>

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-338 (Formerly UNK X-19 Manila #2)				2. DATE OF REPORT 14 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	K	3275	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 185 lbs	9. ESTIMATED HEIGHT 5' 11½"	10. COLOR OF HAIR U T D	11. RACE Unknown
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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

U T D

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

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"



18.

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
$\frac{a}{o}$							X	X						$\frac{a}{o}$	X	
Side View							X	X							X	
Top View							X	X							X	
							X	X							X	
Side View							X	X							X	
	$\frac{a}{o}$	$\frac{o}{f}$							$\frac{a}{f}$	$\frac{a}{o}$			$\frac{a}{f}$	$\frac{a}{o}$	X	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

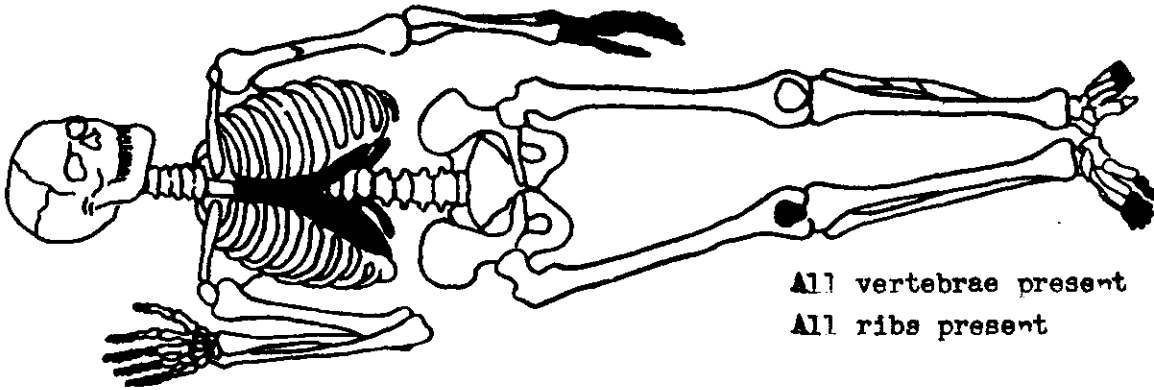
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**"UNIDENTIFIABLE"**

PAUL R. NICHOLS  
Chief, Ident. Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



All vertebrae present  
All ribs present

Est. height: 5' 11½"

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 - 10 lbs.

Circumference of skull - 20½ 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

JAMES J. McDERMOTT  
Laboratory Officer

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.

9/22/47

UNKNOWN X-338	(Formerly Unk X-19 USAF Cem Manila #2)	Unknown	DATE 9/22/47
LAST NAME	FIRST INITIAL	RANK	SERIAL NO.
Unknown		Unknown	
UNIT Olongapo Area, Luzon, P.I.		ORGANIZATION AGRS Mausoleum, Manila, P.I.	
PLACE OF DEATH	PLACE OF BURIAL STORAGE	PLOT HANGER	ROW BAY GRAVE NO. CRYPT
		801	"X" 3275

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	A							X	X					O	O	A	X	TYPE			
LOCATION	O													D	M	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	O	A	O							P	P			A	A	X	TYPE				
LOCATION	F	O	F											F	O		LOCATION				

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; display: flex; align-items: center; justify-content: center;">X</div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; display: flex; align-items: center; justify-content: center;">X</div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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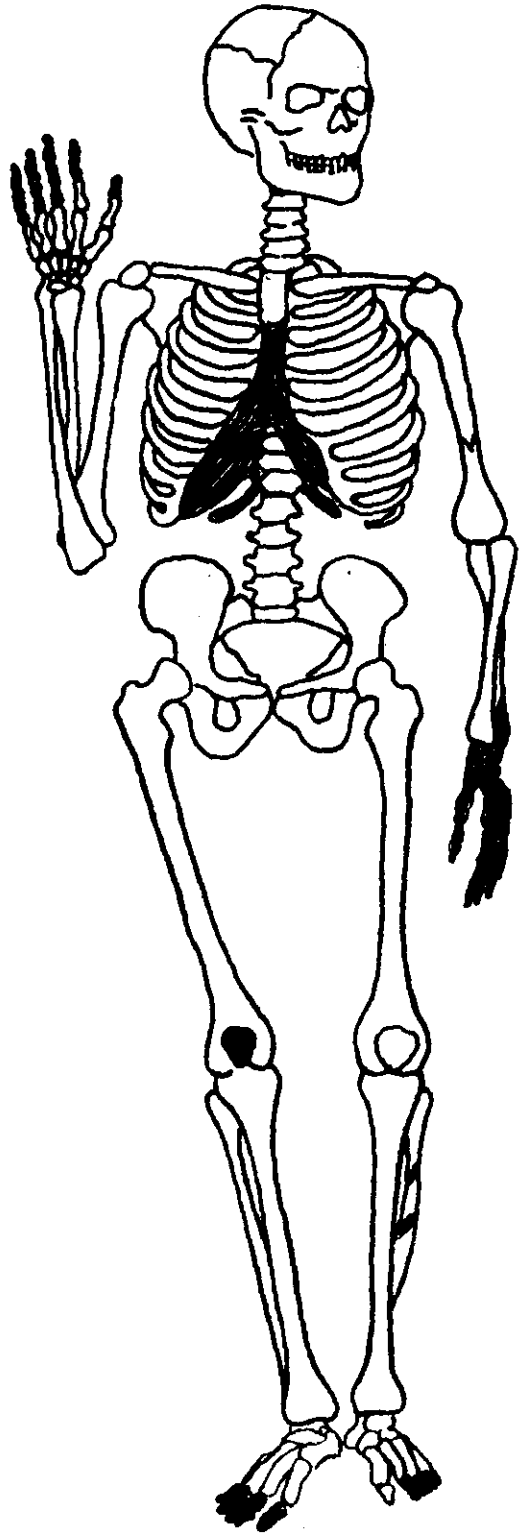


*Hand*

X-338

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



All vertebrae present

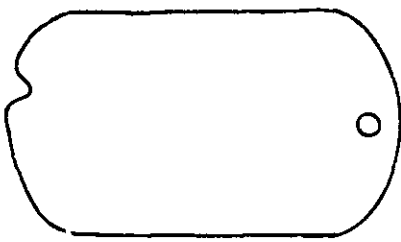
All ribs present

APR 5 - 1948

RESTRICTED

U 205

WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815) STORAGEDATE OF REPORT  
1 Oct 47

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-338 (Formerly X-19, 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 Olongapo Area, Luzon, Philippine Islands		CAUSE OF DEATH KIA - Severe burns, body		DATE OF DEATH 10 Feb 45		
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						
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 30 Sept 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY "E"	GRAVE No. CRYPT 3275
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Disinterred From: USAF Cem Manila #2, Luzon, P.I.			PLOT No. 1	ROW No. 8	GRAVE No. CRYPT 1024
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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-341		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3277	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-336		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3273	
SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPIO, 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

510





Graves Registration Form No. 1 (Revised May 11, 1943) / (TM 10-630 and AR 30-1615)

REPORT OF INTERMENT

UNITED STATES ARMY (Last name) (First) (Initial) (Serial No.) (Rank) (Org.)

OLONGAPO AREA, LUZON (Place of Death) 10 February 1945 KIA Severe burns, body (Date of Death) (Cause of Death)

1430 16 February 1945, U.S. Cemetery, Olongapo No. 2, Zamboales, Luzon (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

151 (Grave number) (Row number) (Plot number) Religion Cross (Type of marker)

Disp. of ident. tags: Buried w/body Yes [ ] No [X] Attached to marker Yes [ ] No [X]

ROI buried with body, no ID strip found to marker, Religion (If no identification tags, what means of identification are buried with body?)

(If no identification tags, but identity definitely established, give particulars) Body buried on RIGHT JOHNSON, JOHN W. M. 6290611, T/3rd Co E, 1st Inf Regt 152 (Name) (Serial No.) (Rank) (Org.) (Grave No.)

Body buried on LEFT JUNE JONES M-5 (Name) (Serial No.) (Rank) (Org.) (Grave No.) 150

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN) List only personal effects FOUND ON BODY and disposition of same: None. (21)

COPI

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

OSGR 293.9

APO 707  
16 May 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:

UNKNOWN X-82	UNKNOWN X-3040
" X-339	" X-3249
" X-359	" X-3323
" X-373	" X-3629
" X-431	" X-4032
" X-713	" X-4129
" X-714	" X-4260
" X-1335	" X-4262
" X-1701	" X-4332
" X-1929	" X-4562
" X-1937	" X-4623
" X-1968	" X-4628
" X-1972	" X-4901
" X-2389	" X-4924
	" X-4943

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

FOR THE COMMANDING GENERAL:

/s/ John A. Marshall  
JOHN A. MARSHALL  
1st Lt., AGC  
Asst Adj Gen

29 Incls:  
QMC Forms 1044 w/certificates  
of Unidentifiability



/add

Interred 13 Jul 1949  
A 5 47 Ft. McKinley

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

*Carroll Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 80325

DATE  
23 05 49  
DAY MONTH YEAR

1

NAME *297* UNKNOWN X - 21 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY MANILA NO. 2, P. I. PLOT 1 ROW 9 GRAVE *1103* (1460) DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
UNITED STATES MILITARY CEMETERY  
FT. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN  
(ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X - 21 SERIAL NUMBER GRADE DATE OF DEATH 9 June 49 DATE DISTINTERRED

IDENTIFICATION TAG ON 3 REMAINS 1 MARKER ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY A. J. ROBERTSON 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 (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
2 Maus Tags - Unk X-339 Form. X-21 Manila #2

REMAINS PREPARED AND PLACED IN CASKET  
DATE 9 June 49 BY A. J. ROBERTSON

CASKET SEALED BY A. J. ROBERTSON EMBALMER (Signature) *A. J. Robertson* A. J. ROBERTSON

CASKET BOXED AND MARKED WEYMAN L McGUIRE SHIPPING ADDRESS VERIFIED BY J. J. McDERMOTT  
DATE 9 June 49 Sgt., MC

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

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
RECEIVED PHILCOM  
RECEIVED 23 JUN 49  
RECEIVED  
BARR

PREPARED BY PHILCOM  
 BURIAL DIRECTIVE

SGM  
 275

SECTION I

NAME AND BURIAL LOCATION OF DECEASED

NAME OF DECEASED

DATE  
 DAY MONTH YEAR

GRADE ARM RACE RELIGION

GRAVE  
 SIGNATURE OF RECIPIENT

DISPOSITION OF REMAINS  
 CODE DIST. CTL.

SECTION II

KIND OF COMRADESHIP NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

SIGNATURE OF SHERIFF

SECTION III

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISEMPOWERED  
 KIND OF COMRADESHIP NAME OF COMRADE

REGISTRATION TAG ON ORGANIZATION TO RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  MARKED NAME AND TITLE

SECTION IV

REASON FOR DISCREPANCY NAME AND TITLE OF SHERIFF  
 KIND OF COMRADESHIP NAME OF COMRADE  
 OTHER MEANS OF IDENTIFICATION TO

MINOR DISCREPANCIES (Prepare Discrepancy Report Form 1 for major discrepancies)  
 SIGNATURE OF SHERIFF DATE

REMAINS PREPARED AND PLACED IN CASKET  
 DATE BY

CASKET SEALED BY SIGNATURE (Signature)  
 SIGNATURE OF SHERIFF SIGNATURE OF RECIPIENT  
 GASKET SEALED AND MARKED SHIPPING ADDRESS VERIFIED BY  
 KIND OF COMRADESHIP NAME OF COMRADE

DATE SIGNATURE OF SHERIFF  
 I hereby certify that the foregoing operations were observed and accomplished under my immediate supervision and that the report is correct.  
 PHOTODUPLICATION

SIGNATURE OF SHERIFF SIGNATURE OF RECIPIENT  
 SIGNATURE OF AGES INSPECTOR

NAME OF COMRADESHIP INSTRUCTIONS NAME OF COMRADESHIP  
 TO



RECORD OF COMRADESHIP MATRICES

FILE  
 AUG 2 1949  
 [Signature]

483 MMM

# DISINTERMENT DIRECTIVE

# 1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	7747 00009	15 09 48 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X-000021	0	Q	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MANILA NO 2 P 1	1	9	1103	7701 80 CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN  (BY ADMINISTRATIVE DECISION)
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### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE	

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE BY

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

\_\_\_\_\_  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

**CANCELLED**

**FILE**  
AUG 2 1949

*Neal*

422

*incl 45*

AIR MAIL

untk. P.D. X21 (Manila #2)

~~SECRET~~  
~~TOP SECRET~~  
~~TOP SECRET~~

Department of the Army, AGO, Washington 25, D. C., 18 October 1948

To: Commanding General, Philippine Command, APO 707, c/o Postmaster  
San Francisco, California, Attn: AHSB, Philcom Zone

In compliance with request made in basic communication, Laundry  
Registers have been searched for partial ASN-M-7470 without success.

FOR THE QUARTERMASTER GENERAL:

I. A. SMITH  
Lt. Colonel, AGO  
Quartermaster Division

*[Signature]*  
GWR  
JCM

HPB

tes

FILE 4-26-11-48



X293 untk. P.D. X339 (AHSB Manila)  
GRS for East

**MEMORANDUM  
FOR THE RECORD**

AFG 707

27 SEP 1948

Page 20

**Subject: Request for Information**

**To: The Honorable Earl Warren  
U.S. Supreme Court  
Washington, D.C.**

1. Report of Lieutenant Colonel William J. Dunkerley, USAF (Retired), USAF Academy, Maxwell Field, Montgomery, Alabama, P. I., dated 27 September 1948, is being furnished to you for the use of your office. The report is being furnished to you for the use of your office. The report is being furnished to you for the use of your office.

2. In view of the fact that it is requested that an attempt be made to determine the status of the report and the results of that investigation be furnished to this office. Please advise this office of any action taken in this connection.

**Very truly yours,**



**WILLIAM J. DUNKERLEY  
Captain AOD  
Asst. Adj. Gen.**

*Handwritten signature or initials on the right margin.*



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

6 May 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 21 , Plot 1 ,  
Row 9 , Grave 1103 , 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 deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

  
W. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received ..... 5/30/49 ..... QMC  
Not identifiable from  
information presently  
available 6/8 Sanborn, T.

*Encl #2*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>Unknown X-339 ( Formerly Unk X-21 Manila #2 )</b>				2. DATE OF REPORT <b>6 May 49</b>			
3. NAME OF CEMETERY <b>AGOS MAUSOLEUM, MANILA, P. I</b>		4. PLOT <b>801</b>	5. ROW <b>K</b>	6. GRAVE <b>3276</b>	7. DATE OF DISINTERMENT REINTERMENT		

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</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**

"BY REASON OF LACK OF BONE IDENTIFICATION THIS DATA"

*Unk #22*

18.

TOOTH CHART

<p><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:</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity Decayed</i></p> 	

RIGHT									LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
MAXILLA									MISSING							
Side Views																
UPPER																
Side Views																
LOWER																
MANDIBLE									MISSING							
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 teeth present with remains.

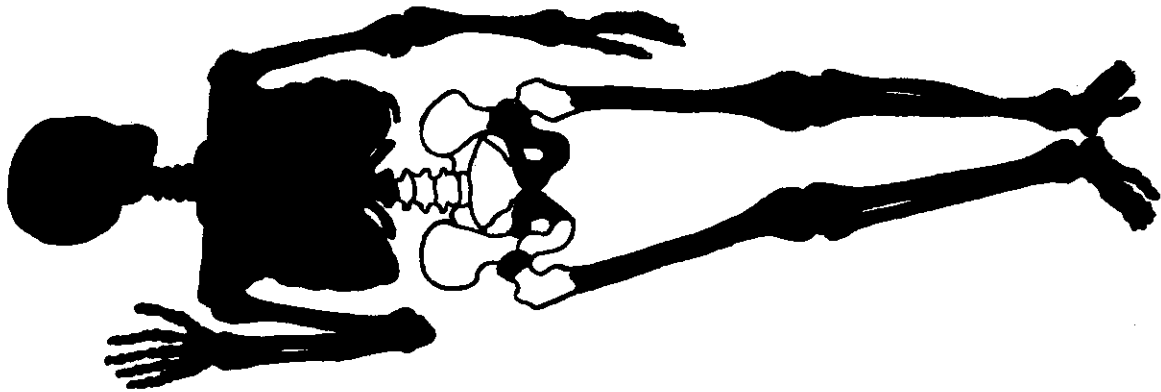
*J. J. McDermott*

J. J. McDERMOTT  
Laboratory Officer, CIP

19: BLACK OUT PARTS OF BODY NOT RECORDED

Recovered:

4 lumbar vertebrae



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 - 2 lbs.

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

JAMES J. McDERMOTT  
Laboratory Officer, CIP

## IDENTIFICATION CHECK LIST

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

/aba

(Formerly Unk X-21, USAF)

Unknown X-339 Cemetery Manila #2

Cemetery AGRS, Manila #2

Plot 801 HANGER BAY CRYPT Row X Grave 3276

1. Arrived at cemetery \_\_\_\_\_  
 (Hour) (Date)
2. Place of death Bayanbayanan, 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, Cem #2, Manila, P.I. \_\_\_\_\_  
 (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			
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

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 ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

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

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

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

Hands ..... D

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 ..... (Tuscan, 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.

SKELETAL CHART

X-339

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



No ribs present

No C. nor T. vertebrae present

4 L. vertebrae rec'd.

/cac

APR 5 - 1948

RESTRICTED

U 305

WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

1 Oct 47

Imprint Identification, Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-339 (Formerly UNK X-21  
USAF Cem Manila #2, Luzon, P.I.

SERIAL No.

N-7470

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

Bayanbayanan,  
Luzon, P.I.

CAUSE OF DEATH

K I A - S F W

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

## 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 30 Sept 47	0900	STORED Casket	None	HANGER 801	EAY K	CRYPT 3276

WAS THIS A REBURIAL?  
(Yes or no) RESTORED

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Cem Manila #2, Luzon, P.I.

PLOT No.

1

ROW No.

9

GRAVE No.

1103

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)

UNKNOWN X-342

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT  
3278

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

UNKNOWN X-337

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT  
3274

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOPIO, 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



Graves Registration  
Form No. 1  
(Revised May 11, 1943)

**RESTRICTED**  
**REPORT OF INTERMENT**  
(TM 10-630 AND AR 30-1815)

U 305

UNKNOWN - 21

M - 7470

BERNARD, LUZON, F.I.

KIA. SM

1500 hrs. 18 May 45  
(Place of death)  
(Time and date of burial)

USAF Cemetery Manila #2, LUZON, P.I.  
(Date of death)  
(Name of cemetery)  
(Cause of death)  
(Name or co-ordinates of location)

1103 9 1  
(Grave number) (Row number) (Plot number)

CROSS REGULATION  
(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No   
Religion \_\_\_\_\_

Report of interment buried in bottle with body.  
(If no identification tags, what means of identification are buried with the body?)  
(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT BRODERICK, DONALD P. 38581657 Pfc. Co C, 103 Inf. 1104  
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT LOKINLEY, WYRIGHT R. 35906266 Pvt Co C, 152 Inf. 1102  
(Name) (Serial number) (Rank) (Organization) (Grave number)

List only personal effects FOUND ON BODY and disposition of same: \_\_\_\_\_  
(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

1000 2. 23