QMCMT 293
GRS Far East

1 February 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:

Unknown	X-168,	AGRS	Maus	Manila,	formerly	X-3970,	USAF	Cem	Manila	#2
"	X-839,	"	"	"	"	X-357,	"	"	"	"
"	X-840,	"	"	"	"	X-358,	"	"	"	"
"	X-805,	"	"	"	"	X-320,	"	"	"	"
"	X-443,	"	"	"	"	X-296,	"	"	"	"
"	X-435,	"	"	"	"	X-288,	"	"	"	"
"	X-418,	"	"	"	"	X-270,	"	"	"	"
"	X-416,	"	"	"	"	X-268,	"	"	"	"
"	X-680,	"	"	"	"	X-194,	"	"	"	"
"	X-677,	"	"	"	"	X-191,	"	"	"	"
"	X-615,	"	"	"	"	X-126,	"	"	"	"
"	X-616,	"	"	"	"	X-127,	"	"	"	"
"	X-605,	"	"	"	"	X-118,	"	"	"	"
"	X-364,	"	"	"	"	X-42,	"	"	"	"
"	X-3630,	"	"	"	"	X-3676,	"	"	"	"
"	X-3183,	"	"	"	"	X-1020,	"	"	"	"
"	X-4159,	USAF	Cem	Manila	#2,	formerly	Gleris,	AGRS	Maus	Manila
"	X-4157,	"	"	"	"		Gunn, A. H.,	AGRS	Maus	Manila

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

FOR THE QUARTERMASTER GENERAL:

REB

TEC

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

cc: AdmSection

A. C. King:dal
L. M. White
J. Windsor

Cpy furnished: CINCFE, APO 500

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900
11 January 1950

GRPZ 293

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-168	AGRS	Mslm	UNKNOWN	X-616	AGRS	Mslm
"	X-289	"	"	"	X-677	"	"
"	X-364	"	"	"	X-680	"	"
"	X-416	"	"	"	X-805	"	"
"	X-418	"	"	"	X-839	"	"
"	X-435	"	"	"	X-840	"	"
"	X-443	"	"	"	X-2377	"	"
"	X-605	"	"	"	X-2372	"	"
"	X-615	"	"				

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

FOR THE ~~QUARTER~~ COMMANDING OFFICER:

JOHN SHUPULA
1st Lt., Infantry
Adjutant

17 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

RECEIVED JAN 20 1950

/jdm

LH

drs

1

Interred 2[redacted]uary 1950
F 2 7 F[redacted] McKinley
Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
7747 02873	15 06 48

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
UNKNOWN	X-000191		O	

CEMETERY		DISPOSITION OF REMAINS (CODE / DIST. PT.)
USAF CEMETERY MANILA NO 2	O	7701 80

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
F12	4	484	PHILIPPINE ISLANDS	6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X191 UNKNOWN X-677 (MAUS)				22 Sept 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
[4] REMAINS [1] MARKER	UNKNOWN		JOSEPH M. OWEN Embalmer

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES *1*

Two remains tags - UNKNOWN X-677 (AGRS MAUSOLEUM NUMBER)

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 1948 BY JOSEPH M. OWEN

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

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 22 Sep 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

REPATRIATION BRANCH MEM. DIV.

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

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM: AGRS MAUSOLEUM		TO: FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER: Carl R. Hmark	DATE: JAN 26 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	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
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

QMGYG 293
Unknown X-191
(Manila #2) P.I.

21 June 1946

SUBJECT: Identification of Unknown Deceased

TO : Commanding General, Army Forces Western Pacific Area
APO 707, c/o Postmaster, San Francisco, California
FOR: Chief, American Graves Registration Service

1. Reference is made to letter dated 11 December 1945 your headquarters, File GSQMM 293, Subj: Graves Registration. The dental records of the following individual will be compared with the records of the Unknown X-Numbers indicated interred in USAF Cemetery, Santa Barbara.

NAME	X-NUMBER
SCHRAGEL, Edward, Pfc, 33084581	X-191

2. The information requested in the communication referred to in Paragraph 1 above is not readily available in this office. It is necessary for this office to direct correspondence to other War Department Agencies in order to obtain the required information. In some cases the time delay is increased because of the necessity of directing correspondence to many former Posts, Camps, or Stations to which the deceased concerned may have been assigned, and from the status of the File Sections of the various War Department Agencies to which this office must direct its correspondence to obtain the desired information.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Assistant

hh

X293 Schragel, Edward 33084581

ARMY SERVICE FORCES
MEMO ROUTING SLIP

TO THE FOLLOWING IN THE ORDER INDICATED	INITIALS / DATE	CHECK ACTION
TO: *(Name, organization, building)*		CONCURRENCE
1. World War II Records Administration Center, AGO 4300 Goodfellow Blvd.,		SIGNATURE
		NOTE AND RETURN
2. St. Louis, Missouri		NOTE AND FORWARD
		COMPLETE ACTION
		CIRCULATE
3.		INFORMATION
		FILE

SPQYG 293
Unknown X-191
(Manila #2) P.I.

For necessary action.

Incl:
Form 8-WA

ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

D.T.

REGISTRATION AND RECORDS BRANCH
MAY 13 12 52 PM '46
MEMORIAL DIVISION

33,084,581

FROM: *(Name, organization, building)*
Identification Section
2430 "B"

DATE 05-14-46
TEL. 6817

AGASF FORM 895
1 OCT 1945

16—46173-1 ☆ U. S. GOVERNMENT PRINTING OFFICE

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

9 Jan 1950
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 191 , Plot 2 , Row 4 , Grave 484 , 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:

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

Attch: Form 1044

Received 20 Jan 1950 QGMG
Not identifiable from information presently available 1 Feb. 1950
A. C. King 1Lt.

Incl 1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
X-677 (Formerly X-191 Manila #2 Cem)	9 Jan '50

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
	H	B	C		
AGRS Mausoleum, Manila, P. I.	801	E	1263		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	UTD	UTD	Unk

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

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

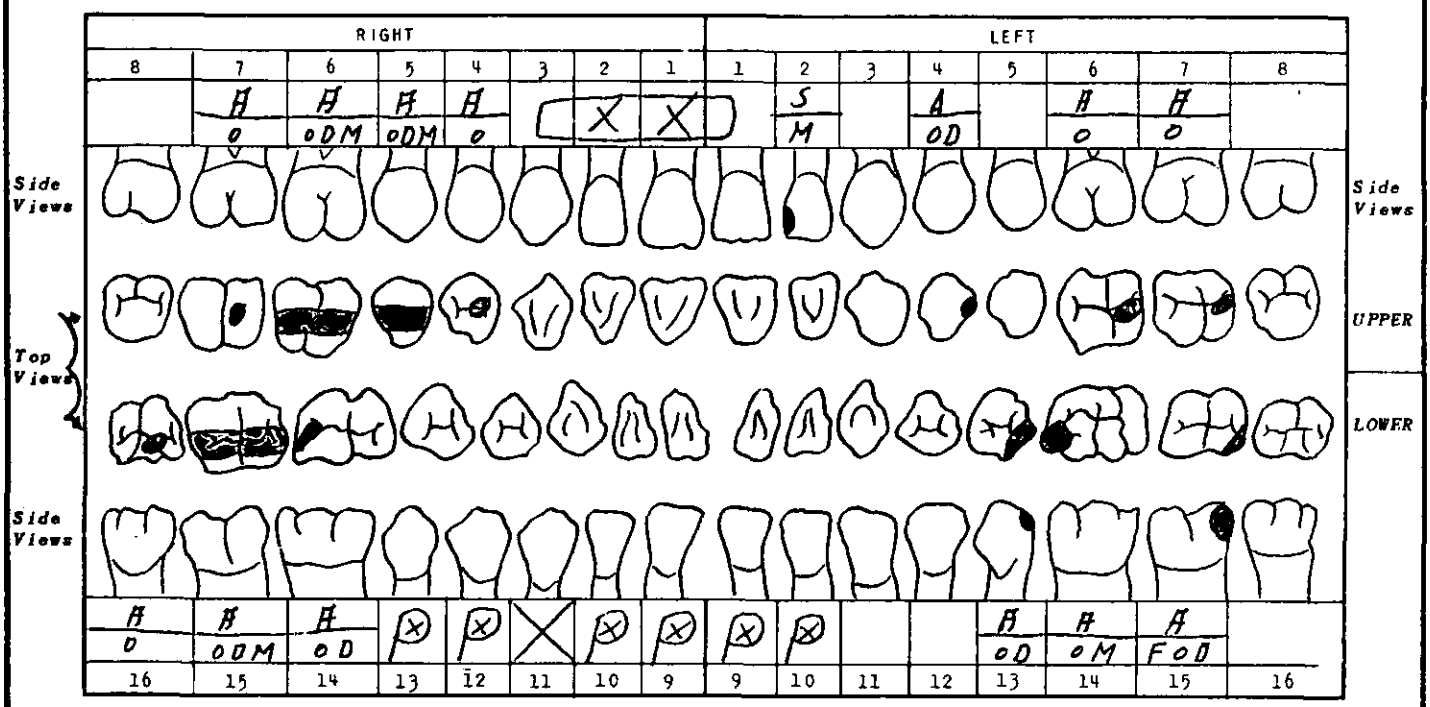
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. *(If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)*

None

Incl #2

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:	Tooth Missing	
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	



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."

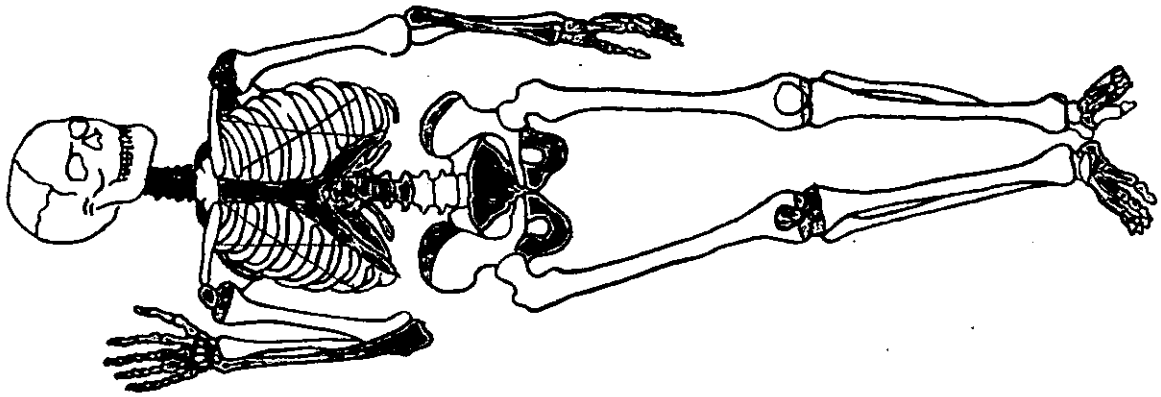
R-1 and R-2 replaced by fixed gold bridge
L-4, 5, 6, 7 are carious
R-14, L-13, L-16 carious

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

Incl 1 3

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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
NUMBER
OF THE FOLLOWING ANATOMICAL PARTS:

_____
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ID tags, burial bottle, personal effects, or other means of identification found with remains.

Estimated weight of remains - 8 lbs.

"BY REASON

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
PAUL R. NICHOLS **Chief, Identification Section**	Paul R. Nichols

QMC FORM 1044b
18 MAR 47
Incl # 4

29E-21—12-47

R/R BRANCH, MEMORIAL DIVISION, O

X-677

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.

DATE: 10 Oct 47

LAST NAME / FIRST / INITIAL: UNKNOWN X-677 (Formerly UNK X-191, USAF Cem Manila #2, Luzon, P.I.)

RANK: Unknown

SERIAL NO.: Unknown

UNIT: Unknown

ORGANIZATION: Unknown

PLACE OF DEATH: Unknown

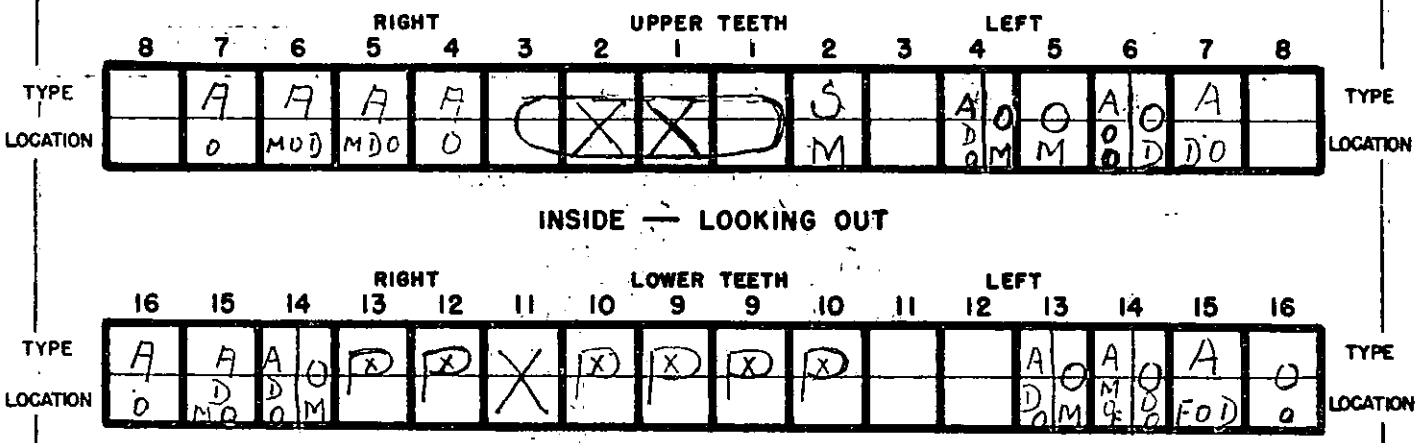
PLACE OF BURIAL: AGRS Mausoleum, Manila, P.I.

PLOT (HANGER): 801

ROW (BAY): E

GRAVE NO. (CRYPT): 1263

STORAGE



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	
X	EXTRACTED	A	AMALGAM (SILVER)	m	MESIAL (BETWEEN-TOWARD FRONT)
O	CAVITY INDICATE LOCATION	G	GOLD	o	OCCLUSAL (BITING SURFACE BACK TEETH)
X	FIXED BRIDGE (INCL. ABUTMENTS)	S	SILICATE OR PORCELAIN	d	DISTAL (BETWEEN - TOWARD BACK)
X	TEETH REPLACED BY DENTURE	O	OXYPHOSPATE (CEMENT)	l	LINGUAL (TOWARD TONGUE)
P	POSTHUMOUSLY MISSING (LOST AFTER DEATH)			f	FACIAL (TOWARD CHEEK)

QMC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

1783—PHILRYCOM—6/47—80M

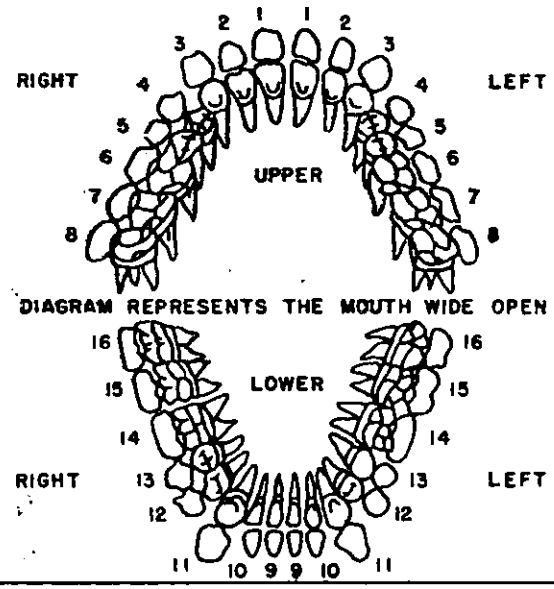
INSTRUCTIONS:

1. **ACCURACY** AND **ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY** THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

L-1, to R-3 is a gold fixed bridge, Abutment 3/4 cast crowns. Pointics steeles facing with soldered backings.

/s/ Edwin Gregurek	/s/ Felix Glass, Capt. USDC
SIGNATURE OF PERSON WHO PREPARED CHART	VERIFIED BY GRS OFFICER
/p/ EDWIN GREGUREK T/5	/p/ FELIX GLASS, Capt. USDC
NAME AND RANK TYPED OR PRINTED	NAME AND RANK TYPED OR PRINTED
C.I.P. Lab. Manila, P.I.	10 Oct 47
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED	DATE

A CERTIFIED TRUE COPY:

George T. Gamboa

GEORGE T GAMBOA
2d Lt MAC

AGRC FORM No. 11
Revised 16 Sept. 1946
Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

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

UNKNOWN X-677 (Formerly UNK X-191, USAF
~~Unknown-X~~ Cemetery Manila #2, Luzon, P.I.)

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 801 Row E (HANGER BAY CRYPT) Grave 1263

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ ..... 9 Oct 47
(Hour) (Date)

2. Place of death Unknown
(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		N	
Jacket, HBT		E	
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool .....

Socks, cotton .....

* Shoes ..... (type) .....

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?

NONE

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, widows peak, distinctive cutting or other characteristics)

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

UNTD

Goatee .....
(Light, color, extent)

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

Nose ..... 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, uneveness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... Circumference of head in inches 20
(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 .....

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

Herniaplasty .....
(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 (Yes-no) If not, explain

9. Remarks No burial bottle with R.O.I. found. No means of identification. No personal effects. Estimated weight of remains - 8 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)

A CERTIFIED TRUE COPY:

George T Gamboa
GEORGE T GAMBOA
2d Lt QMC

1493—PHILRYCOM—6/47—40M

SKELETAL CHART

X-677

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

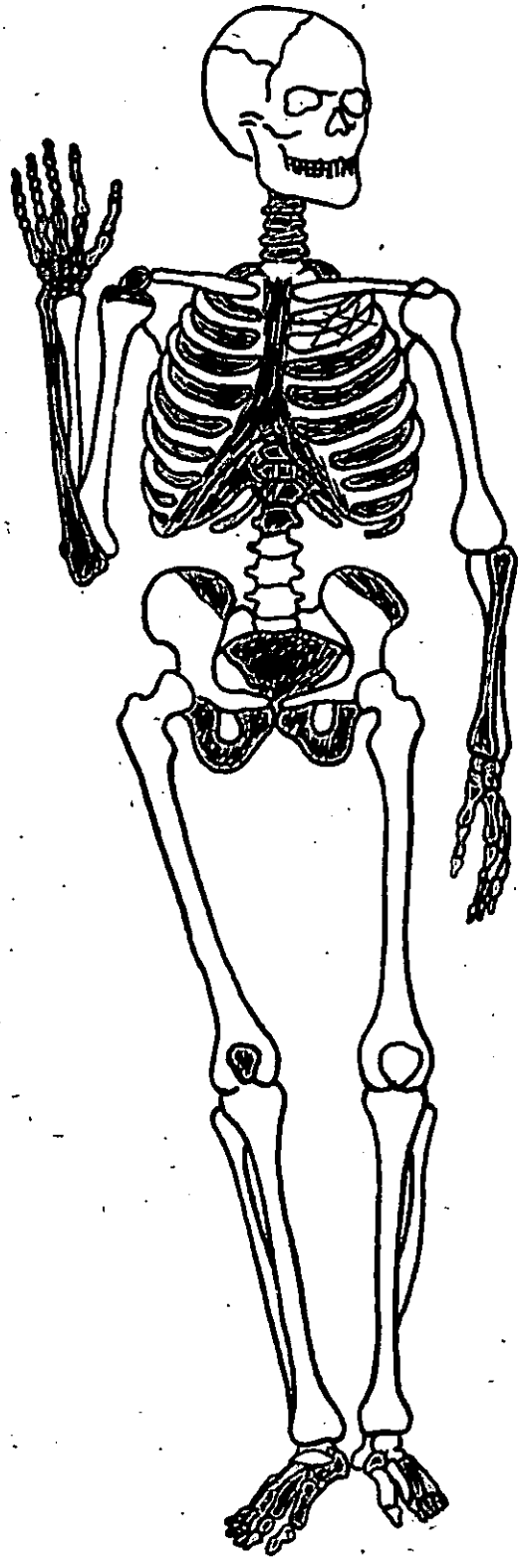


CHART "A"

1493—PHILBYCOM—6/47—40M

/aam

RESTRICTED

693

693

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-677 (Formerly UNK X-191, 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: Unknown

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

WERE SUBSTITUTE TAGS PROVIDED? (*Yes or no*): Yes (2)

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

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: GRS 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 10 Oct 47	0800	STORED Casket	None	HANGER 801	BAY E	CRYPT 1263

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.	ROW NO.	GRAVE NO.
2	4	484

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*)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
STORED UNKNOWN X-690				CRYPT 1265

BODY BURIED ON DECEASED RIGHT, NAME (*Last, first, middle initial*)	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO.
STORED UNKNOWN X-681				CRYPT 1261

SIGNATURE OF PERSON PREPARING REPORT: Wm R. GILBERT, Adm.Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT: LUCIO S PANOPIO, Jr, 2d Lt, Inf

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

RESTRICTED

LEFT LITTLE FINGER

LEFT RING FINGER

LEFT MIDDLE FINGER

LEFT INDEX FINGER

LEFT THUMB

RIGHT THUMB

RIGHT INDEX FINGER

RIGHT MIDDLE FINGER

RIGHT RING FINGER

RIGHT LITTLE FINGER

24 NOV 1947

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

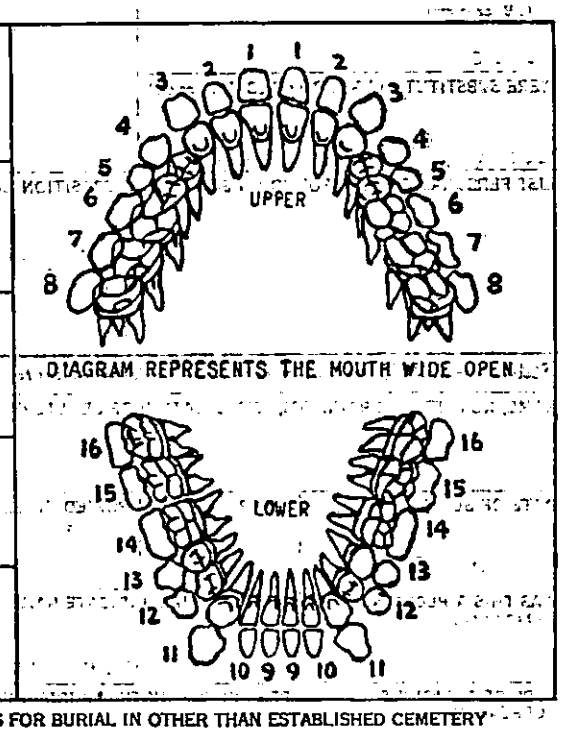
FILLINGS — SILVER FILLING, GOLD FILLING

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.

1707—PHILRYCOM—6/47—71M

RX

RESTRICTED

U 693

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: 9 Dec. 45

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (*Last, first, middle initial*): UNKNOWN X-191 (Manila #2 Cem)
Unknown (Ft Wm McKinley Cem)

SERIAL No.:

GRADE:

ORGANIZATION:

BRANCH OF SERVICE:

RACE:

RELIGION:

IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY:

PLACE OF DEATH:

CAUSE OF DEATH:

DATE OF DEATH:

EMERGENCY ADDRESSEE (*Name, relationship, and address*):

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

WERE SUBSTITUTE TAGS PROVIDED? (*Yes or no*): Yes (2)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Rel 793

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	1600	Shelter Half	Cross	2	4	484

WAS THIS A REBURIAL? (*Yes or no*): Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE: Ft. Wm McKinley Cem., Luzon, P. I.

PLOT No.	ROW No.	GRAVE No.
G	2	3

TYPE OF RELIGIOUS CEREMONY:

PERSON CONDUCTING BURIAL RITES:

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY: Information in bottle buried with body destroyed.

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*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BARTLETT, James L.	Pvt.		21st Pursuit Sqdn	483

BODY BURIED ON DECEASED RIGHT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-192 (Manila #2 Cem) Unknown (Ft Wm McKinley Cem)				485

SIGNATURE OF PERSON PREPARING REPORT: R. C. Barrett
R. C. BARRETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT: D. L. Armstrong
D. L. ARMSTRONG, Capt., QMC.

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

Rel 79'

RESTRICTED

16—43997-1

LEFT LITTLE FINGER	
LEFT RING FINGER	
LEFT MIDDLE FINGER	
LEFT INDEX FINGER	
LEFT THUMB	
RIGHT THUMB	
RIGHT INDEX FINGER	
RIGHT MIDDLE FINGER	
RIGHT RING FINGER	
RIGHT LITTLE FINGER	

11 JAN 1946

Section 3.—UNIDENTIFIED REMAINS.

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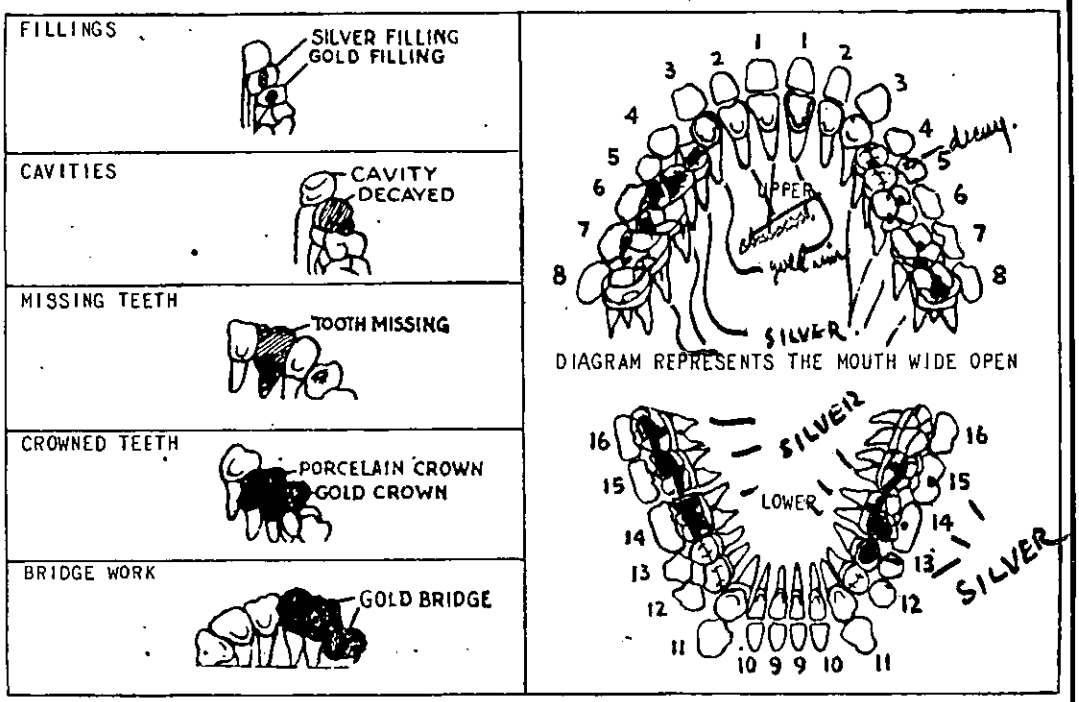
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES



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

REMARKS:

1. (3 A)

GOVERNMENT PRINTING OFFICE