

FORM 293
GHS Far East

24 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 Certificates of Unidentifiability for the following Unknown Deceased:

AGRS Maus. Manila	USAF Gen. Manila #2	FBA Unit	Page
X-312	X-16	1	1
X-615	X-158	1	3
X-605	X-199	1	4
X-795	X-310	1	5
X-686	X-200	1	4
X-730	X-247	1	5
X-1943	X-3278	1	14
X-1259	X-3650	1	19
X-1129	X-3782	1	21
X-1378	X-3960	1	22

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

FOR THE QUARTERMASTER GENERAL:

R. Little:rvs
L. M. White
J. Windsor

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

JAN

TEC

HEADQUARTERS
 AMERICAN GRAVES REGISTRATION SERVICE
 PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

FEB 7 1950

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:

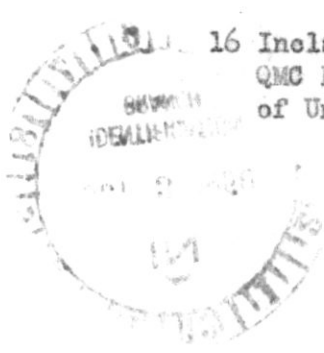
UNKNOWN	X-342	AGRS	Mslm	UNKNOWN	X-1378	AGRS	Mslm
"	X-645	"	"	"	X-1485	"	"
"	X-685	"	"	"	X-1943	"	"
"	X-686	"	"	"	X-2314	"	"
"	X-730	"	"	"	X-2359	"	"
"	X-795	"	"	"	X-2361	"	"
"	X-1129	"	"	"	X-2370	"	"
"	X-1259	"	"	"	X-3009	"	"

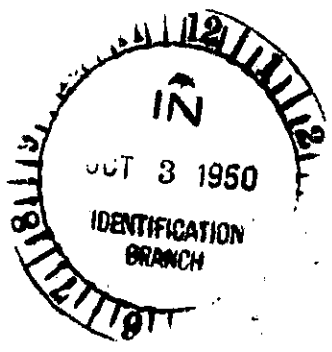
2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

JOHN SHYPULA
 1st Lt., Infantry
 Adjutant

16 Incls
 QMC Forms 1044 w/Certificates
 of Unidentifiability





HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

16 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 199, Plot 2,
Row 5, Grave 542, USMC USAF Cem Manila #2, have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:


H. H. McREEMAR
Captain, OMC
Chief, Records Branch

Atch: Form 1044

Received 2/17/50 OMCB
Not identifiable from
information presently
available Little 2/30/50
Ident B-7

encl 3'

1ics

1
/bpm
A-811
L-13
7-81

Interred 2 Feb 1950.
A 6 33 Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R. H. MARK
Cemetery Superintendent

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00048

DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWN X - 000199

SERIAL NUMBER
RANK

ARM
DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS
7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
2 5 542 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNK X-199
UNK X-685 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED
21 Sept. 1948

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
ALBION H. McLELLAN JR.
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 1
One (1) Identification tag shows UNK X-685 (Maus); Formerly UNK X-199 Manila #2. One (1) Marker shows UNK X-685 (Maus)

REMAINS PREPARED AND PLACED IN CASKET
DATE 21 Sept. 1948

BY ALBION H. McLELLAN JR.

CASKET SEALED BY
ALBION H. McLELLAN JR.

EMBALMER (Signature)
ALBION H. McLELLAN JR.

CASKET BOXED AND MARKED
DATE 21 Sept. 48 BY HORACE L. ALLISON Sgt., Inf.

SHIPPING ADDRESS VERIFIED BY
CELESTINO E. ABELLAR, 1st Lt., FA.

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

CELESTINO E. ABELLAR, 1st Lt., FA.
SIGNATURE OF GRS INSPECTOR

FILE
20 FEB 1950
REPRESENTATION
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	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE FEB 2 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 LOBL MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER (SAC, CINCINNATI REGION)	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

DISINTERMENT DIRECTIVE

6

295 msk (P. I.) - 7-199- 771 Manila # 2

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 7747 00045

DATE 15 05 40 DAY MONTH YEAR

NAME

UNKNOWN X - 000193

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

URAP CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

7701 20 CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

2 5 342 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS MARKER

UNKNOWN

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

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 GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

DATE 9 Oct 1947

293

NAME: Unknown X-199

P.D.

(Manila #2)

RANK _____

ASN: _____

BURIAL INFORMATION FOR RECONCENTRATIONS AS SHOWN ON CEMETERY FIELD ROSTER:

"PRESENT BURIAL LOCATION"

MANILA # 2	4	22	2806
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

"PREVIOUS BURIAL LOCATION"

PELELIU ISLAND, PAALAU ISLANDS	6	5	72
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

REMARKS _____

FILE: X

M.A.T. X

DATE: 9 Oct 1947

NAME: C. Langston
F/AUDIT SECTION

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-685 (Formerly UNK X-199 Manila #2)			2. DATE OF REPORT 20 Jan '50		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1249	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 4' 10"	10. COLOR OF HAIR U T D	11. RACE U T D
------------------------------	-------------------------------	----------------------------	-------------------

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"

Jan 3rd

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		
Maxilla	A	X												A	Maxilla		
Missing	o	X					B	B	B	B				o	Missing →		
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
A	A	X	B		B	B	B	B	B	B	B	B	B	X	A		
o	o	X	B		B	B	B	B	B	B	B	B	B	X	o		
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.

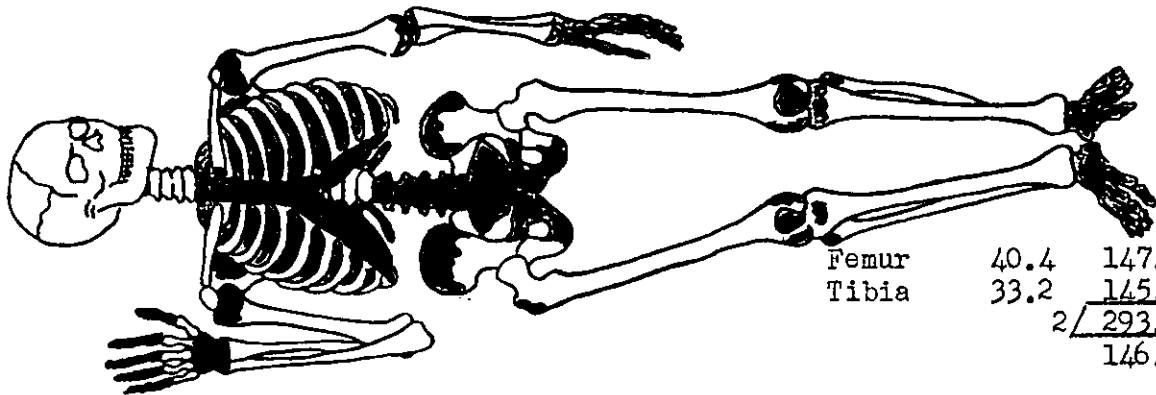
Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

"UNIDENTIFIABLE"

BY *FORN* ON *04/16* LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height: 4' 10".

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 found with remains.

Circumference of skull - 20 3/4 inches.

Estimated weight of remains - 4 lbs.

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE

Paul R. Nichols

X-685

/ar

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.

10 Oct 47
DATE

UNKNOWN X-685 (Formerly X-199,
USAF Cem Manila #2, Luzon, P.I.)
LAST NAME FIRST INITIAL

Unknown
RANK

Unknown
SERIAL NO.

Unknown

Unknown

UNIT
Corregidor Island, P.I.
PLACE OF DEATH

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

ORGANIZATION
801 E 1249
PLOT ROW GRAVE NO.

STORAGE
RANGER BAY CRYPT

Maxilla missing















Missing

	RIGHT						UPPER TEETH						LEFT						
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8			
TYPE	X	A	X	X				X	X	X					A	X	X		
LOCATION		o	X												o				

INSIDE — LOOKING OUT

	RIGHT						LOWER TEETH						LEFT						
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16			
TYPE	A	A	X	X		X	X	X	X	X	X	X	X	X	A	o			
LOCATION	o	o	X											X	o	o			

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p>TYPE OF FILLING IN UPPER HALF OF BOX.</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
--	--	--

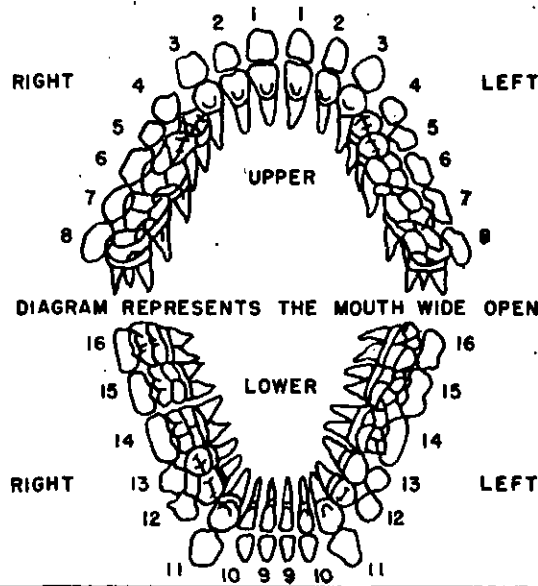
INSTRUCTIONS:

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:

Maxilla missing R8, L7, 8 regions.

/s/ Russell Smith
SIGNATURE OF PERSON WHO PREPARED CHART

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

C.I.P. AGRS Mausoleum
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass, Capt. D.C.
VERIFIED BY GRS OFFICER

/p/ FELIX GLASS, Capt. D.C.
NAME AND RANK TYPED OR PRINTED

10 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)

/af

UNKNOWN X-685 (Formerly
 Unknown X-199, USAF Cem Manila #2, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 801 ^{DANGER} Row E ^{RAV} ^{CRYPT} Grave 1249

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~casualty~~ 7 Oct 47
(Hour) (Date)

2. Place of death Corregidor Island, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by CMT #1
(Name and organization)

4. Evacuated to Cemetery by _____
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ (Type)		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	//		
Mackinaw	//		
Sweater	//		
Jacket, HBT		N	
* Shirt, Wool OD		O	
Undershirt, Wool		N	
Undershirt, Cotton		E	
Trousers, HBT			
* Trousers, Wool OD			

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

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

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

Shoulder Patch //

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

6. Description of Remains: Skeletal remains only. Chart attached.

Age Est. Height 5' 6" Est. Weight 140-lbs Description of wounds

Bandages or dressings // Scars (Length, width, location) //

Tattoos (Number, location - illustrate on separate page) //

Outstanding moles, warts or birthmarks (Yes-no; description, location) //

Sunburn or tan, other than hand and face U. T. D. //

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

Build (Large, fat, thin, muscular) //

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

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

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

Goatee (Light, color, extent)

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

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

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

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

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

Jaw (Large, small, normal) Circumference of ~~head~~ **skull** in inches **Approx. 21½"** (Hat band)

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

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

Hands **U.**

Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints) **D.**

..... (Unusual characteristics of fingernails)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist (Size of navel, appendectomy, amount, quantity, and color of hair)

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

Hernioplasty (Yes-no; location)

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

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

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

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

7. Have finger prints been placed on Report of Interment? No

(Yes-no)

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? Yes If not, explain

(Yes-no)

9. Remarks No identification tags, R.O.I., or other means of

identification. Estimated weight of remains four (4) 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/ E. H. Marshall

(Officer's Name)

SP-8 C-062874

Rank

Service

CIP, AGRS Mausoleum

(Organization)

10 October 1947

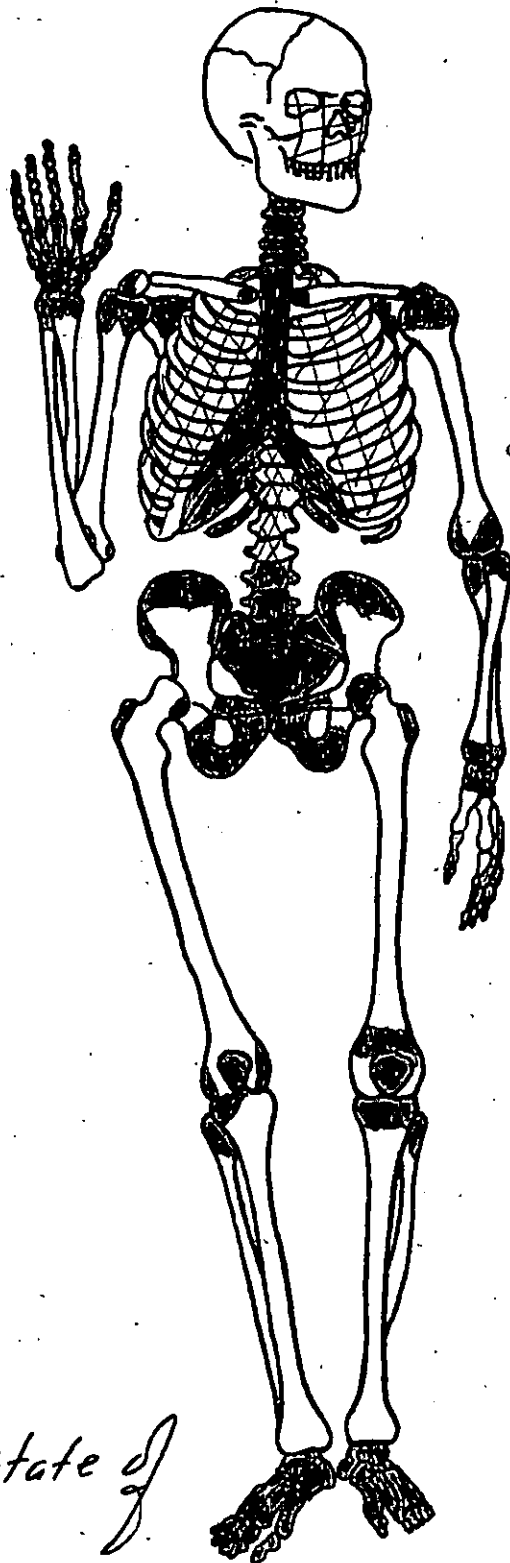
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-685

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



20-Rib Fragments
Vertebrae Fragments
Small Bone Fragments
Too small to place

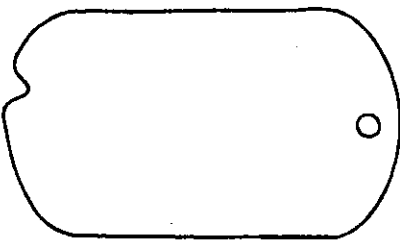
*Remains in state of
Decay*

WD OMC 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

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial) UNKNOWN X-685 (Formerly X-199 USAF Cem Manila #2, Luzon, P.I.)</p>		<p>SERIAL No. Unknown</p>
	<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>	<p>BRANCH OF SERVICE Unknown</p>
	<p>RACE Unknown</p>	<p>RELIGION Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>
<p>PLACE OF DEATH Corregidor Island, P.I.</p>	<p>CAUSE OF DEATH Unknown</p>	<p>DATE OF DEATH Unknown</p>	

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p>
<p>WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)</p>	

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.

<p>DATE OF BURIAL STORAGE 10 Oct 47</p>	<p>HOUR 0800</p>	<p>BURIED IN (Shroud, blanket, or name of other) STORED Casket</p>	<p>TYPE OF GRAVE MARKER None</p>	<p>PLOT No. 801</p>	<p>ROW No. E</p>	<p>GRAVE No. CRYPT 1249</p>
---	----------------------	--	--------------------------------------	-------------------------	----------------------	-------------------------------------

<p>WAS THIS A REBURIAL? (Yes or no) RESTORED Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.</p>	<p>PLOT No. 2</p>	<p>ROW No. 5</p>	<p>GRAVE No. 542</p>
--	---	-----------------------	----------------------	--------------------------

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

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-711</p>	<p>RANK</p>	<p>SERIAL No.</p>	<p>ORGANIZATION</p>	<p>GRAVE No. CRYPT 1251</p>
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-665</p>	<p>RANK</p>	<p>SERIAL No.</p>	<p>ORGANIZATION</p>	<p>GRAVE No. CRYPT 1247</p>

<p>SIGNATURE OF PERSON PREPARING REPORT <i>Wm R Gilbert</i> Wm R GILBERT, Adm Asst</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio Jr</i> LUCIO S PANOPIO JR, 2d Lt, INF</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.

10-15-47

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


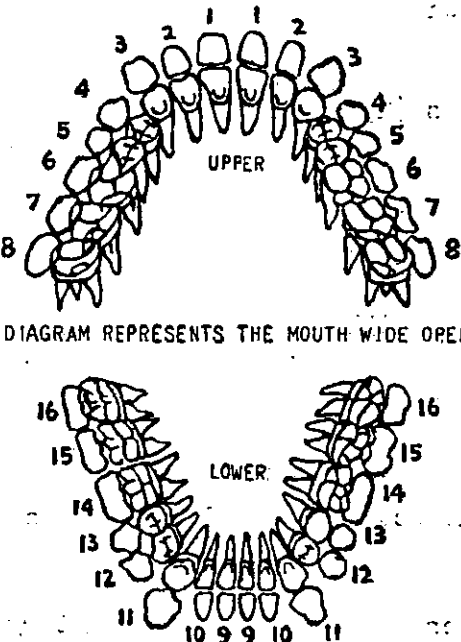




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

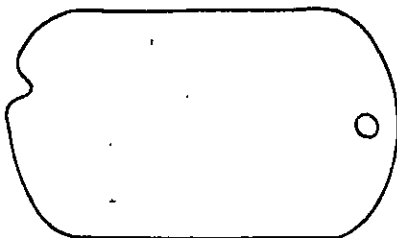
Identification Check List and Dental Chart accomplished.

24 NOV 1947

RX

RESTRICTED

U 684

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 12 Dec 45	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-199 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)				SERIAL No.	
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Corregidor, P. I.		CAUSE OF DEATH				DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address)							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Incl. 984 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 29 Nov. 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 5	GRAVE No. 542	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Amer Corregidor Cem., Corregidor, P. I.			PLOT No. C	ROW No. 6	GRAVE No. 45	
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-198 (Manila #2 Cem) Unknown (Amer Corregidor Cem)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 541	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-200 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 543	
SIGNATURE OF PERSON-PREPARING REPORT R. C. BARRETT, T/4, GRS.				SIGNATURE OF GRS OFFICER VERIFYING REPORT 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.							

Incl 87'

RESTRICTED

11 JAN 1946

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


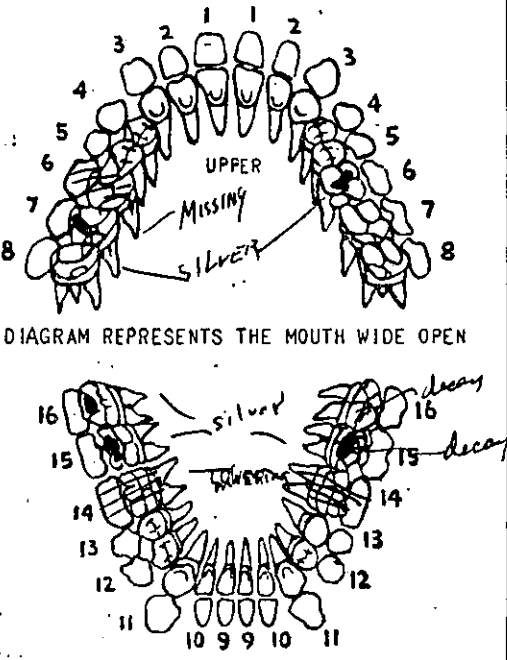




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

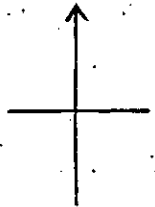
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

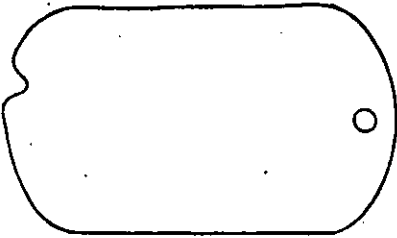
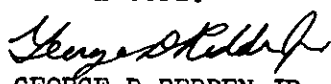
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	RE REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center" style="font-size: 1.2em;">12 Dec 45</p>	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-199 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Corregidor, P.I.	CAUSE OF DEATH	DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address)			
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)		
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)			
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None		A TRUE COPY:  GEORGE D. REDDEN, JR. Captain, Inf.	
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.			
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center" style="font-size: 1.1em;">USAF Cemetery Manila #2, Luzon, P.I.</p>			
DATE OF BURIAL 29 Nov. 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half	
TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 5	
GRAVE No. 542			
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Amer Corregidor Cem, Corregidor, P.I.		
PLOT No. C	ROW No. 6	GRAVE No. 45	
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-198 (Manila #2 Cem) Unknown (Amer Corregidor, Cem.)	RANK	SERIAL No.	
ORGANIZATION GRAVE No. 541			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-200 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)	RANK	SERIAL No.	
ORGANIZATION GRAVE No. 543			
SIGNATURE OF PERSON PREPARING REPORT /s/t/ R.C. BARNETT, T/4, GRS		SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ D.L. ARMSTRONG, Capt., OMC.	

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.

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


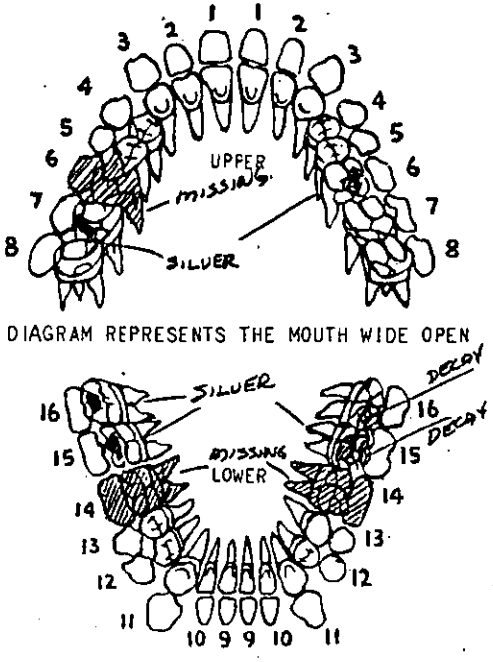




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

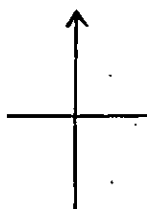
LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS: