

FORM 295  
USG Far East

24 February 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer  
American Graves Registration Service  
Philcoa 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 Cem. Manila #2	FBA Unit	Page
X-312	X-16	1	1
X-615	X-150	1	3
X-685	X-199	1	4
X-795	X-310	1	5
X-686	<del>X-300</del>	1	4
X-730	X-217	1	5
X-1045	X-3278	1	14
X-1239	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, QMS  
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 QMGMI 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	Malm	UNKNOWN	X-1378	AGRS	Malm
"	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 QMG Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

16 Incls  
 QMG Forms 1044 w/Certificates  
 of Unidentifiability

JOHN SHYPULA  
 1st Lt., Infantry  
 Adjutant

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-200, Plot 2,  
Row 5, Grave 543, 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:

  
K. B. MCNEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 2/17/50..... OQMG  
Not identifiable from  
information presently  
available 2/20/50 - Lilly  
Deleunt, R.

2nd 41

Interred 7 Feb 1950  
D 9 41 Ft. McKinley

DISINTERMENT DIRECTIVE

Caremark  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00049

DATE  
15 06 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
UNKNOWN X		- 000200			0	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		
2	5	543	PHILIPPINE ISLANDS		6		

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME		SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X - 200					4-1-49
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION	IDENTIFICATION VERIFIED BY J. J. McDERMOTT Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
----------------------------------	----------------------------------

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1  
(1) Cem Tag: Unk X-200 Ser No Unk.  
(1) Emb Tag: Unk X-200 543-5-2.  
(2) Maus. Tags: Unk X -686 Formerly X-200 Manila #2.

REMAINS PREPARED AND PLACED IN CASKET  
DATE 4-1-49 BY J. J. McDERMOTT

CASKET SEALED BY J. J. McDERMOTT  
EMBALMER (Signature) s/ J. J. McDermott

CASKET BOXED AND MARKED WYMAN L McGUIRE  
DATE 4-1-49 BY Sgt, MC  
SHIPPING ADDRESS VERIFIED BY RICHARD HOYT

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

s/ Richard Hoyt

SIGNATURE OF GRS INSPECTOR  
NAME  
RAT  
FILE  
RECORDS  
DATE  
88112

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Robert Mark</i>	DATE <b>FEB 7 1950</b>

## 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 <i>LOST WCKINTEA CEMETERY</i>	DATE	SIGNATURE OF RECEIVER <i>(CA ADMINISTRATIVE DECISION)</i>	DATE

## 6. SHIPPED

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

## UNKNOWN SHIPPED

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

1. FILE UNDER NO. **893 - Unit. P. I. X-200 (Media #2)**

**SYNOPSIS**

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **21 Jun 49**

4. FROM: **CSIS**

5. TO: **SA, Philippine Command, AFM 707, 17th, San Francisco, Calif.**

6. SUBJECT: **Disapproval of Recommendations by the Field Board of Review**

**X-57 X-200 Capt John W. Scott G-576150  
.....**

7. DOCUMENT FILED UNDER NO. **893 - Unit. P. I. (Disc) (Media #2) (X-200 thru X-204, X-205 thru X-209)**

**END**

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

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

1. FILE UNDER NO. 298 - Unk. P. I. X-200 (Bufile #2)

**SYNOPSIS**

2. TYPE OF DOCUMENT: Letter 3. DATE: 31 Jan 49  
4. FROM: CMC  
5. TO: CG, Philippine Command, AFM 707, JPA, San Francisco, Calif.  
6. SUBJECT: Disapproval of Recommendations by the Field Board of Review  
X-27 X-200 Capt John W. Scott G-376130  
.....

7. DOCUMENT FILED UNDER NO. 298 - Unk. P. I. (Disc) (Bufile #2) (X-200 thru X-204, X-206 thru X-209)

mb

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

DATE 9 Oct 1947

293

NAME: <sup>X-200</sup> Unknown X-200

P.D.

(Manila #2)

RANK

ASN:

BURIAL INFORMATION FOR RECONCENTRATIONS AS SHOWN ON CEMETERY FIELD ROSTER:

"PRESENT BURIAL LOCATION"

MANILA # 2	4	22	2807 -2808
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

"PREVIOUS BURIAL LOCATION"

(Erroneous)

PELELIU ISLAND, PALAU ISLANDS	6	5	74
"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 <b>UNKNOWN X-686 (Formerly UNK X-200 Manila #2)</b>				2. DATE OF REPORT <b>19 Jan '50</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>801</b>	5. ROW <b>E</b>	6. GRAVE <b>1275</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 3 3/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>U T D</b>
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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

**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"**

*Handwritten signature*

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 →															
Missing								a mo							
X	X	X	X	G		P	P	P	P	X	X	X	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."

No loose maxillary teeth present with remains.

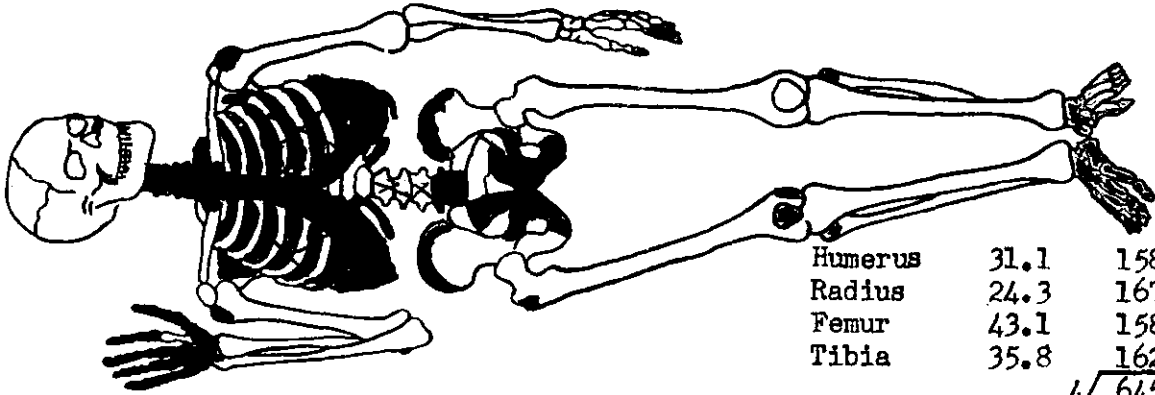
*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Identification Section

"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5' 3 3/8".

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 - 19 1/2 inches.

Estimated weight of remains - 5 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

# 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.

(Formerly UNK X-200) 10 Oct 47  
 UNK X-686 (USAF Cem Manila #2, P.I.) Unknown DATE  
Unknown  
 LAST NAME FIRST INITIAL RANK SERIAL NO.  
 Unknown Unknown  
 UNIT ORGANIZATION  
 Corregidor Island, P.I. AGRS MAUSOLEUM, Manila, P.I. 801 E 1275  
 PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT HANGER ROW BAY GRAVE NO. CRYP T

*missing* RIGHT UPPER TEETH LEFT *Broken*












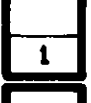



8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE
LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION

INSIDE — LOOKING OUT

16	15	14	13	12*	11*	10	9	9*	10	11	12	13	14	15	16*
TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE	TYPE
LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION	LOCATION

\* See Remarks

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

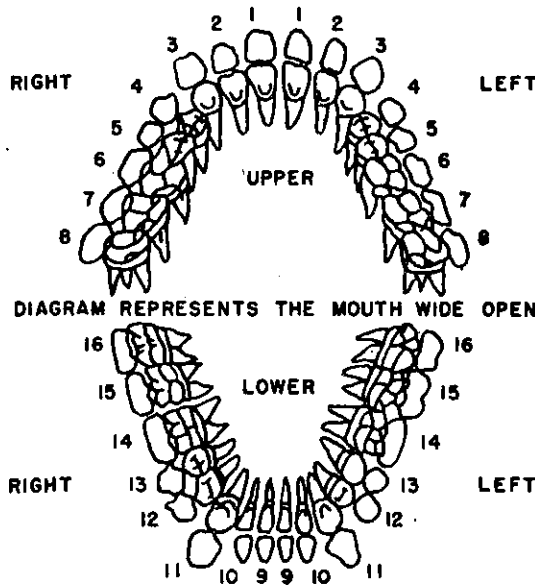
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

Pronounced attrition R-12, R-11 L-9, L-16.

/s/ Hilarion V. Castillo  
SIGNATURE OF PERSON WHO PREPARED CHART

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass  
VERIFIED BY GRS OFFICER

NAME AND RANK TYPED OR PRINTED

10 Oct 47

DATE

CERTIFIED TRUE COPY:

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

# IDENTIFICATION CHECK LIST

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

(Formerly UNK X-200)

Unknown X-686 (USAF Cem Manila #2, P.I.)

Cemetery AGRS MAUSOLEUM, MANILA, P.I.

Plot 801 Row E Grave 1275

CIP, AGRS MAUSOLEUM, MANILA, P.I.

1. Arrived at cemetery 10 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 AGRS 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	/		
Sweater	N		
Jacket, HBT	N		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool .....

Socks, cotton .....

\* Shoes (type) N

Overshoes O N

Web Equipment (type) N

(Other item) .....

(Other item) .....

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

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

Shoulder Patch .....

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

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

Age / Est. Height 5'7" Est. Weight 140 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 U (Light, medium, dark, clear, pimples, pocks, freckles)

Build D (Large, fat, thin, muscular)

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

Hair (Baldness, widow's peak, distinctive cutting or other characteristics)

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

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

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

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

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

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

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

Jaw ..... Circumference of head in inches ..... 20 1/2 .....  
 (Large, small, normal) (Hat band)

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

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

Hands .....  
 (Unusual characteristics of fingernails)

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

Chest ..... U T D .....  
 (Size of nipples, color, quantity and extent of hair, large, small, normal)

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

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

Hernioplasty .....  
 (Yes-no; location)

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

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

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

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



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

If not, explain Due to condition of remains

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

9. Remarks No ROI found with remains. No means of identification. No personal effects. Estimated weight of remains seven (7) 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. F. Moriarty  
(Officer's Name)

SP-6  
Rank Service

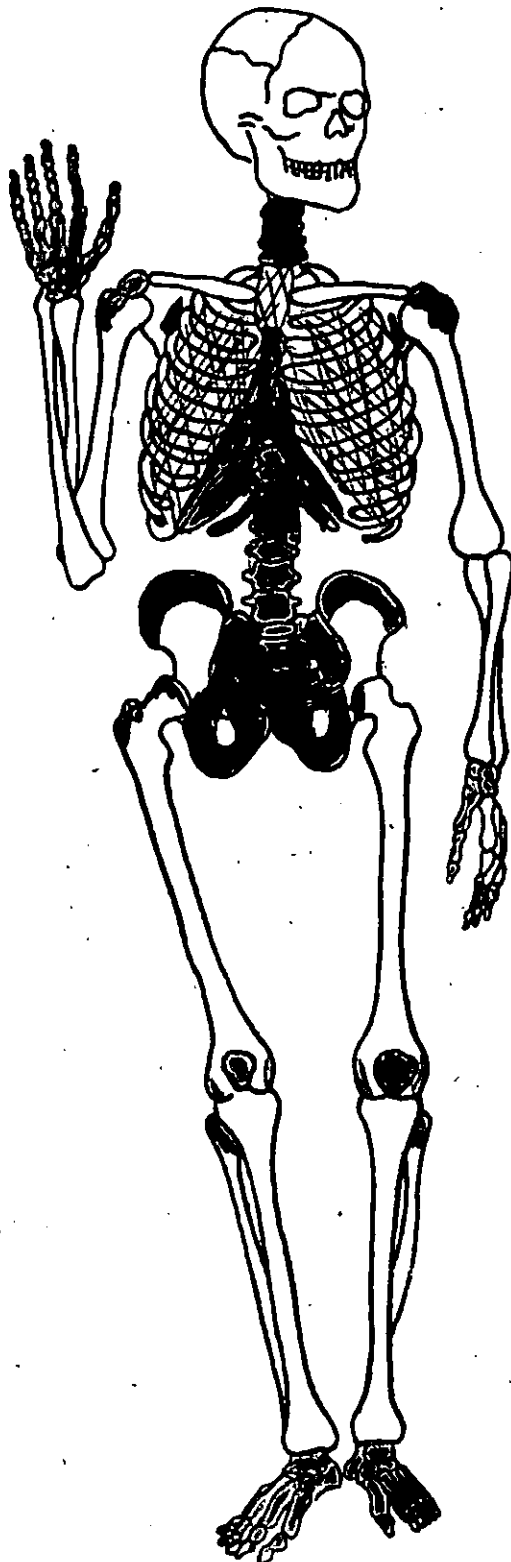
AGRS  
(Organization)

CERTIFIED TRUE COPY:  
E. H. Newman, Jr.  
E. H. NEWMAN, JR.  
Capt FA.

# SKELETAL CHART

X-686

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





APR 29 1948

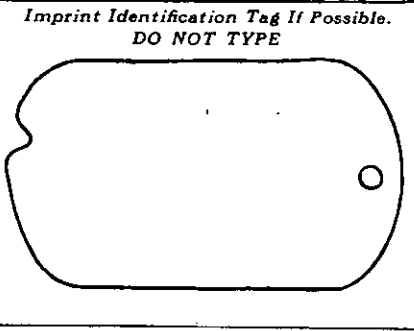
RESTRICTED

U 685

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



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-686 (Formerly UNK X-200 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 Corregidor Island, P. I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
---	---------------------------	--------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

REPLICATION  
RECORDS BRANCH  
DEC 22 2 55 PM '47  
MEMORIAL DIVISION

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 10 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 801	ROW No. BAY E	GRAVE No. CRYPT 1275
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 5	GRAVE No. CRYPT 543
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-675	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1277
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-679	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1273
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SIGNATURE OF PERSON PREPARING REPORT: Wm R GILBERT, Adm Asst  
SIGNATURE OF GRS OFFICER VERIFYING REPORT: LUCIO S PANOPLO, 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

Qc 548

**Section 3.—UNIDENTIFIED REMAINS.**


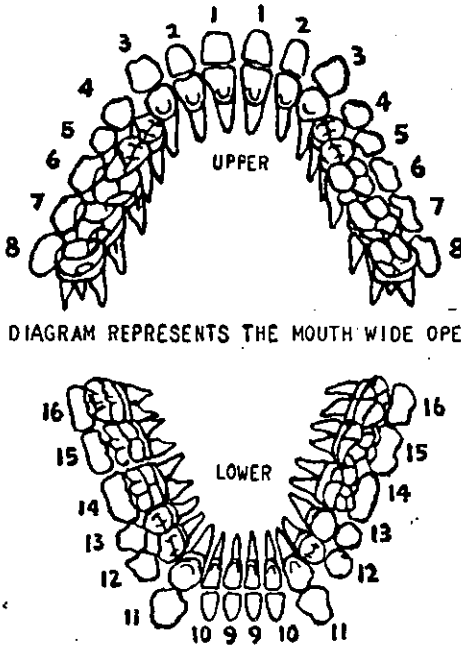




**INSTRUCTIONS:**

(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.

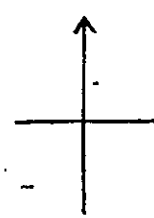
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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 align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">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:**

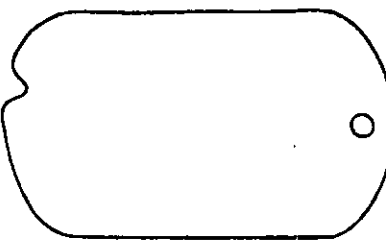
Identification Check List and Dental Chart  
accomplished.

RX

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U-685

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT  <div style="text-align: center; font-size: 1.2em;">12 Dec 45</div>
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<i>Imprint Identification Tag If Possible.</i> DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME ( <i>Last, first, middle initial</i> )		SERIAL No.
	UNKNOWN X-200 (Manila #2 Cem) Unidentified ( Amer Corregidor Cem)		
	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
Corregidor, P. I.		

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

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Inf 985

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 ( <i>Shroud, blanket, or name of other</i> )	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
29 Nov 45	1400	Shelter Half	Cross	2	5	543

WAS THIS A REBURIAL? ( <i>Yes or no</i> )	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE		
Yes	Amer Corregidor Cem, Corregidor, P. I.		
	PLOT No.	ROW No.	GRAVE No.
	6	6	46

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 ( <i>Yes or no</i> )	IDENTIFICATION TAG ATTACHED TO MARKER ( <i>Yes or no</i> )
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME ( <i>Last, first, middle initial</i> )	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-199 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)				542

BODY BURIED ON DECEASED RIGHT, NAME ( <i>Last, first, middle initial</i> )	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-201 (Manila #2 Cem) Unidentified (Amer Corregidor Cem)				544

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.	<i>D. L. Armstrong</i> 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.*

RESTRICTED

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**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.

**11 JAN 1946**

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER


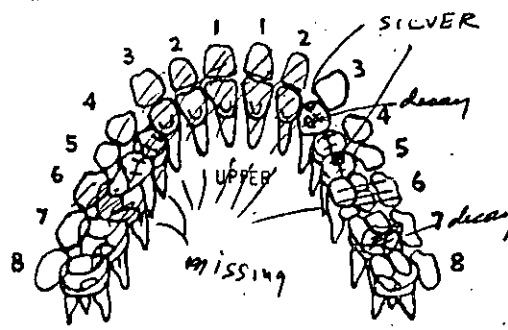
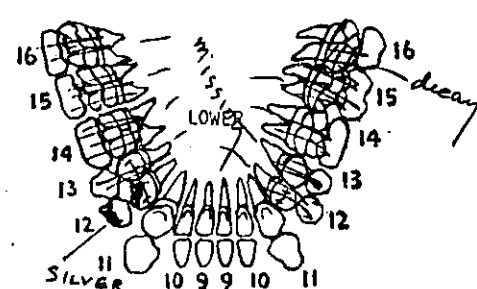




RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

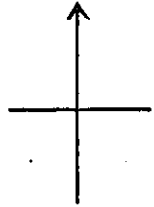
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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: