

QMGLT 293
GRS Far East

2 September 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General
Philippine Command
APO 707, o/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM ZONE

1. Reference is made to findings of Unidentifiability for the following Unknown Deceased:

Unknown X-2686,	AGRS Mausoleum Manila,	formerly X-2834,	USAF Cem.,	Manila #2
" X-2684,	" " "	" X-2832,	" " "	" #2
" X-2682,	" " "	" X-2830,	" " "	" #2
" X-2783,	" " "	" X-2841,	" " "	" #2
" X-2779,	" " "	" X-2857,	" " "	" #2
" X-2764,	" " "	" X-2862,	" " "	" #2
" X-2762,	" " "	" X-2860,	" " "	" #2
" X-2777,	" " "	" X-2855,	" " "	" #2
" X-2774,	" " "	" X-2852,	" " "	" #2
" X-2778,	" " "	" X-2856,	" " "	" #2
" X-2744,	" " "	" X-2814,	" " "	" #2
" X-2722,	" " "	" X-2823,	" " "	" #2
" X-2742,	" " "	" X-2812,	" " "	" #2
" X-2719,	" " "	" X-2819,	" " "	" #2
" X-2679,	" " "	" X-2806,	" " "	" #2
" X-2771,	" " "	" X-2869,	" " "	" #2
" X-2770,	" " "	" X-2868,	" " "	" #2
" X-2753,	" " "	" X-2871,	" " "	" #2
" X-2754,	" " "	" X-2872,	" " "	" #2
" X-2752,	" " "	" X-2870,	" " "	" #2
" X-2691,	" " "	" X-2839,	" " "	" #2
" X-2690,	" " "	" X-2838,	" " "	" #2
" X-2689,	" " "	" X-2837,	" " "	" #2
" X-2414,	" " "	" X-3126,	" " "	" #2
" X-1975,	" " "	" X-3270,	" " "	" #2
" X-1947,	" " "	" X-3282,	" " "	" #2
" X-1940,	" " "	" X-3328,	" " "	" #2
" X-1699,	" " "	" X-3407,	" " "	" #2
" X-1631,	" " "	" X-3452,	" " "	" #2
" X-1405,	" " "	" X-3996,	" " "	" #2
" X-1379,	" " "	" X-3961,	" " "	" #2
" X- 832,	" " "	" X- 348,	" " "	" #2

QCICET 293

GRS Far East

Ltr 2 September 1949

SUBJECT: Approval of Unidentifiability

Unknown	X- 810,	AGES Mausoleum Manila, formerly	X- 325,	USAF Cem., Manila	#2
"	X- 723,	" " " " " "	X- 240,	" " " " " "	#2
"	X- 687,	" " " " " "	X- 201,	" " " " " "	#2
"	X- 654,	" " " " " "	X- 167,	" " " " " "	#2
"	X- 597,	" " " " " "	X- 105,	" " " " " "	#2
"	X- 436,	" " " " " "	X- 289,	" " " " " "	#2
"	X-2756,	" " " " " "	X-2874,	" " " " " "	#2
"	X-2757,	" " " " " "	X-2875,	" " " " " "	#2
"	X-2759,	" " " " " "	X-2877,	" " " " " "	#2
"	X-2653,	" " " " " "	X-2954,	" " " " " "	#2
"	X-2654,	" " " " " "	X-2955,	" " " " " "	#2
"	X-2656,	" " " " " "	X-2956,	" " " " " "	#2
"	X-2659,	" " " " " "	X-2960,	" " " " " "	#2
"	X-2660,	" " " " " "	X-2961,	" " " " " "	#2
"	X-2651,	" " " " " "	X-2962,	" " " " " "	#2
"	X-2800,	" " " " " "	X-2950,	" " " " " "	#2
"	X-2801,	" " " " " "	X-2951,	" " " " " "	#2
"	X-2761-A,	" " " " " "	X-2879,	" " " " " "	#2

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

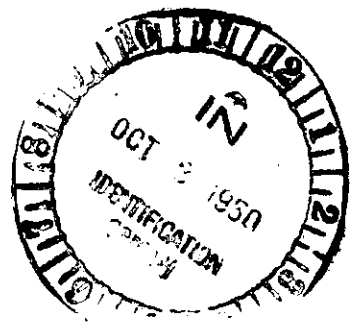
T. H. METZ
Lt. Colonel, QTC
Memorial Division

cc: Adm Section
T. Sanborn:pmr
L. M. White
J. Windsor

REB

TEC

CC: CINCPAC, APO 500, c/o Postmaster, San Francisco, California.



APO 707
17 AUG 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 QMGRU 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-182	AGRS	Mslm	UNKNOWN	X-1379	AGRS	Mslm
"	X-208	"	"	"	X-1405	"	"
"	X-244	"	"	"	X-1631	"	"
"	X-312	"	"	"	X-1699	"	"
"	X-436	"	"	"	X-1940	"	"
"	X-597	"	"	"	X-1947	"	"
"	X-654	"	"	"	X-1975	"	"
"	X-687	"	"	"	X-2247	"	"
"	X-723	"	"	"	X-2414	"	"
"	X-810	"	"	"	X-5148	"	"
"	X-832	"	"	"	X-5149	"	"

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

FOR THE COMMANDING GENERAL:

C. H. LIEURANCE
2nd Lt., AGD
Asst. Adj. Gen22 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

12 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 201, Plot 2,
Row 5, Grave 544, 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. McNEMAR
Captain, QMC
Chief, Records Branch

Attach: Form 1044

Received 8/30/49
Not identifiable from
files in my possession
0/31/49
Sanborn, T.
W. L. Lant

/jdm

/drs

Interred 20 Jul 1949,
L 5 54 Ft. McKinley*Carl R. Mark*
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00050

DATE

15 06 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWN X-000201

0

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

7701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

2 5 544 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FT. MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-000201
UNKNOWN X-687 (MAUS)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

22 Sept 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS
 MARKER

UNKNOWN

JOSEPH M. OWEN

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 /

Two remains tags - UNKNOWN X-687 (AGRS MAUSOLEUM NUMBER)

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept 1948

BY

JOSEPH M. OWEN

CASKET SEALED BY

JOSEPH M. OWEN

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
LUCIO S. PANOPIO, 1st Lt., INF

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

AUG 30 1948
REGISTRATION
BRANCH
MCMC 1948

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>Charles Mark</i>	DATE 20 JUL 1949

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

REPAIR SECTION
RECORDS BRANCH
JUL 20 9 22 PM '49

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>PIKION</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>PIKION</i>	DATE	SIGNATURE OF RECEIVER <i>PIKION</i>	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

1. FILE UNDER NO. **228 - Misc. P. I. E-201 (Serial #2)**

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **21 Jan 47**
4. FROM: **NSA**
5. TO: **CG, Military Command, AFM 307, 212, San Francisco, Calif.**
6. SUBJECT: **Disapproval of Recommendations by the Civil Board of Review**
I-27 I-200 Capt John E. Scott O-376130

7. DOCUMENT FILED UNDER NO. **228 - Misc. P. I. (Misc) (Serial #1) (I-200 thru I-201, I-202 thru I-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.

1. FILE UNDER NO. 295 - Unk. P. I. X- 201 (Serial #2)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 31 Jan 49
4. FROM: HQMC
5. TO: CG, Philippine Command, APO SF, SFA, San Francisco, Calif.
6. SUBJECT: Disapproval of Recommendations by the Field Board of Review
X-27 X-203 Capt John W. Scott O-276130
* * * * *

7. DOCUMENT FILED UNDER NO. 295 - Unk. P. I. (disc) (Serial #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: Unknown X-201

P.O.

(Manila # 2)

RANK _____

ASN: _____

BURIAL INFORMATION FOR RECONCENTRATIONS AS SHOWN ON CEMETERY FIELD ROSTER:

"PRESENT BURIAL LOCATION"

MANILA # 2	4	22	2810- 2811
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

"PREVIOUS BURIAL LOCATION"

PELELIU ISLAND, PALAU ISLANDS	6	6	78
"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 UNKNOW N X-687 (Formerly UNK X-201 Manila No. 2)				2. DATE OF REPORT 20 July 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	E	1276	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 5/8"	10. COLOR OF HAIR U T D	11. RACE UNKNOW N
------------------------------	--------------------------------	----------------------------	----------------------

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? <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"

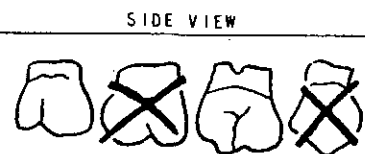
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Handwritten signature

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:



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



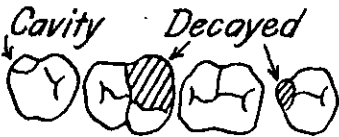
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
X		Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø			A 6	UTD		
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
														A 6	A 6	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."

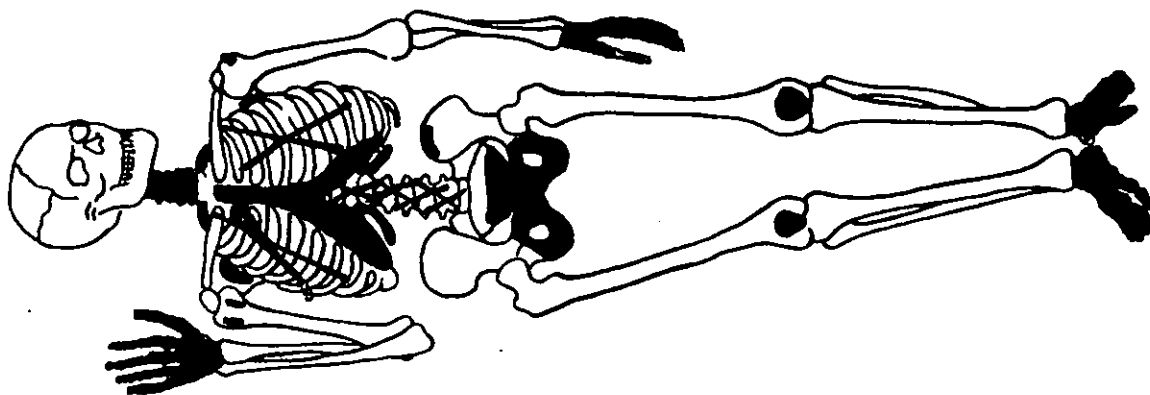
Unable to determine whether L8 is X or PX due to the condition of the maxilla.

"UNIDENTIFIABLE"

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height - 5' 5/8"

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 ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 4 lbs.

Circumference of skull - 19 1/2 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

SIGNATURE

JAMES J. McDERMOTT
Laboratory Officer, CIP

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.

UNKNOWN X-687 (Formerly UNK X-201)

10 Oct 47

DATE

(USAF Cemetery Manila #2, Luzon P.I.)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum

ORGANIZATION

Corregidor, P.I.

Manila P.I.

801

E

1276

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

RANGER

BAY

CR/PT

		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE		X		X	X	X	X	X	X	X	X	X				A	X	TYPE					
LOCATION																0		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		X	X	X	X				X	X	X		X		A	A	X	TYPE	
LOCATION															0	0		LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

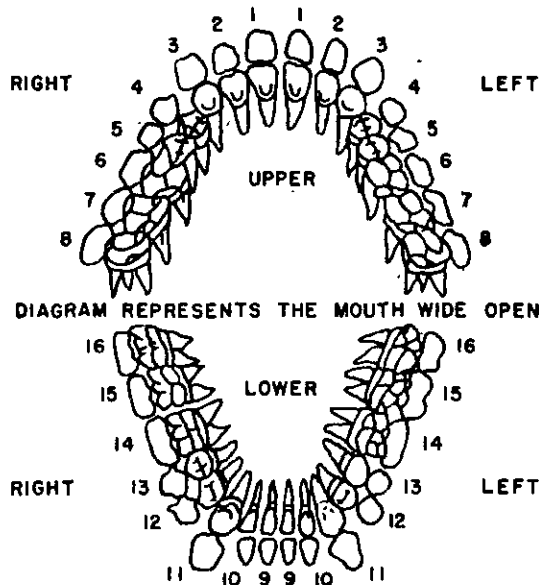
INSTRUCTIONS:

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

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

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

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



REMARKS:

s/ Magno A. Noble
SIGNATURE OF PERSON WHO PREPARED CHART

s/ Alton E. Jones
VERIFIED BY GRS OFFICER

p/ MAGNO A. NOBLE
NAME AND RANK TYPED OR PRINTED

p/ ALTON E. JONES SP-6
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mausoleum, Manila P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

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)

UNKNOWN X-687 (Formerly UNK X-201)
~~XXXXXXXXXX~~ (USAF Cemetery Manila #2, Luzon
 Cemetery AGRS Mausoleum, Manila P.I.)
 P.I.)
 HANGER BAY CRPT
 Plot 801 Row E Grave 1276

AGRS Mausoleum, Manila P.I.

1. Arrived at cemetery 7 Oct 47
(Hour) (Date)
2. Place of death Corregidor, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered or~~ disinterred by C M T #1
(Name and organization)
4. Evacuated to Cemetery by C M T #1
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

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

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type)

Overshoes

Web Equipment (type)

(Other item)

(Other item)

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

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

Shoulder Patch

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

6. Description of Remains: Skeleton only - Chart attached.

Age Height Est. 5' 5/8" 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, poeks, 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)

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 **See tooth chart** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches 19 1/2" (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 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers (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 ROI bottle, no personal effects or ID tags found with remains.

Estimated weight of remains 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/ Alton E. Jones

(Officer's Name)

SP - 6 062812

Rank

Service

AGRS Mausoleum, Manila P.I.

(Organization)

10 Oct 47

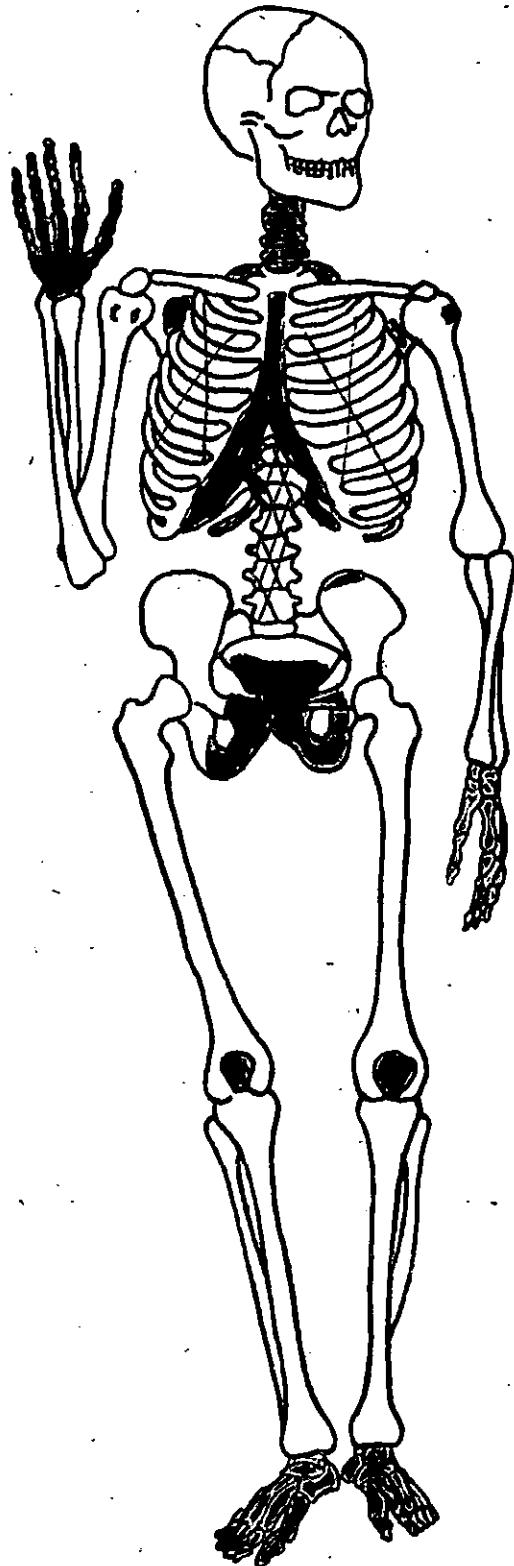
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-687

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*fragments of bones
too small to be
identify*



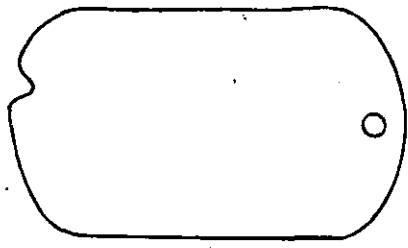
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT/

14 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-687 (Formerly UNK X-201)
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

Corregidor, 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

REPAIRATION
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.
BAV

E

GRAVE No.
CRYPT

1276

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.
544

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)

STORED

UNKNOWN X-699

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

1278

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

STORED

UNKNOWN X-683

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

1274

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO PANOPIO, Jr. Ed 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.

2 of 549

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


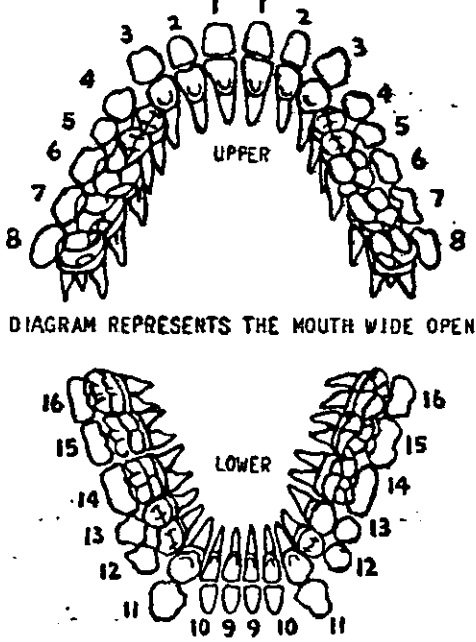




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

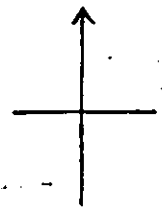
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Identification Check List and Dental Chart accomplished.

18 NOV 1941

RX

RESTRICTED

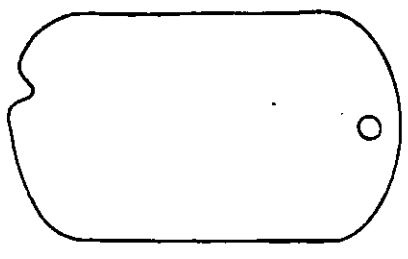
U 686

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) U N K N O W N -X- 201 (Cem. Manila #2) (Formerly unidentified Amer. Cemetery Corregidor)		SERIAL NO.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Corregidor Island, 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
Ind 986
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, Duzon, 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. 544
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE American Cemetery Corregidor Island, P. I.	PLOT No. C	ROW No. 6	GRAVE No. 47
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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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN -X-200 (Cem. Manila #2) (Formerly unidentified Amer. Cem. Corregidor)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 543
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X-202 (Cem. Manila #2) (Formerly unidentified Amer. Cem. Corregidor)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 545
---	------	------------	--------------	-------------------------

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.

Dec 89

RESTRICTED

11 JAN 1946

Section 3. UNIDENTIFIED REMAINS.


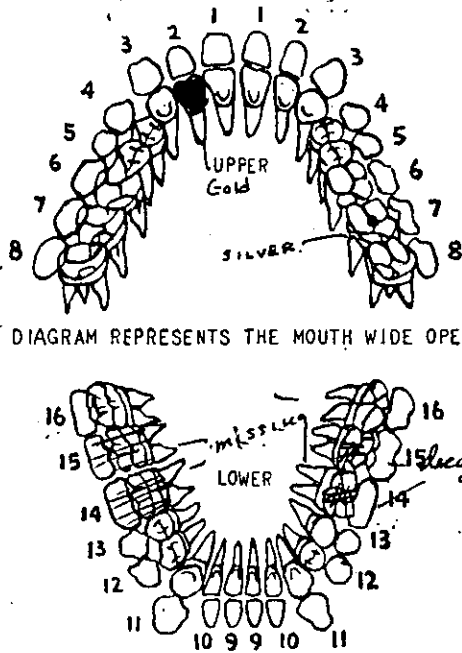




INSTRUCTIONS:

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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 Gold</p> <p>SILVER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>MISSING</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: