AIRMAIL

QMGMT 293
GRS Far East Ident

25 August 1950

SUBJECT: Identification of World War II Deceased

293. Unk Manila #2 X206

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 928, c/o Postmaster
San Francisco, California

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P.I.:

Unknown	X-20	Army,	Navy,	Marine,	Gem.	#2,	Guam,	Unit	4,	Page	11
"	X-29	"	"	"	"	"	"	"	2	"	5
"	X-691	(formerly X-206 Manila #2) Unit 1, Page 4									
293 "	X-4729	"	X#1397	"	"	"	1	"	9		
"	X-4795	"	X-1129	"	"	"	1	"	8		

2. Subject cases have been reviewed and this Office approves the classification of the above Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX JW
Capt QMC
Memorial Division

J. Miller:lak JM
G. Salser

cc: Administrative Section

CC: CINCFE

AIRMAIL

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

18 March 1950
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-206, Plot 2, Row 7, Grave 844, USMC Manila #2, Luzon, P.I., have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

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

Attch: Form 1044

Received 24 Mar 1950 OQMG
Not identifiable from information presently available
J. Miller Ident. Sec.
7 Aug 1958

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293 APO 900

SUBJECT: Unidentifiable Remains 24 Mar 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-691	AGRS	Mslm	UNKNOWN	X-4176	AGRS	Mslm
"	X-1426	"	"	"	X-4729	"	"
"	X-2903	"	"	"	X-4795	"	"

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

FOR THE COMMANDING OFFICER:

6 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/t/ HARRY C. THORNSVARD
WOJG, USA
Assistant Adjutant

COPY COPY

X-641 [illegible]

1. FILE UNDER NO. [redacted] 206 [redacted] #2)

SYNOPSIS

2. TYPE OF DOCUMENT: [redacted] 3. DATE: [redacted]

4. FROM: [redacted]

5. TO: [redacted]

6. SUBJECT: [redacted]

[redacted]

7. DOCUMENT FILED UNDER NO. [redacted]

[redacted]

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.

QMC FORM 351
REV 14 OCT 47

CROSS-INDEX SHEET

16—53774-1 U. S. GOVERNMENT PRINTING OFFICE

1. FILE UNDER NO. [redacted] - Unk. P. I. X- 206 ([redacted] #2)

SYNOPSIS

2. TYPE OF DOCUMENT: [redacted] 3. DATE: [redacted]

4. FROM: [redacted]

5. TO: [redacted], Philippine Command, APO 707, [redacted], San Francisco, Calif.

6. SUBJECT: [redacted] Disapproval of Recommendations by the Field Board of Review

X-27 X-200 Capt John W. Scott 0-376132

* * * * * *

7. DOCUMENT FILED UNDER NO. [redacted] - Unks. P. I. (Misc) ([redacted] #2) (X-200 thru X-204, X-206 thru X-209)

[redacted]

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.

/jcs

/bpm

1

Interred March 1950
L 15 3 Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R. H. MARK
Cemetery Superintendent

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	7747 00053	15 (DAY) 06 (MONTH) 48 (YEAR)

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN	X-000206		0	DAY MONTH YEAR

CEMETERY		DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2	0	7701 (CODE) 80 (DIST. PT.)

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
2	7	844	PHILIPPINE ISLANDS	6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-206 UNK X-691 (Maus)				21 Sept. 1948

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
5 REMAINS 1 MARKER	UNKNOWN		CLIFFORD INGROVILLE Embalmer (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

One (1) Marker and one (1) Identification Tag - UNK X-691 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept. 1948 BY CLIFFORD INGROVILLE

CASKET SEALED BY	EMBALMER (Signature)
CLIFFORD INGROVILLE	CLIFFORD INGROVILLE

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 BY HORACE L. ALLISON Sgt., Inf.	TEOFILO M. AMUTAN, 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.

TEOFILO M. AMUTAN, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

NAT FILE
NAME VERIFIED
R & R

QMC FORM 1194
REV 15 MAR 46

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
AGRS MAUSOLEUM		FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE		NAME OF CONVOYER	
TRUCK			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		Carl H Smack	MAR 23 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DATE 9 Oct 1947

293

NAME: Unknown X-206 P.I. (Manila #2)

RANK

ASN:

BURIAL INFORMATION FOR RECONCENTRATIONS AS SHOWN ON CEMETERY FIELD ROSTER:

"PRESENT BURIAL LOCATION"

"CEMETERY"	"PLOT"	"ROW"	"GRAVE"
MANILA # 2	4	22	2815

"PREVIOUS BURIAL LOCATION"

"CEMETERY	"PLOT"	"ROW"	"GRAVE"
PELLELIU ISLAND, PALAU ISLANDS	6	6	84

REMARKS

FILE: X

M.A.T. X

DATE: 9 Oct 1947

NAME: C. Langston
F/AUDIT SECTION

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
UNKNOWN X-691 (Formerly X-206 Manila #2)	18 March 1950

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	REINTERMENT
AGRS Mausoleum, Manila, P.I.	801	E	1266		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
U T D	5' 11"	U T D	White

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?	TO WHAT EXTENT?
☐ YES ☒ NO	
15. WAS BODY MANGLED?	**TO WHAT EXTENT?**
☐ YES ☒ NO	Bones are eroded

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

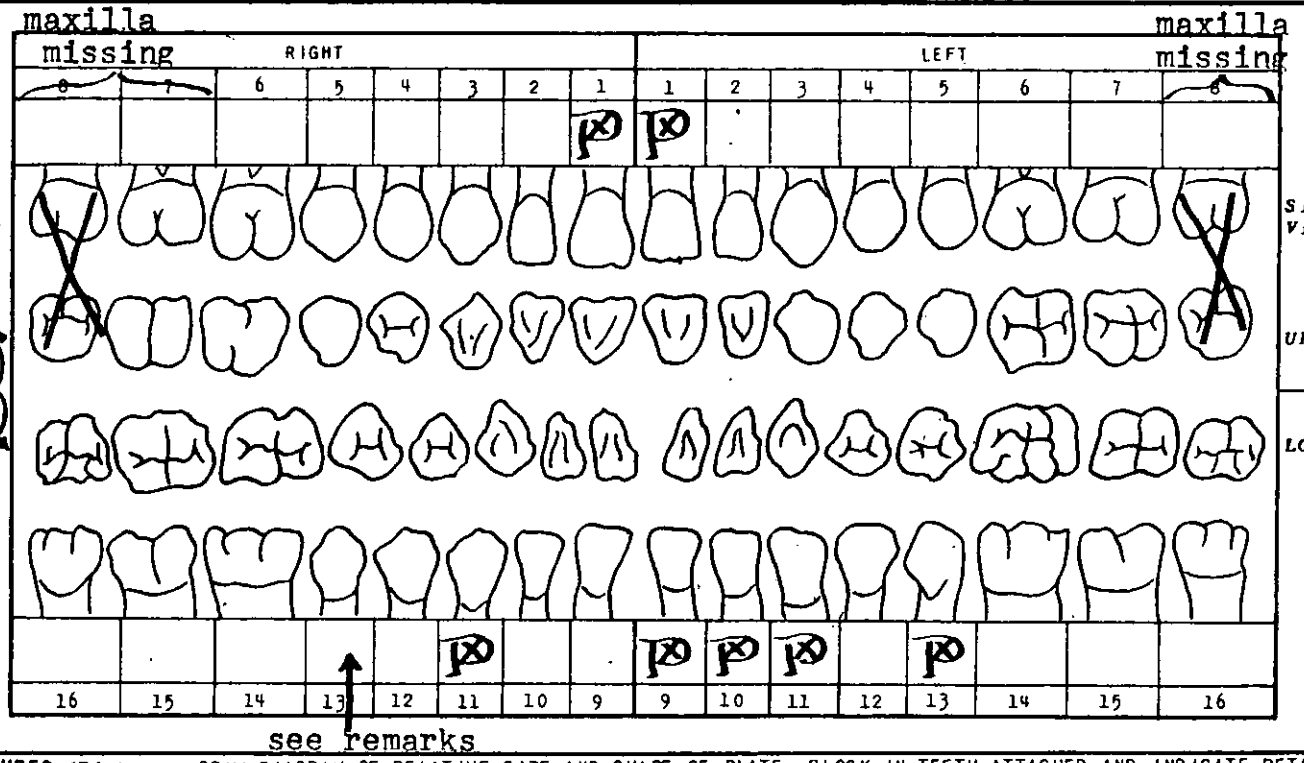
N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18. TOOTH CHART

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:	Tooth Missing	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain Crown	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	Gold Bridge	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	Gold Filling, Silver Filling	
CARIES *(Cavities)*: OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity, Decayed	



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

R13 is rotated lingual - distally.

Paul R. Nichols

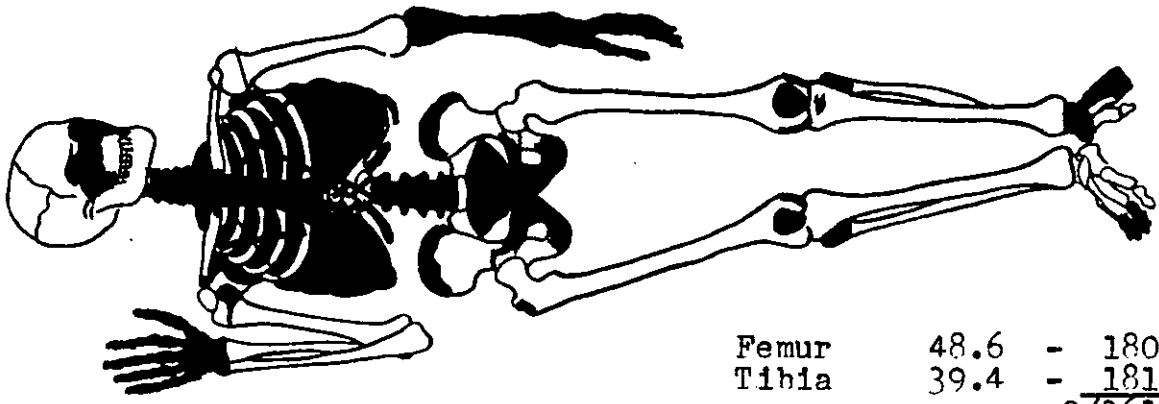
PAUL R NICHOLS
Chief, Identification Section

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED

X-691 Maus



Femur	48.6	-	180
Tibia	39.4	-	181
			2/361
			180½

Estimated height - 5' 11"

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 - 21-3/4 inches.

Estimated weight of remains - 8½ 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	SIGNATURE
PAUL R NICHOLS Chief, Identification Section	Paul R. Nichols

Incl. 1

QMC FORM 1044b
18 MAR 47

29E-21-12-47

X-691

R/R BRANCH, MEMORIAL DIVISION, OQM

/df

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.

10 Oct 47
DATE

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNKNOWN X-691 (Formerly X-206, USAF Cem Manila #2, Luzon, P.I.)			Unknown	Unknown

UNIT	ORGANIZATION
Unknown	Unknown

PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
Camp O'Donnell ~~POW~~ Camp, Luzon, P.I.	AGRS Mausoleum, Manila, P.I.	801	E	1266
	STORAGE	MANGER	BAY	CRYPT

Maxilla missing

	RIGHT 8	7	6	5	4	3	2	UPPER TEETH 1	1	2	3	4	LEFT 5	6	7	8 missing	
TYPE								X	X							/	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

QMC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

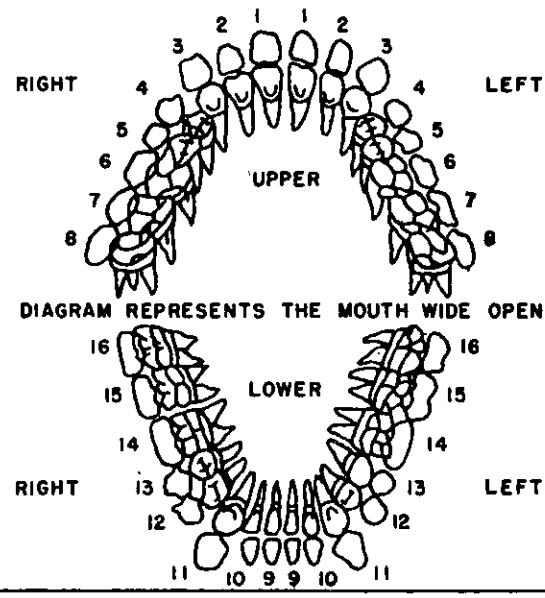
INSTRUCTIONS:

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/ E. F. Moriarty	/s/ Felix Glass, Capt. D.C.
SIGNATURE OF PERSON WHO PREPARED CHART	VERIFIED BY GRS OFFICER
SP-6	
NAME AND RANK TYPED OR PRINTED	NAME AND RANK TYPED OR PRINTED
AGRS Mausoleum Lab.	10 Oct 47
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED	DATE

930—PHILRYCOM—4-47—30M

CERTIFIED TRUE COPY:

George T. Gamboa

GEORGE T. GAMBOA
2d Lt., MAC

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

IDENTIFICATION CHECK LIST

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

/df

UNKNOWN X-691 (Formerly
Unknown X- 206, USAF Cem Manila #2)

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 801 RANGER BAY Row E CRYPT Grave 1266

CIP, AGRS Mausoleum

1. Arrived at ~~cemetery~~ 10 Oct 47
(Hour) (Date)

2. Place of death Camp O'Donnell POW Camp, Luzon, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred by C.M.T. No. 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	O		
* Shirt, Wool OD	N		
Undershirt, Wool	E		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		
	/		

Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool ..... N .....

O

Socks, cotton ..... N .....

E

* 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. Skeletal chart attached.

Age ..... Est. Height 5' 10½" Est. Weight 185 ..... 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)

U.

Sunburn or tan, other than hand and face 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 ..... Mustache ..... Beard or .....

(Color, setting, shape) (Color, size, shape) (Length, heavy)

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

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

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

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

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

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

Jaw ..... Circumference of head in inches 21-3/4"
(Large, small, normal) (Hat band)

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

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

.....

Hands .....

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

.....
(Unusual characteristics of fingernails)

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

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

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

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

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

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

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

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

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

If not, explain Remains interred 6 Dec 45, USAF Cem Manila #2.

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

9. Remarks No R.O.I. bottle nor identification tags received. No personal effects found with remains. Very pronounced cleft in the mandible. Weight of remains about 16-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

A.G.R.S.
(Organization)

CERTIFIED TRUE COPY:

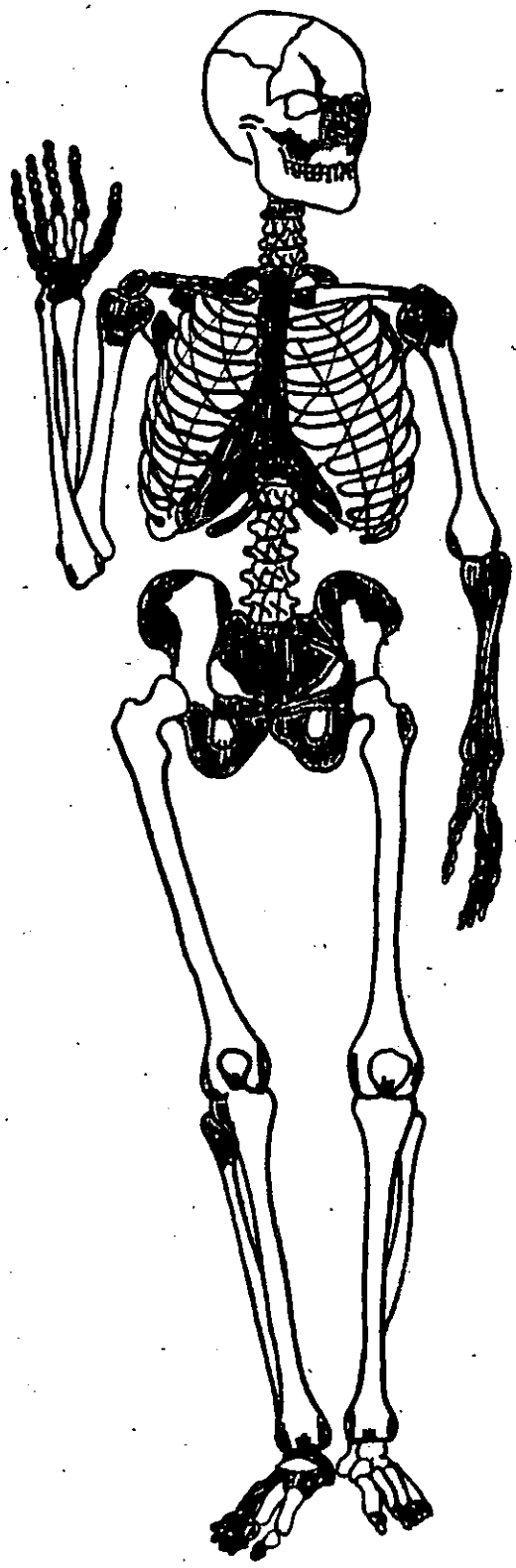
George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAC

1493—PHILRYOOM—6/47—40M

SKELETAL CHART

X-691

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Rib fragments and vertebrae fragments

CHART "A"

1493—PHILRYCOM—6/47—40M

RESTRICTED 728 U 728

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

REPORT OF INTERMENT STORAGE

(AR 30-1810 and AR 30-1815)

DATE OF REPORT: 14 Oct 47

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (*Last, first, middle initial*): UNKNOWN X-691 (Formerly X-206, 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: Camp O'Donnell POW Camp, Luzon, 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

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

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME: None

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

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

DATE OF BURIAL	HOUR	BURIED IN (*Shroud, blanket, or name of other*)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 10 Oct 47	0800	STORED Casket	None	HANGER 801	BAY E	CRYPT 1266

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

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE: USAF Cemetery Manila #2, Luzon, P.I.

PLOT No.	ROW No.	GRAVE No.
2	7	844

TYPE OF RELIGIOUS CEREMONY:

PERSON CONDUCTING BURIAL RITES:

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY:

IDENTIFICATION TAG BURIED WITH BODY (*Yes or no*) STORED: Yes

IDENTIFICATION TAG ATTACHED TO MARKER (*Yes or no*): Yes

BODY BURIED ON DECEASED LEFT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORED UNKNOWN X-680				CRYPT 1268

BODY BURIED ON DECEASED RIGHT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
STORED UNKNOWN X-684				CRYPT 1264

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

SIGNATURE OF GRS OFFICER VERIFYING REPORT: Lucio S Panopio
LUCIO S PANOPIO JR, 2d Lt, INF.

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

RESTRICTED

Incl 550

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

24 NOV 1947

Section [illegible] UNIDENTIFIED REMAINS.

INSTRUCTIONS:

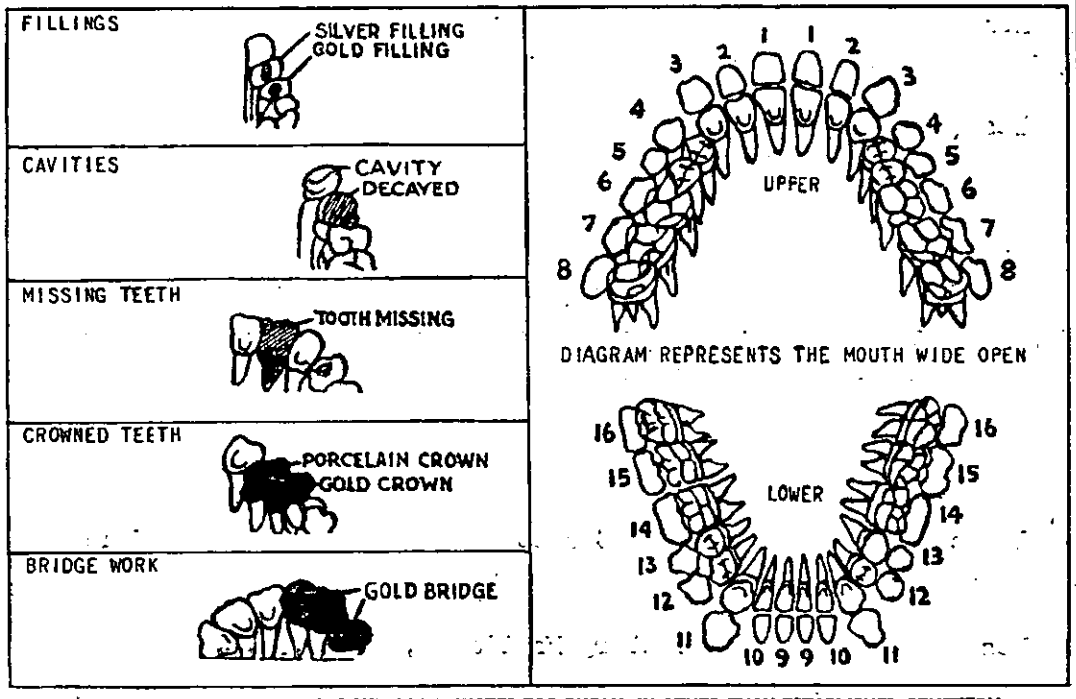
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

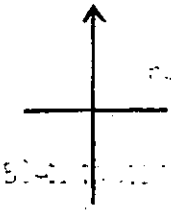
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES



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



REMARKS:

Identification Check List, and Dental Chart accomplished.

1707—PHILRYCOM—6/47—71M.

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

U-728

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: 2 January 1946

Imprint Identification Tag If Possible. DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial): UNKNOWN X - 206 (Formerly- Unknown X - 1 O'Donnel)

SERIAL No.:

GRADE:

ORGANIZATION:

BRANCH OF SERVICE:

RACE:

RELIGION:

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

PLACE OF DEATH: Camp O'Donnel POW Camp Luzon, P. I.

CAUSE OF DEATH:

DATE OF DEATH:

EMERGENCY ADDRESSEE (Name, relationship, and address):

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

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

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 1320

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 No. 2, Luzon, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
6 December 1945	1500	Shelter Half	Cross	2	7	844

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

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE: USAF Cemetery Camp O'Donnel, Luzon, P. I.

PLOT No.	ROW No.	GRAVE No.
A	2	7

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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BRADSHAW, Cecil W.				843

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 207 (Formerly Unknown X - 2 - Odonnel)				845

SIGNATURE OF PERSON PREPARING REPORT: R. C. Barnett
R. C. BARNETT, T/4, GRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT: C. M. Moore
C. M. MOORE, 1st Lt., 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 45

RESTRICTED

16—43997-1

17 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

Section 3.—UNIDENTIFIED REMAINS.

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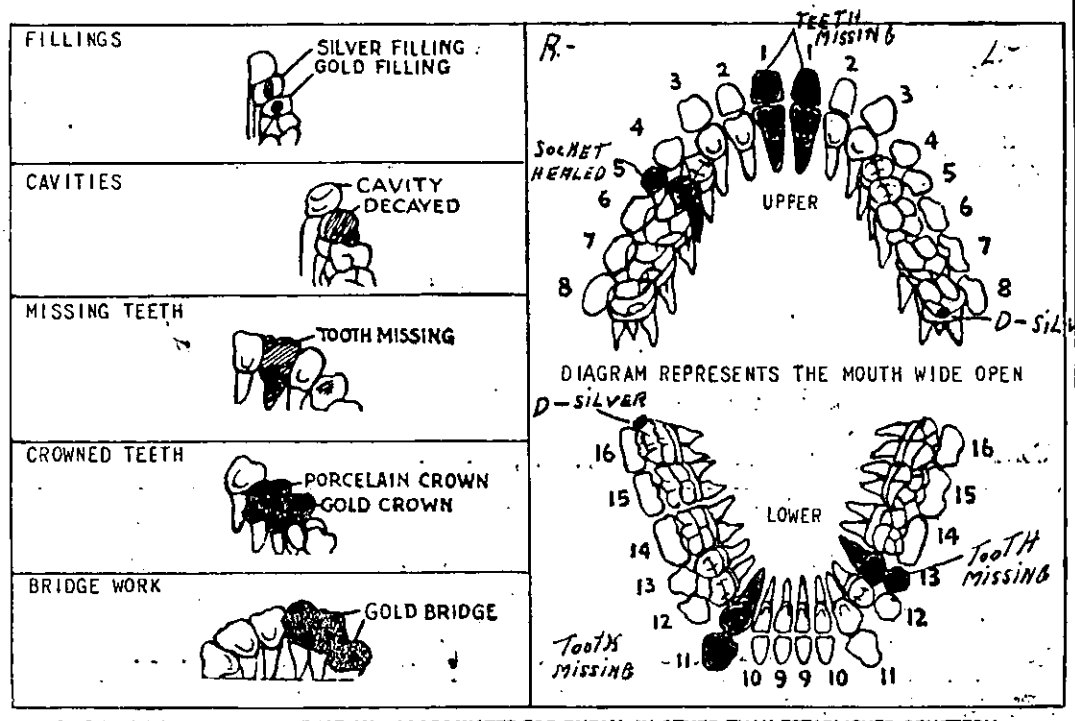
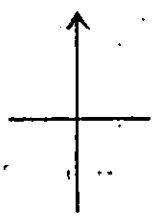


FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

GOVERNMENT PRINTING OFFICE