

QMGT 293
GHS War East

11 April 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

<u>Present</u> <u>AGRS Maus Manila</u> <u>X-No.</u>	<u>Former</u> <u>USAF Can Manila #2</u> <u>X-No.</u>	<u>FSA Unit</u>	<u>Page</u>
X-1633	X-3453	1	17
X-4801	X-2213	1	11
X-836	X-353	1	6
X-835	X-353	1	6
X-437	X-279	1	5
X-698	X-315	1	4
X-693	X-308	1	4
X-692	X-307	1	4
X-697	X-312	1	4

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

FOR THE QUARTERMASTER GENERAL:

cc: Adm Section

N. McLaurin:dal
L. M. White

THOMAS E. COX
Capt QIC
Memorial Division

JW

JMN

Copy furnished: CINCPAC, APO 500

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Identifiable Remains

14 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-427	AGRS Mslm	UNKNOWN X-1814	AGRS Mslm
" X-692	" "	" X-4730	" "
" X-693	" "	" X-4771	" "
" X-697	" "	" X-4785	" "
" X-698	" "	" X-4788	" "
" X-835	" "	" X-4796	" "
" X-836	" "	" X-4801	" "
" X-929	" "	" X-4805	" "
" X-1632	" "		

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

FOR THE COMMANDING OFFICER:

17 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

26 Feb 1950

(Date)


SUBJECT: Unidentifiable Remains

TO: The Quartermaster General,
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

The records pertaining to Unknown X- 208, Plot 2,
Row 8, Grave 947, USMC USAF Cem Manila, 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 decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


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

Received 21 Mar 50 **QCMG**
Not identifiable from
information presently
available *W. H. K. Quinn*
sent sec
11 April 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-693 (Formerly X-208 Manila #2)				2. DATE OF REPORT 26 Feb 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 801	5. ROW E	6. GRAVE 1272	7. DATE OF "	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'3 1/8"	10. COLOR OF HAIR UTD	11. RACE White
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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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?
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"

Sub 32

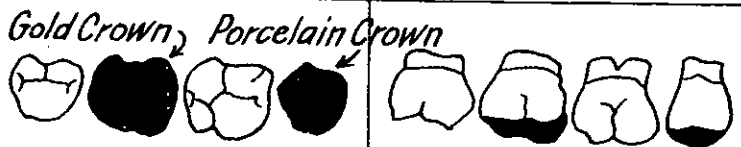
18.

TOOTH CHART

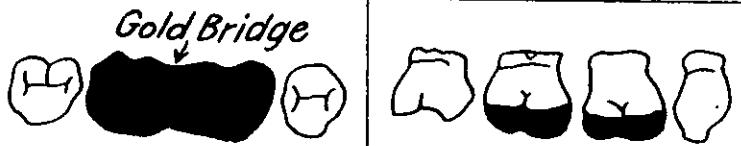
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



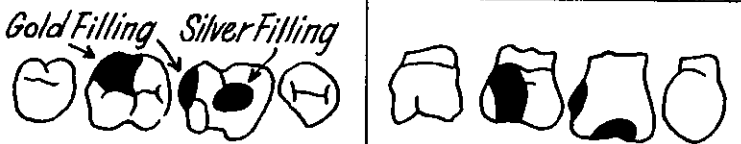
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



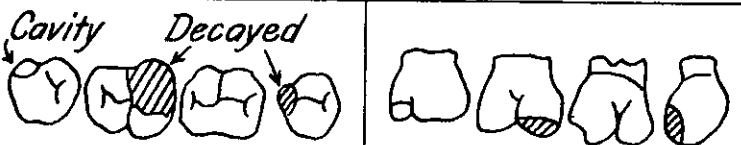
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
$\frac{a}{m}$	$\frac{a}{odf}$	$\frac{a}{o}$		X	10	X	10							$\frac{a}{a}$	
← maxilla								missing →							
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
$\frac{a}{o}$	X	X		10							$\frac{a}{mod}$		X	X	$\frac{a}{o}$
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."

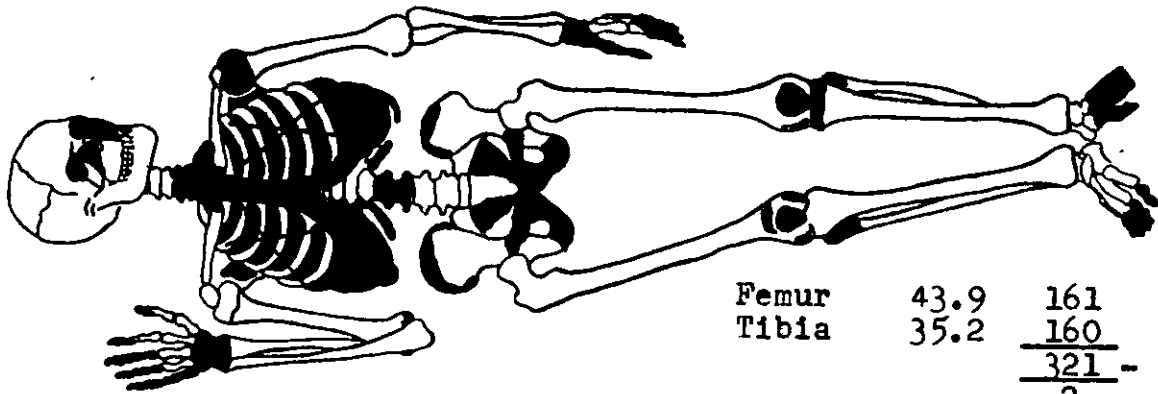
REMARKS: L7 and 8 are loose present with remains.

"UNIDENTIFIABLE"

Paul R. Nichols
 PAUL R NICHOLS
 Chief, Ident. Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height: 5'3 1/8"

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 - 20 1/4 inches.

Estimated weight of remains - 7½ 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, Ident. Section

SIGNATURE

Paul R. Nichols

aab/ /bpm		Interred 13 March 1950. 5 FEB 52 N 9 205 Ft. McKinley H-8415-186 R-14 DISINTERMENT DIRECTIVE	
SECTION A NAME AND BURIAL LOCATION OF DECEASED Cemetry Superintendent CARL R. H. MARK		DIRECTIVE NUMBER 7747 00055	DATE 15 06 48 DAY MONTH YEAR
NAME	SERIAL-NUMBER UNKNOWNX-000208	RANK	ARM 0
CEMETERY USAF CEMETERY MANILA NO 2	DATE OF DEATH		DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.
PLOT 2	ROW 8	GRAVE 947	COUNTRY PHILIPPINE ISLANDS
			CAUSE OF DEATH 6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNK X-208 UNK X-693 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED 21 Sept 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY CLIFFORD INGROVILLE 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 I

2 Identification Tags UNK X-693 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 1948 CASKET SEALED BY CLIFFORD INGROVILLE	BY CLIFFORD INGROVILLE EMBALMER (Signature) CLIFFORD INGROVILLE
CASKET BOXED AND MARKED HORACE L. ALLISON DATE 21 Sept 48 BY SGT., INF.	SHIPPING ADDRESS VERIFIED BY 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.

Teofil M. Amutan
TEOFILO M. AMUTAN, 1st Lt., INF.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORDS ANNOTATED

DATE 13 APR 50

NAME [Signature]

[Signature] BR. MEM. DIV.

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>Carer of mark</i>	DATE MAR 13 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 <i>UNKNOWN</i>	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM WARREN BRITISH ISLANDS		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FOR MC KINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER STEVIE DECISION	DATE

6. SHIPPED

FROM S B SEA BRITISH ISLANDS		TO ISLANDS	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER WILLIAM	DATE NO	SIGNATURE OF RECEIVER O S S O S	DATE O

UNKNOWN SHIPPED

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

1. FILE UNDER NO.

100 - Det. P. I. 2-208 (Serial #2)

SYNOPSIS

2. TYPE OF DOCUMENT:

Letter

3. DATE:

21 Jan 48

4. FROM:

WFO

5. TO:

Mr. Phillippe Gannet, 110 7th St., San Francisco, Calif.

6. SUBJECT:

[Improvement] of Documentation by the Field Board of Service

**1-27 1-300 Capt John W. Leach D-57612

7. DOCUMENT FILED UNDER NO.

100 - Det. P. I. (Info) (Serial #2) (1-300 thru 1-304, 1-305 thru 1-308)

WFO

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. **228 - Misc. P. I. X- 208 (Serial #2)**

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **21 Jun 48**

4. FROM: **CSB**

5. TO: **CS, Philippine Command, APO 707, SFZ, San Francisco, Calif.**

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

**X-27 X-200 Capt John W. Scott D-376150

7. DOCUMENT FILED UNDER NO. **228 - Misc. P. I. (Misc) (Serial #2) (X-200 thru X-204, X-206 thru X-208)**

228

- 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-208

P.D.

(Manila #31)

RANK _____

ASN: _____

BURIAL INFORMATION FOR RECONCENTRATIONS AS SHOWN ON CEMETERY FIELD ROSTER:

"PRESENT BURIAL LOCATION"

MANILA # 2	4	22	2817
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

"PREVIOUS BURIAL LOCATION"

PELELIU ISLAND, PALAU ISLANDS	6	6	86
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

REMARKS _____

FILE: X

H.A.T. X

DATE: 9 Oct 1947

NAME: C. Langston
F/AUDIT SECTION

X-693

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-693 (Formerly UNK X-208)

USAF Cem Manila #2, Luzon, P. I.)

LAST NAME FIRST INITIAL

Unknown

RANK

Unknown

SERIAL NO.

Unknown

Unknown Army

UNIT:
American POW Camp, Camp
O'Donnell, Tarlac, P.I.

PLACE OF DEATH

AGRS Mausoleum,
Manila, P. I.

PLACE OF BURIAL

ORGANIZATION

801

E

1272

PLOT

ROW

GRAVE NO.

STORAGE

HANGER

BAY

CRYP

RIGHT

UPPER TEETH

LEFT

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

TYPE
LOCATION

X	A	A		X	X	X	X	X	X	X	X	X	X	X	X	f
	fod	o														

TYPE
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
LOCATION

A	X	X	o	X							A		X	X	A
o											mod				o

TYPE
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)

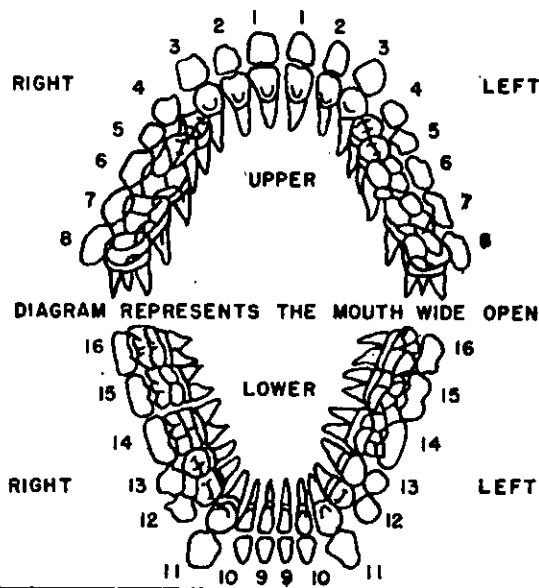
INSTRUCTIONS:

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:

L-4, L-8 found loose.

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

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

CIP AGRS MAUSOLEUM Manila PI
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Alton E. Jones
VERIFIED BY GRS OFFICER

/p/ ALTON E. JONES SP6
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)

UNKNOWN X-693 (Formerly
 Unknown X-208 USAF Cem Manila #2 P I)
 Cemetery AGRS Mausoleum, Manila, P. I.
 Plot 801 HANGER Row E BAY GRAVE 1272

AGRS MSLM Manila P I.

1. Arrived at cemetery 7 Oct 47
(Hour) (Date)
2. Place of death Camp O'Donnell, Tarlac, 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 O	
Sweater		N E	
Jacket, HBT			
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type)
 N

Overshoes
 O

Web Equipment (type)
 E

(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 Weight UTD Description of wounds

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

..... Tattoos //
 (Number, location — illustrate on separate page)

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

Sunburn or tan, other than hand and face

Complexion
 (Light, medium, dark, clear, pimples, pocks, freckles)
 U
 D

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 22" (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 personal effects, no ROI bottle nor identification tags found with remains. Estimated weight of remains, 6 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)

SP6 062812

Rank

Service

AGRS Mausoleum

(Organization)

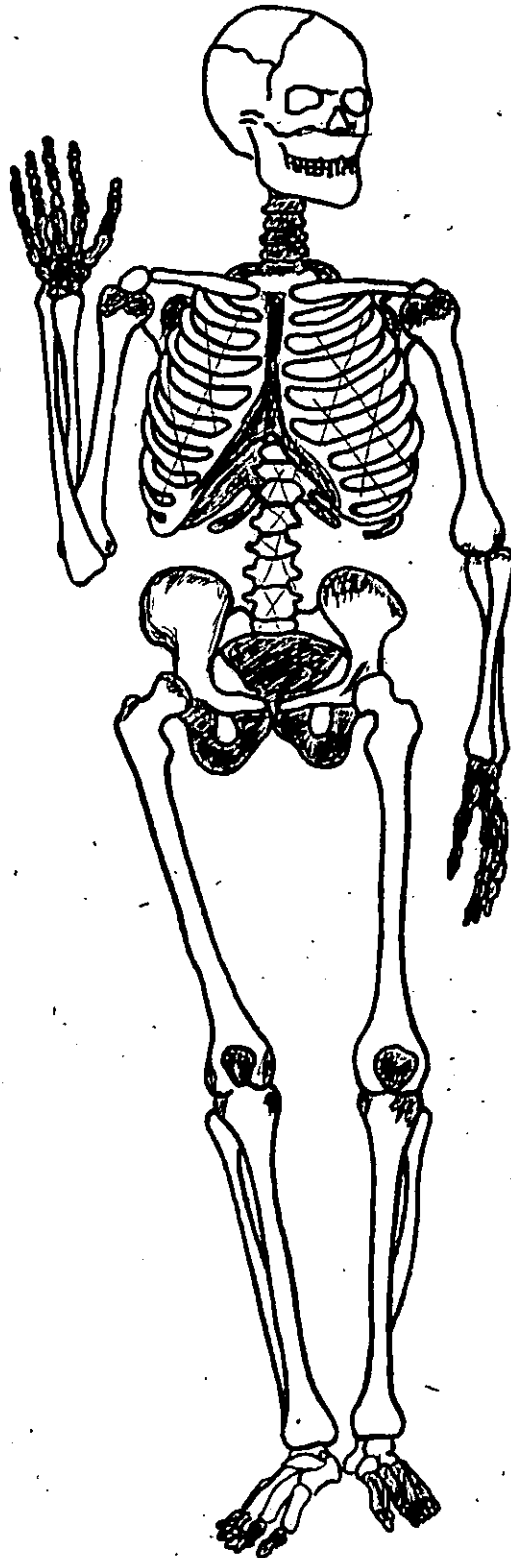
CERTIFIED TRUE COPY:

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

X-693

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*fragment of bones
too small to identify
fragments of ribs
.. vertebrae*



RESTRICTED

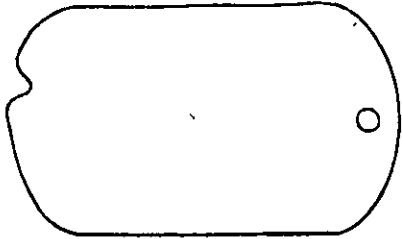
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

6 Feb 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-208 Manila #2		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY.
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Unknown	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address) *293 Unk Manila #2 X-208*
Unknown

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

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

UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
5 Feb 1952	--	Casket	Cross	N	15	186

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	US MILITARY CEMETERY, FT WM MCKINLEY, P.I.

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
		<i>4 Mar 52</i>	<i>Infantry</i>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
			<i>Infantry</i>	

SIGNATURE OF PERSON PREPARING REPORT <i>Edward L. Berg</i> EDWARD L. BERG, Cpl., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 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.

Copy to ABMC

RESTRICTED

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.

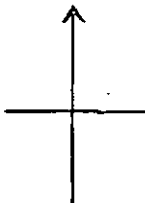
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

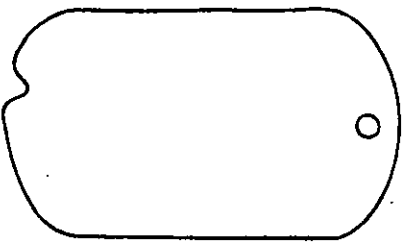
Grave 186, Row 15, Plot N, was previously occupied by Unknown X-759 Leyte #1, disinterred and shipped to ZI as part of a Group Burial (Palawan Project).

srz APR 20 1948

RESTRICTED

U1038

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 <p style="text-align: center; font-size: 1.2em;">14 Oct 47</p>
--	---	--

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) <p style="text-align: center;">UNKNOWN X-693 (Formerly UNK X-208 USAF Cem Manila #2, Luzon, P. I.)</p>	SERIAL No. <p style="text-align: center;">Unknown</p>		
GRADE <p style="text-align: center;">Unknown</p>	ORGANIZATION <p style="text-align: center;">Unknown</p>	BRANCH OF SERVICE <p style="text-align: center;">Army</p>	
RACE <p style="text-align: center;">Unknown</p>	RELIGION <p style="text-align: center;">Unknown</p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH <p style="text-align: center;">American POW Camp, Camp O'Donnell, Tarlac, P.I.</p>	CAUSE OF DEATH <p style="text-align: center;">Unknown</p>	DATE OF DEATH <p style="text-align: center;">Unknown</p>
--	--	---

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center;">None</p>	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) <p style="text-align: center;">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.

DATE OF BURIAL <p style="text-align: center;">10 Oct 47</p>	HOUR <p style="text-align: center;">0800</p>	BURIED IN (Shroud, blanket, or name of other) <p style="text-align: center;">Casket</p>	TYPE OF GRAVE MARKER <p style="text-align: center;">None</p>	PLOT No. <p style="text-align: center;">801</p>	ROW No. <p style="text-align: center;">E</p>	GRAVE No. <p style="text-align: center;">1272</p>
--	---	--	---	--	---	--

WAS THIS A REBURIAL? (Yes or no) RESTORED <p style="text-align: center;">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p style="text-align: center;">USAF Cemetery, Manila #2, Luzon, P. I.</p>			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">PLOT No. 2</td> <td style="width: 30%;">ROW No. 8</td> <td style="width: 40%;">GRAVE No. 947</td> </tr> </table>	PLOT No. 2	ROW No. 8	GRAVE No. 947
PLOT No. 2	ROW No. 8	GRAVE No. 947		

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 <p style="text-align: center;">Yes</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center;">Yes</p>
--	---

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORED <p style="text-align: center;">UNKNOWN X-683</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <p style="text-align: center;">CRYPT 1274</p>
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED <p style="text-align: center;">UNKNOWN X-688</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <p style="text-align: center;">CRYPT 1270</p>
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SIGNATURE OF PERSON PREPARING REPORT <p style="text-align: center;">Wm R GILBERT, Adm Asst</p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <p style="text-align: center;">LUCIO S PANOPLO 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.

RESTRICTED

2d 543

MORAL DIVISION
 DEC 22 2 55 PM '47
 RECORDS BRANCH

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.

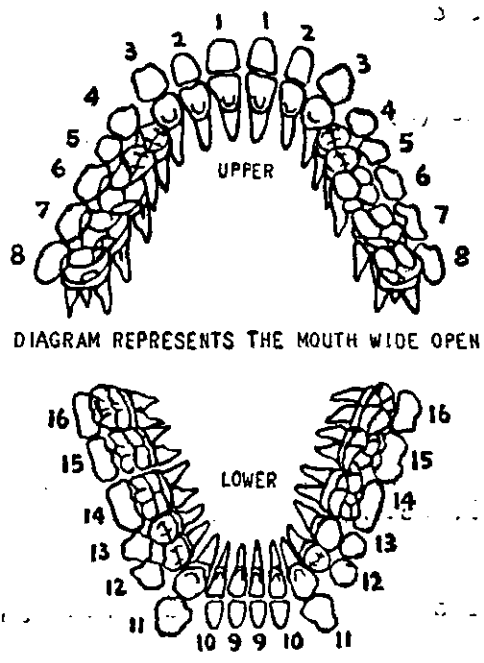
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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
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OTHER IDENTIFICATION CLUES

FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE



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



REMARKS:

Identification Check List and Dental Chart accomplished.

18 NOV 1947

RIGHT
LITTLE FINGER

RIGHT
RING FINGER

RIGHT
MIDDLE FINGER

RIGHT
INDEX FINGER

RIGHT
THUMB

LEFT
THUMB

LEFT
INDEX FINGER

LEFT
MIDDLE FINGER

LEFT
RING FINGER

LEFT
LITTLE FINGER

IDENTIFICATION SECTION
PHATRIALION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED U-

U-1038

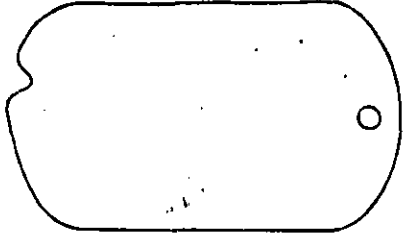
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

4 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-208 (USAF Com Manila #2) Formerly UNKNOWN X-5 (Camp O'Donnell)		SERIAL No. #2
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH American POW Camp, O. I. Camp O'Donnell, Tarlac, 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 2 on reverse) Identified by the original burial records
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes-2	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Jewel 1485
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 Com Manila #2, Luzon, P. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
9 Dec. 45	1500	Shelter half	Cross	2	8	947

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE American POW Cemetery, Camp O'Donnell, P. I.
	PLOT No. A ROW No. 5 GRAVE No. 3

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) HEYBACK, Charles A.	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 946
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-209	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 948
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SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT T/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT E. M. MOORE 1st Lt. GRC
--	--

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.


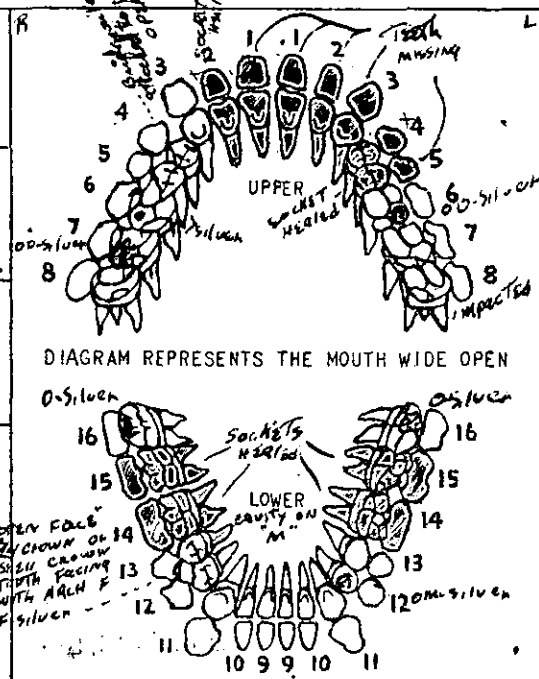




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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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: