

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unit, Manila #2 (misc)

X-51 X-209 X-3127 X-3140 X-3448 X-3480
X-3481 X-3491 SYNOPSIS AND DATES X-3493 X-3569
X-3589 X-3605

NEW CLASSIFICATION misc filed
293 Unit, Manila #2
X-51

11/20/50
RMB

RECLASSIFICATION SHEET

QMGT 293
GRS Far East

21 March 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>AGRS Maus Manila</u>	<u>USAF Com Manila #2</u>	<u>FPA Unit</u>	<u>Page</u>
X-367	X-51	1	1
X-694	X-269	1	4
X-2415	X-3127	1	13
X-2436	X-5140	1	13
X-1627	X-3448	1	17
X-1646	X-3480	1	17
X-1647	X-3481	1	17
X-1613	X-3491	1	17
X-1615	X-3493	1	17
X-1362	X-3559	1	18
X-1290	X-3589	1	18
X-1316	X-3605	1	19

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

FOR THE QUARTERMASTER GENERAL:

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

J. W. Lewis:dal
L. M. White
J. Windsor

QMGMT 293
GRS Far East

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X-2415	X-3127	1	13
X-2438	X-3140	1	13
X-1627	X-3448	1	17
X-1646	X-3490	1	17
X-1647	X-3491	1	17
X-1613	X-3491	1	17
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T. H. MERZ
Lt. Colonel, QMG
Memorial Division

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

AF0 900

SUBJECT: Unidentifiable Remains

27 FEB 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-51 Manila #2	UNKNOWN X-3430 Manila #2
" X-199 AGRS Mslm	" X-3481 " "
" X-694 " "	" X-3491 " "
" X-1286 " "	" X-3493 " "
" X-3127 " "	" X-3569 " "
" X-3140 Manila #2	" X-3589 " "
" X-3448 " "	" X-3605 " "

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

FOR THE COMMANDING OFFICER:

14 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
/t/ JOHN SHYPULA
1st Lt., Infantry
Adjutant

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

23 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- 209, Plot 2,
Row 8, Grave 948, 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 decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

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

Received 16 March 50 OQMG
Not identifiable from
information presently available
16 March 50

pad/
/bpm

Interred 6 March 1950
C 4 59 Ft. McKinley

DISINTERMENT DIRECTIVE

1

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00056

DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWNX-000209

SERIAL NUMBER
7747 00056

RANK
ARM

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS
7701 180
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
2 8 948 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)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNK X-209 UNK X-694 (Maus) 21 Sept 1948

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
6 REMAINS UNKNOWN CLIFFORD INGROVILLE
1 MARKER 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 Identification Tag and 1 Marker Tag - UNK X-694 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 1948 BY CLIFFORD INGROVILLE

CASKET SEALED BY CLIFFORD INGROVILLE EMBALMER (Signature) Clifford Ingroville
CLIFFORD INGROVILLE

CASKET BOXED AND MARKED HORACE L. ALLISON SGT., I.F. SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 by SGT., I.F. CORSIKE, J. KAYANAN, 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.

Caroline C. Payan
CORSIKE, J. KAYANAN, 1st Lt., INF.
SIGNATURE OF GRS INSPECTOR

File
27 Sept 50
Bluestone
MARK

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Barber Hornak</i>	DATE MAR 6 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 FAMILY BURIALS BOARD		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MC KINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER ADMINISTRATIVE DECISION	DATE

6. SHIPPED

FROM AGRS MAUSOLEUM		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.

23 - U.S. P. I. X-209 (Serial #2)

SYNOPSIS

2. TYPE OF DOCUMENT:

Letter

3. DATE: **31 Jan 47**

4. FROM:

SEC

5. TO:

CM, Philippine Command, AFPO VII, 301, San Francisco, Calif.

6. SUBJECT:

Disapproval of Recommendations by the Field Board of Review

**X-27 X-200 Capt John W. Scott O-378150
.....**

7. DOCUMENT FILED
UNDER NO.

**23 - U.S. P. I. (Misc) (Serial #2) (X-200 thru X-204,
X-206 thru X-208)**

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. 293 - Unk. P. I. X- 209 (Memile #2)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 31 Jan 49
4. FROM: USMC
5. TO: CG, Philippine Command, APO SFP, SFI, San Francisco, Calif.
6. SUBJECT: Disapproval of Recommendations by the Field Board of Review
X-27 X-200 Capt John W. Scott O-376130
* * * * *

7. DOCUMENT FILED UNDER NO. 293 - Unk. P. I. (Misc) (Memile #2) (X-200 thru X-204, X-206 thru X-209)

sub.

- 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-209

P.D.

(Manila #2)

RANK _____

ASN: _____

BURIAL INFORMATION FOR RECONCENTRATIONS AS SHOWN ON CEMETERY FIELD ROSTER:

"PRESENT BURIAL LOCATION"

MANILA # 2	4	23	2872
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

"PREVIOUS BURIAL LOCATION"

PELELIU ISLAND, PALAU ISLANDS	3	6	76
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

REMARKS _____

FILE: X

M.A.T. X

DATE: 9 Oct 1947

NAME: C Langston
F/AUDIT SECTION

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-694 (Formerly X-209 Manila, P.I.)				2. DATE OF REPORT 23 Feb. 1950	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION Age 28-33 years

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 4 3/8"	10. COLOR OF HAIR UTD	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Bones are eroded
--	-------------------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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)

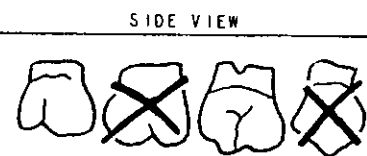
NONE

SEARCHED INDEXED SERIALIZED FILED

BY REASON OF THE ABOVE

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), THUS:



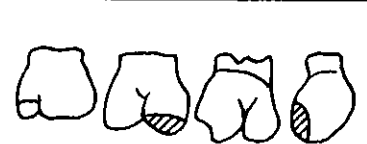
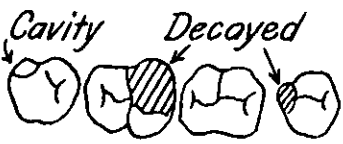
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



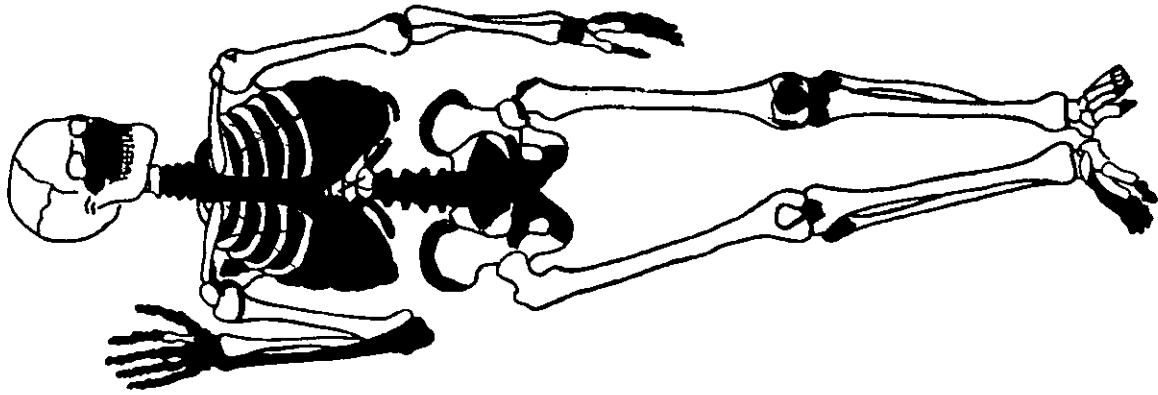
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M I S S I N G								M A X I L L A							
Side Views															
UPPER															
Side Views															
LOWER															
Side Views															
	a	X				⊗	⊗	⊗	⊗				X	⊗	⊗
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

REMARKS: No loose maxillary teeth present with remains

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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, burial bottle, personal effects, or other means of identification found with remains.

Incl. 34

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-694 (Formerly X-209 Manila 2)				2. DATE OF REPORT 1 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION **Age: 28 - 33 years**

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 4-3/8"	10. COLOR OF HAIR U T D	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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

Incl # 5

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:			
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:			

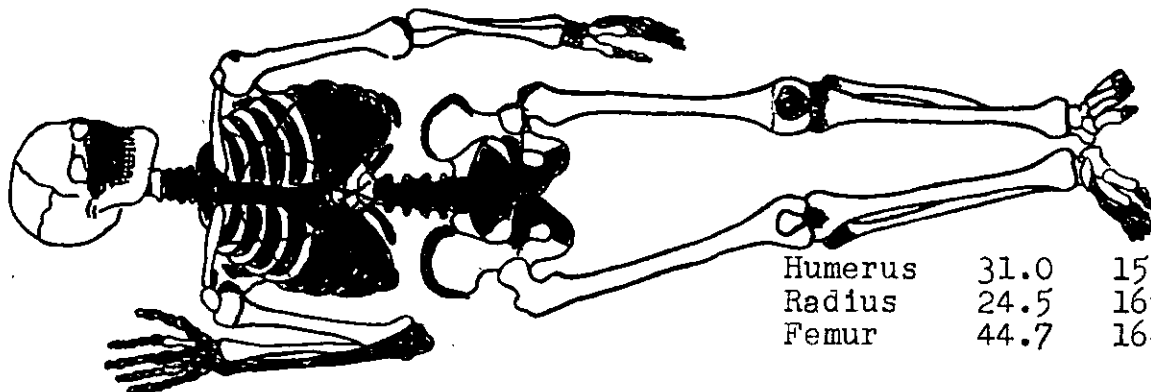
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← maxilla								missing →							
Side Views															
UPPER															
LOWER															
Side Views															
16	a of 15	X					⊗	⊗	⊗	⊗			X	⊗	⊗
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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.

JAMES J. McDERMOTT
 Laboratory Officer, C IP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Average height: 163-2/3 cm or 5' 4-3/8"

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

The skeletal measurements are relatively crude because of the eroded condition of the bones. These remains are of a white male, of short stature and above average muscularity.

This remains was examined simultaneously with UNK. Maus. X-695, proper segregation was made and these two remains (X-694 and X-695) are two separate individuals.

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

ROBERT B. FOX
Anthropologist

SIGNATURE

X-694

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.

(Formerly UNK X-209 USAF) 10 Oct 47
 UNKNOWN X-694 (Cem Manila #2, Luzon, P.I.) Unknown DATE
 UNKNOWN X-694 (Cem Manila #2, Luzon, P.I.) Unknown Unknown
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Army
 Camp O'Donnell, POW AGRS Mausoleum ORGANIZATION
 Camp, Luzon, P.I. Manila, P.I. 801 E 1267
 PLACE OF DEATH PLACE OF BURIAL PLOT RANGER ROW BAY GRAVE NO. CRYP

MAXILLA MISSING

		RIGHT														UPPER TEETH														LEFT															
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																												
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			A	X				X	X	X	X				X	O	X																
LOCATION			f													f																	

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	OXYPHOSPHATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

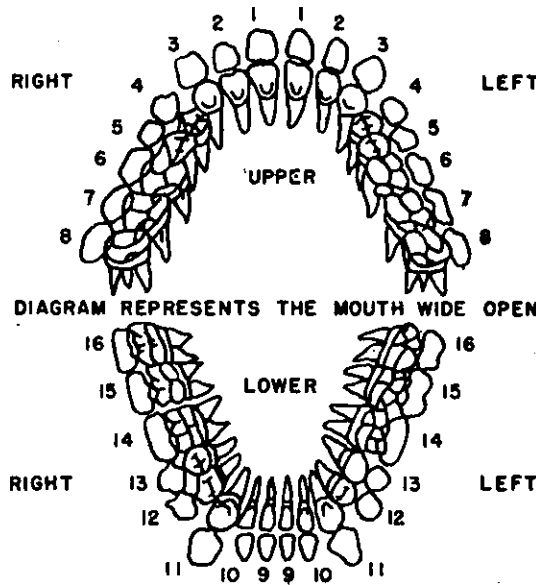
INSTRUCTIONS:

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:

Maxilla missing.

/s/ Joseph D. Murphy
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ E. F. Moriarty
VERIFIED BY GRS OFFICER

/p/ JOSEPH D. MURPHY T/5
NAME AND RANK TYPED OR PRINTED

SP-6
NAME AND RANK TYPED OR PRINTED

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)

(Formerly UNK X-209 USA)
 Unknown X 694 (Cem Manila #2, Luzon, P.
 Cemetery AGRS Mausoleum, Manila P.I.
 Plot 801 RANGER BAY CRYPT
Row E Grave 1267

AGRS, CIP Mausoleum

1. Arrived at ~~cemetery~~ AGRS, CIP Mausoleum 10 Oct 47
(Hour) (Date)
2. Place of death Camp O'Donnell, POW Camp
(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	_____ 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)
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 Height ^{Est.} 5'5" Weight ^{Est.} 145 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 ^T _D (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 (length, heavy)
(Color, setting, shape) (Color, size, shape)

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

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

Jaw (Large, small, normal) Circumference of head in inches **21 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

Fingers (Short, ^Uthick, 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 (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 Remains interred 9 Dec 45 USAF Cem Manila #2.

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

9. Remarks No identification tags nor ROI bottle received.

No personal effects found with remains. Weight of remains
is estimated about 5½ 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 Mausoleum
(Organization)

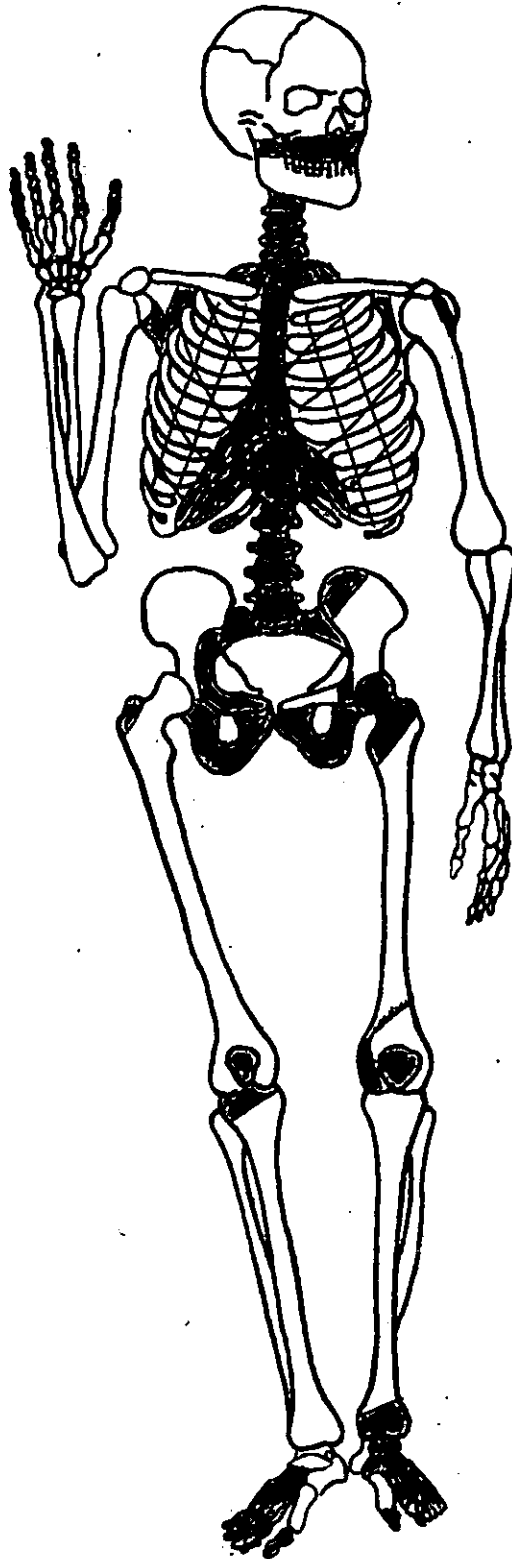
CERTIFIED TRUE COPY:

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

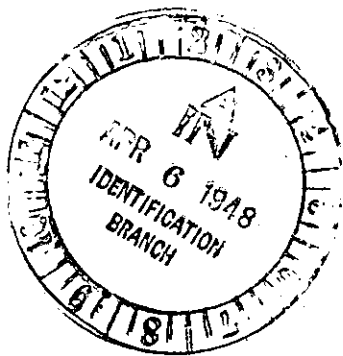
SKELETAL CHART

X-694

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Rib Fragments
Vertebrae Fragments*



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-694 (Formerly UNK X209
USAF Cem Manila #2, Luzon, P.I.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Army

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

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

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	HOUR	BURIED IN (Shroud, blanket, or name of other) STORED	TYPE OF GRAVE MARKER	PLOT No. RANGFR	ROW No. RAY	GRAVE No. CRYPT
10 Oct 47	0800	Casket	None	801	E	1267

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

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

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

PLOT No.	ROW No.	GRAVE No.
2	8	948

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION TAG BURIED WITH
BODY (Yes or no) STOREDIDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)
STORED

UNKNOWN X-689

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
1269BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)
STORED

UNKNOWN X-690

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
1265

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOPYC 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.

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


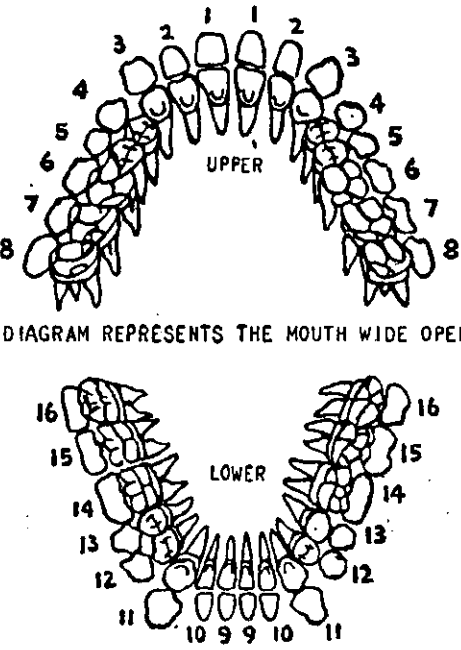




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

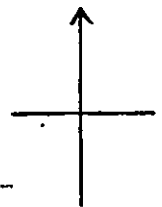
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
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.

24 NOV 1947

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED U-

1037

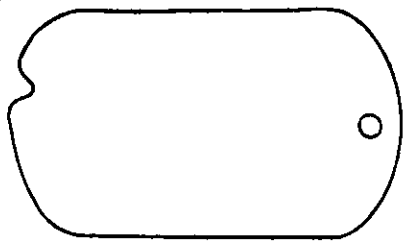
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

3 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-209 (USAF Com Manila #2) UNKNOWN X-210 (Camp O'Donnell)		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE Army
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Camp O'Donnell POW Camp	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) Identification by the original burial records
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes-2	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Incl 1484
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 9 Dec. 45	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Shelter half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 8	GRAVE No. 948
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Com Camp O'Donnell Luzon P.I.			PLOT No. A	ROW No. 6	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) UNKNOWN X-208		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 947	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-210		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 949	
SIGNATURE OF PERSON PREPARING REPORT R.C. BARRETT T/4 GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT E.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.

RESTRICTED

Incl 791

18 FEB 1949

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


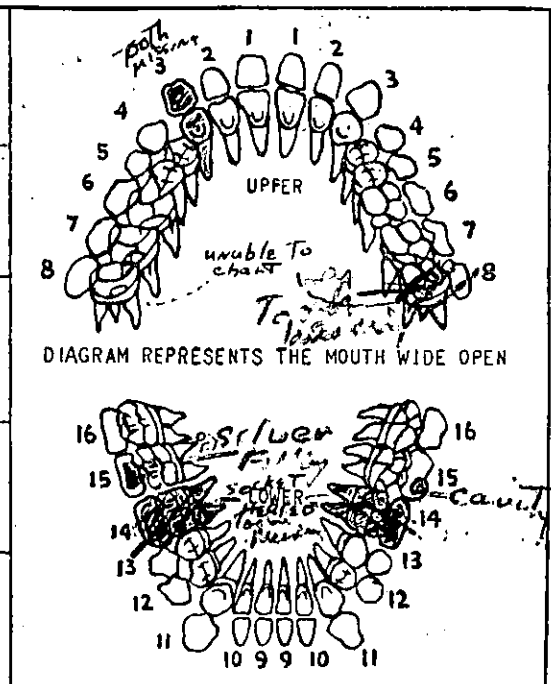
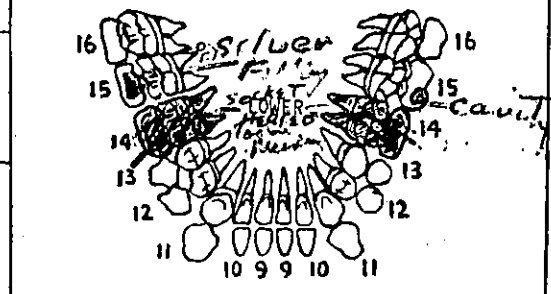

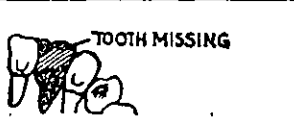


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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the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

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>unable to chart</p> <p>Tooth decay</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>SILVER FILLING</p> <p>GOLD CROWN</p> <p>Cavity</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

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



REMARKS: