

eab/

/bpm		Interred 13 March 1950 / 13 FEB 52 N-6-105 Ft. McKinley PER 1042 177 18 FEB 52 H-3-45 <i>Carl R. H. Mark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		Cemetery Superintendent		DIRECTIVE NUMBER 7747 00060	
NAME		SERIAL NUMBER UNKNOWNX-000212		RANK	
CEMETERY USAF CEMETERY MANILA NO 2		DATE OF DEATH 15 06 48 DAY MONTH YEAR		ARM	
PLOT 2		ROW 8		GRAVE 963	
COUNTRY PHILIPPINE ISLANDS		DISPOSITION OF REMAINS 7701 80 CODE DIST. PT.		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-000212 UNK X-697		SERIAL NUMBER		RANK 8		DATE OF DEATH 8		DATE DISTINTERRED 21 Sept 1948	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION		IDENTIFICATION VERIFIED BY JOSEPH M. OWEN Embalmer NAME AND TITLE			

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half		CONDITION OF REMAINS Skeletal	
OTHER MEANS OF IDENTIFICATION			

MINOR DISCREPANCIES 1

Two (2) remains tags - UNK X-697 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 1948		BY JOSEPH M. OWEN	
CASKET SEALED BY JOSEPH M. OWEN		EMBALMER (Signature) <i>Joseph M. Owen</i> JOSEPH M. OWEN	
CASKET BOXED AND MARKED HORACE L. ALLISON DATE 21 Sept 48 BY EGT., INF.		SHIPPING ADDRESS VERIFIED BY CORSIIE C. 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.

Corisie C. Kayanan
CORSIIE C. KAYANAN, 1st Lt., Inf.

SIGNATURE OF GRS INSPECTOR

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>Careton</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	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM WALIGA BRITISH ISLANDS		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LOBL MC KINGEX CENELEBA	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM WALIGA BRITISH ISLANDS		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

QMCMT 293
GRS Far 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 Cem Manila #2</u> <u>X-No.</u>	<u>FEA Unit</u>	<u>Page</u>
X-1632	X-3453	1	17
X-4801	X-2213	1	11
X-836	X-353	1	6
X-835	X-352	1	6
X-427	X-279	1	5
X-698	X-213	1	4
X-693	X-208	1	4
X-692	X-207	1	4
X-697	X-212	1	4

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

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

N. McLaurin:dal
L. M. White

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APD 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 QMGHU 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-1314	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 STIPULA
1st Lt., Infantry
Adjutant

31 Mar 50

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- 212, Plot 2,
Row 8, Grave 963, 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 31 Mar 50 **0010**
Not identifiable from
information presently
available

W. H. Laurin
Ident Sec
11 Apr 50

Call 4'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-697 (Formerly X-212 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 1280	7. DATE OF DISINTERMENT
				REINTERMENT

PHYSICAL DESCRIPTION

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl 4²

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:		
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:		

maxilla broken

missing								RIGHT								LEFT																		
0	1	6	5	4	3	2	1	1	2	3	4	5	6	7	8	1	2	3	4	5	6	7	8											
o	o		o	X	A	S	S	S	o		A	A	X			o	o		A	A	X													
m	d		d		dL	mFL	df	dfL	m		od	od				o	o		od	od	X													
Side Views																									Side Views									
Top Views																									UPPER									
Side Views																									LOWER									
			X																										X					
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16														X				

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."

R7 and 8 are loose present with remains.

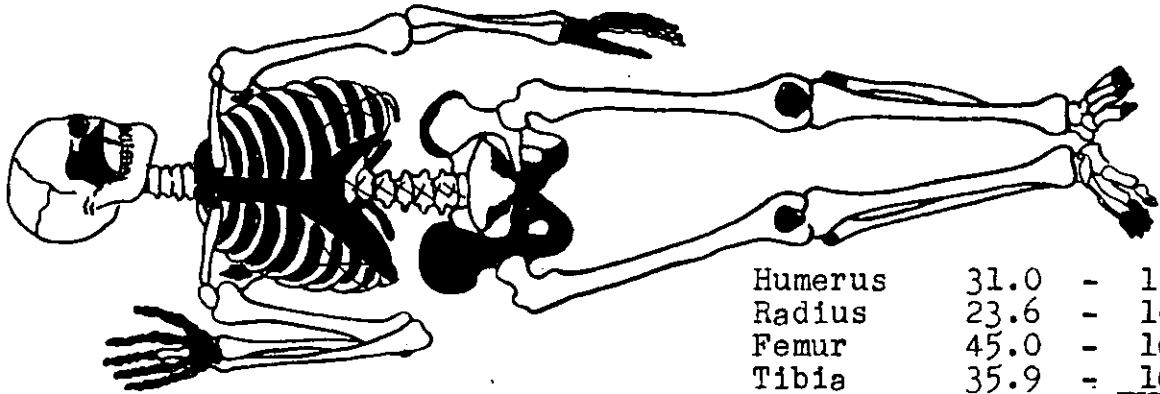
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height 5' 3-3/4"

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 inches.

Estimated weight of remains - 7 lbs.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

X-697

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

UNKNOWN X-697 (Formerly UNK X-212) 10 Oct 47
 USAF Cemetery Manila #2, Luzon P.I. Unknown Unknown
 LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown
 Camp O'Donnell UNIT AGRS Mausoleum, ORGANIZATION
 POW Camp, Tarlac, P.I. Manila P.I. 801 E 1280
 PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.
 HANGER BAY CRYF

maxilla missing RIGHT UPPER TEETH LEFT *maxilla missing*

TYPE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TYPE
LOCATION		(m)		(d)	X	A		S	S	(m)		A	A				X	LOCATION

INSIDE — LOOKING OUT

TYPE																		TYPE
LOCATION			X													X		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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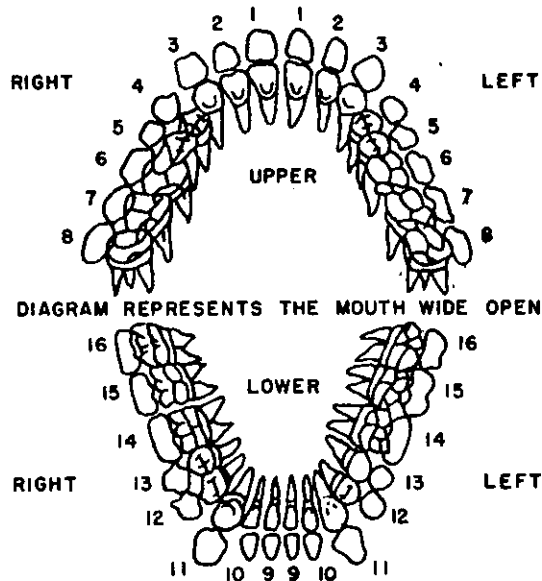
INSTRUCTIONS:

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:

Upper and lower interiors moderate alveolar closure.

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

s/ Alton E. Jones
VERIFIED BY GRS OFFICER

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

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

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

10 Oct 47
DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

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

UNKNOWN X-697 (Formerly UNK X-212)
~~UNKNOWN X~~ (USAF Cemetery Manila #2, Luzon P.I.)
 Cemetery AGRS Mausoleum, Manila PI
 Plot 801 HANGER E BAY GRYP Grave 1280

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

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes (type) **N**

Overshoes **O**

Web Equipment (type) **N**

(Other item)

(Other item)

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

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

Shoulder Patch

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

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

Age Height ^{Est.} 5' 7" Weight Description of wounds

Bandages or dressings Scars (Length, width, location)

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

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

Sunburn or tan, other than hand and face

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

Build **T**
(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) U Eyebrows (Color, bushiness, extent across nose)

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

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

Teeth **See 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 **20"** (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, 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 (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. Est. wt. 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)

SP - 6 062812

Rank

Service

AGRS Mausoleum, Manila P.I.

(Organization)

CERTIFIED TRUE COPY:

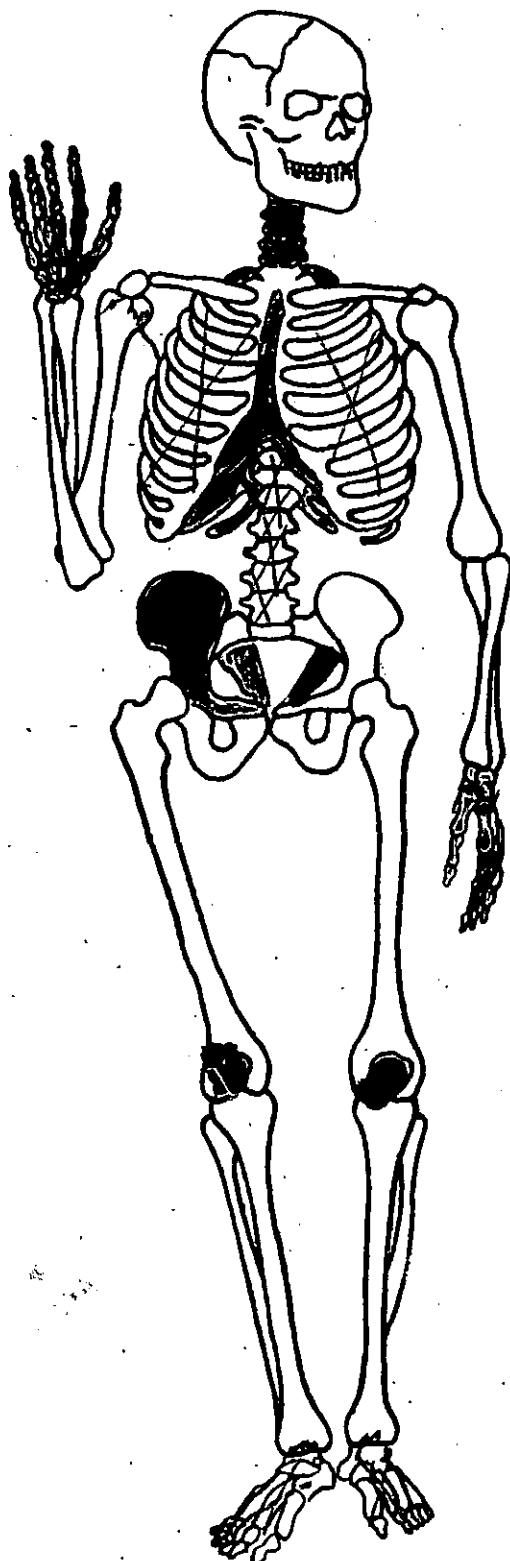
10 Oct 47

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

SKELETAL CHART

X-697

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



fragments of ribs
fragments of vertebrae



RESTRICTED

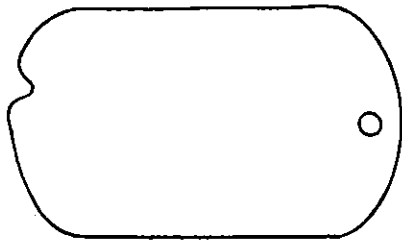
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

18 Feb 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-212 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
Camp O'Donnell POW Camp, Luzon, P.I.	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address) *293 unk Manila #2 X-212*
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.
13 Feb 52	--	Casket	Cross	L	3	45

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.

PLOT No.	ROW No.	GRAVE No.
N	8	105

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		<i>FILE</i> <i>Name: [unclear]</i> <i>Action: NAT</i> <i>- 18 MAR 52</i>

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.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.


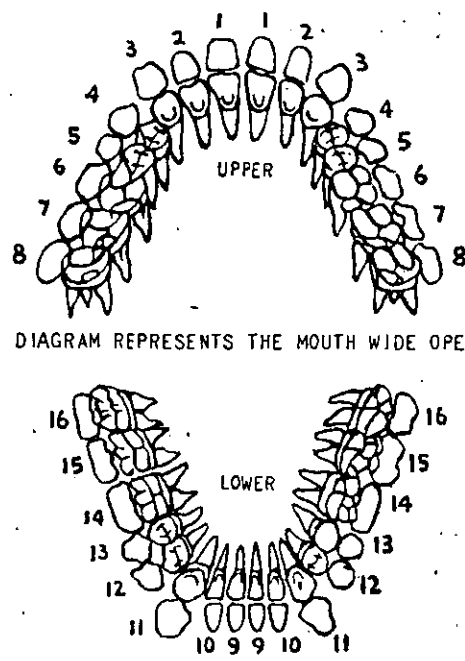





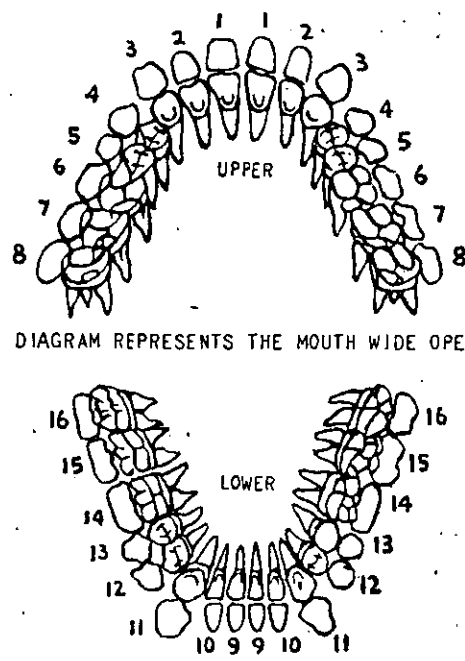





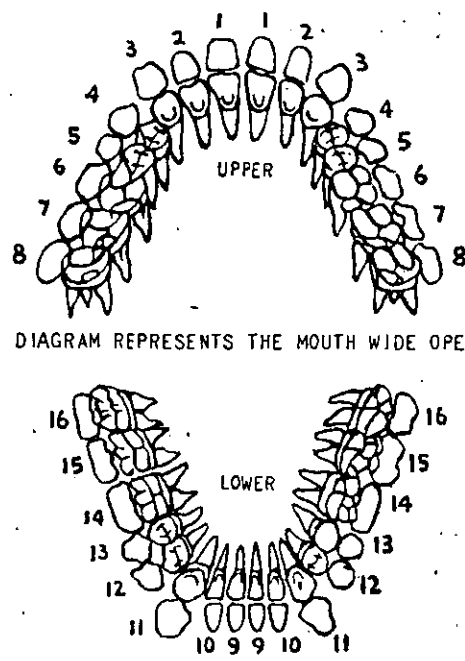




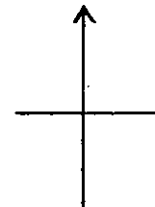
SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Roger L. Dion</i> ROGER L. DION, Sgt., RA	<i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 1st Lt., QMC

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.

RESTRICTED

Copy to ABMC

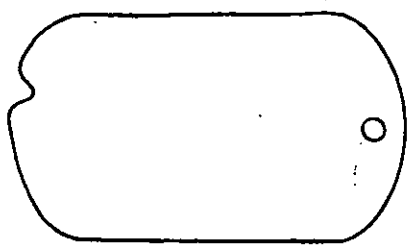
Serial #331

LEFT LITTLE FINGER	Section 6.—UNIDENTIFIED REMAINS.													
	<p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p>													
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES											
			COLOR OF HAIR											
			BIRTHMARKS, SCARS, OR TATTOOS											
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS											
			WHERE BODY WAS BURIED OR FOUND											
	OTHER IDENTIFICATION CLUES													
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  <p>SILVER FILLING GOLD FILLING</p> </td> <td rowspan="7" style="width:40%; text-align: center; vertical-align: middle;">  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> </td> </tr> <tr> <td>CAVITIES</td> <td>  <p>CAVITY DECAYED</p> </td> </tr> <tr> <td>MISSING TEETH</td> <td>  <p>TOOTH MISSING</p> </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  <p>PORCELAIN CROWN GOLD CROWN</p> </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  <p>GOLD BRIDGE</p> </td> </tr> </table>			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>
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>										
LEFT THUMB														
RIGHT THUMB														
RIGHT INDEX FINGER														
RIGHT MIDDLE FINGER														
RIGHT RING FINGER														
RIGHT LITTLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; margin-top: 20px;">  </div>													
	REMARKS:													
	<p>Grave 45, Row 3, Plot L, was formerly occupied by PhM3c John R. ENSLEY, 6192445, disinterred and shipped to ZI.</p>													

APR 29 1948

RESTRICTED

U 1081

WD OMC FORM 1042 (Rev. 1 Apr. 1946) (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-697 (Formerly UNK X-212 USAF Cemetery Manila #2, Luzon P.I.)		SERIAL No. Unknown				
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown		
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH 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)				RECORDS BRANCH MEMORIAL DIVISION DEC 22 2 55 PM '47
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 10 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY E	GRAVE No. CRYPT 1280
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon P.I.			PLOT No. 2	ROW No. 8	GRAVE No. 963
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) STORED UNKNOWN X-698		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1282	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-699		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1278	
SIGNATURE OF PERSON PREPARING REPORT Wm R. Gilbert Wm R. GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT Lucio Panopio, Jr. LUCIO 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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


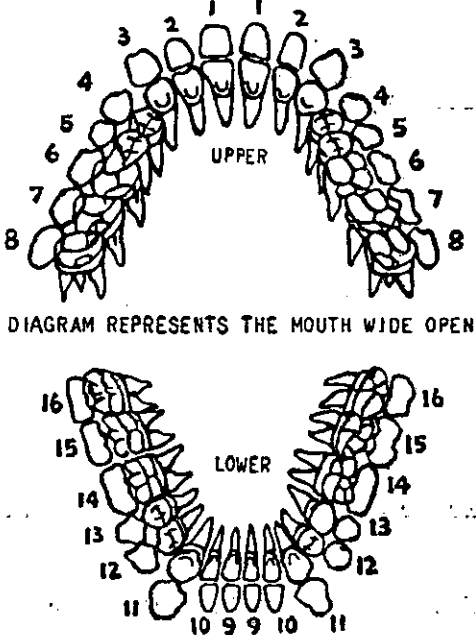




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

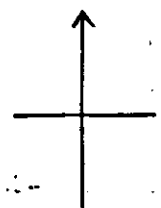
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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:

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
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RX

RESTRICTED

U-1081

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

4 Jan. 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN -X- 212 (Cem. Manila #2) (Formerly Unknown-X-7 (Camp O'Donnel Cem.))		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
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EMERGENCY ADDRESSEE (Name, relationship, and address)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

July 15-28

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

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

DATE OF BURIAL 10 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. 963
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WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Camp O'Donnel, Luzon, P. I.	PLOT No. A	ROW No. 7	GRAVE No. 2
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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) TRAGEWELL, Ivan E.	RANK	SERIAL No. 69339901	ORGANIZATION	GRAVE No. 962
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN-X-213 (Cem. Manila #2) (Formerly Unknown-X-8 (Camp O'Donnel Cem.))	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 964
--	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, T/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT E. M. MOORE, 1st Lt. QMC.
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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.

July 73

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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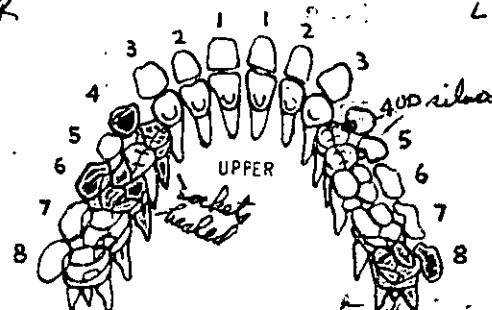
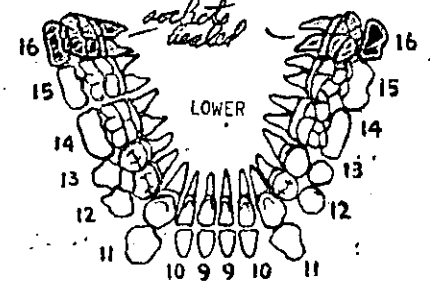




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

18 FEB 1945

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

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	<p align="center">R</p>  <p align="center">UPPER</p> <p align="center"><i>400 silver</i></p> <p align="center"><i>cavity sealed</i></p> <p align="center"><i>tooth missing</i></p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p> <p align="center"><i>cavity sealed</i></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>	

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REMARKS: