

QMGMT 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>FMA 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-308	1	4
X-692	X-207	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:

THOMAS E. COX  
Capt QMG  
Memorial Division

N. McLaurin:dal  
L. M. White

Interred March 1950  
C 10 59 Ft. McKinley

DISINTERMENT DIRECTIVE

*Carl R. H. Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00061

DATE  
15 06 48  
DAY MONTH YEAR

NAME  
UNKNOWN X - 000213

SERIAL NUMBER RANK ARM  
DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS  
7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
2 8 964 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-213  
UNK X-698 (Maus)

21 Sept 1948

IDENTIFICATION TAG ON  
 4 REMAINS  
 1 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
ALBION H. McLELLAN JR.  
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  
U

(2) Identification Tags read UNK X-698 (Maus) Formerly X-213 - Manila #2

REMAINS PREPARED AND PLACED IN CASKET  
DATE 21 Sept 1948 BY ALBION H. McLELLAN JR.

CASKET SEALED BY  
ALBION H. McLELLAN JR.

EMBALMER (Signature)  
*Albion H. McLellan Jr.*  
A. H. McLELLAN JR.

CASKET BOXED AND MARKED  
HORACE L. ALLISON  
DATE 21 Sept 48 SGT., INF

SHIPPING ADDRESS VERIFIED BY  
CHARLES R. BATES, 1st Lt., USAFR

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Charles R. Bates*  
CHARLES R. BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

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

REPATRIATION  
BRANCH  
MED. DIV.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carrollmark</i>	DATE <b>MAR 6 1950</b>

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

## 6. SHIPPED

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

## 7. SHIPPED

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

21 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- 213, Plot 2,  
Row 8, Grave 964, 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  
Captain, QMC  
Chief, Records Branch

Received 31 Mar 50 ~~0000~~

Not identifiable from  
information presently  
available

*Val Mc Laurin*  
Ident. Sec.  
11 Apr 50

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-698 (Formerly X-213 Manila #2)</b>				2. DATE OF REPORT <b>21 Feb 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT <b>801</b>	5. ROW <b>E</b>	6. GRAVE <b>1282</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 8-1/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>White</b>
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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?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? <b>Bones are eroded</b>
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**

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

**N O N E**

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

*Handwritten signature*

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



																S		broken																	
RIGHT																M		LEFT																	
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																				
maxilla missing	P	A	P			A	S	S	X	P		A	A	A	maxilla missing																				
		A				L	S	DL				od	o	o																					
Side Views																	Side Views																		
Top Views																	UPPER																		
Side Views																	LOWER																		
		A	A			G	P			G			A	A																					
		o	o			f				f			o	o	o																				
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																			

partially impacted

**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."

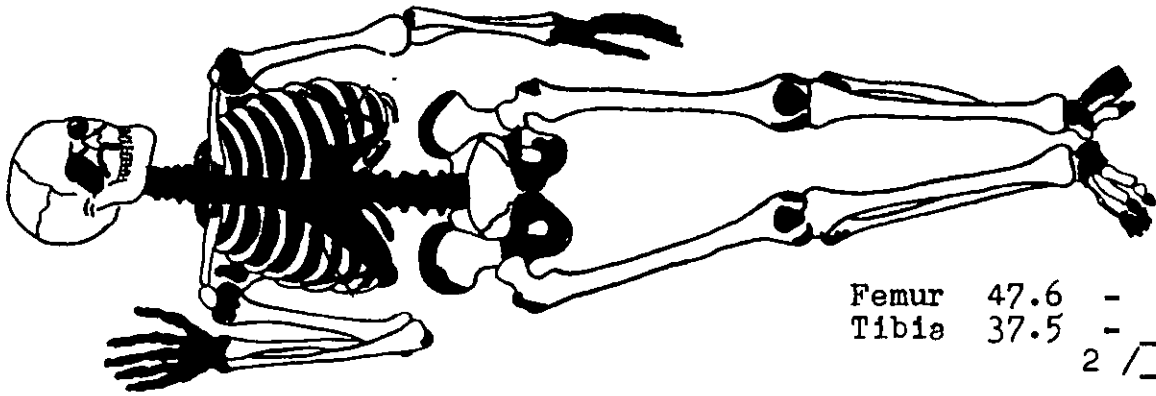
*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Identification Section

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Femur	47.6	-	175
Tibia	37.5	-	171
		2 /	<u>346</u>
			173

Estimated height - 5' 8-1/8

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 - 21 inches.

Estimated weight of remains - 8 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  
*Paul R. Nichols*

# IDENTIFICATION DENTAL CHART

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

(Formerly UNK X-213)

10 Oct 47

UNK X-698 (USAF Cem Manila #2, P.I.) Unknown

DATE  
Unknown

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown			Unknown	
Camp O'Donnell, POW Camp, Luzon, P.I.		AGRS MAUSOLEUM, Manila, P.I.	ORGANIZATION	
PLACE OF DEATH		PLACE OF BURIAL STORAGE	PLOT	ROW
			801	E
			HANGER	BAY
				GRAVE NO.
				1282
				CRYPT

*missing*

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE				A	⊗			S	A	S	S	⊗			A	A	A	TYPE	
LOCATION				00				m	e	m	d				d	o	d	o	LOCATION

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		⊗	A	A			G					G			A	A	⊗	TYPE	
LOCATION		o	o	fo			f					f			fo	fo	f	LOCATION	

*impacted*

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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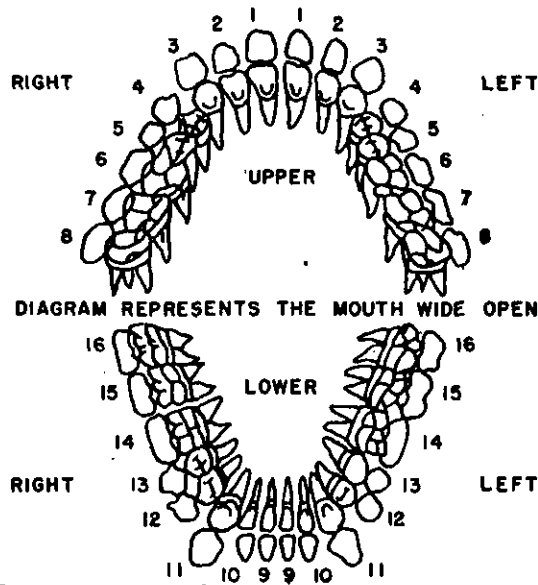
**INSTRUCTIONS:**

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 DISCLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

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

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

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass  
VERIFIED BY GRS OFFICER

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)

(Formerly UNK X-213)  
 Unknown X-698 (USAF Cem Manila #2, P.I.)  
 Cemetery AGRS MAUSOLEUM, MANILA, P.I.  
 Plot 801 Row <sup>MANGEN E</sup> DAY <sup>CELL</sup> Grave 1282

CIP, AGRS MAUSOLEUM, MANILA, P.I.

1. Arrived at cemetery 10 Oct 47  
(Date)
2. Place of death Camp (Camp) POW Camp, Luzon, P.I.  
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by C.M.T. #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	N		
Sweater	O		
Jacket, HBT	N		
* Shirt, Wool OD	E		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web .....

Drawers, wool .....

Drawers, cotton .....

Leggings, wool .....

Socks, cotton .....

\* Shoes ..... (type)

Overshoes .....

Web Equipment ..... (type)

(Other item) .....

(Other item) .....

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

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

Shoulder Patch .....

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

6. Description of Remains: **Skeleton only - Skeletal chart attached.**

Age / Height 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 ..... (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)

Eyebröws .....  
 (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 .....  
 (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 .....  
 (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.)

**Tooth chart attached.**

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

7. Have finger prints been placed on Report of Interment? No

(Yes-no)

If not, explain Due to condition of remains.

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

9. Remarks No ROI bottle nor identification tags. No personal effects found with remains. Weight of remains is estimated about 8½ lbs. R-11 and L-11 of mandible with gold filling.

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

(Organization)

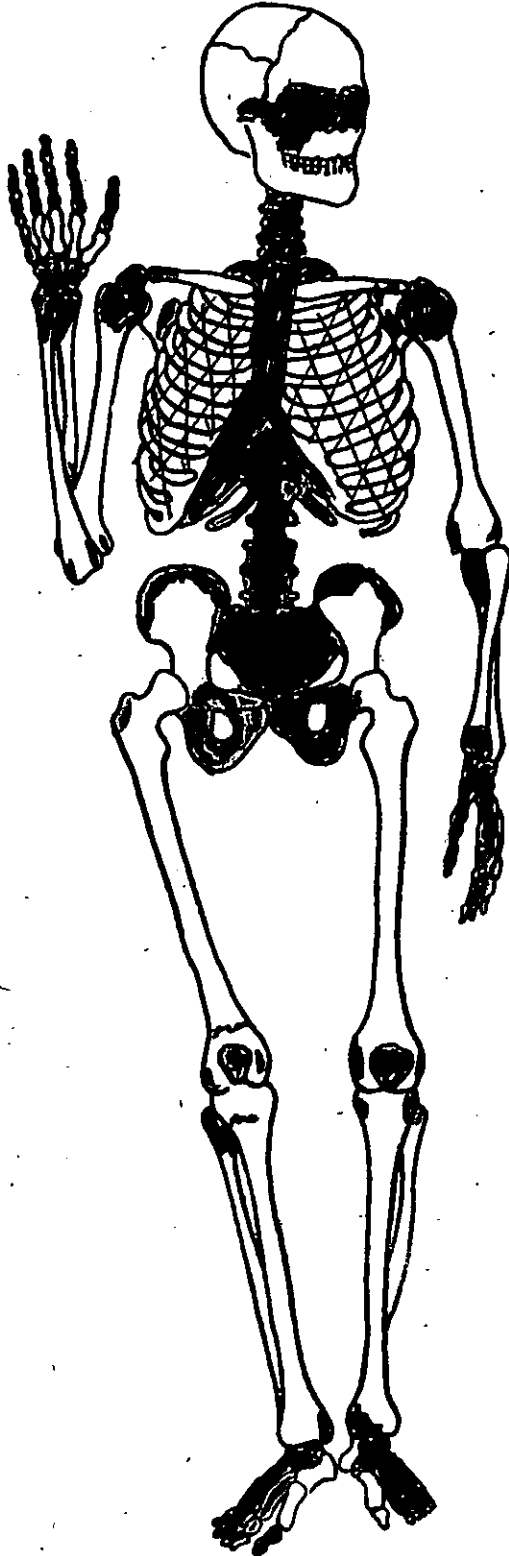
CERTIFIED TRUE COPY:

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

# SKELETAL CHART

X-698

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Rib fragments  
1- thoracic only*



APP 29 1948

RESTRICTED

U 1080

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-698 (Formerly UNK X-213)  
USAF Cem Manila #2, Luzon, P.I.)

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

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

PLACE OF DEATH

Camp O'Donnell  
POW Camp, Luzon, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

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)

REPRODUCTION  
RECORDS BRANCH  
DEC 22 2 56 PM '47  
MEMORIAL DIVISION

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. RANGER 801	ROW No. BAY E	GRAVE No. CRYPT 1282
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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. 964
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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) STORED

Yes

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

Yes

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

UNKNOWN X-703

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1284

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

UNKNOWN X-697

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1280

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOFIO, 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

0 of 1555



**Section 3.—UNIDENTIFIED REMAINS.**


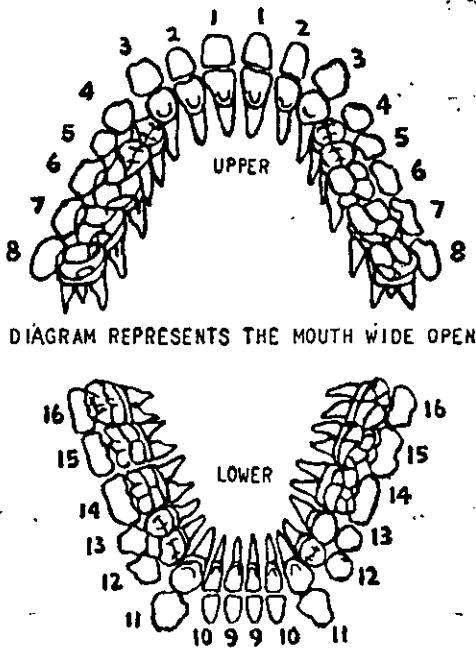




**INSTRUCTIONS:**

(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.

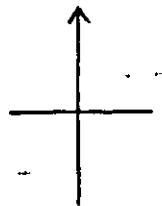
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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



**REMARKS:**

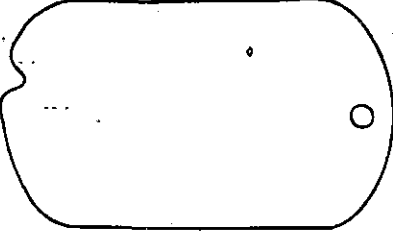
Identification Check List and Dental Chart  
accomplished.

18 NOV 1947

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 4 Jan. 46
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN -X- 213 (Cem. Manila #2) (Formerly unknown-X-8 (Camp O'Donnell 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'Donnell 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

Incl 1577

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE-MARKER	PLOT No.	ROW No.	GRAVE No.
10 Dec. 45	1500	Shelter Half	Cross	2	8	964

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'Donnell, Luzon, P. I.	PLOT No. A	ROW No. 7	GRAVE No. 4
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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) UNKNOWN-X-212 (Cem. Manila #2) (Formerly unknown-X-7 (Camp O'Donnell Cem.))	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 963
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN-X-609 (Ratner Harry A.)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 965
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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. 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.

Incl 74'

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.

1 FEB 1948

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER






RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

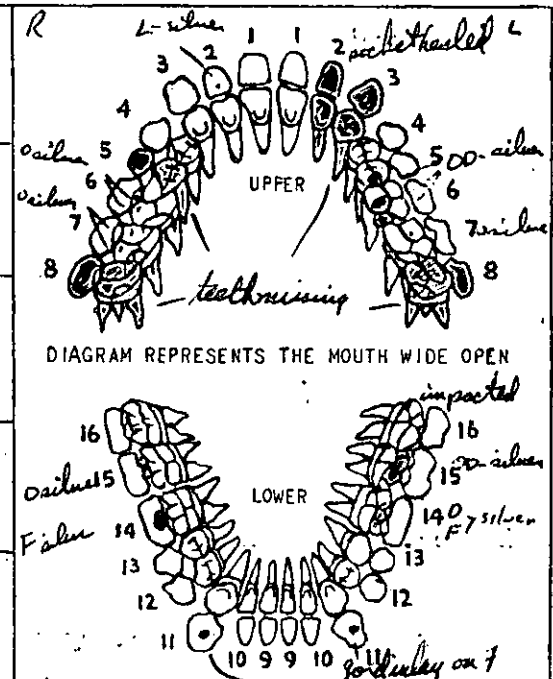
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

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

R

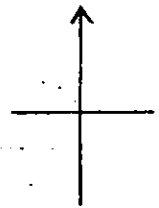


UPPER

LOWER

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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



REMARKS: