

JEW  
TAB

/rgb

1

/drs

Interred 13. Jul 1949  
F 5 88 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 00063

DATE  
15 06 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN X-000217				0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					7701 80 CODE DIST. PT.
LOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
2	8	999	PHILIPPINE ISLANDS		6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MCKINLEY 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 DISINTERRED
UNK X-217 UNK X-702 (Maus) UNK X-11			30 Dec 1944	21 Sept 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		ALBION H. McLELLAN JR 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

Two (2) Identification Tags show: UNK X-702 (Maus)  
Formerly UNK X-217  
One (1) Identification Tag shows -UNK X-11  
Manila #2

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
21 Sept 1948	ALBION H. McLELLAN JR.	<i>Albion H. Mclellan Jr.</i> ALBION H. McLELLAN JR.
CASKET SEALED BY	SHIPPING ADDRESS VERIFIED BY	
ALBION H. McLELLAN JR.	CELESTINO E. ABELLAR, 1st Lt., FA	
CASKET BOXED AND MARKED		
DATE		
21 Sept 48	HORACE L ALLISON Sgt Inf	

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

*Celestino E. Abellar*  
CELESTINO E. ABELLAR, 1st Lt., FA  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

AUG 1949

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>Carroll Mark</i>	DATE <b>13 JUL 1949</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

MSGMT 293  
GRS Far East

13 June 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General  
Phillippine Command  
APO 707, c/o Postmaster  
San Francisco, California

ATTN: AGRS, PHILCOM ZONE

1. Reference is made to findings of unidentifiability for the following unknown remains:

Unknown X-3150 AGRS Mausoleum Manila formerly X-1027 Manila #2.  
Unknown X-3168 AGRS Mausoleum Manila formerly X-1045 Manila #2.  
Unknown X-3147 AGRS Mausoleum Manila formerly X-1024 Manila #2.  
Unknown X-2065 AGRS Mausoleum Manila formerly X-3189 Manila #2.  
Unknown X-1972 AGRS Mausoleum Manila formerly X-3268 Manila #2.  
Unknown X-1893 AGRS Mausoleum Manila formerly X-3247 Manila #2.  
Unknown X-1723 AGRS Mausoleum Manila formerly X-3384 Manila #2 3314  
Unknown X-1616 AGRS Mausoleum Manila formerly X-3494 Manila #2.  
1348 Unknown X-1346 AGRS Mausoleum Manila formerly X-3577 Manila #2.  
Unknown X-1217 AGRS Mausoleum Manila formerly X-3726 Manila #2.  
Unknown X-1250 AGRS Mausoleum Manila formerly X-3641 Manila #2.  
Unknown X-937 AGRS Mausoleum Manila formerly X-4004 Manila #2.  
Unknown X-2052 AGRS Mausoleum Manila formerly X-3206 Manila #2.  
Unknown X-1213 AGRS Mausoleum Manila formerly X-3746 Manila #2.  
Unknown X-4690 AGRS Mausoleum Manila formerly X-2003 Manila #2.  
Unknown X-1291 AGRS Mausoleum Manila formerly X-3590 Manila #2.  
Unknown X-1344 AGRS Mausoleum Manila formerly X-3561 Manila #2.  
Unknown X-1621 AGRS Mausoleum Manila formerly X-3439 Manila #2.  
Unknown X-1326 AGRS Mausoleum Manila formerly X-3627 Manila #2.  
Unknown X-4633 AGRS Mausoleum Manila formerly X-832 Manila #2.  
~~Unknown X-702 AGRS Mausoleum Manila formerly X-217 Manila #2~~  
Unknown X-719 AGRS Mausoleum Manila formerly X-236 Manila #2.  
Unknown X-414 AGRS MAUSoleum Manila formerly X-264 Manila #2.  
Unknown X-720 AGRS Mausoleum Manila formerly X-237 Manila #2.  
Unknown X-441 AGRS Mausoleum Manila formerly X-294 Manila #2.  
Unknown X-802 AGRS Mausoleum Manila formerly X-317 Manila #2.  
Unknown X-1923 AGRS Mausoleum Manila formerly X-3257 Manila #2.  
Unknown X-1939 AGRS Mausoleum Manila formerly X-3327 Manila #2.

QMGMT 293

GRS Far East

Ltr 13 June 1949

SUBJECT: Identification of World War II Deceased

- Unknown X-1965 AGRS Mausoleum Manila formerly X-3290 Manila #2
- Unknown X-4680 AGRS Mausoleum Manila formerly X-1089 Manila #2
- Unknown X-4678 AGRS Mausoleum Manila formerly X-1087 Manila #2
- Unknown X-4677 AGRS Mausoleum Manila formerly X-1086 Manila #2
- Unknown X-4675 AGRS Mausoleum Manila formerly X-1084 Manila #2
- Unknown X-1685 AGRS Mausoleum Manila formerly X-3245 Manila #2
- Unknown X-2750 AGRS Mausoleum Manila formerly X-3815 Manila #2
- Unknown X-1306 AGRS Mausoleum Manila formerly X-3637 Manila #2

3425

2. Recommendations for unidentifiability have been accepted by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

REB

NJS

cc: Adm Section  
G. Reynolds:pmr  
L. V. Monzel  
J. Windsor

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

APO 707  
20 May 1940

SUBJECT: Unidentifiable Remains

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 Mansoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-414	UNKNOWN X-1685
" X-441	" X-1923
" X-702	" X-1939
" X-719	" X-1965
" X-720	" X-2215
" X-802	" X-2232
" X-1306	" X-2750
" X-1582	" X-3104

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

FOR THE COMMANDING GENERAL:

/s/ John A. Marszal  
JOHN A. MARSZAL  
1st Lt., AGD  
Asst Adj Gen

16 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

COPY

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

10 May 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-217, Plot 2,  
Row 8, Grave 999, USMC Manila #2, Luzon, P.I. have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

  
F. B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Attch: Form 1044

Received ..... 9 June 49 ..... OQMG  
Not identifiable from  
information presently available ..... G. Reynolds  
6-9-49

Encls. #3'

DATE 9 Oct 1947

293

NAME: Unknown X-217

*P.D.*

*(Manila #21)*

RANK \_\_\_\_\_

ASN: \_\_\_\_\_

BURIAL INFORMATION FOR RECONCENTRATIONS AS SHOWN ON CEMETERY FIELD ROSTER:

"PRESENT BURIAL LOCATION"

MANILA # 2	4	22	2824
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

"PREVIOUS BURIAL LOCATION"

PELELIU ISLAND, PALAU ISLANDS	6	7	104
"CEMETERY"	"PLOT"	"ROW"	"GRAVE"

REMARKS \_\_\_\_\_

FILE: X

N.A.T. X

DATE: 9 Oct 1947

NAME: C. Langston  
F/AUDIT SECTION

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-702 (Formerly UNK X-217 Manila # 2)</b>				2. DATE OF REPORT <b>10 May 1949</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>1281</b>	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U. T. D.</b>	9. ESTIMATED HEIGHT	10. COLOR OF HAIR <b>U. T. D.</b>	11. RACE <b>UNKNOWN</b>
--	---------------------	--------------------------------------	----------------------------

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

**U. T. D.**

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"**

*Incls. #32*



18.

TOOTH CHART

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

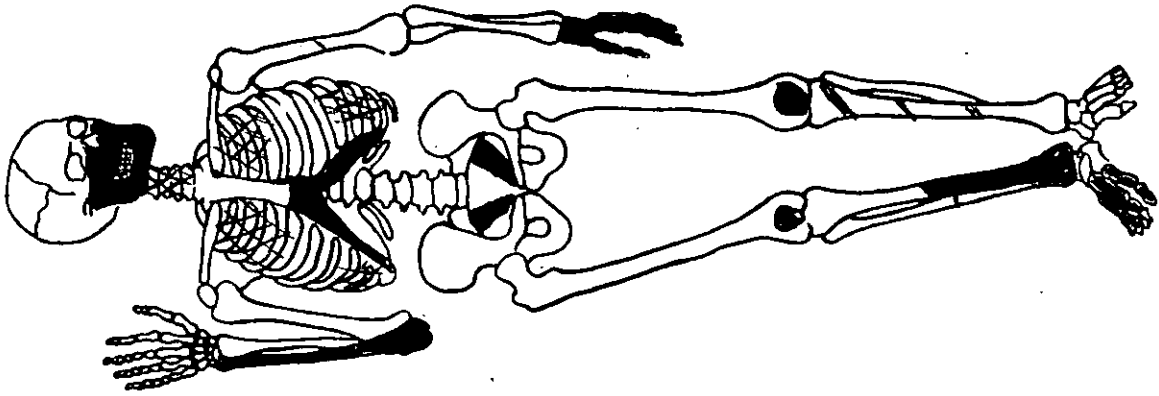
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
Side Views								Side Views							
Top Views								Top Views							
M A N D I B L E								M I S S I N G							
Side Views								Side Views							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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."

Maxilla and mandible are missing. L8 is loose tooth present with remains.

"UNIDENTIFIABLE" *J. J. McDermott*  
 J. J. McDERMOTT  
 Laboratory Officer, CIP

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 ROI, identification tags or personal effects found with remains.  
Estimated weight of remains - 12 lbs.

NO IDENTIFICATION DATA  
"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

JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

X-702

/df

# 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.

10 Oct 47

DATE

UNKNOWN X-702 (Formerly UNK X-217,  
USAF Cemetery Manila #2, Luzon, P.I.)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum,

ORGANIZATION

Luzon, P.I.

Manila, P.I.

801

E

1281

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

*Storage missing*

RIGHT

UPPER TEETH

LEFT

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

TYPE

TYPE

LOCATION

LOCATION

INSIDE — LOOKING OUT

*Mandible missing*

RIGHT

LOWER TEETH

LEFT

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

TYPE

TYPE

LOCATION

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)

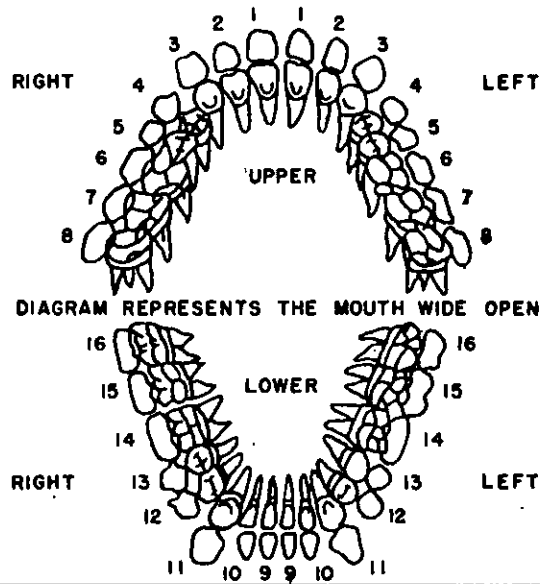
**INSTRUCTIONS:**

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:**

Only one (1) tooth found R-8, in good condition.

/s/ Edwin Gregurek  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ EDWIN GREGUREK  
NAME AND RANK TYPED OR PRINTED

C.I.P. Lab. Manila, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass, Capt. D.C.  
VERIFIED BY GRS OFFICER

SP-8 C-062872  
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)

/df

UNKNOWN X-702 (Formerly  
 Unknown X- 217 USAF Cem Manila #2, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 801 HANGER Row E BAY CRIP: Grave 1281

AGRS Mausoleum, Manila, P.I.

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

2. Place of death Luzon, P.I.  
 (Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by CMT #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		N	
Jacket, HBT		E	
* 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 ..... 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, poeks, 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)

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

Eyes ..... U. Eyebrows .....  
 (Color, setting, shape) T. (Color, hushiness, extent across nose)  
 D.

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

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

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

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

Jaw ..... Circumference of head in inches .....  
 (Large, small, normal) (Hat band)

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

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

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

Fingers .....  
 (Unusual characteristics of fingernails)

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

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

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

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

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

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

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

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

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

If not, explain Due to condition of remains.

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

9. Remarks No identification tags, personal effects, or burial bottle  
found. Nothing found to justify identification. Estimated  
weight of remains twelve (12) 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/ Edward H. Marshall  
(Officer's Name)

SP-8 C-062874  
Rank Service

AGRS Mausoleum, Manila, P.I.  
(Organization)

10 October 1947

CERTIFIED TRUE COPY:

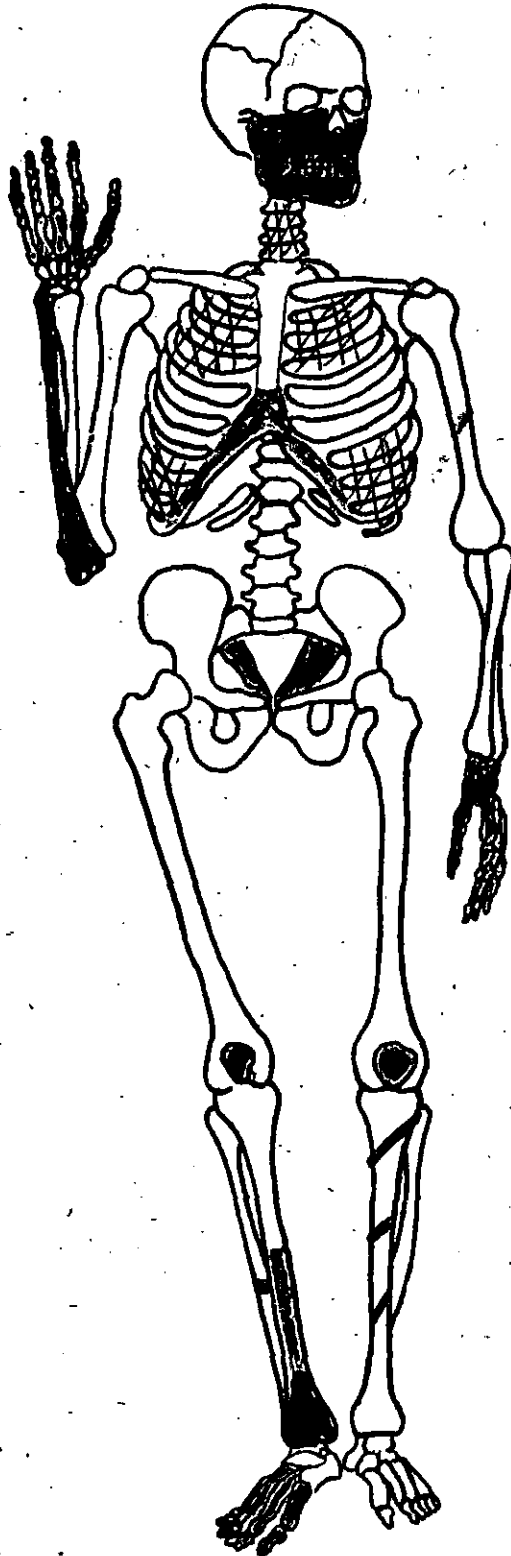
George T. Gamboa  
GEORGE T. GAMBOA  
2d Lt., MAC



# SKELETAL CHART

X-702

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





APR 29 1948

RESTRICTED

U 97

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-702 (Formerly UNK X-217,  
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

Luzon, P.I.

CAUSE OF DEATH

KIA EA Body badly decomposed

DATE OF DEATH

30 Dec 44

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. HANGER	ROW No. BAY	GRAVE No. CRYPT
10 Oct 47	0800	Casket	None	801	E	1281

WAS THIS A REBURIAL?  
(Yes or no) RESTORED

Yes

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

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

PLOT No.	ROW No.	GRAVE No.
2	8	999

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-701

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1283

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

STORED  
UNKNOWN X-696

RANK

SERIAL No.

ORGANIZATION

GRAVE No.  
CRYPT  
1279

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOPPIO 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

2 of 534

**Section 3. UNIDENTIFIED REMAINS.**


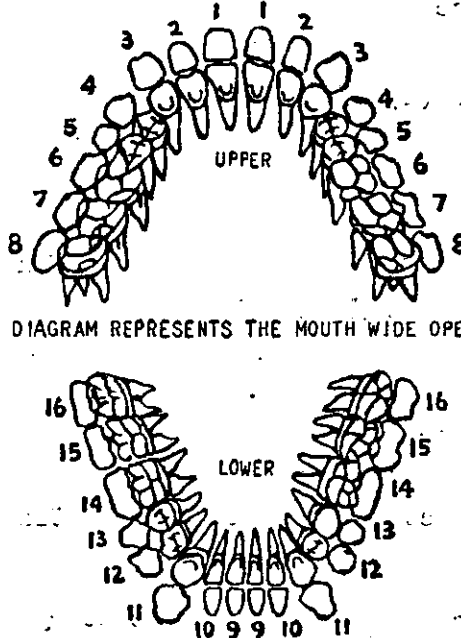




**INSTRUCTIONS:**

(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.

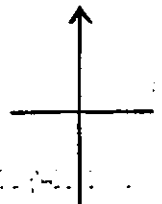
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

RESTRICTED U.97

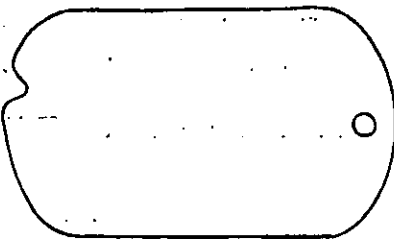
U.97

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

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial) UNKNOWN X-217 (Cem Manila #2) Formerly UNKNOWN X-11 (Cem San Jose #1)</p>		<p>SERIAL No. Unknown</p>
	<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>	<p>BRANCH OF SERVICE Unknown</p>
	<p>RACE</p>	<p>RELIGION Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH Luzon, PI</p>	<p>CAUSE OF DEATH KIA-EA-Body badly decomposed</p>	<p>DATE OF DEATH 30 Dec 44</p>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
*July 14/45*  
 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	999

<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE                  USAF Cemetery San Jose #1, Mindoro, PI 86.8-05.7</p>			<p>PLOT No. 1</p>	<p>ROW No. 5</p>	<p>GRAVE No. 68</p>
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<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes</p>	

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) SMIECHOWSKI, Edwin Walter</p>	<p>RANK WT 3/c</p>	<p>SERIAL No. 3059275</p>	<p>ORGANIZATION USNR</p>	<p>GRAVE No. 998</p>
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<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) TAYLOR, Claude D</p>	<p>RANK QM 1/c</p>	<p>SERIAL No. Unknown</p>	<p>ORGANIZATION USN</p>	<p>GRAVE No. 1000</p>
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<p>SIGNATURE OF PERSON PREPARING REPORT  <i>R. C. Barrett</i>                  R. C. BARRETT, T/4, GRS.</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT  <i>E. M. Moore</i>                  E. M. MOORE, 1st Lt., QMC.</p>
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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.

RESTRICTED

*incl 67*

**Section 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.

*UNIDENTIFIED*

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER


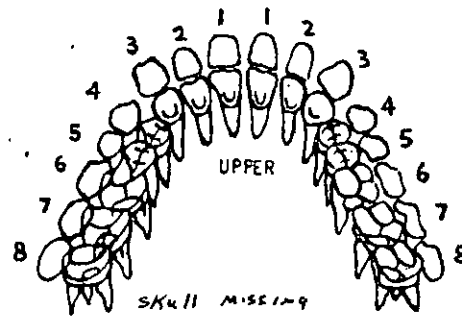
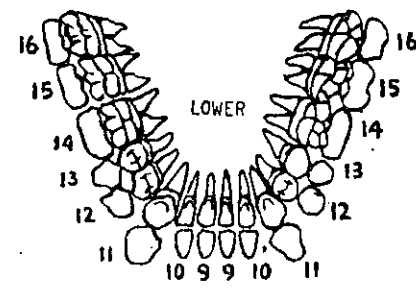




RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

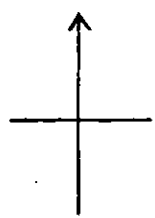
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>SKULL MISSING</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:

**REPORT OF INTERMENT**  
(TM 10-630 AND AR 30-1815)

70 Jun 45  
U 97

Unknown X-11

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

30 Dec 1944

(Date of death)

KIA-EA-body badly decomposed

(Cause of death)

0930 3 Jan 1945

(Time and date of burial)

USAF Cem San Jose No. 1 Mindoro PI

(Name of cemetery)

86.8-05.7

(Name or co-ordinates of location)

68

(Grave number)

5

(Row number)

1

(Plot number)

V-shaped

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body

Yes

No

Attached to marker

Yes

No

Religion

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

Body buried on **RIGHT** Unknown X-10

(Name)

*Ident as Friedenfeld - Cas. of The Overton*

(Serial number)

(Rank)

(Organization)

(Grave number)

67

Body buried on **LEFT** Unknown X-12

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

69

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same: None

(21)

1) 45

RESTRICTED

Auth. 30-1815 C2  
W.E. Roth 9/27/50  
over

~~RESTRICTED INITIAL~~



**IF DECEASED UNIDENTIFIED**

**TAKE FINGERPRINTS OF BOTH HANDS** (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

Height : Apparent nationality :  
Weight : Laundry marks :  
Color of eyes : Number of rifle :  
Color of hair : Wear glasses ?  
Race : Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc. :

Body so badly decomposed that identification impossible.

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. :

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.**

*Fred T. Huffman*  
Fred T. Huffman Sgt. QMC

(Signature of officer, or other person reporting burial)

*A. Bertram Koenig*  
A. BERTRAM KOENIG QMC

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

BACK

4

3

2

1

THUMB

RIGHT HAND

RECEIVED  
26 MAY 1945