

AIRMAIL

QMGRT 293
GRS Far East

Ident

16 September 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM ZONE

1. Reference is made to the following Unknown remains now stored at AGRS Mausoleum, Manila, P.I.:

- Unknown X-287 Santa Barbara (formerly Unknown X-4337, AGRS Mausoleum, Manila, P.I.). Previously interred as Strobel, Herbert F., USAF Cemetery Sta Barbara #1.
- Unknown X-300 Finschhafen #2 (formerly Unknown X-3842-A, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-163 Finschhafen #2, N. G.
- Unknown X-304 Finschhafen #2 (formerly Unknown X-1495-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-52 Finschhafen #2, N. G.
- Unknown X-341 Finschhafen #5 (formerly Unknown X-741-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-44 Finschhafen #5, N. G.
- Unknown X-342 Finschhafen #5 (formerly Unknown X-3770-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-~~87~~⁹⁴ Finschhafen #5, N. G.
- Unknown X-710 Leyte #1 (formerly Unknown X-3770-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-367 Leyte #1, P. I.
- Unknown X-711 Leyte #1 (formerly Unknown X-3289-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-228 Leyte #1, P.I.
- Unknown X-712 Leyte #1 (formerly Unknown X-3417-A, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-155 Leyte #1, P.I.

*X 293
Lute P 2
X-711
Manila, Manila*

AIRMAIL

AIRMAIL

QMGT 293

16 September 1949

GRS Far East

SUBJECT: Identification of World War II Deceased

Unknown X-713 Leyte #1 (formerly Unknown X-5402-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-536 Leyte #1, P.I.

Unknown X-721 Leyte #1 (formerly Unknown X-5679-B, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-43 Lyete #1, P.I.

Unknown X-722 Leyte #1 (formerly Unknown X-5679-D, AGRS Mausoleum, Manila, P.I.). Previously interred as Unknown X-43 Leyte #1, P.I.

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

J. Miller:lro

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

REB

Salsar

TEC

JW

cc--Administrative Section

cc--Cincfe

AIRMAIL

FORM 213
GPO For Dist

5 August 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGCS, THOMAS SCHE

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

| Unknown | X-350, | AGCS | Musoleum | Manila, | formerly | X-21, | USAF | Gen., | Manila | 62 |
|---------|---------|------|----------|---------|----------|---------|------|-------|--------|----|
| " | X-623, | " | " | " | " | X-135, | " | " | " | " |
| " | X-711, | " | " | " | " | X-226, | " | " | " | " |
| " | X-1155, | " | " | " | " | X-3778, | " | " | " | " |
| " | X-1296, | " | " | " | " | X-3575, | " | " | " | " |
| " | X-1362, | " | " | " | " | X-3775, | " | " | " | " |
| " | X-1399, | " | " | " | " | X-3992, | " | " | " | " |
| " | X-1407, | " | " | " | " | X-3998, | " | " | " | " |
| " | X-1750, | " | " | " | " | X-3351, | " | " | " | " |
| " | X-2466, | " | " | " | " | X-3148, | " | " | " | " |
| " | X-2045, | " | " | " | " | X-3196, | " | " | " | " |
| " | X-2439, | " | " | " | " | X-3141, | " | " | " | " |
| " | X-3070, | " | " | " | " | X-3173, | " | " | " | " |
| " | X-1753, | " | " | " | " | X-3354, | " | " | " | " |
| " | X-1952, | " | " | " | " | X-3299, | " | " | " | " |
| " | X-1558, | " | " | " | " | X-3534, | " | " | " | " |
| " | X-2037, | " | " | " | " | X-3220, | " | " | " | " |
| " | X-2554, | " | " | " | " | X-3043, | " | " | " | " |
| " | X-3173, | " | " | " | " | X-1060, | " | " | " | " |
| " | X-1764, | " | " | " | " | X-1057, | " | " | " | " |
| " | X-1216, | " | " | " | " | X-3750, | " | " | " | " |
| " | X-1164, | " | " | " | " | X-3757, | " | " | " | " |

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. H. WETZ
Lt. Colonel, GSC
Memorial Division

cc: Adm Section

G. Reynolds:dal
L. M. White
J. Windsor

REG

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

ARO 707

SUBJECT: Unidentifiable Remains

19 JUL 1949

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 reasons of lack of sufficient identifying data:

| | |
|-------------------------|--------------------------|
| UNKNOWN X-350 AGRS Mslm | UNKNOWN X-2037 AGRS Mslm |
| " X-623 AGRS Mslm | " X-2045 AGRS Mslm |
| " X-711 AGRS Mslm | " X-2070 AGRS Mslm |
| " X-1155 AGRS Mslm | " X-2439 AGRS Mslm |
| " X-1164 AGRS Mslm | " X-2466 AGRS Mslm |
| " X-1216 AGRS Mslm | " X-2554 AGRS Mslm |
| " X-1296 AGRS Mslm | " X-3173 AGRS Mslm |
| " X-1382 AGRS Mslm | " X-3265 AGRS Mslm |
| " X-1399 AGRS Mslm | " X-3729 AGRS Mslm |
| " X-1407 AGRS Mslm | " X-4103 AGRS Mslm |
| " X-1558 AGRS Mslm | " X-4173 AGRS Mslm |
| " X-1750 AGRS Mslm | " X-4764 AGRS Mslm |
| " X-1753 AGRS Mslm | " X-5098 AGRS Mslm |
| " X-1952 AGRS Mslm | |

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

FOR THE COMMANDING GENERAL:

27 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

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

/fms
1
/fbp

Interred 8 August 1949
G 3 7 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. Mark
CAPT. R. H. MARK

Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00072

DATE
15 06 48
DAY MONTH YEAR

NAME
293 UNKNOWNX-000226

SERIAL NUMBER
000226

RANK

ARM
0

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 1011 PHILIPPINE ISLANDS

CAUSE OF DEATH
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 UNK X-226
UNK X-711 (Maus)
UNK X-224

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED
21 Sept '48

IDENTIFICATION TAG ON
 REMAINS
 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) Identification tag reads UNKNCWN X-711, AGRS Mausoleum Formerly X-226, Manila No. 2 (1) Tag and marker show UNKNOWN X-224 1009-8-2

REMAINS PREPARED AND PLACED IN CASKET
DATE 21 Sept '48 BY ALBION H. McLELLAN, JR

CASKET SEALED BY
ALBION H. McLELLAN, JR

EMBALMER (Signature)
Albion H. Mclellan Jr.
ALBION H. McLELLAN, JR

CASKET BOXED AND MARKED
21 Sept '48
DATE BY HORACE L ALLISON, 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.

7 - SEP 1949
BRANCH
MEM. *Howthine*

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>Carroll Mark</i> | DATE 8 AUG 1949 |

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

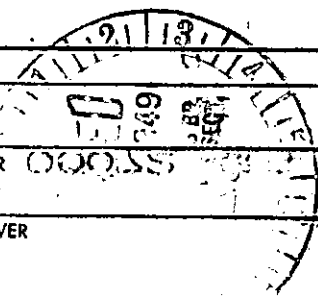
| | | | |
|---|------|--------------------------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER FORT MCKINLEY MILITARY CEMETERY | DATE | SIGNATURE OF RECEIVER (S. J. ...) | DATE |

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

17 June 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-²²⁶ , Plot 2,
Row 8, Grave 1011, 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:


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

Atch: Form 1044

Received 8/1/49
Not identifiable from
information
available L.M. White
Ident. Br.

Incl #3'

IDENTIFICATION DATA

| | | | | | |
|--|------------|----------|-------------|--|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-711 (Formerly UNK X-226 Manila #2) | | | | 2. DATE OF REPORT 17 June 1949 | |
| 3. NAME OF CEMETERY | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 801 | E | 1251 | DISINTERMENT | REINTERMENT |

| PHYSICAL DESCRIPTION | | | |
|--|------------------------------------|-----------------------------------|----------------------------|
| 8. ESTIMATED WEIGHT 150 lbs. | 9. ESTIMATED HEIGHT 5'9" | 10. COLOR OF HAIR U T D | 11. RACE Unknown |

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 IDENTIFYING DATA"

Incl. #3²

| 18. TOOTH CHART | | TOP VIEW | SIDE VIEW |
|--|--|--|-----------|
| <p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p> | | <p><i>Tooth Missing</i></p> | |
| <p>CROWNED TEETH: 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>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> | | <p><i>Gold Bridge</i></p> | |
| <p>FILLINGS: 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>CARIES (Cavities): 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 | | | | | | | |
| <i>Side Views</i> | | | | | | | | | | | | | | | |
| <i>Top Views</i> | | | | | | | | | | | | | | | |
| UPPER | | | | | | | | | | | | | | | |
| <i>Side Views</i> | | | | | | | | | | | | | | | |
| LOWER | | | | | | | | | | | | | | | |
| M A N D I B L E | | | | | | | | M I S S I N G | | | | | | | |
| 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 teeth present with remains.

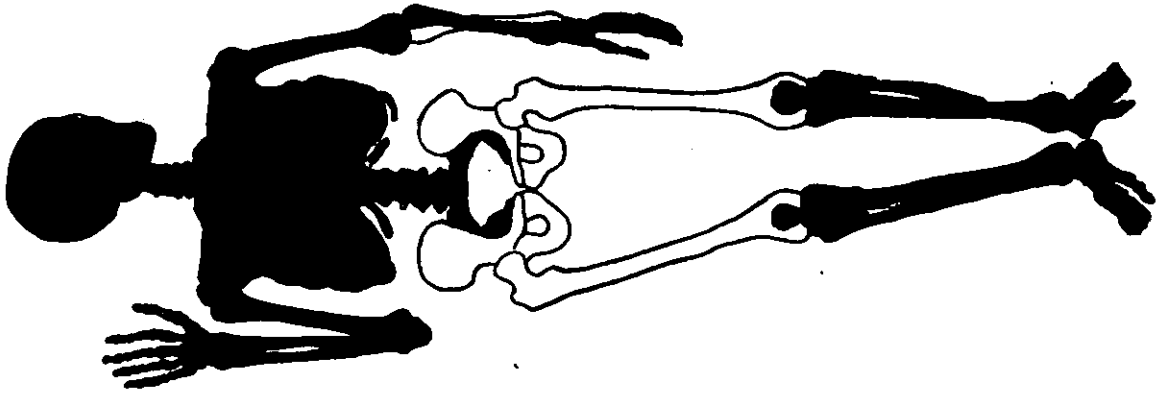
"UNIDENTIFIABLE"
 BY REASON OF LACK OF PRESERVING DATA

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Received:

1 - Lumbar Vertebrae



Estimated height: 5'9"

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 - 5 lbs.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF 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

IDENTIFICATION CHECK LIST

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

UNKNOWN X-711 (Formerly
 Unknown X-226 USAF Cem Manila #2, Luzon, PI
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 801 ^{WANGER} Row E ^{BAY} Grave CRYPI 1251

CIP, AGRS Mslm, Manila, P.I.

1. Arrived at cemetery 10 Oct 47
(Hour) (Date)
2. Place of death Remains washed ashore at White Beach, Mindoro Is., P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by AGRS, 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 | 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 ^{Est.} 5' 9" Weight ^{Est.} 150 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) U / / Eyebrows (Color, bushiness, extent across nose) T / /

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

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

Teeth **All teeth posthumously missing.** (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) / / Circumference of head in inches **No skull** (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) U / /

..... (Unusual characteristics of fingernails) D / /

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 the condition of remains.

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

9. Remarks No ROI found with remains. No personal effects. No means of
identification. No skull received. Estimated weight of remains, five (5)
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
(Organization)

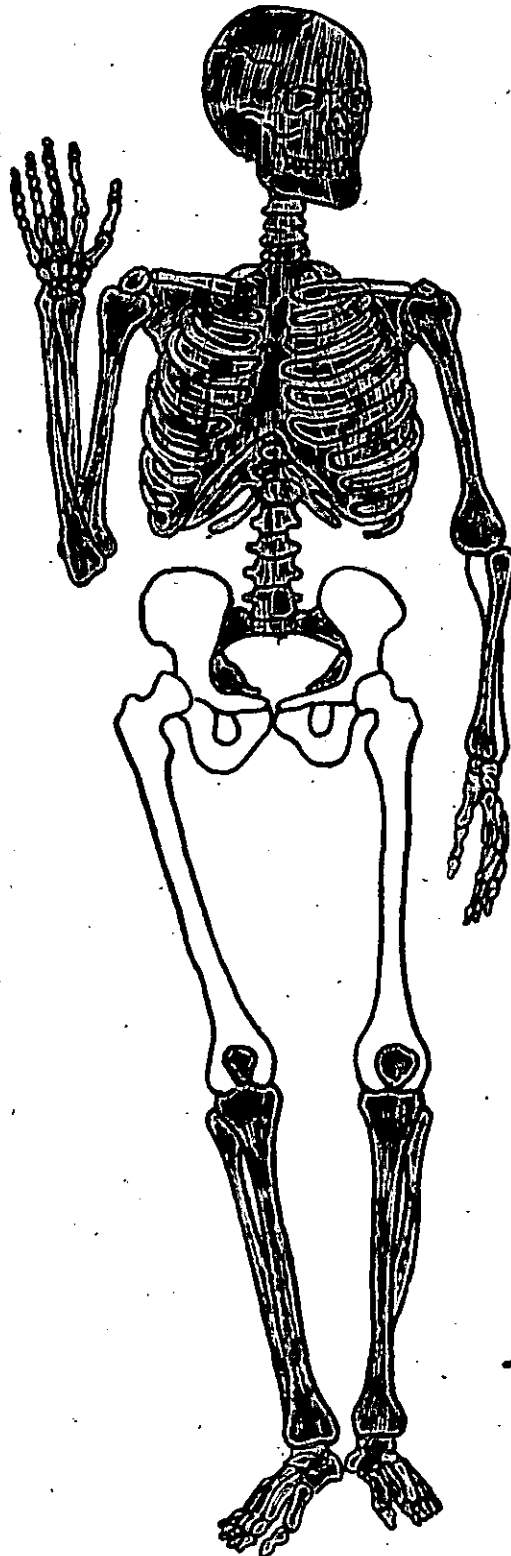
CERTIFIED TRUE COPY:

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

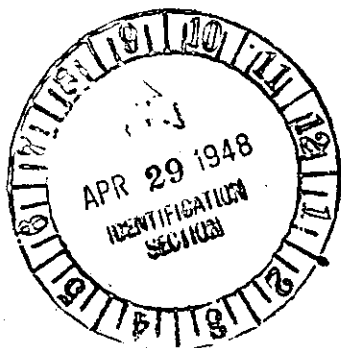
SKELETAL CHART

X-711

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



1- *trans for vertebrae*
present

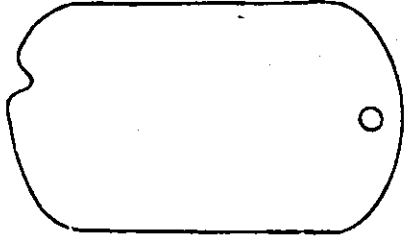


WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT
15 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

| | | |
|--|-------------------------|---|
| NAME (Last, first, middle initial) UNKNOWN X-711 (Formerly UNK X-226 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 (Remains washed ashore | CAUSE OF DEATH at White Beach, Mindoro Island, P.I., 20 Sept 1945) | DATE OF DEATH 20 Sept 1945) |
|--|---|--------------------------------|

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

MEMORIAL DIVISION
Dec 22 2 55 PM '47
REPARATION
RECORDS BRANCH

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
AGERS MAUSOLEUM, MANILA, P.I.

| | | | | | | |
|--|--------------|--|------------------------------|-----------------|---------------------|----------------------------|
| DATE OF BURIAL STORAGE 10 Oct 47 | HOUR 0800 | BURIED IN (Shroud, blanket, or name of other) STORAGE Casket | TYPE OF GRAVE MARKER None | PLOT No. 801 | ROW No. BAY E | GRAVE No. CRYPT 1251 |
|--|--------------|--|------------------------------|-----------------|---------------------|----------------------------|

| | | | | |
|---|---|---------------|--------------|-------------------|
| 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. 1011 |
|---|---|---------------|--------------|-------------------|

| | | |
|----------------------------|--------------------------------|---|
| 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) STORAGE UNKNOWN X-410-A | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 1253 |
|--|------|------------|--------------|----------------------------|

| | | | | |
|---|------|------------|--------------|----------------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-685 | RANK | SERIAL No. | ORGANIZATION | GRAVE No. CRYPT 1249 |
|---|------|------------|--------------|----------------------------|

| | |
|---|---|
| SIGNATURE OF PERSON PREPARING REPORT <i>Wm R. Gilbert</i> Wm R. GILBERT, Adm Asst | SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S. Panopio, Jr.</i> LUCIO S. 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.

Incl 537

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:


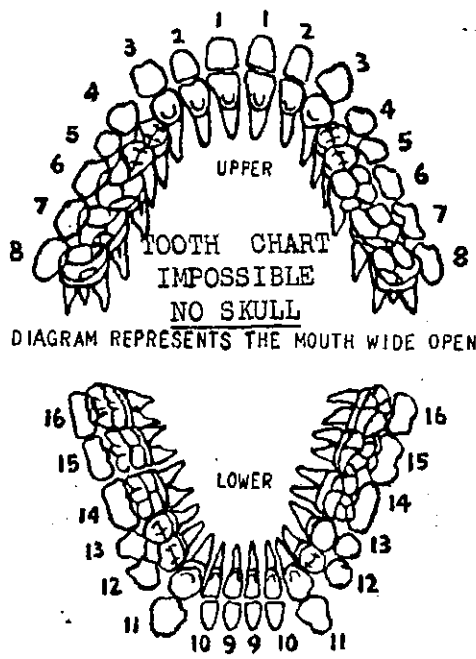




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

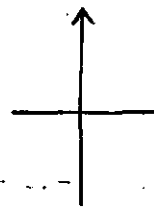
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|--------|--------|---------------|---------------|-------------------------------|

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

OTHER IDENTIFICATION CLUES

| | | |
|----------------------|---|---|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>TOOTH CHART IMPOSSIBLE NO SKULL 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 accomplished.

18 NOV 1948

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

4 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

Formerly UNKNOWN X-23 (Cem San Jose #1)
UNKNOWN X-226 (Cem Manila #2)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

RELIGION

Unknown

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

Remains washed ashore at White Beach, Mindoro Is., PI, 20 Sept 1945

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

A TRUE COPY:

W. H. COOPER
W. H. COOPER
Capt., QMC

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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 11 Dec 45 | 1100 | Shelter Half | Cross | 2 | 8 | 1011 |

WAS THIS A REBURIAL?
(Yes or no)

Yes

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

USAF Cemetery San Jose #1, Mindor, PI

| PLOT No. | ROW No. | GRAVE No. |
|----------|---------|-----------|
| 2 | 9 | 67 |

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-225 (Cem Manila #2)

Formerly UNKNOWN X-13 (Cem San Jose #1)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

Unknown

USN

1010

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

UNKNOWN X-227 (Cem Manila #2)

Formerly Unknown X-10 (Cem San Jose #1)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

Unknown

Unknown

Unknown

1012

SIGNATURE OF PERSON PREPARING REPORT

/s/t/ R. C. BARRETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

/s/t/ E. F. 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.

Ind. #15

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>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:

22 September 1945

Medical Report on Unknown X-23

I certify that I examined a portion of human torso demonstrated to me this date at 601st QM, Graves Registration Co. Specimen consisted of the intact pelvis, both femora, and adjacent gluteal, lower abdominal and pelvic tissues (adult male), which was in an advanced state of decomposition. I am of the opinion that death occurred not less than four weeks ago, and that the remains have been immersed in water for greater part of that time.

Anatomical measurements were as follows:

Length of femur - 18 inches (tip of articulating surface to greater trochanter)
Pelvis: Interspinous - 9 7/8 inches
Intertrochanteric - 13 1/2 inches
Interischial - 5 inches

/s/ Jack A. Dillahunt
JACK A. DILLAHUNT
O-393952, Maj., MC

A CERTIFIED TRUE COPY:

Walter H. Cooper
WALTER H. COOPER
Captain, QMC
Assistant

RECEIVED
SEP 25 1945
HEADQUARTERS

P.C. B.P.R. on file

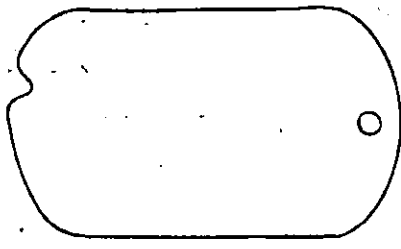
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RESTRICTED

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| | | |
|---|---|--------------------------------|
| 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) U N K N O W N X-226 (Cem Manila #2) Formerly UNKNOWN X-23 (Cem San Jose #1) | | SERIAL No. Unknown |
| | GRADE Unknown | ORGANIZATION Unknown | BRANCH OF SERVICE Unknown |
| | RACE | RELIGION Unknown | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

| | | |
|---|----------------|---------------|
| PLACE OF DEATH (Remains washed ashore at White Beach, Mindoro Is., PI, 20 Sept 1945) | CAUSE OF DEATH | DATE OF DEATH |
|---|----------------|---------------|

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
Deal 1419
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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 11 Dec 45 | 1100 | Shelter Half | Cross | 2 | 8 | 1011 |

| | | | | |
|--|---|---------------|--------------|-----------------|
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery San Jose #1, Mindoro, PI | PLOT No. 2 | ROW No. 9 | GRAVE No. 67 |
|--|---|---------------|--------------|-----------------|

| | | |
|----------------------------|--------------------------------|---|
| 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) U N K N O W N X-225 (Cem Manila #2) Formerly UNKNOWN X-13 (Cem San Jose #1) | RANK Unknown | SERIAL No. Unknown | ORGANIZATION USN | GRAVE No. 1010 |
|--|-----------------|-----------------------|---------------------|-------------------|

| | | | | |
|---|-----------------|-----------------------|-------------------------|-------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) U N K N O W N X-227 (Cem Manila #2) Formerly UNKNOWN X-10 (Cem San Jose #1) | RANK Unknown | SERIAL No. Unknown | ORGANIZATION Unknown | GRAVE No. 1012 |
|---|-----------------|-----------------------|-------------------------|-------------------|

| | |
|--|---|
| SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS. | SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> E. M. MOORE, 1st Lt., OMC. |
|--|---|

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 100'

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.

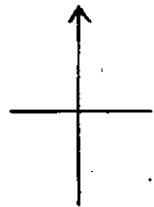
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |

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

OTHER IDENTIFICATION CLUES

| | | |
|---------------|--|---|
| FILLINGS | | <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| CAVITIES | | |
| MISSING TEETH | | |
| CROWNED TEETH | | |
| BRIDGE WORK | | |
| | | |

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



REMARKS:

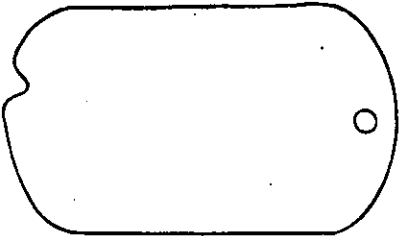
RESTRICTED

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

4 Jan 46

| | | | |
|--|---|---------------------------------|---|
| <p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p>  | <p>Section 1.—IDENTIFICATION.</p> | | |
| | <p>NAME (Last, first, middle initial) U N K N O W N X-226 (Cem Manila #2) Formerly UNKNOWN X-23 (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 (Remains washed ashore at White Beach, Mindoro Is., PI, 20 Sept 1945)</p> | <p>CAUSE OF DEATH</p> | <p>DATE OF DEATH</p> |
|---|-----------------------|----------------------|

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

None

A TRUE COPY:
George D. Redden, Jr.
GEORGE D. REDDEN, JR.
Captain, Inf.

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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 11 Dec 45 | 1100 | Shelter Half | Cross | 2 | 8 | 1011 |

| | | | | |
|---|---|-------------------|------------------|---------------------|
| <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</p> <p align="center">USAF Cemetery San Jose #1, Mindoro, PI</p> | <p>PLOT No. 2</p> | <p>ROW No. 9</p> | <p>GRAVE No. 67</p> |
|---|---|-------------------|------------------|---------------------|

| | | |
|-----------------------------------|---------------------------------------|--|
| <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) U N K N O W N X-225 (Cem Manila #2) Formerly UNKNOWN X-13) Cem San Jose #1)</p> | <p>RANK Unknown</p> | <p>SERIAL No. Unknown</p> | <p>ORGANIZATION USN</p> | <p>GRAVE No. 1010</p> |
|---|-------------------------|-------------------------------|-----------------------------|---------------------------|

| | | | | |
|--|-------------------------|-------------------------------|---------------------------------|---------------------------|
| <p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) U N K N O W N X-227 (Cem Manila #2) Formerly UNKNOWN X-10 (Cem San Jose #1)</p> | <p>RANK Unknown</p> | <p>SERIAL No. Unknown</p> | <p>ORGANIZATION Unknown</p> | <p>GRAVE No. 1012</p> |
|--|-------------------------|-------------------------------|---------------------------------|---------------------------|

| | |
|---|--|
| <p>SIGNATURE OF PERSON PREPARING REPORT <i>/s/t/ R. C. BARRETT, T/4, GRS.</i></p> | <p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>/s/t/ E. M. MOORE, 1st Lt., QMC.</i></p> |
|---|--|

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Incl # 8

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


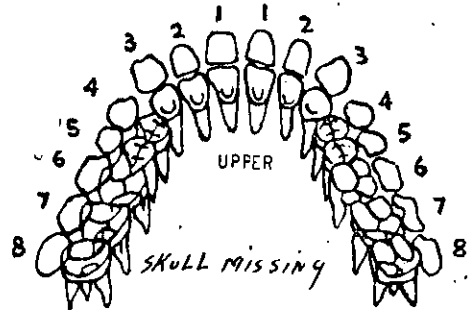
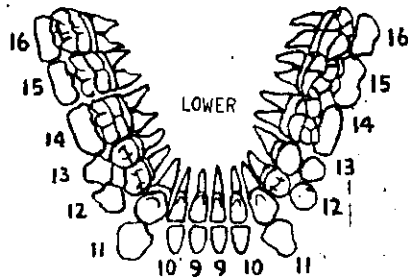




INSTRUCTIONS:

(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.

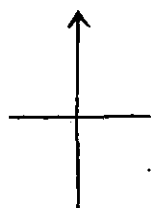
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

| | | | | | |
|-----------------------|----------------------------|--------|---------------|---------------|--------------------------------|
| LEFT LITTLE FINGER | HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| LEFT RING FINGER | WEAPON AND SERIAL No. | | LAUNDRY MARKS | | WHERE BODY WAS BURIED OR FOUND |
| LEFT MIDDLE FINGER | OTHER IDENTIFICATION CLUES | | | | |
| LEFT INDEX FINGER | | | | | |
| LEFT THUMB | | | | | |

| | | | | | |
|------------------------|----------------------------|--|--|--|--|
| RIGHT LITTLE FINGER | OTHER IDENTIFICATION CLUES | | | | |
| RIGHT RING FINGER | | | | | |
| RIGHT MIDDLE FINGER | | | | | |

| | | |
|------------------------|---|---|
| RIGHT INDEX FINGER | <p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p> |  <p>UPPER</p> <p>SKULL MISSING</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>LOWER</p> |
| RIGHT THUMB | <p>CAVITIES</p>  <p>CAVITY DECAYED</p> | |
| RIGHT INDEX FINGER | <p>MISSING TEETH</p>  <p>TOOTH MISSING*</p> | |
| RIGHT MIDDLE FINGER | <p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| RIGHT RING FINGER | <p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p> | |
| RIGHT LITTLE FINGER | | |

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



REMARKS:

18 - Feb 4
7-4-46

08 in *Member No. 2*
RESTRICTED

U 452

Graves Registration
Form No. 1

REPORT OF INTERMENT

(Revised May 11, 1943) (TM 10-630 and AR 30-1815)

UNKNOWN X 23

UNKNOWN X 23

UNKNOWN X 23

(Last name)

(First)

(Initial)

(Serial No.)

(Rank)

(Org.)

Remains washed ashore at White Beach, Mindoro, P.I., 20 Sept. 1945

~~(Date of recovery)~~

~~(Date of recovery)~~

~~(Date of recovery)~~

1000 hrs 22 September 1945 - USAF Cemetery San Jose No. 1, Mindoro, P.I.

(Time and date of burial)

(Name of cemetery)

(Name or co-ordinates of location)

67

9

2

Cross, regulation

(Grave number)

(Row number)

(Plot number)

(Type of marker)

Disp. of ident. tags: Buried w/body Yes No Attached to marker Yes No

Report of Interment in sealed bottle bearing information Religion Unknown

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

See attached Medical Report

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

Body buried on RIGHT Governor, Ernest L. 275 55 13 StM 2/c USNR 66
(Name) (Serial No.) (Rank) (Org.) (Grave No.)

Body buried on LEFT Petsch, Edward G. 0-212456 2nd Lt. 382 Inf. 68
(Name) (Serial No.) (Rank) (Org.) (Grave No.)

UNKNOWN

UNKNOWN

(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 found on body

Incl 261

RESTRICTED

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (WD 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 med. pers. take a tooth chart)
 In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

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

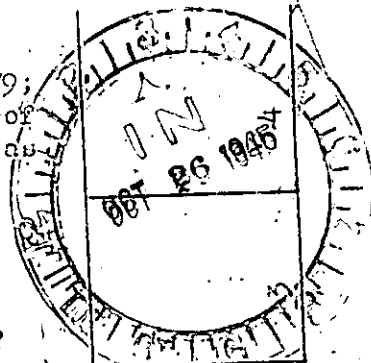
IF THIS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

John J. Cook
 John J. Cook, Sgt, QMC

(Sig. of officer or other person reporting burial)

Harold V. Grove
 HAROLD V. GROVE, 1st Lt., QMC, GRC

(Verified by Army GRS Officer)



RIGHT HAND

2

1

THUMB

4

3

2

1

THUMB

22 September 1945

Medical Report on Unknown X 23

I certify that I examined a portion of human torso demonstrated to me this date at 601st QM, Graves Registration Co. Specimen consisted of the intact pelvis, both femora, and adhecent gluteal, lower abdominal, and pelvictissues (adult male), which was in an advanced state of decomposition. I am of the opinion that death ocured not less than four weeks ago, and that the remains have been immersed in water for greater part of that time.

Anatomical measurements were as follows;

Length of femur - 18 inches (tip of articulating surface
to greater trochanter)

Pelvis: ~~INTERMEDIATE~~

Interspinous - 9 7/8 inches

Intertrochanteric - 13 1/2 inches

Interischial - 5 inches

/s/ Jack A. Dillahunt
O-393952, Maj., MC

A CERTIFIED TRUE COPY

Harold V. Grove
HAROLD V. GROVE

1st Lt., QMC, GRO