

OMGMT 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-2066 AGRS Mausoleum Manila formerly X-3189 Manila #2
Unknown X-1973 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
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

3364

*File
11 Aug 50
Allas
Dum...*

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

3 425

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

FOR THE QUARTERMASTER GENERAL:

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

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

REB

NJS

bpm
1
/fbp

Interred 1 Jul 1949
L 5 48 Ft. McKinley
H-88
Care Work
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00082

DATE
15 06 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN X	000236		0	
CEMETERY	DISPOSITION OF REMAINS			
USAF CEMETERY MANILA NO 2	7701 80			
LOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
2	8	1021	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 - 236			30 Dec '45	21 Sept '48
UNK X - 719 (Maus)				
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		C. MAYLEF FANN Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
Two Remains Tags - UNKNOWN X-719, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET
DATE 21 Sept '48 BY C. MAYLEF FANN

CASKET SEALED BY
C. MAYLEF FANN
EMBALMER (Signature)
C. Mayleef Fann
C. MAYLEF FANN

CASKET BOXED AND MARKED
DATE 21 Sept '48 BY HONORABLE ATTILSON, Sgt Inf CHARLES P. BATES, 1st Lt., USAFR
SHIPPING ADDRESS VERIFIED BY

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

Charles P. Bates
CHARLES R. BATES, 1st Lt., USAFR
SIGNATURE OF GRS INSPECTOR

RECEIVED
RECORDED
JUL 20 1948
30 AM

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

1 AUG 1948
REPATRIATION
BRANCH
MCM, G.W.

NAN

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 1 JUL 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 CEMETERY	DATE	SIGNATURE OF RECEIVER [Signature]	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

6 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 236 , Plot 2 ,
Row 8 , Grave 1021 , 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. McENEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 5 June 49 OQMG
Not identifiable from
information presently
available

G. Reynolds 6-9-49

Incls. #4

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-719 (Formerly Unk X-236 Manila No. 2)				2. DATE OF REPORT 6 May 1949	
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.		4. PLOT 801	5. ROW F	6. GRAVE 1407	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UPD	9. ESTIMATED HEIGHT UPD	10. COLOR OF HAIR UPD	11. RACE Unknown
----------------------------	----------------------------	--------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UPD

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE


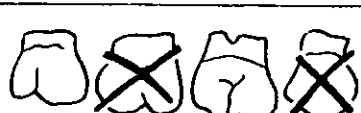




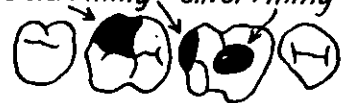



17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

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

Incls #42

TOOTH CHART

<p>18. 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>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
MANDIBLE								MISSING							
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."

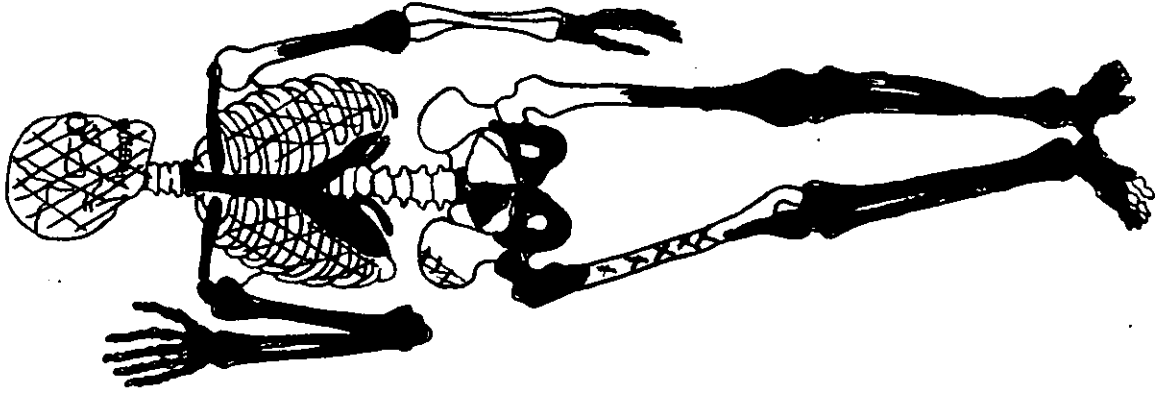
No loose teeth present with the remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 - 4 lbs.

BY REASON OF LACK OF SUFFICIENT EVIDENCE TO IDENTIFY

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)

(Formerly UNK X-236)
 Unknown X-719 (USAF Cem Manila #2, P.I.)
 Cemetery AGRS MAUSOLEUM, MANILA, P.I.
 Plot 801 HANGER F BAY GRYE Grave 1407

AGRS CIP MAUSOLEUM, MANILA, P.I.

1. Arrived at cemetery 10 Oct 47
(Hour) (Date)

2. Place of death Unknown
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

C. M. T. #1

3. Remains recovered or disinterred by _____
(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 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, 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) Eyebrows (Color, bushiness, extent across nose)

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

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

Teeth (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches (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 U
T
D

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

..... (Unusual characteristics of fingernails)

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

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

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

Hernioplasty (Yes-no; location)

Legs (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

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

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

No

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

If not, explain Due to condition of remains.

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

9. Remarks No ROI bottle nor I.D. tags received with remains. No
personal effects found. Remains are badly mangled.
Weight of remains is estimated about 4 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)

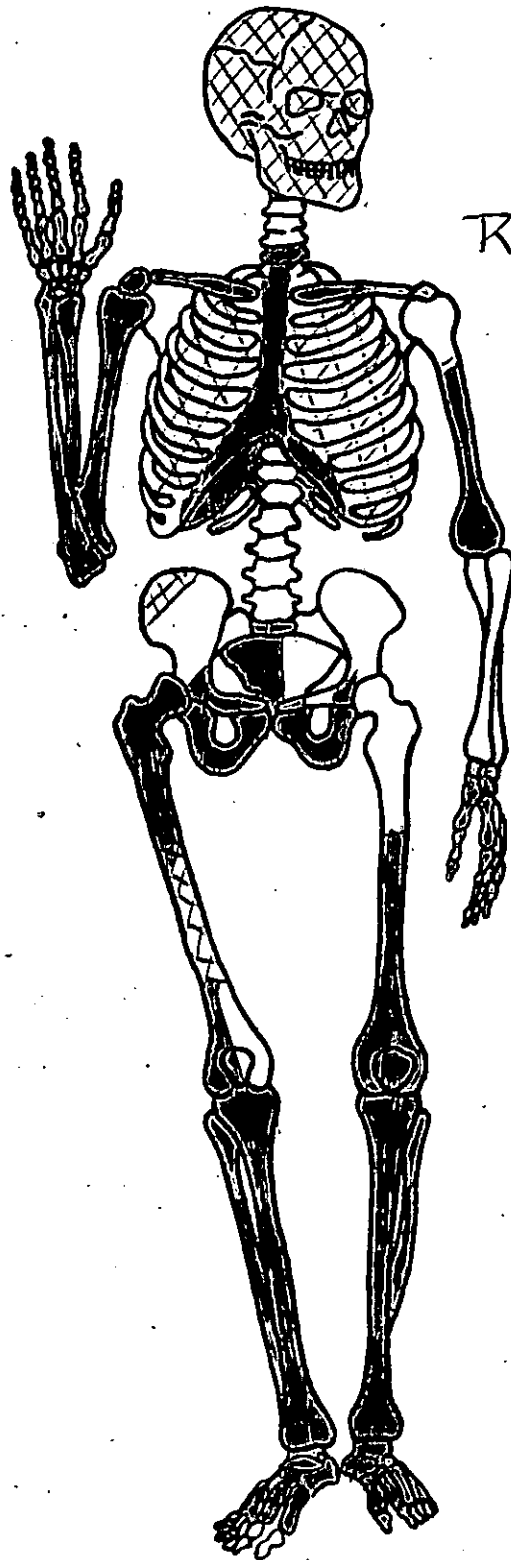
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-719

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Rib fragments



APR 29 1948

RESTRICTED

U 92

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

15 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-719 (Formerly UNK X-236
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

Unknown

CAUSE OF DEATH

KIA_EA-Head, legs, both blown off,
body badly mangled.

DATE OF DEATH

30 Dec 1944

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

RE. RECORDS BRANCH
 DEC 22 2 56 PM '47
 MEMORIAL DIVISION

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

13 Oct 47

HOUR

1000

BURIED IN (Shroud, blanket, or name of other)

STORED
Casket

TYPE OF GRAVE
MARKER

None

PLOT No.
HANGER

801

ROW No.
BAY

F

GRAVE No.
CRYPT

1407

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.

1021

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-721

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.
CRYPT
1409

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

STORED
UNKNOWN X-716

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.
CRYPT
1405

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.

Ref: 566

RESTRICTED

Section I - 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.

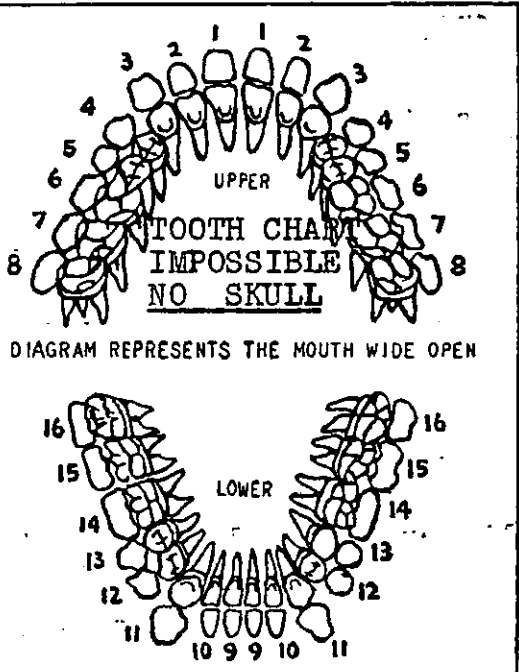
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

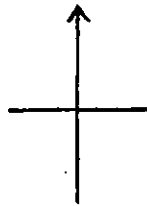
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	
CAVITIES	
MISSING TEETH	
CROWNED TEETH	
BRIDGE WORK	



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



REMARKS:

Identification Check List accomplished.

18 NOV 1947

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

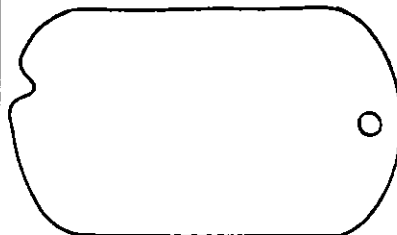
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

5 January 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X - 236
(Formerly Unknown X-6 USAF Cem. San Jose
No. 1, Mindoro, P. I.)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

K.I.A.-E.A.-Head, legs, both blown off, body
badly mangled.

30 December 1944

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

Jan 14/10

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 No. 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. 1945	1100	Shelter Half	Cross	2	8	1021

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 No. 1, Mindoro, P. I.
86.8-05.7

PLOT No.	ROW No.	GRAVE No.
1	5	63

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 - 235 (Formerly Unknown X-2
USAF Cem. San Jose No.1, Mindoro, P. I.)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

USN

1020

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)
UNKNOWN X - 237 (Formerly Unknown X-12
USAF Cem. San Jose No.1, Mindoro, P. I.)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1022

SIGNATURE OF PERSON PREPARING REPORT

R. C. Barrett
R. C. BARRETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. M. Moore
E. M. MOORE, 1st Lt., QMC.

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

Jan 90

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.

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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

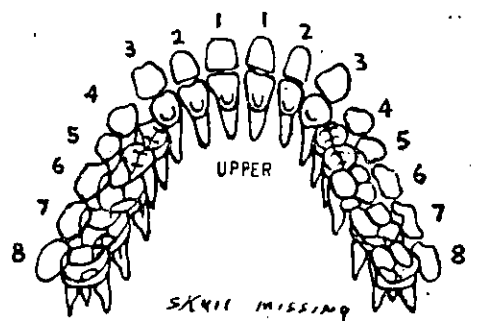
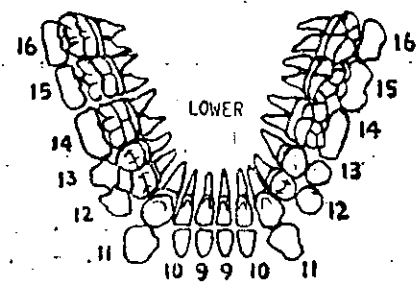


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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)

20 Jan 45
U 92

Unknown X-6

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
			30 Dec 1944	KIA-EA-head	legs both blown off
(Place of death)	(Date of death)			body badly mangled	
0930 3 Jan 1945	USAF Cem San Jose No. 1 Mindoro PI			86.8-05.7	
(Time and date of burial)	(Name of cemetery)			(Name or co-ordinates of location)	

63	5	1	V-shaped
(Grave number)	(Row number)	(Plot number)	(Type of marker—Regulation V-shaped or other)
Disposition of identification tags: Buried with body Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Attached to marker Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

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	Fischer Glenn	3293289	S 1/c	USN	62
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)
Body buried on LEFT	Unknown X-7				64
	(Name)	(Serial number)	(Rank)	(Organization)	(Grave number)

(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) 140

RESTRICTED Auth AR 30-1815C over 21 E. O'Broth 9/27/50

~~CONFIDENTIAL~~

