

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

AFO 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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

25 June 1949


                      
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-24, Plot 1,  
Row 9, Grave 1119, 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, QMC  
Chief, Records Branch

Attach: Form 1044

Received 2-1-49                       
Not identifiable from  
information presently  
available: L. M. White  
Ident. Br.

*Encl. #1*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown A-350 (Formerly Unit A-24 Manila #2)				2. DATE OF REPORT 25 June 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT
	801	K	3229		

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

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

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"

Encl # 12

18.

TOOTH CHART

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



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



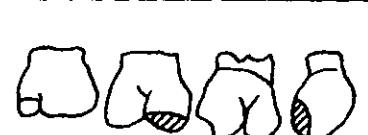
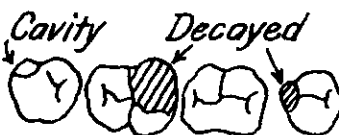
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



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 R								M I N D I B I L A R							
<del>Side View</del>															
<del>UPPER</del>															
<del>LOWER</del>															
<del>Side View</del>															
M A N D I B L E								M I N D I B I L A R							
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."

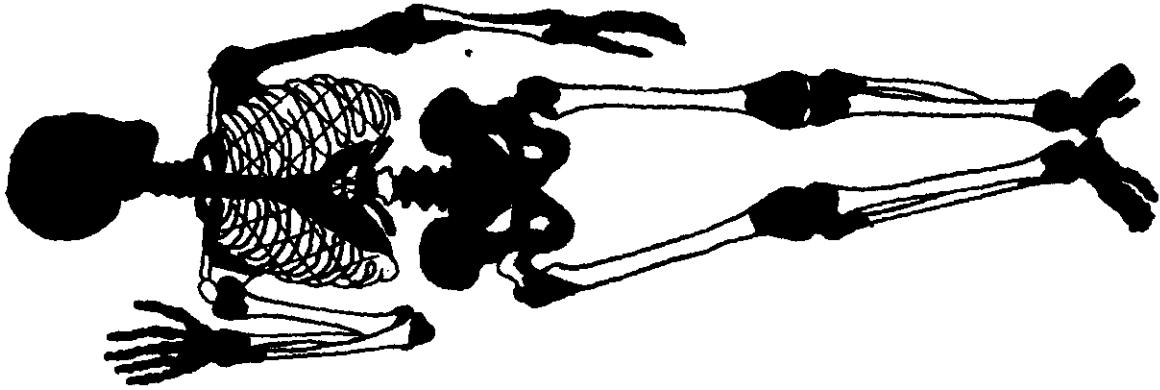
No loose teeth present with remains .

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James J. McDermodt  
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 XOL, identification tags or personal effects found with remains.  
Estimated weight of remains - 5 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

JAMES J. McDERMOTT  
Laboratory Officer, OIF

SIGNATURE

### IDENTIFICATION CHECK LIST

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

UNKNOWN X-350 (Formerly  
Unknown X-24 USAF Cem Manila #2)  
Cemetery AGRS Mausoleum, Manila, PI.  
Plot 801 <sup>HANGER BAY CRYPT</sup> Row K Grave 3229

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death San Narciso Lajah Area, Luzon, P. I.  
(Name of closest town) (Coordinates and letter Prefix, maps)  
  
\_\_\_\_\_  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by C.M.T. #1, Cem #2, Manila, PI.  
(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		N	
Mackinaw		O	
Sweater		N	
Jacket, HBT		E	
* Shirt, Wool OD			
Undershirt, Wool			
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

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)      U  
D Arms ..... (Length, muscular, color, extent and quantity of hair)

Hands ..... (Unusual characteristics of fingernails)

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

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 ..... (Inscam, 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.

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





# IDENTIFICATION DENTAL CHART

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

7 Aug 46

UNKNOWN X - 24

DATE

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
San Narciso Iajah Area, PLACE OF DEATH Luzon, P.I.			USAF Cem. Manila #2 PLACE OF BURIAL	1 9 1119 PLOT ROW GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8															
	RIGHT															LEFT															
	UPPER TEETH																														
TYPE																		TYPE													
LOCATION																		LOCATION													

*Impaction*

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16															
	RIGHT															LEFT															
	LOWER TEETH																														
TYPE																	TYPE														
LOCATION																	LOCATION														

*Wing, Missing*

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
EXTRACTED	AMALGAM (SILVER)	MESIAL (BETWEEN-TOWARD FRONT)
CAVITY. INDICATE LOCATION	GOLD	OCCLUSAL (BITING SURFACE BACK TEETH)
FIXED BRIDGE (INCL. ADJUSTMENTS)	SILICATE OR PORCELAIN	DISTAL (BETWEEN-TOWARD BACK)
TEETH REPLACED BY DENTURE	OXYPHOSPHATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

26

/bpm -  
1  
/fbp

Interred 2 9  
L 16 11 McKinley  
*Carl R. H. ...*  
DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER  
7747 00011  
DATE  
15 06 48  
DAY MONTH YEAR

NAME  
UNKNOWN X-000024  
SERIAL NUMBER  
RANK  
ARM  
Q  
DATE OF DEATH

CEMETERY  
USAF CEMETERY MANILA NO 2  
DISPOSITION OF REMAINS  
O 7701 80  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
1 9 1119 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-24  
UNK X-350 (Maus)  
SERIAL NUMBER  
RANK  
DATE OF DEATH  
DATE DISINTERRED  
22 Sept 48  
IDENTIFICATION TAG ON  
3 REMAINS  
1 MARKER  
ORGANIZATION  
UNKNOWN  
RELIGION  
IDENTIFICATION VERIFIED BY  
GEORGE L. MIX  
Embalmer  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Shelter Half  
CONDITION OF REMAINS  
Skeletal

OTHER MEANS OF IDENTIFICATION  
Grave #1119 Row #9 Plot #1

MINOR DISCREPANCIES /  
Mausoleum Tags shows: UNKNOWN X-350

REMAINS PREPARED AND PLACED IN CASKET  
DATE 22 Sept '48 BY GEORGE L. MIX

CASKET SEALED BY  
GEORGE L. MIX  
EMBALMER (Signature)  
*George L. Mix*  
GEORGE L. MIX

CASKET BOXED AND MARKED  
DATE 22 Sept '48 BY HORACE L ALLISON, Sgt Inf  
SHIPPING ADDRESS VERIFIED BY  
CORSINE C. KAYANAN, 1st Lt., Inf

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

*Corsine C. Kayanan*  
CORSINE C. KAYANAN, 1st Lt., Inf  
SIGNATURE OF ORS INSPECTOR

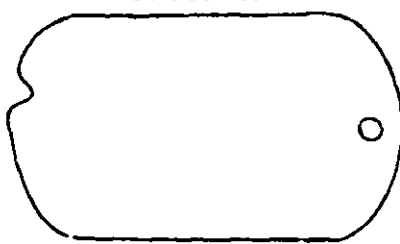
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

MAY 20 1949

RESTRICTED

U 90

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <b>3 Oct 1947</b>
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Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial) <b>UNKNOWN X-350 (Formerly UNKNOWN X-24 USAF Cem Manila #2, Luzon, P. I.)</b>		SERIAL No. <b>Unknown</b>
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>San Narciso Lajah Area, Luzon, P. I.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>Yes (2)</b>	

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.

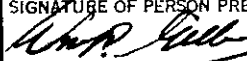
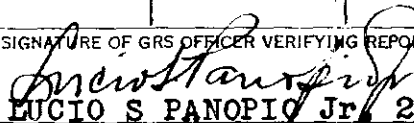
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**AGRS MAUSOLEUM, MANILA, P.I.**

DATE OF BURIAL <b>30 Sept 1947</b>	STORAGE <b>STORAGE</b>	HOUR <b>0900</b>	BURIED IN STORED (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. RANGER <b>801</b>	ROW No. BAY <b>K</b>	GRAVE No. CRYPT <b>3229</b>
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WAS THIS A REBURIAL? (Yes or no) <b>RESTORED</b> <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cem Manila #2, Luzon, P. I.</b>			PLOT No. <b>1</b>	ROW No. <b>9</b>	GRAVE No. <b>1119</b>
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>STORED</b> <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>STORED</b> <b>UNKNOWN X-352</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT</b> <b>3231</b>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>STORED</b> <b>UNKNOWN X-348</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT</b> <b>3227</b>

SIGNATURE OF PERSON PREPARING REPORT  <b>Wm R GILBERT, Adm Asst</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>LUCIO S PANOPIO Jr, 2d Lt INF</b>
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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

474

Graves Registration  
Form No. 1  
(Revised May 11, 1945)

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

119 90 U 90

UNKNOWN X - 24 Unknown Unknown  
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)  
San Narciso Tadjah Area, Luzon, P. I. Unknown.  
(Place of death) (Cause of death)  
2000 hrs. 18 May, 1945 USAF Cemetery Manila #2, Luzon, P. I.  
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)  
**RE-BURIAL**

1119 9 1 CROSS REGULATION  
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes  No  Attached to marker Yes  No

**Religion**

Remains Disinterred from Grave #257, USAF  
Cemetery Olongapo #257, Zambales, Luzon, P. I. (as Unknown X-18.)

(If no identification tags, what means of identification are buried with the body?)  
Report of interment buried in bottle with body.

(If no identification tags, but identify definitely established, give parent's name)

Body buried on **RIGHT** NAME: Franklin J. . . . . 245853 Lt(JG) Boat #358 1120  
(Name) (Serial number) (Rank) (Organization) (Grave number)  
Body buried on **LEFT** PERDINS, Arthur O. . . . . 53888458 Pvt., Co. A, 34th Inf. 1118  
(Name) (Serial number) (Rank) (Organization) (Grave number)

UNKNOWN.

(Name and address of EMERGENCY ADDRESSES)

List only personal effects **FOUND ON BODY** and disposition of same:

(Name and address of LEGAL NEXT-OF-KIN)

NONE

**RESTRICTED**

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Graves Registration  
Form No. 1  
(Revised May 11, 1943)  
REPORT OF INTERMENT  
(TM 10-630 and AR 30-1815)

U30

UNKNOWN X-8 (Last name) (First) (Initial) (Serial No.) (Rank) (Org.)

Sanmarcise Lejahn Area, Luzon P.I. (Date of Death) (Cause of Death)

1500 27 Feb 1945 USAF Cemetery Olongapo No. 2, Zambales, Luzon P.I. (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

257 13 1 (Grave number) (Row number) (Plot number) (Type of marker) Regulation Cross

Disp. of ident. tags: Buried w/body Yes  No  Attached to marker Yes  No   
P.O.I. buried w/body. Stamped tag atchd to marker. Religion  
(If no identification tags, what means of identification are buried with body?)

(If no identification tags, but identity definitely established give particulars) 258  
Body buried on RIGHT LINDQUIST, ROBERT E. R/1/c USNR USS Saunter

Body buried on LEFT LANE, J. FRANKLIN 245-853 Lt (JG) Motor Torpedo Boat #358  
(Name) (Serial No.) (Rank) (Org.) (Grave No.)  
(Name) (Serial No.) (Rank) (Org.) (Grave No.)

(Name and address of EMERGENCY ADDRESS) (Name and address of LEGAL NEXT OF KIN)  
List only personal effects FOUND ON BODY and disposition of same: None.  
(21)

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