

QUEST 293
QRS Far East

7 November 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General
Philippine Air Command
AP 74, c/o Postmaster
San Francisco, California

ATTN: AGPS, PHILIPPINE AIR

1. Reference is made to certificates of Unidentifiability for the following Unknown Deceased:

Unknown	X-596,	AGPS Houselous, Manila, formerly	X-104,	USAF Com., Manila #2
"	X-1408,	"	"	"
"	X-1012,	"	"	"
"	X-1026,	"	"	"
"	X-1643,	"	"	"
"	X-2435,	"	"	"
"	X-2734,	"	"	"
"	X-924,	"	"	"
"	X-728,	"	"	"
"	X-4728,	"	"	"
"	X-4153,	USAF Cemetery Manila #2, P.I.	X-3999,	"
			X-3944,	"
			X-3882,	"
			X-3476,	"
			X-3137,	"
			X-2917,	"
			X-449,	"
			X-245,	"
			X-1393,	"

2. Recommendations for Unidentifiability have been approved by this office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

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

T. Sanborn: dal
L. H. White
J. Windsor

*File
15 Nov 49
A*

HEADQUARTERS
PHILIPPINES AIR COMMAND

GSGR 293

AFO 74

SUBJECT: Unidentifiable Remains

OCT 20 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-205	Island Command	UNKNOWN X-1112	AGRS Mslm
" X-596	AGRS Mslm	" X-1408	" "
" X-728	" "	" X-1479	" "
" X-924,	" "	" X-1486	" "
" X-978	" "	" X-1643	" "
" X-1012	" "	" X-2435	" "
" X-1026	" "	" X-2734	" "

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

FOR THE COMMANDING GENERAL:

14 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

WILLIAM C. HORNEY, Jr.
CAPT. USAF
ASST. ADJ GEN

mfc
bpm

1

Interred 7 Mar 1950
N 14 98 Ft. Mc Kinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00096

DATE
15 06 48
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWNX-000245		0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
2	9	1159	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
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNK X-245 UNK X-728 (Maus)				21 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY C. MAXLEE FANN Embalmers NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /
Two (2) Remains Tags - UNK X-728 (Maus)

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

CASKET SEALED BY
C. MAXLEE FANN
EMBALMER (Signature)
C. Maxlee Fann
C. MAXLEE FANN

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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

REMARKS
ERRORS
[Handwritten]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Levertmark</i>	DATE MAR 7 1950

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 ПРИКОМ	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ПІГІТЬБІНЕ ІСГВІДС ЛОБІ МКІМІГЕЛ СЕМЕТЕВА	DATE	SIGNATURE OF RECEIVER ПІГІТЬБІНЕ ІСГВІДС	DATE

6. SHIPPED

FROM S O TPO BИГІТЬБІНЕ		TO I.C.P.V.A.D.S	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER ВЕЛІКА НАВІ	DATE 10	SIGNATURE OF RECEIVER O.S.S.D.S	DATE 10

ПРИКОМ ШИПЕД

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

CP O'Donnell

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

19 Sept 1949

Date

SUBJECT: Unidentifiable Remains
TO : The Quartermaster ;
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 245, Plot 2,
Row 9, Grave 1159, USMC USAF Cem. Manila #2 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:

[Handwritten Signature]

M. B. McNEMAR
Captain, QMC
Chief, Records Branch

Attach: Form 1044

Received 11/2/49
Not identifiable from
information presently
available

Sarban. T 11/2/49

Incl 3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-728 (Formerly UNK X-245 Manila #2)				2. DATE OF REPORT 21 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	F	1415	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT	10. COLOR OF HAIR U T D	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? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES 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"

Incl 3

	TOP VIEW	SIDE VIEW
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:		

Fractured

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Maxilla		P					P	P	P						P	
Missing																
Side Views																
Top Views																
Side Views																
			A	A	P		P	P	P					X		
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Partially Impacted

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

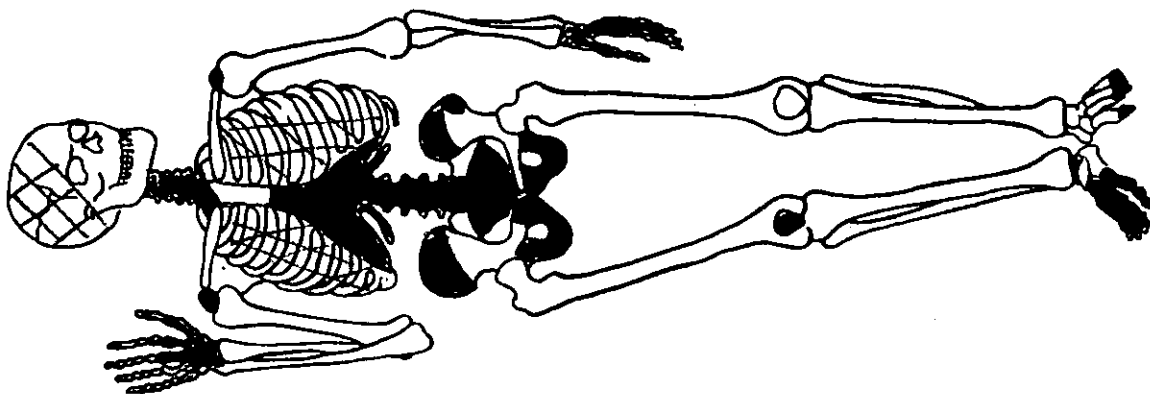
"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

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 - 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

PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE

Paul R. Nichols

X-228

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.

(Formerly UNK X-245)

10 Oct 47

UNK X-728 (USAF Cem Manila #2, P.I.) Unknown

DATE
Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown

Camp O'Donnell, UNIT POW ORGANIZATION
Camp, Luzon, P.I. AGRS Mausoleum, Manila, P.I. 801 F 1415
PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.
HANGER BAY CRYPT

maxilla missing

maxilla missing















TYPE																							TYPE
LOCATION																							LOCATION

INSIDE — LOOKING OUT

impacted

TYPE																							TYPE
LOCATION																							LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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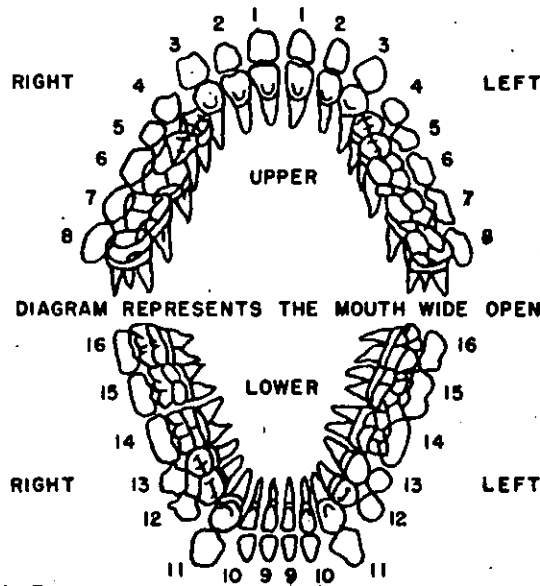
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Rest of teeth in good condition

/s/ Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ EDWIN GREGUREK T/5
NAME AND RANK TYPED OR PRINTED

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

/s/ Edward H. Marshall
VERIFIED BY GRS OFFICER

SP-8 C-062874
NAME AND RANK TYPED OR PRINTED

10 Oct 1947
DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-245)
 Unknown X-728 (USAF Cem Manila #2, P.I.)
 Cemetery AGRS MAUSOLEUM, MANILA, P.I.
 Plot 801 Row HANGER F BAY Grave 415

AGRS MAUSOLEUM, MANILA, P.I.

1. Arrived at cemetery 10 Oct 1947
 Camp Gold Donnell Date POW
2. Place of death Camp, Luzon, P.I.
 (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	/		
Sweater	/		
Jacket, HBT	/		
* 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 _____
T (Light, medium, dark, clear, pimples, pocks, freckles)

Build _____
D (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 Eyebrows
 (Color, setting, shape) (Color, bushiness, extent across nose)

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

Hernioplasty
 (Yes-no/ location)

Legs
 (Muscular, 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 ROI, I.D. tag, nor burial bottle found with remains. No personal effects found. Nothing else found to warrant identification. Estimated weight of remains 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/ Edward H. Marshall

(Officer's Name)

SP-8 C-062874

Rank

Service

AGRS MAUSOLEUM, MANILA, P.I.

(Organization)

10 Oct 1947

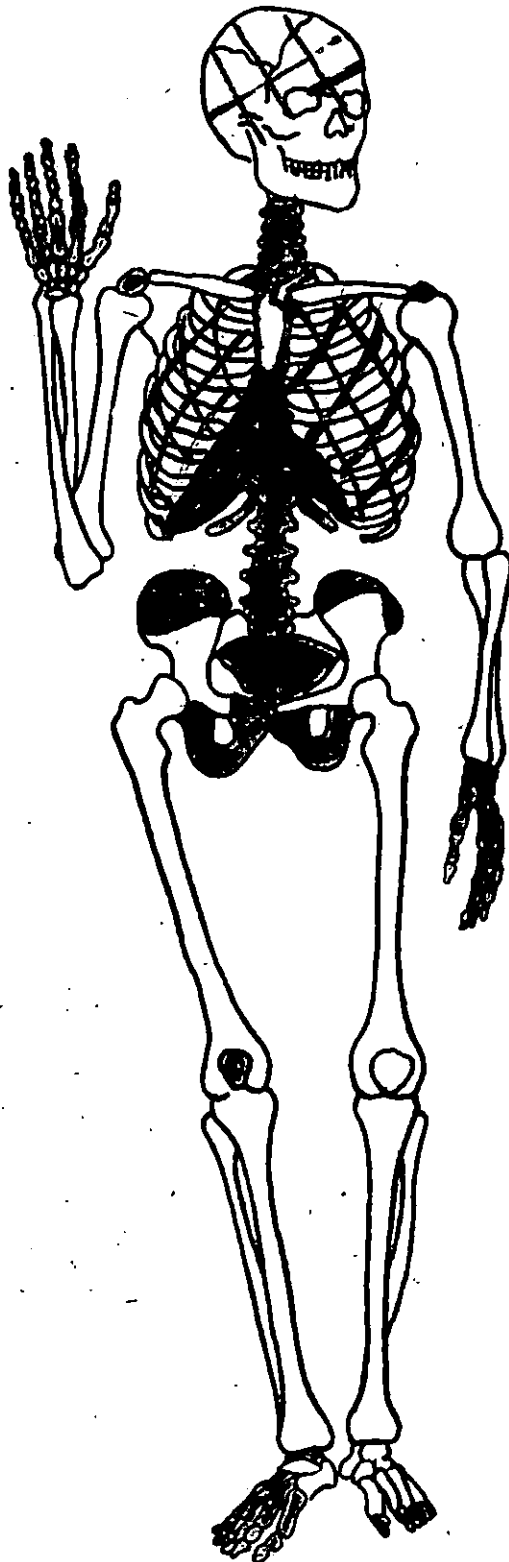
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-728

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





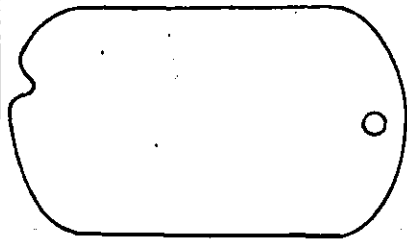
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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-728 (Formerly UNK X-245
USAF Cem Manila #2, Luzon, P.I.)

SERIAL NO.
Unknown

GRADE
Unknown

ORGANIZATION
Unknown

BRANCH OF SERVICE
Unknown

RACE
Unknown

RELIGION
Unknown

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

PLACE OF DEATH
Camp O'Donnell; POW
Camp, Luzon, P. I.

CAUSE OF DEATH
Unknown

DATE OF DEATH
Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

MEMORIAL DIVISION
Dec 22 2 57 PM '47
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

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: 1415
--	--------------	---	------------------------------	---------------------------	---------------------	-----------------------------

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. 9	GRAVE No. 1159
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TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED
Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)
STORED
UNKNOWN X-731

RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 1417
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)
STORED
UNKNOWN X-725

RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 1413
------	------------	--------------	----------------------------

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.

of 574

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


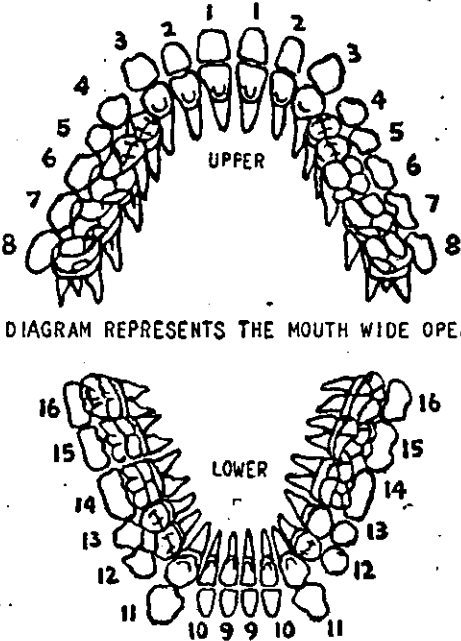




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

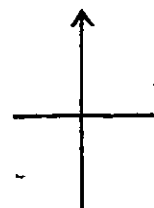
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

<p>FILLINGS</p>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p>CAVITIES</p>	 <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>	 <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>	 <p>GOLD BRIDGE</p>	
<p>LEFT LITTLE FINGER</p>	<p>LEFT RING FINGER</p>	
<p>LEFT MIDDLE FINGER</p>	<p>LEFT INDEX FINGER</p>	
<p>LEFT THUMB</p>	<p>RIGHT THUMB</p>	
<p>RIGHT THUMB</p>	<p>RIGHT INDEX FINGER</p>	
<p>RIGHT MIDDLE FINGER</p>	<p>RIGHT RING FINGER</p>	
<p>RIGHT LITTLE FINGER</p>	<p>REMARKS:</p>	

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



Identification Check List and Dental Chart
accomplished.

RESTRICTED

U-979

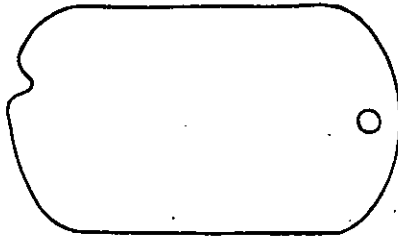
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

8 Dec. 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- 245 (Cem. Manila #2) (Formerly Unknown -X-40 (Camp O'Donnel Cem.))		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Camp O'Donnel, POW Camp, Luzon, P. I.	CAUSE OF DEATH	DATE OF DEATH
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EMERGENCY ADDRESSEE (Name, relationship, and address)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Serial 1437

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.
14 Dec. 45	1100	Shelter half	Cross	2	9	1159

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
	American POW Cemetery Camp O'Donnel, Luzon, P. I.	J	7	9

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) HENDERSON, Donald D.	RANK 2d Lt.	SERIAL No. 0779454	ORGANIZATION AC	GRAVE No. 1158
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 246 (Cem. Manila #2) (Formerly Unknown-X-42 (Camp O'Donnel Cem.))	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1160
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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. QMC.
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Serial 82

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.

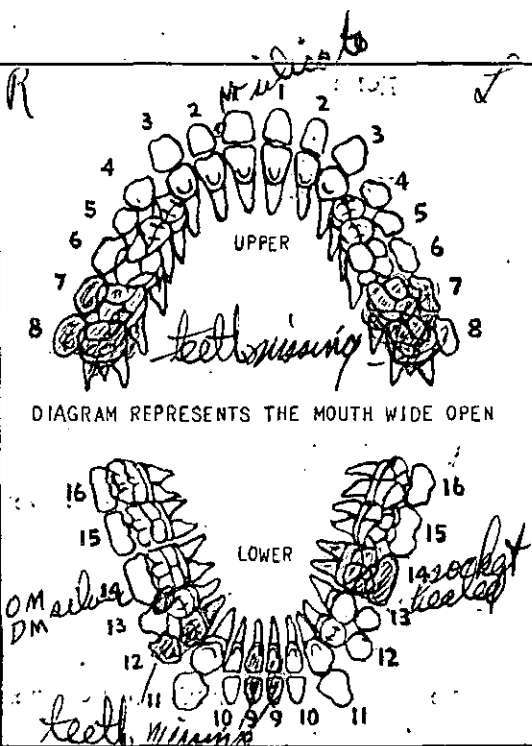
18 FEB 1948

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

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

OTHER IDENTIFICATION CLUES

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



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



REMARKS: