

QUART 293
GMS Far East

23 November 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding Officer
American Graves Registration Service
Philosa Zone
APO 900, c/o Postmaster
San Francisco, California

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

Unknown	X-125,	AGRS	Manila,	Manila,	formerly	X-277,	USAF	Gen.	Man.	#2,	P.I.
"	X-600,	"	"	"	"	X-111,	"	"	"	#2,	P.I.
"	X-602,	"	"	"	"	X-112,	"	"	"	#2,	P.I.
"	X-619,	"	"	"	"	X-214,	"	"	"	#2,	P.I.
"	X-792,	"	"	"	"	X-307,	"	"	"	#2,	P.I.
"	X-851,	"	"	"	"	X-351,	"	"	"	#2,	P.I.
"	X-886,	"	"	"	"	X-420,	"	"	"	#2,	P.I.
"	X-1501,	"	"	"	"	X-671,	"	"	"	#2,	P.I.
"	X-2501,	"	"	"	"	X-2138,	"	"	"	#2,	P.I.
"	X-2361,	"	"	"	"	X-2333,	"	"	"	#2,	P.I.
"	X-1747,	"	"	"	"	X-598,	"	"	"	#2,	P.I.
"	X-1792,	"	"	"	"	X-650,	"	"	"	#2,	P.I.
"	X-1100,	USAF	Gen.	Man.	#2,	P.I.,	formerly	X-119-B,	AGRS	Man.	Man.

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

FOR THE QUARTERMASTER GENERAL:

T. H. WHITE
Lt. Colonel, AGC
Memorial Division

REB

cc: Adm. Section
S. Littlejohn
L. M. White
J. Windsor

TSC

cc: CINCPAC

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCORN ZONE

ORPZ 293

APO 900
28 October 1949

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGMU 293, ORS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Decessed, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-347	AGRS	Mslm	UNKNOWN	X-1504	AGRS	Mslm
"	X-125	"	"	"	X-2394	"	"
"	X-600	"	"	"	X-2504	"	"
"	X-601	"	"	"	X-2506	"	"
"	X-699	"	"	"	X-2733	"	"
"	X-792	"	"	"	X-2864	"	"
"	X-834	"	"	"	X-4108	Manila #2	
"	X-886	"	"	"	X-4121	AGRS Mslm	
"	X-1433	"	"	"	X-4140	Manila #2	
"	X-1438	"	"	"	X-4747	AGRS Mslm	
"	X-1439	"	"	"	X-4792	"	"

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

FOR THE COMMANDING OFFICER:

22 Incls
QMG Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

/fms
1

Interred 26 Oct 1949
A 15 4 Ft. McKinley

DISINTERMENT DIRECTIVE

care of Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00184

DATE
15 06 48
DAY MONTH YEAR

NAME: UNKNOWNX-000351 SERIAL-NUMBER: RANK: ARM: 0 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: USAF CEMETERY (MANILA NO 2) DISPOSITION OF REMAINS: 0 7701 80 CODE DIST. PT.

PLOT: 2 ROW: 12 GRAVE: 1525 COUNTRY: 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-351, UNK X-838 (Maus) SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISINTERRED: 21 Sept 48
IDENTIFICATION TAG ON: 2 REMAINS, 1 MARKER ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: CLIFFORD INGROVILLE, 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: Two Identification Tags UNK X-838 (maus)

REMAINS PREPARED AND PLACED IN CASKET
DATE 21 Sept 48 BY CLIFFORD INGROVILLE

CASKET SEALED BY: CLIFFORD INGROVILLE EMBALMER (Signature): *Cliff Ingroville*
CLIFFORD INGROVILLE

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: HORACE L. ALLISON, Sgt. I.P. TEOFILO M. AMUTAN, 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.

Teofilo M. Amutan
TEOFILO M. AMUTAN, 1st Lt.

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

3
PATERSON
BRANCH

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 26 OCT 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 NAVY BRITISH ISLANDS		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER LOUIS HONIGER CEMETERY	DATE	SIGNATURE OF RECEIVER (AN ADMINISTRATIVE DECISION)	DATE

6. SHIPPED

FROM S JS 1252 BRITISH ISLANDS		TO REMOVED	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER WELLS & BA	DATE 10	SIGNATURE OF RECEIVER O. S. D.	DATE 10

REMOVED SHIPPED 10 OCT 1949

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

13 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

NOTED

The records pertaining to Unknown X- 351, Plot 2,
Row 12, Grave 1525, 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]

H. B. McNEEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 11/16/49 OQMG
Not identifiable from
information presently
available 11/21/49

[Handwritten Signatures]
Ident
B1

Incl 7'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-834 (Formerly UNK X-351 Manila #2)				2. DATE OF REPORT 17 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	B	359	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 135 Lbs	9. ESTIMATED HEIGHT 5'6"	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?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES 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


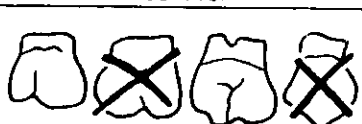
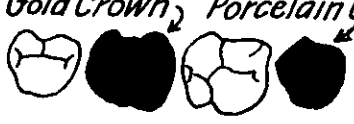





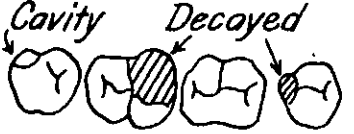

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

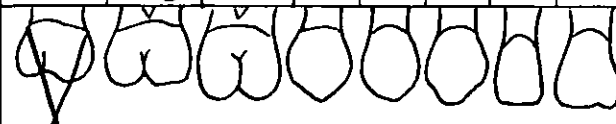
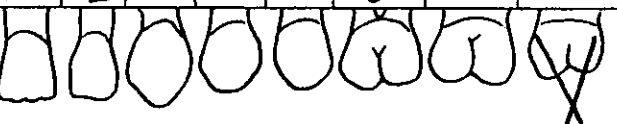
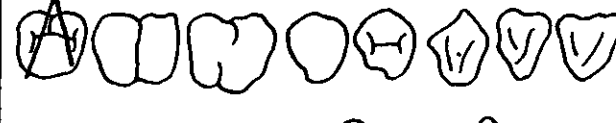

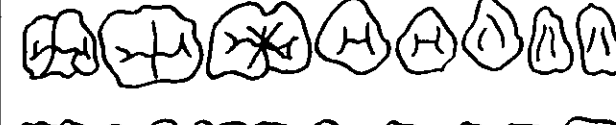


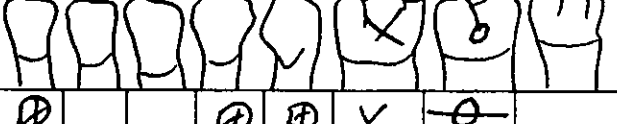
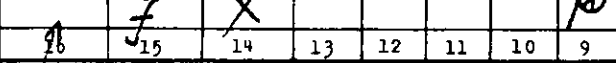
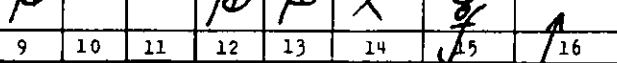
Fuller

18.

TOOTH CHART

<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>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> 	

Fractured

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
maxilla								maxilla							
missing								missing							
															
															
															
															
															
partially impacted								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."

R6 and R7 are loose present with remains.

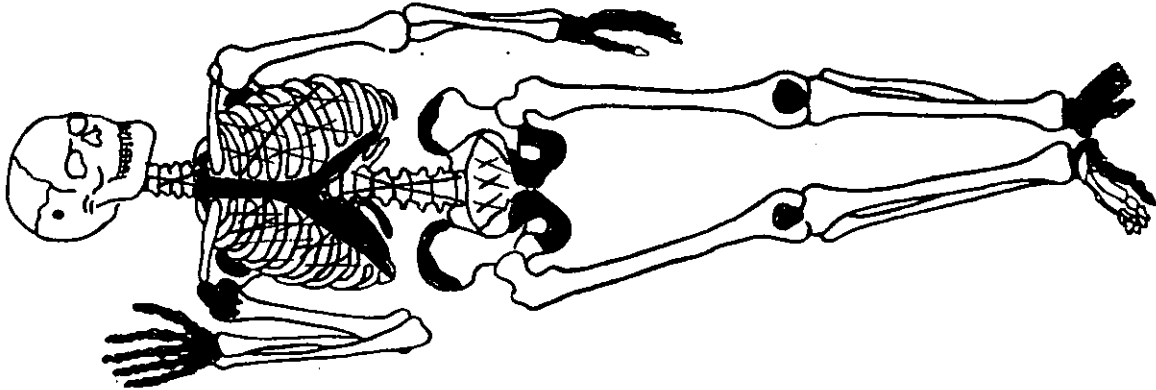
Paul R. Nichols

PAUL R NICHOLS
Chief Ident. Section

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA?

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'6"

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

IDENTIFICATION CHECK LIST

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

UNKNOWN X-834 (Formerly UNK X-351, USAF
~~Unknown X-Cem Manila #2, Luzon, P.I.~~)
 Cemetery AGRS Mausoleum Manila, P.I.
DANGER BAY CRIT
 Plot 812 Row B Grave 359

AGRS Mausoleum Manila, P.I.

1. Arrived at cemetery 15 Oct 47
(Hour) (Date)
2. Place of death Camp O'Donnell, POW Camp, 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
(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? _____

N
O
N
E

6. Description of Remains: **Skeleton only - Skeletal Chart attached.**

Age _____ Est Height **5'6"** Est Weight **135** 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 _____ (Length, heavy)

(Color, setting, shape) (Color, size, shape)

U
T
D

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 **Tooth Chart attached.**
 (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 **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, 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 burial bottle found with remains. Nothing found to warrant identification. No personal effects - 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

Rank

C-062874

Service

AGRS Mausoleum, Manila, P.I.

(Organization)

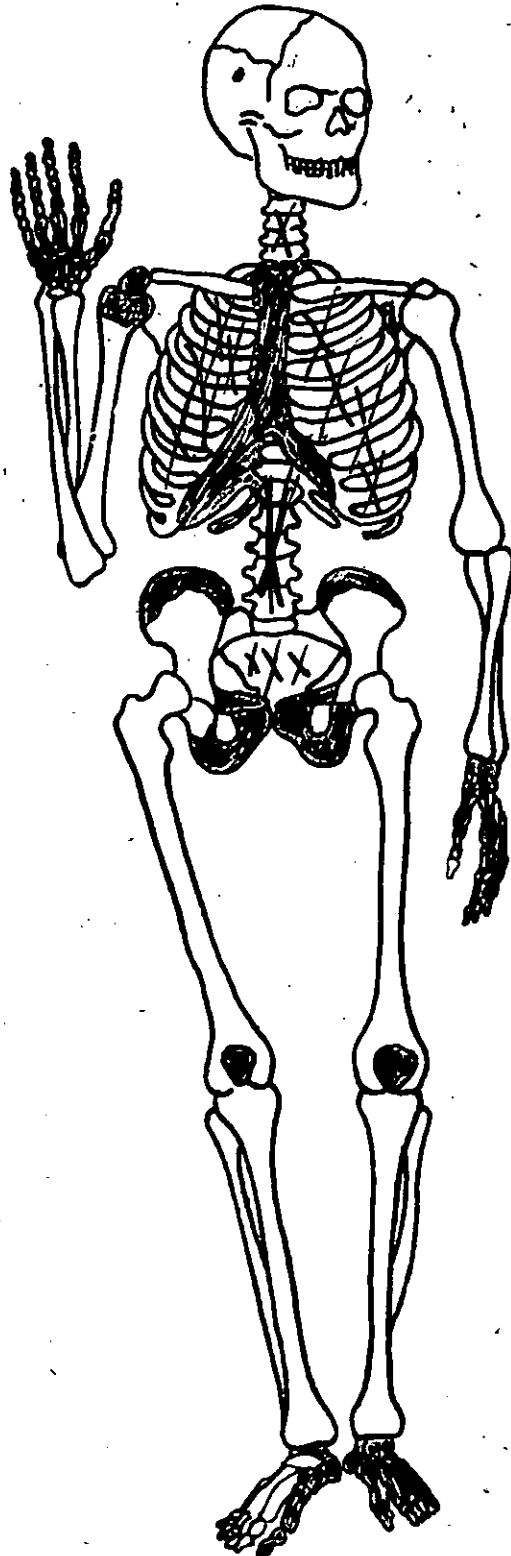
15 Oct 47

A CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T GAMBOA
2d Lt MAC

SKELETAL CHART X-834

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- X-834

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-834 (Formerly UNK X-351, USAF) 15 Oct 47
 Cem Manila #2, Luzon, P.I. DATE
 LAST NAME FIRST INITIAL RANK SERIAL NO.
 Unknown Unknown

Unknown UNIT AGRS Mausoleum ORGANIZATION
 Camp O'Donnell POW Camp, Luzon, P.I. Manila, P.I. 812 B 359
 PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT ROW GRAVE NO.
 DANGER DAY GRILL

Maxilla Missing Maxilla Missing

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

Impacted Impacted

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

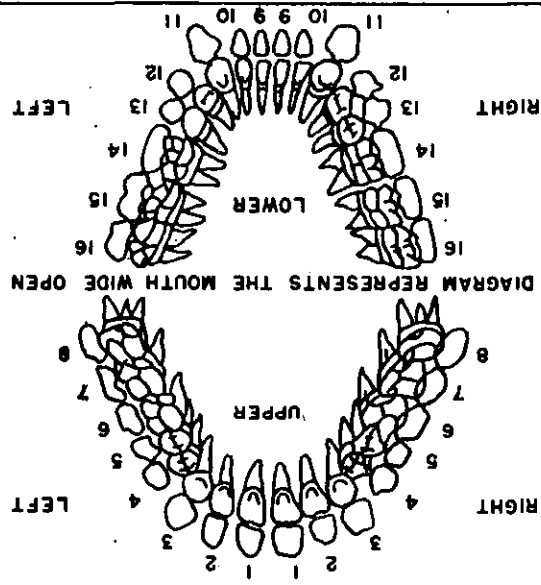
SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
EXTRACTED	AMALGAM (SILVER)	MESIAL (BETWEEN-TOWARD FRONT)
CAVITY. INDICATE LOCATION	GOLD	OCCLUSAL (BITING SURFACE BACK TEETH)
FIXED BRIDGE (INCL. ABUTMENTS)	SILICATE OR PORCELAIN	DISTAL (BETWEEN-TOWARD BACK)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

GEORGE I GAMBOA
 2d Lt MAC
 A CERTIFIED TRUE COPY:

930-PHILBYCOM-4-47-30M

<p> <u>NAME AND RANK TYPED OR PRINTED</u> /p/ EDWIN GREGUREK </p> <p> <u>SIGNATURE OF PERSON WHO PREPARED CHART</u> /s/ Edwin Gregurek </p>	<p> <u>PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED</u> C.I.P. Lab. Manila, P.I. </p> <p> <u>DATE</u> 15 Oct 47 </p>
<p> <u>NAME AND RANK TYPED OR PRINTED</u> SP-8 G-062874 </p> <p> <u>VERIFIED BY GRS OFFICER</u> /s/ Edward H. Marshall </p>	

REMARKS:



4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.
3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
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.
1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

INSTRUCTIONS:

APR 5 - 1948

RESTRICTED

U 1023

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

20 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-834 (Formerly UNK X-351, 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

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

GRS MANILA #2, LUZON, P.I.

DATE OF BURIAL
STORAGE
16 Oct 47

HOUR

0800

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

STORED
Casket

TYPE OF GRAVE
MARKER

None

PLOT No.
HANGER
812

ROW No.
BAY
B

GRAVE No.
CRYPT
359

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.
12

GRAVE No.
1525

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

STORED

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes

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

STORED

UNKNOWN X-828

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
361

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

STORED

UNKNOWN X-826

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
357

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Wm R. GILBERT, Adm. Asst.

LUCIO S PANOPPIO, Jr, 2d Lt, Inf

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

RESTRICTED

Doc 692

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


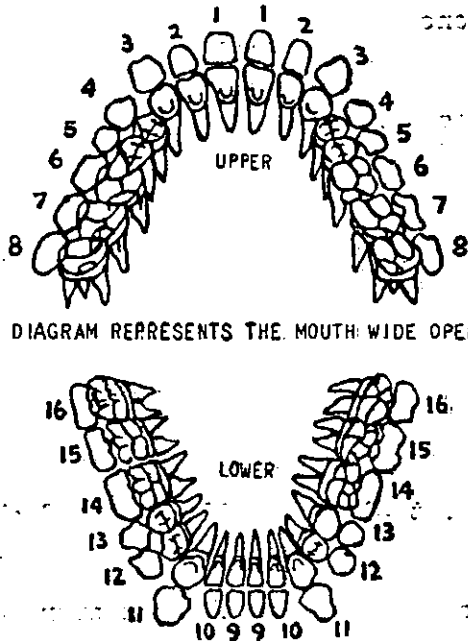




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

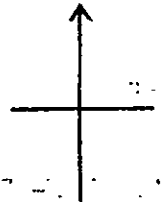
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

Identification Check List and Dental Chart accomplished.

24 NOV 1947

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

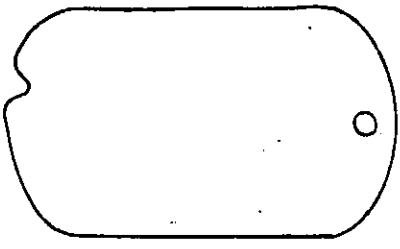

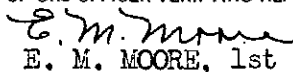
NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RX

U-1023

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 19 Jan 46	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-351 (USAF Cemetery Manila #2) Formerly UNKNOWN #36 (Cem Camp O'Donnell)			SERIAL No.		
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Camp O'Donnell POW Camp Luzon, P I		CAUSE OF DEATH			DATE OF DEATH		
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 Incl 1481 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 23 Dec 45	HOUR 0930	BURIED IN (Shroud, blanket, or name of other) Shelter Half		TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 12	GRAVE No. 1525
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE American POW Cemetery Camp O'Donnell, Luzon, P I						
				PLOT No. I	ROW No. 8	GRAVE No. 4	
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) STRUCK, Harold H			RANK	SERIAL No. 19049413	ORGANIZATION	GRAVE No. 1524	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) BEDFORD, Robert E			RANK	SERIAL No. 6735516	ORGANIZATION	GRAVE No. 1526	
SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, T/4, GRS.				SIGNATURE OF GRS OFFICER VERIFYING REPORT  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.							

Incl 24'

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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18 FEB 1949

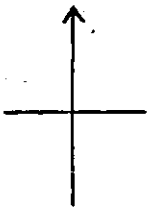
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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



REMARKS: