

QMGIT 893  
GRS Far East

11 April 1950

SUBJECT: Identification of World War II Deceased

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

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

<u>Present</u> <u>AGRS Manila Manila</u> <u>X-No.</u>	<u>Former</u> <u>USAF Com Manila #2</u> <u>X-No.</u>	<u>FMA Unit</u>	<u>Page</u>
X-1632	X-3453	1	17
X-4801	X-2213	1	11
X-836	X-353	1	6
X-835	X-352	1	6
X-427	X-279	1	5
X-696	X-213	1	4
X-693	X-208	1	4
X-692	X-207	1	4
X-697	X-312	1	4

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

FOR THE QUARTERMASTER GENERAL:

cc: Adm Section

N. McLaurin: dal  
L. M. White

THOMAS E. COX  
Capt QMC  
Memorial Division

JW

JMN

Copy furnished: CINCPAC, APO 500

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Identifiable Remains

14 MAR 1950

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 QMGBU 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 reason of lack of sufficient identifying data:

UNKNOWN X-127	AGRS Msba	UNKNOWN X-1814	AGRS Msba
" X-692	" "	" X-1730	" "
" X-693	" "	" X-1771	" "
" X-697	" "	" X-1785	" "
" X-698	" "	" X-1788	" "
" X-835	" "	" X-1796	" "
" X-836	" "	" X-1801	" "
" X-929	" "	" X-1805	" "
" X-1632	" "		

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

FOR THE COMMANDING OFFICER:

17 Incls  
QMC Forms 1044, w/Certificates  
of Unidentifiability

JOHN BRYPULA  
1st Lt., Infantry  
Adjutant

/mfc

1 /drs

Interred 13 March 1950  
C 13 96 Ft. McKinley  
*Carl R. H. Mark*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 00183

DATE  
15 06 48  
DAY MONTH YEAR

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWN X - 000352				0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					0 7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
2	12	1522	PHILIPPINE ISLANDS		6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
UNK X-352 UNK X-835 (Maus)				21 Sept 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		FORREST G. BRADEN 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 I

Two Tags UNK X-835 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 48 BY FORREST G. BRADEN

CASKET SEALED BY FORREST G. BRADEN	EMBALMER (Signature) <i>Forrest G. Braden</i> FORREST G. BRADEN
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CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
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DATE 21 Sept 48 BY HORACE L. ALLISON, Sgt. I.F. HONORIO V. AURELIO, 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.

*Honorio V. Aurelio*  
HONORIO V. AURELIO, 1st Lt., INF.  
DATE 21 Sept 48  
SIGNATURE OF GRS INSPECTOR  
R & R EE.

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Barrettmark</i>	DATE <b>MAR 1 3 1950</b>

## 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 <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>LOUIS MCKINLEY CEMETERY</b>	DATE	SIGNATURE OF RECEIVER <b>(S. MCKINLEY CEMETERY)</b>	DATE

## 6. SHIPPED

FROM <b>S. MCKINLEY CEMETERY</b>		TO <b>AGRS MAUSOLEUM</b>	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>AGRS MAUSOLEUM</b>	DATE	SIGNATURE OF RECEIVER	DATE

## UNKNOWN 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

25 Feb 1950

(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 352, Plot 2,  
Row 12, Grave 1522, 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 decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

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

Received 31 Mar 50  
Not identifiable from  
information presently  
available

*W.C. Lawrence*  
*Ident. sec*  
11 April 50

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-835 (Formerly X-352 Manila #2)</b>			2. DATE OF REPORT <b>25 Feb 1950</b>		
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>812</b>	<b>B</b>	<b>376</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 3"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>White</b>
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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

**N O N E**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? <b>Bones are eroded</b>
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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)

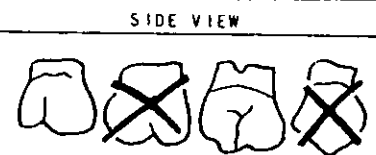
**N O N E**

**"UNIDENTIFIABLE"**

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

*Handwritten signature and date: [Signature] 6-2*

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:



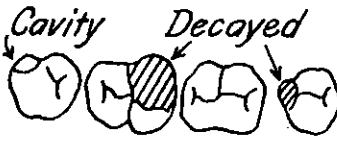
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



Maxilla

		missing								RIGHT								LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
				$\frac{0}{0}$	$\frac{10}{10}$		$\frac{10}{10}$	X	$\frac{10}{10}$	$\frac{10}{10}$	$\frac{10}{10}$	$\frac{10}{10}$			maxilla										
				$\frac{0}{0}$											missing										
Side Views																									
Top Views																									
Side Views																									
		$\frac{0}{d}$	X	X				X			X				$\frac{10}{0}$	$\frac{0}{0}$									
		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."

R6, R7 and L6 to L8 are loose present with remains.

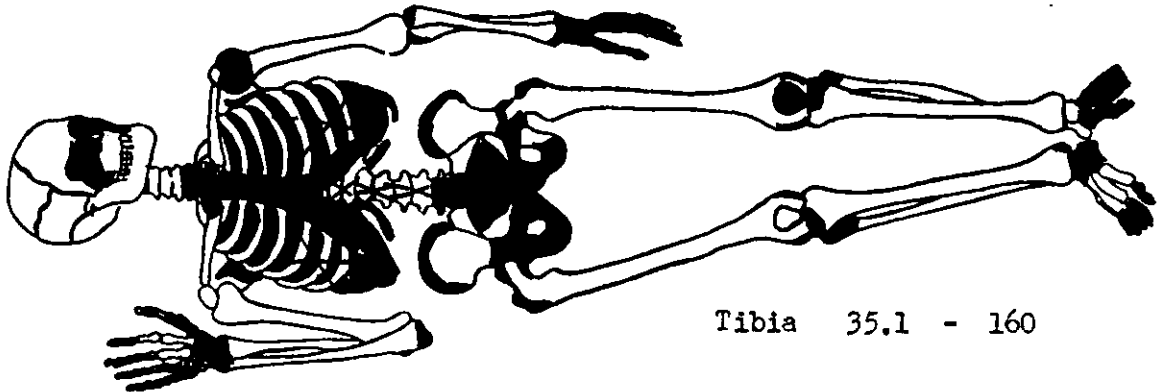
*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Identification Section

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Tibia 35.1 - 160

Estimated height - 5' 3"

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 identification tags, personal effects or any other means of identification found with remains.

Estimated weight of remains - 6 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-835 (Formerly UNK X-352 USAF)  
~~UNKNOWN Cemetery Manila #2, Luzon, PI~~  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 DANGER BAY CRYPT Row B Grave 376

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 American Graves Reg Det #1  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	_____ (Type) / _____		
Raincoat	_____ / _____		
Overcoat	_____ / _____		
Jacket, Field	_____ / _____		
Jacket, Combat	_____ / _____		
Mackinaw	_____ / _____	N	
Sweater	_____ / _____	O	
Jacket, HBT	_____ / _____	N	
* Shirt, Wool OD	_____ / _____	E	
Undershirt, Wool	_____ / _____		
Undershirt, Cotton	_____ / _____		
Trousers, HBT	_____ / _____		
* Trousers, Wool OD	_____ / _____		

Belt, web .....  
Drawers, wool .....  
Drawers, cotton .....  
Leggings, wool .....  
Socks, cotton .....  
\* Shoes ..... (type) .....

Overshoes .....  
Web Equipment ..... (type) .....  
(Other item) .....  
(Other item) .....

\* If body is nude, sizes of these items should be computed by measuring the remains  
Chevrons or  
Insignia ..... (Type & location; shirt, jacket, coat, helmet) .....

Shoulder Patch .....  
Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: **Skeletal remains only - chart attached.**

Age UTD Height 5'9" Weight 145 lbs 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, poeks, 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 ..... (Color, setting, shape) Mustache ..... (Color, size, shape) Beard or ..... (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~~<sup>skull</sup> 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 .....  
 (Inseam, 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 bottle, identification tags, or other means of identification

found with remains. Unable to determine circumference of skull due to

fragmentation. Estimated weight of remains four (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/ Edward H. Marshall

(Officer's Name)

SP - 8 C-062874

Rank Service

CIP, AGRS Mausoleum, Manila, P.I.

(Organization)

16 Oct 47

CERTIFIED TRUE COPY:

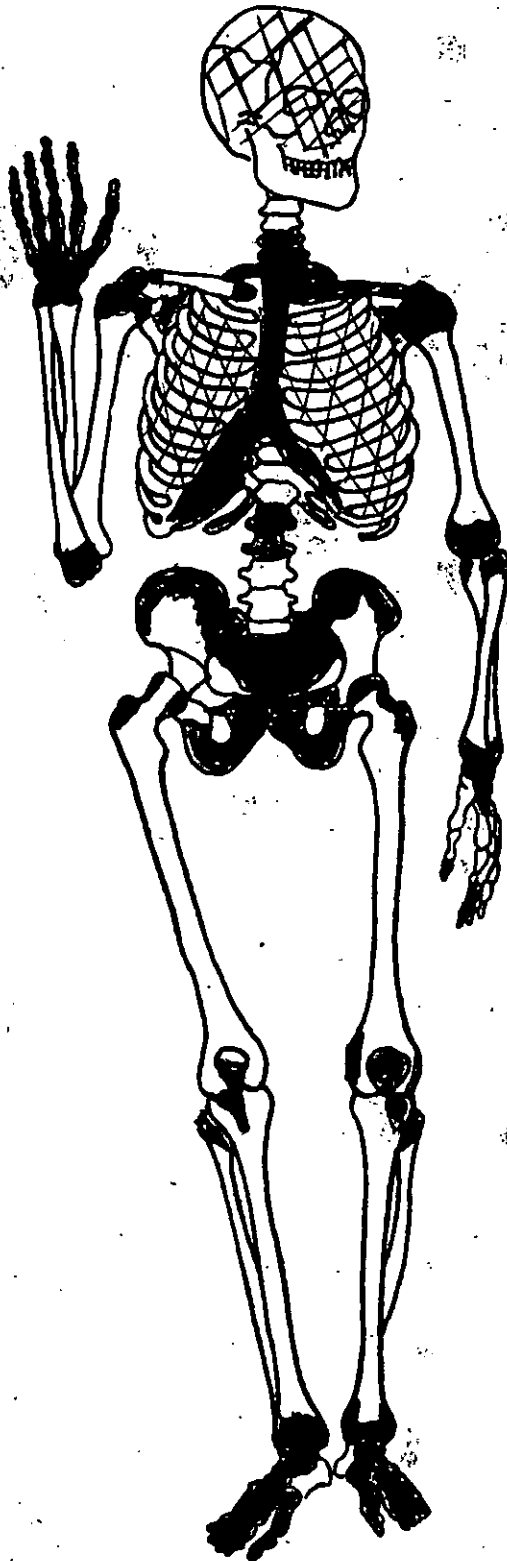
*George T. Gamboa*  
GEORGE T. GAMBOA

2d Lt., MAC

# SKELETAL CHART

X-835

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



4 Cervicle vertebrae  
9 dorsal vertebrae  
3 lumbar vertebrae  
26 Rib fragments  
Small bone fragments

X-835

# 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.

UNKNOWN X-835 (Formerly UNK X-352 USAF)

16 Oct 47

Cemetery Manila #2, Luzon, P.I.)

Unknown

Unknown

Unknown

Unknown

Camp O'Donnell <sup>UNK</sup> POW Camp,  
Luzon, P.I.

AGRS Mausoleum  
Manila, P.I.

ORGANIZATION

812

B

376

PLACE OF DEATH

PLACE OF BURIAL  
STORAGE

PLOT

ROW

GRAVE NO.

missing

fractured  
Alveolus















Alveolus  
missing

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

INSIDE — LOOKING OUT

RIGHT								LEFT							
LOWER TEETH								LOWER TEETH							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
	X	X				X				X			P	o	
TYPE															
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 (UNCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

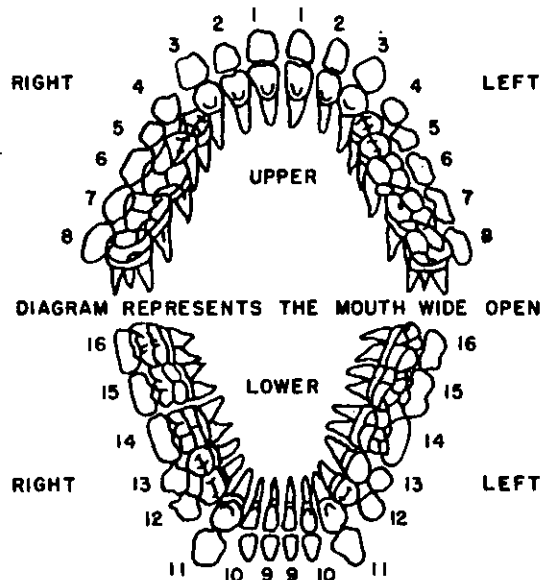
**INSTRUCTIONS:**

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

Maxilla missing L & R 5, 6, 7, 8, Regions. Impossible to determine if missing teeth X or P.

s/ Russell Smith  
SIGNATURE OF PERSON WHO PREPARED CHART

s/ Felix Glass  
VERIFIED BY GRS OFFICER

p/ RUSSELL SMITH  
NAME AND RANK TYPED OR PRINTED

p/ FELIX GLASS Capt. DC O-1717213  
NAME AND RANK TYPED OR PRINTED

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

16 Oct 47  
DATE

CERTIFIED TRUE COPY:  
*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

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

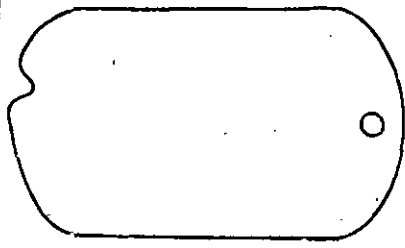
APR 5-1948

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-835 (Formerly UNK X-352 USAF Cemetery Manila #2, Luzon, P.I.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Camp O'Donnell POW Camp, Luzon, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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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 MAUSOLEUM, MANILA, 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. BANGER 812	ROW No. BAY B	GRAVE No. CRTP 376
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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. 1522
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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
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-848	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 378
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-845	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYP 374
--	------	------------	--------------	--------------------------

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

Incl 707




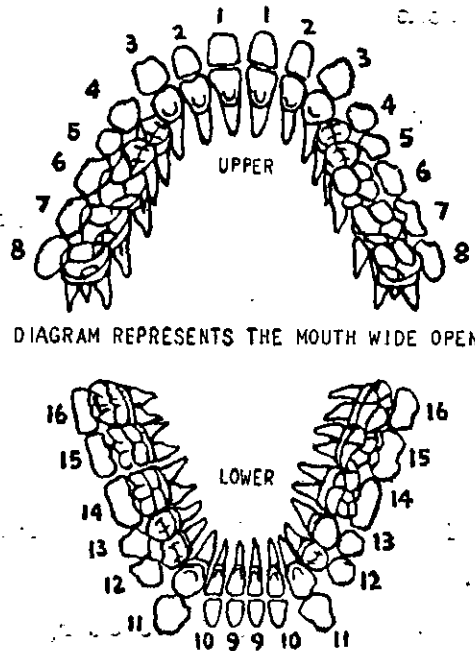




**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**  
 (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.  
 (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

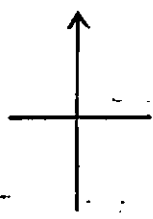
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS  SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	
(Empty space for additional dental notes)	

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**

RIGHT  
LITTLE FINGER

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE

AT PRESENT TIME

RESTRICTED

U-1024

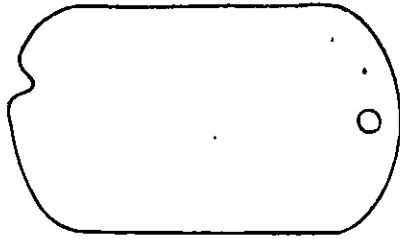
WD QMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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-352 (USAF Cemetery Manila #2) Formerly UNKNOWN #37 (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

*Gold 1482*

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.
23 Dec 45	0930	Shelter Half	Cross	2	12	1522

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, PI	PLOT No. I	ROW No. 8	GRAVE No. 5
--	--	---------------	--------------	----------------

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) GARLAN, Palmer G	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1521
--	------	------------	--------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-350 (USAF Cemetery Manila #2) Formerly UNKNOWN #35 (Cem Camp O'Donnell)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1523
---	------	------------	--------------	-------------------

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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RESTRICTED

*Jan 22'*

18 FEB 1940

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

FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

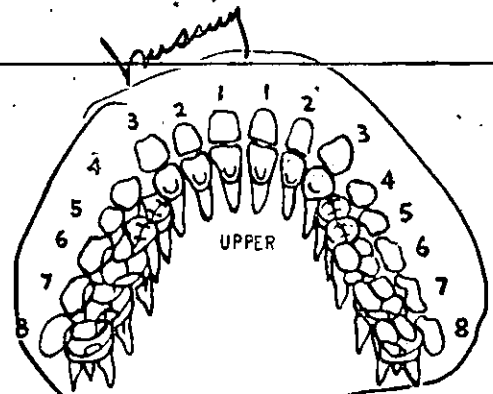
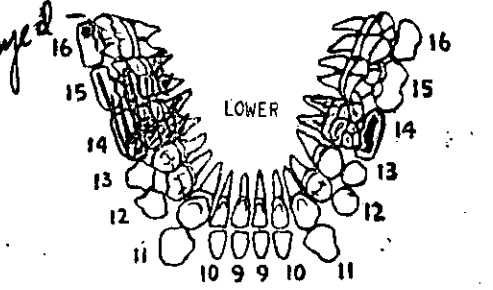
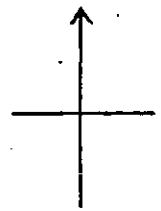


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS: