

QMENT 293
GFS Far East

14 October 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General
Philippine Command
AFC 707, c/o Postmaster
San Francisco, California

ATTN: AGFS, PHILCOM ZONE

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

Unknown X-1944,	AGFS	Mausoleum	Manila,	formerly	X-3279,	USAF	Cem.,	Manila	#2
" X-1889,	"	"	"	"	X-3283,	"	"	"	"
" X-1683,	"	"	"	"	X-3423,	"	"	"	"
" X- 887,	"	"	"	"	X- 121,	"	"	"	"
" X-3162,	"	"	"	"	X-1039,	"	"	"	"
" X-1655,	"	"	"	"	X-3467,	"	"	"	"
" X-1552,	"	"	"	"	X-3508,	"	"	"	"

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

FOR THE QUARTERMASTER GENERAL:

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

A. G. Kingdal
L. M. White
J. Windsor

GSGR 293.9

APD 707
20 SEP 1949

SUBJECT: Unidentifiable

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 reason of lack of sufficient identifying data:

UNKNOWN X-3 Guam #2	UNKNOWN X-1317 AGRS Mslm
" X-76 AGRS Mslm	" X-1552 " "
" X-270 " "	" X-1655 " "
" X-813 " "	" X-1683 " "
" X-822 " "	" X-1889 " "
" X-887 " " 421	" X-3162 " "
" X-922 " "	" X-3252 " "
" X-1200 " "	" X-3751 " "

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

FOR THE COMMANDING GENERAL:

C. H. LIEURANCE
2nd Lt., AGD
Asst. Adj. Gen

16 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

(Received Oct 3, 1949)
(OQMG MR&R BRANCH)

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att

~~Task P.I. X-421 (Manila #2)~~

CORRE 293

10 August 1949

UNK. X-887 AGRS Maus.
Manila, P. I., (Formerly X-441,
USAF Cemetery, Manila #2, P. I.)

293 Unk-P.I. X-421 (Ft. McKinley)

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTENTION: AGRS, MILCOM ZONE

1. Reference is made to Proceedings of your Board of Review, dated 8 July 1949, recommending the following identification:

Unknown X-887, AGRS Mausoleum, Manila, P. I. (formerly Unknown X-421, USAF Cemetery Manila #2, P. I.) as Pfc. Thomas L. Jaswick, 6 953 643.

2. After a thorough analysis of this case, it has been determined that the evidence presented is insufficient to establish identification. The remains of Unknown X-887 were disinterred from Plot H, Row 4, Grave 10, Camp O'Donnell Cemetery. There is no evidence indicating the specific grave location in which Pfc. Jaswick was interred. Dental and physical comparisons do not afford positive individual identification.

3. Board Proceedings have been disapproved for the reasons outlined above and are returned herewith.

FOR THE ACTING THE QUARTERMASTER GENERAL:

REC 10 4 12 PM '49
MAIL ROOM

U.S. AIR FORCE
HEADQUARTERS
MEMORIAL DIVISION
APO SAN FRANCISCO
T-100

1 Incl
RF Proc

R. Miller:lak
V. Jeffrey
J. Windsor

cc: Administrative Section

CC: CINCPAC, APO 500, c/o PM
San Francisco, Calif.

4293 Jaswick, Thomas F. 6953643
X293 Unk P.I. X-887 (Maus. Manila)

REB

att

~~Task P.I. X-421 (Manila #2)~~

CINCPAC 293

UNK. X-887 AGRS Maus.
Manila, P. I., (Formerly X-441,
USAF Cemetery, Manila #2, P. I.)

10 August 1949

293 Unk-P.I. X-421 (H. McKinley)

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTENTION: AGRS, PHILCOM ZONE

1. Reference is made to Proceedings of your Board of Review, dated 8 July 1949, recommending the following identification:

Unknown X-887, AGRS Mausoleum, Manila, P. I. (formerly Unknown X-421, USAF Cemetery Manila #2, P. I.) as Pfc. Thomas L. Jaswick, S 953 643.

2. After a thorough analysis of this case, it has been determined that the evidence presented is insufficient to establish identification. The remains of Unknown X-887 were disinterred from Plot H, Row 4, Grave 10, Camp O'Donnell Cemetery. There is no evidence indicating the specific grave location in which Pfc. Jaswick was interred. Dental and physical comparisons do not afford positive individual identification.

3. Board Proceedings have been disapproved for the reason outlined above and are returned herewith.

FOR THE ACTING CHIEF QUARTERMASTER GENERAL:

Aug 10 4 12 PM '49
MAIL ROOM



1 Incl
RF Proc

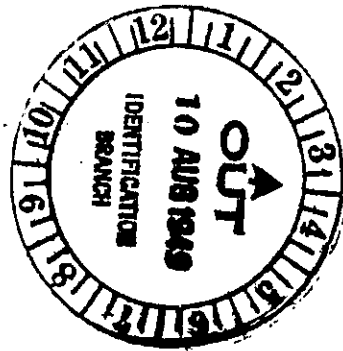
R. Miller:lak
V. Jeffrey
J. Windsor

cc: Administrative Section

CC: CINCPAC, APO 500, c/o PM
San Francisco, Calif.

X-293 Jaswick, Thomas L. 6,953,643
X-293 Unk P.I. X-887 (Maus. Manila)

REB



/add

FDU

/drs

1

Interred 22 September 1949
D. 15 40 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 00257

DATE
15 06 48
DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
UNKNOWN X - 000421 Q

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

PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
2 14 1764 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 (BY ADMINISTRATIVE DECISION)
MANILA, PHILIPPINE ISLANDS

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
UNK X - 421
(Maus) UNK X - 887 21 Sept 48
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN C. MAXLEE FANN
 MARKER 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 /
Unk. X - 887, AGRS Mausoleum

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

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

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 21 Sept 48 BY HORACE L. ALLISON SGT., INF. 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
16 OCT 49
REPATRIATION
BRANCH
HEADQUARTERS
AFDP

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO FORT MCKINLEY MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>Carl R. Mark</i>	DATE 22 SEP 1944

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 <i>[Signature]</i>	DATE <i>[Date]</i>	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM MILITARY AIRFIELD ISLANDS		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER FORT MCKINLEY CEMETERY	DATE	SIGNATURE OF RECEIVER ALVIN E. DECISION	DATE

6. SHIPPED

FROM SOUTH ISLAND		TO ISLANDS	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER <i>[Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

King

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

9 Sept 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 421 , Plot 2 ,
Row 14 , Grave 1764 , 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:

H. B. McNemar

H. B. McNEMAR
Captain, CGC
Chief, Records Branch

Atch: Form 1044.

Received 3 Oct 49 OQMG
Not identifiable from
information presently
available 14 Oct 49
a. l. King

King

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-887 (Formerly UNK X-421 Manila #2)				2. DATE OF REPORT 12 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	B	561	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 8"	10. COLOR OF HAIR U T D	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

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

Spec 62

TOOTH CHART		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
⊗							⊗	⊗	⊗	⊗	⊗			⊗	
Side Views															
UPPER															
LOWER															
Side Views															
	⊗	X	⊗	⊗	⊗	⊗	⊗						X		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

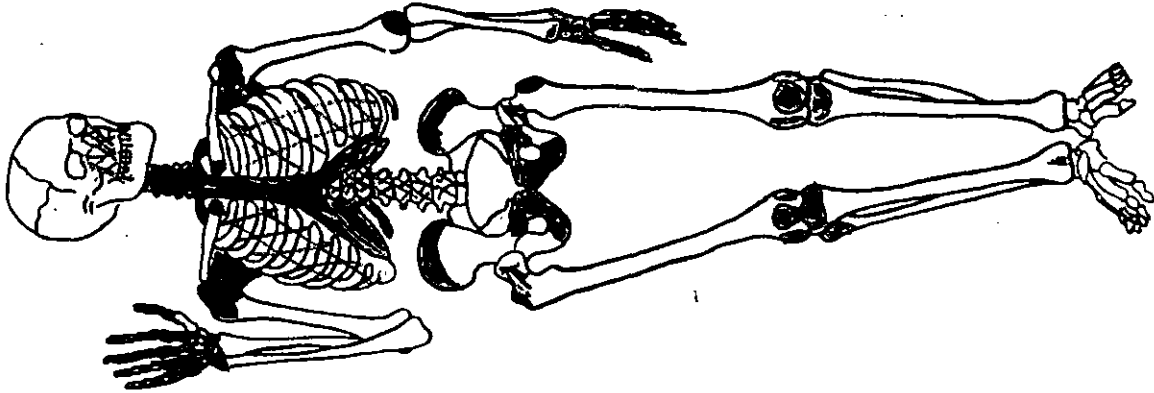
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

J. J. McDermott
 J. J. McDERMOTT
 Laboratory Officer, GIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'8"

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 effect found with remains.

Estimated weight of remains - 12 lbs.

Circumference of skull - 19½ inches.

"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

J. J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

X-887

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-887 (Formerly UNK X-421)

17 Oct 47

DATE

USAF Cem Manila #2, Luzon, P.I.

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT
POW Camp, Camp O'Donnell,
Luzon, P.I.

ACRS Mausoleum,
Manila, P.I.

ORGANIZATION

812 B 561
PLOT ROW GRAVE NO.
RANGER BAY CRPT

PLACE OF DEATH
















PLACE OF BURIAL
STORAGE

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	RIGHT						UPPER TEETH				LEFT						
TYPE	[Chart with 'P' in boxes 8, 1, 2, 3, 7]																TYPE
LOCATION	[Chart with 'P' in boxes 8, 1, 2, 3, 7]																LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT						LOWER TEETH				LEFT						
TYPE	[Chart with 'P' in boxes 15, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 14, 13]																TYPE
LOCATION	[Chart with 'P' in boxes 15, 13, 12, 11, 10, 9, 8, 7, 6, 5, 4, 3, 2, 1, 14, 13]																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	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

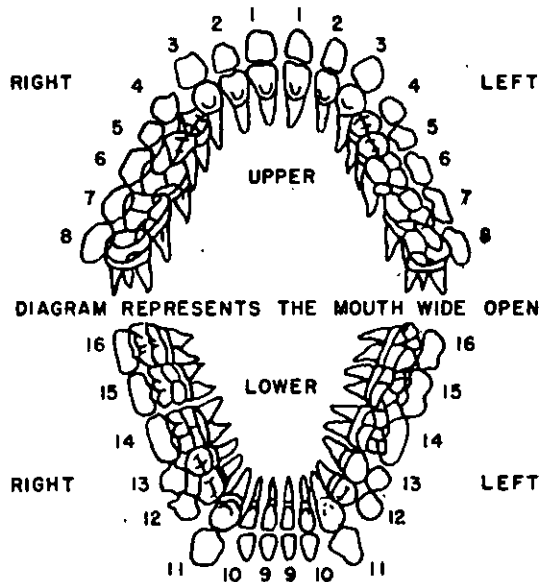
INSTRUCTIONS:

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 fractured between R-1 and L-1, also at L-7.
Teeth present are without cavity or fillings.

/s/ John H. Barr D-234444
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ John H. Barr D-234444
VERIFIED BY GRS OFFICER

/p/ JOHN H. BARR SP-8
NAME AND RANK TYPED OR PRINTED

/p/ JOHN H. BARR SP-8
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mslm, N.F. Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Oct. 17, 47
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)

UNKNOWN X-887 (Formerly
 Unknown X-421 USAF Cem Manila #2, Luzon, P.I.
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 Row B Grave 561
TANGER BAW CRYPT

AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~cemetery~~ 17 Oct 47
(Date)
2. Place of death POW Camp, Camp O'Donnell,
Luzon, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ disinterred by CMT #1 QMGR Co.
(Name and organization)
4. Evacuated to Cemetery by CMT #1 QMGR Co.
(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	<small>(Type)</small>		
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: Remains are skeleton only. (Chart attached.)

Age / Est. Height 5' 8" Weight Description of wounds
 Bandages or dressings Scars (Length, width, location)
 Tattoos
 (Number, location -- illustrate on separate page)
 Outstanding moles, warts or birthmarks (Yes-no; description, location)
 Sunburn or tan, other than hand and face
 Complexion (Light, medium, dark, clear, pimples, 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 Mustache Beard or (Length, heavy)
 (Color, setting, shape) (Color, size, shape)

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~~ ^{skull} in inches **19 1/4 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
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers
 (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 Good Tooth Chart
(Yes-no)
accomplished.

9. Remarks Estimated weight of remains approx: - 12 lbs. No I.D. tags, personal effects, burial bottle nor physical characteristics found to warrant identification. No other means of identification to justify information.

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/ John H. Barr D-234444
(Officer's Name)

SP-8 AGRS
Rank Service

CIP, AGRS Mausoleum, Manila, P.I.
(Organization)

17 Oct 47

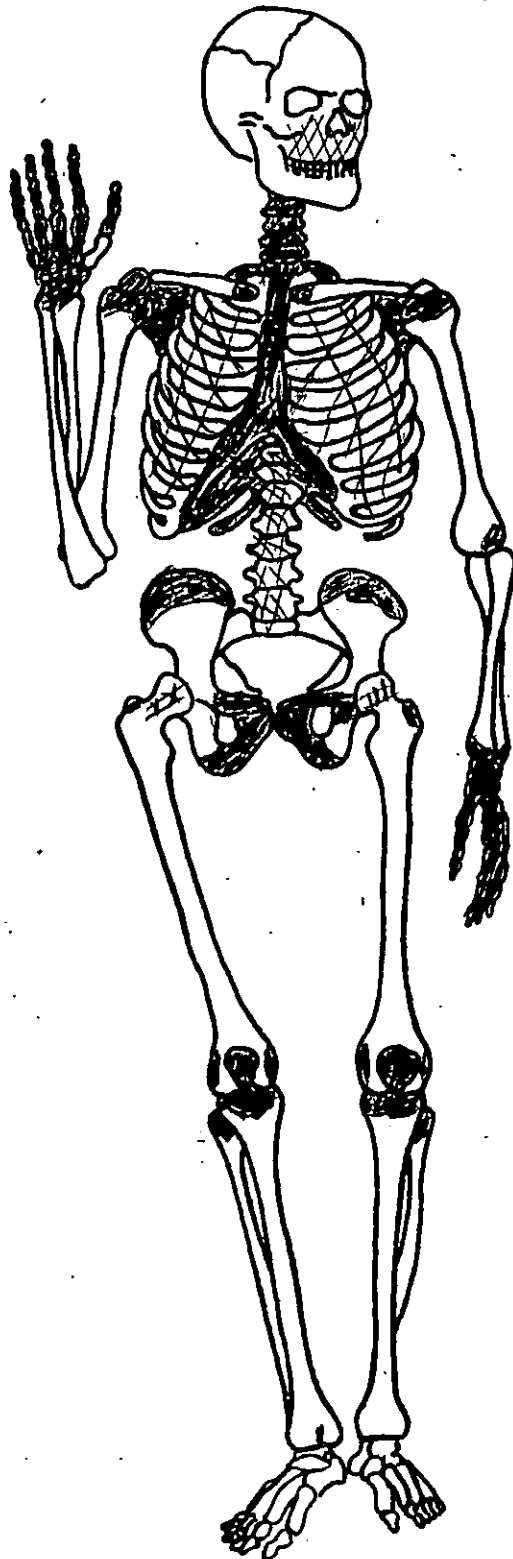
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-887

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



IDENTIFICATION SECTION
HEPATITIS RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

RESTRICTED

U-1501

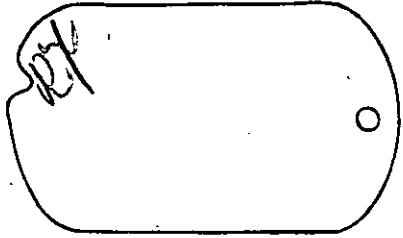
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

28 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-421 (Cem Manila #2) Formerly UNKNOWN #22 (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
Amul 771
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.
27 Dec 45	1530	Shelter Half	Cross	2	14	1764

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camp O'Donnell Cemetery, Luzon, P I	PLOT No. H	ROW No. 4	GRAVE No. 10
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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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) ROMERO, Benito A	RANK Pvt	SERIAL No. 38012492	ORGANIZATION	GRAVE No. 1763
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-1372 (NYBERG, Carl A)	RANK S/Sgt	SERIAL No. 6588866	ORGANIZATION	GRAVE No. 1765
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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., OMC.
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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.

Amul 32'

RESTRICTED

27 FEB 1948

Section 3.—UNIDENTIFIED REMAINS:

INSTRUCTIONS:


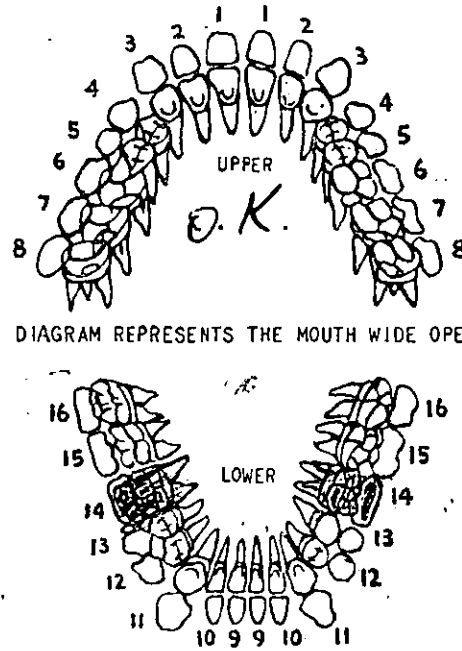




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

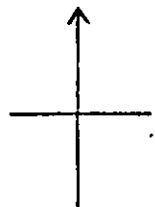
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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>UPPER</p> <p>D.K.</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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>	

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



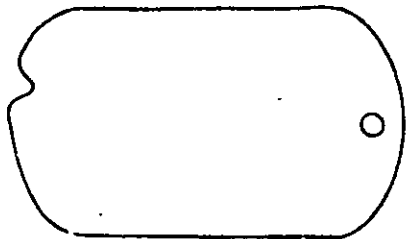
REMARKS:

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
22 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-887 (Formerly UNK X-421. 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 POW Camp, Camp O'Donnell, 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
AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 17 Oct 47	HOUR 1300	BURIED IN (Shroud, blanket, or name of other). STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER 812	ROW No. BAY B	GRAVE No. CRYPT 561
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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. 14	GRAVE No. 1764
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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) STORAGE UNKNOWN X-904	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 563
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-909	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 559
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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.

Pr 738

Rec'd w/ Bt. Friedman 7/29/49

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:


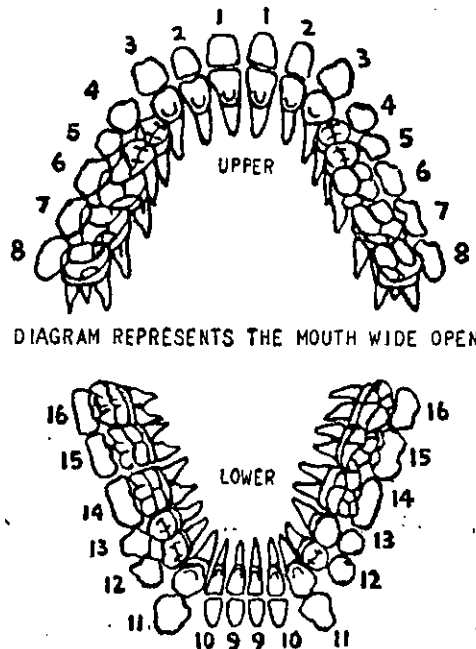




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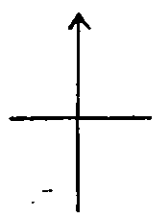
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER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

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
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<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>	



REMARKS:

Identification Check List and Dental Chart accomplished.

24 NOV 1947