

# AIRMAIL

24  
QMGMT 293  
GRS Far East

19 August 1949

SUBJECT: Identification of World War II Deceased

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

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

Unknown	X-387,	AGRS Mausoleum Manila,	formerly	X-79,	USAF Cem.,	Manila #2
"	X-4152,	"	"	"	X-3059,	"
"	X-2444,	"	"	"	X-3073,	"
"	X-2395,	"	"	"	X-3084,	"
"	X-1380,	"	"	"	X-3973,	"
"	X-449,	"	"	"	X-302,	"
"	X-3037,	"	"	"	X-1818,	"
"	X-2383,	"	"	"	X-3103,	"
"	X-2078,	"	"	"	X-3179,	"
"	X-1578,	"	"	"	X-3542,	"
"	X-1126,	"	"	"	X-3769,	"
"	X-1149,	"	"	"	X-3772,	"
"	X-1157,	"	"	"	X-3780,	"
"	X-1098,	"	"	"	X-3806,	"
"	X-990,	"	"	"	X-3949,	"
"	X-1428,	"	"	"	X-3957,	"
"	X-1668,	"	"	"	X-3428,	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

J. W. Lewis:purr  
L. M. White  
J. Windsor

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

cc: CINCPAC, APO 500

# AIRMAIL

X 293 MGR P.1  
X-387  
MALLS, Manila

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

CGCR 206.9

APO 707  
29 JUL 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 QMGM 206, GHS (Par Mast), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGHS Museum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-179	AGHS	Main	UNKNOWN X-2305	AGHS	Main
" X-204	"	"	" X-2444	"	"
" X-222	"	"	" X-2025	"	"
" X-222	"	"	" X-2025	"	"
" X-227	"	"	" X-2227	"	"
" X-1200	"	"	" X-4122	"	"

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

FOR THE COMMANDING GENERAL:

IE Encls  
QMC Form 1044 w/certificates of  
of Unidentifiability

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

/drs

Interred 27 Jun 1949

N. 8 47' Ft. McKinley

*Carl R. H. Mark*  
CARL R. H. MARK

### DISINTERMENT DIRECTIVE

1  
/fbp

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 02766

DATE

15 06 48  
DAY MONTH YEAR

NAME

UNKNOWN X-000079

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

7701 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

49 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

#### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MC KINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

UNK X-79

UNK X-387 (Maus)

22 Sept '48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS  
 MARKER

UNKNOWN

George Simonau

NAME AND TITLE

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

Gr 49 Row 2 Plot 1

MINOR DISCREPANCIES

2 Identification tags show: UNK X-387, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept '48

BY

GEORGE SIMONAU

CASKET SEALED BY

GEORGE SIMONAU

EMBALMER (Signature)

*George Simonau*  
GEORGE SIMONAU

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 22 Sept '48

BY ROBERT L. NELSON, Sgt 1st Inf

CHARLES R. BARNES, 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. Barnes*

CHARLES R. BARNES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

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

FILE

16 AUG 1949

REPATRIATION

BRANCH

NEW CIV. *Boyle*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900


12 July 1949  
Date

SUBJECT: Unidentifiable Remains

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


The records pertaining to Unknown X- 79, Plot 2,  
Row 1, Grave 49, 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  
Captain, QMG  
Chief, Records Branch

Attn: Form 1044

Received ..... 8/10/49 ..... OQMG  
Not identifiable from  
information presently  
available

  
8/12/49

Incl. #5-1

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-387 (Formerly UNE X-79 Manila No. 2)				2. DATE OF REPORT 20 July 1948	
3. NAME OF CEMETERY  AGRS MAUSOLEUM, MANILA, P.I.	4. PLOT  801	5. ROW  C	6. GRAVE  558	7. DATE OF	
			DISINTERMENT		REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	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

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

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"

*Incl. #5-2*

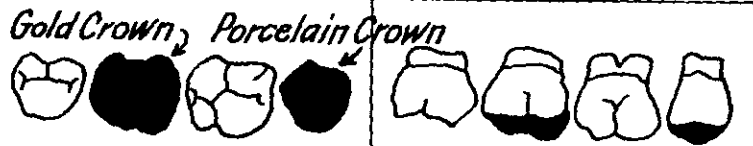
18.

TOOTH CHART

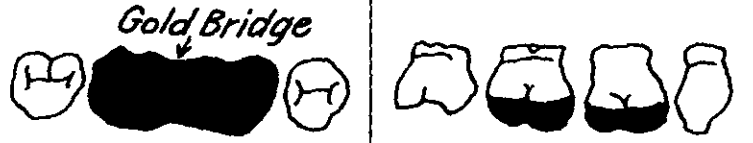
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



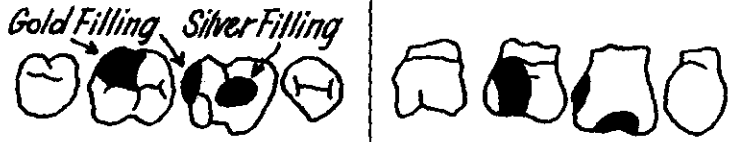
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



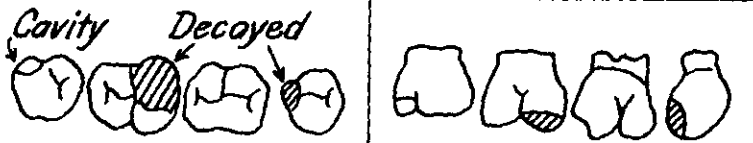
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		MAXILLA								MISSING								
Side View		[Side view of teeth]																Side View
Top View	UPPER	[Upper top view of teeth]																
	LOWER	[Lower top view of teeth]																
Side View		[Side view of teeth]																Side View
		X																
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

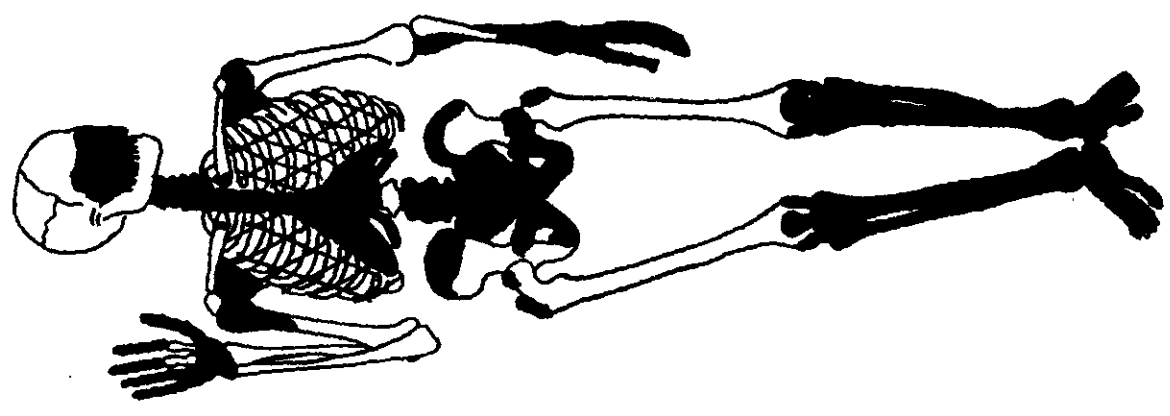
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxilla and maxillary teeth are missing.

"UNRECOVERABLE"  
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

James J. McTermell  
JAMES J. ROEBLOTT  
Laboratory Officer, GIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEASETS 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 - 4 1/2 lbs.  
Circumference of skull - 20 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  
  
JAMES J. RODEROTT  
Laboratory Officer, CIP

SIGNATURE  
*James J. Roderott*

X-387

# 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.

(Formerly UNK X-79) 1 Oct 47  
 UNK-387 USAF Cem Manila #2 DATE  
 Unknown Unknown  
 \_\_\_\_\_  
 LAST NAME FIRST INITIAL RANK SERIAL NO.  
 \_\_\_\_\_  
 UNKNOWN Unknown  
 UNIT ORGANIZATION  
 Corregidor, P. I. AGRS Mausoleum Manila 801 C 558  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.  
 \_\_\_\_\_  
 MANGER BAY CRYP1
















*Maxilla MISSING*

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

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

UNKNOWN X-387 (Formerly Unk  
 Unknown X-79 USAF Cem Manila #2.  
 Cemetery AGRS, Mausoleum  
 Plot 801 Row G Grave 558  
MANILA PHILIPPINES

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death Corregidor, 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, Manila #2 Cem, P. I. \_\_\_\_\_  
(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	/		
	<small>(Type)</small>		
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		/	

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 **Worn** ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... **U** (Prominent, receding, pointed, dimples, double)

Jaw ..... (Large, small, normal)      **T** 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 ..... (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)      **U**

Legs **Straight** ..... (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)      **T**

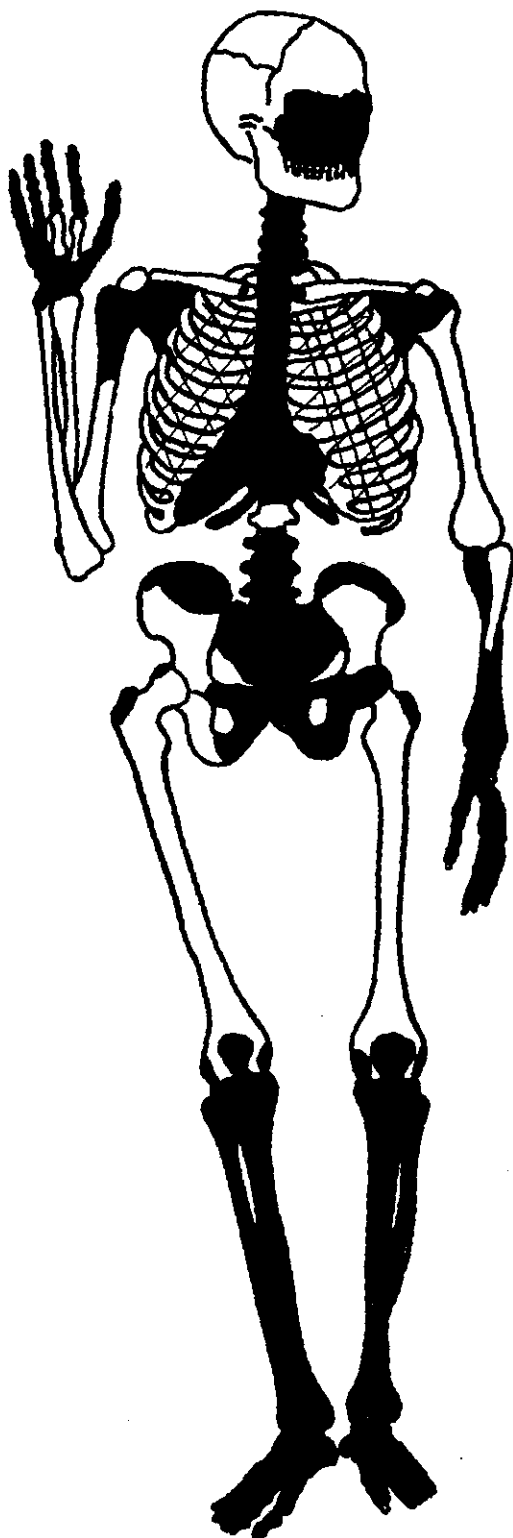
Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)      **D**

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

# SKELETAL CHART

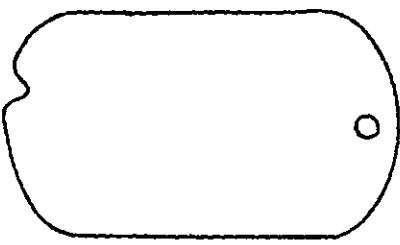
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



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  
8 Oct 47

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-387 (Formerly UNK X-79 USAF Cam 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 Corregidor, 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

REPRODUCTION  
 RECORDS BRANCH  
 DEC 22 2 41 PM '47  
 MEMORIAL DIVISION

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

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

DATE OF BURIAL STORAGE 7 Oct 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. 5A4 C	GRAVE No. CRYPT. 558
---------------------------------------	--------------	---	------------------------------	---------------------------	---------------------	----------------------------

WAS THIS A REBURIAL? (Yes or no) 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. 1	GRAVE No. 49
--	--	---------------	--------------	-----------------

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) STORED UNKNOWN X-389	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 560
---	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-385	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 556
--	------	------------	--------------	---------------------------

SIGNATURE OF PERSON PREPARING REPORT  
Wm R. GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
LUCIO S. PANOPIO, 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 Office. Copies for retention in theater as prescribed by theater commander.

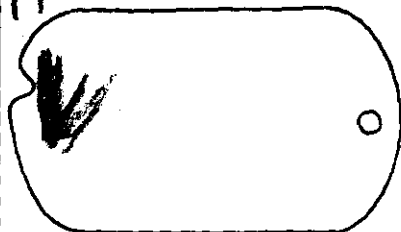
UIC 574

RESTRICTED

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

6 NOV 45

Impression Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

U N K N O W N - X - 79 (Manila #2)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

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

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.
31 Oct 45	1400	Shelter Half	Cross	2	1	49

WAS THIS A REBURIAL?  
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

American Cem. Corregidor Is., Luzon, P. I. 345.5-407.5

PLOT No.	ROW No.	GRAVE No.
C	3	69

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)

UNKNOWN - X - 78 (Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

48

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

UNKNOWN - X - 80 (Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

50

SIGNATURE OF PERSON PREPARING REPORT

W. V. HARDY JR., 175 GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

W. E. SESSIONS III, Capt. 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.

RESTRICTED

16-43997-1

Doc 637