

293 Unk. P.I. (Misc) (Manila #2; X-80, 193, 286, 298, 340, 347,  
1997, 3177, & X-3660)

QMGLT 293  
GRS Far East

8/9/49

SUBJECT: Identification of World War II Deceased

TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, Calif.

ATTN: AGRS, PHILCOM ZONE

1. Reference is made to findings of unidentifiability for the following unknown deceased:

Unknown	X-679,	AGRS MAUSOLEUM MANILA,	Formerly	X-193,	USAF Cem.,	Manila #2		
"	X-388,	"	"	"	"	"	"	"
"	X-434,	"	"	"	X-80,	"	"	"
"	X-445,	"	"	"	X-286,	"	"	"
"	X-825,	"	"	"	X-298,	"	"	"
"	X-831,	"	"	"	X-340,	"	"	"
"	X-831,	"	"	"	X-347,	"	"	"
"	X2907,	"	"	"	X-1997,	"	"	"
"	X-2076,	"	"	"	X-3177,	"	"	"
"	X-1228,	"	"	"	X-3660,	"	"	"

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

COPY  
CR

*3 Manila #2 X-80 Manila #2*

**HEADQUARTERS  
WILHELM GERMANS  
UNITED STATES ARMY**

**OSR 293,9**

**AD: 707**

**SUBJECT: Unidentified Persons**

**25 JUL 1949**

**To: THE Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTN: Special Division**

1. In accordance with the provisions of your letter, File OSR 293, OS (Per Reg), dated 27 September 1948, subject: Identification of Corps of Unidentified Personnel, the following unknown remains, previously stored at ACSI Washington, D.C., have been processed by the Central Identification Laboratory and considered "Unidentified" by reason of lack of sufficient identifying data:

UNKN 293 2-277 ACSI Male	UNKN 293 2-280 ACSI Male
" 2-278 ACSI Male	" 2-281 ACSI Male
" 2-279 ACSI Male	" 2-282 ACSI Male
" 2-283 ACSI Male	" 2-283 ACSI Male
" 2-284 ACSI Male	" 2-284 ACSI Male
" 2-285 ACSI Male	" 2-285 ACSI Male
" 2-286 ACSI Male	" 2-286 ACSI Male
" 2-287 ACSI Male	" 2-287 ACSI Male

2. Forwarded herewith, for your consideration, are two OSR Forms 1044 for the above-named unknowns.

**FOR THE COMMANDING GENERAL:**

**28 Encls  
OSR Form 1044, Department  
of Unidentified**

**/s/ John H. Norton, Jr.  
JOHN H. NORTON, JR.  
1st Lt ADJ Gen**

1 /drs /rbp	Interred 21 July 1949 L 14 105 Ft Kinley <i>Leave remains</i>		<b>DISINTERMENT DIRECTIVE</b>	
	Cemetery Superintendent SECTION A -- NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7747 02767</b>	DATE 15 06 48 DAY MONTH YEAR
NAME <b>UNKNOWNX-000080</b>		SERIAL NUMBER	RANK	ARM 0
CEMETERY <b>USAF CEMETERY MANILA NO 2</b>		DISPOSITION OF REMAINS 0		DATE OF DEATH DAY MONTH YEAR <b>7701 80</b> CODE DIST. PT.
LOT <b>112</b>	ROW <b>1</b>	GRAVE <b>50</b>	COUNTRY <b>PHILIPPINE ISLANDS</b>	
		CAUSE OF DEATH <b>6</b>		
<b>SECTION B -- CONSIGNEE AND NEXT OF KIN</b>				
NAME AND ADDRESS OF CONSIGNEE <b>FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS</b>			NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>	
<b>SECTION C -- DISINTERMENT AND IDENTIFICATION</b>				
NAME <b>UNKNOWNX-80 UNKNOWNX-388 (Maus)</b>		SERIAL NUMBER	RANK	DATE OF DEATH
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION <b>UNKNOWN</b>	RELIGION	DATE DISTINTERRED <b>22 Sept 48</b>
		IDENTIFICATION VERIFIED BY <b>GEORGE SING AU Embalmer</b>		NAME AND TITLE
<b>SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT</b>				
NATURE OF BURIAL <b>Shelter Held</b>			CONDITION OF REMAINS <b>Skeletal</b>	
OTHER MEANS OF IDENTIFICATION <b>Gr 50 Row 1 Plot 2</b>				
MINOR DISCREPANCIES / <b>2 Identification tags show: UNKNOWNX-388, AGPS Mausoleum</b>				
REMAINS PREPARED AND PLACED IN CASKET				
DATE <b>22 Sept 48</b>		BY <b>GEORGE SING AU</b>		
CASKET SEALED BY <b>GEORGE SING AU</b>		EMBALMER (Signature) <i>George S. Sing Au</i> <b>GEORGE SING AU</b>		
CASKET BOXED AND MARKED <b>22 Sept 48</b>		SHIPPING ADDRESS VERIFIED BY		
DATE		BY <b>HORACE I ALLISON, Sgt Inf</b> <b>CHARLES R. BATES, 1st Lt., USAFR</b>		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.				
			<i>Charles R. Bates</i> <b>CHARLES R. BATES, 1st Lt., USAFR</b>	
			SIGNATURE OF GRS INSPECTOR <i>Handwritten Signature</i>	
I Prepare Discrepancy Report QMC Form 1194a for major discrepancies.				

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- 80, Plot 2,  
Row 1, Grave 50, 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, QMC  
Chief, Records Branch

Atch: Form 1044

Received 2 August 1949 OQMG  
Not identifiable from  
information presently  
available

  
9 August 1949

Incl. #3'

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-388 (Formerly Unk X-80 Manila #2)</b>				2. DATE OF REPORT <b>18 July 1949</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	C	559	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNKNOWN</b>
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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"

Inat #3

1d.

TOOTH CHART

	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> 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 Views																
Top Views																
Side Views																
	P	A/O	A/O	P	P	P	mandible missing		P	P	P		P	A/O	A/O	P
	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."

Portion of mandible from R9 - R10 and maxilla are missing. No loose maxillary and mandibular teeth present with remains.

"UNIDENTIFIABLE"

*James J. McDermott*  
 JAMES J. McDERMOTT

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA" Laboratory Officer, CIP

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 \_\_\_\_\_ 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 - 4 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

**JAMES J. McDERMOTT**  
Laboratory Officer, CIP

SIGNATURE

# 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-388 (Formerly UNK X-80)  
USAF Cem Manila #2, Luzon, P.I.)

1 Oct 47  
DATE

Unknown  
RANK

Unknown  
SERIAL NO.

Unknown UNIT AGRS Mausoleum ORGANIZATION  
Corregidor Island, Luzon, P.I. Manila, P.I. 801 C 559  
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

*Maxilla MISSING*

HANGER BAY CRYPTE















	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

*Jaw missing* *Mandible is broken* *Jaw missing*

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE		A	A	X	O	X		X	X	X	X	X	X	A	A		TYPE
LOCATION		O	OM		FLD									O	O		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)

*Rotated mesially* *Root only*



### IDENTIFICATION CHECK LIST

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

UNKNOWN X-388 (Formerly  
Unknown X-80 USF Cem Manila #2, Luzon, P.I.  
Cemetery AGRS Mausoleum, Manila, P.I.  
HANGER BAY CRYPT  
Plot 801 Row 0 Grave 559

- 1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
- 2. Place of death Corregidor Island, Luzon, P.I. Manila #2 Cem 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	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater		N	
Jacket, HBT		C	
* Shirt, Wool OD		N	
Undershirt, Wool		E	
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 ..... (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 ..... (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 ..... (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

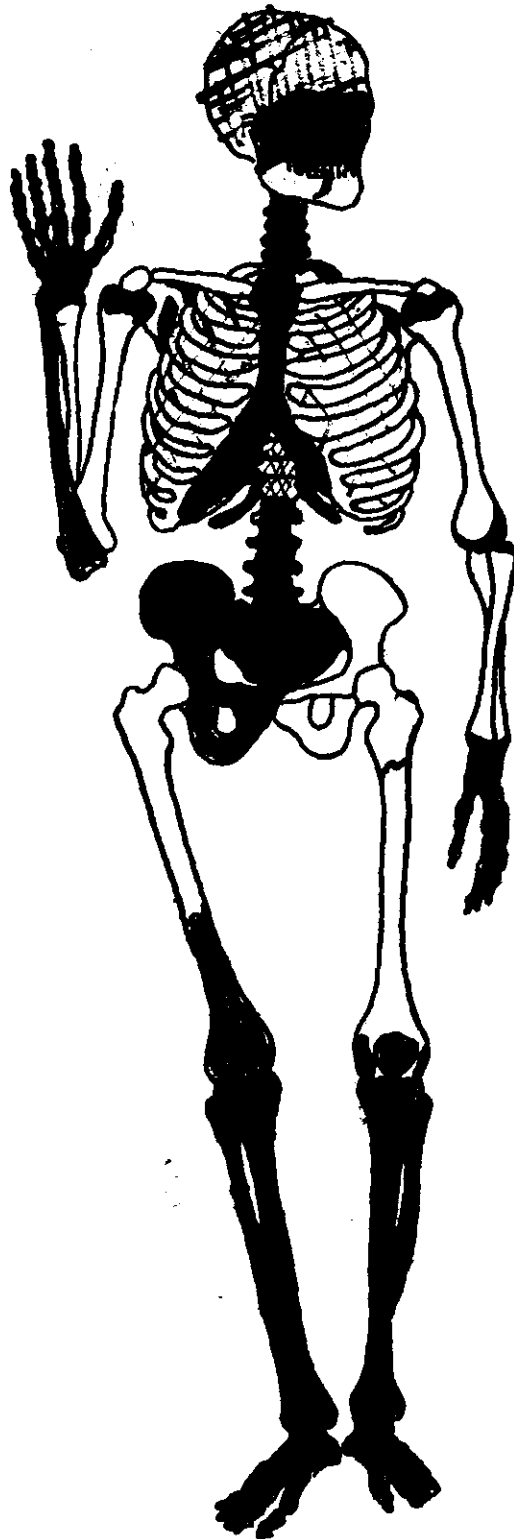
Feet ..... (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)

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

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

# SKELETAL CHART X-388

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



/cbf

RESTRICTED

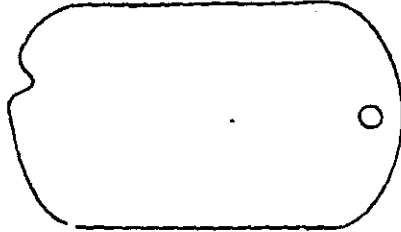
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WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
8 Oct 47

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-388 (Formerly UNK X-80 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 Corregidor Island, 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  
AGRS 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. BAY C	GRAVE No. CRYPT 559
---------------------------------------	--------------	---	---------------------------------	---------------------------	---------------------	---------------------------

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. 1	GRAVE No. 50
--	---	---------------	--------------	-----------------

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-390	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 561
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-386	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 557

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

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
LUCIO S. PANCEFIO, 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

REPRODUCTION  
RECORDS BRANCH  
DEC 22 2 52 PM '47  
MEMORIAL DIVISION

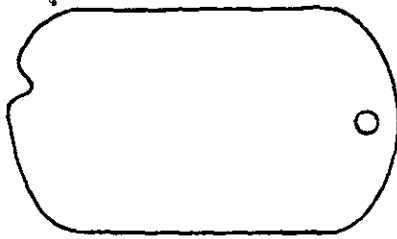
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WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

6 NOV 45

Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) U N K N O W N - X - 80 (Manila #2)					
		GRADE 		ORGANIZATION 		SERIAL No. 	
		RACE 		RELIGION 		BRANCH OF SERVICE 	
						IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY 	
PLACE OF DEATH Corregidor Island, 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 None							
<b>Section 2.—BURIAL.</b> 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 31 Oct 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 1	GRAVE No. 50	
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. 345.5-406.5			PLOT No. C	ROW No. 3	GRAVE No. 71	
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 - 79 (Manila #2)			RANK 	SERIAL No. 	ORGANIZATION 	GRAVE No. 49	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) SEEFRIED, Vern L.			RANK OS	SERIAL No. Z-510384	ORGANIZATION Merchant Marine	GRAVE No. 51	
SIGNATURE OF PERSON PREPARING REPORT W. F. HARDY JR., T/3 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

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