

JW JEW

1

Interred 28 Sept 1949  
J 5 6 Ft. McKinley

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7746 00003

DATE  
15 09 48  
DAY MONTH YEAR

NAME: 793 UNKNOWN X-0000190 GRADE: ARM: 0 RACE: 0 RELIGION: 6

CEMETERY: MANILA NO 1 P I PLOT: 1 ROW: 21 GRAVE: 210 DISPOSITION OF REMAINS: 7701 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-000019, UNK X-1375 (Maus) SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED: 29 Sept 48  
IDENTIFICATION TAG ON REMAINS MARKER: ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: ALEXANDER P. PETTICE Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal  
OTHER MEANS OF IDENTIFICATION:

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)  
2 Tags - UNK X-1375 (Maus)

REMAINS PREPARED AND PLACED IN CASKET

DATE: 29 Sept 48 BY: ALEXANDER P. PETTICE  
CASKET SEALED BY: ALEXANDER P. PETTICE EMBALMER (Signature): s/ Alexander P. Pettice

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: Weyman L. McGuire, Sgt. MC Corsine C. Kayanan, 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.

s/ Corsine C. Kayanan, 1st Lt., Inf  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE  
28 OCT 1948  
JAW

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

12 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 19 , Plot 1 ,  
Row 21 , Grave 210 , USMC USAF Cem. Manila #1 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, MC  
Chief, Records Branch

Attch: Form 1044

Received 24 Oct 49 0048  
Not identifiable from  
information presently *W. D. Rayin*  
available 31 Oct 49

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-1375 (Formerly UNK X-19 Manila #1)				2. DATE OF REPORT 14 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	J	3090	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

N O N E

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

U T D

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

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"**

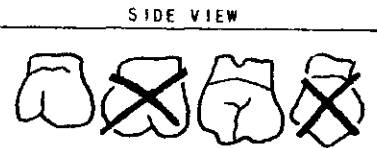
**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

*Snell 30*

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:



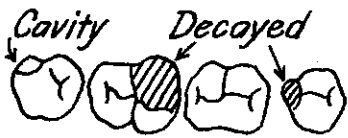
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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					
P		mo	P		P	P	P	P	P	P	P	P	mo	o						
Side Views													Side Views							
Top Views													Top Views							
UPPER													UPPER							
LOWER													LOWER							
Side Views													Side Views							
		o		P	P	P	P	P	P	P	P	P	o	o						
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  
 Lab Officer, CIP

19. BLACK-OUT PARTS OF BODY NOT RECOVERED

Fragment of ribs



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.

Circumference of skull - 21 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. McDERMOTT  
Laboratory Officer

SIGNATURE

*James J. McDermott*

# 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.

30 Oct 47  
DATE

(Formerly UNK X-19 USAF)  
UNKNOWN X-1375 (Cem Manila #1, Luzon, P.I.)      Unknown      Unknown

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown		Unknown		
Zacobia		AGRS Mausoleum		ORGANIZATION
Area, Luzon, P.I.		Manila, P.I.		812      J      3090
PLACE OF DEATH		PLACE OF BURIAL		PLOT      ROW      GRAVE NO.
		STORAGE		NUMBER      DAY      CRYPT

	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																	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> OXYPHOSPATE (CEMENT)</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)

(Formerly UNK X-19 USAF <sup>em</sup>)  
 Unknown X1375 (Manila #1, Luzon, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 Row J Grave 3090

1. Arrived at cemetery 25 Oct 47  
Zacobi (Hour) (Date)
2. Place of death Area, Luzon, P.I.  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains recovered or disinterred by C M T #1, QM GRS  
(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	/		
Sweater	N		
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 ..... See tooth chart  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of skull head in inches ..... 21 Est. (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 .....  
 Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)  
 (Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair)      Circumcision ..... (Yes-no)      Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

Legs ..... (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.)

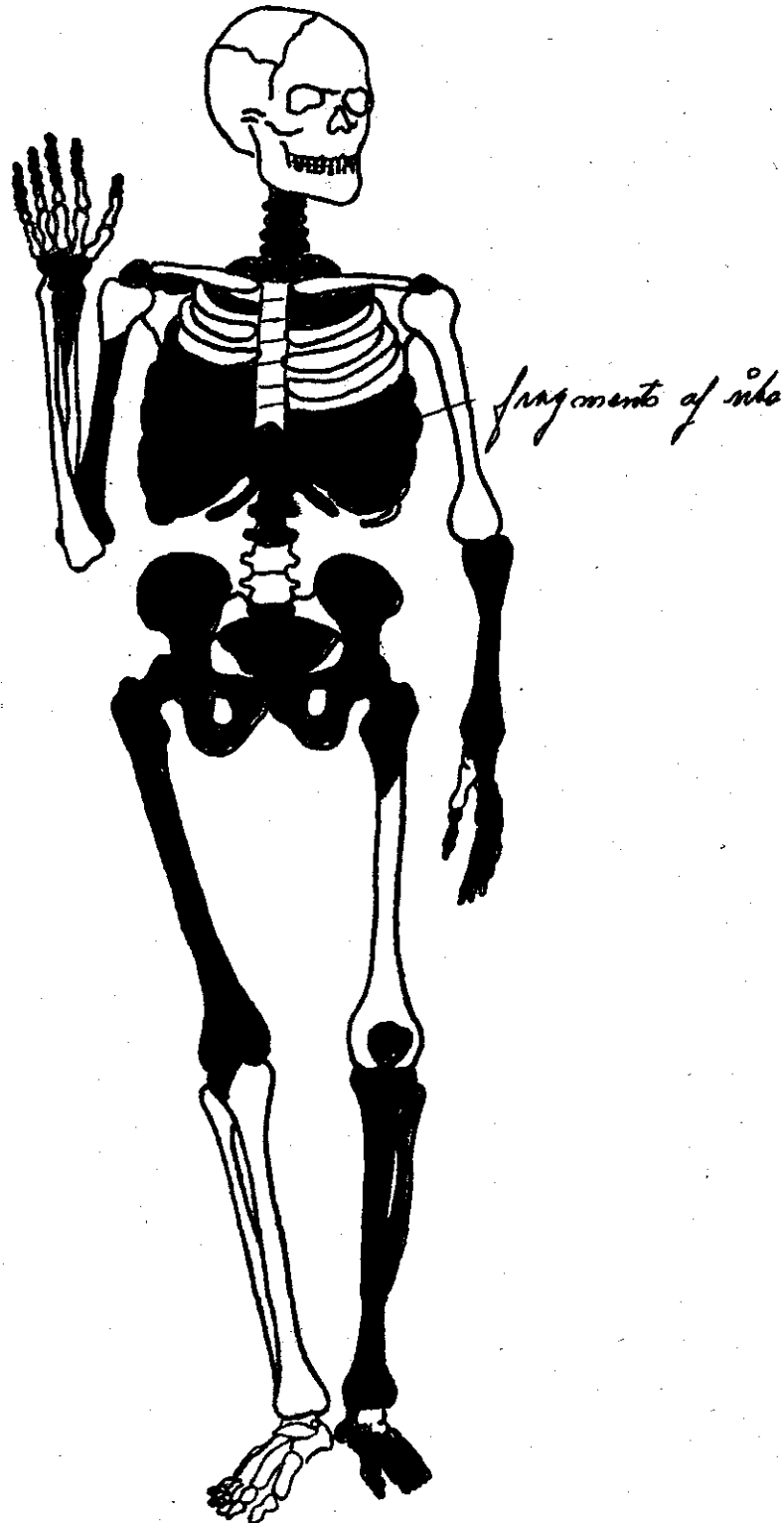
NOTE: Use attached charts "A" and "B" to indicate parts not received.



# SKELETAL CHART

X-1375

(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

14 Nov 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

## Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-1375 (Formerly UNK X-19  
USAF Cem Manila #1, 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

Zacobia Area, Luzon, P.I.

CAUSE OF DEATH

KIA

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.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
31 Oct 47	0900	Casket	None	812	J	3090

WAS THIS A REBURIAL?  
(Yes or no)

Yes

RESTORED

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

USAF Cemetery Manila #1, Luzon, P.I.

PLOT No.

1

ROW No.

21

GRAVE No.

210

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)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

UNKNOWN X-1361

CRYPT

3092

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

UNKNOWN X-1377

CRYPT

3088

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*[Signature]*  
R GILBERT, Adm Asst

*[Signature]*  
LUCIO S PANOPIC / 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.

**REPORT OF INTERMENT**  
(TM 10-630 AND AR 30-1815)

**RESTRICTED**

11

U208

U N K N O W N - X - 19

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

SCOBLE APOE, LUZON, P. I.

KIA-ENG. HOOD

(Place of death)

(Date of death)

(Cause of death)

1030 HRS. 5 APRIL 1945

USAF COM. MONTANA #1, LUZON, P. I.

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

210

21

1

CROSS REGULATION

(Grave number)

(Row number)

(Plot number)

(Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body

Yes

No

Attached to marker

Yes

No

Religion

REPORT OF INFORMATION IN BOXES BURIED WITH BODY.

Zinc shell should be marked.

(If no identification tags, what means of identification are buried with the body?)

REF.

(If no identification tags, but identify definitely established, give particulars)

Body buried on RIGHT

A N D

O F

R O W

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT CRUSA, JAMES (MIA)

35715889

FCG 1130 MP 5TH AF

209

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

(Name and address of EMERGENCY ADDRESSES)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

NONE

(21)