

7/drs
1 ✓

Interred ~~9 March 1950~~ 14 FEB 52
N-16-106 Ft. McKinley
Carl R. Mark
CAREY SUPERINTENDENT
SECTION A

DISINTERMENT DIRECTIVE

CARL R. H. MARK
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02785

DATE
15 06 48
DAY MONTH YEAR

NAME: **UNKNOWNX-000100**

SERIAL NUMBER: **UNKNOWNX-000100**

RANK: **0**

ARM: **0**

DATE OF DEATH: **15 06 48**
DAY MONTH YEAR

CEMETERY: **USAF CEMETERY MANILA NO 2**

DISPOSITION OF REMAINS: **0 7701 80**
CODE DIST. PT.

CAUSE OF DEATH: **6**

NOT ROW GRAVE COUNTRY
F12 1 116 PHILIPPINE ISLANDS

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: **UNK X-100**
UNK X-592 Maus. No.

SERIAL NUMBER: **UNKNOWN**

RANK: **UNKNOWN**

DATE OF DEATH: **21 Sept 48**

DATE DISINTERRED: **21 Sept 48**

IDENTIFICATION TAG ON: REMAINS MARKER

ORGANIZATION: **UNKNOWN**

RELIGION: **GEORGE SIMONEAU**

IDENTIFICATION VERIFIED BY: **Embalmr**

NAME AND TITLE: **Embalmr**

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Shelter Halve**

CONDITION OF REMAINS: **Skeletal**

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
2 ID and 1 Emb tag show UNK X-592 Maus. No.

REMAINS PREPARED AND PLACED IN CASKET
DATE **21 Sept 48** BY **GEORGE SIMONEAU**

CASKET SEALED BY: **GEORGE SIMONEAU**

EMBALMER (Signature): *George Simoneau*
GEORGE SIMONEAU

CASKET BOXED AND MARKED: DATE **21 Sept 48** BY

SHIPPING ADDRESS VERIFIED BY: **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.

Reclass. Made 3/20/52 Allen

Charles R Bates
CHARLES R BATES, 1st Lt., USAFR
SIGNATURE OF GRS INSPECTOR

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

28 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- 100, Plot 2,
Row 1, Grave 114, 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
H. B. McNEEMAR
Captain, MC
Chief, Records Branch

Received MAR 14 1950 ⁰⁰¹⁸³
Not identifiable from
information presently
available *St. Paul
Jed See*
MAR 30 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-100 USAF Cem. Manila (2, Luzon P.I.)				2. DATE OF REPORT 28 Feb 1950	
3. NAME OF CEMETERY USAF Mausoleum Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	800	B	888	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'5"	10. COLOR OF HAIR U T D	11. RACE U T D
------------------------------	-----------------------------	----------------------------	-------------------

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

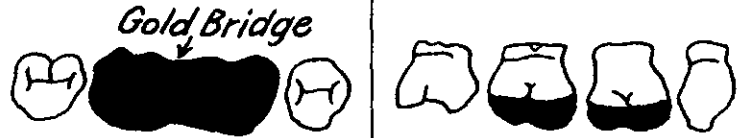
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'O OUT AND LABELED THUS:



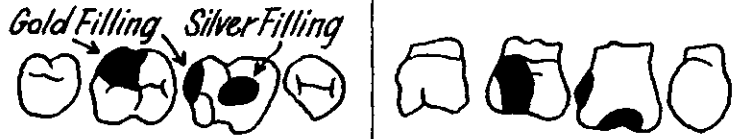
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



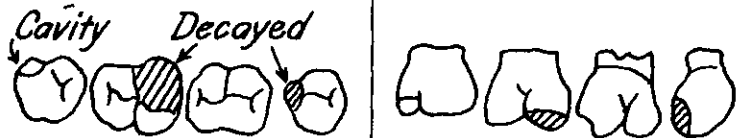
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

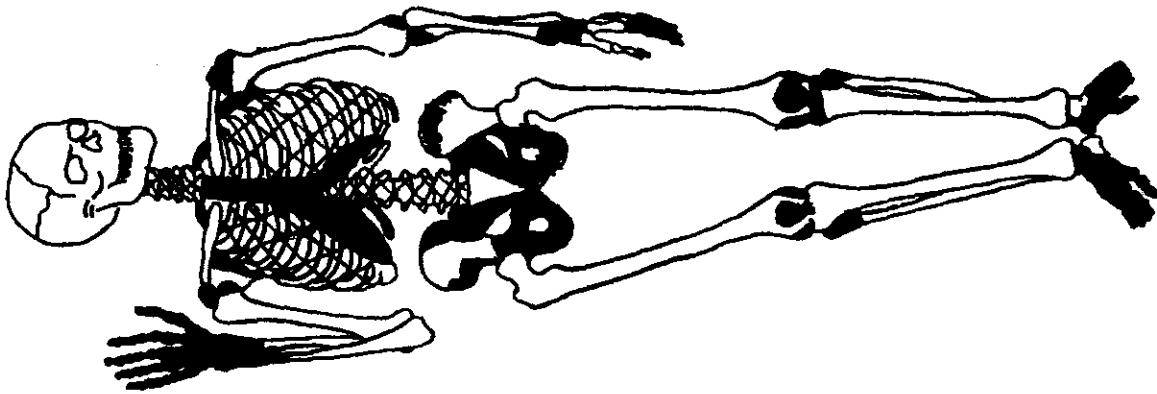


RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
X			⊗	X						⊗	X	X			X	
Side View																Side View
																UPPER
																LOWER
																Side View
	X	$\frac{H}{O}$					⊗	⊗					X			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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."

Paul P. Nichols
 PAUL P. NICHOLS
 Chief, Ident. Section

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

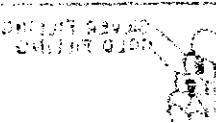

No identification tags, burial bottle, personal effects, or other means of identification found with remains.

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, Ident. Section

SIGNATURE

REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT		
WD QMC FORM 10 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)				10 Oct 47		
Section 1—IDENTIFICATION NAME (Last, first, middle initial) UNKNOWN X-592 (Formerly Unk X-100 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 Basianan, Camarines Norte, 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		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 8 Oct 47	HOUR 1500	BURIED IN Casket	TYPE OF GRAVE MARKER None	PLOT NO. 801	ROW NO. D	GRAVE NO. 888
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P.I.			PLOT NO. 2	ROW NO. 1	GRAVE NO. 116
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-600		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 890	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-599		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 886	
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 Officer. Copies for retention in theater as prescribed by theater commander.						

File 521

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-100
USAF Cem Manila #2,
Luzon, P.I.)

8 Oct 47

UNKNOWN X-592

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

DATE SERIAL NO.

Unknown

Unknown

UNIT

AGRS MAUSOLEUM

ORGANIZATION

Basianan, Cam. Norte, P.I.

Manila, P.I.

801

D

888

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

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

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE			X	A					X	X					X				TYPE
LOCATION				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		OCCUSAL (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)

IDENTIFICATION CHECK LIST

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

(Formerly Unk X-100
USAF Cem Manila #2,

Unknown X -592 Luzon, P.I.)

Cemetery AGRS MAUSOLEUM, Manila, P.I.

Plot 801 Row D Grave 888

1. Arrived at cemetery _____
(Hour) (Date)
2. Place of death Basianan, Cam Norte, 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. No. 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	/		
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 **Tooth Chart attached.**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches **20"** (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)

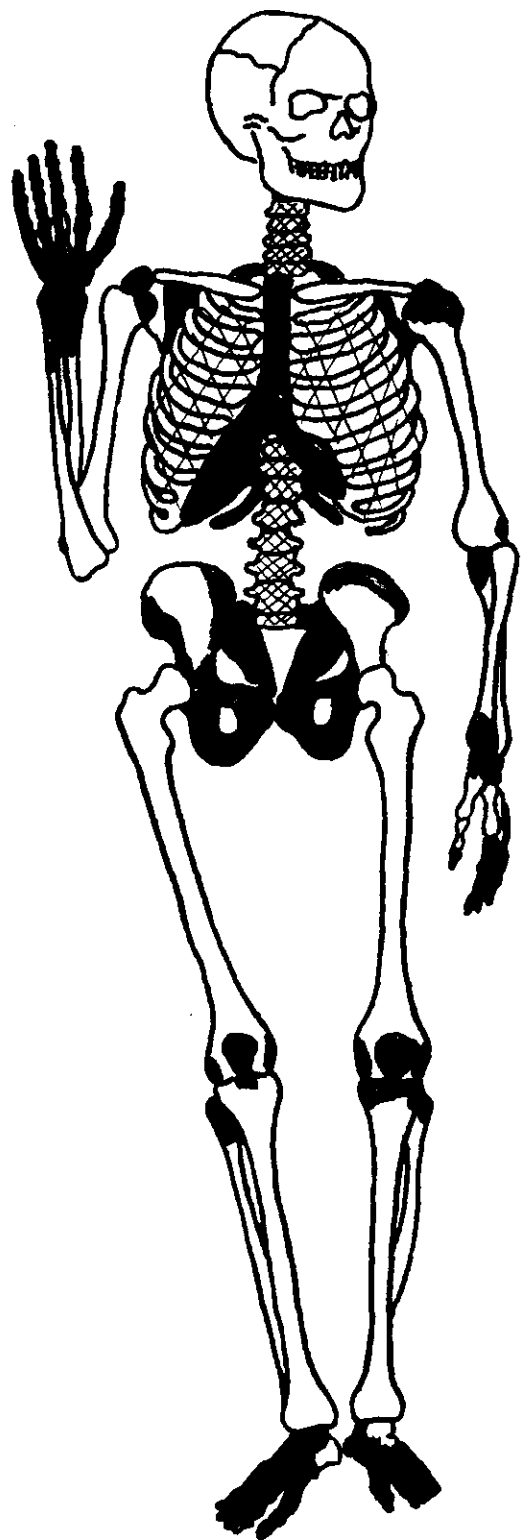
Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

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

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Rib fragments
Vertebrae fragments

RESTRICTED

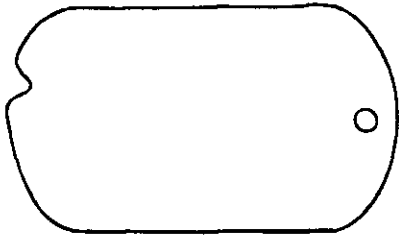
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

25 Feb 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-100 Manila #2

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

Basianan, Camarines
Norte, Luzon, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

293 Unk Manila #2 X-100
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

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

UNITED STATES MILITARY CEMETERY, FT MC MONALEY, P.I.

DATE OF BURIAL

14 Feb 52

HOUR

--

BURIED IN (Shroud, blanket, or name of other)

Casket

TYPE OF GRAVE
MARKER

Cross

PLOT No.

F

ROW No.

3

GRAVE No.

107

WAS THIS A REBURIAL?
(Yes or no)

Yes

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

US MILITARY CEMETERY, FT MC MONALEY, P.I.

PLOT No.

N

ROW No.

16

GRAVE No.

106

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODY

FILE

Name Mc Mon

Action NAT

18 MAR 52

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.

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

Edward L. Berg, Capt, RA

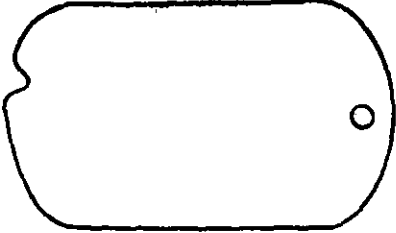
SIGNATURE OF GRS OFFICER VERIFYING REPORT

Charles R. Whaylen, 1st Lt., 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

copy to ABMC 16-42997-1

WD GRC FORM 1842 (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 9 Nov. 45	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X- 100 (Cem. Manila #2) UNKNOWN X- XLV (Basianan POW Cem. Camarines Norte.)			SERIAL No.		
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Basianan, Camarines Norte		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) Statements Attached					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes							
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, Ison, P. I.							
DATE OF BURIAL 1 Nov. 45	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Shelter Half		TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 1	GRAVE No. 116
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Basianan POW Cemetery, Cam. Norte, P. I.				PLOT No. 1V	ROW No. 3	GRAVE No. 3
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-93 (Cem. Manila #3) UNKNOWN X- X (Basianan POW Cem. Camarines Norte)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 115	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X- 101 (Cem. Manila #2) UNKNOWN X-XII (Basianan POW Cem. Camarines Norte)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 117	
SIGNATURE OF PERSON PREPARING REPORT W. V. HARDY JR. E/S, GRS.				SIGNATURE OF GRS OFFICER VERIFYING REPORT W. E. SESSIONS III, GRC.			
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.							

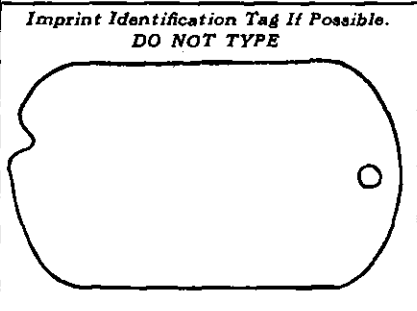
Body is one of 15 recovered from a reported Prisoner of War cemetery at Basianan, Camarines Norte near Calauag. Originally there were an estimated 60 to 70 Americans buried here. On investigation it was found that 40 Americans were disinterred from this spot on 12 Sept. 1945. by GRS. personnel of Base R., now Sub-Base X. All but 1 of the 40 were reburied as unknown. This body as well as other 14 bodies recovered at this time remain unknown and are buried as such. No burial list is available and should there have been one at any previous time it would be useless now as an aid to identification due to the earlier disinterment of the 40 bodies mentioned above.

Re.
RESTRICTED

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
9 Nov. 45



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) U N K N O W N X-100 (Cem. Manila #2) Basianan P.O.W. Cem.		SERIAL No.
GRADE U N K N O W N X-XIV (Camarines Norte.		BRANCH OF SERVICE
RACE	ORGANIZATION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
RACE	RELIGION	

PLACE OF DEATH Basianan, Camarines Norte	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) Statement Attached
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

A TRUE COPY:
George D. Redden, Jr.
GEORGE D. REDDEN, JR.
Capt., Inf.

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.
1 Nov. 45	1300	Shelter Half	Cross	2	1	116

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Basianan POW Cemetery, Cam. Norte, P. I.	PLOT No.	ROW No.	GRAVE No.
			IV	3

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.
U N K N O W N X-98 (Cem. Manila #2) Basianan POW Cem.				115
U N K N O W N X-X (Camarines, Norte)				

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
U N K N O W N X-101 (Cem. Manila #2)				117
U N K N O W N X-XII (Camarines, Norte)				

SIGNATURE OF PERSON PREPARING REPORT /s/t/ W. V. HARDY JR. T/3, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ W. E. SESSIONS III, 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