

AIRMAIL

29 3-1406 P.I. (misc) Must Mand
see last below

29 October 1949

CONFIDENTIAL

DDs 146 Filed 293 P.I. X-3178)
Ft. McKinley

X 293 Week. P.I. X-17 (Manual #22)

SUBJECT: Approval of Reliability

TO : Commanding General
Military Council
APO 900, c/o Postmaster
San Francisco, California
ATTN: AGS, Division 208

1. Reference is made to findings of Reliability for the following Unknown Personnel:

Unknown X-277,	AGS Hawaiian Isles,	Security X-278,	USAF Gen.,	North A
X-277,	"	"	"	"
X-277,	"	"	"	"

2. Recommendations for Reliability have been approved by this Office. Report your results in regular accountability.

FOR THE QUARTERMASTER GENERAL:

T. E. [Name]
[Title], [Office]
[Address]

H. [Name]
L. [Name]
J. [Name]

CONFIDENTIAL, APO 900

AIRMAIL

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

AFD 707
3 OCT 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 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-338 AGRS Mslm
" X-341 " "
" X-1375 " "
" X-1529 " "
" X-2077 " "

UNKNOWN X-3637 AGRS Mslm
" X-3814 " "
" X-3820 " "
" X-5176 Group Burial
AGRS Mslm

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

FOR THE COMMANDING GENERAL:

9 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

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

Records indicate DD was issued 26 June 48. Remains permanently interred Ft. McKinley, 28 Sept 49.

Thorough search made, however, DD cannot be located.

TD

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

12 Sept 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 17 , Flot 1 ,
Row 8 , Grave 1016 , USMC USAF Gen. 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

24 Oct 49 OQMS
Not identifiable from
information presently
available

9. J. K. ...
31 Oct 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X- 341 (Formerly UNK X-17 Manila #2)			2. DATE OF REPORT 14 Sept 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 801	5. ROW K	6. GRAVE 3277	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 115 lbs	9. ESTIMATED HEIGHT 5' 3"	10. COLOR OF HAIR U T D	11. RACE Unknown
---------------------------------------	-------------------------------------	-----------------------------------	----------------------------

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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

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

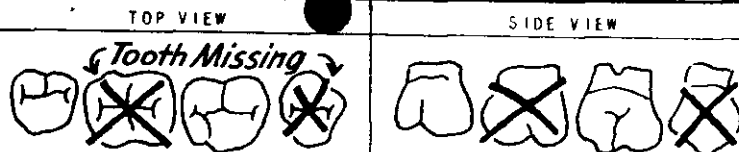
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Inc 20

48.

TOOTH CHART

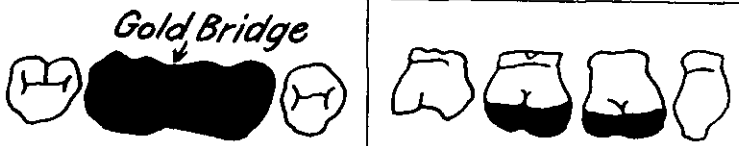
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



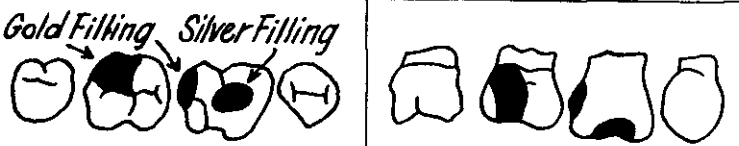
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



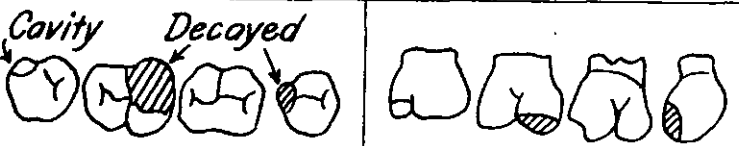
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 Views															
UPPER															
Side Views															
LOWER															
Side Views															
	A	X	10										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."

No loose maxillary or mandibular teeth present with remains.

"UNIDENTIFIABLE"

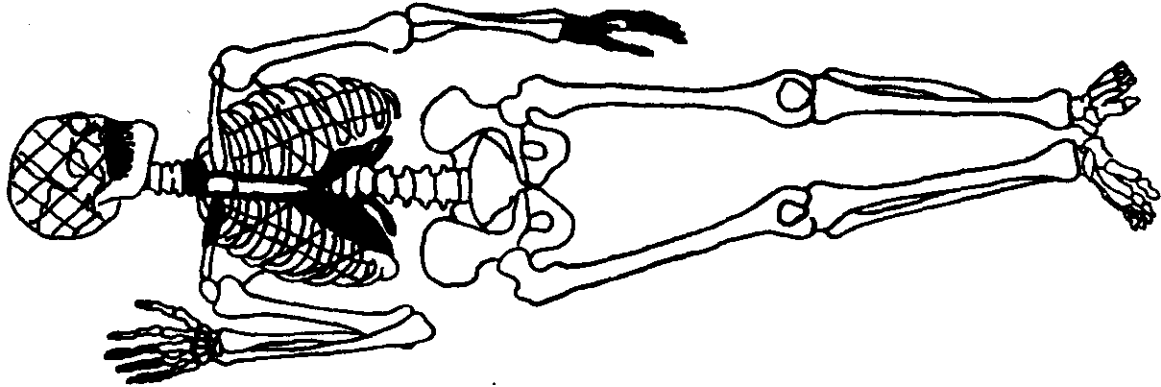
PAUL R. NICHOLS
Chief, Identification Section

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED

20 Ribs

All vertebrae present



Estimated height: 5'3"

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 - 15 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

SIGNATURE

James J. McDermott

IDENTIFICATION DENTAL CHART

TO BE USED WITH OQMG FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

22 Sept 47

UNKNOWN X-341

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

Olongapo Area,
Luzon, P. I.

AGRS MATSOLEN
Manila, P.I.

ORGANIZATION

COL K 3277

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER

BAY

CRYPT

maxilla missing

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

space INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE	X	A	X	⊗													TYPE
LOCATION		O															LOCATION

space portion of mandible missing

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCLUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

IDENTIFICATION CHECK LIST

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

Unknown X - 341
 Cemetery AGRS MAUSOLEUM, MANILA, P.I.
BANGER BAY CRYPT
 Plot 801 Row K Grave 3277

1. Arrived at cemetery _____
(Hour) (Date)
2. Place of death Olongapo Area, Luzon, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
3. Remains ~~excavated~~ or disinterred by C.M.T. #1, Manila Cem #2
(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		N	
Sweater		O	
Jacket, HBT		N	
		E	
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Goatee / (Light, color, extent)

Eyes U (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 Dental Chart attached. (White, size, unevenness, spacing, noticeable crowns, fillings, extractions)

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 U

Fingers T (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)

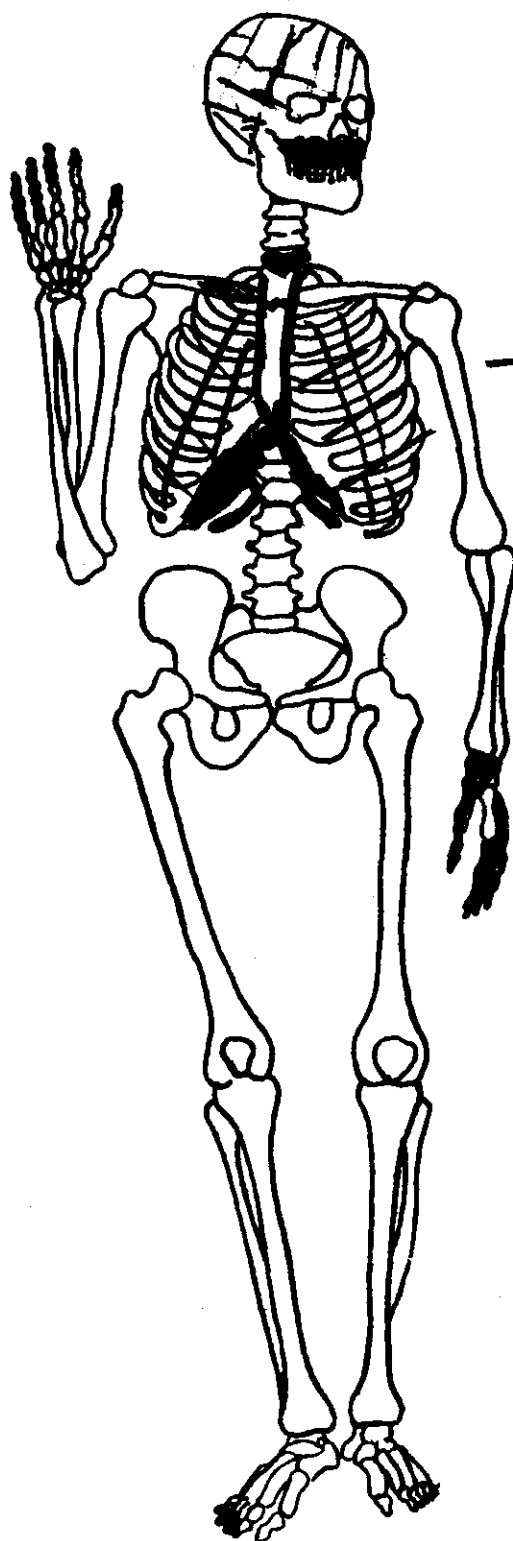
Evidence of healed fractures (Nose, arms, legs, etc)

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

X-341

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 20 RIBS

ALL VERTEBRAE
PRESENT

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

7 Aug 46
DATE

UNKNOWN X - 17

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
-----------	-------	---------	------	------------

UNIT	ORGANIZATION		
Olongapo Area, Luzon, P. I.	USAF Cem. Manila #2		
PLACE OF DEATH	PLACE OF BURIAL		
	PLOT	ROW	GRAVE NO.
	1	8	1016

Upper 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 A X P																TYPE
LOCATION	X O X P																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)	

MEMORIAL DIVISION
REPATRIATION RECORDS BRANCH
RECORDS SECTION

DATE 25 Jan 49

293 Wak P.D. 1-17 (Manila #2)

1. Name of Decedent UNKNOWN 1-17

2. Citizenship Filipino

3. Status at Time of Death Not Shown

4. Original Burial Location:

<u>USAF MANILA #2</u>	<u>F11</u>	<u>20</u>	<u>397</u>
Name of Cemetery	Plot	Row	Grave

5. Disposition of Remains:

Released to Phil Army, Office of the QM, 17 Apr 48
Reburied in Mt. Samat Cemetery, Pilar, Bataan

6. Next of Kin:

Name Not Shown

Address _____

Relationship _____

7. All records have been annotated to show disposition of subject remains per authority contained on Roster submitted by Philrycom 21 August 1948.

NAT
FILE
RECORDS ANNOTATED
DATE 1/26/49
NAME J. P. Proctor
R & R BR.

1 Mrs H- P 7 /gyc
 Interred 28 September 1949
 J 6 4 Ft. McKinley
DISINTERMENT DIRECTIVE
 Caretaker *Carl R. H. Mark*
 CARL R. H. MARK 243 Dick P.I. X-17 / Ft. McKinley
 Cemetery Superintendent
 SECTION A -
 NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER DATE
 7747 00006 15 06 48
 DAY MONTH YEAR

NAME SERIAL NUMBER RANK ARM DATE OF DEATH
 UNKNOWN X-000017 Q
 CEMETERY DISPOSITION OF REMAINS
 USAF CEMETERY MANILA NO 2 O 7701 80
 CODE DIST. PT.
 PLOT ROW GRAVE COUNTRY CAUSE OF DEATH
 1 8 1016 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
 (Maus) UNKNOWN X-341 UNKNOWN X-341 Feb 45 23 Sept 48
 IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN GEORGE L MIX
 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
 Grave #1016 Row #8 Plot #1

MINOR DISCREPANCIES /
 Mausoleum tags show UNKNOWN X-341

REMAINS PREPARED AND PLACED IN CASKET
 DATE 23 Sept 48 BY GEORGE L MIX

CASKET SEALED BY EMBALMER (Signature)
 GEORGE L MIX GEORGE L MIX

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
 DATE 23 Sept 48 BY HORACE L ALLISON, Sgt, Inf 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.

Corsine C Kayanan
 CORSINE C KAYANAN, 1st Lt, Inf
 SIGNATURE OF GRS INSPECTOR

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

20 OCT 1949
 HANNAH
 MEM. DIV.

DISINTERMENT DIRECTIVE

293 Under [unclear] 171 Ft. McKinley

6

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 1357 00000 DATE 13 00 00

NAME [unclear] SERIAL NUMBER [unclear] RANK [unclear] ARM [unclear] DATE OF DEATH [unclear]

CEMETERY USAF CEMETERY [unclear] DISPOSITION OF REMAINS 3 7701 00

PLOT 1 ROW 2 GRAVE 1010 COUNTRY PHILIPPINE ISLANDS CODE DIST. PL. CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE (PORT MCKINLEY CEMETERY) MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN (ADMINISTRATIVE SECTION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISINTERRED

IDENTIFICATION TAG ON [unclear] ORGANIZATION [unclear] RELIGION [unclear] IDENTIFICATION VERIFIED BY [unclear]

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MAJOR DISCREPANCIES

REMAINS PREPARED AND PLACED IN CASNET

DATE BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

BY I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF GCS INSPECTOR

1. Prepare Discrepancy Report GMC Form 119 for major discrepancies.

Unk. P.I. X-17 (Manila No.2)

11 June 1947

Mr. Walter J. Nelson, Union City, NJ

Unk., P.I. X-16 (Manila No. 2)

ENC

FILE UNDER NO. 293 - Unknown P.I. X-17 (Manila #2)

I N D E X S H E E T

S Y N O P S I S

DATE

28 Aug. 1947

FROM:

COM:

TO:

Walter J. Nelson, Union City, N. J.

SUBJ:

Identification of Unknown Deceased

Re letter this office, dtd 11 June 1947, copy inclosed, to which no reply has been received

DOCUMENT FILED UNDER NO. 293 - Unknown P.I. X-16 (Manila #2)

rtb

APR 5 - 1948

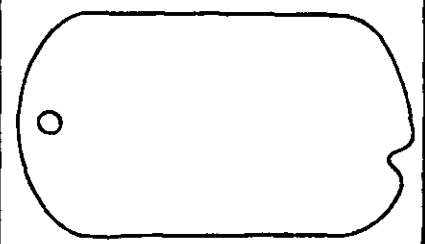
U 105

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815) STORAGE

DATE OF REPORT 2 Oct 47

Imprint Identification Tag If Possible DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)	UNKNOWN X-341 (Formerly Unknown X-17 USAF Gem Manila #2, Luzon, P.I.)
SERIAL NO.	Unknown
GRADE	Unknown
ORGANIZATION	Unknown
BRANCH OF SERVICE	Unknown
RELIGION	Unknown
IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	Unknown
PLACE OF DEATH	Olongapo Area, Luzon, P.I.
CAUSE OF DEATH	KIA, Body badly decomposed
DATE OF DEATH	Feb 1945

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY

None (1, 2, or none)

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 MANJOUUM, MANILA, P.I.

DATE OF BURIAL STORAGE

30 Sept 47

HOUR

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

COCKET

TYPE OF GRAVE

None

PLOT NO. HANGER

801

ROW NO. BAY

HRM

GRAVE NO. CRAPT

3277

WAS THIS A REBURIAL? (Yes or no)

RESTORED

TYPE OF RELIGIOUS CEREMONY

Yes

PERSON CONDUCTING BURIAL RITES

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

Yes

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

UNKNOWN X - 343 STORED

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

UNKNOWN X - 338 STORED

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm Asst

SIGNATURE OF GAS OFFICER VERIFYING REPORT

LUCIO S. PANOPIO, Lt., Inf

RESTRICTED

TION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General. adquarters GRS Office. Copies for retention in theater as prescribed by theater commander.

REPORT OF INTERMENT
(TM-10-630 AND AR 30-18151)

UTPHOF 12 - 12

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

ANDERSON, ROBERT, LUTHER, P. I. 24 JANUARY 1945 TIA, 3046 BATTLE BARRACOPPED

(Place of death) (Date of death) (Cause of death)

1900 HRS 14 FEB 1945 USAR COMETERY FORTIA #2, F. I.

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

UNIDENTIFIED

1016 6 1 CROSS IDENTIFICATION

(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

Service Identification Tag Number 1119, USAR
COMETERY FORTIA #2, DETROIT, INDO, F. I.

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

Report of interment in relation to burial with body.

Religion

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

Body buried on RIGHT STOMACH, 31 JANUARY 45. 2032000077 1st Lt, 301, 1st INF 1015

(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT COGS, 31 JANUARY 45. 22214002 1st Lt, 301, 1st INF 1015

(Name) (Serial number) (Rank) (Organization) (Grave number)

(Name, and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

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