

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

AFO 707
30 SEP 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:

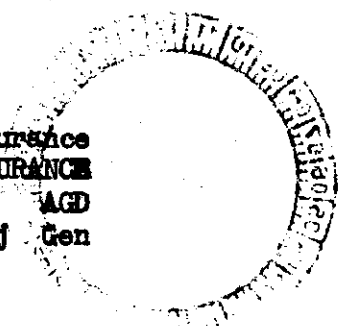
UNKNOWN	X-365	AGRS	Mslm	UNKNOWN	X-3039	AGRS	Mslm
"	X-430	"	"	"	X-3041	"	"
"	X-451	"	"	"	X-3612	"	"
"	X-613	"	"	"	X-4226	"	"
"	X-712	"	"	"	X-4441	"	"
"	X-721	"	"	"	X-4699	"	"
"	X-726	"	"	"	X-4863	"	"
"	X-797	"	"	"	X-4867	"	"
"	X-2345	"	"	"	X-4948	"	"

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

FOR THE COMMANDING GENERAL:

18 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

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



nm
 1
 /fbp
 Interred 28 September 1948
 D 6 65 Ft. McKinley
George Simonau
 CAPL R. H. BATES
DISINTERMENT DIRECTIVE

SECTION A - Cemetery Superintendent NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 00038	DATE 15 06 48 DAY MONTH YEAR
NAME UNKNOWNX-000054		SERIAL NUMBER 000054	RANK 0
CEMETERY USAF CEMETERY MANILA NO 2		ARM 0	DATE OF DEATH DAY MONTH YEAR 7701 80 CODE DIST. PT.
PLOT 1	ROW 21	GRAVE 2718	COUNTRY PHILIPPINE ISLANDS
CAUSE OF DEATH 6			

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)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-54 UNK X-365 (Maus)	SERIAL NUMBER	RANK	DATE OF DEATH 7 Feb '45	DATE DISTINTERRED 22 Sept '48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE SIMONEAU Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION GR 2718 Row 21 Plot 1	

MINOR DISCREPANCIES /
 2 Identification Tags show: UNKNOWN X-365, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET
 DATE **22 Sept '48** BY **GEORGE SIMONEAU**

CASKET SEALED BY GEORGE SIMONEAU	EMBALMER (Signature) <i>George Simonau</i> GEORGE SIMONEAU
--	---

CASKET BOXED AND MARKED DATE 22 Sept '48	SHIPPING ADDRESS VERIFIED BY HORACE L ALLISON, Sgt Inf CHARLES R. BATES, 1st Lt., USAFR
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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. Bates
CHARLES R. BATES, 1st Lt., USAFR
 SIGNATURE OF GRS INSPECTOR

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

2 OCT 1948
 REPT. DIV.
 HEAD. DIV.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHELPS BONE
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- 54, Plot 1,
Row 21, Grave 2718, 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:

A. B. McNemar
A. B. McNEMAR
Captain, MC
Chief, Records Branch

Atch: Form 1044

Received 18 Oct 49 0032
Not identifiable from
information presently
available
Y. Reynolds, ID. Br.
20 Oct 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-365 (Formerly UNKNOWN X-54 Manila #2)				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	
		801	K	3245	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 185 lbs	9. ESTIMATED HEIGHT 5'11"	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?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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"

TOOTH CHART		
	TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p>	

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															
MANDIBLE								MISSING							
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."

REMARKS: I1 is loose found with remains.

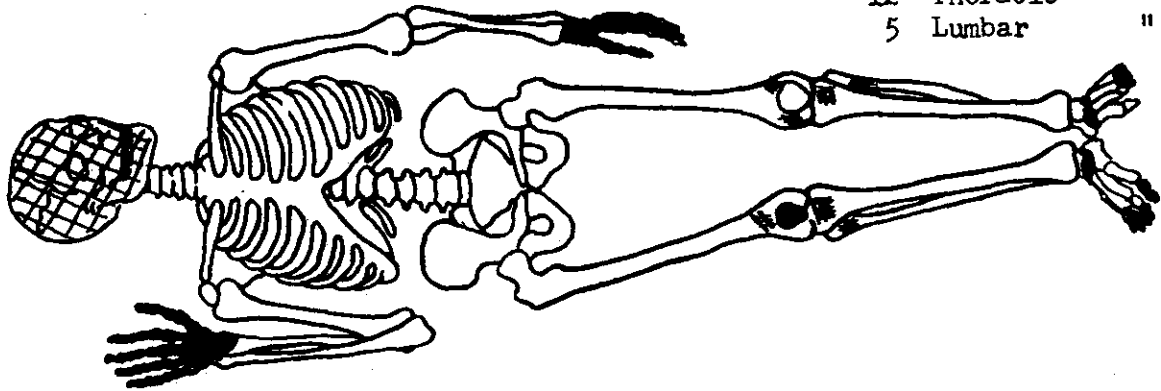
"UNIDENTIFIABLE"

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

- 22 Ribs
- 5 Cervical Vertebrae
- 12 Thoracic "
- 5 Lumbar "



Estimated height: 5'11"

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 - 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

SIGNATURE

J J McDERMOTT, Lab Officer, CIP

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.

Sept 25, 1947

DATE

(Formerly Unk-X54)
UNKNOWN X-365 (USAF Cem Manila #2)

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS MAUSOLEUM

ORGANIZATION

Luzon, P.I.

Manila, P.I.

801

K

3245

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER

BAY

CRYPT

No Maxilla tooth present

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

No Mandible

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

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)

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 **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 (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)

..... U
 D
 D
 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 (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

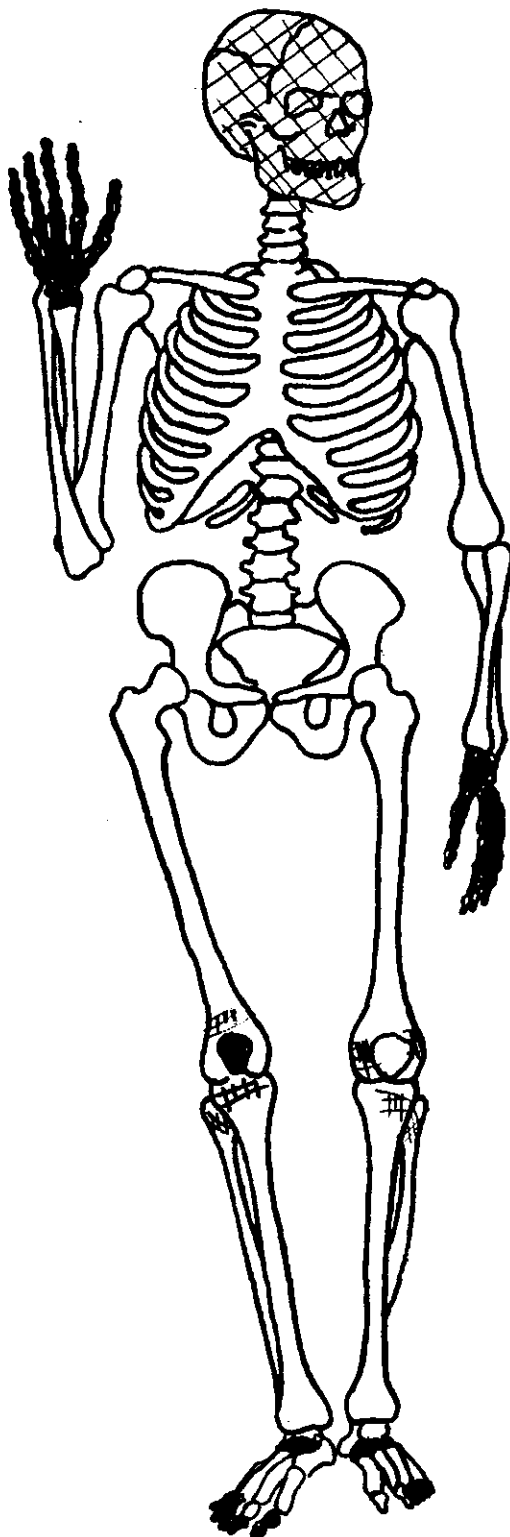
Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

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)



22 RIBS

VERTEBRAE PRESENT

5 CERVICAL

12 THORACIC

5 LUMBAR

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.

UNKNOWN X - 54

7 Aug 46
DATE

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Luzon, P. I. PLACE OF DEATH	USAF Com. Manila #2 PLACE OF BURIAL		1 PLOT	21 ROW
			2718 GRAVE NO.	

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE			O					P	P			P		A			TYPE
LOCATION			F											J, J			LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE		A	C					P				X		A	A		TYPE
LOCATION		F	F											F	F	F	LOCATION

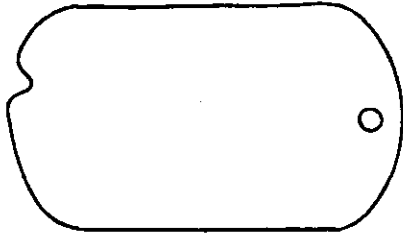
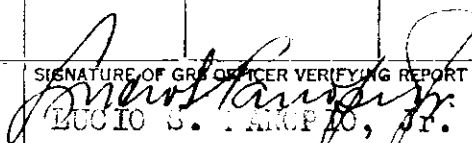
KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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)

APR 5 - 1948

RESTRICTED

U 308

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			STORAGE		DATE OF REPORT 5 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.						
		NAME (Last, first, middle initial) UNKNOWN X-365 (Formerly Unk X-54 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 Luzon, P.I.		CAUSE OF DEATH KIA - Shrapnel-Head			DATE OF DEATH 7 Feb 45			
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 30 Sept 47	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BAY K	GRAVE No. CRYPT 3245		
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P.I.			PLOT No. 1	ROW No. 21	GRAVE No. 2718		
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) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes							
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) STORED UNKNOWN X-367	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3247				
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-363	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3243				
SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst			SIGNATURE OF GRAVE OFFICER VERIFYING REPORT  EUCIO S. LOPEZ, 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

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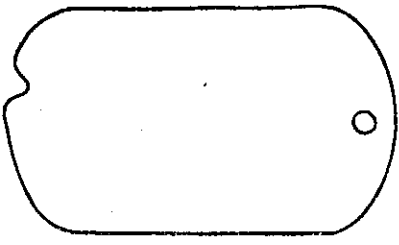
RESTRICTED

U.S.G. 10308

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
18 October 1945

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UN KNOWN X - 54		
	GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Luzon, P. I.	CAUSE OF DEATH KIA - SHRAPNEL - HEAD	DATE OF DEATH 7 February 1945
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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	

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 11 October 1945	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) SHELTER HALF	TYPE OF GRAVE MARKER CROSS	PLOT No. 1	ROW No. 21	GRAVE No. 2718
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WAS THIS A REBURIAL? (Yes or no) YES	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Remains Disinterred from USAF Cemetery Nasugbu #1, Luzon, Q. I. x +	PLOT No. <u>1</u> ROW No. <u>5</u> GRAVE No. <u>86</u>
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY (Bloody E.M.T. unnamed & unsigned w/date & KIA-Shrapnel head). Report of Interment buried in bottle with Body.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) NO	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) YES	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STEARNS, Lester	RANK Pvt.	SERIAL No. 32816348	ORGANIZATION Co.E, 188th Glid. Inf.	GRAVE No. 2717
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) WRIGHT, Lewis C.	RANK Unknown	SERIAL No. 17011270	ORGANIZATION Unknown	GRAVE No. 2719
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SIGNATURE OF PERSON PREPARING REPORT <i>W. E. Sessions III</i> T/S WESTON V. HARDY JR., GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>W. E. Sessions III</i> W. E. SESSIONS III, Captain, Q. M. C.
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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.

488

RESTRICTED

1 September 1944

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place U.S.A.F. CEM. NASUGBU

Date 10. OCT. 1945

1. Remains of UNKNOWN X V Serial Number UNK.
Rank UNK Organization UNK.

2. Disinterred (date): 10. OCT. 1945 From (give complete location): U.S.A.F. CEM. NASUGBU #1, NASUGBU, LUZON, P.I.
By: Group 2ND PLATOON Unit 609 Q.M.G.R. REG. CO.

3. Reburied (date): _____ In (give complete location): _____
By: Group _____ Unit _____ Nature of reburial _____

4. Report as to nature of original burial and condition of body upon disinterment:
KIA. SHRAVEL - ~~HEAD~~ HEAD BODY BADLY DECOMPOSED

5. (a) Identification tags: Buried with body? NO On grave marker? NO
(b) Other means of identification found upon disinterment, and general remarks: FORM #1 BURIED IN BOTTLE AT HEAD. EMBOSSED PLATE ATTACHED TO MARKER. BLOOD EVID UNAMED & UNSIGNED W/DATE KIA-SHRAVEL HEAD

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) UNDETERMINED

(b) Weight (estimated) "

(c) Hair-Color "

Quantity "

Characteristics "

(d) Hair on face-Color "

Location "

Quantity "

(e) Permanent marks on body (old scars, peculiarities, or missing parts) BODY EARLY DECOMPOSED

(f) Wounds or missing parts (received at time of casualty) BODY BADLY DECOMPOSED

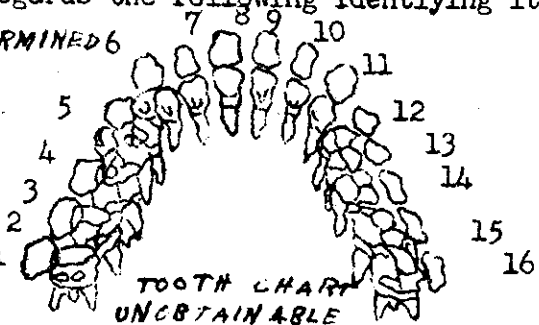
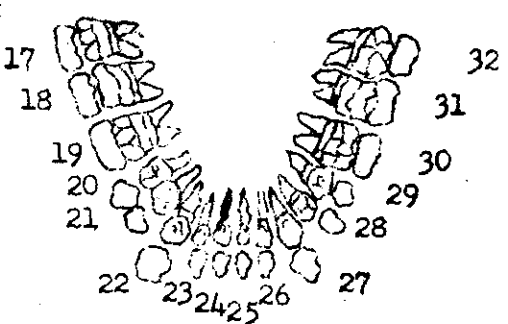


Diagram represents mouth wide open



7. Disinterment supervised by S. D. Acton 1st Lt Approved: _____ (Title)

RESTRICTED

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

308

Graves Registration
Form No. 1
(Revised May 11, 1963)1
UNKNOWN - X-4

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

Luzon, P.I.

(Place of death)

7 Feb 45

(Date of death)

KIA-Shrapnel Head

(Cause of death)

1000 - 8 Feb 45

(Time and date of burial)

USAF Cem Nasugbu #1 Luzon PI

(Name of Cemetery)

Nasugbu, Luzon, P.I.

(Name of coordinates of location)

86

(Grave number)

5

(Row number)

1

(Plot number)

Regulation Cross

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

Disposition of identification tags: Buried with body

Yes No

Attached to marker

Yes No Form #1 buried in bottle at head. Stamped metal tag attached to marker.
(If no identification tags, what means of identification are buried with the body?)

(Bloody-EIT unnamed & unsigned w/date & KIA-Shrapnel-Head)

Religion

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

Body buried on RIGHT Lester (M/T)Stearn

(Name)

32816348

(Serial number)

Pvt

(Rank)

188 GII Inf

(Organization)

87

(Grave number)

Body buried on LEFT Virgil L Thornton

(Name)

36420462

(Serial number)

S/SGT

(Rank)

188 GII Inf

(Organization)

85

(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: No Effects.

Form No. 1247