

293-unk Manila #2

X-71

1. FILE UNDER NO.

293 -> Unk. Manila News. X-372

SYNOPSIS

2. TYPE OF DOCUMENT:

Ltr

3. DATE:

11 Jan 50

4. FROM:

Hydro., American GRS, Philcomzone, APO 900

5. TO:

TONG, Wash., D. C. Attn: Memorial Division

6. SUBJECT:

Unidentifiable Remains

Unknown X-227 AGRS Mslm

Unknown X-3207 AGRS Mslm

" X-230 " "

" X-3209 " "

o o o o o o o o

7. DOCUMENT FILED UNDER NO.

293 -> Unk. Manila News X-227

mfs

INSTRUCTIONS.—Enter after the above headings information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
- 3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
- 6. Brief and comprehensive synopsis of the content or subject matter.
- 7. File classification under which the document is filed.

FORM 103
Unknown X-71
P.I. (Manila 40)

27 June 1946

SUBJECT: Fingerprint of Unknown Decedent

TO: Commanding General,
Army Forces Western Pacific Area
APO 707, A/2 Postmaster
San Francisco, California
FOR: Chief, American Graves Registration Service

1. The fingerprint submitted on the ISG Form 2 for Unknown X-71, USAG Cemetery, Manila 40, Plot 1, Row 12, Grave 2407, has been compared, insofar as possible, but was not found to be identical.

2. Should additional information become available to your headquarters, which may be of assistance in the identification of subject Unknown, it should be forwarded by this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL.

JAMES G. McFARLAND
Major, GPO
Assistant

JUN 27 9 42 AM '46
MAIL & RECORDS BRANCH

JUN 27 8 35 AM '46
MAIL & RECORDS BRANCH AND
RECORDS BRANCH

DT

AGPC-S 704 (14 Mar 46)

1st Ind

DPR/SFW/iag/4602

WD, AGO, Washington 25, D.C., 17 April 1946

TO: The Quartermaster General, Washington 25, D.C., Attention: Chief,
Identification Section, Repatriation Records Branch, Room 2426,
Temporary Building B.

Fingerprint on attached NMS Form N No. N-2452 for deceased
buried USAF Cemetery Manila #2, grave 2857; row 22, plot 1, could not
be identified.

FOR THE ADJUTANT GENERAL:

Lloyd E. Hirschhorn

LLOYD E. HIRSCHHORN
Major, AGD
Officer in Charge
Status Review and
Determination Section

DAC

1 Incl. n/c

293 2nd Lt. N-2452-2 12th (C) Division

*File
1-24-46*

ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO _____

WASHINGTON 25, D. C.

BURIED-C-JKW
QW20/P6-3(2g)/Tr.

20 June 1946

MEMORANDUM FOR IDENTIFICATION SECTION:

Subj: Unknown X-71, USAF Cemetery Manila No.2, Report concerning fingerprints of.

1. A previous check by the Navy Department of the fingerprints submitted for the remains of X-71, buried in grave 2857, row 22, plot 1, USAF Cemetery Manila #2, failed to establish the identity of these remains.

J. K. Waite

J. K. WAITE
Lieut. (HC), USN
Navy Liaison Officer
Army Graves Registration Service



ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.



NUMED-C-JIN
QWEO/PB-3(2g)/Tr.

20 June 1946

MEMORANDUM FOR IDENTIFICATION SECTION:

Subj: Unknown X-71, USAF Cemetery Manila No.2, Report concerning fingerprints of.

1. A previous check by the Navy Department of the fingerprints submitted for the remains of X-71, buried in grave 2857, row 22, plot 1, USAF Cemetery Manila #1, failed to establish the identity of these remains.

J. K. WAITE
Lieut. (HC), USN
Navy Liaison Officer
Army Graves Registration Service



SR
p



ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL

IN REPLY REFER TO

SPQYG 293

Unknown - N 2452 - P.I. WASHINGTON 25, D. C.

14 March 1946

SUBJECT: Fingerprint of Unknown Deceased

TO : The Federal Bureau of Investigation, Department of Justice,
Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover

THRU : Status Review & Determination, Casualty Branch,
4602 Munitions Building, Washington, D. C.

1. The enclosed NMS-Form N is forwarded to your office with a request that comparison be made of the fingerprint thereon with those on file, with view to establishing the identity of an Unknown Deceased.
2. If found to be identical, it is requested that this office be advised of your findings, together with return of the form.

FOR THE QUARTERMASTER GENERAL:

ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

1 Incl
NMS-Form N

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D. C.

MAR 17 1946

nfm

Interred 26 Apr 1950
L 15 45 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00043

DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWNX-000071

SERIAL NUMBER
UNKNOWNX-000071

RANK
0

ARM
0

CEMETERY
USAF CEMETERY MANILA NO 2

DATE OF DEATH
7701 48
DISPOSITION OF REMAINS
CODE DIST. PT.

LOT ROW GRAVE COUNTRY
1 22 2857 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)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
**UNK X-000071
UNK X-372 (Maus)**

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
22 Sept '48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
**JOSEPH M. OWEN
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 /
Two remains Tags: UNKNOWN X-372, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET
DATE **22 Sept '48** BY **JOSEPH M. OWEN**

CASKET SEALED BY
JOSEPH M. OWEN

EMBALMER (Signature)
Joseph M. Owen
JOSEPH M. OWEN

CASKET BOXED AND MARKED
DATE **22 Sept '48**

SHIPPING ADDRESS VERIFIED BY
HORACE L ALLISON, Sgt Inf LUCIO S. PANOPIO, 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.

Lucio S. Panopio
LUCIO S. PANOPIO, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

*not
6/9/50
all runs @
Panopio*

**ARMY SERVICE FORCES
MEMO ROUTING SLIP**

THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: (Name, organization, building) 1. Lt. Forchard, Memorial Building "B", Rm. 2203	INITIALS		CONCURRENCE
	DATE		SIGNATURE
2.			NOTE AND RETURN
			NOTE AND FORWARD
3.			COMPLETE ACTION
			CIRCULATE
			INFORMATION
			FILE

It is requested that two (2) each, both sides, photostatic copies be furnished this office of the attached forms for:

Unknown X-71, buried in USAF Cemetery
Manila #2, Lihon, P. I.

ROSENBERG
2nd Lt., QMC

2 attachments
2 Forms

FROM: (Name, organization, building)

Lt. Rosenberg, Memorial, Ident.,
Building "B", Rm. 2426

DATE
27 Feb 46

TEL.
(JSP) 6517

**ARMY SERVICE FORCES
MEMO ROUTING SLIP**

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: (Name, organization, building)	INITIALS	<input type="checkbox"/>	CONCURRENCE
	DATE	<input type="checkbox"/>	SIGNATURE
1. 14. Suite		<input type="checkbox"/>	NOTE AND RETURN
2.		<input type="checkbox"/>	NOTE AND FORWARD
		<input type="checkbox"/>	COMPLETE ACTION
		<input type="checkbox"/>	CIRCULATE
3.		<input type="checkbox"/>	INFORMATION
		<input type="checkbox"/>	FILE

293 **Subcom E-41 P.I.**
(Manila 42)

1. The inclosed MIL-Form # is forwarded to your office for comparison of the fingerprint thereon with those on file.

2. It is requested that this office be advised of your findings, together with return of the form.

**Inc
MIL-Form #**

JAMES G. McFARLAND

6-17-44

FROM: (Name, organization, building)

DATE **25 June 1944**

**Identification Section, Memorial Div.
3400 Camp Mag 2**

TEL. **6817**

HEADQUARTERS
FILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

10 Jan. 1950
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- ^{71 Manila 2} ~~372~~, Plot 1,
Row 22, Grave 2857, USMC Manila 2, Luzon, P.I., have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


H. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

[REDACTED]

[REDACTED]

[REDACTED]

Inc 4

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-372 (Formerly X-51 Manila #2 Gen. Luzon, PI)				2. DATE OF REPORT 10 Jan 50	
3. NAME OF CEMETERY AGSB Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF
		Tanger Bay		0045	DISINTERMENT REINTERMENT
		001	K	3050	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 175 LBS	9. ESTIMATED HEIGHT 5' 11"	10. COLOR OF HAIR BROWN	11. RACE UNKNOWN
--------------------------------	-------------------------------	----------------------------	---------------------

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

NONE

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?
--	-----------------

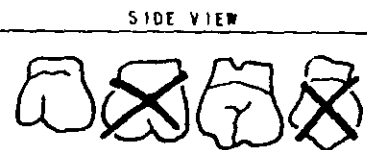
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

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:



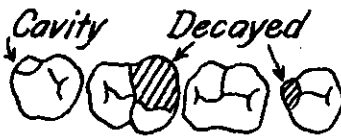
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



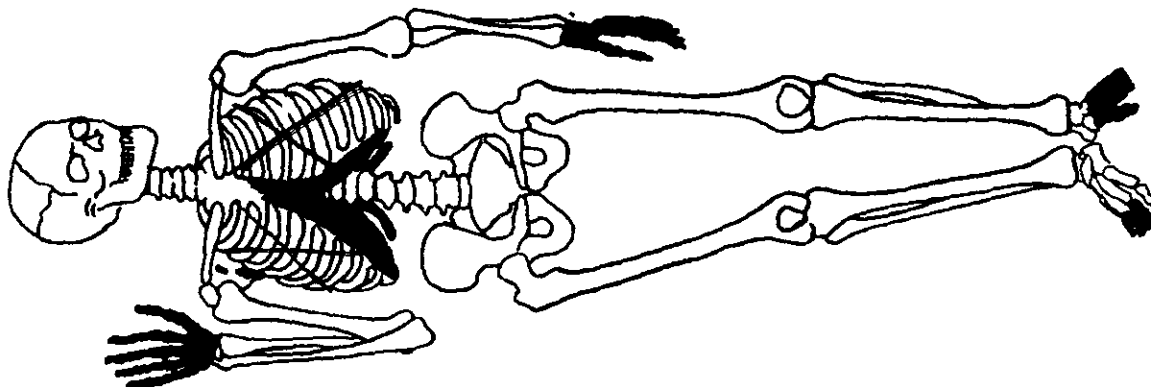
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A	A	X										A	A			
	o	o											o	o			
Side Views																	Side Views
Top Views																	
Side Views																	
													X	A			
														o			
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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."

REMARKS: R-8, 18, R-16 impacted R-7 Carious

Paul R. Nichols
PAUL R. 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 ID tags, burial bottle, personal effects, or other means of identification found with remains.

Est. weight of remains - 11 lbs.

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

Paul R. Nichols

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.

29 Sept 47
DATE

UNKNOWN X-372 (Formerly UNK X-71)

USAF Cemetery Manila #2, Luzon, P.I.

Unknown

Unknown

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

Unknown

Navy

UNIT

ORGANIZATION

Unknown

AGRS Mausoleum, Manila, P.I. 801

K

3252

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER

BAY

CRYPT

	<i>Impacted</i>			RIGHT				UPPER TEETH				LEFT					<i>Impacted</i>	
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		A	A	X										A	A			
LOCATION		10 OF	0											0	0			

INSIDE — LOOKING OUT

	<i>Impacted</i>			RIGHT				LOWER TEETH				LEFT						
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE														X	A			
LOCATION															0			

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		OXYPHOSPATE (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-71
Unknown X -372 USAF Cem Manila #2)
Cemetery AGRS Mausoleum, Manila, P.I.
Plot 801 Row HANGER Grave 3252

1. Arrived at cemetery _____
(Hour) (Date)
2. Place of death Unknown (See Remarks) _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
3. Remains recovered or disinterred by C.M.T. #1, Cem. #2, Manila, 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	n (Type) o		
Raincoat	n		
Overcoat	e		
Jacket, Field	/ / /		
Jacket, Combat	/ / /		
Mackinaw	n		
Sweater	o n		
Jacket, HBT	e		
* Shirt, Wool OD	/ / /		
Undershirt, Wool	n		
Undershirt, Cotton	o n		
Trousers, HBT	e		
* 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 **Dental Chart attached.**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of ~~head~~^{skull} in inches 21" (**Oblong-shaped**)
 (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 (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

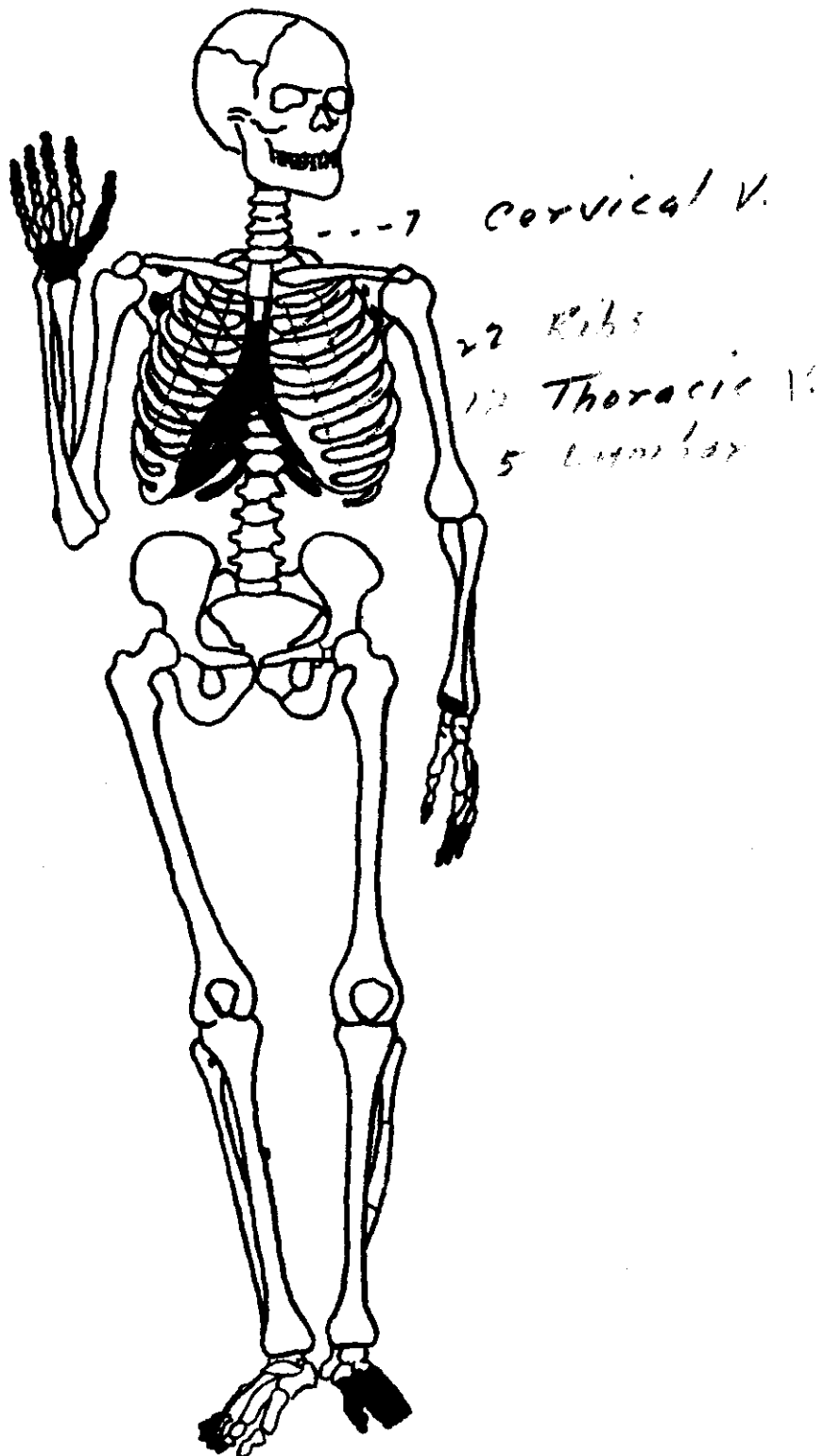
Evidence of healed fractures (Nose, arms, legs, etc.)

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

SKELETAL CHART

K-370

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



**ARMY SERVICE FORCES
MEMO ROUTING SLIP**

TO THE FOLLOWING IN THE ORDER INDICATED		CHECK ACTION	
TO: (Name, organization, building) 1. Lt. Waite	INITIALS		CONCURRENCE
	DATE		SIGNATURE
2.			NOTE AND RETURN
			NOTE AND FORWARD
3.			COMPLETE ACTION
			CIRCULATE
			INFORMATION
			FILE

**Unknown X-71
Manila #2**

1. The inclosed NMS-Form N is forwarded to your office for comparison of the fingerprint thereon with those on file.

2. It is requested that this office be advised of your findings, together with return of the form.

1 Incl
NMS-Form N

James C. MacFarland
JAMES C. MACFARLAND

FROM: (Name, organization, building) Identification Section, Memorial Div. 2432 Tempe Bldg B	DATE 20 June 1946 TEL. 6817
--	---



CERTIFICATE OF DEATH

From: Naval Base Dispensary, Navy 3002

To: Director of Medical and Surgery, Navy Department, Washington, D. C.
(Use Regular Letter R-5, Appendix D, Manual of the Medical Department for instructions)

- 1. Name Unidentified. Rank or rate Unidentified.
- 2. Birth Place Unidentified. Date Unidentified.
- 3. Nationality Colored Religion Unidentified.
(White—U. S., Colored, Samoan, etc.) (Denomination)
- 4. Eyes Negro Hair Negro Complexion Negro Height 6' approx. Weight 200# approx.
- 5. Marks, scars, etc. (noted in health record)

Body too decomposed.

FINGERPRINT



State which finger Rt. Index.
(Right index preferred)

6. Relation, name and address of next of kin or friend Unknown

7. Original admission: Place Naval Base Dispensary, Navy 3002 Date 10-12-45 at 1725
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Unknown Date Unk. Hour Unk.

9. Cause of death { Principal Injuries, Multiple, Extreme, Key Letter Unknown
Contributory # 2542.

10. Death Unknown the result of own misconduct and unknown in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains USA Cemetery Manila 2 Nov 2857, Box 23 Plot 1600 13 Oct 45

12. Summary of facts relative to the death:

Body picked up by Harbor Patrol. Brought to this activity for disposition. Autopsy performed.

A. L. HASKINS
A. L. HASKINS

(Medical Officer)

Lieut.

U. S. Navy

Approved: Court of inquiry or board of investigation

will
(Walter W. H. H.)

W. R. H. H.
W. R. H. H.

(Commanding Officer)

U. S. Navy

RESTRICTED

N 2452

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

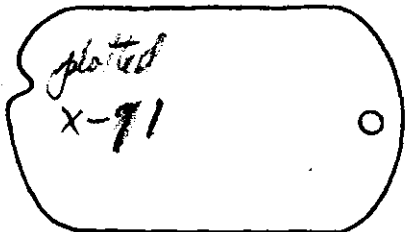
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

4 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-372 (Formerly UNK X-71
USAF Cemetery Manila #2, Luzon, P.I.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Navy

RACE

Colored

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Unknown

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, full coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
30 Sept 47	1300	Casket	None	801	K	3252

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.	ROW No.	GRAVE No.
1	22	2857

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-374

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

3254

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

UNKNOWN X-370

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

3250

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S PANOPPIO 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.

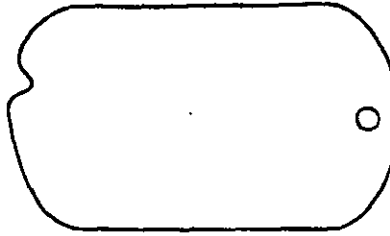
RESTRICTED

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

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

DATE OF REPORT
14 Oct 45

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) WILSON, Jessie M - 71		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE Avv
RACE Colored	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	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) Certificate of Death (U.S. Form-7, 1940)
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 13 Oct 45	HOUR 1600	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 1	ROW No. 22	GRAVE No. 2857

WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	PLOT No. ROW No. GRAVE No.

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) WILSON, Jessie	RANK 1fc	SERIAL No. 34556565	ORGANIZATION 224 Ingt Regt	GRAVE No. 2856
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) BUNCAK, George	RANK	SERIAL No. 36907970	ORGANIZATION 5th Gp Bn	GRAVE No. 2858
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SIGNATURE OF PERSON PREPARING REPORT W. V. HARVEY JR., SET. SPS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT J. E. SASSICKS TPT, Capt., G. O.
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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.

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