

Interred 22 Aug 1949  
H 13 101 Ft. McKinley

DISINTERMENT DIRECTIVE

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

Cemetery Superintendent  
SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7747 02763

DATE  
15 06 48  
DAY MONTH YEAR

NAME: UNKNOWNX-000076 SERIAL NUMBER: RANK: ARM: 0  
DATE OF DEATH: DAY MONTH YEAR

CEMETERY: USAF CEMETERY MANILA NO 2 DISPOSITION OF REMAINS: 7701 80  
CODE DIST. PT.

ROW GRAVE COUNTRY: 46 PHILIPPINE ISLANDS CAUSE OF DEATH: 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS  
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-76 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 28 Sept 1948  
IDENTIFICATION TAG ON: 3 REMAINS ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: ALEXANDER P. PETTICE  
2 MARKER NAME AND TITLE: Embalmer

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION:  
MINOR DISCREPANCIES: Two (2) Tags - UNK X-377 (Maus)

REMAINS PREPARED AND PLACED IN CASKET  
DATE: 28 Sept 1948 BY: ALEXANDER P. PETTICE

CASKET SEALED BY: ALEXANDER P. PETTICE EMBALMER (Signature): ALEXANDER P. PETTICE

CASKET BOXED AND MARKED: HORACE L. ALLISON SHIPPING ADDRESS VERIFIED BY: CORSINE C. KAYANAN, 1st Lt., Inf.

DATE: 28 Sept 1948 Sgt., 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 QMC Form 1194a for major discrepancies.

SEP 1948

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

25 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 76, Flot 2,  
Row 1, Grave 46, 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:



R. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-377 (Formerly UNK X-76 Manila # 2)</b>				2. DATE OF REPORT <b>29 July 49</b>	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>801</b>	<b>K</b>	<b>3257</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>140</b>	9. ESTIMATED HEIGHT <b>5' 8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
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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

**UTD**

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**

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

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

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
							<i>P</i>	<i>P</i>	<i>← maxilla missing →</i>								
<i>Side View</i>																	<i>Side View</i>
<i>Top View</i>																	<i>UPPER</i>
																	<i>LOWER</i>
<i>Side View</i>																	
	<i>A/C</i>	<i>A/P</i>						<i>P</i>								<i>A/C</i>	
	16	15	14	13	12	11	10	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."

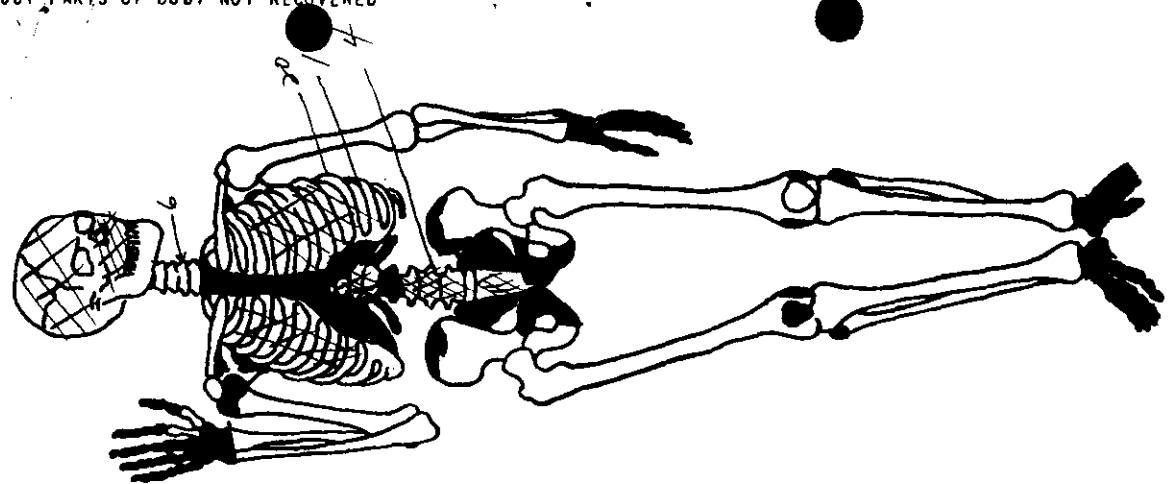
Loose teeth from L-2 - L-5 and L-15 - L-16 are present with remains.

**"UNIDENTIFIABLE"**

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

*J. J. McDermott*  
**J. J. McDERMOTT**  
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height - 5' 8"

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, ident., tags or personal effects found with remains.  
Estimated weight of remains - 12 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  
J. J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE  
*J. J. McDermott*

# IDENTIFICATION DENTAL CHART

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

30 Sept 47

DATE

UNKNOWN X-377 (Formerly UNK X-76,  
USAF Cemetery Manila #2)

Unknown

Unknown

LAST NAME      FIRST      INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

AGRS Mausoleum

ORGANIZATION

Corregidor, P.I.

Manila, P.I.

801

K

3257

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER

BAY
















CRYPT

		RIGHT					UPPER TEETH					LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE									P	P								TYPE	
LOCATION														0	0		0	LOCATION	
														0	0		0		

INSIDE — LOOKING OUT

		RIGHT					LOWER TEETH					LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		A	A														A	TYPE	
LOCATION		0	DF												0		0	LOCATION	
															0		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	 OCCLUSAL (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-76, USAF)

Unknown X-577 Cem Manila #2

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 801 HANGER Row K CRYPT Grave 3257

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death Corregidor, 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, Manila #2 Cem, 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 _____	(Type) <u>/</u>		
Raincoat _____	<u>/</u>		
Overcoat _____	<u>/</u>		
Jacket, Field _____	<u>/</u>		
Jacket, Combat _____	<u>/</u>		
Mackinaw _____	<u>/</u>		
Sweater _____	<u>/</u>		
Jacket, HBT _____	<u>/</u>	N	
* Shirt, Wool OD _____	<u>/</u>	O N	
Undershirt, Wool _____	<u>/</u>	E	
Undershirt, Cotton _____	<u>/</u>		
Trousers, HBT _____	<u>/</u>		
* Trousers, Wool OD _____	<u>/</u>		

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 ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of <sup>skull</sup>head in inches U.T.D. Skull fractured. (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, <sup>T</sup>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 ..... <sup>straight</sup> (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)

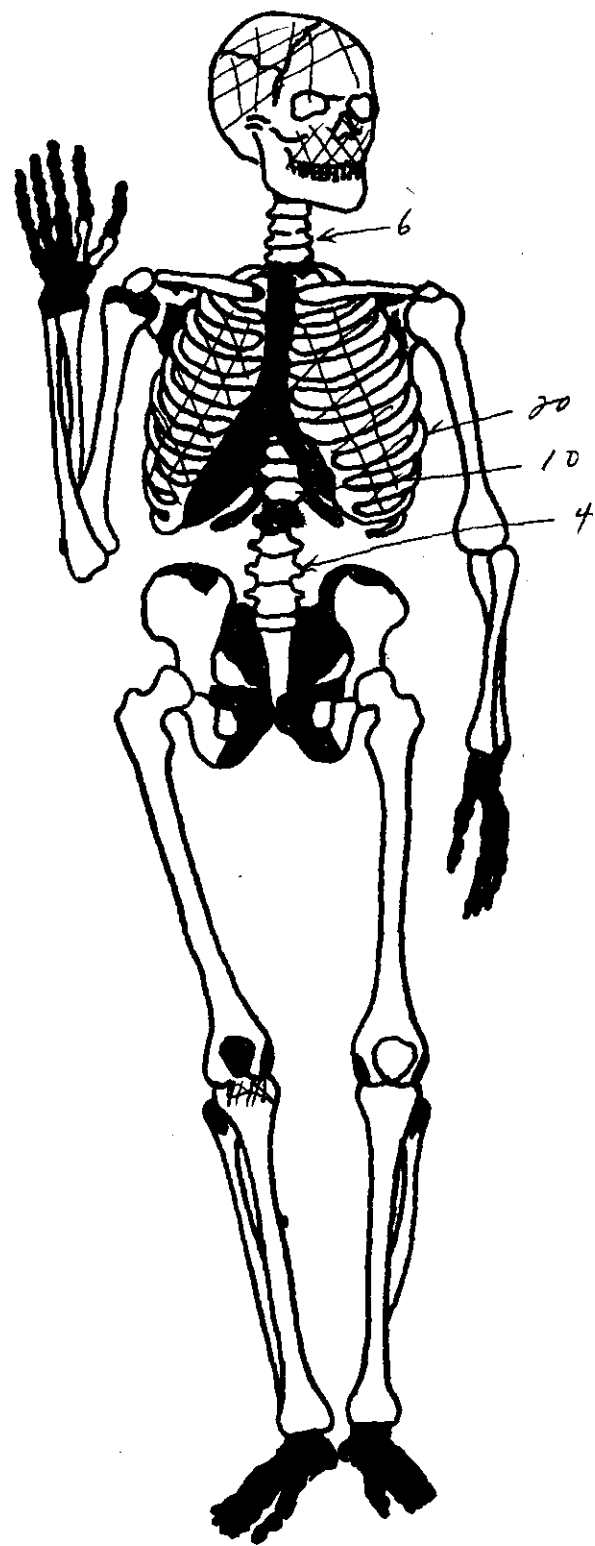


CHART "A"

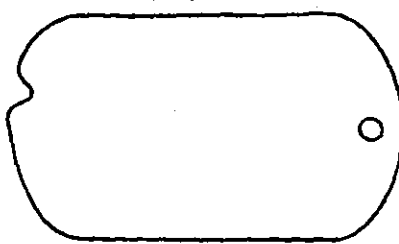
/aam

APR 5 1948

RESTRICTED

U 535

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815) <b>STORAGE</b>	DATE OF REPORT 6 Oct 47
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Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>		
NAME (Last, first, middle initial) UNKNOWN X-377 (Formerly UNK X-76, USAF Cemetery 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 Corregidor Island, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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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) See Remarks
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

Received 29 Aug 1949  
 Not identifiable from information presently available  
 30 Aug 1949  
 E. A. Karp...

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' MUSEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 30 Sept 47	HOUR 1300	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 3257
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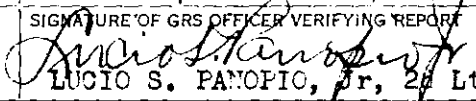
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.	PLOT No. ROW No. GRAVE No. 462 1 45
---	---	--

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED MONTIGELLO, D	RANK Unknown	SERIAL No. 1015823	ORGANIZATION Unknown	GRAVE No. CRYPT 3259
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) FIELD UNKNOWN X-375	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3255
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SIGNATURE OF PERSON PREPARING REPORT  Wm R. GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S. PANOPIO, Jr, 2d Lt., Inf
---	--

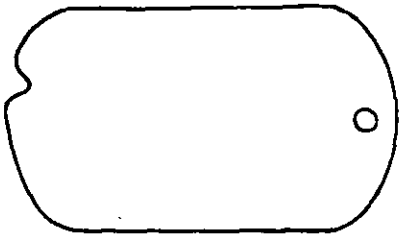
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

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U 533

WD GMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)				REPORT OF/INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 5 Nov. 45
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-76 (Manila #2)				SERIAL NO.	
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Corregidor, P. I.		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)					
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 USAF Cemetery Manila #2, Luzon, P. I.							
DATE OF BURIAL 31 Oct. 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 1	GRAVE No. 46	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE American Cem., Corregidor Island 345.5-406.5						
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) JULIAN, Joseph Michael		RANK Pvt.	SERIAL NO. 42148699	ORGANIZATION Special Trp AFMAC T.T.S	GRAVE No. 45		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-77 (Manila #2)		RANK	SERIAL NO.	ORGANIZATION ORGANIZATION	GRAVE No. 47		
SIGNATURE OF PERSON PREPARING REPORT W. V. HARDY Jr. T/3, GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT W. E. SESSIONS II, Capt., 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.							

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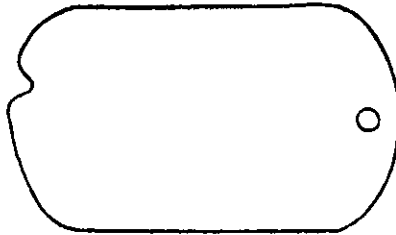
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

5 Nov. 45

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-76 (Manila #2)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

Corregidor, P. I.

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)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

A TRUE COPY:

*Leander W. O'Neill*  
LEANDER W. O'NEILL  
1st. Lt., Infantry

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.
31 Oct. 45	1400	Shelter Half	Cross	2	1	46

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
yes	American Cem., Corregidor Island 345.5-406.5	C	3	65

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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
JULIAN, Joseph Michael	Pvt.	42148699	Special Trp APPAC T.T.S G2 GHQ	45

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-77 (Manila #2)				47

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

*encl # 4*

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