

drs.

1

Interred 13 Mar 1950

L. 16 113 Ft. McKinley

*Casketmark*

CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 02781

DATE

15 06 48  
DAY MONTH YEAR

NAME

UNKNOWNX-000096

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS

7701 80  
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

F12 1 112 PHILIPPINE ISLANDS

CAUSE OF DEATH

6

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-000096  
UNK X-588 Maus. No.

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

21 Sept 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY  
GEORGE SIMONEAU  
Embalmer

NAME AND TITLE

REMAINS  
 MARKER

UNKNOWN

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Halve

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES

2 ID tags show UNK X-588 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 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.

*Charles R Bates*  
CHARLES R BATES, 1st Lt., USAFR

SIGNATURE OF GRS INSPECTOR

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

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

28 February 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- 96, Plot 2,  
Row 1, Grave 112, USMC Manila No. 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

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

Received MAR 14 1950  
Not identifiable from  
information presently  
available

*John Stull*  
*ad Sec*  
MAR 30 1950

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-96 USAF Com. Manila No. 2, P.I.</b>				2. DATE OF REPORT <b>28 Feb '50</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>Hanger</b>	<b>Bay</b>	<b>Crypt</b>	DISINTERMENT	REINTERMENT
	<b>801</b>	<b>D</b>	<b>891</b>		

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>
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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?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

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**

TOOTH CHART

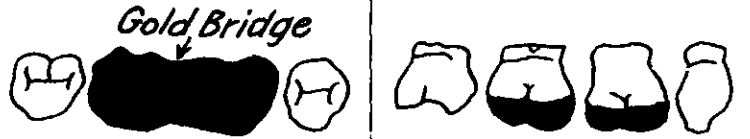
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



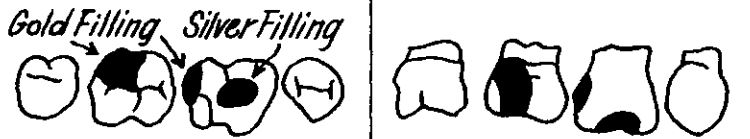
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



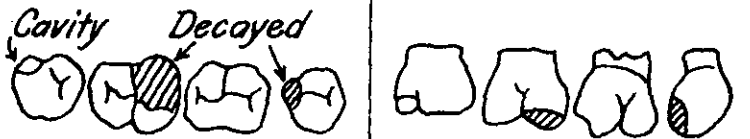
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



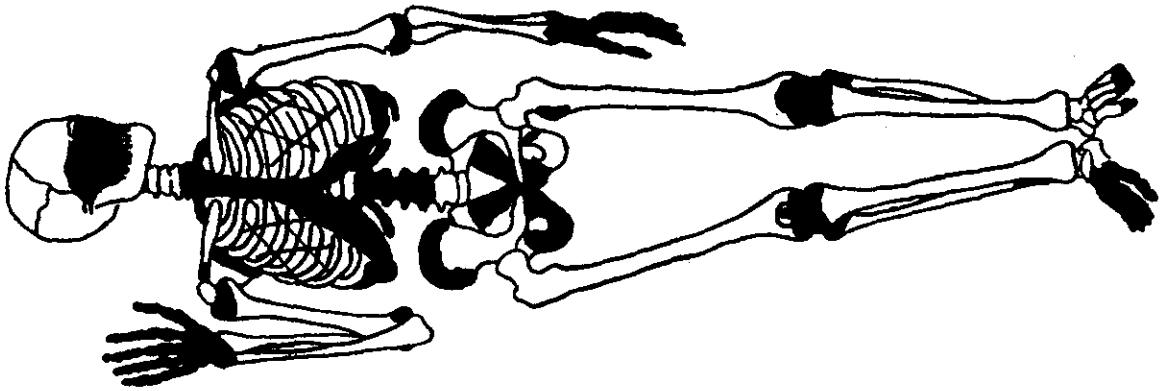
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X		X	X				X				o			o	o
Side View															Side View
Top View															UPPER
Top View															LOWER
Side View															Side View
		X											X	X	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

**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 R. Nichols*

PAUL R. NICHOLS  
Chief, Identification 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, Identification Section

SIGNATURE

# IDENTIFICATION DENTAL CHART

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

(Formerly UNK K-96)

Oct 47

UNK K-588 (USAF Cem Manila #2, Luzon, P.I.) Unknown







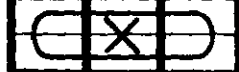








LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
Unknown				Unknown
UNIT		ORGANIZATION		DATE
Basianan, Camarines Norte, Luzon, P.I.		AARS MUSEUM, Manila, P.I.		Unknown
PLACE OF DEATH	PLACE OF BURIAL STORAGE	PLOT HANGER	ROW BAY	GRAVE NO. CRYPT
		001	D	891

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE	X		X	X				X				o			o	o	LOCATION
LOCATION												d			o	d	

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE			X											X	X		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	 OXYPHOSPATE (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 ..... 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 ..... (Unusual characteristics of fingernails)

Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

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)

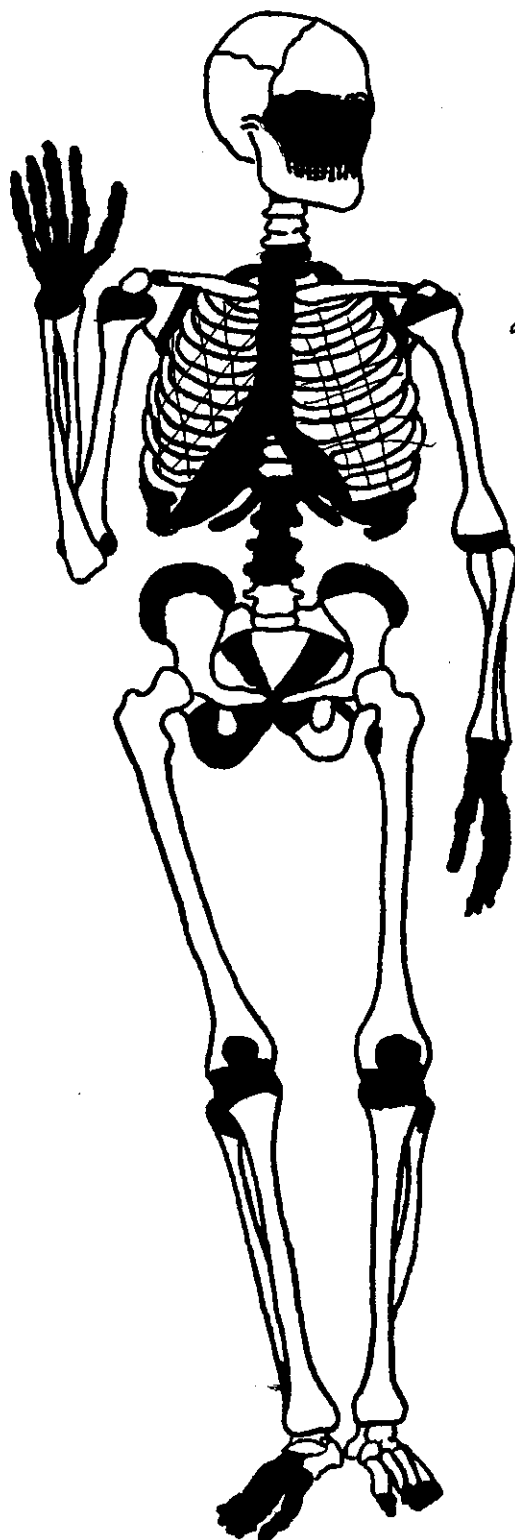
Evidence of healed fractures ..... (Nose, arms, legs, etc.)

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



# SKELETAL CHART

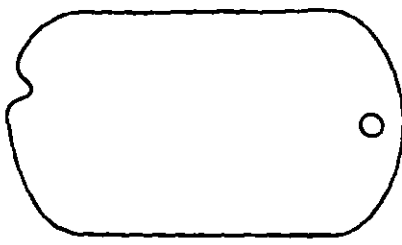
(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



20 Ribs and Rib  
fragments Received

3 cervical, 7 dorsal,  
1 Lumbar vertebrae  
Received.

Apum

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT 10 Oct 47
Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN X-588 (Formerly UNK-X-96 USLF 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 Basiamen, 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						
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.						
DATE OF BURIAL STORAGE 8 Oct 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 801	ROW No. BA4 D	GRAVE No. CR4P 891
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USLF Cem. Manila #2, Luzon, P. I.			PLOT No. 2	ROW No. 1	GRAVE No. 112
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) UNKNOWN X-593		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CR4P 893	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-590		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CR4P 889	
SIGNATURE OF PERSON PREPARING REPORT Wm R GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPIC, 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.

2nd 528

7 1/2  
RESTRICTED

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

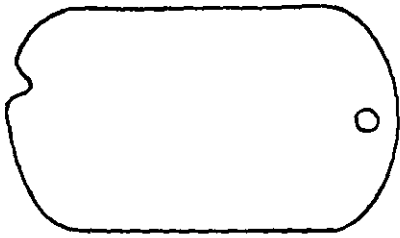
REPORT OF/INTERMENT  
(AR 30-1810 and AR 30-1815)

588

DATE OF REPORT

9 Nov. 45

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN X-96 (Manila #2)</b> <b>Unknown X-V (Basianan POW Cem)</b>		SERIAL NO.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Basianan, Cam. Norte, Luzon, P.I.</b>	CAUSE OF DEATH	DATE OF DEATH
--	----------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>Statement Attached.</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>	

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>7 Nov. 45</b>	<b>1300</b>	<b>Shelter Half</b>	<b>Cross</b>	<b>2</b>	<b>1</b>	<b>112</b>

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Basianan POW Cemetery, Cam. Norte, P.I.</b>	PLOT No.	ROW No.	GRAVE No.
			<b>II</b>	<b>1</b>

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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
---	---

BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial) <b>UNKNOWN X-95 (Manila #2)</b> <b>Unknown X-VI (Basianan POW Cem)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>111</b>
---	------	------------	--------------	-------------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) <b>UNKNOWN X-97 (Manila #2)</b> <b>Unknown X-IX (Basianan) POW Cem)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>113</b>
---	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>W. V. HARDY JR., T/3, GRS.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>W. E. SESSIONS III, Capt., QMC.</b>
---	---

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  
MAR 11 1946

RESTRICTED

496

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.

**RESTRICTED**

RE

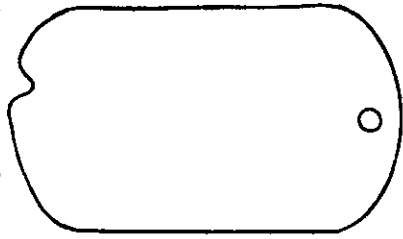
**REPORT OF/INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

9 Nov. 45

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

*Imprint Identification Tag If Possible.  
DO NOT TYPE*



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN X-96 (Manila #2)</b> <b>Unknown X-V (Basianan POW Cem)</b>		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Basianan, Cam. Norte, Luzon, P.I.</b>	CAUSE OF DEATH	DATE OF DEATH
--	----------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)  <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>Statement attached.</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)  <b>Yes (2)</b>	

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 <b>7 Nov. 45</b>	HOUR <b>1300</b>	BURIED IN (Shroud, blanket, or name of other) <b>Shelter Half</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>2</b>	ROW No. <b>1</b>	GRAVE No. <b>112</b>
------------------------------------	---------------------	--	--------------------------------------	----------------------	---------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Basianan POW Cemetery, Cam. Norte, P.I.</b>	PLOT No. <b>11</b>	ROW No. <b>1</b>	GRAVE No. <b>1</b>
---	---	-----------------------	---------------------	-----------------------

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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN X-95 (Manila #20)</b> <b>Unknown X-VI (Basianan POW Cem)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>111</b>
--	------	------------	--------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN X-97 (Manila #2)</b> <b>Unknown X-IX (Basianan POW Cem)</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>113</b>
--	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>/s/t/ W. V. HARDY JR. T/3, GRS.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>/s/t/ W. E. SESSIONS III, Capt., QMC.</b>
--	---

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**RESTRICTED**