

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

APO 707
9 MAY 1949

OSGR 293.9

SUBJECT: Assignment of CIL Numbers

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 QMGP 293, dated 2 April 1948, subject: Disinterment Discrepancies, the following Unknowns, presently stored at AGHS Mausoleum, Manila, P.I., have been assigned CIL Numbers as indicated below:

a. Unknown X-3900-B (formerly Unknown X-1156, USAF Cemetery Manila #2), assigned CIL #249.

b. Unknown X-3813 (S & R Evacuation No. 1-D-12-5), assigned CIL #266.

c. Unknown X-4333 (S & R Evacuation No. 1-G-1-21), assigned CIL #267.

d. Unknown X-1677 (formerly Unknown X-3438, USAF Cemetery Manila #2), assigned CIL #268.

e. Unknown X-225, AGHS Mausoleum, Manila, P.I., assigned CIL #269.

f. Unknown X-959 (formerly Unknown X-4016, USAF Cemetery Manila #2), assigned CIL #267.

g. Unknown X-1410 (formerly Unknown X-3975-G, USAF Cemetery Finschhafen #2), assigned CIL #281.

h. Unknown X-3842-B (formerly Unknown X-163, USAF Cemetery Finschhafen #2), assigned CIL #282.

i. Unknown X-3842-C (formerly Unknown X-163, USAF Cemetery Finschhafen #2), assigned CIL #283.

j. Unknown X-1392 (formerly Unknown X-3985-B, USAF Cemetery Manila #2), assigned CIL #284.

70

OSGR 293

Subject: Assignment of CIL Numbers

2. It is requested that all pertinent records, your office, be amended to indicate that the above-mentioned Unknowns have been assigned CIL Numbers.

FOR THE COMMANDING GENERAL:

M. O. BILLBE
Capt., A. G. D.
Asst Adj Gen

X-1677

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-1677 (Formerly UNK X-3438)
USAF Com Manila #2, Luzon, P.I.

18 Nov 47

DATE

Unknown
RANK

Unknown
SERIAL NO.

Unknown
UNIT
1 1/2 Mile W. Barrio Ayam
Lamac, Bataan, Luzon, P.I.
PLACE OF DEATH

Unknown
AGRS Mausoleum
Manila, P.I.
PLACE OF BURIAL







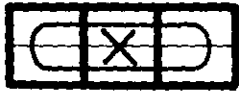








Unknown
ORGANIZATION
810 PLOT MANGER
D ROW BAY
1220 GRAVE NO. CRYPT

maxilla missing

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

												INSIDE — LOOKING OUT																									
						RIGHT				LOWER TEETH				LEFT																							
						16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16																
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)

IDENTIFICATION CHECK LIST

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

(Formerly UNK X-3438 USAF
 Unknown X 1677 (Cem Manila #2, Luzon, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 810 Row D Grave 1220

**AGRS CIP Mausoleum
 Manila, P.I.**

1. Arrived at ~~cemetery~~ 18 Nov 47
1 1/2 Miles W of Barrio (Date) Ayam
2. Place of death Lanao, Bataan, Luzon, P.I.
(Name of closest town)

(Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by CMT #1, QM AGRS
(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	/		
	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater	N		
Jacket, HBT	O		
* Shirt, Wool OD	N		
Undershirt, Wool	E		
Undershirt, Cotton	/		
Trousers, HBT	/		
* 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 **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 (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)

..... (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, arm, legs, etc.)

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

SKELETAL CHART

X-1677

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Received
only left portion
of mandible*

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.

UNKNOWN X-3438 (Gem. Manila #2)
Formerly Unknown X-175

18 July 46
DATE

LAST NAME FIRST INITIAL RANK SERIAL NO.

1 1/2 mile W. Barrio ^{UNIT} Ayam,
Lamao, Bataan, Luzon, P.I.
PLACE OF DEATH

ORGANIZATION

USAF Gem. Manila #2 4 2 255
PLACE OF BURIAL PLOT ROW GRAVE NO.

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

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					
TYPE																					
LOCATION																					

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;">C</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px;">C</div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px;">X</div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
---	--	---

HEADQUARTERS
NET "B" (609th OR) GRAVES REGISTRATION CO
APO 75

7 June 1946

SUBJECT: Interrogation.

1. Name of deceased: Latin American (X-175)
2. Location of Burial:
 - a. Name of Locality: 1 1/2 Mile N. Barric Ayon, Luzon
 - b. Coordinates: N 22.7 N 56.2
 - c. Map Reference: Orion, P.I. 1430 E 12030/10

3. Method of determining identity:
About Dec 1945, a Japanese Anti-Aircraft shot down one (1) American plane. It crashed into the bamboo groves and suddenly burned. When the Americans liberated Batang, Air Force men went to the place of the crash and picked up two skulls.

Note:

Eight pieces of the supplies auxiliary were found. This indicates that more than two men were in plane.

4. Other Information:

- a. Date of Death: About Dec 1945
- b. Cause of Death: KIA
- c. Persons who buried remains: Not buried

5. Grave marked with regulation cross: (Yes, No)

I certify that the foregoing information is true and correct to the best of my knowledge and belief.

/s/ Abie Abraham
/s/ M/Art Abraham
(Signature of Interrogator)

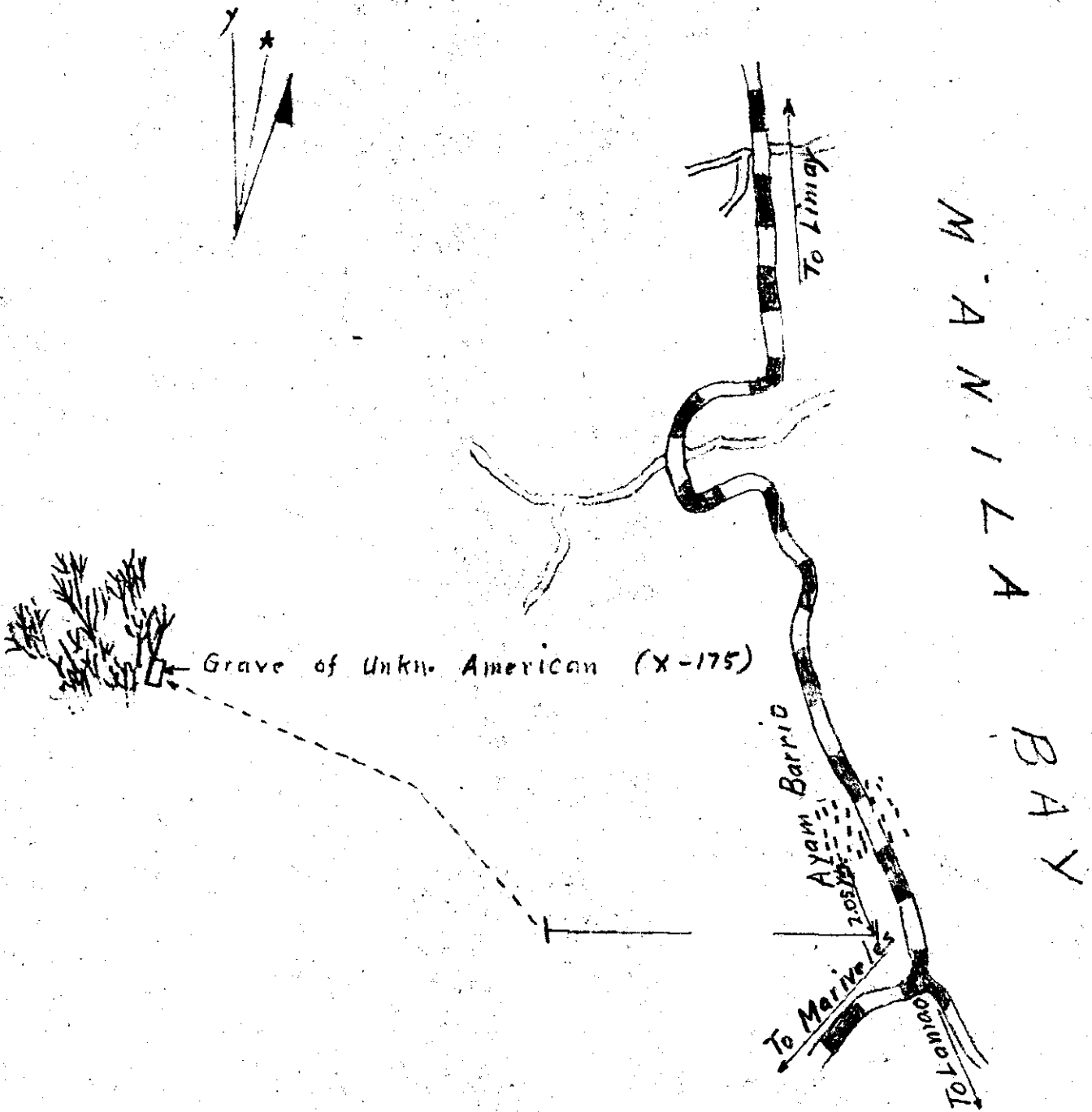
HD. 4th Pltn 609th (OR) Co. APO 75
(Address)

/s/ Maguiel Jose
Maguiel Jose
(Signature of Informant)

Limay, Batang
(Address)

A TRUE COPY:

G. L. BARKIN
G. L. BARKIN
1st Lt., ORC



609TH QM GRAVES REGISTRATION CO.
 PREPARED BY: APPROVED BY: DATE
 M/SGT ABIE : T. A. Reidinger
 ABRAHAM : 1st Lt BA : 6-7-45

ORION, PHILIPPINES
 BATAAN PROVINCE
 GRID COOR: 32.7 - 56.9
 SHEET 3254-I
 Scale: 1:50,000
 N 1430 E 12030/10

APR 5 - 1948

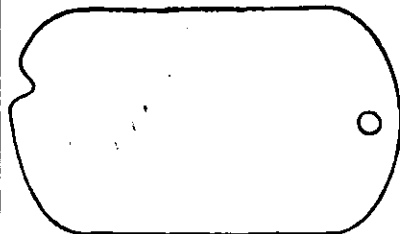
RESTRICTED

U 5084

WD OMC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1)REPORT OF INTERMENT STORAGE
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

19 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-1677 (Formerly UNK X-3438
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

1 1/2 Mile W. Barrio Ayam,
Lamao, Bataan, Luzon, P.I.

CAUSE OF DEATH

KIA

DATE OF DEATH

Dec 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)

CANCEL--Assigned CIL #268 per ltr Philcom
9 May 49, Subj: Assignment of CIL Numbers.

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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
RESTORED 19 Nov 47	1100	STORGE Casket	None	4 DANGER	2 BAY	255 CRYPT

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.
4	2	255

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) STORGE

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

STORGE

UNKNOWN X-1679

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.

CRYPT

1222

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

STORGE

UNKNOWN X-1673

RANK

SERIAL NO.

ORGANIZATION

GRAVE NO.

CRYPT

1218

SIGNATURE OF PERSON PREPARING REPORT

Wm R GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L. S. PANOPIO 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

3 Nov 47

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)	Serial Number
X-3438	

Grade	Organization

Name, Number and Location of Cemetery	Plot	Row	Grave No.
USAF Cemetery Manila #2, Luzon, PI	4	2	255

2. Date of Disinterment	
3 Nov 47	

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Partial lower jaw only

4. What Identification Found at Time of Disinterment: On Marker

One (1) substitute tag

On Remains

None

What Identification Used Upon Reinterment: On Marker

On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.

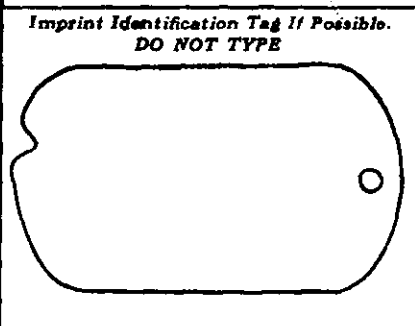
Ward C. Stephenson
WARD C. STEPHENSON, Det Lt, SAC

RESTRICTED

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

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

DATE OF REPORT
24 July 46



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNK. X-3435 (Co. 1st Lt. 2)
Formerly Unknown X-175

SERIAL No.

GRADE ORGANIZATION BRANCH OF SERVICE

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

PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH

1 1/2 mile. N. Barrio Ayon, Ison, Luzon, I.I. A.I.A. Dec. 45

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

None CANCEL—Assigned CIL

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Describe means of identification, sketch and sketch.

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Signature: *Samuel H. Burch*

Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

CAF Cemetery, Manila No. 2, Luzon, I.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
18 July 46	1330	Uninterred	Cross	4	2	254

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

Yes Remains disinterred from an isolated grave at Barrio Ayon, Ison, Luzon, I.I. 24.7-58.9

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.

UNK. X - 3435 (Co. 1st Lt. 2) F.S. 254
Formerly Unknown X-175

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No.

UNK. X - 3439 (Co. 1st Lt. 2) 255
Formerly Unknown X - 176

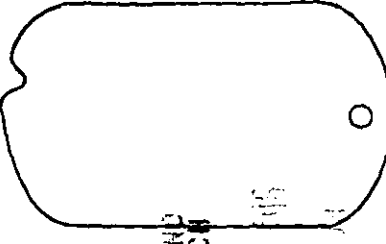
SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT

/s/ K. W. Bohyer /s/ G. L. Macdonald
/t/ H. W. BRYAN, Capt., I.I. /t/ G. L. Macdonald, 1st Lt., I.I.

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

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	DATE OF REPORT 24 July 46
RE/ REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-3438 (Cem. Manila #2) Unknown X-175 (Formerly) Bataan, Luzon, P. I.		
	SERIAL No.		
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH 1 1/2 mile W. Barrio Ayam, Lamac, Bataan, Luzon, PI	CAUSE OF DEATH K I A	DATE OF DEATH Dec 45
--	--------------------------------	-------------------------

EMERGENCY ADDRESS (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) See attached interrogation sheet and sketch.
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
18 July 46	1330	Shelter Half	Cross	4	2	255

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 an isolated grave at Barrio Ayam, Lamac, Bataan, Luzon, P. I. 32.7 - 56.9
--	---

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) UNKNOWN X-3435 (Cem. Manila #2) Formerly Unknown X-55	RANK	SERIAL No.	ORGANIZATION P. S.	GRAVE No. 254
--	------	------------	------------------------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-3439 (Cem. Manila #2) Formerly Unknown X-176	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 256
--	------	------------	--------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT K. W. BOHYER, S/SGT., GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT G. L. BASKIN, 1ST LT., 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.

125

1

H-803
R-6-A
7-43

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7747 02219	DATE 15 06 48 DAY MONTH YEAR
---	--------------------------------	------------------------------------

NAME UNKNOWNX-003438	SERIAL NUMBER	RANK	ARM Q	DATE OF DEATH DAY MONTH YEAR
CEMETERY USAF CEMETERY MANILA NO 2				DISPOSITION OF REMAINS CODE 7701 DIST. PT. 80
PLOT 4	ROW 2	GRAVE 255	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)
---	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-3438 (Maus) Unknown X-1677	SERIAL NUMBER	RANK	DATE OF DEATH Dec 145	DATE DISTINTERRED 23 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY ROBERT F. STEVENSON Name and Title	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shallor Half	CONDITION OF REMAINS Shallor
---	--

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

(2) tags "Auselaw Number - Unknown X-1677"

REMAINS PREPARED AND PLACED IN CASKET

DATE 23 Sept 48 BY **ROBERT F. STEVENSON**

CASKET SEALED BY ROBERT F. STEVENSON	EMBALMER (Signature) <i>Robert F. Stevenson</i> ROBERT F. STEVENSON
--	--

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY HONORIO V. AURELIO, 1st Lt., INF
-------------------------	---

DATE 23 Sept 48 BY **HORACE L. ALLISON, 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.

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., INF

SIGNATURE OF GRS INSPECTOR

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