

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 02517	DATE 15 06 48 DAY MONTH YEAR	
NAME UNKNOWNX-003748		SERIAL NUMBER	RANK	ARM Q
CEMETERY USAF CEMETERY MANILA NO 2		DATE OF DEATH DAY MONTH YEAR		DISPOSITION OF REMAINS 0 7701 80 CODE DIST. PT.
PLOT 4	ROW 9	GRAVE 1145	COUNTRY 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)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — REPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES <i>I</i>	
REMAINS PREPARED AND PLACED IN CASKET	

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
DATE	BY	SHIPPING ADDRESS VERIFIED BY
CASKET BOXED AND MARKED		

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

NAT
 FILE
 SIGNATURE OF _____
 RECORDS ANNOTATED
 DATE 4 May 50
 NAME R. S. [Signature]
 BR. MEM. DIV.

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

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
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
				<i>Maxilla</i>					<i>Missing</i>							
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
				<i>Mandible</i>					<i>Missing</i>							
	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: No tooth found with remains.

OPERATED TRUE COPY:

G. F. Gambrell

3151 1/2
20 De 1953

10/1 P. 10/10

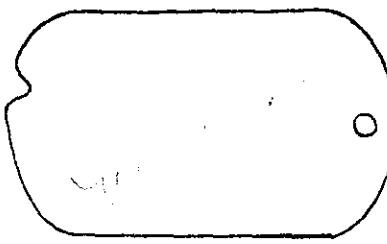
/asm

RESTRICTED

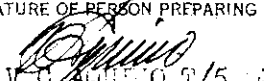
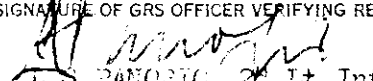
JUN 22 1948

U 3207

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 21 Feb 48
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
GRADE Unknown	NAME (Last, first, middle initial) UNKNOWN X-3624-B (Formerly UNK X-3748, USAF Cem Manila #2, Luzon, P.I.)		SERIAL NO. Unknown
	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH Bataan, Luzon, P.I.		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown			DATE OF DEATH 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)	LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None		

Cancelled
 assigned O/L # 274
 per field letter 20 Apr 49

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	GRAVE No.
9 Feb 48	1000	Casket	None	812	5270
WAS THIS A REBURIAL? (Yes or no) RESTORED		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			GRAVE No. CRYPT
Yes		USAF Cemetery Manila #2, Luzon, P.I.			PLOT No. ROW No. GRAVE No. 4 9 1145
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY	
Yes		Yes			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)		RANK SERIAL No. ORGANIZATION GRAVE No. CRYPT	
Yes		Yes			
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	GRAVE No.
UNKNOWN X-3631					5271
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	GRAVE No.
UNKNOWN X-3624-A					5269
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT		
 V. C. AQUINO T/5 GRS			 L. S. PANOPIC, 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.