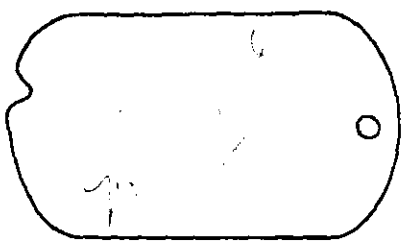


WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <b>13 Nov 47</b>
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Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial) <b>UNKNOWN X-1347 (Formerly Unk X-3564                  USAF Cemetery Manila #2, Luzon, P.I.)</b>	SERIAL No. <b>Unknown</b>	
	GRADE <b>Unknown</b>	ORGANIZATION <b>BTB 3rd Batt.                  31st US Inf.</b>	BRANCH OF SERVICE <b>BTB Army</b>
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Abucay Hacienda, Abucay,                  Bataan, Luzon, P.I.</b>	CAUSE OF DEATH <b>KIA</b>	DATE OF DEATH <b>Jan '42</b>
--	------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

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>CANCEL—Assigned CIL#330 per ltr                  Philcom 24 May 49, Subj: Assignment of CIL                  Numbers.</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>	<b>See Remarks</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  
**AGRS MILITARY CEMETERY MANILA, P.**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>STORAGE 31 Oct 47</b>	<b>0900</b>	<b>TUREM Casket</b>	<b>None</b>	<b>HANGER 812</b>	<b>5AY J</b>	<b>CRYP 3130</b>

WAS THIS A REBURIAL? (Yes or no) <b>RESTORED</b> <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Manila #2, Luzon, P.I.</b>	PLOT No. <b>4</b>	ROW No. <b>4</b>	GRAVE No. <b>504</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-1367</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYP 3132</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>UNKNOWN X-1349</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYP 3128</b>
--	------	------------	--------------	-----------------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>R GILBERT, Adm Asst</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>LUCIO S PANOPIO, 2d Lt INF</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.

## IDENTIFICATION CHECK LIST

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

/62

UNKNOWN X-1347 (Formerly  
 Unknown X-3564, USAF Cem Manila #2, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 Row J Grave 3130

CIP, AGRS Mausoleum, Manila, P.I.

1. Arrived at 25 Oct 47  
(Date)
2. Place of death Abucay Hacienda, Luzon, 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  
(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	/		
	<small>(Type)</small>		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	N		
Mackinaw	O		
Sweater	N		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
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 **No teeth.** .....  
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw .....  
 (Large, small, normal)

Circumference of head in inches **No Skull.** .....  
 (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 .....  
 (Usual 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 hairs)

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)

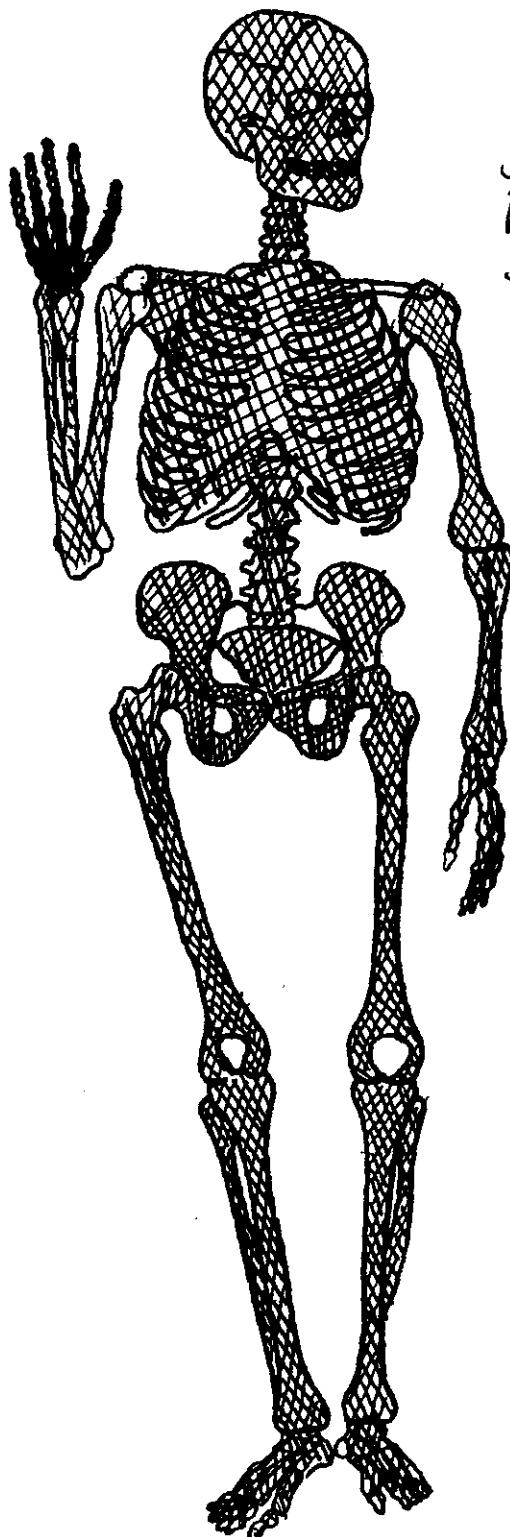
Evidence of healed fractures .....  
 (Nose, arms, legs, etc.)

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

# SKELETAL CHART

X-1347

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*fragments too small  
that could not be  
identified*

RESTRICTED

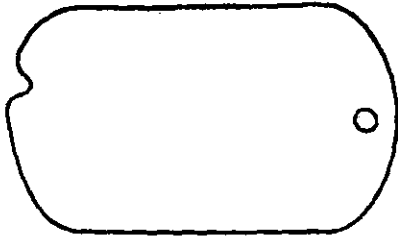
U 5167

WD OMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT  
6 Nov 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

UNKNOWN X - 3564

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

REBURIAL  
DATE 12 9 37 PM '46  
REMARKS  
REMOVED TO VISITOR

PLACE OF DEATH

Abucay Hacienda,  
Abucay, Bataan

CAUSE OF DEATH

K I A

DATE OF DEATH

Jan. 1942

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)

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 Cametery 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.
21 Oct 46	1500	Wooden Casket	Cross	4	4	504

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 Abucay Hacienda,  
Abucay, Bataan

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)

UNKNOWN X - 3563

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

503

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

UNKNOWN X - 3565

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.

505

SIGNATURE OF PERSON PREPARING REPORT

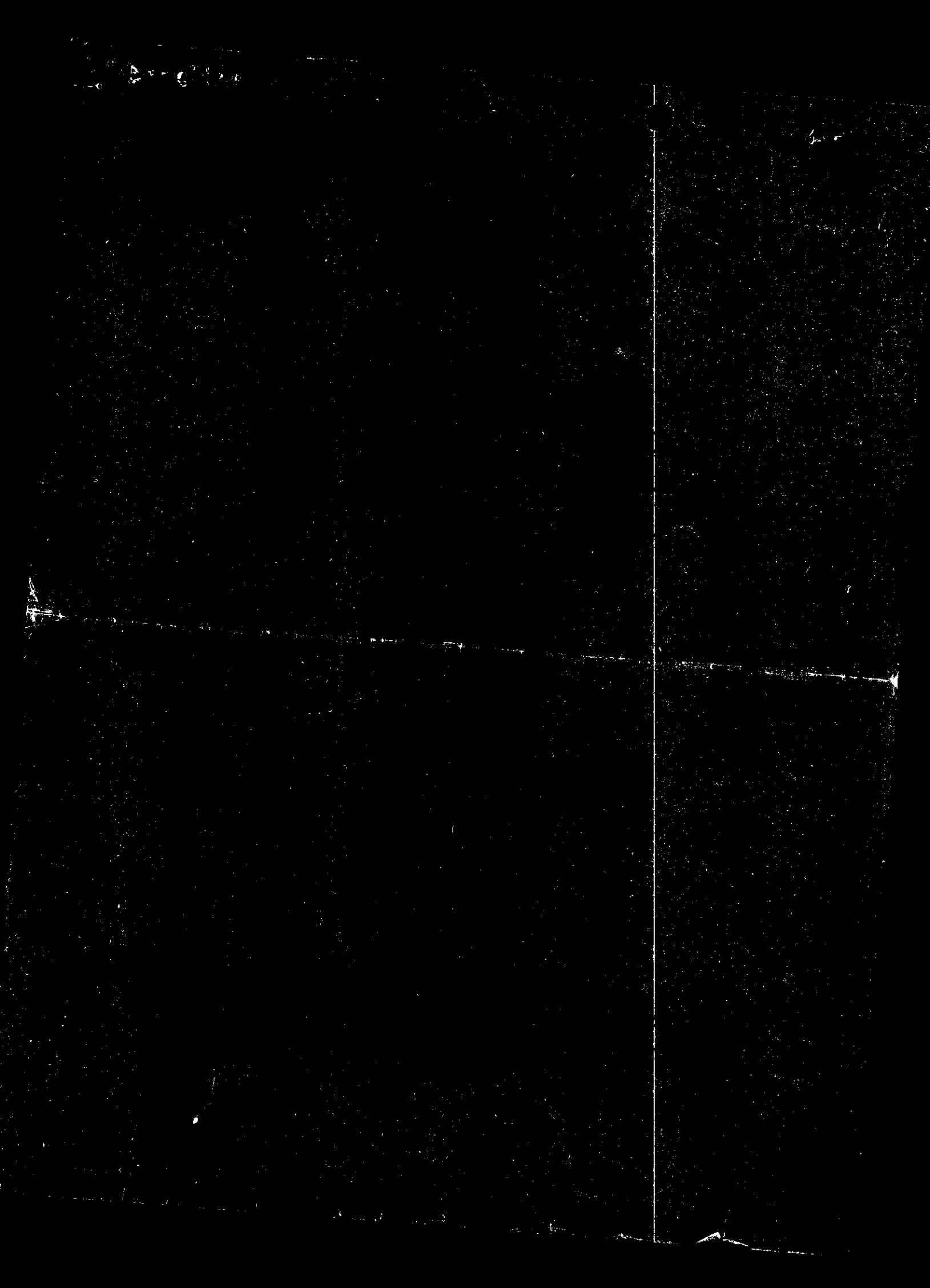
Billy M. Ellis, PFC., GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Charles H. Ripley, CAPT., CMP.

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



HEADQUARTERS  
4TH PLAT 609TH QM GRAVES REGISTRATION CO  
APO 75

6 Oct 1946

SUBJECT: Interrogation.

1. Name of Deceased: Unknown American
2. Location of burial:
  - a. Name of locality: Abucay Hacienda, Abucay, Ba tan
  - b. Coordinates: N 18.4 E 83.7
  - c. Map reference: Santa Rosa, N 1440 E 12029/1 O; Sheet: 3255-IV; Scale, 1,50,000
3. Method of determining identity: None

The area where deceased was found was the 3rd Batt. 31st. U.S. Inf. position, deceased was killed by Artillery fire as bones are badly charred. I think "M" Co. of the 31st held this position on the front line. Deceased was killed in Jan 1942, there were no other troop in this vicinity except the 31st inf. The remains of the deceased were found outside of the foxhole

4. Other information:

- 1 G-I issue Belt buckle found
- 1 Shoe size 11-D
- Tooth Chart not Available
- a. Date of death: Jan 1942
  - b. Cause of death: K I A
  - c. Persons who buried: 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.

\_\_\_\_\_  
Signature of Interrogator)

Abie Abraham  
ABIE ABRAHAM  
\_\_\_\_\_  
(Signature of Informant)

\_\_\_\_\_  
(Address)

A TRUE COPY:

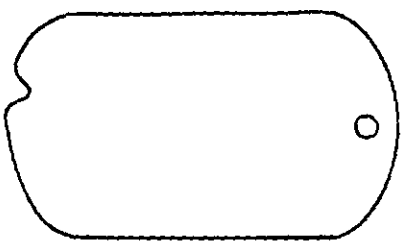
*Charles H. Ripley*  
CHARLES H. RIPLEY  
CAPTAIN CMC

**RESTRICTED**

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  
6 Nov 46

Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X - 3564			SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE	
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
	PLACE OF DEATH Abucay Hacienda, Abucay, Bataan	CAUSE OF DEATH K I A		DATE OF DEATH Jan. 1942

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)  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

A TRUE COPY:  
*George D. Redden Jr.*  
GEORGE D. REDDEN JR.  
Captain, 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.
21 Oct 46	1500	Wooden Casket	Cross	4	4	504

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 Abucay Hacienda	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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 3563				503

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X - 3565				505

SIGNATURE OF PERSON PREPARING REPORT /s/t/ BILLY M. ELLIS, PFC., GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ CHARLES H. RIPLEY, CAPT. CMP
---	---

**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**



C  
O  
P  
Y

CGCR 293.9

24 May 1949

SUBJECT: Assignment of CIL number

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

a. Unknown X-4913, AGRS Mausoleum, Manila, P. I., assigned CIL #326.

b. Unknown X-4897, AGRS Mausoleum, Manila, P. I., assigned CIL #327.

c. Unknown X-3799, AGRS Mausoleum, Manila, P. I., assigned CIL #329.

d. Unknown X-1347 (Formerly Unknown X-3564, USAF Cemetery Manila #2) assigned CIL #330.

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 HIS COMMANDING GENERAL:

JOHN A. MARTEL  
1st Lt., AGD  
Asst Adj Gen

C  
O  
P  
Y

rgb

H-803  
R-17-A  
7-89

# DISINTERMENT DIRECTIVE

M.K.

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**7747 02370**

DATE  
**15 06 48**  
DAY MONTH YEAR

NAME  
**UNKNOWN**

SERIAL NUMBER  
**203564**

RANK  
**0**

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
**USAF CEMETERY MANILA NO 2**

DISPOSITION OF REMAINS  
**0 7701 80**  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
**4 4 504 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-3564  
UNK X-1347 (Maus)**

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED  
**24 Sept 1948**

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
**UNKNOWN**

RELIGION

IDENTIFICATION VERIFIED BY  
**GEORGE SIMONEAU**  
Embalmer NAME AND TITLE

### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
**Shelter Half**

CONDITION OF REMAINS  
**Skeletal**

OTHER MEANS OF IDENTIFICATION  
**Grave 504 Row 4 Plot 4**

MINOR DISCREPANCIES /  
**Two (2) Identifications Tags Show - UNK X-1347 (Maus)**

REMAINS PREPARED AND PLACED IN CASKET  
DATE **24 Sept 1948** BY **GEORGE SIMONEAU**

CASKET SEALED BY  
**GEORGE SIMONEAU**

EMBALMER (Signature)  
*George Simoneau*  
**GEORGE SIMONEAU**

CASKET BOXED AND MARKED  
DATE **24 Sept 48** BY **HORACE L. ALLISON**  
Sgt., Inf

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.