FILE IDENTIFICATION TOPPER

FILE NUMBER 3 runk manila # 2 x -663 SUBJECT also manila graces

94C FORM 1121

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. 21 th (muse) munica # 2 1649, 1651, 1662, 1663

SYNOPSIS AND DATES

Muse now files

NEW CLASSIFICATION 293 Link manula #2 1 649

10/2/50

### RECLASSIFICATION SHEET

QMC Form \$57 (Revised 6-27-42)

16-29400-1 U. S. COVERNMENT PRINTING OFFICE

### AIRMAIL W

4.

Quint 293

18 Hovember 1949

SUMJEUT: Approval of Unidentifiability

T) in James and Title or marion Greves Pegistration Gervice Philose Sone at 1 700, c/o actmater an Francisco, California

l. Islamence is made to Cortificates of Unidentifiability for the following Unknown becased:

Unknown A-4001, No. Faus. Sanils, formerly K-640, Unit cem. San. 2, P.I.

" A-1270, " " " A-3007, " " " 2, P.I.
" A-1370, " " " " " 3-3620, " " " 2, P.I.
" A-4427, " " " " A-502, " " " " 2, P.I.
" X-4031, " " " 2, P.I.
" A-1120, " " A-120, "

2. Request year records be amended necordingly.

PW 60 C STRUCKSTER GREET LI

oo: Sime Section Relittle:rys Leve Shite Je Sindsor

Co. dimers, AP 500

T. H. 1672 Lt. Jolonel, 483 Penorial Mivision <

AIRMAIL

GSGR 293.9

APO 707 12 OCT 1949

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

l. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-136,	Isla	and	Com.	UNKNOWN	X-3401	AGRS	Mslm
11	X-700,A	GRS	Msl	m	11	X=3403	11	Ħ
11	X-1167	tt	11		27	X-3430	11	11
11	X-1387	11	tt		31	X-3956		tt
Ħ	X-1245	11	Ħ		τ#	X=4132	11	18
tf	X <b>-14</b> 93	11	17		11	X-4133	11	11
11	X-1565	11	11		1†	X-4134	18	<b>tt</b> i
tt	X-2323	11	11		Ħ	X-4427	tt	11
11	X-3127	11	11		11	X <del>-4</del> 676	11	
17	X-3130	11	11		17	X-4799	11	11
•	X-3233	n	i è		tŧ	X-4803	12	11
11	X-3235	11	12					

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

23 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

C. H. LIEURANCE 2nd Lt., AGD Asst. Adm. Gen.



### AIRMAIL

1/12 1/2/2 PLV-1/97 ///2/201 1/2 /2/2/2012 1/2/2

SUBJECT: Identification of world War II Deceased

11.

: Commonding General Failippine Command &R 707, c/o Postmaster Can Francisco, California

ATTI: ASPO, PHILDS TO TO

1. Reference is made to Proceedings of your Board of Review, dated 14 July 1949, recommending the identification of the remains of Unknown X-4427, ACTO Eusclein Smalla, P.I., as those of Cpl Edward J. Pierrehalsky 16 O21 846.

- 2. After a thorough analysis of this case, it is considered that the dental evidence for the remains as indicated on charts dated 15 February 12 and 20 May 1948 compares unfavouably with Army dental records for Pvt Pierschulski.
  - 3. Rard Proceedings have been disapproved and are returned herewith.

    FOR THE ACTING THE QUARTED ASTER GOLDFAL:

1 Indl: to Proceedings the 14 Jul 49

T. H. WIN It. Colonel, CC Memorial Division

cc: Adm Section)

H. T. Bredenberg dal

L. M. WhiteLMW

J. Windsor

cc: CINCFE, AFO 500

AIRMAIL

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25 /		Superintendent		DIRECTIVE N	-			DATE		
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	,								^	
		SECTION C - DISIN	TERMENT AN							~
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293 Unk. N-662 P.J. (Man la /2).

25 June 1946.

METO ROUTING SLIP.

FLAT:

OC. G. Mem. Div.
WW II, Records Admin. Center, AlO. St. Louis, Mo. To):

Request information necessary as indicated in inclosed Form Bb: 8-- A.

293 / Unk. (Ni sc.) P.I. (Nanili #2).

op

File UNDER NO: 293 - Unknown X-662 P.I. (Manila #2)

INDEX SHEET SYNOPSIS

Letter

12 June 1946

FROM:

TO:

Q.MO

CO, Ft. Slocum, N.Y.

RE:

Information required for Graves Registration.

DOCUMENT FILED UNDER NO: 293 - Unknown (Misc) P.I. (Manila #2)

bin

### HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

23 **S**ept 1949 Date

SUBJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X- 062, Flot 2, Row 19, Grave 2369, USMC 0500. anila #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:

Attch: Form 1044

Captein, QMC Chief, Records Branch

Received

Not identifiable from
information presently

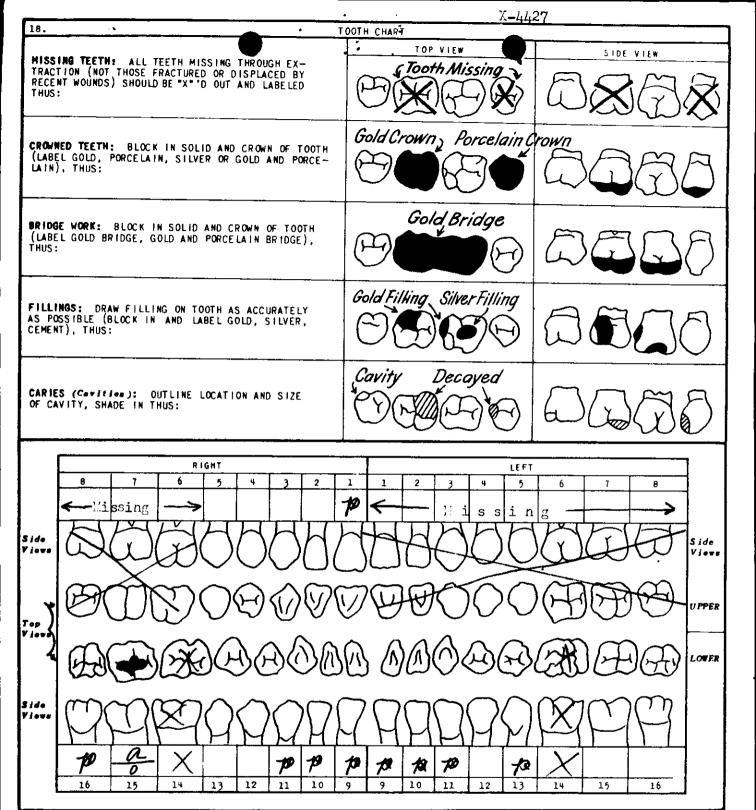
information programme available

REMAINS OF UNKI UNYNOWN X NAME OF CEMETER	OWN			ATA		•	
NAME OF CEMETE		formerly UNI	Manila #2)			2. DATE OF RE 27 Sep	port t 1949
	I Y		4. PLOT	5. ROW	6. GRAVE	7. DA	TE OF
						DISINTERMENT	REINTERMENT
AGRS Tai	soleum,	Manila, P.I.	802	F	1838		
			ICAL DESCRIPTIO				
ESTIMATED WEIGH	T	9. ESTIMATED HEIGHT		R OF HATR		11. RACE	UNIVERSE
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CIVE OFFCRIPTION	N OF TATT	$V \subseteq X$		47 LON 097	LINES EDAM	OVER FOUNCES	
						OTHER GOUNCES	
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. WAS BODY MANGE		TO WHAT EXTENT?					
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"UNITS TO BLE" "BY REASON OF LAND THE THEY BE DATA?

1



DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R.T ARES: Maxilla from R6-R8 and B1 - L8 missing nor the teeth found with remains.

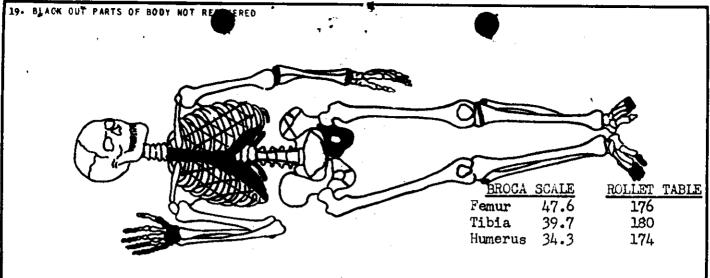
"UNIDENTIFIABLE"

Y REASON OF LACK OF SUFFICIENT IDENTIFYING DATA?

Paul R. Muhlo

PAUL R NICHOLS

Chief, Identification Section



Average height: 176 2/3 or 5'9 3/4"

20. MASS BUR! AL 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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 9 lbs.

Circumference of skull -  $20\frac{1}{2}$  inches.

## "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

PAUL R NICHOLS Chief, Identification Section SIGNATURE

Paul R. Hukalo

City of the	es on Bataan There of Sur RANK AND ORGANIZATION	5	eleskie.	mc
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Tho was captur	es on Bataan There ?	men:	were the	und ana
Cemetry ul from	1 glands 475 g suc	l. Hi	sp.#20	n Bataan
NAME	RANK AND ORGANIZATION	DATE	BURIED a	ton Por
•				1621/2
Unknown Filipino Soldier	(No Identification	12 A	pril 1942	2020
Burroc, Martin (NMI)	Pvt 1C1. prov.51st Inf(PA)		11	
Sitger, Jose (NMI)	Pvt "A",1st Inf(PC)		n ,	
Sevillo, Jose (NMI)	Pvt "C" 92nd Inf (PA)		Ħ	
Abellanzo, Rubino (NMI)	Pvt 51st Inf (PA)	10	<sup>*</sup> ff	
Velariairo, Jose (NMI)	Pvt 32nd Inf (PA)	11	H <sub>.</sub>	
Asin, Maximo R.	Pvt 1C1 2nd FA (PA)	11	11	
Quinn, James A.	Sgt. 24th Pur.Gp.AC(USA)	10	• п	
Torok, Antonio A.	Pvt Hq and Hq Btry 91StFA(F	PA)11	tt	
Unknown Filipino Soldier	(No Identification)	·	11	
DeLa Torre, Doroteo (NMI)	Pvt lcl.43rd Inf (PA)	12	11	
Guimmagear, Ablo P.	Pvt Hq.lst Inf (PA)	11	11	
	Pvt Unk. Org.	12	17	
Menese, Justo (N MI)	Pvt lcl. "G"51st Inf (PA)	n	Ħ	•
Smith, Allen E.	Lt.Col.24th FA (PS)	11	11	
Mendoza, Marcial (NMI)	Pvt."A" 41st Inf. (PA)	13	H '	
N_awal, Crisencio (NMI)	Pvt "B" 92nd Inf (PA)	13	n	
Un known Filipino Soldier	No Identification	13	n	
Maristela, Apolonio (NMI)	Pvt Hq 31st FA (PA)	14	11	
Teosoria, Crisanto (NMI)	Pvt lcl 43rd Inf (PA)	14	п .	
Brigole, Santiago C.	Pvt."A" 57th Inf (PS)	14	17	
Reyes, Unknown	Pvt. 51st Engr. Bn. (PA)	14	TT .	
Dasco, Dionisio (NMI)	Pvt."D", 51st FA (PA)	14	Ħ	
Siochi, Robustiano (NMI)	Pvt. (PA) Atchd"I"57th Inf(PS		11	3
Noto, Alejandro (NMI)	Pvt.Hq.12th QM Reg't.(PS)	14	11	
Aquino, Forencio (NMI)	Pvt."B",1st Inf (PA)	15	tt .	1
Parayso, Cesario (NMI)	Cpl. "G", 92nd Inf(PA)	16	11	/
Yanga, Leoncio (NMI)	Pvt."H"32nd Inf (PA)	16	H _ i	
Tungol, Salvadore (NMI)	Pvt.Hq.31st FA (PA)	16	u	
Ford, William G.	Cpl. 48th Mat. Sq. AC	17	11	•
Histo, Pascual (NMI)	Pvt. "H"41st Inf (PA)	17	n	
Balinget, Arsenio (NMI)	Rank and Org. Unknown	17	IT	
Rodriguez, Miguel (NNI)	Pvt. Motor Transp. Sv.(PA)	18	#	
Balek, Pablo (MI)	Pvt. "B",3rd Inf (PA)	18		
Demaano, Justino (NMI)	Pvt. "K" 41st Inf. (PA)	. 19	Ħ	
Beltram, Emilio (NMI)	Pvt. "A" 301st FA (PA)	19	M	
DeOcampo, Victor (NMI)	Pvt.lcl.31st OMS (PA)	19	H	1
Viona, Segundo (NMI)	Pvt.lcl 301st FA (PA)	19	**	
Malang, Mariano (NMI)	Pvt.lcl."D" 32nd Inf(PA)	19	11	, (
Cancido, Julio (NMI)	Pvt."A" 51st Engr. (PA)	20	# #	
Yangco, Jose (NII)	Pvt."C" 33rd Inf (PA)	20	or C	/
Peppler, John B.	Pvt. "C" 60th CA	20	11 11	
Santiago, Pascual (NMI)	Pvt. Det Med Dept. (PA)	20	11	
Tiamson, Marcalo (NMI)	Civilian	2 <b>1</b> 22	 †1	
Sevilla, Cosme (NMI)	Cpl. Hq 21st FA (PA)		m ·	<b>V</b>
Sabado, Pio (NMI)	Pvt. 1cl C 22nd Inf (PA)	22 22	 H	
Francia, Janito (NMI)	Pvt. Hq 45th Inf (PS)	<i></i>	n	
Bueno, Eulalion (NMI)	Sgt. "M" 12 Inf (PA)		 If	
Weiller, Frederick J.	Pvt. lcl "L" 31st Inf (USA)	22	11	
Pierzchalski, Edward J.	Cpl "A" 31rd Inf (USA) Pvt. "M" 31st Inf (USA)	22	1t	
Seward, Lloyd A.	Pvt.lcl Det QMC (GH2)	22	Ħ	
Keefe, Frederick (N.I.)	Pvt. "D"194th Tank Bn.	22	Ħ	• •
French, Edward F.	TAN TAMOR TOTAL	~~		

GRAVE

1. 2.

3. 4. 5. 6. 7. 8. 9. 10. 11. 12.

15. 16. 17. 18. 19. 20. 21.

22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37.

42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52.

-1-

| GRAVE           | NAME                     | RANK AND ORGANIZATION         | DATE | BURIED |       |
|-----------------|--------------------------|-------------------------------|------|--------|-------|
| 54,             | Balat, Justo (NMI)       | Pvt. "M" 53rd Inf (PA)        | 24   | April  | 1942  |
| 55.             | Padulina, Amelio (NMI)   | Pvt. "G" 41st Inf (PA)        | 24   | 11     | _,,,, |
| 56.             | De los Reyes, Alejandro  | Pvt. lcl B 42nd Inf.(PA)      | 25   | Ħ      |       |
| 57.             | Castro, Alberto (NI)     | Pvt. "L" 91st Inf(PA)         | 27   | 11     |       |
| 58.             | Esteba, Innocencio (NMI) | Pvt. Hq 53rd Inf (PA)         | 30   | 11     | •     |
| 59.             | Villapando, Jose (NMI)   | Pvt. Hq & Serv 45th Inf. (PS) | 30   | Ħ      |       |
| 60.             | Valchez, Pedronilo (NMI) | Sgt. "B" 51st Inf (PA)        | ĺ    | May    | 1942  |
| 61.             | Cayonti, Pedro (MII)     | Pvt. "G" 52nd Inf. (PA)       | 2    | Ħ      |       |
| 62.             | Asparis, Gerardo (NMI)   | Pvt. 21st FA (PA)             | 2    | Ħ      |       |
| 63.             | Canino, Anireto (NII)    | Pvt. "L" 45th Inf (PS)        | 3    | Ħ      |       |
| 64.             | Cerio, Emeterio (NMI)    | Pvt. "B" 31st Med Bn (PA)     | 6    | n      |       |
| <del>65</del> . | Bennett, Ralph E.        | lst Lt. 71st Inf (PA)         | 8    | Ħ      |       |
| <del>66</del> . | Villanewva, Chrusanto    | Pvt. lcl "B" 71st Inf (PA)    | 8    | 11     |       |
| 67.             | Johnston, Paul E.        | Pvt. 7th Mat Sqd AC           | 9    | Ħ      |       |
| 68.             | Speilhofer, John         | M/Sgt Med Dept                | 10   | rt     |       |
|                 |                          |                               |      |        |       |

Two Soldiers noted below were buried at Cabanatuan Camp No. 1. No certificate of death was forwarded to the Nipponese--by order--as our census showed two more prisoners than they had to account for. Therefore, no record officially made by grave Registration:

| Hurst, Robert | Pvt. 429 Sig Co, Age 21 ASN 14057738<br>Died 7-27-42 (11:30 AM), Dysentery<br>Next of Kin:<br>Mr. J. L. Hurst, Box 13<br>Wabasso, Florida  |
|---------------|--|
| Beck, Boyd H. | Pvt. 31st Inf, Age 27 ASN 17014222<br>Died 7-27-42 (4 AM) Dysentery & Malaria<br>Next of Kin:<br>Mrs. Katherine Beck<br>Willford, Arkansas |

No Valuables--Both Burried in Camp No 1 cemetery, Group Grave, July 28, 1942.

(Records of James Gillespie, Col, E.C.)

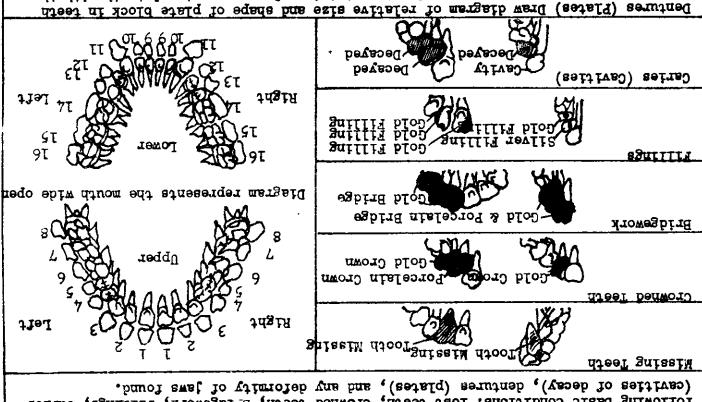
Juny

19. BLACK OUT PARTS OF BODY RECOVERED MASS BURIAL CERTIFICATE (IF APPLICABLE) 20. (Wherein segregation in whole or parts is impossible) | Certify that the Group Remains Consist of Parts of NUMBER Decedents Based on the Presence of One or More of the Following Anatomical Parts: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION ر. و های ماداد ده های این ده این ده این ده این این دوسی بازی این ده این ده این ده این ده این این داده این این داد Cime Cheronic of Soft of the Lat. 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 SIGNATURE /<sub>4</sub>/ por 2.000.000 300 le op.135

|                                  | •                  |                 |                                       |                                       |             |
|----------------------------------|--------------------|-----------------|---------------------------------------|---------------------------------------|-------------|
| OMCForm 1044<br>Rev. Y Apr. 1945 |                    | RESTRICTED      | <b>6</b> 100                          |                                       | _           |
| REPORT OF                        | DISINTERMENT FOR 1 | 16 De           | e 47                                  |                                       |             |
| 1.Remains of (Name)              | <del></del>        | Serial          | Yumber                                | · · · · · · · · · · · · · · · · · · · |             |
| UNK                              | Nown X-662         |                 |                                       |                                       |             |
| Grade                            | Organization       |                 |                                       |                                       |             |
| .Name, Number and                | Location of Ceme   | tery            | Plot                                  | Row                                   | Grave No.   |
| USAF Com Mani                    | la No. 2 Lusen P.  | I.              | 2                                     | 19                                    | 2369        |
| 2.Date of Disinter               | ment               | ·               |                                       | <del></del>                           | <del></del> |
| 16 Dec 47<br>3.Report as to Nat  |                    |                 |                                       |                                       |             |
|                                  | 8kel¢              | tal remains.    |                                       |                                       |             |
| 4. What Identificat              | ion Found at Time  | of Disinterman  | t: On Marker                          | <u></u>                               |             |
|                                  | Ome (1) s          | ubstitute tag   | ,                                     |                                       |             |
| On Remains                       |                    | <u> </u>        | · · · · · · · · · · · · · · · · · · · |                                       |             |
|                                  | One (1) a          | mbstitute tag   |                                       |                                       |             |
| What Identificat                 | ion Used Upon Rei  | nterment: On Ma | rker                                  | <u> </u>                              |             |
|                                  |                    |                 |                                       |                                       |             |
| Da Board and                     |                    |                 |                                       |                                       |             |
| On Remains                       |                    |                 |                                       |                                       |             |
|                                  |                    |                 |                                       |                                       |             |
| 5.Signature of Off               | icer Surpervising  | Disinterment a  | nd Reinterment.                       |                                       | ·           |
|                                  | E Mes              | 11 thesh        | ent                                   |                                       |             |
|                                  | WADIN A            | STEPRINGSON 1.  | + I.A., OMG                           |                                       |             |

### INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting) teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars(principal chewing teeth), an examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cayities of decay), dentures (plates), and any deformity of jaws found.



attached and indicate retaining clasps on natural teeth with the

**SALTEMO**Ñ

. "qaalo" brow

| CO | 2.2. | 7 | 1 |  |
|----|------|---|---|--|
|    |      |   |   |  |

| 1:30   |                   |   |                |                                       |                       | 27 25027       |             |
|--|-------------------|---|----------------|---------------------------------------|-----------------------|----------------|-------------|
| QMC Form 1042<br>(Rev. 1 Apr. 1946)<br>(Supersedes GRS Form 1, |                   | REPORT OF   | DATE OF REPORT |                                       |                       |                |             |
| (Supersedes GRS Form 1,<br>Rev. of 1 Apr. 45, which may b      | and<br>e used.)   | (AR 30-1810 at  | 27             | Jept 1                                | 949                   |                |             |
| Imprint Identification T                                       | ad II Possible    | Section 1.—IDENTIFICATION.  |                |                                       |                       |                |             |
| DO NOT TY  |                   | NAME (Last, first, middle initial)  |                |                                       | SERIAL                | <br>L flo.     |             |
|  |                   | UN No.11 K-442'   | 7 (Forme       | nl tr IIII - 7, 660                   |                       |                |             |
| (  | \                 | USAF Cem Mani   |                |                                       | - Un                  | 'er cur        |             |
| >  |                   | GRADE   | ORGANIZATI     |                                       |                       | H OF SERVI     | CE          |
| (  | 0                 |   | i              |                                       |                       |                |             |
| \  |                   | / Unimove   | 1 7,           | hacrr.                                | l in                  | retr           |             |
|  | /                 | RACE  | RELIGION       |                                       | IF OTHER THA          | AN U.S. DEA    | D, GIVE     |
|  |                   | -   |                |                                       | NAME OF CC            | ORTKI          | ,           |
|  |                   | Unknown   | Un             | known                                 |                       |                |             |
| PLACE OF DEATH   |                   | CAUSE OF DEATH  |                |                                       | DATE                  | OF DEATH       |             |
| De Laure Comme   | 1' +              | 77.1  |                |                                       |                       |                |             |
| Dataan, Luzon,   |                   | Unknown   |                |                                       | <u></u>               | n lar enn      |             |
| EMERGENCY ADDRESSEE (Na  | me, relationship, | , and address)  |                |                                       |                       |                |             |
|  |                   | Unknown   |                |                                       |                       |                |             |
| IDENTIFICATION TAGS FOUND                                      | ON PODY           | IF NO TAGS FOUND ON BODY, I   | DESCRIBE MEA   | NS OF IDENTIFICATION (                | If unidentifed 61     | l in ecotion • | on seresee) |
| (1, 2, or none)  | J ON BODT         | IF NO TAGS FOUND ON BODY, I   | DESCRIBE MEA   | N3 OF IDENTIFICATION (                | 1) untaentijiem, jiii | . IN SCLION 3  | on recerse; |
| Hone   |                   | See ite   | emarks         |                                       |                       |                |             |
| WERE SUBSTITUTE TAGS PRO                                       | VIDED?(Yes or :   | no) COMPLETED TOOTH CHART OF  | QM6=FORMs      | 045WATT/CHE THE TO                    |                       |                |             |
| nene dobbillo in inches  | ***********       | NIMIDE  |                | <b>JLE</b>                            |                       |                |             |
| Yns (2)  |                   |   | ☐ NO           | <del>IT IDENTIFYING</del>             | DATA?                 |                |             |
| LIST PERSONAL EFFECTS FOU                                      | DO DESCO          | NA BISPOSITION OF SAME  | <del></del> ,  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                       |                |             |
|  | <b>9</b> 1 (()    |   |                |                                       |                       |                |             |
|  |                   |   |                |                                       |                       |                |             |
|  |                   |   |                |                                       |                       |                |             |
|  | time 🔻            | None  |                |                                       |                       |                |             |
| a d a public   |                   |   | ·              |                                       | <del></del>           |                |             |
|  |                   | tablished cometery, furnish sketc.  | n and map co   | OOFGINATES ON TEVELSE.                |                       |                | <del></del> |
| NAME, NUMBER, COORDINATI                                       | ES, AND LOCAT     | TON OF CEMETERY   |                |                                       |                       |                |             |
|  |                   | LGRS MAUSCLEUM,   | MANILA.        | 产士                                    |                       |                |             |
| DATE OF BURNETADAC!  | HOUR              | BURIED IN (Shroud, blanket, or n  | <del></del>    | TYPE OF GRAVE                         | PLOT No.              | ROW No.        | GRAVE No.   |
| DATE OF BURNE  | HOUR              | 和 Tan Made  |                | MARKER                                | ******                |                |             |
| 20 May 1948  | 0930              | Casket  |                | Hone                                  | 300                   | ICV            |             |
| WAS THIS A REBURIAL?   | IF A REBURIA      | AL, INDICATE NAME, NUMBER, COORI  | DINATES OF PE  | REVIOUS CEMETERY, AND                 | LOCATION OF G         | RAVE           | <u> </u>    |
| (Yes or no) REFTER.  |                   |   |                |                                       | PLOT No.              |                | GRAVE No.   |
| Yes  | l rate a          | emetery Manila [2, I  | uson. 1.       | .I.                                   | 2                     | 19             | 2369        |
| TYPE OF RELIGIOUS  |                   | DUCTING BURIAL RITES  | IF IDENTIFI    | CATION TAGS NOT USED                  | ), DESCRIBE IDE       | NTIFICATION    | DATA AND    |
| CEREMONY   |                   |   | CONTAINE       | RS BURIED WITH BODY                   |                       |                |             |
|  |                   | •   |                |                                       |                       |                |             |
| IDENTIFICATION TAG BURIEL                                      |                   | ENTIFICATION TAG ATTACHED TO<br>MARKER (Yes.or no)                        |                |                                       |                       |                |             |
| BODY (Yes or no)   | •   '             |   |                |                                       |                       |                |             |
| Yes  |                   | Yes   | <u> </u>       |                                       |                       | L CD4          | e Na        |
| BODY BURIED ON DECEASED  | LEFT, NAME (I     | Last, first, middle initial)  | RANK           | SERIAL NO.                            | ORGANIZATIO           | ON GRAV        | E NO.       |
|  |                   |   |                |                                       |                       |                |             |
|  | <del></del>       |   | DANK           | SERIAL No.                            | ORGANIZATIO           | ON GRAY        | Æ No.       |
| BODY BURIED ON DECEASED  | RIGHT, NAME       | (Last, first, middle initial)   | RANK           | SERIAL NO.                            | ORGANIZATIO           | 0.00           | 2           |
| İ  |                   |   |                |                                       |                       |                |             |
| SIGNATURE OF TAXABLE OF  | DINC A DO         |   | SIGNATION      | OF GRS OF EICH VERIEY                 | ING REPORT            |                |             |
| SIGNATURE OF PERSON PERSON                                     | MAKING MEMOR      | 7   | ~ IL           |                                       | MIN                   | V              |             |
| PAHL B STORG   | IS. Chio          | f, Ident, Section   |                |                                       | ot 10                 | _              |             |
|  |                   | iginal for U.S. and allied dead, so                                       | isned origina  | l and one copy for enen               | ny dead, to the       | <br>Guarterma: | ter General |
| through Headquarters G   | RS Officer. C     | iginal for U.S. and allied dead, si<br>Copies for retention in theater as | prescribed by  | theater commander.                    |                       |                |             |

| ·.                     | Section 3.—                                       | UNIDENTIFIED  | REMAINS   |  |   |  |  |
|------------------------|---|---|---|--|---|--|--|
| LEFT LITTLE FINGER     | mains. Fi<br>social secul<br>planes, veh<br>(b) A | eat care will<br>If in anatomi-<br>rity number;<br>icles, and tar<br>fingerprint, o | cal charac<br>position o<br>nks.<br>r prints, a | teristics to<br>f body fou<br>are the mo | pelow, and any oth<br>and in airplanes, ve<br>ast valuable of all c | ues for the future iden<br>er clues under "Othe<br>hicles, and tanks; and<br>lues. Imprint all fing<br>ts can be secured, the<br>vith diagram below. | r," such as shoe size, serial numbers of air |
| 2                      | accomplish  | ed if one or r  | nore finge                                      | rprints ar                               | e secured.  | vitil olugiani bolow.  | Com chart will not be                        |
| RING FINGER            | HEIGHT  | WEIGHT  | COLOR O   | EYES                                     | COLOR OF HAIR   | BIRTHMARKS, SCAR   | S, OR TATTOOS                                |
|                        | WEAPON AND  | SERIAL No.  |   | LAUNDRY                                  | MARKS   | WHERE BODY WAS E   | BURIED OR FOUND                              |
| MIDDI                  |   |   |   |  |   |  |  |
| LEFT<br>MIDDLE FINGER  | OTHER IDENT                                       | TIFICATION CLU  | JES   |  |   | I  |  |
| G PR                   | _   |   |   |  |   |  | :  |
| ND                     |   |   |   |  |   |  |  |
| LEFT<br>INDEX FINGER   |   |   |   |  |   |  |  |
| 8                      |   |   |   |  |   |  |  |
|                        | _   |   |   |  |   |  |  |
| <u></u>                |   |   |   |  |   |  |  |
| EWOHIT                 |   |   |   |  |   |  |  |
| _                      |   |   |   |  |   |  |  |
|                        | -   |   |   |  |   |  |  |
| <b>∃</b> ⊅             |   |   |   |  |   |  |  |
| THUMB                  |   |   |   |  |   |  |  |
|                        |   |   |   |  |   |  |  |
|                        | -   |   |   |  |   |  |  |
| NDCX                   |   |   |   |  |   |  |  |
| X FINGLE               |   |   |   |  |   |  |  |
| ፟፟፟፟፟፟                 |   |   |   |  |   |  |  |
| 3                      |   |   |   |  |   |  |  |
| RIGHT<br>RIDDLE FINGER | FURNISH SKE                                       | ETCH AND MAP  | REFERENC  | E AND COO                                | PRDINATES FOR BURI  | AL IN OTHER THAN ESTA  | BLISHED CEMETERY                             |
| FINGE                  |   |   |   |  |   |  | <b>^</b>                                     |
|                        | - ,   |   |   |  | •   |  | :  |
| 27                     |   | 11.4  |   |  |   |  |  |
| RIGH)                  |   |   | ÷   |  |   |  |  |
| NGER                   |   |   |   |  |   |  |  |
|                        | REMARKS:  | viano ai  | X-1,427   | (Form                                    | erly Uill I-6   | 62, Hanila <i>(</i> /2)  | ) is believed                                |
| 5                      | on 22   | ELLHZCHAI<br>Ap <b>ril</b> 19/  | $_{2}$ 近 $_{2}$ and                             | dward<br>was de                          | J., 16001840<br>etermined uni                                       | ó, Ópl, Cora,<br>identificable d   | Blst Inf,died                                |
| RIGHT LITTLE FINGER    | substan   | ntiating  | dat:  |  |   | , v  | An ord Trong OT                              |
| MGER                   |   | HC Form   | ns 1∩ <i>l.l.</i>                               | . <b>1</b> 000                           | A and IOWA  | accomplished.  |  |
| <u> </u>               | 1   | * Q±1.  |   | 444 ب و،                                 | and Totttp  | accompaints ned.   |  |

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| LEFT<br>LTTLE FINGER   | INSTRUCTIONS:  (a) Great care will be taken to record the most minute mains. Fill in anatomical characteristics below, and any social security number; position of body found in airplanes planes, vehicles, and tanks.  (b) A fingerprint, or prints, are the most valuable of that at left, or as many as possible. If no fingerprint or   | sther clues under "Other," such as shoe size. strehicles, and tanks and serial numbers of air- all clues. Imprint all fingers and thumbs in the |
|------------------------|--|---|
| 7                      | chart at left, or as many as possible. If no fingerprint or every tooth will be indicated on the tooth chart in accordan accomplished if one or more fingerprints are secured.   | nce with diagram below. Tooth chart will not be   |
| LEFT<br>RING FINGER    | HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR  | BIRTHMARKS, SCARS, OR TATTOOS   |
|                        | WEAPON AND SERIAL NO. LAUNDRY MARKS  | WHERE BODY WAS BURIED OR FOUND  |
| LEFY<br>MIDDLE FINGER  |  |   |
| FINGER                 | OTHER IDENTIFICATION CLUES   | • • • •   |
| INDE                   |  |   |
| X FINGER               | FILLINGS SILVER FILLING  | 300000  |
| LEFT                   | CAVITIES CAVITY DECAVED  | O PROVINCE  |
| RIGHT<br>THUMB         | MISSING TEETH TOOTH MISSING  | IAGRAM REPRESENTS THE MOUTH WIDE OPEN   |
| NDC 3                  | CROWNED TEETH  PORCELAIN CROWN  GOLD CROWN   | 15 LOWER 15 15  |
| (FINGER )              | BRIDGE WORK  | 13 CHANGO 13<br>12 CHANGO 12<br>11 COCOO 11   |
| RIGHT<br>MIDDLE FINGER | FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURNESHING STATES AND COORDINATES FOR BURNESHIP STATES FOR B | <b>↑</b>  |
| RIGHT<br>RING FINGER   | UNKNOWN X-4427, AGRS Mau formerly UNK X-662, USAF Ceme P.I. is believed to be PIERZC ASN-16021846 of Co A, 31st In 1942, according to previous Recommendation of the previous Recommendati | tery Manila #2 <del>, Luzon,</del><br>HALSKI. Edward J. Cpl   |

QMC Form 1044, 1044-A and 1044-B accomplished.

Ye s

SIGNATURE OF PERSON PREPARING REPORT

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

H. C. BARRETT.

UNKNOWN - x - 651 (Keefe, Frederick)
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

UNKNOWN -x- 663 (Francia, Janito)

| 13 H  |                     | RESTR   | 2  | <b>U-</b> 4210                       |           |                                |           |  |
|---|---------------------|---|--|--------------------------------------|-----------|--------------------------------|-----------|--|
| WD QMC FORM 1042<br>(Rev. 1 Apr. 1945)<br>(Supersedes GRS Form 1)   |                     | REPORT OF.<br>(AR 30-1810 as                                    | С  | 15 Feb. 46                           |           |                                |           |  |
| Imprint Identification<br>DO NOT T  |                     | Section 1.—IDENTIFICATION. NAME (Last, first, middle initial)   | s  | SERIAL NO.                           |           |                                |           |  |
|   |                     | UNKNOWN -X-   |  | zchalski, Edi                        |           |                                |           |  |
|   | 0)                  | GRADE PR. IR  | ORGANIZATION   | 31st Inf.                            | В         | BRANCH OF SERV                 | ICE       |  |
|   |                     | RACE  | RELIGION   |                                      | IF OTHE   | R THAN U. S. DE/<br>OF COUNTRY | AD, GIVE  |  |
| PLACE OF DEATH  |                     | CAUSE OF DEATH  | <u> </u>   |                                      | <br>  D   | DATE OF DEATH                  | d         |  |
| Bataan, Iuzor   | 1. P. I.            |   |  |                                      |           | 22 Apr. 42                     |           |  |
| IDENTIFICATION TAGS FOU<br>(1, 2, or none)  NODE  WERE SUBSTITUTE TAGS PR  YES ( LIST PERSONAL EFFECTS FO | ROVIDED?(Yes or no) | IF NO TAGS FOUND ON BODY, I                                     |  |                                      | -         |                                | ·         |  |
|   |                     | N <sub>C</sub>  | ne   |                                      |           |                                |           |  |
| Section 2.—BURIAL II o<br>NAME, NUMBER, COORDINA  |                     | lished cemetery, furnish sketch<br>OF CEMETERY<br>USAF Cemetery | -  |                                      |           |                                |           |  |
| DATE OF BURIAL  | HOUR                |   | BURIED IN (Shroud, blanket, or name of other)  TYPE OF GRAVE MARKER  |                                      | PLOT N    | io. ROW No.                    | GRAVE N   |  |
| 11 jan. 46  | 0900                | Shelter Hal   | f  | Cross                                | 2         | 19                             | 2369      |  |
| WAS THIS A REBURIAL?<br>(Yes or no)   | IF A REBURIAL,      | INDICATE NAME, NUMBER, COORD                                    | INATES OF PREVIO   | DUS CEMETERY, AND L                  | OCATION ( | OF GRAVE                       |           |  |
| Yes   | Bat                 | taan Hospital Cemet   |  |                                      | PLOT I    |                                | GRAVE NO  |  |
| TYPE OF RELIGIOUS CEREMONY  IDENTIFICATION TAG BURI BODY (Yes or no)                                      | ED WITH   IDENT     | TING BURIAL RITES  TIFICATION TAG ATTACHED TO RKER (Yes or no)  | IF IDENTIFICATION CONTAINERS BUT TO THE PROPERTY OF THE PROPER | ON TAGS NOT USED,<br>JRIED WITH BODY | DESCRIBE  | DENTIFICATION                  | N DATA AN |  |

RANK

RANK

Pf c

Pvt

SERIAL No.

SERIAL No.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

ORGANIZATION

Det QMC

GH 2

E. M. MOORE, 1st Lt. QMC.

ORGANIZATION

Hq. Co., 45th

Inf. P.S.

Yes

GRAVE No.

GRAVE No.

2368

2370

| _                      | Section 3. NIDENTIF   | TED REMAINS.          |                        |  |                      |  |  |  |  |
|------------------------|---|-----------------------|------------------------|--|----------------------|--|--|--|--|
| LEFT LITTLE FINGER     | INSTRUCTIONS:  (a) Great care will be taken to record the most minute clues for the future identity of unidentity mains. Fill in anatomical characteristics below, and any other clues under "Other," such as she social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers planes, vehicles, and tanks.  (b) A fingerprint or prints are the most valuable of all clues. Imprint all fingers and thumbs |                       |                        |  |                      |  |  |  |  |
| RING F                 | chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accomplished if one or more fingerprints are secured.  |                       |                        |  |                      |  |  |  |  |
| LEFT<br>RING FINGER    | HEIGHT WEIGHT   | COLOR OF EYES         | COLOR OF HAIR          | BIRTHMARKS, SCARS, O   | S, SCARS, OR TATTOOS |  |  |  |  |
| >                      | WEAPON AND SERIAL NO  | . LAUNDI              | RY MARKS               | WHERE BODY WAS BUR   | IED OR FOUND         |  |  |  |  |
| LEFT<br>MIDDLE FINGER  |   |                       |                        |  |                      |  |  |  |  |
| FINGER                 | OTHER IDENTIFICATION  | CLUES                 |                        | • • •  | ,                    |  |  |  |  |
| LEFT<br>INDEX FINGER   |   |                       |                        |  |                      |  |  |  |  |
| NGER ,                 | FILLINGS  | SILVER FILL           | LING R,                | المُحْمَّمُ الْمُحْمَّمِ الْمُحْمَّمِ الْمُحْمَّمِ الْمُحْمَّمِ الْمُحْمَّمِ الْمُحْمَّمِ الْمُحْمَّمِ الْمُحْمَ | √3 Å,                |  |  |  |  |
| LEFT<br>Тнимв          | CAVITIES  | CAVI"                 | TY 5                   | BHAAR  | 5 socke              |  |  |  |  |
| MB T                   |   | DECA                  | SILVER -0.2            | UPPER 7  | HEALE T              |  |  |  |  |
| RIGHT                  | MISSING TEETH  CROWNED TEETH  | TOOTH MISS            | 1/0.0.24               | PREPRESENTS THE MOI  | JTH WIDE OPEN        |  |  |  |  |
| NDEX                   |   | PORCELAIN<br>GOLD CRO |                        | HEALED LOWER   | 15                   |  |  |  |  |
| FINGER                 | BRIDGE WORK   | GOLD                  | BRIDGE                 | 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0   | 112 MISSING          |  |  |  |  |
| RIGHT<br>MIDDLE FINGER | FURNISH SKETCH AND M  | AP REFERENCE AND COO  | ORDINATES FOR BURIAL I | N OTHER THAN ESTABLISH   | ED CEMETERY          |  |  |  |  |
| H H                    |   |                       |                        |  |                      |  |  |  |  |
| RIGHT<br>RING FINGER   |   |                       |                        | <del>-</del>   |                      |  |  |  |  |
|                        | REMARKS:  |                       |                        |  |                      |  |  |  |  |
| RIGHT<br>LITTLE FINGER | ,   |                       |                        |  |                      |  |  |  |  |

| (Rev. 1 Apr. 1945)<br>(Supersedes GRS Form 1) | (AR 30-1810 and AR 30-1815) |   |                   |                                      |                           | 15 Pet. 46            |              |  |
|---|-----------------------------|---|-------------------|--------------------------------------|---------------------------|-----------------------|--------------|--|
| Imprint Identification 7                      |                             | Section 1.—IDENTIFICATION.                  |                   |                                      | 1                         |                       |              |  |
| DO NOT TY                                     | PE                          | NAME (Last, first, middle initial)          |                   |                                      | SERIA                     | AL No.                |              |  |
|   |                             | UNDINIUM X-062 (Pierzchalski, Edward J.)    |                   |                                      |                           |                       |              |  |
| 7   | _ \                         | GRADE                                       | ORGANIZATION      | ON                                   |                           | CH OF SERVI           | ICE          |  |
|   | 0)                          | 0:1.  | Olst. Inf.        | A.:                                  | TLY                       |                       |              |  |
|   |                             | RACE  | RELIGION          |                                      | IF OTHER THE<br>NAME OF C | AN U.S. DEA<br>OUNTRY | AD, GIVE     |  |
| PLACE OF DEATH                                |                             | CAUSE OF DEATH                              | 1                 |                                      | DATE                      | OF DEATH              | · • • · · ·  |  |
| Batean, Luzo                                  | n, P.I.                     |   |                   |                                      |                           |                       |              |  |
| EMERGENCY ADDRESSEE (Na                       | me, relationship, an        | d address)                                  | <del></del>       | * ***                                |                           |                       |              |  |
|   |                             |   |                   |                                      |                           |                       |              |  |
|   |                             |   |                   |                                      |                           |                       |              |  |
| IDENTIFICATION TAGS FOUN (1, 2, or none)      | D ON BODY                   | IF NO TAGS FOUND ON BODY,                   | DESCRIBE MEANS O  | F IDENTIFICATION (I)                 | f unidentified, fi        | ll in section S       | on reverse)  |  |
| none  |                             |   |                   |                                      |                           |                       |              |  |
|   | HDPDA/Y                     | - Listad on Come                            | tery buria        | d roster as                          | above na                  | ned <b>E.</b>         | ,            |  |
| WERE SUBSTITUTE TAGS PRO                      | VIDED?(Yes or no)           |   |                   |                                      |                           |                       |              |  |
| Yes (   | 2 <b>)</b>                  |   |                   |                                      |                           |                       | •            |  |
| LIST PERSONAL EFFECTS FO                      | JND ON BODY AND             | D DISPOSITION OF SAME                       | <del></del>       |                                      |                           |                       |              |  |
|   |                             |   |                   |                                      |                           |                       |              |  |
|   |                             |   |                   |                                      |                           |                       |              |  |
|   |                             | lione                                       | ;                 |                                      |                           |                       |              |  |
|   |                             |   |                   |                                      |                           |                       |              |  |
| Auto A Bubiel Te                              |                             |   |                   |                                      |                           |                       | •            |  |
| <u> </u>                                      |                             | lished cemetery, furnish sketo              | n and map coord   | Inares on reverse.                   |                           |                       | <del></del>  |  |
| NAME, NUMBÉR, COORDINAT                       | ES, AND LOCATION            |   |                   |                                      |                           |                       |              |  |
|   |                             | USAF Campury                                | Hamila 72,        | hanon, P.1                           | •                         |                       |              |  |
| DATE OF BURIAL                                | HOUR                        | BURIED IN (Shroud, blanket, or r            | name of other)    | TYPE OF GRAVE                        | PLOT No.                  | ROW No.               | GRAVE No.    |  |
| 11 Ton 10                                     | 0000                        | Shelter Hali                                | ,                 | MARKER<br>Cross                      | ٤                         | 19                    | 2569         |  |
| 11 <b>J</b> an. 46                            | 0900                        | Sugred with                                 |                   | 01055                                |                           |                       | 12003        |  |
|   | IF A REBURIAL.              | INDICATE NAME, NUMBER, COOR                 | DINATES OF PREVIO | OUS CEMETERY, AND L                  | OCATION OF G              | RAVE                  |              |  |
| (Yes or no)<br>Yes                            | Batca                       | n Hospital Cameter                          | y , Lazon,        | P.I.                                 | PLOT No.                  | ROW No.               | GRAVE No.    |  |
| TYPE OF RELIGIOUS<br>CEREMONY                 | PERSON CONDUC               | CTING BURIAL RITES                          | IF IDENTIFICATI   | ON TAGS NOT USED.<br>URIED WITH BODY | DESCRIBE ID               | NTIFICATIO            | N DATA AND   |  |
| CEREMONT                                      |                             |   | A Thron           | Co va                                |                           |                       |              |  |
|   |                             |   |                   | 1 Kd V                               |                           |                       | •            |  |
| IDENTIFICATION TAG BURIEL<br>BODY (Yes or no) | D WITH   IDEN               | TIFICATION TAG ATTACHED TO RKER (Yes of no) | Party             | Docson Jr.                           |                           |                       |              |  |
| Yes   |                             | Yes   | lst. Lt           | i                                    |                           |                       |              |  |
| BODY BURIED ON DECEASED                       | LEFT NAME (Last             | l, first, middle initial)                   | RANK              | SERIAL No.                           | ORGANIZATI                |                       | Æ No.        |  |
| UMEMA.  | X-65l (Mee                  | de, Frederick)                              | Pîc.              |                                      | Det.<br>GH 2              | 3,.0<br>2;            | 368          |  |
| BODY BURIED ON DECEASED                       | RANK                        | SERIAL No.                                  | ORGANIZATI        | ON GRAY                              | VE No.                    |                       |              |  |
| Unition X-665 (Frencia, Jenito)               |                             |   | Pvt.              |                                      | HQ Co                     |                       | 3 <b>370</b> |  |
| SIGNATURE OF PERSON PRE                       | PARING REPORT               |   | SIGNATURE OF      | GRS OFFICER VERIFYIN                 |                           |                       |              |  |
| /s/ N.J. Barrett                              |                             |   |                   | Eoore                                |                           |                       |              |  |

/t/ D.O. BARNETT, S/Sat. ORS. 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.

/s/ R.J. Barrett

/t/E. . . MODE, 1st. Lt. Q.O.

|          |                        | Section 3 UNIDENTIFIED REMAINS.  |   |  |   |   |  |  |  |  |
|----------|------------------------|--|---|--|---|---|--|--|--|--|
| 8        | LEFT RINGER R          | mains. Fi<br>social secu-<br>planes, veh<br>(b) A<br>chart at lef<br>every tooth | eat care will<br>If in anatomic<br>rity number;<br>icles, and tar<br>fingerprint, o | cal charac<br>position onks.<br>r prints, a<br>r as possib<br>ated on th | eteristics be<br>of body fou<br>are the mo<br>ole. If no<br>ne tooth ch | elow, an<br>nd in air<br>st_valuab<br>fingerpri<br>art in acc | d any other<br>planes, vehicle<br>le of all clue<br>nt or prints cordance with | clues under<br>les, and tank<br>s. Imprint a | ''Other,'' suc<br>s; and serial :<br>all fingers and   | unidentified re- h as shoe size, numbers of air- I thumbs in the on of each and hart will not be |
|          | LEFT<br>RING FINGER    | HEIGHT   | WEIGHT: ,   | COLOR O  |   | COLOR O   |  | BIRTHMARK                                    | S, SCARS, OR TA  | ATTOOS   |
|          | LEFT<br>MIDDLE FINGER  | WEAPON AND   | SERIAL NO.  | JES  | LAUNDRY   | MARKS   |  | WHERE BOD                                    | Y WAS BURIED   | OR FOUND   |
| <u>,</u> | LEFT<br>INDEX FINGER   | FILLING  | S   | SI SI  | LVER FILL   | NG<br>G   | R  | 300  |  | L  |
|          | LEFT                   | CAVITIE  | s   |  | CAVITY<br>DECAY   |   | 4<br>6<br>7<br>8   |  | PPER   | 245 Sock<br>306 HEBL<br>3057   |
|          | RIGHT                  | MISSING<br>CROWNED   | {   | TRO  | POTH MISSIN   |   | JIMARAM<br>16 (S   |  | THE MOUTH  | WIDE OPEN  |
|          | RIGHT<br>INDEX FINGER  | BRIDGE   | work S  |  | GOLD B  | 'n  | 11 VE 45<br>-0 14  | 200  | OWER AND OWNER OF THE PROPERTY | 3 /15<br>3  4<br>13<br>12<br>MISSIM  |
|          | RIGHT<br>MIDDLE FINGER | FURNISH SKI  | ETCH AND MAP  | REFERENC   | E AND COO   | RDINATES  | FOR BURIAL IN  | OTHER THAN                                   | ESTABLISHED (  | TEET B   |
|          | RIGHT<br>RING FINGER   | REMARKS:   |   |  |   |   |  |  |  |  |
|          | RIGHT<br>LITTLE FINGER | - 10   | · ·   |  |   |   |  |  |  |  |