

FILE NUMBER 293 Unile manifer # 2 2-827 SUBJECT	
also mans munita X-4636	

QMC FORM 1121

8" By CT: Approval of Unidentifiability

To: Commanding General
Philippine Command
APO 707, c/o Postmaster
Sen Francisco, California
ATTE: AGGS, CALLAGE EDES

l. Reference is made to findings of inidentifiability for the following Caknown Feccesed:

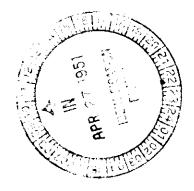
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2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE COASTE GAAGEST STEEL ALL FOR

T. H. HOTA
Lt. Colonel, ASC
Semorial Division

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The mortements Committee Department of the Army mainington 25, D. C.

in accordance with the provisions of year letter, file [30 U v/7], of (ar east), dated 17 September 1/4/4, subject: lead intion of General Fiberal Section of Construction of Construction of the standard standard lead to the Section in the Control Lead Minister Laboratory and econodered Control Liable by recess of help of sufficient identifying data:

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PARLCHUL EGALAL:

27 Incls
LD Forms 1044 w/Certificates
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/o/ C. C. Listrace C. H. Life Poster 2nd Lt., ave aset. All Con



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DATE

and that the report above is correct.

NUCIO O. LEVOSID,

DATESR Sept 43 BY HOHAUN L. MLLISUI, Stt. Ind I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision

RIATION THE BRANCH

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

OMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

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## HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

13 Sept 1949 Date

SUBJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X-827, Flot 2, Row 19, Grave 2383, USEC USAF Cem. Hamila #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:

M. B. McNEMAR Captain, QMD Chiaf, Records Branch

Attch: Form 1044

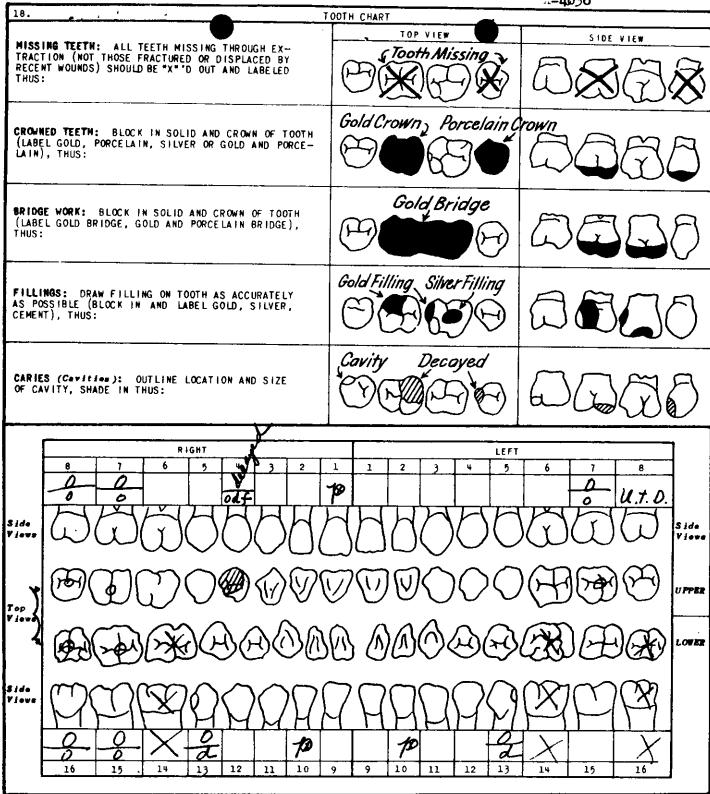
Not identifiable from intermation presently available

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	IDENTIF	ICATION B	ATA				
. REMAINS OF UNKNOWN	36 (Fermerly UNK			<del></del>	2. DATE OF RE		
UNKNOWN X-46		15 Sept 1949					
. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE			
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	UTD						
. WAS BODY BURNED?	TO WHAT EXTENT?						
YES IN NO							
. WAS BODY MANGLED?	TO WHAT EXTENT?	-		<del></del>			
YES NO							
DESCRIBE EVIDENCE OF H	EALED FRACTURES AND BONE MA	LEGRMATIONS					
	None						
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N · D

## "UNIDENTIFIABLE"

"BY REASON OF LACK OF THE STEEDT DENTIFYING DATA"



DENTURES (Flates): 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."

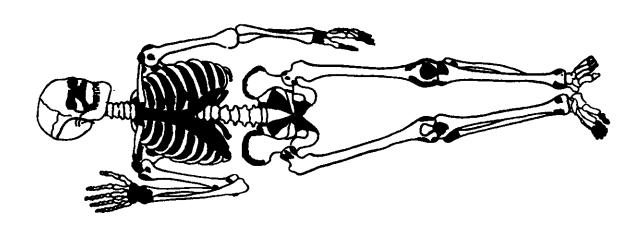
"UNIDERTIFIABLE"

J. J. FEDERMOTT
Laboratory Officer, CIP

BY REASON OF LACK BY THE STREET BYING DATAS

18 MAR 47 1044 4





20. MASS BURNAL (Wherein segregation	MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible)										
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTOF THE FOLLOWING ANATOMICAL PARTS:	RTS OF	DECEDENTS BASED OF	N THE PRESENCE	OF ONE	OR MO						
		•									
		SIGNATURE OF MEDICA	L OFFICER	···········							

21- REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains. Estimated weight of remains - 6 lbs.

"BY REASON OF THE REST OF THE PARTY."

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

J. J. McDERMOTT

Laboratory Officer, CIP

SIGNATURE

ルル 1247 DATE OF REPORT WD'QMC FORM 1042 REPORT OF INTERMENT (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) 4 Feb 46 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.—IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL NO. UNKNOWN X-827 GRADE ORGANIZATION BRANCH OF SERVICE 0 RACE RELIGION IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Bataan, Luzon, F I EMERGENCY ADDRESSEE (Name, relationship, and address) IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (1, 2, or none) None WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2) LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME hall-2 None Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Manila #2, Luzon, F I DATE OF BURIAL HOUR BURIED IN (Shroud, blanket, or name of other) TYPE OF GRAVE PLOT No. ROW No. GRAVE No. 11 Jan 46 0900 Shelter Half 2 19, Cross 2383 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE (Yes or no) USAF Cemetery Cabcaben #1, Luzon, P I PLOT No. ROW No. Yes 833500-1748500 D 1 PERSON CONDUCTING BURIAL RITES

WAS THIS A REBURIAL? GRAVE No. TYPE OF RELIGIOUS CEREMONY IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY IDENTIFICATION TAG BURIED WITH BODY (Yes or 110) IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No. FRASER, Gaylord W 0-20833 Capt Infantry 2382 BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No. UNKNOWN X-826 2384

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.

SIGNATURE OF PERSON PREPARING REPORT

BARRETT,

SIGNATURE OF GRŞ OFFICER VERIFYING REPORT

C.M. VVIALE.

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

#### RESTRICTED

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5	Section 3.— INSTRUCTI	ENTIFIED ONS:	REMAINS	<u> </u>	•			·. · ·		
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<b>7</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	every tooth w	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 accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.								
RING FINGER	HEIGHT	WEIGHT	COLOR O	F EYES	COLOR O	F HAIR	BIRTHMARKS, SC	ARS, OR TATTOOS		
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