

AIRMAIL

QUEST 293

GRS Far East

Unident

29 March 1940

SUBJECT: Identification of World War Deceased

**TO : Commanding Officer
American Graves Registration Service
Philippine Zone
APO 900, c/o Postmaster
San Francisco, California**

1. Reference is made to findings of Unidentifiability for the following Unknown Deceaseds:

<u>AGRS Maus, Manila</u>	<u>WAR Com. Manila #2</u>	<u>FRA Unit</u>	<u>Page</u>
X-991	X-99	1	2
X-593	X-101	1	2
X-1701	X-193	1	6
X-1272	X-3680	1	19
X-1277	X-3686	1	19
X-1188	X-3697	1	20

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

FOR THE QUARTERMASTER GENERAL:

J. W. Lewis
L. M. White
J. Windsor

T. H. MEYER
Lt. Colonel, QMG
Memorial Division

cc: Adm Section
Copy furnished CINCPAC APO 500

*093
with X-593
Maus, Manila
P.L.*

JMH

TEC

AIRMAIL

1/bpm

Interred 13 Mar 1950
G 15 93 Ft. McKinley

DISINTERMENT DIRECTIVE

Charles H. Mark
Cemetery Superintendent

NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02786

DATE
15 06 48
DAY MONTH YEAR

NAME: UNKNOWNX-000101 SERIAL NUMBER: RANK: ARM: 0 DATE OF DEATH: DAY MONTH YEAR

CEMETERY: USAF CEMETERY MANILA NO 2 DISPOSITION OF REMAINS: 7701 80 CODE DIST. PT.

PLOT: ROW: GRAVE: COUNTRY: CAUSE OF DEATH: 6
F12 1 117 PHILIPPINE ISLANDS

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)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNK X-000101 SERIAL NUMBER: RANK: DATE OF DEATH: DATE DISTINTERRED: 21 Sept 48
ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: GEORGE SIMONTAU
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Halve CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
2 ID tags show UNK X-593 Maus. No.

REMAINS PREPARED AND PLACED IN CASKET

DATE: 21 Sept 48 BY: GEORGE SIMONTAU
CASKET SEALED BY: GEORGE SIMONTAU EMBALMER (Signature): George Simontau
GEORGE SIMONTAU

CASKET BOXED AND MARKED: DATE 21 Sept 48 BY SHIPPING ADDRESS VERIFIED BY: CHARLES R DATES, 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. Dates
CHARLES R DATES, 1st Lt., USAFR
SIGNATURE OF GRS INSPECTOR

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

13 APR 50
Report

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

4 March '50
(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 101, Plot 2,
Row 1, Grave 117, USMC Manila #2, Luzon, P.I., have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

W. B. McNEELAR
W. B. McNEELAR
Captain, JMC
Chief, Records Branch

Received OQMG
Not identifiable from
information presently
available

23 March 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-593 (Formerly UNK X-101 Manila #2)			2. DATE OF REPORT 4 March '50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	801	D	893	DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'11"	10. COLOR OF HAIR UTD	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? Bones eroded
--	---------------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)









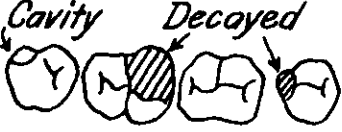

NONE

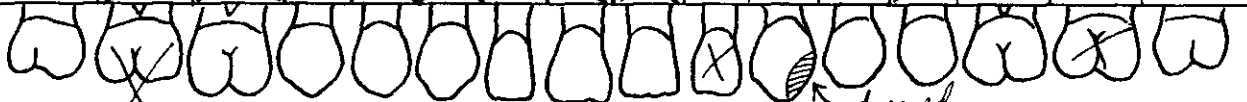


"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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:		

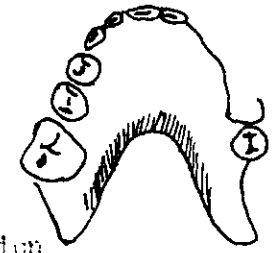
	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Maxilla																
Missing			X	X	X	X	X	X	X				X		X	
Side Views																
Top Views																
Side Views																
			of					to				X	of	X	of	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

Upper partial denture replacing R6 thru L1 and L5 is present with remains.

Paul R. Nichols

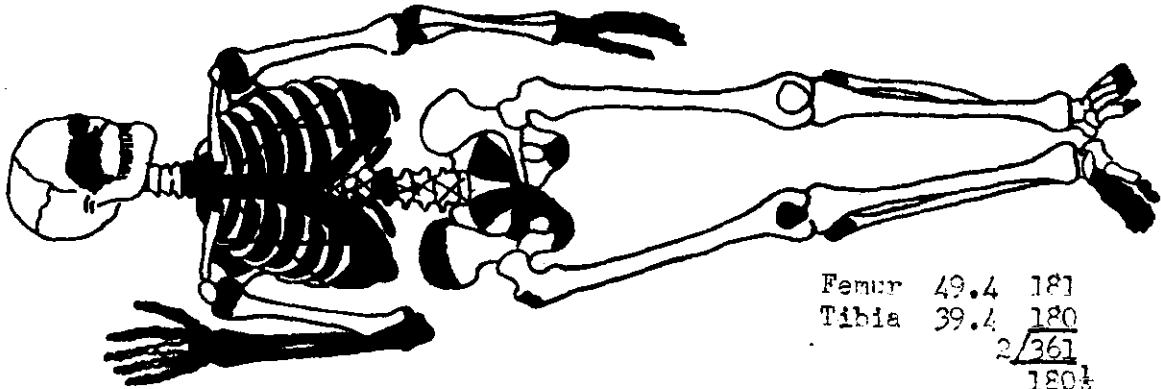
PAUL R. NICHOLS
Chief, Identification Section



"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height - 5'11"

20.

MASS BURIAL 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: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, personal effects or any other means of identification found with remains.

Circumference of skull - 20½ inches.

Estimated weight of remains - 8 lbs.

"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. Nichols

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

UNKNOWN X-593 (Formerly UNK X-101)
USAF Cem Manila #2 Luzon P I)

8 Oct 47
DATE

LAST NAME FIRST INITIAL

Unknown

Unknown

Unknown

Unknown

Basianan, Camarines Norte,
Luzon, P. I.

AGPS Mausoleum,
Manila, P. I.

ORGANIZATION

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

801 D 893
PLOT ROW GRAVE NO.
RANGE BAY (R+P)

Class

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	RIGHT								UPPER TEETH				LEFT				
TYPE																	TYPE
LOCATION		○	X	X	X	X	X	X	X			G	○	X	A	N	LOCATION

INSIDE — LOOKING OUT

(See Remarks)

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT						LOWER TEETH				LEFT						
TYPE			A					⊗				X		X			TYPE
LOCATION			F														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



OCCUSAL
(BITING SURFACE BACK TEETH)



FIXED BRIDGE
(UNCL. ABUTMENTS)



SILICATE OR
PORCELAIN



DISTAL
(BETWEEN-TOWARD BACK)



TEETH REPLACED
BY DENTURE



OXYPHOSPATE
(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)

UNKNOWN ~~X~~-593 (Formerly
 Unknown X - 101 USAF Cem Manila #2 PI)
 Cemetery AGRS Mausoleum Manila P I
 Plot 801 Row D Grave 893
 HANGER BAY CRYPT

AGRS MSUM Manila PI

1. Arrived at cemetery 7 Oct 47
(Hour) (Date)
2. Place of death Basianan, Camarines Norte, Luzon, P. I.
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered~~ or disinterred by G 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	(Type)	/	
Raincoat		/	
Overcoat		/	
Jacket, Field		/	
Jacket, Combat		N	
Mackinaw		O	
Sweater		N	
Jacket, HBT		E	
* 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 **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 **20**
 (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 (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.)

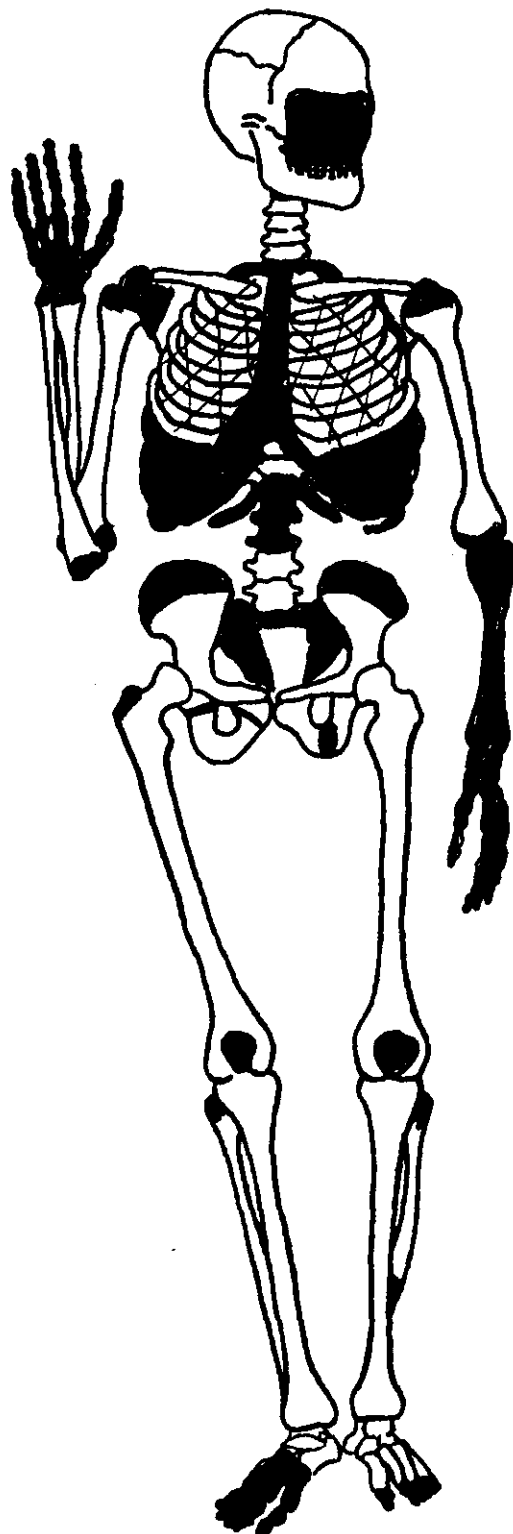
NOTE: Use attached charts "A" and "B" to indicate parts not received.

SKELETAL CHART

X-593.

(original)

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



10 Ribs and
Rib fragments
4 cervical, 5 dorsal
2 lumbar vertebrae
received.

RESTRICTED

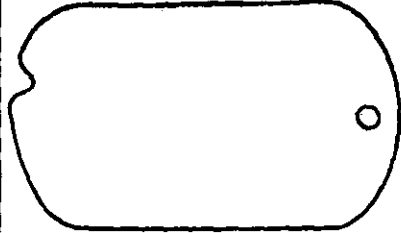
WD GMC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1)

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

DATE OF REPORT

9 Nov. 45

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-101 (Cem. Manila #2) UNKNOWN X-XII (Basianan POW Cem. Camarines, Norte)		SERIAL NO.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Basianan, Cam., Norte	CAUSE OF DEATH	DATE OF DEATH
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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)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

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.
7 Nov. 45	1300	Shelter Half	Cross	2	1	117

WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Basianan Cemetery Camarines Norte, P. I.
	PLOT No. ROW No. GRAVE No. V 1

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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-100 (Cem. Manila #2) UNKNOWN X-XIV (Basianan POW Cem. Camarines, Norte)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 116
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-102 (Cem. Manila #2) UNKNOWN X-XV (Basianan POW Cem. Camarines, Norte)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 118
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SIGNATURE OF PERSON PREPARING REPORT <i>W. V. Hardy Jr.</i> W. V. HARDY JR, T/3, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>W. E. Sessions III</i> W. E. SESSIONS III, Capt., GRC.
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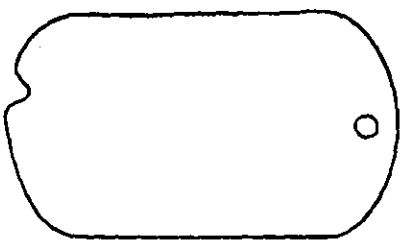

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

494

Body is one of 15 recovered from a reported Prisoner of War cemetery at Basianan, Camarines Norte near Calauag. Originally there were an estimated 60 to 70 Americans buried here. On investigation it was found that 40 Americans were disinterred from this spot on 12 Sept. 1945, by GRS. personnel of Base R., now sub-Base X. All but 1 of the 40 were reburied as unknown. This body as well as other 14 bodies recovered at this time remain unknown and are buried as such. No burial list is available and should there have been one at any previous time it would be useless now as an aid to identification due to the earlier disinterment of the 40 bodies mentioned above.

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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 9 Nov. 45	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X- 101 (Cem. Manila #2) UNKNOWN X- XII (Basianan POW Cem.)		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH Basianan, Cam., Norte	CAUSE OF DEATH	DATE OF DEATH	
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)		
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes			
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None			
A TRUE COPY:  GEORGE D. REDDEN, JR. Capt., Inf.			
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 7 Nov. 45	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Shelter Half	
TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 1	
GRAVE No. 117			
WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Basianan Cemetery Camarines Norte, P. I.		
PLOT No. V	ROW No. 1	GRAVE No. 1	
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- 100 (Cem. Manila #2) UNKNOWN X- XIV (Basianan POW Cem.) UNKNOWN X- XIV (Camarines, Norte)	RANK	SERIAL No.	
ORGANIZATION GRAVE No. 116			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X- 102 (Cem. Manila #2) UNKNOWN X- XV (Basianan POW Cem.) UNKNOWN X- XV (Camarines Norte)	RANK	SERIAL No.	
ORGANIZATION GRAVE No. 118			
SIGNATURE OF PERSON PREPARING REPORT /s/t/ W. V. HARDY JR. T/3 GRS/		SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ W. E. SESSIONS III, Capt., 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.			

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APR 5 1948

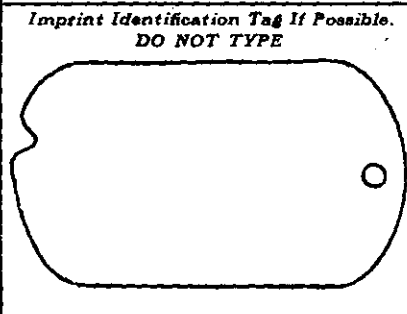
RESTRICTED

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

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

DATE OF REPORT
11 Oct 1947



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-593 (Formerly X-101 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 Basianan, Camarines Norte, Luzon, P. I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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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)
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
AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL 8 Oct 1947	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. D	GRAVE No. 893
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WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P. I.	PLOT No. 2	ROW No. 1	GRAVE No. 117
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED GLADEWITZ, Carl E	RANK Unknown	SERIAL No. 33021251	ORGANIZATION Unknown	GRAVE No. CRYPT 895
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-588	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 891
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SIGNATURE OF PERSON PREPARING REPORT <i>Wm R Gilbert</i> Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio Jr</i> LUCIO S PANOPIO Jr, 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

File 526