

/drs
1

Interred 7 February 1950
D 10, 27 Ft. McKinley
Case R Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 02807

DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWNX-000127

SERIAL NUMBER

RANK
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
F12 3 284 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
**U I X-119
(Grave) F12 3-284**

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
W. I. SIX
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
DISINTERMENT

CONDITION OF REMAINS
GOOD

OTHER MEANS OF IDENTIFICATION
Grave F12 Row 3 Grave 284

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE **15 Feb 48** BY **W. I. SIX**

CASKET SEALED BY
W. I. SIX

EMBALMER (Signature)
George M. ...

CASKET BOXED AND MARKED
DATE **15 Feb 48** BY **W. I. SIX**

SHIPPING ADDRESS VERIFIED BY
W. I. SIX

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

W. I. SIX
SIGNATURE OF GRS INSPECTOR

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

RECEIVED
BRANCH
[Signature]

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

9 Jan 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 127 , Plot 2 ,
Row 3 , Grave 284 , USMC USAF Cem Manila #2 , have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:


H. B. McENEMAR
Captain, OMC
Chief, Records Branch

Atch: Form 1044

Received 20 Jan 1950 0900
Not identifiable from
information presently
available

17 Feb. 1950

A. C. King. 1D. 12.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-616 (Formerly X-127, Manila #2 Cem.)				2. DATE OF REPORT 10 Jan. 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT HANGAR 801	5. ROW BAY D	6. GRAVE CRYPT 931	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR Brown		11. RACE Unknown	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS N O N E					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES U T D					
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N O N E					
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) N O N E					

TOOTH CHART

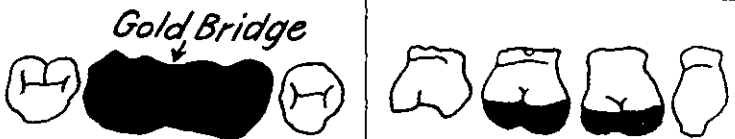
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



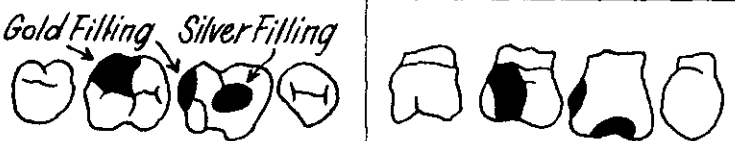
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



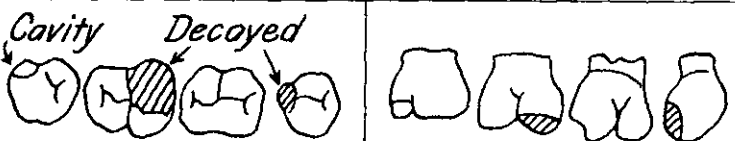
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	
X				X	P		P	P	P	P			X		P	
Side Views																
UPPER																
LOWER																
Side Views																
X			P	P	P	P	P	P	X	P	P	P			X	
16	15	14	13	12	11	10	9	9	10	11	12	12	13	14	15	16

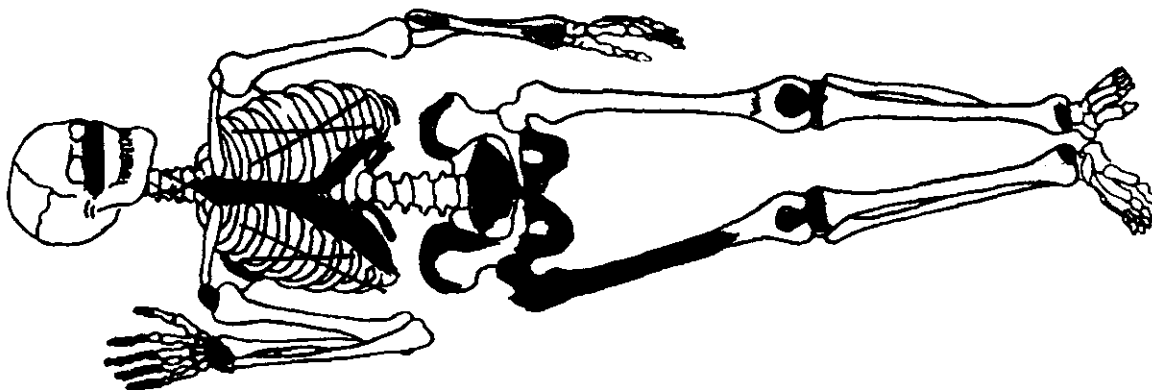
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R-15 and L-14 carious occlusal.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED



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 I.D. tags, burial bottle, personal effects or other means
of identification found with remains.

Estimated weight of remains - 5 lbs.

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

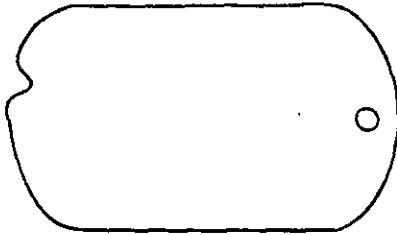
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

13 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN # 616 (Formerly U.K. # 127 USAF Cemetery Manila, 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 Unknown	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
---------------------------	---------------------------	--------------------------

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

RECORDS BRANCH
DEC 22 2 51 PM '47
MEMORIAL SERVICE

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 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 201	ROW No. D	GRAVE No. 931
----------------------------	--------------	---------------------------------------------------------	------------------------------	-----------------	--------------	------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. D	GRAVE No. 931
-----------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------	---------------	--------------	------------------

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) MAGANA, Godofredo	RANK Unknown	SERIAL No. 10001475	ORGANIZATION PS	GRAVE No. 932
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN # 614	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 929

SIGNATURE OF PERSON PREPARING REPORT R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT EUGENE S. PENCIFIC, Jr 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.

X-616

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.

8 Oct 47
DATE

(Formerly WHI X-127 USA)

UNKNOWN X-616 (Cem #2, Manila P.I.) UNKNOWN UNKNOWN
LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown

Unknown

UNIT

AQRS, Mausoleum
Manila, P.I.

ORGANIZATION

Unknown

801

D

931

PLACE OF DEATH

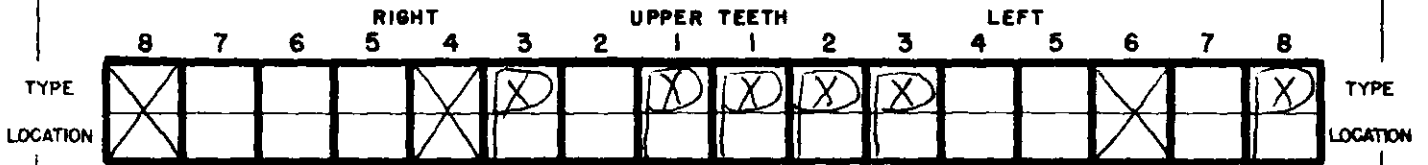
PLACE OF BURIAL

PLOT

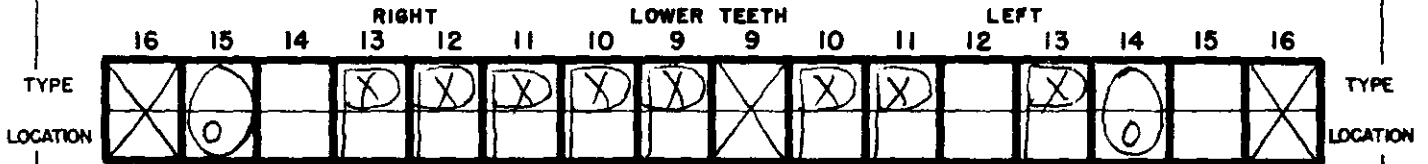
ROW

GRAVE NO.
















STORAGE



INSIDE — LOOKING OUT



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	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. 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)

(Formerly UNK X-127
 Unknown X616 (USAF Cem #2 Manila,
 Cemetery AGRS Mausoleum, Luzon, P.I.)
 Plot 801 Row D Grave 931

1. Arrived at cemetery 23 Sept 47
(Hour) (Date)
2. Place of death Unknown
(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 C M T #1
(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	/		
Mackinaw	H		
Sweater	H		
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 / ^T_D (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw / ^N (Large, small, normal) Circumference of head in inches 19" (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 / ^U (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist / ^D (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)

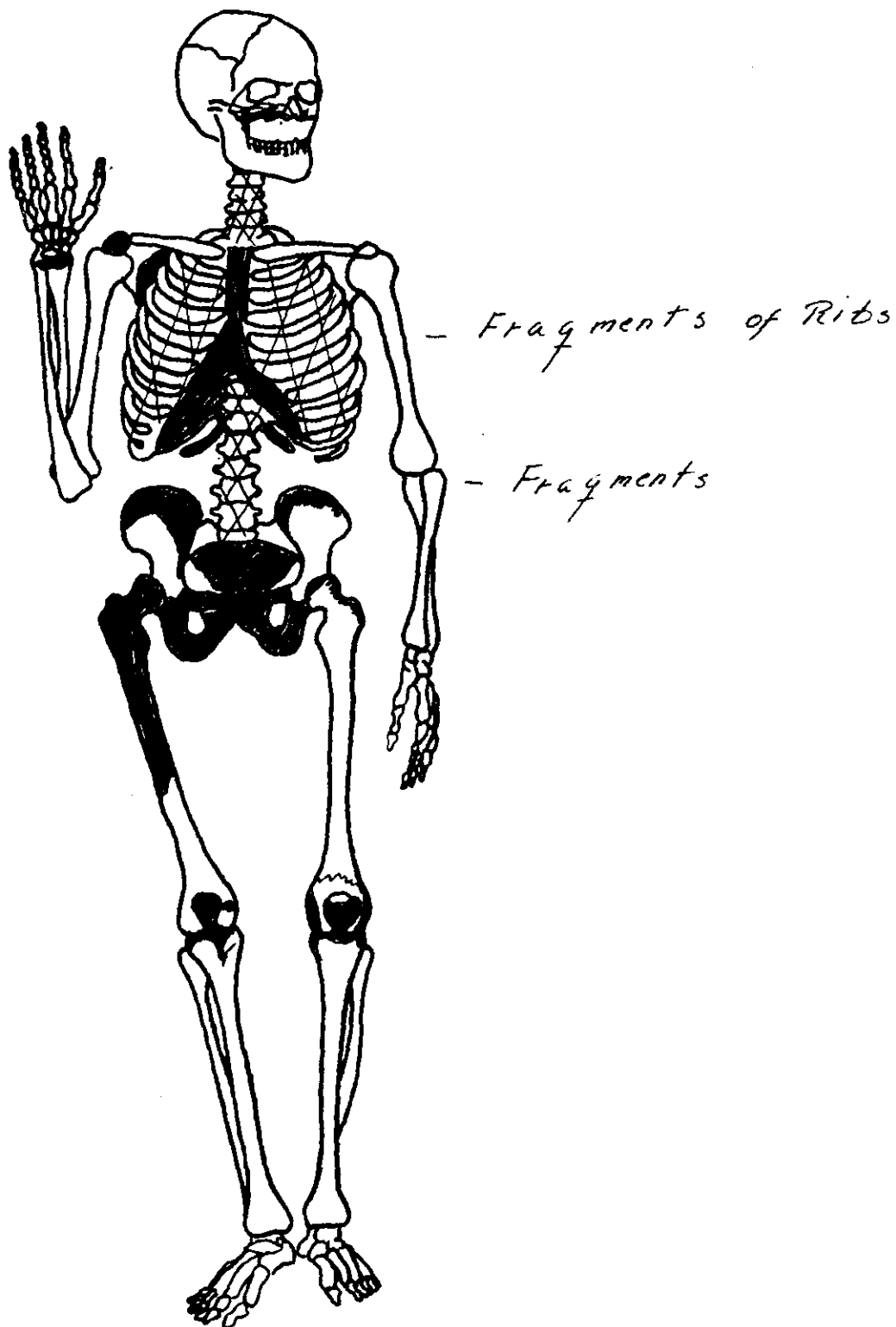
Evidence of healed fractures / (Nose, arms, legs, etc.)

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

SKELETAL CHART

X-616

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



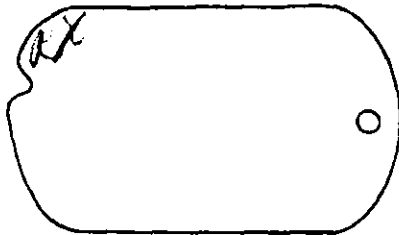
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

3 Dec. 45

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) (Unknown-Ft. Wm. McKinley) U N K N O W N - X - 127 (Cem. Manila #2)		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	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 (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 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.
20 Nov 45	1400	Shelter Half	Cross	2	3	284

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Ft. Wm. McKinley Cemetery, Luzon, P. I.						
	<table border="1"> <tr> <th>PLOT No.</th> <th>ROW No.</th> <th>GRAVE No.</th> </tr> <tr> <td>2</td> <td>3</td> <td>6</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	2	3	6
PLOT No.	ROW No.	GRAVE No.					
2	3	6					

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Bottle found in grave with contents destroyed. Civilian belt and shoes found in grave.
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) U N K N O W N - X - 126 (Cem. Manila #2)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				283

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) CLEMENTS, Cecil R.	RANK pvt	SERIAL No. 18063112	ORGANIZATION QMC port Area	GRAVE No. 285
------------------------------------------------------------------------------------------------	--------------------	-------------------------------	--------------------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, Cpl. GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT D. L. ARMSTRONG, 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.

765

299

Unknown X-117 USAF Cemetery Manila #2, associated with Pvt John Haynes, 19 000 550

Reference is made to the attached anthropologist's report for the remains designated Unknown X-117 Manila #2, .P.I.

Inasmuch as no additional identifying data has been revealed to substantiate the tentative association of Unknown X-117 with Pvt John Haynes, 19 000 550, and evidence of possible comingling of the remains is indicated on the report of examination, it is recommended that the remains designated Unknown X-117 USAF Cem Manila #2, revert to unidentifiable status and the remains of Pvt Haynes remain nonrecoverable.

G. Reynolds
Gladys C. Reynolds
17 Aug 52

Leesaker
~~_____~~

Kuman 9 Sept. 52
gr

File 16 Sept 52
MAN
GR

1. GENERAL CONDITION: Skeletal, no tissue. Poor, skull shattered and incomplete, palate incomplete, pelvis damaged and vertebral column incomplete. Cranial - post cranial articulation doubtful.
2. COMINGLING: Yes. The fragment of the atlas present fits neither the fragmentary left condyle of the occipital or the axis which is present. There is no evidence of duplication of any parts but the evidence noted above is conclusive of comingling.
3. AGE: Cranial: All vault sutures open - 20-21 years.

Pelvic: Pubic symphysis damaged, no evidence available. Crests of ilium fused. Age is over 20 years. No other reliable age indicators present.
4. STATURE: Rollet, 65 3/8 inches; Krogman, 67 3/4 inches, based on right femur and tibia.
5. DENTITION: See Form 569, 1 May 1952. The two teeth plotted as #22 and #27, lower canines, are probably lateral incisors, but not for this mandible. Three loose teeth are probably #2, #3 and #16 but they cannot be certainly associated with the maxillary fragment. The existing palate does appear to occlude with the damaged mandible and in my opinion are correctly associated but there is no firm evidence that these fit any part of the cranial fragments.
6. HAIR COLOR: No evidence available.
7. Race - Unable to determine, probably white.
8. CONCLUSIONS AND RECOMMENDATIONS: The Form 371 data for HAYNES is age at death 23 years. Stature 65 1/4 inches, race white. The age and stature comparisons are in fair agreement and so is the dental comparison but in view of the uncertainties raised by some evidence of comingling plus the fragmentary state of the remains which prevents clear cut anatomical articulation of many parts, I believe that no conclusive identification can be made that these remains are those of Haynes.

Theodore D. Mc Cown

THEODORE D. MC COWN

Professor of Anthropology

DENTAL COMPARISON CHART

UNKNOWN		NAME	
X- 117		MARTIN, John	
		19 000 550	
R-8	Chipped (Fractured	R-8	X
R-7	X (Missing	R-7	
R-6	X (Maxilla	R-6	
R-5	Chipped	R-5	0
R-4	moda	R-4	0
R-3	Chipped	R-3	0
R-2	Chipped	R-2	0
R-1		R-1	
L-1		L-1	
L-2	dl car	L-2	
L-3	mo lo car	L-3	
L-4	X	L-4	
L-5	car d	L-5	
L-6		L-6	
L-7	loose teeth (Maxilla	L-7	
L-8	(Fractured	L-8	
R-16	Filling Missing	R-16	
R-15	Filling Missing	R-15	0
R-14		R-14	X
R-13	Chipped	R-13	
R-12		R-12	
R-11		R-11	
R-10	PX	R-10	
R-9	PX	R-9	
L-9	PX	L-9	
L-10	PX	L-10	
L-11		L-11	
L-12		L-12	
L-13		L-13	
L-14	X	L-14	X
L-15	X	L-15	X
L-16		L-16	
ESTIMATED HEIGHT		HEIGHT	
ma. 52. 65 3/8" - 67 3/4"		5'5 1/4" June 1941	
ESTIMATED WEIGHT		WEIGHT	
		171	
ESTIMATED AGE		AGE	
20 - 21 ?		23 years	
HAIR		HAIR	
Race: White *			

REMARKS

*See Anthropologist's Report.

FORM 100

USE FOR MAIL

12 February 1950

SUBJECT: Investigation of World War II Personnel

1. Transmittals for accountability have been received by this office. Report your results to include investigation.

FOR THE COMMANDING OFFICER:

F. E. SMITH
Lt. Colonel, USA
Hospital Director

cc: The Captain

F. E. SMITH
Lt. Colonel, USA
Hospital Director

cc: Hospital: GINCP, APO 950

/ebc 1 ✓	Interred 8 . 1950 Ft. McKinley N. <i>Carl R. H. Mark</i>		DISINTERMENT DIRECTIVE	
	Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED CARL R. H. MARK <i>24 FEB 53 GMS</i>		DIRECTIVE NUMBER 7747 02868	

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
		UNKNOWNX-000117		0	15 06 48 DAY MONTH YEAR
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2					7701 80 CODE DIST. PT.
PLOT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
F12	4	476	PHILIPPINE ISLANDS		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	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED
<i>Carl R. H. Mark</i>				
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES	

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
		<i>W. P. ...</i>
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	

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

Caroline A. ...
 SIGNATURE OF GRS INSPECTOR

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

HEADQUARTERS
POST OFFICE
AMERICAN GRAVES REGISTRATION SERVICE

27 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 117 , Plot 2 ,
Row 4 , Grave 476 , USMC USA Gen. Manila #2 , have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:



W. B. McEwen
Captain, OMC
Chief, Records Branch

Atch: Form 1044

Received 7 Feb 50 **0000**
Not identifiable from
information presently
available

W. H. McEwen
Ident. Sec.
13 Feb 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-606 (Formerly UNK X-117 Manila #2)				2. DATE OF REPORT 17 Jan '50	
3. NAME OF CEMETERY ACES Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	D	923	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 5 3/8"	10. COLOR OF HAIR U T D	11. RACE U T D
------------------------------	----------------------------------	----------------------------	-------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Skull shattered

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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)

N O N E

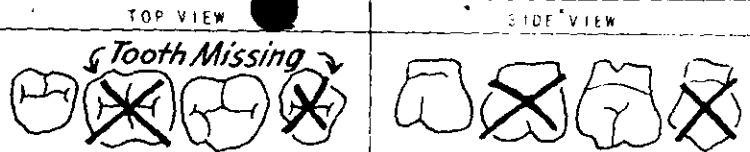
"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

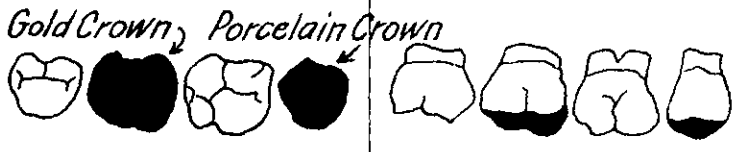
18.

TOOTH CHART

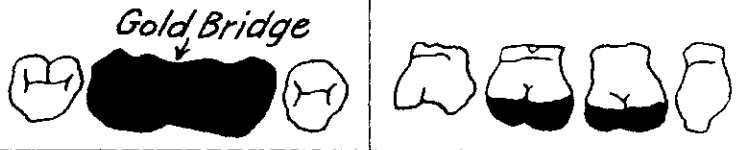
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



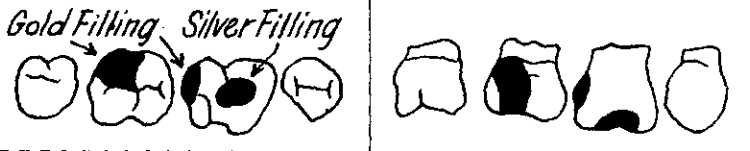
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



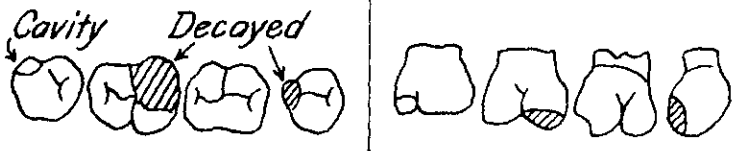
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



Maxilla								Mandibula									
Missing				RIGHT	Fractured				LEFT	Missing							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
o				o	o			o	o	x		o	o				
o				o	o			o	o	x		o	o				
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
X		X										X	X				
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."

R8, L6 and L7 are loose present with remains.

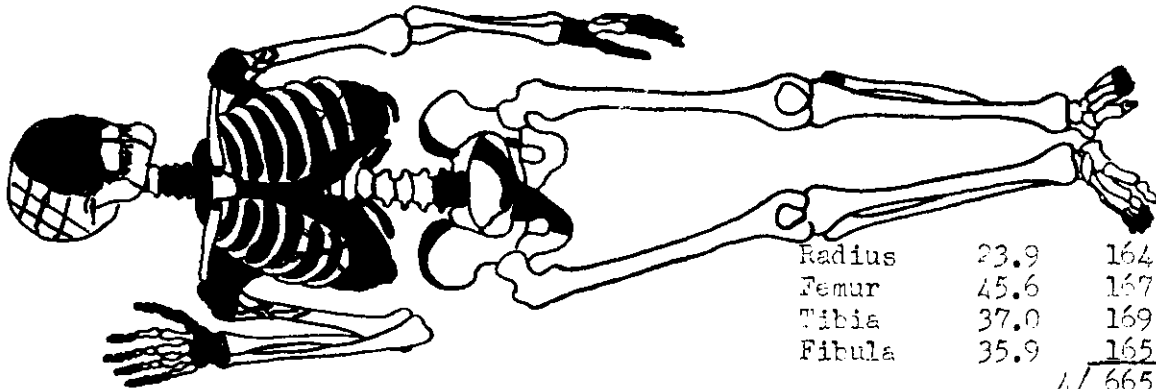
"UNIDENTIFIABLE"

Paul R. Nichols

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

PAUL R. NICHOLS
Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height: 5' 5 3/8".

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.

Estimated weight of remains - 6 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

IDENTIFICATION CHECK LIST

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

X-117

Unknown X - 117

Cemetery USAF Manila No. 2, Luzon, P.I.

Plot 2 Row 4 Grave 476

1. Arrived at cemetery _____
(Hour) (Date)

2. Place of death Stotsenberg Area _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered~~ or disinterred by USAF Cem Manila #2, Luzon, P.I. _____
(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	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Goatee (Light, color, extent) / /

Eyes (Color, setting, shape) N
 Eyebrows (Color, bushiness, extent across nose) O

Nose (Size, shape, straight) N
 Ears (Size, set close to or far from head) E

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 (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 N
 (Short, thick, long, slender, size of knuckles, missing fingers or joints) O
 (Unusual characteristics of fingernails) E

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.)

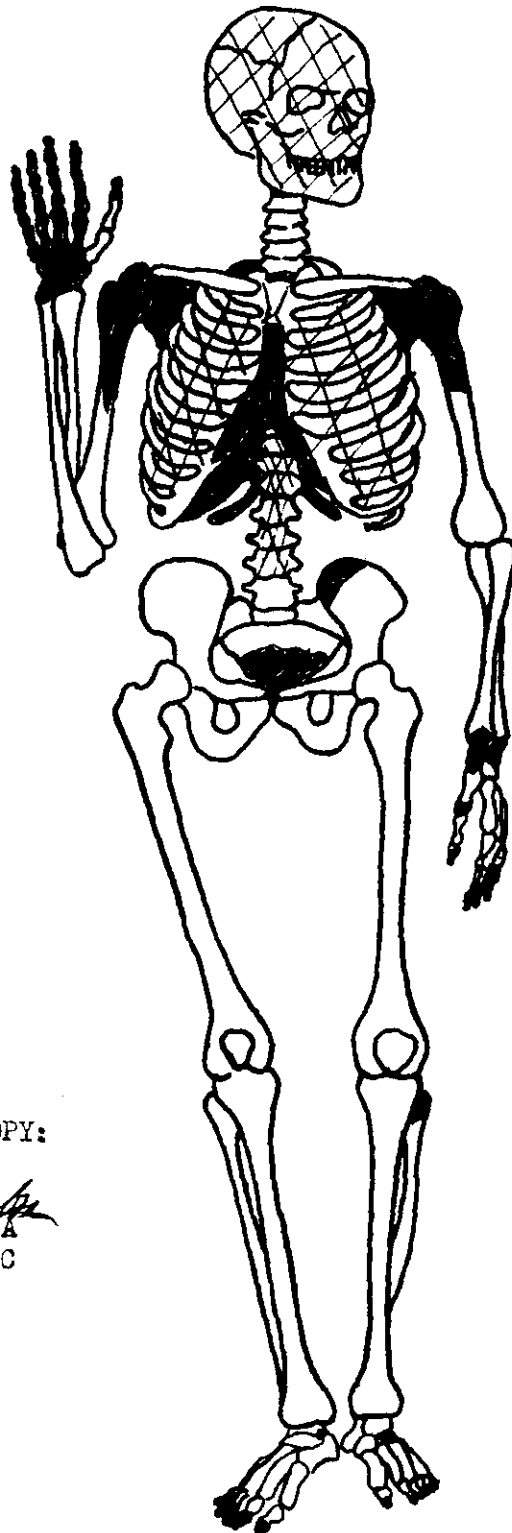
NOTE: Use attached charts "A" and "B" to indicate parts not received.

X-117

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

UNKNOWN X-117



30 rib fragments received
also small bone fragments

CERTIFIED TRUE COPY:

G. T. Gamboa
G T GAMBOA
2d Lt MSC

REPORT OF DISINTERMENT FOR IDENTIFICATION

14 July 47

1. Remains of (Name)

UNKNOWN X-117

Serial Number

Grade

Organization

. Name, Number and Location of Cemetery

USAF Cemetery Manila No. 2, Luzon, P.I.

Plot

2

Row

4

Grave No.

476

2. Date of Disinterment

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Skeletal Remains Only

4. What Identification Found at Time of Disinterment: On Marker

One (1) Substitute

On Remains

One (1) Substitute

What Identification Used Upon Reinterment: On Marker

One (1) Substitute

On Remains

One (1) Substitute

5. Signature of Officer Supervising Disinterment and Reinterment.

/s/ Ward C. Stephenson

/p/ WARD C. STEPHENSON, 1st Lt., QMC

CERTIFIED TRUE COPY:

G. T. Galbra

G. T. GALBRA

2d Lt MSC

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.

DATE _____

UNKNOWN X-117

LAST NAME FIRST INITIAL RANK SERIAL NO.

Stotsenburg ^{UNIT} Area

ORGANIZATION

USAF Cem Manila #2

2

4

476

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.







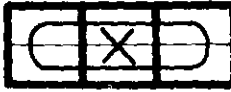







This portion of maxilla missing

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		UPPER TEETH																	
TYPE					○	A	○					○	○	⊗		○	○	⊗	TYPE
LOCATION					MOL	MOD	D					d	MO			DO	O	I	LOCATION

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
		LOWER TEETH																	
TYPE			○	⊗					⊗	⊗	⊗	⊗			⊗	⊗	○	TYPE	
LOCATION			DO														DOF	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	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL TOWARD TONGUE
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL TOWARD CHEEK

RESTRICTED

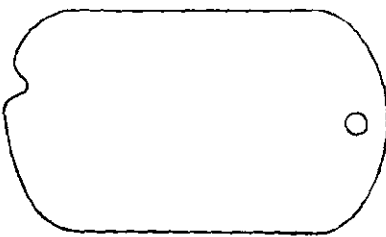
RE

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

WD QMC Form 1042
Rev. 1 Apr. 1945
(Supersedes GRS Form 1)

Date of Report

Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION		
	Name (Last, First, Middle Initial) UNKNOWN X-117 (Manila Mausoleum X-606) USAF Cem. Manila #2, P. I.		Serial Number Unknown
	Organization <i>943rd Bn</i>	Organization <i>Manila #2</i>	Branch of Service Unknown
	Race Unknown	Religion Unknown	If Other than U. S. Dead, Give Name of Country

Place of Death Stotsenberg Area, Luzon, P. I.	Cause of Death Unknown	Date of Death Unknown
---------------------------------------------------------	----------------------------------	---------------------------------

Emergency Addressee (Name, Relationship and Address)
None

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 UNIDENTIFIABLE
Were Substitute Tags Provided (Yes or No) Yes	

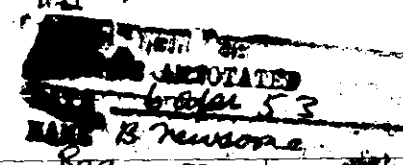
List Personal Effects Found on Body and Disposition of Same
None

SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.

Name, Number, Coordinates and Location of Cemetery
U. S. M. C. Fort William McKinley, Manila, P. I.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
24 Feb 53	1400	Final Type Casket	Reg. Cross	N	14	101

Was This a Re-Burial (Yes or No) Yes	If a Re-Burial, indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave USAF Cem. Manila #2, P. I.	Plot No. 2	Row No. 4	Grave No. 476
------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------	----------------------	---------------------	-------------------------

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-1934 Manila No. 2	Rank	Serial Number N 14 100	Grave No.
--------------------------------------------------------------------------------------------------------	------	----------------------------------	-----------

Body Buried on Deceased Right, Name (Last, First, Middle Initial) Vacant	Rank	Serial Number	Organization	Grave No.
------------------------------------------------------------------------------------	------	---------------	--------------	-----------

Signature of Person Preparing Report <i>Raymond H. Tanguay</i> RAYMOND H. TANGUAY, M/Sgt, QMC	Signature of GRS Officer Verifying Report <i>Frederic B. Toomoth</i> FREDERIC B. TOOMOTH, 1st Lt., QMC
------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------

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

RESTRICTED

RESTRICTED

U 717

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT STORAGE

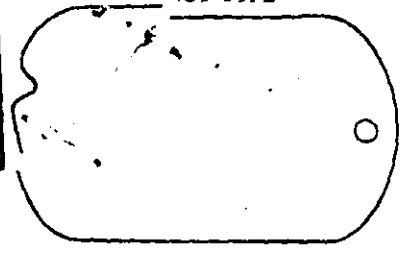
DATE OF REPORT

(AR 30-1810 and AR 30-1815)

29 Oct 47

Imprint Identification Tag If Possible.
IOT TYPE

APR 27 1948



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN A-006 (formerly UNKNOWN A-117, USAF Gen Manila #2)		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Statenberg AFB, LUZON, P. I.	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) SEE REPORTS
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 MEMORIAL, MANILA, P.I.

DATE OF BURIAL 6 Oct 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. D	GRAVE No. 923
----------------------------	--------------	---------------------------------------------------------	------------------------------	-----------------	--------------	------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Gen Manila #2, Luzon, P. I.	PLOT No. 2	ROW No. 4	GRAVE No. 476
-----------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------	---------------	--------------	------------------

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
--------------------------------------------------------	----------------------------------------------------------

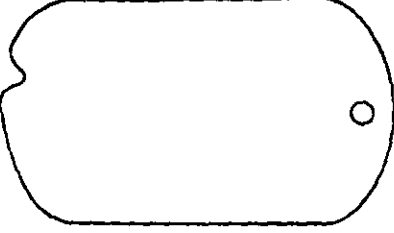
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN A-598	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 925
-----------------------------------------------------------------------------------	------	------------	--------------	------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN A-108	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 921
------------------------------------------------------------------------------------	------	------------	--------------	------------------

SIGNATURE OF PERSON PREPARING REPORT W. R. Kelly W. R. Kelly, 1st Lt., MC	SIGNATURE OF GRS OFFICER VERIFYING REPORT Donald S. Harris Donald S. Harris, 2nd Lt., MC
---------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

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.

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 19 Dec. 45
-------------------------------------------------------------------	-----------------------------------------------------------	-------------------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) U N K N O W N -X- 117 (Cem. Manila #2) (Formerly unknown Stotsenberg cem.)		SERIAL NO.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Stotsenberg Area, Luzon, P. I.	CAUSE OF DEATH	DATE OF DEATH
-------------------------------------------------------------------	----------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center;">None</p>	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) <p style="text-align: center;">Yes (2)</p>	<p style="text-align: center;">(Over)</p>

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.
28 Nov 45	1500	Shelter Half	Cross	2	4	476

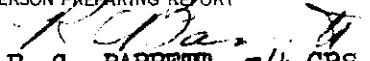
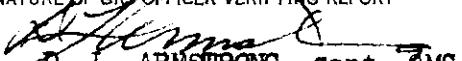
WAS THIS A REBURIAL? (Yes or no) <p style="text-align: center;">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p style="text-align: center;">ft. stotsenberg Cemetery, Luzon, P. I.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PLOT No.</th> <th>ROW No.</th> <th>GRAVE No.</th> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">7</td> <td style="text-align: center;">5</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	0	7	5
PLOT No.	ROW No.	GRAVE No.						
0	7	5						

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) <p style="text-align: center;">Yes</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center;">Yes</p>
--------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p style="text-align: center;">HRICZKO, Joseph</p>	RANK	SERIAL No. <p style="text-align: center;">6982033</p>	ORGANIZATION	GRAVE No. <p style="text-align: center;">475</p>
-------------------------------------------------------------------------------------------------------------------------------	------	-----------------------------------------------------------------	--------------	------------------------------------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p style="text-align: center;">UNKNOWN -X- 203 (Cem. Manila #2) (formerly unknown stotsenberg Cem.)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <p style="text-align: center;">477</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------	------------	--------------	------------------------------------------------------------

SIGNATURE OF PERSON PREPARING REPORT  R. C. BARRETT, T/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  D. L. ARMSTRONG, 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.