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QMC FORM 1194

HT4DQUARTERS PHILCOM ZONE AMERICAN GRAVES REGISTRATION SERVICE

9 Jan 1950	
Date	

SUBJECT: Unidentifiable Remains

TO : The Quartermaster

Washington 25, D. C. Attn: Memorial Division

FOR THE COMMANDING OFFICER:

H. B. McNEMAR Captain, CMC

Chief, Records Branch

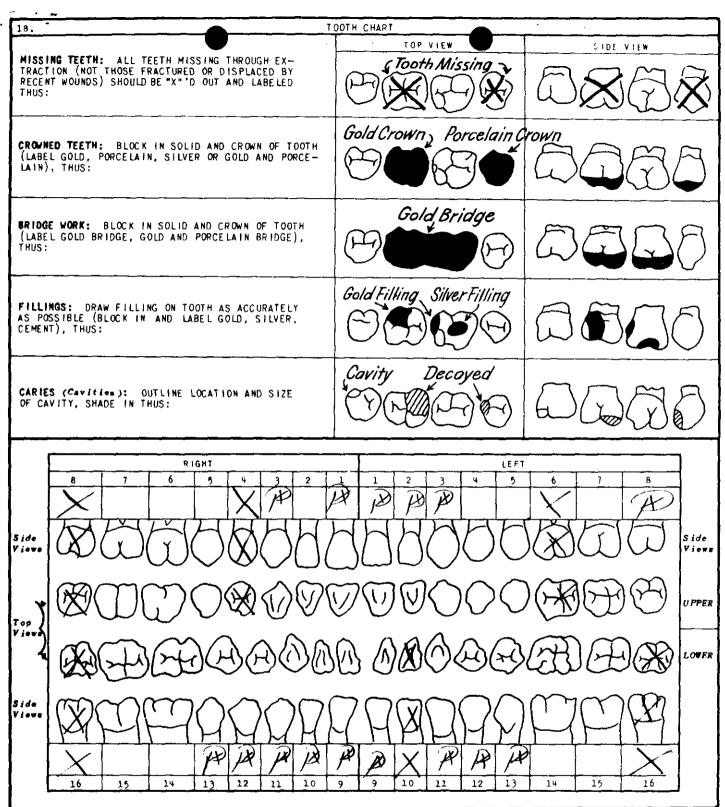
Attch: Form 1044

Not identifiable from information presently available

a.c. King. 10.12.

			IDENTI	FICATION D	ATA (
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CHC FORM PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

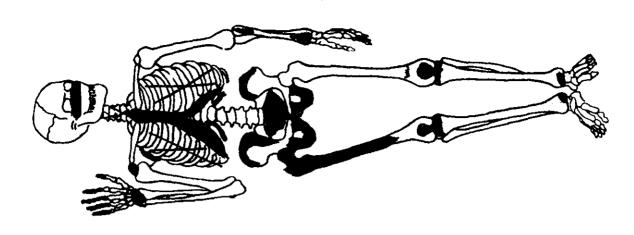


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

R-15 and L-14 carious occlusal.

PAUL R. NICHOLS

Chief, Identification Section



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				SIGNATURE C	F MEDI	CAL OF	FICER				

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. NICHOIS

Chief, Identification Section

Gaul R. Wichols

		<u> </u>					
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	y=1			STURAGE	DATE	OF REPORT	
		(AR 30-1810 az	nd AR 30-18	<i>15)</i>		<u>13 Oct</u>	47
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					RANCH		
Section 2.—BURIAL If of	her than in estai	blished cemetery, furnish sketc	h and map coord	inates on reverse.			
NAME, NUMBER, COORDINAT	ES, AND LOCATIO	N OF CEMETERY					
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		AGRS MAUSELEUM, M	ANILA P.L.				
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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.

IDENTIFICATION DENTAL CHART TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON, AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED. 8 Oct 47 (Formerly UHE X-127 USA) UNATIONN X=616(Cem #2. Manila F.I. Unknown LAST NAME FIRST INITIAL RANK Unklown Unknown inknown UNIT ORGANIZATION AGRS, Nausoleum inknown PLACE OF DEATH Manila, P.I. 301 231 PHOTORICA ROW! PLACE OF BURIAL GRAYE NO. STORATI RIGHT UPPER TEETH TYPE TYPE LOCATION LOCATION INSIDE - LOOKING OUT 10 10 13 13 TYPE TYPE LOCATION LOCATION KEY OF SYMBOLS TO BE USED ON ABOVE CHART TYPE OF FILLING LOCATION OF FILLING SYMBOLS IN UPPER HALF OF BOX WHOLE BOX LOWER HALF OF BOX AMALGAM MESIAL EXTRACTED (SILVER) 'n (BETWEEN-TOWARD FRONT) CAVITY INDICATE OCCLUSAL GOLD LOCATION (BITING SURFACE BACK TEETH) 0 SILICATE OR DISTAL FIXED BRIDGE PORCELAIN (BETWEEN - TOWARD BACK) (INCL. ABUTMENTS) TEETH REPLACED OXYPHOSPATE LINGUAL BY DENTURE (CEMENT) (TOWARD TONGUE) FACIAL POSTHUMOUSLY MISSING (LOST AFTER DEATH) (TOWARD CHEEK)

AGRC FORM No. 11 Revised 16 Sept. 1945 Formely "Check List of Unknowns")

IDENTIFICATION CHECK LIST

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

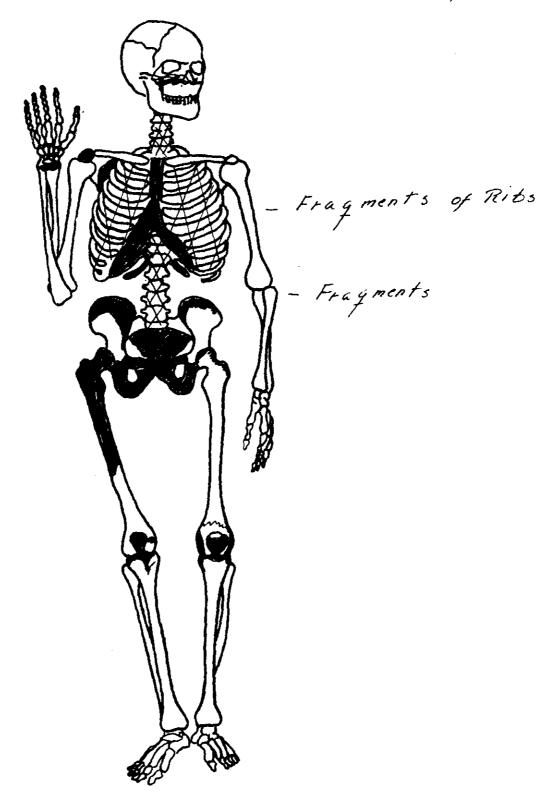
			(Formerly UNK X-12) Unknown X616 (USAF Cem #2 Manila Luzon, P. Cemetery AGRS Mausoleum, Ma.P.I.
			Cemetery AGRS Mausoleum Ka.P.I.
			Plot 801 Row D Grave 931
ì,	Arrived at cemetery	23 Sept 47	
		(Hour) (Date)	
2.	Place of death	Unknown (Name of closest town)	(Coordinates and letter Prefix, maps)
	(Sheet, scale	e and serials used)	просмя
3.	Remains recovered o	or disinterred by	C N T #1
			(Name and organization)
4 .	Evacuated to Cemet	tery by	C M T #1
			(Name and organization)
5.	Description of cloth	ing and equipment: (if clot	es do not fit, obtain size from body measurements)
	Item C	Clothing	Indicate unusual markings
		•	color, wear, tear, repairs, etc.
	* Headgear	(Type)	
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	Overcoat	/	
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	Jacket, Combat		nagetternoon, conservation managetternoon and an angerternoon and an angerternoon and an angerternoon and an a
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TVIOQEII	(I-Ārīge, medium, small)	Dipa	(Small, large, full)	
7	\mathbf{T}_{\parallel}			
reetn	D() hite, size, unever	ess, spacing, noticeable cr	owns, fillings, extracts)	
	,			
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	· /			
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				•
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	/(Unusual	characteristics of Ingernal	ls)	
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Waint	D,			
vy alst	(Size of navel, Ap	pendectomy, amount, quant	ity, and color of hair)	
D .1	,	Charles	Date Hen	
Dack	(Quantity and extent of hair)	Circumicision	(Yes-no)	(Color)
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Herniaplasty		/ (Yes-no; locatio	(Yes-na)	
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Legs			nity, color and extent of hair)	
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Feet	(Size, couns, callouses, flat)	То¢s	(Slender, straight, crooked, over	lap)
		<i>'</i> ,		
Evidence of he	ealed fractures	(Nose, Zern	s, legs, etc.)	
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NOTE: Use attached charts "A" and "B" to indicate parts not received.

SKELETAL CHART X-6/6

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



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Section 2.—BU	IRIAL, If ot	her than in esta	ablished cemetery, furnish sketc	h and map coo	rdinates on reverse.			
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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, . F. 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.

Okum 9 lept. 52

Hile Par

- 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

Professor of Anthropology

UNKNOWN			NAME		
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*See Anthropologist's Report.

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MARKER	UNKNOWN			17 mg/	- 4.	-	
	SECTION D PREPARATI	ION OF REM	AINS FOR SHIPME	<u> </u>		NAME AND T	IILE
NATURE OF BURIAL			N OF REMAINS	···			
	a 6		e jasti	.j			
<u> </u>	· :	L	·			 	
OTHER MEANS OF IDENTIFICATION							
MINOR DISCREPANCIES 1							
ey sected of			117				
·	,						
REMAINS PREPARED AND PLACED IN C	CASKET		···				
DATE	<u>BY · </u>		·			, , ,	
CASKET SEALED BY		EWRATWER	(Sidnature)	Lar J. J	ZXX	(XXXX	
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CASKET BOXED AND MARKED		SHIPPING	ADDRESS VERIFIED	ВҮ			
21 1 1 P							,
DATE BY		1				<u> </u>	
	all the foregoing operations we	ere conduc	ted and accom	iplished under	my i	immediate supe	ervisian
and that the report above	is correct.						
	Can	une	a. Franç	au		. d. 1	
	**	·	√ ;		7	\\d_	
1 n n:	ONO P. MOS.			F GRS INSPECTOR	₹	- N	
1 Prepare Discrepancy Rep	ort QMC Form 1194a for major	r discrepai	ncies.			΄λ'	
				KENNIN NI	: /	~ 1/4.	
				Blumme	\leq	<u> </u>	
PMC FORM 1194							

HER DONAMMETS FROM NOVE ANDRICAN CRAVES NEURS ENGINE OF THE

27 Dec 1949 Date

SUBJECT: Unidentifiable Remains

TΟ

: The Quartermaster Washington 25, D. C.

Attn: Memorial Division

The records pertaining to Unknown X-117, Plot 2, Row 4, Grave 476, USMC bear Secretarily 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:

MANUAL CAPTAIN, CMC

Captain, CMC Chief, Records Branch

Attch: Form 1044

Not identifiable from information presently available

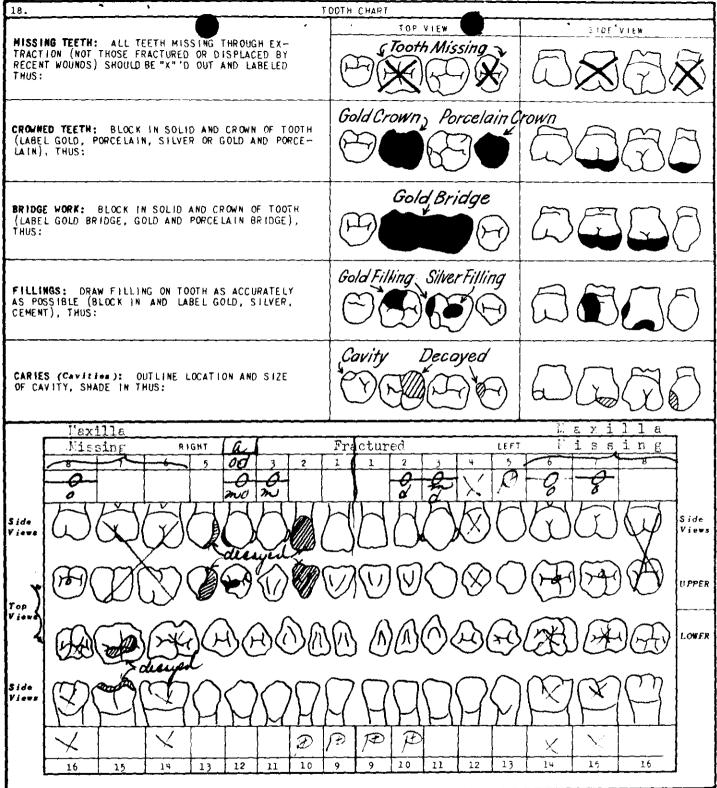
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REMAINS OF UNKNOWN	for a thrift of any or is				2. DATE OF RI	
	(Formerly UNK X-117 M		D.Out	TZ CDAVE	17 Jan	TE OF
. NAME OF CEMETERY		4. PLOT 5	- ROW	6. GRAVE	DISINTERMENT	
		1				
ACES Meneolen	m, Manila, P.I.	801	D	923		
norm managera	<u>.</u>	L DESCRIPTION		1 / /	·	
ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR	OF HAIR		11. RACE	
UTD	51 5 3/gn	Ŭ	T D		U.	r D
GIVE DESCRIPTION OF ANY	Y OFFICIAL IDENTIFICATION FOUL	NO WITH PEMAIN	5			
	NONE					
GIVE DESCRIPTION OF TA	TTOOS OR SCARS ON BODY AND/OR	SUCH INFORMAT	TON DET	AINED FROM	OTHER SOURCES	5
	RONE					
	NONL					
- ···· 	NOND		···			
TES NO	TO WHAT EXTENT?					
YES NO	TO WHAT EXTENT?					
YES NO	TO WHAT EXTENT? TO WHAT EXTENT? Skull shattered					
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YES NO	TO WHAT EXTENT? TO WHAT EXTENT? Skull shattered	FORMAT IONS				
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YES NO	TO WHAT EXTENT? TO WHAT EXTENT? Skull shattered HEALED FRACTURES AND BONE MAL	FORMATIONS				
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YES NO 5. WAS BODY MANGLED? X YES NO 6. DESCRIBE EVIDENCE OF	TO WHAT EXTENT? TO WHAT EXTENT? Skull shettered HEALED FRACTURES AND BONE MAL N C N E	LL FFFECTS FOU	ND, SHOW	ING THE TY	PE, COLOR, SI	ZE, MARKINGS,
7. LIST EVERY ITEM OF CL	TO WHAT EXTENT? TO WHAT EXTENT? Skull shattered HEALED FRACTURES AND BONE MAL NON E	LL EFFECTS FOU	ould be	made and a	PE, COLOR, SI	ZE, MARKINGS, rded through
7. LIST EVERY ITEM OF CL	TO WHAT EXTENT? TO WHAT EXTENT? Skull shettered HEALED FRACTURES AND BONE MAL N C N E	LL EFFECTS FOU	ould be	made and a	PE, COLOR, SI	ZE, MARKINGS, rded through
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7. LIST EVERY ITEM OF CL	TO WHAT EXTENT? TO WHAT EXTENT? Skull shattered HEALED FRACTURES AND BONE MAL NON E	LL EFFECTS FOU	ould be	made and a	PE, COLOR, SI	ZE, MARKINGS, rded through

NONE

"UNIDELLIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA



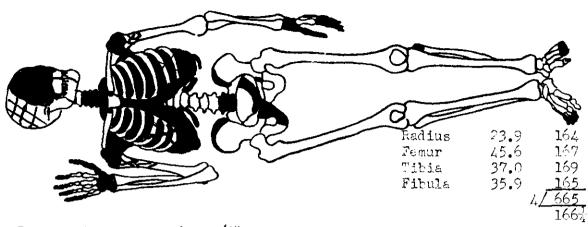
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R8. 16 and 17 are loose present with remains.

"UNIDERTIFIABLE"

"EY REASON OF LACK OF SUFFICIENT IDENTIFYING CDATAS Identification Section

19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height: 5' 5 3/8".

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:

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.

"IMDERTIABLE"

"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

aul R. Murhalo

AGRC FORM No. 11 Revised 16 Sept. 1946 Formely "Check List of Unknowns")

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 Mo.2, Luzon, F.I.				
			Plot 2 Row 4 Grave 476				
Ì.	Arrived at cemetery	7733-11-11-11-11-11-11-11-11-11-11-11-11-1	•				
	(Hour)	(Pate)					
2.		Area of closest town)	(Coordinates and letter Prefix, maps)				
		, , , , , , , , , , , , , , , , , , , ,	(333-1110) 211 3330 - 331-73, 331-73,				
4	(Sheet, scale and serials						
3.	Remains Personnes disinterra	ed by	USAF Cem Manila #2, Luzon, F.I. (Name and organization)				
4 .	Evacuated to Cemetery by	use a securiora e confinedada de la confineda	(Name and organization)				
5.	Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)						
	Item Clothing		Indicate unusual markings				
	Markings	Sizes	color, wear, tear, repairs, etc.				
	* Headgear (Type)						
	Raincoat	,,					
	Jacket. Field	7,					
		1.4					
		N					
		1					
	* Shirt, Wool OD	/					
	Undershirt, Wool						
		/	/				
	Trousers, HBT						
			//				

Goatee				
	(Light, color, extent)			
T.		N	_	
Eyes	(Color, setting, shape)	O Eyebro	OWS (Color, bushiness, e)	
	(accept a consistence)	N	, , ,	
Nose		E ears	annan metherille ter terrester the the trees on	
	(Size, shape, straight)	/ .	(Size, set close to or 1	ur from head)
* *		·./		
Mouth	(Large, medium, small)	Lips	(Small, large, fi	
	(7.01.5.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
Teeth	Tooth chart att	ached.	[((*(1)1485,44444) 1444114. 1.45455. 1.59554 3.59554 3.5959 3.596 3.596 3.596 3.596 3.596 3.596 3.5	
	(White, size, unever	ess, spacing, noticeable	crowns, fillings, extracts)	
	/.			
Chin	(Buomine	ent, receding, pointed, e		
	/ (Fromme	at, receding, pointed, t	impres, dodoir)	
law	Ci	rounference of hear	d in inches	
,	(Large, small, normal)	tumilities of med		Hat band)
	/ ,			
Neck	(Size, length, short, normal, wri	Larynx		
	• ,			
Shoulders		Δrms		
Difourders	(Broad, straight, small, rour	ided) (Leng	gth, muscular, color, extent a	nd quantity of hair)
	/ /			
	/	·	and the state of t	harraddor () () yadd yyang gyahas yedyas ddyn o'i ang (annordia
	•	′ ,		
Hands				
		'n		
Fingers				
	(Short, thick, for	ig, slender, size of knuc N	kles, missing fingers or joints	;)
		E		
**** ********************************	(Unusual	characteristics of imger	nails)	
Chest				······
	(Size of nipples, color,	quantity and extent of	hair, large, small, normal)	
***		/,		
Waist	(Size of navel, ar	ngendectomy, amount, au	antity, and color of hair)	
		,		
Back	(Quentity and extent of hair)	Circumcision /	, Pubic Hair	***************************************
	(Quantity and extent of hair)	,	(Yes-no)	(Color)
**			1,	
Herniaplasty	7	(Yes-no: loc	aiiosti	
		, ,		
Legs	(Inseam, muscular, knock-k	and the second s		
J	(Inscam, muscular, knock-k	need, howed, normal, q	manfity color and extent of	hair)
		ar.	′,	
Feet	(Size, corns, callouses, that)	Toes	(Stender, straight evock	ed. overlant
			· /	
Evidence of	healed fractures	,,		and the second s
	•	(Nose, a	rms, tegs, elc.y	
NIZYWII FF	a attached about "A" and "	(D) 1	/,	

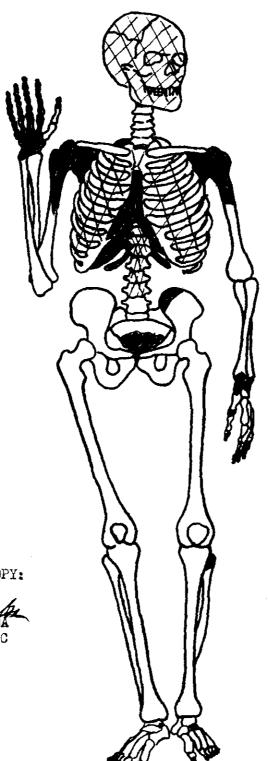
NOTE: Use attached charts "A" and "B" to indicate parts not received.

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 2d Lt MSC

RESTRICTED

/s/ Ward C. Stephenson

/b/ WARD C. STEPHENSON, 1st LT., QMC

2d Lt MSC

it A. L. wisbow

there av a	TATION OF THE TATION					DATE		
UNKNOWN X	FIRST	INITIAL	 -F	RANK	SE	RIAL NO.		
Stotsenbu	Stotsenburg Area			ORGANIZATION				
	OF DEATH	USAF Ce PL	m Wenila #	<u>/2</u>	2 LOT RO	4 476 W GRAVE N	iO	
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ON	MOL MOD	00				000	\boxtimes	
		INSIDE -	- LOOKING	GOUT				
16 15	RIGHT 14 13 12	11 10 L	OWER TEETH	10 11	LEFT 12 !3	14 15	16	
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SYMBOL			OF FILLING		LOCATION OF			
IN WHOLE B	ox	UPPER H	IN ALF OF BOX		IN LOWER HALF	OF BOX		
EXTRACTED		A	AMALGAM (SILVER)		m (BE)	MESIAL WEEN-TOWARD	FRONT	
	CAVITY INDICATE LOCATION	G	GOLD		O (B17	OCCLUS ING SURFACE B		
$\bigcirc X$	FIXED BRIDGE (INCL. ABUTM		SILICATE OR PORCELAIN		d BET	DISTAL WEEN - TOWAR		
And the last of th	TEETH REPLA	CED O	OXYPHOSPATE					

RESTRICTED Date of Report WD QMC Form 1042 REPORT OF INTERMENT Rev. I Apr. 1945 (Supersedes GRS Form 1) (AR 30-1810 and AR 30-1815) 1 1 1 Imprint Identification Tag If Possible. DO NOT TYPE SECTION 1. IDENTIFICATION Name (Last, First, Middle Initial) Serial Number UNKNOWN X-117 (Manila Mausoleum X-606) USAF Cem. Manila #2, P. I. Unknown Byanch of Service 0 Unknown Unknown Unknown If Other than U.S. Dea Race Religion Give Name of Counter Unknown Unknown Cause of Death Date of Death Place of Death Stotsenberg Area, Luzon, P. I. Unknown Unknown Emergency Addressee (Name, Relationship and Address) None 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) UNIDENTIFIABLE None Were Substitute Tags Provided 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. Type of Grave Marker Grave No. Buried in (Shroud, Blanket, or name Plot No. Row No. Hour Date of Burial Reg. Cross IOI Final Type Casket 14 24 Feb 53 1400 If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave Was This a Re-Burial (Yes or No) Plot No. Row No. Grave No. 2 476 Yes USAF Cem. Manila #2, P. I. if Identification Tags Not Used, Describe Identification Type of Religious Ceremony Person Conducting Burial Rites Data and Containers Buried with Body Identification Tag Attached to Marker (Yes or No) identification Tag Buried With Body (Yes or No) Yes Yes Serial Nun Body Buried on Deceased Left, Name (Last, First, Middle Initial) Rank Unknown I-1934 Manila No. 2 Grave No. Serial Number Organization Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank TOOMOTH, 1st Lt., OMC FREDERIC B.

RESTRICTED

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.

RAYMONZ H. TANGUAY, M/Zgt, QMC

/lgh	RESTI	RICTED		U	717			
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF (AR 30-1810 as	INTERMEN nd AR 30-18	T STORAGE		OF REPORT			
Imprint Identification Tag It Possible.	Section 1.—IDENTIFICATION.		<u></u>	<u> </u>	19 Oct	<u></u>		
OF TYPE	NAME (Last, first, middle initial)			SERIA	AL No.			
	T2.11. VI.IC 21-00	6 trans	rīv I. L.O.A	Ţ				
	A-117, LbaF			,				
	GRADE				BRANCH OF SERVICE			
(/ •		}		Ì				
/\ <i>'</i>								
	RACE	RELIGION		IF OTHER THAN U.S. DEAD, GIV NAME OF COUNTRY				
PLACE OF DEATH	CAUSE OF DEATH			DATE	OF DEATH			
Statemberg area,								
Luzon, F. I.								
EMERGENCY ADDRESSEE (Name, relationship, a	nd address)							
				•				
								
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS (OF IDENTIFICATION (I)	f unidentified, fi	ill in section s	f on reperse)		
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no	_							
The state of the s	' \	. 5 6 . 5	5. + 77. c					
100 (2)		ಸ€€ ೩.€	United 2020					
LIST PERSONAL EFFECTS FOUND ON BODY AN	D DISPOSITION OF SAME							
	i. 6	1						
	-	٠. س						
Castina 6 Bintal to 16								
Section 2.—BURIAL. If other than in estai		h and map coord	inates on reverse.					
NAME, NUMBER, COORDINATES, AND LOCATIO	N OF CEMETERY							
	AGRS MUSICALEUM,	Making # 50 s	,					
DATE OF BURIAL - HOUR-	BURIED IN (Shroud, blanket, or n	ame of other)	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.		
	STORE		MARKER	Hat profess		CIAME #		
- É Cet 47 元 150 ·	Cashe	t	C1. fr	801	D	523		
WAS THIS A REBURIAL? IF A REBURIAL? (Yes or no) RESIGNED	INDICATE NAME, NUMBER, COORD	DINATES OF PREVIO	OUS CEMETERY, AND LO	OCATION OF G	RAVE			
				PLOT No.	ROW No.	GRAVE No.		
	en handle "2, 1	uicn, i.	<u> </u>	2	4	476		
TYPE OF RELIGIOUS PERSON CONDUC	CTING BURIAL RITES	IF IDENTIFICATI	ON TAGS NOT USED, URIED WITH BODY	DESCRIBE IDE	NTIFICATION	N DATA AND		
			omes with door					
		{						
BODY (Yes or no) STORM MAI	TIFICATION TAG ATTACHED TO RKER (Yes or no)							
3		}						
DODY BURIED ON DECEASED LEFT, NAME (Last	. 6.5 1. 6.4	RANK	CEDIM No.	00011171717				
TO THE OR DECEMBED LEFT, WANTE (LINK	, prsi, mianie initiai)	TAIR	SERIAL No.	ORGANIZATIO	TION GRAVE No.			
thru.0%: A+596					· · · · · ·	125		
BODY BURIED ON DECEASED RIGHT, NAME (La	st, first, middle initial)	RANK	SERIAL NO.	ORGANIZATIO				
STORED						7-1 - T		
JULIUM 11-008			}		- { S	.21		
SIGNATURE OF PERSON PREPARING REPORT		SIGNATURE OF G	PS OFFICER VERIFYING	REPORT				
Weth Kulo,		Junales	A Horoso					
hos he allithing ach	ASSt	would be the life, and letter of C						
DISTRIBUTION OF REPORT: Signed origin	al for U.S. and allied dead, sig	ned original and	one copy for enemy	dead, to the Q)uartermas	ter General		
through Headquarters GRS Officer. Copi	es for retention in theater as p	rescribed by thea	ter commander.					

RESTRICTED

RESTRICTED U 717									
WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT OF	INTERMENT		DATE	OF REPORT			
(Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				19 Dec. 45			
Imprint Identification 7 DO NOT TY		Section 1.—IDENTIFICATION.							
20 3.01 1.1		NAME (Last, first, middle initial) U N K N O W N -X- 117 (Cem. Manila #2) (Formerly Unknown Stotsenberg Cem.)				SERIAL NO.			
	0)	GRADE ORGANIZATION			BRANG	BRANCH OF SERVICE			
		RACE RELIGION IF OT NAM			IF OTHER TH	HER THAN U.S. DEAD, GIVE ME OF COUNTRY			
PLACE OF DEATH Stotsenberg Ar Luzon, P. I.	ea,	CAUSE OF DEATH				DATE OF DEATH			
EMERGENCY ADDRESSEE (Na	ime, relationship, a	nd address)		•					
IDENTIFICATION TAGS FOUN (1, 2, or none) None	D ON BODY	IF NO TAGS FOUND ON BODY, D	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)						
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or no	,							
Yes (2)		(Over)						
1 4 1 1 1 Y		N	one						
Section 2.—BURIAL. If off	her than in esta	blished cometery, furnish sketch	and map coordi	inates on reverse.					
NAME, NUMBER, COORDINAT									
DATE OF BUDGAS		metery Menila #2, I		TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.		
DATE OF BURIAL HOUR		BURIED IN (Shroud, blanket, or name of other)		MARKER	PLOT NO.	KOW NO.	GRAVE NO.		
28 Nov 45	1500	Shelter Half Cross		2	2 4 470				
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL.	INDICATE NAME, NUMBER, COORD	INATES OF PREVIO	OUS CEMETERY, AND L					
Yes	rt. st	otsenberg Cemetery,	Luzon, P.	I.	PLOT No.	7 ROW No.	GRAVE No.		
		CTING BURIAL RITES	IF IDENTIFICATION	ON TAGS NOT USED, URIED WITH BODY	DESCRIBE IDE	NTIFICATION	DATA AND		
		ITIFICATION TAG ATTACHED TO RKER (Yes or no)							
Yes	Yes	–							
BODY BURIED ON DECEASED	et, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	E No.			
HRICZK		6982033		<u> </u>	475				
•	VAN -X- 201	3 (cem. Manila #2)	RANK	SERIAL NO.	ORGANIZATIC	ON GRAV	100		
SIGNATURE OF PERSON PREI		n stotsenberg.Cem.)	SIGNATURE OF C	RS OFFICER VERIEVIN	G REPORT		477		
SIGNATURE OF PERSON PRE	A Dem	. X	SIGNATURE OF GRS OFFICER VERIFYING REPORT						
R.C.	R. C. BARRETT, T/4 GAS.				Capt	Æ.			
		nal for U.S. and allied dead, signess for retention in theater as p			dead to the	Juartermas	ter General		

1.08 34