

ORIENT 293
GRS Far East

20 October 1949

SUBJECT: Approval of Unidentifiability

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California

ATTN: AGRS, PHILCOM ZONE

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

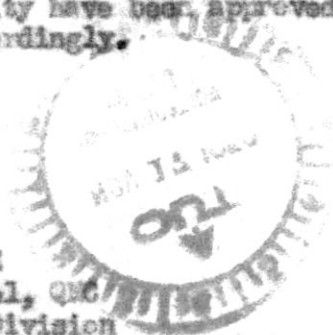
| | | | | | | | | | |
|----------------|---------------------------------------|----------------------|----------|-------------|-------------|-------------|-------------|-------------|-------------|
| Unknown X-365, | AGRS Mausoleum Manila, formerly I-54, | USAF Cem., Manila #2 | | | | | | | |
| " X-430, | " " " " " " | " " " " " " | " X-282, | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " |
| " X-451, | " " " " " " | " " " " " " | " X-304, | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " |
| " X-613, | " " " " " " | " " " " " " | " X-124, | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " |
| " X-712, | " " " " " " | " " " " " " | " X-227, | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " |
| " X-721, | " " " " " " | " " " " " " | " X-238, | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " |
| " X-726, | " " " " " " | " " " " " " | " X-243, | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " |
| " X-797, | " " " " " " | " " " " " " | " X-312, | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " |
| " X-4699, | " " " " " " | " " " " " " | " X-456, | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " | " " " " " " |

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

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QMC
Memorial Division

G. Reynoldsdal
L. M. White
J. Windsor





HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

CGSR 293.9

ABD 707
30 SEP 1949

SUBJECT: Unidentifiable Remains

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

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

| UNKNOWN | X-365 | AGRS | MaIn | UNKNOWN | X-3039 | AGRS | MaIn |
|---------|--------|------|------|---------|--------|------|------|
| " | X-430 | " | " | " | X-3041 | " | " |
| " | X-451 | " | " | " | X-3612 | " | " |
| " | X-613 | " | " | " | X-4226 | " | " |
| " | X-712 | " | " | " | X-4441 | " | " |
| " | X-721 | " | " | " | X-4699 | " | " |
| " | X-726 | " | " | " | X-4863 | " | " |
| " | X-797 | " | " | " | X-4867 | " | " |
| " | X-2345 | " | " | " | X-4948 | " | " |

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

FOR THE COMMANDING GENERAL:

18 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

/s/ C. H. LICURANCE
C. H. LICURANCE
2nd Lt., AGC
Asst. Adj Gen

nfm

Interred 21 February 1950
N 8 82 Ft. McKinley

1

Carl H. Mark DISINTERMENT DIRECTIVE

CARL R. H. MARK

N-3-82

800-08

/csv

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00093

DATE

15 01 50
DAY MONTH YEAR

NAME

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

UNKNOWN X-000243

Q

O

6

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

MANILA NO 2 P I

2

9

1138

7701

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FT. MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN X-243

18 Feb 50

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

-
- REMAINS
-
-
- MARKER

UNKNOWN

PAUL R NICHOLS

Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shelter Half

Skeletal

OTHER MEANS OF IDENTIFICATION

X-726 Maus

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 Feb 50

BY

PAUL R NICHOLS

CASKET SEALED BY

PAUL R NICHOLS

EMBALMER (Signature)

PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY

SHIPPING ADDRESS VERIFIED BY

DATE 18 Feb 50 BY Sgt lc, RA

L. W. RICHARDSON, M/Sgt., RA

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt., RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE.

16 MAR 1950
STATION
RECEIVED
NEW YORK

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|------------------------------------|------|--|----------------------------|
| FROM AGRS MAUSOLEUM | | TO US MILITARY CEMETERY | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER <i>Carl R. Mark</i> | DATE FEB 21 1950 |

2. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

3. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

4. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

5. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

6. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

7. SHIPPED

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER | DATE |

AIRMAIL

293. Unit, Manila H. 2 - X 243
290 Unit, P.I. X-7 (USA, ~~Manila~~)

QMGS 293 1st Ind
GRS Unit, X-7 P.I. (Luzon)
SUBJECT: Request for Information

Dept. of the Army, OJMG, Washington 25, D. C., 13 January 1949

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster,
San Francisco, California, ATTN: AGRS, Philcom Zone

In compliance with request made in basic communication, a search of records this office reveals no casualty in the Philcom Area, which can be associated with the partial serial number, R2567.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QMC
Memorial Division

Metz
C.R.
JCM

JAB/rvs

(Signature)

(Large handwritten mark)

JAN 13 3 35 PM '49

O. O. H. G.
U. S. ARMY RECORDS DIVISION

me
X 293 GRS (Far East)
X 293 Unit, P.I. X-726 (AGRS Mausoleum, Manila)

AIRMAIL

RECEIVED
JAN 13 1949
U.S. DEPARTMENT OF THE ARMY
HEADQUARTERS
WASHINGTON, D.C.

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293

APO 707

SUBJECT: Request for Information

18 DEC 1948

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

1. Report of Interment for Unknown X-7, USAF Cemetery Mariveles Number 1, Bataan, Luzon, P. I. (currently designated as Unknown X-726, AGRS Mausoleum, Manila, P. I.) indicates the partial Serial Number R2567 was found on a cleaning case with subject remains. Death is reported to have occurred on Corregidor Island, P. I., on 17 February 1945.

2. If the above information can be associated with a casualty, it is requested this office be furnished OQMG Form 371, together with any additional information that may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

NORMAN L. QUIGG
CWO, USA
Asst Adj Gen



noztit nng3029

ENSFNA001

OMD0 010 0000

193 01/18 X 1
P.L. (Quigg)

ORIGIN: [illegible]

[illegible]

[illegible stamp]

Pentagon Liaison

10 JAN 1949

MEM. DIV. ODMG

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

12 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 243, Plot 2,
Row 9, Grave 1138, USMC USAF Cem. Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



H. B. McNEMAR
Captain, CMC
Chief, Records Branch

Atch: Form 1044

Received 12 Oct 49 0082
Not identifiable from
information presently
available

G. Reynolds, I.D. Br.
20 Oct 49

Incl 7'

1 - Alario, Angela

2 - Biondo,

1990
... ..
... ..
... ..
... ..

IDENTIFICATION DATA

| | | | | | |
|---|---------|--------|----------|-----------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-726 (Formerly UNK X-243 Manila #2) | | | | 2. DATE OF REPORT 14 Sept 1949 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 801 | F | 1414 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|------------------------------|---------------------|----------------------------|---------------------|
| 8. ESTIMATED WEIGHT U T D | 9. ESTIMATED HEIGHT | 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO | TO WHAT EXTENT? Skeletal remains charred |
|---|---|

| | |
|--|-----------------|
| 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

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl 7²


| TOOTH CHART | | TOP VIEW | SIDE VIEW |
|---|--|---|-----------|
| <p>18. MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS); SHOULD BE "X" D OUT AND LABELED THUS:</p> | | <p><i>Tooth Missing</i></p> | |
| <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> | | <p><i>Gold Crown, Porcelain Crown</i></p> | |
| <p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> | | <p><i>Gold Bridge</i></p> | |
| <p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> | | <p><i>Gold Filling Silver Filling</i></p> | |
| <p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p> | | <p><i>Cavity Decayed</i></p> | |

| Unerrupted | RIGHT | | | | | | | | LEFT | | | | | | | | Unerrupted |
|------------|-------|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|------------|
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | ↓ | | | | | | | | D | | | | | | | | ↓ |
| Side Views | | | | | | | | | | | | | | | | | Side Views |
| Top Views | | | | | | | | | | | | | | | | | UPPER |
| Side Views | | | | | | | | | | | | | | | | | LOWER |
| | ↑ | | | | | | | | D | | | | | | | | ↑ |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |
| Impacted | | | | | | | | | | | | | | | | | Impacted |

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."

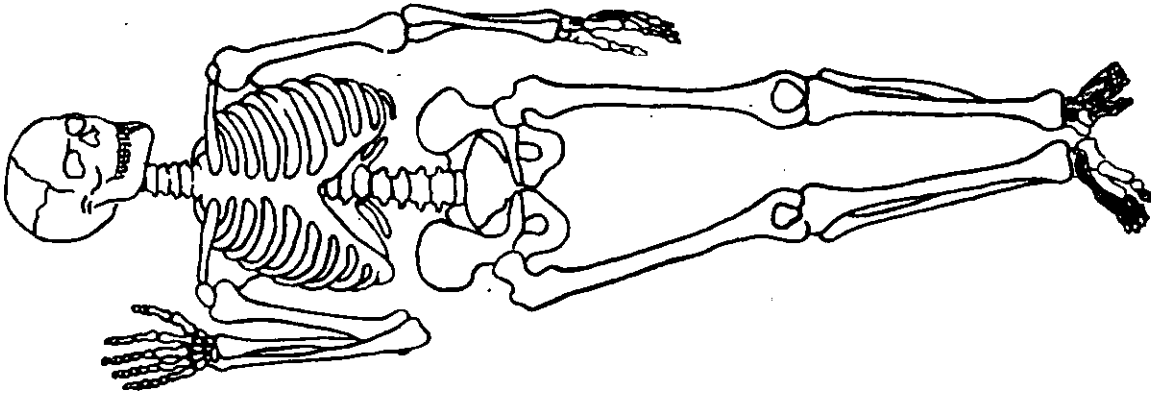
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"


 JAMES J. McDERMOTT
 Laboratory Officer, CIP

Amel 73

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 ROI, identification tags or personal effects found with remains.

"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

SIGNATURE

J J McDERMOTT, Lab Officer, CIP

717ch APR 29 1948

RESTRICTED

U 66

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

31 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-726 (Formerly UNKNOWN X-243 USAF 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

Corregidor Is., P.I.

KIA-severe burns

17 Feb 45

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 Remarks

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

N O N E

REF. DIVISION RECORDS BRANCH
 DEC 22 2 57 PM '47
 MEMORIAL DIVISION

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF MAUSOLEUM, 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. |
|-------------------------------------|------|---|----------------------|------------------------------|-------------------------|------------------------------|
| 13 Oct 47 <small>STORAGE</small> | 1000 | Casket <small>STORED</small> | None | 801 <small>HANGER</small> | F <small>BAY</small> | 1414 <small>CRYPT</small> |

| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | PLOT No. | ROW No. | GRAVE No. |
|----------------------------------|---|----------|---------|-----------|
| Yes <small>RESTORED</small> | USAF Cemetery Manila #2, Luzon, P.I. | 2 | 9 | 1138 |

| 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) | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) |
|---|---|
| Yes <small>STORED</small> | Yes |

| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
|--|------|------------|--------------|------------------------------|
| UNKNOWN X - 729 <small>STORED</small> | | | | 1416 <small>CRYPT</small> |

| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
|---|------|------------|--------------|------------------------------|
| UNKNOWN X - 724 <small>STORED</small> | | | | 1412 <small>CRYPT</small> |

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT <i>Wm. R. Gilbert</i> Wm. R. GILBERT, Adm Asst | SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S. Panojo</i> LUCIO S. PANOJO, 2nd 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

Jul 5 73

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


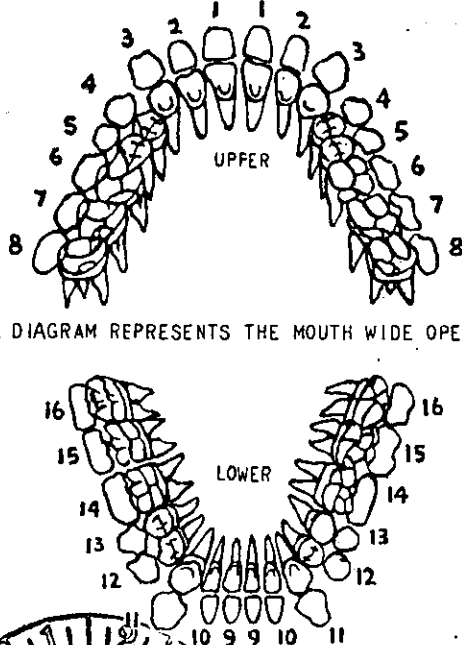

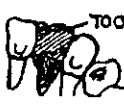


(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

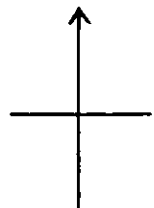
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|--------|--------|---------------|---------------|-------------------------------|

| | | |
|-----------------------|---------------|--------------------------------|
| WEAPON AND SERIAL No. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
|-----------------------|---------------|--------------------------------|

OTHER IDENTIFICATION CLUES

| | | |
|---------------|---|---|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| CAVITIES |  <p>CAVITY DECAYED</p> | |
| MISSING TEETH |  <p>TOOTH MISSING</p> | |
| CROWNED TEETH |  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| BRIDGE WORK |  <p>GOLD BRIDGE</p> | |

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

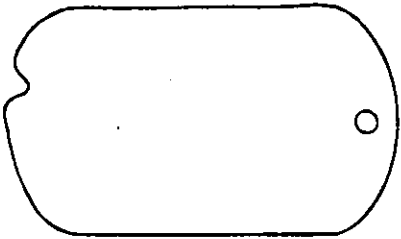



REMARKS:

Identification Check List and Identification Dental Chart accomplished.

18 NOV 1947

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

| | | | | | | | |
|--|--|--|--|---------------|----------------------------|--|--|
| 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 7 Jan 46 | |
| Imprint Identification Tag If Possible. DO NOT TYPE  | | Section 1.—IDENTIFICATION. | | | | | |
| | | NAME (Last, first, middle initial) UNKNOWN X-243 (USAF Cem. Manila No.2) UNKNOWN X-7 (USAF Mariveles No.1 Cem) | | | | SERIAL No. | |
| | | GRADE | | ORGANIZATION | | BRANCH OF SERVICE | |
| | | RACE | | RELIGION | | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | |
| PLACE OF DEATH Corregidor Is., P.I. | | CAUSE OF DEATH KIA-severe burns | | | DATE OF DEATH 17 Feb 45 | | |
| 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 | | | | | | | |
| A TRUE COPY  WALTER H. COOPER 1st Lt., 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 Cem Manila No.2, Luzon, P.I. | | | | | | | |
| DATE OF BURIAL 13 Dec 45 | HOUR 0900 | BURIED IN (Shroud, blanket, or name of other) Shelter Half | TYPE OF GRAVE MARKER Cross | PLOT No. 2 | ROW No. 9 | GRAVE No. 1138 | |
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem. Mariveles No.1, Bataan, Luzon, PI | | | PLOT No. 1 | ROW No. 5 | GRAVE No. 135 | |
| 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-242 (USAF Cem. Manila No.2) UNKNOWN X-8 (USAF Cem. Mariveles No.1) | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 1137 | | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-244 (USAF Cem. Manila No.2) UNKNOWN X-6 (USAF Cem. Mariveles No.1) | | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 1139 | | |
| SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRETT, T/4 GRS | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ E. F. MOORE, 1st Lt., QMC | | | | |

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


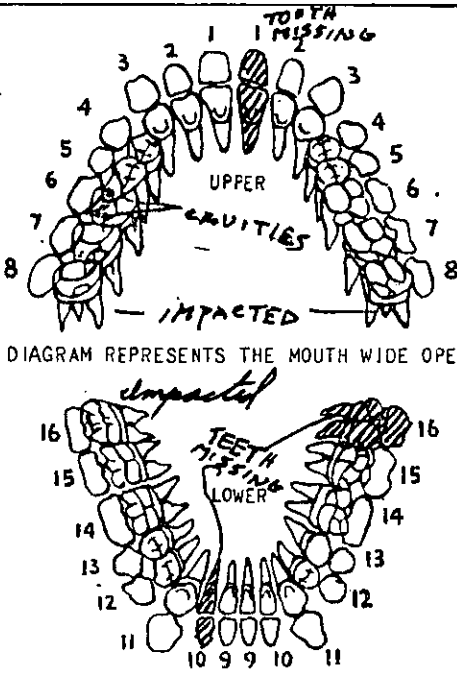




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|--------|--------|---------------|---------------|-------------------------------|

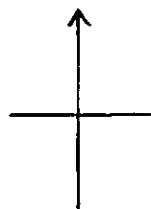
| | | |
|-----------------------|---------------|--------------------------------|
| WEAPON AND SERIAL NO. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
|-----------------------|---------------|--------------------------------|

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

| | | |
|---------------|---|---|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>TOOTH MISSING</p> <p>UPPER CAVITIES</p> <p>IMPACTED</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>impacted</p> <p>TEETH MISSING LOWER</p> |
| CAVITIES |  <p>CAVITY DECAYED</p> | |
| MISSING TEETH |  <p>TOOTH MISSING</p> | |
| CROWNED TEETH |  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| BRIDGE WORK |  <p>GOLD BRIDGE</p> | |

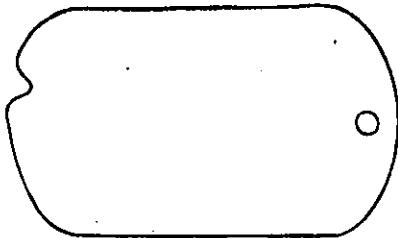
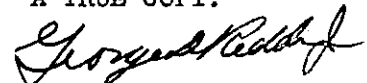
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

GRS Bottle with body

RESTRICTED

| | | | | | | |
|--|--|--|---|--|-------------------|-------------------|
| WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1) | | REPORT OF/INTERMENT (AR 30-1810 and AR 30-1815) | | DATE OF REPORT 7 Jan 46 | | |
| Imprint Identification Tag If Possible. DO NOT TYPE  | | Section 1.—IDENTIFICATION. | | | | |
| | | NAME (Last, first, middle initial) UNKNOWN X-243 (USAF Cem Manila #2) UNKNOWN X-7 (USAF Mariveles #1Cem) | | SERIAL NO. | | |
| | | GRADE | ORGANIZATION | BRANCH OF SERVICE | | |
| | | RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | | |
| PLACE OF DEATH Corregidor, Is. P.I. | | CAUSE OF DEATH KIA-severe burns | | DATE OF DEATH 17 Feb. 45 | | |
| 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 | | | | | | |
| A TRUE COPY:  GEORGE D. REDDEN, JR. Captain, 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 Cem Manila #2, Luzon, P.I. | | | | | | |
| DATE OF BURIAL 13 Dec. 45 | HOUR 0900 | BURIED IN (Shroud, blanket, or name of other) Shelter Half | TYPE OF GRAVE MARKER Cross | PLOT No. 2 | ROW No. 9 | GRAVE No. 1138 |
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Mariveles #1, Bataan, Luzon, P. I. | | | PLOT No. 1 | ROW No. 5 | GRAVE No. 1135 |
| 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-242 (USAF Cem Manila #2) UNKNOWN X-8 (USAF Cem Mariveles #1) | | RANK | SERIAL NO. | ORGANIZATION | GRAVE NO. 1137 | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-244 (USAF Cem Manila #2) UNKNOWN X-6 USAF Cem Mariveles #1 | | RANK | SERIAL NO. | ORGANIZATION | GRAVE NO. 1139 | |
| SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRETT T/4 GRS. | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ E. M. MOORE, 1st Lt 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. | | | | | | |

RESTRICTED

21-6 # 4

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


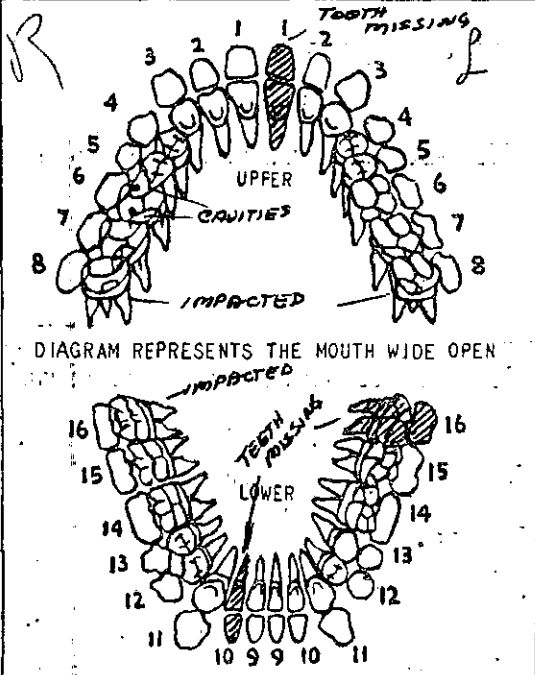





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

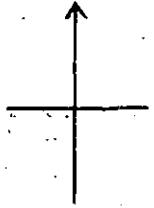
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |

| | | |
|-----------------------|---------------|--------------------------------|
| WEAPON AND SERIAL No. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
| | | |

OTHER IDENTIFICATION CLUES

| | | |
|---------------|---|--|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>TOOTH MISSING</p> <p>UPPER CAVITIES</p> <p>IMPACTED</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>IMPACTED</p> <p>TEETH MISSING</p> <p>LOWER</p> |
| CAVITIES |  <p>CAVITY DECAYED</p> | |
| MISSING TEETH |  <p>TOOTH MISSING</p> | |
| CROWNED TEETH |  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| BRIDGE WORK |  <p>GOLD BRIDGE</p> | |
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> | |

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

GRS. bottle with body.

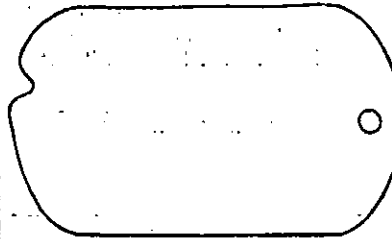
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

7 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

| | | |
|---|--------------|--|
| NAME (Last, first, middle initial) UNKNOWN X-243 (USAF Cem Manila 2) UNKNOWN X-7 (USAF Mariveles Mol Cem) | | SERIAL No. |
| GRADE | ORGANIZATION | BRANCH OF SERVICE |
| RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

| | | |
|--|------------------------------------|-----------------------------|
| PLACE OF DEATH Corregidor Is., P.I. | CAUSE OF DEATH KIA-severe burns | DATE OF DEATH 17 Feb. 45 |
|--|------------------------------------|-----------------------------|

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

A TRUE COPY
George D. Redden Jr.
GEORGE D. REDDEN JR.
1st Lt., Infantry

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
USAF Cem Manila No. 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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 13 Dec. 45 | 0900 | Shelter half | Cross | 2 | 9 | 1138 |

| | | | | |
|--|--|---------------|--------------|------------------|
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Mariveles No. 1, Bataan, Luzon, PI | PLOT No. 1 | ROW No. 5 | GRAVE No. 135 |
|--|--|---------------|--------------|------------------|

| | | |
|----------------------------|--------------------------------|---|
| 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-242 (USAF Cem. Manila 2) UNKNOWN X-8 (USAF Cem Mariveles No 1) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 1137 |
|---|------|------------|--------------|-------------------|

| | | | | |
|--|------|------------|--------------|-------------------|
| BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-241 (USAF Cem. Manila 2) UNKNOWN X-6 (USAF Cem. Mariveles 1) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. 1139 |
|--|------|------------|--------------|-------------------|

| | |
|---|--|
| SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARNETT, T/4, GRS | SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ E. M. MOORE, 1st Lt., 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.

Class 5'

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:






(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|--------|--------|---------------|---------------|-------------------------------|

| | | |
|-----------------------|---------------|--------------------------------|
| WEAPON AND SERIAL No. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
|-----------------------|---------------|--------------------------------|

OTHER IDENTIFICATION CLUES

| | | |
|---------------|---|--------------------------------|
| FILLINGS |  | SILVER FILLING GOLD FILLING |
| CAVITIES |  | CAVITY DECAYED |
| MISSING TEETH |  | TOOTH MISSING |
| CROWNED TEETH |  | PORCELAIN CROWN GOLD CROWN |
| BRIDGE WORK |  | GOLD BRIDGE |

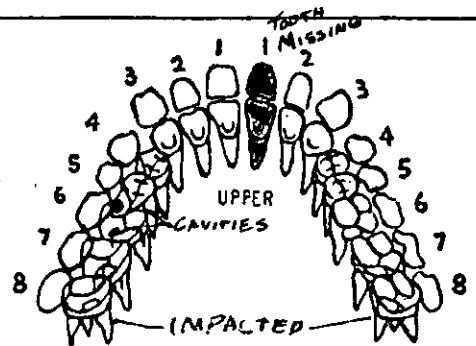
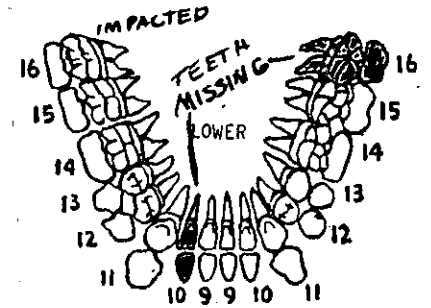
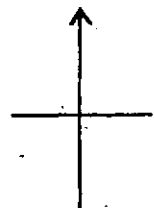


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

GHS Bottle with body.

RESTRICTED

U66

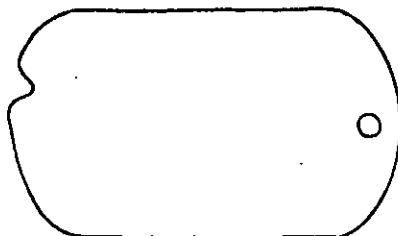
U 66

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

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

DATE OF REPORT
7 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X-243 (USAF Com Manila #2)
UNKNOWN X-7 (USAF Mariveles #1 Com)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

Corregidor Is. P.I.

CAUSE OF DEATH

KIA-severe burns

DATE OF DEATH

17 Feb. 45

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

Amul 1405

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 Com 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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 13 Dec. 45 | 0900 | Shelter hblf | Cross | 2 | 9 | 1138 |

WAS THIS A REBURIAL?
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

USAF Com Mariveles #1, Bataan, Luzon, P.I.

| PLOT No. | ROW No. | GRAVE No. |
|----------|---------|-----------|
| 1 | 5 | 135 |

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)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

UNKNOWN X-242 (USAF Com Manila #2)
UNKNOWN X-8 (USAF Com Mariveles #1)

1137

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

UNKNOWN 244 (USAF Com Manila #2)
UNKNOWN X-6 (USAF Com Mariveles #1)

1139

SIGNATURE OF PERSON PREPARING REPORT

R. C. BARRETT T/4 GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. M. MOORE 1st Lt 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.

RESTRICTED

Amul 84'

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.


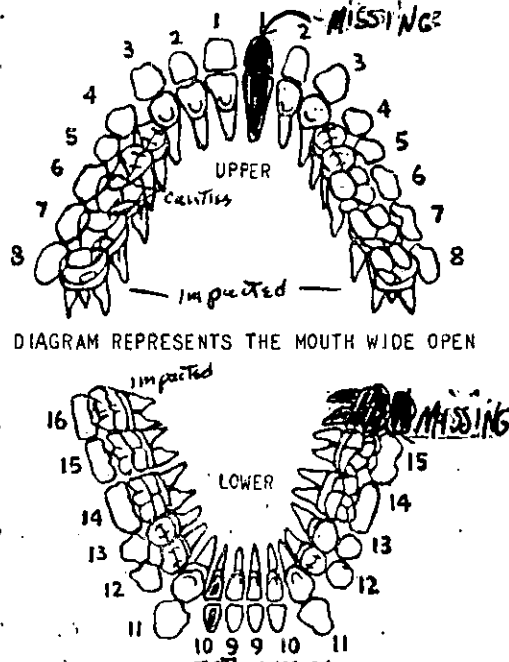




(b) A fingerprint, or prints, are the most-valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

19 FEB 1948

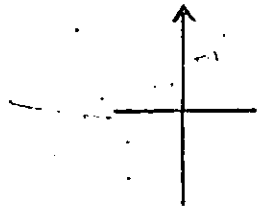
| | | | | |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |

| | | |
|-----------------------|---------------|--------------------------------|
| WEAPON AND SERIAL NO. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
| | | |

OTHER IDENTIFICATION CLUES

| | | |
|---------------|---|--|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>MISSING</p> <p>UPPER</p> <p>Cavities</p> <p>Impacted</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> <p>Impacted</p> <p>MISSING</p> <p>TOOTH MISSING</p> |
| CAVITIES |  <p>CAVITY DECAYED</p> | |
| MISSING TEETH |  <p>TOOTH MISSING</p> | |
| CROWNED TEETH |  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| BRIDGE WORK |  <p>GOLD BRIDGE</p> | |
| | | |

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

GRS. bottle with body

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

Unknown X-7
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)
Corregidor Island, P.I. 17 Feb 1945 KIA Severe, burns
(Place of death) (Date of death) (Cause of death)
1800 21 Feb 1945 USAF Cemetery Mariveles No. 1, Bataan, Luzon, FI
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

135 5 1 Regulation Cross
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Religion
A TRUE COPY
George D. Redden Jr. ROI Buried with body, stamped tag attached to marker.

GEORGE D. REDDEN JR. (If no identification tags, what means of identification are buried with the body?)

1st Lt., Inf (if no identification tags, but identity definitely established, give particulars)

| | | | | | |
|----------------------|-------------------|-----------------|--------|----------------|----------------|
| Body buried on RIGHT | Unknown X-8 | | | | 136 |
| | (Name) | (Serial number) | (Rank) | (Organization) | (Grave number) |
| Body buried on LEFT | Garcia, Israel L. | 8582596 | | USN | 134 |
| | (Name) | (Serial number) | (Rank) | (Organization) | (Grave number) |

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)
List only personal effects FOUND ON BODY and disposition of same: None

IF DECEASED UNIDENTIFIED

Unable to obtain fingerprints due to condition of body.
TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79;
3/19/43). If unable to obtain a complete set of fingerprints, **TAKE**
THOSE YOU CAN, and fill in as many of the following as you are
able :

Height : Aprox 5'11" Apparent nationality :
Weight : " 170 lb Laundry marks :
Color of eyes : Number of rifle :
Color of hair : Brown Wear glasses ?
Race : Is tooth chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles de-
formities, etc. :

Teeth- Upper Lt No. 3 missing - lower Rt No. 8 missing

Note below any identifying clues found, such as letters, photographs,
probable organization of deceased, etc. :

a cleaning case with (R2567) was wrapped in Parachute cloth
and found on body.

**IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH
OF THE LOCATION, ORIENTED WITH PERMANENT
LANDMARKS.**

/s/ Cpl Michael Sipinkas

(Signature of officer or other person reporting burial)

/s/ Capt James H. Wonder, Ch.

(Verified by Army GRS Officer)

LEFT HAND

RIGHT HAND

THUMB

THUMB

A TRUE COPY

/s/ J. S. Bryan
1st Lt., MC

Graves Registration
Form No. 1
(Revised May 11, 1943)

REPORT OF INTERMENT

(TM 10-630 AND AR 30-1815)

Unknown X-7
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Corregidor Island, P.I. **17 Feb 1945** **KIA, severe burns**
 (Place of death) (Date of death) (Cause of death)

1800 21 Feb 1945 **USAF Cemetery Mariveles No. 1, Bataan, Luzon P.I.**
 (Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

135 **5** **1** **Regulation Cross**
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

Religion

CERTIFIED TRUE COPY

ROI buried with body, stamped tag atchd to marker

(If no identification tags, what means of identification are buried with the body?)

Paul J. Town
 P. J. TOWN, Capt., QMC

(If no identification tags, but identify definitely established, give particulars)

| | | | | | |
|-----------------------------|--------------------------|-----------------|--------|----------------|----------------|
| Body buried on RIGHT | Unknown X-8 | | | | 136 |
| | (Name) | (Serial number) | (Rank) | (Organization) | (Grave number) |
| Body buried on LEFT | Garcia, Israel L. | 8582596 | | USN | 134 |
| | (Name) | (Serial number) | (Rank) | (Organization) | (Grave number) |

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

List only personal effects **FOUND ON BODY** and disposition of same:

None.

RESTRICTED

Unable to obtain fingerprints due to condition of body.

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able :

Height : **Approx 5'11"** Apparent nationality :
Weight : **" - 170 lb** Laundry marks :
Color of eyes : Number of rifle :
Color of hair : **Brown** Wear glasses ?
Race : Is tooth'chart attached ?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc. : **Teeth-Upper Lt #8 Missing - Lower Rt #8 Missing.**

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc. : **A cleaning case with (E2567) was wrapped in Parachute cloth and found on body.**

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

/s/ Cpl Michael Sipinskas

(Signature of officer or other person reporting burial)

● /s/ Capt James R. Wonder, Ch. ●

(Verified by Army GRS Officer)

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

RESTRICTED 20 Jan 1966 U 66

Graves Registration
Form No. 1
(Revised May 11, 1943)

REPORT OF INTERMENT
(TM 10-630 and AR 30-1815)

Unknown X-7
(Last name) (First) (Initial) (Serial No.) (Rank) (Org.)
Corregidor Island, Luzon P.I. 17 Feb 1945 KIA, severe burns
(Place of Death) (Date of Death) (Cause of Death)
1800 21 Feb 1945 USAF Cemetery Mariveles No. 1, Bataan, Luzon P.I.
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)
135 5 1 Regulation Cross
(Grave number) (Row number) (Plot number) (Type of marker)
Disp. of ident. tags: Buried w/body Yes No Attached to marker Yes No
ROI buried w/body, stamped tag attached to marker. Religion
(If no identification tags, what means of identification are buried with body?)

(If no identification tags, but identity definitely established, give particulars)
Body buried on RIGHT Unknown X-8 136
(Name) (Serial No.) (Rank) (Org.) (Grave No.)
Body buried on LEFT Garcia, Israel L. 858 25 96 USN 134
(Name) (Serial No.) (Rank) (Org.) (Grave No.)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)
List only personal effects FOUND ON BODY and disposition of same:
(21) None.

721 1701 # 130

IF DECEASED UNIDENTIFIED

Unable to obtain fingerprints due to condition of body.

TAKE FINGERPRINTS OF BOTH HANDS (WD Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height: Approx 5'11" Apparent nationality:
Weight: " 170 Laundry marks:
Color of eyes: Number of rifle:
Color of hair: Brown Wear glasses? ..
Race: Is tooth chart attached?

(If possible, have med. pers. take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles deformities, etc.:

2 Teeth-Upper Lt#8 missing Lower Rt#8 missing :

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

1 A cleaning case with (R2567) was wrapped in Parachute cloth. & found on body.

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

True Copy

/s/Cpl Michael Sipinkas

(Sig. of officer or other person reporting burial)

J. S. Bryan
J. S. Bryan

/s/Capt James R. Wonder, Ch.

(Verified by Army GRS Office)

1st Lt., QMC

RECEIVED
10 MAY 1945

LEFT HAND

RIGHT HAND

THUMB

THUMB

4

3

2

1

4

3

2

1