

nfm
1
/fbp

Interred 25 ~~Jan~~ 1949
F 15 60 Ft. McKinley

DISINTERMENT DIRECTIVE

Carer's mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00020

DATE
15 06 48
DAY MONTH YEAR

NAME
253 UNKNOWN X-000034

SERIAL NUMBER
RANK

ARM
0

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
USAF CEMETERY MANILA NO 2

DISPOSITION OF REMAINS
0 7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
1 15 1836 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
UNK X-34
UNK X-359 (Maus)

SERIAL NUMBER

RANK

DATE OF DEATH
Dec 1944

DATE DISINTERRED
22 Sept '48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
ROBERT STEVENSON
Embalmer
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES
(2) Tags: UNKNOWN X-359, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept '48 BY ROBERT F. STEVENSON

CASKET SEALED BY
ROBERT F. STEVENSON

EMBALMER (Signature)
Robert F. Stevenson
ROBERT F. STEVENSON

CASKET BOXED AND MARKED
22 Sept '48

SHIPPING ADDRESS VERIFIED BY
BY HORACE L ALLISON, Sgt Inf HONORIO V. AURELIO, 1st Lt., Inf

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

Honorio V. Aurelio
HONORIO V. AURELIO, 1st Lt., Inf
SIGNATURE OF GRS INSPECTOR

NAT
FILE
REC-108
AUG 1948
NAME WIMBERLY
B & R BR.

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

MLN

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

6 May 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-34, Plot 1,
Row 15, Grave 1836, USMC Manila #2, Luzon, P.I. have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


H. B. MCNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 5/30/49 OQMS
Not identifiable from
information presently
available 6/8/49 Sanborn, T.

Dist #3

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-359 (Formerly Unk X-34 Manila # 2)				2. DATE OF REPORT 6 May 1949		
3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA P. I.		4. PLOT 801	5. ROW K	6. GRAVE 3239	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D.	9. ESTIMATED HEIGHT U.T.D.	10. COLOR OF HAIR U.T.D.	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





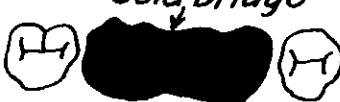





17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

"UNIDENTIFIED REMAINS"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl # 32

TOOTH CHART

<p>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>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</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> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
Side Views															
UPPER															
LOWER															
M A N D I B L E								M I S S I N G							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

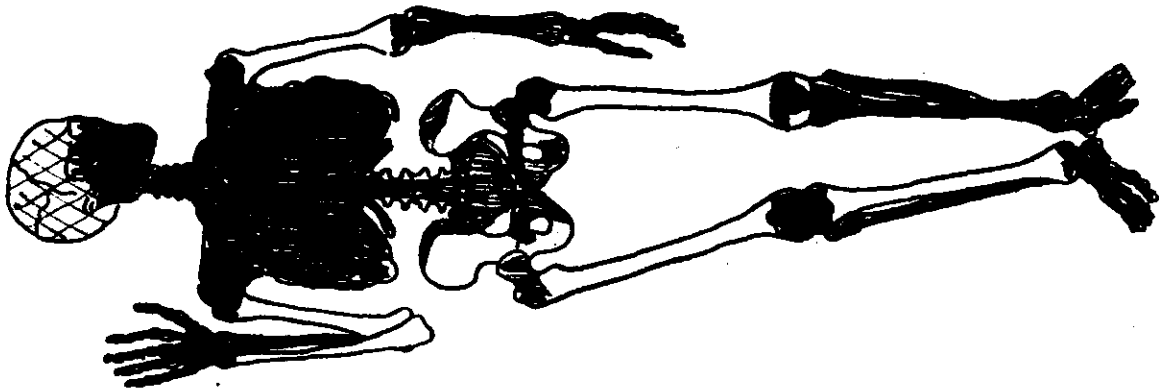
DEVICES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose teeth present with remains.

"UNIDENTIFIABLE"

J. J. McDermott
 J. J. McDERMOTT
 Laboratory Officer, CIP

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.

Estimated weight of remains - 4 lbs.

"UNIDENTIFIABLE"
"BY REASON OF INADEQUATE 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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

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.

25 Sept 47

DATE

(Formerly Unk X-34)
X-359 (USAF Com Manila #2)

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

Nichols Field, Luzon, P.I.

AGRS Mausoleum,
Manila P.I.

801

K

3239

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

PLOT
HANGER

ROW
BAY

GRAVE NO.
CRYPT

Maxillae missing
















RIGHT								UPPER TEETH								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
TYPE																							
LOCATION																							

INSIDE — LOOKING OUT

Mandible Missing

RIGHT								LOWER TEETH								LEFT							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								
TYPE																							
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	 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-34
 Unknown X-359 (USAF Cem Manila #2)
 Cemetery AGRS Mausoleum, Manila P.I.
 Plot 801 Row K Grave 3239
HANGER BAY CRYP L

1. Arrived at cemetery _____
(Hour) (Date)
2. Place of death Nichols Field, Luzon, P.I. _____
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)
3. Remains recovered or disinterred by C.M.T. #1, Cem #2 Manila, 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	///		
Mackinaw	n		
Sweater	o		
Jacket, HBT	n		
* Shirt, Wool OD	e		
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 (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 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers (Unusual characteristics of ^{U.} ^{T.} ^{D.} _{Ungernails})

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 (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

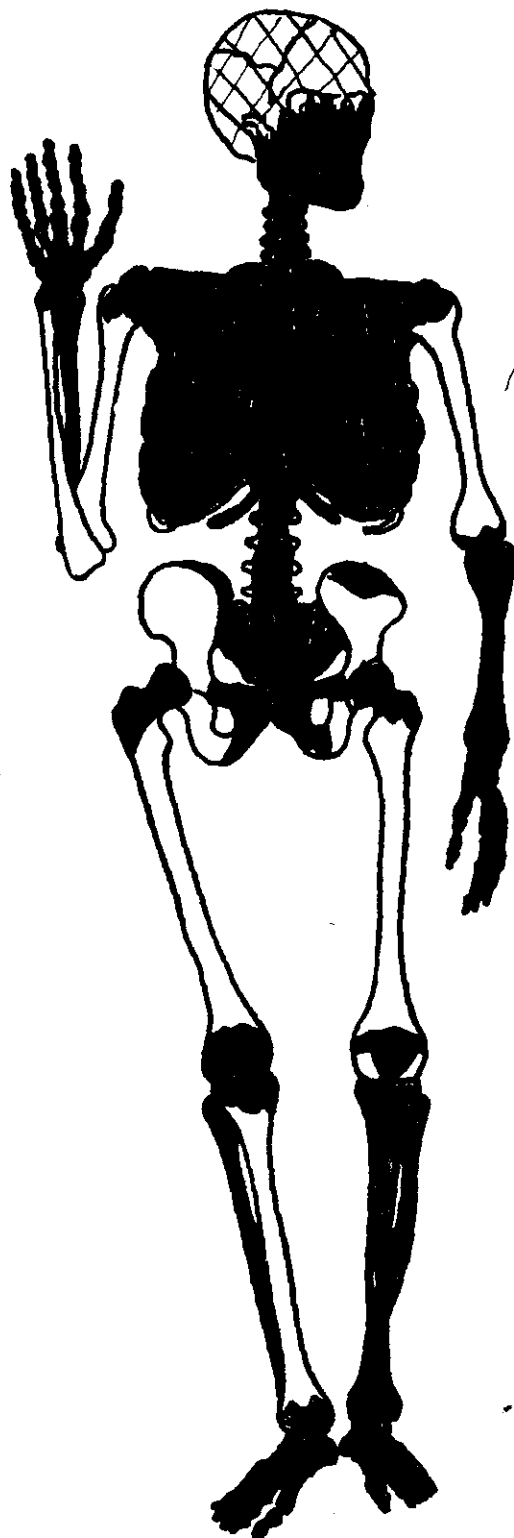
Evidence of healed fractures (Nose, arms, legs, etc.)

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

K- 359

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



No ribs nor vertebrae present

Small bone fragments too small to classify.

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
3 Oct 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-359 (Formerly Unk X-34
USAF Cem Manila #2)

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

Nichols Field, Luzon
P.I.

CAUSE OF DEATH

Killed during Japanese air raid

DATE OF DEATH

Dec 1941

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE
30 Sept 47

HOUR
0900

BURIED IN (Shroud, blanket, or name of other)
STORED
Casket

TYPE OF GRAVE
MARKER
None

PLOT No.
HANGER
801

ROW No.
EAY
K

GRAVE No.
CRYPT
3239

WAS THIS A REBURIAL?
(Yes or no) RESTORED
Yes

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

USAF Cemetery Manila, #2, Luzon, P.I.

PLOT No.
1

ROW No.
15

GRAVE No.
1836

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) STORED
Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)
Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)
STORED
UNKNOWN X-361

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
3241

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)
STORED
UNKNOWN X-357

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT
3237

SIGNATURE OF PERSON PREPARING REPORT

WM. R. GILBERT, Adm Asst

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PANOPIC Jr, 2d Lt Inf.

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

Handwritten: 482

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1915)

U 434

(Last name) _____ (First) _____ (Initial) _____ (Serial number) _____ (Rank) _____ (Organization) _____

(Place of death) _____ (Date of death) _____ (Cause of death) _____

(Time and date of burial) _____ (Name of cemetery) _____ (Name or co-ordinates of location) _____

(Grave number) _____ (Row number) _____ (Plot number) _____ (Type of marker—Regulation Y-shaped or other) _____

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

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

Body buried on **RIGHT** _____ (If no identification tags, but identify definitely established, give particulars) _____
 (Name) _____ (Serial number) _____ (Rank) _____ (Organization) _____ (Grave number) _____
 Body buried on **LEFT** _____
 (Name) _____ (Serial number) _____ (Rank) _____ (Organization) _____ (Grave number) _____

List only personal effects **FOUND ON BODY and disposition of same:** _____
 (Name and address of EMERGENCY ADDRESSES) _____
 (Name and address of LEGAL NEXT OF KIN) _____

72 ✓

RECORDED