

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
11 January 1950

SUBJECT: Unidentifiable

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 QMGRU 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-168	AGRS	Mala	UNKNOWN X-616	AGRS	Mala
" X-289	"	"	" X-677	"	"
" X-364	"	"	" X-680	"	"
" X-416	"	"	" X-805	"	"
" X-418	"	"	" X-839	"	"
" X-435	"	"	" X-840	"	"
" X-443	"	"	" X-2371	"	"
" X-605	"	"	" X-2372	"	"
" X-615	"	"			

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

FOR THE COMMANDING OFFICER:

17 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

RECEIVED JAN 20 1950

att

293
K-42 (Manila #2)

Department of the Army, GPO, Washington 25, D. C. 8 February 1949

To: Commanding General, 3rd Air Force Command, APO TOY, c/o Postmaster, San Francisco, California. ATTENTION: ARMS PHILCOX SQUAD

1. Fingerprints submitted have been compared by the Federal Bureau of Investigation and were not found to be identical.
2. In the event additional information becomes available to your headquarters, which may be of assistance in the identification of subject unknown, it should be forwarded to this office at the earliest practicable date.

FOR THE COMMANDING GENERAL:

JJP
AAS

1 Incl w/4

T. H. MOTT
Lt. Colonel, GS
Memorial Division

3
REB

72
2057
MAY 19 1949

RECORDED
FEB 24 1949
IDENTIFICATION

HEADQUARTERS
FIFTH ARMY COMMAND
UNITED STATES ARMY

FORM 273

AFG 767

SUBJECT: Request for Identification of Fingerprints

17 DEC 1948

TO: The Commanding General
Department of the Army
Washington 25, D. C.
ATTN: General's Office

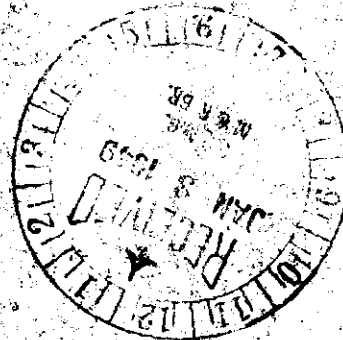
1. Attached Report of Interview for Suspect I-12, USAF Security Matter Number 2, Loren, P. L. (currently assigned as William L. 214, 214th Squadron, 21st AF, 21st AF) reveals the fingerprints of subject below.

2. It is requested that an attempt be made to associate the said fingerprints with a suspect, and this office be furnished GDS Form 271, together with any additional information which may aid in identification proceedings.

FOR THE COMMANDING GENERAL:

1 Encl:
As stated

JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen



*File
3-1-49
Rutkowski*

*243
AKS
for
encl*

LMW/mmg/LB682 2-10-10

WAR DEPARTMENT
MEMO ROUTING SLIP

1 NAME OR TITLE <u>Office of the Quartermaster General</u>	INITIALS	CIRCULATE
ORGANIZATION AND LOCATION <u>ATTN: Major Sakowski</u>	DATE	CONCURRENCE
2 Room 1E 624		FILE
Pentagon		INFORMATION
3		NECESSARY ACTION
		NOTE AND RETURN
4		SEE ME
		SIGNATURE

REMARKS

RE: Report of Interment, UNKNOWN X-42

A research of the fingerprint files in the Federal Bureau of Investigation fails to disclose any military service.

R. A. Meredith
Adjutant General

2 Incls:
Memo addressed to Disciplinary Section
Report of Interment

FROM NAME OR TITLE <u>R. A. Meredith, Lt. Col. AGD</u>	DATE <u>24 Jan. 49</u>
ORGANIZATION AND LOCATION <u>Discip. Sec. Pers. Act. Br. 1A-678</u>	TELEPHONE <u>48141</u>

Disciplinary Section, P.A. Br
1A-678

THRU; Major Sekowski

1. Fingerprints returned with request that comparison be made with those on file.

2. Request this office be advised of findings, together with return of the form.

(4)

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE AREA COMMAND
PACIFIC THEATER

GDR/rpq

GSQMM 293

unk P.I. X-42 (Manila #2)

AFC #2 707
8 August 46

SUBJECT: Tooth Chart for Unknown.

TO : Quartermaster General, Washington 25, D. C.

1. USAF Cemetery Manila No. 2 is starting a survey to list and tooth-chart all remains classified as Unknown that were interred prior to 15 Dec 45.

2. The inclosed QMC Form 1045, accomplished for Unknown X-42, USAF Cemetery Manila No. 2, is forwarded for your file. QMC forms for other Unknowns will be forwarded as accomplished.

FOR THE COMMANDING OFFICER:

A. L. McCloskey

A. L. McCLOSKEY
Major, QMC
Executive Officer

1 Incl: Form 1045

30
30

A. C. King
Identification Branch

/rgb

nfm

Interred 14 February 1950.
N 12 84 Ft. McKinley

DISINTERMENT DIRECTIVE

Checkmark
CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00029

DATE

15 06 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWNX-000042

0

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

USAF CEMETERY (MANILA NO 2)

0

7701 80
CODE DIST. PT.

PLOT

CAUSE OF DEATH

6

ROW

GRAVE

COUNTRY

1 19 2470 PHILIPPINE ISLANDS

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNK X-42
UNK X-364 (Maus)

14 Sept 1945

28 Sept 1948

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

WILLIAM MULLINS
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Shelter Half

Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

Two (2) Mausoleum Tags - UNK X0364

REMAINS PREPARED AND PLACED IN CASKET

DATE 28 Sept 1948

BY WILLIAM MULLINS

CASKET SEALED BY

EMBALMER (Signature)

WILLIAM MULLINS

WILLIAM MULLINS

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 28 Sept 48 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, 1st Lt., Inf.

SIGNATURE OF OPS INSPECTOR

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

REPATRIATION
BRANCH
MEM. 1194

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.

IN REPLY REFER TO:
AGPC-S 704 (25 Mar 46)

DPR/JHA/mch/4602

25 March 1946

SUBJECT: Report of Burial No. U-483
TO: The Quartermaster General, Washington 25, D. C.
ATTENTION: Chief, Identification Section, Repatriation Records Branch,
Room 2426, Temporary Building B.

Fingerprints on attached Report of Burial No. U-483 for Unknown
X-46, USAF Cemetery Manila #2, have been searched in the Federal
Bureau of Investigation and could not be found.

FOR THE ADJUTANT GENERAL:

Wm. D. Cartwright
WM. D. CARTWRIGHT
Lt. Col., AGD
Officer in Charge
Status Review and
Determination Section
of DOR

293 mch x 46 Philippines

*File
6-24-46*

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

10 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 42 , Plot 1 ,
Row 19 , Grave 2470 USMC USAF Com 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 0000
Not identifiable from
information presently
available 1 Feb 1950
a. c. King 10. Bn.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-364 (Formerly X-42, USAF Cem Manila #2)	2. DATE OF REPORT 10 Jan. 1950
---	--

3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT HANGAR	5. ROW BAY	6. GRAVE CRYPT	7. DATE OF	
	801	K	3244	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 7"	10. COLOR OF HAIR U T D	11. RACE Unknown
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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

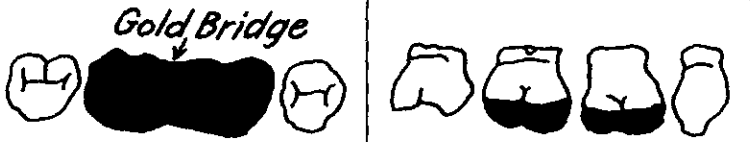
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



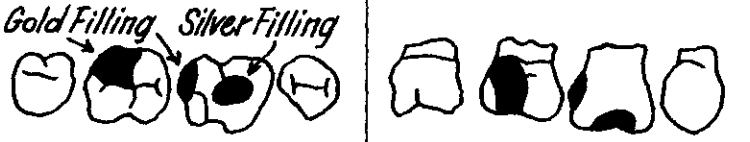
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



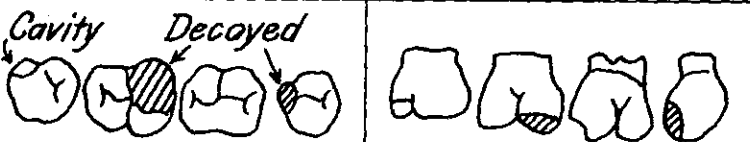
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



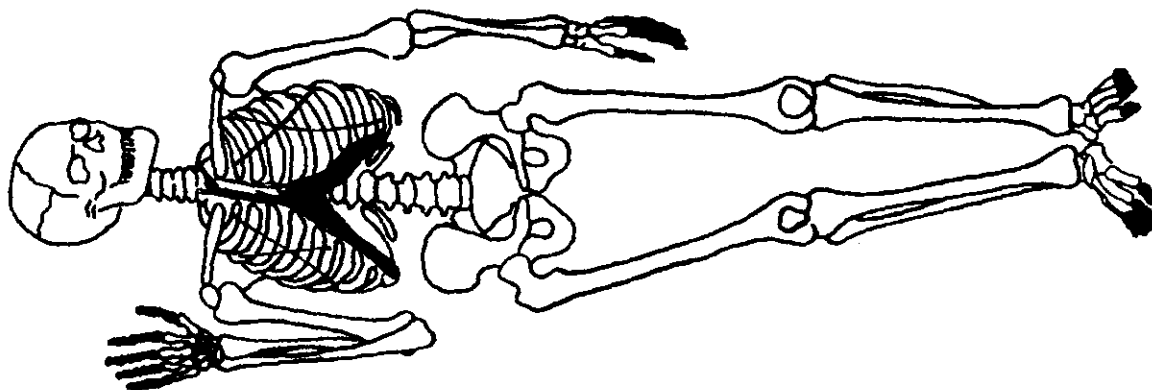
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	A	X											A		A
O	D												O		O
Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View
UPPER								UPPER							
Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View	Top View
LOWER								LOWER							
Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View
A	X	A										A	X	A	
O		OM										O		O	
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."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

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

Estimated weight of remains - 14 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

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.

25 Sept 47

UNKNOWN X-364 (Formerly Unk X-42 USAF
Cemetery Manila #2, Luzon, P.I.)

DATE

LAST NAME

FIRST

INITIAL

Unknown
RANK

Unknown
SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

Paasig River, Rizal Province, P.I.

AGRS Mausoleum,
Manila, P.I.

801

K

3244

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		A	A	X											A		A		
LOCATION		o	o	X											o		o		

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		A	X	A										A	X		A		
LOCATION		o	X	mo										o	X		o		

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY INDICATE LOCATION		GOLD		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (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)

Goatee (Light, color, extent) /

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

Nose (Size, shape, straight) U T D Ears (Size, set close to or far from head)

Mouth (Large, medium, small) / Lips (Small, large, full)

Teeth Chart attached
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Skull
Circumference of head in inches 21"
(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 U. T. D.
Fingers (Short, thick, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist (Size of navel, appendectomy, amount, quantity, and color of hair)

Back Circumcision Pubic Hair
(Quantity and extent of hair) (Yes-no) (Color)

Hernioplasty (Yes-no; location)

Legs (Inseam, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

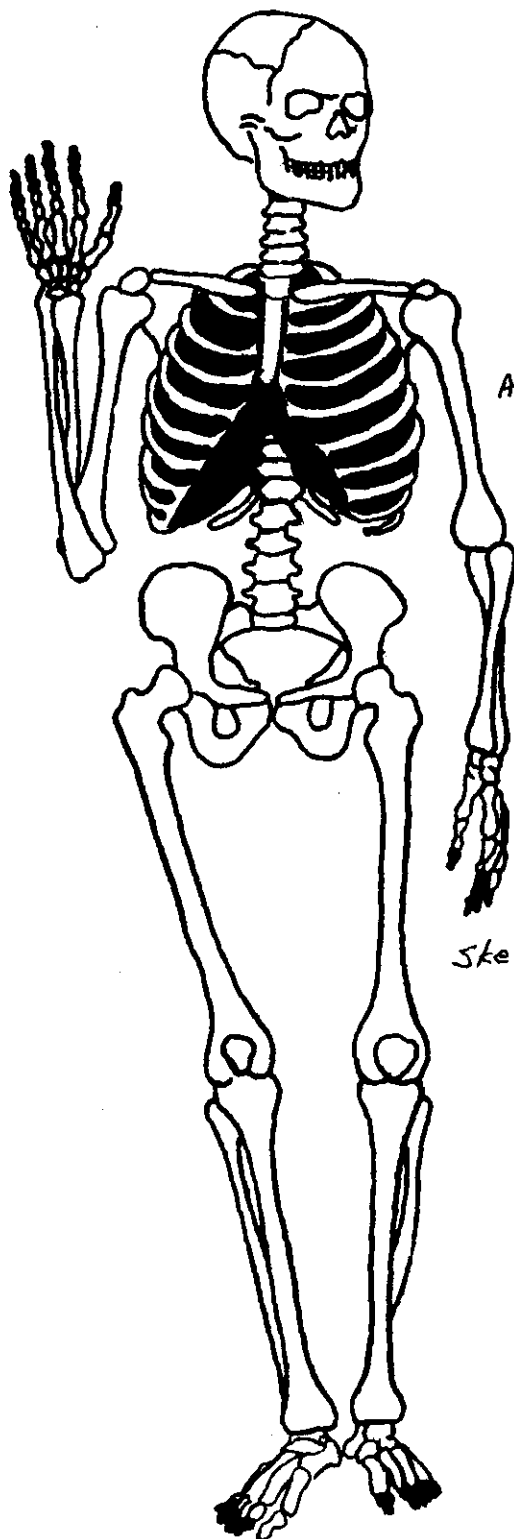
Feet Toes
(Size, corns, callouses, flat) (Slender, straight, crooked, overlap)

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

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



All vertebrae & ribs present

*Skeleton complete except
distal phalanges*

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.

15 Sept 45
DATE

UNKNOWN -X- 42 LAST NAME FIRST INITIAL RANK SERIAL NO.







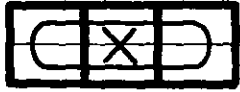








UNIT ORGANIZATION
Panig River, Rizal USAF Com. Manila #2 1 19 2470
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE	LOCATION	A	A	X											A		A	TYPE	LOCATION
		o	o	X										o		o			

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE	LOCATION	A	X	A										A	X		A	TYPE	LOCATION
		o	X	o									o	X		o			

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)

/aam

APR 5 - 1948

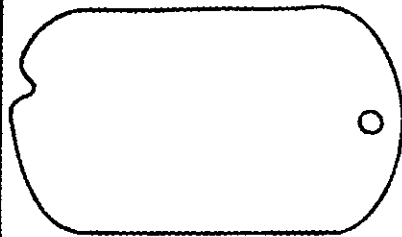
RESTRICTED

U. 278

QMC FORM 1042
(Rev. 1 Apr. 1945)
(supercedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815) STORAGE

DATE OF REPORT

4 October 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-364 (Formerly Unk X-42 USAF Cem
Manila #2, Luzon, P.I.)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

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

PLACE OF DEATH

Pasig River, Rizal
Province, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

14 Sept 45

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
30 Sept 47 STORAGE	0900	STORAGE Casket	None	801 HANGER	19 K	3244 CRYPT

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.

19

GRAVE No.

2470

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION 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)

UNKNOWN X-366

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
3246

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

UNKNOWN X-362

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT
3242

SIGNATURE OF PERSON PREPARING REPORT

Wm R. GILBERT, Adm. Asst.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

LUCIO S. PANOPIO, Jr, 2d Lt., Inf

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

RESTRICTED

REPORT OF INTERMENT
(TM 10-430 AND AR 40-1815)

UNKNOWN X-42

(Last name)

(First)

(Initial)

14 Sept 45

(Serial number)

UNKNOWN (Organization)

PAALIS RIVER, RIZAL PROV, P I

(Place of death)

(Date of death)

(Cause of death)

1130 hrs 15 Sept 45 USAF Com Manila #2 Luzon P I

(Time and date of burial)

(Name of cemetery)

(Name or co-ordinates of location)

2470

(Grave number)

19

(Row number)

1

(Plot number)

Gross Regulation

(Type of marker—Regulation Y-shaped or other)

Disposition of identification tags: Buried with body Yes No

Attached to marker Yes No

Yes No

No

Religions

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

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

Body buried on RIGHT

E M D

O F

T H E

R O W

(Name)

(Serial number)

(Rank)

(Organization)

(Grave number)

Body buried on LEFT JOHNSON, WILLIAM M JR O-873501 1st Lt

(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:

N O N E

(21)

RESTRICTED

U-278

U-278

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (M. 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: **6 FT**

Weight: **180 lbs**

Color of eyes: **Blue**

Color of hair: **Black**

Race: **Non**

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

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

N O N E

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

N O N E

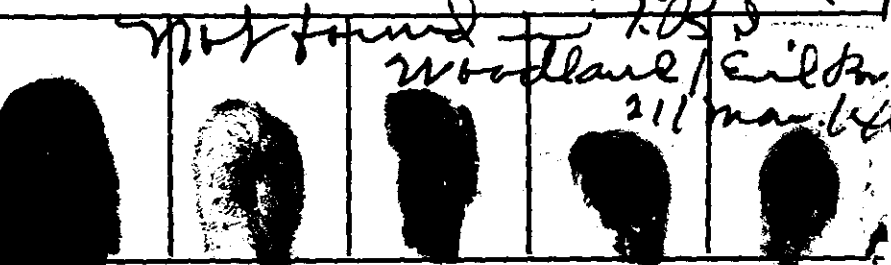
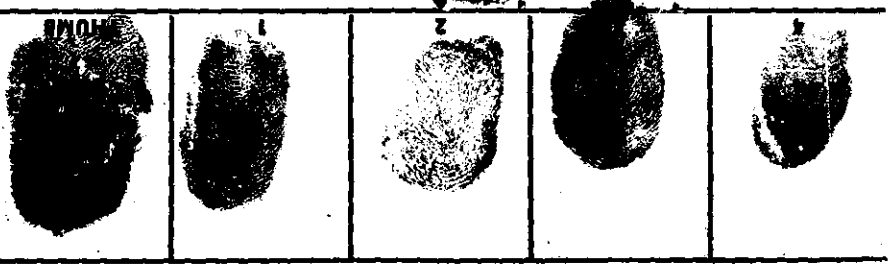
IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION ORIENTED WITH PERMANENT LANDMARKS.

T/SGT MADE W. H. SHIFFER, TNS

(Signature of officer or other person reporting burial)

W. B. Sessions
7 E SESSIONS
TT, CBPT, 2200

(Verified by Army ENS Officer)



RIGHT HAND

LEFT HAND

Woodland Cemetery
211 Main St
19 Jan 43

8A

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1515)

U-278

UNKNOWN -42

(Last name)	(First)	(Initial)	(Serial number)	(Rank)	(Organization)
FAIR	PLAYER	RIZAL	TROV		UNKNOWN
(Place of death)	Luzon, T		14 Sept 45	(Date of death)	(Cause of death)
1130 hrs	15 Sept 45	PEARL AND VANILLA	42 TUZON	P T	
(Time and date of burial)	(Name of cemetery)		(Name or co-ordinates of location)		

2470 19 1 Cross Regulation
 (Grave number) (Row number) (Pilot number) (Type of marker—Regulation V-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?)

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

* Body buried on RIGHT	E	T	D	C	R	M	H	E	R	O	W
(Name)	(Serial number)	(Rank)	(Organization)	(Serial number)	(Rank)	(Organization)	(Serial number)	(Rank)	(Organization)	(Grave number)	
* Body buried on LEFT	JOHNSON	WILLIAM	M	TR	O-873501	1st Lt				2469	
(Name)	(Serial number)	(Rank)	(Organization)	(Serial number)	(Rank)	(Organization)	(Grave number)				

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

(A) 3712 (Small) RESTRICTED

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:

Shoe Size: **7 1/2 E**
Apparent nationality: _____
Laundry marks: **N O N E**
Number of rifle: _____
Wear glasses? _____
Is tooth-chart attached? **!**
(If possible, have medical personnel take a tooth chart)

Height: **6 ft**
Weight: **180 lbs**
Color of eyes: _____
Color of hair: **Black**
Race: **Negro**

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

N O N E

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

N O N E

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

W. E. Sessions III
W. E. SESSIONS III, CAPT., GPO
(Signature of officer or other person reporting burial)
W. E. SESSIONS III, CAPT., GPO
(Verified by Army GRS Officer)

RIGHT HAND

THUMB

LEFT HAND