

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 0222

DATE

29 03 50  
DAY MONTH YEAR

NAME: UNKNOWN I - 22 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: WPAF CEMETERY MANILA NO. 2, P. I. PLOT: 1 ROW: 21 GRAVE: 2697 DISPOSITION OF REMAINS: 7701 00 CODE: DIST. CTR.:

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. W. MCKINLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED: IDENTIFICATION TAG ON: ORGANIZATION: RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:  REMAINS  MARKER

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:

OTHER MEANS OF IDENTIFICATION:

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

REMAINS PREPARED AND PLACED IN CASKET:

DATE: BY: CASKET SEALED BY: EMBALMER (Signature):

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY:

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: FILE RECORDS ANNOTATED DATE: 29 May 50 NAME: BR. MEM. DIR.

Incl = 76

1. FILE UNDER NO. 293 - Unk P.I. X-368 Maus Manila

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter 3. DATE: 15 Mar 50  
4. FROM: Hqs AGRS PZ  
5. TO: OJG  
6. SUBJECT: Unidentifiable Remains

7. DOCUMENT FILED UNDER NO. 293 - GRS Far East (Unident)

eb

**INSTRUCTIONS.**—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

HEAD QUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

26 Feb 1950  
(Date)


SUBJECT: Unidentifiable Remains

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

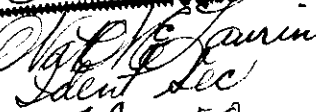
The records pertaining to Unknown X- 52, Plot 1,  
Row 21, Grave 2657, USMC Manila #2, Luzon, P.I., have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

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

Received ..... 3 Apr 50 ..... 0946  
Not identifiable from  
information presently  
available

  
Ident Sec  
7 Apr 50

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-368 (Formerly X-52 Manila #2)</b>				2. DATE OF REPORT <b>26 Feb 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>801</b>	<b>K</b>	<b>3248</b>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION **Age: 24-29 years**

8. ESTIMATED WEIGHT <b>124-145 lbs</b>	9. ESTIMATED HEIGHT <b>5'4 1/8"</b>	10. COLOR OF HAIR <b>Brown</b>	11. RACE <b>White</b>
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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

**N O N E**

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**

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

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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."

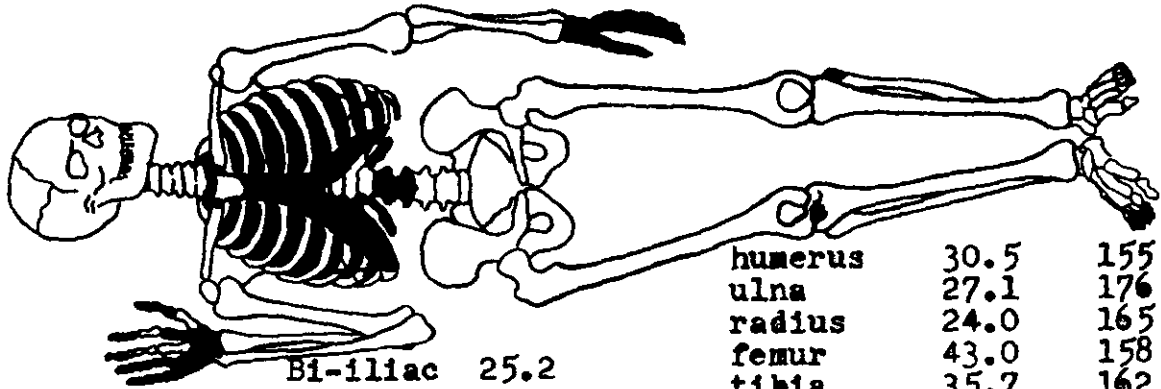
"UNIDENTIFIABLE"

*Paul R. Nichols*

PAUL R NICHOLS

BY REASON OF LACK OF IDENTIFYING DATA, Chief, Ident. Section

19. BLACKOUT PARTS OF BODY NOT RECORDED



Estimated height: 5'4 1/8"

Bi-iliac 25.2

humerus	30.5	155
ulna	27.1	176
radius	24.0	165
femur	43.0	158
tibia	35.7	162
fibula	35.8	164
		<u>980</u>

-163 1/3

20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
 (Wherein segregation in whole or parts is impossible)

6

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_ NUMBER

\_\_\_\_\_  
 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags personal effects or any other means of identification found with remains.

Circumference of skull - 20 inches.

Estimated weight of remains - 10½ lbs.

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



I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS  
 Chief, Ident. Section

SIGNATURE

*Paul R. Nichols*

# 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.

26 Sept 47  
DATE

(Formerly Unk X-52)  
UNKNOWN X-368 (USAF Cem Manila #2) Unknown Unknown  
LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown  
UNIT ORGANIZATION  
Luzon, P.I. AGRS MAUSOLEUM  
PLACE OF DEATH PLACE OF BURIAL STORAGE  
Manila #2 Cem 801 K 3248  
GRAVE NO. CRYPT

RIGHT UPPER TEETH LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

TYPE LOCATION

○		⊗														○
○																○○

*Rotated mesial*

INSIDE — LOOKING OUT

RIGHT LOWER TEETH LEFT
















16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

TYPE LOCATION

○	A	A	A	A	⊗								A	⊗	A	○
○	O	F	O	F									○		○	○

*Rotated mesial*

## 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)

## IDENTIFICATION CHECK LIST

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

(Formerly Unk X-52  
 Unknown X -368 (USAF Cem Manila #2)  
 Cemetery AGRS Mausoleum Manila, P.I.  
 Plot 801 Row K Grave 3248  
DANGER BAY CRYPT

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death 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, Manila #2 Cem 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	/		
	/		
	/		
Raincoat	/		
Overcoat	/		
Jacket, Field	/		
Jacket, Combat	/		
Mackinaw	/		
Sweater		N	
Jacket, HBT		O	
		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 **20 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 ..... (Unusual characteristics of fingernails)

Fingers ..... (Short, thick, long, slender, size of knuckles, missing fingers or joints)

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

Feet ..... **8 D Shoes** (Size, corns, callouses, flat)      Toes ..... (Slender, straight, crooked, overlap)

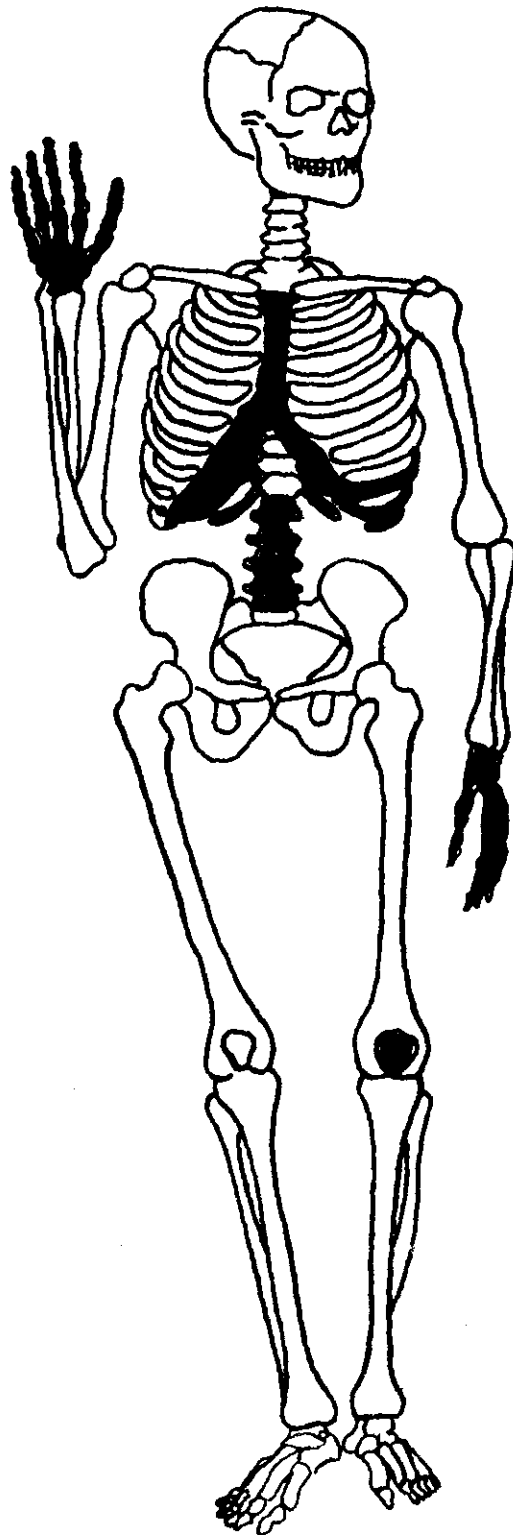
Evidence of healed fractures ..... (Nose, arms, legs, etc.)

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

X-368

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*Skeletal nearly complete*

# 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.

UNKNOWN X - 52

7 Aug 46  
DATE
















LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT		ORGANIZATION		
Luzon, P. I. PLACE OF DEATH	USAF Cem. Manila #2 PLACE OF BURIAL	1 PLOT	21 ROW	2657 GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT *Rotated*

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																	TYPE
LOCATION																	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPHATE (CEMENT)</p> <p></p>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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APP 5-1947

RESTRICTED

309

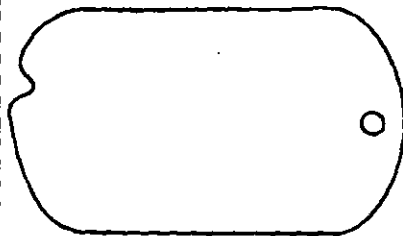
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

6 Oct 47

Imprint Identification Tag if Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-368 (Formerly UNK X-52, USAF Cemetery 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 Luzon, P.I.	CAUSE OF DEATH Mult. Shrap. Body partly missing	DATE OF DEATH 4 Feb 45
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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) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER 801	ROW No. BAV K	GRAVE No. CRYPT 3248
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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. 21	GRAVE No. 2657
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-370	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3250
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-366	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3246
--	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT Wm R. Gilbert Wm R. GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT Lucio S. Panopio Jr. 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 General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

*Handwritten initials and number 498*

**RESTRICTED**  
**REPORT OF INTERMENT**  
(TM 10-630 AND AR 30-1815)

U 309

Unknown X-2

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

Luzon, P.I.

(Place of death)

4 Feb 45

(Date of death)

Mult Shrap body partly

(Cause of death)

Missing

1500-7 Feb 45

(Time and date of burial)

USAF Cem Nasugbu #1 Luzon P I

(Name of cemetery)

Nasugbu, Luzon, PI

(Name or coordinates of location)

71

(Grave number)

4

(Row number)

1

(Plot number)

Temp cross

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

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

Form No 1 buried in bottle at head: Stamped-metal tag attached to marker

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

Possible identification thru Ord. wrist watch #34433 -

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

Body buried on RIGHT Unknown X-3

(Name)

(Serial number)

(Rank)

(Organization)

72

(Grave number)

Body buried on LEFT Fred F Small

(Name)

13018396

(Serial number)

Pfc 511 Para Inf

(Rank)

(Organization)

70

(Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

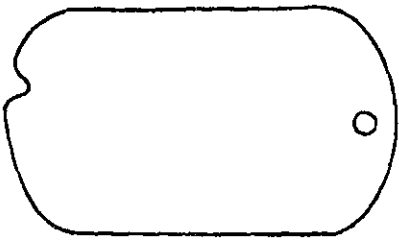
List only personal effects FOUND ON BODY and disposition of same:

RESTRICTED

4309

44 300

WDC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 14 Oct 45
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) N N E N O W N - X 52 (Manila Cem #2) (Unknown - X - 2 Nasugbug #1)		SERIAL NO.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Luzon, P. I.	CAUSE OF DEATH Mult. Shrap. body partly missing.	DATE OF DEATH 4 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)  Possible identification thru Ord. Wrist watch #34463.
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
10 Oct 45	0800	Shelter Half	Cross	1	21	2657

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Nasugbu #1, Nasugubu, Luzon, P. I.	PLOT No.	ROW No.	GRAVE No.
		1	4	71

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY  Form No 1 buried in bottle at head.
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) SMITH, Joseph H.	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	Pvt	39720224	Co F 511 Para Inf Regt	2656

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) DENICH, Bernard	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	Pfc	36738288	Co H 511 Para Inf Regt	2658

SIGNATURE OF PERSON PREPARING REPORT  W. V. HARDY JR., SGT. GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  W. E. SESSIONS III, Capt., QMC.
---	--

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

RESTRICTED

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place U.S.A.F. CEM. NASUGBU #1

Date 9, OCTOBER, 1945

1. Remains of UNKNOWN X-2 Serial Number UNK  
Rank UNK. Organization UNK.

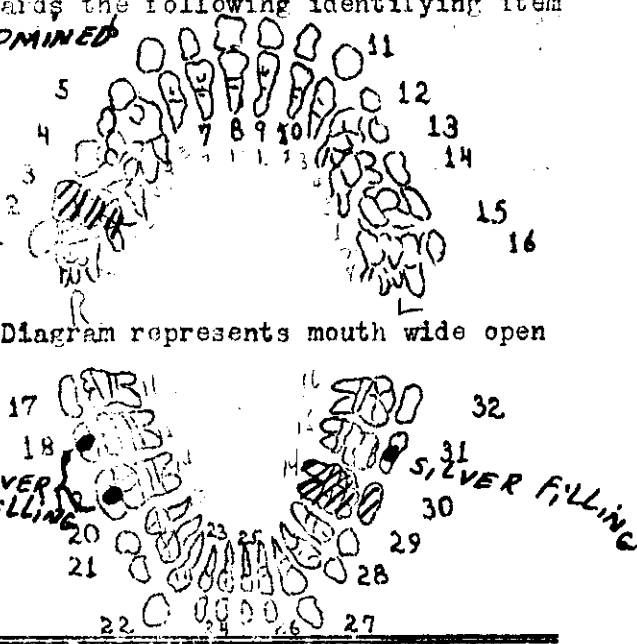
2. Disinterred (date): 9, Oct. 1945 From (give complete location): U.S.A.F. CEM. NASUGBU #1, NASUGBU, LUZON P.I.  
By: Group 2<sup>ND</sup> PLATOON Unit 609<sup>TH</sup> Q.M. GR. REG. CO.

3. Reburied (date) \_\_\_\_\_ In (give complete location): \_\_\_\_\_  
By: Group \_\_\_\_\_ Unit \_\_\_\_\_ Nature of reburial \_\_\_\_\_

4. Report as to nature of original burial and condition of body upon disinterment:  
MULT. SHRAP. BODY PARTLY MISSING. BODY BADLY DECOMPOSED.

5. (a) Identification tags: Buried with body? NO On grave marker? NO  
(b) Other means of identification found upon disinterment, and general remarks: FORM #1 BURIED IN BOTTLE AT HEAD. EMBOSSED PLATE ATTACHED TO MARKER. POSSIBLE IDENTIFICATION THRU ORD. WRIST WATCH #34463

6. What does examination of body show as regards the following identifying items:  
(a) Height (actual measurement) UNDETERMINED  
(b) Weight (estimated) "  
(c) Hair-Color "  
Quantity "  
Characteristics "  
(d) Hair on face-Color "  
Location "  
Quantity "  
(e) Permanent marks on body (old scars, peculiarities, or missing parts) Body BADLY DECOMPOSED  
(f) Wounds or missing parts (received at time of casualty) Body BADLY DECOMPOSED



7. Disinterment supervised by P.F. Hunter 1ST LT. Approved: \_\_\_\_\_ (Title) \_\_\_\_\_

8. Reburial