

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900
12 January 1950

GRPZ 293

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 QMCMU 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-188	AGRS	Mslm	UNKNOWN X-2136	AGRS	Mslm
" X-363	"	"	" X-2313	"	"
" X-1687	"	"	" X-2368	"	"
" X-1974	"	"	" X-3015	"	"
" X-2133	"	"	" X-3038	"	"

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

FOR THE COMMANDING OFFICER:

10 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

nfm

Interred 13 February 1950
D 12 42 Ft. McKinley

DISINTERMENT DIRECTIVE

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00037

DATE

15 06 48
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

UNKNOWNX-000053

0

DAY MONTH YEAR

CEMETERY

USAF CEMETERY MANILA NO 2

0

DISPOSITION OF REMAINS

7701 80
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

1 21 2706 PHILIPPINE ISLANDS

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

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNK X-53
UNK X-363 (Maus)

Mar '42

22 Sept '48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

ROBERT F. STEVENSON

Embalmers 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 /

(2) Tags: UNKNOWN X-363, AGRS Mausoleum

REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept '48

BY

ROBERT F. STEVENSON

CASKET SEALED BY

EMBALMER (Signature)

ROBERT F. STEVENSON

Robert F. Stevenson
ROBERT F. STEVENSON

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 22 Sept '48

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

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

HEADQUARTERS
FILCOM SARE
AMERICAN GRAVES REGISTRATION SERVICE

12 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 53, Plot 1,
Row 21, Grave 2706, USMC USAF Cem. Manila #2, P.I., have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:



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

Atch: Form 1044

Received 26 Jan. 50 0000

Not identifiable from
information presently

available 2 Feb. 50

D. C. Baylot

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-363				(Formerly UNK X-53 USAF Cem., Manila #2, Luzon, P.I.)				2. DATE OF REPORT 12 January 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.				4. PLOT	5. ROW	6. GRAVE	7. DATE OF		
				HANGER 801	BAY K	CRYPT 3243	DISINTERMENT	REINTERMENT	
PHYSICAL DESCRIPTION									
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD		11. RACE UNK			
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?		TO WHAT EXTENT?							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
15. WAS BODY MANGLED?		TO WHAT EXTENT?							
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
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									

TOOTH CHART		TOP VIEW	SIDE VIEW
<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><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>		

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
						<i>Missing</i>									
<i>Side Views</i>															
<i>Side Views</i>															
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 ID tags, burial bottle, personal effects, or other means of identification found with remains.
Est. weight of remains 3½ 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.

UNKNOWN X-363 (Formerly UNK X-53) 25 Sept 1947
 USAF Cem Manila #2 DATE
 Unknown Unknown
 Unknown Unknown
 Unknown Unknown
 Unknown Unknown

UNIT: Bataan, Luzon, P. I. ORGANIZATION: AGRS Mausoleum, Manila, P. I.
 PLACE OF DEATH: Bataan, Luzon, P. I. PLACE OF BURIAL STORAGE: Manila, P. I. PLOT HANGER: 801 ROW BAY: K GRAVE NO. CRYPT: 3243















No Maxilla

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</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>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</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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IDENTIFICATION CHECK LIST

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

UNKNOWN X-363 (Formerly
 Unknown X - 53 USAF Cem Manila #2)
 Cemetery AGRS Mausoleum, Manila, PI.
HANGER BAY CRYP
 Plot 801 Row K Grave 3243

1. Arrived at cemetery _____
(Hour) (Date)
2. Place of death Bataan, 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
(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	<small>(Type)</small>		
Raincoat			
Overcoat			
Jacket, Field			
Jacket, Combat			
Mackinaw			
Sweater			
Jacket, HBT			
* Shirt, Wool OD			
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 **Dental chart attached**
 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of skull 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 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

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

Hernioplasty (Yes-no; location)

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

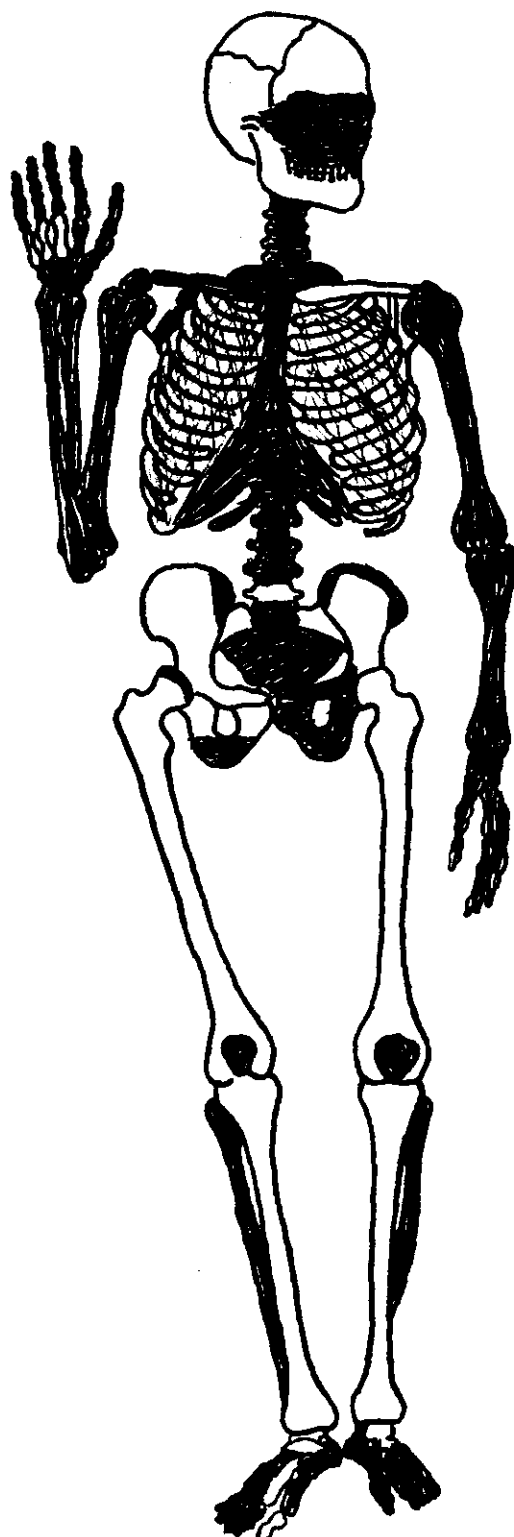
Feet (Size, corns, callouses, flat) Toes (Slender, straight, crooked, overlap)

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

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

SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



Rib fragments

1 Lumbar vertebra

2 Thoracic fragments

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

UNKNOWN X - 53

7 Aug 46
DATE

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
Bataan, Luzon, P. I.			USAF Gen. Manila #2	1 21 2706
PLACE OF DEATH			PLACE OF BURIAL	PLOT ROW GRAVE NO.

RIGHT *Missing* UPPER TEETH LEFT

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

INSIDE — LOOKING OUT

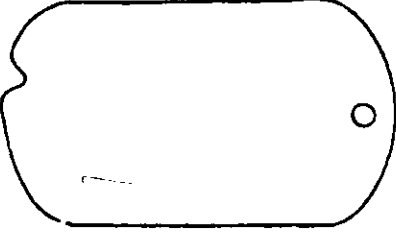
RIGHT LOWER TEETH LEFT

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	X	X	A	X			P	F					X	X	TYPE
LOCATION	X	X	o	X									X	X	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</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>TYPE OF FILLING IN UPPER HALF OF BOX</p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</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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WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1) **REPORT OF INTERMENT STORAGE** (AR 30-1810 and AR 30-1815) DATE OF REPORT 4 Oct 1947

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-363 (Formerly UNK X-53 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 Bataan, Luzon, P. I.	CAUSE OF DEATH Used as dummy for bayonet	DATE OF DEATH March 1942
--	---	-----------------------------

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
ASRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 30 Sept 1947	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	ROW NO. 801	GRAVE NO. K 3243
---	--------------	--	------------------------------	----------------	------------------------

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. 2706
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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
---	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-365	RANK	SERIAL No.	ORGANIZATION	GRAVE No. STORAGE 3245
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORAGE UNKNOWN X-361	RANK	SERIAL No.	ORGANIZATION	GRAVE No. STORAGE 3241
---	------	------------	--------------	------------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>Wm R Gilbert</i> Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio Jr</i> LUCIO S PANOPIO Jr, 3d 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.

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RESTRICTED

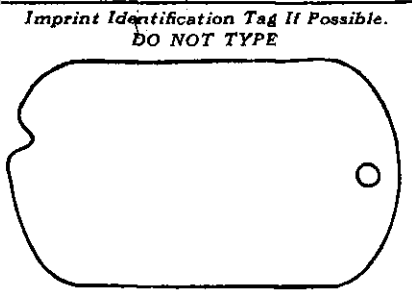
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MC FORM 1042
Rev. 1 Apr. 1948
(Replaces GRS Form 1)

Corrected

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

DATE OF REPORT
16 October 1945



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) **UNKNOWN X - 53**
(KNOWN AS UNK-X5 AT NASUGBU)

GRADE ORGANIZATION BRANCH OF SERVICE

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

PLACE OF DEATH **Bataan, Luzon, P. I.** CAUSE OF DEATH **Used as dummy for bayonet.** DATE OF DEATH **March 1945**

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**

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.
11 October 1945	0900	SHELTER HALF	CROSS	1	21	2706

WAS THIS A REBURIAL? (Yes or no) **YES**

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Remains Disinterred from USAF Cemetery Nasugbu #1, Luzon, P. I.

PLOT No.	ROW No.	GRAVE No.
1	8	149

TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Report of Interment buried in bottle with body.

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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
HALLINGSTAD, Leonard J.	Pfc.	39616157	Co.C, 127th AB Engr. Bn.	2705

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
KORNOWSKE, Leslie F.	2nd Lt.	0-1316299	Co.C, 188th Glid. Inf.	2707

SIGNATURE OF PERSON PREPARING REPORT
T/3 WESTON V. HARDY JR., GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT
W. E. SESSIONS III, Captain, Q. M. C.

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.

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REPORT OF DISINTERMENT FOR IDENTIFICATION

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

Date 10, OCTOBER, 1945

1. Remains of UNKNOWN X-5 Serial Number UNK.

Rank UNK. Organization UNK.

2. Disinterred (date): From (give complete location):

10, OCT. 1945 U.S.A.F. CEM. NASUGBU #1, NASUGBU, LUZON P.I.

By: Group 2ND PLATOON Unit 609TH A.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:

USED AS DUMMY FOR BAYONET. 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 BATTLE AT HEAD. EMBOSSED

PLATE ATTACHED TO MARKER.

6. What does examination of body show as regards the following identifying item

(a) Height (actual measurement) UNDETERMINED

(b) Weight (estimated) _____

(c) Hair-Color _____

Quantity _____

Characteristics _____

(d) Hair on face-Color _____

Location _____

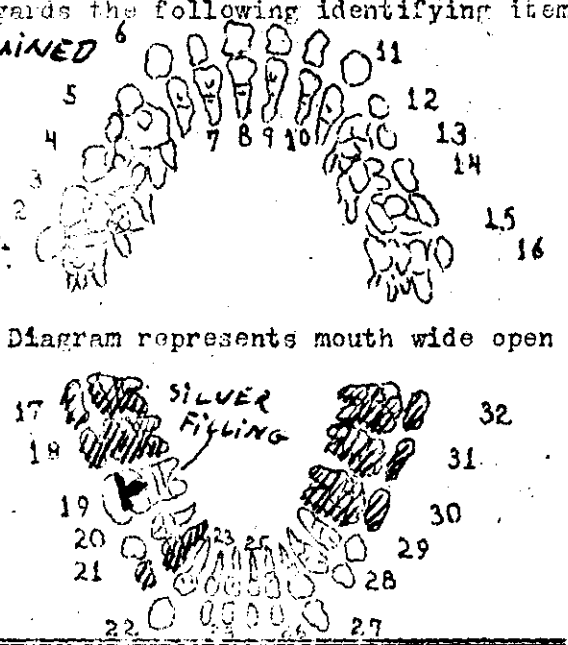
Quantity _____

(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 S. D. Acton 1st Lt QMC Approved: _____ (Title) _____

8. Reburial supervised by _____ Approved: _____

Graves Registration

Form No. 1

(Revised May 14, 1943)

(TM 10-630 and AR 30-1815)

RE-RESTRICTED

RESTRICTED

Unknown X - 5

(Last name) (First name) (Initial) (Serial No.) (Rank) (Organization)

Bataan Luzon PI March 1942 Used as dummy for bayonet

(Place of death) (Date of death) (Cause of death) practice.

1400 14 Feb 45 USAF Cem Nasugbu #1 Luzon PI Nasugbu, Luzon, PI

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

149 Regulation cross

(Grave number) (Row number) (Plot number) (Type of marker)

Disp. of ident. tags: Buried w/body YES NO X Attached to marker YES NO X

Form #1 buried at head RELIGION Unknown

(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 Lorelio Verril (NAI) 3284922 Pfc 187 GIR 150

(Name) (Serial No) (Rank) (Org) (Grave No)

Body buried on LEFT Denton E Hasdorff 18048876 Unknown 148

(Name) (Serial No) (Rank) (Org) (Grave No)

Unknown

(Name and address of EMERGENCY ADDRESS) (Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None

RESTRICTED