

copy

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

OSOR 205.0

APO 707  
4 AUG 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 QMMSU 205, GMS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGHS Museum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-501	AGES	Male	UNKNOWN X-705	AGES	Male
"	X-575	" "	"	X-804	" "
"	X-582	" "	"	X-854	" "
"	X-628	" "	"	X-826	" "

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

FOR THE COMMANDING GENERAL:

JOHN M. WESTON SR  
1st Lt. AGD  
ASST. ADJ. GEN.

8 Incls  
QMC Form 1044 w/certificates  
of Unidentifiability

/fms 1		Interred 25 August 1949 N 14 157 Ft. McKinley <i>caremark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE	
/fbp		Cemetery Superintendent SECTION A NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 00041	
NAME		SERIAL NUMBER UNKNOWNX-000063		DATE 15 06 48 DAY MONTH YEAR	
CEMETERY USAF CEMETERY (MANILA NO 2)		RANK		ARM Q	
PLOT 1		ROW 22		GRAVE 2780	
COUNTRY PHILIPPINE ISLANDS		DISPOSITION OF REMAINS O		7701 80 CODE DIST. PT.	
CAUSE OF DEATH 6		DATE OF DEATH DAY MONTH YEAR			

## 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)	
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## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNF X-000063 UNF X-375 (Maus)		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISTINTERRED 22 Sept '48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION		IDENTIFICATION VERIFIED BY JOSEPH M. COTY 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 /

Two remains tags show: Unknown X-375, ABBT, Musclem  
Grave 2780 R-22 - 1

## REMAINS PREPARED AND PLACED IN CASKET

DATE 22 Sept '48		BY JOSEPH M. COTY	
CASNET SEALED BY JOSEPH M. COTY		EMBALMER (Signature) <i>Joseph M. Coty</i> JOSEPH M. COTY	
CASNET BOXED AND MARKED 22 Sept '48		SHIPPING ADDRESS VERIFIED BY	
DATE		BY HORACE L ALLISON, Sgt Inf CPT. STING W. ABY JR. 1st Lt., FA	

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

*Adrian M. Allison*  
CPT. STING W. ABY JR. 1st Lt., FA

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

14 SEP 1948

REPAIRATION  
BRANCH

MEMORANDUM

3

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7747 8282

19 08 00  
DAY MONTH YEAR

NAME: UNKNOWN X - 63  
SERIAL NUMBER: [blank]  
GRADE: [blank]  
ARM: [blank]  
RACE: [blank]  
RELIGION: [blank]

CEMETERY: USMC CEMETERY MANILA NO. 2, P. I.  
PLOT: 1  
ROW: 2E  
GRAVE: 2720  
DISPOSITION OF REMAINS: T701  
CODE: [blank]  
DIST. CTR.: 80

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

UNITED STATES MILITARY CEMETERY  
(FT. MONMOUTH, P. I.)

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: [blank]  
SERIAL NUMBER: [blank]  
GRADE: [blank]  
DATE OF DEATH: [blank]  
DATE DISTINTERRED: [blank]

IDENTIFICATION TAG ON: [blank]  
ORGANIZATION: [blank]  
RELIGION: [blank]  
IDENTIFICATION VERIFIED BY: [blank]  
NAME AND TITLE: [blank]

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [blank]  
CONDITION OF REMAINS: [blank]

OTHER MEANS OF IDENTIFICATION: [blank]

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

*Cancelled  
for Policy G.X-2830  
Philcom*

REMAINS PREPARED AND PLACED IN CASKET

DATE: [blank] BY: [blank]  
CASKET SEALED BY: [blank] EMBALMER (Signature): [blank]

CASKET BOXED AND MARKED: [blank] SHIPPING ADDRESS VERIFIED BY: [blank]

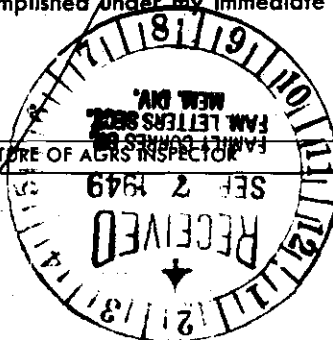
DATE: [blank] BY: [blank]

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  
SEP 16 1949*



#22

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

15 July 1949  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 63, Plot 1,  
Row 22, Grave 2700, USMC 1st Gen. 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:



A. B. McNEMAR  
Captain, MC  
Chief, Records Branch

Atch: Form 1044

Received 8/16/49  
Not identifiable from  
information presently  
available

Sanborn, T.  
Ident  
8/16/49

0949

Dist # 2

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-375 (Formerly Unk X-63 Manila #2)</b>				2. DATE OF REPORT <b>21 July 1949</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P. I.</b>		4. PLOT <b>801</b>	5. ROW <b>K</b>	6. GRAVE <b>3255</b>	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>140 lbs.</b>	9. ESTIMATED HEIGHT <b>5'7"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**NONE**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

**UTD**

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**

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)

**NONE**

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

*Incl # 22*

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:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

Fractured																
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Maxilla		U T D						P	P	P				P	MAXILLA	
Missing															MISSING	
Side Views															Side Views	
Top Views															UPPER	
Side Views															LOWER	
	X							P	P	P	P					X
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

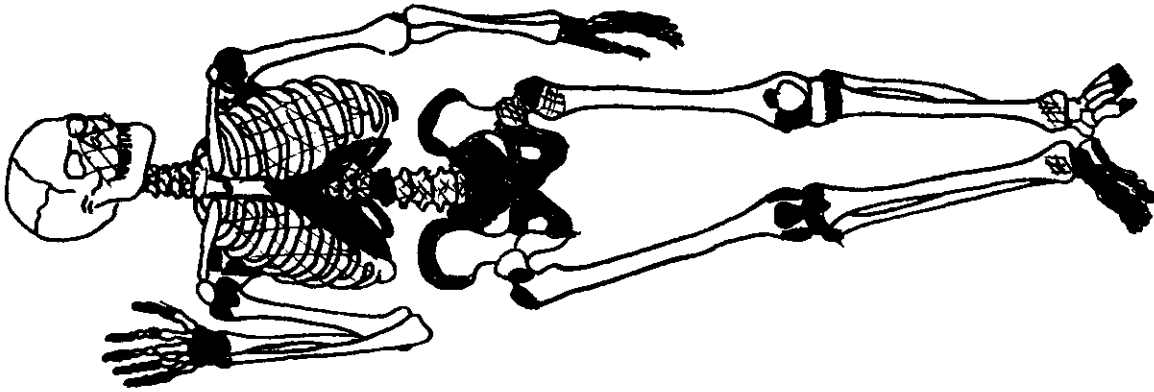
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**"UNIDENTIFIABLE"**

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

*James J. McDermott*  
 James J. McDermott  
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height: 5'7"

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 - 6 lbs.

Circumference of skull - 20 inches.

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFICATION 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

Y-375

# 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.

30 Sept 1947

DATE

UNKNOWN X-375 (Formerly UNK X-63)  
USAF Cem Manila #2)

Unknown  
RANK

Unknown  
SERIAL NO.

LAST NAME FIRST INITIAL

Unknown

Unknown

UNIT

AGRS Mausoleum,  
Manila, P. I.

ORGANIZATION

Unknown

801 K 3255

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

HANGER















BAY

CRYPT

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	RIGHT      UPPER TEETH      LEFT																
TYPE	X	⊗						⊗	⊗	⊗						A	X
LOCATION																OL	

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	INSIDE — LOOKING OUT																
	<i>discolored</i>																
	RIGHT      LOWER TEETH      LEFT																
TYPE	X						⊗	⊗	⊗		⊗						X
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)

UNKNOWN X-375 (Formerly  
~~Unknown~~ X - 63 USAF Cem Manila #2)  
 Cemetery AGRS Mausoleum, Manila, P. I.  
 Plot 801 HANGER Row K LAT CRYPT Grave 3255

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death Unknown, Nasugbu, #1; Manila #2 Cemetery  
(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, 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			
Sweater		N	
Jacket, HBT		O	
* Shirt, Wool OD		N	
Undershirt, Wool		E	
Undershirt, Cotton			
Trousers, HBT			
* Trousers, Wool OD			

7. Have finger prints been placed on Report of Interment? No.  
(Yes-no)

If not, explain .....

8. Has tooth chart been prepared? Yes If not, explain .....  
(Yes-no)

9. Remarks Original tooth chart does not compare with new chart as teeth have probably been lost in disinterment. Estimated weight of remains, 6 pounds. No I.D. Tags or personal effects found. Burial bottle found with no information. Reports of ROIs enclosed.

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

/s/ John H. Barr, D-234444  
(Officer's Name)

SP-8 A.G.R.S.  
Rank Service

I.D.LAB Manila #2, P. I.  
(Organization)

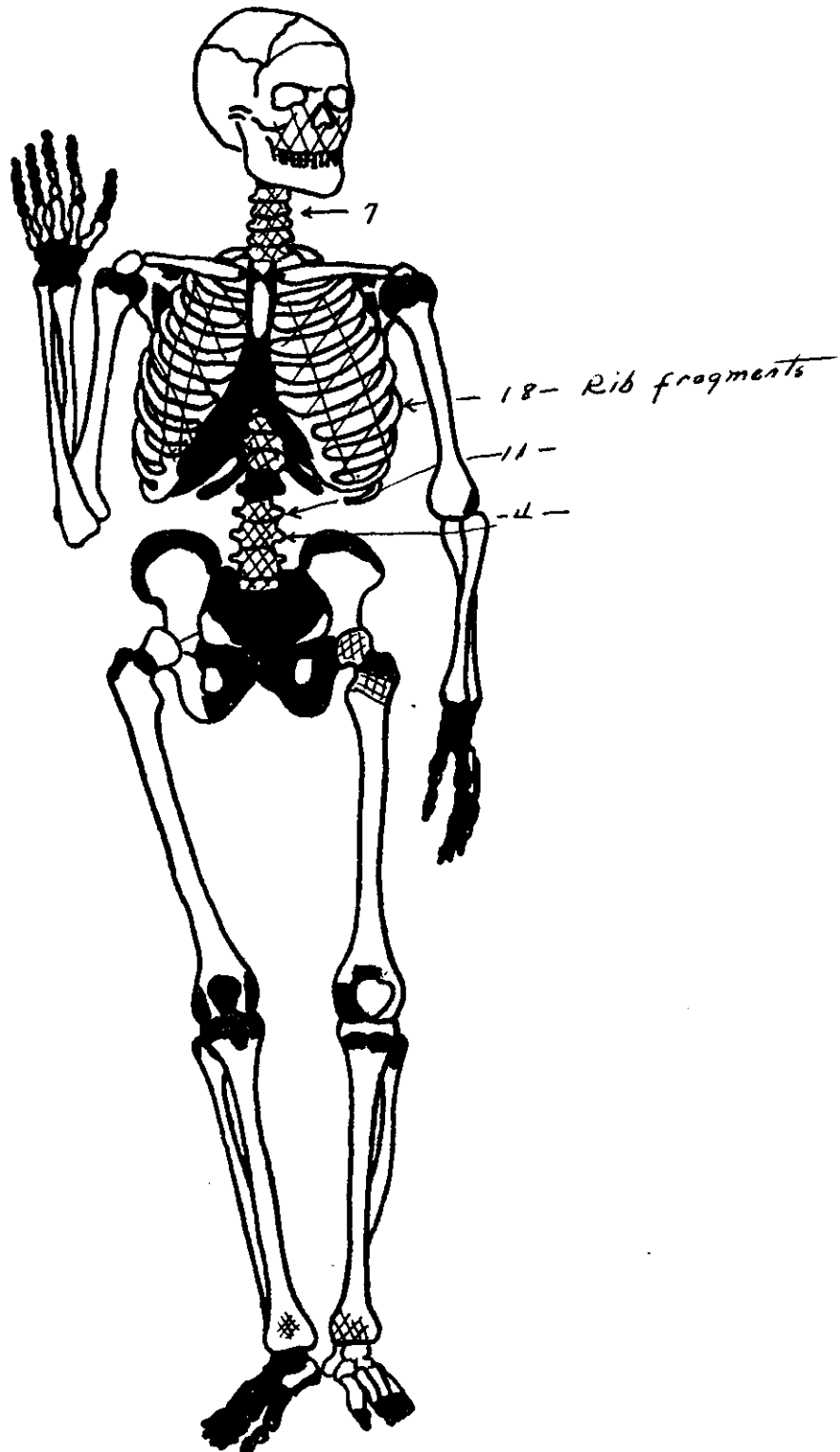
CERTIFIED TRUE COPY:

*E. H. Newman, Jr.*  
E. H. NEWMAN, JR.  
Capt. FA.

# SKELETAL CHART

X-375

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)




/DOM.

APR 5 - 1948

RESTRICTED

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WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815) <b>STORAGE</b>	DATE OF REPORT <b>6 Oct 47</b>
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) <b>UNKNOWN X-375 (Formerly UNK X-63          USAF Cem Manila #2, Luzon P.I.)</b>	SERIAL No. <b>Unknown</b>	
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Unknown</b>	CAUSE OF DEATH <b>Used as bayonet Dummy by Japanese</b>	DATE OF DEATH <b>April 1942</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>Yes (2)</b>	

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.**

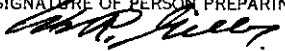

DATE OF BURIAL <b>STORAGE          30 Sept 47</b>	HOUR <b>1300</b>	BURIED IN (Shroud, blanket, or name of other) <b>STORER          Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>HANGER          801</b>	ROW No. <b>EAT          K</b>	GRAVE No. <b>CRYPT          3255</b>
--	---------------------	--	-------------------------------------	--	--------------------------------------	---

WAS THIS A REBURIAL? (Yes or no) RESTORED: <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Manila #2, Luzon P.I.</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>PLOT No.</td> <td>ROW No.</td> <td>GRAVE No.</td> </tr> <tr> <td style="text-align: center;"><b>1</b></td> <td style="text-align: center;"><b>22</b></td> <td style="text-align: center;"><b>2780</b></td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	<b>1</b>	<b>22</b>	<b>2780</b>
PLOT No.	ROW No.	GRAVE No.						
<b>1</b>	<b>22</b>	<b>2780</b>						

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) <b>STORER</b> <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>STORER          UNKNOWN X-377</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT          3257</b>
--	------	------------	--------------	---

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>STORER          UNKNOWN X-373</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. <b>CRYPT          3253</b>
---	------	------------	--------------	---

SIGNATURE OF PERSON PREPARING REPORT  <b>Wm R GILBERT, Adm Asst</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>LUCIO S PANOPIO, Jr. 2d Lt INF</b>
---	--

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.

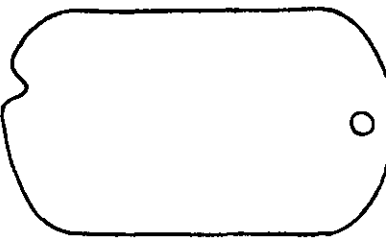
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11 307

WD Q.MC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 18 Oct. 45
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Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>		
NAME (Last, first, middle initial) UNKNOWN X-63 (Manila #2 Com) Unknown X-18 (Nasugbu #1 " )	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 Used as bayonet dummy by Japs.	DATE OF DEATH April 42
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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	

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 Cometary 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.
12 Oct. 45	0800	Shelter Half	Cross	1	22	2780

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cometary Nasugbu #1, Luzon, P. I.	PLOT NO. 1	ROW NO. 14	GRAVE NO. 280
--	---	---------------	---------------	------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY  Form #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) RUSSELL, George C.	RANK Pfc.	SERIAL NO. 39462698	ORGANIZATION 187 GIR Co "E"	GRAVE No. 2779
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) O B S T R U C T I O N - T r e e	RANK	SERIAL NO.	ORGANIZATION	GRAVE No. 2781
--	------	------------	--------------	-------------------

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

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REPORT OF DISINTERMENT FOR IDENTIFICATION

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

Date 11, OCTOBER, 1945

1. Remains of UNKNOWN X-18 Serial Number UNK.

Rank UNK. Organization UNK.

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

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

By: Group 2 ND PLATOON Unit 609TH Q.M. SER. 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 BAYONET DUMMY BY JAPS. 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

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 "

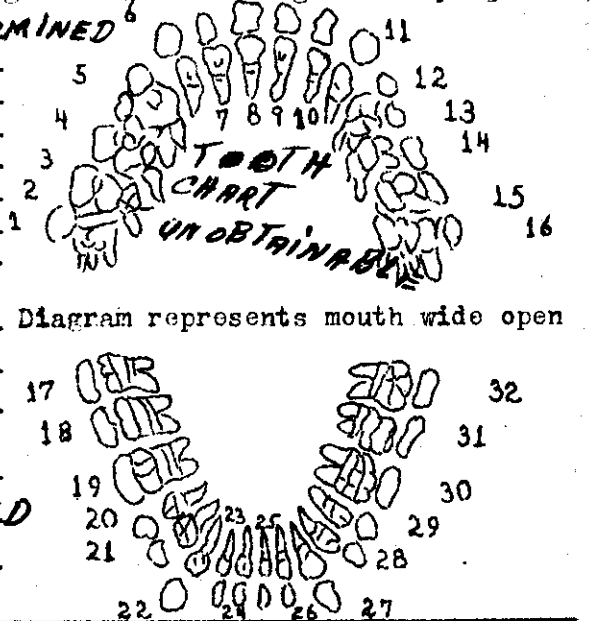
Quantity "

(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 J.D. Anton 1st Lt. G.M. Approved: \_\_\_\_\_  
(Title) \_\_\_\_\_

REGISTER OF DENTAL PATIENTS

USAF Cemetery

X-18

Ward # 1

(1) SURNAME

(2) CHRISTIAN NAME

Years 280

Paul

Ligon PI

(3) RANK

(4) COMPANY

(5) REGIMENT OR STAFF CORPS

(6) AGE-YEARS

(7) RACE

(8) NATIVITY

(9) SERVICE, YEARS

(10) DISEASE OR INJURY WITH LOCATION, COMPLICATIONS, SEQUELAE, ETC.

(11) DATES AND NATURE OF TREATMENTS AND OPERATIONS

(12) RESULTS AND REMARKS

Dental Corps, U. S. A.

Graves Registration  
Form No. 1

(Revised May 11, 1943)  
Unknown (X-18)

(Last name) (First name)

April 1942  
(Place of death) (Date of death)

1000 - 25 Feb. 45 USAF Cem. #1, Nasugbu, Luzon, P.I.  
(Time and date of burial) (Name of cemetery)

289

(Grave No) (Row No) (Plot No) (Type of Marker)

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

(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 None - End of Row  
(Name) (Serial No) (Rank) (Org) (Grave No)

Body buried on LEFT Dewitt T. Griffith 19012611 Unknown 279  
(Name) (Serial No) (Rank) (Org) (Grave No)

(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 on body

REPORT OF INCIDENT  
(FM 10-650 and AR 30-1815)  
Dental Chart

See Reverse Side

(Initial) (Serial No) (Rank) (Organization)  
Used as bayonet dummies by Japs  
(Cause of death) Nasugbu,  
Luzon, P.I.

Rel. cross

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 None - End of Row  
(Name) (Serial No) (Rank) (Org) (Grave No)

Body buried on LEFT Dewitt T. Griffith 19012611 Unknown 279  
(Name) (Serial No) (Rank) (Org) (Grave No)

(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 on body

RESTRICTED

RESTRICTED

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