

AIRMAIL

Q 93 *under P.I. mail markings*
X-331 375, 422, 410, 193 884
 AUG 26 1949
 AUG 26 1949

SUBJECT: Approval of Unidentifiability

**TO : Commanding General
 Philippine Command
 APO SF, c/o Postmaster
 San Francisco, California
 ATTN: ASST, PHILCOM COM**

1. Reference is made to findings of Unidentifiability for the following Unknown Deceased:

X-728,	ASST	Muscular	Mail,	formerly	X-308,	USAF	Com,	Mail	#4,	P.I.
X-304,	"	"	"	"	X-512,	"	"	"	#4,	P.I.
X-331,	"	"	"	"	X-75,	"	"	"	#8,	P.I.
X-375,	"	"	"	"	X-65,	"	"	"	#8,	P.I.
X-422,	"	"	"	"	X-574,	"	"	"	#8,	P.I.
X-410,	"	"	"	"	X-131,	"	"	"	#8,	P.I.

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE ACTING THE QUARTERMASTER GENERAL:

**T. H. MEYER
 Lt. Colonel, QMC
 Memorial Division**

cc: Adm Section
 T. Sanborn
 L. M. White
 J. Windsor

cc: CINCPAC, APO SF, c/o Postmaster, San Francisco, California.

P.I. X-331 375 422 410 193 884
 AUG 26 1949
 AUG 26 1949

AIRMAIL

copy

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

OSGR 293,9

AGO 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 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-591	AGRS	Manila	UNKNOWN X-795	AGRS	Manila
" X-575	"	"	" X-801	"	"
" X-422	"	"	" X-3654	"	"
" X-610	"	"	" X-4185	"	"

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

3 Incls
QMC Form 1044 w/certificates
of Unidentifiability

?DHS

Interred 1 August 1949
N 10 41 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 00044

DATE
15 05 48
DAY MONTH YEAR

1
/gyc

NAME		SERIAL NUMBER		RANK	ARM	DATE OF DEATH	
		493 UNKNOWNX-000073			0		
CEMETERY						DISPOSITION OF REMAINS	
USAF CEMETERY MANILA NO 2						0 7701 80 CODE DIST. PT.	
PLOT	ROW	GRAVE	COUNTRY			CAUSE OF DEATH	
1	24	3061	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 UNK X-73 (Maus) UNK X-331	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
				4 Oct 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY ALEXANDER P PETTICE 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 1

Two (2) tags (Maus) UNK X-331

REMAINS PREPARED AND PLACED IN CASKET

DATE 4 Oct 48 BY ALEXANDER P PETTICE

CASKET SEALED BY ALEXANDER P PETTICE	EMBALMER Signature <i>Alexander P. Pettice</i> ALEXANDER P PETTICE
---	--

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY DATE 4 Oct 48 BY HORACE L ALLISON, Sgt, Inf CORSINE C KAYANAN, 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.

Corsine C. Kayanan
CORSINE C KAYANAN, 1st Lt, Inf
SIGNATURE OF GRS INSPECTOR

FILE
7-SEP 1949
REPATRIATION
BRANCH
MANILA, P.I.

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

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

12 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-73, Plot 1,
Row 24, Grave 3051, USMC USAF Cem. 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:


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

Atch: Form 1044

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

Sambour, T
Ident
8/16/49

QMG

Incl #1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-331 (Formerly UNK X-73 Manila #2)				2. DATE OF REPORT 19 July 1949	
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	K	3223	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
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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? <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

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. # 12

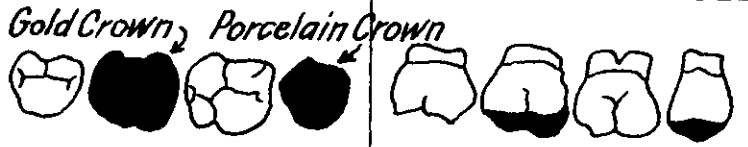
18.

TOOTH CHART

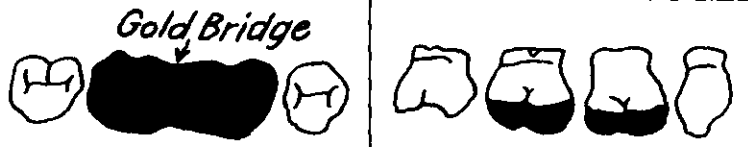
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



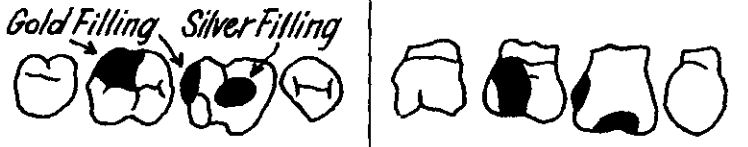
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



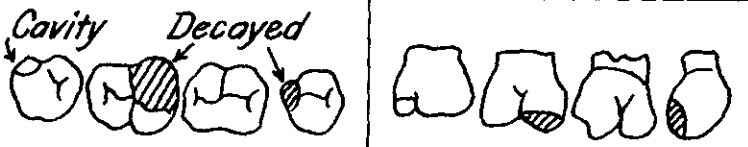
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
X		X	X	X	X		X	X							X
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
Side Views								Side Views							
LOWER								LOWER							
Side Views								Side Views							
X	X	X	Ø	X	Ø	Ø	Ø	Ø	Ø	Ø	Ø	X	X	X	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

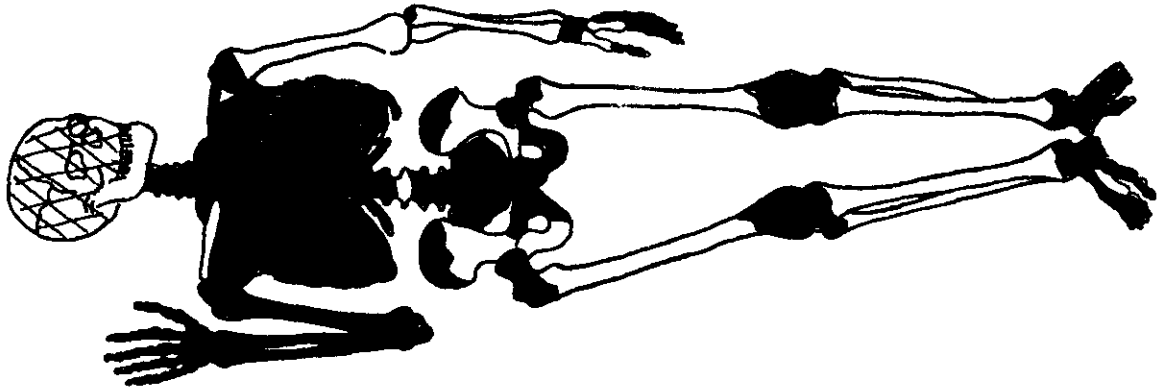
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

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

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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 - 3½ 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

J. J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

X-331

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.

29 Sept 47
DATE

UNKNOWN X 331 (Formerly X-75,
USAF Cem Manila #2)

Unknown
RANK

Unknown
SERIAL NO.

LAST NAME FIRST INITIAL

Unknown

Unknown

UNIT

ORGANIZATION

Corregidor Island, P.I.

AGRS Mausoleum, Manila, 301

K 9223

PLACE OF DEATH

P.I. PLACE OF BURIAL

PLOT

ROW

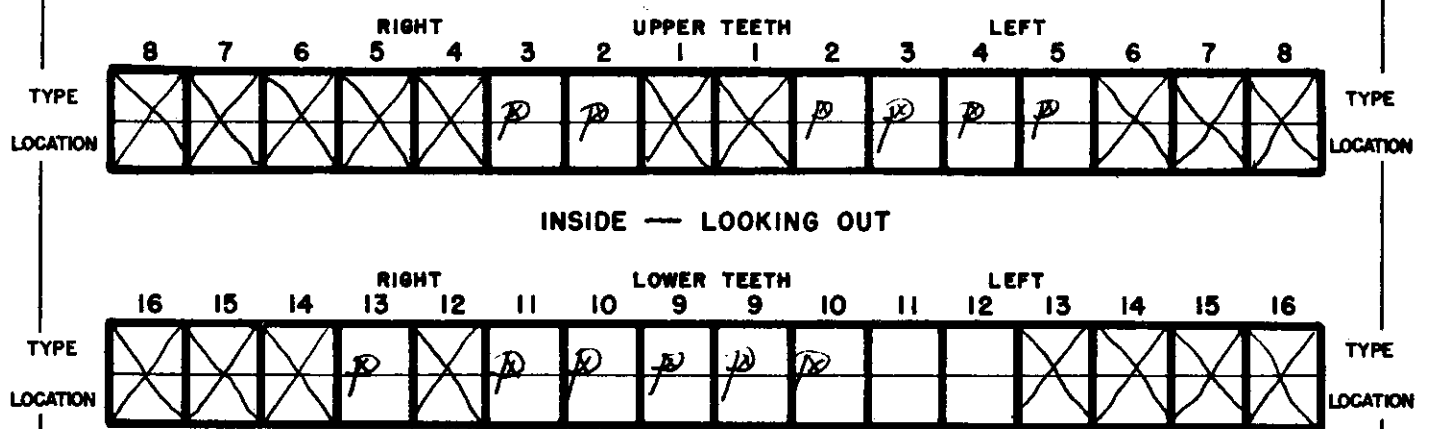
GRAVE NO.

STORAGE

RANGER

BAY

CRYPT



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)

/man

IDENTIFICATION CHECK LIST

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

(Formerly UNKNOWN X-73
 Unknown X -331 USAF Cem Manila #2)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 801 Row HANGER BAW Grave CRYP 3223

1. Arrived at cemetery _____
(Hour) (Date)
2. Place of death Corregidor Island, P.I. _____
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~covered~~/or disinterred by C. M. T. #1, Manila #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	/		
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 (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw (Large, small, normal) Circumference of head in inches UTD (Badly fractured) (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

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

Hernioplasty (Yes-no; location)

Legs (Inseam, 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 **N o n e** (Nose, arms, legs, etc.)

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

SKELETAL CHART X-331

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)

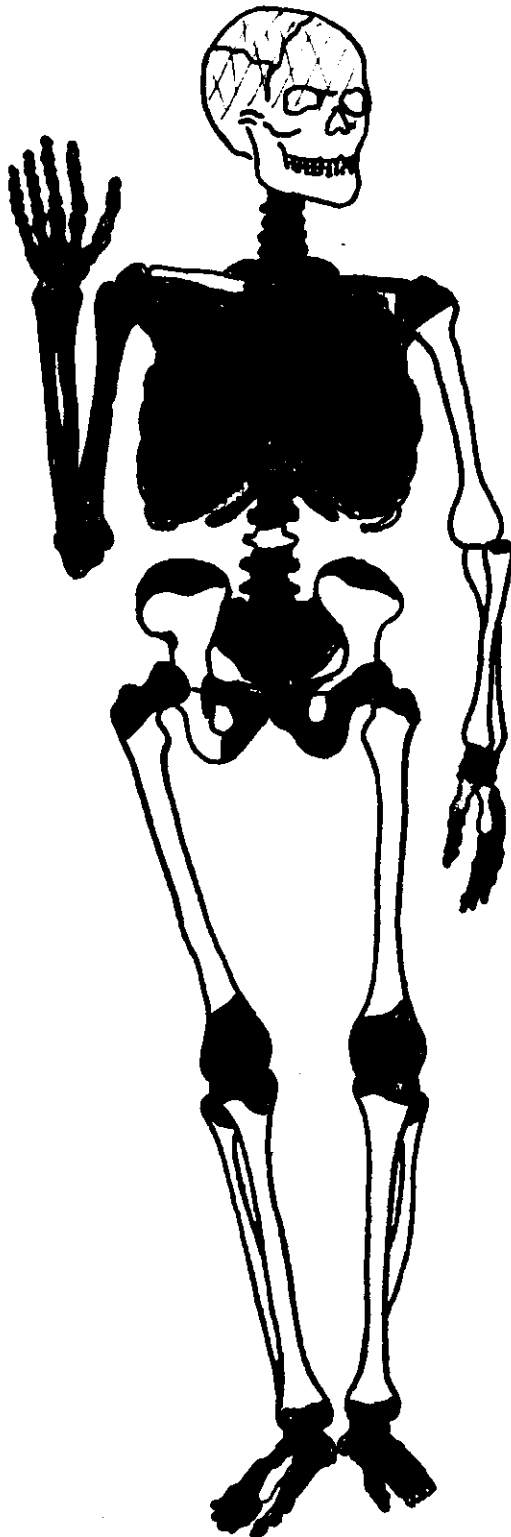


CHART "A"

MAY 2 01948

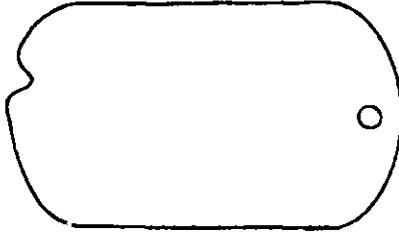
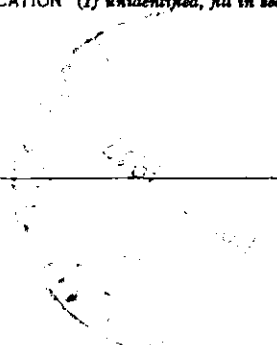
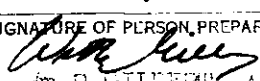

RESTRICTED

U 678

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

DATE OF REPORT

1 Oct. 47

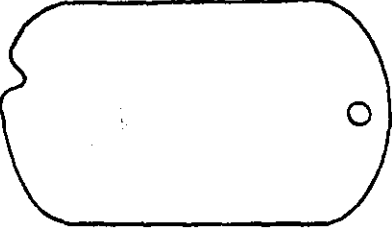
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-331 (Formerly UNKNOWN X 73 USAF Cem Manila No. 2, Luzon, P.I.)			SERIAL NO. Unknown	
		GRADE Unknown	ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
		RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
		PLACE OF DEATH Correidor Island, P.I.		CAUSE OF DEATH KIA		DATE OF DEATH Unknown
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) None				
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, MANICA, 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. BAW K	GRAVE NO. CRYPT 3223
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Disinterred from: USAF Cem Manila No. 2, Luzon, P.I.			PLOT NO. 1	ROW NO. 24	GRAVE NO. 3051
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 346		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 3225	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED McDONALD, John A.		Pvt	39006231	123 Inf 33rd Div	CRYPT 3221	
SIGNATURE OF PERSON PREPARING REPORT  Jim R. GILMAN, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S. PANOFIO, 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

RESTRICTED

U-678

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	DATE OF REPORT <p style="text-align: center; font-size: 1.2em;">25 Oct 45</p>
REPORT OF/INTERMENT (AR 30-1810 and AR 30-1815)	

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <p style="text-align: center; font-size: 1.1em;">U N K N O W N - X - 73 (Cam. Manila #2) (Unknown - X - 6, Corregidor)</p>		
GRADE	ORGANIZATION	SERIAL No. BRANCH OF SERVICE	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH <p style="text-align: center; font-size: 1.1em;">Corregidor Island, P. I.</p>	CAUSE OF DEATH <p style="text-align: center; font-size: 1.1em;">KIA</p>	DATE OF DEATH
---	--	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center; font-size: 1.1em;">None</p>	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) <p style="text-align: center; font-size: 1.1em;">Yes</p>	

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.
22 Oct 45	1300	Shelter Half	Cross	1	24	3051

WAS THIS A REBURIAL? (Yes or no) <p style="text-align: center; font-size: 1.1em;">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p style="text-align: center; font-size: 1.1em;">American Cem. Corregidor Island, P. I. (345.5 - 406.5)</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PLOT No.</th> <th>ROW No.</th> <th>GRAVE No.</th> </tr> <tr> <td style="text-align: center;">C</td> <td style="text-align: center;">1</td> <td style="text-align: center;">14</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	C	1	14
PLOT No.	ROW No.	GRAVE No.						
C	1	14						

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <p style="text-align: center; font-size: 1.1em;">Original record describe grave as that of an oriental. Report of Interment in bottle buried with body.</p>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p style="text-align: center; font-size: 1.1em;">No</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center; font-size: 1.1em;">Yes</p>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p style="text-align: center; font-size: 1.1em;">LEGRAND, Herry D.</p>	RANK <p style="text-align: center; font-size: 1.1em;">Pfc</p>	SERIAL No. <p style="text-align: center; font-size: 1.1em;">18036376</p>	ORGANIZATION <p style="text-align: center; font-size: 1.1em;">Btry L, 60 CA</p>	GRAVE No. <p style="text-align: center; font-size: 1.1em;">3050</p>
--	--	---	--	--

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p style="text-align: center; font-size: 1.1em;">LUTRZYKOWSKI, Frank G.</p>	RANK <p style="text-align: center; font-size: 1.1em;">Pvt</p>	SERIAL No. <p style="text-align: center; font-size: 1.1em;">6698529</p>	ORGANIZATION <p style="text-align: center; font-size: 1.1em;">Det QMC</p>	GRAVE No. <p style="text-align: center; font-size: 1.1em;">3052</p>
--	--	--	--	--

SIGNATURE OF PERSON PREPARING REPORT <p style="text-align: center; font-size: 1.1em;">W. J. ARDY JR., T/3 GRS.</p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <p style="text-align: center; font-size: 1.1em;">W. E. SESSIONS III, Capt., QMC.</p>
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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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WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

25 Oct 45

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

U N K N O W N - X - 73 (Cem. Manila #2)
(Unknown - X - 6, Corregidor)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

Corregidor Island,
P. I.

CAUSE OF DEATH

KIA

DATE OF DEATH

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)

*Not found
in search*

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

A TRUE COPY:

Leander W. O'Neill
LEANDER W. O'NEILL
1st. Lt., Infantry

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.
22 Oct 45	1300	Shelter Half	Cross	1	24	3051

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	American Cem. Corregidor Island, P. I. (345.5 - 406.5)	C	1	14

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		Original record describe grave as that of an oriental. Report of Interment in bottle buried with body.

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
No	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
LEGRAND, Herry D.	Pfc	18036376	Btry L, 60 CA	3050

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
LUTRZYKOWSKI, Frank G.	Pvt	6698629	DET QMC	3052

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
/s/t/ W. V. HARDY JR, T/3 GRS.	/s/t/ 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.

Incl #3

RESTRICTED