

**MEMORANDUM  
FOR THE RECORD  
UNITED STATES ARMY**

**DATE SENT**

**AFD 957  
25 APR 48**

**CHARACTER: Unidentifiable Persons**

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

1. In accordance with the provisions of your letter, GPO FORM 204, 204 (Rev. 1947), dated 27 September 1947, subject: Identification of Cases of Unidentified Persons, the following unknown persons, previously placed on ARS Rosters, Weekly, 7-12, have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

SECTION	1-20	ARMS	REGS	SECTION	1-20	ARMS	REGS
•	1-20	•	•	•	1-20	•	•
•	1-20	•	•	•	1-20	•	•
•	1-20	•	•	•	1-20	•	•
•	1-20	•	•	•	1-20	•	•
•	1-20	•	•	•	1-20	•	•
•	1-20	•	•	•	1-20	•	•
•	1-20	•	•	•	1-20	•	•
•	1-20	•	•	•	1-20	•	•
•	1-20	•	•	•	1-20	•	•
•	1-20	•	•	•	1-20	•	•

2. Forwarded herewith, for your consideration, are two GPO Form 204 for the above-mentioned persons.

**FOR THE QUARTERMASTER GENERAL:**

/s/ **JAN E. WISCH, Jr.**  
**JAN E. WISCH, Jr.**  
2nd Lt. ADJ  
Asst. Adj. Gen.

**BY MAIL  
GPO Form 204 substantiation  
of unidentifiability**

**C  
O  
P  
Y**

/fms 1		Interred 8 August 1949 G 7 1 Ft. McKinley		DISINTERMENT DIRECTIVE		DATE			
/fbp		Caremark CARL R. H. MARK SECTION 1 NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 7747 02764		15 06 48 DAY MONTH YEAR	
NAME		SERIAL NUMBER 977 UNKNOWN X-000077		RANK		ARM 0		DATE OF DEATH	
CEMETERY		USAF CEMETERY MANILA NO 2		DISPOSITION OF REMAINS		7701 80 CODE DIST. PT.		CAUSE OF DEATH 6	
PLOT		ROW		GRAVE		COUNTRY			
F12		1		47		PHILIPPINE ISLANDS			

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS		NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)	
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## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNK X-000077 UNK X-332 (Maus)		SERIAL NUMBER		RANK		DATE OF DEATH		DATE DISINTERRED 22 Sept '48	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN		RELIGION		IDENTIFICATION VERIFIED BY JOSEPH M OWEN 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 Tags: UNKNOWN X-332, AGRS Mausoleum			

REMAINS PREPARED AND PLACED IN CASKET	
DATE 22 Sept '48 BY JOSEPH M. OWEN	
CASKET SEALED BY JOSEPH M. OWEN	
EMBALMER (Signature) JOSEPH M. OWEN	
CASKET BOXED AND MARKED 22 Sept '48	
SHIPPING ADDRESS VERIFIED BY	
DATE BY HORACE L ALLISON, Sgt Inf CELESTINO E. ABELLAR, 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.

CELESTINO E. ABELLAR, 1st Lt., FA

SIGNATURE OF GRS INSPECTOR

Discrepancy Report GMC Form 1194a for major discrepancies.

FILE  
22-SEP-1948  
BRANCH  
MEM. DIV.

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- 77, Plot 2,  
Row 1, Grave 47, 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:

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

Atch: Form 1044

Incl #3'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-332 (Formerly Unk X-77 Manila #2)</b>			2. DATE OF REPORT <b>20 July 1949</b>		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT
	<b>801</b>	<b>K</b>	<b>3224</b>		

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</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? <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"**

*8-4-32*

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
P						P	P	P	P						P
	X	X	P	P		P	M A N D I B L E						M I S S I N G		0
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."

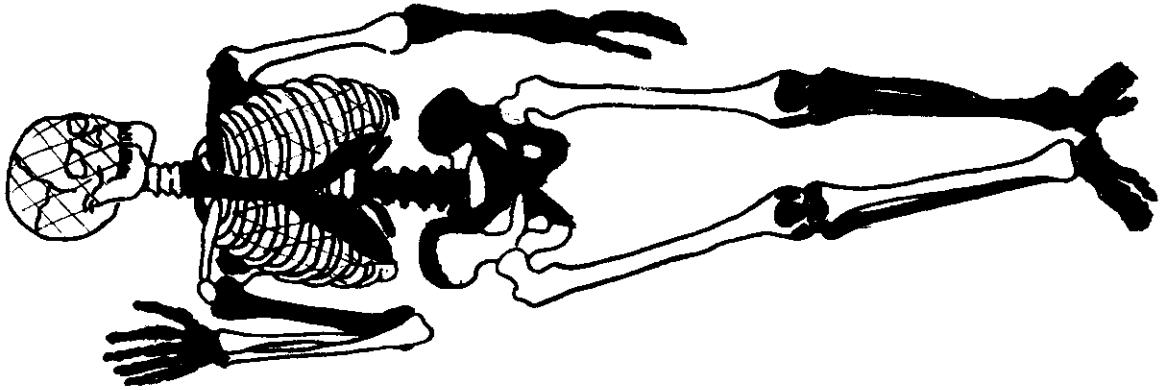
R9, L12, L13, and L16 are loose present with remains.

**"UNIDENTIFIABLE"**

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

*James J. McDermott*  
 James J. McDermott  
 Laboratory Officer, G1F

19. BLACK OUT PARTS OF BODY NOT COVERED



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 - 8 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

**JAMES J. McDERMOTT**  
 Laboratory Officer, CIP

SIGNATURE

*James J. McDermott*

# 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.

29 Sept 1947  
DATE

UNKNOWN X-332 (Formerly  
UNK X-77 (USAF Cem Manila #2) Unknown

Unknown  
SERIAL NO.

LAST NAME FIRST INITIAL RANK  
Unknown Unknown

UNIT ORGANIZATION  
Corregidor, P.I. AGRS Mausoleum,  
Manila, P. I. 801 K 3224

PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT HANGER ROW BAY GRAVE NO. CRYPT

*Lingual surface broken*

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
RIGHT			UPPER TEETH						LEFT						
TYPE LOCATION															
X		O				P	P	P	P						X

INSIDE — LOOKING OUT

*chipped, m. & f.* *Mandible broken* *Chipped, o.* *Chipped o. & f.*

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
RIGHT			LOWER TEETH						LEFT						
TYPE LOCATION															
			P		P		P	P	P				X	X	O

*SPACE* *Chipped, m. & l.*

## 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)

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-332 (Formerly  
 Unknown X -77 USAF Cem Manila #2)  
 Cemetery AGRS Mausoleum, Manila, PI.  
 Plot 801 Row K Grave 3224  
HANGER EAST CRYPT

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death Corregidor Is., 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, 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 ..... **Dental chart attached.**  
(White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

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

Jaw ..... (Large, small, normal)      Circumference of head in 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 .....  
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 ..... (Muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

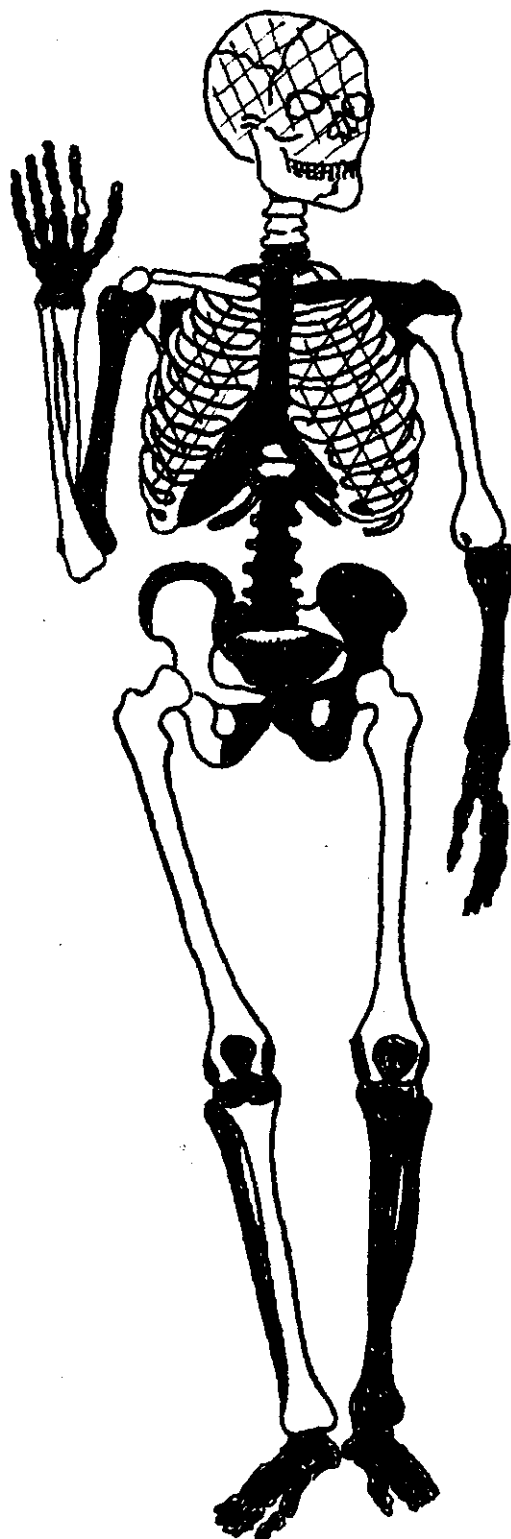
Evidence of healed fractures ..... (Nose, arms, legs, etc.)

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

X-332

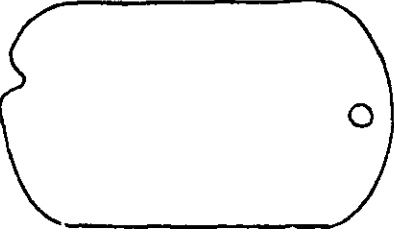
# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



6 Rib fragments

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	STORAGE DATE OF REPORT 2 Oct 1947
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Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial) UNKNOWN X-332 (Formerly UNKNOWN X-77 USAF Cem Manila #2, Luzon PI)	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 Corregidor Island, P. I.		
CAUSE OF DEATH Unknown		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)  <p style="text-align: center;">                     Received 29 Aug 1949                      Not identifiable from information presently available — E. A. Karpis                      30 Aug 1949                 </p>
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
30 Sept 1947		0900	Casket	None	801	K	3224

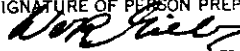
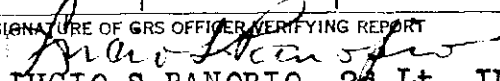
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P. I.	PLOT No. 2	ROW No. 1	GRAVE No. 47
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

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-347	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3226
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-330	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3222
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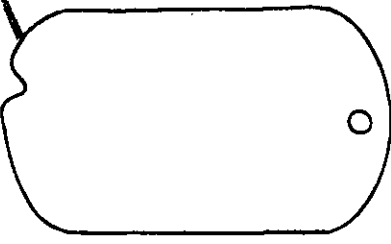
SIGNATURE OF PERSON PREPARING REPORT  Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S PANOPIO, 2d Lt INF
--	---

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.

716 474

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 6 Nov 45	
		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) U N K N O W N - X - 77 (Manila #2)				SERIAL No.	
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Corregidor Island Luzon, P. I.		CAUSE OF DEATH			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)					
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  USAF Cemetery Manila #2, Luzon, P. I.							
DATE OF BURIAL 31 Oct 45	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 1	GRAVE No. 47	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE American Cem. Corregidor Is., Luzon, P. I. 345.5-400.5 C			PLOT No. 3	ROW No. 3	GRAVE No. 66	
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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) U N K N O W N -X-76 (Manila #2)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 46	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) U N K N O W N -X-78, (Manila #2)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 48	
SIGNATURE OF PERSON PREPARING REPORT W. V. HARDY JR., T/3 GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT W. E. SESSIONS III, Capt. QMC.				

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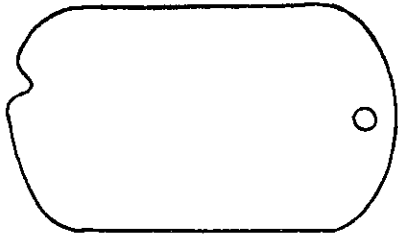
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

6 Nov 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 - 77 (Manila #2)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

Corregidor Island  
Luzon, P. I.

CAUSE OF DEATH

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)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

A TRUE COPY:

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

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.
31 Oct 45	1400	Shelter Half	Cross	2	1	47

WAS THIS A REBURIAL?  
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

American Cem. Corregidor Is., Luzon, P.I. 345.5-406.5 C

PLOT No.

ROW No.

GRAVE No.

3

66

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)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

U N K N O W N -X-76 (Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

46

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

U N K N O W N -X-78 (Manila #2)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

48

SIGNATURE OF PERSON PREPARING REPORT

/s/t/ W. V. HARDY JR. T 3 GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

/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.

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