

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>X-93 HIDE Cem. Manila #2</b>				2. DATE OF REPORT <b>28 Feb. 1957</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum Manila, P.I.</b>	4. PLOT <b>HANGER</b>	5. ROW <b>D</b>	6. GRAVE <b>976</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>51 0"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</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

**U T D**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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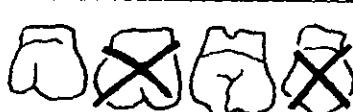






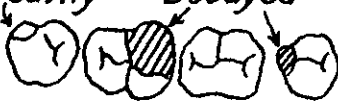

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**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**

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> 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><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p><b>FILLINGS:</b> 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><b>CARIES (Cavities):</b> 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		
X				X								⊗			X		
Side View																	Side View
Top View																	UPPER
Side View																	LOWER
		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."

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Ident. Section

/afc		/drs		Interred 9 March 1950 <i>11 FEB 52 the</i>		RL	
1		N 13-106 Ft. McKinley 1042 27D 12 Feb 52		DISINTERMENT DIRECTIVE			
		Care R. H. Mark		CARL R. H. MARK			
Cemetery Superintendent		SECTION A -		NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER	
						7747 02778	
NAME		SERIAL NUMBER		RANK		DATE	
		UNKNOWNX-000093				15 06 48 DAY MONTH YEAR	
CEMETERY		ARM		DATE OF DEATH			
USAF CEMETERY MANILA NO 2		0					
DISPOSITION OF REMAINS		CODE		DIST. PT.			
		0		7701 80			
PLOT	ROW	GRAVE	COUNTRY				
F12	1	102	PHILIPPINES				

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293

AFPO 900

SUBJECT: Unidentifiable Remains

2 MAR 1950

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 QMGMU 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-93 Manila #2	UNKNOWN X-3690 Manila #2
" X-96 " "	" X-3691 " "
" X-100 " "	" X-3696 " "
" X-3679 " "	" X-3700 " "
" X-3681 " "	" X-3702 " "
" X-3682 " "	" X-3706 " "
" X-3688 " "	

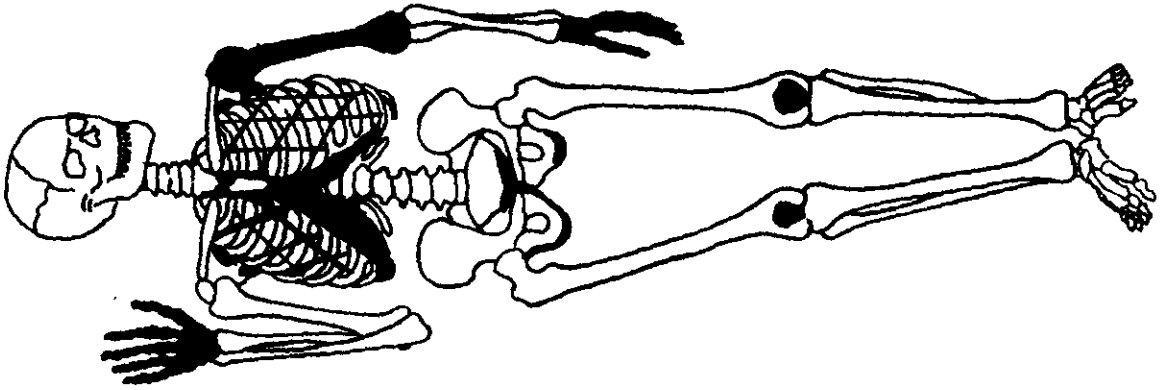
2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

13 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

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

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 identification tags, burial bottle, personal effects, or other means of identification found with remains.

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

# 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.

UNKNOWN X-585 (Formerly UNK X-93)  
USAF Cemetery Manila #2, Luzon, P.I.)

7 Oct 47

Unknown

DATE

Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown

Unknown

Basianan, Camarines Norte  
Luzon, P.I.

AGRS Mausoleum  
Manila, P.I.

ORGANIZATION

801 D 906

PLACE OF DEATH

PLACE OF BURIAL

PLOT  
RANGER

ROW  
BAY

GRAVE NO.  
CRYPT















STORAGE

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

INSIDE — LOOKING OUT

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

UNKNOWN X-585 (Formerly  
 Unknown X-43 USAF Cem Manila #2 Luzon, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 301 Row D Grave 906  
MANGER NEW CRPT

1. Arrived at cemetery \_\_\_\_\_  
(Hour) (Date)
2. Place of death Basianan, Camarines Norte  
Luzon, P.I.  
(Name of closest town) (Coordinates and letter Prefix, maps)  
(Sheet, scale and serials used)
3. Remains ~~recovered~~ disinterred by AGRS, Cem M.T. #1  
(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	N		
Sweater	O		
Jacket, HBT	N		
* 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 ..... **Tooth 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 ..... **22** ..... (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 ..... (Bare, muscular, knock-kneed, bowed, normal, quantity, color and extent of hair)

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

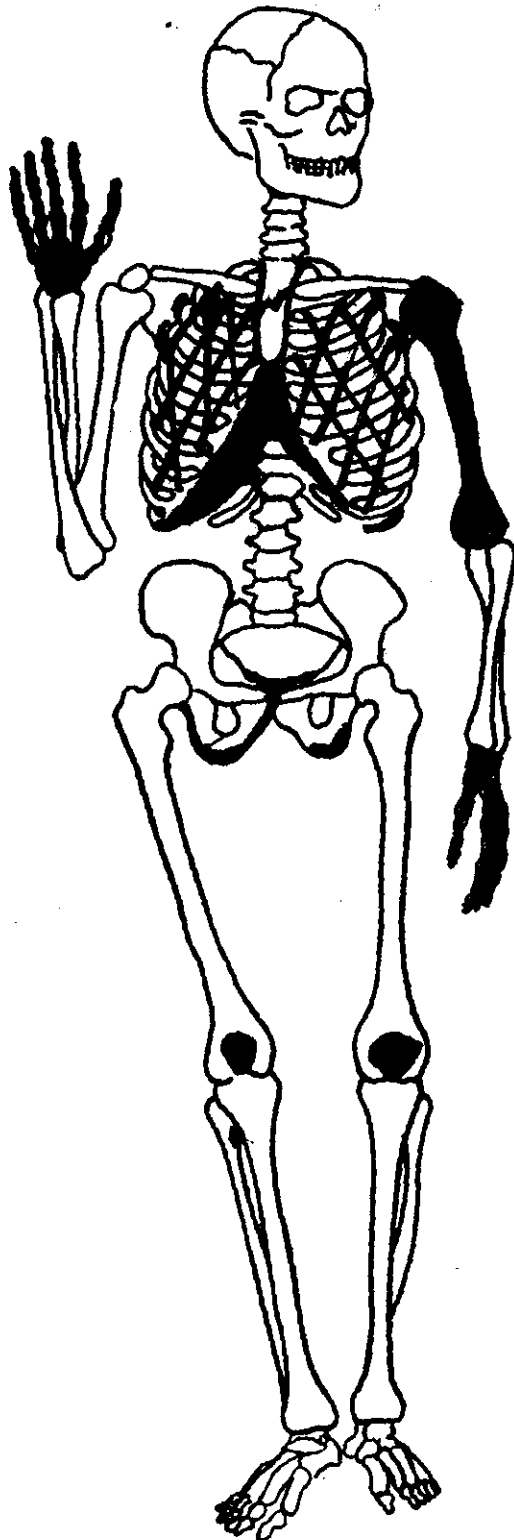
Evidence of healed fractures ..... (Nose, arms, legs, etc.)

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

X-585

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)





RESTRICTED

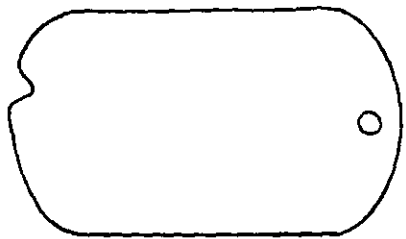
WD GMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

12 Feb 1952

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-93 Manila #2		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Basianan, Camarines Norte, Luzon, P.I.	Died of Disease	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)  
293 unk Manila #2 X-93  
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
2 (Substitute)	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
No	

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  
UNITED STATES MILITARY CEMETERY, FT MC KINLEY, 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 Feb 1952	--	Casket	Cross	A	4	53

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	US MILITARY CEMETERY, FT MC KINLEY, P.I.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		FILE Name <u>Mc M</u> Action <u>NAT</u> <u>9 MAR 52</u>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

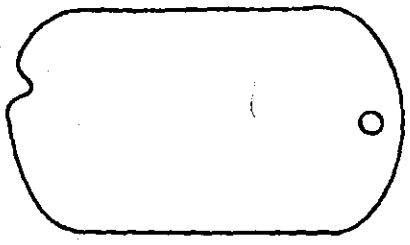
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT ROGER L. DION, Sgt., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT CHARLES R. WHAYLEN, 1st Lt., OMC
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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

copy to ABME 43907-1

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 10 Oct 47
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-505 (Formerly UNK X-93 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 Basianan, Camarines Norte Luzon, P.I.		CAUSE OF DEATH DOD			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)				REPARATION RECORDS BRANCH DEC 22 2 50 PM '47 MEMORIAL DIVISION
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 8 Oct 47	STORAGE 1500	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT NO. 801	ROW NO. D	GRAVE NO. CRYPT 906
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. 2	ROW NO. 1	GRAVE NO. 109
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-402		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT 906	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-401		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. CRYPT	
SIGNATURE OF PERSON PREPARING REPORT Wm. R GILBERT, Adm. Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S. PALOPLO, JR., 2d Lt			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

7-11-46

7-11  
RESTRICTED

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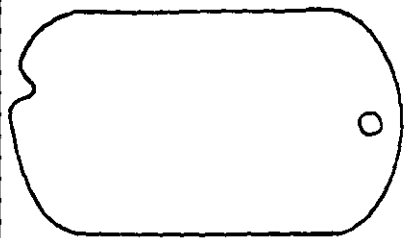
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

9 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 - 93 (Cem. Manila #2 ) (Unknown - X - 1, Basianan, POW Cem.)		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD. GIVE NAME OF COUNTRY

PLACE OF DEATH Basianan, Cam. Norte, Luzon, P. I.	CAUSE OF DEATH DOD	DATE OF DEATH
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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)  Statement attached
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
7 Nov 45	1300	Shelter Half	Cross	2	1	109

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Basianan P.O.W. Cem. Cam. Norte, Luzon, P. I.	PLOT No.	ROW No.	GRAVE No.
			1-A	1

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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN - X - 92	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 108
--	------	------------	--------------	------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN - X - 94	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 110
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SIGNATURE OF PERSON PREPARING REPORT W. V. HARDY JR, #13 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT W. E. SESSIONS III, Capt. OMC.
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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.

FILE  
MAR 11 1946

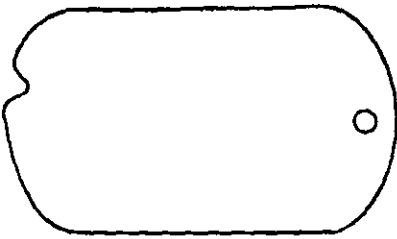
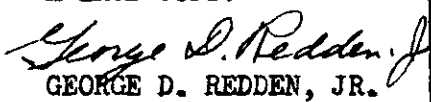
RESTRICTED

16-43097-1

501

Body is one of 15 recovered from a reported Prisoner of War cemetery at Basianan, Camarines Norte near Calauag. Originally there were an estimated 60 to 70 Americans buried here. On investigation it was found that 40 Americans were disinterred from this spot on 12 Sept. 1945, by GRS. personnel of Base R., now Sub-Base X. All but 1 of the 40 were reburied as unknown. This body as well as other 14 bodies recovered at this time remain unknown and are buried as such. No burial list is available and should there have been one at any previous time it would be useless now as an aid to identification due to the earlier disinterment of the 40 bodies mentioned above.

**RESTRICTED**

WD QMC 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  <p align="center" style="font-size: 1.2em;"><b>9 Nov 45</b></p>	
Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial) <p align="center" style="font-size: 1.1em;"><b>U N K N O W N - X - 93 (Cem. Manila #2)</b>  <b>(Unknown - X - 1, Basianang POW Cem.)</b></p>		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH <b>Basianan, Cam. Norte,                  Luzon, P. I.</b>	CAUSE OF DEATH  <p align="center" style="font-size: 1.1em;"><b>DOD</b></p>	DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address)			
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)  <p align="center" style="font-size: 1.1em;"><b>None</b></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 align="center" style="font-size: 1.1em;"><b>Yes (2)</b></p>	<p align="center" style="font-size: 1.1em;"><b>Statement attached</b></p>		
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME			
<p align="center" style="font-size: 1.1em;"><b>None</b></p>			
<p align="right" style="font-size: 1.1em;"><b>A TRUE COPY:</b></p>  <p align="right" style="font-size: 1.1em;"><b>GEORGE D. REDDEN, JR.</b>  <b>Capt., Inf.</b></p>			
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.			
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  <p align="center" style="font-size: 1.1em;"><b>USAF Cemetery Manila #2, Luzon, P. I.</b></p>			
DATE OF BURIAL  <p align="center" style="font-size: 1.1em;"><b>7 Nov 45</b></p>	HOUR  <p align="center" style="font-size: 1.1em;"><b>1300</b></p>	BURIED IN (Shroud, blanket, or name of other)  <p align="center" style="font-size: 1.1em;"><b>Shelter Half</b></p>	
TYPE OF GRAVE MARKER  <p align="center" style="font-size: 1.1em;"><b>Cross</b></p>	PLOT No.  <p align="center" style="font-size: 1.1em;"><b>2</b></p>	ROW No.  <p align="center" style="font-size: 1.1em;"><b>1</b></p>	
GRAVE No.  <p align="center" style="font-size: 1.1em;"><b>109</b></p>			
WAS THIS A REBURIAL? (Yes or no)  <p align="center" style="font-size: 1.1em;"><b>Yes</b></p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  <p align="center" style="font-size: 1.1em;"><b>Basianan P.O.W. Cem. Cam. Norte, Luzon, P. I.</b></p>		
		PLOT No.  <p align="center" style="font-size: 1.1em;"><b>1-A</b></p>	
		ROW No.  <p align="center" style="font-size: 1.1em;"><b>1</b></p>	
		GRAVE No.  <p align="center" style="font-size: 1.1em;"><b>1</b></p>	
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)  <p align="center" style="font-size: 1.1em;"><b>Yes</b></p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)  <p align="center" style="font-size: 1.1em;"><b>Yes</b></p>		
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)  <p align="center" style="font-size: 1.1em;"><b>UNKNOWN - X - 92</b></p>	RANK	SERIAL No.	
		ORGANIZATION	
		GRAVE No.  <p align="center" style="font-size: 1.1em;"><b>108</b></p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  <p align="center" style="font-size: 1.1em;"><b>UNKNOWN X - 94</b></p>	RANK	SERIAL No.	
		ORGANIZATION	
		GRAVE No.  <p align="center" style="font-size: 1.1em;"><b>110</b></p>	
SIGNATURE OF PERSON PREPARING REPORT  <p align="center" style="font-size: 1.1em;"><b>/s/t/ W. V. HARDY JR. T/3 GRS.</b></p>		SIGNATURE OF GRS OFFICER VERIFYING REPORT  <p align="center" style="font-size: 1.1em;"><b>/s/t/ W. E. SESSIONS III, Capt. QMC.</b></p>	
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**