

AIR MAIL

Link New Georgia X-14 (New Georgia)
1st Ind.

FORMS 293

~~ONE (See Form)~~

SUBJECT: Request for Information

Department of the Army, OQMG, Washington 25, D. C.

14 January 1949

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster,
San Francisco, California, Attn: AGES, Philcom Zone

In compliance with request made in basic communication, a thorough search of records available to this office, fails to associate any casualty with the information submitted.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QMC
Memorial Division

QWR

JCM

HPB

my



X 293 Link P. J. X-5-91 (Answer Manila)

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILOM ZONE

GXP 393

AFQ 900

SUBJECT: Unidentifiable Remains

10 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 I. 591	AGRS Main	UNKNOWN I. 2837	AGRS Main
" I. 593	" "	" I. 2852	" "
" I. 1188	" "	" I. 4701	" "
" I. 1257	" "	" I. 4930	" "
" I. 1272	" "	"	"

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

FOR THE COMMANDING OFFICER:

9 Incls
QIG Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

/drs

1

Interred 13 March 1950
 N 12 12 Ft. McKinley
H. Carl R. H. Mark
 CARL R. H. MARK

DISINTERMENT DIRECTIVE

Cemetery Superintendent
 SECTION A
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
 7747 02784

DATE
 15 06 48
 DAY MONTH YEAR

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
	UNKNOWNX-000099		0	

CEMETERY	DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO 2	0 7701 80 CODE DIST. PT.

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
R12	1	115	PHILIPPINE ISLANDS	6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-99 UNK X-591 Maus. No.	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 21 Sept 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY GEORGE SIMONEAU Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter halve	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1
 2 ID tags show UNK X-591 Maus. No.

REMAINS PREPARED AND PLACED IN CASKET

DATE 21 Sept 48 BY GEORGE SIMONEAU

CASKET SEALED BY GEORGE SIMONEAU EMBALMER (Signature) GEORGE SIMONEAU

CASKET BOXED AND MARKED DATE 21 Sept 48 BY SHIPPING ADDRESS VERIFIED BY CHARLES R BATES, 1st Lt., USAFR

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

Charles R. Bates
 CHARLES R BATES, 1st Lt. USAFR
 SIGNATURE OF GRS INSPECTOR

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

AIRMAIL

QMGMT 293
GRS Far East

Unident

29 March 1940

5

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

<u>AGRS Maus. Manila</u>	<u>USAF Cem. Manila #2</u>	<u>FEA Unit</u>	<u>Page</u>
X-591	X-99	1	2
X-593	X-101	1	2
X-4701	X-493	1	6
X-1272	X-3680	1	19
X-1237	X-3686	1	19
X-1188	X-3697	1	20

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

FOR THE QUARTERMASTER GENERAL:

J. W. Lewis:rvs
L. M. White
J. Windsor

T. H. METZ
Lt. Colonel, QMC
Memorial Division

JMN

TEC

cc: Adm Section
Copy furnished CINCPAC APO 500

293 Unknown #591 Maus. Manila PJ

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

4 March 1950

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 99, Plot 2,
Row 1, Grave 115, USMC USAF Manila #2, Luzon, P. I., have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

W. B. McNEEMAR
W. B. McNEEMAR
Captain, QMG
Chief, Records Branch

Received 27 March 1950 OQMG

Not identifiable from
information presently
available

Revised 27 March 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-591 (Formerly X-99 Manila #2)			2. DATE OF REPORT 9 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 801	5. ROW D	6. GRAVE 887	7. DATE OF
				DISINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'11 5/8"	10. COLOR OF HAIR UTD	11. RACE White
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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

NONE

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? Bones are eroded
--	--

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"

18. TOOTH CHART		TOP VIEW	SIDE VIEW
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	a	a		a		a				s	a	a	a	U.T.D.		
odmf	mo		odf		dfl					ml	o	mo	ol			
Side View															Side View	
Top View															UPPER	
															LOWER	
Side View																
	a	X											a	X	X	
	o												o			
	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."

REMARKS: Unable to determine whether L7 is X or PX due to the condition of the maxilla.

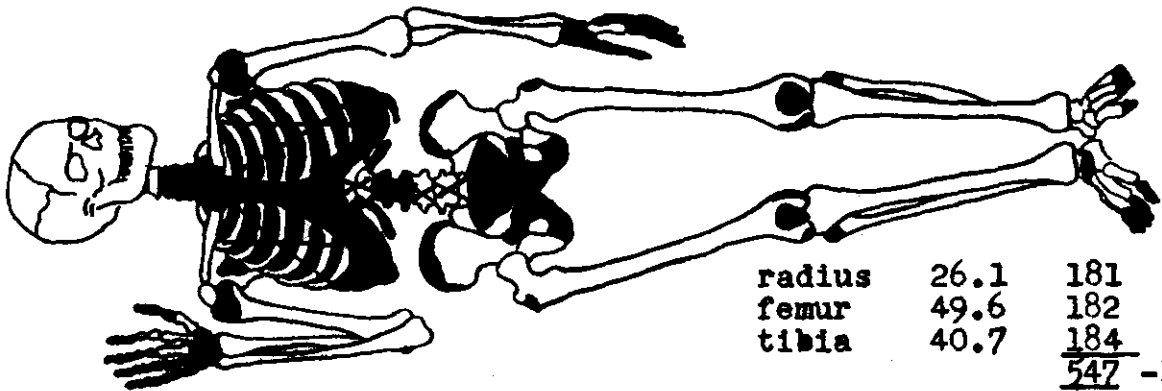
Paul R. Nichols

PAUL R NICHOLS
Chief, Ident. Section

UNIDENTIFIABLE

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECORDED



radius	26.1	181	
femur	49.6	182	
tibia	40.7	184	
		<u>547</u>	-182 1/8
		3	

Estimated height: 5'11 5/8"

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, personal effects or any other means of identification found with remains.

Circumference of skull 21 1/4 inches.

Estimated weight of remains - 9 1/2 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

PAUL R NICHOLS
Chief, Ident. Section

SIGNATURE

Paul R. Nichols

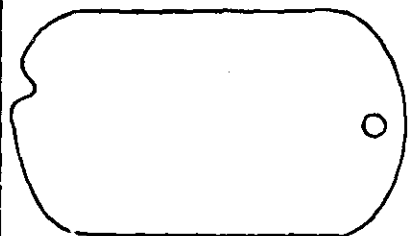
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT STORAGE
(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-591 (Formerly U.I. X-99 USAF Gen 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 Unknown	DATE OF DEATH Unknown
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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

AGRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 8 Oct 47	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 001	ROW No. BAY D	GRAVE No. CRYPT 007
---------------------------------------	--------------	--	---------------------------------	---------------------------	---------------------	---------------------------

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Gen Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 1	GRAVE No. 115
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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) STORED UNKNOWN X-591	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 889
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN X-601	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 889

SIGNATURE OF PERSON PREPARING REPORT <i>R. Gilbert</i> Mr. R GILBERT, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panofio</i> LUCIO S PANOFIO, Jr., 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.

Serial 530

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-591 (Formerly UIC X-99)
USAF Cem Manila ^W, Luzon, P.I.)

8 Oct 47

DATE

LAST NAME FIRST INITIAL

Unknown
RANK

Unknown
SERIAL NO.

Unknown

Unknown

Basianan, Camarines Norte
Luzon, P.I.
PLACE OF DEATH

AGRS Mausoleum
Manila, P.I.
PLACE OF BURIAL
STORAGE

ORGANIZATION

801 PLOT
D ROW
887 GRAVE NO.
CRYPT

MISSING















		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		X	A	A		A		S				S	A	A	A	P		TYPE	
LOCATION			L	M		D		D			M	O	M	O	L			LOCATION	

MOF

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		X	O	A										O	A	X	X	TYPE	
LOCATION			O	O										D	O			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-591 (Formerly
 Unknown X-99 USAF Cem Manila Luzon, P.I.

Cemetery AGRS Mausoleum, Manila, P.I.

Plot 801 Row D Grave 887
 HANGER BAY CRYPT

1. Arrived at cemetery _____
(Hour) (Date)
2. Place of death Pacitanon, Camarines Norte
Luzon, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
- _____ (Sheet, scale and serials used)
3. Remains recovered or disinterred by _____
(Name and organization)

4. Evacuated to Cemetery by CMT #1
(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 _____	0		
Jacket, HBT _____	I		
* Shirt, Wool OD _____	/		
Undershirt, Wool _____	/		
Undershirt, Cotton _____	/		
Trousers, HBT _____	/		
* Trousers, Wool OD _____	/		

Goatee (Light, color, extent) / /

Eyes (Color, setting, shape) N Eyebrows (Color, bushiness, extent across nose)

Nose (Size, shape, straight) N Ears (Size, set close to or far from head)

Mouth (Large, medium, small) E 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) / / ^{Skull} Circumference of head in inches 22 1/2 (Flat 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 U T (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)

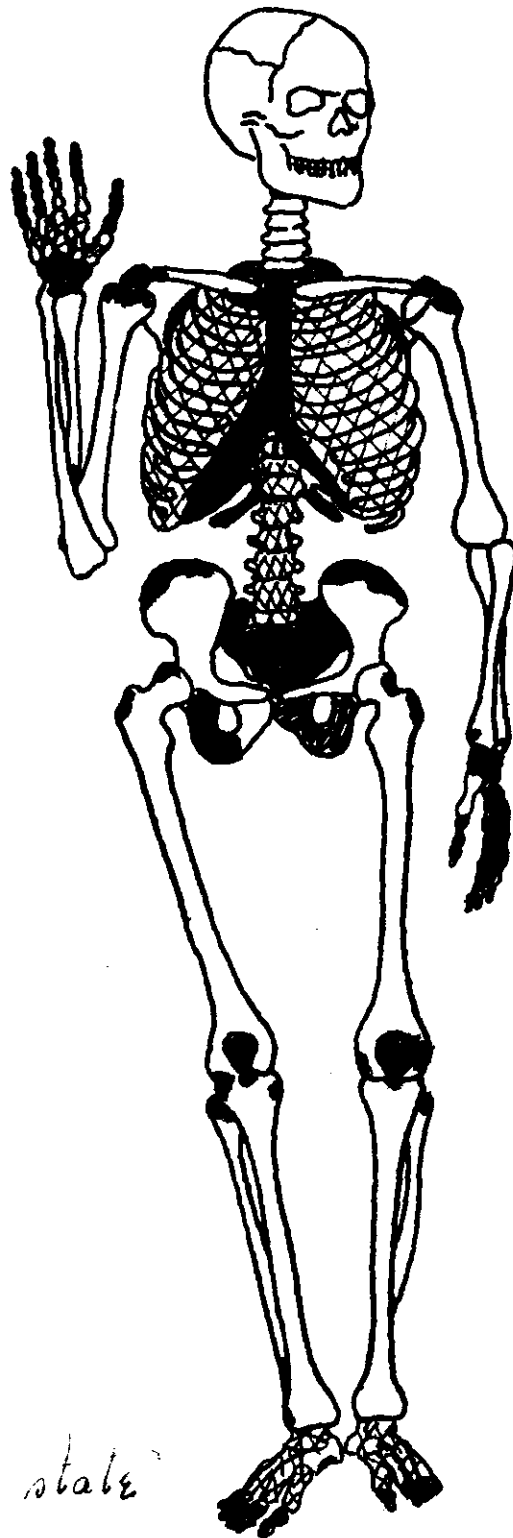
Evidence of healed fractures (Nose, arms, legs, etc.)

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

SKELETAL CHART

X-591

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



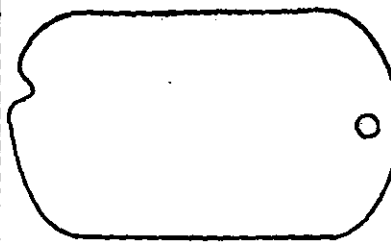
28- Rib fragments
4- cervical vertebrae
3- lumbar fragments
Dorsal fragments
Small bone fragments
too small to place.

*Remains in state
of decay*

CHART "A"

Body is one of 15 recovered from a reported prisoner of war cemetery at Basianan, Catanduanes, near Calauag. Originally there was an estimated 66 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 a pit to identification due to the earlier disinterment of the 40 bodies mentioned above.

WD GRC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p style="text-align: center;">9 Nov. 45</p>
---	---	--

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN X-99 (Monile #2) UNKNOWN X-X (Basianan P.O.W. Cen.)	SERIAL No.		BRANCH OF SERVICE
GRADE	ORGANIZATION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH Basianan P.O.W. Cemetery Comarines, Norte	CAUSE OF DEATH	DATE OF DEATH
--	----------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p style="text-align: center;">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;">Yes</p>	Statement Attached		

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 Monile #2, Lamon, 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	1800	Shelter Half	Cross	2	1	115



WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE		
Yes	Basianan P.O.W. Cen. Com. Norte, Lamon, P. I.		PLOT No. ROW No. GRAVE No. 1V 3

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 style="text-align: center;">Yes</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p style="text-align: center;">No</p>
---	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-99 (Cen. Monile #2) UNKNOWN X-1X (Basianan P.O.W. Cen. Comarines, Norte)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				114

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-100 (Cen. Monile #2) UNKNOWN X-XIV (Basianan P.O.W. Cen. Comarines, Norte)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				116

SIGNATURE OF PERSON PREPARING REPORT  W. V. HARDY JR. Capt. G.S.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  W. E. SESSIONS III, Capt. G.S.
--	---

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

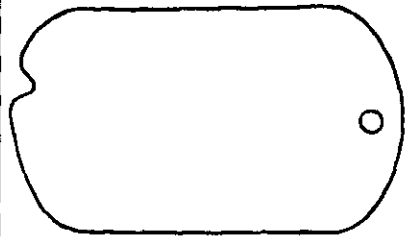
WD QMC FORM 1042
(Rev. 4 Apr. 1945)
(Supersedes GRS Form 1)

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)

UNKNOWN I-99 (Manila #2.)
UNKNOWN I-X (Basianan P.O.W. Cem.
Camarines Norte)

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

Basianan P.O.W. Cemetery
Camarines Norte

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)

Statement Attached

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

A TRUE COPY:

George D. Redden Jr.
GEORGE D. REDDEN, JR.
Capt., 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.
7 Nov. 45	1300	Shelter Half	Cross	2	1	115

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.
	IV	3

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)

UNKNOWN X-98 (Cem. Manila #2.)
UNKNOWN X-IX (Basianan P.O.W. Cem.
Camarines Norte)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

114

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

UNKNOWN X-100 (Cem. Manila #2)
UNKNOWN X-XIV (Camarines, Norte)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

116

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.

RESTRICTED