

/ebc

Interred 20 Feb 1950
N 16 69 Ft. McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

1

Carl R. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 80676

DATE

09 02 50
DAY MONTH YEAR

/add

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 691					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO. 2, P. I.	2	18	2230	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. W. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION) <i>293 Unk Manila #2 Cil #309</i>

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X - 691				18 Feb '50
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	
X - 4413 Maus.	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 Feb '50	BY PAUL R NICHOLS
CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	<i>Paul R. Nichols</i> PAUL R NICHOLS
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 18 Feb '50 BY RAYMOND H TANGUAY, Sgt 1c, RA	L. W. RICHARDSON, M/Sgt, RA

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt, RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*Reclass. Made
2/25/52
Allen*

Shaw

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

3

SECTION A - DECEASED		SECTION B - NEXT OF KIN	
NAME AND SURNAME OF DECEASED	DATE OF DEATH	NAME AND ADDRESS OF NEXT OF KIN	DATE
GRADE	ARM	RELIGION	
GRAVE	DISPOSITION OF REMAINS		
	TYPE		
	CODE		

SECTION C - CONSIGNEE		SECTION D - NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN		

SECTION E - IDENTIFICATION TAG ON		SECTION F - IDENTIFICATION VERIFIED BY	
NAME	ORGANIZATION	NAME AND TITLE	
SERIAL NUMBER	RELIGION		
GRADE			
DATE OF DEATH			
DATE DISTINTERRED			

SECTION G - PREPARATION OF REMAINS FOR SHIPMENT		SECTION H - SIGNATURE OF BALDWIN	
DATE OF SHIPMENT	NAME OF BALDWIN	SIGNATURE OF BALDWIN	DATE
OTHER MEANS OF IDENTIFICATION			

SECTION I - MINOR DISCREPANCIES		SECTION J - SIGNATURE OF RECEIVER	
MINOR DISCREPANCIES (Prepare Discrepancy Report OIC Form 114a for major discrepancies.)	SIGNATURE OF RECEIVER	SIGNATURE OF RECEIVER	DATE
REMAINS PREPARED AND PLACED IN CASKET			
DATE	BY		
CASKET SEALED BY			

SECTION K - CASKET BOXED AND MARKED		SECTION L - SIGNATURE OF AGRS INSPECTOR	
CASKET BOXED AND MARKED	SIGNATURE OF AGRS INSPECTOR	SIGNATURE OF AGRS INSPECTOR	DATE
DATE			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.			
DATE			

SECTION M - REMAINS AND SPECIAL INSTRUCTIONS		SECTION N - SIGNATURE OF AGRS INSPECTOR	
REMAINS AND SPECIAL INSTRUCTIONS	SIGNATURE OF AGRS INSPECTOR	SIGNATURE OF AGRS INSPECTOR	DATE

RECORD OF CASUALTY NUMBER

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

23 Aug. 1949

Date

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

The records pertaining to Unknown X- 691, Plot 2,
Row 18, Grave 2230, 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:

E. E. Mcnemar

E. E. McNEMAR
Captain, QMC
Chief, Records Branch

Attech: Form 1044

Received 4 Oct 49 0388
Not identifiable from
information presently
available 3 Jan 50
A. E. King 10.51.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4413 (Formerly UNK X-691 Manila #2)				2. DATE OF REPORT 8 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	802	D	1333	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE Unknown
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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?
---	-----------------

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

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

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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:



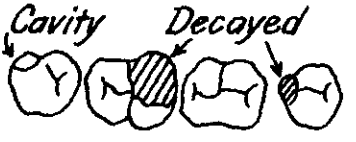
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



← Maxilla missing →

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
A	⊗	A						⊗	⊗		⊗		⊗	⊗	⊗
o		o													
Side View								Side View							
Top View								Top View							
Side View								Side View							
o								o							
me								m							
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."

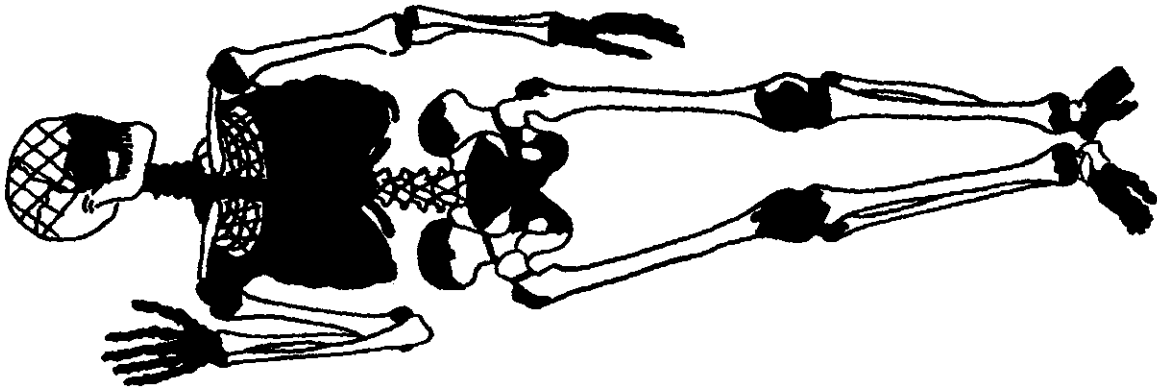
REMARKS: Maxilla from L1 thru L8 missing. L3 and L5 are loose teeth

"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 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 - 4 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

X-691

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.

UNKNOWN X-691 (CARELICKE, Simon A)
Formerly UNKNOWN C-215 Cabanatuan Cem.

18 April '47

DATE

Sgt

17016405

SERIAL NO.

LAST NAME FIRST INITIAL

RANK

DELM

UNIT

ORGANIZATION

POW Camp, Cabanatuan, N. E.

USAF CEM MAN #2

2

18

2230

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		UPPER TEETH																	
TYPE		A	⊗	A	X			X	S	⊗	⊗			X	⊗	⊗	⊗		
LOCATION		o		oo					DM										

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	⊗				⊗	⊗				⊗	o	o	A		
LOCATION					D									MO	DOF	YO	o		

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 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.

UNKNOWN E-691 (CARELITCKE, Simon A)
Formerly UNKNOWN C-215 Cabanatuan Camp.

15 April 1947

Sgt

17016405

DATE

LAST NAME FIRST INITIAL RANK SERIAL NO.

DESIGN

UNIT

ORGANIZATION

POW Camp, Cabanatuan, P. I. USAF CEM MAN #2 2 1B 2230

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

	8	7	6	RIGHT			5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE	A	⊗	A	X					X	S	D	M	⊗	⊗			X	⊗	⊗	⊗	TYPE
LOCATION	0		00																		LOCATION

INSIDE — LOOKING OUT

	16	15	14	RIGHT			13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE	X	X	X	⊗							⊗	⊗				⊗	0	⊗	A	⊗	TYPE
LOCATION				D													MO	DOF	DOF	DOF	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS
IN
WHOLE BOX



EXTRACTED



CAVITY. INDICATE
LOCATION



FIXED BRIDGE
(INCL. ABUTMENTS)



TEETH REPLACED
BY DENTURE



POSTHUMOUSLY MISSING
(LOST AFTER DEATH)

TYPE OF FILLING
IN
UPPER HALF OF BOX



AMALGAM
(SILVER)



GOLD



SILICATE OR
PORCELAIN



OXYPHOSPHATE
(CEMENT)



LOCATION OF FILLING
IN
LOWER HALF OF BOX



MESIAL
(BETWEEN-TOWARD FRONT)



OCCUSAL
(BITING SURFACE BACK TEETH)



DISTAL
(BETWEEN-TOWARD BACK)

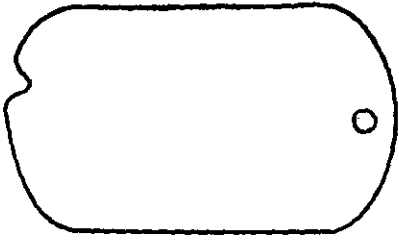
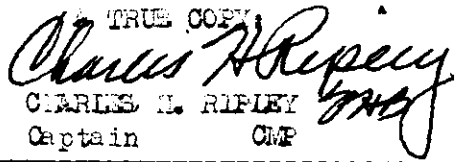


LINGUAL
(TOWARD TONGUE)



FACIAL
(TOWARD CHEEK)

RESTRICTED

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 1 Feb 46	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. <i>J.P.</i> NAME (Last, first, middle initial) UNKNOWN X-691 (CARELICK, Simon) (Formerly UNKNOWN X-C-215 Cabanatuan Cem.)				SERIAL No. 17016405	
		GRADE <i>Sgt</i> Pfc.		ORGANIZATION DE LM		BRANCH OF SERVICE Army	
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH POW Camp Cabanatuan, Luzon, P.I.		CAUSE OF DEATH Dysentery <i>J.P.</i>				DATE OF DEATH <i>J.P.</i> 4 Nov '42	
EMERGENCY ADDRESSEE (Name, relationship, and address) <i>J.P.</i> Mary Carelick - 2700 Olive St., Kansas City, Mo.							
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) Nine (9) bodies buried in common grave. Prison records indicate:- Sgt Carelicke, Simon 17016405 DE LM Pfc Engesser, Marcus A. 6561604 31 Inf. (See Sec. 3 reverse side)					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
TRUE COPY  CHARLES H. RIPLEY Captain CMP							
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.	
9 Jan 46	0900	Shelter Half	Cross	2	18	2230	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.7-70.9 1/50,000 POW Camps 1 & 11 Cabanatuan Cemetery, Luzon, P.I.						
				PLOT No.	ROW No.	GRAVE No.	
				7	0	707	
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)	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.	
SHEETS, Cecil R.			Pfc	6947514	Inf.	2229	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-692 (ENGESSER, Marcus A.) (Formerly UNKNOWN X-C-216 Cabanatuan Cem.)			Pfc	6561604	31 Inf.	2291	
SIGNATURE OF PERSON PREPARING REPORT				SIGNATURE OF GRS OFFICER VERIFYING REPORT			
/s/ R. C. Barrett				/s/ E. M. Moore			
/t/ R. C. BARRETT, S/Sgt., GRS.				/t/ E. M. MOORE, 1st Lt., G.C.			
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-5938

WD GRC FORM 1042
(REV. 1 Apr. 1945)
(Supersedes GRS Form 1)

REPORT OF INTERMENT
(AR 30-1010 and AR 30-1815) STORAGE

DATE OF REPORT
16 June 48

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION

Formerly a group
691
692
693
695
696
697
698
699

NAME (Last, first, middle initial) UNKNOWN X-4414-B (Formerly UNKNOWN X-691) USAF Cem 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 POW Camp, Cabanatuan, Luzon, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
--	---------------------------	--------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown 293 Unk Manila #2 Cil # 309

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 2 on reverse) See Remarks
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
CANCELLED 19 Feb 1952 - Assigned CIL # 309 per Philcom Letter dated 24 May 49;
Subject: Assignment of CIL Numbers.
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 19 May 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. D	GRAVE No. 1334
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. 18	GRAVE No. 2230
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-4414	RANK	SERIAL No.	ORGANIZATION	GRAVE No. GNYF7 1336		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) CHIFFETH, James A	RANK Pvt	SERIAL No. 38700832	ORGANIZATION Co F 127th Inf Regt	GRAVE No. 1335		
SIGNATURE OF PERSON PREPARING REPORT Y. S. ADOLFO, T/5, GMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPLO, 1st 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

Inf 8

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-4413-B (Formerly UNK X-691 USAF Cem Manila #2, Luzon, PI)				2. DATE OF REPORT 18 May 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
		802	D	1334	DISINTERMENT	REINTERMENT
		<small>MANGER BAY</small> CRYPT		CRYPT		
				16 Dec 47	19 May 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6 7/8"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	---------------------------------	--------------------------	-----------------

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 - Skeletal and Dental Charts attached.

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

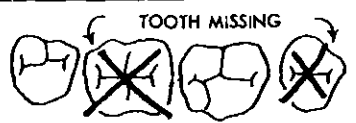
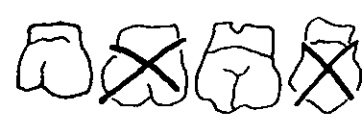
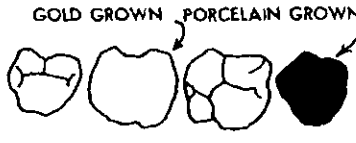



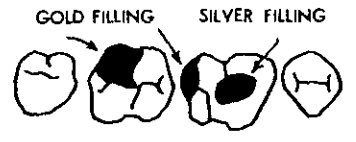

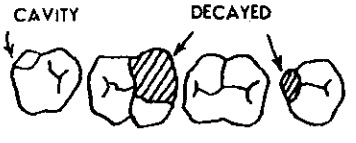

N O N E





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)

U T D

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	
	<i>Maxilla</i>								<i>Missing</i>								
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	SIDE VIEWS
	<i>Mandible</i>								<i>Missing</i>								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

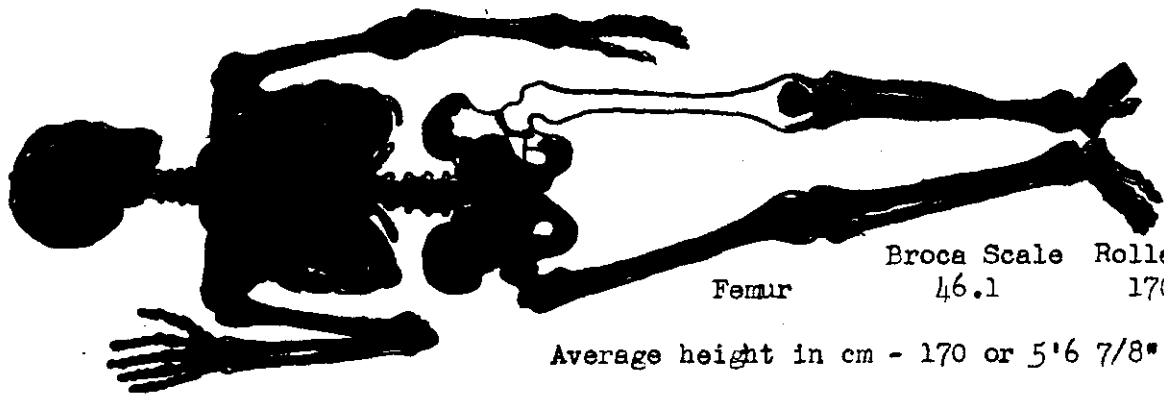
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

CERTIFIED TRUE COPY:

L. S. Panofy
L. S. PANOFY
 1st Lt. Inf

/s/ Charles Feeney

19. BLACK OUT PARTS OF BODY NOT COVERED



Femur Broca Scale Rollet Table
46.1 170

Average height in cm - 170 or 5'6 7/8"

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 ID tags, personal effects or other means of identification found with remains. In processing the remains of UNK X-691 (CARELICKE, SIMON) USAF Cemetery Manila #2, Luzon, P.I., extra bones were found; therefore, they were segregated and designated as UNK X-4413-A and B, AGRS Mausoleum. (Cross check with UNK X-4413-A).

Approximate weight of remains, 1 lb. Unable to determine the circumference of skull due to condition of remains.

CERTIFIED TRUE COPY:

LS Panopio
LS PANOPIO
1st Lt, Inf

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

/p/ CHARLES FEENEY

CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Charles Feeney

16 Dec 47

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

UNKNOWN X-691

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

USAF Cemetery Manila #2, Luzon P.I.

Plot

2

Row

18

Grave No.

2230

2. Date of Disinterment

16 Dec 47

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Skeletal remains

4. What Identification Found at Time of Disinterment: On Marker

One (1) substitute tag

On Remains

One (1) substitute tag

What Identification Used Upon Reinterment: On Marker

On Remains

5. Signature of Officer Supervising Disinterment and Reinterment CERTIFIED TRUE COPY

/s/t/ WARD C STEPHENSON, 1st Lt, OMC


L S PANOPIO
1st Lt, Inf

HEADQUARTERS
CENTRAL IDENTIFICATION POINT
AMERICAN GRAVES REGISTRATION SERVICE-FAR EASTERN ZONE

APO 707
29 June 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave # 707, Row # 0, Plot # 7. The unknown numbers are AGRS Mausoleum numbers.

UNKNOWN	X- 4413-A	}
"	X- 4413-B	
"	X- 4414	
"	X- 4415	
"	X- 4416	
"	X- 4417	
"	X- 4418	
"	X- 4419	
"	X- 4420	

CLARK, Raymond V.

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9

APO 707
24 May 1949

SUBJECT: Assignment of CIL Numbers

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 QMGMP 293, dated 2 April 1948, subject: Disinterment Discrepancies, the following Unknowns, presently stored at AGRS Mausoleum, Manila, P. I., have been assigned GIL numbers as indicated below:

a. Unknown X-4461-B (Formerly Unknown X-1233, USAF Cemetery Manila #2) assigned CIL #308.

~~b. Unknown X-4413-B (Formerly Unknown X-691, USAF Cemetery Manila #2) assigned CIL #309.~~

c. Unknown X-3903-B (Formerly Unknown X-900, USAF Cemetery Manila #2) assigned CIL #310.

d. Unknown X-4509-B (Formerly Unknown X-1477, USAF Cemetery Manila #2) assigned CIL #311.

e. Unknown X-2098-B (Formerly Unknown X-2589, USAF Cemetery Manila #2) assigned CIL #312.

f. Unknown X-4138-B (Formerly Unknown X-791, USAF Cemetery Manila #2) assigned CIL #314.

g. Unknown X-3056-B (Formerly Unknown X-1903, USAF Cemetery Manila #2) assigned CIL #317.

h. Unknown X-277-B (Formerly Unknown X-2854, USAF Cemetery Manila #2) assigned CIL #318.

i. Unknown X-4139-B (Formerly Unknown X-2043, USAF Cemetery Manila #2) assigned CIL #319.

j. Unknown X-2454-B (Formerly Unknown X-3156, USAF Cemetery Manila #2) assigned CIL #320.

FILE
NAN
19 FK B 52
Mankin
J. B. B.

GSGR 293

SUBJECT: Assignment of CIL Numbers

k. Unknown X-4506-B (Formerly Unknown X-1174, USAF Cemetery Manila #2) assigned CIL #321.

l. Unknown X-3571-B (Formerly Unknown X-1665, USAF Cemetery Manila #2) assigned CIL #322.

m. Unknown X-3896-B (Formerly Unknown X-1290, USAF Cemetery Manila #2) assigned CIL #323.

n. Unknown X-2788-B (Formerly Unknown X-2846, USAF Cemetery Manila #2) assigned CIL #324.

o. Unknown X-1183-B (Formerly Unknown X-2549, USAF Cemetery Manila #2) assigned CIL #325.

2. It is requested that all pertinent records, your office, be amended to indicate that the above-mentioned Unknowns have been assigned CIL numbers.

3. It is, further, requested that your records pertaining to the following Unknowns be amended to indicate that the letter suffixes have been cancelled in view of the assignment of CIL numbers to the Unknowns mentioned in the preceding paragraphs:

X-4461-A	X-4136-A	X-4506-A
X-4413-A	X-3056-A	X-3571-A
X-3903-A	X-2776-A	X-3896-A
X-4509-A	X-4139-A	X-2788-A
X-2098-A	X-2454-A	X-1183-A

FOR THE COMMANDING GENERAL:

JOHN A. MARSZAL
1st Lt., AGD
Asst Adj Gen

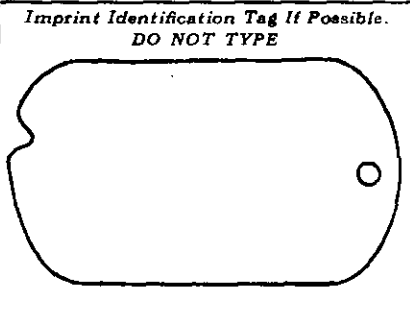
RESTRICTED

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

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

DATE OF REPORT
1 Feb 46



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) *J. R.*
UNKNOWN X-691 (CARELICK, Simon)
(Formerly UNKNOWN C-215 Cabanatuan Cemetery)

GRADE *J. R.* ORGANIZATION
~~Sgt~~ Pfc DEIM

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

SERIAL NO.
17016405

BRANCH OF SERVICE
Army

PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH *J. R.*
POW Camp Cabanatuan, Luzon, P I *J. R.*
Dysentery 4 Nov 42

EMERGENCY ADDRESSEE (Name, relationship, and address) *J. R.*
Mrs. Mary Carelick 2700 Olive St, Kansas City, Mo.

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 (9) bodies buried in common grave. Prison records indicate:-
Sgt Carelicke, Simon 17016405 DEIM
Pfc Engesser, Marcus A. 6561604 31 Inf
-(See Sec 3 reverse side)-

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)
Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Serial 816 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.
9 Jan 46	0900	Shelter Half	Cross	2	18	2230

WAS THIS A REBURIAL? (Yes or no) Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
45.7-70.9 1/50,000
POW Camps I & II Cabanatuan Cemetery, Luzon, P I

PLOT No.	ROW No.	GRAVE No.
7	0	707

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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-644 (SHEETS, Cecil)		6947514		2229

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-692 (ENGESSER, Marcus A) (Formerly UNKNOWN C-216 Cabanatuan Cemetery)	Pfc	6561604	31 Inf	2231

SIGNATURE OF PERSON PREPARING REPORT *R. C. Barrett*
R. C. BARRETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT *E. M. Moore*
E. M. MOORE, 1st Lt., 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


RESTRICTED

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

1 Feb 46

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-691 (CARELICKE, Simon) (Formerly UNKNOWN C-215 Cabanatuan Cemetery)		SERIAL NO. 17016405
	GRADE Sgt Pfc	ORGANIZATION DELM	BRANCH OF SERVICE Army
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH POW Camp Cabanatuan, Luzon, P I	CAUSE OF DEATH Dysentery	DATE OF DEATH 4 Nov. 42
--	-----------------------------	----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs. Mary Carelicke, 2700 Oliva St., Kansas City, Mo.

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) Nine (9) bodies buried in common grave. Prison records indicate:- Sgt Carelicke, Simon 17016405 DELM Pfc Engesser, Marcus A. 6561604 31 Inf -(See Sec 3 reverse side)-
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

A TRUE COPY:
George D. Redden, Jr.
GEORGE D. REDDEN, JR.
Captain, 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 9 Jan 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 18	GRAVE No. 2230
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon PI
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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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-624 (SHEETS, Cecil)	RANK	SERIAL No. 6947514	ORGANIZATION	GRAVE No. 2229
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-692 (ENGESSER, Marcus A) (Formerly UNKNOWN C-216 Cabanatuan Cemetery)	RANK Pfc	SERIAL No. 6561604	ORGANIZATION 31 Inf	GRAVE No. 2231
---	-------------	-----------------------	------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ E. M. MOORE, 1st Lt., OMC
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