

/ZVM

MAY 20 1948

RESTRICTED

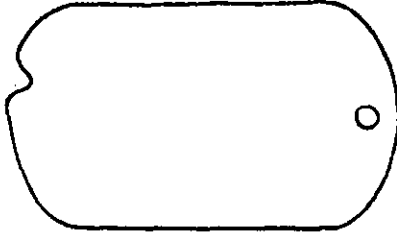
U 2288

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 4 Feb 48

Imprint Identification Tag If Possible. DO NOT TYPE



Section 1.—IDENTIFICATION.

Form with fields for NAME (UNKNOWN X-3499-B), GRADE (Unknown), RACE (Unknown), ORGANIZATION (Unknown), RELIGION (Unknown), SERIAL No. (Unknown), BRANCH OF SERVICE (Unknown), and IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY.

Form with fields for PLACE OF DEATH (Cabanatuan POW Camps 1 & 11, Luzon, P.I.), CAUSE OF DEATH (Unknown), and DATE OF DEATH (Unknown).

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

Form with fields for IDENTIFICATION TAGS FOUND ON BODY (None), WERE SUBSTITUTE TAGS PROVIDED? (Yes (2)), and IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (CANCEL—Assigned CIL#384 per ltr Philcom 17 June 49, Subj: Assignment of CIL Numbers. See remarks).

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.

Form with fields for DATE OF BURIAL (20 Jan 48), HOUR (0800), BURIED IN (Casket), TYPE OF GRAVE MARKER (None), PLOT No. (813), ROW No. (V), and GRAVE No. (5660).

Form with fields for WAS THIS A REBURIAL? (Yes), IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE (USAF Cemetery Manila #2, Luzon, P.I.), and PLOT No., ROW No., GRAVE No. (3, 2, 193).

Form with fields for TYPE OF RELIGIOUS CEREMONY, PERSON CONDUCTING BURIAL RITES, and IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY.

Form with fields for IDENTIFICATION TAG BURIED WITH BODY (Yes) and IDENTIFICATION TAG ATTACHED TO MARKER (Yes).

Form with fields for BODY BURIED ON DECEASED LEFT, NAME (UNKNOWN X-3499-C), RANK, SERIAL No., ORGANIZATION, and GRAVE No. (5661).

Form with fields for BODY BURIED ON DECEASED RIGHT, NAME (UNKNOWN X-3499-A), RANK, SERIAL No., ORGANIZATION, and GRAVE No. (5659).

Form with fields for SIGNATURE OF PERSON PREPARING REPORT (V C AQUINO T/5, QMC) and SIGNATURE OF GRS OFFICER VERIFYING REPORT (CALVIN, F Finn, Maj. FA).

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

Handwritten note: Incl 817

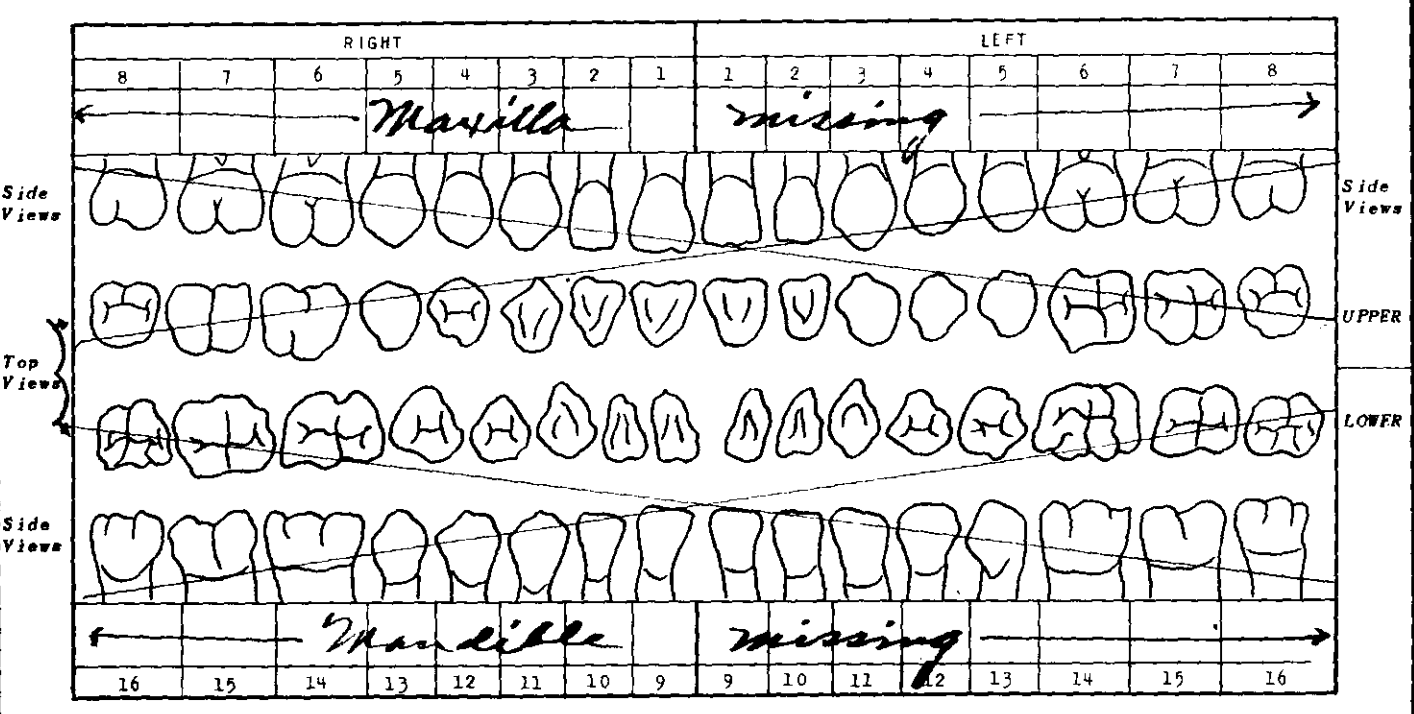
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3499-B (Formerly Unk X-1423 USAF Cem Manila #2, Luzon, P.I.)				2. DATE OF REPORT 19 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.		4. PLOT 813	5. ROW V	6. GRAVE 5660	7. DATE OF DISINTERMENT 8 Dec 47
					REINTERMENT 20 Jan 48
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT UTD		10. COLOR OF HAIR UTD	
				11. RACE Unknown	
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- Skeletal chart and dental chart attached.					
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					

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:		

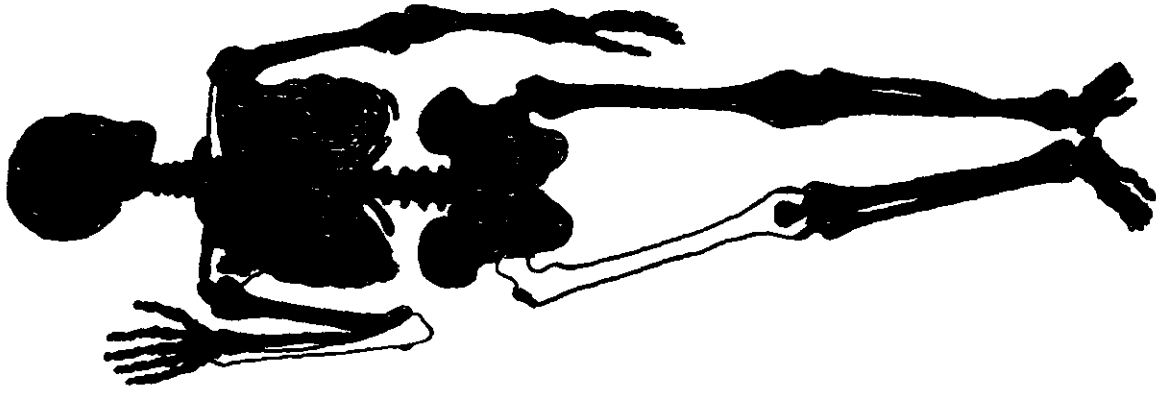


~~REMARKS:~~ DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla and mandible missing. No loose teeth were found.

CERTIFIED TRUE COPY:
H. H. Adams
 G T GAMBOA 2d Lt., MSC
 /s/ John J. Connors

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

While processing former X-1423 USAF Cem Manila #2, Luzon, P.I., extra bones were found and segregated as Unks X-3499-A, X-3499-B, X-3499-C, and X-3499-D. In processing X-3499-B no ROI burial bottle, I.D. tags, personal effects, or other means of identification received with remains. Estimated weight 1 lb. No skull nor teeth received. Unable to determine the physical height due to the condition of remains.

Unk X-3499-B is one of the group disinterred from the grave 901, row O, plot 9, Cabanatuan POW Cem. Luzon, P.I. Refer to Unk X-3499-A X-3499-C, and X-3499-D. Femur is 43.6 cm.

CERTIFIED TRUE COPY:

G. T. Gamba
G T GAMBA, Lt., MSC

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/ CLEMENT G SWAN Emb. Sr. Ung
C-064862, CIP Lab., Manila, P.I.

SIGNATURE
/s/ Clement G Swan

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

/nsr

APO 707
13 March 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave #901, Row O, Plot #9. The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN X-3494
" X-3495
" X-3496
" X-3497
" X-3498
" X-3499 - A, B, C, D.
" X-3500

KENNY, Bernard J.
FALARDEAU, Robert C.
NELEMONT, John

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3499-B (Formerly Unk X-1423 USAF Cem Manila #2, Luzon, P.I.)			2. DATE OF REPORT 19 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.	4. PLOT 813	5. ROW V	6. GRAVE 5660	7. DATE OF
				DISINTERMENT 8 Dec 47

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

UTD- Skeletal chart and dental chart attached.

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


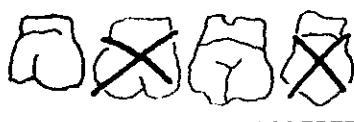
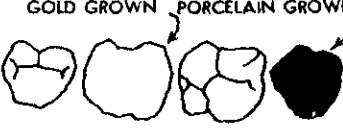



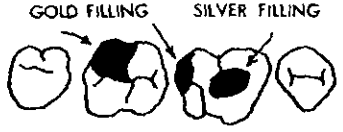



None

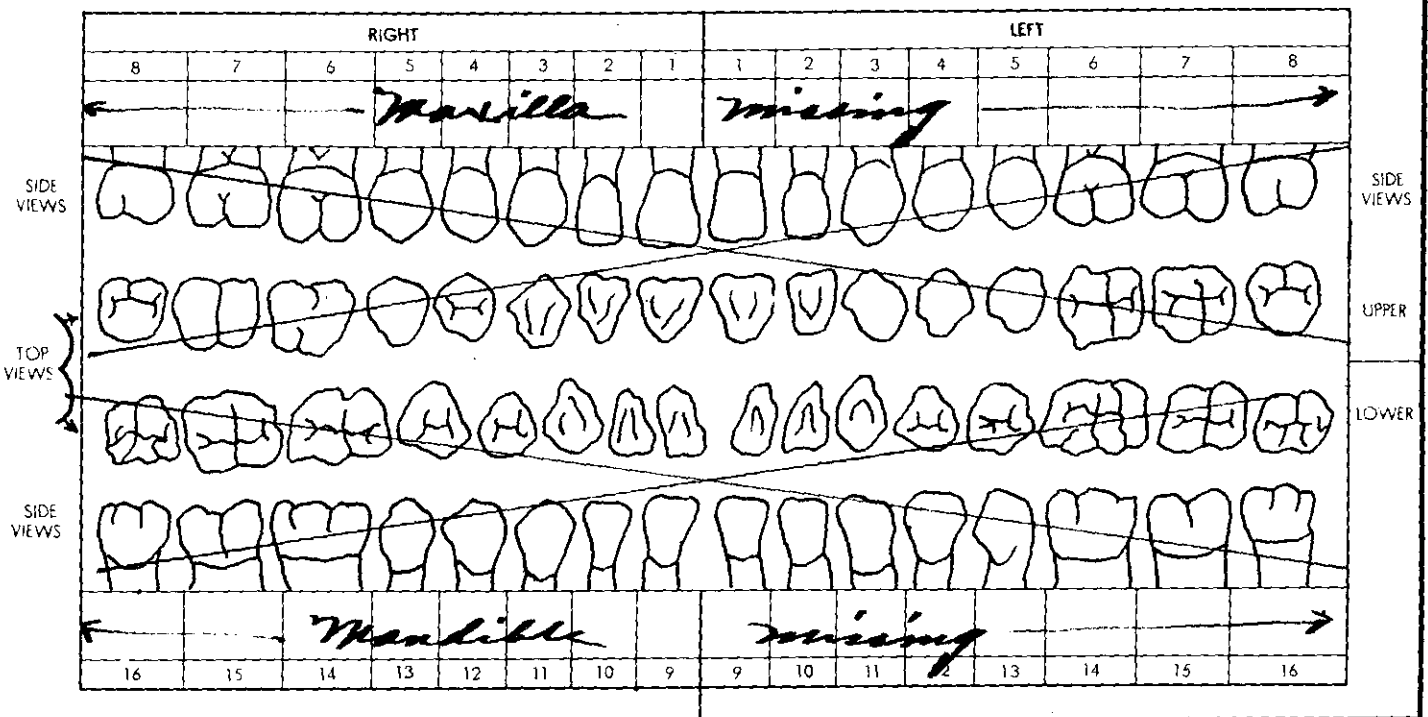
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None

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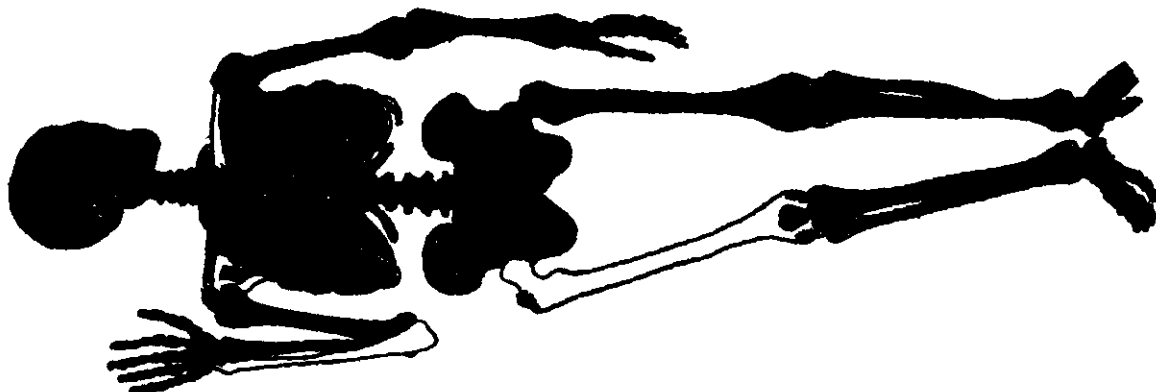


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP." **REMARKS:** Maxilla and mandible missing. No loose teeth were found.

CERTIFIED TRUE COPY
D. A. Gamboa
 G T GAMBOA 2d Lt., MSC

/s/ John H. Connors

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

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CERTIFIED TRUE COPY

G. T. Gambra
G T GAMBRA 2d Lt., MSC

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/ CLEMENT G SWAN Emb. Sr. Ung.
C-064862, CIP Lab., Manila, P.I.

SIGNATURE

/s/ Clement G. Swan

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

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APO 707
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" X-3495
" X-3496
" X-3497
" X-3498
" X-3499 - A, B, C, D.
" X-3500

KENNY, Bernard J.
FALARDEAU, Robert C.
NELEMONT, John