

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Wk. Manila #2 (misc)
X-373 X-374 X-375 X-376 X-378 X-379

X-380

SYNOPSIS AND DATES

NEW CLASSIFICATION misc filed
293 Wk. Manila #2
X-373

11/8/50
R

RECLASSIFICATION SHEET

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE
 1-8-69

1 /ebc /add	Interred 20 Feb 1950 N 8 69 Ft. McKinley <i>Caremark</i> CARL R. H. MARK	DIRECTIVE NUMBER 7147 80650	DATE 09 02 50 <small>DAY MONTH YEAR</small>
	Cemetery Superintendent SECTION A — NAME AND BURIAL LOCATION OF DECEASED		

NAME UNKNOWN X-379	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY MANIA NO. 2, P. I.	PLOT 2	ROW 13	GRAVE 1595	DISPOSITION OF REMAINS 7701 80 <small>CODE DIST. CTR.</small>	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	--

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-379	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 18 Feb '50
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer <small>NAME AND TITLE</small>	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION X - 857 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	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS		

CASKET BOXED AND MARKED DATE 18 Feb '50 BY RAYMOND H TANGUAY, Sgt 1c, RA	SHIPPING ADDRESS VERIFIED BY 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

FILE
 3 APR
 REPATRIATION
 BRANCH
 1200 1100

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Hornak</i>	DATE FEB 20 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

PREPARED BY PHILCOM

3

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7147 80650

DATE
09 02 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN I - 379					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
TRAP CEMETERY MANILA NO. 2, P. I.	2	13	1595	7701 80 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**FT. UNITED STATES MILITARY CEMETERY
FT. W. MCKINLEY, P. I.**

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER			NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

DATE	BY	SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAN TRANSFER

FILED
3 APR 1950
 REPATRIATION
 BRANCH
 MEMPHIS, TENN.

Incl #9

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

2 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 379, Flot 2,
Row 13, Grave 1595 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:



H. B. McNEMAR
Captain, QMG
Chief, Records Branch

Attach: Form 1044

Received 11/10/50 CQMG
Not identifiable from
information presently
available 11/10/50 Little
Ident. Br.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-857 (Formerly UNK X-379 Manila #2)				2. DATE OF REPORT 8 Dec 1949	
3. NAME OF CEMETERY AGPS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	B	499	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
------------------------------	------------------------------	----------------------------	---------------------

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

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

None


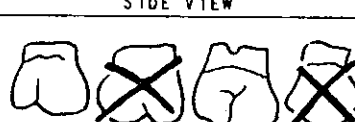






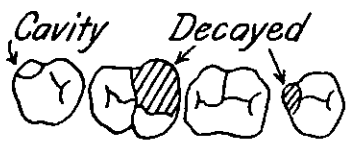
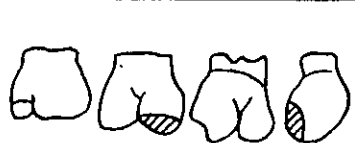
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Handwritten signature/initials

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:	TOP VIEW 	SIDE VIEW 
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:		

fractured

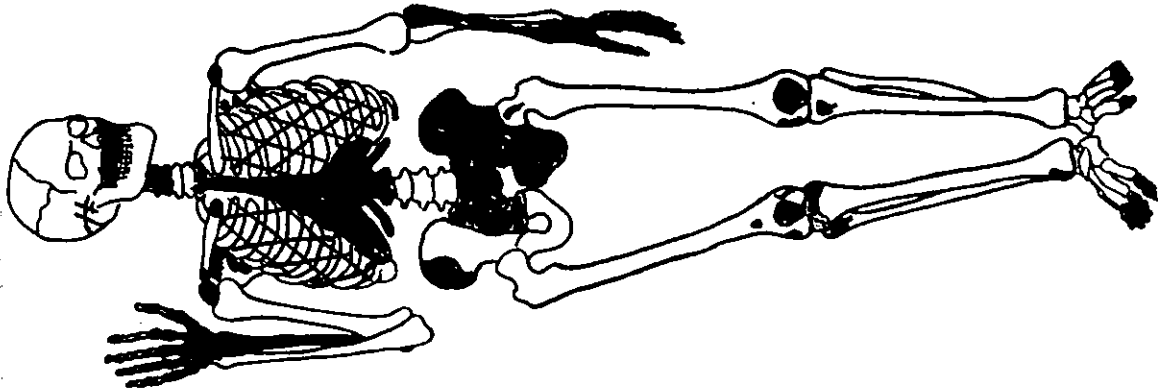
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
← maxilla missing →							2. 7. 10.	X	X	X	⊗		← maxilla missing →			
Side Views								Side Views								
Top Views								Top Views								
Side Views								Side Views								
UPPER								LOWER								
X	15	X		⊗	⊗	← 2. 7. 10. →		⊗	⊗	⊗	⊗	X	15	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."

REMARKS: No loose maxillary teeth present with remains. R3 is malposed diagonally, root from its socket and crown to the place of R1. Unable to determine whether R1, R2, and from R10 thru L10 are X or FX due to the condition of maxilla and mandible.

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Sec

"UNIDENTIFIABLE"
 BY REASON OF LACK OF IDENTIFYING DATA



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 - 6 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, Identification Sec

SIGNATURE

IDENTIFICATION CHECK LIST

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

/df

UNKNOWN X-857 (Formerly
 Unknown X-379 USAF Cem Manila #2, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 ^{HANGER} Row B ^{BAY} ^{CRYPT} Grave 499

CIP, AGRS Mausoleum, Manila, P.I.

1. Arrived at ~~recovery~~ 16 Oct 47
(Hour) (Date)
2. Place of death POW Camp, Cabanatuan, Luzon, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)
(Sheet, scale and serials used)
3. Remains ~~recovered or~~ disinterred by AGRS, C.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	N		
Mackinaw	O		
Sweater	N		
	E		
Jacket, HBT	/		
* Shirt, Wool OD	/		
Undershirt, Wool	/		
Undershirt, Cotton	/		
Trousers, HBT	/		
* Trousers, Wool OD	/		

Belt, web

Drawers, wool

Drawers, cotton

Leggings, wool

Socks, cotton

* Shoes N
(type)

Overshoes N
E

Web Equipment (type)

(Other item)

(Other item)

* If body is nude, sizes of these items should be computed by measuring the remains

Chevrons or
Insignia
(Type & location; shirt, jacket, coat, helmet)

Shoulder Patch

Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeleton only. Skeletal chart attached.

Age / / Height U.T.D. Weight U.T.D. Description of wounds

Bandages or dressings Scars
(Length, width, location)

..... Tattoos
(Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks
(Yes-no; description, location)

Sunburn or tan, other than hand and face

Complexion U
T
(Light, medium, dark, clear, pimples, pocks, freckles)

Build D
.....
(Large, fat, thin, muscular)

Hair
(Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair
(Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns Mustache Beard or
(Color, setting, shape) (Color, size, shape) (Length, heavy)

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
 (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
 (Short, thick, long, slender, size of knuckles, missing fingers or joints)

Fingers
 (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
 (Inseam, 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.

7. Have finger prints been placed on Report of Interment? No
(Yes-no)

If not, explain Due to the condition of remains.

8. Has tooth chart been prepared? Yes If not, explain
(Yes-no)

9. Remarks UNKNOWN X-857 (AGRS Mausoleum, Manila, P.I.) believed to be one of the following:
MARTIN, Alex, Cpl, 19th Bomb, 6571837 LAND, Lyman L, Pfc,
GROUSE, David D, 1st Sgt, 808 MP, R-740489 USMC, Unknown
HASSELKUS, Howard L, Sgt, 192 Tank, 35015891 PENNY, Bruce H, Pvt,
PEIRCE, Robert C, Sgt, 7 MAT, 6825221 7th CWS, 14039411
ELISHOFF, James K, Cpl, USMC, 266058 THORNED, Gale R, Pfc
ULRICH, Earnest H, Pvt, Md, 38054475 31 Inf, 3565951

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

Upon processing by CIP, Lab. no personal effects either means of identification found to warrant identification of remains. Unable to determine the height and weight of remains due to the condition of remains. Estimated weight 6-lbs.

/s/ E. F. Moriarty
(Officer's Name)

SP-6
Rank Service

AGRS
(Organization)

16 Oct 47

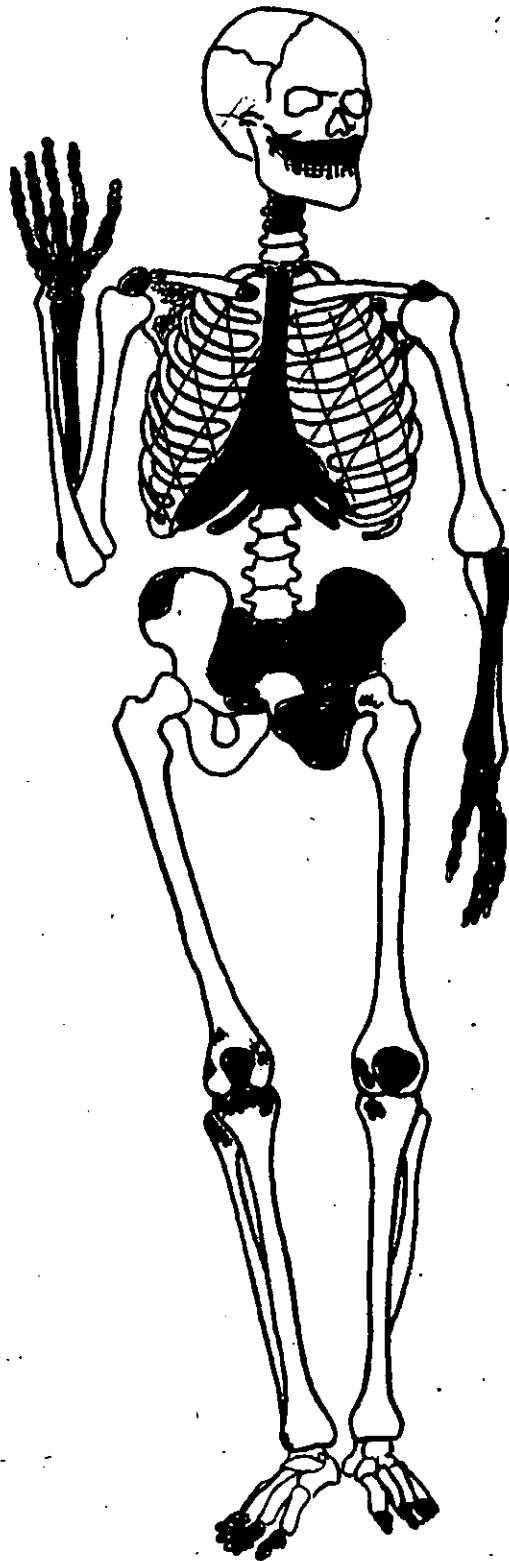
CERTIFIED TRUE COPY:

George T. Galboa
GEORGE T. GALBOA
2d Lt., MAC

SKELETAL CHART

X-857

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



X-857

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-857 (Formerly UNK X-379) 16 Oct 47
 USAF Cem Manila #2, Luzon, P.I. DATE
 LAST NAME FIRST INITIAL RANK SERIAL NO. Unknown Unknown

Unknown Unknown
 UNIT ORGANIZATION
 POW Camp, Cabanatuan, Luzon, P.I. AGRS Mausoleum, Manila, P.I.
 PLACE OF DEATH PLACE OF BURIAL STORAGE
 812 8 499
 PLOT ROW GRAVE NO.
 HANGER BAY CRYPT

RIGHT *Partially impacted* UPPER TEETH LEFT *missing*
















<i>missing</i>			8	7	6	5	4	3	2	1	1	2	3	4	5	<i>missing</i>		
TYPE	X	X	X	O	X		X	X	X	X	X	X	X	X	O	X	X	X
LOCATION				m											mo			

INSIDE — LOOKING OUT

RIGHT *chipped* LOWER TEETH LEFT

16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
X	A	X	X	X	X	X	X	X	X	X	X	X	X	A	X
	to do													of	

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)

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT; SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.

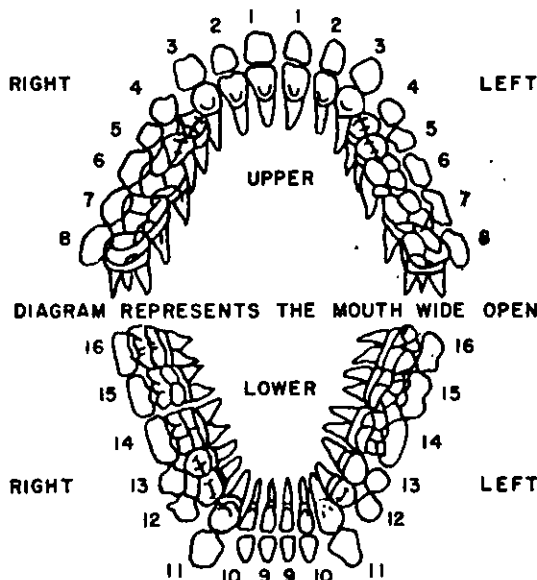


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

Maxilla and mandible badly decomposed making accurate tooth chart impossible.

/s/ Joseph D. Murphy
SIGNATURE OF PERSON WHO PREPARED CHART

/s/ J. J. McDermott, Lab Off.
VERIFIED BY GRS OFFICER

/p/ JOSEPH D. MURPHY, T/5
NAME AND RANK TYPED OR PRINTED

/p/ J. J. MCDERMOTT, LAB OFF.
NAME AND RANK TYPED OR PRINTED

CIP Lab, Manila, P.I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

16 Oct 47
DATE

CERTIFIED TRUE COPY:

George T. Gamboa
GEORGE T. GAMBOA
2d Lt., MAC

X-379

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-379 (THORNED, Gale R)

10 April 47

(Formerly Unk C-20 Cabanatuan Cem)

Pfc

3565951

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

31st Inf

UNIT
POW Camp Cabanatuan,
Luzon, P. I.

ORGANIZATION

USAF Cem Manila #2

2

13

1595

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW















GRAVE NO.

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

Broken
INSIDE — LOOKING OUT

RIGHT				LOWER TEETH								LEFT			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE															
LOCATION	X	A	X			S				S		O	X	A	X
		MO				F				F		DO		F	

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)

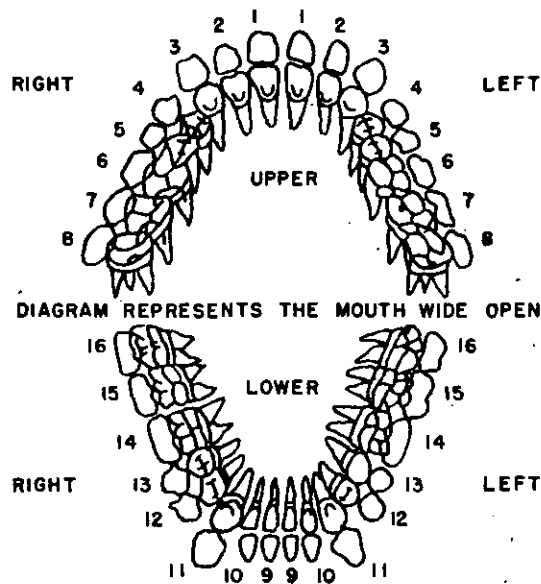
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1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

10 APR 1947

Al S. Padayhag
SIGNATURE OF PERSON WHO PREPARED CHART

AL S. PADAYHAG, SGT
NAME AND RANK TYPED OR PRINTED

Fenwick H. Burch
VERIFIED BY GRS OFFICER

FENWICK H BURCH, CAPT., CMP
NAME AND RANK TYPED OR PRINTED

USAF Com. Manila #2, Luzon, P. I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

10 April 47
DATE

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-379 (THORNED, Gale R)
(Formerly Unk C-20 Cabanatuan Cem)

10 April 47
DATE

LAST NAME FIRST INITIAL RANK SERIAL NO.

Pfc 3565951

31st Inf

UNIT:
POW Camp Cabanatuan,
Luzon, P. I.
PLACE OF DEATH

ORGANIZATION

USAF Cem Manila #2 2 13 1595
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		P	P	A	O	X	X		X	X	X	X		O	X	P	O	TYPE	
LOCATION				DOLF	MO									MO				LOCATION	

Dispan
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	A	X			S					S		O	X	A	O	X	TYPE	
LOCATION			MODE				F					F		DO		FLO		LOCATION		

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> X </div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> O </div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; justify-content: space-around; align-items: center; margin-right: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> X </div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; justify-content: space-around; align-items: center; margin-right: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> X </div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> P </div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> A </div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> G </div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> S </div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> O </div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> m </div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> o </div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> d </div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> l </div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> f </div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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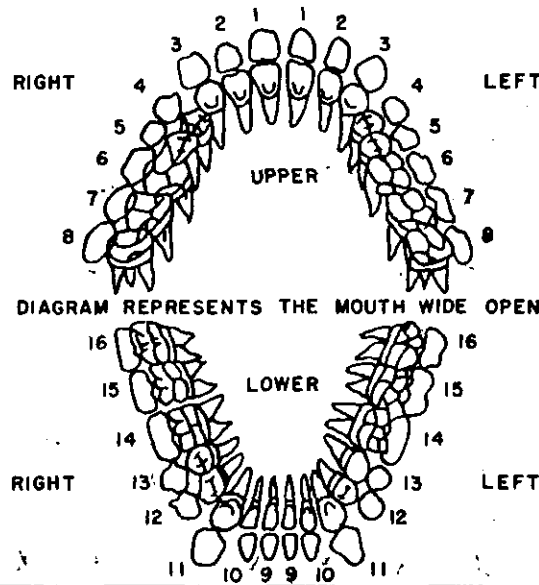
INSTRUCTIONS:

1. **ACCURACY AND ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY THAT:** SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Al S. Padayhag
SIGNATURE OF PERSON WHO PREPARED CHART

AL S. PADAYHAG, SGT
NAME AND RANK TYPED OR PRINTED

USAF Com Manila #2, Luzon, P. I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Fenwick H Burch
VERIFIED BY GRS OFFICER

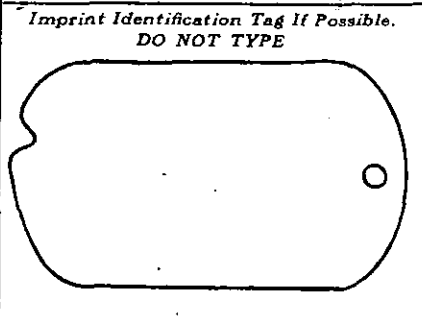
FENWICK H BURCH, CAPT., CMP
NAME AND RANK TYPED OR PRINTED

10 April 47
DATE

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

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

DATE OF REPORT
21 Oct 47



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-857 (Formerly Unk X-379 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 22 Nov 42
--	---------------------------	----------------------------

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) (See Remarks)
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
GRS MAUSOLEUM, MANILA, P.I.

DATE OF BURIAL STORAGE 17 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket	TYPE OF GRAVE MARKER None	PLOT No. MANGER 812	ROW No. BAY B	GRAVE No. CRYPT 499
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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. 13	GRAVE No. 1595
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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	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-880	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 501
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-871	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 497
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SIGNATURE OF PERSON PREPARING REPORT <i>Wm R Gilbert</i> Wm R GILBERT, Adm Asst	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Lucio S Panopio Jr</i> LUCIO S. PANOPIO 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.

Incl. 602

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most-valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

REMARKS: UNKNOWN X-857 (AGRS Mausoleum, Manila, P.I.) BTB one of the 12 bodies, 9 identified, recovered from a common grave.

UNKNOWN X-857 could be anyone of the following:

- | | | | |
|---------------------|---------|-----------|----------|
| MARTIN, Alex | Cpl | 19th Bomb | 6571837 |
| GROUSE, David D | 1st Sgt | 808 MP | R-740489 |
| HASSELKUS, Howard L | Sgt | 192 Tank | 35015891 |
| PEIRCE, Robert C | Sgt | 7 MAT | 6825221 |
| ELISHOFF, James K | Cpl | USMC | 266058 |

REMARKS: ULRICH, Earnest H Pvt Md 38054475

- | | | | |
|-----------------|-----|---------|----------|
| LAND, Lyman L | Pfc | USMC | Unknown |
| THORNED, Gale R | Pfc | 31 INF | 3565951 |
| PENNY, Bruce H | Pvt | 7th CWS | 14039411 |

No identification tags or personal effects found to warrant identification.

Identification Check List and Dental Chart accomplished.

23 DEC 1947

RESTRICTED

U-1768

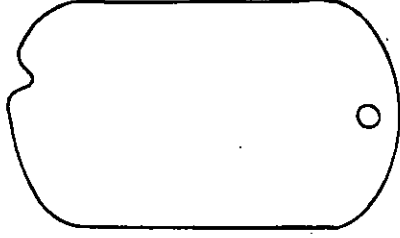
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

23 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-379 (THORNE, Gale H.) (Formerly UNKNOWN C-20 Cabanatuan Cemetery)		SERIAL No. 6565951
GRADE Pvt	ORGANIZATION 31 Inf	BRANCH OF SERVICE Army
RACE	RELIGION Unknown	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 22 Nov 42
--	-----------------------------	----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs. M. B. Thorne, Andover, South Dakota

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 found in common grave. Prison records indicate: Martin, Alex Cpl 19th Bomb 6571837 Grouse, David D 1st Sgt 808 MP R-740489 Hasselkus, Howard L Sgt 192 Tank 35015891 -(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

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	HOOR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
23 Dec 45	1000	Shelter Half	Cross	2	13	1595

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 Cemetery, Cabanatuan, Luzon, P I	PLOT No. 8	ROW No. 0	GRAVE No. 807
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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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-380. (PENNY, Bruce H) (Formerly UNKNOWN C-21 Cabanatuan Cemetery)	RANK Pvt	SERIAL No. 14039411	ORGANIZATION 7th CWS	GRAVE No. 1594
--	-------------	------------------------	-------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-378 (LAND, Lyman L) (Formerly UNKNOWN C-19 Cabanatuan Cemetery)	RANK Pfc	SERIAL No.	ORGANIZATION USMC	GRAVE No. 1596
---	-------------	------------	----------------------	-------------------

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

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

Jan 29'

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

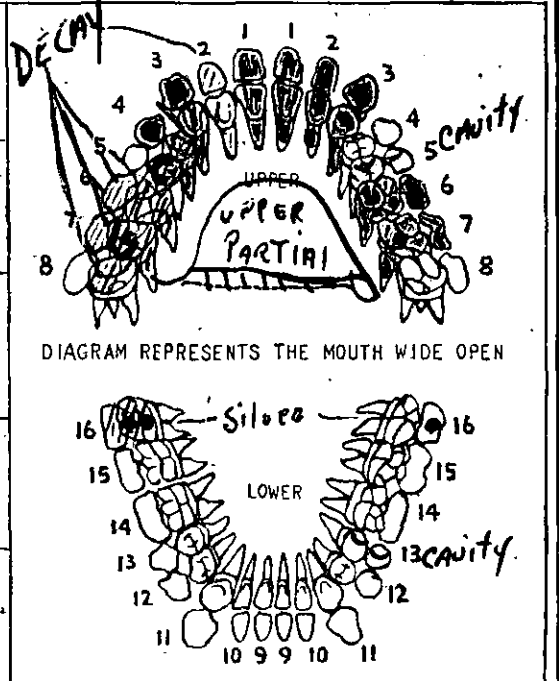
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>
CAVITIES	<p>CAVITY DECAYED</p>
MISSING TEETH	<p>TOOTH MISSING</p>
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	<p>GOLD BRIDGE</p>



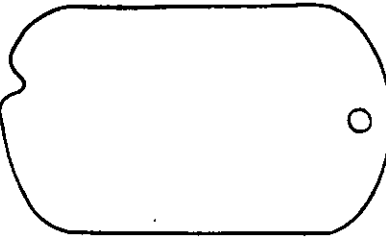
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

Peirce, Robert C Sgt 7 MAT 6825221
 Elishoff, James K Cpl USMC 266058
 Ulrich, Earnest H Pvt Md 38054475
 Land, Lyman L Pfc USMC unknown
 Thorned, Gale R Pfc 31 Inf 3565951
 Penny, Bruce H Pvt 7th CWS 14039411
 were buried in this grave. Individual identification impossible.

REMARKS:

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 23 Jan 46
---	--	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN X-379 (THORNEY), Gale HR (Formerly UNKNOWN C-20 Cabanatuan Cemetery)	SERIAL No. 6 HR 7565951		
GRADE Pfc Pvt	ORGANIZATION 31 Inf	BRANCH OF SERVICE Army	
RACE	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 Dysentery	DATE OF DEATH 22 Nov 42
---	-------------------------------------	----------------------------

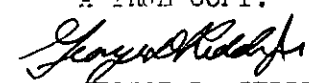
EMERGENCY ADDRESSEE (Name, relationship, and address) HR

Mrs. M. B. Thorne Unknown Andover, South Dakota

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 found in common grave. Prison records indicate: Martin, Alex Cpl 19th Bomb 6571837 Grouse, David D 1st Sgt 808 MP R-740489 Hasselkus, Howard L Sgt 192 Tank 35015891 -(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.
 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
23 Dec 45	1000	Shelter Half	Cross	2	13	1595

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 Cemetery, Cabanatuan, Luzon, P.I.	PLOT No. 8	ROW No. 0	GRAVE No. 807
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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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-380 (PENNY, Bruce H) (Formerly UNKNOWN C-21 Cabanatuan Cemetery)	RANK Pvt	SERIAL No. 14039411	ORGANIZATION 7th CWS	GRAVE No. 1594
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-378 (LAND, Lyman L) (Formerly UNKNOWN C-19 Cabanatuan Cemetery)	RANK Pfc	SERIAL No.	ORGANIZATION USMC	GRAVE No. 1596
---	-------------	------------	----------------------	-------------------

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., 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.

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


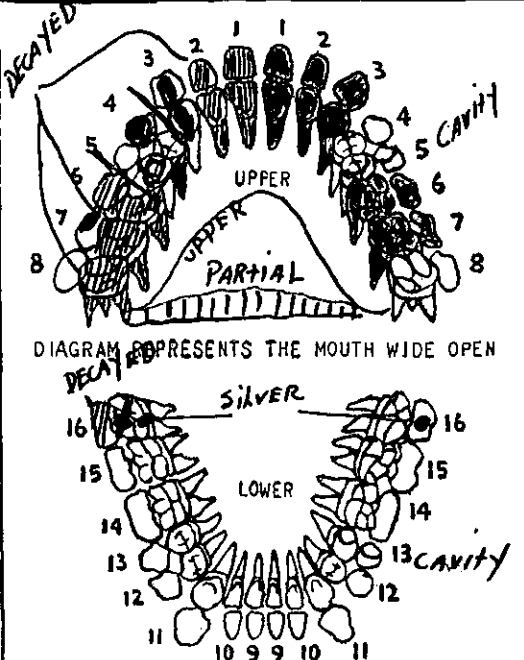




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

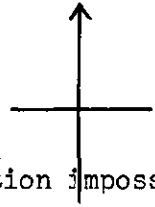
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

Peirce, Robert C Sgt 7 MAT 6825221
 Elishoff, James E Cpl USMC 266058
 Ulrich, Earnest H Pvt Md 38054475
 Land, Lyman L Pfc USMC unknown
 Thorne, Gale R Pfc 31 Inf 3565951
 Penny, Bruce H Pvt 7th CWS 14039411
 were buried in this grave. Individual identification impossible



REMARKS:

RESTRICTED

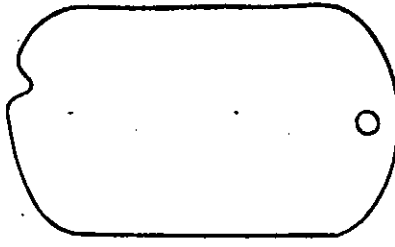
plotted

WD GRC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1)

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

DATE OF REPORT
23 Jan. 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-579 (THORNE, Dale R.) (Formerly UNKNOWN C-50 Cabanatuan Cemetery)		SERIAL NO. HWZ 6565951
GRADE Pfc.	ORGANIZATION 41 Inf.	BRANCH OF SERVICE Army
RACE	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 Dysentery	DATE OF DEATH 23 Nov. 48
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs. M.B. Thorne ~~Unknown~~ Andover, S. Dakota

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 found in common grave. Prison records indicate: Martin, Alan Cpl. 19th Bomb 6571837 Gross, David D 1st Sgt. 303 MP R-740489 Massellus, Howard L. Sgt. 192 Tank 35015391 -(See Sec 3 reverse side)-
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

A grave copy:
Charles Ripley
CHARLES E. RIPLEY
Captain, C.P.

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.
23 Dec. 45	1000	Shelter Half	Cross	2	13	1595

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camps I & II Cemetery, Cabanatuan, Luzon, P.I. 45.7-70.9 1/50,000	PLOT No. 8	ROW No. 0	GRAVE No. 307
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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
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-380 (PENNY, Bruce H.) (Formerly UNKNOWN C-21 Cabanatuan Cemetery)	RANK Pvt.	SERIAL No. 14039411	ORGANIZATION 7th CWS	GRAVE No. 1594
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-378 (LAMB, Lyman L.) (Formerly UNKNOWN C-19 Cabanatuan Cemetery)	RANK Pfc.	SERIAL No.	ORGANIZATION USMC	GRAVE No. 1596
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SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRITT, P/4 GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ L. N. MOORE, 1st. Lt., QMC
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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

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


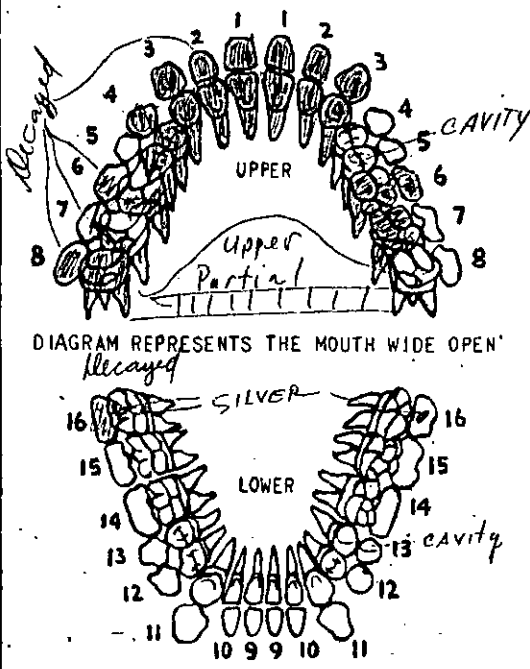




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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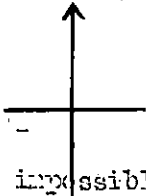
OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>Diagram represents the mouth wide open</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY

- Peirce, Robert O. Sgt. 7 MAT 6825221
- Elishoff, James K. Col. USMC 266058
- Ulrich, Ernest H. Pvt. MD. 38054475
- Land, Lyman L. Pfc. USMC
- Thorned, Gale R. Pfc. 51 Inf. 6965951
- Penny, Bruce E. Pvt. 7th CWS 14039411

were buried in this grave. Individual identification impossible.



REMARKS: