

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293.7enk (misc) Manila # 2 X381, X382  
X383

## SYNOPSIS AND DATES

NEW CLASSIFICATION 293.7enk Manila # 2 X381

-10/26/50  
ec

# RECLASSIFICATION SHEET

/drs <b>1</b> /add	Interred 27 October 1949 A 712 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK		DISINTERMENT DIRECTIVE	
	Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 00224	DATE 15 06 48 DAY MONTH YEAR
NAME		SERIAL NUMBER UNKNOWN X - 000383	RANK	ARM Q
CEMETERY USAF CEMETERY MANILA NO 2		DATE OF DEATH		DISPOSITION OF REMAINS 0 7701 80 CODE DIST. PT.
PLOT 2	ROW 13	GRAVE 1591	COUNTRY PHILIPPINE ISLANDS	CAUSE OF DEATH 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)
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## SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X - 383 MN-UNK X - 861 SNOW, William K	SERIAL NUMBER	RANK CPO	DATE OF DEATH 7 Jan 42	DATE DISTINTERRED 6 Oct 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY J. W. GESUSE Embalmer NAME AND TITLE	

## SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
----------------------------------	----------------------------------

OTHER MEANS OF IDENTIFICATION

## MINOR DISCREPANCIES 1

(2) MN tags Unk X 861

Embossed tag shows Unk X -383 SNOW, William K CPO USN.  
7 Jan 42 1591-13-2

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 Oct 48	BY J. W. GESUSE
CASKET SEALED BY J. W. GESUSE	EMBALMER (Signature) s/ J. W. Gesuse
CASKET BOXED AND MARKED DATE 6 Oct 48	WEYMAN L McGUIRE BY Sgt, MC
	SHIPPING ADDRESS VERIFIED BY L. S. PANOPIO, 1st Lt, Inf

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

s/ L. S. Panopio, 1st Lt, Inf

SIGNATURE OF GRS INSPECTOR

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

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE <b>27 OCT 1949</b>

## 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 <b>WHILEY BIRCHSIDE ISLAND</b>		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <b>BOB MC KINLEY CEMETERY</b>	DATE	SIGNATURE OF RECEIVER <b>ISOLATIVE DECISION</b>	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

FILE UNDER NO. 293 - Unk. P. I. (X-383) (Manila #2)

I N D E X S H E E T

SYNOPSIS

Letter

26 Nov. 1947

FROM: OQMG

TO: CG, Philippines-Ryukyus Command, APO 707, San Francisco, Calif.

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 Unk. P. I. (Misc.) (Manila #2)

mfs

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

15 Sept 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 383 , Plot 2 ,  
Row 13 , Grave 1591 , 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*

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

Attch: Form 1044

Received 10/6/49 0000  
Not identifiable from  
information presently  
available *Lewis - JdB*  
10/6/49

*incl 31*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-861 (Formerly UNK X-383 Manila #2)				2. DATE OF REPORT 19 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	B	484	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"**

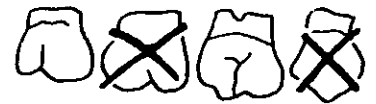
*Incl. 3<sup>rd</sup>*

TOOTH CHART

**MISSING TEETH:** ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELLED THUS:

TOP VIEW

SIDE VIEW



**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:

Gold Crown, Porcelain Crown



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

Gold Bridge



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
Side Views															
FRACTURED															
Side Views															
UPPER															
LOWER															
Side Views															
P	P	P	P	P	P	P	P						A		
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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

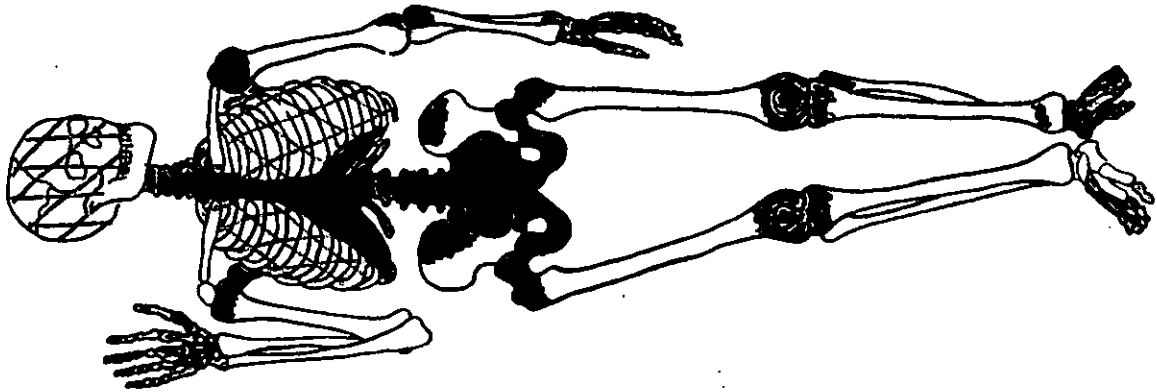
**REMARKS:** No maxillary teeth present with remains.

*J. J. Mc Dermott*  
**J. J. McDERMOTT**  
 Laboratory Officer, CIP

**"UNIDENTIFIABLE"**

**"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"**

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 - 5½ 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

J J McDERMOTT  
 Laboratory Officer, CIP

SIGNATURE


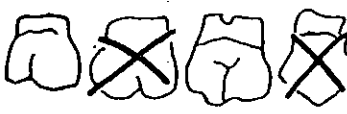


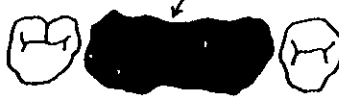





*J J McDermott*

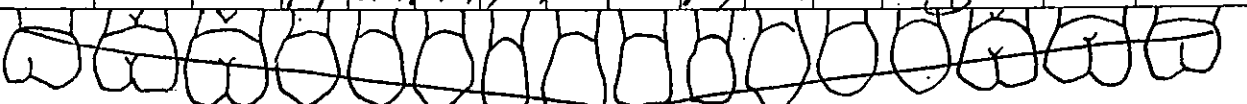





















## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN: X-861 (Formerly Unk X-383 USAF Cem Manila #2, Luzon, P.I.)				2. DATE OF REPORT 30 March 48	
3. NAME OF CEMETERY AGRS, Mausoleum, Manila, P.I.		4. PLOT RANGER BAY CRYPT 812	5. ROW B	6. GRAVE 484	7. DATE OF DISINTERMENT REINTERMENT STORAGE 17 Oct 47
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT	10. COLOR OF HAIR UTD		11. RACE UTD	
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.- Skeleton only- Skeletal chart and tooth 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					


TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p>TOOTH MISSING</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p> 	
<p>CARIÉS (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY DECAYED</p> 	

		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																		
																		
		16	15	14	13	12	11	10	9	9	10	11	12	13	<i>A</i> <i>mo</i>	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 maxillary teeth present with remains.

CERTIFIED TRUE COPY:  
  
 J'S PANOPTO  
 1st Lt. /INF

s/ Joseph D. Murphy, T/5

19: BLACK OUT PARTS OF BODY NOT RECOVERED

Skull and rib fragments



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 burial bottle, I.D. tags, equipment, personal effects or other means of identification received with remains. Skull fractured. Unable to determine the physical height due to fractured of major bones. Estimated weight of remains 5 1/2 lbs.

This remains is one group disinterred from Grave # 816 Row # 0, Plot # 8 POW, Cabanatuan, Luzon, P.I.

CERTIFIED TRUE COPY:

*[Signature]*  
L/S 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/ EDWARD F. MORIARTY, Emb.Sup.  
CIP, Laboratory, Manila, P.I.

SIGNATURE  
s/ Edward F. Moriarty

## IDENTIFICATION CHECK LIST

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

UNKNOWN X-861 (Formerly UNK X-383 USAF)  
~~UNKNOWN~~ (Cemetery Manila #2, Luzon, PI)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 HANGER BAY CRYPT  
 Plot 812 Row B Grave 484

AGRS, CIP Mausoleum, Manila, P.I.

1. Arrived at cemetery 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 CMT No. 1  
(Name and organization)
4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)
5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	(Type) _____		
Raincoat	_____		
Overcoat	_____		
Jacket, Field	_____		
Jacket, Combat	_____		
Mackinaw	_____		
Sweater	_____	N	
Jacket, HBT	_____	O	
* Shirt, Wool OD	_____	N	
Undershirt, Wool	_____	E	
Undershirt, Cotton	_____		
Trousers, HBT	_____		
* Trousers, Wool OD	_____		

Belt, wgb \_\_\_\_\_

Drawers, wool \_\_\_\_\_

Drawers, cotton \_\_\_\_\_

Leggings, wool \_\_\_\_\_

Socks, cotton \_\_\_\_\_

\* Shoes \_\_\_\_\_ (type) <sup>N</sup>

Overshoes \_\_\_\_\_ <sup>O</sup>

Web Equipment \_\_\_\_\_ (type) <sup>E</sup>

(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 - chart attached.

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ 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 \_\_\_\_\_ <sup>U</sup> (Light, medium, dark, clear, pimples, pocks, freckles)

Build \_\_\_\_\_ <sup>D</sup> (Large, fat, thin, muscular)

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

Hair \_\_\_\_\_ (Baldness, widow's peak, distinctive cutting or other characteristics)

Sideburns \_\_\_\_\_ (Color, setting, shape) Mustache \_\_\_\_\_ (Color, size, shape) Beard or \_\_\_\_\_ (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      Skull fragments ..... (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 .....

Fingers ..... (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 ..... (Inseam, muscular, knock-kneed, howed, 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 condition of remains.

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

9. Remarks No ROI bottle and no ID tags received with the remains. No personal effects found. This is BTB SNOW, William K., CPO, USN, one of the three unidentified in one common grave. (Check original forms). Names listed below are the names of 3 unidentified as per Prison records. Due to condi-

tion of remains, height, weight and measurement of skull cannot be determined. 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.

- 1. MURRAY, James H. Sgt. USN 6564899
- 2. MITCHELL, James S. Pvt USN 19013612
- 3. SNOW, William K., CPO USN Unknown

Cross reference with this case X-861 are cases X-859, X-860-A, X-860-B and X-860-C.

s/ E. F. Moriarty  
(Officer's Name)  
SP - 6

Rank AGRS Mausoleum, Manila, P.I. Service

(Organization)

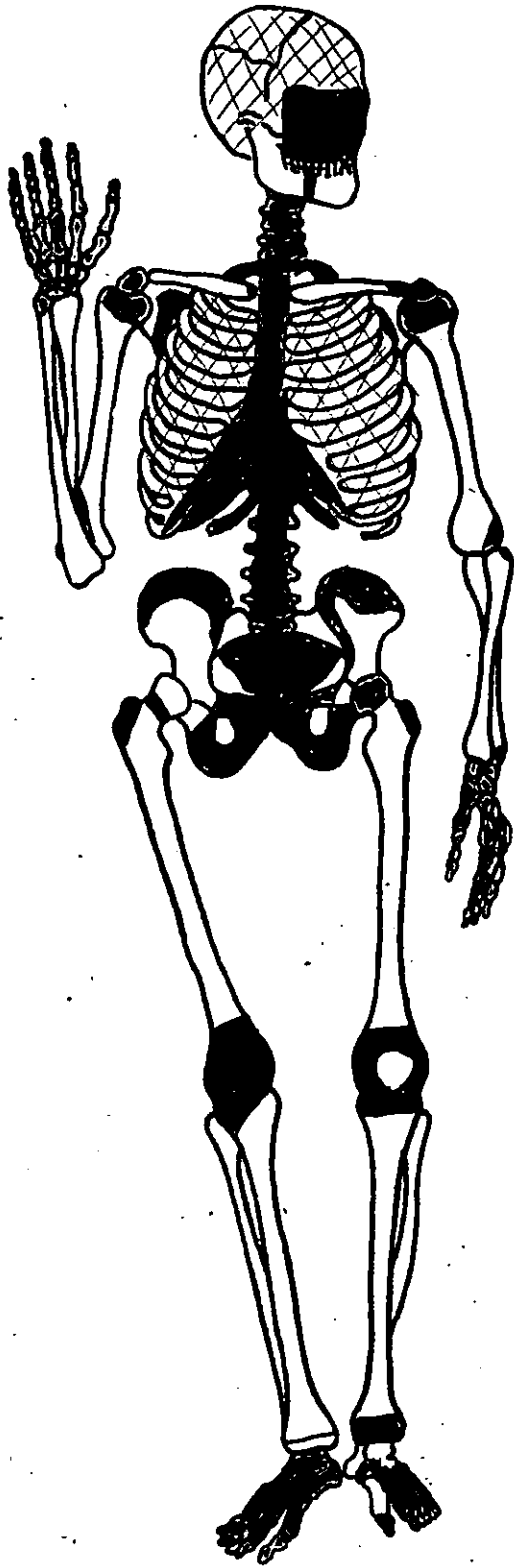
16 Oct 47

CERTIFIED TRUE COPY:

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

# SKELETAL CHART

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



*rib fragments*  
*bone and vertebrae*  
*fragments*



# 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-861 (Formerly UNK X-383 USAF  
Cemetery Manila #2, Luzon, P.I.)

16 Oct 47  
DATE

LAST NAME      FIRST      INITIAL

Unknown  
RANK

Unknown  
SERIAL NO.

Unknown

Unknown

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

AGRS Mausoleum  
Manila, P.I.  
PLACE OF BURIAL

ORGANIZATION

812      B      484  
PLOT      ROW      GRAVE NO.  
HANGER      BAY      CRYPT

*Maxilla missing*
















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

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																				

*missing*

## 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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

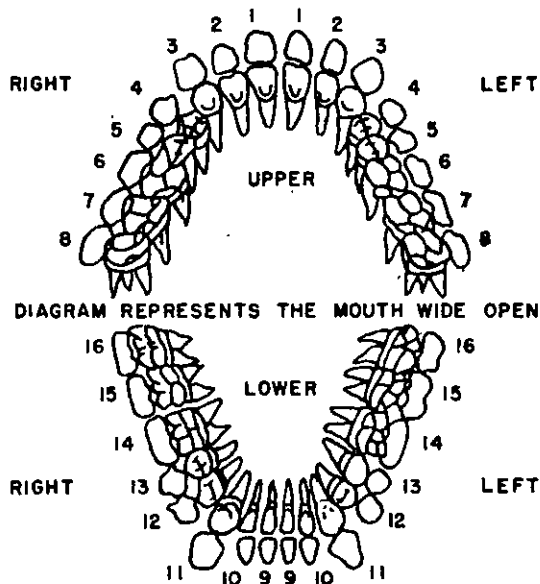
**INSTRUCTIONS:**

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 DISCLORED 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:**

Maxilla missing.

Mandible badly decomposed from R 12 to R 16.

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

s/ E. F. Moriarty  
VERIFIED BY GRS OFFICER

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

SP - 6  
NAME AND RANK TYPED OR PRINTED

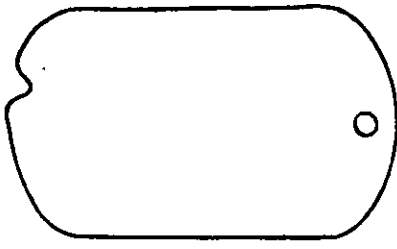
CIP AGRS Mausoleum, Manila, P.I.  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

16 Oct 47  
DATE

CERTIFIED TRUE COPY:

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

<b>WD QMC FORM 1042</b> (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT 22 Jan 46
--	---	-----------------------------


Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-383 (SNOW, William K) (Formerly UNKNOWN C-24 Cabanatuan Cemetery)	SERIAL No. Unknown	
	GRADE CPO	ORGANIZATION USN	BRANCH OF SERVICE Navy
	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	DATE OF DEATH Unknown
--	---------------------------	--------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
 Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Three (3) bodies found in common grave. Prison records indicate: Murray, James H Sgt 93 Bomb 6564899 Mitchell, James S Pvt 31 Inf 19013612 Snow, William K CPO USN were buried in this grave. Individual identification impossible.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
 None

A TRUE COPY:  
  
 GOLDEN S. FRAME  
 1st. Lt. QMC.

**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 23 Dec 45	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 13	GRAVE No. 1591
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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 Cemetery, Cabanatuan, Luzon, P I	PLOT No. 8	ROW No. 0	GRAVE No. 16
--	--	---------------	--------------	-----------------

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-384 (CHAPMAN, Ray W) (Formerly UNKNOWN C-25 Cabanatuan Cemetery)	RANK Sgt	SERIAL No. 6284927	ORGANIZATION 31st Inf	GRAVE No. 1590
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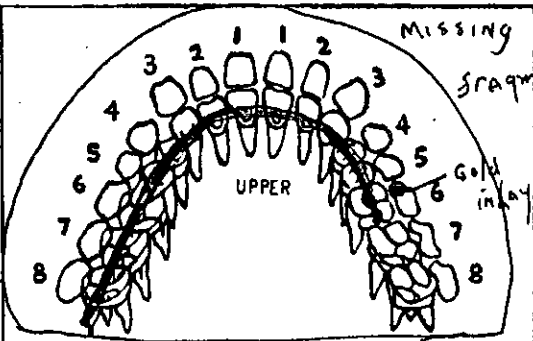
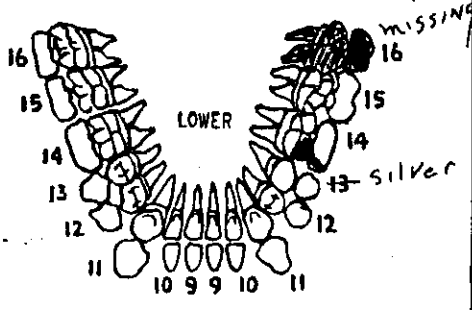




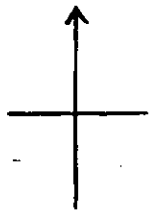
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-382 (MITCHELL, James S) (Formerly UNKNOWN C-23 Cabanatuan Cemetery)	RANK Pvt	SERIAL No. 19013612	ORGANIZATION 31st Inf	GRAVE No. 1592
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SIGNATURE OF PERSON PREPARING REPORT s/t/ 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.

Incl #4-C

188  
 20  
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 188  
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LEFT LITTLE FINGER	Section <b>UNIDENTIFIED REMAINS.</b>			
	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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.</p>			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	<p><b>FILLINGS</b></p>  <p>SILVER FILLING GOLD FILLING</p>		 <p>MISSING SRAQ GOLD inlay UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>MISSING silver LOWER</p>	
LEFT THUMB	<p><b>CAVITIES</b></p>  <p>CAVITY DECAYED</p>			
RIGHT THUMB	<p><b>MISSING TEETH</b></p>  <p>TOOTH MISSING</p>			
RIGHT INDEX FINGER	<p><b>CROWNED TEETH</b></p>  <p>PORCELAIN CROWN GOLD CROWN</p>			
	<p><b>BRIDGE WORK</b></p>  <p>GOLD BRIDGE</p>			
RIGHT MIDDLE FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; margin-top: 20px;">  </div>			
RIGHT RING FINGER	REMARKS:			
RIGHT LITTLE FINGER				

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILRYCOM SECTOR

GDR/lcr

GSQ/M 293 - C

APO 707  
5 January 1948  
S: 5 February 1948

SUBJECT: Processing of Remains

TO : Commanding Officer, Central Identification Laboratory,  
APO 707.

1. It is requested that the following unknowns be processed in accordance with existing standard operating procedures:

	<u>Grave</u>	<u>Row</u>	<u>Plot</u>
293 <u>Manila 2</u> UNKNOWN X - 383 <u>Unknown</u>	1591	13	2
" X - 382 ABC	1592	13	2
" X - 381 - <u>unknown</u>	1593	13	2

*grave 816*

2. The following known was also interred with the above unknowns in the same grave at Cabanatuan:

	<u>Grave</u>	<u>Row</u>	<u>Plot</u>
MANCL, Frank J.	1599	13	2

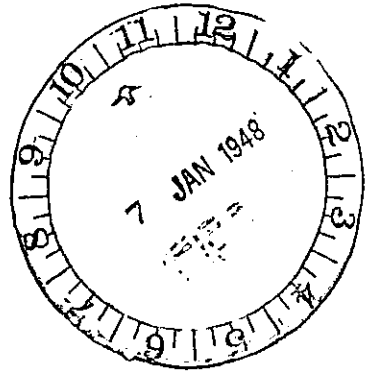
BY ORDER OF COLONEL MURPHY:

*Harold F. Reverski*  
HAROLD F. REVERSKI  
Lt. Colonel, USAF  
Executive

cc: Commanding Officer, USAF  
Cemetery Manila #2, APO 358

*File - NAN  
J.P.  
Colonel Br  
18 Jan 52*

JAN 7 1948



TO: [illegible]

[illegible]

[illegible]

[illegible]

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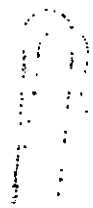
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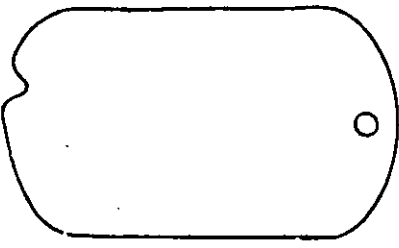
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WD AGC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)				DATE OF REPORT	
APR 5 - 1948						21 Oct 47	
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-861 (Formerly UNK X-383 USAF Cemetery Manila #2, Luzon, P.I.)			SERIAL NO. Unknown		
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
		PLACE OF DEATH POW Camp, Cabanatuan, Luzon, P.I.		CAUSE OF DEATH Unknown			DATE OF DEATH 7 Jan 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 AGRS MAUSOLEUM, MANILA, P.I.							
DATE OF BURIAL STORAGE 17 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. HANGER 812	ROW No. BAY B	GRAVE No. CRYPT 484	
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. 13	GRAVE No. 1591
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-873		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 486		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-860-C		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 482		
SIGNATURE OF PERSON PREPARING REPORT Wm R. GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT LUCIO S PANOPLO, 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.							

**Section 3 UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


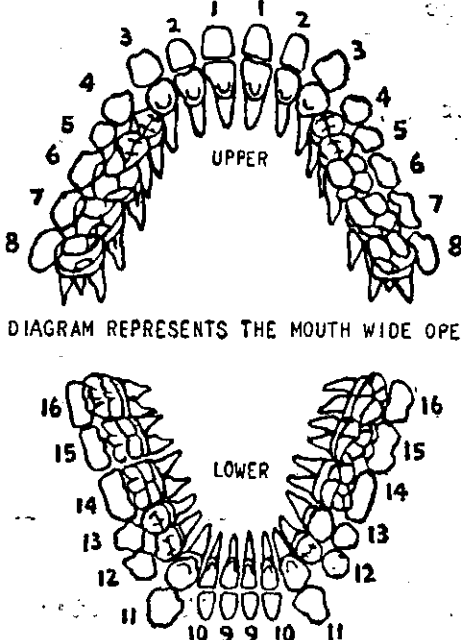




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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-861 AGRS Mausoleum, Manila, formerly UNK X-383 USAF Cem Manila #2, Luzon, P.I. is believed to be anyone of the following:

Murray, James H	Sgt	93 Bomb	6564899
Mitchell, James S	Pvt	31 Inf	19013612
Snow, William K	CPO	USN	Unknown

according to the old Report of Interment of the USAF POW Camp Cemetery I & II, Cabanatuan, Luzon, P.I.

**REMARKS:** Cross reference subject case with cases UNKNOWN X-806-A, B, C, and UNKNOWN X-859.

Identification Check List and Dental chart accomplished.

23 DEC 1947



RESTRICTED

N4471

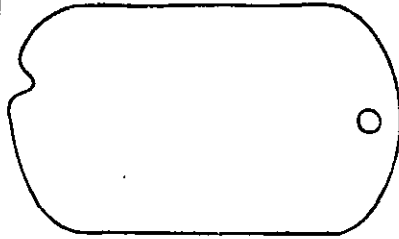
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

22 Jan 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) UNKNOWN X-383 (SNOW, William K) (Formerly UNKNOWN C-24 Cabanatuan Cemetery)		SERIAL No. Unknown
GRADE CPO	ORGANIZATION USN	BRANCH OF SERVICE Navy
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	DATE OF DEATH 7 Jan 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) Three (3) bodies found in common grave. Prison records indicate Murray, James H Sgt 93 Bomb 6564899 Mitchell, James S Pvt 31 Inf 19013612 Snow, William K CPO USN were buried in this grave. Individual identification impossible.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

**Section 2.—BURIAL** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
USAF Cemetery Manila #2, Luzon, P I

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
23 Dec 45	1000	Shelter Half	Cross	2	13	1591

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. 16 (86)
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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-384 (CHAPMAN, Ray W) (Formerly UNKNOWN C-25 Cabanatuan Cemetery)	RANK Sgt	SERIAL No. 6284927	ORGANIZATION 31st Inf	GRAVE No. 1590
---	-------------	-----------------------	--------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-382 (MITCHELL, James S) (Formerly UNKNOWN C-23 Cabanatuan Cemetery)	RANK Pvt	SERIAL No. 19013612	ORGANIZATION 31st Inf	GRAVE No. 1592
---	-------------	------------------------	--------------------------	-------------------

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

Incl 48

**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.

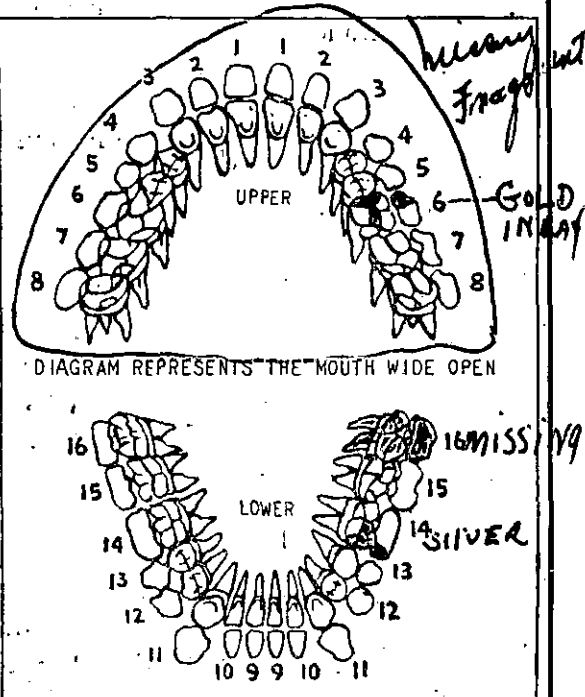
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

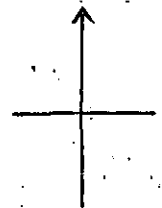
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

**OTHER IDENTIFICATION CLUES**

FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE



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



REMARKS:

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER

RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

27 FEB 1949