

/jdm

1 Interred 29 November 1951 **DISINTERMENT DIRECTIVE**  
 H 7 135 Ft. McKinley

SECTION A — *Stewart W. Abel*  
 NAME AND BURIAL LOCATION OF DECEASED Lt Colonel QMC

DIRECTIVE NUMBER  
 7747 00310

DATE  
 15 06 48  
 DAY MONTH YEAR

NAME <i>943 unknown male #2</i>		SERIAL NUMBER <b>UNKNOWN X-000474</b>	RANK	ARM 0	DATE OF DEATH DAY MONTH YEAR
CEMETERY <b>USAF CEMETERY MANILA NO 2</b>				DISPOSITION OF REMAINS 0	7701 80 CODE DIST. PT.
PLOT 2	ROW 15	GRAVE 1916	COUNTRY <b>PHILIPPINE ISLANDS</b>		CAUSE OF DEATH 6

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>FORT MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>
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## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-000474 UNKNOWN X-4232 (MAUS)	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED 22 Sept 1948
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>	RELIGION	IDENTIFICATION VERIFIED BY <b>JOSEPH M. OWEN</b> Embalmer NAME AND TITLE	

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Shelter Half</b>	CONDITION OF REMAINS <b>Skeletal</b>
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1  
 Two Identification tags - UNKNOWN X-4232 (AGRS MAUSOLEUM NUMBER)

REMAINS PREPARED AND PLACED IN CASKET  
 DATE 22 Sept 1948 BY JOSEPH M. OWEN

CASKET SEALED BY JOSEPH M. OWEN  
 EMBALMER (Signature) *Joseph M. Owen*  
 JOSEPH M. OWEN

CASKET BOXED AND MARKED  
 SHIPPING ADDRESS VERIFIED BY  
 DATE 22 Sept 48 BY HORACE L ALLISON, Sgt. INF CELESTINO E. ABELLAR, 1st Lt. FA

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

*Celestino E. Abellar*  
 CELESTINO E. ABELLAR, 1st Lt., FA

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>FORT MCKINLEY MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		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 <b>LOUIS MCKINLEY CEMETERY</b>	DATE	SIGNATURE OF RECEIVER <b>(SPECIAL AGENT IN CHARGE)</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

/bpa

Interred 20 Feb 1950  
N 11 65 I McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

N-11-65

*Carl R. H. Mark*  
CARL R. H. MARK  
Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7147 80656

DATE

09 02 50  
DAY MONTH YEAR

1

NAME UNKNOWN X-472 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY MANILA NO. 2, P. I. PLOT 2 ROW 15 GRAVE 1925 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
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-472 SERIAL NUMBER GRADE DATE OF DEATH 18 Feb 50 DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION X-4096 Maus

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 Feb 50 BY PAUL R NICHOLS  
CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA  
DATE 18 Feb 50 BY Sgt lc, 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

3 APR 1950  
REPATRIATION  
BRANCH  
CAMP. OFF.

## 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 Hornak</i>	DATE <b>FEB 20 19</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		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

# DISINTERMENT DIRECTIVE

# 3

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**7147 80656**

DATE  
**09 02 50**  
DAY MONTH YEAR

NAME <b>UNKNOWN I - 472</b>	SERIAL NUMBER <b>2</b>	GRADE <b>15</b>	ARM	RACE	RELIGION
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CEMETERY <b>NAAF CEMETERY MANILA NO. 2, P. I.</b>	PLOT <b>2</b>	ROW <b>15</b>	GRAVE <b>1925</b>	DISPOSITION OF REMAINS <b>7701 80</b>
				CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**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			NAME AND TITLE	
<input type="checkbox"/> MARKER				

### 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)
------	----	----------------------

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	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

*Encl # 15*

# 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

MAILED 01 JUN 68

293 - Unk. P. I. (Misc.) (Manila #2) ( X-470 thru X-473 )

26 May 1949

SUBJECT: Identification of World War II Deceased

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

ATTENTION: ACRS, PHILCOM ZONE

1. Reference is made to Board Proceedings, your headquarters, dated 12 April 1949, Subject: " Case History for Remains Considered Identifiable as a Group", recommending the identification of Unknowns X-4094, X-4095, X-4096, and X-4097, ACRS Mausoleum, Manila as the remains of:

WALKER, James M.	Cpl	2 368 077
PRUITT, Blanchard E.	Pfc	18 060 257
MORGAN, Robert R.	Pvt	18 025 313
SCHOPP, Erwin H.	Pvt	17 012 216

2. Board Proceedings cannot be accepted. A comparison of Army dental records for the subject decedents, with the dental charts accomplished for the subject Unknowns indicate that, in several instances, the Unknowns could not be the remains of the decedents. The dental records for Cpl. James M. Walker indicates that this man had numerous extractions, yet none of the subject Unknowns are shown as having these extractions, proving that Cpl. Walker's remains could not be in the group. The same conclusion is drawn after a comparison of the dental record for Pfc. Blanchard E. Pruitt. Additional dental information for Pvt. Erwin H. Schopp, indicates that his remains are not in the group.

3. Further doubt is presented by the fact that the remains of Pfc. Allen W. Wood, ASN 37 025 869 were not recovered from Grave No. 822 as listed on the Cabanatuan POW Camp Death Report.

4. Inclosed are ODMG Forms 371 for the subject decedents reflecting additional dental information.

5. Board Proceedings are returned herewith.

FOR THE QUARTERMASTER GENERAL:

5 Incls:

- 1 - ODMG Form 371 (in dup) ( Walker )
- 2 - " " " ( " " ) ( Pruitt )
- 3 - " " " ( " " ) ( Morgan )
- 4 - " " " ( " " ) ( Schopp )
- 5 - Board Proceedings dtd 12 Apr 49

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

293 sub PI X-472 Manila #2

Am

FILE UNDER NO. 293 - Unk. P. I. X-472 (Manila #2)

INDEX SHEET

SYNOPSIS

Letter

12 Dec. 1947

FROM: OCMG

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

SUBJ: Identification of Unknown Deceased

DOCUMENT FILED UNDER NO. 293 - Unk. P. I. (Misc.) (Manila #2) Unk. (X-470 thru X-473)

nfs



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILSCM ZONE

18 Oct. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 472, Flot 2,  
Row 15, Grave 1925, 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:

*A. C. McNEEMAR*  
A. C. MCNEEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received ..... 22 Dec 49 ..... 0032  
Not identifiable from  
information presently available  
*V. W. Laurin*  
30 Dec 49

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-4096 (Formerly UNK X-472 Manila #2)</b>				2. DATE OF REPORT <b>20 Oct 1949</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>801</b>	<b>X</b>	<b>5356</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>U T D</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>UNKNOWN</b>
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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? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**

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

**N O N E**

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

*Inc 32*

18.

TOOTH CHART

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP-VIEW</p> <p><i>Tooth Missing</i></p>	<p>SIDE VIEW</p>
	<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p>
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling Silver Filling</i></p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity Decayed</i></p>	

M I S S I N G

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
							P	P		P		P	P	P			
Side Views																	Side Views
Top Views																	UPPER LOWER
Side Views																	
				P	P			P	P		P						
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

See Remarks

VENTURES (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: Maxilla from L1 to L8 missing. L1, L3, L6, L7 and L8 are found loose with remains. R16 partially impacted.

"UNIDENTIFIABLE"

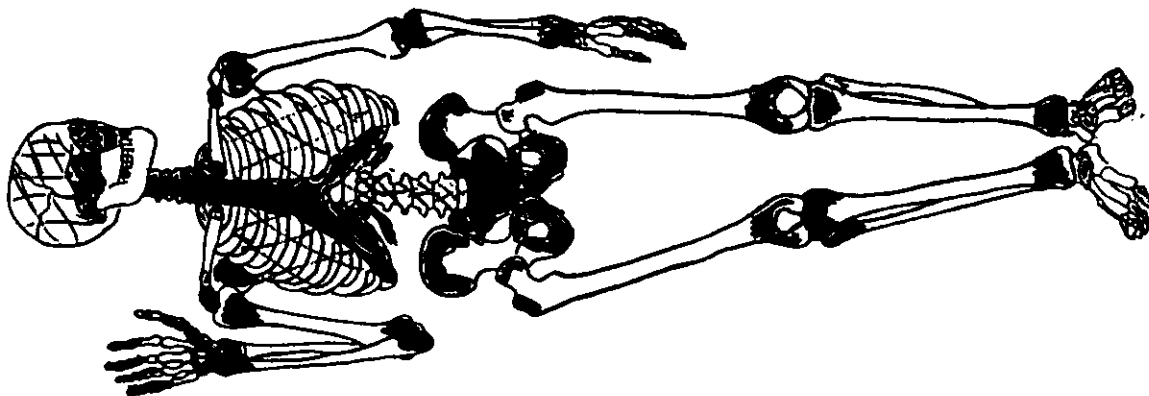
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R NICHOLS Chief, Identification Section

19. "BLACK OUT" PARTS OF BODY NOT RECOVERED

Vertebrae 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, 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

**PAUL R NICHOLS**  
Chief, Identification Section

SIGNATURE -

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN X-4096 (Formerly UNK X-472, 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	5. ROW	6. GRAVE	7. DATE OF	
	DANGER BAY	CRYPT		DISINTERMENT	REINTERMENT STORAGE
	801	X	5356	17 Dec 47	1 April 48

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

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? TO WHAT EXTENT?  
 YES  NO





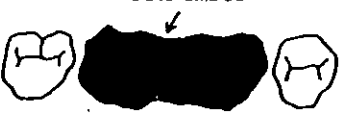





15. WAS BODY MANGLED? TO WHAT EXTENT?  
 YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

No clothing. No personal effects nor any other means of identification found with remains.

<p><b>MISSING TEETH:</b> 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><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY DECAYED</p> 	

*Missing*

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
						<i>P</i>	<i>P</i>	<i>P</i>		<i>P</i>	<i>P</i>	<i>P</i>			
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
UPPER								UPPER							
LOWER								LOWER							
SIDE VIEWS								SIDE VIEWS							
			<i>P</i>	<i>P</i>				<i>P</i>	<i>P</i>	<i>P</i>					
<i>6</i>	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

*See Remarks*

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."

Maxilla from L1 to L8 missing. L1, L3, L6, L7 and L8 are found loose with remains. R16 partially impacted.

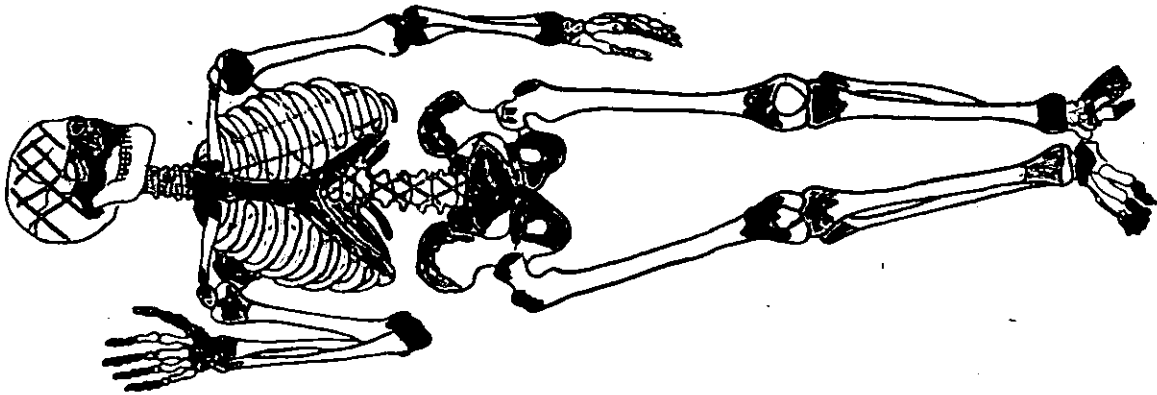
CERTIFIED TRUE COPY:

*[Signature]*  
 L S PANOPLO  
 1st Lt Inf

/s/ Joseph D. Murphy T/5

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Vertebrae 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.

Skull fragments.

Estimated weight of remains 5½ lbs.

Unable to determine the height due to decomposition of major or long bones.

This remains is one of a group disinterred from Grave 822, Row O, Plot 8 of Cabanatuan POW Camps Cemetery, Luzon, P.I.

CERTIFIED TRUE COPY:

*[Signature]*  
 L S PANOPLO  
 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 Supervisor  
 CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Edward F. Moriarty

REPORT OF DISINTERMENT FOR IDENTIFICATION

17 Dec 47

1. Remains of (Name)

UNKNOWN X-472

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

USAF Cem Manila #2, Luzon, P.I

Plot

2

Row

15

Grave No.

1925

2. Date of Disinterment

17 Dec 47

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

Skeletal remains.

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

One (1) substitute tag

On Remains

One (1) substitute tag

What Identification Used Upon Reinterment: On Marker

On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.

*Ward C. Stephenson*  
WARD C STEPHENSON 1st Lt., OMC



INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



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

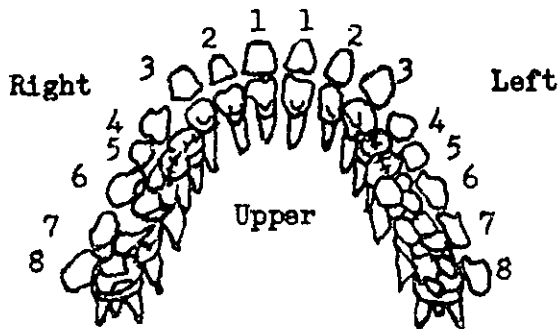
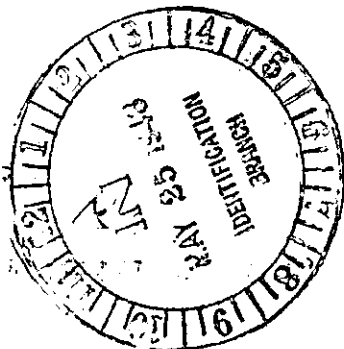
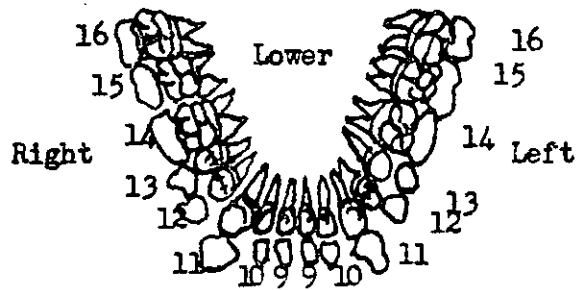


Diagram represents the mouth wide open



17-0887-5

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-4096 (Formerly UNK X-472, 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	5. ROW	6. GRAVE	7. DATE OF	
	MANGER BAY	CRYPT		DISINTERMENT	REINTERMENT STORAGE
	801	X	5356	17 Dec 47	1 April 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

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? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?


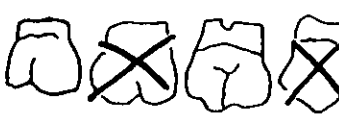








YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

No clothing. No personal effects nor any other means of identification found with remains.

<p><b>MISSING TEETH:</b> 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><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD GROWN PORCELAIN GROWN</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY DECAYED</p> 	

*Missing*

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
						X	X		X	X	X	X	X		
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
UPPER								UPPER							
LOWER								LOWER							
SIDE VIEWS								SIDE VIEWS							
			X	X		X	X		X		X				
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

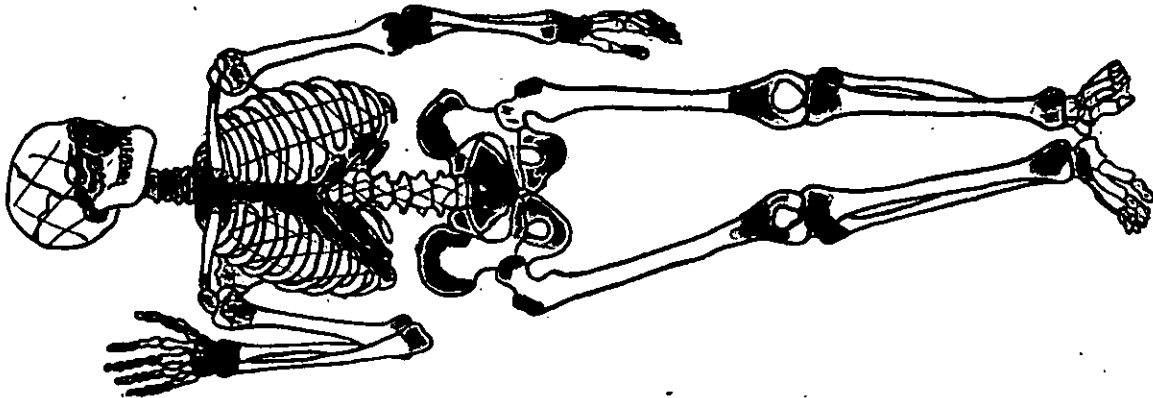
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxilla from L1 to L8 missing. L1, L3, L6, L7 and L8 are found loose with remains. R16 partially impacted.  
 CERTIFIED TRUE COPY:

*L. S. Panopio*  
 L. S. PANOPIO  
 1st Lt. INF

/s/ Joseph D. Murphy, T/5

Vertebrae 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

Skull fragments.  
Estimated weight of remains 5½ lbs.  
Unable to determine the height due to decomposition of major or long bones.  
This remains is one of a group disinterred from Grave 822, Row O, Plot 8 of Cabanatuan POW Camps Cemetery, Luzon, P.I.

CERTIFIED TRUE COPY:

*L. S. Panojio*  
L. S. PANOJIO  
1st Lt., INF

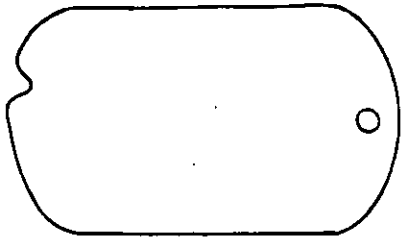
I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

/p/ EDWARD F. MORIARTY, Emb Supervisor  
CIP Laboratory, Manila, P.I.

/s/ Edward F. Moriarty

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)				REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			STORAGE			DATE OF REPORT 7 Apr 48			
Imprint Identification Tag If Possible. DO NOT TYPE  				Section 1.—IDENTIFICATION.						SERIAL NO.			
				NAME (Last, first, middle initial) UNKNOWN X-4096 (Formerly UNK X-472, USAF Cemetery Manila #2, Luzon, P.I.)						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 Cabanatuan POW Camps I & II, 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)  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 1 April 48		HOUR 0930		BURIED IN (Shroud, blanket, or name of other) STORED Casket		TYPE OF GRAVE MARKER None		PLOT No. 801		ROW No. X		GRAVE No. CRYPT 5356	
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. 15		GRAVE No. 1925	
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-4097				RANK		SERIAL No.		ORGANIZATION		GRAVE No. CRYPT 5357			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-4095				RANK		SERIAL No.		ORGANIZATION		GRAVE No. CRYPT 5355			
SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> V C AQUINO 1/5 QMC						SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> L S PANOPIO, 1st Lt Inf							
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.													

*Inf 375*

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


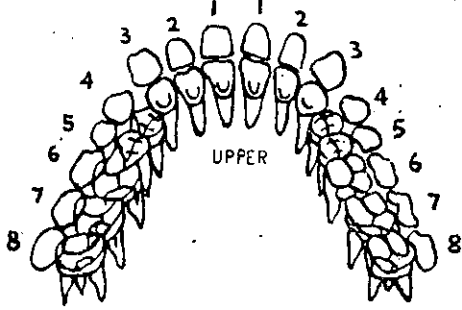




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

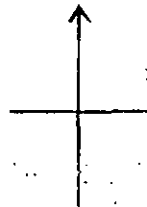
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

**OTHER IDENTIFICATION CLUES**

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

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



REMARKS: UNKNOWN X-4096, AGRS Mausoleum, Manila, P.I., formerly UNK X-472, USAF Cemetery Manila #2, Luzon, P.I., could possibly be any one of the persons listed on previous Report of Reinterment, USAF Cemetery Manila #2, Luzon, P.I.

QMG Form No 1044, 1044-A and 1044-B accomplished.

14 APR 1948

RIGHT  
LITTLE FINGER

RIGHT  
RING FINGER

RIGHT  
MIDDLE FINGER

RIGHT  
INDEX FINGER

RIGHT  
THUMB

LEFT  
THUMB

LEFT  
INDEX FINGER

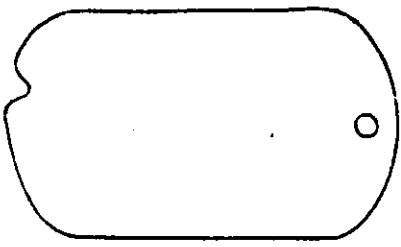
LEFT  
MIDDLE FINGER

LEFT  
RING FINGER

LEFT  
LITTLE FINGER

/aam

RESTRICTED

QMWD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT 7 Apr 48	
<i>Imprint Identification Tag If Possible. DO NOT TYPE</i> 		<b>Section 1.—IDENTIFICATION.</b>				
		NAME (Last, first, middle initial) UNKNOWN X-4096 (Formerly UNK X-472, 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 Cabanatuan POW Camps I & II, 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) See Remarks				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
<b>Section 2.—BURIAL.</b> 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 1 April 48	HOUR 0930	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. HANGER BAY X	GRAVE No. CRYPT 5356
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.					
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-4097			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5357
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-4095			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5355
SIGNATURE OF PERSON PREPARING REPORT /s/t/ V. C. AQUINO, T/5, QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ L. S. PANOPIO, 1st Lt., INF.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Incl. # 3

RESTRICTED

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


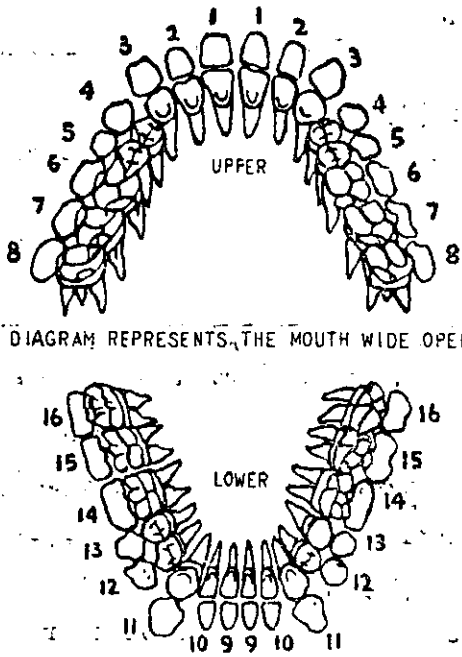




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

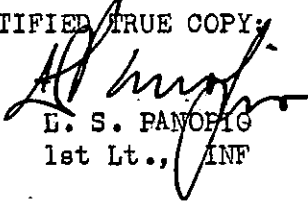
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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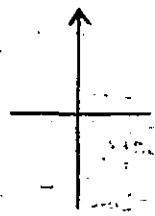
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND.
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OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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

CERTIFIED TRUE COPY:  
  
 L. S. PANOFIG  
 1st Lt., INF



REMARKS: UNKNOWN X-4096, AGRS Mausoleum, Manila, P.I., formerly UNK X-472, USAF Cemetery Manila #2, Luzon, P.I., could possibly be anyone of the persons listed on previous Report of Reinterment USAF Cemetery Manila #2, Luzon, P.I.

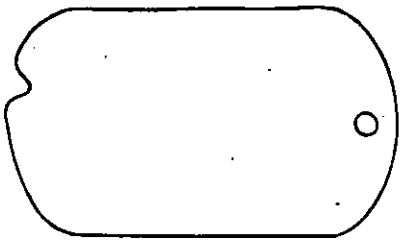
QMC Form No 1044, 1044-A and 1044-B accomplished.



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  
29 January 1945

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X - 472 (Formerly Unknown C-74 Cabanatuan Cemetery, Luzon, P. I.)		SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Cabanatuan POW Camp I & II, Luzon, P. I.	CAUSE OF DEATH	DATE OF DEATH
---	----------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Prison records indicate five (5) bodies named below were buried in this grave but only four were found, 1. Walker, James W. Corp. 31 Inf. R-2368077 2. Wood, Allen W. Pfc. 194 Tank 37025869 (See reverse side section 3)
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 No. 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.
31 Dec. 1945	0900	Shelter Half	Cross	2	15	1925

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 and II Cemetery, Cabanatuan, Nueva Ecija, Luzon, P. I. - 45.7-70.9 1/50,000	PLOT No. 8	ROW No. 0	GRAVE No. 822
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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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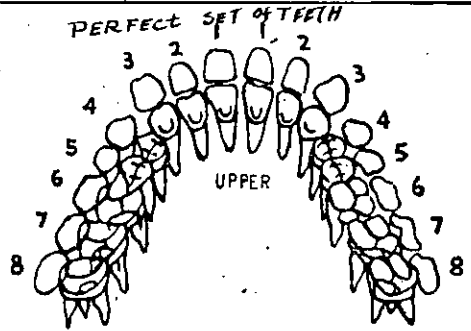
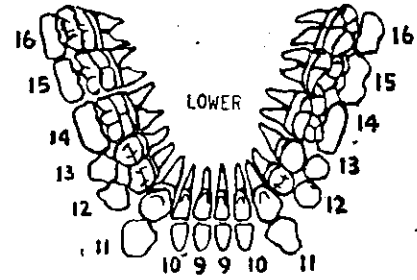





IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X - 471 (Formerly Unknown C-73 Cabanatuan Cemetery, Luzon, P. I.)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 1924
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) CULLEN, Michael T.	RANK Pfc.	SERIAL No. 1527852	ORGANIZATION 59th CAC	GRAVE No. 1926
---	--------------	-----------------------	--------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> 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.				
LEFT LITTLE FINGER	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.				
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	
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES				
LEFT INDEX FINGER	<p>3. Morgan, Robert R.                      Pvt.                      7 MAT                      18025313</p> <p>4. Pruitt, Blanchard E.                      Pvt.                      MD                      18060257</p> <p>5. Schopp, Erwin H.                      Unknown                      59 CAC                      17012216</p>				
LEFT THUMB	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	<p align="center">PERFECT SET OF TEETH</p>  <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p align="center">LOWER</p>		
LEFT THUMB	CAVITIES	 <p>CAVITY DECAYED</p>			
RIGHT THUMB	MISSING TEETH	 <p>TOOTH MISSING</p>			
RIGHT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>			
RIGHT MIDDLE FINGER	BRIDGE WORK	 <p>GOLD BRIDGE</p>			
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
RIGHT RING FINGER					
RIGHT LITTLE FINGER	REMARKS:				