

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 203 Y. in K (Misc) Manila #2 X470, X471
X472, X473

SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION 203 Y. in K Manila #2 X476

RECLASSIFICATION SHEET

Interred 20 Feb 1950
 N 13 187 Ft. McKinley
Carrollmark DISINTERMENT DIRECTIVE
 N-13-187
 PREPARED BY PHILCOM

1 /bpm
 SECTION A —
 NAME AND BURIAL LOCATION OF DECEASED
CARL R. H. MARK
Cemetery Superintendent
 DIRECTIVE NUMBER
7747 80657
 DATE
09 02 50
 DAY MONTH YEAR

NAME **UNKNOWN X - 473** SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY **USAF CEMETERY MANILA NO. 2, P. I.** PLOT **2** ROW **15** GRAVE **1911** DISPOSITION OF REMAINS
7702 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-473** SERIAL NUMBER GRADE DATE OF DEATH **18 Feb 1950** DATE DISTINTERRED
 IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY **PAUL R NICHOLS Embalmer** NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT
 NATURE OF BURIAL **Shelter HHalf** CONDITION OF REMAINS **Skeletal**
 OTHER MEANS OF IDENTIFICATION **X-4097 Maus**

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

REMAINS PREPARED AND PLACED IN CASKET
 DATE **18 Feb 1950** BY **PAUL R NICHOLS**
 CASKET SEALED BY **PAUL R NICHOLS** EMBALMER (Signature) *Paul R Nichols* **PAUL R NICHOLS**

CASKET BOXED AND MARKED **RAYMOND H TANGUAY** SHIPPING ADDRESS VERIFIED BY **L. W. RICHARDSON, M/Sgt. PARA**
 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
MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO U S MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Barclay</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

3

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 80657

DATE

09 02 50
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION

UNKNOWN I - 473

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS

USAF CEMETERY MANILA NO. 2, P. I.

2 15 1911

7701 80

CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

UNITED STATES MILITARY CEMETERY
FT. RM. MCKENLEY, P. I.

(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

- REMAINS
- 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

CASKET SEALED 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

RECORD OF DISINTERMENT OPERATIONS

incl #16

3

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 80657

DATE

09 02 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN I - 473					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO. 2, P. I.	2	15	1911	7701 80 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
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)

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

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

RECEIVED BY SHIPPER

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: AGRS, 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, AGRS Mausoleum, Manila as the remains of:

WALKER, James M.	Cpl	2 368 077
FRUITT, 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, indicated 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 OQMG Forms 371 for the subject decedents reflecting additional dental information.

5. Board Proceedings are returned herewith.

FOR THE QUARTERMASTER GENERAL:

5 Incls:

- 1 - OQMG 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

X 293 Unk DT X-473
11/14/49
11/15/49

Am
FILE UNDER NO. 293 - Unk. P. I. X-473 (Manila #2)

I N D E X S H E E T

SYNOPSIS

Letter

12 Dec. 1947

FROM: COMG

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-475)

mfs

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PILIBOM ZONE

~~152~~ 18 Oct. 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 473, Flot 2,
Row 15, Grave 1911, 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, QMG
Chief, Records Branch

Atch: Form 1044

Received 22 Dec 49 OQMG
Not identifiable from
information presently
available

W. C. Laurin
30 Dec 49

Encl.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN: X-4097 (Formerly UNK X-473 Manila #2)				2. DATE OF REPORT 20 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	X	5357	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

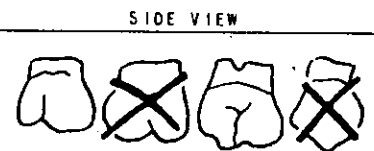
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl #2

18.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



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



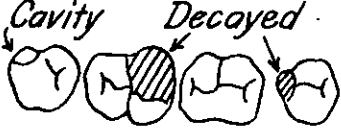
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



Maxilla Missing

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
P	A/O	A/O	A/O	O		S	O	P	P			P	A/O	A			
	O	O	O			m	a						O	O			
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
	O	A/O						P				P	A		/		
	O	A/O	O										O				
	16	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."

REMARKS: Maxilla missing. From R1 to R7, L3, L4 and L6 to L8 are found loose with remains. L16 is partially impacted.

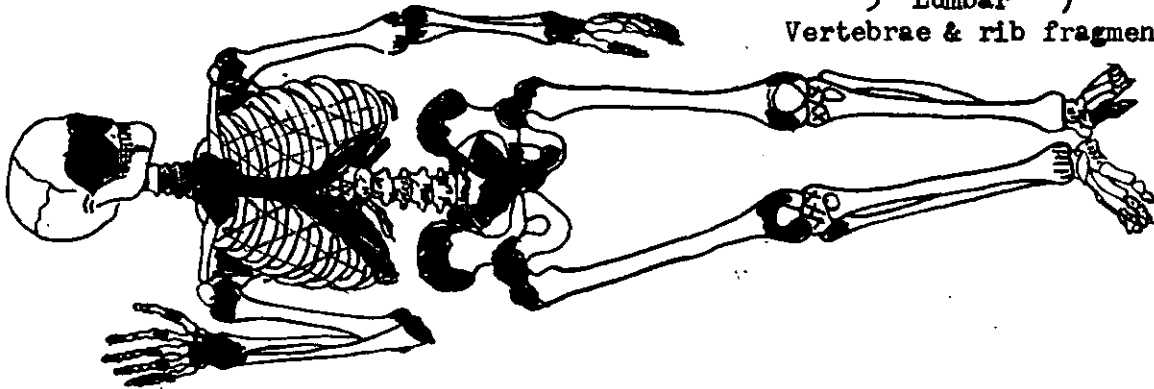
"UNIDENTIFIABLE"

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



2 Cervical)
1 Thoracic)Vertebrae
5 Lumbar)
Vertebrae & 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 - 6 lbs.
Circumference of skull - 21 3/4 inches.

"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

SIGNATURE

PAUL R NICHOLS
Chief, Identification Section

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-4097 (Formerly UNK X-473, USAF Cem Manila #2, Luzon, P.I.)				2. DATE OF REPORT 30 Mar 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	X	5357	DISINTERMENT	REINTERMENT
				STORAGE 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? <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)

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

18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		TOOTH MISSING 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		GOLD GROWN PORCELAIN GROWN 	
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 	

Maxilla *Missing*

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A o	A o	A o	A o		S ml	M d	X	X			X	A o	A o	
SIDE VIEWS															
TOP VIEWS															
SIDE VIEWS															
SIDE VIEWS															
	A o	A o						X				X	A o		
16	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."

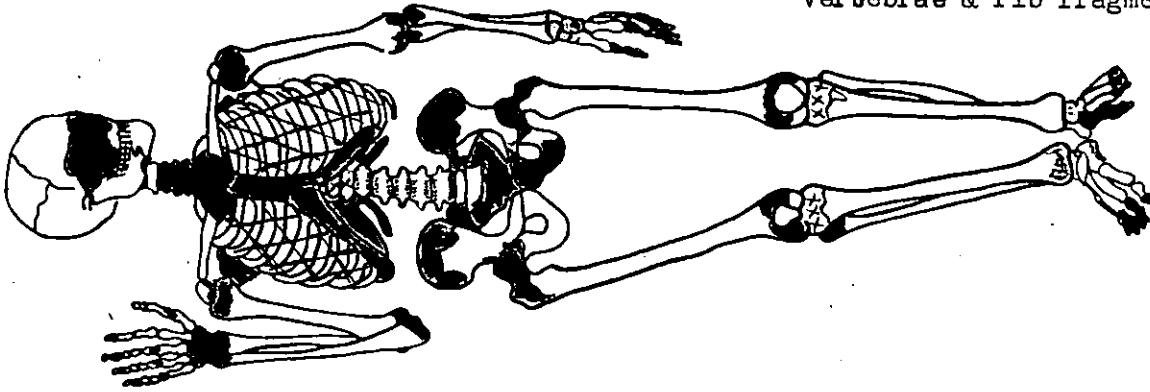
Maxilla missing. From R1 to R7, L3, L4, and L6 to L8 are found loose with remains. L16 is partially impacted.

CERTIFIED TRUE COPY:
[Signature]
L S PANOPIO
1st Lt Inf

/s/ Joseph D. Murphy T/5

19. BLACK OUT PARTS OF BODY NOT RECOVERED

2 Cervical)
1 Thoracic) Vertebrae
5 Lumbar)
Vertebrae & 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

Circumference of skull is 21 3/4"
Estimated weight of remains is 6 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 PANOPTO
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/

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



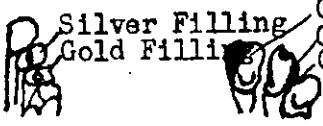
Crowned Teeth



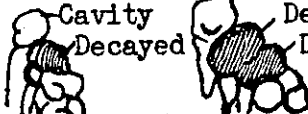
Bridgework



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

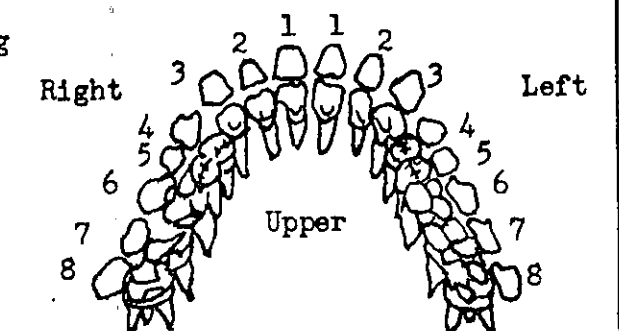
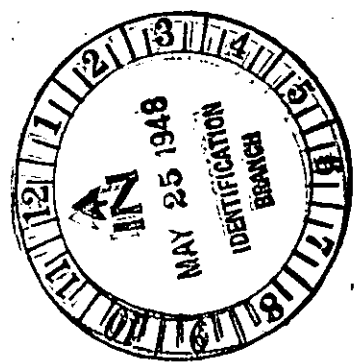
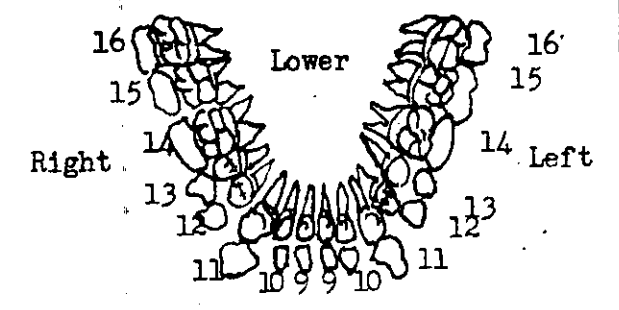


Diagram represents the mouth wide open



5-34880-4A

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-4097 (Formerly UNK X-473, USAF Cem Manila #2, Luzon, P.I.)	2. DATE OF REPORT 30 Mar 48
---	--------------------------------

3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	MANGER BAY CRYPT 801	X	5357	DISINTERMENT 17 Dec 47	REINTERMENT STORAGE 1 Apr 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? <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?
--	-----------------

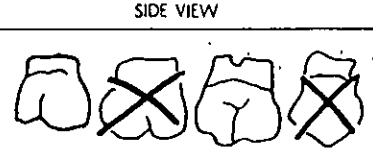
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

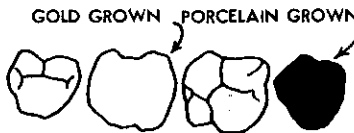
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

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

MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



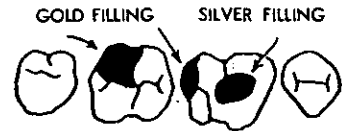
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



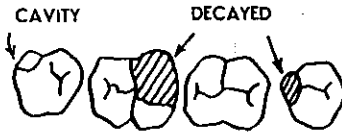
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT Maxilla								Missing								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
<i>D</i>	<i>A</i>	<i>O</i>	<i>A</i>	<i>O</i>	<i>O</i>	<i>I</i>	<i>O</i>	<i>D</i>	<i>D</i>			<i>D</i>	<i>A</i>	<i>O</i>	<i>A</i>								
<i>O</i>	<i>O</i>	<i>MO</i>	<i>d</i>	<i>d</i>		<i>ml</i>	<i>mg</i>						<i>O</i>	<i>d</i>	<i>g</i>								
SIDE VIEWS																							
TOP VIEWS																							
SIDE VIEWS																							
	<i>O</i>	<i>A</i>	<i>O</i>					<i>D</i>				<i>D</i>	<i>A</i>										
16	15	<i>f</i>	14	13	12	11	10	9	9	10	11	12	13	14	15								

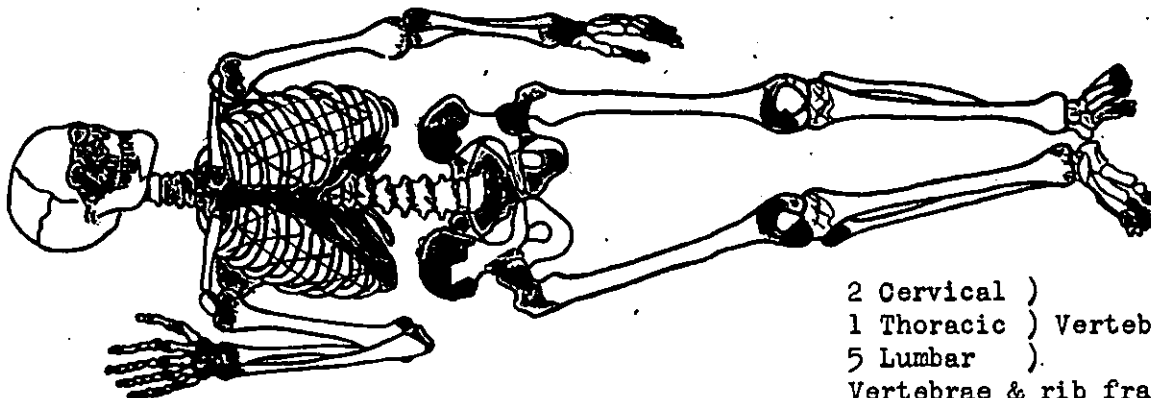
See Remarks

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 missing. From R1 to R7, L3, L4, and L6 to L8 are found loose with remains. L16 is partially impacted.

CERTIFIED TRUE COPY:
[Signature]
L. S. PANOPIO
1st Lt., INF

/s/ Joseph D. Murphy T/5



2 Cervical)
 1 Thoracic) Vertebrae
 5 Lumbar)
 Vertebrae & rib fragments

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
 (Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist 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

Circumference of skull is 21 3/4".
 Estimated weight of remains is 6 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 Camp, Cemetery, Luzon, P.I.

CERTIFIED TRUE COPY:

L. S. Panopio
 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 Supervisor
 CIP Laboratory, Manila, P.I.

SIGNATURE

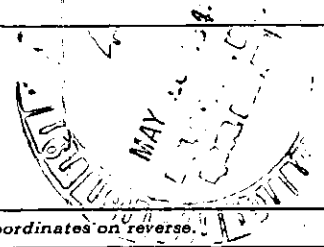
/aam

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RESTRICTED

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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 7 April 48		
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-4097 (Formerly UNK X-473, 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)					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)		See Remarks					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.							
DATE OF BURIAL STORAGE 1 April 48	HOUR 0930	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 80L	ROW No. X	GRAVE No. CRYPT 5357	
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. 1911	
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-4098		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5358		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-4096		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5356		
SIGNATURE OF PERSON PREPARING REPORT V. AQUINO 175 QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT 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.

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Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


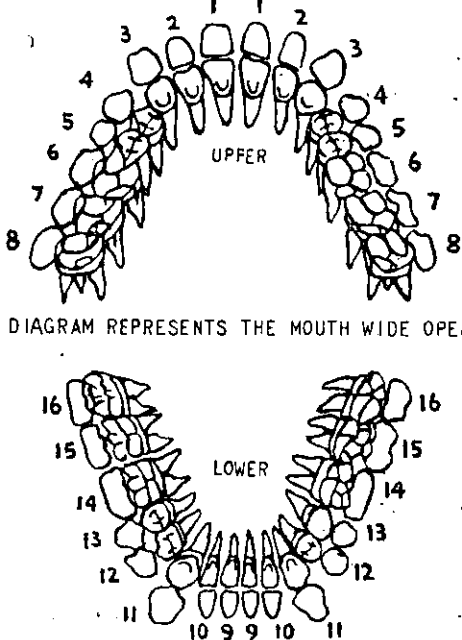




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

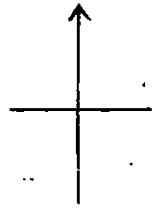
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

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>	

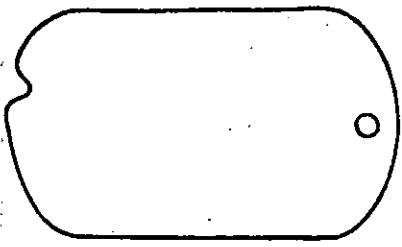
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS: UNKNOWN X-4097 AGRS Mausoleum, Manila, P.I., formerly UNK X-473, 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.
 QMC Form No 1044, 1044-A and 1044-B accomplished.

14 APR 1948

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D 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 April 48	
Imprint Identification Tag If Possible. DO NOT TYPE 			Section 1.—IDENTIFICATION.								
			NAME (Last, first, middle initial) UNKNOWN X-4097 (Formerly UNK X-473, 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											
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) Casket.			TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. X	GRAVE No. 5357		
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. 1911	
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) UNKNOWN X-4098					RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5358			
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-4096					RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5356			
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.											

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Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


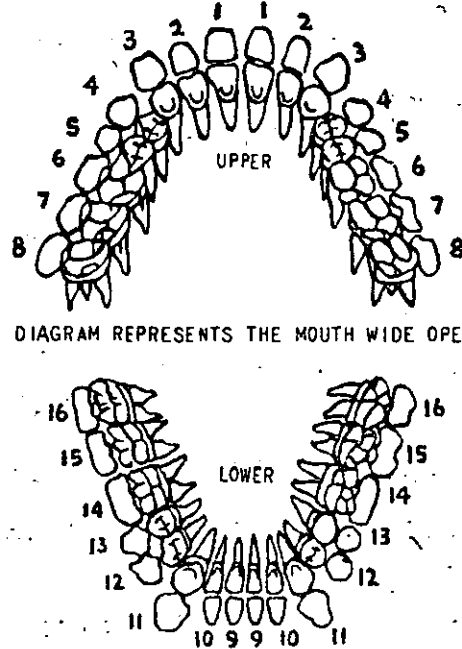




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

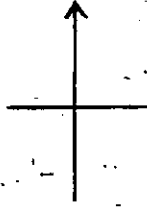
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS  SILVER FILLING GOLD FILLING	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN.</p>
LEFT RING FINGER	CAVITIES  CAVITY DECAYED	
LEFT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK  GOLD BRIDGE	
RIGHT LITTLE FINGER		

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

CERTIFIED TRUE COPY:

 L. S. PANOF
 1st Lt., INF



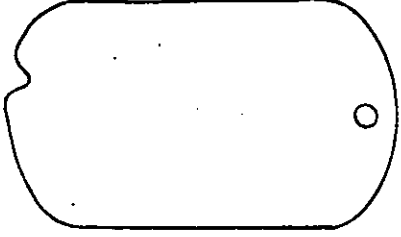
REMARKS: UNKNOWN X-4097 AGRS Mausoleum, Manila, P.I., formerly UNK X-473, USAF Cemetery Manila #2, Luzon, P.I., could possibly be anyone of the persons listed on previous Report of Reinterment USAF Cemetery Manila #2, Luzon, P.I.

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

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

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

DATE OF REPORT
27 January 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X- 473 (formerly Unknown X - C-75 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) Four (4) bodies found in common grave - prison records indicate five (5) bodies buried in this grave as follows: 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

And 1527 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	1000	Shelter Half	Cross	2	15	1911

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
----------------------------	--------------------------------	---

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 - 1626 (BLAIR, James H.)	RANK Cpl.	SERIAL No. 19013420	ORGANIZATION	GRAVE No. 1910
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 482 (KELLY, Thomas A.) (formerly unknown C-84 Cabanatuan cemetery)	RANK Pvt.	SERIAL No. 130028021	ORGANIZATION 91 Bomb	GRAVE No. 1912
---	--------------	-------------------------	-------------------------	-------------------

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., GRC.
--	---

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.

Serial 961

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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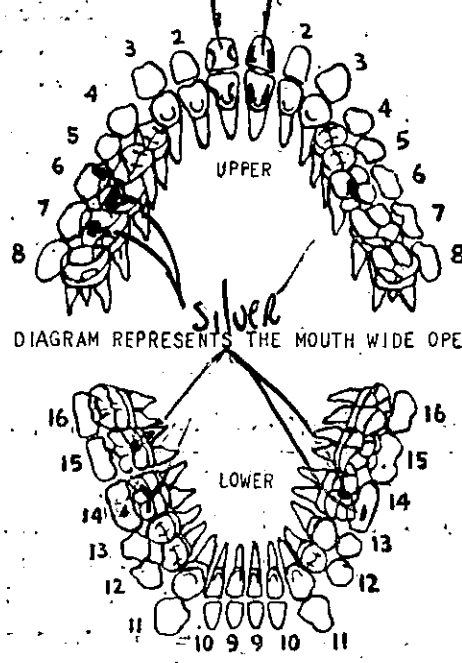




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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

- 3. Morgan, Robert R. Pvt. 7 MAT 18025313
- 4. Pruitt, Blanchard E. Pvt. MD 18060257
- 5. Schopp, Erwin H. unkn. 59 GAC 17012216

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



REMARKS: