

FILE IDENTIFICATION TOPPER

FILE NUMBER

29<sup>th</sup> Col. Maria #2 X-533

SUBJECT

Marion #1 X-4366

1/bps

1

Interred 21 Feb 1950  
N 12 93 Ft. McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

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

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
7147 80661

DATE  
09 02 50  
DAY MONTH YEAR

NAME: UNKNOWN I-533 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY MANILA NO. 2, P. I. PLOT: 2 ROW: 17 GRAVE: 2084 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-533 SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED: 18 Feb 1950

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 Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: X-4366 Mausoleum

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

CASKET BOXED AND MARKED: DATE: 18 Feb 50 BY: RAYMOND H TANGUAY, Sgt 1c, RA SHIPPING ADDRESS VERIFIED BY: L. W. RICHARDSON, M/Sgt., RA

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

*L. W. Richardson*  
L. W. RICHARDSON, M/Sgt., RA  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REPLACEMENT BRANCH

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

US MILITARY CEMETERY

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FEB 21 1950

*Barbara*

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

3

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 7747 80663 DATE 09 02 90 DAY MONTH YEAR

NAME UNKNOWN X - 593 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY MANILA NO. 2, P. I. PLOT 2 ROW 17 GRAVE 2084 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. 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 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

Final #20

JAL

**RECORD OF CUSTODIAL TRANSFER**

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

AIR MAIL

293 - Col. P. I. (Misc.) ( Maus, Manila ) ( X-951, X-362, 3036, 3015, 2013, 1974, 1637, 1214, 695, 2169, 2171, 2175, 3507, 3508, 3509, 3513, 4515, 4566, 4567, 4568, 1121, 1390, 1395, 1515, 1743, 1881, 1912, 1917, 1918, 1958, 1971, 2164, 2582, 2910, 1687, 1663 )

OSCAR 293  
CRS Far East

3 February 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

1. Reference is made to findings of Unidentifiability for the following Unknown Deceased:

Unknown	X-951,	AGRS	Manila,	Formerly	X-4028,	USAF	Gen	Manila	#2
"	X-368,	"	"	"	"	X-53,	"	"	"
"	X-368,	"	"	"	"	X-1618,	"	"	"
"	X-3015,	"	"	"	"	X-1826,	"	"	"
"	X-3313,	"	"	"	"	X-3695,	"	"	"
"	X-1974,	"	"	"	"	X-5239,	"	"	"
"	X-1687,	"	"	"	"	X-3487,	"	"	"
"	X-1214,	"	"	"	"	X-5717,	"	"	"
"	X-695,	"	"	"	"	X-310,	"	"	"
"	X-3163,	"	"	"	"	X-3586,	"	"	"
"	X-2171,	"	"	"	"	X-2537,	"	"	"
"	X-2175,	"	"	"	"	X-3511,	"	"	"
"	X-3507,	"	"	"	"	X-2240,	"	"	"
"	X-3508,	"	"	"	"	X-2241,	"	"	"
"	X-3509,	"	"	"	"	X-2242,	"	"	"
"	X-3513,	"	"	"	"	X-2247,	"	"	"
"	X-4535,	"	"	"	"	X-581,	"	"	"
"	X-4536,	"	"	"	"	X-538,	"	"	"
"	X-4537,	"	"	"	"	X-584,	"	"	"
"	X-4538,	"	"	"	"	X-587,	"	"	"
"	X-1121,	"	"	"	"	X-4734,	"	"	"
"	X-1390,	"	"	"	"	X-4884,	"	"	"
"	X-1395,	"	"	"	"	X-3938,	"	"	"
"	X-1515,	"	"	"	"	X-5517,	"	"	"
"	X-1743,	"	"	"	"	X-5349,	"	"	"
"	X-1881,	"	"	"	"	X-5284,	"	"	"
"	X-1912,	"	"	"	"	X-5510,	"	"	"
"	X-1917,	"	"	"	"	X-5515,	"	"	"
"	X-1918,	"	"	"	"	X-5516,	"	"	"
"	X-1958,	"	"	"	"	X-5507,	"	"	"

X 293 with P.I. X-533 Manila #2

AIR MAIL

AIR MAIL

OPREP 886

2 February 1950

CRS Manila

Subject: Identification of Bombs May 11 Reported

Unknown	X-1971,	ACTS	Manila	Manila,	Formerly	X-5885,	USAF	San	Manila	#2
"	X-2454,	"	"	"	"	X-5140,	"	"	"	"
"	X-2582,	"	"	"	"	X-5093,	"	"	"	"
"	X-3510,	"	"	"	"	X-2000,	"	"	"	"
"	X-4647,	"	"	"	"	X-1060,	"	"	"	"
"	X-4585,	"	"	"	"	X-2061,	"	"	"	"

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

*[Signature]*  
 G. H. HISE  
 Lt. Colonel, QM  
 Quartermaster Division

E. C. Boyler:dcl  
 E. H. White  
 J. Windsor

Cpy furnished: COMCOM, APO 800

AIR MAIL

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

13 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 533, Plot 2,  
Row 17, Grave 2084, USMC Manila #2, Luzon, P.I., have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:

*H. B. McNEEMAR*

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

Atch: Form 1044

Received 26 Jan. 50 OQMG  
Not identifiable from  
information presently  
available

*2 Feb. 50*  
*R. C. Baylor*



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-4366 (Formerly UNK X-533)</b>				2. DATE OF REPORT <b>13 January 1950</b>	
USAF Cemetery Manila #2, Luzon, P.I.					
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>813</b>	5. ROW <b>D</b>	6. GRAVE <b>1030</b>	7. DATE OF DISINTERMENT <b>17 Dec 47</b>
				REINTERMENT <b>17 May 48</b>	

### 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>U T D</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

**N O N E**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

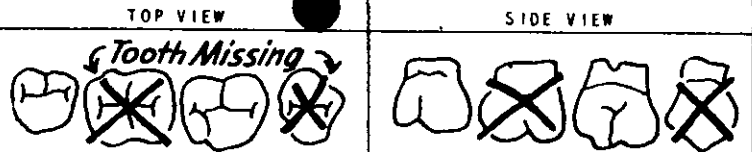
**N O N E**

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)

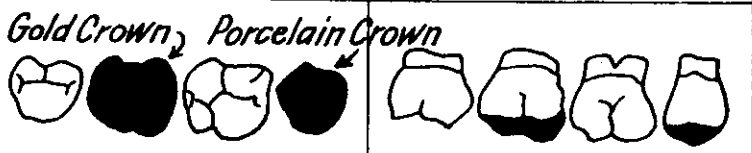
**N O N E**

TOOTH CHART

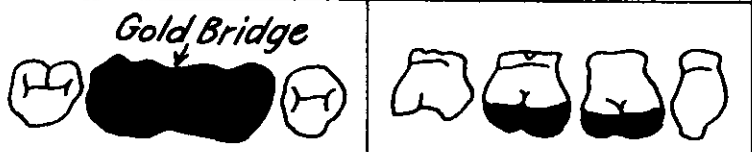
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



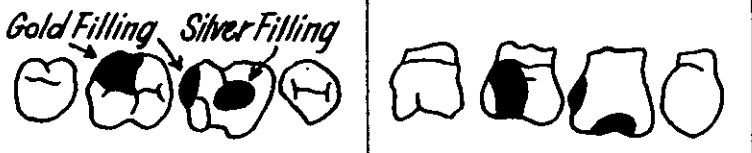
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



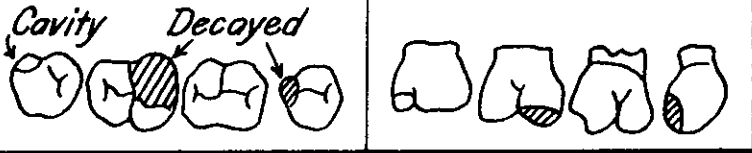
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



MISSING								MISSING								
RIGHT				FRACTURED								LEFT				
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		○		X			○	○	○		X	○	○	○		
		○		X			m	md	md		X	○	○	○		
Side View															Side View	
Top View															Top View	
Side View															Side View	
	X	○	○	○	○	○	○	○	○				○	○	○	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

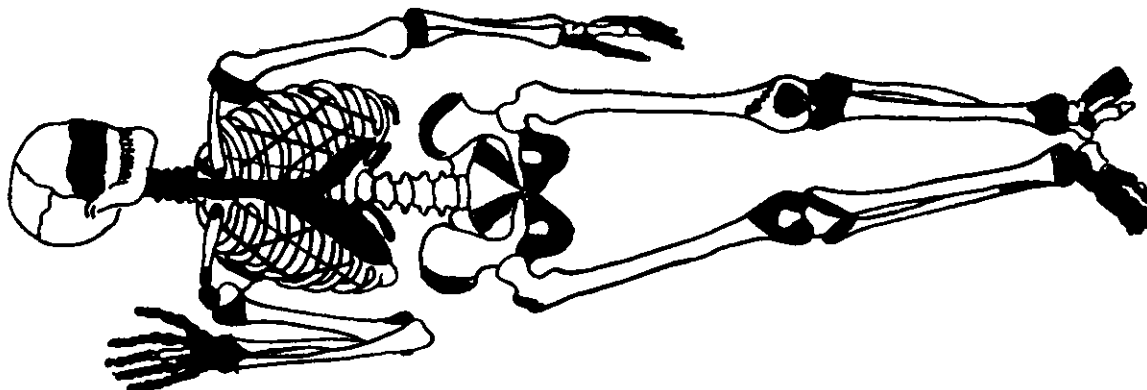
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla from R5 - R8 and from L5 - L8 missing. Loose teeth are found with remains, Maxilla fractured on median line.

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Sec.

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

Estimated weight of remains 4 lbs  
Unable to determine the height due to decomposition of  
long bones.  
No ROI bottle nor identification tag found with remains.

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 <b>UNKNOWN X-4366 (Formerly UNK X-533 Manila #2)</b>				2. DATE OF REPORT <b>22 Oct 1949</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION **AGE: 35 + years**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5'4" to 5'6"</b>	10. COLOR OF HAIR <b>Brown</b>	11. RACE <b>White</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

**N O N E**

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? <b>Bones eroded</b>
--	--

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**

*Incl # 2*

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

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



Maxilla

fractured

Maxilla

Maxilla								Maxilla							
Missing		RIGHT						LEFT						Missing	
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		o		X		m	m	d	m	f	X	o	o		
Side View															Side View
		decayed											decayed		
Top View															Top View
Side View															Side View
	X	o	o	o	o	o	o	o	o	o	o	o	o	X	o
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15

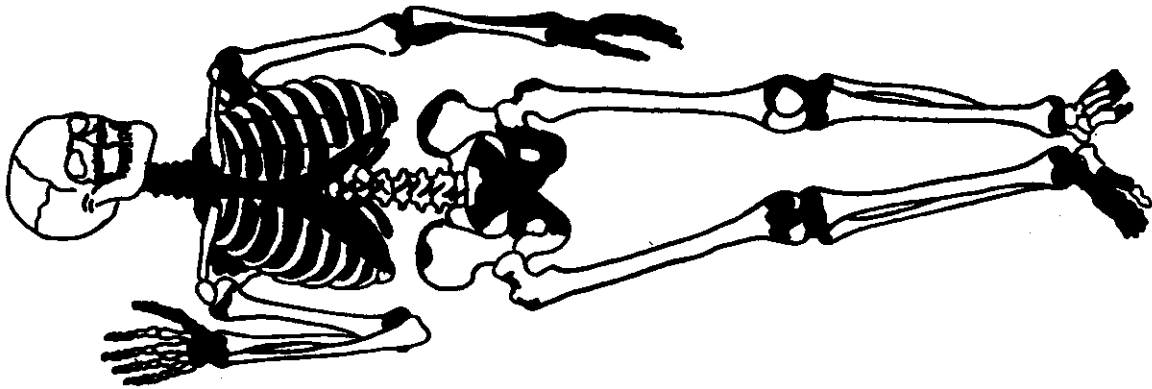
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R6 - R8 and L6 - L7 are loose present with remains.

*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



No measurable long bones

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

This is the remains of a male individual, very probably of white ancestry, over 35 years of age, that is, approaching middle age, short, and of average muscularity. The extremities of the long bones are eroded precluding Brocca measurements; nevertheless, the individual is relatively short, and is estimated at 5'4" to 5'6" by the ratio of the length of the portions of the long bones present.

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

ROBERT B FOX, Anthropologist

SIGNATURE

/ztl

### IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4366 (Formerly UNK X-533) USAF Cemetery Manila #2, Luzon, P. I.				2. DATE OF REPORT 13 May '48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P. I.	4. PLOT 813	5. ROW D	6. GRAVE 1030	7. DATE OF	
	4. AMBER BAY CRYPT			DISINTERMENT 17 Dec '47	REINTERMENT STORAGE 17 May '48

#### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE U T D
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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 ?
---	------------------

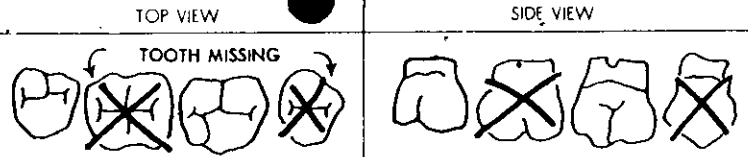
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

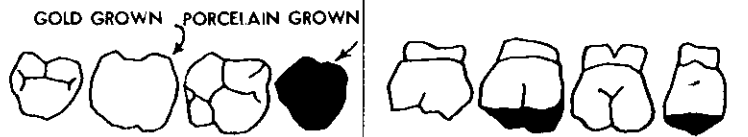
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

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

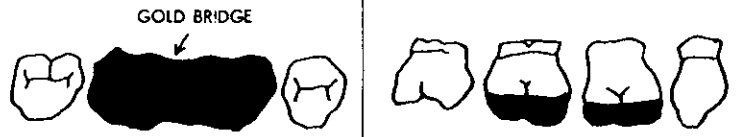
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



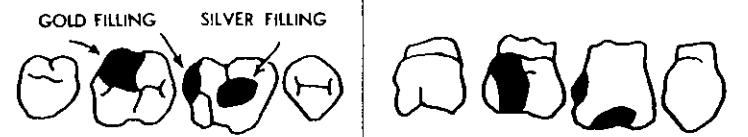
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



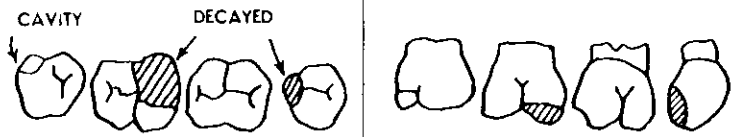
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



**MISSING fracture MISSING**

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

*decayed* *attrition* *attrition*

**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 from 25 - 29 and from 15 - 18 missing. Loose teeth are found with remains. Maxilla fractured on median line.

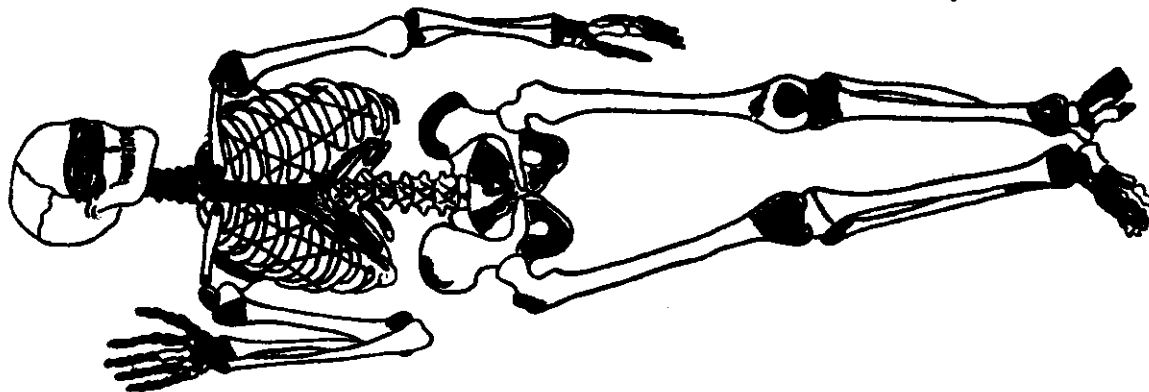
PREPARED TRUE COPY:  
*Edward F. Moriarty*  
DENTIST  
1st Lt. Inf.

*Edward F. Moriarty*



19. BLACK OUT PARTS OF BODY NOT RECOVERED

*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 21"  
Estimated weight of remains 4 lbs  
Unable to determine the height due to decomposition of long bones.  
No ROI bottle nor identification tag found with remains.  
This remains is one of a group disinterred form Grave 809, Row O, Plot 8 of Cabanatuan POW Camps Cemetery, 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

/lef

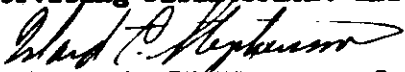
QMC Form 1044  
Rev. 1 Apr. 1945

RESTRICTED

Date

17 Dec 47

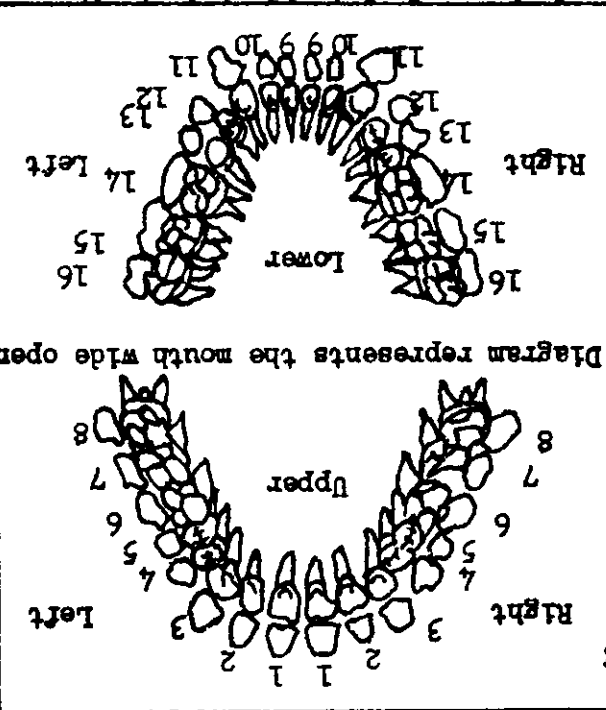
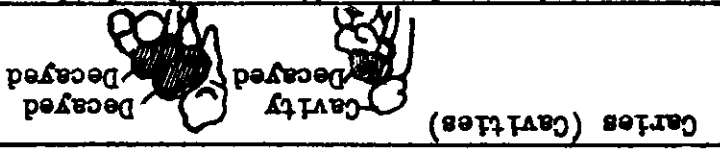
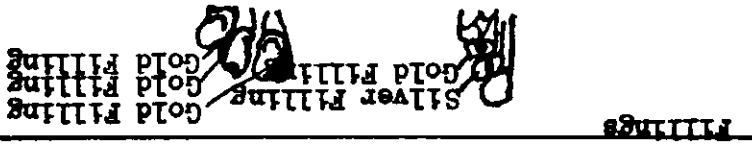
REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name) UNKNOWN X-533		Serial Number		
Grade	Organization			
. Name, Number and Location of Cemetery USAF Cem Manila #2, Luzon, PI		Plot 2	Row 17	Grave No. 2084
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, 1st Lt., QMC				

RESTRICTED

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 X 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), canines (tearing teeth), bicuspids (chewing teeth), and molars (grinding teeth), cusps or canines (tearing teeth), bicuspids (chewing teeth), and molars (grinding teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities or decay), dentures (plates), and any deformity of jaws found.



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

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

AFO 707  
8 June 1948

The following cases are those exsinterred from a common grave at Cabanatuan Prison Camp - Grave #809, Row O, Plot #8. The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN X-4365  
" X-4366  
" X-4367  
" X-4368

NEWMAN, Harry J.  
SCANLON, Raymond G.  
HOYT, Francis E.  
SHIELDS, John S.  
WOLFE, Joseph W.  
MUBER, Charles J.

REPAIRATION  
RECORDS BRANCH

AUG 2 12 43 PM '48

MEMORIAL DIVISION

/zt1

AUG 6 1948

RESTRICTED

U-1406

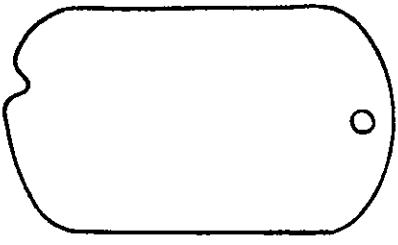
WD QMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

STORAGE

DATE OF REPORT

4 June '48

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNK X-4366 (Formerly UNK X-533 USAF Cem Manila #2, Luzon, P. I.)		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
POW Camp, Cabanatuan, Luzon, P. I.	Unknown	24 Dec '42

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
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	HOUR	BURIED IN (Shroud, blanket, or name of other) STORED	TYPE OF GRAVE MARKER	PLOT No. HANGER BAY	ROW No. BAY	GRAVE No. CRYPT
17 May '48	0930	Casket	None	813	D	1030

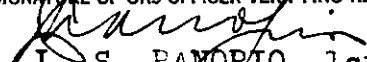
WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE		
Yes	USAF Cemetery Manila #2, Luzon, P. I.		
	PLOT No.	ROW No.	GRAVE No.
	2	17	2084

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	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STOK	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
O'GRADY, John Arthur	Pfc	343103	L-3-5	1032


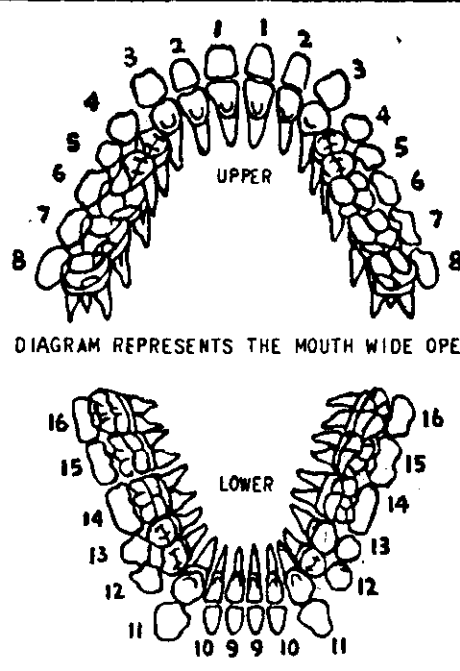





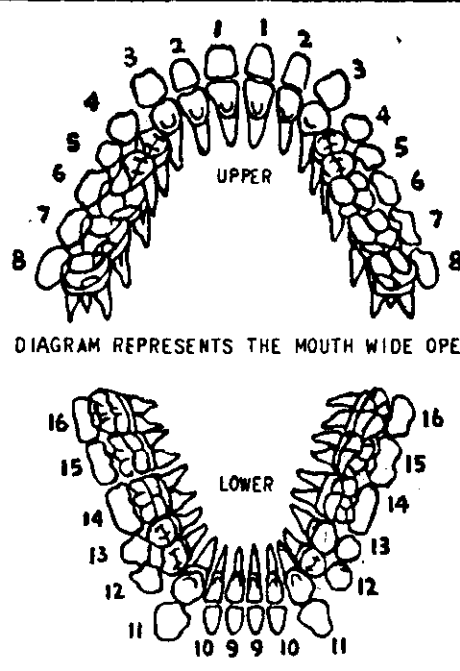





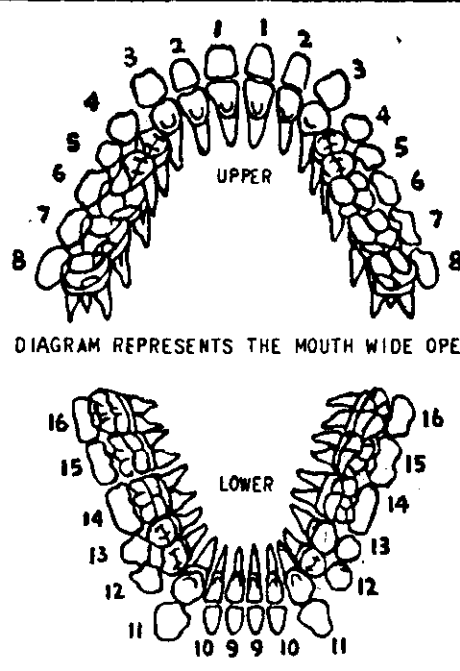




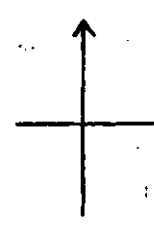
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STOK	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
WARNELL, William Jr.	Sgt	11024281	13 B, Sq 3 B, Gp	1028

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
 W. S. AQUINO, T/5, QMC.	 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 Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

**RESTRICTED**

LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.																
	<b>INSTRUCTIONS:</b> (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																
	OTHER IDENTIFICATION CLUES																
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">                  SILVER FILLING GOLD FILLING             </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">                  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN             </td> </tr> <tr> <td>CAVITIES</td> <td>                  CAVITY DECAYED             </td> </tr> <tr> <td>MISSING TEETH</td> <td>                  TOOTH MISSING             </td> </tr> <tr> <td>CROWNED TEETH</td> <td>                  PORCELAIN CROWN GOLD CROWN             </td> </tr> <tr> <td>BRIDGE WORK</td> <td>                  GOLD BRIDGE             </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE			
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CAVITIES	 CAVITY DECAYED																
MISSING TEETH	 TOOTH MISSING																
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN																
BRIDGE WORK	 GOLD BRIDGE																
LEFT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY																
RIGHT THUMB																	
RIGHT INDEX FINGER	REMARKS: UNKNOWN X-4366, AGRS Mausoleum, Manila, P. I., formerly UNK X-533, USAF Cemetery Manila, P. I., might be anyone of the four (4) unidentified bodies whose names are listed in previous Report of Interment. (10 in a grave, 6 already identified.)																
RIGHT MIDDLE FINGER	QMC Form 1044, 1044a and 1044b accomplished.																
RIGHT RING FINGER																	
RIGHT LITTLE FINGER																	

29 JUN 1948

RESTRICTED

U-1406

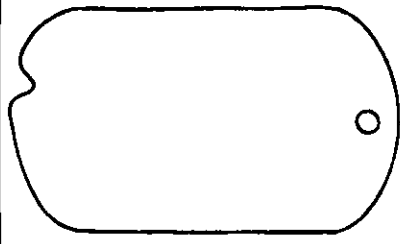
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

30 Jan. 45

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN -X- 500 (Westox, Samuel L.) (Formerly unknown -C-134 Cabanatuan C.A.)		SERIAL No. 13066235
GRADE Pvt	ORGANIZATION 34 PUR	BRANCH OF SERVICE AC
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH  
PC Camp, Cabanatuan,  
Luzon, P. I.

CAUSE OF DEATH  
*Amoebic Dysentery and Malaria*

DATE OF DEATH  
24 Nov. 42

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)

*ten (10)* medals found in common grave. Records indicate:  
Pvt. Miller, David L. 11018833 27 Bomb  
Sgt Wolfe, Joseph W. R-532936 39 CAC  
S/cgt Huber, Charles J. 19056743 34 PUR  
(See Section 3, reverse side)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

*Jul 627*

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.
4 Jan. 45	0900	Shelter Half	Cross	2	17	2034

WAS THIS A REBURIAL?  
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PC Camp # 1 & II Cemetery Cabanatuan, Luzon, P. I.  
45.7-70.9 1/50.000

PLOT No.	ROW No.	GRAVE No.
8	U	309

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- 507 (West, Robert L.)  
(Formerly unknown -C- 134 Cabanatuan C.A.)

RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Cpl	08029029	200 CAC	2033

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)  
UNKNOWN -X- 504 (Cox, Richard W.)  
(Formerly unknown -C- 131 Cabanatuan C.A.)

RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Pvt	3553975		2035

SIGNATURE OF PERSON PREPARING REPORT

*R. C. Barrett*  
R. C. BARRETT, T/4 G.S.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*E. H. Moore*  
E. H. MOORE, 1st Lt. G.S.

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:**

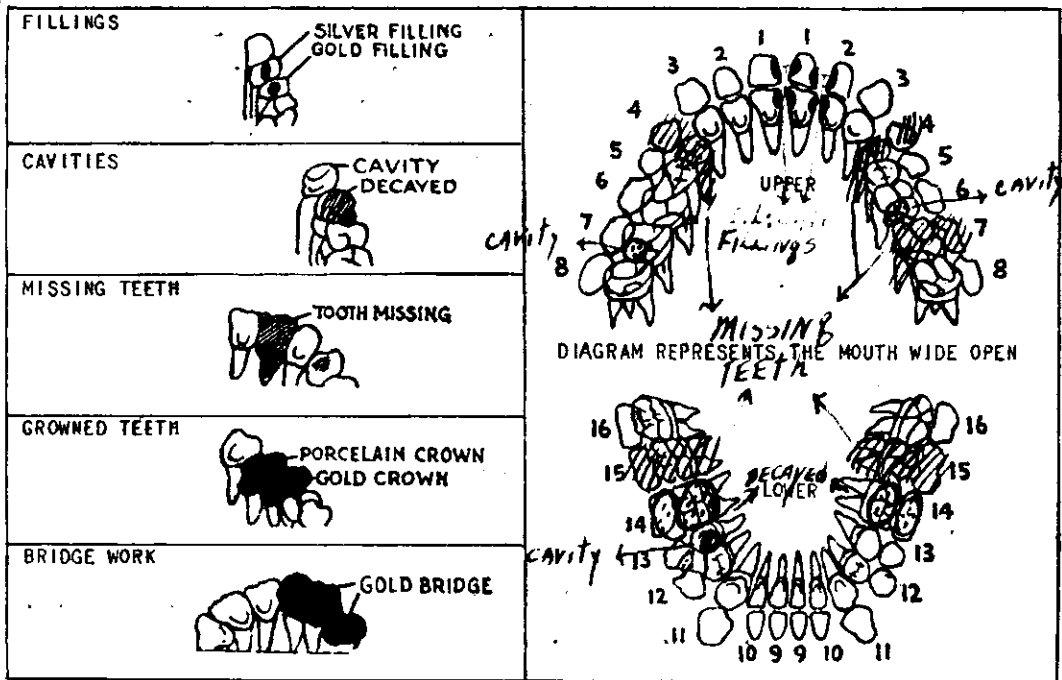
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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the 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  
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

**25 FEB 1946**



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

Pvt Patton, Samuel L. 1503325 04 PW  
 Pvt Cox, Richard W. 333975  
 Pvt Hoyt, Frank W. 1101903 01 Bomb  
 Sgt Shields, John S. 2004301  
 Pvt Gray, George 3706117 194 PW

The above names were buried in this grave. Individual identification impossible. Out of ten bodies found two (2) were identified and eight (8) unidentified.

REMARKS: