

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unbr. manila #2 X-555

SUBJECT

also maus manila X-3907

Formerly Cabanatuan Cem C-152

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 593. Unt. Nianda #2 X552, X553, X555,
X556, X557

SYNOPSIS AND DATES

NEW CLASSIFICATION 593. Unt. Nianda #2 X552

11/8/53
62

RECLASSIFICATION SHEET

293 unk Manila # 2 X-555

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

ja

AFPO 900

10 April 1950
(Date)

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

The records pertaining to Unknown X- 555, Plot 2,
Row 17, Grave 2100, USMC Manila 12, 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
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

[Signature]
H. B. McNEELAR
Captain, QMC
Chief, Records Branch

*File NA-
O.P. 11
11 Mar 52*

Received 31 Mar 1950 **QMC**
Not identifiable from
information presently
available

6000 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3007 (Formerly Unk X-555 Manila "D")				2. DATE OF REPORT 10 March 1950	
3. NAME OF CEMETERY AGIS Mausoleum, Manila, P.I.	4. PLOT " 813	5. ROW B F	6. GRAVE C 1050	7. DATE OF	
			DISINTERMENT		REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UND	9. ESTIMATED HEIGHT 5' 1/2"	10. COLOR OF HAIR BRO	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

NONE

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO Extremities of long bones exposed


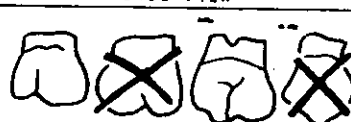
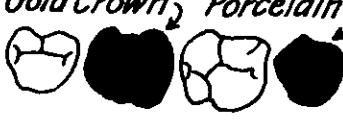





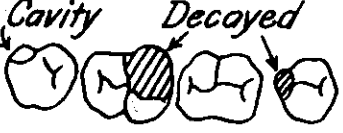

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

TOOTH CHART

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

FRACTURED

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
← MAXILLA MISSING →				⊙		⊙ mk	⊙ d	⊙ d	⊙ m				MAXILLA MISSING →			
Side Views																
UPPER																
LOWER																
Side Views																
U.T.D.	⊙	⊙					⊙					⊙ m	⊙ d	← MANDIBLE MISSING →		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

REMARKS: No maxillary or mandibular teeth present with remains. Unable to determine whether 115 and 116 are 11 or 12 due to the deterioration of the mandible.

Paul H. Nichols

PAUL H. NICHOLS

Chief Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tag, burial bottle, personal effects, or other means of identification 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, Ident. Section

SIGNATURE

Paul R. Nichols

1

Interred 3 April 1950
L 10 76 Ft. McKinley

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

CARL R. H. MARK
Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7147 81224

DATE
29 03 50
DAY MONTH YEAR

NAME UNKNOWN I - 555
SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY MANILA NO. 2, P. I.
PLOT 2 ROW 17 GRAVE 2132
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-555
SERIAL NUMBER GRADE DATE OF DEATH 30 Mar 50
DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS MARKER 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-3907 Maus.

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 30 Mar 50 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS
EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY
DATE 30 Mar 50 BY 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
LAI
FILE
RECORDS ANNOTATED
DATE 27 Apr 1950
NAME J. Kifer
Report BR. MEM. DIV

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
2 SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
3 SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
4 SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
5 SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
6 SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	
7 SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER	
DATE			DATE	

SIGNATURE OF RECEIVER: *W. J. ...*
 DATE: APR 8 1950

DISINTERMENT DIRECTIVE

PREPARED BY PHIL

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7747 81224

29 09 50
DAY MONTH YEAR

NAME UNKNOWN X - 555	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY USAF CEMETERY MANILA NO. 2, P. I.	PLOT 2	ROW 17	GRAVE 2132	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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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)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	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	EMBALMER (<i>Signature</i>)
------	----	-------------------------------

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

[Handwritten Signature]

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

293 - Unk. P. I. (I.I.S.O.) (Manila #2) (X-552, 553, 555, 556, 557)

7 June 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 Case Histories for Remains Considered Identifiable dated 25 October 1948, your headquarters, recommending the following identifications:

X-3906 AGRS Mausoleum, Manila, P. I. (Formerly X-553 USAF Cemetery Manila #2) as: Cpl Ellis K. McHale, 30 052 726
X-3532 AGRS Mausoleum, Manila, P. I. (Formerly X-556 USAF Cemetery Manila #2) as: Cpl Garland L. Hall, 13 016 412

2. It is requested that Board Proceedings for the following remains associated with these remains be submitted to this Office:

X-552 USAF Cemetery Manila #2 (X-3905A and X-3905B AGRS Mausoleum)
X-555 USAF Cemetery Manila #2 (X-3907 AGRS Mausoleum)
X-557 USAF Cemetery Manila #2 (X-3908 AGRS Mausoleum)

3. This request is made in view of the fact that the remains were originally disinterred from Plot 8, Row O, Common Grave 824, Cabanatuan POW Cemetery, and complete analysis of the cases involving remains disinterred from this grave cannot be made unless Board Proceedings for all remains are received.

4. Board Proceedings, listed in paragraph 1 above, are suspended pending receipt of the above requested data.

FOR THE QUARTERMASTER GENERAL:

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

COPY:
mfs

X-552, 553, 555, 556, 557
X-3905A, 3905B, 3907, 3908

1. FILE UNDER NO. 293 - Unk. P. I. X-555 (Manila #2)

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **31 Dec. 1947**
 4. FROM: **COM**
 5. TO: **CG, Philippine-Syngus Command, APO 707, San Francisco, Calif.**
 6. SUBJECT: **Identification of Unknown Deceased.**

7. DOCUMENT FILED UNDER NO. **293 - Unk. Philippine Is. (Misc.) (Manila #2) (X-552, X-553, X-554, X-555 and X-557)**

mf's

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3907 Maus. (Formerly UNK X-555 Manila #2)			2. DATE OF REPORT 24 Oct 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION AGE: 22-27

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'4" see item #21	10. COLOR OF HAIR UTD	11. RACE White (probably)
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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? extremities of long bones eroded
--	---

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

Inch # 3

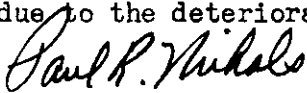
18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>		<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>		<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p><i>Gold Bridge</i></p>	
<p>FILLINGS: 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>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p><i>Cavity, Decayed</i></p>	

fractured

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← maxilla missing →								← maxilla missing →							
<p>U.T.D. $\frac{0}{0}$ 70</p>								<p>← mandible missing →</p>							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

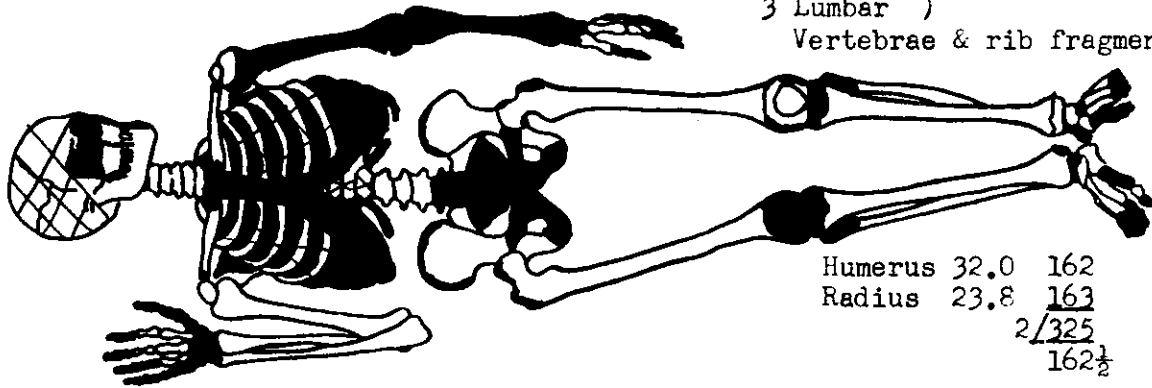
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No maxillary or mandibular teeth present with remains. Unable to determine whether R15 and R16 are X or PX due to the deterioration of the mandible.


 PAUL R NICHOLS
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Present
 5 Cervical)
 6 Thoracic) Vertebrae
 3 Lumbar)
 Vertebrae & rib fragments



Estimated height: 5'4"

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

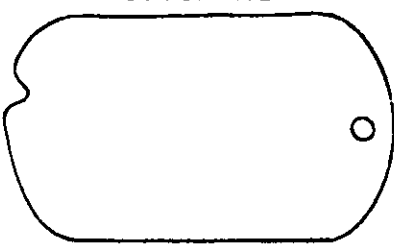
This is the remains of a male, probably white, short and muscular, and in his early or mid twenty's. The height estimate is based upon two Brocca measurements of the arm bones only.

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


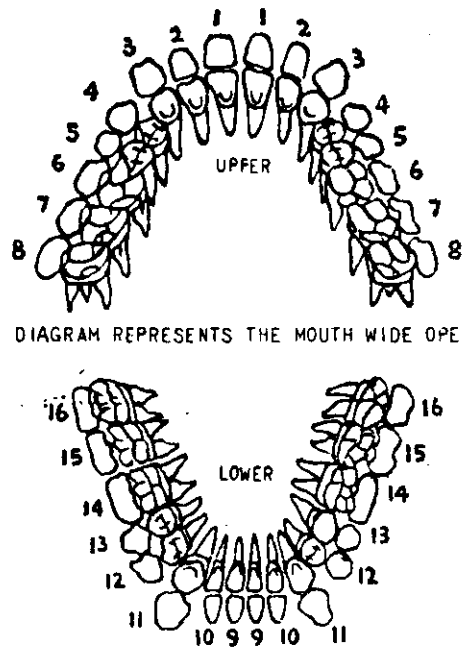





TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

ROBERT B FOX
 Anthropologist

SIGNATURE

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 16 Mar 48		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						SERIAL No.	
		NAME (Last, first, middle initial) UNKNOWN X-3907 (Formerly UNK X-555, USAF Cem Manila #2, Luzon, P.I.)						Unknown	
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown			
PLACE OF DEATH Cabanatuan POW Camps I & II, Luzon, P.I.		CAUSE OF DEATH Unknown				DATE OF DEATH Unknown			
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY					
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 2 Mar 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. F	GRAVE No. CRYPT 1850			
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. 17	GRAVE No. CRYPT 2132	
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-3909	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1852					
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3905-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1848					
SIGNATURE OF PERSON PREPARING REPORT /s/t/ V. C. AQUINO, T/5, QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ CALVIN F FINN, Maj., FA						

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.

LEFT LITTLE FINGER	Section 3.—UNIDENTIFIED REMAINS.			
LEFT RING 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 MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT INDEX FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT THUMB	OTHER IDENTIFICATION CLUES			
RIGHT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT INDEX FINGER	CAVITIES  CAVITY DECAYED			
RIGHT MIDDLE FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT RING FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT LITTLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY REMARKS: UNKNOWN X-3907, AGRS Mausoleum, Manila, P.I., formerly UNK X-555, USAF Cemetery Manila #2, Luzon, P.I., could possibly be anyone of the Unidentified persons listed on previous Report of Reinterment USAF Cemetery Manila #2, Luzon, P.I. QMC Form No 1044, 1044 A and 1044 B accomplished.			
RIGHT LITTLE FINGER	REMARKS: CERTIFIED TRUE COPY  G. T. GAMBOA 1st Lt., MSC			

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3907 (Formerly UNK X-555, USAF Cem Manila #2, Luzon, P.I.)				2. DATE OF REPORT 1 Mar 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
		813	F	1350	17 Dec 47	2 Mar 48
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'4½"		10. COLOR OF HAIR UTD		11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS One (1) embossed tag and 2 cem tags received with remains bearing the following Markings: UNKNOWN X-555, McHALE, Ellis K. 35052726 PVT 27 Nov 42, 2132-17-2. Tags enclosed with remains.						
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						

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:		
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 <i>Missing</i>								Left Maxilla <i>Missing</i>							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
				<i>m</i>			<i>ml</i>	<i>d</i>	<i>fd</i>	<i>mf</i>		<i>l</i>				
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	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."

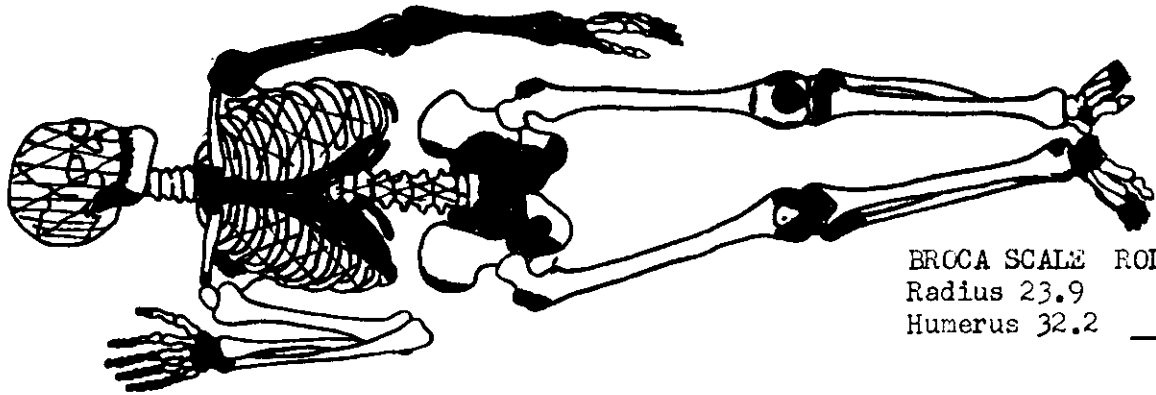
REMARKS: Maxilla fractured between 11 and 11. Portion of maxilla from R5 to R8 and L5 to L8 missing. Mandible badly decomposed and left ramus missing.

CERTIFIED TRUE COPY:

G. A. GAMBON
G. A. GAMBON
1st Lt MSC

/s/ Joseph D. Murphy T/5

19. BLACK OUT PARTS OF BODY NOT RECOVERED



BROCA SCALE	ROLLET TABLE
Radius 23.9	164
Humerus 32.2	164
	<u>328</u>

Estimated height 164 cm or 5'4 1/2"

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 remains is one of a group disinterred from Grave 824, Row O, Plot 8 at POW Camp Cabanatuan, Luzon, P.I.
 No original identification dog tagys, personal effects, burial bottle or other means of identification found with remains.
 Circumference of skull is unobtainable due to condition of remains.
 Estimated weight of remains 5 1/2 lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa
 G. T. GAMBOA
 1st Lt. MSC

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 Embalmer Sup.
 CIP LAB MANILA, P.I.

SIGNATURE
 /s/ Edward F. Moriarty

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

/nsr

APO 707
30 March 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave #824, Row #0, Plot #8. The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN X-3908
" X-3905-A, B.
" X-3906
" X-3907
" X-3552

ALBEE, Lidias H.
JOHNSON, Don L.

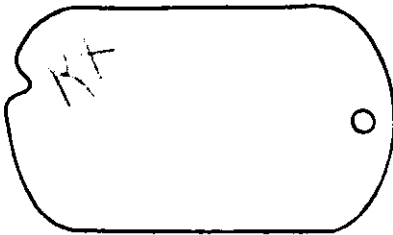
RESTRICTED

U-3724

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
31 January 1946

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X - 555 (McHALE, Ellis K.) (Formerly Unknown G-152, Cabanatuan Cem., Luzon, P.I.)		SERIAL No. JR 38052726
	GRADE Pvt.	ORGANIZATION	BRANCH OF SERVICE
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Cabanatuan POW Camps I and II, Luzon, P. I.	CAUSE OF DEATH Amoebic Dysentery & Inanition	DATE OF DEATH 27 Nov. 1942
--	---	-------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address) OR
Mrs. Martha McHale 3205 Brentwood Ave. Jacksonville, Fla.

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) seven (7) bodies found in this grave one of which was identified by Identification Tag. Prison record list: 1. 1st Lt. Miller, Robert E. 31 Inf. 0-890093 (see reverse side of 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.
4 Jan. 1946	0900	Shelter Half	Cross	2	17	2132

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. 824
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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 - 554 (MAGLEFSKY, David) (Formerly Unknown G-151, Cabanatuan Cem., Luzon, P.I.)	RANK Pvt.	SERIAL No. 13028043	ORGANIZATION	GRAVE No. 2131
--	--------------	------------------------	--------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 556 (ALBEE, Lelias H.) (Cabanatuan Cem., Luzon, P. I.)	RANK M/Sgt.	SERIAL No. 2365596	ORGANIZATION	GRAVE No. 2133
---	----------------	-----------------------	--------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT 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.

RESTRICTED

Jan 58'

85 APR 1946

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


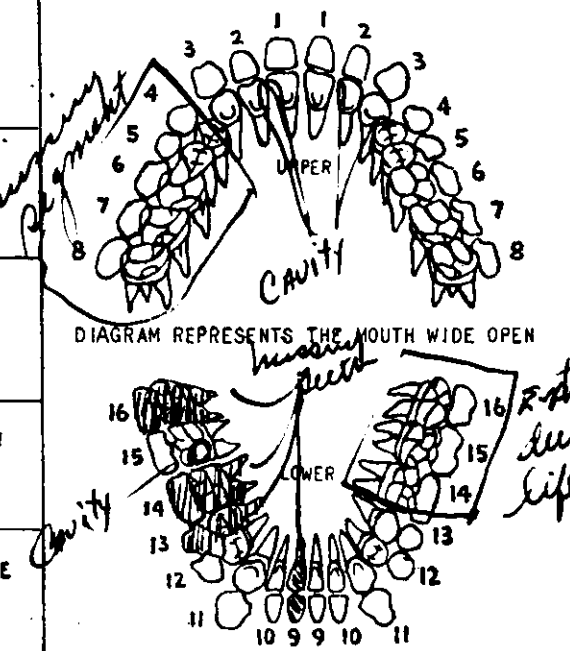




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

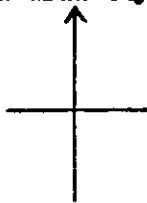
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

- 2. Pvt. Hall, Galland L. 13016412
- 3. Pvt. Maglefsky, David 13028049
- 4. Pvt. McHale, Ellis K. 35052726
- 5. W/Sgt. Albee, Lelias H. R-2365596 AG
- 6. Pvt. Griffith, Charlie 14043785-60 CAC

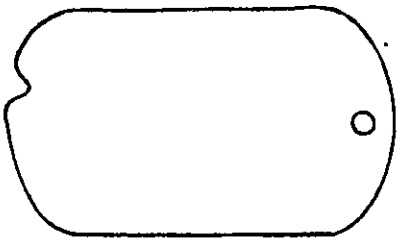
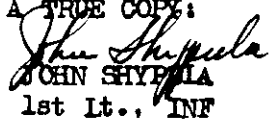
<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
<p> </p>	

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY as also being in this grave but bodies were not individually identified.



REMARKS:

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				DATE OF REPORT 31 January 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-555 (McHALE, Ellis K.) (Formerly Unknown C-152, Cabanatuan Cem., Luzon, P.I.)			SERIAL No. 4 JR. 38052726		
		GRADE Pvt		ORGANIZATION		BRANCH OF SERVICE	
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH Cabanatuan POW Camps I and II, Luzon, P.I.		CAUSE OF DEATH Amoebic Dysentery & Inanition			DATE OF DEATH JR 27 Nov. 1942		
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Martha McHALE 3205 Brentwood Ave. Jacksonville, Fla.							
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) Seven (7) bodies found in this grave one of which was identified by Identification Tag.					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)		Prison record list: 1. 1st Lt. Miller, Robert E. 31 Inf. 0-890093 (See reverse side of section 3)					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
A TRUE COPY:  JOHN SHYPALA 1st Lt., INF							
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.
4 Jan. 1946	0900	Shelter Half		Cross	2	17	2132
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.	
Yes	POW Camps I and II Cemetery, Cabanatuan, Nueva Ecija, Luzon, P.I. - 45.7-70.9 1/50,000			8	0	824	
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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)						
Yes	Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-554 (MAGLEFSKY, David) (Formerly Unknown C-151, Cabanatuan Cem., Luzon, P.I.)			Pvt.	13028043		2131	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X-556 (ALBEE, Ledia H.) (Cabanatuan Cem., Luzon, P.I.)			M/Sgt.	R-2365596	28 Mat Sq. 20 Base Gp (R)	2133	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT (JR)				
s/t/ R. C. BARRETT, T/4, GRS.			/s/t/ E. M. MOORE, 1st Lt., QMC.				
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

INCL 5

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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.


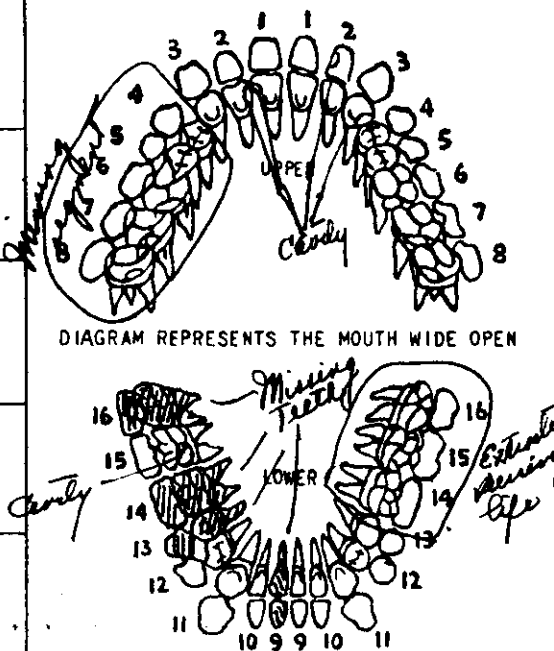




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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

OTHER IDENTIFICATION CLUES

2. Pvt. Hall, Galland L. 13016412
3. Pvt. Maglefsky, David 13028043
4. Pvt. McHale, Ellis K. 35052726
5. ~~W/Sgt. Albee, Leslie H. 2565596-AC~~
6. Pvt. Griffith, Charlie 14043785-60 CAC

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>Missing Teeth</p> <p>Cavity</p> <p>Extensive Missing Teeth</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 as also being in this grave but bodies were not individually identified.



REMARKS: