

FILE IDENTIFICATION TOPPER

13 unit manta #2 X-605

1 unit manta #2 X-456

DISINTERMENT DIRECTIVE

1

23 Unk Manila #2 X-605

Att

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00408

21 01 52
DAY MONTH YEAR

NAME UNKNOWN X-605	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
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CEMETERY MANILA #2 P 1	PLOT 2	ROW 18	GRAVE 2240	DISPOSITION OF REMAINS 7701 80
				CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	---

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	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 (Signature)
CASKET SEALED BY		

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
REMAINS ARE UNIDENTIFIABLE. REMAINS PERM INTERRED IN FT. MCKINLEY,
P. I., PLOT H, ROW 12, GRAVE 110.

NAT
FILE
RECORDS ASSOCIATED
DATE FEB 5 1952
NAME G. Shorter
SR. MIL. DEV.

RECORD OF CUSTODIAL TRANSFER

FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
1. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
2. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
3. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
4. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
5. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
6. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
7. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
SIGNATURE OF SHIPPER									
DATE									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
SIGNATURE OF SHIPPER									
DATE									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
SIGNATURE OF SHIPPER									
DATE									

DISINTERMENT DIRECTIVE

6

2913 Unk Manila #2 X-605

Att.

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 00408	DATE 21 01 82 DAY MONTH YEAR		
NAME UNKNOWN X-605	SERIAL NUMBER	GRADE	ARM 3	RACE 0	RELIGION 6
CEMETERY MANILA #2 P 1	PLOT 2	ROW 18	GRAVE 2240	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	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 <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN	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 (Signature)
------	----	----------------------

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED 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
REMAINS ARE UNIDENTIFIABLE. REMAINS PERM INTERRED IN FT. MCKINLEY, P. I., PLOT H, ROW 12, GRAVE 110.

File 21 Jan 52 Records Johnson

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 ~~Unk.~~ Manila #2 X-605

SUBJECT

Also Manila Maus. X-4557

Formerly Unk. Labanatuan Con. C-195

Associated with 293 Winters, Charles B.

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293.unk (Misc) Manila #2 X3156
X 605, X672, X673, X675, X676, X677 X678

SYNOPSIS AND DATES

These now filed

NEW CLASSIFICATION 293.unk Manila #2 X3156

RECLASSIFICATION SHEET

RESTRICTED

Att-

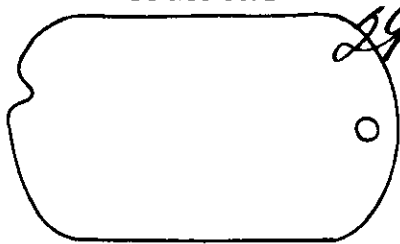
QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT

6 Dec 1951

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-605 Manila #2

~~(Manila Mangrove # 4551)~~

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

POW Camp, Cabanatuan
Luzon, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

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)

COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO

YES NO

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

UNITED STATES MILITARY CEMETERY, FT. WM. MCKINLEY, 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 Dec 1951	--	Casket	Cross	H	12	110

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	USAF Cemetery Manila #2, Luzon, P.I.	2	18	2240

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)	BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Yes	Yes	Reclass. Made 1/15/52 Allen				

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
Edward L. Berg EDWARD L. BERG, CPL, RA	Charles R. Whaylen CHARLES R. WHAYLEN, 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

1004

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

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



REMARKS:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

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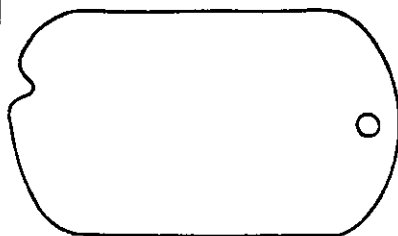
QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT

6 Dec 1951

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) Unknown #2 Manila #2 (Manila Mausoleum #2551)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH POW Camp, Sabanatuan 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)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
---	---

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
UNITED STATES MILITARY CEMETERY, FT. WA. MCNIWLEY, P.I.

DATE OF BURIAL 4 Dec 1951	HOUR --	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Cross	PLOT No. H	ROW No. 12	GRAVE No. 110
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 18	GRAVE No. 2240
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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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
--	------	------------	--------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT Edward L. Berg, SGT, RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT Charles R. Whaylen, 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

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

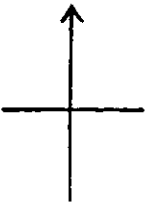
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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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



REMARKS:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center" style="font-size: 1.2em;">DEC 12 1950</p>
---	---	---

Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> 293 </div>	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN A-605 USAF Cem Manila #2, P. I. (Manila Maus X-4551)			SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown		
RACE Probably White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		

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

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
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

U. S. Army Mausoleum, AGRS-PAZ Casket

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	POSSIBLE	POSSIBLE	POSSIBLE
3 Nov 50	--	Final type casket				

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	POSSIBLE	POSSIBLE	POSSIBLE
Yes	AGRS Mausoleum Manila, P. I.	802	K	3365

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)
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Not applicable due to	--	--	--	--

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
manner of storing caskets.	--	--	Christine K... 31 Jan 51	

SIGNATURE OF PERSON PREPARING REPORT <i>Leroy F. Turner</i> LEROY F. TURNER, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Stanley E. May</i> STANLEY E. MAY, Major JMC
---	---

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Section 8.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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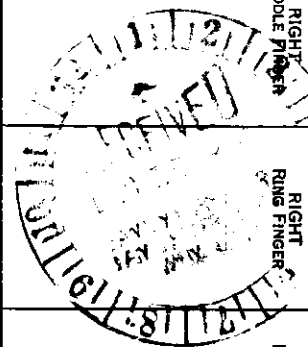
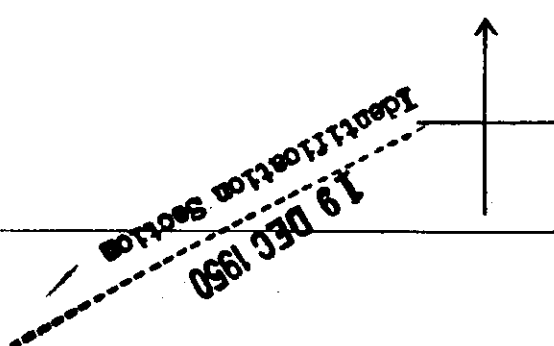
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

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

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

REMARKS:

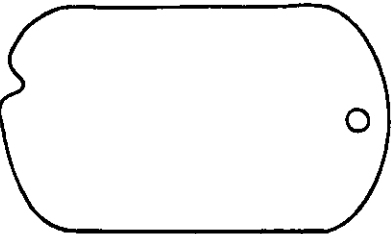


RESTRICTED

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

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

DATE OF REPORT
DEC 12 1950

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-605 USAF Com Manila #2, P. I. (Manila Maus X-4651)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE Probably White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
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
U. S. Army Mausoleum, AGRS-PAZ Casket


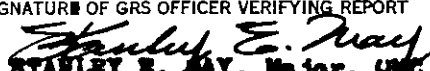
DATE OF BURIAL 3 Nov 50	HOUR --	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER Manila Section 272	MARKER	MARKER	MARKER
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum Manila, P. I.	MARKER 802	MARKER K	MARKER 3365
---	--	---------------------------------	-------------------------------	----------------------------------

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) --				

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
--	-------------------	-------------------------	---------------------------	------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
--	-------------------	-------------------------	---------------------------	------------------------

SIGNATURE OF PERSON PREPARING REPORT  LEROY F. TURNER, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  STANLEY E. MAY, Major, USMC
--	---

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

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.

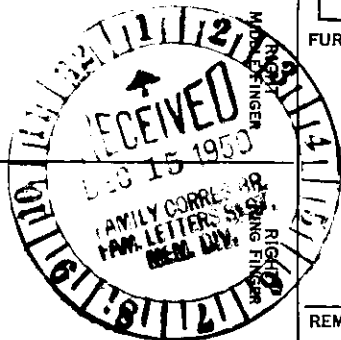
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

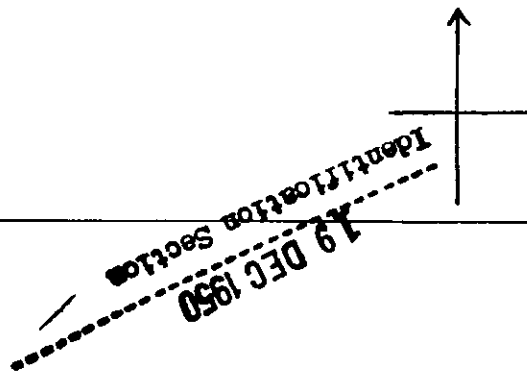
OTHER IDENTIFICATION CLUES

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

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



REMARKS:



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4551 (Formerly UK X-605) USAF Cem Manila #2, Luzon, P.I.				2. DATE OF REPORT 2 June 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 882	5. ROW K	6. GRAVE 3365	7. DATE OF 16 Dec 47		
	BANGER BAY CRYPT			DISINTERMENT 16 Dec 47	REINTERMENT 3 June 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8 3/4"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	--	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
298 Unk, Manila #2 X-605
None

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

14. WAS BODY BURNED?
 YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED?
 YES NO TO WHAT EXTENT?
Most long bones fractured

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
UTD-Due to condition of remains

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









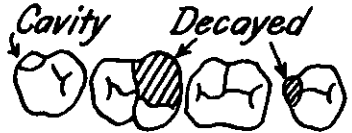

APPROVED UNIDENTIFIABLE

U. Lee
Ident Br
18 Feb 52

file
NA-11
U. Lee
Ident Br
18 Feb 52

Incl #30

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> 	

see remarks *Missing*

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>M I S S I N G</i>								<i>P</i>		<i>see remarks</i>		<i>Cavity cavity</i>			
<i>Side Views</i>								<i>Side Views</i>							
<i>Top Views</i>								<i>Top Views</i>							
<i>UPPER</i>								<i>UPPER</i>							
<i>Side Views</i>								<i>Side Views</i>							
<i>LOWER</i>								<i>LOWER</i>							
<i>cavity</i>								<i>P</i>		<i>see remarks</i>		<i>A cavity</i>		<i>cavity</i>	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

fractured

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: Portion of maxilla missing from R8 thru L1.
 No maxillary teeth found on this portion.
 I4 facially malposed.

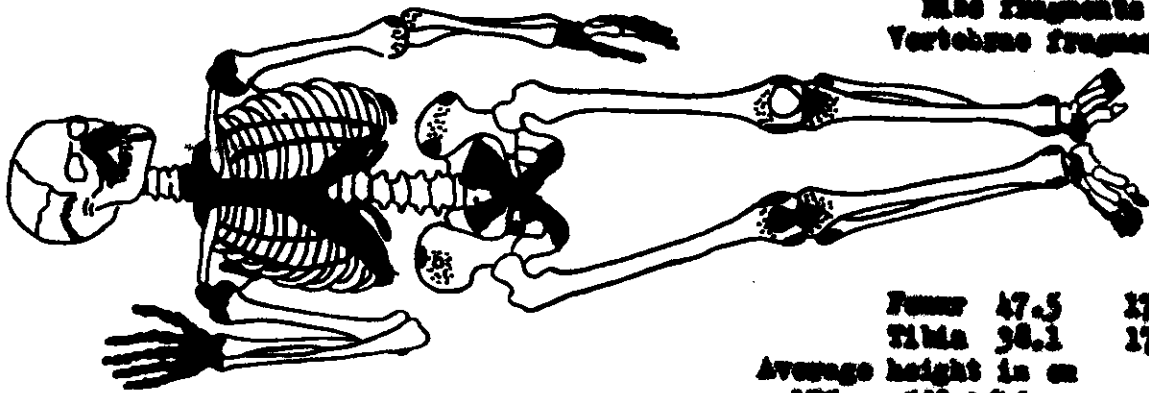
CERTIFIED TRUE COPY:
[Signature]
 L. S. PANODIO
 1st Lt., MC

/s/ Charles Peacey

19. BLACK OUT PARTS OF BODY NOT RECORDED

2-4231

4 Cervical Vert.
3 Sacral
3 Lumbar
Ribs fragments
Vertebrae fragments



Femur 47.5 176
Tibia 38.1 174
Average height is ca
175 or 5'8 3/4"

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

No MSI bottle, No I.D. tag or other means of identification.
Approximate circumference of skull 20 inches.
Estimated weight of remains 8 1/2 lbs.
These remains is one of a group disinterred from Grave 704,
Row 0, Plot 7 of Cabantuan POW Camp I & II, Luzon, P.I.
Skeletal and Tooth charts attached.

QUALIFIED TRUE COPY:

[Handwritten Signature]
L. S. PANGILO
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, ARMY OR SERVICE, AND ORGANIZATION

/s/ CHARLES F. JOSEPH
CIP LAB., MANILA, P.I.

SIGNATURE

/s/ Charles Joseph

REPORT OF DISINTERMENT FOR IDENTIFICATION

16 Dec 47

1. Remains of (Name)

Serial Number

UNKNOWN X-605

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cem Manila No. 2, Iazon, PI

2

18

2240

2. Date of Disinterment

16 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. Stevenson
WARD C. STEVENSON, 1st Lt., QMC

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 or decay), dentures (plates), and any deformity of jaws found.

Missing Teeth
 Diagram represents the mouth wide open
 Right 1 2 3
 Left 2 3
 Tooth Missing
 Tooth Missing

Crowned Teeth
 Porcelain Crown
 Gold Crown
 Right 4 5 6
 Left 4 5 6

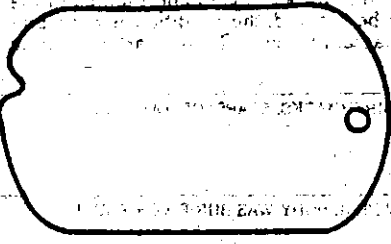
Bridgework
 Gold & Porcelain Bridge
 Gold Bridge

Fillings
 Silver Filling
 Gold Filling
 Gold Filling
 Gold Filling

Caries (Cavities)
 Cavity
 Decayed
 Decayed
 Decayed

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

GRS FORM 1048 (Rev. 1 Apr. 1948) (Continuation of GRS Form 1)		REPORT OF INTERMENT (AR 30-1815)				DATE OF REPORT 1 Feb 46	
Length of Identification Tag if Possible DO NOT TYPE		Section 1.—IDENTIFICATION NAME (Last, first, middle initial) UNKNOWN X-672 (WINTERS, Charles B) (Formerly UNKNOWN C-96 Cabanatuan Cemetery)				SERIAL NO. hwa 6664117	
		GRADE Pfc		ORGANIZATION 806 MP		BRANCH OF SERVICE Army	
PLACE OF DEATH POW Camp Cabanatuan, Luzon, P I		CAUSE OF DEATH Dysentery, Inanition and Chaneroid				DATE OF DEATH 1 Nov 42	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Guy Zone (W) 900 Marker St. Wheeling West Virginia.							
IDENTIFICATION TAGS FOUND ON BODY (T, B, or head) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION. (If unidentified, fill in section 3 on reverse) Ten (10) bodies buried in common grave; two (2) of which were identified and eight (8) unidentified:- Pfc Winters, Charles B. 6665117 808 MP Pvt Galkins, William K. 19020998 QMC — (See Sec 3 reverse side)					
WERE SUBSTITUTE TAGS PROVIDED (Yes or no) Yes (2)		LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None					
SIGNATURE OF PERSON PREPARING REPORT s/t/ R. C. BARRETT, T/4, GRS.							
SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ E. M. MOORE, 1st Lt., QMC							
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 9 Jan 46		HOUR 0900		BURIED IN (Shroud, blanket, or name of cloth) Shelter Half		TYPE OF GRAVE MARKER Cross	
PLOT NO. 2		ROW NO. 18		GRAVE NO. 2240		WAS THIS A REBURIAL? (Yes or no) Yes	
IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I				PLOT NO. 7		ROW NO. 0	
GRAVE NO. 704		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY					
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		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) STOOFER, Raymond E.					
RANK S/Sgt		SERIAL NO. 6925030		ORGANIZATION OBS		GRAVE NO. 2239	
BODY BURIED ON DECEASED RIGHT NAME (Last, first, middle initial) UNKNOWN X-672 (GALKINS, William K) (Formerly UNKNOWN C-196 Cabanatuan Cemetery)		RANK Pvt		SERIAL NO. 19020998		ORGANIZATION QMC	
GRAVE NO. 2241		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 commands.					

Handwritten signature
 B. B. McNEELAR
 Capt., QMC.

Incl #4 B

Section 2 - UNIDENTIFIED REMAINS

REPORT OF THE REPORT OF THE

(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 airplane, vehicles, and tanks, and serial numbers of airplanes, vehicles, and tanks.





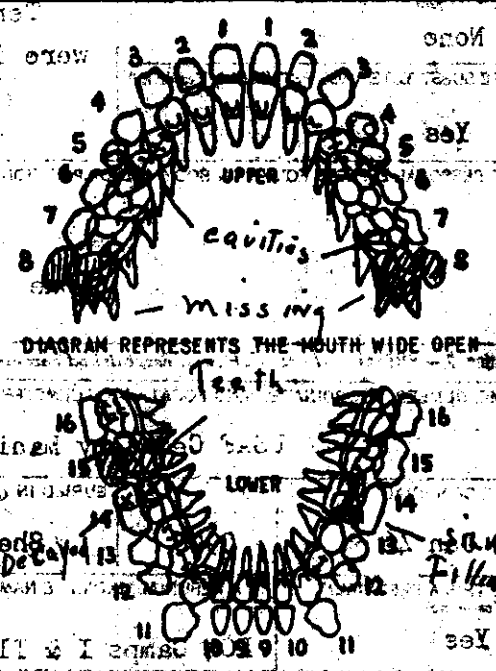
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart (left or as many as possible). If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
	113 lbs		Pfc	

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

OTHER IDENTIFICATION CLUES

Decorative, inscribed and engraved
 Mrs. Guy (Mrs) 900 number of Wheeling West Virginia

<p>FILLINGS</p> <p>Gold filling Pfc Winters Charles J. Pvt Calhoun William A.</p> <p>CAVITIES</p> <p>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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
--	---

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

Pfc Fruntayer, Lloyd R. 19048914 7 MAT
 Cpl Erwin, Kenneth G. 18049796 59 CAG
 Cpl Clark, Walter 19053642 QMC
 Pfc Doyash, Harold W. USMC

REMARKS:

Pvt Smith, Harry J. 6671009 59 CAG
 Pvt Hennessy, Harland 6602673 59 CAG

were buried in this grave. Individual identification

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

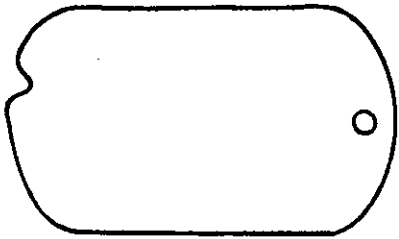
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

14 July 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-4551 (Formerly USK X-605
USAF Com Manila #2, Luzon, P.I.)

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

POW Camp, Cabanatuan,
Luzon, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

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

3 June 48

HOUR

1000

BURIED IN (Shroud, blanket, or name of other)

STONES

Casket

TYPE OF GRAVE
MARKER

None

PLOT No.

002

ROW No.

K

GRAVE No.

CRYPT

3965

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.

10

GRAVE No.

3960

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)

STONES

GRAY, Williams S.

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

31260585

3967

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

STONES

McARTHUR, Robert Edward

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

CRYPT

510774

3969


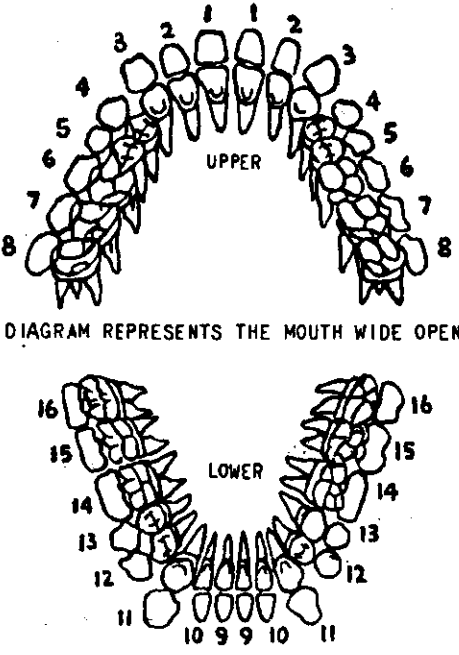




SIGNATURE OF PERSON PREPARING REPORT

V. G. ...

SIGNATURE OF GRS OFFICER VERIFYING REPORT

L. S. PANOPIS, 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.

		Section 3.—UNIDENTIFIED REMAINS.																												
	LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.																												
	LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS																								
	LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND																								
	LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES																												
	LEFT INDEX FINGER	FILLINGS 		 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>																										
	LEFT THUMB	CAVITIES 																												
	RIGHT THUMB	MISSING TEETH 																												
	RIGHT INDEX FINGER	CROWNED TEETH 																												
	RIGHT MIDDLE FINGER	BRIDGE WORK 																												
	RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY REMARKS: REMAINS 2-451, 4888 Honolulu, Manila, P.I., formerly UNKNOWN 2-65, 2nd Cemetery Manila 28, Luzon, P.I., might be anyone of the following:																												
	RIGHT LITTLE FINGER	<table border="0" style="width:100%;"> <tr> <td style="width:60%;">Pvt Waters, Charles B.</td> <td style="width:20%;">664517</td> <td style="width:20%;">598 H.P.</td> </tr> <tr> <td>Pvt Collins, William K.</td> <td>1908998</td> <td>602</td> </tr> <tr> <td>Pvt Frankner, Lloyd R.</td> <td>1904914</td> <td>7 MAT</td> </tr> <tr> <td>Cpl Davis, Dwight G.</td> <td>1901712</td> <td>31 CAS</td> </tr> <tr> <td>Cpl Clark, Miller</td> <td>1904512</td> <td>301</td> </tr> <tr> <td>Pvt Spunk, Harold L.</td> <td></td> <td>598</td> </tr> <tr> <td>Pvt Smith, Harry J.</td> <td>6671009</td> <td>39 CAS</td> </tr> <tr> <td>Pvt Ramsey, Richard</td> <td>1907573</td> <td></td> </tr> </table> <p align="center">CAS Form 1044, 1044 A and 1044 B accomplished.</p>					Pvt Waters, Charles B.	664517	598 H.P.	Pvt Collins, William K.	1908998	602	Pvt Frankner, Lloyd R.	1904914	7 MAT	Cpl Davis, Dwight G.	1901712	31 CAS	Cpl Clark, Miller	1904512	301	Pvt Spunk, Harold L.		598	Pvt Smith, Harry J.	6671009	39 CAS	Pvt Ramsey, Richard	1907573	
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Cpl Davis, Dwight G.	1901712	31 CAS																												
Cpl Clark, Miller	1904512	301																												
Pvt Spunk, Harold L.		598																												
Pvt Smith, Harry J.	6671009	39 CAS																												
Pvt Ramsey, Richard	1907573																													

Note 21 Aug 50.
Report from Statistic. Div
indicates "no DT has been cut"

M.W.D.

293 UNK P.I. (Miss) Manila #2
X-3156 X-605 X-672 X-673
X-675 thru X-678 Em

CGMC DEPT OF ARMY WASH DC

UNCLASSIFIED

CGASRS PHILCOB (AF) ZONE MANILA PI

DEFERRED

S 1644

CINCPAC TOKYO JAPAN (AIR MAIL)

MULTIPLE ADDRESS

WCL40368

FROM QMGT USM50 S 1644

ROST EXAM OF XRAY FILMS MANILA NR 2 UNIT 3 PAGE 31 CIA XRAY 605 CIA
672 CIA 673 CIA 675 THRU 678 INQ MANILA NR 2 UNIT 3 PAGE 3 WITH EMPHASIS
ON FRACTURES OF WRIST CIA NOSE & AMPUTATION OF TOES

T. Hambornidal
L. H. White
J. Windsor

APPROVED UNIDENTIFIABLE

S 1644 IN HQ IN NO SERIES (24 FEB 50)
GILSYKE

UNCLASSIFIED

GRAVES

QMGT LE WINDSOR EXT 74228
205 CGO FAR EAST

APR 50

D. A. KENNER
CAPT, QMG, HQM DIV

UNK P.I. UNK X-605-608 (Manila #2)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4551 (Formerly X-605 Manila #2)				2. DATE OF REPORT 22 March 1950	
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION				Age: 23-28	
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8 3/8"	10. COLOR OF HAIR UTD		11. RACE probably white	

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? Bones are 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

APPROVED UNIDENTIFIABLE

*V. Lee
Ident Br
18 Feb 52*

Incl # 2

16. 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:			

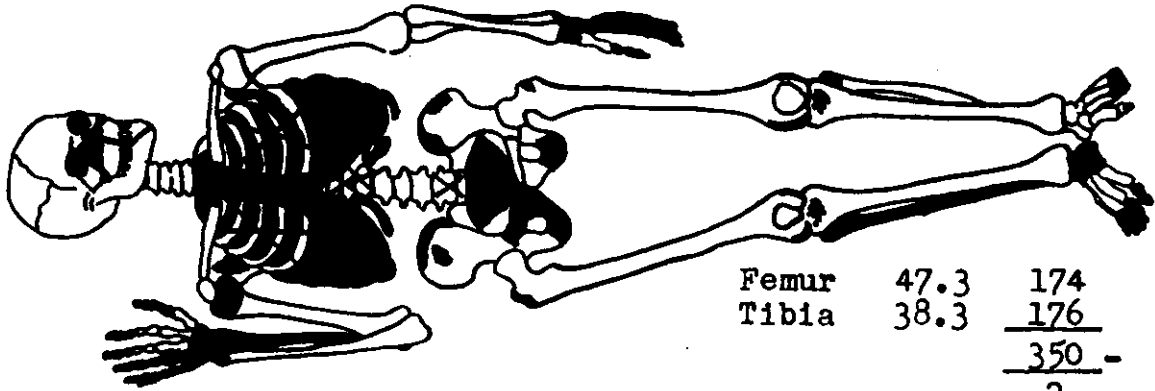
maxilla																missing	
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
← maxilla								→									
maxilla								missing									
Side Views																Side Views	
UPPER																	
LOWER																	
Side Views																	
decayed																	
$\frac{0}{0}$	$\frac{p}{p}$	$\frac{a}{mo}$						$\frac{p}{p}$	$\frac{p}{p}$	$\frac{p}{p}$	$\frac{p}{p}$	$\frac{p}{p}$		$\frac{a}{mo}$	$\frac{0}{0}$		
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: L7 is loose present with remains.

Paul R. Nichols
 PAUL R NICHOLS
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'8 7/8"

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

See attached Anthropologist's statement dated 22 March 1950.

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

GENERAL IDENTIFICATION POINT
AGRS APO 900
NEHOLS FIELD, MANILA, P.I.

22 March 1950

S T A T E M E N T

Reference: UNK X-356, Manila #2
• X-605 • •
• X-672 • •
• X-679 • •
• X-675 • •
• X-676 • •
• X-677 • •
• X-678 • •

As requested, the above eight (8) remains were examined by me for fractures of wrists, and noses, and amputations of toes.

The facial portions of the crania of all but UNK X-675 are missing precluding an examination for broken noses. The portions of the nasal bones present of UNK X-675 do not indicate that they have been broken.

The wrist and toe bones of the eight (8) remains are largely missing, or so eroded, that no accurate determination of fractures of the wrists or amputation of the toes was possible.


ROBERT B. FOX
Anthropologist

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4551 (Formerly UNK X-605 Manila #2)				2. DATE OF REPORT 12 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION AGE: 21 - 26					
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 9 1/4"	10. COLOR OF HAIR U T D		11. RACE White	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">N O N E</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">N O N E</p>					
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 <p align="center">N O N E</p>					
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) <p align="center">N O N E</p>					

Rel # 2

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 Missing

RIGHT

LEFT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLA MISSING →								⊗				⊗	⊗		

Side Views

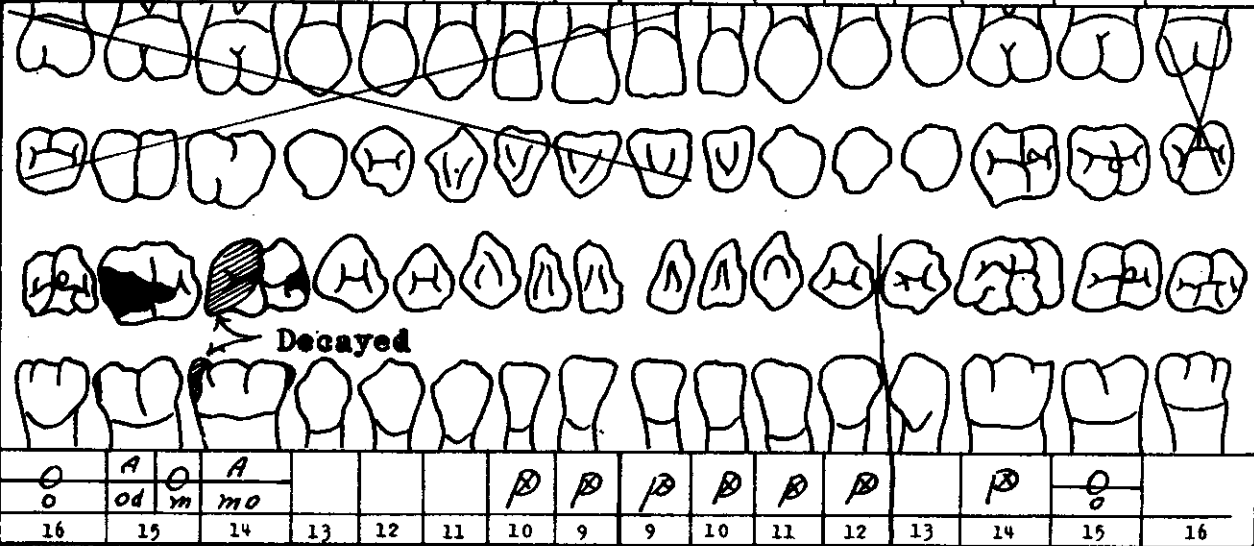
Side Views

Top Views

UPPER

LOWER

Side Views

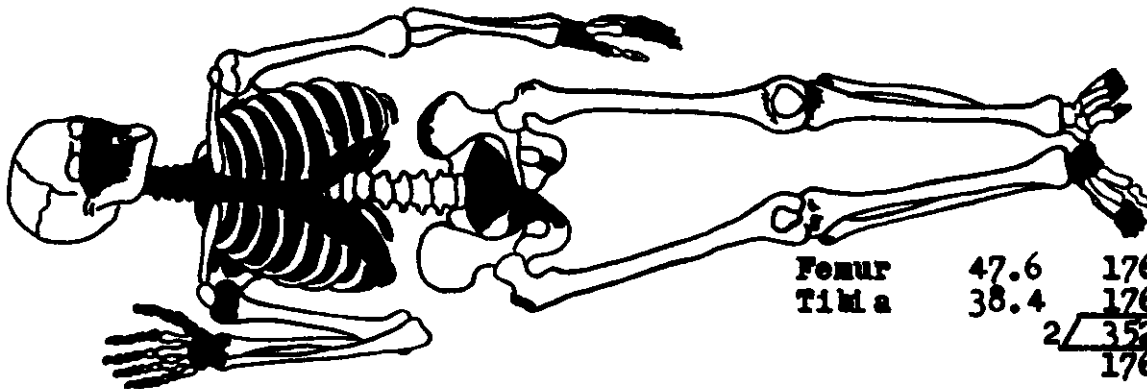


Fractured

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."

L7 is loose present with remains.

Paul R. Nichols
PAUL R NICHOLS
 Chief, Identification Section



Estimated height: 5' 9 1/4"

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 individual, very probable white, approximately 5' 9 1/4" in height, and in the early-mid or mid twenty's at time of death.

In so far as the condition of the remains allows, and to the best of my ability, this remains is properly segregated and represents one and the same individual.

See attached Anthropologist's statement dated 12 Dec. '49.

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

GENERAL IDENTIFICATION POINT
AGNS APO 900
MERRILL FIELD, MANILA, P.I.


12 December 1949

STATEMENT

References: **UNK X-2354** Mausoleum
UNK's X-4551 thru X-4557

The above eight (8) remains were examined simultaneously by me this date for proper segregation, and new GID Forms 1044 were accomplished for each remains. As requested, careful examination was made for "fractures of wrist, nose and amputation of toes"; however, bones necessary for establishing the above were missing, or partly missing, in all of the remains.

In so far as the condition of the remains allows for proper association, and to the best of my ability, each of the above remains is now properly segregated. Bones improperly associated were assigned GIL #522.


ROBERT S. FOX
Anthropologist

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

1 Feb 46

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p>	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial) UNKNOWN X-605 (WINTERS, Charles B) (Formerly UNKNOWN C-195 Cabanatuan Cemetery)</p>		<p>SERIAL NO. ^{Hwz} 6665117</p>
	<p>GRADE Pfc</p>	<p>ORGANIZATION 808 MP</p>	<p>BRANCH OF SERVICE Army</p>
	<p>RACE</p>	<p>RELIGION</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH POW Camp Cabanatuan, Luzon, P I</p>	<p>CAUSE OF DEATH ^{Hwz} Dysentery, Erythema + Chancroid</p>	<p>DATE OF DEATH ^{Hwz} 1 NOV 42</p>
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EMERGENCY ADDRESSEE (Name, relationship, and address)
^{Hwz}
Mrs. Guy Zemo (M) 900 Market St. Wheeling, W. Virginia

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Ten (10) bodies buried in common grave, two (2) of which were identified and eight (8) unidentified:- Pfc Winters, Charles B. 6665117 808 MP Pvt Calkins, William K. 19020998 QMC -(See Sec 3 reverse side)-</p>
<p>WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
^{Doc 515}
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.
9 Jan 46	0900	Shelter Half	Cross	2	18	2240

<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, PI</p>	<p>PLOT No. 7</p>	<p>ROW No. 0</p>	<p>GRAVE No. 704</p>
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<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
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<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes</p>
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<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STOUFFER, Raymond E</p>	<p>RANK S/Sgt</p>	<p>SERIAL No. 6925030</p>	<p>ORGANIZATION OBS</p>	<p>GRAVE No. 2239</p>
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<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-672 (CALKINS, William K) (Formerly UNKNOWN C-196 Cabanatuan Cemetery)</p>	<p>RANK Pvt</p>	<p>SERIAL No. 19020998</p>	<p>ORGANIZATION QMC</p>	<p>GRAVE No. 2241</p>
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<p>SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> E. M. MOORE, 1st Lt., QMC.</p>
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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.

Doc 21

20 FEB 1948

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:


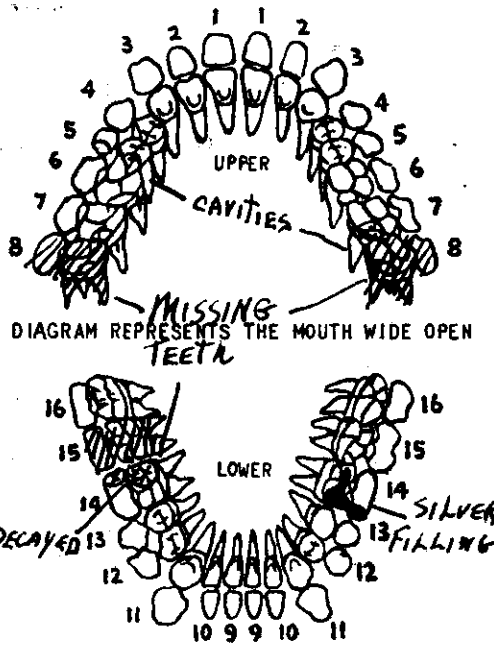




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER CAVITIES</p> <p>MISSING TEETH</p> <p>LOWER CAVITIES</p> <p>SILVER FILLING</p> <p>DECAYED</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 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

Pfc Fruntmyer, Lloyd R. 19048914 7 MAT
 Cpl Erwin, Kenneth G. 18049796 59 CAC
 Cpl Clark, Walter 19053642 OMC

REMARKS:

Pfc Doyash, Harold W. USMC
 Pvt Smith, Harry J. 6671009 59 CAC
 Pvt Hennessy, Harland 32092573

were buried in this grave. Individual identification impossible.

RESTRICTED

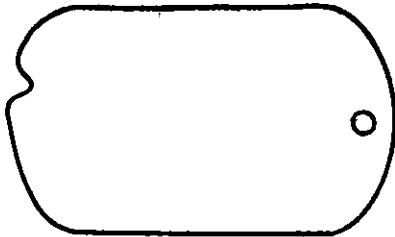
WD CMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 Feb 46

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DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-605 (WINTERS, Charles B.) (Formerly UNKNOWN X-C-195 (Cabanatuan Cem.))		SERIAL No. 6665117
GRADE Pfc	ORGANIZATION 808 MP	BRANCH OF SERVICE Army
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH POW Camp Cabanatuan, Luzon, P.I.	CAUSE OF DEATH Dysentery, Inanition, & chancroid	DATE OF DEATH 1 Nov. 42
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs. Guy Zemo (M) 900 Marker St, Wheeling, W. Virginia

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WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

TRUE COPY:
Frank H. Burch
FRANK H. BURCH
Captain GMP

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

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9 Jan 46	0900	Shelter half	Cross	2	18	2240

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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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--	-------------	------------------------	---------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT /s/ R. C. Barrett /t/ R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/ E. M. Moore /t/ E. M. MOORE, 1st Lt, GRC.
---	---

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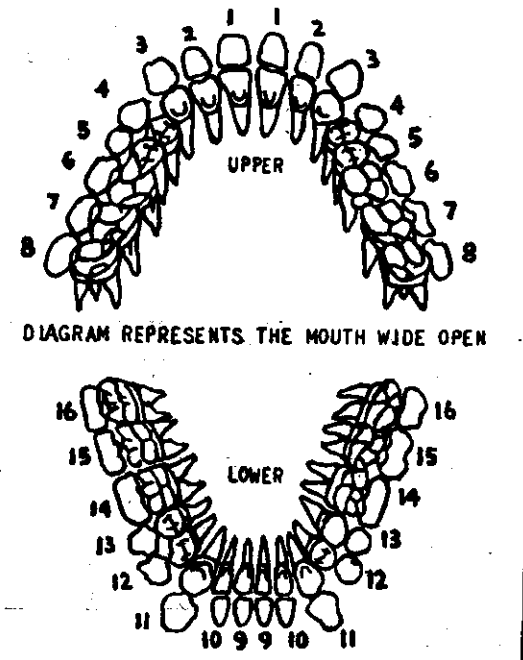
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CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>



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

REMARKS: