

FILE IDENTIFICATION TOPPER

FILE NUMBER

273 Cont. Manila II 2 X-627

SUBJECT

Also Manila Manus. X-4750

1

Interred 21 Feb 1950
N 2 93 Ft. McKinley

Case R/H mark
CARL R. H. MARK

RECORDED BY PHILCOM
DISINTERMENT DIRECTIVE
N-2-93

Cemetery Superintendent
SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7127 20669

DATE
09 02 50
DAY MONTH YEAR

NAME UNKNOWN X-627 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY ~~HEAF CEMETERY MANILA NO. 2, P. I.~~ PLOT 2 ROW 9 GRAVE 1060 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-627 SERIAL NUMBER GRADE DATE OF DEATH 18 Feb 1950 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-4750 Maus

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 Feb 1950 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) *Paul R Nichols*
PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY SHIPPING ADDRESS VERIFIED BY
DATE 18 Feb 50 BY Sgt lc, RA 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 AGES INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
FILE
31 MAR 1950
REPATRIATION BRANCH
marks

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM		TO		U S MILITARY CEMETERY	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
				<i>Tommy Armstrong</i>		FEB 21 1950	
2. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
3. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	

3

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER: 2649
DATE: 20 FEB 48

NAME: UNKNOWN I-427
SERIAL NUMBER: 21855
GRADE: 21855
ARM: 21855
RACE: 21855
RELIGION: 21855

CEMETERY: 21855
PLOT: 21855
ROW: 21855
GRAVE: 21855
DISPOSITION OF REMAINS: 21855
CODE: 21855
DIST. CTR.: 21855

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: 21855
NAME AND ADDRESS OF NEXT OF KIN: 21855 (EX ADMINISTRATIVE BUILDING)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: 21855
SERIAL NUMBER: 21855
GRADE: 21855
DATE OF DEATH: 21855
DATE DISINTERRED: 21855
IDENTIFICATION TAG ON: 21855
ORGANIZATION: 21855
RELIGION: 21855
IDENTIFICATION VERIFIED BY: 21855
NAME AND TITLE: 21855

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: 21855
CONDITION OF REMAINS: 21855
OTHER MEANS OF IDENTIFICATION: 21855

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
21855

REMAINS PREPARED AND PLACED IN CASKET
DATE: 21855
BY: 21855
CASKET SEALED BY: 21855
ENBALMER (Signature): 21855

CASKET BOXED AND MARKED
DATE: 21855
BY: 21855
SHIPPING ADDRESS VERIFIED BY: 21855

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
21855

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: 21855
21855
21855

Incl # 26

REPAIRED TO BRANCH
John

293 - Unk. P.I. (Misc) (Hous. Manila) (X-599, 340, 729, X-1100, 994, 1725, 2591, 1119, 4758, 4778, 4743, 4737, 4735, 4761, 4760, 4804, 4800, 4763, 4783, 4798, & X-4750)

OSINT 293

OSR For East

15 November 1949

SUBJECT: Approval of Unidentifiability

TO: Commanding Officer
 American Graves Registration Service
 Filson Lane
 APO 939, c/o Postmaster
 San Francisco, California

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

Unknown	X-599	AGRS	Hous.	Man.	Formerly	X-110	USAF	Com.	Man.	#2	P.I.
"	X-340	"	"	"	"	X-18	"	"	"	#2	P.I.
"	X-729	"	"	"	"	X-246	"	"	"	#2	P.I.
"	X-1100	"	"	"	"	X-3808	"	"	"	#2	P.I.
"	X-994	"	"	"	"	X-3926	"	"	"	#2	P.I.
"	X-1725	"	"	"	"	X-3366	"	"	"	#2	P.I.
"	X-2591	"	"	"	"	X-3035	"	"	"	#2	P.I.
"	X-1119	"	"	"	"	X-3762	"	"	"	#2	P.I.
"	X-4758	"	"	"	"	X-2088	"	"	"	#2	P.I.
"	X-4778	"	"	"	"	X-952	"	"	"	#2	P.I.
"	X-4743	"	"	"	"	X-2123	"	"	"	#2	P.I.
"	X-4757	"	"	"	"	X-2117	"	"	"	#2	P.I.
"	X-4735	"	"	"	"	X-2115	"	"	"	#2	P.I.
"	X-4761	"	"	"	"	X-2114	"	"	"	#2	P.I.
"	X-4760	"	"	"	"	X-2113	"	"	"	#2	P.I.
"	X-4807	"	"	"	"	X-2237	"	"	"	#2	P.I.
"	X-4804	"	"	"	"	X-2232	"	"	"	#2	P.I.
"	X-4800	"	"	"	"	X-2211	"	"	"	#2	P.I.
"	X-4763	"	"	"	"	X-2107	"	"	"	#2	P.I.
"	X-4783	"	"	"	"	X-1730	"	"	"	#2	P.I.
"	X-4798	"	"	"	"	X-1140	"	"	"	#2	P.I.
✓	X-4750	"	"	"	"	X-627	"	"	"	#2	P.I.

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

FOR THE QUARTERMASTER GENERAL:

T. H. HETZ
 Lt. Colonel, (MC)
 Memorial Division

COPY
 msb

X 293 Unk. P.I. X-627 (Manila #2)

QUART 208
CNS Far East

18 November 1948

SUBJECT: Approval of Unidentifiability

TO : Commanding Officer
American Graves Registration Service
Philippine Zone
APO 930, c/o Postmaster
San Francisco, California

1. Reference is made to certificates of Unidentifiability for the following Unknown Detainees:

Unknown	X-509, AGSR	Man.	Man.	Formerly	X-119	USAF	Com.	Man.	72	P.I.
"	X-540	"	"	"	X-18	"	"	"	72	P.I.
"	X-729	"	"	"	X-246	"	"	"	72	P.I.
"	X-1100	"	"	"	X-2008	"	"	"	72	P.I.
"	X-994	"	"	"	X-2228	"	"	"	72	P.I.
"	X-1725	"	"	"	X-2228	"	"	"	72	P.I.
"	X-2541	"	"	"	X-2025	"	"	"	72	P.I.
"	X-2118	"	"	"	X-2708	"	"	"	72	P.I.
"	X-4758	"	"	"	X-2008	"	"	"	72	P.I.
"	X-2778	"	"	"	X-202	"	"	"	72	P.I.
"	X-2725	"	"	"	X-2128	"	"	"	72	P.I.
"	X-2724	"	"	"	X-2114	"	"	"	72	P.I.
"	X-4725	"	"	"	X-2118	"	"	"	72	P.I.
"	X-4721	"	"	"	X-2114	"	"	"	72	P.I.
"	X-4720	"	"	"	X-2118	"	"	"	72	P.I.
"	X-4007	"	"	"	X-2027	"	"	"	72	P.I.
"	X-4004	"	"	"	X-2027	"	"	"	72	P.I.
"	X-4000	"	"	"	X-2111	"	"	"	72	P.I.
"	X-4705	"	"	"	X-2107	"	"	"	72	P.I.
"	X-4725	"	"	"	X-1724	"	"	"	72	P.I.
✓	X-4728	"	"	"	X-1120	"	"	"	72	P.I.
"	X-4750	"	"	"	X-227	"	"	"	72	P.I.

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

FOR THE QUARTMASTER GENERAL:

cc: Adm Section
T. Sandernspar
Lt N. White
J. Windsor
cc: CINCPC

T. H. MEEK
Lt. Colonel, USMC
Memorial Division

MEK
YNO

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
WILSON Bldg

GRC 293

ABO 900
24 October 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file GRCMU 293, GRC (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Museum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-4735	AGRS Manila	UNKNOWN X-4761	AGRS Manila
" X-4737	" "	" X-4763	" "
" X-4743	" "	" X-4778	" "
" X-4746	" "	" X-4783	" "
" X-4750	" "	" X-4798	" "
" X-4754	" "	" X-4800	" "
" X-4758	" "	" X-4801	" "
" X-4760	" "	" X-4807	" "

2. Forwarded herewith, for your consideration, are new GRC Form 1044 for the above-mentioned Unknowns.

F P THE COMMANDING OFFICER:

16 Incls
GRC Form 1044 w/Certificates
of Unidentifiability

/s/ John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

UNIT 222
Bureau X-700, AMM Personnel
Manila (Personnel X-222, OCSF
Cantary, Manila 22, P.I.)

12 July 1947

SUBJECT: Identification of World War II Remains

TO : Commanding General
Philippine General
APO 700, c/o Postmaster
San Francisco, California

ATTENTION: AMM, PERSONNEL UNIT

1. Reference is made to Proceedings of your Board of Review, dated 20 April 1947, recommending the following identification:

X-700, AMM Personnel Manila (Personnel X-222 USAF Cemetery
Manila 22, P.I.) as Sp1. Walter J. Leaphier, S 571 222

2. After a thorough analysis of this case, it is considered that the documentary evidence presented is insufficient to establish identification. Records indicate that the remains of Sp1. Leaphier were interred in Plot J, Row B, Grave 12, Camp O'Donnell Cemetery; however the remains of Unknown X-700 were interred from Plot J, Row 4, Grave 11, Camp O'Donnell Cemetery. Furthermore, the dental and physical comparisons are too meager to establish identification.

3. Board Proceedings are returned herewith, disapproved.

FOR THE QUARTERMASTER GENERAL:

1 Encl:
Board Proceedings

F. R. HUNT
Lt. Colonel, GIC
Personnel Division

cc: Adm Section

J. W. Lewiarski
L.M. White
J. Windsor

122
123

WAR DEPARTMENT
MEMORANDUM FOR THE SECRETARY

OSMR 293
Lamphier, Walter J.
Pfc - 6871335

3 April 1947

Address Reply to
THE QUARTERMASTER GENERAL

Mr. George P. Lamphier

Cold Brooks, New York

Dear Mr. Lamphier:

It is with reluctance that I write to you about your son, Pfc. Walter J. Lamphier, who died as a prisoner of war in the Phillipine Islands.

There has been forwarded to this office a burial form for a deceased member of our Armed Forces with certain identifying information which leads us to believe the remains might possibly be those of your loved one. A dental chart was included with the burial report showing fillings and missing teeth. This work was apparently performed by a civilian dentist.

It will be of utmost value to this office if you can secure from the civilian dentist who treated the decedent a copy of the chart which is usually retained by him as a matter of record, and which usually shows work performed for each patient.

In replying, please use the inclosed self-addressed envelope which requires no postage, in order to expedite delivery.

Sincerely yours,

Incl:
Envelope

JAMES C. MacFARLAND
Major, OMC
Memorial Division

C. C. ...

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

13 Oct. 1949

X-627
Munich #2
SP.YG 293

- Date _____
- a. Surname ^N LAMPHIER ✓
 - b. Christian name WALTER J ✓
 - c. Serial number 6871-335 ✓
 - d. Grade and Organization Pfc ✓
 - e. *ALL camps stationed in U.S. prior to service overseas, including inclusive dates at each station.
Not on card ✓
 - f. Date and place of death 26 March P.I. ✓
 - g. Cause of death Dysentery ✓
 - h. Religious preference Not on record ✓
 - i. Emergency Addressee Mr. George P. Lamphier (Father) ✓
Cold Brook, New York ✓
 - j. Date and place of induction Not on record ✓

BODY DESCRIPTION

- a. Age at enlistment or induction Not on record ✓
- b. Shoe size
- c. Color of hair
- d. Color of eyes
- e. Height
- f. Weight
- g. Fractures or breaks
- h. Tattoos or birth marks

DENTAL CHART Not on record ✓

8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Upper Right	Upper Left
8 7 6 5 4 3 2 1	1 2 3 4 5 6 7 8
Lower Right	Lower Left

Please note dentures or bridge work if shown

* Request this Form be forwarded to CLINICAL RECORDS BRANCH for attachment of IDAGO Form 8-116 or ID MD Form 79 from retained records of INACTIVATED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4750 (Formerly UNK X-627 Manila #2)				2. DATE OF REPORT 17 Oct 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	C	772	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'6 1/8"	10. COLOR OF HAIR U T D	11. RACE UNKNOWN
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

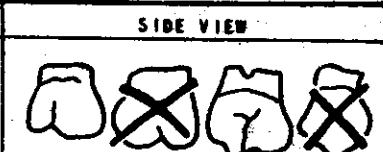
N O N E

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

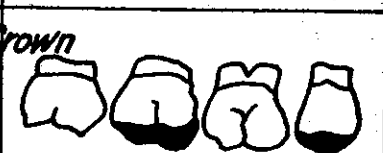
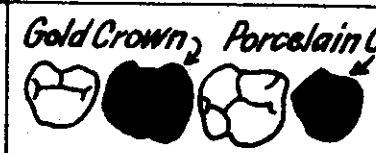
Incl 52

TOOTH CHART

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



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



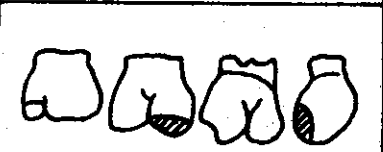
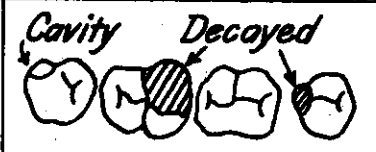
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
X							70	70							X	
Side View	[Side view drawings of teeth]														Side View	
Top View	[Top view drawings of teeth]															
	[Top view drawings of teeth]															
Side View	[Side view drawings of teeth]														Side View	
	0	0				70	70	70	70					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."

"UNIDENTIFIABLE"

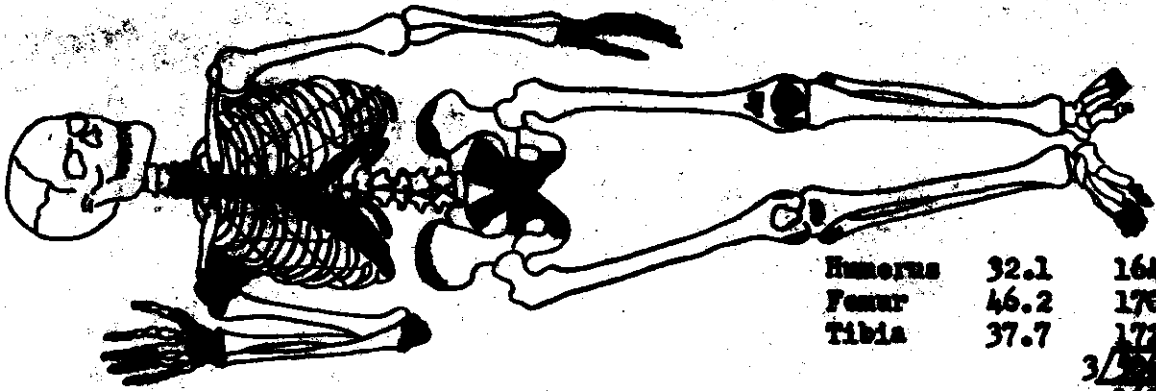
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. MISSING PARTS OF BODY NOT REQUIRED

Cervical Vertebrae
Vertebra & rib fragments



Humerus	32.1	164
Femur	46.2	170
Tibia	37.7	172
		115.9
		168 2/3

Estimated height: 5'6 1/8"

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

No BUI, identification tags or personal effects found with remains.

Estimated weight of remains - 7 1/2 lbs.

Circumference of skull - 21 inches.

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

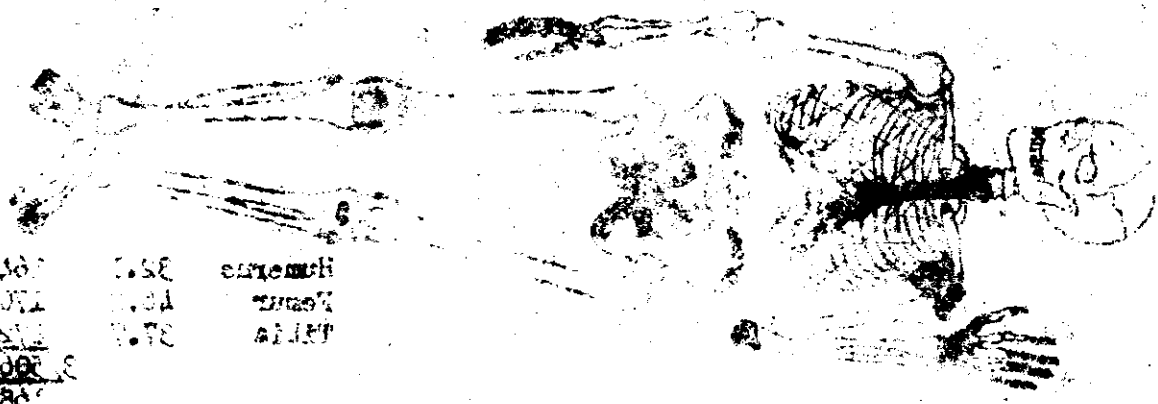
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

Orthopedic Department
Vertebral and Rib Treatment



101	35.1	Height
102	13.1	Weight
103	37.7	Age
104		
105		
106		
107		
108		

Estimated height: 5'6 1/2"

Estimated weight: 131 lbs

No FBI identification tags or personal effects found with remains.

Estimated weight of remains - 75 lbs.

Circumference of skull - 21 inches.

UNIDENTIFIED
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

PAUL H. WICKS
Chief, Identification Section

1/7c

CORRECT

RESTRICTED

1/7c

QMC Form 1048 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 17 Oct 1949	
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;"> <i>Plotted</i> <i>X-62710</i> </div>		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-4750 (Formerly UNK X-627 USAF Cemetery Manila #2, Luzon, P.I.)			SERIAL No. Unknown	
		GRADE Unknown		ORGANIZATION Unknown		
				BRANCH OF SERVICE Unknown		
		RACE Unknown		RELIGION Unknown		
		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
PLACE OF DEATH Camp O'Donnel POW Camp, 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)		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION (If any) <div style="text-align: center; font-size: 2em; font-weight: bold;"> "UNIDENTIFIABLE" "BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA" None </div>						
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 26 July 48	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) STORIED Casket	TYPE OF GRAVE MARKER None	PLOT No. 800	ROW No. 10E	GRAVE No.
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. 9	GRAVE No. 1060
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 <i>Paul R. Nichols</i> PAUL R NICHOLS, Chief, Ident. Section			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>B. Mendenhall</i> B. Mendenhall, Captain, 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

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

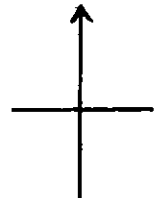
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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

30 JAN 1953

Identification Section



REMARKS:

UNKNOWN X-4750 (formerly UNK X-627, M#2) believed to be LAMPHIER, Walter J. was determined to be unidentifiable due to lack of substantiating data.

QMC Forms 1044, 1044a and 1044b accomplished.

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

COPIES 2-100

RESTRICTED

U 1097

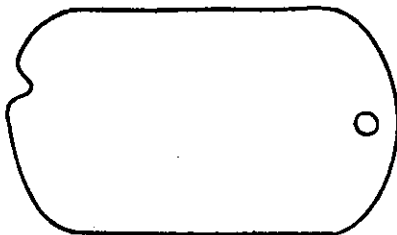
WD GMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

6 Jan. 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN -X-627 (Lamphier, Walter J.)

SERIAL No.

6871335

GRADE

Pfc

ORGANIZATION

31st Inf Regt

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

Camp O'Donnel POW Camp,
Luzon, P. I.

CAUSE OF DEATH

Dysentery

DATE OF DEATH

26 May 1942

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

Listed on prison Death Register as above indicated EM.

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

11 Dec. 45

HOUR

1500

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

shelter half

TYPE OF GRAVE
MARKER

Cross

PLOT No.

2

ROW No.

9

GRAVE No.

1060

WAS THIS A REBURIAL?
(Yes or no)

Yes

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

USAF Cemetery Camp O'Donnel, Luzon, P. I.

PLOT No.

J

ROW No.

3

GRAVE No.

10

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-215 (Cem. Manila #2)
(Formerly Unknown-A, per Accompanying Letter)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1059

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

TENORIO, Don G.

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1061

SIGNATURE OF PERSON PREPARING REPORT

R. C. BARRETT, T/4 GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. M. MOORE, 1st Lt. GRC.

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

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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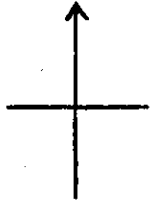
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p align="center">R L</p> <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">LOWER</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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



REMARKS:

ddp.
see sketch A.