

FILE IDENTIFICATION TOPPER

FILE NUMBER

93ank manila #2 X-672

SUBJECT

Formerly manila man X-4552

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Turk (Misc) Manila #2 X 3156  
X605, X672, X673, X675, X676, X677, X678

## SYNOPSIS AND DATES

*Misc now filed*

NEW CLASSIFICATION 293. Turk Manila #2 X 3156

# RECLASSIFICATION SHEET

*Att.*

**1**

**DISINTERMENT DIRECTIVE**

*293 Unknown Manila #2 X-672*

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 00409		DATE 21 01 52		
NAME UNKNOWN X-672		SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
CEMETERY MANILA #2 P I		PLOT 2	ROW 18	GRAVE 2241	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 ( <i>Signature</i> )
CASKET SEALED BY		
CASKET BOXED AND MARKED	DATE	BY
		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 11, GRAVE 147.

**NAT**  
**FILE**  
**RECORDS ANNOTATED**  
**DATE FEB 5 1952**

*John Martin*  
*Agins* **SR. MEM. DIV.**

**RECORD OF CUSTODIAL TRANSFER**

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		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	

# DISINTERMENT DIRECTIVE

6

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7747 00409

21 01 52  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKN MN	X-572		3	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MANILA P I	2	18	2241	7701 CODE
				CO DIST. CTR.

## SECTION B — CONSIGNEE AND NEXT OF KIN

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

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		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 4, ROW 11, GRAVE 147.

**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

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p>	<p><b>Section 1.—IDENTIFICATION.</b></p>		
	<p>NAME (Last, first, middle initial) UNKNOWN X-672 USAF Cem Manila #2, P. I. (Manila Maus X-4552)</p>		<p>SERIAL No. unknown</p>
	<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>	<p>BRANCH OF SERVICE Unknown</p>
	<p>RACE White</p>	<p>RELIGION Unknown</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 Unknown</p>	<p>DATE OF DEATH Unknown</p>	

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

<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)</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)</p>	

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, AGNS-PAZ Casket

DATE OF BURIAL 3 Nov 50	HOUR --	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	<del>XXXXXX</del>	<del>XXXXXX</del>	<del>XXXXXX</del>
			Manila Section 279			
<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 AGNS Mausoleum Manila, P. I.</p>			<p><del>XXXXXX</del> 802</p>	<p><del>XXXXXX</del> A</p>	<p><del>XXXXXX</del> 3405</p>
<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>				
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) --</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --</p>					
<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to</p>		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --	
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.</p>		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --	
<p>SIGNATURE OF PERSON PREPARING REPORT <i>LEROY I. TULISH, Adm. Asst.</i></p>			<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Stanley E. May</i> STANLEY E. MAY, Major, G.C. 31 Jan 51</p>			

**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 5.—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
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**OTHER IDENTIFICATION CLUES**

**FILLINGS**



**CAVITIES**



**MISSING TEETH**



**CROWNED TEETH**



**BRIDGE WORK**

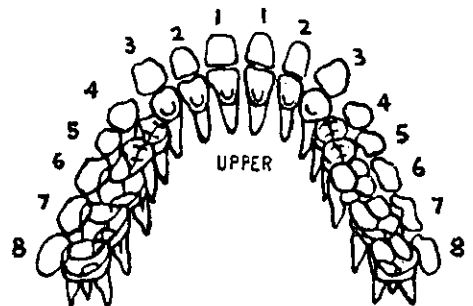
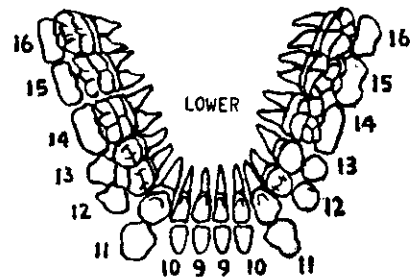
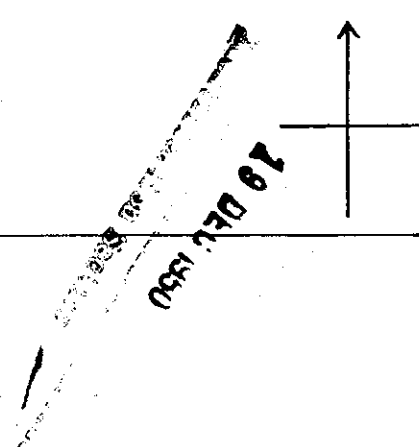
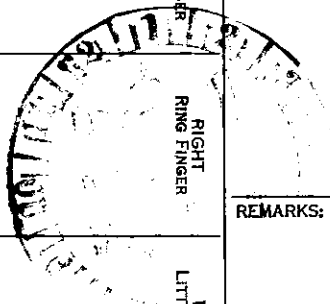


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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

**REMARKS:**



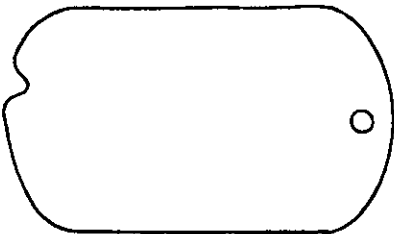
**RESTRICTED**

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) <b>UNKNOWN X-672 USAF Com Manila #2, P. I.</b> <b>(Manila Maus X-4562)</b>		SERIAL NO.  <b>Unknown</b>
	GRADE  <b>Unknown</b>	ORGANIZATION  <b>Unknown</b>	BRANCH OF SERVICE  <b>Unknown</b>
	RACE  <b>White</b>	RELIGION  <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>POW Camp, Cabanatuan, Luzon, P.I.</b>	CAUSE OF DEATH  <b>Unknown</b>	DATE OF DEATH  <b>Unknown</b>
--	--------------------------------------	-------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)  <b>None</b>	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)  <b>Yes (2)</b>	

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-PAL** **Casket**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLCT NO.	ROW NO.	GRAVE NO.
<b>3 Nov 50</b>	<b>--</b>	<b>Final type casket</b>		<b>Manila</b>	<b>Section</b>	<b>279</b>

WAS THIS A REBURIAL? (Yes or no)  <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  <b>AGRS Mausoleum Manila, P. I.</b>	PLACE OF GRAVE PLCT NO. <b>802</b> ROW NO. <b>K</b> GRAVE NO. <b>3405</b>
---	--	--

TYPE OF RELIGIOUS CEREMONY  <b>--</b>	PERSON CONDUCTING BURIAL RITES  <b>--</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)  <b>--</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)  <b>--</b>	

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

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

SIGNATURE OF PERSON PREPARING REPORT   <b>LEROY F. TURNER, Adm. Asst.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT   <b>STANLEY E. MAY, Major, QMC</b>
---	--

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.**

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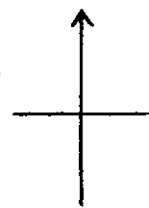
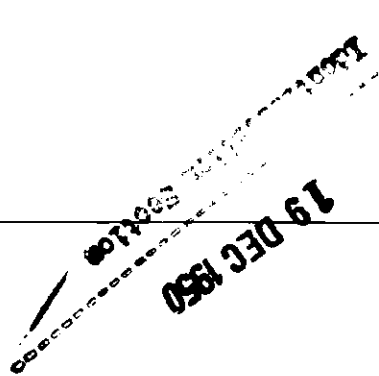
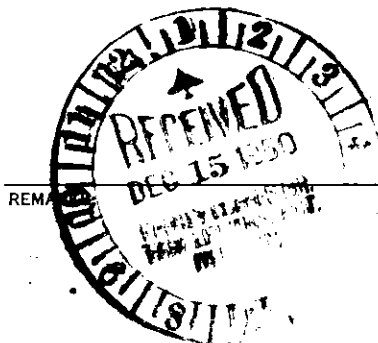
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



RESTRICTED

*Att*

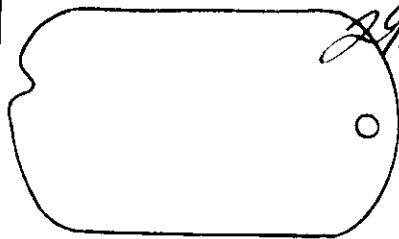
QMC Form 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT

7 Dec 1951

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-672 Manila #2

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

5 Dec 1951

HOUR

--

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

Casket

TYPE OF GRAVE  
MARKER

Cross

PLOT No.

H

ROW No.

11

GRAVE No.

147

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.

2241

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)

Reclass. Manila  
11/15/52

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

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

Allen

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

Edward L. Berg, CPL, 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

*11/15/52*

**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**

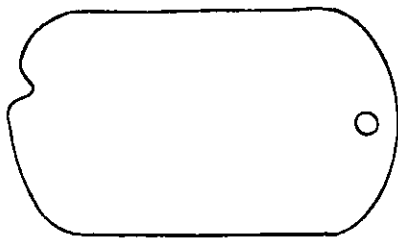
**FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY**



**REMARKS:**

LEFT LITTLE FINGER	<p>Section 3. UNIDENTIFIED REMAINS.</p> <p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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.</p> <table border="1"> <tr> <td>HEIGHT</td> <td>WEIGHT</td> <td>COLOR OF EYES</td> <td>COLOR OF HAIR</td> <td>BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <table border="1"> <tr> <td>WEAPON AND SERIAL No.</td> <td>LAUNDRY MARKS</td> <td>WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p><b>OTHER IDENTIFICATION CLUES</b></p> <p><b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b></p> <p><b>REMARKS:</b></p>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS						WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND			
HEIGHT		WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS												
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND														
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**

<p><b>QMC Form 1042</b> (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)</p>		<p><b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)</p>		<p>DATE OF REPORT <b>7 Dec 1951</b></p>		
<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 		<p><b>Section 1.—IDENTIFICATION.</b></p>				
<p>NAME (Last, first, middle initial) <b>UNKNOWN X-672 Manila #2</b> <b>(Manila Mausoleum X-4552)</b></p>		<p>SERIAL No. <b>Unknown</b></p>		<p>GRADE <b>Unknown</b></p>		
<p>ORGANIZATION <b>Unknown</b></p>		<p>BRANCH OF SERVICE <b>Unknown</b></p>		<p>RACE <b>Unknown</b></p>		
<p>RELIGION <b>Unknown</b></p>		<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>		<p>PLACE OF DEATH <b>POW Camp, Cabanatuan Luzon, P.I.</b></p>		
<p>CAUSE OF DEATH <b>Unknown</b></p>		<p>DATE OF DEATH <b>Unknown</b></p>		<p>EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b></p>		
<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b></p>		<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p>				
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b></p>		<p>COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO</p>				
<p>LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <b>None</b></p>						
<p><b>Section 2.—BURIAL.</b> <i>If other than in established cemetery, furnish sketch and map coordinates on reverse.</i></p>						
<p>NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <b>UNITED STATES MILITARY CEMETERY, FT. W. MCINLEY, P.I.</b></p>						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>5 Dec 1951</b>	<b>--</b>	<b>Casket</b>	<b>Cross</b>	<b>H</b>	<b>11</b>	<b>147</b>
<p>WAS THIS A REBURIAL? (Yes or no) <b>Yes</b></p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Manila #2, Luzon, P.I.</b></p>			<p>PLOT No. <b>2</b></p>	<p>ROW No. <b>18</b></p>	<p>GRAVE No. <b>2241</b></p>
<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>			
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b></p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b></p>		<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p>			
<p>RANK</p>		<p>SERIAL No.</p>		<p>ORGANIZATION</p>		<p>GRAVE No.</p>
<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p>		<p>RANK</p>		<p>SERIAL No.</p>		<p>ORGANIZATION</p>
<p>SIGNATURE OF PERSON PREPARING REPORT <i>Edward L. B. ...</i> <b>EDWARD L. B. ... SPl., RA</b></p>		<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whaylen</i> <b>CHARLES R. WHAYLEN, 1st Lt., QMC</b></p>				
<p><b>DISTRIBUTION OF REPORT:</b> 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.</p>						

**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.

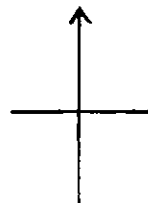
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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



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

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 *unk. Manila # 2 X-672*

SUBJECT

*Also Manila news. X-4552*

*Formerly unk. Cabanatuan C-196*

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-4552 (Formerly UK X-672)</b> <b>USAF Com Manila #2, Luzon, P.I.</b>			2. DATE OF REPORT <b>2 June 48</b>			
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b> <b>293 Work, Manila #2 X-672</b>		4. PLOT <b>802</b>	5. ROW <b>K</b>	6. GRAVE <b>CRYPT</b> <b>3405</b>	7. DATE OF DISINTERMENT <b>16 Dec 47</b>	
				DATE OF REINTERMENT <b>3 June 48</b>		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UFD</b>	9. ESTIMATED HEIGHT <b>5'10 3/4"</b>	10. COLOR OF HAIR <b>UFD</b>	11. RACE <b>Unknown</b>
-----------------------------------	---	---------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed tag with an inscription: UNKNOWN X-672  
CALKINS, WILLIAM K. 1902998 PVT OMC 2241-18-2**

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

**UFD**

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

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

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**

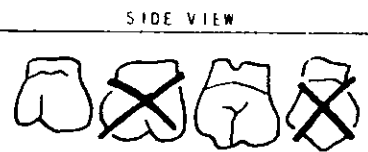
**APPROVED UNIDENTIFIABLE**

*U. Lee  
Ident Br  
18 Feb 52*

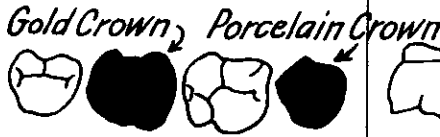
*File - NATI  
U. Lee  
Ident Br  
18 Dec 52*

**Incl #3C**

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



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



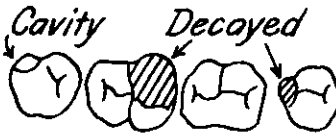
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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 <sup>RIGHT</sup> Missing →								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<del>⊗</del>	<del>⊗</del>	<del>⊗</del>	<del>⊗</del>	<del>⊗</del>	<del>⊗</del>		<del>⊗</del>			<del>⊗</del>	<del>⊗</del>	<del>⊗</del>	<del>⊗</del>	<del>⊗</del>	<del>⊗</del>
Side Views								Side Views							
Top Views								UPPER							
Top Views								LOWER							
Side Views								Side Views							
<del>⊗</del>			<del>⊗</del>		<del>⊗</del>	<del>⊗</del>	<del>⊗</del>	<del>⊗</del>	<del>⊗</del>	<del>⊗</del>		<del>⊗</del>	<del>⊗</del>	<del>⊗</del>	<del>⊗</del>
16	15	14	13	12	11	10	9	9	10	11	12	13	<del>⊗</del> mo od	<del>⊗</del> o	16 unerupted

**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."

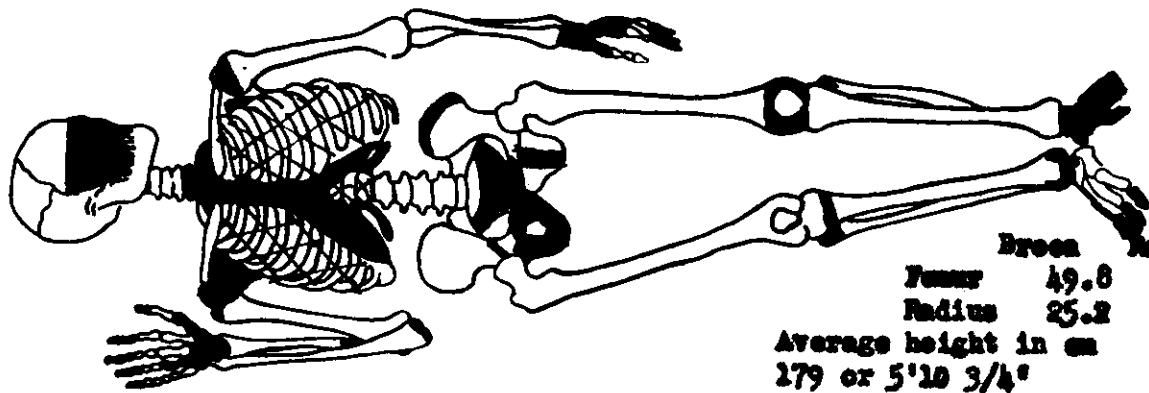
**REMARKS:** R2 is found loose.

**CERTIFIED TRUE COPY:**  
*[Signature]*  
L. S. PANOPIC  
1st Lt., Inf

/s/ Edward F. Moriarty



19. BLACK OUT PARTS OF BODY NOT RECORDED



	<b>Brown</b>	<b>Height</b>
<b>Femur</b>	49.8	182
<b>Radius</b>	25.2	176
<b>Average height in cm</b>		
<b>179 or 5'10 3/4"</b>		


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

One (1) embossed tag received with remains with an inscription mentioned on item 12. (See item 12 to obtain the inscription). This tag was placed with remains.  
 This remains is one of the group disinterred from Grave 704, Row 0, Plot 7 POW Camp, Cabanatuan, Luzon, P.I.  
 Approximate weight of remains 9 lbs.  
 Circumference of skull 21 1/3 inches.

**CERTIFIED TRUE COPY:**  
  
**L. S. PANGPIO**  
**1st Lt., Inf**

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
**/s/ EDWARD F. MARIARTY**  
**SIP LAB., MANILA, P.I.**

SIGNATURE  
**/s/ Edward F. Mariarty**

/rba

DD Form 1044  
Rev. 1 Apr. 1945

RESTRICTED

to

16 Dec 47

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name) UNKNOWN X-672	Serial Number
---------------------------------------	---------------

Grade	Organization
-------	--------------

3. Name, Number and Location of Cemetery USAF Com Manila No. 2 Luzon P. I.	Plot 2	Row 18	Grave No. 2241
---	-----------	-----------	-------------------

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. Stephenson*  
WARD C. STEPHENSON, 1st Lt., QMC

RESTRICTED


INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART


1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are X teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

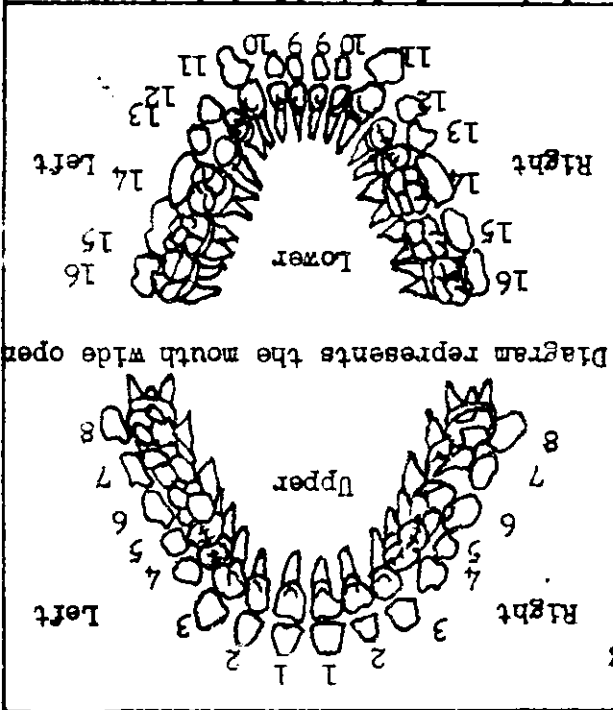
Missing Teeth  


Crowned Teeth  


Bridgework  


Fillings  


Caries (Cavities)  




Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks

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

1 Feb 46

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-672 (GALKINS, William E) (Formerly UNKNOWN C-196 Cabanatuan Cemetery)		hws SERIAL No. 19020998
GRADE Pvt	ORGANIZATION QMC	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	DATE OF DEATH hws 1 November 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) 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

A TRUE COPY:  
*E. M. Moore*  
E. M. MOORE  
Capt., 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 other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 18	GRAVE No. 2241
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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 45.7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, PI	PLOT No. 7	ROW No. 0	GRAVE No. 704
--	--	---------------	--------------	------------------

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-605 (WINTERS, Charles B.) (Formerly UNKNOWN C-195 Cabanatuan Cemetery)	RANK Pfc	SERIAL No. 6665117	ORGANIZATION 808 MP	GRAVE No. 2240
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-673 (FRUNTMYER, Lloyd R.) (Formerly UNKNOWN C-197 Cabanatuan Cemetery)	RANK Pfc	SERIAL No. 19048914	ORGANIZATION 7 MAT	GRAVE No. 2242

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
---	---

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 Office. Copies for retention in theater as prescribed by theater commander.

Incl #4C

RESTRICTED

**Section UNIDENTIFIED REMAINS**

**INSTRUCTIONS:**


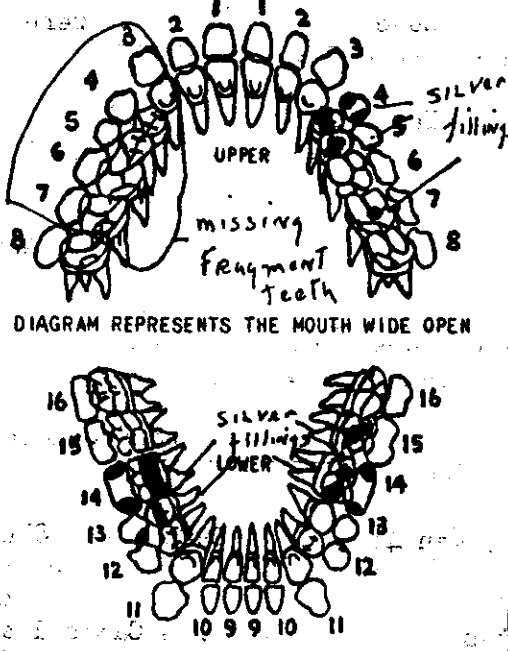




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

OTHER IDENTIFICATION CLUES

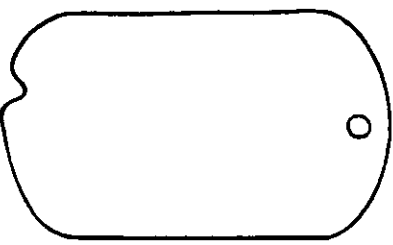
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY	<p>Pfc Fruntmyer, Lloyd R. 19048914 7 MAT                  Cpl Erwin, Kenneth G. 18049796 59 CAC                  Cpl Clark, Walter 19053642 QMC                  Pfc Doyash, Harold W. USMC                  Pvt Smith, Harry J. 6671009 59 CAC                  Pvt Hennessy, Harland 32092573</p>	

REMARKS: were buried in this grave, Individual identification impossible.

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  
15 July 48

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) <b>UNKNOWN X-4552 (Formerly USK X-672 USAF Camp Manila #2, Luzon, P.I.)</b>		SERIAL NO. <b>Unknown</b>
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH <b>POW Camp, Cabanatuan, Luzon, P.I.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>	

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)  <b>See Remarks</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>	

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 <b>3 June 48</b>	STORAGE	HOUR <b>1000</b>	BURIED IN (Shroud, blanket, or name of other) <b>COFFIN</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT NO. <b>802</b>	ROW NO. <b>X</b>	GRAVE NO. <b>3405</b>
------------------------------------	---------	---------------------	--	-------------------------------------	------------------------	---------------------	--------------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Manila #2, Luzon, P.I.</b>	PLOT NO. <b>2</b>	ROW NO. <b>18</b>	GRAVE NO. <b>2241</b>
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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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN X-4270</b>	RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. <b>CRYPT 3407</b>
---	------	------------	--------------	------------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>QUARTO, Sam</b>	RANK <b>S 2c-V-6</b>	SERIAL NO. <b>8626380</b>	ORGANIZATION	GRAVE NO. <b>CRYPT 3409</b>
---	-------------------------	------------------------------	--------------	------------------------------------

SIGNATURE OF PERSON PREPARING REPORT  
**V. C. AQUINO, T/5, QMC**

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
**L. S. PANOPLO, 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.

Incl #2 @

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


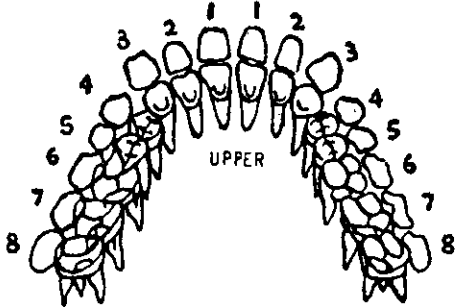




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

**UNKNOWN 1-672, USAF Cemetery Manila #2, Luzon, P.I., might be any one of the following:**

Pfc Hinters, Charles B.	6665117	808 M.F.	
Pvt Collins, William K.	39000998	48	
Pfc Fruminger, Lloyd R.	39048914	7 MAT	
Cpl Ercin, Kenneth G.	18049796	59 CAC	
Cpl Clark, Walter	39053642	48	
Pfc Bayash, Harold H.		48	

REMARKS: Pvt Smith, Henry J. 6673009 59 CAC

Pvt Hummer, Richard 32092573

48C Form 1044, 1044 A and 1044 B accomplished.

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

CGMC DEPT OF ARMY WASH DC

UNCLASSIFIED

CGASNS PHILCOM (AF) 20733 MANILA PI

DEFERRED

S 1844

CINCOPC TOKYO JAPAN (AIR MAIL)

MULTIPLE ADDRESS

*WCL 413-1*

FROM CGMC WASH DC S 1844

RGST EXAM OF XRAY 3156 MANILA NR 2 UNIT 3 PAGE 21 CIA XRAY 605 CIA  
672 CIA 673 CIA 675 THRU 678 INC MANILA NR 2 UNIT 3 PAGE 3 WITH EMPHASIS  
ON FRACTURES OF WRIST CIA NOSE & AMPUTATION OF TOES

T. Sanbornidal  
L. M. White  
J. Windsor

APPROVED UNCLASSIFIED

S 1844 IS MC IN YO 6350 (24 FEB 50)

011530Z

UNCLASSIFIED

GRAVES

CGMC LT WINDSOR EXT 74188  
203 GRS FAR EAST

7/20/50

D. A. REINER  
CAPT. G. C. HENK DIV

*293 p.i. unk X-672 (Dunlop H)*



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-4552 (Formerly X-672 Manila #2)</b>				2. DATE OF REPORT <b>22 March 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum Manila, P.I.</b>		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION <span style="float:right">Age: <b>26-31</b></span>					
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'9 7/8"</b>	10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>White</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p align="center"><b>N O N E</b></p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p align="center"><b>N O N E</b></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? <b>Bones are eroded</b>			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <p align="center"><b>N O N E</b></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"><b>N O N E</b></p>					

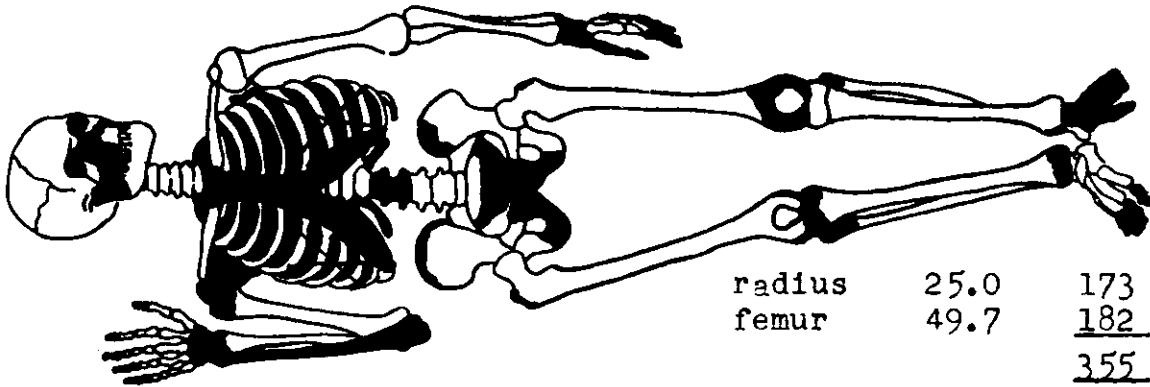
**APPROVED AND IDENTIFIABLE**

*V. Lee*  
*Ident Br*  
*18 Feb 52*

*Incl #3*



19. BLACK OUT PARTS OF BODY NOT RECOVERED



radius	25.0	173
femur	49.7	<u>182</u>
		<u>355</u> - 177½
		2

Estimated height: 5'9 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

CENTRAL IDENTIFICATION POINT  
APO 900  
NECHOLS FIELD, MARINA, P.I.

22 March 1950

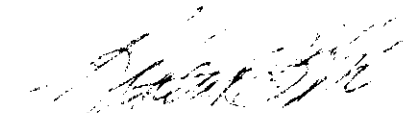
**S T A T E M E N T**

Reference: USMC 1-356, Manila 12  
• X-605 " "  
• X-672 " "  
• X-673 " "  
• 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 USMC X-675 are missing precluding an examination for broken noses. The portions of the nasal bones present of USMC 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 S. FOX  
Anthropologist

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-4552 (Formerly UNK X-672 Manila #2)</b>				2. DATE OF REPORT <b>10 Dec 1949</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION				<b>AGE: 31 - 36 (See item #21)</b>	
8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 10 1/2"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>White</b>		

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?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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**

**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

RIGHT												LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	Missing						
MAXILLA				MISSING							a								
Side Views												Side Views							
UPPER												UPPER							
LOWER												LOWER							
Side Views												Side Views							
16	15	14	13	12	11	10	9	9	10	11	12	13	a	a					
													m	o					

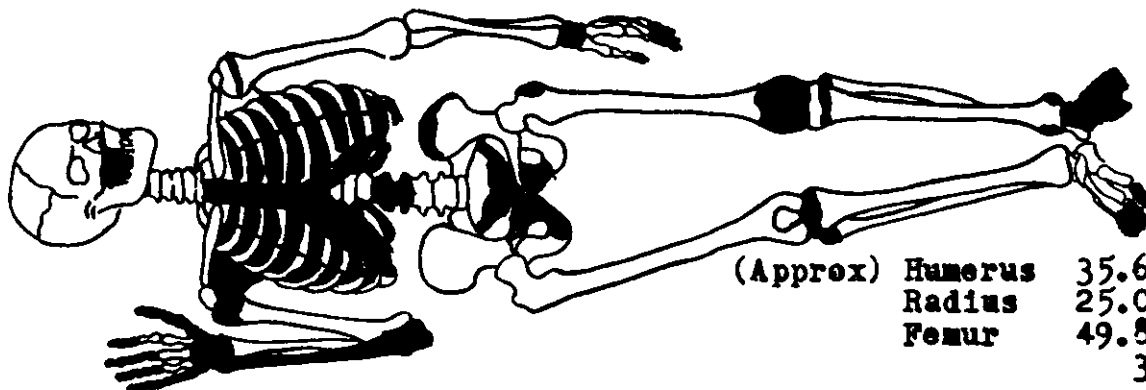
Unerupted

**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."

R1, R2, L6 and L7 are loose present with remains.

*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Identification Section



Estimated height: 5' 10½".

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, probably white, approximately 5' 10½" in height, and in the early or mid thirty's, or possibly older.

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 December '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

CENTRAL IDENTIFICATION POINT  
AGRS APO 900  
NICHOLS FIELD, MANILA, P.I.

12 December 1949

**S T A T E M E N T**

References: USK X-2354 Mausoleum  
USK's X-4551 thru X-4557

The above eight (8) remains were examined simultaneously by me this date for proper segregation, and new X-ray films 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 CIL #522.

  
ROBERT S. FOX  
Anthropologist



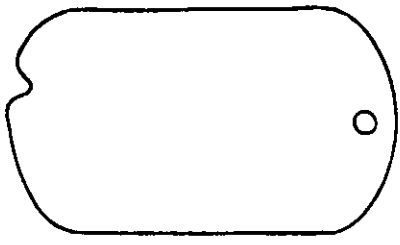
*RE*  
**RESTRICTED** U- U-1217

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><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial) UNKNOWN X-672 (CALKINS, William <sup>Aug</sup> E) (Formerly UNKNOWN C-196 Cabanatuan Cemetery)		SERIAL NO. 19020998
	GRADE Pvt	ORGANIZATION QMC	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	DATE OF DEATH 1 November 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) 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)-
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 #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	2241


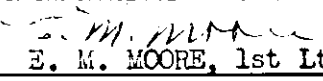
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I	PLOT No. 7	ROW No. 0	GRAVE No. 704
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TYPE OF RELIGIOUS 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-605 (WINTERS, Charles B) (Formerly UNKNOWN C-195 Cabanatuan Cemetery)	RANK Pfc	SERIAL NO. 6665117	ORGANIZATION 808 MP	GRAVE No. 2240
--	-------------	-----------------------	------------------------	-------------------

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN X-673 (FRUNTYER, Lloyd R) (Formerly UNKNOWN C-197 Cabanatuan Cemetery)	RANK Pfc	SERIAL NO. 19048914	ORGANIZATION 7 MAT	GRAVE No. 2242
--	-------------	------------------------	-----------------------	-------------------

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**

**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.


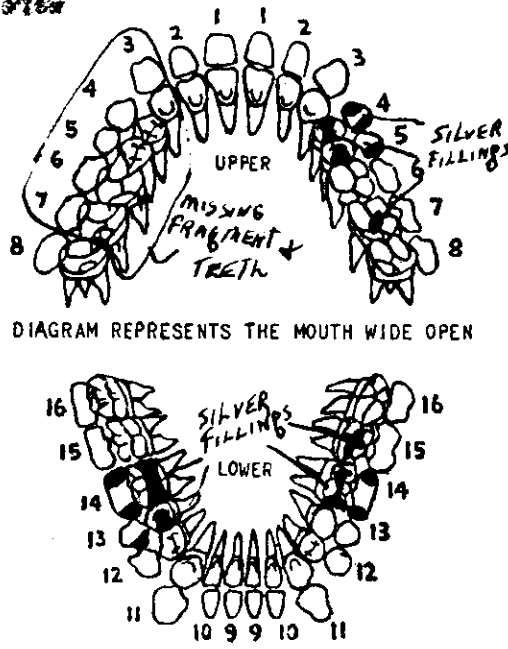




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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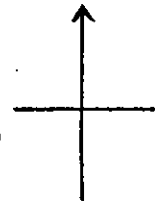
**OTHER IDENTIFICATION CLUES**

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

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

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

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

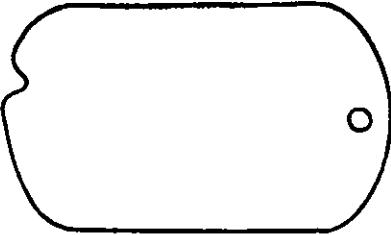
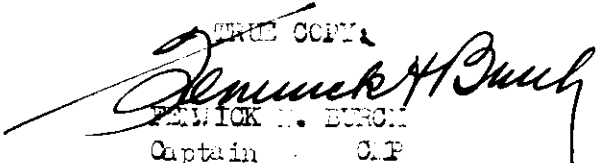


**REMARKS:**

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**

<b>WD OMC FORM 1042</b> (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 1 Feb 46
Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>					
	NAME (Last, first, middle initial) UNKNOWN X-672 (CARRIS, William H.) (Formerly UNKNOWN X-C-196 (Cabanatuan Cem.))			SERIAL No. 1902092		
	GRADE Pfc	ORGANIZATION 4th CG		BRANCH OF SERVICE Army		
RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH P.O. Camp Cabanatuan, Luzon, P.I.		CAUSE OF DEATH		DATE OF DEATH HWZ 1 Nov. 42		
EMERGENCY ADDRESSEE (Name, relationship, and address)						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Two (10) boxes buried in common grave., Two (2) of which were identified and eight (8) unidentified:- Pfc Walters, Charles E. 666117 808 MP Pvt Calkins, William H. 1902092 4th CG (See Sec 3 reverse side)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>						
TRUE COPY  PENWICK H. BURCH Captain 4th CG						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">U.S.F Cemetery Manila #2, Luzon, P.I.</p>						
DATE OF BURIAL 9 Jan 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) 666117	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 10	GRAVE No. 2241
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE P.O. Camp 1 #11 Cabanatuan Cemetery, Luzon, P.I. 13.7-70.5 1/30,000			PLOT No. 7	ROW No. 0	GRAVE No. 704
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) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-605 (WINTER, Charles E.) (Formerly UNKNOWN X-C-195 (Cabanatuan Cem.))		RANK Pfc	SERIAL No. 666117	ORGANIZATION 808 MP	GRAVE No. 2240	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-673 (FRUNTLYER, Lloyd R.) (Formerly UNKNOWN X-C-197 (Cabanatuan Cem.))		RANK Pfc	SERIAL No. 19015914	ORGANIZATION 7th INF	GRAVE No. 2242	
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., 4th CG			
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.**


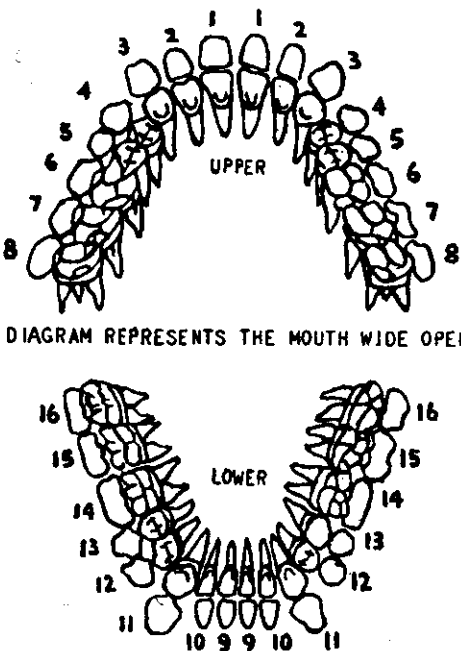




**INSTRUCTIONS:**

(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

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

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



REMARKS: