

FILE IDENTIFICATION TOPPER

FILE NUMBER

943 ant Manila #2 X-675

SUBJECT

Formerly Manila man X-4554

all.

1

DISINTERMENT DIRECTIVE

293 Unit Manila # 2 X-675

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	7747 00412	21 01 52

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-675			8	0	6
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
MANILA #2 P I	2	18	2244	7701	80
				CODE	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 DISINTERRED
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 H, ROW 11, GRAVE 144.

NAT
FILE
RECORDS ANNOTATED
DATE FEB 5 1952
NAME *E. Shorter*
BR. MEN. DIV.

RECORD OF CUSTODIAL TRANSFER

FROM			
KIND OF CONVEYANCE		TO	
NAME OF CONVOYER		TO	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER
2. SHIPPED			
FROM			
KIND OF CONVEYANCE		TO	
NAME OF CONVOYER		TO	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER
3. SHIPPED			
FROM			
KIND OF CONVEYANCE		TO	
NAME OF CONVOYER		TO	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER
4. SHIPPED			
FROM			
KIND OF CONVEYANCE		TO	
NAME OF CONVOYER		TO	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER
5. SHIPPED			
FROM			
KIND OF CONVEYANCE		TO	
NAME OF CONVOYER		TO	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER
6. SHIPPED			
FROM			
KIND OF CONVEYANCE		TO	
NAME OF CONVOYER		TO	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER
7. SHIPPED			
FROM			
KIND OF CONVEYANCE		TO	
NAME OF CONVOYER		TO	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER
8. SHIPPED			
FROM			
KIND OF CONVEYANCE		TO	
NAME OF CONVOYER		TO	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER
9. SHIPPED			
FROM			
KIND OF CONVEYANCE		TO	
NAME OF CONVOYER		TO	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER
10. SHIPPED			
FROM			
KIND OF CONVEYANCE		TO	
NAME OF CONVOYER		TO	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 7747 00412

DATE 21 07 52 DAY MONTH YEAR

NAME UNKN WVN X-675 SERIAL NUMBER GRADE ARM 0 RACE 0 RELIGION 0

CEMETERY MANILA #2 #1 PLOT 2 ROW 11 GRAVE 2244 DISPOSITION OF REMAINS 7701 00 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 ORGANIZATION UNKN WVN RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS REMAINS ARE UNIDENTIFIABLE. REMAINS BEING INTERRED IN FT. MCKINLEY, P. I., PLOT #, ROW 11, GRAVE 144.

RESTRICTED

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-675 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
5 Dec 1951	--	Casket	Cross	H	11	144

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		2	18	2244

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		FILE RECORDS ANNOTATED DATE 4 Jan 52 NAME Franke Rogis

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Yes	Yes				

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Reclass. Made 11/15/52				

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

SIGNATURE OF PERSON PREPARING REPORT: Edward L. Berg, CPT, 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.

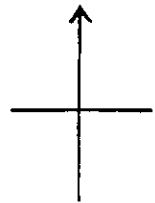
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

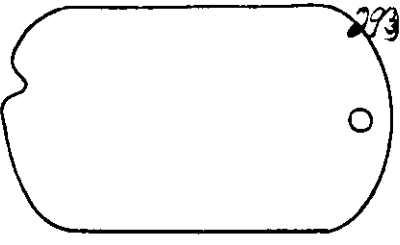
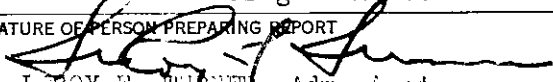
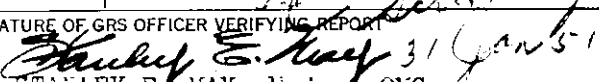
RIGHT
LITTLE FINGER

RESTRICTED

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.				SERIAL No. Unknown
		NAME (Last, first, middle initial) UNKNOWN X-675 Manila #2 (Manila Mausoleum X-4554)				
		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) <p align="center">Unknown</p>						
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 <p align="center">None</p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">UNITED STATES MILITARY CEMETERY, Ft. Mc. SHIMMY, P.I.</p>						
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. 144
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No. 2	ROW No. 18	GRAVE No. 2244
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, CPL/ RA			SIGNATURE OF GRS OFFICER VERIFYING REPORT CHARLES A. HAYLEN, 1st Lt., Q.C			
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

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 01-31-51
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-675 USAF Cem Manila #2, P. I. (Manila Laus X-4554)	
	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, Cabaatuan 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		
DATE OF BURIAL 3 Nov 50	HOUR --	BURIED IN (Shroud, blanket, or name of other) Final type casket
		TYPE OF GRAVE MARKER Manila Section 280
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.	
	HANGER NO. 802	BAY NO. K
	CRYPT NO. 3505	
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. KAY, Major, 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:


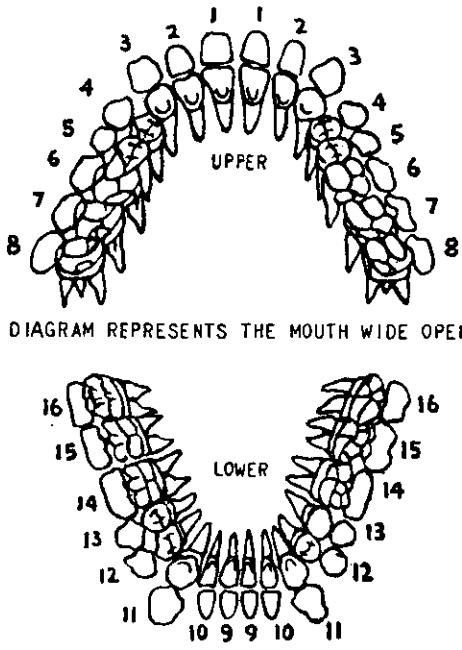




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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:



REMARKS:

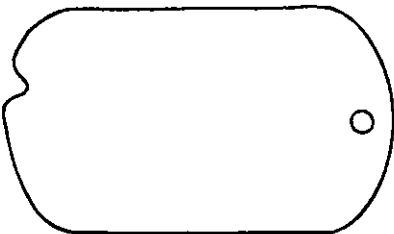
RESTRICTED

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

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>					
	<p>NAME (Last, first, middle initial) UNKNOWN X-675 USAF Com Manila #8, P. I. (Manila Maus X-4554)</p>	<p>SERIAL No. Unknown</p>				
	<table border="1"> <tr> <td> <p>GRADE Unknown</p> </td> <td> <p>ORGANIZATION Unknown</p> </td> <td> <p>BRANCH OF SERVICE Unknown</p> </td> </tr> <tr> <td> <p>RACE Unknown</p> </td> <td> <p>RELIGION Unknown</p> </td> <td> <p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p> </td> </tr> </table>	<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>	<p>BRANCH OF SERVICE Unknown</p>	<p>RACE Unknown</p>	<p>RELIGION Unknown</p>
<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>	<p>BRANCH OF SERVICE Unknown</p>				
<p>RACE Unknown</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, AGRS-PAZ

Casket

<p>DATE OF BURIAL 3 Nov 50</p>	<p>HOUR --</p>	<p>BURIED IN (Shroud, blanket, or name of other) Final type casket</p>	<p>TYPE OF GRAVE MARKER Manila Section 280</p>
---	---------------------------	---	---

<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 AGRS Mausoleum Manila, P. I.</p>	<p>Manila 802</p>	<p>Manila I</p>	<p>Crypt 3505</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>	<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) manner of storing caskets.</p>	<p>RANK --</p>	<p>SERIAL No. --</p>	<p>ORGANIZATION --</p>	<p>GRAVE No. --</p>
--	---------------------------	---------------------------------	-----------------------------------	--------------------------------

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

RESTRICTED

675

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Unit (Misc) Manila #2 X3156, X605
X672, X673, ~~X675~~ X676, X677, X678

SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION 293. Unit Manila #2 X3156

RECLASSIFICATION SHEET

FILE IDENTIFICATION TOPPER

FILE NUMBER

295 *Unk. Maria #2 X-675*

SUBJECT

~~Miss Maria Maw. X-4554~~

Formerly Unk. Cabanatuan C-199

IDENTIFICATION DATA

REMAINS OF UNKNOWN X-4554 (Formerly UNK X-675, USAF Com Manila #2, Luzon, P.I.)				2. DATE OF REPORT 2 June '48	
3. NAME OF CEMETERY <i>ABNK, Manila #2 X-675</i>		4. PLOT <i>11</i>	5. ROW BANGER BAY	6. GRAVE CRYPT	7. DATE OF DISINTERMENT 16 Dec 47
MRS Mausoleum, Manila, P.I.		802	K	3505	DATE OF REINTERMENT 3 June 48

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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

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 B's
18 Feb 52*

*↓ NAT
18 Feb 52
18 Feb 52*

Incl #3A

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:



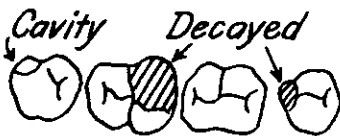
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗		⊗				⊗	⊗
Side Views															
UPPER															
LOWER															
Side Views															
													Cavity		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Impacted

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

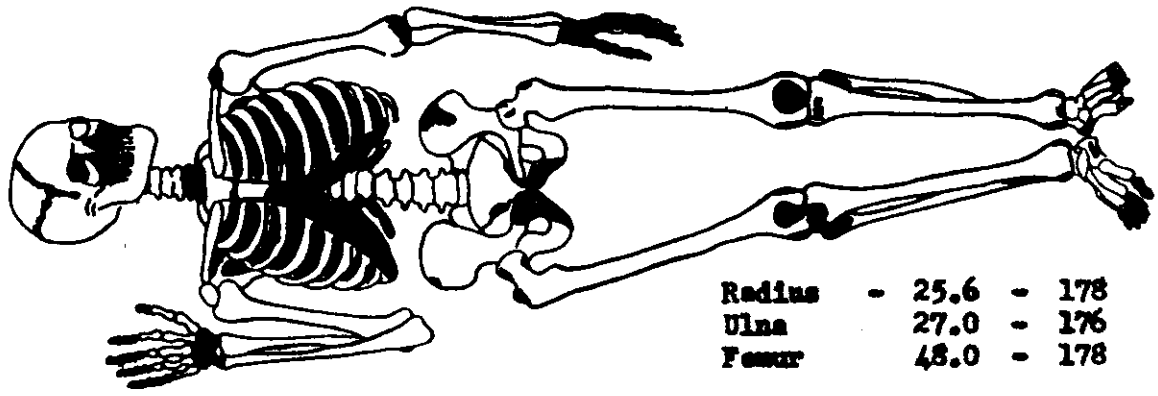
REMARKS: Maxilla missing. 12, 4, 5 and 6 of maxillary teeth are present.

CERTIFIED TRUE COPY:

L. S. Panofis
L. S. PANOFIS
1st Lt Inf

s/ Charles Feeney

BACK BUT PARTS OF BODY NOT RECORDED



Radius - 25.6 - 178
 Ulna 27.0 - 176
 Femur 48.0 - 178

Ave. of Ht. in cm. - 177 or 5'9 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 ROI bottle, no I. D. tag, or other means of identification. Skull fractured;- Circumference is unobtainable. Estimated weight of remains is 10 lbs.

This remains is one of a group disinterred from grave #704, Row #0, Plot #7 of Cabanatuan POW Cem I & II, Luzon, P.I.

CERTIFIED TRUE COPY:

LS Panopio
 L S PANOPIO
 1st Lt Inf

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION P/ CHARLES F. FEENEY C-063090 CIP Lab. AGRS, Manila, P.I.	SIGNATURE s/ Charles Feeney
---	---------------------------------------

REPORT OF DISINTERMENT FOR IDENTIFICATION

16 Dec 47

1. Remains of (Name)

UNKNOWN X-675

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

USAF Cem Manila No. 2 Luzon P. I.

Plot

2

Row

18

Grave No.

2214

2. Date of Disinterment

16 Dec 47

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Skeletal remains; broken skull.

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

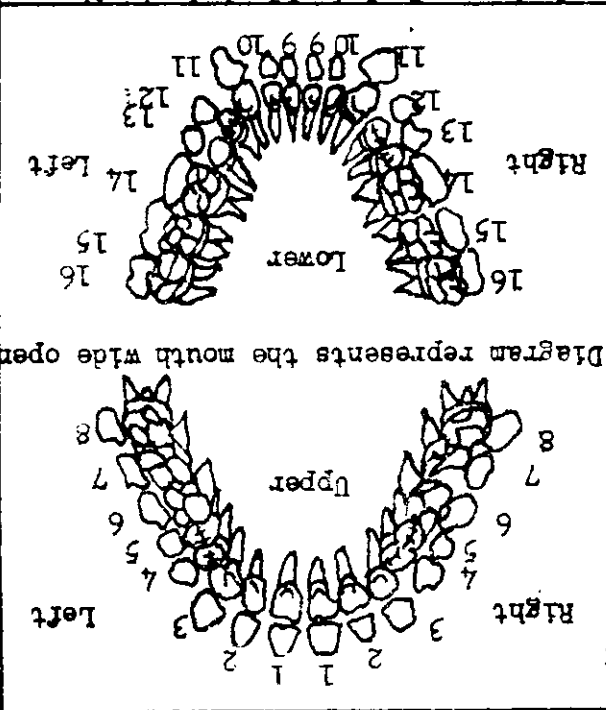
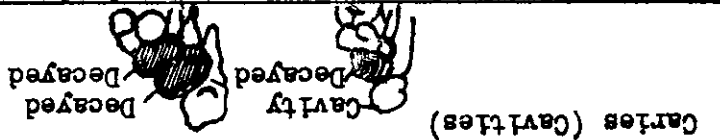
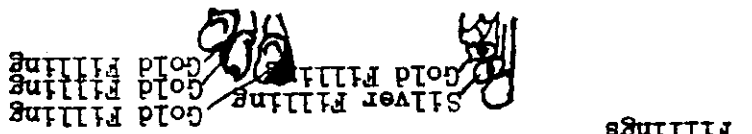
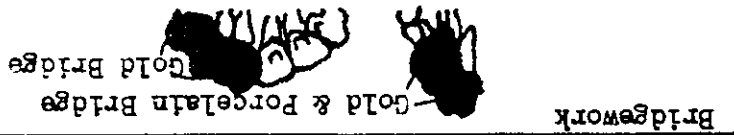
On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.

Ward C. Stephenson
WARD C. STEPHENSON, 1st Lt., MC

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 (grinding 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.



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

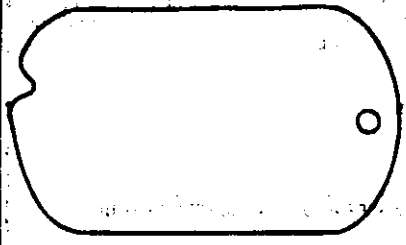
WFO QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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-675 (CLARK, Walter)
(Formerly UNKNOWN G-199 Cabanatuan Cemetery)

SERIAL No.
19053642

GRADE
Cpl

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
Amoebic Dysentery

DATE OF DEATH
1 November 42

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mr. Webb Clark (Father) c/o T. A. Chase, Willite, California

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 2 on reverse)
Ten (10) bodies found 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

TRUE COPY:
E. B. MCNEAR
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	HOUR	BURIED IN (Shroud, blanket, or name of cloth)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
9 Jan 46	0900	Shelter Half	Cross	2	18	2244

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	45.7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P.I.	7	0	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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-3156 (ERWIN, Kenneth G) (Formerly UNKNOWN G-198 Cabanatuan Cemetery)	Cpl	18049796	59 CAC	2243

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-676 (DOYASH, Harold W.) (Formerly UNKNOWN G-200 Cabanatuan Cemetery)	Pfc		USMC	2245

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

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

Incl #4D

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


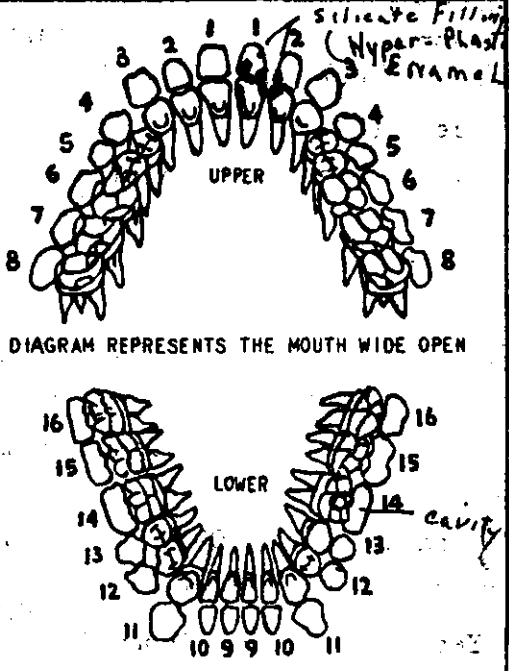




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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
			1.0	

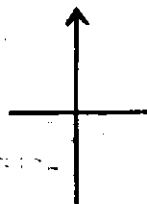
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

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

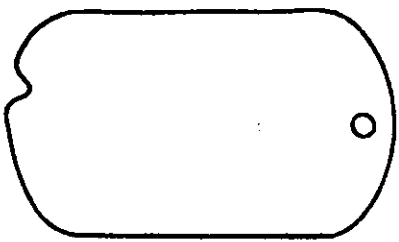
- Pfc Fruntmyer, Lloyd R. 719048914 7 MAT
- Cpl Erwin, Kenneth G. 18049796 59 CAC
- Cpl Clark, Walter 19053642 QMC
- Pfc Doyash, Harold W. USMC



REMARKS: Pvt. Smith, Harry J. 6671009 59 CAC
Pvt Hennessy, Harland 32092573

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) UNKNOWN X-4554 (Formerly UNk X-675 USAF Cem Manila #2, Luzon, P.I.)	SERIAL No.		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	Unknown		

PLACE OF DEATH 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	STORAGE 1000	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. K	GRAVE No. 3505
------------------------------------	------------------------	--	-------------------------------------	------------------------	---------------------	--------------------------

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. 2244
--	--	----------------------	----------------------	--------------------------

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
--	--


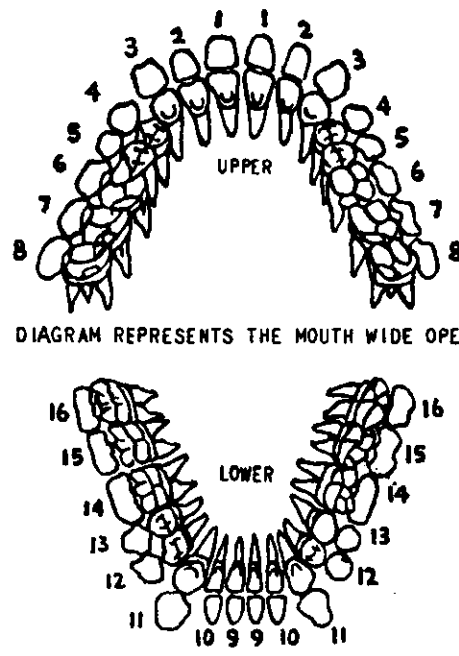





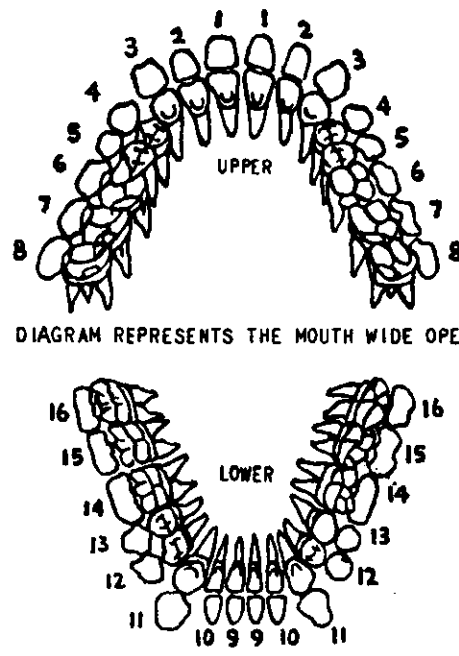





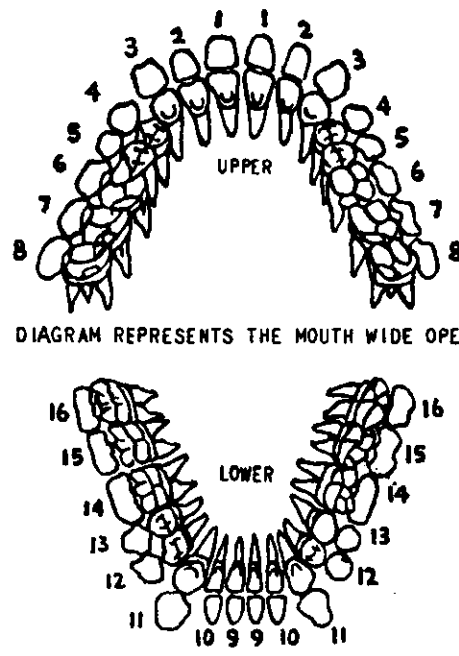




BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) PEDERSON, William	RANK	SERIAL No. 365885	ORGANIZATION	GRAVE No. 3507
--	------	-----------------------------	--------------	--------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) NYLANDER, Russell W.	RANK	SERIAL No. 37031031	ORGANIZATION	GRAVE No. 3503
--	------	-------------------------------	--------------	--------------------------

SIGNATURE OF PERSON PREPARING REPORT W. C. AQUINO, T/5, QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPPIO, 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 # 20

	Section 2 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 HAIR																				
LEFT MIDDLE FINGER	COLOR OF EYES	BIRTHMARKS, SCARS, OR TATTOOS																					
LEFT INDEX FINGER	WEAPON AND SERIAL NO.		WHERE BODY WAS BURIED OR FOUND																				
LEFT THUMB	LAUNDRY MARKS																						
RIGHT LITTLE FINGER	OTHER IDENTIFICATION CLUES																						
RIGHT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> FILLINGS  </td> <td rowspan="6" style="width:30%; text-align:center; vertical-align: middle;">  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> <td style="width:40%;"> SILVER FILLING GOLD FILLING </td> </tr> <tr> <td> CAVITIES  </td> <td>CAVITY DECAYED</td> </tr> <tr> <td> MISSING TEETH  </td> <td>TOOTH MISSING</td> </tr> <tr> <td> CROWNED TEETH  </td> <td>PORCELAIN CROWN GOLD CROWN</td> </tr> <tr> <td> BRIDGE WORK  </td> <td>GOLD BRIDGE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>			FILLINGS 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	SILVER FILLING GOLD FILLING	CAVITIES 	CAVITY DECAYED	MISSING TEETH 	TOOTH MISSING	CROWNED TEETH 	PORCELAIN CROWN GOLD CROWN	BRIDGE WORK 	GOLD BRIDGE									
FILLINGS 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	SILVER FILLING GOLD FILLING																					
CAVITIES 		CAVITY DECAYED																					
MISSING TEETH 		TOOTH MISSING																					
CROWNED TEETH 		PORCELAIN CROWN GOLD CROWN																					
BRIDGE WORK 		GOLD BRIDGE																					
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY REMARKS: UNKNOWN X-4554, AGRS Mausoleum, Manila, P.I., formerly UNK X-675, USAF Cemetery Manila #2, Luzon, P.I. might be anyone of the following:																						
RIGHT RING FINGER	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Pfc. Winters, Charles B.</td> <td style="width:20%;">6665117</td> <td style="width:10%;">808</td> <td style="width:20%;">M? P.</td> </tr> <tr> <td>Pvt. Calkins, William K.</td> <td>19020998</td> <td></td> <td>QMC</td> </tr> <tr> <td>Pfc. Fruntmeyer, Lloyd R.</td> <td>19048914</td> <td>7</td> <td>MAF</td> </tr> <tr> <td>Cpl. Erwin, Kenneth G.</td> <td>18049796</td> <td>59</td> <td>CAC</td> </tr> <tr> <td>Cpl. Clark, Walter</td> <td>19053642</td> <td></td> <td>QMC</td> </tr> </table>			Pfc. Winters, Charles B.	6665117	808	M? P.	Pvt. Calkins, William K.	19020998		QMC	Pfc. Fruntmeyer, Lloyd R.	19048914	7	MAF	Cpl. Erwin, Kenneth G.	18049796	59	CAC	Cpl. Clark, Walter	19053642		QMC
Pfc. Winters, Charles B.	6665117	808	M? P.																				
Pvt. Calkins, William K.	19020998		QMC																				
Pfc. Fruntmeyer, Lloyd R.	19048914	7	MAF																				
Cpl. Erwin, Kenneth G.	18049796	59	CAC																				
Cpl. Clark, Walter	19053642		QMC																				
RIGHT LITTLE FINGER	REMARKS: Pfc. Doyash, Harold W. USMC Pvt. Smith, Harry J. 6671009 59 CAC Pvt. Hennessy, Harland 32092573																						
	QMC Form 1044, 1044-A and 1044-B accomplished.																						

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

OCHG DEPT OF ARMY WASH DC

UNCLASSIFIED

COAGRS PHILIPP (AF) ENVOY MANILA PI

DEFERRED

8 1844

CINCPAC TOKYO JAPAN (AIR MAIL)

MULTIPLE ADDRESS

WCL 40307

FORM 4-1944 (REV) 8 1844

RGST EXAM OF XRAY 3156 MANILA NR 2 UNIT 3 PAGE 31 CIA XRAY 605 CIA
672 CIA 673 CIA 675 THRU 678 IEC MANILA NR 2 UNIT 3 PAGE 3 WITH HONORIS
ON FRACTURES OF WRIST CIA NONE & ABUTMENT OF TOES

- T. Sanbornsdal
- L. K. White
- J. Windsor

APPROVED UNIDENTIFIABLE

8 1844 IS RC IN NO 0222 (24 FEB 50)

011530Z

GRAVES

UNCLASSIFIED

D. A. BEINER
CAPT. 1st S. INF DIV

MMR 50

RIGHT BY WINDSOR XAY 74188
205 UNK FAR EAST

293 P.I. - Manila X-605 thru X-678 (Manila #2)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4554 (Formerly X-675 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: 20 to 25 yrs.**

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

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)

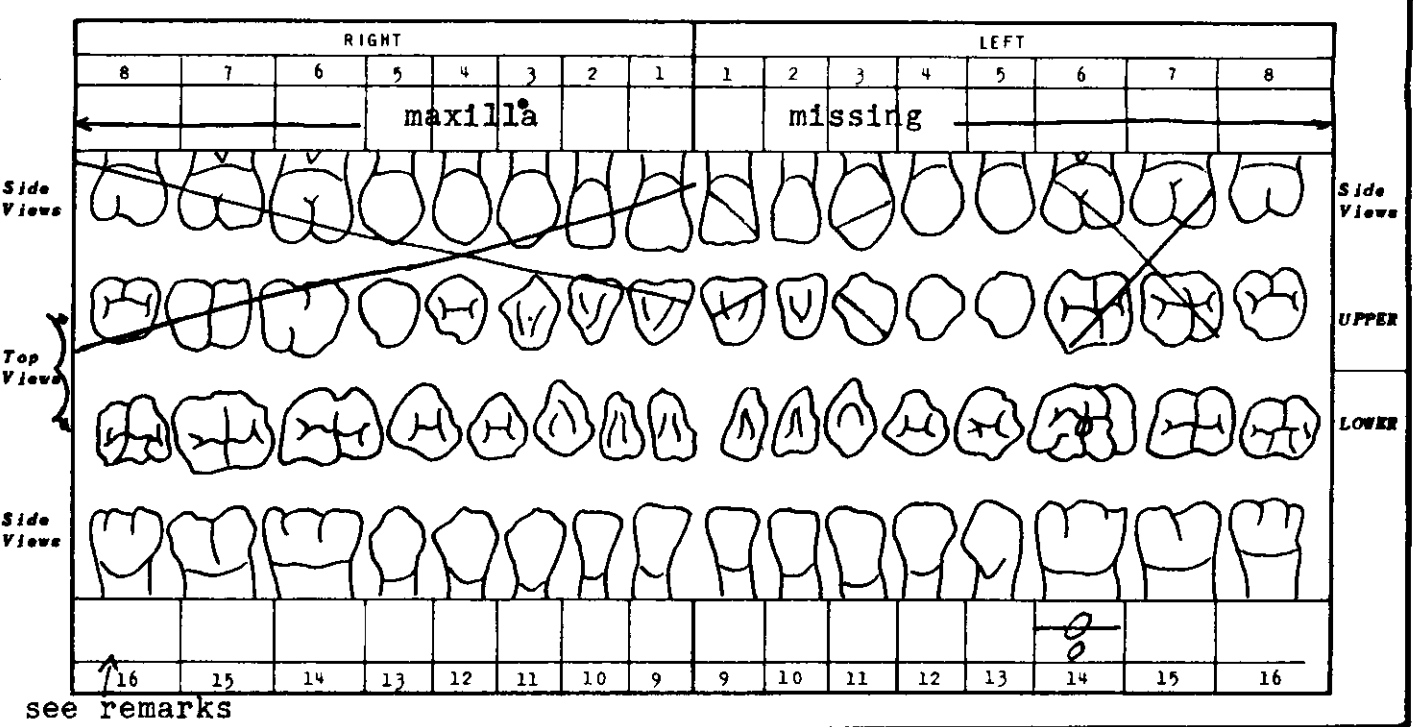
N O N E

APPROVED UNIDENTIFIABLE

*V Lee
Ident Br
18 Feb 52*

Incl #5

18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

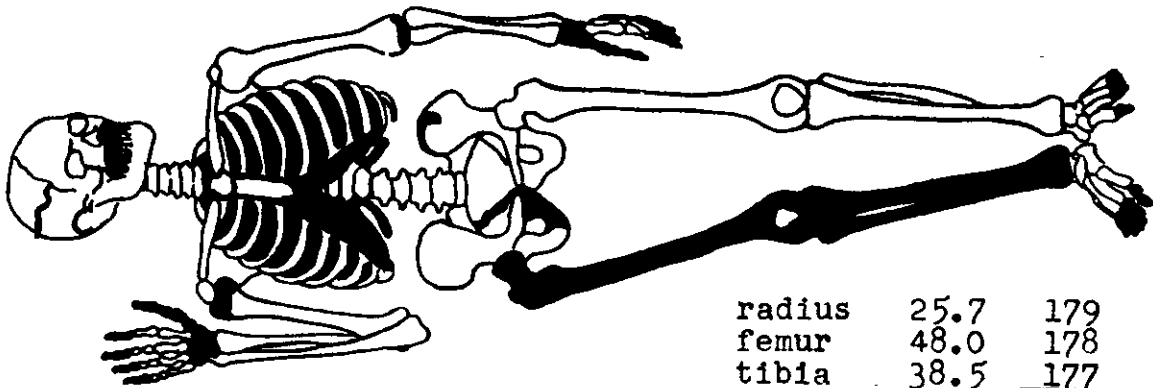


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: I2, 4, 5 and 8 are loose present with remains. R16 is partially impacted in horizontal position.

Paul R. Nichols
 PAUL R NICHOLS
 Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



radius	25.7	179	
femur	48.0	178	
tibia	38.5	177	
		<u>534</u>	- 178
		3	

Estimated height: 5'10"

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
AGRS APO 900
NICHOLS FIELD, MANILA, P.I.

22 March 1950

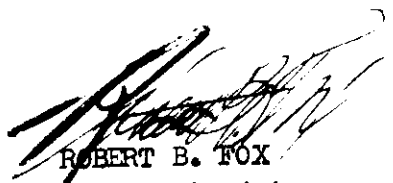
S T A T E M E N T

Reference: UNK X-3156, Manila #2
" 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 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-4554 (Formerly UNK X-675 Manila #2)				2. DATE OF REPORT 10 Dec 1949		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT U T D		9. ESTIMATED HEIGHT 5' 10 1/2"		10. COLOR OF HAIR U T D		11. RACE 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?	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)

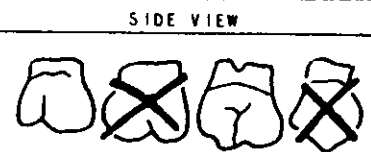
N O N E

700126

18.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), THUS:



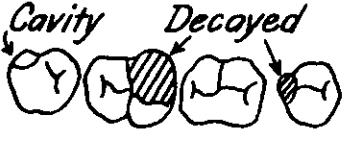
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
← MAXILLA								MISSING →							
Side Views								Side Views							
UPPER								UPPER							
Top Views								Top Views							
LOWER								LOWER							
Side Views								Side Views							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

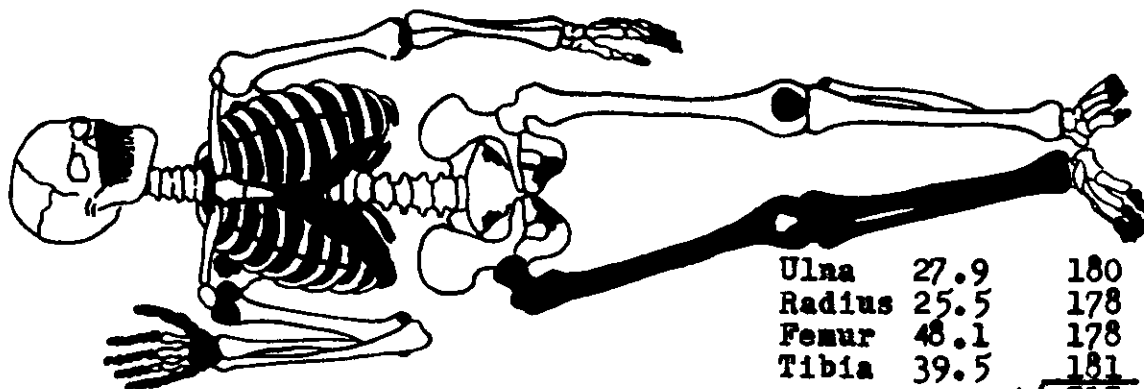
See Remarks

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

R2, R4, R5 and R8 are loose present with remains. R16 is partially impacted in horizontal position.

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section



Ulna	27.9	180
Radius	25.5	178
Femur	48.1	178
Tibia	39.5	181
		<u>717</u>
		179 1/2

Estimated height: 5' 10 1/2".

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

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

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

This is the remains of a male individual, of white ancestry, in the early twenty's, and approximately 5' 10 1/2" tall.

To the best of my ability, this remains is properly segregated, and represents one and the same individual.

See attached Anthropologist's statement dated 13 Dec. 1949.

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
AGPS APO 900
NICHOLS FIELD, MANILA, P.I.

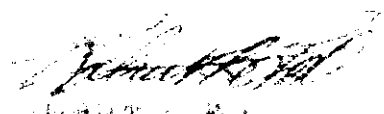
12 December 1949

U N C L A S S I F I E D

Reference: BSK L-2354 Mausoleum
BX's L-4551 thru L-4557

The above eight (8) remains were examined simultaneously by me this date for proper segregation, and new M. 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.

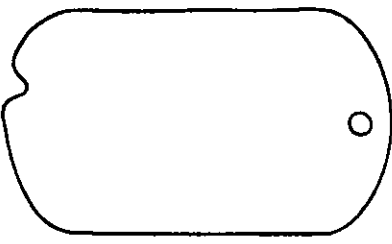
In so far as the condition of the remains allows for proper association, and to the best of my ability, each of the above remains is now properly segregated. Bones improperly associated were assigned OII 4522.


ROBERT W. FOX
Anthropologist

Mr
RESTRICTED U-

U-1255

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-675 (CLARK, Walter) (Formerly UNKNOWN C-199 Cabanatuan Cemetery)		SERIAL NO. 19053642
	GRADE Cpl	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 <i>Amoebic Dysentery Aug</i>	DATE OF DEATH 1 Nov. 1942 <i>1942</i>
--	--	--

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mr. Webb Clark (7) 90 S. A. Chase, Willite, California Aug

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 found 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
incl U60 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 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. 2244
----------------------------	--------------	---	-------------------------------	---------------	---------------	-------------------

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-694 (ERLIN, Kenneth G) (Formerly UNKNOWN C-198 Cabanatuan Cemetery)	RANK Cpl	SERIAL NO. 18049796	ORGANIZATION 59 CAC	GRAVE NO. 2243
--	-------------	------------------------	------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-676 (DOYASH, Harold W) (Formerly UNKNOWN C-200 Cabanatuan Cemetery)	RANK Pfc	SERIAL NO.	ORGANIZATION USMC	GRAVE NO. 2245
---	-------------	------------	----------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> 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.

Section 3 UNIDENTIFIED REMAINS.


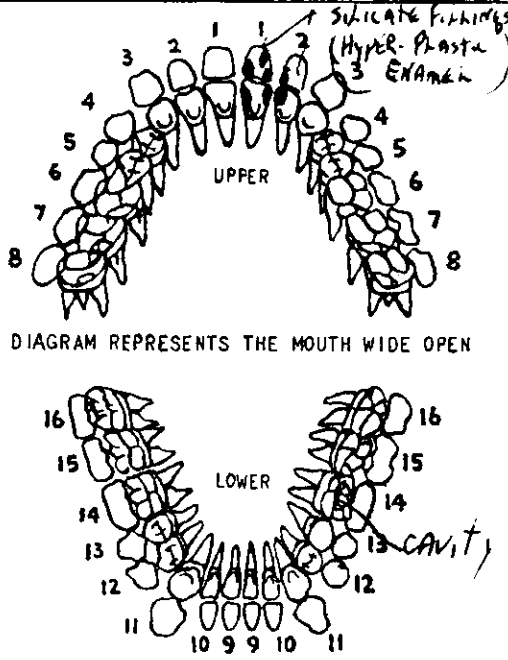




INSTRUCTIONS:

(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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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 QMC

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

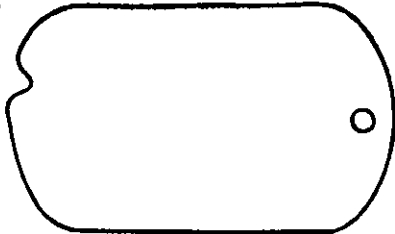
WD GRC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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-675 (CLARK, WALTER) (Formerly UNKNOWN X-C-199 (Cabanatuan Cem.))		SERIAL No. 1,05542
GRADE Cpl	ORGANIZATION MC	BRANCH OF SERVICE Army
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH PO# Camp Cabanatuan, Luzon, P.I.	CAUSE OF DEATH Amoebic Dysentery	DATE OF DEATH 1 Nov. 45
---	-------------------------------------	----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mr. Webb Clark (F) 70 T. A. Chase, Willete, Calif

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 Sinters, Charles E. 1502117 800 MC Pvt Daniels, William K. 15020998 MC (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:
Ferwick H. Burch
FERWICK H. BURCH
Captain GIC

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	Closter Hill	Cross	2	13	2244

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE PO# Camps 1 & 11 Cabanatuan Cemetery, Luzon, P.I. 45.7-70.9 1/0,000
--	---

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-9156 (ERWIN, Kenneth G.) (Formerly UNKNOWN X-C-198 (Cabanatuan Cem.))	RANK Cpl	SERIAL No. 18049796	ORGANIZATION 59th GAC	GRAVE No. 2243
--	-------------	------------------------	--------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-676 (DOYASHI, Harold W.) (Formerly UNKNOWN X-C-200 (Cabanatuan Cem.))	RANK Pfc	SERIAL No.	ORGANIZATION USMC	GRAVE No. 2245
---	-------------	------------	----------------------	-------------------

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., MC.
---	---

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:


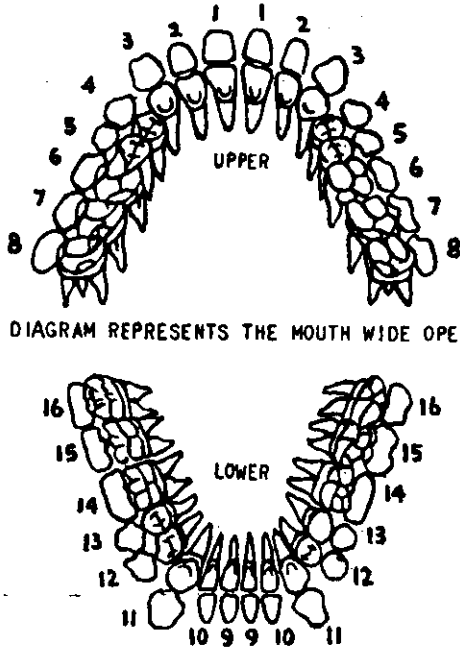




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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



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	