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FILE IDENTIFICATION TOPPER

FILE NUMBER

215 101 7000 11 2 X 191

SUBJECT

101 101 7000 11 2 X 191

101 101 7000 11 2 X 191

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Junk (Misc) Memos #2 X788, X789, X790, X791

SYNOPSIS AND DATES

NEW CLASSIFICATION 293 Junk Memos #2 1788

10/26/50
ee

RECLASSIFICATION SHEET

DISINTERMENT DIRECTIVE

29 3 unk Manila #2, X-790

1

(folder)

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 7748 00667

DATE 15 01 50

NAME: X-790 MY UNKNOWN SERIAL NUMBER: X-004137 GRADE: ARM: 0 RACE: 0 RELIGION: 5

CEMETERY: MANILA MAUS NO 1 P I PLOT: ROW: GRAVE: DISPOSITION OF REMAINS: 7701 80 CODE: DIST. CTR.:

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: FT. MC KINLEY 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: 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:

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.

FILE APR 25 1950 Kercher m.l.H.

Incl 2'

RECORD OF CUSTODIAL TRANSFER

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

FILE

01502 0001

1

/obc Interred 21 Feb 1950
N 12 97 Ft. McKinley
Carl R. H. Mark
CARL R. H. MARK

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

Cemetery Superintendent
SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER **7147 80683**
DATE **09 02 50**
DAY MONTH YEAR

NAME **UNKNOWN X-790** SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY **USAF CEMETERY MANILA NO. 2, P. I.** PLOT **2** ROW **19** GRAVE **2464** DISPOSITION OF REMAINS **7701 80**
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE **UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.** NAME AND ADDRESS OF NEXT OF KIN **(BY ADMINISTRATIVE DECISION)**

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME **UNKNOWN X-790** SERIAL NUMBER GRADE DATE OF DEATH **20 Feb 50** DATE DISTINTERRED

IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY **PAUL R NICHOLS
Embalmer** NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL **Shelter Half** CONDITION OF REMAINS **Skeletal**

OTHER MEANS OF IDENTIFICATION **X-4137 Maus**

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

REMAINS PREPARED AND PLACED IN CASKET

DATE **20 Feb 50** BY **PAUL R NICHOLS**
CASKET SEALED BY **PAUL R NICHOLS** EMBALMER (Signature) *Paul R. Nichols*
PAUL R NICHOLS

CASKET BOXED AND MARKED **RAYMOND H TANGUAY** SHIPPING ADDRESS VERIFIED BY **L. W. RICHARDSON, M/Sgt., RA**
DATE **20 Feb 50** BY **Sgt 1c, RA**

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt., RA
SIGNATURE OF AGS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MUSEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		<i>Carle Frank</i>			
DATE		FEB 21 1950			
2. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
3. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
4. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
5. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
6. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
7. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					

6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

NAME	SERIAL NUMBER	GRADE	ARM	DAY RACE	MONTH RELIGION	YEAR
CEMESTERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS		
				CODE	DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**FT. MC KINLEY 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 REMAINS MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS ARE UNIDENTIFIABLE.

**NAT
FILE**

Q & R BR.

AIRMAIL

UNIT 293
GRS Far East

4 January 1950

2nd Lt. P. L. (Miss) ...
X-4135 these X-4137

SUBJECT: Approval of Unidentifiability

**TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California**

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

Unknown X-4135,	AGRS Maus. Manila,	formerly X-789,	USAF Gen. Man. #2,	P.I.
" X-4136,	" " " "	" X-789,	" " " #2,	P.I.
" <u>X-4137,</u>	" " " "	" X-790,	" " " #2,	P.I.
" X-4138,	" " " "	" X-791,	" " " #2,	P.I.

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

BY THE QUARTERMASTER GENERAL:

T. H. MBTZ
Lt. Colonel, JMC
Memorial Division

cc: Adm Section
G. Reynolds
L. A. White
J. Windsor

CC furnished APO 900 APO 500

X 293 ... P.I. X-4137 ...

AIRMAIL

AIRMAIL
RESTRICTED

QUANTITY 293
CDS/Par East

7 November 1949

X-4135 through X-4137

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Air Command
AR 74, c/o Postmaster
San Francisco, California

ATTN: AGPS, PHILCOM ZONE

1. Reference is made to Proceedings of your Board of Review, dated 25 August 1949, recommending group identification of Unknowns X-4135 through X-4138, AGPS Mausoleum, Manila, P.I. as the remains of:

BERNHARDT, Louis F.	Sgt	6 832 240
LANIER, Charles S.	Pfc	6 384 960
NELSON, Arvid K.	Pfc	19 054 295
MURPHY, Joseph C.	Pvt	14 042 476

2. After an extensive study of this case, it is considered that the evidence presented cannot be interpreted as sufficient for a group identification.

3. The association of these four decedents with the remains recovered from the communal grave, Cabanatuan POW Cemetery, is based upon information contained in the Cabanatuan POW Death Report. Experience with this report has proved it to be a valuable aid for the association of decedents with Unknown remains. However, in repeated instances, it has been shown that the report does not constitute substantive proof within itself. Therefore, it is subject to qualifying or substantiating comparison and physical data.

4. Dental records for the decedents involved in this case are meager and are probably incomplete. They represent a marked similarity which would probably compare equally well with any cross-section of remains recovered from Cabanatuan Cemetery.

5. Since there is no adequate substantiating evidence available in this case, Board Proceedings have been disapproved and are returned herewith.

FOR THE QUARTERMASTER GENERAL:

1 Incl

T. H. METZ

J.W. Lewis ad Bd Proceedings (Group Burial)
L.M. White
J. Windsor

cc: CINCPC, AR 500

RESTRICTED

X-4135 through X-4137 (Manila)

PREPARED BY PHILCOM

3

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7747 80683	DATE 09 02 90 DAY MONTH YEAR		
NAME UNKNOWN I-790	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY MANILA NO. 2, P. I.	PLOT 2	ROW 19	GRAVE 2464	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. WOODLEY, P. I.	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
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

Form # 42

RECORD OF CUSTODIAL TRANSFER

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

RECEIVED

293 - Unk. P. I. (Misc) (Maus. Manila) (X-4135 thru X-4138)

QMGM 293
GRS Far East

4 January 1950

SUBJECT: Approval of Unidentifiability

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

Unknown	X-4135,	AGRS	Maus. Manila,	formerly	X-788,	USAF	Cem. Man. #2,	P.I.
"	X-4136,	"	"	"	"	X-789,	" " #2,	P.I.
"	X-4137,	"	"	"	"	X-790,	" " #2,	P.I.
"	X-4138,	"	"	"	"	X-791,	" " #2,	P.I.

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

FOR THE QUARTERMASTER GENERAL:

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

C O P Y
msb

X-4135 thru X-4138
P.I.
X-788
X-789
X-790
X-791

FILE UNDER NO. 293 - **Unk. P.I. X-790 Manila**

I N D E X S H E E T

SYNOPSIS

Date:

1/2/48

FROM:

COMO

TO:

Philippine-Ryukyus Command, APO 707, c/o Postmaster, N.Y.

SUBJECT:

Identification of Unknown Deceased

DO NOT FILE UNDER NO. 293 - Unk. P.I. (Misc) Manila #2

or

or

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHIICOM ZONE

25 Nov 1949

Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 790 , Flot 2 ,
Row 19 , Grave 2464 , USMC USAF Cem. Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



H. B. McNEEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 22 Dec 49 0000
Not Identifiable
Information presently
available 9. Rey holds
4 Jan 1950

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

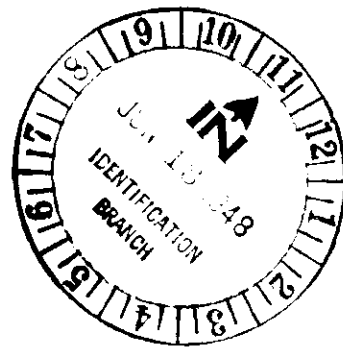
/acm

AFO 707
6 May 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave # 713, Row # 0, Plot # 7. The unknown numbers are AGKS Mausoleum numbers;

UNKNOWN X-4135
" X-4136
" X-4137
" X-4138-A
" X-4138-B

URICH, Harold G.
DUNBAR, Layton W.



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4137 (Formerly UNK X-790 Manila #2)				2. DATE OF REPORT 28 Nov 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	H	2466	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 7½"	10. COLOR OF HAIR U T D	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

U T D

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

18.

TOOTH CHART

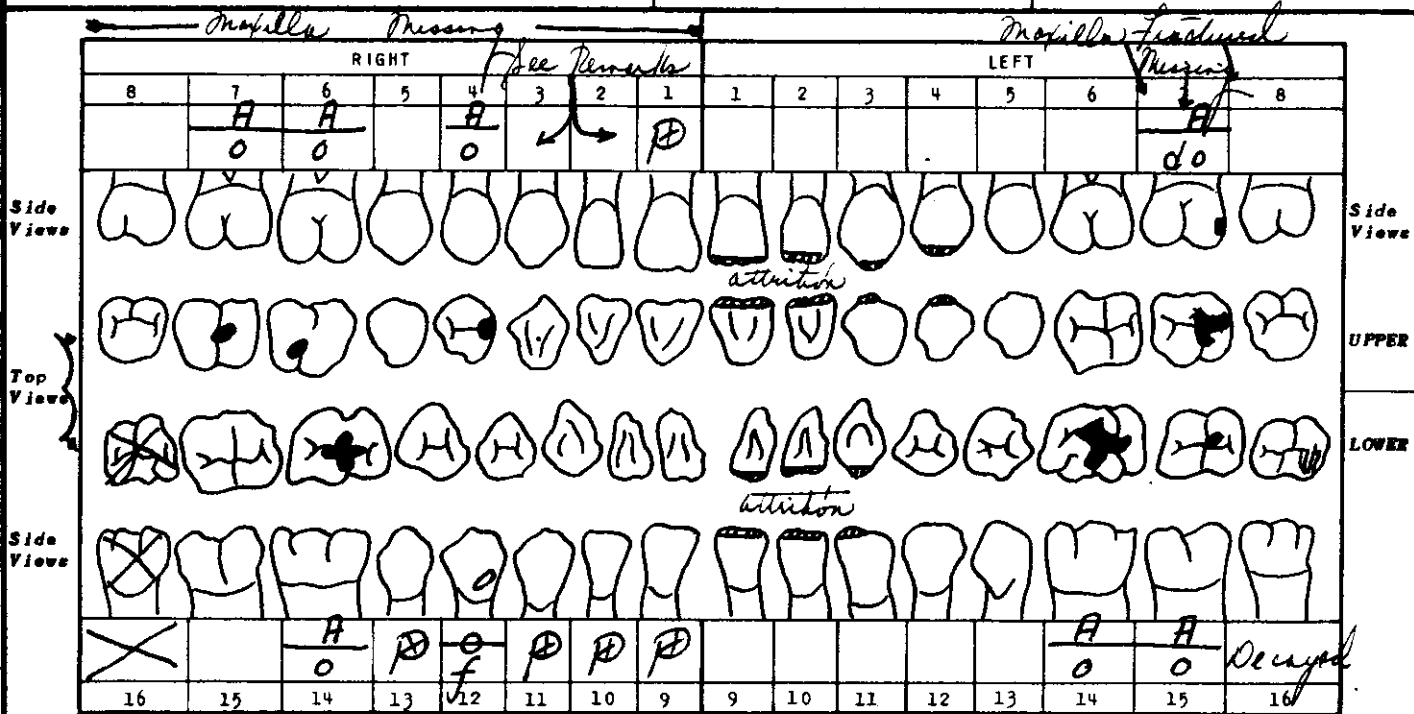
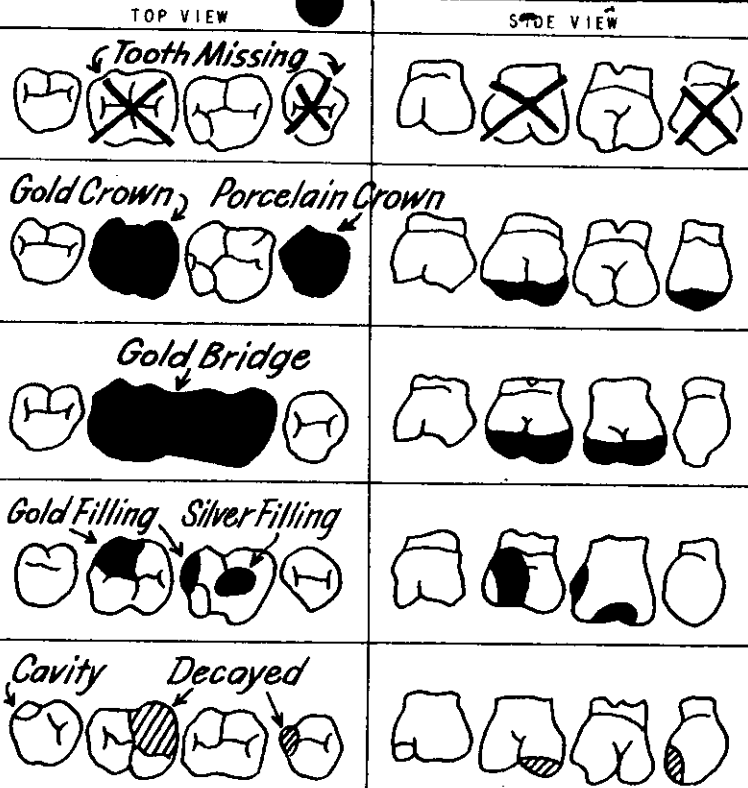
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

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

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

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

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



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: Mandible decomposed from R14 to 9 - L9 - L16. Teeth found loose with remains. Maxilla from L1 to L4 and L6 to 8 found with remains. Teeth found loose. Signs of abrasions found on R2 - 3.

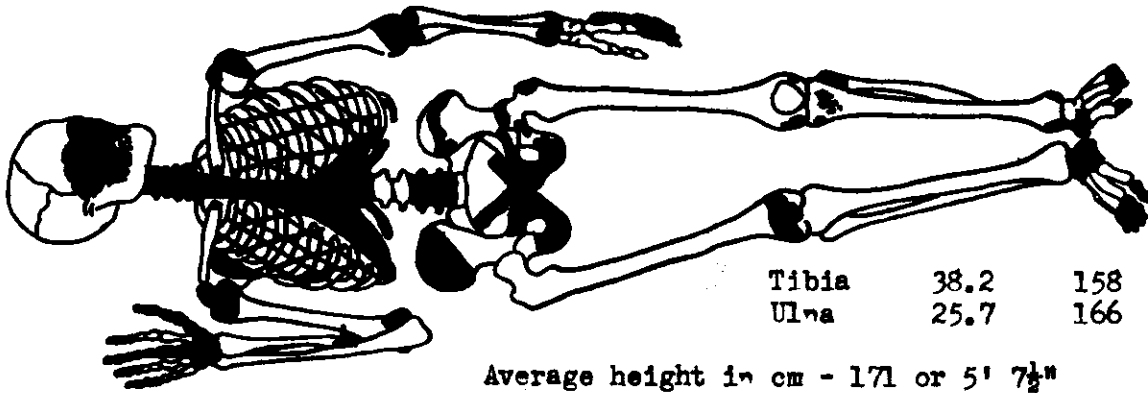
"UNIDENTIFIABLE"

Paul R. Nichols

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

PAUL R. NICHOLS
Chief, Identification Sec

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.
 Estimated weight of remains - 7 lbs.
 Circumference of skull - 21 inches.

"UNIDENTIFIABLE"

REASON FOR LACK OF SUFFICIENT IDENTIFYING DATA

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
 Chief, Identification Section

SIGNATURE

Paul R. Nichols

REPORT OF DISINTERMENT FOR IDENTIFICATION

15 Dec 47

1. Remains of (Name)

UNKNOWN X-790

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

USAF Cem Manila #2, Luzon, P.I

Plot

2

Row

19

Grave No.

2464

2. Date of Disinterment

15 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., OMC

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws (the teeth are arranged symmetrically on either side and classed as incisors (cutting) teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridged teeth, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

<p>Diagram represents the mouth wide open</p>	<p>Missing Teeth</p>
	<p>Crowned Teeth</p>
	<p>Bridgework</p>
	<p>Fillings</p>
	<p>Caries (Cavities)</p>

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

5-34880-4M

REPORT OF DISINTERMENT FOR IDENTIFICATION

15 Dec 47

1. Remains of (Name)

Serial Number

UNKNOWN X-790

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Com Manila #2, Luzon, F.I.

2

19

2464

2. Date of Disinterment

15 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

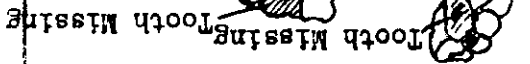
5. Signature of Officer Supervising Disinterment and Reinterment.


WARD C STEPHENSON 1st Lt., MC

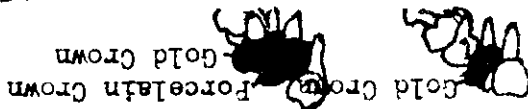
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 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 (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.

Missing Teeth



Crowned Teeth



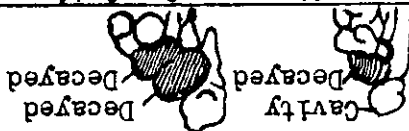
Bridgework



Fillings



Caries (Cavities)



Remarks

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".

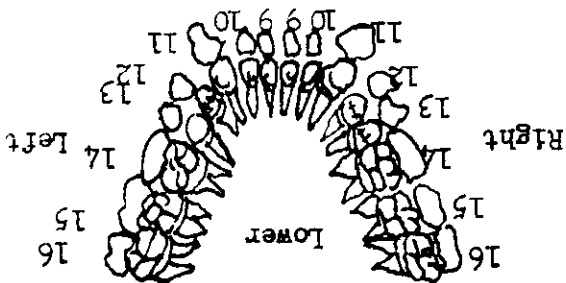
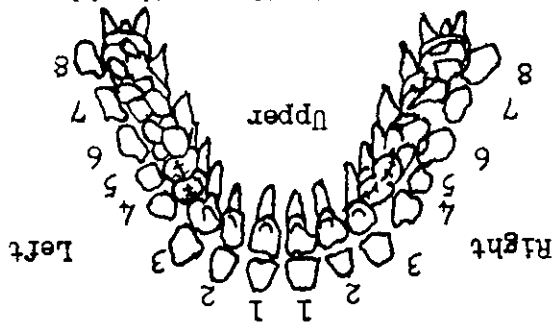


Diagram represents the mouth wide open



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-4137 (Formerly UNK X-790 USAF Cem Manila #2, Luzon, PI)				2. DATE OF REPORT 3 Apr 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	H	2466	DISINTERMENT	REINTERMENT STORAGE
				15 Dec 47	5 Apr 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'7½"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

18.

TOOTH CHART

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

Maxilla Missing ← → *Maxilla fractured*

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A	A	.	A	.	.	⊗	.	.	.	.	.	.	A		
	o	o		o										do			
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	
SIDE VIEWS																	
	X		A	⊗	⊗	⊗	⊗							A	A	Decayed	
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16		

See Remarks

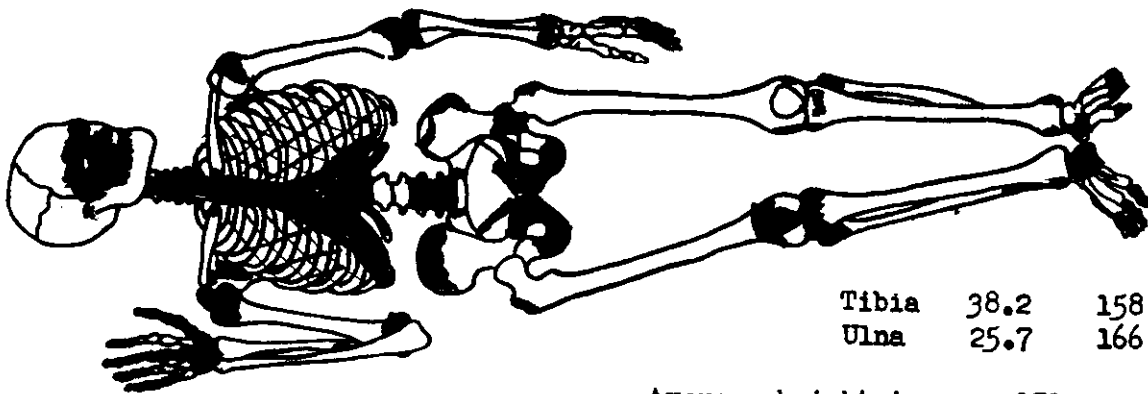
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Mandible decomposed from R14 to 9 - L9 - L16. Teeth found loose with remains. Maxilla from L1 to L4 and L6 to 8 found with remains. Teeth found loose. Signs of abrasions found on R2 - 3.

COPIED FROM COPY:
L. S. Panopio
 1st Lt, Inf

/s/ Joseph W. Gesuse

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Tibia	38.2	158
Ulna	25.7	166

Average height in cm - 171 or
5'7 1/2"

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

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

This remains is one of a group disinterred. from Grave 713, Row 0, Plot 7 of Cabanatuan POW Cemetery I & II, Luzon, P.I. Approximate circumference of skull - 21". Estimated weight of remains - seven (7) lbs.

CERTIFIED TRUE COPY:

L S 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/ EDWARD F MORIARTY, SR EMB
CIP Laboratory, Manila, P.I.

SIGNATURE

/s/ Edward F Moriarty

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-4197 (Formerly UNK X-790 USAF Com Manila #2, Luzon, PI)				2. DATE OF REPORT 9 Apr 48	
3. NAME OF CEMETERY AGPS Mausoleum, Manila, P.I.	4. PLOT 810	5. ROW H	6. GRAVE 2466	7. DATE OF	
	HANGER BAY		CRYPT	DISINTERMENT 15 Dec 47	REINTERMENT STORAGE 5 Apr 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'7 1/2"	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? YES NO TO WHAT EXTENT?

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

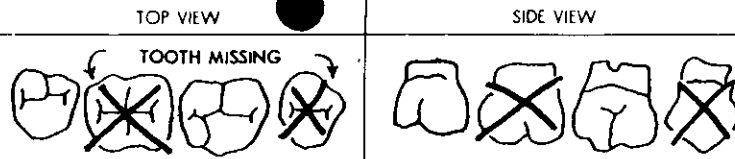
NONE

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)

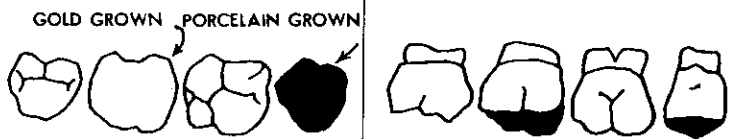
NONE

TOOTH CHART

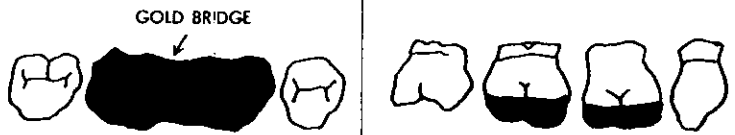
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



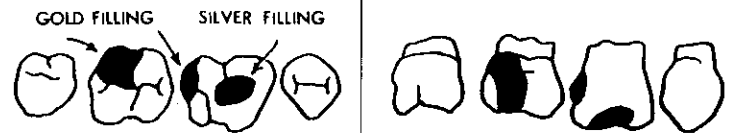
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



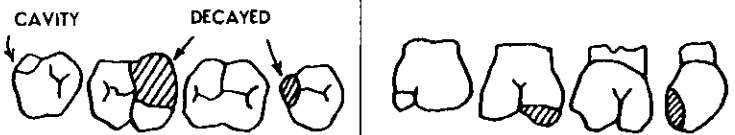
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



MAXILLA MISSING ← → **MAXILLA FRACTURED**

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	A	A	.	A	.	.	P	.	.	.	.	.	.	A	.	
	o	o	.	o	.	.	.	.	.	.	.	.	.	Do	.	
SIDE VIEWS																SIDE VIEWS
TOP VIEWS																UPPER
																LOWER
SIDE VIEWS																
	X	.	A	P	F	P	P	.	.	.	.	.	A	A	Decayed	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See Remarks

attrition

attrition

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."

R: A/P/S: Mandible decomposed from #14 to 9 - 19 - 116. Teeth found loose with remains. Maxilla from 11 to 14 and 15 to 8 found with remains. Teeth found loose. Signs of abrasions found on #2 - 3.

CONTAINED THE COP:

 L. S. [unclear]
 1st Lt. Det

1st Lt. Det

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts : _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

This remains is one of a group disinterred from Grave 713, Row 9, Plot 7 of Cabanatuan POW Cemetery I & II, Luzon, P.I. Approximate circumference of skull - 21". Estimated weight of remains - seven (7) lbs.

CERTIFIED TRUE COPY:

L S Panopio
L S PANOPIO
1st Lt, DAF

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 MORIARTY, SR MSB
CDP Laboratory, Manila, P.I.

SIGNATURE

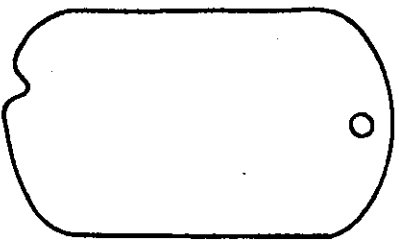
/s/ Edward F Moriarty

RESTRICTED

JUN 18 1948

U-1649

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)	DATE OF REPORT 13 Apr 48
---	---	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-4137 (Formerly UNK X-790 USAF Cem Manila #2, Luzon, P.I.)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH POW Camp, Cabanatuan, Luzon, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown	

EMERGENCY ADDRESSEE (Name, relationship, and address)
 Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
 None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
 AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
5 Apr 48	1300	Casket	None	810	H	2466

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Manila #2, Luzon, P.I.	2	19	2464

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
UNKNOWN X-4138-B				2468


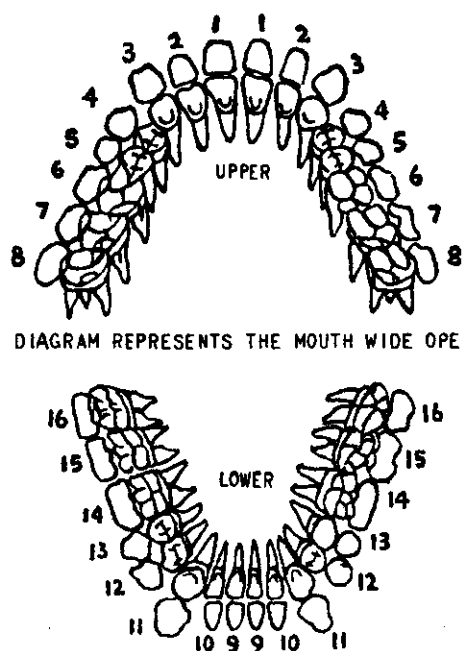




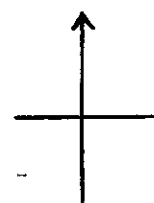
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
UNKNOWN X-3964				2464

SIGNATURE OF PERSON PREPARING REPORT  T. S. KING, T/5, QIC	SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. S. PANOPIO, 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.

RESTRICTED

274

	Section 3. UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER				
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
				
REMARKS: UNK X-4137 AGRS Mausoleum, Manila, P.I., formerly UNK X-790 USAF Cem Manila #2, Luzon, P.I., might be anyone of the remains whose names are listed in previous Report of Interment. QMC Form 1044, 1044a and 1044b accomplished.				

19 MAY 1948

RESTRICTED

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

13 Apr 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-4137 (Formerly USMC X-790 USAF Camp Manila #2, Luzon, P.I.)		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 5 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 STORAGE 5 Apr 48	HOUR 1900	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. RANGER BAY 810	ROW No. BAY H	GRAVE No. CRYPT 2466
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.					
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-4130-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2468		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3964	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2464		
SIGNATURE OF PERSON PREPARING REPORT [Signature] Y C. SUTING, P/5, QMC			SIGNATURE OF GRS OFFICER VERIFYING REPORT [Signature] L. S. PANGILO, 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.

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.

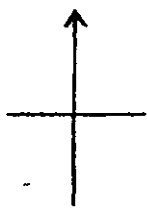
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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



REMARKS: **DNK X-4157 AFPS Macoson, Manila, P.I., formerly DNK X-790 USAF Cav Manila #2, Luzon, P.I., might be anyone of the remains whose names are listed in previous Report of Internment. QF Form 104a, 104b and 104c accomplished.**

RESTRICTED

U-1649

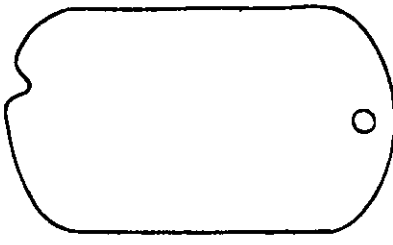
WD GMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

5 Feb 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-790 (BERENDT, Louis F) (Formerly UNKNOWN C-250 Cabanatuan Cemetery)		SERIAL No. 6832240
GRADE Sgt	ORGANIZATION 31st Inf	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>Malnutrition, dysentery</i>	DATE OF DEATH 28 Oct 42
--	--	----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs Allen B. Macdonald (S) Pose Point, Wisconsin

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) Records shows six (6) bodies found in common grave, Four (4) of which were unidentified:- Pfc Murphy, Joseph C. 14042476 31st Inf Pfc Lanier, Charles S. 6384960 31st Inf Sgt Berendt, Louis F. 6832240 31st Inf Pvt Nelson, Arvid K. 19054295 1D
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Amul 841 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 12 Jan 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 19	GRAVE No. 2464
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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 POI Camps I & II Cabanatuan Cemetery, Luzon, P I 45.7-70.9 1/50,000	PLOT No. 7	ROW No. 0	GRAVE No. 713
--	---	---------------	--------------	------------------

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-789 (LANIER, Charles S) (Formerly UNKNOWN C-249 Cabanatuan Cemetery)	RANK Pfc	SERIAL No. 6384960	ORGANIZATION 31st Inf	GRAVE No. 2463
---	-------------	-----------------------	--------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-791 (NELSON, Arvid K) (Formerly UNKNOWN C-251 Cabanatuan Cemetery)	RANK Pvt	SERIAL No. 19054295	ORGANIZATION 1D	GRAVE No. 2465
--	-------------	------------------------	--------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT
R. C. Barrett
R. C. BARRETT, S/Sgt., IRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT
E. M. Moore
E. M. MOORE, 1st Lt., GRC.

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

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


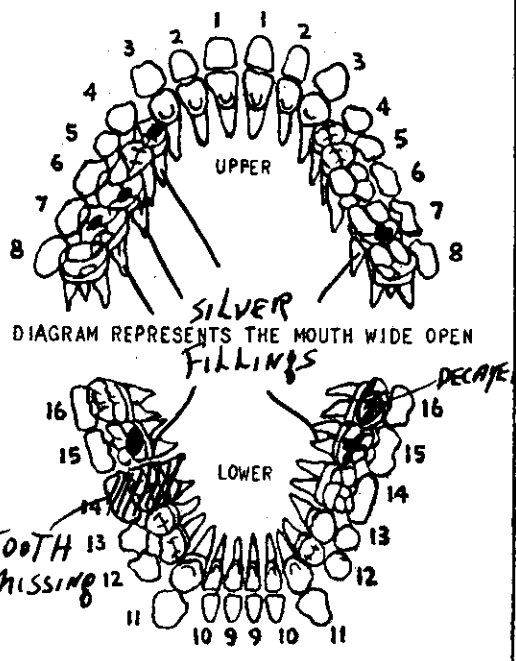




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

6 MAR 1948

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

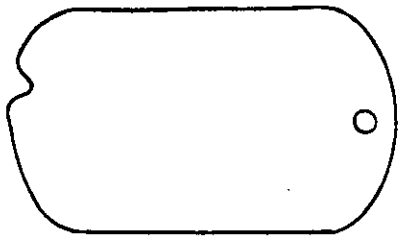
OTHER IDENTIFICATION CLUES

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>SILVER FILLINGS</p> <p>TOOTH MISSING</p> <p>DECAYED</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		

REMARKS:

RESTRICTED
DF

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 <p align="center">5 Feb 46</p>
--	---	--

<i>Imprint Identification Tag If Possible.</i> DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN E-790 (Berendt, Louis F.) (Formerly UNKNOWN C-250 Cabanatuan Camp)	SERIAL No. 6832240	
	GRADE Sgt	ORGANIZATION 31st Inf Regt	BRANCH OF SERVICE Army
	RACE WHITE	RELIGION <i>Ep</i>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH POW Camp Cabanatuan, Luzon, P.I.	CAUSE OF DEATH MALNUTRITION, DYSENTERY	DATE OF DEATH 28 Oct 42
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EMERGENCY ADDRESSEE (Name, relationship, and address) *HWZ*

Mrs. ALLEN B. Macdonald (s) Rose Point, Wisconsin.

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) <i>Records says 4 (6) bodies buried in common grave four (4) of which were unidentified:-</i> Pfc Murphy, Joseph C. 14042476 31st Inf Pfc Lanier, Charles S. 6384960 31st Inf Sgt Berendt, Louis F. 6832240 31st Inf Pvt Nelson, Arvid K. 19054295 MD
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

A TRUE COPY:
S.W. Burman
 S. V. BURMAN
 1st Lt., QMC.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
12 Jan 46	0900	Shelter Half	Cross	2	19	2464

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW I & II Cabanatuan Cemetery, Luzon, P.I. 45.7-70.9 1/50,000	PLOT No. 7	ROW No. 0	GRAVE No. 713
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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
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN E-789 (LANIER, Charles S.) (Formerly UNKNOWN C-249 Cabanatuan Cemetery)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	Pfc	6384960	31st Inf	2463

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN K-731 (NELSON, K) (Formerly UNKNOWN C-251 Cabanatuan Cemetery)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	Pvt	19034295	MD	2465

SIGNATURE OF PERSON PREPARING REPORT /s/t/ N.C. BARRETE, S/Sgt, AGRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ E.M. MOORE, 1st Lt., QMC.
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

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.

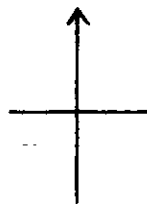
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</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



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