

40A

FILE IDENTIFICATION TOPPER

FILE NUMBER

292, unk Manila # 2 X-515

SUBJECT

✓ Also Manila News. X-4857

family unk. Separation Com C-215

Interred 21 Feb 1950 13 FEB 52 *Inc* PREPARED BY PHILCOM  
 N 4 101 Ft McKinley *DEA 1042 DTG 17 FEB 52*  
 L-4-49 *care mark*  
**DISINTERMENT DIRECTIVE**

**1**  
 SECTION A —  
 NAME AND BURIAL LOCATION OF DECEASED  
**CARL R. H. MARK**  
**Cemetery Superintendent**  
 DIRECTIVE NUMBER  
**7747 80689**  
 DATE  
**09 02 50**  
 DAY MONTH YEAR

NAME  
**UNKNOWN I - 815**  
 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY  
**USAF CEMETERY MANILA NO. 2, P. I.**  
 PLOT ROW GRAVE DISPOSITION OF REMAINS  
**2 20 2484 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 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
**UNKNOWN I-815 18 Feb 50**  
 IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER  
**PAUL R NICHOLS**  
 Embalmer NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  
 NATURE OF BURIAL CONDITION OF REMAINS  
**Walter Wife** **Intact**

OTHER MEANS OF IDENTIFICATION  
**X-4857 Maus**

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

REMAINS PREPARED AND PLACED IN CASKET  
 DATE **18 Feb 50** BY **PAUL R NICHOLS**  
 CASKET SEALED BY **PAUL R NICHOLS** EMBALMER (Signature) **PAUL R NICHOLS**

CASKET BOXED AND MARKED **RAYMOND H TANGUAY** SHIPPING ADDRESS VERIFIED BY  
 DATE **18 Feb 50** BY **Sgt 1c, RA** **L. W. RICHARDSON, M/Sgt., RA**

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.  
**L. W. RICHARDSON, M/Sgt., RA**  
 SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
**Reclass. Made 3/20/52 Allen**

**RECORD OF CUSTODIAL TRANSFER**

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

DATE FEB 21 1950 *W. E. Stewart*

RECORDED BY PHILCO 11

3

# DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	7747 80689	09 02 50 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN I - 215					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO. 2, P. I.	2	20	2484	7701 80 CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

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

### SECTION C — DISINTERMENT AND IDENTIFICATION

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

REPAIRATION BRANCH

File # 48

# RECORD OF CUSTODIAL TRANSFER

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

293 -Unk. P. I. (Misc) (Maus. Manila) (X-4849 thru 4858, X-2806, 2807-A thru X-2812, 2799 thru X-2795, 2796-A, 2797 thru X-2799, X-4101 and X-4102)  
 25 January 1950

AGRS Far East

SUBJECT: Identification of World War II Deceased

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-4849,	AGRS Maus. Manila, formerly	X-818	USAF Com. Man. #2
"	X-4850,	" " " "	X-820	" " " "
"	X-4851,	" " " "	X-821	" " " "
"	X-4852,	" " " "	X-822	" " " "
"	X-4853,	" " " "	X-823	" " " "
"	X-4854,	" " " "	X-824	" " " "
"	X-4855,	" " " "	X-812	" " " "
"	X-4856,	" " " "	X-814	" " " "
"	X-4857,	" " " "	X-815	" " " "
"	X-4858,	" " " "	X-816	" " " "
"	X-2806,	" " " "	X-2936	" " " "
"	X-2807-A,	" " " "	X-2937	" " " "
"	X-2808,	" " " "	X-2938	" " " "
"	X-2809,	" " " "	X-2939	" " " "
"	X-2810,	" " " "	X-2940	" " " "
"	X-2811,	" " " "	X-2941	" " " "
"	X-2812,	" " " "	X-2942	" " " "
"	X-2793,	" " " "	X-2943	" " " "
"	X-2794,	" " " "	X-2944	" " " "
"	X-2795,	" " " "	X-2945	" " " "
"	X-2796-A,	" " " "	X-2946	" " " "
"	X-2797,	" " " "	X-2947	" " " "
"	X-2798,	" " " "	X-2948	" " " "
"	X-2799,	" " " "	X-2949	" " " "
"	X-4101,	Manila #2, P. I.	X-2796-B,	AGRS Maus. Manila
"	X-4102,	" " " "	X-2807-B,	" " " "

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

FOR THE QUARTERMASTER GENERAL:

A. C. Kingrva  
 L. E. White  
 J. Windsor

*T. H. Metz*  
 T. H. METZ  
 Lt. Colonel, AGC  
 Memorial Division

X 293 Unk P. I. X-815 (Manila #2)

REB  
 TEC

AIRMAIL

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

12 Dec 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 815, Plot 2,  
Row 20, Grave 2484, USMC USMC 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:

  
J. B. McNEELAR  
Captain, QMC  
Chief, Records Branch

Attech: Form 1044

Received 19 Jan 50 OQMG  
Not identifiable from  
information presently  
available 26 Jan 50  
A. C. King ID. Br.

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4857 (Formerly UNKNOWN-615 Manila #2)				2. DATE OF REPORT 21 Dec 1949	
3. NAME OF CEMETERY AGNS Mausoleum, Manila, P.I.	4. PLOT 910	5. ROW F	6. GRAVE 1978	7. DATE OF	
			DISINTERMENT		REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 10-3/4"	10. COLOR OF HAIR U T D	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

U T D

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?
<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

U T D

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)

U T D


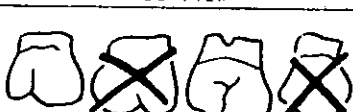






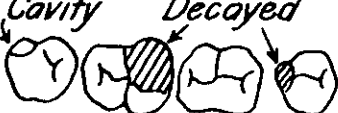

## "UNIDENTIFIABLE"


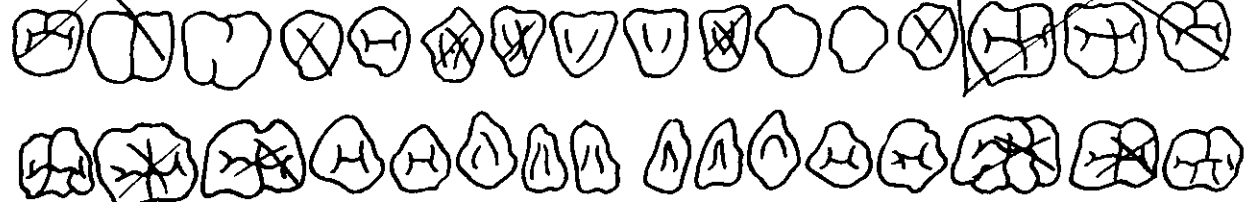

### "BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



18.

TOOTH CHART

<p><b>MISSING TEETH:</b> 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><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Missing	70	X	70	X	X	70	70	X	70	70	X	70	X	Missing	
Side View															Side View
Top View															UPPER
Side View															LOWER
70	X	X	70							A		70	X	X	70
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

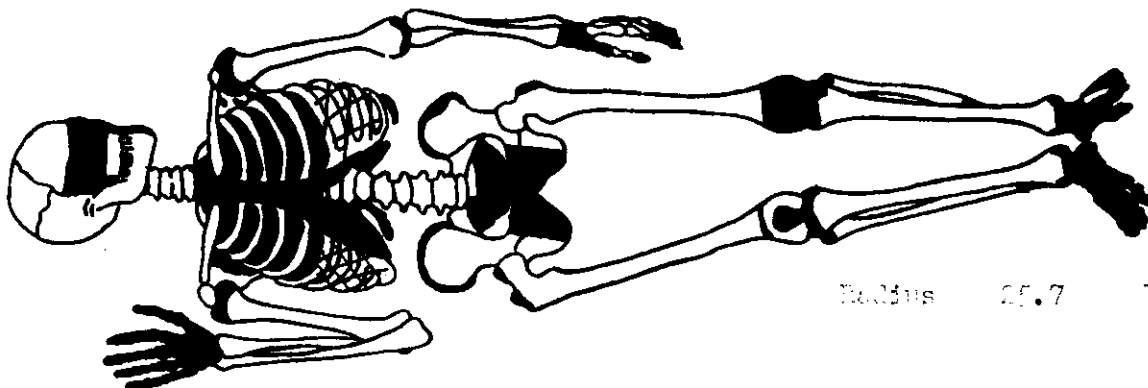
NOTES: Portion of denture showing filling teeth under cover of 17 thru 13 and 10 thru 16.

**"UNIDENTIFIABLE"**

*Paul R. Nisale*  
 PAUL R. NISALE  
 Chief, Identification Sec

**BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA**

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Est. height in or 700 or 5' 10-3/4"

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 ICI, identification tags or personal effects found with remains.

Estimated weight of remains - 6 lbs.

Circumference of skull - 20 1/2 inches.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS  
 Chief, Identification Sec

SIGNATURE

*Paul R. Nichols*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN		UNIDENTIFIED X-4357 (Formerly UNK X-815 USAF Cemetery Manila #2, Luzon, P.I.)			2. DATE OF REPORT	
					12 Aug 48	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
AGRS Mausoleum, Manila, P.I.		MANGER BAY		CRYPT	DISINTERMENT	REINTERMENT STORAGE
		810	F	1978	15 Dec 47	12 Aug 48

## PHYSICAL DESCRIPTION

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

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? TO WHAT EXTENT?

 YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

 YES  NO

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)

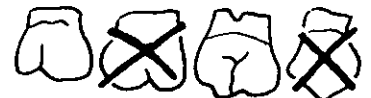
NONE

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Missing</i>								<i>Missing</i>							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

**REMARKS:** Portion of maxilla and maxillary teeth missing from 17 thru 25 and L6 thru L3.

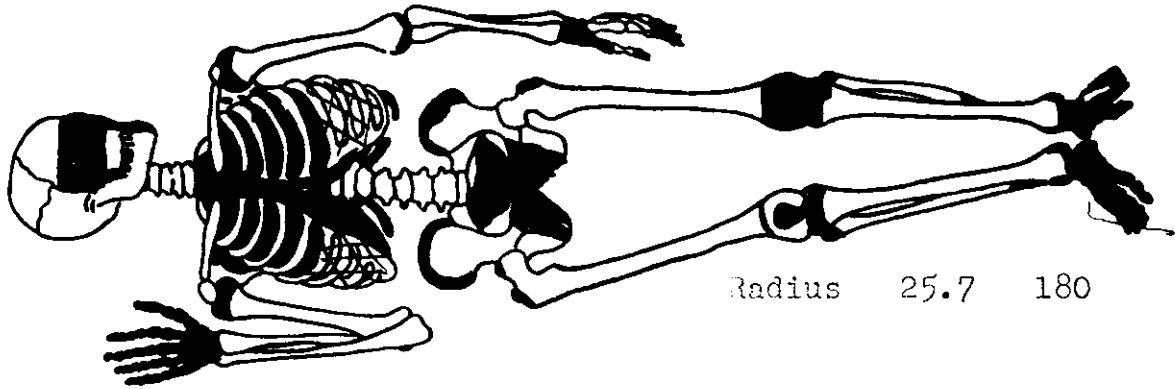
PREPARED BY:

*Andrew S. Robson*

ANDREW S. ROBSON  
Capt., DDC

/s/ Col Joseph D. Murphy

LACK OUT PARTS OF BODY NOT RECOVERED



Radius 25.7 180

Estimated height in cm - 180 or 5'10 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 identification tag, personal effects, or other means of identification found with remains.

These remains were among a group disinterred from Grave 717, Row O, Flot 7, FO Camp Cabanatuan, Luzon, P.I.

Approximate weight of remains - 6 lbs.

Circumference of skull - 20 1/2 inches.

CERTIFIED TRUE COPY:

*Andrew S. Ransom*  
 ANDREW S. RANSOM  
 Capt., MC

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, USA  
 CH LAB, MANILA, P.I.

SIGNATURE

/s/ Edward F. Moriarty

/tla

DD Form 1044  
Rev. 1 Apr. 1945

RESTRICTED

Date

REPORT OF DISINTERMENT FOR IDENTIFICATION

15 Dec 47

1. Remains of (Name)

UNKNOWN X-815

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cemetery Manila #2, Luzon P.I.

2

20

2484

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

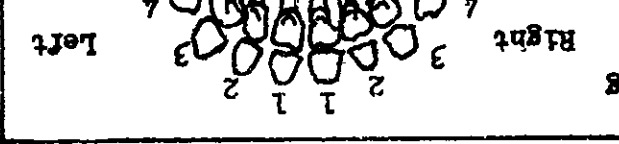

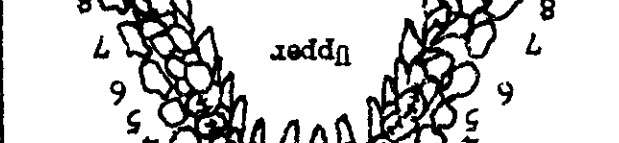

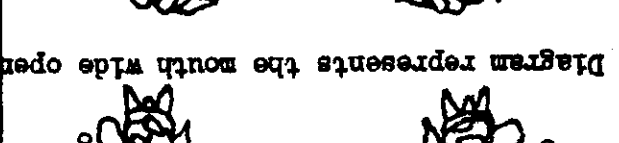
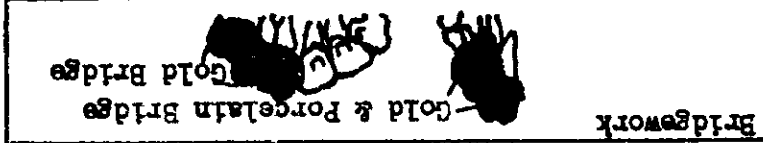



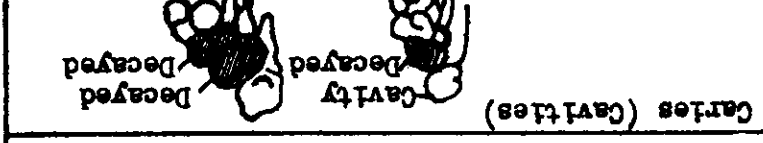
5. Signature of Officer Supervising Disinterment and Reinterment.

*Ward C. Stephenson*  
WARD C. STEPHENSON 1st Lt., OMC

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

<p>Missing Teeth</p> 	<p>Missing Teeth</p> 
<p>Crowned Teeth</p> 	<p>Crowned Teeth</p> 
<p>Bridgework</p> 	<p>Bridgework</p> 
<p>Fillings</p> 	<p>Fillings</p> 
<p>Caries (Cavities)</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

(EXTRACT CITY) PROTESTANT CITY (P.C.B. TRAN FOR C.I. DEATH REPORT)

( I X T R A C T )

Name	Rank & Cmn.	Ser. No.	Age	Birth	Date of Death	No.	Cause	Nearest Kin and Address	Grave No.
2267 York, George Sr.	Civilian		63	4/6/79	7:00 11/19/42	2267	Heart	Remedious York; 74 Rabine Hills Addition, Mantia P. I.	717
2268 Hanscom, Lawrence K.	Sgt 31 Inf	6137220	35	8/4/08	11:30 11/19/42	2268	DU	Mrs L. K. Hanscom; 88 Sewall St., Augusta, Me.	717
2269 Quark, John W.	Corp USIG	278681	21	1/3/21	3:15 11/19/42	2269	F	Mrs Rose Quark; 148 8th St., Silvis, Ill.	717
2270 Simmons, George C.	Corp 60 CAC	19019886	25	10/20/17	3:45 11/19/42	2270	DU	Thomas Simmons; Hamilton, Mont.	717
2271 Collins, Fredrick G.	Corp 31C	6578816	23	11/19/42	3:30 11/19/42	2271	DU	Fred Collins; 123 3rd St., San Jose, Calif.	717
2272 Balm, Daniel G.	1fc 3C3 CR	32035131	25	4/13/17	9:00 11/19/42	2272	1cl	Mrs E. Balm; Stevensville, Va.	717
2273 Gutierrez, Juan L.	Pfc 200 CAC	20843125	26	10/29/16	10:00 11/19/42	2273	BB	Juan Gutierrez; 216 Urloste, Santa Fe, N. M.	717
2274 Lobdell, Lloyd J.	1fc 192 Tank	20645267	24	11/23/18	3:30 11/19/42	2274	M	Mrs Ruth Lobdell; Rt #6, Jameville, Wisc.	717
2275 Nichols, Harvey A.	Pfc 33 QFC	7009171	27	4/5/15	5:00 11/19/42	2275	M	A. J. Nichols; Drexton, Wisc.	717
2276 Wald, Charles K.	1vt L.D.	15049058	27	12/21/15	7:30 11/19/42	2276	BR	Mrs L. Denmore; 561 Brooks Ave., Venice, Calif.	717
2277 Kelder, Arthur H.	1vt L.D.	36016623	26	6/16/16	4:35 11/19/42	2277	Pel.	Mrs Julia Kelder; 6807 Raven St., Chicago, Ill.	717
2278 Kovach, John	1vt 192 Tank	20500764	?		10:00 11/19/42	2278	DU	John Kovach; Rt #2, Box 209, Fort Clinton, Ohio	717
2279 Hirsch, Harold S.	1vt 19 Bomb	19028407	30	11/12/12	9:30 11/19/42	2279	1cl	Mrs E. C. Hirsch; Oklahoma City, Okla.	717
2280 Overby, Evans L.	1vt 19 Bomb	12035026	25	4/25/17	4:00 11/19/42	2280	1cl	E. S. Overby; Celburn, Va.	717

A TRUE EXTRACT CITY:  
  
 J. S. OVERBY  
 Capt., QMC



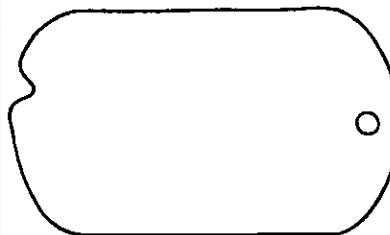
RESTRICTED

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

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

DATE OF REPORT  
18 Feb 1952

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-815 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 293 Tank Manila #2 X-815 Unknown	DATE OF DEATH Unknown
--	---	--------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

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

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. MCKINLEY, P.I.

DATE OF BURIAL 13 Feb 52	HOUR --	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Cross	PLOT No. L	ROW No. 14	GRAVE No. 49
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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 US MILITARY CEMETERY, FT. MCKINLEY, P.I.	PLOT No. N	ROW No. 4	GRAVE No. 101
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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 None in this NAT 18 MAR 52
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 ROGER L. DION, Sgt., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT CHARLES R. WHAYLEN, 1st Lt., QMC
---	---

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

RESTRICTED

Copy to ABMC

**Section 3.—UNIDENTIFIED REMAINS.**


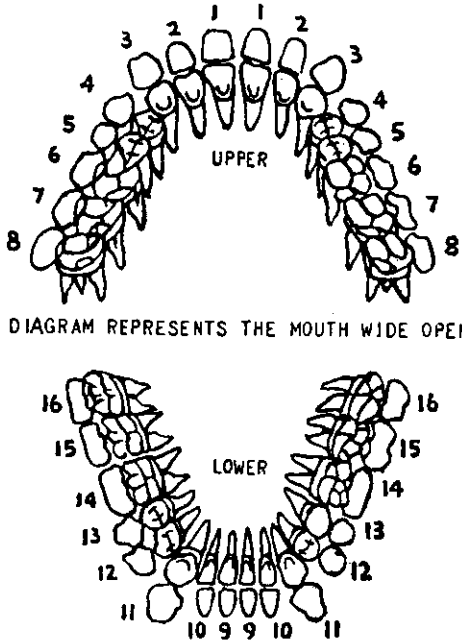




**INSTRUCTIONS:**

(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.

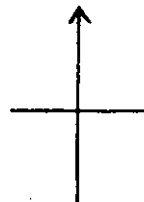
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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



**REMARKS:**

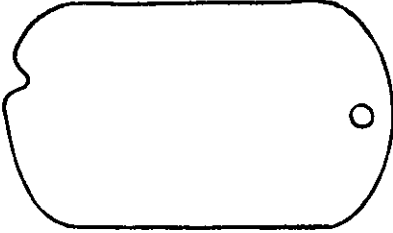
Grave 49, Row 14, Plot L, was formerly occupied by Unknown X-35 Guam #2, disinterred and shipped to ZI as part of a Group Burial.

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

7 Sept 48

Imprint Identification Tag If Possible. DO NOT TYPE  	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial) UNKNOWN X-4857 (Formerly UNK X-815) 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 101. 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 12 Aug 48	HOUR 1100	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 810	ROW No. F	GRAVE No. 1978
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.					GRAVE No. 2484
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) ALFRED, Douglas	RANK 1 vt	SERIAL No. 39631708	ORGANIZATION Btry F, 605 CA, AA	GRAVE No. 1980		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) HOOKS, Gilbert J.	RANK 1 fc	SERIAL No. 36798620	ORGANIZATION 4138 SQ, Sv Co	GRAVE No. 1976		
SIGNATURE OF PERSON PREPARING REPORT J. J. McDERMOTT, Adm. Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT ANDREW S. ROBERTSON, Capt., 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>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	<p>CAVITY DECAVED</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:** USMC Form 1044-4857, AGNS Mausoleum, Manila, P.I., formerly USMC X-815, USAF Cemetery Manila #2, Luzon, P.I., could be anyone of the following listed burials in the Cabanatuan roster:

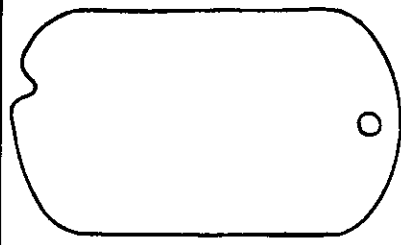
YORK, George, Dr.	Civilian	
Cpl RUARK, John L.	278681	USMC
Cpl COLLINS, Frederick G.	6573818	USMC
Cpl SIMMONS, George G.	19019886	60 CAC
Pfc LOYDELL, Lloyd J.	20645267	192 Tank
Pvt WARD, Charles M.	19049058	MD
Pvt KOVACH, John	20500764	
Pvt KILDER, Arthur H.	35016623	MD
Pvt KIRSCH, Harold E.	19038407	
Pvt OVERBY, Evans E.	13035026	19 Bomb

USMC Form 1044, 1044a and 1044b accomplished.

**RESTRICTED**

U-1739

<b>WD QMC FORM 1042</b> (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	DATE OF REPORT <p align="center">7 Feb 46</p>
<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	

Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X-815 (SIMMONS, George G) (Formerly UNKNOWN C-275 Cabanatuan Cemetery)	SERIAL NO. <p align="center">19019846</p>
GRADE <p align="center">Cpl</p>	ORGANIZATION <p align="center">60 CAC</p>	BRANCH OF SERVICE <p align="center">Army</p>
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH POW Camp Cabanatuan, Luzon, P I	CAUSE OF DEATH <p align="center"><i>Amoebic Dysentery</i></p>	DATE OF DEATH <p align="center"><i>19 Nov 42</i></p>
--	--	---

EMERGENCY ADDRESSEE (Name, relationship, and address)

*Homer SIMMONS*                      *HAMILTON MONTANO*

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <p align="center">Records indicate fourteen (14) bodies found in common grave, thirteen (13) of which were unidentified:-</p>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <p align="center">Yes (2)</p>	<p align="center">-(See Sec 3 reverse side)-</p>

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

*Serial 931*

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila #2, Luzon, P I

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
12 Jan 46	0900	Shelter Half	Cross	2	20	2484

WAS THIS A REBURIAL? (Yes or no) <p align="center">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camps I & II Cabanatuan Cemetery, Luzon, P I 45.7-70.9 1/50,000	PLOT No. <p align="center">7</p>	ROW No. <p align="center">0</p>	GRAVE No. <p align="center">717</p>
--	---	-------------------------------------	------------------------------------	--

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-814 (DUARK, John W) (Formerly UNKNOWN C-274 Cabanatuan Cemetery)	RANK <p align="center">Cpl</p>	SERIAL No. <p align="center">278681</p>	ORGANIZATION <p align="center">USMC</p>	GRAVE No. <p align="center">2483</p>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-816 (COLLINS, Fredrick G) (Formerly UNKNOWN C-276 Cabanatuan Cemetery)	RANK <p align="center">Cpl</p>	SERIAL No. <p align="center">6578818</p>	ORGANIZATION <p align="center">MC</p>	GRAVE No. <p align="center">2485</p>
--	-----------------------------------	---	--	---

SIGNATURE OF PERSON PREPARING REPORT <p align="center"><i>R. C. Barrett</i>                  R. C. BARRETT, S/Sgt., GRS.</p>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center"><i>E. M. Moore</i>                  E. M. MOORE, 1st Lt., GRC.</p>
---	---

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**RESTRICTED**

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


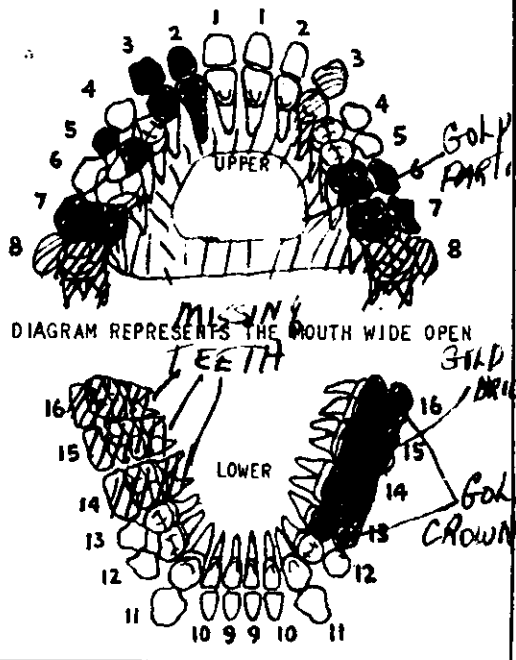




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**6 MAR 1948**

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**

<b>FILLINGS</b>	 <p>SILVER-FILLING GOLD FILLING</p>	
<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	
<b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b>	<p>York, George Sr. Civilian</p> <p>Sgt Hanscom, Lawrence K. 6137280 31 Inf</p> <p>Cpl Ruark, John W. 278681 USMC</p> <p>Cpl Collins, Fredrick G. 6578818 TIC</p> <p>Cpl Simmons, George G. 19019886 60 CAC</p> <p>Pfc Gutierrez, Juan E. 20843125 200 CAC</p> <p>Pfc Nichols, Harvey A. 7009171</p> <p>Pfc Lobdell, Lloyd J. 20645267 192 Tank</p>	

<b>RIGHT LITTLE FINGER</b>	REMARKS:	Pvt Waid, Charles M. 19049058 MD
<b>RIGHT RING FINGER</b>		Pvt Kelder, Arthur H. 36016623 MD
<b>RIGHT MIDDLE FINGER</b>		Pvt Novach, John 20500764
<b>RIGHT INDEX FINGER</b>		Pvt Kirschi, Harold S. 19038407
<b>RIGHT THUMB</b>		Pvt Overby, Evans W. 13035026 19 Bomb

These bodies were buried in this grave, but individual identification is impossible.