

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk keyte # 1 X-786

SUBJECT

also manila manila X-5043 Keyte

Formerly Mc Kendrick, Charles

QMC FORM
1 Aug 45

1121

Formerly Cebus X-8

/bpm 1 /csv	Interred 3 April 1950 L 2 76 Ft. McKinley <i>Backstrom</i>		DISINTERMENT DIRECTIVE		PREPARED BY PHILCOM	
	Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 7740 81342		DATE 29 03 50 DAY MONTH YEAR	
NAME UNKNOWN I - 786		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY USAF CEMETERY LEYTE NO. 1, P. I.		PLOT	ROW	GRAVE 7421	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-786		SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 20 Jan 50	
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY GERARD A BRICK Embalmer NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT						
NATURE OF BURIAL Shelter Half			CONDITION OF REMAINS Skeletal			
OTHER MEANS OF IDENTIFICATION Formerly X-5043 Maus.						
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)						
REMAINS PREPARED AND PLACED IN CASKET						
DATE 20 Jan 50		BY GERARD A BRICK				
CASKET SEALED BY GERARD A BRICK			EMBALMER (Signature) s/ Gerard A Brick			
CASKET BOXED AND MARKED DATE 20 Jan 50 BY RAYMOND H TANGUAY Sgt 1c, RA			SHIPPING ADDRESS VERIFIED BY 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.						
						SIGNATURE OF AGRS INSPECTOR s/ L. W. Richardson, M/Sgt., RA
REMARKS AND SPECIAL INSTRUCTIONS						
FILE 27 Apr 50 <i>File</i> <i>27 Apr 50</i> <i>Brick</i>						

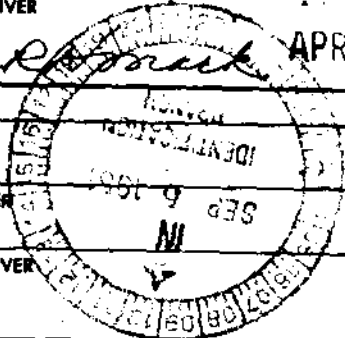
RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carol ...</i>	DATE APR 3 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

1

DISINTERMENT DIRECTIVE

SECTION A— NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE		
	7748 02427	15	03	49
	DAY	MONTH	YEAR	

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X-005043		0	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MANILA MAUS NO 1 P I	802	B	559	7701 80
				CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES (Prepare Discrepancy Report OMC 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

Handwritten notes: Hair 786-41, made Ash, Ash remains

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

1589

DISINTERMENT DIRECTIVE

3

7115F 41 47 77-1100M

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7710 81342	DATE 29 03 50 <small>DAY MONTH YEAR</small>
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NAME UNKNOWN X - 786	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY USAF CEMETERY LEVINE NO. 1, P. I.	PLOT	ROW	GRAVE 7121	DISPOSITION OF REMAINS 7701 80 <small>CODE DIST. CTR.</small>
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SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. W. 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 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 (<i>Signature</i>)
------------------	-------------------------------

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

71210-26-50
 Kirkland
 Report

AIRMAIL

3 March 1953

FORM 203
Use for last

Subject: Identification of Eric War II Prisoner

To: Commanding Officer
American Graves Registration Service
Philson Camp
APO 800, c/o Postmaster
San Francisco, California

1. Reference is made to the following Unknown remains now stored at the APO 800, Manila, P.I.:

Unknown X-75, Island Command Cemetery, Kinross,	Unit 4, Box 18
" X-88, " " " " " "	Unit 4, Box 18
" X-758, USAF Cemetery, Loyde Pl,	Unit 20, Box 4

2. Subject cases have been reviewed and this office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE COMMANDANT GENERAL

W. Austace, Jr
Major
JW
cc--Administrative Section
cc--Info

L. H. 2072
Lt. Colonel, USAF
Memorial Division

JAM

TEC

AIRMAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GHPZ 293

APO 900
23 January 1950

SUBJECT: Unidentifiable Remains

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

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

UNKNOWN X-786 Leyte #1
X-1009 AGRS Mslm

UNKNOWN X-4191 Manila #2
X-4192

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

FOR THE COMMANDING OFFICER:

4 Incls
MC Forms 1044 w/Certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
Washington 25, D. C.

In Reply Refer To OCMGT 293
McKenrick, Charles W.
33514250

7 December 1948

SUBJECT: Burial Information

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California

ATTN: AGRS, PHILcom Zone

1. Reference is made to Report of Storage for remains of Pfc., Charles W. McKenrick, 33514250, AGRS Mausoleum, Manila, P.I., Hanger 802, Bay B, Crypt 559, formerly interred in the USAF Cemetery, Leyte #1, Grave 7421, and the temporary USAF Cemetery, Cebu #2.

2. Dental records and physical characteristics accomplished for the remains 7 May 1948 are not in agreement with records for Pfc. McKenrick. It is therefore requested that the remains be redesignated to unknown status and this office be furnished a corrected report of storage.

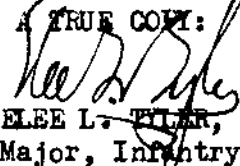
3. It is further requested that an investigation be conducted in an effort to associate subject deceased with the remains of an unknown individual disinterred from the USAF Cemetery, Cebu #2, OCMG Form 371 was forwarded to your headquarters in May 1948. Information copy is attached.

4. The next-of-kin was not advised of cemetery and grave location.

. FOR THE QUARTERMASTER GENERAL:

1 Incl:
OCMG Form 371 (indup)

/s/t/ T. H. METZ
Lt. Colonel, OMC
Memorial Division

A TRUE COPY:

ELBE L. MILLER,
Major, Infantry

BASIC: Ltr fr Dept of the Army, OQMG, Wash. 25, D. C., file QMGMT
293, McKenrick, Charles W., 33514250, dtd 7 December 1948,
subject: Burial Information.

OSGR 293 1st Ind
McKenrick, Charles W.

HEADQUARTERS, PHILIPPINES COMMAND, APO 707

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

1. The records of this office, as well as the records and crypt
marker of the AGRS Mausoleum, Manila, P. I., have been amended in
accordance with basic communication.

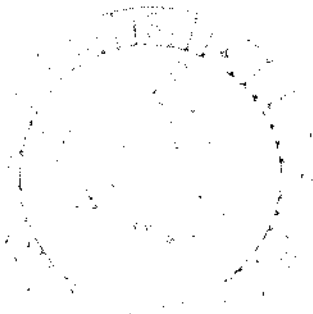
2. Corrected QMG Form 1042 has been accomplished and will be
forwarded to your office through normal channels.

3. In accordance with request made in paragraph 3, basic com-
munication, this Headquarters will conduct an investigation in an
effort to associate subject deceased with the remains of an unknown
individual disinterred from the USAF Cemetery, Cebu #2, and your
office will be advised of the results.

FOR THE COMMANDING GENERAL:

1 Incl: w/d

RECEIVED
6 DEC 1948
APO 707



HEADQUARTERS
FIELD ZONE
AMERICAN GRAVES REGISTRATION SERVICE

17 Jan '50

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 786 , Plot _____ ,
Row _____ , Grave 7421 , USMC Leyte #1 , have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:



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

Atch: Form 1044

Received 2 Feb 50 0000
Not identifiable from
information presently
available Mr. Eustace
Ident.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-786 Leyte #1			2. DATE OF REPORT 17 Jan '50		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	802	B	559	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 3 2/4"	10. COLOR OF HAIR U T D	11. RACE Unknown
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS N O N E			

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

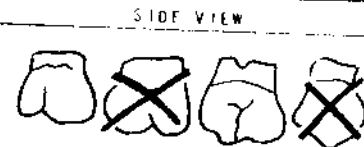
N O N E

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

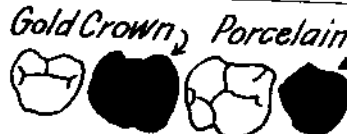
N O N E

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

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



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



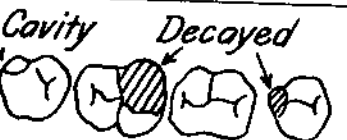
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



See Remarks

See Remarks

RIGHT										LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A		A	A			P	P	P		X	X		A			
	O		O	O										O			
Side Views																Side Views	
Top Views																UPPER	
Side Views																LOWER	
	A						P	P	P	P	P		P		A		
	O													O			
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 RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Remarks; I8, R8 and R16 are partially impacted.

"UNIDENTIFIABLE"

Paul R. Nichols

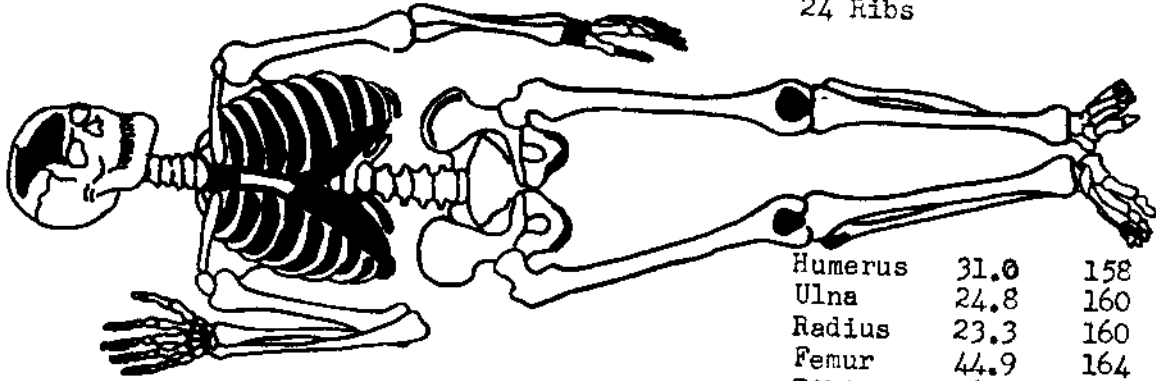
PAUL R NICHOLS
Chief, Identification Section

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED

X-786 L-1

- 7 Cervical
- 10 Thoracic
- 5 Lumbar
- 24 Ribs



Humerus	31.0	158
Ulna	24.8	160
Radius	23.3	160
Femur	44.9	164
Tibia	36.2	164
Fibula	36.6	166

Estimated height: 5' 3 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, identification tags or personal effects found with remains.
 Estimated weight of remains - 6 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE
Paul R. Nichols















IDENTIFICATION DENTAL CHART

TO BE USED WITH GMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

<u>11-20-47</u>		DATE	
<u>MCKENRICK,</u>	<u>Charles</u>	<u>Pfc</u>	<u>33 514 250</u>
LAST NAME	FIRST	RANK	SERIAL NO.
<u>Cebu, P. I.</u>		<u>Co B, 182nd Inf</u>	
UNIT		ORGANIZATION	
<u>Cebu, P. I.</u>	<u>USAF Cemetery Leyte #1, P. I.</u>	<u>7421</u>	<u>7421</u>
PLACE OF DEATH	PLACE OF BURIAL	PLOT	GRAVE NO.

																<i>Impacted</i>	
RIGHT								UPPER TEETH				LEFT					
<i>Impacted</i>		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	<i>Impacted</i>
TYPE		A		A	A				P	P	P		X	X		A	
LOCATION		o		do	do											o	
INSIDE — LOOKING OUT																	
																<i>Impacted</i>	
RIGHT								LOWER TEETH				LEFT					
<i>Impacted</i>		15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	<i>Impacted</i>
TYPE		A						P	P	P	P	P		P		A	
LOCATION		o														o	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
	EXTRACTED	 MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY. INDICATE LOCATION	 OCCLUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)	 DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE	 LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)	 FACIAL (TOWARD CHEEK)
	AMALGAM (SILVER)	
	GOLD	
	SILICATE OR PORCELAIN	
	OXYPHOSPHATE (CEMENT)	

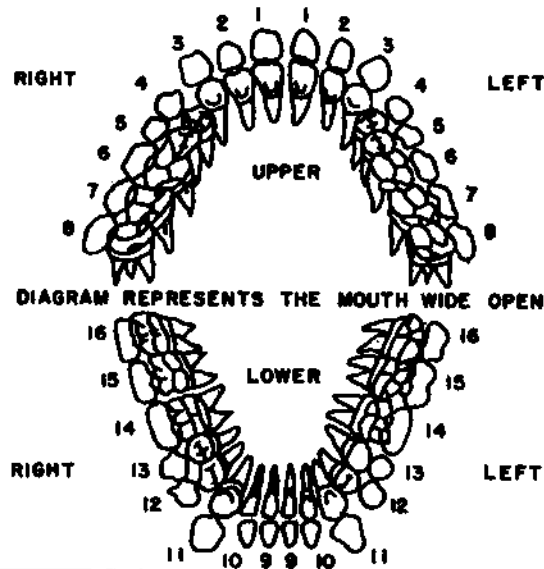
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

s/ MIGUEL L. MAS
SIGNATURE OF PERSON WHO PREPARED CHART

p/ MIGUEL L. MAS, Technician
NAME AND RANK TYPED OR PRINTED

USAF Cemetery Leyte #1, P. I.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

s/ JAMES H. JACKSON
VERIFIED BY GRS OFFICER

p/ JAMES H. JACKSON, Major, TC
NAME AND RANK TYPED OR PRINTED

20 November 1947
DATE

CERTIFIED TRUE COPY:



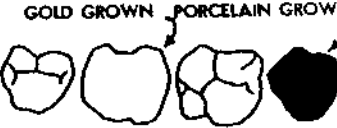





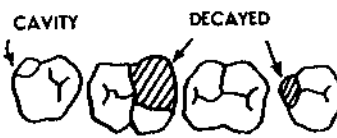


L. S. PANOPIO
2nd Lt., INF

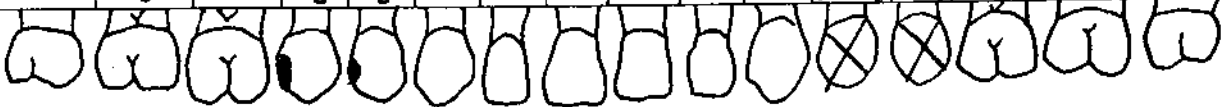


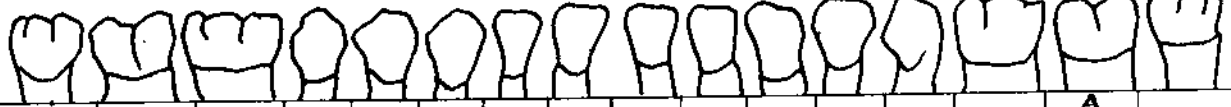
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN MCKENRICH, Charles 33514250				2. DATE OF REPORT 7 May 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 802	5. ROW B	6. GRAVE 559	7. DATE OF DISINTERMENT REINTERMENT 3 Dec 47
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'3 2/4"	10. COLOR OF HAIR UTD		11. RACE Unknown	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS Two (2) substitute Ident. tags with the following inscription; MCKENRICH, CHARLES 33514250 C					
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 UTD					
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) No clothing nor personal effects found with remains.					

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:		

	RIGHT								LEFT								See Remarks
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
See-Remarks		A		A	A							X	X		A		
		o		o	o										o		
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
		A													A		
		o													o		
See-remarks	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: L 8, R 8 and R 16 are partially impacted.

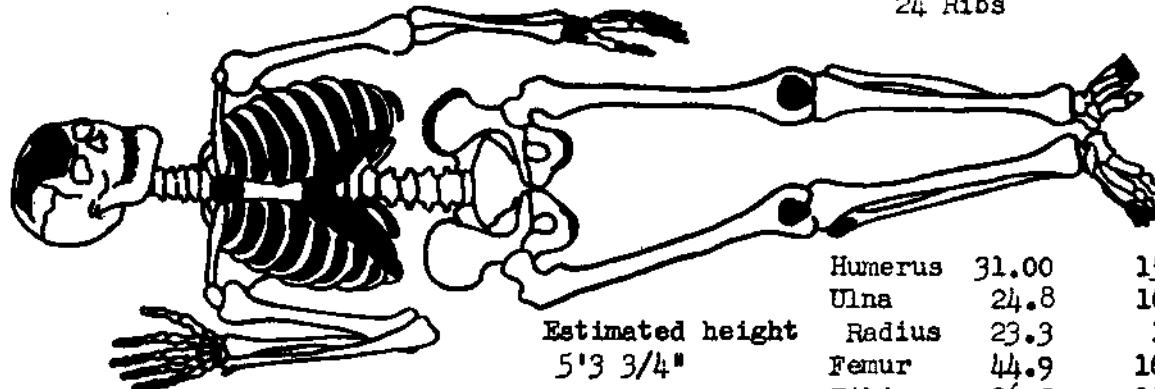
CERTIFIED TRUE COPY
L. S. Panopio
 L. S. PANOPIO
 1st Lt. Inf

/s/ Edward F. Moriarty

19. BLACK OUT PARTS OF BODY NOT COVERED

6 Cervical
10 Thoracic
5 Lumbar
24 Ribs

201



Estimated height
5'3 3/4"

Humerus	31.00	158
Ulna	24.8	160
Radius	23.3	160
Femur	44.9	164
Tibia	36.2	164
Fibula	36.6	166

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

Skull broken.
Estimated weight of remains 6 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

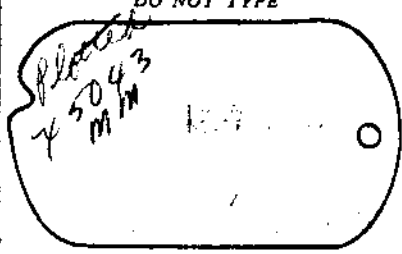
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
/p/ EDWARD F. MORIARTY Emb. Sup
CIP LAB., MANILA, P.I.

SIGNATURE

/s/ Edward F. Moriarty

vng

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 17 Jan '50	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL NO.	
		NAME (Last, first, middle initial) UNKNOWN X-786 Leyte #1 (Formerly UNK X-5043 Manila Mausoleum)				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 Unknown		CAUSE OF DEATH Unknown			DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address)							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) 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 CINC MAUSOLEUM, MANILA, P.I.							
DATE OF BURIAL STORAGE 3 Dec '47	HOUR 1:00	BURIED IN (Shroud, blanket, or name of casket) Casket	TYPE OF GRAVE MARKER None	PLOT No. 800	ROW No. 10A	GRAVE No.	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Leyte #1, P.I.			PLOT No.	ROW No.	GRAVE No. 7421	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY None				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT <i>Paul R. Nichols</i> PAUL R NICHOLS, Chief, Ident. Sec.			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>R. E. McNemar</i> R. E. MCNEMAR, Captain, 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 Office. 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
--------	--------	---------------	---------------	-------------------------------

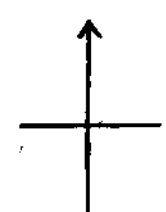
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

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

FEB 1950



Identified Section

REMARKS:

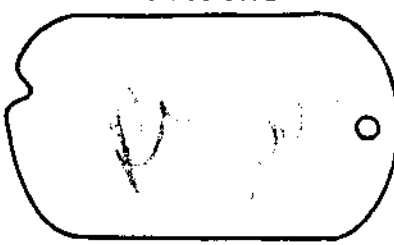
Remains Manila Mausoleum Unknown X-5043 was redesignated Unknown X-786 Leyte #1 to correspond to cemetery where remains was disinterred.

QMC Forms 1044, 1044a, and 1044b accomplished.

0 JAN 1950

CORRECTE

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 20 January 1949	
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN X-5043 (Formerly McKENRICK, Charles W., AGRS Mausoleum, Manila, 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 Unknown		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 2 on reverse) Subject remains was reverted to unknown status as per ltr fr the DA, OQMG, Wash. 25, D. C., file QMGMT 293, McKenrick, Charles W., 33514250, dtd 7 Dec 48, subj: Burial Information. (True copy attached)				
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 3 Dec 47	HOUR 1400	BURIED IN (Shroud, blanket, or name of other) Gasket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. B	GRAVE No. CRYPT 559
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 Leyte #1, P.I.			PLOT No.	ROW No.	GRAVE No. 7421
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) MAYFIELD, Carl R.			RANK Pfc	SERIAL No. 34880187	ORGANIZATION Co L, 163rd Inf.	GRAVE No. CRYPT 561
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) MIXON, Nelson I.			RANK Pfc	SERIAL No. 39427796	ORGANIZATION Co L, 19th Inf.	GRAVE No. CRYPT 557
SIGNATURE OF PERSON PREPARING REPORT Charles A. Gould CHARLES A. GOULD, Adm Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT ELEE L. TYLER, Maj, Inf, Chief, Adm Div.			
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:


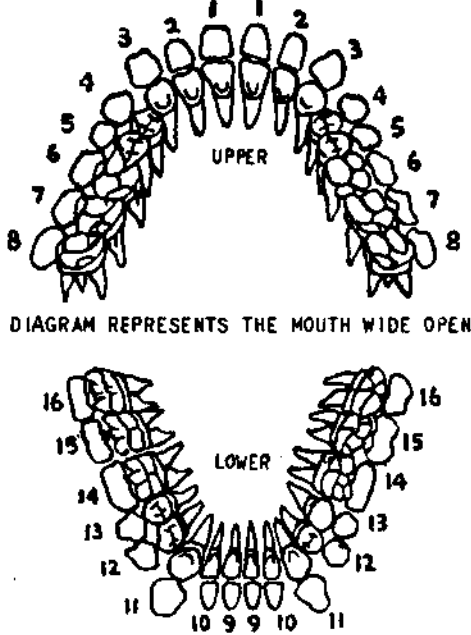




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

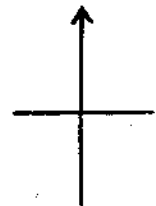
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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:

24 JAN 1949

RESTRICTED

32:96

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


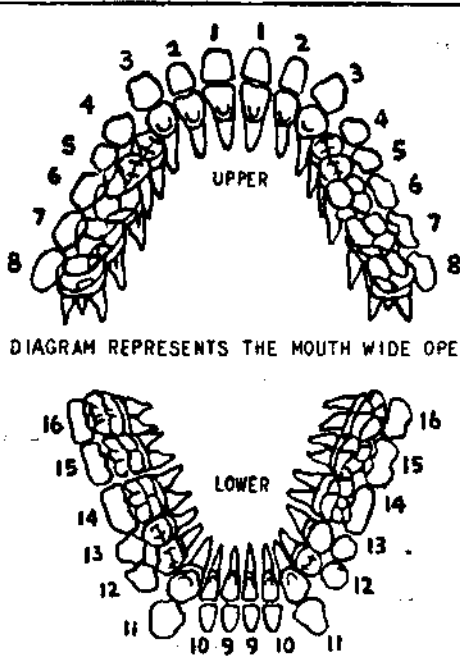




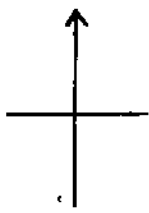
DATE OF REPORT

2 Jan '48

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial)		SERIAL NO.		
		2/23 McKENRICK, Charles		33514250		
		GRADE	ORGANIZATION	BRANCH OF SERVICE		
		Pfc	Co B 182nd Inf	Army		
RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
		Catholic				
PLACE OF DEATH		CAUSE OF DEATH		DATE OF DEATH		
Cebu, P. I.		KIA land mine stomach, body badly decomposed		1 April 45		
EMERGENCY ADDRESSEE (Name, relationship, and address)						
Rebecca F. McKenrick (Wife) Box 93, Fayetteville, Pa.						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
None		(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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 3 Dec. 47	1400	STORE Casket	None	802	B	559
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	USAF Cemetery Leyte #1, PI.					7421
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
		Estelle NHT Darnell 23 MAR 1948 FILE				
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.		
STORE: MAYFIELD, Carl R.	Pfc	34880187	Co L 163rd Inf	CRYPT 561		
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.		
STORE: MIXON, Nelson I.	Pvt	39427796	Co L, 19th Inf	CRYPT 557		
SIGNATURE OF PERSON PREPARING REPORT		SIGNATURE OF GRS OFFICER VERIFYING REPORT				
H. H. AQUINO, Pfc.		L. S. PANOFIC, 2nd 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

Serial 500

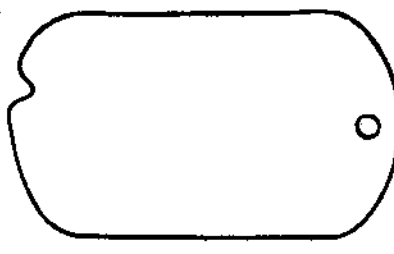
LEFT LITTLE FINGER	Section 3: UNIDENTIFIED REMAINS INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position 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.				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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:					
ROI in bottle included with casket.					

CORRECTED

RESTRICTED

1jt 7421

32186

WD GRC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT CORRECTED 19 Feb 46	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) McKenrick, Charles, formerly Unk X-8-Cebu				
		SERIAL No.		33 514 250		
GRADE		ORGANIZATION		BRANCH OF SERVICE		
Pfc		Co B, 182nd Inf		Army		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
		Catholic				
PLACE OF DEATH		CAUSE OF DEATH			DATE OF DEATH	
Cebu, P.I.		KIA—land mine—stomach, body badly decomposed			5 April 45	
EMERGENCY ADDRESSEE (Name, relationship, and address)						
Rebecca F McKenrick, (W) Box 93, Fayetteville, Pa						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)				
		Changed from Unknown X-8 per attached correspondence. Unknown X-8 disinterred from Cebu, USAF Cemetery #2, P.I.				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)						
Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
<i>Foot 166</i> 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 Leyte #1, P.I. MAVS 802-13-559						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
25 Jan 46	1000	shelter halve	Reg Cross			7421
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	USAF Cemetery Cebu #2, P.I.			1	16	311
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.
VARGAS, Max M						7420
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
JOHNSON, Glen S						7422
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
<i>Charles W. Hallock</i> Sgt Charles W. Hallock, GRS			<i>William D. Rogers</i> WILLIAM D ROGERS, 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 Office. 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.


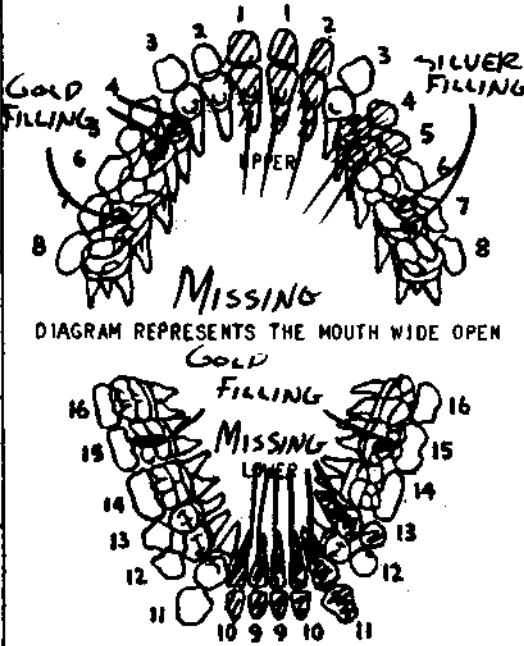




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

FEB 1946

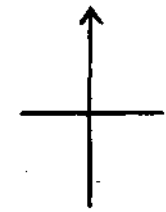
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN GOLD FILLING MISSING 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:

CONDITION OF BODY PRESERVED FINGERPRINTING:

RESTRICTED

110th Quartermaster
Graves Registration Platoon
apo 718

SJL/bjw

6 Aug 45

SUBJECT: Identification of Unknowns Buried in USAF Cemetery Cebu #2, P.I.

TO : Commanding General, Americal Division, APO 716

Attn: : AGO Section.

1. Request information as to whether the following evidence is sufficient to identify bodies Unknown #8 and Unknown #9, who are now in USAF Cemetery Cebu #2, P.I.

2. In going through the files of this unit a notation was found giving information as to the fact that Unknown #9 was from Co I, 182nd Infantry. This probably was given by the truck driver who delivered the body to the cemetery. At this time there was so much confusion in trying to keep up with burials that no one can recall the true facts of this notation. However Pfc. Albert P Hurst, 34 734 522, is the only member of Co I 182nd Inf whose body is not accounted for. His casualty report does not indicate his body as not being recovered. So normally it would be supposed it was delivered to the cemetery. A search of the area in which he was killed disclosed a spot where an American body had been laying, but had been removed. Hurst was killed 31 March 1945 and Unknown #9 was buried 11 April 1945. This body was received at the same time that the bodies of Sgt Forrest E Thomason, 14 141 701, Co G., 182nd Inf, Pvt Kenneth O Hudson, 39 425 712, Co E., 182nd Inf, and Pvt Theodore Schmidt Jr. 36 916 306, Co E, 182nd Inf, was delivered at the cemetery. This further suggests that Unknown #9 could be Hurst.

3. It was reported that an affidavit would be given by the Commanding Officer, Co B., 182nd Inf, that the body of Pfc Charles McKenrick, 33 514 250, Co B, 182nd Inf was delivered to the cemetery. This would not have had any value as a means of identification as McKenrick could be either Unknown #8, or Unknown #9, but considering facts in paragraph 2, this would indicate that the body of Unknown #9 and that of McKenrick to be the same. McKenrick was killed 5 April 1945 and Unknown #8 was buried 5 April 1945.

s/t Simeon J Larkins
1st Lt., QMC
Commanding

A CERTIFIED TRUE COPY

William D. Rogers
WILLIAM D ROGERS
1st Lt., Inf

BASIC: Ltr fr 110th QM GR Plat, APO 718, dtd 6 Aug 45: subj: Identification of Unknowns Buried in USAF Cemetery Cebu #2, P.I.

293

5th Ind

BFG/lhb

Hq, Americal Division, APO 716, 17 September 1945.

TO: Commanding Officer, Base "S", APO 718.

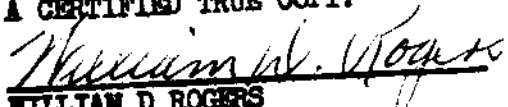
1. The evidence submitted in basic communication is considered by this Headquarters sufficient to identify Unknown body #9 to be Pfc Albert P Hurst, 34 734 522, Co I, 182nd Infantry and Unknown body #8 to be Pfc Charles McKerrick, 33 514 250, Co b, 182nd Infantry.

2. It is requested that this Headquarters be notified as to the final decision of this case.

FOR THE COMMANDING GENERAL:

s/t B. F. Gardner, Jr
WOJG, USA
Asst. Adj Gen.

A CERTIFIED TRUE COPY:


WILLIAM D ROGERS
1st Lt., Inf

BASIC: Ltr fr 110th QM GR Plat, APO 718, dtd 6 Aug 45, subj: Identification
of Unknowns in USAF Cemetery Cebu #2, P.I.

PSQM 293

6th Ind

4 Oct 45

HEADQUARTERS BASE "S", UNITED STATES ARMY FORCES WESTERN PACIFIC, APO 718.

TO: Headquarters, Americal Division, APO 716.

1. Unknowns X-8 interred in grave 311 Row 16, plot 1 and
Unknown X-9 interred in grave 390, row 1, plot 2, USAF Cemetery
Cebu #2, P.I. have been designated as PFC Charles McKenrick,
33 514 250, Co B, 188th Infantry and Pfc Albert P Hurst, 34 734 522,
Co I, 182nd Infantry respectively.

2. Corrected copies of Report of Interment on above men forwarded
for your file. (Incl #1).

FOR THE QUARTERMASTER:

s/t C. P. McCUSKEY
Captain AGD
Adjutant Gen.

1 Incl: Reports of Interment
Charles McKenrick
Albert P Hurst

A CERTIFIED TRUE COPY:


WILLIAM D ROGERS
1st Lt., Inf

CORRECTED

RESTRICTED

1J3

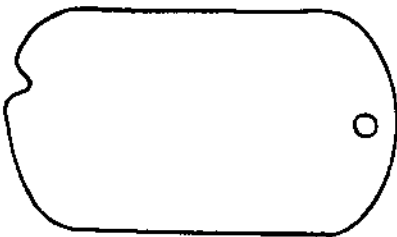
7421

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
CORRECTED
19 Feb 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

McKenrick, Charles, formerly Unk X-8-Cebu

SERIAL No.

33 514 250

GRADE

Pfc

ORGANIZATION

Co B, 182nd Inf

BRANCH OF SERVICE

Army

RACE

RELIGION

Catholic

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

PLACE OF DEATH

Cebu, P.I.

CAUSE OF DEATH

KIA- land mine-stomach, body badly decomposed

DATE OF DEATH

1 April 45

EMERGENCY ADDRESSEE (Name, relationship, and address)

Rebecca F McKenrick, (W) Box 93, Fayetteville, Pa.

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

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reverse)

Changed from Unknown X-8 per attached correspondence.
Unknown X-8 disinterred from Cebu, USAF Cemetery #2, P.I.

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

A TRUE COPY:

George D. Redden, Jr.
GEORGE D. REDDEN, JR.
Captain, Infantry

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 Leyte #1, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
25 Jan 46	1000	Shelter Half	Reg Cross			7421
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	USAF Cemetery Cebu #2, P.I.			PLOT No.	ROW No.	GRAVE No.
				1	16	311
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.		
VARGAS, Max M				7420		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
JOHNSON, Glen S.				7422		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
/s/t/ Sgt Charles W. Hallock, GRS			/s/t/ WILLIAM D. ROGERS, 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.

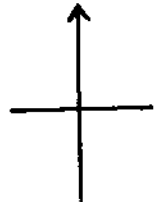
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

CONDITION OF BODY PRECLUDED FINGERPRINTING.

0174
U 174

Graves Registration
Form No. 1
(Revised May 11, 1943)

RESTRICTED
RE INTERMENT
REPORT OF INTERMENT
(TM 10-630 and AR 30-1815)

45

Unknown X-8
(Last name) (First) (Initial) (Serial No.) (Rank) (Org.)

GEBU, P.I. 1 April 1945 KIA land mine-stomach, body badly
(Place of death) (Date of death) (Cause of death) decomp.

1450 Hours 13 May 1945 U.S.A.F. Cemetery G bu No 2 P.I.
(Time and date of burial) (Name of cemetery) (Name or co-ordinates of location)

311 16 1 Cross
(Grave number) (Row number) (Plot number) (Type of marker)

Disp. of ident. tags: Buried w/body Yes No Attached to marker Yes No

Religion

(If no identification tags, what means of identification are buried with body?)

Report of interment buried with body
(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT Stahl, Willis W. 35932920 Pfc Co C 132 Inf 312
(Name) (Serial No.) (Rank) (Org.) (Grave No.)

Body buried on LEFT Busalacchi, Vito NMI 39283858 Pfc Co B 132 Inf 310
(Name) (Serial No.) (Rank) (Org.) (Grave No.)

Unknown
(Name) (Serial No.) (Rank) (Org.) (Grave No.)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)
List only personal effects FOUND ON BODY and disposition of same No personal effects

IF DECEASED UNIDENTIFIED

4 TAKE FINGERPRINTS OF BOTH HANDS (WD Cir. No. 79; 3/19/43)! If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

3 Height: Is tooth chart attached?
 Weight: Apparent nationality:
 Color of eyes: Laundry marks:
 Color of hair: Number of rifle:
 Race: Wear glasses?

2 (If possible, have med. pers. take a tooth chart)
 In space below, locate and describe any scars, birthmarks, moles deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

1 IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

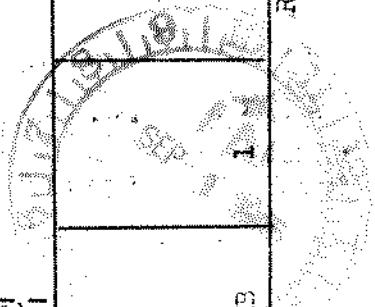
Simeon J. Larkins

(Sig. of officer or other person reporting burial)

SIMEON T. LARKINS 1st Lt GRC Officer

(Verified by Army GRS Officer)

RIGHT HAND



4	TAKE FINGERPRINTS OF BOTH HANDS (WD Cir. No. 79; 3/19/43)! If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:	4
3	Height: Is tooth chart attached? Weight: Apparent nationality: Color of eyes: Laundry marks: Color of hair: Number of rifle: Race: Wear glasses?	3
2	(If possible, have med. pers. take a tooth chart) In space below, locate and describe any scars, birthmarks, moles deformities, etc.:	2
1	Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:	1
THUMB	IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.	THUMB
	(Sig. of officer or other person reporting burial) SIMEON T. LARKINS 1st Lt GRC Officer (Verified by Army GRS Officer)	