

JUN 15 1948

RESTRICTED

V-1424

U 1424

WD OMC FORM 1642  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

13 Mar 48

Impression Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-3903-B (Formerly UNK X-900,  
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

Cabanatuan Prison  
Camp, 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)

CANCEL—Assigned GIL #310 per ltr  
Philcom 24 May 49, Subj: Assignment of GIL Numbers.  
See Remarks

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

REPATRIATION  
RECORDS BRANCH  
JUN 7 2 10 PM '48  
MEMORIAL DIVISION

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

2 Mar 48

HOUR

1300

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

Casket

TYPE OF GRAVE  
MARKER

None

PLOT No.

813

ROW No.  
RANGER BAY

J

GRAVE No.  
CRYPT

3240

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.

PLOT No.

2

ROW No.

20

GRAVE No.

2531

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-3905-A

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.  
CRYPT

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

UNKNOWN X-3902

RANK

SERIAL NO.

ORGANIZATION

GRAVE No.  
CRYPT

SIGNATURE OF PERSON PREPARING REPORT

V C AQUINO T/5 OMC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

CALVIN F FINN, Maj., FA

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

201348

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3903-B (Formerly UNK X-900 (STRIPLIN, John ) USAF Cemetery Manila #2, Luzon, P.I.)				2. DATE OF REPORT 28 Feb '48	
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	J	3240	DISINTERMENT	REINTERMENT STORAGE
				12 Dec 47	2 Mar 48

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	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 ?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
<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:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	<i>Maxilla</i>								<i>Missing</i>								
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	<i>Mandible</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."

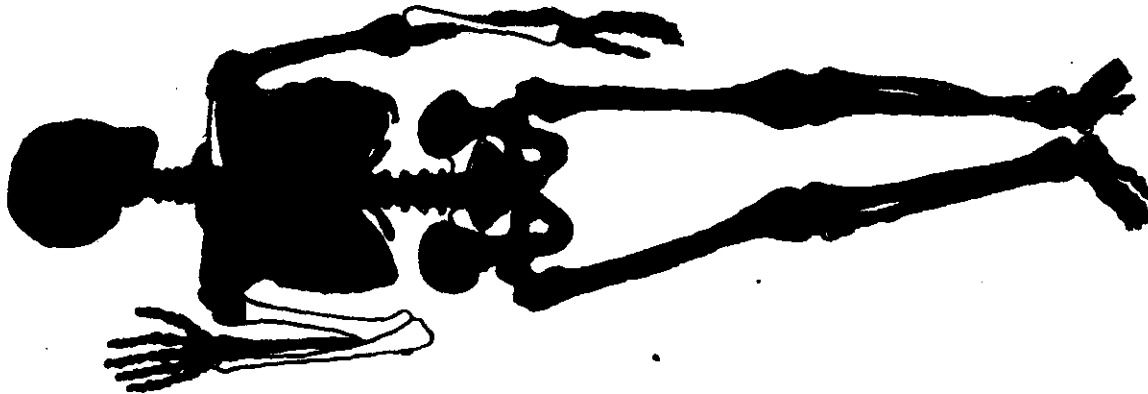
**REMARKS:** Maxilla and mandible missing. No maxillary and mandibular teeth found with remains.

CERTIFIED TRUE COPY:

*G. J. Gamba*  
G T GALBOA  
1st Lt MSC

/s/ T/5 Russell Smith

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 722, Row 0, Plot 7 of POW Camp Cabanatuan Luzon, P.I..

No identification tags, personal effects, burial bottle or other means of identification found with remains.

Circumference of skull is unobtainable due to condition of remains; No skull.

Estimated weight of remains 1½ lbs.  
 Cross-check with Unk X-3903-A.

CERTIFIED TRUE COPY:

*G. T. Gamboa*  
 G T GAMBOA  
 1st Lt MSC

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  
 CIP LAB MANILA, P.I.

SIGNATURE

/s/ Edward F. Moriarty

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

/nsr

APO 707  
13 April 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave #722, Row #10, Plot #7. The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN X-3903-A, B.  
" X-3904

SCHANZ, Lloyd H.  
BRIGGS, Pater D.  
MOODY, D. L. C.  
SAYLES, Oliver D.  
HARRIE, Robert M.  
SMITH, Austin J.  
RUSSELL, Donald K.  
STRIPLIN, John L.


RESTRICTED

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

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

DATE OF REPORT

13 Mar 48

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial) UNKNOWN X-3903-B (Formerly UNK X-900, USAF Cem Manila #2, Luzon, P.I.)	SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown
	RACE Unknown	RELIGION Unknown
PLACE OF DEATH Cabanatuan Prison Camp, Luzon, P.I.	CAUSE OF DEATH Unknown	BRANCH OF SERVICE Unknown
DATE OF DEATH Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

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

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) STORED	TYPE OF GRAVE MARKER	PLOT No. MANGER BAY	ROW No. CRYPT	GRAVE No.
2 Mar 48	1300	Casket	None	813	J	3240

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.
	PLOT No. 2, ROW No. 20, GRAVE No. 2531

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-3905-A	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3242
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3902	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 3238

SIGNATURE OF PERSON PREPARING REPORT /s/t/ V C AQUINO T/5 OMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT CALVIN F FINN, Maj., FA
--	--

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

Encl # 2

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-3903-B (Formerly UNK X-900, (STRIPLIN, John ) USAF Cemetery Manila #2, Luzon, P.I.)				2. DATE OF REPORT 28 Feb '48		
3. NAME OF CEMETERY  AGRS Mausoleum, Manila, P.I.		4. PLOT  813	5. ROW  J	6. GRAVE  3240	7. DATE OF DISINTERMENT      REINTERMENT STORAGE 12 Dec 47      2 Mar 48	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------


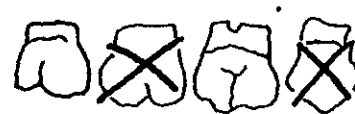








15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------




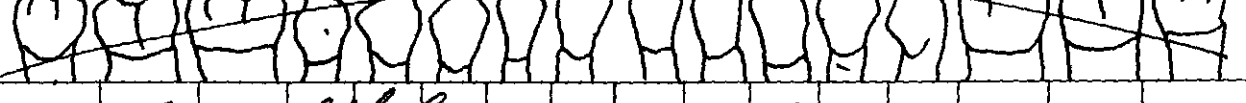
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

<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>TOOTH MISSING</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>GOLD CROWN PORCELAIN CROWN</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD BRIDGE</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING SILVER FILLING</p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY DECAYED</p> 	

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		<i>Maxilla</i>								<i>Missing</i>									
SIDE VIEWS																		SIDE VIEWS	
TOP VIEWS																		UPPER	
																		LOWER	
SIDE VIEWS																			
		<i>Mandible</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:** Maxilla and mandible missing. No maxillary and mandibular teeth found with remains.

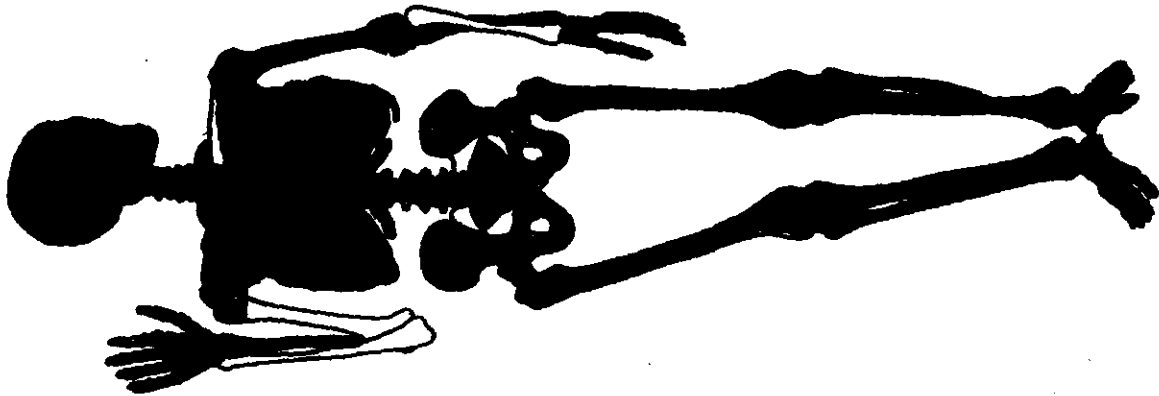
CERTIFIED TRUE COPY:

*G. T. Gamboa*  
 G T GAMBOA  
 1st Lt MSC

/s/ T/5 Russell Smith



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 722, Row O, Plot 7 of POW Camp Cabanatuan Luzon, P.I.

No identification tags, personal effects, burial bottle or other means of identification found with remains.

Circumference of skull is unobtainable due to condition of remains;

No skull.

Estimated weight of remains  $1\frac{1}{2}$  lbs.

Cross-check with UNK X-3903-A.

CERTIFIED TRUE COPY:

*G. T. Galboa*  
G T GALBOA  
1st Lt MSC

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  
CIP LAB MANILA, P.I.

SIGNATURE

/s/ Edward F. Moriarty

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

/nsr

APO 707  
13 April 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave #722, Row #0, Plot #7. The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN X-3903-A, B.  
" X-3904

SCHANTZ, Lloyd H.  
BRIGGS, Pater J.  
MOODY, D. L. C.  
SAYLES, Oliver D.  
HARRIE, Robert M.  
SMITH, Austin J.  
RUSSELL, Donald K.  
STRIPLIN, John L.