

/bpa

Interred 20 Feb 1950
N 3 187 Ft. McKinley

PREPARED BY PHILCOM

1

caremark DISINTERMENT DIRECTIVE

N-3-137

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7147 80684

DATE

09 02 50
DAY MONTH YEAR

NAME <i>UNKNOWN I-792</i>		SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY <i>USAF CEMETERY MANILA NO. 2, P. I.</i>		PLOT 2	ROW 19	GRAVE 2465	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <i>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</i>	NAME AND ADDRESS OF NEXT OF KIN <i>(BY ADMINISTRATIVE DECISION) 293 Link Manila #2 Ctl # 1314</i>
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-791	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 18 Feb 50 <i>Ja</i>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION X-4138 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) <i>Paul R Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED DATE 18 Feb 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.

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

REMARKS AND SPECIAL INSTRUCTIONS
*Reclass. Made
2/25/52
Allen*

3 APR 1950
REPATRIATION
BRANCH
MEM. DIV. *Just*

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

25 Nov 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 791, Flot 2,
Row 19, Grave 2465, USMC USAF Cem. Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



R. B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 22 Dec 49 OCMG
Not identifiable from
information present
available

P. Reynolds
4 Jan 1950

Inc.

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

/acm

AFO 707
6 May 1948

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

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

URICH, Harold G.
DUNBAR, Layton W.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4138 (Formerly UNK X-791 Manila #2)				2. DATE OF REPORT 28 Nov 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	810	H	2467	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR Brown	11. RACE Unknown
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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)

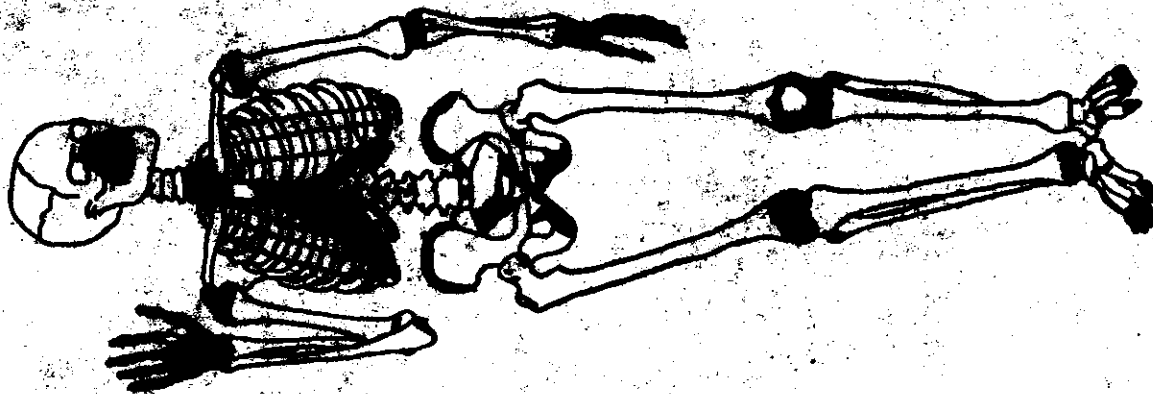
N o n e

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Final 42

19. BLACK OUT PARTS OF BODY NOT NUMBERED



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or part 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 - 7½ lbs.

Circumference of skull - 20 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 Section

SIGNATURE

REPORT OF DISINTERMENT FOR IDENTIFICATION

15 Dec 47

1. Remains of (Name)

Serial Number

UNKNOWN X-791

Grade

Organization

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cem Manila #2, Luzon, P.I

2

19

2465

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., QMC

REPORT OF DISINTERMENT FOR IDENTIFICATION

15 Dec 47

1. Remains of (Name)

Serial Number

UNKNOWN L-791

Grade

Organization

3. Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Com Manila #2, Lason, P.I

2

19

2465

2. Date of Disinterment

15 Dec 47

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

Skeletal remains.

4. What Identification Found at Time of Disinterment: On Marker

One (1) substitute tag

On Remains

One (1) substitute tag

What Identification Used Upon Reinterment: On Marker

On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.


WARD C STEPHENSON 1st Lt., MC

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-4138-A (Formerly UNK X-791, USAF Cem Manila #2, Luzon, P.I.)				2. DATE OF REPORT 2 April 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	MANGER BAY CRYPT			DISINTERMENT	REINTERMENT
	810	H	2467	15 Dec 47	5 April 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR BROWN	11. RACE UTD
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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 - Skeletal remains only

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

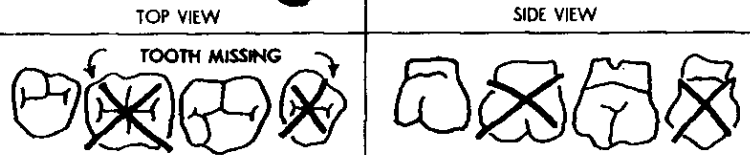
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

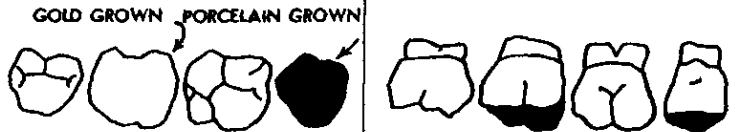
18.

TOOTH CHART

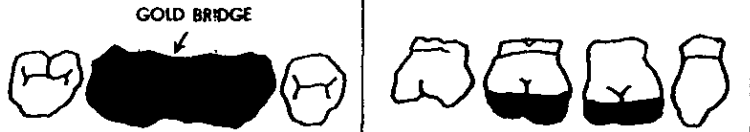
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



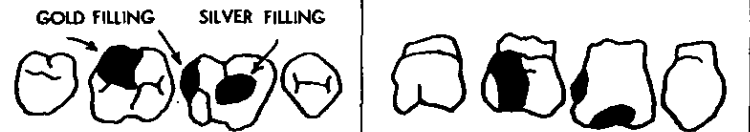
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



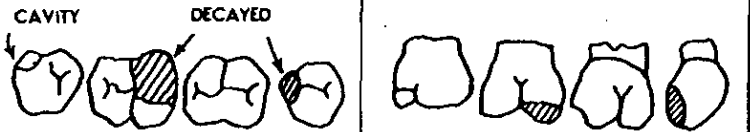
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT									LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
<i>Maxilla Missing</i>																
SIDE VIEWS																
UPPER																
LOWER																
SIDE VIEWS																
A	A	A/G		B	B				B	B	B	A	X	A		
0	F	O/F										OdI				
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."

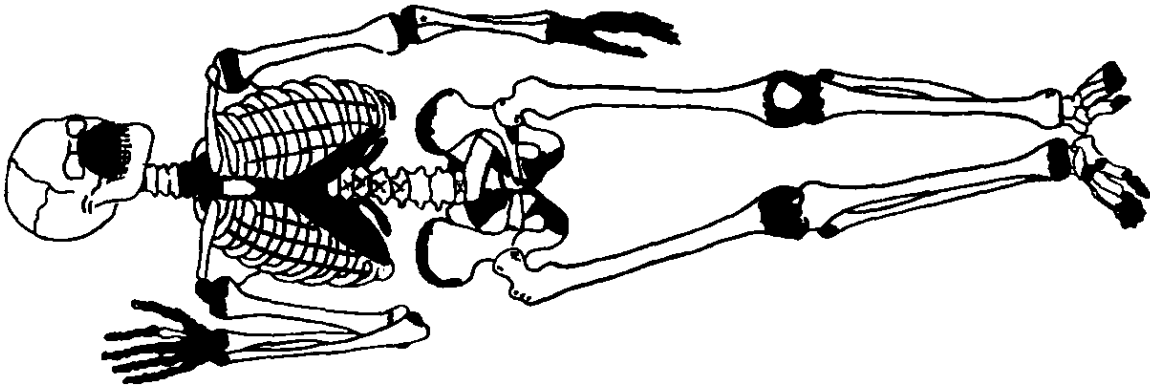
Maxilla and its maxillary teeth are missing.

CERTIFIED TRUE COPY:

J. Murphy
 L. S. PANOPIC
 1st Lt Inf

/s/ Joseph D. Murphy T/5

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

In processing the remains extra bones were found and therefore they were segregated and designated Unk X-4138-A and Unk X-4138-B. No I. D. tags, burial bottle, personal effects, or other means of identification found with remains. Circumference of skull is twenty (20) inches. Estimated weight of remains is seven and one half (7½) lbs.

This remains is one of a group disinterred from Grave No. 713, Row No. O, Plot No. 7, PG. Camp Cabanatuan, Luzon, P.I.

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
 /s/ EDWARD F MORIARTY
 CIP LAB MANILA, P.I.

SIGNATURE
 /s/ Edward F. Moriarty

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-138-A (Formerly UNK X-791, USAF Com Manila #2, Luzon, P.I.)				2. DATE OF REPORT 2 April 48	
3. NAME OF CEMETERY ABS Mausoleum, Manila, P.I.		4. PLOT 810	5. ROW H	6. GRAVE 2467	7. DATE OF DISINTERMENT 15 Dec 47
					REINTERMENT STORAGE 5 April 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR BROWN	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD - Skeletal remains only

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

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



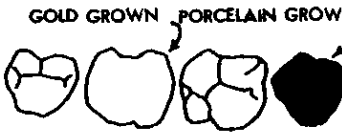



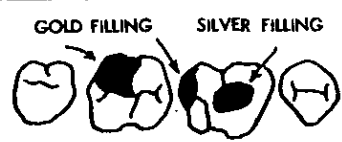

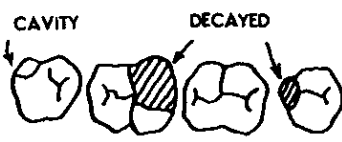

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS





NONE

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

NONE

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								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	<i>Maxilla Missing</i>																
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	<i>P</i>	<i>P</i>	<i>A</i>	<i>O</i>	<i>f</i>						<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>odl</i>	<i>P</i>	
	<i>O</i>	<i>f</i>	<i>O</i>	<i>f</i>							<i>P</i>	<i>P</i>	<i>P</i>	<i>odl</i>	<i>X</i>	<i>P</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."

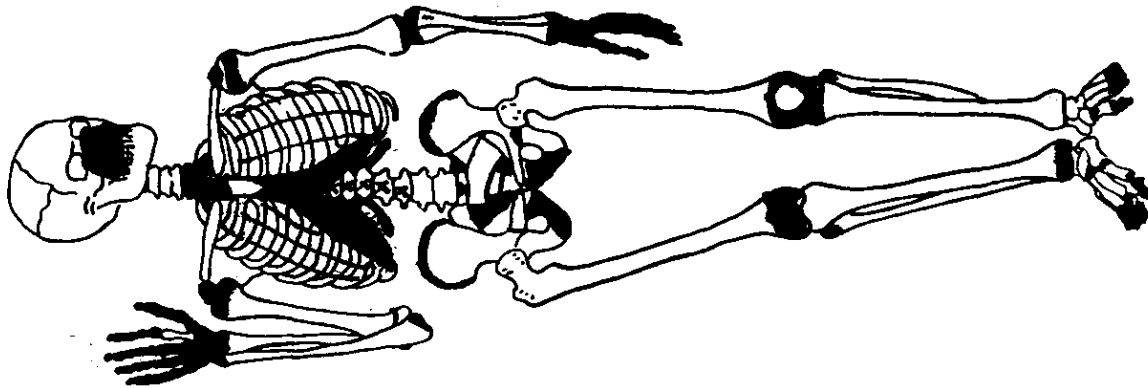
Maxilla and its maxillary teeth are missing.

CERTIFIED TRUE COPY:

Joseph D. Murphy
J. S. MURPHY
 1st Lt. Inf.

/s/ Joseph D. Murphy 1/5

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

In processing the remains extra bones were found and therefore they were segregated and designated Unk X-4133-A and Unk X-4133-B. No I. D. tags, burial bottle, personal effects, or other means of identification found with remains. Circumference of skull is twenty (20) inches. Estimated weight of remains is seven and one half (7½) lbs.

This remains is one of a group disinterred from Grave No. 713, Row No. G, Plot No. 7, POW Camp Cabanatuan, Luzon, P.I.

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

/s/ EDWARD F. MORTIARTY
CIP LAB MANILA, P.I.

SIGNATURE

/s/ Edward F. Mortarty

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

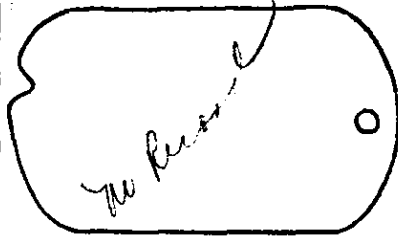
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

13 April 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

~~UNKNOWN X-4138-B (Formerly UNK X-791,
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

Unknown

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

293 Unk Manila #2 Cil # 314
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 per ltr Philcom
24 May 49, Subj: Assignment of CID numbers.
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 5 April 48	1300	Casket	None	810	H	2468

WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Manila #2, Luzon, P.I.	2	19	2465

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
UNKNOWN X-4155-A				2470

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT
UNKNOWN X-4137				2466

SIGNATURE OF PERSON PREPARING REPORT: *[Signature]* QMC
 SIGNATURE OF GRS OFFICER VERIFYING REPORT: *[Signature]*
 L S PANOPLO, 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.

Druf 276

18

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-4138-B (Formerly UNK X-791, USAF Cem Manila #2, Luzon, P.I.)				2. DATE OF REPORT 2 April 48		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
		MANGER BAY CRYPT			DISINTERMENT	REINTERMENT STORAGE
		810	H	2468	15 Dec 47	5 Apr 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 - Skeletal remains only						
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N O N E						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) N O N E						

18.

TOOTH CHART

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

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																
TOP VIEWS																
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."

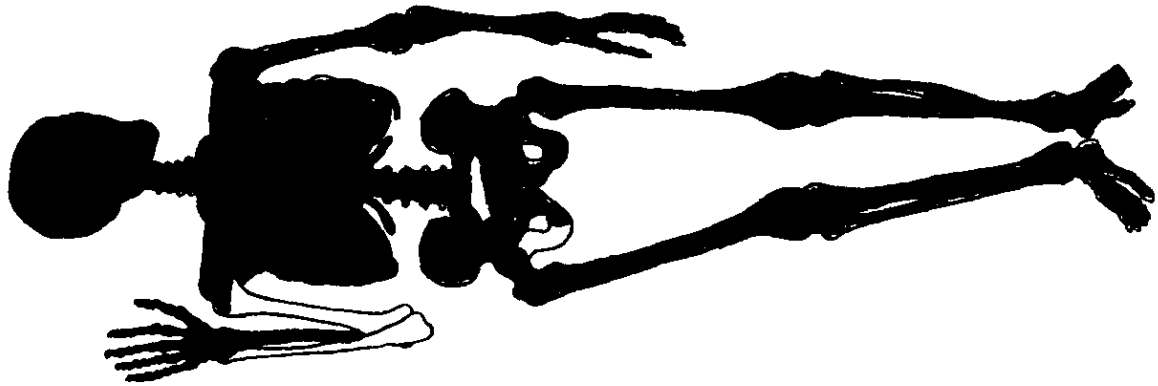
REMARKS: Maxilla and maxillary teeth missing. Mandible and mandibulary teeth missing.

CERTIFIED TRUE COPY:

L S Panopio
 L S PANOPIO
 1st Lt Inf

/s/ Joseph D. Murphy T/5

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

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

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

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

In processing the remains extra bones were found and therefore they were segregated and designated Unk X-4138-A and Unk X-4138-B. Refer to Unk X-4138-A. No I. D. tags, burial bottle, personal effects, or other means of identification found with remains. Circumference of skull is unobtainable due to condition of remains. Estimated weight of remains is one fourth (1/4) lbs. This remains is one of a group disinterred from Grave No. 713, Row No. C, Plot No 7, PC. Camp Cabanatuan, Luzon, P.I.

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

/s/ EDWARD F. LORIARTY
 CIP LAB MANILA, P.I.

SIGNATURE

/s/ Edward F. Loriarty

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

/acm

AFO 707
6 May 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave # 713, Row # 3, Plot # 7. The unknown numbers are AGRS Mausoleum numbers;

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

URICH, Harold G.
DUNBAR, Layton W.

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

13 April 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION

NAME (Last, first, middle initial) UNKNOWN Z-4136-B (Formerly USN Z-791, USAF Com 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 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 3 on reverse) See Remarks
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL STORAGE 5 April 48	HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 820	ROW No. II	GRAVE No. 2468
---	---------------------	--	-------------------------------------	------------------------	----------------------	--------------------------

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. 19	GRAVE No. 2465
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY.
----------------------------	--------------------------------	--

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
--	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN Z-4136-B	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2470
--	------	------------	--------------	--------------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN Z-4137	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2466
---	------	------------	--------------	--------------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> W. S. MURPHY, 1/3 QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> L. S. PANOPIO, 1st Lt Inf
--	---

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

Incl 5

RESTRICTED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-138-B (Formerly UK X-791, USAF Com Manila #2, Luzon, P.I.)				2. DATE OF REPORT 2 April 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	MANGER BAY CRYPT			DISINTERMENT	REINTERMENT STORAGE
	810	H	2468	15 Dec 47	5 Apr 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

NONE

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

UTD - Skeletal remains only

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

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

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:	TOOTH MISSING 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:	GOLD GROWN PORCELAIN GROWN 	
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>M axilla</i>								<i>Missing</i>								
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
SIDE VIEWS																	LOWER
	<i>M andible</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."

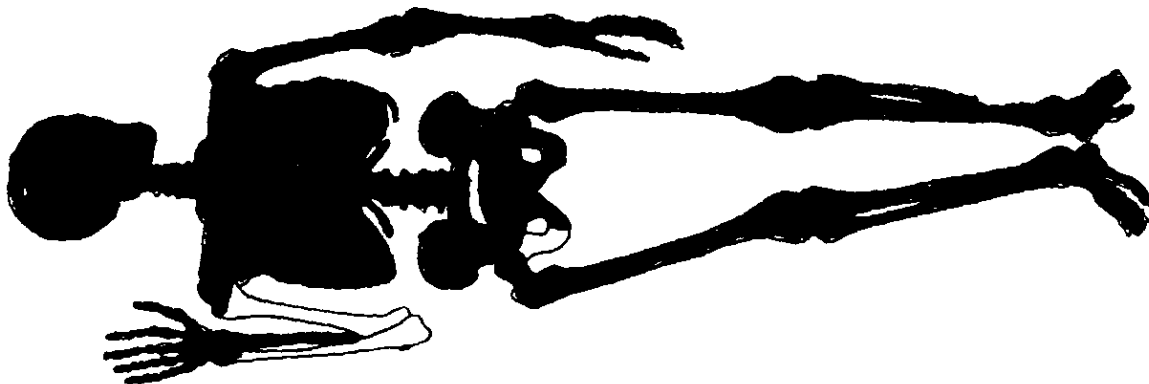
REMARKS: Maxilla and maxillary teeth missing. Mandible and mandibular teeth missi .

CERTIFIED TRUE COPY:

L. S. PANOVI
L. S. PANOVI
1st Lt Inf

/s/ Joseph D. Purdy T/5

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

In processing the remains extra bones were found and therefore they were segregated and designated Unk X-4138-A and Unk X-4138-B. Refer to Unk X-4138-A. No I. D. tags, burial bottle, personal effects, or other means of identification found with remains. Circumference of skull is unobtainable due to condition of remains. Estimated weight of remains is one fourth (1/4) lbs. This remains is one of a group disinterred from Grave No. 713, Row No. 0, Plot No 7, POW Camp Cabanatuan, Luzon, P.I.

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

/s/ EDWARD F. MARIARTY
 CIP LAB MANILA, P.I.

SIGNATURE

/s/ Edward F. Moriarty

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

/acm

AFO 707
6 May 1948

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

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

URICH, Harold G.
DUNBAR, Layton W.

RESTRICTED

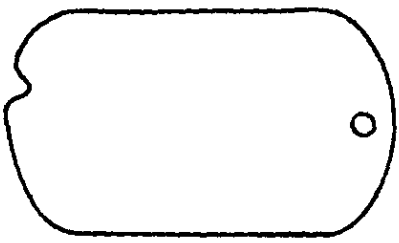
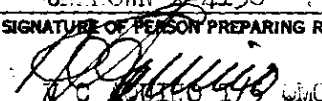
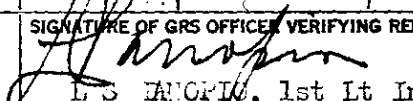
JUN 18 1948

U 1712

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

13 April 48

Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-4130-A (Formerly UNK X-731, USAF Cem Manila #2, Luzon, P.I.)			SERIAL No. Unknown		
GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown			
RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH POW Camp, Cabanatuan, Luzon, P.I.		CAUSE OF DEATH Unknown		DATE OF DEATH Unknown			
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I.							
DATE OF BURIAL STORAGE 5 April 48		HOUR 1300	BURIED IN (Shroud, blanket, or name of other) Gasket	TYPE OF GRAVE MARKER None	PLOT NO. 810	ROW NO. H	GRAVE NO. 2467
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.					
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-4154		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2469		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-4136		RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 2465		
SIGNATURE OF PERSON PREPARING REPORT 			SIGNATURE OF GRS OFFICER VERIFYING REPORT  U.S. MAJOR, 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

RESTRICTED

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

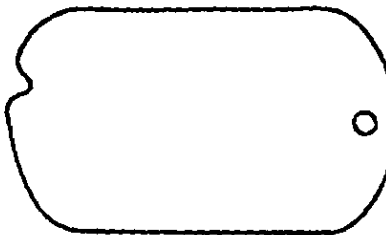
REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

STORAGE

DATE OF REPORT

13 April 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNK' OBN I-4138-1 (Formerly UNK I-791,
USAF Com 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

FCM Camp, Cabanatuan,
Luzon, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

See Remarks

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

AGRS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL
STORAGE

5 April 48

HOUR

1900

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

Casket

TYPE OF GRAVE
MARKER

None

PLOT No.
ROW No.

210

GRAVE No.
CRYPT

II

2467

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.

19

GRAVE No.

2465

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 I-4154

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

2469

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

UNKNOWN I-4136

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

2465

SIGNATURE OF PERSON PREPARING REPORT

[Signature]
V. C. AQUINO 1/5 GAC

SIGNATURE OF GRS OFFICER VERIFYING REPORT

[Signature]
L. S. UNOPIO, 1st Lt Inf

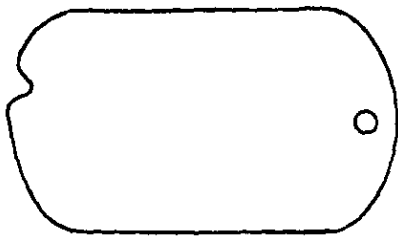
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

21064

RESTRICTED

U-1712

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 5 Feb 46	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) UNKNOWN X-791 (NELSON, Arvid K) (Formerly UNKNOWN C-251 Cabanatuan Cemetery)		SERIAL NO. 19054295		BRANCH OF SERVICE Army		
GRADE Pvt		ORGANIZATION MD		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH POW Camp Cabanatuan, Luzon, F I		CAUSE OF DEATH Malnutrition, Edema		DATE OF DEATH 28 Oct 42		
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. E. L. Ferich (M) Poplar, Montana.						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Records shows Six (6) bodies buried in common grave, Four (4) Unknowns of which were unidentified:- Pfc Murphy, Joseph C. 14042470 31st Inf Pfc Lanier, Charles S. 0384960 31st Inf Sgt Berendt, Louis F. 6832240 31st Inf Pvt Nelson, Arvid K. 19054295 MD				
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 USAF Cemetery Manila #2, Luzon, F I						
DATE OF BURIAL 12 Jan 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT NO. 2	ROW NO. 19	GRAVE NO. 2465
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camps I & II Cabanatuan Cemetery, Luzon, F I 45.7-70.9 1/50,000			PLOT NO. 7	ROW NO. 0	GRAVE NO. 713
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-790 (BERENDT, Louis F) (Formerly UNKNOWN C-250 Cabanatuan Cemetery)		RANK Sgt	SERIAL NO. 6832240	ORGANIZATION 31st Inf	GRAVE NO. 2464	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-786		RANK	SERIAL NO.	ORGANIZATION	GRAVE NO. 2466	
SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, S/Sgt., GAS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT E. M. MOORE, 1st Lt., G.C.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED