

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Wmk. Manila # 2 X-517

SUBJECT

Previously Manila Maus # 1 X-4400

/jdm

511

1

Interred 30 Jan 1950
A 13 20 Ft. McKinley

DISINTERMENT DIRECTIVE

Caremark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 00335

DATE
15 06 48
DAY MONTH YEAR

NAME
UNKNOWNX - 000517

SERIAL NUMBER

RANK

ARM

DATE OF DEATH
DISPOSITION OF REMAINS

CEMETERY
USAF CEMETERY (MANILA NO 2)

7701 80
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
2 16 2038 PHILIPPINE ISLANDS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
UNKNOWN X-517
UNKNOWN X-4400 (MAUS)

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISINTERRED
22 Sept 1948

IDENTIFICATION TAG ON
2 REMAINS
2 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
ALEXANDER P. PETTICE
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter Half

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES I
Two Identification tags - UNKNOWN X-4400 (MAUSOLEUM NUMBER)

REMAINS PREPARED AND PLACED IN CASKET
DATE 22 Sept 1948 BY ALEXANDER P. PETTICE

CASKET SEALED BY
ALEXANDER P. PETTICE

EMBALMER (Signature)
Alexander P. Pettice
ALEXANDER P. PETTICE

CASKET BOXED AND MARKED
DATE 22 Sep 48 BY HORACE L. ALLISON, Sgt, INF

SHIPPING ADDRESS VERIFIED BY
CORSIENE C. KAYAMAN, 1st Lt., INF

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

Corsiene C. Kayaman
CORSIENE C. KAYAMAN, 1st Lt., INF

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM	TO	FORT MCKINLEY MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		2. SHIPPED		
FROM		3. SHIPPED		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
FROM		4. SHIPPED		
FROM		5. SHIPPED		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
FROM		6. SHIPPED		
FROM		7. SHIPPED		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
FROM		DATE		

DATE JAN 30 1950 *Barry Smith*

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-517, Plot 2,
Row 16, Grave 2038, USMC USAF Cem. Manila 2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

H. B. McNEMAR

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

Atch: Form 1044

Received 11/10/50 OQMG
Not identifiable from
information presently
available 11/10/50 Little

Admiral Br.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4400 (Formerly UNK X-517 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	
	802	D	1131	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 6-1/8"	10. COLOR OF HAIR U T D	11. RACE Unknown
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

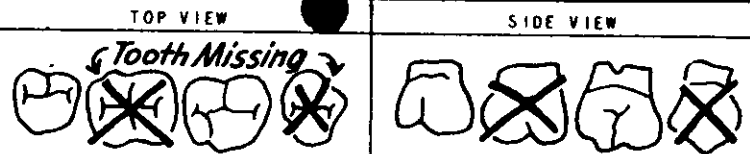
None

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

18.

TOOTH CHART

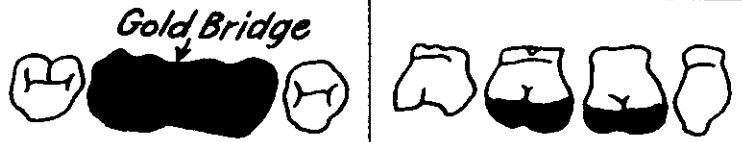
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



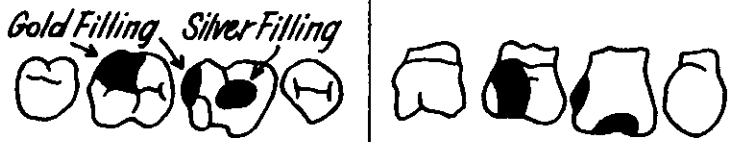
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



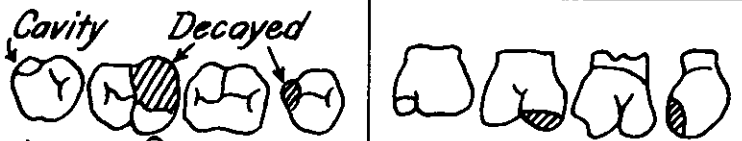
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
				<i>B</i>							<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>A</i>	<i>Carry</i>			
				<i>O</i>											<i>O</i>	<i>O</i>			
Side View		[Tooth diagrams in side view]																Side View	
Top View	UPPER	[Tooth diagrams in top view - upper]																	
	LOWER	[Tooth diagrams in top view - lower]																	
Side View		[Tooth diagrams in side view - lower]																Side View	
		<i>Carry</i>	<i>Carry</i>	<i>X</i>	<i>P</i>					<i>P</i>					<i>X</i>	<i>Carry</i>			
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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

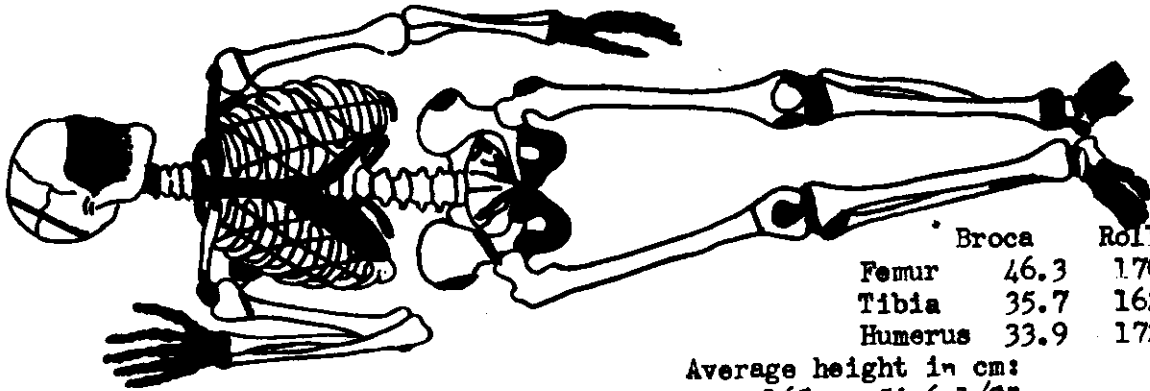
REMARKS: Portion of maxilla missing from R6 thru R8 and L6 thru L8. Maxilla teeth on this portion are present. L 13 rotated.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Sec

"UNIDENTIFIABLE"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.
 Estimated weight of remains - 7½ lbs.
 Circumference of skull - 21 inches.

"UNIDENTIFIABLE"
BY REASON OF LACK OF 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

SIGNATURE

PAUL R. NICHOLS
 Chief, Identification Sec

Paul R. Nichols

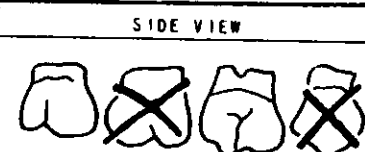
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4400 (Formerly UNK X-517 Manila # 2)				2. DATE OF REPORT 14 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION AGE: 22 - 27					
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6"	10. COLOR OF HAIR UTD		11. RACE White (male)	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">NONE</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">NONE</p>					
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 <p align="center">NONE</p>					
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) <p align="center">NONE</p>					

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:



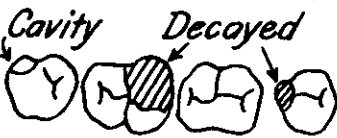
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



maxilla

fractured

maxilla

missing

RIGHT

LEFT

missing

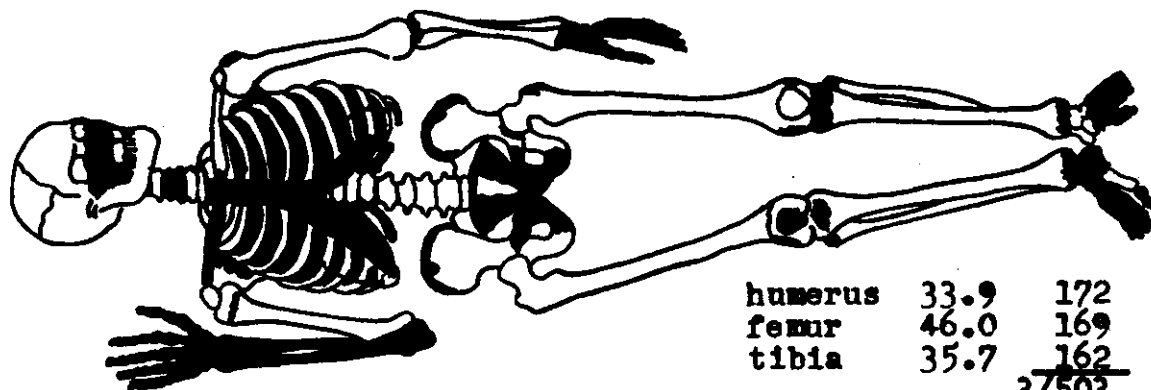
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		$\frac{a}{o}$	$\frac{p}{o}$						$\frac{p}{o}$	$\frac{p}{o}$		$\frac{p}{o}$	$\frac{a}{o}$	$\frac{o}{o}$	
Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View	Side View
UPPER								UPPER							
LOWER								LOWER							
	$\frac{o}{o}$	X				$\frac{p}{o}$	$\frac{p}{o}$	$\frac{p}{o}$					X	$\frac{o}{o}$	
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."

All teeth of the missing maxilla are loose present with remains.

J. J. McDermott
 J. J. McDERMOTT
 Laboratory Officer, CIP

any BLACK-OUT PARTS OF BODY NOT RECOVERED



humerus	33.9	172
femur	46.0	169
tibia	35.7	162
		<u>37503</u>
		167 2/3

Estimated height 5'6"

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 is the remains of a male white, of average height (5'6"), and muscularity, and in the mid-twenty's (22 - 27 years).
 Estimated weight of remains - 5 lbs.

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

ROBERT B. FOX
Anthropologist

SIGNATURE

IDENTIFICATION DATA

I-1000

UNKNOWN **UNKNOWN X-4400 (Formerly UNK I-517)**

2. DATE OF REPORT

17 May 48

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

OF CEMETERY

4. PLOT

5. ROW

6. GRAVE

7. DATE OF

MANAGER BAY CRYPT

DISINTERMENT

REINTERMENT

STORAGE

AGRS Mausoleum, Manila, P.I.

802

D

1191

17 Dec 47

19 May 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT

UFD

9. ESTIMATED HEIGHT

5'6 1/8"

10. COLOR OF HAIR

UFD

11. RACE

UFD

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

UFD. Skeletal and dental chart attached.

14. WAS BODY BURNED?

YES NO

TO WHAT EXTENT?

15. WAS BODY MANGLED?

YES NO

TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

TOOTH CHART

	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 	

fractured

		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
				<i>A</i>							<i>B</i>	<i>B</i>	<i>B</i>	<i>B</i>	<i>A</i>	<i>o</i>	<i>o</i>	
SIDE VIEWS																		SIDE VIEWS
TOP VIEWS	UPPER																	
	LOWER																	
SIDE VIEWS																		SIDE VIEWS
		<i>o</i>	<i>o</i>	<i>X</i>	<i>B</i>					<i>B</i>				<i>X</i>	<i>o</i>	<i>o</i>		
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

attention

See Remaster

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

REMARKS: Portion of maxilla missing; from R6 thru R8 and L6 thru L8, Maxilla teeth on this portion are all present, L 13 rotated,

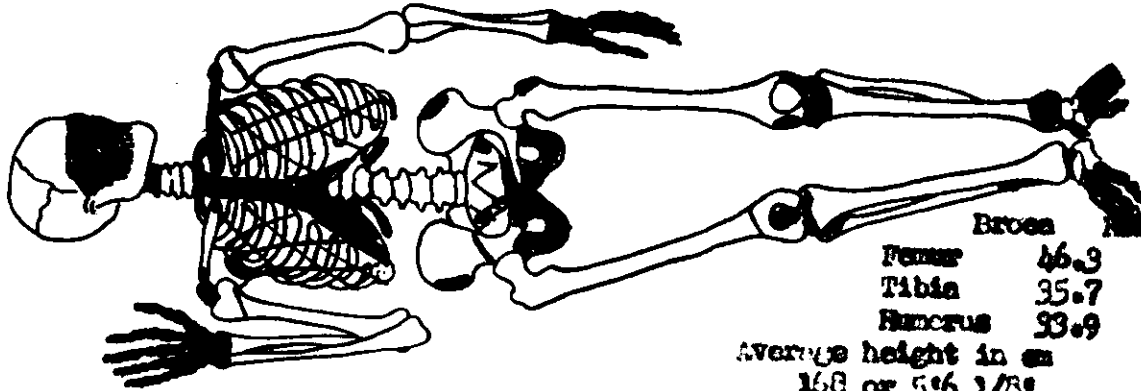
CERTIFIED TRUE COPY

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

/s/ John Cannon

19. BLACK OUT PARTS OF BODY NOT RECOVERED

7-4400



	Brown	Black
Femur	46.3	170
Tibia	35.7	162
Humerus	33.9	172
Average height in cm		
168 or 5'6 1/8"		

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 I.D. tags, personal effects or other means of identification, found with remains. Approximate weight of remains 7 1/2 lbs. Circumference of skull 21 inches.

This remains is one of the groups disinterred from Grave 023, Row 0, Plot 8 Cabanatuan POW Camp, Luzon, P.I.

CERTIFIED TRUE COPY

[Handwritten Signature]
L. S. FINE
1st Lt., Air

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, SERVICE, AND ORGANIZATION

1st Lt., Air
CAP LAD., MANILA, P.I.

SIGNATURE

/s/ John Connors

DMO Form 1044
Rev. 1 Apr. 1945

RESTRICTED

Date

REPORT OF DISINTERMENT FOR IDENTIFICATION

17 Dec 47

1. Remains of (Name)

Serial Number

UNKNOWN X-517

Grade

Organization

Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cem Manila #2, Luzon, PH

2

L

2038

2. Date of Disinterment

17 Dec 47

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

Relatal 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.



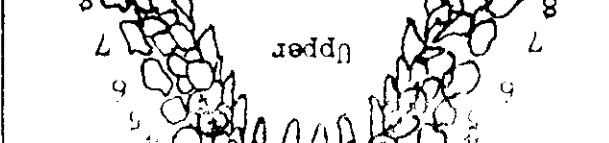

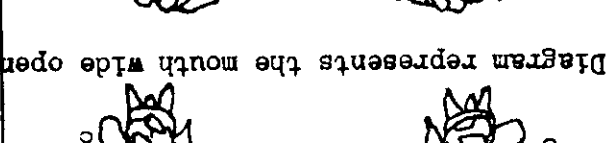
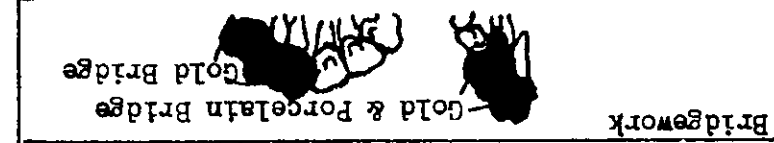

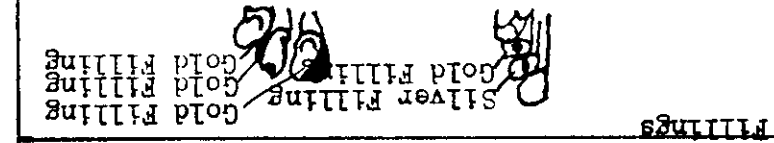




WARD C. STEPHENSON, 1st Lt., MC

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

<p>Missing Teeth</p> 	<p>Missing Teeth</p> 
<p>Crowned Teeth</p> 	<p>Crowned Teeth</p> 
<p>Bridgework</p> 	<p>Bridgework</p> 
<p>Fillings</p> 	<p>Fillings</p> 
<p>Dentures (Plates)</p> 	<p>Dentures (Plates)</p> 

Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks

5-34880-4M

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

AFO 707
28 June 1948

The following cases are those disinterred from a common
grave at Cabanatuan Prison Camp - Grave #823, Row #0, Plot #8
The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN X-4400
• X-4401
• X-4402
• X-4403
• X-4404
• X-4405
• X-4406

HAYES, Lewis E.
BUTLER, Edward W.
WYATT, John H.
DEAN, Fred E.
SPENCER, Norman F.

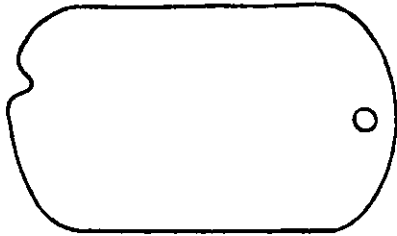
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

23 June 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-4400 (Formerly UKR X-517)
USAF Camp Manila #2, Luzon, P.I.

SERIAL No.

Unknown

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

PON Camp, Cabanatuan,
Luzon, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

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

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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
19 May 48	1900	Casket	None	202	2	1191

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 Manila #2, Luzon, P.I.	2	16	2098

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.
BYRON BENTLEY, Allen H.	Pfc	6937834	91 QAC	1193

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
APPLE, Nelson I.	N/Sgt	2081244	208 QAC	1129

SIGNATURE OF PERSON PREPARING REPORT: T. C. ALVARO, T/S, QAC

SIGNATURE OF GRS OFFICER VERIFYING REPORT: L. S. PANGILO, 1st Lt., Inf

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

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


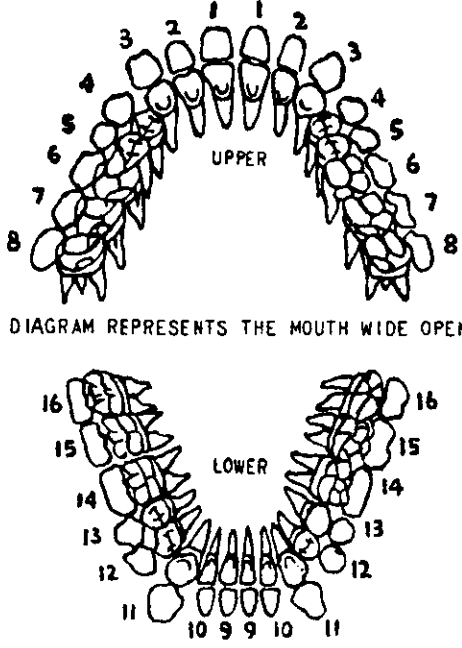




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

REMARKS: UNKNOWN X-1000 ACRES Memorial, Manila, formerly UK X-517
USAF Cemetery Manila #2, Luzon, P.I., could possibly be any one
of the unidentified persons listed on previous report of identifica-
ment USAF Cemetery Manila #2, Luzon, P.I.

REMARKS: **45 Form 1044, 1044 A and 1044 B accomplished.**

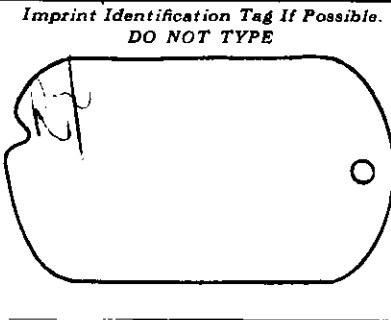
RESTRICTED

U-1985

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
29 Jan 46



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) U N K N O W N X-517		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

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) Prison records indicate Ten (10) bodies buried in this grave but Twelve (12) were found on which Two (2)- Lewis E.. Hayes Edward W. Butler -(See Sec 3 reverse side)-
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Am 300

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
USAF Cemetery Manila #2, Luzon, P I

DATE OF BURIAL 3 Jan 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 16	GRAVE No. 2038
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I	PLOT No. 8	ROW No. 0	GRAVE No. 823
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
----------------------------	--------------------------------	---

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) U N K N O W N X-523	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2037
--	------	------------	--------------	--------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) HAYES, Lewis E -	RANK Pfc	SERIAL No. 19056745	ORGANIZATION 59 CAC	GRAVE No. 2039
--	--------------------	-------------------------------	-------------------------------	--------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> E. M. MOORE, 1st Lt., QMC.
---	--

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

RESTRICTED

31

NOV 1948

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

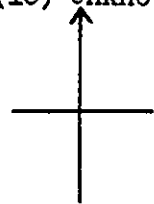
FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>Silver Fillings</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> <p>Cavity</p> <p>Missing Teeth</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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

were identified by ID Tags. Eight (8) of the Ten (10) Unknowns remaining may be the following:-

- 1st Sgt Spencer, Norman F. 20200272 192 Tank
- 1st Sgt Rush, Henry H. P-3271468 HPD
- 2d Cpl Dean, Fred E. 6285997 31 Inf
- 1st Lt/Sgt Keech, Carl H. 6679942 AC
- Cpl Eaton, Lewis 191772 USMC

REMARKS: 1st Pfc Miller, John A. 6977636 28 MAT
 2nd Pfc Birch, Carl C. 19054481 MD
 3rd Pfc Wyatt, John H. 6398417 803 CE



RESTRICTED

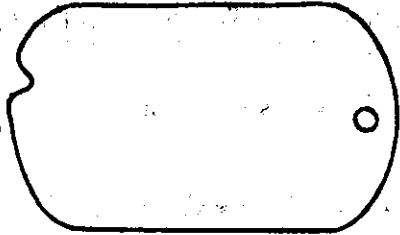
WD GMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

29 Jan 46

Impress Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION

NAME (Last, first, middle initial)

U N K N O W N X-517

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

POW Camp Cabanatuan
Luzon, P.I.

CAUSE OF DEATH

DATE OF DEATH

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)

Prison records indicate Ten (10) bodies buried in this
grave but Twelve (12) were found on which Two (2)-
Lewis F. Hayes
Edward W. Butler
-(See Sec 3 reverse side)-

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

TRUE COPY:
H. B. McNEEMAR
H. B. McNEEMAR
Capt., GMC

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of cloth)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
3 Jan 46	0900	Shelter Half	Cross	2	16	2038

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	POW Camps I & II Cabanatuan Cemetery, Luzon, PI 45.7-70.9 1/50,000	8	0	823

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.
U N K N O W N X-523				2037

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
HAYES, Lewis E.	Pfc	19056745	59 GAC	2039

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
/s/t/ R. C. BARRITT, T/4, GRS.	/s/t/ E. M. MOORE, 1st Lt., GMC

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RESTRICTED

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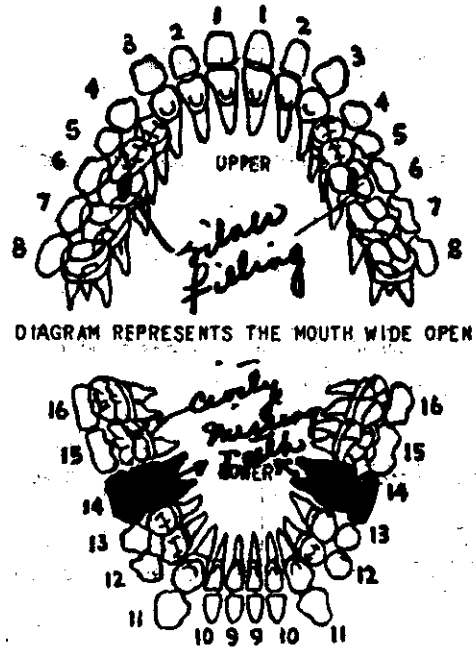




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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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- Pfc Miller, John A. 6977636 28 MAT



REMARKS: Pfc Birch, Carl C. 19054481 MD
Pfc Wyatt, John H. 6398417 803 CE