

FILE IDENTIFICATION TOPPER

FILE NUMBER

273 Ark Manila #2 X-521

SUBJECT

Previously Manila Maus #1 X-4403

<div style="font-size: 2em; font-weight: bold;">1</div>	Interred 30 Jan 1950 A-1 32 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DISINTERMENT DIRECTIVE	
	DIRECTIVE NUMBER 7747 00336		DATE 15 06 48 <small>DAY MONTH YEAR</small>	

NAME		SERIAL NUMBER	RANK	ARM	DATE OF DEATH
UNKNOWNX-000521				0	
CEMETERY					DISPOSITION OF REMAINS
USAF CEMETERY (MANILA NO 2)					7701 00 <small>CODE DIST. PT.</small>
PLQT	ROW	GRAVE	COUNTRY		CAUSE OF DEATH
2	16	2043	PHILIPPINE ISLANDS		6

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 Flag Shipped: 30 Jan. 1950

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-521 UNKNOWN X4403 (NAUS)				22 Sept 1948
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		ALEXANDER P. PETTICE Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES 1

Two Identification tags - UNKNOWN X-4403 (NAUS) (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

SHIPPING ADDRESS VERIFIED BY

DATE 22 Sep 48 BY HORACE L. ALLISON, Sgt, INF

CORSINE 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.

Corsine C. Kayaman
CORSINE C. KAYAMAN, 1st Lt., INF
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	AGRS MUSEUM	TO	FORT MCKINLEY MILITARY CASERTERY
KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Barcelonnette</i>
DATE		DATE	JAN 30 1950
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	


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- 521, Plot 2,
Row 16, Grave 2043, 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:


B. McENEMAR
Captain, QMC
Chief, Records Branch

Attn: Form 1044

Received 11/10/50 OQMG
Not identifiable from
information presently
available 11/10/50 File
Ident. Br.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4403 (Formerly X-521 Manila #2)				2. DATE OF REPORT 28 Nov 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 802	5. ROW D	6. GRAVE 1171	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 8-5/8"	10. COLOR OF HAIR U T D	11. RACE White
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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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO **Considerable erosion**

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)


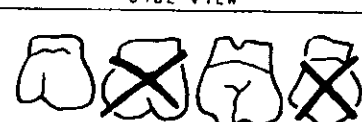






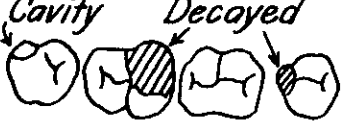

None

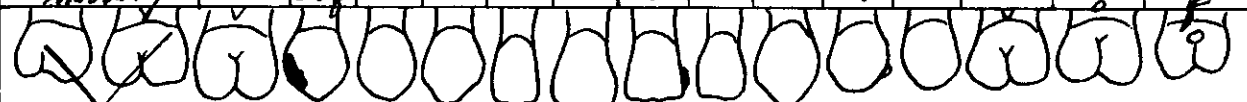
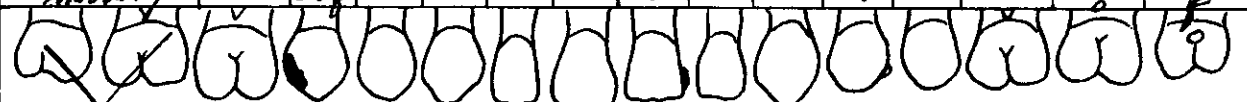






"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl 3

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Maxilla</i>								<i>Mandible</i>							
<i>Maxilla Missing</i>								<i>Mandible Missing</i>							
A								B							
odf								odf							
															
															
															
															
X								A							
o								o							
o								o							
16								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: R6 and L6-L8 are loose present with remains. Unable to determine whether L16 is X or PX due to the condition of the mandible.

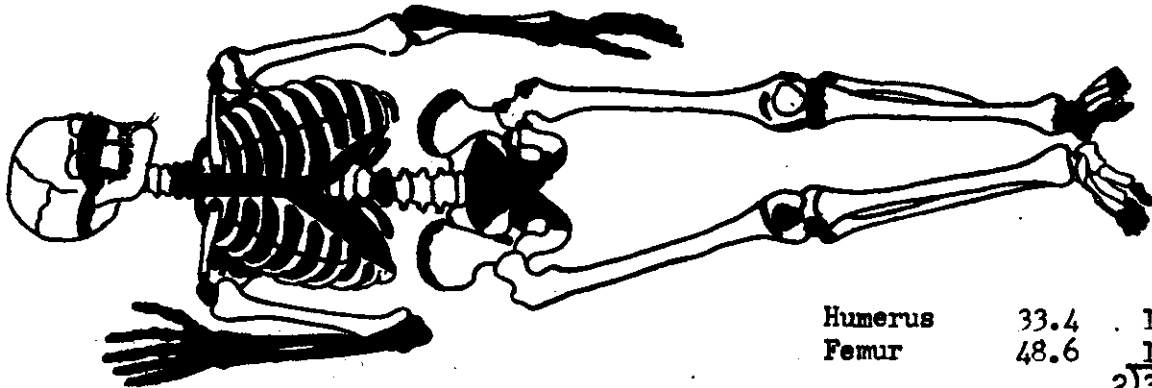
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

BY REASON OF LACK OF IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5' 8-5/8"

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

This is the remains of a male white, of average height (5' 8-5/8") and muscularity, and in the late twenty's.

Estimated weight of remains - 5 lbs.

Circumference of skull - 21 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

Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4403 (Formerly UNK X-521 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: 26 - 31**

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

NONE

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
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15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT? considerable erosion
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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:		<i>Tooth Missing</i> 	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		<i>Gold Crown, Porcelain Crown</i> 	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		<i>Gold Bridge</i> 	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		<i>Gold Filling, Silver Filling</i> 	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		<i>Cavity, Decayed</i> 	

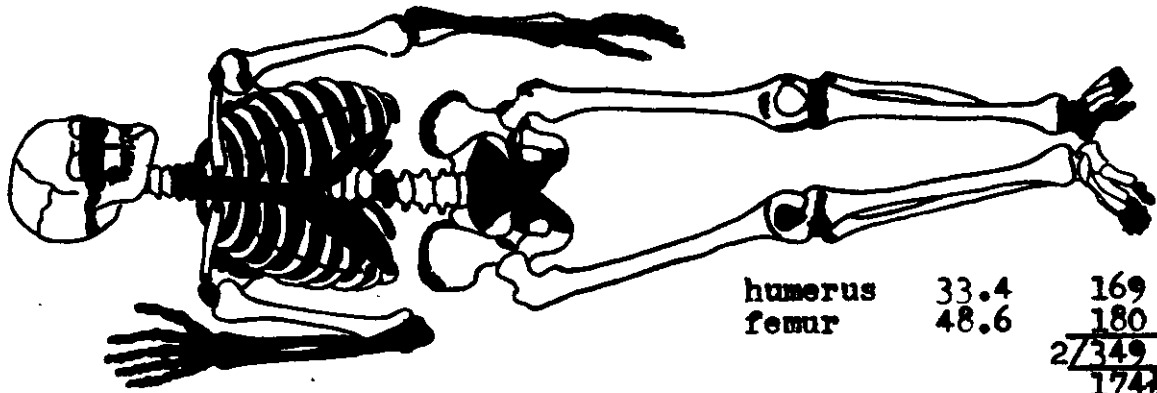
		RIGHT								LEFT					maxilla missing			
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
maxilla missing					a			p		s			d		a	a	d	
				o	d										o	o	o	
Side Views																		Side Views
Top Views																		UPPER
																		LOWER
Side Views																		
		X	o/a	X	o			p	p	p	p		p		X	a	UTD	
		o	o		d										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."

R6 and L6 - L8 are loose present with remains. Unable to determine whether L16 is X or PX due to the condition of the mandible.

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

29. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height 5'8 5/8"

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

This is the remains of a male white, of average height
 (5'8 5/8") and muscularity, and in the late twenty's.

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

1. REMAINS OF UNKNOWN UNKNOWN X-4403 (Formerly UNK X-521) DEAF Camp Manila #2, Luson, P.I.)				2. DATE OF REPORT 17 May 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT 822	5. ROW D	6. GRAVE 1171	7. DATE OF	
				DISINTERMENT 17 Dec 47	REINTERMENT STORAGE 19 May 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8 1/2"	10. COLOR OF HAIR UTD	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

UTD

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

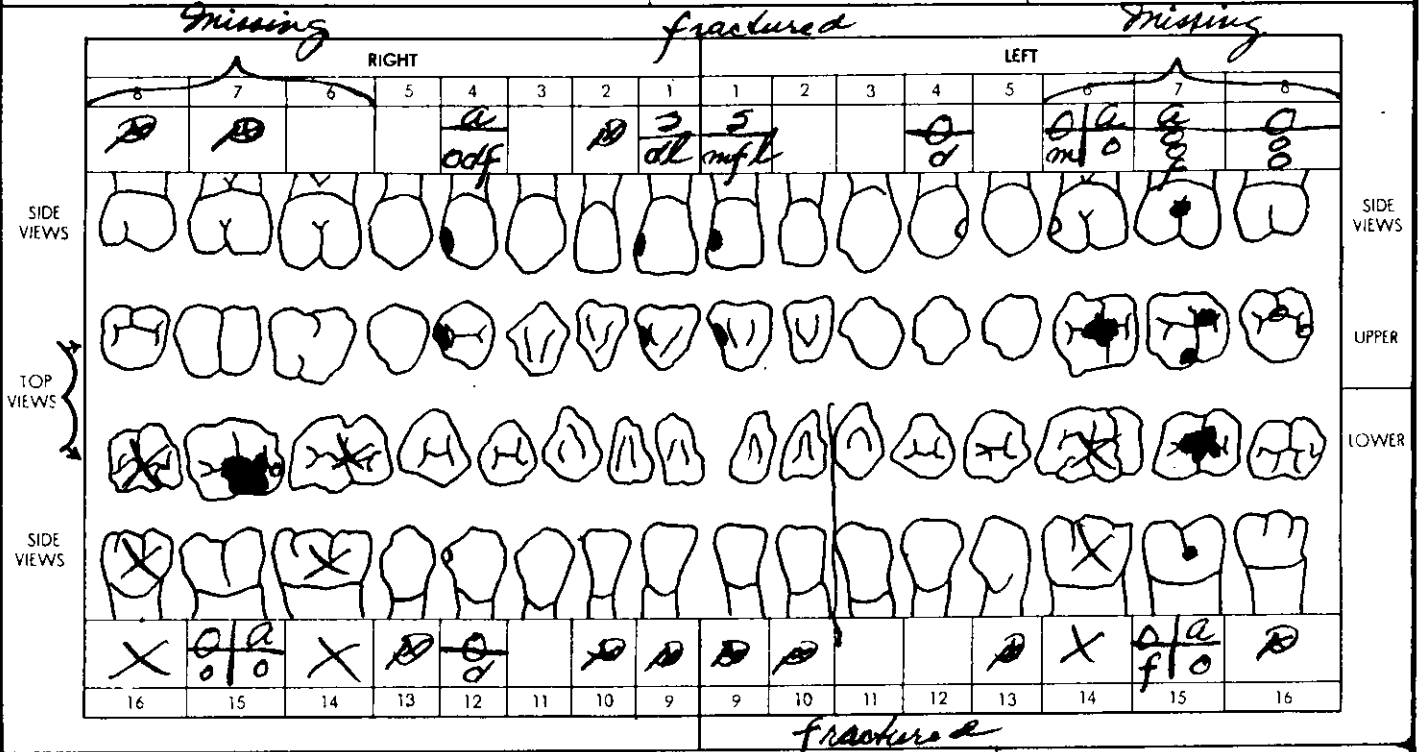
None

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

No clothing. No personal effects nor any other means of identification found with remains.

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:		



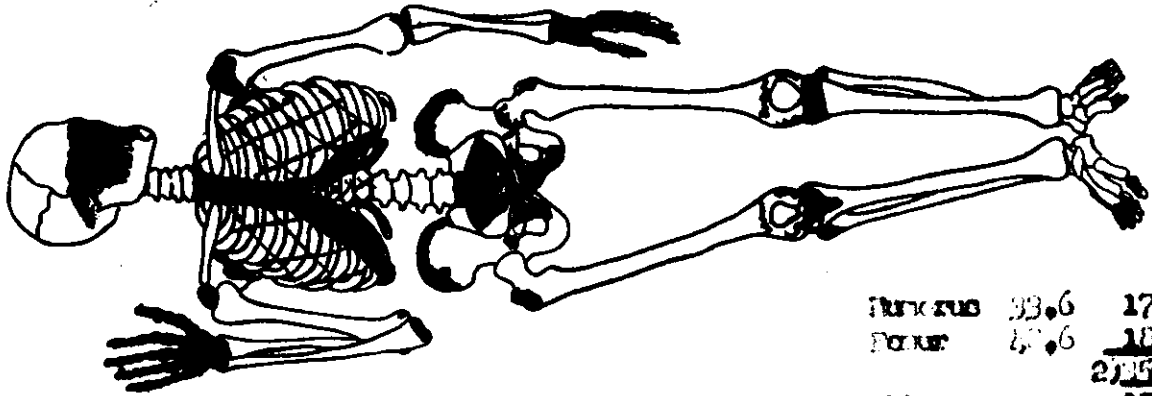
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

maxilla fractured on median line. 6-7 and 16-18 missing.
Lower teeth are found with remains.
mandible fractured between 30 and 11.

1/2 found in cavity

19. BLACK OUT PARTS OF BODY NOT RECOVERED

4 Cervical
4 Lumbar
Vertebrae rib fragments



THORACIC 33.6 170
PELVIC 17.6 100
2350
175

Estimated height
5'0 1/2"

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

Circumference of skull 21".
Estimated weight of remains
in No. 4 bottle not ident. tag found with remains,
this remains as one of a group disinterred from
Grave 103, Row 0, Plot 6 of Cabanatuan POW Camp Cemetery,
Luzon, P.I.

QUALIFIED TYPING UNIT

Edward F. Moriarty
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 1st Lt., Inf.
1st Lt., Inf.

SIGNATURE
/s/ Edward F. Moriarty

REPORT OF DISINTERMENT FOR IDENTIFICATION

17 Dec 47

1. Remains of (Name)

Serial Number

UNKNOWN X-521

Grade

Organization

. Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Com Manila #2, Luzon, PI

2

16

2043

2. Date of Disinterment

17 Dec 47

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

Skeletal remains

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

One (1) substitute tag

On Remains

One (1) substitute tag

What Identification Used Upon Reinterment: On Marker



On Remains

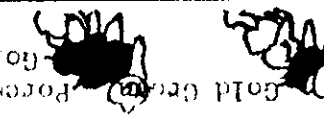
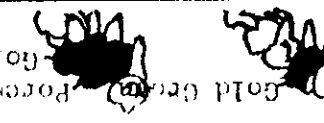
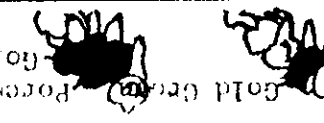
5. Signature of Officer Supervising Disinterment and Reinterment.



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




INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

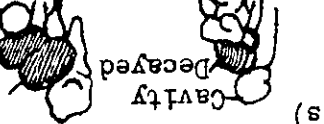
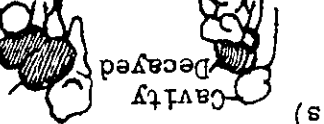
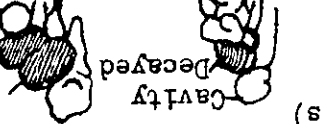
1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side 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, bridged teeth, fillings, caries (cavities or decay), dentures (plates), and any deformity of jaws found.

Missing Teeth
 Tooth Missing
 Tooth Missing

Crowned Teeth
 Gold Crown
 Porcelain Crown
 Gold Crown

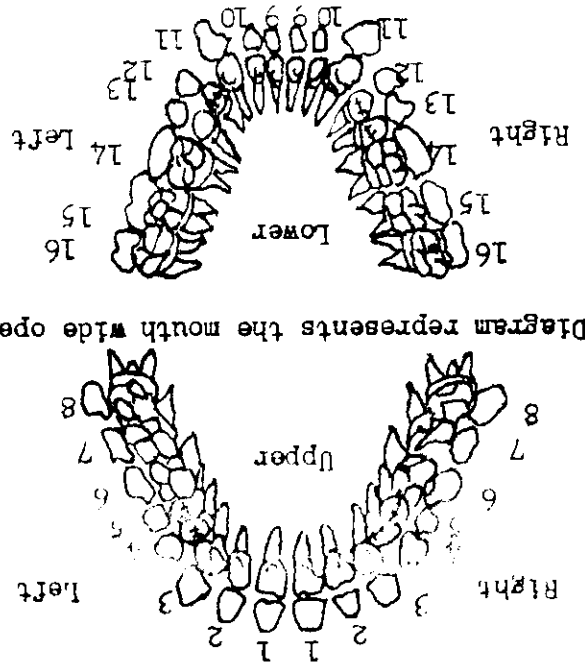
Bridgework
 Gold & Porcelain Bridge
 Gold Bridge

Fillings
 Silver Filling
 Gold Filling
 Gold Filling

Caries (Cavities)
 Cavity
 Decayed
 Decayed

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

Remarks



5-34880-4M

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 #225, 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.

RESTRICTED

73

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

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

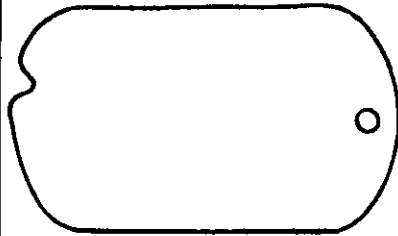
DATE OF REPORT

22 June 48

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN #1403 (Formerly USK 1-521 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 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO. (RANGER WAY)	ROW NO. (CRYPT)	GRAVE NO.
19 May 48	1300	Casket	None	2	D	1171

WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE Use Cemetery Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 16	GRAVE No. 2043
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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
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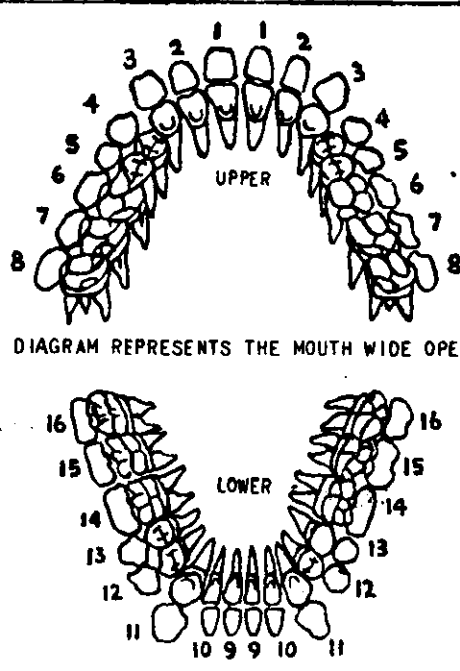




BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED William Clinton L.	RANK Pvt	SERIAL No. 36125958	ORGANIZATION AC	GRAVE No. CRYPT 1173
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown #1403	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 1169
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SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> L. S. [Name], 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

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
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
	REMARKS: UNKNOWN X-4403 AGRS Mausoleum, Manila, formerly UNK X-521 USAF Cemetery Manila #2, Luzon, P.I., could possibly be any one of the unidentified persons listed on previous Report of Reinterment USAF Cemetery Manila #2, Luzon, P.I.			
	REMARKS: QMC Form 1044, 1044 A and 1044 B accomplished.			

RESTRICTED

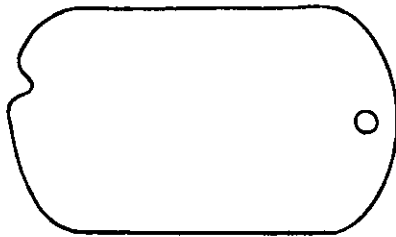
WD OMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

29 Jan 46

Inprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-521

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

None

A TRUE COPY:

[Signature]
S. C. HICKMAN
Capt., MC

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 12, Luzon, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
3 Jan 46	0900	Shelter Half	Cross	2	16	2043

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, PI
45.7-70.9 1/50,000

PLOT No.	ROW No.	GRAVE No.
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)

Yes

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

Yes

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

UNKNOWN X-519

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

2042

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

UNKNOWN X-515

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

2044

SIGNATURE OF PERSON PREPARING REPORT

/s/t/ R. C. BASKETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

/s/t/ S. C. HICKMAN, 1st Lt., MC

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:


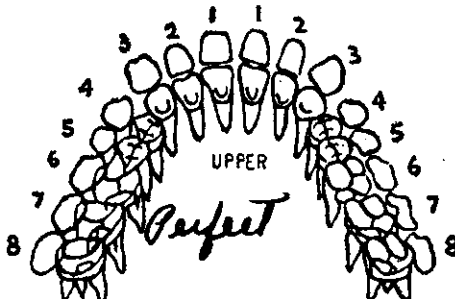
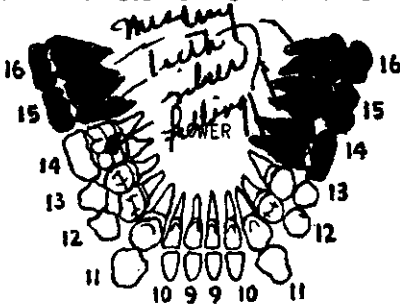




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

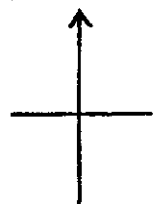
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p><i>Perfect</i></p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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;-

- Sgt Spencer, Norman F. 20200272 192 Tank
- 1st Sgt Rush, Henry H. P-3271468 HPD
- Cpl Dean, Fred E. 6285997 31 Inf
- S/Sgt Keech, Carl H. 6679942 AC
- Cpl Eaton, Lewis 191772 USMC
- Pfc Miller, John A. 6977626 28 MAT



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

RESTRICTED *has*

U-1205

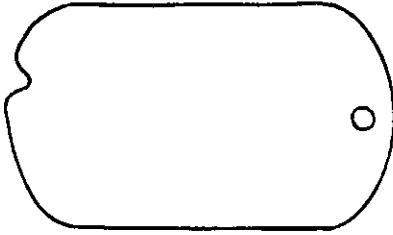
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

29 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
U N K N O W N X-521		
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

EMERGENCY ADDRESSEE (Name, relationship, and address)

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	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

June 460

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila #2, Luzon, P I

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
3 Jan 46	0900	Shelter Half	Cross	2	16	2043

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	45.7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, PI	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-519				2042


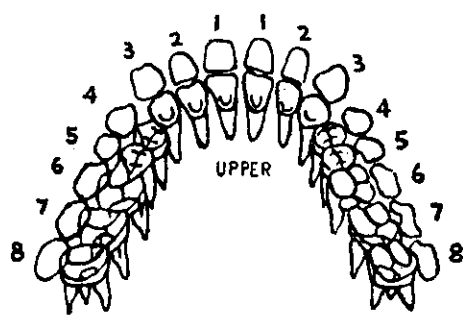
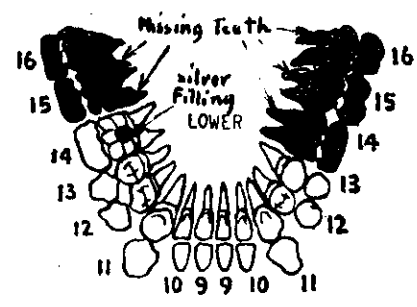





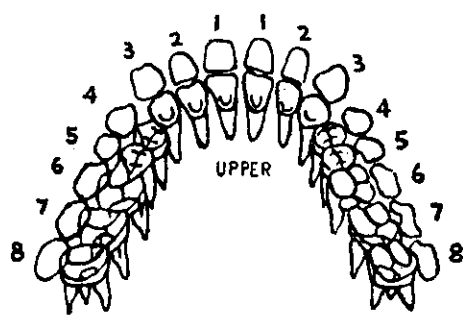
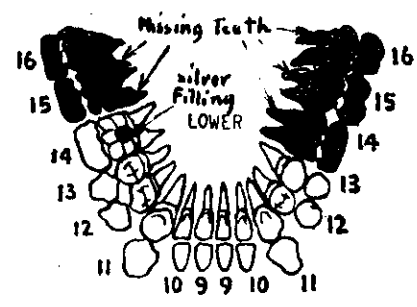





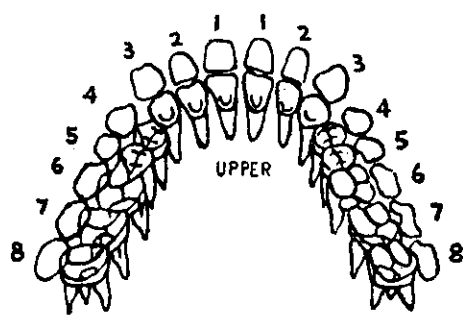
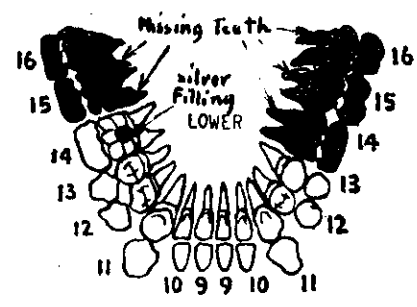




BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
U N K N O W N X-515				2044

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS.	<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

Jan 33

LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.													
LEFT RING FINGER	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 MIDDLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES											
LEFT INDEX FINGER	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS												
LEFT THUMB	WEAPON AND SERIAL No.		WHERE BODY WAS BURIED OR FOUND											
RIGHT THUMB	LAUNDRY MARKS													
RIGHT INDEX FINGER	OTHER IDENTIFICATION CLUES													
RIGHT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  SILVER FILLING GOLD FILLING </td> <td rowspan="6" style="width:40%; text-align: center; vertical-align: middle;">  UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  Missing Teeth Silver Filling LOWER </td> </tr> <tr> <td>CAVITIES</td> <td>  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td>  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  GOLD BRIDGE </td> </tr> </table>			FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  Missing Teeth Silver Filling LOWER	CAVITIES	 CAVITY DECAYED	MISSING TEETH	 TOOTH MISSING	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	BRIDGE WORK	 GOLD BRIDGE
FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN  Missing Teeth Silver Filling LOWER												
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RIGHT LITTLE FINGER	REMARKS:													

