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		SECTION C — DISIN	TERMENT	חו חאם	PENTIFICA	TION				
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DISINTERMENT DIRECTIVE PARED BY PHILCOM DIRECTIVE NUMBER DATE SECTION A -09 02 50 NAME AND BURIAL LOCATION OF DECEASED 7747 80661 MONTH DAY NAME SERIAL NUMBER GRADE RELIGION RACE X = 533 CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS 7701 80 USAF CEMETERY MANTIA NO. 2. P. I. 17 2084 CODE DIST. CTR. SECTION B - CONSIGNEE AND NEXT OF KIN NAME AND ADDRESS OF CONSIGNEE NAME AND ADDRESS OF NEXT OF KIN TWITED STATES MILITARY CEMETERY in administrative decision) ··· FT. M. MORINIAY, P. I. SECTION C - DISINTERMENT AND IDENTIFICATION NAME SERIAL NUMBÈR GRADE DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY REMAINS MARKER NAME AND TITLE SECTION D - PREPARATION OF REMAINS FOR SHIPMENT NATURE OF BURIAL CONDITION OF REMAINS OTHER MEANS OF IDENTIFICATION MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) REMAINS PREPARED AND PLACED IN CASKET DATE BY CASKET SEALED BY EMBALMER (Signature) CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

SIGNATURE OF AGRS INSPECTOR REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM REV 11 FEB 48 1194

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GRE Far Best

A February 1950

SUBJECT: Identification of World War II Decembed

100 : Commanding Officer

Accrican Graves Registration Sorvice

Philcon Zono

APO 900, c/o Focimaster Sen Francisco, California

2. Reference is made to findings of Unidentifiability for the following Unknown Decembed:

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Subject: Ilontáfication of World Wor II Becomed

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2. Recommendations for Unidentificability have been approved by this Office. Request your records be examined accordingly.

FOR THE CHARMER SUBSECTION OF THE ROLL OF

2. M. Masz Br. Colonel, GB Benorial Mirinion

E. C. Başûne:del

J. M. Wilse

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ATT HATS

HEADQUARTERS PHILCON ZONE AMERICAN GRAVES REGISTRATION SERVICE

13 January 1950

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-533, Plot 2, Row 17, Grave 2084, USMC Manila #2, Luzon, P.I., 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:

Attch: Form 1044

MUNW Captain, QMC

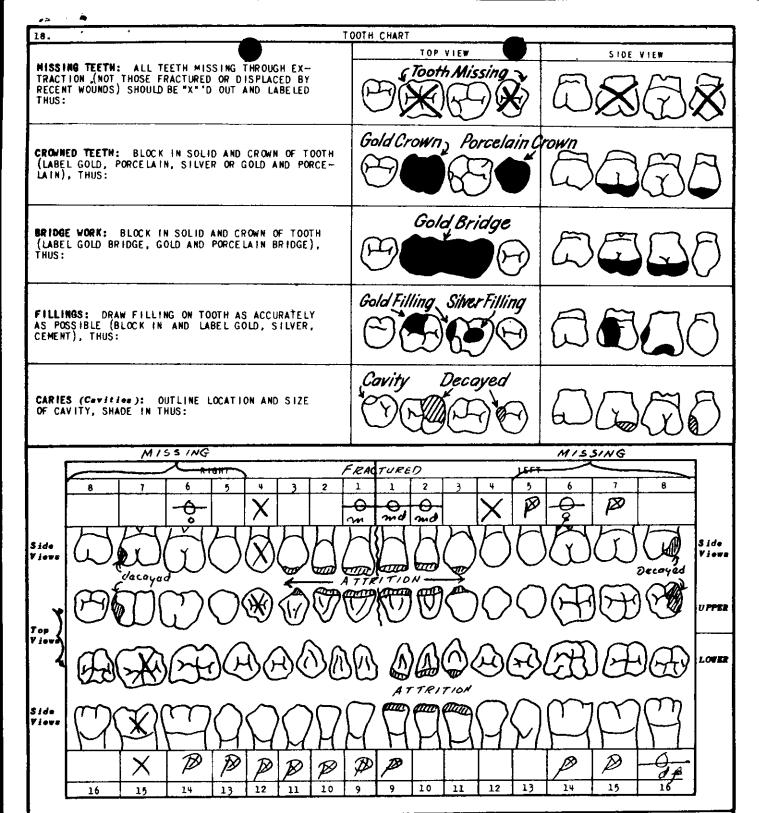
Chief, Records Branch

Received 7 6 gran. 50 0000 Not identifiable from information presently

available 2 Feb. 50 R.C. Baylor

	IDENTIF	ICATION D	ATA				
REMAINS OF UNKNOWN USAF Cometery Me	UNKNOWN X-4366 (Former	ly UNK X-5	33		2. DATE OF RE		
NAME OF CEMETERY	HILLA TALE DILATINE	4. PLOT	5. ROW	6. GRAVE	+	ITE OF	
AGRS Mausoleum,	Manila, P.I.	813	D	1030	DISINTERMENT 17 Dec 47	REINTERMENT 17 May 48	
	PHYS	ICAL DESCRIPTION)N		<u> </u>	<u></u>	
ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLO	R OF HAIR U T I	11. RACE	U T D		
GIVE DESCRIPTION OF A	ANY OFFICIAL IDENTIFICATION F	OUND WITH REMA	INS				
	NONE						
GIVE DESCRIPTION OF T	TATTOOS OR SCARS ON BODY AND	OR SUCH INFORM	ATION OBT	AINED FROM	OTHER SOURCES		
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. WAS BODY BURNED?	TO WHAT EXTENT?						
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DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla from R5 - R8 and from L5 - L8 missing. Loose teeth are found with remains, Maxilla fractured on median line.

PAUL R. NICHOLS

Chief, Identification Sec.

19. BLACK OUT PARTS OF BODY NOT RECOVERED MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein megregation in whole or parts is impossible) 20 -1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF ______ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE. OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION Estimated weight of remains 4 lbs Unable to determine the height due to decomposition of long bones. No ROI bottle nor identification tsg found with remains.

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 (Saul R. Muhala)

	IDENTIF	ICATION D	ATA		•	,		
REMAINS OF UNKNOWN	-// /- • • • • • •				2. DATE OF			
	366 (Formerly UNK X-5			T	22 Oct 1949			
. NAME OF CEMETERY		4. PLOT	5 - ROW	6. GRAVE	7.	DATE OF NT TREINTERMENT		
AGRS Mausolet	om, Manila, P.I.							
	PHYSIC 9. ESTIMATED HEIGHT	CAL DESCRIPTIO		: 35 ₽	years			
. ESTIMATED WEIGHT UTD	10. COLOS	R OF HAIR 'OWL'L		11. RACE	ta			
	514" to 516"							
3.GIVE DESCRIPTION OF TAT	TOOS OR SCARS ON BODY AND/O	OR SUCH INFORM	ATION OBT	AINED FROM	OTHER SOUR	DES		
	NONE							
4. WAS BODY BURNED?	TO WHAT EXTENT?							
5. WAS BODY MANGLED?	TO WHAT EXTENT?							
THES THE NO	Bone	es eroded						
	EALED FRACTURES AND BONE MA							
	NONE							
	ANOM							

NONE

		X-4366 Wslm
10. · · · ·	TOOTH CHART	
Minatura Transition of the Control o	TOP VIEW	. SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EX- TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" DOUT AND LABELED THUS:	Tooth Missing	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOT (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain C	rown DDDD
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	
Maxilla	fractured	HAXIIIA
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DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R6 - R8 and L6 - L7 are loose present with remains.

PAUL R NICHOLS

PAUL R NICHOLS
Chief, Identification Section

BLACK OUT PARTS OF BOOT NOT RECOVERED

No measurable long bones

SIGNATURE OF MEDICAL OFFICER

20 -	MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible)								
1 CERTIFY THAT THE GROUP OF THE FOLLOWING ANATOMI	REMAINS CONSIST OF PARTS OF CAL PARTS:	NUMBER	DECEDENTS	BASED C	N THE	PRESENCE	OF (ONE (OR MORI

21. REMARKS AND ADDITIONAL INFORMATION

This is the remains of a male individual, very probably of white ancestry, over 35 years of age, that is, approaching middle age, short, and of average muscularity. The extremities of the long bones are eroded precluding Brocca measurements; nevertheless, the individual is relatively short, and is estimated at 5'4" to 5'6" by the ratio of the length of the portions of the long bones present.

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

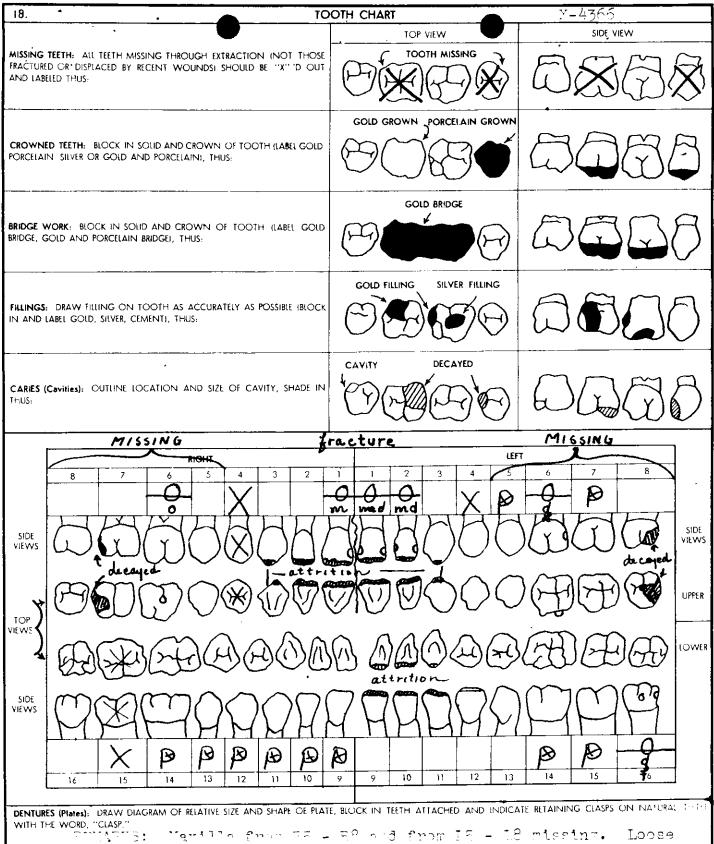
SIGNATURE

ROBERT B FOX, Anthropologist

/ztl	•		
•	IDENTIFIC.	ATION DATA	_
	NKNOWN X-4366 (Former etery Manila #2, Luzo		2. DATE OF REPORT
3. NAME OF CEMETERY	00022 = 41.1=4 //2 = 42.1	4. PLOT 5. ROW 6. GRAVE	7. DATE OF
,	,	MANGER BAY CRYPT	DISINTERMENT REINTERMENT
AGRS Mau	soleum, Manila, P. I.		17 Dec'4717 May'48
		DESCRIPTION	
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	U T D
UTD	UTD	UTD	UID
112. GIVE DESCRIPTION OF ANY O	FFICIAL IDENTIFICATION FOUND WITH REMAI	NS	
		-	
	NOI	N F	
	N V I	V E	
13. GIVE DESCRIPTION OF TATTOO	S OR SCARS ON BODY AND OR SUCH INFOR	MATION OBTAINED FROM OTHER SOUR	CES
	UTI	D	
14. WAS BODY BURNED ?	TO WHAT EXTENT #		
YES X	·		
15. WAS BODY MANGLED #	TO WHAT EXTENT ?		
YES X NO			<u> </u>
16. DESCRIBE EVIDENCE OF HEALED	FRACTURES AND BONE MALFORMATIONS		
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17 TIST EVERY ITEM OF CLOTHING	, EQUIPMENT AND PERSONAL EFFECTS FOUND	SHOWING THE TYPE, COLOR, SIZE, M	ARKINGS, SERVICE, ETC., (If faundry
	should be made and specimen forwarded through		
1			_
No	clothing. No persona	l effects nor any	other means of
identifi	cation found with re	mains.	

OMC FORM 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

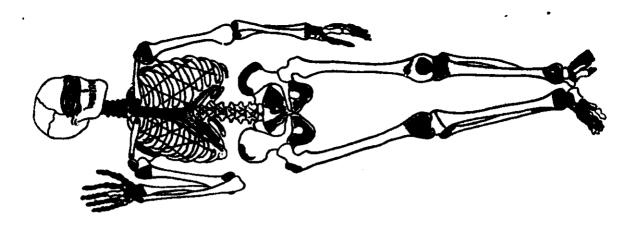
Egith Army Propose Pant Boons 4400



Tartille from TR - EP and from IR - 18 missing. Loose toeth are found with recains. Yakilla fractured or median line.

let it. Inc.

Is / Wiward F. Moriarty



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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Circumference of skull 21"

Estimated weight of remains 4 lbs

Unable to determine the height due to decomposition of long bones.

No ROI bottle nor identification tag found with re-

mains.

This remains is one of a group disinterred form Grave 809, Row O, Plot 8 of Cabanatuan POW Camps Cemetery, Luzon, P. I.

CERTIFIED TRUE COPY:

D. S. PANOPIO 1st Lt. INF.

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ EDWARD F. MORIARTY, Emb. Sup. CIP Laboratory, Manila, P.I.

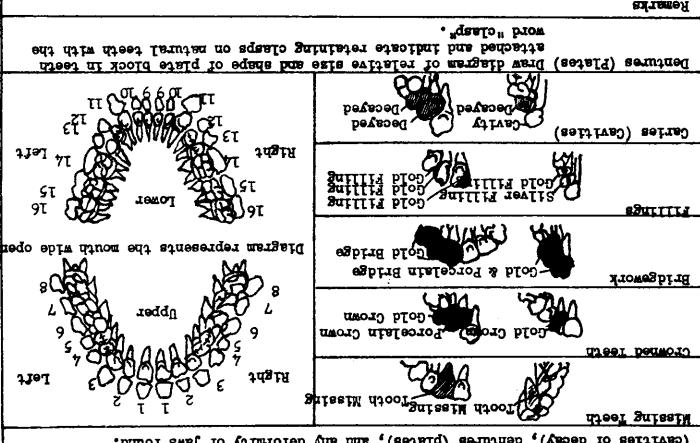
SIGNATURE

/s/ Edward F. Moriarty

/lcf								
QMCForm 1044 Rev. Y Apr. 1945		RESTRICTED	Date		····			
REPORT OF DISIN	TERMENT FOR IDE	ENTIFICATION	17 De	17 Dec 47				
1.Remains of (Name)			Serial N	mber	 			
UNKNOWN X-533			501143	amoca				
	ization							
.Name, Number and Loca	tion of Cemeter	r y	Plot	Row	Grave No.			
USAF Cem Manila #2,	Luzon, PI		2	17	2084			
2.Date of Disinterment	· · · · · · · · · · · · · · · · · · ·			• • • • • • • • • • • • • • • • • • •				
17 Dec 47 3.Report as to Nature o								
	· · · · · · · · · · · · · · · · · · ·	etal remains						
4. What Identification F	ound at Time of	f Disinterment:	On Marker					
	One (1) s	ubstitute tag						
On Remains			··					
	One (1) s	ubstitute tag						
What Identification U	sed Upon Reint	erment; On Marke	•					
On Remains								
5.Signature of Ufficer	Surpervising D	Isinverment and	Reinterment.	·				
•	Want to	Merkeum						
	WARD C. STE	PHENSON, 1st Lt.	, QMC		, *			

INSTRUCTIONS FOR PROPER NAMEDINGS 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), cuspide or canines (tearing teeth), bicuspide (chewing teeth), and molars(principal chewing teeth), an examination should be made and findings charted to cover the cipaling basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries following basic conditions: lost teeth, and any deformity of jaws found. (carities of decay), dentures (plates), and any deformity of jaws found.



5-34880-41

UPAROUAPTERS DEMTRAL IDENTIFICATION FORT APPRICAM GRAVES DEGISTRATION SERVICE - FAR EASTERN ZONE

AFO 707 δ June 1948

The following cases are those cusinterred from a common grave at Cabanavian Prison Samp - Grave 7809, Row 0, Flot 78. The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN X-4365

- r-4333
- n 7-4367
- # Y-4368

NEWHAN, Harry J.
SCAMLON, Reymond G.
HCYT, Francis E.
SHIELDS, John S.
WCLFE, Joseph W.
WUBFR, Charles J.

REPATRIATION RECORDS BRANCH

ACHORIAL DIVISION

1948 RESTRICTE



U-1406

WD QMC FORM 1042	<u> </u>				DATE OF	REPORT	
(Rev. 1 Apr. 1945)		REPORT OF	INTERMENT	CTODA	i		
(Supersedes GRS Form 1)		(AR 30-1810 ar	nd AR 30-181	s) STORAG	JL 4.	June	148
Imprint Identification Tag I	f Possible	Section 1.—IDENTIFICATION.				- and	
DO NOT TYPE	i i odenbio.	NAME (Last, first, middle initial)			SERIAL NO		
			1 1	מתודי על בי	SERIAL NO	J .	
	\	UNK X-4366 (F			4 77m1		_
\$	1	USAF Cem Mani		uzon, P. I		nowi	
	~ 1	GRADE	ORGANIZATION		BRANCH (OF SERVIC	Œ
1	0)	TT:: \$	77		***		
\	- 1	Unknown	Unkn	own		nowi	
		RACE	RELIGION		IF OTHER THAN I	J. S. DEAI TRY	D, GIVE
		T*1	77-1				
-		Unknown	Unkn	OWN			
PLACE OF DEATH		CAUSE OF DEATH			DATE OF	DEATH	
POW Camp, Caban			,		04	ъ.	140
Luzon, P. I.		Unknown	_		24	Dec	'42
EMERGENCY ADDRESSEE (Name, 1	elationship, and	l address)					
TT 1							
Unknown				<u></u>			*****
IDENTIFICATION TAGS FOUND ON (1, 2, or none)	BODY	IF NO TAGS FOUND ON BODY, D	ESCRIBE MEANS OF	FIDENTIFICATION (If	unidentified, fill in	section 3	on reverse)
None	· · · · · · · · ·						
WERE SUBSTITUTE TAGS PROVIDE	D?(Yes or no)						
		(900	Remarks	1			
Yes (2)		\Dec	. Hemains	<i></i>			
IST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME							
		None	•				
Section 2.—BURIAL. If other to	han in establ	ished cemetery, furnish sketcl	h and map coordi	nates on reverse.			
NAME, NUMBER, COORDINATES, A	ND LOCATION	OF CEMETERY					
		AGRS MAUSOLEL	IM MANILA	k P/ L			
		AGINS MINUSULLE	101, 1017 (1012)				
DATE OF BURIAL HOS	UR	BURIED IN (Shroud, blanket, or no	ame of other)	TYPE OF GRAVE MARKER	PLOT NO. RO	W No.	GRAVE No.
STORAGE				NT and			i
17 May 48	0930_	Casket		None	813	D	1030
WAS THIS A REBURIAL? IF A	a reburial, i	NDICATE NAME, NUMBER, COORD	INATES OF PREVIO	US CEMETERY, AND LO	CATION OF GRAV	E	
(14 b) Negatorie						OW No.	GRAVE No.
Yes	USAF C	emetery Manila			2	17	2084_
TYPE OF RELIGIOUS PER CEREMONY	RSON CONDUC	TING BURIAL RITES	IF IDENTIFICATION CONTAINERS BU	ON TAGS NOT USED, I	DESCRIBE IDENTII	FICATION	DATA AND
on reprote							
]				
IDENTIFICATION TAG BURIED WIT		IFICATION TAG ATTACHED TO KER (Yes or no)					
	"""						
Yes		Yes				-	
BODY BURIED ON DECEASED LEFT	Γ, NAME (<i>Last</i> ,	first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVI	E. NO.
O'GRADY, Joh	nn Arth	nur	Pfc	343103	L-3-5		1032
BODY BURIED ON DECEASED RIGI	HT, NAME (Las	t, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAV	
					13_B, S	al	_
	lliam	Jr.	Sgt	11024281	3 B, Gp	<u> </u>	1028
SIGNATURE OF PERSON PREPARII	NG REPORT		SIGNATURE OF G	RS OFFICER VERIFYIN	G REPORT		
11001/1110			1 XXX	work	<u></u>		
AQUINO	, T/5,	QLIC.	/L~S.	PANOPIO,	Lst Lt.,	INF.	<u> </u>
RIBITION OF REPORT:	Signed origin	al for U.S. and allied dead, si	aned original and	one copy for enemy	dead, to the Qua	rtermas	ter General
h Headquarters GRS C	fficer. Coni	es for retention in theater as p	rescribed by thes	ter commander.			

RESTRICTED

	Section T. SINIDENTIFIED DEMAN	NS.		-			
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified mains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe si social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of a						
	planes, vehicles, and tanks. (b) A fingerprint, or prints chart at left, or as many as posevery tooth will be indicated on accomplished if one or more fir	sible. If no fingerp r ir the tooth chart in acco	nt or prints can be ordance with diag	secured the con-	dition of each land		
LEFT RING FINGER				BIRTHMARKS, SCARS, OR TATTOOS			
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO. OTHER IDENTIFICATION CLUES	LAUNDRY MARKS	WHE	ERE BODY WAS BURI	ED OR FOUND		
LEFT INDEX FINGER	FILLINGS	SILVER FILLING GOLD FILLING	3,	مُوٰوَمُ مُ	, ,		
Тнимв	CAVITIES	CAVITY		JOHAN S			
RIGHT THUMB	CROWNED TEETH	TOOTH MISSING	DIAGRAM REPR	RESENTS THE MOU	TH WIDE OPEN		
RIGHT INDEX FINGER	BRIDGE WORK	GOLD CROWN	15\\ 14\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	LOWER S	(50) 15 (8) 14 (5) 13 (5) 12		
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERE	NCE AND COORDINATES FO	OR BURIAL IN OTHE	R THAN ESTABLISHE	D CEMETERY		
RIGHT RING FINGER							
RIGHT LITTLE FINGER	formerly UNK X-4 formerly UNK X- might be anyone whose names are ment. (10 in a	533, USAF Cooperation	emetery M r (4) unic previous 1	anila, P. dentified Report of	I., bodies Inter-		
73	QMC Form 1044	. 1044a and	1044b ac	complishe	od .		

Carrier Carr	WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT OF	/INTEDMENT	, •	DATE	OF REPORT		
MAME (LAM, Fig., Table) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•				30 Jan.	4 5	
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PLACE OF DEATH AND COUNTY CAUSE OF DEATH AND C	>	~ \	GRADE	ORGANIZATION		BRAN	BRANCH OF SERVICE		
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UST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Comparison Comp	WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or no)							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Continue	Yes (2	2)			. ,	34 Pon			
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PC. Calco # I A II Calatory Codenatuan, Lasin, I-I Plot No. Row No. Grave No. 309 Type of religious Ceremony Person conducting burial rites If identification tags not used, describe identification data and containers buried with body Total Plot No. Row No. Grave No. 309 If identification tags not used, describe identification data and containers buried with body Total Plot No. Row No. Grave No. 309 If identification tags not used, describe identification data and containers buried with body Rank Serial No. Organization Grave No. 11. Colon 12.	WAS THIS A REBURIAL?	<u> </u>	I INDICATE NAME, NUMBER, COORD	INATES OF PREVICE	US CEMETERY, AND L	OCATION OF G	RAVE		
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) U.32.0.01 - N - 55, (Con., Richard N.) (Formerly Unimous C-151 Colombia, Con.) Pvt (55075) SIGNATURE OF PERSON PREPARATE REPORT SIGNATURE OF PERSON PREPARATE REPORT	U_1Z_C	" - X- 557((West, Robert L.)	,			ŀ		
U.32:0 M -N- 534 (Com, Richard N.) (Formerly Unimous C-131 Columnity (Com.) Pvt 3536975 SIGNATURE OF PERSON PREPARAMEREPORT SIGNATURE OF ORS OF FISER VERIFYING REPORT				Corre) Chr	€8 0 25529	200 Ch	c	2033	
(Formerly Uninous C-101 Callematur & Call) Pvt 3556075 2000 2000 SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF ORS OFFISER VERIFYING REPORT	BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATIO	ON GRAV	√E No.	
SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF ORS OFFISER VERIFYING REPORT					1001.500			2035	
R. C. BARRETT, T/4 CR.	(Fortier	ly valuous	<u>i C-151 Culametuk fil</u>			<u> </u>			
A. C. E.ARMT, TAGA.	SIGNATURE OF PERSON HILL	PERIME PERI		I SIGNATURE OF G	IRK OFFISER VERIETIN				
		1	- X	1	M. W.	- KEPOKI			

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.

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RESTRICTED

		Section 3. IDENTIFIED REMAINS.					
₩ STR	(b) A fingerprint, or chart at left, or as many a every tooth will be indicated.						
EB 1946	HEIGHT WEIGHT	COLOR OF EYES COLOR O	F HAIR BIRTHMARKS, SCARS,	OR TATTOOS			
MIDDLE FINGER	WEAPON AND SERIAL NO. OTHER IDENTIFICATION CLUE	LAUNDRY MARKS	WHERE BODY WAS BU	RIED OR FOUND			
NOEX FINSER	FILLINGS	SILVER FILLING GOLD FILLING	*^2\d20	- 3			
HUMB		CAVITY DECAYED	5 THE PROPERTY OF THE PROPERTY	5 6, envit			
HOMB	GROWNED TEETH	TOOTH MISSING	DIAGRAM REPRESENTS, THE M	OUTH WIDE OPEN			
NDEX FINGER	BRIDGE WORK	GOLD BRIDGE	14 CAVITY + 13 TO 12 COUNTY 12 COUNT	15 (2) 14 (3) 13 (12)			
MIDDLE HINGER		eference and coordinates of tom, such all 1./15 . Richard w. 3555 t. Frunk w. 11019 aldo, John s. 200	97 5 1ල් 91 පුකාර	CHED CEMETERY			
AING + INGER	ويمدمهم والمراجح	i. Gaurje 3764611 navos vera buried	in this grave. Indiv of ten bodies found	ridual iden- two (2) were			
LITILE FINGER	PIGHT						