

FILE IDENTIFICATION TOPPER

FILE NUMBER

13 Ark. Times #2 X-534

SUBJECT

(copy of Ark. C-131 Magazine Inc.)

Ark. Times #1 X-4367

/bpm

1

Interred 21 Feb 1950
11 93 Ft. McKinley

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

DIRECTIVE NUMBER
7747 80662

DATE
09 02 50
DAY MONTH YEAR

NAME UNKNOWN X-534	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY USAF CEMETERY MANILA NO. 2, P. I.	PLOT 2	ROW 17	GRAVE 2085	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-534	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED 18 Feb 50
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" 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-4367 Mausoleum

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 Feb 1950	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R. Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY DATE 18 Feb 50 BY RAYMOND H TANGUAY, Sgt.1c, RA L. W. RICHARDSON, M/Sgt., RA
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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

RECEIVED
INFORMATION
BRANCH
MEAS. DIV.
[Signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	TO	NAME OF CONVOYER	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		<i>W. H. ...</i>	FEB 21 1950
2. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

DISINTERMENT DIRECTIVE

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 80662

DATE
09 02 50
DAY MONTH YEAR

NAME
UNKNOWN I - 594

SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY
USAF CEMETERY MANILA NO. 2, P. I.

PLOT ROW GRAVE
2 17 2085

DISPOSITION OF REMAINS
7701 80
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**UNITED STATES MILITARY CEMETERY
PT. MCKINLEY, P. I.**

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION
 REMAINS
 MARKER

RELIGION IDENTIFICATION VERIFIED BY
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
DATE BY

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

AIR MAIL

299 - Gak. P. I. (Misc.) (Maus. Manila) (X-951, X-363, 3038, 3035, 2913, 1974, 1687, 1214, 695, 2189, 2171, 2175, 3507, 3508, 3509, 3513, 4565, 4566, 4567, 4568, 1121, 1390, 1395, 1515, 1748, 1881, 1912, 1917, 1918, 1958, 1971, 2164, 2582, 2930, 4567, 4568)

Quant 299
GAS For East

2 February 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to findings of Unidentifiability for the following Unknown Deceased:

Unknown	X-951,	AGRS Maus Manila,	Formerly	X-4028,	USAF Gen Manila #2
0	X-356,	0	0	X-53,	0
0	X-363,	0	0	X-1619,	0
0	X-3015,	0	0	X-1623,	0
0	X-2316,	0	0	X-5085,	0
0	X-1974,	0	0	X-5269,	0
0	X-1687,	0	0	X-2437,	0
0	X-1314,	0	0	X-8747,	0
0	X-895,	0	0	X-210,	0
0	X-3163,	0	0	X-3508,	0
0	X-2171,	0	0	X-2607,	0
0	X-2175,	0	0	X-2511,	0
0	X-3507,	0	0	X-2240,	0
0	X-3508,	0	0	X-2241,	0
0	X-3509,	0	0	X-2242,	0
0	X-3513,	0	0	X-2247,	0
0	X-4335,	0	0	X-531,	0
0	X-4338,	0	0	X-533,	0
0	X-4567,	0	0	X-534,	0
0	X-4568,	0	0	X-537,	0
0	X-1121,	0	0	X-3734,	0
0	X-1390,	0	0	X-3884,	0
0	X-1395,	0	0	X-3980,	0
0	X-1515,	0	0	X-3517,	0
0	X-1748,	0	0	X-3343,	0
0	X-1881,	0	0	X-3254,	0
0	X-1912,	0	0	X-3510,	0
0	X-1917,	0	0	X-3515,	0
0	X-1918,	0	0	X-3518,	0
0	X-1958,	0	0	X-5207,	0

X 2 93 Mark P.D. X-534 Manila #2

AIR MAIL

OSGME 255

2 February 1958

GRS Fairbank

Subject: Identification of World War II Aircraft

Unknown X-1971,	AGRS Home Manila,	Formerly X-2538,	USAF Base Manila	52
" X-2464,	" " "	" X-2145,	" " "	"
" X-2532,	" " "	" X-2023,	" " "	"
" X-2510,	" " "	" X-2000,	" " "	"
" X-1567,	" " "	" X-1950,	" " "	"
" X-2258,	" " "	" X-1881,	" " "	"

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

[Signature]
 C. H. PRICE
 Lt. Colonel, GS
 Memorial Division

R. G. Napier:cl
 E. M. White
 J. Windsor

Copies furnished: OSGMS, APO FPO

HEADQUARTERS
BRIGADE GENERAL
AMERICAN CASUALTY REGISTRATION SERVICE

13 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 534 , Plot 2 ,
Row 17 , Grave 2085 , USMC Manila No. 2, Luzon, P.I., have
been reviewed and it is the opinion of this office that insuffi-
cient evidence is available to establish the identity of this
deceased, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:



H. B. McNEEMAR
Captain, CMC
Chief, Records Branch

Atch: Form 1044

Received 26 Jan 50 0000
Not identifiable from
information presently
available 2 Feb. 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4367 (Formerly UNK X-534 Manila #2)				2. DATE OF REPORT 13 January 1950		
3. NAME OF CEMETERY AGRS MAUSOLEUM, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 140	9. ESTIMATED HEIGHT 5' 8 $\frac{1}{2}$ "	10. COLOR OF HAIR U T D	11. RACE U T D
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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

N O N E

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


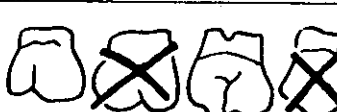






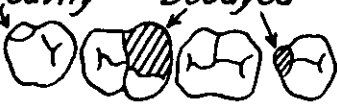

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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

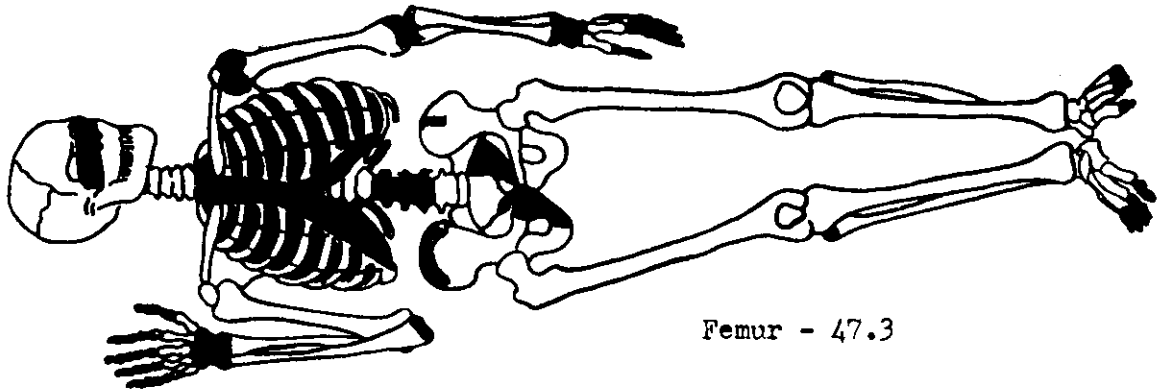
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</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
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."

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Sec.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Femur - 47.3

Average height: 5'8 $\frac{1}{2}$ "

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

The major bones present are in first stage of decomposition.

No personal effects, identification tags, ROI hot le or any other means of identification found with remains.

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

PAUL R. NICHOLS
Chief, Identification Sec.

SIGNATURE

Paul R. Nichols

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4367 (Formerly UNK X-534 Manila #2)	2. DATE OF REPORT 22 Oct 1949
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3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION AGE: 35 + years			
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'10$\frac{1}{2}$"	10. COLOR OF HAIR Brown	11. RACE White

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

N O N E

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)

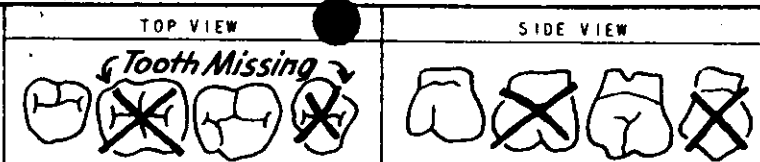
N O N E

Incl # 3

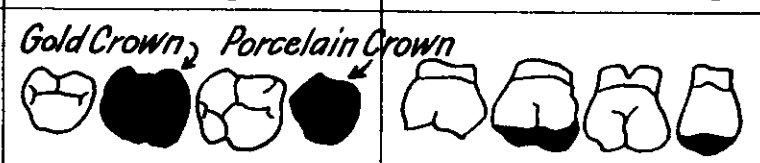
18.

TOOTH CHART

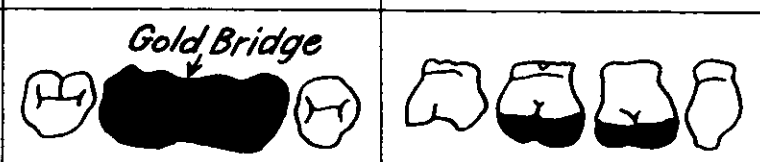
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



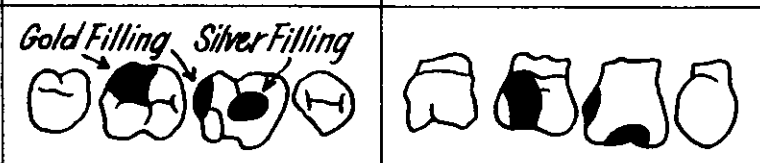
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



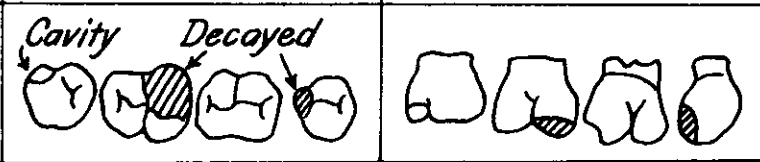
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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

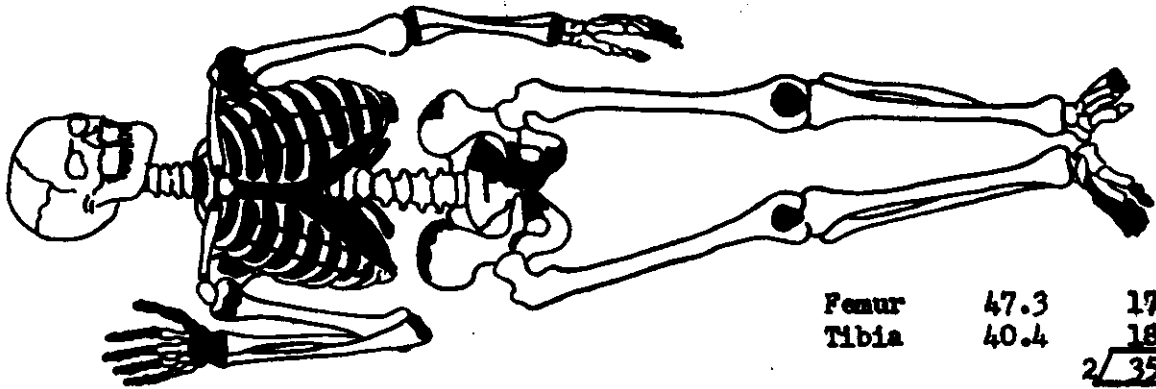
		RIGHT										LEFT															
		Missing										Missing															
		6	5	4	3	2	1	1	2	3	4	5	6	6	5	4	3	2	1	1	2	3	4	5	6		
		o	o	o	X		X	X	X		⊕		X	o										o	o		
Side Views																										Side Views	
Top Views	UPPER																										
	LOWER																										
Side Views																											
		⊕	o	o	X		⊕		⊕	⊕	⊕	⊕	⊕	X	o	o								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."

Both 7 and 8 Left and right are loose present with remains.

Paul R. Nichols
PAUL R NICHOLS
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Femur	47.3	174
Tibia	40.4	183
		2/ 357
		178 1/2

Estimate height: 5'10 1/4"

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 individual, of white ancestry, tall (est. 5'10 1/4"), and over 35 years of age as indicated by closure of sutures. In Hooton's terminology, a "middle-aged adult". Brown hair adhering to the cranium.

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

/ztl

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-4367 (Formerly UNK X-534 (COX, Richard W.)USAF Cem Manila #2, Luzon, P. I.				2. DATE OF REPORT 13 May '48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	813	D	1210	DISINTERMENT	REINTERMENT
				17 Dec '47	17 May '48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5'10 3/8"	10. COLOR OF HAIR U T D	11. RACE UNK.
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Embossed tag with the following information:	UNKNOWN X-534 COX, Richard W 6556975 Pvt. 24 Dec '42 2085-17-2
--	--

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

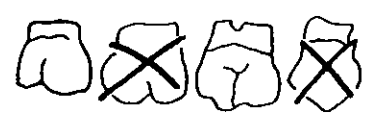
N O N E

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

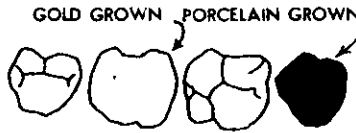
N O N E

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:



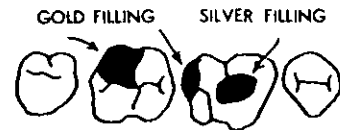
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



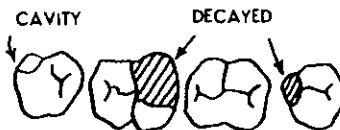
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 missing *See Remarks* *Maxilla missing*

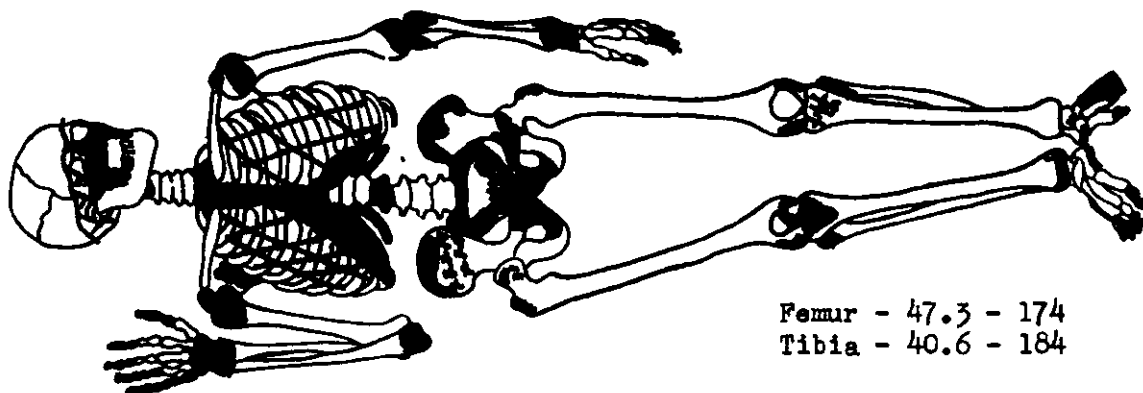
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	A	GA	X		P	X	X	X		P		S	X	A	
	a	d/mo												o	m
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
	P	A	A	X		P	P					X	A	A	
													m	o	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

See Remarks

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 fractured between R1 and L1. A portion of maxilla are missing from R8 thru R7 and L7 thru L8 - L7, L8, R7 and R8 are the maxillary teeth found on these portion. L16 is partially impacted.

CERTIFIED TRUE COPY:
[Signature]
 L. S. PANOPIO
 1st Lt., INF.

/s/ John Connors



Femur - 47.3 - 174
Tibia - 40.6 - 184

Average height 179 cm or
5'10 3/8"

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 remains is one of a group disinterred from Grave 809, Row O, Plot 8, at POW Camp, Cabanatuan, Luzon, P.I.

No I.D. tags, personal effects, burial bottle of other means of identification found.

Circumference of the skull 21".

Estimated weight of remains 4 lbs.

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/ JOHN J. CONNORS
OIP Laboratory, Manila, P.I.

SIGNATURE
/s/ John Connors

REPORT OF DISINTERMENT FOR IDENTIFICATION

17 Dec 47

1. Remains of (Name)

Serial Number

UNKNOWN X-534

Grade

Organization

.Name, Number and Location of Cemetery

Plot

Row

Grave No.

USAF Cem Manila #2, Luzon, PI

2

17

2085

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



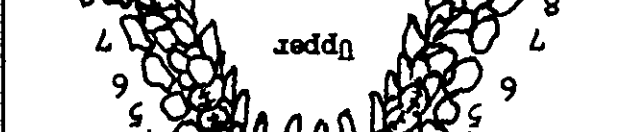


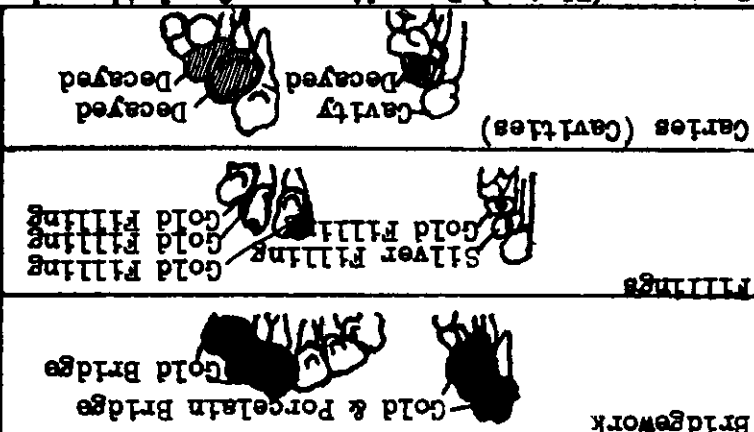
On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.

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

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

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

AFO 707
8 June 1948

The following cases are those disinterred from a
common grave at Cabanatuan Camp - Grave #809, Row O,
Flot #8. The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN 7-4365
" 7-4366
" 7-4367
" 7-4368

NEWMAN, Harry J.
SCANLON, Raymond G.
HOYT, Francis E.
SHIELDS, John S.
WOLFE, Joseph W.
HUBER, Charles J.

REPAIRATION
RECORDS BRANCH
AUG 2 12 43 PM '48
GENERAL DIVISION

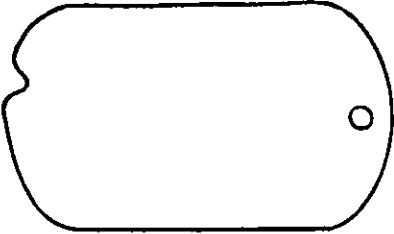
/ztl

AUG 6 1948

RESTRICTED

U 1227

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 4 June '48
---	---	------------------------------

<i>Imprint Identification Tag If Possible. DO NOT TYPE</i> 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial) UNK X-4367 (Formerly UNK X-534 USAF Cem Manila #2, Luzon, P. I.)	
	GRADE Unknown	SERIAL No. 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 24 Dec '42
---	---------------------------	-----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL STORAGE	HOUR	BURIED IN (Shroud, blanket, or name of other) STORED	TYPE OF GRAVE MARKER	PLOT No.	ROW No. <small>DANGER DAY</small>	GRAVE No. <small>CRYPT</small>
17 May '48	0930	Casket	None	813	D	1210

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. 17	GRAVE No. 2085
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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 ELLIS, Henry C	RANK 1st Lt.	SERIAL No. 0-888627	ORGANIZATION 317 Gp 41st Tr Cav Sq.	GRAVE No. 1212
---	-----------------	------------------------	--	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED CONWAY, Robert J.	RANK 2nd Lt.	SERIAL No. 0-693637	ORGANIZATION 89th Sq, 3rd Bomb Gp	GRAVE No. 1208
---	-----------------	------------------------	--------------------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT E. C. AQUINO, T/5, QLC.	SIGNATURE OF GRS OFFICER VERIFYING REPORT 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.

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


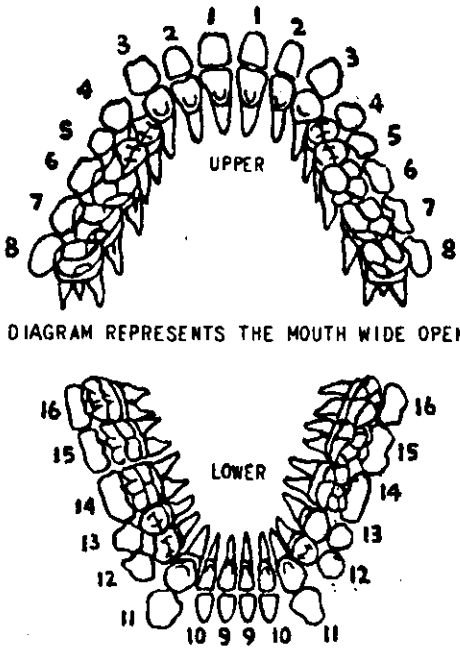




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

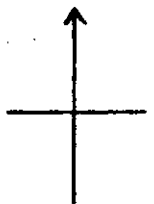
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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-4367, AGRS Mausoleum, Manila, P. I., formerly UNK X-534, USAF Cemetery Manila, P. I., might be anyone of the four (4) unidentified bodies whose names are listed in previous Report of Interment. (10 in a grave, 6 already identified).

QMC. Form 1044, 1044a and 1044b accomplished.

29 JUN 1948

RESTRICTED

U-1227

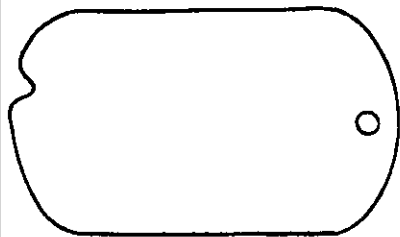
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

30 Jan. 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN -X- 534 (Cox, Richard W.) (Formerly Unknown C-131 Cabanatuan Cem.)		SERIAL No. 6556975
GRADE pvt	ORGANIZATION 19 Comb. (AC)	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 Nov 24 Dec. 42
---	----------------	------------------------------------

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) Ten (10) bodies found in common grave. Records indicate: Pvt Miller, David L. 11018833 27 Bomb Sgt Wolfe, Joseph W. R-562986 59 CAC S/sgt Huber, Charles J. 19056743 34 PUR (See Section 3, reverse side)
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, P. I.

DATE OF BURIAL 4 Jan. 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 17	GRAVE No. 2085
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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 POW Camps # I & II Cemetery Cabanatuan, Luzon, P. I. 45.7-70.9 1/50.000	LOT No. 8	ROW No. 0	GRAVE No. 809
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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
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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- 533 (Mattox, Samuel L.) (Formerly Unknown -C 130 Cabanatuan Cem.)	RANK Pvt	SERIAL No. 15066235	ORGANIZATION 34 PUR	GRAVE No. 2084
--	-------------	------------------------	------------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 535 (Boyt, Frank W.) (Formerly Unknown C-132 Cabanatuan Cem.)	RANK Pvt	SERIAL No. 11019905	ORGANIZATION 91 Bomb	GRAVE No. 2086
---	-------------	------------------------	-------------------------	-------------------

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

Serial 6'

90 FEB 1946

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 align="center">Tooth O.K. Dis RAG and silver</p> <p align="center">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>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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

- Pvt Mattox, Samuel L. 15066235 34 PUR**
- Pvt Cox, Richard W. 6556975**
- Pvt Hoyt, Frank W. 11019905 91 Bomb**
- Sgt Shields, John S. 2084561**
- Pvt Gruel, George 37026117 194 Tank**

The above names were buried in this grave. Individual identification impossible. Out of the ten bodies found two (2) were identified and eight (8) unidentified.

REMARKS: