

DISINTERMENT DIRECTIVE

6

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00375

DATE

17 01 52
DAY MONTH YEAR

NAME UNKNOWN X-556	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
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CEMETERY MANILA #2 P 1	PLOT 2	ROW 17	GRAVE 2133	DISPOSITION OF REMAINS 7701 CODE	DIST. CTR. 60
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SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS	UNKNOWN			NAME AND TITLE
<input type="checkbox"/> MARKER				

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
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OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (<i>Signature</i>)
CASKET SEALED BY		

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	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

REMAINS ARE UNIDENTIFIABLE. PERM INTERRED IN FT. MCKINLEY, P. I.,
PLOT H, ROW 12, GRAVE 147.

FILE IDENTIFICATION TOPPER

FILE NUMBER

243unk manila #2 X-556

SUBJECT

Formerly manila man X-35

1

DISINTERMENT DIRECTIVE

943 unk Manila #2 X-556

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7747 00375	DATE 17 01 52
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NAME UNKNOWN X-556	SERIAL NUMBER	GRADE	ARM 8	RACE 0	RELIGION 6
CEMETERY MANILA #2 P I	PLOT 2	ROW 17	GRAVE 2133	DISPOSITION OF REMAINS 7701	DIST. CTR. 80

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. MCKINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	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	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	
DATE	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
 REMAINS ARE UNIDENTIFIABLE. PERM INTERRED IN FT. MCKINLEY, P. I., PLOT H, ROW 12, GRAVE 147.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
			SIGNATURE OF RECEIVER
			DATE
2. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
			SIGNATURE OF RECEIVER
			DATE
3. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
			SIGNATURE OF RECEIVER
			DATE
4. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
			SIGNATURE OF RECEIVER
			DATE
5. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
			SIGNATURE OF RECEIVER
			DATE
6. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
			SIGNATURE OF RECEIVER
			DATE
7. SHIPPED			
FROM	TO	NAME OF CONVOYER	SIGNATURE OF SHIPPER
			DATE
			SIGNATURE OF RECEIVER
			DATE

RESTRICTED

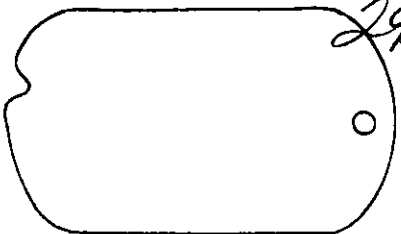
all

QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT
3 Dec 1951

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) 293 UNKNOWN X-556 Manila #2 (Manila Mausoleum X-3532)		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)
--	--

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	---

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
UNITED STATES MILITARY CEMETERY, FT. WM. MCKINLEY, P.I.

DATE OF BURIAL 29 Nov 1951	HOUR --	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Cross	PLOT No. H	ROW No. 12	GRAVE No. 147
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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 USAF Cemetery Manila #2, Luzon, P.I.	PLOT No. 2	ROW No. 17	GRAVE No. 2133
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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
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No. NAT FILE RECORDS ANNOTATED 1 Jan 52	ORGANIZATION	GRAVE No.
--	------	--	--------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No. NAME H. Jones Regis	ORGANIZATION GR. MEM. DIV.	GRAVE No.
---	------	--------------------------------------	-------------------------------	-----------

SIGNATURE OF PERSON PREPARING REPORT <i>Edward L. Berg</i> EDWARD L. BERG, CPL, RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whyhlen</i> CHARLES R. WHYHLEN, 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

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.

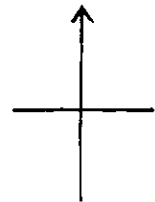
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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



REMARKS:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

RESTRICTED

QMC Form 1042 (Rev. 1 Apr. 1949) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT <p align="center">3 Dec 1951</p>			
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; border-radius: 50%;"></div>		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <p align="center">UNKNOWN X-556 Manila #2 (Manila Mausoleum X-3532)</p>					
		SERIAL No. <p align="center">Un-known</p>		BRANCH OF SERVICE <p align="center">Unknown</p>			
GRADE <p align="center">Unknown</p>		ORGANIZATION <p align="center">Unknown</p>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY 			
RACE <p align="center">Unknown</p>		RELIGION <p align="center">Unknown</p>					
PLACE OF DEATH <p>POA Camp, Cabanatuan Luzon, P.I.</p>		CAUSE OF DEATH <p align="center">Unknown</p>		DATE OF DEATH <p align="center">Unknown</p>			
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center">None</p>		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) <p align="center">Yes (2)</p>		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <p align="center"> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO </p>					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">UNITED STATES MILITARY CEMETERY, FT. W. MCKINLEY, P.I.</p>							
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
29 Nov 1951	--	Casket	Cross	H	12	147	
WAS THIS A REBURIAL? (Yes or no) <p align="center">Yes</p>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">USAF Cemetery Manila #2, Luzon, P.I.</p>				PLOT No. <p align="center">2</p>	ROW No. <p align="center">17</p>	GRAVE No. <p align="center">2133</p>
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) <p align="center">Yes</p>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">Yes</p>						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT 			SIGNATURE OF GRS OFFICER VERIFYING REPORT 				
EDWARD J. ...			CHARLES N. CHAY, N, 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

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

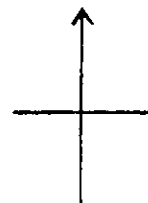
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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



REMARKS:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

RECLASSIFICATION SHEET

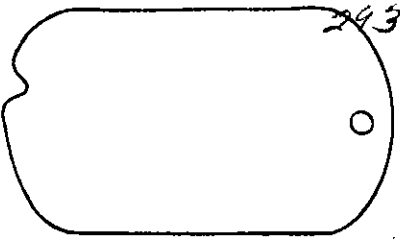
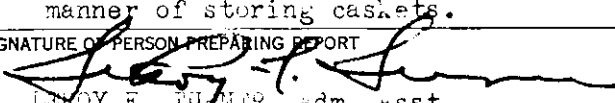
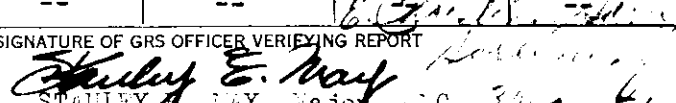
PAPERS ORIGINALLY FILED 293 Tank (Misc) Manual #2 X552, X553
X554, X556, X557

SYNOPSIS AND DATES

NEW CLASSIFICATION 293 Tank Manual #2 X552
11/8/58
ec

RECLASSIFICATION SHEET

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT DEC 12 1950	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION. <i>993 unk Manila #2 X-556</i> NAME (Last, first, middle initial) UNKNOWN X-556 USAF Cem Manila #2, P. I. (Manila Maus X-3532)				
		GRADE Unknown		ORGANIZATION Unknown		SERIAL NO. Unknown
		RACE Unknown		RELIGION Unknown		BRANCH OF SERVICE Unknown
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)				
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 U. S. Army Mausoleum, AGRS-PAZ Casket						
DATE OF BURIAL 3 Nov 50	HOUR --	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	ROW NO. Manila	ROW NO. Section 277	GRAVE NO.
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum Manila, P. I.			ROW NO. 913	ROW NO. 0	GRAVE NO. 4423
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) --					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to			RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.			RANK --	SERIAL No. --	ORGANIZATION Manila - Shell	GRAVE No. 4423
SIGNATURE OF PERSON PREPARING REPORT  LEROY F. TURNER, Adm. Asst.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  STANLEY A. DAY, Major, G.C.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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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



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

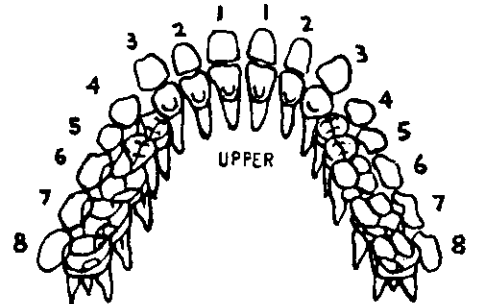
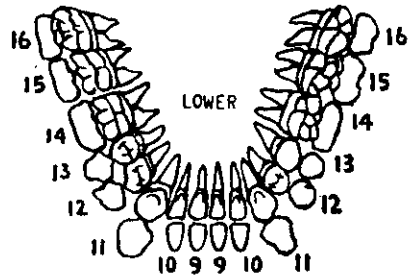
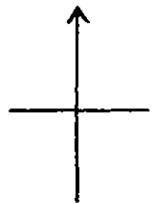


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



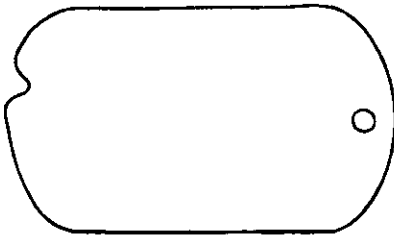
19 DEC 1950
Identification Section

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

DEC 12 1950

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>	
	<p>NAME (Last, first, middle initial) UNKNOWN X-556 USAF Com Manila #2, P. I. (Manila Maus X-3532)</p>	<p>SERIAL No. Unknown</p>
	<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>
<p>RACE Unknown</p>		<p>RELIGION Unknown</p>
<p>BRANCH OF SERVICE Unknown</p>		<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH POW Camp, Cabanatuan, Luzon, P.I.</p>	<p>CAUSE OF DEATH Unknown</p>	<p>DATE OF DEATH Unknown</p>
--	--	---

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

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

U. S. Army Mausoleum, AGRS-PAZ **Casket**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	SECTION	ROW	GRAVE
3 Nov 50	--	Final type casket		Manila	Section	277

<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p>AGRS Mausoleum Manila, P. I.</p>	<p>PREVIOUS GRAVE NO.</p> <p>813</p>	<p>PREVIOUS ROW</p> <p>0</p>	<p>PREVIOUS SECTION</p> <p>4423</p>
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<p>TYPE OF RELIGIOUS CEREMONY --</p>	<p>PERSON CONDUCTING BURIAL RITES --</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) --</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) --</p>	

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	--	--	--	--

<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
	--	--	--	--

<p>SIGNATURE OF PERSON PREPARING REPORT <i>Leroy F. Turner</i> LEROY F. TURNER, Adm. Asst.</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Stanley E. May</i> STANLEY E. MAY, Major, QMC</p>
---	--

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(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.

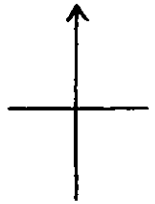
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER		
LEFT MIDDLE FINGER	<p>CAVITIES</p> <p>CAVITY DECAYED</p>	
LEFT INDEX FINGER	<p>MISSING TEETH</p> <p>TOOTH MISSING</p>	
LEFT THUMB	<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p>	
RIGHT THUMB	<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p>	
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		

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



REMARKS:

Identification Section
19 DEC 1950

FILE IDENTIFICATION TOPPER

FILE NUMBER

597 unk manila #2 X-556

SUBJECT

Also manila X-3532

Farmery Cabanatuan C-153

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3532 (Formerly UNK X -556 Manila #2)	2. DATE OF REPORT 24 Oct 1949
---	----------------------------------

3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. <i>293 Unk. Manila #2 X-556</i>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT
--	---------	--------	----------	---

PHYSICAL DESCRIPTION AGE: <i>26-31</i>			
8. ESTIMATED WEIGHT <i>UTD</i>	9. ESTIMATED HEIGHT <i>5'3 3/8"</i>	10. COLOR OF HAIR <i>UTD</i>	11. RACE <i>White</i>

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

APPROVED UNIDENTIFIABLE


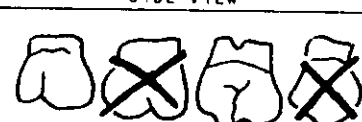








*U Lee
Ident Br
11 Mar 52*

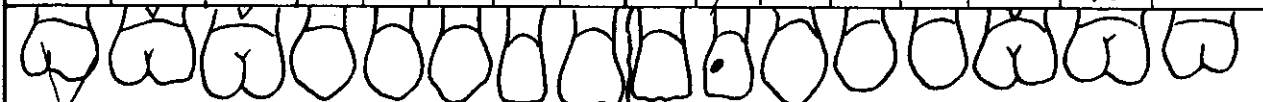
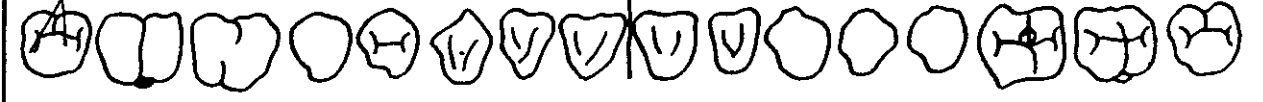

*file NAN
U Lee
Ident Br
11 Mar 52*

INCL # 5

18.

TOOTH CHART

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

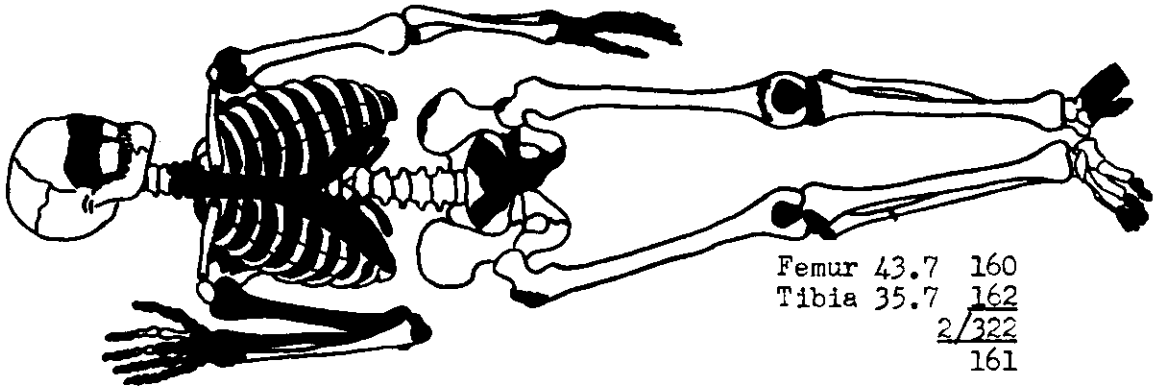
maxilla																
missing								fractured								
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	a						70	70	9				9	9		
	L								7				L	L		
Side View															Side View	
Top View															UPPER	
Side View															LOWER	
		decayed														
	9		X	70				70					X	X	a	
	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 R7 are loose present with remains.

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT REQUIRED



Estimated height: 5'3 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 _____ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE
NUMBER
 OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

This is the remains of a male individual, of white ancestry,
 in his mid twenty's to early thirty, short (estimated 5'3 3/8"
 in height), and of average muscularity.

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

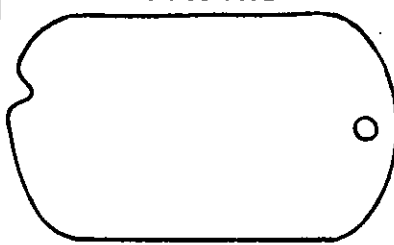
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

ROBERT B FOX
 Anthropologist

SIGNATURE

RESTRICTED

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 1 Feb. 46
--	---	-----------------------------

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle, initial) UNKNOWN X-556 (Albee, Jedias H.) (Formerly Unknown C-153 Cabanatuan Cem.)	SERIAL No. R-2365596	
	GRADE M/Sgt	ORGANIZATION 28 Mat.Sq. 20 Base Gp (R) AC (GDD)	BRANCH OF SERVICE AC
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

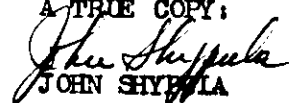
PLACE OF DEATH POE Camp, Cabanatuan, Luzon, P. I.	CAUSE OF DEATH	DATE OF DEATH 27 Nov. 42
---	----------------	-----------------------------

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) Seven (7) bodies found in common grave, one of which was identified by identification tag. 1st Lt. Miller, Robert E. 0-890093 31 Inf Pvt Hall, Galland L. 130216412 Pvt McHale, Ellis K. 35052726
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME (See Section 3, reverse side)

None

A TRUE COPY:

 JOHN SHYPPALA
 1st Lt., INF

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.
4 Jan. 46	0900	Shelter Half	Cross	2	17	2133

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	PLOT No. 8	ROW No. 0	GRAVE No. 824
--	---	---------------	--------------	------------------

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
--	--


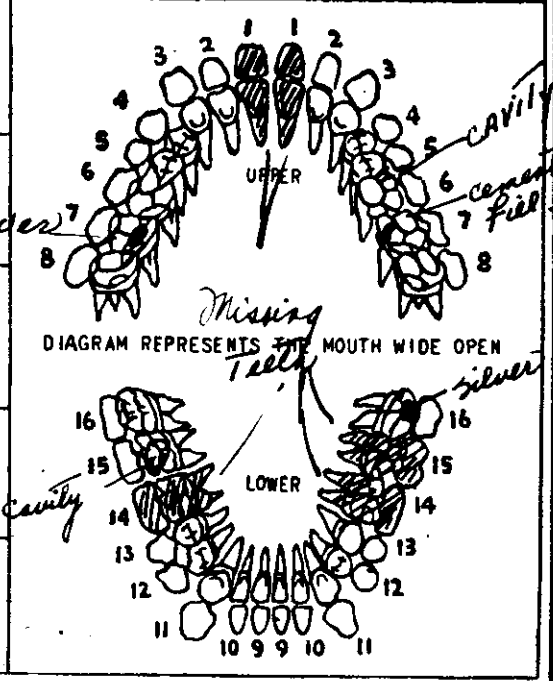




BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-555 (McHale, Ellis K.) (Formerly Unknown C-152 Cabanatuan Cem.)	RANK Pvt	SERIAL No. 35052726	ORGANIZATION	GRAVE No. 2132
--	-------------	------------------------	--------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-1624 (Hay, Wayne R.)	RANK Cpl	SERIAL No. 35595809	ORGANIZATION 894 Chem. Co.	GRAVE No. 2134
---	-------------	------------------------	-------------------------------	-------------------

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

INCL 4

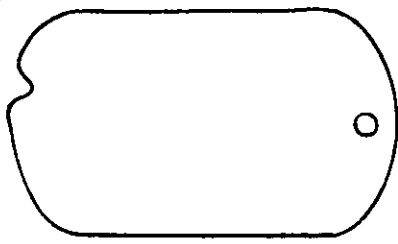
LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.			
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position 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			
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 M/Sgt Albee, Lellias H. R-2365596 A.C. Pvt Griffith, Charles 14043785 60 CAC Pvt Maglefsky, David 13028043 The above names were buried in this grave. Individual identification impossible.			
	REMARKS:			

RESTRICTED

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

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

DATE OF REPORT
4 March 48

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-3532 (Formerly Unk X-556 USAF Cem Manila #2, Luzon, P.I.)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH POW Camp, Cebanatuan, 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 23 Jan 43	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. HANGER BAY 0	GRAVE No. CRYPT 4423
--	--------------	---	---------------------------------	-----------------	----------------------------	----------------------------

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. 2133
---	---	---------------	---------------	-------------------

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) STORED UNKNOWN X-3533	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 4424
--	------	------------	--------------	----------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3531	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 4422
---	------	------------	--------------	----------------------------

SIGNATURE OF PERSON PREPARING REPORT V C [Signature], T/5, JMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT [Signature] CALVIN F. FINN, Maj., PA
---	--

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

INCL 2

RESTRICTED

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


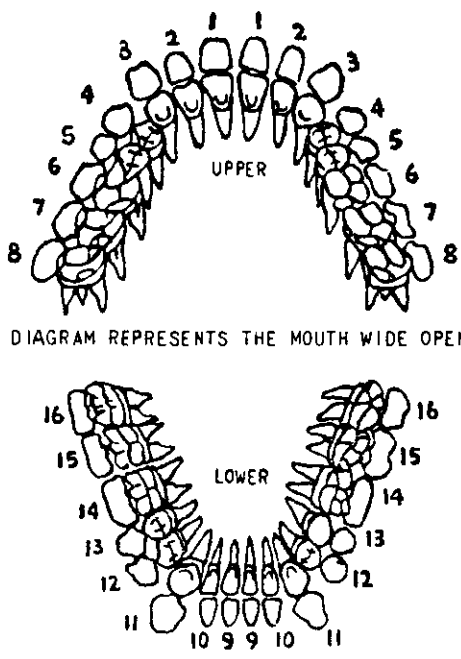




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

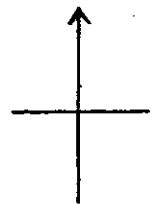
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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 A-3532, APO Mausoleum, Manila, P.I., might be anyone of the remains whose names are listed in Report of Interment of USAF Com #2, Manila, Luzon, P.I.

Form 1044, 1044-A and 1044-B accomplished.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3532 (Formerly Unk X-556 USAF Gen Manila #2)				2. DATE OF REPORT 22 Jan 48	
3. NAME OF CEMETERY Luzon, P.I.		4. PLOT 813	5. ROW 0	6. GRAVE 4423	7. DATE OF 17 Dec 47
AGRS Mausoleum, Manila, P.I.		MANGER BAY CRYPT		DISINTERMENT	REINTERMENT STORAGE 23 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'3-3/4"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	--	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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


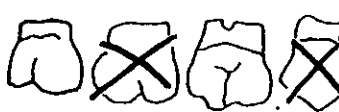








UTD

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

INCL B

TOOTH CHART

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

<i>Maxilla Missing</i>																<i>See Remarks</i>								<i>See Remarks</i>																						
RIGHT																LEFT																														
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																															
Cavity			A			Cavity			X			X			Cavity			O			P																									
o	e	o														o	e	o																												
SIDE VIEWS																SIDE VIEWS																														
UPPER																UPPER																														
LOWER																LOWER																														
SIDE VIEWS																SIDE VIEWS																														
Cavity			X												X			A			X																									
o																X																														
16	15	14	13	12	11	10	11	12	13	14	15	16																																		
<i>See Remarks</i>																<i>See Remarks</i>																														

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."

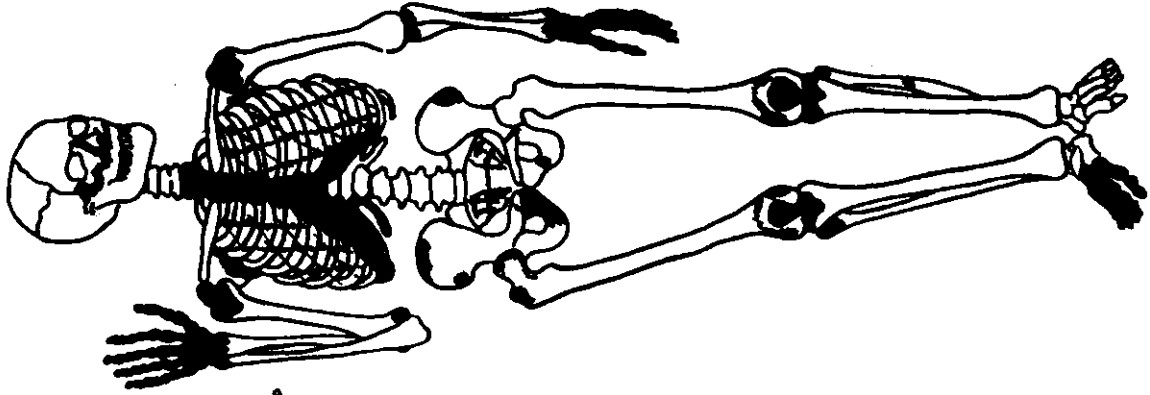
REMARKS: Fractured posthumously R 1 & L 1 and between L 5 & L 6.
 R 15 shows a sign of severe attrition while that of R 11 up to L 11 indicate sign of slight one.

CONTINUING THIS COPY:

G. T. Gamboa
 G T GAMBOA, 1st Lt., MSC

s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT COVERED



112

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 324, Row 10, Plot 8 of Calanatan Hill Cemetery Laron, P.I.
No personal effects no ID bottle nor ID tags found with remains. Circumference of the skull approximately 20-1/2 inches. Estimated weight of remains 6 lbs.

CERTIFIED COPY:

G. A. Gamboa
CAPTAIN
1st Lt MCC

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

NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

1st Lt
1st Lt, Laboratory, Manila, P.I.

s/ Claude A. Millers

AIRMAIL

FORM 100
1st Class

26 February 1960

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 Proceedings of your Board of Review, dated 21 July 1949, recommending the identification of Unknown E-4532, APO Manila, P.I., (formerly 7-556, USAF Cemetery Manila #3, Unit 3, Page 2) as Opl Gerald L. Hall, 13 016 412.

2. Board Proceedings are under consideration. Your headquarters will be advised when action by this Office has been completed.

FOR THE QUARTERMASTER GENERAL

S. H. METZ
Lt. Colonel, JG
Memorial Division

cc: Adm Section

G. Reynoldsdal
L. M. White
J. Windsor

Copy furnished: CINCPTM, APO 500

*2992
Ward P.L.
X-3532
JKE
JRO
Philcom Manila*

COMG DEPT OF ARMY WASH DC
COMKORPHILCOM MANILA PI

UNCLASSIFIED

PRIORITY PRIORITY
X

CINCPAC TOKYO JAPAN

MULTIPLE ADDRESS

WCL 44954

FILM QMGT

REQUEST SIMILARITIES EXAM BY XRAY 3905 TIDU 3908 CMA 3832

AID FID RESULTS SAP

G. Reynolds
L. M. White
J. Windsor

UNCLASSIFIED

QMGT LT WINDSOR EXT 74158
293 GCS FAR EAST

SEP 49

M. R. RUSHER
1ST LT, GSC, WEM DIV

X 293 WCL, P.I. X-3532 (Munich) Mark

CLAWS

HEADQUARTERS
AMERICAN GRAVES REGISTRATION COMMAND
PHILCO ZONE

293 - Unk. P. I. (Misc) (Maus. Manila) (X-3905 thru X-3908, & X-3532)

GRP: 293

APO 900

SUBJECT: Transmittal of C/C Forms 1044

7 November 1949

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

In compliance with your message WCI 44954, dated 30
September 1949, forwarded herewith, are the results of simultaneous
examination by the Anthropologist of Unknowns X-3905 thru X-3908
and X-3532 AGRS Mausoleum, Manila, P.I.

FOR THE COMMANDING OFFICER:

/s/
JOHN SHYPULA
1st Lt., Inf
Adjutant

5 Incls:

- 1 - C/C Form 1044 for X-3905
- 2 - " " " " X-3906
- 3 - " " " " X-3907
- 4 - " " " " X-3908
- 5 - " " " " X-3532

COPY
msb

X 293 Unk. P.I. X-3532 (Maus. Manila)

No No. 1 DD rec'd since remains have
not been declared Unidentifiable

Am

1. FILE UNDER NO. 293 - Unk. P. I. X-556 (Manila #2)

SYNOPSIS

2. TYPE OF DOCUMENT: **Letter** 3. DATE: **21 Dec. 1947**
 4. FROM: **CGM**
 5. TO: **CG, Philippine-Myanmar Command, APO SFV, San Francisco, Calif.**
 6. SUBJECT: **Identification of Unknown Document.**

7. DOCUMENT FILED UNDER NO. **293 - Unk. Philippine Is. (Misc.) (Manila #2) (X-552, X-553, X-554, X-555 and X-557)**

mf's

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

293 - Unt. P. I. (Misc.) (Manila #2) (X-552, 553, 555, 556, 557)

7 June 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California

ATTENTION: AGRS, PHILCOM ZONE

1. Reference is made to Case Histories for Remains Considered Identifiable dated 25 October 1948, your headquarters, recommending the following identifications:

X-3906 AGRS Mausoleum, Manila, P. I. (Formerly X-553 USAF Cemetery Manila #2) as: Cpl Ellis K. McHale, 30 052 726
X-3532 AGRS Mausoleum, Manila, P. I. (Formerly X-556 USAF Cemetery Manila #2) as: Cpl Garland L. Hall, 13 016 412

2. It is requested that Board Proceedings for the following remains associated with these remains be submitted to this Office:

X-552 USAF Cemetery Manila #2 (X-3905A and X-3905B AGRS Mausoleum)
X-555 USAF Cemetery Manila #2 (X-3907 AGRS Mausoleum)
X-557 USAF Cemetery Manila #2 (X-3908 AGRS Mausoleum)

3. This request is made in view of the fact that the remains were originally disinterred from Plot 8, Row O, Common Grave 824, Cabanatuan POW Cemetery, and complete analysis of the cases involving remains disinterred from this grave cannot be made unless Board Proceedings for all remains are received.

4. Board Proceedings, listed in paragraph 1 above, are suspended pending receipt of the above requested data.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt. Colonel, QMC
Memorial Division

COPY:
mfs

X-552 30 052 726
X-555 13 016 412

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3532 (Formerly Unk X-556 USAF Cem Manila #2)				2. DATE OF REPORT 22 Jan 48		
3. NAME OF CEMETERY Luzon, P.I.)		4. PLOT 813	5. ROW MANGER BAY 0	6. GRAVE CRYPT 4423	7. DATE OF DISINTERMENT 17 Dec 47	REINTERMENT STORAGE 23 Jan 48
AGRS Mausoleum, Manila, P.I.						

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'3-3/4"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	---------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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


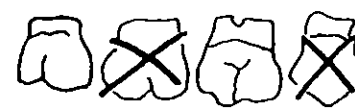
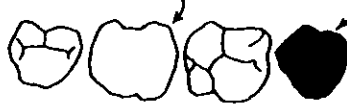







UTD

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

NONE

18.

TOOTH CHART

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

Maxilla-Missing																See-Remarks								See-Remarks							
RIGHT																LEFT															
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																
Cavity			A			Cavity			X		X		Cavity			O															
o	l	o						X	X							o	l														
SIDE VIEWS																SIDE VIEWS															
TOP VIEWS																TOP VIEWS															
SIDE VIEWS																SIDE VIEWS															
Cavity			X										X			A			X												
o	l	o														X	A	X													
16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1	16	15	14	13	12	11	10	9	8	7	6	5	4	3	2	1
See-Remarks																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."

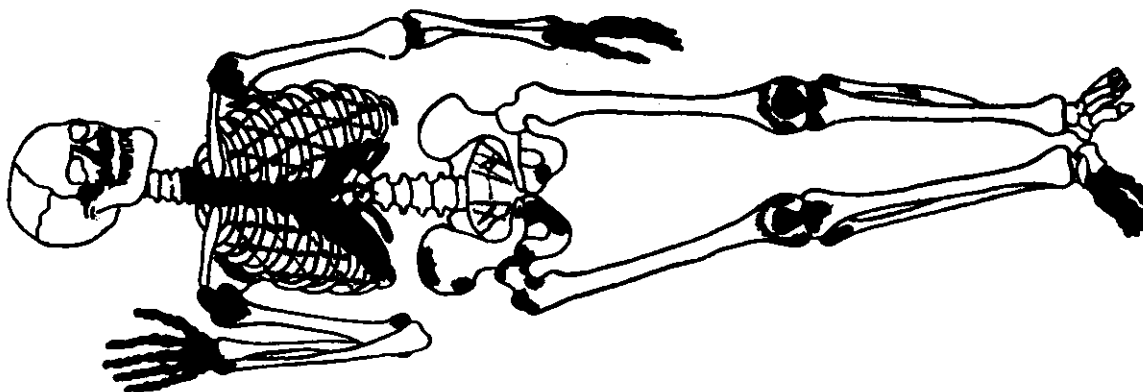
REMARKS: Fractured posthumously R 1 & L 1 and between L 5 & L 6.
 R 15 shows a sign of severe attrition while that of R 11 up to L 11 indicate sign of slight one.

CERTIFIED TRUE COPY:

G. T. Gamboa
 G T GANBOA, 1st Lt., MSC

s/ John J Connors

19. BLACK OUT PARTS OF BODY NOT RECOVERED



412

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 324, Row 0, Plot 8 of Cabanatuan POW Cemetery Luzon, P.I.
 No personal effects no ROI bottle nor ID tags found with remains. Circumference of the skull approximately 20-1/2 inches.
 Estimated weight of remains 6 lbs.

CERTIFIED TRUE COPY:

G. T. Gamboa
 G T GAMBOA
 1st Lt MSC

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/ CLAUDE A PILLERS
 Emb Sr
 CIP, Laboratory, Manila, P.I.

SIGNATURE
 s/ Claude A. Pillers

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

/nsr

APO 707
30 March 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave #824, Row #0, Plot #8. The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN X-3908
" X-3905-I, B.
" X-3906
" X-3907
" X-3532

ALBEE, Lidias H.
JOHNSON, Don L.



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-3532 (Formerly UNK X-356 USAF Cem Manila #2, Luzon, P.I.)				2. DATE OF REPORT 22 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	ANGER BAY	CRYPT		DISINTERMENT	REINTERMENT STORAGE
	813	0	4423	17 Dec 47	23 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'3-3/4"	10. COLOR OF HAIR UTD	11. RACE UTD
----------------------------	---------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

UTD

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

UTD

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

X-3532

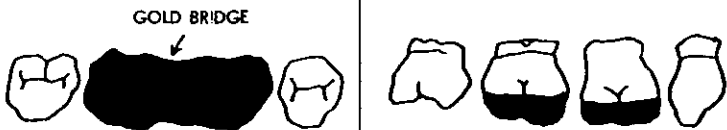
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



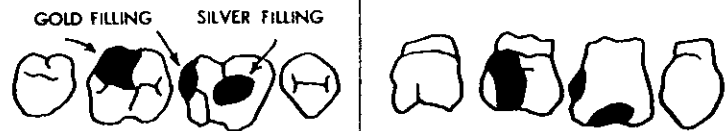
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



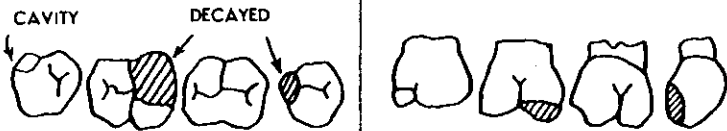
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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

See Remarks

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Cavity</i>	<i>H</i>	<i>Cavity</i>					<i>H</i>	<i>H</i>					<i>Cavity</i>	<i>H</i>	
<i>o</i>	<i>l</i>	<i>o</i>											<i>o</i>	<i>l</i>	
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
<i>Cavity</i>		<i>H</i>											<i>H</i>	<i>o</i>	<i>X</i>
<i>o</i>	<i>l</i>	<i>o</i>											<i>o</i>	<i>l</i>	<i>X</i>
<i>See Remarks</i>								<i>See Remarks</i>							

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: Fractured posthumously R 1 & L 1 and between L 5 & L 6.

R 15 shows a sign of severe attrition while that of R 11 up to L 11 indicate sign of slight one.

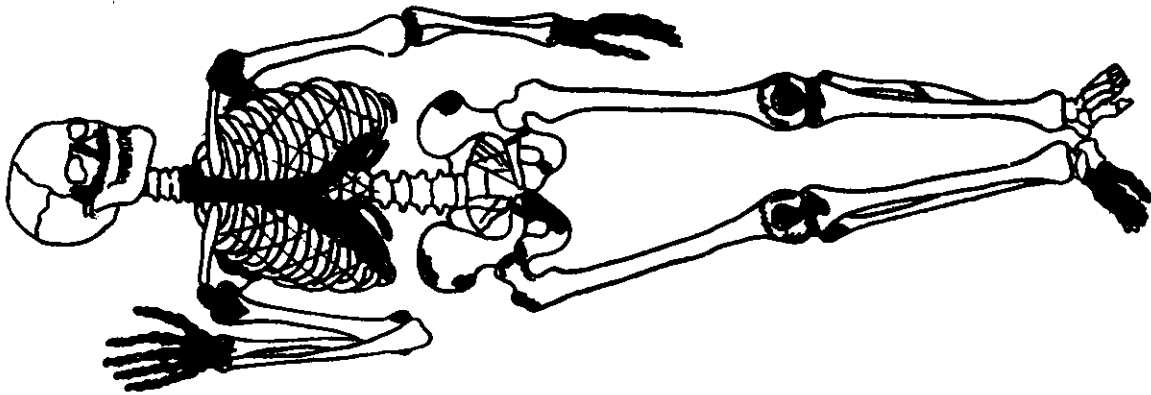
CERTIFIED TRUE COPY

J. J. Cornors

1st Lt., MSC

s/ John J Cornors

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

This remains is one of a group disinterred from Grave 824, Row O, Plot 8 of Cabanatuan POW Cemetery Luzon, P.I.

No personal effects no ROI bottle nor ID tags found with remains. Circumference of the skull approximately 20- $\frac{1}{2}$ inches.

Estimated weight of remains 6 lbs.

CERTIFIED TRUE COPY

G. S. Gabor
 1st Lt. MSC

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/ CLAUDE A. PILLERS

Emb Sr

CIE Laboratory, Manila, P.I.

SIGNATURE

s/ Claude A. Pillers

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

/nsr

APO 707
30 March 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave #824, Row #0, Plot #8. The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN X-3908
" X-3905-4, B.
" X-3906
" X-3907
" A-3532

ALBEE, Lidias H.
JOHNSON, Don L.

RESTRICTED

0-1180

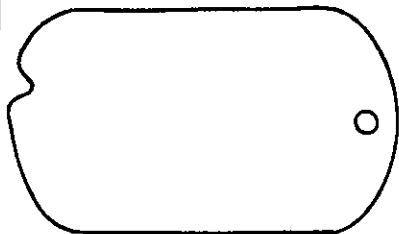
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 Feb. 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) *None*
UNKNOWN -X- 556 (Albee, Ellis H.)
(Formerly Unknown -C 152 Cabanatuan Cem.) R-2365396

SERIAL No.

GRADE
1/3st

ORGANIZATION
AC

BRANCH OF SERVICE
AC

RACE

RELIGION

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

PLACE OF DEATH
PO Camp, Cabanatuan,
Luzon, P. I.

CAUSE OF DEATH

DATE OF DEATH
27 Nov. 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)
Seven (7) bodies found in common grave, one of which was identified by
1st Lt. Miller, Robert E. C-890093 31 Inf. : tified by
Pvt Hall, Galland L. 130219412 : Identifica-
Pvt Mc. Hale, Ellis K. 35052726 : tion Tag.
(See Section 3, reverse side)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)
Yes (2)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Med 385
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, 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.
4 Jan. 46	0900	Shelter Half	Cross	2	17	2139

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	PO Camps I & II Cemetery, Cabanatuan, Luzon, P. I. 45.7-70.9 1/50.000	0	0	024

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.
UNKNOWN -X- 555 (McHale, Ellis K.) (Formerly Unknown -C-152 Cabanatuan Cem.) Pvt		35052726		2132

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN -X- 1624 (Hay, Wayne E.)	Cpl	35595809	894 Chem. Co.	2134

SIGNATURE OF PERSON PREPARING REPORT
R. C. Barrett
R. C. BARRETT, T/4, GRC.

SIGNATURE OF GRS OFFICER VERIFYING REPORT
E. H. Moore
E. H. MOORE, 1st Lt. G.C.

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

RESTRICTED

Med 75'






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--		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE

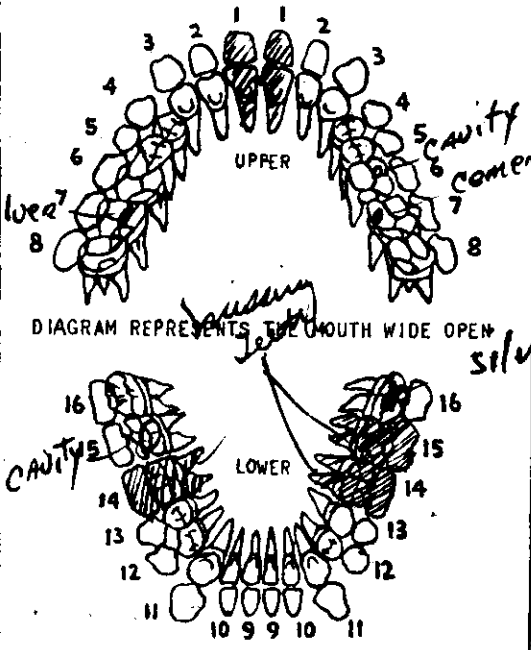
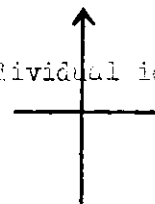


DIAGRAM REPRESENTS MOUTH WIDE OPEN

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

1/cpt Albee, Leliaz M. R-2965596 A.C.
 pvt griffith, Charlie 14043785 60 OAC
 pvt Inglesky, David 13028019

The above names were buried in this grave. Individual identification impossible.



REMARKS:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

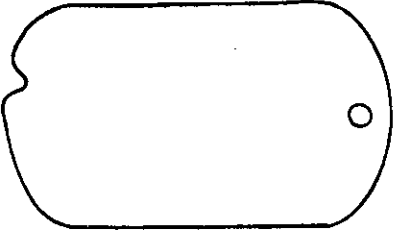
7aaa

RESTRICTED

WD OMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815) STORAGE

DATE OF REPORT

4 Mar 48

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
	NAME (Last, first, middle initial)		SERIAL NO.			
	UNKNOWN X-3532 (Formerly UNK X-556 USAF Cem Manila #2, Luzon, P.I.)		Unknown			
	GRADE	ORGANIZATION	BRANCH OF SERVICE			
Unknown	Unknown	Unknown				
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY				
Unknown	Unknown					
PLACE OF DEATH	CAUSE OF DEATH		DATE OF DEATH			
POW Camp, Cabanatuan, Luzon, P.I.	Unknown		Unknown			
EMERGENCY ADDRESSEE (Name, relationship, and address)						
Unknown						
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						
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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
STORAGE 23 Jan 48	1000	STORED Casket	None	813	0	CRYPT 4423
WAS THIS A REBURIAL? (Yes or no) RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
Yes	USAF Cemetery Manila #2, Luzon, P.I.			2	17	2133
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
Yes	Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
STORED UNKNOWN X-3533				CRYPT 4424		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
STORED UNKNOWN X-3531				4422		
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
/s/t/ V. C. AQUINO, T/5, OMC			/s/t/ CALVIN F FINN, Maj., FA			
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

16-43997-1

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


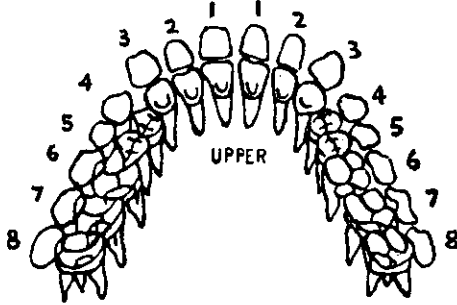




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

REMARKS: UNKNOWN X-3532, AGPS Mausoleum, Manila, P.I., might be anyone of the remains whose names are listed in Report of Interment of USAF Cem #2, Manila, Luzon, P.I.

QMC Form 1044, 1044 A and 1044 B accomplished.

REMARKS:

CERTIFIED TRUE COPY

G. T. GAMBOA
1st Lt., MSC

/amr

MAY 25 1948

RESTRICTED

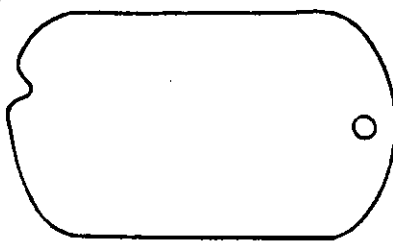
U 1180

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 March 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

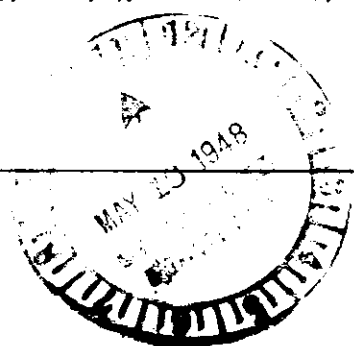
NAME (Last, first, middle initial) UNKNOWN X-3532 (Formerly Unk X-556 USAF Cem Manila #2, Luzon, P.I.)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH POW Camp, Cabanatuan, Luzon, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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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
AGIS MAUSOLEUM, MANILA, P. I.

DATE OF BURIAL STORAGE 23 Jan 48	HOUR 1000	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. 813	ROW No. 0	GRAVE No. 4423
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WAS THIS A REBURIAL? (Yes or no) STORED 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. 2133
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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) 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) UNKNOWN X-3533	RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 4424
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-3531	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 4422
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SIGNATURE OF PERSON PREPARING REPORT <i>V. C. Aquino</i> V. C. AQUINO, T/5, QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Calvin F. Finn</i> CALVIN F. FINN, Maj., FA
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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

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Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


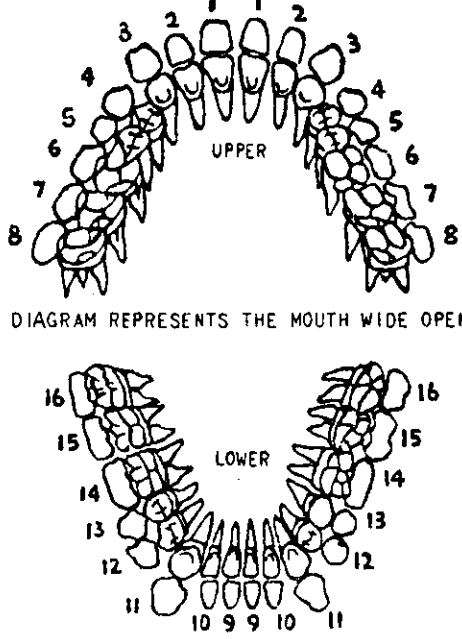




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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14 APR 1948