

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unk. Manila II 2 X-561

SUBJECT

Also Manila News. X-4099

Formerly Unk. Cabanatuan Com. C-158

Interred 15 Feb 1950
5 201 Ft. Kinley

Carrollmark
DISINTERMENT DIRECTIVE

CARL R. H. MARK

801-9

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00349

DATE

15 01 50
DAY MONTH YEAR

NAME

292
UNKNOWNX-0005610

GRADE

ARM

RACE

RELIGION

0

0

6

CEMETERY

MANILA NO 2 P I

PLOT

ROW

GRAVE

2 16 2076

DISPOSITION OF REMAINS

7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FT. MC KINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNK X - 561

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

11 Feb ' 50

IDENTIFICATION TAG ON

REMAINS
 MARKER

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

GERARD A BRICK
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 - 4099 Maus.

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 11 Feb '50

BY

GERARD A BRICK

CASKET SEALED BY

GERARD A BRICK

EMBALMER (Signature)

GERARD A BRICK

CASKET BOXED AND MARKED

DATE 11 Feb '50

BY

RAYMOND H TANGUAY,
Sgt 1c, RA

SHIPPING ADDRESS VERIFIED BY

L. W. RICHARDSON, M/Sgt, RA

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

REMAINS ARE UNIDENTIFIABLE.

FILE

15 MAR 1950

REPATRIATION
BRANCH
MED. DIV.

Gerard A. Brick

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MANSOURI	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE	Bureau FEB 15 1950		
2. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
3. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
4. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
5. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
6. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
7. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE	SIGNATURE OF RECEIVER	DATE			

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

24 Aug. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 561, Flot 2,
Row 16, Grave 2076, USMC USAF Gen. Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


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

Attach: Form 1044

Received 27 Sept 49..... OOMG
Not identifiable from
information presently
available


3 Oct 49

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4099 (Formerly Unk X-561 Manila #2)			2. DATE OF REPORT 26 Aug 1949		
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	801	X	5359	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE Unknown
-------------------------------------	-------------------------------------	-----------------------------------	----------------------------

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

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

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



Missing

See Remarks

RIGHT

LEFT

8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	Ø	Ø			o	o	S	o	S	S			Y	A	A
					d	d	m	d	m	m			Ø	Ø	Missing

Side Views

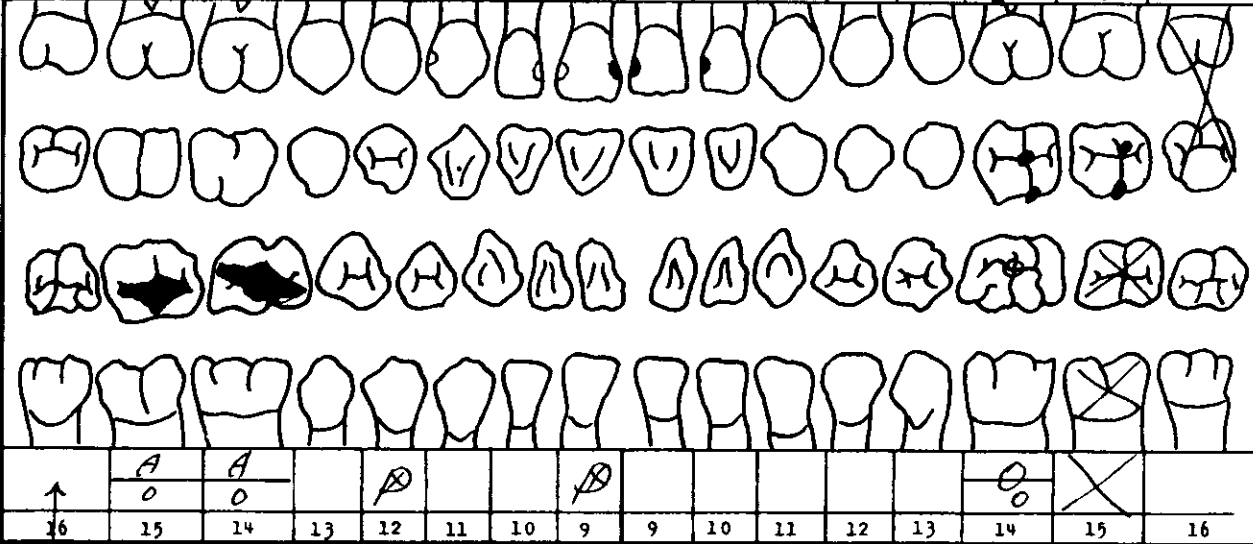
Side Views

Top Views

UPPER

LOWER

Side Views



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."

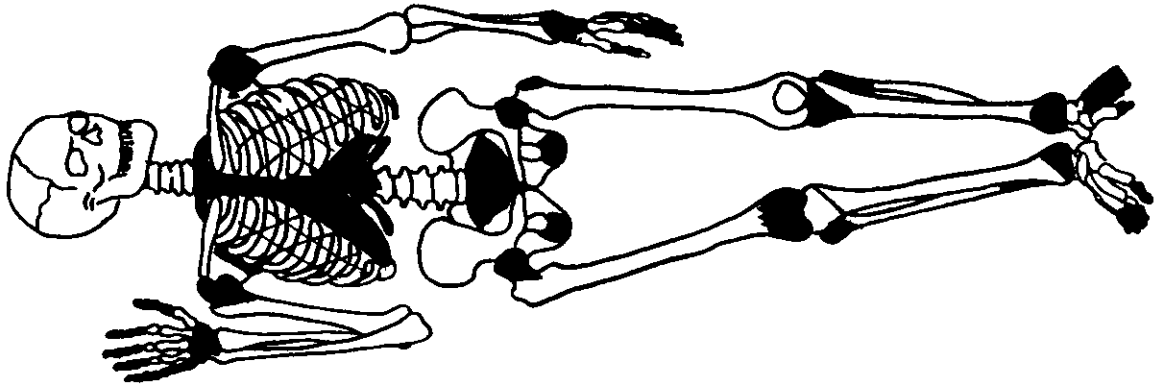
REMARKS: Maxilla from R6 and R8 and L8 missing. R8 found loose with remains. L5 malposed to the lingual side and R16 partially impacted.

"UNIDENTIFIABLE"

J. J. McDERMOTT
Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK-OUT PARTS OF BODY NOT RECOVERED



20.

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

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

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 6½ lbs.

Circumference of skull - 21¼ inches.

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

J. J. McDERMOTT
 Laboratory Officer, CIP

SIGNATURE

J. J. McDermott

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4099			(Formerly UNK X-561 USAF Cem Manila #2, Luzon, P.I.)			2. DATE OF REPORT 30 Mar 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF			
	801	X	5359	DISINTERMENT	REINTERMENT STORAGE		
				17 Dec 47	1 April 48		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	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?
<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	


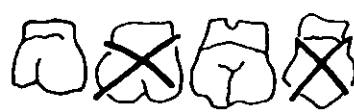
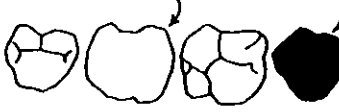





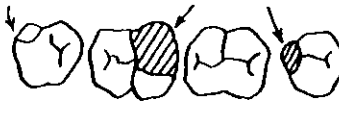
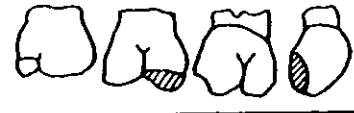
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

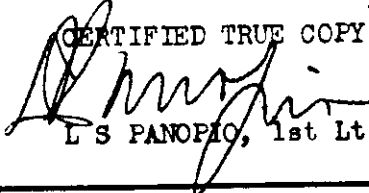
TOOTH CHART

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED 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>Missing</i>								<i>see Remarks</i>							
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	<i>X</i>	<i>X</i>			<i>o</i>	<i>o</i>	<i>o</i>	<i>o</i>	<i>o</i>	<i>o</i>			<i>A</i>	<i>A</i>	<i>Missing</i>
					<i>o</i>	<i>o</i>	<i>o</i>	<i>o</i>	<i>o</i>	<i>o</i>			<i>o</i>	<i>o</i>	
SIDE VIEWS															
TOP VIEWS															
SIDE VIEWS															
	<i>A</i>	<i>A</i>		<i>X</i>			<i>X</i>						<i>o</i>	<i>X</i>	
	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
<i>see Remarks</i>															

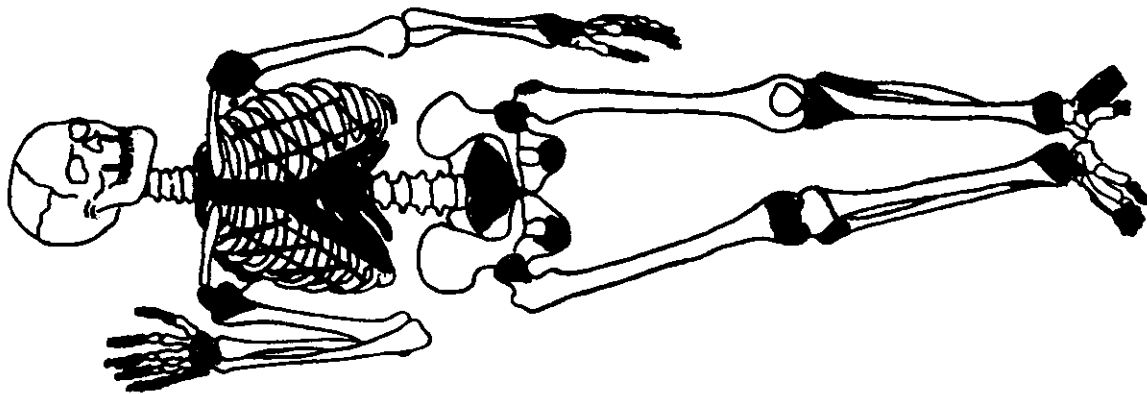
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla from R6 to R8 and L8 missing. R8 found loose with remains. L5 malposed to the lingual side and R16 partially impacted.

CERTIFIED TRUE COPY:

 L.S. PANOPIO, 1st Lt INF

/s/ Joseph D. Murphy T/5

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

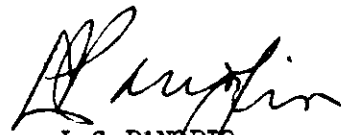
I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts: _____
NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

This remains is one of a group disinterred from Grave 36 (836) Plot 8 at Cabanatuan POW Camp, Luzon, P.I. No identification tags, personal effects, burial bottle or other means of identification found with remains. Circumference of skull is $21\frac{1}{4}$ inches. Estimated weight of remains is $6\frac{1}{2}$ lbs.

CERTIFIED TRUE COPY:


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
/p/ JOHN J. CONNORS
CIP Laboratory, Manila, P.I.

SIGNATURE
/s/ John Connors

QMC Form 1044
Rev. 1 Apr. 1945

RESTRICTED

Date

17 Dec 47

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

UNKNOWN X-561

Serial Number

Grade

Organization

. Name, Number and Location of Cemetery

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

Plot

2

Row

16

Grave No.

2076

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~~

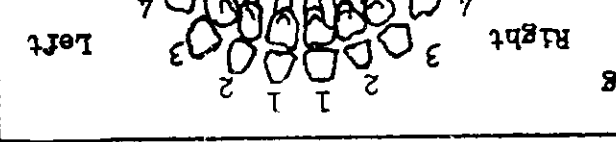
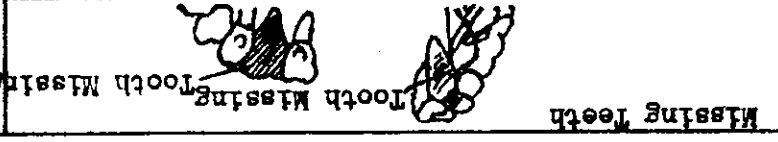


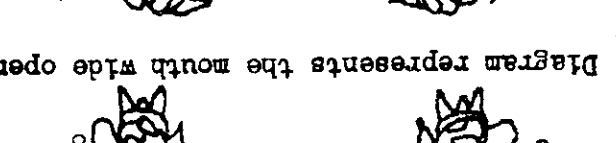
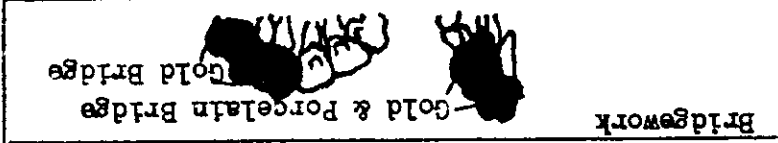
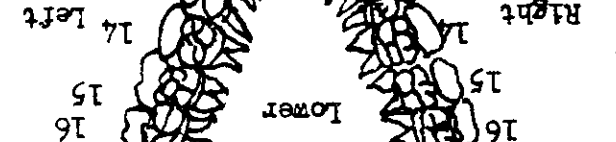
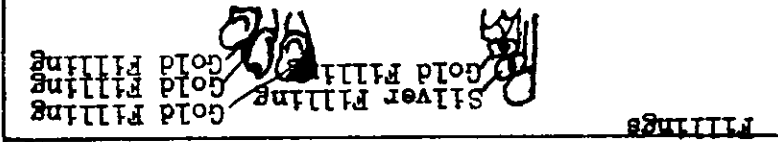

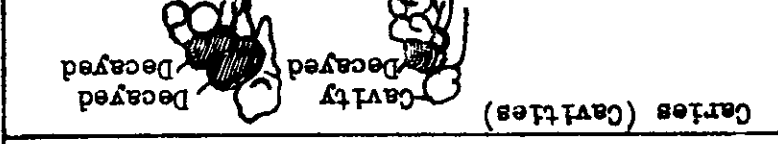
5. Signature of Officer Supervising Disinterment and Reinterment.

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

RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

<p>Missing Teeth</p>  <p>Diagram represents the mouth wide open</p>	<p>Missing Teeth</p> 
<p>Crowned Teeth</p> 	<p>Crowned Teeth</p> 
<p>Bridgework</p> 	<p>Bridgework</p> 
<p>Fillings</p> 	<p>Fillings</p> 
<p>Caries (Cavities)</p> 	<p>Caries (Cavities)</p> 

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

HEAD QUARTERS
CENTRAL IDENTIFICATION BUREAU
AMERICAN ARMY REGISTRATION SERVICE - WESTERN ZONE

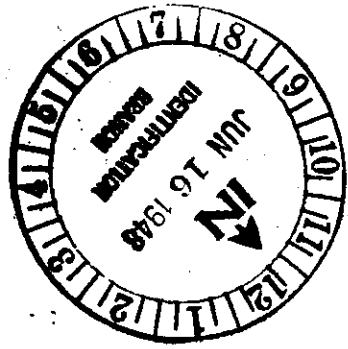
12M/ean

AGO 707
30 April 1948

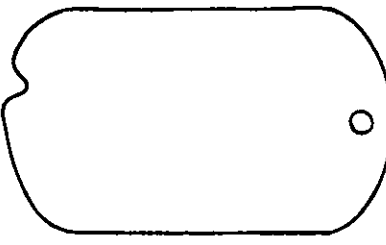
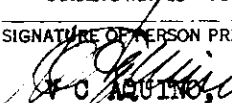
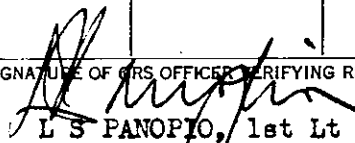
The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave # 836, Row # C, Plot # 8. The unknown numbers are AGTC Reg. plate numbers:

UNKNOWN X-4098
" X-4099
" X-4100
" X-4101

DANEY, Joe C.
WOOD, Allen W.



/acm

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				STORAGE		DATE OF REPORT 7 April 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.						SERIAL NO. Unknown	
		NAME (Last, first, middle initial) UNKNOWN X-4099 (Formerly UNK X-561 USAF Cemetery Manila #2, Luzon, P.I.)						BRANCH OF SERVICE Unknown	
		GRADE Unknown		ORGANIZATION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
		RACE Unknown		RELIGION 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)		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 1 April 48		HOUR 0930	BURIED IN (Shroud, blanket, or name of other) STORAGE Casket		TYPE OF GRAVE MARKER None	PLOT No. 801	ROW No. X	GRAVE No. 5359	
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. 16	GRAVE No. 2076	
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) UNKNOWN X-4100				RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 5360		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-4098				RANK	SERIAL NO.	ORGANIZATION	GRAVE No. CRYPT 5358		
SIGNATURE OF PERSON PREPARING REPORT  L. S. PANOPIO, T/5, QMC				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.									

REPAIR DIVISION
 RECORDS BRANCH
 JUN 7 2 38 PM '48
 MEMORIAL DIVISION

Section 3. UNIDENTIFIED REMAINS.


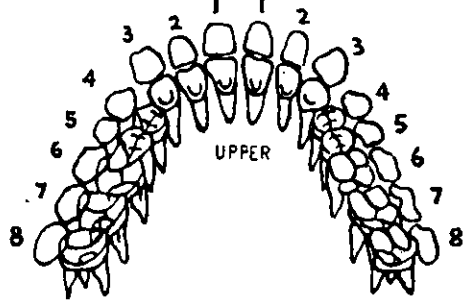




INSTRUCTIONS:

(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.

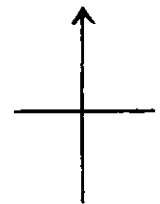
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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	 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">LOWER</p>
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

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



REMARKS: UNKNOWN X-4098, AGRS Mausoleum, Manila, P.I., formerly UNK X-561, USAF Cemetery Manila #2, Luzon, P.I., is one of the 5 unidentified remains in a grave and whose name might be one in the list in the previous Report of Interment.

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

12 MAY 1948

RESTRICTED

U-1136

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- 561 (Com. Manila #2) (Formerly unknown -C- 158 Cabanatuan Com.)				SERIAL No.	
		GRADE		ORGANIZATION		BRANCH OF SERVICE	
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH POW Camp, Cabanatuan, Dizon, P. I.		CAUSE OF DEATH				DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address)							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) six (6) bodies found in common grave. Records indicate: ✓ Selva, Caesar J. Cpl 200 CAC 38011806 ✓ Denny, Joe C. Cpl 91 Inf. 18039912 ✓ Johnson, Delmont Cpl. 16 Bomb 11013617 (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. 16	GRAVE No. 2076
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. 6	GRAVE No. 838
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- 562 (Com. Manila #2) (Formerly unknown -C-159 Cabanatuan Com.)			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 2075	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 561 (Doran, Edward F.) (Formerly unknown -C-165 Cabanatuan Com.)			RANK Pvt	SERIAL No. 11013617	ORGANIZATION 27 INF	GRAVE No. 2077	
SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, T/4 GRS.				SIGNATURE OF GRS OFFICER VERIFYING REPORT J. M. 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

16-43997-1

20 FEB 1949

Section 3. UNIDENTIFIED REMAINS.


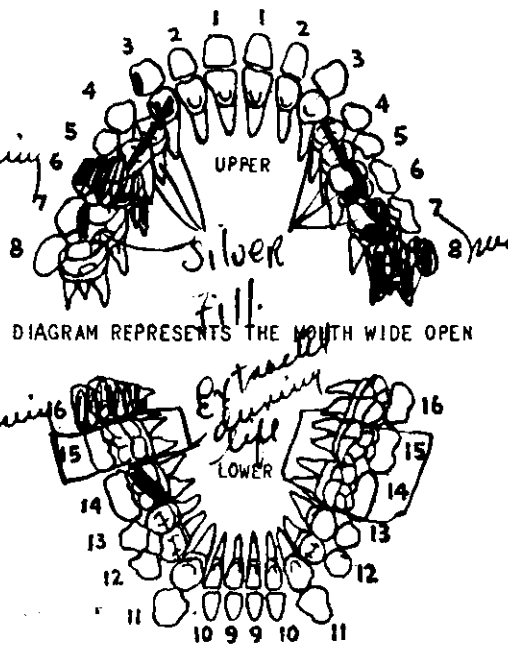




INSTRUCTIONS:

(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		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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

✓ Genseman, Francis E. Pvt 59 CAC 1300476
 The above names were buried in this grave. Individual identification impossible. Out of six (6) bodies found one (1) identified by identification tag and five (5) were unknowns.

REMARKS: