

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 unk. Manila #2 X-574

SUBJECT

Also Manila Maus. X-4090

Formerly unk. Liberatorian Am. C-171

Associated with 293 Cornell, Walter R.

6

DISINTERMENT DIRECTIVE

293 unk Manila #2 X-574

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 7747 00379	DATE 21 01 52 DAY MONTH YEAR
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NAME UNION X-574	SERIAL NUMBER	GRADE	ARM 8	RACE O	RELIGION 6
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CEMETERY MANILA JR P I	PLOT 2	ROW 17	GRAVE 2160	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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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)
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

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

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 OMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
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CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
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I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

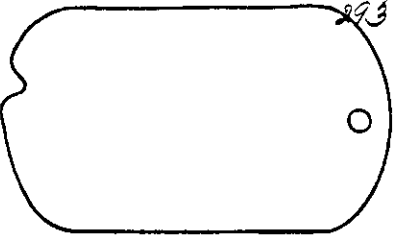
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
 REMAINS ARE UNIDENTIFIABLE. REMAINS PERM INTERRED IN FT. MCKINLEY,
 P. I., PLOT W, ROW 12, GRAVE 128.

*File 21 Jan 52
Records Johnson*

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 <div style="font-size: 1.5em; font-weight: bold;">DEC 12 1950</div>
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-574 USAF Cem Manila #2, P. I. (Manila Maus X-4030)	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 Cabanatuan POW Camps I and II, 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	POST NO.	ROW NO.	GRAVE NO.
3 Nov 50	--	Final type casket		Manila	Section	270
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.			HANGER NO. 801	ROW NO. X	CRYPT NO. 5351

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	GRAVE No.
	--	--	--	--

SIGNATURE OF PERSON PREPARING REPORT  LEROY F. TURNER, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  STANLEY E. MAY, Major 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.

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


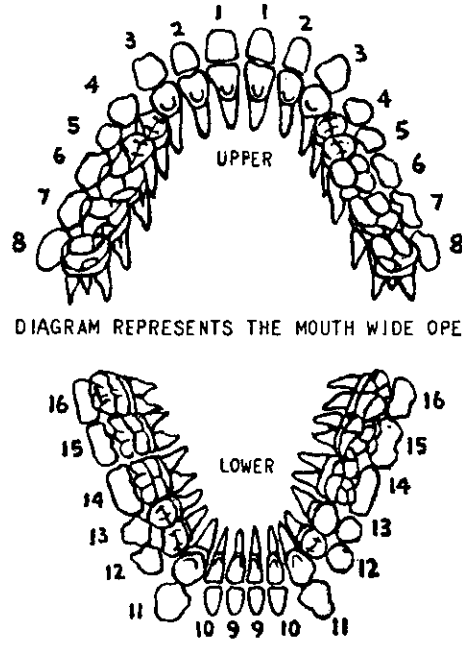




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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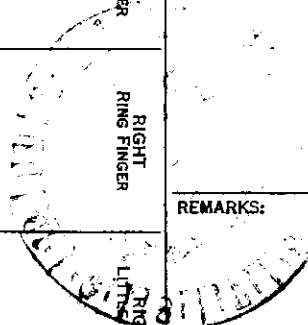
OTHER IDENTIFICATION CLUES

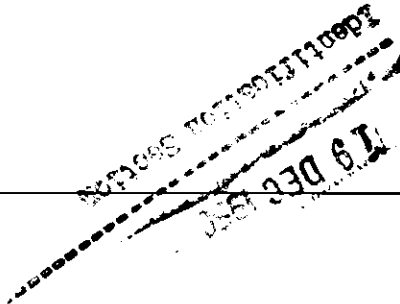
FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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

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
DEC 13 1950

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-574 USAF Com Manila #2, P. I. (Manila Maus X-4090)			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 Cabanatuan POW Camps I and II, Luzon, P.I.			CAUSE 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	ALIAS	REMARKS	SERIAL NO.
			Manila Section 270			

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.	<table border="1"> <tr> <td>REMARKS</td> <td>REMARKS</td> <td>REMARKS</td> </tr> <tr> <td>801</td> <td>X</td> <td>6361</td> </tr> </table>	REMARKS	REMARKS	REMARKS	801	X	6361
REMARKS	REMARKS	REMARKS						
801	X	6361						

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 --	GRAVE No. --
--	-------------------	-------------------------	---------------------------	------------------------

SIGNATURE OF PERSON PREPARING REPORT LEROY F. TURNER, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT Stanley E. May, Major, 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.

Section 9.—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.

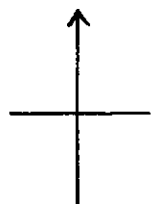
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

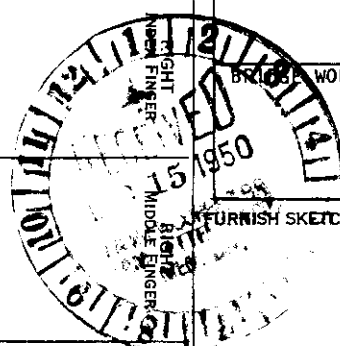
FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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



REMARKS:

19 DEC 1950
Identification Section

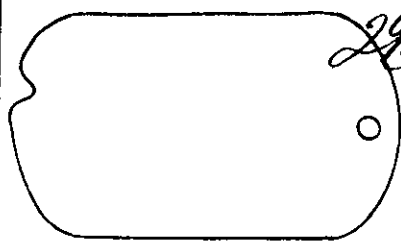


LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

RESTRICTED

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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 <p style="text-align: center; font-size: 1.2em;">7 Dec 1951</p>
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
293	NAME (Last, first, middle initial)	SERIAL No.	
	UNKNOWN X-574 Manila #2 (Manila Manila form X-1090)		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
Unknown	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)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO		
Yes (2)	<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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
5 Dec 1951	--	Casket	Cross	H	12	128
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE					
Yes	USAF Cemetery Manila #2, Luzon, P.I.					
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.		
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			
<i>Edward L. Berg</i> EDWARD L. BERG, SPL, RA			<i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 1st Lt., QMC			

NAT FILE RECORDS ANNOTATED
 DATE 11/20/51
 NAME Jones
 Reg's BR. MED. DIV.

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.

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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:

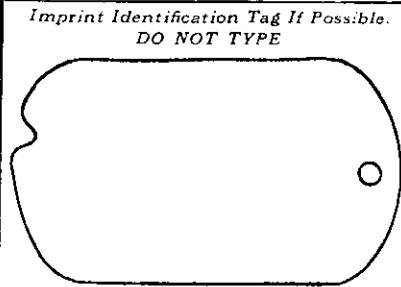
LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

RESTRICTED

QMC Form 1042
(Rev. 1 Apr. 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
7 Dec 1951



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <i>George W. ...</i>		SERIAL No. <i>1710000</i>
GRADE <i>Unknown</i>	ORGANIZATION <i>Unknown</i>	BRANCH OF SERVICE <i>Unknown</i>
RACE <i>Unknown</i>	RELIGION <i>Unknown</i>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY Unknown

PLACE OF DEATH <i>PO Box, ...</i>	CAUSE OF DEATH <i>Unknown</i>	DATE OF DEATH <i>Unknown</i>
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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)
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
UNIT ...

DATE OF BURIAL 5 Dec 1951	HOUR --	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Stone	PLOT No. 4	ROW No. 12	GRAVE No. 122
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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 <i>...</i>	PLOT No. 2	ROW No. 17	GRAVE No. 2160
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT <i>Edward L. ...</i>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>... 1st Lt., QMC</i>
--	--

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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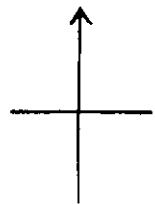
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

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QMGMU 293
Unknown X-574
Manila #2, P. I.

2 January 1948

SUBJECT: Identification of Unknown Deceased

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

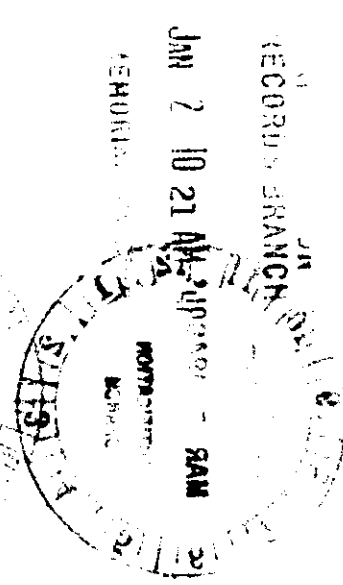
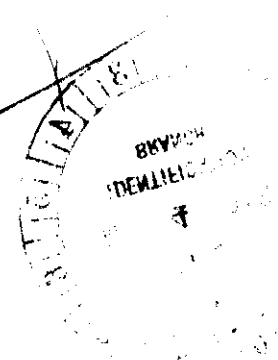
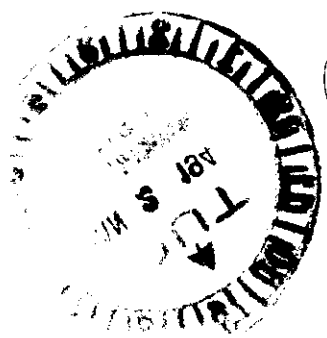
1. Reference is made to Report of Reinterment submitted to this office for Unknown X-574, USAF Cemetery, Manila #2, P. I., Plot 2, Row 17, Grave 2160.

2. It is requested that the remains of this casualty be exhumed, revised QMC Form 1044 accomplished in the presence of a medical officer, indicating all fillings and extracted or posthumously missing teeth, and forwarded to this office at the earliest practicable date.

FOR THE QUART MASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Memorial Division

aem
10/10
2



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK X-4090 (Formerly UNK X-574 (CONNEL, Walter R) USAF Cem Manila #2, Luzon, PI)				2. DATE OF REPORT 30 Mar 48	
3. NAME OF CEMETERY AGFOS Mausoleum, Manila, P.I.		4. PLOT 801	5. ROW X	6. GRAVE 5351	7. DATE OF DISINTERMENT 16 Dec 47
		MANGER BAY		CRYPT	REINTERMENT STORAGE 1 Apr 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'11 5/8"	10. COLOR OF HAIR UTD	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

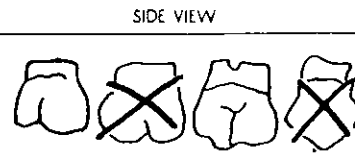
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

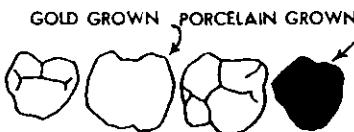
18.

TOOTH CHART

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



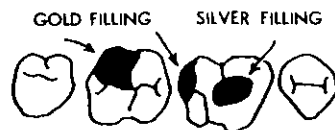
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



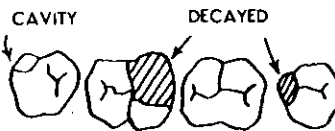
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



Maxilla missing

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	P		P	P	P	P	P	P	P	P	P	P	P	P	P
SIDE VIEWS								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
	P	P					P					P	P		
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."

REMARKS: Maxilla missing. Maxillary teeth R6, 8 and L5, 6 found loose with remains. The only portion of mandible present from which you can determine X or P teeth is from R10 to R13.

CERTIFIED TRUE COPY:

 L S PANOPIO
 1st Lt, Inf

/s/ John J Connors

DISINTERMENT DIRECTIVE

Att.

1

293 Unk Manila #2 X-574

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	7747 00379	21 01 52 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-574			8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MANILA #2 P I	2	17	2160	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		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 (<i>Signature</i>)

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.

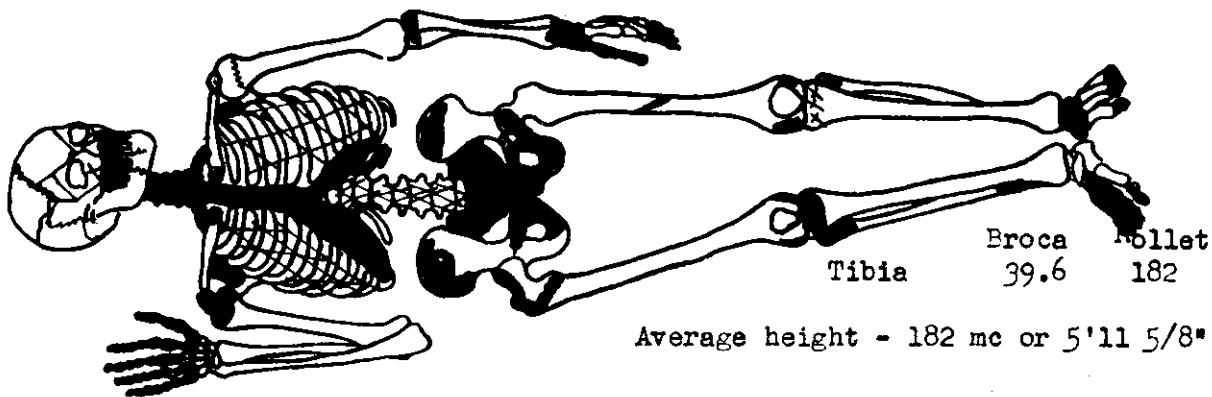
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. REMAINS PERM INTERRED IN FT. MCKINLEY, P. I., PLOT H, ROW 12, GRAVE 128.

NAT
FILE
RECORDS ANNOTATED
DATE FEB 5 1952
NAME *[Signature]*
FR. MRS. DIV.

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

According to ltr, dtd 2 Jan 46, subject remains could be that of CONNELL, Walter R, Pvt, 19015417, of the 34th Pur, which is the name on file for Grave 50, Plot 8 of Cabanatuan POW Camp, Luzon, P.I.

No ID tags, personal effects, burial bottle or other means of identification.

Circumference of the skull is unobtainable due to condition of remains; skull fragmented.

Estimated weight of remains, 4 1/2 lbs.

CERTIFIED TRUE COPY:

L S Panopio
L S PANOPIO
1st Lt, Inf

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
/p/ JOHN CONNORS
CIP Laboratory, Manila, P.I.

SIGNATURE
/s/ John Connors

REPORT OF DISINTERMENT FOR IDENTIFICATION

16 Dec. '47

1. Remains of (Name)

UNKNOWN X-574

Serial Number

Grade

Organization

.Name, Number and Location of Cemetery

USAF Cem Manila No. 2 Luzon P. I.

Plot

2

Row

17

Grave No.

2160

2. Date of Disinterment

16 Dec. '47

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

Skeletal remain.

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

One (1) substitute tag.

On Remains

One (1) substitute tag.

What Identification Used Upon Reinterment: On Marker

On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.

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

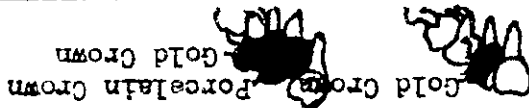
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are X 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.

Missing Teeth



Crowned Teeth



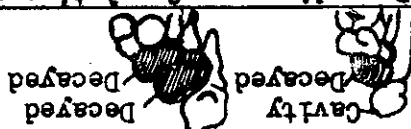
Bridgework



Fillings



Caries (Cavities)



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

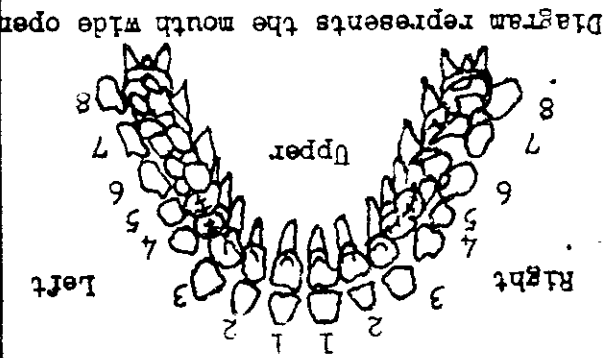
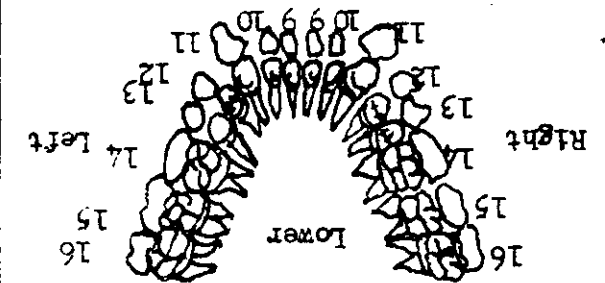


Diagram represents the mouth wide open



5-34880-4A1

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK I-490 (Formerly UNK I-57) (CORTEL, Walter R) USAF Corp Manila			2. DATE OF REPORT 30 Mar 48	
3. NAME OF CEMETERY AGNES Mausoleum, Manila, P.I.		4. PLOT MANGER BAY CRYPT		7. DATE OF
		801	X	5951
		DISINTERMENT	REINTERMENT STORAGE	
		16 Dec 47	1 Apr 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'11 5/8"	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

18.

TOOTH CHART

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

Maxilla Missing

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		P		P	P	P	P	P	P	P	P	P	P	A/O	P	P
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
		P	A/O					P					P		P	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

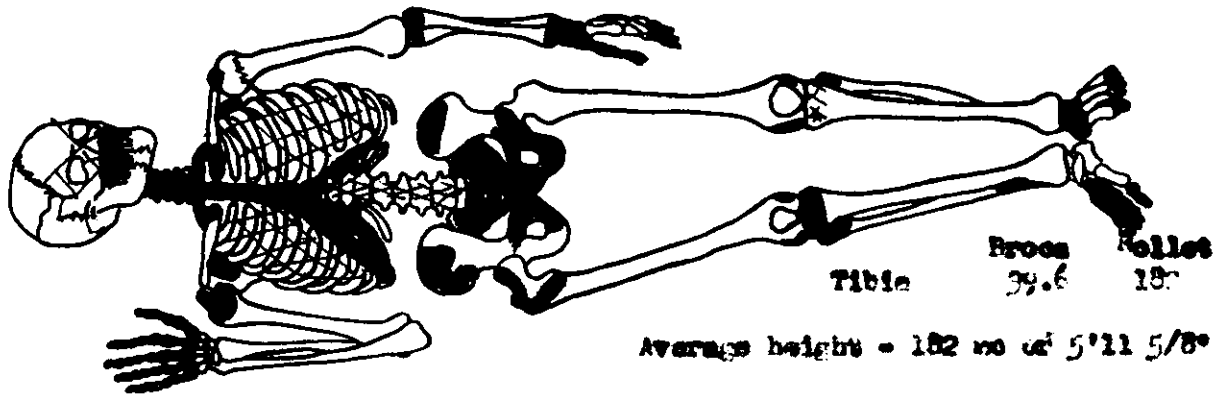
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla missing. Maxillary teeth #6, 8 and 15, 6 found loose with remains. The only portion of mandible present from which you can determine X or P teeth is from R10 to R13.

CERTIFIED TRUE COPY:
[Signature]
L S PANOPLO
1st Lt, Inf

/s/ John J Connors

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

According to ltr, dtd 2 Jan 46, subject remains could be that of
 COMISA, Walter R, Pvt, 19015417, of the 34th Div, which is the name on file
 for Grave 53, Plot 2 of Sebastian Camp, Mon, P.I.

No tags, personal effects, burial bottle or other means of identification.

Circumference of the skull is unobtainable due to condition of remains;
 skull fragmented.

Estimated weight of remains, 4 1/2 lbs.

COPIED TO: COY:

[Handwritten Signature]
 1st Lt, Inf

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/s/ JOHN CONNORS
 CID Laboratory, Manila, P.I.

SIGNATURE

/s/ John Connors

RECORD OF CUSTODIAL TRANSFER

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

REPORT OF DISINTERMENT FOR IDENTIFICATION

16 Dec. '47

1. Remains of (Name)

UNKNOWN X-574

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

U.S. Air Corp Manila No. 2 Luzon P. I.

Plot

2

Row

17

Grave No.

2160

2. Date of Disinterment

16 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


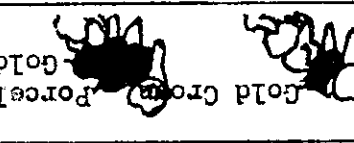
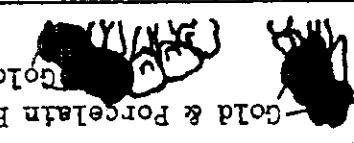

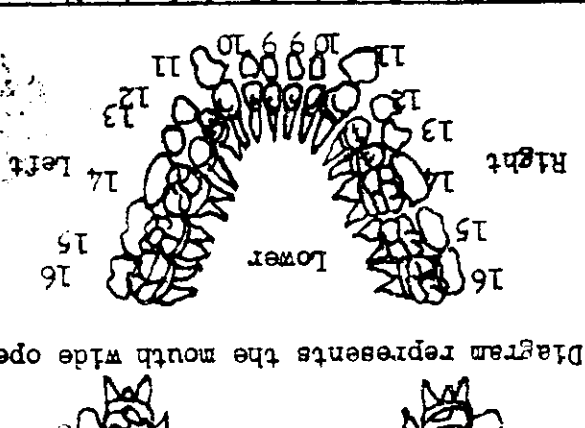
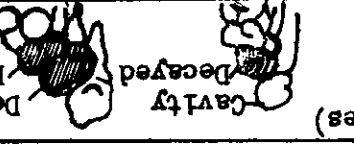
On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.

Edward C. Stephenson
EDWARD C. STEPHENSON, 1st Lt., OMC

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

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

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

Remarks

HEADQUARTERS
111TH QUARTERMASTER
GRAVES REGISTRATION PLATOON
(Separate)

APO 75
2 January 1946

SUBJECT: Identification of Unknown

TO : Commanding Officer, USAF Cem #2, Manila

1. Grave 50 Plot 8 was known to have 1 body in it. The body was disinterred, and no identification tags were found.

2. The body is unkn C-171. The name of unkn C-171 could be Connell, Walter R. Pvt, 19015417, of the 54th PUR, which is the name on file for that grave ad plot.

3. The above is all the information on file this headquarters.

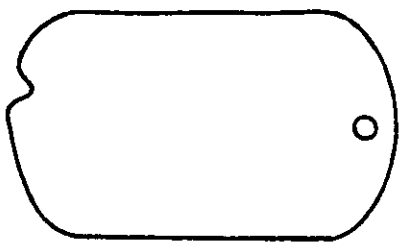
TURSTON A. REIDINGER
2d Lt FA
Commanding

/cbf

JUL 22 1948


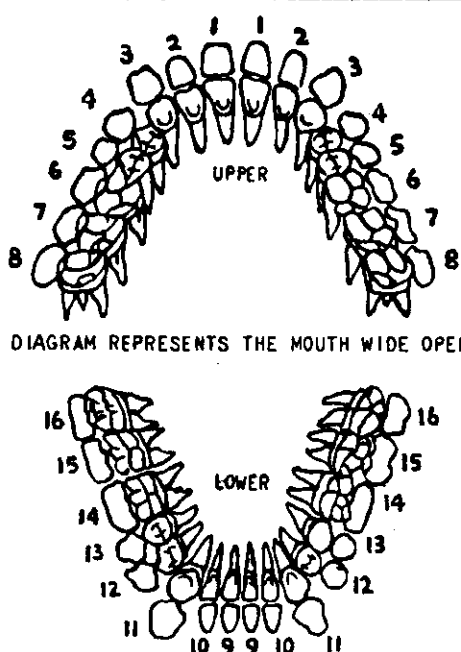





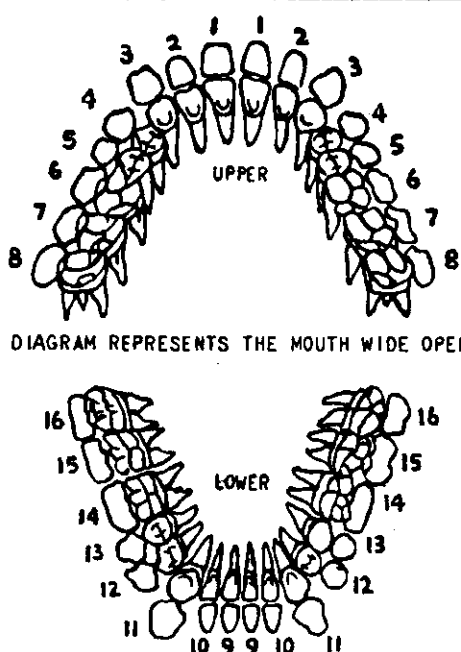





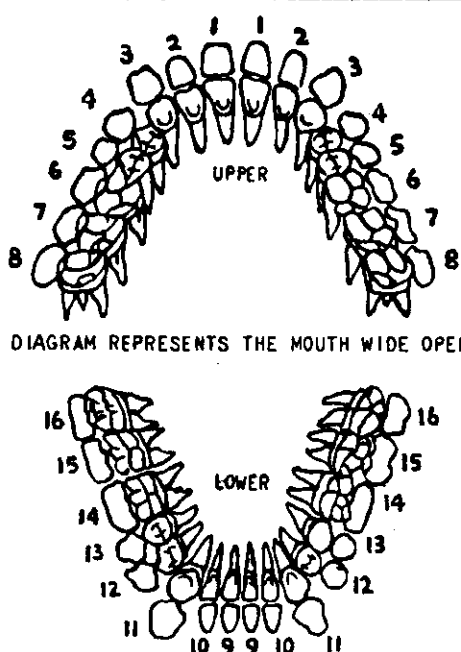




RESTRICTED

V-1222

WD OMC FORM 1042 (Rev. 4 Sept 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 3 Apr 48		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-4090 (Formerly UNK X-574 USAF Cem Manila #2, Luzon, PI) (CONNELL, Walter R)			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 Cabanatuan POW Camps I and II, 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 ACRS MAUSOLEUM, MANILA, P. I.							
DATE OF BURIAL STORAGE 1 Apr 48		HOUR 930		BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. ROW No. GRAVE No. 801 X 5351	
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes		REBURIAL. INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.					
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED Yes		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-4092				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5352
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-4089				RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 5350
SIGNATURE OF PERSON PREPARING REPORT V. C. AQUINO, Jr., OMC				SIGNATURE OF GRS OFFICER VERIFYING REPORT L. S. PANOPIO, 1st Lt, Inf			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.							

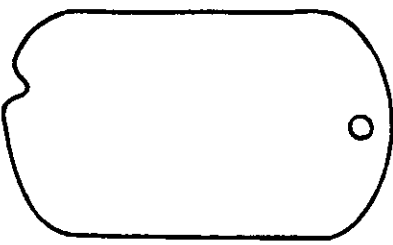
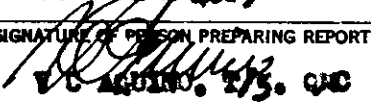

RESTRICTED

231

LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.																				
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.																				
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR																	
				BIRTHMARKS, SCARS, OR TATTOOS																	
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND																	
	OTHER IDENTIFICATION CLUES																				
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  SILVER FILLING GOLD FILLING </td> <td rowspan="7" style="width:40%; text-align:center; vertical-align:middle;">  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN </td> </tr> <tr> <td>CAVITIES</td> <td>  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td>  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  GOLD BRIDGE </td> </tr> <tr> <td colspan="3">FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</td> </tr> <tr> <td colspan="3"> REMARKS: UNK X-4090 AGRS Mausoleum, Manila, P.I., formerly UNK X-574 USAF Cem Manila #2, Luzon, P.I., is believed to be CONNELL, Walter R, Pvt 19015417 of the 34th Pur Air Corps, died on 11 July 1943, the only remains buried in Plot 8, Grave 50 (850), Cabanatuan Prison Camp Cemetery, according to previous Report of Interment. QMC Form 1044, 1044-A and 1044-B accomplished. </td> </tr> </table>				FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	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: UNK X-4090 AGRS Mausoleum, Manila, P.I., formerly UNK X-574 USAF Cem Manila #2, Luzon, P.I., is believed to be CONNELL, Walter R, Pvt 19015417 of the 34th Pur Air Corps, died on 11 July 1943, the only remains buried in Plot 8, Grave 50 (850), Cabanatuan Prison Camp Cemetery, according to previous Report of Interment. QMC Form 1044, 1044-A and 1044-B accomplished.		
FILLINGS					 SILVER FILLING GOLD FILLING	 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN															
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: UNK X-4090 AGRS Mausoleum, Manila, P.I., formerly UNK X-574 USAF Cem Manila #2, Luzon, P.I., is believed to be CONNELL, Walter R, Pvt 19015417 of the 34th Pur Air Corps, died on 11 July 1943, the only remains buried in Plot 8, Grave 50 (850), Cabanatuan Prison Camp Cemetery, according to previous Report of Interment. QMC Form 1044, 1044-A and 1044-B accomplished.																					
LEFT THUMB																					
RIGHT THUMB																					
RIGHT INDEX FINGER																					
RIGHT MIDDLE FINGER																					
RIGHT RING FINGER																					
RIGHT LITTLE FINGER	REMARKS:																				


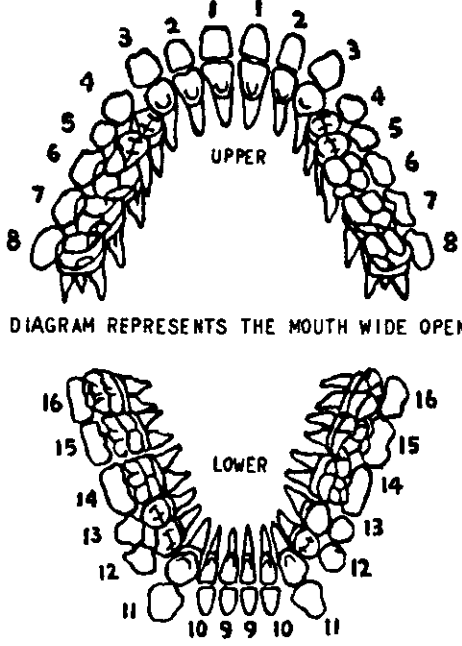




26 MAY 1948

RESTRICTED

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT STORAGE (AR 30-1810 and AR 30-1815)			DATE OF REPORT 9 Apr 48	
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN I-4090 (Formerly UNK I-574 UNK Camp Manila #2, Luzon, P.I.) (CORRELL Below 1)			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 Camp Crowsnest POW Camps I and II, 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 2 Apr 48	HOUR 0730	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 001	ROW No. X	GRAVE No. 5351
WAS THIS A REBURIAL? (Yes or no) Yes RESTORED	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE UNK Cemetery Manila #2, Luzon, P.I.			PLOT No. 2	ROW No. 17	GRAVE No. 2160
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 I-4090			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5352
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) STORED UNKNOWN I-4090			RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5350
SIGNATURE OF PERSON PREPARING REPORT  V. C. AQUINO, Jr.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  L. S. PANOPTO, 1st Lt., Inf			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

Incl. 1

LEFT LITTLE FINGER	Section 3. UNIDENTIFIED REMAINS.			
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
LEFT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING			
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT RING FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY REMARKS: ENK X-4090 ACPS Hummelon, Manila, P.I., formerly ENK X-574 USAF Com Manila #2, Davao, P.I., is believed to be GIBBELL, Walter R. Pvt 1901517 of the 5th Par Air Corps, died on 21 July 1943, the only remains buried in Plot 2, Grave 50 (830), Subanban Prison Camp Cemetery, according to previous Report of Interment. Q&S com 1044, 1044-A and 1044-B accomplished.			
RIGHT LITTLE FINGER	REMARKS:			

RESTRICTED U-

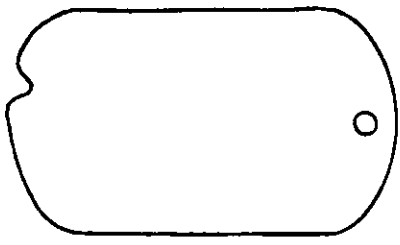
U-1222

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

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

DATE OF REPORT
1 February 1946

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X - 574 (CONNELL, Walter R) (Formerly Unknown C-171, Cabanatuan Cem., Luzon, P.I.)		SERIAL No. 19015417
GRADE Pvt.	ORGANIZATION 34th Pur.	BRANCH OF SERVICE Air Corps
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Cabanatuan POW Camps I and II, Luzon, P.I.	CAUSE OF DEATH	DATE OF DEATH 11 July 1943
---	----------------	-------------------------------

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) See attached letter
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 No. 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.
5 Jan. 1946	1400	shelter half	cross	2	17	2160

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 and II Cemetery, Cabanatuan, Nueva Ecija, Luzon, P.I. - 45.7-70.9 1/50,000	PLOT No. 8	ROW No. 0	GRAVE No. 50(850)
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) yes
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X - 597 (DZUBEZYNSKI, John T) (Formerly Unknown C-194, Cabanatuan Cem., Luzon, P.I.)	RANK Cpl.	SERIAL No. 33082173	ORGANIZATION 803rd C.E.	GRAVE No. 2159
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X - 575 (WILLIAMS, Robert W) (Formerly Unknown C-172, Cabanatuan Cem., Luzon, P. I.)	RANK s/sgt.	SERIAL No. 6906704	ORGANIZATION 7th CWS	GRAVE No. 2161
--	----------------	-----------------------	-------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, T/4, GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT E. M. MOORE, 1st Lt., QMC.
--	---

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

RESTRICTED

Jan 69

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


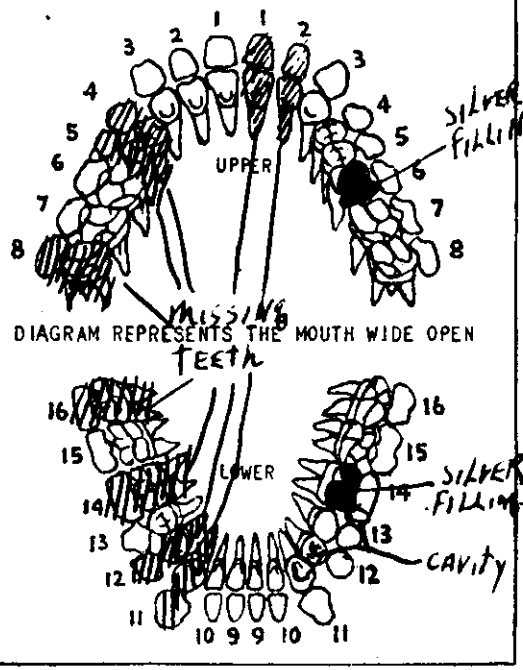





(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

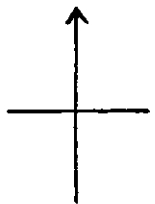
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
---------------	---------------	----------------------	----------------------	--------------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

Notes:

17 Aug 50

(Report from Statistical Unit)

No. A. D. has been cut -

(Chilean case)

M. Donovan

att

unk P.I. X-574 (Manila #2)

QUART 293

1 August 1949

~~Unknown X-4090, AGES Mausoleum
Manila, P.I. (Formerly X-574, file
USAF Cem. Manila #2, Luzon, P.I.)~~

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Proceedings of your Board of Review, dated 11 April 1949, recommending that the remains of Unknown X-4090, AGES Mausoleum Manila, P.I., be identified as those of Pvt Walter R. Connell, 19 015 417.

2. Evidence involved in this case is not considered sufficient to establish positive identification. Although Army dental records for Pvt Connell are probably incomplete, a negative comparison is presented. In addition, the estimate of height for these remains compares unfavorably with that recorded for Pvt Connell.

3. This case has been disapproved by this Office for the reasons cited above and Board Findings are returned herewith.

FOR THE ACTING THE QUARTERMASTER GENERAL:

1 Incl: Bd Proceedings

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

REB

cc: Adm Section

NJS

A. C. King: dal
L. M. White
J. Windsor

293 unk P.I. X-4090 (Manila #2)
293 Connell, Walter R. 19015-417

cc: CINCPAC, APO 500, c/o P. M., San Francisco, Calif

293 - Unk. P. I. X-574 (Manila #2)

QMCMT 293

Unknown X-4090, AGRS Mausoleum
Manila, P. I. (Formerly X-574,
USAF Cem. Manila #2, Luzon, P.I)

1 August 1949

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Proceedings of your Board of Review, dated 11 April 1949, recommending that the remains of Unknown X-4090, AGRS Mausoleum Manila, P. I., be identified as those of Pvt Walter R. Connell, 19 O15 417.

2. Evidence involved in this case is not considered sufficient to establish positive identification. Although Army dental records for Pvt Connell are probably incomplete, a negative comparison is presented. In addition, the estimate of height for these remains compares unfavorably with that recorded for Pvt Connell.

3. This case has been disapproved by this Office for the reasons cited above and Board Findings are returned herewith.

FOR THE ACTING THE QUARTERMASTER GENERAL:

1 Incl: B1 Proceedings

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

Q Q P X:
mfs

X-4090 Manila Mausoleum

BASIC: Ltr fr DOTA, OQMG, Wash. 25, D. C., file QMGMU 293, Unknown X-574
Manila #2, P.I., dtd 2 Jan 48, subject: Identification of Unknown
Deceased.

GSGPR 293

3rd Ind

ELT/ng*

HEADQUARTERS, PHILIPPINES-RYUKYUS COMMAND, APO 707

1 JUN 1948

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

1. In compliance with basic communication, forwarded herewith are carbon copies of QMC Form 1042 and Revised QMC Form 1044 for Unknown X-4090, AGRS Mausoleum, Manila, formerly Unknown X-574 (CONNELL, Walter R.), USAF Cemetery Manila #2, Philippine Islands.

2. Original QMC Form 1042 and Revised QMC Form 1044 will be forwarded your office on the Weekly Report of Burials Recorded, week of 31 May 48, file 22-48.

FOR THE COMMANDING GENERAL:

NORMAN L. QUIGG
CWO, USA
Asst Adj Gen



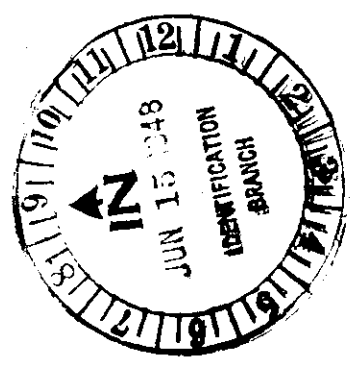
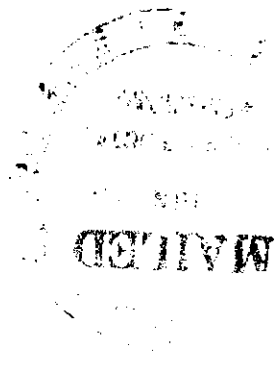
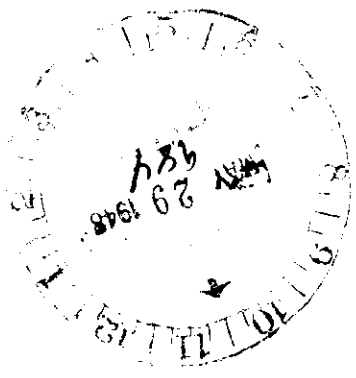
1 Incl:
As stated

Incl. and inf. copy w/d and one file in Ident. Br., dtd 11. 24. 48.

293 Connell, Walter R.

*File 17 June 1948
The Adj. Gen.
Ident. Br. 2
NAT*

293 Connell



BASIC: Ltr fr Dept of the Army, OQMG, Wash. 25, D.C., file OQMGU 293
Unknown X-574 Manila #2, P.I., dtd 2 Jan 48, subj: Identification
of Unknown Deceased.

GSQMM 293

1st Ind

S: 1 Mar 48
CRM/RAJ/lfl*

PHILRYCOM Sector Graves Registration Service, APO 707, 30 January 1948

TO: Commanding Officer, AGRS Mausoleum, Manila, APO 707

1. Reference is made to basic communication regarding Unknown X-574, formerly interred in Plot 2, Row 17, Grave 2160, USAF Cemetery Manila #2, P.I.

2. Request the remains of this casualty be reprocessed, revised QMC Form 1044 accomplished, indicating all fillings and extracted or post-humously missing teeth and forwarded to this office at the earliest possible date.

BY ORDER OF COLONEL MURPHEY:

Harold F. Reverski
HAROLD F. REVERSKI *Car*
Lt. Colonel, USAF
Executive

GSGFR 293

2nd Ind

VNG/tce

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, MAUSOLEUM, NICHOLS
FIELD, APO 707, 24 May 1948

TO: Commanding Officer, PHILRYCOM Zone, AGRS, APO 707

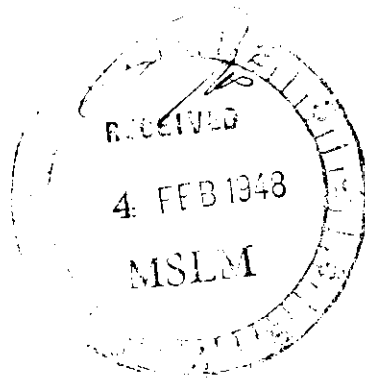
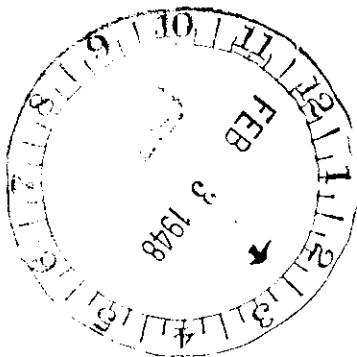
1. 1st Ind complied with.

2. Forwarded herewith QMC Forms 1042, 1044, 1044a and 1044b for
Unk X-4090, formerly Unk X-574 (Manila #2),

FOR THE COMMANDING OFFICER:

Wm. R. Gilbert
Wm. R. GILBERT
Administrative Assistant

Incl: a/s



FEB 5 1948

DEPARTMENT OF THE ARMY
~~WAR DEPARTMENT~~

0625

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO

QMGU 293
Unknown X-574
Manila #2, P. I.

2 January 1948

SUBJECT: Identification of Unknown Deceased

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

1. Reference is made to Report of Reinterment submitted to this office for Unknown X-574, USAF Cemetery, Manila #2, P. I., Plot 2, Row 17, Grave 2160.

2. It is requested that the remains of this casualty be exhumed, revised QMC Form 1044 accomplished in the presence of a medical officer, indicating all fillings and extracted or posthumously missing teeth, and forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

James C. MacFarland
JAMES C. MacFARLAND
Major, QMC
Memorial Division