FILE IDENTIFICATION TOPPER FILE NUMBER 293 link. Wanda # 2 X-593 SUBJECT Ilso manila news. X-4503 Formerly and Pakanatian Com-C-190 ciatel With 193 Jackson, Leonard QMC FORM 1121 1 Aug 45

|                          | **                                      | · · · · · · · · · · · · · · · · · · · |              | ·                                       | 31-1               | GWA  |
|--------------------------|---|---------------------------------------|--------------|---|--------------------|--|
| /bgm                     | Interred 1                              |                                       |              |   |                    | <b>*</b>   |
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|                          | Carel                                   | Horack "                              | OIN I CIVITI | THE DINE                                |                    | 4  |
| ~~**J_L /                | CARL R. H.                              |                                       | •            |   | 801-               | -6   |
|                          | Comptery St<br>SECTION A —              | uperintendent                         | [1           | DIRECTIVE NUMB                          |                    | DATE   |
| /add                     | NAME AND BURIAL LOCA                    | TION OF DECEASED                      |              | 7747                                    | 00389              | 15 01 50   |
| MAME                     |   |                                       | SERIAL NUN   | BER (                                   | GRADE ARM          | RACE RELIGION  |
|                          |   | UNKNOWN                               | x-00         | 0593                                    | a                  | 06   |
| CEMETERY                 | <del></del>                             |                                       | 18107        | ROW                                     | GRAVE              | Disposition of Personal  |
| MANILA                   | NO O/B                                  | - 11                                  | PLOT         |   |                    | DISPOSITION OF REMAINS   |
| MANILA                   | NO Z/P                                  | - a                                   |              | 2 17                                    | 2178               | 7701 80<br>CODE DIST. CTR.   |
|                          |   | SECTION B — CO                        |              | NEXT OF KIN                             |                    |  |
| NAME AND ADDRESS         |   | D V                                   | NAME A       | ND ADDRESS O                            | F NEXT OF KIN      |  |
|                          | INLEY CEMETE<br>PHILIPPINE I            |                                       | (B           | Y ADMIN                                 | ISTRAT IVE         | DECISION)  |
| rann rung                | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | , chapt                               |              | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                    |  |
| ·                        |   |                                       |              |   |                    |  |
| NAME                     |   | SECTION C - DISINT                    |              | DATE OF DEATH                           |                    | DATE DISTINTERRED  |
| INAME                    |   | SERIAL NOMBER                         | GRADE        | DAIL OF DEAIR                           | •                  | DATE DISTINTERRED  |
| UNK X                    | - 593                                   | ••                                    |              |   |                    | 13 Feb 150   |
| IDENTIFICATION TAG       | ON ORGANIZATION                         |                                       |              | RELIGION                                | IDENTIFICATION     | and the second s |
| REMAINS                  |   | UNKNOWN                               |              |   | PAUL R             | NICHOIS  |
| L MARKER                 |   | SECTION D — PREPARA                   | TION OF DEM  | AINS FOD SHIP                           |                    | DY NAME AND TITLE  |
| NÀTURE OF BURIAL         |   | SECTION D - TRETAIN                   |              | N OF REMAINS                            | #E111              | · · · · · · · · · · · · · · · · · · ·  |
|                          | <i>*</i> 1 *.                           |                                       |              |   |                    |  |
| OTHER MEANS OF IDE       | Shelter                                 | Half                                  | <u>. L</u>   | Sk                                      | eletal             | <u> </u>   |
| OTHER MEXICO OF IDE      | MINCATION                               |                                       |              |   |                    |  |
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| WHICH RICCEPANICE        | e / D                                   | X - 4503 Ma                           |              |   |                    |  |
| MINOR DISCREPANCIE       | s (Frepare Discrepar                    | icy Report WMC Form                   | 11 1194a 101 | major discre                            | pancies.)          |  |
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| ·                        |   | · · · · · · · · · · · · · · · · · · · |              |   |                    |  |
| REMAINS PREPARED AI      | ND PLACED IN CASKET                     |                                       |              |   |                    |  |
| 13                       | Feb 150                                 | B.V                                   | D/           | וון                                     | CHOLS              | •  |
| DATE 15 CASKET SEALED BY | ren /o                                  | ВҮ                                    | EMBALMES     | (Signature)                             | 2 2 4 1            | · · · · · · · · · · · · · · · · · · ·  |
|                          |   |                                       | (            | faul f.                                 | Whale              | •  |
|                          | PAUL R NICH                             | ols                                   | 1            |   | NICHOLS            | · <i>E</i>   |
| CASKET BOXED AND A       |   | H TANGUAY,                            | SHIPPING     | ADDRESS VERIFI                          | ED SY              |  |
| DATELS Feb 5             |   | RA                                    | 1            | L. W. R                                 | ICHARDSON.         | M/Sgt, RA  |
|                          |   |                                       | ere conduc   |   |                    | my immediate supervision   |
|                          | eport above is correc                   |                                       |              | $\sim$                                  | •                  |  |
|                          |   |                                       |              | Full C                                  | of lands           |  |
|                          |   |                                       |              | 7. W. R                                 | TCHARDSON.         | M/Sgt, RA  |
|                          |   | <del></del>                           |              |   | ATURE OF AGRS INSP |  |
| REMARKS AND SPECIA       | ARE UNIDENT                             | FIARIF                                |              | <del></del>                             |                    | V  |
| REPAIRS                  | ME ONIDENT                              | IT INDLE.                             |              |   | ms.                |  |
|                          |   |                                       |              |   | 4                  | - manusis - <del>Berlins</del><br>Distriction  |
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| DMC FORM                 | <u></u>                                 |                                       | <del></del>  |   | 21 <b>6</b> .33    |  |
| REV 11 FEB 48 1194       | Land ?                                  | 1                                     |              |   |                    | **   |
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| AND         |  |               |  | :  |
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| DATE        | SIGNATURE OF RECEIVER  | DATE          |  | SIGNATURE OF SHIPPE                            |
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| <del></del> | O1   | IHS 'L        | •  | #O43   |
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|             |  |               |  | ]  |
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| ∃TAQ        | SIGNATURE OF RECEIVER  | 3TA0          |  | SIGNATURE OF SHIPPER                           |
|             | NAME OF CONVOYER   |               |  | KIND OF CONVEYANCE                             |
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|             | 1O 10  | IIH\$ 7       |  | HOM  |
| ncal o      | Caraphonak FEB I   |               |  |  |
| DATE        | A MATERIAL CONTROL OF THE CONTROL OF | DATE          |  | SIGNATURE OF SHIPPER                           |
| 3170        | SIGNATILISE OF BECHVER   | 3140          | <u></u>  | TRUCK  |
|             | NAME OF CONVOYER   |               |  | KIND OF CONVEYANCE                             |
|             | 10 MILITARY CEMETERY   | -             | · LEAST RAPIT SOV  | WOR  |
|             |  | I' SHIE       | · · · · · · · · · · · · · · · · · · ·  |  |
|             | ODIAL TRANSFER   | OF CUST       | ВЕСОВО   |  |

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QMMT 293 GRS Far East

2 September 1949

SUBJECT: Approval of Unidentifiability

20 : 0

: Commanding General Philippine Command ARO 707, c/o Postmaster San Francisco, Galifornia

ATTM: ACRS, PHILOON ZONE

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

Unknown X-4503, AGRS Mansoleum Manila, formerly X-503, USAF Cem., Manila #2

X-4504, 
X-505.

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

- E. A. Kampidal
- L. M. White
- J. Mindsor

# PEATERANTEIS PHILIPPINES COMMAND UNITED STATES ARMY

GSGE 293.9

APO 707 28 JUL 1949

SUBJECT: Unidentifiable Remains

To: The Quartermaster General Department of the Army Washington 25, D.C. ATTH: Homorial Division

1. In asserdance with the provisions of your letter, file (MMHI 293, ORS (Par East), dated 17 Reptember 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS Yauseleum, Manila, P.T., have been precessed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data;

UNIDOWN 1-329 AGRS Melm UNKNOWN 1-2330 AGRS Melm

" I-449 AGRS Welm " I-3037 AGRS Melm

" I-1079 AGRS Melm " I-3664 AGRS Melm

" I-1098 AGRS Melm " I-3664 AGRS Melm

" I-1149 AGRS Melm " I-4118 Memila #2

" I-1147 AGRS Melm " I-4118 Memila #2

" I-1428 AGRS Melm " I-4305 AGRS Melm

" I-1578 AGRS Melm " I-4505 AGRS Melm

" I-1668 AGRS Melm " I-4535 AGRS Melm

" I-4668 AGRS Melm " I-4535 AGRS Melm

" I-4678 AGRS Melm " I-4535 AGRS Melm

2. Permarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

POR THE COMMANDING GENERAL:

C. N. LIEURANCE 2nd Lt., AGD Aget. Adj. Gen

23 Incle: QMC Forms 1044 w/certificates of Unidentifiability

COPY

293 Unk. Marila 42 X-593 ABJW: identification of world For II Deceased TO t Commending Constal Philippine Correct APO 707. o/o Postmester Sen Francisco, California ATTRETION: AGE . PHILODE LINE Reference is made to Board Proceedings, your headquarters, dated 22 March 1949, recommending a group identification of Unknowne 3-4803, X-4804, and X-4506, ASSS Massolum Conile, as the remains oft Abeil, Charles K. 6 931 301 JACESON, Loomard R. J. 19 064 317 13 037 306 Mond Proceedings in this ones have been dissported. Evidence to prove the association of these individuals with remains 107, Cabanatuan Canetary. the are returned herewith. HANTER DEVICEALI IDENTIFICATIO N BRANCH IDENTIFICATION so: Adm Section SEP 6 1 941 OUT M. A. Kesupidal L. M. White All J. Windser

295 - Unk. P. I. (Mise) (Maus. Mandle) (X-4805, 4804, 4505)

GMGMT 298

Wake X-4808, X-4804, and X-4808

AGMS Menseloum, Menile, P.I.

(Permerly Units, X-803, X-804, and

X-808 USAF Comptory Menile #2, P.I.)

196

30 June 1940

SUBJECT: Identification of World War II Descosed

10 : Generaling General Philippine Commend PO 707, q/e Pertuster Sem Francisco, California

ATTENTION: AGRS, PHILCON ZONE

 Reference is made to Board Proceedings, your headquarters, dated 22 March 1949, recommending a group identification of Unknowns X-4805, X-6804, and X-4605, ACS Mouselean Memila, as the remains of:

> ARAK, Charles K. Opl 6 931 201 JLGESON, Lesmard R.J. Pvt 10 064 317 LHOEST, Banjad Pvt 18 027 308

- 2. Reard Proceedings in this case have been dispersived. Evidence is insufficient to prove the association of those individuals with remains recovered from Grave 785, Orbana tuan Comstary.
  - Poord Proceedings are returned herewith,

FOR THE QUARTERMATER CENERAL:

T. H. META Lt. Gelenel, QMC Momerial Division

l Incl: Board Proceedings

BOPY

# HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

1 July 1949 Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-593, Plot 2, Row 17, Grave 2178, USMC S. Cem. Lanila 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:

Captain, QMC Chief. Records Bro

Chief, Records Branch

Attch: Form 1044

Incl. #21

|   | <del></del>                    | <del></del>                           |          |               |                 |                          |  |  |  |
|---|--------------------------------|---------------------------------------|----------|---------------|-----------------|--------------------------|--|--|--|
| ,                                       | identifica                     | FION DAT                              | ΓΑ       |               |                 |                          |  |  |  |
| 1. REMAINS OF UNKNOWN TINKNOWN X-4503 ( | Formerly UNK X-593 Mani        | la #2)                                |          |               | 2. DATE OF RE   |                          |  |  |  |
| 3. NAME OF CEMETERY                     |                                |                                       | R OW     | 6. GRAVE      |                 | TE OF                    |  |  |  |
| J. HAME OF CEMETERS                     |                                | 1. 7201 9.                            | NOW.     | U. GRAVE      | DISINTERMENT    |                          |  |  |  |
|   |                                | 802                                   | F        | 1775          |                 |                          |  |  |  |
|   |                                | 00~                                   | -        | ,             |                 |                          |  |  |  |
| <del></del>                             | PHYS ICAL D                    | ESCO LET LON                          |          | L             | <u> </u>        |                          |  |  |  |
| 8. ESTEMATED WEIGHT                     | 9. ESTIMATED HEIGHT            | 10. COLOR O                           | F HAIR   | <del></del>   | 11. RACE        | ···-                     |  |  |  |
| UTD                                     | 61-3/811                       | 1 =                                   |          |               |                 |                          |  |  |  |
|   | OFFICIAL IDENTIFICATION FOUND  |                                       |          | <del> ·</del> | l               |                          |  |  |  |
| ZZZZZYCE DESCRIPTION OF ANY             |                                |                                       |          |               |                 |                          |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
| NONE                                    |                                |                                       |          |               |                 |                          |  |  |  |
| 1.01                                    |                                |                                       |          |               |                 |                          |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
| 13.GIVE DESCRIPTION OF TATT             | OOS OR SCARS ON BODY AND/OR SU | CH INFORMAT                           | ION OBTA | INED FROM     | OTHER SOURCES   |                          |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
| <b>U</b> T'D                            |                                |                                       |          |               |                 | -                        |  |  |  |
| 015                                     | •                              |                                       |          |               |                 |                          |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
| 14. WAS BODY BURNED?                    | TO WHAT EXTENT?                |                                       |          |               |                 | <del>.</del> <del></del> |  |  |  |
|   | TO WHAT EXTERT.                |                                       |          |               |                 |                          |  |  |  |
| YES X NO                                | TO WHAT EXTENT?                |                                       |          |               |                 |                          |  |  |  |
| •                                       | (O WOR) EXTERT:                |                                       |          |               |                 |                          |  |  |  |
| YES SE NO                               | ALED FRACTURES AND BONE MALFOR | MATIONS                               |          |               |                 |                          |  |  |  |
| 19. DESCRIBE EVIDENCE OF HE             | ALED PRACTURES AND DONE MALFOR | HA! 10#3                              |          |               |                 |                          |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
| NONE                                    |                                |                                       |          |               |                 |                          |  |  |  |
| NONE                                    |                                |                                       |          |               |                 |                          |  |  |  |
|   | •                              |                                       |          |               |                 | ,                        |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
| 17 LIST EVERY ITEM OF CLOT              | HING, EQUIPMENT AND PERSONAL E | FFECTS FOUN                           | D. SHOW  | NG THE TY     | PE. COLOR. SIZ  | E. MARKINGS.             |  |  |  |
| SERVICE, ETC. (If laund                 | ry marka are indistinct such n | otation sho                           | uld be s | made and m    | pecimen forward | ded through              |  |  |  |
| channels for examination                | n when facilities ere not avai | lable in th                           | e area)  |               |                 |                          |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
| NONE                                    |                                |                                       |          |               |                 |                          |  |  |  |
| NONE                                    |                                |                                       |          |               |                 |                          |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
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| 11                                      |                                | · •                                   |          |               |                 |                          |  |  |  |
|   | End E x is See & .             | -                                     | ž-ma     |               |                 |                          |  |  |  |
| "RY REAC                                | ON OF LACK OF                  | SUL IBENT                             | IFYING   | G DATA        | r               |                          |  |  |  |
| בי תבתם                                 | Olf Ol English of .            | · · · · · · · · · · · · · · · · · · · |          | · · · · ·     |                 |                          |  |  |  |
|   |                                |                                       |          |               |                 |                          |  |  |  |
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OMC FORM REV 18 MAR 47 1044 PREVIOUS FORM ARE

Views Тор LOVER Side Views 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16 fractured

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

R8 and L8 are missing. Mandible fractured between L10 and L11.

WINDE WAS BY REASON OF LACK OF THE PURPLEY OF THE P

J. J. McDERMOTT

Laboratory Officer, CIP

DENTIFYING DATA?

19. >BLACK OUT PARTS OF BODY NOT RECOVERED 50.0 - 184 Femur 40.5 - 184 Tibia

Estimated height: 184 cms or 61-3/8"

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

Estimated weight of remains - 5 lbs.

Circumference of skull - 201 inches.

"UNDER OFF"

"BY REASON OF LANGUAL STRENGTHYING 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

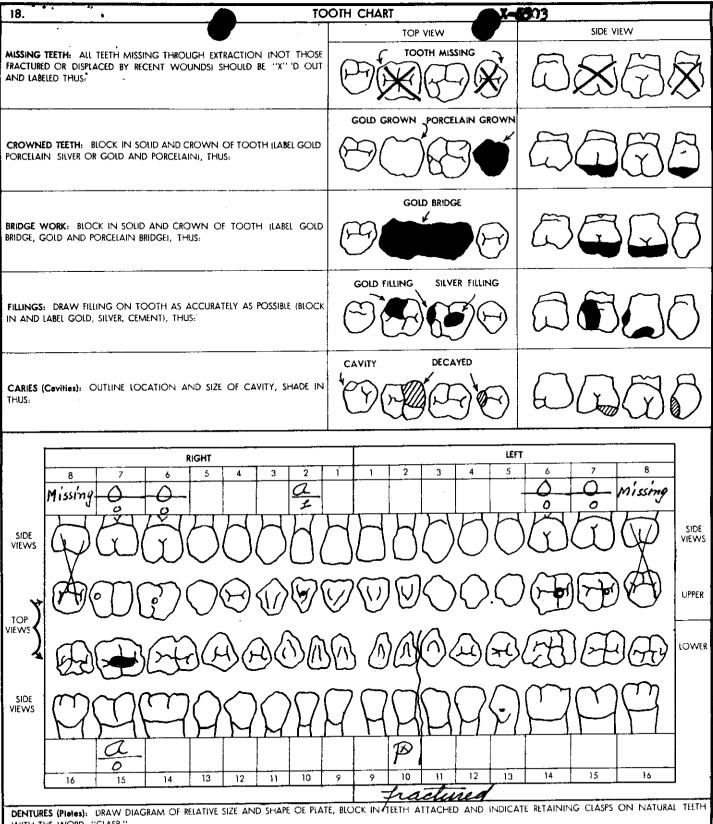
SIGNATURE

) Medermita

|                           |   |                 |          | _         |               |                        |
|---------------------------|---|-----------------|----------|-----------|---------------|------------------------|
|                           | IDENTIFIE   | CATION DA       | TA       |           |               |                        |
| 1. REMAINS OF UNKNOWN     |   |                 |          |           | 2. DATE OF RE |                        |
| I-4503 (Parme             | rly unk K-593, USAF Com   | m Manila #2,    | Lusca    | n, P.I.   | 26 May        | 148                    |
| 3. NAME OF CEMETERY       |   | 4. PLOT 5       |          |           |               | TE OF                  |
|                           |   | MANG            | ER BAY   | RYPT      | DISINTERMENT  | REINTERMENT<br>STORAGE |
| AMES Mensoleum, M         | enile, P.I.   | 802             | 7        | 1775      | 16 Des 47     | 28 May 48              |
|                           |   | L DESCRIPTION   |          |           |               |                        |
| 8. ESTIMATED WEIGHT       | 9. ESTIMATED HEIGHT   | 10. COLOR (     | OF HAIR  |           | 11. RACE      |                        |
| 12.GIVE DESCRIPTION OF AN | Y OFFICIAL IDENTIFICATION FOU   | ND WITH REMAINS | 5        |           |               | <del></del>            |
|                           | NONE  |                 |          |           |               |                        |
| 13.GIVE DESCRIPTION OF TA | TTOOS OR SCARS ON BODY AND/OR   | SUCH INFORMAT   | ION OBTA | INED FROM | OTHER SOURCES |                        |
|                           |   |                 |          |           |               |                        |
|                           | U T D   |                 |          |           |               |                        |
|                           |   |                 |          |           |               |                        |
| 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 MAL   | FORMATIONS      |          |           |               |                        |
|                           | NONE  |                 | •        |           |               |                        |
|                           | n U n e   |                 |          |           |               |                        |
|                           |   |                 |          |           |               |                        |
|                           |   |                 |          |           |               |                        |
|                           |   |                 |          |           |               |                        |
| SERVICE, ETC. (If law     | OTHING, EQUIPMENT AND PERSONA<br>indry marks are indistinct suc<br>tion when facilities are not a | h notation sho  | uld be m |           |               |                        |
|                           | •   |                 |          |           |               |                        |
|                           |   |                 |          |           |               |                        |
|                           |   |                 |          |           |               |                        |
|                           |   |                 |          |           |               |                        |
|                           |   |                 |          | •         |               |                        |

NONF

1663 K 3A



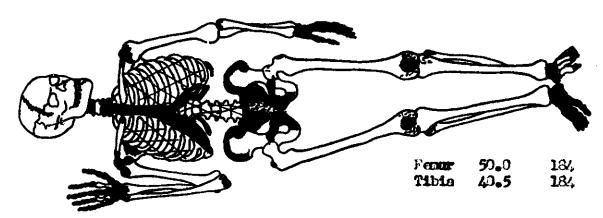
WITH THE WORD. "CLASP."

R8 and L8 ere missing. Mandible fractured between L19 and L11.

CONTINUED TRUE CO T:

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s/ dward F. Soriarty



Everage hoteht 184 cms or 61 3/8"

OVERED

20.

#### MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of \_\_\_\_\_\_\_Decedents Based on the Presence of One or More of the Following Anatomical Parts:

SIGNATURE OF MEDICAL OFFICER

### 21. REMARKS AND ADDITIONAL INFORMATION

This recains is on of a group disleterred from Grave 703, Now O, Not 7 at 'OF Gamp Ga anatuan, Luzon, '.I.

No L. D. tags, personal effects, burial bottle or other means of identification found with remains.

Gircumference of the skull 20% inches. stimeted weight of remains 5 lbs.

CTRILLI D TRUE CO TE

Tune

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/ FDE AT BELARTY

CIP LATE THAT IS. I. I.

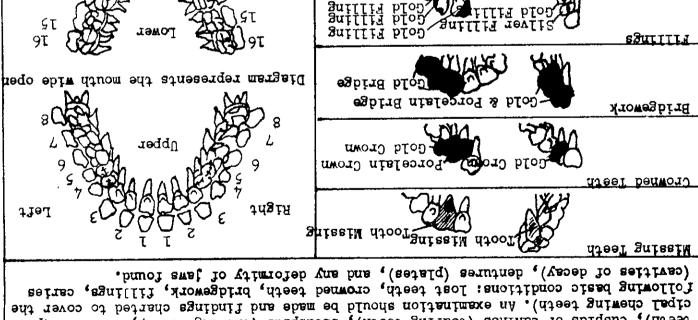
SIGNATURE

s/ dword F. Moriarty

| /20e                             |                                       |                                       |                                       |                                       |   |  |  |
|----------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---|--|--|
| OMOForm 1044<br>Rev. I Apr. 1945 | RESTRIC                               | TED                                   | Ç6                                    |                                       | - · · · · · · · · · · · · · · · · · · · |  |  |
|                                  | MENT FOR IDENTIFICAT                  | ION                                   | 16 Jec 47                             |                                       |   |  |  |
| 1.Remains of (Name)              | •                                     |                                       | Serial N                              | umber                                 |   |  |  |
| 13 39 9 <b>3-593</b>             |                                       |                                       |                                       |                                       |   |  |  |
| Grade Organiza                   | tion                                  | · · · · · · · · · · · · · · · · · · · |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       | <u> </u>                                |  |  |
| .Name, Number and Location       | n of Cemetery                         |                                       | Plot                                  | Row                                   | Grave No.                               |  |  |
| Unaf Com Manila #2, Lu           | zo.; + <u>t</u>                       |                                       | 2                                     | 17                                    | 2178                                    |  |  |
| 2.Date of Disinterment           |                                       |                                       |                                       |                                       |   |  |  |
| 16 Jec 47                        |                                       |                                       |                                       | · · · · · · · · · · · · · · · · · · · |   |  |  |
| 3.Report as to Nature of On      | riginal Burial and C                  | ondition of I                         | Body Upon                             | Disinter                              | ment.                                   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       | :                                       |  |  |
| 1                                | Sk <b>elot</b> aļ :                   | entane                                |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
| 4.What Identification Found      | at Time of Disinter                   | rment: On Mar                         | rker                                  |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  | One (1) swest.                        | itute tag                             |                                       |                                       |   |  |  |
| On Remains                       |                                       |                                       | <del> </del>                          |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  | One (3) salati                        | 14.16 a # 16.00                       |                                       |                                       |   |  |  |
|                                  |                                       | -                                     |                                       |                                       |   |  |  |
| What Identification Used         | Upon Reinterment: U                   | Marker                                |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       | 1                                       |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
| On Remains                       |                                       |                                       | ·                                     |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       |                                       |                                       |   |  |  |
|                                  |                                       |                                       | · · · · · · · · · · · · · · · · · · · |                                       |   |  |  |
| 5.Signature of Officer Sur       | pervising Disinterner                 | ot and meinu                          | erment.                               |                                       |   |  |  |
|                                  | Ward T. Nigh                          | um                                    |                                       |                                       |   |  |  |
|                                  | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | N, lot It.,                           | ∄r€C                                  |                                       |   |  |  |

### INSTRUCTIONS FOR PROPER MARKINGS ON DEBTTE CHART

teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (printhe teeth are arranged symmetrically on either side and classed as incisors (cutting) ne mumbers on the chart, Beginning at the middle line in both upper and lower jaws condition of the body will allow. There are 32 teeth to be accounted for, as shown by I. Cive all information and description on dental chart as meanly correct as the



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

gagaga

\Decayed Decaled nece leq

Cavity

Кепатка

Caries (Cavities)

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

APO 707 29 June 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave # 703, Row # 0 Plot 7. The unknown numbers are AGRS Mausoleum numbers:

UNKNOWN - X - 4503 " X - 4504 " X - 4505

FOLTIN, William PRICE, Western DZUTECZUSKI, John T. GATES, Leonard D.

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) STORED IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) STORED Yes BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL NO. ORGANIZATION GRAVE NO CRYPY Co T 27th SDAS, Menmel Jr. Pvt 39149671 Inf. Regt 1777 BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No. Pary C.6448 HYNDIRECH. Wilber W. 33342676 Col FA Bo. 1773

PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

CHIDIO L'S PANOPIO 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

|  | Cadian   | VIDENTIFIES   | DEMAIN  |   |  |  |  | <del></del>  | 7   |  |
|--|--|---|---|---|--|--|--|--|---|--|
| 5                                      | Section  | NIDENTIFIED   | KEMAINS   | •   |  |  | · · · · · · · · · · · · · · · · · · ·  | · · ·  | <del></del>   |  |
| LEFT<br>LITTLE FINGER                  | (a) Gr<br>mains. Fil<br>social secur<br>planes, veh<br>(b) A<br>chart at left<br>every tooth     | eat care will I in anatomi ity number; icles, and tar ingerprint, o t, or as many will be indic | cal charac<br>position on<br>hks.<br>or prints, a<br>y as possib<br>cated on th | teristics be<br>f body fou<br>tre the mo<br>ble. If no<br>te tooth ch | elow, and<br>nd in airp<br>st valuabl<br>fingerprin<br>art in acco | I any other collanes, vehicle<br>e of all clues<br>nt or prints co<br>ordance with | for the future ic<br>lues under "O<br>es, and tanks; a<br>. Imprint all f<br>an be secured, t<br>diagram below | ther," such as<br>and serial numb<br>ingers and thur<br>the condition of | shoe size.<br>ers of air-<br>mbs in the<br>each and |  |
| RING F                                 | accomplished if one or more fingerprints are secured.  HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR |   |   |   |  |  |  |  |   |  |
| FINGER                                 | <b>,,_</b>   | WEIGHT COLORS 2120 COLORS 113111  |   |   |  |  |  |  |   |  |
|  | WEAPON AND   | SERIAL No.  | <u> </u>  | LAUNDRY   | MARKS  | <del>-</del> .   | WHERE BODY W   | AS BURIED OR FO  | DUND  |  |
| LEFT<br>MIDDLE FINGER                  |  |   |   |   |  |  |  |  |   |  |
| FINGER                                 | OTHER IDENT  | TIFICATION CL   | UES   |   |  |  |  |  |   |  |
| INDEX                                  |  |   |   |   |  |  |  |  |   |  |
| LEFT<br>INDEX FINGER                   | FILLING  | S   | ∩ / SI  | LVER FILL   | ING<br>G   |  | - 2 -  | ! 2  |   |  |
| PNGO                                   |  |   |   |   |  | 4  | 999  | 3803.  |   |  |
| 7 2 1                                  | CAVITIE  | S   | 80 30 E   | CAVITY  |  | 5  |  | THE S  |   |  |
| ###################################### | wittee   | seria pouc  | THE STATE OF  | S)  | 20   | 7  |  |  | 7,3   |  |
|  | MISSING  | (BELD)  | zlinap <sup>((V</sup>   | OOTH MISSI  | 16   | * Q  | N  | NE.  | D:  |  |
| RIGHT<br>THUM <b>B</b>                 | 7 2  |   |   | DIAGRAM   | REPRESENTS T   | HE MOUTH WID   | E OPEN   |  |   |  |
| <b>6</b> 7                             | CROWNED  | TEETH   | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~  |   |  | 16   | B  | #X   | <b>16</b>   |  |
| N.                                     |  | Y   | A S   | RCELAIN CI<br>OLD CROW  |  | 15   | LOWE   |  | 15  |  |
| RIGHT<br>DEX FINGER                    | BRIDGE   | WORK  | UUÇC )  |   | D1000  | 14<br>13   | MAN  | 13   |   |  |
| · Ž                                    |  |   | A CALL  | COLD E  | RIDGE  | !  |  | 1000 12<br>1000 11   |   |  |
| MIDDL R                                | FURNISH SKE  | TCH AND MAP   | REFERENC  | E AND COO   | RDINATES F   | OR BURIAL IN   | OTHER THAN EST   | FABLISHED CEME   | rery  |  |
| RIGHT<br>RIDDLE FINGER                 |  |   |   |   |  |  |  | <b>↑</b>   |   |  |
|  |  |   |   |   |  |  |  |  |   |  |
| RIGHT<br>RING FINGER                   | !  |   |   |   |  |  |  |  |   |  |
| INGER                                  | REMARKS:   |   | <del></del>   |   |  |  |  | <u> </u>   |   |  |
| · -                                    | USAF (   | endery  | Manile  | #2, 1   | alson,   | P. I., 0   | kanile, fo   | bly be an  | y one   |  |
| RIGHT<br>LITTLE FINGER                 |  | USAF Ce   | ot ary  | Manille   | #2, I  | auson, ?   | revious Re<br>.I.  |  | leint or  |  |
| INGER                                  |  | ୍ବୀୟ ହୁ ପ   | ra No 1   | 1044, 1   | 1044-A   | and 104  | 4-B accom  | lished.  |   |  |

| WD QMC FURM 1042<br>(Rev. 1 Apr. 1945)<br>(Supersedes GRS Form 1) |                                       | REPORT OF,<br>(AR 30-1810 an   |                                       |   |                              | REPORT                    | . ,         |
|---|---------------------------------------|--|---------------------------------------|---|------------------------------|---------------------------|-------------|
|   | · .                                   | (AR 30-1610 an   | Id AK 30-18.                          | (3)                                     |                              | i Jun.                    | J           |
| Imprint Identification T<br>DO NOT TY                             |                                       | Section 1.—IDENTIFICATION.   |                                       |   | Juz                          |                           |             |
|   |                                       | NAME (Last, first, middle initial)   |                                       | ra willion man a markana                | R.J. SERIAL I                | No.                       |             |
|   |                                       |  |                                       | udhion, Ipon                            |                              | N 1067                    | 110         |
| \   | 1                                     |  |                                       | ol, online                              | <del></del>                  |                           |             |
|   |                                       | GRADE  | ORGANIZATION                          |   | BRANCH                       | OF SERVICE                |             |
|   |                                       | FVt ·  | <b>5</b> 0                            | <b>9</b> 1.0                            |                              | $r_{\cdot \cdot \cdot }$  |             |
|   |                                       | RACE   | L DELICION                            |   | IE OTUED TIME                | 17 C PEID                 |             |
| . \   |                                       | NACE   | RELIGION                              |   | IF OTHER THAN<br>NAME OF COU |                           | GIVE        |
| PLACE OF DEATH  |                                       | CAUSE OF DEATH   | <u> </u>                              | · !                                     | DATE OF                      | DEATH                     |             |
| ಕರ್ಗರಷ್ಟು, ರಮಟ  | iatual.,                              |  | Harry.                                |   | 1                            |                           |             |
| Ludon, P. I.  |                                       | DYSENT   | FRY FRY                               | 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - | 51                           | l oct 1                   | 2           |
| EMERGENCY ADDRESSEE (Na   | me, relationship, an                  | d address)   | <del></del>                           |   |                              |                           | -           |
| MR. IDENTIFICATION TAGS FOUN (1, 2, or none)                      | S. MAY /                              | MOEH BOX 535<br>IF NO TAGS FOUND ON BODY, D<br>Seven (7) Daiss f<br>Quest gates, | Toon ag 11<br>Sam in <b>Co</b> m      | rion (buvo. R                           | ecords il.<br>200 CAC        | n section 3 on<br>Licate; | гечетве)    |
| WERE SUBSTITUTE TAGS PRO  | VIDED?(Yes or no)                     | 810 Fut Judian   |                                       |   |                              |                           |             |
| 770 m 1/1   |                                       | gwagil Adaus,  |                                       |   | -                            |                           | -2          |
| <b>y</b> ∋s (2  | <u>)</u>                              | (୩୭୦   | _ faction j                           | , reverso sid                           | la)                          |                           |             |
| Section 2.—BURIAL. If off<br>NAME, NUMBER, COORDINAT              | ES, AND LOCATION                      | lished cometety, furnish sketch<br>OF CEMETERY<br>USAF Completely にはまれ           | and map coordi                        | <del></del>                             |                              |                           | ,           |
| DATE OF BURIAL  | HOUR                                  | BURIED IN (Shroud, blanket, or na  | <del></del>                           | TYPE OF GRAVE                           | PLOT No. R                   | OW No.   C                | SRAVE No.   |
|   |                                       |  | ,                                     | MARKER                                  |                              | ŀ                         |             |
| j Jai. 446  | 12,00                                 | giellor Half   |                                       | <b>Gr</b> des                           | 2                            | 17                        | 2173        |
| WAS THIS A REBURIAL?  | IF A REBURIAL, I                      | NDICATE NAME, NUMBER, COORDI   | INATES OF PREVIO                      | US CEMETERY, AND LO                     | CATION OF GRAY               | VE.                       | <del></del> |
| (Yes or no)   |                                       | s # I a II Comtan  | y <b>, C</b> abunatu                  | in, [Min., $\mathbb{P}_{ullet}$ ]       | PLOT No.   F                 | ROW No.   G               | RAVE No.    |
| <b>Y</b> eu   | 45.7-70.                              | 9 <b>1/</b> Jc•ccc   |                                       |   | 7                            | 0                         | 705         |
| TYPE OF RELIGIOUS   | PERSON CONDUC                         | TING BURIAL RITES  | IF IDENTIFICATION                     | ON TAGS NOT USED, I                     | DESCRIBE IDENT               | IFICATION E               | DATA AND    |
| CEREMONY  |                                       |  | CONTAINERS BU                         | KIED WITH BODY                          |                              |                           |             |
| IDENTIFICATION TAG BURIED<br>BODY (Yes or no)                     | MAR                                   | TFICATION TAG ATTACHED TO<br>KER (Yes or no)                                     | ,                                     |   |                              |                           |             |
| ्रा <sub>क</sub> इ  | <u> </u>                              | 7,95   |                                       |   |                              | · ·                       |             |
| BODY BURIED ON DECEASED   |                                       |  | RANK                                  | SERIAL No.                              | ORGANIZATION                 | GRAVE I                   | No.         |
|   |                                       | (Gutas, Laundrd D.   |                                       |   |                              |                           | C 1 TO      |
|   |                                       | -6 10) Olbanituan  |                                       | 20042590                                | 200 00                       |                           | 2177        |
| BODY BURIED ON DECEASED   |                                       |  | RANK                                  | SERIAL No.                              | ORGANIZATION                 | GRAVE I                   | NO.         |
|   |                                       | (.Aws, ghurlan y.  |                                       | (000000                                 | (1.4 ± n                     | ,                         | č 1 520°    |
|   |                                       | -C 191 Cabenatuun  |                                       | 00011101                                | <u>jlst I</u> nf             | •                         | 2179        |
| SIGNATURE OF PERSON PRE   |                                       | . ***  | SIGNATURE OF G                        | RS OFFICER VERIFYING                    | s KEPUKI                     |                           |             |
| A. S.   | BARRIT, T                             | 75 CRS.  | 3.                                    | M. M.                                   | t Lt.                        | •                         |             |
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RESTRICTED

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|  | Section 3. IDENTIFIED   | REMAINS.  |   |   | <del>, ,</del>   |  |
|--|---|---|---|---|--|--|
| LEFT<br>LTTLE FINGER                     | INSTRUCTIONS:  (a) Great care will mains. Fill in anatomi social security number; planes, vehicles, and tar  (b) A fingerprint, o chart at left, or as many every tooth will be indic | be taken to record<br>cal characteristics I<br>position of body for<br>nks.<br>or prints, are the mo<br>y as possible. If no<br>cated on the tooth ch | pelow, and any other of<br>and in airplanes, vehicle<br>ost valuable of all clues<br>of ingerprint or prints of<br>art in accordance with | es, and tanks; and serials.  Imprint all fingers are be secured, the cond | uch as shoe size, it is all numbers of air- and thumbs in the lition of each and it. |  |
| RING FINGER                              | accomplished if one or r  | COLOR OF EYES   | BIRTHMARKS, SCARS, OR TATTOOS   |   |  |  |
| MIDDLE FINGER                            | WEAPON AND SERIAL NO.  OTHER IDENTIFICATION CLU   | LAUNDRY   | MARKS   | WHERE BODY WAS BURIE  | D OR FOUND   |  |
| LEFT<br>INDEX FINGER                     | FILLINGS .  | SILVER FILLINGOLD FILLIN  | ING<br>IG   | *^^\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\d\                                  | ,3   |  |
| THUMB                                    | CAVITIES  | CAVIT   |   | DON'T PER PO  | 945<br>75<br>75  |  |
| RIGHT                                    | MISSING TEETH   | TOOTH MISSE   | · · · · · · · · · · · · · · · · · · ·   | REPRESENTS THE MOUT   | H WIDE OPEN  |  |
| RIGHT<br>INDEX FINGER                    | BRIDGE WORK   | PORCELAIN CO<br>GOLD CROW   | 15 L  | LOWER S   | 15<br>14<br>13<br>12   |  |
| RIGHT RIGHT<br>MIDDLE FINGER RING FINGER | 2MA EVT I<br>2d. OEL E<br>The above<br>tificati   | wice, "noter<br>Thomat, Theom<br>Tachesymshi,<br>Te names wer,<br>On impospibl  | m 38/1915 91st<br>8 1167 865 - 10   | ogaf.<br>Porb<br>173 - Clore.<br>Spraye. Indivi<br>n (7) bodies (         | <b>^</b>   |  |
| RIGHT<br>LITTLE FINGER                   | REMARKS:  |   | ,   |   |  |  |