

FILE IDENTIFICATION TOPPER

FILE NUMBER

243unk Manila #2 X-676

SUBJECT

Formerly Manila mass X-4555

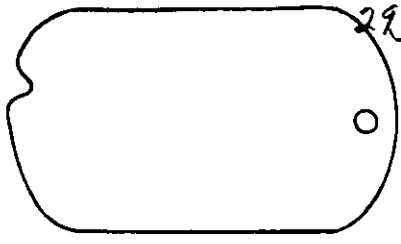
RESTRICTED

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

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

DATE OF REPORT

DEC 12 1950

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X-676 USAF Cem Manila #2, P. I. (Manila Maus X-4555)		Unknown
	GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown	
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
White	Unknown		
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH	
POW Camp, Cabanatuan, Luzon, P.I.	Unknown	Unknown	

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

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	REG. NO.	ROW NO.	GRAVE NO.
3 Nov 50	--	Final type casket		Manila	Section	259

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	Hangar Bay Crypt
Yes	AGRS Mausoleum Manila, P. I.	802 K 3527

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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Not applicable due to	--	--	--	--

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

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
 LEROY F. TURNER, Adm. Asst.	 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.

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


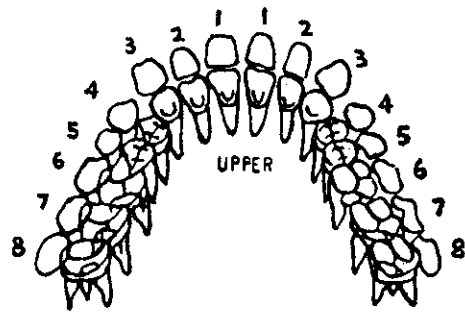




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

OTHER IDENTIFICATION CLUES

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

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

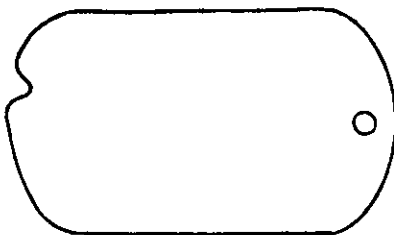
REMARKS:



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

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

DATE OF REPORT
DEC 12 1950

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-676 USAF Com Manila #2, P. I. (Manila Maus X-4555)		SERIAL NO. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH POW Camp, Cabanatuan, Luzon, P.I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown	

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

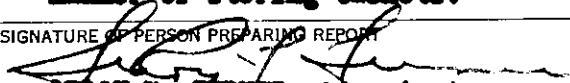
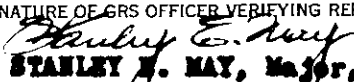
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

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	PLOT NO. Manila Section 259	ROW NO.	GRAVE NO.
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum Manila, P. I.			73521 802	AY K	3527 3527

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 H. MAY, Major, QMC			

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and pre 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
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB


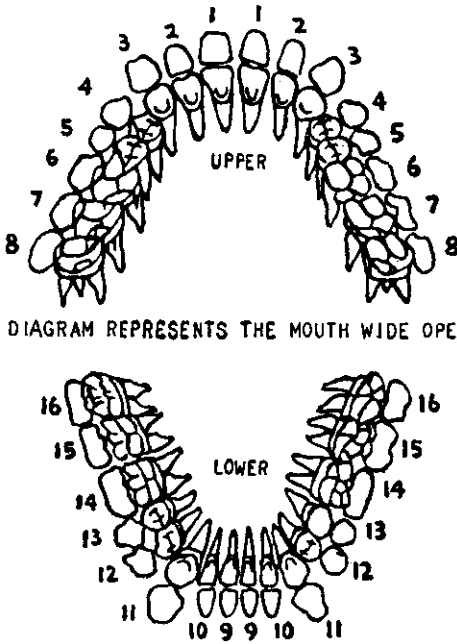




RIGHT
THUMB

RIGHT
INDEX FINGER

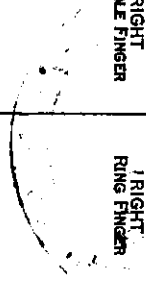
RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

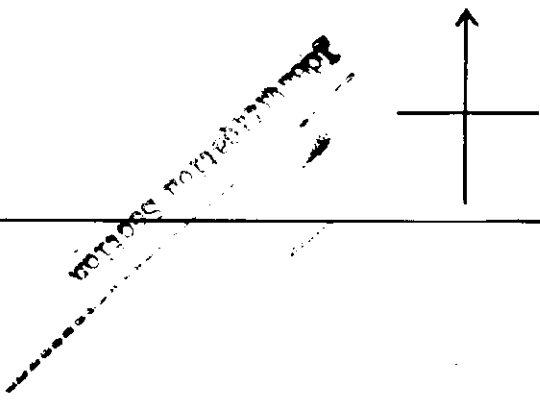
RIGHT
LITTLE FINGER

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:



Att.

1

DISINTERMENT DIRECTIVE

293 unk Manila #2 X-676

Ja

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	7747 00413	21 01 52 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-676			8	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MANILA #2 P I	2	18	2245	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 11, GRAVE 134/

HAT
FILE ✓
RECORDS ANNOTATED
DATE FEB 5 1952
NAME *[Signature]*
BR. MEM. DIV. ✓

RECORD OF CUSTODIAL TRANSFER

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

6

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7747 00413

21 01 52
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-575			0	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MANILA #2 P 1	2	10	2245	7701 30 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 DISTINTERRED
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 (Signature)

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 4, ROW 11, GRAVE 134/

RESTRICTED

Att.

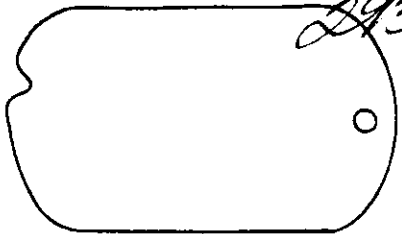
QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT

7 Dec 1951

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-676 Manila #2

~~(Manila-Manuelito X-455)~~

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

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

PLACE OF DEATH

POW Camp, Cabanatuan
Luzon, P.I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO

YES

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	11	134

WAS THIS A REBURIAL?
(Yes or no)

Yes

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

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

PLOT No.	ROW No.	GRAVE No.
12	18	2245

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

FILE
RECORDS ANNOTATED
DATE 11 Jan 52
NAME Branker
Regis

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)

Recluse, made
11/15/51

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

Clayton

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

Edward L. Berg
EDWARD L. BERG, CPL, RA

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Charles R. Whaylen
CHARLES R. WHAYLEN, 1st Lt., QMC

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

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

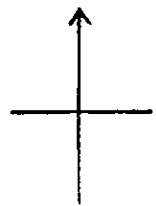
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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

OTHER IDENTIFICATION CLUES

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



REMARKS:

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB


RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

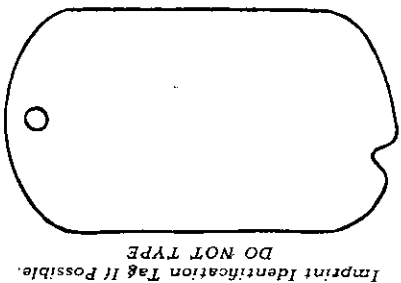
RIGHT
LITTLE FINGER

<p>Section 3. UNIDENTIFIED REMAINS.</p> <p>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.</p>					LEFT LITTLE FINGER
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	LEFT RING FINGER
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND	LEFT MIDDLE FINGER
OTHER IDENTIFICATION CLUES					LEFT INDEX FINGER
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> 					LEFT THUMB
					RIGHT THUMB
					RIGHT INDEX FINGER
					RIGHT MIDDLE FINGER
					RIGHT RING FINGER
REMARKS:					RIGHT LITTLE FINGER

OMC Form 1042 (Rev. 1 Apr 1949) (Supersedes GRS Form 1, and Rev. of 1 Apr 46, 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) UNKNOWN X-676 handle #2 (handle #2555)	GRADE UNKNOWN	RACE UNKNOWN	RELIGION UNKNOWN	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY UNKNOWN
SERIAL NO. UNKNOWN	ORGANIZATION UNKNOWN	BRANCH OF SERVICE UNKNOWN	CAUSE OF DEATH UNKNOWN	DATE OF DEATH UNKNOWN

EMERGENCY ADDRESSEE (Name, relationship, and address)
POB Camp, Cabanatuan
Luzon, P.I.
UNKNOWN

IDENTIFICATION TAGS FOUND ON BODY (If no tags found on body, describe means of identification (If unidentified, fill in section 3 on reverse))

None

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

COMPLETED TOOTH CHART ON OMC FORM 1045 ATTACHED HERETO YES 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, P.I.,
BURIED IN (Shroud, blanket, or name of other) Casket

DATE OF BURIAL 5 Dec 1951	HOUR --	TYPE OF GRAVE Cross	PLOT NO. H	ROW NO. 11	GRAVE NO. 136
------------------------------	------------	------------------------	---------------	---------------	------------------

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

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)

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 KEEPING REPORT
EDWARD L. BERRY, CPL, USA

SIGNATURE OF GRS OFFICER VERIFYING REPORT
CHARLES H. WHALEN 1st Lt., OMC

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.
------	------------	--------------	-----------

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.

DECLASSIFICATION SHEET

NEW CLASSIFICATION ~~93 Link Number #2 X3156~~

These now filed:

SYNOPSIS AND DATES

PAPERS ORIGINALLY FILED ~~93 Link Number #2 X3152~~
X603, X672, X675, X676, X677, X678

DECLASSIFICATION SHEET

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Capt. Maria #2 X-676

SUBJECT

See Maria Maria X-4555

Family Capt. Barrington C-200

Incl # 3E

U. S. Army
18 Feb 52

APPROVED UNRELIABLE

C. P. NAT
18 Feb 52

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

15. WAS BODY MANGLED? YES NO

TO WHAT EXTENT?

14. WAS BODY BURNED? YES NO

TO WHAT EXTENT?

UTD

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

293 Mrs. M. M. # 2 X-676 AI
US MARINES CORPS 2245-18-2
An embossed tag with an inscription: UNKNOWN X-676 DOTASH, HAROLD W. PRO

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

8. ESTIMATED WEIGHT UTD

9. ESTIMATED HEIGHT 5'6 3/4"

10. COLOR OF HAIR UTD

11. RACE UTK

PHYSICAL DESCRIPTION

1. REMAINS OF UNKNOWN I-4555 (Formerly UTK X-676, USAF Com Handle #2, Larson, P.I.)		3. NAME OF CEMETERY	
2. DATE OF REPORT 2 June 48		4. NAME OF CEMETERY	
5. PLOT 802		6. GRAVE 3527	
7. DATE OF DISINTERMENT 16 Dec 47		8. NAME OF CEMETERY	
RANGER BAY CRYPT		MRS, Kusslow, Handle, P.I.	
3 June 48		STORAGE	

IDENTIFICATION DATA

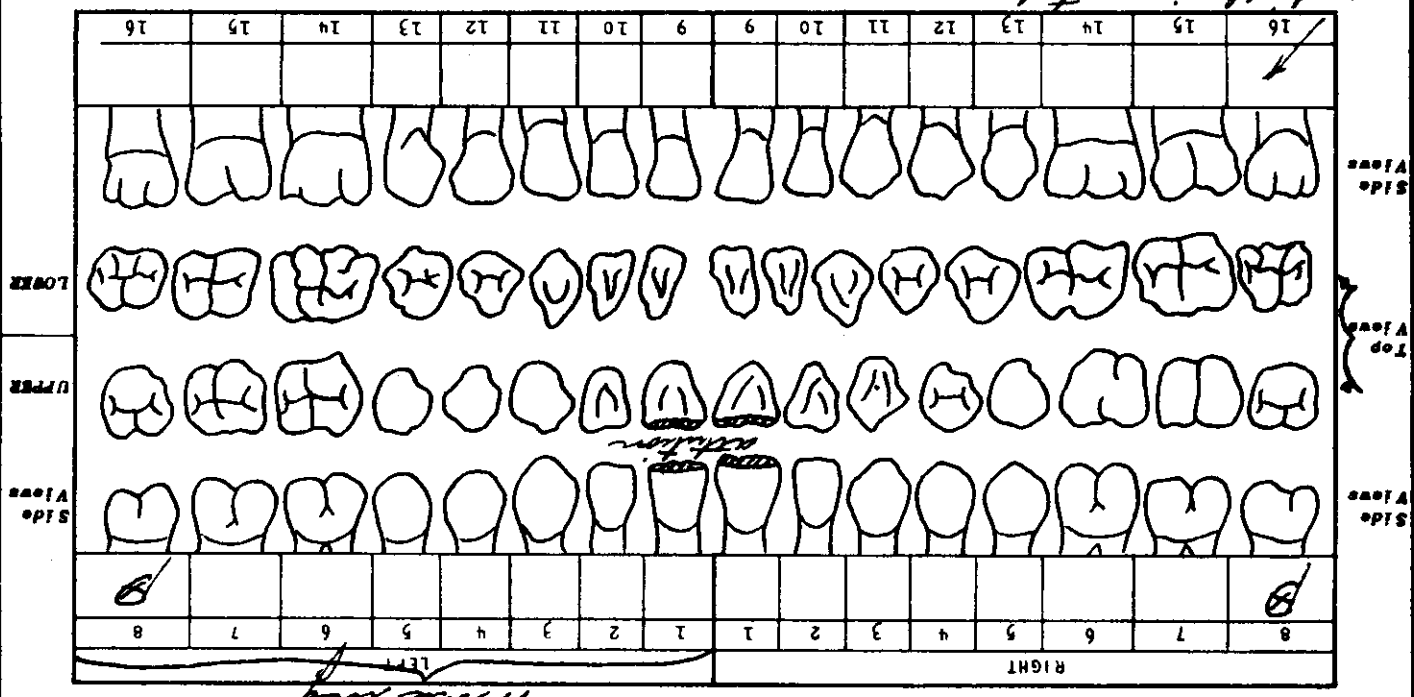
Edward F. Mortley
 L. S. PAROLIO, INC. INE

Edward F. Mortley

CERTIFIED TRUE COPY

FEATURES (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."

partially impacted



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

P/ EDWARD F. MORIARTY
CIP Lab Building, P.I.

o/ Edward F. Moriarty

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

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

[Handwritten Signature]
L. S. FANORIO
1st Lt USAF

CERTIFIED TRUE COPY

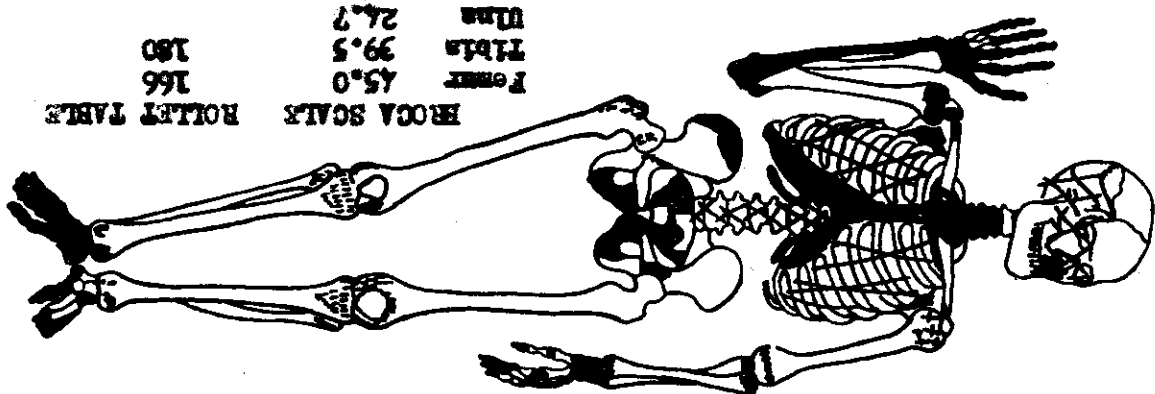
This remains is one of the group disturbed from Grave 704, Row 0, Plot 7, POW Camp, Cabanatuan, Ison, P.I. Approximate weight of remains 8 lbs. Circumference of skull 20 1/2 inches.

An embossed tag received with remains with an inscription near-
found on item 12. (See item 12 to obtain the inscription) This tag
was placed with remains.

21. REMARKS AND ADDITIONAL INFORMATION

SIGNATURE OF MEDICAL OFFICER

20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)
I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ NUMBER
DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS:



BROCA SCALS 45.0
HOLLER TABLE 166
FEMUR 39.5
TIBIA 180
ULNA 24.7

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 (principal chewing 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

Tooth Missing Tooth Missing

Crowned Teeth

Gold Crown Porcelain Crown
Gold Crown

Bridgework

Gold & Porcelain Bridge Gold Bridge

Fillings

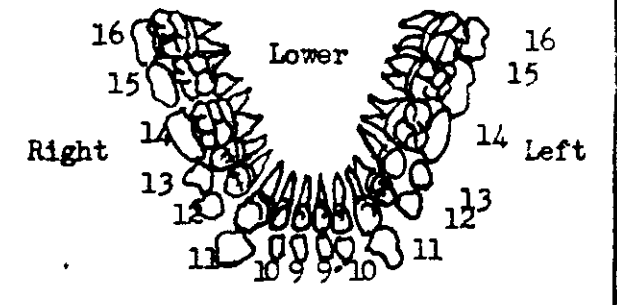
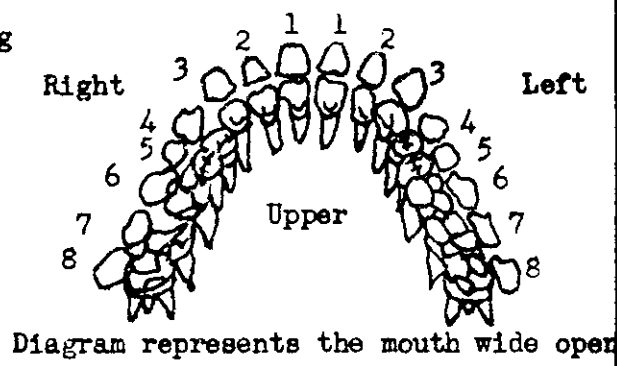
Silver Filling Gold Filling
Gold Filling Gold Filling

Caries (Cavities)

Cavity Decayed
Decayed Decayed

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



16 Dec. '47

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

UNKNOWN X-676

Grade
Organization

Name, Number and Location of Cemetery
USAF Cem Manila No. 2 Luzon P. I.

Plot 2
ROW 18
Grave No. 2245

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.


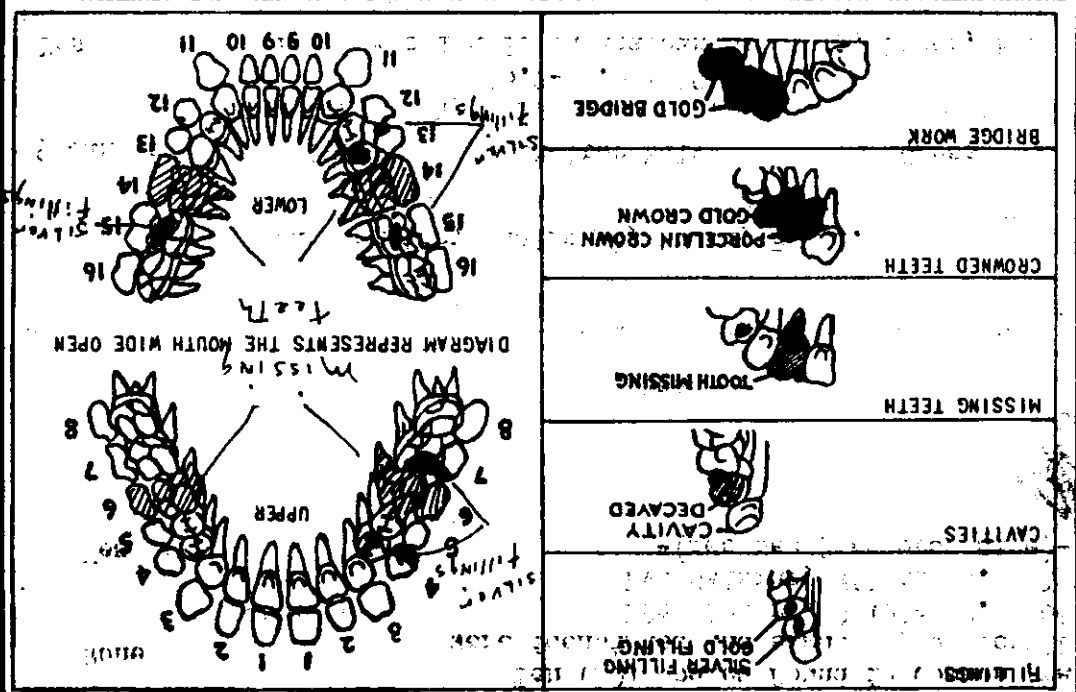
What Identification Used Upon Reinterment: On Marker

On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.
WARD G. STEPHENSON, 1st Lt., OMC

REMARKS: Pfc Frumtger, Lloyd R. 19048914 7 MAT 18049796 59 GAC
 Cpl Ewin, Kenneth G. 19053642 GAC
 Cpl Clark, Walter 19053642 GAC
 Pfc Doyash, Harold W. USMC
 Pat Smith, Harry J. 6671009 59 GAC
 Pfc Hennessey, Harold 32092573

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

OTHER IDENTIFICATION CLUES

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
HEIGHT	WEIGHT	COLOR OF EYES
LEFT RING FINGER	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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 fingerprints 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.

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

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

DATE OF REPORT 1 Feb 46

RESTRICTED

<p>NAME (Last, first, middle initial) UNKNOWN I-676 (DOYASH, Harold M) (Formerly UNKNOWN C-200 Cabanatuan Cemetery)</p>		<p>GRADE Pfc</p>		<p>ORGANIZATION Marine Corps</p>		<p>RACE Pfc</p>		<p>RELIGION</p>		<p>IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY</p>		<p>CAUSE OF DEATH</p>		<p>PLACE OF DEATH POW Camp Cabanatuan, Luzon, P I</p>		<p>EMERGENCY ADDRESSEE (Name, relationship, and address)</p>	
<p>IDENTIFICATION TAGS FOUND ON BODY</p>		<p>None</p>		<p>WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)</p>		<p>Yes (2)</p>		<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reverse)</p>		<p>Two (10) bodies found in common grave, two (2) of which were identified and eight (8) unidentified:- Pfc Minters, Charles B. 6665117 808 MP Pfc Calkins, William K. 19020998 GMC - (See Sec 3 reverse side) -</p>		<p>LAST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME</p>		<p>None</p>		<p>Section 2 - BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.</p>	
<p>DATE OF BURIAL 9 Jan 46</p>		<p>HOUR 0900</p>		<p>BURIED IN (Shroud, blanket, or name of other) Shelter Hall</p>		<p>TYPE OF GRAVE MARKER Cross</p>		<p>PLOT NO. 2</p>		<p>ROW NO. 18</p>		<p>GRAVE NO. 2275</p>		<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45-7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I</p>		<p>TYPE OF RELIGIOUS CEREMONY Yes</p>	
<p>IDENTIFICATION TAG BURIED WITH Yes</p>		<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes</p>		<p>PERSON CONDUCTING BURIAL RITES Yes</p>		<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>		<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>		<p>TYPE OF RELIGIOUS CEREMONY Yes</p>		<p>DATE OF BURIAL 9 Jan 46</p>		<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45-7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I</p>		<p>TYPE OF RELIGIOUS CEREMONY Yes</p>	
<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>		<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45-7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I</p>		<p>PERSON CONDUCTING BURIAL RITES Yes</p>		<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>		<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>		<p>TYPE OF RELIGIOUS CEREMONY Yes</p>		<p>DATE OF BURIAL 9 Jan 46</p>		<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45-7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I</p>		<p>TYPE OF RELIGIOUS CEREMONY Yes</p>	
<p>NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Manila #2, Luzon, P. I.</p>		<p>BURIED IN (Shroud, blanket, or name of other) Shelter Hall</p>		<p>TYPE OF GRAVE MARKER Cross</p>		<p>PLOT NO. 2</p>		<p>ROW NO. 18</p>		<p>GRAVE NO. 2275</p>		<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45-7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I</p>		<p>TYPE OF RELIGIOUS CEREMONY Yes</p>			
<p>NAME (Last, first, middle initial) UNKNOWN I-675 (CLARK, Walter) (Formerly UNKNOWN C-199 Cabanatuan Cemetery)</p>		<p>BANK Cpl</p>		<p>SERIAL NO. 19053642</p>		<p>ORGANIZATION GMC</p>		<p>GRAVE NO. 2274</p>		<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>		<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>		<p>TYPE OF RELIGIOUS CEREMONY Yes</p>			
<p>NAME (Last, first, middle initial) UNKNOWN I-677 (SMITH, Harry J.) (Formerly UNKNOWN C-201 Cabanatuan Cemetery)</p>		<p>BANK Pvt</p>		<p>SERIAL NO. 6671009</p>		<p>ORGANIZATION 99 GAC</p>		<p>GRAVE NO. 2276</p>		<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>		<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>		<p>TYPE OF RELIGIOUS CEREMONY Yes</p>			
<p>SIGNATURE OF PERSON PREPARING REPORT s/c/ R. C. BARRETT, T/4, GRS.</p>		<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT s/c/ E. M. MOORE, 1st Lt., GMC</p>		<p>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 Office. Copies for retention in theater as prescribed by theater commander.</p>		<p>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 Office. Copies for retention in theater as prescribed by theater commander.</p>		<p>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 Office. Copies for retention in theater as prescribed by theater commander.</p>		<p>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 Office. Copies for retention in theater as prescribed by theater commander.</p>		<p>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 Office. Copies for retention in theater as prescribed by theater commander.</p>		<p>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 Office. Copies for retention in theater as prescribed by theater commander.</p>			

Incl #4E

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:
 (a) Great care will be taken to record the most minute clues for the future. Identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.
 (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

OTHER IDENTIFICATION CLUES

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

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:
 REMAINS: UNKNOWN I-455, MISS HAROLD, HANNA, P.I., FORMERLY KNOWN I-676, USA Cemetery HanNA #2, LASSON, P.I., might be anyone of the following:
 MR. WILSON, CHARLES B. 6665117 808
 MR. COLLINS, WILLIAM K. 1902098
 MR. FRANKLIN, LLOYD R. 1904894 7
 MR. HALL, KENNETH G. 1804978 99
 MR. STARK, HARRY J. 1905362
 MR. DEWASH, HAROLD W. 6671009 99
 MR. HANSON, HAROLD 3202279
 QRC Form 1044, 1044a and 1044b accomplished.
 USNS CAC

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

Incl #2 E

RESTRICTED

WD GMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 19 July 1948	
Section 1—IDENTIFICATION.					
NAME (Last, first, middle initial) UNKNOWN I-4595 (Formerly I-676, DEAY Cemetery Manila, P.I.)		SERIAL NO. Unknown		BRANCH OF SERVICE Unknown	
GRADE Unknown		ORGANIZATION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY Unknown	
RACE Unknown		RELIGION Unknown		DATE OF DEATH Unknown	
PLACE OF DEATH Pan Camp, Cebu, Luzon, P.I.		CAUSE OF DEATH Unknown		EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown	
IDENTIFICATION TAGS FOUND ON BODY (I, S, or none) None					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks			
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None					
Section 2—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.					
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I.					
DATE OF BURIAL 9 June 48		BURIED IN (Shroud, blanket, or name of other) Casket		TYPE OF GRAVE None	
HOUR 1000		MARKER (Yes or no) Casket		PLOT NO. 802	
STORAGE		RANGER BAY CMTY		ROW NO. K	
DATE OF BURIAL 9 June 48		HOUR 1000		TYPE OF GRAVE None	
BURIED IN (Shroud, blanket, or name of other) Casket		MARKER (Yes or no) Casket		PLOT NO. 802	
STORAGE		RANGER BAY CMTY		ROW NO. K	
DATE OF BURIAL 9 June 48		HOUR 1000		TYPE OF GRAVE None	
WAS THIS A REBURIAL? (Yes or no) None		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE None			
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) None		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) None		TYPE OF GRAVE None	
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) None		RANK None		SERIAL NO. None	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) None		RANK None		SERIAL NO. None	
SIGNATURE OF PERSON PREPARING REPORT None		SIGNATURE OF GRS OFFICER VERIFYING REPORT None		DATE OF REPORT 19 July 1948	
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 704

293 UNK P.I. (misc) (Manila #2)
X-3156 X-6057-672 X-673
X-675 thru X-678 Em

COAST GUARD PHILIPPINE (CGP) MANILA PI

UNCLASSIFIED

INDEXED

1844

CINCPAC TOKYO JAPAN (AIR MAIL)

MULTIPLE ADDRESS

100-2 01 2 11

FROM QUART HONOLULU 1844

RIGHT EXAM OF XRAY 3156 MANILA NR 2 UNIT 3 PAGE 31 CGA XRAY 605 CGA
672 CGA 673 CGA 675 THRU 678 INC MANILA NR 2 UNIT 3 PAGE 3 WITH EMPHASIS
ON FRACTURES OF WRIST CGA BONE & AMPUTATION OF TOES

- T. Sanderson
- L. M. White
- J. Windsor

APPROVED UNCLASSIFIABLE

1844 IS NO IN NO 0300 (24 FEB 80)

01150Z

GRAVES

UNCLASSIFIED

D. L. KEENER
CAPT. 10. NEM DIV

JOINT LT WINDSOR EXT 74188
283 GRS FAR BASE

7788 80

293 P.I. UNK X-672 (Manila #2)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4555 (Formerly X-676 Manila #2)			2. DATE OF REPORT 22 March 1950		
3. NAME OF CEMETERY AGRS Mausoleum Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION			Age: 20 to 25		
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'3 3/4"	10. COLOR OF HAIR UTD	11. RACE White		

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E







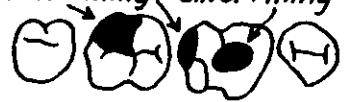



APPROVED UNIDENTIFIABLE

*V. Lee
Ident Br
18 Feb 52*

Incl # 6

18.

TOOTH CHART

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

broken														maxilla	
RIGHT							LEFT							missing	
8	7	6	5	4	3	2	1	1	2	3	4	5	6		
Side Views															Side Views
Top Views															UPPER
Side Views															LOWER
	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

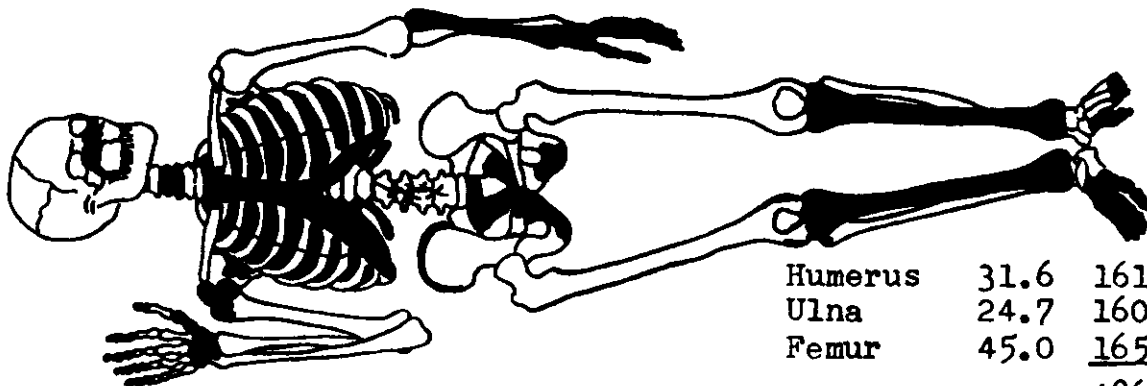
partially erupted

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: Only small cavity on the distal surface of L4.

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	31.6	161
Ulna	24.7	160
Femur	45.0	<u>165</u>
		<u>486-162</u>
		3

Estimated height: 5'3 3/4"

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

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

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

See attached Anthropologist's statement dated 22 March 1950.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

ROBERT B. FOX
 Anthropologist

SIGNATURE

GENERAL IDENTIFICATION POINT
AGRS APO 900
NICHOLS FIELD, MANILA, P.I.

22 March 1950

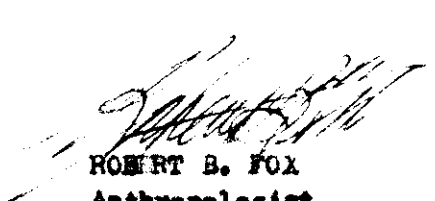
S T A T E M E N T

Reference: UNK X-3156, Manila #2
" X-605 " "
" X-672 " "
" X-673 " "
" X-675 " "
" X-676 " "
" X-677 " "
" X-678 " "

As requested, the above eight (8) remains were examined by me for fractures of wrists, and noses, and amputations of toes.

The facial portions of the crania of all but UNK X-675 are missing precluding an examination for broken noses. The portions of the nasal bones present of UNK X-675 do not indicate that they have been broken.

The wrist and toe bones of the eight (8) remains are largely missing, or so eroded, that no accurate determination of fractures of the wrists or amputation of the toes was possible.


ROBERT B. FOX
Anthropologist

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4555 (Formerly UNK X-676 Manila #2)			2. DATE OF REPORT 10 Dec. 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
				DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION **AGE: 19 - 24**

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 3 3/4"	10. COLOR OF HAIR U T D	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

Line C # 6

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 LABELLED 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:		

Fractured

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
								← Maxilla Missing →							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

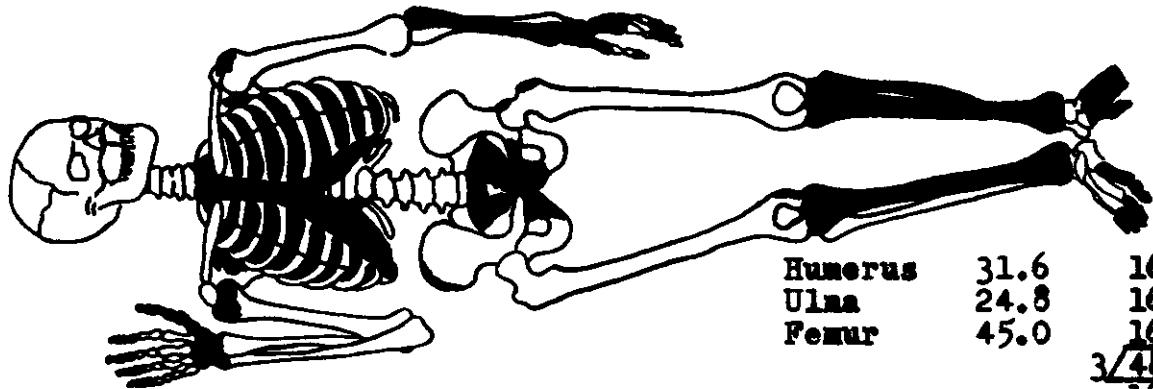
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

L6 and L7 are loose present with remains.

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	31.6	161
Ulna	24.8	160
Femur	45.0	165
		<u>3/486</u>
		162

Estimated height: 5' 3 3/4".

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

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

NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

This is the remains of a male individual, of white ancestry, short (est 5' 3 3/4"), and in the early twenty's.

To the best of my ability, this remains is properly segregated and represents one and the same individual.

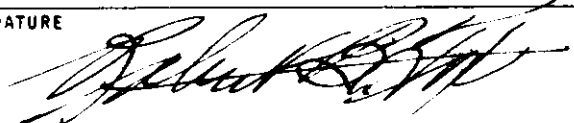
See attached Anthropelegist's statement dated 12 Dec. 1949.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

ROBERT B FOX
Anthropelegist

SIGNATURE



CENTRAL IDENTIFICATION POINT
AGRS APO 900
NICHOLS FIELD, MANILA, P.I.

12 December 1949

S T A T E M E N T

Reference: UNK X-2354 Mausoleum
UNK's X-4551 thru X-4557

The above eight (8) remains were examined simultaneously by me this date for proper segregation, and new QMC Forms 1044 were accomplished for each remains. As requested, careful examination was made for "fractures of wrist, nose and amputation of toes"; however, bones necessary for establishing the above were missing, or partly missing, in all of the remains.

In so far as the condition of the remains allows for proper association, and to the best of my ability, each of the above remains is now properly segregated. Bones improperly associated were assigned CIL #522.



ROBERT B. FOX
Anthropologist

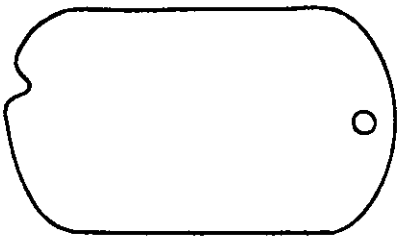

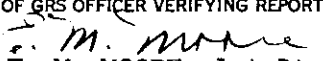
RESTRICTED

M 1591

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

1 Feb 46

Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) UNKNOWN X-676 (DOYASH, Harold W) (Formerly UNKNOWN C-200 Cabanatuan Cemetery)			SERIAL No. 281424	
		GRADE Pfc		ORGANIZATION USMC		BRANCH OF SERVICE Marine Corps
		RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH POW Camp Cabanatuan, Luzon, P I		CAUSE OF DEATH			DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address)						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Ten (10) bodies found in common grave, two (2) of which were identified and eight (8) unidentified:- ✓ Pfc Winters, Charles B. 6665117 808 MP ✓ Pvt Calkins, William K. 19020998 QMC -(See Sec 3 reverse side)-				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME June 551 None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery. Manila #2, Luzon, P I						
DATE OF BURIAL 9 Jan 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 18	GRAVE No. 2245
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I			PLOT No. 7	ROW No. 0	GRAVE No. 704
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-675 (CLARK, Walter) (Formerly UNKNOWN C-199 Cabanatuan Cemetery)		RANK Cpl	SERIAL No. 19053642	ORGANIZATION QMC	GRAVE No. 2244	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-677 (SMITH, Harry J) (Formerly UNKNOWN C-201 Cabanatuan Cemetery)		RANK Pvt	SERIAL No. 6671009	ORGANIZATION 59 CAC	GRAVE No. 2246	
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

16-43097-1

25 FEB 1946

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


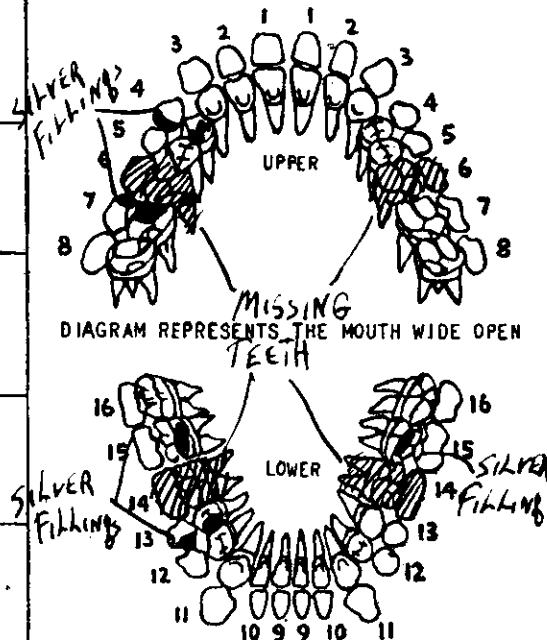




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

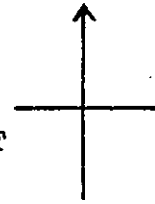
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>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



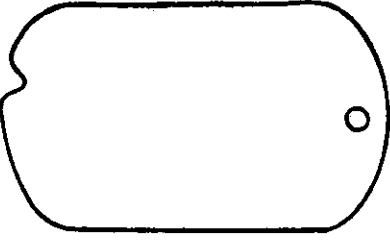
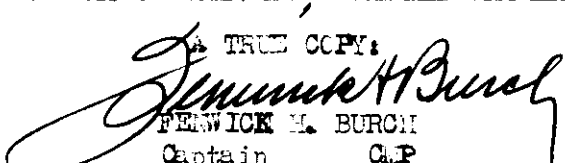
Pfc Fruntmyer, Lloyd R. 19048914 7 MAT
 Cpl Erwin, Kenneth G. 18049796 59 CAC
 Cpl Clark, Walter 19053642 QMC

REMARKS:

Pfc Doyash, Harold W. USMC
 Pvt Smith, Harry J. 6671009 59 CAC
 Pvt Hennessy, Harland 32092573

were buried in this grave. Individual identification impossible.

RESTRICTED

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 1 Feb 46		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) URMICWN X-676 (DOVASH, Harold W) (Formerly URMICWN X-C-200 (Cabanatuan Cem.))		SERIAL NO.		BRANCH OF SERVICE Marine Corps		
GRADE Pfc		ORGANIZATION USMC		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH PC# Camp Cabanatuan, Luzon, P.I.		CAUSE OF DEATH		DATE OF DEATH		
EMERGENCY ADDRESSEE (Name, relationship, and address)						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY. DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Ten (10) bodies found in common grave, two (2) of which were identified and eight (8) unidentified:- Pfc Winters, Charles B. 6665117 808 MP Pvt Calkins, William K. 19020998 JMC (See Sec 3 reverse side)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes		LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>				
A TRUE COPY:  FENWICK H. BURCH Captain C.M.P.						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY USAF Cemetery Manila #2, Luzon, P.I.						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
9 Jan 46	0900	Shelter Hill	Cross	2	18	2245
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE PC# Camps 1 & 11 Cabanatuan Cemetery, Luzon, P.I. 45.7-70.9 1/30,000			PLOT NO. 7	ROW NO. 0	GRAVE NO. 704
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) URMICWN X-675 (CLARK, Walter) (Formerly URMICWN X-C-199 (Cabanatuan Cem.))			
RANK C-1		SERIAL NO. 19053642		ORGANIZATION JMC		GRAVE No. 2244
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) URMICWN X-677 (SMITH, Harry J.) (Formerly URMICWN X-C-201 (Cabanatuan Cem.))		RANK Pvt		SERIAL NO. 6671009		ORGANIZATION 59 OAC
GRAVE No. 2246			SIGNATURE OF PERSON PREPARING REPORT /s/ R. C. Barrett /t/ R. C. BARRETT, t/4, PL.			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/ E. L. Moore /t/ E. L. MOORE, 1st Lt., JMC
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:






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

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

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

OTHER IDENTIFICATION CLUES

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

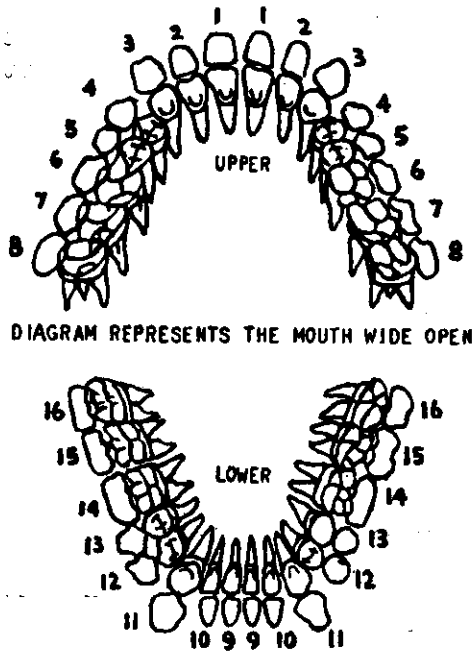
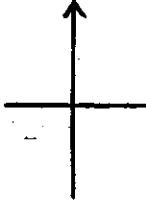


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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



REMARKS: