

FILE IDENTIFICATION TOPPER

FILE NUMBER

993 cork Manila #2 X-677

SUBJECT

formerly Manila Mass X-4556

611

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. uncl. (Misc) Mandate # 2 X3152  
X605, X672, X673, X675, X676, X677, X678

## SYNOPSIS AND DATES

NEW CLASSIFICATION \_\_\_\_\_

# RECLASSIFICATION SHEET

*Att*

1

DISINTERMENT DIRECTIVE

*293 Unk Manila #2 X-677*

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	7747 00414	21 01 52

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-677			8	0	6
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
MANILA #2 P I	2	18	2246	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 (Signature)
CASKET SEALED BY	SHIPPING ADDRESS VERIFIED BY	
CASKET BOXED AND MARKED	DATE	

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 10, GRAVE 129.

GAT  
 FILE  
 RECORDS ANNOTATED  
 DATE FEB 5 1959  
 NAME *E. J. ...*  
 BR. MFM. DIV.

**RECORD OF CUSTODIAL TRANSFER**

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

DISINTERMENT DIRECTIVE

6

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 00414

DATE

21 01 52  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-677			0	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
MANILA P. I.	2	10	2246	7701 00 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 (Signature)
CASKET SEALED BY	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 BEING INTERRED IN FT. MCKINLEY, P. I., PLOT M, ROW 10, GRAVE 129.

**RESTRICTED**

*Att.*

<b>QMC Form 1042</b> (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center">7 Dec 1951</p>
---	---	--

Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> </div>	<b>Section 1.—IDENTIFICATION.</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;">NAME (Last, first, middle initial) <b>UNKNOWN X-677 Manila #2</b> <del>(Manila Honolulu X-4556)</del></td> <td style="padding: 5px;">SERIAL No. <b>Unknown</b></td> </tr> <tr> <td style="padding: 5px;">GRADE <b>Unknown</b></td> <td style="padding: 5px;">ORGANIZATION <b>Unknown</b></td> <td style="padding: 5px;">BRANCH OF SERVICE <b>Unknown</b></td> </tr> <tr> <td style="padding: 5px;">RACE <b>Unknown</b></td> <td style="padding: 5px;">RELIGION <b>Unknown</b></td> <td style="padding: 5px;">IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</td> </tr> </table>	NAME (Last, first, middle initial) <b>UNKNOWN X-677 Manila #2</b> <del>(Manila Honolulu X-4556)</del>		SERIAL No. <b>Unknown</b>	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
NAME (Last, first, middle initial) <b>UNKNOWN X-677 Manila #2</b> <del>(Manila Honolulu X-4556)</del>		SERIAL No. <b>Unknown</b>								
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>								
RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY								

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

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	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) <b>Yes (2)</b>	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**None**

**Section 2.—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**UNITED STATES MILITARY CEMETERY, FT. W. MCKINLEY, P.I.**

DATE OF BURIAL <b>5 Dec 1951</b>	HOUR <b>--</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>H</b>	ROW No. <b>10</b>	GRAVE No. <b>129</b>
-------------------------------------	-------------------	--	--------------------------------------	----------------------	----------------------	-------------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>USAF Cemetery Manila #2, Luzon, P.I.</b>	PLOT No. <b>2</b>	ROW No. <b>18</b>	GRAVE No. <b>2246</b>
--	--	----------------------	----------------------	--------------------------

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS <del>NOT</del> USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>FILE RECORDS ANNOTATED DATE 11 Jan 52 NAME H Jones Regis BR. MEN. DIV.</b>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Redase, Wade</b> <b>11/15/52</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
--	------	------------	--------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>Allen</b>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT <i>Edward L. Berg</i> <b>EDWARD L. BERG, SPL, RA</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whaylen</i> <b>CHARLES R. WHAYLEN, 1st Lt., QMC</b>
---	---

**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 5 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**

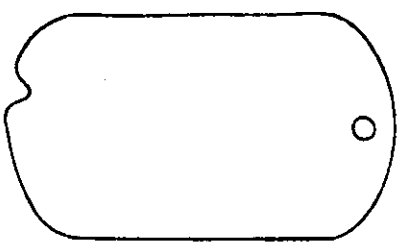
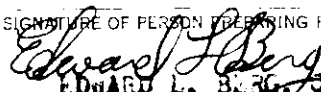

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



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

**RESTRICTED**

<b>QMC Form 1042</b> (Rev. 1 Apr. 1916) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)		DATE OF REPORT  <b>7 Dec 1951</b>		
Imprint Identification Tag If Possible. DO NOT TYPE  		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) <b>UNKNOWN i-677 Manila #2</b> <b>(Manila Mausoleum S-4556)</b>				
GRADE  <b>Unknown</b>		ORGANIZATION  <b>Unknown</b>		SERIAL NO.  <b>Unknown</b>		
RACE  <b>Unknown</b>		RELIGION  <b>Unknown</b>		BRANCH OF SERVICE  <b>Unknown</b>		
PLACE OF DEATH  <b>POW Camp, Cabanatuan</b> <b>Luzon, P.I.</b>		CAUSE OF DEATH  <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY  <b>Unknown</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address)  <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)  <b>None</b>		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)  <b>Yes (2)</b>		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO  <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  <b>None</b>						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  <b>UNITED STATES MILITARY CEMETERY, Ft. Mc. DONALD, P.I.</b>						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>5 Dec 1951</b>	<b>--</b>	<b>Casket</b>	<b>Cross</b>	<b>H</b>	<b>10</b>	<b>129</b>
WAS THIS A REBURIAL? (Yes or no)  <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  <b>USAF Cemetery Manila #2, Luzon, P.I.</b>			PLOT No.  <b>2</b>	ROW No.  <b>18</b>	GRAVE No.  <b>2246</b>
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)  <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)  <b>Yes</b>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT   <b>EDWARD L. BERG, CPL, RA</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT   <b>CHARLES H. MAYLEN, 1st Lt., QMC</b>			
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 5. 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.

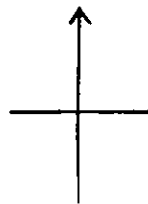
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

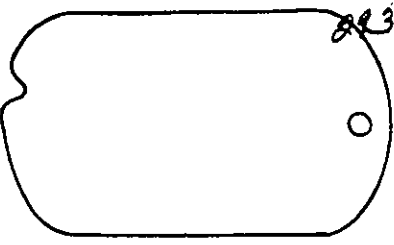
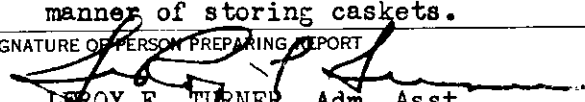
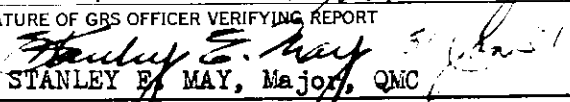
OTHER IDENTIFICATION CLUES

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

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT												
Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X-677 USAF Cem Manila #2, P. I. (Manila Maus X-4556)													
	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														
<b>Section 2.—BURIAL.</b> 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 Manila Section 266												
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum Manila, P. I.													
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><del>XXXXXX</del></td> <td style="text-align: center;"><del>XXXXXX</del></td> <td style="text-align: center;"><del>XXXXXX</del></td> </tr> <tr> <td style="text-align: center;">Hanger</td> <td style="text-align: center;">Bay</td> <td style="text-align: center;">Crypt</td> </tr> <tr> <td style="text-align: center;"><del>XXXXXX</del></td> <td style="text-align: center;"><del>XXXXXX</del></td> <td style="text-align: center;"><del>XXXXXX</del></td> </tr> <tr> <td style="text-align: center;">802</td> <td style="text-align: center;">K</td> <td style="text-align: center;">3533</td> </tr> </table>	<del>XXXXXX</del>	<del>XXXXXX</del>	<del>XXXXXX</del>	Hanger	Bay	Crypt	<del>XXXXXX</del>	<del>XXXXXX</del>	<del>XXXXXX</del>	802	K	3533
<del>XXXXXX</del>	<del>XXXXXX</del>	<del>XXXXXX</del>												
Hanger	Bay	Crypt												
<del>XXXXXX</del>	<del>XXXXXX</del>	<del>XXXXXX</del>												
802	K	3533												
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 Manila Section 266												
		GRAVE No. 802												
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.	RANK --	SERIAL No. --												
		ORGANIZATION Manila Section 266												
		GRAVE No. 802												
SIGNATURE OF PERSON PREPARING REPORT  LEROY F. TURNER, Adm. Asst.	SIGNATURE OF GRS OFFICER VERIFYING REPORT  STANLEY E. MAY, Major, QMC													
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.														

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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

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

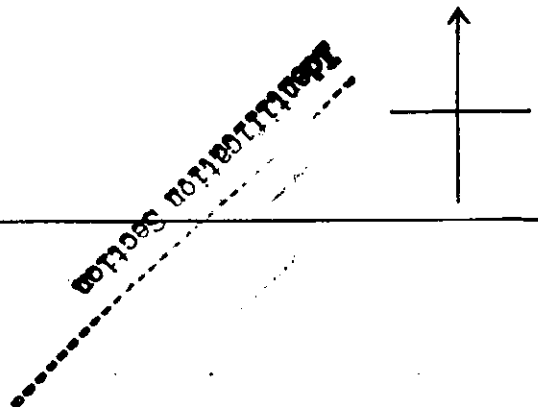
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

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

Imprint Identification Tag If Possible.  
DO NOT TYPE

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

**UNKNOWN X-677 USAF Com Manila #2, P. I.  
(Manila Maus X-4556)**

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

<b>WOOD</b>	<b>STONE</b>	<b>OTHER</b>

**Manila Section 266**

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.**

<b>WOOD</b>	<b>STONE</b>	<b>CRYPT</b>
<b>802</b>	<b>K</b>	<b>3553</b>

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 one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


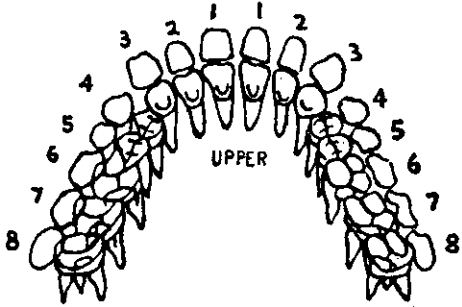




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

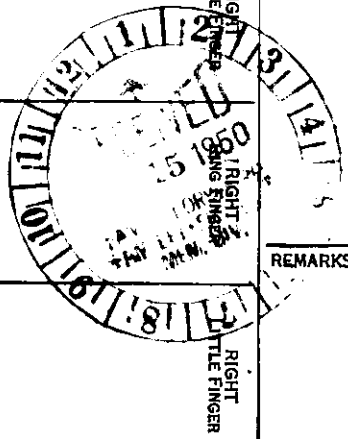
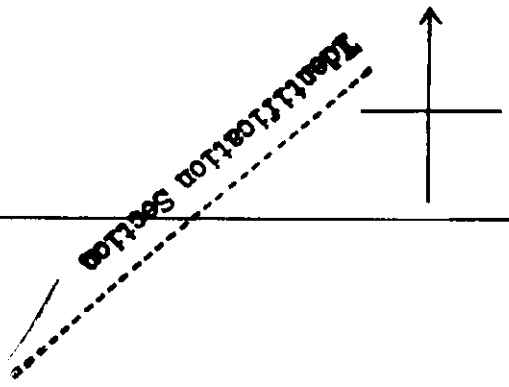
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

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

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

REMARKS:



FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Lt. Manila #2 X-677

SUBJECT

Also Manila News. X-4556

Assembly Lt. Cabanatuan C-201

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <i>X-677</i> <b>X-4556 (Formerly X-644, USAF Com Manila #2, Luzon, P.I.)</b>				2. DATE OF REPORT <b>2 June '48</b>	
3. NAME OF CEMETERY <i>293 Ave. Manila #2</i> <b>AGRS Mausoleum, Manila, P.I.</b>		4. PLOT <b>802</b>	5. ROW <i>X</i>	6. GRAVE <b>3533</b>	7. DATE OF DISINTERMENT <b>16 Dec 47</b> REINTERMENT <b>3 June 48</b>

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'3"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNK</b>
-----------------------------------	------------------------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**One (1) embossed tag with an inscription: UNKNOWN I-677 SMITH, HARRY J.  
667100 9 Pvt 59 CAG 2246-18-2.**

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

**UTD**

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

**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**

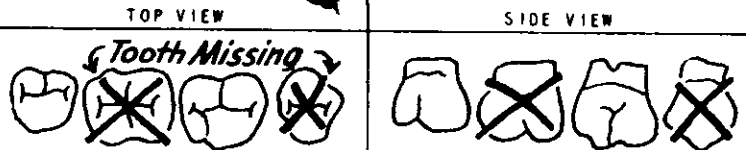
**APPROVED UNIDENTIFIABLE**

*U. Lee  
Ident Br  
18 Feb 52*

*✓  
Ident Br  
18 Feb 52*

*Incl #3F*

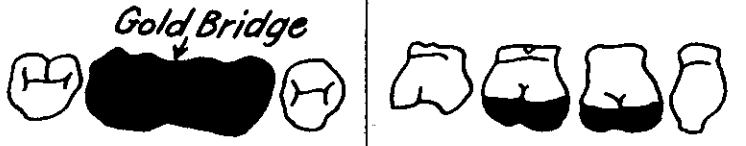
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:



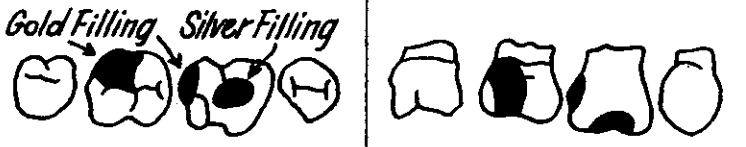
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



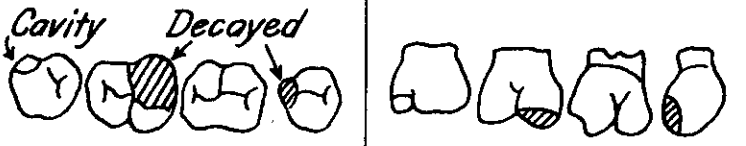
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>missing</i>				<i>P</i>	<i>a</i>								<del>X</del>		
Side Views															
UPPER															
LOWER															
Side Views															
	<i>a</i>	<del>X</del>	<i>P</i>	<i>a</i>							<i>P</i>	<del>X</del>	<i>a</i>		
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."

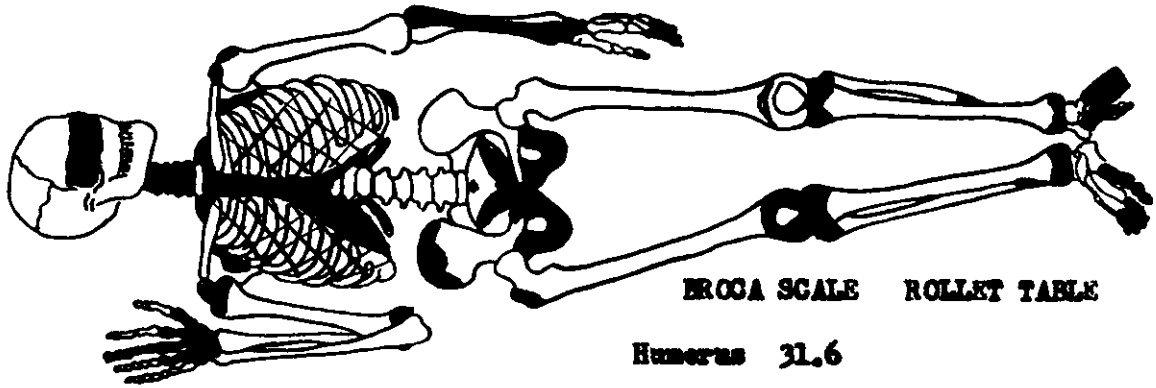
Maxilla from R6 - R8 missing. No loose teeth are found with remains.  
**CERTIFIED TRUE COPY:**

*[Signature]*  
L. S. PANOPLO  
1st Lt. Inf.

a/ Edward P. Moriarty



19. BLACK OUT PARTS OF BODY NOT RECORDED



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

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

This remains is one of the group disinterred from Grave 704, Row 0, Plot 7 POW Camp, Cabanatuan, Luzon, P.I. Approximate weight of remains 9 lbs. Circumference of skull 21½ inches.

CERTIFIED TRUE COPY:

*L. S. Panopio*  
 L S PANOPIO  
 1st Lt Inf

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

p/ EDWARD F MORIARTY  
 CIP Lab Manila, P.I.

s/ Edward F. Moriarty

16 Dec. '47

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

UNKNOWN X-677

Serial Number

Grade

Organization

Name, Number and Location of Cemetery

USAF Cem Manila No. 2 Luzon P. I.

Plot

2

Row

18

Grave No.

2216

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

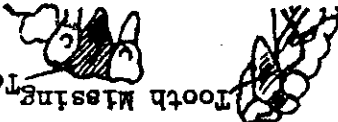




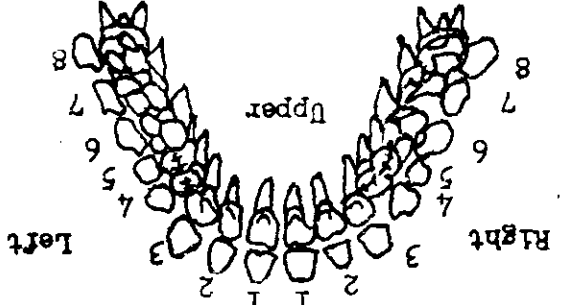
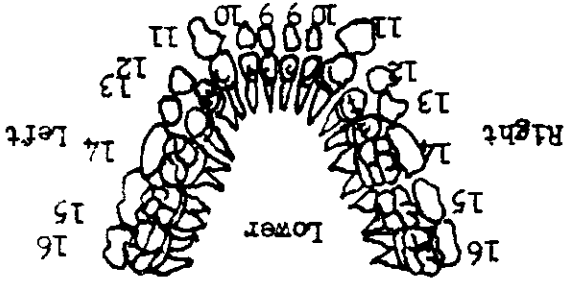
On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.

  
WARD C. STEPHENSON, 1st Lt., QMC

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

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

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

Remarks

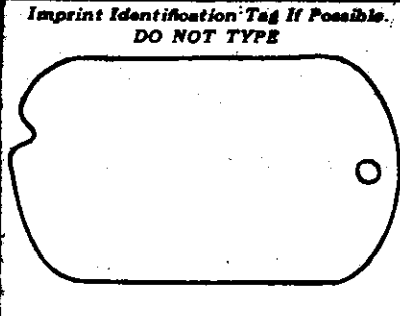
RESTRICTED

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

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

DATE OF REPORT

1 Feb 46



Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-677 (SMITH, Henry J.) (Formerly UNKNOWN G-201 Cabanatuan Cemetery)		J.R.	SERIAL No. 6671609
GRADE Pvt Cpl	J.R.	ORGANIZATION 59 CAC	BRANCH OF SERVICE Army
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH POW Camp Cabanatuan, Luzon, P. I.	CAUSE OF DEATH Beri-beri	DATE OF DEATH J.R. 1 Nov 42
--	-----------------------------	-----------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address) J.R.  
William H. Smith (F) Rt #2, Hannibal, New York.

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, All 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  
None

TRUE COPY:  
*[Signature]*  
B. McNEEMAR  
Capt., QMC.

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. 2246
----------------------------	--------------	---	-------------------------------	---------------	---------------	-------------------

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-676 (DOYASH, Harold W.) (Formerly UNKNOWN X-C-200 (Cabanatuan Cem))	RANK Pfc	SERIAL No.	ORGANIZATION USMC	GRAVE No. 2247
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-678 (HENNESSY, Harland) (Formerly UNKNOWN G-202 Cabanatuan Cemetery)	RANK Pvt	SERIAL No. 32092573	ORGANIZATION	GRAVE No. 2247

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

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

Incl #4 F

RESTRICTED

**Section UNIDENTIFIED REMAINS**

**INSTRUCTIONS:**

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

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

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	FILLINGS SILVER FILLING GOLD FILLING	UPPER Perfect Set DIAGRAM REPRESENTS THE MOUTH WIDE OPEN of Teeth LOWER
LEFT RING FINGER	CAVITIES CAVITY DECAYED	
LEFT MIDDLE FINGER	MISSING TEETH TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK GOLD BRIDGE	
RIGHT THUMB		
RIGHT INDEX FINGER		

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



REMARKS: Pvt Hennessy, Harland 32092573

were buried in this grave. Individual identification impossible.

HEADQUARTERS  
CENTRAL IDENTIFICATION POINT  
AMERICAN GRAVES REGISTRATION SERVICE-PHILRYCOM

APO 900  
30 July 1948

The following cases are those disinterred from a common  
grave at Cabanatuan Prison Camp - Grave #704, Row #0, Plot #7.  
The unknown number are AGRS Mausoleum numbers:

UNKNOWN X-2454A  
" X-2454B  
" X-4551  
" X-4552  
" X-4553  
" X-4554  
" X-4555  
" X-4556  
" X-4557

O'HARA, Thomas W.  
BLARO, Paul

(EXTRACT COPY) PHYSICAL COPY OF CASUALTY FOR GAWR DEPT REPORT

( B I B A S S )

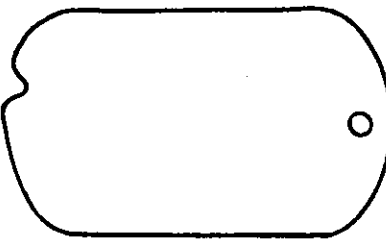
Rank & Grade	Service No.	Age	Date of Birth	Sex	Cause	Percent Kin and Address	Address				
<b>X</b>											
2101	Blabe, Paul	Corp	409 86	7022718	22	1/20/20	11:30 AM 11/1/42	2101	Imm	Mrs Julia Blabe; Westmoreland City, Pa.	704
2102	Winters, Charles B.	PFC	808 82	6664117	23	1/16/19	11:15 AM 11/1/42	2102	Imm	Mrs Guy Zeno; 900 Market St., Wheeling, W. Va.	704
<del>2103</del>	Galkins, William R. Bruntyer, Lloyd R.	Pvt PFC	QMC 7 Mt	19020998 19048914	18 22	1/18/24 1/11/20	10:20 AM 11/1/42 8:45 AM 11/1/42	2103 2104	Imm Imm	Joseph E. Galkins; Cornelius, Ore. Harry L. Bruntyer; 2341 Des Moines St., Des Moines, Iowa	704 704
2105	Evila, Kenneth G.	Corp	59 GAG	18049796	20	1/13/22	4:35 PM 11/1/42	2105	IM	Mrs Opal G. Evila; 413 S. Elm, Penna City, Okla.	704
2106	O'Hara, Thomas H.	Pvt	680 ORD	32115031	26	1/18/15	12:35 PM 11/1/42	2106	IM	Michael O'Hara; 725 - 130 St., College Point, N. Y.	704
2107	Clark, Walter	Corp	QMC	19053642	28	1/9/13	8:30 AM 11/1/42	2107	IM	Mr Robb Clark; c/o T. A. Chasen; 8111th, Calif.	704
2108	Doyash, Harold H.	PFC	4 USMC		24	1/28/18	2:00 PM 11/1/42	2108	Pol	Mrs Daisy Doyash; 62 Henry St., Detroit, Mich.	704
2109	Smith, Henry J.	Pvt	59 GAG	6671009	31	1/28/11	6:10 PM 11/1/42	2109	IM	William H. Smith; Rt #2, Hamlet, New York	704
2110	Keenney, Harland	Pvt	803 OR	32092573	24	1/1/18	10:00 PM 11/1/42	2110	IM	Mrs B. Keenney; 155 Ford St., Knoxville, N. Y.	704
		<b>X</b>									
		<b>X</b>									

A TRUE EXTRACT COPY:  
  
 A. B. BURRELL  
 Capt., QMC.

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

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

DATE OF REPORT  
15 July 1948

Imprint Identification Tag If Possible. DO NOT TYPE  	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <b>UNKNOWN I-4556 (Formerly UNK I-677, USAF Cemetery Manila, #2, Luzon, P.I.)</b>		SERIAL No. <b>Unknown</b>
	GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
	RACE <b>Unknown</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
	PLACE OF DEATH <b>POW Camp, Cabanatuan, Luzon, P.I.</b>		CAUSE OF DEATH <b>Unknown</b>

EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

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

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 <b>3 June 1948</b>	HOUR <b>1000</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>802</b>	ROW No. <b>K</b>	GRAVE No. <b>3533</b>
--------------------------------------	---------------------	--	-------------------------------------	------------------------	---------------------	--------------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE  <b>USAF Cemetery Manila #2, Luzon, P.I.</b>	PLOT No. <b>2</b>	ROW No. <b>18</b>	GRAVE No. <b>2246</b>
---	--	----------------------	----------------------	--------------------------

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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>PEARSON, William</b>	RANK	SERIAL No. <b>365885</b>	ORGANIZATION	GRAVE No. <b>3535</b>
---	------	-----------------------------	--------------	--------------------------


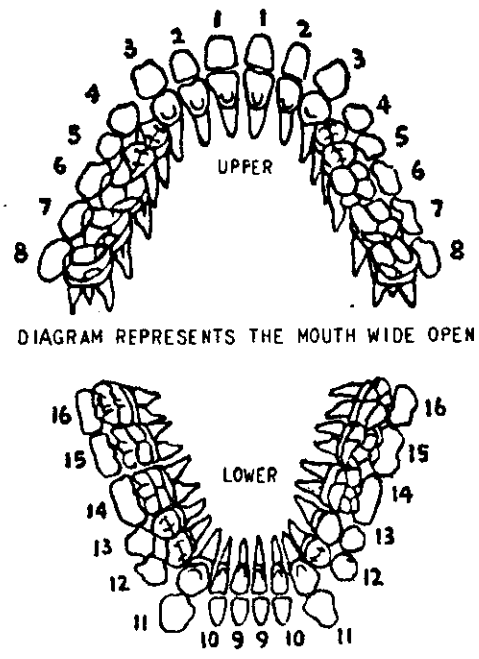




BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>COE, Ragan</b>	RANK	SERIAL No. <b>3830355</b>	ORGANIZATION	GRAVE No. <b>3531</b>
--	------	------------------------------	--------------	--------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>[Signature]</i> V C ANILINO 1/5 QMC	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>[Signature]</i> L S PANOPIC, 1st Lt Inf
---	--

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

Incl #2F



	<b>Section 3.—UNIDENTIFIED REMAINS.</b>																											
LEFT LITTLE FINGER	<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.																											
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR																								
LEFT MIDDLE FINGER	WEAPON AND SERIAL NO.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS																								
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES																											
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN																									
RIGHT THUMB	CAVITIES  CAVITY DECAYED																											
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING																											
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN																											
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE																											
RIGHT LITTLE FINGER																												
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <b>REMARKS:</b> UNKNOWN X-4556, AGRS Mausoleum, Manila, P.I., formerly UNKNOWN X-677, USAF Cemetery Manila #2, Isona, P.I., might be anyone of the following:																												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Pfc Winters, Charles B.</td> <td style="width:20%;">6665117 808</td> <td style="width:20%;">N. F.</td> </tr> <tr> <td>Pvt Galkins, William K.</td> <td>19020996</td> <td>QMC</td> </tr> <tr> <td>Pfc Frumtayer, Lloyd R.</td> <td>19048914 7</td> <td>NAT</td> </tr> <tr> <td>Cpl Erwin, Kenneth G.</td> <td>18049796 59</td> <td>CAC</td> </tr> <tr> <td>Cpl Clark, Walter</td> <td>19053642</td> <td>QMC</td> </tr> <tr> <td>Pfc Doyash, Harold W.</td> <td></td> <td>USMC</td> </tr> <tr> <td>Pvt Smith, Harry J.</td> <td>6671009 59</td> <td>CAC</td> </tr> <tr> <td>Pvt Hommesy, Harland</td> <td>32092573</td> <td></td> </tr> </table>					Pfc Winters, Charles B.	6665117 808	N. F.	Pvt Galkins, William K.	19020996	QMC	Pfc Frumtayer, Lloyd R.	19048914 7	NAT	Cpl Erwin, Kenneth G.	18049796 59	CAC	Cpl Clark, Walter	19053642	QMC	Pfc Doyash, Harold W.		USMC	Pvt Smith, Harry J.	6671009 59	CAC	Pvt Hommesy, Harland	32092573	
Pfc Winters, Charles B.	6665117 808	N. F.																										
Pvt Galkins, William K.	19020996	QMC																										
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Cpl Erwin, Kenneth G.	18049796 59	CAC																										
Cpl Clark, Walter	19053642	QMC																										
Pfc Doyash, Harold W.		USMC																										
Pvt Smith, Harry J.	6671009 59	CAC																										
Pvt Hommesy, Harland	32092573																											
REMARKS: QMC Form 1044, 1044a and 1044b accomplished.																												

*Handwritten notes:*  
7-156 7-609 7-1000 7-1001  
4-175 7-177

ORIG DEPT OF ARMY WASH DC  
COASTS PHILIPP (AF) 2700 MANILA PI

UNCLASSIFIED

DEFERRED

S 1844

CITE TO TOKYO JAPAN (AIR MAIL)

MULTIPLE ADDRESSES

*Handwritten:* WCL 40368

FIVE DOLLAR UNITED S 1844

QUEST EXAM OF XRAY 3188 MANILA NR 2 UNIT 3 PAGE 51 CIA XRAY 505 CIA  
572 CIA 573 CIA 575 TONU 576 INC MANILA NR 3 UNIT 3 PAGE 3 WITH EMPHASIS  
ON FRACTURES OF WRIST CIA NONE & ABSCISSA OF TUBS

T. Hambrical  
L. H. White  
J. Windsor

APPROVED UNIDENTIFIABLE

S 1844 IS DC IF NO OTHER (24 FEB 80)

011530Z

GRAVES

UNCLASSIFIED

D. A. WINTER  
CAPT, I.C. HQ DIV

WE LT WINDSOR EXT 74188  
GHS FAX FAX

*Handwritten:* MARKED

*Vertical handwritten note:* 293 P.I. WALKER-6771 (Manila 73)

BASIC: Ltr fr ASF, ODMG, Wash. 25, D.C. dtd 30 Apr 46, File SPQYG 293,  
Unknowns U 1274 & U 1335 (Manila No. 2), P.I., Subj: Identifi-  
cation of Unknown Deceased

CSQYM 293 3d Ind.  
HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE AREA COMMAND,  
PACIFIC THEATER, APO 707, 3 June 46,

TO : The Quartermaster General, Washington 25, D. C.

1. Attention is invited to 2d Indorsement.
2. A certified true copy of Corrected Report of Reinterment  
(Incl No. 5) indicates a new X number (X-3156) to the remains tentatively  
known as Erwin, Kenneth G.

*Lee M. Hester*  
LEE M. HESTER  
Colonel, QMC

Area Graves Registration Officer

- 5 Incls:  
Incls 1 - 4 n/c  
Incl 5 - w/d  
Incl 6 Cert. True Cy of  
Rpt of Reint. (Added).

*km*

*293 Unknowns - U 1274 & U 1335 (Manila #2)*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-4556 (Formerly X-677 Manila #2)</b>	2. DATE OF REPORT <b>22 March 1950</b>
---	---

3. NAME OF CEMETERY <b>AGRS Mausoleum Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION Age: **22-28**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'7 5/8"</b>	10. COLOR OF HAIR <b>Brown</b>	11. RACE <b>White</b>
-----------------------------------	--	-----------------------------------	--------------------------

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? <b>Bones are eroded</b>
--	--

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**

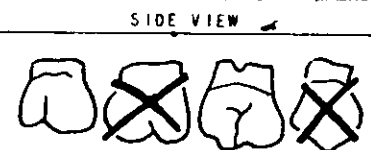
*V Lee  
Ident Br  
18 Feb 52*

*Incl #7*

18.

TOOTH CHART

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



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



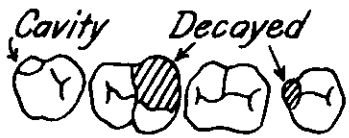
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



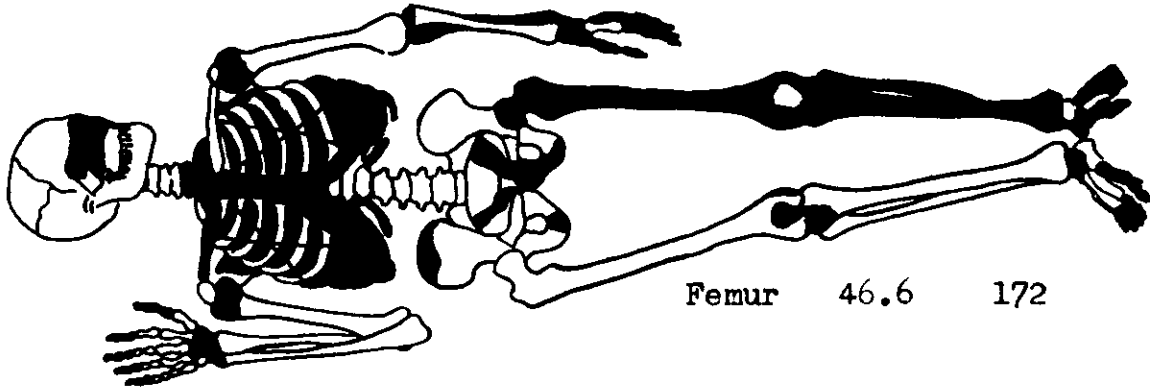
																maxilla	
RIGHT								LEFT								missing	
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
maxilla missing				$\frac{a}{o}$	$\frac{a}{o}$									X			
Side Views																Side Views	
UPPER																	
LOWER																	
Side Views																	
	$\frac{a}{o}$			$\frac{a}{o}$								$\frac{a}{o}$	$\frac{a}{o}$	X	$\frac{a}{o}$		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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

*Paul R. Nichols*

PAUL R NICHOLS  
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Femur 46.6 172

Estimated height: 5'7 5/8"

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ 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

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

22 March 1950

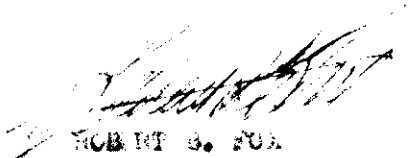
S T A T E M E N T

Reference: UNK X-3156, serials #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 S. FOX  
Anthropologist

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-4556 (Formerly UNK X-677 Manila #2)</b>			2. DATE OF REPORT <b>10 Dec 1949</b>		
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>5' 7 3/8"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>White</b>

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? TO WHAT EXTENT?  
 YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?  
 YES  NO **Some erosion of remains**





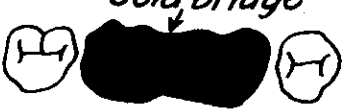

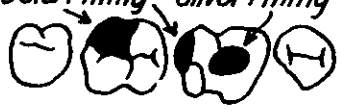

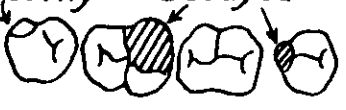

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS





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**

*1044*



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

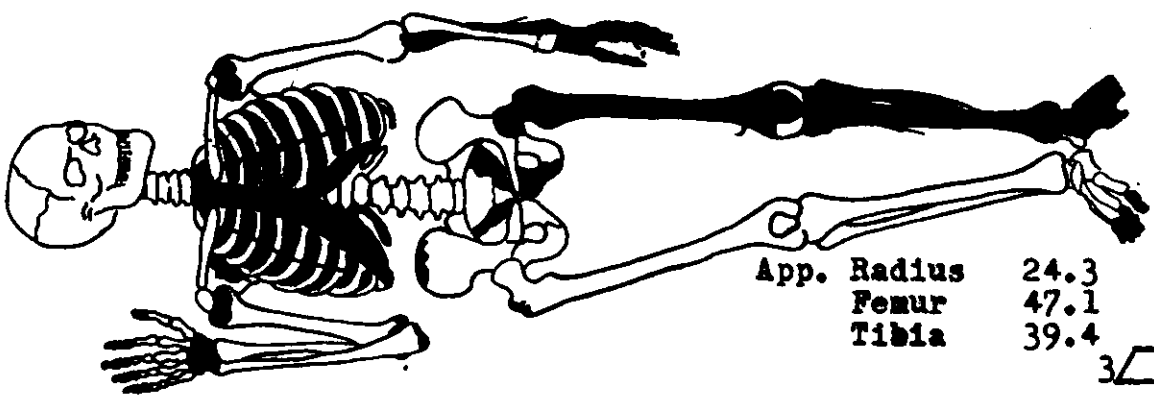
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
<b>Maxilla Missing</b>		X	A od	P									X	<b>Maxilla Missing</b>			
Side View																Side View	
Top View																UPPER	
Top View																LOWER	
Side View																Side View	
	A o	X		P			P					P	X	A o			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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

L7 and L8 are loose present with remains.

*Paul R. Nichols*  
**PAUL R NICHOLS**  
 Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5' 7 3/8"

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ 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, approximately 5' 7 3/8" tall, and in the estimated age grouping of from 26 to 31 years at time of death.

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

See attached Anthropologist's statement dated 12 December '49.

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  
*[Handwritten Signature]*

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

12 December 1969

**STATEMENT**

Reference: INK X-2254 Remains  
INK's X-4551 thru X-4557

The above eight (8) remains were examined simultaneously by me this date for proper segregation, and new GC Form 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 GIL #522.

  
ROBERT B. FOX  
Anthropologist

**RESTRICTED**

U-2050

AND GRS 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

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p>	<p><b>Section 1.—IDENTIFICATION.</b></p>		
	<p>NAME (Last, first, middle initial) UNKNOWN X-677 (SMITH, <sup>Henry JR.</sup> Henry J) (Formerly UNKNOWN C-201 Cabanatuan Cemetery)</p>		<p>SERIAL No. 6671009</p>
	<p>GRADE <del>Pvt</del> <sup>J.R.</sup> CPl</p>	<p>ORGANIZATION 59 CAC</p>	<p>BRANCH OF SERVICE Army</p>
	<p>RACE</p>	<p>RELIGION</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH POW Camp Cabanatuan, Luzon, P I</p>	<p>CAUSE OF DEATH <sup>J.R.</sup> Beni-beni</p>	<p>DATE OF DEATH <sup>J.R.</sup> 1 NOV 42</p>
---	---	---

EMERGENCY ADDRESSEE (Name, relationship, and address)

*William H. Smith (F) RT #2 Hannibal, New York.*

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

*Arms 576* 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. 2246
----------------------------	--------------	---	-------------------------------	---------------	---------------	-------------------

<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 45.7-7C.9 1/50,000 POW Camps I &amp; II Cabanatuan Cemetery, Luzon, P I</p>	<p>PLOT No. 7</p>	<p>ROW No. 0</p>	<p>GRAVE No. 704</p>
---	--	-----------------------	----------------------	--------------------------

<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
-----------------------------------	---------------------------------------	--

<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes</p>
--	--

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-676 (DOYASH, Harold W) (Formerly UNKNOWN C-200 Cabanatuan Cemetery)</p>	<p>RANK Pfc</p>	<p>SERIAL No.</p>	<p>ORGANIZATION USMC</p>	<p>GRAVE No. 2245</p>
---	---------------------	-------------------	------------------------------	---------------------------

<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-678 (HENNESSY, Harland) (Formerly UNKNOWN C-202 Cabanatuan Cemetery)</p>	<p>RANK Pvt</p>	<p>SERIAL No. 32092573</p>	<p>ORGANIZATION</p>	<p>GRAVE No. 2247</p>
---	---------------------	--------------------------------	---------------------	---------------------------

<p>SIGNATURE OF PERSON PREPARING REPORT <i>R.C. Barrett</i> R. C. BARRETT, T/4, GRS.</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E.M. Moore</i> E. M. MOORE, 1st Lt., QMC.</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 Officer. Copies for retention in theater as prescribed by theater commander.

**RESTRICTED**

*April 26*

**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.

**15 MAR 1950**

LEFT  
LITTLE FINGER

LEFT  
RING FINGER

LEFT  
MIDDLE FINGER

LEFT  
INDEX FINGER

LEFT  
THUMB

RIGHT  
THUMB

RIGHT  
INDEX FINGER

RIGHT  
MIDDLE FINGER


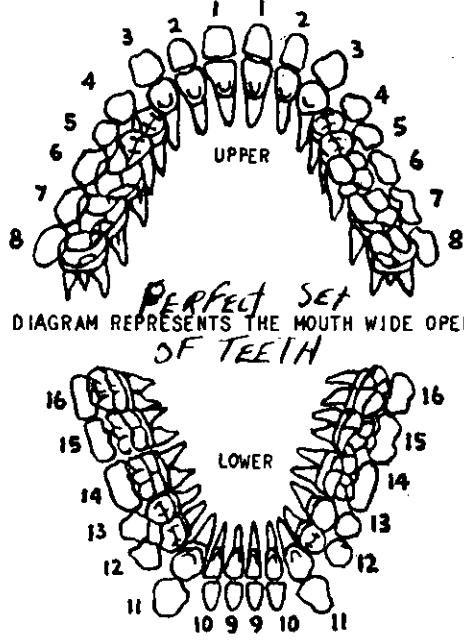




RIGHT  
RING FINGER

RIGHT  
LITTLE FINGER

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

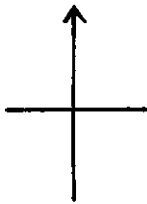
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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


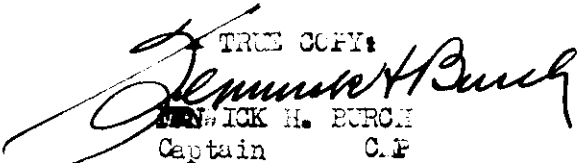
Pfc Fruntmyer, Lloyd R. 19048914 7 MAT  
Cpl Erwin, Kenneth G. 18049796 59 CAC  
Cpl Clark, Walter 19053642 QMC



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**

GPO CMC FORM 1042   (Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		<b>REPORT OF/INTERMENT</b> (AR 30-1810 and AR 30-1815)		DATE OF REPORT 1 Feb 46		
Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b>					
	NAME (Last, first, middle initial) UNKNOWN X-677 (SMITH, Harry J.) (Formerly UNKNOWN X-C-201 (Cabanatuan Cem.))			SERIAL NO. 6671009		
	GRADE <del>Pvt</del> Cpl	ORGANIZATION 59 CAC		BRANCH OF SERVICE Army		
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH POW Camp Cabanatuan, Luzon, P.I.		CAUSE OF DEATH J.R. Beri-beri		DATE OF DEATH J.R. 1 Nov. 42		
EMERGENCY ADDRESSEE (Name, relationship, and address) J.R. William H. Smith (E) Rt. #2, Hannibal, N. York						
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 I.F. Pvt Calhoun, William K. 1:020998 I.C. (See Sec 2, reverse side)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME none <div style="text-align: right;">                     TRUE COPY:                        LEMUEL H. BURCH                      Captain C.I.F.                 </div>						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY U.S.F Cemetery Manila #2, Luzon, P.I.						
DATE OF BURIAL 9 Jun 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. 2246
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW 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) UNKNOWN X-676 (DOYASH, Harold J.) (Formerly UNKNOWN X-C-200 (Cabanatuan Cem.))		RANK Pfc	SERIAL NO. 32092579	ORGANIZATION USMC	GRAVE No. 2247	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-673 (HEARNESBY, Harland) (Formerly UNKNOWN X-C-202 (Cabanatuan Cem.))		RANK Pvt	SERIAL NO.	ORGANIZATION	GRAVE No. 2247	
SIGNATURE OF PERSON PREPARING REPORT /s/ R. C. Barnett /t/ R. C. BARNETT, t/4, GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/ E. M. MOORE /t/ E. M. MOORE, t/4, GRS.			
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:**


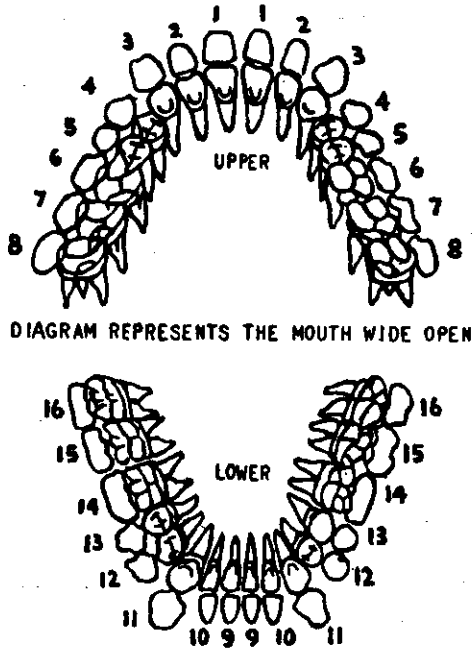




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

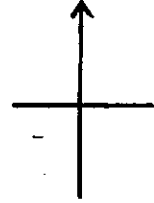
<b>HEIGHT</b>	<b>WEIGHT</b>	<b>COLOR OF EYES</b>	<b>COLOR OF HAIR</b>	<b>BIRTHMARKS, SCARS, OR TATTOOS</b>
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<b>WEAPON AND SERIAL No.</b>	<b>LAUNDRY MARKS</b>	<b>WHERE BODY WAS BURIED OR FOUND</b>
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**OTHER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

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

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



**REMARKS:**