

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293unk Manila Case # 2-X-689

Also Manila. Case X-4424

Formerly Cabanatuan C-213

AIR MAIL

Att.

293 Unk Manila # 2 X-689

GRPZ 293 2nd Ind.
(17 October 1949)
SUBJECT: Identification of Unknown

Ja

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, PHILCOM ZONE,
APO 900, 9 November 1949

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

Referenced Unknowns have been processed as Unidentifiable.
Certificates of Unidentifiability will be forwarded your Headquarters
through normal channels.

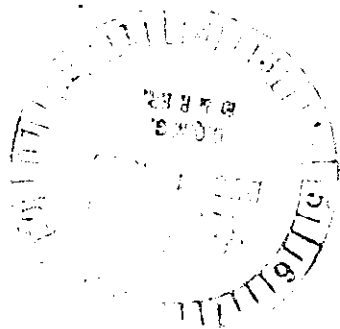
FOR THE COMMANDING OFFICER:

John Shypula
JOHN SHYPUA
1st Lt., Infantry
Adjutant.

493 of grp P.O. X-44294 (Manila)

*File - N.A.N
10 Dec
Ident Br
10 Nov 52*

AIR MAIL



AIRMAIL

QMCMT 293

1st Ind

GRS Far East

SUBJECT: Identification of Unknown

Dept of the Army, OQMG, Washington 25, D. C., 17 October 1949

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

Board Findings for Unknown X-4424 have been suspended pending receipt of certificates of Unidentifiability for the Unknown deceased recovered from grave 706 Cabanatuan POW Cemetery.

FOR THE QUARTERMASTER GENERAL:

1 Incl w/d



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

AIRMAIL

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

APD 707
13 SEP 1949

GRPZ 293

SUBJECT: Identification of Unknown

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

1. Proceedings of the Board of Review, AGRS, PHILCOM Zone, are forwarded herewith recommending that Unknown X-4424, AGRS Mausoleum, Manila, be identified as Cpl. Ralph Blurton, 16 017 957.

2. The remains involved were recovered from Grave 706, Cabanatuan POW Cemetery. Twelve remains were disinterred from this grave consisting of seven Knowns and five Unknowns. The remaining four unknowns are being processed as Unidentifiable inasmuch as no unaccounted for casualties could be associated with these unknowns.

3. Grave 706 is indicated as the burial place of Cpl. Blurton and eleven other casualties, four of whom are being declared as non-recoverable.

FOR THE COMMANDING GENERAL:

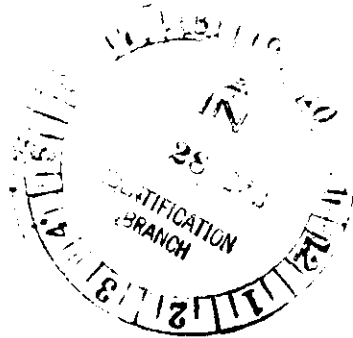
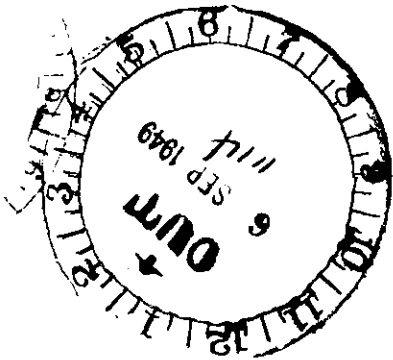
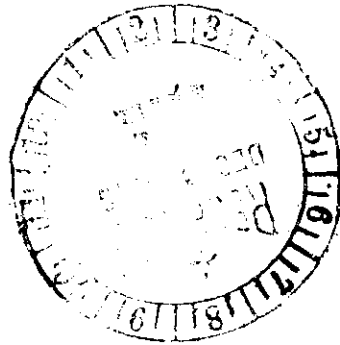
John M. Heston, Jr.
1st Lt. Adj. Gen.
Asst.

1 Incl:
Board proceedings

X 293 Blurton, Ralph 16 017 957

Handwritten notes on right margin:
- 16 017 957
- 16 017 957
- 16 017 957

RECEIVED



/bpm

Interred 3 April 1950
L. 16 76 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

CARL R. H. MARK
Cemetery Superintendent
SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 81266

DATE
29 03 50
DAY MONTH YEAR

1

| | | | | | |
|--|------------------|------------------|----------------------|---|----------|
| NAME UNKNOWN X - 689 | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
| CEMETERY USAF CEMETERY MANILA NO. 2, P. I. | PLOT 2 | ROW 18 | GRAVE 2290 | DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR. | |

SECTION B — CONSIGNEE AND NEXT OF KIN

| | |
|---|--|
| NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I. | NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION) |
|---|--|

SECTION C — DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|---------------|----------|--|---------------------------------------|
| NAME UNKNOWN X-689 | SERIAL NUMBER | GRADE | DATE OF DEATH | DATE DISTINTERRED 30 Mar 50 |
| IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE | |

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

| | |
|---|---|
| NATURE OF BURIAL Shelter Half | CONDITION OF REMAINS Skeletal |
| OTHER MEANS OF IDENTIFICATION X - 4424 Maus | |

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

REMAINS PREPARED AND PLACED IN CASKET

| | | |
|--|---|---|
| DATE 30 Mar 50 BY PAUL R NICHOLS | CASKET SEALED BY PAUL R NICHOLS | EMBALMER (Signature) <i>Paul R. Nichols</i> PAUL R NICHOLS |
| CASKET BOXED AND MARKED DATE 30 Mar 50 BY RAYMOND H TANGUAY, Sgt., RA | SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA | |

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

L. W. Richardson
L. W. RICHARDSON, M/Sgt., RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

NAT
FILE
RECORDS ANNOTATED
DATE **27 Apr 1950**
NAME *Kyle*
deputy BR. MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

US MILITARY CEMETERY

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

1950

APR 3

David Frank

2. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

DISINTERMENT DIRECTIVE

PREPARED BY **DWIGGS**

3

| | | | | | | | |
|--|--|---------------|--|---------------------------------------|------------------|---|---|
| SECTION A — NAME AND BURIAL LOCATION OF DECEASED | | | | DIRECTIVE NUMBER 7747 81266 | | DATE 29 03 50 DAY MONTH YEAR | |
| NAME UNKNOWN I - 689 | | SERIAL NUMBER | | GRADE | ARM | RACE | RELIGION |
| CEMETERY USAF CEMETERY MANILA NO. 2, P. I. | | | | PLOT 2 | ROW 18 | GRAVE 2290 | DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR. |

| SECTION B — CONSIGNEE AND NEXT OF KIN | |
|---|--|
| NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. W.W. MCKINLEY, P. I. | NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION) |

| SECTION C — DISINTERMENT AND IDENTIFICATION | | | | |
|--|---------------|----------|--|-------------------|
| NAME | SERIAL NUMBER | GRADE | DATE OF DEATH | DATE DISTINTERRED |
| IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY NAME AND TITLE | |

| SECTION D — PREPARATION OF REMAINS FOR SHIPMENT | |
|---|----------------------|
| NATURE OF BURIAL | CONDITION OF REMAINS |
| OTHER MEANS OF IDENTIFICATION | |
| MINOR DISCREPANCIES <i>(Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)</i> | |

| | |
|---|------------------------------------|
| REMAINS PREPARED AND PLACED IN CASKET | |
| DATE _____ BY _____ | EMBALMER (Signature) _____ |
| CASKET SEALED BY _____ | SHIPPING ADDRESS VERIFIED 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 AGS INSPECTOR | |

| | |
|----------------------------------|--|
| REMARKS AND SPECIAL INSTRUCTIONS | RECORDS SECTION DATE _____ NAME _____ TITLE _____ |
|----------------------------------|--|

RECORD OF CUSTODIAL TRANSFER

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

293 unk Manila #2 X-689

HEADQUARTERS
FILSON BARR
AMERICAN GRAVES REGISTRATION OFFICE

Ja

13 Feb. 1950
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 689, Plot 2,
Row 15, Grave 2290, USMC Manila #2, Luzon P.I., have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:

[Signature]
R. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

APPROVED UNIDENTIFIABLE

[Signature]
Ident Br
10 Mar 52

Received March 50 QMG
Not identifiable from
information presently
available
[Signature]
Ident Sec
8 March 50

[Handwritten marks]

IDENTIFICATION DATA

| | | | | | | |
|--|--|--------------------------|--------------------|-----------------------------------|--|---------------------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-4424 (Formerly Unk X-689 USAF Cem. Manila #2, Luzon P.I.) | | | | 2. DATE OF REPORT 13 Feb. 1950 | | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | | 4. PLOT Hanger 802 | 5. ROW Bay F | 6. GRAVE Crypt 1831 | 7. DATE OF DISINTERMENT 16 Dec '47 | REINTERMENT 20 May '48 |

PHYSICAL DESCRIPTION

| | | | |
|------------------------------|----------------------------------|----------------------------|------------------|
| 8. ESTIMATED WEIGHT U T D | 9. ESTIMATED HEIGHT 5' 3 3/4" | 10. COLOR OF HAIR U T D | 11. RACE UNK. |
|------------------------------|----------------------------------|----------------------------|------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

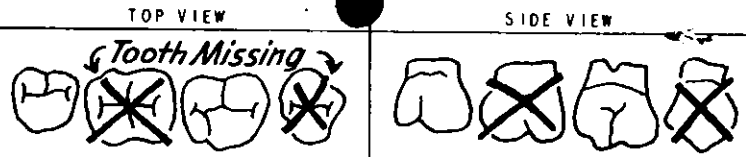
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

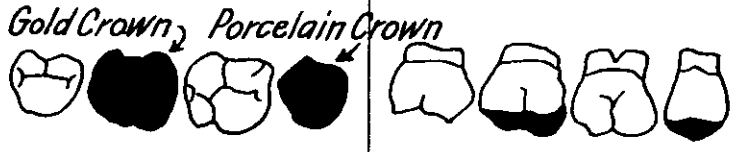
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

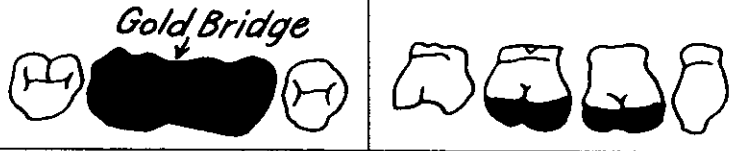
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



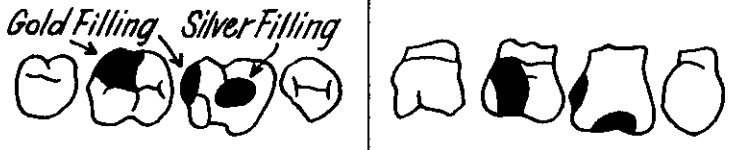
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



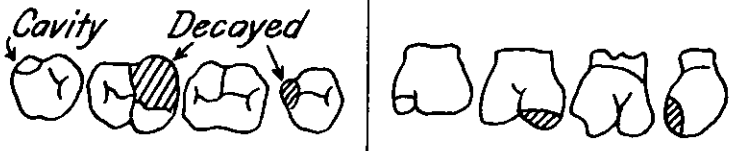
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



| | | FRACTURED | | | | | | | | | | | | MISSING | | | | |
|------------|-------|------------------------------------|------|----|----|----|------|----|---|---|----|----|----|---------|----|----|----|------------|
| | | RIGHT | | | | | LEFT | | | | | | | MISSING | | | | |
| | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| | | | ⊗ | ⊗ | | | | | | | | | | | ⊗ | | | |
| Side Views | | [Side view drawings of teeth] | | | | | | | | | | | | | | | | Side Views |
| Top Views | UPPER | [Top view drawings of upper teeth] | | | | | | | | | | | | | | | | |
| | LOWER | [Top view drawings of lower teeth] | | | | | | | | | | | | | | | | |
| Side Views | | [Side view drawings of teeth] | | | | | | | | | | | | | | | | |
| | | | H of | X | ⊗ | ⊗ | | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | X | ⊗ | | |
| | | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | |

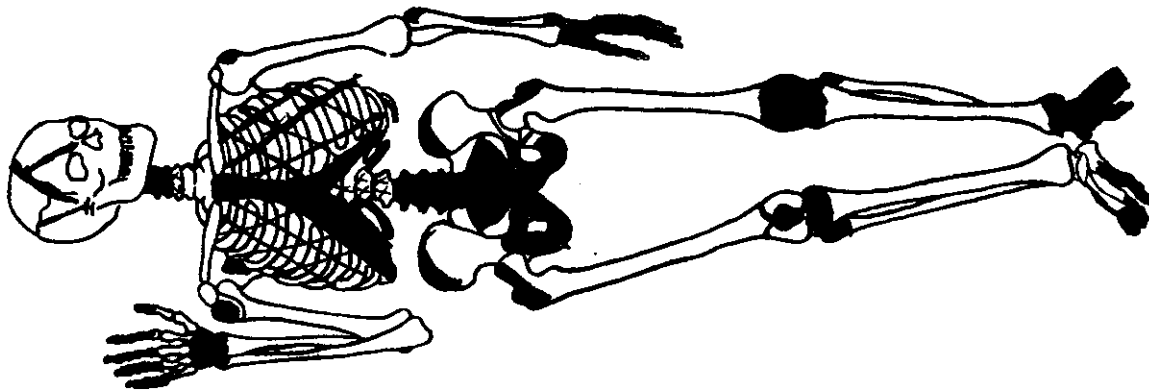
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla fractured on median line. Maxilla from R-6, R-8 and L6 - L8 missing. R8 and L8 are found loose with remains.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

No identification tags, bottle buried, personal effect, or other means of identification found with remains.

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

PAUL R. NICHOLS
Chief, Ident. Section

SIGNATURE

Paul R. Nichols

AIRMAIL
RESTRICTED

293
Unk. P.I. X-4424 Maus Manila

~~SECRET~~ 293
GRS Far East

10 January 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
Attn: 900, c/o Postmaster
San Francisco, California

1. Reference is made to Proceedings of your Board of Review, dated 30 August 1949, recommending the following identification:

Unknown X-4424 AGRS Mausoleum, Manila, P.I. as
Cpl. Ralph Blurton, 16 017 957

2. After an extensive study of this case, it is considered that the evidence presented cannot be interpreted as sufficient basis for identification.

3. The association of this decedent with the remains is based upon information contained in the Cabanatuan POW Camp Death Report. Experience with this report has proved it to be a valuable aid for the association of decedents with Unknown remains. However, in repeated instances, it has been shown that the report does not constitute substantive proof within itself. Therefore, it is subject to qualifying or substantiating comparison of dental and physical data.

4. Army dental records for the decedent involved in this case are meager and incomplete. They present a marked similarity which would probably compare equally well with any cross-section of remains recovered from the Cabanatuan Cemetery.

5. Since there is no adequate substantiating evidence available in this case, the Board Proceedings have been disapproved and are returned herewith.

JAN 10 2 21 PM '50
MAIL ROOM

HEADQUARTERS MARINE CORPS GENERAL:

1 Incl
1 - Bd Proceedings
T. Sanborn:vmw
L. M. White
J. Windsor

T. A. HAZZ
Lt. Colonel, AGC
AGRS Division

REGISTERED
NO. 183

RESTRICTED
Copy furnished CINCPAC APO 500

184

AIRMAIL

REB
TEC

293-Deck, P.I. X-4424 (Maus, Manila)

QAGM 293

1st Ind

QAGM for ast

SUBJECT: Identification of Unknown

Dept of the Army, OAG, Washington 25, D. C., 17 October 1949

TO: Commanding General, Philippine Command, APO 707, c/o Postmaster, San Francisco, California AFIN: APO, PHILIPPINE ZONE

Board Findings for Unknown X-4424 have been suspended pending receipt of certificates of Unidentifiability for the Unknown deceased recovered from grave 706 Cabanatuan POW Cemetery.

FOR THE QUARTERMASTER GENERAL:

1 Incl w/d

T. H. BEIZ
Lt. Colonel, SAC
Memorial Division

LMR

REB

T. Sanborn:lr *24*

TEC

L.M. White *HW*

J. Windsor *T*

cc--Administrative Section
cc--Cincfe

[Handwritten signature]

[Vertical stamp: RECEIVED, 17 OCT 1949]

293 A.M.S. P.O. ...

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GRPZ 293

AFO 707
13 SEP 1949

SUBJECT: Identification of Unknown

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

1. Proceedings of the Board of Review, AGRS, PHILCOM Zone, are forwarded herewith recommending that Unknown X-4424, AGRS Mausoleum, Manila, be identified as Cpl. Ralph Blurton, 16 OQ7 957.

2. The remains involved were recovered from Grave 706, Cabanatuan POW Cemetery. Twelve remains were disinterred from this grave consisting of seven Knowns and five Unknowns. The remaining four unknowns are being processed as Unidentifiable inasmuch as no unaccounted for casualties could be associated with these unknowns.

3. Grave 706 is indicated as the burial place of Cpl. Blurton and eleven other casualties, four of whom are being declared as non-recoverable.

FOR THE COMMANDING GENERAL:

1 Incl:
Board proceedings

/s/ John M. Weston, Jr.
JOHN M. WESTON JR.
1st Lt AGD
Asst. Adj Gen

COPY

COPY

IDENTIFICATION DATA

| | | | | | |
|---|---------------|----------|---------------|---------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-4424 (Formerly UNK X-689) USAF Cemetery Manila #2, Luzon, P.I. | | | | 2. DATE OF REPORT 18 May '48 | |
| 3. NAME OF CEMETERY AGRS MANSONGUA, MANILA, P. I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | HANGER 802 | BAY F | CRYPT 1331 | DISINTERMENT | REINTERMENT |
| | | | | 16 Dec '47 | 20 May '48 |

PHYSICAL DESCRIPTION

| | | | |
|----------------------------|----------------------------------|--------------------------|------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5' 3 3/4" | 10. COLOR OF HAIR UTD | 11. RACE UNK. |
|----------------------------|----------------------------------|--------------------------|------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

NONE

| | |
|---|-----------------|
| 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? |
|--|-----------------|

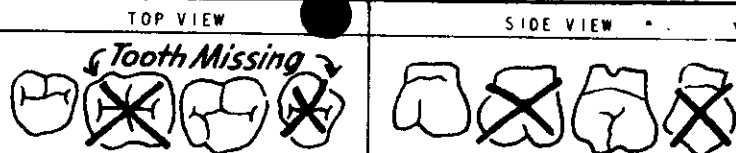
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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)

No clothing. No personal effects nor any other means of identification found with remains.

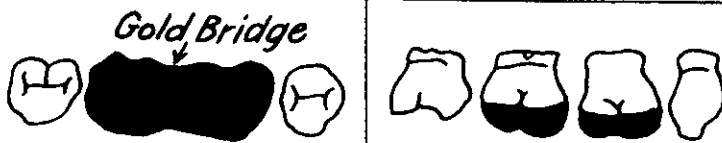
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:



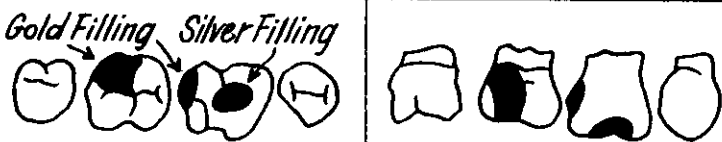
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



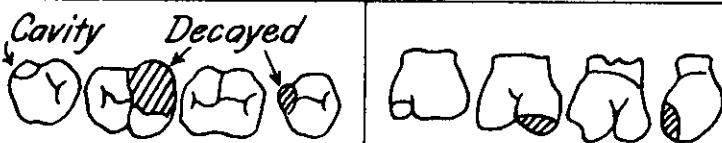
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



| Missing | | | | | | | | Fractured | | | | | | | | Missing | | | | | | | |
|---------|----|----|----|----|----|----|---|-----------|----|----|----|----|----|----|----|---------|--|--|--|--|--|--|--|
| RIGHT | | | | | | | | LEFT | | | | | | | | | | | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | | | | | | | |

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

REMARKS: Maxilla fractured on median line. Maxilla from R-6, R7 and L6 - L8 missing. R9 and L9 are found loose with remains.

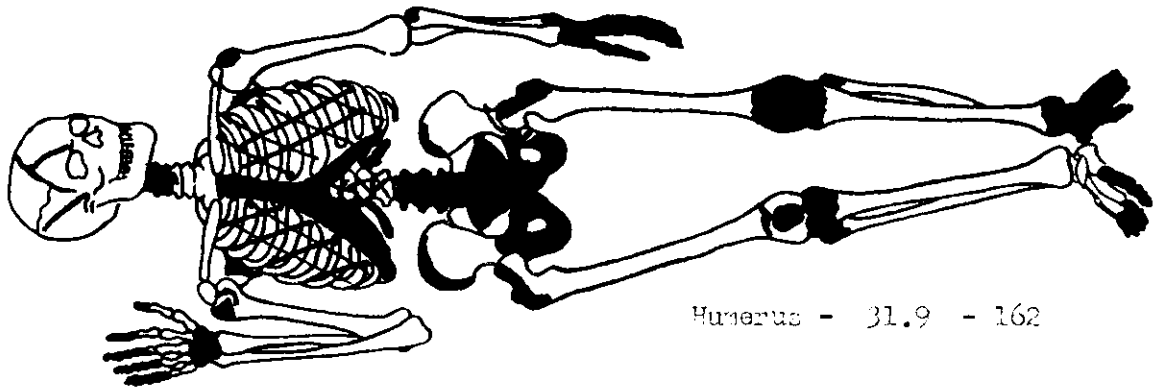
CERTIFIED TRUE COPY:

/s/ L. S. Panopio
/t/ T. S. PANOPIO
1st Lt., INF

/s/ Edward F. Moriarty

19. BLACK OUT PARTS OF BODY NOT RECOVERED

2 - Cervical Vertebrae
Vertebrae Rib fragments



Humerus - 31.9 - 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

Skull broken
Estimated weight of remains 5 lbs.
No ROI bottle nor Identification tag found with remains.
This case is one of a group of remains disinterred from Grave #706, Row C, Plot #7 of Cabanatuan POW Camp Cemetery, Luzon, P. I.

CERTIFIED TRUE COPY:

/s/ D. S. Panopio
/t/ D. C. PANOPIC
1st Lt., INF

A TRUE COPY:

H. J. KENNER
Capt., OMC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

/p/ EDWARD F. MORIARTY, Ech. Sup.
CIP Laboratory, Manila, P. I.

SIGNATURE

/s/ Edward F. Moriarty

IDENTIFICATION DATA

| | | | | | |
|--|------------------------------|-----------------------------|----------|------------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-4424 (Formerly X-689 Manila #?) | | | | 2. DATE OF REPORT 20 April 1950 | |
| 3. NAME OF CEMETERY AGNS Mausoleum, Manila, P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | | | | DISINTERMENT | REINTERMENT |
| PHYSICAL DESCRIPTION Age: 20-25 | | | | | |
| 8. ESTIMATED WEIGHT U.P.D. | 9. ESTIMATED HEIGHT 5'4½" | 10. COLOR OF HAIR N.T.D. | | 11. RACE White | |
| 12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS | | | | | |
| N O T 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? | | | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | |
| 15. WAS BODY MANGLED? | | TO WHAT EXTENT? | | | |
| <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 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 | | | | | |

4424

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



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



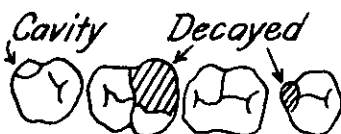
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



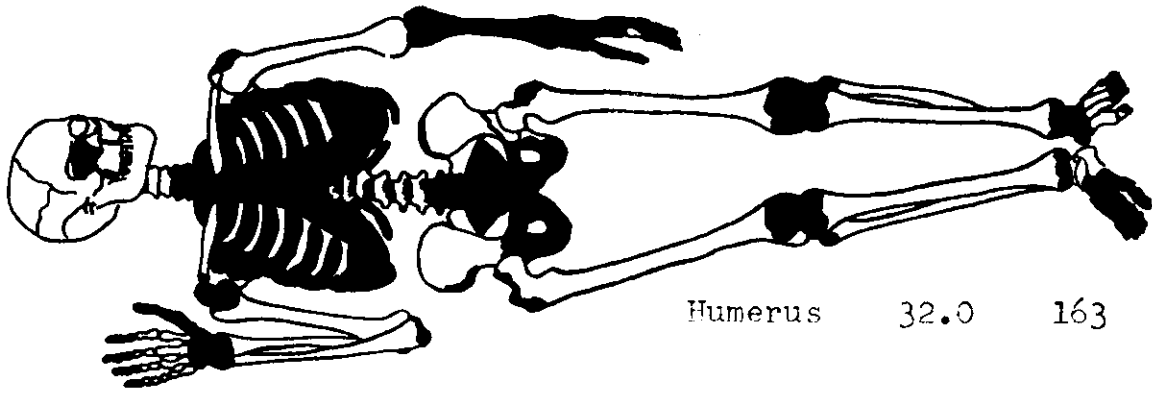
| RIGHT | | | | | | | | broken | | | | | | | | LEFT | | | | | | | | | | | | | | | |
|-----------------|---------------|----|----|----|----|----|----|--------|----|----|----|----|----|----|----|-----------------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 |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

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

REMARKS: R8 and L8 are loose present with remains.

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

19. BLACK OUT PARTS OF BODY NOT RECORDED



Humerus 32.0 163

Estimated height: 5'11 1/2"

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

- (1) Male
- (2) White
- (3) Age 20 to 25 years
- (4) Height 5'4 1/2"

See attached Anthropologist's statement dated 20 April 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

SIGNATURE

ROBERT B FOX
Anthropologist

CENTRAL IDENTIFICATION BUREAU
485 4th 900
SARASOTA FIELD, MANILA, P.I.

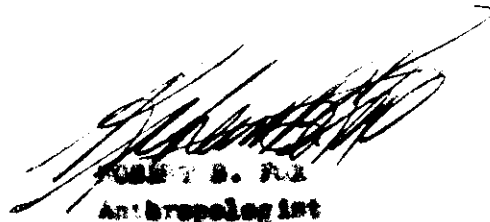
20 April 1950

S I A I A M A I I

Reference: USM A-4421 Males. (Formerly 1-685 Manila (8))
USM A-4422 Males. (Formerly 1-686 Manila (8))
USM A-4423 Males. (Formerly 1-687 Manila (8))
USM A-4424 Males. (Formerly 1-688 Manila (2))
USM A-4425 Males. (Formerly 1-690 Manila (2))

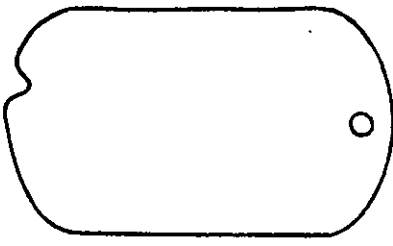

The above five (5) remains were reprocessed simultaneously by me this date, and new USM Form 1041 were accomplished for each.

As a group the remains were badly eroded precluding thorough articulation as a check for the proper segregation of each remains; nevertheless, the relative ages, sizes of the remains, as well as texture and general bone morphology, denote that each of the remains is now properly segregated and represents one and the same individual. A few bones were found which were not properly segregated, and which because of erosion could not be reassociated. These bones were assigned OH #583.



ROBERT S. FOX
Anthropologist

RESTRICTED

| | | | | | | |
|--|---|---|---|---|---|-------------------------------|
| 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 14 June '48 |
| Imprint Identification Tag If Possible. DO NOT TYPE  | Section 1.—IDENTIFICATION. | | | | | |
| | NAME (Last, first, middle initial) UNKNOWN X-4424 (Formerly TRK X-689) USAF Gen Manila #2, Luzon, P. I. | | | | SERIAL No. Unknown | |
| | GRADE Unknown | | ORGANIZATION Unknown | | BRANCH OF SERVICE Unknown | |
| | RACE Unknown | | RELIGION Unknown | | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY | |
| PLACE OF DEATH Cabanatuan POW Camps I and II, Luzon, P. I. | | CAUSE OF DEATH Unknown | | | DATE OF DEATH 26 Nov '42 | |
| EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown | | | | | | |
| IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None | | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (See Remarks) | | | | |
| WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes (2) | | | | | | |
| LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None | | | A TRUE COPY:  H. B. McEMMAR Capt., GRC | | | |
| Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse. | | | | | | |
| NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY AGRS MAUSOLEUM, MANILA, P. I. | | | | | | |
| DATE OF BURIAL STORAGE 20 May '48 | HOUR 0930 | BURIED IN (Shroud, blanket, or name of other) COFFIN Casket | TYPE OF GRAVE MARKER None | PLOT No. 802 | ROW No. 7 BANGER BAY | GRAVE No. 1831 CRYPY |
| WAS THIS A REBURIAL? (Yes or no) RESTATE Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Gen Manila #2, Luzon, P. I. | | | PLOT No. 2 | ROW No. 18 | GRAVE No. 2290 |
| 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) ALEXANDER, Ross J. | | RANK 1st Lt. | SERIAL No. 0-355722 | ORGANIZATION Co K, 128th Inf Regt | | GRAVE No. 1833 CRYPY |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) YACKY, Arthur W. | | RANK Pvt. | SERIAL No. 30160164 | ORGANIZATION 31 Inf | | GRAVE No. 1829 CRYPY |
| SIGNATURE OF PERSON PREPARING REPORT /s/t/ V. C. ANIK, T/5, GRC. | | | SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ I. S. PANONIO, 1st Lt., INF | | | |
| DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander. | | | | | | |

RESTRICTED

RESTRICTED

Section 8.—UNIDENTIFIED REMAINS.






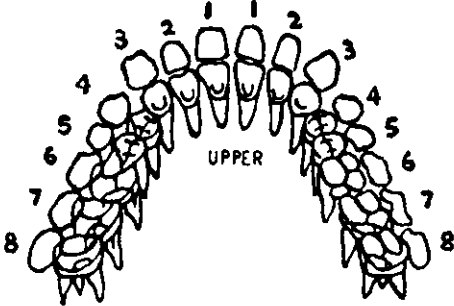
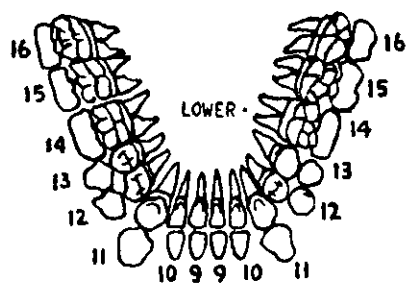
INSTRUCTIONS:

(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.

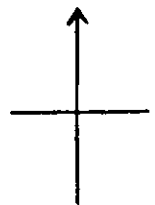
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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



REMARKS: UNKNOWN X-7724, AGRS Mausoleum, Manila, P. I., formerly UNKNOWN X-689, USAF Cemetery Manila #2, Luzon, P.I., might be anyone of the unidentified bodies whose names are listed in previous report of interment. There were 12 bodies in a grave, 7 already identified.

QMC Form 1047, 1047a and 1047b accomplished.

RESTRICTED

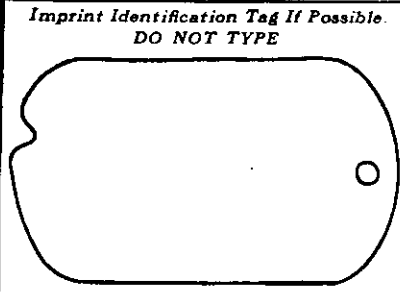
U-1299

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

6 February 1946



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)
UNKNOWN X - 689 (HELPER, Paul M) (Formerly
Unknown C-213, Cabantuan Cem., Luzon, PI)

SERIAL No. ^{How}
15017097
15017099

GRADE
Pvt.

ORGANIZATION
89th CAC

BRANCH OF SERVICE
Army

RACE

RELIGION

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

PLACE OF DEATH
Cabanatuan POW Camps I
and II, Luzon, P.I.

CAUSE OF DEATH
BERI BERI, SCURVY ^{How}

DATE OF DEATH
26 Nov. 1942

EMERGENCY ADDRESSEE (Name, relationship, and address)
MRS. ALFA E. HELPER, 1130 EAST ST., WHEELING, W. VA. ^{How}

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)
Twelve (12) bodies found in this grave six (6) of which
were identified by Identification Tags.
Prison record list:
1. SIC Lloyd, Edward J. 2282356 USN
(See reverse side of section 3)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Paul 30 U
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila No. 2, Luzon, P.I.

| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 9 Jan. 1946 | 0900 | Shelter Half | Cross | 2 | 18 | 2290 |

| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | PLOT No. | ROW No. | GRAVE No. |
|----------------------------------|---|----------|---------|-----------|
| Yes | POW Camps I and II Cemetery, Cabanatuan, Nueva Ecija, Luzon, P.I. 45.7-70.9 1/50,000 | 7 | 0 | 706 |

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 - 688 (GURNIA RICHARDS J) (Formerly Unknown C-212, Cabanatuan Cem., Luzon, PI)
RANK: Pfc.
SERIAL No.: 14014062
ORGANIZATION: 17th Bomb
GRAVE No.: 2289

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)
UNKNOWN X - 690 (FRASHER, Cleo J) (Formerly Unknown C-214, Cabanatuan Cem., Luzon, PI)
RANK: Pvt.
SERIAL No.: 6668013
ORGANIZATION: 20th A.B.
GRAVE No.: 2291

SIGNATURE OF PERSON PREPARING REPORT
R. C. BARRETT, S/Sgt., 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

Incl 48

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


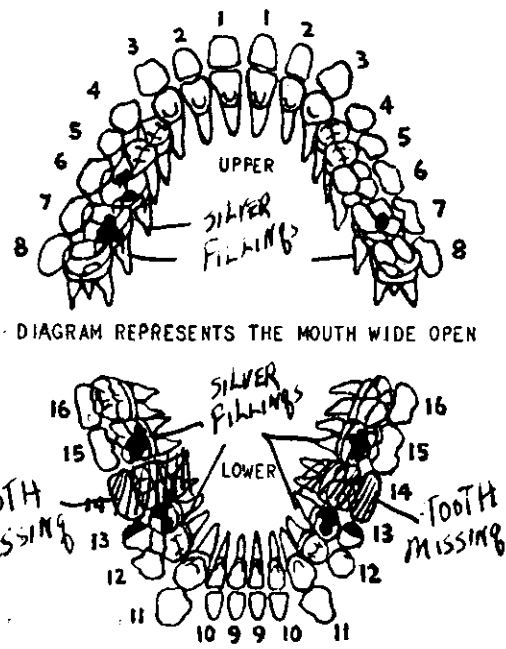




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

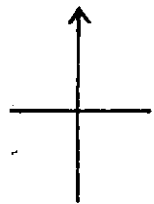
| | | | | |
|-----------------------|--------|---------------|---------------|--------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
| | | | | |
| WEAPON AND SERIAL NO. | | LAUNDRY MARKS | | WHERE BODY WAS BURIED OR FOUND |
| | | | | |

OTHER IDENTIFICATION CLUES

- 2. Pfc. Erwin, Delmar W. 17014221 31st Inf.
- 3. Pfc. Burton, Ralph A. 16017957 31st Inf.
- 4. Pfc. Richards, Gurnia J. 14014062 17th Bomb
- 5. Pvt. Helfer, Paul E. 15017099 59th CAC
- 6. Pvt. Frasher, Cleo J. 6668013 20th A.B.

| | | |
|---------------|---|---|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>UPPER</p> <p>SILVER FILLINGS</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> <p>SILVER FILLINGS</p> <p>TOOTH MISSING</p> <p>TOOTH MISSING</p> <p>10 9 9 10 11</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 as also being in this grave but bodies were not individually identifiable.



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

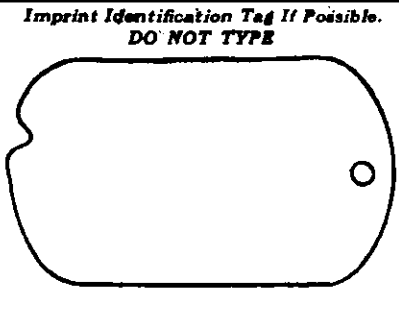
RESTRICTED

RESTRICTED

WD GMC FORM 1042
(Rev. 1 Apr. 1948)
(Supersedes GRS Form 1)

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

DATE OF REPORT
6 Feb 1948



Section 1.—IDENTIFICATION.

| | | |
|---|---------------------------|--|
| NAME (Last, first, middle initial) UNIFORM X-689 (HELPER, Paul W) (Formerly Unit C-213, Cabanatuan Camp, Luzon, PI) | | SERIAL No. 15017099 Luzon, PI |
| GRADE Pvt. | ORGANIZATION 394th SIG | BRANCH OF SERVICE ARMY |
| RACE | RELIGION | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

| | | |
|--|-------------------------------------|-------------------------------|
| PLACE OF DEATH Cabanatuan POW Camp and II, Luzon, P. I. | CAUSE OF DEATH Beriberi + Scurvy | DATE OF DEATH 21 Nov. 1942 |
|--|-------------------------------------|-------------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs. Alfa E. Helfer - 1130 East 5th, Wheeling, W. Va.

| | |
|---|--|
| 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) The list (12) Medical Dept. Manila General Hospital of which were identified by Identification Tags. Prison record list: 1. SIG 1101, Edward J. 0202001 USN (on reverse side of Section 3) |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (0) | |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None
E. Charles Ripley
C. W. H. Ripley
Captain, CIT

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
Luzon Cemetery Manila II, 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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 7 Jan. 1946 | 0900 | Water 10-10 | Green | 1 | 10 | 2290 |

| | | | | |
|---|---|---------------|---------------|------------------|
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camp I Luzon II Cemetery, Cabanatuan, Nueva Ecija, Luzon, PI 45.7-71.5 1/4, 10 | PLOT No. 7 | ROW No. 10 | GRAVE No. 706 |
|---|---|---------------|---------------|------------------|

| | | |
|----------------------------|--------------------------------|---|
| 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) UNIFORM X-689 (HELPER, Paul W) (Formerly Unit C-213, Cabanatuan Camp, Luzon, PI) | RANK Pvt | SERIAL No. 15017099 | ORGANIZATION 394th SIG | GRAVE No. 2290 |
|---|-------------|------------------------|---------------------------|-------------------|

| | | | | |
|--|-------------|------------------------|---------------------------|-------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNIFORM X-689 (HELPER, Paul W) (Formerly Unit C-213, Cabanatuan Camp, Luzon, PI) | RANK Pvt | SERIAL No. 15017099 | ORGANIZATION 394th SIG | GRAVE No. 2291 |
|--|-------------|------------------------|---------------------------|-------------------|

| | |
|--|---|
| SIGNATURE OF PERSON PREPARING REPORT /s/t/ E. J. RIPLEY, Capt., CIT | SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ E. J. RIPLEY, 1st Lt., SIG |
|--|---|

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.


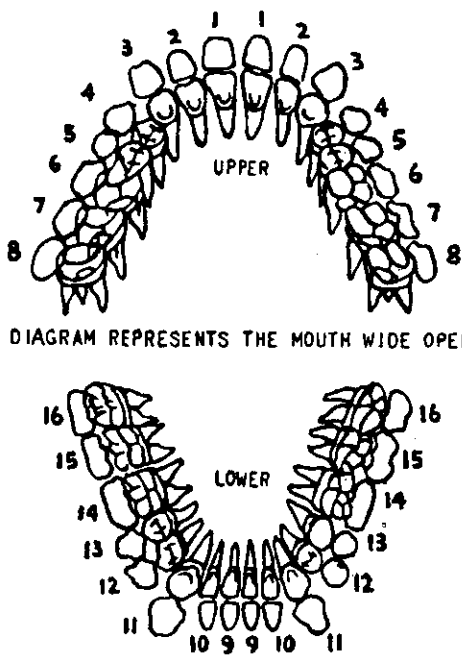




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

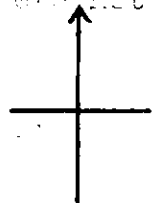
OTHER IDENTIFICATION CLUES

| | | |
|---------------------------------------|----------|-----------|
| • Mr. J. J. Smith, 1234 N. 1st St. | 14014001 | 31st Inf |
| • Mr. J. J. Smith, 2345 N. 2nd St. | 14017007 | 31st Inf |
| • Mr. J. J. Richards, 3456 N. 3rd St. | 14014002 | 17th Bomb |
| • Pvt. Nelson, Paul E. | 14017099 | 59th CAC |
| • Pvt. Washer, Gene J. | 6663013 | 28th A.B. |

| | | |
|---------------|---|---|
| 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

we also being in this area but bodies were not individually identifiable.



REMARKS: