

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 Ink Manila Can # 2 X-690

Also Manila Cases X-4425

Formerly Cabanatuan C-214

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Und. Manila #2 (misc)
X-685 X-686 X-687 X-690

SYNOPSIS AND DATES

NEW CLASSIFICATION misc filed
293 Und. Manila #2
X-685
11/17/50
JW

RECLASSIFICATION SHEET

Interred 20 Feb 1950
N 9 65 Ft. McKinley

DISINTERMENT DIRECTIVE

1

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7147 80675

DATE

09 02 50
DAY MONTH YEAR

NAME: UNKNOWN X - 690
SERIAL NUMBER: [blank]
GRADE: [blank] ARM: [blank]
RACE: [blank] RELIGION: [blank]

CEMETERY: USAF CEMETERY MANILA NO. 2, P. I.
PLOT: 2 ROW: 18 GRAVE: 2291
DISPOSITION OF REMAINS: 7701 80
CODE: [blank] DIST. CTR.: [blank]

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-690 SERIAL NUMBER: [blank] GRADE: [blank] DATE OF DEATH: [blank] DATE DISTINTERRED: 18 Feb 50
IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: [blank] RELIGION: [blank] 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-4425 Maus

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: 18 Feb 50 BY: PAUL R NICHOLS
CASKET SEALED BY: PAUL R NICHOLS EMBALMER (Signature): *Paul R. Nichols* PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H TANGUAY SHIPPING ADDRESS VERIFIED BY: L. W. RICHARDSON, M/Sgt., RA
DATE: 18 Feb 50 By: Sgt 1c, 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

Shows

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGHS MAUSOLEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Barthelme</i>
DATE		DATE	FEB 20 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

293 428 to East (handwritten)

COMD DEPT OF ARMY WASH DC
COACHES PHILCOM (AF) FROM MANILA PT

UNCLASSIFIED

DEFERRED ~~DEFERRED~~

X

CINCOPC TOKYO JAPAN (AIR MAIL)

MULTI-ADDRESSES

FROM LIGHT

YVCL-44404

REPT POL REAR SIMULTANEOUSLY AND REPT FWD ASAP CDR XRAY 685 CMA
686 CMA 687 CMA 690 MANILA NR 2 CEM INTERRED PT MCKINLEY CEM AND XRAY
689 MANILA NR 2 CEM STORED IN MAUSOLEUM MANILA

T. Sanborn:rvs
L. M. White
J. Windsor

293 Wkbr PJ X-1040 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100
by

UNCLAS IFIND

201972

GRAVES

AMOUNT LT WINDOR EXT 74158
293 GRS FAR EAST

MAR 50

D. A. R. NIKER
CAPT, JIC, 105M DIV

PREPARED BY PHILCOM

3

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 80675

DATE

09 02 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-690					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
WALTON CEMETERY MANILA NO. 2, P. I.	2	18	2291	7701 80 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. W. WOKINLEY, P. I.	(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			NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

Amch # 36

Administrative

AB Hook, P.I. (misc) Maus Manila
X-4421 thru X-4423
X-4425

INFO: 193
WAR East

10 January 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to certificates of Unidentifiability for the following Unknown Deceased:

Unknown X-4421,	AGRS Maus, Manila,	formerly X-585,	USAF Cemetery Manila #2
" X-4422,	" " " " "	X-586,	" " " "
" X-4423,	" " " " "	X-587,	" " " "
" X-4425,	" " " " "	X-590,	" " " "

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

FOR THE ASSISTANT CHIEF OF STAFF:

Sanborn, Trevor
L. M. White
J. Windsor

G. H. KESTER
Lt. Colonel, JAG
Memorial Division

Copy furnished CINCPAC APO 500

X-4423 Maus, P.I. X-690 (Maus in #2)

Administrative

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

30 Aug 1949
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown A- 690, Plot 2,
Row 18, Grave 2291, USMC USAF Cem. Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

H. B. McNEEMER
H. B. McNEEMER
Captain, MC
Chief, Records Branch

Atch: Form 1044

Received 11/1/50
Not identifiable from
information presently
available

1/1/50

Sanlamb.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4425 (Formerly Unk X-690 Manila #2)				2. DATE OF REPORT 2 Sept 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	802	F	1835	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'7 5/8"	10. COLOR OF HAIR UTD	11. RACE Unknown
----------------------------	---------------------------------	--------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

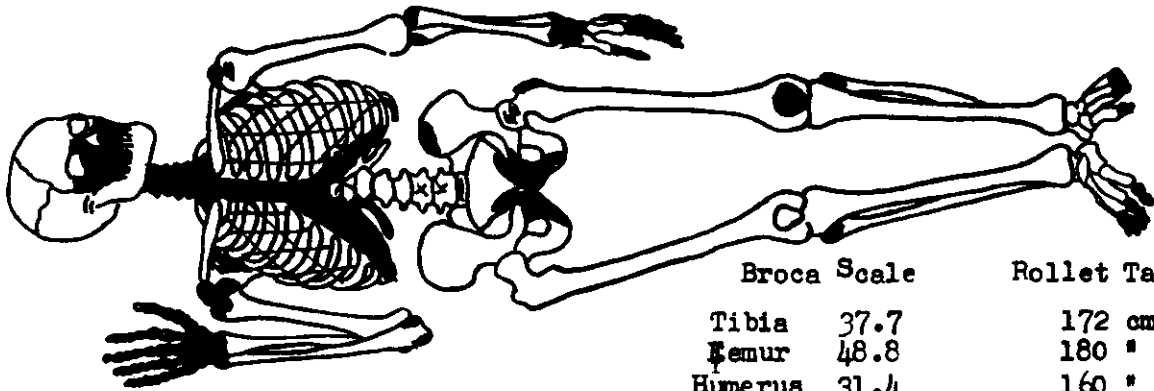
"UNIDENTIFIABLE"
 "BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

RIGHT							LEFT						
6	5	4	3	2	1	1	2	3	4	5	6	7	8
P	A/O of m	P	P	P	S/d	P	P	P	P	P	P		A od
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: R-1, 5, 7, L-4, 6, 7 and 8 are loose teeth.													

UNIDENTIFIABLE

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer



	Broca Scale	Rollet Table
Tibia	37.7	172 cm
Femur	48.8	180 "
Humerus	31.4	<u>160 "</u>
		512 cms

Estimated height 170 2/3 cm or 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

No ROI, identification tags or personal effects found with remains.
 Estimated weight of remains - 8 lbs.
 Circumference of skull - 21 inches.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
JAMES J. McDERMOTT
 Laboratory Officer

SIGNATURE

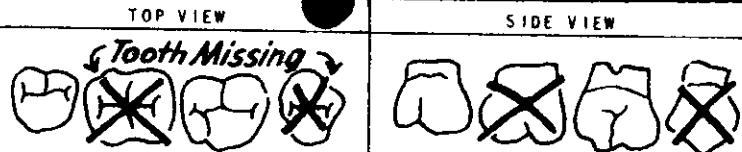
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN I-4425 (Formerly X-690 Manila #2)			2. DATE OF REPORT 20 April 1950		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION					Age: 24 to 29 yrs.
8. ESTIMATED WEIGHT U.P.O.	9. ESTIMATED HEIGHT 5'8 1/2"	10. COLOR OF HAIR U.P.O.		11. RACE White (probably)	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">NONE</p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">NONE</p>					
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 <p style="text-align: center;">NONE</p>					
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) <p style="text-align: center;">NONE</p>					

18.

TOOTH CHART

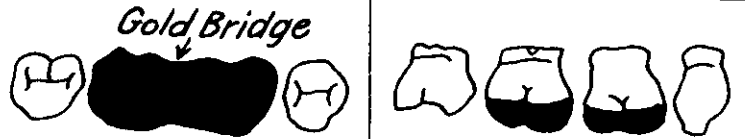
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



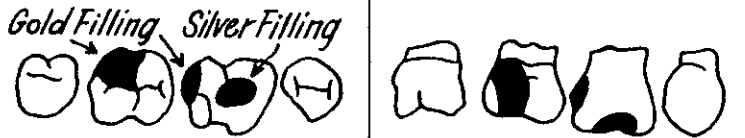
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



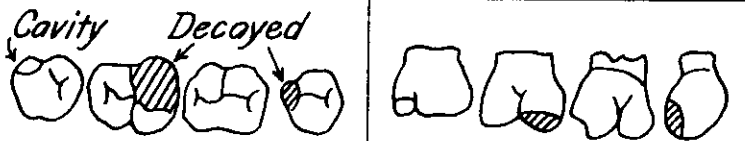
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



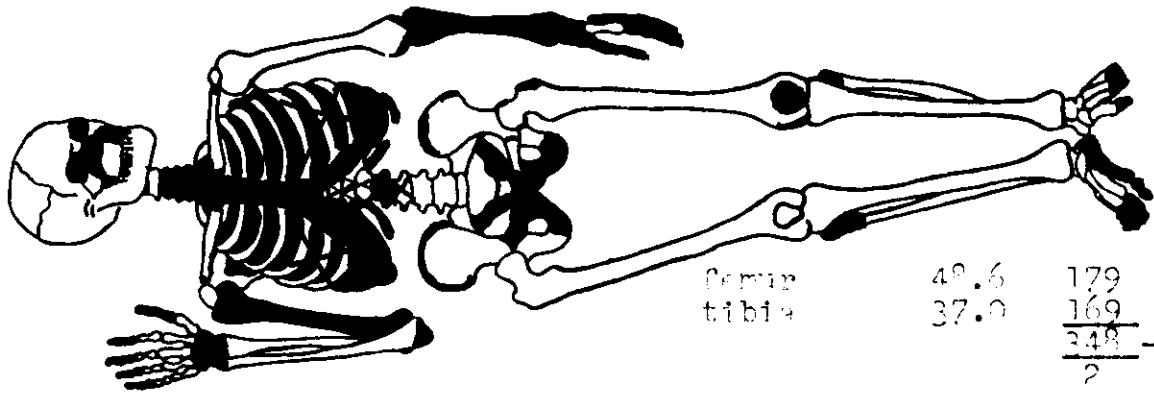
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
maxilla missing								maxilla missing							
a of								m a of							
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
X	a mo	X	a	S	P								X	a	X
16	15	14	13	12	11	10	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: Teeth from L4 thru L8 are loose present with remains.

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

19. BLACK OUT PARTS OF BODY NOT RECORDED



femur	48.6	179	
tibia	37.0	169	
		<u>348</u>	- 174
		2	

Estimated height: 5'8 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 24 to 29 years
- (4) Height 5'8 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 BOARD
AGRD 450 900
MUNICIPAL BUILDING, MANILA, P.I.


20 APRIL 1950

S U M M A R Y

Reference: OI 2-4481 Mass. (Formerly 2-685 Manila #2)
OI 2-4482 Mass. (Formerly 2-686 Manila #2)
OI 2-4483 Mass. (Formerly 2-687 Manila #2)
OI 2-4484 Mass. (Formerly 2-688 Manila #2)
OI 2-4485 Mass. (Formerly 2-689 Manila #2)

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

As a group the remains were badly eroded precluding thorough application 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 OI 1589.


ROBERT B. FOX
Anthropologist

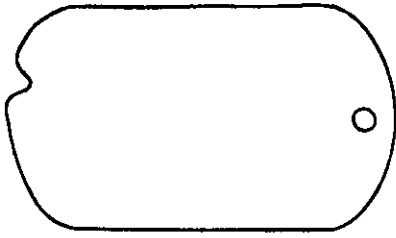
RESTRICTED U-

U-1265

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

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) <i>Frashuer HWZ</i> UNKNOWN X - 690 (690 , <i>Cleo J</i>) (Formerly Unknown C-214, Cabanatuan Cem., Luzon, PI)		SERIAL NO. <i>HWZ</i> 668013
	GRADE <i>Pvt.</i>	ORGANIZATION <i>20th AB</i>	BRANCH OF SERVICE <i>Army AC HWZ</i>
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
PLACE OF DEATH <i>Cabanatuan POW camps I and II, Luzon, P.I.</i>	CAUSE OF DEATH <i>HWZ</i> <i>Beri-beri, Malania</i>	DATE OF DEATH <i>26 Nov. 1942</i>	
EMERGENCY ADDRESSEE (Name, relationship, and address) <i>Mrs. Daisy Frashuer RFD #3 Box 454, Clarksburg, W. VA. HWZ</i>			
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <i>None</i>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <i>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)</i>		
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <i>Yes (2)</i>			

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Paul 581

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	2291

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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
UNKNOWN X - 689 (HELPER, Paul E) (Formerly Unknown C-213, Cabanatuan Cem., Luzon, PI)	Pvt.	59th CAC	15017099	2290

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
FRAZIER, Homer W.	Pfc.	6394959	48th MAT	2292

SIGNATURE OF PERSON PREPARING REPORT

R. C. BARRETT, S/Sgt., GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. M. MOORE, 1st Lt., GRC.

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

1c-43997-1

25 FEB 19

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


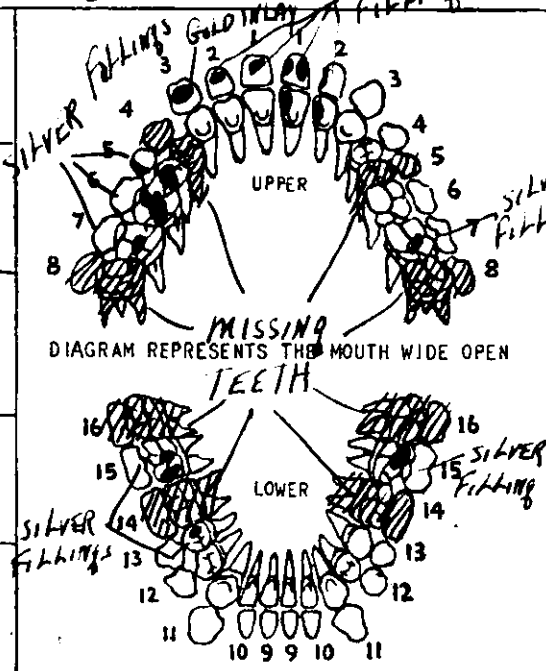




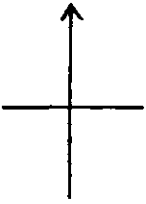
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	
<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <p align="center">as also being in this grave but bodies were not individually identifiable.</p> <div style="text-align: center; margin-top: 20px;">  </div>	

REMARKS:

RESTRICTED

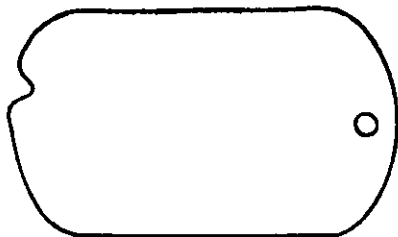
WD CMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

10/20/45

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) FRASHVER, NWZ UNIT 3-214 (General Unit 3-214, 7th Army, I.I.)		SERIAL No. NWZ 460010
GRADE Pvt.	ORGANIZATION 7th Army	BRANCH OF SERVICE NWZ AC
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Davao, Mindanao, I.I.	CAUSE OF DEATH Beriberi + Malaria	DATE OF DEATH 10/15/45
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EMERGENCY ADDRESSEE (Name, relationship, and address) NWZ.
MRS. DAISY FRASHVER RFD #3, Box 454, Clarksburg, W. Va.

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

Charles H. Ripley

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
Camp 3, Mindanao, I.I.

DATE OF BURIAL 10/20/45	HOUR 0800	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 10	GRAVE No. 1001
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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.
	PO/ Camp 1, Mindanao, I.I.	7	6	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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) FRASHVER, NWZ	RANK Pvt.	SERIAL No. 460010	ORGANIZATION 7th Army	GRAVE No. 1001
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) MARIAN, NWZ	RANK Pvt.	SERIAL No. 460010	ORGANIZATION 7th Army	GRAVE No. 1002
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SIGNATURE OF PERSON PREPARING REPORT A. J. ...	SIGNATURE OF GRS OFFICER VERIFYING REPORT ...
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.


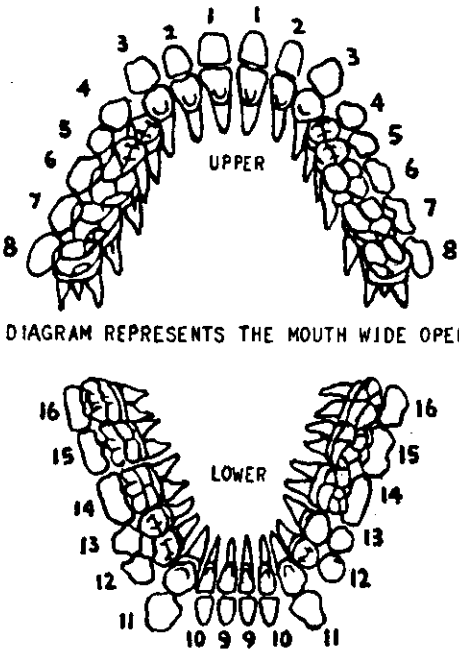




INSTRUCTIONS:

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

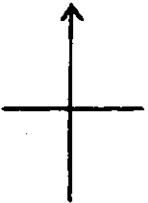
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS: