

JJA

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 Ink Manila Case #2 X-692

Also Manila Maus X-4414

Formerly Cabanatuan C-216

1

Interred 7 Mar 1950
N 15 98 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

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

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7147 80677

DATE
09 02 50
DAY MONTH YEAR

| | | | | | |
|--------------------------------|---------------|-------|-----|------|----------|
| NAME <u>UNKNOWN I - 692</u> | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
|--------------------------------|---------------|-------|-----|------|----------|

| | | | | |
|---|-----------|-----------|---------------|-----------------------------------|
| CEMETERY USAF CEMETERY MANILA NO. 2, P. I. | PLOT 2 | ROW 18 | GRAVE 2231 | DISPOSITION OF REMAINS 7701 80 |
| | | | | CODE DIST. CTR. |

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|---------------|----------|---|---------------------------------|
| NAME UNKNOWN X - 692 | SERIAL NUMBER | GRADE | DATE OF DEATH | DATE DISTINTERRED 24 Feb '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 - 4414 Maus | |

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

REMAINS PREPARED AND PLACED IN CASKET

| | |
|------------------------------------|---|
| DATE 24 Feb '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 RAYMOND H. TANGUAY DATE 24 Feb '50 Sgt. 1c., 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

WAR
RECORDS
1
DATE 24 Feb 50
NAME Paul R Nichols
R & R BR

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|----------------------|----------------|-----------------------|-------------------------|
| FROM | AGRS Mausoleum | TO | U. S. Military Cemetery |
| KIND OF CONVEYANCE | Truck | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | <i>Barbara M. ...</i> |
| DATE | | DATE | MAR 7 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 | |

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7147 80677

DATE

09 02 50
DAY MONTH YEAR

NAME: UNKNOWN I - 692
SERIAL NUMBER: [blank] GRADE: [blank] ARM: [blank] RACE: [blank] RELIGION: [blank]

CEMETERY: USAF CEMETERY MANILA NO. 2, P. I.
PLOT: 2 ROW: 14 GRAVE: 2231
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. MCINLEY, P. I.
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: [blank] SERIAL NUMBER: [blank] GRADE: [blank] DATE OF DEATH: [blank] DATE DISTINTERRED: [blank]
IDENTIFICATION TAG ON: [] REMAINS [] MARKER ORGANIZATION: [blank] RELIGION: [blank] IDENTIFICATION VERIFIED BY: [blank] NAME AND TITLE: [blank]

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [blank] CONDITION OF REMAINS: [blank]
OTHER MEANS OF IDENTIFICATION: [blank]

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: [blank] BY: [blank] CASKET SEALED BY: [blank] EMBALMER (Signature): [blank]

CASKET BOXED AND MARKED: [blank] SHIPPING ADDRESS VERIFIED BY: [blank]
DATE: [blank] BY: [blank]

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

Handwritten signature and checkmark

Handwritten: Incl # 36

RECORD OF CUSTODIAL TRANSFER

| | | | |
|----------------------|--|-----------------------|--|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | | DATE | |
| 1. SHIPPED | | | |
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | | DATE | |
| 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 | |

HEADQUARTERS
PHILIPPINES COMMAND
UNITED STATES ARMY

GSGR 293.9
(Cabanatuan POW)

AFO 707
22 SEP 1949

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains originally disinterred from Grave 707, Cabanatuan POW Cemetery and presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

| | | | | | |
|----------------|------|------|----------------|------|------|
| UNKNOWN X-4413 | AGRS | Mslm | UNKNOWN X-4418 | AGRS | Mslm |
| " X-4414 | " | " | " X-4419 | " | " |
| " X-4415 | " | " | | | |

2. Above listed Unknowns could not be definitely associated with any of the Cabanatuan POW decedents due to insufficiency of positive identification factors.

3. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above mentioned Unknowns.

4. Also submitted herewith is a list showing the status of all Unknowns recovered from afore-mentioned grave.

FOR THE COMMANDING GENERAL:

6 Incls
1 - 5: QMC Forms 1044 w/Certificates
of Unidentifiability
6: List of Unknowns

/s/ C. H. Lieurance
C. H. LIEURANCE
2nd Lt., AGD
Asst. Adj Gen

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

23 Aug. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown No. 692, Flot 2,
Row 18, Grave 2231 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:



J. B. McNEEMAR
Captain, Q.D.
Chief, Records Branch

Atch: Form 1044

Received 4 Oct 49 0300
Not identifiable from
information presently
available

3 Jan 50
Q. C. King 10 G.

IDENTIFICATION DATA

| | | | | | |
|--|---------|--------|----------|----------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-4414 (Formerly UNK X-692 Manila #2) | | | | 2. DATE OF REPORT 8 Sept 1949 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 802 | E | 1336 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|------------------------------|------------------------------|----------------------------|---------------------|
| 8. ESTIMATED WEIGHT U T D | 9. ESTIMATED HEIGHT U T D | 10. COLOR OF HAIR U T D | 11. RACE Unknown |
|------------------------------|------------------------------|----------------------------|---------------------|

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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

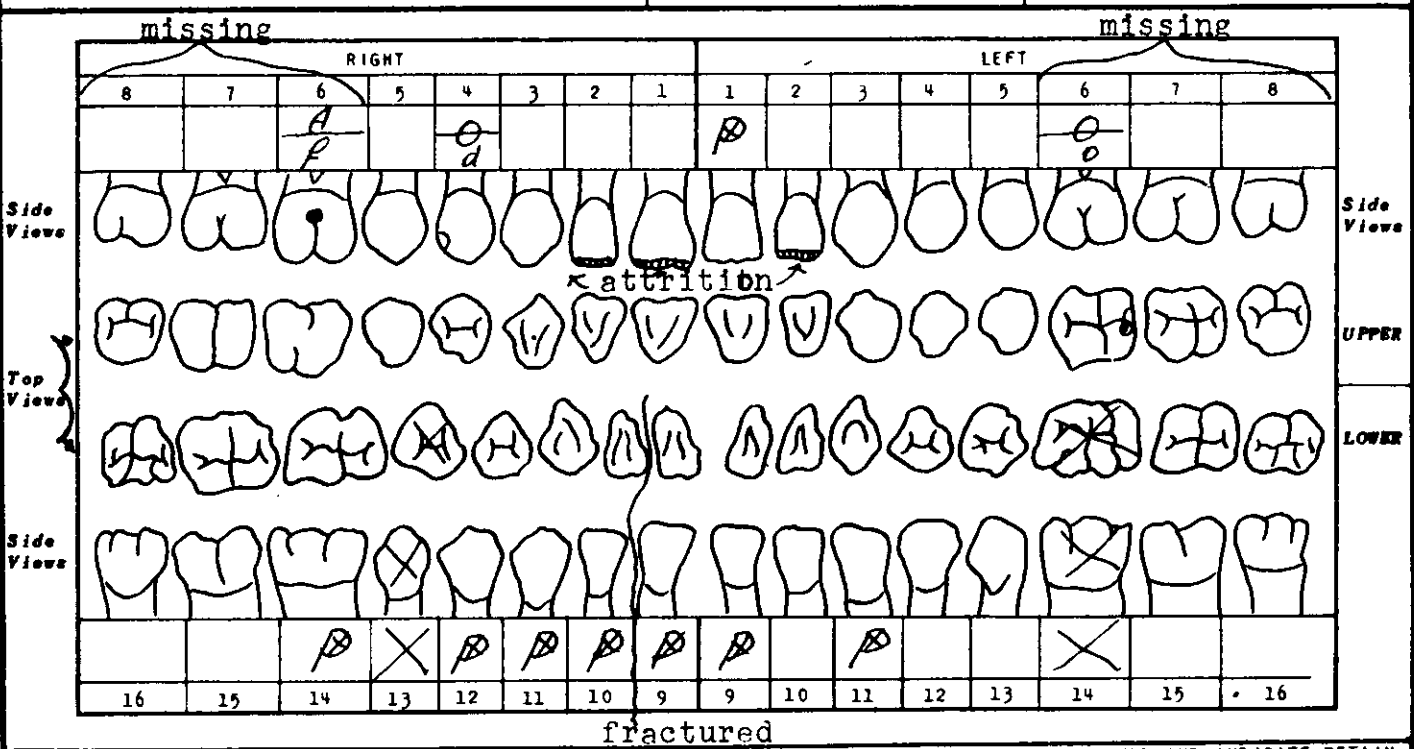
N O N E

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

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

| 18. TOOTH CHART | | TOP VIEW | SIDE VIEW |
|--|--|----------|-----------|
| MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND 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: | | | |



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."

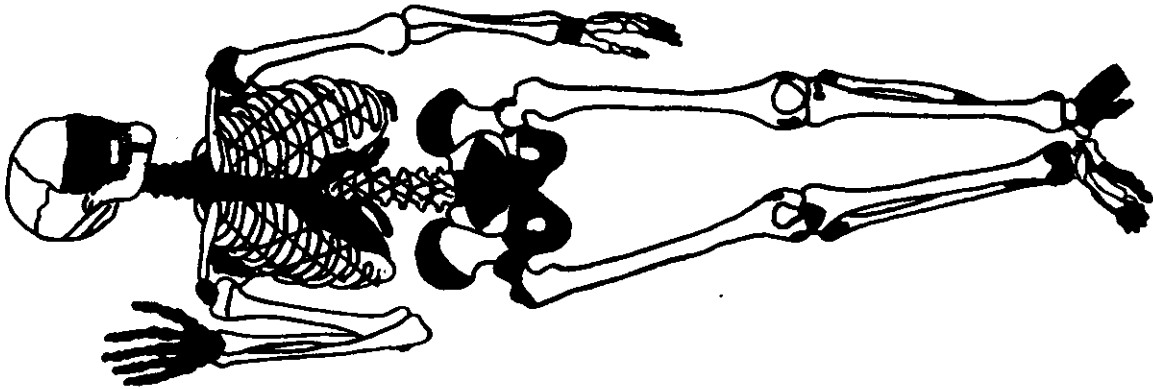
REMARKS: Maxilla from R6-R8 and from L6-L8 missing. Loose teeth are found with remains. Mandible fractured between R9 and R10.

"UNIDENTIFIABLE"

James J. McDermott
JAMES J. McDERMOTT
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 - 7 lbs.
 Circumference of skull - 19½ 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, CI P

SIGNATURE

James J. McDermott

X-692

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

UNKNOWN X-692 (ENGESSER, Marcus A)
Formerly UNKNOWN C-216 Cabanatuan Cem.

18 April 1947

Pfc

6561604

DATE

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

31st Infantry

UNIT

ORGANIZATION

POW Camp, Cabanatuan, Luzon,

USAF CEM MAT #2

2

18

2231

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW







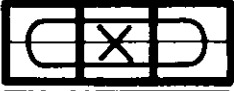







GRAVE NO.

| | | RIGHT | | | | | | | | UPPER TEETH | | | | LEFT | | | | | | | | | |
|----------|--|-------|---|---|---|---|---|---|---|-------------|---|---|---|------|---|---|---|--|--|--|--|--|--|
| | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | | | | |
| TYPE | | | | A | | | | | | | | | | | | | | | | | | | |
| LOCATION | | | | F | | | | | | | | | | | | | | | | | | | |

INSIDE — LOOKING OUT

| | | RIGHT | | | | | | LOWER TEETH | | | | LEFT | | | | | | | |
|----------|--|-------|----|----|----|----|----|-------------|---|---|----|------|----|----|----|----|----|--|--|
| | | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | |
| TYPE | | | | | | X | | | | | | | | | | | | | |
| LOCATION | | | | | | | | | | | | | | | | | | | |

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

| SYMBOLS IN WHOLE BOX | TYPE OF FILLING IN UPPER HALF OF BOX | LOCATION OF FILLING IN LOWER HALF OF BOX |
|---|---|---|
|  EXTRACTED |  AMALGAM (SILVER) |  MESIAL (BETWEEN-TOWARD FRONT) |
|  CAVITY. INDICATE LOCATION |  GOLD |  OCCLUSAL (BITING SURFACE BACK TEETH) |
|  FIXED BRIDGE (INCL. ADJUSTMENTS) |  SILICATE OR PORCELAIN |  DISTAL (BETWEEN-TOWARD BACK) |
|  TEETH REPLACED BY DENTURE |  OXYPHOSPHATE (CEMENT) |  LINGUAL (TOWARD TONGUE) |
|  POSTHUMOUSLY MISSING (LOST AFTER DEATH) | |  FACIAL (TOWARD CHEEK) |

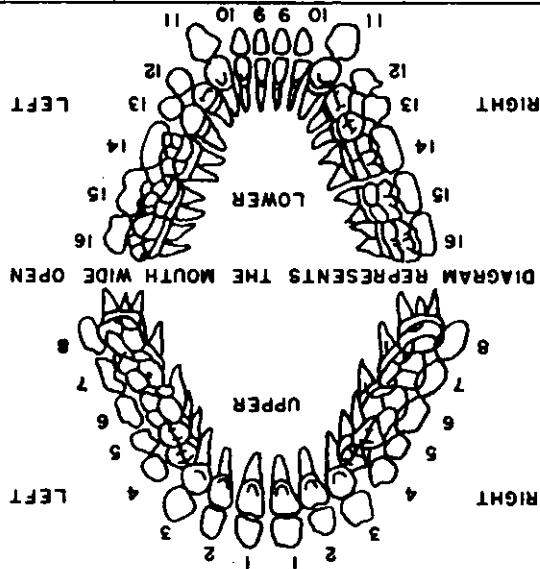
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g. PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART
Al S. Padayhag

VERIFIED BY GRS OFFICER
James J. [Signature]

NAME AND RANK TYPED OR PRINTED
AL S. PADAYHAG, SGT

NAME AND RANK TYPED OR PRINTED
FENWICK H BURCH, CAPT., CMC

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED
USAF Cemetery Manila #2, Luzon, P.I.

DATE
18 April 1947

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

UNKNOWN X-692 (KNEXSSER, Marcus A)
Formerly UNKNOWN C-216 Cabanatuan Com.

18 April 1947

DATE

Pfc

6561604

LAST NAME FIRST INITIAL

RANK SERIAL NO.

31st Infantry

UNIT

ORGANIZATION

POW Camp, Cabanatuan, Luzon,

USAF CEM MAT #2

2

18

2231

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

| | | | | | | | | | | | | | | | | | | | | | | |
|----------|---|---|---|-------|--|--|---|---|---|---|---|---|---|---|------|--|--|---|---|---|--|----------|
| | 8 | 7 | 6 | RIGHT | | | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | LEFT | | | 6 | 7 | 8 | | |
| TYPE | | | A | | | | | | | | | ⊗ | | | | | | | | | | TYPE |
| LOCATION | | | F | | | | | | | | | | | | | | | | | | | LOCATION |

INSIDE — LOOKING OUT

| | | | | | | | | | | | | | | | | | | | | | | | | |
|----------|----|----|----|-------|---|---|----|----|----|----|-------------|--|----|----|------|--|--|----|----|----|----|----|--|----------|
| | 16 | 15 | 14 | RIGHT | | | 13 | 12 | 11 | 10 | LOWER TEETH | | 10 | 11 | LEFT | | | 12 | 13 | 14 | 15 | 16 | | |
| TYPE | | | ⊗ | ⊗ | X | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | ⊗ | | ⊗ | | | | | | | | X | | | TYPE |
| LOCATION | | | | | | | | | | | | | | | | | | | | | | | | LOCATION |

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

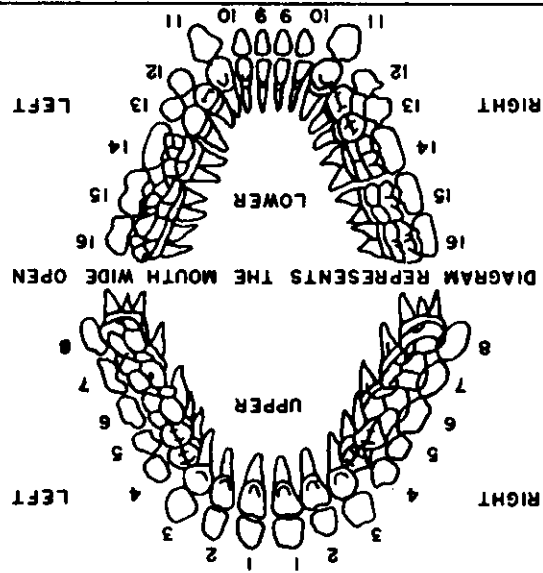
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

Al S. Paimtrag
SIGNATURE OF PERSON WHO PREPARED CHART

AL S. PAIMTRAG, SGT

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

PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

Hennick H Borch
VERIFIED BY GRS OFFICER

HENWICK H BORCH, CAPT., CWP

NAME AND RANK TYPED OR PRINTED

18 April 1947

DATE

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(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-692 (ENGESSER, Marcus A)
(Formerly UNKNOWN C-216 Cabanatuan Cemetery)

SERIAL No.

6561604

GRADE

Pfc

ORGANIZATION

31 Inf

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

Dysentery

Hwz

DATE OF DEATH

4 Nov. 42

Hwz

EMERGENCY ADDRESSEE (Name, relationship, and address)

Mrs. Edith Engesser (M) 1615 Louisiana St, Vallejo, Calif.

Hwz

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

None

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

Nine (9) bodies buried in common grave. Prison records
indicate:-

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

Sgt Carelicke, Simon 17016405 DELM
Pfc Engesser, Marcus A. 6561604
-(See Sec 3 reverse side)-

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

A TRUE COPY:

GEORGE D. REDDEN, JR.
Captain, Infantry

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

USAF Cemetery Manila #2, Luzon, P I

| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 9 Jan 46 | 0900 | Shelter Half | Cross | 2 | 18 | 2231 |

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, PI

| PLOT No. | ROW No. | GRAVE No. |
|----------|---------|-----------|
| 7 | 0 | 707 |

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-691 (CARELICKE, Simon)
(Formerly UNKNOWN C-215 Cabanatuan Cemetery)

RANK

Sgt

SERIAL No.

17016405

ORGANIZATION

DELM

GRAVE No.

2230

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

UNKNOWN X-693 (CLARK, Raymond V)
(Formerly UNKNOWN C-217 Cabanatuan Cemetery)

RANK

Pfc

SERIAL No.

6895243

ORGANIZATION

808 MP

GRAVE No.

2232

SIGNATURE OF PERSON PREPARING REPORT

/s/t/ E. C. BARRETT, T/4, GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

/s/t/ E. M. MOORE, 1st Lt., OTC

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

MR. UAR

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


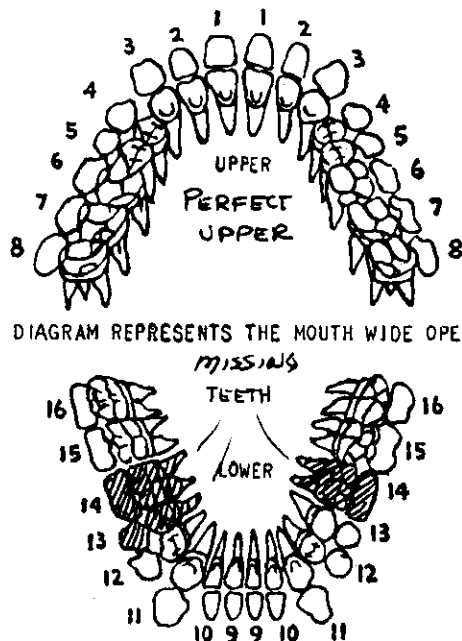




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

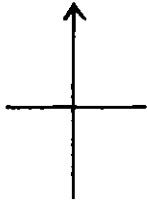
| | | |
|-----------------------|---------------|--------------------------------|
| WEAPON AND SERIAL No. | LAUNDRY MARKS | WHERE BODY WAS BURIED OR FOUND |
|-----------------------|---------------|--------------------------------|

OTHER IDENTIFICATION CLUES

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

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

Pfc Clark, Raymond V 6895243 808 MP
 Pfc Phillips, Lewis R. 20645237 192 Tank
 Pfc Beard, Lawrence R. 33003794 803 CE
 Pvt Walsh, John J. R-1016737 59 CAC
 1st Sgt Procter, Daniel R-1018888 31 Inf
 Watson, Mlad SIC USN
 Pvt Merritt, Thomas A. 38031075 200 CAC



REMARKS:

were buried in this grave. Individual identification impossible.

Mo
RESTRICTED

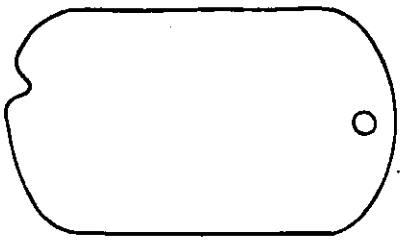
U-1337

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

| | | | |
|--|---|---------------------------------------|---|
| <p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p>  | Section 1.—IDENTIFICATION. | | |
| | <p>NAME (Last, first, middle initial) UNKNOWN X-692 (ENGESSER, Marcus A) (Formerly UNKNOWN C-216 Cabanatuan Cemetery)</p> | | <p>SERIAL NO. 6561604</p> |
| | <p>GRADE Pfc</p> | <p>ORGANIZATION 31 Inf</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 HWZ Dysentery</p> | <p>DATE OF DEATH HWZ 4 NOV 42</p> |
|--|--|--|

EMERGENCY ADDRESSEE (Name, relationship, and address) **HWZ**
Mrs. Edith Engesser (M) 1615 Louisiana St. Vallejo, Calif.

| | |
|--|---|
| <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) Nine (9) bodies buried in common grave. Prison records indicate:- Sgt Carelicke, Simon 17016405 DEIM Pfc Engesser, Marcus A. 6561604 -(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
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 | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
|-----------------|-------------|---|----------------------|----------|-----------|-------------|
| 9 Jan 46 | 0900 | Shelter Half | Cross | 2 | 18 | 2231 |

| <p>WAS THIS A REBURIAL? (Yes or no) Yes</p> | <p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.7-70.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I</p> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">PLOT No.</th> <th style="width: 33%;">ROW No.</th> <th style="width: 33%;">GRAVE No.</th> </tr> <tr> <td>7</td> <td>0</td> <td>707</td> </tr> </table> | PLOT No. | ROW No. | GRAVE No. | 7 | 0 | 707 |
|--|--|---|----------|---------|-----------|----------|----------|------------|
| PLOT No. | ROW No. | GRAVE No. | | | | | | |
| 7 | 0 | 707 | | | | | | |

| | | |
|-----------------------------------|---------------------------------------|--|
| <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-691 (CARELICKE, Simon) (Formerly UNKNOWN C-215 Cabanatuan Cemetery)</p> | <p>RANK Sgt</p> | <p>SERIAL No. 17016405</p> | <p>ORGANIZATION DEIM</p> | <p>GRAVE No. 2230</p> |
|---|----------------------------|---------------------------------------|-------------------------------------|----------------------------------|

| | | | | |
|--|----------------------------|--------------------------------------|---------------------------------------|----------------------------------|
| <p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-693 (CLARK, Raymond V) (Formerly UNKNOWN C-217 Cabanatuan Cemetery)</p> | <p>RANK Pfc</p> | <p>SERIAL No. 6895243</p> | <p>ORGANIZATION 808 LF</p> | <p>GRAVE No. 2232</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

58

Section UNIDENTIFIED REMAINS.


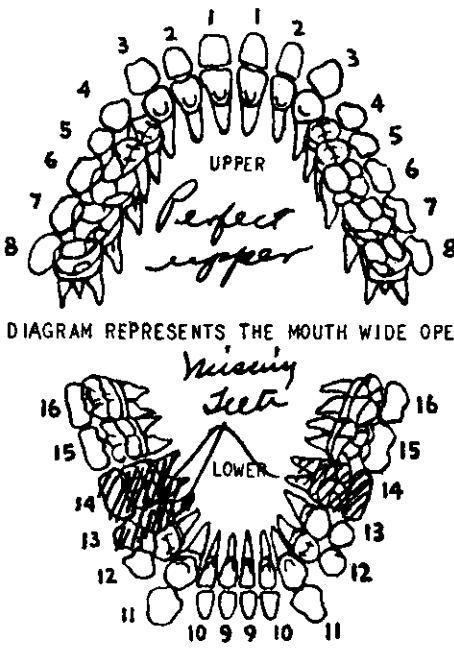




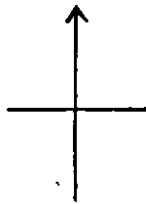
INSTRUCTIONS:

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(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 <i>Perfect upper</i></p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p><i>Missing Teeth</i></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 | <div style="text-align: right;">  </div> | |

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

Pfc Clark, Raymond V. 6895243 808 MP
 Pfc Phillips, Lewis R. 20645237 192 Tank
 Pfc Beard, Lawrence R. 33003794 803 CE
 Pvt Walsh, John J. R-1016737 59 CAC

REMARKS: 1st Sgt Procter, Daniel R-1018888 31 Inf
 Watson, Miad SIC USN
 Pvt Merritt, Thomas A. 38031075 200 CAC

were buried in this grave. Individual identification impossible.

85 FEB 1948

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

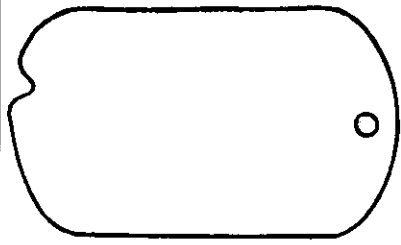
WD GMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 Feb 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

| | | |
|---|------------------------|--|
| NAME (Last, first, middle initial) UNKNOWN X-692 (ENGESSER, Marcus A.) (Formerly UNKNOWN X-C-216 Cabanatuan Cem.) | | SERIAL No. 6561604 |
| GRADE Pfc | ORGANIZATION 31 Inf | 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 Dysentery | DATE OF DEATH 4 Nov 42 |
|---|-----------------------------|---------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)
Mrs. Edith Engesser (M) 1615 Louisiana St., Vallejo, Calif.

| | |
|--|---|
| 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) Nine (9) bodies buried in common grave. Prison records indicate:- 1st Careliche, Simon 17016405 DSM Pfc Engesser, Marcus A. 6561604 (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
A TRUE COPY,
Charles H. Ripley
CAPTAIN

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. 2291 |
|----------------------------|--------------|---|-------------------------------|---------------|---------------|-------------------|

| | | | | |
|--|---|---------------|--------------|------------------|
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.770.9 1/50,000 POW Camps 1 & 11 Cabanatuan Cemetery, Luzon, P.I. | PLOT No. 7 | ROW No. 0 | GRAVE No. 707 |
|--|---|---------------|--------------|------------------|

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


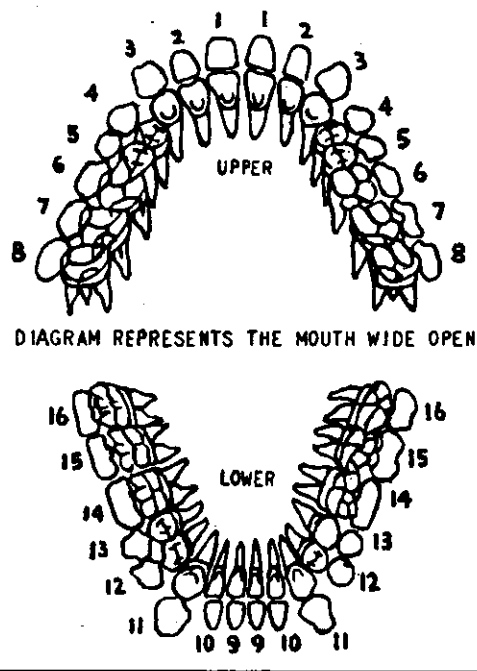





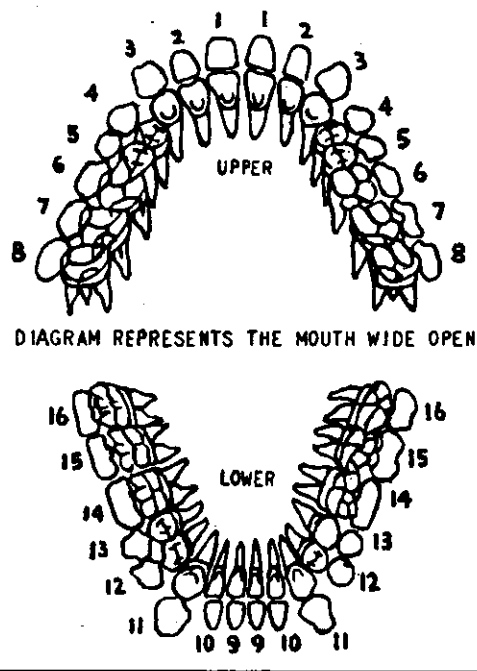





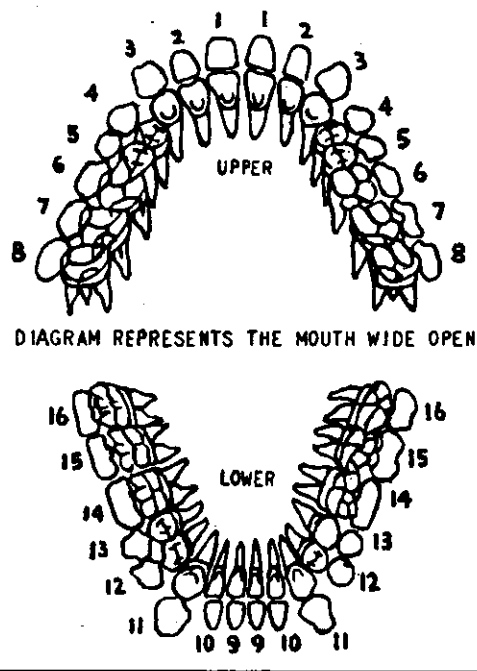




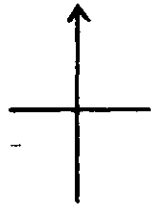
| | | | | |
|---|----------------|------------------------|---------------------|-------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-691 (CARLISKE, Simon) (Formerly UNKNOWN X-C-215 Cabanatuan Cem.) | RANK 1st Lt | SERIAL No. 17016405 | ORGANIZATION DSM | GRAVE No. 2230 |
|---|----------------|------------------------|---------------------|-------------------|

| | | | | |
|---|-------------|-----------------------|------------------------|-------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-693 (OLIVER, Raymond V.) (Formerly UNKNOWN X-C-217 Cabanatuan Cem.) | RANK Pfc | SERIAL No. 6095243 | ORGANIZATION 808 MP | GRAVE No. 2232 |
|---|-------------|-----------------------|------------------------|-------------------|

| | |
|--|--|
| SIGNATURE OF PERSON PREPARING REPORT /s/ R. C. Barrett, 2/sgt., GRS. /t/ R. C. BARRETT, 2/SGT., GRS. | SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/ E. M. Moore /t/ E. M. MOORE, 1st Lt., GRS. |
|--|--|

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| | | | | | | | | | | | | | | | | | |
|------------------------|---|--------|--------------------------------|---|--|--|----------|--|---------------|---|---------------|---|-------------|---|--|--|--|
| LEFT LITTLE FINGER | 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. | | | | | | | | | | | | | | | | |
| LEFT RING FINGER | HEIGHT | WEIGHT | COLOR OF EYES | | | | | | | | | | | | | | |
| | | | COLOR OF HAIR | | | | | | | | | | | | | | |
| | | | BIRTHMARKS, SCARS, OR TATTOOS | | | | | | | | | | | | | | |
| LEFT MIDDLE FINGER | WEAPON AND SERIAL No. | | WHERE BODY WAS BURIED OR FOUND | | | | | | | | | | | | | | |
| | LAUNDRY MARKS | | | | | | | | | | | | | | | | |
| | OTHER IDENTIFICATION CLUES | | | | | | | | | | | | | | | | |
| LEFT INDEX FINGER | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:30%;">  SILVER FILLING -- GOLD FILLING </td> <td rowspan="6" style="width:40%; text-align:center; vertical-align:middle;">  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN </td> </tr> <tr> <td>CAVITIES</td> <td>  CAVITY DECAYED </td> </tr> <tr> <td>MISSING TEETH</td> <td>  TOOTH MISSING </td> </tr> <tr> <td>CROWNED TEETH</td> <td>  PORCELAIN CROWN GOLD CROWN </td> </tr> <tr> <td>BRIDGE WORK</td> <td>  GOLD BRIDGE </td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | | | FILLINGS |  SILVER FILLING -- GOLD FILLING |  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN | CAVITIES |  CAVITY DECAYED | MISSING TEETH |  TOOTH MISSING | CROWNED TEETH |  PORCELAIN CROWN GOLD CROWN | BRIDGE WORK |  GOLD BRIDGE | | | |
| FILLINGS | | | |  SILVER FILLING -- GOLD FILLING |  UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN | | | | | | | | | | | | |
| CAVITIES | | | |  CAVITY DECAYED | | | | | | | | | | | | | |
| MISSING TEETH | | | |  TOOTH MISSING | | | | | | | | | | | | | |
| CROWNED TEETH | | | |  PORCELAIN CROWN GOLD CROWN | | | | | | | | | | | | | |
| BRIDGE WORK | | | |  GOLD BRIDGE | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |
| LEFT THUMB | | | | | | | | | | | | | | | | | |
| RIGHT THUMB | | | | | | | | | | | | | | | | | |
| RIGHT INDEX FINGER | | | | | | | | | | | | | | | | | |
| RIGHT MIDDLE FINGER | | | | | | | | | | | | | | | | | |
| RIGHT RING FINGER | | | | | | | | | | | | | | | | | |
| RIGHT LITTLE FINGER | | | | | | | | | | | | | | | | | |
| | FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY <div style="text-align: center;">  </div> | | | | | | | | | | | | | | | | |
| | REMARKS: | | | | | | | | | | | | | | | | |