

HWA

FILE IDENTIFICATION TOPPER

FILE NUMBER

SUBJECT

293 ink Manila Cens #2 X - 698

Also Manila Mias X - 4419

Formerly Cabanatuan C-222.

|                          |   |  |  |  |
|--------------------------|---|--|--|--|
| /bpm<br><b>1</b><br>/CSV | Interred 21 Feb 1950<br>N 15 78 Ft. McKinley<br><i>Carrollmark</i><br><b>CARL R. H. MARK</b><br>Cemetery Superintendent |  | PREPARED BY PHILCOM<br><b>DISINTERMENT DIRECTIVE</b><br><i>N-15-78</i> |  |
|                          | SECTION A -<br>NAME AND BURIAL LOCATION OF DECEASED   |  | DIRECTIVE NUMBER<br><b>7747 80680</b>                                  |  |

|                                   |  |               |  |       |  |                        |  |
|-----------------------------------|--|---------------|--|-------|--|------------------------|--|
| DATE                              |  | DAY           |  | MONTH |  | YEAR                   |  |
|                                   |  | 09            |  | 02    |  | 50                     |  |
| NAME                              |  | SERIAL NUMBER |  | GRADE |  | ARM                    |  |
| UNKNOWN <u>X-698</u>              |  |               |  |       |  |                        |  |
| CEMETERY                          |  | PLOT          |  | ROW   |  | GRAVE                  |  |
| USAF CEMETERY MANILA NO. 2, P. I. |  | 2             |  | 18    |  | 2237                   |  |
|                                   |  |               |  |       |  | DISPOSITION OF REMAINS |  |
|                                   |  |               |  |       |  | 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<br>FT. WM. MCKINLEY, P. I. |  | (BY ADMINISTRATIVE DECISION)    |  |

**SECTION C - DISINTERMENT AND IDENTIFICATION**

|  |  |               |  |          |  |   |  |                   |  |
|--|--|---------------|--|----------|--|---|--|-------------------|--|
| NAME   |  | SERIAL NUMBER |  | GRADE    |  | DATE OF DEATH                             |  | DATE DISTINTERRED |  |
| UNKNOWN X-698  |  |               |  |          |  |   |  | 18 Feb 50         |  |
| IDENTIFICATION TAG ON  |  | ORGANIZATION  |  | RELIGION |  | IDENTIFICATION VERIFIED BY                |  |                   |  |
| <input checked="" type="checkbox"/> REMAINS<br><input type="checkbox"/> MARKER |  |               |  |          |  | PAUL R NICHOLS<br>Embalmer NAME AND TITLE |  |                   |  |

**SECTION D - PREPARATION OF REMAINS FOR SHIPMENT**

|                               |  |                      |  |
|-------------------------------|--|----------------------|--|
| NATURE OF BURIAL              |  | CONDITION OF REMAINS |  |
| Shelter Half                  |  | Skeletal             |  |
| OTHER MEANS OF IDENTIFICATION |  |                      |  |
| X-4419 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        |           | EMBALMER (Signature)         |                |
| PAUL R NICHOLS          |           | <i>Paul R Nichols</i>        |                |
|                         |           | PAUL R NICHOLS               |                |
| CASKET BOXED AND MARKED |           | SHIPPING ADDRESS VERIFIED BY |                |
| RAYMOND H TANGUAY       |           | L. W. RICHARDSON, M/Sgt., RA |                |
| DATE                    | 18 Feb 50 | 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

FILE  
 30 MAR 50  
 REPATRIATION  
 BRANCH  
*Works*

RECORD OF CUSTODIAL TRANSFER

|                       |  |                                  |                |    |                      |
|-----------------------|--|----------------------------------|----------------|----|----------------------|
| 1. SHIPPED            |  | FROM                             | AGRS MAUSOLEUM | TO | US MILITARY CEMETERY |
| KIND OF CONVEYANCE    |  | TRUCK                            |                |    |                      |
| SIGNATURE OF SHIPPER  |  | DATE                             |                |    |                      |
| SIGNATURE OF RECEIVER |  | <i>W. J. ...</i><br>DATE 21 1950 |                |    |                      |
| NAME OF CONVOYER      |  |                                  |                |    |                      |
| 2. SHIPPED            |  |                                  |                |    |                      |
| FROM                  |  |                                  |                |    |                      |
| KIND OF CONVEYANCE    |  |                                  |                |    |                      |
| SIGNATURE OF SHIPPER  |  | DATE                             |                |    |                      |
| SIGNATURE OF RECEIVER |  | DATE                             |                |    |                      |
| NAME OF CONVOYER      |  |                                  |                |    |                      |
| 3. SHIPPED            |  |                                  |                |    |                      |
| FROM                  |  |                                  |                |    |                      |
| KIND OF CONVEYANCE    |  |                                  |                |    |                      |
| SIGNATURE OF SHIPPER  |  | DATE                             |                |    |                      |
| SIGNATURE OF RECEIVER |  | DATE                             |                |    |                      |
| NAME OF CONVOYER      |  |                                  |                |    |                      |
| 4. SHIPPED            |  |                                  |                |    |                      |
| FROM                  |  |                                  |                |    |                      |
| KIND OF CONVEYANCE    |  |                                  |                |    |                      |
| SIGNATURE OF SHIPPER  |  | DATE                             |                |    |                      |
| SIGNATURE OF RECEIVER |  | DATE                             |                |    |                      |
| NAME OF CONVOYER      |  |                                  |                |    |                      |
| 5. SHIPPED            |  |                                  |                |    |                      |
| FROM                  |  |                                  |                |    |                      |
| KIND OF CONVEYANCE    |  |                                  |                |    |                      |
| SIGNATURE OF SHIPPER  |  | DATE                             |                |    |                      |
| SIGNATURE OF RECEIVER |  | DATE                             |                |    |                      |
| NAME OF CONVOYER      |  |                                  |                |    |                      |
| 6. SHIPPED            |  |                                  |                |    |                      |
| FROM                  |  |                                  |                |    |                      |
| KIND OF CONVEYANCE    |  |                                  |                |    |                      |
| SIGNATURE OF SHIPPER  |  | DATE                             |                |    |                      |
| SIGNATURE OF RECEIVER |  | DATE                             |                |    |                      |
| NAME OF CONVOYER      |  |                                  |                |    |                      |
| 7. SHIPPED            |  |                                  |                |    |                      |
| FROM                  |  |                                  |                |    |                      |
| KIND OF CONVEYANCE    |  |                                  |                |    |                      |
| SIGNATURE OF SHIPPER  |  | DATE                             |                |    |                      |
| SIGNATURE OF RECEIVER |  | DATE                             |                |    |                      |
| NAME OF CONVOYER      |  |                                  |                |    |                      |

3

# DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 80680

DATE

09 02 50  
DAY MONTH YEAR

NAME

~~UNKNOWN~~ I - 698

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY MANILA NO. 2, P. I.

PLOT

ROW

GRADE

2

18

2237

DISPOSITION OF REMAINS

7701  
CODE

80  
DIST. CTR.

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY  
FT. W. MCINLEY, 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

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- 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

CASKET SEALED 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

**RECORD OF CUSTODIAL TRANSFER**

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

HEADQUARTERS  
Philippines Command  
United States Army

USGR 293.  
(Cabanatuan POW)

AGO 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 GMGMU 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:

C. H. LIEURANCE  
2nd Lt., AGD  
Asst. Adj. GEN

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

Received Oct 4, 1949

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

23 Aug. 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 698, Plot 2,  
Row 18, Grave 2237, 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:

  
B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Attn: Form 1044

Received 4 Oct 49 \_\_\_\_\_ 0000  
Not identifiable from  
information presently  
available 3 Jan 49  
A. E. King 10 131.

**IDENTIFICATION DATA**

|   |                |             |                  |                                  |             |
|---|----------------|-------------|------------------|----------------------------------|-------------|
| 1. REMAINS OF UNKNOWN<br>UNKNOWN X -4419 (Formerly UNK X-698 Manila #2) |                |             |                  | 2. DATE OF REPORT<br>8 Sept 1949 |             |
| 3. NAME OF CEMETERY<br>AGRS Mausoleum, Manila, P.I.                     | 4. PLOT<br>802 | 5. ROW<br>E | 6. GRAVE<br>1489 | 7. DATE OF                       |             |
|   |                |             |                  | DISINTERMENT                     | REINTERMENT |

PHYSICAL DESCRIPTION

|                              |                               |                            |                     |
|------------------------------|-------------------------------|----------------------------|---------------------|
| 8. ESTIMATED WEIGHT<br>U T D | 9. ESTIMATED HEIGHT<br>5' 9½" | 10. COLOR OF HAIR<br>U T D | 11. RACE<br>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?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT? |
|---|-----------------|

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

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



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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



| RIGHT      |    |          |          |          |    |    |   | LEFT       |    |    |    |          |    |          |    |
|------------|----|----------|----------|----------|----|----|---|------------|----|----|----|----------|----|----------|----|
| 8          | 7  | 6        | 5        | 4        | 3  | 2  | 1 | 1          | 2  | 3  | 4  | 5        | 6  | 7        | 8  |
|            |    | <i>m</i> | <i>d</i> | <i>m</i> |    |    |   |            |    | X  |    | <i>m</i> |    |          |    |
| Side Views |    |          |          |          |    |    |   | Side Views |    |    |    |          |    |          |    |
| Top Views  |    |          |          |          |    |    |   | Top Views  |    |    |    |          |    |          |    |
| UPPER      |    |          |          |          |    |    |   | UPPER      |    |    |    |          |    |          |    |
| LOWER      |    |          |          |          |    |    |   | LOWER      |    |    |    |          |    |          |    |
|            |    | <i>A</i> | <i>d</i> |          |    |    |   |            |    |    |    |          |    | <i>A</i> | X  |
|            |    | <i>o</i> | <i>o</i> |          |    |    |   |            |    |    |    |          |    | <i>o</i> |    |
| 16         | 15 | 14       | 13       | 12       | 11 | 10 | 9 | 9          | 10 | 11 | 12 | 13       | 14 | 15       | 16 |

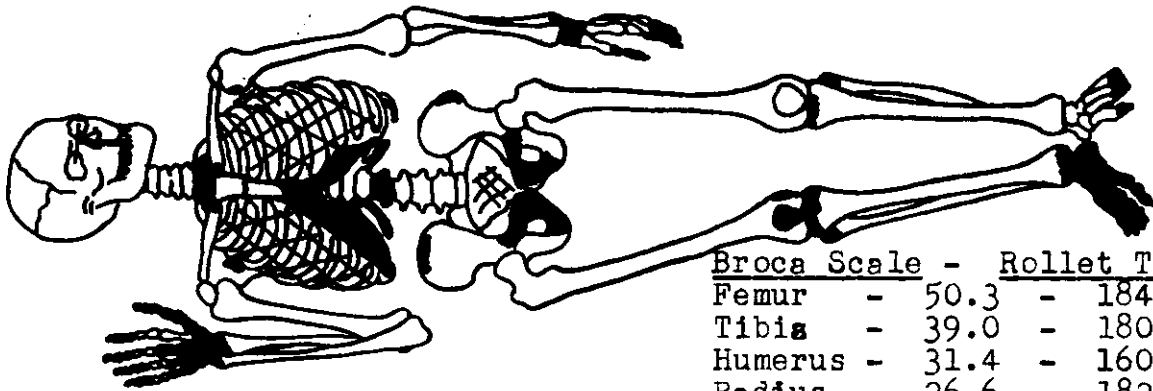
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

James J. McDermott  
JAMES J McDERMOTT  
Laboratory Officer, CIP

"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



|         | Broca Scale | -    | Rollet Table |         |
|---------|-------------|------|--------------|---------|
| Femur   | -           | 50.3 | -            | 184 cms |
| Tibia   | -           | 39.0 | -            | 180 "   |
| Humerus | -           | 31.4 | -            | 160 "   |
| Radius  | -           | 26.6 | -            | 182 "   |

Estimated height in cm 176½ or 5' 9½"

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 - 20½ 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, CIP

SIGNATURE

*James J. McDermott*

X-698

# 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-698 (WATSON, Mlad)  
Formerly UNKNOWN C-222 Cabanatuan Cem.

18 April 1947

DATE

S 1/c

|                                   |                 |         |      |            |  |  |
|-----------------------------------|-----------------|---------|------|------------|--|--|
| LAST NAME                         | FIRST           | INITIAL | RANK | SERIAL NO. |  |  |
| UNIT                              |                 |         | USN  |            |  |  |
| ORGANIZATION                      |                 |         |      |            |  |  |
| POW Camp, Cabanatuan, Luzon, P.I. | USAF CEM MAN #2 | 2       | 18   | 2237       |  |  |
| 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 | LOCATION |       |   |   |   | O | C |   |   |             |   | X |   |      |   |   | O |  | TYPE | LOCATION |  |  |  |
|      |          |       |   |   | M | D |   |   |   |             |   |   |   |      |   |   | O |  |      |          |  |  |  |

INSIDE — LOOKING OUT

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

*impaction*

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

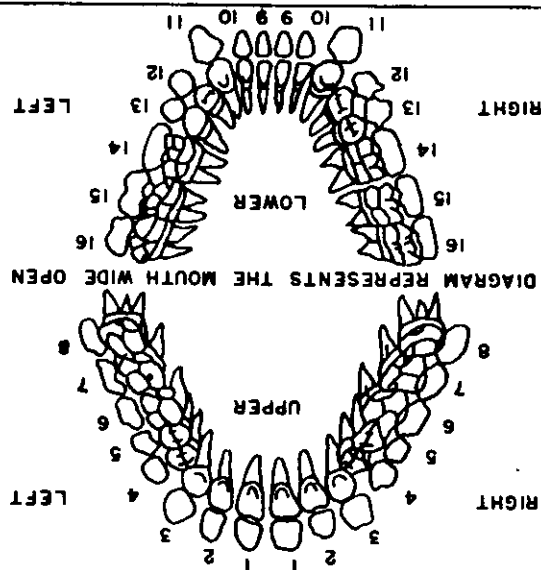
**INSTRUCTIONS:**

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, SGT

NAME AND RANK TYPED OR PRINTED

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

VERIFIED BY GRS OFFICER

FENWICK H BURCH, CAPT., CMC

NAME AND RANK TYPED OR PRINTED

18 April 1947

DATE

# IDENTIFICATION DENTAL CHART

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

UNKNOWN I-698 (WATSON, Miss)

13 April 1947

Formerly UNKNOWN C-222 Cabanatuan Com.

S 1/c

DATE

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNIT

USN

ORGANIZATION

POW Camp, Cabanatuan, Luzon, P.I. USAF CEM MAN #2

2

18

2237

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     |  |       |   |   |   |   |   |   |   |             |   |   |      |   |   |   |   |  |  |  |  |  |
| LOCATION |  |       |   |   |   | M | D |   |   |             |   | X |      |   |   |   | O |  |  |  |  |  |

INSIDE — LOOKING OUT

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

*impaction*

## 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. ABUTMENTS)          |  SILICATE OR PORCELAIN |  DISTAL (BETWEEN-TOWARD BACK)         |
|  TEETH REPLACED BY DENTURE               |  OXYPHOSPHATE (CEMENT) |  LINGUAL (TOWARD TONGUE)              |
|  POSTHUMOUSLY MISSING (LOST AFTER DEATH) |   |  FACIAL (TOWARD CHEEK)                |

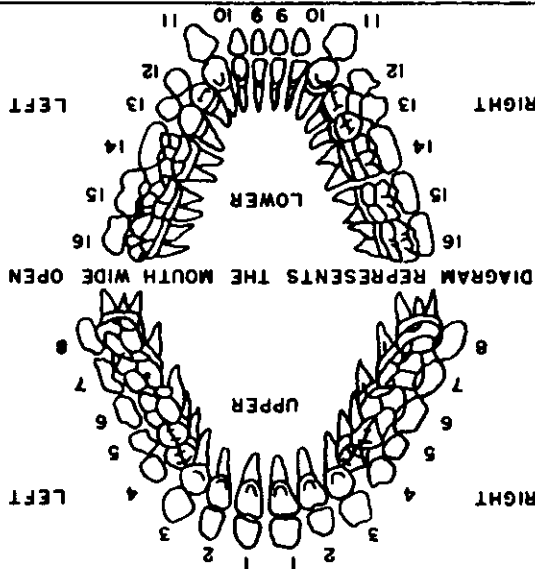
**INSTRUCTIONS:**

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:**

*Al S. Pavalung*  
 SIGNATURE OF PERSON WHO PREPARED CHART

AL S. PAVALUNG, SGT

NAME AND RANK TYPED OR PRINTED

TSAF Convalescent Hospital #2, Luzon, P.I.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*William J. Jones*  
 VERIFIED BY GRS OFFICER

WILLIAM J. JONES II, MAJOR, CAPT., CDP

NAME AND RANK TYPED OR PRINTED

18 APRIL 1947

DATE

CABANATUAN POW PROJECT

Grave: 707 Pict 7

No. of KNOWN Recovered 1

No. of UNKNOWN Recovered 9

TOTAL ---- 10

BREAKDOWN OF UNKNOWN:

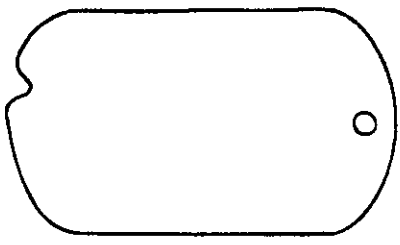
| AGRS MSLM ' X-NO. | FORMER MANILA ' NO. 2 X-NO. | ' UNIDENT ' X-NO. | S T A T U S | ' CIL NO. ' VOIDED ' RECOMMENDED AS |
|-------------------|-----------------------------|-------------------|-------------|-------------------------------------|
| X-4413-A          | X-691                       | X                 |             |                                     |
| X-4413-B          | X-691                       |                   |             | 309                                 |
| X-4414            | X-692                       | X                 |             |                                     |
| X-4415            | X-693                       | X                 |             |                                     |
| X-4416            | X-694                       |                   |             | 82c. Migd I. Watson, 3762992 USN    |
| X-4417            | X-695                       |                   |             | Pfc. John T. Walsh, 856730          |
| X-4418            | X-696                       | X                 |             |                                     |
| X-4419            | X-698                       | X                 |             |                                     |
| X-4420            | X-699                       |                   |             | Pvt. Thomas A. Merritt 38031075     |
|                   |                             |                   |             |                                     |
|                   |                             |                   |             |                                     |
|                   |                             |                   |             |                                     |
|                   |                             |                   |             |                                     |
|                   |                             |                   |             |                                     |
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|                   |                             |                   |             |                                     |
|                   |                             |                   |             |                                     |
|                   |                             |                   |             |                                     |
|                   |                             |                   |             |                                     |
|                   |                             |                   |             |                                     |
|                   |                             |                   |             |                                     |

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.<br/>DO NOT TYPE</i></p>  | <b>Section 1.—IDENTIFICATION.</b> |   |  |
| NAME (Last, first, middle initial)<br>UNKNOWN X-698 (WATSON, Miad)<br>(Formerly UNKNOWN C-222 Cabanatuan Cemetery)                                     |                                   | SERIAL No.<br><b>376 2983</b>                     |  |
| GRADE<br>S 1/c   | ORGANIZATION<br>USN               | BRANCH OF SERVICE<br>Navy                         |  |
| RACE   | RELIGION                          | IF OTHER THAN U. S. DEAD, GIVE<br>NAME OF COUNTRY |  |

|  |                |               |
|--|----------------|---------------|
| PLACE OF DEATH<br>POW Camp Cabanatuan,<br>Luzon, P I | CAUSE OF DEATH | DATE OF DEATH |
|--|----------------|---------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)

|  |  |  |  |
|--|--|--|--|
| IDENTIFICATION TAGS FOUND ON BODY<br>(1, 2, or none)<br>None | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)<br>Nine (9) bodies buried in common grave. Prison records indicate:-<br>Sgt Carelicke, Simon 17016405 DELM<br>Pfc Engesser, Marcus A. 6561604<br>-(See Sec 3 reverse side)- |  |  |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)<br>Yes (2)         |  |  |  |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

*Jul 735* 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      | 2237      |

|  |   |  |  |               |              |                  |
|--|---|--|--|---------------|--------------|------------------|
| WAS THIS A REBURIAL?<br>(Yes or no)<br>Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br>45.7-70.9 1/50,000<br>POW Camps I & II Cabanatuan Cemetery, Luzon, P I |  |  | PLOT No.<br>7 | ROW No.<br>0 | GRAVE No.<br>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)<br>Yes | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)<br>Yes |
|--|--|

|   |                 |                         |                        |                   |
|---|-----------------|-------------------------|------------------------|-------------------|
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)<br>UNKNOWN X-697 (PROCTER, Daniel)<br>(Formerly UNKNOWN C-221 Cabanatuan Cemetery) | RANK<br>1st Sgt | SERIAL No.<br>R-1018888 | ORGANIZATION<br>31 Inf | GRAVE No.<br>2236 |
|---|-----------------|-------------------------|------------------------|-------------------|

|  |             |                        |                         |                   |
|--|-------------|------------------------|-------------------------|-------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br>UNKNOWN X-699 (MERRITT, Thomas A)<br>(Formerly UNKNOWN C-223 Cabanatuan Cemetery) | RANK<br>Pvt | SERIAL No.<br>38031075 | ORGANIZATION<br>200 CAC | GRAVE No.<br>2238 |
|--|-------------|------------------------|-------------------------|-------------------|

|   |   |
|---|---|
| SIGNATURE OF PERSON PREPARING REPORT<br><br>R. C. BARRETT, T/4, GRS. | SIGNATURE OF GRS OFFICER VERIFYING REPORT<br><br>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.

*Jul 67*



**25 FEB 1946**

**Section UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


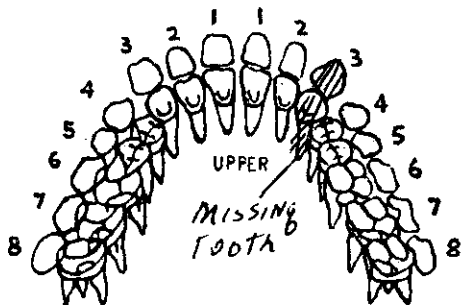
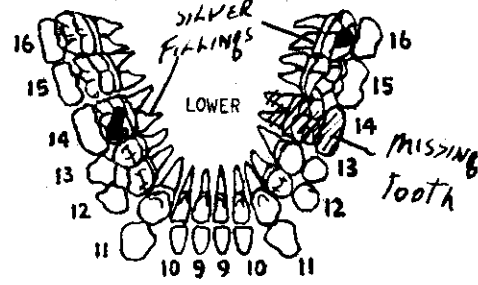




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

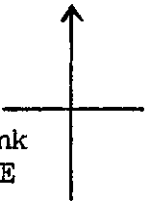
|        |        |               |               |                               |
|--------|--------|---------------|---------------|-------------------------------|
| HEIGHT | WEIGHT | COLOR OF EYES | COLOR OF HAIR | BIRTHMARKS, SCARS, OR TATTOOS |
|--------|--------|---------------|---------------|-------------------------------|

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

OTHER IDENTIFICATION CLUES

|  |   |  |
|--|---|--|
| FILLINGS   |  <p>SILVER FILLING<br/>GOLD FILLING</p>  |  <p>UPPER<br/>MISSING TOOTH</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>SILVER FILLINGS<br/>LOWER<br/>MISSING TOOTH</p> |
| CAVITIES   |  <p>CAVITY<br/>DECAYED</p>               |  |
| MISSING TEETH  |  <p>TOOTH MISSING</p>                  |  |
| CROWNED TEETH  |  <p>PORCELAIN CROWN<br/>GOLD CROWN</p> |  |
| BRIDGE WORK  |  <p>GOLD BRIDGE</p>                    |  |
| FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY |   |  |

REMARKS:

|  |   |
|--|---|
| Pfc Clark, Raymond V. 6895243 808 MP     |  |
| Pfc Phillips, Lewis R. 20645237 192 Tank |   |
| Pfc Beard, Lawrence R. 330 03794 803 CE  |   |
| Pvt Walsh, John J. R-1016737 59 CAC      |   |
| 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.

**RESTRICTED**

RE/

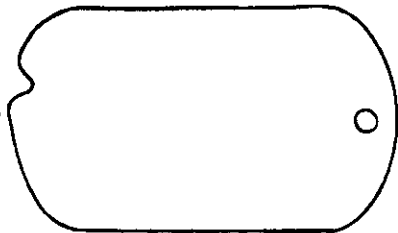
WD QMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

1 Feb 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

|  |                     |  |
|--|---------------------|--|
| NAME (Last, first, middle initial)<br>UNKNOWN X-698 (WATSON, Miad)<br>(Formerly UNKNOWN C-222 Cabanatuan Cemetery) |                     | SERIAL No.                                     |
| GRADE<br>S 1/c   | ORGANIZATION<br>USN | BRANCH OF SERVICE<br>Navy                      |
| RACE   | RELIGION            | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

|  |                |               |
|--|----------------|---------------|
| PLACE OF DEATH<br>POW Camp Cabanatuan,<br>Luzon, P I | CAUSE OF DEATH | DATE OF DEATH |
|--|----------------|---------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)

|  |  |
|--|--|
| IDENTIFICATION TAGS FOUND ON BODY<br>(1, 2, or none)<br>None | IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)<br>Nine (9) bodies buried in common grave. Prison records indicate:-<br>Sgt Carelicke, Simon 17016405 DEFM<br>Pfc Engesser, Marcus A. 6561604<br>-(See Sec 3 reverse side)- |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)<br>Yes (2)         |  |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

A TRUE COPY:  
*George D. Redden, Jr.*  
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<br>9 Jan 46   | HOUR<br>0900  | BURIED IN (Shroud, blanket, or name of other)<br>Shelter Half                                 | TYPE OF GRAVE MARKER<br>Cross | PLOT No.<br>2     | ROW No.<br>18 | GRAVE No.<br>2237 |
| WAS THIS A REBURIAL?<br>(Yes or no)<br>Yes   | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE<br>45.7-70.9 1/50,000<br>POW Camps I & II Cabanatuan Cemetery, Luzon, P I |   |                               | PLOT No.<br>7     | ROW No.<br>0  | GRAVE No.<br>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)<br>Yes   | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)<br>Yes  |   |                               |                   |               |                   |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)<br>UNKNOWN X-697 (PROCTER, Daniel)<br>(Formerly UNKNOWN C-221 Cabanatuan Cemetery)    | RANK<br>1st Sgt   | SERIAL No.<br>R-1018888   | ORGANIZATION<br>31 Inf        | GRAVE No.<br>2236 |               |                   |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)<br>UNKNOWN X-699 (MERRITT, Thomas A)<br>(Formerly UNKNOWN C-223 Cabanatuan Cemetery) | RANK<br>Pvt   | SERIAL No.<br>38031075  | ORGANIZATION<br>200 CAG       | GRAVE No.<br>2238 |               |                   |
| SIGNATURE OF PERSON PREPARING REPORT<br>/s/t/ R. C. BARRETT, T/4, GRS.   |   | SIGNATURE OF GRS OFFICER VERIFYING REPORT<br>/s/t/ E. M. MOORE, 1st Lt., OMC.                 |                               |                   |               |                   |

**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**

*Sub # 8*

**Section UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


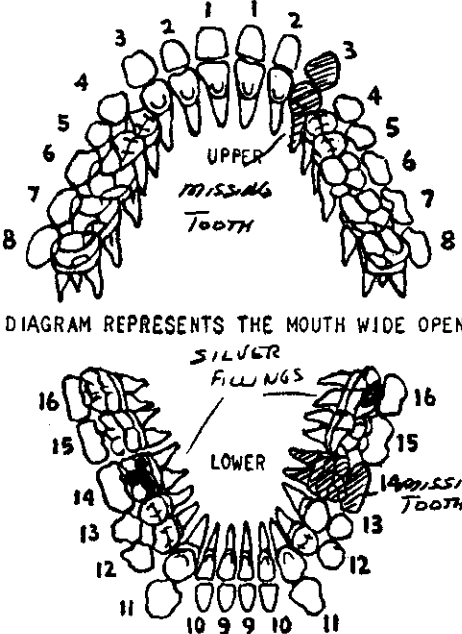




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(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the 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>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> |
| CAVITIES      |    |   |
| MISSING TEETH |  |   |
| CROWNED TEETH |  |   |
| BRIDGE WORK   |  |   |
|               |   |   |

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

Pfc Clark, Raymond V. 6992243 806 MP  
 Pfc Phillips, Louis R. 20649297 192 Tank  
 Pfc Beard, Lawrence R. 3989774 809 CB  
 Pvt Walsh, John J. R-1026777 99 CAS  
 1st Sgt Proctor, Daniel R-1028888 21 Inf  
 Watson, WEAH 818 818  
 Pvt Merritt, Thomas A. 30031675 200 CAS

**REMARKS:**

were buried in this grave. Individual identification impossible.

RESTRICTED

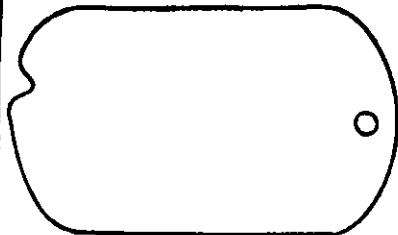
WD GMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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-698 (WATSON, MILD)  
(Formerly UNKNOWN X-C-222 Cabanatuan Cem.)

SERIAL No.

GRADE

S 1/c

ORGANIZATION

USN

BRANCH OF SERVICE

Navy

RACE

RELIGION

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

PLACE OF DEATH

POW Camp Cabanatuan,  
Luzon, P.I.

CAUSE OF DEATH

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

None

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

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

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

Yes (2)

Ltj Caroline, Simon 17016405 DEIM  
Lft Engesser, Marcus A. 6561604  
(See Sec. 3 reverse side)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

TRUE COPY:

Charles H. Ripley  
CAPTAIN  
CMF

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      | 2237      |

| WAS THIS A REBURIAL?<br>(Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE | PLOT No. | ROW No. | GRAVE No. |
|-------------------------------------|---|----------|---------|-----------|
| Yes                                 | 45.7-70.9 1/50,000<br>POW Camps 1 & 11 Cabanatuan, Luzon, P.I.                                | 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) | 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-697 (PROCTOR, Daniel)<br>(Formerly UNKNOWN X-C-211 Cabanatuan Cem.) | 1st Sgt | R-1018388  | 31 Inf.      | 2236      |








| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)                | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
|--|------|------------|--------------|-----------|
| UNKNOWN X-698 (Merritt, Thomas A.)<br>(Formerly UNKNOWN X-C-222 Cabanatuan Cem.) | Pvt  | 38031075   | 200 C.C      | 2238      |

SIGNATURE OF PERSON PREPARING REPORT  
/s/ R. C. Barrett  
/t/ R. C. BARRETT, S/SGT., GRS.

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
/s/ E. M. Moore  
/t/ 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

|                        |   |        |  |                                |
|------------------------|---|--------|--|--------------------------------|
| LEFT<br>LITTLE FINGER  | Section <b>UNIDENTIFIED REMAINS</b>   |        |  |                                |
|                        | <p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p> |        |  |                                |
| LEFT<br>RING FINGER    | HEIGHT  | WEIGHT | COLOR OF EYES  | COLOR OF HAIR                  |
|                        | BIRTHMARKS, SCARS, OR TATTOOS   |        |  |                                |
| LEFT<br>MIDDLE FINGER  | WEAPON AND SERIAL No.   |        | LAUNDRY MARKS  | WHERE BODY WAS BURIED OR FOUND |
|                        | OTHER IDENTIFICATION CLUES  |        |  |                                |
| LEFT<br>INDEX FINGER   | FILLINGS<br> SILVER FILLING;<br>GOLD FILLING   |        |  CAVITY<br>DECAYED |                                |
| LEFT<br>THUMB          | CAVITIES<br> CAVITY<br>DECAYED  |        |  |                                |
| RIGHT<br>THUMB         | MISSING TEETH<br> TOOTH MISSING  |        |  |                                |
| RIGHT<br>INDEX FINGER  | CROWNED TEETH<br> PORCELAIN CROWN<br>GOLD CROWN  |        |  |                                |
| RIGHT<br>MIDDLE FINGER | BRIDGE WORK<br> GOLD BRIDGE  |        |  |                                |
| RIGHT<br>RING FINGER   |   |        |  |                                |
| RIGHT<br>LITTLE FINGER | FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY<br><div style="text-align:center; margin-top: 20px;">  </div>   |        |  |                                |
|                        | REMARKS:  |        |  |                                |