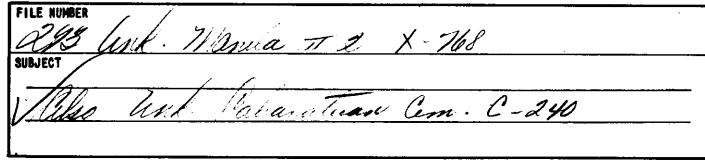
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QMC Form 1042 DATE OF REPORT REPORT OF THTERMENT (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and (AR 30-1810 and AR 30-1815) 3 Dec 1951 Rev. of 1 Apr. 45, which may be used.) Imprint Identification Tag If Possible. Section 1.-IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL No. UNKNOWN X-768 Manila Jnknown GRADE ORGANIZATION BRANCH OF SERVICE Unknown Unknown Unknown IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY RACE RELIGION Unknown Unknown PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH POW Camp, Cabanatuan Luzon, P.I. Unknown Unknown EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (1, 2, or none) None COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) YES x NO Yes (2) LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY UNITED STATES MILITARY CEMETERY, FT. WM. MCKINLEY, P.I. BURIED IN (Shroud, blanket, or name of other) TYPE OF GRAVE PLOT No. ROW No. GRAVE No. HOUR DATE OF BURIAL 143 29 Nov 1951 Casket Cross 12 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? PLOT No. ROW No. GRAVE NO. USAF Cemetery Manila #2, Luzon, P.I. 2 18 2261 Yes IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY PERSON CONDUCTING BURIAL RITES TYPE OF RELIGIOUS CEREMONY IDENTIFICATION TAG ATTACHED TO IDENTIFICATION TAG BURIED WITH MARKER (Yes or no) BODY (Yes or no) Yes Yes ORGANIZATION GRAVE No. RANK SERIAL ME DECEASED LEFT, NAME (Last, first, middle in this) KECORDS GRAVE NO. RANK RIGHT, NAME (Last, first, middle initial) DIV. SIGNATURE OF GRS OFFICER PERIFYING REPORT RSON PREPARING REPORT WHAYLEN.

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

	Section 5:	UNIDENTIFIEC	REMAINS	k			
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R	every tooth accomplishe	will be indic ed if one or i	ated on the more finge	ne tooth ch erprints ar	art in accordance v e secured.	with diagram below. Too	oth chart will not be
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LEFT THUMB							
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RIGHT RING FINGER	REMARKS:					•	
RIGHT LITTLE FINGER						<i>y</i> +	

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QMC Form 1042 (Rev. 1 Aur. 1946)		REPORT OF	TNTERMEN'	T	DATE	of report	
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		Casket		Crons	OCATION OF C	<u>'</u>	47
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DISTRIBUTION OF REPORT: Signed original for U.S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

	Section 3:[NIDENTIFIED	REMAINS	4			
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	Section	JNIDENTIFIED	REMAINS.		·				
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LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF		COLOR OF			CARS, OR TATTOOS	
MIDD	WEAPON AND	SERIAL NO.	1	LAUNORY	MARKS		WHERE BODY WA	AS BURIED OR FOUND	
LEFT MIDDLE FINGER	OTHER IDENT	TFICATION CLU	UES	1			<u> </u>		
LEFT INDEX FINGER	FILLING	s	SII	LVER FILL	ING G		3_ 2 1) ^ .	
LEFT Тнимв	CAVITIES	S		CAVITY DECAY	Y ED	5 6 7	UPPE		
RIGHT	MISSING	{		OTH MISSI	(G	B DIAGRAM	REPRESENTS TH	E MOUTH WIDE OPE	N
RIGHT	BRIDGE	WORK (GOLD E	/H	15 14 13	LOWE 2 O O O O	15 14 13 12	
RIGHT MIDDLE FINGER	FURNISH SKE	TCH AND MAP	REFERENCE	E AND COOL	RDINATES F	OR BURIAL IN	OTHER THAN EST	ABLISHED CEMETERY	
RING FINGER	DEMARKS.				A	3 NO TAND TE	Carrent.		
RIGHT LITTLE FINGER	REMARKS:				BOX.70			·	

							
WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT OF	F INCKERIOR	NIK STORAGE	DATE OF	F REPORT	
(Supersedes GRS Form 1)		(AR 30-1810 a			l nf	C 1 2 1950	1
Imprint Identification	Tag If Possible.	Section 1.—IDENTIFICATION			<u> </u>	9 1 / 100t	<u>) </u>
DO NOT T		NAME (Last, first, middle initial	n		SERIAL I	 No.	
		UNKNOWN X-768 US		anila #2, P.]	[•		
(/	(Manila Maus X-	4467)		Un	knowa	
ر ا	•	GRADE	ORGANIZATIO	ON	BRANCH	OF SERVICE	
1	O	Unknown	Thebre.			•	
\	/	RACE	Unkn	OWE		known	
		KACE	RELIGION		NAME OF COU	I U. S. DEAD, GIVE NTRY	:
		Probably White	Unkno	own			
PLACE OF DEATH		CAUSE OF DEATH			DATE OF	DEATH	
POW Camp Caban	na tuan	Unkr	nown		24.0	ot 42	
Luson, P.I.			10WH		24 0	95 %	
EMERGENCY ADDRESSEE (N	ame, relationship, o	and address)			- 		
		Unknown					
IDENTIFICATION TAGS FOUR	ND ON BODY	IF NO TAGS FOUND ON BODY.	DESCRIBE MEAN	S OF IDENTIFICATION (If anidontified fill is	- nantinu e na roase	1
(1, 2, or none)		11 110 1100 1 0010 011 012 11	DESCRIBE RES.	to or inchinionness ,	1) genmeurhen hee	1 SOCIUM S VA IDAGI	84)
Hone							
WERE SUBSTITUTE TAGS PR	OVIDED? (Yes of no	0)					
Yes (2	2)						
<u> </u>				· · · · · · · · · · · · · · · · · · ·	.		
LIST PERSONAL EFFECTS FO	ON BODY AN	ND DISPOSITION OF SAME					
		You)				
			•				
Section 2.—BURIAL, If of	ther than in esta	blished cemetery, furnish skete	ch and map coo	ordinates on reverse.			
NAME, NUMBER, COORDINA	TES, AND LOCATION	ON OF CEMETERY					
U. S. Arm	r Mausole	um, AGRS-PAZ				Cask	- 4
	- -			1	- 22222 - X		
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or	name of other)	TYPE OF GRAVE MARKER	PLOT NO.	OW NO. GRAVI	e no.
3 Nov 50		Final type cask	te t		Manile	Section 2	78
WAS THIS A REBURIAL?	IF A REBURIAL	., INDICATE NAME, NUMBER, COOR	DINATES OF PRE	VIOUS CEMETERY, AND	LOCATION OF GRAV	√F•• - 6	
(Yes or no)					X SALE	SALE SALE	H
Yes	AGRE	Mausoleum Manila,	P. I.		802	D 121	/8
TYPE OF RELIGIOUS CEREMONY	PERSON CONDL	JCTING BURIAL RITES	IF IDENTIFIC	ATION TAGS NOT USED.	, DESCRIBE IDENTI	IFICATION DATA	AND
oeemoiri				J DOMED 111 555.			
	=u Inci	TA PROJECTO					
IDENTIFICATION TAG BURIE BODY (Yes or no)		NTIFICATION TAG ATTACHED TO ARKER (Yes or no)					
BODY BURIED ON DECEASED) LEFT, NAME (La	st. first. middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
Not applio	able due t						
BODY BURIED ON DECEASED	RIGHT, NAME (L	ast, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.	_
	-44	1-,		-			
M-1104	scount of	isketa.					
	1			OF GRS OFFICER VERIFY!	AC DEDOOT		
SIGNATURE OF PERSON PRE	PARING REPORT	Contract Con	SIGNATURE U	Sull S	Man I .		
	PARING REPORT	i. Asst.	STAN	telling &	hay QMC		
LEOY P. T	UNIER, Ada	inal for U. S. and allied dead, so	STAN	ILEY WAY, M	a joy, OMC		

	Section—U	NIDENTIFIED	REMAINS			_		
LEFT RI	INSTRUCT (a) Gremains. Fill social secur planes, vehi (b) A f chart at left every tooth	eat care will I in anatomic ity number;	cal charac position o iks. r prints, a r as possib ated on th	teristics b f body fou re the mos le. If no e tooth ch	elow, and nd in airpl st valuable fingerprin art in acco	any other c anes, vehicle	lues under "O es, and tanks; a	dentity of unidentified re ther," such as shoe size and serial numbers of air ingers and thumbs in th the condition of each an Tooth chart will not b
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF	FEYES	COLOR OF	HAIR	BIRTHMARKS, S	CARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND	SERIAL NO.	UES	YACMUAL	MARKS		WHERE BODY W	AS BURIED OR FOUND
LEFT INDEX FINGER	FILLINGS	5	Sign	LVER FILLIN	ng G		3000	
LEFT	CAVITIES			CAVITY DECAY	ÉD	5 7 8	A DAAL	
RIGHT THUMB	CROWNED	{	TRO	OOTH MISSIA		DIAGRAM	REPRESENTS T	HE MOUTH WIDE OPEN
RIGHT INDEX FINGER	BRIDGE	work (GOLD B	in .	15 (14 14 13	LOWE	15 14 13 13
RIGHT MIDDLE FINGER	FURNISH SKE	TCH AND MAP	REFERENC	E AND COOL	RDINATES FO	OR BURIAL IN	OTHER THAN EST	TABLISHED CEMETERY
RIGHT RING FINGER	REMARKS:	·.			NO. JOS.	MOTION!	No.	
RIGHT LITTLE FINGER	2				· · · · · ·			

UNKNOWN X-4467 (Formerly UNK 3. NAME OF CEMETERY AGRS Masupoelum, Manila, P.I. BAGRS Masupoelum, Manila, P.I. Physical Description of the second	X-768 Manil PLOT 5. ROW RIFTION AGE COLOR OF HAIR UT D	6. GRAVE	2. DATE OF REPORT 20 Dec 19 1. DATE OF DISINTERMENT REIN TOTAL TOTAL White (pro	: ITERMENT
AGRS Masupelum, Manila, P.I. BIS CONTROL MANILA, P.I. PHYSICAL DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH	PLOT 5. ROW RIPTION AGE: COLOR OF HAIR UT D	6. GRAVE	20 Dec 19 7. DATE OF DISINTERMENT REIN CEARS	: ITERMENT
AGRS Masupelum, Manila, P.I. BIS CONTROL MANILA, P.I. PHYSICAL DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH	PLOT 5. ROW RIPTION AGE: COLOR OF HAIR UT D	6. GRAVE	7. DATE OF DISINTERMENT REIN	: ITERMENT
AGRS Masupolum, Manila, P.I. BISTIMATED WEIGHT U T D 12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH	PLOT 5. ROW RIPTION AGE: COLOR OF HAIR UT D	6. GRAVE	7. DATE OF DISINTERMENT REIN	: ITERMENT
AGRS Masupelum, Manila, P.I. B. ESTIMATED WEIGHT U T D 12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH	. COLOR OF HAIR UTD		rears	
B. ESTIMATED WEIGHT UTD 9. ESTIMATED HEIGHT 10. 516211 12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH	. COLOR OF HAIR UTD		11. RACE	bbably)
8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT 10. U T D 516211 12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH	. COLOR OF HAIR UTD		11. RACE	obably)
UTD 516211 12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH	UTD			obably)
12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH			White (pro	bbably)
12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH NONE	H REMAINS			
10 11 10 11.				
,				
13.GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH	INFORMATION OBT	AINED FROM	OTHER SOURCES	
N O N E				
14. WAS BODY BURNED? TO WHAT EXTENT?				
TES TE NO				
15. WAS BODY MANGLED? TO WHAT EXTENT?				
TES X NO				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMAT	IONS			
NONE				
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFE SERVICE, ETC. (If laundry works are indistinct such nota	tion should be	mede and a	PE, COLOR, SIZE, Mi pacimen forwarded i	ARKINGS, through
channels for examination when facilities are not availab NONE	ize in the afea)	,		

APPROVED UNITENTIFIABLE

Ide A Kr

Xil Var non 3

QHC FORM REV 18 MAR 47 1044

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

	.		A=4467
19		TOOTH CHART	
TRACT	MG TEETH: ALL TEETH MISSING TROUGH EX- ION (NOT THOSE FRACTURED OR DISPLACED BY T WOUNDS) SHOULD BE "X" D OUT AND LABELED	G Tooth Missing	TS IDE VIEW
(LABE	ED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH L GOLD, PORCELAIN, SILVER OR GOLD AND PORCE— , THUS:	Gold Crown, Porcelain G	rown DDDD
BRIDG (LABE THUS:	E WORK: BLOCK IN SOLID AND CROWN OF TOOTH L GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE),	Gold Bridge	
AS PO	NGS: DRAW FILLING ON TOOTH AS ACCURATELY SSIBLE (BLOCK IN AND LABEL GOLD, SILVER, T), THUS:	Gold Filling Silver Filling	
CAR1E OF CA	\$ (Covicion): OUTLINE LOCATION AND SIZE VITY, SHADE IN THUS:	Cavity Decayed	
		fractt	red
	RIGHT	/ LEFT	
Side Views			6 7 8 1de Vieve
Top Views	BOD OO OO	M BBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBBB	UPPER
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Side Viewa	MADADA	MADDA	
	16 15 14 13 12 11 10	9 9 10 11 12 13	14 15 16

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

Gaulf Mikele PAUL R. NICHOLS

Chief, Identification Section

X-4467 19. BLACK OUT PARTS OF BODY NOT RECENERED Ulna 26.3 169 Radius 25.2 175 Femur 45.9 168 Tibia 35.8 163 168 3/4 Estimated height: 5'6 1/3" MASS BURIAL CERTIFICATE (IF APPLICABLE) 20 -(Wherein segregation in whole or parts is impossible) I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF NUMBER ___DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION

This is the remains of a male individual, **probably** white, in the late twenty's to late thirty's at time of death, and approximately $5^{1}6\frac{1}{2}$ " in height.

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

See attached Anthropologist's statement dated 20 December 1949.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

ROBERT B. FOX Anthropologist SIGNATURE THE STATE OF THE STAT

AGRS APO 900

AGRS APO 900

ACHOLS FIELD, MANILA, P.I.

20 December 1949

CIATEMENT

Reference: UNA 2-4465 Mausoleum

* X-4466 * X-11467

YOUMANS, Eleye S., Pvt., 12016296 WILLIAMS, Howard R., Pfc., 39676506 DEAKE, Henry A., Cpl., 20843587

The above six (6) remains were reprocessed simultaneously by se this date to determine proper segregation, and new MC Forms 1044 were accomplished for each of the remains. Bones not properly associated were removed and assigned GIL #590.

with the six (6) remains with the following results:

Semains We had someones very favorably with the O.M. Form 371 submitted for BER: IBR, william I., Cpl., 18007819, as to great height, age, and lack of dental work.

Remains stored as WILLIAMS, Howard P., compares favorably with the Form 371 submitted for *ILLIAMS, Howard P., as to age, and height. All extractions noted on #ILLIAMS dental chart (made one year and a half before his death) are also found on the remains, but there is also additional extractions on the remains.

Remains UEE A-4466 compares best with the Form 371 for one of the "knowns", namely, YOUMANS, Eleyn S., 12016296, and as noted below, remains stored as YOUMANS compared best with the Form 371 submitted for OIE, Casper J. Pemains UNK X-4466 compares well with YOUMANS' 371 as to height and age, and as two years elapsed between YOUMANS' date of death and dental shart submitted, the non-restorable teeth shown on dental chart are possibly the extraction, which are for the same teeth found on the remains.

As noted above, remains stored as YOUMANS do not compare well with YOUMANS' 371, but compares more favorably with the Form 371 submitted for GIE, Camper J., S/Sgt., as to great height, and pattern of extractions. However, more extractions appear on the remains then are shown on GIE's 371.

Remains UNK λ -4467 compares best with the Form 371 submitted for REIMER. John William Jr., 1890108, as to height. No dental information or age was given on REIMER's 371.

Remains stored as DRAKE, Henry A.. 20843587, do not compare well with the Form 371 submitted for DRAKE as to discrepancies in height and dental comparisons.

ROBERT B. FOX

Anthropologist

HEADQUARTIES CENTRAL IDENTIFICATION POINT A. LLICAN GRAVED REGISTRATION SERVICE-FAI EAST ON ZONG

APO 707 25 June 48

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp - Grave #710, Row 0, Plot #7. The unknown numbers are AGRS Mausoleum numbers:

UNKNO.M X-4467 " X-4466 " X-4465

You ANS, Elwyn S. SULLIVAN, Robert 2. M. AAS, Howard F. D. AAI, Henry A.

					DATE OF	DEDORT		
WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT OF	INTERMENT	STAGE	DATE OF	REPORT		
(Supersedes GRS Form 1)		(AR 30-1810 as	od AR 30-181	(5)	1 าส	June 148		
	 	(2111 50 - 2510 41						
Imprint Identification T DO NOT TY		Section 1.—IDENTIFICATION.						
DO NOT 111		NAME (Last, first, middle initial)	/	/4	SERIAL N	D.		
	1	UNKNOWN X-4467	•	• .	1			
1 (1	USAF Cemetery Ma	nnila #2, I	arzon, P.I.)	[מּע	COOMI		
	1	GRADE	ORGANIZATION		BRANCH (OF SERVICE		
1	0				i			
	- 1	Unknown	Unkno	WIL	Unl	mown		
 		RACE	RELIGION		IF OTHER THAN	J. S. DEAD, GIVE		
					NAME OF COUN	TRY		
		Unknown	Unkno	wn				
PLACE OF DEATH		CAUSE OF DEATH			DATE OF	DEATH		
POW Camp Caban	atuan.							
Luzon, P.I.	a vanay	Unknown			24	0ct 42		
EMERGENCY ADDRESSEE (Na	lationskip	<u> </u>		 	~-+	000 42		
EMERGENCY ADDRESSEE (Na	те, текинопактр, из	uturess)						
		T-lmo-						
-		Unknown						
IDENTIFICATION TAGS FOUNI (1, 2, or none)	D ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS O	FIDENTIFICATION (1)	unidentified, fill in	accison 5 on reperse)		
None		_						
WERE SUBSTITUTE TAGS PRO	VIDED?(Yes or no)	See remarks						
l , ,								
Yes (2)								
LIST PERSONAL EFFECTS FOL	JND ON BODY AN	D DISPOSITION OF SAME	A 177	יים או או או או או	•			
			A	RUE COPY:	,	i		
			i i i i i i i i i i i i i i i i i i i	MMMI M M	11/			
		None	<i></i>	TIMIMIM				
1			₽ U	B: McNEMAR				
			Car	止., CMC				
Section 2.—BURIAL. If of	er than in estai	blished cemetery, furnish sketc	h and map coordi	nates on reverse.				
NAME, NUMBER, COORDINAT	ES, AND LOCATIO	N OF CEMETERY						
	1	AGRS Mausoleum, Mar	nila, P.I.					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ame of other)	TYPE OF GRAVE	PLOT No. RO	W No. GRAVE No.		
	1,00	STONED	MARKER		MANGE	P May be		
25 May 48	0800	Casket		None	802	P BAY 1273		
		INDICATE NAME, NUMBER, COORI	NATES OF PREVIO	I S CEMETERY AND I				
WAS THIS A REBURIAL? (Yes or no) RESTORF!	IF A REBURIAL	INDICATE NAME NUMBER, COOK	DIMANES OF THE PIC	OO CEMETANT, NATO E	(OW No. GRAVE No.		
Yes	TISA	F Cemetery Manila #	2. Luzon.	P.T.	2 10.	18 2261		
	.	<u>_</u>						
TYPE OF RELIGIOUS CEREMONY	PERSON CONDU	CTING BURIAL RITES	CONTAINERS BU	ON TAGS NOT USED, URIED WITH BODY	DESCRIBE IDENTI	FICATION DATA AND		
	<u> </u>		_					
DENTIFICATION TAG BURIEL BODY (Yes or no)	D WITH IDEN	ITIFICATION TAG ATTACHED TO RKER (Yes of no)						
						·		
Yes		Yes						
BODY BURIED ON DECEASED	LEFT, NAME (Las	t, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
		•		000000000	Co. M., 128			
LARSON, Raymond F			Pfc	37250319		1275		
BODY BURJED ON DECEASED	RIGHT, NAME (L	ast, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.		
154.0 <u>5</u> .7			1 .		Co G, 1231			
HARBACZWSK	I,Alex		Pfc	36179621	Inf Regt	1271		
SIGNATURE OF PERSON PRE		, MARIO	SIGNATURE OF G	GRS OFFICER VERIFYIN	IG REPORT			
/s/t/ ▼ C A	QUINO T/5	CNC	/s/t	/ LS PANOPI	O, 1st Lt	Inf		
		The state of the s	, , ,	· · · · · · · · · · · · · · · · · · ·				
BLOCKIONEIGH AT APPAR	T. 0		danad maldin - 1 -	1 000 \$000 for	deed to the O-	ertermaster General		
DISTRIBUTION OF REPOR	T: Signed origing RS Officer. Con	nal for U.S. and allied dead, and the for retention in the start as	igned original and prescribed by the	one copy for enemy	dead, to the Qu	ertermaster General		

RESTRICTED

And #2

	Section MIDENTIFIED REMAINS.
LEFT LITTLE FINGER RI	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 air planes, 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 an 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. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND OTHER IDENTIFICATION CLUES
LEFT INDEX FINGER	FILLINGS SILVER FILLING
LEFT THUMB	GOLD FILLING CAVITIES CAVITY DECAVED UPPER UPPER
RIGHT THUMB	MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN CROWNED TEETH
RIGHT INDEX FINGER	BRIDGE WORK GOLD CROWN 15 LOWER 14 13 12 10 19 10 19 10 10 10 10 11 11
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY REMARKS: UNKNOWN X-4467, AGRS Mausoleum, Manila, P.I., Formerly UNK X-768, USAF Cemetery Manila #2, could be anyone of the following burials in Grave 710, Row 0, Plot 7, Cabanatuan FOW Camp Cemetery whose identity
RIGHT RING FINGER	have not been established: REIMAN, John W. 1830108 ACMM USN OIE, Jasper J. 6937861 S/Sgt PUR BERRIER, William I, 3602244, ACM/3c, USN.
RIGHT LITTLE FINGER	CMC Form 1044, 1044-A and 1044-B accomplished

WD QMC FORM 1042 (Rev. I Abr. 1945) Supersedes GRS Form 1)		25/				
	REPORT OF	INTERMENT		DATE OF	F REPORT	
	(AR 30-1810 ar			7	Feb 46	6
Imprint Identification Tag If Possible.	Section 1.—IDENTIFICATION.			1 7		
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	RACE	RELIGION		IF OTHER THAN NAME OF COU		D, GIVE
PLACE OF DEATH	CAUSE OF DEATH			DATE O	F DEATH	 -
POW Camp Cabanatuan,						
Luzon, P I				24	4 Oct 4	42
EMERGENCY ADDRESSEE (Name, relationship, and	d address)					- -
	rs. C. W. Berrier,	• • •			 	
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, I					
None	Records shows Six (6) unknowns					. ve,
	Reiman, John					
WERE SUBSTITUTE TAGS PROVIDED? (Yes or 180)	Pyt Williams			194 Tank		
Yes (2)		Sec 3 reve				
LIST PERSONAL EFFECTS FOUND ON BODY AND	<u> </u>					, . =, .
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Section 2.—BURIAL. If other than in establishment	lished cometery, furnish sketc		· · · · · · · · · · · · · · · · · · ·			
Section 2.—BURIAL. If other than in estable NAME, NUMBER, COORDINATES, AND LOCATION	lished cometery, furnish sketc		· · · · · · · · · · · · · · · · · · ·	····		
	lished cometery, furnish sketc	h and map coordi	nates on reverse.	······································		
	lished cometery, furnish sketc I OF CEMETERY	h and map coordi	, Luzon, PI		ROW No.	GRAVE NO.
NAME, NUMBER, COORDINATES, AND LOCATION DATE OF BURIAL HOUR	USAF Cemetery BURIED IN (Shroud, blanket, or n	h and map coordi	, Luzon, P I TYPE OF GRAVE MARKER	PLOT NO		
name, Number, Coordinates, and Location date of Burial Hour 9 Jan 46 0900	USAF Cometery BURIED IN (Shroud, blanket, or n	h and map coordi	, Iuzon, PI Type of grave MARKER Cross	PLOT No F	18	GRAVE NO. 2261
NAME, NUMBER, COORDINATES, AND LOCATION DATE OF BURIAL HOUR 9 Jan 46 0900 WAS THIS A REBURIAL? IF A REBURIAL, I	USAF Cemetery BURIED IN (Shroud, blanket, or n Shelter Half	h and map coordi	, Iuzon, PI Type of grave MARKER Cross	PLOT No F	18	
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	Section 3. NIDEN	TIFIED REMAINS				
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LEFT RING FINGER	HEIGHT WEIGH	··· <u>-</u> -		OLOR OF HAIR	BIRTHMARKS, SCARS, (OR TATTOCS
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295 UNKNOWN X-768

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

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

4 Feb 46

Imprint Identification Tag If Possible. DO NOT TYPE O

Section 1.—IDENTIFICATION. NAME (Last, first, middle initial)

ULKHOWN X-768 (BERRIER, William X) (Formerly UNKNO.N C-240 Cabanatuan Cemetery

ORGANIZATION

SERIAL NO.

BRANCH OF SER

RACE

RELIGION

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

PLACE OF DEATH

POW Camp Cabanatuan, Luzon, F I

CAUSE OF DEATH

DATE OF DEATH

24 Oct 42

EMERGENCY ADDRESSEE (Name, relationship, and address)

MRS. C. W. BERRIER, MAYPEARL, TEXAS.

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

Rone

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

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Records shows Seven (7) bodies found in common grave.

Six (6) unknowns of which were unidentified:-Reiman, John W. 1830108 ACLM USM

Fvt Williams, Howard R. 39676506 194 -(See Sec 3 reverse side)-

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	2261
WAS THIS A REBURIAL?	IF A REBURIAL, I	INDICATE NAME, NUMBER, COORDINATES OF PREVIO	DUS CEMETERY, AND LO	CATION OF G	RAVE	
(100 0. 1.0)		45.7-70.9 1/50.000		PLOT No.	ROW No.	GRAVE No.

Yes PO: Camps I & II Cabanatuan Cemetery, Luzon, P I TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES

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

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

UNKNOWN X-717 (PRONCHICK,

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

Fred

RANK SERIAL No. ORGANIZATION

6763372 31st Inf 1.t Sgt

ORGANIZATION RANK SERIAL No. GRAVE No. 33070127 803 CE 2262 Fvt

SIGNATURE OF PERSON PREPARING, REPORT

æs.

UNKNOWN X 767 (SULLEVAN, Robert E)

(Formerly UKKNOUN C-239 Cabanatuan Cemetery)

(Formerly UNKNOWN C-241 Cabanatuan Cometery)

SIGNATURE OF GRS OFFICER VERIFYING REPORT m. marce

TORI, 1st It., IMC.

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.

710

GRAVE No.

2260

-	_	Section 3.	IDENTIFIE	D REMAINS				<u> </u>		
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\$ 2°	RING	every tooth accomplished	will be indied if one or	cated on th	e tooth cherprints ar	art in acco e secured.	ordance with	diagram below.	he condition of each a Tooth chart will not	and : be
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•	RIGHT RING FINGER					,	, , , , , , , , , , , , , , , , , , ,			
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WD QMC FORM 1042 (Rev. 1 Apr. 1945)		REPORT O	F INTERMEN	T •	DAI	E OF REPORT	
(Supersedes GRS Form 1)			and AR 30-18	= =		4 Hob is	6
Imprint Identification		T				-	
DO NOT 1	TYPE	NAME (Last, first, middle initia	ul)		SERI	AL No.	
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	Section 3 NIDENTIFIED	REMAINS.			
LEFT LITTLE FINGER R	mains. Fill in anatomic social security number; planes, vehicles, and tar (b) A fingerprint, o chart at left, or as many	cal characteristics be position of body founks. If prints, are the mo	pelow, and any other countries, vehicle of valuable of all clues fingerorint or prints ca	for the future identity of unidentified lues under "Other," such as shoe ses, and tanks; and serial numbers of a lumpint all fingers and thumbs in the secured, the condition of each a diagram below. Tooth chart will not	ize, air- the and
TE	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF E123	COLOR OF HAIR	BIRTHMANNS, SANIS, ON TATTOOS	
	WEAPON AND SERIAL No.	LAUNDRY	MARKS	WHERE BODY WAS BURIED OR FOUND	
MIDDIN					
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLU	JES		• •	
LEFT INDEX FINGER	FILLINGS	SILVER FILL	ING		
	,	SILVER FILLINGOLD FILLIN	4 5 %		
THUMB	CAVITIES MISSING TEETH	CAVITY	8	UPPER Lissing Teeth	
RIGHT	CROWNED TEETH	TOOTH MISSIP	•	REPRESENTS THE MOUTH WIDE OPEN	
RIGHT INDEX FINGER	BRIDGE WORK	PORCELAIN CO GOLD CROW	15 14 14 13 13	Teeth 15 15 14 14 14 12 12 12 12 12 12 12 12 12 12 12 12 12	
RIGHT MIDDLE FINGER	S/Sgt OIR, 1st Sgt. SU	Henry A. 20 Jasper J. (LLIVAN, Rober	RDINATES FOR BURIAL IN 143587 200 CA 6937861 21 PUR 14 B. 6763372 207619 Pvt A.C.	A	
I RIGHT RING FINGER	Cut of seven	n this grave.	, Individual is	idmification impecable	_
RIGHT LITTLE FINGER					

plotted.

WD CMC FORM 1042							
(Rev. 1 Apr. 1948) (Supersedes GRS Form 1)		REPORT OF (AR 30-1810 at		-	DATE	FOF REPORT	1 6
Imprint Identification Ta	4 If Possible.	Section 1.—IDENTIFICATION.					
DO NOT TYP					SERIA	AL No.	1.12
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LACE OF DEATH		CAUSE OF DEATH	1		DATE	OF DEATH	
To. Comp Caban	•						
Luxon, r.I					2	24 Cct.	42
MERGENCY ADDRESSEE (Name	e, relationskip, an	nd addrese)			r	I.R.	
	Mi	IF NO TAGS FOUND ON BODY D	r - Ma	y pearly To	- LXas.		
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		- Darisan Tarini	100 10 8	ere urracht	_1 1ea :-		
ERE SUBSTITUTE TAGS PROVI	IDED?(Yes or no)	ivt billiams.	_		et. Kirinia		
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	Section 3.	HIDENTIFIE	D REMAIN	* ~					· · · · · · · · · · · · · · · · · · ·
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LEFT RING FINSER	HEIGHT	WEIGHT	COLORO		COLOR OI		BIRTHMARKS,	SCARS, OR TAT	TOOS
MIDDLE FINGER	WEAPON AND	,	LUES	LAUNDRY	MARKS		WHERE BODY	WAS BURIED OF	
LEFT INDEX FINGER	FILLING	s		LVER FILL			3.70		<u> </u>
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RIGHT LITTLE FIN		*				į k		· .	ALST RIB