

HA

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unt. Maria II 2 X-808

SUBJECT

Also Maria Maus. X-4501

Henry Unt. International Com. C 268

.ebc

Interred 20 Feb. 1950
N 11 69 Ft. McKinley

PREPARED BY PHILCOM

1
7add

caremark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7747 80685

DATE

09 02 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 808				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO. 2, P. I.	2	19	2454	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X - 808				18 Feb '50
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL R NICHOLS 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 - 4501 Maus.	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 18 Feb '50	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS
CASKET BOXED AND MARKED DATE 18 Feb '50 BY RAYMOND H TANGUAY, 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, M/Sgt, RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MAUSOLEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		_____ <i>W. J. Stewart</i>			
DATE	1950				
2. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
3. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
4. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
5. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
6. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
7. SHIPPED					
FROM					
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

22 Aug. 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-808, Plot 2,
Row 19, Grave 2454, 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:

A. B. McNemar
A. B. McNemar
Captain, QMC
Chief, Records Branch

Attach: Form 1044

Received *11/10/50* 0002
Not identifiable from
information presently
available *11/10/50* *Ident. Br.*



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4501 (Formerly UNK X-808 Manila #2)				2. DATE OF REPORT 23 Aug 1949		
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
		802	F	1734	DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT U T D		9. ESTIMATED HEIGHT 5' 10 3/4"		10. COLOR OF HAIR U T D		11. RACE UNKNOWN
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">N O N E</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">U T D</p>						
14. WAS BODY BURNED?		TO WHAT EXTENT?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
15. WAS BODY MANGLED?		TO WHAT EXTENT?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p style="text-align: center;">N O N E</p>						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) <p style="text-align: center;">N O N E</p>						

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

TOOTH CHART

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

See Remarks


RIGHT						LEFT									
4	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A						M A X I L L A						M A X I L L A			
I N G						I N G						I N G			
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o
o	o	o	o	o	o	o	o	o	o	o	o	o	o	o	o
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Side Views (left and right), Top Views (UPPER and LOWER), Side Views (UPPER and LOWER)

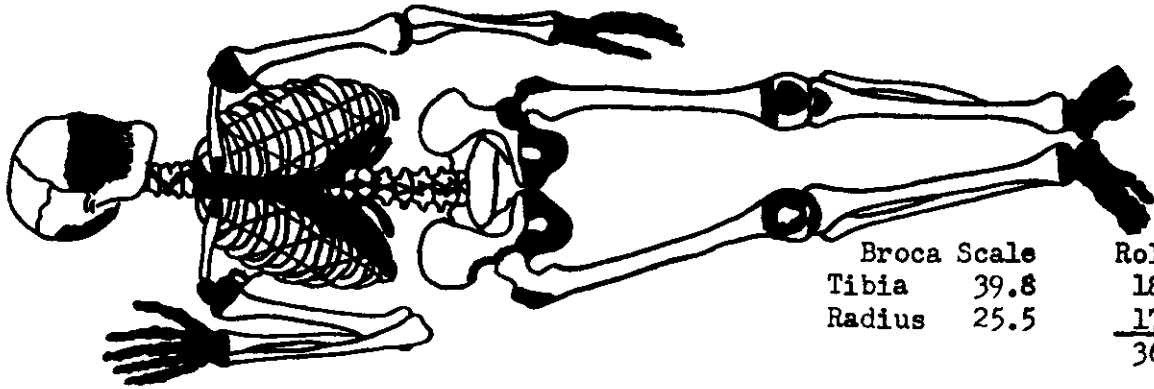
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: R1 has a porcelain jacket that is held in place by a gold post in the root canal.

"UNIDENTIFIABLE"


 J. J. McDERMOTT
 Lab Officer, GIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height - 5'10 3/4"

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASED 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 - 6 lbs.

Circumference of skull - 21 inches.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

J J McDERMOTT, Lab. Officer, CIP

RESTRICTED

U-1645

U-1645

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

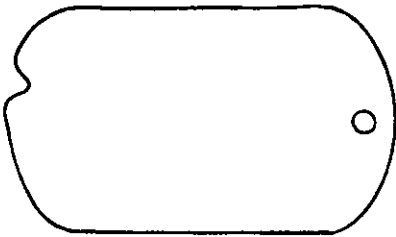
CORRECTED

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

DATE OF REPORT

14 Mar 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN -X- 808 (Com. Manila #2) (formerly unknown O-265 Cabanatuan Cpt.)		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
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
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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) This body was originally reported as unknown -X- 808 (Colon, Edwin W.) but subsequent discovery of the identified remains of Edwin W. Colon, removes the possibility that these are his.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) yes (2)	

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.
12 Jan. 46	0900	shelter half	cross	2	19	2454

WAS THIS A REBURIAL? (Yes or no) yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camps # I & II Cemetery, Cabanatuan, Luzon, P. I. 45.7-70.9 1/30,000.	PLOT No. 7	ROW No. 0	GRAVE No. 715
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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- 007 (Harris, Lewis H.) (formerly unknown O-267 Cabanatuan Cpt.)	RANK cpl	SERIAL No. 0929769	ORGANIZATION 1st Inf.	GRAVE No. 2453
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BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) UNKNOWN -X- 808 (Cassperson, Worley L.) (formerly unknown O-269 Cabanatuan Cpt.)	RANK pvt	SERIAL No. 20900695	ORGANIZATION 1st Tank	GRAVE No. 2455
--	-------------	------------------------	--------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, 9/Sgt. GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> 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

Incl 21'

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


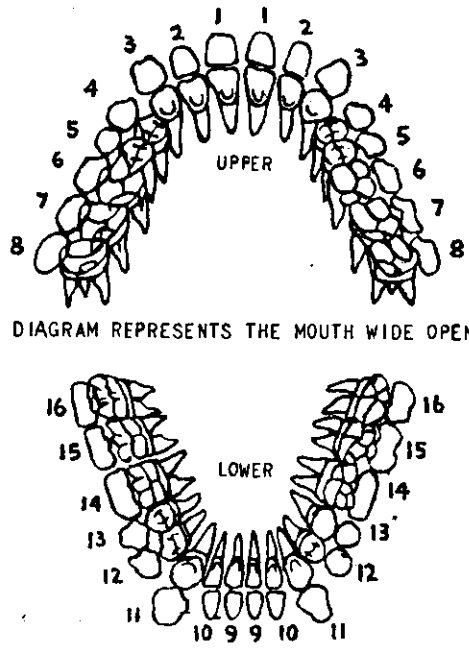




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

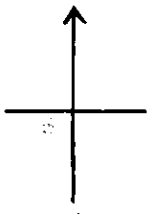
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p> 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER		
LEFT MIDDLE FINGER	<p>CAVITIES</p> <p>CAVITY DECAYED</p> 	
LEFT INDEX FINGER	<p>MISSING TEETH</p> <p>TOOTH MISSING</p> 	
LEFT THUMB	<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p> 	
RIGHT THUMB	<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p> 	
RIGHT INDEX FINGER		

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



REMARKS:

RESTRICTED

U-1645

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
5 Feb 46

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p>	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-808 (COLON, Edwin F.) (Formerly UNKNOWN C-268 Cabanatuan Cemetery)		SERIAL NO. 19054282
	GRADE Pvt	ORGANIZATION 31st 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 <i>Hwz</i> Inanition	DATE OF DEATH 3 Nov 42
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Hwz
Erving Chamberlan Litchfield, Michigan.

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) Records shows Five (5) bodies found in common grave, Four (4) of which were unidentified:- Pvt Colon, Edwin F. 19054282 31st Inf Pvt Casperson, Worley L. 20900695 194 Tank Sgt Relihan, Charles K. 6706320 HPD Cpl Richardson, John L. 19049097 21 PUR
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
incl 837 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 12 Jan 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 19	GRAVE No. 2454
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WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camps I & II Cabanatuan Cemetery, Luzon, P I. 45.7-70.9 1/50,000	PLOT No. 7	ROW No. 0	GRAVE No. 716
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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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-807 (HARRIS, Lewis H) (Formerly UNKNOWN C-267 Cabanatuan Cemetery)	RANK Cpl	SERIAL No. 6923769	ORGANIZATION 31st Inf	GRAVE No. 2453
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-809 (CASPERSON, Worley L) (Formerly UNKNOWN C-269 Cabanatuan Cemetery)	RANK Pvt	SERIAL No. 20900695	ORGANIZATION 194 Tank	GRAVE No. 2455
--	-------------	------------------------	--------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, S/Sgt., GRS.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> E. M. MOORE, 1st Lt., QMC.
---	---

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RESTRICTED

Section UNIDENTIFIED REMAINS.

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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.

6 MAR 1950

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

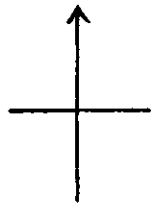
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>Porcelain Crown Lilicate</p> <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS MOUTH WIDE OPEN</p> <p>missing</p>
CAVITIES	<p>CAVITY DECAYED</p>	
MISSING TEETH	<p>TOOTH MISSING</p> <p>Missing Teeth</p>	
CROWNED TEETH	<p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	<p>GOLD BRIDGE</p>	

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



REMARKS: