

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

293 Uk. Manila #2 (misc)  
X-373 X-374 X-375 X-376 X-378 X-379

X-380

## SYNOPSIS AND DATES

NEW CLASSIFICATION

misc filed  
293 Uk. Manila #2

X-373

11/7/57  
D.W.

# RECLASSIFICATION SHEET

/bpm <b>1</b> /add	Interred 21 Feb 1950 C 11 83 Ft McKinley <i>Barckmark</i> DISINTERMENT DIRECTIVE CARL R. H. MARK <i>C-11 83</i>		PREPARED BY PHILCOM	
	SECTION A — Cemetery Superintendent NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>7747 80647</b>	

DATE		DAY		MONTH		YEAR	
		<b>09</b>		<b>02</b>		<b>50</b>	
NAME		SERIAL NUMBER		GRADE		ARM	
<b>UNKNOWN X - 375</b>							
CEMETERY		PLOT		ROW		GRAVE	
<b>USAF CEMETERY MANILA NO. 2, P. I.</b>		<b>2</b>		<b>13</b>		<b>1643</b>	
		DISPOSITION OF REMAINS		RACE		RELIGION	
		<b>7701</b>		<b>80</b>			
		CODE		DIST. CTR.			

**SECTION B — CONSIGNEE AND NEXT OF KIN**

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

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME		SERIAL NUMBER		GRADE		DATE OF DEATH		DATE DISTINTERRED	
<b>UNKNOWN X - 375</b>								<b>20 Feb '50</b>	
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION		IDENTIFICATION VERIFIED BY			
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER						<b>PAUL R NICHOLS</b> Embalmer NAME AND TITLE			

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

NATURE OF BURIAL		CONDITION OF REMAINS	
<b>Shelter Half</b>		<b>Skeletal</b>	

OTHER MEANS OF IDENTIFICATION

**X - 853 Maus.**

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	<b>20 Feb '50</b>	BY	<b>PAUL R NICHOLS</b>
CASKET SEALED BY	EMBALMER (Signature) <i>Paul R Nichols</i> <b>PAUL R NICHOLS</b>		

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY <b>RAYMOND H TANGUAY, Sgt 1c, RA</b> <b>L. W. RICHARDSON, M/Sgt, RA</b>		
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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

30 MAR 1950  
 REPATRIATION  
 BRANCH  
*[Signature]*

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Caremark</i>	DATE <b>FEB 21 1950</b>

### 2. SHIPPED

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

### 3. SHIPPED

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

### 4. SHIPPED

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

### 5. SHIPPED

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

### 6. SHIPPED

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

### 7. SHIPPED

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

PREPARED BY PHILCOM

3

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7147 80647

09 02 50

DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION

UNKNOWN I - 375

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS

USAF CEMETERY MANILA NO. 2, P. I.

2 13 1643

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

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY

- REMAINS MARKER

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

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

FILE 8 MAR 1950 REPATRIATION BRANCH

Incl # 6

# DISINTERMENT DIRECTIVE

3

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7717 30647

DATE

09 02 50

DAY MONTH YEAR

NAME

UNKNOWN I - 375

SERIAL NUMBER

SHIPPED

GRADE

ARM

RACE

RELIGION

CEMETERY

UNAF CEMETERY MANILA NO. 2, P. I.

PLOT

2

ROW

13

GRAVE

1643

DISPOSITION OF REMAINS

7701

30

CODE

DIST. CTR.

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY  
FT. WM. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

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

SHIPPED

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

FILE

RECORD OF DISPOSITION

MAR 250  
REPATRIATION  
BRANCH

*John*

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

## 6. SHIPPED

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

## 7. SHIPPED

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

SHIPPED BY [Signature]

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

2 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 375, Flot 2,  
Row 13, Grave 1643, 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:



F. B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044

Received 11/10/50 QMG  
Not identifiable from  
information presently  
available 11/10/50 Little

Ident. Br.

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-853 (Formerly UNK X-375 Manila #2)</b>				2. DATE OF REPORT <b>8 Dec 1949</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>812</b>	<b>B</b>	<b>380</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>6' 1"</b>	10. COLOR OF HAIR <b>U T D</b>	11. RACE <b>Unknown</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N o n e**

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

**U T D**

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N o n e**

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

**N o n e**

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

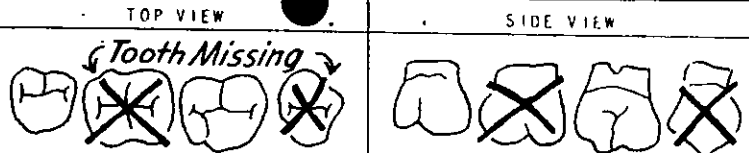
*Imp 42*



18.

TOOTH CHART

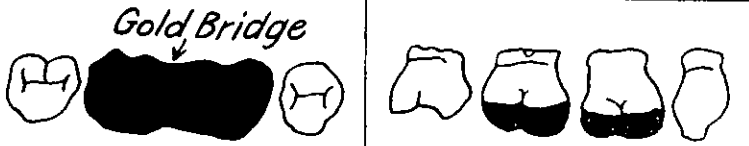
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



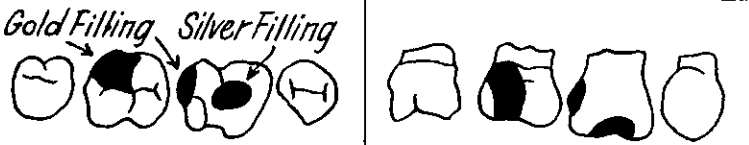
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



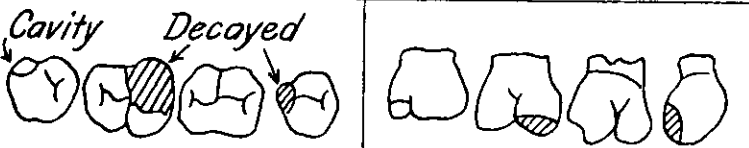
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	A	O		d		H	A	A	A		A	A	A	A			
	O	m		d		L	L	L	L		O	O	m	O			
Side Views																	Side Views
Top Views																	Top Views
	<p>Fractured &amp; chipped</p> <p>Fractured</p>																
Side Views																	Side Views
UTD	A	A	O	A									A				
	O	d	O	O							O	O	O				
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

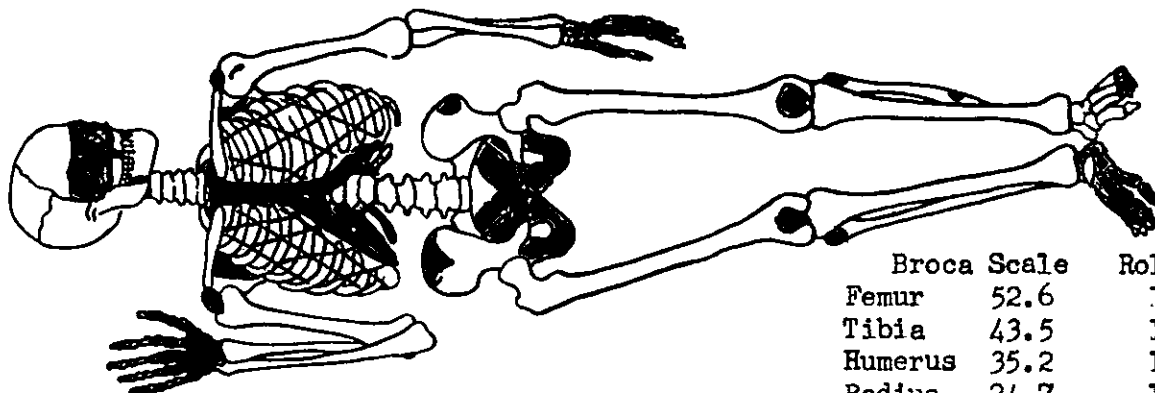
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Identification Sec

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED



Average height in cm - 185 or 6' 1"

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE  
 OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

\_\_\_\_\_  
 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

Estimated weight of remains - 7 lbs.

Circumference of skull - 21 1/4 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

PAUL R. NICHOLS  
 Chief, Identification Sec

SIGNATURE

*Paul R. Nichols*

X-853

/af

# 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.

16 Oct 47  
DATE

UNKNOWN X-853 (Formerly Unk X-375)

USAF Cem Manila #2, Luzon, P.I.)

Unknown

Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown

Unknown

POW Camp, Cabanatuan, <sup>UNIT</sup>

AGRS Mausoleum,

ORGANIZATION

Luzon, P.I.

Manila, P.I.

812

B

380

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

STORAGE

RANGER

BAY

CR-PT

		RIGHT				UPPER TEETH				LEFT										
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8			
TYPE			A	O				A	A	A	A		A	A	A	A	X			TYPE
LOCATION			o	o				l	l	l	l		o	o	mo	o				LOCATION

INSIDE — LOOKING OUT

		RIGHT				LOWER TEETH				LEFT										
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16			
TYPE		X	X	o	o	o	o						X	A	A	o	o			TYPE
LOCATION				mo	o	o	o						l	do	o	o				LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART


SYMBOLS IN WHOLE BOX

 EXTRACTED

 CAVITY. INDICATE LOCATION

 FIXED BRIDGE (INCL. ABUTMENTS)

 TEETH REPLACED BY DENTURE

 POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX

 AMALGAM (SILVER)

 GOLD

 SILICATE OR PORCELAIN

 OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX

 MESIAL (BETWEEN-TOWARD FRONT)

 OCCLUSAL (BITING SURFACE BACK TEETH)

 DISTAL (BETWEEN-TOWARD BACK)

 LINGUAL (TOWARD TONGUE)

 FACIAL (TOWARD CHEEK)

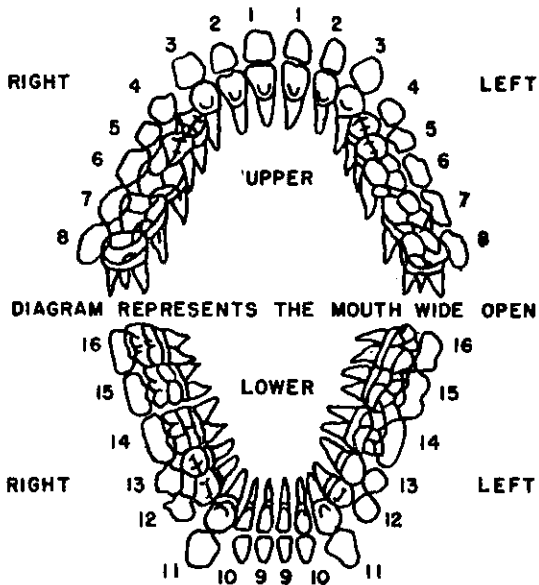
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

R-14, mesial filled with zinc oxide and Eugenol base.

/s/ Russell Smith  
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ RUSSELL SMITH, T/4  
NAME AND RANK TYPED OR PRINTED

CIP, AGRS Mausoleum  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ Felix Glass, Capt. D.C.  
VERIFIED BY GRS OFFICER

/p/ FELIX GLASS, Capt. D.C.  
NAME AND RANK TYPED OR PRINTED  
0-1717213

16 Oct 47  
DATE

CERTIFIED TRUE COPY:

*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

X-375

# 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-375 (ELISHOFF, James K.)  
(Formerly Unk C-17 Cabanatuan Cem)

10 April 47  
DATE

Cpl 266058  
RANK SERIAL NO.

USMC

UNIT  
POW Camp, Cabanatuan,  
Luzon, P. I.  
PLACE OF DEATH

ORGANIZATION  
USAF Cem Manila #2  
PLACE OF BURIAL















2 13 1643  
PLOT ROW GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE	LOCATION		A	○		○		A	A	A	A		A	A	A	A		TYPE	LOCATION
			○	M		○		L	L	L	L		○	○	MO	○			

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE	LOCATION		A	○	○	○	A								A	A		TYPE	LOCATION
			○	○	○	DO								DO	LO				

## 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)

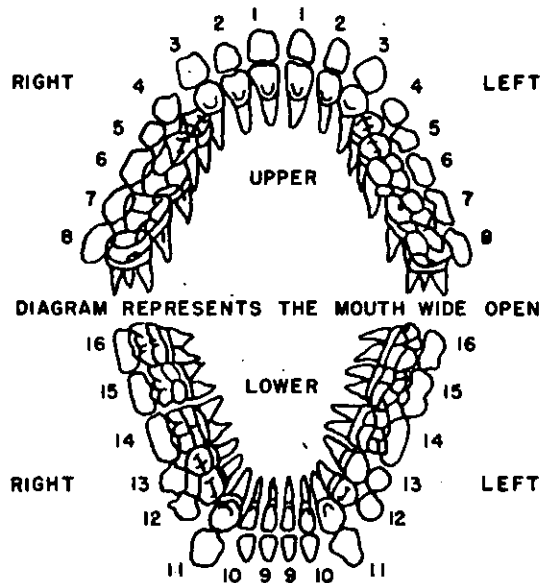
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



**REMARKS:**

REMARKS: [Faint, illegible text]

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

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

*Fenwick H. Burch*  
VERIFIED BY GRS OFFICER

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

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

10 April 47  
DATE

# 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-375 (FLISHOFF, James K.)**  
**(Formerly Unk C-17 Cabanatuan Cem)**

~~10 April 47~~  
DATE

LAST NAME      FIRST      INITIAL      RANK      SERIAL NO.

UNIT  
**POW Camp, Cabanatuan,**  
**Luzon, P. I.**  
PLACE OF DEATH

**USMC**

ORGANIZATION
















**USAF Cem Manila #2**      **2**      **13**      **1643**  
PLACE OF BURIAL      PLOT      ROW      GRAVE NO.

		RIGHT								UPPER TEETH				LEFT					
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE			A	O		O		A	A	A	A		A	A	A	A		TYPE	
LOCATION			O	M		D		L	L	L	L		O	O	MO	O		LOCATION	

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	CA	O									A	A			TYPE	
LOCATION			O	OM										DO	LO			LOCATION	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

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

10 APR 11 47 DATE

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

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

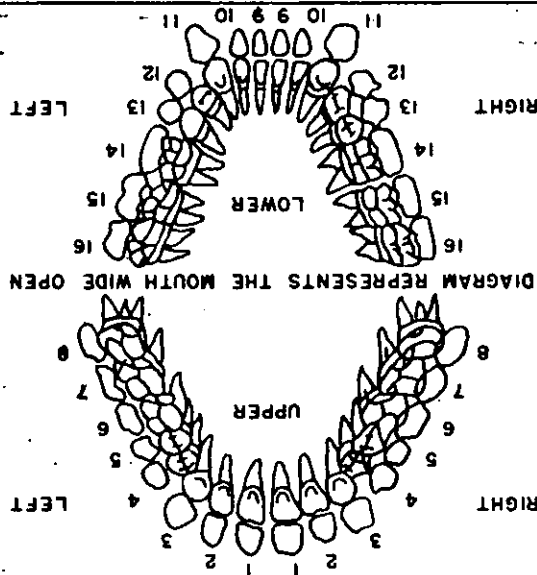
SIGNATURE OF PERSON WHO PREPARED CHART

VERIFIED BY GRS OFFICER

*[Handwritten signature]*

*[Handwritten signature]*

REMARKS:



4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.
3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDCOW.
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.
1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

INSTRUCTIONS:



## IDENTIFICATION CHECK LIST

(To be completely filled out and attached to each copy  
 of Report of Interment -WD QMC Form 1042)

/af

UNKNOWN X-853 (Formerly  
 Unknown X-375 USAF Cem Manila #2, P.I.)  
 Cemetery AGRS Mausoleum, Manila, P.I.  
 Plot 812 DANGER BAT CRTP: 380  
 Row Grave

CIP, AGRS Mausoleum, Manila, P.I.

1. Arrived at cemetery 16 Oct 47  
(Hour) (Date)
2. Place of death POW Camp, Cabanatuan, Luzon, P.I.  
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains recovered or disinterred by AGR Det No. 1  
(Name and organization)

4. Evacuated to Cemetery by \_\_\_\_\_  
(Name and organization)

5. Description of clothing and equipment: (if clothes do not fit, obtain size from body measurements)

Item	Clothing Markings	Sizes	Indicate unusual markings color, wear, tear, repairs, etc.
* Headgear	/ / (Type)		
Raincoat	/ /		
Overcoat	/ /		
Jacket, Field	/ /		
Jacket, Combat	/ /		
Mackinaw	N O		
Sweater	N E		
Jacket, HBT	/ /		
* Shirt, Wool OD	/ /		
Undershirt, Wool	/ /		
Undershirt, Cotton	/ /		
Trousers, HBT	/ /		
* Trousers, Wool OD	/ /		

Belt, web .....  
 Drawers, wool .....  
 Drawers, cotton .....  
 Leggings, wool .....  
 Socks, cotton .....  
 \* Shoes ..... (type) .....  
 Overshoes .....  
 Web Equipment ..... (type) .....  
 (Other item) .....  
 (Other item) .....  
 \* If body is nude, sizes of these items should be computed by measuring the remains  
 Chevrons or  
 Insignia ..... (Type & location; shirt, jacket, coat, helmet)  
 Shoulder Patch .....  
 Does clothing indicate that deceased was a member of the Air, Ground or Naval Force?

6. Description of Remains: Skeletal remains only. Chart attached.

Age <sup>UID</sup> ..... <sup>Est.</sup> Height 5' 10" <sup>Est.</sup> Weight 170-lbs. Description of wounds .....

Bandages or dressings ..... Scars ..... (Length, width, location)

..... Tattoos  
 (Number, location — illustrate on separate page)

Outstanding moles, warts or birthmarks ..... (Yes-no; description, location)

Sunburn or tan, other than hand and face <sup>T</sup>.....

Complexion ..... (Light, medium, dark, clear, pimples, pocks, freckles)

Build ..... (Large, fat, thin, muscular)

Hair ..... (Color, length, quantity, curly, wavy, straight, whorls, or definite parting)

Hair ..... (Baldness, widows peak, distinctive cutting or other characteristics)

Sideburns ..... Mustache ..... Beard or ..... (Length, heavy)

Goatee ..... (Light, color, extent) / U

Eyes ..... (Color, setting, shape) / T Eyebrows ..... (Color, bushiness, extent across nose) / D

Nose ..... (Size, shape, straight) / Ears ..... (Size, set close to or far from head) /

Mouth ..... (Large, medium, small) / Lips ..... (Small, large, full) /

Teeth **Tooth chart attached.** ..... (White, size, unevenness, spacing, noticeable crowns, fillings, extracts)

Chin ..... (Prominent, receding, pointed, dimples, double)

Jaw ..... (Large, small, normal) Circumference of ~~head~~ <sup>skull</sup> in inches ..... 21 1/2" (Hat band)

Neck ..... (Size, length, short, normal, wrinkled) Larynx ..... (Prominent, normal)

Shoulders ..... (Broad, straight, small, rounded) Arms ..... (Length, muscular, color, extent and quantity of hair)

Hands ..... U

Fingers ..... T (Short, ~~thick~~, long, slender, size of knuckles, missing fingers or joints)

..... (Unusual characteristics of fingernails)

Chest ..... (Size of nipples, color, quantity and extent of hair, large, small, normal)

Waist ..... (Size of navel, appendectomy, amount, quantity, and color of hair)

Back ..... (Quantity and extent of hair) Circumcision ..... (Yes-no) Pubic Hair ..... (Color)

Hernioplasty ..... (Yes-no; location)

Legs ..... (Inseam, muscular, knock-kneed, howed, normal, quantity, color and extent of hair)

Feet ..... (Size, corns, callouses, flat) Toes ..... (Slender, straight, crooked, overlap)

Evidence of healed fractures ..... (Nose, arms, legs, etc.)

NOTE: Use attached charts "A" and "B" to indicate parts not received.

7. Have finger prints been placed on Report of Interment? No  
(Yes-no)

If not, explain Due to condition of remains.

8. Has tooth chart been prepared? Yes If not; explain \_\_\_\_\_  
(Yes-no)

9. Remarks According to original papers and records from USAF Cem I & II Manila, P.I. UNKNOWN X-853 (AGRS Mausoleum, Manila, P.I.) BTB one of the 12 bodies, 9 identified, recovered from a common grave. UNKNOWN X-853 could be anyone of the following:

MARTIN, Alex	Cpl	19th Bomb	6571837
CROUSE, David D	1st Sgt	808 MP	R-740489
HASSELKUS, Howard L	Sgt	192 Tank	35015891
PEIRCE, Robert C-	Sgt	7 MAT	6825221
ELISHOFF, James K	Cpl	USMC	266058

I certify that I have personally viewed the remains of subject deceased and all resulting information has been recorded to the best of my knowledge.

ULRICH, Earnest H	Pvt	MA	38054475
LAND, Lyman L	Pfc	USMC	Unknown
THORNED, Gale R	Pfc	31 INF	3565951
PENNY, Bruce H	Pvt	7th CWS	14039411

No burial bottle, identification /s/ Edward H. Marshall  
tags or other means of identification (Officer's Name)  
found with remains. Estimated weight  
of remains 8-lbs.

SP-8 C-062874  
Rank Service

CIP AGRS Mausoleum  
(Organization)

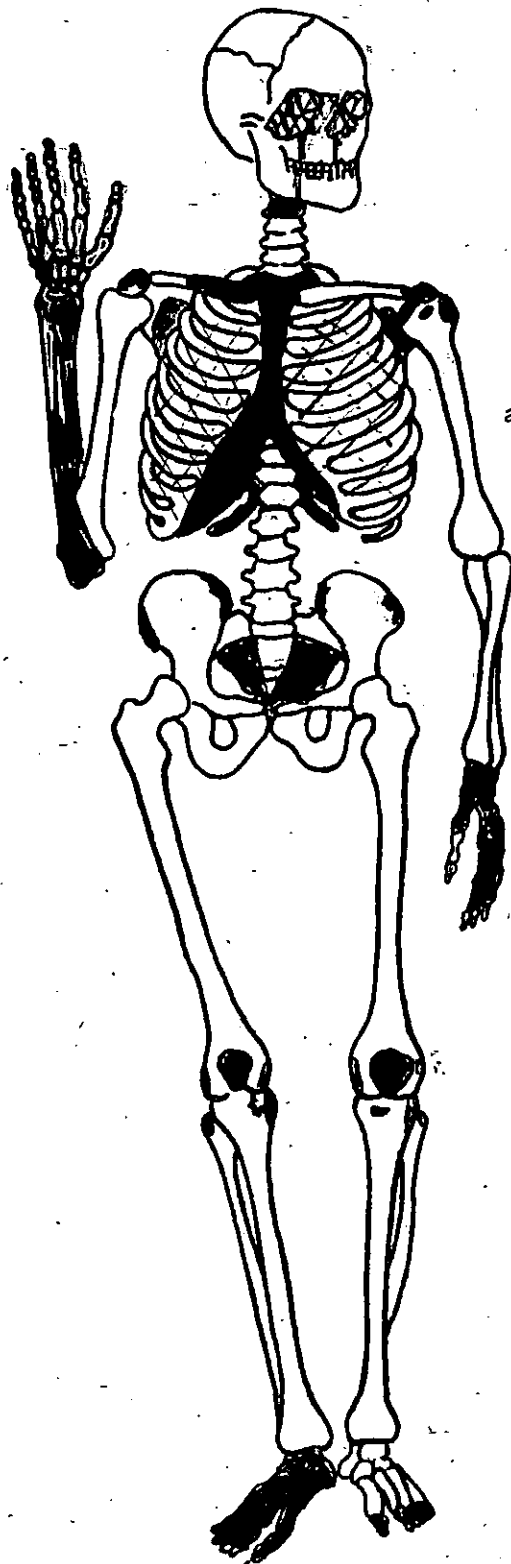
16 Oct 47

CERTIFIED TRUE COPY:

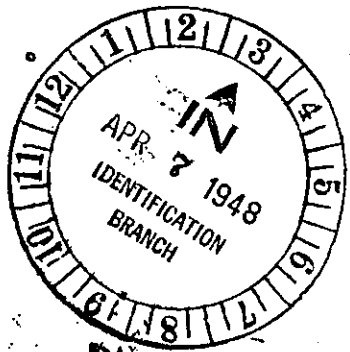
*George T. Gamboa*  
GEORGE T. GAMBOA  
2d Lt., MAC

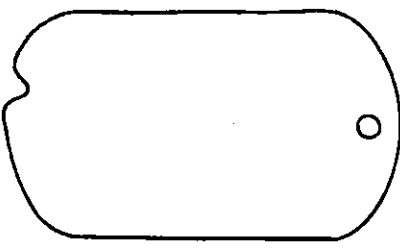
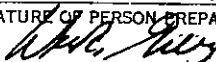
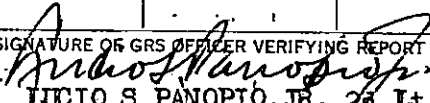
# SKELETAL CHART, X-863

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 4 cervical vertebrae
- 11 dorsal vertebrae
- 2 lumbar fragments
- 29 Rib fragments
- small bone fragments



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 21 Oct 47		
Imprint Identification Tag If Possible. DO NOT TYPE  		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) UNKNOWN X-853 (Formerly Unk X-375 USAF Cem Manila #2, Luzon, P.I.)				SERIAL No. Unknown	
		GRADE Unknown		ORGANIZATION Unknown		BRANCH OF SERVICE Unknown	
		RACE Unknown		RELIGION Unknown		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH POW Camp, Cabanatuan, Luzon, P.I.		CAUSE OF DEATH Unknown			DATE OF DEATH 22 Nov 42		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown							
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)  See Remarks					
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  AGRS MAUSOLEUM, MANILA, P.I.							
DATE OF BURIAL STORAGE 16 Oct 47	HOUR 0800	BURIED IN (Shroud, blanket, or name of other) STORED Casket	TYPE OF GRAVE MARKER None	PLOT No. DANGER 812	ROW No. BA4 B	GRAVE No. CRYPT 380	
WAS THIS A REBURIAL? (Yes or no) RESTORED Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cem Manila #2, Luzon, P.I.						
TYPE OF RELIGIOUS CEREMONY		PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) YES		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) YES					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-847			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 382	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-848			RANK	SERIAL No.	ORGANIZATION	GRAVE No. CRYPT 378	
SIGNATURE OF PERSON PREPARING REPORT  Wm. R GILBERT, Adm Asst			SIGNATURE OF GRS OFFICER VERIFYING REPORT  LUCIO S. PANOPIO JR, 2d Lt, INF.				
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.							

Incl. 06.

**RESTRICTED**

**Section 3. UNIDENTIFIED REMAINS.**


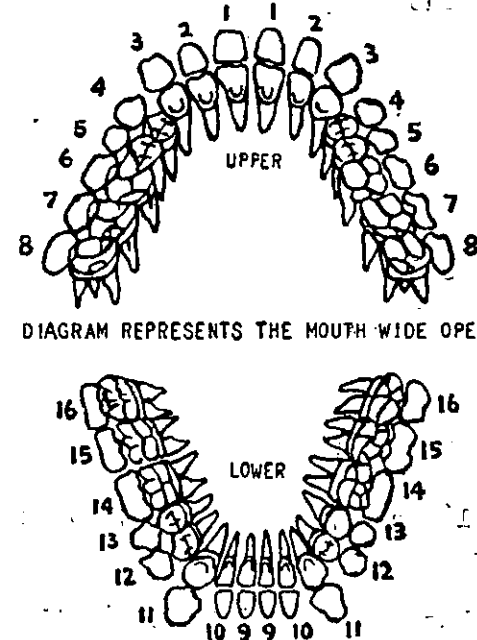




**INSTRUCTIONS:**

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

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

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

**OTHER IDENTIFICATION CLUES**

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

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  
**REMARKS:** UNKNOWN X-853 (AGRS Mausoleum, Manila, P.I.) ETB one of the 12 bodies, 9 identified recovered from a common grave.  
 UNKNOWN X-853 could be anyone of the following:

MARTIN, Alex	Cpl	19th Bomb	6571837
CROUSE, David D	1st Sgt	808 MP	R-740489
HASSELKUS, Howard L	Sgt	192 Tank	35015891
PERCE, Robert C	Sgt	7 MAT	6825221
BLISHOFF, James K	Cpl	USMC	266058

REMARKS: ULRICH, Earnest H	Pvt	MA	38054475
LAND, Lyman L	Pfc	USMC	Unknown
THORNED, Gale R	Pfc	31 INF	3565951
PENNY, Bruce H	Pvt	7th CWS	14039411

No identification tags or personal effects found to warrant identification.  
 Identification Check List and Dental Chart accomplished.

81 DEC 1941



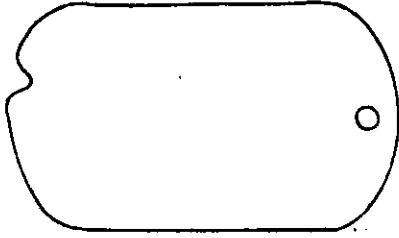
WD OMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

25 Jan. 46

Imprint Identification Tag If Possible.  
DO NOT TYPE



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN -X- 375 (Elishoff, James K.)</b> (Formerly Unknown -C-17 Cabanatuan Cem.)		SERIAL No. <b>266058</b>
GRADE <b>Cpl</b>	ORGANIZATION <b>USMC</b>	BRANCH OF SERVICE <b>MC</b>
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>POW Camp, Cabanatuan, Luzon, P. I.</b>	CAUSE OF DEATH	DATE OF DEATH <b>22 Nov 42</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION. (If unidentified, fill in section 3 on reverse) <b>Nine (9) bodies found in common grave. Records indicate: Martin; Alex Cpl 19th Bomb 6571837 Crouse, David D 1st Sgt 808 MP R-740489 Hasselkus, Howard L Sgt 192 Tank 35015891 (See Section 3 reverse side)</b>
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <b>Yes (2)</b>	

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 <b>24 Dec. 45</b>	HOUR <b>0900</b>	BURIED IN (Shroud, blanket, or name of other) <b>shelter Half</b>	TYPE OF GRAVE MARKER <b>Cross</b>	PLOT No. <b>2</b>	ROW No. <b>13</b>	GRAVE No. <b>1643</b>
-------------------------------------	---------------------	--	--------------------------------------	----------------------	----------------------	--------------------------

WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>POW Camps # I &amp; II Cemetery Cabanatuan, Luzon, P. I. 45.7-70.9-1/50.000</b>	PLOT No. <b>8</b>	ROW No. <b>0</b>	GRAVE No. <b>807</b>
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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
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>UNKNOWN -X- 376 (Peirce, Robert C.)</b> (Formerly Unknown -C-16 Cabanatuan Cem.)	RANK <b>Sgt</b>	SERIAL No. <b>6826221</b>	ORGANIZATION <b>7 MAT</b>	GRAVE No. <b>1642</b>
--	--------------------	------------------------------	------------------------------	--------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>WADE, Rueben N.</b>	RANK <b>s/sgt</b>	SERIAL No. <b>34751736</b>	ORGANIZATION <b>55th Crd. Ammo. Co.</b>	GRAVE No. <b>1644</b>
---	----------------------	-------------------------------	--	--------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> <b>R. C. BARRETT, T/4 GRS.</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> <b>E. M. MOORE, 1st Lt. OMC.</b>
--	---

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**

27 FEB 1949

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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

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

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

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

**OTHER IDENTIFICATION CLUES**

**FILLINGS**



**CAVITIES**



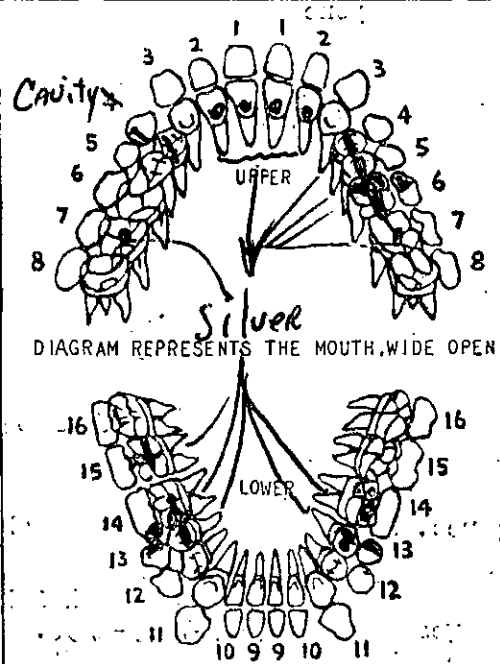
**MISSING TEETH**



**CROWNED TEETH**

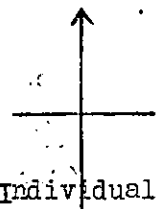


**BRIDGE WORK**



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

Peirce, Robert C. Sgt 7 MAT 6825221  
 Elishoff, James K. Cpl USMC 266058  
 Ulrich, Earnest H. Pvt MD 38054475  
 Land, Lyman L pfc USMC -unkn  
 Thorned, Gale R. pfc 31 Inf 3565951  
 Penny, Bruce Pvt 7th CWS 14039411

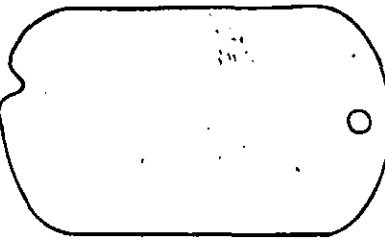


The above names were buried in this grave. Individual identification impossible.

**REMARKS:**

**RESTRICTED**

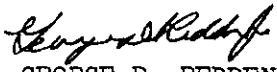
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	DATE OF REPORT 25 Jan. 46
<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	

Imprint Identification Tag If Possible. DO NOT TYPE 	<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) UNKNOWN X-375 (Elishoff, James K.) (Formerly Unknown C-17 Cabanatuan Cem.)		
	SERIAL No.	266058	
	GRADE	ORGANIZATION	BRANCH OF SERVICE
	Cpl	USMC	MC
	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 22 Nov 42
--	----------------	----------------------------

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 found in common grave. Records indicate: Martin, Alex Cpl 19th Bomb 6571837 Crouse, David D 1st Sgt 808 MP R-740489 Hasselkus, Howard L Sgt 192 Tank 35015891 (See Section 3 reverse side)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  None	A TRUE COPY:  GEORGE D. REDDEN, JR. Captain, Infantry
---	--

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
  
USAF Cemetery Manila #2 Luzon, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
24 Dec. 45	0900	Shelter Half	Cross	2	13	1643

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE POW Camps #1 & 11 Cemetery Cabanatuan, P.I. 45.7-70.9-1/50.000	PLOT No. 8	ROW No. 0	GRAVE No. 807
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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
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-376 (Peirce, Robert C.) (Formerly Unknown C-16 Cabanatuan Cem.)	RANK Sgt	SERIAL No. 6826221	ORGANIZATION 7 MAT	GRAVE No. 1642
--	-------------	-----------------------	-----------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) WADE, Rueben N.	RANK S/Sgt	SERIAL No. 34751736	ORGANIZATION 55th Ord. Ammo. Co	GRAVE No. 1644
--	---------------	------------------------	---------------------------------------	-------------------

SIGNATURE OF PERSON PREPARING REPORT  /s/t/ R.C.BARRETT, T/4 GRS	SIGNATURE OF GRS OFFICER VERIFYING REPORT  /s/t/ 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.

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


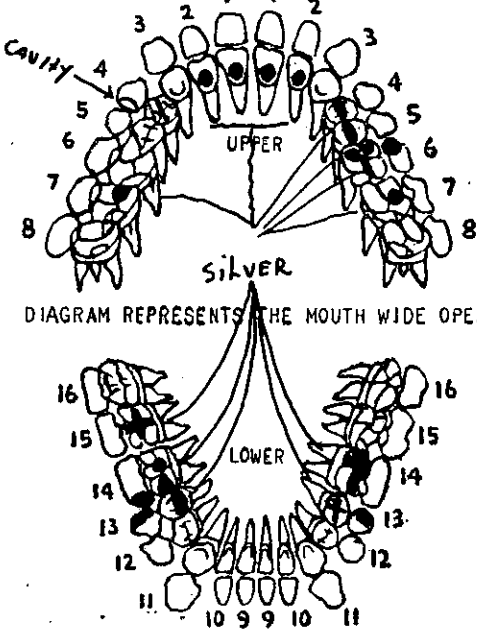




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

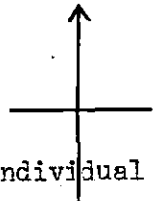
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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

- Peirce, Robert C. Sgt 7 MAT 6826221
- Elishoff, James K. Cpl. USMC 266058
- Ulrich, Earnest H. Pvt. MD 38054475
- Land, Lyman L Pfc USMC Unkn
- Thorned, Gale R. Pfc 31 Ind 2565951
- Penny, Bruce Pvt 7th GWS 14039411



The above names were buried in this grave. Individual identification impossible.

REMARKS: