

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Luck. Manila #2 (misc)

X-373 X-374 X-375 X-376 X-378 X-379

X-380

SYNOPSIS AND DATES

misc filed
NEW CLASSIFICATION 293 Luck. Manila #2
X-373

11/7/50
DWH

RECLASSIFICATION SHEET

PREPARED BY PHILCOM

1

nf/m

Interred 20 February 1950
N 10 190 McKinley

DISINTERMENT DIRECTIVE

N-10-190

Carrollmark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 80648

DATE
09 02 50
DAY MONTH YEAR

NAME: UNKNOWN X-376 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY MANILA NO. 2, P. I. PLOT: 2 ROW: 13 GRAVE: 1642 DISPOSITION OF REMAINS: 7701 60 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: UNKNOWN X-376 SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED: 18 Feb 1950

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: RELIGION: IDENTIFICATION VERIFIED BY: PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: X-854 Maus

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: 18 Feb 1950 BY: PAUL R NICHOLS
CASKET SEALED BY: PAUL R NICHOLS EMBALMER (Signature): PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H TANGUAY
DATE: 18 Feb 50 Sgt. lc, RA SHIPPING ADDRESS VERIFIED BY: L. W. RICHARDSON, M/Sgt., RA

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

L. W. Richardson
L. W. RICHARDSON, M/Sgt.
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: [Handwritten notes and stamps]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO U S MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER <i>[Handwritten Signature]</i>	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>[Handwritten Signature]</i>	DATE FEB 20 1950

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 DEPT COM

3

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

7727 80648

DATE

09 02 50

DAY MONTH YEAR

NAME

UNKNOWN X - 376

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY MANILA NO. 2, P. I.

PLOT

2

ROW

13

GRAVE

1642

DISPOSITION OF REMAINS

7701

CODE

00

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. W. WALKER, P. I.

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

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

EMBALMER (Signature)

CASKET SEALED BY

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 CORRODIVE INQUIRIES

PREPARED BY PHILCOM

3

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7717 80648

DATE
09 02 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 376	1 SHIPPED				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY MANILA NO. 2, P. I.	2	13	1642	7701 00 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.	10 (BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER			NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	DATE	CONDITION OF REMAINS	DATE
OTHER MEANS OF IDENTIFICATION			
10 SHIPPED			

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	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

RECORD OF CUSTODIAL TRANSFER

File #1

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

DISINTEGRATION DIRECTIVE

1104

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- 376, Flot 2,
Row 13, Grave 1642, 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:

H. B. McNemar
H. B. McNEMAR
Captain, QMG
Chief, Records Branch

Attach: Form 1044

Received 1/10/50 OQMG
Not identifiable from
information presently
available 1/10/50 *Full*
Ident. Br.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN U* K *OW* X-854 (Formerly U* K * X-376 Manila #2)				2. DATE OF REPORT 8 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	812	B	387	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 2 1/4"	10. COLOR OF HAIR U T D	11. RACE Unknown
------------------------------	----------------------------------	----------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

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)

None

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Quintana

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<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>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>	

Missing								Missing									
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	o		o	A		o	o	o	o		o	o		A	A		
	o		o	A		o	o	o	o		o	o		A	A		
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	o	o															
	o	o															
	16	15	14	13	12	11	10	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."

REMARKS: Portion of the maxilla are missing from R7 - R8 and from L5 - L8. Loose teeth are present with remains.

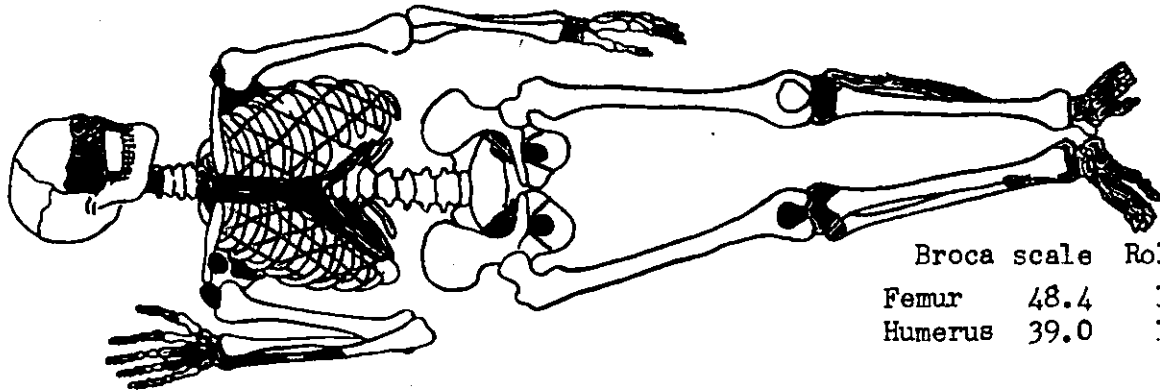
"UNIDENTIFIABLE"

Paul R. Nichols

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

PAUL R. NICHOLS
Chief, Identification Sec

19. BLACK OUT PARTS OF BODY NOT RECOVERED



	Broca scale	Rollet
Femur	48.4	180
Humerus	39.0	198

Est. ht. in cm - 189 or 6' 2 1/4"

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ 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 - 5 lbs.

Circumference of skull - 20 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

X-854

/af

IDENTIFICATION DENTAL CHART

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

UNKNOWN X-854 (Formerly Unk X-376)
USAF Cem Manila #2, Luzon, P.I.)

16 Oct 47

Unknown
Unknown

LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown

POW Camp, Cabanatuan, Luzon, P.I. ^{UNIT} AGRS Mausoleum, Manila, P.I. ORGANIZATION 812 B 387

PLACE OF DEATH PLACE OF BURIAL STORAGE PLOT HANGER ROW BAY GRAVE NO. CRYPT

*maxilla missing
R-7,8 present*

maxilla missing

		UPPER TEETH																	
		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE						A		X	X	X	X		X	A		A	A	TYPE	
LOCATION						do							m		o	o	LOCATION		

INSIDE — LOOKING OUT

rotated

		LOWER TEETH																	
		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		o	f															TYPE	
LOCATION																		LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX

 EXTRACTED

 CAVITY. INDICATE LOCATION

 FIXED BRIDGE (INCL. ABUTMENTS)

 TEETH REPLACED BY DENTURE

 POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX

 AMALGAM (SILVER)


 GOLD


 SILICATE OR PORCELAIN

 OXYPHOSPATE (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)

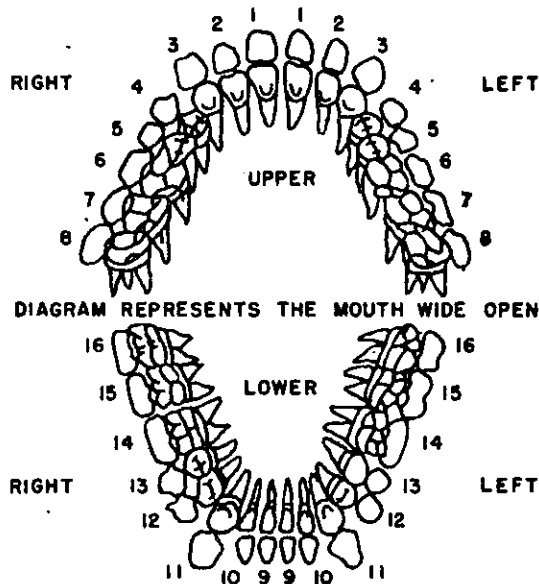
INSTRUCTIONS:

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:

/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/ Edward H. Marshall.
VERIFIED BY GRS OFFICER

/p/ EDWARD H. MARSHALL, SP-8
NAME AND RANK TYPED OR PRINTED C-062874

16 Oct 47
DATE

CERTIFIED TRUE COPY:

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

IDENTIFICATION CHECK LIST

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

/ar

UNKNOWN X-854 (Formerly
 Unknown X -376 USAF Cem Manila, #2, P.I.)
 Cemetery AGRS Mausoleum, Manila, P.I.
 Plot 812 ^{HANGER} Row B ^{BAV} Grave 387 ^{CRYPTI}

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 A.G.R. Det #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		
Sweater	O 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 ^{UTD} _____ Est. Height 5' 9" Est. Weight 165-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 ^T _____ _D

Complexion _____ (Light, medlym, 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 _____ (Color, setting, shape) (Color, size, shape) (Length, heavy)

Goatee
 (Light, color, extent) / /

Eyes
 (Color, setting, shape) U / /

Eyebrows
 (Color, bushiness, extent across nose) T / /

Nose
 (Size, shape, straight) D / /

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) / /

skull
 Circumference of head in inches **Approx. 20"**
 (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
 / /

Fingers
 (Short, thick, long, slender, size of knuckles, missing fingers or joints) / /

U / /

T / /

D (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, bowed, 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 No identification tags, burial bottle, personal effects, or other means of identification found with remains. Estimated weight of remains six (6) lbs. See enclosed R.O.I. possibly anyone of nine (9) men buried in common grave.

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.

/s/ Edward H. Marshall
(Officer's Name)

SP-8 C-062874
Rank Service

CIP, AGRS Mausoleum
(Organization)

16 Oct 47

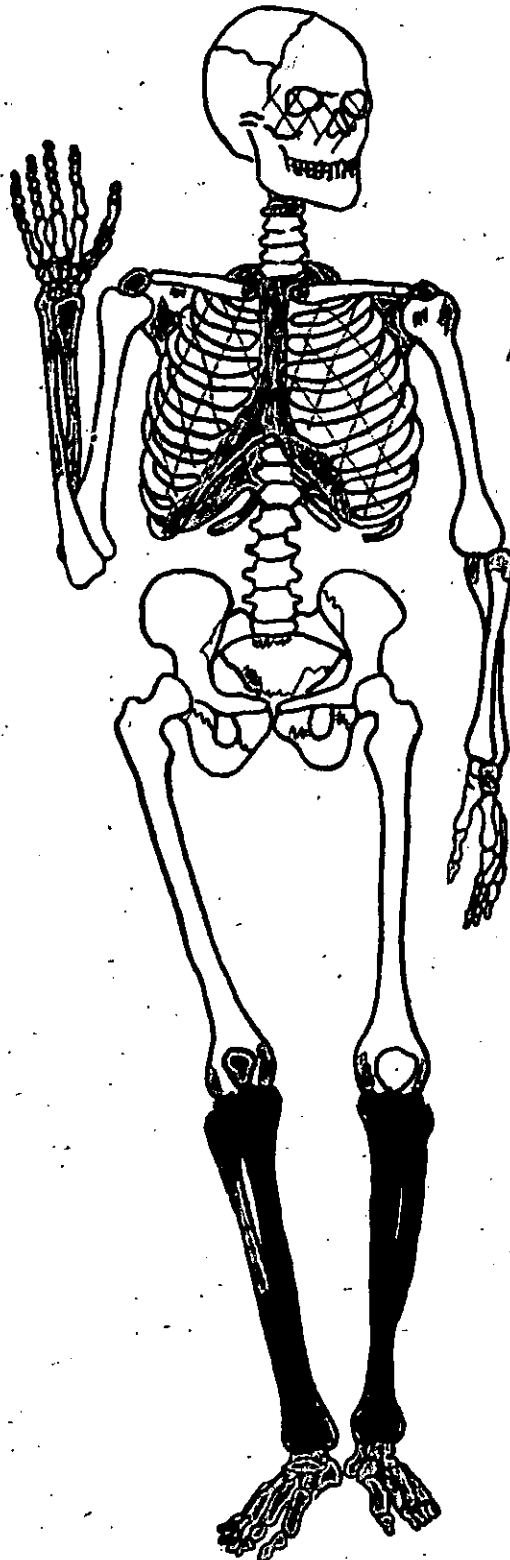
CERTIFIED TRUE COPY:

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

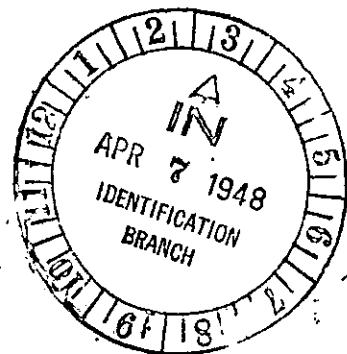
SKELETAL CHART

X-854

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



- 4 Cervicle Vertebrae
- 12 dorsal Vertebrae
- 5 Lumbar Vertebrae
- 62 Rib fragments
- 3 small bone fragments



X-376

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-376 (PEIRCE, Robert C.)
(Formerly Unk C-16 Cabanatuan Cem)

10 April 47

DATE

Sgt

6825221

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

7 MAT

ORGANIZATION

POW Camp, Cabanatuan,
Luzon, P. I.

USAF Cem Manila #2

2

13

1642

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
				A			⊗				A	A		A	A
				DO							DO	M		O	O

INSIDE — LOOKING OUT

RIGHT				LOWER TEETH								LEFT			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Perfect Lower Teeth

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)

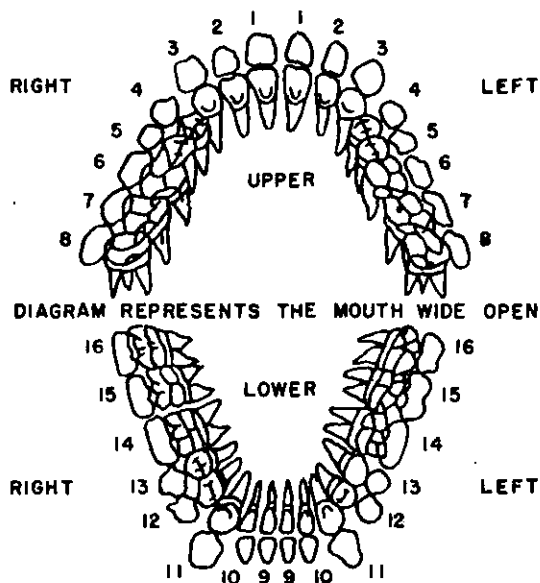
INSTRUCTIONS:

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

100 0000 00000000 100 0-4 0000 0 0 00 0000

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

UNKNOWN X-376 (PEIRCE, Robert C.)
(Formerly Unk C-16 Cabanatuan Cem)

10 April 47
DATE

LAST NAME FIRST INITIAL RANK SERIAL NO.

Sgt 6825221

7 MAT

ORGANIZATION

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

ISAP Cem Manila #2 2 13 1642
PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		UPPER TEETH																	
TYPE						A				P				A	A		A	A	TYPE
LOCATION						DO								DO	M		O	O	LOCATION

INSIDE — LOOKING OUT

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

Perfect Crown teeth

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> X </div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> O </div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> C </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> X </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> C </div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> X </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> X </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> X </div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> P </div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> A </div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> G </div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> S </div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> O </div> <p>OXYPHOSPHATE (CEMENT)</p> </div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px;"></div>
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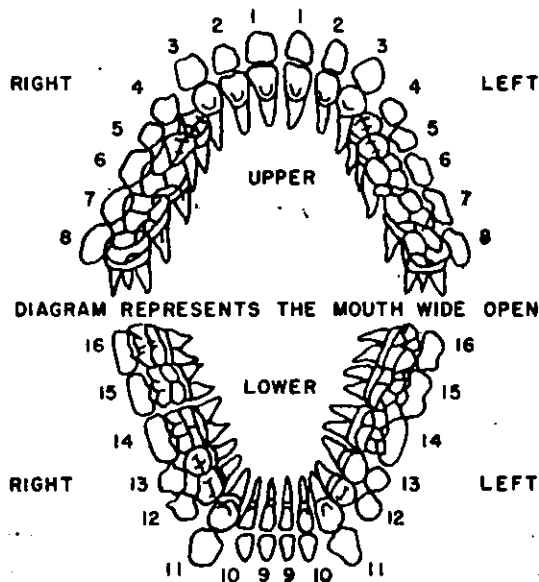
INSTRUCTIONS:

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.

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



REMARKS:

Al S. Padayhag
SIGNATURE OF PERSON WHO PREPARED CHART

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

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

Pentick H Burch
VERIFIED BY GRS OFFICER

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

10 APR 11 47
DATE

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

REPORT OF INTERMENT STORAGE
(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-854 (Formerly Unk X-376 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. HANGER 812	ROW No. BAY B	GRAVE No. CRYPT 387
---	--------------	---	---------------------------------	---------------------------	---------------------	---------------------------

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.

PLOT No. 2	ROW No. 13	GRAVE No. 1542
---------------	---------------	-------------------

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) STORED

Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes

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

UNKNOWN X-850

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

389

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

UNKNOWN X-852

RANK

SERIAL No.

ORGANIZATION

GRAVE No.
CRYPT

385

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Wm R GILBERT, Adm Asst

LUCIO S. PANOPLO 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.

Inci 809

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

REGENCY ADDRESS (Name, telephone, and address)
 IDENTIFICATION TAGS FOUND ON BODY
 IDENTIFICATION TAGS FOUND ON BODY

LEFT INDEX FINGER	FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p>
	LEFT THUMB	CAVITIES	
RIGHT INDEX FINGER	MISSING TEETH	<p>TOOTH MISSING</p>	<p>LOWER</p>
	RIGHT THUMB	CROWNED TEETH	
RIGHT INDEX FINGER	BRIDGE WORK	<p>GOLD BRIDGE</p>	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>

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

REMARKS: UNKNOWN X-854 (AGRS Mausoleum, Manila, P.I.) BTB one of the 12 bodies, 9 identified, recovered from a common grave.

UNKNOWN X-854 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

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.

31 DEC 1947

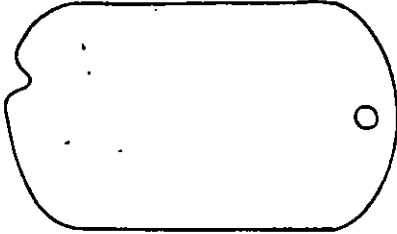
RESTRICTED

U-1998

WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(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) UNKNOWN -X- 376 (Pierce , Robert C.) (Formerly Unknown -C-16 Cabanatuan (em.))		Pierce JR.		SERIAL No.	JR.
GRADE	JR.	ORGANIZATION	JR.	BRANCH OF SERVICE	JR
	SS PVT		7 MAT Sqn		Army AC
RACE		RELIGION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH POW Camp, Cabanatuan, Luzon, P. I.	CAUSE OF DEATH JR. Beni-beni	DATE OF DEATH 22 Nov. 42
---	------------------------------------	-----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address) JR.
Mrs. Winnie Pierce 24 Gault Ave, Council Bluffs, Iowa.

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
Incl 824
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 24 Dec. 45	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) shelter half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 13	GRAVE No. 1642
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. 45.7-70.9-1/500000			PLOT No. 8	ROW No. 0	GRAVE No. 807
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) HUFFMAN, Harold F.		RANK s/sgt	SERIAL No. 2286380	ORGANIZATION 60 CAC	GRAVE No. 1641	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN -X- 375 (Elishoff, James K.) (Formerly Unknown -C-17 Cabanatuan (em.))		RANK Cpl	SERIAL No. 266058	ORGANIZATION USMC	GRAVE No. 1643	
SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, T/4 GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT 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

16-43007-1

Incl 33'

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


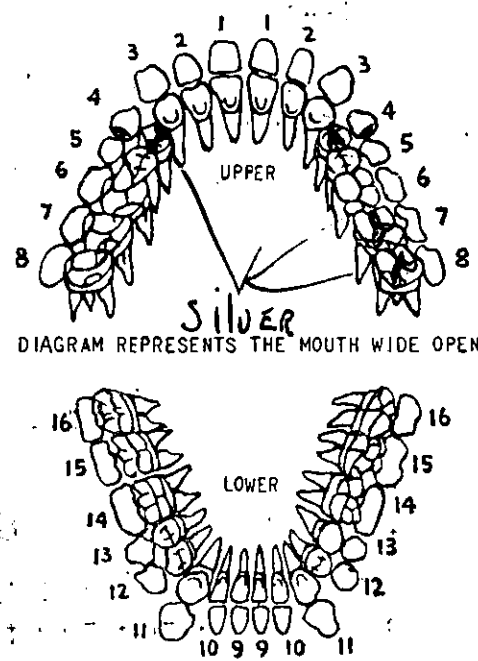




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

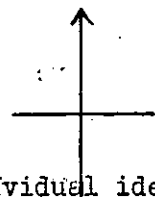
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

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

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 H. Pvt 7th CWS 14039411.



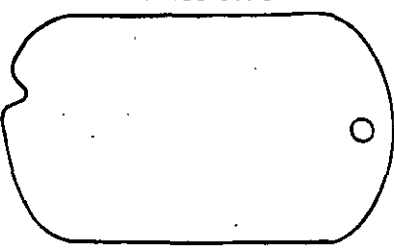
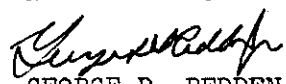
The above names were buried in this grave. Individual identification impossible.

REMARKS:

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

05 MAR 1941

RESTRICTED

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 25 Jan. 46		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) PIERCE J.R. UNKNOWN X-376 (Pierce, Robert C.) (Formerly Unknown C-16 Cabanatuan Cem.)		SERIAL No. J.R. 6325221 6826221		
		GRADE J.R. Sgt Pvt	ORGANIZATION J.R. 7 MAT SQN	BRANCH OF SERVICE J.R. Army AC		
		RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH POW Camp, Cabanatuan, Luzon, P.I.		CAUSE OF DEATH J.R. BERI-BERI		DATE OF DEATH 22 Nov. 42		
EMERGENCY ADDRESSEE (Name, relationship, and address)		J.R.				
		MRS. WINNIE PIERCE 24 LAUND AVE., COUNCIL BLUFFS, IOWA.				
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)				
None		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		A TRUE COPY:				
None		 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 24 Dec. 45	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 13	GRAVE No. 1642
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
Yes	POW Camps #1 & 11 Cemetery, Cabanatuan, Luzon, P.I. 45.7-70.9-1/50.000			8	0	807
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.	
HUFFMAN, Harold F.		S/Sgt	2286380	60 CAC	1641	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
UNKNOWN X9375 (Elishoff, James K.) (Formerly Unknown C-17 Cabanatuan Cem.)		Cpl	266058	USMC	1643	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
/s/t/ R.C. BARRETT, T/4 GRS			/s/t/ E.M. MOORE, 1st Lt., OMC.			

RESTRICTED

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


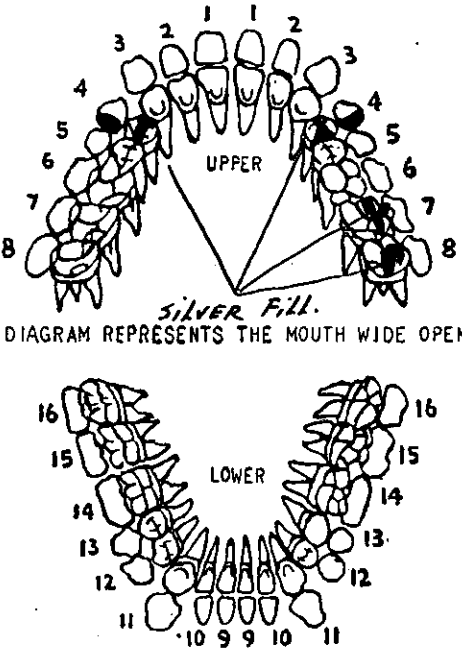




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

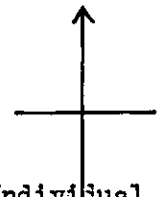
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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

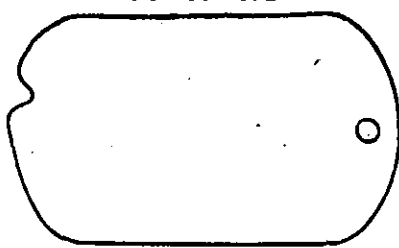
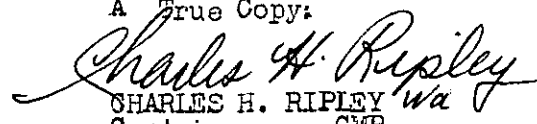
Peirce, Robert C. Sgt 7 MAT 6825221
 Elishoff, James K. Cpl USMC 266058
 Ulrich, Earnest H. Pvt. MD 38054475
 Land, Lyman L. Pfc. USMC Unkn
 Thorned, Gale R. Pfc 31 Ind. 3565951
 Penny, Bruce H. Pvt 7th CWS 14039411



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

RESTRICTED

plotted

WD OMC FORM 1042 (Rev. 1 Apr. 1945) (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. <i>J.R.</i>					
	NAME (Last, first, middle initial) <i>PIERCE</i> UNKNOWN X-376 (PIERCE , Robert C.) (Formerly Unknown C-16 Cabanatuan Cem.)			SERIAL NO. 6325221 <i>J.R.</i> 6825221		
	GRADE Pvt. <i>J.R.</i> Pvt.	ORGANIZATION 7 Mat		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>J.R.</i> Peri-beri		DATE OF DEATH 22 Nov. 42		
EMERGENCY ADDRESSEE (Name, relationship, and address) <i>J.R.</i> Mrs. Winnie Pierce - 24 Gould Ave, Council Bluffs, Iowa						
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. 192nd 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:  CHARLES H. RIPLEY wa Captain, CMP						
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	1642
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. 45.7-70.9-1/50.000.					
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): HUFFMAN, Harold E.			RANK S/Sgt.	SERIAL No. 2286380	ORGANIZATION 60 CAC	GRAVE No. 1641
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-375 (ELISHOFF, James K.) (Formerly Unknown C-17 Cabanatuan Cem.)			RANK Cpl.	SERIAL No. 266058	ORGANIZATION USMC	GRAVE No. 1643
SIGNATURE OF PERSON PREPARING REPORT /s/t/ R. C. BARRETT, T/4 GRS.			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ E. M. MOCRE, 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

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.






INSTRUCTIONS:

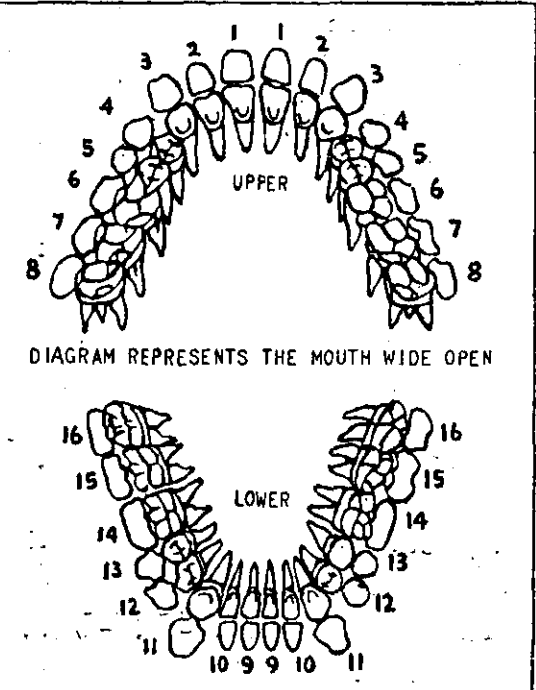
(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

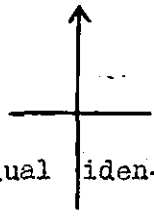
FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE



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

Peirce, Robert C. Sgt. 7 MAT 6825221
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REMARKS: