

| | | | | |
|-----------------------------|--|---|---|------------------------------------|
| /ebc 1 /add | Interred 20 Feb 1950 N 12 69 Ft. Kinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent | | DISINTERMENT DIRECTIVE <i>N-12-59</i> <i>800-23</i> | |
| | SECTION A - NAME AND BURIAL LOCATION OF DECEASED | | DIRECTIVE NUMBER 7747 00231 | DATE 15 01 50 DAY MONTH YEAR |
| NAME | | SERIAL NUMBER <i>293</i> UNKNOWN X - 000418 | GRADE | ARM J |
| CEMETERY MANILA NO 2 P I | | PLOT | ROW | GRAVE |
| | | | 2 13 | 1601 |
| | | DISPOSITION OF REMAINS | | |
| | | 7701 | | 80 |
| | | CODE | | DIST. CTR. |

SECTION B - CONSIGNEE AND NEXT OF KIN

| | |
|---|---|
| NAME AND ADDRESS OF CONSIGNEE FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS | NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION) |
|---|---|

SECTION C - DISINTERMENT AND IDENTIFICATION

| | | | | |
|--|-------------------------|----------|--|---------------------------------|
| NAME UNKNOWN X - 418 | SERIAL NUMBER | GRADE | DATE OF DEATH | DATE DISTINTERRED 18 Feb '50 |
| IDENTIFICATION TAG ON REMAINS MARKER | ORGANIZATION UNKNOWN | 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 - 885 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. | |
| <i>L. W. Richardson</i> L. W. RICHARDSON, M/Sgt, RA | |
| SIGNATURE OF AGRS INSPECTOR | |

| | |
|---|--|
| REMARKS AND SPECIAL INSTRUCTIONS REMAINS ARE UNIDENTIFIABLE. | 16 MAR 1950 REMARKS <i>[Signature]</i> |
|---|--|

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

| | | | |
|-----------------------------|------|--|---------------------|
| FROM AGRS MAUSOLEUM | | TO US MILITARY CEMETERY | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER <i>Overmark</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 |

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

25 Nov 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 418, Plot 2,
Row 13, Grave 1601, USMC USAF Cem. Manila #2 have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


B. McNemar
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 22 Dec 49 0000
Not identifiable from
information presently
available 29 Dec 49
T. Sanborn 1D.Br.

4. 171

IDENTIFICATION DATA

| | | | | | |
|--|------------|----------|------------|---|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-885 (Formerly UNK X-418 Manila #2) | | | | 2. DATE OF REPORT 28 Nov 1949 | |
| 3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I. | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 812 | B | 510 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|-------------------------------------|-------------------------------------|-----------------------------------|----------------------------|
| 8. ESTIMATED WEIGHT U T D | 9. ESTIMATED HEIGHT U T D | 10. COLOR OF HAIR U T D | 11. RACE Unknown |
|-------------------------------------|-------------------------------------|-----------------------------------|----------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N o n e

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

U T D

| | |
|---|-----------------|
| 14. WAS BODY BURNED? | 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

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

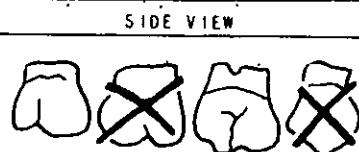
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl 7^e

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:



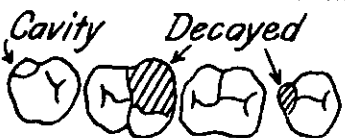
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 |
| U7D | | | | | | | P | | | | | | | A f | U7D |
| Side Views | | | | | | | | Side Views | | | | | | | |
| Top Views | | | | | | | | Top Views | | | | | | | |
| Side Views | | | | | | | | Side Views | | | | | | | |
| UPPER | | | | | | | | UPPER | | | | | | | |
| LOWER | | | | | | | | LOWER | | | | | | | |
| X | | A f | | | | | | | | | | | A f | | X |
| 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."

REMARKS: R8 and L8 are UTD whether X or PX because maxilla on these portions are missing.

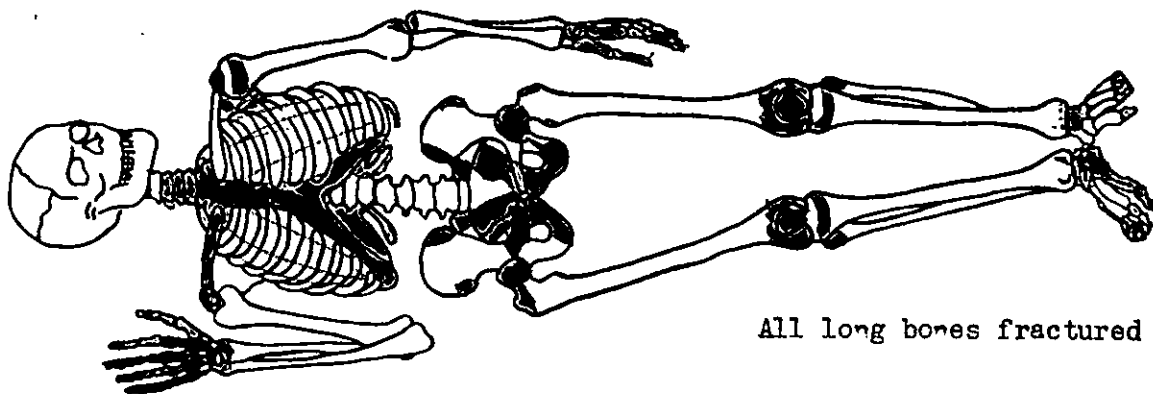
"UNIDENTIFIABLE"

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



All long bones fractured

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 - 20½ inches.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

PAUL R. NICHOLS
 Chief, Identification Section

IDENTIFICATION CHECK LIST

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

UNKNOWN X-885 (Formerly
 Unknown X-418 USAF Cem Manila #2, Luzon, P.I.
 Cemetery AGRS Mausoleum, Manila, P.I.
HANGER BAY CRYPY
 Plot 812 Row B Grave 510

- CIP, AGRS Mslm, Manila, P.I.

1. Arrived at ~~Kemotax~~ 17 Oct. 47
(Hour) (Date)
2. Place of death POW Cabanatuan Camp, Luzon, P.I.
(Name of closest town) (Coordinates and letter Prefix, maps)

(Sheet, scale and serials used)

3. Remains ~~recovered or~~ disinterred by AGRS, CMT #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 | | |
| Jacket, HBT | E | | |
| * 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: Skeleton only. Skeletal Chart attached.

Age _____ Est. Height 5' 6" Est. Weight 145 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 _____

Complexion _____ (Light, medium, dark, clear, pimples, pucks, freckles)

Build _____ (Large, fat, thin, muscular)

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

Hair _____ (Baldness, widow's 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) Eyebrows (Color, bushiness, extent across nose)

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 ^{skull} ~~head~~ 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 (Unusual characteristics of fingernails)

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

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 the condition of remains.

8. Has tooth chart been prepared? Yes If not, explain

(Yes-no)

9. Remarks UNK X-885, AGRS Mausoleum, Manila, P.I. believed to be one of the following: Vaughn, Walter Sgt Unk 15061420; Howell, Fredrick C S 1/c USN 334953; Nelson, Lloyd Pvt 803 CE 37037644; Beasley, James B Unk Unk R-3284522; Lawler, Lee E Pfc 31 Inf 19020675; Simpson, Ben W Sgt 60 CAC 6287417; Matteson, James E Corp USMC 269284; Eldrich, Cariles Pvt 454 Ord 34140025; Carey, Edward P Pvt Unk 32073966; Woodman Edward B Pvt 27 Bomb 11013467 which base in the ROI of Cem Manila #2. However, in accordance to ROD of AGRS CMT #1 Carey, Edward P 32073966 Pvt shows as Unknown X-418. Upon processing by CIP Lab. no personal effects either means of identification. Unable to determine exactly the weight 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. and height due to the condition of remains. Estimated weight of remains, six (6) lbs.

/s/ E. F. Moriarty

(Officer's Name)

SP-6

Rank

Service

AGRS

(Organization)

17 Oct 47

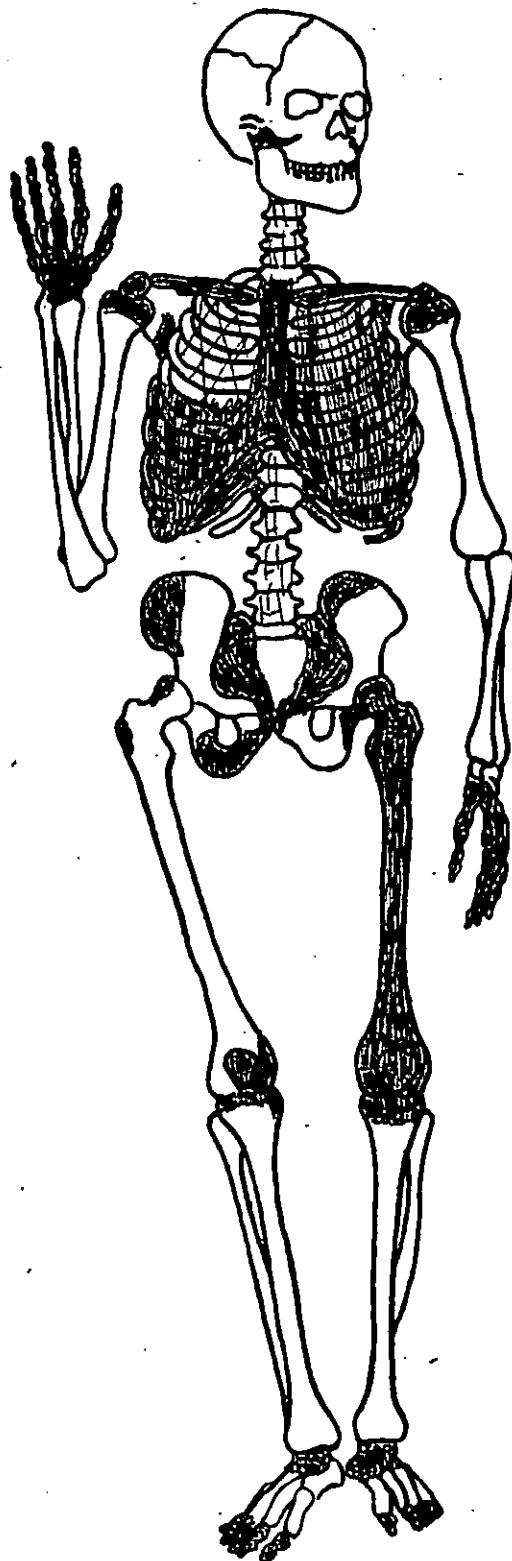
CERTIFIED TRUE COPY:

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

SKELETAL CHART

X-885

(BLACK OUT PARTS OF BODY NOT RECEIVED AT CEMETERY)



7-885

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-885 (Formerly UNK X-418)
USAF Cem Manila #2, Luzon, P.I.

17 Oct 47

DATE

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT
POW Cabanatuan Camp,
Luzon, P.I.

AGRS Mausoleum,
Manila, P.I.

ORGANIZATION

812 B 510
PLOT ROW GRAVE NO.
(RANGE) (ROW) (CRYPT)

PLACE OF DEATH

PLACE OF BURIAL
STORAGE

missing 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 missing

| | | | | | | | | | | | | | | | | | | | | | |
|----------|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|------|----------|
| TYPE | | | | | | | | X | | | | | | | | | | | | TYPE | |
| LOCATION | | | | | | | | | | | | | | | | | | | | | LOCATION |

INSIDE — LOOKING OUT

chipped

16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16

| | | | | | | | | | | | | | | | | | | | | | |
|----------|---|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|----------|
| TYPE | X | | A | | | | | | | | | | | | | | | | | | TYPE |
| LOCATION | | | f | | | | | | | | | | | | | | | | | | LOCATION |

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

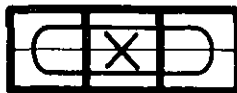
SYMBOLS
IN
WHOLE BOX



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)



OCCUSAL
(BITING SURFACE BACK TEETH)



DISTAL
(BETWEEN-TOWARD BACK)



LINGUAL
(TOWARD TONGUE)



FACIAL
(TOWARD CHEEK)

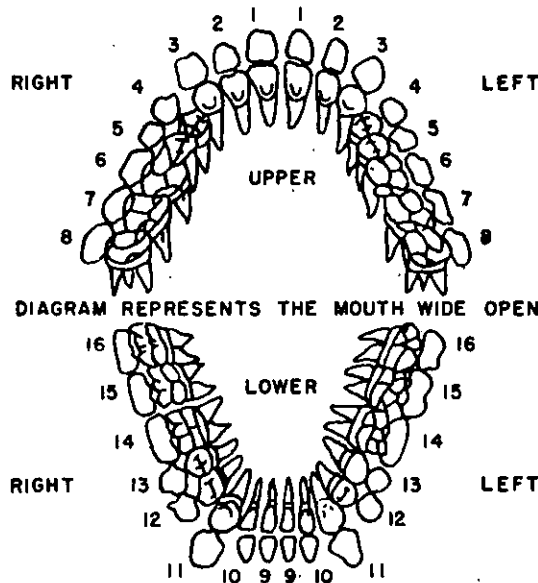
INSTRUCTIONS:

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:

UTD if R-8, L-8 or PX or X.
Attrition lingual upper anteriors, facial lower anteriors due to severe overbite and little overjet.

/s/ Edwin Gregurek
SIGNATURE OF PERSON WHO PREPARED CHART

/p/ EDWIN GREGUREK
NAME AND RANK TYPED OR PRINTED

CIP Lab., Manila, P.I.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

/s/ E. F. Moriarty
VERIFIED BY GRS OFFICER

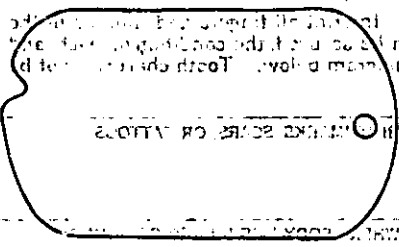
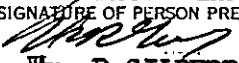
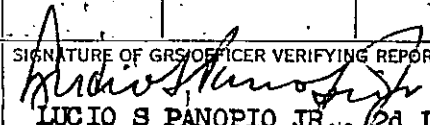
SP-6
NAME AND RANK TYPED OR PRINTED

17 Oct 47

DATE

CERTIFIED TRUE COPY:

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

| 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. | | | | SERIAL NO. | |
| | | NAME (Last, first, middle initial) UNKNOWN X-885 (Formerly UNK X-418 USAF Cemetery Manila #2, Luzon, P.I.) | | | | 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-Cabanatuan Camp, Luzon, P.I. | | CAUSE OF DEATH Unknown | | | | DATE OF DEATH 25 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 17 Oct 47 | HOUR 0800 | BURIED IN (Shroud, blanket, or name of other) Casket | TYPE OF GRAVE MARKER None | PLOT NO. RANGER 812 | ROW NO. BAY B | GRAVE NO. CRYPT 510 | |
| WAS THIS A REBURIAL? (Yes or no) Yes RESTORED | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I. | | | | PLOT NO. 2 | ROW NO. 13 | GRAVE NO. 1601 |
| 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 STORED | IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes | | | | | | |
| BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) STORED UNKNOWN X-889-A | | RANK | SERIAL NO. | ORGANIZATION | GRAVE NO. CRYPT 512 | | |
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) STORED UNKNOWN X-894 | | RANK | SERIAL NO. | ORGANIZATION | GRAVE NO. CRYPT 508 | | |
| 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. | | | | | | | |

2119 9 34

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


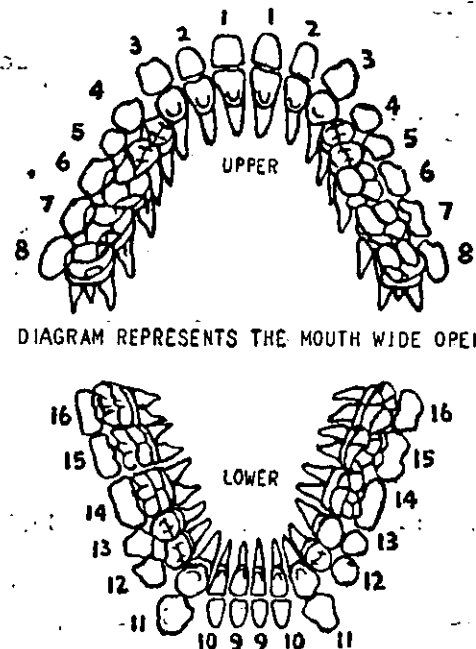




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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>LOWER</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: Subject remains were recovered from common grave of twelve, two of which were identified. Previously reported UNK X-418 Carey, Edward P. by USAF Cemetery Manila #2, Luzon, P.I. However, could be anyone of the following:

| | | | |
|--------------------|-------|---------|-------------------|
| Vaughn, Walter | Sgt | Unk | 15061420 |
| Howell, Fredrick C | S 1/c | USN | 334953 |
| Nelson, Lloyd | Pvt | 803 CE | 37037644 |
| Beasley, James B | Unk | Unk | R-8284522 |
| Lawler, Lee E | Pfc | 31 Inf | 19020675 |
| Simpson, Ben W | Sgt | 60 CAD | 6287417 |
| Matteson, James E | Corp | USMC | 269284 |
| Eldrich, Cariles | Pvt | 454 Ord | 34140025 |
| Carey, Edward P | Pvt | Unk | 32073966 |
| Woodman, Edward B | Pvt | 27 Bomb | 11013467 |

Identification Check List and Dental Chart accomplished.

24 NOV 1947

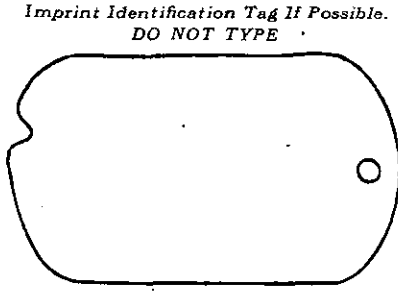
RESTRICTED

U-1524

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
24 Jan 46



Section 1.—IDENTIFICATION.

| | | |
|--|---|--|
| NAME (Last, first, middle initial) UNKNOWN X-418 (CAREY, Edward P) (Formerly UNKNOWN C-57 Cabanatuan Cemetery) | | SERIAL No. 32073966 |
| GRADE Pvt | ORGANIZATION 803d Engr ^{Hw 2} | BRANCH OF SERVICE Unknown |
| RACE | RELIGION Unknown | IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY |

| | | |
|--|---|----------------------------|
| PLACE OF DEATH POW Cabanatuan Camp, Luzon, P I | CAUSE OF DEATH Unknown Beri Beri ^{Hw 2} | DATE OF DEATH 25 Nov 42 |
|--|---|----------------------------|

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown ^{Hw 2}
Mary Carey, 319 Atlantic Ave., Amoen, New Jersey

| | |
|--|--|
| 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) Ten (10) bodies found in common grave. Prison records indicate: Vaughn, Walter Sgt unknown 15061420 Howell, Frederick C S 1/c USN 334953 Nelson, Lloyd Pvt 803 CE 37037644 -(See Sec 3 reverse side)- |
| WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2) | |

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Incl 722
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. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 23 Dec 45 | 1000 | Shelter Half | Cross | 2 | 13 | 1601 |

| | | | | |
|--|--|---------------|--------------|------------------|
| WAS THIS A REBURIAL? (Yes or no) Yes | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.7-70.9 1/50,000 POW Camps I & II Cemetery, Cabanatuan, Luzon, P I | PLOT No. 8 | ROW No. 0 | GRAVE No. 810 |
|--|--|---------------|--------------|------------------|

| | | |
|----------------------------|--------------------------------|---|
| 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-419 (WOODMAN, Edward B) (Formerly UNKNOWN C-58 Cabanatuan Cemetery) | RANK Pvt | SERIAL No. 11013467 | ORGANIZATION 27 Bomb | GRAVE No. 1600 |
|--|-------------|------------------------|-------------------------|-------------------|

| | | | | |
|--|-------------|------------------------|-------------------------|-------------------|
| BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-417 (ELDRICH, Cariles) (Formerly UNKNOWN C-58 Cabanatuan Cemetery) | RANK Pvt | SERIAL No. 34140025 | ORGANIZATION 454 Ord | GRAVE No. 1602 |
|--|-------------|------------------------|-------------------------|-------------------|

| | |
|--|---|
| SIGNATURE OF PERSON PREPARING REPORT <i>R. C. Barrett</i> R. C. BARRETT, T/4, GRS. | SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>E. M. Moore</i> 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.

RESTRICTED

Incl 9'

28 FEB 1948

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

- Beasley, James B unknown unknown R-3284522
- Lawler, Lee E Pfc 31 Inf 19020675
- Simpson, Ben W Sgt 60 CAC 6287517
- Matteson, James E Corp USMC 269284
- Eldrich, Cariles Pvt 454 Ord 34140025
- Carey, Edward F Pvt unknown 32073966
- Woodman, Edward B Pvt 27 Bomb 11013467

were buried in this grave. Individual identification impossible.

REMARKS: