

1. FILE UNDER NO. 293 - Unk Manila # 2x499

SYNOPSIS

2. TYPE OF DOCUMENT: Tel. Info. Record 3. DATE: 26 Jan 50

4. FROM:

5. TO:

6. SUBJECT: Re: Requested contact with State Department for all available information from Passport Div. concerning Paul S. Erricson, Civilian, with special reference to date of birth and any physical features noted on old passport.

7. DOCUMENT FILED
UNDER NO. 293 - Erricson, Paul S. (Civilian)

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

N. 7-97

Interred 21 Feb 1950
N 7 97 Ft. McKinley

Caremark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 80658

DATE
09 02 50
DAY MONTH YEAR

1

/add

NAME UNKNOWN X - 499 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY MANILA NO. 2, P. I. PLOT 2 ROW 16 GRAVE 2028 DISPOSITION OF REMAINS 7701 80 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 - 499 SERIAL NUMBER GRADE DATE OF DEATH 20 Feb '50 DATE DISTINTERRED

IDENTIFICATION TAG ON 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 - 4619 Maus.

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 20 Feb '50 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY, Sgt 1c, RA DATE 20 Feb '50 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, RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
30 MAR 1950
REPATRIATION
BRANCH
DEPT. OF DEFENSE
[Signature]

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>Carrollmark</i>	DATE FEB 21 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 <i>Edw. J. ...</i>	DATE

7. SHIPPED

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

DISINTERMENT DIRECTIVE

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

7747 80658

09 02 50
DAY MONTH YEAR

NAME: UNKNOWN I-499 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY MANILA NO. 2, P. I. PLOT: 2 ROW: 16 GRAVE: 2028 DISPOSITION OF REMAINS: 7701 80 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: 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:

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:

RECORD OF PERIODIC INSPECTIONS

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

1. FILE UNDER NO. 293 Unk. P.I. X-499 (Manila #2)

SYNOPSIS

2. TYPE OF DOCUMENT: ltr. 3. DATE: 3/2/50
4. FROM: OQMG
5. TO: CO, AGRS, Philcom Zone, APO 900, Calif.
6. SUBJECT: Identification of World War II Deceased

7. DOCUMENT FILED
UNDER NO. 293 Unk. P.I. X-4619 (Maus Manila.)

cr

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

AIRMAIL

QICMT 293
Unknown X-4619
AGRS Maus Manila, P.I.

2 March 1950

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to findings of Unidentifiability for the remains of Unknown X-4619, AGRS Mausoleum, Manila, P.I. (formerly X-499, USAF Cemetery, Manila #2), FEA Unit 3, Page 1.
2. Recommendation for Unidentifiability has been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

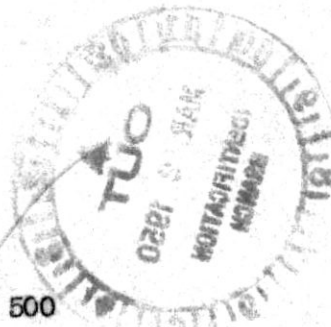
T. H. MEYER
Lt. Colonel, GPC
Memorial Division

pg 1/3

cc: Adm Section

J. W. Lewis: dal
L. M. White: *mw*
J. Windsor: *jr*

Copy furnished: CINCPAC, APO 500



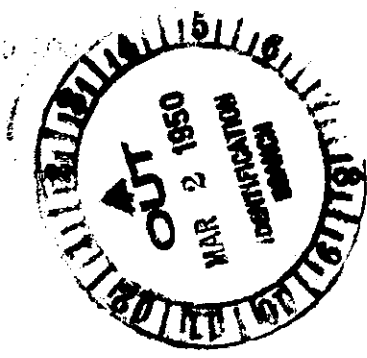
JMN
TEC

X 293 unk P.I. X-499 (manila #2)

AIRMAIL

MAR 2 2 16 PM '50
CCMG M&R BR

RECEIVED
MAR 5 1950
FBI - NEW YORK



TO: SAC, NEW YORK
FROM: SAC, [illegible]
SUBJECT: [illegible]

APR 10 1950

[Faded typed text, likely the start of a letter or report]

[Faded typed text]

[Faded typed text]

[Faded typed text]

[Faded typed text]

RECEIVED

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900
10 January 1950

GRPZ 293
(Cabanatuan POW)

SUBJECT: Unidentifiable Remains

293 unk P.I. X-4619 Mausoleum Manila

TO: The Quartermaster General
Department of the Army
Washington 25, D. C.
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the remains of UNKNOWN X-4619, AGRS Mausoleum, Manila P.I., (originally disinterred from Grave 842, Cabanatuan POW Cemetery) were processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data.

2. Above listed Unknown could not be definitely associated with any of the Cabanatuan POW decedents due to insufficiency of positive identification factors.

3. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above mentioned Unknowns.

4. Also submitted herewith is a list showing the status of the Unknown recovered from afore-mentioned grave.

FOR THE COMMANDING OFFICER:

- 2 Incls
1: QMC Forms 1044 w/Certificates of Unidentifiability
2: List of Unknowns

John Shypala
JOHN SHYPALA
1st Lt., Infantry
Adjutant

File 3-3-50
22.9

293 GRS Far East

10 JAN 1950
3723
OUT

JAN 19 1950
IN
IDENTIFICATION
BRANCH

RECEIVED
JAN 19 1950
MAR 3 1950
OUT
IDENTIFICATION
BRANCH

3
1
HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

12 Dec 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 499, Plot 2,
Row 16, Grave 2028, 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:

[Handwritten Signature]
E. B. McNEEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 27 Feb 50 OQMG
Not identifiable from
information presently
available

Lewis - Del Br.
28 Feb 50

End 11

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4619 (Formerly UNK X-499 Manila #2)				2. DATE OF REPORT 21 Dec 1949	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT 802	5. ROW A	6. GRAVE 124	7. DATE OF 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
--	-----------------

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"

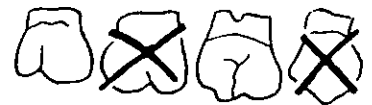
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Final 12

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



Fractured

		RIGHT								LEFT								
		Missing		6	5	4	3	2	1	1	2	3	4	5	Missing			
		8	7												6	7	8	
		to	no	X	to				to						to	to	to	
Side Views																		Side Views
Top Views	UPPER																	
	LOWER																	
Side Views																		
		to	to	X				to	to					to	X	to	to	
		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: Maxilla is fractured on median line. Portion of the maxilla from R7-R8 and from L6-L8 are missing. R7 and L6 are present with remains.

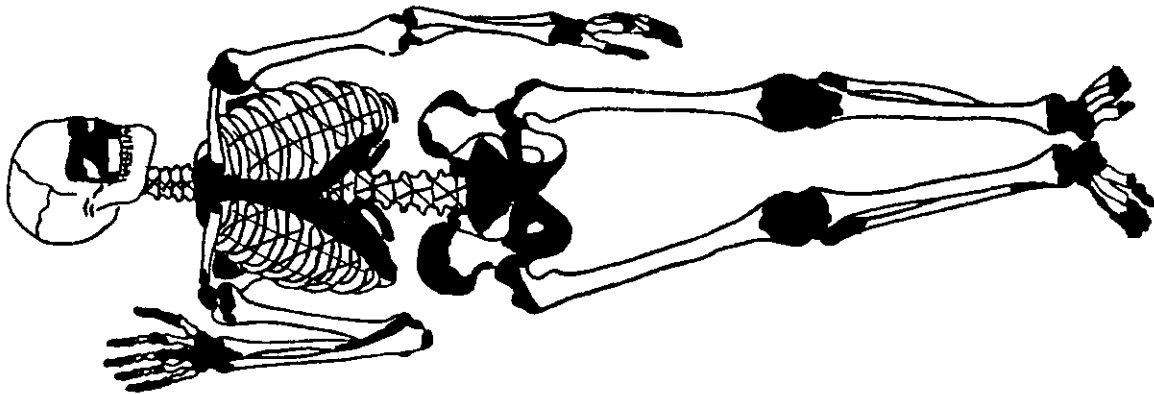
"UNIDENTIFIABLE"

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 - 22 inches.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

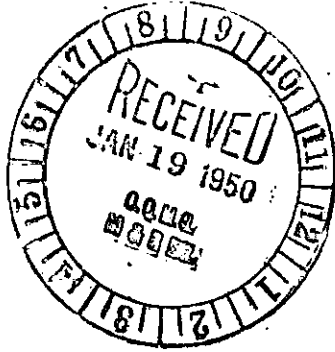
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN
 RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
 Chief, Identification Section

SIGNATURE

Paul R. Nichols



RESTRICTED

1102

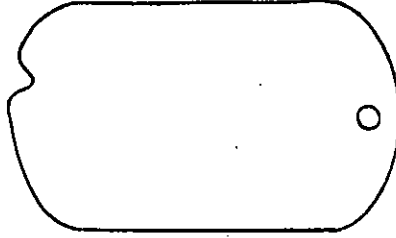
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

29 Jan 46

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-499 (ERRICSON, Paul S) (Formerly UNKNOWN C-99 Cabanatuan Cemetery)		SERIAL No.
GRADE Civilian	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH POW Camp Cabanatuan, Luzon, P I	CAUSE OF DEATH	DATE OF DEATH
--	----------------	---------------

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) Three (3) bodies found in common grave. Prison records indicate Sgt. Wortman, Harry G. Pvt 194 Tank 39525547 Sgt. Baker, Ernest E. Pvt MD 33050086 Errisson, Paul S. Civilian were buried in this grave. Individual identification impossible.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (2)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

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

DATE OF BURIAL 3 Jan 46	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Shelter Half	TYPE OF GRAVE MARKER Cross	PLOT No. 2	ROW No. 16	GRAVE No. 2028
----------------------------	--------------	---	-------------------------------	---------------	---------------	-------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 45.767-.9 1/50,000 POW Camps I & II Cabanatuan Cemetery, Luzon, P I	PLOT No. 8	ROW No. 0	GRAVE No. 842
--	---	---------------	--------------	------------------

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-501 (MASON, Sessie K) (Formerly UNKNOWN C-101 Cabanatuan Cemetery)	RANK Pvt	SERIAL No. 13017808	ORGANIZATION 7 CWS	GRAVE No. 2027
---	-------------	------------------------	-----------------------	-------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-498 (BAKER, Ernest E) (Formerly UNKNOWN C-98 Cabanatuan Cemetery)	RANK Pvt	SERIAL No. 33050086	ORGANIZATION MD	GRAVE No. 2029
---	-------------	------------------------	--------------------	-------------------

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 proscribed by theater commander.

RESTRICTED

Jan 195

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


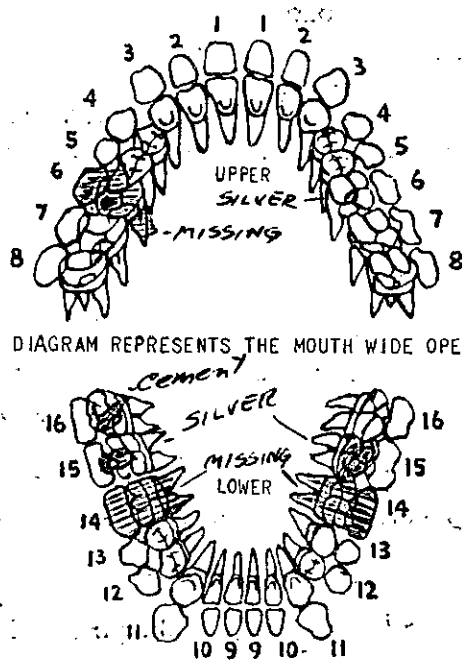




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers 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	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES  CAVITY DECAYED	
MISSING TEETH  TOOTH MISSING	
CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK  GOLD BRIDGE	
LEFT THUMB RIGHT THUMB RIGHT INDEX FINGER RIGHT MIDDLE FINGER RIGHT RING FINGER RIGHT LITTLE FINGER	

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



REMARKS:

28 MAY 1958