

293 STEELE, HERBERT 20 523 464 SGT. INF. SO. WEST PAC. AREA (KY.) 45ps



RES809141701 WNR-01-09-024-1-027-06-003

Transfer#:W092-70A0001A Box:5704 CC:00

8873

ARR1-2855245585 Asset#: AAC1-23786922 Whole Container: N

C/F:STEELE,HERBERT,20523464 Created: 09/13/2017

General Reference On-Site Review

Standard On-site Review N/A

TO: **REVIEW**

job DMS

Interred 17 Oct. 1949
L 1 140 Ft. McKinley
Carpet Mark
DISINTERMENT DIRECTIVE

CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER **7747 11269**
DATE **15 03 49**
DAY MONTH YEAR

NAME **STEELE HERBERT**
SERIAL NUMBER **20523464**
GRADE **SGT**
ARM **1**
RACE **1**
RELIGION **1**

CEMETERY **MANILA NO 2 P I**
PLOT **3**
ROW **11**
GRAVE **1390**
DISPOSITION OF REMAINS
CODE **7701**
DIST. CTR. **80**

SECTION B - CONSIGNEE AND NEXT OF KIN
NAME AND ADDRESS OF CONSIGNEE
**FORT MCKINLEY CEMETERY
MANILA, PHILIPPINE ISLANDS**
NAME AND ADDRESS OF NEXT OF KIN
**MIRANDA W. STEELE (MOTHER)
OFFICE STREET
HARRODSBURG, KENTUCKY**

SECTION C - DISINTERMENT AND IDENTIFICATION FLAG SHIPPED: 18 Oct. 1949
NAME **STEELE, Herbert**
SERIAL NUMBER **20523464**
GRADE
DATE OF DEATH
DATE DISTINTERRED **16 April 49**

IDENTIFICATION TAG ON
 REMAINS
 MARKER
ORGANIZATION **USAGF**
RELIGION
IDENTIFICATION VERIFIED BY
**RICHARD HOYT
Embalmer**
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT
NATURE OF BURIAL
Shelter Half
CONDITION OF REMAINS
Skeletal
OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET
DATE **16 April 49** BY **RICHARD HOYT**
CASKET SEALED BY
RICHARD HOYT
EMBALMER (Signature)
Richard Hoyt
RICHARD HOYT

CASKET BOXED AND MARKED
DATE **16 April 49** BY **WEYMAN L MCGUIRE**
Sgt., MC
SHIPPING ADDRESS VERIFIED BY
PAUL E HEINEMAN, 1st Lt., Inf.

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
Paul E Heineman
PAUL E HEINEMAN, 1st Lt., Inf.
SIGNATURE OF AGRS INSPECTOR

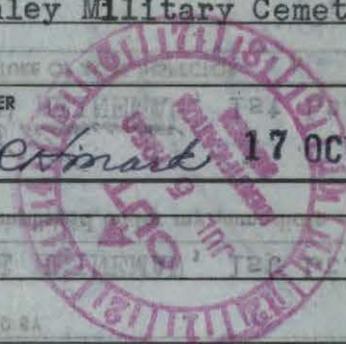
REMARKS AND SPECIAL INSTRUCTIONS
Graves

2960

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum		TO Ft McKinley Military Cemetery	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Richard Hall</i>	DATE 17 OCT 1949



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

202

14 November 1949

293

Sgt Herbert Steele, ASN 20 523 464
 Plot L, Row 1, Grave 140
 Headstone: Cross
 Ft. McKinley U. S. Military Cemetery
 (Manila, Philippine Islands)

Mrs. Miranda W. Steele
 Office Street
 Harrodsburg, Kentucky

Dear Mrs. Steele:

This is to inform you that the remains of your loved one have been permanently interred, as recorded above, side by side with comrades who also gave their lives for their country. Customary military funeral services were conducted over the grave at the time of burial.

After the Department of the Army has completed all final interments, the cemetery will be transferred, as authorized by the Congress, to the care and supervision of the American Battle Monuments Commission. The Commission also will have the responsibility for permanent construction and beautification of the cemetery, including erection of the permanent headstone. The headstone will be inscribed with the name exactly as recorded above, the rank or rating where appropriate, organization, State, and date of death. Any inquiries relative to the type of headstone or the spelling of the name to be inscribed thereon, should be addressed to the American Battle Monuments Commission, Washington 25, D. C. Your letter should include the full name, rank, serial number, grave location, and name of the cemetery.

While interments are in progress, the cemetery will not be open to visitors. You may rest assured that this final interment was conducted with fitting dignity and solemnity and that the grave-site will be carefully and conscientiously maintained in perpetuity by the United States Government.

Sincerely yours,

H. FELDMAN
 Major General
 The Quartermaster General

NOV 15 12 29 PM '49
 O. O. M. C.
 & RECORDS BRANCH

OQMG FORM 638
REV 1 APR 48

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE _____

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
1	Chief Ident Br Mem Div	Repat Br ATTN: Capt. Snodgrass Mr. Arrowsmith THRU: Search Info Sec Id Br ATTN: Capt. Rogers	7 Oct 49	<p>1. It is requested that necessary action be taken by your Branch to <u>flag</u> cases and suspend all action on the following named individuals until further information is received from this Office:</p> <p><u>USAF Cemetery Manila #2</u> Steel Herbert 20523464 (3- 11- 1390) PEND (DMP)</p> <p>80-7701 7747-11269</p> <p>cc: Capt Rogers (IS) cc: Operations Br</p> <p>2. Request acknowledgement by indicating hereon date and time received by your Branch.</p>

WMP 293

Noted on 355 Control Roster 10-10-49 mjs

Barry
METZ 74059
BARRY 2462

Flagged 10 Oct 49 W. Rance

Radio out 12 Oct. 49 Jones

*333 flagged } Bridges
3x5 made }*

File and N AT 1 Dec 49

X

3146 *GRS for East (Dumont)*

QJMS DEPT OF ARMY WASH DC

UNCLASSIFIED

COMSEC PHILADCOM ZONE HAWAII PI

PRIORITY ROUTINE
I

CINCPAC TOKYO JAPAN

MULTIPLE ADDRESS

FR QUAM

WCL 23245

REQUEST SUSPENSION ON POL RE DEREGULATED GLE DEINTERDICT DEFECTIVE
7747 05598 ON TEC 5TH GR HARVEY L FISH 27700223 CMA TO 7747 11269 ON SGT
HERBERT SYDIA 20523464 CMA TO 7747 08258 ON SSG HAROLD J MILLER 6915606 PD
CASES/DIRMS TO CONVICTION REQUESTED

*1853 Steele, Herbert
20523464*

IA
JFV
WEC
LVA

mh

UNCLASSIFIED

GRAVES

QJMS SMOCKITH 1-5097
293 GCS PHILCOM ZONE

1019002
MAY 49

M. R. BERGER
1ST LT, GSC MEN DIV

CGMC DEPT OF ARMY WASH DC

UNCLASSIFIED

COMUSPHILCOM MANILA PI

PRIORITY

ROUTINE

X

CINCPAC TOKYO JAPAN

MULTIPLE ADDRESS

FR QGSMW

we 47795

REQUEST DISINTERMENT DIRECTIVE 7747 11269 FOR HERBERT STEELE 20523464
RE SUSPENDED PENDING FURTHER NOTIFICATION FR THIS OFFICE PD CASE
OTHER INVESTIGATION PD CONFIRMATION REQUESTED

gpj

[Handwritten signature]

ADMINI
OCT 12
MEMORIAL DIVISIO



OCT 12 4
0-0, M.S.
STEELE & CAB SECTION
188

UNCLASSIFIED

QSGMW ARRONSMITH X-5057

121630Z
Oct 49

H. R. HEMMER
1st Lt. QMC, Memor

293 Steele, Herbert 20523464

SDS 244716 210979 3083757

UNITED STATES DEPARTMENT OF JUSTICE

IDENTIFICATION DIVISION



IDENTIFICATION DIVISION

OCT 15

ADMIN

193

RECEIVED IDENTIFICATION DIVISION

RECEIVED IDENTIFICATION DIVISION

RECEIVED IDENTIFICATION DIVISION

RECEIVED

70554-00

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

Handwritten initials

293

HERBERT STEELE 20523464 DENTAL CHART AT INDUCTION 25 NOV

40 SHOWS TEETH MISSING LEFT 4 5 RESTORABLE CARIOUS TEETH RIGHT 5 NO
FORMS 79 FOUND

*File name
31 Aug 51
C. [unclear]
A. [unclear]*

293 Steele, Herbert 20523464 8

1 Chief Resol Sec 3 Nov
Ident Sec Repat Br 49
Ident Br Rec Unit
Mem Div ATTN:

lmw

Mr. Arrowsmith

1. It is requested that necessary action be taken by your Branch to deflag the case(s) of the following named individual(s):

USAF Manila #2
Steele, Herbert

Sgt

20523464
7747-11269
80-7701
(3-11-1390)

PEND

THRU

293 file(s) is attached.

Search
Info Sec
Ident Br
ATTN:
Capt.
Rogers

293 file(s) is not in Identification Section.

2. Request acknowledgement by indicating hereon date and time received by your Branch.

cc: Capt Rogers (IS)
cc: Operations Br

METZ
74059

BARRY
BARRY
2462

3x5 card amx 11/3/49
Amx 11-4-49

Deflagged with 4/11/49.
Deflagged 7 Nov 49
cable sent 10 Nov 49.
M. Harmon
amx.

File w. AT
Arrowsmith amx
Resolution Sec
16 Nov. 49

293 FILE <i>by</i>		DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED			
NAME (Last, First, Middle Initial) <i>99</i> STEELE, Herbert			GRADE Sgt	PRESENT SERIAL NUMBER 20 523 464	
ORGANIZATION Co "D" 192ND TK BN		RACE <i>white</i>	CREED <i>Prot</i>	FORMER SERIAL NUMBER (If Applicable) <i>none</i>	
DATE OF DEATH/MIA <i>14 June '42</i>	CAUSE OF DEATH <i>Dysentery</i>		PLACE OF DEATH OR PLACE LAST SEEN IF MIA <i>PW Camp Cabanatuan P.I.</i>		
DATE OF FOD <i>28 July '45</i>	WEIGHT <i>72 inches</i>	WEIGHT <i>137</i>	COLOR EYES <i>Brown</i>	COLOR HAIR <i>Dark</i>	SHOE SIZE <i>not of record</i>
DENTAL CHART <i>Induction</i> Date <i>29 Sept '39</i>					
UPPER RIGHT 8 7 6 ⑤ 4 3 2 1			UPPER LEFT 1 2 3 4 5 6 7 8		
LOWER RIGHT 16 15 14 13 12 11 10 9			LOWER LEFT 9 10 11 12 13 14 15 16		
X = Extracted O = Cavious I = Cavious Non-Restorable					
FRACTURES AND/OR BREAKS <i>none shown</i>			TATTOOS AND/OR BIRTHMARK <i>none shown</i>		
ADDITIONAL INFORMATION Previously buried in USAF Cemetery, Manila #2, Luzon P.I. on 12 Feb '46. Plot No 3, Row No 11, Grave No 1390. No forms 79's available					



*File WAN
Hed
22
10-31-50*

ON REMAINS NOT YET RECOVERED OR IDENTIFIED

SEARCHED	INDEXED	SERIALIZED	FILED
NOV 1 1950			
MEMORIAL DIVISION			

IDENTIFICATION BRANCH
 NOV 1 9 29 AM '50
 MEMORIAL DIVISION



RECEIVED
 PENTAGON LIAISON
 SEP 28 1950
 MEM. DIV. CCMB

293 FILE <i>AA</i>		DATA REMAINS NOT YET RECOVERED OR IDENTIFIED		REPORTS CONTROL SYMBOL QMG-86	
NAME (Last, First, Middle Initial) STEELE, Herbert			GRADE Sgt	PRESENT SERIAL NUMBER 20 523 464	
ORGANIZATION Co D., 192nd Tk Bn		RACE W	CREED	FORMER SERIAL NUMBER (If applicable)	
DATE OF DEATH/MIA 14 Jun 42 5:00 AM	CAUSE OF DEATH		PLACE OF DEATH OR PLACE LAST SEEN IF MIA		
DATE OF FOD	HEIGHT 6'	WEIGHT 137	COLOR EYES	COLOR HAIR Dark	SHOE SIZE
DENTAL CHART 29 Sept 39					
UPPER RIGHT 8 7 6 ^O 5 4 3 2 1			UPPER LEFT 1 2 3 X 4 X 5 6 7 8		
LOWER RIGHT 16 15 14 13 12 11 10 9			LOWER LEFT 9 10 11 12 13 14 15 16		
X=Extracted		O=Carious		1=Carious Non-Restorable	
FRACTURES AND/OR BREAKS None shown			TATTOOS AND/OR BIRTHMARK		
ADDITIONAL INFORMATION Dental data compares favorably with tooth chart accomplished for remains previously interred in Plot 3, Row 11, Grave 1387, Manila #2. DOB: 12 Mar 19 Associated with grave no. 1015 Reporting date: 14 Jun 42 Cabanatuan Roster Line No. 157					

*File NAW
Hadden
sd BW
24 Jan 52*

you Reg
REPORT OF DEATH (157) 2-14

NAME STEEL, HUBERT

Buried June 14

RANK - Pvt.

Age - date of birth - Unknown

ASN - 20523464

List of belongings - None

Home Address - Unknown

Time of death - 5:00AM, June 14, 1942

Cause of death - Dysentery

Next of kin - Unknown

Barrack 0

Hospital Area

W R Craig
Lt Col
Chief of Hospital

10/51

1901

293 FILE

DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial)

GRADE

PRESENT SERIAL NUMBER

293 STEEL, RUBERT
Herbert

20523464

ORGANIZATION

RACE

CREED

FORMER SERIAL NUMBER (If applicable)

W.

DATE OF DEATH/MIA

CAUSE OF DEATH

PLACE OF DEATH OR PLACE LAST SEEN IF MIA

DATE OF FOD

HEIGHT

WEIGHT

COLOR EYES

COLOR HAIR

SHOE SIZE

72

137

Brown

Dark

not specified

DENTAL CHART

DATE

29 Sept 39

UPPER RIGHT

UPPER LEFT

8 7 6 5 4 3 2 1

1 2 3 XX 6 7 8

LOWER RIGHT

LOWER LEFT

16 15 14 13 12 11 10 9

9 10 11 12 13 14 15 16

X=Extracted

O=Cariou

1=Cariou Non-Restorable

FRACTURES AND/OR BREAKS

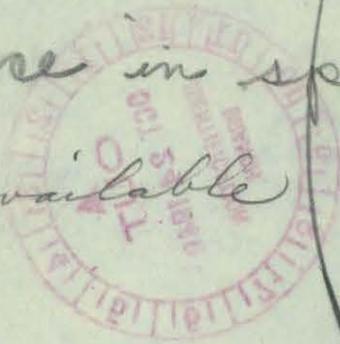
TATTOOS AND/OR BIRTHMARK

None

None

ADDITIONAL INFORMATION

Please note the difference in spelling of name. No 19s available



Handwritten notes in blue ink: *Handwritten notes*, *over 4 TCO*, *Handwritten notes*

NAT File

10/14/39
Handwritten signature
Identification Branch

899 FILE

DATA ON REMAINS NOT YET RECORDED OR IDENTIFIED

NAME (Last, First, Middle Initial) <i>STEARL, ROBERT</i>	GRADE	PRESENT SERIAL NUMBER <i>50523464</i>
ORGANIZATION <i>Army</i>	RACE	FORMER SERIAL NUMBER (if applicable)
DATE OF DEATH/MIA	CAUSE OF DEATH	PLACE OF DEATH OR PLACE LAST SEEN IF MIA
DATE OF FOD	HEIGHT	WEIGHT
	COLOR EYES	COLOR HAIR
	SHOE SIZE	

DENTAL CHART	
UPPER RIGHT 8 7 6 5 4 3 2 1	UPPER LEFT 1 2 3 4 5 6 7 8
LOWER RIGHT 16 15 14 13 12 11 10 9	LOWER LEFT 9 10 11 12 13 14 15 16

X = Extracted	O = Crown	I = Crown Not Restorable
FRACTURES AND/OR BREAKS	TATTOOS AND/OR BIRTHMARKS	

ADDITIONAL INFORMATION

Please note the difference in the appearance of the remains.



TAU FILE

Postage Liaison
OCT 4 1949
Man. Div. OQMS

Identification Branch

REQUEST FOR DISPOSITION OF REMAINS

GRADE OF DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE: *10/26/48*
my profession

Sgt Herbert Steele, 20 523 464
Plot 3, Row 11, Grave 1390,
United States Armed Forces Cemetery
Manila #2, Philippine Islands

7 October 1948

A		C	
B		D	

DO NOT WRITE ABOVE THIS LINE

NOTE.—The next of kin should familiarize himself with the contents of the pamphlet, "Disposition of World War II Armed Forces Dead," before filling out this form. When the proper part of this form is filled out and properly signed by the next of kin, it should be returned to the OFFICE OF THE QUARTERMASTER GENERAL, MEMORIAL DIVISION, WAR DEPARTMENT, WASHINGTON 25, D. C., in the self-addressed postage-free envelope provided for this purpose.
If you are the next of kin or authorized representative of next of kin and desire to direct the disposition of the remains, please fill in PART I of this form.

PART I

I, Miranda Steele (Please indicate relationship to the deceased by placing an "X" in the proper box.)
(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

- WIDOW
- WIDOWER
- SON OVER 21 YEARS OLD
- DAUGHTER OVER 21 YEARS OLD
- FATHER
- MOTHER
- BROTHER OVER 21 YEARS OLD
- SISTER OVER 21 YEARS OLD
- RELATIONSHIP OTHER THAN ABOVE (Specify) _____

HAVING FAMILIARIZED MYSELF WITH THE OPTIONS WHICH HAVE BEEN MADE AVAILABLE TO ME WITH RESPECT TO THE FINAL RESTING PLACE OF THE DECEASED DESIGNATED ABOVE, NOW DO DECLARE THAT IT IS MY DESIRE THAT THE REMAINS: (Please place an "X" in the box opposite the option you have selected.)

- 1. BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS. *Manila, P.I.*
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY

(NAME AND LOCATION OF CEMETERY)

- 3. BE RETURNED TO _____ (FOREIGN COUNTRY) THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____ (LOCATION OF CEMETERY SELECTED)

- 4. BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT _____ (LOCATION OF NATIONAL CEMETERY SELECTED)
(Please indicate if your own religious services at a location other than the selected national cemetery are desired by placing an "X" in the proper box)
 YES NO

THE NAME OF THE DECEASED, THE SERIAL NUMBER AND GRADE ARE CORRECT EXCEPT FOR THE FOLLOWING CHANGES: (If no corrections are necessary, indicate this fact by inserting the word "NONE" in the space below.)

none

11/2
Umm N/C
Knaces 3 Dec 48
mf8 Coded 3-25-49
DDP 100, 3-29-49

JAN 24 1949

collger 24 Jan 49

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your own funeral ceremonies desired at a location other than the selected national cemetery, complete one of these sections.

I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING PERSON WHO HAS AGREED TO RECEIVE THEM:

LAST NAME	FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	STATE OR TERRITORY OF U. S. A., OR COUNTRY
		TELEPHONE No.

OR I, AS THE NEXT OF KIN, DO FURTHER DECLARE THAT I DESIRE THE REMAINS TO BE SENT TO THE FOLLOWING FUNERAL DIRECTOR WHO HAS AGREED TO RECEIVE THEM:

FULL NAME OF FUNERAL DIRECTOR			
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY
EXPRESS OFFICE (Nearest railroad passenger station)	TELEGRAPH ADDRESS	TELEPHONE No.	

IN CASE OF EMERGENCY THE NAME AND ADDRESS OF THE PERSON NEXT IN LINE OF KINSHIP AFTER ME, AS SET FORTH IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL	RELATIONSHIP TO DECEASED
NUMBER AND STREET	CITY OR TOWN	COUNTY OR PROVINCE	STATE OR TERRITORY OF U. S. A., OR COUNTRY

REMARKS OR ADDITIONAL INSTRUCTIONS (For additional space use page 4.)*

AS EXPLAINED IN THE PAMPHLET, "DISPOSITION OF WORLD WAR II ARMED FORCES DEAD," I AM THE NEXT OF KIN AND THE INDIVIDUAL AUTHORIZED TO DIRECT THE DISPOSITION OF THE SAID REMAINS.

I, the undersigned, DO SOLEMNLY SWEAR (OR AFFIRM) that the statements made by me in the foregoing document are full and true to the best of my knowledge and belief.

Miranda W. Steele (SIGNATURE OF NEXT OF KIN) Office Street (STREET AND NUMBER)
Miranda W Steele (NAME PRINTED OR TYPED) Harrodsburg Kentucky (CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 20th day of October, 1948, at city (or town) of Harrodsburg, county of Mercer, and State (or Territory or District) of Kentucky

Notary Public (OFFICIAL TITLE)
 (SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)

*NOTE.—Page 4 is part of the notarial attestation.

PART II—RELINQUISHMENT OF DISPOSITION AUTHORITY

If you are the next of kin and you desire to relinquish your disposition authority, please fill in PART II of this form.

I, THE _____, AS THE NEXT OF KIN OF THE DECEASED

(PLEASE INSERT RELATIONSHIP)

NAMED IN PART I OF THIS FORM, DO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED. THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS:

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

WHOM I UNDERSTAND SHALL HAVE THE RIGHT TO DIRECT FINAL DISPOSITION OF THE REMAINS OF THE DECEASED.

_____	_____ (DATE)
(SIGNATURE OF NEXT OF KIN)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO NOTIFY YOU THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED NAMED ON PAGE 1 OF THIS FORM. THE FOLLOWING PERSON, TO THE BEST OF MY KNOWLEDGE, IS THE NEXT OF KIN TO WHOM THIS FORM SHOULD BE DIRECTED.

LAST NAME	FIRST NAME	MIDDLE INITIAL
RELATIONSHIP TO THE DECEASED		
NUMBER AND STREET	CITY OR TOWN	STATE OR COUNTRY

_____	_____ (DATE)
(SIGNATURE)	(STREET AND NUMBER)
_____	_____
(NAME PRINTED OR TYPED)	(CITY AND STATE)

ADDITIONAL REMARKS AND INSTRUCTIONS

All remarks and information entered here will be considered as part of the Notarial Attestation.

I, THE _____ (NAME (PRINT FULLY)) AS THE NEXT OF KIN OF THE DECEASED _____ (NAME (PRINT FULLY)) WANTED IN PART I OF THIS FORM TO HEREBY RELINQUISH MY RIGHTS TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS IS _____ (NAME (PRINT FULLY))

LAST NAME	FIRST NAME
RELATIONSHIP TO THE DECEASED	CITY OR TOWN
NUMBER AND STREET	STATE OR COUNTRY



NAME (PRINT FULLY) _____

ADDRESS AND NUMBER _____

CITY AND STATE _____

STATE _____

PART III

If you are NOT the next of kin authorized to direct the disposition of remains, please fill in PART III of this form.

THIS IS TO CERTIFY THAT I AM NOT THE NEXT OF KIN AUTHORIZED TO DIRECT THE FINAL DISPOSITION OF THE REMAINS OF THE DECEASED. THE FOLLOWING PERSON TO THE BEST OF MY KNOWLEDGE IS THE NEXT EXISTING PERSON IN THE ORDER OF ELIGIBILITY OF DECEDENT'S SURVIVORS. THIS SHOULD BE A FEMALE.

LAST NAME	FIRST NAME
RELATIONSHIP TO THE DECEASED	CITY OR TOWN
NUMBER AND STREET	STATE OR COUNTRY

MEMORIAL DIVISION

Mar 17 4 47 PM '49

F.M. REC. SEC. RECORDS BRANCH

REPAIRATION

293 STEELE, HERBERT SGT. 20523464

AS

G

293 Steele, Herbert 20523464

HARRODSBURG KENTUCKY

OCTOBER 16 1948

STATE OF KENTUCKY

COUNTY OF MERCER

I, Sallie Ann Steele Hourigan, state that I re-married on January 23 1947. My present husband is Kenneth Hourigan, Harrodsburg Kentucky. A certified copy of my marriage certificate has been sent to the Veterans Administration. One can be sent to your office if necessary.

The Form 345 has been given to Mrs Miranda Steele mother of Herbert Steele, in order for her to make the decision as to burial.

Sallie Ann Steele Hourigan
Sallie Ann Steele Hourigan

Subscribed and sworn to before me this 16th day of October 1948 at Harrodsburg Kentucky by Sallie Ann Steele Hourigan, to me personally known.

T. L. Menaugh Jr.
Mrs T. L. Menaugh Jr.

My Commission Expires Sept 17 1951

*File
NAT
Call in
24 Jan 49*



RECEIVED

OCT 22 1948

COUNTY OF ...

COUNTY OF ...

I, the undersigned, do hereby certify that the within and above described ...

Witness my hand and seal this ... day of ... 1948.

Notarially attested and signed by me this ... day of ... 1948.



IDENTIFICATION SECTION
MEMORIAL DIVISION

IDENTIFICATION DATA

LAST NAME - FIRST NAME - MIDDLE INITIAL <i>Steele, Herbert</i>			ARMY SERIAL NUMBER <i>20523464</i>		GRADE <i>Sgt.</i>
HEIGHT	WEIGHT	COLOR EYES	COLOR HAIR	SHOE SIZE	DATE OF DEATH <i>20 Apr. 42</i>

LAST ORGANIZATION TO WHICH ATTACHED OR ASSIGNED (Give complete designation)
Co. D 192nd Tk. Bn.

PLACE OF DEATH OR PLACE LAST SEEN IF MIA
Cp. O'Donnell Philippine Island

LIST ALL CAMPS IN WHICH STATIONED IN U.S. PRIOR TO SERVICE OVERSEAS, WITH INCLUSIVE DATES AT EACH.

STATION	DATES
<i>Not of record.</i>	<i>Not of rec. — Not of rec.</i>
<p>FROM: W.D. AGO CLINICAL RECORDS BRANCH NO RECORDS ON FILE</p>	

FRACTURES AND/OR BREAKS <i>not of Rec.</i>	TATTOOS AND/OR BIRTH MARKS <i>not of Rec.</i>
---	--

DENTAL CHART *27 Nov. 40*

8 7 6 5 4 3 2 1	1 2 3 X X 6 7 8
UPPER RIGHT	UPPER LEFT
16 15 14 13 12 11 10 9	9 10 11 12 13 14 15 16
LOWER RIGHT	LOWER LEFT

X - EXTRACTED 0 - CARIOUS / - CARIOUS NON-RESTORABLE

1-380

SEARCHED INDEXED

SERIALIZED FILED

SEP 24 1946

FBI - MEMPHIS



NO RECORDS TO BE

MAINTAINED IN THIS

SECTION

ALL INFORMATION CONTAINED

HEREIN IS UNCLASSIFIED

DATE 10/21/84 BY SP-5 JMB/BJM

SEARCHED	INDEXED	SERIALIZED	FILED	DATE	BY
				SEP 24 1946	JMB/BJM

MEMPHIS DIVISION

IDENTIFICATION SECTION

gc

Sgt Herbert Steele, 20 523 464
 Plot 3, Row 11, Grave 1390,
 United States Armed Forces Cemetery
 Manila #2, Philippine Islands

7 October 1948

Mrs. Sallie A. Steele

Harrodsburg, Kentucky

Dear Mrs. Steele:

The people of the United States, through the Congress have authorized the disinterment and final burial of the heroic dead of World War II. The Quartermaster General of the Army has been entrusted with this sacred responsibility to the honored dead. The records of the War Department indicate that you may be the nearest relative of the above-named deceased, who gave his life in the service of his country.

The enclosed pamphlets, "Disposition of World War II Armed Forces Dead," and "American Cemeteries," explain the disposition, options and services made available to you by your Government. If you are the next of kin according to the line of kinship as set forth in the enclosed pamphlet, "Disposition of World War II Armed Forces Dead," you are invited to express your wishes as to the disposition of the remains of the deceased by completing Part I of the enclosed form "Request for Disposition of Remains." Should you desire to relinquish your rights to the next in line of kinship, please complete Part II of the enclosed form. If you are not the next of kin, please complete Part III of the enclosed form.

If you should elect Option 2, it is advised that no funeral arrangements or other personal arrangements be made until you are further notified by this office.

Will you please complete the enclosed form, "Request for Disposition of Remains" and mail in the enclosed self-addressed envelope, which requires no postage, within 30 days after its receipt by you? Its prompt return will avoid unnecessary delays.

Sincerely,

THOMAS B. LARKIN
 Major General
 The Quartermaster General

Incls.

bk

345 rec'd 26 Oct 48
M-1
70

RK

REQUEST FOR NEW LETTER OF INQUIRY

TO - LETTER OF INQUIRY SECTION REPATRIATION RECORDS BRANCH		FROM <i>RL-2</i>	
NAME OF DECEDENT (First, Middle, Last) <i>HERBERT STEELE</i>		GRADE <i>SGT</i>	SERIAL NUMBER <i>20 523 464</i>
GRAVE LOCATION			
CEMETERY <i>U.S. ARMED FORCES CEM, MANILA #2, PHILIPPINE ISL.</i>	PLOT <i>3</i>	ROW <i>11</i>	GRAVE <i>1390</i>
LETTER OF INQUIRY TO BE SENT TO: MR. MISS MRS. <i>SALLIE A. STEELE</i>		RELATIONSHIP <i>WIFE</i>	
ADDRESS			
STREET		CITY AND STATE <i>HARRODSBURG KENTUCKY</i>	

AUTHORITY FOR LETTER OF INQUIRY AND REMARKS

*No LOI has been sent.
Send Gr/L ltr. 1st ltr.
1 Oct. 48
LOI dated 8 October 48*

GLK sent 1 Oct 48-RK

L.O.I. SENT 7 OCT 1948 - WIFE - RK

Prudity

*not sent 1 Oct 48
RL-2 sent
not*

INITIAL LOI
DO NOT REMOVE

DATE <i>8 Oct. 48</i>	CLERK'S SIGNATURE <i>A. Wornley RL-2</i>
--------------------------	---

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

gfb

STEELE, HERBERT

293

DUE, HOUR AND DATE

1 No.	2 From	3 To	4 Date	5 Message
----------	-----------	---------	-----------	--------------

1

LOI
Section
R/R Br.

Record
Section
R/R Br.

29 Sep. 48

1. As 333 card in this case could not be immediately located action has been taken with a view to resolving the case without the 333 card.

2. File is forwarded to your section for such correction in 333 card as may be indicated.

3. When your action has been completed please forward file to Mail and Records.

CUNNINGHAM
71507

Snowden
6535

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

14 OCT 1948

*OR/Ltr sent 1 Oct 48
LOI sent wife 8 Oct 48*

*File
Information attached
17 Oct 48
JWR*

A.W. Under

CF

1 October 1948

Mrs. Sallie A. Steele

Harrodsburg, Kentucky

Dear Mrs. Steele:

The Department of the Army is most desirous that you be furnished information regarding the burial location of your husband, the late Sergeant Herbert Steele, A.S.N. 20 523 464. ^B

The records of this office disclose that his remains are interred in the United States Armed Forces Cemetery Manila #2, plot 3, row 11, grave 1390. You may be assured that the identification and interment have been accomplished with fitting dignity and solemnity.

This cemetery is located within the city limits of Manila, Philippine Islands, and is under the constant care and supervision of United States military personnel.

The Department of the Army has now been authorized to comply, at Government expense, with the feasible wishes of the next of kin regarding final interment, here or abroad, of the remains of your loved one. At a later date, this office will, without any action on your part, provide all legal next of kin with full information and solicit their detailed desires.

Please accept my sincere sympathy in your great loss.

Sincerely yours,

JOHN O. HYATT
Colonel, ^{MC}
Memorial Division

bk

RK

/cbf *CHE*

RESTRICTED

A

WD OMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 30 Jan 48	
Imprint Identification Tag If Possible. DO NOT TYPE		Section 1.—IDENTIFICATION.		SERIAL No. 20523464	
NAME (Last, first, middle initial) STEEL, Herbert		GRADE Sgt		ORGANIZATION 194 Tank	
RACE Unknown		RELIGION Protestant		BRANCH OF SERVICE Army	
PLACE OF DEATH Cabanatuan Prison Camp, Luzon, P.I.		CAUSE OF DEATH Dysentery		DATE OF DEATH 14 June 42	
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown					
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) Yes (1)		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)			
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes		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 28 Jan 48	HOUR 0900	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER None	PLOT No. 802	ROW No. M
WAS THIS A REBURIAL? (Yes or no) Yes		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE USAF Cemetery Manila #2, Luzon, P.I.		GRAVE No. 4181	PLOT No. 3
TYPE OF RELIGIOUS CEREMONY RESTORED		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		SIGNATURE OF GRS OFFICER VERIFYING REPORT L S PANOPIC, 2nd Lt, Inf	
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) UNKNOWN X-3088		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 4182
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) ALBAN, Harvey		RANK Pvt	SERIAL No. 13004908	ORGANIZATION	GRAVE No. 4180
SIGNATURE OF PERSON PREPARING REPORT T C AQUINO, T/5, OMC		SIGNATURE OF GRS OFFICER VERIFYING REPORT L S PANOPIC, 2nd 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.					

RESTRICTED

23

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Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

DATE OF REPORT 30 Jan 48	LEFT LITTLE FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
GRAVE NO.	LEFT RING FINGER	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND		
GRAVE NO.	LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLUES				
GRAVE NO.	LEFT INDEX FINGER	IF NO TAGS FOUND ON BODY DESCRIBE MEANS OF IDENTIFICATION (If none, fill in section 3 on reverse)				
GRAVE NO.	LEFT THUMB	FILLINGS				
GRAVE NO.	RIGHT THUMB	CAVITIES	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>			
GRAVE NO.	RIGHT INDEX FINGER	MISSING TEETH	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>			
GRAVE NO.	RIGHT MIDDLE FINGER	CROWNED TEETH	<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or No)</p> <p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or No)</p>			
GRAVE NO.	RIGHT RING FINGER	BRIDGE WORK	<p>BOY BURIED ON DECEASED LEFT NAME (Last, first, middle initials)</p> <p>BOY BURIED ON DECEASED RIGHT NAME (Last, first, middle initials)</p>			
GRAVE NO.	RIGHT LITTLE FINGER	REMARKS:	<p>QMC Form 1044, 1044-A and 1044-B accomplished.</p>			

26 MAY 1948

RESTRICTED

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN STEEL, Herbert			2. DATE OF REPORT 26 Jan 48	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	802	M	4181	DISINTERMENT 17 Dec 47 REINTERMENT STORAGE 28 Jan 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'4½"	10. COLOR OF HAIR UTD	11. RACE Unknown
----------------------------	------------------------------	--------------------------	---------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 One embossed tag, one ID tag and two Cem. Tags found with remains bearing the following markings: HERBERT STEEL 20523464 SGT 194 TANK 14 JUNE 42 P 1390-11-3 T41 O. Tags enclosed with remains.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES
 U T D - Skeletal Chart and Tooth Chart attached.

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 ?
---	------------------

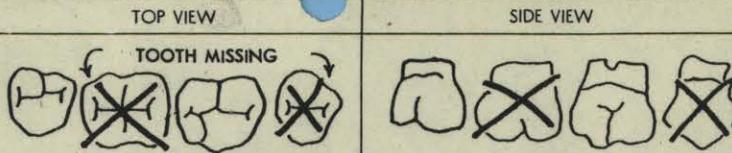
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
 NONE

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

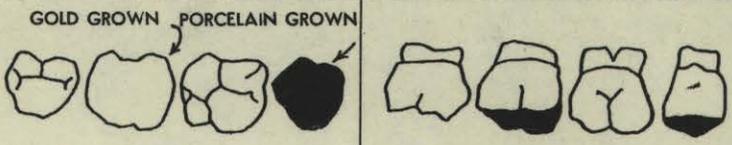
18.

TOOTH CHART

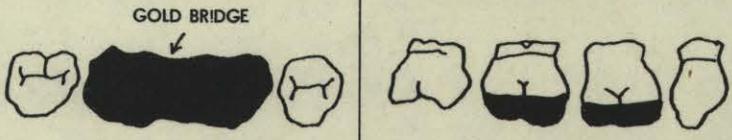
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



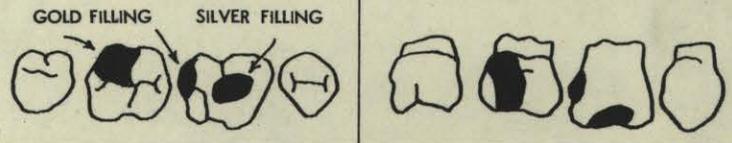
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



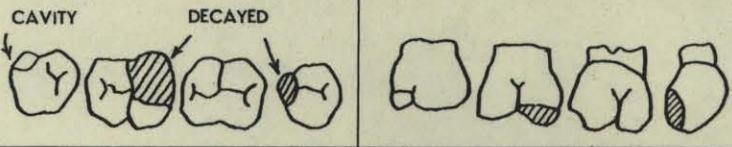
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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								
X		cavity MO					cavity M	cavity M	cavity M	cavity d			A MO		X								
SIDE VIEWS												SIDE VIEWS											
TOP VIEWS												TOP VIEWS											
UPPER												UPPER											
LOWER												LOWER											
SIDE VIEWS												SIDE VIEWS											
Partially Impacted		A MO		⊗	⊗			⊗				⊗	A cavity MO M	cavity M	Partially Impacted								
6	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16								

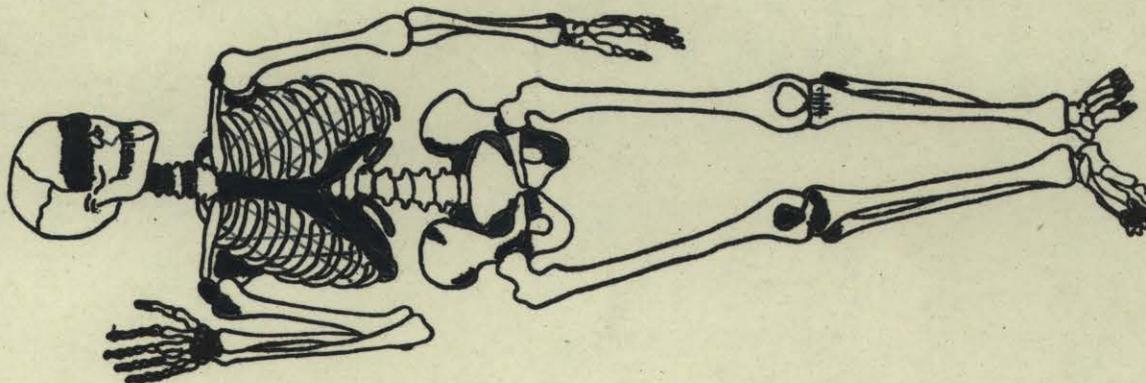
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla line of fracture between R1, & L1; Mandible line of fracture between L10: & L 11;
Mandible has slice wound as though hit with a sharp edged instrument causing a posthumous fracture between L10 & L11 running diagonally to the distal.

CERTIFIED TRUE COPY:
L.S. PANOPIO, 1st Lt, Inf. s/ John H. Bennett Jr.

19. BLACK OUT PARTS OF BODY NOT RECOVERED

EL, Herbert



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 burial bottle nor personal effects received with remains. Estimated weight of remains 8 lbs. Skull is 20½ inches in circumference, the physical height is approximately 5 ft. and 4½ inches. These remains in one group disinterred from grave 1015 Row 0 Plot 10 Cabanatuan POW Cemetery, Luzon, P.I.

CERTIFIED TRUE COPY:

L.S. Panopio
L.S. PANOPIO
1st Lt., Inf.

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

p/ CLEMENT G. SWAN, Emb Sr.Ung. 064862
CIP. Lab. Manila, P.I.

s/ Clement G. Swan

QMC Form 1044
Rev. 7 Apr. 1945

RESTRICTED

Date

17 Dec 47

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

STEEL, Herbert

Serial Number

20523464

Grade

Sgt

Organization

194 Tank Army

.Name, Number and Location of Cemetery

USAF Cem Manila # 2, Luzon P. I.

Plot

3

Row

11

Grave No.

1390

2. Date of Disinterment

17 Dec 47

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Remarks

no tag "steel"

Remarks (2/2)

Skeletal remains.

Remarks (3/2)

Remarks

4. What Identification Found at Time of Disinterment: On Marker

Remarks

One (1) substitute tag.

On Remains

One (1) identification tag.

What Identification Used Upon Reinterment: On Marker

Remarks

On Remains

5. Signature of Officer Supervising Disinterment and Reinterment.

WARD C. STEPHENSON, 1st Lt., QMC

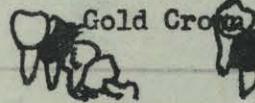
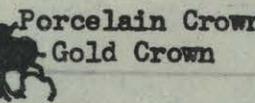
RESTRICTED

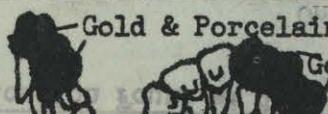
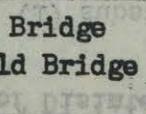
RESTRICTED

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

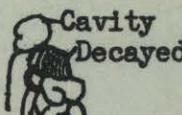
1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth
 Tooth Missing

Crowned Teeth
 Gold Crown
 Porcelain Crown

Bridgework
 Gold & Porcelain Bridge
 Gold Bridge

Fillings
 Silver Filling
 Gold Filling

Caries (Cavities)
 Cavity
 Decayed

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

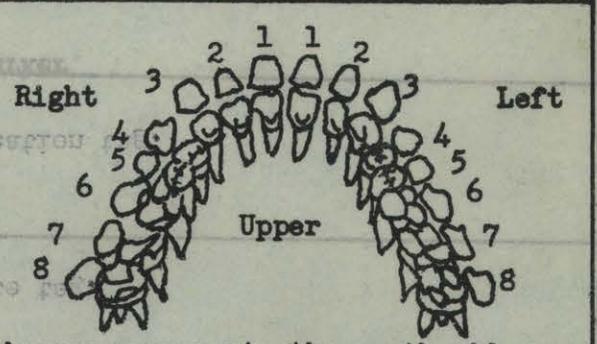
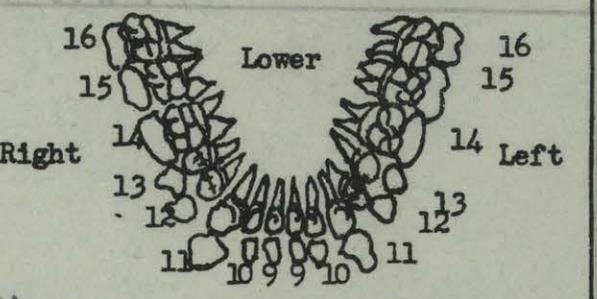


Diagram represents the mouth wide open



Date of Examination			
Name of Patient		Sex	
Age		Race	
Address		City	
State		Zip	
Dentist's Name		Dentist's Address	
Dentist's City		Dentist's State	
Dentist's Zip		Dentist's License No.	

5-34880-4M

HEADQUARTERS
CENTRAL IDENTIFICATION POINT
AMERICAN GRAVES REGISTRATION SERVICE-FAR EASTERN ZONE

/at

APO 707
10 Feb 1948

The following cases are those disinterred from a common grave at Cabanatuan Prison Camp. - Grave #1915, Row #0, Plot #10. The unknown numbers are AGRS Mausoleum numbers:

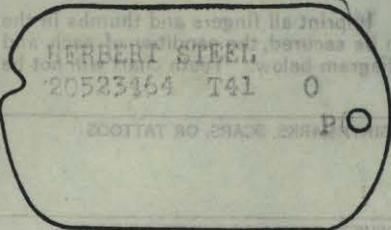
UNKNOWN X-3087-A
 " X-3087-B
 " X-3087-C
 " X-3087-D
 " X-3087-E
 " X-3088
 " X-3089
 " X-3090
 " X-3091
 " X-3584
 " X-3585
 " X-3586 - Id. as: mc-murray, welforn S.

*Consolidated (mass burial)
+ redesignated as: X-4099 man #2.*

HUNTINGTON, William W.
 STEEL, Hubert (Herbert)

RESTRICTED

34397 3

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 14 Mar 46			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				SERIAL No. 20523464		
		NAME (Last, first, middle initial) STEEL, Herbert		ORGANIZATION 194 Tank		BRANCH OF SERVICE Army		
		GRADE Sgt		RACE Protestant		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH Cabanatuan Prison Camp Luzon, P I		CAUSE OF DEATH Dysentery			DATE OF DEATH 14 June 42			
EMERGENCY ADDRESSEE (Name, relationship, and address)								
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) Yes (1)		IF NO TAGS FOUND ON BODY. DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)						
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes (1)								
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 12 Feb 46		HOUR 0900		BURIED IN (Shroud, blanket, or name of other) Shelter Half		TYPE OF GRAVE MARKER Cross		
				PLOT No. 3		ROW No. 11		
						GRAVE No. 1390		
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 Cabanatuan Cemetery, Luzon, PI 45.7-70.9 1/50,000			PLOT No. 10		ROW No. 0	
						GRAVE No. 1015		
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) OPPENHEIM, James R				RANK 1st Lt		SERIAL No. 0-328592		
						ORGANIZATION CE		
						GRAVE No. 1389		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) ANDERSON, Glenn A				RANK Pvt		SERIAL No. 38007503		
						ORGANIZATION USA		
						GRAVE No. 1391		
SIGNATURE OF PERSON PREPARING REPORT R. C. BARRETT, S/Sgt., GRS.				SIGNATURE OF GRS OFFICER VERIFYING REPORT 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

FILE
 MAR 16 1946

RESTRICTED

3A

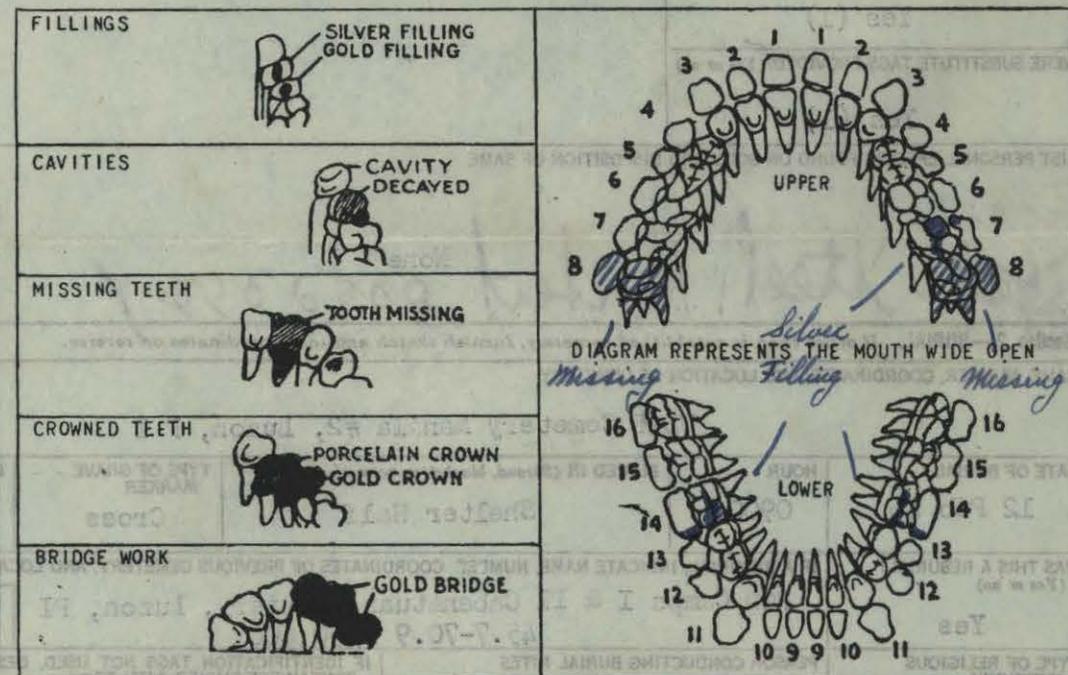
Section 3.— UNIDENTIFIED REMAINS.

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				



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

REMARKS:	

SIGNATURE OF PERSON MAKING REPORT	
SIGNATURE OF GCS OFFICER VERIFYING REPORT	

RESTRICTED

APR 1946

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

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT THE ADJUTANT GENERAL'S OFFICE WASHINGTON 25, D. C.

REPORT OF DEATH

DATE **2 Aug 45** AM/3835

FULL NAME STEELE, HERBERT		ARMY SERIAL NUMBER 20 523 464	GRADE SGT
HOME ADDRESS Harrodsburg, Ky.		ARM OR SERVICE Inf	DATE OF BIRTH 12 Mar 19
PLACE OF DEATH Southwest Pacific Area	CAUSE OF DEATH Dysentery		DATE OF DEATH 14 Jun 42
STATION OF DECEASED Southwest Pacific Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Sep 39	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs Sallie A. Steele, wife, Harrodsburg, Ky.			

BENEFICIARY (Name, relationship, and address)
**Mrs Sallie A. Steele, wife, same as above.
Maranda Steele, mother, same as above.**

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>		

ADDITIONAL DATA AND/OR STATEMENT BATTLE NON-BATTLE

The individual named in this report of death is ~~not~~ held by the War Department to have been in a beleaguered status from 8 Dec 1941 to and including 6 May 1942 (Section 14, Public Law 490) and absent in a missing in action status on and subsequent to 7 May 1942 and until such absence was terminated on 28 Jul 45, on which date evidence considered sufficient to establish the fact ~~of~~ that he died on 14 Jun 42 in a prisoner of war camp in the Phillipine Islands, was received by the Secretary of War from a commander in the Southwest Pacific Area.

SPECIAL PI

BY ORDER OF THE SECRETARY OF WAR

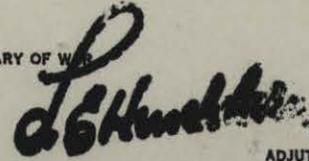
L. G. H. [Signature]
ADJUTANT GENERAL
2 files 2 Jan 45 [Handwritten]

SENSITIVE SURFACE - HANDLE EDGES ONLY

**WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON 25, D. C.**

REPORT OF DEATH

DATE **2 Aug 45** AM/3835

FULL NAME STEINLE, HERBERT		ARMY SERIAL NUMBER 20 523 464		GRADE SGT	
HOME ADDRESS Harrodsburg, Ky.		ARM OR SERVICE Inf		DATE OF BIRTH 12 Mar 19	
PLACE OF DEATH Southwest Pacific Area		CAUSE OF DEATH Dysentery		DATE OF DEATH 14 Jun 42	
STATION OF DECEASED Southwest Pacific Area		DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Sep 39		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs Sallie A. Steele, wife, Harrodsburg, Ky.					
BENEFICIARY (Name, relationship, and address) Mrs Sallie A. Steele, wife, same as above. Maranda Steele, mother, same as above.					
INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT	
YES	NO <input checked="" type="checkbox"/>	YES <input checked="" type="checkbox"/>	NO	YES	NO <input checked="" type="checkbox"/>
WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLVING PAY STATUS	
YES <input checked="" type="checkbox"/>	NO	YES	NO	YES	NO <input checked="" type="checkbox"/>
OTHER PAY STATUS (Specify below)					
YES		NO		NO	
ADDITIONAL DATA AND/OR STATEMENT					
<input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE					
<p>The individual named in this report of death is not held by the War Department to have been in a beleaguered status from 8 Dec 1941 to and including 6 May 1942 (Section 14, Public Law 490) and absent in a missing in action status on and subsequent to 7 May 1942 and until such absence was terminated on 28 Jul 45, on which date evidence considered sufficient to establish the fact of that he died on 14 Jun 42 in a prisoner of war camp in the Phillipine Islands, was received by the Secretary of War from a commander in the Southwest Pacific Area.</p> <p>SPECIAL PI</p>					
BY ORDER OF THE SECRETARY OF WAR  ADJUTANT GENERAL					

FILE
AUG 7 - 1945
VJ

SENSITIVE SURFACE - HANDLE EDGES ONLY

WAR DEPARTMENT THE ADJUTANT GENERAL'S OFFICE WASHINGTON 25, D. C.

REPORT OF DEATH

DATE **2 Aug 45** AM/3835

FULL NAME STEELE, HERBERT		ARMY SERIAL NUMBER 20 523 464	GRADE SGT
HOME ADDRESS Harrodsburg, Ky.		ARM OR SERVICE Inf	DATE OF BIRTH 12 Mar 19
PLACE OF DEATH Southwest Pacific Area	CAUSE OF DEATH Dysentery		DATE OF DEATH 14 Jun 42
STATION OF DECEASED Southwest Pacific Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 29 Sep 39		LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs Sallie A. Steele, wife, Harrodsburg, Ky.			

BENEFICIARY (Name, relationship, and address)
**Mrs Sallie A. Steele, wife, same as above.
Maranda Steele, mother, same as above.**

INVESTIGATION MADE		IN LINE OF DUTY		OWN MISCONDUCT		WAS DECEASED ON DUTY STATUS		AUTHORIZED ABSENCE		IN FLYING PAY STATUS		OTHER PAY STATUS (Specify below)	
YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>		

ADDITIONAL DATA AND/OR STATEMENT BATTLE NON-BATTLE

The individual named in this report of death is ~~not~~ held by the War Department to have been in a beleaguered status from 8 Dec 1941 to and including 6 May 1942 (Section 14, Public Law 490) and absent in a missing in action status on and subsequent to 7 May 1942 and until such absence was terminated on 28 Jul 45, on which date evidence considered sufficient to establish the fact ~~of~~ that he died on 14 Jun 42 in a prisoner of war camp in the Phillipine Islands, was received by the Secretary of War from a commander in the Southwest Pacific Area.

SPECIAL PI

BY ORDER OF THE SECRETARY OF WAR

L. G. Hines
file NAT. 19 November 47
A. J. Burns
 ADJUTANT GENERAL

