

CAUTION: THESE RECORDS WILL BE USED FOR OFFICIAL PURPOSES ONLY. DO NOT REMOVE PAPERS NOR REVEAL CONTENTS TO PERSON CONCERNED. RETURN THEM PROMPTLY.

TRANSFER SLIP

No. A3 775604

DATE OF REQUEST

8-3-50 JW

✓ RECORDS DESIRED	201 FILE	ENL REC	EFF REP	MED REC	LETTER	IND	MEMO	RADIO	OTHER (Specify)	LAST DATE
FILE OR SERIAL NUMBER AND SUBJECT	293 Bain Daniel C 33035131									REQUESTED PAPERS NOT IN FILE
TO	NAME AND EXTENSION OF PERSON REQUESTING FILE				DIVISION, BRANCH, SECTION, BUILDING AND ROOM NUMBER					
	Hawkins Lee				DDM Y 1316A					
RETURN TO	Departmental Records Branch, AGO 219 North Lee Street Alexandria, Virginia				DATE RETURNED		TO RETURN FILE, INITIAL HERE			
INSTRUCTIONS	When transferring file to another person, complete self-addressed transfer coupon below, detach, stitch to blank letter-size paper and place in out-going mail service.									

TRANSFER COUPON

No. A3 775604

TO:

NOTE THAT FILE OF:

Bain, Daniel C.

HAS BEEN TRANSFERRED TO: (Name)

T. Lee

DIVISION, BRANCH, SECTION, BUILDING AND ROOM NO.

Ident.

DATE

8/4/50

SIGNATURE

[Signature]

Departmental Records Branch, AGO
219 North Lee Street
Alexandria, Virginia

293 FILE DATA ON REMAINS NOT YET RECOVERED OR IDENTIFIED

NAME (Last, First, Middle Initial) *373 BAIN, Daniel C.* GRADE *Pfc* PRESENT SERIAL NUMBER *33035131*

ORGANIZATION *803RD ENGR BN* RACE *white* CREED *not of record* FORMER SERIAL NUMBER (If Applicable) *none*

DATE OF DEATH/MIA *19 Nov '42* CAUSE OF DEATH *PELLAGRA* PLACE OF DEATH OR PLACE LAST SEEN IF MIA *PW CAMP CABANATUAN, P.I.*

DATE OF FOD *30 OCT '45* HEIGHT *70 1/2 inches* WEIGHT *160* COLOR EYES *BLUE* COLOR HAIR *Brown* SHOE SIZE *not of record*

DENTAL CHART DATE *31 MAR '41*

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 *FRACTURE OF LEFT WRIST 1930* TATTOOS AND/OR BIRTHMARK *none shown*

ADDITIONAL INFORMATION
*No Form 79's available
Previously buried in USAF CEMETERY MANILA #2,
LUZON, P.I. on 14 JAN '46 at 0900 HOURS.
Buried in SHELTER HALF. TYPE OF MARKER, CROSS,
PLOT No 2. Row No 20, GRAVE No 2486.*

Harbo
OCT 25 1950
Identification Branch

COPY

WW II

REQUEST FOR REIMBURSEMENT OF INTERMENT OR TRANSPORTATION EXPENSES

DATE

5/20/49

(Read Explanation on Reverse Side before completing form)

NAME OF DECEDENT (Last, First, Middle Initial)

BRANCH OF SERVICE

TO BE FILLED IN BY CLAIMANT

Bain, Daniel G.

Army

A. INTERMENT EXPENSES
(Civilian or Private Cemetery)

RANK OR GRADE

SERIAL NO.

Pfc

33035131

B. TRANSPORTATION EXPENSES
(National or Post Cemetery)

INSTRUCTIONS TO PERSONS SIGNING THIS FORM

1. This form is NOT to be signed by Funeral Director.
2. Fill in as required ~~and return four copies to~~
3. Check Box "A" or Box "B" above, not both.
4. Check Box "A" when interment is in a civilian or private cemetery.
5. Check Box "B" when remains are delivered to home or other place prior to burial in a national or post cemetery.

FILL IN THIS STATEMENT IF BOX "A" IS CHECKED

FILL IN THIS STATEMENT IF BOX "B" IS CHECKED

I certify that the sum of \$ 269.00 was paid by me from personal funds in connection with the interment of the remains of the above-named decedent in the cemetery indicated below:

I certify that the sum of \$ _____ was paid by me from personal funds in connection with the transportation of the remains of the above-named decedent from: (City, town, or place from which remains were shipped)

NAME: of Cemetery: Mt Vernon
CITY OR COUNTY: Allegheny
STATE: Penna

TO: (Name and Location of National or Post Cemetery)

RETURN FOUR COPIES TO

AMERICAN GRAVES REGISTRATION DIVISION
COLUMBUS GENERAL DEPOT
COLUMBUS 15, OHIO

SIGNATURE OF CLAIMANT

ADDRESS (Street number or RFD, City and State)

RELATIONSHIP TO DECEDENT

REMARKS

PAID ON VOUCHER 143147
JUN JUN 21 1949
W. KNOBELOCH, Lt. Col. F. D.

~~RESTRICTED~~

~~CONFIDENTIAL~~
CASUALTY REPORT
(Non-Battle - Death)

AR 30-18402
Classification Cancelled
By Authority of The OAG
Signature OCCM, Hollen
Date AFWESPAC 6-13-49

CHQ, AFPAC, APO 500
AG Recovered Personnel Branch
DATE: 7 July 1945

1. Name BAIN, DANIEL C. Grade PFC ASN 33036131
Arm or Service: CE Organization 803d Engrs Bn
By whom employed: _____
(for civilian casualties only)
2. Date of Death: 19 November 1942
3. Place of Death: Cabanatuan Prison Camp
4. Cause of Death: Pellagra
5. In flying status: Unknown
6. Entitled to add. pay for: Unknown
7. Line of Duty: Yes No Investigation Required
8. Result of own misconduct: No
9. In pay status at time of death: Yes
10. Emergency Addressee:
Name Mrs. E. Bain Relationship Unknown
Address _____
Sisterville, Pa.
(St. & No. or RFD) (City or Town) (State)
11. Source of information: Individual Death Report, Cabanatuan Prison Camp, signed by J.W. Schwartz, Lt Col, MC. One Hospital Register and one Death Register, Cabanatuan.
12. Remarks: None

REF: File 550-2-2, page 4
558-2, page 40.2272
558-8, page 166

STATION FILE

32245

~~RESTRICTED~~
~~CONFIDENTIAL~~

BAIN, Daniel C.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN BAIN, Daniel C. 33035131 Pfc. AUS				2. DATE OF REPORT 12 Aug 48			
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.			4. PLOT 810	5. ROW F	6. GRAVE 1873	7. DATE OF DISINTERMENT REINTERMENT 3 Feb. 48 12 Aug 48	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'7 1/8"	10. COLOR OF HAIR UTD	11. RACE UNK
----------------------------	---------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS
 One (1) original Ident. tag bearing the following inscriptions:
 BAIN, DANIEL C — 33035131 — EVA PEARL BAIN —
 BOX 112 — SUITERSVILLE, PA.

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

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES 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

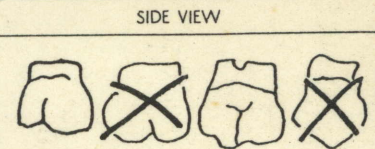
12 August '48

Bair, Daniel C.

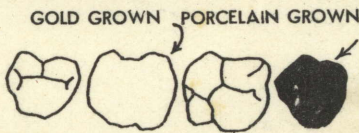
18.

TOOTH CHART

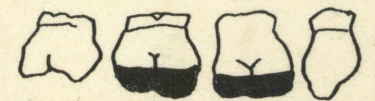
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



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



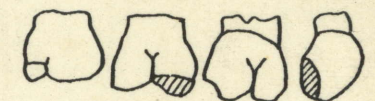
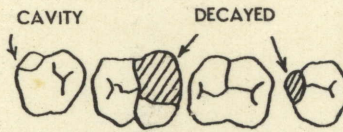
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



partially impacted fractured partially impacted

RIGHT								LEFT							
7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
										<i>g</i>	<i>g</i>				
SIDE VIEWS															
UPPER															
LOWER															
	<i>g</i>	<i>X</i>									<i>p</i>	<i>X</i>	<i>to</i>		
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."

Maxilla is fractured in median line. R8 and L8 are partially impacted.

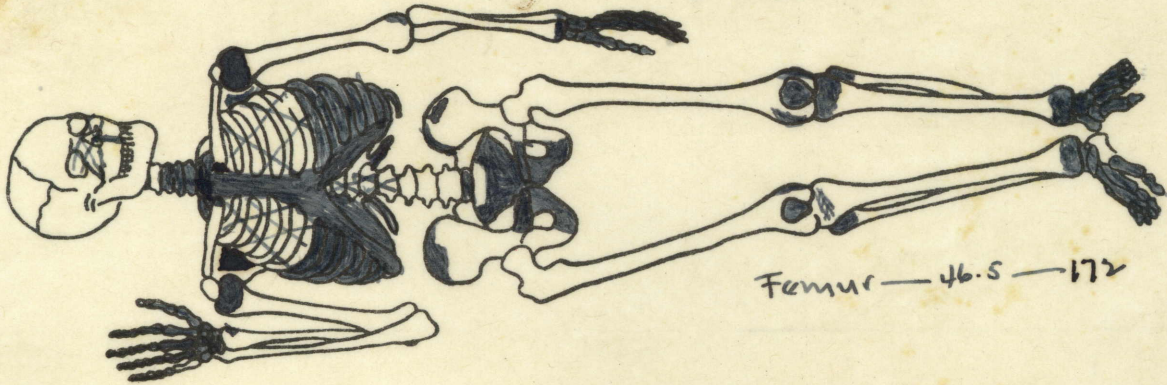
Cpl. Joseph D. Murphy

12 Aug 48

BAIN, Daniel C

19. BLACK OUT PARTS OF BODY NOT RECOVERED

1-Cervical } Vertebrae
3-Lumbar }
Vertebra + rib fragments



Femur — 46.5 — 172

Est. height — 5' 7 1/2"

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

Circumference of skull — 20 1/2"
Est. weight of remains — 7 1/2 lbs.
This decedent is one of a group disinterred from
Grave 717, Row O, Plot 7 of Cabanatuan POW Camps
Cemetery, Luzon, P.I.

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

EDWARD F. MURPHY, Emb. Supervisor
CIP Laboratory, Manila, P.I.

SIGNATURE

REPORT OF DISINTERMENT

Bain Daniel C 33035131 Pfc AUS
 (Last Name) (First) (Initial) (Serial No) (Rank) (Organization)
 Cabanatuan POW Camp I & II 19 Nov. 1942 unkn
 (Place of death) (Date of death) (Cause of death)
 (Time unkn) 19 Nov. 1942 Cem I & II 45.7-70.9 1/50,000 Luzon, P.I.
 (Time and date of burial) (Name of Cemetery) (Co-ord. of location)
 717 0 7 Reg Cross
 (Grave No.) (Row No.) (Plot No.) (Type of Marker)

Disposition of Identification Tags: Sent with the remains.

Religion: Unkn

Remarks: None

Next of Kin: Eva Pearl Bain, Box 112, Sutersville, Pa.

Signature of person disinterring: Thurston A. Reidinger

Time of Disinterment: 01:29 8 Jan. 1946

Disinterment by 3045th Graves Registration Co. LT. THURSTON A. REIDINGER

M. G.M. CO. PLATOON
REPORT OF INTERMENT

O-118022
III BN 48. PL.
AFU = 12

Posted
Reidinger

Bain Daniel C. 33035131 Pfc A.U.S.
 (Last Name) (First) (Initial) (Serial No.) (Rank) (Organization)
 Cabanatuan P.O.W. 19 Nov 1942
 (Place of death) (Date of death) (Cause of death)
 0900 12 Jan 1946 Manila #2
 (Time and date of burial) (Name of Cemetery) (Co-ord of location)
 2486 12 2 C/A
 (Grave No.) (Row No.) (Plot No.) (Type of Marker)

Disposition of Identification Tags: Buried with body: YES NO

Attached to Marker : YES NO

Religion: _____

Remarks: 1 wig tag.

Next of Kin: Eva Pearl Bain, Box 112, Sutersville, Pa.

Signature of person burying: _____

22897

RECEIPT OF REMAINS

COLUMBUS GENERAL DEPOT

COLUMBUS 15 OHIO

DISTRIBUTION CENTER

ROUTINE 21 APRIL 1949

REMAINS CONSIGNED TO:

CARL CULLER & SON FUNERAL HOME

107 MAIN STREET

WEST NEWTON PENNSYLVANIA

FROM QMDCG

BARDEN

REMAINS OF THE LATE PFC DANIEL C BAIN ASN 33035131 BEING SHIPPED TO YOU ACCOMPANIED BY MILITARY ESCORT ON TRAIN NUMBER 22 BALTIMORE AND OHIO RAILROAD LEAVING COLUMBUS OHIO 12:48 AM TWENTY SIX APRIL AND DUE TO ARRIVE WEST NEWTON PENNSYLVANIA 11:34 AM RAILROAD TIME TWENTY SIX APRIL. REQUEST YOU MAKE ARRANGEMENTS TO ACCEPT REMAINS AT STATION UPON ARRIVAL AND THAT YOU IMMEDIATELY PASS THIS INFORMATION ON TO NEXT OF KIN.

FILE
12 MAY 1949
MEM. DIV.

I, the undersigned, do hereby acknowledge receipt of the remains of the above-named deceased this 26 day of April, 1949.

Sgt. John M. Barrett
(Witness (Export))

Carl H. Culler & Son
(Consignee)
Carl H. Culler

JEW 211

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
7747 03222

DATE
15 02 49
DAY MONTH YEAR

NAME BAIN DANIEL C	SERIAL NUMBER 33035131	GRADE PFC	ARM 1	RACE 1	RELIGION 5
CEMETERY MANILA NO 2 P I	PLOT 2	ROW 20	GRAVE 2486	DISPOSITION OF REMAINS 3200 07 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE CARL CULLER + SON FUNERAL HOME 107 MAIN STREET WEST NEWTON, PENNSYLVANIA	NAME AND ADDRESS OF NEXT OF KIN ALICE BAIN (SISTER) SUTERSVILLE, PENNSYLVANIA
---	---

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME BAIN, Daniel C	SERIAL NUMBER 33035131	GRADE	DATE OF DEATH	DATE DISINTERRED 2 Sept 48
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION USAGF	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	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 Sept 48	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) s/ Paul R Nichols
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY HONORIO V AURELIO, 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.

	s/ Honorio V Aurelio, 1st Lt, Inf SIGNATURE OF AGRS INSPECTOR
--	--

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAN TRANSFER

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS REMAINS DEPOT		TO USAT SGT JACK PENDLETON	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER WEYMAN L McGUIRE, Sgt., MC	
SIGNATURE OF SHIPPER <i>E. H. Newman</i> E. H. NEWMAN JR, CAPT, FA	DATE 14 Mar 49	SIGNATURE OF RECEIVER <i>Willis B. Camp</i>	DATE 14 Mar 49

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Willis B. Camp</i>	DATE APR 1 1949	SIGNATURE OF RECEIVER <i>Robert C. [unclear]</i>	DATE APR 1 1949

3. SHIPPED

FROM SQ STPR, FT MASON, CALIF.		TO DC-7 Columbus General Depot	
KIND OF CONVEYANCE RAIL		NAME OF CONVOYER <i>Eugene J. Steves</i>	
SIGNATURE OF SHIPPER AMBROSE C. ANTHUR MAJOR	DATE APR 1 1949	SIGNATURE OF RECEIVER <i>[unclear]</i>	DATE APR 1 1949

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 [unclear]		TO [unclear]	
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

DISINTERMENT DIRECTIVE

WORK SHEET

4
FINCH # 2

Section C-- Disinterment and Identification

Name	Serial Number	Rank	Date of Death	Date Disinterred
BRIN, DANIEL C.	33035131			2 Sept 48
Ident. Tag on Remains Marker	Organization	Religion	Identification Verified	
			Name and Title	

Section D--Preparation of Remains for Shipment

Nature of Burial	Condition of Remains
Shelter half	Skeletal
Other means of Identification	
Phot - 2	

Minor Discrepancies 1

Remains Prepared and Placed in Casket
Date

Casket Sealed by	Embalmer (Signature)
Casket boxed and marked By	Shipping Address Verified by

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

[Signature]
Signature of GRS Inspector

Prepared discrepancy Report GRC Form 1194a for major discrepancies.

MESSAGEFORM		MESSAGE CENTER No.	TRANSMITTING MEANS	CRYPTOGRAPH OR CLEAR TEXT	
CALLS V	STA. SER. No. NR	PRECEDENCE	TRANSMISSION INSTRUCTIONS <i>SF-140-R</i>	ORIGINATOR	DATE-TIME GROUP
ACTION	INFORMATION <u>WESTERN</u>		EXEMPT <u>UNION</u>	OPERATING SIGNALS	GROUP COUNT GR

FROM: (Originator)

SPACE ABOVE FOR SIGNAL CENTER ONLY

SECURITY CLASSIFICATION GOVT PD	
ACTION DAY LETTER	PRECEDENCE FOR INFORMATION
<input type="checkbox"/> ORIGINAL MESSAGE	
IDENTIFICATION	REFERS TO ANOTHER MESSAGE CLASSIFICATION

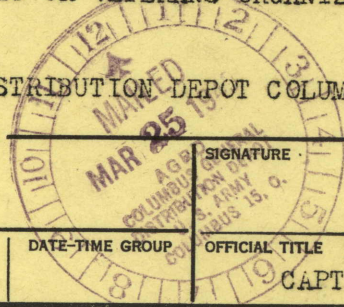
ACTION TO:
 • MISS ALICE BAIN
 • DLR AND REPORT ANY CHARGES
 • SUTERSVILLE PENNSYLVANIA
 • FROM QMDCG 208390 BARDEN

INFORMATION TO:

WE HAVE BEEN ADVISED REMAINS OF THE LATE
PRIVATE FIRST CLASS DANIEL C BAIN
 ARE ENROUTE TO THE UNITED STATES. OUR RECORDS INDICATE YOU WISH REMAINS DELIVERED
 TO CARL CULLER AND SON FUNERAL HOME
107 MAIN STREET WEST NEWTON PENNSYLVANIA

WITHIN FORTY EIGHT HOURS AFTER RECEIPT OF THIS MESSAGE PLEASE CONFIRM YOUR ORIGINAL INSTRUCTIONS OR SUBMIT NEW DELIVERY INSTRUCTIONS AND FURNISH YOUR CORRECT MAILING ADDRESS BY TELEGRAM COLLECT TO COMMANDING OFFICER COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO. REPLY IS NECESSARY WITHIN THIS PERIOD SINCE IT WILL NOT BE POSSIBLE TO COMPLY AT GOVERNMENT EXPENSE WITH ANY DESIRED CHANGES IN DELIVERY INSTRUCTIONS RECEIVED AFTER THE EXPIRATION OF FORTY EIGHT HOURS. WHILE DELIVERY OF THE REMAINS WILL BE MADE AS SOON AS PRACTICABLE AFTER RECEIPT FACTORS BEYOND OUR CONTROL MAY DELAY DELIVERY OF REMAINS FOR SEVERAL WEEKS. HOWEVER AS SOON AS REMAINS ARE RECEIVED HERE AND IT IS POSSIBLE TO SCHEDULE THEM FOR DELIVERY YOUR FUNERAL DIRECTOR WILL BE NOTIFIED BY TELEGRAM OF RAIL ROUTING AND SCHEDULED TIME REMAINS WILL ARRIVE AT RAILROAD STATION. ALSO HE WILL BE REQUESTED TO FURNISH YOU THIS INFORMATION SO THAT YOU MAY COMPLETE FUNERAL ARRANGEMENTS. THIS TELEGRAM WILL BE SENT AT LEAST THREE DAYS PRIOR TO ACTUAL SHIPMENT FROM THIS DISTRIBUTION CENTER. PLEASE INSTRUCT FUNERAL DIRECTOR TO ACCEPT REMAINS AT RAILROAD STATION UPON ARRIVAL. REMAINS WILL BE ACCOMPANIED BY MILITARY ESCORT. IF YOU DESIRE MILITARY HONORS AT FUNERAL YOU SHOULD ASK ANY LOCAL PATRIOTIC OR VETERANS ORGANIZATIONS TO MAKE ARRANGEMENTS. YOUR PROMPT COOPERATION WILL GREATLY ASSIST THIS OFFICE IN MAKING FINAL DELIVERY. PLEASE INCLUDE FULL NAME OF DECEASED IN REPLY TELEGRAM. NOTIFY THIS OFFICE OF PATRIOTIC OR VETERANS ORGANIZATION SELECTED BY YOU TO FURNISH MILITARY HONORS.

BOWMAN CO COLUMBUS GENERAL DISTRIBUTION DEPOT COLUMBUS OHIO



SECURITY CLASSIFICATION	SIGNATURE	AUTHORIZATION
ORIGINATING AGENCY	DATE-TIME GROUP	OFFICIAL TITLE FRANCIS FAPPIANO CAPT, QMC, Asst AGR Div
SYMBOL		PAGE OF

R1-6 WUB THANK YOU.

WUB006 19 COLLECT 2 EXTRA

SUTERSVILLE PENN MAR 27 403P

COMDG OFCR CGD

IN REPLY TELEGRAM CONCERNING REMAINS PFC DANIEL C

BAIN SUTERSVILLE PA ORIGINAL INSTRUCTIONS STAND

AS SUBMITTED

ALICE BAIN SUTERSVILLE PA.

844A MAR 28..

INSPECTION CHECKLIST
(FOR USE AT DISTRIBUTION CENTER)

NAME Bain, Daniel C. ✓		RANK Pfc	SERIAL NUMBER 33035131 ✓		
SOURCE SF140R		CONSIGNEE Carl Culler & Son Funeral Home 107 Main Street, West Newton, Pennsylvania			
SHIPPING CASE - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF SHIPPING CASE (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (EXTERIOR)	REMARKS <i>8 handles attached</i>				
FINISH (INTERIOR)					
HANDLES					
HANDLE BOLTS					
STENCILING - NAMEPLATE					
HEALTH PERMIT MARKER					
HEALTH PERMIT NUMBER					
CASKET - GENERAL APPEARANCE (CHECK ONLY DISCREPANCIES)		CONDITION OF CASKET (CHECK ONE) <input checked="" type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY			
FINISH (EXTERIOR)	REMARKS <i>Touch up</i>				
HANDLES AND FASTENINGS					
STENCILING - NAMEPLATE					
CAM LOCKS (SEALING)					
ODOR OR MOISTURE					
Routed Through					
<input type="checkbox"/> MORTUARY OPERATING ROOM		<input type="checkbox"/> MORTUARY REPAIR SHOP			
CONDITION OF REMAINS <input type="checkbox"/> SATISFACTORY <input type="checkbox"/> UNSATISFACTORY		CASKET REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO		REMARKS	
NECESSARY DISINFECTION (EXPLAIN)		CASKET EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO			
		SHIPPING CASE REPAIRED <input type="checkbox"/> YES <input type="checkbox"/> NO			
		SHIPPING CASE EXCHANGED <input type="checkbox"/> YES <input type="checkbox"/> NO			
TIME	DATE	SIGNATURE OF MORTICIAN	TIME	DATE	SIGNATURE OF INSPECTOR
			<i>1040</i>	<i>4/12/49</i>	<i>W. J. Ford</i>
REMARKS <i>WWS</i>					

REQUEST FOR DISPOSITION OF REMAINS

GRAVE OF THE DECEASED, NAME, ARMY SERIAL NUMBER AND REPORTED PLACE OF BURIAL

DATE:

Pfc Daniel C. Bain, 33 035 131
Plot 2, Row 20, Grave 2486,
United States Armed Forces Cemetery
Manila #2, Philippine Islands

18 November 1947

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

1. Alicia Baird

(PLEASE PRINT OR TYPE NAME OF NEXT OF KIN)

(Please indicate relationship to the deceased by placing an "X" in the proper box.)

- 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.
- 2. BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY
mt vernon Cemetery - Elizabeth Twp - Pa
(NAME AND LOCATION OF CEMETERY)
- 3. BE RETURNED TO _____, 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.)

all
Coded 2-2-49
J. Williams
10 10
2/11/49
m 211

RECORDS
JAN 8 9 AM '48
MEMORIAL DIVISION

JAN 17 1949

PART I (Continued)

If on Page 1 of this form you have selected Option Number 2 or 3, or Option Number 4 with your 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 Bailey	FIRST NAME Alice	MIDDLE INITIAL
NUMBER AND STREET	CITY OR TOWN Sutersville	COUNTY OR PROVINCE Westmoreland
EXPRESS OFFICE (Nearest railroad passenger station) West Newton	TELEGRAPH ADDRESS Sutersville Pa	STATE OR TERRITORY OF U. S. A., OR COUNTRY Pa
		TELEPHONE No. 613-171

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 Carl Culler			
NUMBER AND STREET 107 main st	CITY OR TOWN West Newton	COUNTY OR PROVINCE Westmoreland	STATE OR TERRITORY OF U. S. A., OR COUNTRY Pa
EXPRESS OFFICE (Nearest railroad passenger station) West Newton	TELEGRAPH ADDRESS West Newton	TELEPHONE No. 139	

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

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.

Alice Dain
(SIGNATURE OF NEXT OF KIN)
Alice Bailey
(NAME PRINTED OR TYPED)

Sutersville Pa
(STREET AND NUMBER)
(CITY AND STATE)

Subscribed and duly sworn to before me according to law by the above-named applicant this 8 day of Dec, 1947 at city (or town) of Sutersville, county of Westmoreland, and State (or Territory or District) of Pennsylvania.

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

My commission expires April 18, 1949
(SIGNATURE OF OFFICER AUTHORIZED TO ADMINISTER OATHS)
Notary Public
(OFFICIAL TITLE)

This is to certify that the following is a true and correct copy (photostatic) of a record filed in the Bureau of Vital Statistics, Pennsylvania Department of Health, as directed by Act 402 of the General Assembly, 1915 P. L. 900.

No. 918660

Off

Oct. 11-1948

(Date)

Annis G. Patton M.D.

Secretary of Health

HVS 20008-150M-4-44

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. 74221

Primary Dist. No. 65-17-44

CERTIFICATE OF DEATH

Registered No. 62

500

293 Bain, Daniel C

1. PLACE OF DEATH:
 (a) County WESTMORELAND
 (b) Township
 (c) Borough Sutersville
 (d) City
 (e) Name of hospital or institution
 (f) Length of stay:
 In hospital or inst. (g) In this community

2. USUAL RESIDENCE OF DECEASED:
 (a) State PENNA (b) County Westmd
 (c) City or town Sutersville
 (If outside city or town limits, write RURAL)
 (d) Street No. (If rural give location)
 (e) If foreign born, how long in U. S. A. ? years.

3. (a) FULL NAME EVA PEARL BAIN

3. (b) If U. S. Veteran, complete reverse side of certificate 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife M. H. Bain 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 25-1887
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 10 0 hr. min.

9. Birthplace Gratztown PENNA
 (City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name DANIEL COLLIER

13. Birthplace BUENA VISTA
 (City, town, or county) (State or foreign country)

14. Maiden name AMANDA SAGER

15. Birthplace Sutersville
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature John E. Hausman
 (b) Address RD #2 Belle Vernon Pa

17. (a) BURIAL (b) Date thereof Aug 28-1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place St. VERNON County Allegheny State Pa

18. (a) Signature of funeral director Carl W. Buller
 (b) Address West Newton Pa

19. (a) Aug. 27 1947 (b) Rachel Medger
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month August day 25
 year 1947 hour 1 minute 55 PM

21. I hereby certify that I attended the deceased from Jan, 1945, to Aug 28, 1947
 that I last saw her alive on Aug 25, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Renal-Vascular Disease

Due to 13/100

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy

DURATION

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)

(e) Means of injury
 23. Signature Edw. F. Means (M. D. or other)
 Address Sutersville Pa Date signed Aug 26, 1947

N. B. Do not accept this photostat unless the raised seal of the State Department of Health is affixed thereon.

DEPARTMENT OF THE ARMY



QOQMF 296
Bain, Daniel C.
SN 33 035 151

29 March 1948

Miss Alice Bain
Sutersville, Pennsylvania

Dear Miss Bain:

We have received the "Request for Disposition of Remains" form and the document in regard to the final interment of the remains of your brother, the late Private First Class Daniel C. Bain.

This form is being returned to you for clarification of your status as next of kin, and for additional information.

The Secretary of the Army has established the line of eligibility among a decedent's next of kin for the purpose of determining the person having the right to designate the final resting place of his remains. Since our records now show your mother to be the person authorized to act in this matter, the form should be completed by her. If she desires to relinquish her right to determine the final resting place of the remains of her son, she should complete Part II, at the top of page 3, and if you are the oldest sister, and there are no surviving brothers, you will then be authorized to complete the first two pages of the form. However, if your mother is no longer living, we must be furnished a certified copy of her certificate of death, before official action can be taken on the decision rendered by you.

Your cooperation in this matter will be sincerely appreciated, and we have inclosed an envelope, which requires no postage, for your convenience in replying.

Please do not hesitate to call upon us at any time if you believe we can assist you further.

Sincerely yours,

RICHARD E. COOMBS
Major, QMC
Memorial Division

MAR 30 3 22 PM '48
RECORDS BRANCH
D. C. M. G.
at my

- 2 Incls
1. Disposition Form, original
2. Envelope



CORRESPONDENCE ACTION SHEET

Mr. ~~Miss~~
Addressee: Mrs. Alice Barn Relationship Sister

State _____
City, State Gettysburg, Pennsylvania '47 Date letter

Cemetery
Temporary: _____

Permanent: _____
Plot Row Gr Cem. Name or No. City Country

PARAGRAPHS
(sequence)

-- ADDITIONAL -- DATA -- MODIFICATIONS --

and the documents

We have received the "Request for Disposition of Remains" form/in regard to the final interment of the remains of your brother, the late--

This form is being returned to you for ~~clarifi~~ clarification of your status as next of kin, and for additional information.

The Secretary of the Army has established the line of eligibility among a decedent's next of kin for the purpose of determining the person having the right to designate the final resting place of his remains. Since our records now show your mother to be the person authorized to act in this matter, the form should be completed by her. If she desires to relinquish her right to determine the final resting place of the remains of her son, she should complete Part II, at the top of page 3, and if you are the oldest sister, and there are no ~~surviving~~ surviving brothers, you will then be authorized to complete the first two pages of the form. However, if your mother is no longer living, we must be furnished a certified copy of her ~~death~~ certificate of death, before official action can be taken on the decision rendered by you.

Your cooperation in this matter will be sincerely appreciated, and we have inclosed an envelope, which requires no postage, for your convenience in replying.

1668

Incls
form Original
Envelope

cc; Announcements

Analyst Typist Reviewer

Modifications

OKed

24 Mar 47

Decedent: Barn
Last Name
Samuel
First Name
C
Initial
P
Rank
ASN 33035131

This is to certify that the following is a true and correct copy (photostatic) of a record filed in the Bureau of Vital Statistics, Pennsylvania Department of Health, as directed by Act 402 of the General Assembly, 1915 P. L. 900.

No. **823804**

Jan. 2, 1948

(Date)

Arrie G. Vandy MS.

Secretary of Health

HVS-20010-150M-10-42

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

File No. **74448**

Primary Dist. No. **65-17-44**

CERTIFICATE OF DEATH

Registered No. **60**

1. PLACE OF DEATH:
(a) County **WESTMORELAND**
(b) Township
(c) Borough **SUTERSVILLE**
(d) City
(e) Name of hospital or institution
(If not in hospital or inst. write street number or location)
(f) Length of stay:
In hospital or inst. (g) In this community **63 yrs** (e) If citizen of foreign country, name country

2. USUAL RESIDENCE OF DECEASED:
(a) State **PENNA** (b) County **West md**
(c) City or town **Sutersville**
(If outside city or town limits, write RURAL)
(d) Street No. **Box 112**
(If rural give location)

3. (a) FULL NAME **Thomas Bain**

3. (b) If U. S. Veteran, complete reverse side of certificate
3. (c) Social Security No. **193-03-1245**

5. Color or race **W**
6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **EVA COLLIER**
6. (c) Age of husband or wife if alive **56** years

7. Birth date of deceased **APRIL 5, 1881**
(Month) (Day) (Year)

8. AGE: Years **63** Months **4** Days **14**
If less than one day hr. min.

9. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

10. Usual occupation **FIRE BOSS**
11. Industry or business **Pittsburgh Coal Co**

12. Name **JAMES BAIN**

13. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

14. Maiden name **ALICE NELSON**

15. Birthplace **Scotland**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs Goldie Malone**
(b) Address **new Kensington Pa.**

17. (a) **Burial** (b) Date thereof **Aug 23-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place **ANT. VERNON** County **Allegheny** State **Pa.**

18. (a) Signature of funeral director **Carl H. Guller**
(b) Address **West Newton Pa.**

19. (a) **Aug. 22, 1944** (b) **John R. Medsker**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month **Aug** day **19** year **1944** hour **7** minute **30-PM**

21. I hereby certify that I attended the deceased from **Oct**, 19**43**, to **Aug 19**, 19**44** that I last saw him alive on **Aug 19**, 19**44** and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Bronchitis 4 yrs
cardio-renal disease 2 yrs

Due to **1310**

Due to **1068**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) (Probably) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury (M. D. or other)

23. Signature **John R. Medsker** Address **Sutersville Pa.** Date signed **Aug 22, 1944**

N. B. Do not accept this photostat unless the raised seal of the State Department of Health is affixed thereon.

FAMILY CORRESPONDENCE BRANCH
FCA SECTION, ACCEPTANCE UNIT

TO BE USED ON IRFS

298

BAIN DANIEL C. PFC 33035136 Sister.

Name RANK ASN 345 Signed by the Option Selected

MANILA #2 2 20 2486 CARL CULLER

Cemetery Plot Row Grave Consignee
107 MAIN ST WEST NEWTON PA
Address

Write NOK Mr. Mrs. Miss Name Relationship
EVA BAIN MOTHER

BOX 112 (Address)

SUTERSVILLE PA (City and State)

A. Action to Family Letters Section

- 1. () Indicate RELATIONSHIP
- 2. () Indicate OPTION desired
- 3. () Indicate CEMETERY in which interment desired
- 4. () Indicate Country (HOMELAND) of deceased or NOK
- 5. () Indicate CONSIGNEE Name and/or Address
- 6. () Obtain SIGNATURE of NOK
- 7. () Obtain NOTARIZATION
- 8. () Advise NOK that NATIONAL CEMETERY SELECTED IS CLOSED and request that another choice be made

B. Action to Case Resolution Unit, FCA:

- 9. () Secure DOCUMENTS (Remarriage), (Birth), (Death), (Other _____)
- 10. () Reply to REMARKS on IRF
- 11. (X) SPECIAL INSTRUCTIONS: SISTER COMPLETED FORM

FATHER DECEASED BUT MOTHER SHOWN ON RECORDS

- 12. () Inform Party Listed Below of Action taken by This Office

Name _____ Relationship _____
(Address) _____
(City and State) _____

*Family Contact
file # 107
Dougherty
17 MAR 40*

Orig- With 345
Dup- M&R for 293 File

Anstus
Acceptance Clerk's Name

Date

Pfc Daniel C. Bain, 33 035 131
Plot 2, Row 20, Grave 2486,
United States Armed Forces Cemetery
Manila #2, Philippine Islands

18 November 1947

Mr. Thomas Bain
Box 112
Sutersville, Pennsylvania

Dear Mr. Bain:

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.

gmk

NOV 21 2 47 PM '47

O. G. M. G.
MAIL & RECORDS BRANCH

21 July 1947

Mr. Thomas Bain
Box 112
Sutersville, Pennsylvania

Dear Mr. Bain:

The War Department is most desirous that you be furnished information regarding the burial location of your son, the late Private First Class Daniel G. Bain, A.S.N. 33 035 131.

The records of this office disclose that his remains are interred in the United States Armed Forces Cemetery Manila, #2, plot 2, row 20, grave 2486. 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 War Department 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,

T. B. LARKIN
Major General
The Quartermaster General

JUL 21 10 45 AM '47

O. O. M. G.
MAIL & RECORDS BRANCH

Jew

E C

RESTRICTED

32245

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

7 Feb 46

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

BAIN, DANIEL C.
33035131
EVA PEARL BAIN
BOX 112
SUTERSVILLE, PA.

NAME (Last, first, middle initial)

BAIN, Daniel C

SERIAL No.

33035131

GRADE

Pfc

ORGANIZATION

803d Engrs Bn
AUS

BRANCH OF SERVICE

Army

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

POW Camp Cabanatuan,
Luzon, P I

CAUSE OF DEATH

Pellagra

DATE OF DEATH

19 Nov 42

EMERGENCY ADDRESSEE (Name, relationship, and address)

Eva Pearl Bain, Box 112, Sutersville, Pa.

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

Jul 50 3

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 Jan 46

HOUR

0900

BURIED IN (Shroud, blanket, or name of other)

Shelter Half

TYPE OF GRAVE
MARKER

Cross

PLOT No.

2

ROW No.

20

GRAVE No.

2486

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.

7

ROW No.

0

GRAVE No.

717

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-816 (COLLINS, Fredrick G)
(Formerly UNKNOWN G-276 Cabanatuan Cemetery)

RANK

Cpl

SERIAL No.

6578818

ORGANIZATION

QMC

GRAVE No.

2485

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

McHUGH, John

RANK

Cpl

SERIAL No.

32092724

ORGANIZATION

803 CE

GRAVE No.

2487

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

SPECIAL P.I. CASE

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

Corr. Rpt.
REPORT OF DEATH Orig. issued 23 Jul 43

DATE 12 Nov. 45 glm/3609

FULL NAME Bain, Daniel C. (POW-PI*Japanese)		ARMY SERIAL NUMBER 33 035 131	GRADE Pfc
HOME ADDRESS Sutersville, Pa.		ARM OR SERVICE Corps of Engrs	DATE OF BIRTH 13 Apr. 17
PLACE OF DEATH Pacific Area	CAUSE OF DEATH Pellagra		DATE OF DEATH * 19 Nov. 42
STATION OF DECEASED Pacific Area	DATE OF ENTRY ON CURRENT ACTIVE SERVICE 31 Mar. 41	LENGTH OF SERVICE FOR PAY PURPOSES YEARS MONTHS DAYS	
EMERGENCY ADDRESSEE (Name, relationship, and address) Mrs. Eva Pearl Bain, mother, Box 112, Sutersville, Pa.			
BENEFICIARY (Name, relationship, and address) Eva Pearl Bain, mother, address shown above. Thomas Bain, father, 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 FLYING PAY STATUS
YES <input checked="" type="checkbox"/>	NO	YES NO	YES NO <input checked="" type="checkbox"/>
OTHER PAY STATUS (Specify below)		ADDITIONAL DATA AND/OR STATEMENT	
YES	NO	<input type="checkbox"/> BATTLE <input checked="" type="checkbox"/> NON-BATTLE	

The individual named in this report of death is held by the War Dept. to have been in a beleaguered status from 8 Dec. 41 to and including 6 May 42 (Sec. 14, Public Law 490) and absent in a missing in action status on and subsequent to 7 May 42, and until such absence was terminated by a report from the Japanese Gov't through the International Red Cross of a ~~xxx~~ prisoner of war status on 9 Apr. 43. The prisoner of war status was terminated on 13 Jul 43, on which date evidence considered sufficient to establish the fact that he died ~~on 19 Nov. 42~~ in a prisoner of war camp in the Philippine Islands, was rec'd by the Secretary of War from the Japanese Gov't through the International Red Cross.

* Change in Date of Death. Originally reported as having died on 9 Jul 43.

Subsequent information received in War Dept. on 30 Oct. 45, from Theater Commander, Pacific Area, authorized correction made above.

CORRECTED COPY

FILE
NOV 20 1945

BY ORDER OF THE SECRETARY OF WAR

Katherine F. Wilson

ADJUTANT GENERAL

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
WASHINGTON
REPORT OF DEATH

DATE 23 July 1943
MAN/pmr 4627

FULL NAME <i>miss</i> Bain, Daniel C.		ARMY SERIAL NO. 33 035 131
GRADE PFC	ARM OR SERVICE Corps of Engineers	DATE OF BIRTH 13 April 1917
HOME ADDRESS Sutersville, Pa.		
DATE OF DEATH 9 Jul 43	PLACE OF DEATH Southwest Pacific Area	CAUSE OF DEATH Pellegra
EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS) Eva Pearl Bain, mother, Box 112, Sutersville, Pa.		
BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS) Eva Pearl Bain, mother, address shown above. Thomas Bain, father, same as above.		

BY ORDER OF THE SECRETARY OF WAR:

J. W. Reinhart.

ADDITIONAL DATA: (CONFIDENTIAL)
THIS COPY FOR THE Q. M. G. (CONFIDENTIAL)

(OVER)

ADJUTANT GENERAL

293

H (JWB)

*file
15
m
m*

THIS COPY FOR THE O' W' C' (CONFIDENTIAL)

(CLASS)

ADDITIONAL SERVICE

ADDITIONAL DATA: (CONFIDENTIAL)

1. A. HUGHES

STATION OF DECEASED

Prisoner of War Camp, Philippines Island

BENEFICIARY (NAME, RELATIONSHIP, & ADDRESS)

EMERGENCY ADDRESSEE (NAME, RELATIONSHIP, & ADDRESS)

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

HOME ADDRESS

GRADE

"The individual named on the reverse side of this report is held by the War Department to have been in a beleaguered status from 8 December 1941 to and including 6 May 1942 (Section 14, Public Law 490) and absent in a missing and prisoner of war status on and subsequent to 7 May 1942 and until such missing and prisoner of war status absence was terminated by the receipt, by the head of the War Department, on 13 July 1943 of evidence of death from the Japanese Government through the International Red Cross."

REPORT OF DEATH

WASHINGTON

THE ADJUTANT GENERAL'S OFFICE

WAR DEPARTMENT