293-UNK Saipan X-23 (2nd Mar. Div.) '50JA

FILE IDENTIFICATION TOPPER

FILE NUMBER 293 unit Saipan 2nd mar. Div. Cem. X23

SUBJECT

QMC FORM 1121
1 Aug 45

1. FILE UNDER NO. 293 - Unk. Saipan (2nd Marine Div. Cem.) X-23

SYNOPSIS

2. TYPE OF DOCUMENT: TEL 3. DATE: 8 Aug 50

4. FROM: OQMG, MEM DIV

5. TO: COAGRS PHILCOM (XF) ZONE MANILA P I

6. SUBJECT:

• • • • • • •

WCL - 37109

RQST POSITIVE STATEMENT FROMANTHROPOLOGIST WITH REF TO POSSIBLE IDENT OF UNK X-23, 2D MAR DIV CEM SAIPAN AS ALBERT OTTO GOETTLER. STATEMENT SUBMITTED WITH NEW FORM1044 DTD 13 JUL 50 INDEFINITE

7. DOCUMENT FILED UNDER NO. 293 - GOETTLER, Albert Otto 834414

mfs

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
UNK. X-23, 2nd Marine Division Saipan	13 July 1950

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	REINTERMENT
AGRS Mausoleum Manila P. I.					

PHYSICAL DESCRIPTION Age: 18-23 yrs.

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
136 to 161 lbs.	5'8 7/8"	Brown	White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

14. WAS BODY BURNED?	TO WHAT EXTENT?
[ ] YES [X] NO	
15. WAS BODY MANGLED?	**TO WHAT EXTENT?**
[X] YES [ ] NO	Skull and left femur.

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)

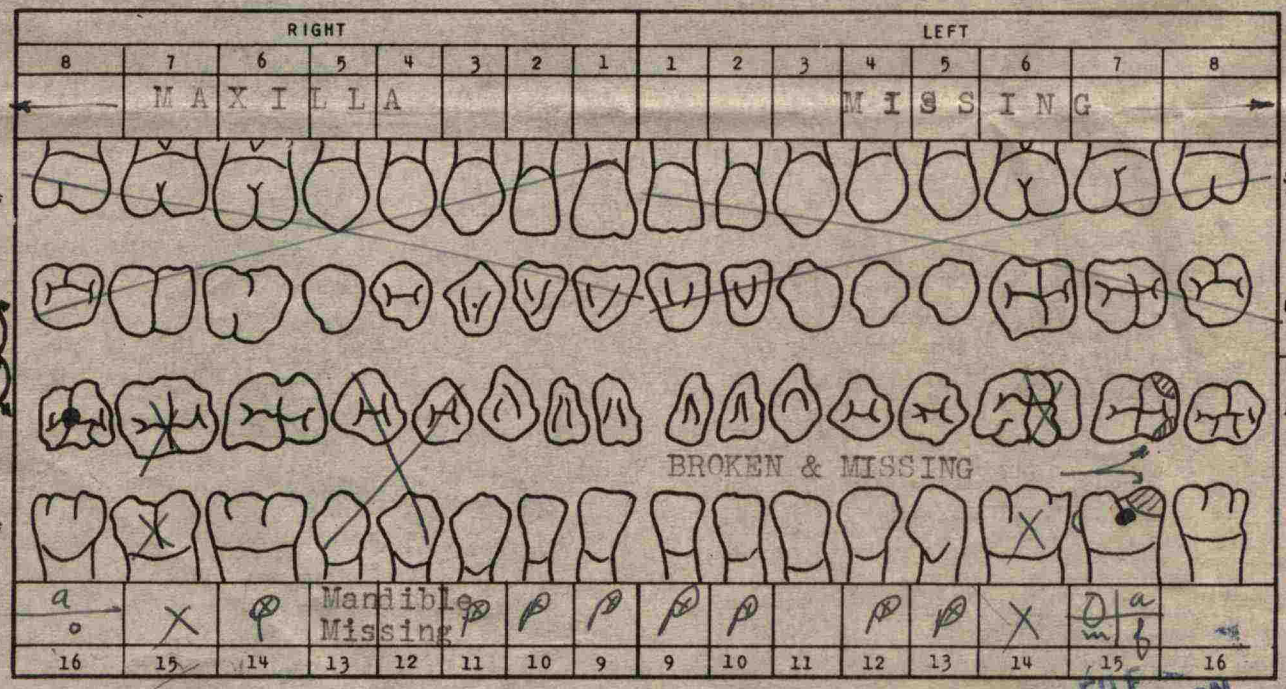
None

AUG 29 1950
FILE
NAVY SECTION
C. J. MOYER

Incl #1

18. TOOTH CHART Unk. X-2[illegible] 2nd Mar. Div.

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:	Tooth Missing	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain Crown	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	Gold Bridge	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	Gold Filling, Silver Filling	
CARIES *(Cavities)*: OUTLINE LOCATION AND SIZ' OF CAVITY, SHADE IN THUS:	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."

No loose maxillary or mandibular teeth present with remains. L-14 is extracted.

FILE
NAVY SECTION
C. J. MOYER
AUG 29 1950

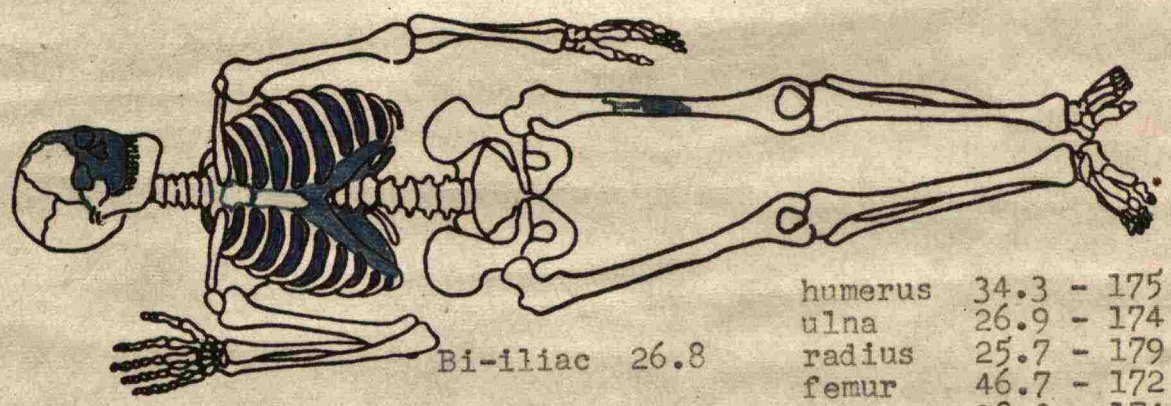
Robert [illegible]
Anthropologist CIP.
for
PAUL R NICHOLS
Chief, Iden. Section

QMC FORM 18 MAR 47 1044a 1-a

29E-21-12-47

Unk. X-23, 2nd Mar. Div.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Bi-iliac 26.8

humerus	34.3	- 175
ulna	26.9	- 174
radius	25.7	- 179
femur	46.7	- 172
tibia	38.0	- 174
fibula	38.1	- 177
		6/1051
		175 1/6

Estimated height 5'8 7/8"

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

I Certify that the Group Remains Consist of Parts of _____ (NUMBER) Decedents Based on the Presence of One or More of the Following Anatomical Parts:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

(1) White

(2) Estimate height - 5'8 7/8"

(3) " weight - 136 to 161 lbs.

(4) " age - 19 to 23 years (young)

(5) Brown hair.

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
ROBERT B FOX Anthropologist	

QMC FORM 18 MAR 47 1044b 1-6

Eighth Army Printing Plant Boonjada

CENTRAL IDENTIFICATION POINT
AGRS APO 928
NICHOLS FIELD, MANILA, P.I.

13 July 1950

S T A T E M E N T

Reference: UNK X-23, 2nd Marine Division, Saipan.

The above Unknown remains was reprocessed by me this date paying particular attention to the dental work and the condition of L-14, and new QMC Forms 1044 were accomplished.

As can be seen by examining the forms 1044, this is the properly segregated remains of a male individual, of white ancestry, of average stature (5'8 7/8") and weight (136 to 161 lbs.), having brown hair, and young (18 to 23 yrs.). L-14, the tooth in question, is extracted.

ROBERT B. FOX
Anthropologist

Incl 1-2

QMGMN 293
GOETTLER, Albert O.
834 414, USMC

JUN 22 1950

SUBJECT: Request for Information

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

1. Reference is made to Case History dated 26 May 1950, PHILCOM ZONE, recommending that the remains of Unknown X-23, Second Marine Division Cemetery, Saipan, be designated as those of Albert O. GOETTLER, PFC, 834 414, USMC.

2. It is requested that dental condition of Unknown X-23 be recharted by a Dental Officer. Dental record of GOETTLER indicates mesial, occlusal, amalgam filling with a cement base for 1-14. Action suspended this Office pending results.

3. Referenced unknown is listed on PEA Unit Roster #9, page 2.

FOR THE QUARTERMASTER GENERAL:

ROBERT O. LAY
Captain QMC
Memorial Division

CC: CINCFE

QMGMN 293 Unk X-23, Second Marine Division Saipan

1	Navy Liaison Section Repat Br Mem Div	Chief, Id Br Id Sec ATTN: Lt. Windsor	6 Apr 1950	SUBJECT: Unknown X-2203, AGRS Mausoleum, Manila, P. I. Unknowns X-8, X-23, X-40 and X-41, Second Marine Division, Saipan

1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Branch.

2. Efforts by this Section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties, have met with negative results based upon evidence presently contained in files.

3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.

MOYER
73880

2	Chief Ident Br Mem Div	Navy Liaison Section Repat Br Mem Div	13 Apr 1950	1. Reference is made to paragraph 3, comment 1, above.

2. Findings of Unidentifiabilith have been approved by this Office.

3. Files are returned herewith for completion of administrative reports.

COX
74059

NEFF
2462

5 Incls
1. File for X-2203, AGRS Maus.
2. " " X-8, 2nd Marine Saipan
3. " " X-23, " " "
4. " " X-40, " " "
5. " " X-41, " " "

eak

293

AUG 28

FILE
NAVY SECTION
G. J. MOYER

QMGMT 293
GRS Far East

12 April 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

Unknown	X-7	2nd Mar.	Saipan,	Unit	9,	Page	2
"	X-8,	"	"	"	9,	"	2
"	X-11,	"	"	"	9,	"	2
"	X-14,	"	"	"	9,	"	2
"	X-15,	"	"	"	9,	"	2
"	X-23,	"	"	"	9,	"	2
"	X-25,	"	"	"	9,	"	2
"	X-31,	"	"	"	9,	"	2
"	X-35,	"	"	"	9,	"	2
"	X-40,	"	"	"	4,	"	12
"	X-41,	"	"	"	4,	"	12

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

THOMAS M. COX
Capt QMC
Memorial Division

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900
JAN 27 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-7 2nd War. Saipan	UNKNOWN X-19 2nd War Saipan
X-8	~~X-23~~
X-11	X-25
X-12	X-31
X-14	X-35
X-15	X-40
X-17	X-41

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

FOR THE COMMANDING OFFICER:

14 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

JOHN SEYPULA
1st Lt., Infantry
Adjutant

2/43 Unk X 23 2nd War Div. Saipan

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

25 Jan. 1950
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 23 , Plot D ,
Row 7 , Grave 13, USMC 2ND MARINE, SAIPAN, M.I. , have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 8 Feb. 1950 OQMG
Not identifiable from information presently available
10 april 1950
Ea Kaufp

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
UNKNOWN X-23	25 Jan. 1950

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	REINTERMENT
2ND MARINE, SAIPAN, M.I.	D	7	13		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	5'8½"	Medium Brown	UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

NONE

14. WAS BODY BURNED?	TO WHAT EXTENT?
☐ YES ☒ NO	
15. WAS BODY MANGLED?	**TO WHAT EXTENT?**
☐ YES ☒ NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

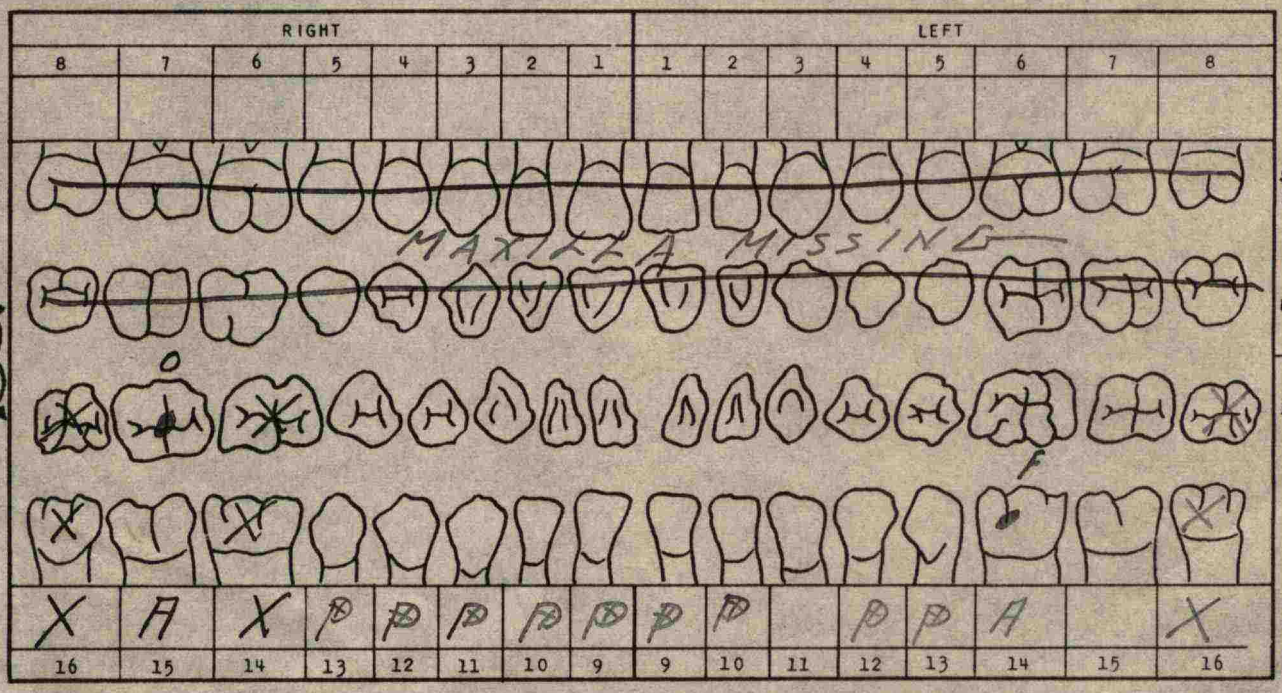
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. *(If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)*

G.I. Shoes, size - 9½ EE

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

TOOTH CHART

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:	Tooth Missing	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain Crown	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	Gold Bridge	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	Gold Filling, Silver Filling	
CARIES *(Cavities)*: OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity, Decayed	



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."

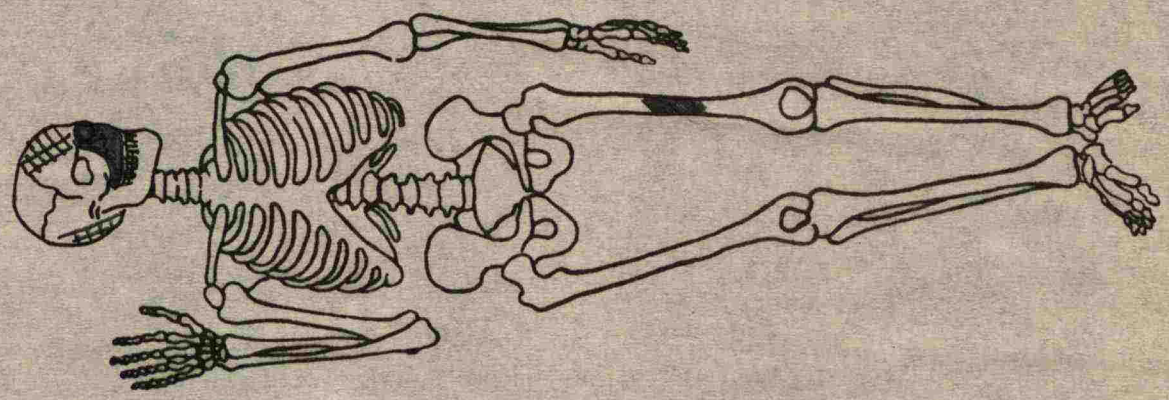
Complete maxilla missing.

"UNIDENTIFIABLE"
FOR REASON LS LACK OF SUFFICIENT IDENTIFYING

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
NUMBER
OF THE FOLLOWING ANATOMICAL PARTS:

_____
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, bottle burials, personal effects or other means of identification found with remains.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE
PAUL R. NICHOLS Chief, Ident. Section	Paul R. Nichols

QMC FORM 1044b
18 MAR 47

29E-21-12-47

MMM

H-03 H
R-6 R3
F34 F98

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
6360 00000	15 11 47

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
UNKNOWN	X-23		8	

CEMETERY		DISPOSITION OF REMAINS (CODE / DIST. PT.)
SAIPAN 2ND MARINE DIV CEMETERY	0	0391 63

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
D	7	13	MARIANAS	6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
GUAM NATIONAL CEMTERY GUAM, MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN	X-23		30 June 44	2 March 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER	UNKNOWN	Unknown	G. S. Wiltshire, Emb.

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Uncasketed, Nature of shroud undetermined	Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION: Mortuary plate

MINOR DISCREPANCIES *1*: None

REMAINS PREPARED AND PLACED IN CASKET — DATE 2 Aug. 48 BY C. L. Matthews, Emb.

CASKET SEALED BY	EMBALMER (*Signature*)
C. L. Matthews, Emb.	J. E. SPEER

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 2 Aug. 48 BY P. Mabazza	J. E. Morris, Clerk

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

F. T. DE GROODT, Capt., CMP
SIGNATURE OF GRS INSPECTOR

CANCELLED SEP 7 1949

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

QMC FORM REV 15 MAR 46 **1194**

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM: US MAUSOLEUM (SAIPAN, M.I.)		TO: PORT STORAGE OFFICER (SAIPAN, M.I.)	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER: John H. Lott JOHN H. LOTT, Maj., CMP	DATE: 3 Aug. 48	SIGNATURE OF RECEIVER: Robert G. Snowden ROBERT G. SNOWDEN, 1st Lt., Inf.	DATE: 3 Aug. 48

2. SHIPPED			
FROM: PORT STORAGE OFFICER (SAIPAN, M.I.)		TO: Transport Commander USAT DALTON VICTORY	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER: Robert G. Snowden ROBERT G. SNOWDEN, 1st Lt., Inf.	DATE: 6 Oct 48	SIGNATURE OF RECEIVER: [illegible]	DATE: 6 Oct 48

3. SHIPPED			
FROM: USAT DALTON VICTORY		TO: AGRS MAUSOLEUM	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER: [illegible] 1ST LT T.C.	DATE: OCT 10 1948	SIGNATURE OF RECEIVER: E. H. Newman E. H. NEWMAN, Jr., Capt., FA.	DATE: 10 Oct 48

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

/drs

1

/add

Interred 11 April 1950
F 10 3 Ft. McKinley

Carl R. H. Mark

CARL R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE		
6360 81336	29 (DAY)	03 (MONTH)	50 (YEAR)

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 23					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
2ND MARINE DIVISION CEMETERY, SAIPAN	D	7	13	7701 (CODE)	80 (DIST. CTR.)

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-23				5 Apr'50

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
[1] REMAINS [1] MARKER			PAUL R NICHOLS Embalmer (NAME AND TITLE)

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 5 Apr'50 BY PAUL R NICHOLS

CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	Paul R. Nichols PAUL R NICHOLS
CASKET BOXED AND MARKED	**SHIPPING ADDRESS VERIFIED BY**
DATE 5 Apr'50 BY RAYMOND H TANGUAY, Sgt 1c, RA	L. W. RICHARDSON, M/Sgt, RA

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

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

REMARKS AND SPECIAL INSTRUMENTS

NAME
FILE
RECORDS ANNOTATED
DATE 22 May 1950
NAME Jones
RE. MEM. DIV.

QMC FORM REV 11 FEB 48 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER Earl R Hamack	DATE APR 11 1959

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

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	6360 81336	29 (DAY) 03 (MONTH) 50 (YEAR)

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 23					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
2ND MARINE DIVISION CEMETERY, SAIPAN	D	7	13	7701 (CODE)	80 (DIST. CTR.)

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER			NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (*Signature*)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE BY	

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

file 5-25-50
Kirkland
Report

QMC FORM
REV 11 FEB 48 1194

Incl #170

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6

DISINTERMENT DIRECTIVE

293 Unk. Marianas (Miss) Saipan

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 4360 00000				DATE: 13 / 11 / 47 (DAY / MONTH / YEAR)
NAME: UNKNOWN	SERIAL NUMBER: X-23	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
CEMETERY: SAIPAN 2ND MARINE DIV CEMETERY				DISPOSITION OF REMAINS: 0 0391 63 (CODE / DIST. PT.)
PLOT: D	ROW: 7	GRAVE: 13	COUNTRY: MARIANAS	CAUSE OF DEATH: 6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
GUAM NATIONAL CEMTERY GUAM, MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	UNKNOWN		NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES 1	
REMAINS PREPARED AND PLACED IN CASKET DATE BY	
CASKET SEALED BY	EMBALMER (*Signature*)
CASKET BOXED AND MARKED DATE BY	SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

QMC FORM EV 15 MAR 46 1194

Unknown X-23 Saipan 2nd Mar Div Cem P-D R-7, C-13 2 Aug 48

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:	Tooth Missing	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain Crown	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	Gold Bridge	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	Gold Filling, Silver Filling	
CARIES *(Cavities)*: OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity, Decayed	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	missing																
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	missing			missing													
	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."

no maxillae present —
mandible fractured —

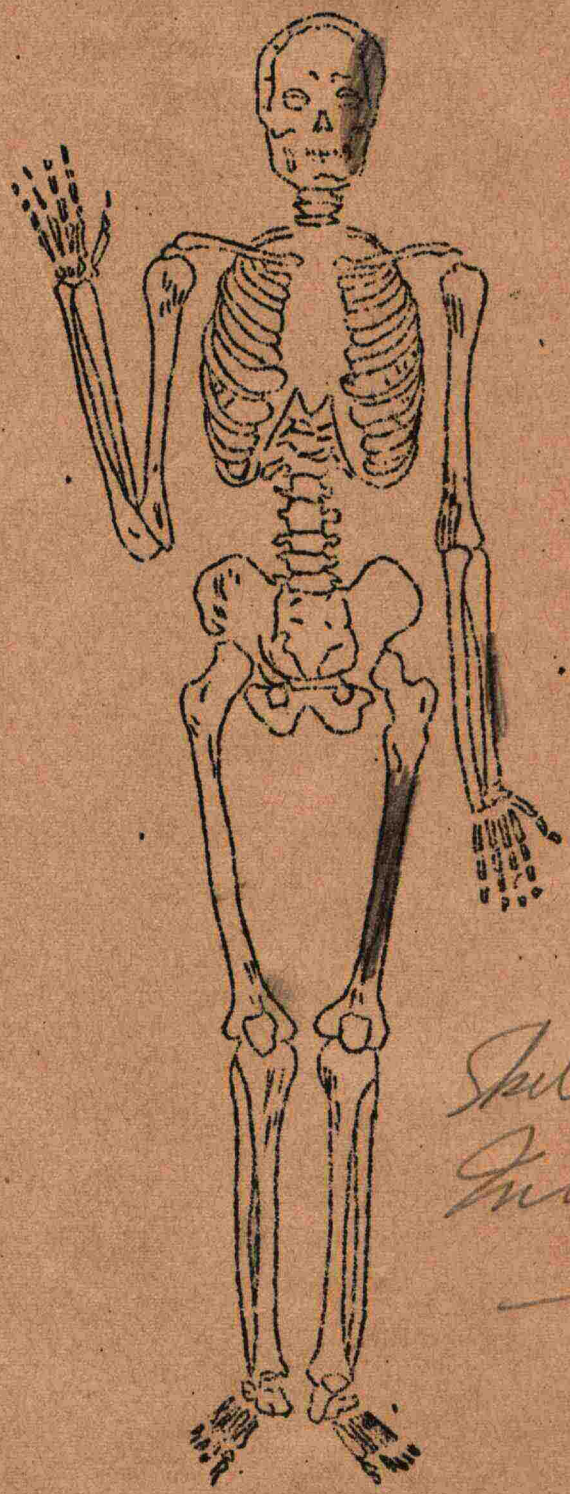
STATION FILE

QMC FORM 1044a
18 MAR 47

PROCESSING CENTER

Unknown X-23

(Name) (Rank) (Ser No.) (Br of Sv)



Skeleton Incomplete.

SKELETAL CHART

The remains of COHEN, Gordon - 366470 and TONNELL, Harland H. - 857720 have been returned to the United States.

CENTRAL IDENTIFICATION POINT
AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE, APO 244

293.

Date 27 July 1948

CASE SUMMARY OF

NAME: UNKNOWN X-23 RANK: _____ SERIAL NO: _____

CEMETERY 2d MD Saipan Plot: D Row: 7 Grave: 13

Remains originally disinterred from this grave known as Unknown X-23 was identified as TONNELL, H. H. and reinterred in Grave 8 to agree with Plot Map.

Through process of elimination of Row 7 remains originally disinterred from Grave 4 known as COHEN, G. was reinterred in Grave 13 and temporarily assigned Unknown X-23 pending final action of Board of Review.

Recommend this case be sent to Board of Review to establish identity as Unknown X-23 as true identity of remains cannot be established at this time.

cc: 293 TONNELL, H. H.
COHEN, G.
UNKNOWN X-23

Roy H Oestreich
(Signature)
ROY H OESTREICH
Capt Inf

Remarks:

QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

DATE OF REPORT: 1 July 48

Imprint Identification Tag If Possible. DO NOT TYPE

REPORT OF DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (*Last, first, middle initial*)		SERIAL No.
UNKNOWN X-23		
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH

EMERGENCY ADDRESSEE (*Name, relationship, and address*)

IDENTIFICATION TAGS FOUND ON BODY (*1, 2, or none*)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (*If unidentified, fill in section 3 on reverse*)
None	(See section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED? (*Yes or no*)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO ☐ YES ☐ NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

G. I. Shoes (2) 8½ EE

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

2nd Marine, Saipan, M. I.

DATE OF BURIAL	HOUR	BURIED IN (*Shroud, blanket, or name of other*)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
			Surface	D	7	13

WAS THIS A REBURIAL? (*Yes or no*)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		A TRUE COPY: H. B. McNEMAR Captain, QMC
IDENTIFICATION TAG BURIED WITH BODY (*Yes or no*)	IDENTIFICATION TAG ATTACHED TO MARKER (*Yes or no*)	
No	No	

BODY BURIED ON DECEASED LEFT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
/s/t/ Anthony G. Baker	/s/t/ R. H. Oestreich, Capt., 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.*

16—43997-2

INCL #18

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	

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

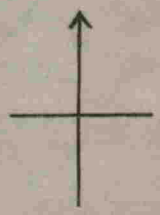
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

(1) Surface Mortuary Plate
"Unknown
P-D, R-7, G-B2
30 Jun 44

(1) Improvised I.D.
tag surface
"Unknown
D-7-B"

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



REMARKS:

16—43997-2 U. S. GOVERNMENT PRINTING OFFICE

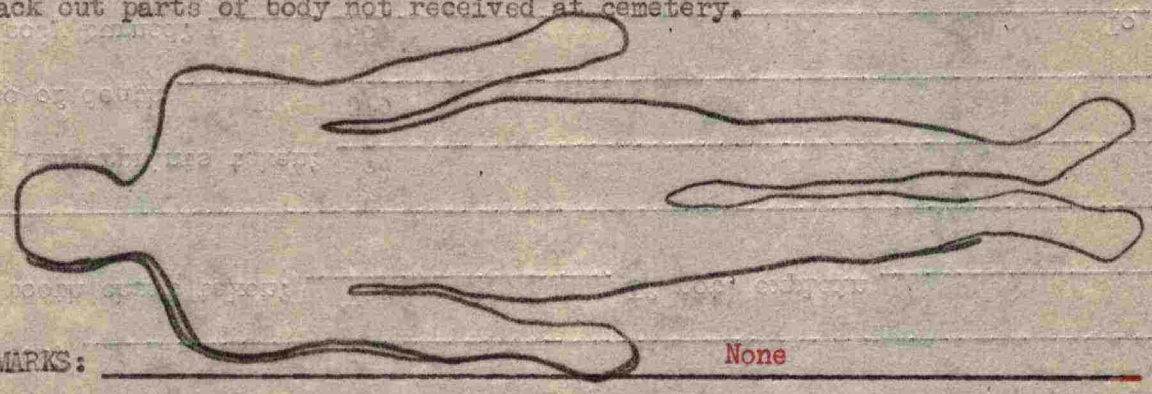
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: G. I. shoes, Size 9½ EE

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination None

16. Evidence of healed fractures None

17. Black out parts of body not received at cemetery.



18. REMARKS: None

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

/s/t/ R. H. OESTREICH
Officer's name

Capt. Inf.
Rank Service

Organization

IDENTIFICATION CHECKLIST

Unknown X-23
Cemetery 2nd Mar., Saipan
Plot D Row 7 Grave 13

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

PART I
Physical Description

1. Estimated weight UTD 2. Estimated height 5' 8½"

3. Color of hair Dark Brown 4. Race UTD

5. Tattoos or scars on the body (give description) None

(Information obtained from other sources)

6. Was tooth chart taken? Yes If not, explain

7. Were fingerprints taken? No

8. Cause of death UTD

9. Was body burned? No To what extent?

10. Are there any parts of the body missing or severed? See Skeletal Chart

11. Is there any evidence of first-aid or other medical treatment? No

12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. None

13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) None

DUPLICATE COPY
RESTRICTED

QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT: 1 July 48

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REPORT OF DISINTERMENT

Section 1.—IDENTIFICATION.

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Unknown X-23		
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH

EMERGENCY ADDRESSEE (*Name, relationship, and address*)

IDENTIFICATION TAGS FOUND ON BODY (*1, 2, or none*): None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (*If unidentified, fill in section 3 on reverse*): See Remarks

WERE SUBSTITUTE TAGS PROVIDED? (*Yes or no*)

COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO ☐ YES ☐ NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

G.I. Shoes (2) 81/2 EE

A TRUE COPY:

H. B. McNEMAR
Captain, QMC

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY: 2nd Marine, Saipan, M.I.

DATE OF BURIAL	HOUR	BURIED IN (*Shroud, blanket, or name of other*)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
			Surface	D	7	13

WAS THIS A REBURIAL? (*Yes or no*)

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT No.	ROW No.	GRAVE No.

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*): No

IDENTIFICATION TAG ATTACHED TO MARKER (*Yes or no*): No

BODY BURIED ON DECEASED LEFT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (*Last, first, middle initial*)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT: /s/t/ Anthony G. Baker

SIGNATURE OF GRS OFFICER VERIFYING REPORT: /s/t/ R. H. OESTREICH, Capt, Inf.

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RESTRICTED

16—43997-2

Incl 13

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

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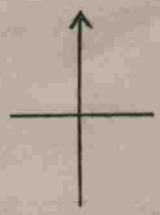

REMARKS:

(1) Surface Mortuary Plate
Unknown
P-D, R-7, G-B"
30 Jun 44

(1) Improvised I.D.
Tag surface
"Unknown
D-7-B"

16—43997-2 U. S. GOVERNMENT PRINTING OFFICE

Surveyed
15 May 1950
EAR

Surveyed
1955