

293-UNK

Saipan

X-49

(2nd Mar. Div.)

'50JA

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-4NK

2nd Max Div Saigon X-49

SUBJECT

16-63202-1 GPO

QMC FORM
1 AUG 45

1121

PREPARED BY PHILCOM

1
/bpm
/add

Interred 30 March 1950
L 11 8 Ft. McKinley
Caremark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER
DATE
6360 81295
29 03 50
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
UNKNOWN X - 49

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
2ND MARINE DIVISION CEMETERY, SAIPAN F 8 8 7701 80
CODE 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
UNKNOWN X-49 30 Mar '50
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
REMAINS 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 30 Mar '50 BY PAUL R NICHOLS
CASKET SEALED BY EMBALMER (Signature)
PAUL R NICHOLS PAUL R NICHOLS

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 30 Mar '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 INSTRUCTIONS
4/21/50
Richardson's Report

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM AGRS MAUSOLEUM	TO US MILITARY CEMETERY		
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Charles Mark</i>	DATE MAR 30 1950

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

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

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

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

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

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

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6360 81295

DATE

29 03 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 49					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
2ND MARINE DIVISION CEMETERY, SAIPAN	F	8	8	7701 80 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**UNITED STATES MILITARY CEMETERY
FT. MCKINLEY, P. I.**

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	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
*files 5-25-50
Kirkland
Rapat*

Incl # 129

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

check
R.E. HOBBS

HEADQUARTERS
PACCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

13 Feb. 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 49, Plot F,
Row 8, Grave 8, USMC Saipan, 2nd Marine 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. McNEELAR
H. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 21 Feb 1950 OQMG
Not identifiable from *J. Miller Ident Sec.*
information presently *12 June 1950*
available

Ind 7'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-49				2. DATE OF REPORT 13 Feb. 1950	
3. NAME OF CEMETERY SAIPAN, 2nd Marine	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	F	8	8	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE
----------------------------	----------------------------	--------------------------	----------

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

UTD

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

SEE SKELETAL CHART

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

"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Handwritten signature

	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:		
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	
			A			Ø	Ø	Ø	Ø						A	A	
			O												O	O	
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	M I S S I N G																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

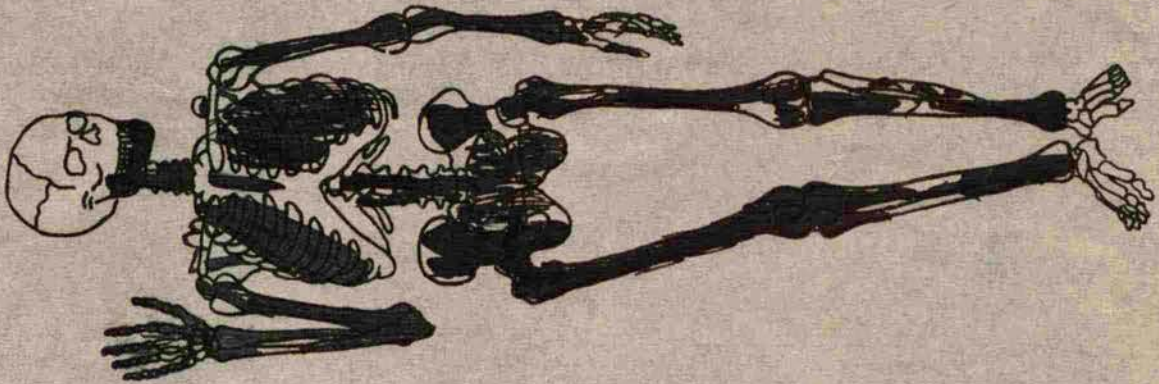
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

R and L 8 are unerupted.

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Ident. Sect.

Incl 73

19. BLACK-OUT PARTS OF BODY NOT RECOVERED



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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

"UNIDENTIFIABLE"

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Ident. Sect.

SIGNATURE

Paul R. Nichols

AIR MAIL

GRPZ 293

3rd Ind.

(28 February 1950)

SUBJECT: Report of Interment

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, HILCOM ZONE,

AFPO 900

26 APR 1950

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

Forwarded herewith are copies of Reports of Disinterment, accomplished on QMG Form 1042, for Unknowns X-48 and X-49, formerly interred in 2nd Marine Division, Saipan. A review of records available in this Headquarters for subject Unknowns does not reveal any Report of Interment on file for either of them. The enclosed copies of disinterment reports, however, reflect their respective grave locations at the 2nd Marine Division Cemetery.

FOR THE COMMANDING OFFICER:

2 Encls

1. Rpts of Disint for X-48, 2d Mar Div Gen
2. Rpts of Disint for X-49, 2d Mar Div Gen

FRANK M. GREEN JR.
Major, QMG
Assistant Adjutant



AIR MAIL

C
O
P
Y

BASIC: Ltr, ASF, CQMG, Wash., D. C. SPQYG 293, MIDPAC, 21 March 1946,
Subject: Identification.

MPYQM 293 (21 Mar 46) 1st Ind (S-20 June 46)
Headquarters United States Army Forces, Middle Pacific, APO 958, 17 May 1946

TO: Commanding General, Western Pacific Base Command, APO 244.

1. Your attention is invited to par 3 of basic communication.
2. It is directed that the remains be exhumed and QMC Forms 1044 and 1045 be completed in quadruplicate and forwarded to this headquarters. Corrected Reports of Interment are desired, also in quadruplicate, for graves listed in basic communication.

BY COMMAND OF MAJOR GENERAL MOORE:

H. S. THATCHER
Lt Colonel, AGD
Asst Adjutant General

2 Incls:
Incl 1 - QMC Forms 1044
Incl 2 - QMC Forms 1045

E (QM) 2nd Ind
HEADQUARTERS, WESTERN PACIFIC BASE COMMAND, SAIPAN (APO 244), 10 July 1946

TO: Commanding General, Headquarters United States Army Forces, Middle Pacific, Fort Shafter (APO 958)

Basic communication complied with.

FOR THE COMMANDING GENERAL:

2 Incls:
Withdrawn 2 Incls-Incls 1 and 2
Added 32 incls:
1 through 13 - QMC Form 1044,
Report of Disinterment
through 23 - QMC Form 1045,
14 Identification Dental Chart
24 through 32 - Report of Interment,
Form WD QMC 1042

ARMY SERVICE FORCES
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

C
O
P
Y

SPQYG 293 - MIDPAC

21 March 1946

SUBJECT: Identification.

TO : Commanding General
Army Forces, Mid-Pacific Area
APO 958, c/o Postmaster
San Francisco, California

FOR: Chief, American Graves Registration Service

1. The following names appeared on a map and a list of burials submitted for the Second Marine Division Cemetery, Saipan Island:

<u>Name</u>	<u>Grave Marker</u>	<u>ASN</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
BRENAMAN	Unknown	Unknown	E	11	24
CHANCE, A. S.	Unknown	Unknown	C	9	10
DE RIGGER, W. I.	Unknown	Unknown	E	2	8
FRAZIER, J.R.	Unknown	Unknown	F	5	5
HARTBOLL, A.H.	Unknown	Unknown	F	8	6
HOBBS, R. E.	~ HOBBS, R. E.	Unknown	F	8	8
MC COLLOH, J. G.	Unknown	Unknown	E	7	24
MC CURDY	Unknown	Unknown	A	9	9
MELCHIOR, M. A.	Unknown	Unknown	F	5	4
SMITH, C. F.	SMITH, CHARLES F.	883816	E	7	22
STRONG, D.	Unknown	Unknown	B	4	5

2. R. E. Hobbs, USMC, and Charles F. Smith, 883816, USMC, are alive, None of the above names can be identified as casualties of the Army, Navy, Marine Corps, or Coast Guard.

3. It is requested that each burial be changed to an Unknown, the remains disinterred, and the enclosed QMC Form 1044, Report of Disinterment for Identification, QMC Form 1045, Identification Dental Chart, and a corrected Report of Interment be completed and forwarded to this office.

FOR THE QUARTERMASTER GENERAL:

/s/ J. H. Schwarz
for M. V. TURNER
Colonel, QMC
Assistant

2 Incls:

- (1) 22 QMC Form 1044
- (2) 22 QMC Form 1045

C
O
P
Y

604th QM GRAVES REGISTRATION COMPANY
APO 244

11 January 1946

SUBJECT: Identification of Unknown Deceased.

TO : Commanding Officer, U. S. Naval Operating Base, Navy #3245
c/o FPO, San Francisco, California

Reference: Letter, Hq Bureau of Medicine and Surgery, Washington, BUMED-C-JKW, QW20/P6-1, subject: "Burials (unidentified) in Second Marine Division Cemetery, Saipan Island, Marianas Group," 18 December 1945.

1. The specific graves listed in reference letter were thoroughly investigated and compared with information found on the grave markers and records of this organization and the following information was revealed:

<u>NAME</u>	<u>GRAVE MARKER</u>	<u>ASN</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
BRENAMAN	UNKNOWN	UNKNOWN	E	11	24
CHANCE, A.S.	UNKNOWN	UNKNOWN	C	9	10
DE RIGGER, W.I.	UNKNOWN	UNKNOWN	E	2	8
FRAZIER, J.R.	UNKNOWN	UNKNOWN	F	5	5
HARTBOLL, A.H.	UNKNOWN	UNKNOWN	F	8	6
HOBBS, R.E.	HOBBS, R.E.	UNKNOWN	F	8	8
MC COLLOH, J.G.	UNKNOWN	UNKNOWN	E	8	24
MC CURDY	UNKNOWN	UNKNOWN	A	9	9
MELCHIOR, M.A.	UNKNOWN	UNKNOWN	F	5	4
SMITH, C.F.	SMITH, CHARLES F.	883 816	E	7	22
STRONG, D.	UNKNOWN	UNKNOWN	B	4	5

2. It is requested that an information copy of correspondence concerning your answer to the Bureau of Medicine and Surgery, be forwarded to this headquarters. No action will be taken until Bureau of Medicine and Surgery or the Quartermaster General instructs your headquarters as to the correct information, so that this office may change the records to agree with those on file in Washington.

/s/ William M. Brewster
WILLIAM M. BREWSTER,
2nd Lt., QMC,
Commanding

C O P Y

Copy of Letter From Bureau of Medicine and Surgery Dated 18 December 1945

BUMED-C-JKW
QW20/P6-1

18 December 1945

To: Island Commander, Navy #3245.
Subj: Burials (unidentified) in Second Marine Division Cemetery,
Saipan Island, Marianas Group.

1. The following names appeared on a map and a list of burials for the Second Marine Division Cemetery, Saipan Island, submitted by Graves Registration Administrative Group, Second Marine Division, FMF.

Name	Rank	Grave	Row	Plot
BRENAMAN	-	24	11	E
CHANCE, A.S.	Sgt	10	9	C
DE RIGGER, W.I.	-	8	2	E
FRAZIER, J.R.	-	5	5	F
HARTBOLL, A.H.	-	6	8	F
HOBBS, R.E.	-	8	8	F
MC COLLOH, J.G.	-	24	7	E
MC CURDY	Pfc	9	9	A
(This man with the serial number 512537 is alive)				
MELCHIOR, M.A.	-	4	5	F
SMITH, C.F.	-	22	7	E
STRONG, D.	-	5	4	B

2. These names could not be identified as Army, Navy, Marine Corps or Coast Guard Personnel.

3. If no other information is available to aid in establishing identity of any of the above, it is requested that they be changed to unknowns, your records and grave markers corrected accordingly, and a Report of Burial for each unknown be forwarded to this bureau or the Office of the Quartermaster General, giving all available information that may aid in establishing identification at a later date.

By direction of the Chief, BUMED:

/s/ W. S. DOUGLASS
Civilian Assistant

. 3245
Post Office
San Francisco, Calif.

U. S. NAVAL OPERATING BASE
SAIPAN, M. I.

C
O
P
Y

CNOB/P6-1
FLR/rhr

Serial:

From: Commandant.
To : Chief of the Bureau Medicine and Surgery
Washington, D. C.

Subject: Burials (unidentified) in Second Marine Div-
ision Cemetery, Saipan, M. I.

Reference: BuMed Ltr CW20/P6-1.

1. The graves listed in reference letter were thoroughly investigated and compared with information on the grave markers and with the records of 604th CM Graves Registration Company, APO 244 and the following information was noted:

<u>NAME</u>	<u>GRAVE MARKER</u>	<u>ASN</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
BRENAMAN	UNKNOWN	UNKNOWN	E	11	24
CHANCE, A.S.	UNKNOWN	UNKNOWN	C	9	10
DE RIGGER, W.I.	UNKNOWN	UNKNOWN	E	2	8
FRAZIER, J.R.	UNKNOWN	UNKNOWN	F	5	5
HARTBOLL, A.H.	UNKNOWN	UNKNOWN	F	8	6
HOBBS, R.E.	UNKNOWN	UNKNOWN	F	8	8
MC COLLOH, J.G.	UNKNOWN	UNKNOWN	E	7	24
MC CURDY	UNKNOWN	UNKNOWN	A	9	9
MELCHIOR, M.A.	UNKNOWN	UNKNOWN	F	5	4
SMITH, C.F.	SMITH, CHARLES F.	883 816	E	7	22
STRONG, D.	UNKNOWN	UNKNOWN	B	4	5

2. It is requested that this command be advised as to what action is required in the case of reference letter.

J. C. HAMMOCK
Chief of Staff.

COPY

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

5 June 1946

DATE

UNKNOWN

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

USMC

UNIT

ORGANIZATION

Saipan, M.I.

2d Mar Div Cemetery

F

8

8

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

		RIGHT								UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8										
TYPE		X	A				X	X	X	X					A	A											
LOCATION		X	GM				X	X	X	X					LO	O											

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH						LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16				
TYPE																					
LOCATION																					

NO LOWER JAW FOUND

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX		TYPE OF FILLING IN UPPER HALF OF BOX		LOCATION OF FILLING IN LOWER HALF OF BOX	
	EXTRACTED		AMALGAM (SILVER)		MESIAL (BETWEEN-TOWARD FRONT)
	CAVITY INDICATE LOCATION		GOLD		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

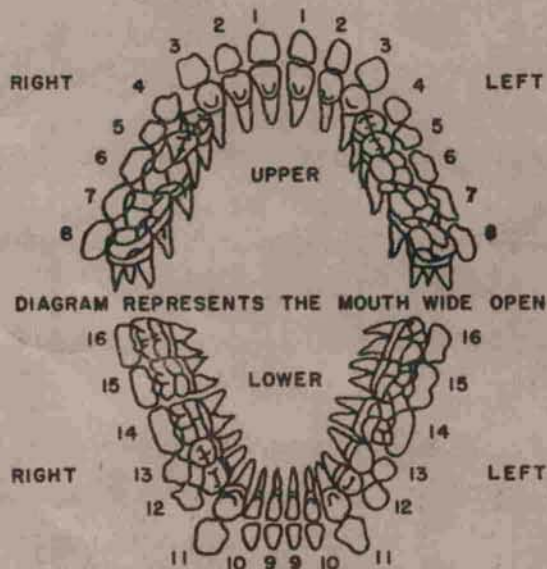
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

/s/ WILLIAM M. BRESTER, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

604 QM G.R.Co., 2d Flat., APO 244
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

/s/ WILLIAM M. BREWSTER, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

5 June 1946
DATE

EXHUMATION RECORD
CEMETERY OPERATIONS

DATE 12 Feb 48

A. NAME AND BURIAL LOCATION OF DECEASED
Name _____ Rank _____ Serial No. _____ Date of death _____ Arm _____

UNKNOWN
Cemetery _____ Plot _____ Row _____ Grave _____ Country _____ D.D. Number _____
2ND MAR DIV SAIPAN F 8 8
MARIANAS IS.

B. DISINTERMENT AND IDENTIFICATION
Name _____ Rank _____ Serial No. _____ Date of Death _____ Date Disinterment _____

UNKNOWN
Identification Tag on _____ Organization UNK Religion UNK Not Indicated 12 Feb 48
Identification verified by: _____

Remains () Marker () UNK UNK /s/ A. J. POPE, Emb.

C. 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 on surface
Minor Discrepancies (Prepare 1194a for Major Discrepancies) _____

D. REMAINS PREPARED AND PLACED IN CASSET
Casket sealed by _____ Embalmer (Signature) _____

Casket Marked _____ /s/ A. J. POPE, Emb.
Checker (Signature) _____

REMARKS: _____ /s/ L. A. JENSEN
CONSIGNEE: _____

No grave on left or right
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

/s/ HERSCHELL G. GUY, 1st Lt, Inf.
Signature of GRS Inspector (Cemetery) _____

PROCESSING OPERATIONS
Name _____ Rank _____ Serial No. _____ Date processed _____

Identification tag on _____ Identification verified by: _____
Casket () Remains () _____
Other means of identification _____

Minor Discrepancies (Prepare 1194a for Major Discrepancies) _____

Casket sealed by _____ Embalmer (Signature) _____

Casket marked _____ Checker (Signature) _____

REMARKS: _____

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

REPORT OF DISINTERMENT FOR IDENTIFICATION

5 June 1946

1. REMAINS OF (Name)

HOBS, R.E.

SERIAL NUMBER

GRADE

ORGANIZATION

USMC

NAME, NUMBER AND LOCATION OF CEMETERY

2d Marine Division Cemetery, Saipan, N.I.

PLOT

F

ROW

B

GRAVE NO.

8

2. DATE OF DISINTERMENT

5 June 1946

DATE OF REINTERMENT

5 June 1946

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.

Buried 4 feet deep. Remains completely decomposed. Found only the skull and feet boxes inside shoes.

*Original report from cemetery listed
Hobb, R. E*

4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT: ON MARKER

"HOBS, R.E." "USMC" "Died Jun 44"

ON REMAINS

Helmet liner (probably USMC), with following stenciled on outside: R.E.HOBS; also an oil can, USMC shoes. Dental chart attached.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

UNKNOWN Died Jun 44 (In reference to Ltr, ASF, OMC, SPQIG 293-KIFAC, dtd 21 Mar 46, Subj: Identification, R.E.HOBS, USMC, is known to be alive.)

ON REMAINS

Copy of report of interment buried one foot under marker.

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

William M. Brewster
WILLIAM M. BREWSTER, 1st Lt., QMC

Incl 83

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.

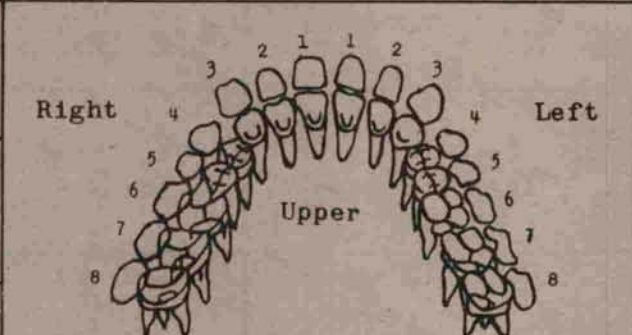
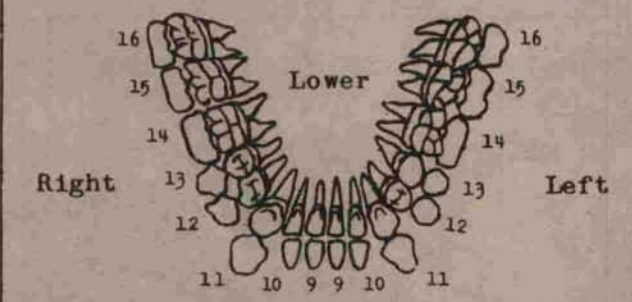


Diagram represents the mouth wide open



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

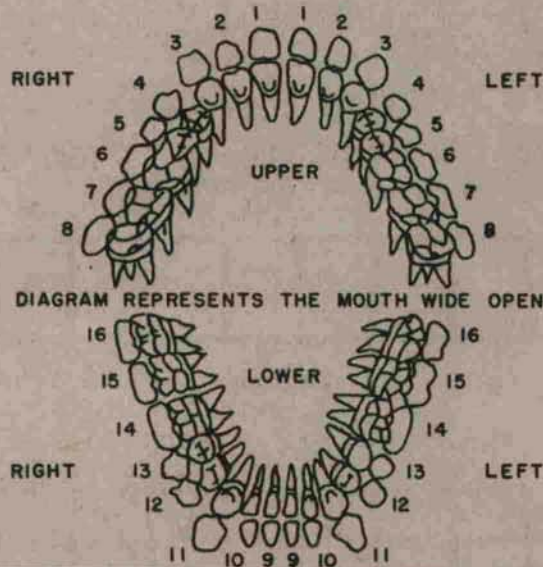
INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

W.M.B.
SIGNATURE OF PERSON WHO PREPARED CHART

William M. Brewster
VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER, 1st Lt., MC
NAME AND RANK TYPED OR PRINTED

WILLIAM M. BREWSTER, 1st Lt., MC
NAME AND RANK TYPED OR PRINTED

604 3d S.F.Co., 2d Flt., APO 244
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

5 June 1946
DATE

6327

QMC FORM 1044
Rev. 7 Apr. 1945

RESTRICTED

DATE
5 June 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)
HOBBS, R.E.

SERIAL NUMBER

GRADE

ORGANIZATION
USMC

NAME, NUMBER AND LOCATION OF CEMETERY
2d Marine Division Cemetery, Saipan, M.I.

PLOT
F

ROW
8

GRAVE NO.
8

2. DATE OF DISINTERMENT
5 June 1946

DATE OF REINTERMENT
5 June 1946

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.

Buried 4 feet deep. Remains completely decomposed. Found only the skull and feet bones inside shoes.

4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT: ON MARKER

"HOBBS, R.E." "USMC" "Died Jun 44"

(Report of interment read "UNKNOWN") WMB

ON REMAINS

Helmet liner (probably USMC), with following stenciled on outside: R.E.HOBBS; also an oil can, USMC shoes. Dental chart attached.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

UNKNOWN Died Jun 44 (In reference to Ltr, ASF, OQMG, SPQYG 293-MIIPAC, dtd 21 Mar 46, Subj: Identification, R.E.HOBBS, USMC, is known to be alive.)

ON REMAINS

Copy of report of interment buried one foot under marker.

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

William M. Brewster
WILLIAM M. BREWSTER, 1st Lt., QMC

Incl 8

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



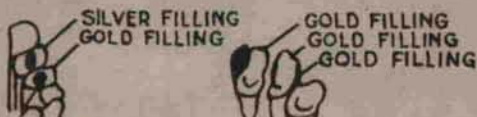
Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



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

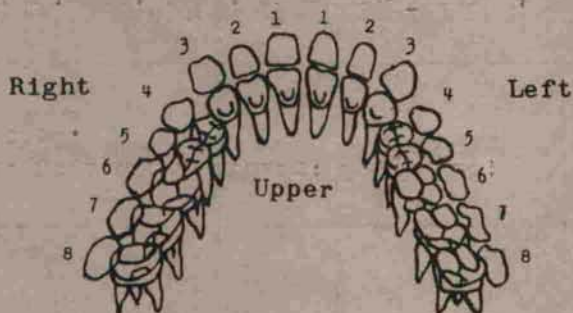
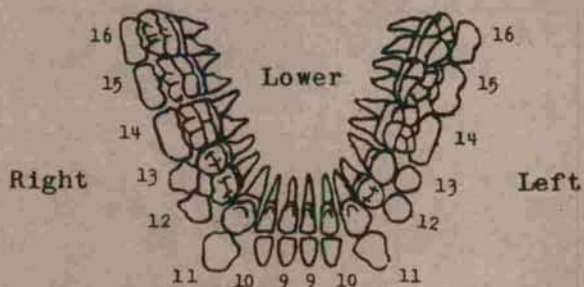


Diagram represents the mouth wide open



REPORT OF DISINTERMENT FOR IDENTIFICATION

5 June 1946

1. REMAINS OF (Name)
HOBBS, R.E.

SERIAL NUMBER

GRADE

ORGANIZATION
USMC

NAME, NUMBER AND LOCATION OF CEMETERY

2d Marine Division Cemetery, Saipan, M.I.

PLOT

F

ROW

8

GRAVE NO.

8

2. DATE OF DISINTERMENT

5 June 1946

DATE OF REINTERMENT

5 June 1946

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.

Buried 4 feet deep. Remains completely decomposed. Found only the skull and feet bones inside shoes.

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Helmet liner (probably USMC), with following stenciled on outside: R.E.HOBBS; also an oil can, USMC shoes. Dental chart attached.

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ON REMAINS

Copy of report of interment buried one foot under marker.











5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

William M. Brewster
WILLIAM M. BREWSTER, 1st Lt., QMC

Incl 8th

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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Missing Teeth		TOOTH MISSING		TOOTH MISSING
Crowned Teeth		GOLD CROWN		PORCELAIN CROWN
Bridgework		GOLD AND PORCELAIN BRIDGE		GOLD BRIDGE
Fillings		SILVER FILLING		GOLD FILLING
Caries (Cavities)		CAVITY		DECAYED

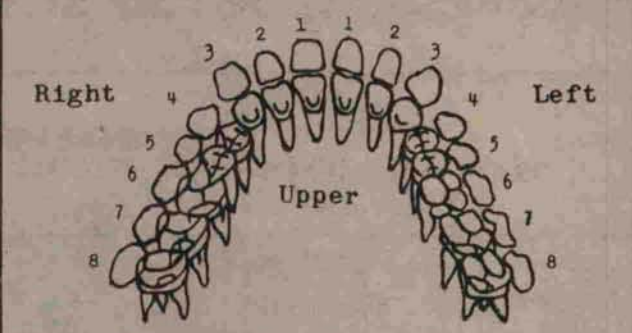
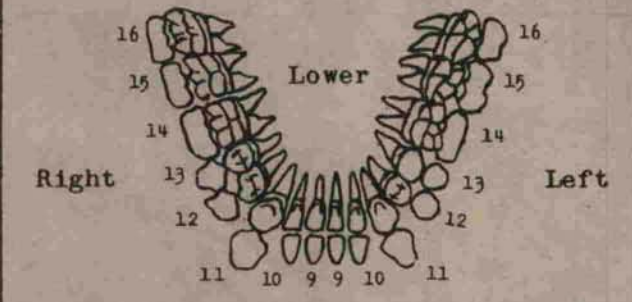


Diagram represents the mouth wide open



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

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

5 June 1946

DATE

UNKNOWN

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

QMG

UNIT

ORGANIZATION

SAIPAN, M I

2d Mar Div Cemetery

F

8

8

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.
















		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		X	A				X	X	X	X					A	A		TYPE	
LOCATION			OM												LO	O		LOCATION	

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE																		TYPE	
LOCATION																		LOCATION	

NO LOWER JAW FOUND

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

Incl 19

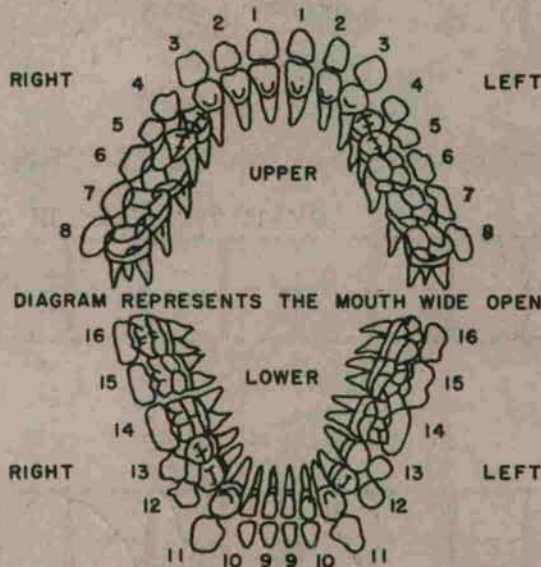
INSTRUCTIONS:

1. **ACCURACY** AND **ATTENTION TO DETAIL** IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. **NOTE CAREFULLY** THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN **WHOLE BOX**; SYMBOLS INDICATING **TYPE OF FILLING** ARE TO BE INSERTED IN **UPPER HALF** OF BOX; AND SYMBOLS INDICATING **LOCATION OF FILLING** ARE TO BE INSERTED IN **LOWER HALF** OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, *e.g.*, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

W.M.B.

SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER, 1st Lt, QMC
NAME AND RANK TYPED OR PRINTED

604 QM G.R.Co., 2d Plat., APO 244

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

William M. Brewster

VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER, 1st Lt. QMC
NAME AND RANK TYPED OR PRINTED

5 June 1946

DATE

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

5 June 1946

DATE

UNKNOWN

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

None

UNIT

ORGANIZATION

SATRAP, N. I.

PLACE OF DEATH

2d War Dly Cemetery

PLACE OF BURIAL

F

PLOT

8

ROW

8

GRAVE NO.















		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE		X					X	X	X	X								TYPE					
LOCATION			OM															LOCATION					

INSIDE — LOOKING OUT

		RIGHT								LOWER TEETH				LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16						
TYPE																		TYPE					
LOCATION																		LOCATION					

NO LOWER JAW FOUND

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

June 1946

INSTRUCTIONS:

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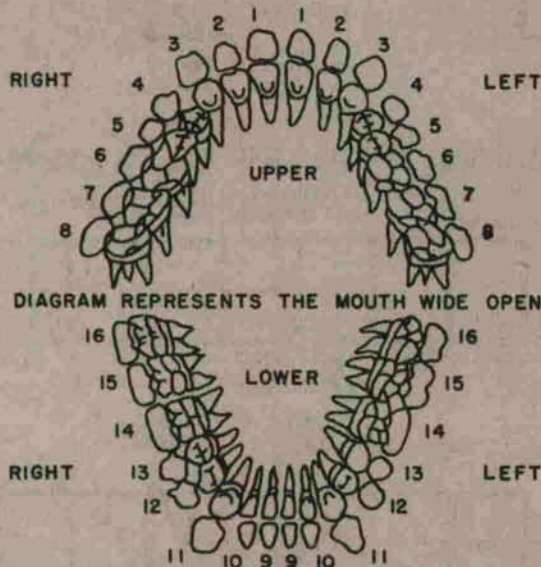


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

W.M.B.
SIGNATURE OF PERSON WHO PREPARED CHART

William M. Brewster
VERIFIED BY GRS OFFICER

~~WILLIAM M. BREWSTER, 1st Lt., QMC~~
NAME AND RANK TYPED OR PRINTED

WILLIAM M. BREWSTER, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

604 G.P.Co., 2d Flat., APO 244
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

5 June 1946
DATE

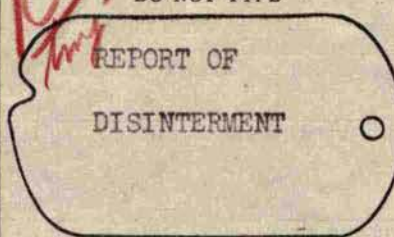
RESTRICTED

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
30 June 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-49		SERIAL No.
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) Mortuary Plate on Marker Unknown P-F, R-8, G-8
---	---

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Helmet Liner - Marked HOBBS, R.E.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
Saipan, 2nd Marine

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. F	ROW No. 8	GRAVE No. 8
----------------	------	---	----------------------	----------------------	---------------------	-----------------------

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <table border="1"> <tr> <td>PLOT No.</td> <td>ROW No.</td> <td>GRAVE No.</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.
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 Capt. QMC
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/ GEO. A. WHEELER	SIGNATURE OF GRS OFFICER VERIFYING REPORT 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.

RESTRICTED

Incl #2

RESTRICTED

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.

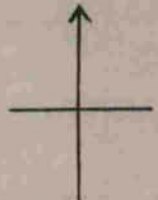
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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:

26 MAY 1959

26 MAY 1959

5 June 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name)

HOBBS, R.E.

Serial Number

- - - -

Grade

Organization

- - - -

USMC

Name, Number and Location of Cemetery

2d Marine Division Cemetery, Saipan, M.I.

Plot

F

Row

8

Grave No.

8

2. Date of Disinterment

5 June 1946

5 June 1946

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

Buried 4 feet deep. Remains completely decomposed. Found only the skull and feet bones inside shoes.

A TRUE COPY:



H.B. McNEMAR
Capt. QMC

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

"HOBBS, R.E."

"USMC"

"Died Jun 44"

On Remains

Helmet liner (probably USMC) with following stenciled on outside:
R.E. HOBBS; also an oil can, USMC shoes. Dental chart attached.

What Identification Used Upon Reinterment: On Marker

UNKNOWN

Died Jun 44

(In reference to ,tr. ASF, OQMG, SPQYG 293-MIDPAC, dated 21st Mar 46, Subj: Identification, R.E.HOBBS, USMC, is known to be alive.)

On Remains

Copy of report of interment buried one foot under marker.

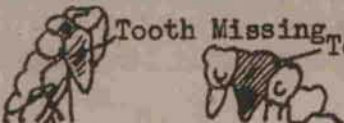
5. Signature of Officer Supervising Disinterment and Reinterment.

s/t/ WILLIAM M. BREWSTER, 1st Lt., QMC


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




Crowned Teeth




Bridgework



Fillings



Caries (Cavities)



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

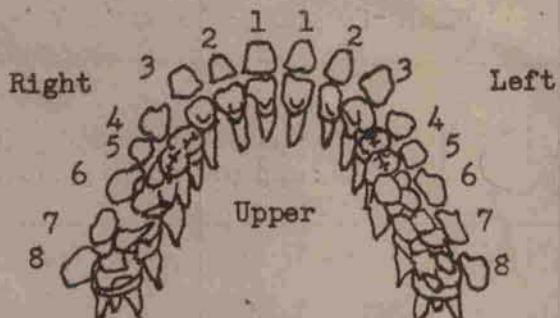
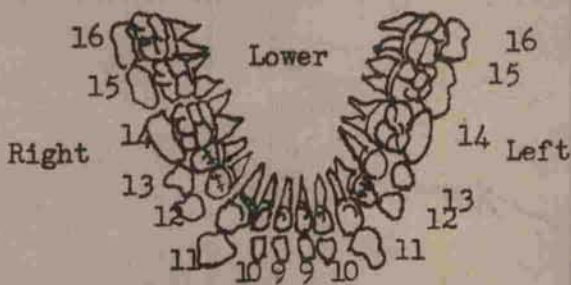


Diagram represents the mouth wide open



(See Correspondence)
R. E. HOBBS USMC is alive.

RESTRICTED

<p>QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)</p>	<p>REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)</p>	<p>DATE OF REPORT 30 June 48</p>
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<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> <div style="border: 1px solid black; border-radius: 50%; padding: 20px; text-align: center; width: 80%; margin: 10px auto;"> <p>REPORT OF DISINTERMENT</p> </div>	<p>Section 1.—IDENTIFICATION.</p>		
<p>NAME (Last, first, middle initial) UNKNOWN X-49</p>	<p>SERIAL No.</p>		<p>BRANCH OF SERVICE</p>
<p>GRADE</p>	<p>ORGANIZATION</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>	
<p>RACE</p>	<p>RELIGION</p>	<p>DATE OF DEATH</p>	
<p>PLACE OF DEATH</p>	<p>CAUSE OF DEATH</p>	<p>EMERGENCY ADDRESSEE (Name, relationship, and address)</p>	

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Mortuary Plate on Marker Unknown P-F, R-8, G-8</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)</p>	<p>COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO</p> <p align="center"> <input type="checkbox"/> YES <input type="checkbox"/> NO </p>

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Helmet Liner - Marked HOBBS, R. E.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Saipan, 2nd Marine

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				F	8	8

<p>WAS THIS A REBURIAL? (Yes or no)</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <th style="width: 15%;">PLOT No.</th> <th style="width: 10%;">ROW No.</th> <th style="width: 10%;">GRAVE No.</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.			
PLOT No.	ROW No.	GRAVE No.					

<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p> <p align="center"> <i>A TRUE COPY:</i> I. B. McNEMAR Captain, QMC </p>
<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No</p>	

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

<p>SIGNATURE OF PERSON PREPARING REPORT /s/t/ Geo. A. Wheeler</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ R. H. Oestreich, Capt., Inf.</p>
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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.


Incl # 24

RESTRICTED

LEFT 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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
				BIRTHMARKS, SCARS, OR TATTOOS
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
	OTHER IDENTIFICATION CLUES			
LEFT INDEX FINGER				

Only one casualty in World War II by name of R. E. Hobbs and this deceased has been identified and his remains returned to US. (R.E. Hobbs, 20531588)

J. Miller, Ident Sec
74158 *J. J. M.*

RIGHT THUMB				
RIGHT INDEX FINGER				
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
RIGHT RING FINGER				
RIGHT LITTLE FINGER	REMARKS:			

RESTRICTED

IDENTIFICATION CHECKLIST

30 June 48

Unknown X-49
Cemetery Saipan, 2nd Mar.
Plot F Row 8 Grave 8

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 UTD
- 3. Color of hair UTD 4. Race UTD
- 5. Tattoos or scars on the body (give description) None

_____ (Information obtained from other sources) _____

6. Was tooth chart taken? Attached If not, explain _____

7. Were fingerprints taken? No

8. Cause of death UTD

9. Was body burned? UTD To what extent? _____

10. Are there any parts of the body missing or covered? See Blackout Chart

11. Is there any evidence of first-aid or other medical treatment? UTD

12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. _____

13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) Shoes and helmet liner

Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: _____

Shoes - Size 7½ EE

Brown - Work

Helmet liner - Name HOBBS, R. E.

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

16. Evidence of healed fractures No

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



18. REMARKS: _____

From letter of OQMG

R. E. Hobbs is still living.

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. Rank

Inf. Service

Organization

Screened
19 Aug 52