	FILE IDENTIFICATION TOPPER	noyer
FILE NUMBER	NK. 2rd man DIV MARIANAS.	X-55
SUBJECT SUBJECT		
		16-63202-1 gpo
QMC FORM 1121		

0)

1. FILE UNDER NO.

293 - Unk X55 Saipan

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind

3. DATE: 10 Sep 52

4. FROM:

OQMG

5. TO:

CG, USARPAC, 8301 Army Unit, Post QM, APO 958

6. SUBJECT: Re

Re:

Transmittal of QMC Forms 1194, 1042 and Form 51

7. DOCUMENT FILED 314.6 - GRS Pacific (DD)

aej

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: "Itr," "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.

1.		REST	RICTED		111		
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	93 Sa	REPORT 0	NTERMEI	AND DESCRIPTION OF THE PERSON		of report Aug 195	52
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	0)	Unknown	Un	known		Unknown	
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		White	Un	known			
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Saipan		Unk	nown			Unknown	
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Unknot	WTD.						
IDENTIFICATION TAGS FOUN	D ON BODY	IF NO TAGS FOUND ON BODY	DESCRIBE MEANS	OF IDENTIFICATION	(If unidentified, fi	U in section 3	on reverse)
(1, 2, or none)							
None							
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or no)	UNIDENTIFI	ABLE				
Yes LIST PERSONAL EFFECTS FO	UND ON DODY AND	DISPOSITION OF SAME					
LIST PERSONAL LITECTOTO	one on boot and	DISTORTION OF STATE					
		None					
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NAME, NUMBER, COORDINAT				The FALL DESIGNATION			
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DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or	name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE NO.
26 Aug 1952	0900			MARKEN	0	1	1508
WAS THIS A REBURIAL?	IF A REBURIAL,	INDICATE NAME, NUMBER, COO	RDINATES OF PRE	VIOUS CEMETERY, AN	D LOCATION OF	GRAVE	
(Yes or no)					PLOT No.	ROW No.	GRAVE No.
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Jewish	Chaplain	Rickel			三葉 議事		
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De la						AL INSTAN	
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FRANC S.	FOSTER	tuotes	T. S	UZUKI Supt.		Cem of	
DISTRIBUTION OF REPOR	RT: Signed origin	nal for U.S. and allied dead,	signed original	and one copy for ene	my dead, to the	Quarterma	ster Genera
though Handanaston C	RS Officer. Cop	ies for retention in theater a	s prescribed by t	neater commander.	E SO WELVE	CHILD THE	AND SERVICE OF THE PERSON NAMED IN COLUMN 1

Incl 2"

10-43007-1

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A SAME OF A	Section 3	D REMAINS.	a light of a light		HICK STREET			
LEFT RINGER RIN	(b) A fingerprint, chart at left, or as man every tooth will be indicated.	are will be taken to record the most minute clues for the future identity of unidentified re anatomical characteristics below, and any other clues under "Other," such as slibe size umber; position of body found in airplanes, vehicles, and tanks; and serial numbers of air						
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS,	OR TATTOOS			
MIDI	WEAPON AND SERIAL NO.	LAUNDR	Y MARKS	WHERE BODY WAS BUI	RIED OR FOUND			
MIDDLE FINGER	OTHER IDENTIFICATION CL	.UES			harr.			
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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1		REPORT	OF/INTER	MENT	D/	ATE OF REPOR	T
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DICE OF DEATH		CAUSE OF DEATH	Total uniform		I DAT	TE OF DEATH	
Saipan							
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						3. 10.00	
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THE REAL PROPERTY.	AL MEMORIAL	CEMETERY OF THE	PACIFIC.				
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DIDUTION OF THE	PUDLER	VE DO BOOK TO	T. S	UZUKI, Supt.,	Nat Mem C	em of t	he Pa
ough Headquarters Gl	I: Signed original : RS Officer. Copies t	for U.S. and allied dead, a for retention in theater as	signed original a	and one copy for enem	y dead, to the Q	uartermaster	Genera
rough Headquarters Gl	S Officer. Copies t	or retention in theater as	prescribed by t	heater commander.	y dead, to the Q	uartermaster	Gen

RESTRICTED

16-43997-1

	1	RESTRICTE	D	W. S. S. S. State Co.	**		
	ection 3. IIDENTIFIED R			The latest	* 1.		
LEFT IN MISS PL	NSTRUCTIONS: (a) Great care will be nains. Fill in anatomical ocial security number; polanes, vehicles, and tank: (b) A fingerprint, or phart at left, or as many a every tooth will be indicated accomplished if one or mo	will be taken to record the most minute clues for the future identity of unidentification of characteristics below, and any other clues under "Other," such as shown of position of body found in airplanes, vehicles, and tanks; and serial numbers of tanks. In or prints, are the most valuable of all clues. Imprint all fingers and thumbs many as possible. If no fingerprint or prints can be secured, the condition of each indicated on the tooth chart in accordance with diagram below. Tooth chart will be or more fingerprints are secured. COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS					
INGER	in the state of th	COLOR OF EYES	-	WHERE BODY WAS BURIED OR			
Mindel	VEAPON AND SERIAL NO.	3.77					
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RIGHT RING FINGER	REMARKS:	Contract of the Contract of th					
LITTLE FINGER							

1. FILE UNDER NO. 293 Unknown- Saipan X-55

SYNOPSIS

2. TYPE OF DOCUMENT: Ltr.

3. DATE: 7-25-52

4. FROM:

DA, OQMG

5. TO:

CO, AGRS, Pacific Zone, APO 958

6. SUBJECT:

7. DOCUMENT FILED UNDER NO. 293 Unknown Saipan X-55

(Classified)

vle '52

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: "Itr," "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.

QMC FORM 351

CROSS-INDEX SHEET

16-53774-1 U. E. GOVERNMENT PRINTING OFFICE

293 Unknown Saipan X-55 1. FILE UNDER NO. 293

SYNOPSIS

2. TYPE OF DOCUMENT: Ltr. 3. DATE: 7-25-52

4. FROM:

DA, OQMG

5. TO:

CG. SFPE, Ft. Mason, Calif. Attn PQM

6. SUBJECT:

7. DOCUMENT FILED 293 Unknown Saipan X-55 UNDER NO.

(Classified)

vle '52

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- 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.

INSTRUCTIONS

- These reports will be made out in quadruplicate at the close of each month, three copies to be mailed direct to The Office of The Quartermaster General and one copy retained for the superintendent's file.
- 2. Data for the respective columns in this report will be carefully copied from telegram or other communication from The Quartermaster General authorizing interment or papers presented with request for interment.
 - 3. If decedent served under an alias (or assumed name), give both the alias and the true name, writing the true name on the first line, followed on the second line by the word "alias" and the surname under which he served, with the Christian name, rank, company, regiment, etc., following on the same line.
- 4. If the decedent be a soldier's widow, the name of widow and date of death will be written on the first line, followed on the second line by the name of her husband, with his rank, company, regiment, date of death, and grave number.
- 5. If the decedent be a civilian, the character of his employment and the department by which employed, or, if not a Government employee, the name of the officer, soldier, or Government employee, or other person to whom the decedent was related, with the reason and the authority for the interment will be given.
 - 6. In cases of disinterments, give the places at which reinterment will be made.
 - 7. Requests for these blanks will be made direct to The Office of The Quartermaster General.

U. S. GOVERNMENT PRINTING OFFICE 16-40609-2

INSTRUCTIONS

- 1. These reports will be made out in quadruplicate at the close of each month, three copies to be mailed direct to The Office of The Quartermaster General and one copy retained for the superintendent's file.
- 2. Data for the respective columns in this report will be carefully copied from telegram or other communication from The Quartermaster General authorizing interment or papers presented with request for interment.
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U. S. GOVERNMENT PRINTING OFFICE 18-40009-2

F 1414 2 1890

EEB 73 1020

293 Unk-Saipan (Ind Marine Kir.) x-55

293 Mip John Longland 337-618

1 Navy Chief 23 Apr REFERENCE: Inves Unit Regist Br 1952 Ident Br Mem Div

IES from Navy Liaison Unit to Chief Memorial Division dated 15 April 1952 filed in 293 of MIX, John D., 337618, USMC

1. It is requested necessary action be initiated by your Eranch to comply with approved recommendation in referenced IRS.

2. Upon completion of your action it is requested the attached 293 Files be returned to this Unit.

2 Attach 1-295 File for NIX, John D. 2-293 File for X-55, 2nd Mar Div., Saipan COX 74059

SALSER 73880 293 Mile Spal Mi

21 Jul FOR RECORD ONLY

1952

1. IRS to Registration Branch, Attn Operations' Section requesting necessary action be taken to have Unknown X-55, Saipan returned to Rawaii as an unidentifiable unknown was dispatched 21 July 52.

2. Summary of reprocessing of Unknown I-55, Saipan with copies of COMG letters to NCK forwarded Marine Corps 21 July 52 for their information in connection with writing NCK of NIX.

MOYER 75926 NAVY SECTION

G. I. MOYEN

21 July Tr

1. FILE UNDER NO.

293 - Unk Saipan X-55

SYNOPSIS

2. TYPE OF DOCUMENT:

Ltr

3. DATE: 25 Apr 52

4. FROM:

OQMG

5. TO:

CG San Francisco POE

6. SUBJECT:

7. DOCUMENT FILED UNDER NO.

293 - UnKnown Saipan X-55

(CL)

ch

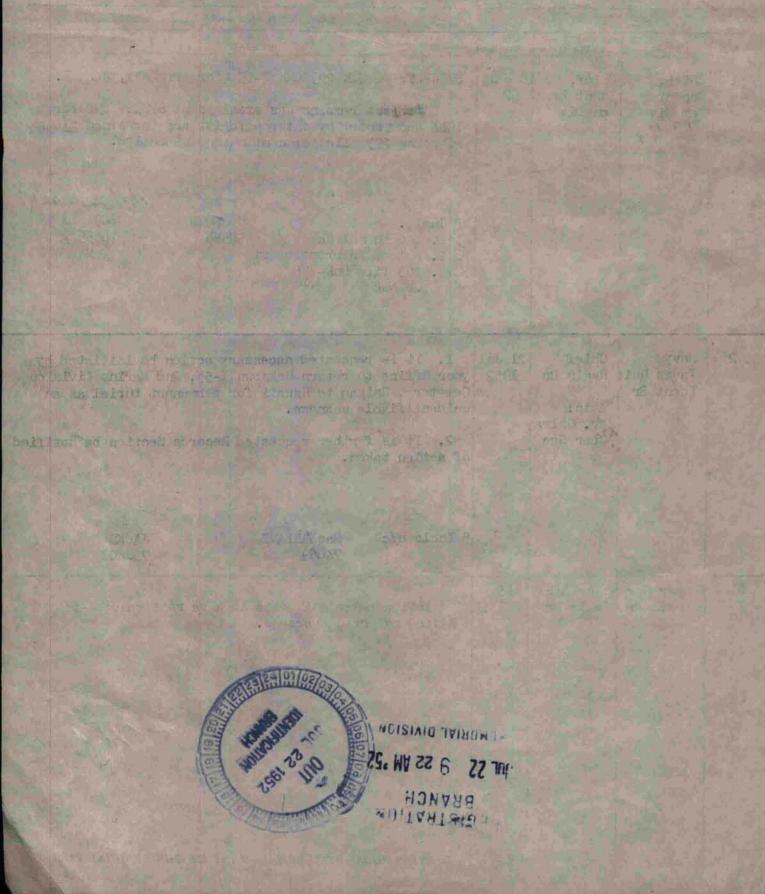
INSTRUCTIONS.—Enter after the above headings information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
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OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

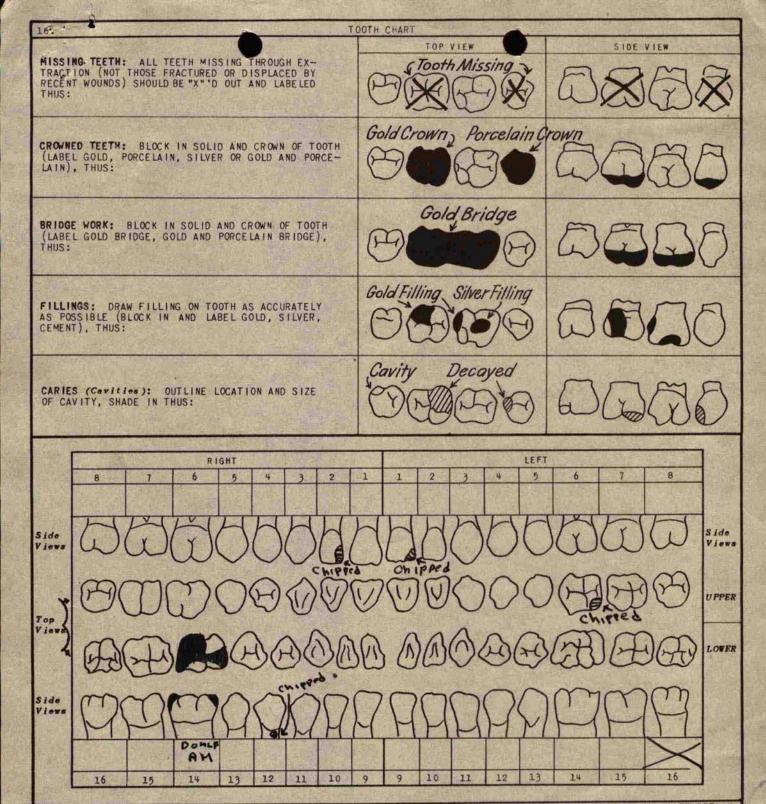
INTRACEDED DEEFDENCE CHEET

	293	IN	TRAO	FFICE REFERENCE SHEET
1 NO.	Pluk-c	and Me	DATE	iv-Sarpandue, HOUR AND DATE
1	Chief, Dec Br Mem Div	Chief, Ident Br Mem Div	10 July 52	
2	Navy Inves Unit Ident Br	Chief Regis Br Attn: Mr. Galwa Oper Sec	21 Jul 1952	1. It is requested necessary action be initiated by your Office to return Unknown X-55, 2nd Marine Division Cemetery, Saipan to Hawaii for permanent burial as an unidentifiable unknown. 2. It is further requested Records Section be notified of action taken. 3 Incls n/e MacFARLAND JACKS 73880
3	Oper Sec Regis Br	Rec Sec Regis Br	25 Jul 52	SAipan returned overseas. SAMAY B207 WAR Red
129	3 Nif	, Jul	in A	Army-Fort Lee, Va1096-2-19-52-254



>	IDENTIFIC	CATION D	ATA			
1. REMAINS OF UNKNOWN	- 55 1				2. DATE OF RE	PORT 1952
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	A Street of the second	TE OF
	ne Division				DISINTERMENT	REINTERMENT
Cemetery	SAIPAN					
	PHYSICA	L DESCRIPTIO				
3. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT		R OF HAIR	L	11. RACE	
2.GIVE DESCRIPTION OF ANY	OFFICIAL IDENTIFICATION FOU				Name of the last	
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		4	TO STATE OF THE ST	N D		
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3.GIVE DESCRIPTION OF TAT	TOOS OR SCARS ON BODY AND/OR			The same of the same of	OTHER SOURCES	
				The same of the same of		
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None



DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

L-16 Recent Aveoli not obliten Ated.

L-13 = Proposed Rotation All upper teeth Inclined Anteriorally, however Occlusion is normal. Teeth are Larger than average. 19. BLACK OUT PARTS OF BODY NOT REPERED

20 -

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF DECEDENT BASED ON THE PRESENCE OF ONE OR HORE NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains Are entinely skeletal and have undergone deterioration thru contact with organic acids re Claricles, scapular etc.

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

16 June 1952 (SFPF)

- 1. General Condition: Skeletal, incomplete. See skeletal chart dated 26 June 1952. Limb bones present; fractured left femur; skull and mandible with depressed fracture of the right frontal bone and fracture extending from this anteriorly to the right orbit. Vertebral column incomplete; all 7 cervicals present but only 8 out of 12 thoracic, all lumbar present. Cranial articulation with the cervical series is excellent and I see no reason to question positive cranial-post cranial association.
 - 2. Comingling: No evidence of this.
- 3. Age: Cranial beginning closure obelic region of sagittal, other sutures open, age 22-23 years.

Pelvic - symphyses are late Phase III, 23-24 years, but the condition is not a usual one.

Clavicle - medial epiphysis shows beginning union, under 25 years. General estimate approximately 23 years.

- 4. Stature: Estimate based on right femur, tibia and humerus. Rollet 5'10", Krogman 5'11".
- 5. Dentition: See Form 569, dated 26 June 1952. No special comments except that #17 had been extracted not long before death.
- 6. Hair: A patch of scalp and hair is still adherent to the skull; color of hair medium brown and low wavy to straight in form.
 - 7. Race: White.
- 8. Comments and recommendations: The available information regarding Cpl Nix is that he was 20-21 years old at time of death, stature 5'll", hair black and race white. Some dental information is also available. The only points of close agreement of the remains with those of Nix is in stature and race. The remains appear to be 2 to 3 years older, although this amount of divergence between known and estimated age would not rule out identification if other factors were favorable. Hair color and dental comparisons are discordant, especially the latter, if the NAVMED H-4 record is that of Nix. The summation of all factors leaves me of the opinion that the remains are not those of Nix.

heodore D. McCown

Professor of Anthropology

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DISIN	TERM		RECTIVE	

	30		DISI	MIERN	IENI DIKE	2011				
77					DIRECTIVE NUM	ABER	-	DATE	the state of	To be made a
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			UNKNOWN	(-00	00055		_ (0	6	
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ZND MA	R D	IV MA	RIANAS IS	-	A 1		3	049	100円では	64 DIST, CTR.
TO WELL WORKING COMES	September 1987		SECTION B — CONS			ACTION NO.	本語 的表述			
PACIFIC,	MEMOR	RIAL CEM	HAWAII	THE SECOND	Y ADMIN		TRATIVE I	DECISI	ON)	
			SECTION C - DISINTE	RMENT AN	ID IDENTIFICAT	TION				Serie
NAME			SERIAL NUMBER	GRADE	DATE OF DEA	TH		DATE DISTIN	ITERRED	
IDENTIFICATION TAG	ON	ORGANIZATION	UNKNOWN	MAN.	RELIGION		IDENTIFICATION	VERIFIED BY		19
MARKER	MIE (SO)							N	AME AND	TITLE
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			To the State of State	100	學是此意					
OTHER MEANS OF ID	ENTIFICAT	ion in the second								
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				TO B				NATION OF		
2000年1月2日 日本				SA 0						
REMAINS PREPARED A	IND PLAC	ED IN CASKET								
DATE			BY							
CASKET SEALED BY			VIII	EMBALME	R (Signature					
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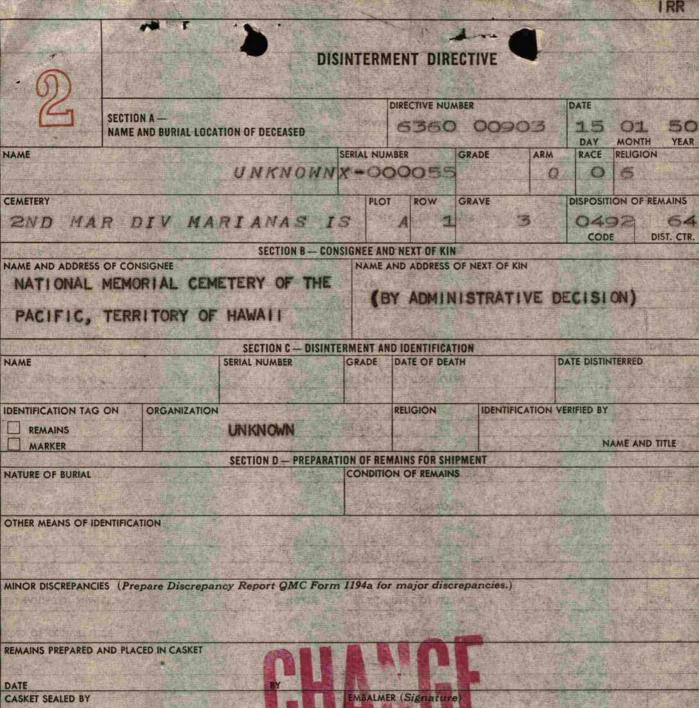
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DATE	Dec. 1	19.00	J. N. R	obinson			G. L. H.	Wong	73		
DATEL	l hereby	certify	that all the fo	regoing ope	nations w	ere condu	cted and accor	mplished und	er my	immediate sup	ervision
ele and	that the	report	above is correc	FOR MI	ADATE	2102	THE OF SECTION				
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OMC FORM 1194

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CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE

NMCP -- SEC

OR 8/6

QMC FORM 1194

RECORD OF CUSTODIAL TRANSFER

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GRS Facific

DEC 2 0 1949

SUBJECT: Resolution of Unidentified Remains

TO: Commanding Officer
American Graves Registration Service
Facific Tone
APO 958, c/o Postmaster

San Francisco, California

1. Reference is made to letter, your Headquarters, File ROBER 293, dated 9 December 1949, SUBJECT: Resolution of Unidentified Remains.

2. This office concurs in the classification of Unknown X-55, 2nd Marine Division Cemetery, Saipan, as unidentifiable.

FOR THE QUARTERNASTER CERERAL!

T. H. MATZ Lt Colonel, CHO Hemorial Division

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220 4 9.00.00.1

AIR MAIL

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DEC 2 6 949

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198 P 18

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE (PACIFIC ZONE) APO 958

In reply refer to: RRREC 293

DEC 9 1949

SUBJECT: Resolution of Unidentified Remains

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

- 1. Inclosed herewith QMC Form 1044 for Unknown X-55 (formerly Nix, John Douglas 2nd Marine Division Cemetery, Saipan), stamped and signed in accordance with letter, DA, OQMG, QMGMU 293, GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948. Report of Storage for this decedent is also inclosed.
 - 2. Request acknowledgment of receipt.

FOR THE COMMANDING OFFICER:

2 Incls

1. QMC Forms 1044-1044a-1044b (Unk X-55)

2. WD QMC Form 1042 (In dup) (Unk X-55) DONALD D. HINDS 1st Lt, QMC Chief, RR Branch

A PARTY OF THE PAR viterion) of a month in their works of the term of the last of the be enua , netten producted bonderic acts of the sale of mist or t celled plant, be a few or and a few and a few or and a few or and a few or and a few or a few bodde , the name of the same of the same of the same as a same of the patent out of the man age also so the sense to sense a little and some in S. - British as demical little and a second of - C.

			20年	
: DENTIFICA	TION DATA	-	The same of the sa	
1. REMAINS OF UNKNOWN X-55 (Formerly NIX, John Douglas)			2. DATE OF RE	
3. NAME OF CEMETERY US Army Mausoleums - Final Type #4990 Formerly 2nd Mar. Div. Cem., Saipan	4. PLOT 5. ROW	6. GRAVE	DISINTERMENT	TE OF REINTERMENT 28 Nov 49
PHYS ICAL :	DESCRIPTION Age:	30 plus	or minus	
8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT 143-169 1bs. 5'6 7/8" - 5'10"	10. COLOR OF HAIR		White	
One (1) Embossed Plate on outer box reasons. 13.61VE DESCRIPTION OF TALLOOS OR SCALE ON BODY AND OR S	UCH INFORMATION OBT	INED FROM	OTHER SOURCES	
None DONALD D. HINGE DONALD DONALD			Dec 194	
14. WAS BODY BURNED? TO WHAT EXTENT?			THE SAME	
15. WAS BODY MANGLED? TO WHAT EXTENT?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFO	RMATIONS			

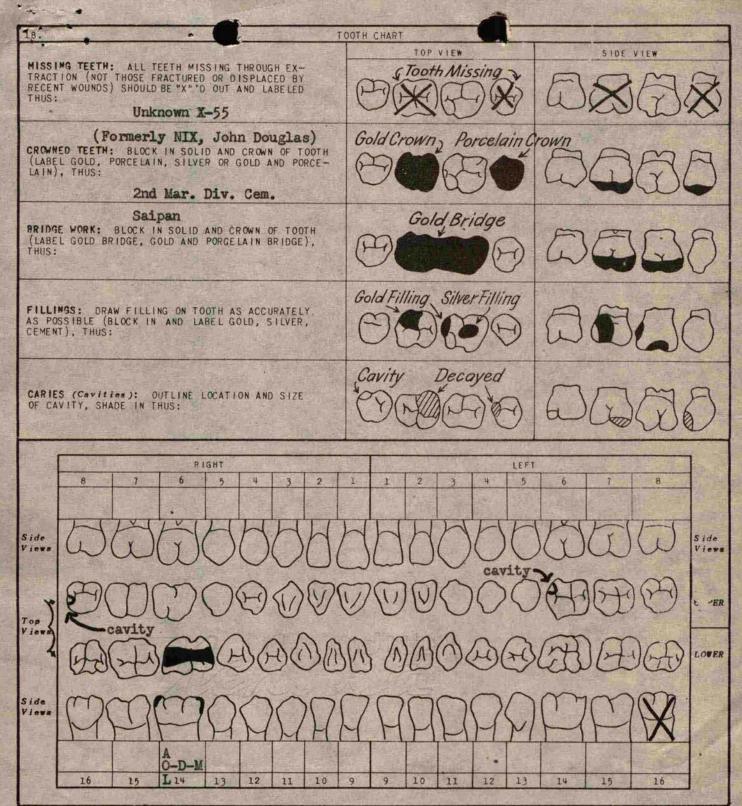
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

APPROVED UNIDENTIFIABLE

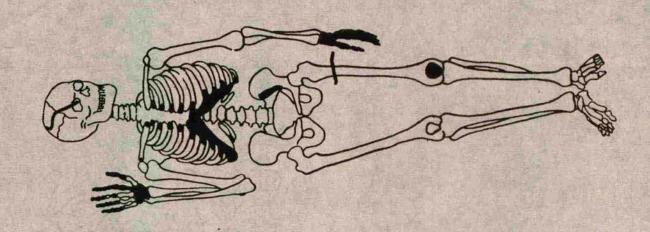
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DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

""



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

nothing conflicting by which it may be denied.

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

20 .

R - 178 - 70.08 - 5' 10"

K - 174 - 68.50 - 5' 8 1/2"

P - 170 - 66.93 - 51 6 7/8"

Fluoroscopic Examination Unnecessary

Teeth Charted

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

GILBERT L.H. WONG, CAPT., INF CENTRAL IDENTIFICATION LABORATORY

AGRS. APO 958

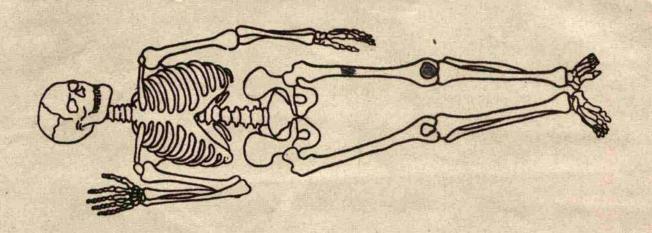
SIGNATURE telbers & Helling

				Lakvaller	Tille.		
1 h	IDENTIFI	CATION	DATA	0			
1. REMAINS OF UNKNOWN					2. DATE OF REPO	RT	
NIX, John D. To Unknown					8 October 1948		
3. NAME OF CEMETERY	4. PLOT	4. PLOT 5. ROW 6. GRAVE		7. DATE OF			
					DISINTERMENT	REINTERMENT	
2nd Mar. Div. (lem. Saipan	A	1	3			
	PHYSIC	AL DESCRIPTI	ON .				
8. ESTIMATED WEIGHT					11. RACE		
170 lbs.	691	D. 1	D. Brown			Unk	
2. GIVE DESCRIPTION OF ANY OF	FFICIAL IDENTIFICATION FOUND WITH REA	MAINS					
S	Pfc John D. Nix P SN - 337618 USMO P-A, R-1, G-3, 17	Jun 44					
13. GIVE DESCRIPTION OF TATTOO	S OR SCARS ON BODY AND OR SUCH IN	FORMATION OF	STAINED FROM	A OTHER SOUR	CES		
	None						
	None						
14. WAS BODY BURNED F	TO WHAT EXTENT 9						
YES NO	TO WHAT EXTENT ?						
YES X NO							
	FRACTURES AND BONE MALFORMATION	S					
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	should be made and specimen forwarded thro						
						HE THE SE	
		and the latest the same of the					

None

NIX. John Douglas to Unknown P-A, R-1, G-3, 2nd Mar. Saipan

19. BLACK OUT PARTS OF BODY NO SECOVERED



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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Estimated Height: 69 ½"

Weight: 170 lbs.

" Age : 20 - 21 yrs.

Color of Hair : Dark Brown

Articulation perfect

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

ROY H. OESTREICH, Capt., Inf.

IDENTIFICATION DENTAL CHART PATE 8 October 1948							
NAME (Lest, First, Middle Initial) NIX, John Douglas To Unknown			Unk Serial NUMBER Unk				
INTA, SOLL	n Dougle	ORGANIZATION	CAUSE OF DEATH		DATE OF DEATH		
Unl	k	Unk		Unk			
PLACE OF DEATH PLACE OF BURIAL Saipan 2nd Mar Div. Cem. Saipa					PLOT ROW	GRAVE	
Saipan 2nd Mar Div. Cem. Saip			TOP VIEW	SIDE VIE	W		
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" DOUT AND LABELED THUS:			DESCRIPTION MISSING DESCRIPTION DE CONTROLLE DE				
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			COLD CROWN) PORCELAIN	I CROWN	30		
BRIDGE WORK : B BRIDGE, GOLD AND		AND CROWN OF TOOTH (LABEL GOL OGE), THUS :	D	GOLD BRIDGE	9 00	30	
FILLINGS : DRAW AND LABEL GOLD,		OTH AS ACCURATELY AS POSSIBLE IBLO	OCK IN	GOLD FILLING SILVER FILL		70	
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SIDE VIEWS VIEWS SIDE VIEWS VIEWS							
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." SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART VERIFIED BY GRS OFFICER							
Har	old 6.	Somell	6	Helese	H. Capt., In	f	

OMC FORM 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ght Arms Frinting Flant Books

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

293.

Date 8 October 1948

CASE SUMMARY OF

NAME: NIX, John D. (To Unknown) R	ANK: Pf	e SEF	IAL NO:	337618
CEMETERY 2nd Mar Div Saipan P	lot:_A_	Row:	G:	rave:_3_
Remains disinterred from P- NIX were processed this date wit				
DATA FROM NAV MED FORM H-4		DATA FI	ROM REMA	INS
Height - 71"	(Est)	Height	- 693"(Brocca)
Weight - 157 lbs.	"	Weight	170_1	bs
Age=	"	Age	- 20-21	yrs.
Hair Black	Hair_		- Dark	Brown
Examination of remains reve				
_ from G-3 are not those of Pfc NI				
In view of above, recommend				
_ with view of remains becoming th	ose of	an unking)WN	

cc: 293	_ /			
	- 4	2/11	1,5	
	- PRO	H. OE	TREICH nature)	
Remarks:	Ca	pt.,	Inf.	

IDENTIFICATION CHECKLIST

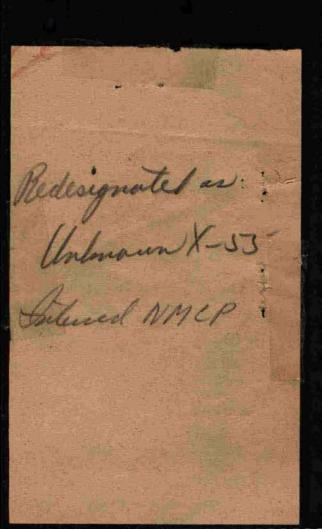
Unknown Unknown
Cemetery 2nd Mar Saipan
Plot A Row 1 Grave 3

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 1 Physical Description

1.	Estimated weight 170 lbs. 2. Estimated height 6911
3.	Color of hair Drk Brown 4. Race Unk
5.	Tattoos or scars on the body (give description) None
- •	(Information obtained from other
	sources
6.	"as 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?
0.	
1.	In there any evidence of first-aid or other medical treatment? No
2.	If the remains are badly mangled, a careful search should be made
W.A.	for identification tags or personal effects.
3.	Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USLC, etc.)

raen	tilleation Checklist (Gont'd)
14.	List every item of clothing and/or equipment found, showing
	color of each, also size and markings: None
	color or each, also size and marrings:
15.	If laundry marks are indistinct, such notation should be made
	and specimen forwarded through channels for examination
16.	Evidence of healed fractures None
17.	Black out parts of body not received at cenetery.
	Commence of the second
18.	REMARKS:
	I certify that I have personally viewed the remains of subject
dec	eased and that all resulting information has been recorded to the
hoe	t of my knowledge.
005	Toy Miles
	Officer's name
	Capt., Inf.
	Rank Service
	Organization
S	



			THE TANK				TO SECOND		2/10/20
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	1-way	- Live Jan	10	DIRECTIVE NUM	RED	D	ATE		1
25	SECTION A	TION OF DECEASED			0090	DE LES	15	08 MONTH	48 YEAR
	malifar: Un		33	ABER 57618	GRADE PFC	3	1	RELIGION 4	
CEMETERY ZND MAI	R DIV MA	RIANAS IS	5' PLOT	A 1	GRAVE 3	D	SPOSITION CODE	OF READ DIS	AINS ST. CTR.
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		SECTION 6 - DISINTE	RMENT AN	The second secon		- T-12	NEW PROPERTY.	TO SHIP	TO PERSON
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REMAINS MARKER	1.000	USMC					NA	ME AND TI	TLE
		SECTION D - PREPARATI	ON OF REM	MAINS FOR SHIP	PMENT		REIL CERT	A SHOP	TA DUTC
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OTHER MEANS OF IDE	X-S			~					
MINOR DISCREPANCIE	\$ (Prepare Discrepar	cy Report QMC Form	1194a fo	r major discr	epancies.)				
REMAINS PREPARED A	ND PLACED IN CASKET								
DATE	BONE BY BY	BY	即是次是		THE PARTY OF				
CASKET SEALED BY			EMBALME	R (Signature					
CASKET BOXED AND	MARKED		SHIPPING	ADDRESS VERI	FIED BY				
DATE	BY					200			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.									
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REMARKS AND SPECIA	LINSTRUCTIONS		Aires II.			0/2	CT 1:	LE 1950 cher met	
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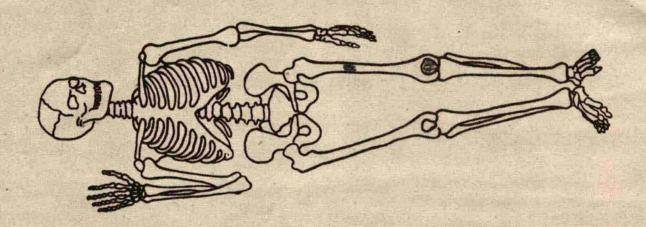
RECORD OF CUSTODIAL TRANSFER

	MEGUND OF GO	STUDIAL TRANSFER	Marie Contract			
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FROM		ТО	A STATE			
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						ALC: NO.
** **********************************	IDENTIFIC	CATION	DATA	0		
T. REMAINS OF UNKNOWN NIX. John D. T					2. DATE OF REPOR	The state of the s
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE	the same of the sa
2nd War. Div. Ce	m. Scipan	A	1	3		
	PHYSICA	AL DESCRIPTI	ION			
8, ESTIMATED WEIGHT 170 1bs.	9. ESTIMATED HEIGHT		R OF HAIR		II. RACE	
Pf SN	rtury Plate c John D. Nix P - 337618 USMC A, E-1, G-3, 17	TAKE STATE THE PARTY OF				
13. GIVE DESCRIPTION OF TATTOOS O	TO WHAT EXTENT #	FORMATION O	BTAINED FROM	OTHER SOUR	CES	
YES NO	TO WHAT EXTENT \$					
15. WAS BODY MANGLED \$	TO WHAT EXTENT ?					
16. DESCRIBE EVIDENCE OF HEALED FR	ACTURES AND BONE MALFORMATIONS					
	None					
	QUIPMENT AND PERSONAL EFFECTS FOL uld be made and specimen jorwarded thro					
	None					

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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Estimated Height: 69 %"

" Weight: 170 lbs.

" Age : 20 - 21 yrs.

Color of Hair : Derk Brown

Articulation perfect

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

Son Heleston Capt., Inf.

					DATE			
	IC	DENTIFICATION DENTAL	CHART		8	October	1948	
NAME (Last, First, Middle Initial) NIX. John Douglas To Unknown Unk					SERIAL	SERIAL NUMBER Unk		
NIX, John Douglas To Unknown Unk UNIT ORGANIZATION CAUSE OF DEATH			DATE OF DEATH					
Unk Unk Unk						To any	lanus.	
PLACE OF DEATH Salpan		2nd Mar Div. Ce	m. Saip	an	PLOT	ROW	GRAVE	
四种 建亚亚洲 数				TOP VIEW		SIDE V	IEW	
		IG THROUGH EXTRACTION INOT THE NT WOUNDS: SHOULD BE "X" "D C		TOOTH MISSING	§		团参	
CROWNED TEETH : BI PORCELAIN, SILVER OR		ID AND CROWN OF TOOTH (LABEL (PORCELAIN), THUS;	GOLD,	GOLD CROWN, PORCELAI	CROV		50	
BRIDGE WORK : BLOC BRIDGE, GOLD AND PO		AND CROWN OF TOOTH (LABEL GO! OGE), THUS :	LD	GOLD BRIDGE	8			
FILLINGS : DRAW FILLI AND LAREL GOLD, SILVI		OTH AS ACCURATELY AS POSSIBLE IBLO	OCK IN	GOLD FILLING SILVER FILL	ING (F)			
CARIES : (Cavities) : C SHADE IN THUS :	DUTLINE LOCA	ATION AND SIZE OF CAVITY,		CAVITY DECAYED	8	66	AD	
SIDE VIEWS TOP VIEWS SIDE VIEWS	8 7 IAPOUS CARIO BUI BUI THE TANK DIAGRAP AW DIAGRAP TO CLASP."	20000000000000000000000000000000000000		2 3 4 5 6 CARA H		8 DO PPED PPED 15 16 NING CLASPS ON	SIDE VIEWS UPPER LOWER	
	R OR OTHER	PERSON WHO PREPARED DENTAL C	HART VERIFI	ED BY GRS OFFICER				

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. OMC FORM 1045

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

HAROLD E. CONNELL; Emb.

IDENTIFICATION CHECKLIST

Unknown Unknown
Cemetery nd er Salsan
Plot & Rowl Grave

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.

	Physical Description
1.	Estimated weight
3.	Color of hair Drk Bown 4. Race 4.
5.	Tattoos or scars on the body (give description)
	(Information obtained from other
	sources
6.	"as tooth chart taken? If not, explain
7.	Were fingerprints taken?
8.	Cause of death UTD
9.	Was body burned? To what
	extent?
0.	Are any parts of the body missing or severed? Chart
1.	In there any evidence of first-aid or other medical treatment?
2.	If the remains are badly mangled, a careful search should be made
	for identification tags or personal effects.
3.	Type of clothing found on remains (Air Corps, Paratroop, Armored,

13

Iden	tification Checklist (Gont'd)
14.	List every item of clothing and/or equipment found, showing
	color of each, also size and markings:
	The state of the s
	The state of the s
	The state of the s
15.	If laundry marks are indistinct, such notation should be made
	and specimen forwarded through channels for examination
16.	Evidence of healed fractures
17.	Black out parts of body not received at cenetery.
18.	REMARKS:
110	
	The state of the s
	I certify that I have personally viewed the remains of subject
do	ceased and that all resulting information has been recorded to the
	st of my knowledge.
oc.	ROY H. OSTRETCH
	Officer's name
	Rank Service
	Organization

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

293.

Date_A retoher 1948____

CASE SUMMARY OF

NAME.	RANK: SERIAL NO: 337618
CEMETERY THE DAY SALES	
Namelna disinterrad from	n Pode, Bolly Gold known no. Pfc
MIN warm processed this Sale	with the followings
ware book way was press.	Net
Nateht - 23"	(Dst) Haight - for Timoroux -
Waterbe - 167 1bs.	
ASR	Ned r o Dank Brown
	Arthoulation partnet
Eveningtion of reme ER	revealed that the remains districtive
from G-1 are not those of P	re_1000
In view of above, reco	purposed done he sent he Monno of Menters
with view of remains becomi	ng those of an UNGHOSE
ce: 293	
	CORD
	· · · · · · · · · · · · · · · · · · ·
	(Signature)

Remarks:

OMC FORM 1042 (Rev. 1 Apr. 1945)

REPORT OF INTERMENT

DATE OF REPORT

(Supersedes GRS Form 1)		(AR 30-1810 at	DEC	201	1949		
Imprint Identification T		Section 1.—IDENTIFICATION.					
DO NOT TY	PE	NAME (Last, first, middle initial)		with the Empire	SERIAL	No.	Self-Oug
(1055)	1	UNKNOWN X-55	(SAIPAN (UNIDEN	TIFIABLE)	Unknown		wn
77 0	The same of	GRADE	ORGANIZATION	ORGANIZATION		BRANCH OF SERVICE	
	0)	Unknown		Unknown		Unknow	wn
	1	RACE	RELIGION		IF OTHER THA	N U. S. DEAL	D. GIVE
		White	U	nknown	HAME OF CO.	,	
PLACE OF DEATH		CAUSE OF DEATH			DATE O	F DEATH	
Saipan			Unknown			Unknov	m
EMERGENCY ADDRESSEE (Nat	me, relationship, an	d address)					PANIS I TO
			Unknown				
IDENTIFICATION TAGS FOUND (1, 2, or none)	O ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS O	OF IDENTIFICATION (If	unidentified, fill	in section 8 (on reverse)
None		AND THE RESIDENCE					E STE
WERE SUBSTITUTE TAGS PROV	VIDED?(Yes or no)	UNIDENTIFL	ABLE				TE AND
Yes							
LIST PERSONAL EFFECTS FOU	ND ON BODY AND	DISPOSITION OF SAME				is a	No.
LE TOTAL CAMPAN							145.83
		None					
多种等所数数据 言言		None					
						A PLU	
Section 2.—BURIAL. If other	er than in estab	lished cemetery, furnish sketci	h and map coord.	inates on reverse.			16812
NAME, NUMBER, COORDINATE	S, AND LOCATION	OF CEMETERY	of - All Property		THE RE		
Nat	ional Mem	orial Cemetery of	the Pacific	Hanolulu .	T H		S. 1 1 1 1 1
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no		TYPE OF GRAVE		ROW No.	GRAVE No.
				MARKER		NOW NO.	
20 Dec. 1949	10:00 AM	Permanent Type C		Cross	CATION OF CRI	1	816
WAS THIS A REBURIAL? (Yes or no)	IF A KEBUKIAL,	NDICATE NAME, NUMBER, COOKE	INATES OF FREVIO	DUS CEMETERT, AND LO	PLOT No.		GRAVE No.
Yes	2nd	Marine Division Co	emetery. Sa	inan	A.	ROW No.	GRAVE NO.
TYPE OF RELIGIOUS	PERSON CONDUC	TING BURIAL RITES	A STATE OF THE PARTY OF THE PAR	ON TAGS NOT USED, I	DESCRIBE IDEN	TIFICATION	DATA AND
Protestant		n Fitzgerald n Kirtley	CONTAINERS B	URIED WITH BOUT			AN THE ST
Hebrew	Rabbi I	Kumin		Electric Control			14 31
IDENTIFICATION TAG BURIED BODY (Yes or no)		TIFICATION TAG ATTACHED TO KER (Yes or no)					
Yes		Yes					A STATE OF THE PARTY OF THE PAR
BODY BURIED ON DECEASED I	LEFT, NAME (Last,	first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE	No.
							VENEZ OU
			THE STATE	1,-410.1	MAN B	79	1
BODY BURIED ON DECEASED I	RIGHT, NAME (Las	st, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE	E No.
			AN A STATE				
SIGNATURE OF PERSON PRED	SIGNATURE OF C	PS OFFICED VEDIEVING	DEPORT	84	1		
SIGNATURE OF PERSON PREPA	ANTIG REPORT		SIGNATURE OF G	GRS OFFICER VERIFYING	//	/	
TOPOV E TIPNER ADM ASSISTANT			de	med J. Di	eno Th	INF.	E 1278-150

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						
	Section S HIDENTIFIED REMAINS.						
LEFT RU	NSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified mains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe sincial security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of ablanes, 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 a serry tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not accomplished if one or more fingerprints are secured.						
LEFT RING FINGER	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS						
MIDDLE FINGER	WEAPON AND SERIAL NO. LAUNDRY MARKS WHERE BODY WAS BURIED OR FOUND OTHER IDENTIFICATION CLUES						
INDEX FINGER	FILLINGS SILVER FILLING GOLD FILLING 3 2 0 0 0 0 3						
THUMB	CAVITIES CAVITY DECAYED UPPER 15 6 7 8						
RIGHT	CROWNED TEETH						
INDEX FINGER	BRIDGE WORK GOLD CROWN 15 LOWER 14 13 13 12 13 12 10 10 10 11 11 12 13 12 13 12 13 12 13 13						
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY						
RIGHT RING FINGER	REMARKS: 31 JAN 1950						
RIGHT LITTLE FINGER	Identification Section						

DATE OF REPORT WD QMC FORM 1042 REPORT OF INTERMENT (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) 20 1949 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.—IDENTIFICATION. DO NOT TYPE SERIAL NO NAME (Last, first, middle initial) (SAIPAN) UNKNOWN X-55 Unknown (UNIDENTIFIABLE) BRANCH OF SERVICE GRADE **ORGANIZATION** O Unknown Unknown Unknown RACE RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY White Unknown PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Saipan Unknown Unknown EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IF NO TAGS FOUND ON BODY. DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None UNIDENTIFIA BLE WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY National Memorial Cemetery of the Pacific, Honolulu, T. H TYPE OF GRAVE MARKER BURIED IN (Shroud, blanket, or name of other) PLOT No. ROW NO. GRAVE No. DATE OF BURIAL 816 Permanent Type Casket Cross 20 Dec. 1949 10:00 AM IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? (Yes or no) PLOT NO. ROW No. GRAVE No. Yes 2nd Marine Division Cemetery, Saipan IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY PERSON CONDUCTING BURIAL RITES
Chaplain Fitzgorald
Chaplain Kirtley
Rabbi Kumin TYPE OF RELIGIOUS Protestant Mebrew IDENTIFICATION TAG BURIED WITH BODY (Yes or no) IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) RANK SERIAL No. **ORGANIZATION** GRAVE No. BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) 791 **ORGANIZATION** GRAVE NO. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL No. 841 SIGNATURE OF GRS OFFICER VERIFYING REPORT SIGNATURO OF PERSON PREPARING REPORT 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.

		SIRICIED		
The state of the s	Section NIDENTIFIED REM	AINS.	AND PERSONAL PROPERTY.	100
LEFT RIN	mains. Fill in anatomical ch social security number; positi planes, vehicles, and tanks. (b) A fingerprint, or prin chart at left, or as many as po-	aracteristics below, and any on of body found in airplane ts, are the most valuable of ossible. If no fingerprint or on the tooth chart in accorda	te clues for the future identity of other clues under "Other," s s, vehicles, and tanks; and serial clues. Imprint all fingers a prints can be secured, the conduce with diagram below. Tooth	al numbers of air
RING FINGER	HEIGHT WEIGHT COLO	OR OF EYES COLOR OF HAI	R BIRTHMARKS, SCARS, OR	TATTOOS
M	WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIE	D OR FOUND
MIDDLE FINGER	OTHER IDENTIFICATION CLUES		The state of	
LEFT INDEX FINGER				A SURVEY OF
INGER	FILLINGS	SILVER FILLING GOLD FILLING	4 300000)3
LEFT	CAVITIES	CAVITY DECAVED	UPPER UPPER	
RIGHT	CROWNED TEETH	XC4	AGRAM REPRESENTS THE MOUT	TH WIDE OPEN
RIGHT INDEX FINGER	BRIDGE WORK		LOWER 14	15 14 13
		GOLD BRIDGE	12 0 00000)12
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFER	ENCE AND COORDINATES FOR B	JRIAL IN OTHER THAN ESTÁBLISHE	CEMETERY
RIGHT RING FINGER		i 9:	L JAN 1950	
	REMARKS:	24 JAN 1950	- Consessed	1
RIGHT LITTLE FINGER		Identification Se	AL SA SECTION AND ADDRESS OF THE PARTY OF TH	

(AR 30-1810 at Section 1.—IDENTIFICATION. NAME (Last, first, middle initial)	(UNIFORMERLY 2 John Dougl ORGANIZATION RELIGION	IDENTIFIABLE) 2nd Mar Div Ce	SERIA	8 Dec 4 L No. Unkno	49 own	
NAME (Last, first, middle initial) UNKNOWN X-55 (I Saipan, Nix, GRADE Unknown RACE White	(UNIFORMERLY 2 John Dougl ORGANIZATION RELIGION	2nd Mar Div Ce Las)	9m,	Unkno		
UNKNOWN X-55 (I Saipan, Nix, GRADE Unknown RACE White	John Dougl ORGANIZATION	2nd Mar Div Ce Las)	9m,	Unkno		
Saipan, Nix, GRADE Unknown RACE White	John Dougl ORGANIZATION RELIGION	las)		Alberta		
Unknown RACE White	RELIGION				CE	
White				Unknown		
CAUSE OF DEATH	The second secon	Jnknown	IF OTHER TH	AN U.S. DEA OUNTRY	AD, GIVE	
	MU/EU EU		DATE	OF DEATH		
	Unknown			Unknow	wn	
and address)					0.01	
Unkn	own					
IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS	OF IDENTIFICATION (I	f unidentified, fi	Il in section 3	on reverse)	
Radio OOMG W	CL 22629.	8 Nov 49. apr	proving d	lesigna	tion	
Nix, John Do	uglas. Re	mains declare	ed Unider	tifiab	le	
	" FABBOA	Mites on reverse.				
	name of other)	TYPE OF GRAVE	PLOT No.	ROW No.	Casket XXXXXX NO	
		DEC 1 A 19			4990	
L, INDICATE NAME, NUMBER, COOR	DINATES OF PREV	TIOUS CEMETERY, AND L	OCATION OF G	RAVE	THE STATE OF	
Mar Div Cemetery, S			PLOT No.	ROW No.	GRAVE NO	
OUCTING BURIAL RITES	IF IDENTIFICATION CONTAINERS	TION TAGS NOT USED, BURIED WITH BODY	DESCRIBE IDE	NTIFICATION	N DATA ANI	
ast, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	VE No.	
				ALTERNATION AND ADDRESS OF	-	
0					UE No.	
(Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRA	VE No.	
CHAPTER AND THE PARTY OF THE PA	RANK	SERIAL NO. F GRS OFFICER VERIFYII	NG REPORT	ON GRA	VE No.	
	Radio OQMG Woof Unknown None Nix, John Donby AGRS-PAZ. NO DISPOSITION OF SAME None Rablished cemetery, furnish sketch on of CEMETERY BURIED IN (Shroud, blanket, or a Final type of L, INDICATE NAME, NUMBER, COORD	Radio OQMG WCL 22629, of Unknown No. for ren Nix, John Douglas. Re by AGRS-PAZ. IND DISPOSITION OF SAME None Rablished cemetery, furnish sketch ON OF CEMETERY Leum, AGRS-PAZ BURIED IN (Shroud, blanket, or name of other) Final type casket L. INDICATE NAME, NUMBER, COORDINATES OF PREV MAR Div Cemetery, Saipan DUCTING BURIAL RITES LIF IDENTIFICATION TAG ATTACHED TO	Radio OQMG WCL 22629, 8 Nov 49, approf Unknown No. for remains formerly Nix, John Douglas. Remains declared by AGRS-PAZ. IND DISPOSITION OF SAME None Rablished cemetery, furnish sketch profit with the same of the same o	Radio OQMG WCL 22629, 8 Nov 49, approving of Onknown No. for remains formerly designs Nix, John Douglas. Remains declared Unider by AGRS-PAZ. IND DISPOSITION OF SAME None None Rablished cemetery, furnish sketch proving the same of other of the same of th	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section s Radio OQMG WCL 22629, 8 Nov 49, approving designated as Nix, John Douglas. Remains declared Unidentifiable by AGRS-PAZ. IND DISPOSITION OF SAME None None Sublished cemetery, furnish sketch presentes on reverse. ION OF CEMETERY Leum, AGRS-PAZ BURIED IN (Shroud, blanket, or name of other) Final type casket L, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE PLOT NO. ROW NO. A PLOT NO. ROW	

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 2'

		RESIRIC			
	Section 3. NIDENTIFIED	REMAINS.	Section of the	della description	1
LITTLE FINGER RIN	INSTRUCTIONS: (a) Great care will mains. Fill in anatomic social security number; planes, vehicles, and tan (b) A fingerprint, or chart at left, or as many every tooth will be indicaccomplished if one or n	r prints, are the r as possible. If ated on the tooth	nost valuable of all clu no fingerprint or prints chart in accordance wit	es. Imprint all fingers	and thumbs in the
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, C	OR TATTOOS
MID	WEAPON AND SERIAL NO.	LAUND	RY MARKS	WHERE BODY WAS BUR	IED OR FOUND
MIDDLE FINGER	OTHER IDENTIFICATION CLU	ES		Land St.	
INDE	The second such				
LEFT INDEX FINGER	FILLINGS	SILVER FILE	LLING ING	**************************************	D ³
THUMB	CAVITIES	CAVI	TY WED 6	UPPER	
RIGHT	MISSING TEETH	TOOTH MISS	THE REAL PROPERTY.	REPRESENTS THE MOL	TH WIDE OPEN
INDEX	CROWNED TEETH	PORCELAIN GOLD CRO		LOWER	16 15 14
RIGHT INDEX FINGER	BRIDGE WORK	GOLD	BRIDGE	3 2 3 4 4 4 A A A A A A A A A A A A A A A A	O ₁₂
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP F	REFERENCE AND CO	ORDINATES FOR BURIAL II	N OTHER THAN ESTABLISH	ED CEMETERY
RIGHT RING FINGER	REMARKS:		The state of the s	ne contains	
RIGHT LITTLE FINGER					and the

			A CONTRACTOR OF	Station, Square,		Street Square in	and the second limited in
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	and the second to be	REPORT OF (AR 30-1810 a)	INTERMENT and AR 30-18	CONTRACTOR OF THE PARTY OF THE		Oct.	
Imprint Identification 7		Section 1.—IDENTIFICATION.	A STATE OF STREET	ACTION OF THE REAL PROPERTY.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
DO NOT TY	PE	NAME (Last, first, middle initial)	V.55	Maria Maria Propinsi da	SERIA	L No.	100000
		NIX, John D.					
S THE PARTY SECOND		(To be an UI		at the little decimal to	33	7618	
2		GRADE	ORGANIZATION			CH OF SERV	ICE
	0	PROPERTY OF THE PROPERTY OF TH	THE PROPERTY.				
1		Unk		Unk	THE BOOK	USMC	
	/	RACE	RELIGION		IF OTHER TH		AD, GIVE
The state of the s		TO THE REAL PROPERTY.		EN SAINSRITH MENS	MAME OF C	OUNTRI	
以自己的		Unk		Unk			多个的
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH	
0				educa mayor ta			
Saipan		Wound, fragme	ent, shel			17 Jui	2 44
EMERGENCY ADDRESSEE (No	ime, relationship, at	sd address)					
	77-1-						
	Unk						
IDENTIFICATION TAGS FOUN. (1, 2, or none)	D ON BODY	IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS C	F IDENTIFICATION (I	f unidentified, fi	U in section 3	on reverse)
			Tab St.	2000			
None	The second secon	No. of the last	0100				
WERE SUBSTITUTE TAGS PRO	VIDEDI(Yes or no)	Mortuary	Plate of	n grave man	rker		
No	WHUDA						
LIST PERSONAL EFFECTS FOL	IND ON BODY AND	DISPOSITION OF SAME					
LIST PERSONAL EFFECTS FOR	JAD ON BODT AAL	DISPOSITION OF SAME					
杨的是清楚的			, 10				
No.	one		社 建 三				
	Me			FEFTER MARKET			
		ALTERNATION TO THE STREET	THE PARTY NAMED IN				
Section 2.—BURIAL, If oth	or than in ostab	lished cemetery, furnish sketc	h and map coord	inates on reverse.		2.57	
NAME, NUMBER, COORDINATE	ES, AND LOCATION	OF CEMETERY				Series and	H Carried
100 mm		他		M. 13 Talenda			
CIP May	soleum A	GRS, Marbo Zone	APO 244	4			
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ame of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
			AND MANY				
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through Headquarters G	as Omcer. Cop	ies tor referriour in theate, as	preserred by the	State of the last	THE RESERVE OF THE PARTY OF	The Party of the P	THE PERSON NAMED IN

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	INSTRUCTIONS: (a) Great care will	be taken to	record the n	nost minute clues	for the future ider	tity of unidentified re-
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SERIAL NO.	(b) A fingerprint, o chart at left, or as many	r prints, are as possible	the most va	aluable of all clues	s. Imprint all fing	gers and thumbs in the
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TAGMIN AC FRAIL	Section 3.— DENTIFIED REMAINS.	A THE PLANT SHE PART WATER
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RESTRICTED DATE OF REPORT WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) REPORT OF INCREMENT STORAGE 8 Dec 49 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.-IDENTIFICATION. DO NOT TYPE SERIAL No. NAME (Last, first, middle initial) (UNIDENTIFIABLE) (Formerly 2nd Mar Div Com, UNKNOWN X-55 Unknown John Douglas) Saipan, Nix, BRANCH OF SERVICE GRADE ORGANIZATION O Unknown Unknown Unknown IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RELIGION RACE White Unknown DATE OF DEATH PLACE OF DEATH CAUSE OF DEATH Unknown Unknown Saipan EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) **IDENTIFICATION TAGS FOUND ON BODY** (1, 2, or none) Hone Radio OQMG WCL 22629, 8 Nov 49, approving designation of Unknown No. for remains formerly designated as WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Nix, John Douglas. Remains declared Unidentifiable APPROVED UNIDENTIFIABLE Yes by AGRS-PAZ. LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on rever NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Army Mausoleum, AGRS-PAZ Casket ENAVE NO. TYPE OF GRAVE MARKER PLOT No. ROW No. BURIED IN (Shroud, blanket, or name of other) HOUR DATE OF BURIAL Final type casket 4990 2 Feb 49 IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? (Yes or no) PLOT NO. ROW No. GRAVE No. Yes 2nd Mar Div Cemetery, Saipan IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY TYPE OF RELIGIOUS PERSON CONDUCTING BURIAL RITES IDENTIFICATION TAG BURIED WITH BODY (Yes or no) IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) GRAVE No. ORGANIZATION SERIAL NO. BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK Not applicable due to ORGANIZATION GRAVE NO. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL NO.

I. K. USHER - Clerk DONALD D. HINDS, 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.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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SIGNATURE OF PERSON PREPARING REPORT

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