

FILE IDENTIFICATION TOPPER

Meyer

FILE NUMBER

293. Unk.

2rd Max

Div

Japan
~~MARIANAS.~~

X-55

SUBJECT

16-63202-1 GPO

QMC FORM 1121
1 AUG 45

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: Transmittal of QMC Forms 1194, 1042 and Form 51

7. DOCUMENT FILED 314.6 - GRS Pacific (DD)
UNDER NO.

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: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

293

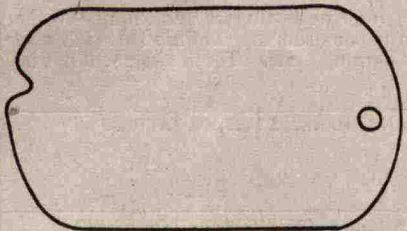
REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

DATE OF REPORT

26 Aug 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION

NAME (Last, first, middle initial)

UNKNOWN X-55 (SAIPAN)
(UNIDENTIFIABLE)

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

White

RELIGION

Unknown

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

PLACE OF DEATH

Saipan

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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)

UNIDENTIFIABLE

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.

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			Q	-	1508

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	2nd Marine Division Cemetery, Saipan	A	1	3

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
Catholic Protestant Jewish	Chaplain Moran Chaplain Lock Chaplain Rickel	
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes		

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Kanehailua, Francis K.	T/3	30107145	NAT USA	Q-1479

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
None			NAT USA	

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING NAME
FRANC S. FOSTER	T. SUZUKI, Supt., Nat Mem Cem of the Pac

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:


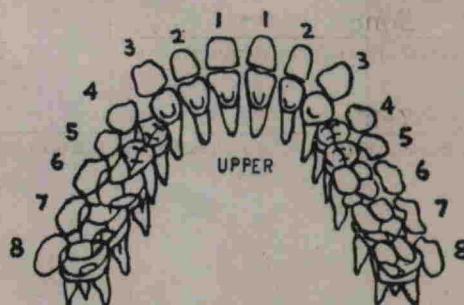
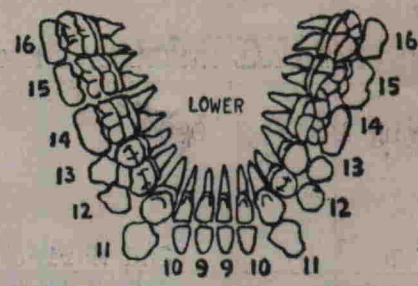




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

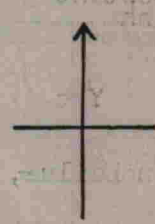
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

<p>FILLINGS</p>  <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>LOWER</p>
<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

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



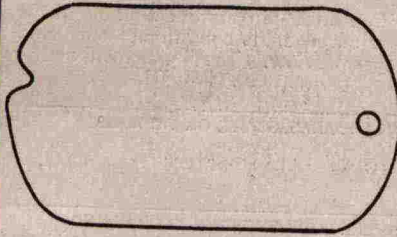
REMARKS:

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)REPORT OF INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

26 Aug 1952

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-55

(SAIPAN)

(UNIDENTIFIABLE)

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

White

RELIGION

Unknown

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

PLACE OF DEATH

Saipan

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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)

UNIDENTIFIABLE

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.

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NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, HONOLULU, T. H.

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			Q	-	1508

WAS THIS A REBURIAL?
(Yes or no)

Yes

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

2nd Marine Division Cemetery, Saipan

PLOT No.	ROW No.	GRAVE No.
A	1	3

TYPE OF RELIGIOUS
CEREMONIC
Protestant
Jewish

PERSON CONDUCTING BURIAL RITES

Chaplain Moran
Chaplain Lock
Chaplain RickelIF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND
CONTAINERS BURIED WITH BODYIDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

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

Kanehailua, Francis K.

RANK

T/3

SERIAL No.

30107145

ORGANIZATION

USA

GRAVE No.

Q-1479

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

None

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

FRANC S. FOSTER

SIGNATURE OF GRS OFFICER VERIFYING REPORT

T. SUZUKI, Supt., Nat Mem Cem of the Pac

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

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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.

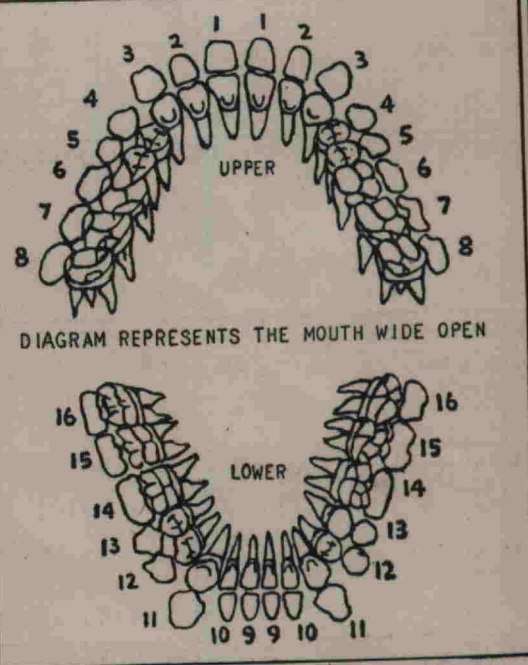
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

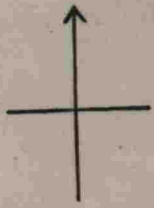
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS		SILVER FILLING GOLD FILLING
CAVITIES		CAVITY DECAYED
MISSING TEETH		TOOTH MISSING
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN
BRIDGE WORK		GOLD BRIDGE



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



REMARKS:

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 959
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: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

QMC FORM 351
REV 14 OCT 47

CROSS-INDEX SHEET

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

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 UNDER NO. 293 Unknown Saipan X-55

(Classified)

vle '52

- INSTRUCTIONS.—Enter after the above headings information as follows:
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 6. Brief and comprehensive synopsis of the content or subject matter.
 7. File classification under which the document is filed.

NATIONAL MEMORIAL CEMETERY

INTERMENT IN THE

OF THE PACIFIC

CEMETERY

TO: THE QUARTERMASTER GENERAL, WASHINGTON 25, D. C. ORIGINAL JAN 5 1950

NAME (Last, first, middle initial)

STATE

RANK

SERIAL NO.

UNKNOWN X-55 (SAIPAN)

*Cancelled
Remains
disinterred*

RELIGIOUS EMBLEM (Check One)

LATIN CROSS STAR OF DAVID

FLAT GRANITE

SERVICE DATA (Company, regiment, or other organization or branch of service and division, if any.)

DATE OF BIRTH			DATE OF DEATH			DATE OF INTERMENT			GRAVE LOCATION	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	SEC. OR PLOT	GRAVE OR LOT NO.
						Dec	20	1949	P	816

DATES OF SERVICE			
ENLISTMENT	DIED ON A. D.	DISCHARGE	RETIREMENT

REMARKS (Authority for interment, pension or claim number, disinterment, etc.)

WORLD WAR II DEAD
FROM: 2ND MARINE DIVISION CEMETERY, SAIPAN
(ADMINISTRATIVE ORDER)

DATE HEADSTONE ORDERED AND B/L NUMBER

W. CHELMSFORD, MASS. 23 FEB 1950

6269915

SHIPPING POINT FOR HEADSTONES

RAILROAD STATION FOR FREIGHT

IRON-QM-HEADSTONES

QM USARPAC APO 958

POST OFFICE ADDRESS

c/o PM, SAN FRANCISCO
CALIFORNIA

SIGNATURE OF SUPERINTENDENT OF NATIONAL CEMETERY OR QM OF POST OR POW CEMETERY

Alvan C Baker

ALVAN C. BAKER

(See instructions on reverse side)

16-46609-2

QMC FORM 14 REV 19 NOV 48 Previous editions may be used

DISINTERMENT IN THE

OF THE PACIFIC

CEMETERY

TO: THE QUARTERMASTER GENERAL, WASHINGTON 25, D. C.

NAME (Last, first, middle initial)

STATE

RANK

SERIAL NO.

UNKNOWN X-55

RELIGIOUS EMBLEM (Check One)

LATIN CROSS STAR OF DAVID

SERVICE DATA (Company, regiment, or other organization or branch of service and division, if any.)

DATE OF BIRTH			DATE OF DEATH			DATE OF INTERMENT			GRAVE LOCATION	
MONTH	DAY	YEAR	MONTH	DAY	YEAR	MONTH	DAY	YEAR	SEC. OR PLOT	GRAVE OR LOT NO.
						Dec	20	1949	P	816

DATES OF SERVICE			
ENLISTMENT	DIED ON A. D.	DISCHARGE	RETIREMENT

REMARKS (Authority for interment, pension or claim number, disinterment, etc.)

WORLD WAR II DEAD
From: 2d Marine Div. Cemetery, Saipan
Authority for disinterment - Office Memo 16 May 52 from
Memorial Div., 8301st AU, Post QM, USARPAC, APO 958
Officially disinterred 22 May 1952

DATE HEADSTONE ORDERED AND B/L NUMBER

SHIPPING POINT FOR HEADSTONES

RAILROAD STATION FOR FREIGHT

POST OFFICE ADDRESS

Quail

SIGNATURE OF SUPERINTENDENT OF NATIONAL CEMETERY OR QM OF POST OR POW CEMETERY

T. Suzuki

T. SUZUKI

(See instructions on reverse side)

16-46609-2

QMC FORM 14 REV 19 NOV 48 Previous editions may be used

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.

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 16-46600-2

INSTRUCTIONS

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U. S. GOVERNMENT PRINTING OFFICE 16-46600-2

FEB 17 1950

FEB 13 1950
MAIL ROOM

att

293 Unk-Saipan (2nd Marine Div.) X-55
dl

293 NIX, John Douglas
337-618

X 293 NIX 2nd Marine Div. (Saipan)

1 Navy Chief 23 Apr REFERENCE: IRS from Navy Liaison Unit to Chief
Inves Unit Regist Br 1952 Memorial Division dated 15 April 1952
Ident Br Mem Div filed in 293 of NIX, John D., 337618,
Mem Div USMC

1. It is requested necessary action be initiated by your Branch 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 COX SALSER
1-293 File for 74059 73830
NIX, John D.
2-293 File for
X-55, 2nd Mar
Div., Saipan

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 Hawaii as an unidentifiable unknown was dispatched 21 July 52.

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

MOYER
75926

FILE
NAVY SECTION
C. J. MOYER

21 July 52

X-55

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:

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3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
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OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

293

Unk-2nd Mar. Div-Saipan

DUE, HOUR AND DATE _____

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Chief, Dec Br Mem Div	Chief, Ident Br Mem Div	10 July 52	<p><i>X-55</i></p> <p>SUBJECT: QMGMK 293 Unk X-55 (Formerly NIX, John D.)</p> <p>Subject remains was examined at SFPE. QMC Form 1044 and report by anthropologist are forwarded along with the 293 file for continuance of action.</p> <p>3 Incls. ✓ 1. QMC Form 1044 ✓ 2. Rpt of Anthropologist ✓ 3. 293 file Unk-X55</p> <p><i>col</i> GOODWIN 54558</p> <p><i>Schwaderer</i> SCHWADERER 74855</p>
2	Navy Inves Unit Ident Br	Chief Regis Br Attn: Mr. Galway Oper Sec	21 Jul 1952	<p>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.</p> <p>2. It is further requested Records Section be notified of action taken.</p> <p>3 Incls n/c</p> <p><i>Mac</i> MacARLAND 74059</p> <p><i>JACKS</i> JACKS 73880</p> <p><i>WLB</i></p>
3	Oper Sec Regis Br	Rec Sec Regis Br	25 Jul 52	<p>Action taken this date to have remains of X-55, SAIPAN returned overseas.</p> <p><i>Galway</i> GALWAY 3207</p> <p><i>File NOT Mc Aug 52 14 Red</i></p>

X-293 Nix, John D.

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE



REGISTRATION
BRANCH
JUL 22 9 22 AM '52
MEMORIAL DIVISION

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-55				2. DATE OF REPORT 26 June 1952	
3. NAME OF CEMETERY 2nd Marine Division Cemetery, SAIPAN		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

ONE (1) GRS TAG X-55
2nd MAR DIV CEM
SAIPAN

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

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

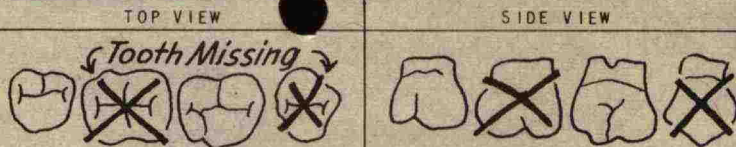
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

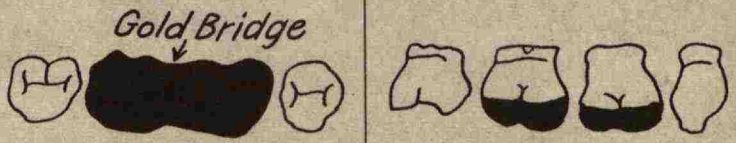
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



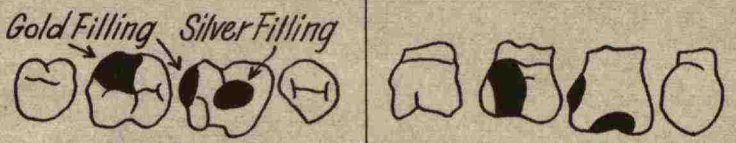
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



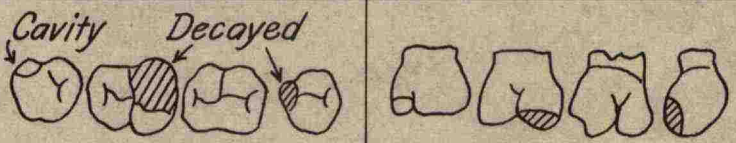
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:

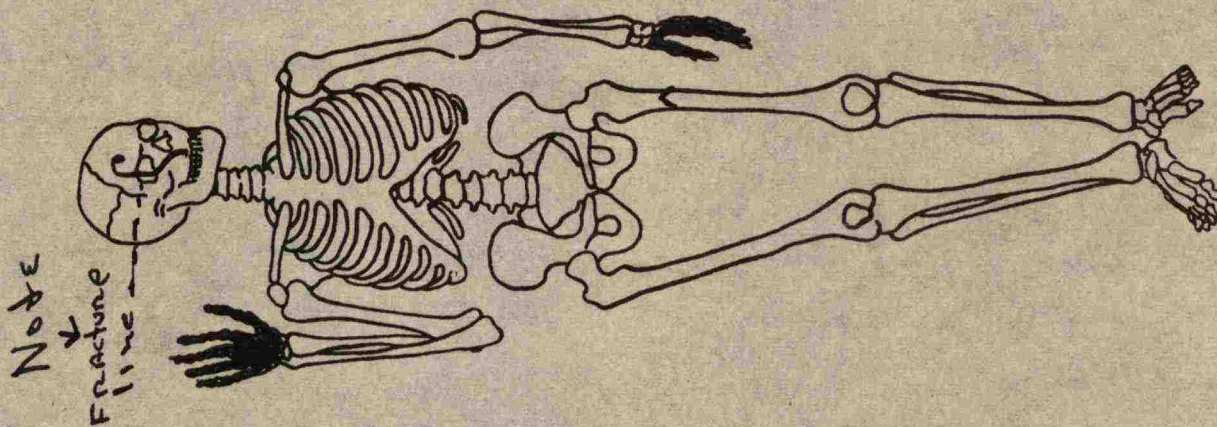


RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
			Don't AM													X	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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."

EXTRACTION.
 L-16 Recent ^{EXTRACTION.} Alveoli not obliterated.
 L-13 = Pronounced Rotation
 All upper teeth inclined anteriorly, however occlusion is normal. Teeth are larger than average.

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 ONE DECEDENT~~S~~ BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:
NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains are entirely skeletal and have undergone deterioration thru contact with organic acids, i.e. clavicles, scapulae 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

SIGNATURE

Prof. Schwadler
 16 June 1952 (SFPE)

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.

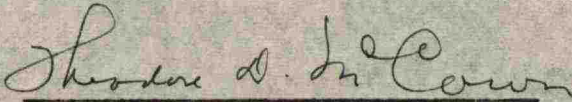
4. Stature: Estimate based on right femur, tibia and humerus. Rollet 5'10", Krogman 5'11".

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 5'11", 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.


Theodore D. McCown
Professor of Anthropology

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6360 00903

DATE

15 01 50
DAY MONTH YEAR

NAME

UNKNOWNX-000055

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

Q

O

6

CEMETERY

2ND MAR DIV MARIANAS IS

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

A

1

3

0492

64

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
NATIONAL MEMORIAL CEMETERY OF THE
PACIFIC, TERRITORY OF HAWAII

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

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CHANGE

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
REMAINS UNIDENTIFIABLE

NMCP

SEC

P

OR 816

NAT FILE
 DATE 3/19/50
 NAME [Signature]
 [Stamp]

Per disp as Dir, John Douglas - ff - 337618 - same grave location

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM	TO CHIEF HAWN DC
KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER <i>Donald D. Hinds</i> 1st Lt. O-3083590	DATE 1946
SIGNATURE OF RECEIVER <i>Kenneth S. King</i> 1st Lt. O-310000	DATE 1946

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

DISINTERMENT DIRECTIVE

2

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6360 00903

DATE

15 01 50
DAY MONTH YEAR

NAME

UNKNOWNX-000055

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0

0

6

CEMETERY

2ND MAR DIV MARIANAS IS

PLOT

ROW

GRADE

DISPOSITION OF REMAINS

A

1

3

0492

64

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NATIONAL MEMORIAL CEMETERY OF THE
PACIFIC, TERRITORY OF HAWAII

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

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CHANGE

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

REMAINS UNIDENTIFIABLE

NMCP

SEC

P

GR

816

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

CHARGE

AIR MAIL

293 Unk - Saipan X-55 (2nd Mar. Div. Cem)

~~293~~ UNKNOWN 293
GRS Pacific

DEC 20 1949

SUBJECT: Resolution of Unidentified Remains

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to letter, your Headquarters, File RWMEC 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 QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, QMC
Memorial Division

WEM

93

C 20 4 28 PM
O. Q. M. G.
& RECORDS BR.

AIR MAIL

AIR MAIL

DEC 20 1953



1953 P
 10:00 P
 10:00 P

AIR MAIL

AIR MAIL

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.

293 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:

Donald D. Hinds

DONALD D. HINDS
1st Lt, QMC
Chief, RR Branch

2 Incls

1. QMC Forms 1044-
1044a-1044b
(Unk X-55)
2. WD QMC Form 1042
(In dup) (Unk X-55)

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(FRAGILE ZONE)
APO 948

FILE NO.

DATE

SUBJECT: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Handwritten signature]

[Illegible text]

[Illegible text]



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-55 (Formerly NIX, John Douglas)				2. DATE OF REPORT 28 November 1949	
3. NAME OF CEMETERY US Army Mausoleums - Final Type #4990 Formerly 2nd Mar. Div. Cem., Saipan		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT 28 Nov 49 28 Nov 49

PHYSICAL DESCRIPTION Age: **30 plus or minus**

8. ESTIMATED WEIGHT 143-169 lbs.	9. ESTIMATED HEIGHT 5'6 7/8" - 5'10"	10. COLOR OF HAIR Dark Brown	11. RACE White
--	--	--	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) duplicate ID Tag reading: Unknown X-55, 2nd Mar. Div. Cem., Saipan.

One (1) Embossed Plate on outer box reading: Unknown X-55, 2nd Mar. Div. Cem., Saipan.

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

UNIDENTIFIABLE
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

None

<i>Donald D. Hinds</i> <i>1st Lt. GME O 2033595</i>	<i>Donald D. Hinds</i>	<i>7 Dec 1949</i>
--	------------------------	-------------------

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

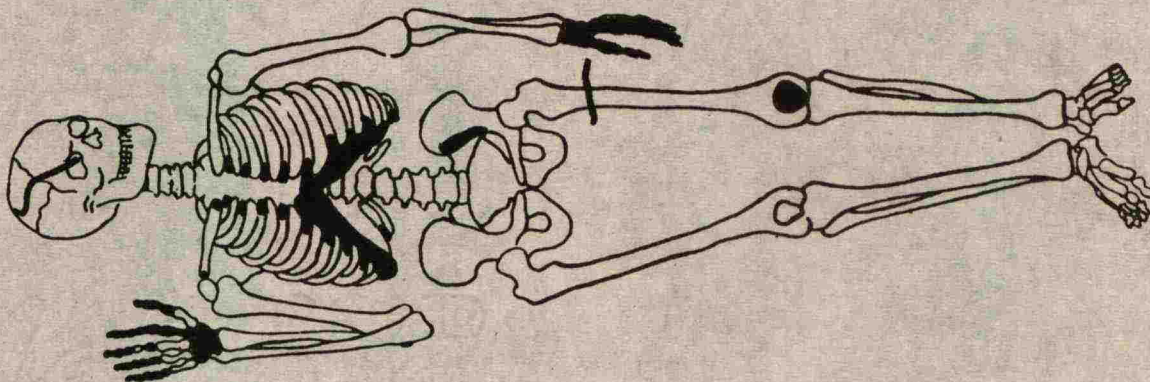
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

APPROVED UNIDENTIFIABLE

DEC 14 1949

Incl 1



20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

this

I CERTIFY THAT ~~THESE~~ REMAINS CONSIST OF PARTS OF 1 ^{NUMBER} DECEDENTS BASED ON ~~THE PRESENCE OF ONE OR MORE~~ ~~OF THE FOLLOWING ANATOMICAL TABLEX~~ articulation, age, color, general bone morphology and with nothing conflicting by which it may be denied.

John B Maxwell
JOHN B. MAXWELL, CAPT, MC
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R - 178 - 70.08 - 5' 10"
K - 174 - 68.50 - 5' 8 1/2"
P - 170 - 66.93 - 5' 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

Gilbert L. Wong

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN NIX, John D. To Unknown			2. DATE OF REPORT 8 October 1948		
3. NAME OF CEMETERY 2nd Mar. Div. Cem. Saipan	4. PLOT A	5. ROW 1	6. GRAVE 3	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 170 lbs.	9. ESTIMATED HEIGHT 69½"	10. COLOR OF HAIR D. Brown	11. RACE Unk
---------------------------------	-----------------------------	-------------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary Plate
Pfc John D. Nix P
SN - 337618 USMC
P-A, R-1, G-3, 17 Jun 44

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

None

14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
--	------------------

15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
---	------------------

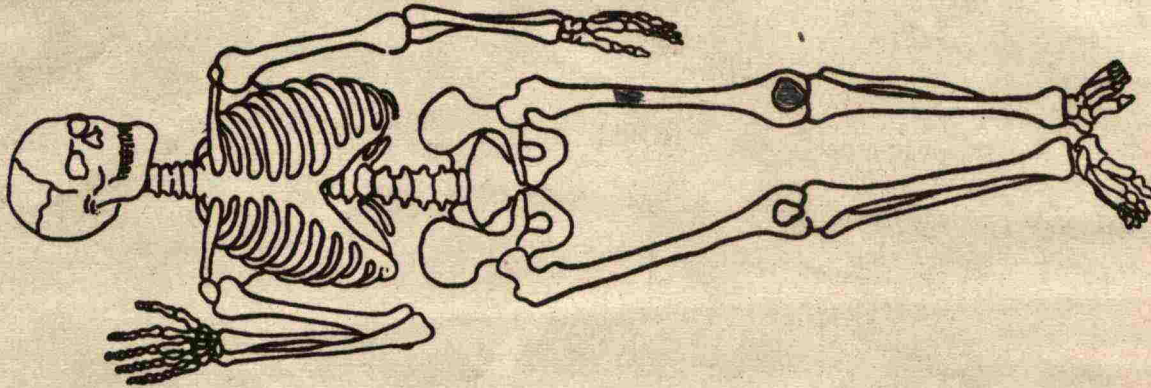
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

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

Estimated Height: 69 1/2"
 " 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

DATE **8 October 1948**

NAME (Last, First, Middle Initial) NIX, John Douglas To Unknown		RANK Unk	SERIAL NUMBER Unk	
UNIT Unk	ORGANIZATION Unk	CAUSE OF DEATH Unk		DATE OF DEATH
PLACE OF DEATH Saipan	PLACE OF BURIAL 2nd Mar Div. Cem. Saipan	PLOT A	ROW 1	GRAVE 3

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	TOP VIEW	SIDE VIEW
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>TOOTH MISSING</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>GOLD CROWN, PORCELAIN CROWN</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD BRIDGE</p>	
<p>CARIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>GOLD FILLING, SILVER FILLING</p>	
<p>CARIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY, DECAYED</p>	

		RIGHT								LEFT											
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
		CARIOUS	CARIOUS												CARIOUS						
SIDE VIEWS																		SIDE VIEWS			
TOP VIEWS	}																	UPPER			
SIDE VIEWS																		LOWER			
				ODM																	X
		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."

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART <i>Harold E. Connell</i> HAROLD E. CONNELL, Emb.	VERIFIED BY GRS OFFICER <i>Roy H. Oestreich</i> ROY H. OESTREICH, Capt., Inf.
--	--

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) RANK: Pfc SERIAL NO: 337618
CEMETERY 2nd Mar Div Saipan Plot: A Row: 1 Grave: 3

Remains disinterred from P-A, R-1, G-3 known as Pfc

NIX were processed this date with the following:

DATA FROM NAV MED FORM H-4

DATA FROM REMAINS

Height - 71"

(Est) Height - 69½" (Brocca)

Weight - 157 lbs.

" Weight - 170 lbs.

Age -

" Age - 20-21 yrs.

Hair - Black


Hair - Dark Brown

Articulation perfect

Examination of remains revealed that the remains disinterred
from G-3 are not those of Pfc NIX.

In view of above, recommend case be sent to Board of Review
with view of remains becoming those of an UNKNOWN

cc: 293


ROY H. OESTREICH
(Signature)

Capt., Inf.

Remarks:

IDENTIFICATION CHECKLIST

NIX, John D. To
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 69½"
3. Color of hair Dark Brown 4. Race Unk
5. Tattoos or scars on the body (give description) None

(Information obtained from other sources _____)
6. Was tooth chart taken? Yes If not, explain _____

7. Were fingerprints taken? No
8. Cause of death UTD
9. Was body burned? No To what extent? _____
10. Are any parts of the body missing or severed? See Blackout Chart
11. Is there any evidence of first-aid or other medical treatment? No

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

13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) _____

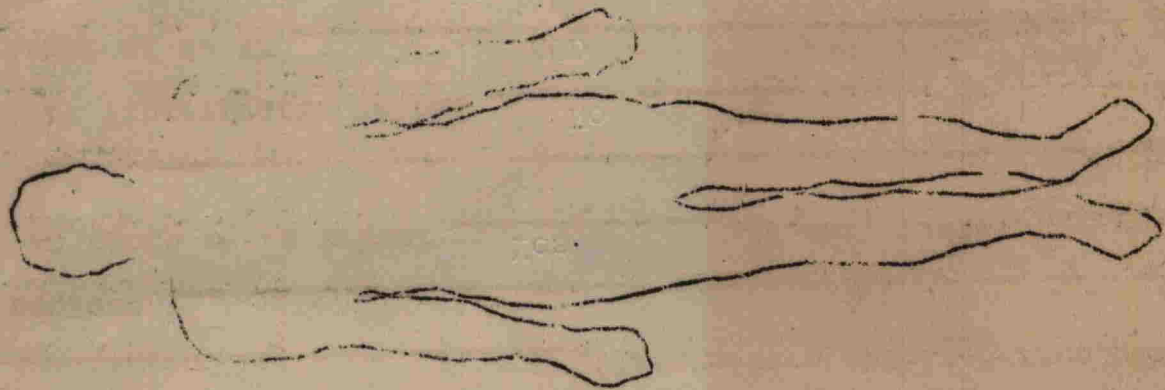
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: None

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.



18. REMARKS: _____

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.

Roy H. Ostreich
ROY H. OSTREICH
Officer's name
Capt., Inf.
Rank Service

Organization

Redesignated as:

Unknown X-53

Entered NMCP

DISINTERMENT DIRECTIVE

1
 SECTION A - *X-55*
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6360 00903

15 08 48

DAY MONTH YEAR

NAME *Redesignated as: Unit X-55*
 NIX JOHN DOUGLAS

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

337618 PFC

3

1

4

CEMETERY

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

2ND MAR DIV MARIANAS IS

A

1

3

9121

13

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

GOLDEN GATE NATIONAL CEMETERY
 SAN BRUNO, CALIFORNIA

MRS. CLAIRE B. NIX (MOTHER)
 510 STATE STREET
 BELLINGHAM, WASHINGTON

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS

USMC

 MARKER

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
 OCT 19 1950
 Kerschner
 mlb

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

RECEIVED
LIFE

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN NIX, John D. To Unknown			2. DATE OF REPORT 8 October 1948		
3. NAME OF CEMETERY 2nd Mar. Div. Cem. Saipan	4. PLOT A	5. ROW 1	6. GRAVE 3	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 170 lbs.	9. ESTIMATED HEIGHT 69 1/2"	10. COLOR OF HAIR D. Brown	11. RACE Unk
--	---------------------------------------	--------------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Mortuary Plate
Pfc John D. Nix P
SN - 337618 USMC
P-A, B-1, C-3, 17 Jun 44**

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

None

14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
--	------------------

15. WAS BODY MANGLED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT ?
---	------------------

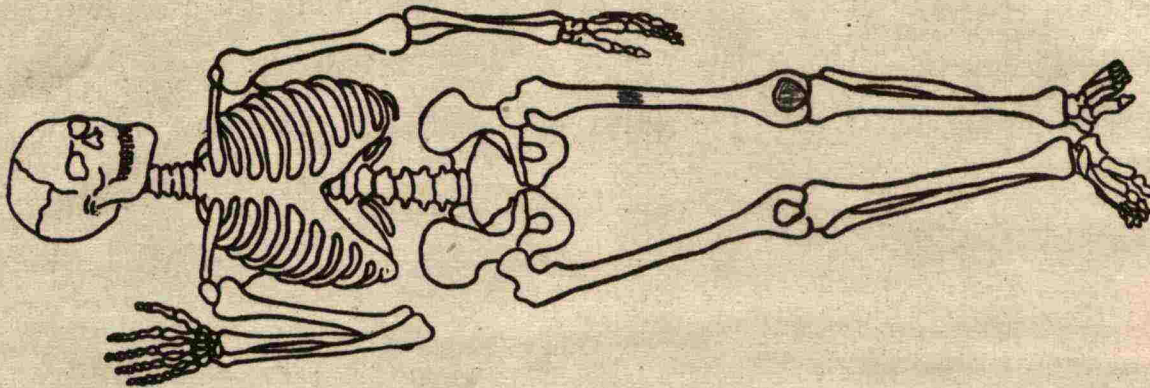
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

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 _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts: _____ NUMBER

~~_____~~

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Estimated Height: 69 1/2"
" 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
ROY H. OESTREICH, Capt., Inf.

IDENTIFICATION DENTAL CHART

DATE **8 October 1948**

NAME (Last, First, Middle Initial) NIX, John Douglas To Unknown		RANK Unk		SERIAL NUMBER Unk	
UNIT Unk	ORGANIZATION Unk	CAUSE OF DEATH Unk		DATE OF DEATH	
PLACE OF DEATH Saipan		PLACE OF BURIAL 2nd Mar Div. Cem. Saipan		PLOT A	ROW 1
				GRAVE 3	

<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	TOP VIEW	SIDE VIEW
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	TOOTH MISSING 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	GOLD CROWN, PORCELAIN CROWN 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	GOLD BRIDGE 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	GOLD FILLING, SILVER FILLING 	
<p>CARIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	GOLD BRIDGE 	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	CARIOUS	CARIOUS												CARIOUS			
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
SIDE VIEWS																	LOWER
			ODM														
			LA														
	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."

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART <i>Harold E. Connell</i> HAROLD E. CONNELL, Emb.	VERIFIED BY GRS OFFICER <i>Roy H. Oestreich</i> ROY H. OESTREICH, Capt., Inf.
--	--

IDENTIFICATION CHECKLIST

Unknown NIJ, John D. To
Cemetery Unknown
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 69 1/2"
3. Color of hair Dark Brown 4. Race Unk
5. Tattoos or scars on the body (give description) None

(Information obtained from other sources _____)
6. Was tooth chart taken? Yes If not, explain _____
7. Were fingerprints taken? No
8. Cause of death UTD
9. Was body burned? No To what extent? _____
10. Are any parts of the body missing or severed? See Blackout Chart
11. Is there any evidence of first-aid or other medical treatment? No
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. _____
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) _____

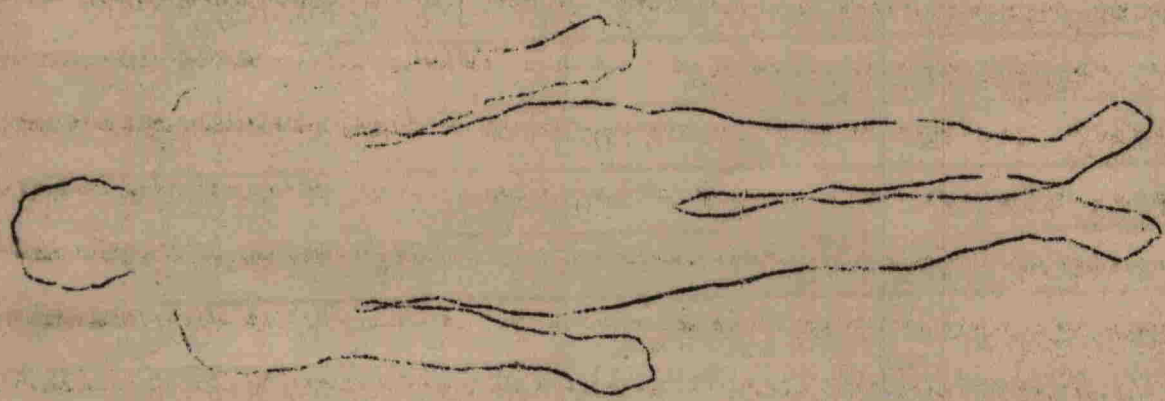
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: None

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 cemetery.



18. REMARKS: _____

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.

RHO
ROY H. OSTREICH
Officer's name
Capt., Inf.
Rank Service

Organization

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

293.

Date 8 October 1948

CASE SUMMARY OF

NAME: 1st Lt. John D. (No Unknown) RANK: Pfc SERIAL NO: 337618
CEMETERY 2nd Mar Div Seipan Plot: 1 Row: 2 Grave: 2

Remains disinterred from P-4, R-1, G-3 known as Pfc

NY were processed this date with the following:


<u>DATA FROM NY 2ND FIELD R-1</u>	<u>DATA FROM REMAINS</u>
Height - 71"	(Est) Height - 69" (Process)
Weight - 157 lbs.	" Weight - 170 lbs.
Age - "	" Age - 21-22 yrs.
Hair - Black	Hair - Dark Brown

Articulation perfect

Examination of remains as revealed that the remains disinterred from R-1 are not those of Pfc NY.

In view of above, recommend case be sent to Board of Review with view of remains becoming those of an UNKNOWN

cc: 293 _____


ROY H. GIFFORD
(Signature)
Capt., Inf.

Remarks:

RESTRICTED

noted navy kind

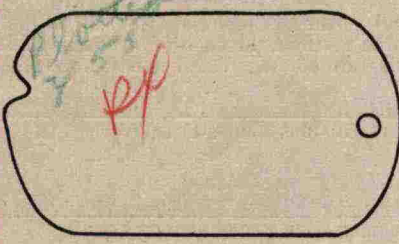
87

W. G. M. C. FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

DEC 20 1949

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial)</p> <p>UNKNOWN X-55 (SAIPAN) (UNIDENTIFIABLE)</p>		<p>SERIAL No.</p> <p>Unknown</p>
	<p>GRADE</p> <p>Unknown</p>	<p>ORGANIZATION</p> <p>Unknown</p>	<p>BRANCH OF SERVICE</p> <p>Unknown</p>
	<p>RACE</p> <p>White</p>	<p>RELIGION</p> <p>Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH</p> <p>Saipan</p>	<p>CAUSE OF DEATH</p> <p>Unknown</p>	<p>DATE OF DEATH</p> <p>Unknown</p>
-------------------------------------	--------------------------------------	-------------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p>None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p> <p>UNIDENTIFIABLE</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)</p> <p>Yes</p>	

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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
20 Dec. 1949	10:00 AM	Permanent Type Casket	Cross	P		816

<p>WAS THIS A REBURIAL? (Yes or no)</p> <p>Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p>2nd Marine Division Cemetery, Saipan</p>	<p>PLOT No.</p> <p>A</p>	<p>ROW No.</p> <p>1</p>	<p>GRAVE No.</p> <p>3</p>
--	--	--------------------------	-------------------------	---------------------------

<p>TYPE OF RELIGIOUS CEREMONY</p> <p>Catholic Protestant Hebrew</p>	<p>PERSON CONDUCTING BURIAL RITES</p> <p>Chaplain Fitzgerald Chaplain Kirtley Rabbi Kumin</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
---	---	--

<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p>Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p>Yes</p>
---	---

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				791

<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				841

<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p><i>Leroy E. Turner</i> LEROY E. TURNER, ADM. ASSISTANT</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p><i>Kenneth S. Hino</i> KENNETH S. HINO, 1st Lt. INF.</p>
---	--

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

RESTRICTED

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


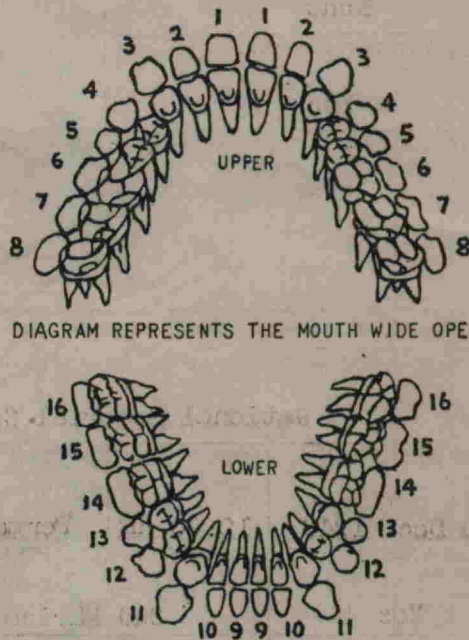




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

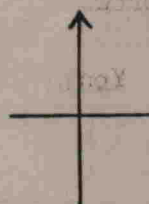
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES	 <p>CAVITY DECAYED</p>	
MISSING TEETH	 <p>TOOTH MISSING</p>	
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
BRIDGE WORK	 <p>GOLD BRIDGE</p>	

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



REMARKS:

31 JAN 1950

24 JAN 1950

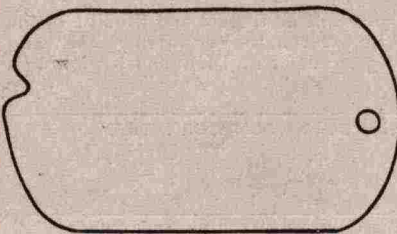
Identification Section

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

DEC 20 1949

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial)</p> <p>UNKNOWN X-55 (SAIPAN) (UNIDENTIFIABLE)</p>		<p>SERIAL No.</p> <p>Unknown</p>
	<p>GRADE</p> <p>Unknown</p>	<p>ORGANIZATION</p> <p>Unknown</p>	<p>BRANCH OF SERVICE</p> <p>Unknown</p>
	<p>RACE</p> <p>White</p>	<p>RELIGION</p> <p>Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH</p> <p>Saipan</p>	<p>CAUSE OF DEATH</p> <p>Unknown</p>	<p>DATE OF DEATH</p> <p>Unknown</p>
--	---	--

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p>None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p> <p align="center">UNIDENTIFIABLE</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)</p> <p>Yes</p>	

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.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
20 Dec. 1949	10:00 AM	Permanent Type Casket	Cross	P		816

<p>WAS THIS A REBURIAL? (Yes or no)</p> <p>Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p>2nd Marine Division Cemetery, Saipan</p>
---	---

PLOT No.	ROW No.	GRAVE No.
A	1	3

<p>TYPE OF RELIGIOUS CEREMONY</p> <p>Catholic Protestant Hebrew</p>	<p>PERSON CONDUCTING BURIAL RITES</p> <p>Chaplain Fitzgerald Chaplain Kirtley Rabbi Kumin</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
--	--	--

<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p> <p>Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p> <p>Yes</p>
--	--

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				791

<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
				841

<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p><i>Leroy P. Turner</i> LEROY P. TURNER, ADM. ASSISTANT</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p><i>Kenneth S. Hino</i> KENNETH S. HINO, 1st Lt. INF.</p>
--	---

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 UNIDENTIFIED REMAINS.


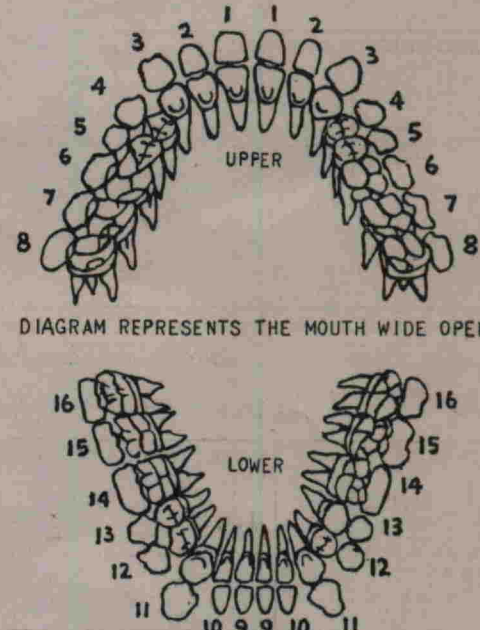





INSTRUCTIONS:

(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

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY		

REMARKS:

i
31 JAN 1950
24 JAN 1950
Identification Section

RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

8 Dec 49

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-55 (Formerly 2nd Mar Div Cem, Saipan, Nix, John Douglas)		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

Plotted
Nix, J. D.
337618
U. S. M. C. R.

PLACE OF DEATH Saipan	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
---------------------------------	----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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) Radio OQMG WCL 22629, 8 Nov 49, approving designation of Unknown No. for remains formerly designated as Nix, John Douglas. Remains declared Unidentifiable by AGRS-PAZ.
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
US Army Mausoleum, AGRS-PAZ

DATE OF BURIAL 2 Feb 49	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER DEC 1 4 1949	PLOT No.	ROW No.	GRAVE No. 4990
-----------------------------------	------	---	---	----------	---------	--------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 2nd Mar Div Cemetery, Saipan	PLOT No. A	ROW No. 1	GRAVE No. 3
---	--	----------------------	---------------------	-----------------------

TYPE OF RELIGIOUS CEREMONY ---	PERSON CONDUCTING BURIAL RITES ---	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
--	--	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ---	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ---
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
--	--------------------	--------------------------	----------------------------	-------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
--	--------------------	--------------------------	----------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT 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.

RESTRICTED

Incl 2'

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


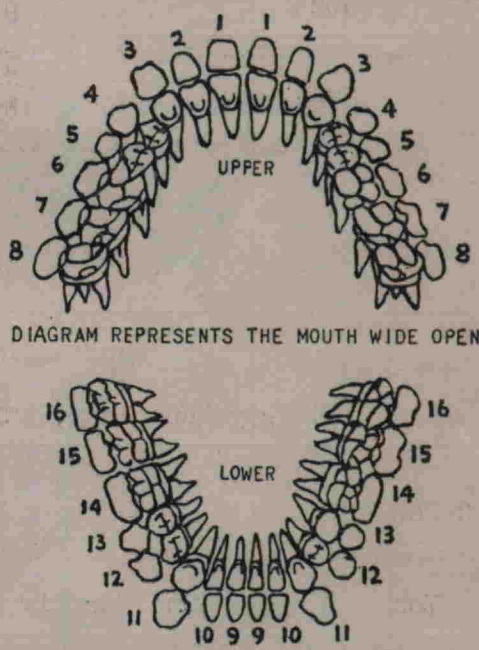




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

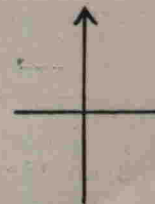
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
LEFT RING FINGER	CAVITIES	 <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT LITTLE FINGER			

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



REMARKS:

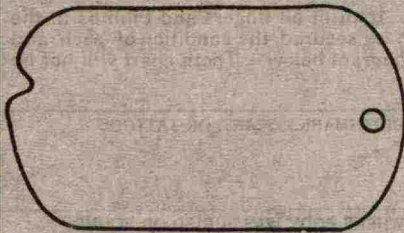
RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT
8 Oct. 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) NIX, John D. X-55 (To be an UNKNOWN)		SERIAL NO. 337618
GRADE Unk	ORGANIZATION Unk	BRANCH OF SERVICE USMC
RACE Unk	RELIGION Unk	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Saipan	CAUSE OF DEATH Wound, fragment, shell	DATE OF DEATH 17 Jun 44
--------------------------	--	----------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unk

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 grave marker
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) No	

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

CIP Mausoleum AGRS, Marbo Zone APO 244

DATE OF BURIAL 8 Oct. 48	HOUR 1500	BURIED IN (Shroud, blanket, or name of other) Temporary Casket	TYPE OF GRAVE MARKER Card	PLOT No. P4	ROW No. - 33	GRAVE No.
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 2nd Mar. Div. Cem. Saipan	PLOT No. A	ROW No. 1	GRAVE No. 3
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	APPROVED UNIDENTIFIABLE DEC 1 1948

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 <i>Albert J. Demmerle</i> ALBERT J. DEMMERLE, 2nd Lt. Sig C	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>William J. Sigmann</i> WILLIAM J. SIGMANN, 1st Lt. Inf.
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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.

RESTRICTED

DATE OF REPORT SERIAL NO. BRANCH OF SERVICE NAME OF OTHER THAN U.S. DEAD, GIVE DATE OF DEATH LEFT MIDDLE FINGER LEFT INDEX FINGER LEFT THUMB RIGHT THUMB RIGHT INDEX FINGER RIGHT MIDDLE FINGER RIGHT RING FINGER RIGHT LITTLE FINGER	<p>Section 3. UNIDENTIFIED REMAINS.</p> <p align="center">REPORT OF INTERMENT</p> <p>INSTRUCTIONS:</p> <p>(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.</p> <p>(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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">HEIGHT</td> <td style="width:15%;">WEIGHT</td> <td style="width:15%;">COLOR OF EYES</td> <td style="width:15%;">COLOR OF HAIR</td> <td style="width:40%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="2">WEAPON AND SERIAL No.</td> <td colspan="2">LAUNDRY MARKS</td> <td>WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td colspan="2"> </td> <td colspan="2"> </td> <td> </td> </tr> <tr> <td colspan="5">OTHER IDENTIFICATION CLUES</td> </tr> <tr> <td colspan="5"> </td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:20%;"> </td> <td rowspan="6" style="width:30%; text-align: center;"> </td> </tr> <tr> <td>CAVITIES</td> <td> </td> </tr> <tr> <td>MISSING TEETH</td> <td> </td> </tr> <tr> <td>CROWNED TEETH</td> <td> </td> </tr> <tr> <td>BRIDGE WORK</td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table> </td> <td style="width:50%; vertical-align: top;"> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">UPPER</p> <p align="center">LOWER</p> </td> </tr> </table> <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <p>REMARKS:</p>	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										<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">FILLINGS</td> <td style="width:20%;"> </td> <td rowspan="6" style="width:30%; text-align: center;"> </td> </tr> <tr> <td>CAVITIES</td> <td> </td> </tr> <tr> <td>MISSING TEETH</td> <td> </td> </tr> <tr> <td>CROWNED TEETH</td> <td> </td> </tr> <tr> <td>BRIDGE WORK</td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	FILLINGS			CAVITIES		MISSING TEETH		CROWNED TEETH		BRIDGE WORK				<p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">UPPER</p> <p align="center">LOWER</p>
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RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

8 Oct. 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

~~NIX, John D.~~ X-55
(To be an UNKNOWN)

SERIAL No.

337618

GRADE

Unk

ORGANIZATION

Unk

BRANCH OF SERVICE

USMC

RACE

Unk

RELIGION

Unk

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

PLACE OF DEATH

Seipan

CAUSE OF DEATH

Wound, fragment, shell

DATE OF DEATH

17 Jun 44

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unk

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 grave marker

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

No

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

CIP Mausoleum AGRS, Marbo Zone APO 244

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
8 Oct. 48	1500	Temporary Casket	Card	P4	- 33	

WAS THIS A REBURIAL?
(Yes or no)

Yes

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

2nd Mar. Div. Cem. Seipan

PLOT No.	ROW No.	GRAVE No.
4	1	3

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

APPROVED UNIDENTIFIABLE

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

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

RANK

SERIAL No.

DEC 1 1948

ORGANIZATION

GRAVE No.

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

ALBERT J. DUMTRIE, 2nd Lt. Sig C

WILLIAM J. SIGMANN 1st Lt. Inf.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

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.

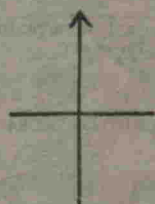
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<p>FILLINGS</p> <p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
LEFT RING FINGER		
LEFT MIDDLE FINGER	<p>CAVITIES</p> <p>CAVITY DECAYED</p>	
LEFT INDEX FINGER	<p>MISSING TEETH</p> <p>TOOTH MISSING</p>	
LEFT THUMB	<p>CROWNED TEETH</p> <p>PORCELAIN CROWN GOLD CROWN</p>	
RIGHT THUMB	<p>BRIDGE WORK</p> <p>GOLD BRIDGE</p>	
RIGHT INDEX FINGER		
RIGHT MIDDLE FINGER		
RIGHT RING FINGER		
RIGHT LITTLE FINGER		

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



REMARKS:

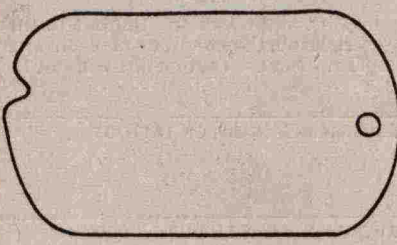
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RESTRICTED

WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT
8 Dec 49

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN I-55 (Formerly 2nd Mar Div Com, Saipan, Nix, John Douglas)		SERIAL No. Unknown
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE White	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Saipan	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

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) Radio OQMG WCL 22629, 8 Nov 49, approving designation of Unknown No. for remains formerly designated as Nix, John Douglas. Remains declared Unidentifiable by AGRS-PAZ.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

APPROVED UNIDENTIFIABLE
DEC 14 1949

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
US Army Mausoleum, AGRS-PAZ

DATE OF BURIAL 2 Feb 49	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. Casket 4990
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE 2nd Mar Div Cemetery, Saipan	PLOT No. A	ROW No. 1	GRAVE No. 3
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TYPE OF RELIGIOUS CEREMONY ---	PERSON CONDUCTING BURIAL RITES ---	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
--	--	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ---	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ---
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.	RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
--	--------------------	--------------------------	----------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT DONALD D. HINDS, 1st Lt, QMC
--	--

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Incl 22

Section 3. UNIDENTIFIED REMAINS.


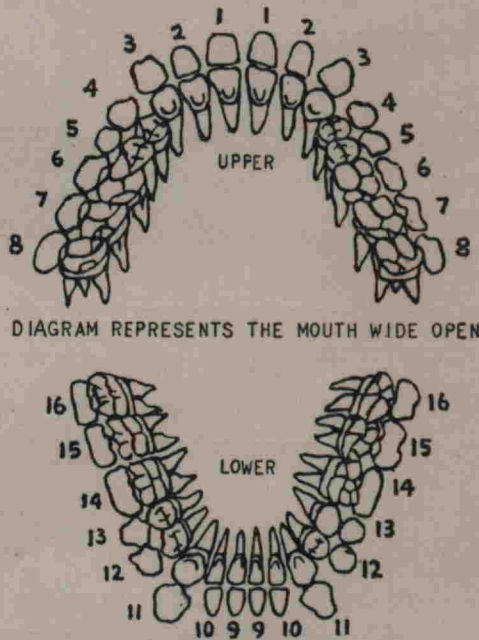




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WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

OTHER IDENTIFICATION CLUES

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<p>CAVITIES</p>  <p>CAVITY DECAYED</p>	
<p>MISSING TEETH</p>  <p>TOOTH MISSING</p>	
<p>CROWNED TEETH</p>  <p>PORCELAIN CROWN GOLD CROWN</p>	
<p>BRIDGE WORK</p>  <p>GOLD BRIDGE</p>	

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



REMARKS:

