

293-UNK

Saipan

X-8

(2nd Mar. Div. Cem.)

'50JW

BHR am
at

6

DISINTERMENT DIRECTIVE

293 Unknown Marianas (Misc) Saipan

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6360 00000	DATE		
		15	11	47
		DAY	MONTH	YEAR

NAME UNKNOWN	SERIAL NUMBER X-8	RANK	ARM 6	DATE OF DEATH
				DAY MONTH YEAR

CEMETERY SAIPAN 2ND MARINE DIV CEMETERY	DISPOSITION OF REMAINS 0 0391 53
	CODE DIST. PT.

PLOT B	ROW 5	GRAVE 2	COUNTRY MARIANAS	CAUSE OF DEATH
-----------	----------	------------	---------------------	----------------

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES /

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

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 GRS INSPECTOR



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

DISINTERMENT PROCEDURE



SECTION 1 - NAME AND BIRTH LOCATION OF DECEASED

SECTION 2 - CIVILIAN NUMBER

SECTION 3 - NAME AND ADDRESS OF CONSIGNEE

SECTION 4 - SON NAME AND BIRTH DATE

SECTION 5 - BURIAL LOCATION
NAME AND ADDRESS OF CONSIGNEE
MAYAN NATIONAL CEMETERY
MAYAN ISLANDS

SECTION 6 - DISINTERMENT AND IDENTIFICATION

SECTION 7 - ADMINISTRATIVE DETAILS

SECTION 8 - EXHIBITION ATTENDANCE INFORMATION



FILE IDENTIFICATION TOPPER

FILE NUMBER

93unk Scripps 2nd Marine Div. Com.

SUBJECT

X 8

14
QMGHN 293
PETERSON, Robert William Jr.
295 278, USMC

SUBJECT: *mlh* Identification of Unknown Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 928, c/o Postmaster
San Francisco, California

1. Reference is made to Case History dated 26 May 1950, PHILCOM ZONE, recommending that the remains of Unknown X-8, 2nd Marine Division Cemetery, Saipan, Plot D, Row 5, Grave 8, be identified as the recoverable remains of Sgt. Robert William PETERSON, Jr., 295 278, USMC.

2. The recommendation of the Board is disapproved.

3. Disapproval is based on numerous dental discrepancies and the Anthropologist's statement dated 25 July 1950.

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

FOR THE QUARTERMASTER GENERAL:

1 Incl
Case History for
PETERSON

THOMAS E. COX
Captain QMC
Memorial Division

CC: CINGFB

QMGHN 293 Unk X-8, 2nd Mar Div. Cem. Saipan

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <i>293</i> UNK. X-8, 2nd Mar. Div. Saipan			2. DATE OF REPORT 25 July 1950		
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION Age: 27-32 yrs.

8. ESTIMATED WEIGHT 137 to 160 lbs.	9. ESTIMATED HEIGHT 5'6½"	10. COLOR OF HAIR U. T. D.	11. RACE White
--	------------------------------	-------------------------------	-------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

14. WAS BODY BURNED ? <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

AUG 8 1950
FILE
NAVY SECTION
G. J. MOYER

Incl 2

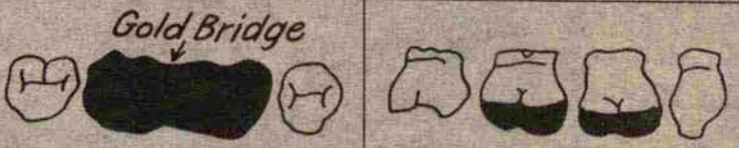
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



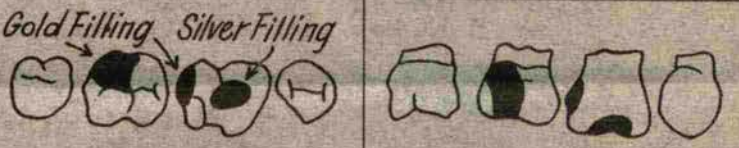
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



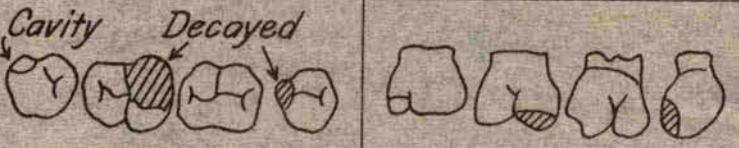
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



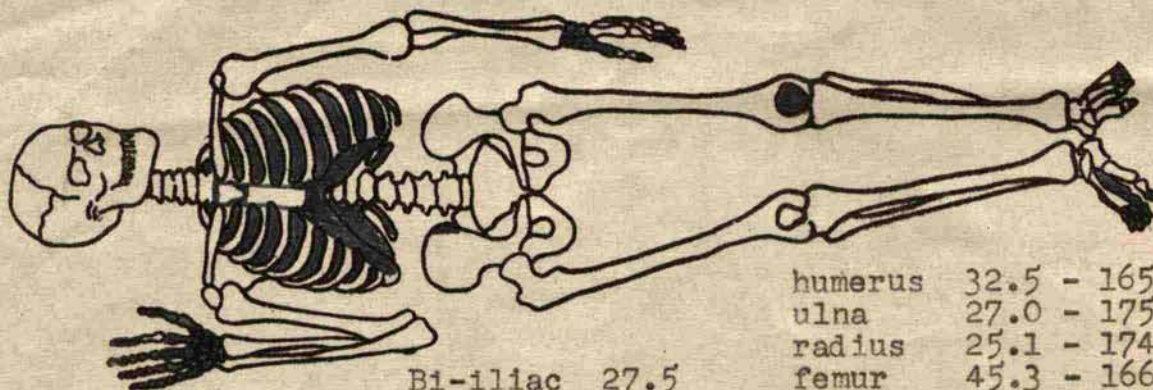
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
0			X	0	β	X	β	β							0		
Side Views																	Side Views
Top Views																	
	UPPER								LOWER								
Side Views																	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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."

Robert B. Fox
 ROBERT B. FOX
 Anthropologist
 AUG 8 1950
 FILE
 NAVY SECTION
 C. J. MOYER

Incl # 2-a

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Bi-iliac 27.5

Estimated height 5'6½"

humerus	32.5	-	165
ulna	27.0	-	175
radius	25.1	-	174
femur	45.3	-	166
tibia	36.4	-	165
fibula	36.4	-	167

6/1012

168 2/3

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

- (1) Male
- (2) White
- (3) Est. height - 5'6½"
- (4) " weight - 137 to 160 lbs.
- (5) " age - 27 to 32 years.

See attached Anthropologist's statement dated 25 July 1950.

AUG 8 1950

FILE
NAVY SECTION
C. J. MOYER

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

ROBERT B. FOX
Anthropologist

SIGNATURE

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

25 July 1950

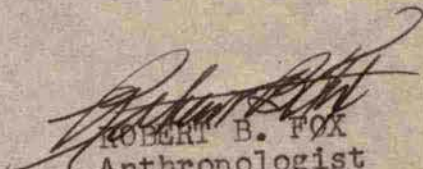
S T A T E M E N T

Reference: UNK X-8, 2nd Marine Division Cemetery,
Saipan.

The above remains was reprocessed by me this date,
and new QMC Forms 1044 were accomplished.

This remains is properly segregated, and represent
one and the same individual.

This remains does not compare favorably with the
associated decedent, Sgt. R. W. Peterson, Jr., inasmuch
as there is a gross discrepancy in height, and numerous
fillings noted on Peterson's dental chart that do not
appear on the remains.


ROBERT B. FOX
Anthropologist

AUG 8 1950
FILE
NAVY SECTION
G. J. MOYER

243unk Saipan 2nd Marine Div. Com
X 8

1 Navy Chief, 6 Apr
Liaison Id Br 1950
Section Id Sec
Repat Br
Mem Div

ATTN:
Lt. Windsor

SUBJECT: Unknown X-2203, AGRS Mausoleum, Manila, P. I.
Unknowns X-8, X-23, X-40 and X-41, Second
Marine Division, Saipan

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

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

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

MOYER
73880

2 Chief Navy Liaison 13 Apr
Ident Br Section 1950
Mem Div Repat Br
Mem Div

1. Reference is made to paragraph 3, comment 1, above.

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

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

COX
74059

NEFF
2462

5 Incls

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

eak

copy

AUG 8 1950
FILE
NAVY SECTION
C. J. MOYER

293 unk Saipan 2nd Marine Div Area

REF ID: A61 293
1950 War Dept
12 April 1950
X 7, X 8, X 11, X 14, X 15, X 23
X 25, X 31, X 35, X 40, X 41
SUBJECT: Identification of World War II Deceased

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

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

Unknown	No-7,	2nd Marine,	Saipan,	Unit	Page
"	"	"	"	"	"
"	K-11	"	"	"	" 2
"	K-14	"	"	"	" 2
"	K-15	"	"	"	" 2
"	X-23	"	"	"	" 2
"	X-25	"	"	"	" 2
"	X-31	"	"	"	" 2
"	X-35	"	"	"	" 2
"	X-40	"	"	"	" 12
"	X-41	"	"	"	" 12

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

FOR THE QUARTERMASTER GENERAL:

E.A. Kazup, lrc
Salser

THOMAS R. GUX
Capt OMC
Memorial Division

JW
JLN

cc--Administrative Section
cc--Cincfo

AUG 8 1950
FILE
NAVY SECTION
C. J. MOYER

/bpm

Interred 8 March 1950 // FEB 50 ~~thru~~
N 10 102 McKinley PER 1042 DTG 13 FEB 50
D-6-136
Carl R. H. Mark

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

1

/add

CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6360 81156

DATE
28 02 50
DAY MONTH YEAR

NAME UNKNOWN X-8 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY SAIPAN 2ND MARINE DIVISION CEMETERY PLOT D ROW 5 GRAVE 8 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-8 SERIAL NUMBER GRADE DATE OF DEATH 6 Mar '50 DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 Mar '50 BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS

EMBALMER (Signature) *Paul R. Nichols*
PAUL R NICHOLS

CASKET BOXED AND MARKED
DATE 6 Mar '50 BY RAYMOND H TANGUAY, Sgt lc, RA

SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt, RA

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

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

REMARKS AND SPECIAL INSTRUCTIONS

NAT
FILE
RECORDS ASSOCIATED
DATE 28 FEB 50
NAME J. B. ROOFS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Casey Mark</i>	DATE MAR 8 1950

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

RECORD OF CUSTODIAL TRANSFER MEM DIA

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

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6360 81156	DATE 28 02 50 DAY MONTH YEAR		
NAME UNKNOWN - I - 8	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY SAIPAN 2ND MARINE DIVISION CEMETERY	PLOT 8	ROW 5	GRAVE 8	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY		
CASKET BOXED AND MARKED	DATE	BY
		SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORDS SERIALIZED
DATE 27 APR 50
KANE
OK. MEN. DIV.

DISINTERMENT DIRECTIVE

H803 H80
R/3 R/1
F14 F67

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6360 00000	DATE 15 11 47 DAY MONTH YEAR
---	---------------------------------------	---

NAME UNKNOWN	SERIAL NUMBER	RANK	ARM 8	DATE OF DEATH DAY MONTH YEAR
CEMETERY SAIPAN 2ND MARINE DIV CEMETERY	DISPOSITION OF REMAINS 0 0391 63 CODE DIST. PT.			CAUSE OF DEATH 6
PLOT D	ROW 5	GRAVE 8	COUNTRY MARIANAS	

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE GUAM NATIONAL CEMETERY MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN <i>[Handwritten]</i>
---	---

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-000008	RANK Unk	DATE OF DEATH 25 Jun 44	DATE DISINTERRED 2 Mar 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY R H OESTREICH, Capt INF NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uncasketed, nature of shroud undetermined.	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary Plate	
MINOR DISCREPANCIES <i>1</i> None	

REMAINS PREPARED AND PLACED IN CASKET . . .	BY C L MATTHEWS, Emb
DATE 3 Aug 48	EMBALMER (Signature) <i>[Signature]</i>
CASKET SEALED BY C L MATTHEWS, Emb	J E SPEER
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY J E MORRIS, Clerk

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

[Signature]
F T DeGROODT, Cap
SIGNATURE OF GRS INSPECTOR

FILE
SEP 7 - 1948

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MAUSOLEUM (SAIPAN MI)		TO PORT STORAGE OFFICER (SAIPAN MI)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, 1st Lt., Inf.	DATE 3 Aug 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt., Inf.	DATE 3 Aug 48

2. SHIPPED

FROM PORT STORAGE OFFICER (SAIPAN, M.I.)		TO Transport Commander USAT DALTON VICTORY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt., Inf.	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>Clay Nordmann</i> CLAY NORDMANN, 1st Lt., Inf.	DATE 6 Oct 48

3. SHIPPED

FROM USAT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Clay Nordmann</i> CLAY NORDMANN, 1st Lt., Inf.	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>R. Newman, Jr.</i> R. NEWMAN, Jr., Capt., I.A.	DATE 10 Oct 48

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

25 Jan. 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 8, Plot D,
Row 5, Grave 8, USMC SATPAN, 2ND MARINE have
been reviewed and it is the opinion of this Office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:


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

Atch: Form 1044

Received 8 Feb 1950 OQMG
Not identifiable from
information presently 10 April 1950
available Ed Kroyer

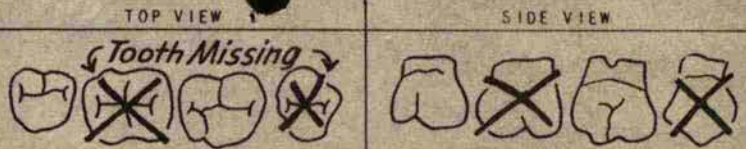
IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <i>UNKNOWN X-8</i>				2. DATE OF REPORT <i>25 Jan. 1950</i>	
3. NAME OF CEMETERY <i>SAIPAN, 2ND Marine</i>		4. PLOT <i>D</i>	5. ROW <i>5</i>	6. GRAVE <i>8</i>	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT <i>UTD</i>	9. ESTIMATED HEIGHT <i>66-7/8"</i>	10. COLOR OF HAIR <i>UTD</i>		11. RACE <i>UTD</i>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <i>NONE</i>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <i>UTD</i>					
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 <i>None</i>					
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) <i>Shoe - Size 8 1/2 EE</i>					

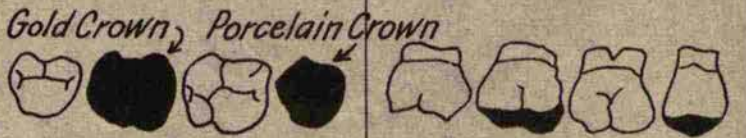
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

TOOTH CHART

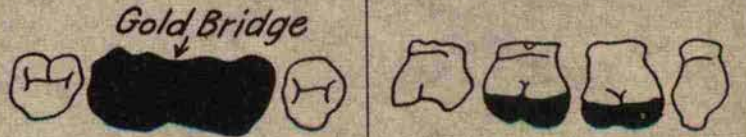
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



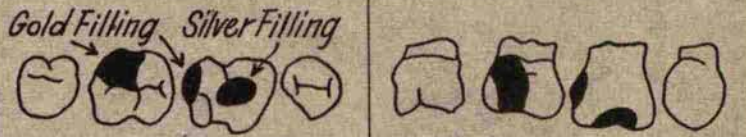
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



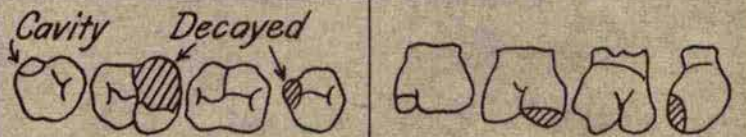
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
∅			X			X	P	P	PS	∅					∅		
Side Views																	Side Views
Top Views																	UPPER LOWER
Side Views																	Side Views
		∅	∅										∅	A∅	∅		
	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."

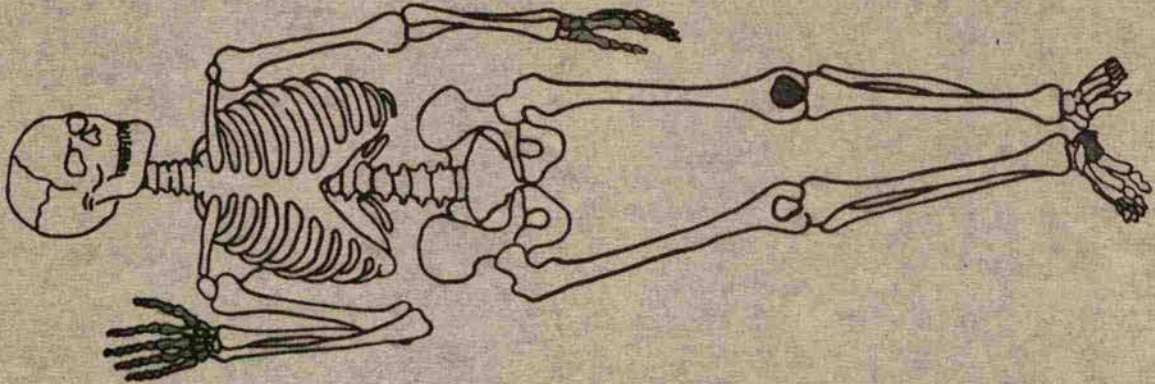
R4 chipped D

UNIDENTIFIABLE

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

"UNIDENTIFIABLE"

"BY REASON OF"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Sec.

SIGNATURE

EXHUMATION RECORD
CEMETERY OPERATIONS

DATE 2 Mar 48

A. NAME AND BURIAL LOCATION OF DECEASED

Name UNKNOWN X-8 Rank Serial No. Date of Death Arm

Cemetery 2nd Marine Div SAIPAN Plot D Row 5 Grave 8 Country MARIANAS D.D. Number

B. DISINTERMENT AND IDENTIFICATION

Name Rank Serial No. Date of Death Date Disinterred

Identification Tag on Organization Religion Identification verified by:

Remains () Marker ()

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial Condition of remains

Other means of identification

Minor Discrepancies (Prepare 1194a for Major Discrepancies)

D. REMAINS PREPARED AND PLACED IN CASKET

Casket sealed by Embalmer (Signature)

Casket Marked X-8 Checker (Signature) D Aug 48

REMARKS: Not shown CONSIGNEE:

Ment Plate

None

A. J. Matthews

[Signature]

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 GCS Inspector (Cemetery) [Signature]

TOOTH CHART

	TOP VIEW	SIDE VIEW
<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>	<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p>	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
				X	⊖		X	P	P	⊖	S						
Side Views																	
Top Views																	
Side Views																	
		⊖													⊖	⊖	⊖
	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."

[Handwritten signature]

PROCESSING CENTER

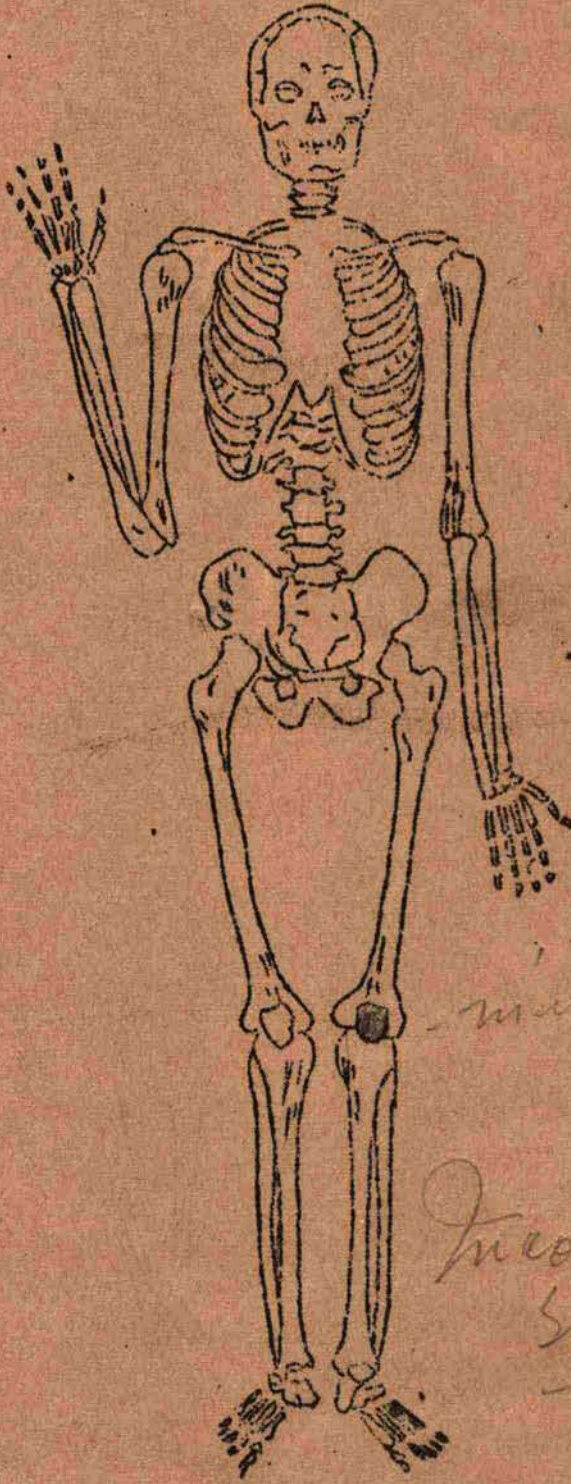
Unknown
(Name)

X-8

(Rank)

(Ser No.)

(Br of Sv)



missing

*Incomplete
Skeleton*

SKELETAL CHART

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

293.

Date 27 July 1948

CASE SUMMARY OF

NAME: UNKNOWN X-8 RANK: _____ SERIAL NO: _____
CEMETERY 2d MD Saipan Plot: D Row: 5 Grave: 8

Remains originally disinterred from this grave known as
Unknown X-8 was identified as DEL BALSIO, Michael W. and
reinterred in Grave 13 to agree with Plot Map.

Through process of elimination of Row 5 remains origin-
ally disinterred from Grave 13 known as DEL BALSIO, Michael W.
was reinterred in Grave 8 and temporarily assigned Unknown X-8
pending final action of Board of Review.

Recommend this case be sent to Board of Review to
establish identity as Unknown X-8 as true identity of
remains cannot be established at this time.

Michael W. DEL BALSIO is permanently buried overseas
per 293 File. 6 April 1950

cc: 293 DEL BALSIO, Michael W.

UNKNOWN X-8

Remarks:

Roy H. Oestreich
(Signature)
ROY H OESTREICH
Capt Inf

RESTRICTED

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

DATE OF REPORT

12 Feb 1951

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

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-8, 2d Mar Div Gem, Saipan

SERIAL No.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

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

PLACE OF DEATH

Unknown

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

293 Tank Saipan (2nd Mar. Div.)
Unknown X-8

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

1 (Substitute)

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

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

No

COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO

YES 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

UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL

11 Feb 1952

HOUR

--

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

Casket

TYPE OF GRAVE
MARKER

Cross

PLOT No.

D

ROW No.

6

GRAVE No.

136

WAS THIS A REBURIAL?
(Yes or no)

Yes

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

US MILITARY CEMETERY, FT WM MCKINLEY, P.I.

PLOT No.

N

ROW No.

10

GRAVE No.

102

TYPE OF RELIGIOUS
CEREMONY

PERSON CONDUCTING BURIAL RITES

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

FILE
Name Ac Hms
Action NAT
18 MAR 52

IDENTIFICATION TAG BURIED WITH
BODY (Yes or no)

Yes

IDENTIFICATION TAG ATTACHED TO
MARKER (Yes or no)

Yes

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

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

Roger L. Dion
ROGER L. DION, Sgt., RA

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Charles R. Whylen
CHARLES R. WHYLEN, 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

copy to ABM e

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

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

OTHER IDENTIFICATION CLUES

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

REMARKS:

Grave 136, Row 6, Plot D, was formerly occupied by Sgt Barney S. DE GRANDE, 20846935, disinterred and shipped to ZI.



RESTRICTED

<p>QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)</p>		<p>REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)</p>		<p>DATE OF REPORT 1 July 48</p>													
<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 10px auto; text-align: center; padding: 10px;"> <p>REPORT OF DI SI INTERMENT</p> </div>		<p>Section 1.—IDENTIFICATION.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">NAME (Last, first, middle initial) UNKNOWN X-8</td> <td colspan="2">SERIAL No.</td> </tr> <tr> <td>GRADE</td> <td>ORGANIZATION</td> <td colspan="2">BRANCH OF SERVICE</td> </tr> <tr> <td>RACE</td> <td>RELIGION</td> <td colspan="2">IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</td> </tr> </table>				NAME (Last, first, middle initial) UNKNOWN X-8		SERIAL No.		GRADE	ORGANIZATION	BRANCH OF SERVICE		RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
NAME (Last, first, middle initial) UNKNOWN X-8		SERIAL No.															
GRADE	ORGANIZATION	BRANCH OF SERVICE															
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY															
PLACE OF DEATH		CAUSE OF DEATH		DATE OF DEATH													
EMERGENCY ADDRESSEE (Name, relationship, and address)																	
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Mortuary Plate on Marker: Unknown P-D, R-5, G-8 25 Jun 44															
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO															
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME																	
<p>TRUE COPY: <i>H. B. McNEAR</i> H. B. McNEAR Capt., QMC</p>																	
Section 2.—BURIAL. <i>If other than in established cemetery, furnish sketch and map coordinates on reverse.</i>																	
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Saipan, 2nd Marine																	
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.											
				D	5	8											
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.											
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY															
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)																
No	No																
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.													
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.													
SIGNATURE OF PERSON PREPARING REPORT /s/t/ Geo. A. Wheeler			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ R. H. Oestreich, Capt., Inf.														

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

RESTRICTED

Incl # 2

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

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

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

OTHER IDENTIFICATION CLUES

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

Identification Section
JUN 1950



REMARKS:

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p style="text-align: center;">UNKNOWN X-8</p>				2. DATE OF REPORT <p style="text-align: center;">1 July 48</p>		
3. NAME OF CEMETERY <p style="text-align: center;">Saipan, 2nd Marine</p>		4. PLOT <p style="text-align: center;">D</p>	5. ROW <p style="text-align: center;">5</p>	6. GRAVE <p style="text-align: center;">8</p>	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p style="text-align: center;">UTD</p>	9. ESTIMATED HEIGHT <p style="text-align: center;">66-7/8"</p>	10. COLOR OF HAIR <p style="text-align: center;">UTD</p>	11. RACE <p style="text-align: center;">UTD</p>
---	---	---	--

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary Plate on Marker
P-D, R-5, G-8 25 Jun 44

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

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)

Shoe - Size 8½ EE

AUG 8 1950
FILE -
NAVY SECTION
C. J. MOYER

Incl #3

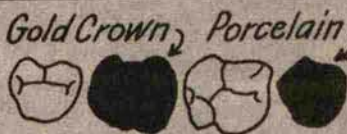
18.

TOOTH CHART

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



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



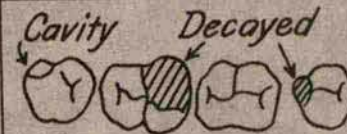
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



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

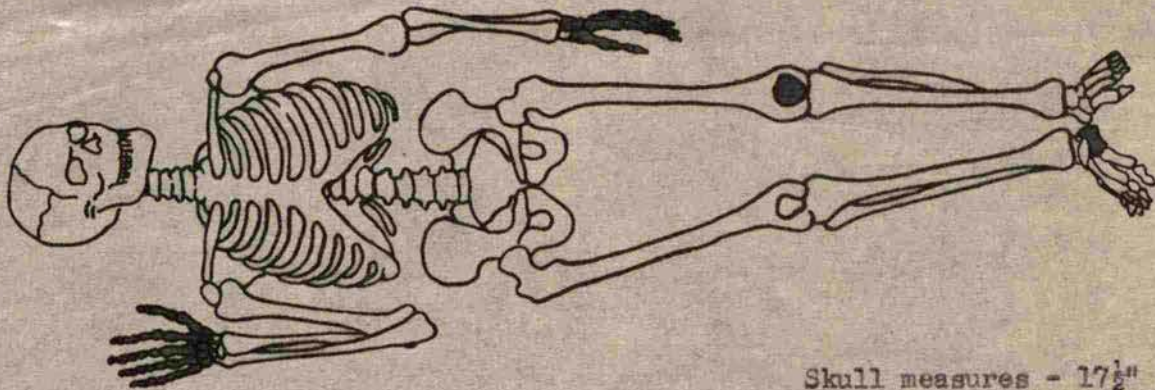
R4 chipped D.

/s/t/ C. E. Wilkerson

Inch # 3a

AUG 8 1950
FILE
NAVY SECTION
C. J. MOYER

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Skull measures - 17½"
Skeletal remains incomplete

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

1. Mortuary Plate on Marker
Unknown
P-D, R-5, G-8 25 Jun 44
2. Height determined by broca measurements: 66-7/8"
3. Color of hair: UTD
4. Size of shoe: 8½ EE

A TRUE COPY:

[Handwritten Signature]
W. E. McNEMAR
Capt., OMC

AUG 8 1950
FILE
NAVY SECTION
G. J. MOYER

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

/s/t/ R. H. OESTREICH, Capt., Inf.

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center">1 July 48</p>
---	---	---

Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 150px; margin: 0 auto;"> REPORT OF DISINTERMENT </div>	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) <p align="center">Unknown X-8</p>			SERIAL No.
	GRADE	ORGANIZATION	BRANCH OF SERVICE	
	RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH		

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) See Remarks
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

A TRUE COPY:

 H. B. MCNEMAR
 Captain, QMC

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Saipan, 2nd Marine

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				D	5	8
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE			PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
No	No					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
SIGNATURE OF PERSON PREPARING REPORT	1 July 48	SIGNATURE OF GRS OFFICER VERIFYING REPORT				
/s/t/ GEO. A WHEELER		/s/t/ R. H. Oestreich, Capt, Inf.				

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

Incl 12

RESTRICTED

7 Aug 0 2110
170

<p>QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)</p>	<p>REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)</p>	<p>DATE OF REPORT 1 July 48</p>
---	---	--

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 100px; margin: 20px auto; display: flex; align-items: center; justify-content: center;"> <p style="text-align: center;">REPORT OF DISINTERMENT</p> </div>	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X-8		
	GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
----------------	----------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Mortuary Plate on Marker Unknown P-D, R-5, G-8 25 Jun 44
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Saipan, 2nd Marine

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				D	5	8

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

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

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

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
1 July 48	
/s/t/ Geo. A. Wheeler	/s/t/ R. H. Oestreich, Capt., Inf.

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

RESTRICTED

INCL #9

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

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

OTHER IDENTIFICATION CLUES

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



REMARKS:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

IDENTIFICATION CHECKLIST

1 July 48

Unknown X-8
Cemetery Saipan, 2nd Mar.
Plot D Row 5 Grave 8

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

PART I
Physical Description

1. Estimated weight UTD 2. Estimated height 66-7/8"
3. Color of hair UTD 4. Race UTD
5. Tattoos or scars on the body (give description) None
(Information obtained from other sources)
6. Was tooth chart taken? Attached (If not, explain) _____
7. Were fingerprints taken? No
8. Cause of death UTD
9. Was body burned? No To what extent? _____
10. Are there any parts of the body missing or severed? See Blackout Chart
11. Is there any evidence of first-aid or other medical treatment? UTD
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Nothing found
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) Shoe (Left) 8 1/2 EE

Identification Checklist (Cont'd)

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

Shoe - Size 8 1/2 M

Brown - Work

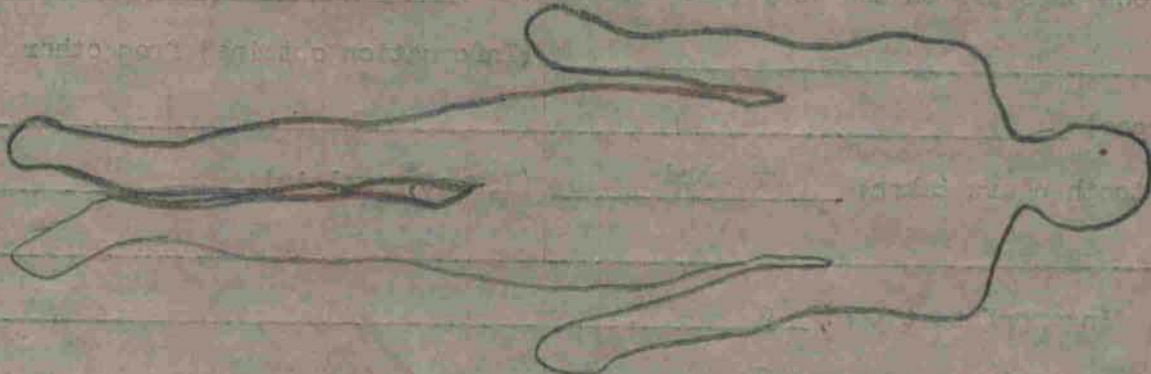
15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination

None

16. Evidence of healed fractures

No

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.

/s/ R. H. OSTWICH

Officer's name

Inf. Service

Captain

Rank

Organization