

293-UNK

Saipan

X-41

(4th Mar. Div. Cem.)

'50JA

1

Interred 26 April 1950
L 7 38 Ft. McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

Care Remark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6362 81585

DATE
20 04 50
DAY MONTH YEAR

NAME
UNKNOWN X-41

SERIAL NUMBER GRADE ARM

RACE RELIGION

CEMETERY
4TH MARINE DIVISION CEMETERY, SAIPAN

PLOT ROW GRAVE
1 2 18

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-41

SERIAL NUMBER GRADE DATE OF DEATH

DATE DISTINTERRED
21 April 1950

IDENTIFICATION TAG ON
 REMAINS
 MARKER

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 21 April 1950 BY

PAUL R NICHOLS

CASKET SEALED BY
PAUL R NICHOLS

EMBALMER (Signature)
Paul R Nichols
PAUL R NICHOLS

CASKET BOXED AND MARKED
DATE 21 Apr 50 BY RAYMOND H TAN GUAY
Sgt 1c, 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

File 49/50
Reprints

RECORD OF CUSTODIAL TRANSFER

| | | | |
|------------------------------------|------|--|----------------------------|
| 1. SHIPPED | | | |
| FROM AGRS MAUSOLEUM | | TO U S MILITARY CEMETERY | |
| KIND OF CONVEYANCE TRUCK | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | DATE | SIGNATURE OF RECEIVER <i>Caremark</i> | DATE APR 26 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 |

DISINTERMENT DIRECTIVE

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6362 81585

DATE

20 04 50
DAY MONTH YEAR

NAME

UNKNOWN X-41

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

4TH MARINE DIVISION CEMETERY, SAIPAN

PLOT

ROW

GRAVE

1

2

18

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. W. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE
RECORDS ANNOTATED
DATE 6/2/50
NAME [Signature]
BR. MEN. DIV.

Incl # 22

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 |

1

H803 H801
R X4 R 1
F/39 F49

DISINTERMENT DIRECTIVE

| | | |
|--|--------------------------------|-------------------------------------|
| SECTION A— NAME AND BURIAL LOCATION OF DECEASED | DIRECTIVE NUMBER 6362 00000 | DATE 15 DAY 11 MONTH 47 YEAR |
|--|--------------------------------|-------------------------------------|

| | | | | |
|--|-------------------------------|-------------|---------------------|--|
| NAME <i>J J J</i> | SERIAL NUMBER UNKNOWN X-41 | RANK | ARM 8 | DATE OF DEATH DAY MONTH YEAR |
| CEMETERY SAIPAN 4TH MARINE DIV CEMETERY | | | | DISPOSITION OF REMAINS 0 0391 CODE 63 DIST. PT. |
| PLOT 1 | ROW 2 | GRAVE 18 | COUNTRY MARIANAS | CAUSE OF DEATH 6 |

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 UNKNOWN | SERIAL NUMBER X-000041 | RANK Unk | DATE OF DEATH Unk | DATE DISINTERRED 8 Mar 48 |
| IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | ORGANIZATION UNKNOWN | RELIGION Unk | IDENTIFICATION VERIFIED BY G S WILTSHIRE, Emb NAME AND TITLE | |

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

| | |
|--|--|
| NATURE OF BURIAL Individual grave, uncasketed, nature of shroud undetermined | CONDITION OF REMAINS Skeletal remains, incomplete |
| OTHER MEANS OF IDENTIFICATION Mortuary Plate | |
| MINOR DISCREPANCIES 1 None | |

REMAINS PREPARED AND PLACED IN CASKET
DATE 19 Jul 48 BY C L MATTHEWS, Emb

| | |
|---------------------------------------|-----------------------------------|
| CASKET SEALED BY C L MATTHEWS, Emb | EMBALMER (Signature) J E SPEER |
|---------------------------------------|-----------------------------------|

| | |
|--|---|
| CASKET BOXED AND MARKED DATE 19 Jul 48 BY P MABAZZA | 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.

H DeGroodt
F T DeGROODT, Capt CMB
SIGNATURE OF GRS INSPECTOR
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, Maj CMP | DATE 19 Jul 48 | SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWEN, 1st Lt. INF | DATE 19 Jul 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. SNOWEN, 1st Lt. INF | DATE 6 Oct 48 | SIGNATURE OF RECEIVER <i>Clay Nordmann</i> | DATE 6 Oct 48 |

3. SHIPPED

| | | | |
|--|---------------------|---|------|
| FROM USAT DALTON VICTORY | | TO AGRS Mausoleum | |
| KIND OF CONVEYANCE Truck | | NAME OF CONVOYER MANILA | |
| SIGNATURE OF SHIPPER <i>Clay Nordmann</i> CLAY NORDMANN, 1st Lt. INF | DATE OCT 10 1948 | SIGNATURE OF RECEIVER <i>E. H. Newman Jr.</i> E. H. NEWMAN JR., Capt. FA. | 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 <p align="center">X-41</p> | | | 2. DATE OF REPORT <p align="center">11 Oct 48</p> | | | |
| 3. NAME OF CEMETERY <p align="center">4th Marine Division, Saipan</p> | | 4. PLOT <p align="center">1</p> | 5. ROW <p align="center">2</p> | 6. GRAVE <p align="center">18</p> | 7. DATE OF DISINTERMENT REINTERMENT | |

PHYSICAL DESCRIPTION

| | | | |
|--|--|--|---------------------------------------|
| 8. ESTIMATED WEIGHT <p align="center">UTD</p> | 9. ESTIMATED HEIGHT <p align="center">6' 3/8"</p> | 10. COLOR OF HAIR <p align="center">UTD</p> | 11. RACE <p align="center">UTD</p> |
|--|--|--|---------------------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

MORTUARY PLATE:
UNKNOWN
P-1 R-2 G-18

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

None

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS



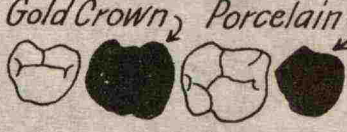
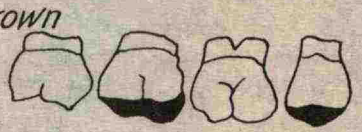


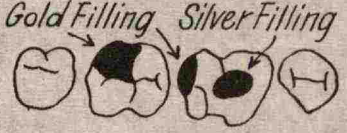
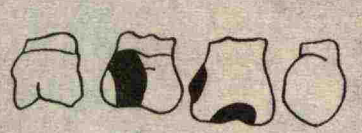
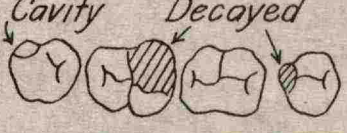
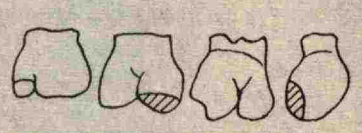
None

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)

1 Pr. GI Shoes, Size 7 1/2 EE

Unidentifiable by reason of lack of sufficient identifying data.

H. W. Harriman
H. W. HARRIMAN
Captain, QMC
Operations Officer
AGRS, Marbo Zone

| | | |
|--|--|--|
| <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>TOP VIEW</p>  | <p>SIDE VIEW</p>  |
| <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> | <p>Gold Crown, Porcelain Crown</p>  |  |
| <p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> | <p>Gold Bridge</p>  |  |
| <p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), 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>  |  |

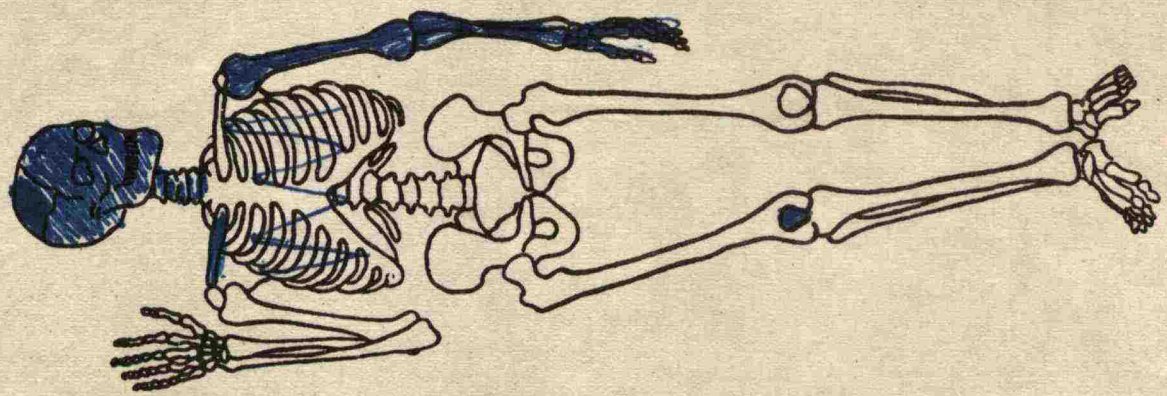
| RIGHT | | | | | | | | LEFT | | | | | | | |
|---|---|---|---|---|---|---|---|------|---|---|---|---|---|---|---|
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Side Views | | | | | | | | | | | | | | | |
| Top Views | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | |
| 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."

NO TEETH

Gary D. Pugh
GARY D. PUGH

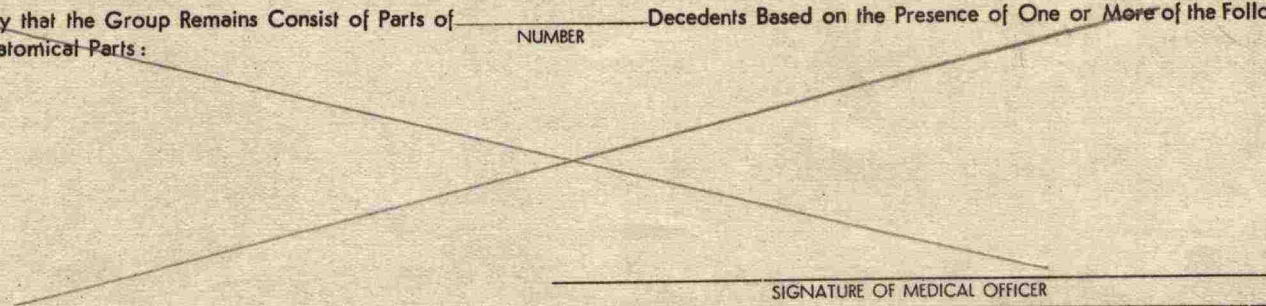
19. BLACK OUT PARTS OF BODY NOT COVERED



EST. HT. 6' 3/8"

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

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



SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

SKULL MISSING
UTD COLOR OF HAIR

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE
R. H. Oestreich
R. H. OESTREICH, CAPT., INF.

IDENTIFICATION CHECKLIST

Unknown X-41
Cemetery 4th Mar. SAIPAN
Plot 1 Row 2 Grave 18

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 6' 3/8"
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? NO If not, explain Head Missing
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 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)

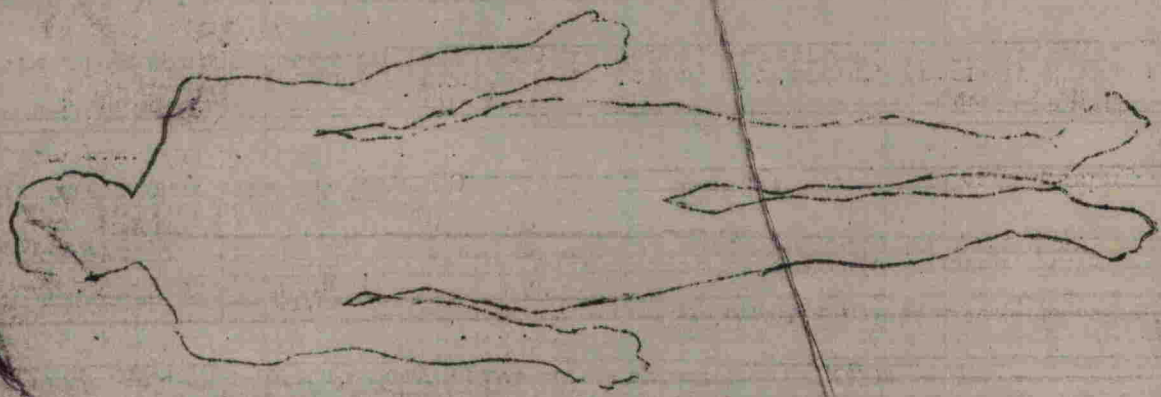
14. List every item of clothing and/or equipment found, showing color of each, also size and markings: _____

PT OF HEAD SIZE 7 1/2 IN

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

16. Evidence of healed fractures _____

17. Black out parts of body not received at 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.

Officer's name

Rank Service

Organization

IDENTIFICATION DATA

| | | | | | |
|---|--|---------------------|--------------------|---------------------------------------|---|
| 1. REMAINS OF UNKNOWN X-41 | | | | 2. DATE OF REPORT 11 Oct 48 | |
| 3. NAME OF CEMETERY 4th Marine Division, Saipan | | 4. PLOT 1 | 5. ROW 2 | 6. GRAVE 18 | 7. DATE OF DISINTERMENT REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|-----------------------------------|---------------------------------------|---------------------------------|------------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 6' 3/8" | 10. COLOR OF HAIR UTD | 11. RACE UTD |
|-----------------------------------|---------------------------------------|---------------------------------|------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**MORTUARY PLATE:
UNKNOWN
P-1 R-2 G-18**

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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


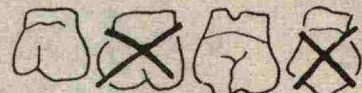






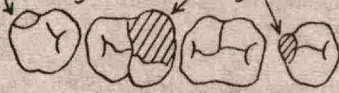
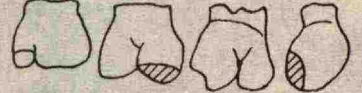
None

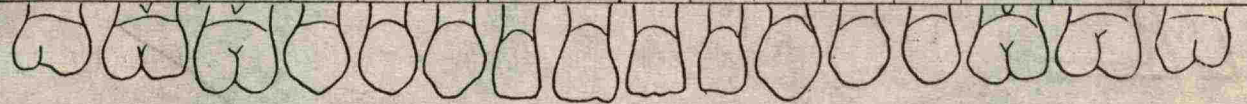
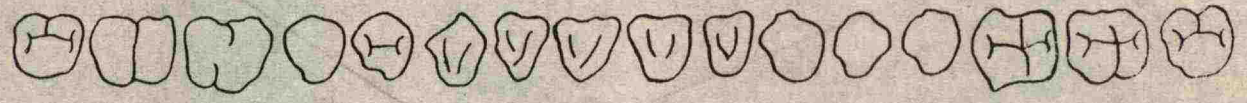
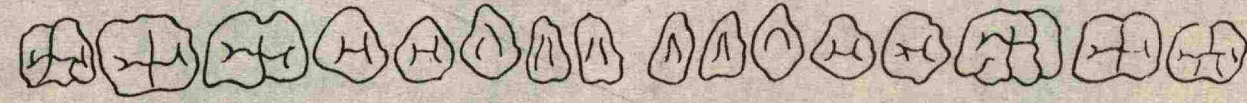
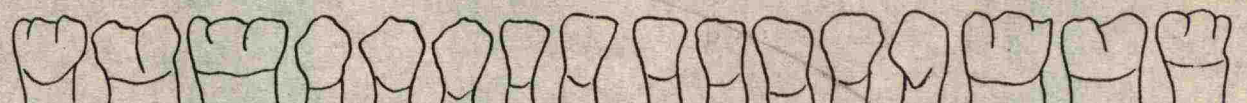
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

1 Pr. GI Shoes, Size 7 1/2 EE

Unidentifiable by reason of lack of sufficient identifying data.

H. W. H.
H. W. HARRIMAN
Captain, OMC
Operations Officer
ACRS, Warbe Zone

| | | |
|--|--|--|
| <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>TOP VIEW</p> <p><i>Tooth Missing</i></p>  | <p>SIDE VIEW</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>  |  |

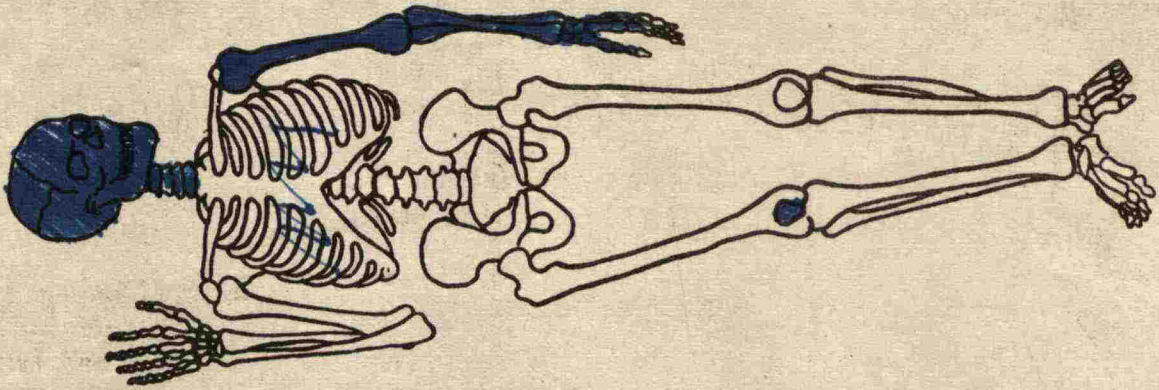
| | | RIGHT | | | | | | | | LEFT | | | | | | | | | |
|------------|-------|--|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|------------|--|
| | | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | |
| Side Views | |  | | | | | | | | | | | | | | | | Side Views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

NO TEETH

Gary D. Pugh
GARY D. PUGH

19. BLACK OUT PARTS OF BODY NOT COVERED



MR. H. 6' 3/8"

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

SKULL MISSING
USED COLOR OF HAIR

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

[Handwritten Signature]
L. H. GERTSCH, CAPT., INF.

IDENTIFICATION CHECKLIST

Unknown _____
Cemetery _____
Plot _____ Row _____ Grave _____

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

PART I
Physical Description

1. Estimated weight _____ 2. Estimated height _____
3. Color of hair VTD _____ 4. Race O' 1/8 _____
5. Tattoos or scars on the body (give description) VTD _____

(Information obtained from other sources) _____
6. Was tooth chart taken? _____ If not, explain _____
NO Head Missing
7. Were fingerprints taken? _____
8. Cause of death NO _____
9. Was body burned? VTD _____ To what extent? NO _____
10. Are any parts of the body missing or severed? _____
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: PR GI SHOES SIZE 7 1/2 EE

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.


R. H. OESTREICH

Officer's name

CAPT

INF

Rank

Service

Organization

EXHUMATION RECORD
CEMETERY OPERATIONS

Date 8 May 48

A. NAME AND BURIAL LOCATION OF DECEASED

0391 63

Name UNKNOWN X-41 Rank --- Serial No. --- Date of Death --- Arm 8
Cemetery Saipan 4th Marine Div. Plot 1 Row 2 Grave 18 Country Marianas Is. D.D. Number 6362 00000

B. DISINTERMENT AND IDENTIFICATION

Name UNKNOWN Rank unk Serial No. unk Date of Death 8-Mar-48 Date Disinterred ---
Identification tag on --- Organization --- Religion --- Identification verified by ---
Remains 0 Marker 0 unk unk G.S. WILTSHIRE (Emb)

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial Individual grave Condition of remains ---
Uncasketed - Nature of shroud undetermined Skeletal remains incomplete
Other means of identification ---

Mortuary Plate Surface

Minor Discrepancies (Prepare 1194a for Major Discrepancies)

None

D. REMAINS PREPARED AND PLACED IN CASKET

Casket sealed by --- Embalmer (Signature) ---
Casket marked --- Checker (Signature) G.S. Wiltshire

STATION ---

REMARKS: NONE CONSIGNEE: R. G. Tanigawa
GUAM NATIONAL CEMETERY
MARIANAS ISLANDS
(BY ADMINISTRATIVE ORDER)

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

A.C. DUNNELL, 1st Lt, Inf
Signature of GRS Inspector (Cemetery)

PROCESSING OPERATIONS

Name UNKNOWN X-41 Rank --- Serial No. --- Date Processed 19 July 48
Identification Tag on --- Identification verified by: ---
Casket --- Remains ---
Other means of identification ---

Mort Plate

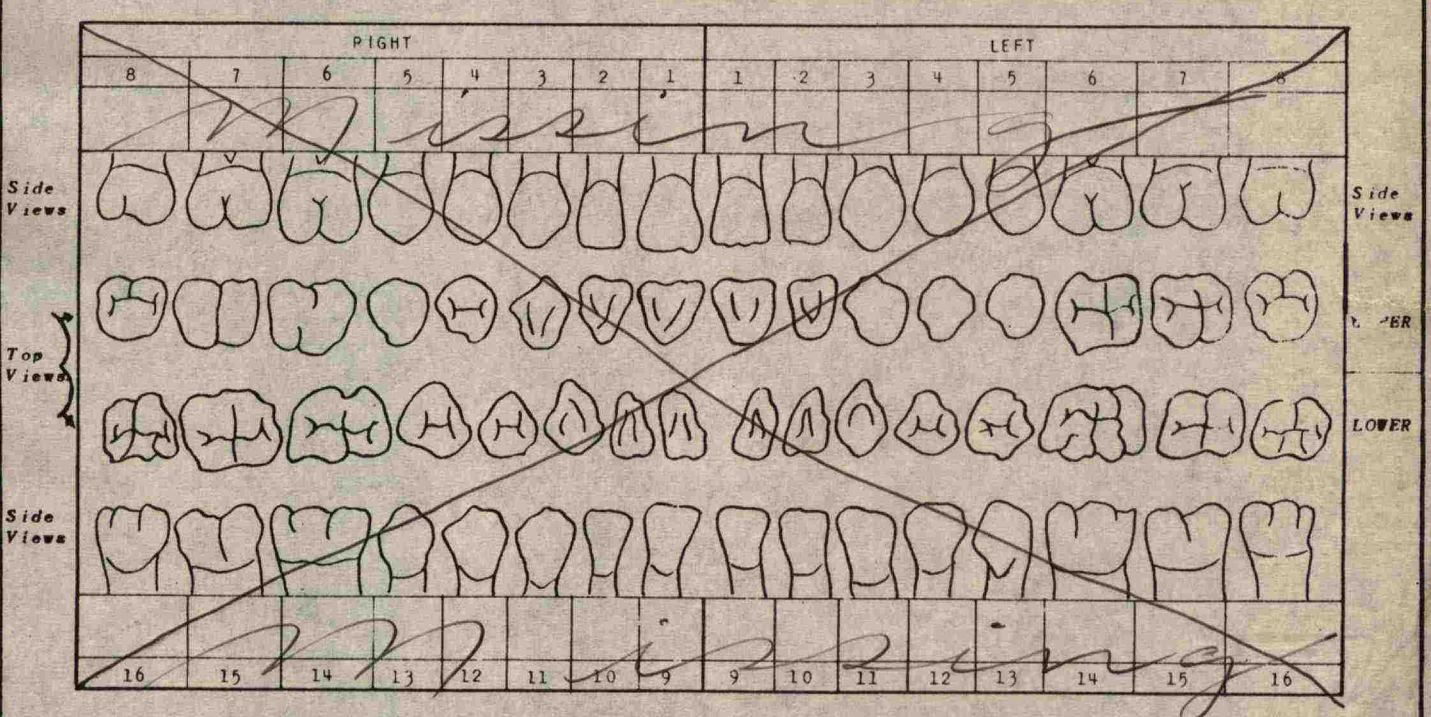
Minor Discrepancies (Prepare 1194a for Major Discrepancies)

19 July 48 None
Casket sealed by C.S. Matthews Embalmer (Signature) C.S. Matthews Emb
Casket marked P Mahappa Checker (Signature) J.E. Morris clk
REMARKS: ---

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

J.E. Morris
Signature of GRS Inspector (Processing Point)

| 18. TOOTH CHART | | TOP VIEW | SIDE VIEW |
|---|--|--|-----------|
| MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS: | | <p><i>Tooth Missing</i></p> | |
| CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS: | | <p><i>Gold Crown</i> <i>Porcelain Crown</i></p> | |
| BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS: | | <p><i>Gold Bridge</i></p> | |
| FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS: | | <p><i>Gold Filling</i> <i>Silver Filling</i></p> | |
| CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS: | | <p><i>Cavity</i> <i>Decayed</i></p> | |



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."

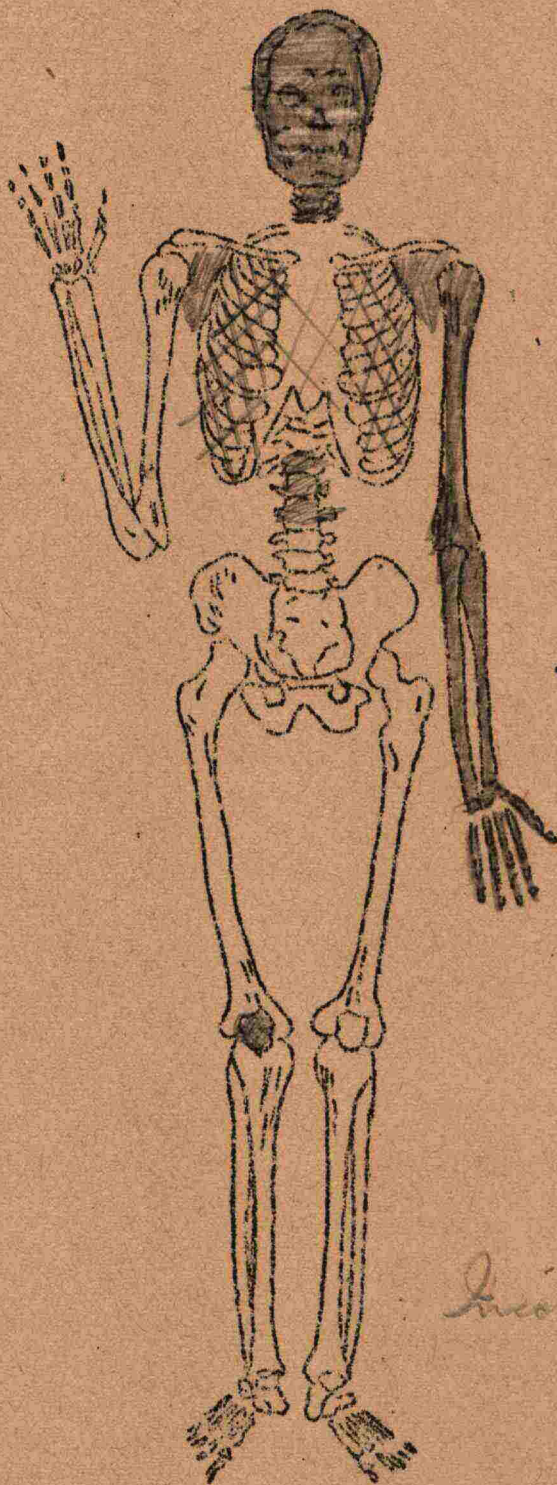
maxillae and mandible missing

Speer

F. Bellon's Capt MC

PROCESSING CENTER

Unknown X-41 *Sayon* *4th Marine Div* *Japan*
(Name) (Rank) (Ser No.) (Br of Sv)



Lucy M. G. Shelton

SKELETAL CHART

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

Unknown

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

4th Marine Division Cem., Saipan

(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

18 2 1
(Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

Disposition of identification tags: Buried with body Yes No Attached to marker Yes No

(If no identification tags, what means of identification are buried with the body?)

(If no identification tags, but identity definitely established, give particulars)

Body buried on RIGHT (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE)

(Name and address of LEGAL NEXT OF KIN)

64A

List only personal effects FOUND ON BODY and disposition of same:

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

| | |
|----------------|--------------------------|
| Height: | Apparent nationality: |
| Weight: | Laundry marks: |
| Color of eyes: | Number of rifle: |
| Color of hair: | Wear glasses? |
| Race: | Is tooth chart attached? |

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

Note below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF THE LOCATION, ORIENTED WITH PERMANENT LAND-MARKS.

(Signature of officer or other person reporting burial)

(Verified by Army GRS Officer)

8075 65A

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND



Screened
18 July 50
PWS



24518