

293 UNK.

MARIANAS

X-28

4th Marine Div 47 BCM  
(SAIPAN)

FILE IDENTIFICATION TOPPER

FILE NUMBER

43 unreported to the manager. X 28

SUBJECT



5  
AIRMAIL

QMCRT 293  
GRS Far East

24 August 1980

SUBJECT: Identification of World War II Deceased

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

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

Unknown X-16,	4th Marine Div. Cemetery, Saipan, Unit 2, Page 3
" X-20	27th Division Cemetery, Saipan, Unit 2, Page 4
" X-25	" " " " " 2 " 4
293 " X-28	4th Marine Div. Cemetery, Saipan, Unit 2, Page 3
" X-60	" " " " " " 2 " 3
" X-65	" " " " " " 2 " 3
" X-76	" " " " " " 2 " 4

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

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX  
Capt QMC  
Memorial Division

JV

JNH

N. McLaurin:lak  
G. Salsor

cc: Administrative Section

cc: GINGPH

AIRMAIL



PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

Interred 15 June 1950  
G 7 33 Ft. McKinley

*Carl R. H. Mark*  
CARL R. H. MARK  
Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6362 81717

DATE  
06 06 50  
DAY MONTH YEAR

1

NAME UNKNOWN X - 28 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 4TH MARINE DIVISION CEMETERY, SAIPAN PLOT 4 ROW 5 GRAVE 855 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-28 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED 7 June 50

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 7 June 50 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE 7 June 50 BY ALBERT C EVATT, Sgt, RA RAYMOND H TANGUAY, Sgt 1c, RA

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

*Raymond H Tanguay*  
RAYMOND H TANGUAY, Sgt 1c, RA  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*File 7/10/50  
H. H. King  
Report*



## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Lucas</i>	DATE <b>15 JUN 1950</b>

### 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

FILED BY SHIPPER



3

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 6362 81717

DATE 06 06 50 DAY MONTH YEAR

NAME UNKNOWN X-28 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 4TH MARINE DIVISION CEMETERY, SAIPAN PLOT 4 ROW 5 GRAVE 855 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 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON 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 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 Full

REMARKS AND SPECIAL INSTRUCTIONS 8/1/58 Reported

Incl #16



# 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

LABELED BY B.H.G.A.



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

AFO 928

GRPZ 293

8 JUN 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QGPHJ 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P. I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-16,	4th Mar. Div. Com.,	Saipan
"	X-20,	27th Div.	Saipan
"	X-25	" "	" "
"	X-28	4th Mar. Div. Com.,	Saipan
"	X-60	" " " "	" "
"	X-65	" " " "	" "
"	X-76	" " " "	" "

2. Forwarded herewith, for your consideration, are new QIC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

7 Incls  
QIC Forms 1044 w/Certificates  
of Unidentifiability

/s/  
/t/ Charles R. Whaylyn  
CHARLES R. WHAYLYN  
2d Lt., QIC  
Assistant Adjutant

COPY

447  
1116  
M. Winkley  
29 Aug 50  
Identification Branch  
COPY

*293 make Saipan 4th Mar. Div. X-28*



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

AFPO 900

6 June 1950

(Date)

*2930nd Saipan 4th Mar. Div. X 28*

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 28, Plot 4,  
Row 5, Grave 855, USMC Saipan, 4th Mar. Div., have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
decedent, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

*H. B. McNemar*  
H. B. MCNEMAR  
Captain, QMG  
Chief, Records Branch

*M. H. Hinkley*  
28 Aug 50  
Identification Branch

Received 15 June 50 OQMG  
Not identifi-  
Information possibly  
available  
*W. H. Lauria*  
*J. Lee*  
*22 Aug 50*

*2930nd*



TELEPHONE INFORMATION RECORD

DATE  
5-5-49

TELEPHONE NUMBER AND BRANCH CALLED

2293 - FBI

NAME OF PERSON PLACING CALL

Slinkowski

CASE UNDER INVESTIGATION (X or Case Number)

X-28

CEMETERY

4th Marine Div. Saipan, M.I.

INFORMATION REQUIRED

Fingerprint comparison against PFC Charles E. Dobson,  
38342919

DATE CALLED BACK

PERSON GIVING INFORMATION

Single Fingerprint Section

INFORMATION RECEIVED

Fingerprint card - carried to FBI. <sup>5-5</sup>

4931116 Saipan 4th Marine Div. X-28

MAILED  
M. K. ...  
27 Aug 50  
FBI - Saipan Branch



Dobson, Charles E. Pfc. 38 342 919

Hdq. Battery "A," 106<sup>th</sup> Field Artillery Bn., 27<sup>th</sup> Infantry  
Division, was reported killed in action on  
7 July 1944.

Unknown - X-28 - 4<sup>th</sup> Marine Div. Saipan, M.I.

Plot - 4      Row 5      Grave 855.

NMS - Form N - bearing the right index finger-  
print



NMS  
FILE

m. H. H. H.  
28 Aug 50  
Identification Branch



It is requested that the fingerprint be compared with those  
on file for PFC Charles E. Dobson, 38342919,

*Not identical with Charles Edward Dobson*

*ASN 38342919*

*FBI - Row - 5-6-49*

**NAT  
FILE**

*M. Kinley*  
*29 Aug 49*  
**Identification Branch**



CERTIFICATE OF DEATH

*R.R.C.*

From: FOURTH MARINE DIVISION, M.M.P. (Activity Unknown)

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.  
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name FISHER, Robert Rank or rate USMC

2. Born: Place Not available Date Not available

3. Nationality \_\_\_\_\_ Religion \_\_\_\_\_  
(White—U. S., Colored, Samoan, etc.) (Denomination)

4. Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Complexion \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

5. Marks, scars, etc. (noted in health record) Information and  
Health Record not available

FINGERPRINT



State which finger Rt. Index  
(Right index preferred)

6. Relation, name and address of next of kin or friend Not available

7. Original admission: Place Saipan Island Date 7-7-44  
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Saipan Island Date 7-7-44 Hour Unknown

9. Cause of death { Principal KILLED IN ACTION, DETAILS NOT KNOWN Key Letter "K"  
Contributory \_\_\_\_\_

10. Death is not the result of own misconduct and is in the line of duty.  
(Is or is not) (Is or is not)

11. Disposition of remains Interred in the Fourth Marine Division Cemetery,  
Saipan Island, Mariana Islands, 7-7-44, Plot 4, Row 5, Grave 855.

12. Summary of facts relative to the death: Killed in action during the battle of  
Saipan Island, Mariana Islands, 7-7-44. Examination revealed mul-  
tiple wounds of the body which are presumed to be the cause of death.  
Information taken from draft card and Social Security card.

SAT  
FILE

*M. Hurling*  
*24 Aug 44*  
Branch



Summary of facts—Continued

[Faint, mostly illegible text from the main body of the report, including names and dates.]

*M. R. Long*

M. R. LONG  
(Medical officer)

LTJG  
(Rank)

, M. C., U. S. Navy. R.

Approved: Court of inquiry or board of investigation will not be held.  
(Will or will not)

*J. R. Latican*  
J. R. LATICAN  
(Commanding officer)

Colonel  
(Rank)

, U. S. Navy  
Marine Corps.

A. C. of S. (D-1)



Fisher, James L. Sgt. 3554 8620

Date of Death

7-17-44

MAF  
FILE

M. Hurler  
28 Aug 50  
Identification Branch



Unk GWA

# DISINTERMENT DIRECTIVE

1

803-274-76

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6362 00000

DATE

15 11 47  
DAY MONTH YEAR

NAME  
*293* UNKNOWN

SERIAL NUMBER  
X-000028

RANK

ARM  
8

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
SAIPAN 4TH MARINE DIV CEMETERY

DISPOSITION OF REMAINS  
0 0391 63  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
4 5 855 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-000028

RANK  
Unk

DATE OF DEATH  
Unk

DATE DISTINTERRED  
19 Mar 48

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Unk

IDENTIFICATION VERIFIED BY  
M. White, 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

*[Handwritten signature]*

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 20 Jul 48 BY V R Williams, Emb

EMBALMER (Signature)

CASKET SEALED BY  
C L Matthews, Emb

J E SPEER *[Signature]*

CASKET BOXED AND MARKED  
DATE 20 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.

*[Signature]*  
7-1948  
F T DeGROODT, Capt CMP

SIGNATURE OF GRS INSPECTOR

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 20 Jul 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt Inf	DATE 20 Jul 48

## 2. SHIPPED

FROM AGRS PORT (SAIPAN, MI)		TO MASTER SF-278	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Harold E. Fike</i> HAROLD E. FIKE, CAPTAIN/1st INF	DATE 12 Jan 49	SIGNATURE OF RECEIVER <i>Edw. J. Medina</i>	DATE 12 Jan 49

## 3. SHIPPED

FROM MASTER FS-278		TO AGRS Mausoleum	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Edw. J. Medina</i>	DATE Jan 49	SIGNATURE OF RECEIVER <i>E. H. Newman Jr.</i> E. H. NEWMAN JR., Capt., PA.	DATE Jan 49

## 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



JOHN EDGAR HOOVER  
DIRECTOR

Federal Bureau of Investigation  
United States Department of Justice  
Washington, D. C.

CONFIDENTIAL  
REGISTERED MAIL

May 9, 1945

The Quartermaster General  
Army Service Forces, War Department  
Washington 25, D. C.

Attention: Captain C. C. Pierce, Assistant

FINGERPRINT OF UNKNOWN DECEASED

Reference is made to your letter of March 28, 1945, submitting one NMS-Form N bearing the right index fingerprint of an individual supposed to be Robert Fisher, your reference SPQYG 293 Fisher, Robert (Saipan).

You are advised that this fingerprint has been searched, insofar as possible, through the fingerprint files of this Bureau without effecting an identification.

The NMS-Form N is returned herewith.

Please be assured of my desire to be of assistance in these matters.

Enclosure



*293 Fisher, R. L. E.*  
*SPQYG 293 Fisher, Robert (Saipan)*  
*1st Marine Div / 1st Reg*



SPQYG 293  
Fisher, Robert  
(Saipan)

28 March 45

SUBJECT: Fingerprint of Unknown Deceased.

TO : The Federal Bureau of Investigation, Department of Justice,  
Washington, D. C.  
ATTENTION: Mr. J. Edgar Hoover.

1. It is requested that the fingerprint on the attached NMS Form N be compared with that in file for Robert Fisher, who was killed in action 7 July 44 at Saipan.
2. A report of your findings is requested with return of the form.

FOR THE QUARTERMASTER GENERAL:

1 Incl  
NMS Form N

C. C. PIERCE  
Captain, QMC  
Assistant



END-1

20 March 1945

BUMED-ECd-PH

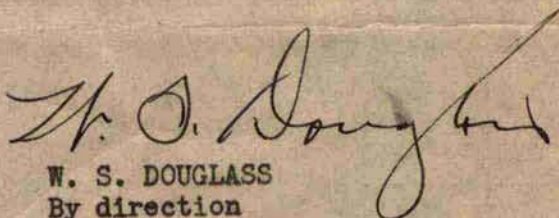
QW20/P6-1

To: OQMG, Army Service Forces, Memorial Division, Washington 25, D.C.

Subj: Identification from print of right index finger on NavMed Form-N of Robert Fisher, interred Fourth Marine Division Cemetery, Saipan, Mariana Islands, Plot 4, Row 5, Grave 855.

1. It is requested that a check of the fingerprint on enclosure be made to establish identification of Robert Fisher as an Army man, no identification having been made by a check of the files of the Marine Corps.

By direction of the Chief, BuMed:

  
W. S. DOUGLASS  
By direction

---



GRAVES REGISTRATION SECTION  
MEMORIAL DIVISION  
Mar 23 4 25 PM '45





**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNK. X-28, 4th Mar. Div. Cem., Saipan</b>			2. DATE OF REPORT <b>6 June 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum Manila P. I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	<b>4</b>	<b>5</b>	<b>855</b>	DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION <b>Age: 20 to 25 yrs.</b>			
8. ESTIMATED WEIGHT <b>144 to 170 lbs.</b>	9. ESTIMATED HEIGHT <b>5'10 1/2"</b>	10. COLOR OF HAIR <b>Brown</b>	11. RACE <b>White</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N o n e**

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

**N o n e**

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

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT? **Left tibia, femur, fibula, left tibia, fibula & humerus.**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N o n e**

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)

**N o n e**

**"UNIDENTIFIABLE"**

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

*Handwritten signature/initials*



18. TOOTH CHART

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

	RIGHT								LEFT									
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		A mo	A mo	X		S dL				S d	A d	A mo						
Side Views																	Side Views	
Top Views																	UPPER	
Side Views																	LOWER	
		A d	A mo	X		A mo	A od							A od	A mo	A od	A o	A o
	16	15	14		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."

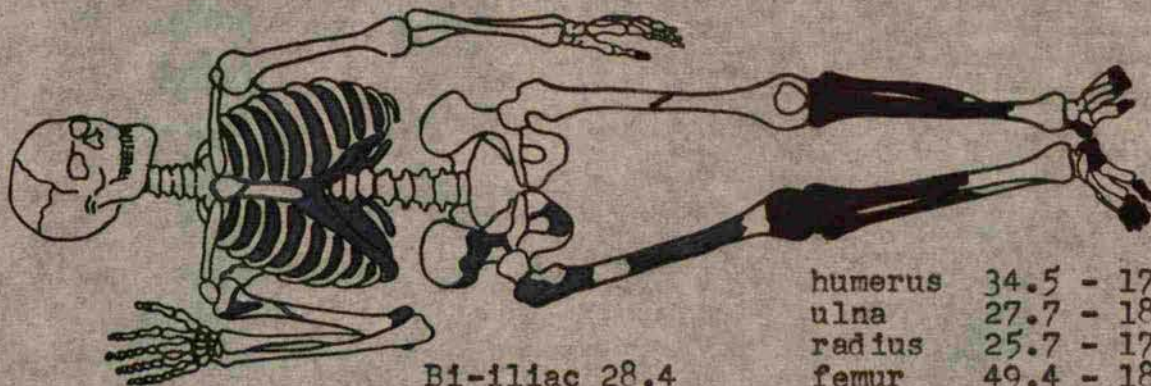
**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*Paul R. Nichols*  
 PAUL R NICHOLS  
 Chief Ident. Section



19. BLACK OUT PARTS OF BODY NOT RECOVERED



Bi-iliac 28.4

humerus	34.5	-	176
ulna	27.7	-	180
radius	25.7	-	179
femur	49.4	-	181
			<u>4/716</u>
			179

Estimated height 5'10 1/2"

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 tag, personal effect or any  
 other means of identification found with remains.

**"UNIDENTIFIABLE"**

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS  
 Chief Ident. Section

SIGNATURE

*Paul R. Nichols*



12 May 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)

Unknown X-28

SERIAL NUMBER

GRADE

ORGANIZATION

NAME, NUMBER AND LOCATION OF CEMETERY

4th Marine Division Cemetery, Saipan, M. I.

PLOT

ROW

GRAVE NO.

4

5

855

2. DATE OF DISINTERMENT

11 May 1946

DATE OF REINTERMENT

11 May 1946

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

Buried five feet deep. Body completely decomposed, and very much shattered.

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

unknown

ON REMAINS

Hair light brown. Tooth chart.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

unknown X-28

ON REMAINS

Copy of report of interment.

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.








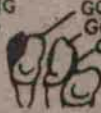


*William M. Brewster*  
WILLIAM M. BREWSTER, 1st Lt., QMC

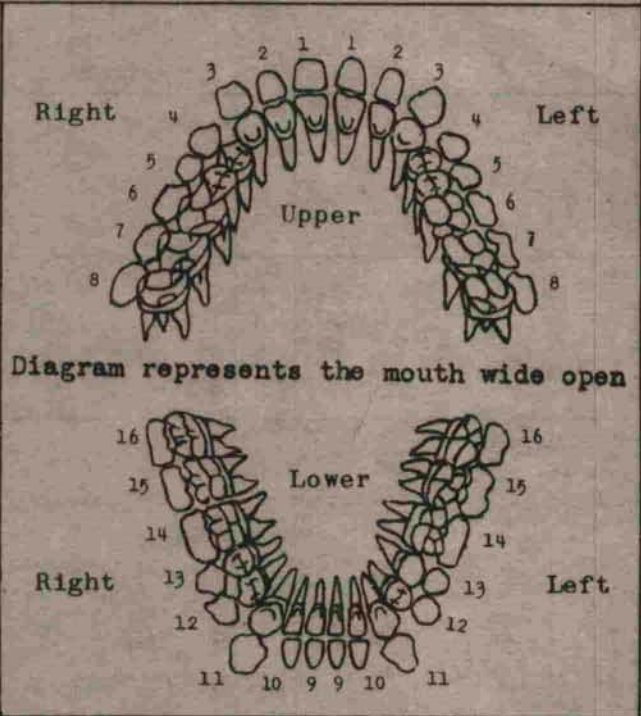
*Incl 2*



INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth		
Crowned Teeth		
Bridgework		
Fillings		
Caries (Cavities)		



Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

Remarks



# IDENTIFICATION DENTAL CHART

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

12 May 46

DATE

unknown X-28

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Saipan, M. I.

PLACE OF DEATH

4th Mar. Div. Cemetery

PLACE OF BURIAL

A

PLOT

5

ROW

855

GRAVE NO.

		RIGHT								UPPER TEETH		LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
TYPE			A	A	X	A	S	(D)		S		(D)	A		(D)		(F)	TYPE			
LOCATION			OM	OM		OD	FD	(D)		D		(D)	O		(OM)		(F)	LOCATION			

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH		LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE			(A)	X	(A)								A	A	A	A	(A)	TYPE	
LOCATION			(OM)		(OM)								(O)	(M)	(O)	(O)	(O)	LOCATION	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

Incl # 2



**INSTRUCTIONS:**

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

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

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

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

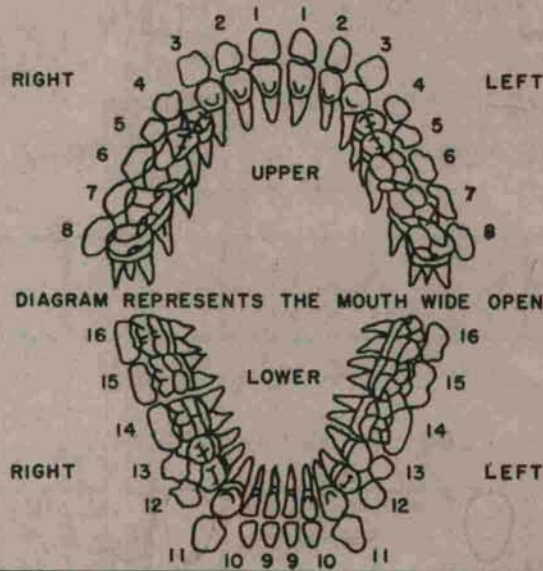


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

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

VERIFIED BY GRS OFFICER

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

601st QM Co., 2d Plat., APO 244  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

12 May 1946 DATE



REPORT OF DISINTERMENT FOR IDENTIFICATION

2832<sup>2</sup> May 1946

1. REMAINS OF (Name)

SERIAL NUMBER

Unknown X-28

---

GRADE

ORGANIZATION

---

---

NAME, NUMBER AND LOCATION OF CEMETERY

PLOT

ROW

GRAVE NO.

4th Marine Division Cemetery, Saipan, M. I.

4

5

855

2. DATE OF DISINTERMENT

DATE OF REINTERMENT

11 May 1946

11 May 1946

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

Buried five feet deep. Body completely decomposed, and very much shattered.

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

unknown

ON REMAINS

Hair light brown. Tooth chart.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

unknown X-28

ON REMAINS

Copy of report of interment.

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

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

Incl #2'



INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

**Missing Teeth**

TOOTH MISSING TOOTH MISSING

**Crowned Teeth**

GOLD CROWN PORCELAIN CROWN  
GOLD CROWN

**Bridgework**

GOLD AND PORCELAIN BRIDGE GOLD BRIDGE

**Fillings**

SILVER FILLING GOLD FILLING  
GOLD FILLING GOLD FILLING  
GOLD FILLING

**Caries (Cavities)**

CAVITY DECAYED DECAYED DECAYED

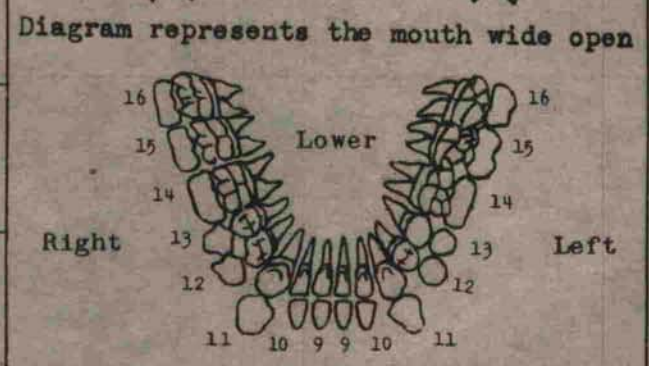
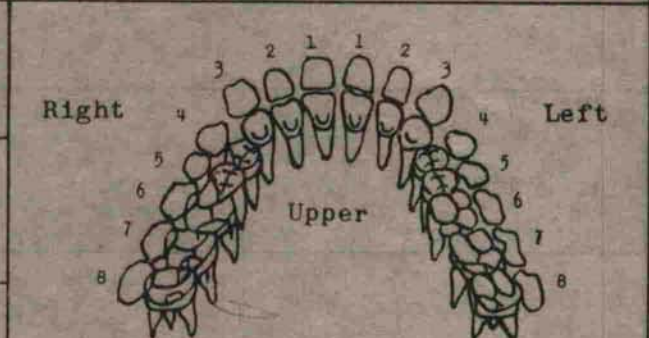


Diagram represents the mouth wide open

**Dentures (Plates)** Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

**Remarks**



# IDENTIFICATION DENTAL CHART

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

12 May 46

DATE

unknown X-28

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Saipan, M. I.

4th Mar. Div. Cemetery

4

5

855

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW















GRAVE NO.

		RIGHT								UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8										
TYPE			A	A	X	A	S	(D)		S		(D)	A		(D)		TYPE										
LOCATION			OM	ODM	X	OD	FD	(D)		D		(D)	O		(ODM)		LOCATION										

INSIDE — LOOKING OUT

		RIGHT								LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16										
TYPE			(A)	X	(A)									A	A	A	A	(A)	TYPE								
LOCATION			(ODM)	X	(ODM)									OD	M	OD	O	(O)	LOCATION								

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

*incl 21*



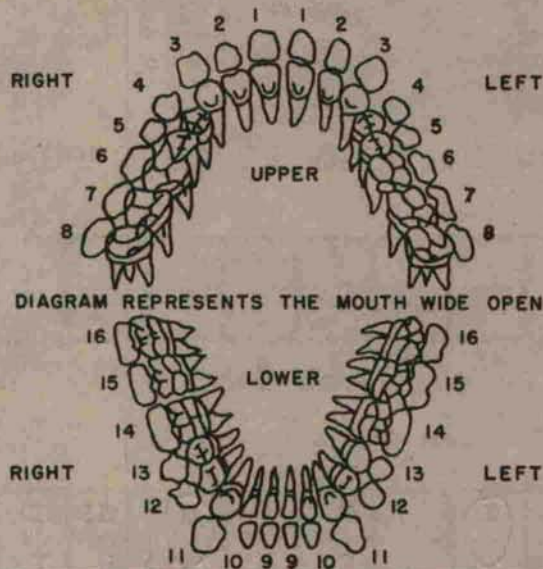
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

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

VERIFIED BY GRS OFFICER

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

604th QM GR Co, 2d Plat., APO 244  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

12 May 1946  
DATE



EXHUMATION RECORD  
CEMETERY OPERATIONS

Date \_\_\_\_\_

A. NAME AND BURIAL LOCATION OF DECEASED 0291 63

Name	Rank	Serial No.	Date of Death	Arm	
UNKNOWN X-28	-	X-000028		8	
Cemetery	Plot	Row	Grave	Country	D. D. Number
Saipan 4th Marine Div.	4	5	855	Marianas Is.	6362 00000

B. DISINTERMENT AND IDENTIFICATION

Name	Rank	Serial No.	Date of Death	Date Disinterred
UNKNOWN	-	-	-	19 Mar 48
Identification tag on	Organization	Re. on	Identification verified by	
			M. WHITE	EMB
Remains	Marker			

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial **INDIVIDUAL GRAVE** Condition of remains **SKELETAL REMAINS INCOMPLETE**

**UNCASKED, NATURE OF SHROUD UNDETERMINED**

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) **M. WHITE**

Casket marked \_\_\_\_\_ Checker (Signature) **J. WHITE**

REMARKS: \_\_\_\_\_ CONSIGNEE: **GUAM NATIONAL CEMETERY**  
**ARRIVING MARIANAS ISLANDS**

**QMC FORM #1042 found on remains**  
**Shows: X-28 UNKNOWN**  
**SEE DETACHED FORM #1042**

**(BY ADMINISTRATIVE ORDER)**

STATION FILE

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

**C.M. CLARK 1st Lt. Inf**  
Signature of GRS Inspector (Cemetery)

PROCESSING OPERATIONS

Name	Rank	Serial No.	Date Processed
UNKNOWN X-28			20 July 48
Identification tag on	Identification verified by:		
Casket _____ Remains _____	M. White Emb		
Other means of identification			

Minor Discrepancies (Prepare 1194a for Major Discrepancies)

20 July 48 Name \_\_\_\_\_

Casket sealed by \_\_\_\_\_ Embalmer (Signature) **V.R. Williams Emb**

Casket marked \_\_\_\_\_ Checker (Signature) **J.P. Morris alk**

20 July 48 **P. Malayya**

REMARKS: \_\_\_\_\_

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

\_\_\_\_\_  
GRS Inspector (Processing Point)



TOOTH CHART

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

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

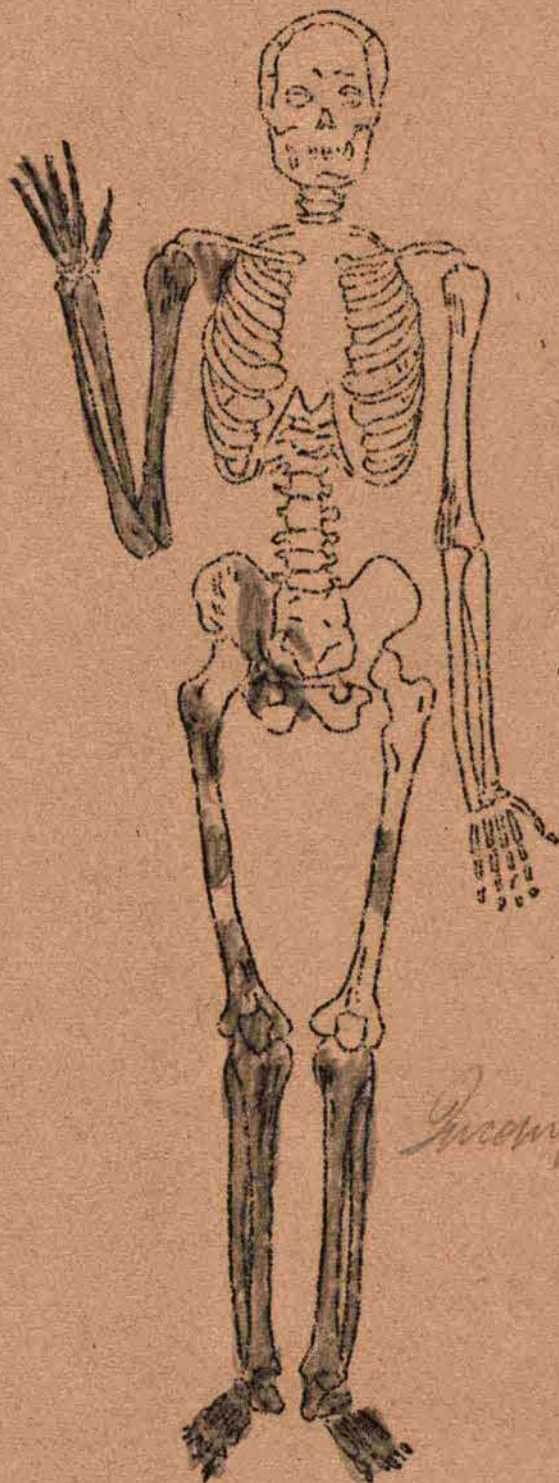
*H. Speer (Embalmers)*

*H. DeGroot Capt USMC*



PROCESSING CENTER

Unknown X-28 Sargeant 4th Marine Div Camp  
(Name) (Rank) (Ser No.) (Pr of Sv)



Incomplete Skeleton

SKELETAL CHART



**RESTRICTED**

**REPORT OF INTERMENT**

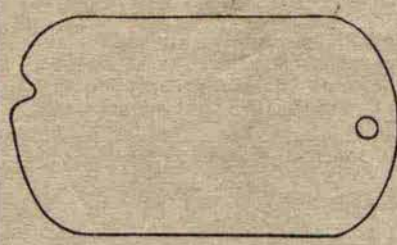
(AR 30-1810 and AR 30-1815)

2832

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

Date of Report

19 April 1946

Imprint Identification Tag If Possible. DO NOT TYPE  	<b>SECTION 1. IDENTIFICATION</b>		
	Name (Last, First, Middle Initial)		Serial Number
	Unknown X-28		unknown
	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
Saipan Island, M.I.	unknown	unknown

Emergency Addressee (Name, Relationship and Address)

unknown

Identification Tags Found on Body (1, 2, or None)	If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse
none	
Were Substitute Tags Provided (Yes or No)	Unidentified
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

4th Marine Division Cemetery, Saipan Island, Marianas Islands.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
unknown	---	unknown	cross	4	5	855

Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave
no	---

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
unknown	unknown	

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 Number	Organization	Grave No.
Fitch, D. S.	Pvt	368633	USMC	856

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Boyd, R. V.	Pfc	434345	USMC	854

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
	William M. Brewster WILLIAM M. BREWSTER, 1st Lt., QMC


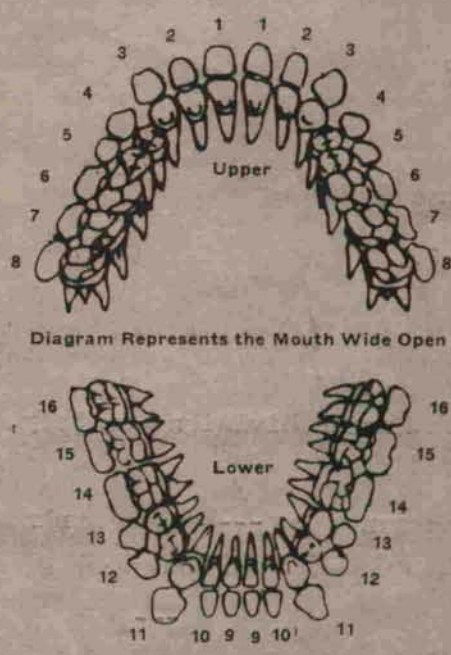





**DISTRIBUTION OF REPORT:** Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

Incl #11

**RESTRICTED**



**RESTRICTED**

	<b>SECTION UNIDENTIFIED REMAINS</b>			
Left Little Finger	<b>Instructions</b> (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 fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
Left Ring Finger	Height	Weight	Color of Eyes	Color of Hair
Left Middle Finger	Weapon and Serial Number		Laundry Mark	Birthmarks, Scars or Tattoos
Left Index Finger	Other Identification Clues			
Left Thumb	<b>No Identifying clues available.</b>			
Right Little Finger	<b>Fillings</b>  Silver Filling Gold Filling		 <p align="center">Diagram Represents the Mouth Wide Open</p>	
Right Ring Finger	<b>Cavities</b>  Cavity Decayed			
Right Middle Finger	<b>Missing Teeth</b>  Tooth Missing			
Right Index Finger	<b>Crowned Teeth</b>  Porcelain Crown Gold Crown			
Right Ring Finger	<b>Bridge Work</b>  Gold Bridge			
Right Middle Finger				
Right Ring Finger	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery			
Right Little Finger				
Right Little Finger	Remarks			




**RESTRICTED**

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

**REPORT OF INTERMENT** 832  
(AR 30-1810 and AR 30-1815)

Date of Report  
**19 April 1946**

Imprint Identification Tag If Possible. DO NOT TYPE  	<b>SECTION 1. IDENTIFICATION</b>		
	Name (Last, First, Middle Initial)		Serial Number
	Unknown X-28		unknown
	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
Saipan Island, M.I.	unknown	unknown

Emergency Addressee (Name, Relationship and Address)

unknown

Identification Tags Found on Body (1, 2, or None)	If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse
none	
Were Substitute Tags Provided (Yes or No)	Unidentified
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

4th Marine Division Cemetery, Saipan Island, Marianas Islands.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
unknown		unknown	cross	4	5	855

Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave	Plot No.	Row No.	Grave No.
no				

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
unknown	unknown	
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	unidentified
no	no	

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Fitch, D. S.	Pvt	368633	USMC	856

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Boyd, R. V.	Pfc	434345	USMC	854

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
	<i>William M. Brewster</i> WILLIAM M. BREWSTER, 1st Lt., USMC


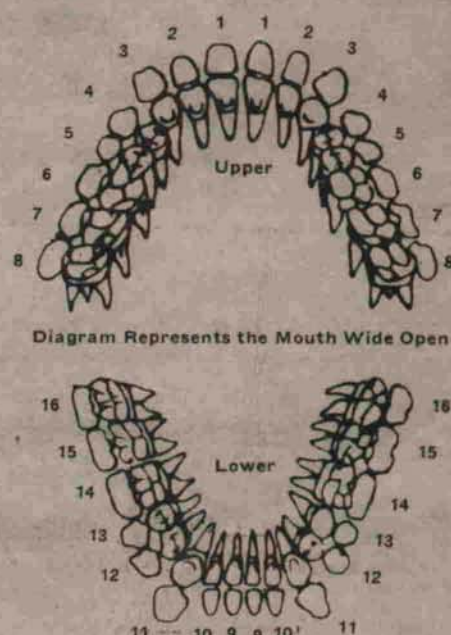





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**RESTRICTED**

*D. C. H. 12*



**RESTRICTED**

Left Little Finger	<b>SECTION UNIDENTIFIED REMAINS</b>			
	<b>Instructions</b> (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 fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
Left Ring Finger	Height	Weight	Color of Eyes	Color of Hair
				Birthmarks, Scars or Tattoos
Left Middle Finger	Weapon and Serial Number		Laundry Mark	Where Body Was Buried or Found
	Other Identification Clues			
Left Index Finger	<b>No Identifying clues available.</b>			
Left Thumb	Fillings  Silver Filling Gold Filling		 <p align="center">Diagram Represents the Mouth Wide Open</p>	
	Cavities  Cavity Decayed			
Right Thumb	Missing Teeth  Tooth Missing			
Right Index Finger	Crowned Teeth  Porcelain Crown Gold Crown			
Right Middle Finger	Bridge Work  Gold Bridge			
	<b>not available</b>			
	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery			
Right Ring Finger				
Right Little Finger	Remarks			



*Reut.*  
*Fisher, R.*

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

*dup.*

Unknown X-28

(Last name)

(First)

(Initial)

(Serial number)

(Rank)

(Organization)

(Place of death)

(Date of death)

(Cause of death)

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

4th Marine Division Cemetery, Saipan, MI

855

(Grave number)

5

(Row number)

4

(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)

84A

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.

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(Signature of officer or other person reporting burial)

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(Verified by Army GRS Officer)

8075 

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB



Screened  
15 July 50  
G. W. H.