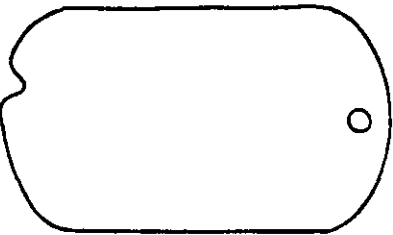




FILE IDENTIFICATION TOPPER

FILE NUMBER	793unk Grom # 2 X128
SUBJECT	

QMC FORM 1121
1 Aug 45

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 8 December 1949		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) (AMM Gen #8, Guam, M.I.) UNKNOWN I-188 (OO-Remains of 6 Unknown Decedents)		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 Guam, M.I.		CAUSE OF DEATH Unknown		DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center">Unknown</p>						
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)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes		Unidentifiables				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center">None</p>						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center">National Memorial Cemetery of the Pacific, Honolulu, T.H.</p>						
DATE OF BURIAL 8 Dec 1949	HOUR 10:30 AM	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Green	PLOT No. F	ROW No. 	GRAVE No. 541
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <p align="center">AMM Cemetery #8, Guam, M.I.</p>			PLOT No. 4	ROW No. 45	GRAVE No. 16
TYPE OF RELIGIOUS CEREMONY Protestant Catholic	PERSON CONDUCTING BURIAL RITES Rabbi Hamin Chaplain Fitzgerald Chaplain K. H. ...		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
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. 516	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 546	
SIGNATURE OF PERSON PREPARING REPORT  ROBERT F. TURNER Adm. Ass't.			SIGNATURE OF GRS OFFICER VERIFYING REPORT  KENNETH S. HINO, 1st Lt., INF.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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


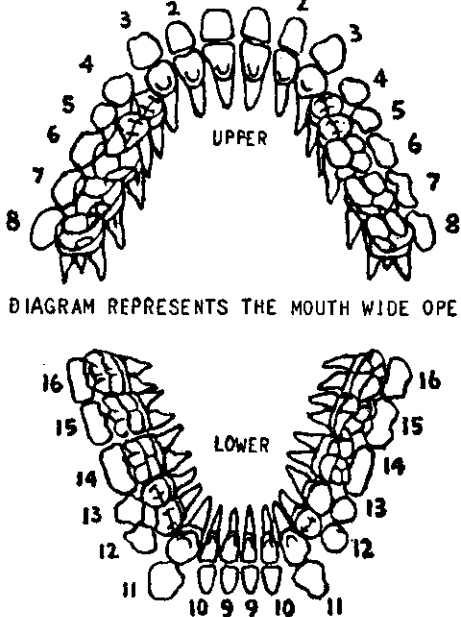




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER
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

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

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



31 JAN 1950

REMARKS:

Identification Section

RESTRICTED

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

DATE OF REPORT
2 Dec 47

Ident. Identification Tag, If Possible.
DO NOT TYPE

REPORT OF
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN I-128		SERIAL NO.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH GUAM	CAUSE OF DEATH Unk	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 2 on reverse) <i>(Handwritten: Unidentifiable unknowns per Ad Flg #1002 Pacific/Don dtd 26 Apr 49)</i>
WERE SUBSTITUTE TAGS PROVIDED? (Yes or 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
Agat, Cntry #2, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				4	45	16

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)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) BAKER, Thomas G.	RANK Pvt	SERIAL No. 16201672	ORGANIZATION USA	GRAVE No. KE 17
---	--------------------	-------------------------------	----------------------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) BARRETT, James P.	RANK Seaman	SERIAL No.	ORGANIZATION USMM	GRAVE No. 15
---	-----------------------	------------	-----------------------------	------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>Jose A. Sta. Ines</i> JOSE A. STA. INES	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt., Inf.
--	--

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

1949 RESTRICTED

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.


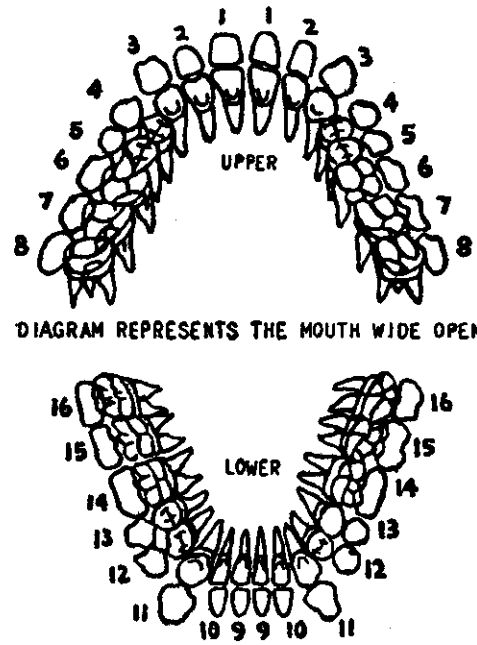




INSTRUCTIONS:

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

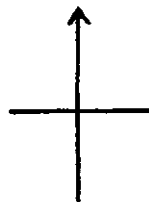
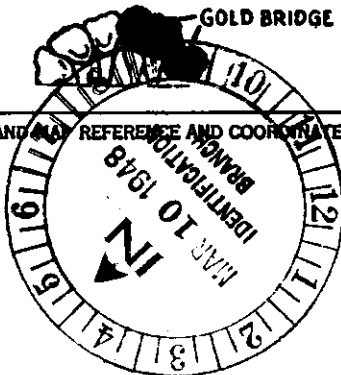
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

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

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



REMARKS: Condition of Remains: Found in the grave ~~xxxxxx~~ are eleven pelvic bones, three radius, five ulna, five humerus, four femur, one tibia, one fibula, nine scapula, five clavicles, one skull and maxilla, two mandibles, 40 ribs, 30 vertebrae and some small bones.

This bones might be Japanese

1

DISINTERMENT DIRECTIVE

no pp cut

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 6321 01597

DATE 15 03 49 DAY MONTH YEAR

NAME * UNKNOWNX-000128

SERIAL NUMBER UNKNOWNX-000128

GRADE

ARM 0

RACE 0

RELIGION 6

CEMETERY GUAM NO 2 MARIANAS IS

PLOT 4

ROW 45

GRAVE 16

DISPOSITION OF REMAINS CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNKNOWNX-000128 NATIONAL MEMORIAL CEMETERY of the PACIFIC, TERRITORY OF HAWAII

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unk X-128 GUAM

SERIAL NUMBER Unk

GRADE Unk

DATE OF DEATH Unk

DATE DISTINTERRED 22 Dec 47

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION UNKNOWN

RELIGION Unk

IDENTIFICATION VERIFIED BY M. C. DUNMAN, EMB NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Temporary Casket

CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION Mortuary Plate

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.) None

REMAINS PREPARED AND PLACED IN CASKET

DATE 27 Jul 49

BY J. N. ROBINSON

CASKET SEALED BY J. N. ROBINSON

EMBALMER (Signature) J. N. ROBINSON

NAT FILE RECORDS ANNOTATED DATE NAME

CASKET BOXED AND MARKED DATE 27 Jul 49 by J. N. ROBINSON

SHIPPING ADDRESS VERIFIED BY M. C. DUNMAN

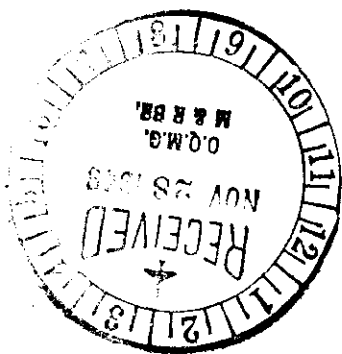
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct. M. C. DUNMAN

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS * COMMON GRAVE 6 UNIDENTIFIABLES only per paragraph 2, 1st dated 5 May 1948.

RECORD OF CUSTODIAL TRANSFER

FROM		U. S. ARMY MAUSOLEUM		TO		CHIEF HAWN DC	
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER		<i>Gilbert L H Wong</i>		SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		8 AUG 1949		DATE		AUG 8 1949	
FROM		CAPT INF		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM		3. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM		4. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM		5. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM		6. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
FROM		7. SHIPPED		TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			



DISINTERMENT DIRECTIVE

2

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6321 01597	DATE 15 03 49 DAY MONTH YEAR	
NAME *	UNKNOWN	SERIAL NUMBER X-000128	GRADE	ARM 0
CEMETERY GUAM NO 2 MARIANAS IS		PLOT 4	ROW 45	GRAVE 16
		RACE 0		RELIGION 6
		DISPOSITION OF REMAINS XXXX 6		DIST. CTR. XXX

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MONMOUTH CEMETERY MANILA, PHILIPPINE ISLANDS NATIONAL MEMORIAL CEMETERY of the PACIFIC, TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	--

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME Unk X-128	SERIAL NUMBER Unk	GRADE Unk	DATE OF DEATH Unk	DATE DISTINTERRED 22 Dec 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY M. C. DUNMAN, EMB NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Temporary Casket	CONDITION OF REMAINS Skeletal
---	---

OTHER MEANS OF IDENTIFICATION
Mortuary Plate

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)
None

REMAINS PREPARED AND PLACED IN CASKET
DATE **27 Jul 49** BY **J. N. ROBINSON**

CASKET SEALED BY J. N. ROBINSON	EMBALMER (Signature) J. N. ROBINSON
---	---

CASKET BOXED AND MARKED DATE 27 Jul 49 BY J. N. ROBINSON	SHIPPING ADDRESS VERIFIED BY M. C. DUNMAN
---	---

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

M. C. DUNMAN

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
*** COMMON GRAVE
6 UNIDENTIFIABLES**

RECORD OF CUSTODIAL TRANSFER

FROM				U. S. ARMY MAUSOLEUM			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER				GILBERT L H WONG			
DATE				AUG 1945			
TO				CHILD HAWN DC			
NAME OF CONVOYER							
SIGNATURE OF RECEIVER				WILLIAM D. HENRY			
DATE				AUG 1945			
FROM				2. SHIPPED			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE							
TO							
NAME OF CONVOYER							
SIGNATURE OF RECEIVER							
DATE							
FROM				3. SHIPPED			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE							
TO							
NAME OF CONVOYER							
SIGNATURE OF RECEIVER							
DATE							
FROM				4. SHIPPED			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE							
TO							
NAME OF CONVOYER							
SIGNATURE OF RECEIVER							
DATE							
FROM				5. SHIPPED			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE							
TO							
NAME OF CONVOYER							
SIGNATURE OF RECEIVER							
DATE							
FROM				6. SHIPPED			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE							
TO							
NAME OF CONVOYER							
SIGNATURE OF RECEIVER							
DATE							
FROM				7. SHIPPED			
KIND OF CONVEYANCE							
SIGNATURE OF SHIPPER							
DATE							
TO							
NAME OF CONVOYER							
SIGNATURE OF RECEIVER							
DATE							

AUG 1945

DATE RECEIVED 0 1137395

CAPT INF

CENTRAL IDENTIFICATION LABORATORY
APO 957

26 April 1949

NARRATIVE

The remains designated as Unknown X-128, Guam 2, Plot-4, Row-45, Grave-16, were examined this date. There is evidence of charring on some bones.

The characteristics and size of the skeletal parts present are indicative of the Mongoloid race. Based on duplication of the left scapula and the left innominate bones, these are the *partial* remains of at least six men. The fractured and eroded condition of the parts together with the fact that no pertinent data taken during life are available, indicate that these remains should be considered as a group and that individual segregation not be attempted.

The teeth of two individuals were found with these remains and have been charted as X-128 "A" and X-128 "B".

These remains were rewrapped and returned to their temporary casket.

M. Trotter
M. TROTTER
Anthropologist

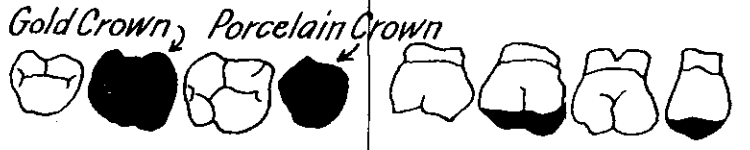
Exhibit 2

TOOTH CHART

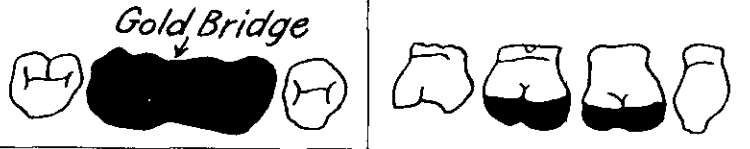
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:
UNK. X-128 "A"



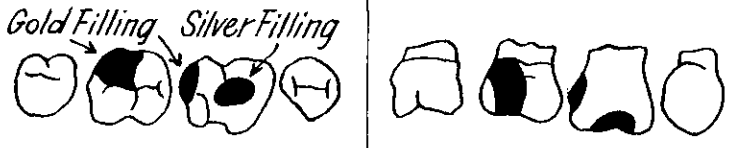
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:
GUAM #2



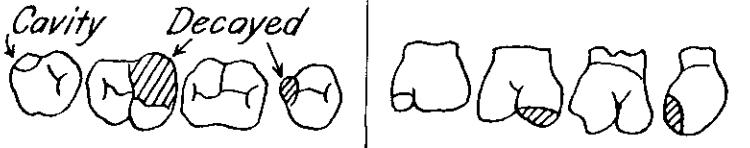
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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

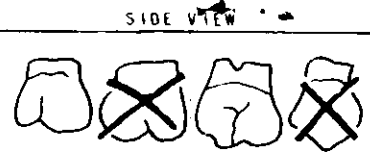


		RIGHT								LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views	UPPER																
	LOWER																
Top Views																	
Side Views																	
	HORIZ. IMP						Ⓟ							Ⓟ			HORIZ. IMP
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

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

UNK. X-128 "B"



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

GUAM #2



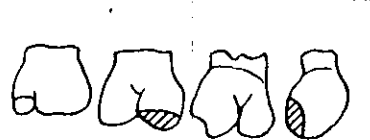
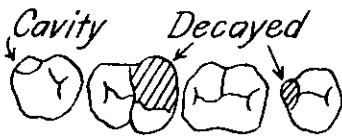
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	
		MAXILLA AND TEETH MISSING																
Side View		[Side view drawings of teeth in the maxilla, showing missing teeth in the center]																Side View
Top View		[Top view drawings of teeth in the maxilla, showing missing teeth in the center]																Top View
		[Top view drawings of teeth in the lower arch, showing missing teeth in the center]																Top View
Side View		[Side view drawings of teeth in the lower arch, showing missing teeth in the center]																Side View
		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."

IDENTIFICATION DENTAL CHART
 To be used with GMC Forms Nos. 1042 and 1044 in place of chart thereon, and to be attached to and forwarded with those forms when accomplished.

2 Dec 47
 Date

UNKNOWN X-128
 LAST NAME FIRST INITIAL RANK SERIAL NO.
 UNIT ORGANIZATION







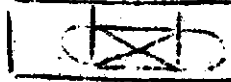


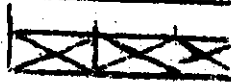





PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.
 4 45 26

		RIGHT				UPPER TEETH				LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE		<i>Entire Maxilla Missing</i>																TYPE
LOCATION																		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		(X)																TYPE
LOCATION																		LOCATION

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAN (SILVER)	 MESIAL (BETWEEN TOWARD FRONT)
 CAVITY, INDICATE LOCATION	 GOLD	 OCCLUSAL (BETWEEN SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OF PORCELAIN	 DISTAL (BETWEEN TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE I (CEMENT)	 LINGUAL (TOWARD TONGUE)
 PROSTHOUSLY MISSING		 FACIAL (TOWARD CHEEK)

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IT SALES 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., FORCE-LAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILENTLY WINDOW.

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



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

ERLITE MAXILLA MISSING. Found in P-4 R-45 0-16 with original tooth.

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten signature]

VERIFIED BY DENTIST OFFICER

[Handwritten signature]

L. HO, Capt., D.C.
 NAME AND RANK TYPED OR PRINTED

ERLITE S. ZAPICO, 2nd Lt., Inf.
 NAME AND RANK TYPED OR PRINTED

PLACE OR NO. WHERE THIS FORM ACCOMPLISHED

DATE

IDENTIFICATION DENTAL CHART
To be used with GMC Forms Nos. 1042 and 1044 in place of chart thereon, and to be attached to and forwarded with those forms when accomplished.

2 Dec 47

Date

LAST NAME UNKNOWN X-128 FIRST _____ INITIAL _____ RANK _____ SERIAL NO. _____

UNIT _____

ORGANIZATION _____

QUAL Asst. Engr #2, Gun PLACE OF DEATH _____ PLACE OF BURIAL _____ PLOT 4 ROW 45 GRAVE NO. 16

		RIGHT				UPPER TEETH				LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	
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										<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
LOCATION																	

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

Impacted
SYMBOLS IN WHOLE BOX

TYPE OF FILLING IN UPPER HALF OF BOX

LOCATION OF FILLING IN LOWER HALF OF BOX

<input checked="" type="checkbox"/>	EXTRACTED	<input type="checkbox"/> A	AMALGAN (SILVER)	<input type="checkbox"/> M	MESIAL (BETWEEN TOWARD FRONT)
<input type="checkbox"/> E	CAVITY, INDICATE LOCATION	<input type="checkbox"/> G	GOLD	<input type="checkbox"/> O	OCCUSAL (BETWEEN SURFACE BACK TEETH)
<input type="checkbox"/> B	FIXED BRIDGE (INCL. ABUTMENTS)	<input type="checkbox"/> S	SILICATE OF PORCELAIN	<input type="checkbox"/> d	DISTAL (BETWEEN TOWARD BACK)
<input type="checkbox"/> X	TEETH REPLACED BY DENTURE	<input type="checkbox"/> O	ORTHOPHOSPHATE I (CEMENT)	<input type="checkbox"/> L	LINGUAL (TOWARD TONGUE)
<input type="checkbox"/> M	PROSTHOMOUSLY MISSING	<input type="checkbox"/>		<input type="checkbox"/>	

Impacted

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

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE WORK ARE TO BE INSERTED IN WHITE 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 BY FORCE-TAIN 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.

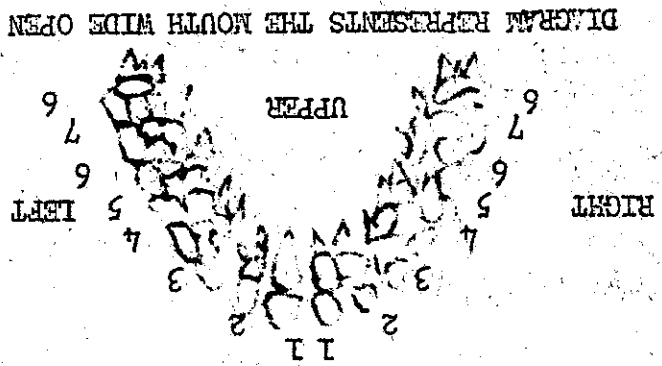


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



TEETH:

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten Signature]

CHECKED BY GRS OFFICER

[Handwritten Signature]

NAME AND RANK TYPED OR PRINTED

L. H. Capt., D.C.

NAME AND RANK TYPED OR PRINTED

WILLIS S. KAPLAN, 2nd Lt., INF.

PLACE OR HOW THESE FILLS WERE ACCOMPLISHED

DATE

REPORT OF INTERMENT

C
O
P
Y

Unknown X-128

(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

(Place of death) Cemetery #2 Agat, Guam
(Name of Cemetery) (Name or coordinates of location)

16 45 4
(Grave Number) (Row Number) (Plot Number) (Religion, if known)

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

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

Information extracted from Report of Disinterment dtd 2 Dec 47 - Upon dis-
(If no identification tags, but identity definitely established, give particulars)
interment the remains of more than one body found.

BODY BURIED ON RIGHT (Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT (Name) (Ser. No.) (Rank) (Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FMF, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, And fill in as many of the following as possible.

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: 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 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer or person reporting burial.)

RIGHT HAND

LEFT HAND

THUMB

1

2

3

4

THUMB

1

2

3

4

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)		DATE OF REPORT 8 December 1949		
Imprint Identification Tag if Possible. NO NOT Y <div style="border: 1px solid black; border-radius: 50%; width: 150px; height: 150px; margin: 10px auto; display: flex; align-items: center; justify-content: center;"> </div>		Section 1.—IDENTIFICATION.				
NAME (Last, first, middle initial) (ANM Cem #2, Guam, M.I.) UNKNOWN X-128 (Unidentifiables) (CG—Remains of 6 Unknown Decedents)		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 Guam, M.I.		CAUSE OF DEATH Unknown		DATE OF DEATH Unknown		
EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	Unidentifiables					
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY National Memorial Cemetery of the Pacific, Honolulu, T.H.						
DATE OF BURIAL 8 Dec 1949	HOUR 10:30 AM	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. P	ROW No. 541	
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery #2, Guam, M.I.			PLOT No. 4	ROW No. 45	GRAVE No. 16
TYPE OF RELIGIOUS CEREMONY Hebrew Protestant Catholic	PERSON CONDUCTING BURIAL RITES Rabbi Kumin Chaplain Fitzgerald Chaplain Kirtley		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
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. 518	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 564	
SIGNATURE OF PERSON PREPARING REPORT LEROY F. TURNER Adm. Ass't.			SIGNATURE OF GRS OFFICER VERIFYING REPORT KENNETH S. HIKO, 1st Lt., INF.			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as proscribed by theater commander.						

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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






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

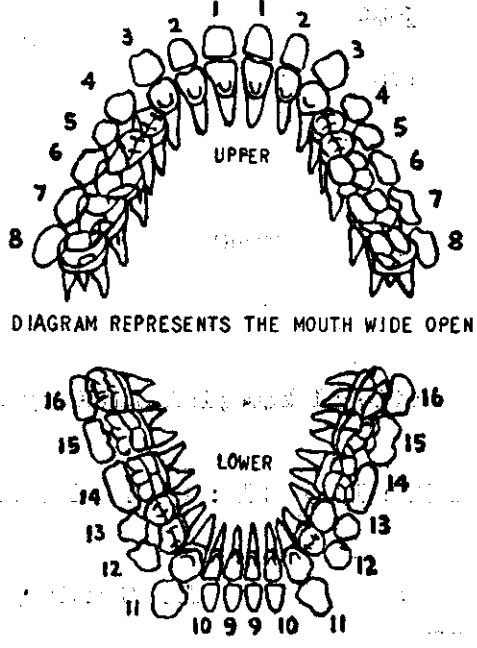
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

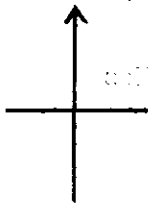
OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER
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

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




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



31 JAN 1950

REMARKS:


 Identification Section

~~RESTRICTED~~
~~RESTRICTED~~

Amick
293 unk Guam X-128

AIR MAIL

(Legat #2)
Army Navy Marine

MSGT 293
Unk X-128

1st Ind

(Guam) Army, Navy & Marine Cemetery

SUBJECT: Transmittal of Board Proceedings (2062)

Department of the Army, OCSG, Washington 25, D. C., 9 June 1949

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

1. Reference is made to Board Proceedings number 2062, recommending that the remains of Unknown X-128, formerly interred in Army, Navy and Marine Cemetery Number 2, Guam, E. I., Plot 4, Row 45, Grave 16, constitute a Common Grave of Unidentifiable Unknowns.

2. The recommendation has been approved by this Office.

3. Records of this Office have been corrected. It is requested that the records of your headquarters and those of the mausoleum be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

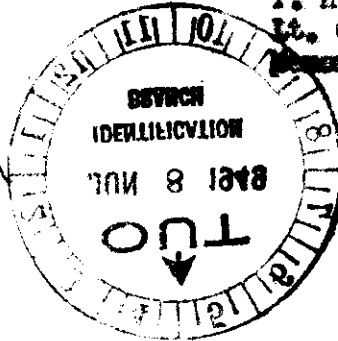
Incl: 2 w/d

T. H. METZ
Lt. Colonel, OCSG
Memorial Division

REB

NJS

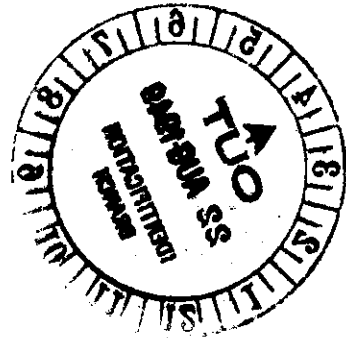
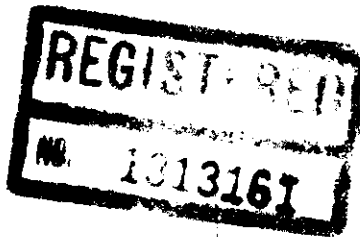
V. Jeffrey:jlj
J. Windsor



cc: Administrative Section

JUN 9 2 14 PM '49

OCSG
MAIL & RECORDS BRANCH



~~RESTRICTED~~
~~RESTRICTED~~

AIR MAIL

RESTRICTED

**HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958**

REF ID: A66293 (MAY 12 1949)

MAY 12 1949

SUBJECT: Transmittal of Board Proceedings (2062)

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

**Proceedings of a Board of Review with exhibits, concerning
the identification of Unknown X-128, Army, Navy and Marine Cemetery
No. 2, Guam, H. I., is transmitted herewith.**

FOR THE COMMANDING OFFICER:

**1 Encl
MP 2062 w/exhibits
attd to orig (in dup)**

**HARRIE E. HOKIE
Lt Colonel, GSC
Deputy Chief**



RESTRICTED

AIR MAIL

Handwritten notes on the right margin, including "2/15" and "HARRIE E. HOKIE".

AIR MAIL

R E S T R I C T E D

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

REF ID: A66500
MAY 12 1949

MAY 22 1949

SUBJECT: Transmittal of Board Proceedings (2062)

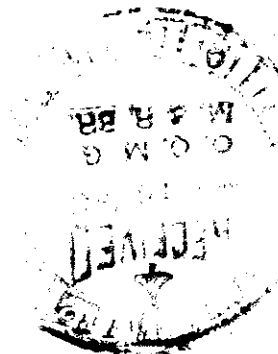
**TO: The Quartermaster General
Department of the Army
Washington 25, D. C.**

Proceedings of a Board of Review with exhibits, concerning the identification of Unknown X-128, Army, Navy and Marine Cemetery No. 2, Guam, M. I., is transmitted herewith.

FOR THE COMMANDING OFFICER:

1 Encl
BP 2062 w/exhibits
atcd to orig (in dup)

**HARRIE E. HOKIE
Lt Colonel, GSC
Deputy Chief**



R E S T R I C T E D

AIR MAIL

AIR MAIL

R E S T R I C T E D

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PACIFIC ZONE
APO 958

In reply refer to:
RRBOR 293 (May 12 1949)

May 12 1949

SUBJECT: Transmittal of Board Proceedings (2062)

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

Proceedings of a Board of Review with exhibits, concerning the identification of Unknown X-128, Army Navy and Marine Cemetery No. 2, Guam, M. I., is transmitted herewith.

FOR THE COMMANDING OFFICER:

1 Incl
BP 2062 w/exhibits
atcd to orig (in dup)

HARRIE E. HOXIE
Lt. Colonel, MC
Deputy Chief

C
O
P
Y

R E S T R I C T E D

AIR MAIL

R E S T R I C T E D

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

BOARD PROCEEDINGS)

NUMBER 2062)

PROCEEDINGS OF BOARD OF REVIEW

1. The Board of Review convened on 10 May 1949 pursuant to Par 2a, Special Orders 34, Headquarters, American Graves Registration Service, Pacific Zone, APO 958, dated 26 April 1949.

2. Summary

a. Unknown involved:

X-128 Plot 4, Row 45, Grave 16 ANM Cemetery #2, Guam, M.I.

b. During February 1947, the remains listed by OQMG as being buried in the above grave was disinterred and returned to the United States under the provisions of the Current Death Program as death had occurred after 1 July 1946. No subsequent report of burial for this grave was submitted to OQMG.

c. At time of disinterment of the cemetery in December 1947, no cross was found marking the grave and the grave was presumed to be empty. However, a wooden box containing miscellaneous human bones was found in the grave. These remains were shipped to storage at AGRS, Saipan, M.I. and designated Unknown X-128.

d. During April 1949, the remains were examined at the Central Identification Laboratory, Pacific Zone, and OMC Forms 1044 prepared. Individual segregation could not be accomplished. The Central Identification Laboratory findings were checked against Forms 371 of personnel missing from the area without favorable result.

3. Findings

After due consideration of the information at hand, the Board unanimously finds:

a. That the remains of Unknown X-128, disinterred from Plot 4, Row 45, Grave 16, Army, Navy & Marine Cemetery No. 2, Guam, M. I. constitutes a common grave of unidentifiable unknowns.

2 Exhibits

1. SO #34, AGRS-PAZ, 26 Apr 49
2. Narrative w/1044 atchd

APPROVED
2 June 49
[Signature]

[Signature]
R. E. HOLLISTER
Major, USAF
President

[Signature]
ARTHUR A. ARENA
Captain, OMC
Member

T. H. METZ, Lt. Col. OMC
Chief, Identification Br
Memorial Division, OQMG
[Signature]
HAROLD E. FIKE
Captain, INF
Recorder

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

Special Orders)

Number 34)

26 April 1949

1. The Board of Review aptd per par 2 SO 20 this Hq dtd 28 Feb 49 is dissolved.

2. Pursuant to auth contained in ltr TAGO file AGAO 293.9 (27 Mar 47) D-M subj "Establishment of Boards of Review for Identification of Unknown Dead Overseas" dtd 9 Apr 47 a Board of Review is aptd to meet at this sta at the call of the senior member thereof for the purpose of:

a. Reviewing and acting upon all cases pertaining to the identity of unknown remains referred to the Board by Zone Hq AGRS.

b. Reviewing and determining, in all cases, from evidence presented, the non-recoverability of remains referred to the Board by Zone Hq AGRS.

Detail for the Board

MAJOR RALPH E HOLLISTER AO222238 USAF
MAJOR FRANK M GREEN JR O386164 QMC
CAPT ARTHUR A ARENSA O1575686 QMC
CAPT HAROLD E PIKE O336714 INF
CAPT STANLEY E MAY O1577536 QMC

BY ORDER OF COLONEL WALDRON:

OFFICIAL:

EVERETT M. O'BRIEN
1st Lt., QMC
Adjutant



EVERETT M. O'BRIEN
1st Lt., QMC
Adjutant

DISTRIBUTION:

"A"