

FILE IDENTIFICATION TOPPER

FILE NUMBER

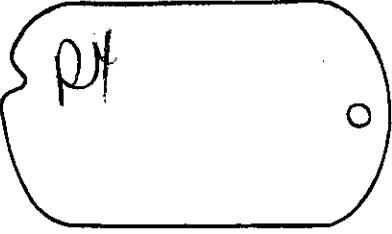
293 Work Guam Cem #2 X-132

SUBJECT

11R
RESTRICTED *new*

6K

WD QMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT DEC 20 1949
--	---	--------------------------------------

<i>Imprint Identification Tag If Possible.</i> DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) UNKNOWN X-132	(UNIDENTIFIABLE) (GUAM #2)		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 Mogmog Island, Ulithi	CAUSE OF DEATH Unknown		DATE OF DEATH Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

National Memorial Cemetery of the Pacific, Honolulu, T. H.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.		
20 Dec. 1949	10:00 AM	Permanent Type Casket	Cross	P		834		
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 MI				PLOT No. 4	ROW No. 55	GRAVE No. 4

TYPE OF RELIGIOUS CEREMONY Catholic Protestant Hebrew	PERSON CONDUCTING BURIAL RITES Chaplain Fitzgerald Chaplain Birtley Rabbi Lurie	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. 809
--	------	------------	--------------	------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 859
---	------	------------	--------------	------------------

SIGNATURE OF PERSON PREPARING REPORT  LEROY F. TURNER, ADM. ASSISTANT	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.

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


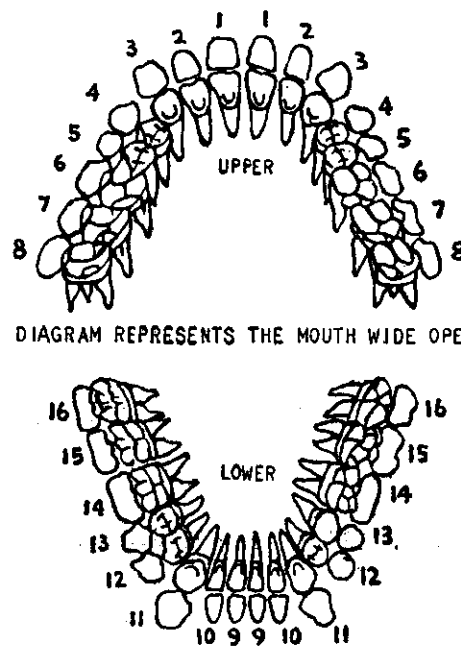




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

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

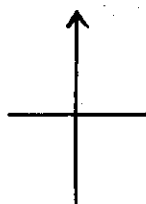
OTHER IDENTIFICATION CLUES

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

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




31 JAN 1950

Identification Section



REMARKS:

RESTRICTED

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)	DATE OF REPORT 				
Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.					
	NAME (Last, first, middle initial) UNKNOWN X-152	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 Mogmog Island, Ulithi	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	UNIDENTIFIABLE					
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 20 Dec. 1949	HOUR 10:00 AM	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. P	ROW No. 	GRAVE No. 854
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">ANM Cemetery #2, Guam MI</p>			PLOT No. 4	ROW No. 55	GRAVE No. 4
TYPE OF RELIGIOUS CEREMONY Catholic Protestant Hebrew	PERSON CONDUCTING BURIAL RITES Chaplain Fitzgerald Chaplain Kirtley Rabbi Kunda	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. 809	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No. 850	
SIGNATURE OF PERSON PREPARING REPORT  LEROY B. TURNER, ADM. ASSISTANT			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.						

RESTRICTED

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


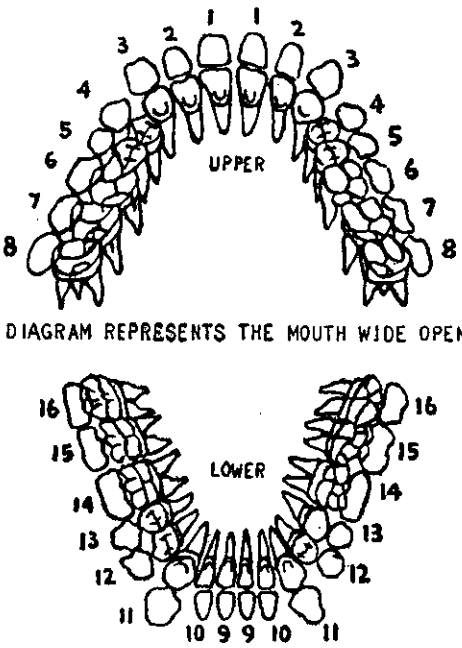




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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

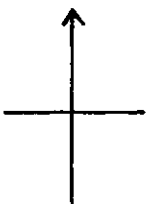
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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

31 JAN 1950
24 JAN 1950
 Section



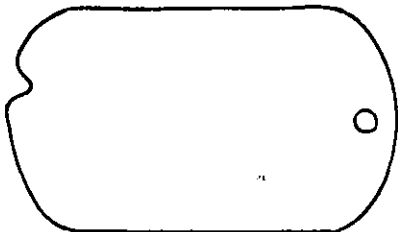
REMARKS:

RESTRICTED

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

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

DATE OF REPORT
10 Aug 49

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN L-188 UNIDENTIFIABLE (Formerly ANN Com #8 Guam MI - Weidemoller, Earl G)		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 Mogmog Island Ulithi	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) Ltr, QMSG, QMSGN 293, Weidemoller, Earl G., 272760, USNR, 3 Aug 49, Subj: Board Proceedings No. 2075
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

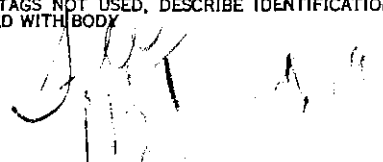
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
US Army Mausoleum, Schofield Barracks, T. H. Casket


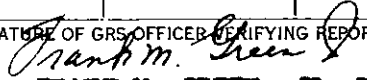
DATE OF BURIAL 2 Feb 49	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. 4956
-----------------------------------	------	---	----------------------	----------	---------	--------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANN Cemetery #8, Guam, MI	PLOT No. 4	ROW No. 55	GRAVE No. 4
---	---	----------------------	----------------------	-----------------------

TYPE OF RELIGIOUS CEREMONY ---	PERSON CONDUCTING BURIAL RITES ---	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY 
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ---	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ---	

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

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

SIGNATURE OF PERSON PREPARING REPORT  T. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT  FRANK M. GREEN, JR., Major, QMS
---	---

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.


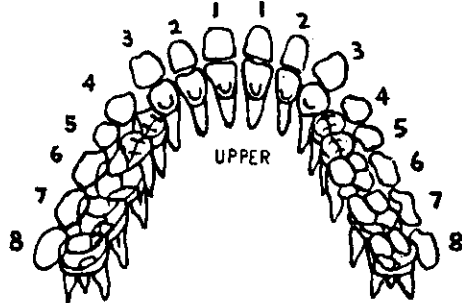




INSTRUCTIONS:

(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.

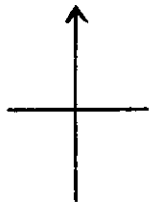
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

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

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



REMARKS:

**CENTRAL IDENTIFICATION LABORATORY MAUSOLEUM
BONE LIST**

NAME	SIDE	NO	BONE LENGTHS IN CM	REMARKS (IF MISSING OR FRACTURED, LIST PARTS AND LOCATION)
SKULL		1	53.2	
VERTEBRAE	CERVICAL	0		Missing.
	THORACIC	0		"
	LUMBAR	0		"
SACRUM		0		"
INNOMINATES	RIGHT	1	BI-ILIAC DIAM U.T.D.	
	LEFT	1		
RIBS		0		Missing.
STERNUM		0		"
CLAVICLES	RIGHT	0		"
	LEFT	0		"
SCAPULAE	RIGHT	0		"
	LEFT	0		"
HUMERI	RIGHT	0		"
	LEFT	0		"
RADII	RIGHT	0		"
	LEFT	0		"
ULNAE	RIGHT	0		"
	LEFT	0		"
HANDS	RIGHT	1		All missing except #1 metacarpal.
	LEFT	0		Missing.
FEMORA	RIGHT	1	47.9	
	LEFT	1	48.5	
PATELLAE	RIGHT	0		Missing.
	LEFT	0		"
TIBIAE	RIGHT	1	38.4	
	LEFT	1	39.0	
FIBULAE	RIGHT	0		Missing.
	LEFT	0		"
FEET	RIGHT	0		"
	LEFT	0		"

NUMERO-CLAVICULAR RATIO			APPROXIMATE
ESTIMATED HEIGHT	See item #21.	AGE	19 to 21 YEARS
ESTIMATED WEIGHT	U. T. D.		LEG-HIP BR RATIO

ENCLOSURE TO: Earl C. Weidemuller, Lt 272760

2 AUG 1949
FILE
LT(JG) W. E. MARSDEN, MSG. USA
M. Trotter,
M. TROTTER
ANTHROPOLOGIST

Acc 31901 - Ident 9/10/49 - L. 3-7-49

EXTRACT OF "REQUEST FOR DISPOSITION OF REMAINS" FOR NAVY, MARINE OR COAST GUARD DECEASED			DATE 3 Mar 1949		
NAME WEIDEMUELLER, Earl Charles		RANK Lt. USNR		SERIAL NUMBER 272 760	
ORGANIZATION USS PC 1179		RACE White		RELIGION Protestant	
PRESENT BURIAL LOCATION					
NAME OF CEMETERY Army Navy Marine Cemetery #2, Guam,		LOCATION (Country) Marianas Islands	PLOT 4	ROW 55	GRAVE 4
FINAL DISPOSITION SELECTED BY THE NEXT OF KIN					
OPTION NO. 1 <input type="checkbox"/> BE INTERRED IN A PERMANENT AMERICAN MILITARY CEMETERY OVERSEAS					
OPTION NO. 2 BE RETURNED TO THE UNITED STATES OR ANY POSSESSION OR TERRITORY THEREOF, FOR INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY <input type="checkbox"/>					
NAME AND LOCATION OF CEMETERY					
OPTION NO. 3 BE RETURNED TO _____, THE HOMELAND OF THE DECEASED OR NEXT OF KIN, FOR <input type="checkbox"/> INTERMENT BY NEXT OF KIN IN A PRIVATE CEMETERY LOCATED AT _____					
LOCATION OF CEMETERY SELECTED					
OPTION NO. 4 BE RETURNED TO THE UNITED STATES FOR FINAL INTERMENT IN A NATIONAL CEMETERY LOCATED AT <u>UNITED STATES NATIONAL CEMETERY, HONOLULU, HAWAII</u> <input checked="" type="checkbox"/> LOCATION OF NATIONAL CEMETERY SELECTED					
DOES NEXT OF KIN OR RELATIVES WISH TO ATTEND FUNERAL SERVICES IF INTERMENT IS TO BE IN A NATIONAL CEMETERY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
CONSIGNEE					
(To be completed when Option 2 or 3 are selected or when remains are to be shipped to a destination other than a National Cemetery when Option 4 is selected)					
FULL NAME OF FUNERAL DIRECTOR OR INDIVIDUAL					
NUMBER AND STREET, CITY OR TOWN		COUNTY OR PROVINCE		STATE OR TERRITORY OF USA, OR COUNTRY	
EXPRESS OFFICE (Nearest Railroad delivery point)		TELEGRAPH ADDRESS		TELEPHONE NUMBER	
NEXT OF KIN					
LAST NAME Weidemueller (wife)		FIRST NAME Mrs. Eleanor		MIDDLE INITIAL H.	
NUMBER AND STREET, CITY OR TOWN 119 Elm, Glendale 22		STATE OR TERRITORY OF USA OR COUNTRY Missouri			
REMARKS (Note any special instructions such as cremation, etc.) CORRECTED COPY: Change from National Cemetery in Guam to National Cemetery in Hawaii Also change of address of next of kin 6231-01510 64-0492 30 Oct 48 E M Trout F. M. TROUT Head, Care of Dead Section Bu. of Med. & Surg., Navy Dept. 2 AUG 1949 LT(JG) W. E. WEAVER, MSC, USN					
SIGNATURE, RANK AND BRANCH OF SERVICE					

IDENTIFICATION DENTAL CHART

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

Unk. X-133

27 August 1946
DATE

UNK. X-133
LAST NAME FIRST INITIAL

LT. 272760
RANK SERIAL NO.

USIA
UNIT

PC 1179 or USS Hester
ORGANIZATION

Ulithi Atoll
PLACE OF DEATH

Cemetery #2 Agat, Guam
PLACE OF BURIAL

4 55 4
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	X	X	X	A													TYPE				
LOCATION				D													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	A	X	A									A	X		TYPE				
LOCATION			DG-F	O	O												LOCATION				

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;">X</div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 5px;">X</div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
---	---	---

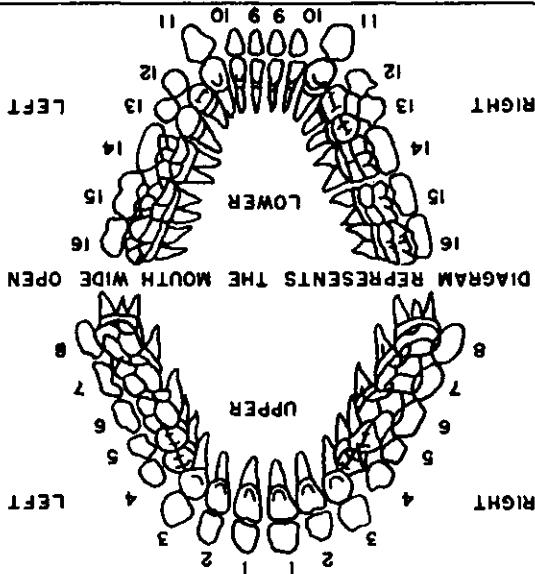
INSTRUCTIONS:

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, eg, 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.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

W. H. Black, Jr.

VERIFIED BY GRS OFFICER

Robert J. Johnson

NAME AND RANK TYPED OR PRINTED

W. H. BLACK, JR. (JG) USN

NAME AND RANK TYPED OR PRINTED

ROBERT J. JOHNSON, CAPT, JG

PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

ASON TAIL, ILLINOIS

DATE

27 August 1946

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.

Clark X-132

27 August 1946
DATE

~~WILSON~~ LAST NAME ~~EARL~~ FIRST ~~E.~~ INITIAL ~~LT.~~ RANK ~~237142~~ SERIAL NO.

~~1000~~ UNIT ~~PC 1179 or 1181 Factor~~ ORGANIZATION

~~WILSON Hall~~ PLACE OF DEATH ~~Cemetery of Dept. of Army~~ PLACE OF BURIAL ~~1~~ PLOT ~~53~~ ROW ~~1~~ GRAVE NO.

		UPPER TEETH																	
		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		X	X	X	A													TYPE	
LOCATION					D													LOCATION	

INSIDE — LOOKING OUT

		LOWER TEETH																	
		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE			X	A	X	A									X	X		TYPE	
LOCATION				DO E-F		O												LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px; border-radius: 50%;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; border-radius: 50%;"></div> </div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> </div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
--	---	--

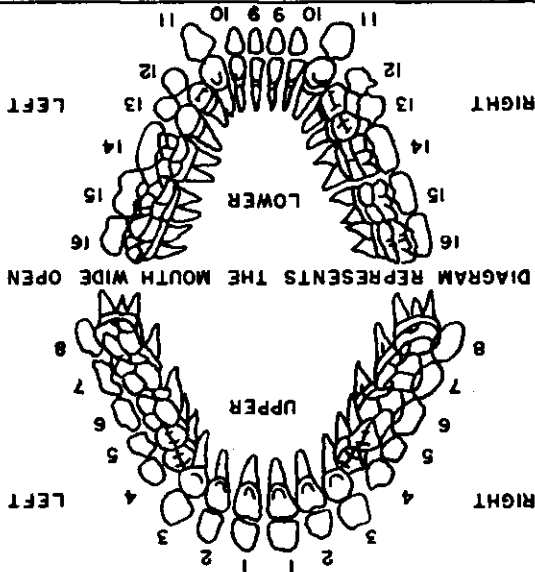
INSTRUCTIONS:

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.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

Will Black

VERIFIED BY GRS OFFICER

Robert A. [Signature]

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

DATE THE CHART WAS PREPARED

~~27 August 1946~~

PLACE OR NO. WHERE THIS FORM ACCOMPLISHED

243 unk Saipan X-38 (2nd Marine)

1. Rec Sec Id Br 11 Oct *mb* 1. The following #1 ID's have been completed
Repat Br Screening 1950 ~~and are forwarded for your information.~~
Mem Div Section
Mem Div

- Unknown X-38 2nd Marine Div. Com. Saipan
- " X-132 Guam #2
- " X-4242 Manila #2

2. All records this office are in agreement.

ODENWALDER
73836

Presgraves
53975

bk

*X 243 unk
Bureau # 2
X-132*

1

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASEDDIRECTIVE NUMBER
6321 01609DATE
04 10 50
DAY MONTH YEARNAME
UNKNOWN X-132

SERIAL NUMBER

GRADE

ARM
QRACE
ORELIGION
6CEMETERY
GUAM NO 2 MARIANAS ISLANDSPLOT
4ROW
55GRAVE
4DISPOSITION OF REMAINS
0492 64
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NATIONAL MEMORIAL CEMETERY
OF THE PACIFIC
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

-
- REMAINS
-
-
- MARKER

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report OMC 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.

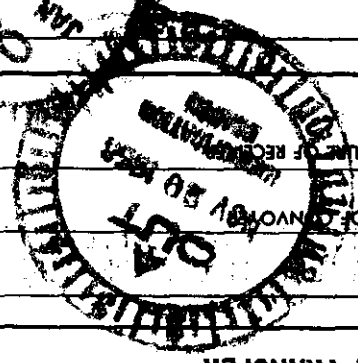
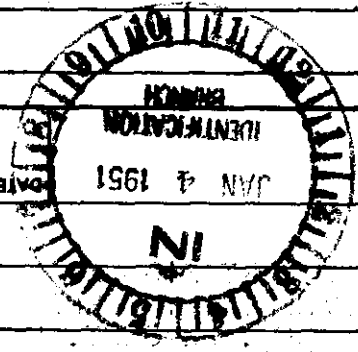
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS ARE UNIDENTIFIABLE. PREV. IDENTIFIED AS: WEIDEMUELLER, EARL C.,
272760. PERMANENTLY INTERRED IN THE NAT'L MEM CEM OF THE PACIFIC,
PLOT P, GRAVE 357, 22 SEPT. 50. PREV. PLOT P GRAVE 834 in NMCP. DNAT
MEM CEM
OF THE PACIFIC
PLOT P
GRAVE 357

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
2. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
3. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
4. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
5. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
6. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
7. SHIPPED		FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE



6

DISINTERMENT DIRECTIVE

93 West Guam #2 X132

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6321 01609

04 10 50
DAY MONTH YEAR

NAME: UNKNOWN X-132 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION: 0 6

CEMETERY: GUAM NO 2 MARIANAS ISLANDS PLOT: 4 ROW: 55 GRAVE: 4 DISPOSITION OF REMAINS: 0492 64 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED: IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS: OTHER MEANS OF IDENTIFICATION:

MINOR DISCREPANCIES (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

REMAINS ARE UNIDENTIFIABLE. PREV. IDENTIFIED AS: WEIDENELLER, EARL C., 27260. PERMANENTLY INTERRED IN THE NAT'L MEM CEM OF THE PACIFIC, PLOT P, GRAVE 357, 22 SEPT. 50. PREV. PLOT P - GRAVE 834 in NMCP

FILE

A. Johnson

IRR
Jab

1

Nat'l Mem Cem of
Sec P Grave 834
Date of Reburial 22 Aug 49 **DISINTERMENT DIRECTIVE**

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 01609

DATE
15 10 49
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
-000132

GRADE

ARM
0

RACE
0

RELIGION
6

CEMETERY
GUAM NO 2 MARIANAS IS

PLOT
4

ROW
55

GRAVE
4

DISPOSITION OF REMAINS
0492 64
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET
DATE BY

EMBALMER (Signature)

CASKET SEALED BY

SHIPPING ADDRESS VERIFIED BY

CASKET BOXED AND MARKED
DATE BY

SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
REMAINS UNIDENTIFIABLE

10 FEB 1949
RECEIVED
BRANCH
P. H. H. 1949

304

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

2. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DISINTERMENT DIRECTIVE

	FORM NO. 1042-10-1-49
--	-----------------------

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6521 0000	DATE 11 8 49 DAY MONTH YEAR	
NAME UNKNOWN X-132		SERVICE NUMBER 211650	RANK	ARM Q
CEMETERY RNM Cemetery #2, Guam, MI		DISPOSITION OF REMAINS 0 0492 DIST. PT. CODE		DATE OF DEATH DAY MONTH YEAR
ROW 4	GRAVE 55	COUNTRY 4	CAUSE OF DEATH 6	

SECTION B - CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY of the PACIFIC, HONOLULU, T. H. (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME Unknown X-132	SERIAL NUMBER Unknown	RANK Unk	DATE OF DEATH Unknown	DATE DISINTERRED 2 February 1949
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION Unknown	RELIGION Unk	IDENTIFICATION VERIFIED BY F. M. Green, Jr. Major, QMC NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL Casket	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION QMC Form 1042, and QMGMN 293 Ltr. Dtd: 8 Aug '49.	
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET DATE 9 December 1948 BY J. E. Speer		EMBALMER (Signature) J. E. Speer
CASKET SEALED BY J. E. Speer		SHIPPING ADDRESS VERIFIED BY M. G. Dunham
CASKET BOXED AND MARKED DATE 16 Aug '49 BY J. N. Robinson		SIGNATURE OF GAS INSPECTOR M. G. DUNHAM
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that this report above is correct.		

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

RECORDS OF DISINTERMENT OPERATIONS

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:			
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
	⊙		Ⓐ			S FMH							Ⓐ OF.D	Ⓕ	
Side View															
Top View															
Side View															
	16	15	14	13	12	11	10	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."

R-4, L-4 rotated mesial

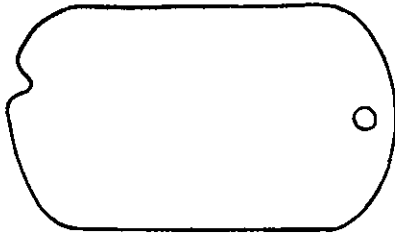
RESTRICTED

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

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

DATE OF REPORT

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-132 (Formerly ANM Cemetery #2, Guam, M. I.) (UNIDENTIFIABLE)		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 Mogmog Island, Ulithi	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) Ltr, OQMG, QMGMN 293, WEIDEMUELLER, Earl C., 272760, USNR, 3 Aug 50, Subj: Board Proceeding No. 2075.
--	--

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	Ltr, OQMG, QMGMT 293, WEIDEMUELLER, Earl C., Lt, 272760, 15 Sept 50, Subj: Identification of WW II Deceased
---	--

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME (DECLARED UNIDENTIFIABLE)
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 22 Sep 50	HOUR 10:00 AM	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER Cross	PLOT NO. P	ROW NO.	GRAVE NO. 357
------------------------------------	-------------------------	---	--------------------------------------	----------------------	---------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army Mausoleum, AGRS-PAZ	GRAVE NO. 5160
--	---	--------------------------

TYPE OF RELIGIOUS CEREMONY Protestant Catholic Jewish	PERSON CONDUCTING BURIAL RITES Chaplain Gregory J. Lock Chaplain W. R. Fitzgerald Chaplain Samuel W. Chomsky	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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. P-378
--	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. Not occupied
---	------	------------	--------------	----------------------------------

SIGNATURE OF PERSON PREPARING REPORT E. Duray	SIGNATURE OF GRS OFFICER VERIFYING REPORT Ch Hill Capt QMC
---	--

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

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

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

OTHER IDENTIFICATION CLUES

FILLINGS



CAVITIES



MISSING TEETH



CROWNED TEETH



BRIDGE WORK

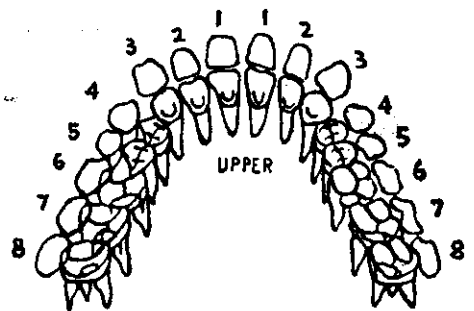
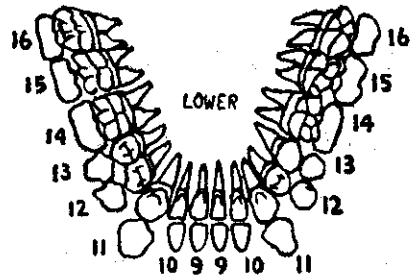
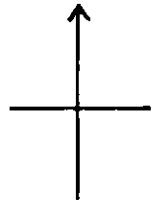
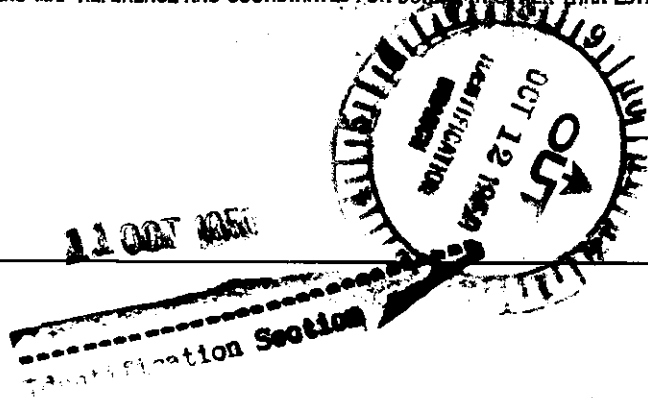


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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

REMARKS:



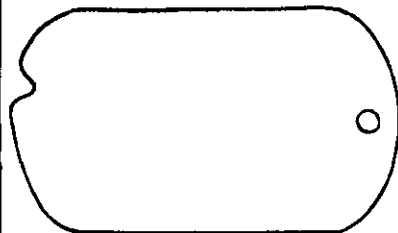
RESTRICTED

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

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

DATE OF REPORT

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-188 (Formerly ANM Cemetery #2, Guam, M. I.) (UNIDENTIFIABLE)		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 Magnog Island, Ulithi	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) Ltr, OQMG, QMGMM 293, WEIDENMULLER, Earl G., 272760, USNR, 3 Aug 50, Subj: Board Proceeding No. 2075.
--	--

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	Ltr, OQMG, QMGMM 293, WEIDENMULLER, Earl G., Lt, 272760, 15 Sept 50, Subj: Identification of WW II Deceased
---	--

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
(DECLARED UNIDENTIFIABLE)

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 22 Sep 50	HOUR 10:00 AM	BURIED IN (Shroud, blanket, or name of other) Final Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. P	ROW No.	GRAVE No. 357
------------------------------------	-------------------------	---	--------------------------------------	----------------------	---------	-------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US Army Mausoleum, AGRS-PAZ	Casket PLOT No. ROW No. 5100
--	---	---

TYPE OF RELIGIOUS CEREMONY Protestant Catholic	PERSON CONDUCTING BURIAL RITES Chaplain Gregory J. Loek Chaplain H. R. Fitzgerald Chaplain Daniel V. Cheney	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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. P-376
--	------	------------	--------------	---------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. Not occupied
---	------	------------	--------------	----------------------------------

SIGNATURE OF PERSON PREPARING REPORT <i>E. J. Jurey</i>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>C. B. Jell Capt GMC</i>
--	---

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

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

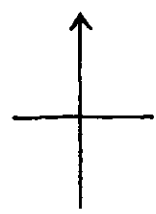
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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

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

11 OCT 1950



REMARKS:

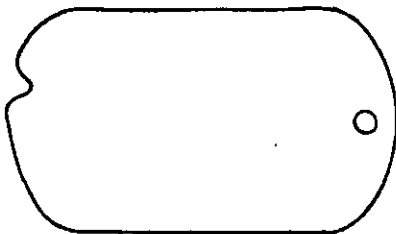
Identification Section

RESTRICTED

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

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

DATE OF REPORT
10 August 1950

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-132		SERIAL No. Unknown
	(Formerly ANM Cemetery #2 Guam, M. I.)		BRANCH OF SERVICE Unknown
	GRADE Unknown	ORGANIZATION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
RACE Unknown	RELIGION Unknown		

PLACE OF DEATH Mogmog Island, Ulithi	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
--	----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Unidentifiable disinterred for possible identification as Weidemuller, Earl C., 272760, USNR. Association could not be made. Remains held in Storage for possible association with some other Ulithi casualty.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL 27 Apr 1950	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. 5160
--------------------------------------	------	---	----------------------	----------	---------	--------------------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE National Memorial Cemetery of the Pacific, Honolulu, T. H.	Sec P	ROW No.	GRAVE No. 834
--	--	----------	---------	-------------------------

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

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

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

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

SIGNATURE OF PERSON PREPARING REPORT <i>Y. K. Usher</i> Y. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Stanley E. May</i> STANLEY E. MAY, Captain, QMC
--	---

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

RESTRICTED

Incl 3'

Section 2 UNIDENTIFIED REMAINS.

INSTRUCTIONS:



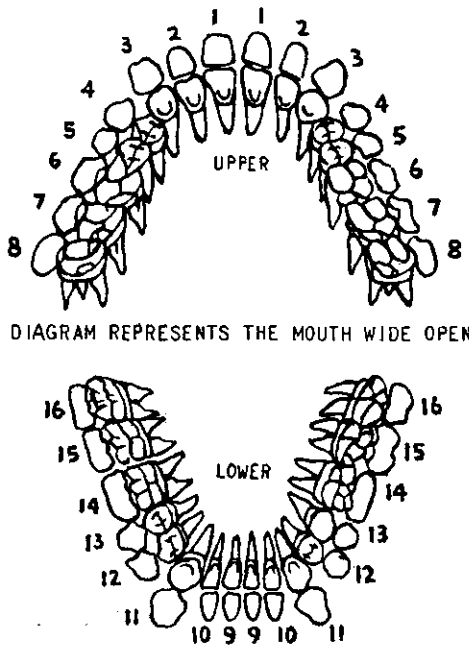



(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

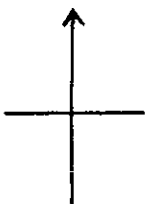
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

FILLINGS 	CAVITIES 	 <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
MISSING TEETH 	CROWNED TEETH 	
BRIDGE WORK 		

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



REMARKS:

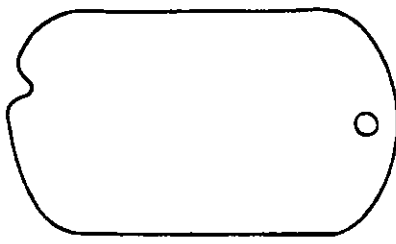
AUG 15 1950
 Identification Section

RESTRICTED

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

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

DATE OF REPORT
10 August 1950

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>		
	<p>NAME (Last, first, middle initial) UNKNOWN X-152</p>		<p>SERIAL NO. Unknown</p>
	<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>	<p>BRANCH OF SERVICE Unknown</p>
	<p>RACE Unknown</p>	<p>RELIGION Unknown</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH Mognog Island, Ulithi</p>	<p>CAUSE OF DEATH Unknown</p>	<p>DATE OF DEATH Unknown</p>
--	--	---

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Unidentifiable disinterred for possible identification as Weidmuller, Earl C., 272760, USNR. Association could not be made. Remains held in Storage for possible association with some other Ulithi casualty.</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

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

DATE OF BURIAL 27 Apr 1950	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. 5160
--------------------------------------	------	---	----------------------	----------	---------	--------------------------

<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE National Memorial Cemetery of the Pacific, Honolulu, T. H.</p>	<p>See MARKED. P</p>	ROW No.	GRAVE No. 834
--	--	----------------------	---------	-------------------------

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

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

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

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

SIGNATURE OF PERSON PREPARING REPORT I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT STANLEY E. MAY, Captain, QMC
--	--

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

Incl 39

RESTRICTED

Section 3 UNIDENTIFIED REMAINS:

INSTRUCTIONS:






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

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

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER
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

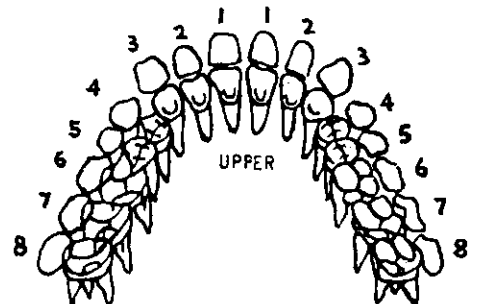
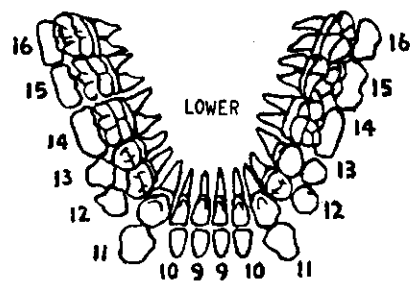
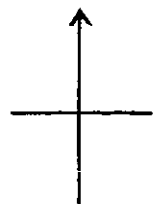


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

----- AUG 15 1955 -----
Identification Section

C
O
P
Y

AIR MAIL

RRREC (3 Aug 49) 1st Ind
SUBJECT: Board Proceedings No. 2075

American Graves Registration Service, (Pacific Zone), APO 958 10 Aug 1949

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

1. Herewith Report of Storage in accordance with information contained in basis letter.

2. The remains of Unknown X-132 have been declared unidentifiable as shown in attached QMC Form 1044 and will be interred in NMCP in accordance with directive DA Radio WCL 41452, May 1949.

FOR THE COMMANDING OFFICER:

2 Incls

1. WD QMC Form 1042
(in dup) (Unk X-132)
2. QMC Form 1044
(Unk X-132)

FRANK M. GREEN, JR.
Major, QMC
Chief, RR Div

*Went out as such to
H's to Rev. 28 - Sept 49*

AIR MAIL

RESTRICTED

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

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

DATE OF REPORT
10 Aug 49

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-132 UNIDENTIFIABLE (Formerly ANM Cem #2 Guam MI - Weidemuller, Earl C)		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 Mogmog Island Ulithi	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) Ltr, OQMG, QMGMN 293, Weidemuller, Earl C., 272760, USNR, 3 Aug 49, Subj: Board Proceedings No. 2075
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Army Mausoleum, Schofield Barracks, T. H.						Casket
DATE OF BURIAL 2 Feb 49	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. 4956
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, MI			PLOT No. 4	ROW No. 55	GRAVE No. 4
TYPE OF RELIGIOUS CEREMONY ---	PERSON CONDUCTING BURIAL RITES ---		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ---	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ---					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to			RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.			RANK ---	SERIAL No. ---	ORGANIZATION ---	GRAVE No. ---
SIGNATURE OF PERSON PREPARING REPORT <i>I. K. Usher</i> I. K. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Frank M. Green, Jr.</i> FRANK M. GREEN, JR, Major, QMC			

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

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.


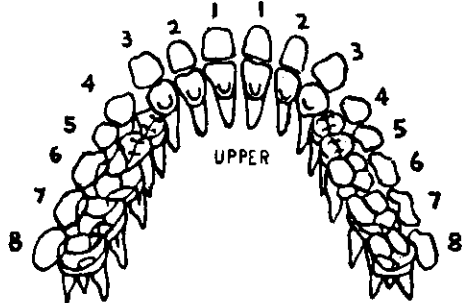
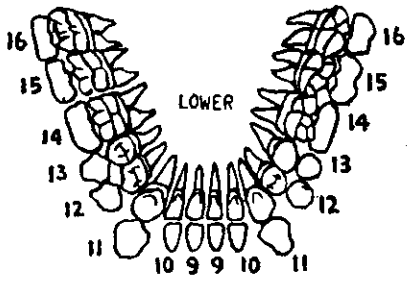




INSTRUCTIONS:

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

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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

RESTRICTED

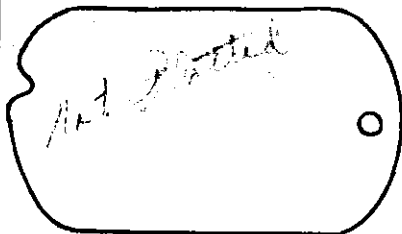
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

9 Dec 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-132 (Formerly WEIDEMUELLER Earl C.)		SERIAL No. Unk 272760
GRADE Unk	ORGANIZATION Unk	BRANCH OF SERVICE Unk Army
RACE Unk	RELIGION Unk	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH near Ulithi	CAUSE OF DEATH Unk	DATE OF DEATH Unk
-------------------------------	-----------------------	----------------------

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) 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
Guam #2

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
Unk	Unk	Unk	Cross	4	55	4

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) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) BROCK, Edward A.	RANK MM 3/c	SERIAL No. 8944100	ORGANIZATION Unk	GRAVE No.
--	----------------	-----------------------	---------------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) DYESS, James Z.	RANK S 1/c	SERIAL No. 6304458	ORGANIZATION Unk	GRAVE No.
--	---------------	-----------------------	---------------------	-----------

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

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

RESTRICTED

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER






RIGHT
RING FINGER

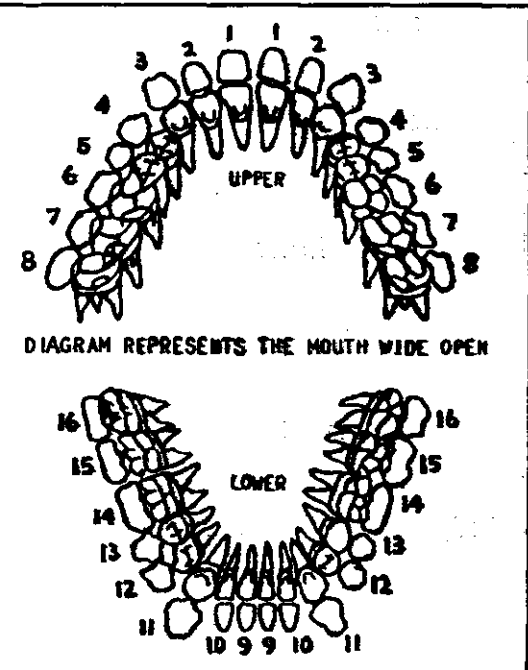
RIGHT
LITTLE FINGER

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

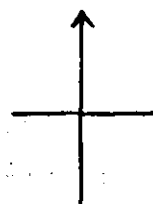
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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



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



REMARKS:

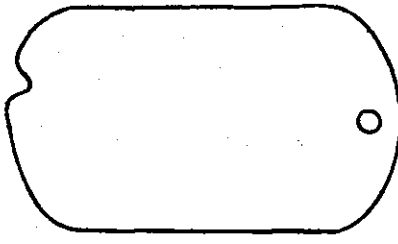
RESTRICTED

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

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

DATE OF REPORT

9 Dec 48

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-132 (Formerly WEIDENMUELLER Earl C.)		SERIAL No. Unk
	GRADE Unk	ORGANIZATION Unk	BRANCH OF SERVICE Unk
	RACE Unk	RELIGION Unk	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH near Wlithi	CAUSE OF DEATH Unk	DATE OF DEATH Unk
--------------------------------------	------------------------------	-----------------------------

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) 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
Guam #2

DATE OF BURIAL Unk	HOUR Unk	BURIED IN (Shroud, blanket, or name of other) Unk	TYPE OF GRAVE MARKER Cross	PLOT No. 4	ROW No. 55	GRAVE No. 4
------------------------------	--------------------	---	--------------------------------------	----------------------	----------------------	-----------------------

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <table border="1"> <tr> <td>PLOT No.</td> <td>ROW No.</td> <td>GRAVE No.</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.
PLOT No.	ROW No.	GRAVE No.		

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) BROCK, Edward A.	RANK MN 3/e	SERIAL No. 8944100	ORGANIZATION Unk	GRAVE No.
---	-----------------------	------------------------------	----------------------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) DYESS, James Z.	RANK S 1/e	SERIAL No. 6304458	ORGANIZATION Unk	GRAVE No.
---	----------------------	------------------------------	----------------------------	-----------

SIGNATURE OF PERSON PREPARING REPORT  ALBERT J. DEMERLE, 2Lt., Sig C	SIGNATURE OF GRS OFFICER VERIFYING REPORT  WILLIAM J. SIGMAN, 1st Lt., Inf.
---	--

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

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

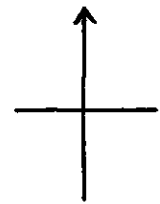
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

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



REMARKS:

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

Major Discrepancy

IDENTIFICATION DATA

REMAINS OF UNKNOWN

Unk. X-132

Weidemueller, Earl C., Lt

272760

2. DATE OF REPORT

6 May 1949

210

3. NAME OF CEMETERY

U. S. Army Mausoleum #2
Formerly of
Guam #2 Cemetery

4. PLOT

Final Type
4

5. ROW

Type
55

6. GRAVE

4956
4

7. DATE OF

DISINTERMENT
6 May '49

REINTERMENT
6 May '49

PHYSICAL DESCRIPTION Age: 19 to 21 years.

8. ESTIMATED WEIGHT

U. T. D.

9. ESTIMATED HEIGHT

5'7 5/8"-5'10 1/2"

10. COLOR OF HAIR

See item #21.

11. RACE

White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

One (1) embossed plate on outer box reads: Earl C. Weidemueller, Lt, 272760, BTB, Unknown. 6321, P-4, R-55, Gr-4.

One (1) embossed plate on outer box reads: For C.I.L., M.D. No. 40.

One (1) embossed plate on blanket reads: Earl C. Weidemueller, 272760, Lt, BTB, Unknown 6321, P-4, R-55, Gr-4.

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 WANGLED?

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)

None

2 AUG 1949

FILE

(114) W. E. MARSDEN, MSG, US

Exhibit 3

MAJOR DISCREPANCY

18.

TOOTH CHART

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

Unk. X-132

~~WELDON, Earl C~~

~~It 272760 (BFB - Unknown)~~

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

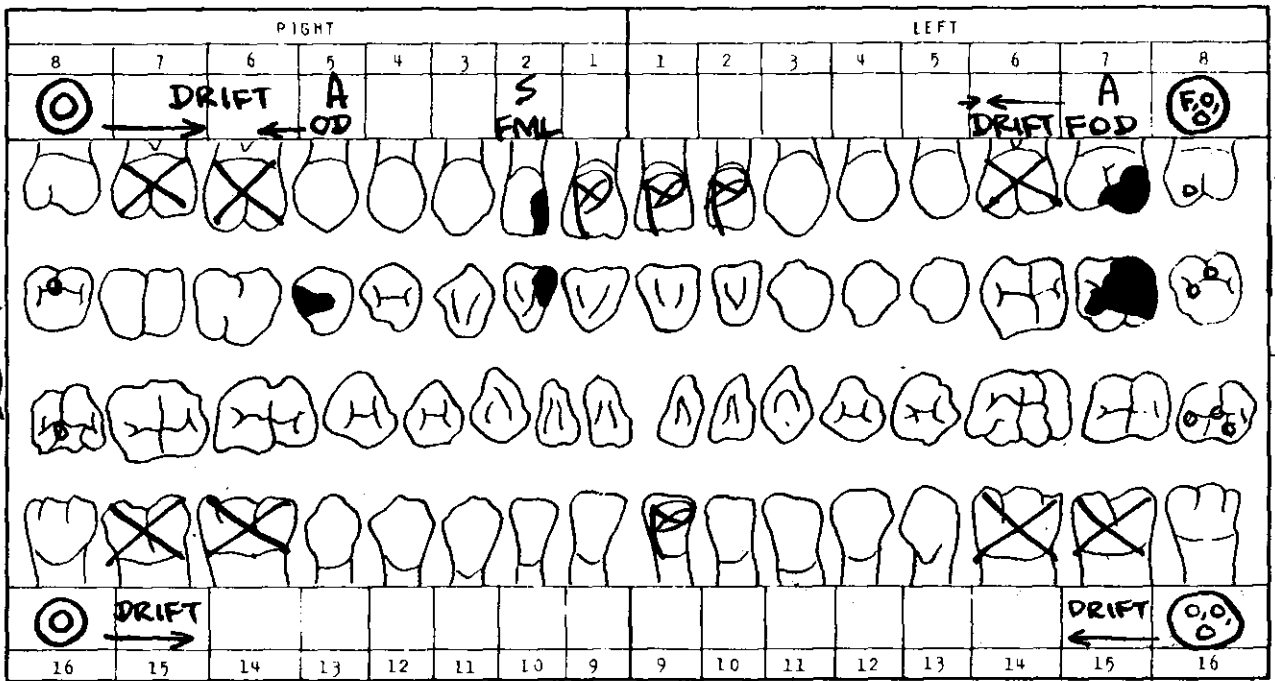
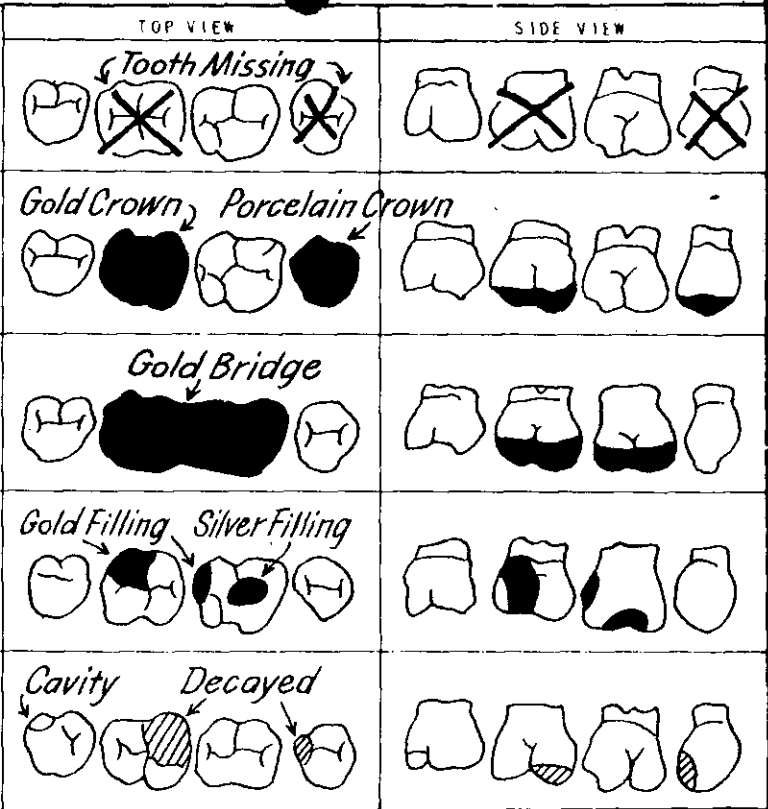
Guam #2 Cemetery

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

Final Type

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:



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:

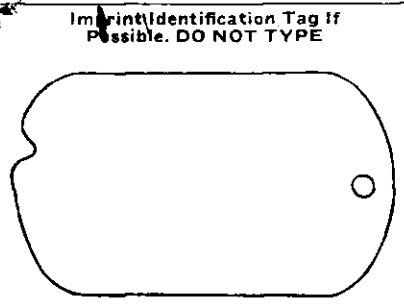
1. R-4, R-5 and L-4 are in a torsion version.
2. Mal-occlusion.

2 AUG 1949
FILE
LT(JG) W. E. MARSDEN, MSC, USN

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
27 August 1946



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial) <i>215</i> WEIDELER, EARL C. <i>116</i>		Serial Number 272760
Grade <i>It</i>	Organization PC1179 or USS Nestor	Branch of Service USNR
Race White	Religion <i>Prot.</i> UNKNOWN	If Other than U. S. Dead, Give Name of Country

Place of Death Ulithi Atoll	Cause of Death Drowning #2521	Date of Death 2-26-45
--------------------------------	----------------------------------	--------------------------

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 PLOT PLAN, GRAVE MARKER
Were Substitute Tags Provided (Yes or No) No	

List Personal Effects Found on Body and Disposition of Same

NONE

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

Name, Number, Coordinates and Location of Cemetery

Asor Marine Cemetery #2, Agat, Guam, M.I.

Date of Burial 9-9-46	Buried in (Shroud, Blanket, or name of other) Casket and Burial Bag	Type of Grave Marker Cross with Zinc Plate	Plot No. 4	Row No. 55	Grave No. 4	
Was This a Re-burial (Yes or No) Yes	If a Re-burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave Asor Cemetery, Asor Island			Plot No. 2	Row No. 2	Grave No. 10






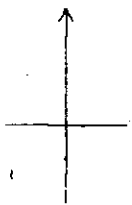
Type of Religious Ceremony MEMORIAL SERVICE ONLY	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body XXXXXXXXXXXXXXXXXXXX WDQMC Form 1042 buried in bottle one foot below grave marker.
Identification Tag Buried With Body (Yes or No) Zinc Plate	Identification Tag Attached to Marker (Yes or No) No	

Body Buried on Deceased Left, Name (Last, First, Middle Initial) Brock, Edward A.	Rank MM 3/c	Serial Number UNKNOWN	Organization USS Nestor	Grave No. 5
Body Buried on Deceased Right, Name (Last, First, Middle Initial) Dyess, James Z.	Rank S 1/c	Serial Number 630-44-58	Organization USS Massachusetts	Grave No. 3

Signature of Person Preparing Report
Robert J. McBroom
ROBERT J. MCBROOM, CAPT., QMC

Signature of GRS Officer Verifying Report
Robert J. McBroom
ROBERT J. MCBROOM, CAPT., 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.

SECTION UNIDENTIFIED REMAINS						
Left Little Finger	<p>Instructions</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no 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.</p>					
Left Ring Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Height</td> <td style="width: 15%;">Weight</td> <td style="width: 20%;">Color of Eyes</td> <td style="width: 20%;">Color of Hair</td> <td style="width: 30%;">Birthmarks, Scars or Tattoos</td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos
Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos		
Left Middle Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Weapon and Serial Number</td> <td style="width: 30%;">Laundry Mark</td> <td style="width: 40%;">Where Body Was Buried or Found</td> </tr> </table>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found		
Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found				
Left Index Finger	<p>Other Identification Clues</p>					
Left Thumb	<p>Fillings</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Silver Filling</p> <p>Gold Filling</p>  </div> </div>					
Right Thumb	<p>Cavities</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Cavity</p> <p>Decayed</p>  </div> </div>					
Right Index Finger	<p>Missing Teeth</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Tooth Missing</p>  </div> </div>					
Right Middle Finger	<p>Crowned Teeth</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Porcelain Crown</p> <p>Gold Crown</p>  </div> </div>					
Right Ring Finger	<p>Bridge Work</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> <p>Gold Bridge</p>  </div> </div>					
Right Little Finger	<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center; margin-top: 50px;">  </div>					
Right Thumb	<p>Remarks</p>					

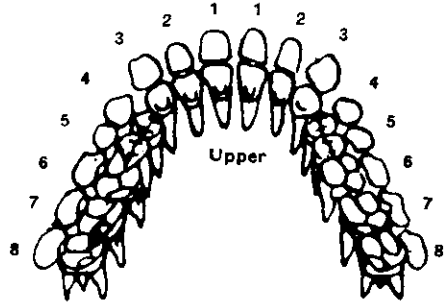
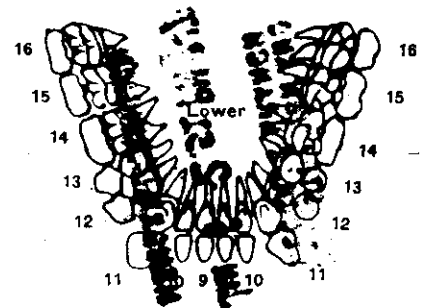


Diagram Represents the Mouth Wide Open



RESTRICTED

DISINTERMENT DIRECTIVE

2

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6321 01609		DATE 15 10 49 DAY MONTH YEAR		
NAME UNKNOWN		SERIAL NUMBER NK-000132	GRADE	ARM 0	RACE 0	RELIGION 6
CEMETERY GUAM NO 2 MARIANAS IS		PLOT 4	ROW 55	GRAVE 4	DISPOSITION OF REMAINS 0492 64 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, TERRITORY OF HAWAII	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME 1	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	REGION	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 OMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
CASKET SEALED BY	<i>[Handwritten Signature]</i>	
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY	
DATE	BY	

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE

RECORD OF CUSTODIAL TRANSFER

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

6

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

5321 01-09

DATE

15 10 49
DAY MONTH YEAR

NAME

UNKNOWN - 100133

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

(GUAM NO 2) MARIANAS IS

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

0492 4
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC, TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

- REMAINS
 MARKER

UNKNOWN

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE CASKET SEALED BY

BY

EMBALLER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS

DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-132 (Formerly WEIDEMUELLER, Earl C, Lt, 272760, USNR)			2. DATE OF REPORT 9 Aug 49	
3. NAME OF CEMETERY US Army Mausoleum #2 Formerly of #2, Agat, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	4	55	4	DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 70½"	10. COLOR OF HAIR Brown	11. RACE UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary Plate: Lt Earl C. Weidemer SN - 272760 USN P-4, R-55, G-4 25 Feb 45	Mortuary Plate: Unknown X-9 P-4, R-57, G-7 3 10 Nov 44
---	---

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

U N I D E N T I F I A B L E

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

None

HAROLD E. FIKE	<i>Harold E. Fike</i>	AUG 10 1949
SERIAL INR 0338714		

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None