

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Unknown Guam #2, X-133

SUBJECT

QMC FORM 1121  
1 Aug 45

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

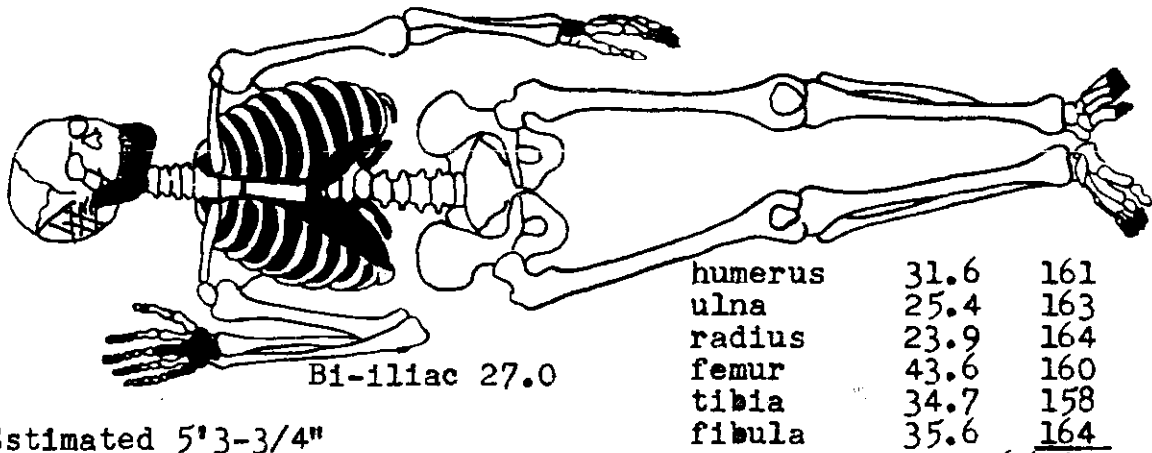
RIGHT								LEFT								unerupted	
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	1/8		
Side Views																	
UPPER																	
LOWER																	
Side Views																	
← Mandible								missing								→	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose mandibular teeth present with remains.

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

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEASETS BASED ON THE PRESENCE OF ONE OR MORE  
OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

- (1) male
- (2) white
- (3) age - 20-25 years
- (4) weight - 130-152 lbs.
- (5) height - 5'3-3/4"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS  
Chief, Ident. Section

SIGNATURE

**DENTAL RECORD**  
(To be filled in by the dental officer)

**DO NOT REMOVE FROM HEALTH RECORD**

(Surname)

(Christian name(s))

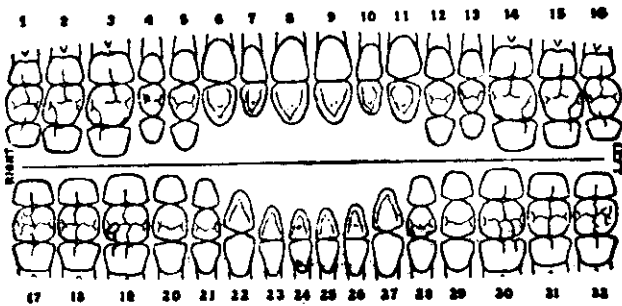
Born: Place

Date

**INSTRUCTIONS**

See Chapter 14, Section VI, Paragraphs 2311-2319, inclusive, Manual of the Medical Department, U. S. Navy.

**RECORD OF FIRST DENTAL EXAMINATION**



REMARKS: Body was in the extreme  
state of decomposition. The entire  
mandible was missing. The missing  
teeth in the maxilla was due to  
decomposition as the sockets of  
all teeth were present. #16 was  
impacted with one cusp showing.  
There were no restorations in  
any of the remaining teeth.

*A. J. Fromm*

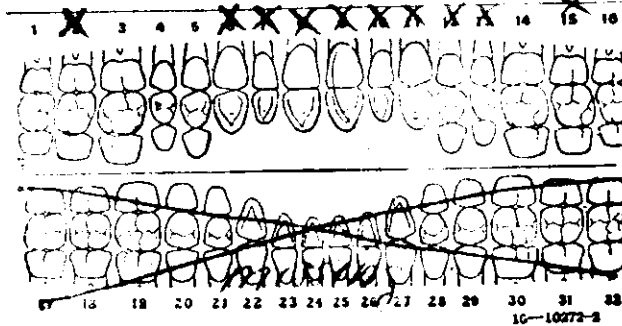
4-25-45

A. J. FROMM

Lieut. (DC) USNR.

(Date and signature of examining dental officer)

**RECORD OF SUBSEQUENT DENTAL OPERATIONS**



U. S. NAVAL BASE HOSPITAL #18  
c/o Fleet Post Office  
San Francisco, California

26 A

To: The Chief of the Bureau of Medicine and Surgery.

Subj: Remains of Dead -- Report of Disposition and Expenditures in Connection Therewith.

1. U. S. NAVAL BASE HOSPITAL #18.
2. Name of deceased: Unknown.
3. Station to which attached on date of death: Unknown.
4. Place of death: Unknown. Date: Unknown.
5. Disposition: (c) Army, Navy, Marine Cemetery #2, Grave # 3,  
Row # 26, Plot "C", Agat, Guam, M. I.
6. Remarks: Body of the deceased was found on a coral reef at Jona, Guam, M. I. on 25 April 1945. Degree of decomposition so marked that identification was impossible. Opinion of Naval Medical Officer the deceased had been a white man.
7. Expenditures chargeable to the appropriation, Medical Department, Navy F.Y. \_\_\_\_\_ to be reported on NavMed Form B for F.Y. \_\_\_\_\_. No charges incurred.
8. Other expenditures not chargeable to appropriation, Medical Department, Navy. None.

*W. D. Davis*  
W. D. DAVIS,  
Captain (MC) USN,  
Medical Officer in Command.

77

1950 MAY 12 02 49

HUE28

MUB24

*293 Unk.*

*X133*

PP UEPC

MC16

PP UMP ZVA UEPC UAPC

JMLAP B01

PP JML ZVA

PP/RR UEPC UAPC JMLC-333

DE JMLAP 05A

P/R 120130Z

FM CG AGRS PHUWCOM ZONE MANILA PI

TO UEPC/OQMG DEPTAR WASHDC

INFO UAPC/CINCFE TOKYO JAPAN

JMLC/CG PHILCOM AF AND 13TH AF CLARK AFB PI

GRAVES GRNC

*Re Released 5-31-53*

CITE U 2059 GRPZ FOR QMGMR PD PASS TO MEMORIAL DIVISION PD REQUEST

CANCELLATION OF DD NR SIX THREE TWO ONE EIGHT ONE FIVE EIGHT ONE

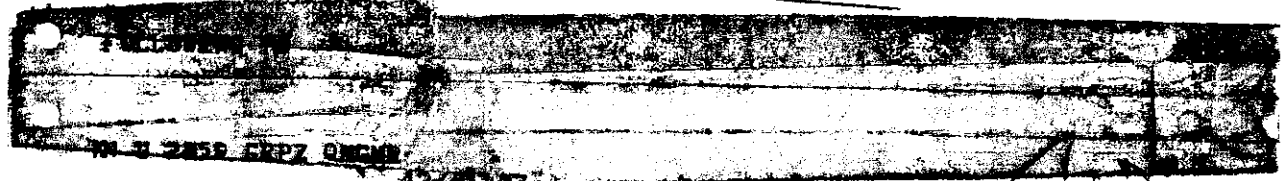
PREPARED BY PHILCOM FOR UNK XRAY TWO NINE AGAT NR TWO GUAM PD CHANGE

MAY 12 12 02 PM '50  
O.D.H.O.  
U.S. ARMY CENTER

*CG AGRS PHUWCOM MANILA  
U 2059 GRPZ  
120130Z  
QMG  
65639*

*Reply sent 5-19-50  
12:20*

*291 shown back X-27 (reworked)*



*DD. [unclear] - 120130Z  
[unclear] [unclear] [unclear]*

<b>1</b>	<p>H803 H203 R16 23 F10 F15</p>	<p><b>DISINTERMENT DIRECTIVE</b></p>
----------	---	--------------------------------------

SECTION A — NAME AND BURIAL LOCATION OF DECEASED			DIRECTIVE NUMBER <b>6321 00000</b>		DATE <b>15 11 47</b> DAY MONTH YEAR	
NAME <b>253 UNKNOWN</b>			SERIAL NUMBER <b>X-000029</b>		RANK <b>Q</b>	
CEMETERY <b>GUAM NO 2 AGAT</b>			ARM <b>0</b>		DATE OF DEATH DAY MONTH YEAR	
PLOT <b>C 26</b>			ROW <b>3</b>		GRAVE <b>MARIANAS</b>	
COUNTRY <b>MARIANAS</b>			DISPOSITION OF REMAINS <b>0391 63</b> CODE DIST. PT.		CAUSE OF DEATH <b>6</b>	

**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE <b>GUAM NATIONAL CEMETERY MARIANAS ISLANDS</b>	NAME AND ADDRESS OF NEXT OF KIN
<b>(BY ADMINISTRATIVE ORDER)</b>	

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME <b>UNKNOWN</b>	SERIAL NUMBER <b>X-000029</b>	RANK <b>Unk</b>	DATE OF DEATH <b>Unk</b>	DATE DISTINTERRED <b>10 Dec 47</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION <b>UNKNOWN</b>	RELIGION <b>Unk</b>	IDENTIFICATION VERIFIED BY <b>E S ZAPICO, 2Lt INF</b> NAME AND TITLE	

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL <b>Boxed, wrapped in plastic</b>	CONDITION OF REMAINS <b>Skeletal remains, incomplete</b>
OTHER MEANS OF IDENTIFICATION <b>Mortuary Plate</b>	
MINOR DISCREPANCIES <i>1</i> <b>None</b>	

REMAINS PREPARED AND PLACED IN CASKET	
DATE <b>21 Jul 48</b> CASKET SEALED BY <b>J R WILLIAMS, Emb</b>	BY <b>J R WILLIAMS, Emb</b> EMBALMER (Signature) <i>C D Campbell</i> <b>C D CAMPBELL</b>
DATE <b>21 Jul 48</b> BY <b>F SAYAN</b>	SHIPPING ADDRESS VERIFIED BY <b>MAX CHELOFSKY, Clerk</b>

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

*F T DeGrodt*  
**F T DeGRODT, Capt OMP**  
SIGNATURE OF GRS INSPECTOR

Prepare Discrepancy Report GMC Form 1194a for major discrepancies.

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM US MAUSOLEUM (SAIPAN MI)		TO PORT STORAGE OFFICER (SAIPAN MI)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Maj CMP	DATE 22 Jul 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st. Lt. Inf.	DATE 22/7/48

### 2. SHIPPED

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

### 3. SHIPPED

FROM USAT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt. FA	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i>	DATE 10 Oct 48

### 4. SHIPPED

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

### 5. SHIPPED

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



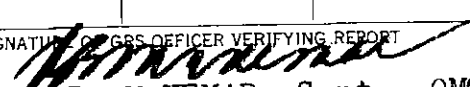
### 6. SHIPPED

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

### 7. SHIPPED

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



QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT <b>7 March 50</b>	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>				
NAME (Last, first, middle initial) <b>UNKNOWN X-126 Agat #2, Guam (Former-ly UNKNOWN X-29 Agat #2, Guam)</b>		SERIAL No. <b>Unknown</b>				
GRADE <b>Unknown</b>		ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>		
RACE <b>White</b>		RELIGION <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <b>Unknown</b>		CAUSE OF DEATH <b>Unknown</b>		DATE OF DEATH <b>Unknown</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>See Remarks</b>				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p style="text-align: center;"><b>NONE</b></p>						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p style="text-align: center;"><b>W. COLLEUM, MANILA P.I.</b></p>						
DATE OF BURIAL <b>7 Mar 50</b>	HOUR <b>1500</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER <b>None</b>	PLOT No. <b>800</b>	ROW No. <b>10A</b>	GRAVE No.
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Agat #2, Guam</b>			PLOT No. <b>C</b>	ROW No. <b>26</b>	GRAVE No. <b>3</b>
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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)		RANK	SERIAL No.	ORGANIZATION	GRAVE No.	
SIGNATURE OF PERSON PREPARING REPORT  <b>PAUL R NICHOLS, Chief, Ident. Sec.</b>			SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>H. B. McNEMAR, Capt., QMC</b>			
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.

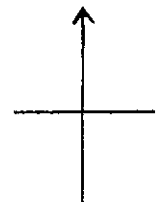
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

**8 APR 1951**  
**Identification Section**




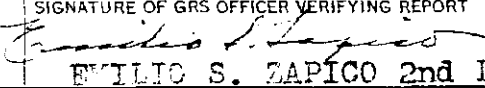
REMARKS:

UNKNOWN X-126 Agat #2, Guam was assigned to UNKNOWN X-29, Agat #2, Guam to avoid duplicates of Unknown remains' number.






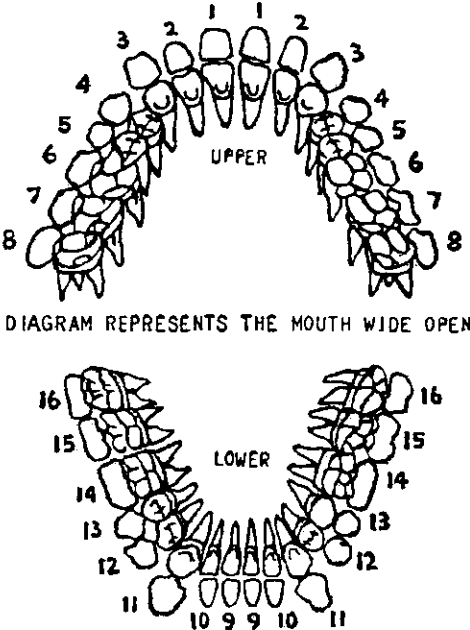

QMC Forms 1044, 1044a and 1044b accomplished.

*Memo*

**RESTRICTED**

WC FORM 1042 1 Apr. 1945 (Sup. to GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT <b>10 Dec 47</b>
Imprint Identification Tag If Possible. DO NOT TYPE <div style="border: 1px solid black; border-radius: 50%; padding: 20px; width: fit-content; margin: 10px auto;">                     REPORT OF                      DISINTERMENT                 </div>		Section 1.—IDENTIFICATION.				
		NAME (Last, first, middle initial) <b>UNKNOWN X-29 Box # 766</b>			SERIAL No.	
		GRADE		ORGANIZATION		BRANCH OF SERVICE
		RACE		RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH <b>Guam</b>		CAUSE OF DEATH <b>Unknown</b>			DATE OF DEATH	
EMERGENCY ADDRESSEE (Name, relationship, and address)						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Grave Marker</b>				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>NO</b>						
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 <b>Cemetery # 2 Agat, Guam</b>						
DATE OF BURIAL <b>25 April 45</b>		HOUR		BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. <b>C</b>
						ROW No. <b>26</b>
						GRAVE No. <b>3</b>
WAS THIS A REBURIAL? (Yes or no) <b>No</b>		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 <b>STANDARD</b>		
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) <b>TURPIN, Martin P.</b>				RANK <b>F1c</b>	SERIAL No. <b>9352009</b>	ORGANIZATION <b>USN</b>
						GRAVE No. <b>2</b>
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>KAREMONT, Harry M.</b>				RANK <b>Lt(jg)</b>	SERIAL No. <b>208351</b>	ORGANIZATION <b>USMC</b>
						GRAVE No. <b>4</b>
SIGNATURE OF PERSON PREPARING REPORT  <b>JOSE A. STA. INES</b>				SIGNATURE OF GRS OFFICER VERIFYING REPORT  <b>EMILIO S. ZAPICO 2nd Lt. Inf</b>		
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**

	<b>Section 3.—UNIDENTIFIED REMAINS.</b>					
LEFT LITTLE FINGER	<b>INSTRUCTIONS:</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no 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 RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR		
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS		
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES					
LEFT THUMB	FILLINGS  SILVER FILLING GOLD FILLING		 CAVITIES CAVITY DECAYED			
RIGHT THUMB	MISSING TEETH  TOOTH MISSING					
RIGHT INDEX FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN					
RIGHT MIDDLE FINGER	BRIDGE WORK  GOLD BRIDGE					
RIGHT RING FINGER					DIAGRAM REPRESENTS THE MOUTH WIDE OPEN 	
RIGHT LITTLE FINGER					FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY 	
	REMARKS: Condition of Remains: Body in box-wrapped in blanket, skull shattered, mandible missing and both pelvic bones broken.					

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

10 Dec 47

Date

**UNKNOWN X-29**

LAST NAME FIRST INITIAL RANK SERIAL NO.







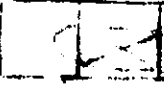








UNIT ORGANIZATION  
Guam Cemetery #2, Agat, Guam C 26 3  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO

		RIGHT UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE																		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																		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	 AMALGAM (SILVER)	 LESIAL (BETWEEN TOWARD FRONT)
 CAVITY, INDICATE LOCATION	 GOLD	 OCCLUSAL (BETWEEN SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. SUBTENTS)	 SILICATE OF PORCELAIN	 DISTAL (BETWEEN TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE I (CEMENT)	 LINGUAL (TOWARD TONGUE)
 PROSTHOUSLY MISSING		 FACIAL (TOWARD CHEEK)

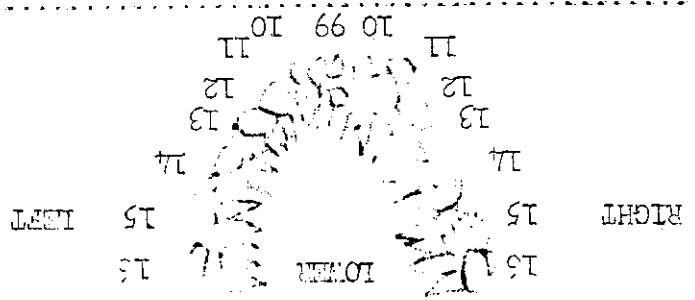
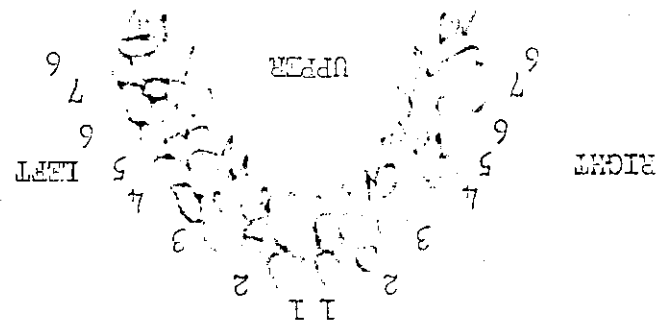
INSTRUCTIONS:

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

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN EACH 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 ANOMALIES SUCH AS MALOCCLUSION, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., FORCE-TAIN CROWNS, GOLD CROWNS (WITH OR WITHOUT 3/4), 3/4 GOLD CROWN WITH STAINLESS STEEL INLAY.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH SEE DENTAL CHART.



REMARKS:

Entire mandible missing.

SIGNATURE OF PERSON WHO PREPARED CHART

B. BUSHWICK, 1st Lt., D.C.

VERIFIED BY DENTIST OFFICER

EMILIO S. ZAPICO, 2nd Lt., INF.

Grade

PLACE OR HAVE THESE MARKS ACCOMPLISHED

DATE

**AIRMAIL**

QNGMT 293  
Unknown X-126  
AGRE Maus Manila

19 April 1950

**SUBJECT: Identification of World War II Deceased**

**TO :** Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

1. Reference is made to Certificate of Unidentifiability for remains now stored in AGRE Mausoleum, Manila as Unknown X-126, formerly Unknown X-29, USAF Agat #2, Guam, Plot C, Row 26, Grave 3.

2. This Office approved the classification of the above Unknown as Unidentifiable by 1st Indorsement to Marianas-Bonif Command, APO 246, dated 6 December 1948. Copy of correspondence inclosed.

**FOR THE QUARTERSMASTER GENERAL:**

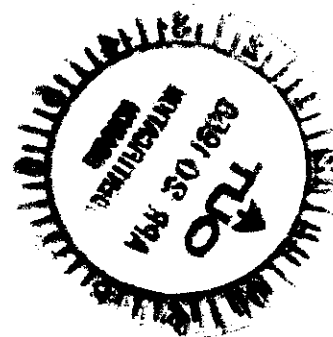
1 Incl  
Ltr dtd 15 Oct 48,  
w/1st Ind

THOMAS E. COE  
Capt GIC  
Memorial Division

*Handwritten initials:*  
vll  
13V  
Jmm  
JMB

cc: Adm Section

J. Miller:dal  
C. Salser



Copy furnished: CINCPAC, APO 500

*Handwritten note:* X-29 Unknown Guam X-29

**AIRMAIL**

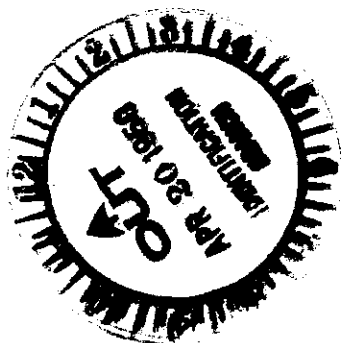
# AIRMAIL

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

*[Handwritten mark]*



[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]



293 UNK F (Mass) (Manila)  
X-133 X-281 X-5147 - X-5232

CINCPAC 293  
CRS Far East

8 June 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P. I.:

UNKNOWN X-133 (formerly X-126 Agat #2, Guam) Unit 2, Page 5 (Addition)  
" X-281 USAF Is. Comd. Can., Okinawa, Unit 2 Page 23  
" X-5147 (formerly X-2144 Maus., Manila, Unit 2, Page 16  
" X-5232 AGRS Maus., Manila, Unit 2, Page 25 (Addition)

2. Subject cases have been reviewed and this Office approves the classification of the above Unknowns as Unidentifiable.

FOR THE COMMANDANT GENERAL:

THOMAS E. COE  
Capt OAC  
Memorial Division

J. Miller:lab  
Calser

cc: Administrative Section

cc: CINCPAC

AIRMAIL

X-133 X-281 X-5147 X-5232

JR  
JH

GRPZ 293  
Unknown X-29  
Agat No. 2, Guam

APC 900  
11 May 1950

SUBJECT: Disinterment Directive - Copy 3 (Change)

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

1. Forwarded herewith, in accordance with our radio dated 11 May 1950, is copy No. 3 of Disinterment Directive No. 6321 81581 (change) for Unknown X-29, USAF Cemetery Agat No. 2, Guam, prepared at Headquarters, American Graves Registration Service, PHILCOM Zone.

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

1 Incl  
Copy No. 3 of DD  
No. 6321 81581  
(Change)

HAROLD B. MCNEEMAR  
Captain, QMC  
Assistant Adjutant

QMTR 293 Philcom Zone 1st Ind

Dept. of the Army, OQMG Washington 25, D. C. 1 June 1950

TO: CO, AGNS, Philcom Zone, APC 900, c/o Postmaster, San Francisco, Calif.

Receipt acknowledged.

FOR THE QUARTERMASTER GENERAL:

L. W. ALLEN  
Lt. Colonel, QMC  
Memorial Division

mh

Incls  
w/d

DC

GMO

*442 UNK. Agat No. 2, Guam 133*



10/21/60  
OCT 21 1960  
10/21/60

12 11 10 9 8 7 6 5 4 3 2 1  
IDENTIFICATION  
BRANCH  
12

AIRMAIL

*2 1/2 - [unclear] [unclear] [unclear]*

FORM 293  
GPO War East

26 April 1950

SUBJECT: Identification of World War II Deceased

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

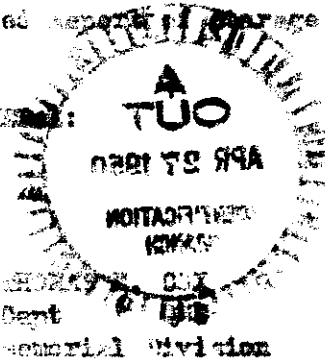
1. Reference is made to Report of Storage, dated 7 March 1950, for Unknown X-126 Agat #2, Guam (formerly X-29 Agat #2, Guam) Plot G, Row 26, Grave 3.

2. The remains formerly Unknown X-29 were assigned Unknown number X-126 Agat, Cemetery #2, Guam by your headquarters to avoid duplication; however, a report of interment for an Unknown X-126 Agat, Cemetery #2, Guam, Plot G, Row 26, Grave 4, now in the jurisdiction of the Pacific Zone, is on file in this Office.

3. This Office has on file for Agat #2, Guam Unknown numbers up to and including X-125.

4. In view of the above, it is requested that remains now designated X-126 Agat #2, Guam, Plot G, Row 26, Grave 3, be given a new Unknown designation and corrected report of storage forwarded to this Office.

FOR THE ASSISTANT CHIEF OF STAFF:



J. Miller:lak  
Salsar

cc: Administrative Section

cc: CINCPAC, APO 500

*Handwritten notes: X-126 - Agat #2 - Guam - Plot G - Row 26 - Grave 3*

AIRMAIL

JW

*Handwritten initials: JMM*

0001 17 01

FOR THE UNITED STATES OF AMERICA

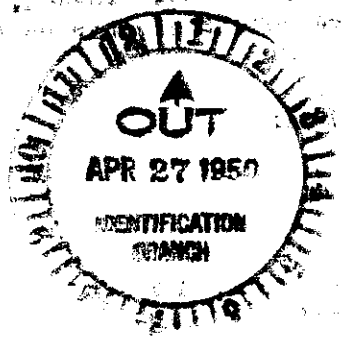
UNITED STATES DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D. C. 20535

MEMORANDUM FOR THE DIRECTOR, FBI

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]



Handwritten initials

[Illegible text]

JIA 1000

0000 000 00

0000 000 00

0000 000 00

0000 000 00

0000 000 00

0000 000 00

0000 000 00

0000 000 00



MEMO

0000 000 00

0000 000 00

3

PREPARED BY

### DISINTERMENT DIRECTIVE

273 Wm. ... Sgt # 101 X-133

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>6321 83501</b>	DATE <b>20 04 50</b> DAY MONTH YEAR	
NAME <del>UNKNOWN</del> <b>X-133</b>	SERIAL NUMBER	GRADE	ARM	RACE RELIGION
CEMETERY <b>USAF CEMETERY ACAT NO. 2, GUAM</b>	PLOT <b>C</b>	ROW <b>26</b>	GRAVE <b>3</b>	DISPOSITION OF REMAINS <b>7701 80</b> CODE DIST. CTR.

#### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. W. MCKINLEY, P. I.</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>
--	--

#### SECTION C - DISINTERMENT AND IDENTIFICATION

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

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION <i>[Signature]</i> # <b>X-133</b>	
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)	

REMAINS PREPARED AND PLACED IN CASKET

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

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



**RECORD OF CUSTODIAL TRANSFER**

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

3

DISINTERMENT DIRECTIVE

APPROVED BY PHILCOUM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 6321 81402

DATE 10 04 50 DAY MONTH YEAR

NAME UNKNOWN I-136 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY ACAT NO. 2, GUAM PLOT 0 ROW 26 GRAVE 3 DISPOSITION OF REMAINS 7701 CODE 80 DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

Handwritten notes in the remarks section.

FILE RECORDS AND INDEXED DATE 3/11/51 NAME [unclear] BR. MEM. DIV.



nfm <b>1</b>	Interred 13 Apr 1950 L 3 24 Ft. McKinley		EMPALED BY PHILCOM		
	<i>Concept mark</i> <b>CARL R. H. MARK</b> Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		<b>DISINTERMENT DIRECTIVE</b> DIRECTIVE NUMBER <b>6321 81402</b>		DATE <b>10 04 50</b> DAY MONTH YEAR
NAME	<del>UNKNOWN</del> <b>X-133</b> <del>X-126</del>	SERIAL NUMBER	<i>Per ltr. dtd 26 Apr 50</i> <b>X-133</b>	GRADE	<i>ams</i> <b>ams</b>
CEMETERY	<b>USAF CEMETERY AGAT NO. 2, GUAM</b>		PLOT	ROW	GRAVE
			<b>C</b>	<b>26</b>	<b>3</b>
SECTION B - CONSIGNEE AND NEXT OF KIN			DISPOSITION OF REMAINS		
NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY          FT. WM. MCKINLEY, P. I.</b>			NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b> <i>293 Unk Guam Agat #2 133</i>		
SECTION C - DISINTERMENT AND IDENTIFICATION					
NAME	<del>UNKNOWN</del> <b>X-133</b> <del>X-126</del>	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
					<b>17 Mar '50</b>
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY		
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			<b>PAUL R NICHOLS</b> <b>Embalmer</b> NAME AND TITLE		
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT					
NATURE OF BURIAL			CONDITION OF REMAINS		
<b>Shelter Half</b>			<b>Skeletal</b>		
OTHER MEANS OF IDENTIFICATION					
<b>X - 29 Guam #2 Agat</b>					
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)					
REMAINS PREPARED AND PLACED IN CASKET					
DATE <b>17 Mar '50</b>		BY <b>PAUL R NICHOLS</b>			
CASKET SEALED BY		EMBALMER (Signature)			
<b>PAUL R NICHOLS</b>		<b>s/ Paul R Nichols</b>			
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY			
DATE <b>17 Mar '50</b> <b>RAYMOND E TANGUAY</b> <b>Sgt, 1c., RA</b>		<b>L. W. RICHARDSON, M/Sgt., RA</b>			
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.					
<b>s/ L. W. Richardson, M/Sgt., RA</b> SIGNATURE OF AGRS INSPECTOR					
REMARKS AND SPECIAL INSTRUCTIONS					
FILED RECORDS DATE <b>22 7/1950</b> NAME <i>[Signature]</i>					

RECORD OF CUSTODIAL TRANSFER

FROM		AGCS Mausoleum	
TO		U S Military Cemetery	
NAME OF CONVOYER			
SIGNATURE OF RECEIVER		<i>W. R. ...</i>	
DATE	APR 13 1950	DATE	
1. SHIPPED			
FROM			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE		DATE	
2. SHIPPED			
FROM			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE		DATE	
3. SHIPPED			
FROM			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE		DATE	
4. SHIPPED			
FROM			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE		DATE	
5. SHIPPED			
FROM			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE		DATE	
6. SHIPPED			
FROM			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE		DATE	
7. SHIPPED			
FROM			
TO			
NAME OF CONVOYER			
SIGNATURE OF RECEIVER			
DATE		DATE	

1950 MAY 12 02 49

*272-unk*

*1 = 1111*  
CG AGRS PHILCOM MANILA

U 2059 GRPF

120130Z

QMC

MC IN NO 65639

FM CO AGRS PHILCOM ZONE MANILA PI  
TO UEPC/OQMG DEPTAR WASHDC  
INFO UAPC/CINCPAC TOKYO JAPAN  
GG PHILCOM AF AND 13TH AF CLARK AFB BI  
GRAVES GRNC

CIT U 2059 GRPZ FOR QMGMR PD PASS TO MEMORIAL DIVISION PD REQUEST  
CANCELLATION OF DD NR SIX THREE TWO ONE EIGHT ONE FIVE EIGHT ONE  
PREPARED BY PHILCOM FOR UNK XRAY TWO NINE AGAT NR TWO GUAM PD CHANGE  
FOLLOWING PD

COPY

*5-31-50*  
*1111*  
*1111*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

*Special*

GRPZ 293

APO 900  
15 Mar 1950

SUBJECT: Unidentifiable Remains

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

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

UNKNOWN X-126, Agat #2, Guam  
X-720, Leyte #1  
X-1509, AGRS Mslm  
X-2203  
X-3704  
X-4894

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

FOR THE COMMANDING OFFICER:

7 Incls  
QMC Forms 1044 w/Certificates  
of Unidentifiability

JOHN SHYPULA  
1st Lt., Infantry  
Adjutant

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

10 March 1950  
(Date)

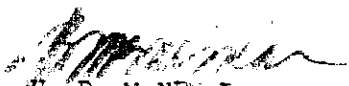
SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 126, Plot G,  
Row 26, Grave 3, USMC USAF Agat #2, Guam, have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
decedent, and that these remains should be classified as uniden-  
tifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

  
H. B. McNEEMAR  
Captain, CMC  
Chief, Records Branch

Received 3 Apr 50 OQMG  
Not identifiable from 19 Apr 50  
information available  
J. Miller Island Sec



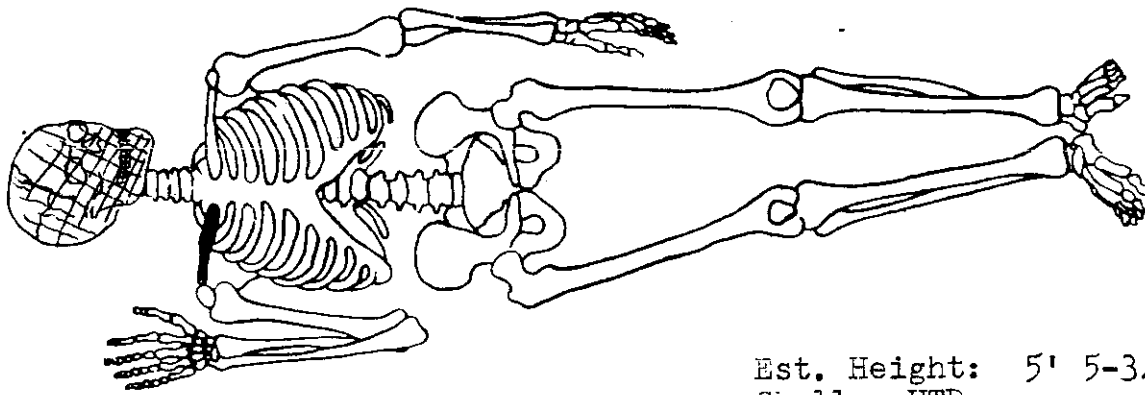
**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-126 Agat #2, Guam</b>				(Formerly UNK X-29, Agat#2, Guam)		2. DATE OF REPORT <b>7 March 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>				4. PLOT <b>C</b>	5. ROW <b>26</b>	6. GRAVE <b>3</b>	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION						<b>Age: 20-25 years</b>	
8. ESTIMATED WEIGHT <b>130-152 lbs</b>		9. ESTIMATED HEIGHT <b>5'3-3/4"</b>		10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>White</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS							
NONE							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES							
NONE							
14. WAS BODY BURNED?		TO WHAT EXTENT?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							
15. WAS BODY MANGLED?		TO WHAT EXTENT?					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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							

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-29</b>				2. DATE OF REPORT <b>11 Oct 48</b>			
3. NAME OF CEMETERY <b>Cemetery #2, Agat, Guam</b>			4. PLOT <b>C</b>	5. ROW <b>26</b>	6. GRAVE <b>3</b>	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT <b>UTD</b>		9. ESTIMATED HEIGHT <b>5' 5-3/4"</b>		10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>Mortuary Plate: Unknown X-29 P-C, R-26, G-3</b>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <b>None</b>							
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <b>None</b>							
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)  <b>None</b>							
<b>Unidentifiable by reason of lack of sufficient identifying data.</b>							
<i>H. W. Harriman</i> <b>H. W. HARRIMAN</b> Captain, QMC Operations Officer AGRS, Marbo Zone							

19. BLACK OUT PARTS OF BODY NOT REFERRED



Est. Height: 5' 5-3/4"  
Skull: UTD

20.

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

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

~~\_\_\_\_\_~~

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Color of Hair: UTD

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











TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION



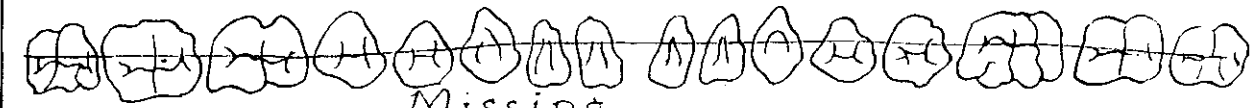

SIGNATURE

*G. K. Skinner*  
G. K. Skinner

18.

TOOTH CHART

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (AND THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling, Silver Filling</i></p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity, Decayed</i></p> 	

		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
		<i>D</i>	<i>D</i>	<i>A</i>			<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	<i>D</i>	
Side Views																		Side Views
Top Views	UPPER																	UPPER
	LOWER	 <p style="text-align: center;"><i>Missing</i></p>																LOWER
Side Views																		
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No Mandible.

*Gary D. Pugh*  
Gary D. Pugh

IDENTIFICATION CHECKLIST

Unknown X-29  
Cemetery #2, Agat, Guam  
Plot C Row 26 Grave 3

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

PART I  
Physical Description

1. Estimated weight UTD
2. Estimated height 5' 5-3/4"
3. Color of hair UTD
4. Race UTD
5. Tattoos or scars on the body (give description) None  
(Information obtained from other sources)
6. Was tooth chart taken? Yes If not, explain \_\_\_\_\_
7. Were fingerprints taken? No
8. Cause of death UTD
9. Was body burned? No To what extent? \_\_\_\_\_
10. Are any parts of the body missing or severed? See Chart
11. Is there any evidence of first-aid or other medical treatment? No
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. \_\_\_\_\_
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) None

Identification Checklist (cont'd)

17. List every item of clothing and/or equipment found, showing color of each, also size and markings: None

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

16. Evidence of healed fractures None

17. Black out parts of body not received at cemetery.



18. REMARKS:

I certify that I have personally viewed the remains of subject deceased and that all remaining information has been recorded to the best of my knowledge.

ALBERT J. DEMERIE

Officer's name

Lt  
Sgt C

Rank

Service

C.I.P.

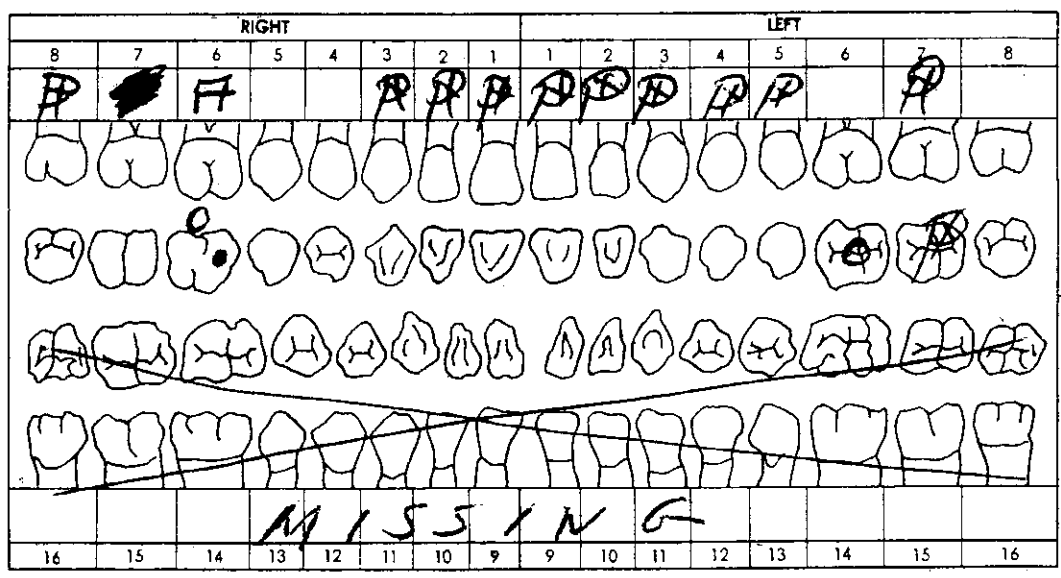
Organization

*known X-29, CSM-H 2 Sgt Keenan*

**IDENTIFICATION DENTAL CHART**

NAME (Last, First, Middle Initial)			RANK			DATE		
UNIT			ORGANIZATION			SERIAL NUMBER		
PLACE OF DEATH			PLACE OF BURIAL			CAUSE OF DEATH		
PLACE OF DEATH			PLACE OF BURIAL			PLOT	ROW	GRAVE

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



**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

*Mandible missing*

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART	VERIFIED BY GRS OFFICER
<i>DD Campbell Embalmer</i>	

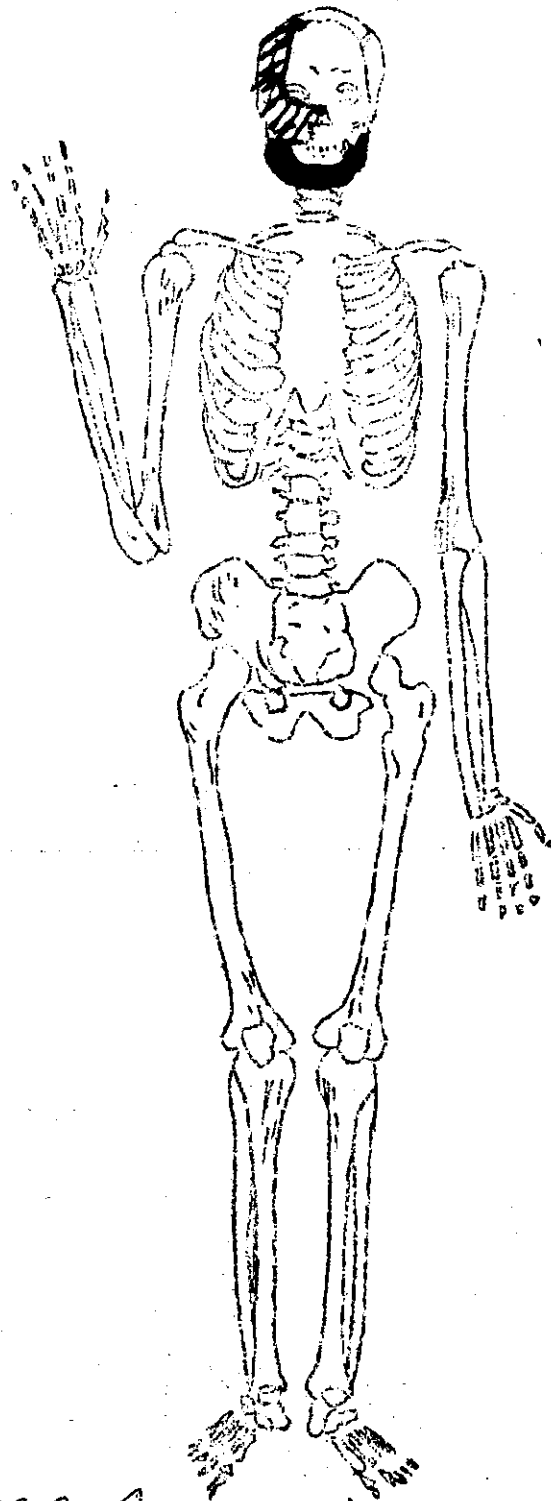
*Unknown X-29*  
(Case)

PROCESSING CENTER

*Team #2 Agent, Swan*  
(Rank)

(Ser No.)

(Tr of Sv)

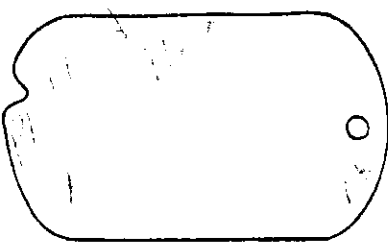




*Skeletal Remains Incomplete*

SKELETAL CHART



**RESTRICTED**

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			DATE OF REPORT <b>15 May 50</b>	
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b>				
NAME (Last, first, middle initial) <b>UNKNOWN X-133 Agat #2, Guam (Formerly                  UNKNOWN X-126 Agat #2, Guam)</b>		SERIAL NO. <b>Unknown</b>				
GRADE <b>Unknown</b>		ORGANIZATION <b>Unknown</b>		BRANCH OF SERVICE <b>Unknown</b>		
RACE <b>White</b>		RELIGION <b>Unknown</b>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY		
PLACE OF DEATH <b>Unknown</b>		CAUSE OF DEATH <b>Unknown</b>		DATE OF DEATH <b>Unknown</b>		
EMERGENCY ADDRESSEE (Name, relationship, and address) <b>Unknown</b>						
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>		IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>(See Remarks)</b>				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <b>Yes (2)</b>		COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>N o n e</b></p>						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY <p align="center"><b>GRS MAUSOLEUM MAMBA</b></p>						
DATE OF BURIAL <b>7 Mar 50</b>	HOUR <b>1500</b>	BURIED IN (Shroud, blanket, or name of other) <b>Casket</b>	TYPE OF GRAVE MARKER	PLOT No. <b>800</b>	ROW No. <b>10A</b>	GRAVE No.
WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>Agat #2, Guam</b>			PLOT No. <b>C</b>	ROW No. <b>26</b>	GRAVE No. <b>3</b>
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) <b>Yes</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>Yes</b>					
BODY BURIED ON DECEASED LEFT. NAME (Last, first, middle initial)			RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)			RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
SIGNATURE OF PERSON PREPARING REPORT  <b>RAYMOND H. TANGUAY, SFC, 8131st Sv Un</b>			SIGNATURE OF GRS OFFICER REVIEWING REPORT  <b>H. B. McNEMAR, Capt, QMC, Chief, Rec Br</b>			
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. IDENTIFIED REMAINS.											
LEFT LITTLE FINGER	<p><b>INSTRUCTIONS:</b></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 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.</p> <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: 15%;">COLOR OF EYES</td> <td style="width: 15%;">COLOR OF HAIR</td> <td style="width: 40%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td colspan="2">WEAPON AND SERIAL NO.</td> <td colspan="2">LAUNDRY MARKS</td> <td>WHERE BODY WAS BURIED OR FOUND</td> </tr> </table> <p>OTHER IDENTIFICATION CLUES</p> <div style="text-align: center; margin-top: 20px;"> </div> <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: center; margin-top: 20px;"> </div> <p>REMARKS:</p> <p>Subject remains was assigned a new Unknown number as per ltr fr the DA, OQMG, Wash. 25, D. C., file OQMGMT 293, GRS Far East, dtd 26 April 1950, subject: Identification of World War II Deceased. (True Copy Attached)</p>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS	WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND
HEIGHT		WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS						
WEAPON AND SERIAL NO.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND							
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											

GRFZ 293

1st Ind.

HBM/RHT/vcr

QMGMT 293

GRS Far East (26 Apr 50)

SUBJECT: Identification of World War II Deceased

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, PHILCOM ZONE,  
APO 900 MAY 1950

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

1. The records of this office, as well as the records and crypt marker of the AGRS Mausoleum, Manila, have been amended to indicate that Unknown X-126 Agst, Cemetery #2, Guam be redesignated Unknown X-133 Agst #2, Guam, in accordance with paragraph 4, basic communication.

2. Corrected QMC Form 1042 has been accomplished and will be forwarded to your office directly.

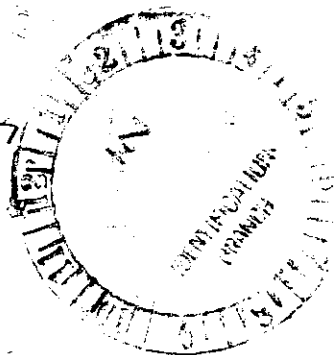
FOR THE COMMANDING OFFICER:

H. B. McNEMAR  
Captain, QMC  
Asst. Adjutant

Stamp: EAM  
File  
MAY 29 1950  
Identification Branch

Vertical handwritten note on the right margin: "AGRS Manila (Agst #2) (X-126) (X-133)"

Handwritten note at the bottom left: "The ... of ..."



AIRMAIL

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGM 295  
GRS Far East

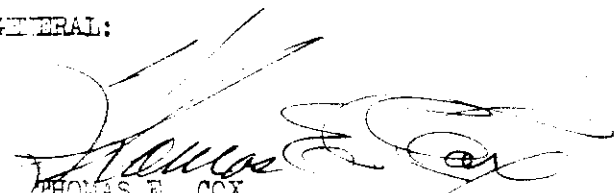
26 April 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Report of Storage, dated 7 March 1950, for Unknown X-126 Agat #2, Guam (formerly X-28 Agat #2, Guam) Plot C, Row 26, Grave 3.
2. The remains formerly Unknown X-28 were assigned Unknown number X-126 Agat, Cemetery #2, Guam by your headquarters to avoid duplication; however, a Report of Interment for an Unknown X-126 Agat, Cemetery #2, Guam, Plot 4, Row 45, Grave 4, now in the jurisdiction of the Pacific Zone, is on file in this Office.
3. This Office has on file for Agat #2, Guam Unknown numbers up to and including X-132.
4. In view of the above, it is requested that remains now designated X-126 Agat #2, Guam, Plot C, Row 26, Grave 3, be given a new Unknown designation and corrected Report of Storage forwarded to this Office.

FOR THE QUARTERMASTER GENERAL:



THOMAS E. COX  
Capt QIC  
Memorial Division

AIRMAIL

DEPARTMENT OF THE ARMY  
OFFICE OF THE QUARTERMASTER GENERAL  
WASHINGTON 25, D. C.

QMGMT 293  
GRS Far East

26 April 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Report of Storage, dated 7 March 1950, for Unknown X-126 Agat #2, Guam (formerly X-29 Agat #2, Guam) Plot C, Row 26, Grave 3.

2. The remains formerly Unknown X-29 were assigned Unknown number X-126 Agat, Cemetery #2, Guam by your headquarters to avoid duplication; however, a Report of Interment for an Unknown X-126 Agat, Cemetery #2, Guam, Plot 4, Row 45, Grave 4, now in the jurisdiction of the Pacific Zone, is on file in this Office.

3. This Office has on file for Agat #2, Guam Unknown numbers up to and including X-132.

4. In view of the above, it is requested that remains now designated X-126 Agat #2, Guam, Plot C, Row 26, Grave 3, be given a new Unknown designation and corrected Report of Storage forwarded to this Office.

FOR THE QUARTERMASTER GENERAL:

/s/t/ THOMAS E. COX  
Capt QMC  
Memorial Division

A TRUE COPY:

  
K. B. McNemar  
Captain, QMC

### CERTIFICATE OF DEATH

From: U.S. NAVAL BASE HOSPITAL #18, Navy #926, FPO, San Francisco, Calif.

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name \_\_\_\_\_ Rank or rate \_\_\_\_\_

2. Born: Place \_\_\_\_\_ Date \_\_\_\_\_

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

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

5. Marks, scars, etc. (noted in health record) No marks or scars  
discernible and no fingerprints obtained due  
to advance stage of decomposition.

State which finger \_\_\_\_\_  
(Right index preferred)

6. Relation, name and address of next of kin or friend \_\_\_\_\_

7. Original admission: Place \_\_\_\_\_ Date \_\_\_\_\_  
(Ship or station to which attached when first admitted to sick list)

8. Died: Place \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_

9. Cause of death { Principal \_\_\_\_\_ Key Letter \_\_\_\_\_  
Contributory \_\_\_\_\_

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

11. Disposition of remains National Cemetery -- Army, Navy, Air Force, or Marine  
# 2, Grave # 3, Row # 26, Plot # 17, Apts. # 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100

12. Summary of facts relative to the death \_\_\_\_\_