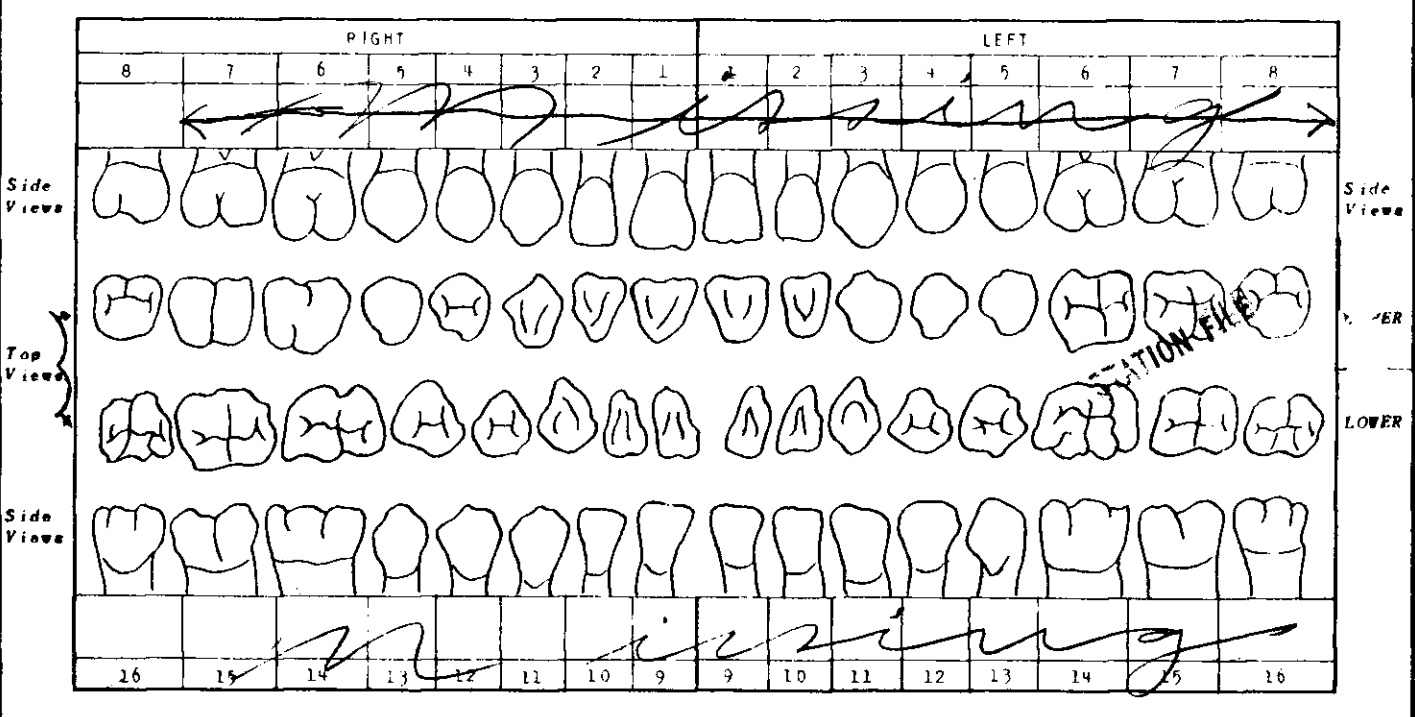


18. TOOTH CHART	
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p>TOOTH MISSING</p> <p>SIDE VIEW</p>
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER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



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."

*Maxillary and mandible missing
one tooth present. no. 8-R.*

Speer (Eubalmer) 5-14-48

CENTRAL IDENTIFICATION POINT
AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE, APO 244

293.

Date 13 Oct 48

CASE SUMMARY OF

NAME: UNKNOWN X-18 RANK: _____ SERIAL NO: _____

CEMETERY Agat Cem #2 GUAM Plot: 4 Row: 55 Grave: 26

Remains disinterred from P-4, R-55, Gr-26 known as
UNKNOWN X-18 were processed this date and no clues to
identity were found.

cc: 293 _____


ROY E. GRESHAM
CAPT., INF

(Signature)

Remarks:

FLUOROSCOPIC REPORT

Date: 9 July 48

ON: X - 18
(Name)

Place of Death: _____

P 4 R 55 G 26

#2
Cemetery Country

Healed Fracture: NONE

Malformation: NONE

Personal Items: 1 ring Blackstone (Yellow metal)

Misc. Items: Fragments of a shell, 1 small piece of quartz
and several pieces of metal believed to be shrapnel.

Remarks: No other means of identification found
under fluoroscopic examination of remains.

Melvin S. Mittenhal

MELVIN S. MITTENTHAL

Fluoroscopic Technician
C. I. P. Laboratory, Saipan, M. I.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-18				2. DATE OF REPORT 9 July 48	
3. NAME OF CEMETERY Cemetery #2, AGAT, GUAM	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	55	26	DISINTERMENT	REINTERMENT

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

<p>(1) Surface Mortuary Plate: "UNKNOWN X-18 P-2, R-55, G-26 29 Apr 45."</p>	<p>(1) Report of Interment (Form 1042)</p>
---	--

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	See skeletal chart


16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

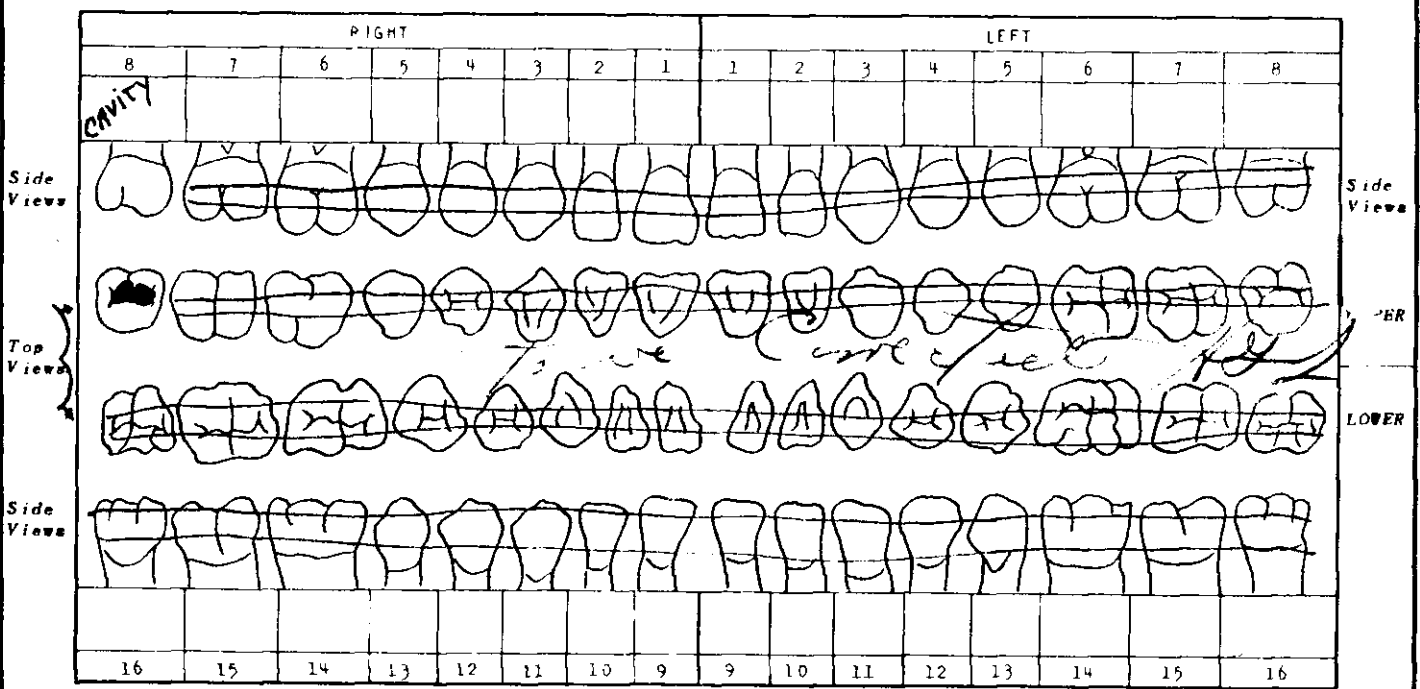
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

1 ring (yellow metal) blackstone w/remains.

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.


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

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

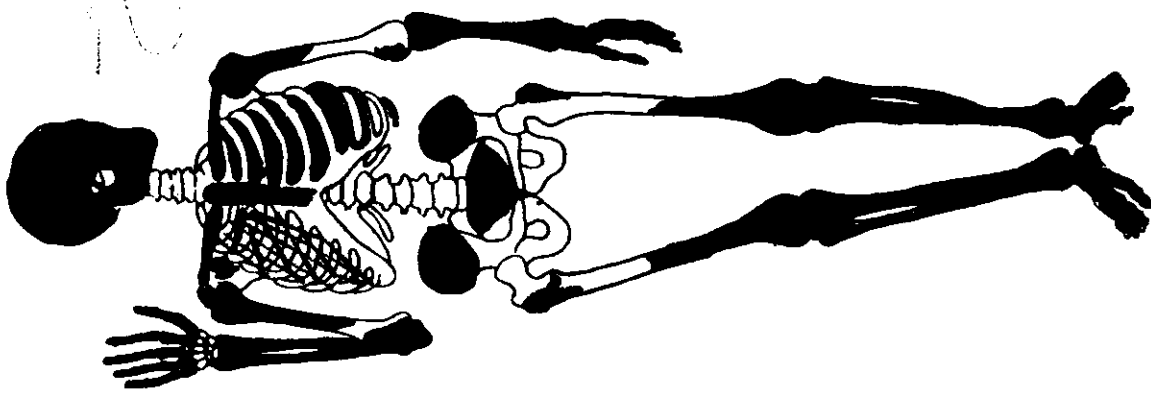


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

One tooth with remains #R8 with occlusal cavities.
 One tooth with remains #R8 with one occlusal cavity.

H. Geo. Lutkoski
 H. GEO. LUTKOSKI

19. BLACK OUT PARTS OF BODY, NOT RECOVERED



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

None

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

Anthony G. Baker
ANTHONY G. BAKER, EMB.

SIGNATURE

C. W. Kelley
C. W. KELLEY, CAPT., CAC

HEADQUARTERS
PHILIPPINE ZONE
AMERICAN GRAVES REGISTRATION SERVICE

23 January 1950

Date

297 unk Guam (reg 1044)
SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 18, Plot ,
Row , Grave , USMC Guam #2, Agat Cemetery, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:

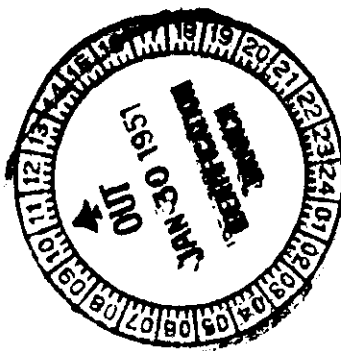
Atch: Form 1044

[Signature]
T. MCNEELAR
Captain, Q&C
Chief, Records Branch

WAT
File

JUL 28 1950

Identification Branch



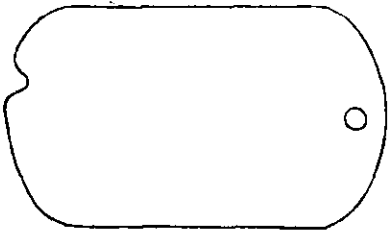
RESTRICTED

WD Form 1042
Rev. 1-45
(Supersedes Form 1)

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report
29 August 1946

Impression Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION	
	Name (Last, First, Middle Initial)	Serial Number
	UNIDENTIFIED (X-18)	
	Grade	Organization
UNKNOWN	USS Hazelwood	Branch of Service
UNKNOWN	UNKNOWN	UNKNOWN
Race	Religion	If Other than U. S. Dead, Give Name of Country
UNKNOWN	UNKNOWN	
Place of Death	Cause of Death	Date of Death
UNKNOWN	Injuries, Multiple Extreme	4-29-45

Emergency Addressee (Name, Relationship and Address)
UNKNOWN

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

List Persons, Objects, and Disposition of Same
NONE

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

Name, Number, Coordinates and Location of Cemetery
Army, Navy, Marine Cemetery #2, Agat, Guam, M.I.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-10-46	1555	Casket and Burial Bag	Cross with Zinc Plate	4	55	26

Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave	Plot No.	Row No.	Grave No.
Yes	Ulithi Cemetery, Asor Island	2	5	4

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body PLOT PLAN, GRAVE MARKER <i>RJmcb</i>
MEMORIAL SERVICE ONLY	MEMORIAL SERVICE ONLY	

Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	WD Form 1042 buried in bottle one foot below grave marker.
Zinc Plate	No	

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
None	-	-	-	-

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Unidentified (X-21)	UNKNOWN	UNKNOWN	USS Hazelwood	25

Signature of Person Preparing Report <i>Robert J. McBrook</i> ROBERT J. MCBROOK, CAPT., GIC	Signature of GRS Officer Verifying Report <i>Robert J. McBrook</i> ROBERT J. MCBROOK, CAPT., GIC
---	--

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.

RESTRICTED

SECTION UNIDENTIFIED REMAINS											
Little Finger Left	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 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.										
Ring Finger Left											
	<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							
Middle Finger Left	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Weapon and Serial Number</td> <td style="width: 20%;">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									
Index Finger Left	Other Identification Clues 										
Thumb Left	<p>Diagram Represents the Mouth Wide Open</p>										
Thumb Right											
Index Finger Right											
Middle Finger Right											
Ring Finger Right											
Little Finger Right											
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Fillings</td> <td style="width: 30%;"> Silver Filling Gold Filling </td> </tr> <tr> <td>Cavities</td> <td> Cavity Decayed </td> </tr> <tr> <td>Missing Teeth</td> <td> Tooth Missing </td> </tr> <tr> <td>Crowned Teeth:</td> <td> Porcelain Crown Gold Crown </td> </tr> <tr> <td>Bridge Work</td> <td> Gold Bridge </td> </tr> </table>	Fillings	 Silver Filling Gold Filling	Cavities	 Cavity Decayed	Missing Teeth	 Tooth Missing	Crowned Teeth:	 Porcelain Crown Gold Crown	Bridge Work	 Gold Bridge
Fillings	 Silver Filling Gold Filling										
Cavities	 Cavity Decayed										
Missing Teeth	 Tooth Missing										
Crowned Teeth:	 Porcelain Crown Gold Crown										
Bridge Work	 Gold Bridge										
	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery <div style="text-align: center;"> </div>										
	Remarks 										

RESTRICTED

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

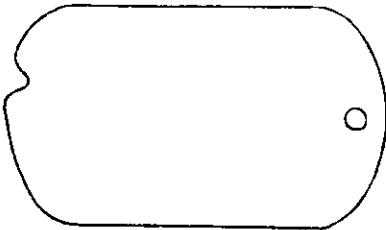
REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

29 August 1946

Imprint Identification Tag if Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)		Serial Number
UNKNOWN (X-10)		UNKNOWN
Grade	Organization	Branch of Service
UNKNOWN	US Marine Corps	UNKNOWN
Race	Religion	If Other than U. S. Dead, Give Name of Country
UNKNOWN	UNKNOWN	

Place of Death	Cause of Death	Date of Death
UNKNOWN	Injuries, Multiple Extremes	4-25-45

Emergency Addressee (Name, Relationship and Address)

UNKNOWN

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

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

Army, Navy, Marine Cemetery, Camp 5, Guadalcanal

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-10-46	1555	Casket and Burial Box	Cross with	4	5	26

Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave	Plot No.	Row No.	Grave No.
Yes	USMC Cemetery, Camp Island	7	5	4

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


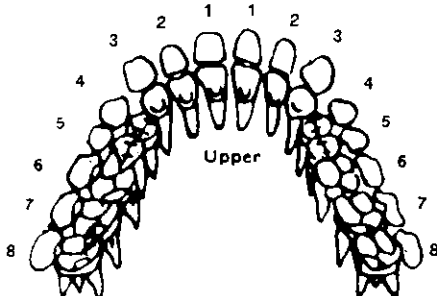
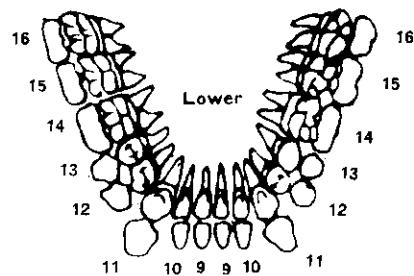





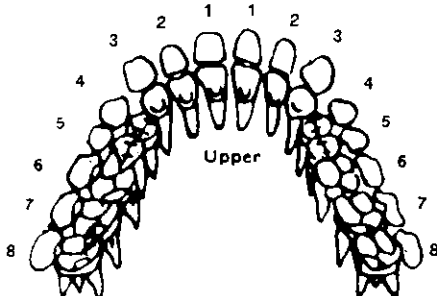
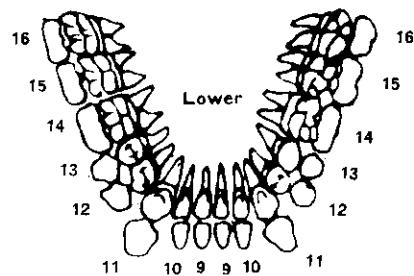





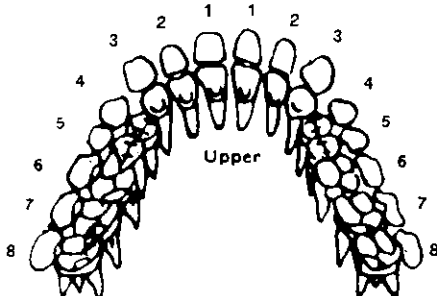
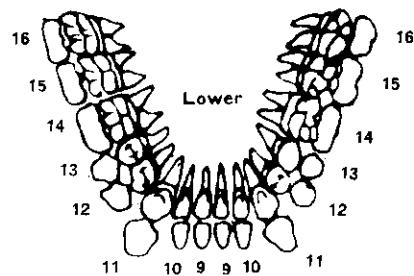





Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
None				

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Unidentified (X-21)	UNKNOWN	UNKNOWN	US Marine Corps	25

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
<i>Robert J. McBroom</i>	<i>Robert J. McBroom</i>

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.

RESTRICTED

SECTION UNIDENTIFIED REMAINS											
Left Little Finger	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 fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.										
Left Ring Finger											
Left Middle 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> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </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 Index Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Weapon and Serial Number</td> <td style="width: 20%;">Laundry Mark</td> <td style="width: 40%;">Where Body Was Buried or Found</td> </tr> <tr> <td> </td> <td> </td> <td> </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 Thumb	Other Identification Clues <div style="border: 1px solid black; height: 40px; width: 100%;"></div>										
Right Thumb	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Fillings  <div style="display: flex; justify-content: space-around; font-size: small;"> Silver Filling Gold Filling </div> </td> <td rowspan="5" style="width: 50%; text-align: center; vertical-align: middle;">  <p>Upper</p> <p>Diagram Represents the Mouth Wide Open</p>  <p>Lower</p> </td> </tr> <tr> <td style="padding: 5px;"> Cavities  <div style="display: flex; justify-content: space-around; font-size: small;"> Cavity Decayed </div> </td> </tr> <tr> <td style="padding: 5px;"> Missing Teeth  <div style="display: flex; justify-content: space-around; font-size: small;"> Tooth Missing </div> </td> </tr> <tr> <td style="padding: 5px;"> Crowned Teeth  <div style="display: flex; justify-content: space-around; font-size: small;"> Porcelain Crown Gold Crown </div> </td> </tr> <tr> <td style="padding: 5px;"> Bridge Work  <div style="display: flex; justify-content: space-around; font-size: small;"> Gold Bridge </div> </td> </tr> </table>	Fillings  <div style="display: flex; justify-content: space-around; font-size: small;"> Silver Filling Gold Filling </div>	 <p>Upper</p> <p>Diagram Represents the Mouth Wide Open</p>  <p>Lower</p>	Cavities  <div style="display: flex; justify-content: space-around; font-size: small;"> Cavity Decayed </div>	Missing Teeth  <div style="display: flex; justify-content: space-around; font-size: small;"> Tooth Missing </div>	Crowned Teeth  <div style="display: flex; justify-content: space-around; font-size: small;"> Porcelain Crown Gold Crown </div>	Bridge Work  <div style="display: flex; justify-content: space-around; font-size: small;"> Gold Bridge </div>				
Fillings  <div style="display: flex; justify-content: space-around; font-size: small;"> Silver Filling Gold Filling </div>	 <p>Upper</p> <p>Diagram Represents the Mouth Wide Open</p>  <p>Lower</p>										
Cavities  <div style="display: flex; justify-content: space-around; font-size: small;"> Cavity Decayed </div>											
Missing Teeth  <div style="display: flex; justify-content: space-around; font-size: small;"> Tooth Missing </div>											
Crowned Teeth  <div style="display: flex; justify-content: space-around; font-size: small;"> Porcelain Crown Gold Crown </div>											
Bridge Work  <div style="display: flex; justify-content: space-around; font-size: small;"> Gold Bridge </div>											
Right Middle Finger	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery <div style="text-align: center; margin-top: 20px;">  </div>										
Right Ring Finger											
Right Little Finger	Remarks <div style="border: 1px solid black; height: 40px; width: 100%;"></div>										

RESTRICTED

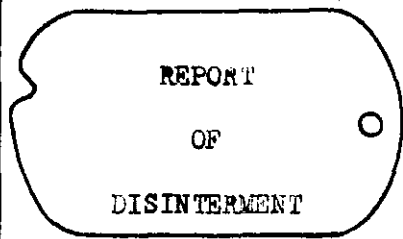
WD QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

9 July 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-18		
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
----------------	----------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	(1) Surface Mortuary Plate (1) Report of Interment; "UNKNOWN X-18 (Form 1042) P-4, R-55, G-26 29 Apr 45."
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
No	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

1 ring (yellow metal) blackstone

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery #2, Agat, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
			Surface	4	55	26

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE


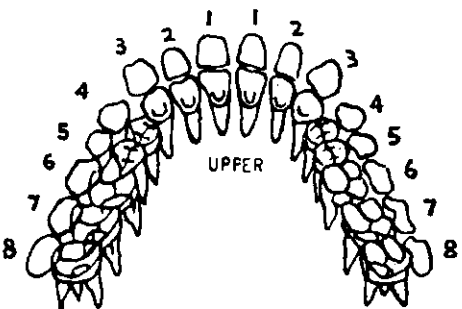




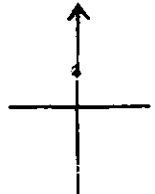
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		(1) Report of Interment (Form 1042)
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

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

SIGNATURE OF PERSON PREPARING REPORT <i>Anthony G. Baker</i> ANTHONY G. BAKER, EMB.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>C.W. Kelley</i> C.W. KELLEY, CAPT., CAC
---	--

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

DATE OF REPORT	Section 3. UNIDENTIFIED REMAINS.			
LEFT LITTLE FINGER	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; (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		 UPPER LOWER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN	
RIGHT THUMB	CAVITIES  CAVITY DECAYED			
RIGHT INDEX FINGER	MISSING TEETH  TOOTH MISSING			
RIGHT MIDDLE FINGER	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN			
RIGHT RING FINGER	BRIDGE WORK  GOLD BRIDGE			
RIGHT LITTLE FINGER				
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY				
				
REMARKS:				

AIRMAIL

913 [Handwritten notes]

OPS Far East

27 June 1950

SUBJECT: Unidentifiable Remains

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

1. Reference is made to your letters dated 25 January 1950, 26 April 1950 and 8 May 1950, inclosing certificates of Unidentifiability for the following:

UNKNOWN	X-18	Agat.	Case #2
"	X-21	"	"
"	X-24	"	"
"	X-19	"	"
"	X-22	"	"

2. The records of this Office indicate that certificates of Unidentifiability, dated 30 November 1948 for the above listed Unknowns, were previously accepted and indorsement of approval forwarded to your headquarters, copy inclosed.

FOR THE QUARTERMASTER GENERAL:

JUN 27 12 56 PM '50
RECEIVED BRANCH

- Cy ltr dtd 26 Jan 50
- Cy ltr dtd 26 Apr 50
- Cy ltr dtd 8 May 50
- Cy 1st Ind dtd 17 Dec 48

ROBERT G. LAY
Capt OAC
Memorial Division

JW

B. Venecky:lak
C.C. Salser

cc: Administrative Section

CC: CINCPAC APO 500

[Handwritten notes and signatures]

AIRMAIL

1. FILE UNDER NO. 293 UNK GUAM (AGAT #2) X-18

SYNOPSIS

2. TYPE OF DOCUMENT: LETTER

3. DATE:

June, 27, 50

4. FROM: OCMG

5. TO: CO AGRS, PHILCOM ZONE, SAN FRANCISCO, CALIF.

6. SUBJECT: Unidentifiable Remains.

7. DOCUMENT FILED UNDER NO. UNK GUAM (AGAT) (MISC) X-18, X-21, X-24, X-19, X-22

mb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

PREPARED BY PHILCOM

/drs

Interred 3 May 1950
L 16 28 Ft. McKinley

DISINTERMENT DIRECTIVE

1

Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent
SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 81654

DATE
02 05 50
DAY MONTH YEAR

NAME UNKNOWN X-18	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
----------------------	---------------	-------	-----	------	----------

CEMETERY USAF CEMETERY AGAT NO. 2, GUAM	PLOT 4	ROW 55	GRAVE 26	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
--	-----------	-----------	-------------	--

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
---	---

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-18	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED 3 May 1950
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)	

REMAINS PREPARED AND PLACED IN CASKET

DATE 3 May 1950	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R. Nichols</i> PAUL R NICHOLS
CASKET BOXED AND MARKED RAYMOND H BRUGBY	SHIPPING ADDRESS VERIFIED BY E. W. RICHARDSON, M/Sgt., RA
DATE 3 May 50 BY Sgt 1c, RA	

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

E. W. Richardson
E. W. RICHARDSON, M/Sgt., RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

file not 6/6/50
Repata Bu

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGNS WASHINGTON	TO	US MILITARY AIRBORNE
KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Goodfellow</i>
DATE		DATE	MAY 8 1950

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	

4/drs

Interred 3 May 1950
L 16 28 Ft. McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

L-16-28 15A

CARL R. H. MARK
Cemetery Superintendent

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6921 2434

DATE
02 05 50
DAY MONTH YEAR

NAME: UNKNOWN I-18 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: WOLF CEMETERY SQAY NO. 2, SQAY PLOT: 4 ROW: 99 GRAVE: 26 DISPOSITION OF REMAINS: TRL 20 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
UNITED STATES MILITARY CEMETERY
FT. MC. KINLEY, P. I.

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: X-18 SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED: 31 May 1950
IDENTIFICATION TAG ON: ORGANIZATION: RELIGION: IDENTIFICATION VERIFIED BY:
 REMAINS MARKER NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shutter half CONDITION OF REMAINS: Skeletal
OTHER MEANS OF IDENTIFICATION:

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: BY: CASKET SEALED BY: EMBALMER (Signature): Carl R. Mark

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.
L. W. Richardson
SIGNATURE OF AGS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: RECORD DATE: 31 May 1950

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

KIND OF CONVEYANCE

TRUCK

ARRS WATSON RD

TO

US MILITARY CEMETERY

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

2. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

G.P.Mc JS

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 00000

DATE
15 11 47
DAY MONTH YEAR

NAME
803-29A-54
UNKNOWN

SERIAL NUMBER
X-000018

RANK

ARM
2

DATE OF DEATH
DAY MONTH YEAR

CEMETERY
GUAM NO 2 AGAT

DISPOSITION OF REMAINS
0 0391 63
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
4 55 26 MARIANAS

CAUSE OF DEATH
6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**GUAM NATIONAL CEMETERY
MARIANAS ISLANDS
(BY ADMINISTRATIVE ORDER)**

NAME AND ADDRESS OF NEXT OF KIN

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED
Unknown X-000018 Unk 28 Apr 45 26 Nov 47

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS MARKER **USN** Unk E S Zapico, 2Lt ITW
NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
Casketed, and burial bag Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION
Fortuary Plate and Report of Interment Form #1042

MINOR DISCREPANCIES 1
None

CANCELLED

REMAINS PREPARED AND PLACED IN CASKET
DATE 18 Jul 48 BY V R NEBIA S, Smb

CASKET SEALED BY EMBALMER (Signature)
C E WATKINS, Smb F S SPEER

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 18 Jul 48 BY P MAZZA J D DORIS, Clerk

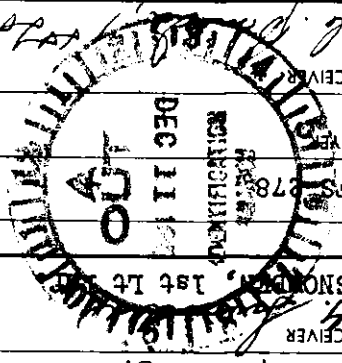
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

J D DeRonde 1949
J D DeRonde, Capt C/P
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		2. SHIPPED		3. SHIPPED		4. SHIPPED		5. SHIPPED		6. SHIPPED		7. SHIPPED	
FROM	US ACCOUNT (SAIPAN I)	FROM	AGRS PORT (SAIPAN, MI)	FROM	MASTER SS-278	FROM	AGRS Tansoleum	FROM	AGRS Tansoleum	FROM	AGRS Tansoleum	FROM	AGRS Tansoleum
KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK
SIGNATURE OF SHIPPER	<i>John J. Kirk</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike</i>
DATE	20 Jul 48	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49
TO	PORT SPOKES (SAIPAN I)	TO	MASTER SS-278	TO	AGRS Tansoleum	TO	AGRS Tansoleum	TO	AGRS Tansoleum	TO	AGRS Tansoleum	TO	AGRS Tansoleum
NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Harold E. Fike</i>	SIGNATURE OF RECEIVER	<i>Harold E. Fike</i>	SIGNATURE OF RECEIVER	<i>Harold E. Fike</i>	SIGNATURE OF RECEIVER	<i>Harold E. Fike</i>	SIGNATURE OF RECEIVER	<i>Harold E. Fike</i>	SIGNATURE OF RECEIVER	<i>Harold E. Fike</i>
DATE	20 Jul 48	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-18 Agat #2				2. DATE OF REPORT 20 Jan '50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR		11. RACE	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS N O N E					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES N O N E					
14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Charred			
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? All bones badly mangled			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS N O N E					
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area) N O N E					

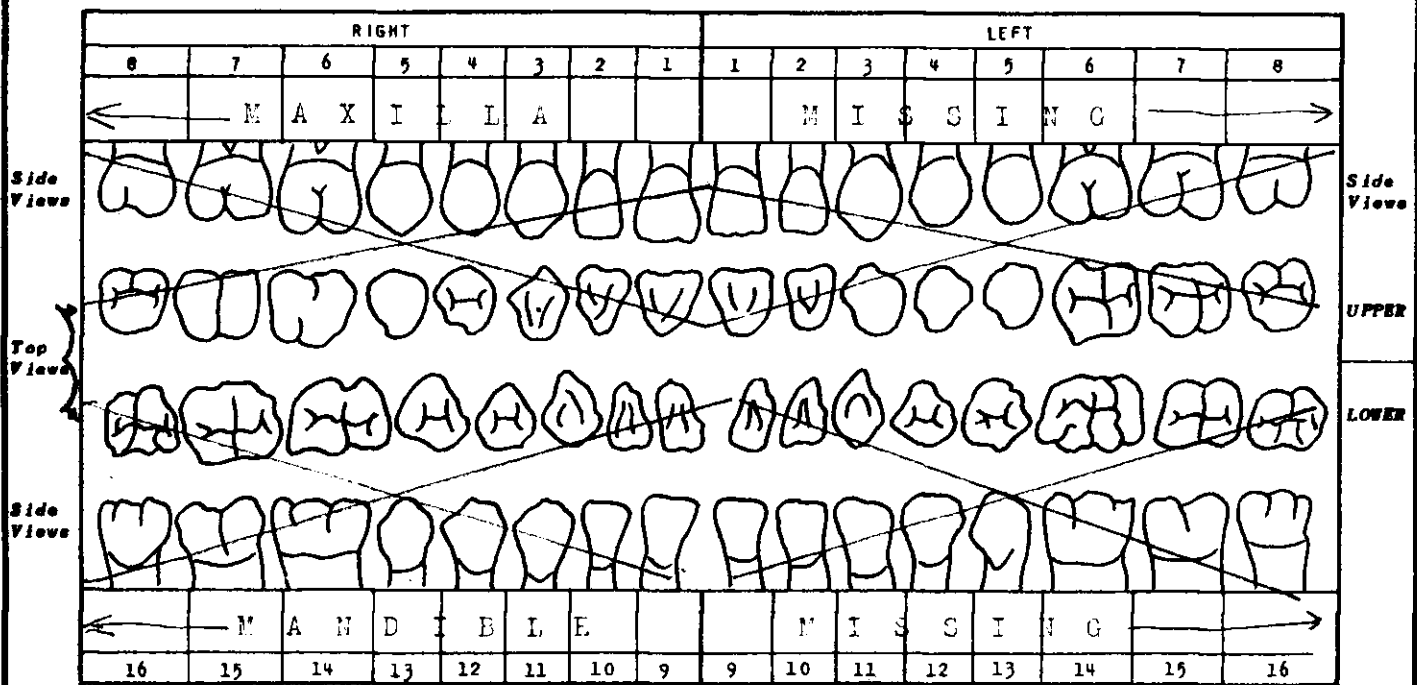
*Cancelled. previously approved
Unident. Manila
Zeno*

~~"UNIDENTIFIABLE"~~

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

Incl 22

18. TOOTH CHART		X-18 Agat #2	
		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'O' 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:			



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 maxillary or mandibular teeth present with remains.

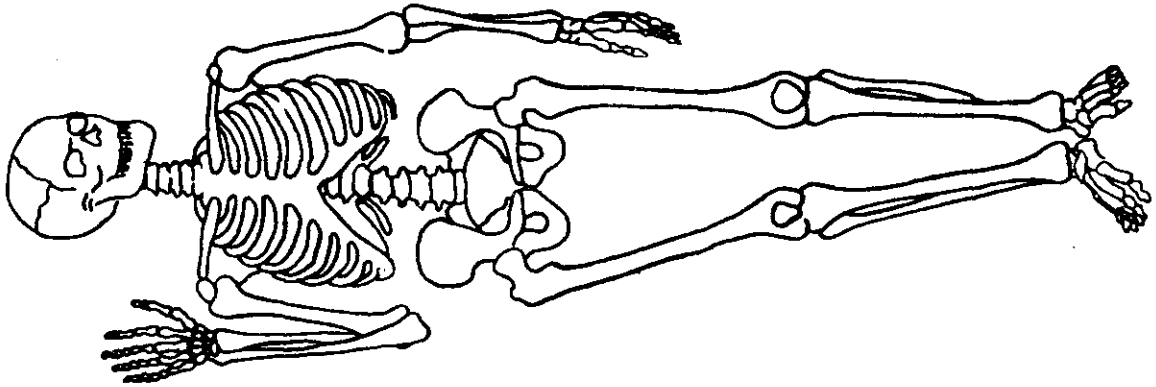
"UNIDENTIFIABLE"

Paul R. Nichols

REASON OF LACK OF IDENTIFYING DATA

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



See Remarks

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

The condition of the remains prevented the accomplishment of the 1044b.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

IDENTIFICATION CHECKLIST

Unknown X-18
Cemetery #2, Agat, Guam
Plot 4 Row 55 Grave 26

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 UTD
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? UTD To what
extent? _____
10. Are any parts of the body missing or severed? See skeletal 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. _____
1 ring (yellow metal) black stone.
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy,
USMC, etc.) UTD

Identification Checklist (cont'd)

14. List every item of clothing and/or equipment found, showing color of each,

also size and markings: _____

_____ Shell fragments.

15. If laundry marks are indistinct, such notation should be made and speci-

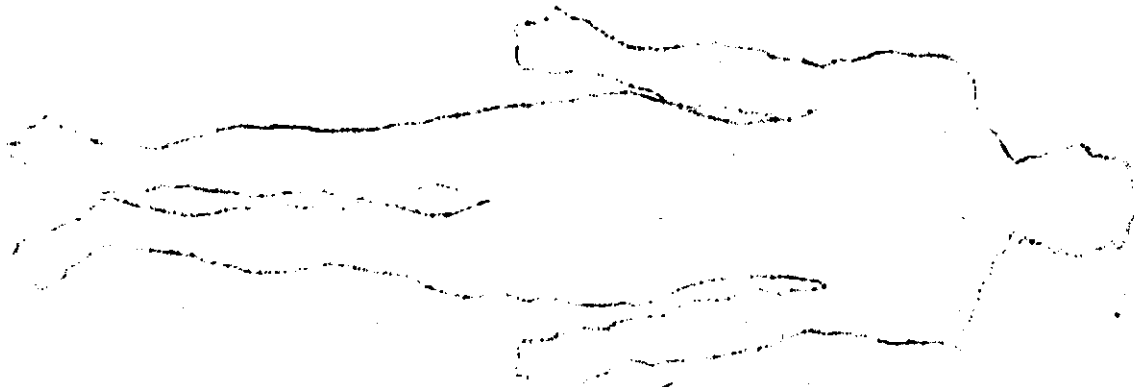
men forwarded through channels for examination _____

None

16. Evidence of healed fractures _____

None

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



18. REMARKS: _____

None

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

Officer's name _____

[Handwritten signature]
Rank _____
Service _____

Organization _____

PROCESSING CENTER

Unknown X-18 Guam # 2994
(Name) (Rank) (Ser No.) (Br of Sv)



Complete Skeleton



SKELETAL CHART

(FORMERLY

(Resubmitted) NOW UNKNOWN X-18

~~UNKNOWN~~ (X-18)

2-5-4

4-55-26

DATE AND HOUR OF DISINTERMENT

1415

29 Aug 1946

DEPTH OF BODY BURIED

4 feet

MARKER AT GRAVE

Yes

BODY BURIED UNDER MARKER

Yes

BURIED IN CASKET

Yes

LIST OF EFFECTS FOUND IN GRAVE

None

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY

Johnson

REMARKS: 100% decomposition

... ..

... ..

... ..

... ..

... ..

... ..

... ..

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-18			2. DATE OF REPORT 9 July 48	
3. NAME OF CEMETERY Cemetery #2, AGAT, GUAM	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	4	55	26	DISINTERMENT REINTERMENT

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

<p>(1) Surface Mortuary Plate: "UNKNOWN X-18 P-4, R-55, G-26 29 Apr 45."</p>	<p>(1) Report of Interment (Form 1042)</p>
---	--

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	See skeletal chart


16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

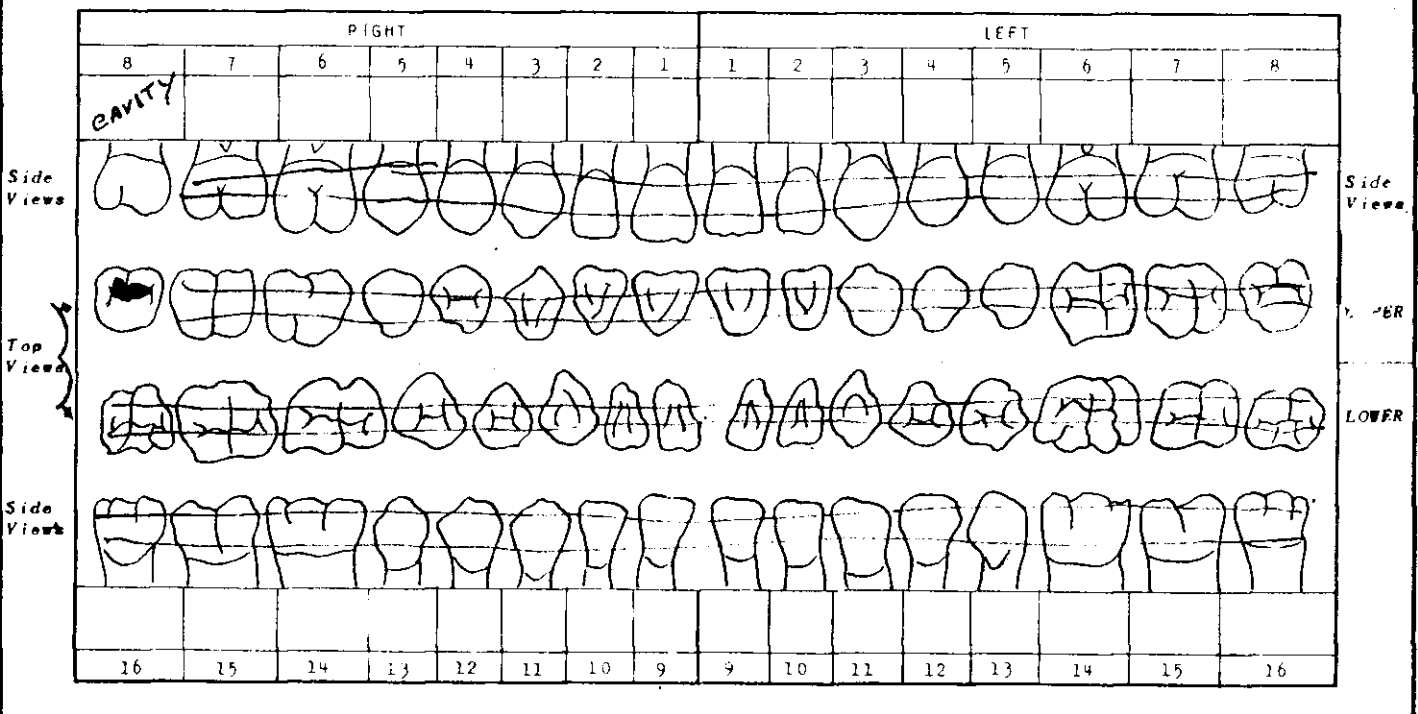
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

1 ring (yellow metal) blackstone w/remains.

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.


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

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

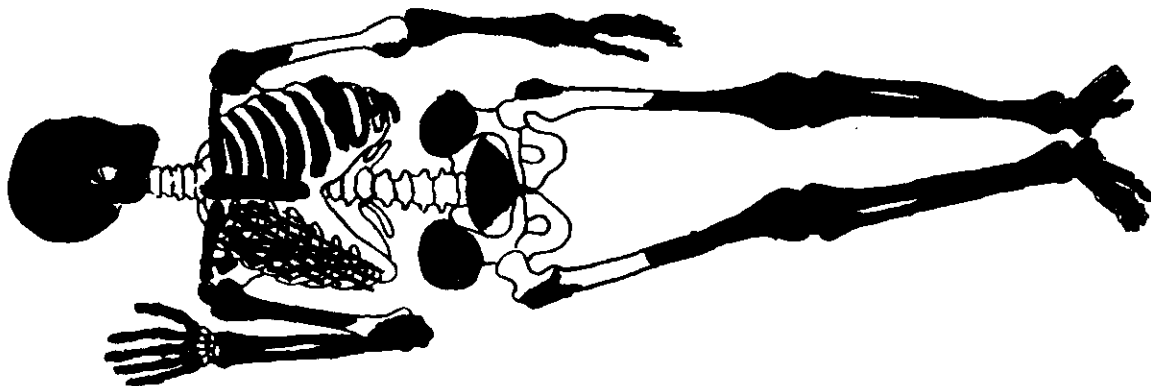


DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

One tooth with remains #28 with occlusal cavities.

H. Geo. Lutkoski
H. GEO. LUTKOSKI

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

None

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

Anthony G. Baker
ANTHONY G. BAKER, EMB.

SIGNATURE

C. W. Kelley
C. W. KELLEY, CAPT., CAC

IDENTIFICATION DENTAL CHART

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

29 August 1946
DATE

WILSON (K-16) USMC 013001
LAST NAME FIRST INITIAL RANK SERIAL NO.

1st Lt 1st Lt
UNIT ORGANIZATION







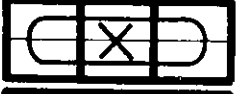








1st Lt Sanitary 2 Det, 8888 4 95 16
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	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 ON ABOVE CHART

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

INSTRUCTIONS:

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

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

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

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

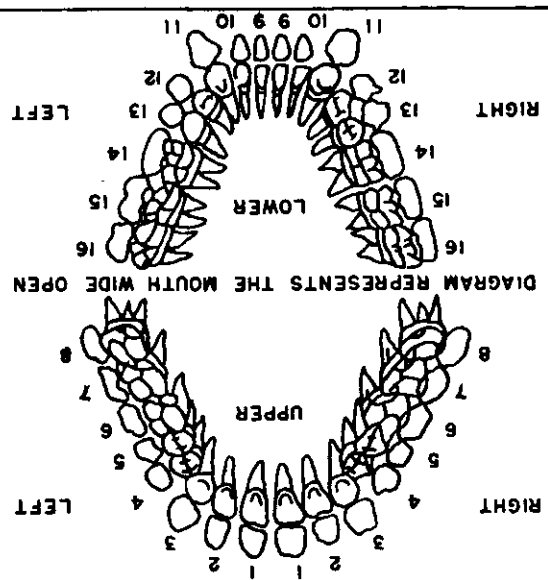


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

NO DENTAL IDENTIFICATION IN JAWBONE

SIGNATURE OF PERSON WHO PREPARED CHART

W. J. Beck

VERIFIED BY GRS OFFICER

Robert J. Johnson

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

NAME AND RANK TYPED OR PRINTED

DATE

IDENTIFICATION DENTAL CHART

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

29 August 1946
DATE

IDENTIFIED (X-18) UNKNOWN UNKNOWN
LAST NAME FIRST INITIAL RANK SERIAL NO.

UNKNOWN USS Hazelwood
UNIT ORGANIZATION
















UNKNOWN Quonset Pt. Army, Guam A 5c 26
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 ON ABOVE CHART

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

INSTRUCTIONS:

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

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

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

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

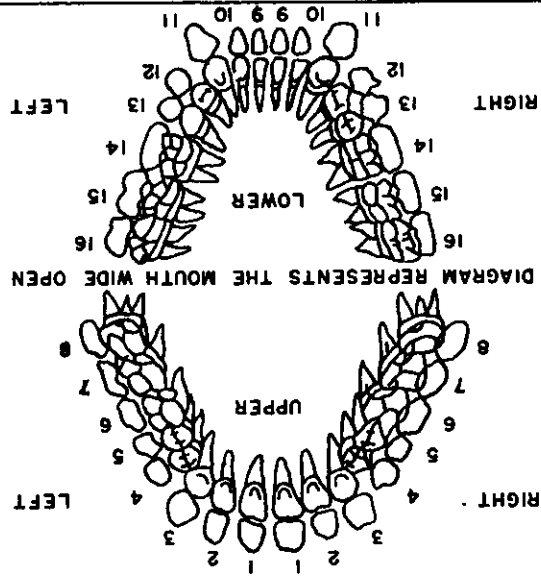


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

No dental identification available

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten Signature]

VERIFIED BY GRS OFFICER

[Handwritten Signature]

NAME AND RANK TITLED OR PRINTED

NAME AND RANK TITLED OR PRINTED

DATE THIS FORM ACCOMPLISHED

29 August 1946

23 work
43 X-18

GUAM # 2
ARMY & NAV. , MC. Com.

REPORT OF BURIAL

NAVMED-801 (9-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH U.S.C. HAZEL WOOD DD-751 DATE REPORT FILLED OUT 30 June 1945

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	<u>CONFIDENTIAL <i>Wagner</i> X-18</u>	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE <u>White</u>

CAUSE OF DEATH <u>Injuries, multiple extreme</u>	PLACE OF DEATH <u>Okinawa area</u>
---	---------------------------------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH <u>29 April 1945</u>	DATE OF BURIAL
---------------------------------------	----------------

NAME OF CEMETERY <u>Ulithi Atoll</u>	LOCATION OF CEMETERY <u>Caroline Islands</u>
---	---

GRAVE MARKER TYPE	PLOT NO. <u>2</u>	ROW NO. <u>5</u>	GRAVE NO. <u>4</u>
-------------------	-------------------	------------------	--------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY <u>General service of faith</u>	RELIGION OF DECEASED <u>unknown</u>
---	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) <u>Remains charred beyond recognition</u>
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED	
	(Name)	(Rank) (Title)

FILE NAVY SECTION G. J. MOYER 7-222 1850

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS

WEAPON AND SERIAL No.

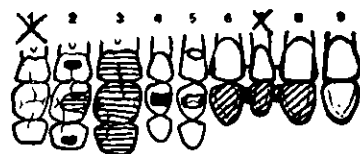
(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

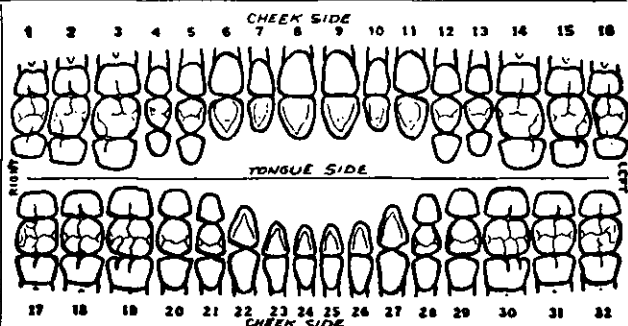
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

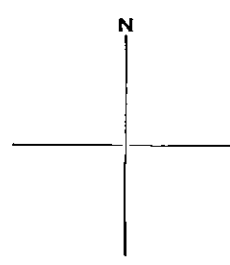
Other defects _____

Remarks _____



COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:
 POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) _____ (Rank or rate) _____



When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening spaces. Do not overlap. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

L. THUMB L. INDEX L. MIDDLE L. RING L. LITTLE R. THUMB R. INDEX R. MIDDLE R. RING R. LITTLE

6

DISINTERMENT, DIRECTIVE

29th US B. Marines X-18 (Guam)

SECTION A
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 00000

DATE

15 11 47

DAY MONTH YEAR

NAME

UNKNOWNX-000018

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

GUAM NO 2 ACAT

DISPOSITION OF REMAINS

0391 63

CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

4 35 26 MARIANAS

CAUSE OF DEATH

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

GUAM NATIONAL CEMETERY
MARIANAS ISLANDS
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

- REMAINS
- MARKER

ORGANIZATION

USM

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

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 GRS INSPECTOR

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

3

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A --
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81634

DATE

02 05 50

DAY MONTH YEAR

NAME: UNKNOWN I - 14
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: USAF CEMETERY AGAT NO. 2, GUAM
PLOT: 4 ROW: 55 GRAVE: 26
DISPOSITION OF REMAINS: 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. W. MCKINLEY, P. I.
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: [] SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISTINTERRED: []
IDENTIFICATION TAG ON: [] ORGANIZATION: [] RELIGION: [] IDENTIFICATION VERIFIED BY: []
 REMAINS
 MARKER
NAME AND TITLE: []

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: [] BY: []
CASKET SEALED BY: [] EMBALMER (Signature): []

CASKET BOXED AND MARKED: [] SHIPPING ADDRESS VERIFIED BY: []
DATE: [] BY: []

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

NAT
FILE
RECORDS ANNOTATED
DATE
NAME
BR. MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

C
O
P
Y

AIR MAIL

OMGAN 293
GRS Far East

1st Ind

Dept. of the Army, O.M.G., Washington 25, D. C., 17 December 1948

TO: Commanding General, Marianas-Bonins Command, APO 346, c/o Postmaster,
San Francisco, California ATTENTION: AGRS, Marbo Zone

1. Reference is made to basic communication and inclosures withdrawn.
2. Subject cases have been reviewed and this office concurs in the classification of these unknowns as unidentifiable.
3. The original Burial Reports for the following unknowns are not of record in this office:

- a. X-5, Plot P5-14, Isolated Burial
- b. X-27, Plot E, Row 11, Grave 5, 2nd Marine Division Cemetery,
Saipan.

FOR THE QUARTERMASTER GENERAL:

16 Incls.: w/d

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

CC: CINCPF

AIR MAIL



22 44



COPY

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

293 MFGRS

AFO 244
30 November 1948

SUBJECT: Transmittal of New GMC Forms 1044 (Resolution of Cases of Unidentified Deceased)

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

1. In accordance with paragraphs 3b and 6, letter, DA, file QMGRU 293, Subject: Resolution of Cases of Unidentified Deceased, dated 17 September 1948, GMC Forms 1044 on unknown remains considered unidentifiable by reason of lack of sufficient identifying data for the following unknowns by cemetery are herewith submitted for acknowledgment and decision:

Cemetery No. 2, Agat, Guam

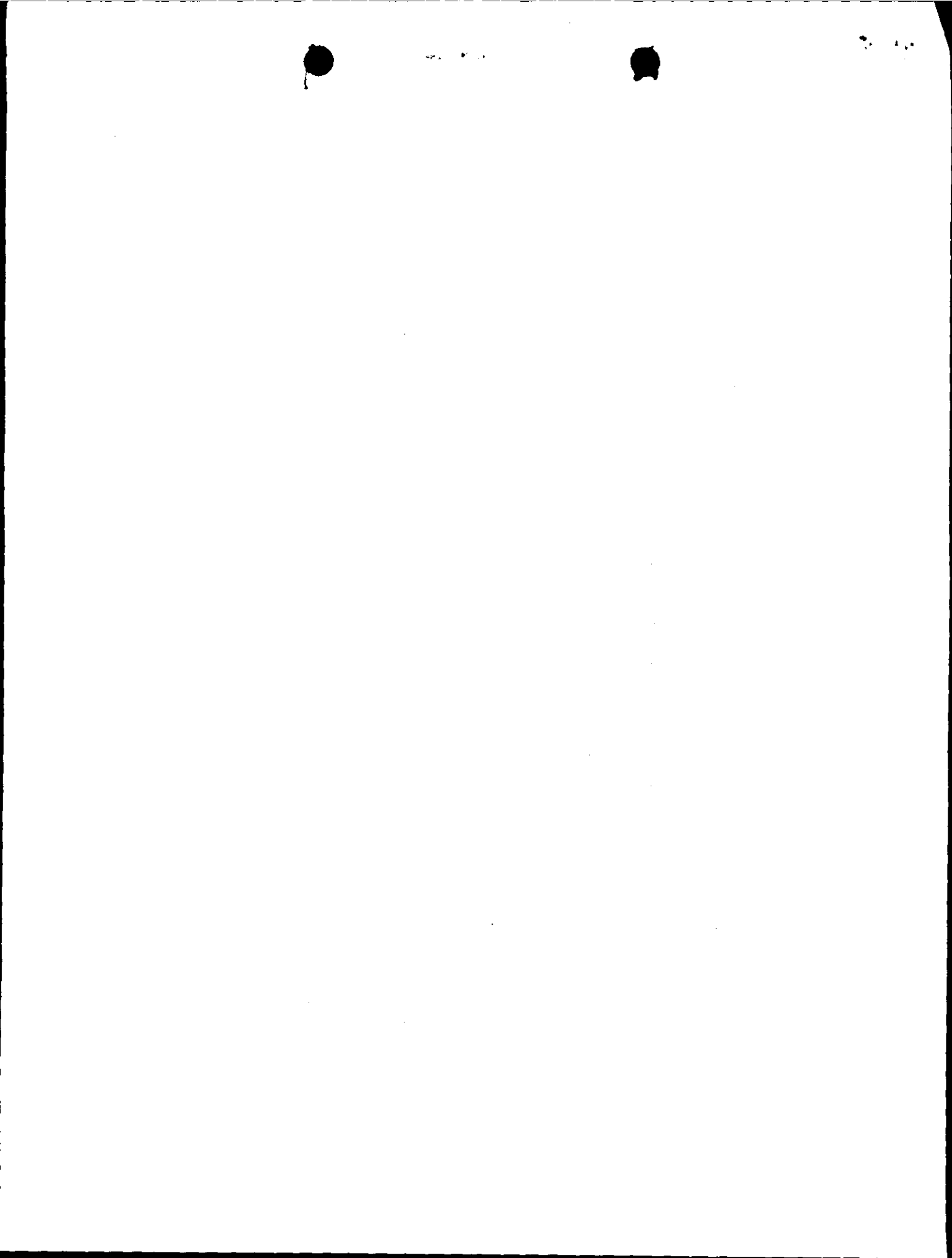
<u>Unknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-6	4	52	24
X-10	4	53	15
X-17	4	57	24
X-18	4	55	26
X-19	4	57	16
X-21	4	55	25
X-22	4	56	6
X-24	4	57	1
X-31	4	58	2
X-34	C	34	9
X-68	4	40	17
X-71	4	44	6

2nd Marine Division Cemetery, Saipan

<u>Unknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-27	E	11	5

Isolated Burials

<u>Unknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-5	P5-14	-	-
X-16	P5-9	-	-
X-17	P5-11	-	-



Ltr, AGRS, MARBO ZONE, APO 244, file 293 MBERS, Dtd 15 Oct 1948, Subj:
Transmittal of New OMC Forms 1044 (Resolution of Cases unidentified Deceased)

2. The unknown remains indicated above are presently stored in AGRS Mausoleum, Saipan, with the exception of Unknown X-34, Plot C, Row 34, Grave 9 and Unknown X-71, Plot 4, Row 44, Grave 6, Cemetery No. 2, Agat, Guam, which were shipped to Manila on the USAT Dalton Victory, 6 October 1948.

FOR THE COMMANDING OFFICER:

16 Incls
1-16. OMC Form 1044 (3)

D. A. BROWN
Major AGD
Adjutant

