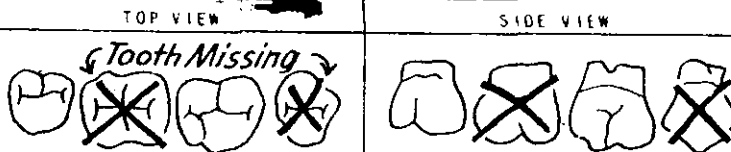


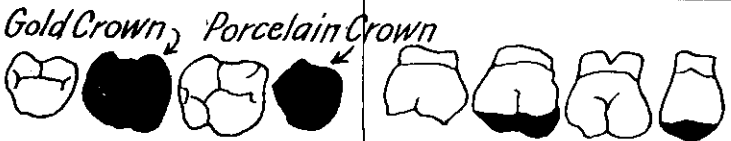
18.

TOOTH CHART

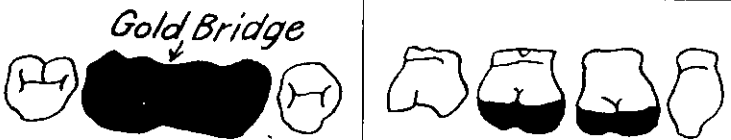
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



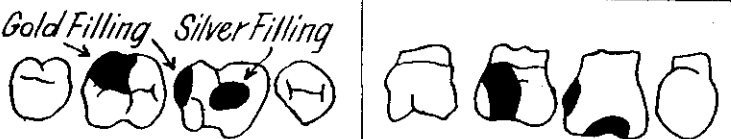
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



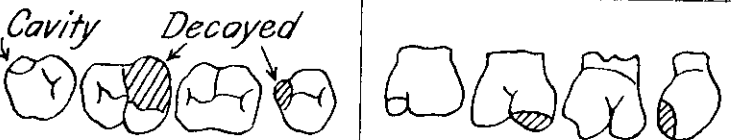
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



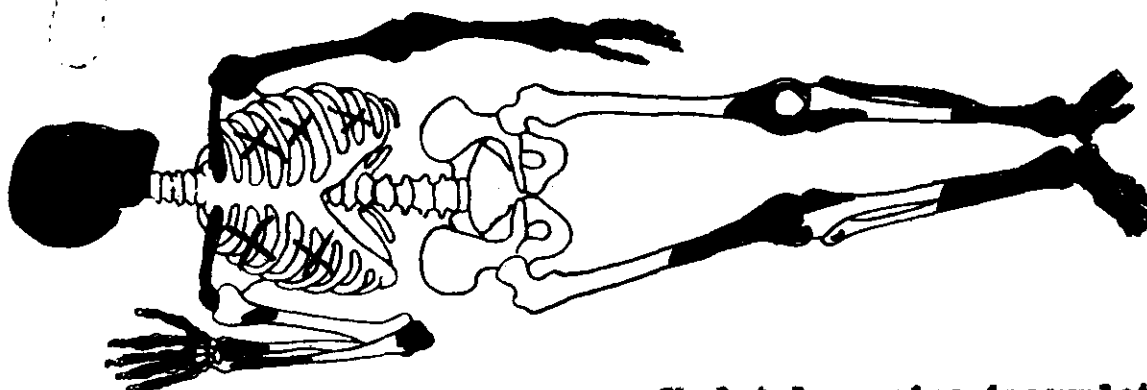
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
Top Views															
Side Views															
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16															

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."

Mandible and maxilla missing.

C. E. Wilkerson  
C. E. Wilkerson

19. BLACK OUT PARTS OF BODY NOT RECORDED



**Skeletal remains incomplete**

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

1. Mortuary Plate on Marker:  
Unknown X-19  
P-4, H-57, G-16      29 Apr 45
2. Form 1042 - Report of interment: Unidentified (X-19)
3. Color of Hair: (Blonde)

*Geo. A. Wheeler*  
**Geo. A. Wheeler**

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

*C. W. Kelley*  
**C. W. Kelley, Capt., C.A.C.**

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-19</b>				2. DATE OF REPORT <b>9 July 48</b>	
3. NAME OF CEMETERY <b>Cemetery #2, Agat, Guam</b>	4. PLOT <b>4</b>	5. ROW <b>57</b>	6. GRAVE <b>16</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>ntd</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>Blonde</b>	11. RACE <b>UTD</b>
-----------------------------------	-----------------------------------	------------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

<b>Mortuary Plate on Marker: Unknown X-19 P-4, R-57, G-16    29 Apr 45</b>	<b>Form 1042; Unidentified (X-19)</b>
--	---

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	<b>Most of bones fractured</b>

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**

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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

18. TOOTH CHART

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

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
Side View																	Side View
Top View																	
Side View																	Side View
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16		

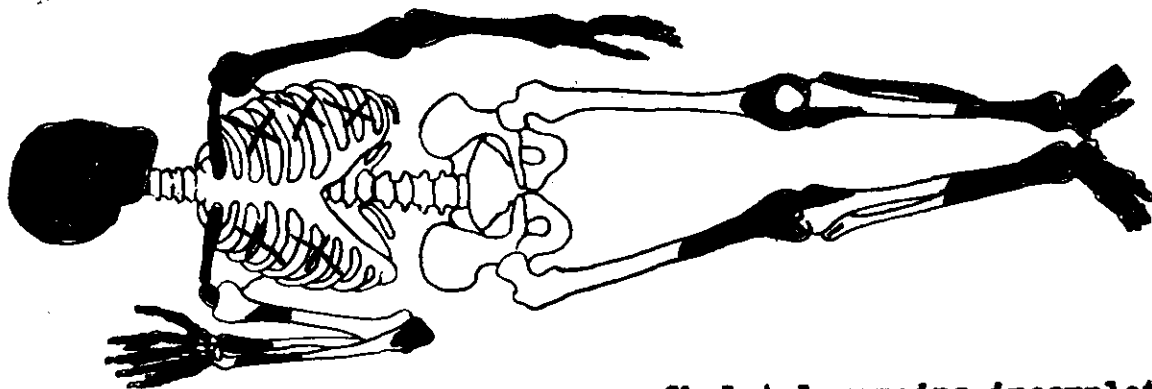
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**Mandible and maxilla missing.**

*C. E. Wilkerson*

**C. E. Wilkerson**

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Skeletal remains incomplete

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

1. Mortuary Plate on Marker:  
 Unknown X-19  
 P-4, R-57, G-16      29 Apr 45
2. Form 1042 - Report of interment: Unidentified (X-19)
3. Color of Hair: (Blonde)

*Geo. A. Wheeler*  
**Geo. A. Wheeler**

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. W. Kelley*  
**G. W. Kelley, Capt., G.A.C.**

# IDENTIFICATION DENTAL CHART

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

28 August 1946

UNIDENTIFIED (X-19)			UNKNOWN		UNKNOWN DATE		
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.			
UNKNOWN			USS Hazelwood				
UNKNOWN			Cemetery #2, Agat, Guam, MI.				
UNKNOWN			4	57	16		
PLACE OF DEATH			PLACE OF BURIAL		PLOT	ROW	GRAVE NO.

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT				13	12	11	10	9	9	10	11	LEFT				12	13	14	15	16	
TYPE																									TYPE
LOCATION																									LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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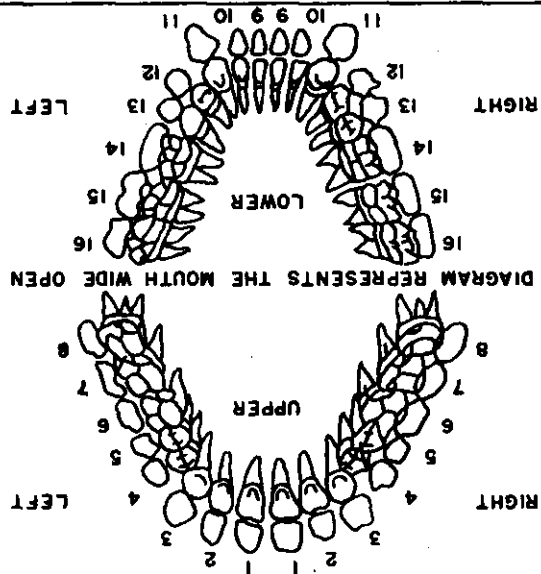
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

No dental identification available

SIGNATURE OF PERSON WHO PREPARED CHART

*W.H. Black*

NAME AND RANK TYPED OR PRINTED

ASOR ISLAND, ULITHI ATOLL

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

NAME AND RANK TYPED OR PRINTED

ROBERT J. MCBROOM CAPT., QMC

DATE

28 August 1946

VERIFIED BY GRS OFFICER

*Robert J. MCBroom*

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293-Unt (misc) Group #2 X18, X19, X21,  
X22, X24

## SYNOPSIS AND DATES

*Misc now filed*

NEW CLASSIFICATION 293-Unt Group #2 X18

*10/5/50*  
*bc*

# RECLASSIFICATION SHEET





HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

293 unk Guam (Agat #2) X-19  
APO 900

3 May 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-19, Plot 4,  
Row 57, Grave 16, USMC Cem #2, Agat, Guam, have  
been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this decedent,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:  
Form 1044

*B. McNemar*  
B. McNemar  
Captain, QMC  
Chief, Records Branch

ENC  
FILE

*pn*  
JUL 28 1950  
Identification Branch

Incl 1



1. FILE UNDER NO. 293 UNK GUAM (AGAT #2 X-19

### SYNOPSIS

2. TYPE OF DOCUMENT: LETTER

3. DATE:

June, 27, 50

4. FROM: OCMG

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

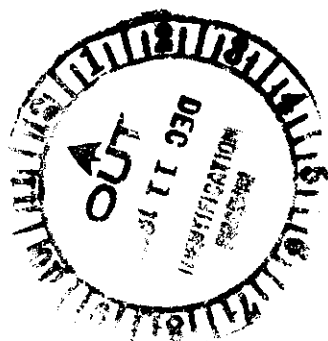
6. SUBJECT: Unidentifiable Remains.

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.



/bpm  
**1**  
/add

Interred 3 May 1950  
L 1 28 Ft. McKinley

PREPARED BY PHILCOM

*Carl R. H. Mark*

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent  
SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 81655

DATE  
02 DAY 05 MONTH 50 YEAR

NAME UNKNOWN X - 19 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY AGAT NO. 2, GUAM PLOT 4 ROW 57 GRAVE 16 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. MCKINLEY, P. I.

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X - 19 SERIAL NUMBER GRADE DATE OF DEATH 3 May 1950 DATE DISTINTERRED

IDENTIFICATION TAG ON REMAINS 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) Paul R Nichols PAUL R NICHOLS

CASKET BOXED AND MARKED DATE 3 May 1950 RAYMOND H TANGUAY, Sgt lc, RA SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt, RA

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*  
L. W. RICHARDSON, M/Sgt, RA  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*File not 6/6/50*

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLIUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
			<i>Goodman</i>	
2. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
3. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
4. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
5. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
6. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
7. SHIPPED				
FROM			TO	
KIND OF CONVEYANCE			NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	

Ltr, AGES, MARBO ZONE, APO 244, file 293 MBUS, Dtd 15 Oct 1948, Subj:  
Transmittal of New CMC Form 1044 (Resolution of Cases unidentified Deceased)

2. The unknown remains indicated above are presently stored in AGES  
Mausoleum, Saipan, with the exception of Unknown X-34, Plot C, Row 3, Grave  
9 and Unknown X-71, Plot A, Row 14, 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, CMC Form 1044 (3)

D. A. BROWN  
Major AGD  
Adjutant



## DISINTERMENT DIRECTIVE

1

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 00000

DATE

15 11 47  
DAY MONTH YEAR

NAME

292 UNKNOWN X-000019

SERIAL NUMBER

RANK

ARM

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 57 16 MARIANAS

CAUSE OF DEATH

6

## SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

GUAM NATIONAL CEMETERY

NAME AND ADDRESS OF NEXT OF KIN

MARIANAS ISLANDS  
(BY ADMINISTRATIVE ORDER)

## SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN

SERIAL NUMBER

X-000019

RANK

Unk

DATE OF DEATH

Unk

DATE DISTINTERRED

Unk

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

 REMAINS  
 MARKER

USN

Unk

E S Zapico, 2Lt INF  
NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Individual grave, uncaske ed,  
nature of shroud undetermined

CONDITION OF REMAINS

Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary Plate

MINOR DISCREPANCIES 1

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 20 Jul 48

BY

J R Williams, Emb

CASKET SEALED BY

J R Williams, Emb

EMBALMER (Signature)

O P Campbell  
O P CAMPBELL

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 20 Jul 48

BY

P Sayan

Max Chelofsk

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

SEP 1 1948  
F T DeGROODT, Capt. CMP

SIGNATURE OF GRS INSPECTOR

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



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-19 Guam #2</b>				2. DATE OF REPORT <b>3 May 1950</b>	
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>4</b>	<b>57</b>	<b>16</b>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION				Age: <b>20 to 25 years</b>	
8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>U T D</b>	10. COLOR OF HAIR <b>U T D</b>		11. RACE <b>U T D</b>	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N O N E**

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

**N O N E**

14. WAS BODY BURNED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>Right tibia</b>

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>All long bones are mangled</b>

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N O N E**

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

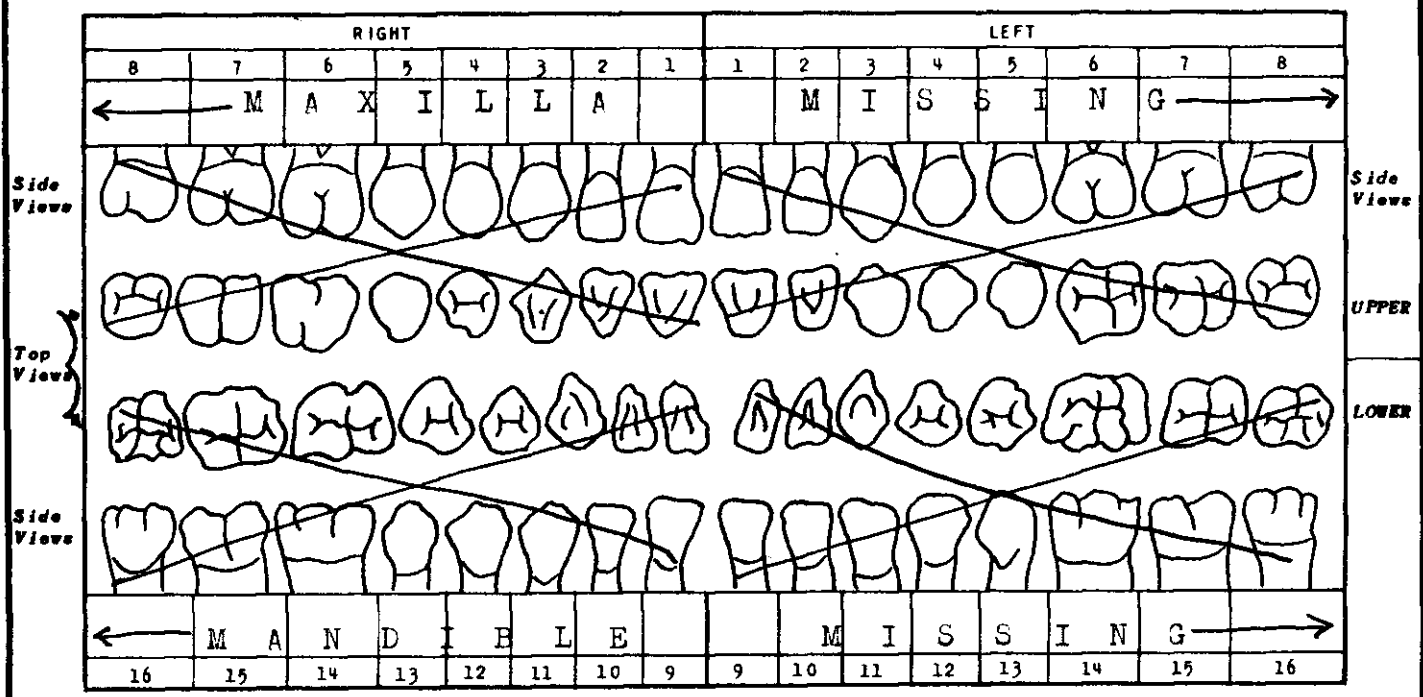
**N O N E**

**"UNIDENTIFIABLE"**

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

*Approved*

18. TOOTH CHART		X-19 Guam #2	
		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:			



**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."

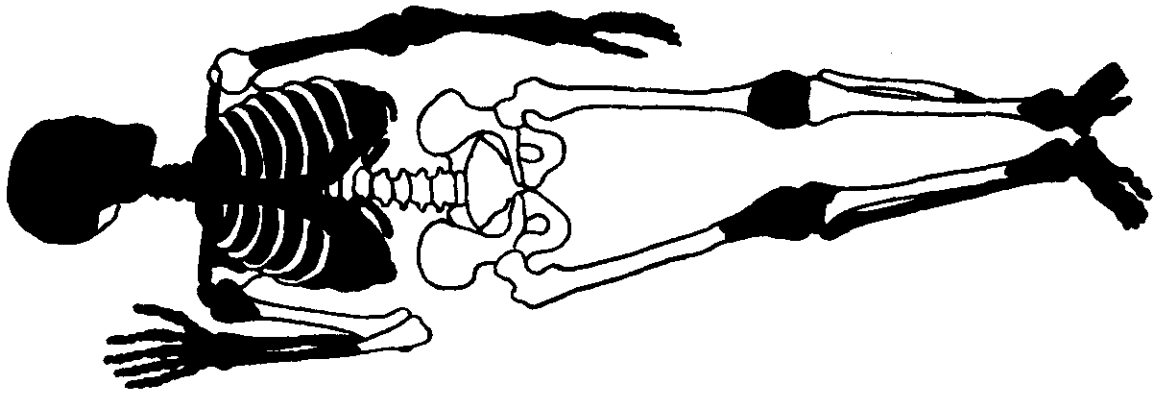
No loose maxillary or mandibular teeth present with remains.

"UNIDENTIFIABLE"

*Paul R. Nichols*

PAUL R NICHOLS  
Identification Section

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height: 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

No identification tag, personal effect or any other means of identification found with remains.

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

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

SIGNATURE  
*Paul R. Nichols*

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-19</b>				2. DATE OF REPORT <b>9 July 48</b>	
3. NAME OF CEMETERY  <b>Cemetery #2, Agat, Guam</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>4</b>	<b>57</b>	<b>16</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>utd</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>Blonde</b>	11. RACE <b>UTD</b>
-----------------------------------	-----------------------------------	------------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary Plate on Marker: Unknown X-19 P-4, R-57, G-16    29 Apr 45	Form 1042: Unidentified (X-19)
---	-----------------------------------

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	<b>Most of bones fractured</b>

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**

**UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.**

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

18.

TOOTH CHART

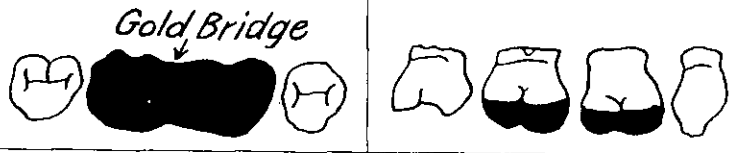
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



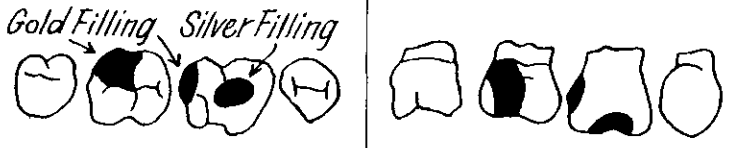
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



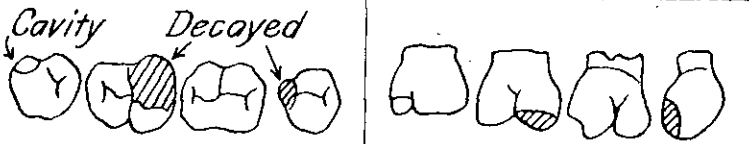
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views								Side Views							
Top Views								Top Views							
Side Views								Side Views							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

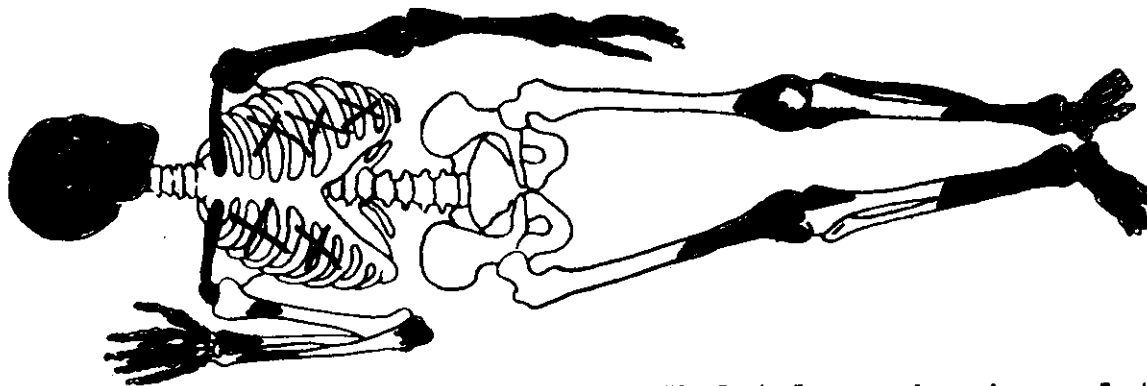
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Mandible and maxilla missing.

*C. E. Wilkerson*

C. E. Wilkerson

19. BLACK OUT PARTS OF BODY NOT NUMBERED



Skeletal remains incomplete

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

1. Mortuary Plate on Marker:  
Unknown X-19  
P-4, R-57, G-16      29 Apr 45
2. Form 1042 - Report of interment: Unidentified (X-19)
3. Color of Hair: (Blonde)

*Geo. A. Wheeler*  
Geo. A. Wheeler

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

*C. W. Kelley*

C. W. Kelley, Capt., C.A.C.



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-19</b>				2. DATE OF REPORT <b>9 July 48</b>	
3. NAME OF CEMETERY <b>Cemetery #2, Agat, Guam</b>	4. PLOT <b>4</b>	5. ROW <b>57</b>	6. GRAVE <b>16</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>utd</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>Blonde</b>	11. RACE <b>UTD</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

<b>Mortuary Plate on Marker: Unknown X-19 P-4, R-57, G-16    29 Apr 45</b>	<b>Form 1042: Unidentified (X-19)</b>
--	---

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

**None**

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Most of bones fractured</b>
--	---

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**

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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

# IDENTIFICATION DENTAL CHART

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

28 August 1946







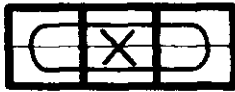








<b>UNIDENTIFIED (X-39)</b>	<b>UNKNOWN</b>	<b>UNKNOWN</b>	DATE
LAST NAME	FIRST	INITIAL	SERIAL NO.
<b>UNKNOWN</b>		<b>US Army</b>	
UNIT		ORGANIZATION	
<b>UNKNOWN</b>	<b>Cemetery #2, Camp, Guam, HI.</b>	<b>4</b>	<b>57 36</b>
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.

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

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	LOWER TEETH																
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	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

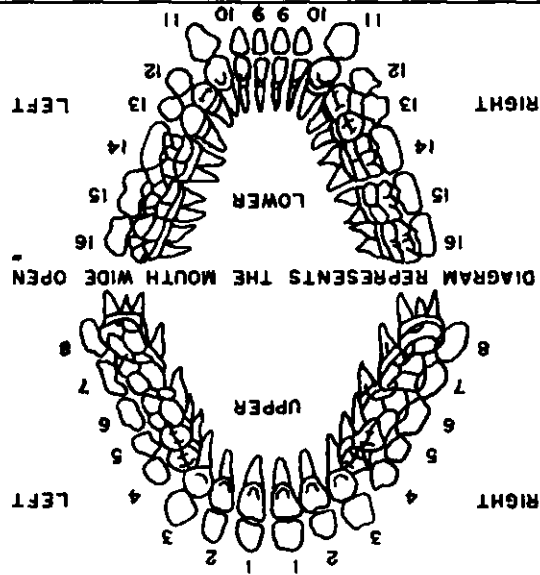
**INSTRUCTIONS:**

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  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

**NO DENTAL IDENTIFICATION AVAILABLE**

SIGNATURE OF PERSON WHO PREPARED CHART

*[Handwritten Signature]*

W. H. BRACK, Lt. (20) USNR  
NAME AND RANK TYPED OR PRINTED

ROBERT J. MORROW, GART, GMS  
NAME AND RANK TYPED OR PRINTED

VERIFIED BY GNS OFFICER

*[Handwritten Signature]*

AGOR ISLAND, BIRTH ATOLL  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

28 August 1946  
DATE

**RESTRICTED**

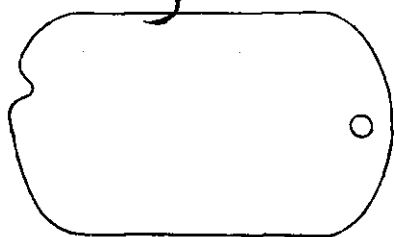
GS Form 1042  
Rev. 1 Apr. 1945  
(Supersedes GRS Form 1)

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

Date of Report

28 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE



**SECTION 1. IDENTIFICATION**

Name (Last, First, Middle Initial)

UNIDENTIFIED (X-19)

Serial Number

UNKNOWN

Grade

UNKNOWN

Organization

USS Hazelwood

Branch of Service

UNKNOWN

Race

UNKNOWN

Religion

UNKNOWN

If Other than U. S. Dead, Give Name of Country

Place of Death

UNKNOWN

Cause of Death

Injuries, Multiple, Extreme

Date of Death

4-29-45

Emergency Addressee (Name, Relationship and Address)

UNKNOWN

Identification Tags Found on Body (1, 2, or None)

NONE

If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse

PLOT PLAN, GRAVE MARKER

Were Substitute Tags Provided (Yes or No)

NO

List Personal Effects Found on Body and Disposition of Same

NONE

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

Name, Number, Coordinates and Location of Cemetery

Army, Navy, Marine Cemetery #2, Agat, Guam, MI.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-11-46	1115	Casket and Burial Bag	Cross with Zinc Plate	4	57	16

Was This a Re-Burial (Yes or No)

Yes

If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave

Ulithi Cemetery, Asor Island

Plot No.	Row No.	Grave No.
2	9	7

Type of Religious Ceremony

MEMORIAL SERVICE ONLY

Person Conducting Burial Rites

If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body

~~PLOT PLAN, GRAVE MARKER~~ *Robert J. McBroom*

Identification Tag Buried With Body (Yes or No)

Zinc Plate

Identification Tag Attached to Marker (Yes or No)

No

DDPC Form 1042 buried in bottle one foot below grave marker.

Body Buried on Deceased Left, Name (Last, First, Middle Initial)

Unidentified (X-20)

Rank

UNKNOWN

Serial Number

UNKNOWN

Organization

USS  
Hazelwood

Grave No.

17

Body Buried on Deceased Right, Name (Last, First, Middle Initial)

"alsh, Jack L.

Rank

WT 2/c

Serial Number

UNKNOWN

Organization

USS Kidd

Grave No.

15

Signature of Person Reporting Report

*Robert J. McBroom*  
ROBERT J. MCBROOM, CAPT., QMC

Signature of GRS Officer Verifying Report

*Robert J. McBroom*  
ROBERT J. MCBROOM, CAPT., QMC

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

**RESTRICTED**



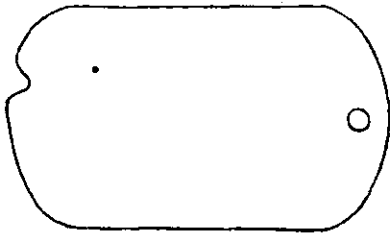
WD QMC Form 1042  
Rev. 1 Apr. 1945  
(Supersedes GRS Form 1)

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

Date of Report

23 Oct 1945

Imprint Identification Tag If Possible. DO NOT TYPE



**SECTION 1. IDENTIFICATION**

Name (Last, First, Middle Initial)

Serial Number

**UNIDENTIFIED (I-19)**

Grade

Organization

Branch of Service

**UNKNOWN**

**USS Hazelwood**

Race

Religion

If Other than U. S. Dead, Give Name of Country

**UNKNOWN**

Place of Death

Cause of Death

Date of Death

**UNKNOWN**

**Injuries, Multiple, Extremes**

**4-29-45**

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**

Were Substitute Tags Provided (Yes or No)

**NO**

List Personal Effects Found on Body and Disposition of Same

**NONE**

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

Name, Number, Coordinates and Location of Cemetery

**Army, Navy, Marine Cemetery #2, Agat, Guam, HI.**

Date of Burial

Hour

Buried in (Shroud, Blanket, or name of other)

Type of Grave Marker

Plot No.

Row No.

Grave No.

**9-11-46**

**1115**

**Grave Bag**

**Cross with Zinc Plate**

**4**

**57**

**16**

Was This a Re-Burial (Yes or No)

If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave

**Yes**

**Ulithi Cemetery, Asor Island**

Plot No.

Row No.

Grave No.

**2**

**9**

**7**

Type of Religious Ceremony

Person Conducting Burial Rites

If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body

~~XXXXXXXXXXXXXXXXXXXX~~ *Robert J. McBroon*

Identification Tag Buried With Body (Yes or No)

Identification Tag Attached to Marker (Yes or No)

**Zinc Plate**

**WDQMC Form 1042 buried in bottle one foot below grave marker.**

Body Buried on Deceased Left, Name (Last, First, Middle Initial)

Rank

Serial Number

Organization

Grave No.

**Unidentified (I-20)**

**UNKNOWN**

**UNKNOWN**

**USS  
Hazelwood**

**17**

Body Buried on Deceased Right, Name (Last, First, Middle Initial)

Rank

Serial Number

Organization

Grave No.

**Walsh, Jack L.**

**WT 2/c**

**UNKNOWN**

**USS Kidd**

**15**

Signature of Person Preparing Report

Signature of GRS Officer Verifying Report


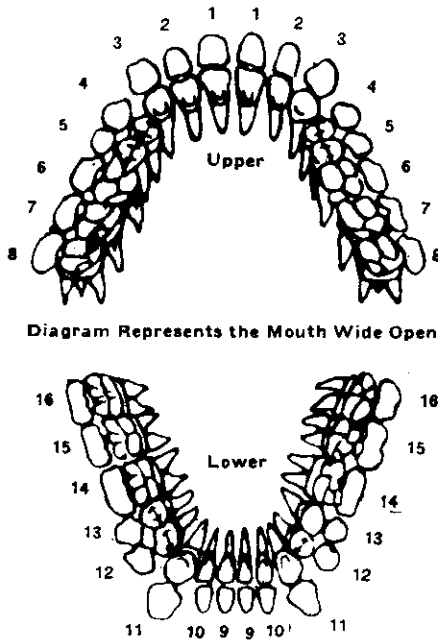





*Robert J. McBroon*

*Robert J. McBroon*

**ROBERT J. McBROON, CAPT., GRC**

**ROBERT J. McBROON, CAPT., GRC**

**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.

		<b>SECTION UNIDENTIFIED REMAINS</b>				
Little Finger Left		<b>Instructions</b> (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.  (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.				
Ring Finger Left		<b>Height</b>	<b>Weight</b>	<b>Color of Eyes</b>	<b>Color of Hair</b>	<b>Birthmarks, Scars or Tattoos</b>
Middle Finger Left		<b>Weapon and Serial Number</b>		<b>Laundry Mark</b>		<b>Where Body Was Buried or Found</b>
Index Finger Left		<b>Other Identification Clues</b>				
Thumb Left		<b>Fillings</b> 		 <p style="text-align:center;">Diagram Represents the Mouth Wide Open</p>		
Thumb Right		<b>Cavities</b> 				
Index Finger Right		<b>Missing Teeth</b> 				
Middle Finger Right		<b>Crowned Teeth</b> 				
Little Finger Right		<b>Bridge Work</b> 				
Ring Finger Right		<b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b>				
Middle Finger Right						
Little Finger Right		<b>Remarks</b>				

4

Interred 3 Mar 1950  
L 1 28 Ft. McKinley

PREPARED BY PHILCOM

### DISINTERMENT DIRECTIVE

**CARL R. H. MARK**  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**6921 81655**

DATE  
**02 09 50**  
DAY MONTH YEAR

NAME <b>UNKNOWN X - 19</b>	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
-------------------------------	---------------	-------	-----	------	----------

CEMETERY <b>USAF CEMETERY ACAT NO. 2, GUAM</b>	PLOT <b>4</b>	ROW <b>57</b>	GRAVE <b>16</b>	DISPOSITION OF REMAINS <b>7701 80</b> 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 <b>X-17</b>	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED <b>31 May 1950</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE	

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

NATURE OF BURIAL <b>Casket</b>	CONDITION OF REMAINS <b>Skeletal</b>
-----------------------------------	---

OTHER MEANS OF IDENTIFICATION

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

#### REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature) <b>Gaul R. Nichols</b>
CASKET SEALED BY	SHIPPING ADDRESS VERIFIED BY	

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

**[Signature]**  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS



RECORD OF CUSTODIAL TRANSFER

FROM		1. SHIPPED		TO		US MILITARY CEMETERY		KIND OF CONVEYANCE		TRUCK		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		2. SHIPPED		TO				KIND OF CONVEYANCE				SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		3. SHIPPED		TO				KIND OF CONVEYANCE				SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		4. SHIPPED		TO				KIND OF CONVEYANCE				SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		5. SHIPPED		TO				KIND OF CONVEYANCE				SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		6. SHIPPED		TO				KIND OF CONVEYANCE				SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM		7. SHIPPED		TO				KIND OF CONVEYANCE				SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
FROM				TO				KIND OF CONVEYANCE				SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	

3

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6321 81655

02 05 50

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 19					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGAT NO. 2, GUAM	4	57	16	7701 80
				CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(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	
<input type="checkbox"/> REMAINS <input type="checkbox"/> 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	EMBALMER (Signature)
CASKET SEALED BY		
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

NOT  
FILE  
RECORDS ANNOTATED  
DATE 6/2/50  
NAME [Signature]  
BR. MEM. DIV.

**RECORD OF CUSTODIAL TRANSFER**

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

C  
O  
P  
Y

AIR MAIL

CGMGN 293  
GRS Far East

1st Ind

Dept. of the Army, OCMG, 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, OMC  
Memorial Division

CC: CINCPF

AIR MAIL

COPY

AMERICAN GRAVES REGISTRATION SERVICE  
MARBO ZONE

293 MPGRS

APD 244  
30 November 1948

SUBJECT: Transmittal of New QMC 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 QMCMU 293, Subject: Resolution of Cases of Unidentified Deceased, dated 17 September 1948, QMC 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	-	-