

FILE IDENTIFICATION TOPPER

FILE NUMBER	943 Ink Green #2 X-20
SUBJECT	

QMC FORM 1121
1 Aug 45

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

293.


Date 13 Oct 48

CASE SUMMARY OF

NAME: UNKNOWN X-20 RANK: _____ SERIAL NO: _____
CEMETERY Agat Cem #2 GUAM Plot: 4 Row: 57 Grave: 17

Remains disinterred from P-4, R-57, Gr-17 as UNKNOWN
X-20 were processed this date and no clues to identity were
found.

cc: 293 _____

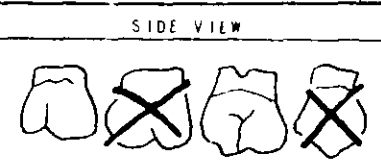

ROY H. OESTREICH
CAPT., INF

(Signature)

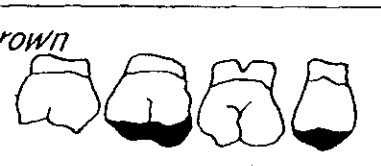
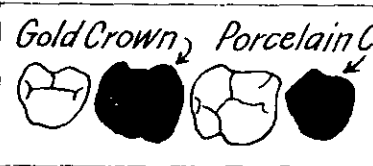
Remarks:

TOOTH CHART

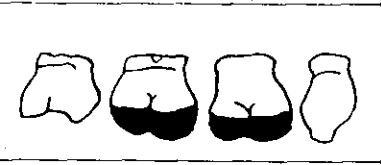
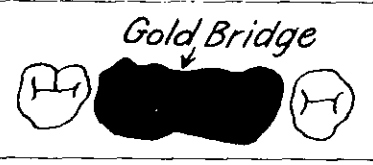
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



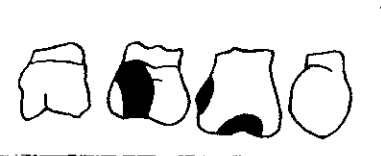
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



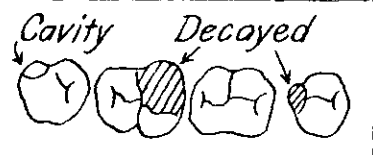
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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

LINE OF FRACTURE

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."

Mandibular missing mandibular missing from 10-8-15-16

[Signature]

SS DeHoodt Capt US

(FORMERLY
(~~XXXXXXXXXX~~) NOW UNKNOWN X-20
UNKNOWN (X-20) 2-9-8

4-57-17

DATE AND HOUR OF DISINTERMENT 01815 28 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 see remarks

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY

Israel

REMARKS: 100% decomposed
Downsare shirt. Piece of copper pipe found.
SKULL smashed to flat piece of lead approximately
2in. thick. Long brown hair approximately 3in. long.

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-20)			UNKNOWN		DATE 28 August 1946				
LAST NAME			FIRST		INITIAL		RANK	SERIAL NO.	
UNKNOWN			UNKNOWN		UNKNOWN			USS Hazelwood	
UNIT			ORGANIZATION						
UNKNOWN			Cemetery #2, Agat Guam, MI.			4	57	17	
PLACE OF DEATH			PLACE OF BURIAL			PLOT	ROW	GRAVE NO.	

	8	7	6	RIGHT				5	4	3	2	UPPER TEETH				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	LOWER TEETH				9	9	10	11	LEFT				12	13	14	15	16	
TYPE	A	X	X																									TYPE	
LOCATION	o-f																											LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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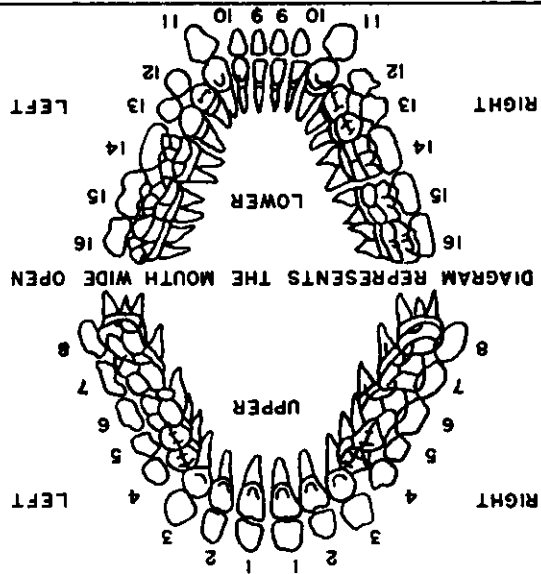
INSTRUCTIONS:

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, 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:

None

SIGNATURE OF PERSON WHO PREPARED CHART

W.H. Black

NAME AND RANK TYPED OR PRINTED
W.H. BLACK, Lt. (JG) USNR

NAME AND RANK TYPED OR PRINTED
ROBERT J. MOHRMAN CAPT., GMC

VERIFIED BY GRS OFFICER

Robert J. Mohrman

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ASOR ISLAND, ULITHI APOIT

DATE

28 August 1946

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APG 928

SUBJECT: Unidentifiable Remains

293 Unk Guam #2 X20

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

L

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

UNKNOWN X-20, Guam Agat #2 }
" X-29, " " " }
" X-5263, AGRS Mslm }

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

FOR THE COMMANDING OFFICER:

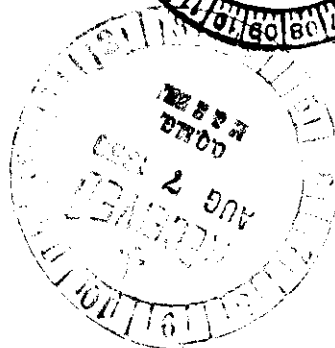
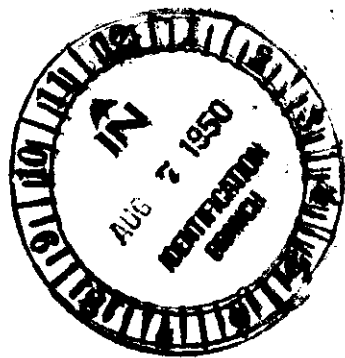
3 Incls
QMC Forms 1044 w/Certificate
of Unidentifiability

John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

293 Unk Guam #2

X 114 3 Unk Guam #2 X29
X 10 3 Unk Manila Maus X5263

NAT
File 17 Oct 50
9. Reynolds
ED



2080
31
202
1810

Interred 15 Aug 50
F 2 2 Ft. McKinley

RECORDED 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 81771

DATE
31 07 50
DAY MONTH YEAR

NAME: **UNKNOWN** / *243* / **X - 20**
SERIAL NUMBER:
GRADE:
ARM:
RACE:
RELIGION:
RACE:
RELIGION:

CEMETERY: **USAF CEMETERY AGAT NO. 2, GUAM**
PLOT: **4** ROW: **57** GRAVE: **17**
DISPOSITION OF REMAINS
CODE: **7701** DIST. CTR.: **80**

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-20 Guam #2, Agat**
SERIAL NUMBER:
GRADE:
DATE OF DEATH:
DATE DISTINTERRED: **1 Aug 50**
IDENTIFICATION TAG ON: REMAINS MARKER
ORGANIZATION:
RELIGION:
IDENTIFICATION VERIFIED BY: **CARL R. H. MARK**
Embalmer NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Blanket & Sheet**
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: **1 Aug 50** BY: **CARL R. H. MARK**
CASKET SEALED BY: **CARL R. H. MARK** EMBALMER (Signature): *Carl R. H. Mark*
CARL R. H. MARK

CASKET BOXED AND MARKED
DATE: **1 Aug 50** BY: **ALBERT C EVATT, Sgt., RA** SHIPPING ADDRESS VERIFIED BY: **JESSE E MAGERS, 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.
Jesse E Magers
JESSE E MAGERS, M/Sgt., RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
NOTE: Plot F Row 2 Grave 2 was formerly occupied by UNKNOWN X - 19, 2nd Marine Division, Saipan, which was disinterred and identified as Scinto, Rodney, Jr., Pfc., 394854.

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM	TO	US MILITARY CEMETERY	KIND OF CONVEYANCE		TRUCK
SIGNATURE OF SHIPPER			DATE	SIGNATURE OF RECEIVER	NAME OF CONVOYER		
15 AUG 1950		<i>Beckstrom</i>					
2. SHIPPED							
FROM			TO		KIND OF CONVEYANCE		
SIGNATURE OF SHIPPER			DATE	SIGNATURE OF RECEIVER	NAME OF CONVOYER		
3. SHIPPED							
FROM			TO		KIND OF CONVEYANCE		
SIGNATURE OF SHIPPER			DATE	SIGNATURE OF RECEIVER	NAME OF CONVOYER		
4. SHIPPED							
FROM			TO		KIND OF CONVEYANCE		
SIGNATURE OF SHIPPER			DATE	SIGNATURE OF RECEIVER	NAME OF CONVOYER		
5. SHIPPED							
FROM			TO		KIND OF CONVEYANCE		
SIGNATURE OF SHIPPER			DATE	SIGNATURE OF RECEIVER	NAME OF CONVOYER		
6. SHIPPED							
FROM			TO		KIND OF CONVEYANCE		
SIGNATURE OF SHIPPER			DATE	SIGNATURE OF RECEIVER	NAME OF CONVOYER		
7. SHIPPED							
FROM			TO		KIND OF CONVEYANCE		
SIGNATURE OF SHIPPER			DATE	SIGNATURE OF RECEIVER	NAME OF CONVOYER		

3

DISINTERMENT DIRECTIVE

29 Burke Guam # 2 X20

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

052

6301 81771

31 DAY 07 MONTH 90 YEAR

NAME: UNKNOWN I - 20 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: WPAF CEMETERY LOT NO. 2, GUAM PLOT: 4 ROW: 97 GRAVE: 17 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. W. MCINLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

REMAINS PREPARED AND PLACED IN CASKET: DATE: BY: CASKET SEALED BY: EMBALMER (Signature): CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: DATE: BY:

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

SIGNATURE OF AGRS INSPECTOR

*File
NAN
29 Aug 90
Burke
RAB*

REMARKS AND SPECIAL INSTRUCTIONS

incl # 2

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

AIRMAIL

QMGMT 293
GRS Far East

Ident

25 August 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 928, c/o Postmaster
San Francisco, California

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

<i>293</i>	Unknown X-20	Army, Navy, Marine, Cem. #2, Guam, Unit 4, Page 11
	" X-29	" " " " " " " 2 " 5
	" X-691	(formerly X-206 Manila #2) Unit 1, Page 4
	" X-4729	" X-1397 " " " 1 " 9
	" X-4795	" X-1129 " " " 1 " 8

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

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

JW

J. Miller:lak
C. Salser

JMN

cc: Administrative Section

CC: CINCPAC

AIRMAIL

QJGAMN 293
NICHOLSON, Melvin Levern
328 79 08, USN

SUBJECT: Identification of Unknown Deceased

JUL 17 1950

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 983, c/o Postmaster
San Francisco, California

1. Reference is made to Case History dated 25 May 1950, PHILCOM ZONE, recommending that the remains of Unknown X-20, Army, Navy, Marine, Cemetery #2, Agat, Guam, Plot 4, Row 57, Grave 17, be identified as the recoverable remains of SPl/c Melvin Levern NICHOLSON, 328 79 08, USN.

2. The recommendation of the Field is disapproved.

3. The identification of X-20 is considered indefensible by this Office, due to the fragmentary condition of the remains which precludes age, weight and height estimation, and two dental discrepancies on the portion of mandible present.

4. Referenced Case History is returned herewith.

5. Unknown X-20 is listed on FEA Unit Roster #4, page 11.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Case History for
NICHOLSON

THOMAS R. COX
Captain CMC
Memorial Division

CC: CINCPC

QJGAMN 293 Unk X-20, ANM Cemetery #2, Agat, Guam

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

803-74-57

6321 00000

15 11 47
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

229, UNKNOWN X-000020

2

DAY MONTH YEAR

CEMETERY

GUAM NO 2 AGAT

0

DISPOSITION OF REMAINS

0391 63
CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

CAUSE OF DEATH

4 57 17 MARIANAS

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

GUAM NATIONAL CEMETERY
MARIANAS ISLANDS
(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN

X-000020

Sgt

29 Apr 45

26 Nov 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

USN

Unk

U S Zepico, 2nd IIF
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Bored, wrapped in poncho

skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary Plate

RECEIVED

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 20 Jul 48

BY

V J Williams, 1st Lt

CASKET SEALED BY

EMBALMER (Signature)

C L Matthews, 1st Lt

J W SPENCER

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 20 Jul 48

BY

P Labazza

J W Morris, 1st Lt

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

[Signature]
J W DeGRODDO, Capt CTF

SIGNATURE OF GRS INSPECTOR

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-20 Agat, Guam No. 2				2. DATE OF REPORT 16 May 1950			
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.			4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION Age: U. T. D.							
8. ESTIMATED WEIGHT U. T. D.		9. ESTIMATED HEIGHT U. T. D.		10. COLOR OF HAIR Dark Brown		11. RACE U. T. D.	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">None</p>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">None</p>							
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		All bones present are mangled.					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p style="text-align: center;">None</p>							
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) <p style="text-align: center;">None</p>							

Incl # 3

18.

TOOTH CHART

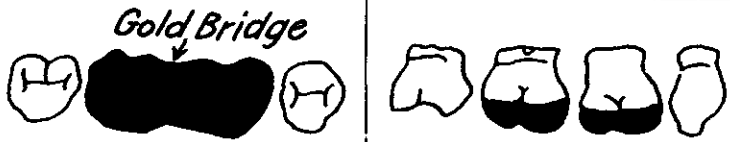
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



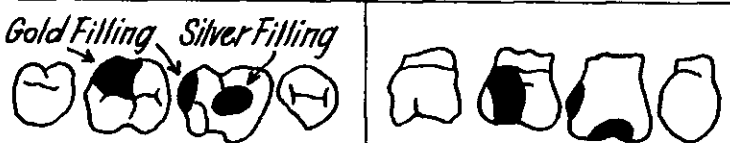
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



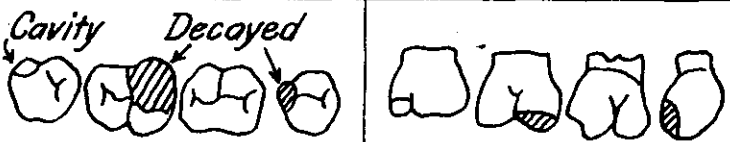
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
← MAXILLA								MISCELLANEOUS →							
Side Views															
Top Views															
Side Views															
← MANDIBLE								MISCELLANEOUS →							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

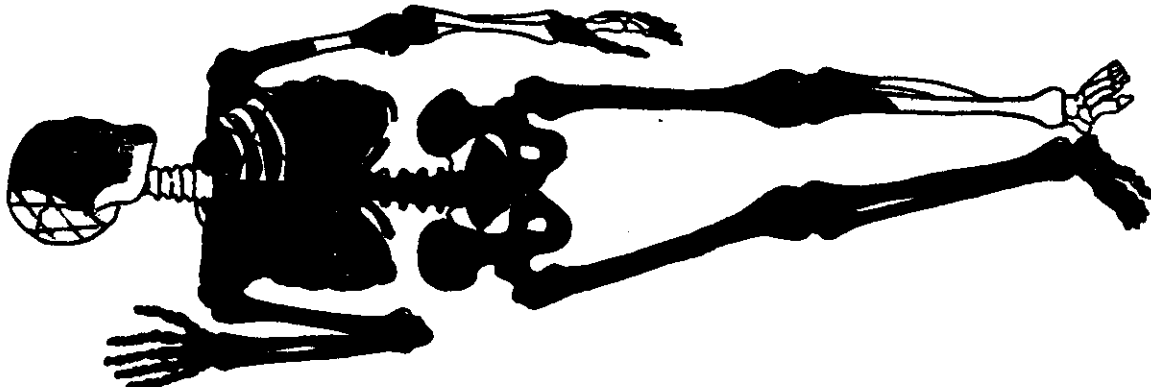
No loose maxillary or mandibular teeth present with remains.

Paul R. Nichols

PAUL R. NICHOLS
Chief Identification Section

ENC # 3a

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

See attached Anthropologist's statement dated 16 May 1950.

1950

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

ROBERT B. WILLY
Anthropologist

SIGNATURE

CENTRAL IDENTIFICATION POINT
AGRS APO 900
NICHOLS FIELD, MANILA, P.I.

16 May 1950

S T A T E M E N T

Reference: UNK X-20, Agat, Guam #2 Cemetery
" X-23 " " " "
" X-25 " " " "
" X-29 " " " "

The above four (4) remains were examined by me this date for proper segregation, and in an effort to establish individual association of these remains with unaccounted for casualties from the USS Hazelwood.

Each of the above remains is now properly segregated, and each represents one and the same individual.

The examination revealed the following:

Remains UNK X-20 compares very favorably with NICHOLSON, Melvin L., as to pattern of extractions in the portion of the right mandible present, and dark brown hair color. The fragmentary condition of the remains precluded estimation as to height and age.

Remains UNK X-23 compares very favorably with GREEN, Gerald Max, as to great height, and pattern of extractions and fillings.

The cranium associated with remains UNK X-29 compares perfectly with KALKBRENNER, Albert Frank as to pattern of extractions and fillings; however, the post-cranial remains are definitely not associated with KALKBRENNER. There is no definite way of proving whether the cranium and the post-cranial remains are properly associated; however, it is very probable that they are not properly associated. Thus, remains UNK X-29 was segregated into two (2) remains. The cranium remaining as UNK X-29 and the newly segregated post-cranial remains assigned UNK X-134 Agat, Guam Cemetery #2.

Remains UNK X-25 could not be associated individually with any of the unaccounted for casualties from the USS Hazelwood.

INCL # 4

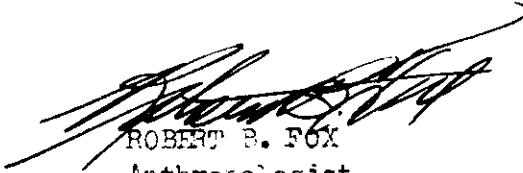
CONCLUSION:

I recommend the following individual identifications:

UNK X-20 as NICHOLSON, Melvin I.

UNK X-23 as GREEN, Gerald Max

The cranium (X-29) as KALKBRENNER, Albert Frank



ROBERT B. FOX
Anthropologist

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

26 Nov 47
 Date

UNKNOWN X-20










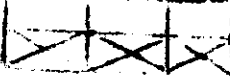





LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT			ORGANIZATION	
GUAM			4	57
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO
	Agat, Cmtry #2, Guam			17

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

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

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

INSTRUCTIONS:

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

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

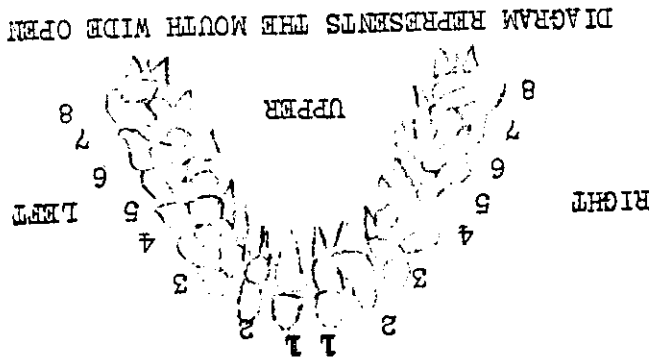
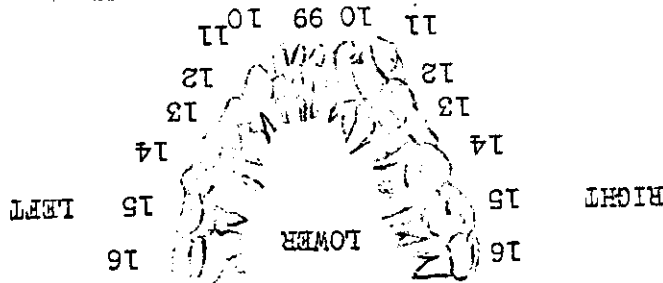


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

Entire Maxilla missing. Portion containing R-10, R-9 & L-9, L-10, L-11, L-12, L-13, L-14, L-15 & L-16 missing.

SIGNATURE OF PERSON WHO PREPARED CHART *[Signature]*
NAME AND RANK TYPED OR PRINTED L. HO, Capt., D.C.
VERIFIED BY GRS OFFICER *[Signature]*
NAME AND RANK TYPED OR PRINTED EMILIO S. ZAPICO, 2nd Lt., Inf.

Guam

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

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

DATE

<u>UNKNOWN</u>	<u>(X-20)</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>
LAST NAME	FIRST	INITIAL	SERIAL NO.
<u>UNKNOWN</u>		<u>US Navy</u>	
UNIT		ORGANIZATION	
<u>UNKNOWN</u>	<u>Cometary #2, Agat Gunn, HI.</u>	<u>4</u>	<u>57</u>
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW
		<u>27</u>	GRAVE NO.

	8	7	6	RIGHT	5	4	3	UPPER TEETH	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	LOWER TEETH	10	9	9	10	11	LEFT	12	13	14	15	16	
TYPE	A	X	X																	TYPE
LOCATION	of																			LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; 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;"> </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;"> </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>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; 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>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; 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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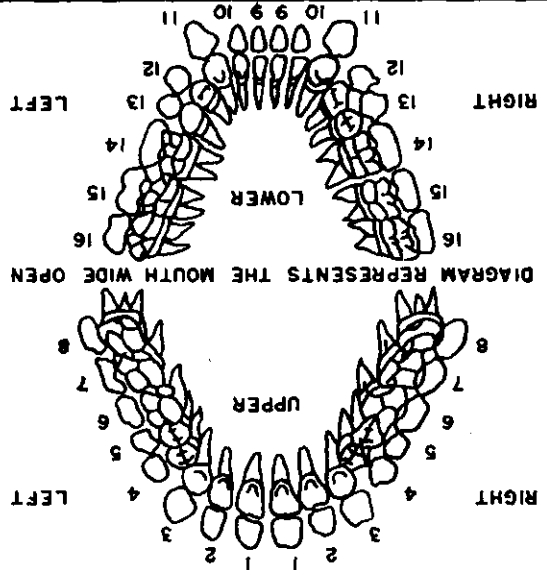
INSTRUCTIONS:

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

A. J. BAKER, L.S. (D.D.) DENT

NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

ROBERT J. HANCOCK CAPT. GRS

NAME AND RANK TYPED OR PRINTED

20 AUGUST 1946

DATE

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ARMY TRAINING CENTER, BETHLEHEM, PA.

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

26 Nov 47

Impress Identification Tag If Possible
DO NOT TYPE

Section 1. IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-20		SERIAL No.
GRADE		BRANCH OF SERVICE
ORGANIZATION		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
RACE	RELIGION	

REPORT OF
DISINTERMENT

PLACE OF DEATH GUAM	CAUSE OF DEATH Unk	DATE OF DEATH
-------------------------------	------------------------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Interment papers found and enclosed with remains.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Agat, Cmtry #2, Guam
--

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of container)	TYPE OF GRAVE MARKER	PLOT No. 4	ROW No. 57	GRAVE No. 17
----------------	------	---	----------------------	----------------------	----------------------	------------------------

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

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

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Gemmell, Donald H.	RANK CMM	SERIAL No. 6429632	ORGANIZATION USN	GRAVE No. 18
---	--------------------	------------------------------	----------------------------	------------------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Unknown X-19	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 16
--	------	------------	--------------	------------------------

SIGNATURE OF PERSON PREPARING REPORT TODORICO J. ESPITAL	SIGNATURE OF GRS OFFICER VERIFYING REPORT EMILIO S. ZAPICO, 2nd Lt., Inf.
--	---

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

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


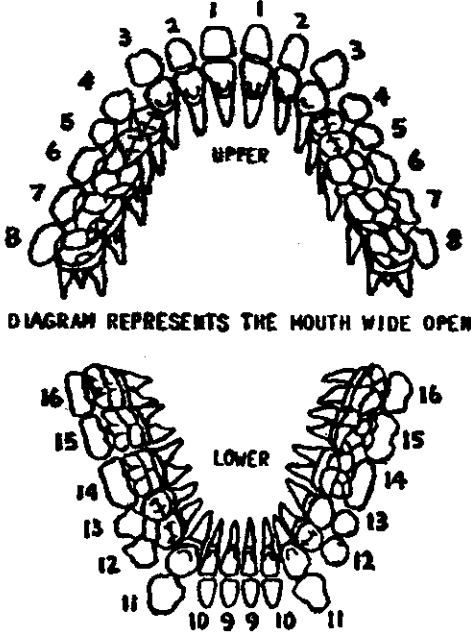




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

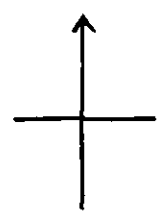
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS: Condition of Remains: All bones missing except part of left tibia and fibula, part of mandible.

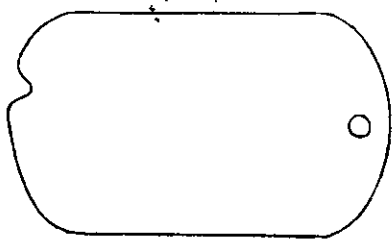
WD QMC Form 1042
Rev. 1 Apr. 1945
(Supersedes GRS Form 1)

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

28 August 1946

Imprint Identification Tag If Possible DO NOT TYPE 	SECTION 1. IDENTIFICATION		
	Name (Last, First, Middle Initial)		Serial Number
	UNIDENTIFIED (X-20)		UNKNOWN
	Grade	Organization	Branch of Service
UNKNOWN	USS Hazelwood	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 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.



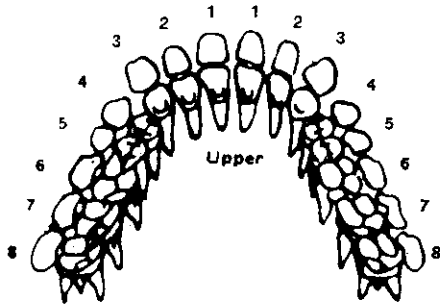



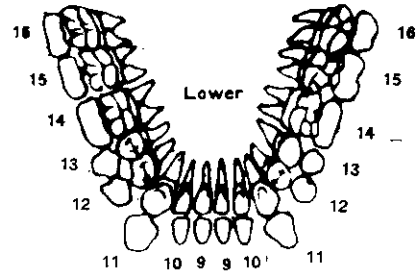

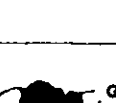




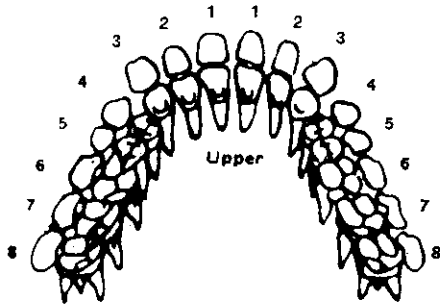



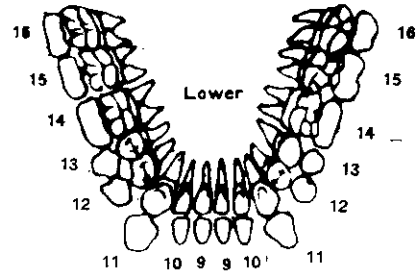

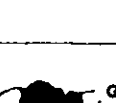



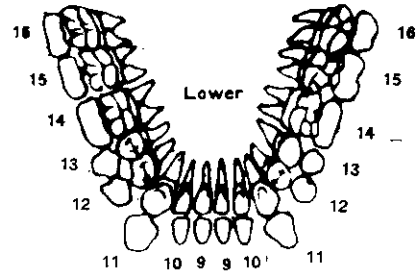

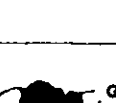






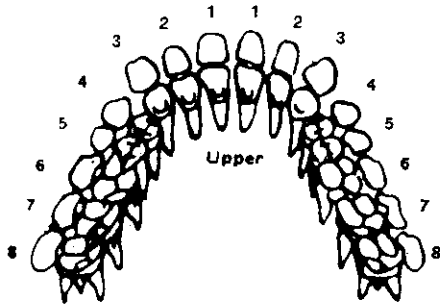



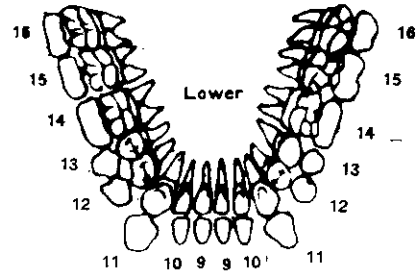

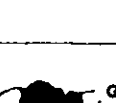



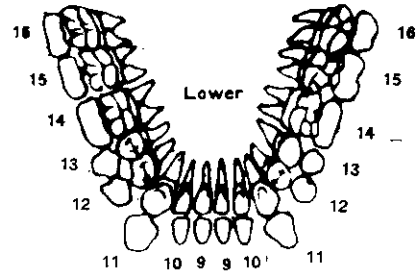

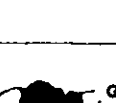





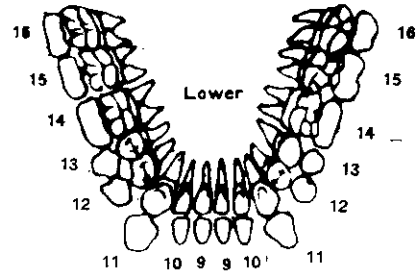

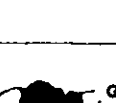






Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-11-46	1115	Casket and Burial Bag	Cross with Zinc Plate	4	57	17
Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave			Plot No.	Row No.	Grave No.
Yes	Ulithi Cemetery, Asor Island			2	9	8

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
MEMORIAL SERVICE ONLY		
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	PLOT PLAN, GRAVE MARKER
Zinc Plate	NO	

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Gemmell, Donald H.	CMM	642-96-32	US Hamul	18
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Unidentified (X-19)	UNKNOWN	UNKNOWN	USS HAZELWOOD	16

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
<i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC	<i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC

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

SECTION UNIDENTIFIED REMAINS																	
Left Little Finger	<p>Instructions</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>																
Left Ring Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Height</td> <td style="width: 15%;">Weight</td> <td style="width: 20%;">Color of Eyes</td> <td style="width: 20%;">Color of Hair</td> <td style="width: 30%;">Birthmarks, Scars or Tattoos</td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos											
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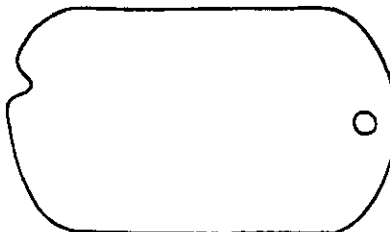
RESTRICTED

QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

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)		SERIAL No.
UNIDENTIFIED (X-20)		UNKNOWN
GRADE	ORGANIZATION	BRANCH OF SERVICE
UNKNOWN	USS Hazelwood	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	PLOT PLAN, GRAVE MARKER

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO
NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

A TRUE COPY:
H. B. McNEEMAR
H. B. McNEEMAR
Capt., QMC

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	17

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.
Yes	Ulithi Cemetery, Asor Island	2	9	8

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
MEMORIAL SERVICE ONLY		WD QMC 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 Plate	No	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Gemmell, Donald H.	CMM	642-96-32	USS Hamul	18

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Unidentified (X-19)	UNKNOWN	UNKNOWN	USS HAZELWOOD	16

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
/s/t/ ROBERT J. MCBROOM, CAPT., QMC	/s/t/ ROBERT J. MCBROOM, CAPT., QMC

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

RESTRICTED

INTRA OFFICE REFERENCE SHEET

DUE, HOUR AND DATE

1 NO.	2 FROM--	3 TO--	4 DATE	5 MESSAGE
1	Navy Liaison Section Repat Br Mem Div	Chief, Id Branch Id Section	10 Aug 1950	<p>SUBJECT: <u>Unknowns X-20 and X-29, Army, Navy, Marine Cemetery #2, Agat, Guam</u></p> <p>1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Branch.</p> <p>2. Efforts by this Section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties, have met with negative results based upon evidence presently contained in files.</p> <p>3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.</p> <p style="text-align: right;"><i>[Signature]</i> MOYER 73880</p>
2	Ident Sec Ident Br Mem Div	Navy Liaison Section Repat Br Mem Div	23 Aug 1950	<p>1. Reference is made to paragraph 3, Comment No. 1.</p> <p>2. Findings of Unidentifiability have been approved by this Office.</p> <p>3. Files are returned herewith for completion of Administrative reports.</p> <p style="text-align: center;"><i>[Signature]</i> COX 74059</p> <p style="text-align: right;"><i>[Signature]</i> MOYER 62462</p>

AUG 25 1950
FILE
NAVY SECTION
C. J. MOYER



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOA ZONE

APO ~~968~~ 928

19 July 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- 20 , Plot 4 ,
Row 57 , Grave 17 , USMC ANM Com #2, Agat, Guam , have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


V. B. McNEELAR
Captain, QMC
Chief, Records Branch

Received 10 Aug 50 COMG

Not identifiable from
information

J. Miller, Ident. Sec.
23 Aug 50

Aug 25 1950
G. J. [unclear]

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK. X-20, Guam Agat # 2				2. DATE OF REPORT 25 July 1950		
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION				Age: U.T.D.	
8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	10. COLOR OF HAIR Brown	11. RACE U. T. D.		

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

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

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

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"

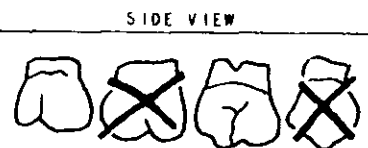
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

AUG 2 1951
NAVY
G. B. SULLIVAN
CHIEF

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:



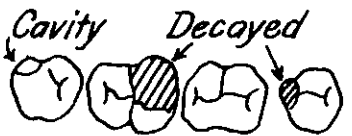
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
← M A X I L L A								M I S S I N G →							
Side Views															
UPPER															
LOWER															
Side Views															
$\frac{a}{o}$	X	X				←	Mandible		Missing					→	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

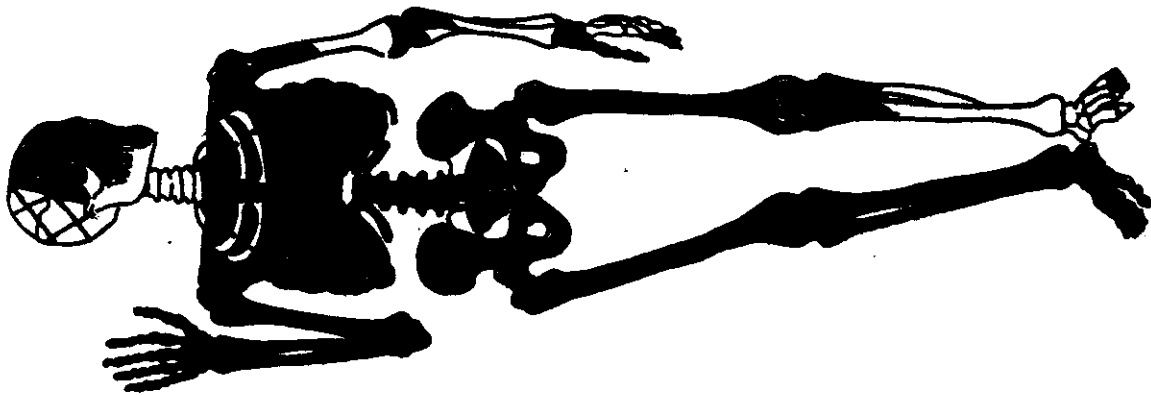
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose maxillary or mandibular teeth present with remains.

"UNIDENTIFIABLE"

ROBERT R. FOX
Anthropologist, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height 5' 8" D.

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 effects or any other means of identification found with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

NEW YORK
MAY 1 1947

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

ROBERT D. [unclear]
[unclear]

SIGNATURE