

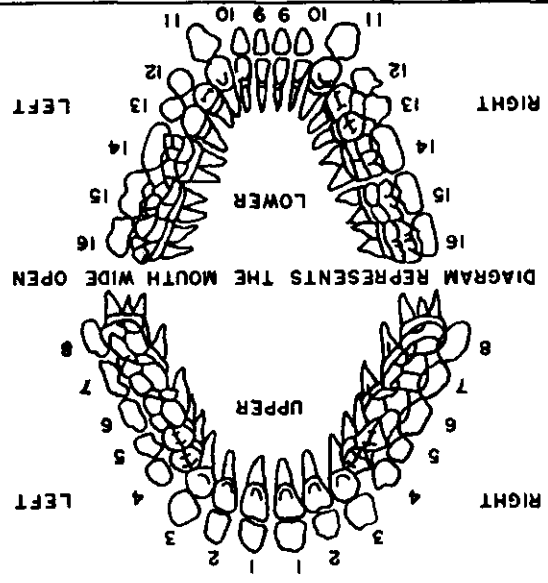
INSTRUCTIONS:

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

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

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

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



REMARKS:

NO DENTAL IDENTIFICATION AVAILABLE

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten Signature]

VERIFIED BY GRS OFFICER

[Handwritten Signature]

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

PERSON IDENTIFIED, WITH I.D. NUMBER

DATE
August 1976

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.

29 August 1946
DATE

UNIDENTIFIED (X-21) UNKNOWN UNKNOWN
LAST NAME FIRST INITIAL RANK SERIAL NO.

UNKNOWN USS Massachusetts
UNIT ORGANIZATION
















UNKNOWN Cemetery #2 Agut, Guam 4 95 25
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

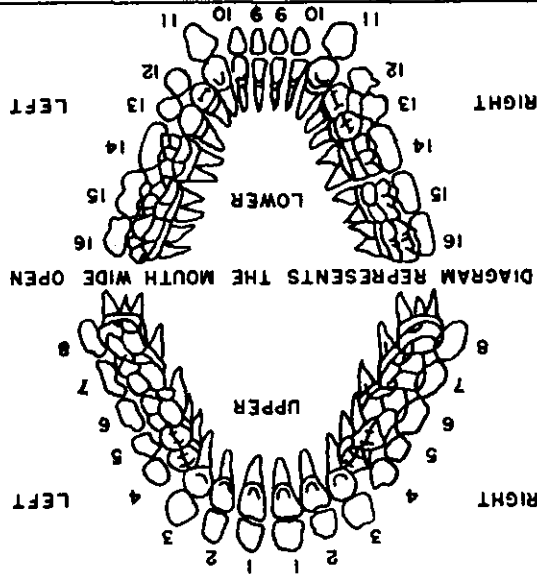
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

No dental identification available

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten Signature]

VERIFIED BY GRS OFFICER

[Handwritten Signature]

NAME AND RANK (IF) PRINTED OR TYPED

NAME AND RANK TYPED OR PRINTED

ASCR ISLAND, UTILITI LAGOS PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

29 August 1976 DATE

Unknown X-210/Brown #2 term Age

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

	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	

DEMTURES (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 maxilla or mandible

D. D. Campbell Embahner

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Turk (misc) Bureau # 2 X18, X19
X21, X22, X24

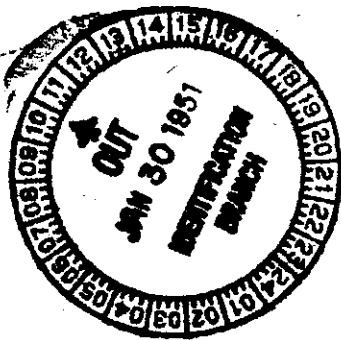
SYNOPSIS AND DATES

misc now filed

NEW CLASSIFICATION 293. Turk Bureau # 2, X18

*10/8/50
EC*

RECLASSIFICATION SHEET



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

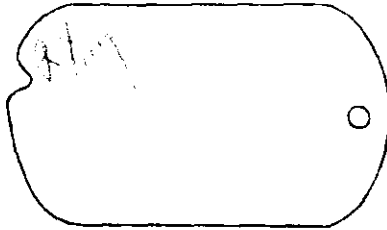
REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

29 August 1946

Imprint Identification Tag if Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)		Serial Number
UNIDENTIFIED (X-21)		UNKNOWN
Grade	Organization	Branch of Service
UNKNOWN	USC 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 Extremes	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 FLAG AND 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, Army, Marine Cemetery 12, Asat, Guam, M.I.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-10-46	1530	Casket and Burial Bag	Cover with Zinc Plate	4	55	75

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	United Cemetery, Asat Island	2	5	8

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
ARMED SERVICES ONLY		WDQMC Form 1042 buried in bottle one foot below grave marker.


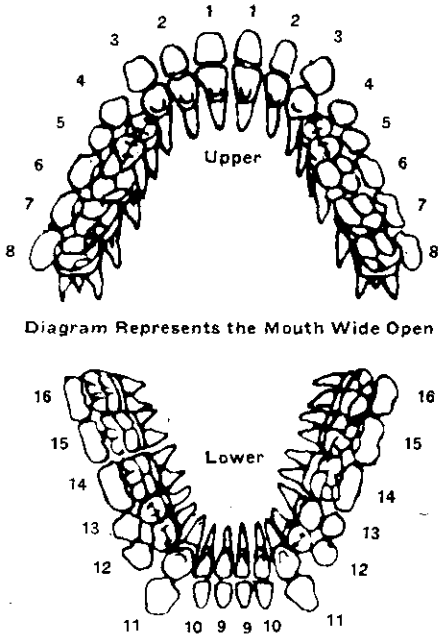






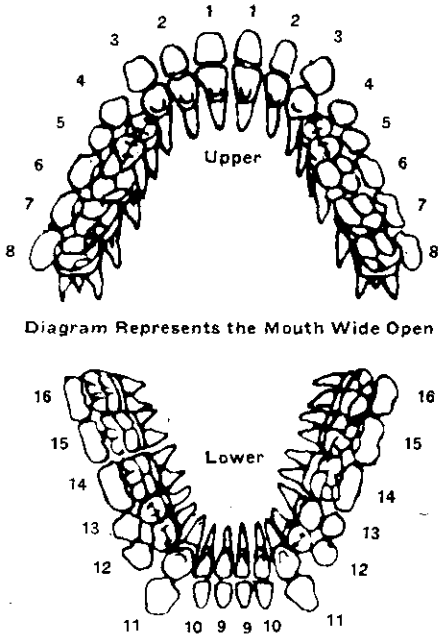






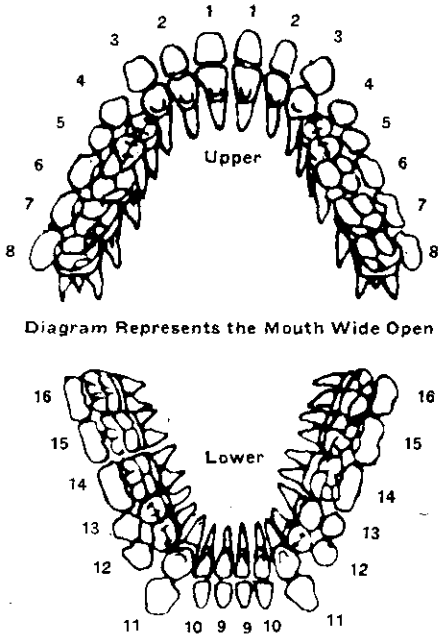





Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)
Zinc Plate	NO

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Unidentified (X-18)	UNKNOWN	UNKNOWN	USC Hazelwood	26

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Unidentified (X-23)	UNKNOWN	UNKNOWN	USC Hazelwood	24

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
<i>Robert J. McBrown</i> ROBERT J. McBROWN, CAPT., USA	<i>Robert J. McBrown</i> ROBERT J. McBROWN, CAPT., USA

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

SECTION UNIDENTIFIED REMAINS														
Left Little Finger	<p>Instructions</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>													
Left Ring Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Height</td> <td style="width: 15%;">Weight</td> <td style="width: 20%;">Color of Eyes</td> <td style="width: 20%;">Color of Hair</td> <td style="width: 30%;">Birthmarks, Scars or Tattoos</td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos								
Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos										
Left Middle Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Weapon and Serial Number</td> <td style="width: 30%;">Laundry Mark</td> <td style="width: 40%;">Where Body Was Buried or Found</td> </tr> </table>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found										
Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found												
Left Index Finger	<p>Other Identification Clues</p>													
Left Thumb	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>Fillings</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Silver Filling</p> <p>Gold Filling</p> </div> </div> </td> <td rowspan="4" style="width: 50%; vertical-align: top;">  <p align="center">Diagram Represents the Mouth Wide Open</p> </td> </tr> <tr> <td> <p>Cavities</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Cavity</p> <p>Decayed</p> </div> </div> </td> </tr> <tr> <td> <p>Missing Teeth</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Tooth Missing</p> </div> </div> </td> </tr> <tr> <td> <p>Crowned Teeth</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Porcelain Crown</p> <p>Gold Crown</p> </div> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Thumb</td> <td> <p>Bridge Work</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Gold Bridge</p> </div> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Middle Finger</td> <td> <p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center; margin-top: 20px;">  </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Ring Finger</td> <td></td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Little Finger</td> <td> <p>Remarks</p> </td> </tr> </table>	<p>Fillings</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Silver Filling</p> <p>Gold Filling</p> </div> </div>	 <p align="center">Diagram Represents the Mouth Wide Open</p>	<p>Cavities</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Cavity</p> <p>Decayed</p> </div> </div>	<p>Missing Teeth</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Tooth Missing</p> </div> </div>	<p>Crowned Teeth</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Porcelain Crown</p> <p>Gold Crown</p> </div> </div>	Right Thumb	<p>Bridge Work</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Gold Bridge</p> </div> </div>	Right Middle Finger	<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center; margin-top: 20px;">  </div>	Right Ring Finger		Right Little Finger	<p>Remarks</p>
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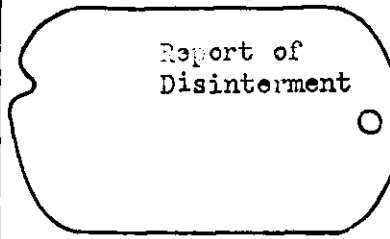
RESTRICTED

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

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

DATE OF REPORT
(9 July 48)

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-21		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) NONE	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Mortuary plate on marker: Unknown X-21 P-4, R-55, G-25 29 April 45 Form 1042 Unidentified (X-21)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. 4	ROW No. 55	GRAVE No. 25
----------------	------	---	----------------------	----------------------	----------------------	------------------------

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ULITHI CEMETERY, ASOR IS.	PLOT No. 2	ROW No. 5	GRAVE No. 2
-------------------------------------	---	----------------------	---------------------	-----------------------

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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
--	------	------------	--------------	-----------

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

SIGNATURE OF PERSON PREPARING REPORT <i>Geo. A. Wheeler</i> Geo. A. Wheeler, C.I.P.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>C.W. Kelly</i> C.W. Kelly, Capt. C.O.C.
--	---

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.


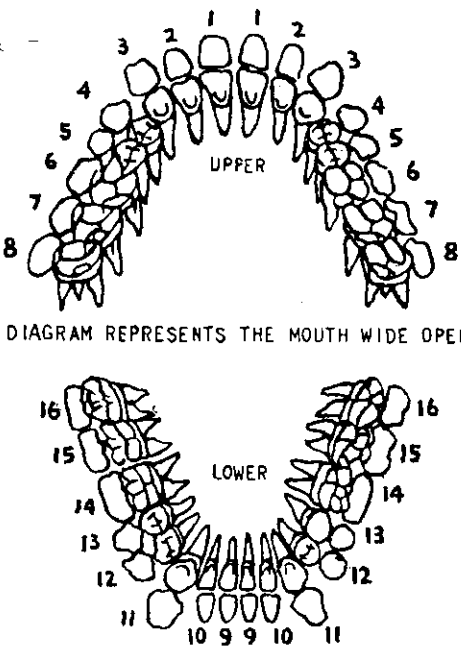




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HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS		WHERE BODY WAS BURIED OR FOUND

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:

HEADQUARTERS
FILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

273 UNK

Guam #2 X-21

23 January 1950
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 21 , Plot _____,
Row _____, Grave _____, USMC Guam #2, Agat Cemetery, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:



W. E. McEHEAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

NAT

File

JUL 28 1950

Identification Branch

1. FILE UNDER NO. 293 UNK GUAM (AGAT #2) X-21

SYNOPSIS

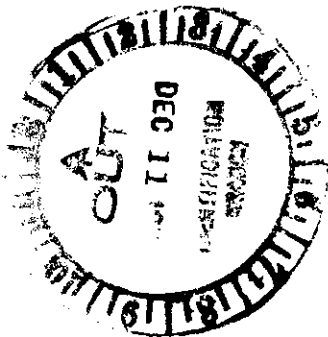
2. TYPE OF DOCUMENT: LETTER 3. DATE: June, 27, 50
4. FROM: O NS
5. TO: CO AGRS, PHILCOA ZONE, SAN FRANCISCO, CALIF.
6. SUBJECT: Unidentifiable Remains.

7. DOCUMENT FILED UNDER NO. UNK GUAM (AGAT) (MSG) 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.



/drs

Interred 3 May 1950
L 13 28 McKinley

PREPARED BY PHILCOM

1

Carl R. H. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

SECTION A - Cemetery Superintendent
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81656

DATE

02 05 50
DAY MONTH YEAR

NAME UNKNOWN X - 21 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY AGAT NO. 2, GUAM PLOT 4 ROW 55 GRAVE 25 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-21 SERIAL NUMBER GRADE DATE OF DEATH 3 May 1950 DATE DISTINTERRED IDENTIFICATION TAG ON 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

CASKET BOXED AND MARKED RYAMOND H TANGUAY DATE 3 May 50 BY 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 All keys reports

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM	TO	U S MILITARY CEMETERY	KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER		DATE
1. SHIPPED												
FROM			TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER		DATE
2. SHIPPED												
FROM			TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER		DATE
3. SHIPPED												
FROM			TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER		DATE
4. SHIPPED												
FROM			TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER		DATE
5. SHIPPED												
FROM			TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER		DATE
6. SHIPPED												
FROM			TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER		DATE
7. SHIPPED												
FROM			TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER		DATE
8. SHIPPED												
FROM			TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER		DATE
9. SHIPPED												
FROM			TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER		DATE

MAY 3 1950
Quilley

RECORD OF CUSTODIAL TRANSFER

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

G.P. Mc

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6321 00000	DATE 15 11 47 DAY MONTH YEAR	
NAME 903-29A-55 <i>273 UNKNOWN</i>		SERIAL NUMBER X-000021	RANK	ARM 2
CEMETERY GUAM NO 2 AGAT		DATE OF DEATH 0 0391 63 CODE DIST. PT.		DISPOSITION OF REMAINS
PLOT 4	ROW 55	GRAVE 25	COUNTRY MARIANAS	CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE GUAM NATIONAL CEMETERY MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
--	---------------------------------

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-000021	RANK Unk	DATE OF DEATH Unknown	DATE DISTINTERRED 26 Nov 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION USN	RELIGION Unknown	IDENTIFICATION VERIFIED BY E.S. ZAPICO, 2nd Lt., Inf. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL boxed, wrapped in sheet and poncho	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary plate	
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET	
DATE 20 July 48	BY J. R. WILLIAMS, Embalmer
CASKET SEALED BY J. R. WILLIAMS, Embalmer	EMBALMER (Signature) <i>O. D. Campbell</i> O. D. CAMPBELL
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY MAX CHELOFSKY, Cler
DATE 20 July 48	BY P. SAYAN

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

F. T. De Groodt
F. T. DE GROODT, Capt., CMP

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		2. SHIPPED		3. SHIPPED		4. SHIPPED		5. SHIPPED		6. SHIPPED		7. SHIPPED	
FROM	U. S. MAUSOLEUM (SAIPAN, M.I.)	FROM	AGRS PORT (SAIPAN, MI)	FROM	MASTER PS-278	FROM	AGRS Mausoleum	FROM	NAME OF CONVOYER	FROM	NAME OF CONVOYER	FROM	NAME OF CONVOYER
KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	NAME OF CONVOYER	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	NAME OF CONVOYER	KIND OF CONVEYANCE	NAME OF CONVOYER	KIND OF CONVEYANCE	NAME OF CONVOYER
SIGNATURE OF SHIPPER	JOHN A. LOTT, M.A.S. CMP <i>John A. Lott</i>	SIGNATURE OF SHIPPER	HAROLD E. PIKE, CAPTAIN INF <i>Harold E. Pike</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>
DATE	20 July 48	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49
TO	PORT STORAGE OFFICER (SAIPAN, M.I.)	TO	MASTER PS-278	TO	AGRS Mausoleum	TO	AGRS Mausoleum	TO	NAME OF CONVOYER	TO	NAME OF CONVOYER	TO	NAME OF CONVOYER

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN I-21 Guam #2 Agat Cemetery				2. DATE OF REPORT 23 Jan '50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE U T D
-------------------------------------	-------------------------------------	-----------------------------------	--------------------------

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?
 YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?
 YES NO **All bones present**

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"

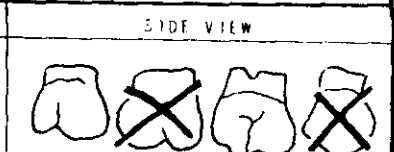
*Approved
 Unident
 marks
 zone*

18.

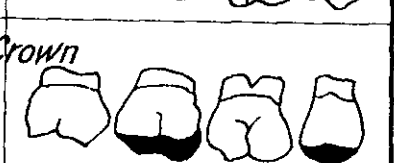
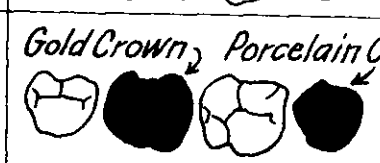
TOOTH CHART

Y-21 Gum #2

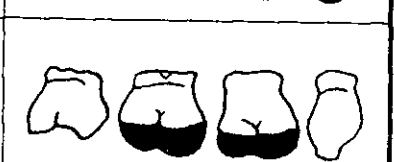
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



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



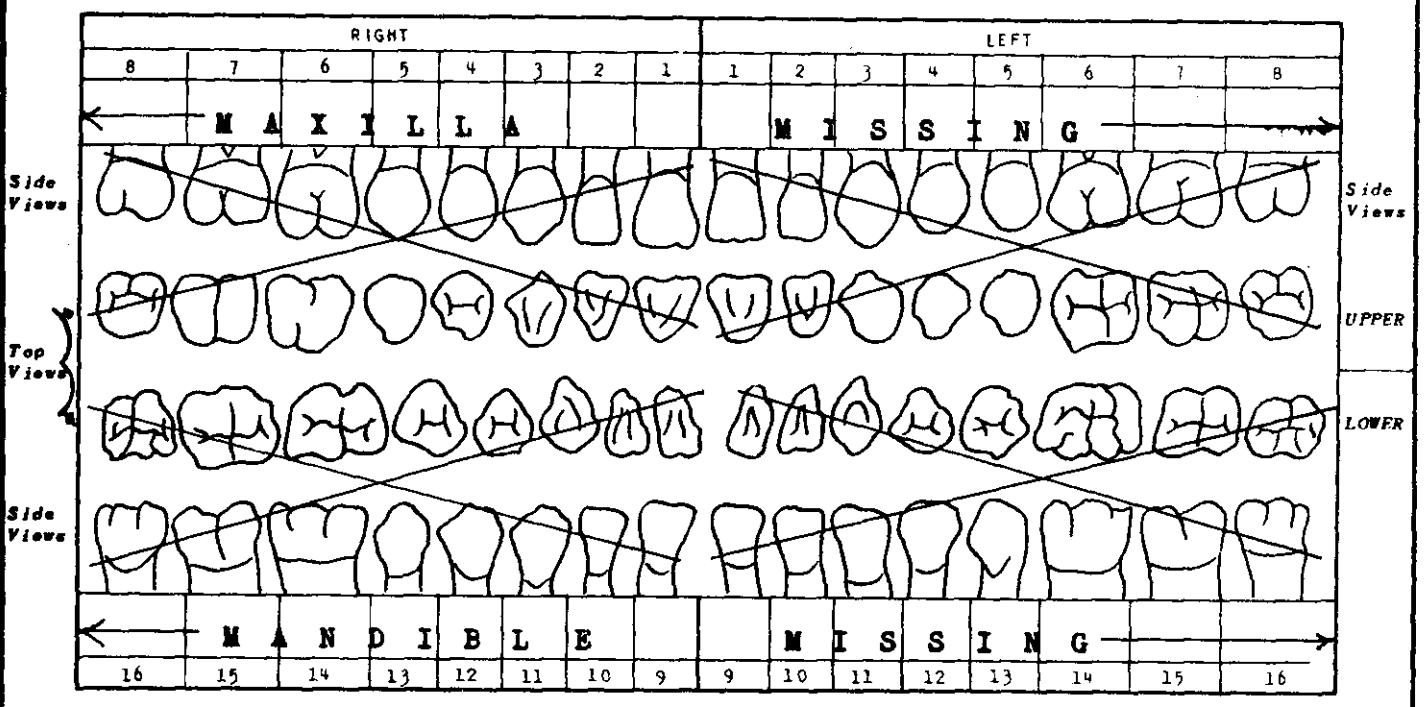
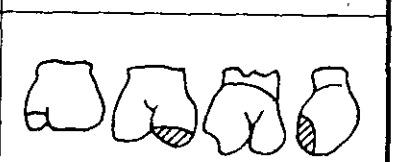
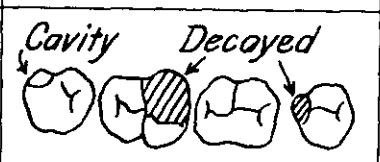
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



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."

"UNIDENTIFIABLE"

Paul R. Nichols

BY REASON OF LACK OF IDENTIFYING DATA

PAUL R NICHOLS
Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: U T 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 tags, personal effects or any other means of identification found with remains.

Estimated weight of remains - 1½ lbs.

"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: Unknown X-21				2. DATE OF REPORT 9 July 48	
3. NAME OF CEMETERY Cemetery 2, Agat, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	55	25	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary plate on Marker: Unknown X-21 P-4, R-55, G-25 29 April 45	Form 1042: Unidentified (X-21)
---	-----------------------------------

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	FROM FORM 1042: INJURIES MULTIPLE EXTREME


16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

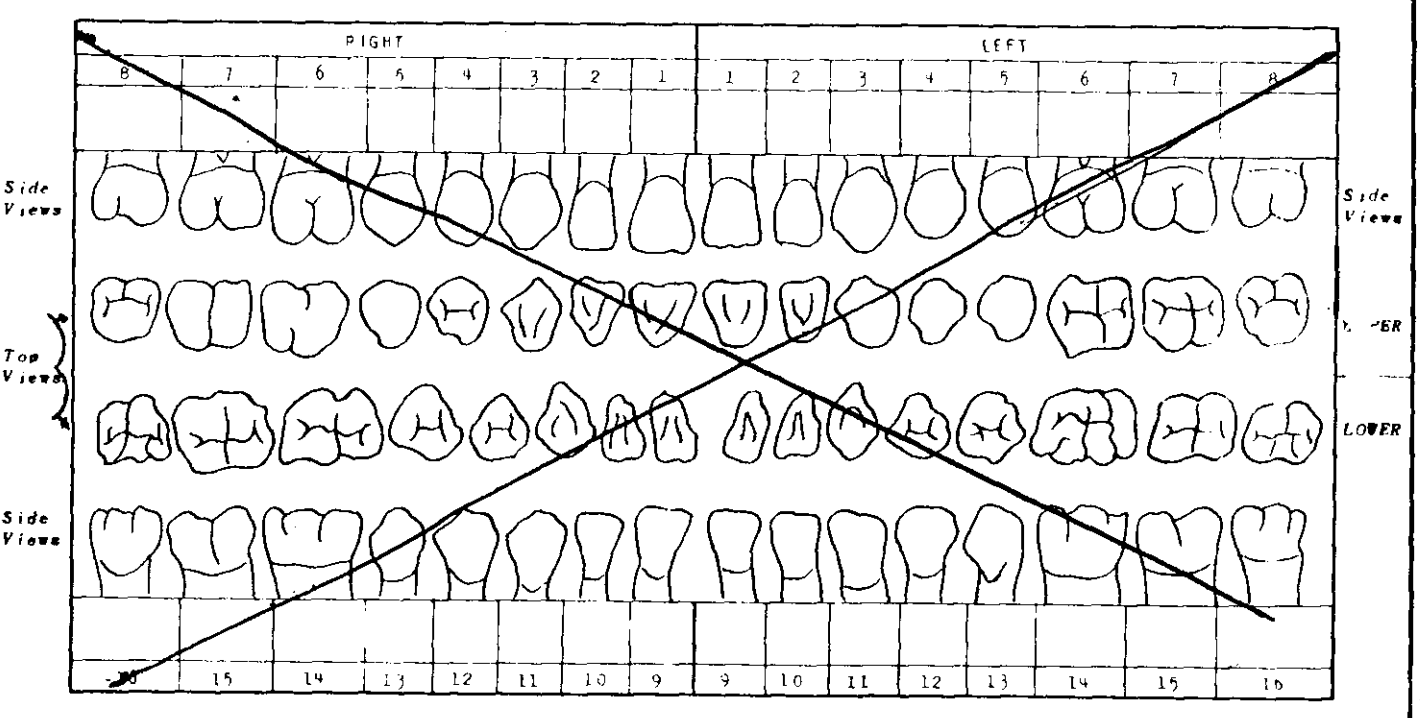
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

NONE

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.


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

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



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

Mandible and maxilla missing

C.E. Wilkerson

C.E. WILKERSON



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-21

P-4, R-55, G-25

29 April 45

2. Form 1042-REPORT OF INTERMENT:

UNIDENTIFIED (X-21)

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. Kelly
C.W. KELLY, CAPT., C.A.C.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN Unknown X-21				2. DATE OF REPORT 9 July 48	
3. NAME OF CEMETERY Cemetery #2, Agat, Guam	4. PLOT 4	5. ROW 55	6. GRAVE 28	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

<p>Marine's plate on Marker: Unknown X-21 F-4, R-68, G-85 29 April 48</p>	<p>Form 1048: Unidentified (X-21)</p>
--	--

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

NONE

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

FROM FORM 1048:
INJURIES MULTIPLE EXTREMS

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, Warbo Zone

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

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

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

Maxilla and mandible missing

C. E. Milner

Col. MILNER

FLUOROSCOPIC REPORT

Date: 9 July 48

ON: X - 21
(Name)

Place of Death: _____

P 4 R 55 G 25

Agat #2
Cemetery

GUAM
Country

Healed Fracture: NONE

Malformation: NONE

Personal Items: NONE

Misc. Items: Metal fragments

Remarks:

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

Melvin S. Mittenthal
MELVIN S. MITTENTHAL

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

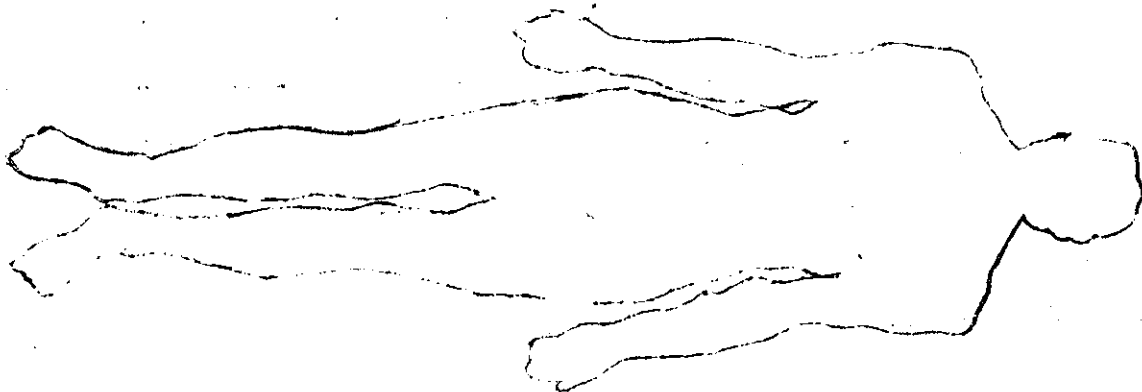
Identification Checklist (Cont'd)

17. List every item of clothing and/or equipment found, showing color of each, also size and markings: [redacted]

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

16. Evidence of healed fractures [redacted]

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



18. REMARKS:

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

Officer's name

G. M. Kelly

Service

Rank

Organization

(FORMERLY

~~Identified~~

NOW KNOWN X-21

~~UNKNOWN (X-21)~~

2-5-3

4-55-25

DATE AND HOUR OF DISINTERMENT

1450

29 Aug 1946

DEPTH OF BODY BURIED

4 feet

MARKER AT GRAVE

Yes

BODY BURIED UNDER MARKER

Yes

BURIED IN CASKET

Yes

LIST OF EFFECTS FOUND IN GRAVE

None

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY

Israel

REMARKS: Sheet out of identification manual. Picture of "Jap" Battalion
DSE, Huga-BE78. Date October 1942. Small piece of breakfast plate.
Piece of aluminum, sock, Bottom of tin-can. Bones charred beyond
recognition. Blanket with W.T. SMITH on it.

REPORT OF BURIAL

NAVMED-601 (3-45)

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

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

SHIP OR STATION ATTACHED AT TIME OF DEATH U.S.S. HAZELWOOD DD-531 DATE REPORT FILLED OUT 30 June 1945

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	<u>UNIDENTIFIED NO. 6</u> <u>Anderson X-21</u>	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

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

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

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

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

GRAVE MARKER TYPE	PLOT NO. <u>2</u>	ROW NO. <u>5</u>	GRAVE NO. <u>3</u>
-------------------	-------------------	------------------	--------------------

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

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

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

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

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

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

Bodies Buried on Either Side

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

FILE SECTION
C. J. MOYER
1 SEP 1945

INSTRUCTIONS FOR BURIAL

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

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL No.	

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

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

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

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

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



Missing teeth Nos. _____

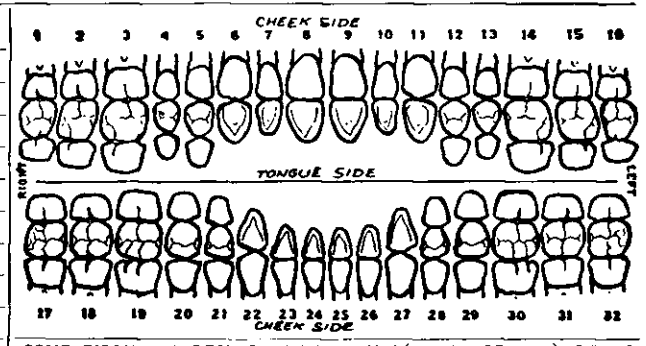
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

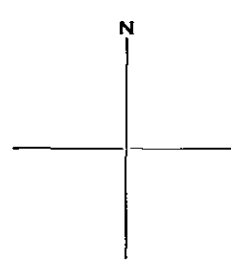
POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner)

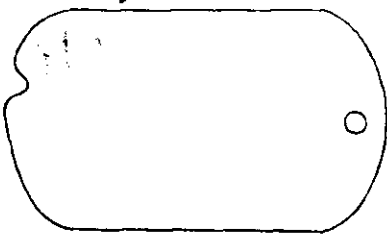
(Rank or rate)

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


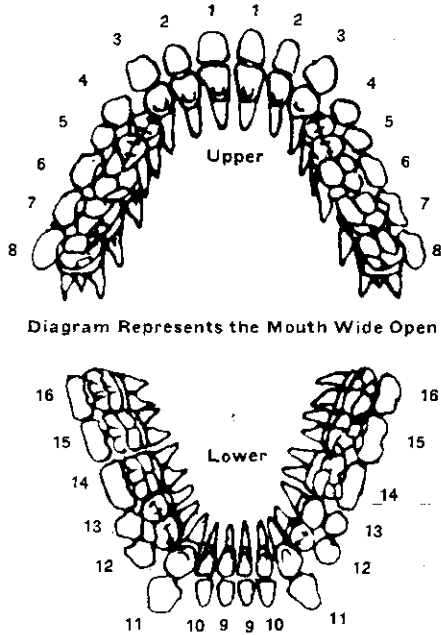




L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE



RESTRICTED

WD GRS Form 1042 Rev. 7 Apr 46 (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				Date of Report 29 August 1946			
Impression Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION						Serial Number UNKNOWN		
	Name (Last, First, Middle Initial) UNKNOWN (X-21)						Branch of Service UNKNOWN		
	Grade UNKNOWN		Organization USS Hazelwood		If Other than U. S. Dead, Give Name of Country				
	Race UNKNOWN		Religion UNKNOWN		Date of Death 4-29-45				
Place of Death UNKNOWN		Cause of Death Injuries, Multiple Extremes				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 PLANK AND GRAVE NUMBER							
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, A-1, Agaña, Guam, M.I.									
Date of Burial 9-10-46		Hour 1530		Buried in (Shroud, Blanket, or name of other) Casket and Burial Bag		Type of Grave Marker Cross with Zinc Plate	Plot No. 4	Row No. 55	Grave No. 25
Was This a Re-Burial (Yes or No) Yes		If Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave United Cemetery, Asor Island							
Type of Religious Ceremony MEMORIAL SERVICE ONLY		Person Conducting Burial Rites UNKNOWN		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body PLOT PLANK, GRAVE MARKER <i>RJMB</i>					
Identification Tag Attached With Body (Yes or No) Zinc Plate		Identification Tag Attached to Marker (Yes or No) No		WD GRS Form 1042 buried in bottle one foot below grave marker.					
Body Buried on Deceased Left, Name (Last, First, Middle Initial) Unidentified (X-18)		Rank UNKNOWN	Serial Number UNKNOWN	Organization USS Hazelwood		Grave No. 26			
Body Buried on Deceased Right, Name (Last, First, Middle Initial) Unidentified (X-23)		Rank UNKNOWN	Serial Number UNKNOWN	Organization USS Hazelwood		Grave No. 24			
Signature of Person Preparing Report <i>Robert J. McBrook</i> ROBERT J. MCBROOK, CAPT., GRC				Signature of GRS Officer Verifying Report <i>Robert J. McBrook</i> ROBERT J. MCBROOK, 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.									

RESTRICTED

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

3

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 0246

DATE
02 05 90
DAY MONTH YEAR

NAME: UNKNOWN I - 21
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: WALF CEMETERY ACAT NO. 2, GUAM
PLOT: 4 ROW: 55 GRAVE: 25
DISPOSITION OF REMAINS: 7701 80
CODE: [] DIST. CTR.: []

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
UNITED STATES MILITARY CEMETERY
FT. W. MCKINLEY, P. I.

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: [] SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISTINTERRED: []

IDENTIFICATION TAG ON: [] ORGANIZATION: [] RELIGION: [] IDENTIFICATION VERIFIED BY: []
 REMAINS
 MARKER
NAME AND TITLE: []

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [] CONDITION OF REMAINS: []

OTHER MEANS OF IDENTIFICATION: []

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

REMAINS PREPARED AND PLACED IN CASKET

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

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

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

NAT
SIGNATURE OF AGENT
RECORDED
DATE 6/2/90
NAME [Signature]
BR. MEM. DIV.

REMARKS AND SPECIAL INSTRUCTIONS

Inch # 7

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

C
O
P
Y

AIR MAIL

OMGMN 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

APO 244

293 MPCRS

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 QMGMU 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	-	-

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

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

FOR THE COMMANDING OFFICER:

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

D. A. BROWN
Major AGD
Adjutant