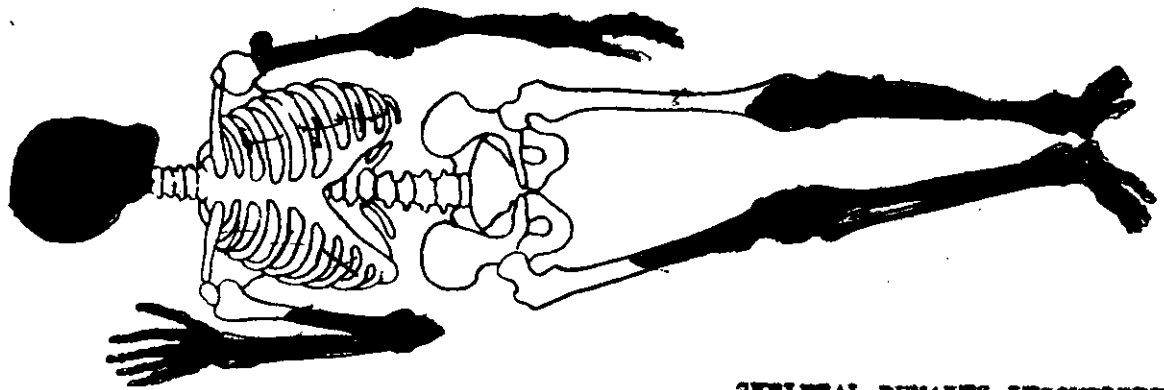


19. BLACK OUT PARTS OF BODY NOT COVERED



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-22  
P-4, R-58, G-6      29 April 48

*Gen. A. Wheeler*

~~Gen. 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. KELLEY, CAPT., G.A.C.

# IDENTIFICATION DENTAL CHART

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

27 August 1946  
DATE

UNIDENTIFIED X-22      UNKNOWN      UNKNOWN  
LAST NAME      FIRST      INITIAL      RANK      SERIAL NO.

UNKNOWN      USS Hazelwood  
UNIT      ORGANIZATION
















UNKNOWN      Cemetery #2 Agat, Guam      4      56      6  
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

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

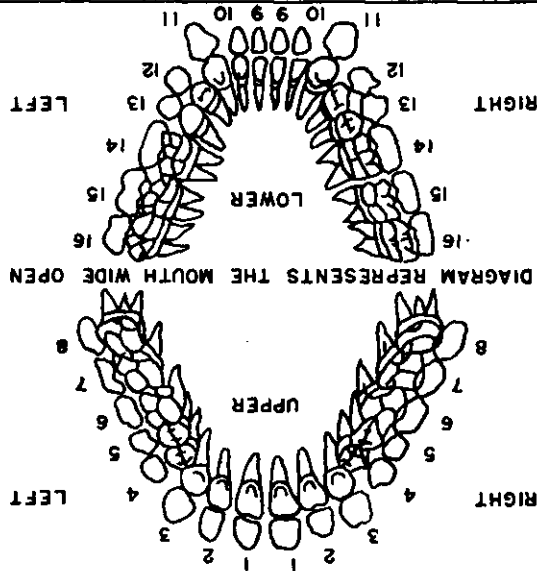
**INSTRUCTIONS:**

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

W. H. BLACK, JR. (JG) USNR

NAME AND RANK TYPED OR PRINTED

ASOR ISLAND, ULITHI LAGOON  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

ROBERT J. MCBROOM, CAPT., OMC

NAME AND RANK TYPED OR PRINTED

27 August 1946  
DATE

# IDENTIFICATION DENTAL CHART

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

~~27 August 1946~~  
DATE



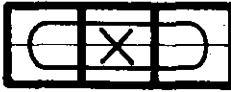












~~XXXXXXXXXX~~ ~~XXXX~~ ~~XXXX~~  
 LAST NAME FIRST INITIAL RANK SERIAL NO.  
~~XXXXXXXXXX~~  
 UNIT ORGANIZATION  
~~XXXXXXXXXX~~ ~~XXXXXXXXXX~~ ~~A~~ ~~15~~ ~~6~~  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

	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

<p><b>SYMBOLS IN WHOLE BOX</b></p> <p> EXTRACTED</p> <p> CAVITY. INDICATE LOCATION</p> <p> FIXED BRIDGE (INCL. ABUTMENTS)</p> <p> TEETH REPLACED BY DENTURE</p> <p> POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <p> AMALGAM (SILVER)</p> <p> GOLD</p> <p> SILICATE OR PORCELAIN</p> <p> OXYPHOSPATE (CEMENT)</p> <p></p>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <p> MESIAL (BETWEEN-TOWARD FRONT)</p> <p> OCCLUSAL (BITING SURFACE BACK TEETH)</p> <p> DISTAL (BETWEEN-TOWARD BACK)</p> <p> LINGUAL (TOWARD TONGUE)</p> <p> FACIAL (TOWARD CHEEK)</p>
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22217

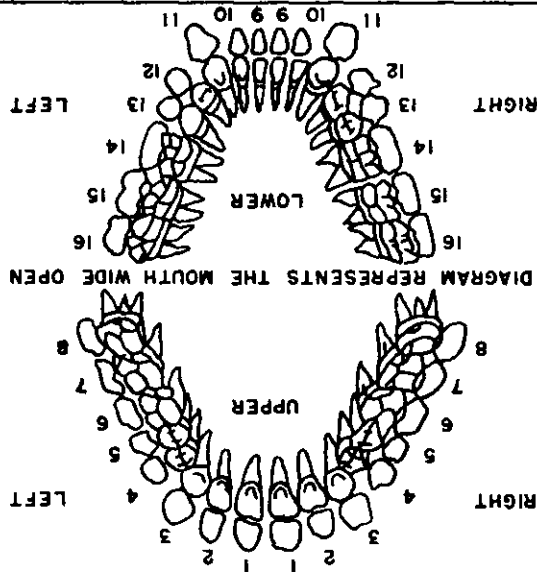
**INSTRUCTIONS:**

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  $\frac{3}{4}$ ), 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]*

NAME AND RANK TYPED OR PRINTED

**W. H. BAKER, JR. (30) USMC**

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

**ASFOR ISLAND, BATHUR ISLAND**

NAME AND RANK TYPED OR PRINTED

**ROBERT J. HENNING, CAPT., GSC**

VERIFIED BY GNS OFFICER

*[Handwritten Signature]*

DATE

**27 August 1946**

Form X-22

Team #2

*[Signature]*

# RECLASSIFICATION SHEET

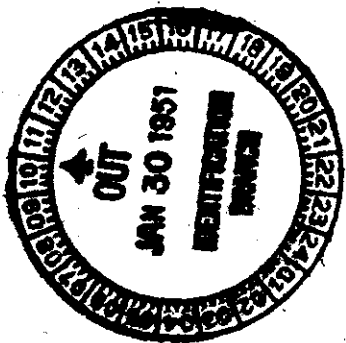
PAPERS ORIGINALLY FILED 293.2.1k (Misc) (Agat) Group # 2  
X11, X22, X30, X36, X37, X70, X72, X73, X76,  
X81, X82  
**SYNOPSIS AND DATES**

*Misc now filed*

NEW CLASSIFICATION 293.2.1k (Agat) Group # 2 X11

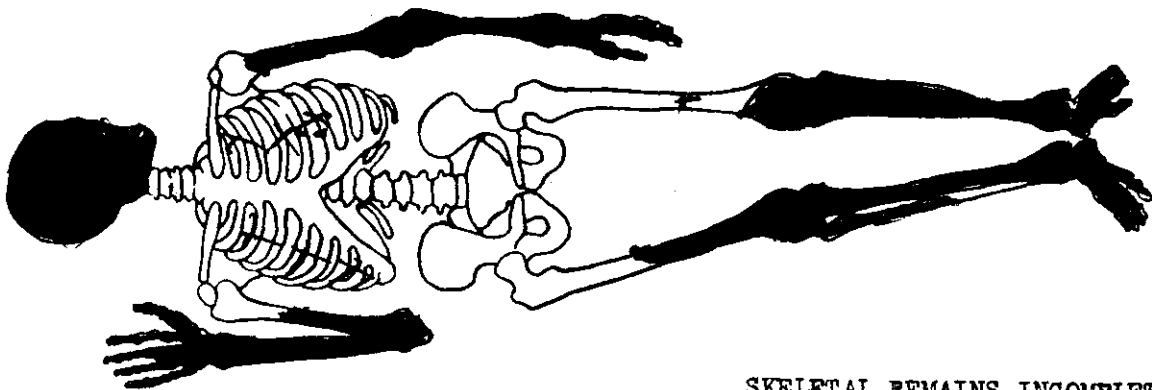
*195/50  
60*

# RECLASSIFICATION SHEET





19. BLACK OUT PARTS OF BODY NOT RECOVERED



SKELETAL REMAINS INCOMPLETE

20.

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

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

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

21. REMARKS AND ADDITIONAL INFORMATION

- 1. Mervuary plate on marker:  
Unknown X-22  
P-4, R-56, G-6 29 April 45

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

*C.W. Kelley*  
C.W. KELLEY, CAPT., C.A.C.

# RECLASSIFICATION SHEET

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

## SYNOPSIS AND DATES

*Miss new filed*

NEW CLASSIFICATION 293. Turk Bureau # 2 X18

*10/5/50*  
*Ec*

# RECLASSIFICATION SHEET

293 UNK Guam Agat #2 X-22

HEADQUARTERS  
PHILCOB ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

22 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 22, Plot 4,  
Row 56, Grave 6, USMC Cemetery #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  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:

*[Signature]*  
H. B. McNEELAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

NAT  
File

JUL 28 1950

*[Signature]*  
Identification Branch



1. FILE UNDER NO. 293 UNK GUAM (AGAT #2) X-22

### SYNOPSIS

2. TYPE OF DOCUMENT:

LETTER

3. DATE:

June, 27, 50

4. FROM:

G

5. TO:

UNIDENTIFIABLE PERSON, UNIDENTIFIABLE, GUAM.

6. SUBJECT:

Unidentifiable Person.

7. DOCUMENT FILED

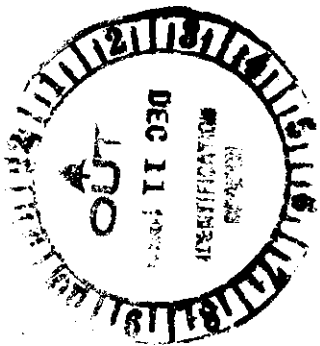
UNDER NO.

293 UNK GUAM (AGAT #2) X-22, X-21, X-20, X-19, X-22

ab

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.



1

Interred 30 March 1950  
L 5 8 Ft McKinley

DISINTERMENT DIRECTIVE

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

PREPARED BY PHILCOM

DIRECTIVE NUMBER  
6321 81181  
DATE  
29 03 50  
DAY MONTH YEAR

NAME UNKNOWN X - 22  
SERIAL NUMBER  
GRADE  
ARM  
RACE  
RELIGION

CEMETERY USAF CEMETERY AGAT NO. 2, GUAM  
PLOT 4 ROW 56 GRAVE 6  
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 UNK X - 22  
SERIAL NUMBER  
GRADE  
DATE OF DEATH  
DATE DISTINTERRED 30 Mar '50  
IDENTIFICATION TAG ON  
 REMAINS  
 MARKER  
ORGANIZATION  
RELIGION  
IDENTIFICATION VERIFIED BY  
PAUL R NICHOLS  
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half  
CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 30 Mar '50 BY PAUL R NICHOLS  
CASKET SEALED BY  
PAUL R NICHOLS  
EMBALMER (Signature)  
*Paul R Nichols*  
PAUL R NICHOLS

CASKET BOXED AND MARKED  
DATE 30 Mar '50 RAYMOND H TANGUAY,  
Sgt 1c, 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  
NOT FILE RECORDS ANNOTATED  
DATE 28 April 1950  
NAME J. Kyle  
Report SR. MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGPS MAUSOLEUM	TO	US MILITARY CHEMISTRY	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	<i>Brookmark</i>	DATE	MAR 30 1950
2. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
3. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
KIND OF CONVEYANCE															
SIGNATURE OF SHIPPER															
DATE															
SIGNATURE OF SHIPPER															
DATE															
SIGNATURE OF SHIPPER															
DATE															
SIGNATURE OF SHIPPER															
DATE															

TRUCK

US MILITARY CHEMISTRY

AGPS MAUSOLEUM

*Brookmark* MAR 30 1950



1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6321 00000		DATE 15   11   47 DAY   MONTH   YEAR			
NAME 903-30A-63 UNKNOWN				SERIAL NUMBER X-000022		RANK	ARM 2	DATE OF DEATH DAY   MONTH   YEAR	
CEMETERY GUAM NO 2 AGAT							DISPOSITION OF REMAINS 0	0391   63 CODE   DIST. PT.	
PLOT 4	ROW 56	GRAVE	COUNTRY 6 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-000022	RANK Unk	DATE OF DEATH 29 April 45		DATE DISTINTERRED 26 Nov. 47	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION USN		RELIGION Unk	IDENTIFICATION VERIFIED BY E. S. Zapico, 2nd Lt., Inf. NAME AND TITLE		

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL Metal box	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary plate	

**CANCELLED**

MINOR DISCREPANCIES None	
-----------------------------	--

REMAINS PREPARED AND PLACED IN CASKET	
DATE 19 July 48	BY V. R. Williams, Emb.
CASKET SEALED BY C. L. Matthews, Emb.	EMBALMER (Signature) J. E. SPER
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY J. E. Morris
DATE 19 July 48	BY P. Tabazza

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

SEP 1 1948

*Herschell G. Guy*  
HERSCHELL G. GUY, 1st Lt., Inf.  
SIGNATURE OF GRS INSPECTOR

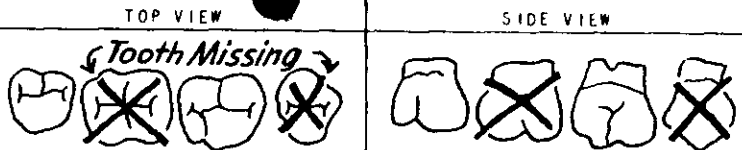
1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-22</b>				2. DATE OF REPORT <b>22 January 1950</b>			
3. NAME OF CEMETERY <b>Cemetery #2, Agat, Guam</b>			4. PLOT <b>4</b>	5. ROW <b>56</b>	6. GRAVE <b>6</b>	7. DATE OF DISINTERMENT    REINTERMENT	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT <b>UTD</b>		9. ESTIMATED HEIGHT <b>UTD</b>		10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UNK</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-align: center;"><b>N O N E</b></p>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p style="text-align: center;"><b>U T D</b></p>							
14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? <b>Extensives (Charred fragments)</b>					
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT?					
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <p style="text-align: center;"><b>NONE</b></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;"><b>N O N E</b></p>							

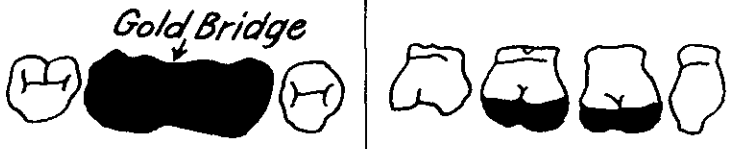
**MISSING TEETH:** ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"'D OUT AND LABELED THUS:



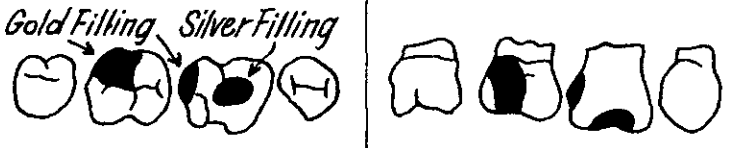
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:



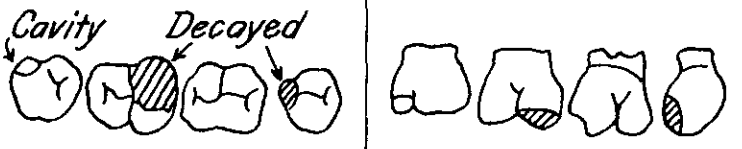
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
<i>Mandible</i>								<i>Maxilla</i>							
<i>Missing</i>															
Side Views															
UPPER															
LOWER															
Side Views															
<i>Mandible</i>								<i>Maxilla</i>							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

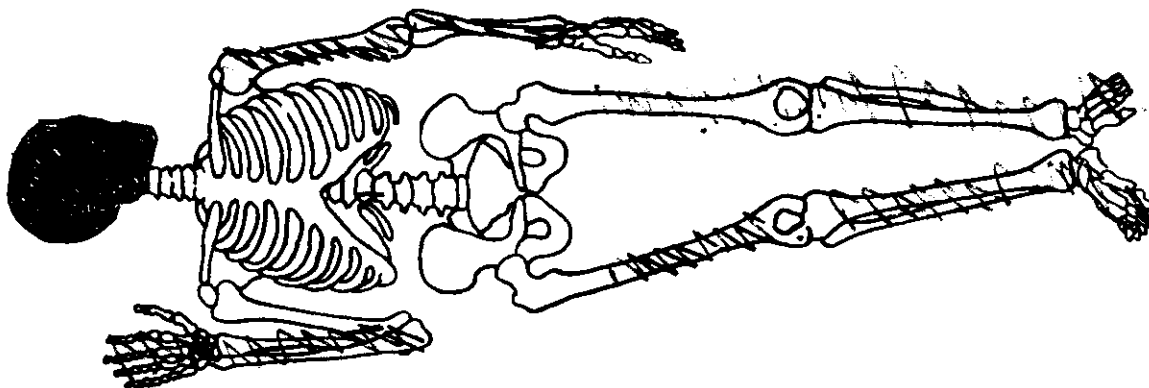
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose teeth found.

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Section

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

No ID tags, burial bottle, personal effects, or other means of identification found with remains.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

**PAUL R. NICHOLS**  
Chief, Identification Section

SIGNATURE

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-22</b>			2. DATE OF REPORT <b>9 July 48</b>		
3. NAME OF CEMETERY  <b>CEMETERY #2, AGAT, Guam</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>4</b>	<b>56</b>	<b>6</b>	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**MORTUARY PLATE ON MARKER:  
UNKNOWN X-22  
P-4, R-56, -6      29 April 45**

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

**NONE**

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

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>ALL LONG BONES FOUND FRACTURED</b>
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**

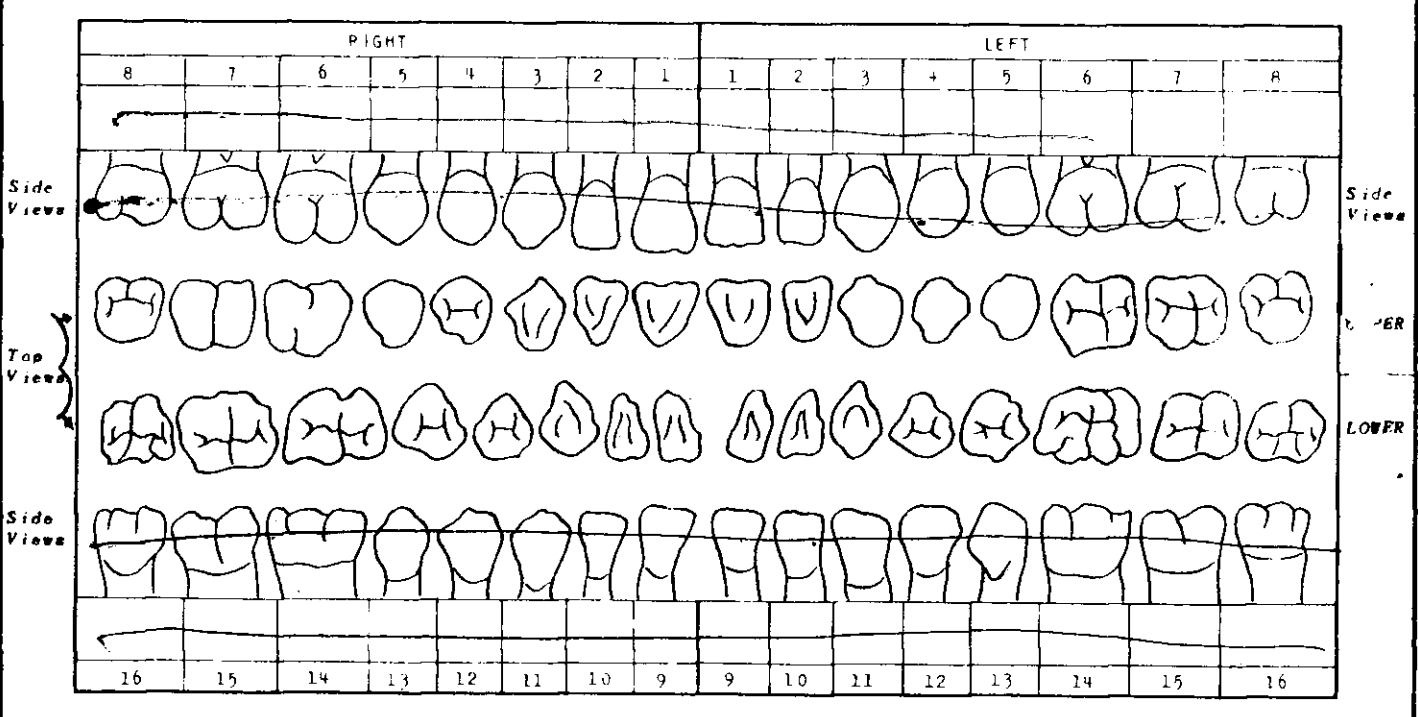
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**NONE**

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

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

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



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

Mandible and maxilla not present

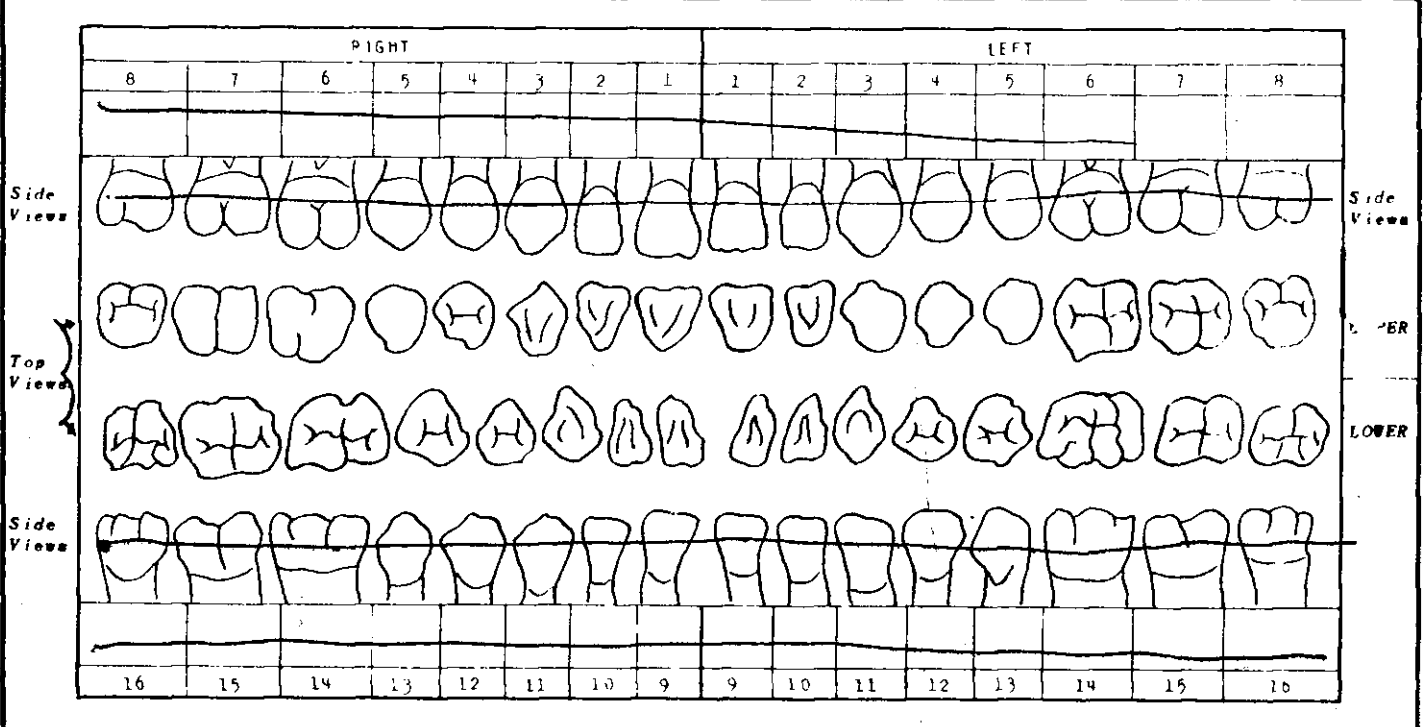
*C. E. Wilkerson*  
C.E. WILKERSON

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN						2. DATE OF REPORT				
3. NAME OF CEMETERY <b>UNKNOWN X-22</b>						4. PLOT	5. ROW	6. GRAVE	7. <b>9 July 48</b> DATE OF	
									DISINTERMENT	REINTERMENT
<b>CEMETERY #8, AGAF, OMAN</b>						<b>4</b>	<b>56</b>	<b>6</b>		
PHYSICAL DESCRIPTION										
8. ESTIMATED WEIGHT			9. ESTIMATED HEIGHT			10. COLOR OF HAIR			11. RACE	
<b>UTD</b>			<b>UTD</b>			<b>UTD</b>			<b>UTD</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS										
<p align="center"><b>MONUMENTARY PLATE ON MARKER:</b>  <b>UNKNOWN X-22</b>  <b>P-4, R-56, -6      29 April 48</b></p>										
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES										
<b>NONE</b>										
14. WAS BODY BURNED?				TO WHAT EXTENT?						
<input type="checkbox"/> YES <input type="checkbox"/> NO				<b>BADLY CHARRED</b>						
15. WAS BODY MANGLED?				TO WHAT EXTENT?						
<input type="checkbox"/> YES <input type="checkbox"/> NO				<b>ALL LONG BONES FOUND FRACTURED</b>						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS										
<b>NONE</b>										
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)										
<b>NONE</b>										
<p align="center">UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.</p>										
<p><i>H. W. Harriman</i>  <b>H. W. HARRIMAN</b>  <b>Captain, QMC</b>  <b>Operations Officer</b>  <b>AGRS, Marbo Zone</b></p>										



TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:			
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**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 not present**

*C. E. Wilkerson*

**C. E. WILKERSON**

**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)
	UNIDENTIFIED NO. 5 <i>Unidentified 2-22</i>		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
CORPS OR RESERVE CLASSIFICATION			RACE White

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

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

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

NAME OF CEMETERY <b>Ulithi</b>	LOCATION OF CEMETERY <b>Ulithi Atoll, Caroline Islands</b>
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GRAVE MARKER TYPE <b>Ulithi</b>	PLOT NO. <b>2</b>	ROW NO. <b>3</b>	GRAVE NO. <b>10</b>
------------------------------------	----------------------	---------------------	------------------------

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

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

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.) <b>No means of identification, remains consisted principally of charred bones.</b>
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME	

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

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

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

**Bodies Buried on Either Side**

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE 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  
7 SEP 1950**



**RESTRICTED**

WD GRS Form 104  
Rev. 7 Apr. 1945  
(Supersedes GRS Form 1)

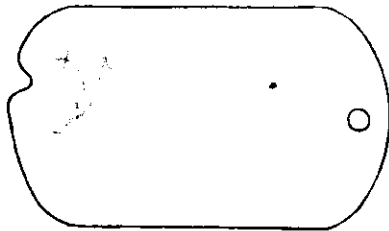
**REPORT OF INTERMENT**

(AR 30-1810 and AR 30-1815)

Date of Report

27 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE



**SECTION 1. IDENTIFICATION**

Name (Last, First, Middle Initial)		Serial Number
UNIDENTIFIED (X-22)		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	UNKNOWN	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
NO ME	
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** Other than in established cemetery furnish sketch and map coordinates on reverse.

Name, Number, Coordinates and Location of Cemetery

Naval Marine Cemetery #2, Agat, Guam, M.I.

Date of Burial	Gravestone Number	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-10-46	1555	Caplet and Burial Bag	Cross with Zinc Plate	4	56	6

Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave	Plot No.	Row No.	Grave No.
Yes	Ulithi Cemetery, Asor Island	2	5	10

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)	<del>PLOT PLAN, GRAVE MARKER</del> PLOT PLAN, GRAVE MARKER WD GRS Form 1042 buried in bottle one foot below grave marker.
Zinc Plate	NO	

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Greenberg, Morris	S 1/c	811-70-76	USS Mindanao	7

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Alley, John E.	COX	911-75-49	US Hamul	5

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
<i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., GRC	<i>Robert J. McBroom</i> ROBERT J. MCBROOM, 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	<p><b>Instructions</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no 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> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos																
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Left Middle Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Weapon and Serial Number</td> <td style="width: 30%;">Laundry Mark</td> <td style="width: 35%;">Where Body Was Buried or Found</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found																		
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Left Index Finger	<p><b>Other Identification Clues</b></p>																					
Left Thumb	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p><b>Fillings</b></p> <div style="display: flex; align-items: center;">  Silver Filling   Gold Filling         </div> </td> <td rowspan="2" style="width: 50%; vertical-align: middle; text-align: center;"> <p>Cavity Decayed</p> </td> </tr> <tr> <td> <p><b>Cavities</b></p> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Thumb</td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p><b>Missing Teeth</b></p> <div style="display: flex; align-items: center;">  Tooth Missing         </div> </td> <td rowspan="2" style="width: 50%; vertical-align: middle; text-align: center;"> <p>Porcelain Crown Gold Crown</p> </td> </tr> <tr> <td> <p><b>Crowned Teeth</b></p> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Index Finger</td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p><b>Bridge Work</b></p> <div style="display: flex; align-items: center;">  Gold Bridge         </div> </td> <td rowspan="2" style="width: 50%; vertical-align: middle; text-align: center;"> </td> </tr> <tr> <td> </td> </tr> </table> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Middle Finger</td> <td rowspan="3" style="vertical-align: middle;"> <p align="center"><b>Diagram Represents the Mouth Wide Open</b></p> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Ring Finger</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Little Finger</td> </tr> <tr> <td colspan="2"> <p align="center"><b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b></p> <div style="text-align: center; margin-top: 20px;"> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Left Little Finger</td> <td> <p><b>Remarks</b></p> </td> </tr> </table></td></tr></table>	<p><b>Fillings</b></p> <div style="display: flex; align-items: center;">  Silver Filling   Gold Filling         </div>	<p>Cavity Decayed</p>	<p><b>Cavities</b></p>	Right Thumb	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p><b>Missing Teeth</b></p> <div style="display: flex; align-items: center;">  Tooth Missing         </div> </td> <td rowspan="2" style="width: 50%; vertical-align: middle; text-align: center;"> <p>Porcelain Crown Gold Crown</p> </td> </tr> <tr> <td> <p><b>Crowned Teeth</b></p> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Index Finger</td> <td> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p><b>Bridge Work</b></p> <div style="display: flex; align-items: center;">  Gold Bridge         </div> </td> <td rowspan="2" style="width: 50%; vertical-align: middle; text-align: center;"> </td> </tr> <tr> <td> </td> </tr> </table> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Middle Finger</td> <td rowspan="3" style="vertical-align: middle;"> <p align="center"><b>Diagram Represents the Mouth Wide Open</b></p> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Ring Finger</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Little Finger</td> </tr> <tr> <td colspan="2"> <p align="center"><b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b></p> <div style="text-align: center; margin-top: 20px;"> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Left Little Finger</td> <td> <p><b>Remarks</b></p> </td> </tr> </table>	<p><b>Missing Teeth</b></p> <div style="display: flex; align-items: center;">  Tooth Missing         </div>	<p>Porcelain Crown Gold Crown</p>	<p><b>Crowned Teeth</b></p>	Right Index Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p><b>Bridge Work</b></p> <div style="display: flex; align-items: center;">  Gold Bridge         </div> </td> <td rowspan="2" style="width: 50%; vertical-align: middle; text-align: center;"> </td> </tr> <tr> <td> </td> </tr> </table>	<p><b>Bridge Work</b></p> <div style="display: flex; align-items: center;">  Gold Bridge         </div>			Right Middle Finger	<p align="center"><b>Diagram Represents the Mouth Wide Open</b></p>	Right Ring Finger	Right Little Finger	<p align="center"><b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b></p> <div style="text-align: center; margin-top: 20px;"> </div>		Left Little Finger	<p><b>Remarks</b></p>
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RESTRICTED

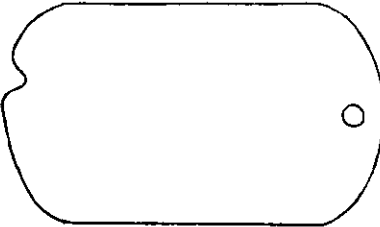
WD GMC Form 1042  
Rev. 7 Apr. 1945  
(Supersedes GRS Form 1)

# REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

27 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE  	SECTION 1. IDENTIFICATION		
	Name (Last, First, Middle Initial)		Serial Number
	UNIDENTIFIED (I-22)		UNKNOWN
	Grade	Organization	Branch of Service
UNKNOWN	US Navy	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	UNKNOWN	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

PLATE PLATE, GRAVE MARKER.

Were Substitute Tags Provided (Yes or No)

NO

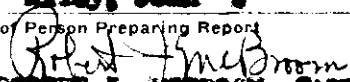

List Personal Effects Found on Body and Disposition of Same

NONE

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

Name, Number, Coordinates and Location of Cemetery

NAVY, Navy, Marine Cemetery #2, Apt. Gunn, N.I.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-10-46	1555	Casket and metal tag	Cross with Zinc Plate	4	56	6
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, Asar Island			2	5	10
Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body				
EMERGENCY SERVICE ONLY		<del>XXXXXXXXXXXXXXXXXXXX</del> R J MCB WD GMC 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)	Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Zinc Plate	NO	Greenberg, Morris	S 1/c	811-70-76	US Navy	7
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.		
Alley, John E.	CGC	932-95-49	US Navy	5		
Signature of Person Preparing Report			Signature of GRS Officer Verifying Report			
 ROBERT J. MCBROON, CAPT., GRC			 ROBERT J. MCBROON, CAPT., GRC			

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

RESTRICTED

SECTION UNIDENTIFIED REMAINS																
Left Little Finger	<p><b>Instructions</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no 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> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos										
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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> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found												
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Left Index Finger	<p><b>Other Identification Clues</b></p>															
Left Thumb	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Fillings</b></p> <div style="display: flex; align-items: center;"> <div> <p>Silver Filling</p> <p>Gold Filling</p> </div> </div> </td> <td rowspan="4" style="width: 50%; vertical-align: middle; text-align: center;"> <p>Diagram Represents the Mouth Wide Open</p> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>Cavities</b></p> <div style="display: flex; align-items: center;"> <div> <p>Cavity</p> <p>Decayed</p> </div> </div> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>Missing Teeth</b></p> <div style="display: flex; align-items: center;"> <div> <p>Tooth Missing</p> </div> </div> </td> </tr> <tr> <td style="vertical-align: top;"> <p><b>Crowned Teeth</b></p> <div style="display: flex; align-items: center;"> <div> <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 style="vertical-align: top;"> <p><b>Bridge Work</b></p> <div style="display: flex; align-items: center;"> <div> <p>Gold Bridge</p> </div> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Index Finger</td> <td> <p><b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b></p> <div style="text-align: center; margin-top: 20px;"> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Middle Finger</td> <td> <p><b>Remarks</b></p> </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> </td> </tr> </table>	<p><b>Fillings</b></p> <div style="display: flex; align-items: center;"> <div> <p>Silver Filling</p> <p>Gold Filling</p> </div> </div>	<p>Diagram Represents the Mouth Wide Open</p>	<p><b>Cavities</b></p> <div style="display: flex; align-items: center;"> <div> <p>Cavity</p> <p>Decayed</p> </div> </div>	<p><b>Missing Teeth</b></p> <div style="display: flex; align-items: center;"> <div> <p>Tooth Missing</p> </div> </div>	<p><b>Crowned Teeth</b></p> <div style="display: flex; align-items: center;"> <div> <p>Porcelain Crown</p> <p>Gold Crown</p> </div> </div>	Right Thumb	<p><b>Bridge Work</b></p> <div style="display: flex; align-items: center;"> <div> <p>Gold Bridge</p> </div> </div>	Right Index Finger	<p><b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b></p> <div style="text-align: center; margin-top: 20px;"> </div>	Right Middle Finger	<p><b>Remarks</b></p>	Right Ring Finger		Right Little Finger	
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Right Ring Finger																
Right Little Finger																

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81181

DATE

29 03 50  
DAY MONTH YEAR

NAME: UNKNOWN I - 22 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY ACFT NO. 2, GUAM PLOT: 4 ROW: 5 GRAVE: 6 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. MONKLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:

OTHER MEANS OF IDENTIFICATION:

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

REMAINS PREPARED AND PLACED IN CASKET

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

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

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: File 5 24-20 marked report

Doc # 13



**RECORD OF CUSTODIAL TRANSFER**

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

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Y

AIR MAIL

QMGMN 293  
GRS Far East

1st Ind

Dept. of the Army, OQMG, 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: CINCFE

AIR MAIL

C O P Y  
AMERICAN GRAVES REGISTRATION SERVICE  
MARBO ZONE

293 MPGRS

APO 244  
30 November 1948

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

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

1. In accordance with paragraphs 3b and 6, letter, DA, file 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 MBRS, Dtd 15 Oct 1948, Subj:  
Transmittal of New QMC 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. QMC Form 1044 (3)

D. A. BROWN  
Major AGD  
Adjutant