

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

UNIDENTIFIED (X-25)			UNKNOWN			UNKNOWN			DATE					
LAST NAME			FIRST			INITIAL			RANK			SERIAL NO.		
UNKNOWN			UNKNOWN			UNKNOWN			USS Hazelwood					
UNKNOWN			UNIT			ORGANIZATION								
UNKNOWN			Cemetery #2, Agat, Guam MI.			4			57			4		
PLACE OF DEATH			PLACE OF BURIAL			PLOT			ROW			GRAVE NO.		

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	A	A	A	B	G	S		S				G-A	G-A	A	A	A	TYPE				
LOCATION	O	DO	MO	MO	DO	M		D				MO-O	MO	MO	O-O	O	LOCATION				

INSIDE — LOOKING OUT

	RIGHT				LOWER TEETH								LEFT					
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE	A	A	A	A	S									A	A	A	A	TYPE
LOCATION	O-F	MO-F	DO -GF	DO-F	F									DO	MO-F	MO-F	O-O	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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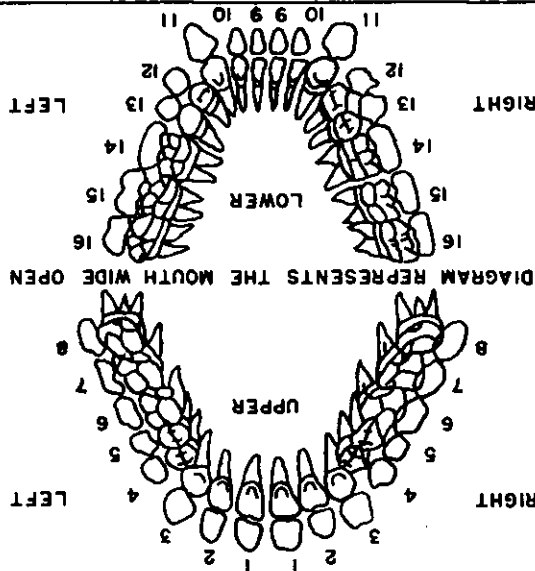
INSTRUCTIONS:

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

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

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

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



REMARKS:
None

SIGNATURE OF PERSON WHO PREPARED CHART

W.H.B. Jack

NAME AND RANK TYPED OR PRINTED

ASOR ISLAND, ULITHI ATOLL

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ROBERT J. MOBRUM, CAPT., QMC

NAME AND RANK TYPED OR PRINTED

29 August 1946

DATE

VERIFIED BY GRS OFFICER

Robert J. Mobrum

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-5)	UNKNOWN	UNKNOWN
LAST NAME	FIRST	INITIAL
UNKNOWN	UNKNOWN	UNKNOWN
UNIT	US Marine	
UNKNOWN	ORGANIZATION	
PLACE OF DEATH	PLACE OF BURIAL	ORGANIZATION
UNKNOWN	Cemetery Ft. Agat, Guam MI.	4 57 4
PLOT	ROW	GRAVE NO.

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	RIGHT								UPPER TEETH				LEFT					
TYPE	A	A	A	G	G	S		S					G-A	G-A	A	A	A	TYPE
LOCATION	O	Do	Mo	Mo	Do	M		D					Mo-o	Mo-o	Mo	o-o	O	LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
	RIGHT				LOWER TEETH				LEFT									
TYPE	A	A	A	A	S									A	A	A	A	TYPE
LOCATION	O-F	MoF	Do-F	DoF	F									Do	Mo-F	MoF	o-o	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)

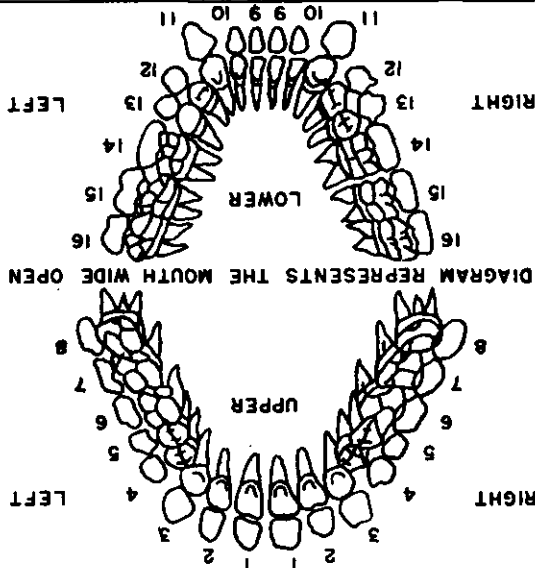
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

Robert J. Johnson

NAME AND RANK TYPED OR PRINTED

WALTON LACEY, Lt. (JG) USNR

VERIFIED BY GRS OFFICER

Robert J. Johnson

NAME AND RANK TYPED OR PRINTED

ROBERT J. JOHNSON, CAPT. USN

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ASON ISLAND, OLETHI AVAIL.

DATE

25 August 1946

RESTRICTED

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

DATE OF REPORT

25 Nov 47

Special Identification Tag If Possible DO NOT TYPE

Section 1 - IDENTIFICATION

NAME (Last, first, middle initial)

UNKNOWN X-25 Box No. 428

GRADE

ORGANIZATION

SERIAL No.

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH

GUAM

CAUSE OF DEATH

Unk

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)

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:

Agat, Cmtry #2, Guam

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or other covering)

TYPE OF GRAVE MARKER

PLOT No.

ROW No.

GRAVE No.

4

57

4

WAS THIS A REBURIAL? (Yes or no)

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT No.

ROW No.

GRAVE No.

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

Gardner, Henry B.

RANK

Lt(JG)

SERIAL No.

335633

ORGANIZATION

USMC

GRAVE No.

5

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

Unknown

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

3

SIGNATURE OF PERSON PREPARING REPORT

EMILIO E. COSTALES

SIGNATURE OF GRS OFFICER VERIFYING REPORT

EMILIO S. ZAPICO, 2nd Lt., Inf.

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

RESTRICTED



Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB


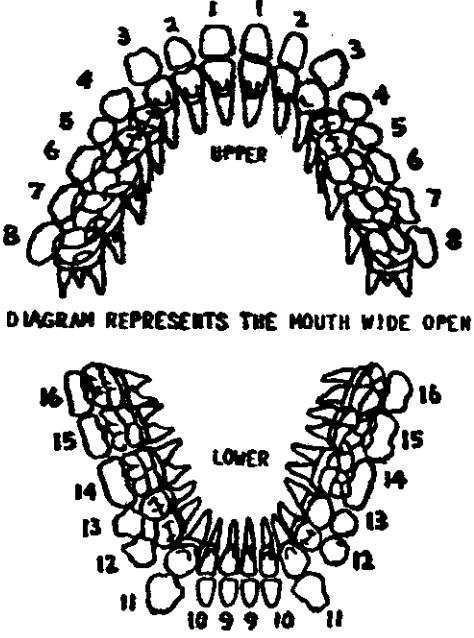


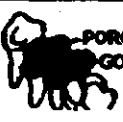

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

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

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



REMARKS: Condition of remains: One cross tag found in box with body. Found, Interent report with body. Right pelvic fractured. Left pelvic missing. Right and left humerus missing. Right and left radius and ulna missing. Right and left femur missing. Right foot missing. Right and left hands missing. 20 ribs missing. Right and left scapula and calvicle missing.

AIRMAIL

101
293 unk Guam #2 X-25
~~UNIT 203~~ *MR*
13 December 1950

Unit X-25
Guam #2, USMC Agat

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to Certificate of Unidentifiability for the remains of Unknown X-25 USMC Agat, Guam #2, Plot 4, Row 57, Grave 4 listed on Unit 2, Page 4.

2. This Office approves the classification of the above listed Unknown as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

**THOMAS E. COX
Capt QMC
Memorial Division**

ET
ET

WS
B. Venezky:lak
C. C. Salser

Copy furnished:

Cincfe, APO 500



AIRMAIL

INTRAOFFICE REFERENCE SHEET

943 *Guam #2* *X-25* DUE, HOUR AND DATE _____

1 NO. 2 FROM- 3 TO 4 DATE 5 MESSAGE

1 Navy
Liaison
Section
Ident Br
Mem Div

Chief
Ident Br

16 Nov
1950

PT
MA. SALAS

SUBJECT: Unknown X-25, Agat #2, Guam

1. Forwarded herewith is Certificate of Unidentifiability and Burial Report with accompanying papers on subject listed unknown remains for action by your Branch.

2. Efforts by this Section to associate this Unknown with Navy, Marine Corps or Coast Guard casualty has met with netative results, based upon evidence presently contained in file.

3. Request this Section be notified when this case is resolved in order that adjustments may be made in statistical report.

2 Incls
1. 293 file for Unk X-25
2. B/R with accompanying papers

FISHER
52462

Moyer
MOYER
7

Ident Sec
Ident Br
Mem Div

Navy
Liaison
Section
Ident Br
Mem Div

12 Dec
1950

1. Reference is made to paragraph 3, comment 1.

2. Finding of Unidentifiability has been approved by this Office.

3. Files are returned herewith for completion of Administrative reports.

COX *Fisher*
74059 *sa*

FISHER
52462

2 Incls
1. 293 file for Unknown X-25
2. B/R w/ accompanying papers

DEC 13 1950
FILE
NAVY SECTION
C. J. MOYER

1

Interred 15 June 1950 - 7 FEB 52
A 8/7002 Ft. McKinley
To the Grave B/R
Caretaker

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

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

DIRECTIVE NUMBER
6321 81700

DATE
01 06 50
DAY MONTH YEAR

NAME UNKNOWN I - 25 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY 293 USAF CEMETERY AGAT NO. 2, GUAM PLOT 4 ROW 57 GRAVE 4 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 I-25 SERIAL NUMBER GRADE DATE OF DEATH 2 June 1950 DATE DISTINTERRED

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 2 June 1950 BY PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) Paul R Nichols PAUL R NICHOLS

CASKET BOXED AND MARKED DATE 2 June 50 BY ALBERT C EVATT, Sgt, RA SHIPPING ADDRESS VERIFIED BY RAYMOND H TANGUAY, Sgt 1c, RA

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

Signature of Raymond H Tanguay
RAYMOND H TANGUAY, Sgt 1c, RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
✓

File
7/11/50
O. H. Nichols
per

3

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6321 81700

01 06 90

NAME: UNKNOWN I-25 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

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

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. W. 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 (REMAINS/MARKER), 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

Handwritten signature and date: 7/11/59

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

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

RHS

JS

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6321 00000	DATE 15 11 47 DAY MONTH YEAR	
NAME 803-29A-9		SERIAL NUMBER 29 & UNKNOWN X-000025	RANK	ARM 2
CEMETERY GUAM NO 2 AGAT		DATE OF DEATH		DISPOSITION OF REMAINS
PLOT 4	ROW 57	GRAVE 4	COUNTRY MARIANAS	0 0391 63 CODE DIST. PT.
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
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-25	SERIAL NUMBER Unknown	RANK Unknown	DATE OF DEATH 29 Apr 45	DATE DISINTERRED 25 Nov 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION USN	RELIGION Unknown	IDENTIFICATION VERIFIED BY R H Oestreich, Capt, Inf. NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Individual grave, uncasketed	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary Plate	
MINOR DISCREPANCIES None	

CANCELLED

REMAINS PREPARED AND PLACED IN CASKET	
DATE 26 Oct 48	BY J L Sibley, Emb.
CASKET SEALED BY J L Sibley, Emb.	EMBALMER (Signature) <i>Harold E. Connell</i> HAROLD E CONNELL
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 26 Oct 48	BY E Kelly
	J E Morris, Clerk

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

for John H. De Groodt
 F T DE GROODT, Capt., 1948
 SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		2. SHIPPED		3. SHIPPED		4. SHIPPED		5. SHIPPED		6. SHIPPED		7. SHIPPED	
FROM	US MAUSOLEUM (SAIPAN RT)	FROM	AGRS PORT (SAIPAN, MI)	FROM	MASTER FS-278	FROM	MASTER FS-278	FROM	AGRS Mausoleum	FROM	AGRS Mausoleum	FROM	AGRS Mausoleum
KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK
SIGNATURE OF SHIPPER	<i>John H. Lott, Maj Gen</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike, Captain Inf.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike</i>	SIGNATURE OF SHIPPER	<i>Frank J. Smith, 1st Lt</i>	SIGNATURE OF SHIPPER	<i>Frank J. Smith, 1st Lt</i>	SIGNATURE OF SHIPPER	<i>Frank J. Smith, 1st Lt</i>	SIGNATURE OF SHIPPER	<i>Frank J. Smith, 1st Lt</i>
DATE	26 Oct 48	DATE	26 Oct 48	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 RT)	TO	PORT STORAGE OFFICER (SAIPAN RT)	TO	MASTER FS-278	TO	MASTER FS-278	TO	AGRS Mausoleum	TO	AGRS Mausoleum	TO	AGRS Mausoleum
NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Frank J. Smith, 1st Lt</i>	SIGNATURE OF RECEIVER	<i>Frank J. Smith, 1st Lt</i>	SIGNATURE OF RECEIVER	<i>Frank J. Smith, 1st Lt</i>	SIGNATURE OF RECEIVER	<i>Frank J. Smith, 1st Lt</i>	SIGNATURE OF RECEIVER	<i>Frank J. Smith, 1st Lt</i>
DATE	26 Oct 48	DATE	26 Oct 48	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49
FROM		FROM		FROM		FROM		FROM		FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE		DATE		DATE		DATE		DATE		DATE	
TO		TO		TO		TO		TO		TO		TO	
NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
DATE		DATE		DATE		DATE		DATE		DATE		DATE	

JAN 19 1949

24 JAN 1949

Frank J. Smith, 1st Lt

BY ADMINISTRATIVE ORDER (BY ADMINISTRATIVE ORDER)

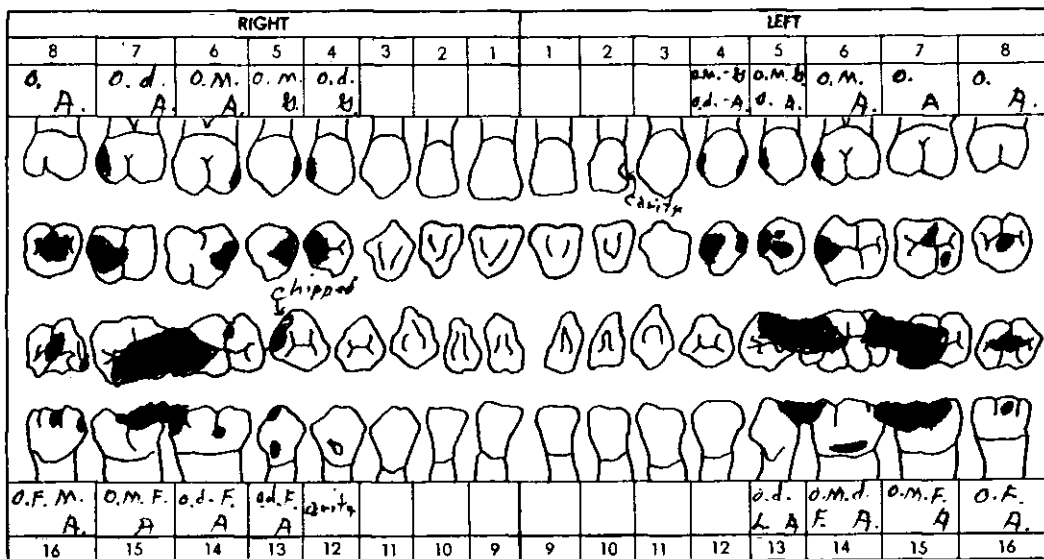
QUARTERMASTER GENERAL

IDENTIFICATION DENTAL CHART

DATE 25 Oct 1948

NAME (Last, First, Middle Initial) Unknown X-25		RANK	SERIAL NUMBER	
UNIT	ORGANIZATION	CAUSE OF DEATH		DATE OF DEATH
PLACE OF DEATH	PLACE OF BURIAL Guam #2 Agat	PLOT 4	ROW 57	GRAVE 4

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



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

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART Harold E. Connell, Ensign	VERIFIED BY GRS OFFICER J. DeGroot Capt AMP
---------------------------------------------------------------------------------------------	------------------------------------------------

Unknown X-25

Name

Rank

Serial No.

Br of Sv

Sumner #2 Capt

1:11

R-57

4y. 2



Skeletal Remains
Unidentified

SKELTAL CHART

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

25 Nov 47

Date

UNKNOWN X-25

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

		RIGHT UPPER TEETH					LEFT										
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE		A	A	A	G	G						G	G	A	A	A	TYPE
LOCATION		o	do	no	no	do						no	no	no	oo	o	LOCATION
		INSIDE - LOOKING OUT															
													A				
													do				

		RIGHT LOWER TEETH					LEFT											
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE		A	A	A	A				X	X	X			A	A	A	A	TYPE
LOCATION		OFF	no	do	do							do	no	no	no	OFF	LOCATION	

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

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

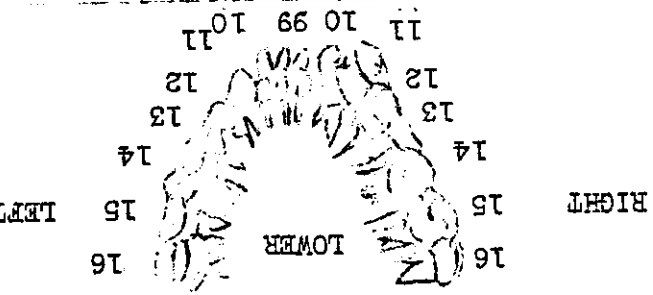
INSTRUCTIONS:

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

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

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

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

Emilio S. Zapico

NAME AND RANK TYPED OR PRINTED

L. HO, Capt., D.C.

NAME AND RANK TYPED OR PRINTED

EMILIO S. ZAPICO, 2nd Lt., Inf.

Guam

NUMBER OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

IDENTIFICATION CHECKLIST

Unknown X-25
Cemetery #2 ABAT GUAM
Plot 4 Row 57 Grave 4

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

PART I
Physical Description

1. Estimated weight UTD 2. Estimated height UTD
3. Color of hair UTD 4. Race UTD
5. Tattoos or scars on the body (give description) NONE

(Information obtained from other sources) _____
6. Was tooth chart taken? YES If not, explain _____

7. Were fingerprints taken? NO
8. Cause of death UTD
9. Was body burned? NO To what extent? _____
10. Are any parts of the body missing or severed? SEE CHART
11. Is there any evidence of first-aid or other medical treatment? NO
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. _____

13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) _____
sources) _____
6. Was tooth chart taken? _____ If not, explain _____

7. Were fingerprints taken? _____

Source

Service

Rank

If not, explain

Was foot cover taken?

Officer's name

Were fingerprints taken?

9. Cause of death

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

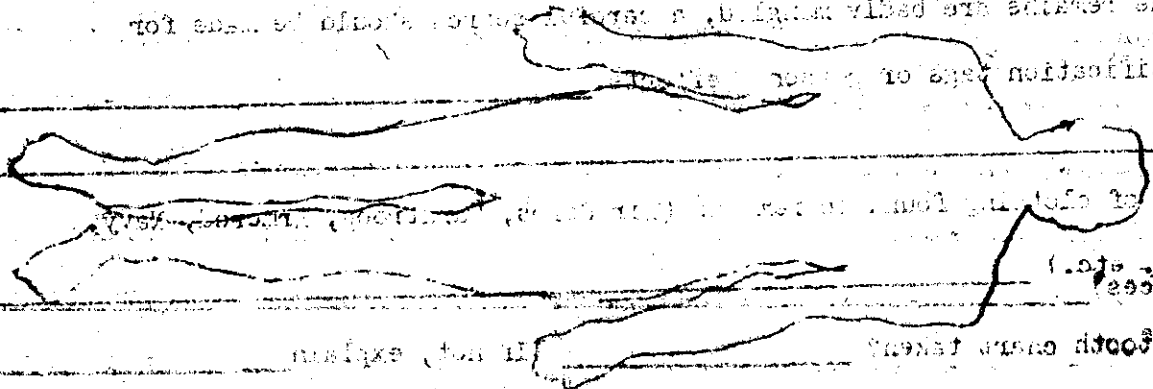
extent

10. Are any parts of the body missing or severed?

11. Is there any evidence of first-aid or other medical treatment?

12. REMARKS:

12. If the remains are being marked, a separate report should be made for identification tags or other marking.



Source (e.g.)

Was foot cover taken?

If not, explain

17. ~~Block out parts of body not received at cemetery.~~

Were fingerprints taken?

16. Evidence of healed fractures

None

Forwarded through channels for examination

15. If laundry marks are intact, such notation should be made and specimen

11. Is there any evidence of first-aid or other medical treatment?

X STOCKING

also size and markings:

LEFT SHOE SIZE 7 E

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

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

293.

Date 13 Oct 48

CASE SUMMARY OF

NAME: UNKNOWN X-25 RANK: _____ SERIAL NO: _____
CEMETERY Agst Cem #2 GUAN Plot: 4 Row: 57 Grave: 4

Remains disinterred from P-4, E-57, GP-4 known as
UNKNOWN X-25 were processed this date and no clues to
identity were found.

cc: 293 _____


ROY E. GENTRY
CAPT., INF.

(Signature)

Remarks:

(FORMERLY
(*Unidentified*) NOW UNKNOWN ~~X-25~~ X-25

UNKNOWN (X-25)

2-8-5

4-57-4

DATE AND HOUR OF DISINTERMENT

1045

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

SEARCHED INDEXED SERIALIZED FILED

FBI - MEMPHIS

MAY 11 1968

COMMUNICATIONS SECTION

TELETYPE UNIT

Body apparently burned in spots

50% decomposed

1 piece of rope

1 stocking

1 shoe

REMARKS: Body wrapped in white blankets

REPORT OF BURIAL
NAVMED-801 (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 U.S.S. HAZELWOOD DD-531 DATE REPORT FILLED OUT 30 June 1945
ATTACHED AT TIME OF DEATH

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNIDENTIFIED NO. 9 Unknown X-25	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE White

CAUSE OF DEATH Injuries, multiple extreme	PLACE OF DEATH Okinawa area
-----------------------------------------------------	---------------------------------------

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

DATE OF DEATH 29 April 1945	DATE OF BURIAL 8 May 1945
---------------------------------------	-------------------------------------

NAME OF CEMETERY Ulithi Atoll	LOCATION OF CEMETERY XXX Ulithi Atoll, Caroline Islands
-----------------------------------------	-------------------------------------------------------------------

GRAVE MARKER TYPE	PLOT NO. 2	ROW NO. 8	GRAVE NO. 5
-------------------	----------------------	---------------------	-----------------------

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

TYPE OF RELIGIOUS CEREMONY General service of faith	RELIGION OF DECEASED unknown
---------------------------------------------------------------	----------------------------------------

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.) Body charred beyond recognition.
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

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

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

Bodies Buried on Either Side

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

FILE NAVY SECTION G. J. MOYER 7 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. _____

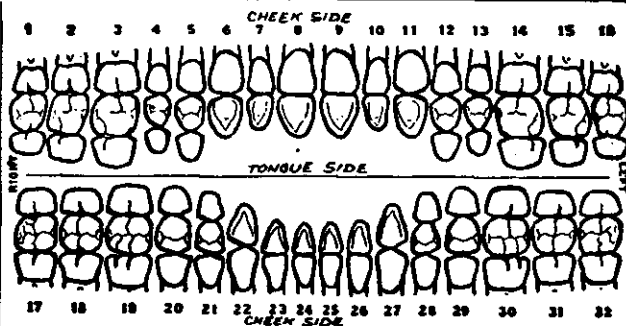
Occlusion (Type of) _____

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 spaces. Do not over-ink.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

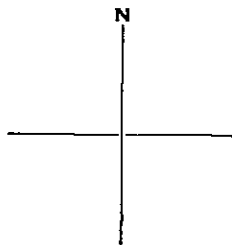
R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE



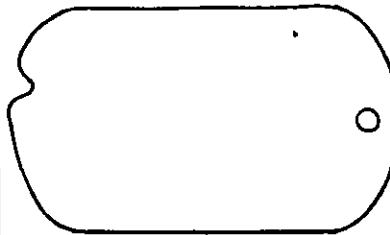
RESTRICTED

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

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

DATE OF REPORT
8 Feb 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-25 Guam #2, Agat		SERIAL NO. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Unknown	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

EMERGENCY ADDRESSEE (Name, relationship, and address) *293 Tank Guam #2 X-25*
Unknown

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

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
UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL 7 Feb 1952	HOUR --	BURIED IN (Shroud, blanket, or name of other) Casket	TYPE OF GRAVE MARKER Cross	PLOT NO. A	ROW NO. 1	GRAVE NO. 15
------------------------------	------------	---------------------------------------------------------	-------------------------------	---------------	--------------	-----------------

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE US MILITARY CEMETERY, FT WM MCKINLEY, P.I.	PLOT NO. G	ROW NO. 7	GRAVE NO. 11
-----------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------	---------------	--------------	-----------------

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) Yes	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	RECORDS SECTION DATE NAME SERIAL NO.	ORGANIZATION	GRAVE NO.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK			

SIGNATURE OF PERSON PREPARING REPORT
Roger L. Dion
ROGER L. DION, Sgt., RA

SIGNATURE OF GRS OFFICER VERIFYING REPORT
Charles R. Whaylen
CHARLES R. WHAYLEN, 1st Lt., QMC

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

Section 3. UNIDENTIFIED REMAINS.


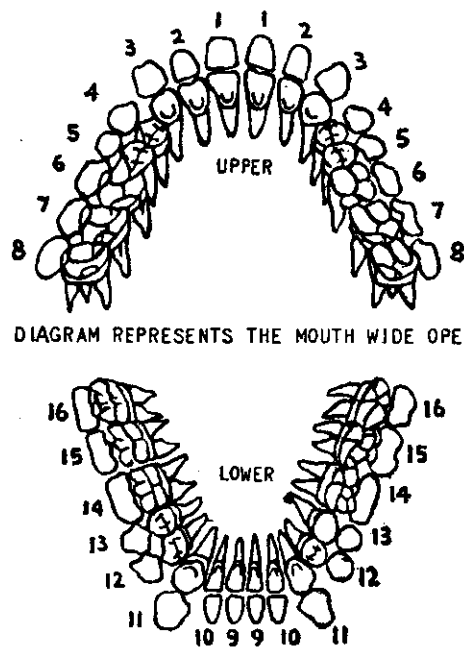




INSTRUCTIONS:

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

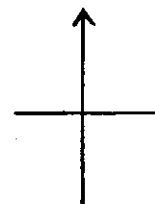
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

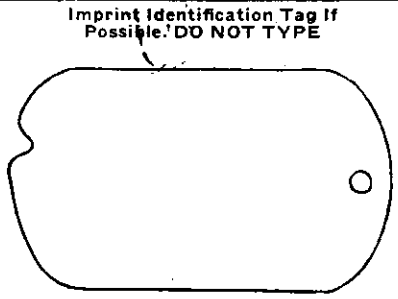
Grave 15, Row 1, Plot A, previously occupied by Unknowns X-2058 Manila #2, disinterred and shipped to ZI as part of a Group Burial (Cabanatuan Project).

RESTRICTED

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

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

Date of Report
29 Aug. 1946



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)
UNIDENTIFIED (X-25)

Serial Number
UNKNOWN

Grade
UNKNOWN

Organization
USS Hazelwood

Branch of Service
UNKNOWN

Race
UNKNOWN

Religion
UNKNOWN

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

Place of Death
UNKNOWN

Cause of Death
Injuries, Multiple Extreme

Date of Death
4-29-45

Emergency Addressee (Name, Relationship and Address)
UNKNOWN

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

If No Tags Found on Body, Describe Means of Identification. If Unidentified. Fill in Section 3 on Reverse
PLOT PLAN AND GRAVE MARKER

Were Substitute Tags Provided (Yes or No)
NO

List Personal Effects Found on Body and Disposition of Same

- (1) Show
- (1) Stocking

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

Name, Number, Coordinates and Location of Cemetery
Agat, Navy, Marine Cemetery #2, Agat, Guam, MI.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-11-46	1000	Casket and Burial Bag	Cross with Zinc Plate	4	57	4

Was This a Re-Burial? (Yes or No)
Yes

If Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave
Unathi Cemetery, Asor Island

Plot No.	Row No.	Grave No.
2	8	5

Type of Religious Ceremony
MEMORIAL SERVICES ONLY

Person Conducting Burial Rites
MEMORIAL SERVICES ONLY

If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
WDQMC Form 1042 buried in bottle one foot below grave marker.

Identification Tag Buried With Body (Yes or No)
Zinc Plate

Identification Tag Attached to Marker (Yes or No)
No

Body Buried on Deceased Left, Name (Last, First, Middle Initial)
Gardner, Henry B.

Rank
Lt (jg)

Serial Number
335-633

Organization
USS Hazelwood

Grave No.
5

Body Buried on Deceased Right, Name (Last, First, Middle Initial)
Unidentified (X-26)

Rank
UNKNOWN

Serial Number
UNKNOWN

Organization
USS Hazelwood

Grave No.
3


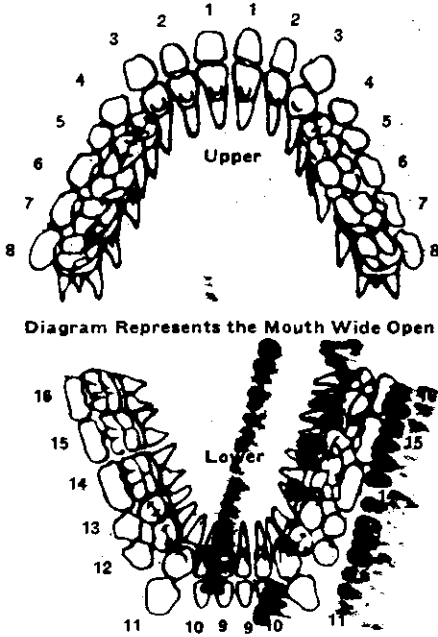




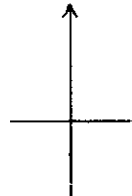
Signature of Person Preparing Report
ROBERT J. MCBROOM, CAPT., QMC

Signature of GRS Officer Verifying Report
ROBERT J. MCBROOM, CAPT., QMC

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

RESTRICTED

439

	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 Index Finger	Missing Teeth Tooth Missing 			
Right Middle Finger	Crowned Teeth Porcelain Crown Gold Crown 			
Right Ring Finger	Bridge Work Gold Bridge 			
Right Little Finger	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery <div style="text-align: center;">  </div>			
Right Thumb	Remarks			

RESTRICTED

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

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

29 Aug. 1946

Impression of Identification Tag If Possible. DO NOT TYPE

SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

Serial Number

UNIDENTIFIED (X-25)

UNKNOWN

Grade

Organization

Branch of Service

UNKNOWN

USS Hazelwood

UNKNOWN

Race

Religion

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

UNKNOWN

UNKNOWN

Place of Death

Cause of Death

Date of Death

UNKNOWN

Injuries, Multiple 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

PLAT PLAN AND GRATE MARKER

Were Substitute Tags Provided (Yes or No)

NO

List Personal Effects Found on Body and Disposition of Same

(1) Shaw

(1) Stenking

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

Name, Number, Coordinates and Location of Cemetery

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

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-11-46	1000	Casket and Burial Bag	Cross with Blue Plate	4	57	4

Was This a Re-Burial (Yes or No)

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

Yes

Ulithi Cemetery, Asor Island

Plot No.	Row No.	Grave No.
2	8	5

Type of Religious Ceremony

Person Conducting Burial Rites

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

EMPIRAL SERVICES ONLY

UNKNOWN *Pfj mcb*

Identification Tag Buried With Body (Yes or No)

Identification Tag Attached to Marker (Yes or No)

WDQMC 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.

Gardner, Henry B.

Lt (jg)

335-633

Hazelwood

5

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

Rank

Serial Number

Organization

Grave No.

Unidentified (X-26)

UNKNOWN

UNKNOWN

Hazelwood

3

Signature of Person Preparing Report

Signature of GRS Officer Verifying Report



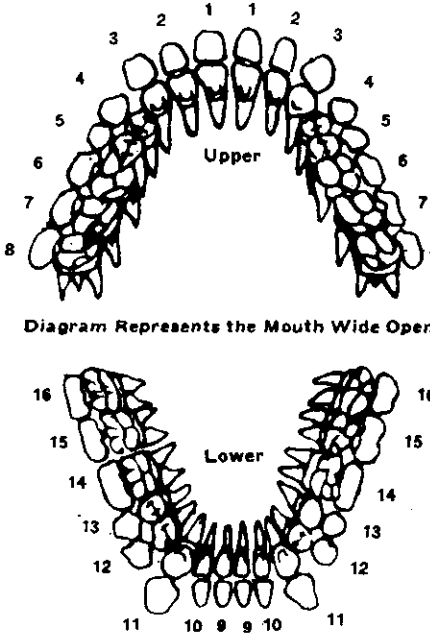
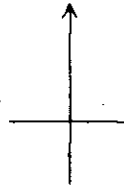
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RESTRICTED

4392

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Right Little Finger		Diagram Represents the Mouth Wide Open 			
Right Ring Finger		Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery 			
Right Little Finger		Remarks			

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APD 900

23 May 1950
(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 25, Plot 4,
Row 57, Grave 4, USMC Agat, Guam # 2, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


B. McNEELAR
Captain, QMC
Chief, Records Branch

HAT
File

DEC 1 1 1950


Identification Branch

UNIDENTIFIED
1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK. X-25 Agat, Guam # 2				2. DATE OF REPORT 23 May 1950	
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION				Age: 26-36 yrs.	
8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	10. COLOR OF HAIR Brown		11. RACE White	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N o n e

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

N o n e

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

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

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 IDENTIFICATION DATA"

1044

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

RIGHT														A A		LEFT																	
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	Od	LOT																
A	A	A	G	G							G	G	A	A	A																		
O	Od	MO	MO	Od							MO	MO	MO	O	O																		
Side View																		Side View															
Top View																		Top View															
Side View																		Side View															
UPPER																		LOWER															
Side View																		Side View															
A	A	A	A													A	A	A	A														
of	of	of	of													odl	Mo	MOF	of														
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."

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Paul R. Nichols

PAUL R. NICHOLS
Chief Ident. 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

"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 Ident. Section

SIGNATURE

Paul R. Nichols

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

25 MAY 1950

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

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

UNKNOWN X-25 Agat, Guam #2
" X-787 Leyte #1
" X-788 " "
" X-789 " "
" X-5017 AGRS Mslm

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

FOR THE COMMANDING OFFICER:

5 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ H. B. McNemar
H. B. McNEMAR
Capt., QMC
Asst. Adjutant

C O P Y

C O P Y