

FILE IDENTIFICATION TOPPER

FILE NUMBER
2932mk Agate # 2 X-30
SUBJECT

QMC FORM 1121
1 Aug 45

CERTIFICATE OF DEATH

From: NAVAL ACTIVITIES Navy #3011, FPO., San Francisco, California.

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

(See Circular Letter E-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name Unknown Rank or rate Unknown
 2. Born: Place Unknown Date Unknown
 3. Nationality Unknown Religion Unknown
(White—U. S., Colored, Samoan, etc.) (Denomination)
 4. Eyes Unknown Hair Unknown Complexion Unknown Height About 66" Weight About 150 lb.
 5. Marks, scars, etc. (noted in health record) Unknown

FINGERPRINT

See accompanying enclosure

State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend Unknown

7. Original admission: Place Unknown Date Unknown
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Unknown Date Unknown Hour Unknown

9. Cause of death { Principal Unknown Key Letter Unknown
 { Contributory _____

10. Death Unknown the result of own misconduct and Unknown in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains US Naval Cemetery, Asor Island, Ulithi. Plot 2 Row 6 Grave 8,
15 May 1945.

12. Summary of facts relative to the death:

Body washed ashore 14 May 1945, Fassarai Island, Ulithi. Body badly decomposed. No clothing nor identifying marks. Face badly mutilated by fish as were arms and legs. Body bloated with extrusion of viscera through lower abdomen and posterior chest edge. Skin denuded from body. Attempt made to inject right thumb and index finger with water and finger prints obtained enclosed to Bureau with original Form N. No fillings in teeth, and numbers 10-11-28, and 29 were missing, apparently having fallen out as several other teeth were loose.

By Direction
(Commanding officer)

J. W. BUXTON
Comdr. (Rank), U. S. Navy, R.

Approved: Court of inquiry or board of investigation will not be held.
(Will or will not)

B. V. CHERM
Lt. (Rank), M. O., U. S. Navy, R.
(Medical officer)

CERTIFICATE OF DEATH

QW 70 / PG = 1 8

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Incl 1

Approved: Court of inquiry or board of investigation **will not** be held. *(Will or will not)*

W. M. HIXTON

 (Rank) _____
 Commanding officer
 BY Direction.

B. V. CHERN

 Lt. _____
 (Rank) _____
 Medical officer

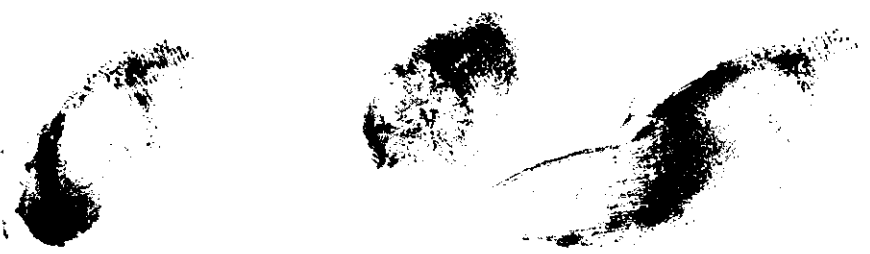
M. G., U. S. Navy

 U. S. Navy R.

Dr. Chern

Thumb - Rt. Hand.

Thumb print right hand of Man found
in body decomposed condition on East
side of Passerai



M.H. 7-13-0
M. L. ...
259 ...

FEDERAL BUREAU OF INVESTIGATION U.S. DEPARTMENT OF JUSTICE CASE NO. 726

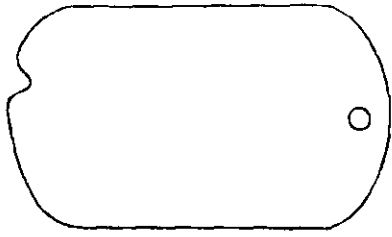
WD QMC Form 1042
Rev. 1 Apr. 1945
(Supersedes GRS Form 1)

REPORT OF INTERMEN

(AR 30-1810 and AR 30-1815)

Date of Report

28 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION		
	Name (Last, First, Middle Initial)		Serial Number
	UNIDENTIFIED (1-99)		UNKNOW
	Grade	Organization	Branch of Service
UNKNOW	UNKNOW	UNKNOW	
Race	Religion	If Other than U. S. Dead, Give Name of Country	
UNKNOW	UNKNOW		
Place of Death	Cause of Death	Date of Death	
Eastern Island	UNKNOW	UNKNOW	

Emergency Addressee (Name, Relationship and Address)

UNKNOW

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
Were Substitute Tags Provided (Yes or No)	
NONE	PLOT MARK, GRAVE MARKER
NO	

List Personal Effects Found on Body and Disposition of Same

1 pr rubber gloves found and buried with remains.

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

Name, Number, Coordinates and Location of Cemetery

ARMY, NAVY, MARINE CEMETERY ST. ANNE, GUAM, P.I.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-13-46	0846	Casket and burial bag	Graves with size photo	4	56	13
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.
NO	UNKNOW CEMETERY, ASSE INLAND			2	6	8

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
HOSPITAL SERVICE ONLY		
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	NO TAGS FOUND 1042 buried in bottle one foot below grave marker.
Size photo	NO	

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
UNKNOW, Lloyd L.	E 2/c	989-57-91	UNKNOW	14
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
UNKNOW, John R.	PO 1/c	553-00-52	UNKNOW	12

Signature of Person Preparing Report: *Robert J. McBrown*

Signature of GRS Officer Verifying: *Robert J. McBrown*

DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for non-US dead to the Quartermaster General through Hdq. 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 fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with the 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 Number		Laundry Mark		Where Body Was Buried or Found
Other Identification Clues				

Left Little Finger	
Left Ring Finger	
Left Middle Finger	
Left Index Finger	

Fillings	 <p>Silver Filling Gold Filling</p>
-----------------	--

Cavities	 <p>Cavity Decayed</p>
-----------------	--

Missing Teeth	 <p>Teeth Missing</p>
----------------------	--

Crowned Teeth	 <p>Porcelain Crown Gold Crown</p>
----------------------	---

Bridge Work	 <p>Gold Bridge</p>
--------------------	--

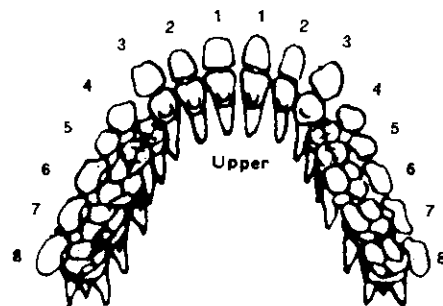
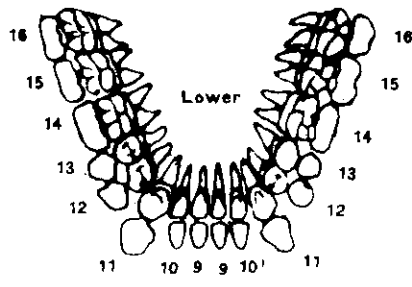
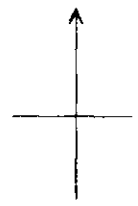


Diagram Represents the Mouth Wide Open



Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery



Right Middle Finger	
Right Ring Finger	
Right Little Finger	

Remarks

RECLASSIFICATION SHEET

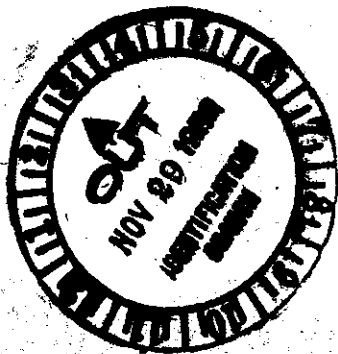
PAPERS ORIGINALLY FILED 293 York (misc) (Legal) Guam #2
X11, X22, X30, X36, X37, X70, X72, X73, X76
X81, X82
SYNOPSIS AND DATES


Misc now filed

NEW CLASSIFICATION 293 York (Legal) Guam #2 X11

*10/10/00
E*

RECLASSIFICATION SHEET



/bpm 1 /add	Interred 30 Mar 1950 L 1 8 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent	DISINTERMENT DIRECTIVE PREPARED BY PHILCOM	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6321 81189	DATE 29 03 50 DAY MONTH YEAR
NAME UNKNOWN I - 30		SERIAL NUMBER	GRADE
CEMETERY USAF CEMETERY AGAT NO. 2, GUAM		PLOT 4	ROW 56
		GRAVE 13	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 - 30	SERIAL NUMBER	GRADE	DATE OF DEATH
			DATE DISTINTERRED 30 Mar '50
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> 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) <i>Paul R Nichols</i> PAUL R NICHOLS	
CASKET BOXED AND MARKED DATE 30 Mar '50		SHIPPING ADDRESS VERIFIED BY RAYMOND H TANGUAY, Sgt 1c, RA	
		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.			
<i>L. W. Richardson</i> L. W. RICHARDSON, M/Sgt, RA SIGNATURE OF AGRS INSPECTOR			
REMARKS AND SPECIAL INSTRUCTIONS			
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input checked="" type="checkbox"/> </div> <div style="width: 60%; text-align: right;">  </div> </div>			

[Handwritten signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MAUSOLEUM	TO	US MILITARY CEMETERY	KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER		SIGNATURE OF RECEIVER	<i>Burdette</i>	DATE	MAR 3 0 1950
2. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
3. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
8. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
9. SHIPPED		FROM		TO		KIND OF CONVEYANCE		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED UNKNOWN I - 30		DIRECTIVE NUMBER 6301 0210	DATE DAY MONTH YEAR 29 03 50		
NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
CEMETERY		PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
WAP CEMETERY ACAT NO. 2, GULF		4	96	13	CODE DIST. CTR. 7701 00

SECTION B — CONSIGNEE AND NEXT OF KIN	
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. ME. MONTELEONE, 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
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER				NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT	
NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES (<i>Prepare Discrepancy Report QMC Form 1194a for major discrepancies.</i>)	

REMAINS PREPARED AND PLACED IN CASKET	
DATE	BY
CASKET SEALED BY	EMBALMER (<i>Signature</i>)
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

Filed
 24 May 50
 Discrepancy
 Report

REMARKS AND SPECIAL INSTRUCTIONS

Incl # 23

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

2. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

HEADQUARTERS
FILSON 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- 30, Plot 4,
Row 56, Grave 13, 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:


B. McNEELAR
Captain, QMG
Chief, Records Branch

Attch: Form 1044

Received 7 Feb 1950 OQMG
Not identifiable from
information presently
available
Robert W. Miller

att-3

293 UNK Asst. Island

AGPC-S 704 (14 Jan 46)

1st Ind

DPR/JHA/ieg/4602

WD, AGO, Washington 25, D.C., 21 February 1946

TO: The Quartermaster General, Washington 25, D.C., Attention: Chief, Identification Section, Repatriation Records Branch, Room 2426, Temporary Building E.

Fingerprints on attached Report of Burial NMS Form N, Navy #3011, have been searched in the files of the Federal Bureau of Investigation and could not be found.

FOR THE ADJUTANT GENERAL:

John T. Burns
JOHN T. BURNS
Lt. Col., AGD
Officer in Charge
Status Review and
Determination Section

3 Incls. n/c

293 UNK Asst. Island

File
MAY 29 1950
Identification Branch

OUT
MAY 29 1946
CLASSIFICATION
SECTION

SECTION
DETERMINATION
AND
CLASSIFICATION
21 FEB 1946

RECEIVED
FEB 25 1946
MAIL

RECORDS BRANCH
FEB 25 9 57 AM '46
MAIL



ARMY SERVICE FORCES

OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

att H
1-14-46



IN REPLY REFER TO SPQYG 293

Unknown -
Asor Island

293 unk

14 January 1946

SUBJECT: Fingerprints of Unknown Deceased

TO : The Adjutant General, ASF, Washington, D. C.
ATTENTION: Status Review & Determination, Casualty Branch,
4602 Munitions Building, Washington, D. C.

1. The inclosed NMS-Form N and sheets bearing fingerprints are forwarded to your office with a request that comparison be made of the fingerprints thereon with those on file, with view to establishing the identity of an Unknown Deceased.

2. If found to be identical, it is requested that the name, rank, serial number, emergency addressee and religious preference, of the deceased, be forwarded to this office, together with return of the forms.

FOR THE QUARTERMASTER GENERAL:

Arthur S. Rosengard

ARTHUR S. ROSENGARD
2nd Lt., QMC
Assistant

3 Incls
1. NMS Form N
2 & 3. Fingerprint Forms

FILE
Mem OW
IDENT BU
21 May 46
PN

RECEIVED
JAN 17 1946



MAIL ROOM RECEIVED
MAY 29 1950

JUN 15 1 50 PM '50

SPQYG 293
Unknown -
Asor Island

14 January 1946

SUBJECT: Fingerprints of Unknown Deceased

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FOR THE QUARTERMASTER GENERAL:

3 Incls
1. MMS Form N
2 & 3. Fingerprint Forms

ARTHUR S. ROSEBARD
2nd Lt., GAC
Assistant

JAN 15 1 53 PM '46
MAIL ROOM
CASUALTY BRANCH

EMPLOYEES REGISTRATION SECTION
JAN 15 12 54 PM '46
MEMORANDUM SECTION

File
8-15-46

JJP
60

ADDRESS YOUR REPLY TO
BUREAU OF MEDICINE AND SURGERY
NAVY DEPARTMENT, WASHINGTON 25, D. C.
AND REFER TO



BUMED-ECd-EK
QW20/r6-1
21 Dec 1945

WASHINGTON 25, D. C.

To: Office of the Quartermaster General, Army Service Forces,
(Memorial Division), War Department, Washington, D. C.

Subj: Identification from fingerprints attached to NavMed
Form N of unknown interred U. S. Naval Cemetery, Asor
Island, Ulithi, Plot 2, Row 6, Grave 8.

Encl: (HW) Form N with accompanying fingerprints.

1. Enclosures have been submitted to the Identification Section, BuPers, and to the F.B.I. for a check of the fingerprints, but no identity has been established.

2. It is requested that a check be made with your files in an endeavor to identify this unknown and a report be made to BuMed as to whether or not identification has been established.

By direction of the Chief, BuMed:

J. W. Rohrbach

J. W. ROHRBACK
Executive Civilian Assistant
Administration Division

293-11000

MEMORIAL DIVISION
DEC 28 12 00 PM '94
GRAVES REGISTRATION SECTION
DEC 28 94

MEMORIAL DIVISION
DEC 28 11 56 AM '94

IDENTIFICATION DENTAL CHART

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

28 AUGUST 1946

UNKNOWN X-30

UNKNOWN

UNKNOWN

DATE

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNKNOWN

UNKNOWN

UNIT

ORGANIZATION

Fassari Island

CEMETERY #2, AGAT, GUAM

4

56

13

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

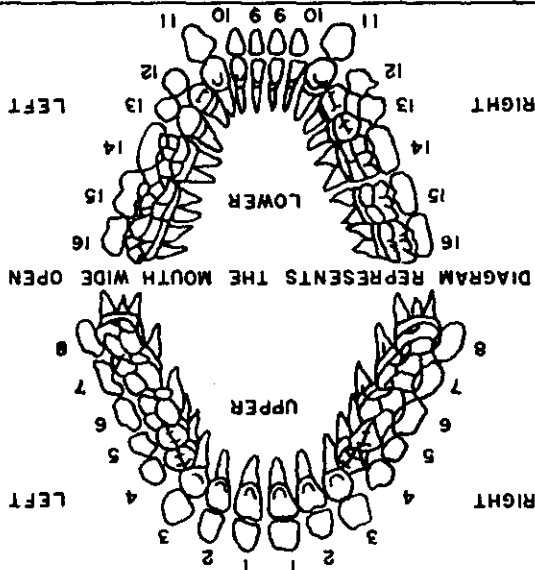
INSTRUCTIONS:

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:

Teeth and soft tissues are normal and healthy.

SIGNATURE OF PERSON WHO PREPARED CHART

[Signature]

NAME AND RANK TYPED OR PRINTED

U.S. ARMY, 1944 (52)

NAME AND RANK TYPED OR PRINTED

ROBERT A. JOHNSON, CAPT., USA

VERIFIED BY GRS OFFICER

[Signature]

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

20 FEBRUARY 1944

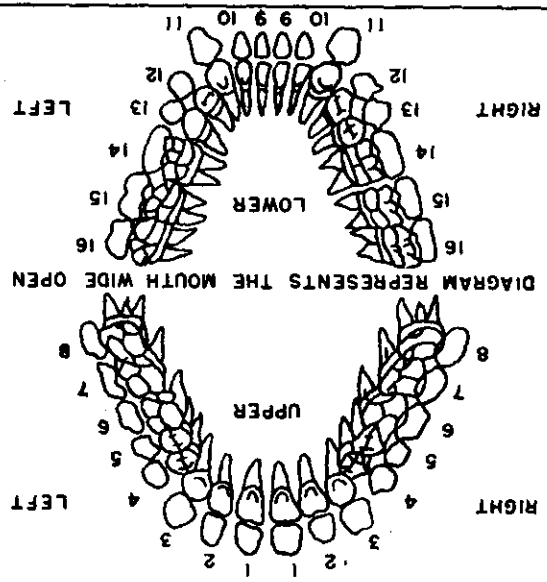
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

17 teeth and 2 sets, hypoplastic enamel and lingual.

SIGNATURE OF PERSON WHO PREPARED CHART

W. H. Baker

NAME AND RANK TYPED OR PRINTED

W. H. BAKER, LT., (SGT), USMC

VERIFIED BY GRS OFFICER

A. H. Brown

NAME AND RANK TYPED OR PRINTED

W. H. BAKER, LT., (SGT), USMC

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ARMY HEADQUARTERS, WASHINGTON, D. C.

DATE

26 AUGUST 1946

Print of index finger of man
found in body decomposed condition
at East next of Fossorell, 14 May 1948.



Index finger Rt. Hand



CERTIFICATE OF DEATH

QW70/P6-1
BUR. M/ & S
MAY 1 1945

From: NAVAL ACTIVITIES Navy #3011, FPO., San Francisco, California.

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.

(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

NAVY DEPARTMENT

1. Name Unknown Rank or rate Unknown
2. Born: Place Unknown Date Unknown
3. Nationality Unknown Religion Unknown
(White-U. S., Colored, Samoan, etc.) (Denomination)
4. Eyes Unknown Hair Unknown Complexion Unknown Height About 66" Weight About 150 lb.
5. Marks, scars, etc. (noted in health record) Unknown

FINGERPRINT

See accompanying enclosure

State which finger _____
(Right index preferred)

6. Relation, name and address of next of kin or friend Unknown

7. Original admission: Place Unknown Date Unknown
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Unknown Date Unknown Hour Unknown

9. Cause of death { Principal Unknown Key Letter Unknown
Contributory _____

10. Death Unknown the result of own misconduct and Unknown in the line of duty.
(Is or is not) (Is or is not)

11. Disposition of remains US Naval Cemetery, Asor Island, Ulithi. Plot 2 Row 6 Grave 8,
15 May 1945.

12. Summary of facts relative to the death:

Body washed ashore 14 May 1945, Fassarai Island, Ulithi. Body badly decomposed. No clothing nor identifying marks. Face badly mutilated by fish as were arms and legs. Body bloated with extrusion of viscera through lower abdomen and posterior chest edge. Skin denuded from body. Attempt made to inject right thumb and index finger with water and finger prints obtained enclosed to Bureau with original Form N. No fillings in teeth, and numbers 10-11-28, and 29 were missing, apparently having fallen out as several other teeth were loose.

Summary of facts—Continued

B. V. Chern

B. V. CHERN, Lt. (Rank)

M. C., U. S. Navy R.

Approved: Court of inquiry or board of investigation will not be held.
(will or will not)

W. Huxton
W. HUXTON, Comdr. (Rank)

U. S. Navy R.

By Direction.

Thumb - Rt. Hand.

Thumb print right hand of Man found
in body decomposed condition on East
side of Fasseret



Impressions of index finger of man
found in body decomposed condition
on East coast of Fossoria, 14 May 1945.



Index finger Rt. Hand.



CERTIFICATE OF DEATH

AW 20/P6-1
BUR. M. & S.
MAY 11 1945
NAVY DEPARTMENT

From: NAVAL ACTIVITIES Navy #3011, FPO., San Francisco, California.

To: Bureau of Medicine and Surgery, Navy Department, Washington, D. C.
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

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 5. Marks, scars, etc. (noted in health record) Unknown

FINGERPRINT

See accompanying enclosure

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(Right index preferred)

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(Ship or station to which attached when first admitted to sick list)

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Summary of facts—Continued

B. V. Chern

..... B. V. CHERN, Lt., M. C., U. S. Navy. R.
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation will not be held.
(Will or will not)

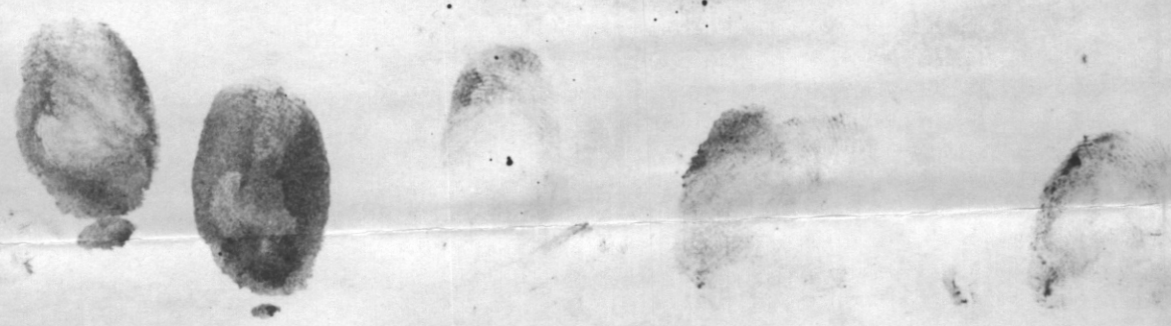
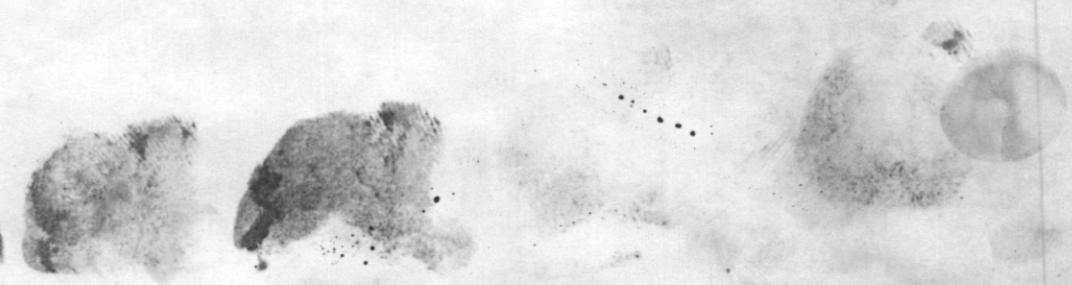
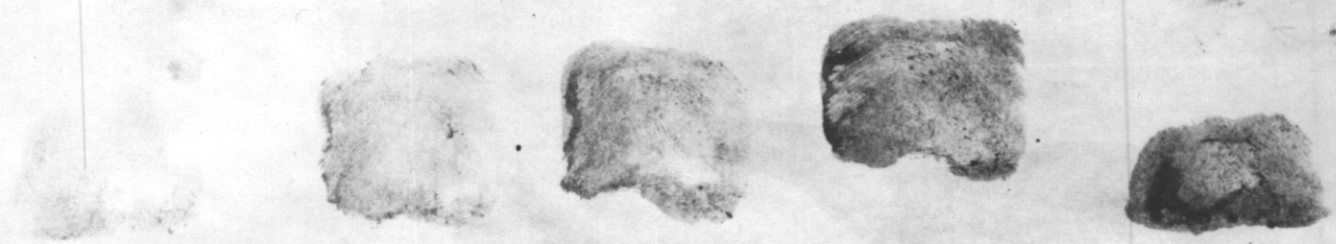
W. Euxton

..... W. EUXTON, Comdr., U. S. Navy. R.
(Commanding officer) (Rank)

By Direction.

Thumb - Rt. Hand.

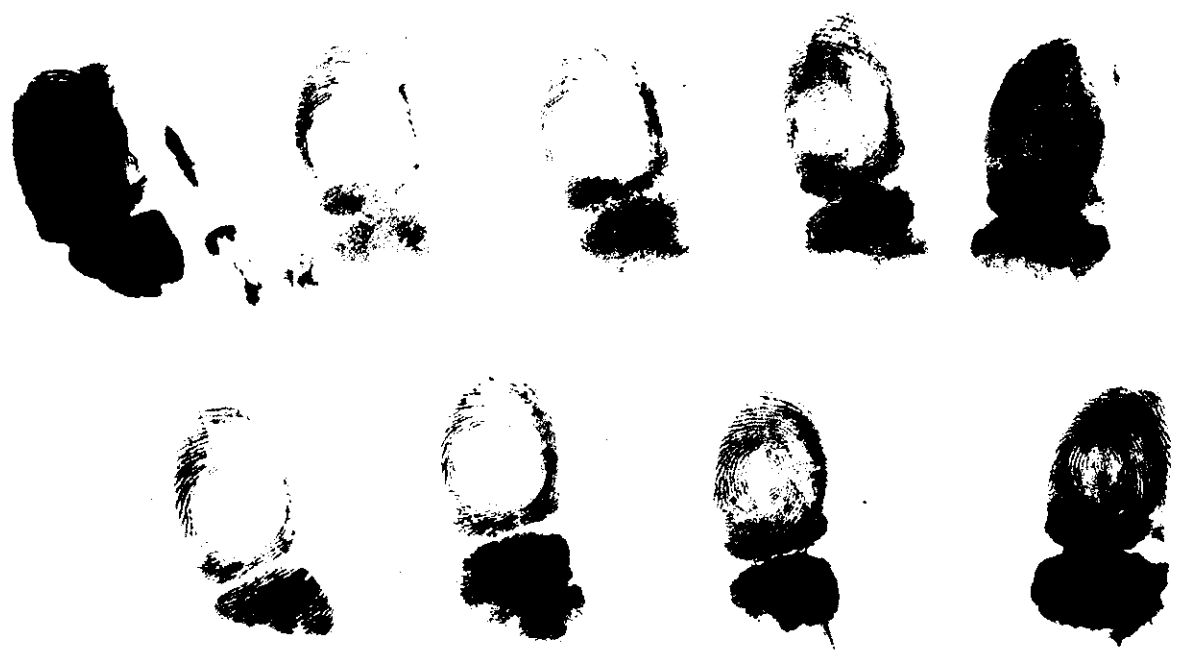
Thumb print right hand of Man found
in body decomposed condition on East
side of Fasseve!



Imprint Rt index finger of Man
found in body decomposed condition
on East coast of Fossoria, 14 May 1946.



Index finger Rt. Hand.

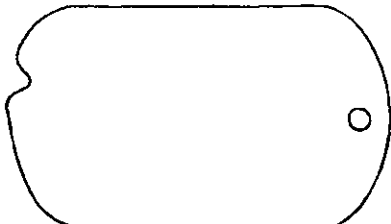


RESTRICTED

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
28 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION		
	Name (Last, First, Middle Initial) UNIDENTIFIED (X-30)		Serial Number 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 Fassari Island	Cause of Death UNKNOWN	Date of Death UNKNOWN	

Emergency Addressee (Name, Relationship and Address)
UNKNOWN

Identification Tags Found on Body (1, 2, or None) NONE	If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse PLOT PLAN, GRAVE MARKER
Were Substitute Tags Provided (Yes or No) NO	

List Personal Effects Found on Body and Disposition of Same

1 pr rubber gloves found and buried with remains.

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

Name, Number, Coordinates and Location of Cemetery
ARMY, NAVY, MARINE CEMETERY #2, AGAT, GUAM, M.I.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-11-46	0846	Casket and burial bag	Cross with zinc plate	4	56	13

Was This a Re-Burial (Yes or No) Yes	Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave JULIENI CEMETERY, ASOR ISLAND	Plot No. 2	Row No. 6	Grave No. 8
--	---	----------------------	---------------------	-----------------------

Type of Religious Ceremony MEMORIAL SERVICE ONLY	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body WD QMC 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) BOWLES, Lloyd L.	Rank S 2/c	Serial Number 983-57-91	Organization USS Bunker Hill	Grave No. 14
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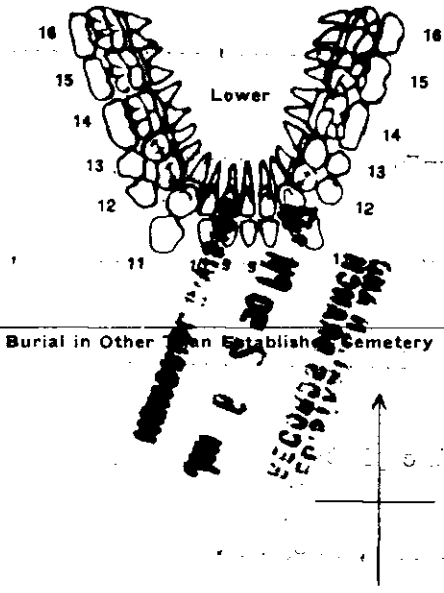
Body Buried on Deceased Right, Name (Last, First, Middle Initial) JOHNSON, Edwin R.	Rank FC 1/c	Serial Number 553-00-52	Organization USS Hazelwood	Grave No. 12
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Signature of Person Preparing Report <i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC	Signature of GRS Officer Verifying Report <i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC
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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

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SECTION 3 UNIDENTIFIED REMAINS						
Left Little Finger	<p>Instructions</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>					
Left Ring Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Height</td> <td style="width: 15%;">Weight</td> <td style="width: 20%;">Color of Eyes</td> <td style="width: 20%;">Color of Hair</td> <td style="width: 30%;">Birthmarks, Scars or Tattoos</td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos
Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos		
Left Middle Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Weapon and Serial Number</td> <td style="width: 30%;">Laundry Mark</td> <td style="width: 40%;">Where Body Was Buried or Found</td> </tr> </table> <p>Other Identification Clues</p>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found		
Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found				
Left Index Finger	<p>Fillings</p> <div style="display: flex; align-items: center;">  <div> <p>Silver Filling</p> <p>Gold Filling</p> </div> </div>					
Left Thumb	<p>Cavities</p> <div style="display: flex; align-items: center;">  <div> <p>Cavity</p> <p>Decayed</p> </div> </div>					
Right Thumb	<p>Missing Teeth</p> <div style="display: flex; align-items: center;">  <div> <p>Teeth Missing</p> </div> </div>					
Right Index Finger	<p>Crowned Teeth</p> <div style="display: flex; align-items: center;">  <div> <p>Porcelain Crown</p> <p>Gold Crown</p> </div> </div>					
Right Middle Finger	<p>Bridge Work</p> <div style="display: flex; align-items: center;">  <div> <p>Gold Bridge</p> </div> </div>					
Right Ring Finger	<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other than Establish Cemetery</p> <div style="text-align: center;">  <p>Diagram Represents the Mouth Wide Open</p> <p>Upper</p> <p>Lower</p> </div>					
Right Little Finger		<p>Remarks</p>				

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p style="text-align: center;">Unknown X-30</p>				2. DATE OF REPORT <p style="text-align: center;">22 Jan '50</p>	
3. NAME OF CEMETERY <p style="text-align: center;">Agat, Cmtry #2, Guam</p>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	56	13	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p style="text-align: center;">UTD</p>	9. ESTIMATED HEIGHT <p style="text-align: center;">5'6"</p>	10. COLOR OF HAIR <p style="text-align: center;">UTD</p>	11. RACE <p style="text-align: center;">Unk</p>
---	--	---	--

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

UTD

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO











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

TOOTH CHART

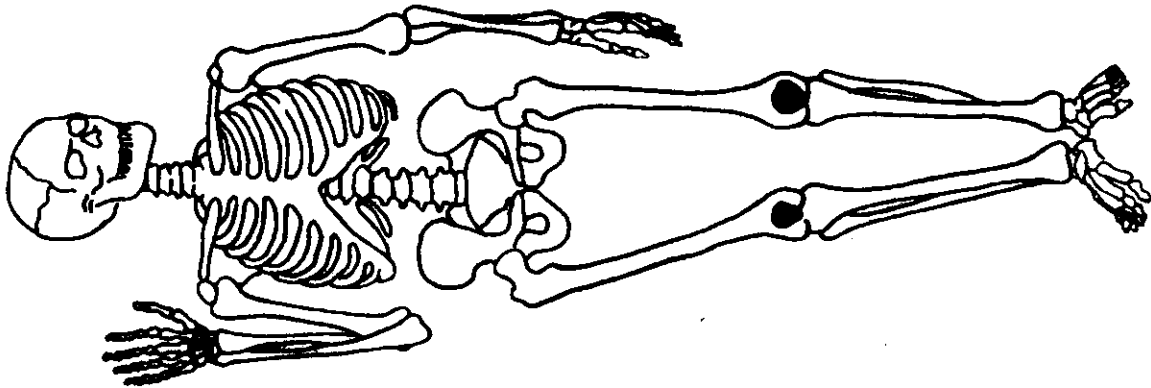
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD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

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

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

Paul R. Nichols
 PAUL R. NICHOLS
 Chief, Identification Section

19. BLACK OUT, PARTS OF BODY NOT COVERED



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.

UNIDENTIFIED 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

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED 803-30A-48		DIRECTIVE NUMBER 6321 00000	DATE 15 11 47 DAY MONTH YEAR
NAME 293, UNKNOWN	SERIAL NUMBER X-000030	RANK	ARM 8
CEMETERY GUAM NO 2 AGAT		DATE OF DEATH 0 0391 63 DAY MONTH YEAR CODE DIST. PT.	
PLOT 4	ROW 56	GRAVE 13	COUNTRY MARIANAS
			CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER -000114	RANK Unk	DATE OF DEATH Unk	DATE DISTINTERRED 26 Nov. 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY E. S. Zapico, 2nd Lt., Inf. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Boxed, wrapped in poncho	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION None	

MINOR DISCREPANCIES / These remains assigned unknown X-114 by Marbo Zone Hq. to eliminate duplicate X numbers.

REMAINS PREPARED AND PLACED IN CASKET

DATE 16 July 48	BY V. R. Williams, Emb.
CASKET SEALED BY C. L. Matthews, Emb.	EMBALMER (Signature) J. E. SPEER
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY 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.

F. T. DeGroot
F. T. DEGROODT, Capt., CMP
SIGNATURE OF GRS INSPECTOR

FILE
SEP 1 1948

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, M.I.)	FROM	AGRS PORT (SAIPAN, M.I.)	FROM	AGRS MAUSOLEUM	FROM	AGRS MAUSOLEUM	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. CMP</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike, Capt. INF.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike, Capt. INF.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike, Capt. INF.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike, Capt. INF.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike, Capt. INF.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Fike, Capt. INF.</i>
DATE	19 July 48	DATE	19 July 48	DATE	8 Feb 49	DATE	8 Feb 49	DATE	8 Feb 49	DATE	8 Feb 49	DATE	8 Feb 49
TO	PORT STORAGE OFFICER (SAIPAN, M.I.)	TO	PORT STORAGE OFFICER (SAIPAN, M.I.)	TO	AGRS MAUSOLEUM	TO	AGRS MAUSOLEUM	TO	AGRS MAUSOLEUM	TO	AGRS MAUSOLEUM	TO	AGRS MAUSOLEUM
NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	Transport Command, IS 715	NAME OF CONVOYER	Transport Command, IS 715	NAME OF CONVOYER	Transport Command, IS 715	NAME OF CONVOYER	Transport Command, IS 715	NAME OF CONVOYER	Transport Command, IS 715
SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Luciano E. Mateo, 1st Lt., Inf.</i>	SIGNATURE OF RECEIVER	<i>Luciano E. Mateo, 1st Lt., Inf.</i>	SIGNATURE OF RECEIVER	<i>Luciano E. Mateo, 1st Lt., Inf.</i>	SIGNATURE OF RECEIVER	<i>Luciano E. Mateo, 1st Lt., Inf.</i>	SIGNATURE OF RECEIVER	<i>Luciano E. Mateo, 1st Lt., Inf.</i>
DATE	19 Jul 48	DATE	19 Jul 48	DATE	8 Feb 49	DATE	8 Feb 49	DATE	8 Feb 49	DATE	8 Feb 49	DATE	8 Feb 49

4-51-100
QMGYG 293

~~Unknown - Asor Island~~

20 August 1946

Redes Vajed # 293
can link Guam # 2, X-30
SUBJECT: Fingerprints of ~~Unknown Deceased~~

TO : Commanding General
U. S. Army Forces
Western Pacific (Manila)
APO 707, c/o Postmaster
San Francisco, California

1. The fingerprints submitted for the Unknown interred in the US Naval Cemetery, Asor Island, Ulithi, Plot 2, Row 6, Grave 8, have been compared, insofar as possible, but were not found to be identical.

2. In the event additional information becomes available to your headquarters, which may be of assistance in the identification of subject Unknown, it should be forwarded to this office at the earliest practicable date.

FOR THE QUARTERMASTER GENERAL:

JAMES C. MacFARLAND
Major, QMC
Assistant

at
DT