

Cancelled per  
Philcom 11 July 49

43  
Bert X-31

Guam #2

# IDENTIFICATION DENTAL CHART

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

27 August 1946

UNIDENTIFIED (K-31)

UNKNOWN

UNKNOWN DATE

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNKNOWN

YAP

UNIT

ORGANIZATION

YAP ISLAND

Cemetery #2, Agat, Guam, MI.

4

5B

2

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

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

INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

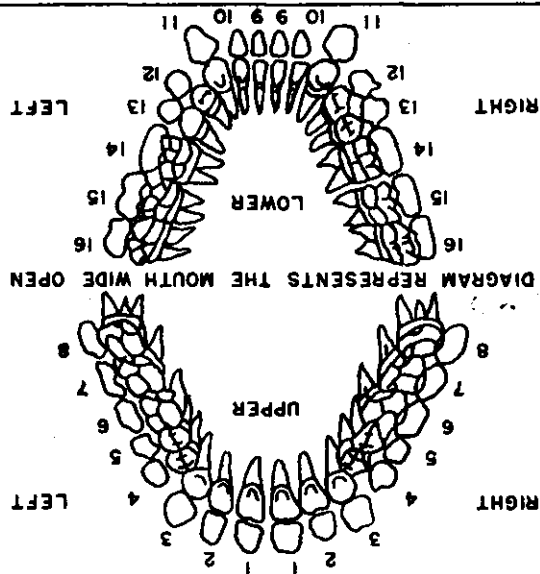
**INSTRUCTIONS:**

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, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

No dental identification available

SIGNATURE OF PERSON WHO PREPARED CHART

*[Handwritten Signature]*

NAME AND RANK TYPED OR PRINTED

W. H. BLACK, Lt. (SG) USNR

NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

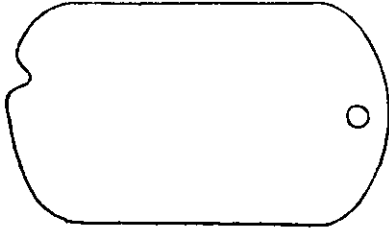
*[Handwritten Signature]*

PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

27 Apr 1956






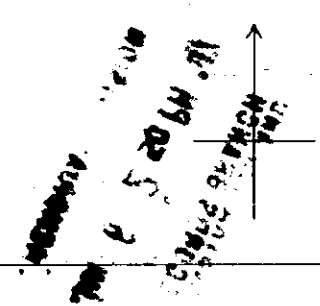


**RESTRICTED**

WD QMC Form 1042 Rev. 7 Apr. 1945 (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)		Date of Report 27 August 1946		
Imprint Identification Tag If Possible. DO NOT TYPE  	<b>SECTION 1. IDENTIFICATION</b>					
	Name (Last, First, Middle Initial)			Serial Number		
	UNIDENTIFIED (X-31)			UNKNOWN		
	Grade		Organization		Branch of Service	
UNKNOWN		YAP		UNKNOWN		
Race		Religion		If Other than U. S. Dead, Give Name of Country		
UNKNOWN		UNKNOWN				
Place of Death		Cause of Death			Date of Death	
YAP ISLAND		Enemy Action Airplane Crash			UNKNOWN	
Emergency Addressee (Name, Relationship and Address)						
UNKNOWN						
Identification Tags Found on Body (1, 2, or None)		If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse				
NONE		PLOT PLAN, GRAVE MARKER.				
Were Substitute Tags Provided (Yes or No)						
NO						
List Personal Effects Found on Body and Disposition of Same						
NONE						
<b>SECTION 2. BURIAL</b> 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	1320	Casket and Burial Bag	Cross with Zinc Plate	4	58	2
Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave			Plot No.	Row No.	Grave No.
Yes	Ulithi Cemetery, Asor Island ✓			2 ✓	10 ✓	11 ✓
Type of Religious Ceremony	Person Conducting Burial Rites		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body			
MEMORIAL SERVICE ONLY			<del>PLOT PLAN, GRAVE MARKER</del> <i>RJM/B</i>			
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.		
Love, Clifford B.	A B Seaman	UNKNOWN	SS Frank Norris	3		
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.		
Lavin, Charles H.	AMM 2/c	626-67-96	US Randolph	1		
Signature of Person Preparing Report			Signature of GRS Officer Verifying Report			
<i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC			<i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC			
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.						

**RESTRICTED**

451

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

1/ebc  
1

Interred 1 March 1950  
C 8 60 Ft. McKinley  
*care of mark*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

SECTION A -  
Cemetery Superintendent  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER  
6321 81100  
DATE  
17 02 50  
DAY MONTH YEAR

NAME  
UNKNOWN I - 31  
SERIAL NUMBER  
GRADE  
ARM  
RACE  
RELIGION

CEMETERY  
USAF CEMETERY AGAT NO. 2, GUAM  
PLOT  
4  
ROW  
58  
GRAVE  
2  
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  
X - 31  
SERIAL NUMBER  
GRADE  
DATE OF DEATH  
DATE DISTINTERRED  
21 Feb 1950  
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 21 Feb 50 BY PAUL R NICHOLS  
CASKET SEALED BY  
PAUL R NICHOLS  
EMBALMER (Signature)  
*Paul R Nichols*  
PAUL R NICHOLS

CASKET BOXED AND MARKED  
DATE 21 Feb 50 BY RAYMOND H TANGUAY, Sgt., 1c RA  
SHIPPING ADDRESS VERIFIED BY  
L. W. RICHARDSON, M/Sgt., RA

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

*L. W. Richardson*  
L. W. RICHARDSON, M/Sgt., RA  
SIGNATURE OF AGRS INSPECTOR

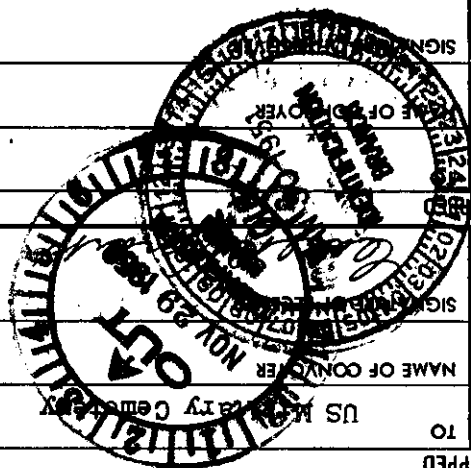
REMARKS AND SPECIAL INSTRUCTIONS

FILE  
REPATRIATION  
BRANCH

*Janus*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		TO	US Military Cemetery	NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	1950
2. SHIPPED		TO		NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	
3. SHIPPED		TO		NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	
4. SHIPPED		TO		NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	
5. SHIPPED		TO		NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	
6. SHIPPED		TO		NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	
7. SHIPPED		TO		NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	
8. SHIPPED		TO		NAME OF CONVOYER	SIGNATURE OF SHIPPER	DATE	





3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6321 43100

37 02 50  
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS  
WAY CEMETERY AOLT NO. 2, QUIN 4 50 2 7701 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

UNITED STATES MILITARY CEMETERY  
FT. MEADE, MD., I.

(BY ADMINISTRATIVE DECISION)

SECTION C - MAINTENANCE AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONSERVATION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

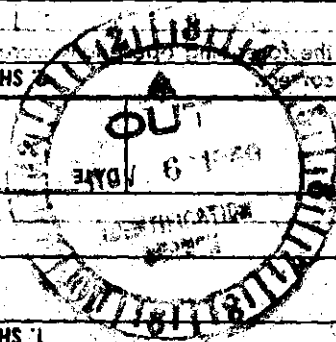
REMARKS AND SPECIAL INSTRUCTIONS

FILED  
14 APR  
REPATRIATION  
BRANCH

Jamie

File # 459

RECORD OF CUSTODIAL TRANSFER



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

**AIRMAIL**

~~293 Unk. P.I. Mar. Mails, Manila~~

~~QMS 293  
Far East~~

~~X-21, 97, 101, 105, 106, 111, 125~~

~~30 August 1949~~

293 Unk. Guam #2

X-31

**SUBJECT: Identification of World War II Deceased**

**TO : Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGES, PHILCOM ZONE**

Reference is made to the following Unknown remains, formerly interred in Army, Navy, Marine Cemetery #2, Agat, Guam, now stored at AGES Mausoleum, Manila, P.I.:

- Unknown X-81
- X-97
- X-101
- X-105
- X-106
- X-111
- X-125

*293 Unk. P.I. (A.G. in Can #2)*

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

S. Morgan, iro

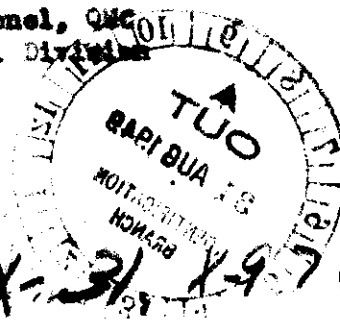
Salsor

JW

cc--Administrative Section

cc--Cincfe

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division



REB  
TEC

*293 Unk. P.I. X-31 X-97 (Trans Manila)*

*293 A.P.S. (Far East)  
293 Unk. Guam, X-31 (Army Navy & Marines #2)*

293 - Unk. P. I. (Misc.) (Maus. Manila) (X-31, 97, 101, 105, 106, 111, 125)

QRCMP 293  
GRS Far East

30 August 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE

1. Reference is made to the following Unknown remains, formerly interred in Army, Navy, Marine Cemetery #2, ~~Agat, Guam~~, now stored at AGRS Mausoleum, Manila, P. I.:

Unknown X-31  
" X-97  
" X-101  
" X-105  
" X-106  
" X-111  
" X-125

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

C O P Y  
msb

X 293 Unk  
Agat, Guam X-31 (Army, Navy,  
Marine Cem. #2)

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <p align="center">X-31</p>			2. DATE OF REPORT <p align="center">9 July 48</p>		
3. NAME OF CEMETERY <p align="center">Cem. #2, AGAT, Guam</p>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	58	2.	DISINTERMENT.	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p align="center">UTD</p>	9. ESTIMATED HEIGHT <p align="center">UTD</p>	10. COLOR OF HAIR <p align="center">UTD</p>	11. RACE <p align="center">UTD</p>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Surface mortuary Plate  
 "X-31 USA- 11 Sept. 46  
 P-4, R-58, G-2 AGAT

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

NONE

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

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <p align="center">SEE SKELETAL CHART</p>
--	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

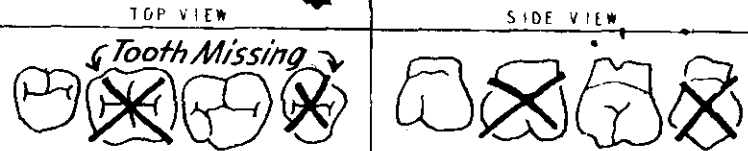
UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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

18.

TOOTH CHART

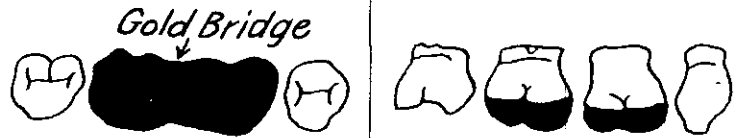
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



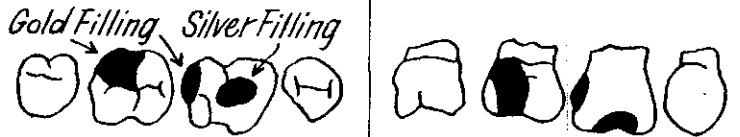
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



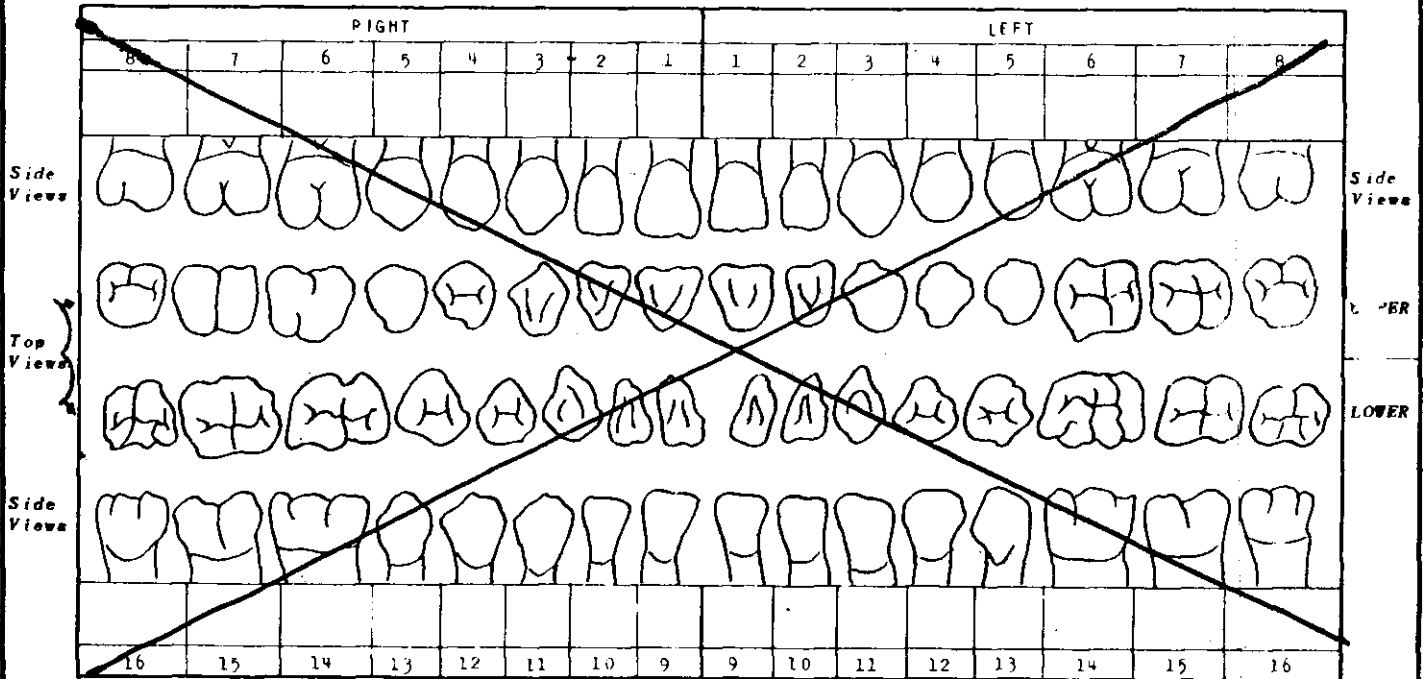
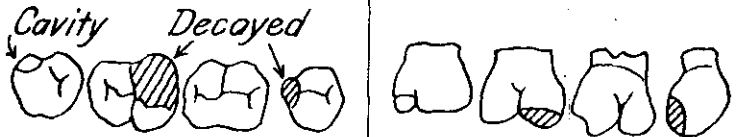
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

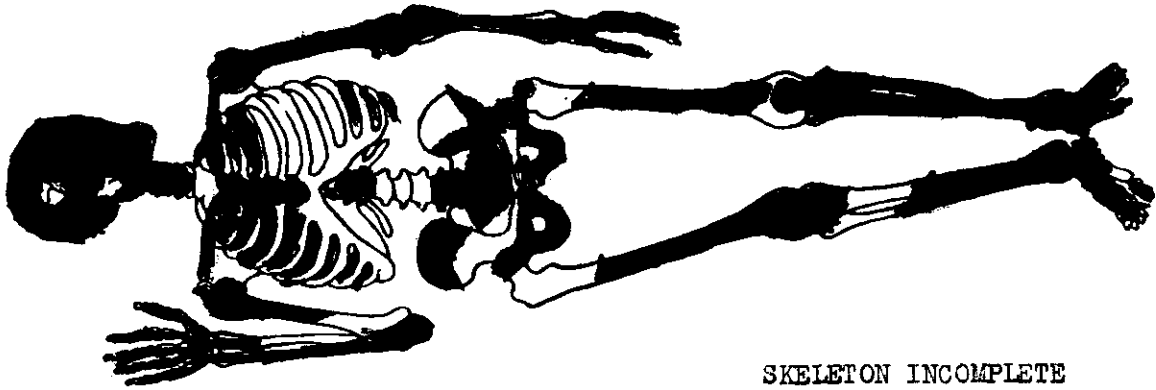


**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

NO TEETH WITH REMAINS

*GEO. Sutkoski*  
 GEO. Sutkoski

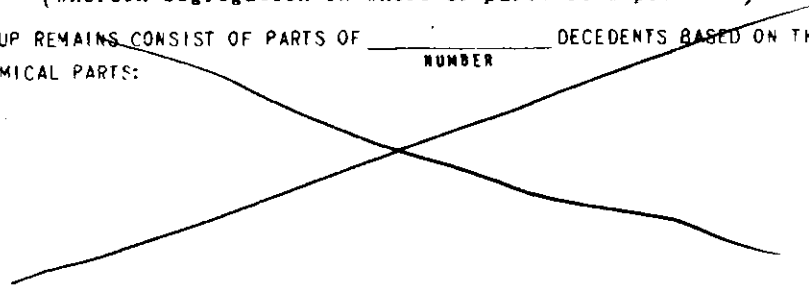
19. BLACK OUT PARTS OF BODY NOT RECORDED



SKELETON INCOMPLETE

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

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



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

21. REMARKS AND ADDITIONAL INFORMATION

NONE

*Anthony G. Baker*  
ANTHONY G. BAKER, Emb.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

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

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT			
<b>X-51</b>				<b>9 July 48</b>			
3. NAME OF CEMETERY			4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
<b>Camp #2, AAF, Camp</b>			<b>4</b>	<b>NS</b>	<b>2</b>	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**(1) Surface Military Plate**  
**X-51 USA- 11 Sept. 48**  
**P-4, R-68, C-2 AAF**

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

**NONE**

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**


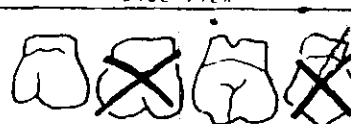
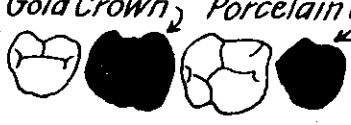



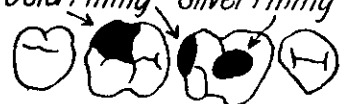

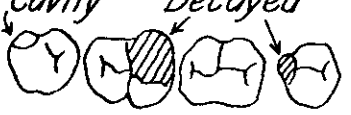

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**NONE**

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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



<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p><i>Tooth Missing</i></p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> 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><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p><b>FILLINGS:</b> 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><b>CARIES (Cavities):</b> 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
<del>Side View</del>															
<del>Top View</del>															
<del>Side View</del>															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

**NO TEETH WITH REMAINS**

*[Handwritten Signature]*  
 Lt. Col. [Name]

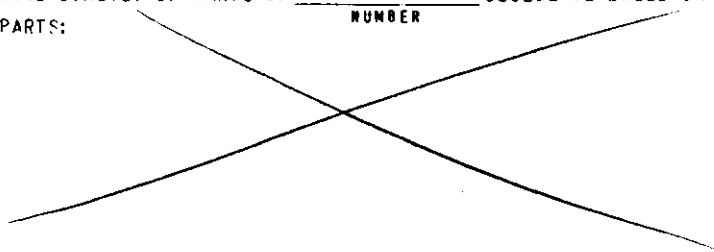
19. BLACK OUT PARTS OF BODY NOT RECORDED



**SKELETON INCOMPLETE**

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

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



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

21. REMARKS AND ADDITIONAL INFORMATION

**None**

*Anthony G. Baker*  
**ANTHONY G. BAKER, M.D.**

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

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

# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT			
<b>X-31</b>				<b>9 July 48</b>			
3. NAME OF CEMETERY			4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
<b>Cem. #2, AAF, Guam</b>			<b>4</b>	<b>38</b>	<b>2</b>	DISINTERMENT	
						REINTERMENT	

## PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**(1) Surface military Plate  
X-31 USA- 11 Sept. 48  
P-4, R-38, G-2 AAF**

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

**NONE**

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**

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

**NONE**

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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

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

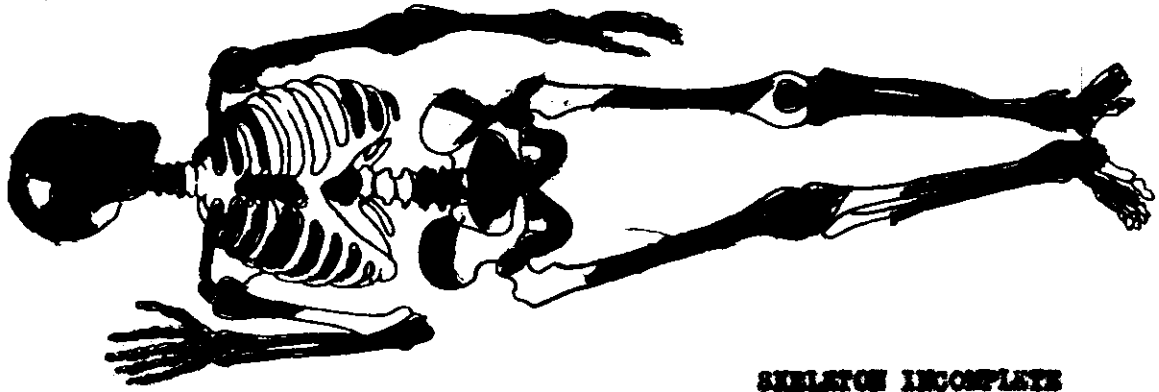
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
<i>Side Views</i>																<i>Side Views</i>
<i>Top Views</i>																<i>Top Views</i>
<i>Side Views</i>																<i>Side Views</i>
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

**NO TEETH WITH REMAINS**

*Handwritten signature*  
 Dr. G. S. ...

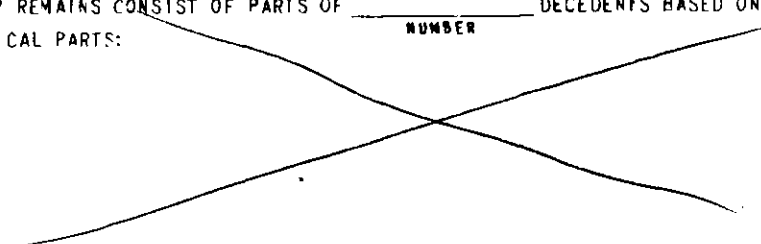
19. BLACK OUT PARTS OF BODY NOT RECORDED



**SKELETON INCOMPLETE**

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

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



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

21. REMARKS AND ADDITIONAL INFORMATION

**NONE**

*Anthony G. Baker*

**ANTHONY G. BAKER, M.D.**

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

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

# IDENTIFICATION DENTAL CHART

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

27 August 1946

UNIDENTIFIED (X-31)

UNKNOWN

UNKNOWN DATE

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNKNOWN			YAP	
UNIT			ORGANIZATION	
YAP ISLAND	Cemetery #2, Agat, Guam, MI.		4	58 2
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.

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

INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 2em;">X</span> </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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 2em;">O</span> </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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">C</span> <span style="font-size: 1.5em; margin: 0 10px;">X</span> <span style="font-size: 1.5em;">D</span> </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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">X</span> <span style="font-size: 1.5em; margin: 0 10px;">X</span> <span style="font-size: 1.5em;">X</span> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">P</span> </div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">A</span> </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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">G</span> </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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">S</span> </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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">O</span> </div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">m</span> </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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">o</span> </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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">d</span> </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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">l</span> </div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> <span style="font-size: 1.5em;">f</span> </div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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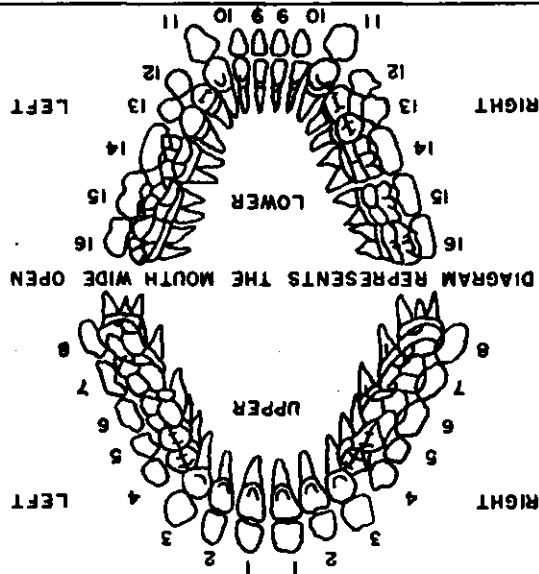
**INSTRUCTIONS:**

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

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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR  $\frac{3}{4}$ ),  $\frac{3}{4}$  GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

No dental identification available

SIGNATURE OF PERSON WHO PREPARED CHART

*W.H. Black*

NAME AND RANK TYPED OR PRINTED

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

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ASOR ISLAND, ULITHI ATOLL

NAME AND RANK TYPED OR PRINTED

ROBERT J. MCBROOM, CAPT., GMC

VERIFIED BY GRS OFFICER

*Robert J. MCBroom*

DATE

27 Aug 1946

RESTRICTED

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

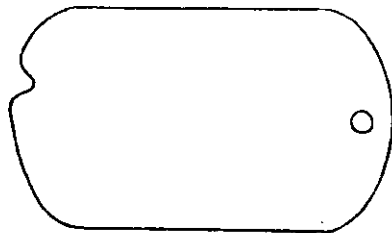
# REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

27 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE



## SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

UNIDENTIFIED (X-51)

Serial Number

UNKNOWN

Grade

UNKNOWN

Organization

YAP

Branch of Service

UNKNOWN

Race

UNKNOWN

Religion

UNKNOWN

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

Place of Death

RAF ISLAND

Cause of Death

Enemy Action  
Airplane Crash

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 NUMBER.

Were Substitute Tags Provided (Yes or No)

No

List Personal Effects Found on Body and Disposition of Same

None

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

Name, Number, Coordinates and Location of Cemetery

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

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	1330	Casket and Burial Bag	Cross with Zinc Plate	4	58	2

Was This a Re-Burial (Yes or No)

Yes

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

Official Cemetery, Asar Island

Plot No.

2

Row No.

10

Grave No.

11

Type of Religious Ceremony

NO RELIGIOUS SERVICE

Person Conducting Burial Rites

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

~~Identification Tags~~ *Robert J. McBroom*

Identification Tag Buried With Body (Yes or No)

Zinc Plate

Identification Tag Attached to Marker (Yes or No)

No

WDQMC Form 1042 buried in bottle one foot below grave marker.

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

Loveland, Clifford B.

Rank

A 3  
Seaman

Serial Number

UNKNOWN

Organization

US  
Frank Norris

Grave No.

3

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

Lavine, Charles E.

Rank

ASN 2/c

Serial Number

626-67-00

Organization

US  
Randolph

Grave No.

1

Signature of Person Preparing Report

*Robert J. McBroom*  
ROBERT J. MCBROOM, CAPT., QMC

Signature of GRS Officer Verifying Report






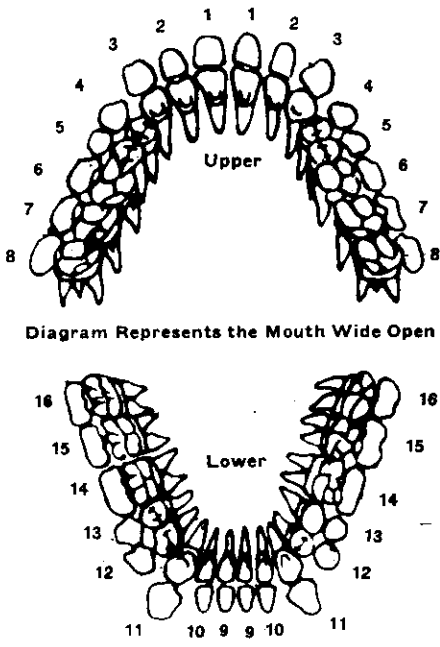
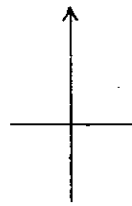
*Robert J. McBroom*  
ROBERT J. MCBROOM, CAPT., QMC

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

451



SECTION UNIDENTIFIED REMAINS						
Left Little Finger	<p><b>Instructions</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>					
Left Ring Finger						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Height</td> <td style="width: 15%;">Weight</td> <td style="width: 20%;">Color of Eyes</td> <td style="width: 20%;">Color of Hair</td> <td style="width: 30%;">Birthmarks, Scars or Tattoos</td> </tr> </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: 40%;">Weapon and Serial Number</td> <td style="width: 30%;">Laundry Mark</td> <td style="width: 30%;">Where Body Was Buried or Found</td> </tr> </table>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found		
Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found				
	Other Identification Clues					
Left Index Finger	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>Fillings</b></p> <div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <p>Silver Filling</p> <p>Gold Filling</p> </div> </div> </div> <div style="width: 45%;"> <p><b>Cavities</b></p> <div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <p>Cavity</p> <p>Decayed</p> </div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><b>Missing Teeth</b></p> <div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <p>Tooth Missing</p> </div> </div> </div> <div style="width: 45%;"> <p><b>Crowned Teeth</b></p> <div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <p>Porcelain Crown</p> <p>Gold Crown</p> </div> </div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p><b>Bridge Work</b></p> <div style="display: flex; align-items: center;">  <div style="margin-left: 5px;"> <p>Gold Bridge</p> </div> </div> </div> <div style="width: 45%;"> <p align="center">Diagram Represents the Mouth Wide Open</p>  </div> </div>					
Left Thumb						
Right Thumb						
Right Index Finger						
Right Middle Finger						
Right Ring Finger						
Right Little Finger						
		<p align="center"><b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b></p> <div style="text-align: center; margin-top: 20px;">  </div>				
	Remarks					

REPORT OF BURIAL  
 NAVMED-601 (3-45)

Ship or station attached at time of Death: Unknown Date report filled out: 7 December, 1945

Copy Identification Tag	Name:	Last	First	Middle
	Unidentified # 31			
	File or Service No.	Rank or Rate	Branch of Service	
	Unknown	Aviator	Unknown	
	Corps or Reserve Classification			Race
	Unknown			Unknown

Cause of Death: \_\_\_\_\_ Place Of Death: \_\_\_\_\_

Enemy Action, Airplane Crash \_\_\_\_\_ Yap Island \_\_\_\_\_

Name of Next of Kin (If Known) \_\_\_\_\_ Address of Next Of Kin (If Known) \_\_\_\_\_

Unknown \_\_\_\_\_ Unknown \_\_\_\_\_

Date of Death: \_\_\_\_\_ Date of Burial \_\_\_\_\_

Unknown \_\_\_\_\_ 14 November, 1945 \_\_\_\_\_

Name Of Cemetery \_\_\_\_\_ Location Of Cemetery \_\_\_\_\_

Ulithi Cemetery \_\_\_\_\_ Asor Island, Ulithi, Western Carolines \_\_\_\_\_

Grave Marker Type	Plot No.	Row No.	Grave No.
White Cross	2 ✓	10 ✓	11 ✓

Buried At Sea \_\_\_\_\_ Area \_\_\_\_\_

Type of Religious Ceremony \_\_\_\_\_ Religion Of Deceased \_\_\_\_\_

Catholic and Protestant \_\_\_\_\_ Unknown \_\_\_\_\_

Identification Tags Found On Body \_\_\_\_\_ If No Identification Tags, Other Means Used To Identify Body. (Identification Cards, Letters, etc.)

None \_\_\_\_\_

Complete Dental Chart On Reverse \_\_\_\_\_

No \_\_\_\_\_ No Identification Of Any Kind.

Complete Fingerprint On Reverse, Both Hands \_\_\_\_\_

No \_\_\_\_\_

List Of Personal Effects Found On Body And Disposition Of Same \_\_\_\_\_

None \_\_\_\_\_

Identification Tag Buried With Body \_\_\_\_\_ Identification Tag Attached To Marker \_\_\_\_\_

No \_\_\_\_\_ No \_\_\_\_\_

Submitted: *Wm M Moir*  
 Wm. M. MOIR,  
 Lt. Comdr. (MC) USNR

*See X-3 A. H. Marine Cem # 2, Agat, Guam, M.I.*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

25 June 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-31, Plot 4,  
Row 58, Grave 2, Cem #2, Agat, Guam  
USMC \_\_\_\_\_ have

been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



F. MCNEEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

2 Aug 1949 OQMG  
information presently  
available Mangaw - 16 Aug 49

Incl. # 8'

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-31</b>				2. DATE OF REPORT <b>25 June 1949</b>	
3. NAME OF CEMETERY  <b>Cem #2, Agat, Guam</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>4</b>	<b>58</b>	<b>2</b>	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNKNOWN</b>
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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    **Broken and crushed.**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**NONE**

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

**NONE**

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

*Incl. #82*

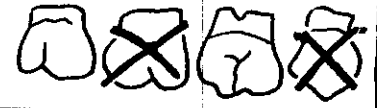
18.

TOOTH CHART

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

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
MAXILLA								MISSING							
<del>Side Views</del>															
<del>UPPER</del>															
<del>LOWER</del>															
<del>Side Views</del>															
MANDIBLE								MISSING							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

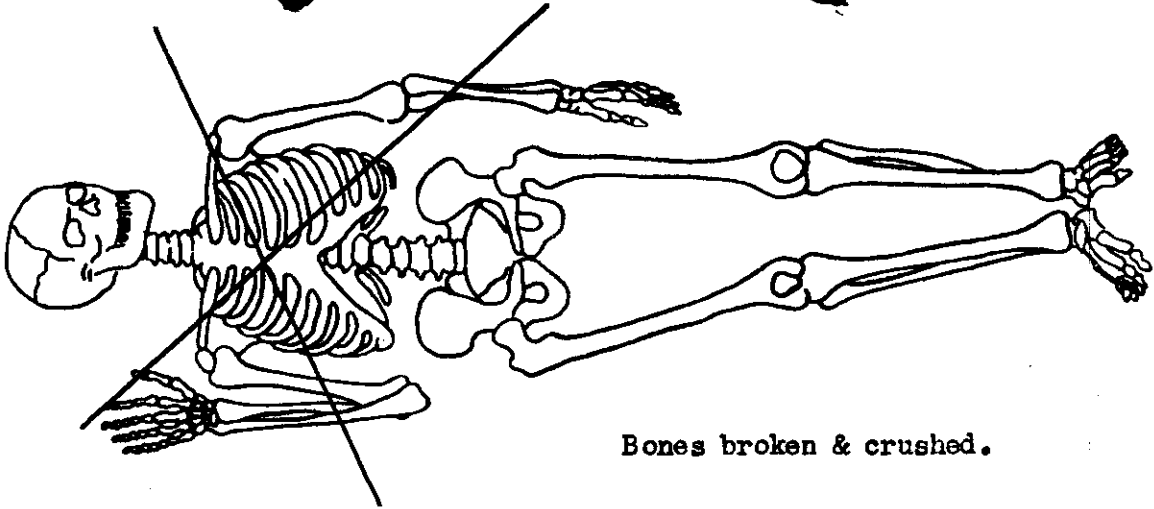
No loose teeth present with remains.

*J. J. McDermott*  
 J. J. McDERMOTT  
 Laboratory Officer, GIP

**"UNIDENTIFIABLE"**

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECORDED



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 ROI, identification tags or personal effects found with remains.

**"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

**J. J. McDERMOTT**  
**Laboratory Officer, CIP**

SIGNATURE

*JJ McDermott*

**DISINTERMENT DIRECTIVE**

**1**

**SECTION A — NAME AND BURIAL LOCATION OF DECEASED**

**DIRECTIVE NUMBER**

6321 00000

**DATE**

15 | 11 | 47  
DAY | MONTH | YEAR

803-30A-46

**NAME**

*793* UNKNOWNX-000031

**SERIAL NUMBER**

**RANK**

**ARM**

8

**DATE OF DEATH**

DAY | MONTH | YEAR

**CEMETERY**

GUAM NO 2 AGAT

**DISPOSITION OF REMAINS**

0

0391 | 63  
CODE | DIST. PT.

**PLOT**

**CAUSE OF DEATH**

ROW GRAVE  
4 58

COUNTRY  
2 MARIANAS

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**

**SERIAL NUMBER**

**RANK**

**DATE OF DEATH**

**DATE DISINTERRED**

UNKNOWN

X000031

Unk

Unk

25 Nov 47

**IDENTIFICATION TAG ON**

**ORGANIZATION**

**RELIGION**

**IDENTIFICATION VERIFIED BY**

REMAINS  
 MARKER

UNKNOWN

Unk

E S ZAPICO, 2Lt INF  
NAME AND TITLE

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

**NATURE OF BURIAL**

**CONDITION OF REMAINS**

In box

Skeletal remains, incomplete

**OTHER MEANS OF IDENTIFICATION**

Mortuary Plate

**MINOR DISCREPANCIES**

None

**REMAINS PREPARED AND PLACED IN CASKET**

DATE 19 Jul 48

BY

V R WILLIAMS, Emb

**CASKET SEALED BY**

C L MATTHEWS, Emb

**EMBALMER (Signature)**

J E SPEER

**CASKET BOXED AND MARKED**

DATE 19 Jul 48

BY

P MABAZZA

**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 DeGROODT, Capt CMP

SIGNATURE OF GRS INSPECTOR

**ANGELLO**

*E. J. Speer*  
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 (SAIPANMI)	FROM	AGRS PORT (SAIPAN, MI)	FROM	HAROLD E. FINE, CAPTAIN INF.	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	JOHN H. LOTT, MAJ OMP	SIGNATURE OF SHIPPER	Harold E. Fine	SIGNATURE OF SHIPPER	Harold E. Fine	SIGNATURE OF SHIPPER	Harold E. Fine	SIGNATURE OF SHIPPER	Harold E. Fine	SIGNATURE OF SHIPPER	Harold E. Fine	SIGNATURE OF SHIPPER	Harold E. Fine
DATE	19 Jul 48	DATE	8 Feb 49	DATE	8 Feb 49	DATE	17 FEB 1949	DATE	17 FEB 1949	DATE	17 FEB 1949	DATE	17 FEB 1949
TO	PORT STORAGE OFFICER (SAIPAN MI)	TO	Transport Command, ISF 715	TO	Transport Command, ISF 715	TO	AGRS MAUSOLEUM	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	ROBERT G. SNOWDEN, 1st Lt Inf	SIGNATURE OF RECEIVER	Luciano E. Mateo, 1st Lt., Inf.	SIGNATURE OF RECEIVER	Luciano E. Mateo, 1st Lt., Inf.	SIGNATURE OF RECEIVER	E. H. NEWMAN JR, CAPT., EA.	SIGNATURE OF RECEIVER	E. H. NEWMAN JR, CAPT., EA.	SIGNATURE OF RECEIVER	E. H. NEWMAN JR, CAPT., EA.	SIGNATURE OF RECEIVER	E. H. NEWMAN JR, CAPT., EA.



