

FILE IDENTIFICATION TOPPER

FILE NUMBER	43 with Quota # 2 X 72
SUBJECT	

QMC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

(copy)
PAPERS ORIGINALLY FILED 493.7.1 (Misc) Series # 2 XII, X22, X30
X26, X27, X28, X22, X23, X76, X91, X92

SYNOPSIS AND DATES

Misc new filed

NEW CLASSIFICATION 493.7.1 (Misc) Series # 2 XII

10/5/50
E

RECLASSIFICATION SHEET

/drs

1

Interred 30 March 1950
L 13 67 Ft. McKinley

Carl R. H. Mark

CARL R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 81313

DATE
29 03 50
DAY MONTH YEAR

NAME UNKNOWN I - 72 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY AGAT NO. 2, GUAM PLOT 4 ROW 44 GRAVE 7 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-72 SERIAL NUMBER GRADE DATE OF DEATH 30 March '50 DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY PAUL R NICHOLS Emblamer 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 March '50 BY PAUL R NICHOLS CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY DATE 30 Mar '50 BY 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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	ACRS MAUSOLEUM	TO	US MILITARY CEMETERY	NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
2. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
3. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
8. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
9. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
10. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	

Carroll

MAR 30 1950

TRUCK

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCCM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6221 2323

29 03 90
DAY MONTH YEAR

NAME: UNKNOWN I - 72 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAP CEMETERY AGAT NO. 2, GUAM PLOT: 4 ROW: 44 GRAVE: 7 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. WIL. SCKINLEY, P. I. NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS: OTHER MEANS OF IDENTIFICATION: MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE: BY: CASKET SEALED BY: EMBALMER (Signature): CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY: DATE: BY:

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: files 5-23-50 Kirkland Report

Incl 197

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

AIR MAIL

ORPZ 293
GRS Far East

SUBJECT: Unidentifiable Remains

TO: Commanding Officer
American Graves Registration Service
Philcoa Zone
APO 900, c/o Postmaster
San Francisco, California

1. Reference is made to letter, your Headquarters, file ORPZ 293, dated 23 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-36, X-37, X-70, X-72, X-73 and X-76, Army Navy Marine Cemetery, Guam #2, as unidentifiable.

3. Unknown X-22 was previously recommended as unidentifiable by AGRS Headquarters, MARBO ZONE, 30 November 1948 and approved by 1st Indorsement, dated 17 December 1948, this Office.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
1st Colonel, GMS
Memorial Division

CC: CINCPAC

use as given

AIR MAIL

ORPZ 293 Black W-72, CISM Com. Graves #2

HEADQUARTERS
PHILSON ZONE
AMERICAN GRAVES REGISTRATION

22 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 72, Plot 4,
Row 44, Grave 7, USMC Cem #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:


H. B. McNEER
Captain, QMC
Chief, Records Branch

Atch: Form 1044

APPROVED UNIDENTIFIABLE
FEB 13 1950

MEDICAL REPORT OF DISINTERMENT

1. X-4.

A. Date and place of disinterment 27 February, 1946
Tol Island, Tiax Atoll.

B. List of effects found in grave:


1. One zipper.
2. One air life jacket, rubber.
3. One rubber life raft, complete gas cylinder
no markings.
4. Three 1 foot by 2 " plastic staves.

C. Medical survey of remains:

1. Skull: normal (Hair dark brown).
2. Humerus: normal.
3. Radius and ulna: normal.
4. Femurs: normal.
5. Tibia and fibulae: 2 pair normal.
6. Pelvis: normal.
7. Scapulae: normal.
8. Clavicles: normal.
9. Vertebrae: 22 .. normal.
10. Sacrum: probable fracture of lower $\frac{1}{4}$.
11. Ribs: right : 10 : normal.
left : 10 : normal.

D. Cause of death noted in Japanese report drowning.

E. Translation of Japanese grave marker.
American Airplane Pilot Killed in Action.
Place Where Buried.


L. R. MARTIN,
Lt (jg), MC., USNR.

Commanding General, Middle Pacific, APO 958
 Bureau of Medicine and Surgery;
 Command, Marianas;

REPORT OF BURIAL

NAVMED-401 (3-45)

COPY TO:

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH Disinterred from TRUK ISLAND. DATE REPORT FILLED OUT 2 Aug 1946

Handwritten: 4-72

COPY OF IDENTIFICATION TAG		NAME (Last)	(First) (Middle)
		UNKNOWN X-72	Received from Truk marked (X-4)
FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE	
Unknown	Unknown	Unknown	
CORPS OR RESERVE CLASSIFICATION		RACE	
Unknown		Unknown	

CAUSE OF DEATH	PLACE OF DEATH
Unknown	Unknown

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

DATE OF DEATH	DATE OF BURIAL
Unknown	Reinterred Guam. 10 April 1946

NAME OF CEMETERY	LOCATION OF CEMETERY
Army, Navy, Marine Cemetery #2	Agat Guam

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
Cross	4	44	7

BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
Full Military Honors	Unknown

IDENTIFICATION TAGS FOUND ON BODY	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	APPROVED UNIDENTIFIABLE FEB 13 1950
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	IDENTIFICATION TAG ATTACHED TO MARKER
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
UNKNOWN X-71			6
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
UNKNOWN X-73			8

PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES	
R. A. LATHAMS	1st Lt., USMC	THORNTON G. MILLER	CHAPLAIN

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED
	W. F. VEATCH CAPT USNR
	(Name) (Rank) (Title)

COPY TO:

REPORT OF BURIAL
NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION **Disinterred from TRUK ISLAND.** DATE REPORT **3 Aug 1946**
ATTACHED AT TIME OF DEATH _____ FILLED OUT _____

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNKNOWN I-72 (Received from Truk marked	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	Unknown	Unknown	Unknown
	CORPS OR RESERVE CLASSIFICATION	RACE	
	Unknown	Unknown	

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

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

DATE OF DEATH Unknown	DATE OF BURIAL Reinterred Guam, 10 April 1946
---------------------------------	---

NAME OF CEMETERY Army, Navy, Marine Cemetery #2	LOCATION OF CEMETERY Agat Guam
---	--

GRAVE MARKER TYPE Cross	PLOT NO. 4	ROW NO. 44	GRAVE NO. 7
-----------------------------------	----------------------	----------------------	-----------------------

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

TYPE OF RELIGIOUS CEREMONY Full Military Honors	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.) APPROVED UNIDENTIFIABLE FEB 13 1950
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" 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) UNKNOWN I-71	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 6
BODY ON RIGHT. NAME (Last, first, middle) UNKNOWN I-73	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 8

PERSON REPORTING BURIAL (Name) R. A. MATTHEWS 1st Lt., USMC	(Rank or rate)	PERSON CONDUCTING BURIAL RITES THORNTON C. MILLER CHAPLAIN
---	----------------	--

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED W. F. VEATCH CAPT USNR
---	---

INSTRUCTIONS FOR BURIAL

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

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL NO.
---------------	-----------------------

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

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

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

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

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



Missing teeth Nos. _____

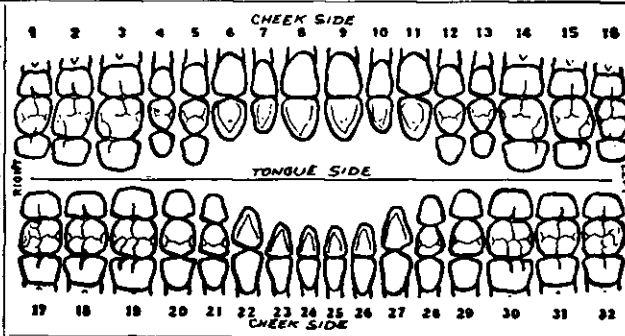
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



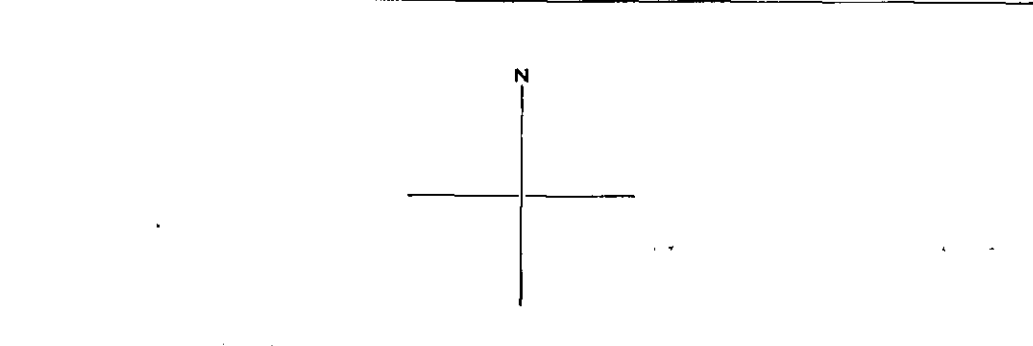
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) (Rank or rate)

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

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



COPY TO:

REPORT OF BURIAL
 NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.
 If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION **Disinterred from TRUK ISLAND.** DATE REPORT **3 Aug. 1946**
 ATTACHED AT TIME OF DEATH FILLED OUT

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNKNOWN I-72 (Received from Truk marked	
	FILE OR SERVICE NO.	RANK OR RATE (X-1)	BRANCH OF SERVICE
	Unknown	Unknown	Unknown
	CORPS OR RESERVE CLASSIFICATION	RACE	
	Unknown	Unknown	

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

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

DATE OF DEATH Unknown	DATE OF BURIAL Reinterred Guam. 10 April 1946
---------------------------------	---

NAME OF CEMETERY Army, Navy, Marine Cemetery #2	LOCATION OF CEMETERY Agat Guam
---	--

GRAVE MARKER TYPE Cross	PLOT NO. 4	ROW NO. 44	GRAVE NO. 7
-----------------------------------	----------------------	----------------------	-----------------------

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

TYPE OF RELIGIOUS CEREMONY Full Military Honors	RELIGION OF DECEASED Unknown
---	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE 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	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) APPROVED UNIDENTIFIABLE FEB 13 1950
--	--

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" 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) UNKNOWN I-71	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 6
BODY ON RIGHT. NAME (Last, first, middle) UNKNOWN I-73	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 8

PERSON REPORTING BURIAL (Name) (Rank or rate) R. A. MATTHEWS 1st Lt., USMC	PERSON CONDUCTING BURIAL RITES THORNTON G. MILLER CHAPLAIN
--	--

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED W. F. VEATCH CAPT USMC
---	---

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. _____

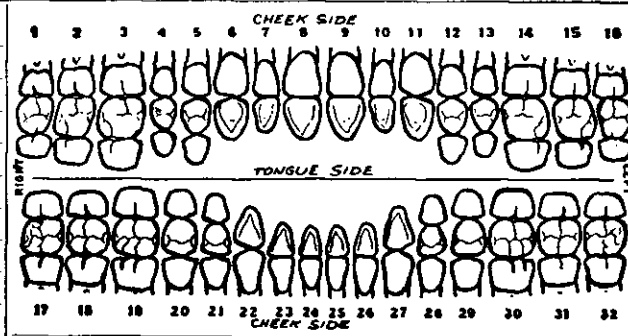
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

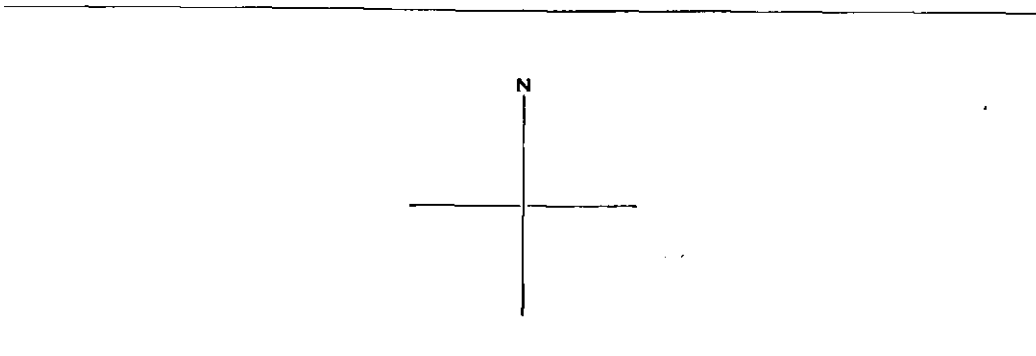
Remarks _____



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. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. 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.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

REPORT OF BURIAL ~~Report~~ **Report of Disinterment.**
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 ATTACHED AT TIME OF DEATH Unknown DATE REPORT FILLED OUT 24 March 1946

COPY OF IDENTIFICATION TAG Unknown	NAME (Last) Unknown (First) X-4 (Middle)
	FILE OR SERVICE NO. Unknown RANK OR RATE Unknown BRANCH OF SERVICE Unknown
	CORPS OR RESERVE CLASSIFICATION Unknown RACE Unknown

CAUSE OF DEATH Unknown	PLACE OF DEATH Truk Atoll, Central Carolines.
----------------------------------	---

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

DATE OF DEATH 18 Feb. 1944 (approximate)	DATE OF BURIAL 18 Feb. 1944 (approximate)
--	---

NAME OF CEMETERY Unknown	LOCATION OF CEMETERY 126.5-545. Defense and Terrain Map, To Island, Truk Atoll.
------------------------------------	---

GRAVE MARKER TYPE Japanese	PLOT NO. ----	ROW NO. -----	GRAVE NO. -----
--------------------------------------	-------------------------	-------------------------	---------------------------

BURIED AT SEA (Date) No	AREA -----
-----------------------------------	----------------------

TYPE OF RELIGIOUS CEREMONY Unknown	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.) APPROVED UNIDENTIFIABLE None FEB 13 1946
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 None

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

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
None

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

Bodies Buried on Either Side			
BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES	

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <i>[Signature]</i> L. R. Martin Lt. (jg) (MC) USNR
---	--

INSTRUCTIONS FOR BU

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 72 inches	ESTIMATED WEIGHT 180	COLOR OF EYES unknown	COLOR OF HAIR Dk. Brown
BIRTHMARKS, SCARS, OR TATTOOS None			
LAUNDRY MARKS None		WEAPON AND SERIAL NO. None	

(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 **1, 7, 8, 9, 17, 32.**

Occlusion (Type of) **Normal**

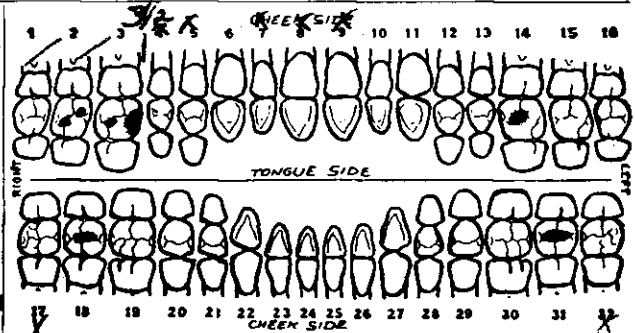
Malposed teeth (Describe) **None**

Removable appliances **None**

Other defects **#31-2 Deciduous**

#16 Embedded.

Remark **#7, 8, 9 Knocked out. Space of #4, 5 uds closed up by molars.**



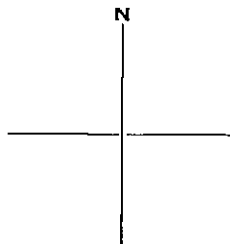
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

R. Marcus
(Signature of dental examiner) (Rank or rate)
R. MARGUS, Lt. DC USNR

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

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



REPORT OF BURIAL OR REBURIAL Report of Disinterment.

NAVMEB-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH Unknown DATE REPORT FILLED OUT 24 March 1946

COPY OF IDENTIFICATION TAG Unknown	NAME (Last) (First) (Middle)		
	Unknown X-4		
	FILE OR SERVICE NO. Unknown	RANK OR RATE Unknown	BRANCH OF SERVICE Unknown
	CORPS OR RESERVE CLASSIFICATION Unknown		RACE Unknown

CAUSE OF DEATH Unknown	PLACE OF DEATH Truk Atoll, Central Carolines.
----------------------------------	---

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

DATE OF DEATH 18 Feb. 1944 (approximate)	DATE OF BURIAL 18 Feb. 1944 (approximate)
--	---

NAME OF CEMETERY Unknown	LOCATION OF CEMETERY 126.5-54.5, Defense and Terrain Map, To Island, Truk Atoll.
------------------------------------	--

GRAVE MARKER TYPE Japanese	PLOT NO. -----	ROW NO. -----	GRAVE NO. -----
--------------------------------------	-------------------	------------------	--------------------

BURIED AT SEA (Date) No	AREA -----
-----------------------------------	---------------

TYPE OF RELIGIOUS CEREMONY Unknown	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.) APPROVED UNIDENTIFIABLE None FEB 13 1950
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 None

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

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER None
--

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

Bodies Buried on Either Side

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

PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES
---	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <i>L. R. Martin Lt.</i> L. R. Martin Lt. (ig) (MC) USNR (Name) (Grade)
---	---

ENCLOSURE D.

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 72 inches	ESTIMATED WEIGHT 180	COLOR OF EYES unknown	COLOR OF HAIR R. Brown
BIRTHMARKS, SCARS, OR TATTOOS None			
LAUNDRY MARKS None		WEAPON AND SERIAL NO. None	

(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 No. **1, 7, 8, 9, 17.**

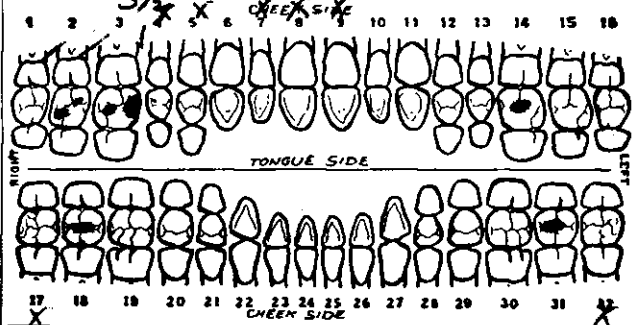
Occlusion (Type of) **Normal**

Malposed teeth (Describe) **None**

Removable appliances **None**

Other defects **1-2 deciduous**

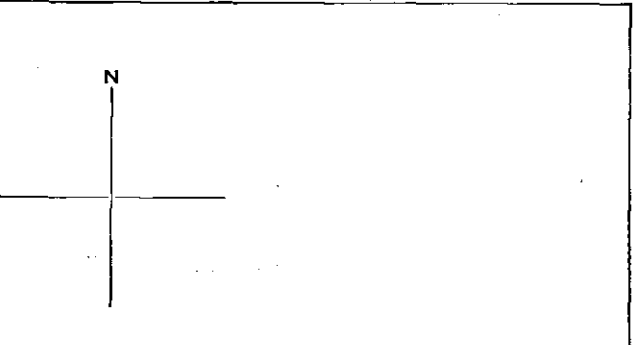
Remarks **16 included. 7, 8, 9 included on piece of 4, 5 this closed by nature.**



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

POSITIVE IDENTITY
 SOME RESEMBLANCE
 NO RESEMBLANCE

Signature of dental examiner: **Marcus**
 Rank or rate: **R. H. 1st Lt. USN**



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 overink.

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

REPORT OF BURIAL Report of Burial.

NAVMED-801 (3-43)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH Unknown DATE REPORT FILLED OUT 24 March 1946.

COPY OF IDENTIFICATION TAG		NAME (Last) (First) (Middle)		
		Unknown X-4.		
FILE OR SERVICE NO.		RANK OR RATE		BRANCH OF SERVICE
Unknown		Unknown		Unknown
CORPS OR RESERVE CLASSIFICATION			RACE	
Unknown			Unknown	
CAUSE OF DEATH		PLACE OF DEATH		
Unknown		Truk Atoll, Central Carolines.		
NAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT OF KIN (If known)		
Unknown.		Unknown.		
DATE OF DEATH		DATE OF BURIAL		
18 Feb. 1944 (approximate)		18 Feb. 1944 (Approximate)		
NAME OF CEMETERY		LOCATION OF CEMETERY		
Unknown.		126.5-545. Defense and Terrain Map, Tol Island, Truk Atoll.		
GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.	
Japanese	- - - - -	- - - - -	- - - - -	
BURIED AT SEA (Date)	AREA			
No	- - - - -			
TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED			
Unknown	Unknown			
IDENTIFICATION TAGS FOUND ON BODY		IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE		APPROVED UNIDENTIFIABLE NONE. FEB 13 1950		
COMPLETE DENTAL CHART ON REVERSE				
<input checked="" type="checkbox"/> Yes <input 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				
None.				
IDENTIFICATION TAG BURIED WITH BODY		IDENTIFICATION TAG ATTACHED TO MARKER		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER				
None.				

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

Bodies Buried on Either Side

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

Enclosure D.

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 72 inches	ESTIMATED WEIGHT 180	COLOR OF EYES Unknown	COLOR OF HAIR Dk. Brown.
--------------------------------------	--------------------------------	---------------------------------	------------------------------------

BIRTHMARKS, SCARS, OR TATTOOS
None

LAUNDRY MARKS None	WEAPON AND SERIAL NO. None.
------------------------------	---------------------------------------

(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 **1, 7, 8, 9, 17, 32**

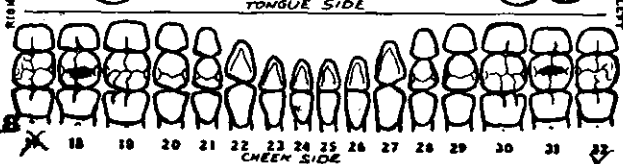
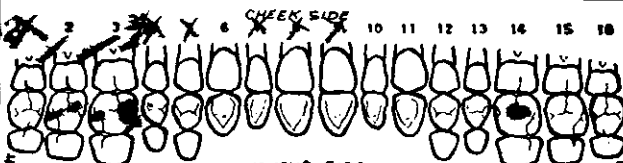
Occlusion (Type of) **Normal.**

Malposed teeth (Describe) **None.**

Removable appliances **None.**

Other defects **#3 1/2 Deciduous**
#16 Embedded.

Remarks **#7, 8, 9, Knocked out**
Space of #4, 5 was closed
up by molars.



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

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

R. Marcus
(Signature of dental examiner)
R. MARCUS, Lt. DC USNR. (Rank or rate)

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

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

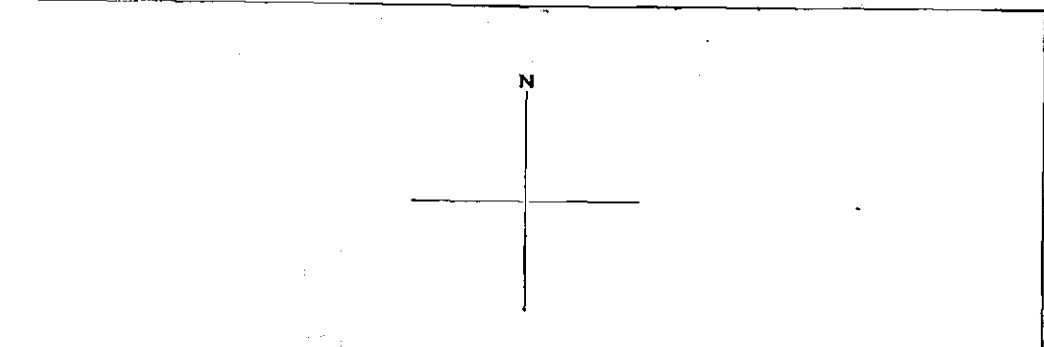
R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE



REPORT OF BURIAL
~~XXXXXXXXXXXX~~ **Report of Maintenance**

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH Unknown DATE REPORT FILLED OUT 21 March 1946

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	<u>Unknown</u>	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION	<u>Unknown</u>	RACE

CAUSE OF DEATH <u>Unknown</u>	PLACE OF DEATH <u>Truk Atoll, Central Carolines.</u>
----------------------------------	---

NAME OF NEXT OF KIN (If known) <u>Unknown.</u>	ADDRESS OF NEXT OF KIN (If known) <u>Unknown.</u>
---	--

DATE OF DEATH <u>28 Feb. 1944 (approximate)</u>	DATE OF BURIAL <u>28 Feb. 1944 (Approximate)</u>
--	---

NAME OF NEXT OF KIN (If known) <u>Unknown.</u>	LOCATION OF CEMETERY <u>126.9-545. Defense and Terrain Map, Tok Island, Truk Atoll.</u>
---	--

GRAVE MARKER TYPE <u>None.</u>	PLOT NO.	ROW NO.	GRAVE NO.
-----------------------------------	-------------------	------------------	--------------------

BURIED AT SEA (Date) <u>None.</u>	AREA
--------------------------------------	---------------

TYPE OF RELIGIOUS CEREMONY <u>Unknown.</u>	RELIGION OF DECEASED <u>Unknown.</u>
---	---

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) APPROVED UNIDENTIFIABLE FEB 13 1950 <u>None.</u>
COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input 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
None.

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

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
None.

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

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <i>[Signature]</i>
---	--

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 72 inches	ESTIMATED WEIGHT 180	COLOR OF EYES Unknown	COLOR OF HAIR Bl. Brown.
BIRTHMARKS, SCARS, OR TATTOOS None			
LAUNDRY MARKS None		WEAPON AND SERIAL NO. None.	

(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. **1, 7, 8, 9, 17, 32**

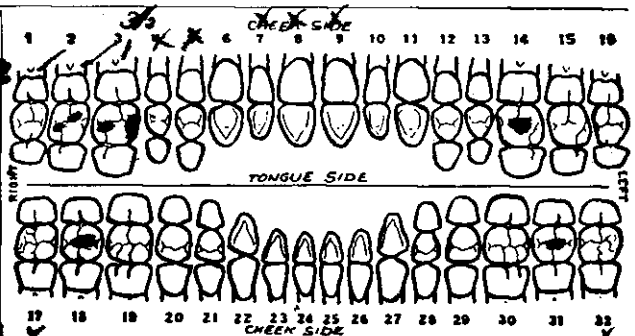
Occlusion (Type of) **Normal.**

Malposed teeth (Describe) **None.**

Removable appliances **None.**

Other defects **#31/2 Deciduous**

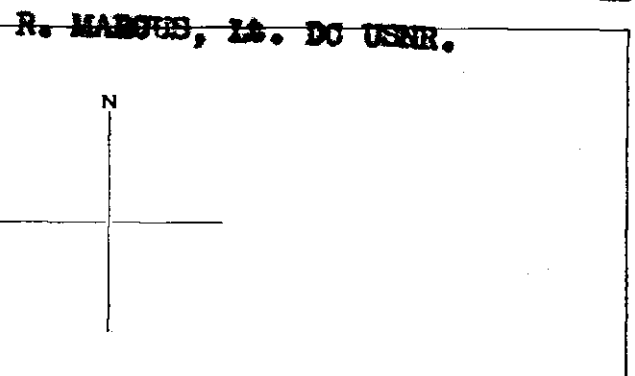
Remainder **#7, 8, 9, Knocked out space of #4, 5 was closed up by molars.**



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

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

Signature of dental examiner: **R. Marcus** (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 inner surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-72			2. DATE OF REPORT 22 January 1950		
3. NAME OF CEMETERY Cemetery #2, Agat, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	44	7	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UNKNOWN	9. ESTIMATED HEIGHT 5'3½"	10. COLOR OF HAIR Med Brown	11. RACE UNKNOWN
---------------------------------------	-------------------------------------	---------------------------------------	----------------------------

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

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>Gold Crown, Porcelain Crown</p>
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	

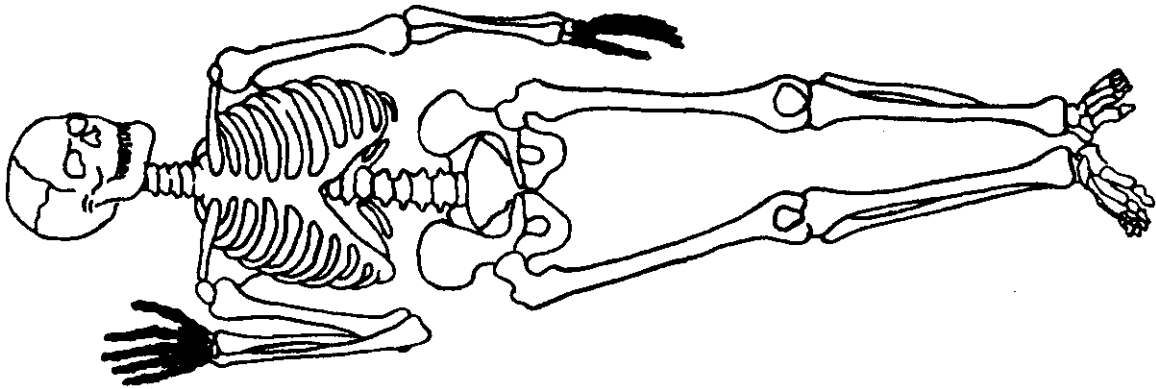
RIGHT										LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
P		A	A	X	Distorted Distally Overlap	P	P	P	P	P			A		IMP		
Side Views																	
UPPER																	
LOWER																	
Side Views																	
	A					P								A	IMP		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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."

Right 5 abnormal. Right 3 rotated distally. Both 11's R-L overlap No. 12's R-L distally.

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE

MEDICAL REPORT OF DISINTERMENT

1. X-4.

A. Date and place of disinterment 27 February, 1946
Tol Island, Tiuik Atoll

B. List of effects found in grave:


1. One zipper.
2. One air life jacket, rubber.
3. One rubber life raft, complete gas cylinder
no markings.
4. Three 1 foot by 2 " plastic staves.

C. Medical survey of remains:

1. Skull: normal (Hair dark brown).
2. Humerus: normal.
3. Radius and ulna: normal.
4. Femurs: normal.
5. Tibia and fibulae: 2 pair normal.
6. Pelvis: normal.
7. Scapulae: normal.
8. Clavicles: normal.
9. Vertebrae: 22 - normal
10. Sacrum: probable fracture of lower $\frac{1}{2}$.
11. Ribs: right : 10 : normal.
left : 10 : normal.

D. Cause of death noted in Japanese report drowning.

E. Translation of Japanese grave marker.
American Airplane Pilot Killed in Action.
Place Where Buried.


L. R. MARTIN,
Lt (jg), MC., USNR.

Enclosure (D)

MEDICAL REPORT OF DISINTERMENT

1. X-4.

A. Date and place of disinterment 27 February, 1946
Tol Island, Tok Atoll.

B. List of effects found in grave:


1. One zipper.
2. One air life jacket, rubber.
3. One rubber life raft, complete gas cylinder
no markings.
4. Three 1 foot by 2 " plastic staves.

C. Medical survey of remains:

1. Skull: normal (Hair dark brown).
2. Humerus: normal.
3. Radius and ulna: normal.
4. Femurs: normal.
5. Tibia and fibulae: 2 pair normal.
6. Pelvis: normal.
7. Scapulae: normal.
8. Clavicles: normal.
9. Vertebrae: 22 - normal.
10. Sacrum: probable fracture of lower $\frac{1}{2}$.
11. Ribs: right : 10 : normal.
left : 10 : normal.

D. Cause of death noted in Japanese report drowning.

E. Translation of Japanese grave marker.
American Airplane Pilot Killed in Action.
Place Where Buried.


L. R. MARTIN,
Lt (jg), MC., USNR.

MEDICAL REPORT OF DISINTERMENT

1. X-4.

A. Date and place of disinterment 27 February, 1946
Tol Island, Tiax Atoll.

B. List of effects found in grave:


1. One zipper.
2. One air life jacket, rubber.
3. One rubber life raft, complete gas cylinder
no markings.
4. Three 1 foot by 2 " plastic staves.

C. Medical survey of remains:

1. Skull: normal (Hair dark brown).
2. Humerus: normal.
3. Radius and ulna: normal.
4. Femurs: normal.
5. Tibia and fibulae: 2 pair normal.
6. Pelvis: normal.
7. Scapulae: normal.
8. Clavicles: normal.
9. Vertebrae: 22 .. normal.
10. Sacrum: probable fracture of lower $\frac{1}{4}$.
11. Ribs: right : 10 : normal.
left : 10 : normal.

D. Cause of death noted in Japanese report drowning.

E. Translation of Japanese grave marker.
American Airplane Pilot Killed in Action.
Place Where Buried.


L. R. MARTIN,
Lt (jg), MC., USNR.