

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>43 unkn. Person #2 X 75</i>
SUBJECT	

GMC FORM 1121
1 Aug 45

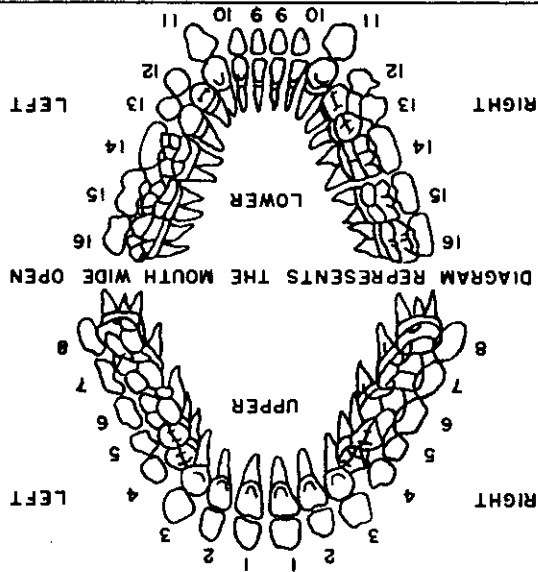
INSTRUCTIONS:

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

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

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

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

R. A. WATKINS

NAME AND RANK TYPED OR PRINTED

R. A. WATKINS, 1st Lt., USMC

VERIFIED BY GRS OFFICER

R. A. WATKINS

NAME AND RANK TYPED OR PRINTED

R. A. WATKINS, 1st Lt., USMC

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

GRS, OFFICER, GUAM

DATE

16 Sept. 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

29 August 1946

1. REMAINS OF (Name)

Unknown

SERIAL NUMBER

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

NAME, NUMBER AND LOCATION OF CEMETERY

PLOT

ROW

GRAVE NO.

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

3

1

14

2. DATE OF DISINTERMENT

16 July 1946

DATE OF REINTERMENT

16 July 1946

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.

Nature of original burial, "Unknown".

Disinterred body consisted of 3 large bones, and numerous skull fragments.

4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT: ON MARKER

LOACH, W. H.

ON REMAINS

None

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

Unknown #75

ON REMAINS

Unknown

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

R. A. Matthews

R. A. MATTHEWS, 1st Lt., USMC

2nd 2

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

Missing Teeth



Crowned Teeth



Bridgework



Fillings



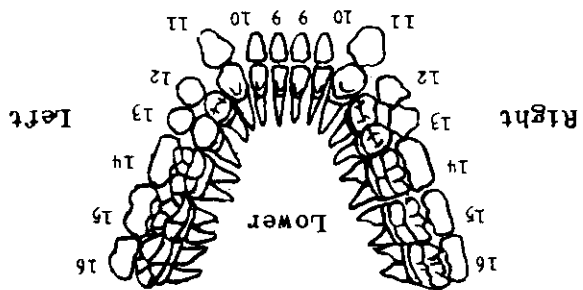
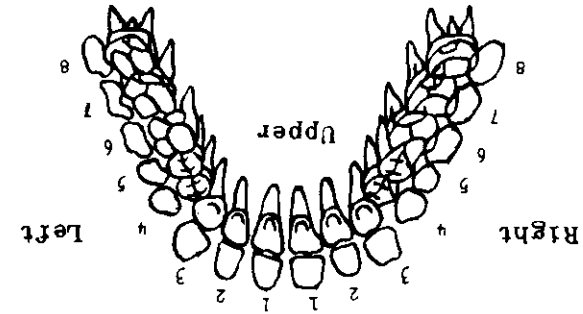
Caries (Cavities)



Remarks

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".

Diagram represents the mouth wide open



REPORT OF DISINTERMENT FOR IDENTIFICATION

29 August 1946

1. REMAINS OF (Name)

SERIAL NUMBER

Unknown

Unknown

GRADE

ORGANIZATION

Unknown

Unknown

NAME, NUMBER AND LOCATION OF CEMETERY

PLOT

ROW

GRAVE NO.

Army Navy Airline Cemetery #2, Agt, 1st Lt, I

3

1

14

2. DATE OF DISINTERMENT

DATE OF REINTERMENT

16 July 1946

16 July 1946

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.

Nature of original burial, "Unknown".
Disinterred body consisted of 3 large bones, and numerous skull fragments.

4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT: ON MARKER

LOACH, W. H.

ON REMAINS

None

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

Unknown 75

ON REMAINS

Unknown

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.


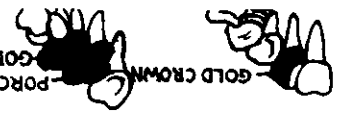



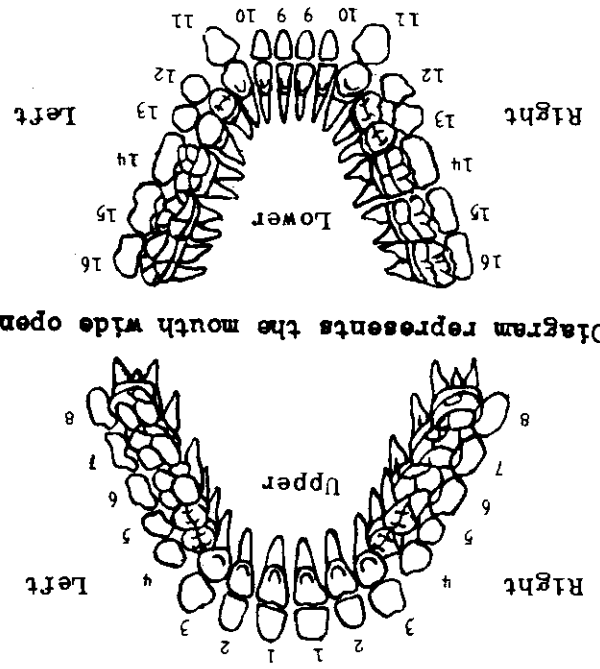
R. A. Matthews

R. A. MATTHEWS, 1st Lt., USMC

2nd 21

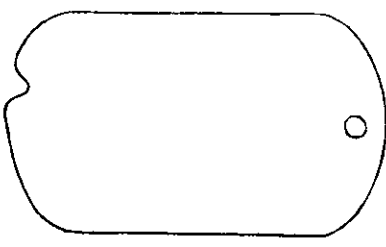
INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting) teeth, cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (grinding or chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridged teeth, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.






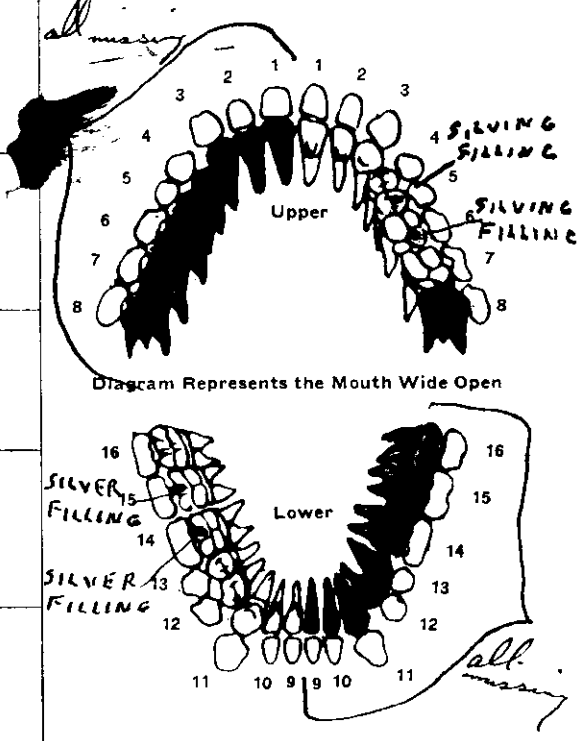
<p>Missing Teeth</p> 	<p>Crowned Teeth</p> 	<p>Bridgework</p> 	<p>Fillings</p> 	<p>Caries (Cavities)</p> 
<p>Diagram represents the mouth wide open</p> 		<p>Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".</p>		

Remarks

RESTRICTED

WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)	<h2 style="margin:0;">REPORT OF INTERMENT</h2> <p>(AR 30-1810 and AR 30-1815)</p>	Date of Report <p align="center" style="font-size: 1.2em;">20 July 1946</p>				
Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION					
	Name (Last, First, Middle Initial) UNKNOWN # 75		Serial Number UNKNOWN			
	Grade unknown	Organization unknown	Branch of Service unknown			
	Race unknown	Religion unknown	If Other than U. S. Dead, Give Name of Country			
Place of Death Guam, P.I.	Cause of Death Unknown	Date of Death unknown				
Emergency Addressee (Name, Relationship and Address) Unknown						
Identification Tags Found on Body (1, 2, or None) UNKNOWN	If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse UNKNOWN					
Were Substitute Tags Provided (Yes or No) UNKNOWN						
List Personal Effects Found on Body and Disposition of Same UNKNOWN						
SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.						
Name, Number, Coordinates and Location of Cemetery Agat Army, Navy, Marine Camp 2 Guam, Marianas Islands						
Date of Burial UNKNOWN	Hour UNKNOWN	Buried in (Shroud, Blanket, or name of other) UNKNOWN	Type of Grave Marker CROSS	Plot No. 3	Row No. 1	Grave No. 14
Was This a Re-Burial (Yes or No) YES	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave AGAT ARMY, NAVY, MARINE CAMP #2 GUAM P.I.			Plot No. 3	Row No. 1	Grave No. 14
Type of Religious Ceremony unknown	Person Conducting Burial Rites unknown	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body unknown				
Identification Tag Buried With Body (Yes or No) unknown	Identification Tag Attached to Marker (Yes or No) NO					
Body Buried on Deceased Left, Name (Last, First, Middle Initial) UNKNOWN 15		Rank	Serial Number	Organization	Grave No. 15	
Body Buried on Deceased Right, Name (Last, First, Middle Initial) UNKNOWN 13		Rank	Serial Number	Organization	Grave No. 13	
Signature of Person Preparing Report <i>Sgt. Willis W. Johnson</i>			Signature of GRS Officer Verifying Report <i>ELMER W. STARNER 1st Lt. G.M.C. DKS</i>			
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.						

Incl "

		SECTION UNIDENTIFIED REMAINS				
Left Little Finger	Instructions (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.					
Left Ring Finger	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos	
	unk	unk	unknown	unknown	none	
Left Middle Finger	Weapon and Serial Number		Laundry Mark		Where Body Was Buried or Found	
	none		none		reburial	
	Other Identification Clues					
	none					
Left Index Finger	Fillings 					
Left Thumb	Cavities 					
Right Thumb	Missing Teeth 					
Right Index Finger	Crowned Teeth 					
Right Middle Finger	Bridge Work 					
Right Ring Finger						
Right Little Finger	Remarks Nature of original burial unknown, body, on disinterment, consisted of, three large bones and numerous skull fragments.					

RESTRICTED

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

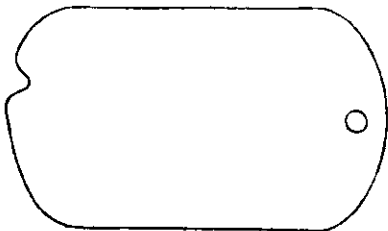
REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

20 July 1946

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)		Serial Number
UNKNOWN # 75		Unknown
Grade	Organization	Branch of Service
unknown	unknown	unknown
Race	Religion	If Other than U. S. Dead, Give Name of Country
unknown	unknown	

Place of Death	Cause of Death	Date of Death
Guam, U.I.	Unknown	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
UNKNOWN	
Were Substitute Tags Provided (Yes or No)	
UNKNOWN	UNKNOWN

List Personal Effects Found on Body and Disposition of Same

UNKNOWN

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

Name, Number, Coordinates and Location of Cemetery

Agat Army, Navy, Marine Cem # 2 Guam, Marianas Islands

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
UNKNOWN	UNKNOWN	UNKNOWN	CROSS	3	1	14

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	AGAT A RMY:NAVY, MARINE CEM # 2 Guam, M.I.	3	1	14

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
UNKNOWN	UNKNOWN	
		UNKNOWN

Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)
Unknown	No

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
UNKNOWN 15X				15

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
				13

Signature of Person Preparing Report: *Sgt. Willis W. Johnson*

Signature of GRS Officer Verifying Report: *Walter W. Staerner*

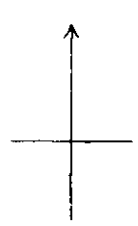
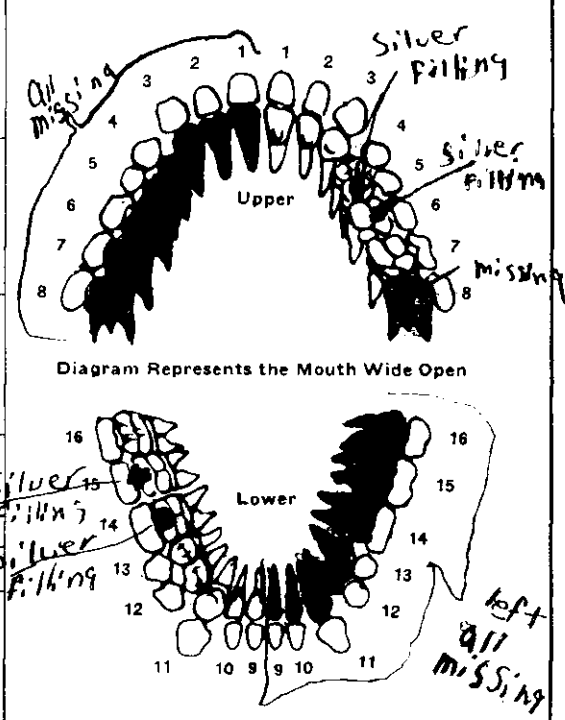
Pfc 462826 U.S.M.C. 13
WALTER W STAERNER 1st Lt. QMC GRS

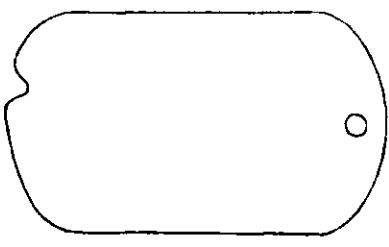
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

2 incl 12







RESTRICTED

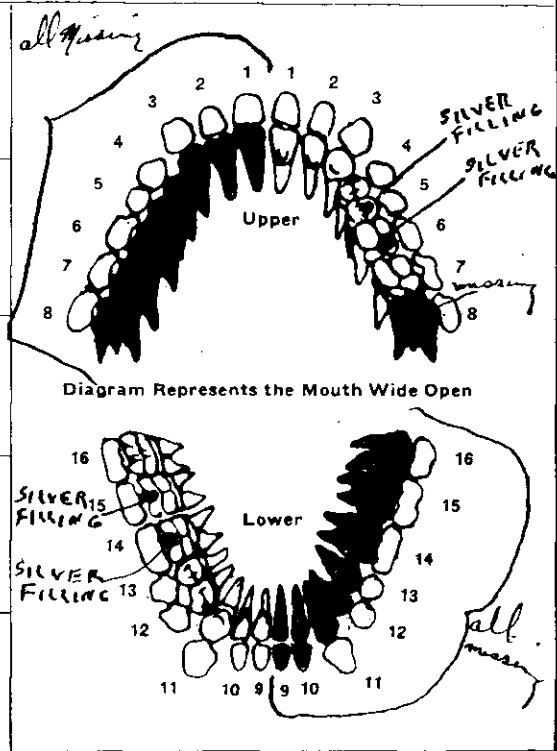
		SECTION UNIDENTIFIED REMAINS				
Left Little Finger	Instructions (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.					
Left Ring Finger	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos	
	unk	unk	unknown	unknown	none	
Left Middle Finger	Weapon and Serial Number		Laundry Mark		Where Body Was Buried or Found	
	none		none		reburial	
	Other Identification Clues					
	none					
Left Index Finger	Fillings Silver Filling Gold Filling					
Left Thumb	Cavities Cavity Decayed					
Right Thumb	Missing Teeth Tooth Missing					
Right Index Finger	Crowned Teeth Porcelain Crown Gold Crown					
Right Middle Finger	Bridge Work Gold Bridge					
Right Ring Finger	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery					
Right Little Finger	Remarks Nature of original burial unknown, body, on disinterment, consisted of, three large bones and numerous skull fragments.					



WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)	<h2 style="margin:0;">REPORT OF INTERMENT</h2> <p>(AR 30-1810 and AR 30-1815)</p>	Date of Report <h3 style="margin:0;">20 July 1946</h3>				
Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION					
	Name (Last, First, Middle Initial)		Serial Number			
	UNKNOWN # 75		Unknown			
	Grade	Organization	Branch of Service			
unknown	unknown	unknown				
Race	Religion	If Other than U. S. Dead, Give Name of Country				
unknown	unknown					
Place of Death	Cause of Death	Date of Death				
Guam, M.I.	Unknown	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					
UNKNOWN	UNKNOWN					
Were Substitute Tags Provided (Yes or No)						
UNKNOWN						
List Personal Effects Found on Body and Disposition of Same						
UNKNOWN						
SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.						
Name, Number, Coordinates and Location of Cemetery						
Agat Army, Navy, Marine Cem# 2 Guam, Marianas Islands						
Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
UNKNOWN	UNKNOWN	UNKNOWN	CROSS	3	1	14
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	AGAT ARMY, NAVY, MARINE CEM#2 GUAM?M.I.			3	1	14
Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body				
UNKNOWN	UNKNOWN	UNKNOWN				
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)					
Unknown	No					
Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.		
UNKNOWN 15X				15		
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.		
MALOUCHNEY, P.T.				13		
Signature of Person Preparing Report	Signature of GRS Officer Verifying Report					
<i>S/Sgt Willis W. Johnson</i>	<i>Elmer W. Starnner</i>					
		Pfc 462826	U.S.M.C.			
		ELMER W STARNNER 1st Lt. QMC GRS				
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.						

encl 13

SECTION UNIDENTIFIED REMAINS											
Left Little Finger	<p>Instructions</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>										
Left Ring Finger	<table border="1"> <tr> <th>Height</th> <th>Weight</th> <th>Color of Eyes</th> <th>Color of Hair</th> <th>Birthmarks, Scars or Tattoos</th> </tr> <tr> <td>Unk</td> <td>unk</td> <td>unknown</td> <td>unknown</td> <td>none</td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos	Unk	unk	unknown	unknown	none
Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos							
Unk	unk	unknown	unknown	none							
Left Middle Finger	<table border="1"> <tr> <th>Weapon and Serial Number</th> <th>Laundry Mark</th> <th>Where Body Was Buried or Found</th> </tr> <tr> <td>none</td> <td>none</td> <td>returial</td> </tr> </table> <p>Other Identification Clues</p> <p>none</p>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found	none	none	returial				
Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found									
none	none	returial									
Left Index Finger	<p>Fillings</p> <p>Silver Filling Gold Filling</p> 										
Left Thumb	<p>Cavities</p> <p>Cavity Decayed</p> 										
Right Thumb	<p>Missing Teeth</p> <p>Tooth Missing</p> 										
Right Index Finger	<p>Crowned Teeth</p> <p>Porcelain Crown Gold Crown</p> 										
Right Middle Finger	<p>Bridge Work</p> <p>Gold Bridge</p> 										
Right Ring Finger	<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <p>nature of origin</p> 										
Right Little Finger											
<p>Remarks</p> <p>Nature of original burial unknown, body, on disinterment, consisted of, three large bones and numerous skull fragments.</p>											



/bpm

Interred 11 Apr 1950
F 7 1 Ft. McKinley

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

1

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

DIRECTIVE NUMBER

6321 81317

DATE

29 03 50
DAY MONTH YEAR

/add

NAME: UNKNOWN X - 75
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: USAF CEMETERY AGAT NO. 2, GUAM
PLOT: 3 ROW: 45 GRAVE: 24
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 - 75 SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISINTERRED: 5 April '50
IDENTIFICATION TAG ON: [] REMAINS [] MARKER [] ORGANIZATION: [] RELIGION: [] IDENTIFICATION VERIFIED BY: PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: []
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.): []

REMAINS PREPARED AND PLACED IN CASKET

DATE: 5 Apr '50 BY: PAUL R NICHOLS
CASKET SEALED BY: PAUL R NICHOLS EMBALMER (Signature): *Paul R. Nichols* PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H TANGUAY, DATE: 5 Apr '50 BY: Sgt lc, 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 AGES INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: []
* * *
FILE
RECORDS ANNOTATED
DATE: 26 May 1950
NAME: []
Report BR. MEM. DIV.

X-97-500

AIRMAIL

QMGT 293
GHS Far East

Ident

13 March 1950

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P.I.:

Unknown	X-5,	77th Division Cemetery, Okinawa, Unit 2, Page 1
"	X-47,	Island Command Cemetery, Okinawa, Unit 2, Page 2
"	X-75,	Guam #2, Agat Cemetery, Unit 2, Page 5
<i>293</i>	X-786,	USAF Cemetery Leyte #1, P.I., Unit 2, Page 4 (Sup)
"	X-2269,	(formerly X-440 Leyte #2), Unit 2, Page 12
"	X-2280	" X-451 " " " 2, " 12
"	X-2354	" X-547 " " " 2, " 13
"	X-3857,	AGRS Mausoleum, Manila, Unit 2, Page 19
"	X-3859,	" " " " 2, " 19
"	X-3860,	" " " " 2, " 19
"	X-3861,	" " " " 2, " 19
"	X-3862,	" " " " 2, " 19
"	X-3863,	" " " " 2, " 19
"	X-3864,	" " " " 2, " 19
"	X-3928	" " " " 2, " 19
"	X-4172	" " " " 2, " 19

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

FOR THE QUARTERMASTER GENERAL:

J. Miller:lrc
Salsar
JW
cc--Administrative Section
cc--Cinco

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

JME
TEC

AIRMAIL

HEADQUARTERS
PHILCOB ZONE
AMERICAN GRAVES REGISTRATION SERVICE

23 January 1950
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 75, Plot _____,
Row _____, Grave _____, USMC Guam #2, Agat Cemetery, 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:



A. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received *J* _____ OQMG
Not identifiable from *J. Miller*
information presently
available

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-75 Guan #2, Agat Cemetary				2. DATE OF REPORT 23 Jan '50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 10 3/4"	10. COLOR OF HAIR Brown	11. RACE U T D
-------------------------------------	--	-----------------------------------	--------------------------

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? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← M A X I L L A								M I S S I N G →							
Side Views															
UPPER															
Top Views															
LOWER															
Side Views															
M A N D I B L E								M I S S I N G							
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 maxillary or mandibular teeth present with remains.

"UNIDENTIFIABLE"

Paul R Nichols

PAUL R NICHOLS

Chief, Identification Section

REASON OF LACK OF IDENTIFYING DATA

1. FILE UNDER NO. 293 - UNK X-75 (Guam # 2 , Agat Cem.)

SYNOPSIS

2. TYPE OF DOCUMENT: Letter
3. DATE: 9 Feb 50
4. FROM: Hdqrs American Graves Registration Service Philcom Zone
5. TO: OJMU
6. SUBJECT: Unidentifiable Remains
Unk X-75 Guam #2, Agat Cem.
OJMU

7. DOCUMENT FILED
UNDER NO. 293 - Manila

eb

INSTRUCTIONS.—Enter after the above headings information as follows:

1. File classification under which this cross-index sheet is to be filed.
2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
6. Brief and comprehensive synopsis of the content or subject matter.
7. File classification under which the document is filed.

(BASIC: Ltr, ASF, OPMG, Wash.D.C. SPQYG 293-MidPac, 28 May 46, Subj: Identification.)

293/930 3rd Ind. PMS/wwj
HEADQUARTERS, 296TH QUARTERMASTER BATTALION, APO 246 (Guam)

TO: Commanding Officer, Army Garrison Force, APO 246 (Guam).

1. In compliance with basic letter, Grave 14, Row 1, Plot 3, Army, Navy, Marine Cemetery No 2, Agat, Guam was opened and found the remains of a body.

2. The remains in Grave 14, Row 1, Plot 3, Agat, Army, Navy, Marine Cemetery No 2, has been marked as Unknown 75.

FOR THE COMMANDING OFFICER:

/s/ Francis M. Skillman
Francis M. Skillman
2nd Lt. US
Adjutant

2 Incls: n/c

293/930 4th Ind ALB/dj
HEADQUARTERS, ARMY GARRISON FORCE, APO 246 (Guam), 12 Aug 46.

TO: Commanding General, Western Pacific Base Command, APO 244 (Saipan).

BRIG: Ltr, ASF, OQMG, Wash.D.C., SPQIG 293-MidPac, 28 May 46,
subj: Identification.

MPYQM 293 (28 May 46) 1st Ind (3-21 July 46)
Headquarters, United States Army Forces, Middle Pacific, APO 958

THROUGH: Commanding General, Western Pacific Base Command, APO 244

TO : Commanding General, Army Garrison Force, APO 246

For compliance with basic communication and return of
correspondence to this headquarters.

BY COMMAND OF MAJOR GENERAL MOORE:

/s/ H. S. THATCHER
H. S. THATCHER
Lt Colonel, AGD
Asst Adjutant General

2 Incls: n/c

E (QM) 293/934 2nd Ind
HEADQUARTERS, WESTERN PACIFIC BASE COMMAND, SAIPAN, (APO 244)
24 June 1946

TO: Commanding General, Army Garrison Force, Guam (APO 246)

For compliance with basic communication and return of
correspondence through this headquarters.

BY COMMAND OF BRIGADIER GENERAL IRVING:

/s/ BYRON D. YANTIS
BYRON D. YANTIS
1st Lt., A.G.D.
Asst Adjutant Gen.

2 Incls:
n/c

ARMY SERVICE FORCES
Office of the Quartermaster General
Washington 25, D.C.

28 May 1946

SUBJECT: Identification.

TO : Commanding General
Army Forces, Mid-Pacific Area
APO 958, c/o Postmaster
San Francisco, California

FOR: Chief, American Graves Registration Service.

1. A Report of Burial (NavMed-601) has been received at this office for a W. H. Loach, showing burial in Grave 14, Row 1, Plot 3, Army Navy, Marine Cemetery No. 2, Agat, Guam. There was no means of identification shown on this report.

2. There is no record in the Army, Navy, Marine Corps or Coast Guard of a W. H. Loach being a casualty at Guam. *J. H. M.*

3. It is requested that the burial be changed to an unknown, the remains disinterred, and the inclosed QMC Form 1044, Report of Disinterment for Identification, QMC Form 1045, Identification Dental Chart, and a corrected Report of Interment be completed and forwarded to this office.

FOR THE QUARTERMASTER GENERAL:

/s/ ROBERT J. PHILLIPS
ROBERT J. PHILLIPS
Capt, QMC
Asst

2 Incls:

- (1) QMC Form 1044 in Duplicate
- (2) QMC Form 1045 in Duplicate

cc: Comdt. MarCorps

1435-55/(12)-rrm

Serial No. **C088**
2007746

BUREAU OF
MEDICINE AND SURGERY

HEADQUARTERS
ISLAND COMMAND, GUAM.

In reply address:
Commander,
C/O P.P.O.
San Francisco, Calif.

MAR 24 1945

From: The Island Commander.
To: Commanding General Fleet Marine Force, Pacific.
Subject: Dental Chart of decedent.
Reference: (a) Your SsdLtr. serial 18095 dated 8 March, 1945.
Enclosure: (A) Ltr Dental Officer 4thNCB, dated 19 March 1945 and enclosure thereto.

1. The enclosure is forwarded in compliance with reference (a).

Henry L. Larsen
HENRY L. LARSEN

1715-45-10
0034/432

6 April 1945

FIRST ENFORCEMENT
HEADQUARTERS, FLEET MARINE FORCE, PACIFIC,
C/O FLEET POST OFFICE, SAN FRANCISCO

Serial: 24487

From: The Commanding General.
To: The Bureau of Medicine and Surgery,
Washington, 25, D. C.

1. Forwarded.
2. It is requested this Headquarters be notified if identity is established on subject deceased so that the grave may be properly marked.

John H. Walter
JOHN H. WALTER
By direction

FOURTH U.S. NAVAL CONSTRUCTION BATTALION
Fleet Post Office
San Francisco, California.

19 March 1945.

From: Dental Officer.
To: Island Dental Officer, Headquarters, Island Command, # 926.
Subject: Examination of remains in Grave # 14, Row 1, Plot 3, Army-Navy-Marine Cemetery # 2, Agat, Guam.
Enclosure: (A) Form H-4, Dental Record.

1. Examination of subject remains revealed that the body had been badly mutilated, wrapped, and rolled up in a raincoat.

2. The skull was badly damaged. Lower left mandible was missing, the upper right anterior region # 8,7,6, and upper right premolar region (# 4 and # 5) was missing. The upper right molars with the exception of # 3 was found as a bony fragment inside the skull. Lower right mandible and the upper left teeth # 9 to # 16 with attached bony process present. The upper left segment # 9 to # 16 was found inside the skull as a detached fragment. All fragments presented very ragged edges. The mandible was fractured between # 26 and # 27, the line of fracture being very ragged. Inside the skull a small fragment (approximately 6 inches by 8 inches) was found and from appearance of skull, would say about half of his head was destroyed.

3. Teeth present were in very good condition. Large well formed and no evidence of decay. # 1 was impacted, # 13 and # 14 presented very small occlusal amalgam fillings. # 19 was missing and had been for some time as the space between # 18 and # 20 was very small. # 18 and # 17 both inclined mesially. # 20 was rotated 1/2 turn on its axis. The external surface of # 20 being in the distal position and the internal surface being in the mesial position. Incisal edge of lower anteriors and # 9 showed wear. All anterior teeth had a heavy incisal edge and # 9 was a square shaped tooth. # 18 and # 20 had a occlusal amalgam including in # 20 all pits and grooves in # 18 the mesial and central pits and grooves were involved.

4. Along the side of the skull was a canteen. Examination of the contents disclosed a small piece of paper with the following information.
Quote: "No possible identification, arms gone, no dog tags, Loach, W.H., Plot 3, Row 1, Grave # 14."

J.S. Rathbone
J.S. Rathbone
Lieut. (DC) USNR.

DENTAL RECORD

(To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD

Grave # 14, Row 1, Plot 3, Army-Navy-
Marine Cemetery # 2, Agat, Guam.

(Christian name(s))

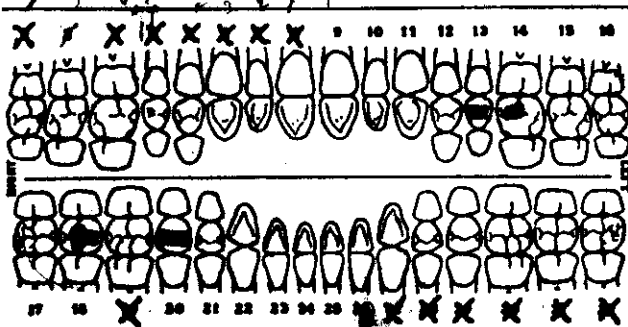
Born: Place

Date 3-19-45

INSTRUCTIONS

See Chapter 14, Section VI, Paragraphs 2311-2319, inclu-
sive, Manual of the Medical Department, U. S. Navy.

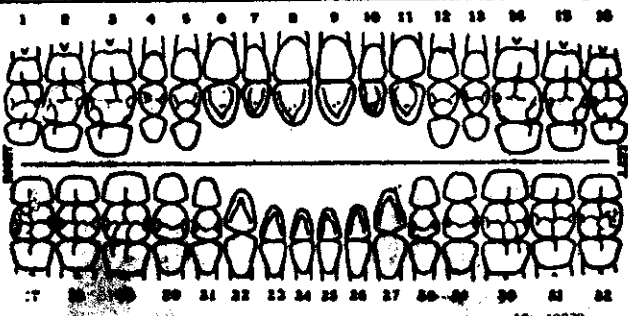
RECORD OF FIRST DENTAL EXAMINATION



REMARKS. # 1 Impacted; # 17 and # 18
tipped mesially. # 20 rotated 1/2 turn
on its axis external surface in distal
position, internal surface in mesial
position. Teeth large, well formed. No
decay. Space between # 18 and # 20 very
small. # 3, 4, 5, 6, 7, 8, 27, 28, 29, 30, 31, 32
not found with skull.

J. S. Rathbone
J.S. Rathbone Lt. (DC) USNR.
(Date and signature of examining dental officer)

RECORD OF SUBSEQUENT DENTAL OPERATIONS



REPORT OF DISINTERMENT FOR IDENTIFICATION

29 August 1946

1. REMAINS OF (Name)

SERIAL NUMBER

Unknown

Unknown

GRADE

ORGANIZATION

Unknown

Unknown

NAME, NUMBER AND LOCATION OF CEMETERY

PLOT

ROW

GRAVE NO.

Army, Navy, Marine Cemetery #2, Agst, Camp # 1

5

2

24

2. DATE OF DISINTERMENT

DATE OF REINTERMENT

10 July 1946

10 July 1946

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.

Nature of original burial, "Unknown".
Disinterred body consisted of 3 large bones, and numerous skull fragments.

4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT: ON MARKER

LOOSE, W. P.

ON REMAINS

None

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

DMC card 75

ON REMAINS

Unknown

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.





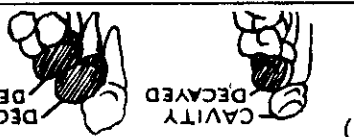
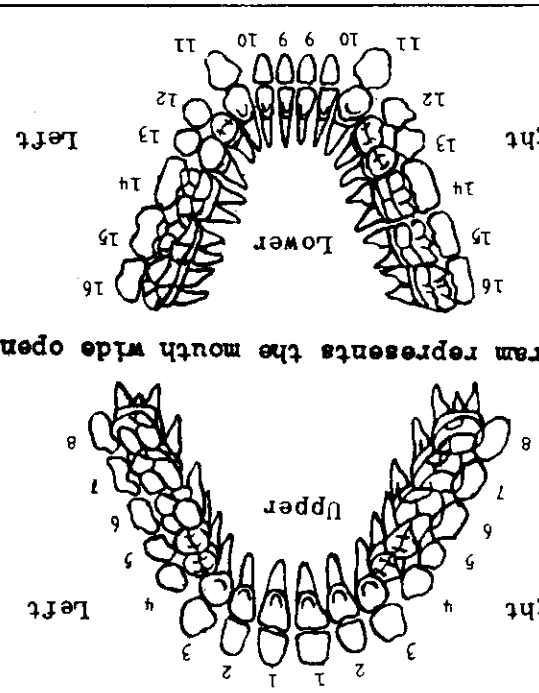
R. A. Matthews

R. A. MATTHEWS, 1st Lt., USMC

2nd Lt

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (cutting) teeth, cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (grinding teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

<p>Missing Teeth</p> 	<p>Crowned Teeth</p> 	<p>Bridgework</p> 	<p>Fillings</p> 	<p>Caries (Cavities)</p> 	<p>Diagram represents the mouth wide open</p> 	<p>Dentures (Plates)</p> <p>Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".</p>	<p>Remarks</p>
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300 12

IDENTIFICATION DENTAL CHART

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

20 August 1946
DATE

UNKNOWN UNKNOWN UNKNOWN UNKNOWN UNKNOWN
 LAST NAME FIRST INITIAL RANK SERIAL NO.
 UNKNOWN UNIT ORGANIZATION
 UNKNOWN PLACE OF DEATH GUY, F.I. 3 1 14
 PLACE OF BURIAL PLOT ROW GRAVE NO.

RIGHT								UPPER TEETH				LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE												A	A		P
LOCATION												o	o		

INSIDE — LOOKING OUT

RIGHT								LOWER TEETH				LEFT			
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	A	A													
LOCATION	o	o													

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		OCCUSAL (BITING SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		SILICATE OR PORCELAIN		DISTAL (BETWEEN-TOWARD BACK)
	TEETH REPLACED BY DENTURE		OXYPHOSPHATE (CEMENT)		LINGUAL (TOWARD TONGUE)
	POSTHUMOUSLY MISSING (LOST AFTER DEATH)				FACIAL (TOWARD CHEEK)

3

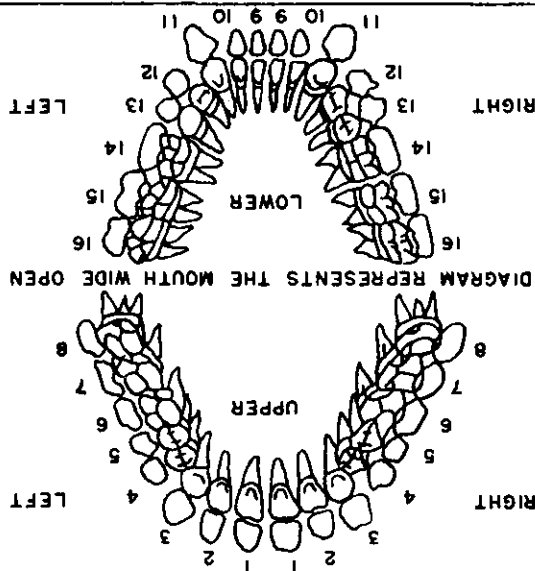
INSTRUCTIONS:

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

R. A. Matthews

VERIFIED BY GRS OFFICER

R. A. Matthews

NAME AND BANK TYPED OR PRINTED
R. A. MATTHEWS, DENTAL, USMC

NAME AND BANK TYPED OR PRINTED
R. A. MATTHEWS, DENTAL, USMC

DATE OF PREPARATION OF THIS CHART

16 Sept. 1964

IDENTIFICATION DENTAL CHART







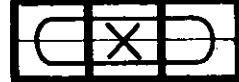








TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

29 August 1946

UNKNOWN	UNKNOWN	DATE	29 August 1946	
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN	UNKNOWN
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.
UNKNOWN	GUAM, M. I.	3	1	14

	RIGHT				UPPER TEETH				LEFT																																										
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8																																			
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⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗					A	A		⊗																																			
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	A	A						⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗																																			
LOCATION		o	o																																																

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

Incl 3'

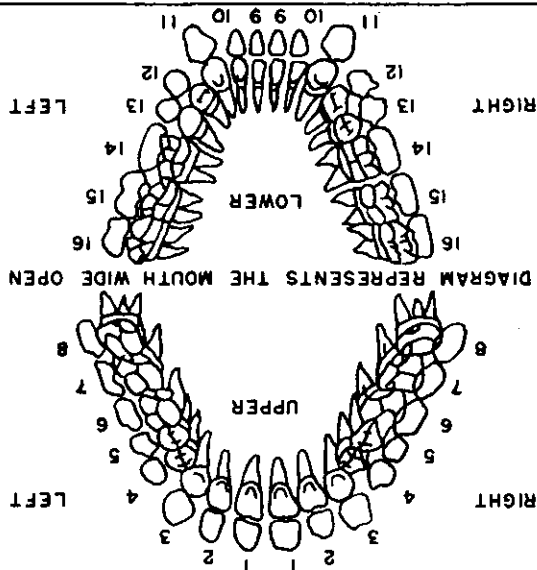
INSTRUCTIONS:

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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

R. A. Matthews

VERIFIED BY GRS OFFICER

R. A. Matthews

NAME AND RANK TYPED OR PRINTED

R. A. Matthews, 1st Lt, USAF

NAME AND RANK TYPED OR PRINTED

R. A. Matthews, 1st Lt, USAF

PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

GRS OFFICE, GDAM

DATE

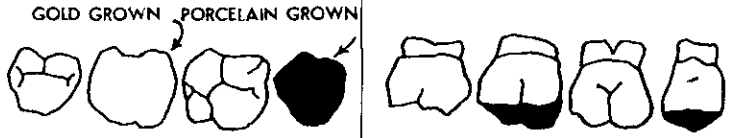
16 Sept. 1946

166 28 47
166 467 47
SIDE VIEW

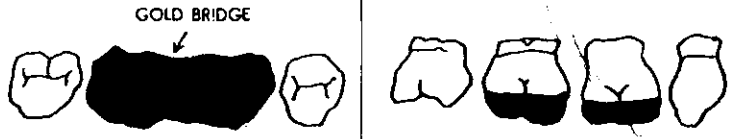
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



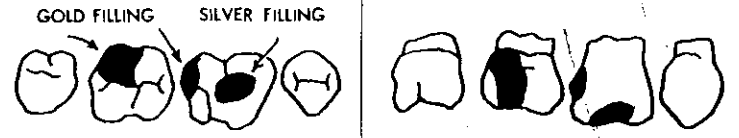
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



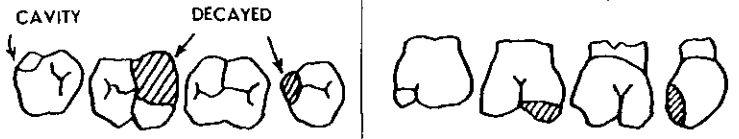
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
SIDE VIEWS	UPPER																	SIDE VIEWS	
	LOWER																	SIDE VIEWS	
	TOOTH CHART																	TOP VIEWS	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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

Remarks: Entire Mandible, Maxilla and Teeth missing.

UNKNOWN X-75, P-3 R-1 G-14

L. Ho

L. HO, CAPT., D. C.

Emilio S. Pajico

EMILIO S. PAJICO, 2d Lt., Inf

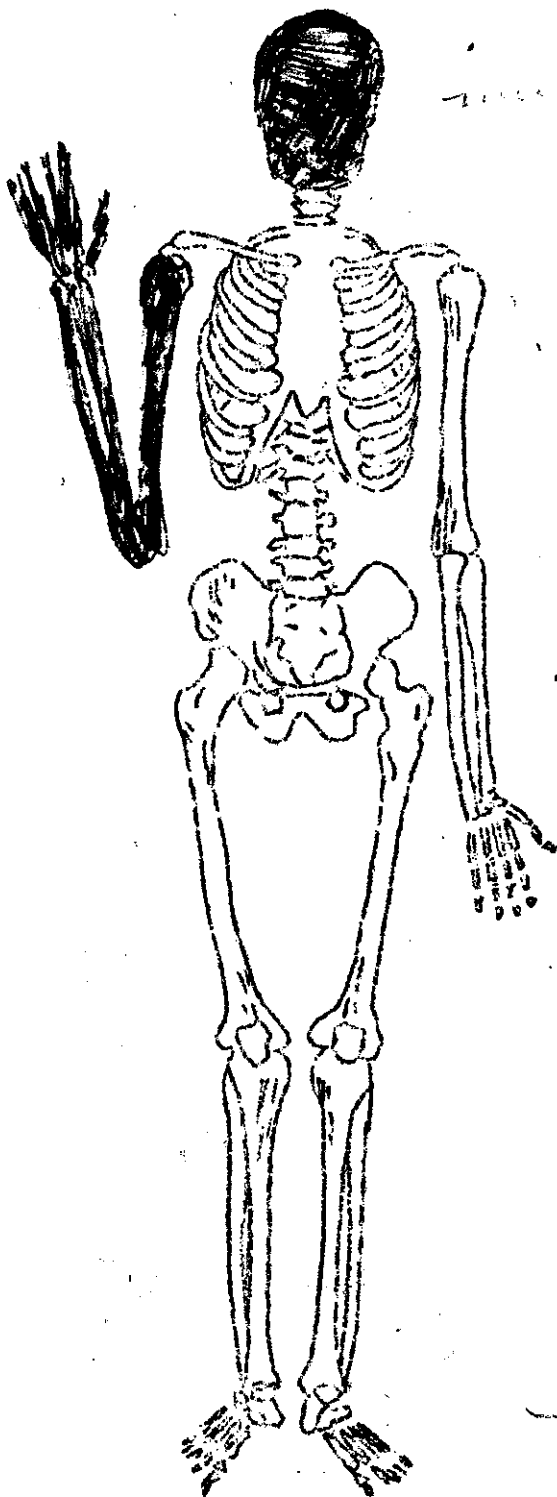
PROCESSING CENTER

Unknown
(Name)

X-15
(Rank)

James M. West
(Ser No.)

Com
(Br of Sv)



*Incomplete
Skeleton*

SKELETAL CHART

RESTRICTED

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

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

DATE OF REPORT

11/28/47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

UNKNOWN X-95 Box No. 781

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

GUAM

Unk

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Bag of shell, one chain
Body unskipped - wrapped in burlap, skull, left humerus, ulna + radius are missing

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Agat, Cemetery #2, Guam

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE MARKER

PLOT No.

ROW No.

GRAVE No.

Cross 3 1 14

WAS THIS A REBURIAL?
(Yes or no)

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

PLOT No.

ROW No.

GRAVE No.

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

IDENTIFICATION TAG

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

EMILIO E. COSTALES

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

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

Whittier Harrison

RESTRICTED

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:






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

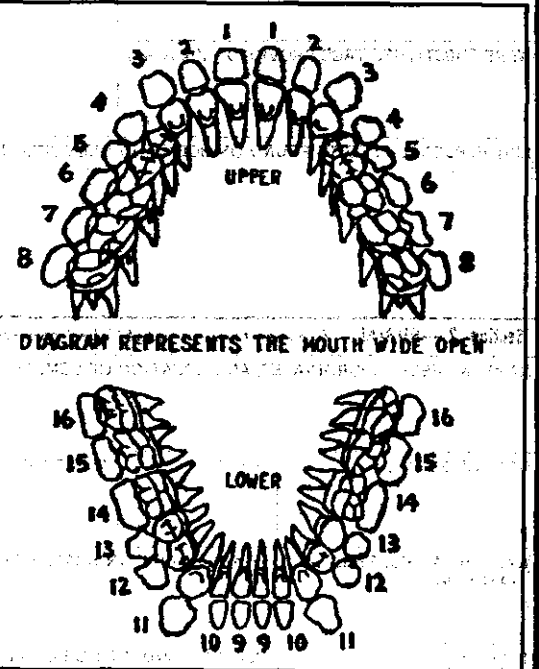
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

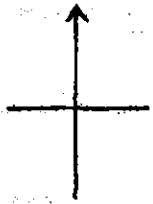
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

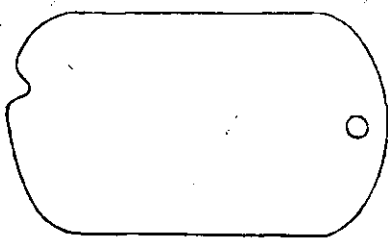
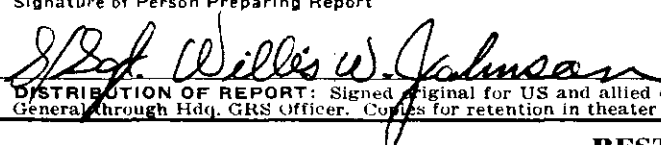
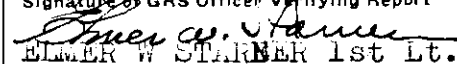


FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RESTRICTED

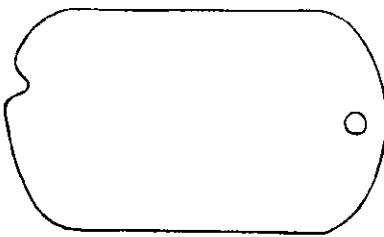

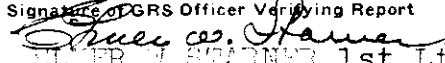
WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				Date of Report <p align="center">20 July 1946</p>		
Imprint Identification Tag If Possible. DO NOT TYPE 		SECTION 1. IDENTIFICATION						
		Name (Last, First, Middle Initial) <p align="center">UNKNOWN # 75</p>				Serial Number <p align="center">Unknown</p>		
		Grade <p align="center">unknown</p>		Organization <p align="center">unknown</p>		Branch of Service <p align="center">unknown</p>		
		Race <p align="center">unknown</p>		Religion <p align="center">unknown</p>		If Other than U. S. Dead, Give Name of Country		
Place of Death <p align="center">Guam, M.I.</p>		Cause of Death <p align="center">Unknown</p>				Date of Death <p align="center">Unknown</p>		
Emergency Addresses (Name, Relationship and Address) <p align="center">Unknown</p>								
Identification Tags Found on Body (1, 2, or None) <p align="center">UNKNOWN</p>		If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse <p align="center">UNKNOWN</p>						
Were Substitute Tags Provided (Yes or No) <p align="center">UNKNOWN</p>								
List Personal Effects Found on Body and Disposition of Same <p align="center">UNKNOWN</p>								
SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.								
Name, Number, Coordinates and Location of Cemetery <p align="center">Agat Army, Navy, Marine Cem# 2 Guam, Marianas Islands</p>								
Date of Burial <p align="center">UNKNOWN</p>	Hour <p align="center">UNKNOWN</p>	Buried in (Shroud, Blanket, or name of other) <p align="center">UNKNOWN</p>		Type of Grave Marker <p align="center">CROSS</p>	Plot No. <p align="center">3</p>	Row No. <p align="center">1</p>	Grave No. <p align="center">14</p>	
Was This a Re-Burial (Yes or No) <p align="center">YES</p>	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave <p align="center">AGAT ARMY, Navy Marine Cem# 2, Guam, M.I.</p>					Plot No. <p align="center">3</p>	Row No. <p align="center">1</p>	Grave No. <p align="center">14</p>
Type of Religious Ceremony <p align="center">UNKNOWN</p>	Person Conducting Burial Rites <p align="center">UNKNOWN</p>		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body <p align="center">UNKNOWN</p>					
Identification Tag Buried With Body (Yes or No) <p align="center">Unknown</p>		Identification Tag Attached to Marker (Yes or No) <p align="center">NO</p>						
Body Buried on Deceased Left, Name (Last, First, Middle Initial) <p align="center">UNKNOWN 15X</p>			Rank	Serial Number	Organization	Grave No. <p align="center">15</p>		
Body Buried on Deceased Right, Name (Last, First, Middle Initial) <p align="center">MALOUGHNEY, F.T.</p>			Rank <p align="center">Pfc</p>	Serial Number <p align="center">462826</p>	Organization <p align="center">U.S.M.C.</p>	Grave No. <p align="center">13</p>		
Signature of Person Preparing Report 				Signature of GRS Officer Verifying Report  ELMER W. STARMER 1st Lt. QMC GRS				
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

incl 1

		SECTION I. UNIDENTIFIED REMAINS				
Left Little Finger	Instructions (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.					
Left Ring Finger	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos	
	unk	unk	unknown	unknown	none	
Left Middle Finger	Weapon and Serial Number		Laundry Mark		Where Body Was Buried or Found	
	none		none		reburial	
Left Index Finger	Other Identification Clues					
	none					
Left Thumb	Fillings		<p>all missing</p> <p>Upper</p> <p>Lower</p> <p>Silver Filling</p> <p>Gold Filling</p> <p>Silver filling</p> <p>Diagram Represents the Mouth Wide Open</p>			
	Cavities					
	Missing Teeth					
	Crowned Teeth					
	Bridge Work					
	Cavities					
	Missing Teeth					
	Crowned Teeth					
Right Middle Finger	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery					
Right Ring Finger						
Right Little Finger	Remarks Nature of original burial unknown, body on disinterment, consisted of, three large bones and numerous skull fragments.					

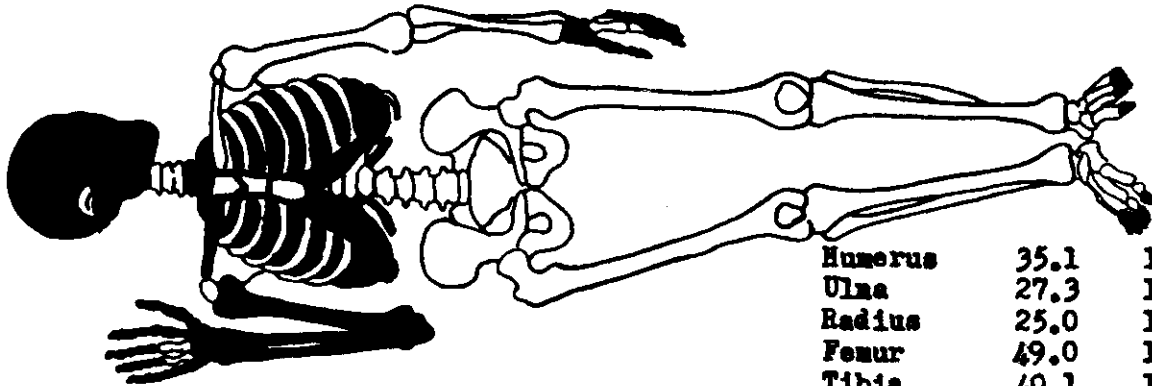
RESTRICTED

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 20 July 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION					
	Name (Last, First, Middle Initial) UNKNOWN # 75				Serial Number Unknown	
	Grade Unknown		Organization unknown		Branch of Service unknown	
	Race unknown		Religion unknown		If Other than U. S. Dead, Give Name of Country	
Place of Death Guam, M.I.		Cause of Death Unknown			Date of Death Unknown	
Emergency Addressee (Name, Relationship and Address) Unknown						
Identification Tags Found on Body (1, 2, or None) UNKNOWN		If No Tags Found on Body, Describe Means of Identification. If Unidentified. Fill in Section 3 on Reverse UNKNOWN				
Were Substitute Tags Provided (Yes or No) UNKNOWN		List Personal Effects Found on Body and Disposition of Same UNKNOWN				
SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.						
Name, Number, Coordinates and Location of Cemetery Agat Army, Navy, Marine Cem # 2 Guam, Marianas, Islands						
Date of Burial UNKNOWN	Hour UNKNOWN	Buried in (Shroud, Blanket, or name of other) UNKNOWN	Type of Grave Marker C.C.S.S	Plot No. 3	Row No. 1	Grave No. 14
Was This a Re-Burial, (Yes or No) YES	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave AGAT ARMY, NAVY, MARINE CEM # 2 Guam, M.I.			Plot No. 3	Row No. 1	Grave No. 14
Type of Religious Ceremony UNKNOWN	Person Conducting Burial Rites UNKNOWN		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body UNKNOWN			
Identification Tag Buried With Body (Yes or No) Unknown		Identification Tag Attached to Marker (Yes or No) no				
Body Buried on Deceased Left, Name (Last, First, Middle Initial) UNKNOWN 15X			Rank	Serial Number	Organization	Grave No. 15
Body Buried on Deceased Right, Name (Last, First, Middle Initial) MALOUGHNEY, F.T.			Rank PFC	Serial Number 462826	Organization U.S.M.C.	Grave No. 13
Signature of Person Preparing Report 			Signature of GRS Officer Verifying Report  MAJOR W. STEADNER 1st Lt. QMC GRS			
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.						

2 incl 1

RESTRICTED

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Humerus	35.1	180
Ulna	27.3	178
Radius	25.0	173
Femur	49.0	181
Tibia	40.1	182
Fibula	39.9	183

Estimated height: 5' 10 3/4".

6/1077
179 1/2

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 identification tags, personal effects or any other means of identification found with remains.

Estimated weight of remains - 8 1/2 lbs.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

Paul R. Nichols

DISINTERMENT DIRECTIVE

1

H803 H503
R 5 R 2
FIX F18

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 00000

DATE
15 11 47
DAY MONTH YEAR

NAME
293 UNKNOWNX-000075

SERIAL NUMBER
X-000075

RANK
8

DATE OF DEATH
03 31 63
DAY MONTH YEAR

CEMETERY
GUAM NO 2 AGAT

DISPOSITION OF REMAINS
0 0391 63
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
3 1 14 MARIANAS

CAUSE OF DEATH
6

SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-000075	RANK Unk	DATE OF DEATH Unk	DATE DISTINTERRED 28 Nov. 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY E. S. Zapico, 2nd Lt., Inf. NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Uncasketed, wrapped in pencho	CONDITION OF REMAINS Skeletal remains, incomplete
---	--

OTHER MEANS OF IDENTIFICATION
Mortuary plate

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE 19 July 48 BY W. R. Williams, Emb.

CASKET SEALED BY
C. L. Matthews, Emb.

EMBALMER (Signature)
J. E. SPEER

CASKET BOXED AND MARKED
DATE 19 July 48 BY P. Tabazza

SHIPPING ADDRESS VERIFIED BY
J. E. Morris, Clerk

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

F. T. DeGroot
F. T. DEGROOT, Capt., C.M.P.
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	US MAUSOLEUM (SAIPAN, M.I.)	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER	<i>[Signature]</i>	DATE	19 JULY 48	TO	PORT STORAGE OFFICER (SAIPAN, M.I.)	NAME OF CONVOYER	<i>[Signature]</i>	SIGNATURE OF RECEIVER	ROBERT G. SNOWDEN, 1st Lt. Inf.	DATE	19/7/48
2. SHIPPED		FROM	AGRS PORT (SAIPAN, M.I.)	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	DATE	6 Oct. 48	TO	Transport Commander	NAME OF CONVOYER	USAT DALTON VICTORY	SIGNATURE OF RECEIVER	<i>[Signature]</i>	DATE	6 Oct. 48
3. SHIPPED		FROM	USAT DALTON VICTORY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER	<i>[Signature]</i>	DATE	OCT 10 1948	TO	AGRS MAUSOLEUM	NAME OF CONVOYER	<i>[Signature]</i>	SIGNATURE OF RECEIVER	W. H. NEWMAN, Jr., Capt., RA	DATE	10 Oct 48
4. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		DATE		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	

MFYQM 293 (28 May 46) 10th Ind

Headquarters United States Army Forces, Middle Pacific, Office of
the Quartermaster, APO 958

TO: The Quartermaster General, Washington 25, D. C.

Your attention is invited to the preceding Indorsements.

FOR THE QUARTERMASTER:

C. W. ISELEY
Lt. Colonel, CAV
Chief, Memorial Branch

3 Incls

1. QMC Form 1042 (in quad)
w/d 3 oys
2. QMC Form 1044 (in dup)
w/d 3 oys
3. QMC Form 1045 (in dup)
w/d 2 oys

✓ cc: APO 707

BASIS: Ltr, ASF, OQMG, WASH., D.C., SPQZG 299- MIA Pas, 28 May 1946.
Subject: Identification.

HEADQUARTERS: 7th Ind. EWS/hk
296th Quartermaster Bn, Mbl, APO 246 (Guam) 4 October 1946

TO: The Quartermaster General, Office of the QUARTERMASTER GENERAL,
WASHINGTON, D.C.

THRU: Commanding Officer, Army Garrison Force, APO 246 (Guam)

1. The prescription contained in paragraph one of the 5th Indorsement has been accomplished.

2. The disorderly appearance of the enclosed QMG form No. 1044 is due to the adjustments made by Lt. MATTHEWS, who at the time of accomplishment was Graves Registration Officer for the Island of Guam. The enclosed copies of form 1044 are the only copies in this command. Repeated requests for stock of these forms have not been acknowledged.

FOR THE COMMANDING OFFICER

ELMER W SPARTER
1st Lt QMG
Graves Registration Officer

2 Incls: N/C
1 Incl. Added: 3D QMG Form 1042 (Sept)

200.2

QMG 1044

296th Quartermaster Bn, Mbl, APO 246 (Guam) 4 Oct 1946

The enclosed copies of form 1044 are the only copies in this command.
Request for stock of these forms has not been acknowledged.

3991

BAMBU: Ltr, ASF, CGO, Wash. D. C., SP-10 293-2112AC, 28 May 1946, Subj:
Identification.

SPYOM 2 93/934

9th Inf

RJM/afh

HEADQUARTERS, WESTERN PACIFIC BASE COMMAND, APO 246 (GUAM) 12 November 1946

TO: Commanding General, United States Army Forces, Middle Pacific, APO 958

1. Transmitted herewith GOC Form 1042, Report of Interment, GOC Form 1044, Report of Disinterment for Identification and GOC Form 1045, Identification Dental Chart, for UNKNOWN #23, interred in Army, Navy, Marine Cemetery #2, Agat, Guam.

2. In reference to 7th Indorsement, paragraph 2, corrected report was accomplished this headquarters.

FOR THE COMMANDING GENERAL:

WILLIAM GRAMLICH
Major, AGC
Adjutant General

3 Incls:
GOC Form 1042
GOC Form 1044
GOC Form 1045