

/drs

Interred 3 May 1950  
L 15-28 McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

1

*Carl R. H. Mark*  
CARL R. H. MARK  
Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6321 81651	DATE 02 05 50 DAY MONTH YEAR
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NAME UNKNOWN I-9	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY USAF CEMETERY AGAT NO. 2, GUAM	PLOT 4	ROW 53	GRAVE 7	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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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)
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-9	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 3 May 1950
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 3 May 1950	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R. Nichol</i> PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H HARGRAVE	SHIPPING ADDRESS VERIFIED BY
DATE 3 May 50 By Sgt 1c, RA	L. W. RICHARDSON, M/Sgt., RA

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

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

REMARKS AND SPECIAL INSTRUCTIONS:  
*3 files  
6/6/50  
H. R. Nichols  
Report  
AW*



4 /drs

Interred 3 Mar  
L 15 28 Ft McKinley

DISINTERMENT DIRECTIVE

BY PHILCOM

CARL R. H. MARK

Cemetery Superintendent  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81651

DATE

02 05 50  
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION  
UNKNOWN X-9

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS  
USAF CEMETERY AGAT NO. 2, GUAM 4 53 7 7701 80  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
X-4 37117/1757  
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Sh. 1.1.1. Sh. 1.1.1.1

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)  
Paul R. Nichol

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  
6/22/50  
Div.

RECORD OF CUSTODIAL TRANSFER

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

3

DISINTERMENT DIRECTIVE RECEIVED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6321 81651

02 05 90

NAME: UNKNOWN I-9 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY: USAF CEMETERY ACAT NO. 2, GUAM PLOT: 4 ROW: 53 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 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY

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.

REMARKS AND SPECIAL INSTRUCTIONS SIGNATURE OF AGRS INSPECTOR NAT FILE RECORDS ANNOTATED DATE NAME BR. MEM. DIV.

**RECORD OF CUSTODIAL TRANSFER**

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

**AIR MAIL**

293-Unk-Marianas Island X-9

A. N. M  
Cem # 2  
Guam

FORM 293  
GPO For Post

SUBJECT: Unidentified Remains

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

1. Reference is made to letter, your Headquarters, file  
GSGR 293.9, dated 11 July 1949, SUBJECT: Unidentifiable  
Remains.

2. This office concurs in the classification of Unknown  
X-9 Army, Navy, Marine Cemetery #2, Agat, Guam, M. I., as  
unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt Colonel, GSC  
Memorial Division

CO: CINCPAC

410 12 11 1949  
RECEIVED  
COMMUNICATIONS SECTION

**AIR MAIL**

COPY

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293. 9

APO 707

SUBJECT: Unidentifiable Remains

11 Jul 1949

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

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

UNKNOWN X-531 Maus.	UNKNOWN X-2375 Maus.
" X-1299 "	" X-2575 "
" X-1303 "	" X-5112 "
" X-1896 "	" X-9, Guam #2 Agat
" X-1928 "	" X-10, Guam #2 Agat
" X-2048 "	" X-161, Island Command Cem.

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

FOR THE COMMANDING GENERAL:

13 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

/s/ John A. Marszal  
John A. Marszal  
1st Lt. AGD  
Asst Adj Gen

293 - UNKNOWN S GUAM (AGAT #2) X-9

COPY



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

25 June 1949

Date


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 9, Plot 4,  
Row 53, Grave 7, USMC Guan, #2 Agat have

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

FOR THE COMMANDING OFFICER:

  
W. B. McNEMAR

Captain, QMC

Chief, Records Branch

Atch: Form 1044

**UNIDENTIFIABLE**

NOV 9 1949

Incl # 11

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-9			2. DATE OF REPORT 25 June 1949		
3. NAME OF CEMETERY  GUAM #2 AGAT	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	53	7	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U.T.D	9. ESTIMATED HEIGHT 6' 1 1/8"	10. COLOR OF HAIR Brown - straight fine texture	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

NONE

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

The left femur shows an excrescence of bone on the antero - lateral aspect just below midshaft.

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

NONE

**UNIDENTIFIABLE**

**"UNIDENTIFIABLE"**

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

*Incl # 112*

TOOTH CHART		TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:			
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			
<b>CARIES (Cavities):</b> 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
A op	X	X											X	X	
Side View															Side View
Top View															UPPER LOWER
Side View															Side View
	X	A op	X	A o									X	X	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

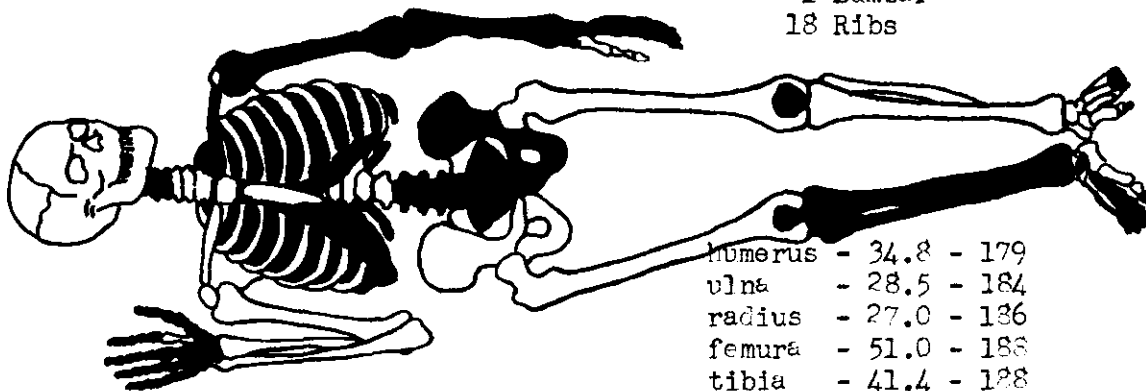
**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

19. BLACK OUT PARTS OF BODY NOT RECOVERED

Received  
Cervical Vertebrae  
7 Thoracic  
1 Lumbar  
18 Ribs



humerus - 34.8 - 179  
ulna - 28.5 - 184  
radius - 27.0 - 186  
femura - 51.0 - 188  
tibia - 41.4 - 188  
fibula - 41.8 - 192

6)1117

186 - 73.23-6' 1 1/8"

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

Circumference of skull - 21 7/8 inches.

Estimated weight of remains - 7 lbs.

Estimated height - 6' 1 1/8".

Estimated age - probably early thirties.

These are the remains of a tall well muscled, heavy boned individual.

**"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 .

JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

1

# DISINTERMENT DIRECTIVE

803-29A-5  
NAME

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 00000

DATE  
15 | 11 | 47  
DAY | MONTH | YEAR

293, UNKNOWN

SERIAL NUMBER  
X-000009

RANK  
ARM  
2

DATE OF DEATH

CEMETERY  
GUAM NO 2 AGAT

DISPOSITION OF REMAINS  
0 0391 63  
CODE | DIST. PT.

PLOT ROW GRAVE COUNTRY  
4 53 7 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-000009

RANK  
Unk

DATE OF DEATH  
20 Nov 44

DATE DISINTERRED  
28 Nov 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
USN

RELIGION  
Unk

IDENTIFICATION VERIFIED BY  
E S Zapico, 2Lt INF  
NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Casketed, in burial bag.

CONDITION OF REMAINS  
Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION  
Mortuary Plate and Report of Interment

MINOR DISCREPANCIES /  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 19 Jul 48 BY V W Williams, Emb

CASKET SEALED BY  
C L Matthews, Emb

EMBALMER (Signature)  
J E SPEER

CASKET BOXED AND MARKED  
DATE 19 Jul 48 BY P Mabazza

SHIPPING ADDRESS VERIFIED BY  
J E Morris, Clerk

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

*F T DeGroodi*  
F T DeGROODI, Capt CMP


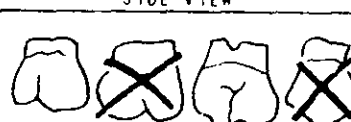




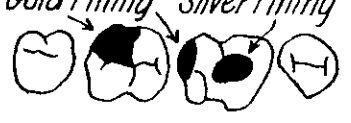

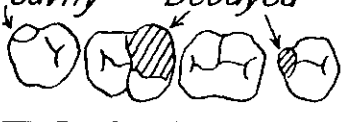

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

FROM		US ARMS DEPOT (SAIPAN I)		TO		PORT STORAGE OFFICER (SAIPAN I)	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER		<i>[Signature]</i>	
SIGNATURE OF SHIPPER		<i>[Signature]</i>		SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		20 Jul 48		DATE		20 Jul 48	
2. SHIPPED				3. SHIPPED			
FROM		AGRS PORT (SAIPAN, MI)		TO		MASTER PS-278	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER		AGRS Museum	
SIGNATURE OF SHIPPER		<i>[Signature]</i>		SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		12 Jan 49		DATE		12 Jan 49	
3. SHIPPED				4. SHIPPED			
FROM		MASTER PS-278		TO		AGRS Museum	
KIND OF CONVEYANCE		Truck		NAME OF CONVOYER		<i>[Signature]</i>	
SIGNATURE OF SHIPPER		<i>[Signature]</i>		SIGNATURE OF RECEIVER		<i>[Signature]</i>	
DATE		12 Jan 49		DATE		24 JAN 1949	
5. SHIPPED				6. SHIPPED			
FROM		BY ADMINISTRATIVE (AGRS)		TO		NAME OF CONVOYER	
KIND OF CONVEYANCE		BY ADMINISTRATIVE (AGRS)		NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
DATE		DATE		DATE		DATE	
7. SHIPPED				7. SHIPPED			
FROM		NAME OF CONVOYER		TO		NAME OF CONVOYER	
KIND OF CONVEYANCE		NAME OF CONVOYER		TO		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER		DATE	
DATE		DATE		DATE		DATE	

TOOTH CHART

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p>  <p>TOOTH MISSING</p>	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> 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
Side Views																
Top Views																
Side Views																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

IDENTIFICATION CHECKLIST

12 JULY, 48

Unknown X-9  
Cemetery #2, AGAT, GUAM  
Plot 4 Row 53 Grave 7

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

PART I  
Physical Description

1. Estimated weight U T D 2. Estimated height 73 1/2"  
3. Color of hair DARK BROWN 4. Race U T D  
5. Tattoos or scars on the body (give description) NONE

\_\_\_\_\_  
(Information obtained from other sources) \_\_\_\_\_

6. Was tooth chart taken? ATTACHED. If not, explain \_\_\_\_\_

7. Were fingerprints taken? No

8. Cause of death UNKNOWN

9. Was body burned? No To what extent? \_\_\_\_\_

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

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

12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. NOTHING FOUND

13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) PANTS - GREEN HBT



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

also size and markings:

SHOES - SIZE 12 C - WORK - BROWN  
PANTS, PORTION OF: GREEN, HBI

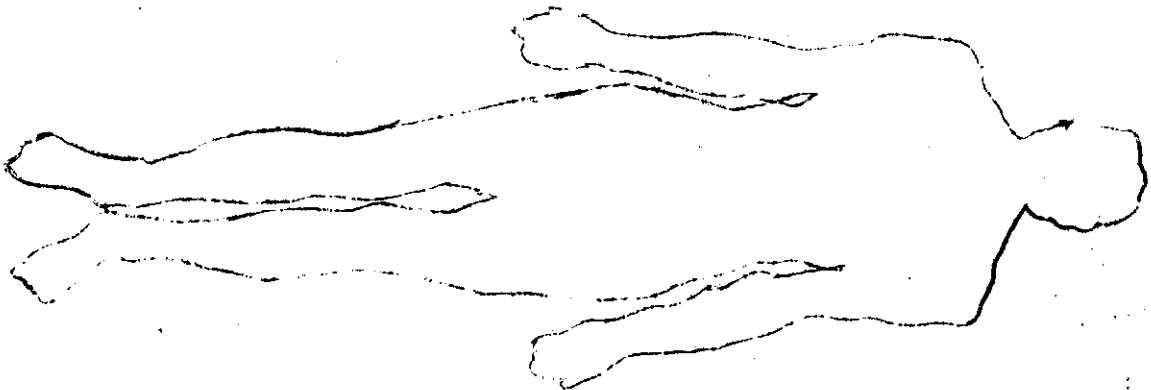
15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination

NONE

16. Evidence of healed fractures

NO

17. Black out parts of body not received at cemetery.



18. REMARKS:

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


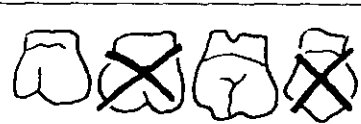
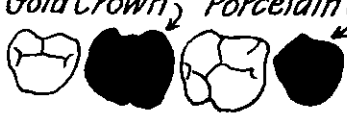

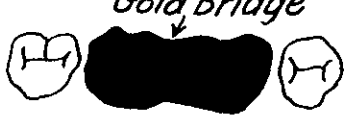

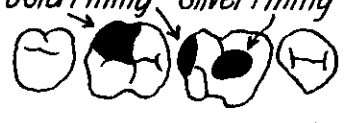



Officer's name

Rank

Service

Organization

TOOTH CHART

<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p>← Tooth Missing →</p> 	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p><b>CARIES (Cavities):</b> 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			
		A	X	X												X	X	Ø		
Side View																		Side View		
		OF																Ø		
Top View																		Top View		
																		Ø		
Side View																		Side View		
				LDF														Ø		
																		Ø		
			X	A	X	A										X	X	Ø		
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16			

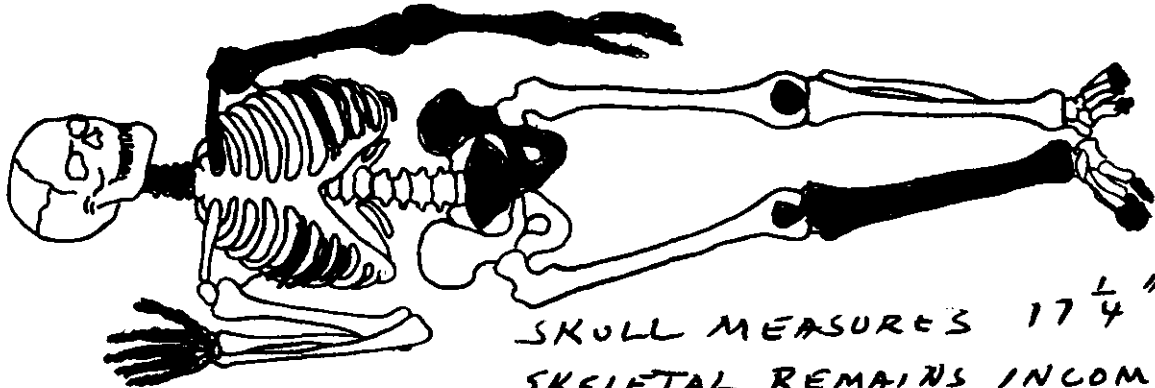
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

C. E. ...

UNKNOWN X-9 - PLOT 4, ROWS 3, GRAVE 7 12 JULY, 48

19. BLACK OUT PARTS OF BODY NOT COVERED

AGAT, GUAM.



SKULL MEASURES 17 1/4"  
SKELETAL REMAINS INCOMPLETE.

20.

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

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

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

21. REMARKS AND ADDITIONAL INFORMATION

1. MORTUARY PLATE ON MARKER:  
UNKNOWN X-9  
P-4, R-53, G-7 20 NOV 44
2. FORM 1042 - REPORT OF INTERMENT:  
UNIDENTIFIED X-9
3. HEIGHT DETERMINED BY BROCA  
MEASUREMENTS: 73 1/2"
4. COLOR OF HAIR: DARK BROWN
5. SIZE OF SHOES: 12 C

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

*Geo. A. Wheeler*

PROCESSING CENTER

Unknown X-9 Guam #2 Agat cem  
(Case) (Rank) (Ser No.) (Br of Sv)



Skeleton Incomplete

SKELETAL CHART

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

28 Nov 47

Date

UNKNOWN X-9

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT		ORGANIZATION		

Guam	Agat, Cntry #2, Guam	4	53	7
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	[Dental Chart Grid]																TYPE				
LOCATION	[Dental Chart Grid]																LOCATION				

INSIDE - LOOKING OUT

	RIGHT								LOWER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					
TYPE	[Dental Chart Grid]																TYPE				
LOCATION	[Dental Chart Grid]																LOCATION				

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

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

INSTRUCTIONS:

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

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

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

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

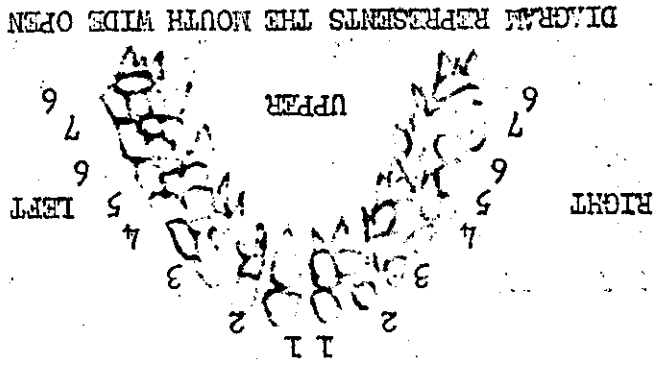


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



RETURN:

SIGNATURE OF PERSON WHO PREPARED CHART

*[Handwritten signature]*

VERIFIED BY GRS OFFICER

*[Handwritten signature]*

NAME AND RANK TYPED OR PRINTED

L. HO, Capt., D.C.

NAME AND RANK TYPED OR PRINTED

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

GUAM

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

# 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.

1 Sept. 1946

UNIDENTIFIED (X-9)

UNKNOWN

UNKNOWN

LAST NAME FIRST INITIAL

RANK SERIAL NO.

UNKNOWN

USS Mississinewa

UNIT

ORGANIZATION

UNKNOWN

Cemetery #2, Agat, Guam, MI.

4

53

7

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	X		X	A			S	P	P	P					X	A		TYPE			
LOCATION				DO			M									DO		LOCATION			

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					
TYPE		X	X		P				P					X	X		TYPE				
LOCATION																	LOCATION				

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;"> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px; margin-right: 5px;"></span> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">A</div> <p>AMALSAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">O</div> <p>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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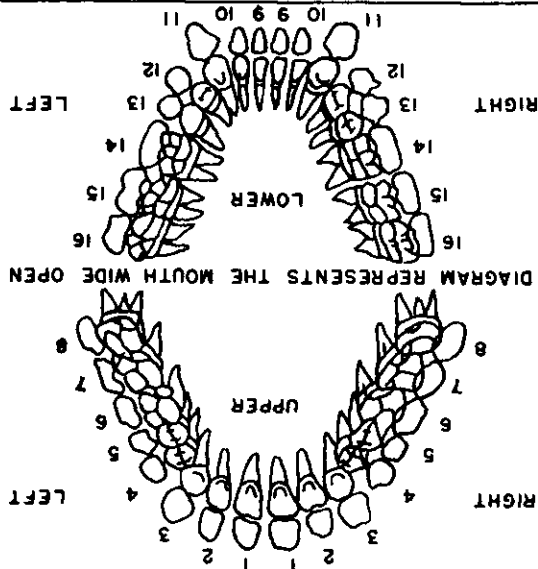
**INSTRUCTIONS:**

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

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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, 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:**

None

SIGNATURE OF PERSON WHO PREPARED CHART

*W.H. Black*

NAME AND RANK TYPED OR PRINTED

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

VERIFIED BY GRS OFFICER

ROBERT J. McBRIDE, CAPT., GRC

NAME AND RANK TYPED OR PRINTED

1 Sept. 1946

DATE

PLACE OR HQ WHERE THIS FORM ACCOMPLISHED

ASOR ISLAND, ULITHI ATOLL



# 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.

1 Sept 1946  
DATE



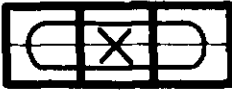












DELETED (2-4) DELETED DELETED DELETED DELETED  
 LAST NAME FIRST INITIAL RANK SERIAL NO.  
DELETED DELETED DELETED DELETED DELETED  
 UNIT ORGANIZATION  
DELETED Courtesy of Capt. John J. ... 4 53 7  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		X		X	A			S	P	P	P				X	A		TYPE	
LOCATION					DO			M								DO		LOCATION	

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE			X	X		P						P			X	X		TYPE	
LOCATION																		LOCATION	

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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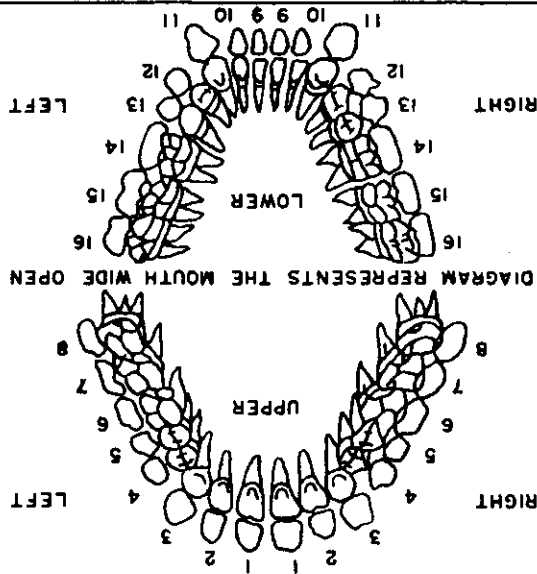
**INSTRUCTIONS:**

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

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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR 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

*[Handwritten Signature]*

NAME AND RANK TYPED OR PRINTED

*[Handwritten Name]*

VERIFIED BY GRS OFFICER

*[Handwritten Signature]*

NAME AND RANK TYPED OR PRINTED

*[Handwritten Name]*

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*[Handwritten Location]*

DATE

*[Handwritten Date]*

RESTRICTED

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

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

DATE OF REPORT  
28 Nov 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

REPORT OF  
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) *OK*  
UNKNOWN X-9 Box No. 534 SERIAL No.

GRADE ORGANIZATION BRANCH OF SERVICE

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

PLACE OF DEATH GUAM CAUSE OF DEATH Unk DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
Cross tag found on body and interment papers found.

STATION FILE

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
Agat, Cmtry #2, Guam

DATE OF BURIAL HOUR BURIED IN (Shroud, blanket, or name of other) TYPE OF GRAVE MARKER PLOT No. ROW No. GRAVE No.  
4 53 7

WAS THIS A REBURIAL? (Yes or no) IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No.  
Shriver, Thomas M. 1st Lt 024524 USMCR 8

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No.  
Smith, Gerald T. S1/c 8958492 USNR 6

SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT  
*Emilio E. Costales* EMILIO E. COSTALES *Emilio S. Zapico* EMILIO S. ZAPICO, 2nd Lt., Inf.

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

RESTRICTED

**Section 3.—UNIDENTIFIED REMAINS.**


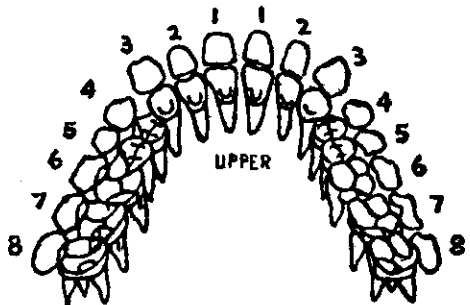




**INSTRUCTIONS:**

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

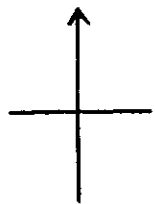
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:** Condition of remains: All that were found were head, scapula, one clavicle, pelvic bone, two femur left tibia, and fibula, right radius ulna and humerus, ribs and four vertebrae, two shoes.

**RESTRICTED**

GWS Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			Date of Report 1 Sept. 1946		
Imprint Identification Tag If Possible. DO NOT TYPE  <div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 10px auto;">                     Plotted                      X-9                      U.S.A.                      Capt. J. Brown                 </div>	<b>SECTION 1. IDENTIFICATION</b>					Serial Number UNKNOWN	
	Name (Last, First, Middle Initial)  UNIDENTIFIED (X-9)				Branch of Service UNKNOWN		
	Grade UNKNOWN		Organization USS Mississinewa		If Other than U. S. Dead, Give Name of Country		
	Race UNKNOWN		Religion UNKNOWN		If Other than U. S. Dead, Give Name of Country		
Place of Death UNKNOWN		Cause of Death UNKNOWN			Date of Death UNKNOWN		
Emergency Addressee (Name, Relationship and Address) UNKNOWN							
Identification Tags Found on Body (1, 2, or None) NONE		If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse PLOT PLAN AND GRAVE MARKER					
Were Substitute Tags Provided (Yes or No) NO							
List Personal Effects Found on Body and Disposition of Same  NONE							
<b>UNIDENTIFIABLE</b> NOV 9 1949							
<b>SECTION 2. BURIAL.</b> Other than in established cemetery furnish sketch and map coordinates on reverse.							
Name, Number, Coordinates and Location of Cemetery Army, Navy, Marine Cemetery #2, Agat, Guam, MI.							
Date of Burial 9-9-46		Buried in (Shroud, Blanket, or name of other) Basket and Blanket		Type of Grave Marker Cross with Zinc Plate	Plot No. 4	Row No. 53	Grave No. 7
Was This a Re-Burial (Yes or No) Yes		If Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave Utahi Cemetery, Asor Island			Plot No. 1	Row No. 9	Grave No. 10
Type of Religious Ceremony MEMORIAL SERVICE ONLY		Person Conducting Burial Rites		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body IDMC Form 1042 buried in bottle one foot below grave marker.			
Identification Tag Buried With Body (Yes or No) Zinc Plate		Identification Tag Attached to Marker (Yes or No) NO					
Body Buried on Deceased Left, Name (Last, First, Middle Initial) Schriver, Thomas M.				Rank 1st Lt.	Serial Number 024-524	Organization VMTB 232	Grave No. 8
Body Buried on Deceased Right, Name (Last, First, Middle Initial) Smith, Gerald T.				Rank S l/c	Serial Number 895-84-91	Organization USS Mississinewa	Grave No. 6
Signature of Person Preparing Report Robert J. McBroon ROBERT J. MCBROON, CAPT., MC				Signature of GRS Officer Verifying Report Robert J. McBroon ROBERT J. MCBROON, CAPT., MC			
<b>DISTRIBUTION OF REPORT:</b> 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**

**SECTION UNIDENTIFIED REMAINS**

**Instructions**

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

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

<b>Height</b>	<b>Weight</b>	<b>Color of Eyes</b>	<b>Color of Hair</b>	<b>Birthmarks, Scars or Tattoos</b>
---------------	---------------	----------------------	----------------------	-------------------------------------

<b>Weapon and Serial Number</b>	<b>Laundry Mark</b>	<b>Where Body Was Buried or Found</b>
---------------------------------	---------------------	---------------------------------------

**Other Identification Clues**

**Left Little Finger**

**Left Ring Finger**

**Left Middle Finger**

**Left Index Finger**

**Left Thumb**

**Right Thumb**

**Right Index Finger**

**Right Middle Finger**

**Right Ring Finger**

**Right Little Finger**

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



**Remarks**

**Fillings**

Silver Filling  
Gold Filling

**Cavities**

Cavity  
Decayed

**Missing Teeth**

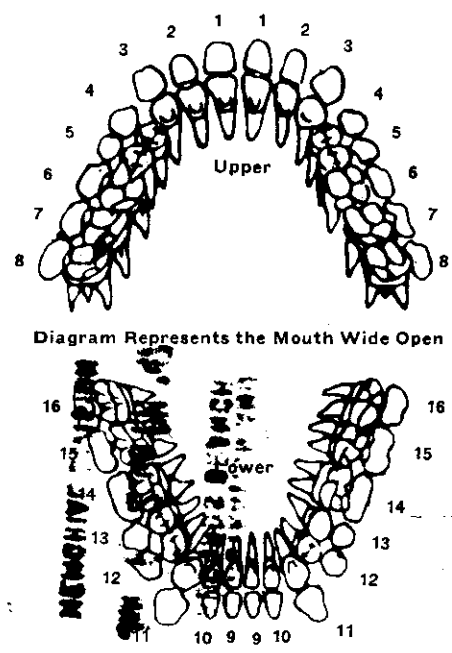
Tooth Missing

**Crowned Teeth**

Porcelain Crown  
Gold Crown

**Bridge Work**

Gold Bridge



WS Form 1042  
Rev. 1 Apr. 1945  
(Supersedes GRS Form 1)

**REPORT OF INTERMENT**

(AR 30-1810 and AR 30-1815)

Date of Report

**1 Sept. 1946**

Imprint Identification Tag if Possible. DO NOT TYPE

**SECTION 1. IDENTIFICATION**

Name (Last, First, Middle Initial)

Serial Number

**UNIDENTIFIED (1-9)**

**UNKNOWN**

Grade

Organization

Branch of Service

**UNKNOWN**

**USN Miscellaneous**

**UNKNOWN**

Race

Religion

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

**UNKNOWN**

**UNKNOWN**

Place of Death

Cause of Death

Date of Death

**UNKNOWN**

**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

**NONE**

**PLOT TAGS AND GRAVE MARKER**

Were Substitute Tags Provided (Yes or No)

**NO**

**UNIDENTIFIABLE**

List Personal Effects Found on Body and Disposition of Same

**NONE**

**NOV 9 1948**

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

Name, Number, Coordinates and Location of Cemetery

**Army, Navy, Marine Cemetery #2, Sgt. Coon, FL**

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
<b>9-9-46</b>	<b>1600</b>	<b>Casket and blanket</b>	<b>None with Zinc Plate</b>	<b>4</b>	<b>53</b>	<b>7</b>

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.
<b>Yes</b>	<b>Ulithi Cemetery, Asor Island</b>	<b>1</b>	<b>9</b>	<b>20</b>

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
<b>MEMORIAL SERVICE ONLY</b>		<b>WD MC Form 1042 buried in bottle one foot below grave marker.</b>

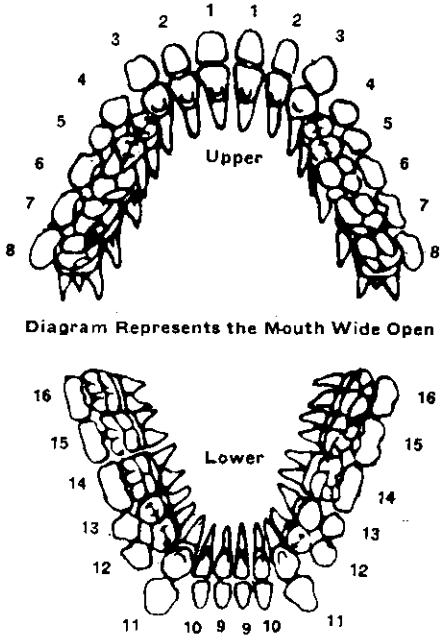






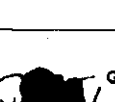

Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)
<b>Zinc Plate</b>	<b>NO</b>

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
<b>Schriber, Thomas H</b>	<b>1st Lt.</b>	<b>024-524</b>	<b>VMTB 232</b>	<b>8</b>

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
<b>Smith, Donald T.</b>	<b>S 1/c</b>	<b>895-81-91</b>	<b>USN Miscellaneous</b>	<b>6</b>

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
<i>Robert J. McBrook</i> <b>ROBERT J. MCBROOK, CPT., MC</b>	<i>Robert J. McBrook</i> <b>ROBERT J. MCBROOK, CPT., MC</b>

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		<b>SECTION UNIDENTIFIED REMAINS</b>			
Left Little Finger	<b>Instructions</b> (a) Great care will be taken to record the most minute clues for the future location 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	<b>Height</b>	<b>Weight</b>	<b>Color of Eyes</b>	<b>Color of Hair</b>	<b>Birthmarks, Scars or Tattoos</b>
Left Middle Finger	<b>Weapon and Serial Number</b>		<b>Laundry Mark</b>		<b>Where Body Was Buried or Found</b>
Left Index Finger	<b>Other Identification Clues</b>				
Left Thumb	<b>Fillings</b>				
Right Thumb	 Silver Filling  Gold Filling				
Right Index Finger	<b>Cavities</b>  Cavity  Decayed				
Right Middle Finger	<b>Missing Teeth</b>  Tooth Missing				
Right Ring Finger	<b>Crowned Teeth</b>  Porcelain Crown  Gold Crown				
Right Little Finger	<b>Bridge Work</b>  Gold Bridge				
<b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b>					
Right Little Finger	<b>Remarks</b>				



(FORMERLY UNKNOWN X-9)

*Handwritten signature*  
NOW UNKNOWN X-9

1-9-10

4-53-7

DATE AND HOUR OF DISINTERMENT

1 September 1940

1115

DEPTH OF BODY BURIED 4 Ft.

MARKER AT GRAVE Yes

BODY BURIED UNDER MARKER Yes

BURIED IN CASKET Yes

LIST OF EFFECTS FOUND IN GRAVE None

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY Mr. Israel

REMARKS: Decomposition 100%