

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM--	3 TO--	4 DATE	5 MESSAGE
1.	Rec Sec Repat Br Mem Div	Screening Section Id Br Mem Div	6 Nov 1950	<p>New #1 DD has incorporated into 293 file by M &amp; R Br. File is forwarded for your information.</p> <p style="text-align: right;">ODENWALDER      Presgraves 73836                      53975</p> <p>1 Incl: 293 X-6 Guam #2</p>
bk				

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1.	Id. Br. Id. Sec. Mem. Div.	I & R Br. Rec. Sec. Mem. Div.	28 Aug. 1950	<p>SUBJECT: REPORTS OF STORAGE Reports of Storage Forwarded herewith/for necessary action and return to Identification Section.</p> <p style="text-align: right;">NEFF 52462</p> <p>8 Incls. X-251 - Finsch. #5 X-148 - Finsch. #2 165       " 86       " 70       " X-6 - AIM #2 Guam I.B. #1 Tamana I.B. Bougainville</p> <p style="text-align: right;"><i>Berrens</i> BERRENS 76128</p>
2.	Repat Br Rec Sec Mem Div	Id Br Id Sec Mem Div Attn: Berrens <i>Recd. by [unclear]</i> <i>W.R. K...</i>	31 Aug 1950	<p>1. Necessary action. taken.</p> <p>2. Reports of Storage returned herewith per request.</p> <p style="text-align: right;">ODENWALDER 73836</p> <p style="text-align: right;">Presgraves 53975</p>

292 X-6 Guam, HI.

bdj

NOV 50

DISINTERMENT DIRECTIVE

Interred 6 October 1950  
P 365

*John A. Baker*  
Cemetery Superintendent

1

SECTION A—  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 01619

DATE  
25 09 50  
DAY MONTH YEAR

NAME UNKNOWN X-6 SERIAL NUMBER GRADE ARM 8 RACE 0 RELIGION 6

CEMETERY GUAM NO 2 MARIANAS ISLANDS PLOT 4 ROW 52 GRAVE 24 DISPOSITION OF REMAINS 0492 64 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
NATIONAL MEMORIAL CEMETERY  
OF THE PACIFIC  
TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-6 SERIAL NUMBER Unknown GRADE DATE OF DEATH 14 Oct '44 DATE DISTINTERRED 2 Oct '50

IDENTIFICATION TAG ON  REMAINS  MARKER ORGANIZATION UNKNOWN RELIGION Unk IDENTIFICATION VERIFIED BY STANLEY E. MAY Captain, QMC NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casketed CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION QMC Form 1042 & Mortuary Plate

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1042 for discrepancies.)

**CHANGE**

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 Oct '50 JOSEPH P. SIMONI

CASKET SEALED BY JOSEPH P. SIMONI EMBARMER (Signature) *Joseph P. Simoni* JOSEPH P. SIMONI

CASKET BOXED AND MARKED DATE 2 Oct 50 BY JOSEPH P. SIMONI SHIPPING ADDRESS VERIFIED BY DONALD C. HERR

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

*Donald C. Herr*  
DONALD C. HERR

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS ARE UNIDENTIFIABLE. FORMERLY BURIED ULITHI CEM., ASOR ISLAND, PLOT 1, ROW 9, GRAVE 1.

NAT FILE RECORDS ANNOTATED  
DATE 12/2/55  
NAME BR. MEM. DIV.

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6321 01619

25 09 50  
DAY MONTH YEAR

NAME: UNKNOWN X-6 SERIAL NUMBER: GRADE: ARM: 8 RACE: 0 RELIGION: 6

CEMETERY: GUAN NO 2 MARIANAS ISLANDS PLOT: 4 ROW: 52 GRAVE: 24 DISPOSITION OF REMAINS: 0192 64  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: NATIONAL MEMORIAL CEMETERY OF THE PACIFIC TERRITORY OF HAWAII  
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISINTERRED:  
IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY:  
 REMAINS  
 MARKER NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: CONDITION OF REMAINS:  
OTHER MEANS OF IDENTIFICATION:  
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 11 for minor discrepancies.)

**CHANGE**

REMAINS PREPARED AND PLACED IN CASKET  
DATE: BY:  
CASKET SEALED BY: EMBALMER (Signature):  
CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY:  
DATE: BY:

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS ARE UNIDENTIFIABLE. FORMERLY BURIED ULITHI CEM., ASOR ISLAND, PLOT 1, ROW 9, GRAVE 1.

3

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER: 6321 81639  
DATE: 24 04 50  
DAY MONTH YEAR

NAME: UNKNOWN I-6  
SERIAL NUMBER: [Handwritten]  
GRADE: [Handwritten] 2d Lt  
ARM: [Handwritten] 2d Lt  
RACE: [Blank]  
RELIGION: [Blank]

CEMETERY: USAF CEMETERY ACAT NO. 2, GUAM  
PLOT: 4 ROW: 52 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. MC. MURKINBY, P. I.  
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION  
NAME: [Blank] SERIAL NUMBER: [Blank] GRADE: [Blank] DATE OF DEATH: [Blank] DATE DISTINTERRED: [Blank]  
IDENTIFICATION TAG ON:  REMAINS  MARKER  
ORGANIZATION: [Blank] RELIGION: [Blank] IDENTIFICATION VERIFIED BY: [Blank] NAME AND TITLE: [Blank]

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT  
NATURE OF BURIAL: [Handwritten] CONDITION OF REMAINS: [Handwritten]  
OTHER MEANS OF IDENTIFICATION: [Blank]

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

REMAINS PREPARED AND PLACED IN CASKET  
DATE: [Blank] CASKET SEALED BY: [Blank] EMBALMER (Signature): [Blank]  
CASKET BOXED AND MARKED: [Blank] SHIPPING ADDRESS VERIFIED BY: [Blank]  
DATE: [Blank] BY: [Blank]

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  
[Blank]

HUA77

HCC23

RR UEPC

DE UHPB 16

R 210231Z

FM CGUSARPAC FTSHAFTER TH

TO QMG DEPTAR WASHDC  
GRAVES GRNC

M15697 FROM RRGRS RQST CONCURRENCE INTERMENT UNKNOWN X-6 ARMY NAVY

MARINE CEM NR 2 GUAM MARIANAS ISLAND IN NMCP SEE UNIT ROSTER BAKER PAGE

5

CFN M15697 X-6 2 5

21/0305Z

*Chy [unclear] 919-52*

*Mem (Ident) (2)*

*Copy [unclear] 79*  
CG USARPAC  
MSG NO M15697  
D.F.S. 210231Z  
AD. ION QMC  
MSG NO 74637

SEP 21  
SEP 22 12 48 PM '50  
TEL & CAB SECTION  
203 [unclear] #207-X-6

45 WCL Guam #2 X6

DEPT OF ARMY WASH DC

UNCLASSIFIED

REPEAT BRANCH

REFUSED

N 10007

FROM (ACT) UNKSC N 10007

WCL - 45541

ADVISE TO INTERMEDIATE & ARMY NAVY MARINE CORPS NR 8 ORGAN DE HQCP

SEP 26 12 59 PM '50

O.S.M.S.  
TEL & CAB SECTION

602

*was*  
C. C. Salmer: dal  
J. Windsor

CONCURRENCE REPAT BRANCH *Herndon*

N-10007 IS NC IN NO 90007 (21 Sept 50)

UNCLASSIFIED

261400Z

CLASSIFIED

*Herndon*

D. A. HERNDON  
CAPT, 300, 300 DIV

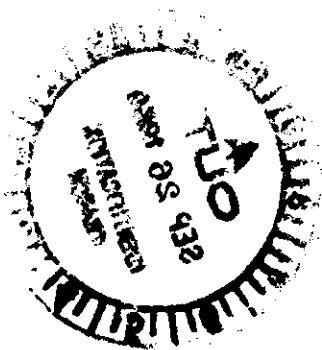
DEPT OF ARMY WASH DC 74150

SEPT 50

303 GRS PACIFIC

FOR RECORD (Salser 74158)

Remains in question were originally declared Unidentifiable in AGRS Mausoleum, Manila. During an investigation of Unknowns associated with decedents from the USS Houston that were in Hawaii, it was discovered that Unknown X-6 was also associated with decedents from the USS Houston, and this Office directed that X-6 be shipped to Hawaii for simultaneous reprocessing with the remains in Hawaii for possible identification. However, identification was not effected and Unknown X-6 was left as Unidentifiable, along with the other remains that were originally associated with the USS Houston.





# DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
802-79A-52  
UNKNOWNX-000006

SERIAL NUMBER  
RANK

ARM  
2

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
GUAM NO 2 AGAT

DISPOSITION OF REMAINS  
0 0391 63  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
4 52 24 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 SERIAL NUMBER RANK DATE OF DEATH DATE DISTINTERRED  
UNKNOWN X-000006 Unk Unk 1 Dec. 47

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS USN  MARKER S. S. Zapico, 2nd Lt., Inf.  
NAME AND TITLE

### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
Metal box Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION  
Portuary plate and Report of Interment

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 19 July 48 BY V. R. Williams, Emb.  
CASKET SEALED BY C. L. Matthews, Emb. EMBALMER (Signature) J. E. SPER

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY J. E. Morris, Clerk

DATE 19 July 48 BY J. Labazza

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

*J. E. DeGroot*  
J. E. DEGROOT, Capt., USN  
SIGNATURE OF GRS INSPECTOR

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



QMGMN 293  
GRS Pacific

SUBJECT: Identification of World War II Deceased

AUG 21 1950

TO: Commanding Officer  
American Graves Registration Service  
Pacific Zone  
APO 958, c/o Postmaster  
San Francisco, California

References: (a) Letter OQMG, QMGMU 293 GRS Pacific dated 28 March 1950  
subject: Identification of World War II Deceased  
(b) Letter Hq, AGRS (PAZ) RRREC 293 dated 6 July 1950  
subject: Identification of World War II Deceased

1. Subsequent to the receipt of reference (b) and the listed inclosures, a complete review was made of Unknown remains X-86, X-90, X-148, X-165, USAF Cemetery #2, Finschhafen, N. G. and of Unknown remains X-6, ANM Cemetery #2, Guam; by this Office to further consider the feasibility of Group Burial action as proposed in reference (a).
2. In view of the fragmentary condition of these remains, the widely dispersed area of recovery and the difficulty in defending a group burial of this type, it is requested recommendations embodied in reference letter (a) Paragraph 6 be cancelled.
3. It is further requested recommendations of Unidentifiability (with the exception of Unknown X-6, ANM Cemetery #2, Guam) for the above listed remains be forwarded this Office.
4. In addition, it is requested that the 15 unaccounted for casualties from USS HOUSTON as listed on inclosure 6 to reference (b) be processed in accordance with A.G. letter File AGAO-S 293.9 D.M., dated 9 April 1947.
5. Unknown remains X-86, X-90, X-148, X-165, USAF Cemetery #2,

QMGMN 293 Unknown X-6, ANM Cemetery #2, Guam

QUEEN 293

CMS Pacific

SUBJECT: Identification of World War II Downed

Aircraft H. O. are listed on Unit A Report, Page 4.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. GIE  
Captain CMS  
Memorial Division

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY  
**INTRAOFFICE REFERENCE SHEET**

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM—	3 TO—	4 DATE	5 MESSAGE
5.	Rec Sec RR Br Mem Div	M & R Br Adm Div	15 June 1950	<p><i>293 unkl Guam (at #2) 1950</i></p> <p>Necessary action has been taken in this section.</p> <p>Incl ODEWALDER Presgraves bk Corres X-6 Guam #2 73836 3975</p>

OFFICE OF THE QUARTERMASTER GENERAL THE ARMY  
INTRACOFFICE REFERENCE SHEET

DUE, HOUR AND DATE \_\_\_\_\_

1 NO.	2 FROM--	3 TO--	4 DATE	5 MESSAGE
1.	Rec Sec RR Br Mem Div	Id Sec Id Br Mem Div	6 June 1950	<p>1. The enclosed is forwarded to your section for any action deemed necessary.</p> <p>2. Upon completion it is requested that the correspondence with a statement of action taken be returned to this section.</p> <p style="text-align: right;">ODENWALDER 73836 1 Incl Ltr: Unk X-6 Agat #2, Guam</p> <p style="text-align: right;"><i>Presgraves</i> Presgraves bk 3975</p>
2.	Ident Sec Ident Br Mem Div	RR Br Rec Sec Mem Div	7 Jun 50	<p>The remains of Unknown X-6, Agat #2, Guam, were shipped to Hawaii for simultaneous reprocessing with the remains of Unknowns X-86, X-90 and X-148 Finschhafen #2, for possible identification.</p> <p style="text-align: right;"><i>COX</i> COX 74059 1 Incl n/c</p> <p style="text-align: right;"><i>D.H. for</i> BERRY 2462</p>
3.	Rec Sec RR Br Mem Div	Navy Liaison Mem Div	13 June 1950	<p>1. Reference is made to comment #2.</p> <p>2. Authority is requested to reopen Unk. X-6 Guam #2, which was previously declared unidentifiable.</p> <p style="text-align: right;">ODENWALDER 73836 1 Incl n/c</p> <p style="text-align: right;"><i>Presgraves</i> Presgraves bk</p>
4.	Navy Liaison Section Mem Div	Rec Sec Repat Br Mem Div	14 June 1950	<p>1. Reference Comment #2.</p> <p>2. Authority as requested in Comment 3, paragraph 2, granted.</p> <p style="text-align: right;">MOYER 73880 1 Incl n/c</p>

CCB

THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE

AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

HBM/RHT/vcr

GRPZ 293

AFD 900

SUBJECT: Transmittal of Disinterment Directives (Copy 2), Work Sheet,  
and Passenger List (Deceased)

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

Transmitted herewith, in compliance with paragraph 130, TM 10-281, are copy 2 of Disinterment Directive (QMC 1194), Work Sheet, and eighteen (18) copies of Passenger List (Deceased), pertaining to the remains of two (2) World War II dead, involving two (2) casualties in two (2) caskets, being repatriated to Hawaii aboard the USAT Pvt F. J. Petrarca which departed Manila 28 April 1950.

FOR THE COMMANDING OFFICER:

20 Incls  
1 - Copy 2 of DD for R. D. Frye  
2 - Work Sheet for X-6 Agat  
No. 2, Guam  
3-20 Passenger List

*Frank M. Green Jr.*  
FRANK M. GREEN JR.  
Major, QMC  
Asst. Adjutant

AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

GRPZ 293  
Unknown X-6  
Agat No. 2

APC 900  
2

SUBJECT: Disinterment Directive - Cancellation

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

It is requested that Disinterment Directive No. 6321 81639, prepared by Philcom, for the remains of Unknown X-6, USAF Cemetery Agat No. 2, Guam, be cancelled inasmuch as the remains were shipped to American Graves Registration Service, Pacific Zone, aboard the USAT Pvt. F. J. Petrarca on 28 April 1950, in accordance with request received from that Headquarters.

FOR THE COMMANDING OFFICER:



H. B. McNEMAR  
Captain, QMC  
Assistant Adjutant



DISINTERMENT DIRECTIVE

WORK SHEET

NO. \_\_\_\_\_

CEMETERY ACAT No 2, 11/11/11

Section C - Disinterment and Identification

NAME	: Serial Number	: Rank	: Date of Death	: Date Disinterred
<u>X-6</u>	:	:	:	:
Ident, Tag on	: Organization	: Religion	: Identification Verified	: By
<u>1</u> Remains	:	:	:	:
<u>1</u> Marker	:	:	:	:

Section D - Preparation of Remains for Shipment

Nature of Burial	: Condition of Remains
<u>Disinterred</u>	: <u>Good</u>
	:
	:

Other Means of Identification

Minor Discrepancies

Remains prepared and placed in casket

Date

Casket sealed by: \_\_\_\_\_ : Embalmer signature: Paul R. Zwickel

Casket boxed and marked by: \_\_\_\_\_ : Shipping Address Verified 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

Prepare Discrepancy Report OMC Form 119/a for major discrepancies.

## PASSENGER LIST (DECEASED)

VESSEL

USAT PVT F. J. PETRARCA

LOADED AT

MANILA, P. I.

STAGED AT

28 April 1950

LIST NO.	NAME	GRADE	ARMY SERIAL NO.	ARM OR SERVICE	M. O. S.	A. R. S. SCORE	REMARKS
	FT. SHAFTER (HONOLULU) (as per QIB File 293, dated 7 April 1950)			COMP	CEM		
	UNKNOWN X-6				21		W/S
	DC #64 - FT Shafter (Honolulu) Hawaii						
	FRYE, Richard D	ARM2C	N 6036290		31		

I certify that for each name on this passenger list deceased a casket shipping case similarly marked for name, rank, serial number and destination has been loaded.

*Lonzie W Richardson*

LONZIE W. RICHARDSON  
M/Sgt., RA 6399925

AIR MAIL

HEADQUARTERS  
AMERICAN GROUND FORCE SERVICE  
PHELPS TONE

A.O. 900

GRAM 293

4 10 50

SUBJECT: Shipment of Unknown Remains to AGAS-Pacific Zone

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

1. The remains of Unknown A-3, AM Gateway No. 2, Guam, were shipped to AGAS-Pacific Zone on 20 April 1950 aboard USNS Sgt. F. J. Petrarca as requested in a letter from that zone, dated 7 April 1950, a copy of which is herewith enclosed together with a copy of the Passenger List.

2. It is therefore requested that pertinent records in your Office be so amended to indicate the disposition made on subject Unknown. Records in this Headquarters have already been amended accordingly.

FOR THE COMMANDING OFFICER:

*Frank M. Green Jr.*

FRANK M. GREEN JR.  
Major, MC  
Assistant Adjutant

2 Incls

- 1. Cy, Ltr fr AGAS-PAC  
dtd 7 Apr 50
- 2. Cy, Passenger List

SEP 7 1950  
FILE  
NAVY SECTION  
C. J. MOYER

AIR MAIL

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PACIFIC ZONE

APO 900

ORFZ 293

187 MAY 1950

SUBJECT: Shipment of Unknown Remains to AGRS-Pacific Zone

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

1. The remains of Unknown X-6, AMM Cemetery No. 2, Guam, were shipped to AGRS-Pacific Zone on 18 April 1950 aboard USAT Pvt. F. J. Petrona as requested in a letter from that zone, dated 7 April 1950, a copy of which is herewith enclosed together with a copy of the Passenger List.

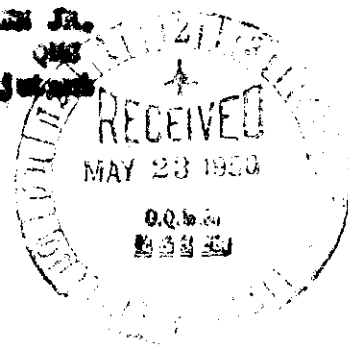
2. It is therefore requested that pertinent records in your Office be so amended to indicate the disposition made on subject Unknown. Records in this Headquarters have already been amended accordingly.

FOR THE COMMANDING OFFICER:

2 Incls

1. Cpy, Ltr fr AGRS-PAS  
dat 7 Apr 50
2. Cpy, Passenger List

FRANK M. GREEN JR.  
Major,  
Assistant Adjutant



SEP 7 1950  
FILE  
NAVY SECTION  
C. J. MOYER

AIR MAIL

293 Under X 6

AIR MAIL

RRREC 293

Apr 7 1950

SUBJECT: Request for Shipment of Remains

TO: Commanding Officer  
American Graves Registration Service  
Philippines Air Command  
APO 74

Furnished herewith is copy of letter from OAG, OAGMJ 293 GRS Pacific, dated 28 March 1950 Subject: Identification of World War II Deceased. It is requested that remains designated as X-6 (formerly ANM Cemetery No. 2, Guam), presently stored in the AGRS Mausoleum, Manila, Philcom Zone, be shipped to this Headquarters on the first available transportation. It is further requested that 293 file and allied papers, regarding this Unknown Remains, be forwarded this Headquarters as soon as possible.

FOR THE CHIEF:

1 Incl  
Cy Ltr OAG dtd  
28 Mar 50

DONALD D. HINDS  
1st Lt, MC  
Hawaiian Distribution  
Center

COPY

AIR MAIL

SEP 7 1950  
FILE  
NAVY SECTION  
MOVIE

Incl #1

PASSENGER LIST (DECEASED)

VESSEL

USAT PVT F. J. PETRARCA

LOADED AT

MANILA, P. I.

STAGED AT

28 April 1950

LIST NO.	NAME	GRADE	ARMY SERIAL NO.	ARM OR SERVICE	M.O.S.	A. R. S. SCORE	REMARKS
	FT. SHAFTER (HONOLULU) (as per QMG File 293, dated 7 April 1950)			COMP	CEM		
	UNKNOWN X-6				21		W/S
	DC #64 - FT Shafter (Honolulu) Hawaii						
	FRYE, Richard D	ARM2C	N 6036290		31		

I certify that for each name on this passenger list deceased a casket shipping case similarly marked for name, rank, serial number and destination has been loaded.

*Lonzie W Richardson*

LONZIE W. RICHARDSON  
M/Sgt., RA 6399925

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PACIFIC ZONE

APO 958

*Mr. Frank Jones #2*

*X-6*

In reply refer to:  
AFM 2307

RE: Identification of World War II Deceased

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

*94B 1007  
Ident.*

Reference: Letter AFM 2307 Pacific dtd 20 March 1950  
Subject: Identification of World War II Deceased

1. In compliance with paragraph 7, above referenced letter, the Manila Zone has been requested to ship remains of unknown 1-3, and Cemetery #2, Guam, currently stored in the World Mausoleum, Manila, to this headquarters.
2. As soon as remains of Unknown 1-3 are received in this headquarters, action to establish group burial, as recommended in paragraph 5, above referenced letter, will be taken.

FOR THE DIRECTOR:

*Stewart R. Abel*  
 Major, USA  
 Mailing Distribution  
 Officer

FILE  
 ARMY SECTION  
 MOYER

AIR MAIL

QMGMN 293  
GRS Far East

1st Ind

Dept. of the Army, OQMG, Washington 25, D. C., 17 December 1949

TO: Commanding General, Marianas-Bonins Command, APO 246, c/o Postmaster,  
San Francisco, California ATTENTION: AGRS, MARBO ZONE

1. Reference is made to basic communication and inclosures withdrawn.
2. Subject cases have been reviewed and this office concurs in the classification of these Unknowns as unidentifiable.
3. The original Burial Reports for the following unknowns are not of record in this office:

- a. X-5, Plot P5-14, Isolated Burial
- b. X-27, Plot E, Row 11, Grave 5, 2nd Marine Division Cemetery,  
Saipan.

FOR THE QUARTERMASTER GENERAL:

16 Incls.: w/d

CC: CINCFE

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

CERTIFIED A TRUE COPY

FILE  
NAVY SECTION  
C. J. MOYER

AUG 15 1950

AIR MAIL



AMERICAN GRAVES REGISTRATION SERVICE  
MARBO ZONE

APO 244  
30 November 1948

293 MPGRS

SUBJECT: Transmittal of New QMC Forms 1044 (Resolution of Cases of Unidentified Deceased)

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

1. In accordance with paragraphs 3b and 6, letter, DA, file QMGMU 293, Subject: Resolution of Cases of Unidentified Deceased, dated 17 September 1948, QMC Forms 1044 on unknown remains considered unidentifiable by reason of lack of sufficient identifying data for the following unknowns by cemetery are herewith submitted for acknowledgment and decision:

Cemetery No.2, Agat, Guam

<u>Unknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-6	4	52	24
X-10	4	53	15
X-17	4	57	24
X-18	4	55	26
X-19	4	57	16
X-21	4	55	25
X-22	4	56	6
X-24	4	57	1
X-31	4	58	2
X-34	C	34	9
X-68	4	40	17
X-71	4	44	6

2nd Marine Division Cemetery, Saipan

<u>UNknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-27	E	11	5

Isolated Burials

<u>Unknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-5	P5-14	-	-
X-16	P5-9	-	-
X-17	P5-11	0	-

FILE IN  
SECTION  
MOYER

AUG 15 1950

AUG 15 1950

IDENTIFICATION CHECKLIST

Unknown X-6  
Cemetery #2, Agat, Guam  
Plot 4 Row 52 Grave 24

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 UTD 2. Estimated height 5' 7-5/8"  
3. Color of hair UTD 4. Race UTD  
5. Tattoos or scars on the body (give description) None

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

6. Was tooth chart taken? No If not, explain Skull missing

7. Were fingerprints taken? No

8. Cause of death UTD

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

10. Are any parts of the body missing or severed? See Chart

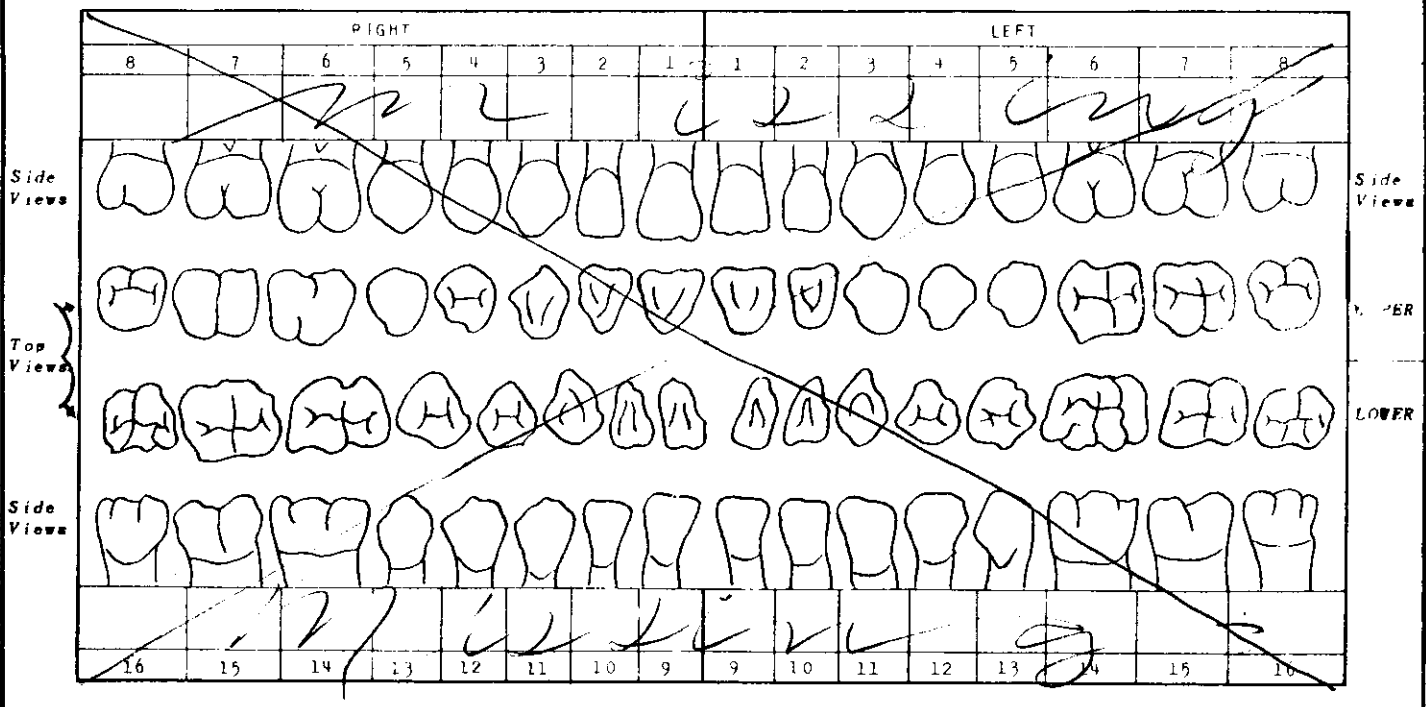
11. Is there any evidence of first-aid or other medical treatment? No

12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. \_\_\_\_\_

13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) \_\_\_\_\_



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

*maxillae and mandible - missing*

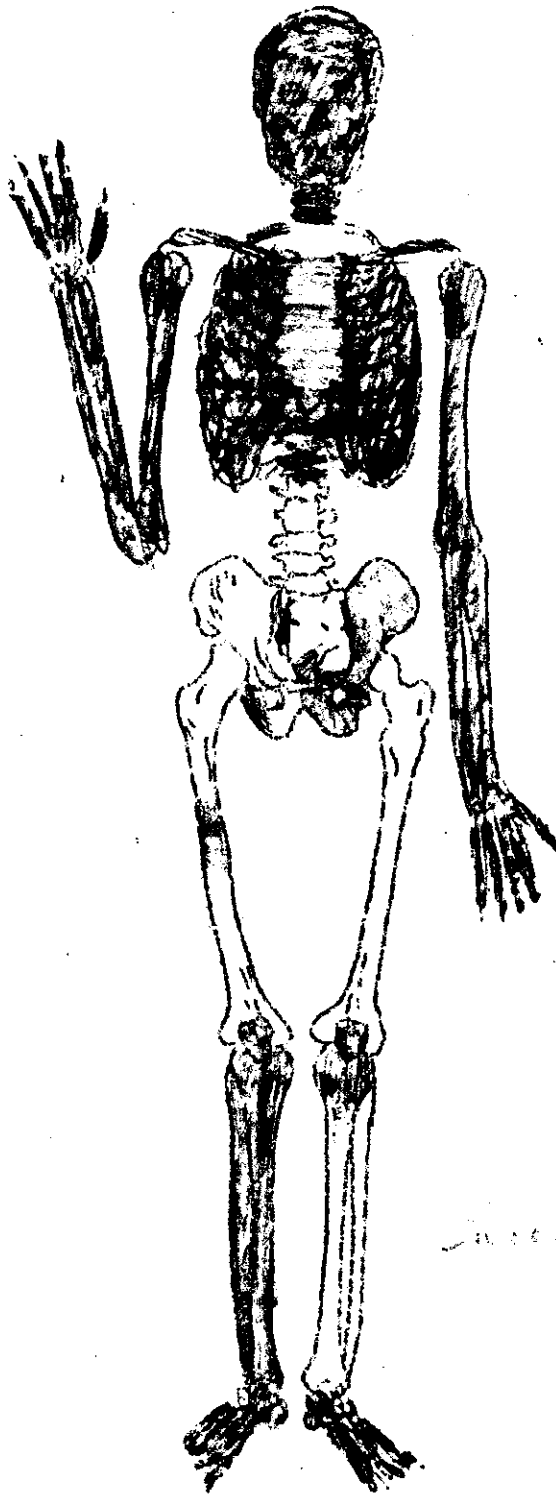
PROCESSING CENTER

*Unknown X-6*  
(Name)

*Private 1st*  
(Rank)

*2987*  
(Ser No.)

*1*  
(Fr of Sv)



*Incomplete Skeleton*

SKELETAL CHART

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-6 Guam No. 2 <i>215 Unk. Guam #2 X-6</i> AGAT		2. DATE OF REPORT 22 June 1950	
3. NAME OF CEMETERY US. Army Mausoleum - Final Type Casket # Formerly AGRS Maus., Manila, P. I.		4. PLOT	5. ROW
		6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT 11/22 Jun '50 22 Jun '50

PHYSICAL DESCRIPTION Age: 22-24 years

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 6 1/8 - 5' 9 1/4"	10. COLOR OF HAIR None Found	11. RACE Possibly White
----------------------------	---	---------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
 Two (2) Embossed Plates on blanket read: Unk. X-6, P - 4, R - 52, G - 24.  
 One (1) Embossed Plate on casket reads: Unk. X-6, Guam No. 2, Agat.  
 One (1) Embossed Plate on outside box reads: Unk. X-6, Guam no. 2, Agat.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  
 None

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

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Multiple fractures.
--	--

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
 None

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)  
 None

SEP 1 1950  
 FILE  
 NAVY SECTION  
 C. J. MOYER

NOW UNKNOWN X-6

*unidentified*  
(FORMERLY UNKNOWN X-6)

1-9-1

4-52-24

DATE AND HOUR OF DISINTERMENT

1 September 1940

1430

DEPTH OF BODY BURIED 4 Ft.

MARKER AT GRAVE Yes

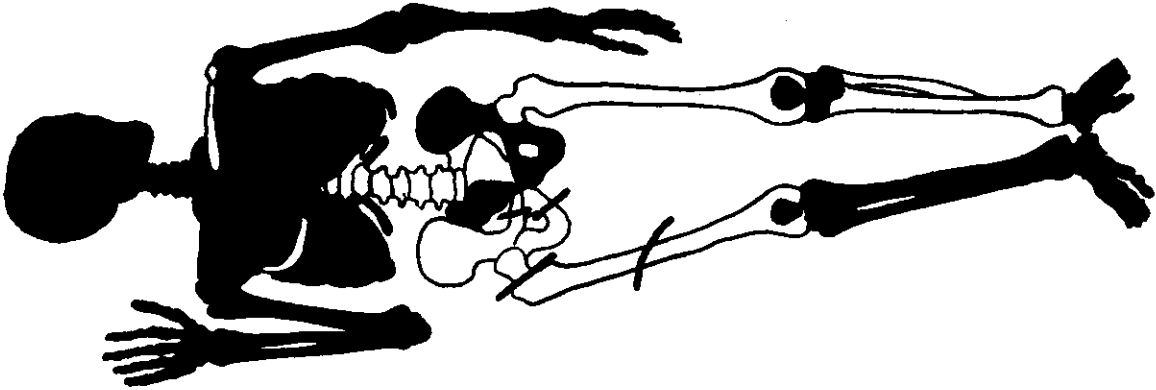
BODY BURIED UNDER MARKER Yes

BURIED IN CASKET Yes

LIST OF EFFECTS FOUND IN GRAVE None

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY "LeBlanc"

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF at least 1 DECEDENTS BASED ON ~~THE PRESENCE OF ONE OR MORE~~ ~~OF THE FOLLOWING FACTORS:~~ <sup>NUMBER</sup> lack of articulating skeletal parts. While there is no duplication of bones there is little sound scientific evidence upon which this remains may be considered to be one (1) individual.

See Narrative.

*John K. Frost*  
JOHN K. FROST, Capt., M. C.  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R - 171 - 67.32 - 5' 7 3/8"

K - 176 - 69.29 - 5' 9 1/4"

P - 168 - 66.14 - 5' 6 1/8"

REC-1 (451)  
NAVY SECTION  
C. I. MOYER

No Teeth

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  
STEWART W. ABEL, MAJOR, OMC  
CENTRAL IDENTIFICATION LABORATORY  
AGRS, APO 958

SIGNATURE

*Stewart W. Abel*



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-6</b>				2. DATE OF REPORT <b>9 July 48</b>	
3. NAME OF CEMETERY <b>Cemetery #2, Agat, Guam</b>			4. PLOT <b>4</b>	5. ROW <b>52</b>	6. GRAVE <b>24</b>
			7. DATE OF DISINTERMENT		REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5' 7-5/8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Mortuary Plate: Unknown X-6  
P-4, R-52, G-24**

**Form 1042 found with remains (X-6)**

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

**None**

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**None**


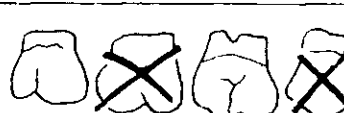








17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

**None**

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

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

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

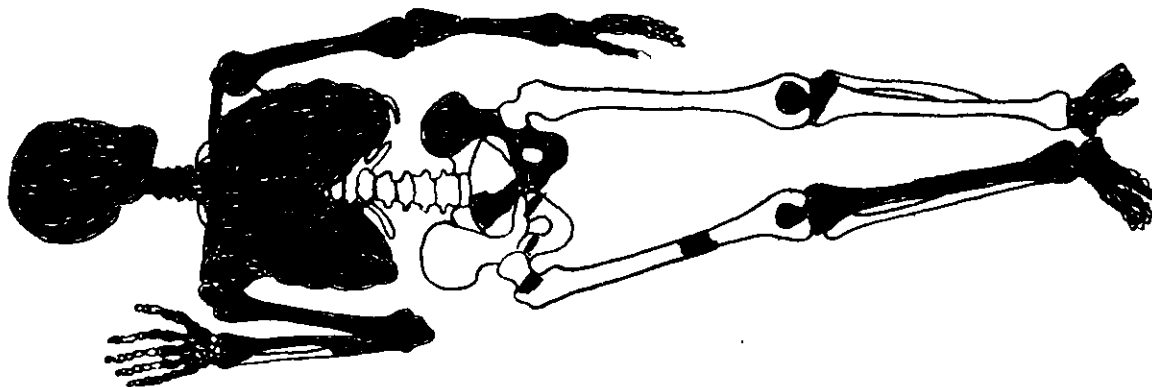
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<del>Side Views</del>															
<del>Top Views</del>															
<del>Side Views</del>															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

No Teeth.

*Gary D. Pugh*  
**Gary D. Pugh**

19. BLACK OUT PARTS OF BODY NOT RECORDED



Est. Height: 5' 7-5/8"

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

Color of Hair: UTD  
 Skull measurement: UTD

*G. K. Skinner*  
 G. K. Skinner

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

*C. W. Kelley*  
 C. W. Kelley, Capt., C.A.C.

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-6</b>			2. DATE OF REPORT <b>9 July 48</b>	
3. NAME OF CEMETERY <b>Cemetery #2, Agat, Guam</b>	4. PLOT <b>4</b>	5. ROW <b>52</b>	6. GRAVE <b>24</b>	7. DATE OF DISINTERMENT
				REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5' 7-5/8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Mortuary Plates: Form 1042 found with remains (X-6)**  
**Unknown X-6**  
**P-4, R-52, G-24**

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

**None**

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**None**

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

**None**

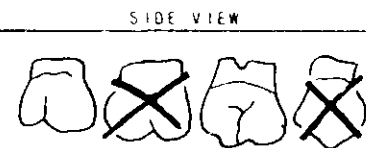
UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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

19.

TOOTH CHART

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



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



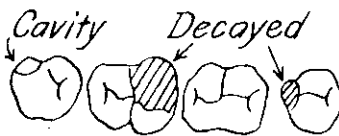
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



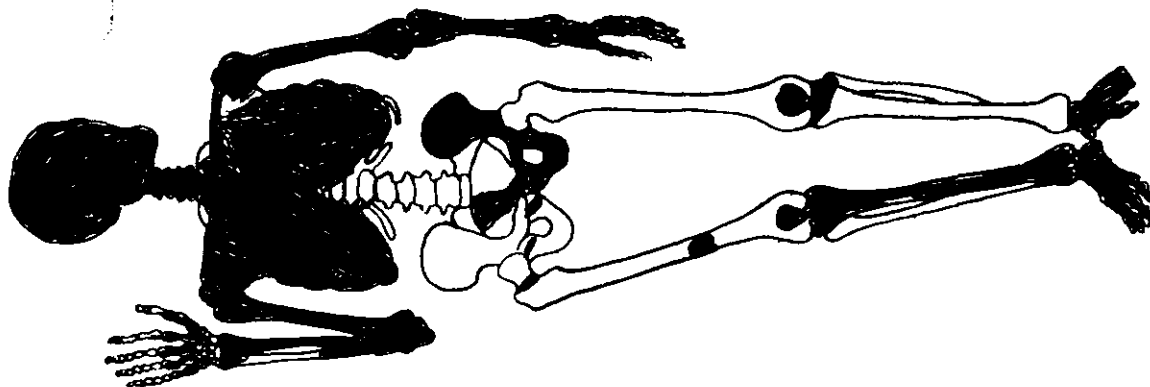
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>(This row is crossed out with a diagonal line)</i>															
Side Views															
Top Views															
Side Views															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

No Teeth.

Gary D. Pugh

19. BLACK OUT PARTS OF BODY NOT COVERED



Est. Height: 5' 7-5/8"

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

Color of Hair: UTD  
Skull measurement: UTD

*G. K. Skinner*  
G. K. Skinner

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

*C. W. Kelley*  
C. W. Kelley, Capt., C.A.C.

# IDENTIFICATION 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

<u>UNIDENTIFIED (X-60)</u>	<u>UNKNOWN</u>	<u>UNKNOWN</u>
LAST NAME	FIRST INITIAL	SERIAL NO.
<u>UNKNOWN</u>		<u>USS Houston</u>
UNIT		ORGANIZATION
<u>USS Houston</u>	<u>Cemetery 2, Agat, Guam, MI.</u>	<u>4</u> <u>52</u> <u>24</u>
PLACE OF DEATH	PLACE OF BURIAL	PLOT ROW GRAVE NO.

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

INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 5px;"> <span style="display: inline-block; width: 15px; height: 15px; border: 1px solid black; border-radius: 50%;"></span> <span style="display: inline-block; width: 15px; height: 15px; border: 1px solid black; border-radius: 50%;"></span> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 5px;"> <span style="display: inline-block; width: 15px; height: 15px; border: 1px solid black; border-radius: 50%;"></span> <span style="display: inline-block; width: 15px; height: 15px; border: 1px solid black; border-radius: 50%;"></span> <span style="display: inline-block; width: 15px; height: 15px; border: 1px solid black; border-radius: 50%;"></span> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">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: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 5px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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408'

# 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

<u>UNIDENTIFIED (2-6)</u>	<u>UNIDENTIFIED</u>	<u>UNIDENTIFIED</u>	<u>UNIDENTIFIED</u>
LAST NAME	FIRST	INITIAL	SERIAL NO.
<u>UNIDENTIFIED</u>		<u>UNIDENTIFIED</u>	
UNIT		ORGANIZATION	
<u>UNIDENTIFIED</u>	<u>UNIDENTIFIED</u>	<u>UNIDENTIFIED</u>	<u>UNIDENTIFIED</u>
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.

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

INSIDE — LOOKING OUT

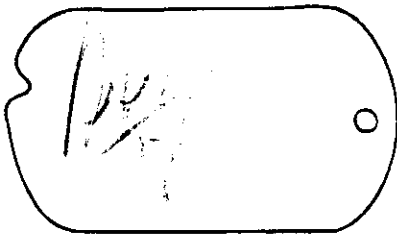
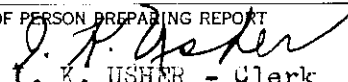
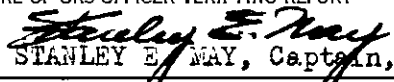
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																	TYPE
LOCATION																	LOCATION

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

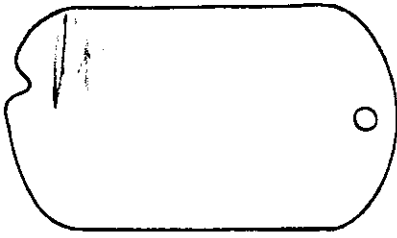


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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)				DATE OF REPORT 17 August 1950
Imprint Identification Tag If Possible. DO NOT TYPE 		<b>Section 1.—IDENTIFICATION.</b> NAME (Last, first, middle initial) (Formerly ANM Cemetery #2, Guam, M. I.) UNKNOWN X-6			SERIAL No. 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 USS Houston		CAUSE OF DEATH Unknown		DATE OF DEATH 14 Oct 1944		
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 9 on reverse)				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes						
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None						
<b>Section 2.—BURIAL.</b> If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Army Mausoleum, AGRS-PAZ <span style="float:right">Casket</span>						
DATE OF BURIAL 26 May 1950	HOUR	BURIED IN (Shroud, blanket, or name of other) Final type casket	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No. 5166
WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGRS Mausoleum, Manila, P. I.			* See remarks		
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) Not applicable due to		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.		RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --	
SIGNATURE OF PERSON PREPARING REPORT  I. K. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT  STANLEY E. MAY, Captain, QMC			
<b>DISTRIBUTION OF REPORT:</b> 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.						

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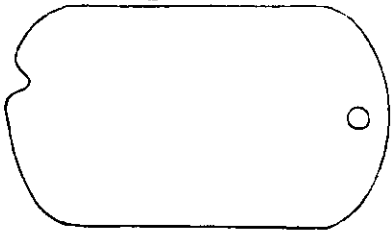
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT STORAGE</b> (AR 30-1810 and AR 30-1815)		DATE OF REPORT <p align="center"><b>17 August 1950</b></p>			
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) <b>(Formerly AMU Cemetery #2, Guam, U. I.)</b> <p align="center"><b>UNKNOWN I-6</b></p>		SERIAL NO. <p align="center"><b>Unknown</b></p>			
		GRADE <p align="center"><b>Unknown</b></p>	ORGANIZATION <p align="center"><b>Unknown</b></p>	BRANCH OF SERVICE <p align="center"><b>Unknown</b></p>			
		RACE <p align="center"><b>Unknown</b></p>	RELIGION <p align="center"><b>Unknown</b></p>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY			
PLACE OF DEATH <p align="center"><b>USS Houston</b></p>		CAUSE OF DEATH <p align="center"><b>Unknown</b></p>		DATE OF DEATH <p align="center"><b>14 Oct 1944</b></p>			
EMERGENCY ADDRESSEE (Name, relationship, and address) <p align="center"><b>Unknown</b></p>							
IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <p align="center"><b>None</b></p>		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) <p align="center"><b>Yes</b></p>							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME <p align="center"><b>None</b></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"><b>US Army Mausoleum, AGRS-PAZ</b></p>							
DATE OF BURIAL <p align="center"><b>26 May 1950</b></p>		HOUR	BURIED IN (Shroud, blanket, or name of other) <p align="center"><b>Final type casket</b></p>	TYPE OF GRAVE MARKER	PLOT NO.	ROW No.	GRAVE No. <p align="center"><b>5166</b></p>
WAS THIS A REBURIAL? (Yes or no) <p align="center"><b>Yes</b></p>		IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION <p align="center"><b>AGRS Mausoleum, Manila, P. I.</b></p>			See remarks		GRAVE No.
TYPE OF RELIGIOUS CEREMONY <p align="center">---</p>		PERSON CONDUCTING BURIAL RITES <p align="center">---</p>		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <p align="center">---</p>		IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <p align="center">---</p>					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <p align="center"><b>Not applicable due to</b></p>			RANK <p align="center">---</p>	SERIAL NO. <p align="center">---</p>	ORGANIZATION <p align="center">---</p>	GRAVE No. <p align="center">---</p>	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <p align="center"><b>manner of storing caskets.</b></p>			RANK <p align="center">---</p>	SERIAL NO. <p align="center">---</p>	ORGANIZATION <p align="center">---</p>	GRAVE No. <p align="center">---</p>	
SIGNATURE OF PERSON PREPARING REPORT <p align="center"><b>I. K. USHER - Clerk</b></p>			SIGNATURE OF GRS OFFICER VERIFYING REPORT <p align="center"><b>STANLEY E. MAY, Captain, QMC</b></p>				

**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.

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WD QMC 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  	SECTION 1. IDENTIFICATION					Serial Number	
	Name (Last, First, Middle Initial)					Serial Number	
	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		
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							
SECTION 2. BURIAL. If other than in established cemetery furnish sketch and map coordinates on reverse.							
Name, Number, Coordinates and Location of Cemetery							
Armory Bay, Arica Cemetery, 2, 230, 11.							
Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.	
2-9-46	1000	Casket and Blanket	Cross with Zinc Plate	4	52	24	
Was This a Re-Burial (Yes or No)	Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave			Plot No.	Row No.	Grave No.	
Yes	Ulithi Cemetery, Asor Island			1	9	1	
Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body					
MEMORIAL SERVICE	MEMORIAL SERVICE	WD QMC Form 1042 buried in bottle one foot below grave marker.					
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)						
Zinc Plate	NO						
Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.			
West, Robert H.	CPO	105-56-42	US Miller	25			
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.			
Hoffatt, James	CPO	652-57-22	USS Mississinewa	23			
Signature of Person Preparing Report		Signature of GRS Officer Verifying Report					
ROBERT J. TORRES, C.I.T., SAC		ROBERT J. TORRES, C.I.T., SAC					
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.							

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

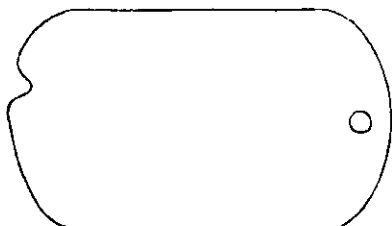
# REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

1 Sept. 1946

Imprint Identification Tag If Possible. DO NOT TYPE



## SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

UNIDENTIFIED (I-6)

Serial Number

UNKNOWN

Grade

UNKNOWN

Organization

US Houston

Branch of Service

UNKNOWN

Race

UNKNOWN

Religion

UNKNOWN

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

Place of Death

US Houston

Cause of Death

UNKNOWN

Date of Death

10-16-46

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

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

Name, Number, Coordinates and Location of Cemetery

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

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-9-46	1000	Casket and Blanket	Cross with Zinc Plate	4	52	24

Was This a Re-Burial (Yes or No)

Yes

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

Ulithi Cemetery, Asor Island

Plot No.	Row No.	Grave No.
1	9	1

Type of Religious Ceremony

MEMORIAL SERVICE ONLY

Person Conducting Burial Rites

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

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)

N

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

Hoffatt, Robt H.

Rank

CFC

Serial Number

205-56-12

Organization

US Miller

Grave No.

25

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

Hoffatt, James H.

Rank

UNKNOWN 653-57-22

Serial Number

ISS

Organization

Mississippi

Grave No.

23

Signature of Person Preparing Report

ROBERT J. McBRIDE, CAPT., GRC

Signature of GRS Officer Verifying Report

ROBERT J. McBRIDE, CAPT., GRC

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.

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