

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81261

DATE

29 03 50

DAY MONTH YEAR

NAME

UNKNOWN X - 121

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY AGAT NO. 2, GUAM

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

4

57

21

7701

80

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY
FT. W. 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

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

2. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

1

H303
R 6
F 39

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6321 00000		DATE 15 11 47 DAY MONTH YEAR		
NAME UNKNOWNX-000015				SERIAL NUMBER		RANK		ARM 2
CEMETERY GUAM NO 2 AGAT				DISPOSITION OF REMAINS 0 0391 63 CODE DIST. PT.		DATE OF DEATH		
PLOT 4	ROW 57	GRAVE 21	COUNTRY 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-000121	RANK Unk	DATE OF DEATH Unk	DATE DISTINTERRED 25 Nov 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> 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 Metal box	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary Plate	
MINOR DISCREPANCIES / These remains assigned Unknown -121 by Marbo Zone Hq. to eliminate duplicate numbers.	

REMAINS PREPARED AND PLACED IN CASKET DATE 20 Jul 48 BY J R Williams, Emb	EMBALMER (Signature) O D CAMPBELL
CASKET SEALED BY J R Williams, Emb	SHIPPING ADDRESS VERIFIED BY Max Chelofsky, Clerk
CASKET BOXED AND MARKED DATE 20 Jul 48 BY P Savan	

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

F T DeGroodt
F T DeGROODT, Capt EMP
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		2. SHIPPED		3. SHIPPED		4. SHIPPED		5. SHIPPED		6. SHIPPED		7. SHIPPED	
FROM	US MAUSOLEUM (SAIPAN MI)	FROM	AGRS PORT (SAIPAN, M.I.)	FROM	USAT DALTON VICTORY	FROM	USAT DALTON VICTORY	FROM	USAT DALTON VICTORY	FROM	USAT DALTON VICTORY	FROM	USAT DALTON VICTORY
KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK
SIGNATURE OF SHIPPER	<i>John H. Loft, Jr.</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>
DATE	20 Jul 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48
TO	PORT STORAGE OFFICER (SAIPAN MI)	TO	Transport Commander	TO	USAT DALTON VICTORY	TO	USAT DALTON VICTORY	TO	USAT DALTON VICTORY	TO	USAT DALTON VICTORY	TO	USAT DALTON VICTORY
NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>
SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>
DATE	20 Jul 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48
FROM	US MAUSOLEUM (SAIPAN MI)	FROM	AGRS PORT (SAIPAN, M.I.)	FROM	USAT DALTON VICTORY	FROM	USAT DALTON VICTORY	FROM	USAT DALTON VICTORY	FROM	USAT DALTON VICTORY	FROM	USAT DALTON VICTORY
KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK
SIGNATURE OF SHIPPER	<i>John H. Loft, Jr.</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>	SIGNATURE OF SHIPPER	<i>Robert G. Snowden</i>
DATE	20 Jul 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48
TO	PORT STORAGE OFFICER (SAIPAN MI)	TO	Transport Commander	TO	USAT DALTON VICTORY	TO	USAT DALTON VICTORY	TO	USAT DALTON VICTORY	TO	USAT DALTON VICTORY	TO	USAT DALTON VICTORY
NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>	NAME OF CONVOYER	<i>Robert G. Snowden</i>
SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>
DATE	20 Jul 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48	DATE	6 Oct 48

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

MRF

25 Nov 47
 Date

UNKNOWN X-15







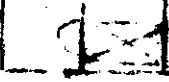








LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT		ORGANIZATION		
GUAM	Agat, Cntry #2, Guam		4	57
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO

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

Entire Mandible Missing
 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	 AMALGAM (SILVER)	 MESIAL (BETWEEN TOWARD FRONT)
 CAVITY, INDICATE LOCATION	 GOLD	 OCCLUSAL (BETWEEN SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OF PORCELAIN	 DISTAL (BETWEEN TOWARD BACK)
 TEETH-REPLACED BY DENTURE	 OXYPHOSPHATE I (CEMENT)	 LINGUAL (TOWARD TONGUE)
 PHOSTHOLOUSLY MISSING		 FACIAL (TOWARD CHEEK)

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.
2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, 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.

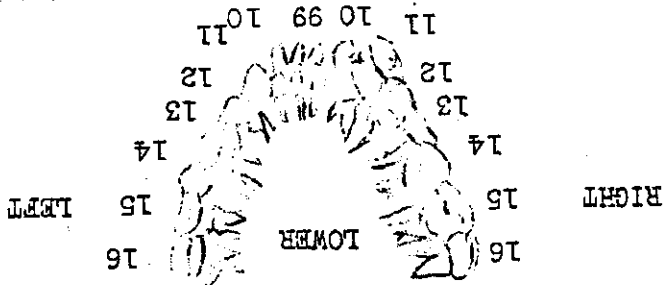
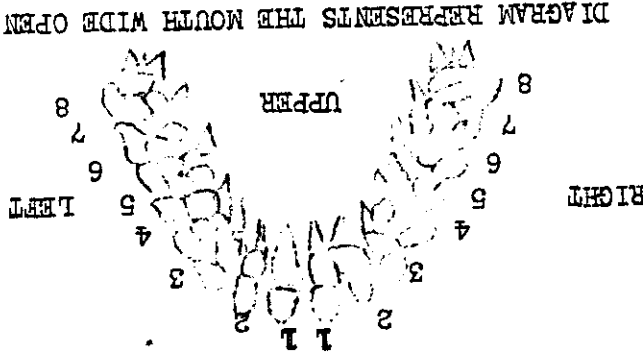


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART
[Signature]

NAME AND RANK TYPED OR PRINTED
L. HO, Capt., D.C.

NAME AND RANK TYPED OR PRINTED
EMILIO S. ZAPICO, 2nd Lt., Inf.

DATE _____

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED _____

IDENTIFICATION DENTAL CHART

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

29 August 1946

DATE

UNIDENTIFIED (X-15)

UNKNOWN

UNKNOWN

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNKNOWN

USS Franklin

UNIT

ORGANIZATION

UNKNOWN Cemetery #2, Agat, Guam, MI.

4

57

21

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																
LOCATION															A	
															L	

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> 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; display: flex; align-items: center; justify-content: center; 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; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> C </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> X </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> C </div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> X </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> X </div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> X </div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> P </div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> A </div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> 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; display: flex; align-items: center; justify-content: center; 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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> O </div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> 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; display: flex; align-items: center; justify-content: center; 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; display: flex; align-items: center; justify-content: center; 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; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> l </div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin-right: 10px;"> f </div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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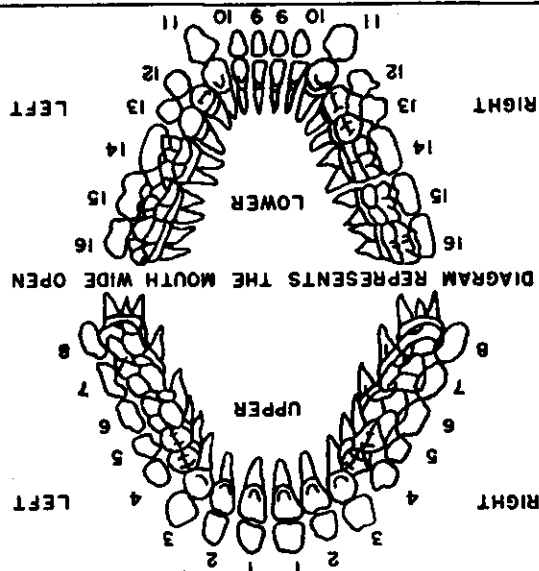
INSTRUCTIONS:

1 AGGRAVACY 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:

#11 Left-malposed
Flou rosis stain on upper and lower post. teeth

SIGNATURE OF PERSON WHO PREPARED CHART

W.H. Black

NAME AND RANK TYPED OR PRINTED

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

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ASOR ISLAND, ULITHI ATOLL

NAME AND RANK TYPED OR PRINTED

ROBERT J. MCBROOM, CAPT., QMC

DATE
29 August 1946

VERIFIED BY GRS OFFICER

Robert J. MCBroom

IDENTIFICATION DENTAL CHART

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

29 August 1946

DATE
















UNIDENTIFIED (1-15)	UNKNOWN	UNKNOWN	
LAST NAME	FIRST	INITIAL	SERIAL NO.
UNKNOWN		USN Franklin	
UNIT		ORGANIZATION	
UNKNOWN	Sanitary Pl. Apt. Camp, HI.	A	57 83
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW GRAVE NO.

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	LOWER TEETH	10	9	9	10	11	LEFT	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. ADJUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

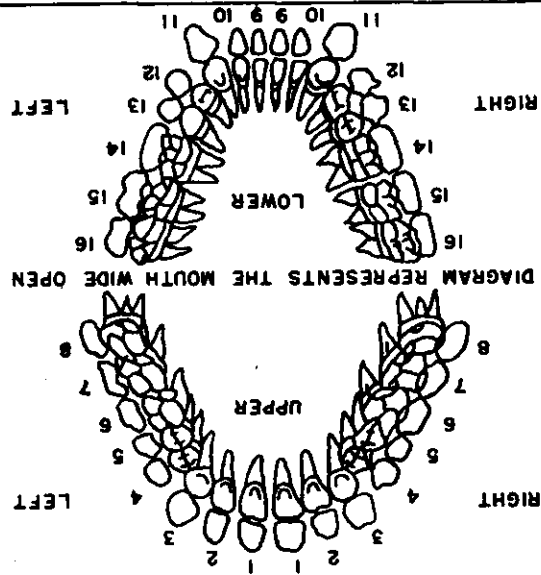
INSTRUCTIONS:

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

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

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

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



REMARKS:

Handwritten notes:
All left-impacted
Gross
Stomatitis acute on upper and lower jaws - teeth

SIGNATURE OF PERSON WHO PREPARED CHART

Handwritten signature: W. H. Baker

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

Handwritten signature: D. W. ...

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

RESTRICTED

QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form I, and
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT

16 July 48

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

UNKNOWN X-121

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)

None

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

Mortuary Plate: X-15 USM
P-4, R-57, G-21 AGAT

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

No

COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO

YES

NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

See 1044

A TRUE COPY:

H. B. McNEAR
H. B. McNEAR
Capt., QMC

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery #2, Agat, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				4	57	21

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)	
No	No	

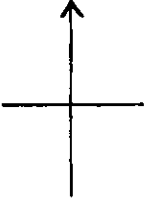
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
/s/t/ G. K. Skinner	/s/t/ R. H. Oestreich, Capt.

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.

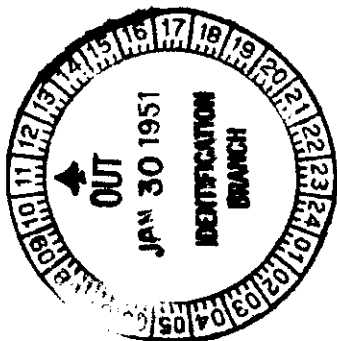
RESTRICTED

LEFT LITTLE FINGER	Section UNIDENTIFIED REMAINS.						
	<p>INSTRUCTIONS:</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no 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.</p>						
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR			
	BIRTHMARKS, SCARS, OR TATTOOS						
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND			
	OTHER IDENTIFICATION CLUES						
LEFT INDEX FINGER	<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> <div style="text-align: right; margin-top: 50px;">  </div>						
LEFT THUMB							
RIGHT THUMB							
RIGHT INDEX FINGER							
RIGHT MIDDLE FINGER							
RIGHT RING FINGER							
RIGHT LITTLE FINGER							
REMARKS:							

INTRAOFFICE REFERENCE SHEET

DUE, HOUR AND DATE

1 NO.	2 FROM-	3 TO-	4 DATE	5 MESSAGE
1	Navy Liaison Section Ident Br Mem Div	Chief Ident Sec IDENT. BR.	24 Jan 1951	<p>SUBJECT: Unknowns X-16 and X-121 Agat Guam #2</p> <p>1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Section.</p> <p>2. Efforts by this Section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties have met with negative results based upon evidence presently contained in files.</p> <p>3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical report.</p> <p style="text-align: right;"><i>[Signature]</i> MOYER 73880</p> <p>4 Incls 1-2 293 Files for X-16 and X-121 3-4 Cert. of Unident for X-16 and X-121</p>
2	Ident Sec Ident Br Mem Div	Navy Liaison Section Ident Br Mem Div	29 Jan 1951	<p>1. Reference is made to paragraph 3, comment 1.</p> <p>2. Findings of Unidentifiability have been approved by this Office.</p> <p>3. Files are returned herewith for completion of Administrative Reports.</p> <p style="text-align: right;"><i>[Signature]</i> FISHER 52462 <i>[Signature]</i> SALSER 73650</p> <p>4 Incls n/c</p> <p style="text-align: right;">JAN 29 1951 FILE NAVY SECTION C. J. MOYER</p>



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	Navy Liaison Section Ident Br Mem Div	Ident Section Ident Br ATTN: Mr. Salsar	14 Dec 1950	<p>REFERENCE: X-16 ANM Cemetery, Guam #2, M. I. X-121 ANM Cemetery, Guam #2, M. I.</p> <p>1. Referenced Unknown remains are listed by this Section as unresolved. Association of these remains with a Navy, Marine Corps or Coast Guard casualty could not be effected from information available at present.</p> <p>2. It is requested Unknown remains X-16 and X-121 be reviewed for possible association with Army casualties.</p> <p>3. Upon completion of action by your Section, a letter will be dispatched to the Field requesting appropriate resolution action by this Section for the referenced remains.</p> <p>2 Incls 1-293 File for X-16, Guam #2 2-293 File for X-121, Guam #2</p> <p style="text-align: right;"><i>for Roth</i> MOYER 73880</p>
2	Ident Section Ident Br Mem Div	Navy Liaison Section Ident Br Mem Div	28 Dec 1950	<p>1. Report of Interment for Unknown X-16 reveals that the remains were from the U.S.S. Franklin and date of death shown as 19 March 1945. Report of Interment for Unknown X-121 (previously listed as X-15) reveals that the remains were from the U.S.S. Franklin and date of death 12 March 1945.</p> <p>2. A review of the files pertaining to the U.S.S. Franklin reveals that the casualties suffered during the attack on the U.S.S. Franklin on 10 March 1945 were all Navy Personnel.</p> <p>3. In view of the above, it is not possible to make an association of subject Unknowns with Army Casualties, with the information presently available.</p> <p>2 Incls n/c</p> <p style="text-align: right;">COX 74059</p> <p style="text-align: right;"><i>Fisher</i> FISHER 52462</p>

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

20 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 121, Plot 4,
Row 57, Grave 21, USMC Cemetery #2, Agat, Guam, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:

(S) H. B. McNemar

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

Atch: Form 1044

CERTIFIED TRUE COPY:

Stanley E. May
STANLEY E. MAY
Major QMC

Received 22 Jan 51 0016
Not identifiable from
information presently
available 25 Jan '51 *B.E. Palmer*

Incl 2

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-121				2. DATE OF REPORT 20 January 1950	
3. NAME OF CEMETERY Cemetery #2, Agat, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	57	21	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UNK	9. ESTIMATED HEIGHT 5' 8-7/8"	10. COLOR OF HAIR UNK	11. RACE UNK
----------------------------	----------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U N I D E N T I F I C A B L E
 BY REASON NONE

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

N O N E

CERTIFIED TRUE COPY:

Stanley E. May

STANLEY E. MAY
Major QMC

18. TOOTH CHART		TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), 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		
CAVITY						⊗	⊗	⊗	⊗					LA	CAVITY		
Side Views																	Side Views
Top Views																	Top Views
Side Views																	Side Views
CAVITY	CAVITY	CAVITY	⊗		⊗	⊗	⊗	⊗	⊗	⊗	⊗	⊗		⊗	CAVITY		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

Fracture

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."

(S) Paul R. Nichols

CERTIFIED TRUE COPY:

PAUL R. NICHOLS
Chief, Identification Sec.

Stanley E. May
STANLEY E. MAY
Major QMC

OPX 293
 Unknown X-121
 Agmt. Case No. 2 (20 Mar '50)
 SUBJECT: Unidentifiable Remains

3rd Ind.

HEADQUARTERS, AMERICAN GRAVE REGISTRATION SERVICE, PHILCOH ZONE,
 APO 928 18 1950

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

1. With reference to discrepancy referred to in basic communication, a further search of available records in this Headquarters reveals the following information:

a. Report of Disinterment, accomplished on Form 1042, for Unknown X-121, Agmt. Case No. 2, definitely indicates that the remains were disinterred from Plot 4, Row 57, Grave 21. It further states that a mortuary plate with inscriptions "X-15 USA Row 4 Grave 21" was found on body.

b. Report of Reinterment for Unknown X-15, Agmt. Case No. 2, indicates same former grave location as that of Unknown X-121.

c. Mausoleum card files show former grave locations for the two (2) Unknowns as follows:

X-15	Plot 0	Row 7	Grave 14
X-121	Plot 4	Row 57	Grave 21

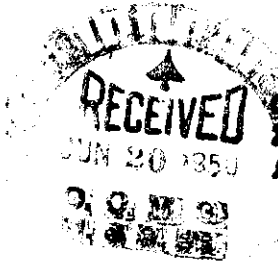
d. The processing report for each Unknown accomplished at Agmt. Case No. 2 Cemetery clearly reveals that they are two (2) separate remains.

2. In view of lack of necessary records upon which final clarification may be based, this Headquarters hereby suggests that a reworking of records of the former Warbo Zone be made in an effort to determine whether or not the grave location in question was occupied by the two (2) Unknowns at two (2) different times.

3. No further action will be taken on these cases until some additional information is received from your Office.

FOR THE COMMANDING OFFICER:

- 2 Encls
- Added 2 Encls
- 3. C/S, RGR (X-15)
 w/ser. Form 1045
- 4. C/S, RGR (X-121)
 w/2 attachments
- OO: SINGAPORE



CHARLES R. MAYLEN
 Lt. Col. (MC)
 Assistant Adjutant

AIR MAIL

112 (1st) Unknown (Agmt 442) (X-121)

QMGVN 293
Unknown X-121
Agat Guam #2

2nd Ind

SUBJECT: Unidentifiable Remai

Dept of the Army, OQMG, Washin on 25, D. C., 23 May 1950

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

There is no record of Unknown remains X-121, Agat Guam #2, or a
Form 1042 relative to X-121 in this Office.

FOR THE QUARTERMASTER GENERAL:

Handwritten signature

THOMAS E. COX
Captain, OMC
Memorial Division

Handwritten initials
CJM
Handwritten initials

CC: CINCPAC

21 22 23 24 25
26 27 28 29 30
31 32 33 34 35
36 37 38 39 40
41 42 43 44 45
46 47 48 49 50
51 52 53 54 55
56 57 58 59 60
61 62 63 64 65
66 67 68 69 70
71 72 73 74 75
76 77 78 79 80
81 82 83 84 85
86 87 88 89 90
91 92 93 94 95
96 97 98 99 100



GRPZ 293 1st Ind.
Unknown X-121
Agat, Guam No. 2 (20 Mar 50)
SUBJECT: Unidentifiable Remains

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, MILBORN ZONE,
APO 900

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

1. The grave location for Unknown X-121, Agat, Guam No. 2
cemetery, indicated on Certificate of Unidentifiability and Form 1044,
was taken from a cemetery tag found with the remains.

2. Records reveal that Grave 21, Row 57, Plot 4, Agat, Guam No. 2
Cemetery, was occupied by Unknown X-15.

3. There is no Form 1042 on hand this Headquarters for X-121 and
our card file does not show a grave location.

4. Request duplicate copy of Form 1042 or previous grave location
for X-121, so that necessary action can be taken to clarify this dis-
crepancy.

FOR THE COMMANDING OFFICER:

2 Incls
w/d

H. B. McNEELAR
Capt., QMC
Asst. Adjutant

CC: CINCPC

Vertical handwritten note on right margin, partially illegible.

AIR MAIL

AGAT 293
Unknown X-121
Agat, Guam #2

APR 20 1950

SUBJECT: Unidentifiable remains

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

1. Reference is made to that portion of letter, your Headquarters, file GPOE 293, dated 23 January 1950, subject: Unidentifiable remains, as pertains to Unknown X-121, Agat, Guam #2, listed on PFA Unit Roster #9, page 5.

2. Records of this Office indicate Unknown X-15 is interred in Plot 4, Row 57, Grave 21, ANM Cemetery #2, Agat, Guam. There is no record in this Office of an Unknown X-121 interred in this location. Unknown X-15 is listed on PFA Unit Roster #4, page 11.

3. It is requested that your Headquarters take necessary action to clarify this discrepancy and that this Office be advised accordingly.

4. Certificate of Unidentifiability for X-121 is returned herewith.

FOR THE QUARTERMASTER GENERAL:

2 Incls

1. Cert. of Unident. for X-121
2. GPO Form 1044, 1044a, 1044b for X-121

T. H. METZ
Lt Colonel, MC
Memorial Division

HEP
WEB

CC: CINCPAC

vlb

[Handwritten signature]
293 Unknown Guam X-15 (Agat 2)

25

att #102
#33594
57510

293 UNK Guam (Agent #2) X-121

1950 JUL 24 06 44

~~293 UNK Guam (Agent #2) X-121~~

HUEGTU

MUA25

Consul with: unk-marianas X-121
agent #2

PP UEPC

MC34

PP UMP ZVA UEPC UAPC

25
CO AGRS PZ MANILA PI
U 2309
240512Z
QML
57510

JMLAP B03

PP JML ZVA

PP/RR UEPC UAPC JMLC 333

DE JMLAP 09A

P/R 240512Z

FM CO AGRS PZ MANILA PI

TO UEPC/OQMG DSPTAR WASHDC

INFO UAPC/CINCFE TOKYO JAPAN

JMLC/CG PHILCOM AF AND 13TH AF CLARK AFB PI

GRAVES GRNC

CITE U 2309 GRPZ FOR QMGMR PD PASS TO MEMORIAL DIVISION PD URMSG

WCL THREE THREE FIVE NINE SIX PD RECORDS COJRECTED PD PERMANENT

GRAVE LOCATION OF UNK XRAY ONE FIVE ARMY ~~NACBRYARIFE~~ CEMETERY NR

TWO CMZ AGAT CMA GUAM IS SECTION FOX ROW FIVE GRAVE ONE USMC FT

MCKINLEY

Bung check

CFN U 2309 GRPZ QMGMR UNK

OUTGOING

24/0520Z JUL 25 11 42 AM '50

X 55 43 7

ADMINISTRATIVE BRANCH
MEMORIAL DIVISION

Re Classed 7/24/50

file
26 July 50
Kawachi
Records
Mick

110
Dd. Ref: #93 - *implementation of message Opus 6 (6639805)*
~~293 UNK Guam Agat #2 (ANM Cem) X-15~~
~~293 UNK Guam (Agat #2) X-121~~

COMNAVPHILCOM (AF) ZONE HAWAII PI

D'FERRED

D'FERRED

CHIEF TOKYO JAPAN

MULTIPLE ADDRESSES

PI ON QUART

Wcl 33596

RE TEST ID 6321 81172 FOR UNKNOWN X-15 ARMY NAVY NA MCM CEMETERY #2 GMA
AGAT GUAM GMA PLOT 1 ROW 10 GRAVE 2 BE CONNECTED TO HEAD PLOT C ROW 7 GRAVE 14
AND CFM FROM GRAVE LOCATION

FOR RECORD ONLY: *Karscher*

Records indicate that 2 remains were designated Unknown X-15 in Army, Navy,
MC Cemetery #2 Guam. When remains were shipped to Philcom, remains of Unknown
X-15 in Plot 1, Row 10, Grave 2, were redesignated Unknown X-121. Copy #1 of DD
received for both Unknowns with erroneous original grave locations. Radio dispatched
to coordinate records with field and this office.

JFK
CIA
CHD
FB
FD

Philcom
JUL 19 4 20 PM '50
456
Markon R. Homer

UNCLASSIFIED

MEMORANDUM

OPATED

LEGISLATIVE COUNCIL - X-77116 100700E
JUL 19 1950

D. A. BENDER
CAPT USN USN 010

293 Unknown X-15 Army Navy MC Cem #2, Guam

92

*16 nfm
1

Interred 30 March 1950
F 10 109 Ft McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

Carl R. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 81261

DATE
29 03 50
DAY MONTH YEAR

NAME: UNKNOWN X - 121
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: USAF CEMETERY AGAT NO. 2, GUAM
PLOT: 4 ROW: 57 GRAVE: 21
DISPOSITION OF REMAINS: 7701 80
CODE: [] DIST. CTR.: []

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-121 SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISTINTERRED: 29 March 1950

IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: [] RELIGION: [] IDENTIFICATION VERIFIED BY: PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: []

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: 29 March 1950 BY: PAUL R NICHOLS

CASKET SEALED BY: PAUL R NICHOL EMBALMER (Signature): *Paul R. Nichols* PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H TANGUAY DATE: 29 Mar 50 SGT.lc., RA SHIPPING ADDRESS VERIFIED BY: L. W. RICHARDSON, M/Sgt., RA

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

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

REMARKS AND SPECIAL INSTRUCTIONS

21 APR 1950
KORORAE BRANCH

Garnis

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM	TO	U. S. MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER			SIGNATURE OF RECEIVER <i>W. H. ...</i>	
DATE			DATE MAR 30 1950	
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	

18. TOOTH CHART

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

	RIGHT								LEFT							
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
				X			P			P	P					H
Side Views																
Top Views																
Side Views																
	16	15	14	P		P	P	P	P	P			P		P	16

- Fractured

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."

O D Campbell

PROCESSING CENTER

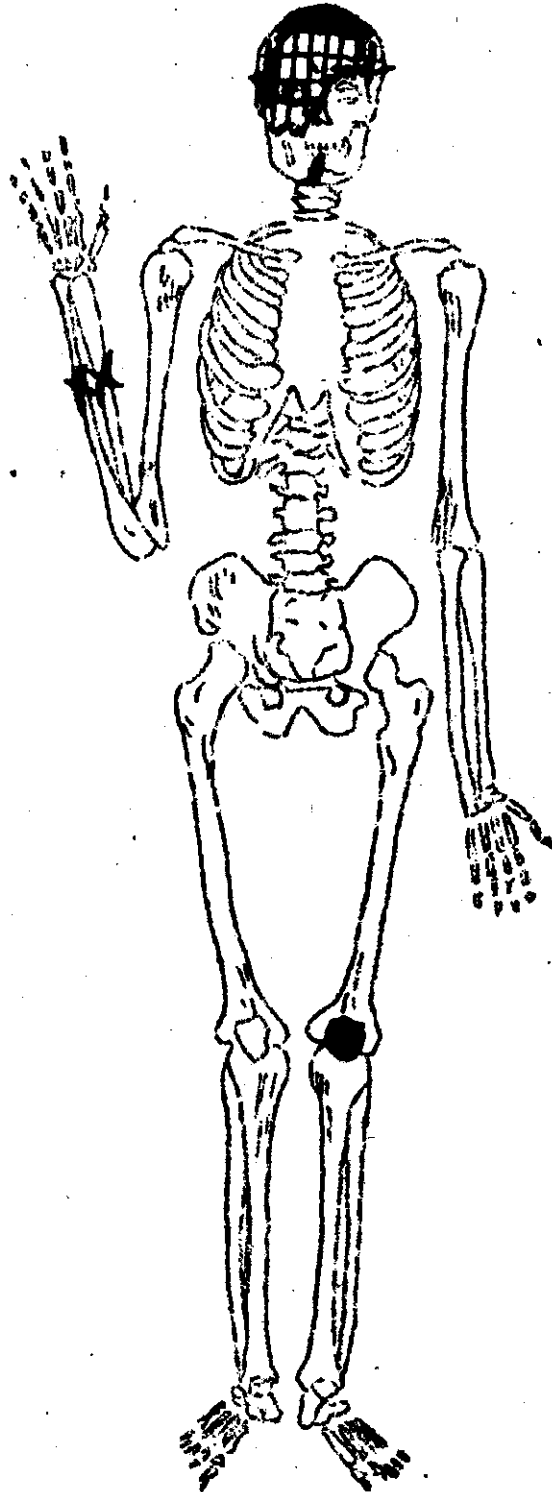
Unknown X-121 Guam Cem. # 2 Apat

(Case)

(Rank)

(Ser No.)

(Pr of Sv)



Skeletal Remains Incomplete

SKELETAL CHART

CENTRAL IDENTIFICATION POINT
AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE, APO 244

293.

Date 16 July 1948

CASE SUMMARY OF

NAME: UNKNOWN X-121 RANK: _____ SERIAL NO: _____

CEMETERY# 2 Agat Guam Plot: 4 Row: 57 Grave: 21

Fragments of blankets and two buckles.

cc: 293 _____

R. H. ...
(Signature)

Remarks:

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-121				2. DATE OF REPORT 16 July 48	
3. NAME OF CEMETERY Cemetery #2, Agat, Guam	4. PLOT 4	5. ROW 57	6. GRAVE 21	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT Unk	9. ESTIMATED HEIGHT 5' 8-7/8"	10. COLOR OF HAIR Unk	11. RACE Unk
-----------------------------------	---	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary Plate:
X-15 USN
P-4, R-57, G-21 Agat

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

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)

Fragments of Blanket

Two Buckles

Incl 4-a

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

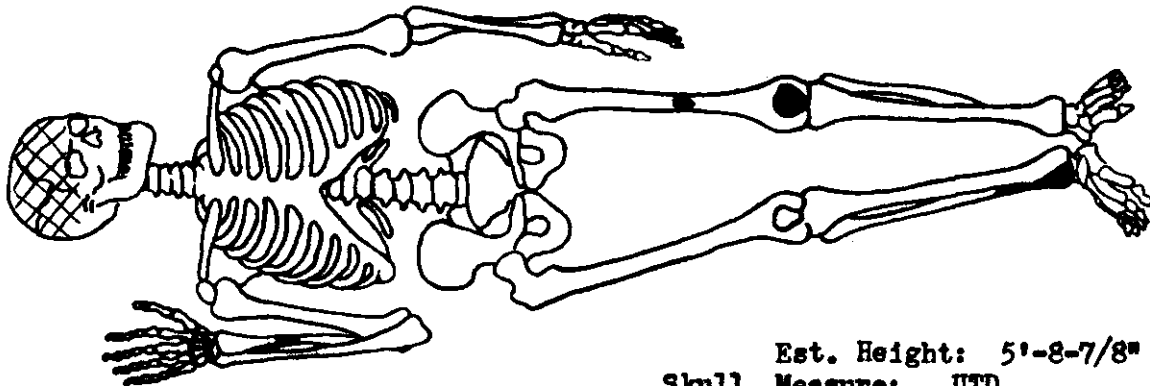
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
CAVITY						⊗	⊗	⊗	⊗					LA	CAVITY		
Side Views																	Side Views
Top Views																	UPPER LOWER
Side Views																	Side Views
CAVITY	CAVITY	CAVITY	⊗		⊗	⊗	⊗	⊗	⊗	⊗		⊗		⊗	CAVITY		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	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."

FRACTURE

/s/t/ Gary D. Pugh

19. BLACK OUT PARTS OF BODY NOT RECORDED



Est. Height: 5'-8-7/8"
Skull Measure: UTD

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
Two Buckles found with remains
Fragments of Blanket

A TRUE COPY:

H. B. McNEWAR
H. B. McNEWAR
Capt., QMC

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

/s/t/ R. H. Oestreich, Capt.,

A TRUE COPY:

IDENTIFICATION CHECKLIST

[Handwritten Signature]
A. B. McNEMAR
Capt., QMC

Unknown X-121
Cemetery #2, Agat, Guam
Plot 4 Row 57 Grave 21

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

(Information obtained from
other sources) _____
6. Was tooth chart taken? Yes If not, explain _____

7. Were fingerprints taken? No
8. Cause of death Unk
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.) _____

Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: Parts of Blanket, Two buckles

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

16. Evidence of healed fractures None

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 resulting information has been recorded to the best of my knowledge.

/s/ R. H. OESTRICH
Officer's name

Capt. Rank
Inf. Service

Organization

IDENTIFICATION DENTAL CHART

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

29 August 1946

DATE

UNKNOWN

UNIDENTIFIED (X-15)

UNKNOWN

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNKNOWN

USS Franklin

UNIT

ORGANIZATION

UNKNOWN

Cemetery #2, Agat, Guam, MI.

4

57

21

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	
	RIGHT				UPPER TEETH				LEFT								
TYPE																	TYPE
LOCATION																	LOCATION

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT				LOWER TEETH				LEFT								
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	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

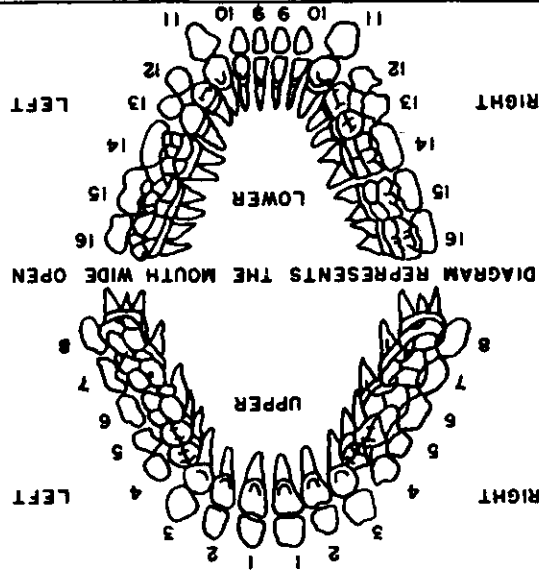
INSTRUCTIONS:

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

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

3 ANY ABNORMALITIES SUCH AS MALPOISED, 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.



A TRUE COPY:

H. B. MCNEEMAR
Capt., QMC

REMARKS:

#11 left-malposed
XXXXXX PJMB

Fluorosis stain on upper and lower post. teeth

S/ W H BLACK
SIGNATURE OF PERSON WHO PREPARED CHART

t/ W. H. BLACK, Lt. (JG) USNR
NAME AND RANK TYPED OR PRINTED

t/ ROBERT J. MCBROOM CAPT., QMC
NAME AND RANK TYPED OR PRINTED

s/ Robert J MCBROOM
VERIFIED BY GRS OFFICER

ASOR ISLAND, ULITHI ATOLL
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

29 August 1946
DATE

RESTRICTED

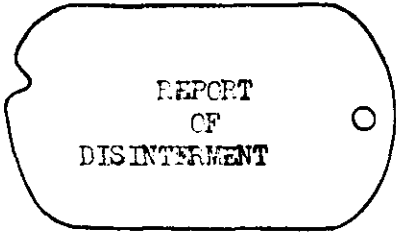
PO Waco

QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT
16 July 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-121		SERIAL No.
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) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Mortuary Plate: X-15 USN P-21 AGAT
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) No	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
See 1044

A TRUE COPY:
H. B. McPHEAR
H. B. McPHEAR
Capt., QMC

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

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

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. 4	ROW No. 57	GRAVE No. 21
----------------	------	---	----------------------	----------------------	----------------------	------------------------

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) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No
--	--

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
--	------	------------	--------------	-----------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT s/t/ G. K. Skinner	SIGNATURE OF GRS OFFICER VERIFYING REPORT s/t/ R. H. Oestreich, Capt.
---	---

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

Incl #26

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.

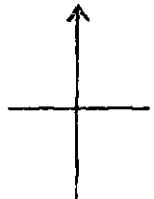
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

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



REMARKS:

Identification Station
 0906 NINE 10.1

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

RESTRICTED

RE

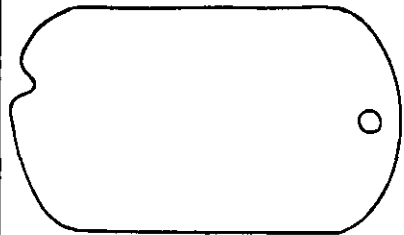
REPORT OF/INTERMENT
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

29 August 1946

QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

*Imprint Identification Tag If Possible.
DO NOT TYPE*



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
UNIDENTIFIED (X-15)		UNKNOWN
GRADE	ORGANIZATION	BRANCH OF SERVICE
UNKNOWN	USS Franklin	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	Burn, All Body Surfaces #2508	3-12-4

EMERGENCY ADDRESSEE (Name, relationship, and address)

UNKNOWN

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
NONE	PLOT PLAN, GRAVE MARKER
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO
NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

A TRUE COPY:
H. B. McENEAR
H. B. McENEAR
Capt., QMC

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.
9-11-46	1115	Casket and Burial Bag	Cross with Zinc Plate	4	57	21

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	Ulithi Cemetery, Asor Island

PLOT No.	ROW No.	GRAVE No.
2	10	1

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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	WDQMC Form 1042 buried in bottle one foot below grave marker.
Zinc Plate	No	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
Lucas, Warren P.	S 2/c	835-69-43	USS Franklin	22

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION	GRAVE No.
Cox, Joseph E.	UNKNOWN	3007304	YAP	20

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
/s/t/ ROBERT J. MCBROOM, CAPT., QMC	/s/t/ ROBERT J. MCBROOM, CAPT., QMC

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 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.

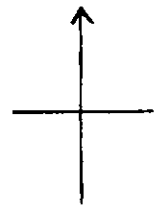
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

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



REMARKS:

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

IDENTIFICATION CHECKLIST

Unknown X-121
Cemetery #2, Agat, Guam
Plot 4 Row 57 Grave 21

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 _____ 2. Estimated height _____
3. Color of hair _____ 4. Race Unk
5. Tattoo or scars on the body (give description) _____

_____ (Information obtained from
other sources) _____

6. Was tooth chart taken? Yes If not, explain _____

7. Were fingerprints taken? No

8. Cause of death Unk

9. Was body burned? _____ 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.) _____

Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: Parts of Blanket, Two buckles

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

16. Evidence of healed fractures _____

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 resulting information has been recorded to the best of my knowledge.

s/t/ R. H. OESTRICH
Officer's name

Capt. Inf.
Rank Service

Organization

WD GMC Form 1042
(Rev. 1 Apr 1944)
(Supersedes GRS Form 17)

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

DATE OF REPORT

11/25/47

Section 1 - IDENTIFICATION

NAME (Last, first, middle initial)

UNKNOWN LT-3

Box No. 999

GRADE

ORGANIZATION

SERIAL NO.

BRANCH OF SERVICE

U.S.N.

RACE

RELIGION

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

PLACE OF DEATH

GUAM

CAUSE OF DEATH

Disk

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

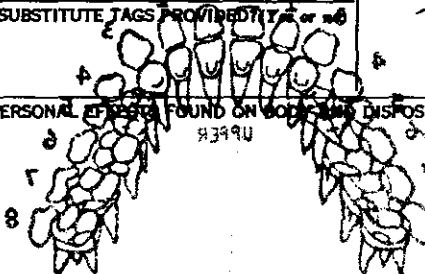
None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)

Remain in body carrier in metal box.

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME



Small fragment mandible missing. Both radius, right and left femur & fibula broken.

Section 2 - BURIAL (If burial is to be in a cemetery, furnish sketch and coordinates on reverse.)

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Agat, Cntry #2, Guam

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, etc.)

TYPE OF GRAVE MARKER

PLOT No.

ROW No.

GRAVE No.

57 21

WAS THIS A REBURIAL? (Yes or no)

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

STATION 444

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)

Lucas, Warren

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

Sgt

8356943

USNR

22

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

Cox, Joseph E.

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

ENS

300730

70

SIGNATURE OF PERSON PREPARING REPORT

Teodorico J. Espital

TEODORICO J. ESPITAL

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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.

Merritt White

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


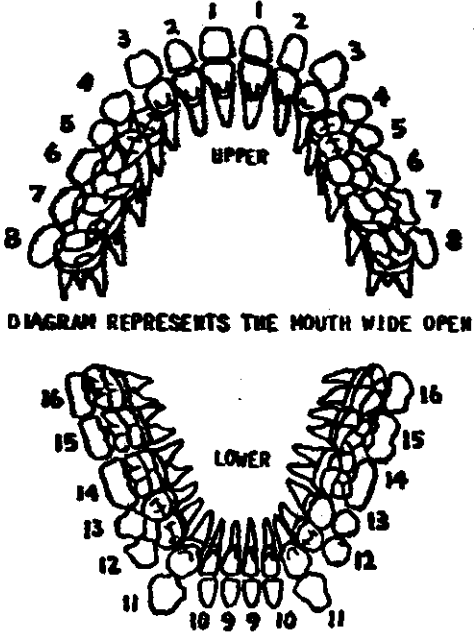




INSTRUCTIONS:

(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 FILING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:

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

RESTRICTED

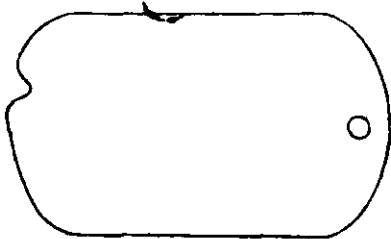
WD QMC Form 1042
Rev. 1 Apr 1945
(Supersedes GRS Form 1)

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

Date of Report

29 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

UNIDENTIFIED (X-15)

Serial Number

UNKNOWN

Grade

UNKNOWN

Organization

USS Franklin

Branch of Service

UNKNOWN

Race

UNKNOWN

Religion

UNKNOWN

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

Place of Death

UNKNOWN

Cause of Death

Burn, All Body Surfaces #2508

Date of Death

3-12-45

Emergency Addressee (Name, Relationship and Address)

UNKNOWN

Identification Tags Found on Body (1, 2, or None)

NONE

If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse

PLOT PLAN, GRAVE MARKER

Were Substitute Tags Provided (Yes or No)

NO

List Personal Effects Found on Body and Disposition of Same

NONE

SECTION 2. BURIAL 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

9-11-46

Hour

1:15

Buried in (Shroud, Blanket, or name of other)

Casket and Burial Bag

Type of Grave Marker

Cross with Zinc Plate

Plot No.

4

Row No.

57

Grave No.

21

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.

2

Row No.

10

Grave No.

1

Type of Religious Ceremony

MEMORIAL

Person Conducting Burial Rites

SERVICE ONLY

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

~~XXXXXXXXXXXXXXXXXXXX~~ *RJMB*

Identification Tag Buried With Body (Yes or No)

Zinc Plate

Identification Tag Attached to Marker (Yes or No)

No

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

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

Lucas, Warren P.

Rank

S 2/c

Serial Number

835-69-43

Organization

USS Franklin

Grave No.

22

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

Cox, Joseph E.

Rank

UNKNOWN

Serial Number

3007304

Organization

YAP

Grave No.

20

Signature of Person Preparing Report

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

Signature of GRS Officer Verifying Report

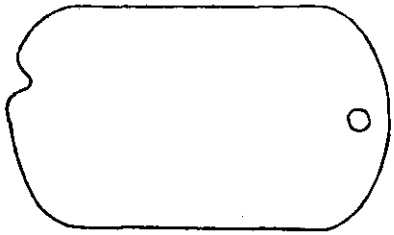
Robert J. McBroom
ROBERT J. MCBROOM, CAPT., QMC


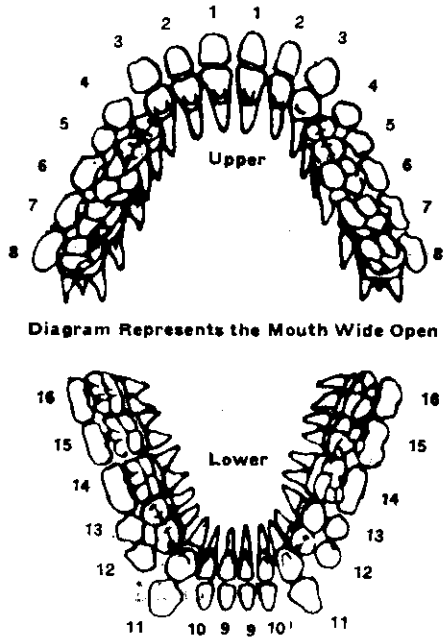


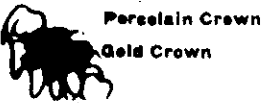

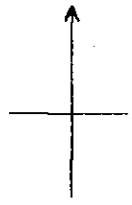
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

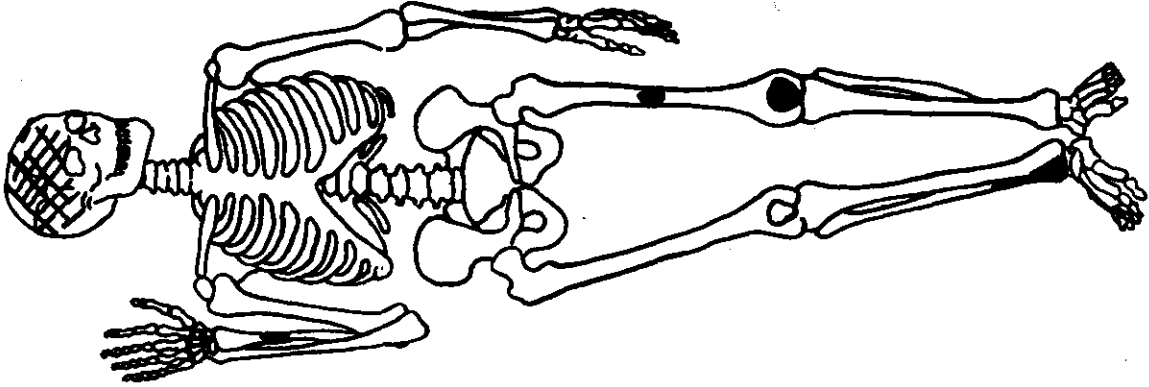
414

SECTION 3. UNIDENTIFIED REMAINS													
Left Little Finger	<p>Instructions</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>												
Left Ring Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Height</td> <td style="width: 15%;">Weight</td> <td style="width: 20%;">Color of Eyes</td> <td style="width: 20%;">Color of Hair</td> <td style="width: 30%;">Birthmarks, Scars or Tattoos</td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos							
Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos									
Left Middle Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Weapon and Serial Number</td> <td style="width: 30%;">Laundry Mark</td> <td style="width: 40%;">Where Body Was Buried or Found</td> </tr> </table>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found									
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Left Index Finger	<p>Other Identification Clues</p>												
Left Thumb	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>Fillings</p> <div style="display: flex; align-items: center;"> <div> <p>Silver Filling</p> <p>Gold Filling</p> </div> </div> </td> <td rowspan="4" style="width: 50%; text-align: center; vertical-align: middle;"> <p>Diagram Represents the Mouth Wide Open</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Cavities</p> <div style="display: flex; align-items: center;"> <div> <p>Cavity</p> <p>Decayed</p> </div> </div> </td> </tr> <tr> <td style="padding: 5px;"> <p>Missing Teeth</p> <div style="display: flex; align-items: center;"> <div> <p>Teeth Missing</p> </div> </div> </td> </tr> <tr> <td style="padding: 5px;"> <p>Crowned Teeth</p> <div style="display: flex; align-items: center;"> <div> <p>Porcelain Crown</p> <p>Gold Crown</p> </div> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Right Index Finger</td> <td style="padding: 5px;"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>Bridge Work</p> <div style="display: flex; align-items: center;"> <div> <p>Gold Bridge</p> </div> </div> </td> <td rowspan="4" style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;"> <p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center; margin-top: 20px;"> </div> </td> </tr> <tr> <td style="padding: 5px;"> <p>Remarks</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Remarks</p> </td> </tr> </table></td></tr></table>	<p>Fillings</p> <div style="display: flex; align-items: center;"> <div> <p>Silver Filling</p> <p>Gold Filling</p> </div> </div>	<p>Diagram Represents the Mouth Wide Open</p>	<p>Cavities</p> <div style="display: flex; align-items: center;"> <div> <p>Cavity</p> <p>Decayed</p> </div> </div>	<p>Missing Teeth</p> <div style="display: flex; align-items: center;"> <div> <p>Teeth Missing</p> </div> </div>	<p>Crowned Teeth</p> <div style="display: flex; align-items: center;"> <div> <p>Porcelain Crown</p> <p>Gold Crown</p> </div> </div>	Right Index Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>Bridge Work</p> <div style="display: flex; align-items: center;"> <div> <p>Gold Bridge</p> </div> </div> </td> <td rowspan="4" style="width: 50%;"></td> </tr> <tr> <td style="padding: 5px;"> <p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center; margin-top: 20px;"> </div> </td> </tr> <tr> <td style="padding: 5px;"> <p>Remarks</p> </td> </tr> <tr> <td style="padding: 5px;"> <p>Remarks</p> </td> </tr> </table>	<p>Bridge Work</p> <div style="display: flex; align-items: center;"> <div> <p>Gold Bridge</p> </div> </div>		<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center; margin-top: 20px;"> </div>	<p>Remarks</p>	<p>Remarks</p>
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WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)		<h2 style="margin:0;">REPORT OF INTERMENT</h2> (AR 30-1810 and AR 30-1815)			Date of Report <p align="center">26 AUGUST 1946</p>	
Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION					
	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		
UNKNOWN	Burn, All Body Surfaces #2506			3-12-45		
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				
NO		PLAIN PLAIN, GIVE MARKS				
Were Substitute Tags Provided (Yes or No)						
NO						
List Personal Effects Found on Body and Disposition of Same						
NONE						
SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.						
Name, Number, Coordinates and Location of Cemetery						
Army, Navy, Marine Cemetery #2, Agat, Guam, HI.						
Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-11-46	1115	Casket and Burial Bag	Cross with Zinc Plate	4	57	21
Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave			Plot No.	Row No.	Grave No.
Yes	Ulithi Cemetery, Asor Island			2	10	1
Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body				
UNKNOWN	UNKNOWN	UNKNOWN <i>Offical</i>				
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	WDQMC Form 1042 buried in bottle one foot below grave marker.				
Zinc Plate	No					
Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.		
Lucas, Warren P.	S 2/c	835-69-43	USG Franklin	22		
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.		
Cox, Joseph E.	UNKNOWN	3007304	YAP	20		
Signature of Person Preparing Report			Signature of GRS Officer Verifying Report			
<i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC			<i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC			
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.						

		SECTION 3. UNIDENTIFIED REMAINS							
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	Right Thumb	Fillings 		 <p align="center">Diagram Represents the Mouth Wide Open</p>					
	Right Index Finger	Cavities 							
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	Right Ring Finger	Crowned Teeth 							
	Right Little Finger	Bridge Work 							
		Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery							
									
		Remarks							

19. BLACK OUT PARTS OF BODY NOT RECORDED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

CERTIFIED TRUE COPY:

Stanley E. May
STANLEY E. MAY
Major OMC

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Sec.

SIGNATURE

(S) Paul R. Nichols

MEX

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900
23 January 1950

GRPZ 293

SUBJECT: Unidentifiable Remains

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 QMGMU 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-108	Agat, Guam	#2	} Purs Harry Dec X 15-
"	X-109	"	" "	
"	X-110	"	" "	
"	X-112	"	" "	
"	X-117	"	" "	
"	X-118	"	" "	
"	X-119	"	" "	
"	X-120	"	" "	
"	X-121	"	" "	

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

FOR THE COMMANDING OFFICER:

9 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

John Shyella
JOHN SHYELLA
1st Lt., Infantry
Adjutant

993 After you exist.

943
QAGM 293
Unknown X-16

4 January 1951

SUBJECT: Request for Reprocessing of Remains

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

1. Reference is made to the Report of Interment for Unknown remains X-16, ANM Cemetery #2, AGAT, Guam, M. I., Plot 4, Row 55, Grave 22, dated 27 August 1946 and to the Report of Interment for Unknown remains X-121, ANM Cemetery #2, AGAT, Guam, M. I., Plot 4, Row 57, Grave 21, dated 16 July 1946.

2. The Reports of Interment for X-16 and X-121 indicate these remains were casualties from the USS FRANKLIN, which was struck by enemy bombs on 19 March 1945.

3. Unknown X-16 and X-121 were processed against the un-recovered casualties from the USS FRANKLIN by this Office, with negative results.

4. In view of the above facts, it is requested that appropriate resolution action be taken by your Headquarters for X-16 and X-121.

5. Unknown X-16 is listed on FEA Unit 4 Roster, Page 11.
Unknown X-121 is listed on FEA Unit 9 Roster, Page 5.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. GUY
Captain QMC
Memorial Division

Unknown X-121, ANM Cemetery #2, Agat, Guam, M. I.

AIRMAIL

QCMM 293

4th Ind

Unknown I-121

Agat, Guam No. 2

~~Subject: Unidentifiable Remains~~

Dept of the Army, COMD, Washington 25, D. C., 18 August 1950

TO: Commanding Officer, American Graves Registration Service, Philcom
Zone, APO 928, c/o Postmaster, San Francisco, California

Records of this Office have been amended to indicate that Unknown
I-15, ANM Cemetery #2, Guam, Plot 4, Row 57, Grave 21 formerly interred
in Ulihi Cemetery, Asor Island, Plot 2, Row 10, Grave 1 (photostat
inclosed) has been redesignated Unknown remains I-121, ANM Cemetery #2,
Guam, Plot 4, Row 57, Grave 21, to avoid interchange of records with
I-15 ANM Cemetery #2, Guam, Plot C, Row 7, Grave 14.

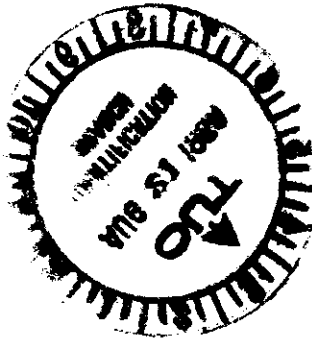
FOR THE QUARTERMASTER GENERAL:

1 Incl
Photostat for
I-15, Guam #2

THOMAS E. COX
Captain QMS
Memorial Division

En
CJM
John

AUG 21 4 54 PM '50
COMMUNICATIONS SECTION
[Handwritten signature]



AIRMAIL

CHARGE OUT FOR FILES

FILE # 293 Vrk Nelson Dept Com # 21 X-121

DATE CHARGED	CHARGED TO (Organization and Person)	LAST ACTION	CHARGED BY	DATE RETURNED
5-27-50	V. Nelson	8-10 mar. 50	Nacl	5/26/50
6/9/50	Shorter - Acc: 5-23-50	Mr. Brown		6-13-50
6-22-50	Harry Lawson	23 Aug 50	Nacl	8/22/50
8/22/50	Roth (Navy)	4-22-8-18-50	W.S.	5-1-51
9/20/50	Lee S	1-24-51	Thorne	9-23-50