

FILE IDENTIFICATION TOPPER

FILE NUMBER

43 Junk Room # 2 X/30

SUBJECT

1. FILE UNDER NO. 293 - Unk. Guam X-130 (Army, Navy Marine Cem.)

### SYNOPSIS

2. TYPE OF DOCUMENT: INCOMING TELETYPE 3. DATE: 12 May 48  
4. FROM: CG MARBO AGRS SAIPAN  
5. TO: UAFBG /GINCPB  
6. SUBJECT: MC IN NO. - 54178

CITE CG GRS 847 . REURAD ZEBRA X- 48265. FOUR ALLIED REMAINS CONSISTS OF 3 NATIVE SCOUTS AND 1 MEMBER OF USM INSULAR FORCE DISINTERRED CEM. NO. 2, GUAM. . . . . APPROX 10 OF THESE REMAINS COMPOSING OUR UNKNOWN X-130 AND UNK. X-131 DISINTERRED ARMY NAVY MARINE CEM NO. 2, AGAT, GUAM HAS BEEN REPORTED TO OQMG WITH RECOMMENDATIONS THAT BURIAL BE MADE IN LOCAL ENEMY DEAD CEMETERY OR DISPOSITION INSTRUCTIONS BE FURNISHED.

7. DOCUMENT FILED UNDER NO. 293 - GRS, Far East (Unknowns.)

mc's

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

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

NATIONAL MEMORIAL CEMETERY OF THE PACIFIC

DISINTERMENT DIRECTIVE

Interred: 8 December 1949  
P 536

Cemetery Superintendent

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 6321 01501

DATE: 15 10 49  
DAY MONTH YEAR

NAME: UNKNOWN X - 000130 SERIAL NUMBER: GRADE: ARM: 0 RACE: 0 RELIGION: 6

CEMETERY: GUAM NO 2 MARIANAS IS PLOT: 4 ROW: 45 GRAVE: 5 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-130, Guam #2 SERIAL NUMBER: Unknown GRADE: Unk DATE OF DEATH: Unknown DATE DISTINTERRED: Not Indicated

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: Uncasketed. CONDITION OF REMAINS: Skeletal.

OTHER MEANS OF IDENTIFICATION: QMC Form 1042 and Ltr QMGMT 293 Dated 10 May 1949.

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.): None

REMAINS PREPARED AND PLACED IN CASKET

DATE: 28 July 1949 BY: E. E. Brayboy  
CASKET SEALED BY: J. N. Robinson EMBALMER (Signature): J. N. Robinson

CASKET BOXED AND MARKED: DATE: 14 Nov '49 BY: J. N. Robinson SHIPPING ADDRESS VERIFIED BY: G. L. H. Wong

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

GILBERT L. H. WONG, Captain, INF  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: REMAINS UNIDENTIFIABLE

Graves

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM U. S. ARMY MAUSOLEUM

TO CHIEF, HAWAIIAN DISTRIBUTION CENTER

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

GILBERT L. H. WONG, CAPT., I.R.F.

KENNETH S. HINO

28 NOV 1949

28 NOV 1949

2. SHIPPED

1st Lt., I.R.F., 0-242002

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

1. FILE UNDER NO. 293 - Unk. Guam X-130 (Army, Navy, Marine Com.)

### SYNOPSIS

2. TYPE OF DOCUMENT: 3rd Ind. 3. DATE: 14 May 48  
4. FROM: OQMG  
5. TO: CG, Marianas-Bonins Comd., APO 246, %PM, San Fran., Calif.  
6. SUBJECT: Inclosed summaries for proceedings in accord. with ltr  
AGAO-9 Apr 47, Subj: Establishing of Bds. of Review for  
Ident. of Unk. Dead Overseas".

7. DOCUMENT FILED UNDER NO. 314.6 - GRS Far East (Repts. of Inter).

msb

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# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>I-130</b>				2. DATE OF REPORT <b>5 Nov 48</b>	
3. NAME OF CEMETERY <b>Cem #2, Guan</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>4</b>	<b>45</b>	<b>5</b>	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>Unk</b>	11. RACE <b>Mongoloid</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**None**

**U N I D E N T I F I A B L E**  
 BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*Arthur A. Arena*

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

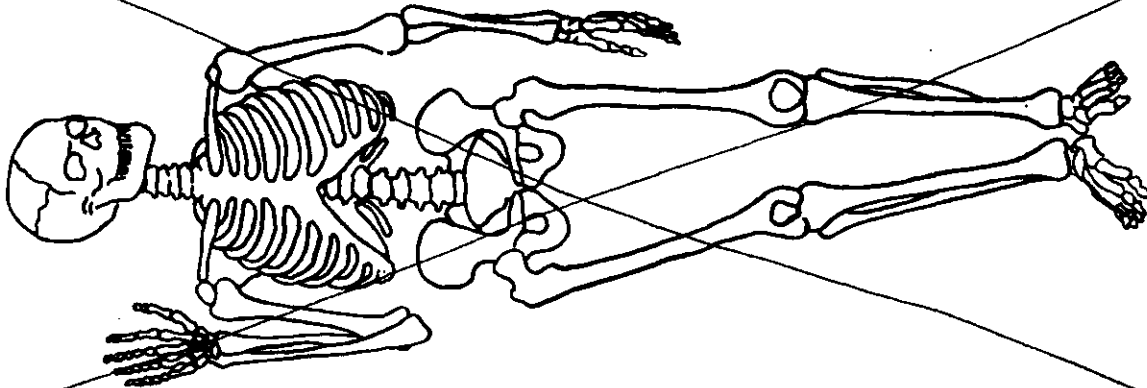
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**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**

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

X-130 (Mongoloid)

- Portion of 2 skulls
- 1 R & L clavicle
- 2 R & L scapula
- 1 Portion of sternum
- 4 R & L humerus
- 1 L radius
- 2 R & 3 L ulna
- 36 Ribs
- 28 Vertebrae
- 2 Sacrum
- 3 R & L innominate
- 4 R & 3 L femurs
- 3 R & 6 L tibia
- 3 R & 2 L fibula
- Few bones of hands and feet.

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

ROY H. OESTREICH, Capt., Inf

# IDENTIFICATION DENTAL CHART

DATE

5 Nov 48

NAME (Last, First, Middle Initial)

UNKNOWN X-130

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

PLACE OF BURIAL

Cem #2, Guam

PLOT

4

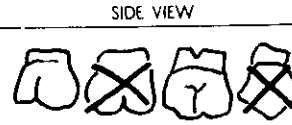
ROW

45

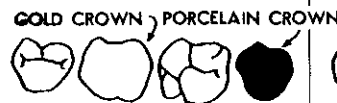
GRAVE

5

**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:



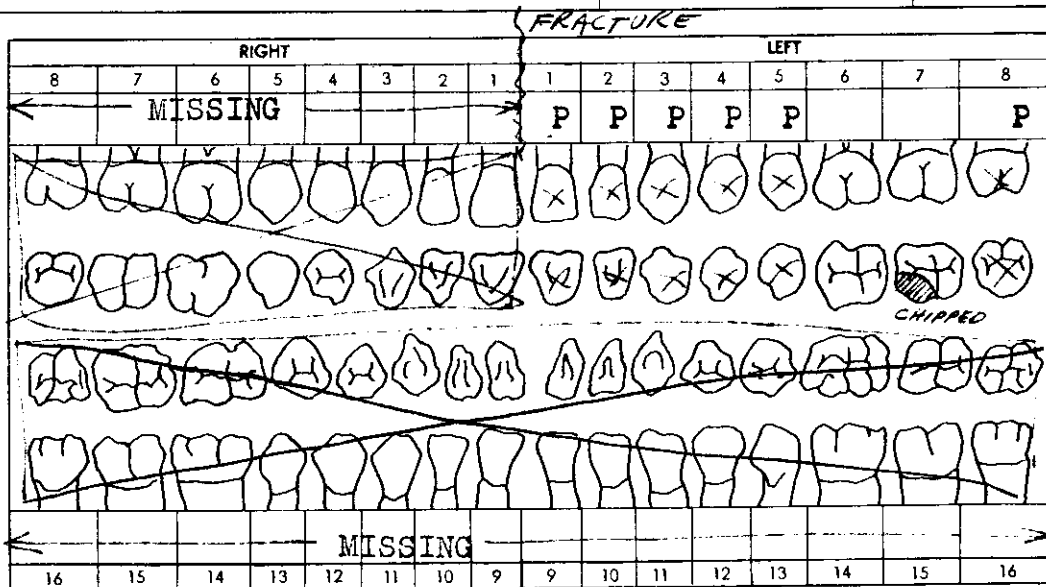
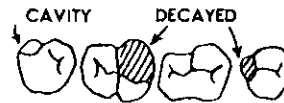
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



**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."

BTB: Mongoloid

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

*Gerald K. Skinner*  
GERALD K. SKINNER, Embalmer

VERIFIED BY GRS OFFICER

*Roy H. Oestreich*  
ROY H. OESTREICH, Capt., Inf



CENTRAL IDENTIFICATION POINT  
AMERICAN GRAVES REGISTRATION SERVICE  
MARBO ZONE APO 244

15 July 48

Examination of subject remains UNKNOWN X-130 removed from grave 5, reveals the high incidence of Mongoloid characteristics in all cases.

It has been concluded that subject remains may be racially classified as representing the Mongoloid stock.




T. W. McKERN  
Anthropologist



John Aievole  
Ident. Consultant

**RESTRICTED**

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 26 May 1949
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Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.		
	NAME (Last, first, middle initial) UNKNOWN X-130 (Formerly AGAT Cemetery #2, Guam M.I.)	SERIAL No. Unknown	
	GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
	RACE Mongoloid	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Guam, M. I.	CAUSE OF DEATH Unknown	DATE OF DEATH Unknown
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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) Ltr OQMG, QMGMT 293 GRS Pacific dtd 16 May 49 Subj: Identification of World War II Deceased.
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes	

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  
 US Army Mausoleum, Schofield Barracks, T. H. Casket


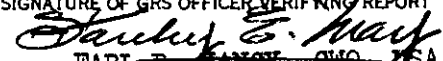
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
2 Feb 49		Metal lined casket	Saipan Section			5025

WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE AGAT Cemetery #2, Guam, M. I.	PLOT No. 4	ROW No. 45	GRAVE No. 5
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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. --
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.	RANK --	SERIAL No. --	ORGANIZATION --	GRAVE No. --
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SIGNATURE OF PERSON PREPARING REPORT  I. K. USHER - Clerk	SIGNATURE OF GRS OFFICER VERIFYING REPORT  PAUL B. NANCY, OWO, USA
--	--

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

**RESTRICTED**

**Section 3.— UNIDENTIFIED REMAINS.**


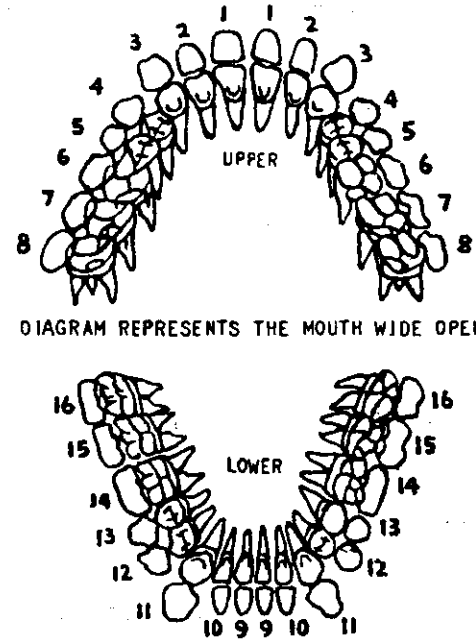




**INSTRUCTIONS:**

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

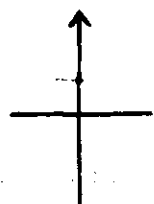
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

**OTHER IDENTIFICATION CLUES**

<b>FILLINGS</b>		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<b>CAVITIES</b>		
<b>MISSING TEETH</b>		
<b>CROWNED TEETH</b>		
<b>BRIDGE WORK</b>		

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



REMARKS:

RESTRICTED

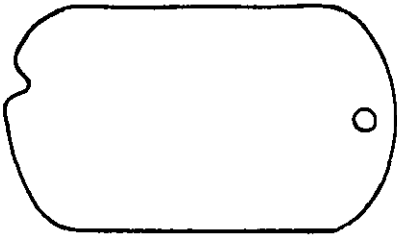
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

26 May 1949

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN I-130</b>		SERIAL NO. <b>Unknown</b>
GRADE <b>Unknown</b>	ORGANIZATION <b>Unknown</b>	BRANCH OF SERVICE <b>Unknown</b>
RACE <b>Mongoloid</b>	RELIGION <b>Unknown</b>	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

(Formerly AGAT Cemetery #2, Guam, M.I.)

PLACE OF DEATH <b>Guam, M. I.</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH <b>Unknown</b>
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EMERGENCY ADDRESSEE (Name, relationship, and address)  
**Unknown**

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) <b>Ltr OOMG, QMONT 293 GRS Pacific dtd 16 May 49 Subj: Identification of World War II Deceased.</b>
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) <b>Yes</b>	

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  
**US Army Mausoleum, Schofield Barracks, T. H.**

DATE OF BURIAL <b>2 Feb 49</b>	HOUR	BURIED IN (Shroud, blanket, or name of other) <b>Metal lined casket</b>	TYPE OF GRAVE MARKER <b>Salpex Section</b>	PLOT No.	ROW No.	GRAVE No. <b>5025</b>
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WAS THIS A REBURIAL? (Yes or no) <b>Yes</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <b>AGAT Cemetery #2, Guam, M. I.</b>	PLOT No. <b>4</b>	ROW No. <b>45</b>	GRAVE No. <b>5</b>
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TYPE OF RELIGIOUS CEREMONY <b>---</b>	PERSON CONDUCTING BURIAL RITES <b>---</b>	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
--	--	---

IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>---</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>---</b>
---	---

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <b>Not applicable due to</b>	RANK <b>---</b>	SERIAL No. <b>---</b>	ORGANIZATION <b>---</b>	GRAVE No. <b>---</b>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <b>manner of storing caskets.</b>	RANK <b>---</b>	SERIAL No. <b>---</b>	ORGANIZATION <b>---</b>	GRAVE No. <b>---</b>
--	--------------------	--------------------------	----------------------------	-------------------------

SIGNATURE OF PERSON PREPARING REPORT <b>J. K. USHER - Clerk</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>EARL B. YANCI, CWO, USA</b>
--	---

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

RESTRICTED

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


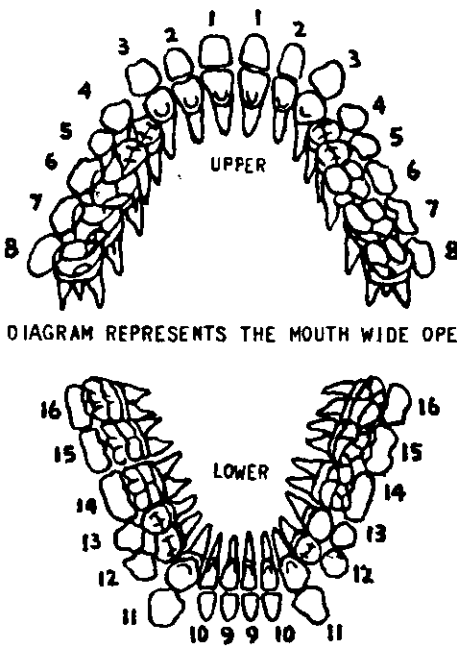




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

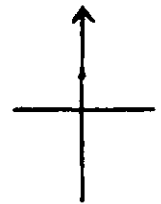
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

LEFT LITTLE FINGER	<p><b>FILLINGS</b></p> 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	<p><b>CAVITIES</b></p> 	
LEFT MIDDLE FINGER	<p><b>MISSING TEETH</b></p> 	
LEFT INDEX FINGER	<p><b>CROWNED TEETH</b></p> 	
LEFT THUMB	<p><b>BRIDGE WORK</b></p> 	
RIGHT THUMB		

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



REMARKS:

RIGHT  
LITTLE FINGER