

FILE IDENTIFICATION TOPPER

FILE NUMBER

93 Junk Swan #2 X131

SUBJECT

OF THE PACIFIC

1

Interred: 8 December 1949
P 525

DISINTERMENT DIRECTIVE

John B. Baker

Cemetery Superintendent

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

ALPHA DIRECTIVE NUMBER

6321 01-502

DATE
15 10 49
DAY MONTH YEAR

NAME
UNKNOWN

SERIAL NUMBER
X-000131

GRADE
0

ARM
0

RACE
0

RELIGION
6

CEMETERY
(GUAM NO 2) MARIANAS IS

PLOT
4

ROW
45

GRAVE
9

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-131
Guam #2

SERIAL NUMBER
Unknown

GRADE
Unk

DATE OF DEATH
29 July 1946

DATE DISTINTERRED
28 July 1949

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
Unk

IDENTIFICATION VERIFIED BY
Stanely E. May
Capt, QMC NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Temporary Casket.

CONDITION OF REMAINS
Skeletal.

OTHER MEANS OF IDENTIFICATION

QMC Form 1042, and Ltr QMGMT-293 Dated 16 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 J. N. Robinson

E. E. Brayboy
EMBALMER (Signature)
J. N. Robinson
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
GILBERT L. H. WONG, Captain, Inf
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

REMAINS UNIDENTIFIABLE

REMAINS PLACED IN CASKET IN MARIANAS ZONE

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

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

KENNETH S. HINO

28 NOV 1949

28 NOV 1949

DATE

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

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

1. FILE UNDER NO. 293 - Unk. Guam X-131 (Army , Navy, Marine Cem)

SYNOPSIS

2. TYPE OF DOCUMENT: **INCOMING TELETYPE** 3. DATE: **12 May 48**
4. FROM: **CG MARBO AORR SAIPAN**
5. TO: **UAPBG /DINOPB**
6. SUBJECT: **MS IN NO. - 54178**

CITE CG OHS 847 . REURAD ZEDRA X- 48285. FOUR ALLIED REMAINS CONSISTS OF 3 NATIVE SCOUTS AND 1 MEMBER OF USM INFANTRY FORCE DISINTERRED CEM. NO. 2, GUAM. APPROX 10 OF THESE REMAINS COMPOSING OUR UNKNOWN X-130 AND UNK. X-131 DISINTERRED AND ARMY NAVY MARINE CEM NO. 2, AGAT, GUAM HAS BEEN REPORTED TO OQMG WITH RECOMMENDATION THAT BURIAL BE MADE IN LOCAL ENEMY DEAD CEMETERY OR DISPOSITION INSTRUCTIONS BE FURNISHED.

7. DOCUMENT FILED **293 - OHS, Far East** (Unknown.)
UNDER NO.

mfs

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.

1. FILE UNDER NO. 293 - Unk. Guam X-131 (Army, Navy, Marine Com.)

SYNOPSIS

2. TYPE OF DOCUMENT: 3rd Ind. 3. DATE: 24 May 48
4. FROM: OQMS
5. TO: CG, Marianas-Bonins Comd., APO 246, XPM, 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

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.

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-131			2. DATE OF REPORT 5 Nov 48		
3. NAME OF CEMETERY Cem #2, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	45	9	DISINTERMENT	REINTERMENT
				20 Jul 48	20 Jul 48

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR Unk	11. RACE Mongoloid
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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

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

Arthur A. H. ...

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

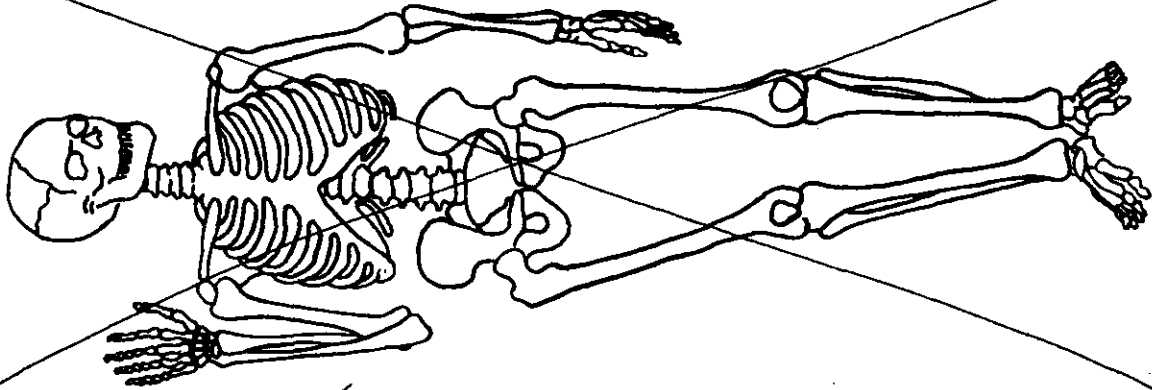
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

- 4 Fragmented parts of skull
- 6 Fragmented parts of 5 mandible
- 4 L & 3 R. scapulas
- 1 Sternum
- 2 R & 2 L humerus
- 3 Clavicles
- 3 R & 2 L radius
- 4 ribs
- 3 Sacrum
- 12 Vertebrae
- 5 L femur
- 4 R innominate bone
- 3 R & 3 L tibias
- 1 Metatarsal bone
- 2 Teeth L 12 & 13

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-131		RANK	SERIAL NUMBER	
UNIT	ORGANIZATION	CAUSE OF DEATH		DATE OF DEATH
PLACE OF DEATH	PLACE OF BURIAL Cem #3, Guam, M. I.	PLOT 4	ROW 45	GRAVE 9

<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>	TOP VIEW	SIDE VIEW
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>GOLD CROWN, PORCELAIN CROWN</p>	
	<p>GOLD BRIDGE</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>GOLD FILLING, SILVER FILLING</p>	
	<p>CAVITY, DECAYED</p>	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	missing																
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
SIDE VIEWS																	
	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."

Portions of 4 extra mandibles present -- no teeth.

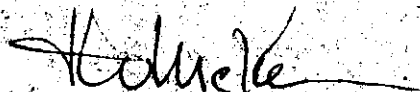
SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART	VERIFIED BY GRS OFFICER
<i>Gerald K. Skinner</i> GERALD K. SKINNER, Embalmer	<i>Roy H. Oestreich</i> ROY H. OESTREICH, Capt, Inf

CENTRAL IDENTIFICATION POINT
AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE APO 244

15 July 48

Examination of subject remains UNKNOWN X-131 removed from grave 9, reveals the high incidence of Mongoloid characteristics in all cases.

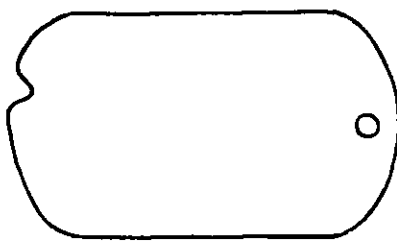


It has been concluded that the subject remains may be racially classified as representing the Mongoloid stock.



T. W. MCKERN
Anthropologist

John Aievoli
Ident. Consultant

RESTRICTED

WD QMC 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) UNKNOWN X-131 (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		
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 2 Feb 49	HOUR	BURIED IN (Shroud, blanket, or name of other) Metal lined casket	TYPE OF GRAVE MARKER Saipan Section	PLOT No.	ROW No.	GRAVE No. 5026
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. 9
TYPE OF RELIGIOUS CEREMONY ---	PERSON CONDUCTING BURIAL RITES ---	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ---	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) ---					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Not applicable due to		RANK ---	SERIAL NO. ---	ORGANIZATION ---	GRAVE No. ---	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) manner of storing caskets.		RANK ---	SERIAL NO. ---	ORGANIZATION ---	GRAVE No. ---	
SIGNATURE OF PERSON PREPARING REPORT  I. K. USHER - Clerk			SIGNATURE OF GRS OFFICER VERIFYING REPORT  DANIEL B. FANCY, CWO, 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:


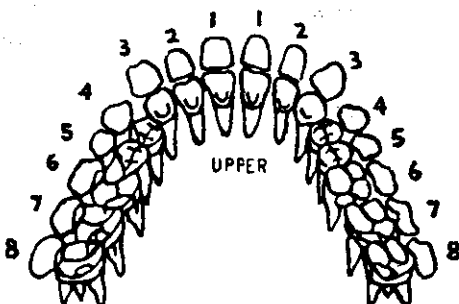
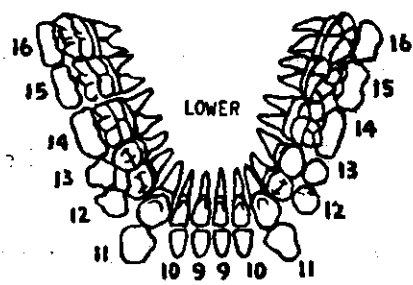




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

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



REMARKS:

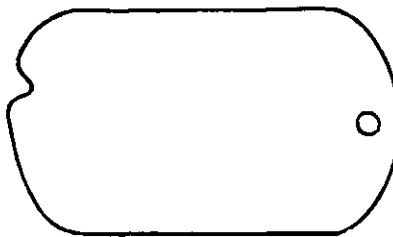
RESTRICTED

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

REPORT OF INTERMENT 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) UNKNOWN X-131		(Formerly AGAT Cemetery #2, Guam, N. 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, N.I.	CAUSE OF DEATH Unknown		DATE OF DEATH Unknown	

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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

None

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

Yes

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

**Ltr OQMI, QMCMT 293 GRS Pacific dtd 18 May 49
Subjt Identification of World War II Deceased.**

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 2 Feb 49	HOUR	BURIED IN (Shroud, blanket, or name of other) Retal lined casket	TYPE OF GRAVE MARKER Salpica Section	PLOT No.	ROW No.	GRAVE No. 5026
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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, N.I.

PLOT No. 4	ROW No. 45	GRAVE No. 9
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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

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

number of storing caskets.

SIGNATURE OF PERSON PREPARING REPORT

I. K. Usher
I. K. USHER - Clerk

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Stanley E. Kay
STANLEY E. KAY, MAJ, USA Captain, GRC

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.


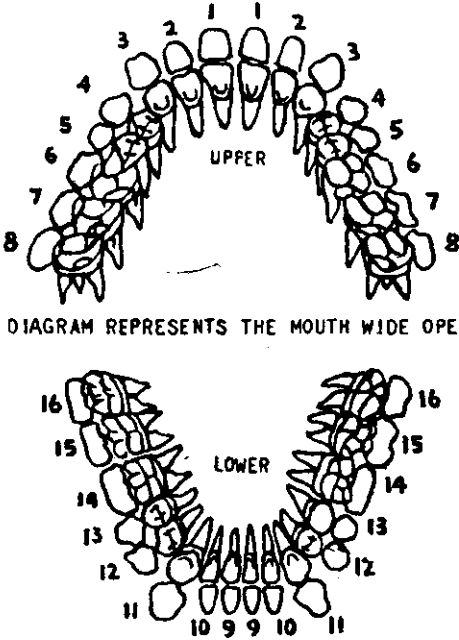




INSTRUCTIONS:

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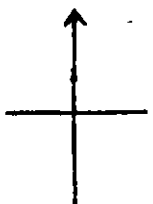
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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



REMARKS: