

FLUOROSCOPIC REPORT

Date: 9 July 48

ON: X - 16
(Name)

Place of Death: _____

P 4 R 55 G 22

Agat #2
Cemetery

GUAM
Country

Healed Fracture: NONE

Malformation: NONE

Personal Items: NONE

Misc. Items: 50 Cal. Machine gun shells

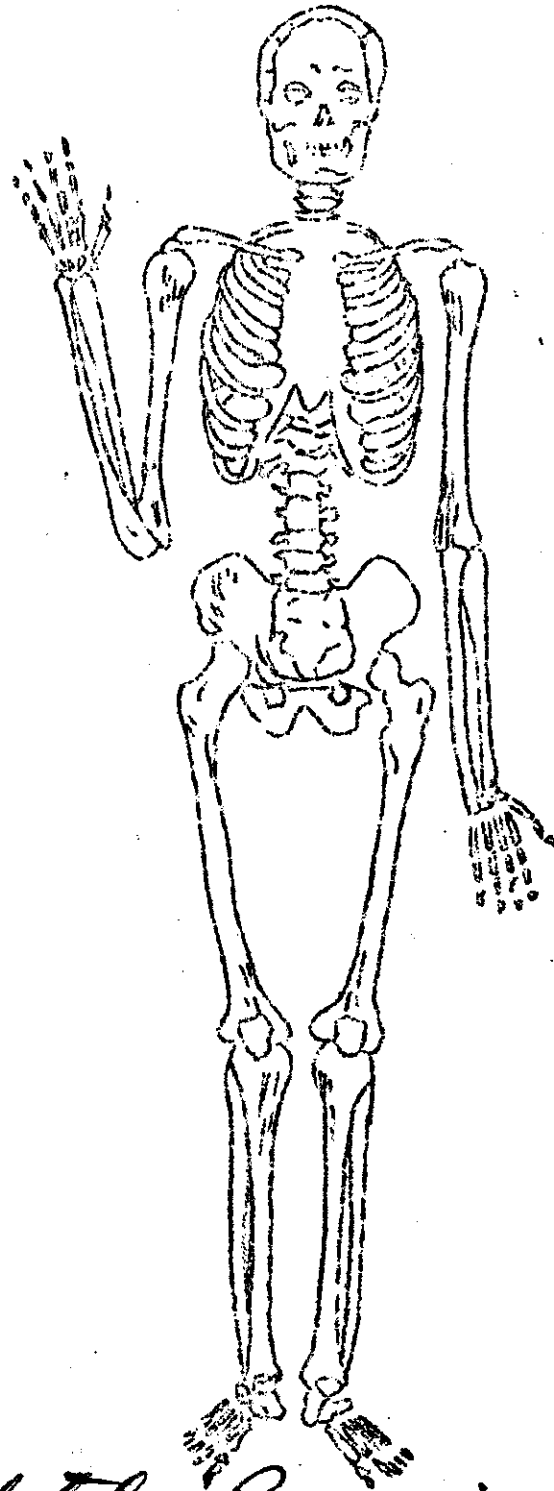
Remarks:

No means of identification found under
fluoroscopic examination of remains.

Melvin S. Mittenthal
MELVIN S. MITTENTHAL

Fluoroscopic Technician
C. I. P. Laboratory, Saipan, M. I.

Unknown X-16 - Guam Cem # 2 Agal
(Name) (Rank) (Ser No.) (Dt of Sv)



Skeletal Remains Incomplete

SKELETAL CHART

Multiple fracture of all bones

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.

27 August 1946
















UNIDENTIFIED (X-16)			UNKNOWN	UNKNOWN	DATE
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.	
UNKNOWN			USS Franklin		
UNIT			ORGANIZATION		
UNKNOWN	Cemetery #2, Agat, Guam		4	55	22
PLACE OF DEATH	PLACE OF BURIAL		PLOT	ROW	GRAVE NO.

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 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 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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

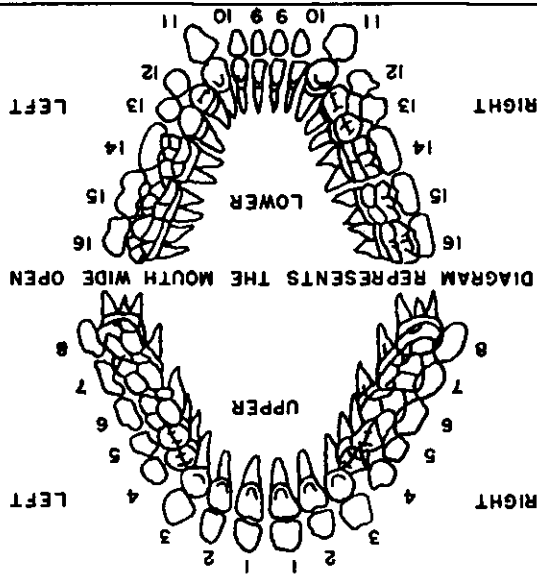


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

NO DENTAL TREATMENT REQUIRED.

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten Signature]

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

[Handwritten Signature]

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

DATE

DATE

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED

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.

27 August 1946

DATE

UNKNOWN (X-16)

UNKNOWN

UNKNOWN

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNKNOWN

US Franklin

UNIT

ORGANIZATION

UNKNOWN

Sanitary Pl. Area, Guam

4

55

20

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

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

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	LOWER TEETH	9	9	10	11	LEFT	12	13	14	15	16	
TYPE																				TYPE
LOCATION																				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; text-align: 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; text-align: 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; text-align: center; margin-right: 10px;"> O X O </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> X X X </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; text-align: 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; text-align: 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; text-align: 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; text-align: 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; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px;"></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; text-align: 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; text-align: 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; text-align: 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; text-align: 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; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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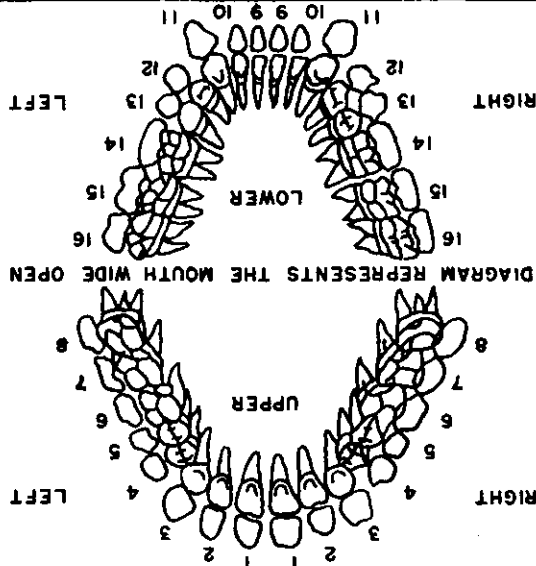
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

NO DENTAL IDENTIFICATION SYMBOLS.

SIGNATURE OF PERSON WHO PREPARED CHART

W. H. Baker

NAME AND RANK TYPED OR PRINTED

W. H. BAKER, JR. (Jr.), USN

APPROVED, DENTAL UNIT

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

Robert J. Johnson

ROBERT J. JOHNSON, DENT., GRS

NAME AND RANK TYPED OR PRINTED

27 AUGUST 1946

DATE

AIRMAIL

*W. D. ... #2
4-16*

*Basic Inter. Report Jan 1951
C M & M 293*

*at
Basic
1/4/51*

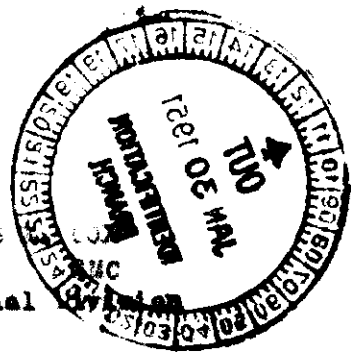
FORM 298
2d Ind

Dept of the Army, TAG, Washington 25, D. C., 29 January 1951

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

This office has reviewed the Unknowns listed in paragraph 1 1st Indorsement, and approves the classification of the Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:



EJF

Incls w/d
G. Palmer:lrc
Salser
cc--Administrative Section
cc--Cincfe
cc--Philcom

THOMAS
Capt
Memorial

AIRMAIL

EX 193-815 Pacific

RRDIS 293 (4 Jan 51)
SUBJECT: Request for Reprocessing of Remains

1st Ind

SEM/222251

Headquarters, United States Army, Pacific, Office of the Quartermaster
APO 958, Jan 16 1951

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

1. In compliance with paragraph 4, of basic communication, inclosed herewith are Certificates of Unidentifiability together with copies of Philcom Zone letter of transmittal for Unknowns X-16 and X-121, ANM Cemetery #2, Agat, Guam, M. I.

2. For your information, Unknowns X-16 and X-121 were interred in Fort McKinley Cemetery, 3 April 1950, Plot L, Row 11, Grave 61 and 30 March 1950, Plot F, Row 10, Grave 109 respectively.

FOR THE QUARTERMASTER:

2 Incls

1. Cert of Unident (X-16)
2. Cert of Unident (X-121)

STANLEY E. MAY

Major, QMC
Assistant

243 unk Guam #2 X-16

QMGH 293
Unknown X-16

4 January 1951 *11/2*

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 unrecovered 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 4 Roster, Page 5.

FOR THE QUARTERMASTER GENERAL:

THOMAS A. COY
Captain QMC
Memorial Division

CJM
CJM
EJF

JAN 4 3 57 PM '51
MAIL ROOM
HEADQUARTERS

243 unk Guam #2 X-121

1 Navy Chief 24 Jan SUBJECT: Unknowns X-16 and X-121
Liaison Ident Sec 1951 Agat Guam #2
Section
Ident Br
Mem Div

1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Section.

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.

3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical report.

4 Incls MOYER
1-2 293 Files for X-16 73880
and X-121
3-4 Cert. of Unident for
X-16 and X-121

2 Ident Sec Navy 29 Jan 1. Reference is made to paragraph 3, comment 1.
Ident Br Liaison 1951
Mem Div Section
Ident Br
Mem Div

2. Findings of Unidentifiability have been approved by this Office.

3. Files are returned herewith for completion of Administrative Reports.

4 Incls FISHER SALSBER
n/c 52462 73650

EP

JAN 29 1951
FILE
NAVY SECTION
G. J. MOYER

X 293 unk Burial # 2

X 16

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

23 January 1950
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 16, Plot _____,
Row _____, Grave _____, USMC Guam #2, Agat Cemetery, 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:


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

Atch: Form 1044

23 Jan 51
100-100-100-100

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-16 Guam #2, Agat Cemetery				2. DATE OF REPORT 23 Jan '50		
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D		11. RACE U T D		
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p align="center">N O N E</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p align="center">N O N E</p>						
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT? Charred remains				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p align="center">N O N E</p>						
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) <p align="center">N O N E</p>						

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 6321 00000

DATE 15 11 47 DAY MONTH YEAR

827-27A-77

NAME UNKNOWN

SERIAL NUMBER X-000016

RANK

ARM 2 DATE OF DEATH

CEMETERY GUAM NO 2 AGAT

DISPOSITION OF REMAINS 0 0391 63 CODE DIST. PT.

PLOT 4 ROW 55 GRAVE 22 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-000016 RANK Unk DATE OF DEATH 19 Nov 45 DATE DISTINTERRED 26 Nov 47

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION USN

RELIGION Unk

IDENTIFICATION VERIFIED BY E S Zapico, 2Lt I.F NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casketed, wrapped in blanket

CONDITION OF REMAINS Skeletal remains incomplete

OTHER MEANS OF IDENTIFICATION Mortuary Plate

CANCELLED

MINOR DISCREPANCIES None

REMAINS PREPARED AND PLACED IN CASKET

DATE 19 Jul 48 BY J R Williams, 2Lt

EMBALMER (Signature) J R Williams, 2Lt

CASKET SEALED BY J R Williams, 2Lt

SHIPPING ADDRESS VERIFIED BY Max Chelofsky, Clerk

CASKET BOXED AND MARKED DATE 19 Jul 48 BY P Bayan

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 GRS Inspector: P. DeGroodt, Capt C P

SIGNATURE OF GRS INSPECTOR

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


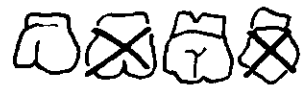
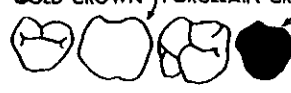



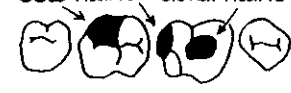



IDENTIFICATION DATA

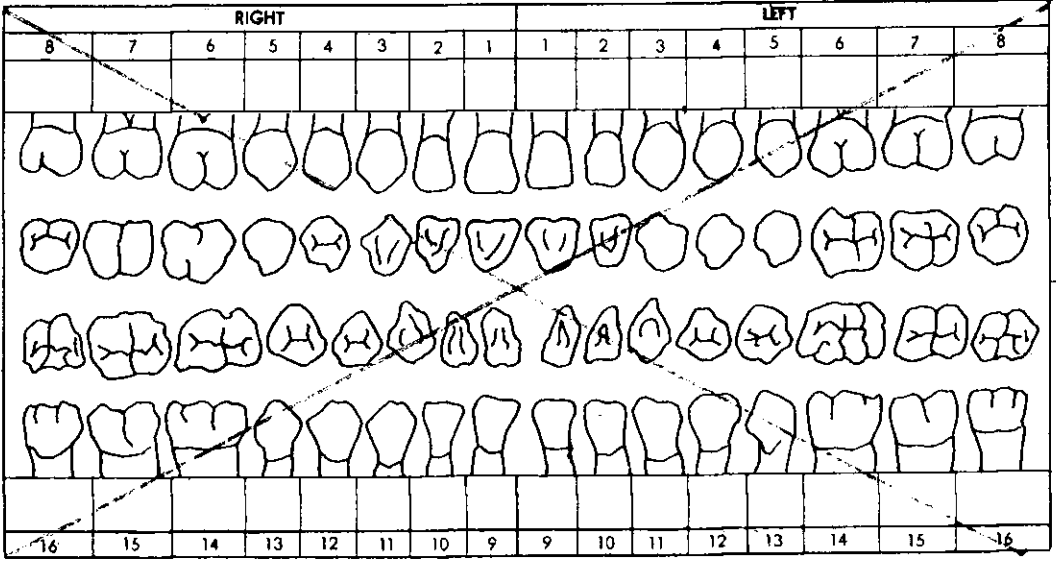
1. REMAINS OF UNKNOWN <div style="text-align: center; font-size: 1.2em;">X-16</div>				2. DATE OF REPORT <div style="text-align: center; font-size: 1.2em;">9 July 48</div>			
3. NAME OF CEMETERY <div style="font-size: 1.2em;">Cem. #2, Ngat, Ouan</div>			4. PLOT <div style="text-align: center; font-size: 1.2em;">4</div>	5. ROW <div style="text-align: center; font-size: 1.2em;">55</div>	6. GRAVE <div style="text-align: center; font-size: 1.2em;">22</div>	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT <div style="font-size: 1.2em;">UTD</div>		9. ESTIMATED HEIGHT <div style="font-size: 1.2em;">UTD</div>		10. COLOR OF HAIR <div style="font-size: 1.2em;">UTD</div>		11. RACE <div style="font-size: 1.2em;">UTD</div>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS							
(1) <i>Supra Mentary Plate</i> " <i>Unknown X-16</i> <i>P. U, L-55, R-22</i> <i>19 Mar 43.</i> "				(1) <i>Report of Interment.</i> <i>w/ remains</i>			
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES							
<i>None</i>							
14. WAS BODY BURNED ? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			TO WHAT EXTENT ?				
15. WAS BODY MANGLED ? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			TO WHAT EXTENT ? <div style="font-size: 1.2em; text-align: center;"><i>See Skeletal Charts</i></div>				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS							
<i>None</i>							
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)							
<i>None</i>							

IDENTIFICATION DENTAL CHART

DATE _____
 SERIAL NUMBER _____
 DATE OF DEATH _____
 PLOT _____ ROW _____ GRAVE _____

NAME (Last, First, Middle Initial) _____ RANK _____
 UNIT _____ ORGANIZATION _____ CAUSE OF DEATH _____
 PLACE OF DEATH _____ PLACE OF BURIAL _____

<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>TOP VIEW</p> 	<p>SIDE VIEW</p> 
<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>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</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>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>CAVITY DECAYED</p> 	

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

Supernatural dentures with clasps

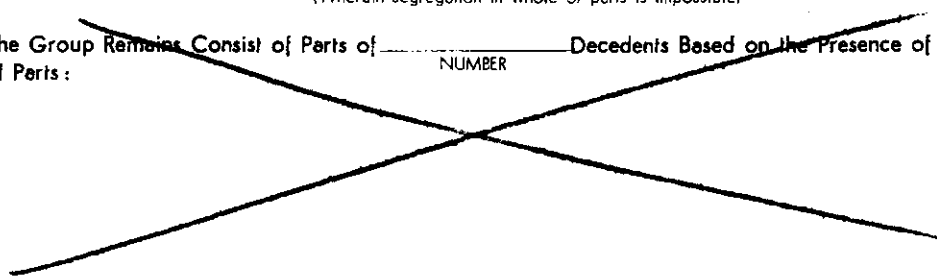
SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART _____ VERIFIED BY GRS OFFICER _____

Handwritten: 1-7-47 414 2011 12 1977
19. BLACK OUT PARTS OF BODY NOT RECOVERED



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 remarks

Anthony S. John

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

IDENTIFICATION CHECKLIST

Unknown X-16
Cemetery # 2, Agat, Guam
Plot 4 Row 55 Grave 22

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

PART I
Physical Description

1. Estimated weight UTD 2. Estimated height UTD
3. Color of hair UTD 4. Race UTD
5. Tattoos or scars on the body (give description) _____
None (Information obtained from other sources) _____
6. Was tooth chart taken? NO If not, explain _____
Entire Maxilla & Mandible missing
7. Were fingerprints taken? NO
8. Cause of death UTD
9. Was body burned? NO To what extent? _____
10. Are any parts of the body missing or severed? See Skeletal 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. _____
None
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) None

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

None

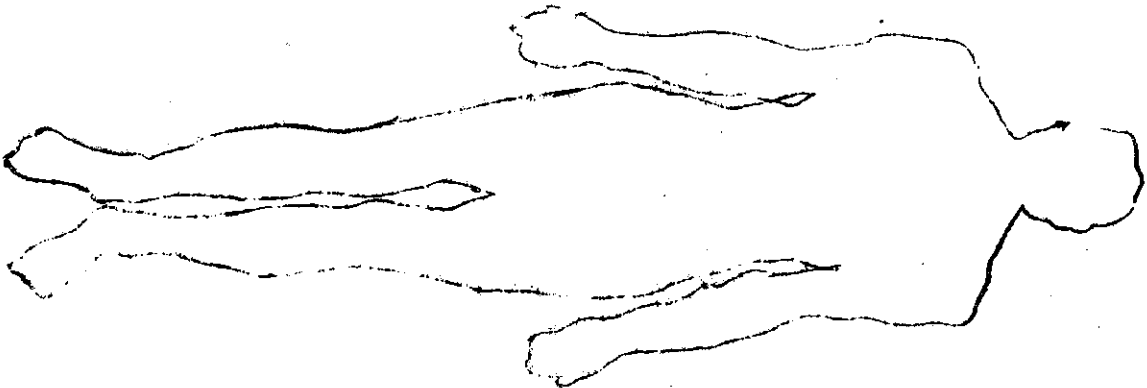
15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination

None

16. Evidence of healed fractures

None

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



18. REMARKS:

None

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

Officer's name

Rank

Service

Organization

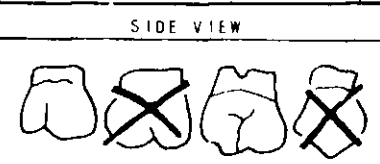
Whitman X-16

Swan Lem. #2 Regal

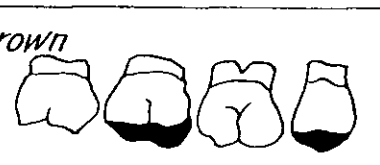
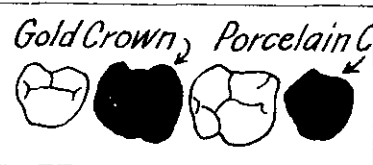
18.

TOOTH CHART

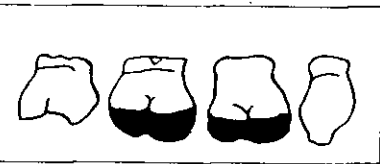
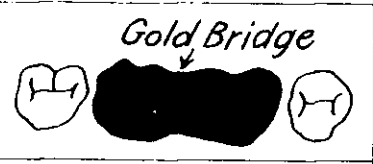
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



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



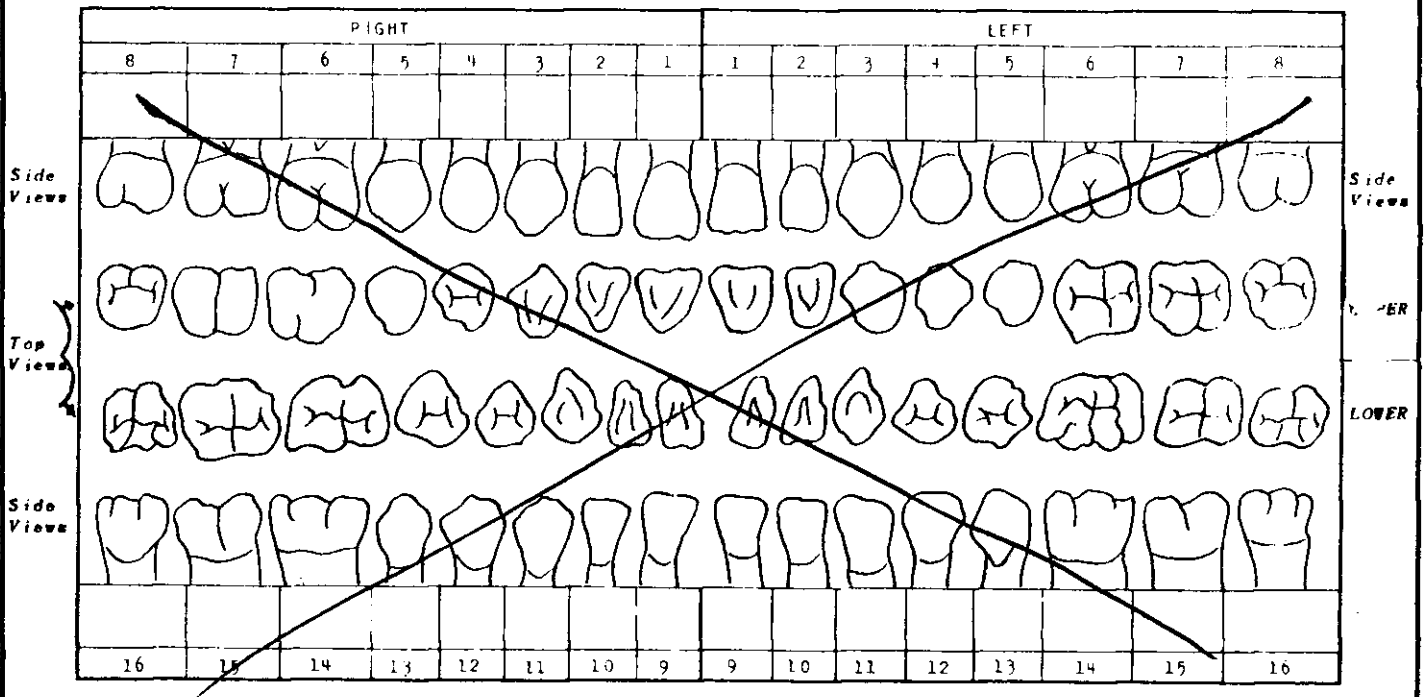
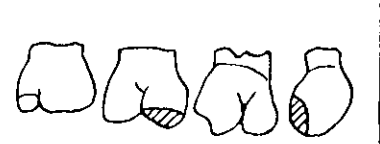
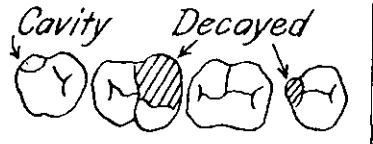
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



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

NO Maxilla or Mandible

O.D. Campbell Embelmer

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

293.

Date 12 Oct 48

CASE SUMMARY OF

NAME: UNKNOWN X-16 RANK: _____ SERIAL NO: _____


CEMETERY Agat Cem #2 GUM Plot: 4 Row: 55 Grave: 22

Remains disinterred from P-4, R-55, Gr-22 as UNKNOWN

X-16 were processed this date and no clues to identity

were found.

cc: 293 _____


ROY H. OESTREICH
CAPT., INF

(Signature)

Remarks:

(FORMERLY,

(*Undertaker*) NOW UNKNOWN X-16

UNKNOWN (X-16)

2-4-10

4-55-22

DATE AND HOUR OF DISINTERMENT

1600

27 Aug. 1946

DEPTH OF BODY BURIED

6 feet

MARKER AT GRAVE

Yes

BODY BURIED UNDER MARKER

Yes

BURIED IN CASKET

Yes

LIST OF EFFECTS FOUND IN GRAVE

(over)

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY

Isra el

RECEIVED BY THE OFFICE OF THE ATTORNEY GENERAL

STATE OF TEXAS

COUNTY OF DALLAS

IN RE: ESTATE OF

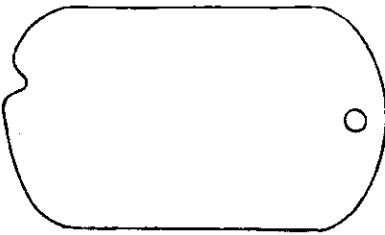
JOHN B. GIBSON

DECEASED


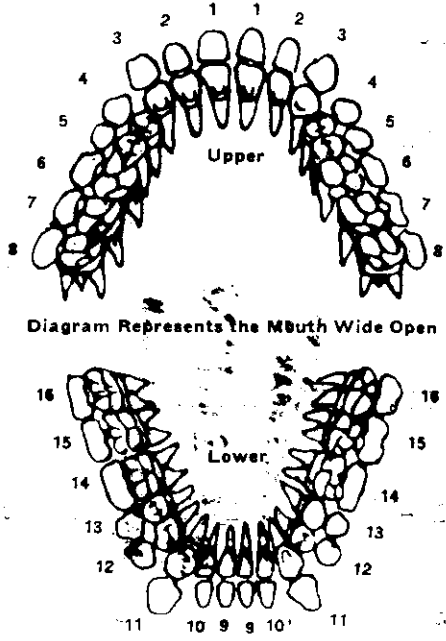




THE STATE OF TEXAS, by and through the undersigned, the Attorney General, do hereby certify that the within and foregoing is a true and correct copy of the original as the same appears from the records of the County Clerk of the County of Dallas, State of Texas.

REMARKS: Scropuel found
Small package of bones found 2ft, long 2ft, wide

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 27 August 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION					
	Name (Last, First, Middle Initial) UNIDENTIFIED (X-16)				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 UNKNOWN			Date of Death 3-19-45	
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 AND GRAVE MARKER.				
Were Substitute Tags Provided (Yes or No) NO						
List Personal Effects Found on Body and Disposition of Same NONE						
SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.						
Name, Number, Coordinates and Location of Cemetery ARMY, NAVY MARINE CEMETERY #2, AGAT, GUAM, M.I.						
Date of Burial 9-10-46	How Buried 1540	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. 55	Grave No. 22
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. 4	Grave No. 10
Type of Religious Ceremony MEMORIAL SERVICE ONLY	Person Conducting Burial Rites		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body WD QMC Form 1042 buried in bottle one foot below grave marker.			
Identification Tag Buried With Body (Yes or No) Zinc plate	Identification Tag Attached to Marker (Yes or No) NO					
Body Buried on Deceased Left, Name (Last, First, Middle Initial) GWINN, Paul		Rank SK 1/c	Serial Number 265-90-10	Organization USS Hazelwood	Grave No. 23	
Body Buried on Deceased Right, Name (Last, First, Middle Initial) BONSETT, Kenneth W.		Rank S 1/c	Serial Number 293-59-06	Organization USS Randolph	Grave No. 21	
Signature of Person Preparing Report ROBERT J. MCBROOM, CAPT., QMC			Signature of GRS Officer Verifying Report 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

		SECTION UNIDENTIFIED REMAINS				
Left Little Finger		Instructions (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.				
Left Ring Finger		Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos
Left Middle Finger		Weapon and Serial Number		Laundry Mark	Where Body Was Buried or Found	
Left Index Finger		Other Identification Clues				
Left Thumb		Fillings 				
Right Thumb		Cavities 				
Right Index Finger		Missing Teeth 				
Right Middle Finger		Crowned Teeth 				
Right Ring Finger		Bridge Work 				
Right Little Finger		Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery				
		Remarks				

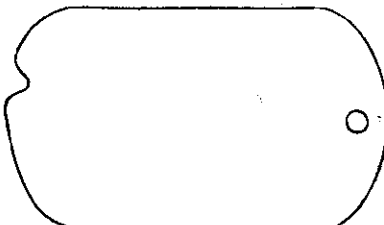
WD QMC Form 1042
Rev. 1 Apr. 1945
(Supersedes GRS Form 1)

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

27 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION		
	Name (Last, First, Middle Initial)		Serial Number
	UNIDENTIFIED (X-16)		UNKNOWN
	Grade	Organization	Branch of Service
UNKNOWN	UNKNOWN	UNKNOWN	
Race	Religion	If Other than U. S. Dead, Give Name of Country	
UNKNOWN	UNKNOWN		
Place of Death	Cause of Death	Date of Death	
UNKNOWN	UNKNOWN	9-29-45	

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 PLAT PLAN AND GRAVE MARKER.
Were Substitute Tags Provided (Yes or No)	
NONE	
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, M.I.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-10-46	1530	Casket and burial bag	Cross with zinc plate	4	55	22

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	ELITEH CEMETERY, AGAT ISLAND	2	4	10


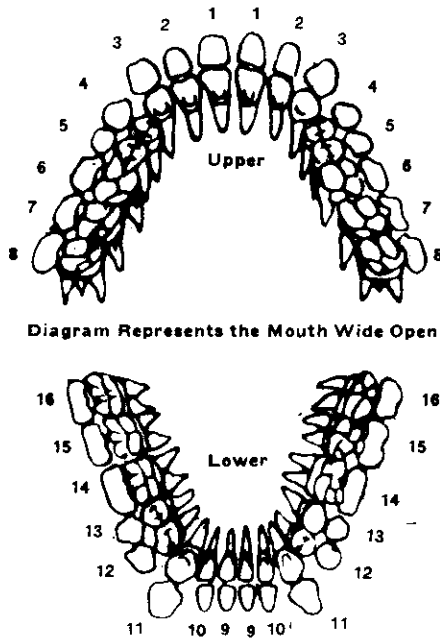




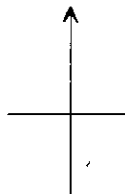
Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body NO QMC Form 1042 buried in bottle one foot below grave marker.
MINISTIAL SERVICE ONLY		
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	
Zinc plate	NO	

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
QUINN, Paul	SG 1/c	265-90-10	US Army	20

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
BRUNNET, Kenneth W.	S 1/c	277-59-06	US Army	21

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
<i>Robert J. Henschel</i> ROBERT J. HENSCHEL, CAPT., QMC	<i>Robert J. Henschel</i> ROBERT J. HENSCHEL, 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 UNIDENTIFIED REMAINS		
Left Little Finger	Instructions (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
Left Ring Finger	Height	Weight	Color of Eyes	Color of Hair
Left Middle Finger	Weapon and Serial Number		Laundry Mark	Birthmarks, Scars or Tattoos
Left Index Finger	Other Identification Clues			
Left Thumb	Fillings	 <p>Silver Filling Gold Filling</p>		 <p>Diagram Represents the Mouth Wide Open</p>
Right Thumb	Cavities	 <p>Cavity Decayed</p>		
Right Index Finger	Missing Teeth	 <p>Teeth Missing</p>		
Right Middle Finger	Crowned Teeth	 <p>Porcelain Crown Gold Crown</p>		
Right Ring Finger	Bridge Work	 <p>Gold Bridge</p>		
Right Little Finger	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
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

9 July

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

Beckmann - X-16

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)

(1) Surface Military Plots
"Beckmann X-16"
R-4, R-55, G-22
19 Mar. 43.

(1) Report of Interment
(Form 1042)

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

Cem. #2, Djat, Guam.

STATION FILE

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE
MARKER

Surface

PLOT No.

4

ROW No.

55

GRAVE No.

22

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

(1) Report of Interment (Form 1042)

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

Anthony G. Baker

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


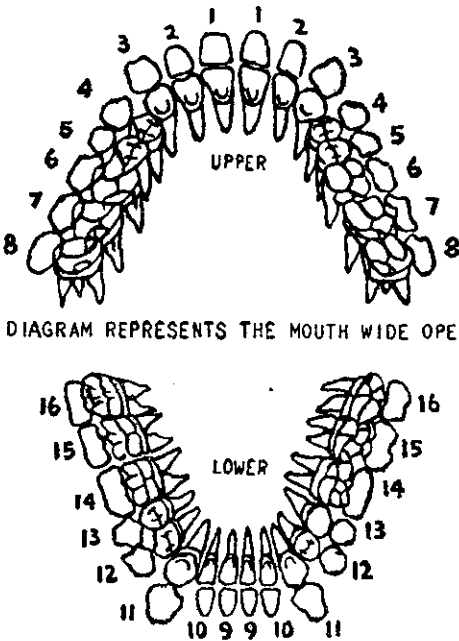




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

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

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

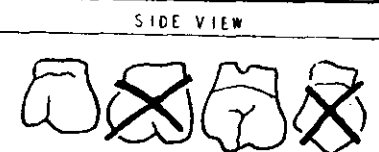
RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

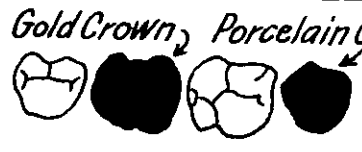
RIGHT
RING FINGER

RIGHT
LITTLE FINGER

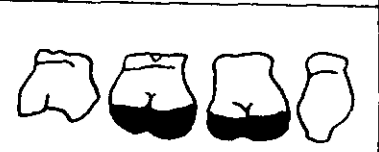
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



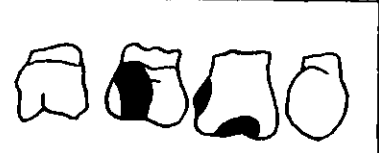
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



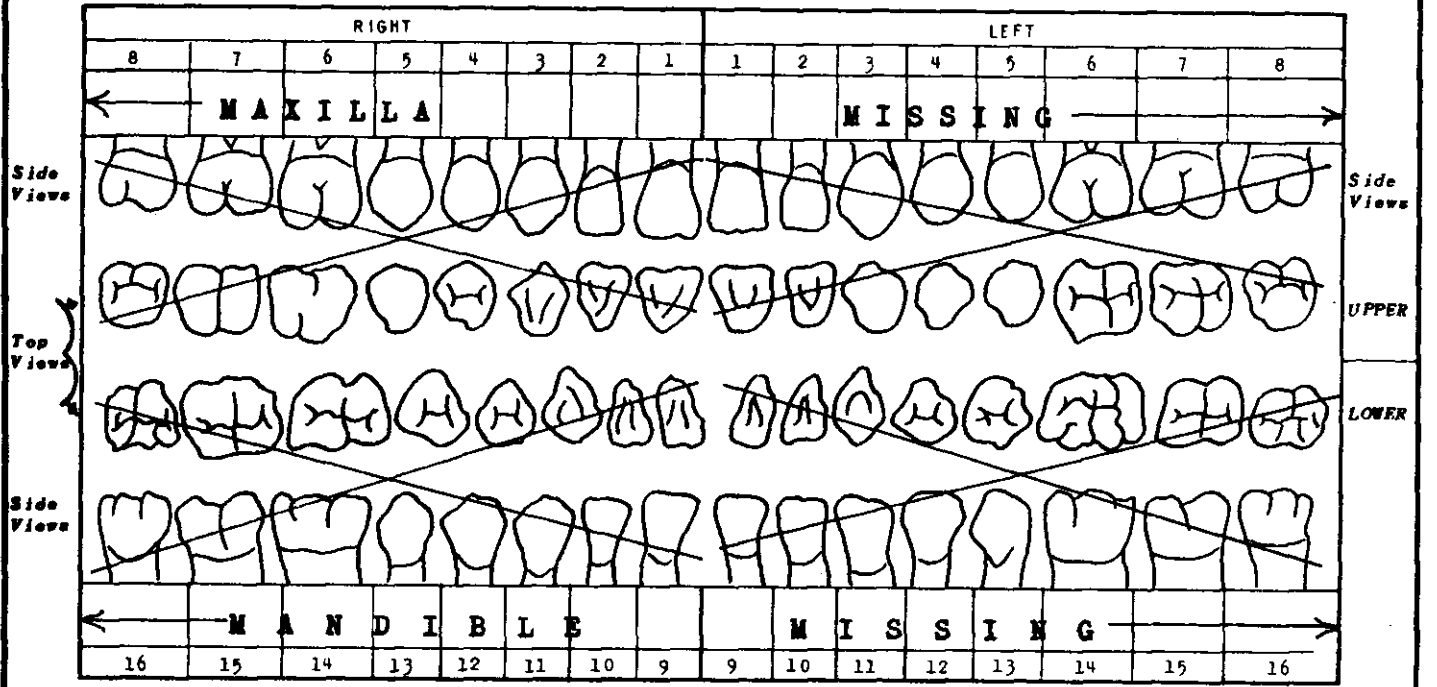
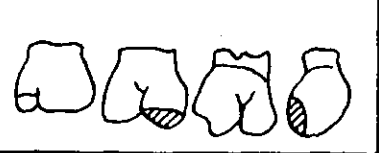
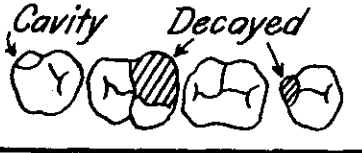
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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."

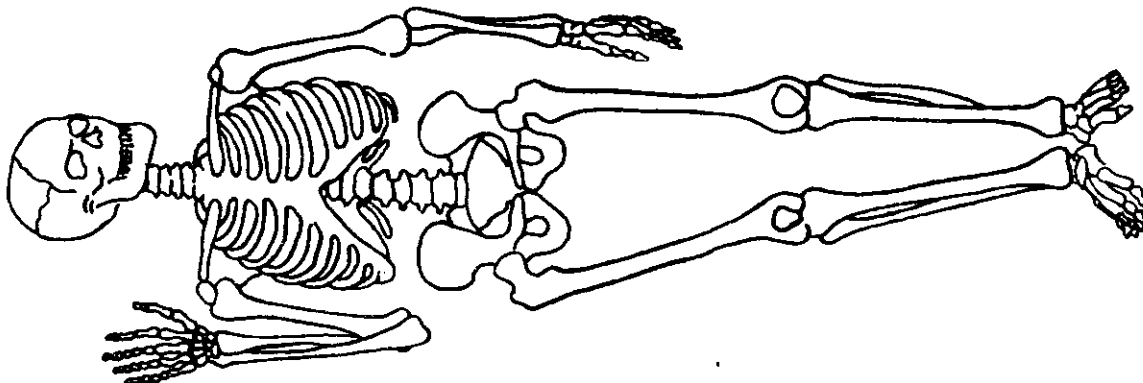
No loose maxillary or mandibular teeth present with remains.

"UNIDENTIFIABLE"

Paul R. Nichols

REASON OF LACK OF IDENTIFYING DATA PAUL R. NICHOLS Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



See Remarks

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

Charred condition of remains makes skeletal chart accomplishment impossible.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

Paul R. Nichols

Interred 3 Apr 1950
L 11 61 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

Base Rtnrk
CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81174

DATE

29 03 50
DAY MONTH YEAR

NAME: UNKNOWN I - 16
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: USAF CEMETERY AGAT NO. 2, GUAM
PLOT: 4 ROW: 55 GRAVE: 22
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 - 16 SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISTINTERRED: 30 Mar '50
IDENTIFICATION TAG ON: REMAINS MARKER ORGANIZATION: [] RELIGION: [] IDENTIFICATION VERIFIED BY: PAUL R NICHOLS, Embalmer

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: 30 Mar '50 BY: PAUL R NICHOLS
CASKET SEALED BY: PAUL R NICHOLS EMBALMER (Signature): Paul R Nichols

CASKET BOXED AND MARKED: RAYMOND H TANGUAY, Sgt 1c, RA DATE: 30 Mar '50 BY: []
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: []
NAT FILE 27 Apr 50 []

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

TO US MILITARY CEMETERY

FROM AGRS MAUSOLEUM

NAME OF CONVOYER

KIND OF CONVEYANCE

TRUCK

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

APR 3 1950 DATE

Boyd Frank

2. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

5. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

1. FILE UNDER NO. 293 UNK GUAM (AGAT CEM #2) X-16

SYNOPSIS

2. TYPE OF DOCUMENT: LETTER

3. DATE: Jun 30 50

4. FROM: ODMG

5. TO: CO AGRS PHILCOM ZONE SAN FRANCISCO

6. SUBJECT: REPROCESSING OF REMAINS.

7. DOCUMENT FILED

UNDER NO. 293 SACRAMENTO, MORRIS OMIYO

6630605

mb

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.

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

621 8174

DATE

29 03 50
DAY MONTH YEAR

NAME

UNKNOWN I - 16

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY AGAT NO. 2, GUAN

PLOT

ROW

GRAVE

4

55

22

DISPOSITION OF REMAINS

7701
CODE

80
DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY
FT. W. MEADE, 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

- REMAINS
- MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 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

*file 6-2-50
Kirkland
Report*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE