### FLUOROSCOPIC REPORT

نه	,	Date:	9 July	48	
(N	ame)	Place of Death			
P 4 R	55 G 22	Agat #2 Cemetery	-Bands-ale-Diployee swel	<b>GUAM</b> Country	
Healed Fracture		NOBE			
Malformation:		NONE			-6-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
Personal Items:		NONE			÷
	50 (			la	
Remarks:	No means of i	dentification	n found u	nder	ggi / genedjandin odor digigal

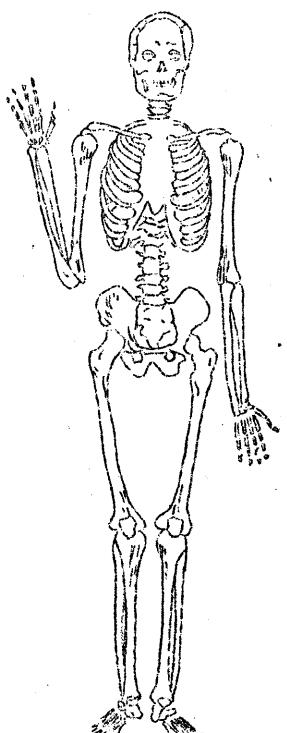
fluoroscopic examination of remains.

Melvin S. MITTENTHAL
Fluoroscopic Technician

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

GPROCESSING CENTUR # 2 Agal

(Ser No.) (For of Sv)



Skeletal Remain men Skeletal GFART Multiple fracture of all for

	ntifi.	ρη <b>(</b> ν.	_1 <i>6</i> \					עואווז	NOWN		אוון	IKINOWI	lugus v	ATE	
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UNKN					Ceme			gat,			4	55		22	
	PLAC	E OF DE	ATH			f	PLACE	OF BURI	AL	F	LOT	ROW	i G	RAVE N	0.
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L.			<u> </u>						<b></b>	<u></u>					<u> </u>
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	SYMBI IN <b>Whole</b>						E OF FII	LLING OF BOX				ION OF F			
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	0	• • • • •	ATION			$\sqsubseteq$	_					<u> </u>			

QHC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

#### : SNOITOUSTENI

THE PREPARATION OF THE ORDINATION OF THIS CHART AND ATTEMPT OF THIS CHART AND ATTEMPT IN THE PREPARATION OF THIS CHART AND ATTEMPT OF THE PREPARATION OF THIS CHART AND ATTEMPT OF THE PREPARATION OF THE P

IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN S. MOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE

IN FOMER HALE OF BOX. UPPER HALF OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED

CROWNS (FULL OR 34), 34 GOLD CROWN WITH SILICATE WINDOW. BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD

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

LEEL THOIR LOWER MIDE OBEN NINGRAM REPRESENTS THE MOUTH TRBL THĐIA

3TA0

NAME AND RANK TYPED OR PRINTED

MARKE THE

**BEMPEKS:** 

PLACE OR HO WHERE THIS FORM ACCOMPLISHED

NAME AND RANK TYPED OR PRINTED THE REALTH AND (AR), WHITH

SIGNATURE OF PERSON WHO PREPARED CHART

#### IDENTIFICATION DENTAL 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. DATE POTEN (N-M INITIAL LAST NAME RANK SERIAL NO. ORGANIZATION UNIT PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. RIGHT UPPER TEETH LEFT 3 8 7 6 5 3 2 2 6 TYPE TYPE LOCATION **OCATION** INSIDE - LOOKING OUT RIGHT LEFT LOWER TEETH 13 14 13 11 10 10 11 12 14 15 16 15 12 9 TYPE TYPE OCATION LOCATION KEY OF SYMBOLS TO BE USED ON ABOVE CHART LOCATION OF FILLING SYMBOLS TYPE OF FILLING WHOLE BOX UPPER HALF OF BOX LOWER HALF OF BOX AMALGAM MESIAL **EXTRACTED** (BETWEEN-TOWARD FRONT) (SILVER) m G OCCLUSAL CAVITY. INDICATE BOLD (BITING SURFACE BACK TEETH) LOCATION ٥ DISTAL FIXED BRIDGE SILICATE OR PORCELAIN (BETWEEN-TOWARD BACK) (INCL. ABUTMENTS) d OXYPHOSPATE LINGUAL 0 TEETH REPLACED (CEMENT) (TOWARD TONGUE) BY DENTURE 1 FAGIAL POSTHUMOUSLY MISSING (LOST AFTER DEATH) (TOWARD CHEEK)

QHC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

#### <u>INSTRUCTIONS:</u>

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

S. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE

IN LOWER HALF OF BOX. INDEER HALE OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD

CROWNS (FULL OR 34), 34 GOLD CROWN WITH SILICATE WINDOW. BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD

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

LEFT LOWER MIDE OBEN TREL THOIR

**SEMPBKS**:

**3TAO** 

NAME AND RANK TYPED OR PRINTED

4461 TODDOY LE

THOIR

PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

THE THE PERSON WHEN THE

NAME AND RANK TYPED OR PRINTED T, IN, MAKE, 12, (34), T

SIGNATURE OF PERSON WHO PREPARED CHART

# AIRMAIL

11/4/11/2000 #2 11-16

Busic State State 1937

J

Dept of the Army, 10.6, "ashington 25, D. D., 29 January 1951

TO: Commanding Officer, American Graves Registration Service, Racific Zeme, APD 958, c/o Testmaster, Can Francisco, California

This office has reviewed the Unknowns listed in paragraph 1 lst Indorsement, and approves the classification of the caknowns as bmidentifiable.

FOR THE WARTSHALTS . FREIALE

Incls w/d

G.Palmer:lrc

co-Administrative Section

co-Cincle

Thomas

RRDIS 293 (4 Jan 51) 1st Ind SUBJECT: Request for Reprocessing of Remains

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

- l. 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

STANLEY E. MAY

1. Cert of Unident (X-16)

Major, QMC

2. Cert of Unident (X-121)

Assistant

213 und June 144 X-16

QMOIN 293 Unknown X-16

4 January 1951 ///-

SUBJECT: Request for Reprocessing of Remains

TOr Commanding Officer American Graves Registration Service Pacific Zone AED 958, c/o Postmaster San Francisco, California

- 1. Reference is made to the Report of Interment for Unknown remains X-16, ANE Cometery #2, ACAT, Guan, M. I., Plot 4, Row 55, Grave 22, dated 27 August 1946 and to the Report of Interment for Unknown remains X-121, ANY Cometery g?, AGAT, Guam, B. 1., Flot 4, Row 57, Grave 21, dated 16 July 19hs.
- 2. The Reports of Interment for X-16 and X-121 indicate these remains were casualties from the USS FRULK IR. 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.
- h. 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 & Roster, Page 11. Unknown X-121 is listed on FMA Unit & Noster, Page 5.

FOR THE QUARTERWASTER OFFICEAL:

**第二項**於 等。 **自**成

Captain

Mondatal Division

and Summathe X-121

1 Navy Liaison Section Ident Br Mem Div

Chief 2h Jan Ident Sec 1951

SUBJECT: Unknowns X-16 and X-121 Agat Guam #2

- 1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for act on by your Sect on.
- 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.
- Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical report.

l Incls

MOYER

1-2 293 Files for X-16

73880

and X-121

3-4 Cert. of Unident for \_ X-16 and X-121 \_ \_

Ident Sea Navy Ident Br Liaison Mem Div Section Ident Br Mem Div

29 Jan 1951

- Reference is made to paragraph 3, comment 1.
- 2. Findings of Unidentifiability have been approved, by this Office.

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

4 Incls n/o

FISHER 52462

SALS 🔣 73650

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there #

JAN 2 0 1951' FILE NAVY SECTION C. J. MOYER

gp

# HEADQUARTERS PHILODE ZONE ALERICAN GRAVES REGISTRATION STUDIESE

23 January 1950 Date

SUFJECT: 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 insufficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Captain, QAC

Chief, Records Branch

Attch: Form 1044

25 jan 61 minus

MM

<u> </u>						
,	IDENTIFICA	ATION D	ATA	•		
1. REMAINS OF UNKNOWN	6 Guam #2, Aget Cometery			<u>~</u> _	2. DATE OF RE	
3. NAME OF CEMETERY		4. PLOT	5- ROW	6. GRAVE	7. DA DISINTERMENT	TE OF REINTERMENT
AGRS Mausel	eum, Manila, P.I.					
<del></del>		DESCRIPTION				
B. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLO	R OF HAIR		11, RACE	
UTD	UTD  ANY OFFICIAL IDENTIFICATION FOUND		UTD		UT	D
13 CIVE DESCRIPTION OF	NONE					
	NONE	ULII INCUN	ALTUN GOT.	AINEV TROM	ALBER ZOUNCES	
14. WAS BODY BURNED?	TO WHAT EXTENT?					
TES TES NO						
15. WAS BODY MANGLED?	TO WHAT EXTENT?					
YES NO						
TV. DESCRIBE EVIDENCE OF	F HEALED FRACTURES AND BONE MALFO	K MATIONS				

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

NONE

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

# DISINTERMENT DIRECTIVE

51 1 1				
CENTION	DIRECTIVE N	UMBER		DATE
SECTION A— NAME AND BURIAL LOCATION OF DECEASED	632	00000	)	15 11 47 DAY MONTH YEAR
NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
プラウU <u>NK</u> NOWN	X-000016	5	2	DAY MONTH YEAR
CEMETERY	<u> </u>		+	DISPOSITION OF REMAINS
GUAM NO 2 AGAT			0	0391, 63 CODE DIST. PT.
PLOT ROW GRAVE COUNTRY				CAUSE OF DEATH
4 55 22 MARIANAS	Black in the control of the control			6
	SIGNEE AND NEXT OF KI			
NAME AND ADDRESS OF CONSIGNEE  GUAM NATIONAL CEMETERY  MARIANAS ISLANDS  (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS			
MAME ERIAL NUMBER	RMENT AND IDENTIFICATE		DAT	E DISTINTERRED
<b>X</b>				
UNKID VI. X-000016		for 45		26 Nov 47
IDENTIFICATION TAG ON ORGANIZATION USN	RELIGION	IDENTIFICATION		
MARKER	Unl:		Zei	oico, 24t I.F
	ION OF REMAINS FOR SHI	PMENT		
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Casketed, wrapped/blanket	5Keletal	remains.	1,00	omplete
OTHER MEANS OF IDENTIFICATION  JOPTUARY Plate  MINOR DISCREPANCIES 1			1	<b>,</b>
Hone				
REMAINS PREPARED AND PLACED IN CASKET				
DATE 19 Jul 48 BY		iems. Prò		
CASKET SEALED BY	EMBALMER (Signature	fell	द्व क	i de la companya de
J R Fillians, Inb	SHIPPING ADDRESS VER	Binada (Si	4	<del></del>
		S.	71	1990
DATE 19Jul43 By P Sayan  I hereby certify that all the foregoing operations we	ax Chel		erk	immodiate emerciae
I hereby certify that all the foregoing operations we and that the report above is correct.	470	COMPLISHED UNDER	<b>b</b> _0	TP

PMC FORM 1194

	<b>5</b>	_		
DATE	SIGNATURE OF RECEIVER	<b>J</b> TA0	ATURE OF SHIPPER	21CF
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DATE 18m	SICHATURE OF RECEIVER	DATE JEM		(
	NAME OF CONVOYER		TRUCK TRUCK	
	MASTER FS-278		ACRS PORT (SAIPAN, MI)	UNIX
	1O	S. SHI	<u>w</u>	FROA
8₹	ROBERT G. SNOWDEN, lat Lt Inf	87	TO LET TOTAL HELD	
DATE OS	SICHATURE OF RECEIVER SANDUNDEN	DATE OS	TATURE OF SHIPPER	SIGN
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•	DENTIFIC	ATION	DATA			
. REMAINS OF UNKNOWN	X-16				2. DATE OF REPO	Vuly 41
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	<del></del>	nE OF
len. #2	2, Dyat , Couam	4	55	22	DISINTERMENT	REINTERMENT
		L DESCRIPTIO	אכ			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT	10. COLOR	OF HAIR UTD		II. RACE	70
(1) Supre	FFICIAL IDENTIFICATION FOUND WITH REMA Mutury Plate X-14 2-55,8-22 19 Mar 43.11		(i)	1 Rep.	notog butter	iner.
4. WAS BODY BURNED \$  YES NO  WAS BODY MANGLED \$	TO WHAT EXTENT ?	Ot. O. t.	it cha			
Nme	FRACTURES AND BONE MALFORMATIONS					
7. LIST EVERY ITEM OF CLOTHING, merks are indistinct such notation s	, EQUIPMENT AND PERSONAL EFFECTS FOUN should be made and specimen Jorwarded through	D, SHOWING to channels for a	THE TYPE, COL examination whe	LOR, SIZE, MA an facilities are	ARKINGS, SERVICE, It is not available in the	ETC. (If laundry orea)

· II	DENTIFICATION DENTA	L CHART		DATE	· · · · · · · · · · · · · · · · · · ·
NAME (Last, First, Middle Initial)		RANK	K SERIAL NUMBER		····
UNIT	ORGANIZATION	CAUSE OF D	EATH	DATE OF DEATH	
PLACE OF DEATH	PLACE OF BURIAL		<u></u>	PLOT RO	W GRAVE
	July 2 14	<u>4</u> · · · · · · · · · · · ·	TOP VIEW	-	SIDE VIEW
	ng through extraction inot nt wounds) should be "x" 'd		TOOTH MISSIN		
CROWNED TEETH: BLOCK IN SO PORCELAIN, SILVER OR GOLD AND	LID AND CROWN OF TOOTH (LABI PORCELAIN), THUS :	EL GOLD,	GOLD CROWN PORCELA	AIN CROWN	
BRIDGE WORK : BLOCK IN SOLID Bridge, gold and Porcelain Bri	AND CROWN OF TOOTH (LABEL C DGE), THUS :	GOID	GOLD BRIDGE	(h)	
FILLINGS : DRAW FILLING ON TOO AND LABEL GOLD, SILVER, CEMENT)	OTH AS ACCURATELY AS POSSIBLE ( , THUS :	BLOCK IN	GOLD FILLING SILVER FI	ILLING (	
CARIES : (Covinos) : OUTLINE LOC SHADE IN THUS :	ation and size of cavity.		CAVITY DECAYED		
SIDE VIEWS  TOP VIEWS  SIDE VIEWS  DENTURES (Plates): DRAW DIAGRAM TESTE MITTH THE WORD "CLASP"			A D D D C	•	SIDE VIEWS  UPPER  LOWER  SPS ON NATURAL
Theorewood	a suite suit and the suite of t	*******			in the and
SIGNATURE OF OFFICER OR OTHER		CHART VERIF	ED BY GRS OFFICER		- W

	プラージ チール・ビー	12 11 11	and the second second
19. BLACK OUT PARTS	OF BODY NO RECOVERED		10- Long you
20.		RTIFICATE (IF APPLICABLE) in whole or perts is impossible)	
I Certify that the Group ing Anatomical Perts:	Remains Consist of Parts of NUME	Decedents Based on the Prese	ence of One or More of the Follow-
		CIONATURE OF MED	CAL OFFICE
21. REMARKS AND ADD	DITIONAL INFORMATION	SIGNATURE OF MED	CAL OFFICER
	remarks	SIGNATURE OF MED	CAL OFFICER
		SIGNATURE OF MED	CAL OFFICER
		SIGNATURE OF MED	CAL OFFICER
		SIGNATURE OF MED	CAL OFFICER
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			The Solar
No.	Have Personally Viewed the Remains	Clean	tang J. Salar
I Certify that I the Best of My Knowled	Have Personally Viewed the Remains	Clean	tang J. Salar
I Certify that I the Best of My Knowled	Have Personally Viewed the Remains	of Deceased and that All Resulting In	tang J. Salar

## IDENTIFICATION CHECKLIST

Unknown		X-	-16		
Cemetery	#	2.	aga	1, Gua	int
Flot 4	Row	55	Crave	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.

	<u>PART I</u> Physical Descrip	tion	
1.	L. Estimated weight UTD 2.		UTD
	3. Color of hair <u>UTD</u> 4.	-	
5.	5. Tattoes or scars on the body (give descri	ptien)	
		_(Information obtained	from other
6.	6. Was tooth chart taken? No	If not, explain	
	6. Was tooth chart taken? No Cuties Majiela	& Mandible un	essing
7.	7. Were fingerprints taken?		
8.	3. Cause of death		
	Was body burned? No .		To what
	extent?		-
10.	.O. Are any parts of the body missing or seven	red? See Shele	trail Chart
	1. Is there any evidence of first-aid or other		
	No		
12.	2. If the remains are badly manged, a carefu	al search should be mad	le for
	identification tags or personal effecty.		
	Nae Nae		<del></del>
L3.	3. Type of clothing found on remains (Air Co	rps, Paratroop, Armore	d, Navy,

(piquos)	Checklist	Identification
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		More	
		Evidence of healed fractures	٠9٢
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		forwarded through channels for examination	
snd specimen	on should be made	If Laundry marks are indistinct, such notati	•5τ
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		m N	•
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of cach,	oo Burwoys (punoj	List every item of clothing and/or equipment	*71

noidezins310,

Whimm X-16 Sua	m Cem # 2 legal
	OOTH CHART
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:	G Tooth Missing
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain Crown
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORGELAIN BRIDGE), THUS:	Gold Bridge  Gold Bridge
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	Gold Filling Silver Filling
CARIES (Carities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity Decayed  The Down
Side Views	1 1 2 3 4 5 6 7 8  Side Views  A A A A A A A A A A A A A A A A A A A
DENTURES (Places): DRAW DIAGRAM OF RELATIVE SIZE AN ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."  MO DRUYILLA OF MOL	ND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

OD Camphell Embelver

OMC FORM 1044a

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

Date 12 Oct 48 293. CASE SUMMARY OF RANK: SERIAL NO: UNKNOWN X-16 NAME: Agat Cem #2 GUAM Plot: 4 Row: 55 Grave: 22 CEMETERY 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 CAP...

(Signature)

Remarks:

UNKNOWN (X-16)	2-4-10	4-55-22		
TE AND HOUR OF DISINTERRMENT	1600	27 Aug.	1946	
DEPTH OF BODY BURIED	6 feet			
MARKER AT GRAVE	¥es	- · · · · · · · · · · · · · · · · · · ·		
BODY BURIED UNDER MARKER	Yes	e e e e e e e e e e e e e e e e e e e		
BURIED IN CASKET	Yes			
LIST OF EFFECTS FOUND IN GRAV	Æ (ove		· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·
SIGNATURE OF PERSON IN CHARGE	C OF WORKING PARTY	Isra el		

REMARKS: Scropuel found Small package of bones found Sft, long Sft, ride

TECTORS (SECURE SECURE OF THE SECURE SECURE

The state of the s

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海鄉 數學納

亞江州區 强烈公司 路線

THE RESERVE OF THE PROPERTY

				<del></del> _	te of Report			
WD QMC Form 1042 / Rev. 1 Apr. 1945 (Supergedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)						
Imprint Identification Tag If SECTION 1. IDENTIFICATION								
Possible. DO NOT TYPE	Name (Last, First, Middle In	Name (Last, First, Middle Initial) Serial Num						
	UNIDENTIFIED (X-	<b>-1</b> 6)		UNKNOWN				
	Grade	Organization		Br	anch of Serv	rice		
<b>[</b> (	OUNKNOWN	USS Fran	ıklin	אנד	KNOWN			
1\								
	UNKNOWN	Religion UNKNOWN			Other than U. S. Dead, ve Name of Country			
Place of Death	Cause of Death	1		Da	ate of Death			
UNKNOWN	<b>NACATAIN</b>			<b>9-</b>	19-45			
Emergency Addressee (Name, Rela	tionship and Address)				<del></del>			
UNKNOWN								
Identification Tags Found on Body	If No Tags Found on Body,	Describe Means	of Identification. If	Unidentified		· · · · · · · · · · · · · · · · ·		
(1, 2, or None)	Fill in Section 3 on Reverse							
NONE	PLOT PLAN AND G	RAVE MARKE	P.			:		
Were Substitute Tags Provided (Yes or No)								
NO								
List Personal Effects Found on Boo	ly and Disposition of Same	<del></del>						
NONE								
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SECTION 2. BUNAL Justher	an in established cemetery fu	rnish sketch a	nd map coordinat	es on rever	se.			
Name, Number, Cestal ates at Lo	tion of Cemetery							
ARMY, NAV	METERY #2, AGAT, GUA	AM. M.I.						
Date of Burial	Buried in (Shroud, Blanket of other)	, or name	Type of Grave Marker	Plot No.	Row No.	Grave No.		
	S contract on a house of	7	Cross with	,,	55	22		
9-10-46	Casket and burial		zinc plate	4				
Was This a Re-Buri If a E (Yes or No)	Burral, Indicate Name, Number, Coo	rdinates of Previ	ious Cemetery, and	1	7	T		
	i cemetery, asor islai	ND CO		Plot No.	Row No.	Grave No.		
Type of Religious Person C	Conducting Burial Rites	If Identification	on Tags Not Used, Datainers Buried with	escribe Iden Body	tification			
MEMORIAL SERVICE	ONLY			-				
ç J.		1	orm 1042 bur	ied in l	ottle c	ne foot		
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	below gr	ave merker.					
Zinc plate	140							
Body Buried on Deceased Left, Na	me (Last, First, Middle Initial)	Rank	Serial Number	Organiza USS	tion G	rave No.		
GWINN, Paul		SK 1/c	265-90-10	Hazelwo	ođ.	23		
Body Buried on Deceased Right, N	lame (Last, First, Middle Initial)	Rank	Serial Number	Organiza U <b>SS</b>		rave No.		
BONSETT, Kennath W.	•	S 1/c	293-59-06-	Randolpi	n	21		
Signature of Person Preparing Rep	prt	Signature of C	Ry Officer Verifyi	Report				
	CAPT., QMC	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.								

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	<u></u>	RESIRICI.	LD	\ <b>A</b>
	SECTION NIDE	TIFIED REMAIN	NS	
Lit	Instructions		<u></u> -	
Left Little Finger	(a) Great care unidentified remai "Other" such as sh	ns. Fill in anato oe size, social secr	mical characteristic	inute clues for the future identity of s below, and any other clues under n of body found in airplanes, vehicles anks.
Left Ring Finger	thumbs in the char the condition of ea	t at left, or as ma ch and every toot	ny as possible. If no h will be indicated or	of all clues. Imprint all fingers and fingerprints or prints can be secured, n the tooth chart in accordance with ne or more fingerprints are secured.
inger	Height Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos
Left Middle Finger	Weapon and Serial Num	ber Laundry	Mark	Where Body Was Buried or Found
ft Finger	Other Identification Clu	25		
I.dex				
Left Index Finger	Fillings	Sibige Filling	- ;	2 1 1 2
Left Thumb	Cavities	Cavity Decayed	4	Upper V
Right Thumb	Missing Teeth	Tooth Miss	ing Diagram	m Represents the Mouth Wide Open
Right Index Finger	Crowned Teeth	Percelain C Geld Crown	14	
	SA	Gold Bridge		12 0000 12 0000 11 10 9 g 10' 11
. Right Middle Finger	Furnish Sketch and Maj	Reference and Coo	ordinates for Burial in	Other Than Established Cemetery
Right Ring Finger		1 (1)	• .	
Right Little Finger	Remarks			• · · · · · · · · · · · · · · · · · · ·

		RES I					·		
WD GMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form	1)	REPORT OF			.Da	te of Report			
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		oudse of Boats							
		UR SPORT			7-	17-45			
Emergency Addressee (	Name, Relat	tionship and Address)							
Identification Tags Four	nd on Body		, Describe Mea	ans of Identification, If	Unidentified,				
(1, 2, or None)		Fill in Section 3 on Revers	е						
Were Substitute Tags P	rovided	FLOT PLAN AND Q	DAVE HAN	1 .					
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كشوالو	1590	Control and Inviol	hae	Grees with	<b>A</b>	55	22		
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(Yes or No)					Plot No.	Row No.	Grave No.		
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DISTRIBUTION OF RE	EPORT: Si	gned original for US and allied de	ad, signed ori	ginal and one copy for	enemy dead.	to the Qua	ırtermaster		
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11 g	-	"Other"	' such as sh	oe size, s	ocial secu	rity number	r: position	of body found	l in airplanes,	vehicles	
er		and tan	ks; and ser	ial numb	ers of airp	lanes, vehic	cles and tar	nks.			
•		(b)	A fingerpr	int, or p	rint <u>s,</u> are	the most v	valuable of	all clues. In	nprint all fing	ers and	
<b>5</b>	.	thumbs	in the char	t at left,	or as mar	y as possib	ole. If no fi	ngerprints or	prints can be rt in accordar	secured,	
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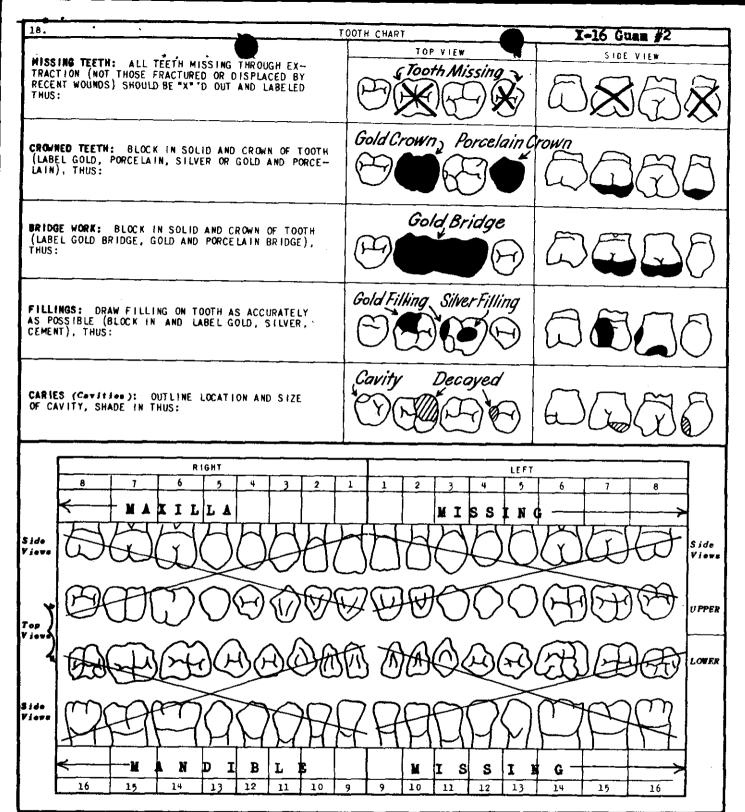
RESTRICTED WD QMC FORM 1042 DATE OF REPORT REPORT OF INTERMENT (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.—IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL NO. Elleknown - X-16 GRADE ORGANIZATION BRANCH OF SERVICE RACE RELIGION IF OTHER THAN U. S. DEAD, GIVE PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH EMERGENCY ADDRESSEE (Name, relationship, and address) IDENTIFICATION TAGS FOUND ON BODY IF NO YAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 5 on reperse) (1, 2, or none) (1) Surface Mertuan Plato Unhum x -16 P. 4, R-55, 6-22 WERE SUBSTITUTE TAGS PROVIDED! (Yes of no) LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Noul STATION FILE Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME NUMBER COORDINATES AND LOCATION OF CEMETERY PLOT No. ROW No. GRAVE No. DATE OF BURIAL HOUR 55 22 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? PLOT No. ROW No GRAVE No. if identification tags not used, describe identification data and containers buried with body

(1) Papert of Interment (Form 1042) TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES IDENTIFICATION TAG BURIED WITH BODY (Yes or no) IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) NO RANK SERIAL NO. **ORGANIZATION** GRAVE No. BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) SERIAL No. ORGANIZATION GRAVE No. SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

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	Section 3.—	JNTIFLED	REMAINS	i.				
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RING	accomplish	ed if one or r	nore finge	rprints ar	e secured.		diagram solo	Total Chare Will not 25
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	WEAPON AND	SERIAL No.		LAUNDRY	MARKS	-	WHERE BODY WA	S BURIED OR FOUND
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DENTURES (Ptoton): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

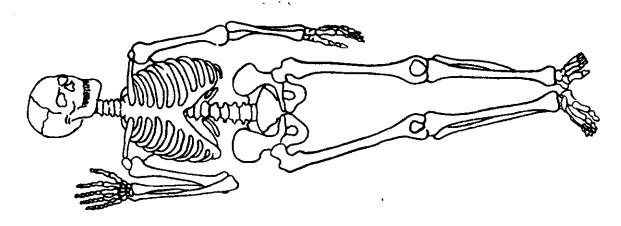
No leose maxillary of mandibular teeth present with remains.

REASON OF LACK OF RECEIVED THE PRINCE DATA

PAUL R NICHOLS

Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RESOVERED



#### 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:

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. Michal

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RECORD OF CUSTODIAL TRANSFER

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:

ONG

5. TO:

CO AGRS PHILCOM JONE SAN PRANCISCO

6. SUBJECT:

REPROCESSING OF REMAINS.

7. DOCUMENT FILED

UNDER NO.

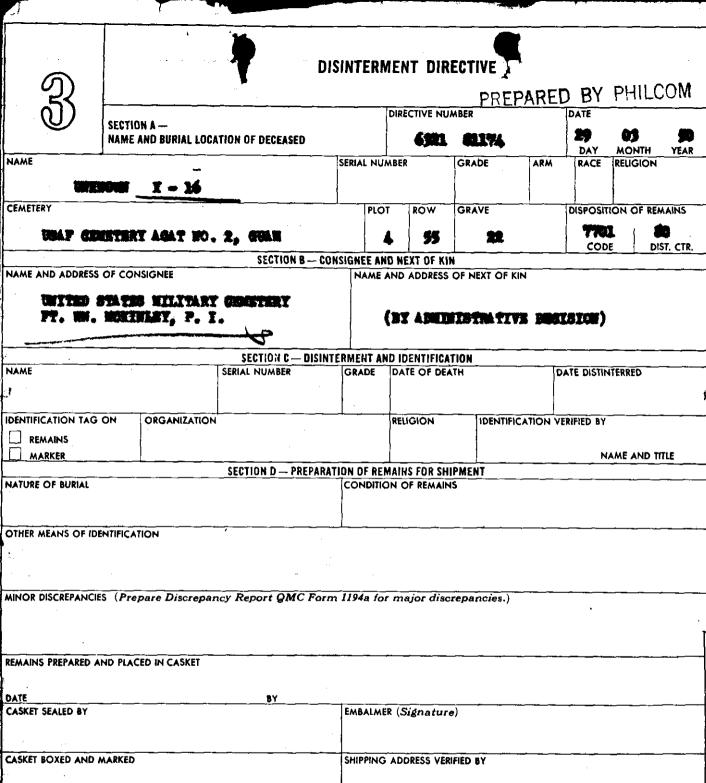
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INSTRUCTIONS.—Enter after the above headings information as follows:

- 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.



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

REMARKS AND SPECIAL INSTRUCTIONS

SIGNATURE OF AGRS INSPECTOR

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