

IDENTIFICATION CHECKLIST

9 July 48

Unknown X-17  
Cemetery #2, Agat, Guam  
Plot 4 Row 57 Grave 24

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 71"
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 Mandible and Maxilla missing.
7. Were fingerprints taken? No
8. Cause of death Unknown
9. Was body burned? No                      To what extent? \_\_\_\_\_
10. Are any parts of the body missing or severed? See Blackout Chart
11. Is there any evidence of first-aid or other medical treatment? UTD
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Nothing found
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) Unknown

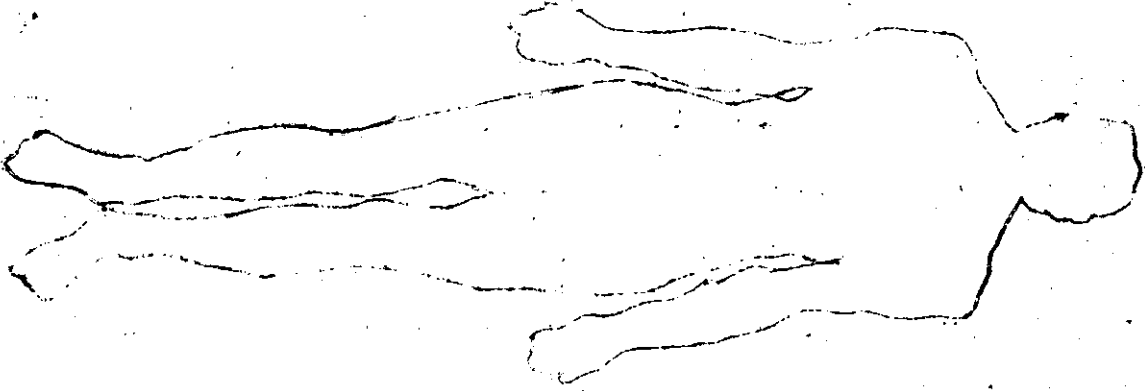
Identification Checklist (Cont'd)

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 fracture NO

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



18. REMARKS:

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

Officer's name

*J. W. Kelly*

Service

Rank

Organization

(FORMERLY

*(Handwritten signature)* NOW UNKNOWN ~~XXXXXX~~ X-17

UNKNOWN (X-17)

2-10-5

4-57-24

DATE AND HOUR OF DISINTERMENT

0725

28 Aug 1946

DEPTH OF BODY BURIED

4 feet

MARKER AT GRAVE

Yes

BODY BURIED UNDER MARKER

Yes

BURIED IN CASKET

Yes

LIST OF EFFECTS FOUND IN GRAVE

None

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY

Israel

REMARKS: 100% decomposed

No identity

No head available

Leg bones longer than usual

Pelvic bones. Arm bone

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

293.

Date 13 Oct 48

CASE SUMMARY OF

NAME: UNKNOWN X-17 RANK: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

CEMETERY Asst Cem #2 CHAN Plot: 4 Row: 57 Grave: 24

Remains disinterred from P-4, R-57, G-24 known as  
UNKNOWN X-17 were processed this date and no clues to identity  
were found.

cc: 293 \_\_\_\_\_

  
**ROY L. COSTANTINO**  
**CAPT., USAF**

(Signature)

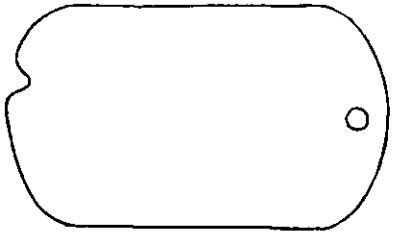
Remarks:

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

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

Date of Report

**28 August 1946**

Imprint Identification Tag If Possible. DO NOT TYPE  	<b>SECTION 1. IDENTIFICATION</b>		
	Name (Last, First, Middle Initial)		Serial Number
	Grade		Organization
	Race		Religion
Place of Death		Cause of Death	Date of Death
<b>Ulithi Lagoon</b>		<b>UNKNOWN</b>	<b>UNKNOWN</b>
Name (Last, First, Middle Initial) <b>UNIDENTIFIED (X-27)</b>		Serial Number <b>UNKNOWN</b>	Branch of Service <b>UNKNOWN</b>
Grade <b>UNKNOWN</b>	Organization <b>UNKNOWN</b>	Branch of Service <b>UNKNOWN</b>	
Race <b>UNKNOWN</b>	Religion <b>UNKNOWN</b>	If Other than U. S. Dead, Give Name of Country	

Emergency Addressee (Name, Relationship and Address)  
**UNKNOWN**

Identification Tags Found on Body (1, 2, or None) <b>NO</b>	If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse  <b>PLOT PLAK, GRAVE MARKER</b>
Were Substitute Tags Provided (Yes or No) <b>NO</b>	

List Personal Effects Found on Body and Disposition of Same  
**NONE**

**SECTION 2. BURIAL** If other than in established cemetery furnish sketch and map coordinates on reverse.

Name, Number, Coordinates and Location of Cemetery  
**Army, Navy, Marine Cemetery #2, Agat, Guam, MI.**


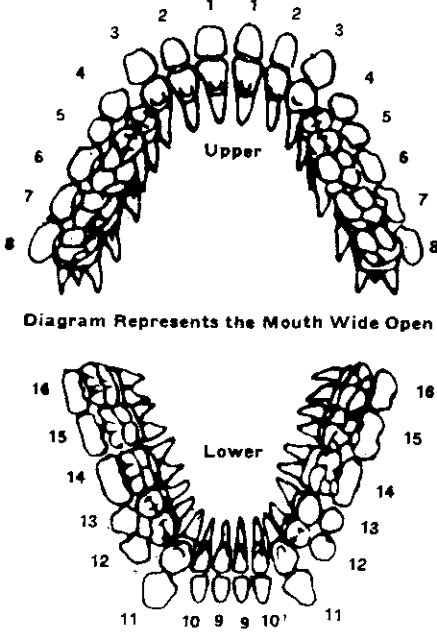





Date of Burial <b>9-11-46</b>	Hour <b>1330</b>	Buried in (Shroud, Blanket, or name of other) <b>Casket and Burial Bag</b>	Type of Grave Marker <b>Cross with Zinc Plate</b>	Plot No. <b>4</b>	Row No. <b>57</b>	Grave No. <b>24</b>
Was This a Re-Burial (Yes or No) <b>Yes</b>	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave <b>Ulithi Cemetery, Asor Island</b>			Plot No. <b>2</b>	Row No. <b>10</b>	Grave No. <b>5</b>

Type of Religious Ceremony <b>MEMORIAL SERVICE ONLY</b>	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body  <del>None</del> <b>EDGMC Form 1042 buried in bottle one foot below grave marker.</b>
Identification Tag Buried With Body (Yes or No) <b>Zinc Plate</b>	Identification Tag Attached to Marker (Yes or No) <b>No</b>	

Body Buried on Deceased Left, Name (Last, First, Middle Initial) <b>Dardon, Leroy</b>	Rank <b>SP4 2/c</b>	Serial Number <b>940-35-29</b>	Organization <b>US LCI 794</b>	Grave No. <b>25</b>
Body Buried on Deceased Right, Name (Last, First, Middle Initial) <b>Unidentified (X-14)</b>	Rank <b>UNKNOWN</b>	Serial Number <b>UNKNOWN</b>	Organization <b>USS Franklin</b>	Grave No. <b>23</b>

Signature of Person Preparing Report <b>ROBERT J. McEROOM, CAPT., GMC</b>	Signature of GRS Officer Verifying Report <b>ROBERT J. McEROOM, CAPT., GMC</b>
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**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.

		<b>SECTION UNIDENTIFIED REMAINS</b>			
Left Little Finger	<b>Instruction:</b> (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	<b>Height</b>	<b>Weight</b>	<b>Color of Eyes</b>	<b>Color of Hair</b>	<b>Birthmarks, Scars or Tattoos</b>
Left Middle Finger	<b>Weapon and Serial Number</b>		<b>Laundry Mark</b>		<b>Where Body Was Buried or Found</b>
Left Index Finger	<b>Other Identification Clues</b>				
Left Thumb	<b>Fillings</b>  Silver Filling Gold Filling		 <p>Diagram Represents the Mouth Wide Open</p>		
Left Thumb	<b>Cavities</b>  Cavity Decayed				
Right Thumb	<b>Missing Teeth</b>  Teeth Missing				
Right Index Finger	<b>Crowned Teeth</b>  Porcelain Crown Gold Crown				
Right Middle Finger	<b>Bridge Work</b>  Gold Bridge				
Right Ring Finger	<b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b>				
Right Little Finger					
Right Little Finger	<b>Remarks</b>				

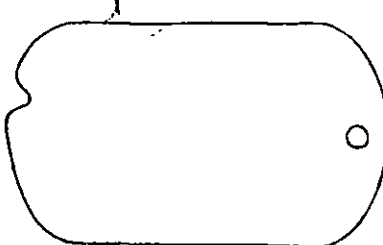
WD GRC Form 1042  
Rev. 1 Apr 1945  
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(AR 30-1810 and AR 30-1815)

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	UNIDENTIFIED (X-17)		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
Ulithi Lagoon	UNKNOWN	UNKNOWN

Emergency Addressee (Name, Relationship and Address)

UNKNOWN

Identification Tags Found on Body (1, 2, or None)	If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse
NO	
Were Substitute Tags Provided (Yes or No)	PLOT PLAN, GRAVE MARKER
NO	

List Personal Effects Found on Body and Disposition of Same

NONE

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Name, Number, Coordinates and Location of Cemetery

Agat, Navy, Marine Cemetery #2, Agat, Guam, MI.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
28-12-46	1330	Casket and Burial Bag	Cross with Zinc Plate	4	57	24

This a Re-Burial or No?	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave	Plot No.	Row No.	Grave No.
Yes		Ulithi Cemetery, Asor Island	2	10

Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
MEMORIAL SERVICE ONLY	
Identification Tag Buried With Body (Yes or No)	<del>NO IDENTIFICATION TAGS BURIED WITH BODY</del> WD MG Form 1042 buried in bottle one foot below grave marker.
Zinc Plate	
Identification Tag Attached to Marker (Yes or No)	
No	


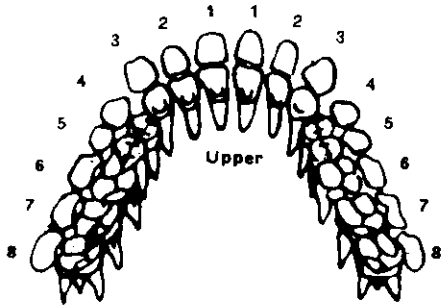
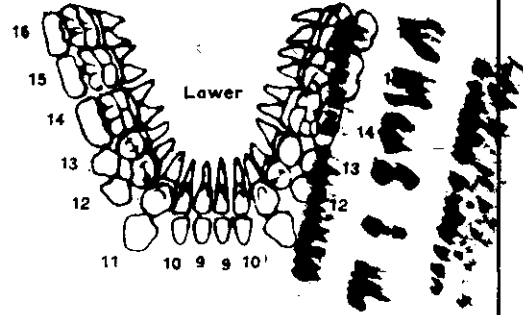






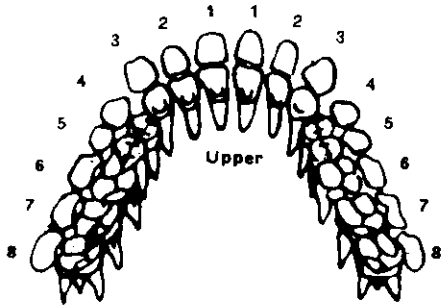
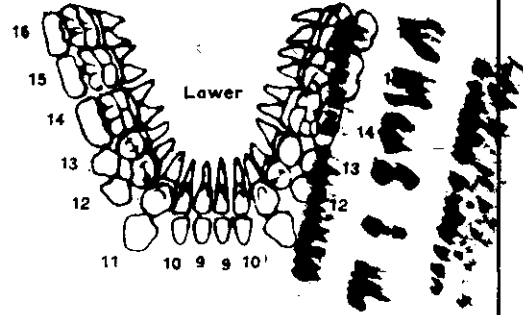






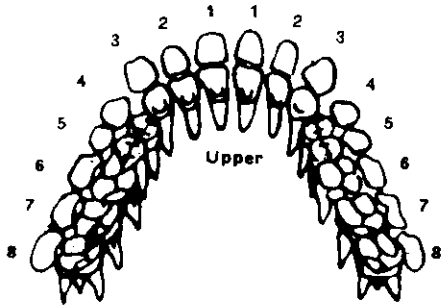
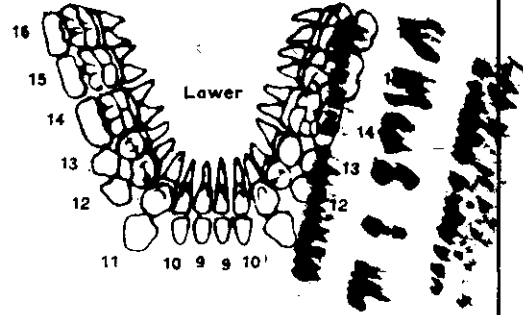





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Dardon, Leroy	STM 2/c	940-35-29	USS LCI 794	25

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Unidentified (X-14)	UNKNOWN	UNKNOWN	USS Franklin	23

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
<i>Robert J. McBroom</i>	<i>Robert J. McBroom</i>
ROBERT J. MCBROOM, CAPT., QMC	ROBERT J. MCBROOM, CAPT., QMC

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/bpm 1		Interred 26 Oct 1949 L 3 34 Ft. McKinley <i>checkmark</i> CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE		RECORDED BY PHILCOM	
SECTION A - NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6321 80552		DATE 19 08 49 DAY MONTH YEAR	
NAME <i>JRC</i> UNKNOWN X - 17		SERIAL NUMBER		GRADE		ARM	
CEMETERY ANM GUAM NO. 2, AGAT		PLOT 4		ROW 57		GRAVE 24	
						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. MCKINLEY, P. I.				NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)			
SECTION C - DISINTERMENT AND IDENTIFICATION							
NAME UNK X-17		SERIAL NUMBER		GRADE		DATE OF DEATH 24 Aug 1949	
DATE DISTINTERRED		IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER		ORGANIZATION		RELIGION	
						IDENTIFICATION VERIFIED BY GERARD A BRICK Embalmer NAME AND TITLE	
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT							
NATURE OF BURIAL Shelter Half				CONDITION OF REMAINS Skeletal			
OTHER MEANS OF IDENTIFICATION							
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)							
REMAINS PREPARED AND PLACED IN CASKET							
DATE 24 Aug 1949		BY GERARD A BRICK		EMBALMER (Signature) <i>Gerard A Brick</i>		GERARD A BRICK	
CASKET SEALED BY GERARD A BRICK		CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY J J McDERMOTT			
DATE 24 Aug 49		BY WILLIAM C. DODD, 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.							
				SIGNATURE OF AGRS INSPECTOR <i>J J McDermott</i> J J McDERMOTT			
REMARKS AND SPECIAL INSTRUCTIONS REMARKS: Unidentifiable - OQMG (Records)							

RECORD OF CUSTODIAL TRANSFER

FROM	AGRS MAUSOLEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Barber</i>
DATE		DATE	1949
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

1. SHIPPED

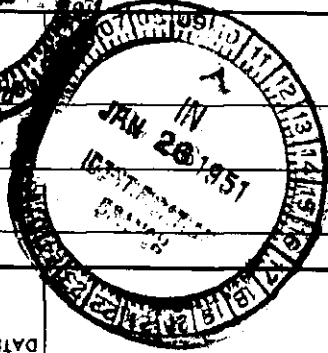
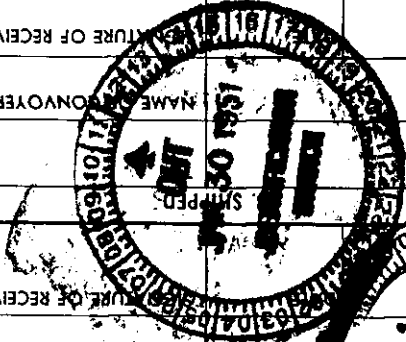
2. SHIPPED

4. SHIPPED

5. SHIPPED

6. SHIPPED

7. SHIPPED



3

LCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6901 8072

DATE 19 08 YEAR

NAME UNKNOWN X - 17 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY ARIEL CEMETERY NO. 2, AGAT PLOT 4 ROW 57 GRAVE 24 DISPOSITION OF REMAINS VV01 00 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY ACADEMY FT. MONMOUTH, P. I.

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

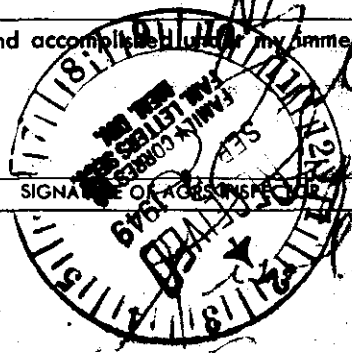
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET DATE BY

CASKET SEALED BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY DATE BY

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

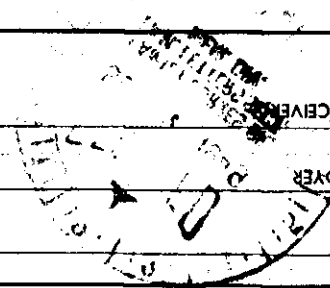


REMARKS AND SPECIAL INSTRUCTIONS

Incl # 2

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER
2. SHIPPED		TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER
3. SHIPPED		TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER
4. SHIPPED		TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER
5. SHIPPED		TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER
6. SHIPPED		TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER
7. SHIPPED		TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER
8. SHIPPED		TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER
9. SHIPPED		TO	NAME OF CONVOYER	SIGNATURE OF RECEIVER	DATE
FROM	KIND OF CONVEYANCE	SIGNATURE OF SHIPPER	DATE	NAME OF CONVOYER	SIGNATURE OF RECEIVER



# DISINTERMENT DIRECTIVE

MJ

# 1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 00000

DATE  
15 11 47  
DAY MONTH YEAR

803-29A-38

NAME  
750 UNKNOWN

SERIAL NUMBER  
X-000017

RANK

ARM  
8  
DATE OF DEATH

CEMETERY  
GUAM NO 2 AGAT

DISPOSITION OF REMAINS  
0 0391 63  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
4 57 24 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-000017	RANK Unk	DATE OF DEATH Unknown	DATE DISTINTERRED 25 Nov. 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY E. S. Zapico, 2nd LT., Inf. NAME AND TITLE	

### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Metal box	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION None	

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 19 July 48 BY C. L. Matthews, Emb.

V. R. Williams, Emb.  
EMBALMER (Signature)  
J. E. SPEER

CASKET BOXED AND MARKED  
DATE 19 July 48 BY P. Nabazza

SHIPPING ADDRESS VERIFIED BY  
J. E. Morris, Clerk

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

*F. T. Degroodt*  
F. T. DEGROODT, Capt., CMF  
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER


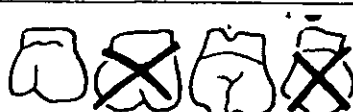






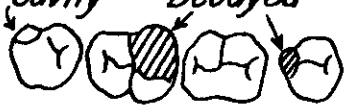

FROM		US MANSOURA (SAIPAN, M.I.)	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		<i>John H. Lott, Maj. C.P.</i>	
DATE	19 48	DATE	19 48
NAME OF CONVOYER		ROBERT G. SNODDEN, MAJ. C.P.	
TO		FORT STORAGE OFFICER (SAIPAN, M.I.)	
1. SHIPPED			
FROM		AGRS PORT (SAIPAN, M.I.)	
KIND OF CONVEYANCE		TRUCK	
SIGNATURE OF SHIPPER		<i>Harold E. Pike</i>	
DATE	12 Jan 49	DATE	12 Jan 49
NAME OF CONVOYER		<i>Harold E. Pike, Captain Inf.</i>	
TO		MASTER FS-278	
2. SHIPPED			
FROM		MASTER FS-278	
KIND OF CONVEYANCE		Truck	
SIGNATURE OF SHIPPER		<i>Robert G. Snodden</i>	
DATE	24 JAN 1949	DATE	24 JAN 1949
NAME OF CONVOYER		L. E. NEWMAN JR., CAPT., FA.	
TO		AGRS Mausoleum	
3. SHIPPED			
FROM		MASTER FS-278	
KIND OF CONVEYANCE		Truck	
SIGNATURE OF SHIPPER		<i>Robert G. Snodden</i>	
DATE	24 JAN 1949	DATE	24 JAN 1949
NAME OF CONVOYER		L. E. NEWMAN JR., CAPT., FA.	
TO		AGRS Mausoleum	
4. SHIPPED			
FROM		AGRS Mausoleum	
KIND OF CONVEYANCE		Truck	
SIGNATURE OF SHIPPER		<i>Robert G. Snodden</i>	
DATE	24 JAN 1949	DATE	24 JAN 1949
NAME OF CONVOYER		L. E. NEWMAN JR., CAPT., FA.	
TO		AGRS Mausoleum	
5. SHIPPED			
FROM		AGRS Mausoleum	
KIND OF CONVEYANCE		Truck	
SIGNATURE OF SHIPPER		<i>Robert G. Snodden</i>	
DATE	24 JAN 1949	DATE	24 JAN 1949
NAME OF CONVOYER		L. E. NEWMAN JR., CAPT., FA.	
TO		AGRS Mausoleum	
6. SHIPPED			
FROM		AGRS Mausoleum	
KIND OF CONVEYANCE		Truck	
SIGNATURE OF SHIPPER		<i>Robert G. Snodden</i>	
DATE	24 JAN 1949	DATE	24 JAN 1949
NAME OF CONVOYER		L. E. NEWMAN JR., CAPT., FA.	
TO		AGRS Mausoleum	
7. SHIPPED			
FROM		AGRS Mausoleum	
KIND OF CONVEYANCE		Truck	
SIGNATURE OF SHIPPER		<i>Robert G. Snodden</i>	
DATE	24 JAN 1949	DATE	24 JAN 1949
NAME OF CONVOYER		L. E. NEWMAN JR., CAPT., FA.	
TO		AGRS Mausoleum	

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-17 (Guam #2 Agat)</b>				2. DATE OF REPORT <b>6 July 1949</b>	
3. NAME OF CEMETERY <b>AGRS MAUSOLEUM, MANILA P. I.</b>		4. PLOT <b>BANGER BAY CRYPT</b>	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT
PHYSICAL DESCRIPTION					
8. ESTIMATED WEIGHT <b>136-157</b>	9. ESTIMATED HEIGHT <b>5'11-1/4"</b>	10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p><b>1 - marker reads - X-17 - USA - P-4, R-57, R-24 - Agat - 11 Sept 46</b></p> <p><b>1 - marker reads - Unknown X-17, P-4, R-57, G-24 - 19 Mar. 45</b></p>					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES					
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <p align="center"><b>Spondyloschosis of 5th Lumbar Vertebra (bilateral)</b></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"><b>NONE</b></p>					
<p><b>"UNIDENTIFIABLE"</b></p> <p><b>"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"</b></p>					
<p><i>Incl. # 11<sup>2</sup></i></p>					



TOOTH CHART

<p><b>MISSING TEETH:</b> 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><i>Tooth Missing</i></p>	<p>SIDE VIEW</p> 
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p><i>Gold Crown, Porcelain Crown</i></p> 	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p><i>Gold Bridge</i></p> 	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p><i>Gold Filling Silver Filling</i></p> 	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p><i>Cavity Decayed</i></p> 	

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
← MAXILLA								MISSING →							
Side Views															
UPPER															
LOWER															
MANDIBLE								MISSING							
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."

Maxilla and mandible are missing. No loose maxillary and mandibular teeth present with remains.

"UNIDENTIFIABLE"

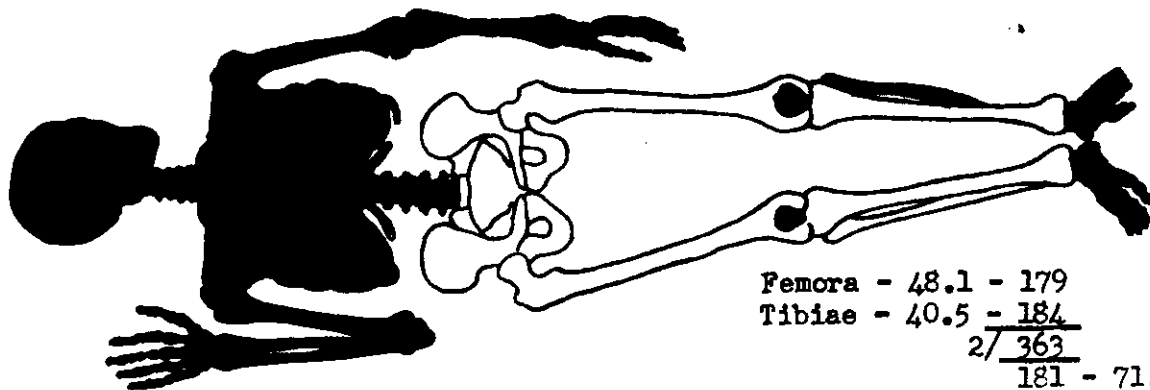
*J.J. McDermott*  
 J.J. McDERMOTT  
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

19. BLACK OUT PARTS OF BODY NOT RECORDED

Present

1 - Lumbar Vertebrae



Bi-iliac - 25.7

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

Age 18-20 years.

Estimated weight of remains - 3 lbs.

This is the remains of a tall man, 18-20 years of age of average build and muscularity.

Height estimates are computed from measurements of femora and tibiae only.

**"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

J. J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <p align="center">UNKNOWN X-17</p>				2. DATE OF REPORT <p align="center">9 July 48</p>	
3. NAME OF CEMETERY <p align="center">Cemetery #2, Agat, Guam</p>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	57	24	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <p align="center">UTD</p>	9. ESTIMATED HEIGHT <p align="center">71"</p>	10. COLOR OF HAIR <p align="center">UTD</p>	11. RACE <p align="center">UTD</p>
--	--	--	---------------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary Plate on Marker:  
 X-17  
 USA  
 P-4, R-57, G-24 Agat 11 Sept 46

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

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

*H. W. Harriman*  
 H. W. HARRIMAN  
 Captain, QMC  
 Operations Officer  
 AGRS, Marbo Zone

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

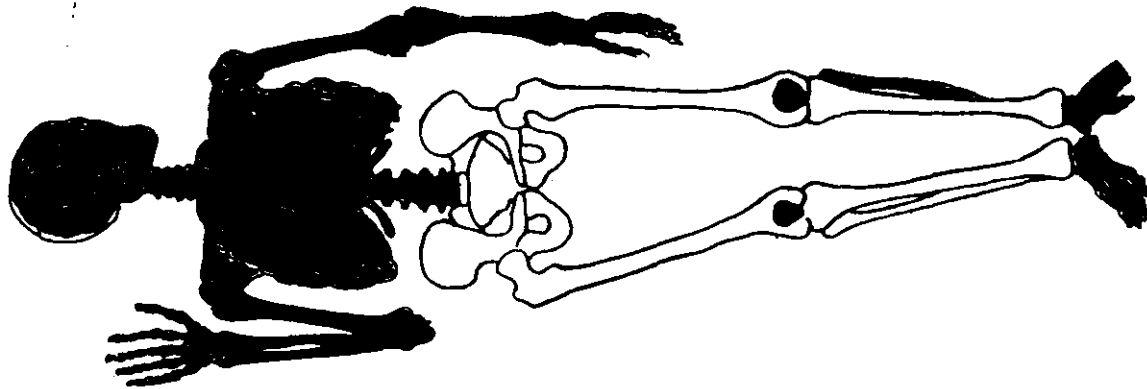
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
Top Views															
Side Views															
16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16															

**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."

Mandible and Maxilla missing.

*C. E. Wilkerson*  
 C. E. Wilkerson

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Skeletal remains incomplete

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

1. Mortuary Plate on Marker:  
 X-17  
 USA  
 P-4, R-57, G-24 Agat 11 Sept 46
2. Height determined by broca measurements: 71"

*Geo. A. Wheeler*  
 Geo. A. Wheeler

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

*C. W. Kelley*

C. W. Kelley, Capt., C.A.C.

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-17</b>				2. DATE OF REPORT <b>9 July 48</b>	
3. NAME OF CEMETERY <b>Cemetery #2, Agat, Guam</b>		4. PLOT <b>4</b>	5. ROW <b>57</b>	6. GRAVE <b>24</b>	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>71"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Mortuary Plate on Marker:  
X-17  
USA  
P-4, R-57, G-24 Agat 11 Sept 46**

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

**None**

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**None**

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

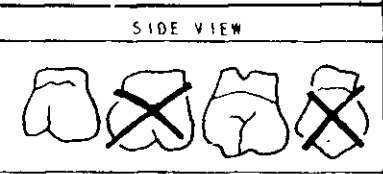
**None**

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

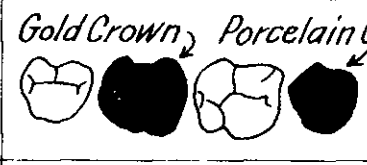
*H W Harriman*  
H. W. HARRIMAN  
Captain, QMC  
Operations Officer  
AGRS, Marbo Zone

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:



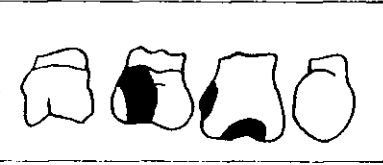
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



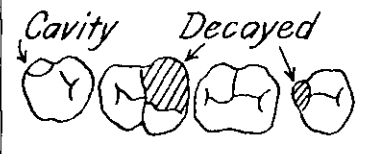
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



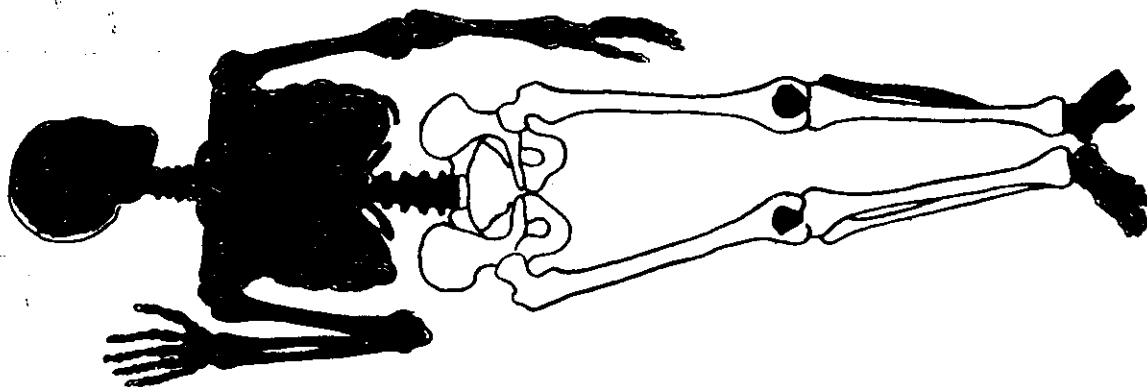
		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
Side Views																		Side Views	
Top Views	UPPER																	UPPER	
	LOWER																	LOWER	
Side Views																		Side Views	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

**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."

**Mandible and Maxilla missing.**

*C. E. Wilkerson*  
**C. E. Wilkerson**

19. BLACK OUT PARTS OF BODY NOT RECOVERED



**Skeletal remains incomplete**

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

1. **Mortuary Plate on Marker:**  
X-17  
USA  
P-4, R-57, G-24 Agat 11 Sept 46
2. **Height determined by broca measurements: 71"**

*Geo. A. Wheeler*  
**Geo. A. Wheeler**

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

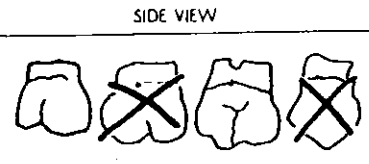
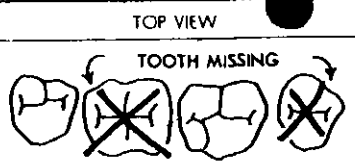
SIGNATURE

*C. W. Kelley*  
**C. W. Kelley, Capt., C.A.C.**

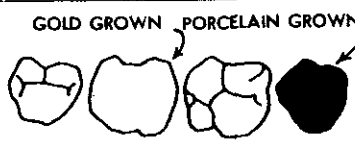


TOOTH CHART

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



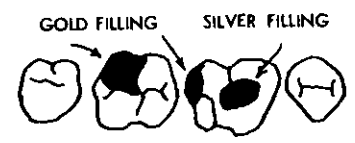
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



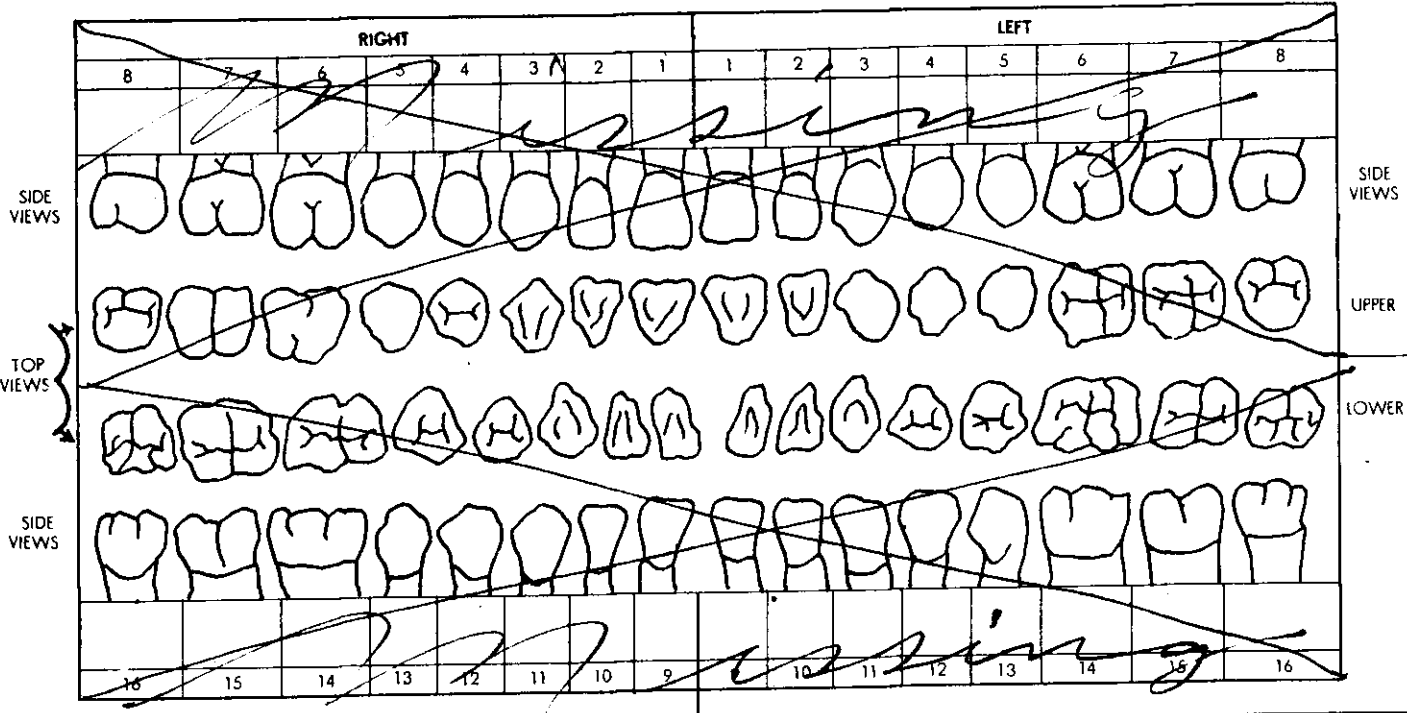
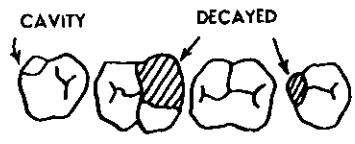
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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"

Maxillae and Mandible Missing  
upper  
J. B. Bell  
Capt. D.F.

STATION FILE

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

25 Nov 47  
Date

**UNKNOWN X-17**






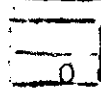
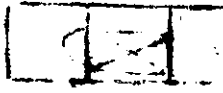

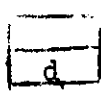
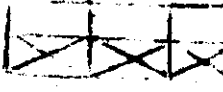

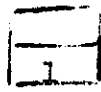


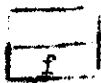
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
UNIT ORGANIZATION				
Guam		Agat, Cmtry #2, Guam		4 57 24
PLACE OF DEATH	PLACE OF BURIAL		PLOT	ROW GRAVE NO

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

INSIDE - LOOKING OUT

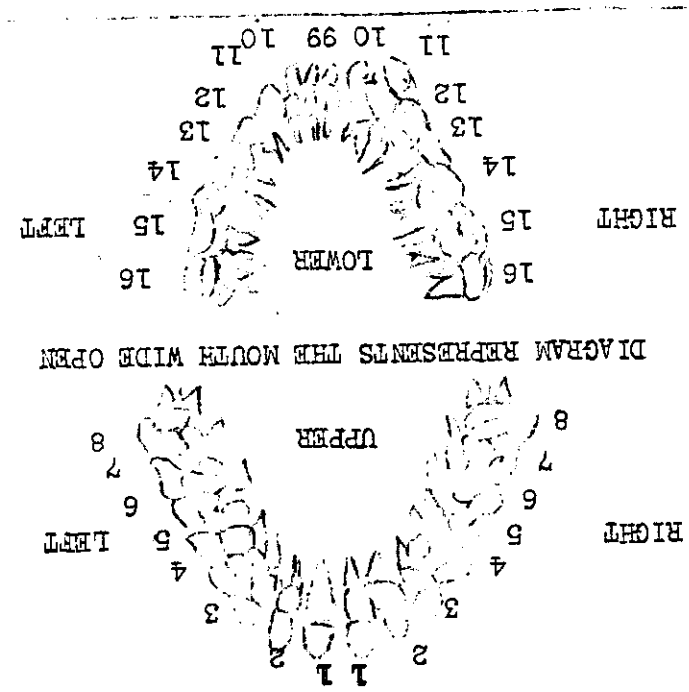
RIGHT LOWER TEETH										LEFT					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE										TYPE					
LOCATION										LOCATION					

**KEY OF SYMBOLS TO BE USED IN ABOVE CHART**

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN TOWARD FRONT)
 CAVITY, INDICATE LOCATION	 GOLD	 OCCLUSAL (BETWEEN SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABSUTMENTS)	 SILICATE OF PORCELAIN	 DISTAL (BETWEEN TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE I (CEMENT)	 LINGUAL (TOWARD TONGUE)
 PROSTHOUSLY MISSING		 FACIAL (TOWARD CHEEK)

INSTRUCTIONS:

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IT SAME IS TO BE OF MAXIMUM VALUE.
2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.
3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., FORCE-LAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH SEE DIAGRAM BELOW.



REMARKS:

Entire Mandible, Maxilla and Teeth missing.

SIGNATURE OF PERSON WHO PREPARED CHART *[Signature]*  
 VERIFIED BY GRS OFFICER *[Signature]*

I. Ho, Capt., D.C.  
 NAME AND RANK TYPED OR PRINTED

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

Guam  
 PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

PROCESSING CENTER

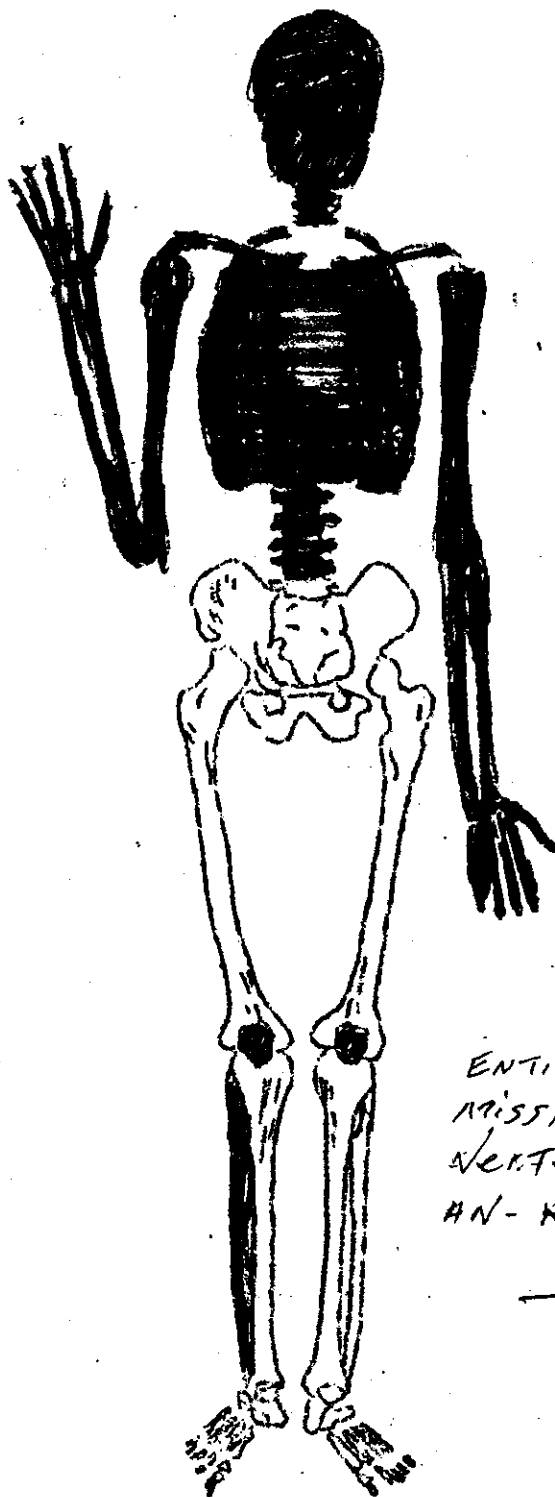
UNKNOWN X-17

(Name)

(Rank)

(Ser No.)

(Fr of Sv)



ENTIRE UPPER EXTREMITIES  
MISSING - ALSO - HEAD  
VERTEBRAE - PATELLAE  
AN - R. FIBULA -

SKELETAL CHART

# 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.

28 August 1946

UNIDENTIFIED (X-17)			UNKNOWN	UNKNOWN	DATE
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.	
UNKNOWN			UNKNOWN		
UNIT			ORGANIZATION		
ULITHI LAGOON		Cemetery #2, Agat, Guam, MI.		4	57
PLACE OF DEATH		PLACE OF BURIAL		PLOT	ROW GRAVE NO.
					24

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

INSIDE — LOOKING OUT

	16	15	14	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

<p><b>SYMBOLS IN WHOLE BOX</b></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; margin-right: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; display: flex; align-items: center; justify-content: center;">X</div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px; display: flex; align-items: center; justify-content: center;">X</div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></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>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></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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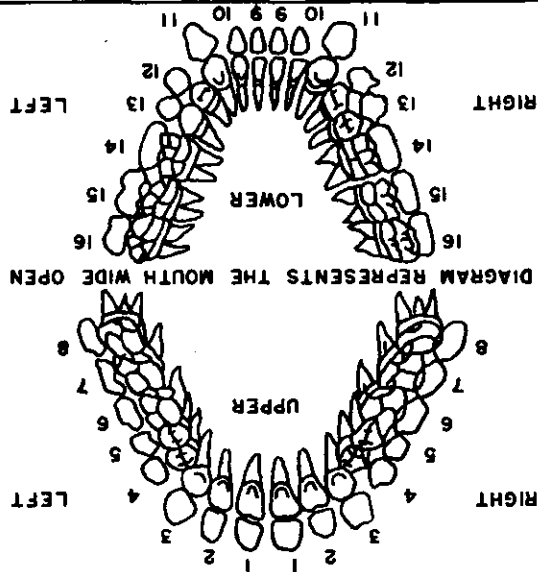
**INSTRUCTIONS:**

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

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

3 ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



**REMARKS:**

No dental identification available

SIGNATURE OF PERSON WHO PREPARED CHART

*W.H. Black*

NAME AND RANK TYPED OR PRINTED

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

PLACE OR NO. WHERE THIS FORM ACCOMPLISHED

ASOR ISLAND, ULITHI ATOLL

DATE

28 August 1946

NAME AND RANK TYPED OR PRINTED

ROBERT J. MOBBROOM, CAPT., GMC

VERIFIED BY GRS OFFICER

*Robert J. Mobbroom*

# 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.

28 August 1946

<b>UNIDENTIFIED (3-17)</b>			<b>UNKNOWN</b>	<b>UNKNOWN</b>	DATE
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.	
<b>UNKNOWN</b>			<b>UNKNOWN</b>		
UNIT			ORGANIZATION		
<b>ULITHI LAGOON</b>		<b>Sanctuary #2, Islet, Guam, MI.</b>		<b>A</b>	<b>57</b>
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><b>SYMBOLS IN WHOLE BOX</b></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; margin-right: 10px;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 5px; text-align: center;">X</div> </div> <p>FIXED BRIDGE (INCL. ADUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px;"> <div style="border: 1px solid black; width: 15px; height: 15px; margin: 5px; text-align: center;">X</div> </div> <p>TEETH REPLACED BY DENTURE</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;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></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>OXYPHOSPATE (CEMENT)</p> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></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; margin-bottom: 10px;"> <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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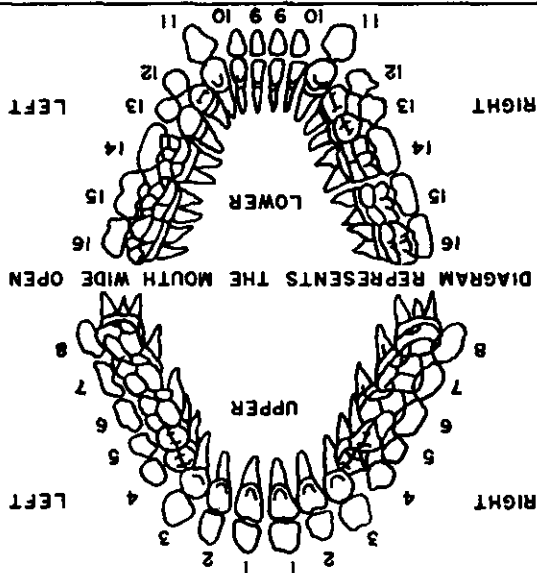
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

**No dental identification available**

SIGNATURE OF PERSON WHO PREPARED CHART

*W. H. Black*

W. H. BLACK, Lt. (2d) USMC  
NAME AND RANK TYPED OR PRINTED

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ASON HEADQ, 21TH AVAIL

VERIFIED BY GRS OFFICER

*Frank J. Johnson*

FRANK J. JOHNSON, CAPT., GRS  
NAME AND RANK TYPED OR PRINTED

26 AUGUST 1946  
DATE



RESTRICTED

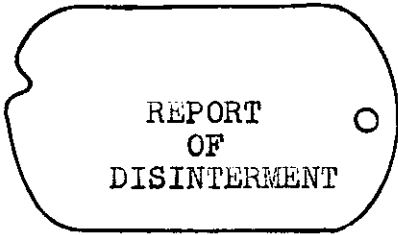
WD QMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

9 July 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-17

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

None

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

Mortuary Plate on Marker:

X-17

USA

Agat

P-4, R-57, G-24

11 Sept. 46

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery #2, Agat, Guam

DATE OF BURIAL

HOUR

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

TYPE OF GRAVE  
MARKER

PLOT No.

ROW No.

GRAVE No.

4

57

24

WAS THIS A REBURIAL?  
(Yes or no)

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT No.

ROW No.

GRAVE No.

TYPE OF RELIGIOUS  
CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND  
CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH  
BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO  
MARKER (Yes or no)

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

9 July 48

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Geo. A. Wheeler, C.I.P.

C. W. Kelley, Capt., C.A.C.

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.

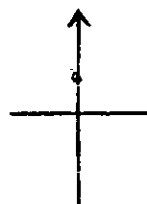
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS		
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

1. FILE UNDER NO. 293 - Unk. Guam X-17 (Agat)

### SYNOPSIS

2. TYPE OF DOCUMENT: Letter  
3. DATE: 20 Mar 50  
4. FROM: OQMG, Mem Div  
5. TO: CO, American GRS, Philcom Zone, APO 900, San Francisco, Calif.  
6. SUBJECT: Unidentifiable Remains.

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

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.

AIR MAIL

CMOAN 898  
GRS Far East

1st Ind

Dept. of the Army, OMC, Washington 25, D. C., 17 December 1948

TO: Commanding General, Marianas-Bonins Command, APO 346, c/o Postmaster,  
San Francisco, California ATTENTION: GRS, MARBO ZONE

1. Reference is made to basic communication and inclosures withdrawn.
2. Subject cases have been reviewed and this office concurs in the classification of these unknowns as unidentifiable.
3. The original Burial Reports for the following unknowns are not of record in this office:

- a. X-5, Plot P5-14, Isolated Burial
- b. X-27, Plot K, Row 11, Grave 5, 2nd Marine Division Cemetery,  
Saipan.

FOR THE QUARTERMASTER GENERAL:

16 Incls.: w/d

CC: CINCPAC

T. H. METZ  
Lt. Colonel, OMC  
Memorial Division

*Handwritten signature and initials:*  
C. H. Metz  
for  
J. H. [unclear]

AIR MAIL

AMERICAN GRAVES REGISTRATION SERVICE  
MARBO ZONE

APO 244

30 November 1948

293 MPGRS

SUBJECT: Transmittal of New QMC Forms 1044 (Resolution of Cases of Unidentified Deceased)

To : The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
(Attn: Memorial Division)

1. In accordance with paragraphs 3b and 6, letter, DA, file QMOMU 293, Subject: Resolution of Cases of Unidentified Deceased, dated 17 September 1948, QMC Forms 1044 on unknown remains considered unidentifiable by reason of lack of sufficient identifying data for the following unknowns by cemetery are herewith submitted for acknowledgment and decision:

Cemetery No. 2, Agat, Guam

<u>Unknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
Navy X-6	4	52	24
X-10	4	53	15
X-17	4	57	24
X-18	4	55	26
X-19	4	57	16
X-21	4	55	25
X-22	4	56	6
X-24	4	57	1
X-31	4	58	2
X-34	C	34	9
X-68	4	40	17
X-71	4	44	6

2nd Marine Division Cemetery, Saipan

<u>Unknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-27	E	11	5

Isolated Burials

<u>Unknowns</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
X-5	P5-14	-	-
X-16	P5-9	-	-
X-17	P5-11	-	-

Ltr, AGRS, MARBO Zone, PO 244, file 293 MBGRS, dtd 15 October 1948, Subj:  
Transmittal of New OMC-Forms 1044 (Resolution of Cases unidentified Deceased)

2. The unknown remains indicated above are presently stored in AGRS Mausoleum, Saipan, with the exception of Unknown X-34, Plot C, Row 34, Grave 9 and Unknown X-71, Plot 4, Row 44, Grave 6, Cemetery, No. 2, Agat, Guam, which were shipped to Manila on the USAT Dalton Victory, 6 October 1948.

FOR THE COMMANDING OFFICER:

16 Incls:

1-16 OMC Form 1044 (3)

D. A. BROWN  
Major AGD  
Adjutant

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

6 July 1949


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-17, Plot 4,  
Row 57, Grave 24, USMC Guam #2 Agat 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:

  
B. MONEMAR  
Captain, QMC  
Chief, Records Branch

Attch: Form 1044

information presently  
available

HEADQUARTERS  
PHILIPPINES COMMAND  
UNITED STATES ARMY

GSGR 293.9

APO 707

SUBJECT: Unidentifiable Remains

13 JUL 1949

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-674, AGRS Mslm	UNKNOWN X-4849, AGRS Mslm
" X-721, Leyte #1	" X-5154, AGRS Mslm
" X-722, Leyte #1	" X-5159, AGRS Mslm
" X-2069, AGRS Mslm	" X-5160, AGRS Mslm
" X-4107, Manila #2	" X-17, Guam #2, Agat
" X-4109, Manila #2	

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

FOR THE COMMANDING GENERAL:

11 Incls  
QMC Forms 1044 w/certificates  
of Unidentifiability

JOHN A. MARSZAL  
1st Lt., AGD  
Asst Adj Gen

REC'D 26 Jul 1949



O.Q.M.G., Mail & Record Branch

DATE CHARGED	CHARGED TO: (Organization & Person)	LAST ACTION	CHARGED BY:	DATE RETURNED
3-19-45	mem	2-12-45	C.P.	3-23-45
2-28-46	R.R.	2nd 3-10-45	2 good	4-16-45
8-3-48	Memo (OO)	2nd 3-10-45	LP	8-9-48
2-2-50	Jd. Salses	tele 8/25/48	Rayell	2/9/50
2-13-50	Carroll, R.C.	8-25-48	Kayser	3/24/50
8-30-50	Blair, L. ...	2-24-50	Murphy	9-7-50
3/17/52	W.M. ...	2/13/50	...	3-20-52
6/16/53	Board fee	2/12/50	...	6-17-53

