IDENTIFICATION CHECKLIST

9 July 48

Unknown X-17
Cemeter / #2, Agat, Guam
Flot 4 Rov 57 Grave 24

All questions should be answered. If a positive answer campt 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
	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 hadly 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,

(Contid)	CyeckTist	Identification
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information are been recorded to the best of my knowledge	συτατικός Γιαιν Τ ακιντικώς	+ • • • • •
I have personally viewed the remains of subject deceased	144 144 144	
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of clothing and/or equipment found, showing color of each,		

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(FORMERLY NOW UNKIN XXXXX X-17 UNKNOWN (X-17) 2-10-5 DATE AND HOUR OF DISINTERRMENT 0725

4-57-24

28 Aug 1946

DEPTH OF BODY BURIED

4 feet

Yes

Yes

HARKER AT GRAVE

BODY BURIED UNDER MARKER

BURIED IN CASKET

LIST OF EFFECTS FOUND IN GRAVE

Yes

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY Israel

None

HEMARKS: 100% decomposed

No head available Leg bones longer than usual

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

293.	,	Date	68-48
	CASE SUMMARY OF		
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(Signature)

Remarks:

WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form	11)	REPORT OF	INTERM	ENT	Da	te of Report	t
(Supersedes GRS 1 ST	,	(AR 30-1810 a	ind AR 30-1815)		28	ingust	1946
Imprint Identifica		SECTION 1. IDENTIFE	CATION				
Possible. DO NO		Name (Last, First, Middle In	itial)		Ser	ial Number	•
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Place of Death		Cause of Death			Da	te of Death	
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Emergency Addressee (GAS CHAPOTES	-
	,	UNICHORN					
Identification Tags Fou	nd on Body	If No Tags Found on Body,		of Identification. If	Unidentified,		
(1, 2, or None)		Fill in Section 3 on Reverse	•				
加強		_	PLOT PLA	e, chave ner			
Were Substitute Tags F (Yes or No)	rovided						• •
200							
List Personal Effects F	ound on Body ar	d Disposition of Same					
		•					
SECTION 2. BURIA	L If other tha	n in established cemetery fu	ırnish sketch a	nd map coordinate	s on revers	e.	
Name, Number, Coordi							- -
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Date of Burial	Hour	Buried in (Shroud, Blanket		Type of Grave	Plot No.	Row No.	Grave No.
Date of Bullet	1704.	of other)	,, 65	Marker			
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9-11-46	1330	II, Indicate Name, Number, Coo	undinator of Busy	Zine Plate	ecation of G		
Was This a Re-Burial (Yes or No)		Cometery, Aser Isl.		ous cemetery, and t	Plot No.	Row No.	Grave No.
Tea					2	10	5
Type of Religious	Person Cond	ucting Burial Rites	If Identification	on Tags Not Used, D	escribe Ident	ification	
Ceremony	SIRVINE O	** *	Data and Con	A A A A A A A A A A A A A A A A A A A	-	- 00	Such
Identification Tag Buri	ļ ————————————————————————————————————	ntification Tag Attached	- 33			or Off	<i>fw1</i>
With Body (Yes or No)		Marker (Yes or No)		Form 1042 ba	miai iu	haddla	
Zimo Plate		lie .	ane S				,
Body Buried on Deceas	ed Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organizat	ion G	irave No.
Dardon,	Lercy		STM 2/e	940-35-29	US LCI	794	25
Body Buried on Deceas	ed Right, Name	(Last, First, Middle Initial)	Rank	Serial Number	Organizat USS	ion G	irave No.
Unident	ified (I-	-14)	there is a second		Frankl!	n	23
Signature of Person Pro	paring Report	7	Signature of	Re Officer Verifyin	g Peport		
Bookery	a charle la man	CART DEC	2	MANA MANA	CAPT	n um	
DISTRIBUTION OF P	FPORT: Signer	CAPT., QEC i original for US and allied de-	ad, signed origin	al and one copy for	CAPT., enemy dead,		rtermaster
General through Hdq. (GRS Officer. Co	pies for retention in theater as	prescribed by ti	neater commander.			

RESTRICTED

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•	Right Ring Finger								
	Right Little Finger	Remarks							·

WD CINC Form 1042		REPORT OF	INTERNA	ENT A	Da	te of Repor	t
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LIST Personal Effects Found	i on Body and	Disposition of Same	ijoi e				
		in established cemetery f		nd map coordinat	es on revers	se.	
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		SECTION	UNIDEN	ITIFIED	REMAIN	S			-	*
	Ĕ	Instructio								
	Left Little Finger	(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								
	Left Ring Finger	thumbs the con	in the char dition of ea	t at left, ch and e	or as mai	ny as poss n will be i	sible. If no fi ndicated on	f all clues. Im ngerprints or p the tooth char e or more finge	orints can be s t in accordan	secured, ce with
	ft inger	Height	Weight	Color of Eyes Color of			Hair	Birthmacks, So	cars or Tattoos	
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DATE 24 Aug 49) _{RV} 7	VILLIAM C.	DODD, Se	t RA		J	J McD	ERMOTT			
I hereby	certify		regoing ope		ere cond	ucte	d and a	ccomplished unde	r my immed	iate sup	ervision
	•		•			Z	J McD	h Dermott		200	\
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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

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

QMC FORM REV 15 MAR 46 1194

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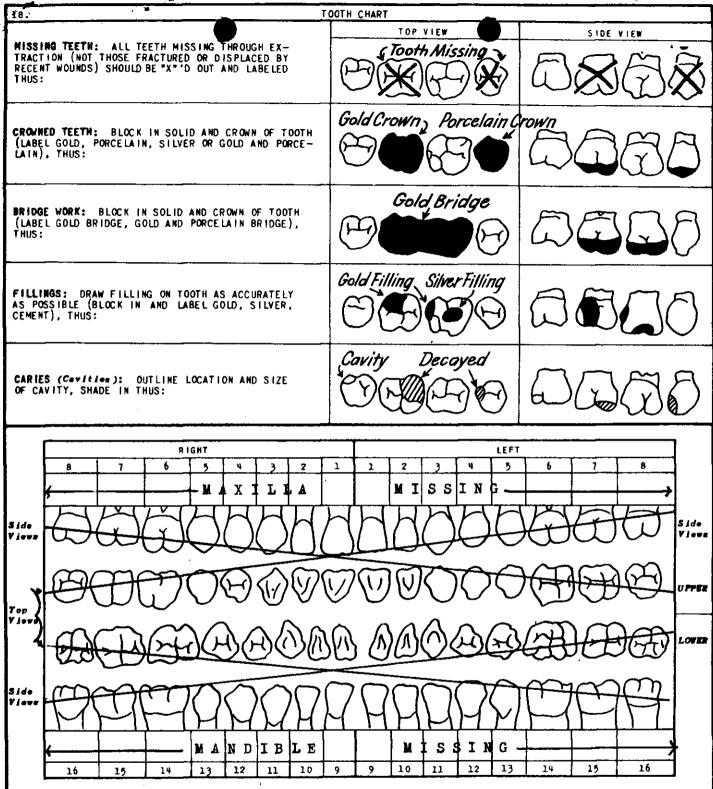
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L. REMAINS OF UNKNOWN UNKNOWN X-17	(Guam #2 Agat)	ICALIUR I	ZA IA		2. DATE OF RE	
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· .	s - Unknown X-17, P-		·			
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T YES A NO	TO WHAT EXCENT.	*				
. WAS BODY MANGLED?	TO THAT EXTENT?			 -		
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NONE

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"BY REASON OF LACK OF SUPERCENTIDENTIFYING DATA"

Inel,# 1/2



DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

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

" IDENTIFIABLE"

J./J. McDERMOTT

Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING JATA'

1 - Lumbar Vertebrae'

Pemora - 48.1 - 179

Tibiae - 40.5 - 184

27 363

181 - 71.26-5 11

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:

SIBNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Age 18-20 yéars.

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.

"UNIDELLE"

"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

J.J. M. Lemel

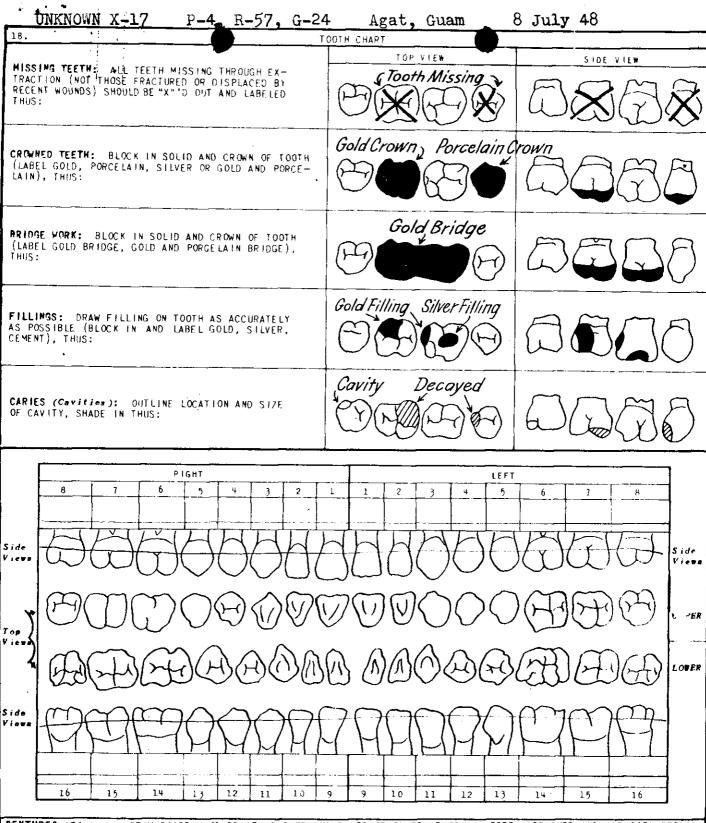
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DENT	IFICATION	DATA			
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. HAME OF CEMETERY	4. PLOT	5 - ROW	6. GRAVE		TE OF
*				DISINTERMENT	REINTERMENT
Cemetery #2, Agat, Guam	4	57	24		
	YSICAL DESCRIPT				
UTD 9. ESTIMATED HEIGHT 7119	15. col	OR OF HAIR		11. RACE	TD
GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATIO	N FOUND WITH REA	IAINS		<u> </u>	
None					
. WAS BODY BURNED? TO WHAT EXTENT?					
YES X NO					
. WAS BODY MANGLED? TO WHAT EXTENT?					
YES X NO					
. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BON	E MALFORMATIONS				
Nana					
None					
7. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PE	RSONAL FEECTS	FOUND, SHOW	ING THE TY	PE. COLOR. SIZ	F. MARKINGS.

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVIEE, 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
Captain, QMC
Operations Officer
AGRS, Marbo Zone

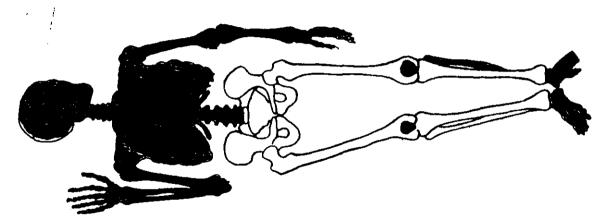


DENTURES (Flates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Mandible and Maxilla missing.

C. E. Wilkersen

19. BLACK OUT PARTS



Skeletal remains incomplete

MASS BURIAL CERTIFICATE (IF APPLICABLE) 20 -(Wherein segregation in whole or parts is impossible)

1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _______ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE NUMBER

OF THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Mortuary Plate on Marker:

X-17

TTSA

P-4, R-57, G-24 Agat 11 Sept 46

Height determined by broca 2. measurements:

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

SISNATURE

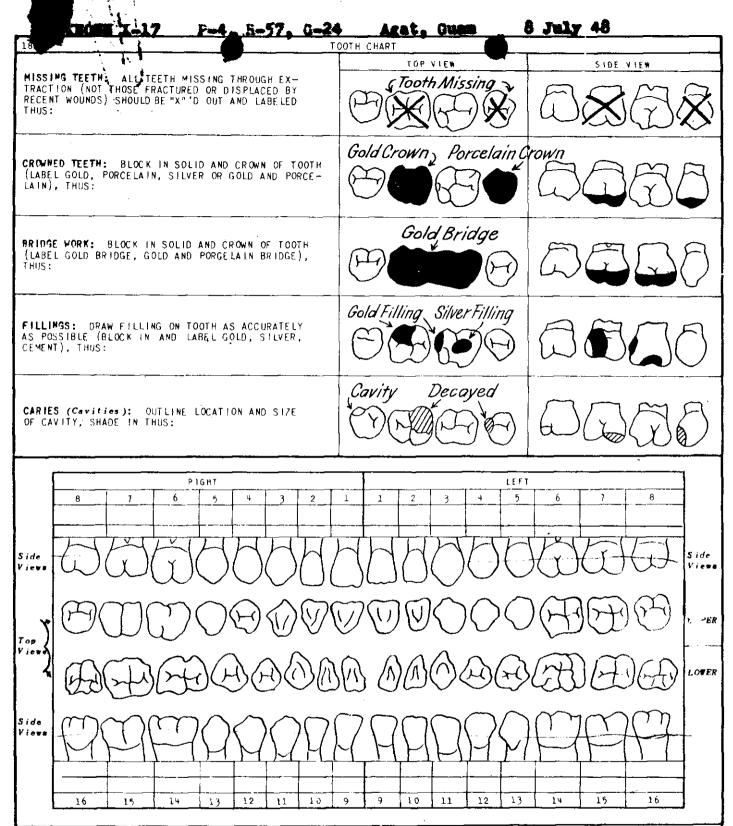
Kelley, Capt., C.A.C.

PHYSICAL DESCR ESTIMATED WEIGHT UTD 2.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH HOrtuary Plate on Marker: X-17 USA	PLOT 5. RO 4 57 IPTION COLOR OF HA UID REMAINS	AIR	GRAVE 7 D	IS INTERMENT	TE OF REINTERMENT
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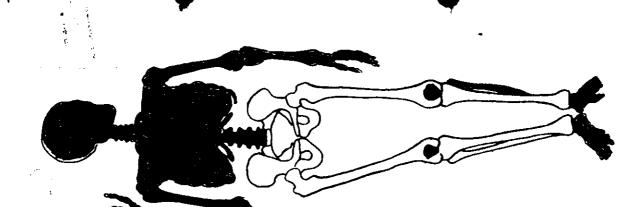
H. W. HARRIMAN Captain, QMC Operations Officer AGRS, Marbo Zone



DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

Mandible and Maxilla missing.

C. E. Wilkerson



Skeletal remains incomplete

20+	MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible)
	ERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE THE FOLLOWING ANATOMICAL PARTS:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

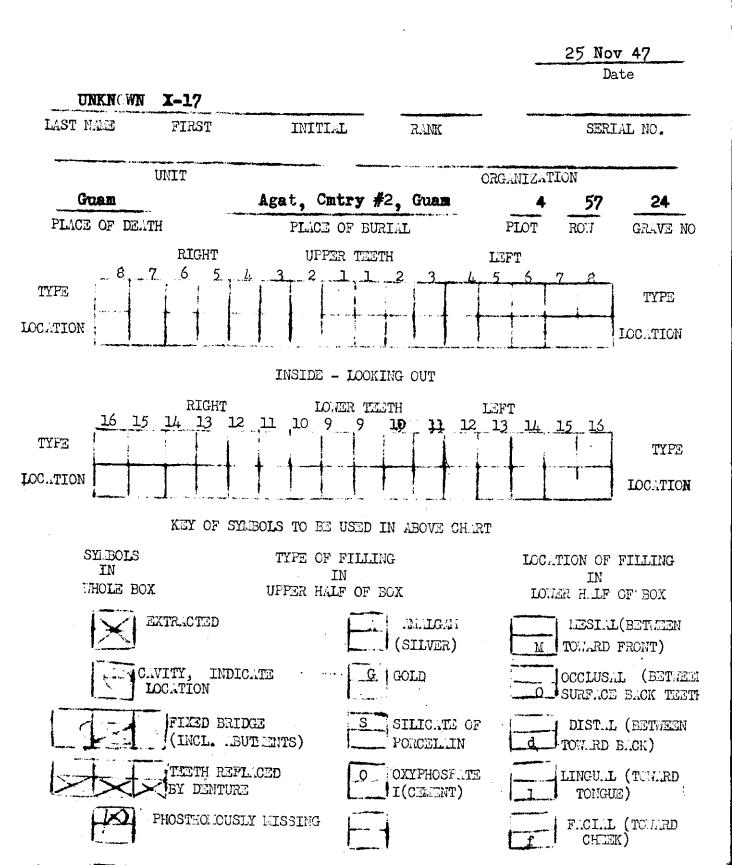
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

SISNATURE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

	-4. PJ'7. (1-24 OTH CHART	(9 July 48
10	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION INOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS; SHOULD BE "X" DOUT AND LABELED THUS:	TOOTH MISSING	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN) SILVER OR GOLD AND PORCELAIN), THUS:	GOLD GROWN PORCELAIN GROWN	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	GOLD BRIDGE	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	GOLD FILLING SILVER FILLING	
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	CAVITY DECAYED	
SIDE VIEWS SIDE VIEWS SIDE VIEWS SIDE VIEWS DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATING THE WORD, "CLASP." That all ae Manney	TE, BIOCK IN TEETH ATTACHED AND INDICE	
(Speen	Of Bellew.	Cagain homy from the Carlo Cagain homy from the Cagain State of Cagain State o
GMC FORM 18 MAR 47 1044a	C cys suf	•

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



PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED mend

NAME AND RANK TYPED OR PRINTED EMILIO S. ZAPICO, 2nd Lt., Inf. L. HO, Capt. D.C.

SIGNATURE OF PERSON WHO PREPARED CHART

Entire Mandible, Maxilla and Teeth missing.

TT TO 86 OT TT TELL

DIACRAM REPRESENTS THE MOUTH WIDE OPEN



FOR INFORMATION OF STANDARD NUMBERING OF TEETH SEE DIACRAM BELOW.

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

FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

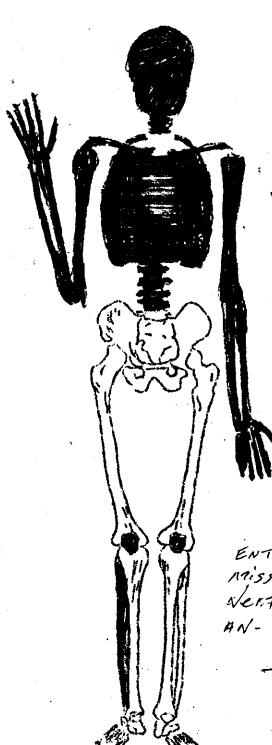
ARE TO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING S. MOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND

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

(Rank)

(Ser No.)

(Rr of Sv)



ENTIFE UPPER EXTENDITIONS

MISSIN - ALSO - HEAD

WERTEBURE - PATELLAE

AN-R. Fibula -

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25-76080-150W

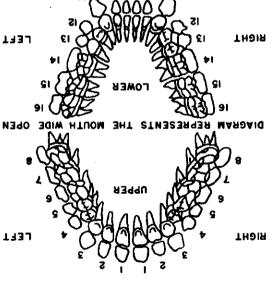
INSTRUCTIONS:

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

2. <u>WOTE CAREFULL</u> THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; AND SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN LOWER 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, $\alpha_{\mathcal{G}}$, PORCELAIN CROWNS, GOLD CROWNS WITH SILICATE WINDOW.

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



6 6 01

BEWARKS:

No dental identification available

-magny Hogy

SIGNATURE OF PERSON WHO PREPARED CHART

ROBERT J. MCBROCM, CAPT., OMC NAME AND RANK TYPED OR PRINTED

946<u>1 tengua 8</u>S

ASOR INTLIU, ULTHI HOEA

W.H.BLACK, Lt. (JC) USNR NAME AND RANK TYPED OR PRINTED

PLACE OR HO WHERE THIS FORM ACCOMPLISHED

LAST NAME FIRST INITIAL RANK SERIAL NO. UNITED ORGANIZATION UNITED ORGANIZATION UNITED ORGANIZATION UNITED ORGANIZATION UNITED ORGANIZATION UNITED ORGANIZATION PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. INSIDE — LOOKING OUT INSIDE — LOOKING OUT INSIDE — LOOKING OUT INSIDE — LOOKING OUT KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS TYPE OF FILLING LOCATION OF FILLING IN HOLE BOX UPPER HALF OF BOX EXTRACTED A AMALGAM (SILVER) INSIDE — LOCATION OF FILLING IN LOWER HALF OF BOX OCCLUSAL OCCUSAL OCCU							- 2000	ARDED 1						Lugna	t 194	16
ULTRI LOCAS PLACE OF DEATH PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. RIGHT UPPER TEETH INSIDE — LOOKING OUT INSIDE — LOOKING OUT INSIDE — LOOKING OUT INSIDE — LOOKING OUT KEY OF SYMBOLS TYPE OF FILLING INSIDE — LOCATION OF FI		U	<u> </u>	.1715	(3	i-17)			UBBC	ONE						
ULTRI LOCUS PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. RIGHT B 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 INSIDE — LOOKING OUT INSIDE — LOOKING OUT LEFT IOUNT THE TENT OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS IN WHOLE BOX UPPER HALF OF BOX EXTRACTED CAVITY. INDICATE COCCLUSAL COCCUSAL COCCUSAL COCCLUSAL COCCUSAL COCC				FIRS	r .	INIT	TIAL				etilities.		SEF	RIĀL N	0.	
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. RIGHT INSIDE — LOOKING OUT INSIDE			<u> </u>	UNIT				-		بيسه		ANIZAT	TION			
INSIDE — LOOKING OUT LEFT INSIDE — LOOKING OUT LOCATION OF FILLING INSIDE — LOCATION OF FILLING IN	<u>U1</u>				<u>Sau</u>	unt qui						LOT	\$7		RAVE N	
INSIDE — LOOKING OUT LEFT IN ILLEFT IN ILLE		FLAGE	. V. DL	m		-	•			~ -				•		••
INSIDE — LOOKING OUT INSIDE — LOWER TEETH INSIDE MAN TEETH INSIDE — LOWER TEETH INSIDE MAN TEE	_	_	•		_			IPPER	TEETH	•	_	LE	_	•	7	۰
KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS WHOLE BOX UPPER HALF OF BOX EXTRACTED CAVITY. INDICATE LOCATION GOLD CAVITY. INDICATE LOCATION FIXED BRIDGE SILICATE OR LOWER TEETH LOWER TEETH LOCATION OF FILLING LOCATION OF FILLING IN LOWER HALF OF BOX LOWER HALF OF BOX MESIAL (SILVER) GOLD O (BITING SURFACE BACK TE	<u> </u>	 -	6	_ ` _	4		2	- '- 1	'	2	3	4		<u> </u>	<u> </u>	rů
KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS IN WHOLE BOX UPPER HALF OF BOX EXTRACTED CAVITY. INDICATE LOCATION GOLD GOLD COCCUSAL COCCUSA COCCUSAL COCCUSAL COCCUSA COC			·	1					-			 -		<u> </u>		-
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EXTRACTED A AMALGAM (SILVER) MESIAL (BETWEEN-TOWARD FROM O GCLUSAL LOCATION FIXED BRIDGE S SILICATE OR DISTAL		ΚE	Y 0	F SY	MB	OLS	ТО	BE	USE	ED (ON A	460	VE (JHAI	K I	
LOCATION O (BITING SURFACE BACK TE	*	SYMBO	DLS	F SY	MB		TYPE	OF FIL	LING			LOCAT	ION OF F	FILLING		
		SYMBO IN WHOLE	DLS BOX		MB		TYPE	OF FIL IN HALF	LING OF BOX			LOCAT	ION OF F	FILLING OF BO	X RESIAL	FROI

QHC FORM 1048 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

: SNOIT DURTENI

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

IN FOMER HALE OF BOX. UPPER 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 S. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE

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

LEFT THOIR

LEFT MIDE OBEN REPRESENTS THE MOUTH MARSAIG

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SEMARKS:

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SAPL SEEDEL DE

NAME AND RANK TYPED OR PRINTED

LIOTA INTLIG , GRADEL MORA

SIGNATURE OF PERSON WHO PREPARED CHART

NAME AND RANK TYPED OR PRINTED W.H. MACK, 14. (30) USBR

PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

					1		
WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF (AR 30-1810 as				OF REPORT	_
		+		813) 	9	July	48
Imprint Identification DO NOT T		Section 1.—IDENTIFICATION.			1 seni		
		NAME (Last, first, middle initial)			· SERIA	AL No.	
	\	UNKNOV	WN X-17		ĺ		
>	1	GRADE	ORGANIZATION	J	l Bran	ICH OF SERV	UCE .
REPOR	O TS		0110-11-1	ı		On or all.	ICL.
\ OF					}		
\ DISINTE	RMENT	RACE	RELIGION		IF OTHER TO	IAN U. S. DEA	AD, GIVE
					NAME OF C	OUNTRY	
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PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH	
					1		
EMERGENCY ADDRESSEE (N	Jame colationship as	-d -ddesse)					
EMERGENOT RODILLOLL (ате, тешинатор, шт	d dduress)					
IDENTIFICATION TAGS FOUN	ND ON BODY	IF NO TAGS FOUND ON BODY, D	DESCRIBE MEANS	OF IDENTIFICATION (I	f unidentified, fi	II in section 3	on reserve)
(1, 2, or nane)					,		· · · · · · · · · · · · · · · · · · ·
None	ļ	Mortuary Pl	Late on P	Marker:			
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or no)	X-17					
	-	USA	Agat				
		P-4, K-57	7, G-24	11 Sept.	46		
LIST PERSONAL EFFECTS FO	ONA YOOU NO DAUK	DISPOSITION OF SAME					
Section 2.—BURIAL. If of	ther than in estab	olished cemetery, furnish sketcl	h and map coore	dinates on reverse.			<u></u>
NAME, NUMBER, COORDINAT				21118100 011 011			<u> </u>
Ceme	tery #2,	Agat, Guam					
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no	ame of other)	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.
				MARKER			
					4	57	24
WAS THIS A REBURIAL?	IF A REBURIAL, I	INDICATE NAME, NUMBER, COORD	DINATES OF PREVI	IOUS CEMETERY, AND L	OCATION OF G		
(Yes or no)					PLOT No.	ROW No.	GRAVE No.
						<u> </u>	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	CTING BURIAL RITES	IF IDENTIFICAT	TION TAGS NOT USED, BURIED WITH BODY	DESCRIBE IDE	NTIFICATION	DATA AND
CEREMON I				3011			
			.				
IDENTIFICATION TAG BURIE BODY (Yes or no)		TIFICATION TAG ATTACHED TO RKER (Yes of no)			*		
2001 (2000)		110011 (
)	1	· **-	T	lanau	
BODY BURIED ON DECEASED) LEFT, NAME (Last,	, first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAVI	E No.
						ļ	
BODY BUBIED ON DECEASED	O DICUT NAME (La	C	RANK	SERIAL No.	ORGANIZATIO	N GRAV	re No
BODY BURIED ON DECEASED	RIGHT, NAME (LAS	it, first, middle inuiai)	KANK	SERIAL NO.	UKGWIITWI	M Guar	E NO.
		ı					
SIGNATURE OF PERSON PRE	PARING DEPORT	9 July 48	SIGNATURE OF	GRS OFFICER-VERIFYIN	IG REPORT	l	
11 a	WL	ulu-	1111	1/1/6	io nei o		
GOO A Mile	eeler. C.	† n	6.4	Kellew, Ca	+ C	Λ (1	
		nal for U.S. and allied dead, sig	ened original an			Overtermes	ter General
		es for retention in theater as p			uone, 12 1		

	Section 3.—	DENTIFIED	REMAINS				/		
LEFT LITTLE FINGER	mains. Fill social secur planes, vehi	eat care will I in anatomic ity number; cles, and tar	cal charac position onks.	teristics to f body for	elow, and and in airpl	any other o lanes, vehicle	for the future i clues under "C es, and tanks; Imprint all an be secured,	Other,'' such and serial nu fingers and t	as shoe size, mbers of air-
LEFT RING FINGER	every tooth accomplishe	will be indicated if one or n	ated on the		e secured.		n be secured, diagram below		
	WEAPON AND	SERIAL No.		LAUNDRY	MARKS		WHERE BODY W	AS BURIED OF	R FOUND
LEFT MIDDLE FINGER	OTHER IDENT	IFICATION CLI	JES						
LEFT INDEX FINGER	FILLINGS	<u>. </u>	B SI	LVER FILL	ING IG _	· · · · · · · · · · · · · · · · · · ·	المُحْدِدُ المُحْدِدِ المُحْدِدِ المُحْدِدِ المُحْدِدِ المُحْدِدِ المُحْدِدِ المُحْدِدِ المُحْدِدِ ا		
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NDEX FINGER	BRIDGE	WORK .		GOLD GOLD		15 \ 14 13	10,00) 15) 14 13
RIGHT MIDDLE FINGER	FURNISH SKE	ETCH AND MAP	REFERENC	E AND COC	RDINATES F	OR BURIAL IN	OTHER THAN ES	TABLISHED CE	METERY
RIGHT RING FINGER	REMARKS:								
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 "emains.

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

CHOMN 295 GRS Fer Rost 1st Ind

Dept. of the Army, O'MG, Sashington 25, D. C., 17 December 1948

- To: Commanding Ceneral, Marianas-Bonins Command, APO 246, c/o Postmaster, San Francisco, California ATTOTICE: COS, MARRO ZONE
 - 1. Reference is made to basis communication and inclosures withdraws.
- 2. Subject cases have been reviewed and this office concurs in the classification of these unknowns as unidentifiable.
- 5. 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 R. Row 11, Grave 5, 2nd Marine Division Cometery, Paipen.

FOR THE QUARTERMASTER CENERAL:

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

16 Incls.: w/4

CC: CINCIPA

Charles

AIR MAIL

AMERICAN GRAVES REGISTRATION SHRVICE MARBO ZONE

APO 244

293 MPGRS

30 November 1948

SUBJECT:

Transmittal of New QMC Forms 1944 (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 QMCMU 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

Unknowns Na X-6	Plot 4	Row 52	Grave 24
%-10	4	53	15
VX-17	رون درو ن المحمل المند ونوند	57	24
MTC X-18	4	55	26
X-19	4	57	16
.09 X-21	4	5 5	25
No. 19 X-22	4	56	6
√ X-24	4	57	1
√ X-31	4	58	2
X-34	C	34	9
X68	4	40	17
X-71	4	44	6

Unknowns Plot Row Grave X-27 B 11 5

Isolated Burials

Unknowns	Plot	Row	Grave
X-5	P5-14		**
X-16	P5-9	-	-
X-17	P5-11	-	-

Ltr, AGRS, MARBO Zone PO 244, file 293 MBGRS, dtd 15 tober 1948, Subj: Transmittal of New QMC. 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 QMC Form 1044 (3)

D. A. BROWN Major AGD Adjutant

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCON ZONE APO 900

6 July 1949 Date

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General Mashington 25, D. C.

Attn: Momorial 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:

Captain, QMC

Chief, Records Branch

Attch: Form 1044

information presently available

And #11

HEADQUARTERS PHILIPPINES COMMAND UNITED STATES ARXY

GSGR 293.9

APO 707

SUBJECT: Unidentifiable Remains

13 JUL 1949

TO:

The Quarternaster 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., habe been processed by the Central Identification Laboratory and considered *Unidentifiable* by reason of lack of sufficient identifying data:

UNKNOWN X-674, AGRS Mslm

- x-721, Leyte #1
- * X-722, Leyte #1
- * X-2069, AGRS Malm
- w X-4107, Manila #2
- X-4109, Manila #2

UNKNOWN X-4849, AGRS Mslm

- * X-5154, AGRS Mslm
- " X-5159, AGRS Malm
- X-5160, AGRS Mslm
- X-17, Guam #2, Agat
- 2. Forwarded herewith for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

11 Incls
QNC Forms 1044 w/certificates
of Unidentifiability

JOHN A. MARSZAL lst Lt., AGD Asst Adj Gen

REC'D 26 Jul 1949

O.Q.M.G., Mail & Record Branch DATE CHARGED TO: LAST ACTION CHARGED BY: DATE CHARGED (Organization & Person) RETURNED OVER

WILLIAM

O.Q.M.G., Mail & Record Branch LAST ACTION DATE CHARGED TO: CHARGED BY: DATE (Organization & Person) RETURNED CHARGED J.P. W. Co. De 34.42 8-14-46 OVER