

ONC FORM 1014a

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

293.

293+	•	Date13_001_46								
	9	CASE SUMMAR	RY OF		· S					
NAME:	MUMI 1-11	F	RANK:	SERIAL N	NO:					
CEMETERY_	Aget fon #2 t	PAN F	Plot: <u> </u>	Row: 55	_Grave:	£				
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Remarks:

FLUOROSCOPIC REPORT

		Date:	9	July	48	·	The state of the s
ON: X - 18	•		jĹ				Vilens til fill til ligger
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Healed Fracture:	NON	E			-1		
Malformation:		B	<u> </u>		edga é makes 1949		
Personal Items:	1 r	ing Blacks	tone	(Yell		<u> </u>	
Misc. Items:	Fragments of	a shell,	l sma	all pi	ece	of qua	rts
and sever	al pieces of	metal veli	peved	to be	snr	apner.	
Remarks:	No other mea						

MELVIN S. MITTENTHAL Fluoroscopic Technician C. I. P. Laboratory, Saipan, H. I.

	DENTIFI	CATION D	ATA			
1. REMAINS OF UNINDWN					2. DATE OF REF	DADT
	.ACWN X-18	e Company			9 July	
3. NAME OF CEMETERY	TEOMIN A-40	T4. PLOT	5. ROW	6. GRAVE		TE OF
y and or selection		1. 120.	7	0. G.ATC	DISINTERMENT	
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Cometery #2, A	CAT CITAM	4	55	26		
Ochresoly Hrs. 1		CAL DESCRIPTION			<u></u>	
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT		R OF HAIR		L1. RACE	
UTO	UTD		TD		UTD	
12.GIVE DESCRIPTION OF ANY (⊥ 01Ω	
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(1) Surface Mo					of Interment	5
"UNKLOAN X		·= ••		(Form 10	342)	
P~≟, k+bb	5, G-26 29 Apr 48	5. "				
13.GIVE DESCRIPTION OF TATTO	JOS OR SCARS ON BODY AND/O	R SUCH INFORM	IATION OBT	AINED FROM	OTHER SOURCES	
\$7 2						
None						
14. WAS BODY BURNED?	TO WHAT EXTENT?					
YES X NO						
15. WAS BODY MANGLED?	TO WHAT EXTENT?					
X YES NO		eletal char	* t :			
16. DESCRIBE EVIDENCE OF HEA			10			
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17. LIST EVERY ITEM OF CLOTH						
	ry merks are indistinct suc n when facilities are not i				pecimen torward	led through

1 wine (welles	metal) blackstone w	-/ramains.				
Time (347700	Me out) Differs come	M/ LOMMAND.				
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H. W. HARRIMAN
Captain, QMC
Operations Officer
AGRS, Marbo Zone

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

UNKNOWN X-18 PLOT 4 ROW 55 GRAVE 26 CELL. /2, AGAT, GUAM 9 JULY 48 17. BLACK CUT PARTS OF BODY NOT MASS BURIAL CERTIFICATE (1F APPLICABLE) (Wherein segregation in whole or parts is impossible) I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF NUMBER ___ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION Nene 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, CAND ORGANIZATION SISNATURE C. W. REILLY, CAPT., CAC ANTHONY G. BAKER, EMB.

QMC FORM 10446

HEADQUARTERS FRICOR ZONE ALERICAN GRAVES REGISTRATION SERVICE

Unidentifiable Remains Tυ : The Quartermaster Washington 25, D. C. Attn: Memorial Division The records pertaining to Unknown N- 18, 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, Chief, Records Branch Attch: Form 1044 JUL 28 1950 246

Identification Branch



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WD Give 1042 Rew 1 Average orm :	1)	(R	EPORT OF			·	te of Report	
			,	(AR 30-1810 ar		·	29) August	t 1946
Imprint Identificati Possible: DO NO	on Tag If		<u> </u>	ast, First, Middle Ini			Ser	ial Number	•
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Place of Death			Cause	of Death	L		Da	te of Death	
nendican	_		_	Injuries, M	Cultiple E	xtreme		4-29-45	;
Emergency Addressee (1	Vame, Rela	ationsh	ip and Ad	ldress)					
				UNKNOT	ī.				
Identification Tags Foun (1, 2, or None)	d on Body	-		ags Found on Body, Section 3 on Reverse	Describe Means	of Identification. If	Unidentified		
N oo me				PLOT PL	All, GRAVE	MARIER			
Were Substitute Tags Pi (Yes or No)	ovided								
List Persona Cots	nd c Bo	dy and	<u> </u> Dispositi	on of Same	- / -				
	5	•							
		-		HOLE					
24									
SECTION 2. BURIAL	other	i. t∦pan	in estab	lished cemetery fu	rnish sketch a	nd map coordinat	es on rever	BC.	
Name, Number, Coordin	ates and L	ocatio	n of Ceme	tery					
A	ray, l	avy.	Marin	ne Cemetery #	2, Agut.	Guam. M.I.			
Date of Burial	Hour		Buried of othe	in (Shroud, Blanket r)	, or name	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-10-46	1555			Casket and		Cross with	L	55	26
		ŧ		Burial Bag Name, Number, Coo	ndinates of Prev	Zinc Plate	Location of C		
Was This a Re-Burial (Yes or No)	Ulith	ii Ce	meter;	y. Asor Islan	i g	ious comotery, and	Plot No.	Row No.	Grave No.
Yes					,		5	5	4
Type of Religious Ceremony	Person	Conduc	cting Buri	ial Rites	Data and Con	on Tags Not Used, I tainers Buried with	Body	_	
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Identification Tag Burle With Body (Yes or No)	d		tification arker (Ye	Tag Attached	1	orm 1042 bur			
Zinc Plate		1		No	1 '	t below grav			
Body Buried on Decease	d Left, N	ame (L	ast, Firs		Rank	Serial Number	Organiza	tion (Grave No.
None	•				-	-	•		•
Body Buried on Decease	ed Right,	Name ((Last, Fir	st, Middle Initial)	Rank	Serial Number	Organiza USS	tion (Grave No.
Unidentii	tied (X-23	L)		UNIDECEM!		Hazelwoc	od	25
Signature of Person Pre		por			Signature of	GBS Officer Verifyi	~		
SHW.	MARRON	//2// }}:	em Tadoti	์ ชา ป ติ	Hr.D.	of JANCERO	<i>∕∂`nto⊷</i> Ott. CAPI	. ONC	
DISTRIBUTION OF RI General through Hdq. C	XICBROC EPORT: S IRS Office	Signad	original 1	ONC for US and allied deater as	ad, signed origin prescribed by t	nal and one copy for	enemy dead		ıartermaster
General milonku und'	Ten Ottice		rea for 16	Continue to theater as					

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		ENTIFIED REMAIL	18	
Left Little Finger	unidentified ren "Other" such as and tanks; and s	nains. Fill in anato shoe size, social sect serial numbers of air	mical characteristics irity number; position planes, vehicles and ta	
Left Ring Finger	thumbs in the cl the condition of diagram below.	hart at left, or as ma each and every toot Tooth chart will not	ny as possible. If no f h will be indicated on be accomplished if on	f all clues. Imprint all fingers and ingerprints or prints can be secured, the tooth chart in accordance with e or more fingerprints are secured.
inger	Height Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos
Left Middle Finger	Weapon and Serial No	umber Laundry	Mark	Where Body Was Suried or Found
Finger :	Other Identification C	Clues	<u> </u>	
Left Index Finger				
inger	Fillings	Silver Filli Gold Fillin	_	2 1 1
Left Thumb	Cavities	Cavity	4 5	
£		Decayed	,	Upper 6
Right Thumb	Missing Teeth	Tooth Miss	_	n Represents the Mouth Wide Open
Right Index Finger	Crowned Teeth:	Porcelain Gold Crown	15 \	Lower 15 15 14 14 13
	Bridge Work	Gold Bridg	1,	2 0 0 0 0 0 12
. Right Middle Finger	Furnish Sketch and	Map Reference and Co	ordinates for Burial in	11 10 9 9 10 11 Other Than Established Cemetery
	-			1
Right Ring Finger				
Right Little Finger	Remarks	· · · · · · · · · · · · · · · · · · ·	, •	1

		(LSII	MCIED				
WD QMC Form 1042 Rev. I Apr. 1945 (Supersedes GRS Form	1)	REPORT OF (AR 30-1810 a	INTERM nd AR 30-1815	-	_	te of Repor	t tout
Imprint Identificat	ion Tag If	SECTION 1, IDENTIFI	CATION	_ -		Angel	* E.W.
Possible. DO NO		Name (Last, First, Middle In		<u></u>	Se	rial Numbe	r
		United Till	TET (T-1	n)		77.02	
\	1	Grade	Organization	· · · · · · · · · · · · · · · · · · ·	Br	anch of Ser	vice
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		THEFORM	TAI				
Place of Death		Cause of Death			Da	ite of Death	
							.`.
SERVICES.		Injuries, but	inle Extr	1780		4-09-4	5
Emergency Addressee (1	Name, Relation	ship and Address)				·	· · · · · · · · · · · · · · · · · · ·
		********					\
<u> </u>							
Identification Tags Foun (1, 2, or None)	d on Body	If No Tags Found on Body, Fill in Section 3 on Reverse	Describe Means	s of Identification. If	Unidentified		* · · · · · · · · · · · · · · · · · · ·
		***	t dat on each	: transm			\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.
Were Substitute Tags P		- Fried Li	M, OUT	RANGE.		į	•
(Yes or No)	rovided						

List Personal Effects Fo	und on Body ar	nd Disposition of Same					
							· _
SECTION 2. BURIAL	. If other tha	n in established cemetery fu	rnish sketch a	and map coordinate	s on rever	se.	
Name, Number, Coording	ates and Locati	on of Cemetery					
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Date of Burial	Hour	Buried in (Shroud, Blanket of other)	, or name	Type of Grave Marker	Plot No.	Row No.	Grave No.
		Cookids and	•			1	
9-10-46	1555	Surfal dev		ত্র েওঃ স্থা <i>ী</i> :	1	4 ,0	26
Was This a Re-Burial	If a Re-Buria	al, Indicate Name, Number, Coo	rdinates of Prev	lous Cemetery, and L	ocation of G	rave	***
(Yes or No)	ui di de	entery, / our Televil			Plot No.	Row No.	Grave No.
Yea		,			7.	5	L
Type of Religious Ceremony	Person Cond	ucting Burial Rites		on Tage Not Used, Ditainers Buried with I		tification	•
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Identification Tag Burier With Body (Yes or No)		entification Tag Attached Marker (Yes or No)	The second	304 \		// _4.47 m	5
Zirc late	•	,,		orm 1042 buri			•
		10		t below grave			-
Body Buried on Decease	d Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organizat	tion G	Grave No.
33				İ			
Body Buried on Decease	d Right, Name	(Last, First, Middle Initial)	Rank	Serial Number	Organizat	ion G	irave No.
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Signature of Person Pre		2	Signature of				49
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DISTRIBUTION OF RE	PORT: Signed	i original for US and allied dea	d, signed origin	ial and one copy for	enemy dead	, to the Qua	artermaster

RESTRICTED

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i	SECTIO	UNIDER	NTIFIED	REMAIN	IS			•			
Lit	Instruction										
Left Little Finger	unident "Other"	ified remai	ins. Fil <u>l</u> oe size, :	in anato social secu	mical char rity numbe	racteristics er; position	below, and any of body found in	e future identity of other clues under airplanes, vehicles			
Left Ring Finger	thumbs the con	in the char dition of ea	rt at left, ich and e	, or as ma every toot!	ny as possi h will be in	ble. If no fi idicated on	ngerprints or pri the tooth chart	rint all fingers and ints can be secured, in accordance with prints are secured.			
inger	Height	Weight	Color	of Eyes	Color of H	lair Birthmarks, Scars or Tattoos					
¥.	Weapon and	Serial Num	ber	Laundry	 Mark		Where Body War	s Buried or Found			
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Left Middle Finger	Other Ident	tification Clu	es								
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Left Index Finger	Fillings			A.4		·					
ger			\cap \angle	Silver Filli Gold Filling	- 1		3 2 1 1	² 3			
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	Missing Te	eth	, IN-X	\							
Right Thumb				Tooth Miss	ing	Diagram	Represents the M	outh Wide Open			
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	Crowned T	eeth .	<u></u>	Porcelain C	rown	16		16			
Right Index Finger		1	100	Gold Crown		14 (Lower	14			
ght Finge			V UKA			13	Mana	13			
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· Ri Middle			W	•			11 10 9 9 10				
 Right Middle Finger 	Furnish Sk	etch and Ma	p Referei	nce and Co	ordinates fo	r Burial in C	Other Than Establ	ished Cemetery			
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Rig ling H											
Right Ring Finger											
	Rémarks			· - · · · · · · · · · · · · · · · · · ·							
Rig ittle I							•				
Right Little Finger											

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WD QMC-FORM 1042 (Rev. 1 Apr. 1945); (Supersedes GRS Form 1)		REPORT OF (AR 30-1810 as				OF REPORT 9 July	48
Imprint Identification	Tal If Possible.	Section 1.+IDENTIFICATION.					
DO NOT TY		NAME (Last, first, middle initial)			SERIA	L No.	
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l \	- 1	<u> </u>	<u> </u>				
\ DISINTERM	manur /	RACE	RELIGION		IF OTHER TH	IAN U. S. DEA	ld, give
3131111111					NAME OF C	OUNTRE	
		1	ļ				
PLACE OF DEATH		CAUSE OF DEATH	<u> </u>	 	DATE	OF DEATH	
		[ļ		
EMERGENCY ADDRESSEE (No	rme relationship ou	d address)					
Linking industrial (in	amo, reastonarip, an	- CONT. 6467					
		T					
IDENTIFICATION TAGS FOUN (1, 2, or none)	ID ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS	OF IDENTIFICATION (If	unidentified, fi	Il in section 3	OR NEWSTEE)
(1, 2, 0, 110,12)		(1) 0. 0 1	4 7.1	. (1) B.			1
None		(1) Surface Mor				ntermen	t.
WERE SUBSTITUTE TAGS PRO	OVIDED?(Yes or no)	"Unkaonn x		(F01	rm 1042)		
		P-4, R-55,					
No)	29 Apr 4	:5∙ [#]			
LIST PERSONAL EFFECTS FO	UND ON BODY AND	DISPOSITION OF SAME					
l ring (v	ellow meta	l) blackstene					
· · ·		-,					
Castley 2 DUBIAL 70 A		lished cometery, furnish sketc	h	-dia-tes on severe			
			n and map cool	TUMESTOS ON TOVOSO.			
NAME, NUMBER, COORDINAT	ES, AND LOCATION	OF CEMETERY					
Cemetery	#2, Agat, (Guam	 	·····			
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blankel, or n	ame of other)	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.
				MATARLE			
				Surface	4	55	26
WAS THIS A REBURIAL?	IF A REBURIAL, I	NDICATE NAME, NUMBER, COORE	INATES OF PREV	VIOUS CEMETERY, AND LO	CATION OF G	RAVE	
(Yes or no)					PLOT No.	ROW No.	GRAVE No.
i							
TYPE OF RELIGIOUS	PERSON CONDUC	TING BURIAL RITES	LIE IDENTIFICA	TION TAGS NOT USED,	DESCRIBE IDE	NTIFICATION	DATA AND
CEREMONY	FERSON CONDUC	THE BORIAL KILL	CONTAINERS	BURIED WITH BODY			. 271(1), 7212
			/ 13 1.			1049	١
			(1) ~	port of Intern	tent (10)	rm 1042)
IDENTIFICATION TAG BURIE BODY (Yes or no)		TIFICATION TAG ATTACHED TO (KER (Yes of no)					
203 : (200 0, 112)		,,					
BODY BURIED ON DECEASED	LEFT, NAME (Last,	first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	E No.
1			1				
BODY BURIED ON DECEASED	RIGHT, NAME (La	il. first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	ON GRAV	E No.
	,	· · · · · · · · · · · · · · · · · · ·					
	TARRIC STRANT		SIGNATORE OF	CALDE MEDICANIA	G REPORT		
SIGNATURE OF PERSON PRE	PARING REPORT	Jaker	SIGNATURE	n n n n n n n n n n n n n n n n n n n	Ģ ÆEFŲKI		
			000.	SURY			
	BAKER, E				CAC		
DISTRIBUTION OF REPOR	T: Signed origin	al for U.S. and allied dead, si	gned original a	nd one copy for enemy	dead, to the	Quartermas	tor General
through Headquarters G	RS Officer. Copie	s for retention in theater as p	rescribed by th	neafer commander.			

RESTRICTED

DATE OF RUDGET	Section 3. ONIDENT	IFIED REMAINS	<u> </u>	· · · · · · · · · · · · · · · · · · ·		-/
LEFT LITTLE FINGER	INSTRUCTIONS: (a) Great care mains. Fill in and social security num	will be taken atomical charac bber; position o	to record t cteristics b of body fou	elow, and any oth nd in airplanes, ve	her clues under 2°C ehicles, and tanks; ;	dentity of unidentified re- other," such as shoe size, and serial numbers of air- fingers and thumbs in the the condition of each and . Tooth chart will not be
LEFT RING FINGER	HEIGHT WEIGH			COLOR OF HAIR		CARS, OR TATTOOS
MIDDLE FINGER	WEAPON AND SERIAL OTHER IDENTIFICATION		LAUNDRY	MARKS	WHERE BODY W	AS BURIED OR FOUND
LEFT INDEX FINGER	FILLINGS		ILVER FILLIN	ng G	3000	$\frac{1}{2}\hat{Q}_{O}^{3}$
LEFT THUMB	CAVITIES		CAVITY	5D 6	5 OPYV	\$ 5 5 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8
RIGHT Тнимв	CROWNED TEETH	b R	OOTH MISSIN	D IAG	RAM REPRESENTS T	THE MOUTH WIDE OPEN
RIGHT INDEX FINGER	BRIDGE WORK	The state of the s	GOLD CROW	N	15 CO LOW 14 13 13 12 14 14 14 15 12 12 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 13 12 13 13 12 13 13 12 13 13 13 13 13 13 13 13 13 13 13 13 13	ER (15) 14 14 13 10 012
RIGHT MIDDLE FINGER	FURNISH SKETCH AN	MAP REFERENCE	CE AND COOF	DINATES FOR BURI	AL IN OTHER THAN ES	TABLISHED CEMETERY
RIGHT RING FINGER	REMARKS:				•^	
RIGHT LITTLE FINGER					• ,	

AMMAIL

2/3 phr 4/

ORS For Fact

27 June 1950

. Nath Miles x 18-X

SEMJECT: Unidentifiable Remains

295. 1

Commanding Officer

American Graves Registration Service

Philcom Some

APO 900, c/o Postmaster San Francisco, California

1. Reference is made to your letters dated 25 January 1980, 26 April 1980 and 8 May 1980, inclosing certificates of Unidentifiability for the following:

UMANOME	X-18	Agat,	(Hames	\$3
Ħ	X-21	ij,	#	
#	X-24	ĸ	įį.	
×	X-19	Ħ	#	
	X-22		ti	

2. The records of this Office indicate that certificates of Unidentifiability, dated 50 November 1948 for the above listed Unknowns, were previously accepted and indorsement of approval forwarded to your headquarters, copy inclosed.

ROBIRT G. LAY

Desprial Division

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CHC

FOR THE QUARTEST ASTER CENTRAL:

SERANCII

dig Cy 1tr dtd 25 Jan 50

Co- Oy live did 26 Apr 50 Ac- Cy live did 8 May 50

#- Cy 1st Ind dtd 17 Dec 48

b.Venesky:lak C.C.Salser

cc: Administrative Section

CC: CINCPE APO 500

JW

A Mari

RAMANI

1. FILE UNDER NO. 293 UNK GUAH (AGAT #2) 2-18

SYNOPSIS

2. TYPE OF DOCUMENT:

LETTER

3. DATE:

June, 27, 50

4. FROM:

OOMG

5. TO:

CO ACRS, PHILCON ZONE, SAN FRANCISCO, CALIF.

6. SUBJECT:

Unidentifiable Remains.

7. DOCUMENT FILED UNDER NO.

UNK GUAM (AGAT) (MISC) X-18, X-21, X-24, X-19, X-22

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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.

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<u> </u>			erintendent		DIF	ECTIVE NU	UMBER			DATE			
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NAME	<u> </u>		***	SERIA	L NUMBE	R	GRADE		ARM	RACE	RELIGI	ON	
UNKNO	N mariantana	I = 18.00	ja jaka politika karintaria.										
CEMETERY				•	PLOT	ROW	GRAVE			DISPOSIT	ON O	REM/	INS
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Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

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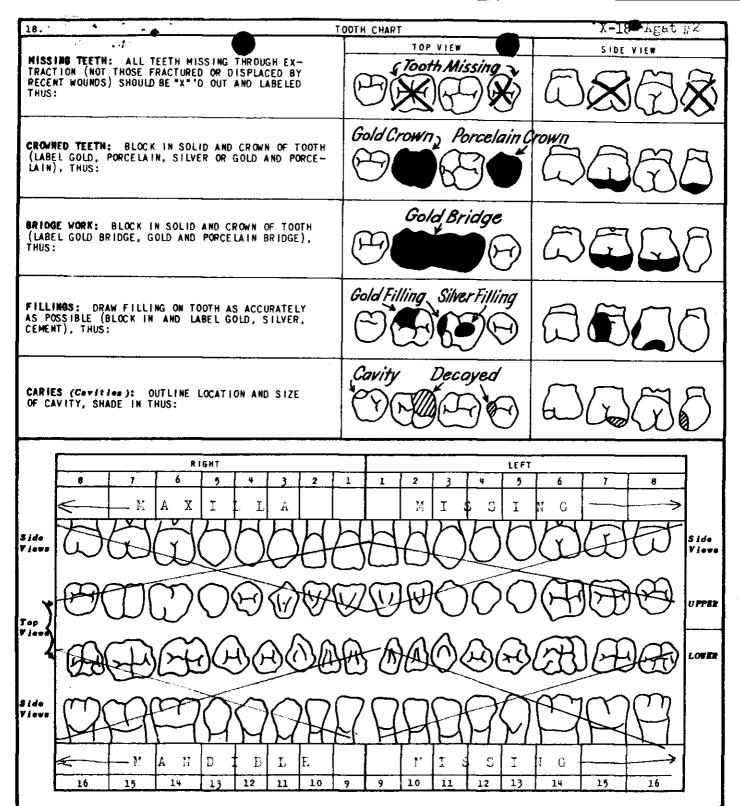
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OMC FORM REV 18 MAR 47 1044

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



DENTURES (Plates): 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 loose maxillary or mandibular teeth present with remains.

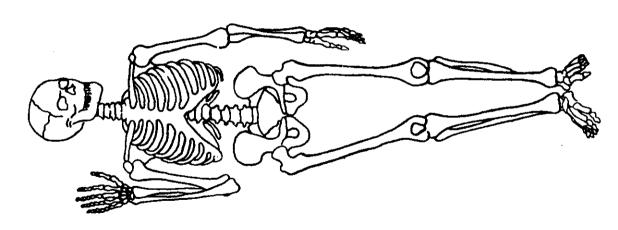
"IMDENTABLE"

Land Co

BY REASON OF LACK OF SUPPRESENT DENTIFYING DATA? PAUL & RICHOLS Chief, Identification Section

aul R. Muhalo

19. BLACK OUT PARTS # BODY NOT RECENERED



See Remerks

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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

The condition of the remains prevented the accomplishment of the 10#4b.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUPPRISENT 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. Miles

IDENTIFICATION CHECKLIST

Unknown X-18
Cemetery #2, Agat, Guam
Plot 4 Row 55 Grave 26

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

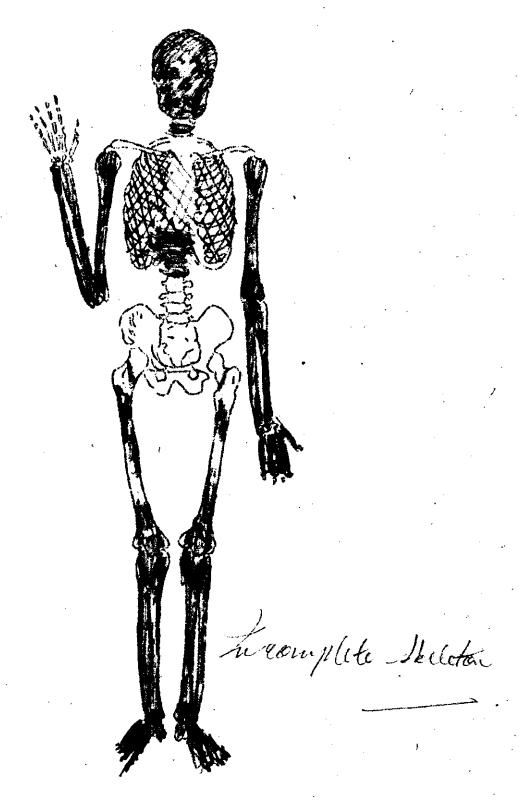
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Were fingerprints ta				
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Was body burned?				
extent?		,		
Are any parts of the				
Is there any evidence	e of illst-alt	I of order, med	rear presoment	
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Identification Checklist (Contid)

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SKELETAL CEART

UNIONOUN (X-18)	2-5-4	4-55-26
DATE AND HOUR OF DISINTERRMENT	1415	29 Aug 1946
DEPTH OF BODY BURIED	4 feet	
HARKER AT GRAVE	Yes	TRIBLIA LA GRUPE
BODY BURIED UNDER MARKER	Yes	
BURIED IN CASKET	Yes	13.147.35.34.25.25.25.27.
LIST OF EFFECTS FOUND IN GRAVE	S None	
SIGNATURE OF PERSON IN CHARGE	OF WORKING PARTY	Johnson

THE RESIDENCE REMARKS: 100% decomposition

William To the Market Control

THE PARTY OF THE PARTY.

	IDENTIF	ICATION D	ATA			
. REMAINS OF UNKNOWN	UNKNOWN X-18				2. DATE OF R	
. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE		ATE OF
Gemetery #2	AGAT, GUAN	4	55	26		
. ESTIMATED WEIGHT	PHYSI 9. ESTIMATED HEIGHT	ICAL DESCRIPTION	N R OF HAIR		11. RACE	
					UTD	
2.GIVE DESCRIPTION OF	NY OFFICIAL IDENTIFICATION F		TD INS		0 10	
"unknom	Mortuary Plate: N X-18 -55, G-26 29 Apr (16.*	(1)	Report (Ferm 1	of Internet 042)	nt .
3.GIVE DESCRIPTION OF 1	ATTOOS OR SCARS ON BODY AND/	OR SUCH INFORM	ATTON OBT	AINED FROM	OTHER SOURCES)
None			·			
4. WAS BODY BURNED?	TO WHAT EXTENT?					· · · · · · · · · · · · · · · · · · ·
YES NO. WAS BODY MANGLED?	TO WHAT EXTENT?			<u> </u>		
YES NO	HEALED FRACTURES AND BONE M	kolotal cha Alformations	rt			
			٠			
None						
SERVICE, ETC. (If to	LOTHING, EQUIPMENT AND PERSO sundry merks are indistinct a stion when facilities are not	uch notation s	thould be	mede end m		
1 ring (yel	lew metal) blackstone	w/remains.				
_ ··•						
`						

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."

10

11

12

13

15

One tooth with remains #R8 with ecolusial cavities.

11

10

9

12

H. GEO. LUTKOSKI

14

16

PIGT 4 ROW 55 GRAVE 28 CHM. #2. UNKNOWN X-18 GAT. GUAM 17. BLACK OUT PARTS OF BODY NOT MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible) _ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ NUMBER OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION Nene 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 ANTHONY G. BAKER, EMB. C. W. MELLEY, CAPT., CAC

OMC FORM | 0446

	LAST	NAME		(X-) FIR	_3) !ST	in	ITIAL	-		RANK		<u></u>	SE	D/ RIAL N		<u> </u>		
		O O O	E OF DI	UNIT		Cēm						ORGANIZATION 2 25 26 PLOT ROW GRAVE N						
_	8	7	6	R16	нт 4	3	2	UPPER	TEETH I	2	3	4 4	FT 5	6	7	88	_	
ON -							<u> </u>											
N F					12	11	10_	9	9		11	12	13	14	15	16	L	
	Y	KE SYMBO IN HOLE	LS	F S'	YMB		TYPE	OF FIL	USE			LOCATI	ON OF F					
		SYMBO	BOX EXTR	ACTED TY. IND TION FIXE		JE	TYPE	OF FILE	LING OF BOX LGAM (ER)			LOCATI	ON OF F	OF BOX	CESIAL CWARD	L		

25-76080-150¥

INSTRUCTIONS:

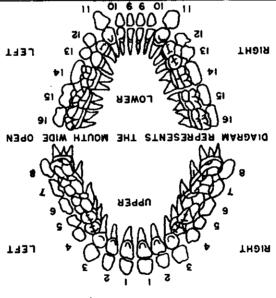
I. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN IN LOWER HALF OF BOX.

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, Illeate Window.

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



BEWARKS:

alchallry, no. 4.50. Throat Latrob of

VERIFIED BY GRS OFFICER

NOTE OF THE SAME TYPED OR PRINTED

MAME AND RANK TYPED OR PRINTED

SIGNATURE OF PERSON WHO PREPARED CHART

31A0

PLACE OR HO. WHERE THIS FORM ACCOMPLISHED

		NAME	W		ST	IN	IITIAL	-		RANK			U	D/ D/ RIAL N	TE	946	
_	Ţ,	25 C C		UNIT									ORGANIZATION				
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ON	<u> </u>			<u> </u>		<u> </u>	<u> </u>	<u> </u>			<u> </u>	<u> </u>	L	<u> </u>			ιώC
						il	ISIDE	L	OOKI	IG OL	JT						
	16	15	14	R16	нт 12	н	10	LOWER 9	TEETH 9	10	11	LE 12	FT 13	14	15	16	
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ON	!										L						ιso
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		+-+	LOGA		JUATE		G	GOL	•		į	0	(BITIN	OC IG SURI	CLUSA FACE BA	-	TH)

25-76080-150W

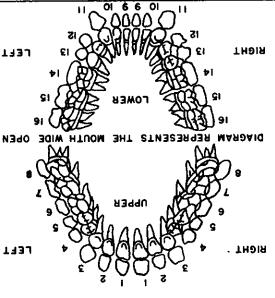
: SNOITOURTENI

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

IN FOMES HAFE OF BOX. PAPER 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, &Q., 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.



BEWARKS:

eldalisvs deligolitachi fatach eff

SIGNATURE OF PERSON WHO PREPARED CHART U. HAINER

WCCOMPLISHED.

GUAM # 2

ARMY XNAV., Mc. Cem.

REPORT OF BURIAL

NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through head-quarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH	U.C.F. F.	I COULLES	D-131	DATE REF	PORT 30	June 1945
COPY OF IDENTIFICATION TAG	NAME		(Last)	(First)		(Middle)
	FILE OR SERV	ICE NO.	RANK OR RATE		BRANCH OF	SERVICE
	CORPS OR RE	SERVE CLASSIFICAT	ION		RACE Mite	
CAUSE OF DEATH			PLACE OF DEATH			
Injuries, maltipl	Lo campene		Okinama, arv	3 <i>1</i> -		
NAME OF NEXT OF KIN (If known)			ADDRESS OF NEX	T OF KIN (If k	10wn)	
DATE OF DEATH			DATE OF BURIAL			
29 April 1945			LOCATION OF CEN	MÉTERY		
*******			G	_a_T_a?	_	
GRAVE MARKER TYPE	PLOT No.		ROW No.	ne Island:	GRAVE No.	
		{	5		<u> </u>	_4
BURIED AT SEA (Date)			AREA			•
TYPE OF RELIGIOUS CEREMONY			RELIGION OF DEC	EASED		
General service of Ta			unkno			
IDENTIFICATION TAGS FOUND ON BOD	Y 2	K NONE	IF NO IDENTIFICA (Identification car		ER MEANS USED	TO IDENTIFY BODY
COMPLETE DENTAL CHART ON REVERS	E Yes	No.	enu P e nu	ains char	red beyon	d recognition
COMPLETE FINGERPRINT CHART OF BO	TH HANDS ON REV	ERSE No	-			
LIST OF PERSONAL EFFECTS FOUND OF	N BODY AND DISPOS	SITION OF SAME	<u> </u>			
IDENTIFICATION TAG BURIED WITH BO	DY		IDENTIFICATION T	TAG ATTACHED T	O MARKER	
IF IDENTIFICATION TAGS NOT PRESENT	WHAT OTHER IDE	NTIFICATION DATA	BURIED WITH BODY	AND IN WHAT	Yes	Ne Ne
IF BURIAL OTHER 1	THAN ESTABLISHE	D CEMETERY, FI	JRNISH SKETCH /	AND MAP REF	ERENCES ON I	REVERSE
		Bodies Buried				Mercial.
BODY ON LEFT. NAME (Last, first, middle	ie)		RANK OR RATE	FILE OR	SERVICE NO.	SECVER
BODY ON RIGHT. NAME (Last, first, mid	ldle)		RANK OR RATE	FILE OR	SERVICE	GRAVE No.
PERSON REPORTING BURIAL (Name)		(Rank or rate)	PERSON CONDUCT	TING BURIAL RIT	ES	and the survey
IN REBURIAL, GIVE LOCATION OF PRE	VIOUS BURIAL	· · · · · · · · · · · · · · · · · · ·	VERIFIED AND FO	RWARDED		1
						**
			(Na	me)	(Rank)	(Title)

MISTRUCTIONS	FOR	

ŗ	with	1. IDENTIFICATION, P	PREPARATION	OF BODY	BURIAL AND	MARKIN	GS OF GRA	VES OF
ТНОМВ	When out smu	ISOLATED BURIALS.	Have body ex	amined to es	tablish IDENTI7	ΓY, If bod		
<u>₹</u>	unident	ESTIMATED HEIGHT	ESTIMATED WE		COLOR OF EYES		COLOR OF HAIF	ı
	ified, ta	BIRTHMARKS, SCARS, OR TA	ATTOOS	,, ,				
	in sh	LAUNDRY MARKS			WEAPON AND SEF	RIAL No.	<u></u>	
INDEX	alled in							
	apres	(1)	f actual weight	and height ar	e used, delete es	stimated)		
r	sion o	Wrap and tie body secu to five feet or in hasty bur						
<u> </u>	of in	only one body in grave.	Securely faste	n one identif	fication tag to be	ody. Remo	ve other iden	tificatior
אוסטרש	When unidentified, take rolled impression of fingerprints, without smudging. Obtain sharp, clear contrast of inked ridges	tag and attach to grave n to BuPers, Marine Corps pencil of identifying data	s, or Coast Gua i on form in du	rd, as indica plicate, place	ted). If no tag in bottle, cante	is present, en, spent s	make a notat hell or other a	tion with available
Г	Cleanse s and int	container which can be m marker. If no tag is avail suitable means to identif	lable, write ider	tifying data o				
RING	Cleanse fingers of all foreign and intervening space. Do	2. LOCATION OF GR. For all other burials, prep ences, or by reference to	oare sketch in s o prominent, pe	pace provided ermanent lan	l below; and give dmarks. Inform	e location b nation must	y means of ma be specific, a	ap refer accurate
	ice.	complete. Stand at foot	of grave facing	nead to dete	rmine bodies bu	Tried to the	lett and right	•
ר רוחורפ	eign matte Do not ov	If the body is otherwise unid dental conditions in conformity para, 2318 (b) (1) & (2))(1945	with instructions	In MMD (1942	2. 1938–43 Ed.		HHHM	'n'n
in .	matter. Roll fi not overlnk.	CHARTING EXAMPLE: (C Tooth No. 1, missing; No. 2, go crown; No. 4, cavity; No. 5, two	old inlay and two si o porcelain or temp	iver fillings; N praryfillings; N	a. 3, full gold >>+ os. 6, 7, 8, gold >-+			
'n	nger	fixed bridge supplying missing	tooth No. 7; No. 9,	porcelain crow	n (outlined),			
вмпнд	finger to include crease	Missing teeth Nos.		٠ ٣٠/٢٠/٢٠	HHMHY CHEEN	111/Hr	7HH -	15 10 }~\}~\
		Occlusion (Type of)			JAQQQQ			DE
, 7 1 	of filest	Malposed teeth (Describe)_			TONOL	IE SIDE_	000	
INDEX	9	Removable appliances				8888		期
	int through 180°	Other defects		ر 11 در سراتیا	- 20 21 22 23 23 23 24 25 25 25 25 25 25 25 25 25 25 25 25 25	MHMU 34,852 24 27	20 29 30	31 95 1
π, 2	30° on	Remarks			WITH DECEASED NA	VMED-H-4 (ME RESEMBLANCI	F1	
WIDDLE	on inked	<u> </u>						MBLANCE
	d surface.		-	(Signature	of dental examiner)		lank or rate)	
			-	<u> </u>				
्र प्र	Record			й				
RING	Record Impression							
	및							
Ξ Ņ	same r							
	motion			Ì				
REPORT OF BURIAL (Back)	<u></u>	ED 401 (2.45)				- -	=	

	hw.		,		<u> </u>) N	ر د	.5
6	29.	3 Us B. 7	nau	NT DIRECT	X-18	7	Gus DATE #	(w
	SECTION A	RIAL LOCATION OF DECEASED		63 2 1	00000		15 16	47
NAME		UNKNOMA	SERIAL NUM		RANK	ARM	DATE OF DEATH	
CEMETERY	0 & A	GAT	, 	· · · · · · · · · · · · · · · · · · ·	1	o	DAY MONT DISPOSITION O 3 9 1 CODE	OF REMAINS
PLOT ROW	GRAVE	COUNTRY				-	CAUSE OF DEAT	DIST. PT.
	<u> </u>	SECTION B — CO	INCIGNEE AND	NEXT OF KIN			L	
MARIAMAS	IONAL CE	METERY VE ORDER)		ND ADDRESS OF				
NAME		SECTION C - DISINT			<u> </u>	Inve	C mirth weapen	
		SERIAL NUMBER	RANK	PATE OF DEATH		DATI	E DISTINTERRED	
IDENTIFICATION TAI REMAINS MARKER	G ON ORGA	NIZATION USA		RELIGION	IDENTIFICATIO	N VER		
		SECTION D — PREPARA	TION OF REMA	INS FOR SHIPME	NT		NAME AND	TITLE
NATURE OF BURIAL				OF REMAINS				
OTHER MEANS OF IDI	ENTIFICATION					·		
MINOR DISCREPANCIE	ES 1							
REMAINS PREPARED A	IND PLACED IN C	ASKET	··		·			
DATE	- <i></i>	ву						
CASKET SEALED BY			EMBALMER	(Signature)				
CASKET BOXED AND	MARKED		SHIPPING A	DORESS VERIFIED	BY			
I hereby and that the re	BY Certify that all eport above i	I the foregoing operations was correct.	ere conducte	ed and accom	plished under	my	immediate sup	pervision
` 		· · · · · · · · · · · · · · · · · · ·						·
1 Propos Di	conquest De-	-4 OMC F 1104			F GRS INSPECTO	R		7
I Prepare Disc	герапсу Керо	rt QMC Form 1194a for majo	r discrepand	res.				
QMC FORM 1 REV 15 MAR 46	194							

PR ARED BY PHILCOM

(آن	DISINIERIMENI DIRECTIVE										
			· · · · · · · · · · · · · · · · · · ·	DIR	DIRECTIVE NUMBER				DATE		
	•	ON A And Burial Loca	TION OF DECEASED		}	6321	80,654	! ! !	02	05	50
NAME	-d	~~~~~		SERIA	LNUMBE	R	GRADE	ARM	RACE	MONTH RELIGION	·
UNKIK	CHE	X - 18									
CEMETERY				}	PLOT	ROW	GRAVE		DISPOSIT	ION OF R	EMAINS
USAF GENET	ery /	LGAT NO. 2	COLL		4	55	26	;	COD	ŕ	SO DIST, CTR.
			SECTION B	- CONSIGN	EE AND N	EXT OF KI	N			<u></u>	5157, CTK.
NAME AND ADDRESS	OF CO	NSIGNEE		N	AME AND	ADDRESS	OF NEXT OF K	IN			
united sta Ft. W. K		Military CP Ly, P. I.	DETERT	,	(BY	ADMINI	Strative	DECISI	ON)		
			SECTION C - D	DISINTERME	NT AND II	DENTIFICA	אסודו			·	
NAME			SERIAL NUMBER			TE OF DE		. DA	TE DISTIN	NTERRED	
					į			:			.*
IDENTIFICATION TAG	ON	ORGANIZATION				LIGION		CATION VE	ÚFIED BY		
REMAINS	•	1			}						
MARKER		<u> </u>							N	AME AND	TITLE
NATURE OF BURIAL			SECTION 0 - PRE	~		NS FOR SH OF REMAIN	·—				
MATORE OF BURIAL					10111011	ar keman	13				
OTHER MEANS OF ID			ncy Report QMC	Form 1194	la for m	ajor disc	crepancies.)		-		
REMAINS PREPARED A	AND PLAC	CED IN CASKET									
DATE			вү				,				
CASKET SEALED BY				EMB	SALMER (S	Signatur	·e)				
CASKET BOXED AND	MARKED			SHIF	PING AD	DRESS VE	RIFIED BY				
DATE	BY					\ \					
I hereby	certify	that all the fo	regoing operatio	ons were c	onducte	d and a	ccomplished	under my	immed	iate sup	ervision
						\					
						1					
							SNATURE OF AG				
REMARKS AND SPECIA	al instri	uctions				i	TECORDS AN	NOTATED BR. MI	EM. DI	LV.	

			Y
37AQ	SIGNATURE OF RECEIVER	3140	SIGNATURE OF SHIPPER
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RECORD OF CUSTODIAL TRANSFER

AIR MAIL

CACHIN 293 CRS Far East

1st Ind

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

- TO: Commanding General, Marianas-Bonins Command, APO 346, c/o Postmaster, San Francisco, California ATTENTIEN: ACRS, 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 E, Row 11, Grave 5, 2nd Marine Division Cemetery, Saipan.

FOR THE QUARTERMASTER GENERAL:

16 Incls.: w/d

T. H. KETZ Lt. Colonel, CMC Memorial Division

CC: CINCFE

19 May 18

COPI

MARBO CONE

AFO 244 30 November 1948

293 MFGRS

SUBJECT: Transmittal of New MC Forms 1644 (Resolution of Cases of Unidentified Deceased)

TO:

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

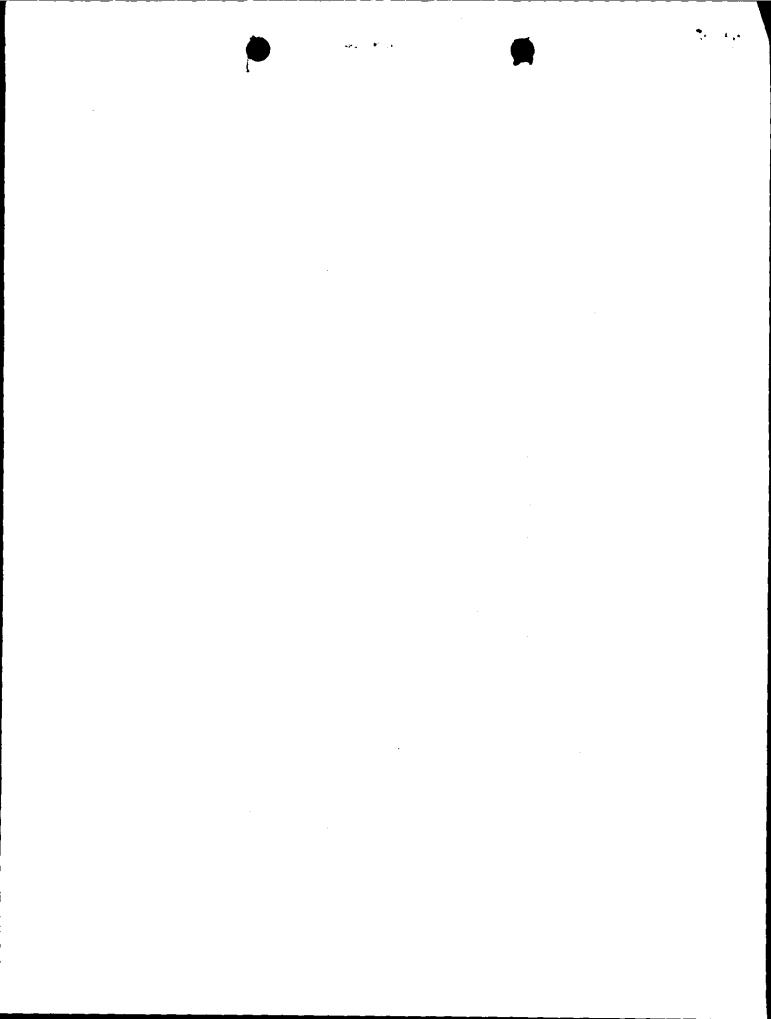
1. In accordance with paragraphs 3b and 6, letter, DA, file CMCMU 293, Subject: Resolution of Cases of Unidentified Deceased, dated 17 September 1948, DMC Forms 1044 on unknown remains considered unidentifiable by reason of lack of sufficient identifying data for the following unknowns by cemetery are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

Cemetery No. 2. Agat. Cuan

Unknown s	Plot	Row 52	Grave
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 Cometery, Saipan

Unknowns X-27	Plot E	Row 11	Grave 5
	Isolated		
Unknowns X-5	<u> Plot</u> P5-14	Row	Grave
x-16	P5-9	-	-
X-17	P5-11	_	_



Ltr, ACRS, MARBO ZONE, APO 244, file 293 MBGRS, Dtd 15 Oct 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, How 34, Grave 9 and Unknown X-71, Flot 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. MC Form 1044 (3) D. A. BROWN Major AGD Adjutant

