FILE IDENTIFICATION TOPPER

FILE NUMBE	743	unk	Gream #2/	X-20
SUBJECT -		<u> </u>		
	·			

QMC FORM 1121 1 Aug 45

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

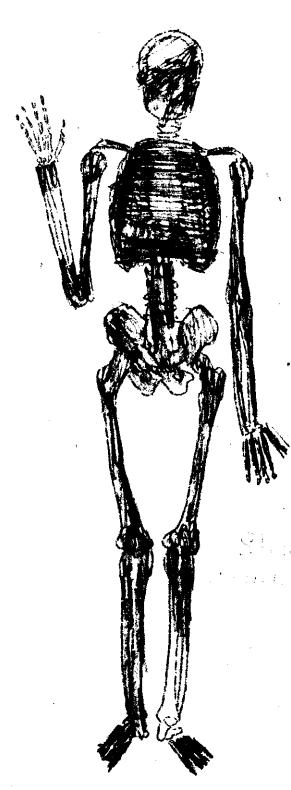
,

Remarks:

293.		Dat	:e13	
	CASE SU	MMARY OF		
NAME:	NNKNOMN X-50	RANK:	SERIAL NO:	
	Agat Cem #2 GUAM		·	
<u>-</u> <u>:</u>	Remains disinterred :			
X-20	were processed this d	ate and no clu	es to identity w	ere
foun	d.			
		•		
			•	
	· · · · · · · · · · · · · · · · · · ·	·	•	
			وهي موان الله عمل من من من الله عمل الله عمر منو بيان من من من الله عمر الله عمل المن	
			/ 	
	, 		. حال خاله جات بعد حدد شده خدد شده جات بدار الله الله الله الله الله الله الله ال	
1				
cc: 293 _		· /	X 40. 7	S
. .	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ROY H. OESTREICH CAPT., INF	
-			(Signature)	

Y'20 GUAN#ZACALC	EM 1-4, 11-21, 6-11	- 30 (fully 218
18.	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EX- TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:	Tooth Missing	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain C	rown DDDD
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORGELAIN 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	
PIGHT 8 7 6 5 4 3 2	LEFT 1 1 2 3 + 5	6 7 A
Side Viere DO	JHHOOC	S ide Viere
TO DO CO CO CO	TODOOC) (H) (H) · -ER
	M MM() & & & & & & & & & & & & & & & & & & &	LOWER LOWER
5 id: view. 16 15 14 13 12 11 16 Live	9 9 10 11 12 13 0 = Eracture	14 15 10
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AN	ID SHAPE OF PLATE, BLOCK IN TEET	
Majura minerin	1 manch	e. muney
from 10-4 - 15 6	<i>¥</i>	-
of June	Is Destroods	Contino
ONC CERN 1044a		U

PROCESSING CENTER



SKELETAL CHART

(FORMERLY NOW U OW: X-"20 · UNKNOWN (X-20) 2-9-8 DATE AND HOUR OF DISINTERRMENT 01815

26 Aug 1946

4-57-17

4 feet

HARKER AT GRAVE Yes

DEPTH OF BODY BURIED

BODY BURIED UNDER MARKER Yes

BURIED IN CASKET

see remarks

Yes

LIST OF EFFECTS FOUND IN GRAVE

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY

Israel

Doungaree shirt. Fiece of cup.er pp.e found. REMARKS: 100% decomposed

Sin. thick. Long brown heir approximately 3i. . long. Skill smeshed to flat piece of Full approximately

INSIDE — LOOKING OUT 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16						/	201			***	m. 1.011				DA	TE	946
UNICTORY: UNICTORY UNICTORY UNICTORY UNICTORY Cometery #2, Agat Guam, MI. 4 57 17 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. INSIDE — LOOKING OUT INSIDE — LOOK	_	LAST		<u> </u>				ITIAL	-	UNK			 -			0	
UNKNOWN Cemetery #2, Agat Guam, MI. 4 57 17 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. 8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8 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 WHOLE BOX UPPER HALF OF BOX EXTRACTED A AMALGAM (SILVER) CAVITY. INDICATE G GOLD OCCLUSAL COCCUSAL COCCUSA COCCUSAL COCCUSA COC		DIMU	TOWLI					-				SS Ha	zelwo			.	
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO. RIGHT INSIDE — LOOKING OUT INSIDE																·	
NSIDE - LOOKING OUT	1	UNKNO				mete:	ry #2										
INSIDE — LOOKING OUT INSIDE — LOOKING OUT IG 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16 KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS SYMBOLS TYPE OF FILLING IN WHOLE BOX UPPER HALF OF BOX LOCATION OF FILLING IN WHOLE BOX FIXED BRIDGE GOLD OCCLUSAL (BITING SURFACE BACK TEE OCCLUSAL (BITING SURFACE BACK TEE OCCLUSAL (BITING SURFACE BACK TEE OCCLUSAL OCC			PLAGI	E OF DE	ATH			F	PLACE	OF BURI	AL	Р	LOT	ROW	G G	RAVE N	10.
INSIDE — LOOKING OUT INSIDE — LOOKING OUT IG 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16 KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS TYPE OF FILLING IN UPPER HALF OF BOX LOCATION OF FILLING IN LOCATION OF FILLING IN LOWER HALF OF BOX EXTRACTED A AMALGAM (SILVER) GOCLUSAL (BITING SURFACE BACK TEE OCCUSAL (BITING SURFACE BACK TEE DISTAL					Pic	u T				TEETU				ET			
KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS TYPE OF FILLING IN WHOLE BOX EXTRACTED CAVITY. INDICATE LOCATION FIXED BRIDGE S SILICATE OR LOCATION LOCATION LOCATION LOCATION LOCATION MESIAL MESIAL GOLD O COLUSAL (BITING SURFACE BACK TEE	4	8	7	6			3		I			3	4		6	7	8
INSIDE — LOOKING OUT INSIDE — LOOKING OUT INSIDE — LOOKING OUT LEFT INSIDE — LOOKING OUT LEFT INSIDE — LOCATION OF FILLING INS	I																
KEY OF SYMBOLS TO BE USED ON ABOVE CHART SYMBOLS TYPE OF FILLING IN WHOLE BOX EXTRACTED CAVITY. INDICATE LOCATION FIXED BRIDGE S SILICATE OR LOCATION LOCATION LOCATION LOCATION LOCATION LOCATION LOCATION MESIAL (BETWEEN-TOWARD FRON O COLUSAL (BITING SURFACE BACK TEE DISTAL																İ	
SYMBOLS IN WHOLE BOX UPPER HALF OF BOX LOWER HALF OF BOX EXTRACTED GOLD GOLD GOLD FIXED BRIDGE TYPE OF FILLING IN LOWER HALF OF BOX LOWER HALF OF BOX LOWER HALF OF BOX OCCLUSAL (BITING SURFACE BACK TEE	I	0-1	Λ	/													<u> </u>
WHOLE BOX UPPER HALF OF BOX LOWER HALF OF BOX MESIAL (BETWEEN-TOWARD FROM) CAVITY. INDICATE LOCATION GOLD OCCLUSAL (BITING SURFACE BACK TEE) T C	
CAVITY. INDICATE G GOLD GOLD GETWEEN-TOWARD FROM O CSCLUSAL (BITING SURFACE BACK TEE					F S	YMB	OLS				ED (V (
FIXED BRIDGE S SILICATE OR DISTAL			SYMBO	DLS	FS'	YMB		TYPE	E OF FIL	LING			LOCATI	ON OF F	ILLING		
THE TAX TO THE TAX ASSESSMENT TO THE TAX ASS		1	SYMBO	DLS BOX		YMB		TYPE	E OF FIL IN HALF	LING OF BOX			LOCATI	ON OF F	ILLING OF BO	X IESIAL	FRON
TEETH REPLACED O OXYPHOSPATE LINGUAL		ı	SYMBO	BOX EXTR	ACTED			TYPE UPPER A G	E OF FIL IN HALF AMA (SIL)	LING OF BOX LGAM /ER)			LOCATI	ON OF FIN HALF	OF BO	X IESIAL Toward	AL

QHC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

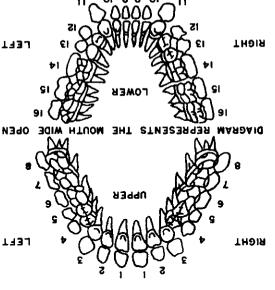
INSTRUCTIONS:

IN 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 WHOLE BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, α, α , porcelain crowns, gold crowns (full or 3ω), 3ω gold crown with silicate window.

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



BEWARKS:

amoM

VERIFIED BY GRS OFFICER

ROBERT 1. MCBROOM CAPI., QMC

.....

SIGNATURE OF PERSON WHO PREPARED CHART

W.H.BLACK, Lt. JJC) USUR NAME AND RANK TYPED OR PRINTED

NAME AND RANK TYPED OR PRINTED
28 August 1946

PLACE OR HO WHERE THIS FORM ACCOMPLISHED

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

GRPZ 293

SUBJECT: Unidentifiable Remains

6 Blue 1 = 2 X 20

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-20, Guam Agat #2} X-5263, AGRS Mslm

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

FOR THE COMMANDING OFFICER:

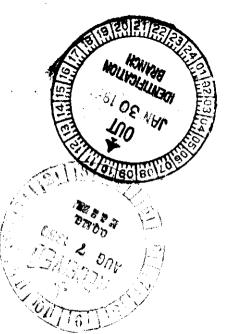
3 Incls QMC Forms 1044 w/Certificate of Unidentifiability

TOHN SHYPULA 1st Lt., Infantry Adjutant

1 Huan 2 X 29

3 rupe Manida Mars X5263





/DDm /	Interred 15	Aug En				75.0				
	F 2 2 Ft.	Monaley					ARE	D BY	PHIL(CORA
1 9 -21	1.0	Amark D	ISINT	FRMFI	NT DIE	RECTIVE			74.	00141
71	arek	grane .	101111	7	/					
A 11.	CARL R. H. M	ARK		7		. 7 :				
4325	Cemetery Sup			DIR	ECTIVE NU	JMBER		DATE		
	SECTION A —							31	07	50
٤	NAME AND BURIAL LOCA	TION OF DECEASED		1	63	21 817	771	DAY	MONTH	YEAR
NAME	9.13		SERIA	L NUMBE	R	GRADE	ARM	RACE	RELIGION	
	TOTAL TE OO		Í			1	\$		1	
UN IND	1000 1 1 20						ļ	j		
CEMETERY				PLOT	ROW	GRAVE		DISPOSI	TION OF RE	MAINS
מולים מי אפוני	ETERY AGAT NO.	O CHAM	./I	4	57	3	17	770	1 , 8	KO C
USAF CEM	BIERT BORT NO.	2, County	1	_	- '	"		cor	DE D	IST, CTR.
		SECTION B C	ONSIGN	EE AND N	EXT OF K	IN				
NAME AND ADDRESS	OF CONSIGNEE		N	AME AND	ADDRESS	OF NEXT	OF KIN	<u> </u>		
THE THEFT O	TATES MILITARY	CEMETERY	ļ							
	MCKINLEY. P. I.		}	(B)	T MCLA	NTSTRAT	rive dec	CISION)		
T.T. ATM.	MONTHARDT & T. T.		i	,						
		SECTION C — DISIN	NTERME	NT AND I	DENTIFIC	ATION				
NAME		SERIAL NUMBER	GR/	ADE DA	ATE OF DE	ATH		DATE DISTI	NTERRED	
UNKNOWN	V-20 C #2	A mark						3 4.50		
		 						1 Aug		
IDENTIFICATION TAG	ON ORGANIZATION			RE	LIGION	1	NOITADIAITN			
2 REMAINS							ARL R.			
1 MARKER							mbalm er		NAME AND	TITLE
		SECTION D — PREPAR								
NATURE OF BURIAL			CO	NOITION	OF REMAI	N5				
	Blanket & Sheet	k.				Skelet	In:			
		-								
OTHER MEANS OF ID	ENTIFICATION									
MINOR DISCREPANCE	ES (Prepare Discrepar	ncy Report QMC For	rm 119	4a for m	naior dis	crepancie	·s.)			
MINOR DISCRETANCE	to (1 repare Discrepar	ney report gial or or	225		, 0	0.0,2	•••,			
REMAINS PREPARED A	IND PLACED IN CASKET									
DATE I Aug	50	BY	(CARL R	. H. I	MARK				
CASKET SEALED BY		0!	EMI	BALMER (Signatu	re)		, /	/	
•			!	44	w.	بوسيريس	reace	<u> </u>		
	CARL R. H. MAR	K	, (CARL R	l. H. 1	MARK				
CASKET BOXED AND	MARKED	 	SHI	PPING AD	DRESS VE	RIFIED BY				
DATE 1 Aug 50	BY ALBERT C EV	VATT, Sgt, RA	J	TESSE	E MAG	ers, m/	Sgt., B	ÁA		
	certify that all the fo								diate supe	ervision
	report above is correct				,	,		,,,	, (1
	•				d	ζ.		4		(75
				Jun	e C	may	zent	. √Y	LA X	1
				HESSE	E MAG	ers, M/	77.	Δ <u>Λ</u>	$I_{\rm c}$	*
			//	,	SI	GNATURE O	F AGRS INS	PECTOR	1 4	1 1
REMARKS AND SPECIA	AL INSTRUCTIONS						1		ť	1.12
NOTE:	Plot F Row 2	Grave 2 was	form	erly o	occupi	ed by t	NKNOWN	X - 19	, 2nd ·	1.1.
	Marine Divisio	n, Saipan, whi	ch w	as dis	sinter	red and	d identi	ified a	s Scint	50, T
	Rodney, Jr., P	fc., 394854.				1				· *
	<i>v</i> ,, -					ļ				

	•			. 📜
		·	s 2 2	•
31A0	SIGNATURE OF RECEIVER	3TAQ	ІРРЕВ	SIGNATURE OF SH
<u> </u>	NAME OF CONVOYER		NACE	KIND OF CONVEY
	OT OT			
	DAED	IIHS 'L		
31AG	SIGNATURE OF RECEIVER	3TAQ	, , bbE8	HS 40 BULLANDIS
	NAME OF CONVOYER		INCE	KIND OF CONVEY
,		<u> </u>		
	G349 O1	IHS '9		FROM
		!		
3TAQ	SIGNATURE OF RECEIVER	DATE	PPER	HS 30 BRUTANDIZ
	NAME OF CONVOYER		ANCE	KIND OF CONVEY
	Oī	<u> </u>		FROM
<u> </u>	PPED	IHS 'S		
DATE	SIGNATURE OF RECEIVER	DATE	וגיכא	SIGNATURE OF SHI
		3170		
<u> </u>	NAME OF CONVOYER		NCE	KIND OF CONVEY
	1.0 LO	IIHS 7		MORF
				
DATE	SIGNATURE OF RECEIVER	31AO	9399	SIGNATURE OF SHI
	NAME OF CONVOYER		PAICE	KIND OF CONVEY
	OI]		FROM
		IIHS 'E		EDOM
	, .			
DATE	SIGNATURE OF RECEIVER	3TAQ	яз44	SIGNATURE OF SH
	MYV/E OF CONVOYER		NACE	KIND OF CONVEY
	01			MORI
-		IHS .S		
6 19 50	SIGNATURE OF RECEIVER	3TAQ	PPER	SIGNATURE OF SHI
	NAME OF CONVOYER	<u> </u>	40.11	LENCK KIND OF CONVEY
	US MILITARY CEMETERY		MAROTEUM	M CROA
	PPE0 TO	IHS I		FROM
	ODIAL TRANSFER	OF CUST	весовр	

T.

				*X****			· · · · · · · · · · · · · · · · · · ·				
3)		•		INTERN		_	CTIVE	; Q <u>E</u> L	j ķv i	100 M	185
(5)	93 un	de 10	in	نه کساموا		2	12	0			
SE	CTION A —				BIREC	7/1/5 &!!!A	ABER		0.00		
I I	AME AND BURIAL LOC	CATION OF DECEA	ISED			630	1 81771		31. DAY	MONTH	YEAR
NAME	_			SERIAL NU	MBER		GRADE	ARM	RACE	RELIGION	
	I - 20										
CEMETERY				PLO		ROW	GRAVE		7701	ION OF REA	
TEAP CHAPTS	RY AGAP NO.			4		97	17		COD		ST. CTR.
NAME AND ADDRESS OF	CONSIGNEE	SECTIO	ON B — CON				I OF NEXT OF K	IN		·	
FT. W. MCS	inist, p. 1	GENEGREEKY •	i g	-	(BI	ADMIN	ISTRATIV	r dec	ision)		
			C — DISINTE								
NAME		SERIAL NUMBE	R	GRADE	DAII	e Of Dea	IH		DATE DISTIN	HEKKED	•
IDENTIFICATION TAG ON	ORGANIZATIO	N			RELIC	SION	IDENTIFIC	CATION	VERIFIED BY		
REMAINS MARKER	·	·	rs "	1 					N	AME AND T	ITLE
NATURE OF BURIAL	<u> </u>	SECTION D -	- PREPARAT	CONDITION							
NATURE OF BORIAL .			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1	J, , U.						
MINOR DISCREPANCIES	(Prepare Discrepa	ancy Report Q	MC Form	1194a fo	r ma	jor disc	repancies.)				·, ,
REMAINS PREPARED AND	PLACED IN CASKET			ese a						. ,	
DATE		ВУ									
CASKET SEALED BY				EMBALM	ER (Si	gnature	e)				
CASKET BOXED AND MAR	₹KED			SHIPPING	ADD	RESS VER	IFIED BY	. *	<u> </u>		
			•••					2	<u> </u>		
l hereby cer	tify that all the fort above is corre		rations we	ere conde	ucted	and ac	complished	under	ny immed	liate supe	rvision
					-	sig	NATURE OF A	SRS INSI	ECTOR)	J.	
REMARKS AND SPECIAL IN	ISTRUCTIONS							V	1	Chr	Jk/
·	·								2	\J.	Pak Pak
QMC FORM REV 11 FEB 48 1194								_		$\overline{\mathbb{Q}}$	1/1
and # i											_

	<u> </u>		•	- 7
€TE	. BECEIAEK	TE SIGNATURE OI	ıva	SIGNATURE OF SHIPPER
f 3 - 8	ANOAEK maga	NAME OF CON		KIND OF CONVEYANCE
		01		FROM
		7. SHIPPED	195	1 () () () () () () () () () (
BTA d	. KECEIAEK	TE SIGNATURE OF	va <u> </u>	SECULTURE OF SHIPPER
		NAME OF CO		KIND OF CONVEYANCE
		6 SHIPPED		FROM
-		GIGGINS 3		* · «
DATE	. KECEI∧EK	TE SIGNATURE OF	va	SIGNATURE OF SHIPPER
	AOAEK	NAME OF CO		KIND OF CONVEYANCE
		01		MORF
		2 SHIBBED		
DATE	F RECEIVER	TE SIGNATURE O	.va	SIGNATURE OF SHIPPER
		NAME OF COI		KIND OF CONVEYANCE
		01		FROM
		4. SHIPPED		
3TAQ	E BECEIVER	TE SIGNATURE OF	να	8399IH2 40 BRUTANDIZ
	AAOAEB	NAME OF CO	·	KIND OF CONVEYANCE
		O1		FROM
· · ·		3 SHIBBED		
DATE	F RECEIVER	TE SIGNATURE O	∀ d	SIGNATURE OF SHIPPER
	NAOAEB	NAME OF CO		KIND OF CONVEYANCE
	J 2 3 E	01	·	FROM
	3 6 2 6 E	S SHIBBED		
∃ TAQ	3 42 2 5 K	O SICHATURE O	∀a	SIGNATURE OF SHIPPER
	NAOAER	NAME OF 🌣		KIND OF CONVEYANCE
		01		FROM
		I. SHIPPED		
	ANSFER	F CUSTODIAL TR	RECORD O	

IRMAIL

QMGMT 293 GRS Far East

25 August 1950

SUBJECT: Identification of World War II Deceased

TO:

Commanding Officer American Graves Registration Service Philcom Zone APO 928, c/o Postmaster

San Francisco, California

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P.I.:

Unknown X-20 Army, Navy, Marine, Cem. #2, Guam, Unit 4, Page 11 X-29 13 2 X-691 (formerly X-206 Manila #2) Unit 1, Page 4 X-4729 X41397 X-4795 Ħ X-1129

2. Subject cases have been reviewed and this Office approves the classification of the above Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX Capt OMC Memorial Division

JW

J. Miller:lak

C. Salser

JMN

Administrative Section

CC: CINCFE

NICHOLSON, Malvin Levern 328 79 08, USN

SUBJECT: Identification of Unknown Deceased

JU 1/1051

TJ: Commanding Officer
American Graves Registration Service
Philoga Zone

APO 903, c/o Postmaster San Francisco, California

- 1. Deference is made to Case History dated 25 May 1950, PHILCOM ZONE, recommending hat the remains of Unknown X-20, Army, Navy, Marine, Commetery 22, Agat, Guam, Plot 4, Now 57, Grave 17, be identified as the recoverable remains of SPI/c Melvin Levern NICHULSON, 328 79 08, USN.
 - 2. The recommendation of the Field is disapproved.
- 3. The identification of X-20 is considered indefensible by this Office, due to the fragmentary condition of the remains which precludes age, weight and height estimation, and two dental discrepancies on the portion of mandible present.
 - 4. Referenced Case History is returned herewith.
 - 5. Unknown X-20 is listed on FEA Unit Roster #4, page 11.

FOR THE QUARTERWASTER GENERAL:

1 Incl
Case History for
NICHOLSON

THOMAS A. COX Captain CMC Nemorial Division

CC: CINCEE

DISINTERMENT DIRECTIVE

51								
- 11	SECTION A			DIRECTIVE NUMB	ER		DATE	
803-24-57	NAME AND BURIAL LO	CATION OF DECEASED	1	6321	00000)	15 11 DAY MONTH	
NAME			SERIAL NU		RANK	ARM	DATE OF DEATH	11 1000
	A STATE OF THE STA	UNKNOW	NX - O(00020	}	2		. t
CEMETERY					<u> </u>	+-	DAY MONTH	
GUAM N	O 2 AGA	T			•	0	0391 CODE	
	GRAVE COUN						CAUSE OF DEATH	
4 57	17 M	ARIANAS	28°2	annudati.			6	
		SECTION B — C						
MARIANAS	IONAL CEMETE	ORDER)		MID ADDRESS OF		·		
NAME		SECTION C DISI	RANK	DATE OF DEATH	<u> </u>	DAT	E DISTINTERRED	
· verent		SERIAL NOMBER	KAIN	DAIE OF DEATH	and the second s	PAI	E NIGHIMIEKKEN	
UIII).II		M-000020	2.32	20 Ap	4.5	┨	26 Tov 4	7
IDENTIFICATION TAI	G ON ORGANIZATIO	Р		RELIGIO	IDENTIFICATIO	N VER	IFIED BY	
MARKER	054	(Unk	13 3 7	ng i	oo, Sit I NAME AND	TITLE
		SECTION D - PREPAR			NT			
Doned, wonter means of iditionary		oncho	?	OF REMAINS	reins,	inc	onplete	·
MINOR DISCREPANCIE	ES 1				· · · · ·	'-		
None					; ***			
REMAINS PREPARED A	IND PLACED IN CASKET			 		 -		
			₹ ₹	, ;•11	l.		_	
DATE 20 Jul 4 CASKET SEALED BY	<u>, 13</u>	BY		(Signature)	:S, ⊥1D	1-1]	
CASKET SEALED BY		•	EMBALMER	(Signature)	- (<i>M</i>	21	()	
J L Est	thews, I b		J J	opma			ew	
CASKET BOXED AND	MARKED		SHIPPING .	ADDRESS VERIFIED	ВУ	139	3	
DATE 20 Jul43	ey P labaz	za	្រី 🕽	orris,	Alegy	•		
	certify that all the f eport above is corre	oregoing operations ct.	were conduc	Hed and accom	Inplished under	r my	immediaté sup	ervisian
1 Prenare Disc	repancy Report OM	C Form 1194a for ma	int discrens		F GRS INSPECTO	OR		_
	sebation richort Aut.	Juli 11277A IUI IIIA,	ios asserchas	C.C.				

OMC FORM REV 15 MAR 46 1194

	OI.	1		ьком
·		HS .9		
3 TA0	SIGNATURE OF RECEIVER	31A0	`	SIGNATURE OF SHIPPER
	NAME OF CONVOYER			KIND OF COPABAPHICE
	O1 O1	S. SHIF	:	FROM
<u> </u>		IH2 3		
3 1AQ	SIGNATURE OF RECEIVER	3140	14.53	SIGNATURE OF SHIPPER
	NAME OF CONVOYER			KIND OF CONVEYANCE
	01		J.	Mg A T
Sec	AT CARD THE WALK DAY	SKO 1		/
S. A.	SIEDOS DE RECOVER	516/ 1/16	Lab Sande, det	SIGNATURE OF SHIPPER
	NAME OF CONVOYER		Pa	LLNCK KIND OF CONVEYANCE
	ox muelozueli GADA		8Z-278	
		3. SHIP		
atad mal SI	SIGNATURE OF RECEIVER James Jath	nal SI pa SI	Tiles captain int.	SIGNATURE OF SHIPPER HAROLD E. FI
	ирме ое соилолев			KIND OF CONVEYANCE
	ON MASTER \$ FS-278		(IM. nari as) i	FROM AGRS PORT
	PPED	J. SHIF		A
DATE DS Jul	ROBERT G. SNOWDEN, Let Le Inf	SATE Cal Cal Cal Cal Cal Cal Cal Cal Cal Cal	# The Part of the	SIGNATURE OF SHIPPER
 	NAME OF CONVOYER			SSCOLL KIND OF CONVEYANCE
(I)	or SALAR STOREST TORE (SALEAT		(IF HAMIAE) INC.	FROM - LUBUT
	Q366	IIHS 'I		
	DDIAL TRANSFER	TSUD 40	ВЕСОВО	

SIGNATURE OF RECEIVER

NAME OF CONVOYER

SIGNATURE OF RECEIVER

NAME OF CONVOYER

BTAQ

31A0

J. SHIPPED

SIGNATURE OF SHIPPER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

KIND OF CONVEYANCE

FROM

31A0

DATE

•	IDEN'	TIFICATIO	N DATA	6		-
REMAINS OF UNKNOWN	X-20 Agat, (2. DATE OF RE	
NAME OF CEMETERY	J. 20 15,000	4.	PLOT 5. ROW	6. GRAVE		TE OF
AGRS Mar	usoleum		-		DISTNIERMENT	REINTERMENT
Manila	P. I.	ļ				
				<u> </u>		
•		PHYSICAL DESCR			U. T. D.	
	9. ESTIMATED HEIGHT	1	COLOR OF HAIR		LL. RACE	n
U. T. D.	U.T.D		Dark Brow	N LT	U.T.	υ •
		Меп	e			
GIVE DESCRIPTION OF TATT	OOS OR SCARS ON BODY	AND/OR SUCH II	FORMATION OB	AINED FROM	OTHER SOURCES	<u> </u>
•		•				
		Non	0			
		13 () 11	6			
WAS BODY BURNED?	TO WHAT EXTENT?		 			
T YES TE NO						
WAS BODY MANGLED?	10 WHAT EXTENT?				 	
₩ YES		hones or		e mangl	ed.	
DESCRIBE EVIDENCE OF HE	ALED FRACTURES AND BO	ONE MALFORMATI	ON S			
		97				
		™ o n	е			
						PARKINGS
LIST EVERY ITEM OF CLOT SERVICE, ETC. (If laund channels for examination	iry marko are indisti:	nct such notat	ion should be	made and s		
SERVICE, ETC. (If laund	iry marko are indisti:	nct such notat e not availabl	ion should be e in the area	made and s		
SERVICE, ETC. (If laund	iry marko are indisti:	net such notat e not availabl	ion should be e in the area	made and s		
SERVICE, ETC. (If laund	iry marko are indisti:	nct such notat e not availabl	ion should be e in the area	made and s		
SERVICE, ETC. (If laund	iry marko are indisti:	nct such notat e not availabl	ion should be e in the area	made and s		
SERVICE, ETC. (If laund	iry marko are indisti:	nct such notat e not availabl	ion should be e in the area	made and s		
SERVICE, ETC. (If laund	iry marko are indisti:	nct such notat e not availabl	ion should be e in the area	made and s		
SERVICE, ETC. (If laund	iry marko are indisti:	nct such notat e not availabl	ion should be e in the area	made and s		
SERVICE, ETC. (If laund	fry marke are indiction when facilities are	nct such notate not available	ion should be e in the area	made and s		
SERVICE, ETC. (If laund	iry marko are indisti:	nct such notate not available	ion should be e in the area	made and s		
SERVICE, ETC. (If laund	fry marke are indiction when facilities are	nct such notate not available	ion should be e in the area	made and a		
SERVICE, ETC. (If laund	fry marke are indiction when facilities are	nct such notate not available	ion should bee in the area	made and a		
SERVICE, ETC. (If laund	fry marke are indiction when facilities are	nct such notate not available	ion should bee in the area	made and a		
SERVICE, ETC. (If laund	fry marke are indiction when facilities are	nct such notate not available	ion should bee in the area	made and a		
SERVICE, ETC. (If laund	fry marke are indiction when facilities are	nct such notate not available	ion should bee in the area	made and a		

LNCL# 3

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:



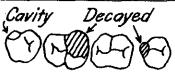


FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:





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





																	_
			R	GHT									LEFT				
}	В	7	6	5	#	3	2	1	1	2	3	4	5	6	7	8	· [
			М	АХ	ΙL	L	1				M	I S	SI	NG	-	->	
Side Views	D	Q		\bigcup	9	0	8	1	9	8	\bigcirc	\bigcirc	Q		E	TW	S ide V iewa
Top Vieva	(F)	D	7	O	D	W	B	Q	W	W	0	0	\bigcirc	(H	D	169	U PPER
V : 3		W)	X)(t)(·	<u>)(</u>	DO	创			\bigcirc	(A)	£)(E)Œ	田	LOVER
Side Views	(3)	X	TA TA	9	Ω		4	8	A	\square	D	A	M	C	T	M	
	6	X	X				4	M A	77]) I	B L	E	M	ΙS	SIM	G →	
	7 16 ·	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	İ

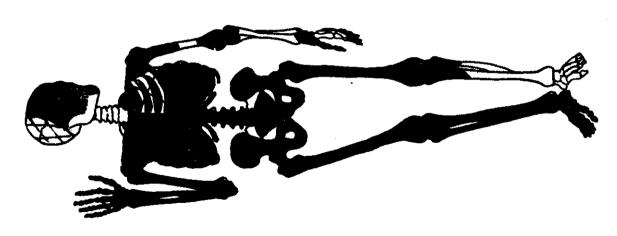
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose maxillary or mandibular teeth present

with remains.

PAUL R MICHOIS Chief Mentification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.	MASS BURIAL CERTIFICATIVE MASS BURIAL CERTIFICATION IN Whomas in whomas with the control of the	· · · · · · · · · · · · · · · · · · ·
I Certify that the Group Remains Consisting Anatomical Parts:	of Parts of NUMBER	Decedents Based on the Presence of One or More of the Follow

21. REMARKS AND ADDITIONAL INFORMATION

Jes attached Authropologistis statement dated 16 May 1950.

10/2/20

1 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

Anthropologist

ENATURE STATUTE SIGNATURE OF MEDICAL OFFICER

CENTRAL IDENTIFICATION POINT AGRS APO 900 NICHOLS FIELD, MANIIA, P.I.

16 May 1950

STATEMENT

Reference: UNK X-20, Agat, Guam #2 Cemetery

The above four (4) remains were examined by me this date for proper segregation, and in an effort to establish individual association of these remains with unaccounted for casualties from the USS Hazelwood.

Each of the above remains is now properly segregated, and each represents one and the same individual.

The examination revealed the following:

Remains UNK X-20 compares very favorably with NICHOLSON. Melvin L., as to pattern of extractions in the portion of the right mandible present, and dark brown hair color. The fragmentary condition of the remains precluded estimation as to height and age.

Remains UNK X-23 compares very favorably with GREEN. Gerald Max. as to great height, and pattern of extractions and fillings.

The cranium associated with remains UNK X-29 compares perfectly with KALKERENNER, Albert Frank as to pattern of extractions and fillings; however, the post-cranial remains are definitely not associated with KALKERENNER. There is no definite way of proving whether the cranium and the post-cranial remains are properly associated; however, it is very probable that they are not properly associated. Thus, remains UNK X-29 was segregated into two (2) remains. The cranium remaining as UNK X-29 and the newly segregated post-cranial remains assigned UNK X-134 Agat, Guam Cemetery #2.

Remains UNK X-25 could not be associated individually with any of the uneccounted for casualties from the USS Hazelwood.

INCL #4

CONCLUSION:

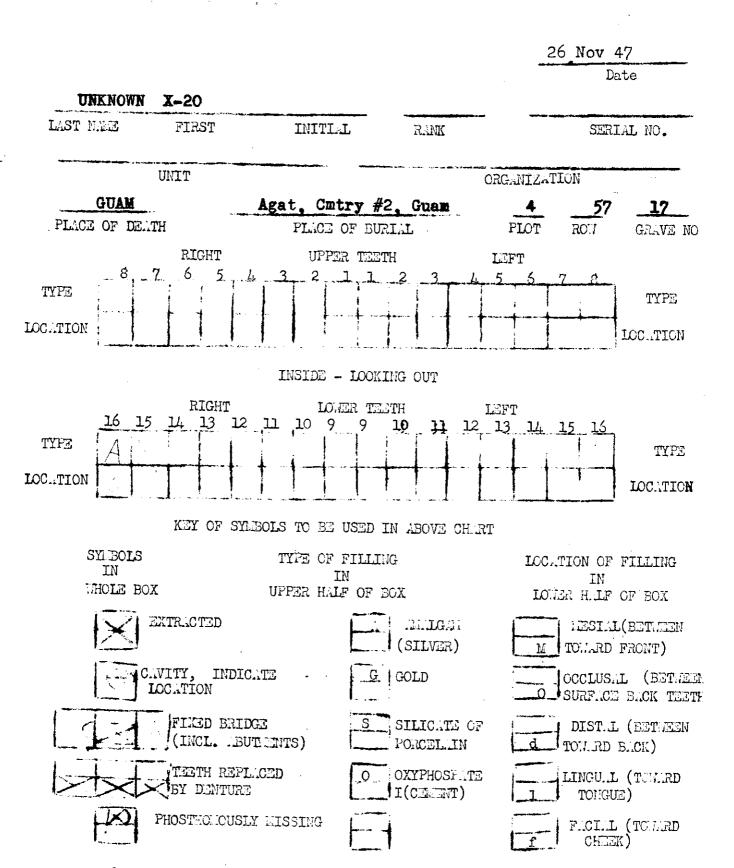
I recommend the following individual identifications:

UNK X-20 as NICHOLSON, Melvin I.
UNK X-23 as GRFIN, Gerald Max
The oranium (X-29) as KALKBRENNER, Albert Frank

ROBERT B. FOX

Anthropologist

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



Gnsm

NAME AND RANK TYPED OR PRINTED

NAME AND RAWK TYPED OR PRINTED L. HO, Capt., D.C.

EMILIO S. ZAPICO, 2nd Lt., Inf.

THAHO GHAGARY OHN NOZHEY TO ERUTANDIZ

•Buiesim R-9 & L-9, L-12, L-12, L-13, L-14, L-15 Entire Maxilla missing. Portion containing A-10,

TTO 66 OT TT IS WWW. IS LEEL TOMES

NEGO ECHAM HTUOM EHT STUESERGER MARDA IC



4. FOR INFORMATION OF STANDARD MUMBERING 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.g., 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

		DATE US SERIAL NO.				TIAL RANK					(X-2 ST	FIR	ME 17)	NAME			
				ION	ANIZAT	ORG	Ug		- -				UNIT		CM2+	UNIO	
		7	1	57				n, MI			y #4	etar				E OYO	_8
	0.	RAVE N	GF.	ROW	LOT	P	AL	F BURIA	LACE C	F			EATH	E OF DE	PLACE		
<u>. </u>	8	7	6	FT 5	LE 4	3	2	TEETH	JPPER	2	3	нт 4	Rig 5	6	7	8-	
TY																	Ε
LOCA												i					ION
<u>.</u>	16	15	14	FT - 13	LE 12	IT II	10	OOKIN TEETH 9			11	нт 12	RIG 13	14	15	16	
TY	 	 												χ	X.	A	E
LOCA				<u></u> i			·		لــــا	<u> </u>				1.	, , ,	0-F	N
		₹T	CHAF				ED (USE	OF FIL		0LS	YMB	F S	DLS	KE SYMBO		
			TLLING OF BOX	IN				OF BOX	1	UPPER					WHOLE		
ONT}		ESIAL Oward	OF BOX	IN HALF				OF BOX Lgam /er)	HALF AMA	Α		NC ATE	RACTED	BOX EXTF			
	NL	ESIAL OWARD	OF BOX M VEEN - T OC IG SURF	HALF (BETY	LOWER			LGAM /ER)	AMA (Sit)	A G S	2 5	DIGATE D BRIDE	TY. ING Ation	EXTF			(

#5-76080-150¥

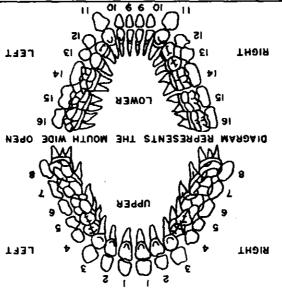
INSTRUCTIONS:

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

IN COMER HALE OF BOX. NAME HAVE 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.



BEMARKS:

DATE

THOSE PRINTED THE WORK

SIGNATURE OF PERSON WHO PREPARED CHART

NAME AND RANK TYPED OR PRINTED MESO (OFT -AL JUNISHER W.

PLACE OR HO WHERE THIS FORM ACCOMPLISHED

WD QMC FORM 1042	DEPOST OF	INTERNIT	Minus - t nois	SE DATE	OF REPORT	
(Rev. 1 Apr. 1946) (Supersedes GRS Form 1)			815) ² 0 U 1 0 0 0 12 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		26 No	Tr 47
- en bollstaching to vistashi orusel adver- Emprint Identification Tag It Postible at	Section 1. IDENTIFICATION			3P	2.0 4.0	
the following water Type what the such	NAME (Last, first, middle initial)	Šūro šio errodinicār s cil. Literaturi	tudos e et al el igla a fine i tala en iglad	SERI	AL No.	
bedeel all lingers and thembs in the secured, the grand thembs in the content to the content to the secure of the	Journ to the strate of the second to the sec	🕽 laktiku in la va	Box No. / S	, ,		
I have the state of the wides as a gradual property of the state of th	/ <u>PS/N. 60</u> 89AD108006 fil 116Hd 7d0	ORGANIZATION	broka kwinizaliyan	<u> </u>	NCH OF SERV	TCE
REPORT OF O			THOUSE THE	J. J.	Tan Ci Carre	102
DISINTERMENT	RACE		<u>:</u>	<u> </u>		
		RELIGION	in a na luca in anacero	NAME OF C	HAN U.S. DE/ COUNTRY	AD, GIVE
PLACE OF DEATH	CAUSE OF DEATH	1 4 :	CONTRACTOR OF MOST	<u> </u>		
В применя	CAUSE OF DEATH				OF DEATH	
GUAM	Unk	mal.	o metalogorsii orh			
EMERGENCY ADDRESSEE (Name, relationship, and	d address)		- 			
				-	and the second sub-two	THE THE PERSON OF THE
IDENT!FICATION TAGS FOUND ON BODY (I, Z, or none)	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS	OF IDENTIFICATION (I	f unidentified, fi	II in section 3	en reverse)
None	PALLA	المراجعة المستخدمة ا المراجعة المستخدمة ا	**************************************	h High		
VERE SUBSTITUTE TAGS PROVIDED (Y or mi)	้อสมเส	10.00		£		
	a					
LIST PERSONAL EFFERS FOUND ON BOOK AND	DISPOSITION OF SAME WAYN	S B S 	(317) 745			
1 35 July 334 1 1 1 20	Z GANADA	C Jakes				
To Interment	papers found an	parolos	ed with re	mains.		
1 * (1927)	3 (23)	VI.VI.	#7337 <u>2</u> #1221	<u> </u>		**************************************
780		HTDOT-			CON FIRM	
Section 2. BURIAL: 15, order than 30 years		h and man mord	inates on reverse.	5TA	HON FILE	
NAME, NUMBER, COORDINATES, AND LOCATION		The state of the s				
	Agat, Cmtry #	2, Guam	सि ५२१ विसम्बर्धनक			
DATE OF BORIAL HOUR	BURIED IN (Skroud, blasshet; be an	come of the	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE NO
	(p	大大		4	57	17
	NDICATE NAME, NUMBER, COORD	NATES OF PREVIO	OUS CEMETERY, AND L	OCATION OF G	RAVE	<u> </u>
(140 07 10)				PLOT No.	ROW No.	GRAVE No.
TYPE OF RELIGIOUS PERSON CONDUCT	TING BURIAL RITES	I IE IDENTIFICATI	ON TACS NOT USED	PERCOIDE IDE	TOTALION	DITE SAID
CEREMONY	A Name of Action (1977)	CONTAINERS	ON TAGS NOT USED, URIED WITH BODY	DESCRIBE IDE	NIFICATION	DAIA AND
	<u> </u>					
IDENTIFICATION TAG BURIED WITH IDENTI MARK	TFICATION TAG ATTACHED TO KER (Yes or NO)					
:				:		
BODY BURIED ON DECEASED LEFT, NAME (Last,	first, middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAVE	E No.
Gemmell, Donald	ਸ. -	CMM	6429632	usn	,	.8
BODY BURIED ON DECEASED RIGHT, NAME (Last		RANK	0429032 SERIAL NO.	ORGANIZATIO	<u> </u>	
	1		માં ઉપયોગ			
Unknown X-19			<u> </u>	<u> </u>		6
SIGNATURE OF PERSON PREPARING REPORT	Espital	SIGNATURE OF G	RS OFFICER VERIFYING	G REPORT		
Trodorico J. 1	ESPITAL	EMIL	IOS. ZAPIC	0. 2nd	Lt.	Inf.
DISTRIBUTION OF REPORT: Signed origina through Headquarters GRS Officer. Copies	il for U. S. and allied dead, sig	ned original and	one copy for enemy			
the contract of the contract o	3 101 20101111011 181 batomer	Leactions of time	Her communication.	water and a second		

	Section 1	NIDENTIFIED	REMAINS	<u> </u>				
LEFT LITILE FINGER	mains. Fi social secui planes veh	eat care will in anatomi ity number; icles, and tar	cal charac position o	teristics by f body fou	pelow, and and in air;	d any other o planes, vehicle	clues under "Oth es, and tanks; and	ntity of unidentified re- er,' such as shoe size, I serial numbers of air- gers and thumbs in the
2	every tooth accomplish	u, or as many will be indic ed if one or r	ated on the nore finge	ne tooth ch erprints ar	art in acc e secured.	nt or prints ca ordance with ,	an be secured, the diagram below.	gers and thumbs in the condition of each and Tooth chart will not be
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR O		COLOR O		BIRTHMARKS, SCA	
<u> </u>	WEAPON AND	SERIAL NO.	!	LAUNDRY	MARKS		WHERE BODY WAS	BURIED OR FOUND
WIDDLE								
LEFT MIDDLE FINGER	OTHER IDENT	IFICATION CLA	JES		<u> </u>			
N N								
LEFT LEFT PINGER	FILLING							
Š	1,120,140	•	Por Single	LVER FILLI ILO FILLIN	G G		3-200	2
			阳			4,	-PAGAM	100°
THUMB	CAVITIES	5	e	CAVITY	r ED	5 6	HPPER	1865°
₩				3		700		18337
	MISSING	TEETH	(IT	~11		* Q	4	MED:
RIGHT THUMB			R	OTH MISSEN		DIAGRAM	REPRESENTS THE	HOUTH WIDE OPEN
	CROWNED	TEETH (2-000	ČELAIN CI	OMN	16 (\$	R	200 016
IND		T		OLD CROW		15	LOWER	5 (15 5 (15)
RIGHT INDEX FINGER	BRIDGE	ORK				13	A MOND	2 013
Ä			SPA	KGOLD B	RIDĢE	τ		OO ₂
X		كنيا					10 9 9	10 11
RIGHT MIDDLE PINGER	FURNISH SKE	ICH AND MAP	HEFERENCE	- WID COOH	IDINATES F	OR BURIAL IN	OTHER THAN ESTAB	LISHED CEMETERY
der -								\uparrow
RING								
RIGHT RING FINGER						,		
	REMARKS:		on of	Remai	ins:	All bo	nes missi	ng except ndible.
	part	corle:	rt ti	Dia ar	nd fil	bula, p	art of ma	ndible.
RIGHT LITTLE FINGER		,						

WD QMC Form 42 Rev. I Apr. II 45 (Supersedes GHS Form	1)	REPORT OF	INTERM	ENT		te of Report	•			
1 1 1										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· · · · · · · · · · · · · · · · · · ·	nd AR 30–1815)		23	August	1946			
Imprint Identificat Possible DO NO	T TYPE	SECTION 1. IDENTIFIC Name (Last, First, Middle Ini			Sei	ial Number				
				.=\						
(\	UNIDENTI	· · · · · · · · · · · · · · · · · · ·			UNIG.O				
		Grade	Organization		Bra	inch of Serv	rice			
[]	0)	UNIG TOOM	USS Hazelwood		UMKNOMN					
		Race	Religion			nan U.S.De e of Countr				
		UITALIOURI		UNECIONI						
Place of Death		Cause of Death		()11,11,01.1,	Da	Date of Death				
Uluz olu		Injutie	s, Multipl	e, Extreme		4-29	- 45			
Emergency Addressee (1	Name, Relations	hip and Address)			 		· · · · · · · · · · · · · · · · · · ·			
		UIMGIO), 1!								
Identification Tags Foun (1, 2, or None)	d on Body	If No Tags Found on Body, Fill in Section 3 on Reverse	Describe Means	of Identification. If	Unidentified					
MONE		PLOT PLAN,	OR <i>D</i> E HARK	7712						
Were Substitute Tags Provided										
(Yes or No)										
List Personal Effects Fo	und an Bady an	d Disposition of Same								
Cist Personal Effects Fo	una un caay un	o Dioposition of Olime								
		ton:	· .							
		HOL	<i>:</i> 7							
							•			
SECTION 2. BURIAL Name, Number, Coording		n in established cemetery fu	rnish sketch ar	nd map coordinate	es on revers	<u>e.</u>				
Manie, Manier, Coordin						•				
		vy, Marine Cemeter	. 		Plot No.	Boy No	Grave No			
Date of Burial	Hour	Buried in (Shroud, Blanket, of other)	or name	Type of Grave Marker	PIOUNO.	NOW NO.	diave ito.			
9-11-46	1115	Casket and Burial Bag		Cross with Zinc Plate	4	57	17			
Was This a Re-Burial	If a Re-Buria	I, Indicate Name, Number, Coo	rdinates of Previ		Location of G	rave	1			
(Yes or No)	Ulithi Ce	emetery, Asor Island	3		Piot No.	Row No.	Grave No.			
Yes	Barne Condi	eting Burial Dites	If Identification	n Tags Not Used. D						
Ceremony			Data and Cont	ainers Buried with	Body					
LEGIORIALS	RVICE CH	.Y	FLOX K	HANGE HERANGEN	ARKERI.	Chine				
Identification Tag Burie With Body (Yes or No)		ntificat ion Tag A ttached Mark e r (Yes or No)	 DD.IU Fo:	rm 1042 buri	ed in bo	ottle				
Zinc Plate		lia.								
Body Buried on Decease	d Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organizat	ion G	irave No.			
Gemmell,	Donald H.	<u>,</u>	CMM	642-96-32	US Ham		18			
Body Buried on Decease	d Right, Name	(Last, First, Middle Initial)	Rank	Serial Number	Organizat USS	ion G	irave No.			
Unidenți	ied (X-1	9)	unnamak :	ļ .	H A ZELWOO	D	16			
Signature of Person Pre	paring Report	Brans -	Signature of G	AS Officer Verifyin	ng Report		- 			
	· - ///	J no-	ROBERT J. MCBROOM, CAPT. QMC							
	, ,	, CAPT., MC	ROBERŤ	J. MCBROOM.	CAPT	QM C				
Yes Type of Religious Ceremony Identification Tag Burle With Body (Yes or No) Zinc Plate Body Burled on Decease Gemmell,	Person Conductive Cond	emetery, Asor Island acting Burial Rites EX Intification Tag Attached Marker (Yes or No) Lost, First, Middle Initial)	Burial Rites If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body FLOTE FLAME HAME AARKER DIED Form 1042 buried in bottle one foot below grave marker. First, Middle Initial) Rank Plot No. Row No. Grave Port No. Companization of Grave Port							

RESTRICTED

1137

								1 7	4 •	
Ę	SECTIO	UNIDE	TIFIED	REMAIN	S			1	1	
Left Little Finger	unident "Other"	ified remai 'such as sh	ins. Fill ioe size, s	in anato oci al secu	mical char	acteristics r; position	ute clues for below, and a of body found iks.	any other	clues	under
Left Ring Finger	thumbs the con	in the char dition of ea	rt at left, ich and e	or as mai very tooth	ıy as possil will be inc	ole. If no fi dicated on	all clues. In ngerprints or the tooth cha e or more fing	prints ca irt in acc	n be se	ecured, e with
inger	Height	Weight	Color of	I Eyes	Color of H	air	Birthmarks, \$	Scars or T	attoos	
Left Middle Fi	Weapon and	Serial Num	ber	Laundry (iark		Where Body 1	Was Buris	d or Fo	und
Left Middle Finger	Other Ident	ification Clu	es	<u>+</u>						
Left Index Finger			· · · · · · · · · · · · · · · · · · ·							
nger	Fillings		\cap	Bilver Fillin Bold Filling	g		2 1 3 2 () (1 ₂		
Lett Thumb	Cavities		$\omega_{\rm T}$	Cavity Decayed		5 S			3°	
Right Thumb	Missing Tes	th (HAR.	Footh Missi	កផ	Diagram	Represents the	• Mouth V	Vide Op	
Right Index Finger	Crewned Te	1	Vax	Perselain C leld Crown	Fewn	15 14 13 12 12			1 14	1 6 5 - –
. Right Middle Finger			M	Rold Bridge			11 10 9 9	10101	12	
ht Finger	Furnish Ske	etch and Ma	p Referen	ce and Coo	rdinates for	Burial in O	ther Than Est	ablished (Semeter	'Y
Right Ring Finger										
Right Little Finger	Rémarks	,				· :				

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1	t, and	REPORT OF INTERMENT 28 August 1946						
Rev. of 1 Apr. 45, which may	be used.)	(AR 30-1810 aı	nd AR 30-18	815)				
Imprint Identification T DO NOT TY		Section 1.—IDENTIFICATION.				· · · · · · · · · · · · · · · · · · ·		
		NAME (Last, first, middle initial)			SERIAL NO).		
(\	UNIDENTIFIED	(X - 20)		UNKNO	NWC		
	_ \	GRADE	ORGANIZATION	(OF SERVICE		
	0)	UNKNOWN	USS Haz	elwood	UNKI	NOMN		
		RACE	RELIGION		IF OTHER THAN U	J. S. DEAD, GIVE TRY		
		UNKNOWN	UNKNO	WN		•		
PLACE OF DEATH		CAUSE OF DEATH	' -		DATE OF I	DATE OF DEATH		
UNKNOWN		Injuries, Mult	iple, Ext	reme	4-29)- 45		
EMERGENCY ADDRESSEE (No	ıme, relationship, an	id address)			<u> </u>			
		UNKNOWN						
IDENTIFICATION TAGS FOUN (1, 2, or none)	D ON BODY	IF NO TAGS FOUND ON BODY, D	DESCRIBE MEANS	OF IDENTIFICATION (I	f unidentified, fill in t	section I on reverse)		
NONE		PLOT PLAN, GR	AVE MARKE	₹				
WERE SUBSTITUTE TAGS PRO	VIDED?(Yes or no)	COMPLETED TOOTH CHART OF	N QMC FORM 1045	ATTACHED HERETO				
NO		YES	□ NO					
LIST PERSONAL EFFECTS FOL	JND ON BODY AND	DISPOSITION OF SAME		A TR	UE COPY:	<u></u>		
37773					OH OUL 1			
NOI	NE.				Mumo			
				// ⊤n. 1 Capt	B. MCNEMAR OMC			
Section 2.—BURIAL. If oth	ier than in estab	lished cemetery, furnish sketch	h and map coore	dinates on reverse.	<u> </u>			
NAME, NUMBER, COORDINAT	ES, AND LOCATION	OF CEMETERY	··· -			 		
Army,	Navy. Mar:	ine Cemetery #2, Ag	oat. Guam.	MT_				
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no		TYPE OF GRAVE	PLOT No. ROV	W No. GRAVE No.		
0-13-46	1225	Casket and		Cross with				
9-11-46	1115	Burial Bag		Zinc Plate	4 5			
WAS THIS A REBURIAL? (Yes or no)		indicate name, number, coord Cemetery, Asor Isla		OUS CEMETERY, AND E		W No. GRAVE No.		
Yes	ļ				2 9	8		
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	CTING BURIAL RITES	IF IDENTIFICAT	TION TAGS NOT USED, BURIED WITH BODY	DESCRIBE IDENTIF			
MEMOR1A	L SERVICE	ONLY	WD Q	MC Form 1042	buréed in	hottle		
IDENTIFICATION TAG BURIED BODY (Yes or no)	WITH IDENT	TIFICATION TAG ATTACHED TO		foot below gr				
Zinc Plate		No ·						
BODY BURIED ON DECEASED	LEFT, NAME (Last,	, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.		
Gemmell, Donal	d H.		CMM	642-96-32	USS Hamul	18		
BODY BURIED ON DECEASED	RIGHT, NAME (Las	st, first, middle initial)	RANK	SERIAL NO.	ORGANIZATION USS	GRAVE No.		
Unidentified	(X-19)		инкиоми	UNKNOWN	HAZELWOOD	16		
SIGNATURE OF PERSON PREF	ARING REPORT		SIGNATURE OF	GRS OFFICER VERIFYIN	IG REPORT	<u>'</u>		
/s/t/ ROBERT J	. MCBROOM	, CAPT., QMC	/s/t/ ROBERT J. MCBROOM, CAPT., QMC					
		nal for U.S. and allied dead, signs for retention in theater as p			dead, to the Quar	termaster General		

RESTRICTED

16-43997-2

_	Section 3.—	DENTIFIED	REMAINS).			
LEFT LITTLE FINGER	mains. Fil	eat care will I in anatomi ity number; icles, and ta	ical charac position o	teristics of body for	pelow, and any otl and in airplanes, ve	Jues for the future identing the clues under ''Other, whicles, and tanks; and some clues. Imprint all finger the can be secured, the convith diagram below. To	"such as shoe size, erial numbers of air-
RING	accomplishe HEIGHT	ed if one or i	more finge		e secured.	BIRTHMARKS, SCARS,	
LEFT RING FINGER	(ILIGITI	N EIGITI	COZOICO	. 2123	COLOR OF TARK	BIRTHMARKS, SCARS,	ON TATTOOS
₹	WEAPON AND	SERIAL NO.		LAUNDRY	MARKS	WHERE BODY WAS BU	RIED OR FOUND
LEFT MIODLE FINGER	OTHER IDENT	IFICATION CL	HES	<u> </u>			
INGER	OTHER IDER	IFICATION CE	uш				
INDE							
LEFT INDEX FINGER							Ì
~							
THUMB							:
							
RIGHT THUMB							
RIC INDEX							č
GHT FINGER							
*	·	······································					
RIGHT MIDDLE FINGER	FURNISH SKE	ETCH AND MAI	P REFERENC	CE AND CO	ORDINATES FOR BUR	RIAL IN OTHER THAN ESTAB	LISHED CEMETERY
AGER							1
RUNF				es (1, trachi		
RIGHT RING FINGER		ng ki	TANGS E	10.54	2.14 aabi		
	REMARKS:	A Mark was	: :: :: :: : : : : : : : : : : : : : :	101.180			
RIGHT LITILE FINGER			-				
HT INGER							į

INTRAOFFICE REFERENCE SHEET

				DUE, HOUR AND DATE
NO.	FROM-	TO	DATE	5 MESSAGE
				*2
1	Na vy Liaison	Id Branch		SUBJECT: Unknowns X-20 and X-29, Army, Navy, Marine Cemetery #2, Agat, Guam
	Section Repat Br Mem Div	Id Section		l. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Branch.
				2. Efforts by this Section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties, have met with negative results based upon evidence presently contained in files.
				3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.
				MOYER 73880
2	Ident Sec Ident Br Mem Div	· -	23 Aug 1950	1. Reference is made to paragraph 3, Comment No. 1.
		Repat Br Mem Div		2. Findings of Unidentifiability have been approved by this Office.
				3. Files are returned herewith for completion of Administrative reports.
				COX 74059 NFFF 62462
				Me 5 2 22 1
				G. J. MOYER
				THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE U. S. GOVERNMENT PRINTING OFFICE 16—49650-5



<u>-</u>

.

.

HEADQUARTERS AMERICAN CRAVES REGISTS TION SET FICE PHILOR ZOLE

APO 200 928

_19	July	195	0	
	(Date	.)		

SUBJECT: Unidentifiable Remains

TO:

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

The records pertaining to Unknown X-20, Plot 4, Row 57, Grave 17, USMC ANM Com #2, Agat, Guam, have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this decedent, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl: Form 1044

H. Mcdr.AR Captain, C.C Chief, Records Branch

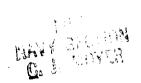
Received 10 May 20 como
Not identifiable from 9 Mille, Ident Sec.
interreceived 23 Aug 58

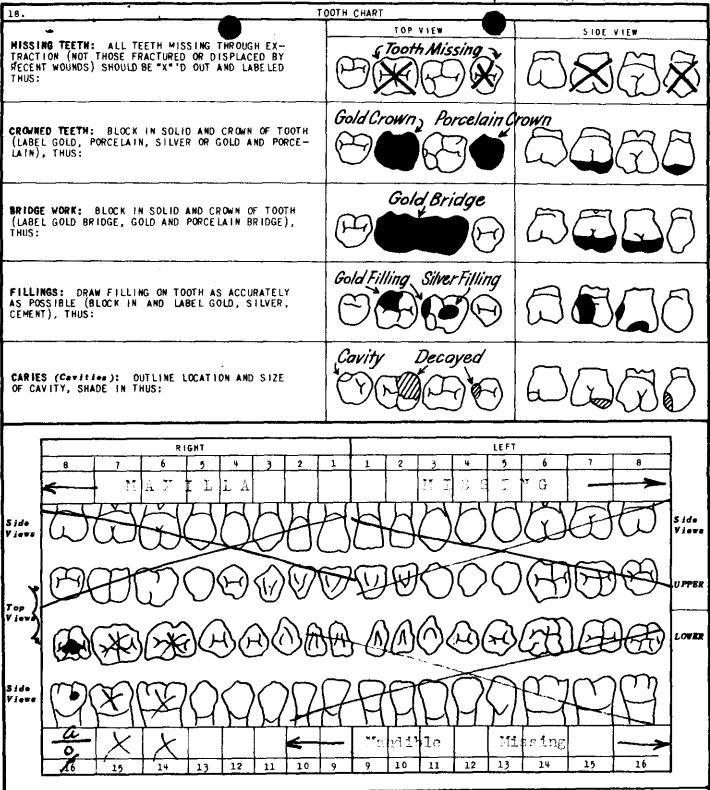
	identifica	TION D	ATA			•
1. REMAINS OF UNKNOWN UNK. X	-20, Guam Agat #	2			2. DATE OF RE 25 July	
3. NAME OF CEMETERY AGREET	ansoleum F. I.	4. PLOT	5. ROW	6. GRAVE	7. DA	TE OF REINTERMENT
	PHYSICAL D	ESCRIPT 10	N N	Age:	U.T.D.	<u> </u>
8. ESTIMATED WEIGHT 9. U. T. D.		LI. RACE	. D.			
12.GIVE DESCRIPTION OF ANY OFFI	CIAL IDENTIFICATION FOUND	WITH REMA	INS			Ī
·	M n	ne				
13.GIVE DESCRIPTION OF TATTOOS		n e	יופט אטווא	THUE THUM	OTHER SOUNCES	
14. WAS BODY BURNED? TO	WHAT EXTENT?					
	WHAT EXTENT? ATT hones	រាស្ត្រ	est are	nangl	ed.	
16. DESCRIBE EVIDENCE OF HEALET		mations n e				
			ALLEY CHOW	the THE TO	105 50100 513	MARYLNES
17. LIST EVERY ITEM OF CLOTHIN SERVICE, ETC. (If loundry channels for examination w	G, EQUIPMENT AND PERSONAL t marke are indistinct such i hen facilities are not avai	notation s	hould be	made and a	re, tolok, siz pecimen forwar	ded through

Mone

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"





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

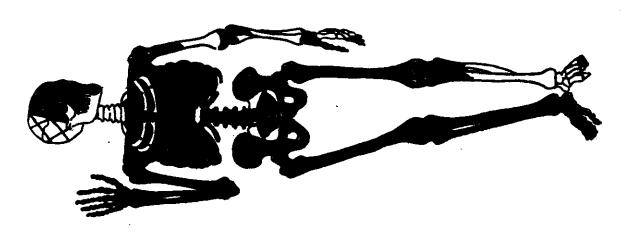
No loose maxillary or mandibular tests present remains.

"UNIDERTIFIABLE"

1044 a

Anthronologist, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Boti rted heitht M. D. D.

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of ________Decedents Based on the Presence of One or More of the Following Anatomical Parts:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

To identification to a personal effect on out other messes of liverialistication found with persons.

"UNIDENTIFIABLE"

TBY REASON OF LATE OF CORFEDENT COENTIFYING DATA"

The let have

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

MOBILE TOTAL La distribution of a silvat SIGNATURE

- Tellentite