HERIO 1-22 19. BLACK OUT PARTS, OF BODY NO SKELETAL REMAINS INCOMPLETE MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible) OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION le Mertuary plate en marker: Unknown X-22 P-4, R-55, G-6 29 April 45 Ger a. We 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

SIGNATURE

C.W. IELIET, CAPT., C.A.J.

OMC FORM 1 0446

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

| | | AIIU I | O DE A | MUNE | DIUAN | | WARDED | WITH T | THESE | ACE OF | NHEN A | CCOMPL | ISHED. | • . | • |
|-------|----------------|----------------------|------------------------------------|-------------------|--------------|-------------------|--------------------------|--------------------------------|---------|--------------|----------------------|-----------------------|---|---|--------------|
| | | | | | | | | | | | | <u>27 .</u> | | \$ 194 | 6 |
| U | NI DEN | TELED | X-2 | 22 | | | | тп | VIKONOW | N | | UNKN | | 116 | |
| LAS | T NAME | | FIR | ST | IN | ITIAL | _ | | RANK | | | | RIAL N | 0. | |
| | | UNKN | OWN | | | | | | 1199 | He.26 | l m od | 1. | | | |
| | | | UNIT | | | | | | | OR | ANIZA | TION | - | | |
| _ UMF | <u>O</u> NOWN | | | | _ Ce | nete | ry #2 | Aget. | Gua | n | 4 | 56 | | 6 | |
| | PLA | CE OF DE | EATH | | - | | PLACE (| | | | LOT | ROY | v <u>G</u> | RAVE N | 0. |
| 8 | 7 | 6 | RIG 5 | HT _A | 3 | 2 | UPPER | TEETH | | 3 | LE | FT | • | 7 | • |
| ٣ | T ' | T | | | | | T | | 2 | - | _ | 5 | 6 | 7 | 8 |
| | - | . | | | | | | | | ļ | | | | | |
| | 1 | <u> </u> | | | | L | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | Υ 0 | F S | YMB | OLS | | | | ED (| ON A | | | | RT | |
| | SYME | OLS N | F S | YMB | | TYP | E OF FIL | LING | | | LOCATI | ON OF F | FILLING | | |
| | SYME | IOLS | F S | ΥМВ | | TYP | E OF FIL | LING | | | LOCATI | ON OF F | | | |
| | SYME | OLS N E BOX | F S | YMB | | TYP | E OF FIL IN R HALF | LING OF BOX | | | LOCATI | ON OF F IN HALF | FILLING OF BOX | | FRON |
| | SYME | OLS B BOX EXTR | | | | TYP | E OF FIL IN R HALF | LING OF BOX LGAM /ER) | | | LOCATI | ON OF F IN HALF | FILLING OF BOX M VEEN - 1 | X Esial | L |
| | SYME | OLS B BOX EXTR | TY. IND | | ge. | TYP UPPER | E OF FILE | LING OF BOX LGAM /ER) | | | LOCATI | ON OF F IN HALF | FILLING OF BOX M YEEN - 1 OG IG SURI | X Esial Toward Cclusa | L IGK TEI |
| | SYME | OLS B BOX EXTR | TY. INC ATION FIXE (INCL. | DICATE D BRIDE | GE MENTS) | TYP UPPER A | GOLL SILIC PORC | OF BOX | R TE | | LOCATI LOWER M | ON OF FIN HALF | FILLING OF BOX M YEEN - 1 OG IG SURI | X ESIAL TOWARD GCLUSA FAGE BA STAL TOWARD | L IGK TEI |

QHC FORM 1045 5 FEB 46

- 3-1°

REVERSE SIDE FOR INSTRUCTIONS

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.

IN COMER HALF 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, &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.

MIDE OBEN DIAGRAM REPRESENTS THE MOUTH LEFT THOIR

01 6 6 01 0000

BEWARKS:

We dental identification available

ROBERT J. MCBROOM CAPT. ONC NAME AND RANK TYPED OR PRINTED

31 AUGUST 1946

LEFT

ASOR ISLAND, ULITHI LACOON

NAME AND RANK TYPED OR PRINTED W. H. BIACK, IT. (JC) USUR

ソフルッチサイ

SIGNATURE OF PERSON WHO PREPARED CHART

PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

| | 16 — | DATE | Lings | 27 | | | | | | | | | | | | |
|-----|-------------|---------------|--------------|---------------------|----------|----------|------|------------------------|--------------|--------|--------------|-------------|------------------|--------------|-------------|----------|
| | | NO. | ERIAL | SE | | # | RANK | —₩ | - | ITIAL | IN | RST | FIF | | NAME | |
| | | | | ION | GÁNIZA | OR | 700 | | | | | | UNIT | | | |
| | iO. | GRAVE | | Hov | PLOT | · | AL | of BURI | LAGE | | _ G a | | EATH | E OF DE | PLAC | |
| | • | e 7 | c | FT 5 | LE | 3 | 2 | TEETH | UPPER | 2 | 3 | энт 4 | RIG 5 | 6 | 7 | 8 |
| ٦. | | 6 7 | <u>6</u> | | T | | | | 广 | ΓĖ | | Ė | Ť | | <u> </u> | <u> </u> |
| Ľ | 1 | | | | | | | | | | | | | | | |
| | | ART | | | ABO\ |)N | | LING | OF FIL | | OLS | YMB | F S | LS | KE SYMBO | |
| | | | | IN | | | | | | | | | | | | |
| NT) | FRON | | FOFE | HALF | M | | | OF BOX Lgam /er) | AMA | A | : | | ACTED | EXTR | X | |
| | NL | BOX MESIAL | WEEN | IN HALF (BETY | | | | LGAM /ER) | AMA (SiL) | A G | | | TY. INC Ation | EXTR GAVI | X | |

28-76080-150N 2/2:

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.

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

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

BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, &g., PORCELAIN CROWNS, GOLD 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD

CHOMNS (FULL OR 34), 34 GOLD CROWN WITH SILICATE WINDOW,

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

TIBL THOIR MIDE OBEN REPRESENTS THE MOUTH DIAGRAM LEFT THOIR

OI 6 6 01 0000

PLACE OR HO. WHERE THIS FORM ACCOMPLISHED

MOODAL BITTLE GOLABEL ROCA

NAME AND RANK TYPED OR PRINTED

SIGNATURE OF PERSON WHO PREPARED CHART

W. H. BEACK, M. (70) USIM

16437116

BEWARKS:

NAME AND RANK TYPED OR PRINTED

ncesse 1' neserter' cyll'' dat

Luam # 2

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 2 K Muse (gat) Swam # ~ XII X22, X30 X36, X37, X70, X79, X73, X76, X82

SYNOPSIS AND DATES

Mese naw filed

NEW CLASSIFICATION 293. rente Quant #2 X 11

195/50

RECLASSIFICATION SHEET

OMC Form 257 (Revised 5-27-42)

26--- 29400-1 G. S. GOVERNMENT PRINTING GEFFE



TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

C.W. KELLEY, CAPT., C.A.C.

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Yenk (Truse) Bus m # 2, X18, X19, X2/
X22, X24

SYNOPSIS AND DATES

mes now filed

NEW CLASSIFICATION 293. Link Burn #2 X18

10/5/50 Ec

RECLASSIFICATION SHEET

QMC Form 857 (Revised 6-27-42)

16-99400-1 U. S. GOYERMENT PRINTING OFFICE

13 UNR Augus Mans

HEADQUARTERS FHILUCE ZONE A ERICAN GRAVES REGISTRATION SERVICE

22 January 1950

SUBJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X- 22, Plot 4. Row 56, Grave 6, USMCCemetery #2, Agat, Guam, have been reviewed and it is the opinion of this other 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:

Attch: Form 1044

Captain.

Chief, Records Branch

JUL 2 8 1950

Identification Branch



293 UNK GUAH (AGAT #2) X-22

1. FILE UNDER NO.

SYNOPSIS

2. TYPE OF DOCUMENT:

3. DATE:

June, 27, 50

4. FROM:

G

5. TO:

GA DEEL STOOMS DEEL SO FINALDS ASSETS.

6. SUBJECT:

inidentificale descript.

7. DOCUMENT FILED UNDER NO.

THE OTHER (JOST) (1870) | X-10, 1-21, 1-4, X-19, 1-22

de:

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.



| 1 | r L | erred 30 1 5 8 PH Earle LR. H. M | CKinley Grand | | NTERM | ENT DII | RECTIVE PREPAR | ED B | y PH | ILCON | Λ |
|--|--------------|---|------------------|------------|-------------|------------------|--------------------|--------------|--------------------------|--------------|---|
| │ <mark>┙</mark> ┖╸/├ | Cen | etery Supe | | t | D | IRECTIVE N | PREPAR UMBER | ED D | DATE | | · |
| | SECTIONAME / | N A — Ind Burial Loca | TION OF DECEASE | ED | | 6321 | 81181 | | 29 | 03 | 50 |
| NAME | | | | 5 | ERIAL NUMI | BER | GRADE | ARM | RACE | RELIGION | YEAR |
| THE | Olki | I - 22 | | | | | | | | | |
| CEMETERY | | | | | PLOT | ROW | GRAVE | | DISPOSIT | ION OF RI | EMAINS |
| USAF CEMET | ery. | AGAT NO. 2 | , GUAM | | 4 | 56 | 6 | | 7701 | . , (| 50 |
| · • | - | <u> </u> | SECTION | B CONS | IGNEE AND | NEXT OF K | | | COD | E | OIST, CTR. |
| NAME AND ADDRESS O | F CON | SIGNEE | | | | | S OF NEXT OF | (IN | | | |
| united Statement of the United Statement of Un | | | emetery | | (BY | ADMIN | istrative | DECIS | ich) | | |
| | | | SECTION C- | - DISINTER | MENT AND | IDENTIFIC | ATION | | | | |
| NAME | | | SERIAL NUMBER | | GRADE | DATE OF DE | EATH | D | ATE DISTIN | ITERRED | |
| UNK X - | 22 | ı | | | } | | | | 30 M | ar 150 |) |
| IDENTIFICATION TAG O | N | ORGANIZATION | , | | | RELIGION | IDENTIFI | CATION VI | | | |
| REMAINS | | | | | } | | 1 - | LRN | | | |
| MARKER | | | SECTION D F | REPARATIO | ON OF REMA | AINS FOR SI | | <u>almer</u> | <u>^</u> | AME AND | 111111111111111111111111111111111111111 |
| NATURE OF BURIAL | | | | | CONDITION | OF REMAI | INS | | | | |
| | s | helter H | alf | | | Sk | eletal | | | | |
| OTHER MEANS OF IDEN | | | cy Report QM | IC Form | 1194a for . | major dis | ecrepancies.) | | <u>.</u> | | · |
| REMAINS PREPARED ANI | D PLAC | ED IN CASKET | · | | | | | | | | |
| | فس ه | _ | | | | | | | | | |
| DATE 30 Ma | r'5 | 0 | BY | PAU] | EMBALMER | CHOLS Signatu | (10) 01 | 11 | | | |
| | | | | | Ga | M. | Mus | hale | 7 | | |
| CASKET BOXED AND MA | | R NICHO | LS | | SHIPPING A | | NICHOLS PRINTED BY | | | | |
| COURT SOURS NOT MY | 11116 | RAYMOND | H TANGUI | | J 1 II. () | NO PROCESS FE | | | | | |
| DATE 30 Mar ! 5 | | Sgt lc, | | | | | ICHARDS | | | | |
| I hereby ce and that the rep | | that all the fo bove is correc | | tions wer | e conduc | W. R | ichards of A | ON, M | /Sgt, | | ervision |
| REMARKS AND SPECIAL | INSTRU | CTIONS | | | | | n. | | | | |
| | | | | | | | HI Ri Da | CORDS | ABBOTI Ryles Ryles | 1195 1195 | |
| QMC FORM REV 11 FEB 48 1194 | | · | | | | | _ - | | - | | |

| ₹IAG | SIGNATURE OF RECEIVER | DATE | | SIGNATURE OF SHIPPER |
|---------------------------------------|--|---------------|--|---------------------------------------|
| (1) | NAME OF CONVOYER 1 | ! | en de la companya de La companya de la co | KIND OF CONVEYANCE |
| | Ŏī. | | | FROM |
| | DAED | IHS L | | |
| · | | | | |
| ∃TAQ | SIGNATURE OF RECEIVER | 3TAQ | The state of the s | SICHATURE OF SHIPPER |
| | NAME OF CONVOYER | | | KIMD OF CONVEYANCE |
| | O1 | | e e e e e e e e e e e e e e e e e e e | LBOW |
| |) Jada | er shi | <u> </u> | ************************************* |
| | | | | |
| ₹1AG | SIGNATURE OF RECEIVER | 31A0 | | SIGNATURE OF SHIPPER |
| | NAME OF CONVOYER | | | KIND OF CONVEYANCE |
| • | OI | | | W041 |
| | | P. SHI | | |
| | | | | |
| 3TAG | SIGNATURE OF RECEIVER | ETAG | | SIGNATURE OF SHIPPER |
| | NAME OF CONVOYER | | , e · | KIND OF CONVEYANCE |
| | | | | |
| | | INS 'P_ | | FROM |
| | | | | |
| 3TAQ | SIGNATURE OF RECEIVER | DATE | | SIGNATURE OF SHIPPER |
| | NAME OF CONVOYER | | | KIND OF CONVEYANCE |
| | | | | 3511100 30 0147 |
| | DDED | 3° 2HI | 1 | FROM |
| · · · · · · · · · · · · · · · · · · · | | <u> </u> | | · |
| 3TAQ | SIGNATURE OF RECEIVER | ∃TAQ | | SIGNATURE OF SHIPPER |
| | | . | | |
| | NAME OF CONVOYER | | | KIND OF CONVEYANCE |
| | 01 | E110 49 | | FROM |
| occi h c v | | IHS 'Z | | |
| 8 3 0 1920 | | | | |
| DYAE | SIGNATURE OF RECEIVER | 3TAG | <u></u> | SIGNATURE OF SHIPPER |
| · • | NAME OF CONVOYER US MILITARY CRUETERY | | is OFTIT A COL | KIND OF CONVEYANCE |
| 410000 | 01 | | OSOLEUM | MOR AGRS WA |
| · · · · · · · · · · · · · · · · · · · | DDED CONTRACTOR | IHS "L | | |
| . Vio mak | CODIAL TRANSFER | OF CUST | весово | |
| | | | | |

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

QMC FORM REV 16 MAR 46

1194

6. SHIPPED SIGNATURE OF RECEIVER **BIA**d DATE 3.1176.113 NAME OF CONVOYER FROM 5. SHIPPED DATE SIGNATURE OF RECEIVER DATE SIGNATURE OF SHIPPER NAME OF CONVOYER KIND OF CONVEYANCE 0344)19 CAPT, FA. INCIANO E MATEO, 1st NEMWAN JR, NAME OF COÙVOYER KIND OF CONVEYANCE AGRS MAUSOLEUM 3 SHIPPED INCIANO E MATEO, 1st Lt., Inf. HAROLD E. FIKE UNITED 8 F•b 48 Feb WELCOST SIGNATURE OF SHIPPER SIGNATURE OF RECEIVER Lieusbert Commander, LSt-715 TRUCK NAME OF CONVOYER KIND OF CONVEYANCE SALES DE SECULION DE LA COMPANION DE LA COMPAN AGRS PORT (SAIPAN, MI) FROM 2. SHIPPED 84 Int Lt Jaf 2NOMDEN' ROBERT G. Inc os SO July DATE DATE SIGNATURE OF SHIPPER TRUCK NAME OF CONVOYER KIND OF CONVEYANCE FORT STCRAGE OFFICER (SAIPAN, M.I.) NZ KYNZCIENK (SVILVN' J. SHIPPED RECORD OF CUSTODIAL TRANSFER

SIGNATURE OF RECEIVER

NAME OF CONVOYER

SIGNATURE OF RECEIVER

NAME OF CONVOYER

DATE

31A0

7. SHIPPED

SIGNATURE OF SHIPPER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

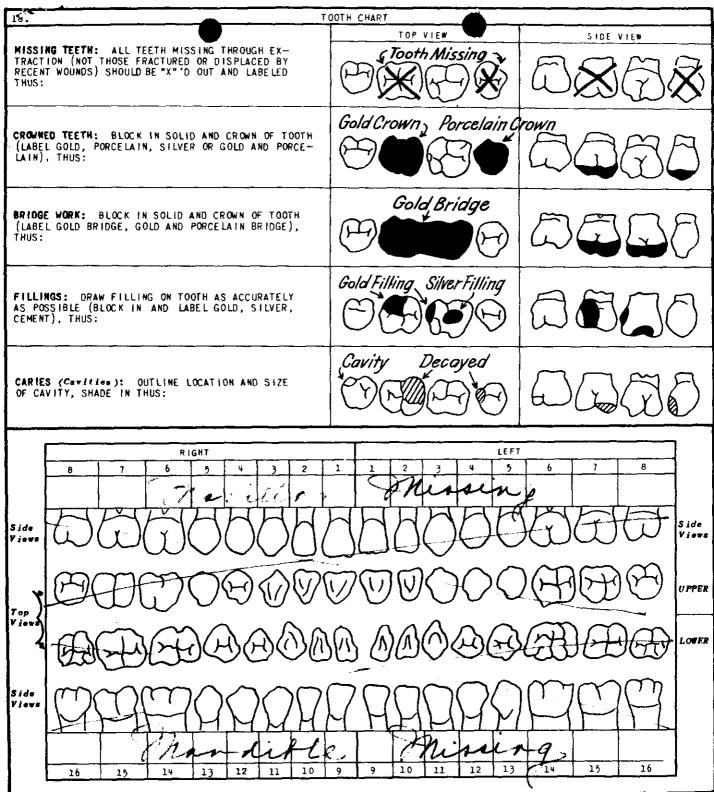
KIND OF CONVEYANCE

BYA

DATE

| <u> </u> | | | | | | |
|------------------------|--|------------|------------|------------|----------------------------------|-------------------------------|
| | IDENTIFICA | ATION D | ATA. | | | |
| 1. REMAINS OF UNKNOWN | | | | | 2. DATE OF RE | PORT |
| UNKNOWN X-22 | | | | | 22 Janus | rv 1950 |
| 3. NAME OF CEMETERY | | 4. PLOT | 5. ROW | 6. GRAVE | | TE OF |
| | | | 1 | | DISINTERMENT | REINTERMENT |
| | | | | | | |
| Cemetery #2, | Agat, Guam | 4 | 56 | 6 | | |
| | | DESCRIPTIO | | | | |
| B. ESTIMATED WEIGHT | 9. ESTIMATED HEIGHT | 10. 6010 | R OF HAIR | | 11. RACE | |
| UTD | OFFICIAL IDENTIFICATION FOUND | | JTD | | אַט | TK . |
| · | | | | | | |
| | UTD | | | | | |
| 14. WAS BODY BURNED? | TO WHAT EXTENT? | | | | | |
| YES NO | Extensives | (Charred | i fragme | ents) | | |
| 15. WAS BODY MANGLED? | TO WHAT EXTENT? | | | | | |
| YES NO | | | | | | |
| | EALED FRACTURES AND BONE MALFO | (Pri 1979 | | | , | |
| 11 OF CIO | NONE | | | | | |
| SERVICE, ETC. (If laun | THING, EQUIPMENT AND PERSONAL dry marks are indistinct such on when facilities are not ava | notation a | hould be a | mede and e | PE, COLOR, SIZ pecimen forwer | E, MARKINGS, ded through . |

NONE



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

No loose teeth found.

PAUL R. NICHOLS Chief, Identification Section

No ID tags, burial bottle, personal effects, or other means of identification found with remains.

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. Mihalo

| | | į r | | | • | | |
|--|---|-------------|-------------------------|------------|---------------|----------------------------------|----------------------------|
| | IDEN | TIFICA | TION D | ATA | | | • |
| REMAINS OF UNKNOWN UNKNOWN | x-22 | | | | 7 | 2. DATE OF RE | |
| . NAME OF CEMETERY | | <u>j</u> | 4. PLOT | 5. ROW | 6. GRAVE | 7. DA | ATE OF REINTERMENT |
| CEMETERY #2. AGAT | , Guam | | 4 | 5 6 | 6 | - | |
| | | PHYSICAL D | I DESCRIPTIO | N | | .l | |
| . ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT | | 10. COLOF | OF HAIR | | LI. RACE | UTD |
| GIVE DESCRIPTION OF ANY | Y OFFICIAL IDENTIFICAT | ION FOUND | WITH REMA | I N S | | <u> </u> | |
| UNKNOWN P-4, R-56, | X-22 , -6 29 April | 1 45 | | | | | |
| GIVE DESCRIPTION OF TAX | TIONS OR SCAPS ON PODY | AND /AP SI | ICH INFORM | ATION OFT | A INED ERON | OTHER SOURCES | <u> </u> |
| NONE . WAS BODY BURNED? XX YES | TO WHAT EXTENT? | BADLY | CHARREI |) | | | |
| . WAS BODY MANGLED? | TO WHAT EXTENT? | ALL L | ONG BONE | S FOUN | FRACTU | TRED | |
| 6. DESCRIBE EVIDENCE OF | HEALED FRACTURES AND B | ONE MALFOR | MAT IONS | | | - | |
| | | | | | | | _ |
| NONE | | | | | | | · |
| • | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 7. LIST EVERY ITEM OF CL SERVICE, ETC. (If low channels for examinat | OTHING, EQUIPMENT AND ndry merke are indisti ion when facilities ar | inct such i | noteti o n s | hould be | made and I | (PE, COLOR, SI aperimen forma | ZE, MARKINGS, rded through |
| | | | | | | | |
| NONE | • | | | | | | |
| | | | | | | | |
| | | | | | | | |

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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

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

9

10

11

12

13

14

15

16

9

10

Mandible and maxilla net present

12

11

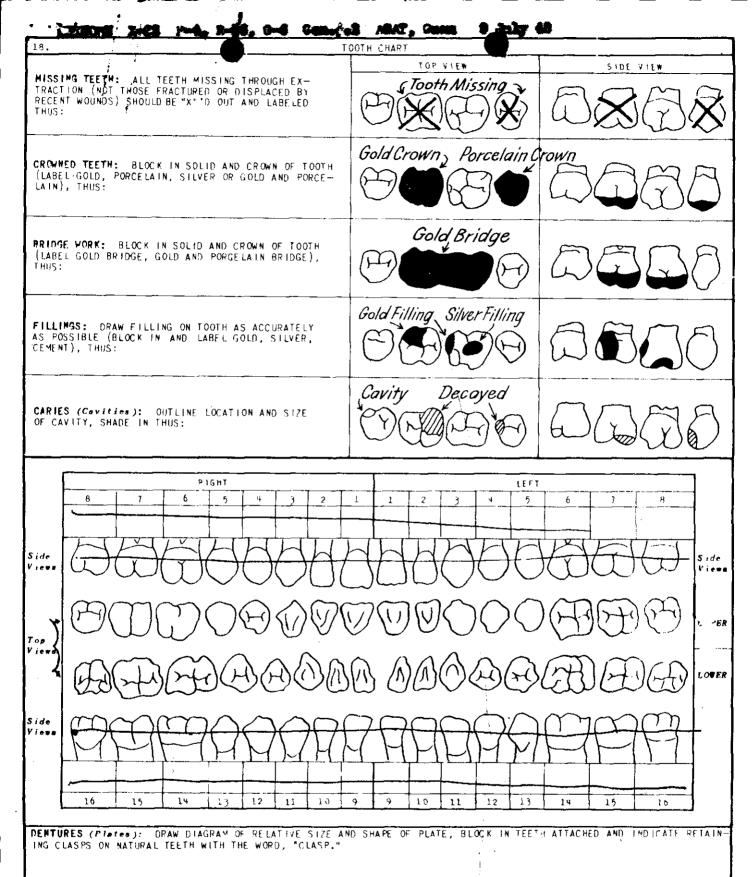
14

C.E. WILKERSON

| | IDENTIF | ICATION DATA | | |
|---|---|--------------------------|---------------------------------------|---------------------------|
| REMAINS OF UNKNOWN | | | | 2. DATE OF REPORT |
| | T-22 | | · · · · · · · · · · · · · · · · · · · | 9 July 48 |
| NAME OF CENETERY | ~ \ | 4. PLOT 5. ROW | 6. GRAVE | 1. DATE UP |
| | 1 | | | DISINTERMENT REINTERMENT |
| | · \ | | | |
| CHARTET FO. AG | AT GACK | 4 56 | - 6 | |
| | PHIS | ICAL DESCRIPTION | | 1, , |
| ESTIMATED WEIGHT | 9. EST (MATED HEIGHT | 10. COLOR OF HAIR | | 11. RACE |
| | ANY OFFICIAL IDENTIFICATION F | TTD | | TIP . |
| | | | | |
| | · | | | |
| HOME | | | | |
| WAS BODY BURNED? | TO WHAT EXTENT? | | | |
| WAS BODY BURNED? | 10 | ADLY GRARNED | | |
| WAS BODY BURNED? YES NAME BODY MANGLED? | TO WHAT EXTENT? | . _ | | |
| WAS BODY BURNED? YES NAME BODY MANGLED? YES NAME BODY MANGLED? | TO WHAT EXTENT? | LI. LONG BONES FOUND |) PRACTU | RED . |
| . WAS BODY BURNED? YES NAME BODY MANGLED? YES N | TO WHAT EXTENT? | LI. LONG BONES FOUND |) PRACTU | N 1 |
| WAS BODY BURNED? YES N. WARBODY MANGLED? YES N. DE RIBE EVIDENCE OF SERVICE, ETC. (IF | TO WHAT EXTENT? | ONAL EFFECTS FOUND, SHOW | ING THE TY | PE, COLOR, SIZE, MARKINGS |
| WAS BODY BURNED? YES N WAS BODY MANGLED? YES N DESCRIBE EVIDENCE OF SERVICE, ETC. (IF | TO WHAT EXTENT? HO OF HEALED FRACTURES AND BONE A CLOTHING, EQUIPMENT AND PERS. Laundry marks are indistinct. | ONAL EFFECTS FOUND, SHOW | ING THE TY | PE, COLOR, SIZE, MARKINGS |

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

M Nauman H. W. HARRIMAN Captain, QMC Operations Officer AGRS, Marbo Zone

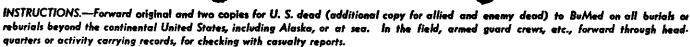


Nomible and medila not present

C.E. Milkerse

REPORT OF BURIAL

NAVMED-601 (3-45)



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.S.S. HAZELWOOD | DD-531 | FILLED OUT 30 June 1945 |
|---|------------------------------|--|--|
| COPY OF IDENTIFICATION TAG | NAME | (Last) | (First) , (Middle) |
| | FILE OR SERVICE No. | RANK OR RATE | BRANCH OF SERVICE |
| | CORPS OR RESERVE CLASSIFICAT | ION | RACE White |
| CAUSE OF DEATH | | PLACE OF DEATH | |
| Injuries, multiple ext | reme | Okinaw | a area |
| NAME OF NEXT OF KIN (If known) | | ADDRESS OF NEXT OF | KIN (If known) |
| DATE OF DEATH | | DATE OF BURIAL | |
| 29 April 1945 | | | |
| NAME OF CEMETERY | | LOCATION OF CEMETER | Ϋ́ |
| | | | |
| | it <u>hi</u> | Ulithi Atoll | , Caroline Islands |
| GRAVE MARKER TYPE | PLOT NO. | ROW No. | GRAVE NO. |
| BURIED AT SEA (Date) | | AREA | |
| | | | |
| TYPE OF RELIGIOUS CEREMONY | | RELIGION OF DECEASED | |
| General service of fait | h | unknown | |
| IDENTIFICATION TAGS FOUND ON BODY | 2 NONE | IF NO IDENTIFICATION 1 (Identification cards, let | TAGS. OTHER MEANS USED TO IDENTIFY BODY lets, etc.) |
| COMPLETE DENTAL CHART ON REVERSE | Yes X No | 1 | didentification, remains orincipally of charred bones. |
| COMPLETE FINGERPRINT CHART OF BOTH | HANDS ON REVERSE | | <u></u> |
| LIST OF PERSONAL EFFECTS FOUND ON BO | DDY AND DISPOSITION OF SAME | | |
| IDENTIFICATION TAG BURIED WITH BODY | | IDENTIFICATION TAG A | TTACHED TO MARKER |
| | Yes No | | Yes Ne |
| IF IDENTIFICATION TAGS NOT PRESENT, W | | | MAP REFERENCES ON REVERSE |
| | Bodies Buried | on Either Side | |
| BODY ON LEFT. NAME (Last, first, middle) | | RANK OR RATE | FILE OR SERVICE NO. GRAVE TO. |
| BODY ON RIGHT. NAME (Last, first, middle) | | RANK OR RATE | FILE OR SERVICE NO. |
| PERSON REPORTING BURIAL (Name) | (Rank or rate) | PERSON CONDUCTING E | BURIAL RITES C. |
| IN REBURIAL, GIVE LOCATION OF PREVIOU | JS BURIAL | VERIFIED AND FORWAR | ROED |
| | | (Name) | (Rank) (Title) |
| | | | |

| | ا يا | | T 19151 | RUCTIONS F | FOR TALL | | |
|-----------------------|--|---|--|--|--|-----------------------------|--|
| L. ТН ИМВ | When u | 1. IDENTIFICATION, ISOLATED BURIALS four (4) sets of finger | S. Have body ex | camined to e | stablish IDENT | ITY. If boo | IGS OF GRAVES OF dy is unidentified, take |
| ¥ | niden dging | ESTIMATED HEIGHT | ESTIMATED WE | | COLOR OF EYES | | COLOR OF HAIR |
| | identified, take rolled ging. Obtain sharp, | BIRTHMARKS, SCARS, OR | TATTOOS | | <u>i</u> | l | <u> </u> |
| ŗ <u></u> | take rain sh | LAUNDRY MARKS | | | WEAPON AND S | ERIAL No. | |
| NDEX | offed la | | | | | | |
| | d Impress | . (| (If actual weight | and height a | re used, delete : | estimated) | |
| ר אוסטרנ | ression of fingerprints. C contrast of inked ridges a | to five feet or in hasty be only one body in grave tag and attach to grave to BuPers, Marine Corpencil of identifying data container which can be | ove other identification d, remove and forward , make a notation with shell or other available ne (1) foot below grave | | | | |
| Г | Cleanse t | marker. If no tag is ava suitable means to ident | | | | ien pegs are | not available, use other |
| RING | ingers | 2. LOCATION OF G For all other burials, pre ences, or by reference complete. Stand at foo | epare sketch in s to prominent, pe | pace provide ermanent lar | d below; and gi ndmarks. Infor | ve location b mation mus | t be specific, accurate, |
| ר נודדנב | of all foreign matter. Roll finger space. Do not overlink. | If the body is otherwise undental conditions in conforming para. 2318 (b) (1) & (2))(194) CHARTING EXAMPLE: Tooth No. 1, missing; No. 2, | ity with Instructions 45 Ed. para. 2234.1 (Chart Cavities in E gold inlay and two s | in MMD (194 & .2). This mu LACK; otherw liver fillings; N | 2, 1938-43 Ed. st be accurate. vise use RED) No. 3, full gold | | HADAJA BERNA |
| ? 1 | ಕ | crown; No. 4, cavity; No. 5, to fixed bridge supplying missin | ng tooth No. 7; No. 9 | porcelain crow | n (outlined). | EK SIDE | 11 12 13 14 15 16 |
| THUMB | include | Missing teeth Nos | | ٢ | HUHH | MMH | プエエブード |
| • | crease | Occlusion (Type of) | | | TODEST | | |
| Σ, | of first | Malposed teeth (Describe) | | | 700 | GUE SIDE | |
| INDEX | t joint through | Removable appliances _ | | | | 1999E | |
| | rough | Other defects | | יירודין <i>ר</i> | | 1MHML 2,35,35,24 21 | 1 24 29 30 31 32 |
| ;ī Z | 180° on | Remarks | | | | NAVMED-H-4 (| (DENTAL RECORD) REVEALS: |
| WIDDLE | inked | | | | of dental examiner) | | Rank or rate) |
| 10 | surface. | | | | | | |
| Ţ, | ì | | | | | | |
| RING | Record impression of | | | N | | | |
| 20 | n of san | | | | | | |
| LITTLE | same motion | | | | | | |
| PORT OF BURIAL (Back) | NAVN | (IED-601 (3-45) | | - | 16—4 | 3683-1 × v. s | GOVERNMENT PRINTING OFFICE |

18-43683-1 🕏 U. S. GOVERNMENT PRINTING OFFICE

REPORT OF BURIAL (Back)

| H | | TEST1 | HCTED | | _ | | | |
|---|---------------------------------------|--|-------------------------------------|--|-------------------------------|----------------|---------------|--|
| Rev. JApr. 1845 | | REPORT OF | INTERM | ENT D | Da | Date of Report | | |
| (Supersedes GRS Form | .1) | (AR 30–1810 a | nd AR 30-1815 |) | 2' | 7 Augus | t 1946 | |
| Imprint Identifica Possible, DO NO | tion Tag If | SECTION 1. IDENTIFIC | CATION | | ···· 1 ···· | | | |
| Possible. DO NO | · · · · · · · · · · · · · · · · · · · | Name (Last, First, Middle In | tial) | | Se | rial Numbe | r | |
| [(, | | UTIDE | NTIFIED | (X - 22) | | UNKHO | M | |
| | • | Grade | Organization | | Br | anch of Ser | vice | |
| | (| O UINGIOUN | USS I | iazelwood | Į | JMIMOUN | | |
| \ | | Race | Religion 1 | | | han U. S. D | | |
| | | Unidiom: | UI | KNOWN | Give Nam | ie of Counti | ·y | |
| Place of Death | - | Cause of Death | | | Da | ite of Death | | |
| HYDIDANU | | UNKE | MOUN | | | | | |
| Emergency Addressee (| Name, Relat | | | | | 4-29-4 | 5 | |
| , | | UNIGIOUN | | | | | | |
| Identification Tags Four | nd on Body | | Describe Manua | | 6 IV. (4 - 4 6 - 4 | | | |
| (1, 2, or None) | na on Bouy | If No Tags Found on Body, Fill in Section 3 on Reverse | Describe Means | or identification. I | i Cilidentinea | | | |
| NO IE | | PLOT I | LAN, GRAV | e marker. | | | | |
| Were Substitute Tags P (Yes or No) | rovided | | | | | | | |
| НО | | | | | | | | |
| List Personal Effects Fo | ound on Bod | y and Disposition of Same | _ | | | | | |
| | الغيار الم | | | | | | | |
| 54. | 3±24 € 3 5 | NOIŒ | | | | | | |
| On 9 | 3 | | | | | | | |
| 程章 | 3 | | | | | | | |
| SECTION BURNE | | than in established cemetery fu | rnish sketch a | ind map coordinat | tes on rever | se. | | |
| Name, Number, Coordin | ates Ind Lo | cation of Cemetery | | | | | | |
| | av Na | rine Cemetery #2, Aga | t, Guam, N | i.I. | | | | |
| Date of Bu | 1-2- | Buried in (Shroud, Blanket of other) Cagnet and | , or name | Type of Grave Marker | Piot No. | Row No. | Grave No. | |
| 9-10-46 | 1555 | Burial Bax | | Cross with | <i>L</i> | 56 | ξ. | |
| Was This a Re-Burial | | urial, Indicate Name, Number, Coo | rdinates of Prev | Zinc Fk te | <u> </u> | L | | |
| (Yes or No) | 1 | Cemetery, Asor Island | | is a second corp, and | Plot No. | Row No. | Grave No. | |
| Yes | | | | | 2 | 5 | 10 | |
| Type of Religious Ceremony | Person Co | onducting Burial Rites | If Identificati Data and Con | on Tags Not Used, I tainers Buried with | Describe Iden Body | tification | | |
| MEMORIAL SUR | VI c e om | LY | VB1/Adic | PYAN (V ONAN A) | YNASATAXYY | Possons | B | |
| Identification Tag Burie With Body (Yes or No) | <u> </u> | Identification Tag Attached to Marker (Yes or No) | M-mare: | n managen sandang. | XVeri fenx | Jym. | | |
| Zinc Place | | No. | · · | form 1042 bu | | | | |
| Body Buried on Decease | ed Left, Nan | ne (Last, First, Middle Initial) | one for Rank | t below gra | <u>ve marke:</u> Organizat | · · · | irave No, | |
| Graenb | erg. Moi | rri u | S 1/c | 811-70-76 | USS Mindans | | 7 | |
| | | ime (Last, First, Middle Initial) | Rank | Serial Number | Organizat | | irave No. | |
| | *** | | Al com | man mar in | | | _ | |
| Signature of Person Pre | John B. | | COX Signature of | 9 1-75-49 PS Officer Verifying | US Lant ng Report | | _5 | |
| (the | X Xm | 43000 | // | rbert Im | Brown | _ | | |
| ROBERT J | · indisiro | In Co.FT | FCYE | KT J. COBÉCC | Ma. CAFT. | | rtermaster | |
| General through Hdq. G | RS Officer. | med original for US and allied dea Copies for retention in theater as | a, signed origin prescribed by t | ai and one copy for heater commander. | спету пеап | , to the Qu | ai tei master | |

RESTRICTED

A STATE OF THE STA

| | r | | | | | | | | | |
|-------------------------------|------------------------|---------------------------------|---|-------------------------------------|---------------------------------------|---|---|--|---|---------------------------------|
| | r l | SECTIO | | ITIFIED | REMAIN | <u>s</u> | | l | 12 | |
| | Left Little Finger | unidenti "Other" and tanl | Great care ified remai such as sh ks; and seri | ns, Fill oe size, s ial numbe | in anato ocial secu ers of airp | mical cha rity numb lanes, veh | racteristics er; position icles and tai | | y other clue in airplanes, | s under vehicles |
| | Left Ring Finger | thumbs the cond diagram | in the char dition of ea below. To | t at left, ch and e oth char | or as man very tooth t will not | ny as poss n will be in be accomp | ible. If no findicated on olished if one | all clues. Impreprints or p the tooth charge or more finger | rints can be t in accordar rprints are so | secured, ice with ecured. |
| | t | Height | Weight | Color of | f Eyes | Color of I | fair | Birthmarks, Sc | ars or Tattoos | ! |
| | Left Middle Finger | Weapon and | Serial Num | ber | Laundry 1 | Wark | | Where Body W | as Buried or F | ound |
| - , - , | ft Finger | Other Identi | ification Clue | es | | | | | | |
| | Left Index Finger | | | | | | | | | |
| | t inger | Fillings , | | \cap \wedge | Silver Fillir Sold Filling | _ | | 2 1 1 3 . OO | 2 3 | |
| | Left Thumb | Cavities | | OT | Cavity Decayed | | 4 کی 5 کوسر 6 | Upper | | 6 |
| | | Missing Tee | •th | NO. | · | | , ; | . | |) 8 |
| | Right Thumb | | · · · · · · · · · · · · · · · · · · · | W 12 | Footh Miss | ing | Diagram | Represents the | Mauth Wide o | pen 16 |
| | Right Index Finger | Crowned Te | eth , 4 | | Pořcelain C Bold Crown) | | 15 14 13 | Lower | 14 | 15 |
| | er — | Bridge Wor | k | | 0.11.5-1.1- | | 12 | | 12 | |
| i. | Right Middle Finger | | St | W | Gold Bridg | | | 11 10 9 9 | | |
| | ht Finger | Furnish Sko | etch and Ma | p Referen | ce and Co | ordina tes fo | or Burial in C | ther Than Esta | blished Cemet | ery |
| | Right Ring Finger | | | | | | | | | |
| , • | Right Little Finger | Remarks | ." | | | | . 1 | | | |

| was This a Re-Burial (Yes or No.) If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave | | | | RESI. | RICIED | | | | |
|--|---|-------------|--------------------|-------------------|-----------------|---|-----------------------|-----------------|-------------|
| SECTION 1. IDENTIFICATION Serial Number | Rev. 2 Apr. 1945 | 1) | RI | | | | | _ | |
| Place of Death Cause of Death | | | | (AR 30-1810 a | and AR 30-181 | o) | | 7 ALTHOU | the Line |
| Grade Gr | | | <u> </u> | | | | Se | rial Number | |
| Race Religion Race Religion Re | | | \ | wade | MILITED | (I- 2 2) | | ENKEC | TH. |
| Race Religion Race Religion Re | \geq | | Grade | | Organizatio | n | Br | anch of Serv | vice |
| Place of Death Cause of Death Date | \ | (| 0/ | ENTECH | 18 8 | Hama Emocd | | Uhrikoen | 1 |
| Place of Death Cause of Death Date of Dea | | | Race | | Religion | | | | |
| Emergency Addresses (Name, Relationship and Address) INTERING Identification Tags Found on Body II. S. or None) III No Tags Found on Body III No Tags Found on Foundation on Foundation on Foundation on Foundation III Unidentification Tags III No Ta | | | | | | | | | |
| Identification Tags Found on Body If No Tags Found on Body, Describe Means of Identification, If Unidentified, Fill in Section 3 on Reverse Fill in Section 3 on | Place of Death | | Cause of | Death | ٠ | | D | te of Death | |
| Identification Tags Found on Body (I. 2. or None) If No Tags Found on Body (I. 2. or None) If No Tags Found on Body (I. 2. or None) If No Tags Found on Body (I. 2. or None) If No Tags Found on Body (I. 2. or None) If In Section 3 on Aeverne If It If Park, It If Charles It If Charles It If Charles It If It In Section of Same SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse. Name, Number, Coordinates and Location of Cemetery Date of Burial Buried in (Shroud, Islanket, or name If you of Grave Plot No. Row No. Grave Notes It Islands It I | HAMPI | | | 7.0 | CHOMB | | | 4-29-45 | 5 |
| Mor Tags Found on Body (I. 2, or None) Were Substitute Tags Provided (Yes or No) B) List Personal Effects Found on Body and Disposition of Same SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse. Name, Number, Coordinates and Location of Cemetery Date of Burial Hour Buried in (Shrou), Blanket, or name Typs of Grave Plot No. Row No. Grave No. Street Plot No. Row No. Grave No. Street Plot No. Row No. Grave No. Street Religious Ceremony Date of Religious Person Conducting Burial Rites If Identification Tags Not Used, Describe Identification Type of Religious Ceremony Date of Control of Religious Ceremony Date of Ceremony Date of Religious Ceremony Date of Ceremon | Emergency Addressee (| Name, Rela | tionship and Add | ress) | | · · · · · · · · · · · · · · · · · · · | | | |
| Ware Substitute Tags Provided (Yes or No) ED List Personal Effects Found on Body and Disposition of Same SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse. Name, Number, Coordinates and Location of Gemetery Date of Burial Hour Buried in (Shruu), Illanket, or name Type of Grave Plot No. Row No. Grave No. 1555 Was This a Re-Burial If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave (Yes or No) Type of Religious Person Conducting Burial Rites Data and Containers Buried with Body (Yes or No) Type of Religious Person Conducting Burial Rites Data and Containers Buried with Body (Yes or No) Body Buried on Deceased Left, Name (Last, First, Middle Initial) Body Buried on Deceased Right, Name (Last, First, Middle Initial) Signature of Perkon Peppaning Report Signature of | | | THE CONTROL | | | | | | |
| SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse. Name, Number, Coordinates and Location of Cemetery Date of Burial Hour Buried in (Shroud, Illanket, or name Type of Grave Marker Of other) Was This a Re-Burial If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave (Yes or No) Type of Religious Ceremony Plot No. Row No. Grave No. 10 Type of Religious Ceremony Plot No. Row No. Grave No. 10 Type of Religious Ceremony Data and Containers Buried with Body Data and Containers Buried With Body (See No.) Signature of Person Organization Grave No. Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) Signature of Person Preparing Report FREET 1 (East, First, Middle Initial) | | nd on Body | | | | ns of Identification. If | f Unidentifier | t, | |
| SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse. Name, Number, Coordinates and Location of Cemetery Date of Burial Hour Buried in (Shroud, Blanket, or name Type of Grave Marker Of other) Was This a Re-Burial If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave Plot No. Row No. Grave Number of Religious Cyres or No. Plot No. Row No. Grave No. Type of Religious Cyremony Plot No. Row No. Grave No. Strain and Containing Burial Rites Of Religious Cyremony Date of Chyremony Date of Religious Cyremony Date of Chyremony Cyremony Cyremony Date of Chyremony Cyremony Date of Chyremony Date of | 200 | | | 31 .1 55 | Plate do: | TARES | | | |
| List Personal Effects Found on Body and Disposition of Same SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse. Name, Number, Coordinates and Location of Cemetery Date of Burial Hour Buried in (Shroud, Blanket, or name Type of Grave Marker Of other) Was This a Re-Burial If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave Piot No. Row No. Grave No. 150 Type of Religious Person Conducting Burial Rites Organization Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Tage Not Used, Describe Identification Data and Containers Buried with Body Identification Tage Not Used, Describe Identification Tage Not U | | Provided | | 2.000 | was and | 4.22 M.22 M.22 M.22 M.22 M.22 M.22 M.22 | | | |
| SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse. Name, Number, Coordinates and Location of Cemetery Date of Burial Hour Buried in (Shroud, Blanket, or maine Marker John String Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave Marker Plot No. Row No. Grave No | | | | | | | | | |
| SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse. Name, Number, Coordinates and Location of Cemetery Date of Burial Hour Buried in (Shroud, Islanket, or name Marker Signature of Results If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave Plot No. Row No. Grave No. Row No. Row No. Grave No. Row No. Row No. Grave No. Row | | | 1 | | | | | | ·· · |
| Buried in (Shroud, Blanket, or name of other) 1555 Was This a Re-Burial (Yes or No) Type of Religious (Person Conducting Burial Rites (Previous Cemetery, and Location of Grave Plot No. Row No. Grave No. Row | Name, Number, Coordin | ates and Lo | ocation of Cemete | егу | | | tes on rever | se. | |
| Was This a Re-Burial (Yes or No) Was This a Re-Burial (Yes or No) If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave Plot No. Row No. Grave No. Type of Religious Ceremony Person Conducting Burial Rites Type of Religious Ceremony Person Conducting Burial Rites Identification Tag Shot Used, Describe Identification Data and Containers Buried with Body Publication Tag Buried to Marker (Yes or No) Identification Tag Attached to Marker (Yes or No) Inc Plate Body Buried on Deceased Left, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. Signature of Person Preparing Report Containers Buried on Deceased Right, Name (Last, First, Middle Initial) Signature of Gifs Officer Verifying Report Containers Buried and Deceased Right (Preparing Report Containers) Signature of Gifs Officer Verifying Report Containers Buried and Deceased Right (Preparing Report Containers) Signature of Gifs Officer Verifying Report Containers Buried (Prepared Preparing Report Containers) Signature of Gifs Officer Verifying Report Containers Buried (Prepared Preparing Report Containers) Signature of Gifs Officer Verifying Report Containers Buried (Prepared Prepared Officer) Signature of Gifs Officer Verifying Report Containers Buried (Prepared Prepared Officer) Signature of Gifs Officer Verifying Report Containers Buried (Prepared Prepared Officer) Signature of Gifs Officer Verifying Report Containers Buried (Prepared Prepared Officer) Conta | | 1 | Buried in | (Shroud, Blanke | | Type of Grave | Plot No. | Row No. | Grave No. |
| Was This a Re-Burial (Yes or No) Type of Religious Ceremony Person Conducting Burial Rites Type of Religious Ceremony Person Conducting Burial Rites Identification Tag Shot Used, Describe Identification Data and Containers Buried with Body Possible Identification Tag Attached to Marker (Yes or No) Inc. Plate Body Buried on Deceased Left, Name (Last, First, Middle Initial) Body Buried on Deceased Right, Name (Last, First, Middle Initial) Body Buried on Deceased Right, Name (Last, First, Middle Initial) Signature of Person Preparing Report Alley, John Signature of Person Preparing Report Alley, John Rock Serial Number Organization Grave No. Signature of GPS Officer Verifying Report Alley, John Rock Signature of GPS Officer Verifying Report Alley, John Rock Signature of GPS Officer Verifying Report Alley, John Rock Signature of GPS Officer Verifying Report Alley, John Rock Signature of GPS Officer Verifying Report Alley, John Rock Signature of GPS Officer Verifying Report Alley, John Rock Signature of GPS Officer Verifying Report Alley, John Rock Signature of GPS Officer Verifying Report Alley, John Rock Signature of GPS Officer Verifying Report Alley, John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Alley John Rock Signature of GPS Officer Verifying Report Rock Signa | 9-30-46 | 1555 | 1 | San C | İ | Cross with Zine Pla to | 4 | 56 | 6 |
| Type of Religious Ceremony Person Conducting Burial Rites If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body Robert Survey Identification Tag Attached to Marker (Yes or No) Identification Tag Attached to Marker (Yes or No) Inc Plate Body Buried on Deceased Left, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. Signature of Person Preparing Report Signature of Person Preparing Report Organization Grave No. Signature of GRS Officer Verifying Report Organization Grave No. Signature of GRS Officer Verifying Report Organization Grave No. DISTRIBUTION OF REPORT: Signed original for US and allied dead signed original and one copy for enemy dead, to the Quartermast | | If a Re-E | Burial, Indicate N | lame, Number, Co | ordinates of Pr | evious Cemetery, and | Location of | Grave | ·. |
| Type of Religious Ceremony Person Conducting Burial Rites Ceremony If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body Addition Tag Buried With Body (Yes or No) Inc Plete Body Buried on Deceased Left, Name (Last, First, Middle Initial) Body Buried on Deceased Right, Name (Last, First, Middle Initial) Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. Body Buried on Deceased Right, Name (Last, First, Middle Initial) Signature of Person Preparing Report Alley, John Signature of GRS Officer Verifying Report Alley, John ROBERT Signed original for US and allied dead signed original and one copy for enemy dead, to the Quartermast | · | mimi | Comptery, | Acor Inlan | ai . | | Plot No. | Row No. | Grave No |
| Identification Tag Buried with Body Identification Tag Attached to Marker (Yes or No) Inc Plate Body Buried on Deceased Left, Name (Last, First, Middle Initial) Body Buried on Deceased Right, Name (Last, First, Middle Initial) Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. Signature of Person Preparing Report Organization Grave No. Signature of GRS Officer Verifying Report Organization Grave No. Signature of GRS Officer Verifying Report Organization Grave No. Distribution Of REPORT: Signed original for US and allied dead signed original and one copy for enemy dead, to the Quartermast | 1 0 6 | | • | | | | | <u> </u> | 10 |
| Identification Tag Buried With Body (Yes or No) IDCIC Form 1042 buried in bottle Body Buried on Deceased Left, Name (Last, First, Middle Initial) Body Buried on Deceased Right, Name (Last, First, Middle Initial) Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. CUT Signature of Person Preparing Report Organization Grave No. Signature of Person Preparing Report Organization Grave No. Signature of GRS Officer Verifying Report Organization Grave No. Signature of GRS Officer Verifying Report Organization FOREIT J. (ECROPIC) Signature of GRS Officer Verifying Report Organization Grave No. | Type of Religious Ceremony | Person C | Conducting Buria | Rites | Data and C | ition Tags Not Used, ontainers Buried with | Describe Idei Body | itincation | |
| With Body (Yes or No) Inc Plate Body Buried on Deceased Left, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. 11.70-76 Handanae 7 Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. 12.70-76 Handanae 7 Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. 13.75-76 Signature of GRS Officer Verifying Report The Mandanae Organization Grave No. 14.10-76 Signature of GRS Officer Verifying Report The Mandanae Organization Grave No. 15.80-76 Signature of GRS Officer Verifying Report The Mandanae Organization Grave No. 15.80-76 Signature of GRS Officer Verifying Report The Mandanae Organization Grave No. 15.80-76 Signature of GRS Officer Verifying Report The Mandanae Organization Grave No. 15.80-76 Signature of GRS Officer Verifying Report The Mandanae Organization Grave No. | PAGIAL S. | gan, a | C.Y | | Y | | | PSPWEL | 3 |
| Body Buried on Deceased Left, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. SVe 511-70-76 Ranks Solution Rank Serial Number Organization Grave No. Signature of Person Preparing Report ROBERT CON Signature of Person Preparing Report ROBERT CON Signature of CRS Officer Verifying Report CON CON Signature of CRS Officer Verifying Report CON CON Signature of CRS Officer Verifying Report CON CON CON CON Signature of CRS Officer Verifying Report CON CON CON CON CON CON CON CO | Identification Tag Buri- With Body (Yes or No) | ed | | | | • | , | | |
| S Ve S11-70-76 Randsmo 7 Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. Signature of Person Preparing Report Signature of GRS Officer Verifying Report THE TOTAL CONTROL OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermast | inc Plate | 1 | 300 | <u> </u> | TO CHE | Form 1042 bes | ried in | bottle | |
| S Ve S11-70-76 Randsmo 7 Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. Signature of Person Preparing Report Signature of GRS Officer Verifying Report THE TOTAL CONTROL OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermast | Body Buried on Deceas | ed Left. Na | me (Last. First. | Middle Initial) | Rank | Serial Number | Organiza | tion | Grave No. |
| Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No. Signature of Person Preparing Report Signature of GRS Officer Verifying Report With Many Many ROBERT J. MEROGE. CAPT. DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermast | | | | | | | U63 | | 7 |
| Signature of Person Preparing Report THAT THE PROPERTY Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermast | | | | , Middle Initial) | | | | | Grave No. |
| Signature of Person Preparing Report Signature of GRS Officer Verifying Report W. W | Al lav. | John E | | | CCT | 933-25-40 | IBS Har | al | 5 |
| ROBERT J. MUSROCK. CAPT. CO. DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermast | Signature of Person Pri | eparing Rep | ort | | | f GPS Officer Verify | 1.= | , ' | |
| DISTRIBUTION OF REPORT. Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermast | ROBERT J | | | CHEC | | this ma | M. CAPT | CNG | |
| General Information GRS Officer. Codies for releption in ineater as diescribed by theater commander. | DISTRIBUTION OF R | EPORT: S | igned original for | r US and allied d | ead signed orig | rinal and one copy fo | r enemv dea | d to the Qu | artermaster |

200 See

| | | | | | | | | | | |
|---------------------------------------|------------------------|---|------------------|--|--------------------|--------------|---------------|-------------------------------------|-----------------------|----------|
| | r l | SECTION | UNIDEN | TIFIED | REMAIN | IS | | 7 | | |
| | Left Little Finger | Instructions | | | | | | | | |
| | Left le Fir | (a) Great care will be taken to record the most minute clues for the future identity of | | | | | | | | |
| | gui | "Other" such as shoe size, social security number; position of body found in airplanes, yell | | | | | | | under ehicles | |
| | er | and tanl | ks; and seri | ial numb | ers of airp | olanes, vehi | icles and ta | nks. | | |
| | | (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, | | | | | | | | |
| | 됬 | thumbs | in the char | rt at left. | , or as mar | ny as possi | ble. If no fi | ngerprints or pi the tooth chart | rints can be se | cured. |
| | ing | diagram | below. To | oth char | t will not | be accompl | ished if one | e or more finger | prints are sec | cured. |
| | Left Ring Finger | Height Weight Color of Eyes Color of Hair Birthmarks, Scars or Tattoos | | | | | | | | |
| | 18ei | | Treight Color of | | . 1753 Color of Ha | | pirtnmarks | | mid Of Lattoos | |
| | | | | | | | | | | |
| | , J | Weapon and | Serial Numl | ber | Laundry f | Mark | | Where Body Wa | as Buried or Fo | und |
| | Left Middle Finger | | | | | | 1 | | | |
| | Left dle Fi | | | | | | | | | |
| | Tip D | Other Identi | fication Clue | :8 | • | | | | | |
| | er. | | | | | | | | | |
| | \longrightarrow | | | | | | | | | |
| | គ្ន | | | | | | | | | |
| | dex | | | | | | | | | |
| | Left x Fir | Ein: | | | | | · | | | |
| | Left Index Finger | Fillings | | ٤. ۾ | Silver Fillin | g | | | | |
| | н | | | W | Gold Filling | | | , 1 1 | 2 | |
| | | | | KP. | | | : | 3 2 | ر ع | |
| | ا در | | | "F-¥7 | | | 4 | ORKIN | 40 4 | Ì |
| | Left Thumb | Cavities | | | | | 5 (| TAMMEN | ACTO, . | |
| | p t | | | \mathcal{L}_{T} | Cavity | ļ | ° _ ¢ | GAN UNIV | " CAMAN | |
| | | , | | | Decayed | | 6 Q | N Obber | 4000 e | |
| | | | | | | | , A | N | NOW | 7 |
| | ļ | | LL. | | • | | 8 | 1 | 1835 | \s |
| | H p | Missing Tee | th | | Parkt for | | THE I | ~ | ' (%) | , |
| | Right Thumb | | ſ | 1 | Tooth Missi | ng | Diagram | Represents the M | - ▼ Aouth Wid= On: | en j |
| | ם 🛴 | |) | THY | 2 | | ⊸ . அது ப்பி | ا | verue opt | |
| | | | - 6 to | | - · · | | 16 | R | SHAN | 16 |
| | | Crowned Te | · [| ا ــــــــــــــــــــــــــــــــــــ | Porčelain Ci | rown | 18 | TR. | SHA | |
| | иde | <u> </u> | 1 | | Gold Crown | | 15 🔰 | Lower | S 18 | , |
| ex Fin | | ****** ****************************** | | | | | 14 (| | 3 (4) | |
| | Right adex Finger | • | | , - | | | 13 | MANAN | 13 | |
| | er | Bridge Work | r | | | | 12 | MWWO U | O 12 | |
| | | | ~ | | Gold Bridge | - | | \bigcirc 0000 | | |
| | Mid | | | 77 | | | | 11 10 9 9 1 | 0 11 | |
| | Right Middle Finger | | كاللاسا | W | | | | | | |
| with the second | Sht Fir | Furnish Ske | tch and Map | Referen | ce and Coo | rdinates for | Burial in O | ther Than Estab | lished Cemeter | y |
| | 1gei | l | | | | | | | A | - |
| · · · · · · · · · · · · · · · · · · · | | l | | | | | | | 1 | |
| • | | , | | | | | | | | |
| , | H ling | l : | | | | | | | | |
| | Right Ring Finger | l | | | | | | | - | - |
| | ut nge | ! | | | | | | | 1 | |
| | 7 | | | | | | | | į. | |
| | | P | | - | | | | | | |
| | Right Little Finger | Remarks | | | | | | * | | į |
| | Ri _e | l | | | | | | | | ŀ |
| | ght Fin | | | • | | | | | | l |
| A | ger | • | | | | ٠ | | | | |
| | - | • | | | | | | | | |

| ~ | | | DISINT | TERMI | ENT DI | RECTIVE | | | u 00: | |
|----------------------------|--|---------------------|-----------------|----------|-----------|------------|--|---------------|---------------|------------|
| (J) | | | | | | PREP | ARED 1 | BY PH | ILCON | η |
| ([0 | CECTION : | <u> </u> | | D | RECTIVE N | UMBER | _ | DATE | | |
| | SECTION A — NAME AND BURIAL I | LOCATION OF DECE | ASED | | 6321 | | | 29 | 03 | 91 |
| NAME | <u>. </u> | - | SERIA | AL NUME | SER | GRADE | ARM | RACE | MONTH | YEAR |
| | MOWE X - | 22 | | • | | | | | | |
| CEMETERY | | | | PLOT | ROW | GRAVE | | DISPOSIT | ION OF RE | AINJE |
| | - | - 491 | 1 | 7.01 | RO YY | GRAVE | 4 | 779 | | MAINS |
| WOLF CARD | TERY AGAT HO | | | • | 7 | · | • | COD | 1 | IST. CTR. |
| NAME AND ADDRESS | OF CONSIGNIE | SECT | ION B — CONSIGN | | | | ** ********************************** | | | |
| | ATES HILLTAR | T SHEETENT | , | IAME AN | ID ADDRES | S OF NEXT | OF KIN | | | |
| | MENTEY, P. | | | (BI | ABICIE | ISTEAT | IVE DECL | ETCE) | | |
| | | • | | • | | | | | • | |
| | | | C — DISINTERME | NT ATT | IDENTIFIA | 474014 | | _ | | |
| NAME | · - | SERIAL NUMB | | | ATE OF DE | | | DATE DISTIN | ITERRED | |
| . | | | | } | | | ļ | | | |
| IDENTIFICATION TAG | ON ORGANIZA | non- | | | ELIGION | Inc | NTIFICATION ' | VENIEIFO DV | · — — | <u>-</u> - |
| REMAINS | ORGANIZA | HON | ٠ | | ELIGION | IDE | NIFICATION | AEKILIED Bİ | | |
| MARKER | | | _ | | | | | N | AME AND 1 | TTLE |
| | | SECTION D | PREPARATION (| | | | | | | |
| NATURE OF BURIAL | | | co | NOITION | OF REMAI | NS | | | | |
| | | | | | | | | | | |
| MINOR DISCREPANCIE | S (Prepare Discre | epancy Report (| GMC Form 119 | 4a for 1 | najor dis | crepancie | es.) | | · | - |
| REMAINS PREPARED A | NO PLACED IN CASKE | r | | | | | | | . | · |
| m 4 TP | | | | | | | | | | |
| CASKET SEALED BY | | ВУ | EMI | BALMER | (Signatu: | re) | <u> </u> | | | |
| | | | | | | | | | | |
| CASKET BOXED AND | MARKEN | _ | CHI | PPING A | DDRESS VE | DIESED BY | | | | |
| CHOKE! BOXED HID! | MANNEY | | 3111 | 1111U A | DDRESS VE | KIFIÇU DI | | | | |
| DATE | BY | | | | | | | | | |
| I hereby and that the r | certify that all the eport above is co | foregoing operrect. | erations were c | conduct | ed and a | sccomplish | ned under i | my immed | iate supe | rvision |
| • | | | | | | ENATURE O | F AGRS INSP | ECTOR | | |
| REMARKS AND SPECIA | LINSTRUCTIONS | _ | | | | STATURE C | n nors mar | 20.0x | ········· | |
| · | | | | | | | fil of | TH- SC | | |

WC FORM 1194

| 31A0 | SIGNATURE OF RECEIVER | JTAG . | SHUTANGE OF SHIPPER |
|-------------|-----------------------|--|---------------------------------------|
| | | 3170 | |
| | NAME OF CONVOYER | | ND OF CONVEYANCE |
| | LO LO | · // | wo |
| | UJUUM. | | · · · · · · · · · · · · · · · · · · · |
| DEATE | SIGNATURE OF RECEIVER | 31AQ | CHATURE OF SHIPPER |
| | NAME OF CONVOYER | | ND OF CONVEYANCE |
| | 01 | · | wo. |
| <u> </u> | Galina | 3 '9 | |
| | | | |
| 3TAQ | SIGNATURE OF RECEIVER | 31AQ | CHATURE OF SHIPPER |
| | NAME OF CONVOYER | <u>. </u> | IND OF CONVEYANCE |
| : | 01 | | BOW |
| | SHIPPED | ·g | |
| DIAG | SIGNATURE OF RECEIVER | DATE | GNATURE OF SHIPPER |
| | NAME OF CONVOYER | | IND OF CONVEYANCE |
| | | | |
| | 03491HZ | ·ÿ | WO8 |
| | | | |
| 31AQ | SIGNATURE OF RECEIVER | 31A0 | GNATURE OF SHIPPER |
| | NAME OF CONVOYER | | IND OF CONVEYANCE |
| | OI | | MOS |
| | G3dulHS | 3 | 100 |
| TAD | SIGNATURE OF RECEIVER | 3TAQ | IGNATURE OF SHIPPER |
| | NAME OF CONVOYER | | IND OF CONVEYANCE |
| | OI | | |
| | ZHIBPED COL | 7 | WOR |
| | | | |
| DATE | SIGNATURE OF RECEIVER | DATE | GNATURE OF SHIPPER |
| | NAME OF CONVOYER | | IND OF CONVEYANCE |
| | Oī | | WO |
| | ZHIBBED | '1 | |

AIR MAIL

QMGMN 293 GRS Far East

1st Ind

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

- TO: Commanding General, Marianas-Bonins Command, APO 346, c/o Postmaster, San Francisco, California ATTENTION: 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. METZ Lt. Colonel, QMC Memorial Division

CC: CINCFE

ÇQP:

AMERICAN GRAVES REGISTRATION SERVICE MARBO ZONE

APO 244

293 MPGRS

30 November 1948

SUBJECT: Transmittal of New QMC Forms 1044 (Resolution of Cases

of Unidentified Deceased)

TO:

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

1. In accordance with paragraphs 3b and 6, letter, DA, file 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 | Plot Plot | Row | Grave |
|-------------|-----------|-----|----------|
| x- 6 | 4 | 52 | 24 |
| X-10 | 4 | 53 | 15 |
| X-17 | 4 | 57 | |
| X-18 | 4 | 55 | 24 26 |
| X-19 | 4 | 57 | 16 |
| X-21 | 4 | | 25 |
| X-22 | 4 | 56 | 6 |
| X-24 | 4 | 57 | 1 |
| X-31 | 4 | 58 | 2 |
| X-34 | C | 34 | 9 |
| X-68 | 4 | 40 | 17 |
| X-71 | 4 | 44 | 6 |

2nd Marine Division Cemetery, Saipan

| Unknowns X-27 | Plot E | Row 11 | $\frac{Grave}{5}$ | |
|------------------|----------------------|-----------|-------------------|--|
| | Isolated | | | |
| Unknowns X-5 | <u>Plot</u> P5-14 | Row | Grave | |
| X-16 | P5-9 | - | - | |

Ltr, ACRS, MARBO ZONE, APO 244, file 293 MBCRS, Dtd 15 Oct 1948, Subj: Transmittal of New QKC Forms 1044 (Resolution of Cases unidentified Deceased)

2. The unknown remains indicated above are presently stored in ACRS 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. MC Form 1044 (3)

D. A. BROWN Major AGD Adjutant