

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>293 unkl Guam # 2</i>	<i>X-24</i>
SUBJECT		

QNC FORM 1121
1 Aug 45

51 12256

IDENTIFICATION DATA

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

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Mortuary Plate on Marker:
Unknown X-24
P-4, R-57, G-1 29 Apr 45**

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

None

14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Badly
---	---------------------------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Crushed
--	-----------------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS


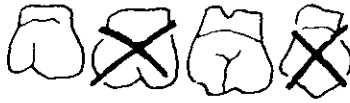






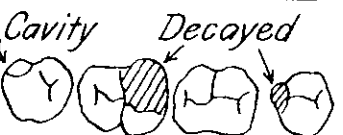

None

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

None

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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

18. TOOTH CHART		
	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:		

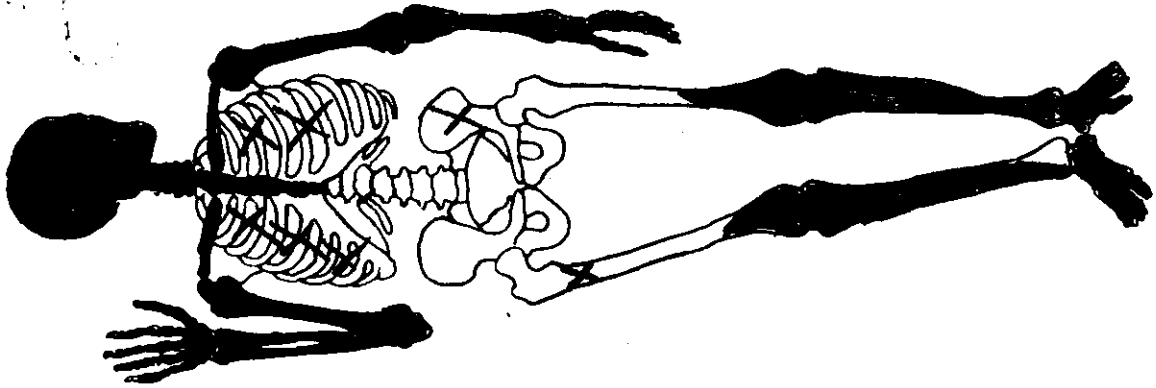
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Side Views																Side Views
Top Views																UPPER
																LOWER
Side Views																

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

Mandible and maxilla missing.

C. E. Wilkerson
C. E. Wilkerson

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Skeletal remains incomplete.

20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

- 1. Mortuary Plate on Marker:
Unknown X-24
P-4, R-57, G-1 29 Apr 45

Geo. A. Wheeler
Geo. A. Wheeler

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

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

IDENTIFICATION DATA

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

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD

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P-4, R-57, G-1 29 Apr 45**

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15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Crushed
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None

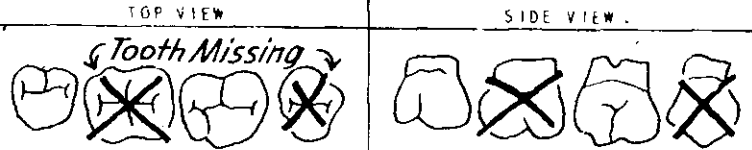
UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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

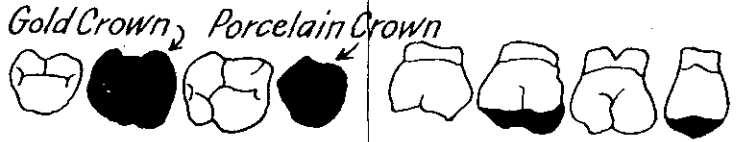
18.

TOOTH CHART

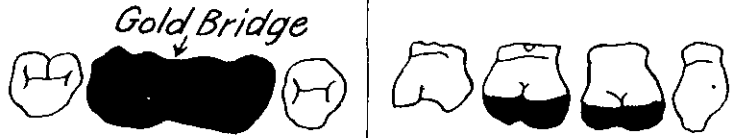
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



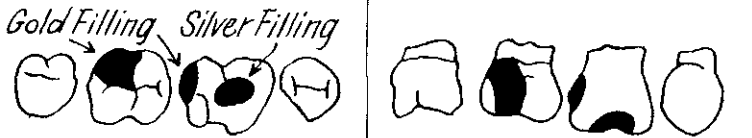
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



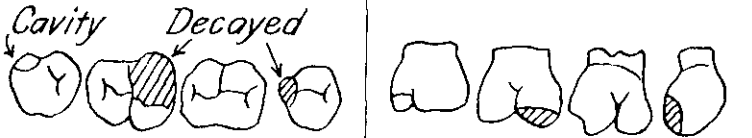
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



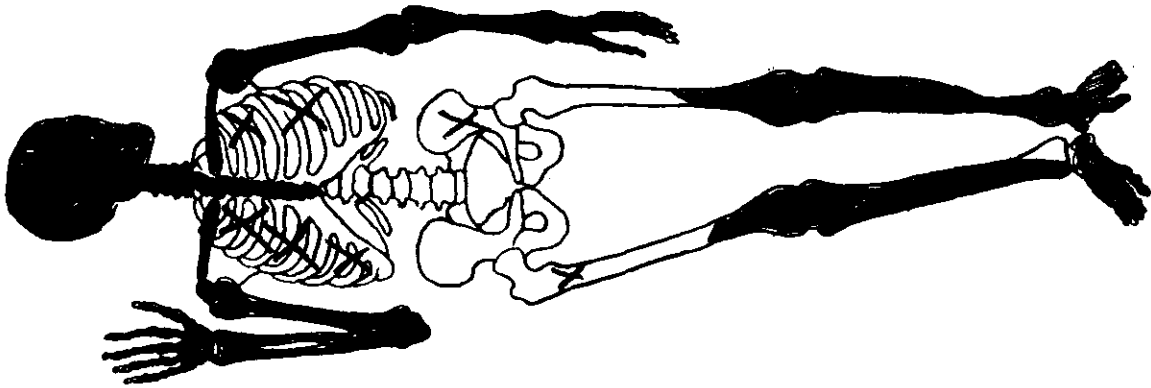
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
Top Views															
Side Views															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

Mandible and maxilla missing.

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G. E. Wilkerson

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	NUMBER
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 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

C. W. Kelley

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

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

29 August 1946

UNIDENTIFIED (I-22)			UNKNOWN		UNKNOWN		DATE	
LAST NAME	FIRST	INITIAL	RANK		SERIAL NO.			
UNKNOWN			US Marine					
UNIT			ORGANIZATION					
UNKNOWN			Cemetery Ft. Agat, Guam, MI.		4	57	1	
PLACE OF DEATH			PLACE OF BURIAL		PLOT	ROW	GRAVE NO.	

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">X</div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">X</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; margin-right: 10px;"> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">A</div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">G</div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">S</div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">o</div> <p>OCCUSAL (BITING SURFACE BACK TEETH)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">l</div> <p>LINGUAL (TOWARD TONGUE)</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-right: 10px;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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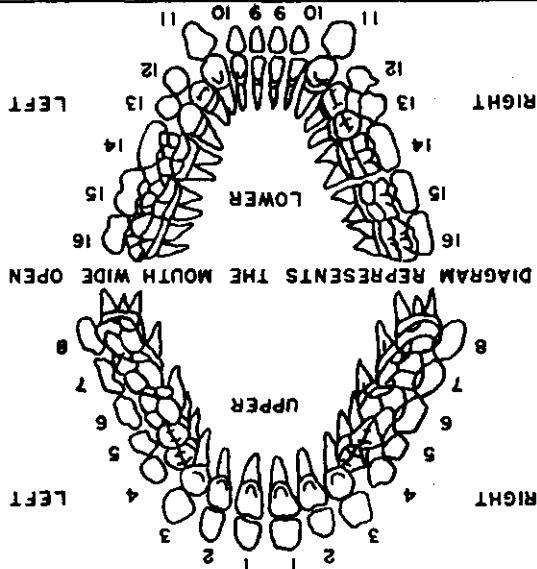
INSTRUCTIONS:

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

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

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

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



REMARKS:

No dental identification available

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten Signature]

NAME AND RANK TYPED OR PRINTED

W. H. BLACK, JR. (20) USN

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ABOON ISLAND, BIRTH ABOLT

NAME AND RANK TYPED OR PRINTED

ROBERT J. REYNOLDS, SAFT., JMC

VERIFIED BY GRS OFFICER

[Handwritten Signature]

DATE

29 August 1946

1/30/4 - 24

Guam #2

REPORT OF BURIAL

NAVMED-601 (3-45)

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

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

SHIP OR STATION ATTACHED AT TIME OF DEATH U.S.S. HAZELWOOD DD-531 DATE REPORT FILLED OUT 30 June 1945

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	UNIDENTIFIED NO. 7 — <i>White X-24</i>		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE White

CAUSE OF DEATH Injuries, multiple extreme	PLACE OF DEATH Okinawa area
---	---------------------------------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH 29 April 1945	DATE OF BURIAL 8 May 1945
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NAME OF CEMETERY Ulithi Atoll	LOCATION OF CEMETERY Carolina Islands
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GRAVE MARKER TYPE	PLOT NO. 2	ROW NO. 8	GRAVE NO. 2
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY General service of faith	RELIGION OF DECEASED unknown
---	--

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) Remains were principally charred bones.
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.
PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED	
	(Name)	(Rank) (Title)

FILE SECTION C. J. MOYER 7 SEP 1960

INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
------------------	------------------	---------------	---------------

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
---------------	-----------------------

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

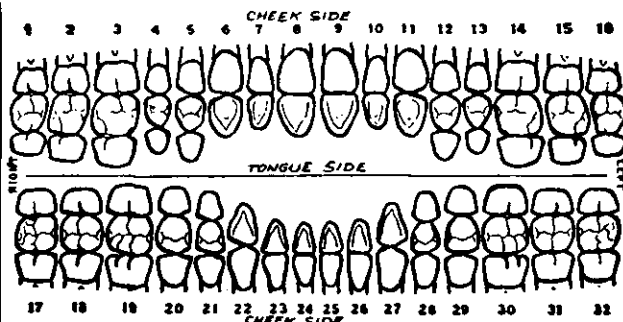
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

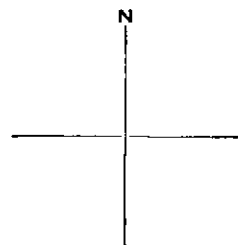


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY
 SOME RESEMBLANCE
 NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not over-ink. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

L. THUMB L. INDEX L. MIDDLE L. RING L. LITTLE R. THUMB R. INDEX R. MIDDLE R. RING R. LITTLE

RESTRICTED

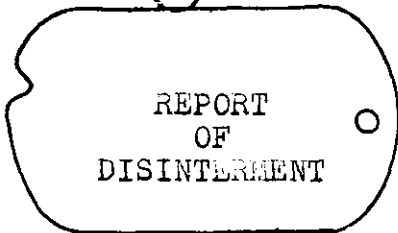
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

9 July 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

UNKNOWN X-24

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

None

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

Mortuary Plate on Marker:

Unknown X-24

P-4, R-57, G-1

29 Apr 45

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery #2, Agat, Guam

STATION FILE

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				4	57	1

WAS THIS A REBURIAL?
(Yes or no)

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

PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

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

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT

9 July 48

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

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

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:

(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

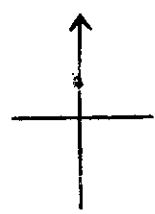
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

FILLINGS		
CAVITIES		
MISSING TEETH		
CROWNED TEETH		
BRIDGE WORK		

FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Cont (misc) Quam # 2 X18, X19, X21
X22, X24

SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION 293. Cont Quam # 2 X18

*10/5/57
Ec*

RECLASSIFICATION SHEET



QMGMN 293
GRS Far East

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

TO: Commanding General, Marianas-Bonins Command, APO 246, c/o Postmaster,
San Francisco, California ATTENTION: AGRS, 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

CC: CINCPAC

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

COPY

NOV 10 1950
NOV 11 1950

FILE
NAVY SECTION
C. J. MOYER

QMGMN 293 X-24 ANM Com. Return # 2 M.I.

C
O
P
Y

AMERICAN GRAVES REGISTRATION SERVICE
MARBO ZONE

293 MPGRS

ABO 244

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 QMGMU 293, Subject: Resolution of Cases of Unidentified Deceased, dated 17 September 1948, QMC Forms 1044 on unknown remains considered unidentifiable by reason of lack of sufficient identifying data for the following unknowns by cemetery are herewith submitted for acknowledgment and decision:

Cemetery No. 2, Agat, Guam

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

2nd Marine Division Cemetery, Saipan

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

Isolated Burials

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

NOV 14 1948
FILE
NAVY SECTION
C. J. MOYER

QMG MN 293
X-24 ANM Com. Liaison #2
M. I.

Ltr, AGRS, MARBO Zone, APO 244, file 293 ~~AGRS~~, dtd 30 Nov 1948, Subj:
Transmittal of New QMC Forms 1044 (Resolution of Cases unidentified Deceased)

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

FOR THE COMMANDING OFFICER:

16 Incls:
1-16 QMC Form 1044 (3)

D. A. BROWN
Major AGD
Adjutant

QMG MM 293 X-24 Volume # 2 M.I.

C O P Y

NOV 10 1950
FILE
NAVY SECTION
C. J. MOYER

PREPARED BY PHILCOK

DISINTERMENT DIRECTIVE

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6821 21697

DATE
02 05 90
DAY MONTH YEAR

NAME UNKNOWN I - 24	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
-------------------------------	---------------	-------	-----	------	----------

CEMETERY WALF CEMETERY ACAT NO. 2, GUAM	PLOT 4	ROW 57	GRAVE 1	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
---	------------------	------------------	-------------------	---

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**UNITED STATES MILITARY CEMETERY
FT. W. MEADE, P. I.**

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (<i>Signature</i>)
CASKET SEALED BY		SHIPPING ADDRESS VERIFIED BY
DATE	BY	

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

AT
 FILE
 RECORDS ANNOTATED
 DATE 6/2/90
 SIGNATURE OF AGCS INSPECTOR *[Signature]*
 BR. MEM. DIV.

REMARKS AND SPECIAL INSTRUCTIONS

Incl # 8

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

2. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

G.P.Mc

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 6321 00000

DATE 15 11 47 DAY MONTH YEAR

503-89A-37

NAME 293 UNKNOWN X-000024

SERIAL NUMBER X-000024

RANK

ARM 2 DATE OF DEATH

CEMETERY GUAM NO 2 AGAT

DISPOSITION OF REMAINS 0 0391 63 CODE DIST. PT.

PLOT 4 ROW 57 GRAVE 1 COUNTRY MARIANAS

CAUSE OF DEATH 6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE GUAM NATIONAL CEMETERY MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN

SERIAL NUMBER X-000024

RANK Unk

DATE OF DEATH 29 April 45

DATE DISTINTERRED 25 Nov 47

IDENTIFICATION TAG ON REMAINS MARKER

ORGANIZATION USN

RELIGION Unknown

IDENTIFICATION VERIFIED BY E. S. ZAPICO, 2nd Lt., Inf NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Nature of shroud undetermined

CONDITION OF REMAINS Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION Mortuary plate

MINOR DISCREPANCIES None

CANCELLED

REMAINS PREPARED AND PLACED IN CASKET DATE 19 July 48 BY V. R. WILLIAMS, Embalmer

EMBALMER (Signature) J. E. SPEER

CASKET SEALED BY C. L. MATTHEWS, Embalmer

SHIPPING ADDRESS VERIFIED BY J. E. MORRIS, Clerk

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

J. E. MORRIS, Clerk

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

F. T. DE GROODT, Capt., CMP SIGNATURE OF GRS INSPECTOR

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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-24 Guan #2, Agat Cemetery				2. DATE OF REPORT 23 Jan '50	
3. NAME OF CEMETERY AGRS Mausoleum, Manila, P.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT U T D	10. COLOR OF HAIR U T D	11. RACE U T D
-------------------------------------	-------------------------------------	-----------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Charred remains
--	---

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

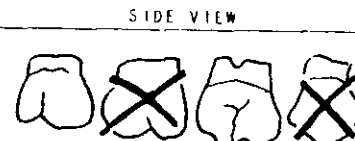
N O N E

"UNIDENTIFIABLE"
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

515 DEC 1948

[Handwritten signature]

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



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



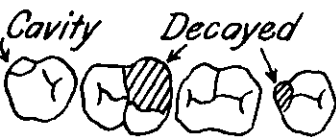
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
Side Views								Side Views							
UPPER								UPPER							
Top Views								Top Views							
LOWER								LOWER							
Side Views								Side Views							
M A N D I B L E								M I S S I N G							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

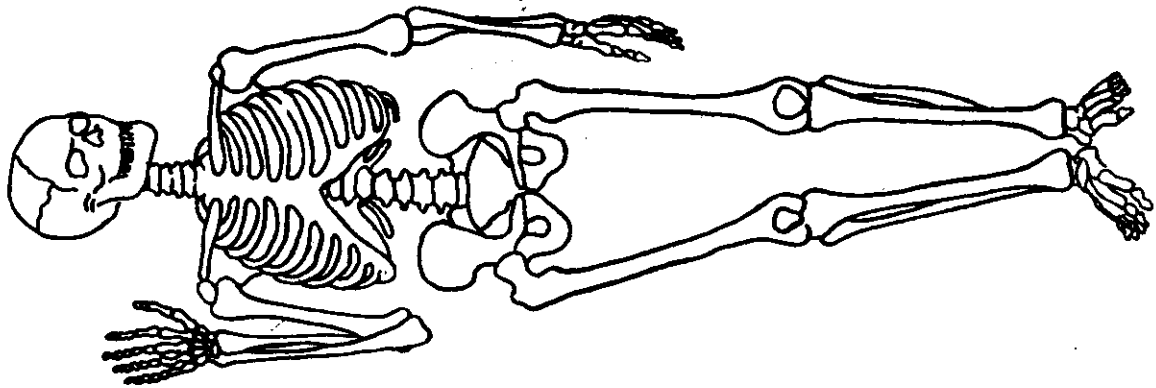
No loose maxillary or mandibular teeth present with remains.

Paul R. Nichols

PAUL R NICHOLS
Chief, Identification Section

"UNION REPAIRABLE"

BY REASON OF LACK OF IDENTIFYING DATA



See Remarks

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Charred condition of remains makes skeletal chart accomplishment impossible.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS
Chief, Identification Section

SIGNATURE

IDENTIFICATION DATA

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

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	10. COLOR OF HAIR UTD	11. RACE UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Mortuary Plate on Marker:
Unknown X-24
P-4, R-57, G-1 29 Apr 45**

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

None

14. WAS BODY BURNED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Badly
---	---------------------------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Crushed
--	-----------------------------------

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

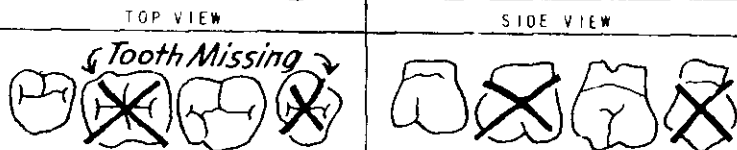
UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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

18.

TOOTH CHART

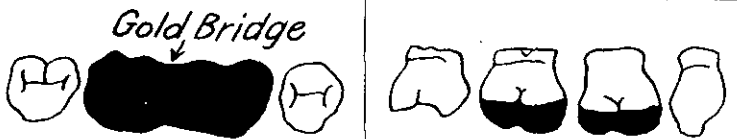
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



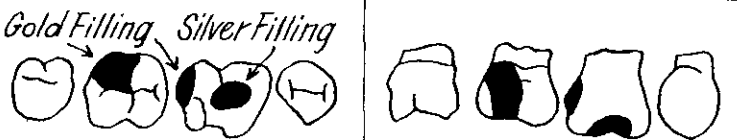
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



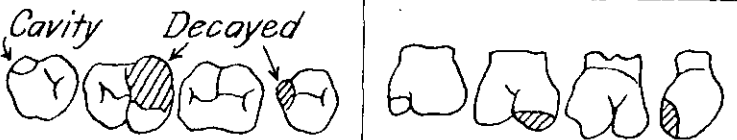
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



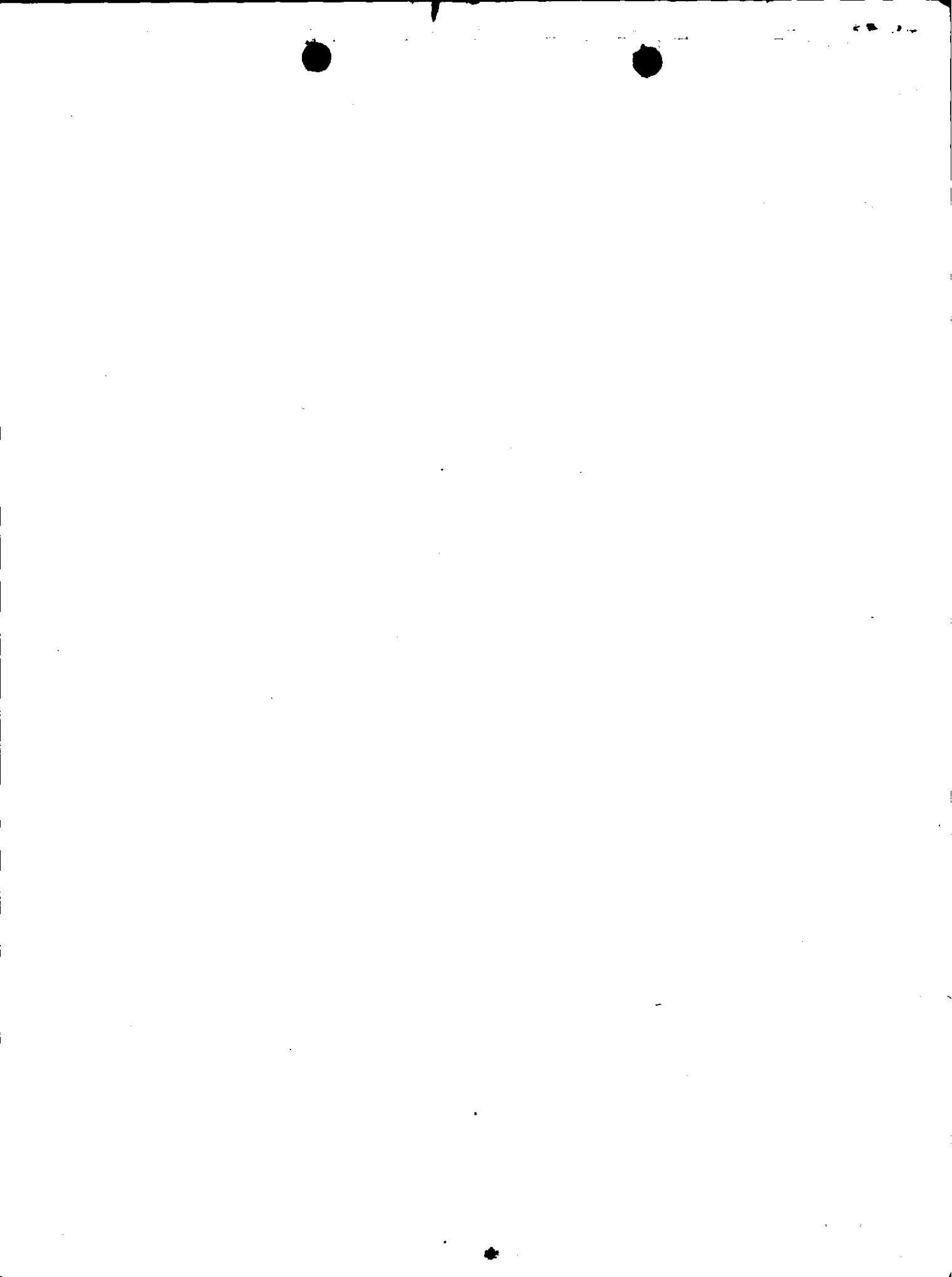
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
Side View	[Tooth diagrams in side view]																Side View
Top View	[Tooth diagrams in top view]																
	[Tooth diagrams in top view]																
Side View	[Tooth diagrams in side view]																Side View
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16		

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

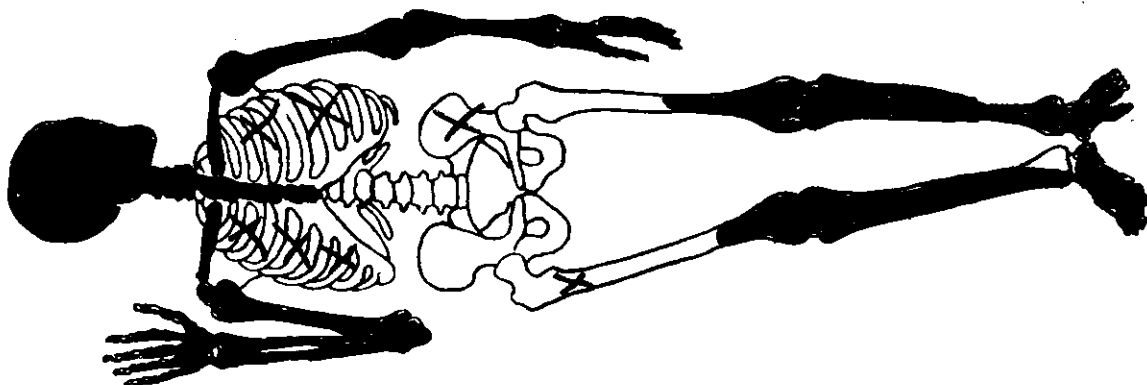
Mandible and maxilla missing.

C. E. Wilkerson

C. E. Wilkerson



19. BLACK OUT PARTS OF BODY NOT RECOVERED



Skeletal remains incomplete.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
 OF THE FOLLOWING ANATOMICAL PARTS: NUMBER

 SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

- 1. Mortuary Plate on Marker:
 Unknown X-24
 P-4, R-57, G-1 29 Apr 45

Geo. A. Wheeler
 Geo. A. Wheeler

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

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

FLUOROSCOPIC REPORT

Date: 9 July 48

ON: X - 24
(Name)

Place of Death: _____

P 4 R 57 G 1

Cemetery _____

Country _____

Healed Fracture: NONE

Malformation: NONE

Personal Items: NONE

Misc. Items: Metal fragments

Remarks:

No other means of identification
found under fluoroscopic examination
of remains.

Melvin S. Mittenhal

MELVIN S. MITTENTHAL

Fluoroscopic Technician

C. I. P. Laboratory, Saipan, M. I.

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

293.

Date 13 Oct 48


CASE SUMMARY OF

NAME: UNKNOWN X-24 RANK: _____ SERIAL NO: _____

CEMETERY At Cem #2 GUM Plot: 4 Row: 57 Grave: 1

Remains disinterred from P-4, R-27, Gr-1 known as
UNKNOWN X-24 were processed this and no clues to identity
were found.

cc: 293 _____


ROY H. OSTERMAN
CAPT., INF
(Signature)

Remarks:

IDENTIFICATION CHECKLIST

9 July 48

Unknown X-24
Cemetery #2, Agat, Guam
Plot 4 Row 57 Grave 1

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

PART I
Physical Description

1. Estimated weight UTD
2. Estimated height UTD
3. Color of hair UTD
4. Race UTD
5. Tattoos or scars on the body (give description) None
(Information obtained from other sources)
6. Was tooth chart taken? No If not, explain Mandible and maxillae missing.
7. Were fingerprints taken? No
8. Cause of death Unknown
9. Was body burned? Yes To what extent? Badly
10. Are any parts of the body missing or severed? See Blackout Chart
11. Is there any evidence of first-aid or other medical treatment? UTD
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. Nothing found
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) None

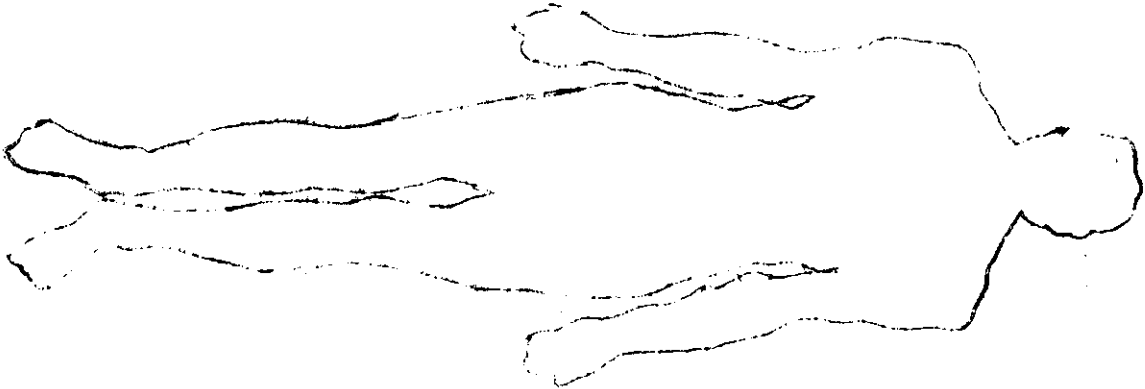
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: None

15. If laundry marks are distinct, such notation should be made and specimen forwarded through channels for examination None

16. Evidence of healed fractures No

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



18. REMARKS:

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

Officer's name [Signature]
Rank [Signature]
Service [Signature]
Organization [Signature]

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

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

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

13 November 1950

QAGMN 293

Unknown X-2h

ANN Cemetery, Guam #2

MB
SUBJECT: Unidentifiable Remains

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 928, a/o Postmaster
San Francisco, California

1. Reference is made to Certificate of Unidentifiability from your Headquarters dated 23 January 1950 for Unknown X-2h, ANN Cemetery, Guam #2, U. I.

2. Records of this Office indicate that X-2h was recommended unidentifiable by letter from Marbo Zone, file MGRS, dated 30 November 1948, subject: Transmittal of New QAC Forms 1044 (Resolution of Cases of Unidentifiable Deceased) and was approved by 1st Indorsement from this Office dated 17 December 1948. Copies are inclosed for your information.

3. Certificate of Unidentifiability for X-2h is canceled and returned herewith.

FOR THE QUARTERMASTER GENERAL:

2 Incls:

- 1. Certificate of Unident. for X-2h
- 2. Ltr fr Marbo Zone dtd 30 Nov 48 w/1st Ind

Copies furnished:

CRUCPE
PAZ

THOMAS E. COE
Captain
Memorial Division



EJF











EJF

CJM

CJM

RECEIVED

18. TOOTH CHART

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

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

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

Mandible and Maxilla

Embalmers

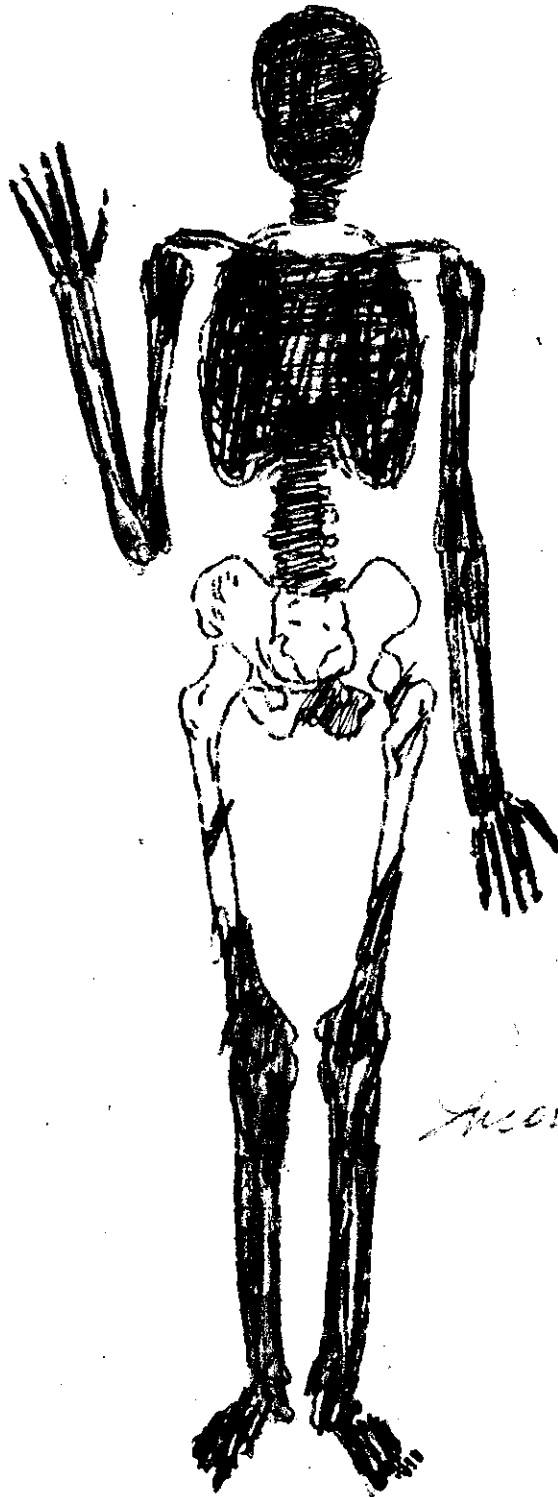
Steele

PROCESSING CENTER

Unknown X-24
(Name)

Squad #2000
(Rank) (Ser No.)

Cam
(Pr of Sv)



Incomplete Skeleton

SKELETAL PART

(FORMERLY

Identified) NOW UNKNOWN ~~XXXXXX~~ X-24

UNKNOWN (X-24)

2-8-2

4-57-1

DATE AND HOUR OF DISINTERMENT

1030

29 Aug 1946

DEPTH OF BODY BURIED

4 feet

MARKER AT GRAVE

Yes

BODY BURIED UNDER MARKER

Yes

BURIED IN CASKET

Yes

LIST OF EFFECTS FOUND IN GRAVE

None

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY

Israel

IDENTIFICATION DENTAL CHART

TO BE USED WITH QMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

29 August 1946
















UNIDENTIFIED (X-24)			UNKNOWN			UNKNOWN			DATE								
LAST NAME			FIRST			INITIAL			RANK			SERIAL NO.					
UNKNOWN			UNKNOWN			UNKNOWN			UNKNOWN			UNKNOWN					
UNIT						ORGANIZATION											
UNKNOWN						Cemetery #2, Agat, Guam, MI.						4		57		1	
PLACE OF DEATH						PLACE OF BURIAL						PLOT		ROW		GRAVE NO.	

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

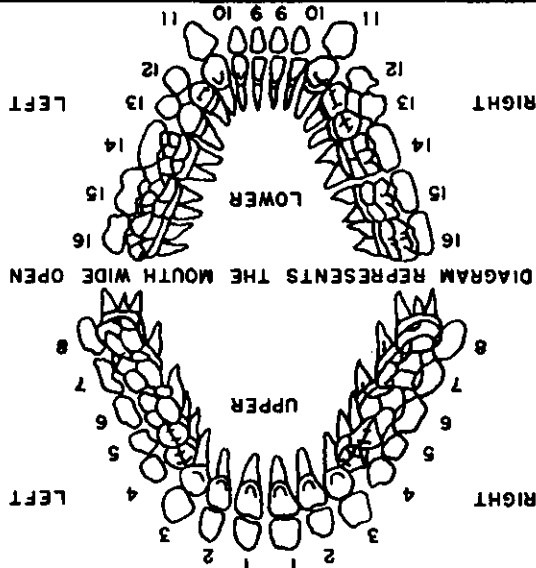
INSTRUCTIONS:

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

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

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

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



REMARKS:

No dental identification available

SIGNATURE OF PERSON WHO PREPARED CHART

W.H. Black

NAME AND RANK TYPED OR PRINTED

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

NAME AND RANK TYPED OR PRINTED

ROBERT J. MOORHEAD, CAPT., QMC

VERIFIED BY GRS OFFICER

Robert J. Moorhead

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ASOR ISLAND, ULITHI ATOLL

DATE

29 August 1946

RESTRICTED

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

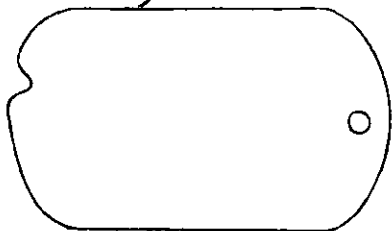
REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

29 Aug. 1946

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

UNIDENTIFIED (X-24)

Serial Number

UNKNOWN

Grade

UNKNOWN

Organization

USS Hazelwood

Branch of Service

UNKNOWN

Race

UNKNOWN

Religion

UNKNOWN

If Other than U. S. Dead, Give Name of Country

Place of Death

UNKNOWN

Cause of Death

Injuries, Multiple Extreme

Date of Death

4-29-45

Emergency Addressee (Name, Relationship and Address)

UNKNOWN

Identification Tags Found on Body (1, 2, or None)

NONE

If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse

PLOT PLAN AND GRAVE MARKER

Were Substitute Tags Provided (Yes or No)

NO

List Personal Effects Found on Body and Disposition of Same

NONE

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

Name, Number, Coordinates and Location of Cemetery

Asor Island Navy, Marine Cemetery #3, Agat, Guam, MI.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-11	6:20 AM	Casket and Burial Bag	Cross with Zinc Plate	4	57	1

Was This a Re-burial (Yes or No) If Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave

Yes

Ulithi Cemetery, Asor Island

Plot No.	Row No.	Grave No.
2	8	2

Type of Religious Ceremony

MEMORIAL SERVICES ONLY

Person Conducting Burial Rites

If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body

~~PLOT PLAN AND GRAVE MARKER~~

Identification Tag Buried With Body (Yes or No)

Zinc Plate

Identification Tag Attached to Marker (Yes or No)

No

QMC Form 1042 buried in bottle one foot below grave marker.

Body Buried on Deceased Left, Name (Last, First, Middle Initial)

Unidentified (X-27)

Rank	Serial Number	Organization	Grave No.
UNKNOWN	UNKNOWN	USS Hazelwood	2

Body Buried on Deceased Right, Name (Last, First, Middle Initial)

None

Rank	Serial Number	Organization	Grave No.
-	-	-	-

Signature of Person Preparing Report



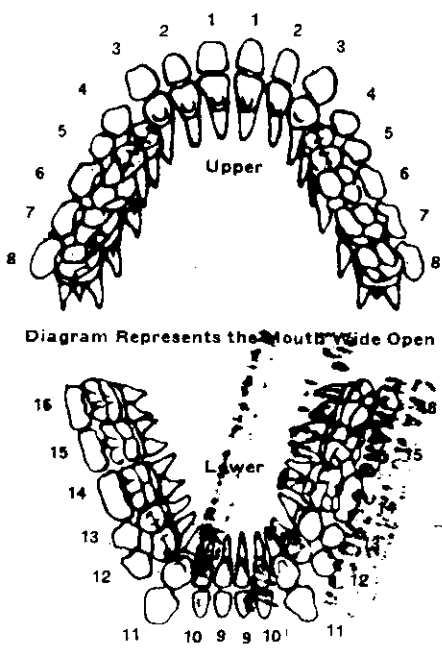




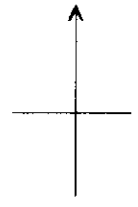


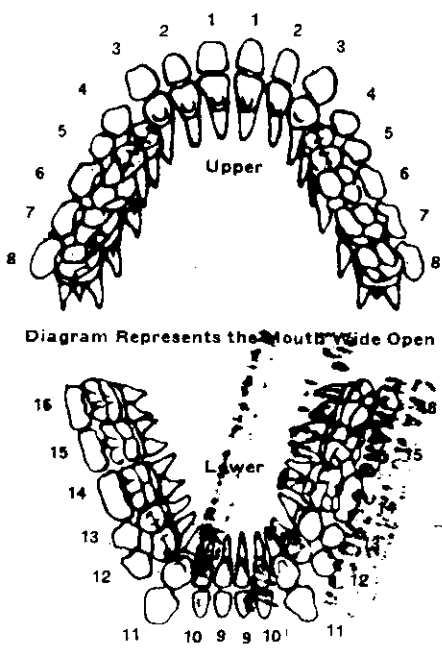




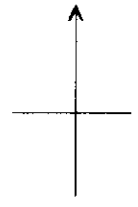


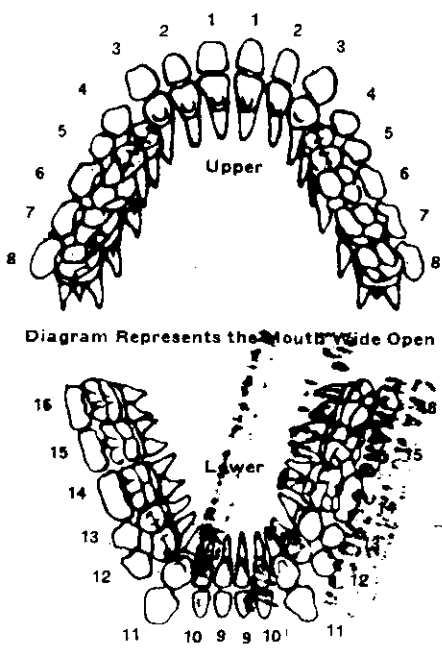




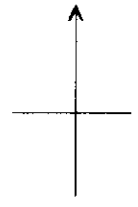
ROBERT J. MCBROOM, CAPT., QMC

Signature of GRS Officer Verifying Report

ROBERT J. MCBROOM, CAPT., QMC

DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

SECTION UNIDENTIFIED REMAINS															
Left Little Finger	<p>Instructions</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>														
Left Ring Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Height</td> <td style="width: 15%;">Weight</td> <td style="width: 20%;">Color of Eyes</td> <td style="width: 20%;">Color of Hair</td> <td style="width: 30%;">Birthmarks, Scars or Tattoos</td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos									
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Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found													
Left Index Finger	<p>Other Identification Clues</p>														
Left Thumb	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>Fillings</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Silver Filling </div> <div style="text-align: center;">  Gold Filling </div> </div> </td> <td rowspan="4" style="width: 50%; vertical-align: top; text-align: center;">  <p>Diagram Represents the Mouth Wide Open</p> </td> </tr> <tr> <td> <p>Cavities</p> <div style="text-align: center;">  Cavity Decayed </div> </td> </tr> <tr> <td> <p>Missing Teeth</p> <div style="text-align: center;">  Tooth Missing </div> </td> </tr> <tr> <td> <p>Crowned Teeth</p> <div style="text-align: center;">  Porcelain Crown Gold Crown </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Thumb</td> <td> <p>Bridge Work</p> <div style="text-align: center;">  Gold Bridge </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Index Finger</td> <td rowspan="4" style="vertical-align: top;"> <p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center; margin-top: 50px;">  </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Middle Finger</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Ring Finger</td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Little Finger</td> </tr> <tr> <td colspan="2"> <p>Remarks</p> </td> </tr> </table>	<p>Fillings</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">  Silver Filling </div> <div style="text-align: center;">  Gold Filling </div> </div>	 <p>Diagram Represents the Mouth Wide Open</p>	<p>Cavities</p> <div style="text-align: center;">  Cavity Decayed </div>	<p>Missing Teeth</p> <div style="text-align: center;">  Tooth Missing </div>	<p>Crowned Teeth</p> <div style="text-align: center;">  Porcelain Crown Gold Crown </div>	Right Thumb	<p>Bridge Work</p> <div style="text-align: center;">  Gold Bridge </div>	Right Index Finger	<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center; margin-top: 50px;">  </div>	Right Middle Finger	Right Ring Finger	Right Little Finger	<p>Remarks</p>	
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Right Middle Finger															
Right Ring Finger															
Right Little Finger															
<p>Remarks</p>															

RESTRICTED

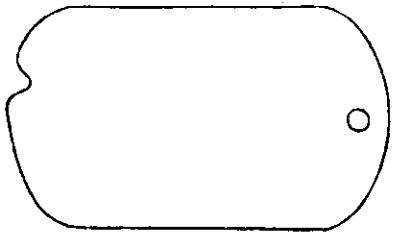
WD QMC Form 1042
Rev. 1 Apr. 1945
(Supersedes GRS Form 1)

REPORT OF INTERMENT

Date of Report

(AR 30-1810 and AR 30-1815)

27 APR 1945

<p>Imprint Identification Tag If Possible. DO NOT TYPE</p> 	SECTION 1. IDENTIFICATION		
	Name (Last, First, Middle Initial)		Serial Number
	UNIDENTIFIED (X-24)		UNKNOWN
	Grade	Organization	Branch of Service
UNKNOWN	USS Hazelwood	UNKNOWN	
Race	Religion	If Other than U. S. Dead, Give Name of Country	
UNKNOWN	UNKNOWN		

Place of Death	Cause of Death	Date of Death
UNKNOWN	Injuries, Multiple Extreme	4-29-45

Emergency Addressee (Name, Relationship and Address)

UNKNOWN

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

List Personal Effects Found on Body and Disposition of Same

NONE

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

Name, Number, Coordinates and Location of Cemetery

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



Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-11-46	1000	Cross and Burial Bag	Cross with Zinc Plate	4	57	1

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.
Yes	Milithi Cemetery, Asor Island	2	8	2

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
UNKNOWN	UNKNOWN	


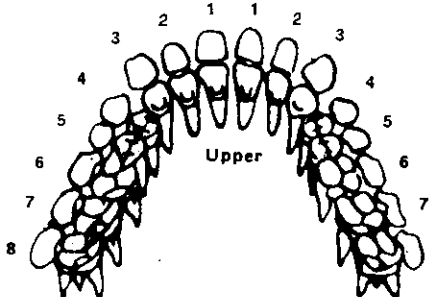
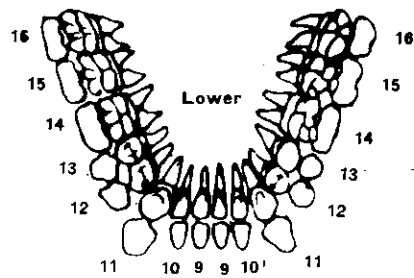





Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	WDQMC Form 1042 buried in bottle one foot below grave marker.
Zinc Plate	No	

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Unidentified (X-27)	UNKNOWN	UNKNOWN	USS Hazelwood	2
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
None	-	-	-	-

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
 ROBERT J. McBROOK, CAPT., QMC	 ROBERT J. McBROOK, CAPT., QMC

DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

SECTION UNIDENTIFIED REMAINS						
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Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found				
Left Index Finger	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Fillings</p> <p>Silver Filling Gold Filling</p>  </div> <div style="width: 50%;">  <p align="center">Upper</p> <p align="center">Diagram Represents the Mouth Wide Open</p>  <p align="center">Lower</p> </div> </div>					
Left Thumb		<p>Cavities</p> <p>Cavity Decayed</p> 				
Right Thumb		<p>Missing Teeth</p> <p>Tooth Missing</p> 				
Right Index Finger		<p>Crowned Teeth</p> <p>Porcelain Crown Gold Crown</p> 				
Right Middle Finger		<p>Bridge Work</p> <p>Gold Bridge</p> 				
Right Ring Finger		<p align="center">Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center; margin-top: 20px;">  </div>				
Right Little Finger		<p>Remarks</p>				

1. FILE UNDER NO. 293 UNK GUAM (AGAT #2) X-24

SYNOPSIS

2. TYPE OF DOCUMENT: LETTER
3. DATE: June, 27, 50
4. FROM: OSG
5. TO: CG AGTS, MILITARY MAIL, SAN FRANCISCO, CALIF.
6. SUBJECT: Unidentifiable Remains.

7. DOCUMENT FILED UNDER NO. UNK (MEMO) (MISC) X-18, X-21, X-24, X-19, X-22

mb

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.



/drs

1

Interred 3 May 1950
L 14 28 Ft. McKinley

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

DIRECTIVE NUMBER
6321 81657

DATE
02 05 50
DAY MONTH YEAR

NAME: UNKNOWN X-24
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: USAF CEMETERY ACAT NO. 2, GUAM
PLOT: 4 ROW: 57 GRAVE: 1
DISPOSITION OF REMAINS: 7701 80
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.
NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: UNKNOWN X-24 SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISTINTERRED: 3 May 1950

IDENTIFICATION TAG ON: [] REMAINS [] MARKER [] ORGANIZATION: [] RELIGION: [] IDENTIFICATION VERIFIED BY: PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Shelter Half CONDITION OF REMAINS: Skeletal

OTHER MEANS OF IDENTIFICATION: []

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: 3 May 1950 BY: PAUL R NICHOLS
CASKET SEALED BY: PAUL R NICHOLS EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED: RAYMOND H LANGUAY SHIPPING ADDRESS VERIFIED BY: L. J. RICHARDSON, W/Sgt., RA
DATE: 3 May 50 BY: Sgt 1c, RA

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

L. J. Richardson
L. J. RICHARDSON, W/Sgt., RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: []

*File 6/6/50
R.F.
Report*

RECORD OF CUSTODIAL TRANSFER

FROM		AGNS. ASSOCIATION		TO		US MILITARY CEMETERY	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>Bartholomew</i>	
DATE				DATE		MAY 3 1960	
2. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
3. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
4. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
5. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
6. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
7. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

4 /drs

Interred May 1950
L 14 28 F McKinley

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM
L-4-28 15A

CARL R. H. MARK
Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6022 6247

DATE
02 03 50
DAY MONTH YEAR

NAME
UNKNOWN X-24

SERIAL NUMBER GRADE ARM

RACE RELIGION

CEMETERY
WOLF CEMETERY ACAT NO. 2, GERM

PLOT ROW GRAVE
4 57 2

DISPOSITION OF REMAINS
TYPE CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
UNITED STATES MILITARY CEMETERY
FT. W. MCKINLEY, P. Y.

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME
X-24

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED
3 May 1950

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shelter hole

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY

EMBALMER (Signature)
Paul R. Nichol

DATE BY
CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

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

S. W. Richards
SIGNATURE DA TAGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
FILE RECORDS ANNOTATED
DATE 6/16/50
NAME [Signature]
DR. MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

TO

US MILITARY CEMETERY

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

FROM

AGRS MAUSOLEUM

KIND OF CONVEYANCE

TRUCK

SIGNATURE OF SHIPPER

DATE

2. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE