FILE IDENTIFICATION TOPPER

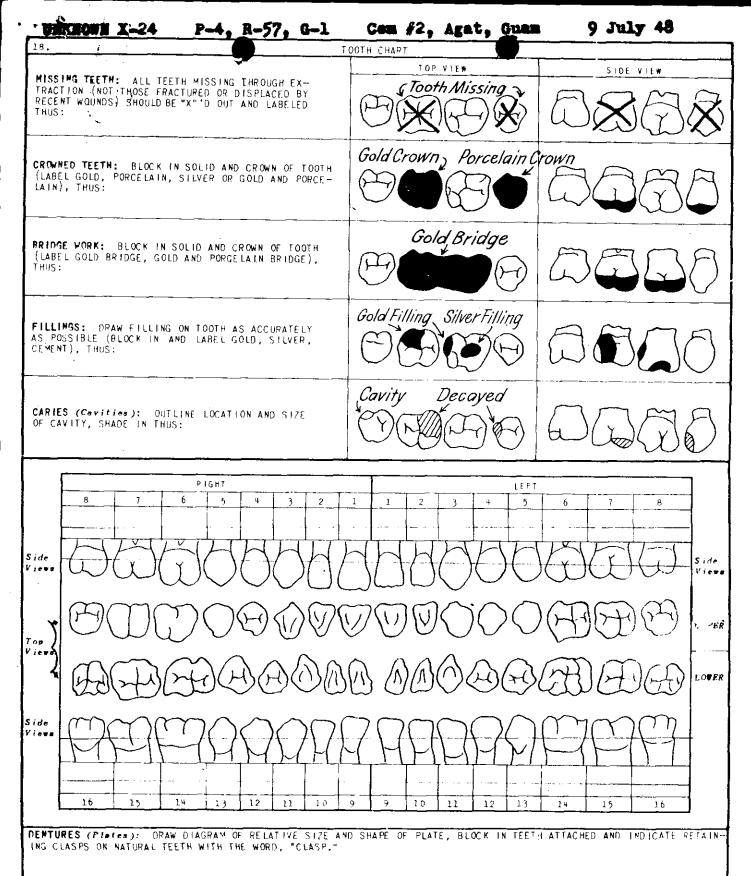
1LE NUMBER 243 Unk Guam # 2	X-24
BJECT	
	<u>.</u>

ONC FORM 1121

	IDENTIF	ICATION D	ATA			
. REMAINS OF UNKNOWN				, <u>.</u>	2. DATE OF	
	IKNOWN X-24				9 Jul	
. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE		DATE OF T REINTERMENT
					DISTRICKMEN	RETRICKALITY
Cemetery #2,	Agat. Guam	4	57	1		
		CAL DESCRIPTION			 	
ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLO	R OF HAIR		11. RACE	
UTD	UTD		TD		Ιτ	ITD
GIVE DESCRIPTION OF ANY	Y OFFICIAL IDENTIFICATION F	OUND WITH REMA	INS			
Mortuary	Plate on Marker:					
Unknown	X-24					
	57, G-1 29 A	Dr 45				
- ', -	<i>></i> (,	W- 47				
CIVE DESCRIPTION OF TAX	TTOOS OR SCARS ON BODY AND/	OD SHOW INCOME	ATION ORT	ALNED FROM	ATHER FAURC	
. SIVE DESCRIPTION OF TH	TOUS OR SCARS ON BOOT AND	OR SUCH INFORM	ALIUN UDI	AINED FROM	I DIMER SOURC	ŁS
₩						
No	110					
. WAS BODY BURNED?	TO WHAT EXTENT?					
YES 🔲 NO	Badl;	J				
. WAS BODY MANGLED?	TO WHAT EXTENT?		<u> </u>			
YES NO	Crus					
. DESCRIBE EVIDENCE OF	HEALED FRACTURES AND BONE MA	ALFORMATIONS				
				1		
•						
	CBe					
	OTHING, EQUIPMENT AND PERSO					
	ndry marks are indistinct a ion when facilities are not				ipecimen torw	arded through
II.	one					

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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



Mandible and maxilla missing.

C. Emilher

Agat, Guam 9 July 48 · UNKNOWN X-24 P-4, R-57, G-1 19. BLACK OUT PARTS OF BODY NOT Skeletal remains incomplete. MASS BURIAL CERTIFICATE (IF APPLICABLE) 20-(Wherein segregation in whole or parts is impossible) DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF OF THE FOLLOWING ANATOMICAL PARTS: 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

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

STANATURE

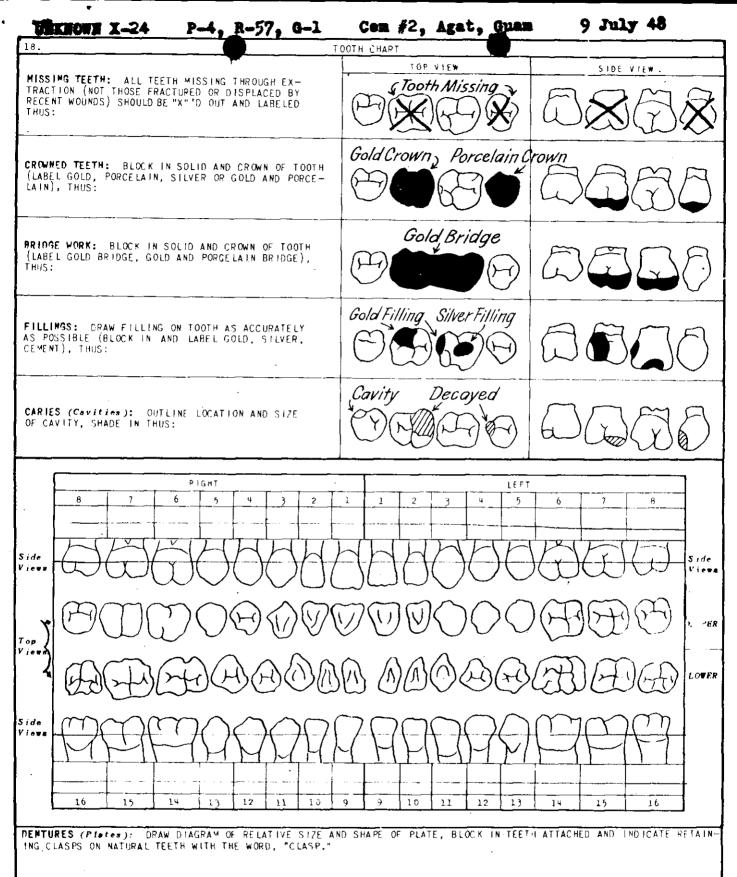
TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

C. V. Kelley Cent

ICATION DATA	**		
		2. DATE OF RE	PORT
2.00		9 July	r 48
4. PLOT 5. ROW	6. GRAVE	7. DA	TE OF
4 57	1		
CAL DESCRIPTION			
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OR SUCH INFORMATION OBT			
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hed			
ALFORMATIONS			·
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UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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



Mandible and maxilla missing.

C. E. Villerson

9 July 48 r-57, G-1 Sheletal remains incomplete. MASS BURIAL CERTIFICATE (1F APPLICABLE)
(Wherein segregation in whole or parts is impossible) 20. OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION Mortuary Plate on Markers Unknown X-24 29 ADT 45 P-4. R-57. G-1 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, SRADE, ARM OR SERVICE, AND ORGANIZATION SIGNATURE

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QHC FORM 1045 5 FEB 46

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REVERSE SIDE FOR INSTRUCTIONS

INSTRUCTIONS:

IN ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT

IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

IN FOMEE HAFE OF BOX. UPPER HALF 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, 49, PORCELAIN CROWNS, GOLD 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD

01 6 6 01 ۵۵۵۵

LOWER

MIDE OBEN REPRESENTS THE MOUTH LEFT THOIR 4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.

LEFT

THOIR

PLACE OR HO WHERE THIS FORM ACCOMPLISHED

ASOR ISLAMD, ULITHI ATOLL

NAME AND RANK TYPED OR PRINTED

SIGNATURE OF PERSON WHO PREPARED CHART

WEN (Of) "ST TEVEN" "

BEWARKS:

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NORSELL 1. MCENOCH. GAST., QUO

NAME AND RANK TYPED OR PRINTED

9967 samper 68

Mar 4- 24

Luam 42

REPORT OF BURIAL

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

quarters or activity carrying records, for checking with casualty reports.

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

SHIP OR STATION ATTACHED AT TIME OF DEATH	u.s.	S. HAZELWOOD	DD-531	DATE REPORT 30	June 1945			
COPY OF IDENTIFICATION TAG	NAME		(Last)	(First) / (7	1 iddle)			
	FILE OR S	UNIDE!	RANK OR RATE	BRANCH OF S	V - 24 ERVICE			
	CORPS OR	RESERVE CLASSIFICAT	ION	RACE				
CAUSE OF DEATH	<u> </u>		PLACE OF DEATH					
Injuries, multiple	e extreme		Okinawa are	ea				
NAME OF NEXT OF KIN (If known)		· · · · · ·	ADDRESS OF NEXT OF	F KIN (If known)				
DATE OF DEATH			DATE OF BURIAL					
29 April 1	L945		8 May 1945					
Ulithi Atoll			Carolina	a Islands				
GRAVE MARKER TYPE	PLOT No.	2	ROW NO.	GRAVE NO.	2_			
BURIED AT SEA (Date)			AREA					
TYPE OF RELIGIOUS CEREMONY			RELIGION OF DECEAS	SED	•			
General service of	faith		unknown					
IDENTIFICATION TAGS FOUND ON BOD	Y2	X NONE	IF NO IDENTIFICATION (Identification cards,	N TAGS. OTHER MEANS USED T letters, etc.)	D IDENTIFY BODY			
COMPLETE DENTAL CHART ON REVERS	Yes	X No	Remains were principally charred bo					
COMPLETE FINGERPRINT CHART OF BO	TH HANDS ON F	REVERSE						
LIST OF PERSONAL EFFECTS FOUND 6	N BODY AND DIS	POSITION OF SAME						
IDENTIFICATION TAG BURIED WITH BO	DY Yes		IDENTIFICATION TAG	ATTACHED TO MARKER	☐ No			
IF IDENTIFICATION TAGS NOT PRESENT	r, WHAT OTHER	IDENTIFICATION DATA I	BURIED WITH BODY AN	D IN WHAT KIND OF CONTAIN	ER			
IF BURIAL OTHER 1	THAN ESTABLIS	SHED CEMETERY, FL	JRNISH SKETCH AND	MAP REFERENCES ON RE	VERSE			
		Bodies Buried	on Fither Side					
BODY ON LEFT. NAME (Last, first, middle	le)		RANK OR RATE	FILE OR SERVICE NO.	ECTON CCTON			
BODY ON RIGHT. NAME (Last, first, mid	(dle)	· - , ·	RANK OR RATE	FILE OR SERVICE NO	WOT.			
PERSON REPORTING BURIAL (Name)		(Rank or rate)	PERSON CONDUCTING	BURIAL RITES	LE WAS			
IN REBURIAL, GIVE LOCATION OF PRE	VIOUS BURIAL	 .	VERIFIED AND FORW	ARDED	4			
			(Name)	(Rank)	(Title)			
			75		10 43063-1			

METRICTIONS FOR

RESTRICTED

	_	RES	TRICTED				
WD QMC FORE 1042		REPORT	OF INTERME	NT	DATE	OF REPORT	
(Rev. 1 Apr. 1945) (Supercedes GRS Pormal)	1		and AR 30-1			O T-11-	. ΑΩ
Imprint Identificatio	n Tag If Possible.	Section 1.—IDENTIFICAT				9 July	40
DO NOT	TYPE	NAME (Last, first, middle ini			SERI	AL No.	
)	, m c	GRADE UNKNOWN	X=24 I organizatio	N	BRAN	NCH OF SERV	ICE
REPO OF	() (Ì				
DISINT		RACE	RELIGION		IF OTHER_TI	HAN II C DE	AD CIVE
		1002	ACCIOION		NAME OF C	COUNTRY	AD, 9772
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH	
EMERGENCY ADDRESSEE	(Name, relationship, a	and address)					
IDENTIFICATION TAGS FO	OUND ON BODY	IF NO TAGS FOUND ON BOI	DY, DESCRIBE MEANS	OF IDENTIFICATION	If unidentified, fi	ill in section S	on reverse
(1, 2, or nons)		Mortuary 1	Plate on M	arker:			
NONE WERE SUBSTITUTE TAGS I		Unknown		20 1 1	_		
		P-4, R-	57, G-1	29 Apr 4	ウ		
LIST PERSONAL EFFECTS	FOUND ON BODY AN	D DISPOSITION OF SAME					
		D DISPOSITION OF SAME	ketch and map coo	rdinates on reverse.			
	other than in estai	blished cemetery, furnish si	ketch and map coo	rdinates on reverse.	cſ	ATION FI	Į.S.
Section 2.—BURIAL. IF	other than in estai NATES, AND LOCATIO tery #2, A	blished cemetery, furnish sion of cemetery				ATION F	-,
Section 2.—BURIAL III NAME, NUMBER, COORDIN	other than in estai	blished cemetery, furnish si N OF CEMETERY		TYPE OF GRAVE	ST PLOT No.	ATION F	
Section 2.—BURIAL III NAME, NUMBER, COORDIN	other than in estai NATES, AND LOCATIO tery #2, A	blished cemetery, furnish sion of cemetery		TYPE OF GRAVE		,	GRAVE N
Section 2.—BURIAL IF NAME, NUMBER, COORDIN Ceme 1 DATE OF BURIAL WAS THIS A REBURIAL?	other than in estail NATES, AND LOCATIO tery #2, A	blished cemetery, furnish sion of cemetery	or name of other)	TYPE OF GRAVE MARKER	PLOT NO. 4 LOCATION OF G	ROW NO. 57 GRAVE	GRAVE N
Section 2.—BURIAL. IF NAME, NUMBER, COORDIN Cemet	other than in estail NATES, AND LOCATIO tery #2, A	blished cemetery, furnish sin of CEMETERY gat, Guam BURIED IN (Shroud, blanket,	or name of other)	TYPE OF GRAVE MARKER	PLOT No.	80W No.	GRAVE N
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RESTRICTED

RESTRICTED

	Section 3.— DENTIFIED	REMAINS.						
LEFT LITTLE FINGER	mains. Fill in anatomic social security number; planes, vehicles, and tan (b) A fingerprint, or chart at left, or as many	NSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentify mains. Fill in anatomical characteristics below, and any other clues under "Other," such as sho social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers planes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will accomplished if one or more fingerprints are secured.						
LEFT RING FINGER	accomplished if one or n HEIGHT WEIGHT	nore fingerprints ar	COLOR OF HAIR	BIRTHMARKS, SCARS, OR T				
	WEAPON AND SERIAL No.	LAUNDRY	MARKS	WHERE BODY WAS BURIED	OR FOUND			
MIDD.								
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CLU	JES		<u>'</u>				
N								
LEFT INDEX FINGER	FILLINGS	SILVER FILL	ING	3 2 0 0 0	_			
			4	SON POS	3 ¬4			
THUMB LEFT	CAVITIES	CAVIT DECA		UPPER	85.			
RIGHT	MISSING TEETH	TOOTH MISS	NG W	REPRESENTS THE MOUTH	WIDE OPEN			
RIGHT INDEX FINGER	BRIDGE WORK	PORCELAIN (GOLD CRO	WN 15 (LOWER) 15) 14) 13			
GERA		GOLD	BRIDGE		⁾ 12			
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP	REFERENCE AND CO	DRDINATES FOR BURIAL IN	OTHER THAN ESTABLISHED	CEMETERY			
GER	_							
RIGHT RING FINGER								
	REMARKS:			سو محر	• 1			
RIGHT LITTLE FINGER				• :	•			

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Tent (music) Quain # 2 X18, X19, X21

X22, X24

SYNOPSIS AND DATES

Muc now filed

NEW CLASSIFICATION 293 link Suam #2 XX
10/5/57
Ec

RECLASSIFICATION SHEET

QMC Form 857 (Revised 6-27-42)

16-20400-1 G. S. GOYERMENT PRINTING OFFICE



QMGMN 293 GRS Far East

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

TO: Commanding General, Marianas-Bonins Command, AFO 216, 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 P5-1h, 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: CINCFE

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

COPY

NOV 1 (1.000)
NOR 11051 SECTION
C. J. MOYER

P Y

AMERICAN GRAVES REGISTRATION SERVICE MARBO ZONE

293 MPORS

ABO 244

30 November 1948

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

of Unidentified Deceased)

TO

C O

> 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	Row	Grave
x -6	<u> 1</u>	52	214
X-10	L	53	15
X-1 7	4	57	
X-18	À	5 7 5 5	24 2 6
X-1 9	<u>l</u> i	57	16
I-2 1	<u>L</u>	55	25
X-22	<u>L</u>	56	6
X-24	Ĺ	57	ì
X-31	4	58	2
X-34	C	34	9
I-68	Ĺ	110	17
X-71	4	44	6

2nd Marine Division Cemetery, Saipan

Vilknowns X-27	Plot E	Row 11	Grave 5
	Isolat	ed Burials	
Unknowns	Plot	Row	Grave
X-16	P5-9	••	· _
X-17	P5-11	•	-

FILE NAVY SECTION C. J. MÖYER

1191 14 989

Ltr, AGRS, MARBO Zone, APO 2141, file 293 MARS, dtd 30 Nov 1918, Subj: Transmittal of New QMC Forms 10144 (Resolution of Cases unidentified Deceased)

2. The unknown remains indicated above are presently stored in AGRS Mausoleum, Saipan, with the exception of Unknown X-3h, Flot C, Row 3h, Grave 9 and Unknown X-71, Flot h, Row hh, Grave 6, Cemetery No. 2, Agat, Guam, which were shipped to Manila on the USAT Dalton Victory, 6 October 19h8.

FOR THE COMMANDING OFFICER:

16 Incls: 1-16 QMC Form 1044 (3) D. A. BROWN Major AGD Adjutant

COPY

NOV 10 1950 FILE NAVY SECTION G. J. MOYER 3

DISINTERMENT DIRECTIVE ARED BY PHILCON

(U)											
•	SECTION A —				D	RECTIVE NU	MBER		DATE		
			TION OF DECEASED			4821	61497		DAY	MONTH	YEAR
NAME				SE	RIAL NUMI	BER	GRADE	ARM	RACE	RELIGION	
		X -	24								
CEMETERY		 			PLOT	ROW	GRAVE		DISPOSIT	ON OF RE	MAINS
TOLY CO	MIERY A	MAT NO.	L GENE		4	57	1		776		\$0
7-	T. WATER CO.	-	Married of the San State Street and supplied to	— CONSI	GNEF AND	NEXT OF KI	<u> </u>		COD	E D	IST. CTR.
NAME AND ADDRES	S OF CONS	GNEE					OF NEXT OF K	N			-
		ellyary iv, p. i.			(MT	ADMINIS	TRATIVE 1		CW)		
			SECTION C —	DISINTER	MENT AND	IDENTIFICA	TION	,			
NAME			SERIAL NUMBER	C	RADE I	DATE OF DEA	TH	D.	ATE DISTIN	TERRED	
IDENTIFICATION TA	G ON	ORGANIZATION	 	!_	₁	RELIGION	IDENTIFIC	CATION VE	RIFIED BY		
REMAINS					·					AME AND	TITLE
MARKER		·	SECTION D — PR	EPARATIO	N OF REMA	AINS FOR SH	IPMENT				*****
NATURE OF BURIAL				(ONDITION	OF REMAIN	IS				
				:							
OTHER MEANS OF											
MINOR DISCREPAN	CIES (Prep	are Discrepa	ncy Report QMC	Form 1	194a for	major disc	repancies.)				
						4					
REMAINS PREPARED	AND PLACE	D IN CASKET									· · · ·
DATE CASKET SEALED BY			BY	1,	MRAIMER	(Signatur	a)				
CASKL! SLALLD UT				'	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(o.Ba.a.	<i>-</i> ,				
CASKET BOXED AN	D MARKED		· · ·		HIPPING /	ADDRESS VER	IFIED BY	<u> </u>		- <u></u> -	
DATE	BY										
l hereb	y certify th	at all the fo	oregoing operati t.	ons were	e conduc		T./. //TR Off TAG	e drus A ea	y immed	TED	ervision
REMARKS AND SPEC	CIAL INSTRUC	TIONS					NATURE OF AN	E A Z	-AP	IEM. DI	7.
KLWAKKS ANU SPEC	CIAL INSTRUC	110143				•	14		ÆDR• I	unis Vi	. 4 4

QMC FORM REV 11 FEB 48 1194

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RECORD OF CUSTODIAL TRANSFER

DISINTERMENT DIRECTIVE

51 <u> </u>										
11 1				DIRECTIVE NUMB	ER		DATE			
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	and i	3 UNKNOI	WMX - 00	00024		2				
							DAY MONTH			
CEMETERY	0 2 AGA	T					DISPOSITION OF			
GUAN N	U Z AGA	1				ρ	0391	63		
PLOT ROW	GRAVE COUN	TRY					CODE I	DIST. PT.		
4 57		ARIANAS					6			
			CONSIGNEE AND	NEXT OF KIN			<u> </u>	 _		
NAME AND ADDRESS	OF CONSIGNEE	<u> </u>		AND ADDRESS OF	NEXT OF KIN					
MARIANAS	IONAL CEMETE ISLANDS NISTRATIVE (ORDER)	part 1							
		SECTION C			l					
NAME		SERIAL NUMBER	RANK	DATE OF DEATH		DAT	E DISTINTERRED			
UNKNOWN		X-000,24	Unk	29 Apri	1 45	25	Nov 47			
IDENTIFICATION TAC	ON ORGANIZATIO	N P		RELIGION	IDENTIFICATIO	N VER	IFIED BY			
REMAINS MARKER		USN		Unknown	E. S.	ZAF	PICO, 2nd Lt			
		SECTION — PREPA	RATION OF REM	AINS FOR SHIPME	NT					
NATURE OF BURIAL		1	ONDITIO	N OF REMAINS						
Nature of	shroud unde te	ermined	Skel	etal remai	ns, incom	ıplet	te	_		
OTHER MEANS OF IDE	, Ma				**************************************	`				
MINOR DISCREPANCIE	S 1		A Lat	S N	i y					
None										
REMAINS PREPARED A	ND PLACED IN CASKET			443						
DATE 19 July	48	B Y V	. R. WILLI	AMS, Emba	lmer					
CASKET SEALED BY		<u> </u>	EMBALMER	(Signature)			V_{-}			
C. L. MAT	THEWS, Embalme	er	J. E. SPEER							
CASKET BOXED AND A	MARKED		SHIPPING	SHIPPING ADDRESS VERIFIED BY						
DATE 19 July 48	BY P. MABAZ	ZA	J. E.	MORRIS, C	lerk.		<u> </u>			
	certify that all the feport above is corre	oregoing operations	were conductive F. T.	J DE GROOD	plished under Sanda Capt. Capt.	CMP	immediate supe	rvisian		
1 Proper Disco	ranancy Ranort OM	C Form 1104a for m	aine dianeana.	cies						

GMC FORM REV 15 MAR 46 1194

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	O)	IHS 2 CHII	FROM
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3140	SIGNATURE OF RECEIVER	DATE	SIGNATURE OF SHIPPER
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Of AL	AT , AT , ALL HAINE		Jones James 1 4
DATE DATE	Chance Williams	BI NET	LAST D. De July
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	10 10 10 10 10 10 10 10 10 10 10 10 10 1	3. SHIF	FROM
6₹	Hedrad Jonnes 1 " Hy	6₹	HAROLD E. FIKE, CAPTAIN INF
DATE L SI	SIGNATURE OF RECEIVER	DATE. LS Jan	SIGNATURE OF SHIPPER
	NAME OF CONVOYER		KIND OF CONVEYANCE
	MASTER FS-278	 	(IH, NAGIA SPORT SABA
	01	IIHS 2	моя-
84	ROBERT C. SNOWDEN, 1st Lt Inf	87	
INL OS	SIGNATURE OF RECEIVER	VLUL OS	JOHN H. LOTT ME J.
			TRUCK
(*T	PORT STORAGE OFFICER (SAIPAN, M.		KIND OF CONVEYANCE
	OT		FROM U. S. MAUSOLEUM (SAIPAN, M.I.)
	DDED	IHS 'I	

RECORD OF CUSTODIAL TRANSFER

-• • •	- IDENIIF	ICATION DATA	
. REMAINS OF UNKNOWN	. C		2. DATE OF REPORT
	4 Guam #2, Agat Comete	ery	23 Jan 150
. NAME OF CEMETERY		4. PLOT 5. ROW 6. GRAVE	7. DATE OF
		1 1	DISINTERMENT REINTERMENT
_			
AGRS Mausel	eum, Mamila, P.I.		
		CAL DESCRIPTION	
, ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	UTD NY DEFICIAL IDENTIFICATION FO	UTD	UTD
	* ^ **	3	
	NONE		
S.GIVE DESCRIPTION OF T		OR SUCH INFORMATION OBTAINED FROM	OTHER SOURCES
	ATTOOS OR SCARS ON BODY AND/	OR SUCH INFORMATION OBTAINED FROM	OTHER SOURCES
. WAS BODY BURNED?	ATTOOS OR SCARS ON BODY AND/	OR SUCH INFORMATION OBTAINED FROM	OTHER SOURCES
- WAS BODY BURNED?	NONE	OR SUCH INFORMATION OBTAINED FROM	OTHER SOURCES
H. WAS BODY BURNED? TES NO. NO. WAS BODY MANGLED?	NONE TO WHAT EXTENT?	OR SUCH INFORMATION OBTAINED FROM	OTHER SOURCES
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+. WAS BODY BURNED? YES NO 5. WAS BODY MANGLED? YES NO	NONE TO WHAT EXTENT? Charred remains	OR SUCH INFORMATION OBTAINED FROM	OTHER SOURCES
H. WAS BODY BURNED? TES NO WAS BODY MANGLED? TES NO	NONE TO WHAT EXTENT? TO WHAT EXTENT? Charred remains HEALED FRACTURES AND BONE M.	OR SUCH INFORMATION OBTAINED FROM	OTHER SOURCES
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4. WAS BODY BURNED? YES NO 5. WAS BODY MANGLED? YES NO 6. DESCRIBE EVIDENCE OF	NONE TO WHAT EXTENT? Charred remains HEALED FRACTURES AND BONE M. NONE	OR SUCH INFORMATION OBTAINED FROM	PE, COLOR, SIZE, MARKINGS,

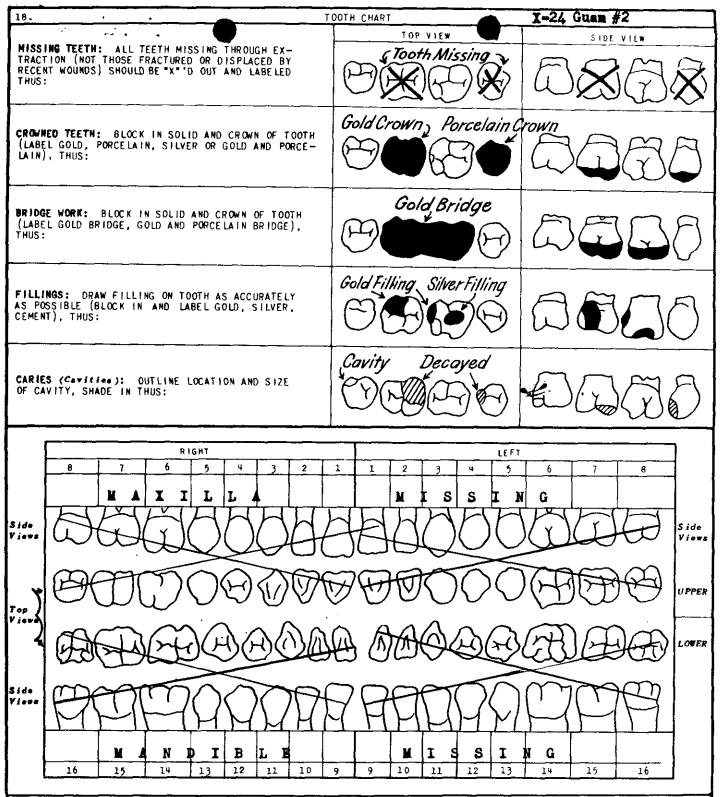
NONE

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

CTIS DECIAVE

OMC FORM REV 18 MAR 47 1044 PR

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



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

We leese maxillary or mandibular teeth present with remains.

"UNION TOTABLE"

PAUL R NICHOLS
Chief, Identification Section

Fr CKUP

21- REMARKS AND ADDITIONAL INFORMATION

Charred condition of remains makes skeletal chart accomplishment impossible.

"UNDERTIFIABLE"

"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

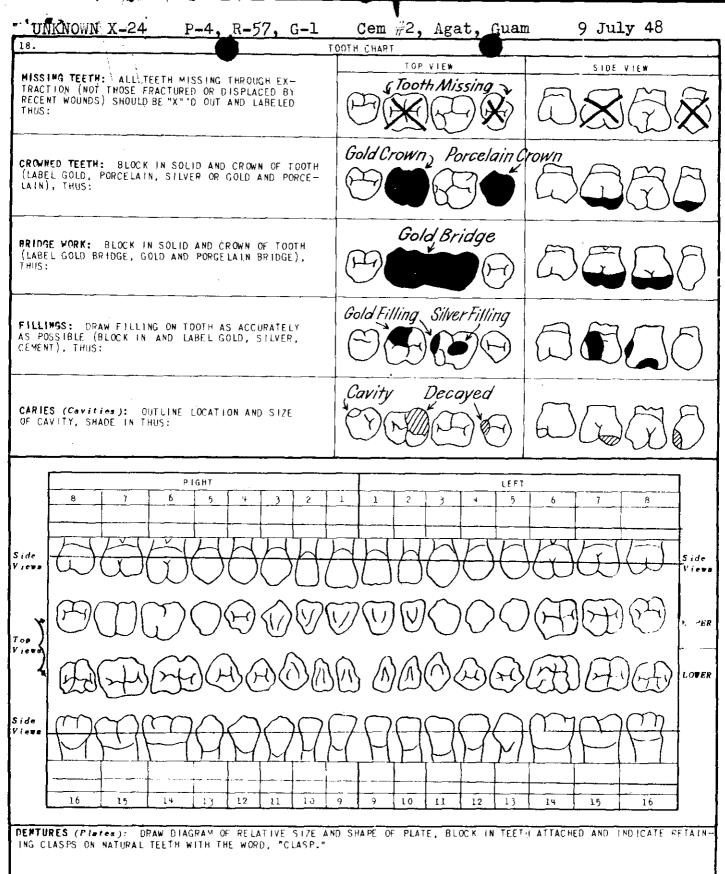
Paul R. Muhalo

SIGNATURE OF MEDICAL OFFICER

	: نـــن	\mathcal{A}_{i}				
	IDENTIFI	CATION D	ATA			
1. REMAINS OF UNKNOWN UNK	NOWN X-24				2. DATE OF RE 9 July	
3. NAME OF CEMETERY	· · · · · · · · · · · · · · · · · · ·	: 4. PLOT	5. ROW	6. GRAVE		TE OF
Cemetery #2,		4	57	1		
8. ESTIMATED WEIGHT	PHYSIC 9. ESTIMATED HEIGHT	AL DESCRIPTIO			11. RACE	·
UTD	UTD					.
12.GIVE DESCRIPTION OF ANY		UND WITH REMA	TD INS		UT.	<u> </u>
Unknown 1	late on Marker: X-24 7, G-1 29 Ap	or 45				
13.GIVE DESCRIPTION OF TATE	OOS OR SCARS ON BODY AND/O	R SUCH INFORM	ATION OBTA	INED FROM	OTHER SOURCES	
Non						•
14. WAS BODY BURNED? X YES NO	TO WHAT EXTENT?					
15. WAS BODY MANGLED?	Badly	•				
X YES NO	Crush	ed				
16. DESCRIBE EVIDENCE OF HE	<u> </u>					
No	ne					
	Hing, EQUIPMENT AND PERSON fry merks ere indistinct su on when facilities are not	ch notation z	hould be m			
Noi	ne					

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

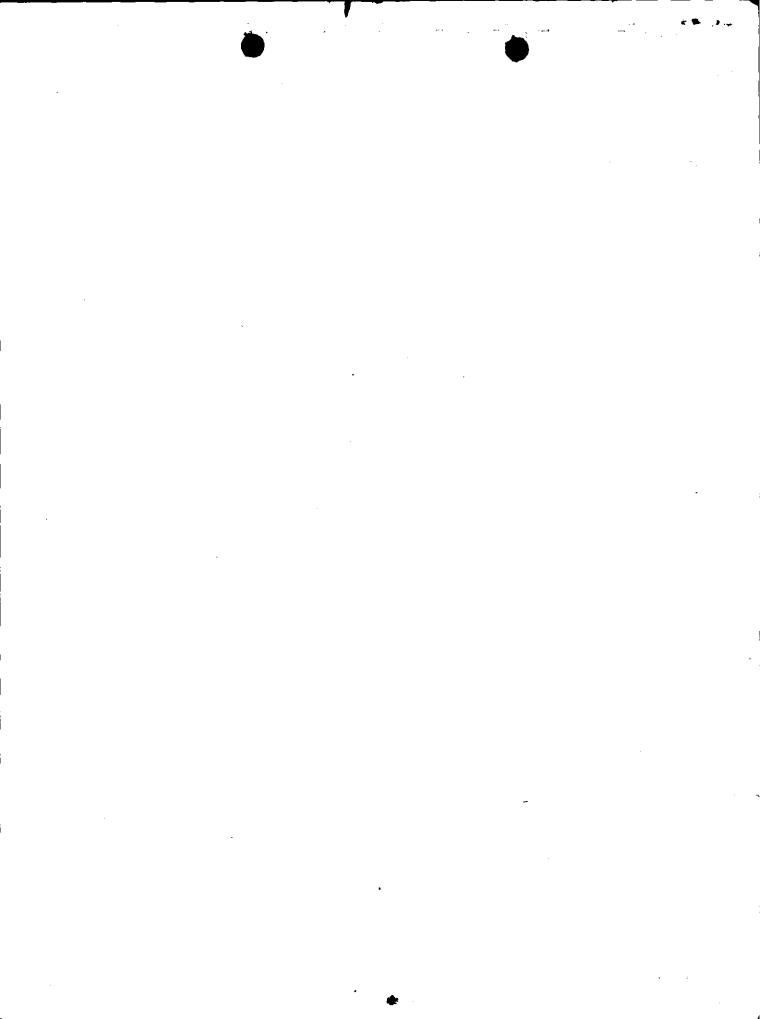
H. W. HARRIMAN
Captain, QMC
Operations Officer
AGRS, Marbo Zone

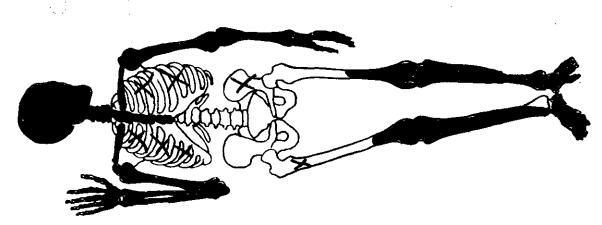


Mandible and maxilla missing.

CE Milkeuse 2

C. E. Wilkerson





Skeletal remains incomplete.

20. MASS BURIAL CERTIFICATE (1F APPLICABLE)
(Wherein segregation in whole or parts is impossible)

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SISNATURE

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

OMC FORM 10446

FLUOROSCOPIC REPORT

	Date:	9 July	48	
ON: X - 24 (N ame)			A A A CONTRACTOR	
P 4 R 57 G 1	Cemete	ry	Co	untry
Healed Fracture:			de de la companya de	
Malformation:	NONE			
Personal Items:	NONE	por arabadanta a akata d		
Companies de la companie de la comp	Metal fragmen	S	maringi vi Burgi vi Bayatan da	
		angan albaganganga angan ngantananga mi	anga mga dipembe dipembe salah salah dipembe dibi	
Remarks:				

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

MELVIN S. MITTENTHAL

Fluoroscopic Technician C. I. P. Laboratory, Saipan, H. I.

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

293.

Date 13 0ct 48

CACH CIMMADV AF

1

		1	CHOL SURI	MARI OF				
NAME:	WEL	NOWN X-9	4	RANK:		SERIAL	NO:	
CEMETER	Y Agat	Com #2 6	VAL.	Plot:	4 F	low: <u>\$7</u>	Grav	e:_ 1 _
	Remains	disinte	rred free	P-4. R-	-57. Ba	-1 knor		,
			peesed t					
			``````````					
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					*******************	نے سے بہ بہ ننا سے <u>ن</u> نہ		***
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cc: 293			ے نے سے میں میں انہا ہے ہے ہے۔		,			
					Æ	ROY H.	CHUTTE	FI
	*	·			~	Signatu	rē)	<u> </u>

Remarks:

## IDEN IFICATION CHECKLIST

9 July 48

Unknown	X-24	1	
Cemetery	<u>#</u> 2.	Agat.	Guam
Plot 4	Row	57 Gra	ve <u>l</u>

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.

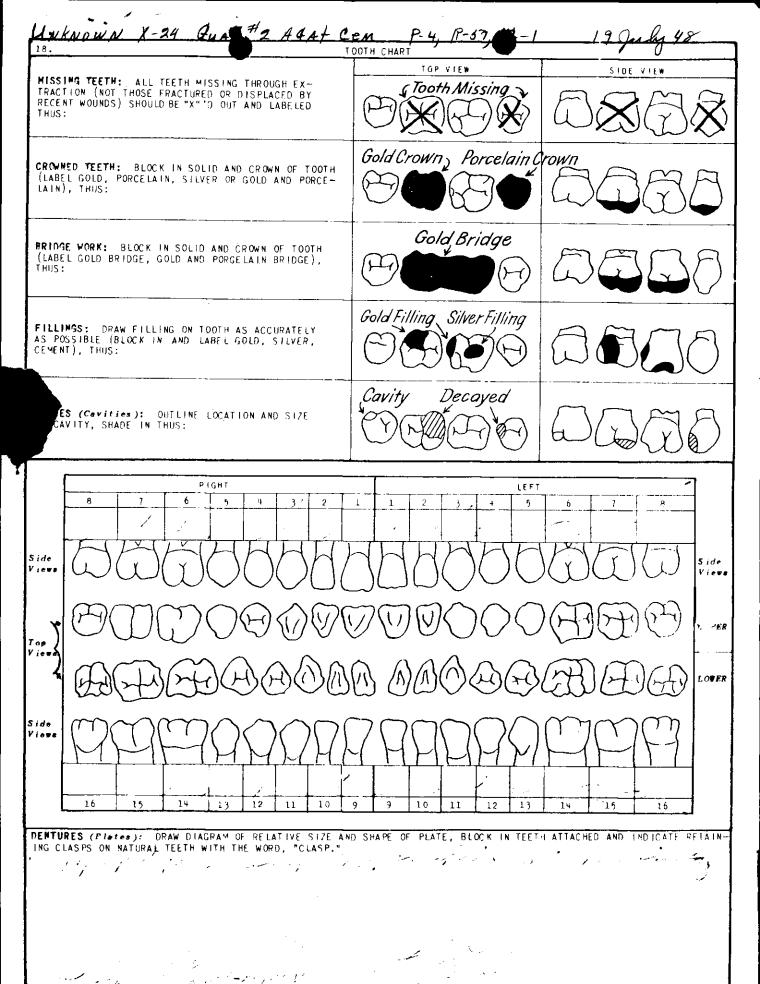
### PART I Physical Description

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

I certify that I have personally viewed the remains of subject deceased and see the peat of my knowledge.	€04¥
BEWEEKS:	,81
Black out parts of body not received at constant.	TLT
Evidence of healed fractures No	<b>•</b> 9τ
ferwarded through channels for examination Mone	
If Laundry marks are indistinct, such notation should be made and specimen	•51
Size size and markings: None equipment tenny search trem of crothings and markings:	* <del>151</del>
List every item of clothing 1/or equipment found, showing color of each,	, .

Organis atinggro

Service



QMQMN 293

Unknown X-2k

ANM Cometery, Ocas #2

SUBJECT: Unidentifiable Remains

TO:

Commanding Officer American Graves Registration Service Philosm Zone APO 928, e/e Postmaster San Francisco, California

- 1. Reference is made to Certificate of Unidentifiability from your Headquarters dated 23 January 1950 for Unknown X-2L, ANN Cemetery, Ouam #2, M. I.
- 7. Records of this Office indicate that X-2k was recommended unidentifiable by letter from Marbo Zone, file MRCRS, dated 30 Nevember 1968, subject: Transmittal of New QMC Forms 10kk (Resolution of Cases of Unidentifiable Deceased) and was approved by let Indersement from this Office dated 17 December 1968. Copies are inclosed for your information.
- 3. Certificate of Unidentifiability for X-2k is canceled and returned herewith.

TOP THE QUALTERMASTER GERERAL!

Trelas

Certificate of Unident. fer

X-24

Lar fr Marbo Zone dtd 30/Rov 18 w/Let Ind

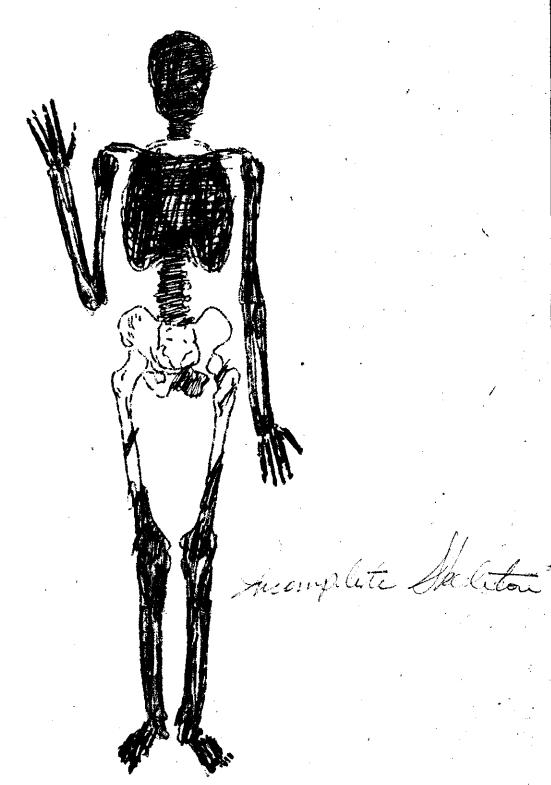
Corles furnished:

CANCEE PAZ THOMAS E. CON Captain OR Memorial Divisi ESF CJM

UNKNOWN X-24 QUA #2 A4A+ C.	en P-4, P-57, -1	19 July 48
16.	TOP VIEW	SIDE VIEW
MISSING TEETH: ALL TEETH MISSING THROUGH EX- TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:	Tooth Missing	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:	Gold Crown, Porcelain G	rown DDDD
BRIDGE YORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORGELAIN BRIDGE), THUS:	Gold Bridge	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	Gold Filling Silver Filling	
JES (Covition): OUTLINE LOCATION AND SIZE CAVITY, SHADE IN THUS:	Cavity Decayed	
Side Views Side Views Diagram of Relative Size and Ing Clasps On Natural Teeth with the word, "Clasp."	LEFT  1 1 2 3 4 5  1 1 2 3 4 5  1 1 2 3 4 5  1 1 2 3 4 5  1 1 2 3 4 5  1 1 1 2 1 3  1 1 1 2 1 3	Side Viere  Side Viere  LOWER  14 15 16
Mapulas and	17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

ONC FORM 1044a

Under you X-24 Cark (Ser No.) (Br of Sv)



SKELETAL CEART

UNKNOWN (X=24)	2-842	4-57-1	
DATE AND HOUR OF DIST	TERRMENT 1030	29 Aug 1946	
DEPTH OF BODY BURIED	4 feet		
HARKER AT GRAVE	Yes		
BODY BURIED UNDER MAR	KER Yes		
BURTED IN CASKET	Yes		
LIST OF REFERENCES FOUND	IN GRAVE None		
SIGNATURE OF PERSON I	n Charge of Working Par	IY Israel	

	TE	WI. DA	UNKNO		!	KNOWN	UN				X-24)	ED (	MUTFI	UHIDE	
		RIAL NO			<del></del>	RANK		-	TIAL	INI	ST	FIR		NAME	AST
			'ION	wood ANIZAT	azelı	USSH		-				UNIT	NOWE	UNK	
	1	?				MI•	uam, 1	at, G	• Age	ry #2	emete	•		TIOMI	UN
	RAVE NO	GF	ROW	LOT	P	AL.	F BURI	LACE	P			HTA	OF DE	PLACE	
8	7	6	FT 5	4	3	2	TEETH	JPPER 	2	3	нт 	RIG 5	6	7	8
	₹T			ABON		ED C		BE OF FIL		OLS	YMB	F S		KE'	
	1		IN	LOWER			OF BOX	IN		į.			_	STMBC IN HOLE	
FRON	ESIAL Oward	M EEN-T	(BETW	m			LGAM /ER)	AMA	Α			AGTED	EXTR	X	ļ
	CLUSA ACE BA	oc 16 SURF	(BITIN	0			)	GOL	G		ICATE	TY. IND Ation	•	0	
BACI	STAL Foward	DIS VEEN - 1	(BETV	d		R	ELAIN		S	_	BRIDA ABUTA			X	$\subseteq$

QHC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

#### **INSTRUCTIONS:**

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

IN FOMER HAFE OF BOX. DEPER 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. <u>MOTE CAREFULL</u>Y 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.

LEFT THOIR NIDE OBEN LEFT THOIR

01 6 6 01 0000

**SEMPERS**:

Mo dental Identification available

ROBERT J. MCBROCM, CAPT., CMC

NAME AND RANK TYPED OR PRINTED

**3TA**0 29 August 1946

SIGNATURE OF PERSON WHO PREPARED CHART

NAME AND RANK TYPED OR PRINTED M'H'BIVCK' If (1C) DENK

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PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

Rev. 1 Apr. 1945		REPORT OF	INTERMI	ENT 💮	Da	te of Report	t					
(Supersedes GRS Form	1)	•	nd AR 30-1815)	_		29 Aug. 1946						
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#### SYNOPSIS

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INSTRUCTIONS.—Enter after the above headings information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "itr," "memo," "1st ind," etc.
- 3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
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