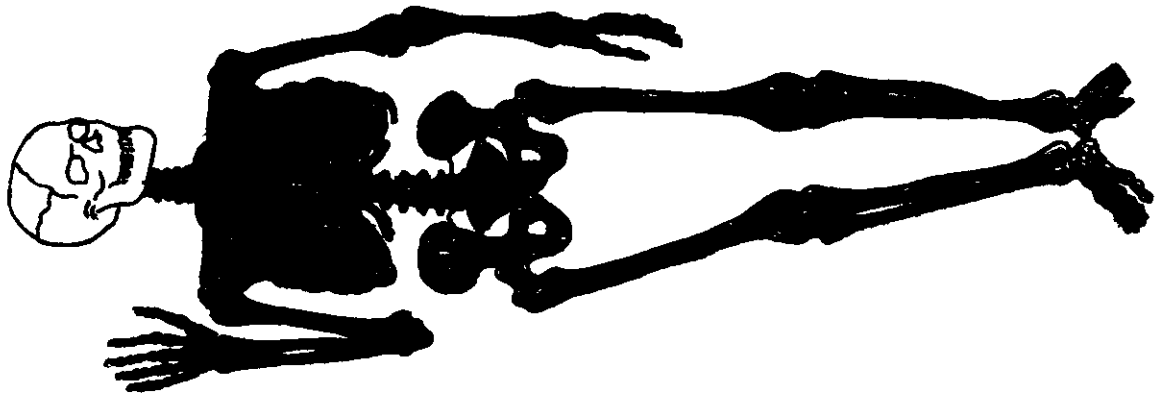


FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>43 with Guam # 2 X 29</i>
SUBJECT	

QMC FORM 1121
1 Aug 45

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: U T D

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tag, personal effects or any other means of identification found with remains.

"UNIDENTIFIABLE"

BY REASON OF LACK OF IDENTIFYING DATA

FILE
NAVY SECTION
G. J. MOYER

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

ROBERT R. FOX
Anthropologist, CIP

SIGNATURE

GENERAL IDENTIFICATION POINT
AGRS APO 900
NICHOLS FIELD, HAWAII, P.I.

16 May 1950

S T A T E M E N T

Reference: UNK 1-20, Agst. Gunn #2 Cemetery
" 1-23 " " " "
" 1-25 " " " "
" 1-29 " " " "

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

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

The examination revealed the following:

Remains UNK 1-20 compares very favorably with NICHOLSON, Melvin L., as to pattern of extractions in the portion of the right mandible present, and dark brown hair color. The fragmentary condition of the remains precluded estimation as to height and age.

Remains UNK 1-23 compares very favorably with GRINN, Gerald Max, as to great height, and pattern of extractions and fillings.

The cranium associated with remains UNK 1-29 compares perfectly with KALKREUTHNER, Albert Frank as to pattern of extractions and fillings; however, the post-cranial remains are definitely not associated with KALKREUTHNER. There is no definite way of proving whether the cranium and the post-cranial remains are properly associated; however, it is very probable that they are not properly associated. Thus, remains UNK 1-29 was segregated into two (2) remains. The cranium remaining as UNK 1-29 and the newly segregated post-cranial remains assigned UNK 1-19, Agst. Gunn Cemetery #2.

Remains UNK 1-25 could not be associated individually with any of the unaccounted for casualties from the USS Hazelwood.

INCK # 5

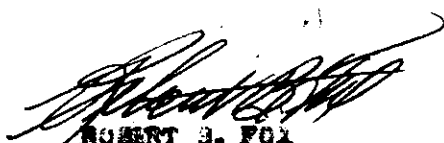
(Cont'd)

- 2 -

CONCLUSION:

I recommend the following individual identifications:

USK 1-20 as HENNINGSON, Melvin L.
USK 1-29 as GREEN, Gerald Max
The remains (X-29) as KALKREUTH, Albert Frank


ROBERT S. FOX
Anthropologist

*at/ to 2-11-49
5/1/49*

RRREC 293 (17 May 49)
SUBJECT: Burial Information

1st Ind

American Graves Registration Service, (Pacific Zone), APO 958, MAY 27 1949

TO: The Quartermaster General, Dept of the Army, Washington 25, D. C.

1. In reference to preceding communication the following information is offered in clarification.

2. Unknown X-29, Plot C, Row 26, Grave 3, was shipped to Manila with a Disinterment Directive on 6 October 1948.

3. Prior to disinterment of Cemetery #2, Guam a study of records revealed numerous duplication of Unknown numbers due to Ulithi reinterments with original "X" numbers. These Unknowns were renumbered by the former Marbo Sector, AGRS and was reported to OQMG the latter part of 1947. Unknown X-29, Plot 4, Row 56, Grave 8, was renumbered X-113 at that time. However, a Disinterment Directive for X-29 from this grave location was subsequently received and the remains was shipped to Manila on 14 January 1949 as X-29 in compliance with this directive.

FOR THE COMMANDING OFFICER:

Frank M. Green Jr
FRANK M. GREEN, JR.
Major, QMC
Chief, RR Div

2993 Unknown X-29 (intermar. 11)

*A/C
NAT
30 June 49
Council
RFR*

REPAIRS
RECORDS BRANCH
JUN 7 1953
RECEIVED
O.O.M.G.
M.F.R. BR.
JUN 8 3 35 PM '49
MEMORIAL DIVISION

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO QMGR 293
Unknown X-29

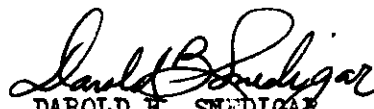
17 May 1949

SUBJECT: Burial Information

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to Reports of Burial from your Headquarters for Unknown X-29, which show burial locations as, Plot C, Row 26, Grave 3, and Plot 4, Row 56, Grave 8, in Army, Navy & Marine Cemetery #2, Guam, Marianas.
2. Report of Burial for Unknown X-29 in Plot 4, Row 56, Grave 8, indicates a previous burial in Ulithi Cemetery, Asor, Islands, Plot 2, Row 6, Grave 2.
3. Report of Burial for Unknown X-29 in Plot C, Row 26, Grave 3, indicates remains declared Unidentifiable.
4. Request clarification and correct Reports of Burial if applicable.

FOR THE QUARTERMASTER GENERAL:


DAROLD B. SVEDIGER
Captain, QMC
Memorial Division

RECEIVED
MAY 18 1949

MAY 18 1949

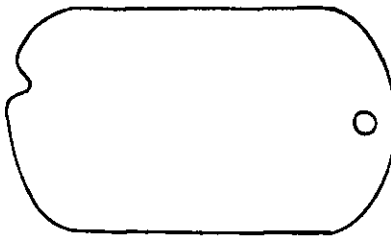


RECEIVED
MAY 24 1949

AGRS

RESTRICTED

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1, and Rev. of 1 Apr. 45, which may be used.)	REPORT OF INTERMENT <i>(AR 30-1810 and AR 30-1815)</i>	DATE OF REPORT 29 August 1946
--	--	---

<i>Imprint Identification Tag If Possible.</i> DO NOT TYPE 	Section 1.—IDENTIFICATION.		
NAME <i>(Last, first, middle initial)</i>		SERIAL No.	
UNIDENTIFIED (X-29)		UNKNOWN	
GRADE	ORGANIZATION	BRANCH OF SERVICE	
UNKNOWN	UNKNOWN	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	UNKNOWN	UNKNOWN

EMERGENCY ADDRESSEE *(Name, relationship, and address)*

UNKNOWN

IDENTIFICATION TAGS FOUND ON BODY <i>(1, 2, or none)</i>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION <i>(If unidentified, fill in section 3 on reverse)</i>
NONE	PLOT PLAN, GRAVE MARKER
WERE SUBSTITUTE TAGS PROVIDED? <i>(Yes or no)</i>	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO
	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

NONE

A TRUE COPY:

H. B. McNemar
Capt., QMC

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, M.I.

DATE OF BURIAL	HOUR	BURIED IN <i>(Shroud, blanket, or name of other)</i>	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
9-11-46	0845	Casket and burial bag	Cross with Zinc Plate	4	56	8

WAS THIS A REBURIAL? <i>(Yes or no)</i>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE						
Yes	Ulithi Cemetery, Asor Island						
	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <th>PLOT No.</th> <th>ROW No.</th> <th>GRAVE No.</th> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">6</td> <td style="text-align: center;">2</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.	2	6	2
PLOT No.	ROW No.	GRAVE No.					
2	6	2					

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
MEMORIAL SERVICE ONLY	MEMORIAL SERVICE ONLY	
IDENTIFICATION TAG BURIED WITH BODY <i>(Yes or no)</i>	IDENTIFICATION TAG ATTACHED TO MARKER <i>(Yes or no)</i>	WD QMC Form 1042 buried with body in a bottle one foot below grave marker.
Zinc Plate	No	

BODY BURIED ON DECEASED LEFT, NAME <i>(Last, first, middle initial)</i>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BRADY, Ernest J;	UNKNOWN	873-28-27	USS Hazelwood	8

BODY BURIED ON DECEASED RIGHT, NAME <i>(Last, first, middle initial)</i>	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
GREENBERG, Morris	S 1/c	811-70-76	USS Mindanao	7

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
/s/t/ ROBERT J. McBROOM, CAPT., QMC	/s/t/ ROBERT J. McBROOM, CAPT., QMC

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.

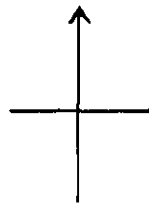
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

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



REMARKS:

DO NOT WRITE IN THESE SPACES
OSG MAR 2

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER

RIGHT
RING FINGER

RIGHT
LITTLE FINGER

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

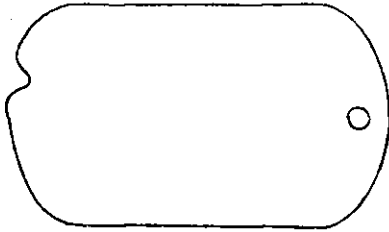
REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

29 August 1946

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)		Serial Number
UNIDENTIFIED (1-29)		UNKNOWN
Grade	Organization	Branch of Service
UNKNOWN	UNKNOWN	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	UNKNOWN	UNKNOWN

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, GRAVE MARKER

Were Substitute Tags Provided (Yes or 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


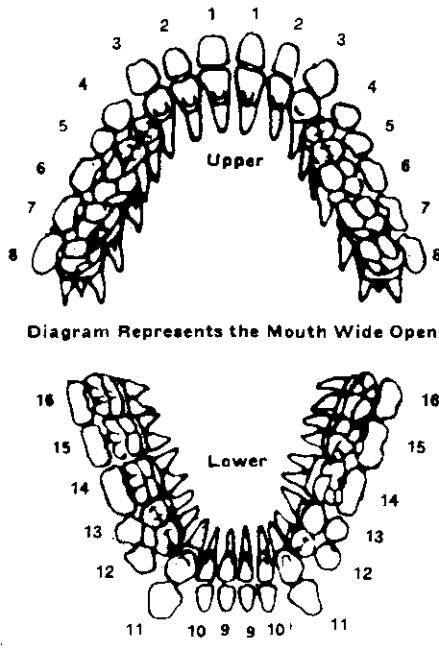





ARMY, NAVY, MARINE CEMETERY, #2, AGENT, OMB, H.I.

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	0845	Casket and burial bag	Cross with Zinc Plate	4	56	8
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	With Cemetery, same Island			2	6	2

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
MEMORIAL SERVICE ONLY		WD QMC Form 1042 buried with body in a bottle one foot below grave marker.
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	
Zinc plate	No	

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
FRANK, Ernest J.	UNKNOWN	073-28-07	USN	8
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
GREENBERG, Morris	S 1/c	811-70-76	USS	7
Signature of Person Preparing Report	Signature of GRS Officer Verifying			
<i>Robert J. McBroon</i>	<i>Robert J. McBroon</i>			
ROBERT J. McBROON, CAPT., USN	ROBERT J. McBROON, CAPT., USN			

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.

Little Finger Left	SECTION UNIDENTIFIED REMAINS			
Ring Finger Left	Instruction (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 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.			
Middle Finger Left	Height	Weight	Color of Eyes	Color of Hair
Index Finger Left	Weapon and Serial Number		Laundry Mark	Birthmarks, Scars or Tattoos
Thumb Left	Other Identification Clues			
Thumb Right	Fillings	Silver Filling Gold Filling 		 <p>Diagram Represents the Mouth Wide Open</p>
Index Finger Right	Cavities	Cavity Decayed 		
Middle Finger Right	Missing Teeth	Tooth Missing 		
Ring Finger Right	Crowned Teeth	Porcelain Crown Gold Crown 		
Little Finger Right	Bridge Work	Gold Bridge 		
Ring Finger Right	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery			
Little Finger Right				
Little Finger Right	Remarks			

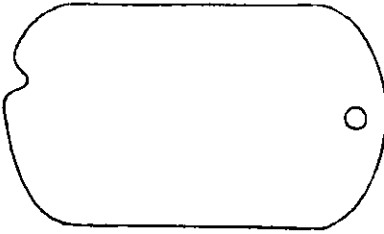
WD QMC Form 1042
Rev. 1 Apr. 1945
(Supersedes GRS Form 1)

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

29 August 1946

Imprint Identification Tag if Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION		
	Name (Last, First, Middle Initial)		Serial Number
	UNIDENTIFIED (X-29)		UNKNOWN
	Grade	Organization	Branch of Service
UNKNOWN	UNKNOWN	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	UNKNOWN	UNKNOWN	

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
NONE	
Were Substitute Tags Provided (Yes or No)	PLOT PLAN, GRAVE MARKER

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, M.I.

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	0845	Casket and burial bag	Cross with Zinc Plate	4	56	8

Was This a Re-Burial (Yes or No)

Yes

Is a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave

With Cemetery, Asor Island

Plot No.	Row No.	Grave No.
2	6	2



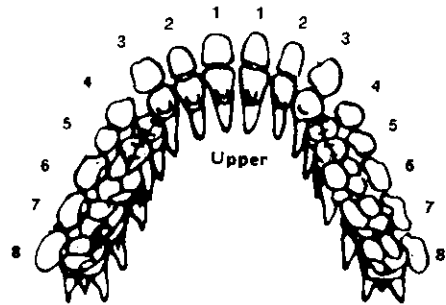
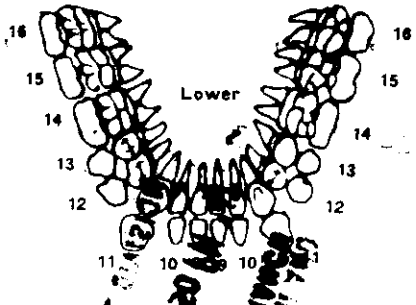






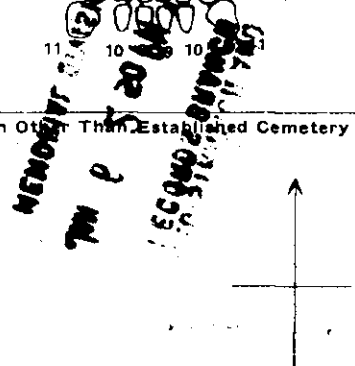


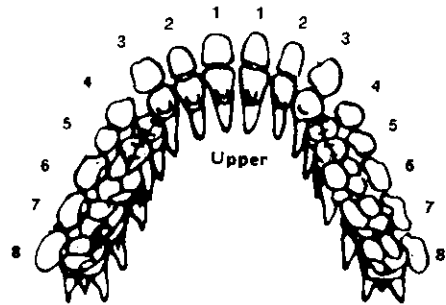
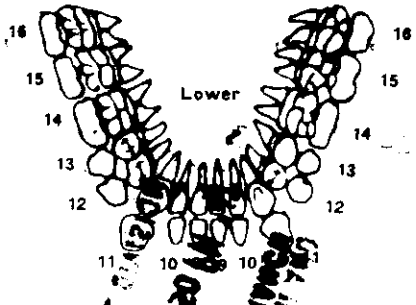






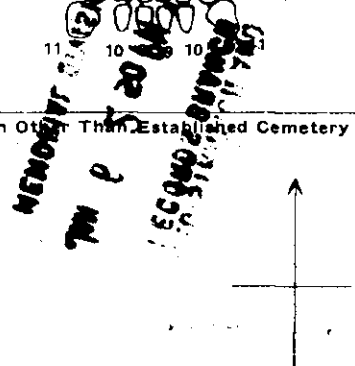


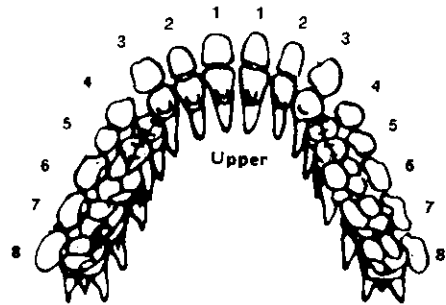
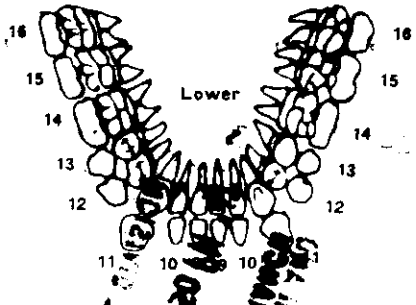






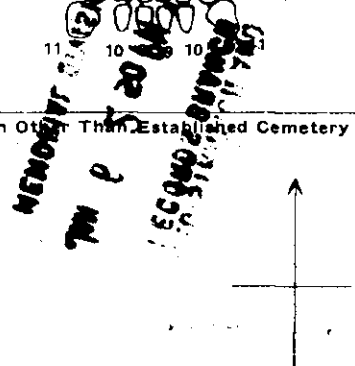
Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
MEMORIAL SERVICE ONLY		
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	WD QMC Form 1042 buried with body in a 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.
BRADY, Ernest J.	UNKNOWN	873-28-27	USS Hazelwood	8

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
GREENBERG, Morris	S 1/c	811-70-76	USS Mindanao	7

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
<i>Robert J. McBroom</i> ROBERT J. MCBROOM, CAPT., QMC	<i>Robert J. McBroom</i> 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.

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										
Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos												
Left Middle Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Weapon and Serial Number</td> <td style="width: 30%;">Laundry Mark</td> <td style="width: 40%;">Where Body Was Buried or Found</td> </tr> </table>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found												
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%; padding: 5px;"> <p>Fillings</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Silver Filling</div>  </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Gold Filling</div>  </div> </td> <td rowspan="4" style="width: 50%; text-align: center; vertical-align: middle;">  <p>Diagram Represents the Mouth Wide Open</p>  </td> </tr> <tr> <td style="padding: 5px;"> <p>Cavities</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Cavity</div>  </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Decayed</div>  </div> </td> </tr> <tr> <td style="padding: 5px;"> <p>Missing Teeth</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Teeth Missing</div>  </div> </td> </tr> <tr> <td style="padding: 5px;"> <p>Crowned Teeth</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Porcelain Crown</div>  </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Gold Crown</div>  </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Right Thumb</td> <td style="padding: 5px;"> <p>Bridge Work</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Gold Bridge</div>  </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Right Index Finger</td> <td style="padding: 5px;"> <p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: right; margin-top: 20px;">  </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Right Middle Finger</td> <td></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Right Ring Finger</td> <td></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Right Little Finger</td> <td style="padding: 5px;"> <p>Remarks</p> </td> </tr> </table>	<p>Fillings</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Silver Filling</div>  </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Gold Filling</div>  </div>	 <p>Diagram Represents the Mouth Wide Open</p> 	<p>Cavities</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Cavity</div>  </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Decayed</div>  </div>	<p>Missing Teeth</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Teeth Missing</div>  </div>	<p>Crowned Teeth</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Porcelain Crown</div>  </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Gold Crown</div>  </div>	Right Thumb	<p>Bridge Work</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Gold Bridge</div>  </div>	Right Index Finger	<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: right; margin-top: 20px;">  </div>	Right Middle Finger		Right Ring Finger		Right Little Finger	<p>Remarks</p>
<p>Fillings</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Silver Filling</div>  </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Gold Filling</div>  </div>	 <p>Diagram Represents the Mouth Wide Open</p> 															
<p>Cavities</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Cavity</div>  </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Decayed</div>  </div>																
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<p>Crowned Teeth</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Porcelain Crown</div>  </div> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Gold Crown</div>  </div>																
Right Thumb	<p>Bridge Work</p> <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;">Gold Bridge</div>  </div>															
Right Index Finger	<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: right; margin-top: 20px;">  </div>															
Right Middle Finger																
Right Ring Finger																
Right Little Finger	<p>Remarks</p>															

AIRMAIL

QNGMT 293
GRS Far East

Idlev

25 August 1950

SUBJECT: Identification of World War II Deceased

**TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 938, s/o Postmaster
San Francisco, California**

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

	Unknown X-20	Army, Navy, Marine, Gen. #2, Guam, Unit 4, Page 11
293	" X-29	" " " " " " " " 2 " 5
	" X-691	(formerly X-306 Manila #2) Unit 1, Page 4
	" X-4729	" " " " " 1 " 9
	" X-4795	" " " " " 1 " 8

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

FOR THE QUARTERMASTER GENERAL:

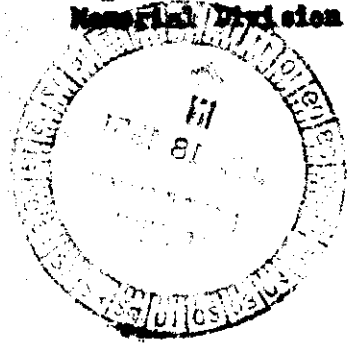
THOMAS E. COX
Capt QMG
Memorial Division

JV
JMG

J. Miller:lak
C. Salsor

cc: Administrative Section

cc: CINGFR



AIRMAIL

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1

Interred 3 August 1950
D 3 140 Ft McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81581

DATE

11 05 50
DAY MONTH YEAR

NAME UNKNOWN X - 29 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY AGAT NO. 2, GUAM PLOT 4 ROW 56 GRAVE 8 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-29 SERIAL NUMBER GRADE DATE OF DEATH 12 May 1950 DATE DISTINTERRED IDENTIFICATION TAG ON 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

CHANGE

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 12 May 1950 BY PAUL R NICHOLS CASKET SEALED BY PAUL R NICHOLS EMPALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY DATE 12 May 50 BY Sgt 1c, RA SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., PA

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt., PA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS NOTE: Plot D Row 3 Grave 140 formerly occupied by UNKNOWN X - 251, Finschaffen #5, the remains of whom was disinterred for shipment to Hawaii.

RECORD OF CUSTODIAL TRANSFER

FROM		AGPS MAUSOLEUM	TO	US MILITARY CEMETERY	KIND OF CONVEYANCE		TRUCK	SIGNATURE OF SHIPPER		DATE	9 AUG 1950
2. SHIPPED											
FROM			TO		KIND OF CONVEYANCE			SIGNATURE OF SHIPPER		DATE	
3. SHIPPED											
FROM			TO		KIND OF CONVEYANCE			SIGNATURE OF SHIPPER		DATE	
4. SHIPPED											
FROM			TO		KIND OF CONVEYANCE			SIGNATURE OF SHIPPER		DATE	
5. SHIPPED											
FROM			TO		KIND OF CONVEYANCE			SIGNATURE OF SHIPPER		DATE	
6. SHIPPED											
FROM			TO		KIND OF CONVEYANCE			SIGNATURE OF SHIPPER		DATE	
7. SHIPPED											
FROM			TO		KIND OF CONVEYANCE			SIGNATURE OF SHIPPER		DATE	
8. SHIPPED											
FROM			TO		KIND OF CONVEYANCE			SIGNATURE OF SHIPPER		DATE	

3

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6301 81901

DATE
11 05 90
DAY MONTH YEAR

NAME: UNKNOWN I - 29
SERIAL NUMBER: [] GRADE: [] ARM: []
RACE: [] RELIGION: []

CEMETERY: USAP CEMETERY ACAT NO. 2, GUAM
PLOT: 4 ROW: 96 GRAVE: 8
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. UN, HONOLULU, 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: [] REMAINS [] 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: []

CHANGE

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

REMAINS PREPARED AND PLACED IN CASKET
DATE: [] BY: []

CASKET SEALED BY: [] EMBALMER (Signature): []

CASKET BOXED AND MARKED: [] 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.

Handwritten signature and notes: 24 Aug 90, []

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

4

Interred 3 August 1950
D 3 140 F McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

D-3-140

CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

602 2152

11 05 50
DAY MONTH YEAR

NAME *213 Unknown #2*
CENETERY *UNKNOWN I - 29*
WAF CEMETERY ACAT NO. 2, OAHU

SERIAL NUMBER GRADE ARM

RACE RELIGION

PLOT ROW GRAVE
4 3 8

DISPOSITION OF REMAINS
772 00
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
*UNITED STATES MILITARY CEMETERY
FT. WIL, HONOLULU, P. I.*

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME *Unknown X-29*
SERIAL NUMBER GRADE DATE OF DEATH

DATE DISINTERRED
12 May 1950

IDENTIFICATION TAG ON ORGANIZATION
 REMAINS
 MARKER

RELIGION IDENTIFICATION VERIFIED BY
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
Shut

CONDITION OF REMAINS
Skeletal

OTHER MEANS OF IDENTIFICATION

CHANGE

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. Nichols

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.

L. W. Richards
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
NOTE: Plot D Row 3 Grave 140 formerly occupied by UNKNOWN X - 251, Finschaffen, #5, the remains of whom was disinterred for shipment to Hawaii.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

KIND OF CONVEYANCE

TRUCK

AGRS MATSOIKIM

TO

NAME OF CONVOYER

US MILITARY CEMETERY

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

DATE

FROM

KIND OF CONVEYANCE

2. SHIPPED

TO

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APG 928
31 JUL 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN X-20, Guam Agat #2
" X-29, " " "
" X-5263, AGRS Mslm - *all returned to*

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

FOR THE COMMANDING OFFICER:

3 Incls
QMC Forms 1033 w/Certificate
of Unidentifiability

JOHN SHUPULA
1st Lt., Infantry
Adjutant

10 Aug 50

FILE
NAVY SECTION
NOVEMBER

1. FILE UNDER NO. 293 - UNK QUAM #2 X-29

SYNOPSIS

2. TYPE OF DOCUMENT: ITR 3. DATE: 31 July 50
4. FROM: Headquarters, American Graves Registration Service
Philcom Zone
5. TO: OQMG
6. SUBJECT: Unidentifiable Remains
Unknown X-20, Guam Agat #2

7. DOCUMENT FILED
UNDER NO. 293 - UNK GUAM #2 X-20

igb

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.

OMGM 293
KALKBENNER, Albert Frank
337 40 74, USN

SUBJECT: Identification of Unknown Deceased

JUL 14 1950

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 9728, c/o Postmaster
San Francisco, California

1. Reference is made to Case History dated 25 May 1950, PHILCOM ZONE, recommending that the remains of Unknown X-29, Army, Navy, Marine Cemetery #2, Agat, Guam, Plot 4, Row 56, Grave 8, be identified as the recoverable remains of BW2/c Albert F. KALKBENNER, 337 40 74, USN.

2. The recommendation of the Board is disapproved.

3. Disapproval is based on dental and height discrepancy. The recorded dental condition for KALKBENNER indicates an occlusal filling in I-6 and his height is 65 1/2 inches.

4. Referenced Case History is returned herewith.

5. Unknown X-29 is listed on FEA Unit Roster #2, page 5.

FOR THE QUARTERMASTER GENERAL:

1 Incl
Case History for
KALKBENNER

THOMAS F. COX
Captain OMC
Memorial Division

CC: CINCPAC

OMGM 293 Unk X-29, ANM Cemetery #2, Agat, Guam

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

AFPO 900

91
GRPZ 293

1950

SUBJECT: Corrected Certificate of Unidentifiability

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

1. Reference is made to Certificate of Unidentifiability, dated 14 April 1950, previously submitted your Office for Unknown X-29, ANM Cemetery No. 2, Agat, Guam.

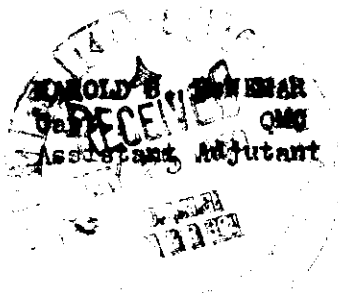
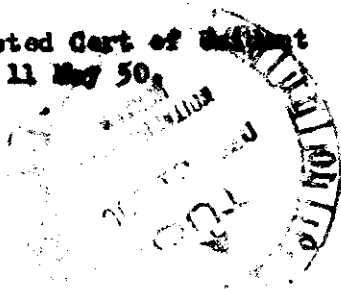
2. A recent review of records reveals that the grave location indicated on referenced certificate is in error and should have listed the following data instead:

Plot 4, Row 56, Grave 8.

3. Consequent to the above findings, submitted herewith is a corrected Certificate of Unidentifiability for subject Unknown to replace the previous one referred to in above.

FOR THE COMMANDING OFFICER:

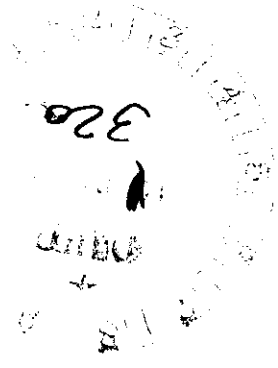
1 Incl
Corrected Cert of Unident
dtd 11 May 50.



*File
NAM
13 July 50
Bachman
Ed Br.*

293 - 116907 # 2 - X 29

AIR MAIL



HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

11 May 1950

(Date)


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 29, Plot 4,
Row 56, Grave 8, USMC A.N.M. Cem #2, Agat, Guam, have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this decedent,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


E. MCNEMAR
Captain, QMC
Chief, Records Branch

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-29 Agat, Guam No. 2				2. DATE OF REPORT 16 May 1950		
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION Age: 22-28 yrs.

8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT 5'11 1/2"	10. COLOR OF HAIR Brown	11. RACE White
---------------------------------	----------------------------------	----------------------------	-------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

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

15. WAS BODY MANGLED?	TO WHAT EXTENT?
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Left femur and tibia.

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None


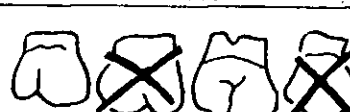
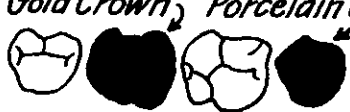





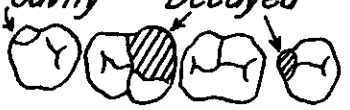

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

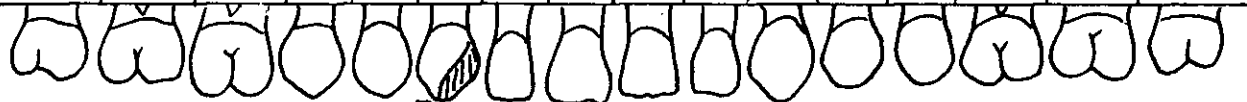



None

INCL # 4

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>↓ Tooth Missing ↓</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>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity Decayed</p> 	

partially erupted								partially erupted									
RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	a	a				P	P		P					a	OL		
	o	o												o	o		
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	a	a	P			P	P	P	P			a	s	X	o		
	o	o										o	o		o		
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."

Paul R. Nichols

PAUL R NICHOLS
Chief Identification Section

Incl # 21a

QUONIA 293
Unknown X-29

293 unk Guam, X-29 (Marianas)

17 May 1949

SUBJECT: Burial Information

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to Reports of Burial from your Headquarters for Unknown X-29, which show burial locations as, Plot C, Row 26, Grave 3, and Plot 4, Row 56, Grave 8, in Army, Navy & Marine Cemetery #2, Guam, Marianas.
2. Report of Burial for Unknown X-29 in Plot 4, Row 56, Grave 8, indicates a previous burial in Ulithi Cemetery, Asor, Islands, Plot 2, Row 6, Grave 2.
3. Report of Burial for Unknown X-29 in Plot C, Row 26, Grave 3, indicates remains declared Unidentifiable.
4. Request clarification and correct Reports of Burial if applicable.

FOR THE JURY MASTER GENERAL:

Brown
72267

HAROLD B. EN DICKER
Capt in, GIC
Memorial Division

DBS

Requested for Mrs. Hackney, 17 May 1949

MAY 18 9 14 AM '49
REPAIRING
RECORDS DIVISION

1

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6321 00000		DATE 15 11 47 DAY MONTH YEAR			
NAME UNKNOWN				SERIAL NUMBER X-000029 X-113		RANK	ARM 8	DATE OF DEATH	
CEMETERY GUAM NO 2 AGAT						0	0391	63 CODE DIST. PT.	
PLOT 4	ROW 56	GRAVE	COUNTRY 8 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 X-113		SERIAL NUMBER Unknown		RANK Unknown		DATE OF DEATH 29 Apr 45		DATE DISTINTERRED 27 Nov 47	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER		ORGANIZATION UNKNOWN				RELIGION Unknown		IDENTIFICATION VERIFIED BY R H Cestreich, Capt., Inf. NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Individual grave, casketed				CONDITION OF REMAINS Skeletal remains, incomplete					
OTHER MEANS OF IDENTIFICATION Lortuary Plate				CANCELLED					
MINOR DISCREPANCIES / None									
REMAINS PREPARED AND PLACED IN CASKET									

DATE 26 Oct 48				BY J L Sibley, Emb.					
CASNET SEALED BY J L Sibley, Emb.				EMBALMER (Signature) <i>Harold E. Connell</i> HAROLD E CONNELL					
DATE 26 Oct 48				BY E Kelly					
CASNET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY 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.

for John Hart
 FT DE GRCODT, Capt., CF
 SIGNATURE OF GRS INSPECTOR

SEP 1 1949

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		2. SHIPPED		3. SHIPPED		4. SHIPPED		5. SHIPPED		6. SHIPPED		7. SHIPPED	
FROM	US LAVASOLEM (SAIPAN I.I.)	FROM	AGRS PORT (SAIPAN, MI)	FROM	MASTER PS-278	FROM	AGRS LAVASOLEM	FROM	AGRS LAVASOLEM	FROM	AGRS LAVASOLEM	FROM	AGRS LAVASOLEM
KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK	KIND OF CONVEYANCE	TRUCK
SIGNATURE OF SHIPPER	<i>John H. Lott, Maj CMC</i>	SIGNATURE OF SHIPPER	<i>Harold E. Pike, Captain INF.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Pike, Captain INF.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Pike, Captain INF.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Pike, Captain INF.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Pike, Captain INF.</i>	SIGNATURE OF SHIPPER	<i>Harold E. Pike, Captain INF.</i>
DATE	26 Oct 48	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49
TO		TO		TO		TO		TO		TO		TO	
NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>	SIGNATURE OF RECEIVER	<i>Robert G. Snowden</i>
DATE	26 Oct 48	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49	DATE	12 Jan 49
FROM		FROM		FROM		FROM		FROM		FROM		FROM	
KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER		SIGNATURE OF SHIPPER	
DATE		DATE		DATE		DATE		DATE		DATE		DATE	
TO		TO		TO		TO		TO		TO		TO	
NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER		SIGNATURE OF RECEIVER	
DATE		DATE		DATE		DATE		DATE		DATE		DATE	

JAN 1949

JAN 1949

Robert G. Snowden
Harold E. Pike, Captain INF.
John H. Lott, Maj CMC

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

DATE

UNKNOWN X-29

UNKNOWN

UNKNOWN

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNKNOWN

USS Hazelwood

UNIT

ORGANIZATION

UNKNOWN

Cemetery #2, Agat, Guam

4

56

8

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

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

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE			A	A	⊗				⊗	⊗	⊗	⊗		A		⊗			
LOCATION			o	MOD										o					

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)

mele

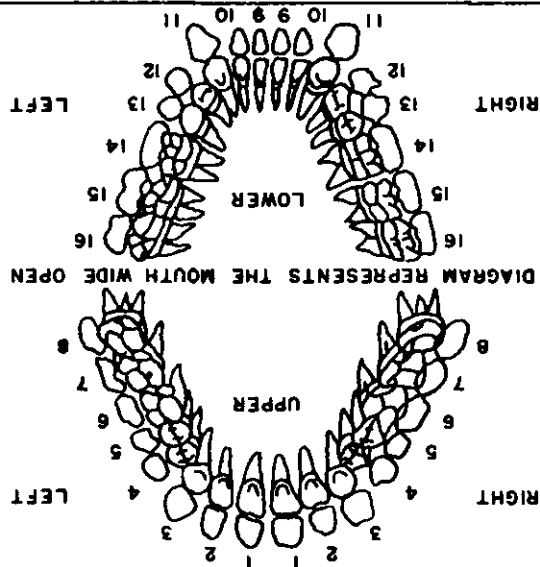
INSTRUCTIONS:

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. 1 right D L fractured caspid
No. 6 right has a D L and D caspid fractured
No. 3 right have fractured crown.

SIGNATURE OF PERSON WHO PREPARED CHART
/s/ W. H. Black

NAME AND RANK TYPED OR PRINTED
/t/ W. H. Black, Lt., (Jg) USNR

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED
ASOR ISLAND, ULITHI CEMETERY

VERIFIED BY GRS OFFICER
/s/ Robert J. McBrown

NAME AND RANK TYPED OR PRINTED
/t/ ROBERT J. McBROWN, Capt., QMC

DATE
29 August 1946

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

UNKNOWN X-29			UNKNOWN			UNKNOWN		
LAST NAME			FIRST			INITIAL		
UNKNOWN			UNKNOWN			UNKNOWN		
UNIT			ORGANIZATION					
UNKNOWN			USS Hazelwood					
PLACE OF DEATH			PLACE OF BURIAL			PLOT	ROW	GRAVE NO.
UNKNOWN			Cemetery #2, Agat, Guam			4	56	8

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	RIGHT UPPER TEETH LEFT																
TYPE		A	A				P		P	P							TYPE
LOCATION		O	O														LOCATION
INSIDE — LOOKING OUT																	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
	RIGHT LOWER TEETH LEFT																
TYPE		A	A	P			P	P	P	P			A		X		TYPE
LOCATION		O	med										O				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
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 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

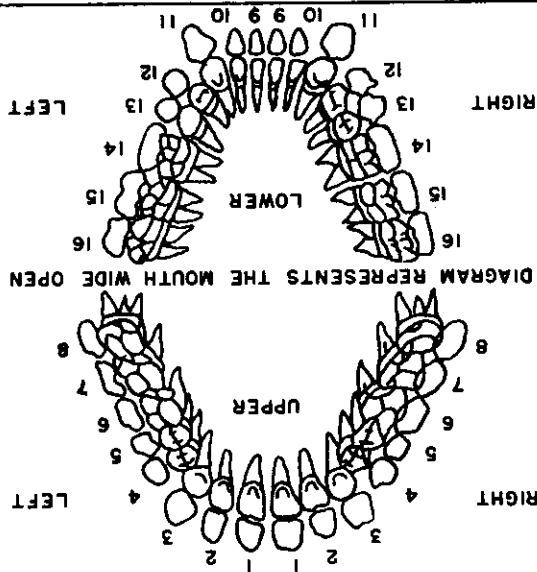
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

No. 1 Right D I. Treatment complete.
No. 6 Right has a R and a couple treated.
No. 5 Right have treatment crown.

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten Signature]

R. H. BLACK, D.D.S. (Jr.) D.D.M.
NAME AND RANK TYPED OR PRINTED

ROBERT J. HANCOCK, D.D.S., D.D.M.
NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

[Handwritten Signature]

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ARMY I.D.M.D., MILITARY DENTISTRY

DATE

29 JANUARY 1946

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~~ ~~10~~ ~~1946~~
DATE
















~~YOUNG~~ LAST NAME ~~Y~~ FIRST ~~Y~~ INITIAL ~~1~~ RANK ~~100000000~~ SERIAL NO.
~~100000000~~ UNIT ~~U S Army~~ ORGANIZATION
~~100000000~~ PLACE OF DEATH ~~Cemetery #2, APO, Guam~~ PLACE OF BURIAL ~~1~~ PLOT ~~56~~ ROW ~~6~~ GRAVE NO.

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

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH				LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					
TYPE		A	A	P			P	P	P	P			A		X						
LOCATION		o	mod										o								

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
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 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.

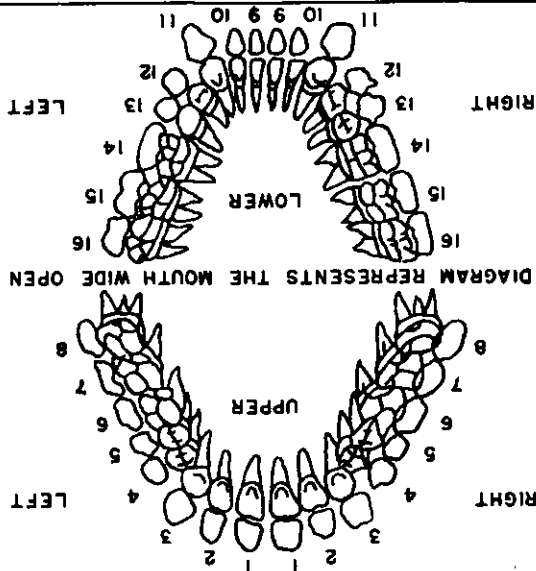


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

- No. 1 right D I fractured cuspid
- No. 6 right has a DL and D cuspid fractured.
- No. 3 right has fractured crown.

SIGNATURE OF PERSON WHO PREPARED CHART

W. H. Black

W. H. BLACK, LT., (JG) USNR
NAME AND RANK TYPED OR PRINTED

ROBERT J. KERRON, Capt., OMC
NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

Robert J. Kerron

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

ASOR ISLAND, ULITHI CEMETERY

29 August 1946
DATE

Ug Bank Guam # 21X-29

293

1 Navy Chief, 10 Aug
Liaison Id Branch 1950
Section Id Section
Repat Br
Mem Div

SUBJECT: Unknowns X-20 and X-29, Army, Navy, Marine Cemetery #2, Agat, Guam

1. Forwarded herewith are Certificates of Unidentifiability and Burial Reports with accompanying papers on subject listed unknown remains for action by your Branch.

2. Efforts by this Section to associate these Unknowns with Navy, Marine Corps or Coast Guard casualties, have met with negative results based upon evidence presently contained in files.

3. Request this Section be notified when these cases are resolved in order that adjustments may be made in statistical reports.

MOYER
73880

2 Ident Sec Navy 23 Aug
Ident Br Liaison 1950
Mem Div Section
Repat Br
Mem Div

1. Reference is made to paragraph 3, Comment No. 1.

2. Findings of Unidentifiability have been approved by this Office.

3. Files are returned herewith for completion of Administrative reports.

COX
74059

MEYER
53482

AUG 25 1950
FILE
NAVY SECTION
C. L. MOYER

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOR ZONE

APO ~~966~~ 928

19 July 1950

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 29, Plot 4,
Row 56, Grave 8, USMC ANM Cem #2, Agat, Guan, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


V. B. McNEEMAR
Captain, OMC
Chief, Records Branch

100-25-1285
FILE
NAVY SECTION
100-25-1285

Received 10 Aug 50 OCMG
Not identifiable from
information presently
available

J. Miller Ident. Sec.
23 Aug 50

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNK. X-29 Guam Agat # 2				2. DATE OF REPORT 25 July 1950	
3. NAME OF CEMETERY AGRS Mausoleum Manila P. I.		4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION				Age: 30-37 yrs.	
8. ESTIMATED WEIGHT U. T. D.	9. ESTIMATED HEIGHT U. T. D.	10. COLOR OF HAIR Blonde		11. RACE White	

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

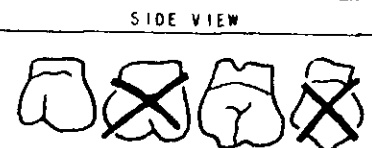
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

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

FILE
 NAVY SECTION
 G. J. MOYER

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:



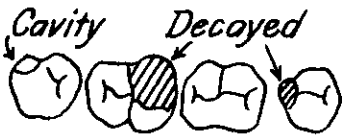
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



partially erupted

partially erupted

RIGHT								LEFT									
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
	a	a				X	X	X						a	a		
Side View																	Side View
Top View																	
Side View																	
	a	a	P			P	P	P	P					a	X		
	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."

NAVY SECTION
G. J. MOYER
AUG 25 1950

"UNIDENTIFIABLE"

BY REASON OF LACK OF IDENTIFYING DATA FORBES, R. P. Anthropologist, CIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



femur	47.5	-	175
tibia	40.6	-	184
fibula	40.1	-	184
			<u>3/543</u>
			181

Estimated height 5'11 1/4"

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

See attached Anthropologist's statement dated 16 May 1950.

Incl #4

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

ROBERT B FOY
Anthropologist