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#6-76060-150W

FORM ACCOMPLISHED

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NAME AND RANK TYPED OR PRINTED

W.H. MIACK, Lt. (3C) USING

SIGNATURE OF PERSON WHO PREPARED CHART

aldaliava mottastittashi Latmah om

IN LOWER HALF OF BOX.

INSTRUCTIONS:

BEWARKS:

6 6 01 0000 THOIR. LEFT LOWER MIDE OBEN REPRESENTS THE MOUTH TRBJ

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

UPPER NALE 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

THENTIAN OF TERMION OF THE OFFERENCION OF THIS CHERT OF PARAMOUNT

CROWNS (FULL OR 34), 34 GOLD CROWN WITH SILICATE WINDOW.

IMPORTANCE, IF SAME IS TO BE OF MAXIMUM VALUE.

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

Ship or station Date report filled out: 7 December, 1945 attached at time of Death; Unknown Copy Identification Tag Name: Middle Last First Unidentified # 31 File or Service No. Rank or Rate Branch of Service Unknown Unknown Aviator Race Corps or Reserve Classification Unknown X-3/ Unknown Cause of Death: Place Of Death: Enemy Action, Airplane Crash Yap Island Name of Next of Kin (If Known) Address of Bext Of Kin (If Known) MARROYA Unknown Date of Burial Date of Death: 14 November, 1945 Unknown Hame Of Cometery Location Of Cemetery Ulithi Cometery Asor Island, Ulithi, Western Carelines Grave Marker Type Grave No. Plot No. Row No. White Cross 10 11 2 Buried At Sea Type of Religious Ceremony Religion Of Deceased Unknown Catholic and Protestant Identification Tags Found On Body If We Identification Tags, Other Hone Means Used To Identify Body. (Identification Cards, Letters, ets. Complete Dental Chart On Reverse Fo No Identification Of Any Kind. Complete Fingerprint On Reverse, Both Hands To List Of Personal Effects Found On Bedy And Disposition Of Same Identification Tag Buried With Bedy Identification Tak X.

Submitted:

Wm. M. MOIR,

Lt. Comdr. (MC) USER

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WD QMC form 1042 Rev. 7 Apr. 1945 (Superseder GRS Form	n 1)		REPORT OF	INTERM	—	1	ate of Repor		
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			UNKLIOHN		-				
Identification Tags For (1, 2, or None)	und on Bod	у	If No Tags Found on Body, Fill in Section 3 on Reverse	Describe Means	of Identification. If	Unidentifle	t,		
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List Personal Effects F	Found on B	ody and	Disposition of Same				200		
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SECTION 2. BURIA	L If othe	r than	in established cemetery fu	rnish sketch	and map coordinat	es on rever	se.		
Name, Number, Coordi	nates and l	Location	of Cemetery					•	
A	w Mass	. Ko	rine Cemetery #2,	Amm+ Cus	m VT				
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Type of Religious	Person	Conduc	ting Burial Rites	If Identificati	on Tags Not Used, D	escribe Ider		11.	
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•	~~ E	diagram	i below. To	oth char	t will not	be accomp	olished if one	or more finger	prints are secured.
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Identification of World War II Incomed SUBJECT:

r Commanding General TO chilippine Command APO 707, c/o Postmester Sam Francisco, California ATTE: AGAS, PHILOM LONE

acformes is made to the following Unknown remains, formerly interred in Arms, Marine Cometery #2, Agat, Guam, now stored at AHTS Musoleum, Martin, P.I.;

Qnknown X-81 1-97 X-108 X-106

> . 2. Subject cases have been reviewed and this Office approves the classification of the above listed Onknowns as unidentifiable.

> > FOR THE ACTING THE QUARTSHART, NORTHARDS

T. H. METZ Lt. Colonel, QMG01 TEG ' Memorial Diviv co--Administrative Section Joc--Cincfe RS (Far East) Wich Zluane, 1 31 Grove may 4 minulem #2 293 - Unk. P. I. (Misc.) (Maus. Manila) (X-31, 97, 101, 105, 106, 111, 125)

QMGMT 293,
GRS Far East

30 August 1949

SUBJECT: Identification of World War II Deceased

TO:

Commanding General Philippine Command APO 707, c/o Fostmaster San Francisco, California ATTN: AGRS, PHILCOM MONE

1. Reference is made to the following Unknown remains, formerly interred in Army, Navy, Marine Cemetery #2, Agat. Guam, now stored at AGRS Mausoleum, Manila, P. I.:

Unknown X-31
" X-97
" X-101
" X-105
" X-106
" X-111

X-125

11

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

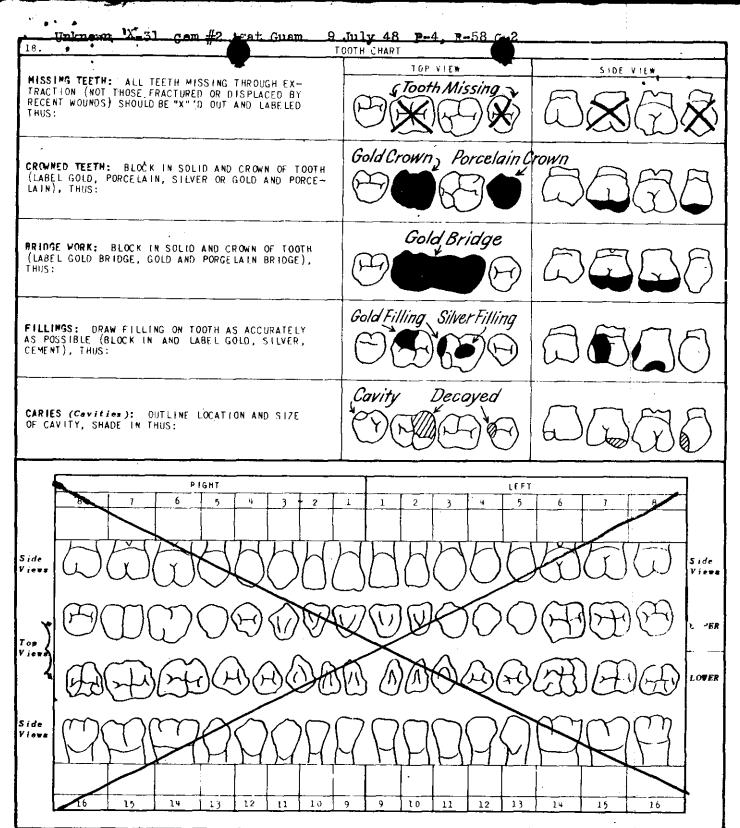
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UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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



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 TEETH WITH REMAINS

He Sutkoski

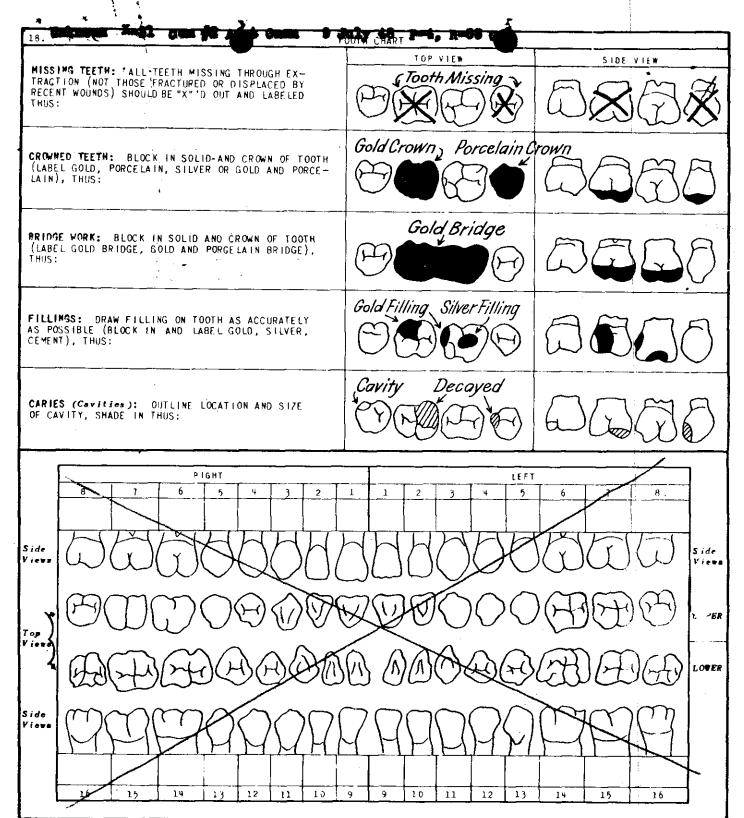
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UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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



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

NO TREES HITH REMAINS

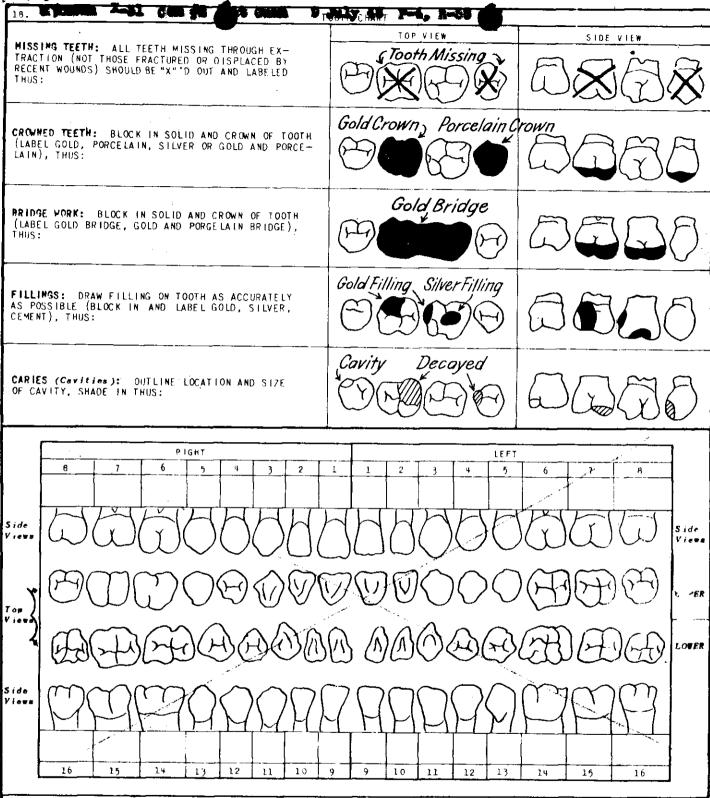
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UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

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



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

NO TREES NAME REMAINS

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4. 2-68, and General Agent General 9 July 48 MASS BURIAL CERTIFICATE (IF APPLICABLE) (Wherein segregation in whole or parts is impossible) I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF NUMBER __ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21. REMARKS AND ADDITIONAL INFORMATION ANTHONY O' BAKER. 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 C.M. EKILEY, CAPT., C.A.C.

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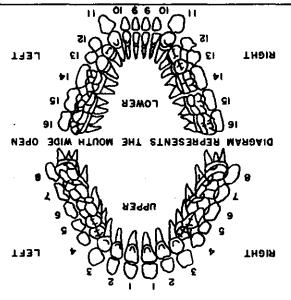
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IN COMER HALF OF BOX. UPPER HALE OF BOX; AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN 2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES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

CROWNS (FULL OR 34), 34 GOLD CROWN WITH SILICATE WINDOW. BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, E.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.



No dental identification available

GRS OFFICER

NAME AND RANK TYPED OR PRINTED ROBERT J. MCBROOM, CAPT. QMC.

31Aq sang uA \S

SIGNATURE OF PERSON WHO PREPARED CHART

M.H.BLACK, Lt. (JC) USUR

NAME AND RANK TYPED OR PRINTED

LIOTA IHTLIU QUALISI ROZA

PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

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(1, 2, or None)	io vii budy	If No Tags Found on Bod Fill in Section 3 on Rever	y, Describe Mea se	ins vi identingation, [[emaentiher	1,	
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ROBERT J.	Y MUY DN	CAPT., QAC	Signature	ROPLET J.	CBROOM.		QNC
DISTRIBUTION OF REGeneral through Hdg. G	EPORT: Signe	ed original for US and allied dopies for retention in theater a	ead, signed orig	ginal and one copy for theater commander.	enemy dead	l, to the Qu	artermaster

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Ship or station Date report attached at time of Death: Unknown filled out: 7 December, 1945 Copy Identification Tag Middle Name: Last First Unidentified # 31 Rank or Rate Branch of Service File or Service No. Unknown Aviator Unknown Race Corps or Reserve Classification Unknown Unknown Place Of Death: Cause of Death: Enemy Action, Airplane Crash Yap Island Address of Next Of Kin (If Known) Name of Next of Kin (If Known) Ballnown Unknown Date of Death: Date of Burial 14 November, 1945 Unknown Location Of Cemetery Name Of Cemetery Asor Island, Ulithi, Western Carelines Ulithi Cemetery Grave No. Grave Marker Type Row No. Plot No. 11 1 10 White Cross 2 Buried At Sea Area _ _ _ _ _ _ _ _ _ _ Type of Religious Ceremony Religion Of Deceased Unknown Catholic and Protestant If No Identification Tags, Other Identification Tags Found On Body Means Used To Identify Body. None (Identification Cards, Letters, ets. Complete Dental Chart On Reverse No No Identification Of Any Kind. Complete Fingerprint On Reverse, Both Hands

List Of Personal Effects Found On Body And Disposition Of Same

Identification Tag Buried With Body

No

Submitted: M. MOIR,

Lt. Comdr. (MC) USNR

Identification Tag Attached To Marker

Dec X-3 a. M. Marine Cen # 2, Agat, Tram, on S.

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE

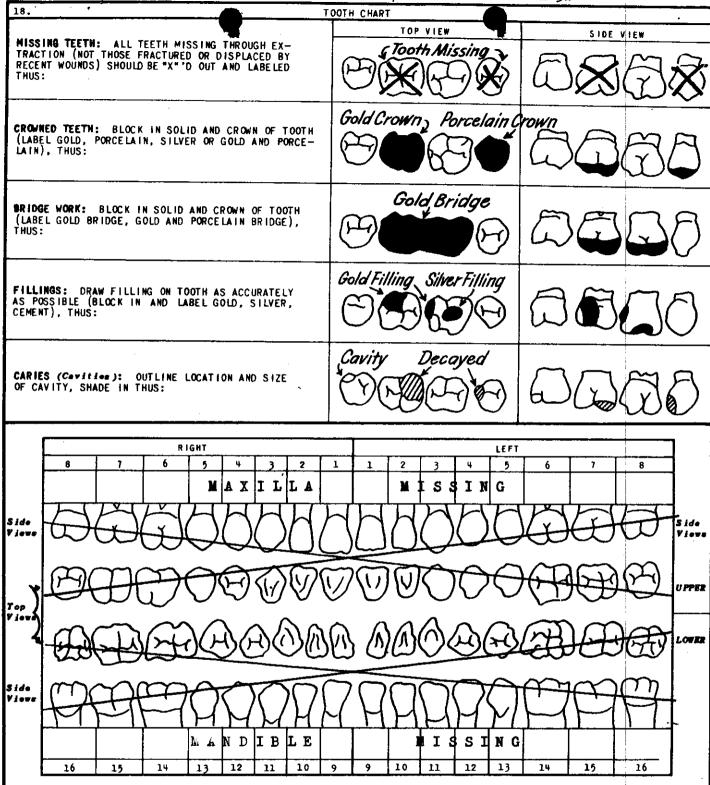
		25 une 1949		
		Da	te	
SUBJECT:	Unidentifiable Remains			
	The Quartermaster Washington 25, D, C. Attn: Memorial Division			
Row,	The records pertaining to Unknown Cem #2, Agat Grave, USMC	x-31. Guam,		
been revie	ewed and it is the opinion of this	office that	insufficient	
evidence i	s available to establish the iden	tity of this	deceased,	
and that t	hese remains should be classified	as unidenti	fiable.	
2	FOR THE COMMANDING OFFICER:			
Attch: For	CF	MANEMAR aptain, QMC nief, Records	MUMU.	
	informa.	Ciable from	16 august	

Incl. # 8'

	IDENTIF	ICATION D	ATA	6				
. REMAINS OF UNKNOWN UNKNOWN X-31					2. DATE OF RE 25 Jun	FORT 10 1949		
3. NAME OF CEMETERY Com #2, Agat, Guam		4. PLOT	5. ROW	6. GRAVE	7. DATE OF			
		4	58	2	DISINTERMENT	REINTERMENT		
	PHYS	ICAL DESCRIPTION)N		+			
ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD					11. RACE UN KNOWN		
	NY OFFICIAL IDENTIFICATION F	FOUND WITH HEMA	142					
						:		
C.145 0506010710N 05 3	ATTOOS OR SCARS ON BODY AND	100 5404 145004						
. WAS BODY BURNED?	TO WHAT EXTENT?					:		
YES NO			•					
. WAS BODY MANGLED?	TO WHAT EXTENT?	· · · · · · · · · · · · · · · · · · ·		_		· · · · · · · · · · · · · · · · · · ·		
X YES NO	Broken and cre	ushed.				:		
. DESCRIBE EVIDENCE OF	HEALED FRACTURES AND BONE *	MALFORMATIONS						
NO	NE							
	•							
•						:		
SERVICE, ETC. (If It	LOTHING, EQUIPMENT AND PERSO undry marke are indistinct s tion when facilities are not	such notation s	OUND, SHOW thould be the area	made and a	PE, COLOR, SIZ specimen forwas	E, MARKINGS, rded through		
					-			
NO	NE					;		

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



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

No loose teeth present with remains.

"UNIDENTIFIABLE"

J. McDERMOTT

Laboratory Officer, CIP

BY REASON OF LACK OF SUPERIORITIDENTIFYING DATA"

		<u> </u>		
19. BLACK OUT PARTS OF BO	DDY NOT REPERED		Q	
Contract of the contract of th		5	3	
			oken & crushed.	:
20-	MASS BURIAL CERT (Wherein segregation in t	IFICATE (IF APPLICA whole or parts is)	ABLB) impossible)	
I CERTIFY THAT THE GROUP OF THE FOLLOWING ANATOMIC	REMAINS CONSIST OF PARTS OF CAL PARTS:	NUMBER DECED	DENTS BASED ON THE PRESENCE	OF ONE OR MORE

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

TBY REASON OF LACE OF LICENSES DENTIFYING 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

J. J. McDERMOTT Laboratory Officer,CIP SIGNATURE

D) Medermoll.

		_	·		-0-		J
4		Id	ISINTERMEN	IT DIREC	TIVE	'	Ym.
80 3 -301-46	SECTION A — NAME AND BURIAL LOCA	TION OF DECEASED	ļ	RECTIVE NUM	0000	0	DATE 15 11 47 DAY MONTH YEAR
IAME	T9-	UNKNOW	SERIAL NUMBE		RANK	ARM 8	DATE OF DEATH
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4 58	GRAVE COUNTRY	RIANAS					CAUSE OF DEATH
MARIANAS	IONAL CEMETER	RY	ONSIGNEE AND N		F NEXT OF KIN		
IAME		SECTION - DISIN	ITERMENT AND 10	ENTIFICATIO		DAT	E DISTINTERRED
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IDENTIFICATION TAG REMAINS MARKER	ON ORGANIZATION	UNKNOWN	1	unk Unk	IDENTIFICAT E S		CO, SIT INF
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I hereby o		egoing operations v				der my CMI	immediate supervision
Prepare Disci	repancy Report QMC	Form 1194a for maj	jor discrepanci		of GRS INSPEC	TOR	

OMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

			
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