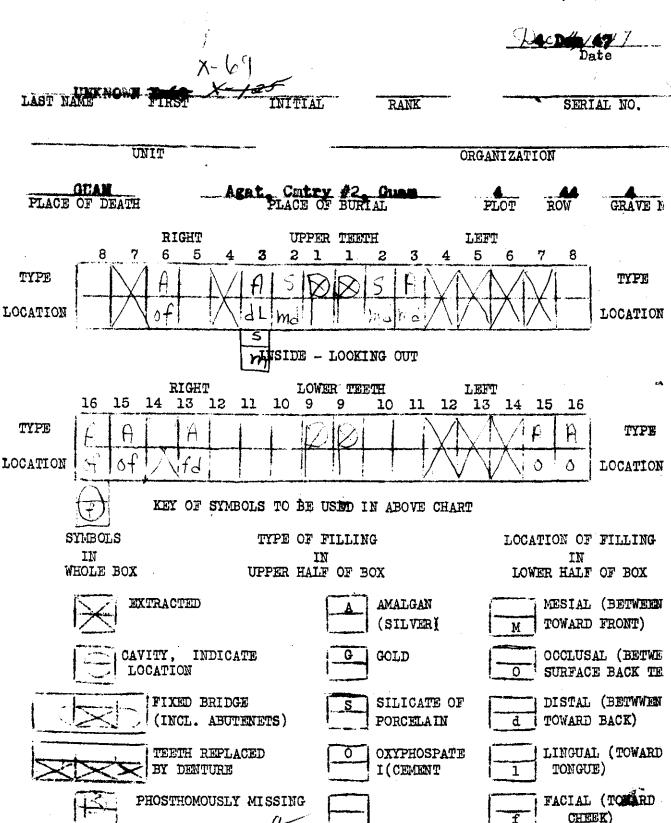
I DENTIFICATION DENTAL CHART
To be used with QMC Forms Nos. 1042 and 1044 in place
of chart thereon, and to be attached to and forwarded
with those forms when accomplished.

THAT



PLACE OR HO. JACK STHI EASH, OH HO LOAL

TIT

HWO.

GETHIRY SO GEATT NELR ON. ELEN

N.E.Z. AND R. NK TYPED OR PRINTED

EMILIO 8, ZAPICO, 2nd Lt., Inf.

L. HO, Capt., D.C.

T #1 hes Oblass 8 OT

TALHO GERLATA ORT NORMAY TO THUT NOTE

VERLIED BY CRS OFFICER

SYRTER

THOU SE TO 30 TO 12 TO 16 TO 17 TO 16 TO 17 TO 1

NEGO ECIM HIDOM EHI SINESENGEN MYBDVIC



4. FOR INFORMATION OF STANDARD NUMBERING OF TRETH SEE DIAGRAM BELOW.

PVIN CHOMNS' GOID CHOMNS (BRIT OF 3/4), 3/4 COLD CHOMN WITH SILICATE WINDOW.

S. ANY ABNORMALITIES SUCH AS MALPOSED, MALROMED OR DISCOLORED TESTH, FIC.

S. NOTE CAREFULLY THAT: SYRBOLS INDICATING ARE TO BE INSERTED IN UPPER HALF OF BOX; SYRBOLS INDICATING IOCATION OF SHIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYRBOLS INDICATING IOCATION OF SHILLING ARE TO BE INSERTED IN WHOLE BOX; SYRBOLS INDICATING IOCATING OF FILLING ARE TO BE INSERTED IN WHOLE BOX; SYRBOLS INDICATING OF FILLING ARE TO BE INSERTED IN UNIVERSITY OF BOX;

OF PARALOUNT IMPORTANCE, IF SAME IS TO SE OF MAXIMUM VALUE.

19. BLACK OUT PARTS OF BODY	NOI OVERED	•	•	
		3		
		<b>)</b>		
				·
20.	MASS BURIAL CERTIFIC (Wherein segregation in wh	-		
I Certify that the Group Remains Co	_ <del>_</del> _,	•	Presence of One or More	of the Follow-
ing Anatomical Parts:	NUMBER			-1 ( -100
	•			·
•				
	· 			·
21. REMARKS AND ADDITIONAL !!	NEODM ATION	SIGNATURE OF	MEDICAL OFFICER	
UNKNOWN X	-69 P-4 R-44 G-4			į
Clean tones.	in small i	volen dox	e i i	•
Clean tones de Christied & Skull 4	mandible	grave man	ćer,	
			_	
			•	
	•			,
		•		
	_			
I Certify that I Have Person the Best of My Knowledge	onally Viewed the Remains of I	Deceased and that All Resulting	ng Information Has Been I	Recorded to
TYPED NAME, GRADE, ARM OR SERVICE, AN	UD ORGANIZATION	SIGNATURE	1	
	-	-tt1	, 11-t	·

OMC FORM 1044b

Egich Army France Plant-Base 4672

## MEDICAL REPORT OF DISIPTERMENT

# 1. X-1.

- A. Date and place of disinterment 25 February, 1946 Dublon Island Truk Atoll.
- B. List of effects found in grave: None.
- C. Medical survey of remains.
  - 1. Skull: (a) fracture of basilar portion of occipital bone.
    - (b) fracture of inferior portion of the left temporal bone.
    - (c) fracture of mandible.
  - 2. Humerus: 2 normal.
  - 3. Radius and ulna: 2 pair normal.
  - 4. Femurs: 2 normal.
  - 5. Tibia and fibulae: 2 pair normal.
  - 6. Pelvis: fracture extending from pelvic brim into acetabulum.
  - 7. Scapulae: fracture of the right acromion.
  - 8. Clavicles: 2 normal.
  - 9. Vertebrae: 22 no evidence of fracture.
  - 10. Sacrum: norral.
- D. Cause of death noted in Japanese report drowning.
- E. Translation of Japanese grave marker:
  American Airplane Pilot Killed in Action.
  Place Where Buried.

Lt.(jg), MC, USNR.

Enclosure (A).

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  - 7. Scapulae: fracture of the right acromion.
  - 8. Clavicles: 2 normal.
  - 9. Vertebrae: 22 no evidence of fracture.
  - 10. Sacrum: norral.
  - 11. Ribs: left : 9 : 4 fractures. right: 12 ; 1 fracture
- D. Cause of death noted in Japanese report drowning.
- E. Translation of Japanese grave marker:
  American Airplane Pilot Killed in Action.
  Place Where Buried.

L. R. MARTIN, Lt.(jg), MC, USNR.

Enclosure (A).

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- D. Cause of death noted in Japanese report drowning.

3. T.

E. Translation of Japanese grave marker: American Airplane Pilot Killed in Action. Place Where Buried.

(Jg) the USNR

Enclosure (A).

GRS For Hast

26 September 1950

SUBJECT: Identification of Verla Mar II Degeased

TO : Commanding Officer
American Grayes Registration fervior
Philom Zone
APO 938, c/o Postmater
San Francisco, California

1. Reference is made to Findings of Buildentificbility for the following Unknown Succession-

Unknown X-69 Amy Many Naplan Countery \$0, Aget, Count, H.I., Unit 2, Page 5, Addition

Unknown X-4176 Adms Hambelown, Manila, P.I., Unit 2, Page 19

Unknown X-4834 USAF Genetary, Manila #4, P.I., (fermerly MUCUI), Unit 1, Page 34, Addition

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be assumed accordingly.

FOR THE GLARIFIDARINE BULLEALS

THOMAS I. COX SAPT QUE Homorial Division

N. Releatrinidal C. C. Salser

Opy furni ched: CINGYS, AND 800

AIRMAIL

293 unk Luam #2 X-

# REPORT OF BURIAL



# Commanding General Fiddle Pacific, APO 958 Bureau of New Line and Surgery; Commander Writeness

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.

PY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle)
	UMENOWN	¥-69(	(Received f	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH O	FSERVICE
	UNKNOWN	UNKACKH		ekhori
	CORPS OR RESERVE CLASSIFICATION		RACE	tallianes e . «NAST
	UNIONO		<u> </u>	UNIXAONA
USE OF DEATH		PLACE OF DEATH		
		A There	.27.17.50	
UIACHOWN		ADDRESS OF NEXT OF	NONE	
AME OF NEXT OF KIN (If known)		ADDRESS OF HEXT OF	reny (13 kilozini	
UNKNOWN ATE OF DEATH		DATE OF BURIAL		
UNKNOVE			ed Guera, 10 Api	11 1946
AME OF CEMETERY		LOCATION OF CEMETE		
				1
Army Herr, Marine Cons	tery #2	Aget Qu	MR.	
RAVE MARKER TYPE	PLOT NO.	ROW No.	GRAVE NO.	
Cress	<b>L</b>	44	<u> </u>	4
URIED AT SEA (Date)	<u> </u>	AREA		
YPE OF RELIGIOUS CEREMONY		RELIGION OF DECEAS	ED	
Full Kilitary Honors.		Uniments.		. TO IDENTIFY BODY
DENTIFICATION TAGS FOUND ON BODY	□ a ■ wave	(Identification cards,	TAGS. OTHER MEANS USE letters, etc.)	D 10 IDENTIFE BODY
	2 NONE	_		,
OMPLETE DENTAL CHART ON REVERSE	Yes A No			
OMPLETE FINGERPRINT CHART OF BOTH		-		
OMPLETE FINGERPRIAL CHARL OF BOTT	Yes 4 No			
IST OF PERSONAL EFFECTS FOUND ON E	BODY AND DISPOSITION OF SAME			
igor of religionize Elizabeth constraints				
DENTIFICATION TAG BURIED WITH BODY		IDENTIFICATION TAG	ATTACHED TO MARKER	( <b>1987</b> )
	Yes 🙀 No		Yes	₩ No
F IDENTIFICATION TAGS NOT PRESENT.	WHAT OTHER IDENTIFICATION DATA	BURIED WITH BODY AN	D IN WHAT KIND OF CON	TAINER
IF BURIAL OTHER TH	AN ESTABLISHED CEMETERY, F	URNISH SKETCH AND	MAP REFERENCES OR	REVERSE
and the same of the first middle.	Bodies Buried	on Either Side	FILE OR SERVICE NO.	GRAVE No.
BODY ON LEFT. NAME (Last, first, middle)		MAIN ON RAIE	1,150 011 0211112 1101	4
		RANK OR RATE	FILE OR SERVICE No.	GRAVE NO.
UNION I TO CLASE first middle	*)		l	•
SODY ON RIGHT. NAME (Last, first, middle	*)	42a 114E	3073366	
KRAUSKN. Jemes V.	(Rank or rate)	S20 USE PERSON CONDUCTING	2943255 BURIAL RITES	3
PERSON REPORTING BURIAL (Name)	(Rank or rate)			
	(Rank or rate)		G MILLER	CHAPLAIN
ERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING	G MILLER	
PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING	G MILLER	

)			
	•	MISTRUCTIONS	ı
	<u> </u>		_

L. THUMB	ut sa	IDENTIFICATION, ISOLATED BURIALS four (4) sets of finger	. Have body ex	amined to es	tablish IDENT	「I <b>TY</b> . If bo	NGS OF GE dy is uniden	RAVES OF
₩ .	1 5 5 11	TIMATED HEIGHT	ESTIMATED WE		COLOR OF EYE		COLOR OF H	AIR
· F	tified, ta	RTHMARKS, SCARS, OR T	TATTOOS				<u> </u>	<del></del>
INDEX	olled	LUNDRY MARKS			WEAPON AND S	SERIAL No.		
	impression of clear contrast		(If actual weight				1 . 1	D:
ר. אום מרפ ר	fingerprints. of inked ridges	Wrap and tie body sec of five feet or in hasty bunly one body in grave, ag and attach to grave o BuPers, Marine Corp encil of identifying dat ontainer which can be on arker. If no tag is ava	urials, to sufficier Securely faste marker (when ,t os, or Coast Gua ta on form in du made watertight, ailable, write ider	It depth to pro n one identife ody is disint rd, as indicat plicate, place bury one wit tifying data o	event destructification tag to terred or propeted). If no to in bottle, can h remains and	on of body o body. Ren erly recorde ag is presen iteen, spent the other, o	r loss of ider nove other id d, remove a t, make a no shell or othe one (1) foot	ntity. Place dentification and forward otation with er available below grave
F. RING	fingers of tervening s	uitable means to ident  2. LOCATION OF Gior all other burials, prences, or by reference omplete. Stand at foo	RAVE: Report be epare sketch in s to prominent, pe	urials in estab pace provided ermanent land	l below; and g dmarks. Info	rive location rmation mu	by means of st be specifi	f map refer- ic, accurate
F. CITTLE R.	matter, Roll f	If the body is otherwise unental conditions in conformite. 2318 (b) (1) & (2)) (194) CHARTING EXAMPLE: 100th No. 1, missing: No. 2, gown; No. 4, cavity; No. 5, tweed bridge supplying missing.	ity with Instructions  5 Ed. para. 2234.1 i  (Chart Cavities in Egold inlay and two s wo porcelain or temp	in MMD (1942 k.2). This mus LACK; otherwi iver fillings; Norary fillings; No	t be accurate.  ise use RED)  o. 3, full gold  os. 6, 7, 8, gold			ğġġ
ТНОМВ	to include	Aissing teeth Nos.		ÄÄÄ	HHHH	EEN SIDE	ÖÜÜ	
	ase	occlusion (Type of)			}880c		0886	
R. 120	f filest Jo	Malposed teeth (Describe)			DO0 6	NGUE SIDE	300G	200
DEX	t thro	Removable appliances		田田田		3888		出出
, , , , , , , , , , , , , , , , , , ,	180° on	Remarks		COMPARISON POSITIVE	WITH DECEASED	23 24 25 26 2 EEN SIDE D NAVMED-H-4 SOME RESEMBLAN	. LJ	DRD) REVEALS
WIDDLE	Inked surface			(Signature	of dental examine	r)	(Rank or rate)	
R. Ring	Record	- 10		2				
. <b>7</b> ''TTTE	Impression of same motion							

# PROBLEM AND THE REPORT OF NAVMED-601 (9-45)





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

OPY OF IDENTIFICATION TAG	NAME	(Lasi)	(First) (Middle)
Unknown	X-1	Unknown	<i>2</i>
OHAMOWH	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	Unknowa	Maknown	Unknown
	CORPS OR RESERVE CLASSIFI	CATION	inknown
	WHEN TO HE		CHARLE OWN
CAUSE OF DEATH		PLACE OF DEATH	
Unknown		Truk Atoll,	Central Caroline Isla
NAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT OF	KIN (If known)
unknown		unknowen	
DATE OF DEATH		DATE OF BURIAL	
proximately 25 Apri	1 1944.	Approximat	ely 25 Aprůl, 1944.
NAME OF CEMETERY		LOCATION OF CEMETER	Defense and Terrain
unimown		Dublon Isla	nd, Truk Atoll.
GRAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE No.
BURIED AT SEA (Date)	!	AREA	· · ·
TYPE OF RELIGIOUS CEREMONY		RELIGION OF DECEASES	
IDENTIFICATION TAGS FOUND ON BODY			TAGS, OTHER MEANS USED TO IDENTIFY BODY
<b>1</b>	2 XX NOME -	(Identification eards, let	lers, etc.)
COMPLETE DENTAL CHART ON REVERSE	<del></del>	- • • •	
	Yes Ne	N N	one.
COMPLETE FINGERPRINT CHART OF BOT	H HANDS ON REVERSE		
	Yes XX Ne		
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOSITION OF SAME	11.47	
		•••	
		_ 35 V	
DENTIFICATION TAG BURIED WITH BOD		IDENTIFICATION TAG A	
	Ym XX No	<u> </u>	Yes AAN
IF IDENTIFICATION TAGS NOT PRESENT.			WHAT KIND OF CONTAINER
None.	• • • • • • • • • • • • • • • • • • •		
•••	- 17 to 1		<b>6</b> -7 .
IF BURIAL OTHER TH	IAN ESTABLISHED CEMETERY	, FURNISH SKETCH AND	MAP REFERENCES ON REVERSE
		ied on Either Side	
BODY ON LEFT. NAME (Last, first, middle)		RANK OR RATE	FILE OR SERVICE NO. GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle		RANK OR RATE	FILE OR SERVICE NO. GRAVE NO.
PERSON REPORTING BURIAL (Name)	(Rank or ra	PERSON CONDUCTING E	DURIAL RITES
· · · · · · · · · · · · · · · · · · ·			
IN REBURIAL, GIVE LOCATION OF PREVI	OUS BURIAL	VERIFIED AND ECRAVAF	ROED
			$\sim 1$ $\sim 1$

W U. S. COVERNMENT PRINTING OFFICE

REPORT OF BURIAL (Back)

NAVMED-601 (3-45)

# NAVMED-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through 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 DEAT	H Notre Control		DATE REPORT	Name, 1946
COPY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle)
			<b>( </b> <i>/</i>	(DZ MACIE)
est American	FILE OR SERVICE NO.	RANK OR RATE	BRANCH C	OF SERVICE
***************************************		-		
	CORPS OR RESERVE CLASSIFICAT	ION	RACE	
AUSE OF DEATH	11 12 12 12 12 12 12 12 12 12 12 12 12 1	PLACE OF DEATH		<del>-</del>
T characters	•	1	A	
	•	ALE WASTI	Central Carolin	m -artifer
NAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT O	F KIN (II known)	<del></del>
***			(1) 1000	
PATE OF DEATH		DATE OF BURIAL		<u> </u>
American della di	B Annel 1844	Annual Marie and Annual Annual Marie		
NAME OF CEMETERY	April, 1944	LOCATION OF CEMET	RY 25 APRIL 1	744
		1 M. A - 540.		i Terrain Non.
		Debles Later	d, fruk Afell	
RAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE NO.	
Zerenese			SKAVE NO.	
SURIED AT SEA (Date)		AREA		
		ANGA		
YPE OF RELIGIOUS CEREMONY	<u> </u>	RELIGION OF DECEAS	<del></del>	
		THE PROPERTY OF BEGENS	20	
DENTIFICATION TAGS FOUND ON BO	DDY	I de No Inches de la company		=======
□ <b>1</b>	2 ANONE	(Identification cards,	I TAGS, OTHER MEANS USE letters, etc.)	O TO IDENTIFY BODY
OMPLETE DENTAL CHART ON REVE		-	t t t	*
	Yes No	•	-	
OMPLETE FINGERPRINT CHART OF		_	#0 halo	
	☐ Yes ♣ No	1.		
IST OF PERSONAL FEFECTS FOUND	ON BODY AND DISPOSITION OF SAME	<u> </u>	······································	·
SO, O. LEGOMAL ELIZATO POONS		<b>L</b>		
	Zene.			
DENTIFICATION TAG BURIED WITH I	CODY			
DENTI ICATION TAG BORIED WITH	Yes No.	IDENTIFICATION TAG	ATTACHED TO MARKER	<b>—</b>
E IDENTIFICATION TACS NOT DOES	NT. WHAT OTHER IDENTIFICATION DATA I		Yes	13 No.
TOOM TOO NOT THESE	ATT WHAT OTHER IDENTIFICATION DATA	ANT ANDREA 'ALLIAN' CHIM' CHIM		INER
#eng		·		
<u> </u>			•	
IF BURIAL OTHER	THAN ESTABLISHED CEMETERY, FU	IRNISH SKETCH AND	MAP REFERENCES ON	REVERSE
CONTON LEFT NAME (I - I E-I	Bodies Buried			
ODY ON LEFT, NAME (Last, first, mic	use)	RANK OR RATE	FILE OR SERVICE No.	GRAVE No.
OV PIGHT NAME (I -d 6-1	2321.		<u> </u>	
ODY ON RIGHT, NAME (Last, first, m	ecute)	RANK OR RATE	FILE OR SERVICE No.	GRAVE NO.
DEPOSITIVE SUSTAINE (C)				<u> </u>
ERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING	BURIAL RITES	
		1 200		
N REBURIAL, GIVE LOCATION OF PR	REVIOUS BURIAL	VERIFIED AND FORWA	RDED	
		Mua	the	
		A. I HARRIE	30.6	
		(Name)	(Rank)	(Title)
	·	<del></del>		16_49669

		F. THI	When without smi		S. Have body	examined to e	stablish IDENTI	TY. If boo	IGS OF GRAVES C dy is unidentified, tal
		ВМОНТ	n unidentified, take rolled impression mudging. Obtain sharp, clear contra-	four (4) sets of finge	ESTIMATED V	VEIGHT	COLOR OF EYES	following:	COLOR OF HAIR
			Og.	BIRTHMARKS, SCARS, OR					
		. <u> </u>	take	Turking .			·		
	•	NDEX	rolle sharp,	LAUNDRY MARKS	<b>3</b>		WEAPON AND SE		
		^	clear	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	(If actual weigh	t and height a	re used, delete e	stimated)	
*		r. MIDDLE	of fingerprints. st of inked ridges	to five feet or in hasty only one body in grav tag and attach to grav to BuPers, Marine Copencil of identifying dontainer which can be marker. If no tag is a	ecurely in a blan burials, to suffici e. Securely fas e marker (when rps, or Coast Gi ata on form in c e made watertigh vailable, write ide	ket, pad cover ent depth to pr ten one identi ,body is disin uard, as indica tuplicate, place t, bury one wi entifying data o	ing, canvas or ot event destruction fication tag to b terred or proper ated). If no tag e in bottle, cante th remains and t on marker. Whe	her suitable n of body or oody. Rem rly recorde g is present een, spent; the other, o	ove other identification, remove and forwation with make a notation with the control or other availabine (1) foot below gra
	· <del></del>	F. RING .	Cleanse fingers of all and intervening space	For all other burials, p	GRAVE: Report repare sketch in to prominent,	burials in esta space provide permanent lar	blished cemeterion  d below; and give  ndmarks. Inform	e location l nation mus	t be specific, accurat
r ·		ר רודדרפ	g space. Do not overlnk.	If the body is otherwise dental conditions in confort para. 2318 (b) (1) & (2))(1  CHARTING EXAMPLE Tooth No. 1, missing: No. 2 crown; No. 4, cavity; No. 5, fixed bridge supplying miss	wildentified or finge nity with instruction 945 Ed. para. 2234. : (Chart Cavities in gold inlay and two two porcelain or ten	erprints unobtaine ns in MMD (194 1 & .2). This must BLACK; otherw silver fillings; N pporary fillings; N	able, chart the 2, 1938-43 Ed. st be accurate. vise use RED) 10.3, full gold los. 6, 7, 8, gold		igini Rep <b>ř</b> ici
		R. THUMB	finger to include crease	Missing teeth Nos. 2. Occlusion (Type of)	5,8,9,12,1 , 20,	X	DOODE HHHHHH		
		æ,	of first	Malposed teeth (Descrit	e) <b>None</b> ,		JUO TONG	OE SIDE	00000
٠		INDEX	2	Removable appliances	_Xeze,_			1888	
			nt through 180°	Other defects	Jer	12 18	-#MMMUU 19 20 21 22, 23	MMML	/}/
		R. MIDDLE	180° on Inked surface.	Remarks 1	-Kneeked er M. W. W 1110d in			DME RESEMBLANC	(DENTAL RECORD) REVEAL  NO RESEMBLANCE  Replace  (Let 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
		R. RING	se. Record Impression of			2		***************************************	
		R. LITTLE	ion of same motion		<b>.</b>		·		

1	G Y		Amark	THISIC	ERMEI	NT DIF	PECTIVE	AREC	<b>8</b> Y	PHILC	COM
] [	CAL	R. H.	MAKE.	,	חומו	ECTIVE NU	IMBER		DATE		
			erintendent TION OF DECEASED			6321			15	06 HONTH	<b>50</b> YEAR
NAME				SERIA	L NUMBE	R	GRADE	ARM	RACE	MONTH RELIGION	
U	IKNOMN	X - 69									
GRMETERY					PLOT	ROW	GRAVE	-	DISPOSI	TION OF R	MAINS
USAF CEA	ETERY	AGAT NO.	2, GUAN		4	44	4		770	1	80 DIST. CTR.
			SECTION B — I				IN S OF NEXT OF K				
	STATES	MILITARY ( LEY, P. I.	emetery				NISTRATIV		ision)		
			SECTION C - DISI				· · · · · · · · · · · · · · · · · · ·				
NAME			SERIAL NUMBER	GRA	ADE DA	TE OF DE	ATH		DATE DISTI	NTERRED	
UNKNOWN	<b>X-</b> 69								15 J	June 19	50
IDENTIFICATION TAG	G ON	ORGANIZATION			RE	LIGION	PAU		CHOLS		<b>9</b> 101 2
MARKER		<u></u>	SECTION D — PREPA	RATION (	F REMAII	NS FOR SI		17861		IAME AND	HILE
NATURE OF BURIAL						OF REMAI					
	5	Shelter Hai	ır			S	keletal				
MINOR DISCREPANCE	CIES ( <i>Pre</i>	pare Discrepar	ncy Report QMC Fo	orm 119-	4a for m	ajor dis	crepancies.)				
REMAINS PREPARED	AND PLAC	ED IN CASKET						<u> </u>			<del>_</del>
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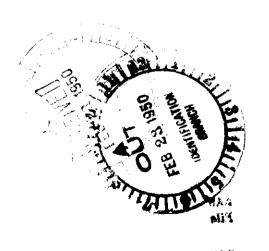
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Identification Brown

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AMMAIL

DEPARTMENT OF THE ADMY

1-12-6

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL

293 unk

WASHINGTON 25, D. C.

12 January 195

GRS Far East.

SUBJECT: Identification of World War II Deceased

TO:

Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

- 1. Reference is made to Report of Disinterment, dated 12 April 1947, for Unknown X-69, Plot 4, Row 44, Grave 4, Agat Cemetery #2, Guam, formerly X-1, Truk Island.
- 2. Request that the records of your headquarters be reviewed to determine the present location and status of the above Unknown Deceased. It is further requested that the remains be processed by the Central Identification Point and that revised QMC Forms 1042 and 1044 be forwarded to this Office as soon as practicable.

FOR THE QUARTERMASTER GENERAL:

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

HAM File

Identification Branch

AIRMAIL

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DENTURES (Finter): 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."

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"UNIDENTIFFABLE"

BY REASON OF LACK to STEEL DENTIFYING DATA

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Paul R. Nichols

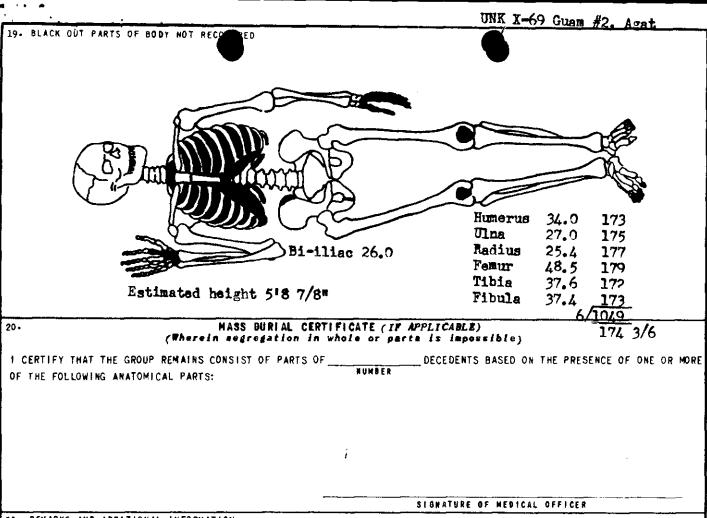
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PAUL R NICHOLS Chief, Ident. Section

13

Views



21. REMARKS AND ADDITIONAL INFORMATION

# "UNIDENTIFIABLE"

"BY REASON OF LAWY AFTER THE TENTIFYING DATA"

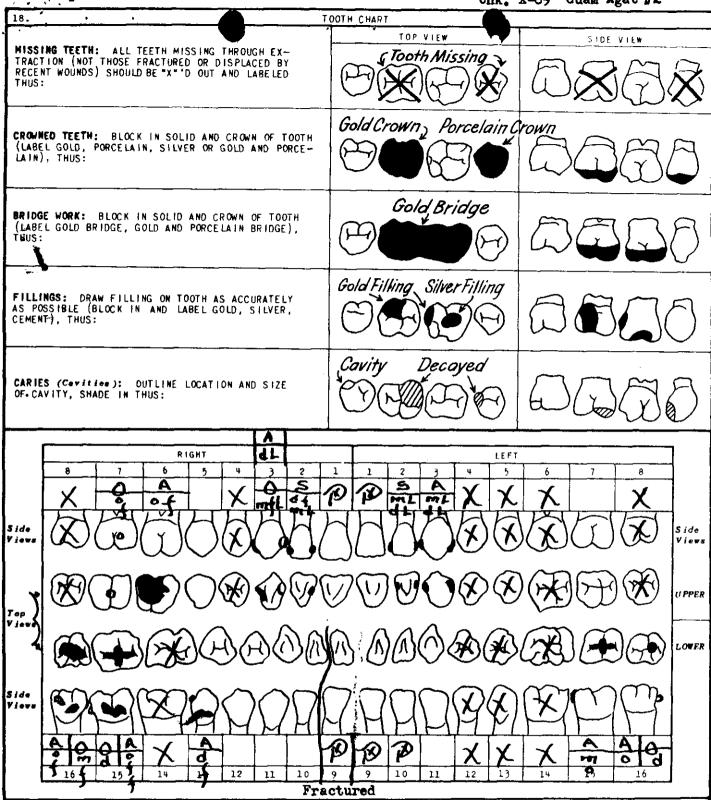
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS Chief, Iden. Section Saul R. Mihalo

Contract of the Contract of th				
	IDENTIFE	CATION DATA	1	
1. REMAINS OF UNKNOWN UN	KNOWN X-69 Guam, Aga	t#2	<del></del>	2. DATE OF REPORT 9 February 1950
3. NAME OF CEMETERY		4. PLOT 5. ROW	6. GRAVE	7. DATE OF
AGRS M	Manila			DISINTERMENT REINTERMENT
	PHYSICA	L DESCRIPTION		AGE: 20-25
8. ESTIMATED WEIGHT 134-159 1bs.	White			
12.GIVE DESCRIPTION OF ANY	OFFICIAL IDENTIFICATION FOU	ND WITH REMAINS		<u> </u>
	No	n e		
	<del></del>			
13.GIVE DESCRIPTION OF TAT	TOOS OR SCARS ON BODY AND/OR	SUCH INFORMATION OBT	AINED FROM	OTHER SOURCES
	N o	n e		,
14. WAS BODY BURNED?	TO WHAT EXTENT?			
THE TES NO	IV BOAT EXTENT.			į
15. WAS BODY MANGLED?	TO WHAT EXTENT?		<del></del>	
YES TO NO				.
16. DESCRIBE EVIDENCE OF HI	EALED FRACTURES AND BONE MAL	FORMATIONS.		
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	N o	n e		i

OMC FORM TOTAL TOTAL PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



DENTURES (Places): 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."

Var R. Huhal

PAUL R. NICHOLS

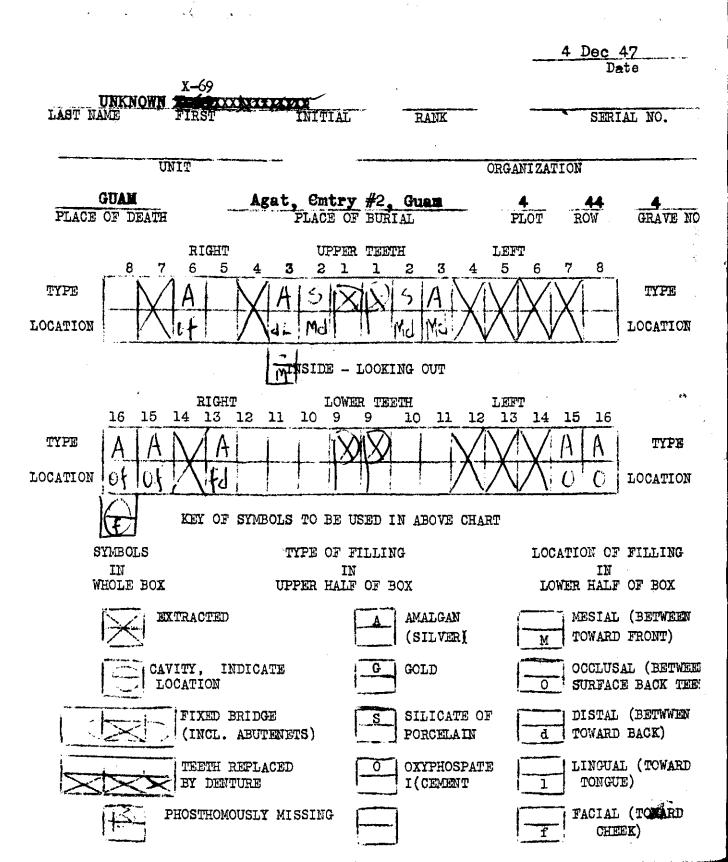
Chief, Identification Section

Unk: X-69 Guam Agat #2 19. BLACK OUT PARTS OF BODY NOT RECO 34.0 - 173 Humerus 27.0 - 175 Ulna 25.4 - 177 Radius Femur 48.5 - 179 Bi-iliac 26.0 Tibia *3*7.6 - 172 Fibula 37.4 - 173 Estimated height 5'8 7/8" MASS BURIAL CERTIFICATE (IF APPLICABLE) 20 -(Wherein segregation in whole or parts is impossible) 1 CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE NUMBER OF THE FOLLOWING ANATOMICAL PARTS: SIGNATURE OF MEDICAL OFFICER 21- REMARKS AND ADDITIONAL INFORMATION male white estimated age - 20 to 25 years. estimated height - 5'877/8" estimated weight - 134 to 159 lbs. (bi-iliac -26.0) (6) To the best of my professional ability, this remains is properly segregated, and represents one and the same individual. I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE SIGNATURE TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION ROBERT B. FOX

OMC FORM 1044b

Anthropologist

LDENTIFICATION DENTAL CHART To be used with QMC Forms Nos. 1042 and 1044 in place of chart thereon, and to be attached to and forwarded with those forms when accomplished.



PLACE OR HO. WHERE THIS FOR LACONFLICHED

CETULES SO CESTY MAR CIT. ELIN

MEER IND REAK TYPED OR PRINTED

r. HO, Capt.,

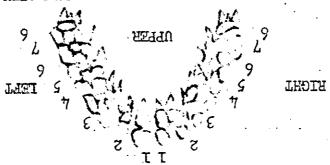
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TELLO CERTAGE OF PERSON THO PREPARED CHART

ASSILIED BX CHR OLL

66 OT LET

DIVERSE REPRESENTS THE MOUTH WIDE OPEN

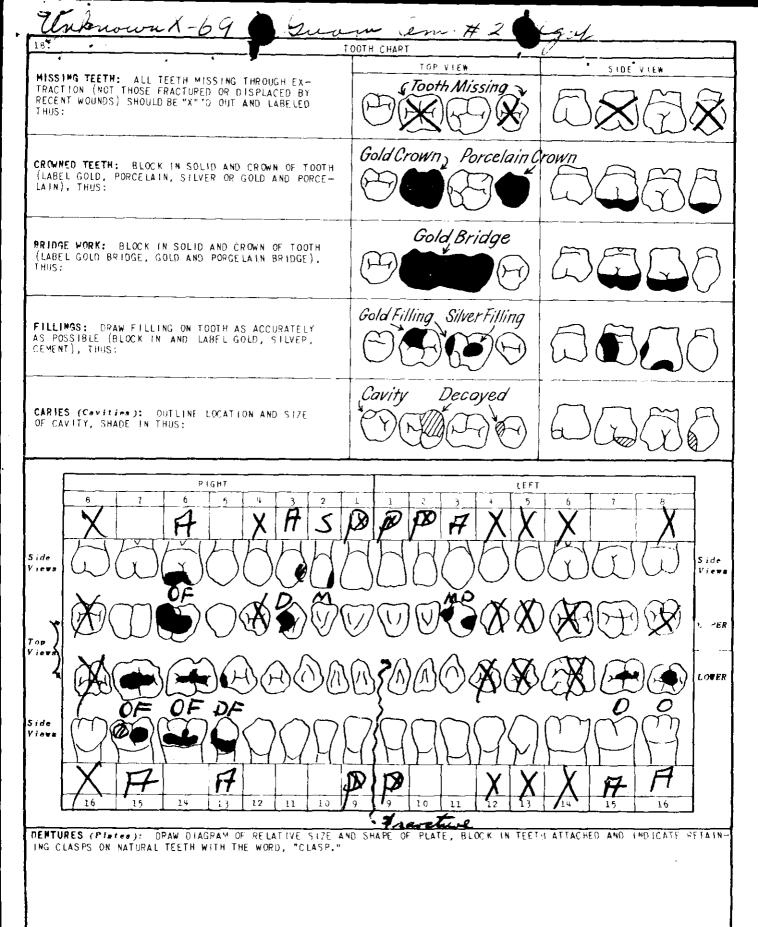


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TYIN CHOMNS' GOTD CHOMNS (LOTT OH 3/4)' 3/4 GOTD CHOMN MILH SITICYLE MINDOM: SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.E., PORCE. 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, FIC.

FITTING ARE TO INSERTED IN LOVER HALF OF BOX. THE LO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF SRIDGE WORK ARE TO BE INSERTED IN PROLE SOX; SYRBOLS INDICATING TYPE OF FILLING S. NOTE CAREFULLY THAT: SYLEOLS INDICATING MISSING TETTH, CAVITIES AND

OF PARALOUNT IMPORTANCE, IF SARZ IS TO EE-OF WAXIMUM VALUE. L. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE



OD Campbell Embolmer

OMC FORM 10442

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

293.

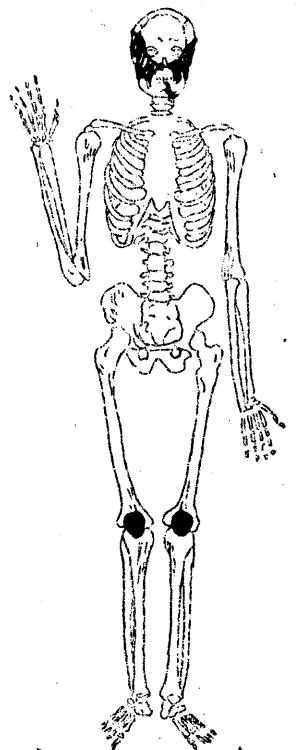
Date 13 July 48

# CASE SUMMARY OF

NAME:	UNKNOWN	<b>X</b> - 6	9	R	ANK:	SERIAL NO:	
CEMETERY	#2 Agat,	GUAM	Plot: 4	_Row:	44	Grave: 4	<b>,</b> ,
	Ap	proxim	ate age 2	22-24			
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Remarks:

Clubran X-69 PROPESSING CENTUR Cin # 2 agul (Sor No.) (For Sv)



Skeletal Remains &

Incomplete

# RESTRICTED

QMC Form 1042 (Rev. 1 Apr. 1946)  REPORT OF INTERMENT							DATE OF REPORT			
(Supersedes GRS Form 1, Rev. of I Apr. 45, which may b	and e used.)	(AR 30-1810 as			10	Feb 5	o			
Imprint Identification T DO NOT TY		Section 1.—IDENTIFICATION.								
DO NOT 111		NAME (Last, first, middle initial)	Assess No.		SERIA	SERIAL No.				
WP.		UNKHOWN X-69 Cemetery #2,		vy, Marine	+ T1	known				
>u	1	GRADE	ORGANIZATION			CH OF SERVI	CE			
<b>\</b>	0)									
/		Unknown	Unkn	own ——————		known				
		RACE	RELIGION		IF OTHER TH NAME OF C	AN U.S. DEA DUNTRY	ID, GIVE			
		Unknown	Unkn	own						
PLACE OF DEATH		CAUSE OF DEATH	<del>'</del>		DATE	OF DEATH				
Guem, M. I.		lnknown	Unknewn							
EMERGENCY ADDRESSEE (Nat	ne, relationship, and	d address)								
Unknown										
IDENTIFICATION TAGS FOUND	O ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS (	OF IDENTIFICATION (	If unidentified, fi	l in section S	on reverse)			
(1, 2, or none)										
lione	uncha/r	(See Remarks	<u> </u>	ATTACHED MERETO						
WERE SUBSTITUTE TAGS PRO	VIDED!(Yes of no)	COMPLETED TOOTH CHART OF	N UMC FORM 1043	ATTACHED RENETO			l			
Yes (2)		YES	NO NO							
LIST PERSONAL EFFECTS FOU	ND ON BODY AND	DISPOSITION OF SAME		,						
		None								
Section 2—RURIAL If oth	er than in estab	lished cemetery, furnish sketc	h and map coord	linates on reverse.			<del></del>			
NAME, NUMBER, COORDINATI			<u> </u>							
		AGICS MAUSOLE	EUM, MANI	LA FI						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n		TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.			
STORAGE	1	利用( <b>3129</b> 86)		MARKER	MA POCA N					
10 Feb 50	1100	Casket		<u> </u>	£01	10	1			
WAS THIS A REBURIAL? (Yes of no) 対于男子の情報	IF A REBURIAL, I	NDICATE NAME, NUMBER, COORI	DINATES OF PREVI	OUS CEMETERY, AND		RAVE ROW NO.	GRAVE No.			
No	Army, 1	lavy, Marine Cemet	ery #2. Ag	at. Guam	PLOT No.	44	4			
TYPE OF RELIGIOUS		TING BURIAL RITES	IF IDENTIFICAT	ION TAGS NOT USED BURIED WITH BODY	DESCRIBE IDE		N DATA AND			
CEREMONY			CONTRINERS	SORIED WITH BODY						
IDENTIFICATION TAG BURIED	WITH [IDEN]	TIFICATION TAG ATTACHED TO	-							
BODY (Yes or no)	MAF	RKER (Yes or no)								
Yes	<u> </u>	Yes	<u> </u>			\.	.E. N			
BODY BURIED ON DECEASED	LEFT, NAME (Last	, first, middle initial)	RANK	SERIAL No.	ORGANIZATI	ON GRAV	Æ No.			
			,							
BODY BURIED ON DECEASED	RIGHT, NAME (La	st, first, middle initial)	RANK	SERIAL No.	ORGANIZATI	ON GRA	VE No.			
				1						
SIGNATURE OF RECORDS SOFT	ADMIC MODOLT			GRS OFFICER VERIFY	ING REPORT 4					
SIGNATURE OF THE ON PRES	ARING POPORT			WALL	w					
TAUL R. NICHO	LS, Chief,	, Ident Section	1. T	CNEMAR, Cart	, QNC					
DISTRIBITION OF REPOR	I Signed origin	al for U.S. and allied dead, s	igned original an	d one copy for enen	ny dead, to the	Quarterma	ster General			
through Headquarters G	KS Ufficer. Copi	es for retention in theater as	prescribed by th	on er communiter.						

RESTRICTED

# RESTRICTED

	Section	INIDENTIFIED	REMAINS	·							
LEFT FINGER F	INSTRUCTIONS:  (a) Great care will be taken to record the most minute clues for the future identity of unidentified r mains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe siz 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 are every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not accomplished if one or more fingerprints are secured.										
LE RING F	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS										
LEFT RING FINGER		<i>n</i> E.G.	,	4.120	004077 01 1111177						
<u> </u>	WEAPON AND	SERIAL No.		LAUNDRY	MARKS	WHERE BODY WAS	BURIED OR FOUND				
DOLE F		OTHER IDENTIFICATION CLUES									
LEFT MIDDLE FINGER	OTHER IDENT	TEICATION CLU	)ES								
INDE											
Index Finger											
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	-										
RIGHT INDEX FINGER											
INGER											
27						: 	_				
RIGHT MIDDLE FINGER	FURNISH SKE	TCH AND MAP	REFERENC	E AND CO	ORDINATES FOR BUR	IAL IN OTHER THAN ES	TABLISHED CEMETERY				
INGER					4R <b>1950</b>		<b>↑</b> 1				
	-	L	gare :			a secretaria					
RIGHT RING FINGER	Identification Section										
VGER V	REMARKS:										
· ·		a == =	A	01.	1 3015						
RIGHT LITTLE FINGER	QM 	G Form 1	.044, 1	U44a 8	nd 1044b acc	complished.					
INGER							,				

### deleted. RESTRICTED MQ FORM 1042 DATE OF REPORT REPORT OF INTERMENT (Superiodes GRS Form 1) (AR 30-1810 and AR 30-1815) 4 Dec 47 Imprint Identification Tag If Possible. Section 1.—IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL NO. CHEEXXXXX UNKNOWN X-69 Box No. KURKKU KOWAK X RABIOSEX GRADE ORGANIZATION REPORT OF BRANCH OF SERVICE DISINTERMENT RACE RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Guan Unk EMERGENCY ADDRESSEE (Name, relationship, and address) IDENT! FICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reserve) (1, 2, or none) None Clean bones in small wooden box. Unidentified X - 69 on grave marker. WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Agat, CMtry #2, Guam TYPE OF GRAVE MARKER DATE OF BURIAL HOUR BURIED IN (Shroud, blanket, or name of other) PLOT NO ROW NO GRAVE No. 44 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? (Yes or no) PLOT No. ROW No. GRAVE No. TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY STATION THE IDENTIFICATION TAG BURIED WITH BODY (Yes or no) IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No. Unknown X = 70BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL No. ORGANIZATION GRAVE No. Krausen, 2943255 James V. S2c USNR SIGNATURE OF GRS OFFICER VEBIFYING REPORT SIGNATURE OF PERSON PREPARING REPORT

through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General

DISTRIBUTION OF REPORT:

# RESTRICTED

							•
	Section 3.—UNIDENTIFIE	D REMAINS.				•	
LEFT R	INSTRUCTIONS:  (a) Great care will mains. Fill in anatom social security number planes, vehicles, and ta  (b) A fingerprint, chart at left, or as man every tooth will be indiaccomplished if one or	; position of t	body lound in air	pianes, venicies	, and tanks; and ser	ial numbers	ot air-
LEFT RING FINGER	HEIGHT WEIGHT	COLOR OF E			BIRTHMARKS, SCARS, O		
	WEAPON AND SERIAL NO.	<u> </u>	AUNDRY MARKS	<u> </u>	WHERE BODY WAS BUR	IED OR ECTIVI	
LEFT MIDDLE FINGER	OTHER IDENTIFICATION CL		mentid	.		JA FOUNI	<u> </u>
ER !							•
LEFT . INDEX FINGER	FILLINGS	O / SILVI	ER FILLING O FILLING		. 1 1 5		
THUMB	CAVITIES		CAVITY DECAYED	5 0		)*   0.5   0.5   0.5   0.5	
RIGHT THUMB	MISSING TEETH	TOOT!	H MISSING	B DIAGRAM RE	PRESENTS THE MOU	TH WIDE OF	<b>8</b> PEH
RIGHT INDEX FINGER	BRIDGE WORK		CAIN CROWN D CROWN GOLD BRIDGE	15 Te 14 Te 15 Te	LOWER	) 15 (3) 14 (3) 13 (3) 12	
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP	REFERENCE A	ND COORDINATES F	OR BURIAL IN OT	HER THAN ESTABLISH	ED CEMETERY	
RIGHT RING FINGER	DEMARKS						
RIGHT LTTLE FINGER	Con <b>di</b> ti	on of F	R <sub>e</sub> mains:	Skull a	nd mandible	e bro <b>kt</b>	m.

## RESTRICTED WD QMC FORM 1042 DATE OF REPORT REPORT OF INTERMENT (Rev. I Apr. 1945) (Supersedes GRS Form 1) (AR 30-1810 and AR 30-1815) Imptint Identification Tag If Possible. Section 1,-IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL NO. Box No. 693 UNKNOWN -X-69 GRADE ORGANIZATION REPORT OF BRANCH OF SERVICE DISINTERMENT RACE RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Guera Unk EMERGENCY ADDRESSEE (Name, relationship, and address) IDENT! FICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reserse) (1, 2, or none) Clean some in amall wooden to. Lance undertified 1 - 09 de grand WERE SUBSTITUTE TAGS PROVIDED? (Yes of no) LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Agat. Chtry #2. Guan DATE OF BURIAL HOUR BURIED IN (Shroud, blanket, or name of other) TYPE OF GRAVE MARKER PLOT No. ROW No. GRAVE NO. 44 WAS THIS A REBURIAL? IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE (Yes or no) PLOT No. ROW No. GRAVE No. TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY IDENTIFICATION TAG BURIED WITH BODY (Yes or no) IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT hodories & Esoita TEODORICO J. ESPITAL EMILIO'S. ZAPICO, 2nd Lt., Inf.

RANK

RANK

2 :

SERIAL No.

SERIAL No.

ORGANIZATION

ORGANIZATION

139-1325 1516

GRAVE No.

GRAVE NO

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.

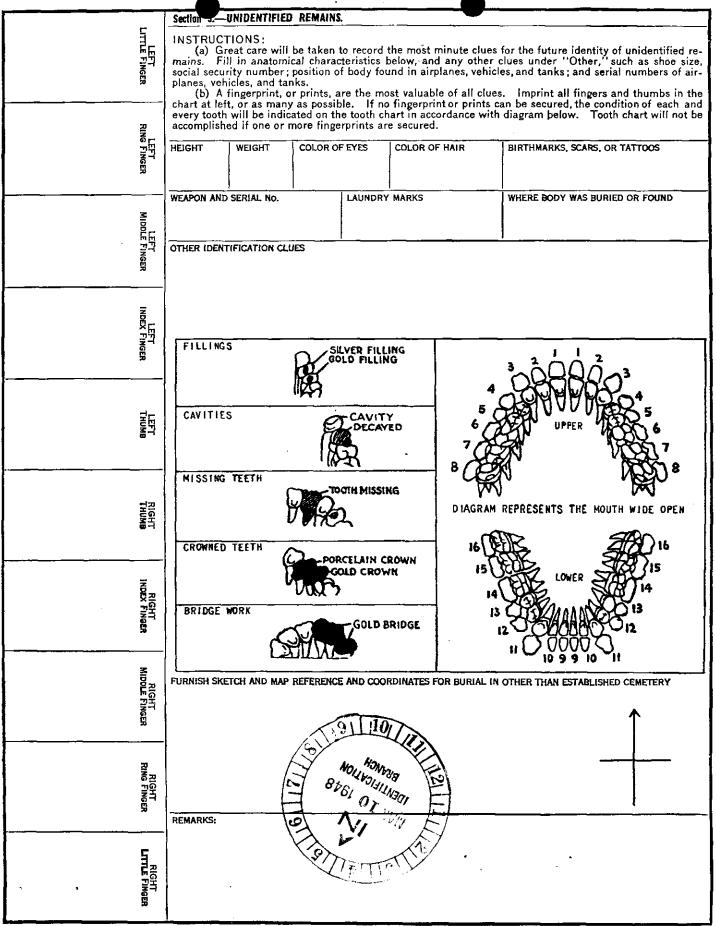
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

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

driversing x y

RESTRICTED MAR 1 1 1948

### RESTRICTED



### REPORT OF BURIAL - NAVMED-601 (3-45)



Commanding Gener Piddle Pacific, APO 958 -Bureau of land and the Surgery; Commander Harisnes;

10-43683-1

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

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

COPY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle)
	UNKNOWN	X-69 <b>(</b>	(Received f	rom Truk marke
	FILE OR SERVICE No.	RANK OR RATE	BRANCH OF	SERVICE
	URKEOW.	U.B. Oak		iki o.ni
	CORPS OR RESERVE CLASSIFICAT		RACE	e se se constant
	UriKi i <b>c</b>			UNICHOAN
CAUSE OF DEATH		PLACE OF DEATH		
*				
NAME OF NEXT OF KIN (If known)		LADDRESS OF NEXT OF	C. i.i.	
		ADDRESS OF NEXT OF	NIN (1) KNOWN)	
U.K.O.T.		L DATE OF BURIAL		
U'HA'OMA			d Guam. 10 Apr	t1 1956
NAME OF CEMETERY		LOCATION OF CEMETER		<u> </u>
		\	.,	
Assert Herry Borning Com-	+ ame #0	A wet Gue	ra	
Almy Havy, Marine Ceme	PLOT No.	' Agat Gua   Row No.	GRAVE NO.	
Cross	4	1414		4
BURIED AT SEA (Date)	4	AREA		<u> </u>
TYPE OF RELIGIOUS CEREMONY		RELIGION OF DECEASE	D	
Full Lilitary Honors.		Unknown		
IDENTIFICATION TAGS FOUND ON BODY			TAGS OTHER MEANS USED	TO IDENTIFY BODY
1	2 A NONE	(Identification cards, let	liers, elc.)	
COMPLETE DENTAL CHART ON REVERSE		-		
	Yes 🔀 No			
COMPLETE FINGERPRINT CHART OF BOT	H HANDS ON REVERSE	-		
	Yes			
LIST OF PERSONAL EFFECTS FOUND ON	BODY AND DISPOSITION OF SAME	<del>·</del>		
IDENTIFICATION TAG BURIED WITH BOD		IDENTIFICATION TAG A	TTACHED TO MARKER	<b>AC</b>
	ू Yes ्रित No		Yes	₹ N•
IF IDENTIFICATION TAGS NOT PRESENT,	WHAT OTHER IDENTIFICATION DATA	BURIED WITH BODY AND	IN WHAT KIND OF CONT	AINER
IF BURIAL OTHER TO	IAN ESTABLISHED CEMETERY, FL	JRNISH SKETCH AND	MAP REFERENCES ON	REVERSE
	Bodies Buried			
BODY ON LEFT. NAME (Last, first, middle)		RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT, NAME (Last, first, middle	(a)	1	 	5
	ec;	RANK OR RATE	FILE OR SERVICE No. 2943255	GRAVE NO.
PERSON REPORTING BLEEL (Name)	(Rank or sale)	S2c USI	<u> </u>	1 2
The Matthews.	(Alone of fall)	/S/ Thom	in the	 
IN REBURIAL, GIVE LOCATION OF PREVI	OUS BURIAL	VERIFIED AND FORWAR	C. MILLER	CHAPLATI
			·= <del>•</del> =	
		T. F. VNATO		USNR
		(Name)	(Rank)	(Title)

	₹		MSTRUCTIO	ONS FOR MAL	•
L. THUMB	When u without smu	ISOLATED BURIALS.	Have body examined		ARKINGS OF GRAVES O If body is unidentified, tak wing:
ä	unidentified, udging. Ob	ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
	Opti	BIRTHMARKS, SCARS, OR TA	Troos		
ب خ	ake r	LAUNDRY MARKS		WEAPON AND SERIAL	No.
NDEX	take rolled impression tain sharp, clear contra	 			
	mpres ear co	(14	actual weight and hei	ght are used, delete estima	ated)
ר אוסטרב	sion of fingerprints, ntrast of inked ridges	to five feet or in hasty bur enly one body in grave. tag and attach to grave m to BuPers, Marine Corps pencil of identifying data	ials, to sufficient depth Securely fasten one i larker (when body is , or Coast Guard, as on form in duplicate,	to prevent destruction of lidentification tag to body. disinterred or properly reindicated). If no tag is place in bottle, canteen,	uitable substance. Dig grav body or loss of identity. Plac Remove other identificatio ecorded, remove and forwar present, make a notation wit spent shell or other availab
L. RING	Cleanse fingers of and intervening	marker. If no tag is avail suitable means to identify 2. LOCATION OF GRA	able, write identifying or grave as a military g	data on marker. When pe grave. i established cemeteries by	ther, one (1) foot below graves are not available, use other or plot, row, and grave number ation by means of map reference.
	s of all	ences, or by reference to	prominent, permaner		n must be specific, accurate
Ë	of all foreign m g space. Do no	If the body is otherwise unid dental conditions in conformity	entified or fingerprints und	obtainable, chart the	· · · · · · · · · · · · · · · · · · ·
LITTLE	matter. Roil not overink.	para. 2318 (b) (1) & (2))(1945  CHARTING EXAMPLE: (C	Ed. para. 2234.1 & .2). The hart Cavities in BLACK; of	otherwise use RED)	
Ŗ	finger	Tooth No. 1, missing: No. 2, goi crown; No. 4, cavity: No. 5, two fixed bridge supplying missing to	porcelain or temporary filli	ngs; Nos. 6, 7, 8, gold	
ТНОМВ	to include	Missing teeth Nos.	نار النار الاراكار	HHHHHHHHY	3 <sup>6</sup> 10 11 12 13 14 15 16 7HMHHHH
	e crease	Occlusion (Type of)			
ά	of fla	Malposed teeth (Describe) _		TONGUE S	, 00 BBE
INDEX	st joint through	Removable appliances			
	ırough	Other defects	1 h-1		
¤ ∑	180° on	Remarks	~ ———   <sub>[</sub>		CO-H-4 (DENTAL RECORD) REVEAL SEMBLANCE NO RESEMBLANCE
WIDDLE	inked			nature of dental examiner)	(Rank or rate)
	surface.				
, <b>д</b>	1			_	
RING	cord in			N 	
ଗ	Record impression				<del>-</del>
	9				
,20 	same i	•			
77	motion				

#### REPORT OF BURIAL NAVMED-601 (3-45)



# Commanding General Middle Pacific, APO 958 Bureau of Med Mine and Surgery; Commander Wrianas;

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.

OPY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle) X-1
	UNKNOWN	I-69(	(Received	from Truk marke
	FILE OR SERVICE No.	RANK OR RATE		OF SERVICE
	UNKMOWN	UNKNOWN		THENORE
	CORPS OR RESERVE CLASSIFICATI		RACE	
	UNIXNO	·		UNIONOWN
AUSE OF DEATH		PLACE OF DEATH		
UNKICKIII NAME OF NEXT OF KIN (If known)		ADDRESS OF NEXT O	NONE	
UNEMONE				
DATE OF DEATH		DATE OF BURIAL	<u> </u>	
UNKNOWE		Beinter	red Guam, 10 A	pr41 1946
NAME OF CEMETERY		LOCATION OF CEME	ERY #	<u></u>
Army Navy, Marine Comet	ery #2	Agat G	er.	<u> </u>
GRAVE MARKER TYPE	PLOT No.	ROW NO.	GRAVE 1	10.
Gross	<u> </u>	44		
BURIED AT SEA (Date)		AREA		
TYPE OF RELIGIOUS CEREMONY		RELIGION OF DECEA	SFD	
Pall Kilitary Honors.		Unitmenta	<del></del>	
DENTIFICATION TAGS FOUND ON BODY			N TAGS. OTHER MEANS L	ISED TO IDENTIFY BODY
<b>□</b> 1	2 MONE	(Identification cards	letters, etc.)	
COMPLETE DENTAL CHART ON REVERSE		· .		
	Yes No			
COMPLETE FINGERPRINT CHART OF BOTH	HANDS ON REVERSE	-		
	Yes 🙀 Ne			
LIST OF PERSONAL EFFECTS FOUND ON B	ODY AND DISPOSITION OF SAME			
DENTIFICATION TAG BURNED WITH BODY	Yas A No	IDENTIFICATION TAG	ATTACHED TO MARKER	₩ No
IF IDENTIFICATION TAGS NOT PRESENT.		BURIED WITH SORV AL		
F IDENTIFICATION TAGS NOT PRESENT, V	THAT OTHER (DENTIFICATION DATA	BORIED WITH BODY A	ID IN WHAT KIND OF CO	SKIANGK
	<del>.</del>			
IF BURIAL OTHER TH	N ESTABLISHED CEMETERY, FO	URNISH SKETCH AN	D MAP REFERENCES	ON REVERSE
	Bodies Buried	on Either Side		
BODY ON LEFT. NAME (Last, first, middle)		RANK OR RATE	FILE OR SERVICE N	io. GRAVE No.
SHIPMONE Y_MA				
BODY ON RIGHT. Name (Last, first, middle	<u> </u>	RANK OR RATE	FILE OR SERVICE N	O. GRAVE NO.
KRAUSEN, James V.		52e USE	2943255	3
PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTIN	G BURIAL RITES	
B. A. MATTHEWS	(IC CUDIA)	THORNTO	C. MILLER	CHAPLAIN
IN REBURIAL, GIVE LOCATION OF PREVIO	US BURIAL	VERIFIED AND FOR	YAKULU	
		1		
		W. F. VRAS	CAP	P. DOTR.
		1 XX3778	(Ka	(Tifle)

INSTRUCTION			
		٠.	INSTRUCTION

C. THUMB	When control	ISOLATED BURIALS. Have body e	N OF BODY, BURIAL AND MARKINGS OF GRAVES OF examined to establish IDENTITY. If body is unidentified, take ilable fingers. Complete the following:
2	nident dging.	ESTIMATED HEIGHT ESTIMATED W	EIGHT COLOR OF EYES COLOR OF HAIR
Ĺ	unidentified, take rolled udging. Obtain sharp, o	BIRTHMARKS, SCARS, OR TATTOOS	
FNDEX	e rolled I	LAUNDRY MARKS	WEAPON AND SERIAL NO.
-	mpress lear co	(If actual weight	and height are used, delete estimated)
L. MIDDLE	Impression of fingerprints. clear contrast of inked ridges	to five feet or in hasty burials, to sufficie enly one body in grave. Securely fast tag and attach to grave marker (when to BuPers, Marine Corps, or Coast Gu pencil of identifying data on form in de	ket, pad covering, canvas or other suitable substance. Dig grave int depth to prevent destruction of body or loss of identity. Place en one identification tag to body. Remove other identification body is disinterred or properly recorded, remove and forward ard, as indicated). If no tag is present, make a notation with uplicate, place in bottle, canteen, spent shell or other availables, bury one with remains and the other, one (1) foot below graves.
ŗ	Cleanse fingers and intervening		ntifying data on marker. When pegs are not available, use other
RING	fingers of all foreign rivening space. Do r	For all other burials, prepare sketch in sences, or by reference to prominent, p	ourials in established cemeteries by plot, row, and grave number space provided below; and give location by means of map refer- bermanent landmarks. Information must be specific, accurate g head to determine bodies buried to the left and right.
ר. נודדרצ	eign matter. Roll Do not overlnk.	If the body is otherwise unidentified or finger dental conditions in conformity with Instructions para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.1	s In MMD (1942, 1938-43 Ed. & .2). This must be accurate,
Ľ	finger	CHARTING EXAMPLE: (Chart Cavities in Tooth No. 1, missing: No. 2, gold inlay and two s crown; No. 4, cavity; No. 5, two porcelain or tem; fixed bridge supplying missing tooth No. 7; No. 5	silver fillings; No. 3, full gold porary fillings; Nos. 6, 7, 8, gold
ТНОМВ	to include	Missing teeth Nos.	MAMMAMMAMMAMMAMMAMMAMMAMMAMMAMMAMMAMMAM
	crease	Occlusion (Type of)	
<b>Д</b>	of first join	Malposed teeth (Describe)	TONGUE SIDE OUTO
INDEX	oint through	Removable appliances	
	ugh 180°	Other defects	17 18 19 20 21 22 23 26 25 26 27 28 29 30 31 32 CMEEN SIDE  COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS
. MIDDLE		Remarks	POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE
 Ľ	on inked surface		(Signature of dental examiner) (Rank or rate)
R. RING	Record		N 
R. LITTL	Impression of same motion	A	
in in	ă		·

### REPORT OF PHRIAL Report of ininterment.

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	Takes the		DATE REPORT	ZA METOR I MAR
OPY OF IDENTIFICATION TAG	NAME	(Last)	(First)	(Middle)
		I had been servered		
linicación	FILEO THE ERVICE NO.	RANK OR RATE		BRANCH OF SERVICE
	Phyloparette			Intercente
	COMPANIE CLAS	SIFICATION		
AUSE OF DEATH		PLACE OF DEATH		
Unioncom		arek Atoli	. Contra	l Osrolino Isla
AME OF NEXT OF KIN (If known)		ADDRESS OF NEXT	OF KIN (If known	)
The second		THE PARTY OF THE P		
		DATE OF BURIAL		
	11 19 4.	Annualis	stely 25	April, 19 4.
	21 27 49	LOCATION OF CEME	TERY	se and Terrain
tander (CSA)	•	Sublen Is		
RAVE MARKER TYPE	PLOT NO.	ROW NO.		RAVE NO.
Andrews & Aller	PLOT NO.		•	# # # # # #
URIED AT SEA (Date)		AREA	I	
YPE OF RELIGIOUS CEREMONY		RELIGION OF DECE	ASED	
****		<u> </u>		
DENTIFICATION TAGS FOUND ON BOD	)Ÿ	IF NO IDENTIFICATION (Identification card	ON TAGS, OTHER M	EANS USED TO IDENTIFY BODY
1	2 NONE	(Tuems)ecusion curu	s, sessera, esc.)	
OMPLETE DENTAL CHART ON REVER		1		
	Yes · No		Henc.	
COMPLETE FINGERPRINT CHART OF B	Yes No			
IST OF PERSONAL EFFECTS FOUND &			<u> </u>	
IST OF PERSONAL EFFECTS FOOTE C	. BOOT AND DISPOSITION OF S	- ME		
DENTIFICATION TAG BURIED WITH BO	DDY	IDENTIFICATION TA	S ATTACHED TO M	ARKER
	Yes Que		Y•	T No
IDENTIFICATION TAGS NOT PRESEN	T, WHAT OTHER IDENTIFICATION	DATA BURIED WITH BODY A	ND IN WHAT KIND	OF CONTAINER
#\$		•		
	· · ·	· · · · · · · · · · · · · · · · · · ·	<del></del>	
IF SURIAL OTHER	THAN ESTABLISHED CEMETE	RY, FURNISH SKETCH AN	D MAP REFEREN	ICES ON REVERSE
		Buried on Either Side		
ODY ON LEFT. NAME (Last, first, midd	ie)	RANK OR RATE	FILE OR SER	VICE NO. GRAVE NO.
ODY ON RIGHT. NAME (Last, first, mi	ddle)	RANK OR RATE	FILE OR SER	VICE NO.   GRAVE NO.
man and comments assured formand logged to be	·····	Town VI RAIL	, OR SER	THE THE
ERSON REPORTING BURIAL (Name)	(Rank o	or rate) PERSON CONDUCTIN	G BURIAL RITES	<u> </u>
•				
N REBURIAL. GIVE LOCATION OF PRE	VIOUS BURIAL	VERIFIED AND FOR	WARDED	
		1 //	/ <del>/</del>	-
		-   // <i> </i> ///	Mu Ms	
		· ///	- U U U	

ENCLOSURE 🖠

	_ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				<del></del>
	Wh without				MARKINGS OF GRAVES OF
	Vhen uniquit smudgi	11	-		TY. If body is unidentified, take
	<b>X</b> 55	ESTIMATED HEIGHT	erprints of all available	fingers. Complete the f	·
	ging.				COLOR OF HAIR
		70 inches	165 1bs.	unknovm	unknown
	Obtain s	BIRTHMARKS, SCARS, OF			
	in Se	unknov	n	WEAPON AND SEF	
	sharp, c	LAUNDRY MARKS			_
		none	<del></del>	nor	
	1 4 5		(If actual weight and i	neight are used, delete es	timated)
	contrast of inked ridges	to five feet or in hasty only one body in grave tag and attach to grave to BuPers, Marine Co	burials, to sufficient dep re. Securely fasten on re marker (when body orps, or Coast Guard, a	oth to prevent destruction e identification tag to be is disinterred or proper s indicated). If no tag	per suitable substance. Dig grave of body or loss of identity. Place bdy. Remove other identification by recorded, remove and forward is present, make a notation with en, spent shell or other available
	an Cie	marker. If no tag is a		ng data on marker. Whe	ne other, one (!) foot below grave n pegs are not available, use other
	anse fingers of all foreign intervening space. Do	For all other burials, pences, or by reference	prepare sketch in space e to prominent, permar	provided below; and givenent landmarks. Inform	s by plot, row, and grave number. c location by means of map refer- ation must be specific, accurate, ried to the left and right.
• 1	r De		<del></del>	<del></del>	
	onatter. Roll on nat overlink.	dental conditions in confor para, 2318 (b) (1) & (2))(1	unidentified or fingerprints to mity with instructions in M 945 Ed. para. 2234.1 & .2).	MD (1942, 1938-43 Ed. This must be accurate.	A DAOPOR
	finger	crown; No. 4, cavity; No. 5,	P. gold inlay and two silver fl two porcelain or temporary f ling tooth No. 7; No. 9, porce	fllings; Nos. 6, 7, 8, gold	28年28年4月
G	to include crease	Missing teeth No.2.		ĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸĸ	11141144444 11141144444444444444444444
<del></del>		Occlusion (Type of) No	ormel (		
?	of first	Malposed teeth (Describ	× None	TONGL	JE SIDE
	st joint through	Removable appliances			
	_   g	Other defects Lewel	17	18 19 20 21 22 23	24 25 26 27 28 29 30 31 32
7	B 180°	Remarks ## A	СОМ	PARISON WITH DECEASED NA	VMED-H-4 (DENTAL RECORD) REVEALS:
3	9	//K 32 33	1. 16 26	POSITIVE IDENTITY SON	IE RESEMBLANCE NO RESEMBLANCE
3 7 7	n ke	20 30 Rone	ockets fille	a F mare	10
ŗ	ا ق		1	ig There care examiner I	. (DC)USNR"
···	Inked surface.				
,	Reco				
7 N	ord Impression			N 	
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293 York- Luan x-69 (Ugat Cem #21) 18 January 1980 SUMMERS recentification of Marid War II Decompod

70:

Commanding Officer Anarican large Bulletinities burton Philom Inne are odd, w/o remain San Francisco. California

1. Reference is under to Deposit of Ministrations, defect 12 April 1947, for University N-80, Plot to No. May St. Space & April Countery St. Suns, formarily 2-1, Trail Industry

In Request that the formula of year handpoorhops he syrjamed to determine the present Location and stable of the above Balancon presumply It is further requested that the residue to presented by the Control Identifies the Point and that you replaced the formulation and 1046 to formulate to this office as seen as practicables

FOR THE QUARTERNALTHE GREENAL.

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293 Unk- Truck Saland X-1

AIRMAIL

OMC FORM 1194

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## HEADQUARTERS AMERICAN GRAVES REGISTR..TION SERVICE PHILCON ZONE

APO 900

16 June 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-69, Plot 4, Row 44, Grave 4, USMC Guam # 2, Agat 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

B. McNEWAR
Captain, CwC
Chief, Records Branch

Not identifiable from information presently available

	IDENTIF	FICATION DATA			
. REMAINS OF UNKNOWN THE	#2 Aget			2. DATE OF R	
. NAME OF CEMETERY	I Tree Agau	4. PLOT 5. ROV	LE COAVE	- <del></del>	
JA RAME OF CEMETERS		4. PLOT 5. ROV	6. GRAVE		REINTERMENT
AGRS Mausoleum, W	Manila, P.I.				DE CHESTON
POT WITTH WEIGHT				5 yrs.	
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HA	R	11. RACE	
134-159 lbs.	518 7/8"  OFFICIAL IDENTIFICATION F	U.T.D.		White	
3.GIVE DESCRIPTION OF TATE	TOOS OR SCARS ON BODY AND	NONE	STAINED FROM	OTHER SOURCE	5
IJ.GIVE DESCRIPTION OF TATT	TOOS OR SCARS ON BODY AND		STAINED FROM	OTHER SOURCES	5
13.GIVE DESCRIPTION OF TATT	TOOS OR SCARS ON BODY AND/		STAINED FROM	OTHER SOURCE:	S
E4. WAS BODY BURNED?	TOOS OR SCARS ON BODY AND/	OR SUCH INFORMATION O	STAINED FROM	OTHER SOURCE:	5
E4. WAS BODY BURNED?  YES A NO	TO WHAT EXTENT?	OR SUCH INFORMATION O	STAINED FROM	OTHER SOURCE:	5
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E4. WAS BODY BURNED?  YES A NO 15. WAS BODY MANGLED?  YES A NO	TO WHAT EXTENT?	OR SUCH INFORMATION O	BTAINED FROM	OTHER SOURCE	S

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"

THEY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA?