

**IDENTIFICATION 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.

*THH*  
*Dec 11 1957*  
 Date

*x-69*

*x-125*

LAST NAME UNKNOWN FIRST 3-12 INITIAL X-125 RANK \_\_\_\_\_ SERIAL NO. \_\_\_\_\_

UNIT \_\_\_\_\_ ORGANIZATION \_\_\_\_\_

PLACE OF DEATH GUAM PLACE OF BURIAL Agat, Centry #2, Guam PLOT 4 ROW 44 GRAVE N 4

		RIGHT UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE				A				A	S	⊗	⊗	S	A						
LOCATION				of				dL	m			m	m						
		S																	
		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					⊗	⊗					A	A		
LOCATION		of	of		d											o	o		



KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
	EXTRACTED	
	CAVITY, INDICATE LOCATION	
	FIXED BRIDGE (INCL. ABUTENETS)	
	TEETH REPLACED BY DENTURE	
	PHOSTHOMOUSLY MISSING	

*A*

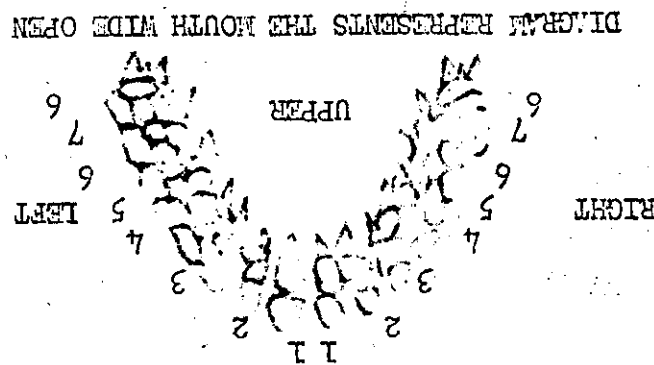
**INSTRUCTIONS:**

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

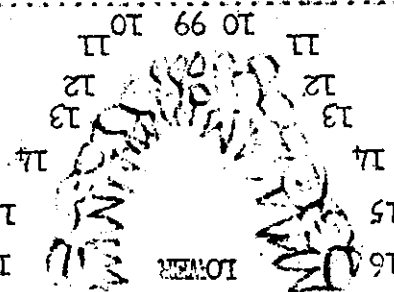
- 2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

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

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



RIGHT 16 LOWER 15 LEFT



**REMARKS:**

EMILIO S. ZAPICO, 2nd Lt., INF.

L. HO, Capt., D.C.

VERIFIED BY GDS OFFICER

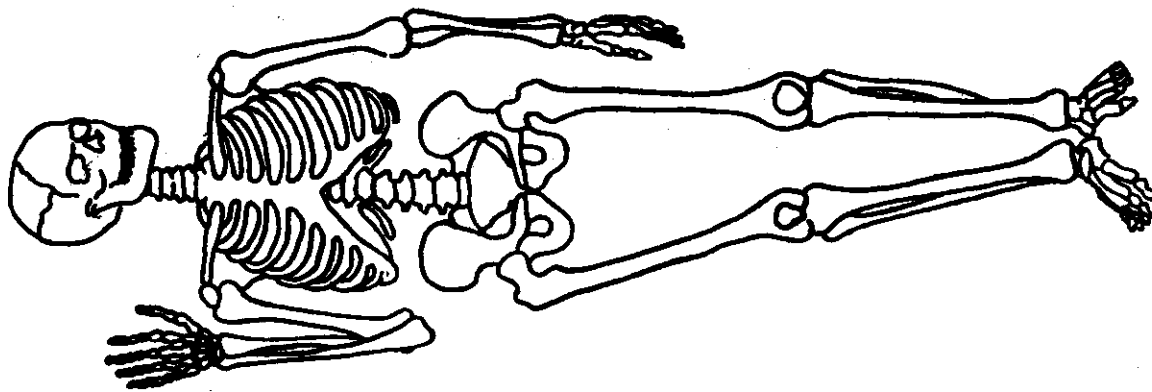
*[Signature]*

SIGNATURE OF PERSON WHO PREPARED CHART

*[Signature]*

DATE \_\_\_\_\_ PLACE OR HQ. WHERE THIS FORM COMPLETED \_\_\_\_\_

19. BLACK OUT PARTS OF BODY NOT COVERED



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

~~X-12569~~  
UNKNOWN ~~X-69~~ P-4 R-44 G-4

Clean bones in small wooden box  
Identified X-69 on grave marker.  
Skull & mandible broken.

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

*Marion White*

MEDICAL REPORT OF DISINTERMENT

1. X-1.

A. Date and place of disinterment 25 February, 1946  
Dublon Island Truk Atoll.

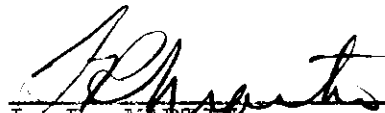
B. List of effects found in grave: None.

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: normal.
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. FARRIS,  
Lt.(jg), MC, USNR.

Enclosure (A).

MEDICAL REPORT OF DISINTERMENT

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.
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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: normal.
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.

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

Enclosure (A).

MEDICAL REPORT OF DISINTERMENT

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.
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8. Clavicles: 2 normal.
9. Vertebrae: 22 - no evidence of fracture.
10. Sacrum: normal.
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.

  
E. B. GARTIN,  
Lt.(jg), MC, USNR.

Enclosure (A).

**AIRMAIL**

**QIGBT 393  
GRS Far East**

**26 September 1950**

**SUBJECT: Identification of World War II Deceased**

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

**1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:**

**Unknown X-69 Army Navy Marine Cemetery #8, Agat, Guam, H.I.,  
Unit 2, Page 2, Addition**

**Unknown X-1176 AGRS Mausoleum, Manila, P.I., Unit 2, Page 19**

**Unknown X-6224 USAF Cemetery, Manila #8, P.I., (formerly WUCUI),  
Unit 1, Page 24, Addition**

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

**FOR THE QUARTERMASTER GENERAL:**

**THOMAS E. COX  
CAPT QIG  
Memorial Division**

**H. Melarimidal  
C. G. Salser**

**Copy furnished: OIGFB, APO 938**

*293 Unk's Stream #2 X-69*

**AIRMAIL**

**REPORT OF BURIAL**  
NAVMED-801 (3-45)

Commanding General Middle Pacific, APO 958  
Bureau of Medicine and Surgery;  
Commander Marianas;

**INSTRUCTIONS.**—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION: **D. Interred from TRUK IS. MI.** DATE REPORT FILLED OUT: **3 August 1946**

COPY OF IDENTIFICATION TAG	NAME (Last) <b>UNKNOWN X-69</b> (First) (Middle) <b>I-1</b>	<b>(Received from Truk marked)</b>	
FILE OR SERVICE NO. <b>UNKNOWN</b>	RANK OR RATE <b>UNKNOWN</b>	BRANCH OF SERVICE <b>UNKNOWN</b>	
CORPS OR RESERVE CLASSIFICATION <b>UNKNOWN</b>		RACE <b>UNKNOWN</b>	

CAUSE OF DEATH <b>UNKNOWN</b>	PLACE OF DEATH <b>UNKNOWN</b>
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NAME OF NEXT OF KIN (If known) <b>UNKNOWN</b>	ADDRESS OF NEXT OF KIN (If known)
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DATE OF DEATH <b>UNKNOWN</b>	DATE OF BURIAL <b>Reinterred Guam, 10 April 1946</b>
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NAME OF CEMETERY <b>Army Navy, Marine Cemetery #2</b>	LOCATION OF CEMETERY <b>Agat Guam.</b>
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GRAVE MARKER TYPE <b>Cross</b>	PLOT No. <b>4</b>	ROW No. <b>44</b>	GRAVE No. <b>4</b>
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY <b>Full Military Honors.</b>	RELIGION OF DECEASED <b>Unknown</b>
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

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

**Bodies Buried on Either Side**

BODY ON LEFT: NAME (Last, first, middle) <b>UNKNOWN X-70</b>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. <b>5</b>
BODY ON RIGHT: NAME (Last, first, middle) <b>KRAUSEN, James V.</b>	RANK OR RATE <b>S20 USN</b>	FILE OR SERVICE NO. <b>2943255</b>	GRAVE NO. <b>3</b>
PERSON REPORTING BURIAL (Name) <b>R. A. MATTHEWS</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <b>THORNTON G. HOLLER CHAPLAIN</b>	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>W. F. HEARCE</b>		



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

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL No.	

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

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

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

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

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



Missing teeth Nos. \_\_\_\_\_

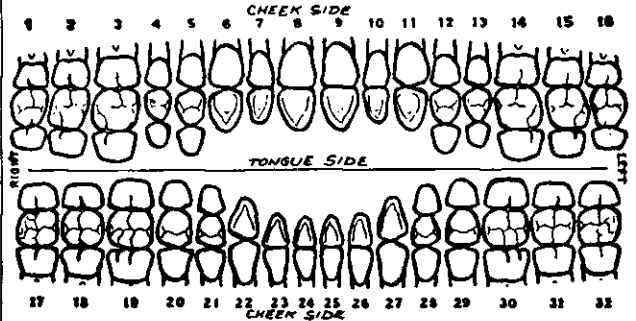
Occlusion (Type of) \_\_\_\_\_

Malposed teeth (Describe) \_\_\_\_\_

Removable appliances \_\_\_\_\_

Other defects \_\_\_\_\_

Remarks \_\_\_\_\_

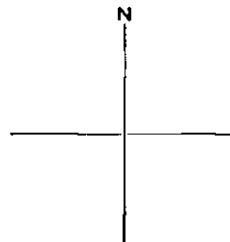


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



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

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

**HEAD OF BUFILEX Report of Disinterment.**

NAVMED-601 (3-45)

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

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

SHIP OR STATION ATTACHED AT TIME OF DEATH Unknown DATE REPORT FILLED OUT 24 March 1946.

COPY OF IDENTIFICATION TAG <b>Unknown</b>	NAME (Last) <b>Unknown</b> (First) (Middle)
	FILE OR SERVICE NO. <b>X-1</b> RANK OR RATE <b>Unknown</b> BRANCH OF SERVICE <b>Unknown</b>
	CORPS OR RESERVE CLASSIFICATION <b>Unknown</b> RACE <b>Unknown</b>

CAUSE OF DEATH <b>Unknown</b>	PLACE OF DEATH <b>Truk Atoll, Central Caroline Islands.</b>
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NAME OF NEXT OF KIN (If known) <b>unknown</b>	ADDRESS OF NEXT OF KIN (If known) <b>unknown</b>
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DATE OF DEATH <b>Approximately 25 April 1944.</b>	DATE OF BURIAL <b>Approximately 25 April, 1944.</b>
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NAME OF CEMETERY <b>unknown</b>	LOCATION OF CEMETERY <b>158.4-548.9- Defense and Terrain Map. Dublon Island, Truk Atoll.</b>
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GRAVE MARKER TYPE <b>Japanese</b>	PLOT NO. <b>-----</b>	ROW NO. <b>-----</b>	GRAVE NO. <b>-----</b>
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BURIED AT SEA (Date) <b>-----</b>	AREA <b>-----</b>
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TYPE OF RELIGIOUS CEREMONY <b>-----</b>	RELIGION OF DECEASED <b>-----</b>
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) <b>None.</b>
COMPLETE DENTAL CHART ON REVERSE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER  
**None.**

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

**Bodies Buried on Either Side**

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES	

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <i>L. R. Martin</i> <b>L. R. MARTIN Lt. (jg) MC USNR.</b> (Name) (Rank) (Title)
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1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT <b>5'8 inches</b>	ESTIMATED WEIGHT <b>165 lbs</b>	COLOR OF EYES <b>unknown</b>	COLOR OF HAIR <b>unknown</b>
BIRTHMARKS, SCARS, OR TATTOOS <b>unknown</b>			
LAUNDRY MARKS <b>none</b>		WEAPON AND SERIAL No. <b>none</b>	

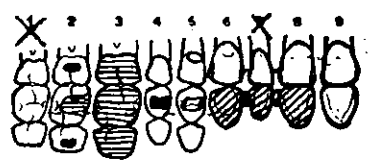
(If actual weight and height are used, delete estimated)

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

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

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

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



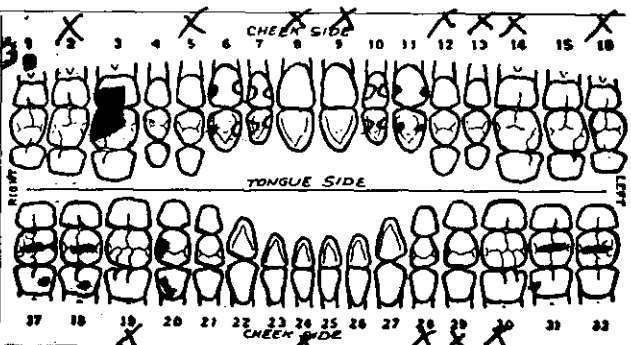
Missing teeth Nos. **2, 4, 5, 9, 12, 13, 14, 16, 19, 24, 28, 29, 30.**

Occlusion (Type of) **normal**

Malposed teeth (Describe) **none**

Removable appliances **none**

Other defects **None**

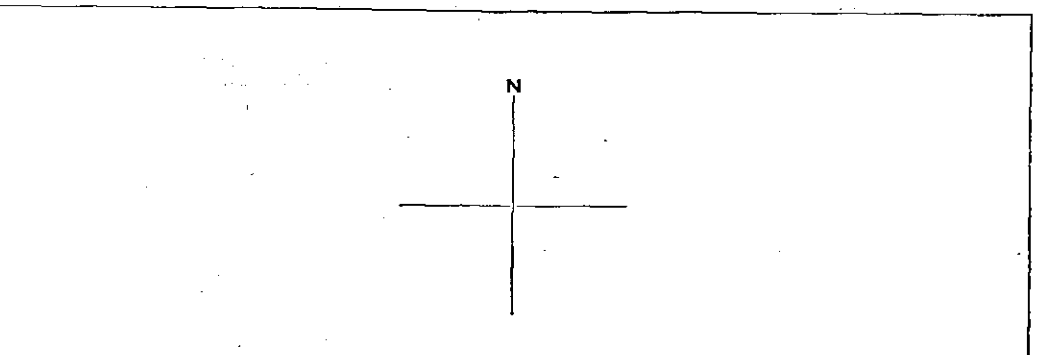


Remarks **Fractured jaw**  
**bone sockets filled in.**

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

POSITIVE IDENTITY  SOME RESEMBLANCE  NO RESEMBLANCE

*R. Marcus*  
(Signature of dental examiner) (Rank or rate)



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

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

**Report of Burial**

NAVMED-801 (3-45)

**INSTRUCTIONS.**—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH Unknown DATE REPORT FILLED OUT 24 March, 1944

COPY OF IDENTIFICATION TAG <u>Unknown</u>	NAME (Last) <u>Unknown</u> (First) (Middle)		
	FILE OR SERVICE NO. <u>Unknown</u>	RANK OR RATE <u>Unknown</u>	BRANCH OF SERVICE <u>Unknown</u>
	CORPS OR RESERVE CLASSIFICATION <u>Unknown</u>		RACE <u>Unknown</u>

CAUSE OF DEATH <u>Unknown</u>	PLACE OF DEATH <u>Truk Atoll, Central Caroline Islands</u>
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NAME OF NEXT OF KIN (If known) <u>Unknown</u>	ADDRESS OF NEXT OF KIN (If known) <u>Unknown</u>
--	---

DATE OF DEATH <u>Approximately 25 April, 1944</u>	DATE OF BURIAL <u>Approximately 25 April, 1944</u>
--	---

NAME OF CEMETERY <u>Unknown</u>	LOCATION OF CEMETERY <u>150.4 - 542.9 - Defense and Terrain Map, Dublin Island, Truk Atoll</u>
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GRAVE MARKER TYPE <u>Japanese</u>	PLOT No.	ROW No.	GRAVE No.
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BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
----------------------------	----------------------

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

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
None

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER  
None

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

**Bodies Buried on Either Side**

BODY ON LEFT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE No.
BODY ON RIGHT, NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE No.

PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES
---	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <u>[Signature]</u> <u>S. E. HANSEN</u> (Name) <u>Sgt. (1st)</u> (Rank) <u>USN</u> (Title)
---	--

**Enclosure A**

INSTRUCTIONS FOR BURIAL

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

ESTIMATED HEIGHT <b>70 inches</b>	ESTIMATED WEIGHT <b>165 lbs.</b>	COLOR OF EYES <b>unknown</b>	COLOR OF HAIR <b>unknown</b>
--------------------------------------	-------------------------------------	---------------------------------	---------------------------------

BIRTHMARKS, SCARS, OR TATTOOS  
**unknown**

LAUNDRY MARKS <b>none</b>	WEAPON AND SERIAL No. <b>none</b>
------------------------------	--------------------------------------

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

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

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

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 231B (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

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



Missing teeth Nos. **2, 5, 6, 9, 12, 13, 14, 16, 19, 24, 25, 26, 28.**

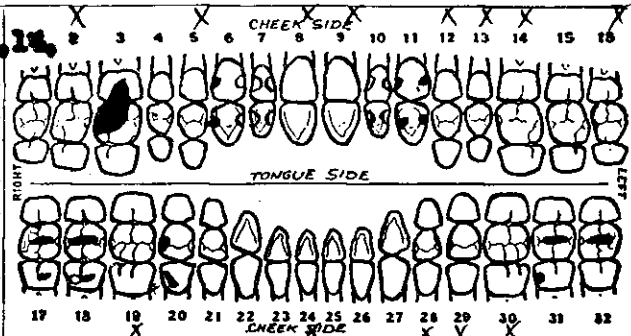
Occlusion (Type of) **Normal.**

Malposed teeth (Describe) **None.**

Removable appliances **None.**

Other defects **Lower jaw fractured**

Remarks **2, 5, 6, 9 - Knocked out; 12, 13, 14, 16, 24, 25, 26 - none sockets filled in**



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

POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

*None*  
(Signature of dental examiner)    **1. (no) none**  
(Remarks)

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

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

/drs

1

Interred 15 June 1950  
G 15 33 Ft. McKinley

PREPARED BY PHILCOM

## DISINTERMENT DIRECTIVE

*Carl R. H. Mark*  
CARL R. H. MARKCemetery Superintendent  
SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81722

DATE

15 06 50

DAY MONTH YEAR

RACE RELIGION

NAME

UNKNOWN X - 69

SERIAL NUMBER

GRADE

ARM

CEMETERY

USAF CEMETERY ACAT NO. 2, GUAM

PLOT

4

ROW

44

GRAVE

4

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-69

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

15 June 1950

IDENTIFICATION TAG ON

- 
- REMAINS
- 
- 
- MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

PAUL R NICHOLS

Embalmer

NAME AND TITLE

## SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 15 June 1950

BY

PAUL R NICHOLS

CASKET SEALED BY

PAUL R NICHOLS

EMBALMER (Signature)

PAUL R NICHOLS

CASKET BOXED AND MARKED

DATE 15 June 1950

BY

ALBERT C EVATT, Sgt, RA

SHIPPING ADDRESS VERIFIED BY

RAYMOND H TANGUAY, Sgt 1c, RA

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

*Raymond H Tanguay*  
RAYMOND H TANGUAY, Sgt 1c, RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

✓

*2 files  
not  
7/11/50  
all papers  
reported*

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MUSEUM	TO	US MILITARY CEMETERY
KIND OF CONVEYANCE		TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		2. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		3. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		4. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		5. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		6. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	
FROM		7. SHIPPED		
FROM		DATE	SIGNATURE OF RECEIVER	
KIND OF CONVEYANCE		NAME OF CONVOYER		
SIGNATURE OF SHIPPER		DATE	SIGNATURE OF RECEIVER	

DATE 15 JUN 1950 *Beckmark*

3

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6321 21722

15 06 50  
DAY MONTH YEAR

NAME: UNKNOWN I - 69 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY: WPAF CEMETERY ACAT NO. 2, GUAM PLOT: 4 ROW: 44 GRAVE: 4 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 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED  
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY  
 REMAINS  
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS  
OTHER MEANS OF IDENTIFICATION  
MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE BY 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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS: files 6-28-50 Kirkland Report



**RECORD OF CUSTODIAL TRANSFER**

**1. SHIPPED**

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

**2. SHIPPED**

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

**3. SHIPPED**

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

**4. SHIPPED**

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

**5. SHIPPED**

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

**6. SHIPPED**

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

**7. SHIPPED**

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

1st Lt.

att. to 1/12/50

GAFZ 293

1st Lt.

(12 January 1950)

SUBJECT: Identification of World War II Personnel

293 Wnk Guam R-69 (Ag. et Cem #3)

NO 900 FEB 19 1950

Em

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

1. Our records indicate that the remains of unknown R-69, 1st Lt. Gregory W. R., are presently stored in container 301, No. 16, Area 1, Manila, P.I. Subject's name will be carried on records in an unresolved status.

2. Enclosed herewith is a report dated 20 Jan 1950 for Unknown R-69. The report of storage will be forwarded your office through normal channels.

FOR INFO OF THE OFFICE:

*John Sheppole*  
1st Lt., Infantry  
Adjutant

1 Encl:  
1st Lt. Gregory W. R.

293 Wnk Guam R-69



NAV  
FILE  
23 Feb 1950  
PA Kazup  
Identification Bureau

1st Lt.

0958  
FEB 29 1950  
IDENTIFICATION BRANCH  
OCT 29 1950  
FEB 29 1950  
IDENTIFICATION BRANCH

IDENTIFICATION BRANCH  
FEB 21 1950  
IN

4310  
OCT 29 1950  
IDENTIFICATION BRANCH

**AIRMAIL**

*att #1*  
*1-12-50*

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

*293 unk*

*Guam (Agat #2) X-69*

IN REPLY REFER TO QMCM 293

GRS Far East

12 January 1950

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

MAN  
FILE

*1-12-50*

Identification Branch

**AIRMAIL**











MEMORANDUM FOR THE DIRECTOR  
DIVISION OF INVESTIGATION  
JUN 9 9 26 AM '50  
SEP 26 1950  
IDENTIFICATION BRANCH  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

RECEIVED  
JUN 21 1950

3052  
20

18.

TOOTH CHART

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

		RIGHT								A	dL	LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		X	o	A		X	o	S	P		S	A	X	X	X		X		
		o	o	o		o	o	o	o	o	o	o	o	o	o	o	o		
Side Views																			
Top Views	UPPER																		
	LOWER																		
Side Views																			
		A	O	G	A	X	A				P	P	P		X	X	X		
		14	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

fractured

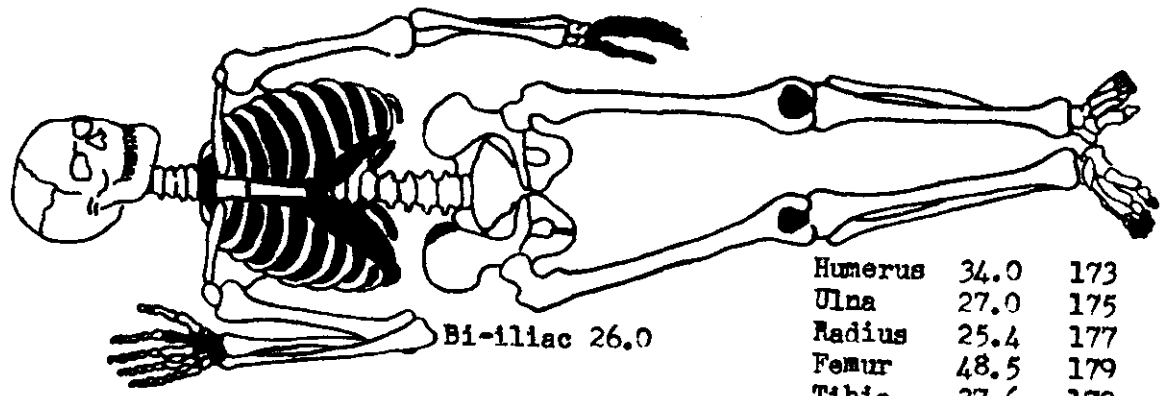
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*Paul R. Nichols*  
 PAUL R NICHOLS  
 Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECORDED



Bi-iliac 26.0

Estimated height 5'8 7/8"

Humerus	34.0	173
Ulna	27.0	175
Radius	25.4	177
Femur	48.5	179
Tibia	37.6	172
Fibula	37.4	173

6/10/49

174 3/6

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

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS  
Chief, Iden. Section

SIGNATURE

**IDENTIFICATION DATA**

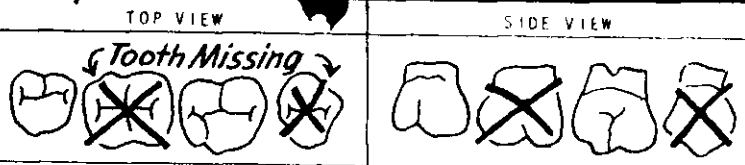
1. REMAINS OF UNKNOWN <b>UNKNOWN X-69 Guam, Agat # 2</b>				2. DATE OF REPORT <b>9 February 1950</b>		
3. NAME OF CEMETERY <b>AGRS Mausoleum, Manila</b>		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
					DISINTERMENT	REINTERMENT
PHYSICAL DESCRIPTION				<b>AGE: 20-25</b>		
8. ESTIMATED WEIGHT <b>134-159 lbs.</b>	9. ESTIMATED HEIGHT <b>5'8 7/8"</b>	10. COLOR OF HAIR <b>U.T.D</b>		11. RACE <b>White</b>		
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS						
<b>N o n e</b>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES						
<b>N o n e</b>						
14. WAS BODY BURNED?		TO WHAT EXTENT?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
15. WAS BODY MANGLED?		TO WHAT EXTENT?				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO						
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS						
<b>N o n e</b>						
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)						
<b>N o n e</b>						



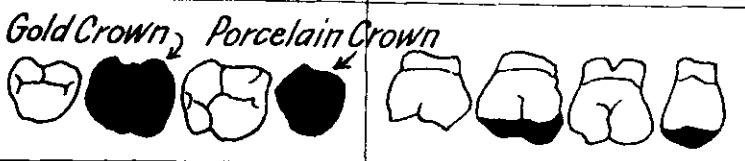
18.

TOOTH CHART

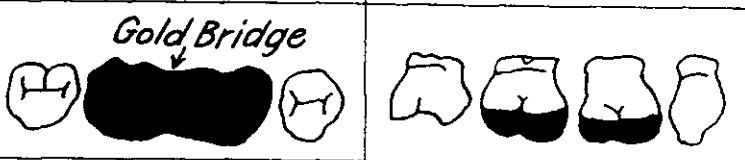
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELLED THUS:



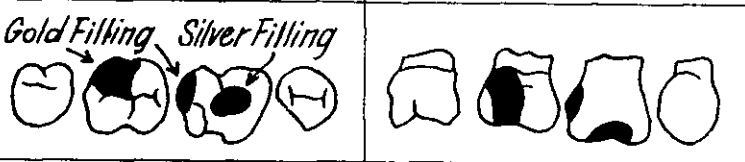
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



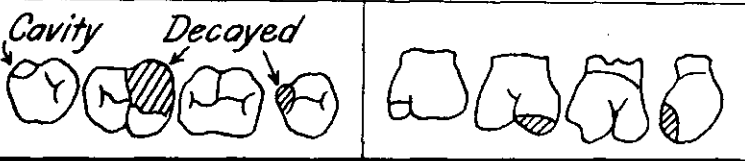
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



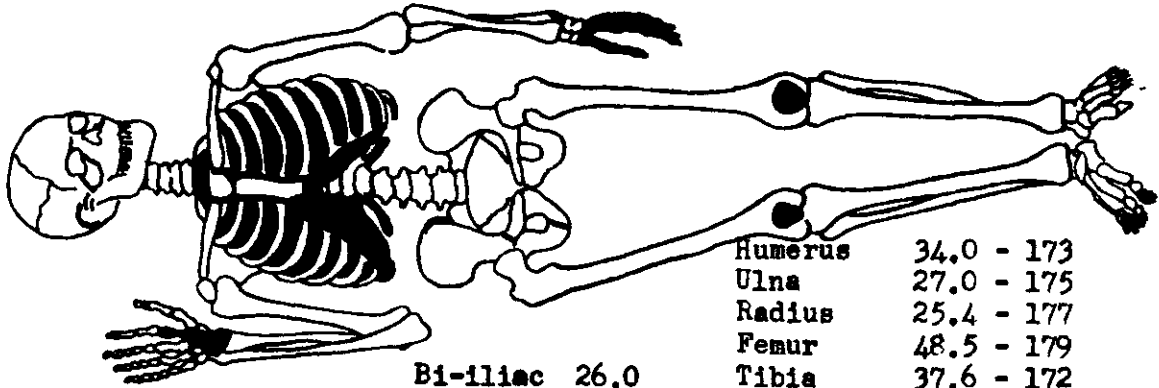
RIGHT								A DL	LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
X	O of	A of		X	O mfl	S of	P	P	S ML DL	A ML DL	X	X	X		X	
Side Views																Side Views
																UPPER
																LOWER
																Side Views
A of	O of	A of	X	A of			P	P	P		X	X	X	A of	A of	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

Fractured

**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

19. BLACK OUT PARTS OF BODY NOT RECORDED



Bi-iliac 26.0

Estimated height 5'8 7/8"

Humerus	34.0 - 173
Ulna	27.0 - 175
Radius	25.4 - 177
Femur	48.5 - 179
Tibia	37.6 - 172
Fibula	37.4 - 173
	<u>6/1049</u>

20.

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

174 3/6

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

- (1) male
- (2) white
- (3) estimated age - 20 to 25 years.
- (4) estimated height - 5'8 7/8"
- (5) 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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

ROBERT B. FOX  
Anthropologist

SIGNATURE

IDENTIFICATION 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.

4 Dec 47  
 Date

X-69

~~UNKNOWN~~


LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION

GUAM Agat, Entry #2, Guam 4 44 4

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO







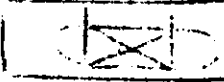


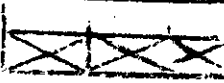





		RIGHT UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		X	A	X	A	S	X	X	S	A	X	X	X	X	X	X		TYPE	
LOCATION			f			d	Md			Md	Md							LOCATION	

 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	X	A				X	X		X	X	X	A	A		TYPE	
LOCATION		of	of		f											O	O	LOCATION	



KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAN (SILVER)	 MESIAL (BETWEEN TOWARD FRONT)
 CAVITY, INDICATE LOCATION	 GOLD	 OCCLUSAL (BETWEEN SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTEMENTS)	 SILICATE OF PORCELAIN	 DISTAL (BETWEEN TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE I (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHOMOUSLY MISSING		 FACIAL (TOWARD CHEEK)

INSTRUCTIONS:

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

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

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

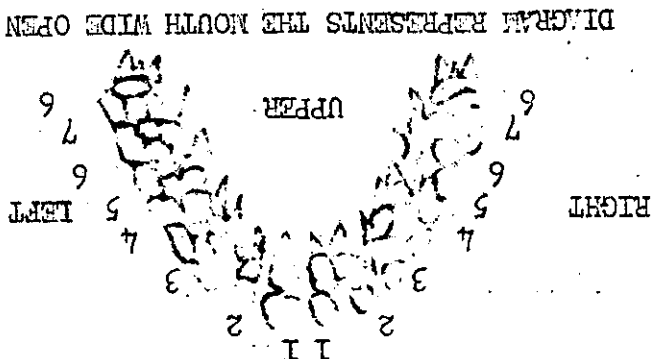


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

DATE \_\_\_\_\_ PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED \_\_\_\_\_

NAME AND RANK TYPED OR PRINTED \_\_\_\_\_ NAME AND RANK TYPED OR PRINTED \_\_\_\_\_

EMILIO S. ZAPICO, 2nd Lt., Inf. L. HO, Capt., D.C.











VERIFIED BY GRS OFFICER \_\_\_\_\_ SIGNATURE OF PERSON WHO PREPARED CHART \_\_\_\_\_





*Emilio S. Zapico*

*L. Ho*

Unknown 1-69 Exam # 2

TOOTH CHART

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

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		X		A		X	A	S	D	D	D	A	X	X	X		X		
Side Views																		Side Views	
																			
Top Views																			
Side Views																			
		X	A		A				D	D			X	X	X	A	A		
		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."

OD Campbell Embelmer

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

293.

Date 13 July 48

CASE SUMMARY OF

NAME: UNKNOWN X - 69 RANK: \_\_\_\_\_ SERIAL NO: \_\_\_\_\_

CEMETERY: #2 Agat, GUAM Plot: 4 Row: 44 Grave: 4

Approximate age 22-24

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cc: 293 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature)

Remarks:

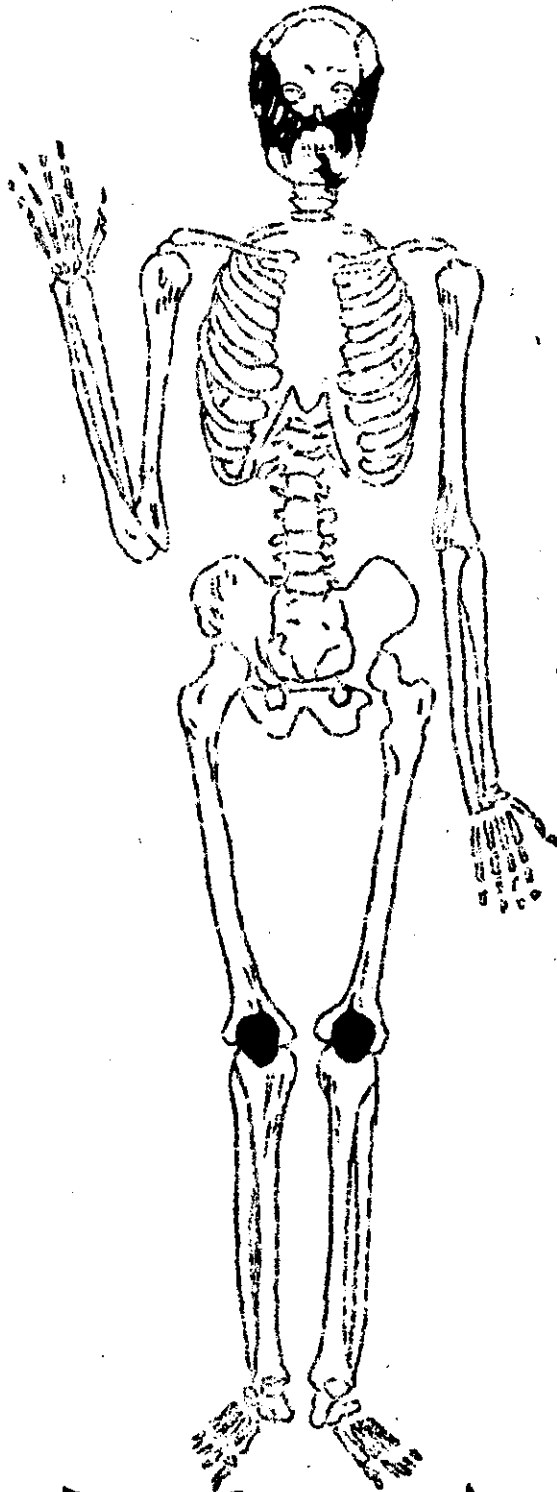
PROCESSING CENTER

*Unknown X-69*  
(Case)

*Squad*  
(Rank)

*Line # 2*  
(Ser No.)

*Agut*  
(Pr of Sv)



*Skeletal remains Incomplete*

SKELETAL CHART

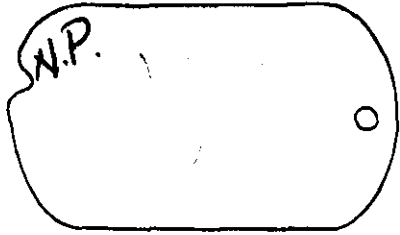
RESTRICTED

QMC Form 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT  
10 Feb 50

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <u>UNKNOWN X-69 Army, Navy, Marine</u>		SERIAL No. <u>Unknown</u>
GRADE <u>Unknown</u>		BRANCH OF SERVICE <u>Unknown</u>
ORGANIZATION <u>Unknown</u>		IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
RACE <u>Unknown</u>	RELIGION <u>Unknown</u>	

PLACE OF DEATH <u>Guam, M. I.</u>	CAUSE OF DEATH <u>Unknown</u>	DATE OF DEATH <u>Unknown</u>
--------------------------------------	----------------------------------	---------------------------------

EMERGENCY ADDRESSEE (Name, relationship, and address)  
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <u>None</u>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reverse) <u>(See Remarks)</u>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) <u>Yes (2)</u>	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

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
GRS MAUSOLEUM, MANILA P I

DATE OF BURIAL <u>10 Feb 50</u>	HOUR <u>1100</u>	BURIED IN (Shroud, blanket, or name of other) <u>Casket</u>	TYPE OF GRAVE MARKER	PLOT No. <u>801</u>	ROW No. <u>10</u>	GRAVE No.
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WAS THIS A REBURIAL? (Yes or no) <u>RESTORED</u>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <u>Army, Navy, Marine Cemetery #2, Agat, Guam</u>	PLOT No. <u>4</u>	ROW No. <u>44</u>	GRAVE No. <u>4</u>
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TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <u>Yes</u>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <u>Yes</u>
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
---	------	------------	--------------	-----------

SIGNATURE OF PERSON PREPARING REPORT <u>Paul R. Nichols</u> PAUL R. NICHOLS, Chief, Ident Section	SIGNATURE OF GRS OFFICER VERIFYING REPORT <u>H. B. McNEAR</u> H. B. McNEAR, 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 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.

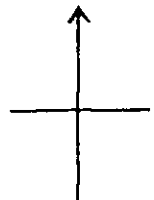
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

2 MAR 1950  
 Identification Section



REMARKS:

QMC Form 1044, 1044a and 1044b accomplished.

RESTRICTED

*deleted*

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

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

DATE OF REPORT  
4 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <del>UNKNOWN</del> UNKNOWN X-69 Box No. 69.3		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Guam	CAUSE OF DEATH Unk	DATE OF DEATH
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) 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 cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
Agat, Cmtry #2, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. 4	ROW No. 44	GRAVE No. 4
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WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY STATION 514
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) Unknown X - 70	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 5
--	------	------------	--------------	----------------

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Krausen, James V.	RANK S2c	SERIAL No. 2943255	ORGANIZATION USNR	GRAVE No. 3
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SIGNATURE OF PERSON PREPARING REPORT <i>Teodorico J. Espital</i> TEODORICO J. ESPITAL	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt., Inf.
---	---

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

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**


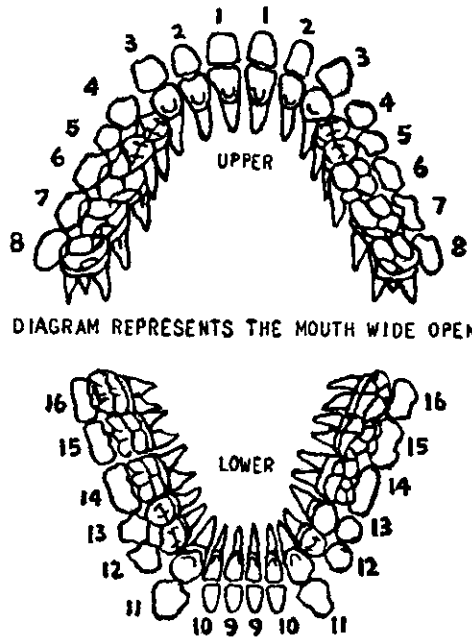




**INSTRUCTIONS:**

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

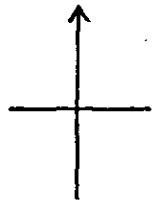
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left; or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND	

**OTHER IDENTIFICATION CLUES**

FILLINGS		SILVER FILLING GOLD FILLING	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
CAVITIES		CAVITY DECAYED	
MISSING TEETH		TOOTH MISSING	
CROWNED TEETH		PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK		GOLD BRIDGE	

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



**REMARKS:**

Condition of Remains: Skull and mandible broken.

RESTRICTED

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

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

DATE OF REPORT

12/4/47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN ~~X-69~~

Box No. 693

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

Guam

CAUSE OF DEATH

Unk

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

2, 1 & 2

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

Clean bones in small wooden box.  
unidentified as of late general number

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Skull + mandible within

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Agat, Cmtry #2, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				4	44	4

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE	PLOT No.	ROW No.	GRAVE No.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Anderson, James				4

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Anderson, James J.	C2C	2943355	115810	3

SIGNATURE OF PERSON PREPARING REPORT  
Teodorico J. Espital

SIGNATURE OF GRS OFFICER VERIFYING REPORT  
Emilio S. Zapico, 2nd Lt., Inf.

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.

Meritt White

RESTRICTED  
MAR 11 1948

**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

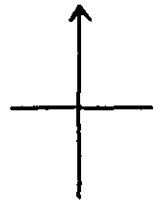
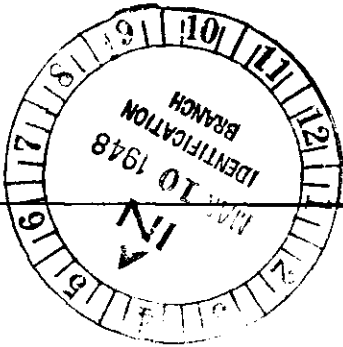
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND

**OTHER IDENTIFICATION CLUES**

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

<b>FILLINGS</b>	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p>
<b>CAVITIES</b>	<p>CAVITY DECAYED</p>	
<b>MISSING TEETH</b>	<p>TOOTH MISSING</p>	
<b>CROWNED TEETH</b>	<p>PORCELAIN CROWN GOLD CROWN</p>	
<b>BRIDGE WORK</b>	<p>GOLD BRIDGE</p>	

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



REMARKS:

**REPORT OF BURIAL**

NAVFORM-601 (3-45)

Commanding General Middle Pacific, APO 958

Bureau of Naval Medicine and Surgery;

Commander Marines;

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

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

SHIP OR STATION ATTACHED AT TIME OF DEATH Disinterred from TRUK ISLAND DATE REPORT FILLED OUT 3 August 1946

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	X-1	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	UNKNOW.	UNKNOW.	UNKNOW.
	CORPS OR RESERVE CLASSIFICATION	RACE	
	UNKNOW.	UNKNOW.	

CAUSE OF DEATH	PLACE OF DEATH
UNKNOW.	UNKNOW.

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
UNKNOW.	

DATE OF DEATH	DATE OF BURIAL
UNKNOW.	Reinterred Guam. 10 April 1946

NAME OF CEMETERY	LOCATION OF CEMETERY
Army Navy, Marine Cemetery #2	Agat Guam.

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
Cross	4	44	4

BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
Full Military Honors.	Unknown

IDENTIFICATION TAGS FOUND ON BODY	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> NONE	

COMPLETE DENTAL CHART ON REVERSE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
----------------------------------	---

COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

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

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

**Bodies Buried on Either Side**

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
UNKNOW. X-70			5

BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
KAUSEN, James V.	S2c USN	2943255	3

PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES	
R. A. MATTHEWS		THORNTON C. MILLER	CHAPLAIN

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED

	R. F. WATCH	CAPT	USNR
	(Name)	(Rank)	(Title)

**INSTRUCTIONS FOR BURIAL**

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

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

BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL NO.
---------------	-----------------------

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

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

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

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

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



Missing teeth Nos. \_\_\_\_\_

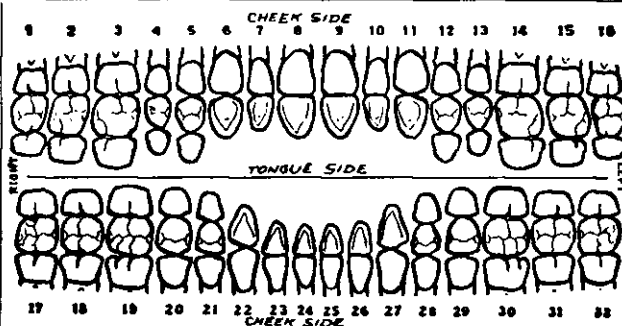
Occlusion (Type of) \_\_\_\_\_

Malposed teeth (Describe) \_\_\_\_\_

Removable appliances \_\_\_\_\_

Other defects \_\_\_\_\_

Remarks \_\_\_\_\_

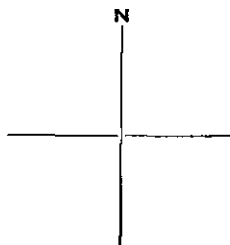


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY     
  SOME RESEMBLANCE     
  NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



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

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

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

CO: 30:

Commanding General Middle Pacific, APO 958  
Bureau of Medicine and Surgery;  
Commander Marianas;

**INSTRUCTIONS.**—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.  
If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION **Disinterred from TRUK ISLAND.** DATE REPORT **3 August 1946**  
ATTACHED AT TIME OF DEATH \_\_\_\_\_ FILLED OUT \_\_\_\_\_

COPY OF IDENTIFICATION TAG		NAME (Last)	(First)	(Middle)	<b>X-1</b>
		<b>UNKNOWN X-69</b>		<b>(Received from Truk marked</b>	
FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE			
<b>UNKNOWN</b>	<b>UNKNOWN</b>	<b>UNKNOWN</b>			
CORPS OR RESERVE CLASSIFICATION				RACE	
<b>UNKNOWN</b>				<b>UNKNOWN</b>	

CAUSE OF DEATH	PLACE OF DEATH
<b>UNKNOWN</b>	<b>UNKNOWN</b>

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
<b>UNKNOWN</b>	

DATE OF DEATH	DATE OF BURIAL
<b>UNKNOWN</b>	<b>Reinterred Guam. 10 April 1946</b>

NAME OF CEMETERY	LOCATION OF CEMETERY
<b>Army Navy, Marine Cemetery #2</b>	<b>Agat Guam.</b>

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
<b>Cross</b>	<b>4</b>	<b>44</b>	<b>4</b>

BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
<b>Full Military Honors.</b>	<b>Unknown</b>

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

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

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

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

**Bodies Buried on Either Side**

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
<b>UNKNOWN X-70</b>			<b>5</b>
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
<b>KRAUSEN, James V.</b>	<b>S2c USN</b>	<b>2943255</b>	<b>3</b>
PERSON REPORTING BURIAL (Name)	(Rank or rate)	PERSON CONDUCTING BURIAL RITES	
<b>B. A. MATTHEWS</b>		<b>THORNTON C. MILLER</b>	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	<b>W. F. YEARCH</b>		<b>CAPT</b>
	(Name)		(Rank)
			<b>UNID</b>
			(File)



**INSTRUCTIONS FOR BURIAL**

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

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL No.	

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

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

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

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

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



Missing teeth Nos. \_\_\_\_\_

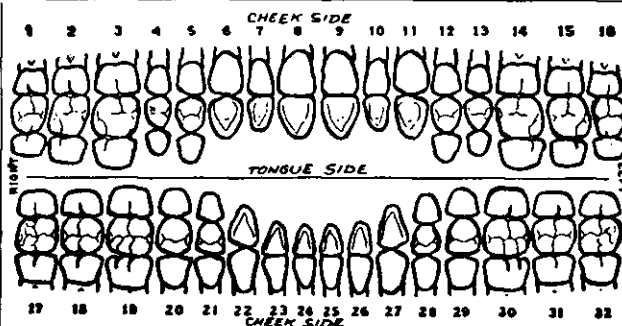
Occlusion (Type of) \_\_\_\_\_

Malposed teeth (Describe) \_\_\_\_\_

Removable appliances \_\_\_\_\_

Other defects \_\_\_\_\_

Remarks \_\_\_\_\_



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

POSITIVE IDENTITY       SOME RESEMBLANCE       NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)

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

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

**REPORT OF BURIAL**  
**Report of Intment.**

**INSTRUCTIONS.**—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports. If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH Unknown DATE REPORT FILLED OUT 24 March 1946

COPY OF IDENTIFICATION TAG  <u>Unknown</u>	NAME (Last) (First) (Middle)	<u>Unknown</u>	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CO. OR GRAVE CLASSIFICATION	<u>Unknown</u>	<u>Unknown</u>

CAUSE OF DEATH <u>Unknown</u>	PLACE OF DEATH <u>Truk Atoll, Central Caroline Islands.</u>
----------------------------------	--

NAME OF NEXT OF KIN (If known) <u>Unknown</u>	ADDRESS OF NEXT OF KIN (If known) <u>Unknown</u>
--	---

DATE OF BURIAL <u>Approximately 25 April 1946</u>	DATE OF BURIAL <u>Approximately 25 April, 1946.</u>
--	--

LOCATION OF CEMETERY <u>Unknown</u>	LOCATION OF CEMETERY <u>158.4-248.9- Defense and Terrain Wp. Dublin Island, Truk Atoll.</u>
--	--

GRAVE MARKER TYPE <u>Japanese</u>	PLOT NO. .....	ROW NO. .....	GRAVE NO. .....
--------------------------------------	-------------------	------------------	--------------------

BURIED AT SEA (Date) .....	AREA .....
-------------------------------	---------------

TYPE OF RELIGIOUS CEREMONY .....	RELIGION OF DECEASED .....
-------------------------------------	-------------------------------

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

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER  
None.

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

**Bodies Buried on Either Side**

BODY ON LEFT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <u>[Signature]</u>
---	--

(Name) (Rank) (Rate) (Signature) (Date)

**INSTRUCTIONS FOR BURIAL**

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

ESTIMATED HEIGHT <b>70 inches</b>	ESTIMATED WEIGHT <b>165 lbs.</b>	COLOR OF EYES <b>unknown</b>	COLOR OF HAIR <b>unknown</b>
--------------------------------------	-------------------------------------	---------------------------------	---------------------------------

BIRTHMARKS, SCARS, OR TATTOOS  
**unknown**

LAUNDRY MARKS <b>none</b>	WEAPON AND SERIAL No. <b>none</b>
------------------------------	--------------------------------------

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

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

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

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

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



Missing teeth No. **2, 5, 8, 9, 12, 13, 16, 19, 24, 28, 29, 30.**

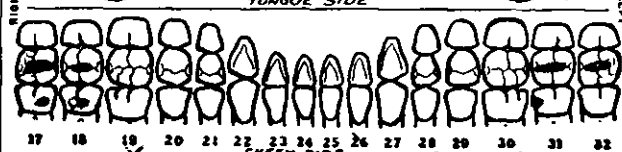
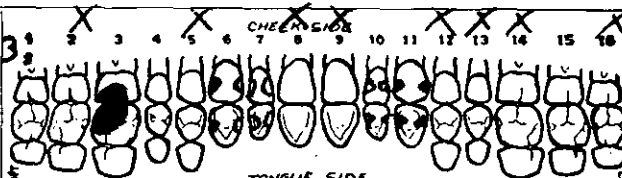
Occlusion (Type of) **Normal**

Malposed teeth (Describe) **None**

Removable appliances **None**

Other defects **Lower jaw fractured**

Remarks **#8, 9, 24 Knocked out #5, 12, 13, 14, 16, 28, 29, 30. Bone sockets filled in.**



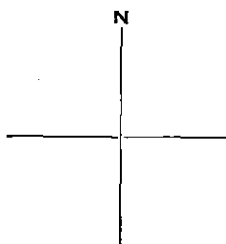
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

Signature: *[Signature]*  
Examiner: **It. (DC) USNR**

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

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



**AIRMAIL**

*293 Unk- Guam X-69 (Agat Cem #2)*

**QUART 205  
205 Far East**

**12 January 1950**

**SUBJECT: Identification of World War II Released**

**TO: Commanding Officer  
American Graves Registration Service  
Philena Lane  
APO 900, c/o Postoffice  
San Francisco, California**

1. Reference is made to Report of Disburment, dated 12 April 1947, for Unknown X-29, Plot 4, Row 24, Grave 4, Agat Cemetery #1, Guam, formerly X-1, Truck 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 results be processed by the Central Identification Point and that revised GIC Forms 1042 and 1046 be forwarded to this Office as soon as practicable.

**FOR THE QUARTERMASTER GENERAL:**

**F. H. MEYER  
Lt. Colonel, GIC  
Memorial Division**

*etc* **E.A. KAZUP, lrc**

**Salsor**

**cc--Administrative Section  
cc--Cincfe**

*copy for*

*293 Unk- Truck Island X-1*

**AIRMAIL**

*Handwritten initials*  
**FEC**

*Handwritten notes and stamps:*  
11-2-50  
U.S. AIR FORCE  
AGRICULTURE  
D. M. C.

G.P. Mac

1

H80B  
R/5  
F13  
K2  
F17

### DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
273, UNKNOWNX-000069

SERIAL NUMBER  
RANK

ARM  
8

DATE OF DEATH  
DAY MONTH YEAR

CEMETERY  
GUAM NO 2 AGAT

DISPOSITION OF REMAINS  
0 0391 63  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
4 44 4 MARIANAS

CAUSE OF DEATH  
6

#### SECTION B - CONSIGNEE AND NEXT OF KIN

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

NAME AND ADDRESS OF NEXT OF KIN

#### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
UNKNOWN

SERIAL NUMBER  
X-000069

RANK  
Unk

DATE OF DEATH  
Unk

DATE DISINTERRED  
4 Dec 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION  
Unk

IDENTIFICATION VERIFIED BY  
3 Copies, Sgt INF  
NAME AND TITLE

#### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Individual grave, uncasketed,  
nature of shroud undetermined

CONDITION OF REMAINS  
Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION  
Tortuary Plate

MINOR DISCREPANCIES  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 19 Jul 48 BY J R Williams, EIC

EMBALMER (Signature)  
O P Campbell  
O P CAMPBELL

CASKET SEALED BY  
J R Williams, EIC

SHIPPING ADDRESS VERIFIED BY  
Max Shelofsky, Clerk

CASKET BOXED AND MARKED  
DATE 19 Jul 48 BY F Bryan

SHIPPING ADDRESS VERIFIED BY  
Max Shelofsky, Clerk

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

*J J Delgado*  
Sgt Delgado, Capt USMC

SIGNATURE OF GRS INSPECTOR

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



HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM 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 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

  
R. B. McNEELAR  
Captain, OCMG  
Chief, Records Branch

Received ..... 6 July 50 ..... OCMG  
Not identifiable from  
information presently  
available

*J. Laurin*  
26 Sept 50

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-69 Guam #2, Agat</b>				2. DATE OF REPORT <b>16 June 1950</b>	
3. NAME OF CEMETERY  <b>AGRS Mausoleum, Manila, P.I.</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION				Age: <b>20-25 yrs.</b>	
8. ESTIMATED WEIGHT <b>134-159 lbs.</b>	9. ESTIMATED HEIGHT <b>5'8 7/8"</b>	10. COLOR OF HAIR <b>U.T.D.</b>		11. RACE <b>White</b>	

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?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

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"**