

FILE IDENTIFICATION TOPPER

FILE NUMBER	293 unkl. Perm = 2 X70
SUBJECT	

QMC FORM 1121
1 Aug 45

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

2934

Date 13 July 48

CASE SUMMARY OF

NAME: UNKNOWN X - 70 RANK: _____ SERIAL NO: _____

CEMETERY Agat #2 GUAM Plot: 4 Row: 44 Grave: 5

Personal effects found:

(1) Pair of shoe

(2) Buckles

cc: 293 _____

(Signature)

Remarks:

MEDICAL REPORT OF DISINTERMENT

1. X-2.

A. Date and place of disinterment 8 March, 1946
Dublon Island, Truk Atoll.

B. List of effects found in grave:


1. One pair shoes - field shoes size 9 C
no other markings.
2. One metal web-belt buckle.
3. Numerous nondescript pieces of leather.

C. Medical survey of remains:

1. Skull: (a) fracture of right infraorbital ridge.
(b) fracture of left maxilla over antrum.
(c) fracture left zygomatic arch.
(d) fracture of mandible at mental
symphysis.
2. Humerus: right angulated shallow cuts over lower
1/3 - multiple.
left- numerous circular grooves about
shaft.
3. Radius and ulna: absent.
4. Femurs: right- intertrochanteric fracture.
left - spiral fracture of mid-shaft.
5. Tibia and fibulae: right- normal.
left - tibia spiral fracture
distal $\frac{1}{2}$
fibula fracture distal
1/3.
6. Pelvis: left - fracture pubis.
right- normal.
7. Scapulae: left - fracture through infraspinatus
fossa.
right (a) fracture of coronoid process.
(b) fracture thru infraspinatus
fossa.
8. Clavicles: right- normal.
left - fracture at distal 1/3.
9. Vertebrae: 23.
(a) fracture C3,4 dorsal spine and
left transverse process - parts
missing.
(b) C7 - centrum missing.
dorsal spine missing.
(c) T5 and 6 - centnums left transverse
process missing - dorsal spine
gone on T5.
(d) T10 and 11 - absent left transverse
process and tip of dorsal spine.
(e) L1 - left transverse process absent.
10. Sacrum: fracture through 5th segment.
11. Ribs: right: 8 : 3 fractured.
left : 9 : 3 fractured.

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 (B)

I D E N T I F I C A T I O N D E N T A L C H A R T
 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.

MRZ

4 Dec 47
Dec 4, 1947
 Date

UNKNOWN X-70

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.		
UNIT		ORGANIZATION				
<u>Guam</u>	<u>Agat, Cmtry #2, Guam</u>			<u>4</u>	<u>44</u>	<u>5</u>
PLACE OF DEATH	PLACE OF BURIAL			PLOT	ROW	GRAVE NO







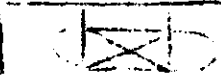








	RIGHT								UPPER TEETH				LEFT				
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE		A	A				⊗	⊗	⊗	⊗	⊗			A	A		TYPE
LOCATION		o	sf											ool	o		LOCATION

unclear

INSIDE - LOOKING OUT

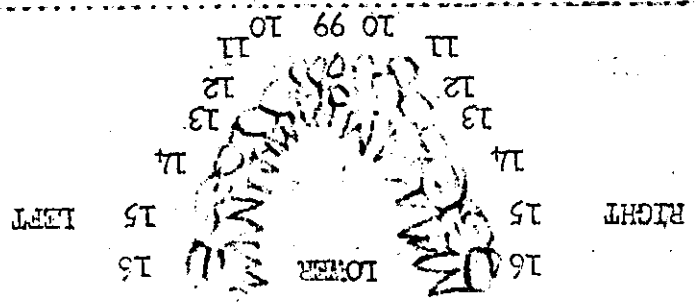
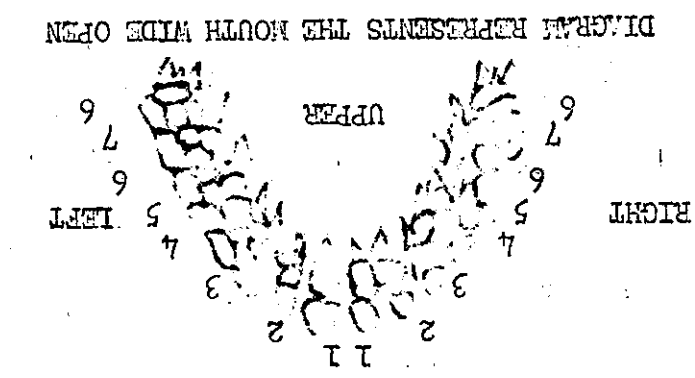
	RIGHT						LOWER TEETH				LEFT						
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE	A	A	A	⊗	⊗	⊗	⊗	⊗				⊗	⊗	A	A		TYPE
LOCATION	arf	mod	mo											mod	o		LOCATION

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. ABUTENETS)	 SILICATE OF PORCELAIN	 DISTAL (BETWEEN TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE I (CEMENT)	 LINGUAL (TOWARD TONGUE)
 PHOSTHOMOUSLY 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.



REMARKS:

Portion containing I-9, I-10 & I-11 missing.
 I-4 crown fractured down to surface of bone.

SIGNATURE OF PERSON WHO PREPARED CHART

L. Ho, Capt., D.C.

VERIFIED BY GRS OFFICER

Emilio S. Zapico

NAME AND RANK TYPED OR PRINTED

L. Ho, Capt., D.C.

NAME AND RANK TYPED OR PRINTED

EMILIO S. ZAPICO, 2ND Lt., Inf.

PLACE OR HOW THESE THIS FORM ACCOMPLISHED

DATE

Unknown X-70

PROCESSING CENTER

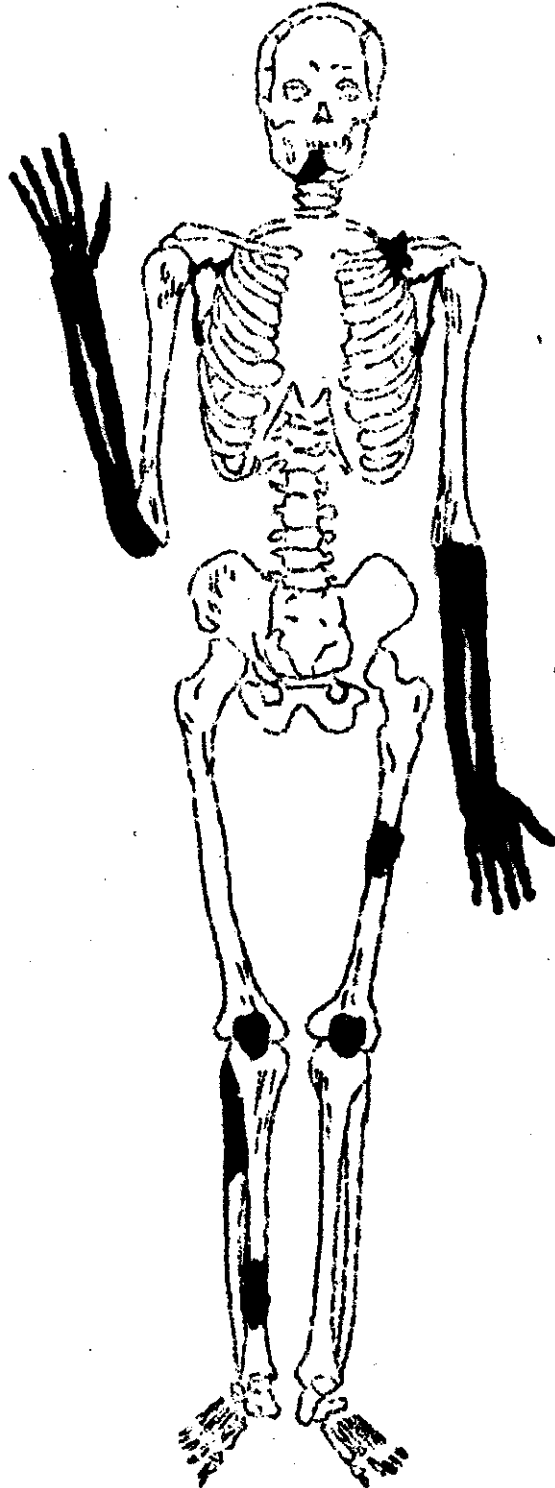
Guam Cem. #2 Spot

(Case)

(Rank)

(Ser No.)

(Pr of Sv)



Skeletal Remains Incomplete

SKELETAL CHART

MEDICAL REPORT OF DISINTERMENT

1. X-2.

A. Date and place of disinterment 8 March, 1946
Dublon Island, Truk Atoll.

B. List of effects found in grave:

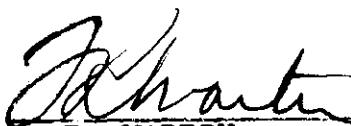
1. One pair shoes - field shoes size 9 C
no other markings.
2. One metal web-belt buckle.
3. Numerous nondescript pieces of leather.

C. Medical survey of remains:

1. Skull: (a) fracture of right infraorbital ridge.
(b) fracture of left maxilla over antrum.
(c) fracture left zygomatic arch.
(d) fracture of mandible at mental
symphysis.
2. Humerus: right angulated shallow cuts over lower
1/3 - multiple.
left- numerous circular grooves about
shaft.
3. Radius and ulna: absent.
4. Femurs: right- intertrochanteric fracture.
left - spiral fracture of mid-shaft.
5. Tibia and fibulae: right- normal.
left - tibia spiral fracture
distal $\frac{1}{2}$
fibula fracture distal
1/3.
6. Pelvis: left - fracture pubis.
right- normal.
7. Scapulae: left - fracture through infraspinatus
fossa.
right (a) fracture of coronoid process.
(b) fracture thru infraspinatus
fossa.
8. Clavicles: right- normal.
left - fracture at distal 1/3.
9. Vertebrae: 23.
(a) fracture C3,4 dorsal spine and
left transverse process - parts
missing.
(b) C7 - centrum missing.
dorsal spine missing.
(c) T5 and 6 - centrams left transverse
process missing - dorsal spine
gone on T5.
(d) T10 and 11 - absent left transverse
process and tip of dorsal spine.
(e) L1 - left transverse process absent.
10. Sacrum: fracture through 5th segment.
11. Ribs: right: 8 : 3 fractured.
left : 9 : 3 fractured.

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 (B)

RECLASSIFICATION SHEET

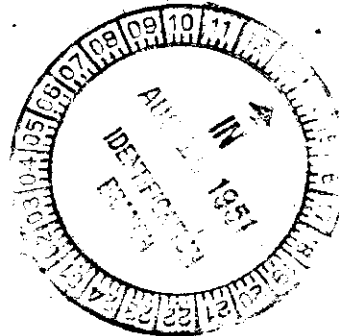
PAPERS ORIGINALLY FILED

X76, X81, X82

(agat)
293 Unit (Misc) Guam #2
X11, X22, X30, X36, X37, X70, X72, X73

SYNOPSIS AND DATES

Misc now filed



NEW CLASSIFICATION

293 Unit Guam #2 X11

10/5/50
Ba

RECLASSIFICATION SHEET

1

nfm

Interred 30 March 1950
L 16 20 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81312

DATE

29 03 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 70				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGAT NO. 2, GUAM	4	44	5	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNK X-70				29 March 1950
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER			PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
29 March 1950	PAUL R NICHOLS
CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	<i>Paul R Nichols</i> PAUL R NICHOLS
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 29 Mar 50 by RAYMOND H TANGUAY Sgt.lc., RA	L. W. RICHARDSON, M/Sgt., RA

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

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

REMARKS AND SPECIAL INSTRUCTIONS

✓

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

U. S. MILITARY CEMETERY

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

MAR 30 1950

David R. Frank

2. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

DATE

DISINTERMENT DIRECTIVE
PREPARED BY PHILCO

3

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6301 81312	DATE 29 09 50 DAY MONTH YEAR
---	---------------------------------------	---

NAME UNKNOWN I - 70	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
-------------------------------	---------------	-------	-----	------	----------

CEMETERY USAF CEMETERY ABAY NO. 2, GUAM	PLOT 4	ROW 44	GRAVE 5	DISPOSITION OF REMAINS 7701 00 CODE DIST. CTR.
---	------------------	------------------	-------------------	---

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. W. WALKLEY, 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 <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
------------------	----------------------

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE _____ BY _____	EMBALMER (Signature)
CASKET SEALED BY	
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

file 5-25-50
Kirkham
Repat

Incl # 146

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

AIR MAIL

FEB 01 1950

ORIGIN 293
GRS Far East

SUBJECT: Unidentifiable Remains

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
AFPO 900, a/o Postmaster
San Francisco, California

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 23 January 1950, subject: Unidentifiable Remains.
2. This Office concurs in the classification of Unknowns X-36, X-37, X-70, X-72, X-73 and X-76, Army Navy Marine Cemetery, Guam #2, as unidentifiable.
3. Unknown X-22 was previously recommended as unidentifiable by AGRS Headquarters, MARBO ZONE, 30 November 1948 and approved by 1st Indorsement, dated 17 December 1948, this Office.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, OMC
Memorial Division

CC: CINCPAC

use as given

AIR MAIL

*GRM 293
X-36, X-37, X-70, X-72, X-73, X-76
Guam #2*

HEADQUARTERS
FILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

22 January 1950


Date

SUBJECT: Unidentifiable Remains

TO : The Quartermaster
Washington 25, D. C.
Attn: Memorial Division

The records pertaining to Unknown X- 70, Plot 4,
Row 44, Grave 5, USMC Cemetery #2, Agat, Guam, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


H. E. McNEER
Captain, Q&C
Chief, Records Branch

Atch: Form 1044

INFORM

21026/P...
M & S
AUG 25 1946

1610
(10)-ajs

3rd Endorsement
on ltr from BuMed
ltr dtd 9July46

In reply address:
The Island Commander,
Navy #926, c/o F.P.O.
San Francisco, Calif.

Serial No. 3821

HEADQUARTERS, ISLAND COMMAND GUAM

31 AUG 1946

From: IsCom (Com Marianas).
To : The Bureau of Medicine and Surgery.

Subject: Reports of Burial, Submission of.

- Enclosures:
- (A) Report of Burial Unknown X-69.
 - (B) Report of Burial Unknown X-70.
 - (C) Report of Burial Unknown X-71.
 - (D) Report of Burial Unknown X-72.
 - (C) Report of Burial Unknown X-73.

1. In compliance with the basic letter, enclosures (A) through (E) are forwarded herewith.

B. D. Wood, Jr.
B. D. WOOD, Jr.,
By direction.

P6/FF12
(12-cas)

UNITED STATES PACIFIC FLEET
COMMANDER MARIANAS

Serial: 9031

23 JUL 1946

FIRST ENDORSEMENT on
Ltr. from BuMed, ltr.
dtd. 9 July 1946.

From: Commander Marianas.
To : Graves Registration Officer, IsCom(Com Marianas).
Subject: Reports of Burial, Submission of.
1. Forwarded for compliance.

W. F. Veatch
W. F. VEATCH
By direction

RAM/owl

2d Endorsement

HEADQUARTERS, ISLAND COMMAND, GUAM,
GRAVES REGISTRATION SECTION.

Serial No. 49-46

3 August 1946

From: Graves Registration Officer, IsCom(Com Marianas)
To : Commander Marianas.

Subject: Reports of Burial, Submission of.

1. Returned
2. The request of Report of Burial (Revised-601) Has been submitted this date.

R. A. Matthews
R. A. MATTHEWS
1stLt., USMC.

ADDRESS YOUR REPLY TO
BUREAU OF MEDICINE AND SURGERY
NAVY DEPARTMENT, WASHINGTON 25, D. C.
AND REFER TO

BUMED-C-JKW
QW20/P6-4(1f)



WASHINGTON 25, D. C.



9 July 1946

A-I-R-M-A-I-L

To: Island Commander, Guam, Navy 926
c/o Fleet Post Office, San Francisco, Calif.

Subj: Reports of Burial, Submission of.

Ref: (a) BUMED-C-LET, P6-4, dtd 26 Feb. 45, Serial 45-300.

1. To date this Bureau has not received Reports of Burial (NavMed-601) for the following Unknowns reinterred in Army, Navy, Marine Cemetery No. 2, Agat, Guam:

UNKNOWN X-69	Grave 4, Row 44, Plot 4	<i>see to 12</i>
UNKNOWN X-70	Grave 5, Row 44, Plot 4	
UNKNOWN X-71	Grave 6, Row 44, Plot 4	<i>see to 12</i>
UNKNOWN X-72	Grave 7, Row 44, Plot 4	
UNKNOWN X-73	Grave 8, Row 44, Plot 4	

2. These burials were reported on the Daily Burial Report for 10 April 1946 as having been disinterred from Truk Island.

3. It is requested that a Report of Burial (NavMed-601) be submitted to this Bureau for each of these burials.

By direction of the Chief, BUMED:

J. W. Rohrbach
J. W. ROHRBACK
Executive Civilian Assistant
Administrative Division

P6

BUMHD-C-JEN
QW20/PS-1

22 May 1946

To: Commanding General, Occupation Forces, Truk and Central
Caroline Islands, Navy 5706.

Subj: Disinterment of Known American Dead on Truk Atoll; re-
port of.

Ref: (a) Your ltr. 1610 over (O10)-jag, Ser 1627, dtd 29
March, 1946.

1. Reference (a) enclosed 5 Reports of Burial (NavMed 001), for
unknown remains disinterred on the island of Truk and transferred
to the island of Guam for reburial. Reference was made to the
following: Commander Marianas Speedletter, Serial 2024, dated 5
February, 1946; Commander Marianas Speedletter, Serial 2991, dated
23 February, 1946, and Commander Marianas Despatch 080705 of March,
1946.

2. The above references cannot be located in the Navy Department.
It is requested that a copy of these references be forwarded to
this Bureau.

By direction of the Chief, Billed:

W. S. DOUGLASS
Civilian Assistant

QW20/148-1

EE0

In reply address:
The Commanding General,
Navy #3705, c/o F.P.O.,
San Francisco, Calif.

1610
(010)-jcg

HEADQUARTERS,
OCCUPATION FORCES,
TRUK AND CENTRAL CAROLINE ISLANDS.

Serial No. 1627

29 MAR 1946

From: The Commanding General.
To : The Bureau of Medicine and Surgery, Washington, D.C.
Subject: Disinterment of known American dead on Truk Atoll, report of.
References: (a) Com Marianas Speedletter serial 2024, dtd 5 February, 1946.
(b) Com Marianas Speedletter serial 2991, dtd 23 February, 1946.
(c) Com Marianas dispatch 020705, March, 1946.

Enclosures *copy*
X 69 (A) NavMed form 601 (remains designated X-1) and medical report of disinterment.
X 70 (B) NavMed form 601 (remains designated X-2) and medical report of disinterment. — 2
X 71 (C) NavMed form 601 (remains designated X-3) and medical report of disinterment.
X 72 (D) NavMed form 601 (remains designated X-4) and medical report of disinterment.
X 73 (E) NavMed form 601 (remains designated X-5) and medical report of disinterment.

1. In accordance with references (a), (b), and (c), enclosures (A) through (E) are submitted.

2. The disinterred remains will be transported to Guam, 29 March, 1946, aboard the PC 1175.

Robert Blake
ROBERT BLAKE

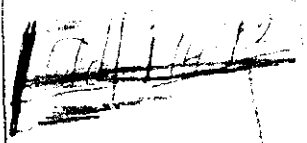
Copy to: Com Marianas.
CG, MidPac, APO 958.
Army ServFor, Office of the Quartermaster General, Washington, D.C.
Hq, Cent Pac Base Command, Office of the Quartermaster General, APO 956.
Hq, U.S. Army Forces, Office of the Quartermaster General, APO 500.

THIS IS A COMBINED REPORT OF PLANES REPORTED MISSING IN ACTION OVER TRUCK 2/16-17/44 Incl. & 4/29/-30/44 Incl.

DATE	TYPE PLANE	BUNO.	Sq. & SHIP	PILOT	STATUS	FACTORS OF LOS
2/16	TBF-1	23891	ESSEX VT9	Lt. (Jg) D.C. KANE	M	1
	TBF-1C	24362	ESSEX VT9	Lt. (Jg) C.C. HOOVER	D	5
	TBF-1C	25270	INTREPID VT6	Lt. J.E. BRIDGES	M	1
	TBF-1C	24330	INTREPID VT6	unknown	S	5
2/17	TBF-1C	47812	BUNKERHILL VT17	Lt. (Jg) N.B. BIRKS	M	1
	TBF-1C	47821	ENTERPRISE VT10	Ens. L. Nicholas	M	1
5/31	TBF-1C	47746	ENTERPRISE VT10	unknown	-	1
	TBF-1C	47762	MONTEREY VT30	Lt. E.C. KNOXPE	D	5
4/29	TBF-1C	48117	LEXINGTON VT16	Lt. (Jg) C.L. WILSON	S	1
	TBM-1C	25474	BELLEAU WD. VT24	Lt. (Jg) E.W. Wood	D	1
4/30	TBM-1C	25675	YORKTOWN VT5	Lt. Cdr. R. Upson	M	1
	TBM-1C	25657	HORNET VT2	Unknown	-	5
	TBF-1C	48113	HORNET VT2	Unknown	-	5
	TBF-1C	47908	HORNET VT2	unknown	-	5
	TBF-1C	24346	HORNET VT-2	unknown	-	5
2/17	SBD-5	36234	ENTERPRISE VB10	Ens. D. DEAN	M	1
4/29	SBD-5	36295	LEXINGTON VB16	Lt. (Jg) F.R. Levin	S	1
4/30	SBD-5	28245	Unknown	Unknown	-	5
	SBD-5	28111	LEXINGTON VB16	Unknown	-	5
	SBD-5	36332	Unknown	Unknown	-	5

Handwritten notes:
 *
 ①
 ②
 M 2/17/44 18/24/44 2/1/44
 D. N. ...

Date	Code	Serial	Ship Name	Rank	Name	Service	Grade	Notes
5/1	SBD-5	28333	YORKTOWN VB-5	Unknown			-	1
2/16	SB2C-1	00093	BUNKERHILL VB17	Lt. (jg)	Glass		D	1
4/29	SB2C-1	00264	BUNKERHILL VB-8	Lt. (jg)	FOOTE		M	1
4/30	SB2C-1	00337	WASP VB14	Unknown			M	5
2/16	F6F-3	40684	ESSEX VF9	Lt. (jg)	H.A. SCHIEBLER		M	1
	F6F-3	08996	YORKTOWN F-5	Lt. E.T. STOVER			M	1
	F6F-3	40077	ENTERPRISE VF10	Ens.	L.L. Cox		M	1
	* F6F-3	40667	ENTERPRISE VF10	Unknown			M	1
	* F6F-3	48958	ENTERPRISE VF10	Unknown			?	1
	F6F-3	66046	INTREPID VF6	Master Lt. G.C. Bullard			M	1
	F6F-3	25921	INTREPID VF6	Lt. Cmdr.	J.L. Phillips		M	1
	F6F-3	65894	INTREPID VF6	Ens.	J.R. OGG		M	1
	F6F-3	08859	INTREPID VF6	unknown			5	1
4/29	F6F-3	25914	ESSEX VF9	Ens.	R.K. Green		?	5
	F6F-3	66105	COMPENS VF25	Ens.	A.H. Sanchez		M	1
	F6F-3	40565	COMPENS VF25	Ens.	D.V. Rouch		M	1
	F6F-3	25829	LEXINGTON VF16	Ens.	R.D. McAfee		M	1
	F6F-3	65985	LEXINGTON VF16	Lt. (jg)	D.J. Kenney		M	PL Failure
	F6F-3	41094	LEXINGTON VF16	Ens.	F. Carlisle		M	1
	F6F-3	40891	LANGLEY VF-32	Unknown			M	5
	F6F-3	25759	BELLEAU WD. VF24	Ens.	R.H. Oden		DD	1
2/16	SBD-5	28335	INTREPID VB5	Lt. (jg)	J.P. Phillips		M	1



(3)

BUNKERHILL VB17 Lt. (jg) Glass
 ADVISORY 1st, 2nd, 3rd, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th

2-2370

1 S/D Dublin 21
 157 53

Handwritten notes and signatures in the right margin, including "157 53" and other illegible marks.

2/16

SBD-5	28133	INTREP ID	VB6	Unknown	M	1
SBD-5	28644	INTREP ID	VB6	Unknown	M	1
SBD-5	28628	INTREP ID	VB6	Unknown	M	1
SBD-5	06899	INTREP ID	VB6	Lt. P.E. TePao	M	1

143

LEGEND

- S- Saved
- M- Missing
- 1 - Enemy Combat
- 5 - Operational
- "-" Unknown
- D or DD - Known to be dead

The above information was taken from Op 23V files which is a master recapitulation sheet of all action Reports.

ETAYLOR

* CHALMAN, Charles G. Ann 3/6 300 4146 USR
HAMIL, Paul G. Ann 3/6 300 4846 USR

A BRUTON, RBL Ella Ann 3/6 381 4807 USR
GREEN, James Ann 3/6 - 689 09 63 USR

① DOCTER, Wilbert W. Ann 3/6 639 05 91 USR
TAMM, Len Ann 3/6 382 4636 USR

② McKenna, Frank J. Ann 3/6 622 54 31 USR
STUMP, Stanley S. Ann 3/6 62388 02 USR

③ BROOKER, Byron G. Ann 3/6 55 16 33 USR

④ Lt. Col. Rufus H. SWENSON, USR LT-24 4th
Bellevue, Wash. A. Ann 3/6 403 - 50 - 38 USR
Peter, James G. Ann 3/6 637 22 09 USR

Palmer

MEDICAL REPORT OF DISINTERMENT

1. X-2.

A. Date and place of disinterment 8 March, 1946
Dublon Island, Truk Atoll.

B. List of effects found in grave:

1. One pair shoes - field shoes size 9 C
no other markings.
2. One metal web-belt buckle.
3. Numerous nondescript pieces of leather.

C. Medical survey of remains:

1. Skull: (a) fracture of right infraorbital ridge.
(b) fracture of left maxilla over antrum.
(c) fracture left zygomatic arch.
(d) fracture of mandible at mental
symphysis.
2. Humerus: right angulated shallow cuts over lower
1/3 - multiple.
left - numerous circular grooves about
shaft.
3. Radius and ulna: absent.
4. Femurs: right - intertrochanteric fracture.
left - spiral fracture of mid-shaft.
5. Tibia and fibulae: right - normal.
left - tibia spiral fracture
distal $\frac{1}{2}$
fibula fracture distal
1/3.
6. Pelvis: left - fracture pubis.
right - normal.
7. Scapulae: left - fracture through infraspinatus
fossa.
right (a) fracture of coronoid process.
(b) fracture thru infraspinatus
fossa.
8. Clavicles: right - normal.
left - fracture at distal 1/3.
9. Vertebrae: 23.
(a) fracture C3,4 dorsal spine and
left transverse process - parts
missing.
(b) C7 - centrum missing.
dorsal spine missing.
(c) T5 and 6 - centrams left transverse
process missing - dorsal spine
gone on T5.
(d) T10 and 11 - absent left transverse
process and tip of dorsal spine.
(e) L1 - left transverse process absent.
10. Sacrum: fracture through 5th segment.
11. Ribs: right: 8 : 3 fractured.
left : 9 : 3 fractured.

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 (B)

RESTRICTED

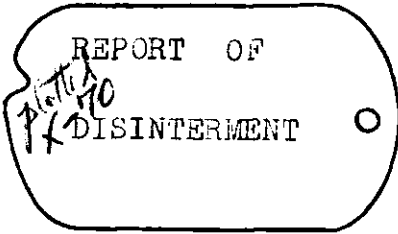
WD OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

12/4/47

Impress Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-70 Box No. 781
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) None
IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
Clear bones & part of other bones in a small wooden box. Unidentified - 70 by cross marker

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
Mandible, both femur, & right tibia & fibula broken. Both radius & ulna missing

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

APPROVED UNIDENTIFIABLE

FEB 12 1948

DATE OF BURIAL HOUR BURIED IN (Shroud, blanket, or name of other) TYPE OF GRAVE MARKER PLOT No. ROW No. GRAVE No. 4 44 5

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 344

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. 6

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) UNKNOWN X-70 RANK SERIAL No. ORGANIZATION GRAVE No. 4

SIGNATURE OF PERSON PREPARING REPORT Teodorico J. Espital TEODORICO J. ESPITAL SIGNATURE OF GRS OFFICER VERIFYING REPORT Emilio S. Zapico 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. For augs. Head, aar. 28 GRS Officer. Copies for retention in theater as prescribed by theater commander.

Merrill White

RESTRICTED

Section 3 UNIDENTIFIED REMAINS.

INSTRUCTIONS:


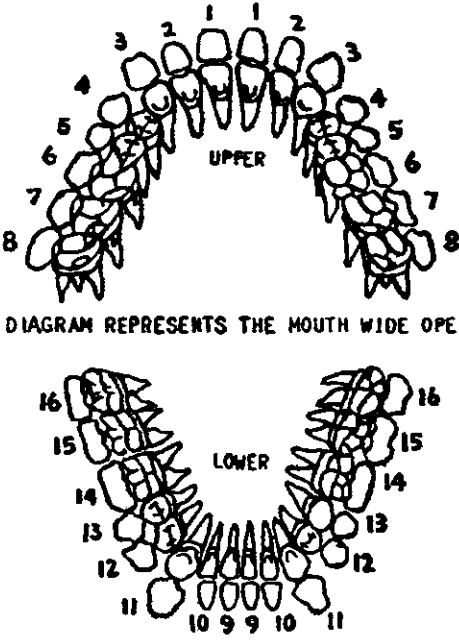




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

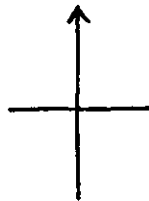
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

[Faint handwritten notes in the remarks section]

REPORT OF BURIAL

NAVMED-01 (3-45)

COPY TO:

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 crew, etc., forward through headquarters or actively 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)	
	UNKNOWN X-70 (Received from Truk marked X-2)	
	FILE OR SERVICE NO. Unknown	RANK OR RATE Unknown
	BRANCH OF SERVICE Unknown	
CORPS OR RESERVE CLASSIFICATION Unknown		RACE Unknown

CAUSE OF DEATH Unknown	PLACE OF DEATH Unknown
---------------------------	---------------------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH Unknown	DATE OF BURIAL Reinterred Guam, 10 April 1946
--------------------------	--

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

GRAVE MARKER TYPE Cross	PLOT NO. 4	ROW NO. 44	GRAVE NO. 5
----------------------------	---------------	---------------	----------------

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

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

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.) APPROVED UNIDENTIFIABLE FEB 13 1950
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) UNKNOWN X-59	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 4
--	--------------	---------------------	----------------

BODY ON RIGHT. NAME (Last, first, middle) UNKNOWN X-71	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 6
---	--------------	---------------------	----------------

PERSON CONDUCTING BURIAL (Name) R. A. MATTHEWS, Lt. Lt., USMC	(Rank or rate)	PERSON CONDUCTING BURIAL RITES THORNTON C. MILLER, CHAPLAIN
--	----------------	--

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED W. F. VANTON, CAPT, USNR
---	--

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.
---------------	-----------------------

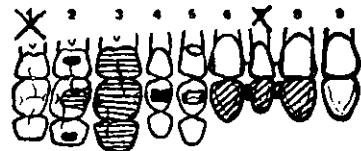
(If actual weight and height are used, delete estimated)

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. _____

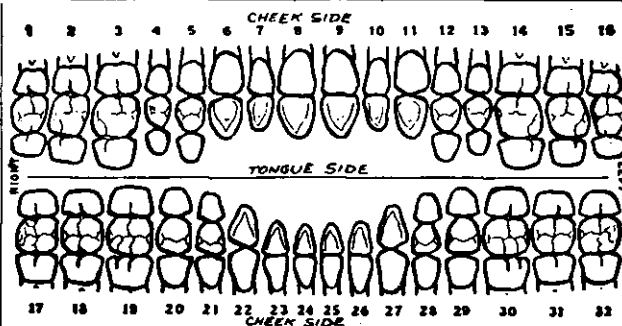
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

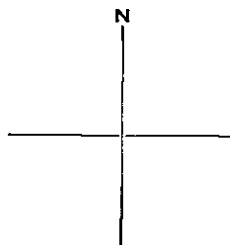


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

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. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

Record impression of same motion

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

REPORT OF BURIAL
NAVMED-901 (3-45)

COPY TO:

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 Reinterred from TRUK ISLAND. DATE REPORT FILLED OUT 3 August 1946

COPY OF IDENTIFICATION TAG	NAME (Last) <u>UNKNOWN X-70</u> (First) <u>(Received from Truk marked X-2)</u> (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>Unknown</u>
-------------------------------	-------------------------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH <u>Unknown</u>	DATE OF BURIAL <u>Reinterred Guam. 10 April 1946</u>
------------------------------	--

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

GRAVE MARKER TYPE <u>Cross</u> PLOT NO. <u>4</u> ROW NO. <u>44</u> GRAVE NO. <u>5</u>

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

TYPE OF RELIGIOUS CEREMONY <u>Full Military Honors</u>	RELIGION OF DECEASED <u>Unknown</u>
--	-------------------------------------

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.) APPROVED UNIDENTIFIABLE FEB 13 1950
---	--

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) <u>UNKNOWN X-69</u>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. <u>4</u>
BODY ON RIGHT. NAME (Last, first, middle) <u>UNKNOWN X-71</u>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. <u>6</u>

PERSON REPORTING BURIAL (Name) <u>R. A. MATTHEWS 1-011 USMC</u>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <u>THEOBALD G. MILLER</u>	<u>CHAPLAIN</u>
--	----------------	---	-----------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	REMOVED AND FORWARDED BY <u>W. F. VEATCH</u> CAPT (Rank) <u>USMC</u> (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.
---------------	-----------------------

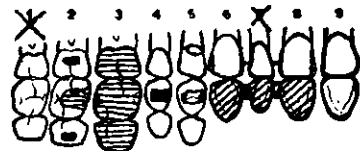
(If actual weight and height are used, delete estimated)

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. _____

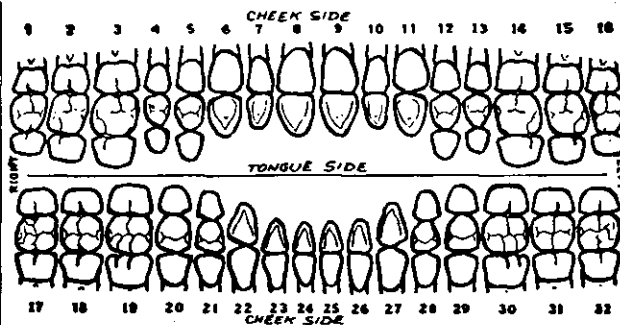
Occlusion (Type of) _____

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 contact of inked ridges and intervening space. Do not over-ink.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

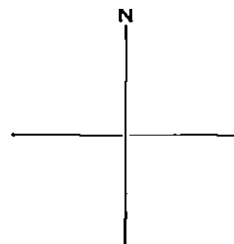
R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE



REPORT OF BURIAL
NAVMED-801 (3-45)

COPY TO:

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) UNKNOWN I-70 (First) _____ (Middle) Received from Truk marked I-2
FILE OR SERVICE NO. Unknown	RANK OR RATE Unknown
CORPS OR RESERVE CLASSIFICATION Unknown	BRANCH OF SERVICE Unknown
	RACE Unknown

CAUSE OF DEATH Unknown	PLACE OF DEATH Unknown
----------------------------------	----------------------------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH Unknown	DATE OF BURIAL Reinterred Guam, 10 April 1946
---------------------------------	---

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

GRAVE MARKER TYPE Cross	PLOT No. 4	ROW No. 44	GRAVE No. 5
-----------------------------------	----------------------	----------------------	-----------------------

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

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

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.) APPROVED UNIDENTIFIABLE FEB 13 1950
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) UNKNOWN I-69	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 4
BODY ON RIGHT. NAME (Last, first, middle) UNKNOWN I-71	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 6

PERSON REPORTING BURIAL (Name) R. A. MATTHEWS, Lt. Col., USMC	(Rank or rate)	PERSON CONDUCTING BURIAL RITES THORNTON G. MILLER, CHAPLAIN
---	----------------	---

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED W. F. VLATCH, CAPT, USMC
---	---

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.

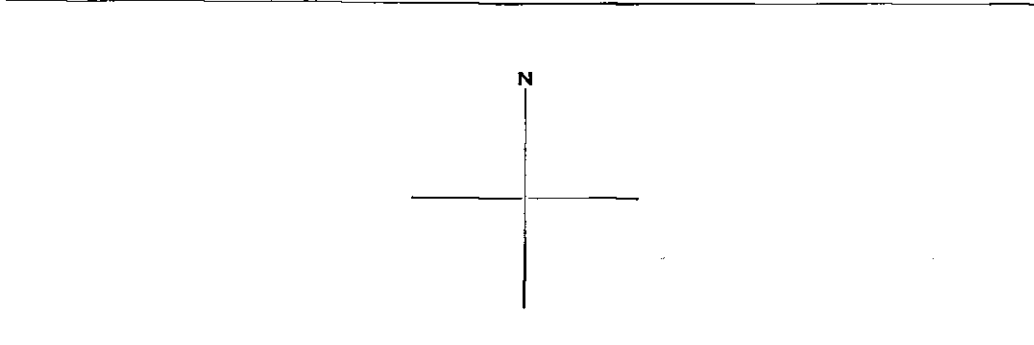
2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. 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 _____	<p align="center">COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:</p> <p> <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE </p> <p align="center"> (Signature of dental examiner) (Rank or rate) </p>
--	---



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 over-ink.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

Report of Interment.
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 unknown DATE REPORT FILLED OUT 24 March, 1944
 ATTACHED AT TIME OF DEATH _____

COPY OF IDENTIFICATION TAG <u>unknown</u>	NAME (Last) <u>unknown</u> (First) <u>I - 2</u> (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>
----------------------------------	---

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 28 April, 1944</u>	DATE OF BURIAL <u>approximately 28 April, 1944</u>
NAME OF CEMETERY <u>unknown</u>	LOCATION OF CEMETERY <u>157.95 - 144.6 Defense and Terrain Map, Dublon Island, Truk Atoll</u>

GRAVE MARKER TYPE <u>Japanese</u>	PLOT NO. <u>none</u>	ROW NO. <u>none</u>	GRAVE NO. <u>none</u>
--------------------------------------	----------------------	---------------------	-----------------------

BURIED AT SEA (Date) <u>No</u>	AREA <u>none</u>
-----------------------------------	---------------------

TYPE OF RELIGIOUS CEREMONY <u>unknown</u>	RELIGION OF DECEASED <u>unknown</u>
--	--

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> APPROVED UNIDENTIFIABLE
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
One pair of field shoes, size 9 G. FEB 18 1950

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>L. R. MARTIN</u> (Name)	<u>Lt. (jg)</u> (Rank)	<u>MC USNR</u> (Title)
---	---	---------------------------	---------------------------

INSTRUCTIONS FOR BU...

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 unknown	ESTIMATED WEIGHT unknown	COLOR OF EYES unknown	COLOR OF HAIR unknown
BIRTHMARKS, SCARS, OR TATTOOS None			
LAUNDRY MARKS None		WEAPON AND SERIAL NO. None	

(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. **8, 9, 10, 11, 23**

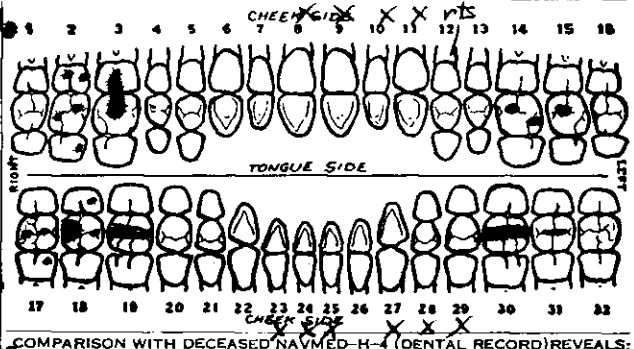
Occlusion (Type of) **None**

Malposed teeth (Describe) **None**

Removable appliances **None**

Other defects **Lower J., pro-**
tured.

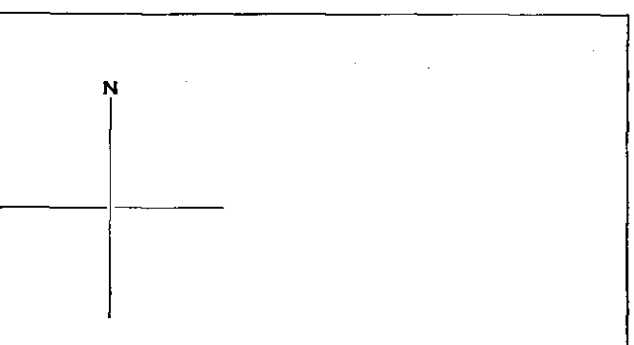
Remarks **8, 9, 10, 11, 23, 24,**
28, 29, were knocked out.



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

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

H. Marcini
[Signature] (examiner) Lt. (jg) (rank or rate) USN.



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 ridged 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, 1946

COPY OF IDENTIFICATION TAG <u>unknown</u>	NAME (Last) <u>unknown</u> (First) <u>X - 2</u> (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>
----------------------------------	---

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 28 April, 1944</u>	DATE OF BURIAL <u>approximately 28 April, 1944</u>
--	---

NAME OF CEMETERY <u>unknown</u>	LOCATION OF CEMETERY <u>157.95 - 548.6 Defense and Terrain Map, Dublin Island, Truk Atoll.</u>
------------------------------------	---

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

BURIED AT SEA (Date) <u>No.</u>	AREA <u>---</u>
------------------------------------	--------------------

TYPE OF RELIGIOUS CEREMONY <u>unknown</u>	RELIGION OF DECEASED <u>unknown</u>
--	--

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.) APPROVED UNIDENTIFIABLE FEB 13 1950
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 <u>One pair of field shoes, size 9 C.</u>

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 <u>None.</u>

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>L. H. MARTIN, Lt. (jg)</u> (Name) (Rank)	MC USNR (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 unknown	ESTIMATED WEIGHT unknown	COLOR OF EYES unknown	COLOR OF HAIR unknown
BIRTHMARKS, SCARS, OR TATTOOS None.			
LAUNDRY MARKS none.		WEAPON AND SERIAL No. none.	

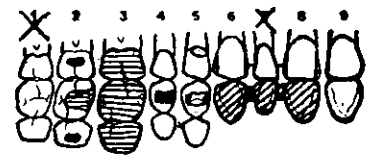
(If actual weight and height are used, delete estimated)

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. **8, 9, 10, 11, 23, 24, 25, 27, 28, 29**

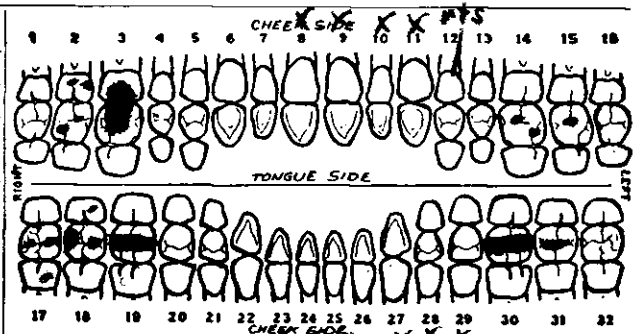
Occlusion (Type of) **Normal.**

Malposed teeth (Describe) **None.**

Removable appliances **None.**

Other defects **Lower jaw fractured.**

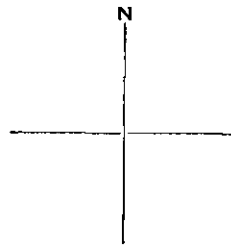
Remarks **#8, 9, 10, 11, 23, 24, 25, 27, 28, 29, were knocked out.**



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

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

R. Marcos
R. MARCOS, (Signature) Dental examiner **Lt. (DC)** Rank or rate **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

Report of Interment.

NAVFORM-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. 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>	<u>X - 2</u>	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
	CORPS OR RESERVE CLASSIFICATION	RACE	
	<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 DEATH <u>approximately 28 April, 1944</u>	DATE OF BURIAL <u>approximately 28 April, 1944</u>
--	---

NAME OF CEMETERY <u>unknown</u>	LOCATION OF CEMETERY <u>157.95 - 548.6 Defense and Terrain Map, Dublon Island, Truk Atoll</u>
------------------------------------	--

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

BURIED AT SEA (Date) <u>No</u>	AREA
-----------------------------------	------

TYPE OF RELIGIOUS CEREMONY <u>unknown</u>	RELIGION OF DECEASED <u>unknown</u>
--	--

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> APPROVED UNIDENTIFIABLE
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
One pair of field shoes, size 9 C. FEB 13 1950

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
L. R. MARTIN Lt. (jg) MC USNR
(Name) (Rank) (Title)

Enclosure 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
<u>unknown</u>	<u>unknown</u>	<u>unknown</u>	<u>unknown</u>
BIRTHMARKS, SCARS, OR TATTOOS			
<u>none</u>			
LAUNDRY MARKS		WEAPON AND SERIAL NO.	
<u>none</u>		<u>none</u>	

(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. 8, 9, 10, 11, 23

24, 25, 27, 28, 29

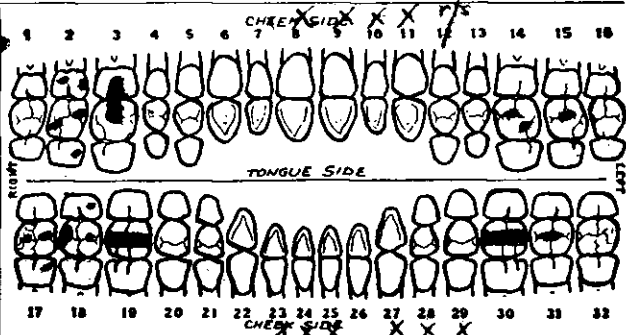
Occlusion (Type of) Normal

Malposed teeth (Describe) None

Removable appliances None

Other defects Lower jaw fractured

Remarks #8, 9, 10, 11, 25, 23, 24, 28, 29, were knocked out.



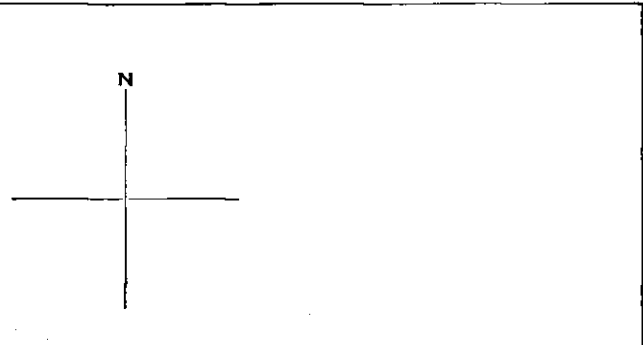
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

H. Marcus
 (Signature of dental examiner) Lt. (DC) (rank or rate) 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 overfill.

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



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-70				2. DATE OF REPORT 22 January 1950		
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
Cemetery #2, Agat, Guam		4	44	5	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 170	9. ESTIMATED HEIGHT 5'9½"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	-------------------------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

N O N E

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

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


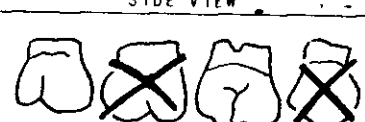






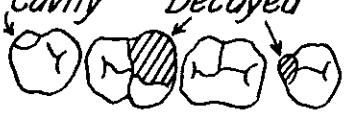

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

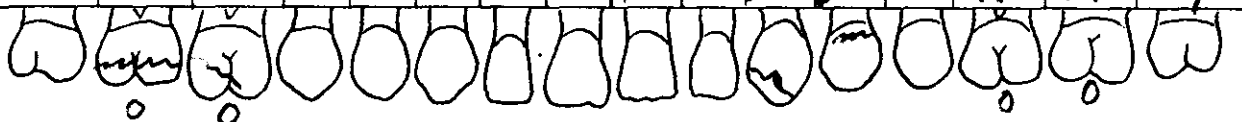
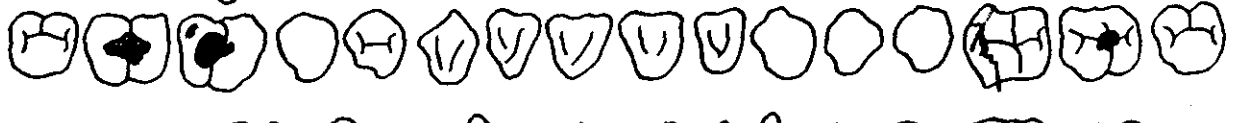

N O N E

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)

N O N E

TOOTH CHART

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

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	A	A			F		F	F	F	F	F	F	F	A	A	Imp
Side Views																Side Views
Top Views																UPPER
Side Views																LOWER
	A	A	A	F	F			F	F	F	F	F	F	A	A	X
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Handwritten notes: 'Broken' above tooth 4, 'chipped' above tooth 5, 'MOD' above teeth 14 and 15.

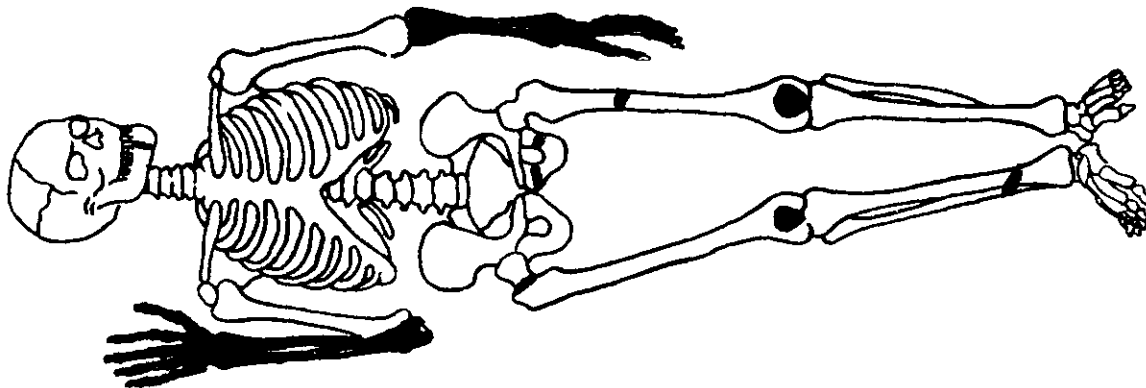
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Mandible fractured at I-12.

Signature: Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ID tags, burial bottle, personal effects, or other means of identification found with remains.

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Section

SIGNATURE

Paul R. Nichols

1

H803
R
F34

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6321 00000		DATE 15 11 47 DAY MONTH YEAR	
NAME UNKNOWN			SERIAL NUMBER X-000070		RANK	ARM 8	DATE OF DEATH
CEMETERY GUAM NO 2 AGAT						DISPOSITION OF REMAINS 0	DAY MONTH YEAR 0391 63 CODE DIST. PT.
PLOT 4	ROW 44	GRAVE	COUNTRY 5 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-000070	RANK Unk	DATE OF DEATH 29 Apr 44	DATE DISTINTERRED 4 Dec 47
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN		RELIGION Unk	IDENTIFICATION VERIFIED BY E S Zapico, 2 Lt 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 Mortuary Plate	

MINOR DISCREPANCIES 1
None

REMAINS PREPARED AND PLACED IN CASKET

DATE 20 Jul 48 BY J R Williams, Emb

CASKET SEALED BY J R Williams, Emb

EMBALMER (Signature) O D Campbell
O D CAMPBELL

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY Max Chelofsky, Clerk

DATE 20 Jul 48 BY P Sayan

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

F T DeGroodt
F T DeGROODT, Capt CMP 1943
SIGNATURE OF GRS INSPECTOR

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

