

FILE IDENTIFICATION TOPPER

FILE NUMBER

243 Junk Draw #2 X71

SUBJECT

QMC FORM 1121
1 Aug 45

RESTRICTED

WD FORM 1042
(Rev. 12/1/45)
(Supersedes GRS Form 1)

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

OF REPORT

12/4/47

Imprint Identification Tag If Possible.
DO NOT TYPE

REPORT OF
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-71		Box No. 850
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
GUAM	Unk	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
none	2 cross tags, one says "UNKNOWN-71" the other says "Unidentified-71"
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	clean bones in small wooden box
no	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME: mandible and maxilla missing both tibia and skull missing left fibula missing, right femur broken left humerus and radius also broken

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
Agat, Cntry #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	6

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-71				7

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNKNOWN X-71				5

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.

Merritt White

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.

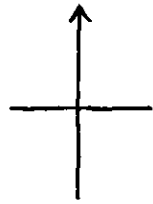
LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

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:

REPORT OF BURIAL

NAVED-901 (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 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 9 August 1946

COPY OF IDENTIFICATION TAG		NAME (Last) (First) (Middle) <u>UNKNOWN X-71</u> (Received from Truk marked X-3)
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>
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NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
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DATE OF DEATH <u>Unknown</u>	DATE OF BURIAL <u>Reinterred Guam. 10 April 1946</u>
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NAME OF CEMETERY <u>Army, Navy, Marine Cemetery #2</u>	LOCATION OF CEMETERY <u>Appt Guam</u>
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GRAVE MARKER TYPE <u>Cross</u>	PLOT NO. <u>4</u>	ROW NO. <u>44</u>	GRAVE NO. <u>6</u>
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BURIED AT SEA (Date)	AREA
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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.)
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) <u>UNKNOWN X-72</u>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. <u>7</u>
BODY ON RIGHT. NAME (Last, first, middle) <u>UNKNOWN X-70</u>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. <u>5</u>

REPORTING BURIAL (Name) <u>R. A. MATTHEWS 1stLt., USMC</u>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <u>THORNTON C. LILLER</u>	TITLE <u>CHAPLAIN</u>
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <u>W. F. VRATCH</u> 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. _____

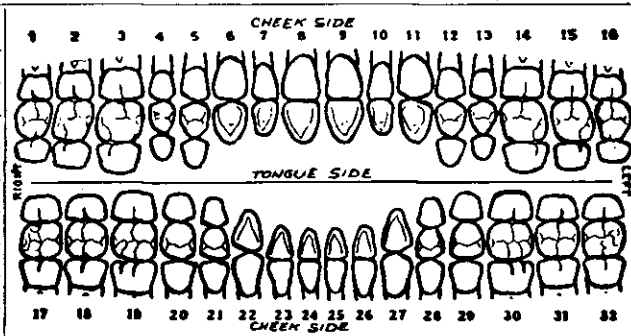
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



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

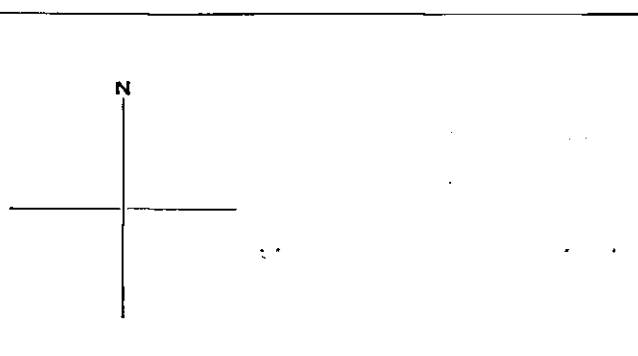
POSITIVE IDENTITY
 SOME RESEMBLANCE
 NO RESEMBLANCE

(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
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REPORT OF BURIAL
 NAVMED-601 (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 Disinterred from TRUK ISLAND. DATE REPORT FILLED OUT 3 August 1946

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	UNKNOWN I-71 (Received from Truk marked)		
	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
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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
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NAME OF CEMETERY Army, Navy, Marine Cemetery #2	LOCATION OF CEMETERY Agat Guam
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GRAVE MARKER TYPE Cross	PLOT No. A	ROW No. 44	GRAVE No. 6
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY Full Military Honors	RELIGION OF DECEASED Unknown
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IDENTIFICATION TAGS FOUND ON BODY <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	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
--	--

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-71	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 7
BODY ON RIGHT: NAME (Last, first, middle) UNKNOWN I-70	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 5
PERSON REPORTING BURIAL (Name) E. A. MATTHEWS 1st Lt., USMC	(Rank or rate)	PERSON CONDUCTING BURIAL RITES THORNTON C. MILLER CHAPLAIN	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED H. F. VEATCH CAPT USMP		

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. _____

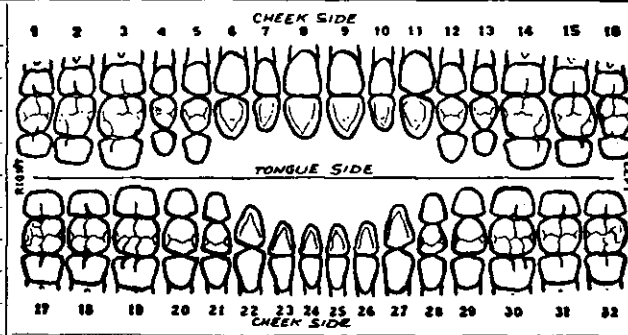
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



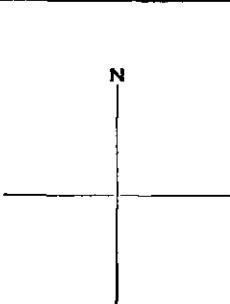
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

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
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/drs

Interred 19 May 1950
5 17 23 Ft. McKinley

PREPARED BY PHILCOM

P-19

1

Carl R. H. Mark

DISINTERMENT DIRECTIVE

CARL R. H. MARK

Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81676

DATE

03 05 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 71				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGAT NO. 2, GUAM	4	44	6	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. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-71				5 May 1950
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL A. NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY
5 May 1950	PAUL A. NICHOLS
CASKET SEALED BY	EMBALMER (Signature)
PAUL A. NICHOLS	<i>Paul Nichols</i> PAUL A. NICHOLS
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
ROBERT W. TRINITY DATE 5 May 1950 BY	T. W. RICHARDSON, 1st Lt., RA

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

T. W. Richardson
T. W. RICHARDSON, 1st Lt., RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

✓

*not
made
6/12/60
all boxes
Repacked*

Ind 2

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM	ADRS 1100111111111111	TO	NO 1111111111111111
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	10 MAY 1950
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

DISINTERMENT DIRECTIVE

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6202 01676

DATE

03 05 50
DAY MONTH YEAR

NAME UNKNOWN I - 71	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY UNAF CEMETERY ACFT NO. 2, OMAN	PLOT 4	ROW 44	GRAVE 6	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. W. WALKER, P. I.	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
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	DATE	BY
		SHIPPING ADDRESS VERIFIED BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*File
7/31/50
All Recis*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

A.P. Mc JS

1

H80
R/S
F/4 F/4

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED				DIRECTIVE NUMBER 6321 00000		DATE 15 11 47 DAY MONTH YEAR	
NAME 255 UNKNOWN			SERIAL NUMBER X-000071		RANK	ARM 8	DATE OF DEATH DAY MONTH YEAR
CEMETERY GUAM NO 2 AGAT						DISPOSITION OF REMAINS 0	CODE 0391
PLOT 4	ROW 44	GRAVE	COUNTRY 6 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	
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN		SERIAL NUMBER X-000071	RANK Unk	DATE OF DEATH Unk		DATE DISINTERRED 4 Dec. 47	
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN		RELIGION Unk	IDENTIFICATION VERIFIED BY E. S. Zapico, 2nd Lt., Inf. NAME AND TITLE			

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Individual grave, uncasteted, nature of shroud undetermined		CONDITION OF REMAINS Skeletal remains, incomplete	
OTHER MEANS OF IDENTIFICATION Mortuary plate			
MINOR DISCREPANCIES None			

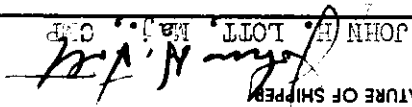
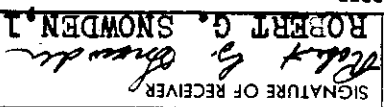


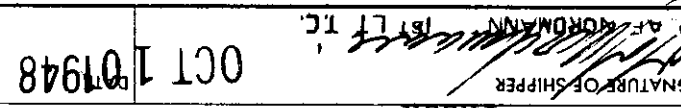


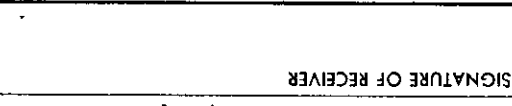
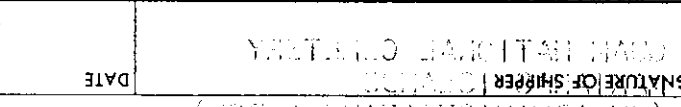
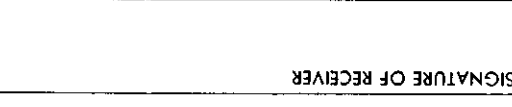
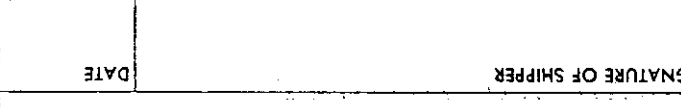
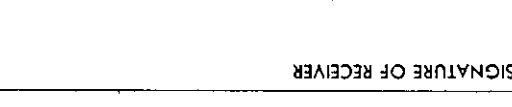
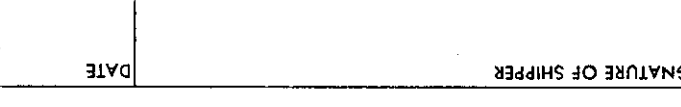
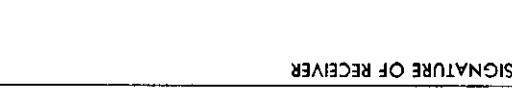
REMAINS PREPARED AND PLACED IN CASKET		DATE 19 July 48 BY J. R. Williams, Emb.	
CASNET SEALED BY J. R. Williams, Emb.		EMBALMER (Signature) D. D. Campbell G. D. CAMPBELL	
CASNET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY Max Chelofsky, Clerk	

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

SEP 1 1948
HERSCHELL G. DUY, 1st Lt., Inf.
SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	US MAUSOLEUM (SAIPAN, M.I.)	TO	PORT STORAGE OFFICER (SAIPAN, M.I.)
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		 JOHN H. LOTZ, Lt. Inf. Corp.		 ROBERT G. SNOWDEN, 1st Lt. Inf.	
DATE	19 July 48	DATE	19 July 48	DATE	19 July 48
2. SHIPPED		FROM	AGRS FORT (SAIPAN, M.I.)	TO	Transport Commander
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		 ROBERT G. SNOWDEN, 1st Lt. Inf.		 ROBERT G. SNOWDEN, 1st Lt. Inf.	
DATE	6 Oct. 48	DATE	6 Oct. 48	DATE	6 Oct. 48
3. SHIPPED		FROM	USAT DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		 ROBERT G. SNOWDEN, 1st Lt. Inf.		 ROBERT G. SNOWDEN, 1st Lt. Inf.	
DATE	10 Oct 48	DATE	10 Oct 48	DATE	10 Oct 48
4. SHIPPED		FROM	USAT DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		 ROBERT G. SNOWDEN, 1st Lt. Inf.		 ROBERT G. SNOWDEN, 1st Lt. Inf.	
DATE	10 Oct 48	DATE	10 Oct 48	DATE	10 Oct 48
5. SHIPPED		FROM	USAT DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		 ROBERT G. SNOWDEN, 1st Lt. Inf.		 ROBERT G. SNOWDEN, 1st Lt. Inf.	
DATE	10 Oct 48	DATE	10 Oct 48	DATE	10 Oct 48
6. SHIPPED		FROM	USAT DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		 ROBERT G. SNOWDEN, 1st Lt. Inf.		 ROBERT G. SNOWDEN, 1st Lt. Inf.	
DATE	10 Oct 48	DATE	10 Oct 48	DATE	10 Oct 48
7. SHIPPED		FROM	USAT DALTON VICTORY	TO	AGRS MAUSOLEUM
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		 ROBERT G. SNOWDEN, 1st Lt. Inf.		 ROBERT G. SNOWDEN, 1st Lt. Inf.	
DATE	10 Oct 48	DATE	10 Oct 48	DATE	10 Oct 48

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

293.

Date 13 July 48

CASE SUMMARY OF

NAME: UNKNOWN X - 7B RANK: _____ SERIAL NO: _____
CEMETERY Agat #2 GUAM Plot: 4 Row: 44 Grave: 6

No personal effect.

Approximate age 21

Skull, mandible and maxilla missing.

cc: 293 _____

(Signature)

Remarks:

MEDICAL REPORT OF DISINTERMENT

1. X-3.

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

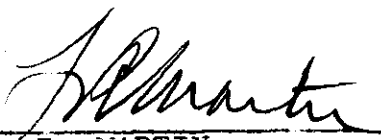
B. List of effects found in grave:
Found in grave pieces of charred wood.

C. Medical survey of remains:

1. Skull: None.
2. Humerus: right - normal.
left - fracture of distal 1/3 latter
portion missing.
3. Radius and ulna: left radius missing rest normal.
4. Femurs: left - fracture transverse supracondylar.
right - spiral fracture at junction of
proximal and middle 1/3.
5. Tibia and Fibulae: tibias missing.
both fibulas fractured in the
middle.
6. Pelvis: (a) fracture of left ilium extending
through anterior inferior spine.
(b) fracture of ramus - left.
right pelvis ok.
7. Scapulae: left - normal.
right - fracture thru base of coronoid
process.
8. Clavicles: right - normal.
left - fractured at distal 1/3.
9. Vertebrae: 16
(a) fracture transverse processes L
1 and 3.
(b) fracture right transverse processes
dorsal spine of 3 superior thoracic
vertebrae.
10. Sacrum: normal.
11. Ribs: left : 7 : 1 fracture.
right: 12: 4 fractures.

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 (C)

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-71			2. DATE OF REPORT		
3. NAME OF CEMETERY Cem 2, Agat, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	44	6	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	------------------------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

None

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

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

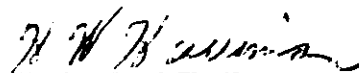
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Found on right femur (see Skeletal Chart)

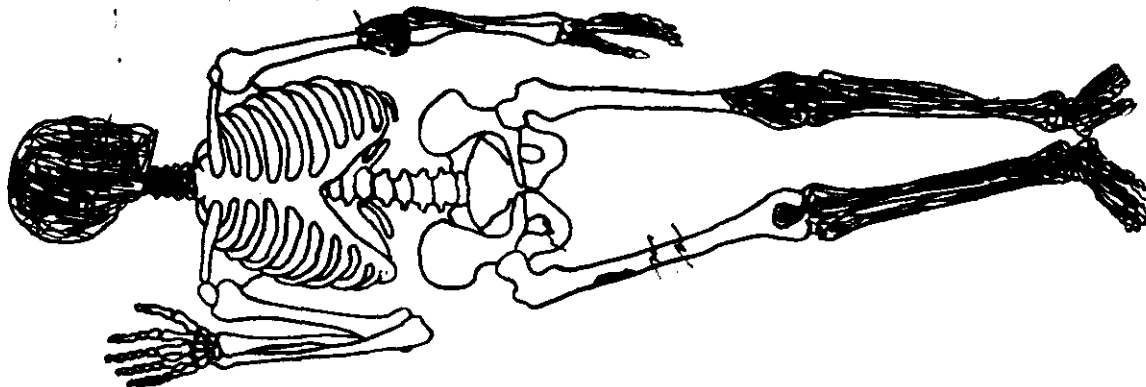
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.


E. W. HARKIMAN
 Captain, QMC
 Operations Officer
 AGRS, Marbo Zone

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

Condition of remains: dry skeleton.

HG

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

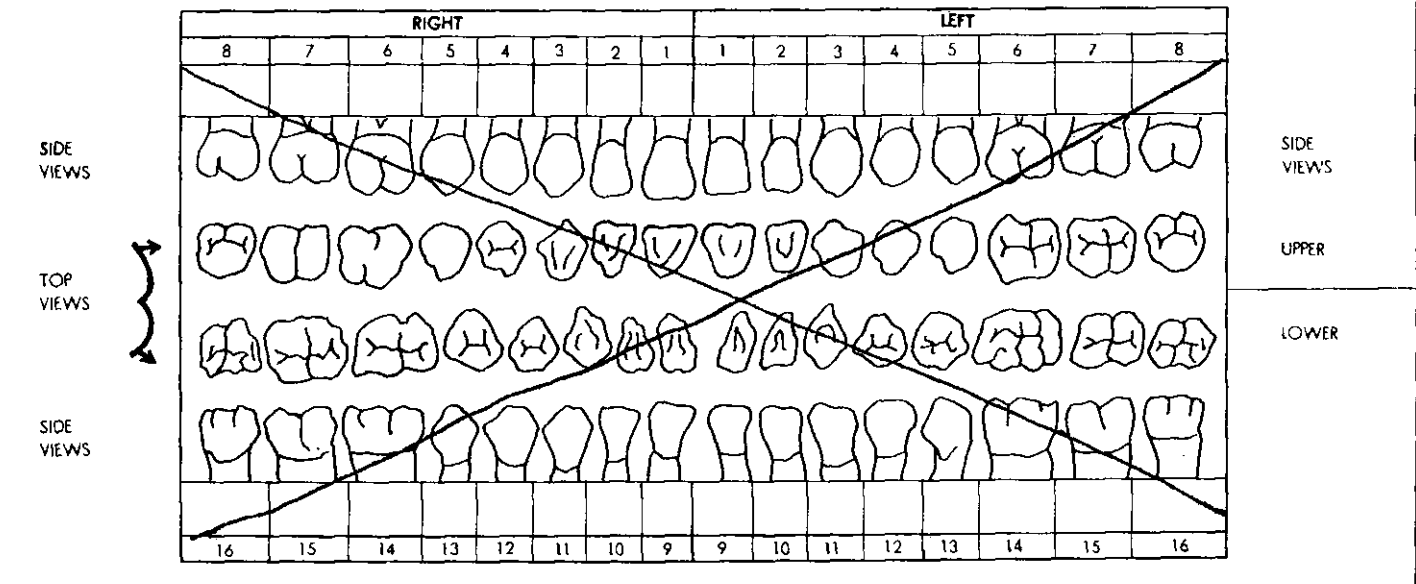
ULDRIC E. CONERLY, Captain, CAC

IDENTIFICATION DENTAL CHART

DATE **8 March 1948**

NAME (Last, First, Middle Initial) UNKNOWN X-71		RANK Unk		SERIAL NUMBER Unk		
UNIT Unk	ORGANIZATION Unk	CAUSE OF DEATH Unk		DATE OF DEATH Unk		
PLACE OF DEATH Guam	PLACE OF BURIAL Cemetery #2, Agat, Guam			PLOT 4	ROW 44	GRAVE 6

<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>	TOP VIEW	SIDE VIEW
	<p>TOOTH MISSING</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>	



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."

Maxilla and Mandible missing.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART HARRY GUNDERMAN, CIP	VERIFIED BY GRS OFFICER ULDRIC E. CONERLY, Captain, CAC
---	---

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-71				2. DATE OF REPORT		
3. NAME OF CEMETERY Cem 2, Agat, Guam		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
		4	44	6	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'6"	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	------------------------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

None

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

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

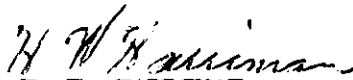
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Found on right femur (see Skeletal Chart)

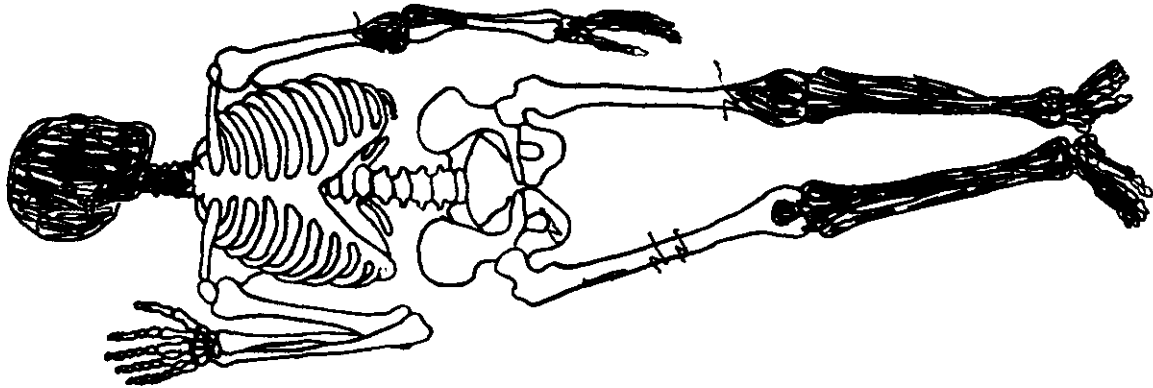
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area

None

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.


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

19. BLACK OUT PARTS OF BODY NOT RECORDED



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

Condition of remains: dry skeleton.

HC

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

ULDRIC E. CONERLY, Captain, CAC

IDENTIFICATION DENTAL CHART

DATE **8 March 1948**

NAME (Last, First, Middle Initial)
UNKNOWN X-71

RANK
Unk

SERIAL NUMBER
Unk

UNIT
Unk

ORGANIZATION
Unk

CAUSE OF DEATH
Unk

DATE OF DEATH
Unk

PLACE OF DEATH
Guam

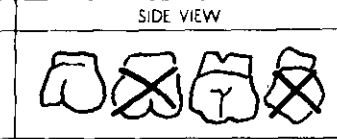
PLACE OF BURIAL
Cemetery #2, Agat, Guam

PLOT
4

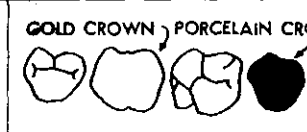
ROW
44

GRAVE
6

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



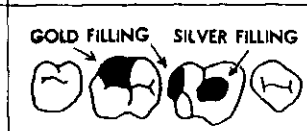
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



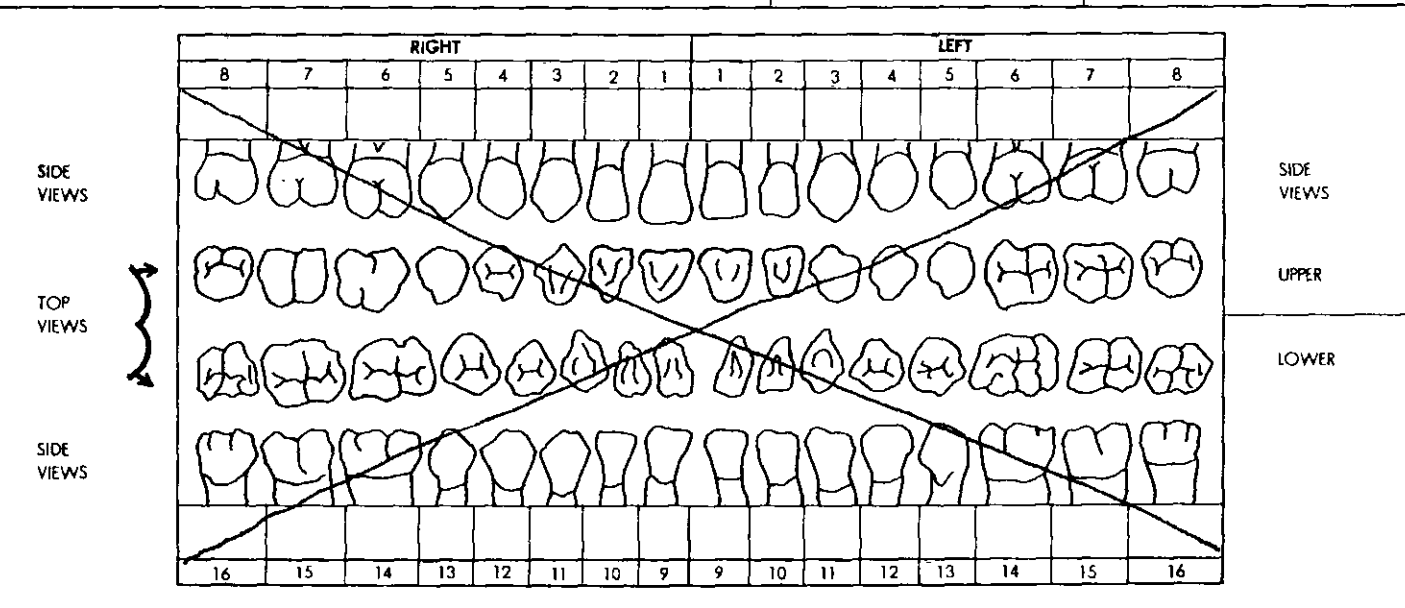
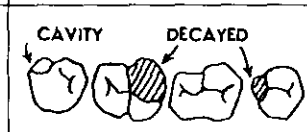
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



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."

Maxilla and Mandible missing.

SIGNATURE OF OFFICER, OR OTHER PERSON WHO PREPARED DENTAL CHART
Harry Gunderman C.I.P.
HARRY GUNDERMAN, CIP

VERIFIED BY GRS OFFICER
Uldric E. Conerly
ULDRIC E. CONERLY, Captain, CAC

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN			2. DATE OF REPORT				
3. NAME OF CEMETERY UNKNOW: 3-71 Cen 2, Agat, Guam			4. PLOT 4	5. ROW 44	6. GRAVE 6	7. DATE OF DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 175	9. ESTIMATED HEIGHT 5'6"	10. COLOR OF HAIR BRN	11. RACE W
-----------------------------------	------------------------------------	---------------------------------	----------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

Found on right femur (see Skeletal Chart)

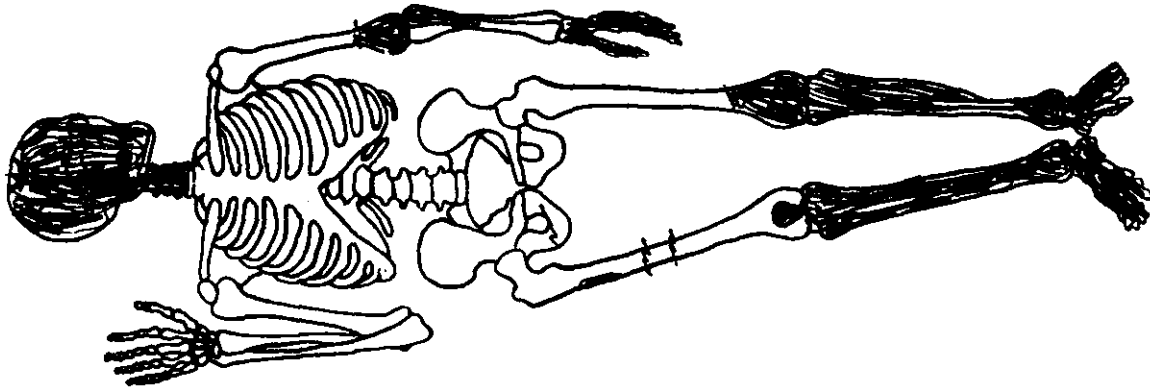
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

H. W. Harriman
H. W. HARRIMAN
Captain, OMC
Operations Officer
AGRS, Marbo Zone

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

Condition of remains: dry skeleton.

NO

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


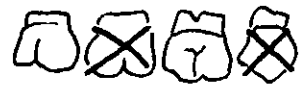
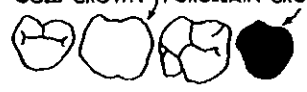



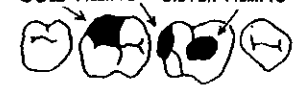

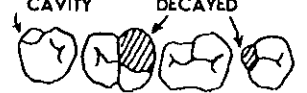

ULDRIC E. CONERY, Captain, CAC

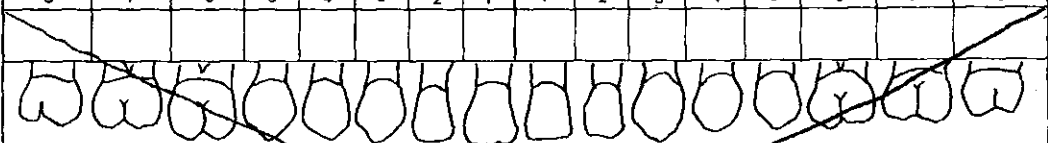
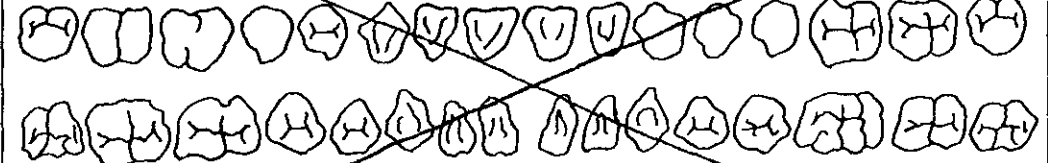

Uldric E. Conery

IDENTIFICATION DENTAL CHART

DATE **8 March 1948**

NAME (Last, First, Middle initial) UNKNOWN X-71		RANK Unk	SERIAL NUMBER Unk		
UNIT Unk	ORGANIZATION Unk	CAUSE OF DEATH Unk	DATE OF DEATH Unk		
PLACE OF DEATH Guam	PLACE OF BURIAL Cemetery #2, Agat, Guam	PLOT 4	ROW 44	GRAVE 6	

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

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
SIDE VIEWS																	SIDE VIEWS
TOP VIEWS																	UPPER
																	LOWER
	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."

Maxilla and Mandible missing.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART <i>Harry Gunderman C. I. P.</i> HARRY GUNDERMAN, OIP	VERIFIED BY GRS OFFICER <i>Uldric E. Conerly</i> ULDRIC E. CONERLY, Captain, CAC
--	---

REPORT OF BURIAL
NAVMED-801 (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 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 FILLED OUT **3 August 1946**
ATTACHED AT TIME OF DEATH

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNKNOWN X-71 (Received from Truk marked	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	Unknown	Unknown	Unknown
	CORPS OR RESERVE CLASSIFICATION	RACE	
	Unknown	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. 6
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BURIED AT SEA (Date)	AREA
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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.)
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-72	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 7
BODY ON RIGHT. NAME (Last, first, middle) UNKNOWN X-70	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 5
PERSON REPORTING BURIAL (Name) (Rank or rate) R. A. MATTHEWS 1st Lt., USMC	PERSON CONDUCTING BURIAL RITES THORNTON C. MILLER CHAPLAIN		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED W. F. VEATCH 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.
---------------	-----------------------

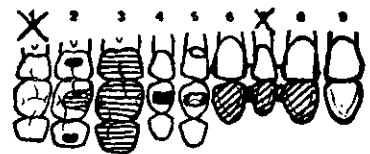
(If actual weight and height are used, delete estimated)

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. _____

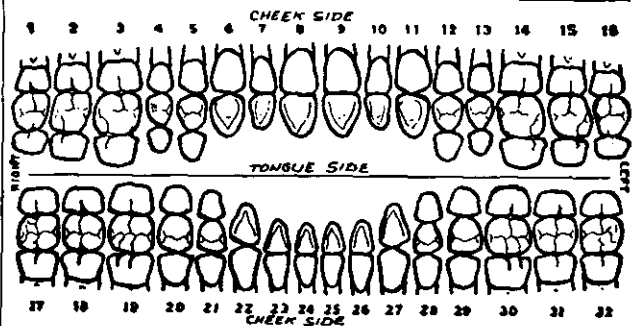
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



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

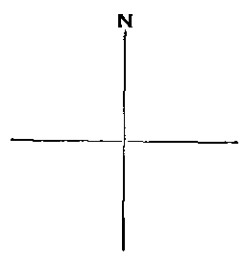
R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE



Report of Reinterment.

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, 1946.
ATTACHED AT TIME OF DEATH

COPY OF IDENTIFICATION TAG unknown	NAME * unknown	(Last)	(First)	(Middle)
	FILE OR SERVICE NO. unknown	RANK OR RATE X - 3		BRANCH OF SERVICE unknown
	CORPS OR RESERVE CLASSIFICATION unknown	RACE unknown		

CAUSE OF DEATH unknown	PLACE OF DEATH Truk Atoll, Central Caroline Islands
----------------------------------	---

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

DATE OF DEATH 27 April, 1944 (Approximate)	DATE OF BURIAL 27 April, 1944 (Approximate)
--	---

NAME OF CEMETERY unknown	LOCATION OF CEMETERY 157.95 - 5486 Defense and Terrain Map. Dublin Island, Truk Atoll.
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GRAVE MARKER TYPE Japanese	PLOT NO.	ROW NO.	GRAVE NO.
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BURIED AT SEA (Date) No	AREA
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TYPE OF RELIGIOUS CEREMONY unknown	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.)
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
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
--	--

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)
---	---

Report of Interment

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 I-3</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>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>

CAUSE OF DEATH <u>Unknown</u>	PLACE OF DEATH <u>Truk Atoll, Central Caroline.</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>27 April 1944 (Approximate)</u>	DATE OF BURIAL <u>27 April 1944 (Approximate)</u>
---	--

NAME OF CEMETERY <u>Unknown</u>	LOCATION OF CEMETERY <u>157.95-5486 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.

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

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) (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	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
Unknown	Unknown	Unknown	Unknown

BIRTHMARKS, SCARS, OR TATTOOS
None

LAUNDRY MARKS	WEAPON AND SERIAL NO.
None	None

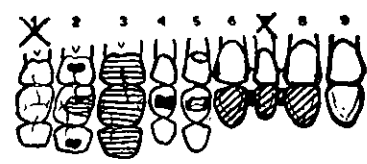
(If actual weight and height are used, delete estimated)

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. _____

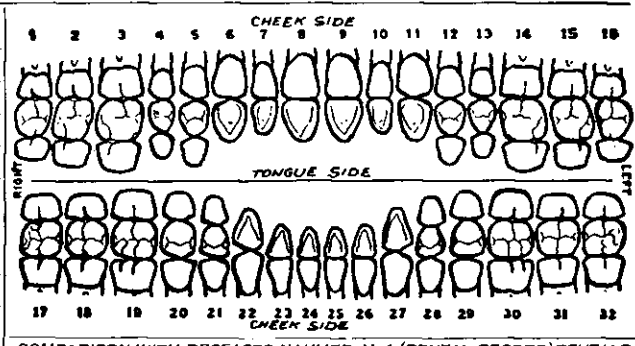
Occlusion (Type of) _____

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

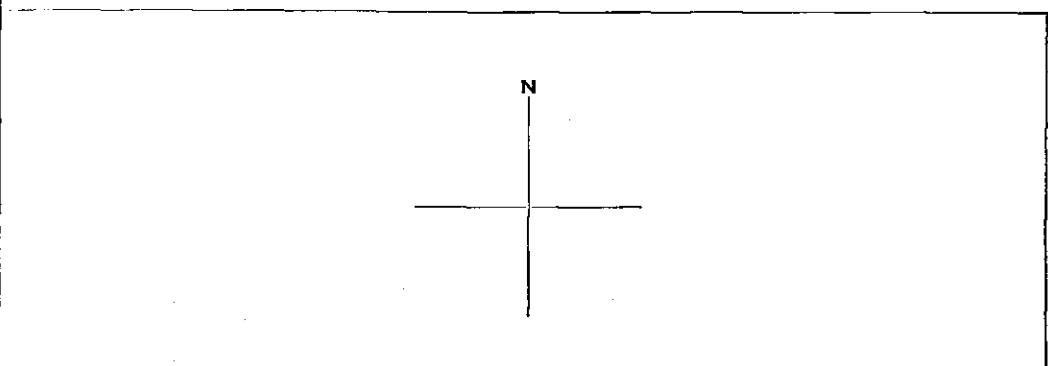
R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE



Report of Interment.

NAVMED-901 (3-43)

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) (First) (Middle) <u>unknown</u> <u>X - 3</u>	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION <u>unknown</u>	<u>unknown</u>	<u>unknown</u>	RACE <u>unknown</u>
	<u>unknown</u>	<u>unknown</u>	<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>27 April, 1944 (Approximate)</u>	DATE OF BURIAL <u>27 April, 1944 (Approximate)</u>
--	---

NAME OF CEMETERY <u>unknown</u>	LOCATION OF CEMETERY <u>157.96 - 5406 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) <u>No</u>	AREA <u>unknown</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 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	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
--	--

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
--	--

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>Lt. (jg)</u> (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 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. _____

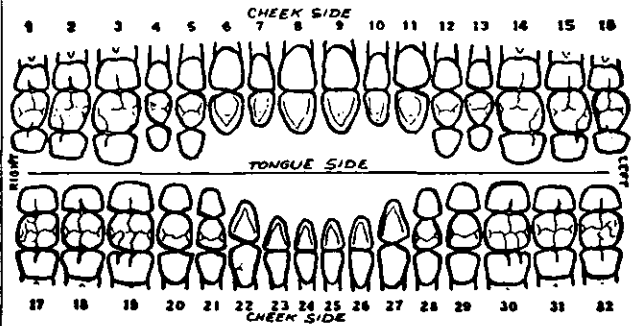
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

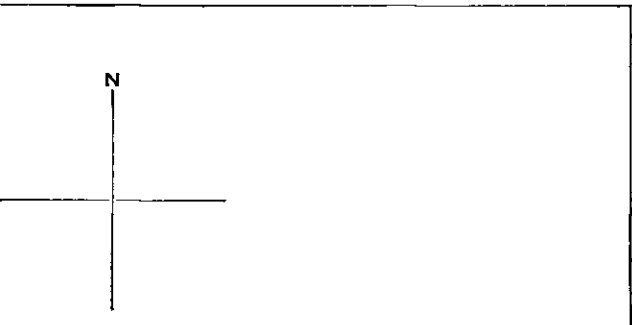
Remarks **No Skull.**



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	_____

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.

MR7

Dead July 7
 Date

UNKNOWN #72
 LAST NAME FIRST INITIAL RANK SERIAL NO.
 UNIT ORGANIZATION

PLACE OF DEATH Agat PLACE OF BURIAL Agat 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																							
LOCATION																							

INSIDE - LOOKING OUT

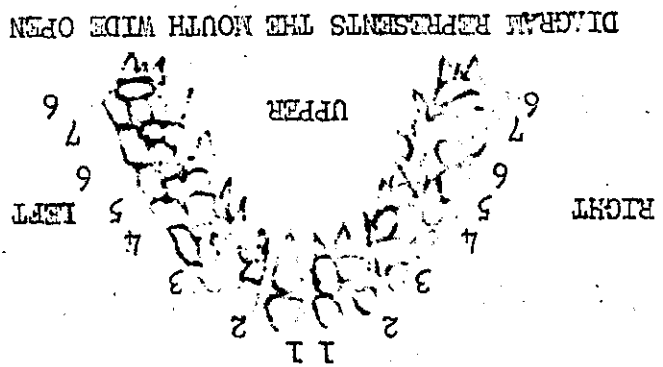
		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE																			
LOCATION																			

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		OCCUSAL (BETWEEN SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTMENTS)		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., FORCE-LAIN CROWNS, GOLD CROWNS (FILL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH SEE DIAGRAM BELOW.



REMARKS:

Entire Mandible, Maxilla and Teeth Missing.

DATE _____

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED _____

NAME AND RANK (TYPE OR PRINTED) _____

NAME AND RANK (TYPE OR PRINTED) _____

SIGNATURE OF PERSON WHO PREPARED CHART _____

VERIFIED BY GRS OFFICER _____

L. HO, Capt., D.C.

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

Unknown X-71, Guam Cem # 2, Adj

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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
Top Views															
Side Views															
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."

no maxilla or mandible

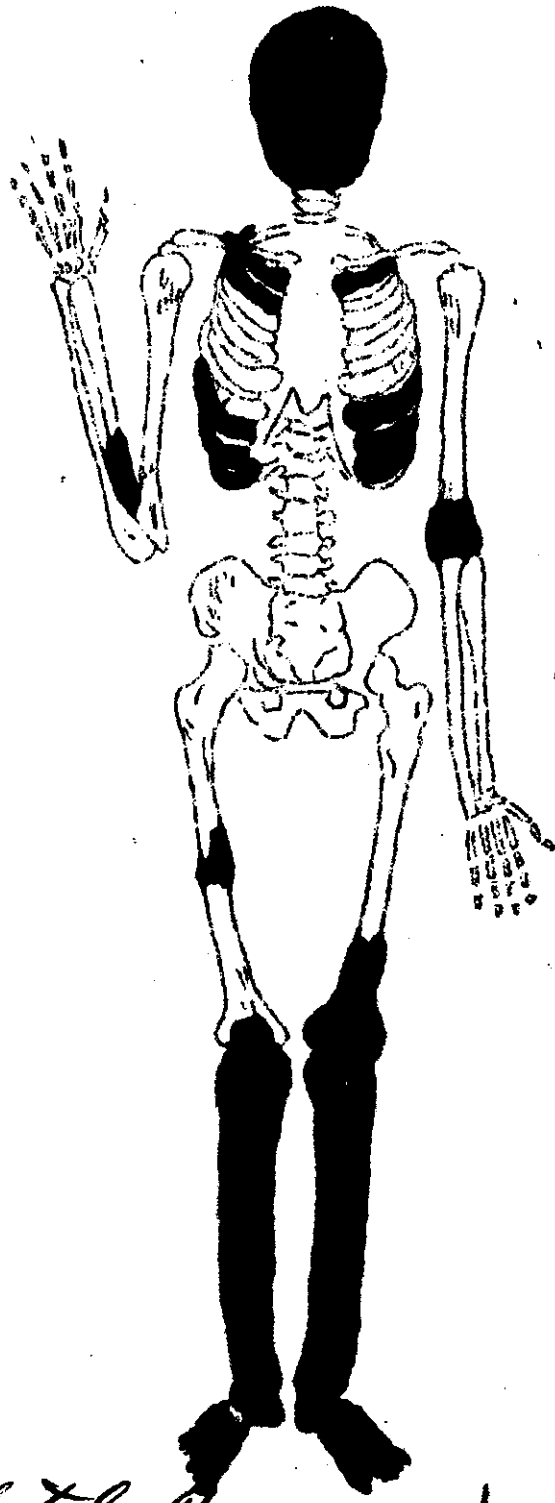
O.D. Campbell Embalmers

Unknown X-71
(Case)

Swan
(Race)

PROCESSING CENTER
Arm # 2
(Ser No.)

Agat
(Fr of Sv)



Skeletal Remains Incomplete

SKELETAL CHART

MEDICAL REPORT OF DISINTERMENT

1. X-3.

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

B. List of effects found in grave:
Found in grave pieces of charred wood.

C. Medical survey of remains:

1. Skull: None.

2. Humerus: right - normal.

left - fracture of distal 1/3 latter
portion missing.

3. Radius and ulna: left radius missing rest normal.

4. Femurs: left - fracture transverse supracondylar.
right - spiral fracture at junction of
proximal and middle 1/3.

5. Tibia and Fibulae: tibias missing.

both fibulas fractured in the
middle.

6. Pelvis: (a) fracture of left ilium extending
through anterior inferior spine.

(b) fracture of ramus - left.
right pelvis ok.

7. Scapulae: left - normal.

right - fracture thru base of coronoid
process.

8. Clavicles: right - normal.

left - fractured at distal 1/3.

9. Vertebrae: 16

(a) fracture transverse processes L
1 and 3.

(b) fracture right transverse processes
dorsal spine of 3 superior thoracic
vertebrae.


10. Sacrum: normal.

11. Ribs: left : 7 : 1 fracture.

right: 12: 4 fractures.

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 (C)

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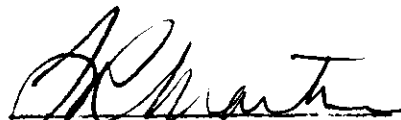
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