FILE IDENTIFICATION TOPPER

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SUBJECT				
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QMC FORM 1121 1 Aug 45

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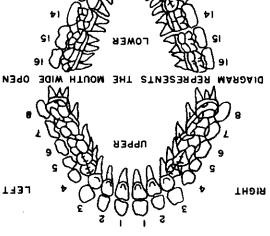
INSTRUCTIONS:

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

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

CROWNS (FULL OR 34), 34 GOLD CROWN WITH SILICATE WINDOW. BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, &g., PORCELAIN CROWNS, GOLD 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD

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



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BEWARKS:

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NAME AND RANK TYPED OR

MAUD , TOOLILO CULM

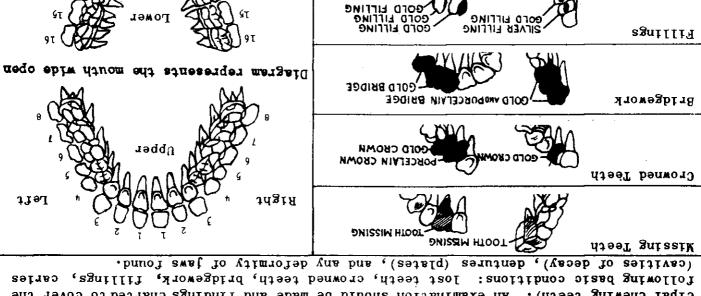
PLACE OR HO, WHERE THIS FORM ACCOMPLISHED

OMC 70RM 1044 Rev. 7 Apr. 1945	REST	RICTED	•	,	
REPORT (OF DISINTERMENT FOR IDENTIF	CATION	29 A u on	ast 1946	
1. REMAINS OF (Name)	······································		SERTAL NUMBI		
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GRADE	ORGANIZATION	· ·			· · · · · · · · · · · · · · · · · · ·
Unknown	Unknown			·	
NAME, NUMBER AND L	DCATION OF CEMETERY		PLOT	ROW	GRAVE NO.
Army Navy 3	arine Cemetery #2. Agat. G	uam. I. I. DATE OF REINTER	3	1	14
	M I				
16 July 1946 3. REPORT AS TO NATUR	E OF ORIGINAL BURIAL AND CONDITION	16 July	<u> 1946</u>	·	
	N FOUND AT TIME OF DISINTERMENT: ON	MARKER			
LOACH, W. F					
ON REMAINS ITONO WHAT IDENTIFICATION	N USED UPON REINTERMENT: ON MARKER				
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ON REMAINS		•			
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Q. A.	er supervising disinterment and rei	NTERMENT.			
1/4 414 1:3/11	Landing and will be come				

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INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

i. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (critting) teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, carles following pasic conditions: lost teeth, crowned teeth, bridgework, fillings, carles (cavities of decay), dentures (plates), and any deformity of jaws found.



Dentures (Plates) Draw diagram of relative size and shape of plate block in teeth attures (Plates) Draw diagram of relative size and shape of plate block in teeth attures on natural teeth with the word "clasp".

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Left

Кетаг ка

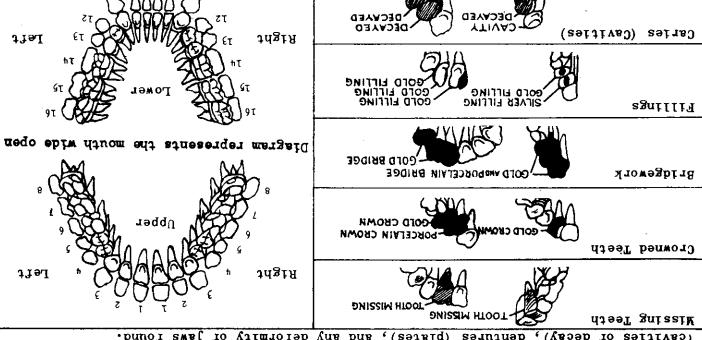
Caries (Cavities)

)MC f orm '104 Rev. 7 Apr. 1945	R	ESTRICTED	● E	•	•
REPORT OF DE	SANTERMENT FOR IDE	NTIFICATION			
. REMAINS OF (Name)	· · · · · · · · · · · · · · · · · · ·		SERIAL	Angust 1946 NUMBER	<u> </u>
Time I was a second or			Thele		
GRADE ORG	GAN I ZAT I ON			***************************************	
Trakenous 7	n'oncen				
NAME, NUMBER AND LOCATIO	ON OF CEMETERY		PLO.	T ROW	GRAVE NO
Acres 12 and 15	Samuel and Samuel	18 7	•		34
DATE OF DISTRYERMENT	o Comptery #2, Agai	DATE OF RE	INTERMENT		
30 N.S. 3046		76	h-1- 1046		
REPORT AS TO NATURE OF C	ORIGINAL BURIAL AND CONDI	ITION OF BODY UPON	DISTNTERMENT.		
WHAT IDENTIFICATION FOUN	ND AT TIME OF DISINTERMEN	IT: ON MARKER			
. WHAT IDENT3F3CATION FOUN	ND AT TIME OF DISINTERMEN	IT: ON MARKER			
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INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (critting) teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.



Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the

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Remar ks

Dentures (Plates)

word "clasp".

WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)										
(Supersedes GRS Forn	11)		and AR 30-181	-	2	o sal	y 1946			
Imprint Identifica	tion Tag If	SECTION 1. IDENTIF	ICATION	<u> </u>						
Passible. DO N	OT TYPE	Name (Last, First, Middle l	nitial)	· · · · · · · · · · · · · · · · · · ·	Ser	rial Numbe				
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		Race	Religion			han U.S.D e of Count				
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Place of Death		Cause of Death			Da	te of Death	1			
Gune, S.I.		Unimown			There exists a second s					
Emergency Addressee	(Name, Relat	ionship and Address)	· · · · · · · · · · · · · · · · · · ·				•			
Unknown										
Identification Tags Fou (1, 2, or None)	nd on Body	If No Tags Found on Body Fill in Section 3 on Revers	y, Describe Mear	ns of Identification. If	Unidentified.	<u></u>				
UNKNOWN			NKNO N							
Were Substitute Tags F	Provided	_·	141714O -14							
(Yes or No)										
UNKNO. N			·							
List Personal Effects F	ound on Body	y and Disposition of Same								
	UN	KNOWN								
SECTION 2. BURIA		han in established cemetery teation of Cemetery	iurnish sketch	and map coordinate	es on revers	e.				
agat arey, h	evy, 🔞	eriane ces 2 d	und, al	caras Islar	xis					
Date of Burial	Hour	Buried in (Shroud, Blanks of other)	t, or name	Type of Grave Marker	Plot No.	Row No.	Grave No.			
					3	1	34			
UNKNOWN	UNKNOW			CRUSS						
Was This a Re-Burial (Yes or No)	If a Re-Bu	ırial, Indicate Name, Number, Co	ordinates of Pre	evious Cemetery, and			T			
YES	AGAT	AHWY, NAVY, MAKINE	Clw±2 G	Table Man 1	Plot No.	Row No.	Grave No.			
Type of Religious		nducting Burial Rites	If Identifica	tion Tags Not Used, D	escribe Ident	 ification	114			
Ceremony				ontainers Buried with	Body					
UNKNOWN Identification Tag Buris		nown	unkr	nown						
With Body (Yes or No)		ldentification Tag Attached to Marker (Yes or No)								
nicom										
	ed Left, Nam	e (Last, First, Middle Initial)	Rank *	Serial Number	Organizati	ion C	Grave No.			
Stephenous come as who										
Body Buried on Deceas	ed Right, Na	me (Last, First, Middle Initial)	Rank	Serial Number	Organizati	on G	irave No.			
					<u>-</u>		•			
Signature of Person Preparing Report Signature of GRS Officer					1 C	_ _	13			
Signature of Person Preparing Report					g report = =	- 4	~			
Dist. (e)	elles	W. Jehnson	ELJ. ER	Les CU. VYC W STAHNER 1	st I.t	CIV.C D 1	35			
DISTRIBUTION OF RI	EPORT: Sign	ned original for US and allied de	ad, signed origi	inal and one copy for	enemy dead,	to the Qua	irtermaster			

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			LUL D	IRICII	11)	_	_		
	SECTIO	UNIDEN	TIFIED	REMAIN	s				
Little Finger		Great care ified remai such as sh ks; and ser	ns, Fill oe size, s ial numbe	in anato ocial secu ers of airg	mical cl rity nun lanes, v	haracteristi nber; positi ehicles and		l any other ind in airplai	clues under 1es, vehicles
Ring Finger	thumbs the con	in the char dition of ea	t at left, ch and e	or as mai very tootl	ıy as po ı will be	ssible. If no indicated	of all clues. of fingerprints on the tooth cone or more fi	or prints car hart in acco	be secured, rdance with
linger	Height	Weight	Color of	E *s	Color o	f Hair	Birthmark	s, Scars or Ta	ttoos
	unk	t nk		nown		known	none		
Middle Finger	none	I Serial Num		none			rebur:	ly Was Buried	or Found
Index Finger	Fillings			none					
			\cap \wedge	Bilver Filliz Bold Filling	-	all ma			, g, LUI M G
Thumb	Cavities		OT	Cavity Decayed		7	U	PPer P	SILVING FILLING FILLING
Thumb	Missing Te		P R	Footh Miss	ing	16 (am Represents	the Mouth W	ide Open
Index Finger	R Pridge Wo	·k		Porcelain (Gold Crowr		SILVERIS- FILLING 1 SILVER FILLING	4	Wer S	15 14 13 12
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ʻinger	Furnish Sk	eton ano ma	p Keteren	ice and Co	or a mates	TOT BUTTER !	i Other Than		1
Ring Finger	Right		•						
Little Finger	Rémarks disir	Nature atermen ous sku	t, co	nsist	ed of	orial u	nknown, ee large	body, bones	on and

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WD QMC Form 1042 Rev. I Apr. 1945 (Supersedes GRS Form	1)	REPORT OF (AR 30–1810 a	INTERM nd AR 30-1815	_		ite of Repor		
Imprint Identifica	tion Tag If	SECTION 1. IDENTIFI	CATION	,		SO JUL	y 1946	
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	0	Grave	Organization		Br	anch of Ser	Vice	
[]	<i>)</i>	unknoun	union	OWN		unkno	PERO.	
		Race	Religion			han U.S.D ie of Count		
		unknown	unka	own				
Place of Death		Cause of Death			Da	ite of Death	1	
Guam, M.I.		Unknown			(8	nienoam		
Emergency Addressee (Name, Relationsh	ip and Address)			.1.			
Unknown								
	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							
UNKNOWN	WN UNKNOWN							
	e Substitute Tags Provided							
UNKNOWN								
List Personal Effects Found on Body and Disposition of Same								
		UNKN E wN						
		in established cemetery fu	ırnish sketch a	ind map coordina	tes on rever	se.		
Name, Number, Coordin	ates and Location	of Cemetery						
Apat Army. H	avy. iari	mas Com/ 2 Gr	er ar	anas Isla	nds			
Date of Burial	Hour	Buried in (Shroud, Blanket of other)	, or name	Type of Grave Marker	Plot No.	Row No.	Grave No.	
UNKNOWN	UNKNOWN	U NKNOWN		ರಿಪರಿಗಾರಿ	3	1	14	
Was This a Re-Burial (Yes or No)	If a Re-Burial,	Indicate Name, Number, Coo	rdinates of Prev	ious Cemetery, and	Location of G	irave	· · · · · · · · · · · · · · · · · · ·	
YES	AGAT A I	RwY: NAVY, MARIN	e cen# 2	Guam,M.I.	Plot No.	Row No.	Grave No.	
Type of Religious Ceremony	Person Conduc	ting Burial Rites		on Tags Not Used, tainers Buried with		tification		
UNKNOWN	UNKNOW	V	UNKNO	WN				
Identification Tag Burie With Body (Yes or No)	d Ident to Ma	Identification Tag Attached to Marker (Yes or No)						
iinknoan		**						
	-	ast, First, Middle Initial)	Rank	Serial Number	Organizat	tion C	Grave No.	
				•				
Body Buried on Decease	Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave No.							
							•	
Signature of Person Pre	Signature of Person Preparing Report Signature of Person Preparing Report							
SREIN	: //.	1.1	Shu			NEAD A	ane	
DISTRIBUTION OF PE	DISTRIBUTION OF REPORT: Signed critical for MS and alled died winds and assistant and							
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdg. GRS Officer. Copies for retention in theater as prescribed by theater commander.								

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<u> </u>			MESTIME		-		•
Į.	SECTIO	UNIDEN	TIFIED REMA	AINS			· · · · · · · · · · · · · · · · · · ·
Left Little Finger	unident "Other"	Great care lified remaindred such as sh	ins. Fill in an	atomical (ecurity nu	characteristic mber: positio	s below, and any	future identity of other clues under airplanes, vehicles
Left Ring Finger	thumbs the con diagran	in the char dition of ea a below. To	rt at left, or as i ch and every to	nany as po ooth will be	ossible. If no e indicated o	fingerprints or print	int all fingers and nts can be secured, n accordance with rints are secured.
inger	Height Unk	Weight	Color of E as		of Hair	Birthmarks, Scar	s or Tattoos
	Ţ 	unk Serial Num	unknow	n un ry Mark	known	NONE Where Body Was	Buried on Found
Widd						Where Body Was	Darred or Pound
Lef lle F	none		no	ne		reburial	
Left Middle Finger	Other Ident	ification Clue	:3			•	
Left Index Finger		none					
't inger	Fillings		Silver Fi	_		2 1 1	Silver 2 3/ Filling
Lett Thumb	Cavities		Cavity		mission s		of siner
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		SH	Gold Brid	ige	<u>'</u>	11 10 9 9 10	missing
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Right Little Finger	dis	sintern	original ent, con skull fr	sisted	of, thi	own, body, ree large	on lones and

(Supersedes GRS Form 1) REPURT OF INTERMENT							t	
		(AR 30–1810	and AR 30–1815))	_ :	20 Jul	y 1946	
Imprint Identificate Possible, DO NO	ion Tag If	SECTION 1. IDENTIF						
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)	Grade	Organization		Bra	ench of Serv	vice	
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	/	Race	Religion	V443		nan U. S. D	ead,	
		1171 mars			Give Nam	e of Countr	·y	
Place of Death	_ _	Cause of Death	unkn	OWE	Da	te of Death		
Guan, M.I.		Unknown			Uz	iknown		
Emergency Addressee (I	Name, Relations	hip and Address)						
Unknown								
Identification Tags Foun (1, 2, or None)	d on Body	If No Tags Found on Body Fill in Section 3 on Revers	, Describe Means	of Identification. If	Unidentified			
UNKNOWN		UNKNOWN						
Were Substitute Tags Po	rovided						•	
UNKNOWN								
List Personal Effects Found on Body and Disposition of Same								
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l		<u>.</u>						
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SECTION 2. BURIAL Name, Number, Coordin		in established cemetery	furnish sketch a	and map coordinat	es on rever	se.		
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Agat Army, N				anas Islar			1 0 110	
Date of Burial	Hour	Buried in (Shroud, Blank of other)	et, or name	Marker	Plot No.	Row No.	Grave No.	
UNKNOWN	UNKNONN	NWCNNU		CROSS	3	1	14	
Was This a Re-Burial	If a Re-Burial	 , Indicate Name, Number, Co	pordinates of Prev	rious Cemetery, and		rave		
(Yes or No) YES		MY, NAVY, MARIN			Plot No.	Row No.	Grave No.	
				on Tags Not Used, D		tification		
Type of Religious Ceremony UNKNOW N	UNKN	cting Burial Rites	Data and Con	ntainers Buried with NOWN	Body	tincation		
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Identification Tag Burie With Body (Yes or No)	d lder to N	ntification Tag Attached Marker (Yes or No)						
Unknown		No						
		Last, First, Middle Initial)	Rank	Serial Number	Organiza	tion (Grave No.	
 			ŀ					
UNKNOWN 15X Body Buried on Decease	ed Right, Name	(Last, First, Middle Initial)	Rank	Serial Number	Organizat	tion (Grave No.	
					,			
Signature of Person Preparing Report Signature of Person Preparing Report					T A M . C	1 .	13	
X106.	1.00	1.7/	ELMER.	W STALNER	Harri 1st Lt	o QIVIO	GRS	
DISTRIBUTION OF RE	2)/200 / Ville (X) + Aprilor							
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster								

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		SECTIO	LINIDS	NTIFIED	DEMAIN	10				
	Ξ	Instruction		NITTED	REMAIN	N 3	_	J		
	Left Little Finger	(a) uniden "Other	Great car tified rema "such as sh	ins. Fill hoe size, s	in anato soci al sect	mical (irity nu	characteristic	nute clues for s below, and n of body foun anks.	any other cl	ues under
	Left Ring Finger	thumbs the cor	s in the cha idition of e	rt at left, ach and e	or as ma	ny as p h will b	ossible. If no e indicated o	of all clues. I fingerprints on the tooth ch ne or more fin	r prints can b art in accord	e secured, ance with
	Left g Finger	Height	Weight	Color of	f E °s	Color	of Hair	Birthmarks,	Scars or Tatto	os
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	Z	Weapon an	d Serial Num	ber	Laundry				Was Buried o	Found
	ida									
	Left lle Fi	<u>none</u>			none	<u> </u>		retur	lal	
	Left Middle Finger	Other Ident	tification Clu	ies						
		none								
	Left Index Finger									
	nger	Fillings		\cap \angle	Silver Fillin Gold Filling	_	Muse	3 2 00	1 2	. Ла.
	Th	Cavities	·	11 4 3			1 1	000	300.	FILVER
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	Right Thumb	Missing Te	eth	1 P. Q.	Cooth Miss	ing	8 Diagram	n Represents th	e Mouth Wide	Open
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QMGHT 293 GRS Far Bast Schut

SUBJECT: Identification of World War II Deceased

TOS

Commanding Officer
American Graves Registration Service
Philosm Zone
APO 900, e/o Postumeter
San Francisco, California

1. Reference is made to the following Unknown remains now stored in AGRS Mausoleum, Manila, P.I.:

Unknown X-5, 77th Division Cemetery, Chinawa, Unit 2, Page 1 X-47, Island Command Cometery, Okinawa, Unit 2, Page 2 X-75, Guan #2, Agat Cometery, Unit 2, Page 5 1-785, USAF Comstery Leyto #1, P.I., Unit 2, Page 4 (Sup) X-2269, (formarly X-440 Leyte #1), Unit 2, Page 12 X-2280 X-451 X-2354 I-547 I-3857, AGMS Mauseloum, Manile, Unit 2, Page 19 X-3859. I-5860. X-5861. I-8862. 19 X-3863. X-5864, 19 I-3928 19 X-4172 19

2. Subject cases have been reviewed and this Office approves the elassification of the above Unknowns as Unidentifiable.

FOR THE QUARTESMASTER GENERAL:

J.Killer:lre
Salser
JW
co-Administrative Section
ec-Cimcfo

T. H. METS Lt. Celonel, QMC Memorial Division JW

TEC

HEADQUARTERS PHILODA ZONE ALERICAN GRAVES REGISTRATION SERVICE

23 January 1950 Date

SUFJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X- 75, Plot _____, Row _____, Grave _____, USMC Guam #2. Agat Cemetery, have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Captain, QIIC

Chief, Records Branch

Mun

Attch: Form 1044

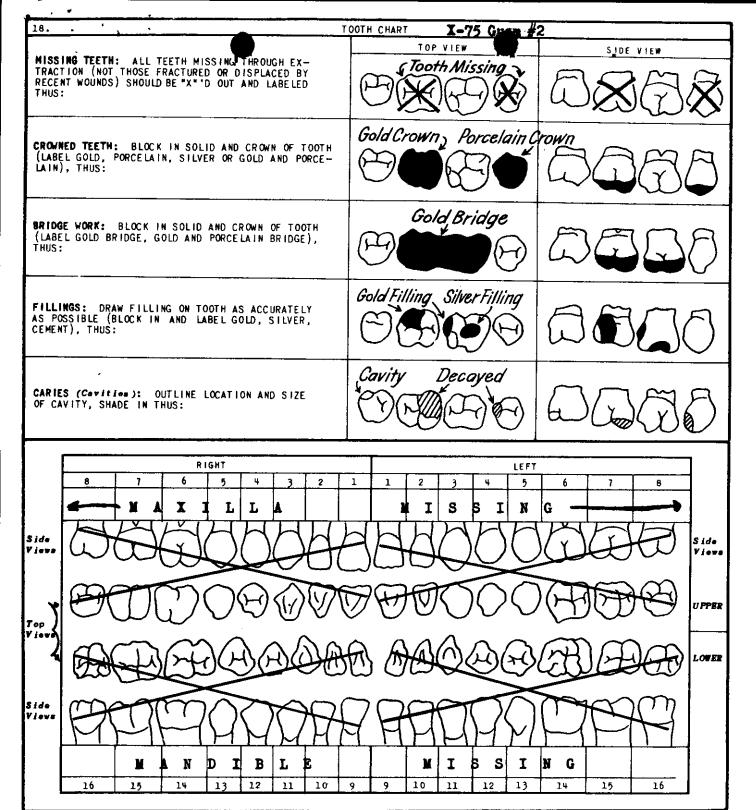
Not identifiable from J. Willer available

	IDENTIFIC	CATION	DATA		
1. REMAINS OF UNKNOWN					2. DATE OF REPORT
UNKNOWN X-	75 Guam #2, Aget Cometer				23 Jan '50
3. NAME OF CEMETERY		4. PLOT	5 ROW	6. GRAVE	7. DATE OF
•			T		DISINTERMENT REINTERMENT
AGRS Mauso]	leum, Manila, P.I.				
		AL DESCRIPTION	ON		<u> </u>
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT		OR OF HAIR	ı — — —	11. RACE
UTD	5' 10 3/4"		Brown		UTD
12.GIVE DESCRIPTION OF A	ANY OFFICIAL IDENTIFICATION FOUN				
	NONE				
	AVAL				
13.GIVE DESCRIPTION OF T	TATTOOS OR SCARS ON BODY AND/OR	SUCH INFOR	MATION OBT	TAINED FROM	ATHER SOURCES
-	· ·		*****		VINER JOUNGES
1					
	NONE				
14. WAS BODY BURNED?	TO WHAT EXTENT?				
YES IND	[ر				
15. WAS BODY MANGLED?	TO WHAT EXTENT?	·			
YES TO NO	,				
16. DESCRIBE EVIDENCE OF	HEALED FRACTURES AND BONE MALF	FORMATIONS			
I	NONE				
17. LIST EVERY ITEM OF C	CLOTHING, EQUIPMENT AND PERSONAL	L EFFECTS F	OUND, SHOW	ING THE TY	PE. COLOR, SIZE, MARKINGS,
SERVICE, ETC. (IF 14	sundry merks are indistinct such stion when facilities are not as	'h notation e	chould be :	made and a	pecimen forwarded through
CHEINERS AND THE STREET	【10页 节用原序(图CILLLIVE WIN HV) ——	/# I # DI W III	the ares,	,	

NONE

"UNDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



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

No loose maxillary or mandibular teeth present with remains.

"UNIDER TABLE"

× ** • •

PAUL R NICHOLS

TOTAL ENGINEERING DAYShief, Identification Section

BY REASON OF LACE OF

OMC FORM 1044a 18 MAR 47

1. FILE UNDER NO.

293 -

UNK X-75 (Guam # 2 , Agat Cem.)

SYNOPSIS

2. TYPE OF DOCUMENT:

Lotter

3. DATE: 9 Reb 50

4. FROM:

Edgrs American Graves Registration Service Philcom Cone

5. TO:

0.340

6. SUBJECT:

Unidentifiable Remains

Unk X-75 Guam #2, Agat Ceme

.....

7. DOCUMENT FILED

UNDER NO. 293 - Manila

оb

INSTRUCTIONS.—Enter after the above headings information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "Itr," "memo," "1st ind," etc.
- 3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
- 6. Brief and comprehensive synopsis of the content or subject matter.
- 7. File classification under which the document is filed.

QMC FORM 351 REV 14 OCT 47 **CROSS-INDEX SHEET**

BASIC: Ltr, ASF, OQME, Wash. D. C., SPQYG, 293-MidPac, 28 May 46, Subj: Identification.

E (QM) 293/934 5th Ind HEADQUARTERS, WESTERN PACIFIC BASE COMMAND, SAIPAN (APO 244) 20 Aug 46

TO: Commanding Officer, Army Garrison Force, Guam (APO 246)

- l. Returned to your headquarters for completion of Identification Dental Chart, Report of Interment, (leave no blanks, Officers Signature, Rank and Branch of Service) and the Report of Disinterment for Identification will be Typewritten.
- 2. Each Enclosure will be forwarded in six copies. Basic letter and every indersement thereafter will be forwarded in nine copies.

BY COMMAND OF BRIGADIER GENERAL IRVINE:

/s/ Myron D. Yantis
Myron D. Yantis
Capt, A.G.D.
Asst Adjutant Gen.

2 Incls: n/c

200.2 6th Ind ALB/fp HEADQUARTERS, ARMY GARRISON FORCE, APO 246 (Guam) 24 Aug 1946
TO: Commanding Officer, 296th QM Bn., APO 246 (Guam).

(BASIC: Ltr, ASF, O'MG, Vash.D.C. SPQYG 293-MidPac, 22 May 46, Subj: Identification.)

293/930 3rd Ind. FMS/wwj HEADQUARTERS, 296TH QUARTERMASTER BATTALION, AFO 246 (Guam)

70: Commanding Officer, Army Garrison Porce, APO 246 (Guar).

- 1. In compliance with basic letter, Grave 14, Row 1, Tlot 1, Army, Navy, Marine Cemetery No 2, Agat, Guam was opened and found the remains of a body.
- 2. The remains in Grave 14, Row 1, Plot 3, Agat, Army, Navy, Marine Temetery Uo 2, has been marked as Unknown: 75.

FOR THE COMMANDING OFFICER:

/s/ Francis M. Skillman Francis M. Skillman 2nd Lt. JE Adjutant

2 Incls: n/c

293/930 4th Ind ALB/dj HEADQUARTERS, ARMY GARRISON FORCE, APO 246 (Guam), 12 Aug 46.

TO: Commanding General, Western Pacific Base Command, APO 244 (Saipen).

Explo: Ltr, ASF, OQMG, Wash.D.C., SPQYG 293-MidPac, 28 May 46, subj: Identification.

MFYCM 293 (28 May 46) lst Ind (3-21 July 46) Headquarters, United States Army Forces, Middle Pacific, APO 958

THROUGH: Commanding General, Western Pacific Base Command, APO 244

TO : Commanding General, Army Garrison Force, APO 246

For compliance with basic communication and return of correspondence to this headquarters.

B / COMMAND OF MAJOR GENERAL MODHE:

/s/ H. S. THATCHER
H. S. THATCHER
Lt Colonel, AGD
Asst Adjutant General

2 Incls: n/c

E (QM) 293/934 2nd Ind HEADQUARTERS, WESTERN PACIFIC BASE COMMAND, SAIPAN, (APO 244) 24 June 1946

TOY Commanding General, Army Garrison Force, Guam (APO 246)

For compliance with basic communication and return of correspondence through this headquarters.

BY OURSAND OF PRICAPIPE CEPTOAT INVINUE

/s/ LYBON D. YANTIS
WYRON D. YANTIS
1st Lt., A.G.D.
Asst Adjutant Gen.

2 Incls:

ARMY SERVICE FORCES Office of the Quartermaster General Washington 25, D.C.

28 May 1946

SUBJECT: Identification.

TO: Commanding General
Army Forces, Mid-Pacific Area
APO 958, c/o Postmaster
San Francisco, California

FOR: Chief, American Graves Registration Service.

- 1. A Report of Burial (NavMed-601) has been received at this office for a W. H. Loach, showing burial in Grave 14, Row 1, Plot 3, Army Navy, Marine Cemetery No. 2, Agat, Guam. There was no means of identification shown on this report.
- 2. There is no record in the Army, Navy, Marine Corps or Coast Guard of a W. H. Loach being a casualty at Guam.
- 3. It is requested that the burial be changed to an unknown, the remains disinterred, and the inclosed QMC Form 1044, Report of Disinterment for Identification, QMC Form 1045, Identification Dental Chart, and a corrected Report of Interment be completed and forwarded to this office.

FOR THE QUARTERMASTER GENERAL:

/s/ ROBERT J. PHILLIPS
ROBERT J. PHILLIPS
Capt, QMC
Asst

2 Incls:

(1) QMC Form 1044 in Duplicate

(2) QMC Form 1045 in Duplicate

cc: Condt. MarCorps

1435-55/(12)-rrn

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2 mu 7 46

HEAD UARTERS ISLAND COMMAND, GUAM. In reply address: Commander. C/O P.P.O. San Francisco, Calif.

Sufficial Or MEDICINE 440 SIRGERAL Commander.

MAR 24 1945

6 April 1945

From:

To:

Commanding General Meet Marine Force, Pacific.

Subjecti

Dental Chart of decedent.

References

(a) Your SidLtr. serial 18035 dated 8 March, 1945.

Enclosurer

(A) Ltr Dental Officer 4thNCB, dated 19 March 1945 and enclosure thereto.

The enclosure is forwarded in compliance with reference (a). 1.

emy XX

1715-45-10 0034/432

FIRST ENDORSEMENT

HEADQUARTERS, FLEET MARINE FORCE, PACIFIC, C/O FLEET POST OFFICE, SAN FRANCISCO

Serial: 04467

From:

The Commanding General.

To:

The Buresu of Medicine and Surgery,

Washington, 25, D. C.

Forwarded. l.

It is requested this Headquarters be notified if identity is established on subject deceased so that the grave may be properly marked.

> JOHN H. WALTER By direction

FOURTH U.S. HAVAL CONSTRUCTION BATTALION Fleet Post Office San Francisco, California.

19 March 1945.

From:

Dental Officer.

To:

Island Dental Officer, Headquarters, Island Command, # 926.

Subject:

Examination of remains in Grave # 14, Row 1, Plot 3, Army-

Navy-Marine C metery # 2, Agat, Guam.

Enclosure:

(A) Form H-4, Dental Record.

- Examination of subject remains revealed that the body had been badly mutilated, wrapped, and rolled up in a raincoat.
- The skull was badly damaged. Lower left mandible was missing, the upper right anterior region # 8,7,6, and upper right premolar region (# 4 and # 5) was missing. The upper right molars with the exception of # 3 was found as a bony fragment inside theskull. Lower right mandible and the upper left teets # 9 to # 16 with attached bony process present. The upper left segment # 5 to # 16 was found inside the skull as a detached fragment. All mignests presented very ragged edges. The mandible was fractured between 26 and # 27, the line of fracture being very ragged. Inside the skull a smell fragment (approximately 6 inches by 8 inches) was found andfrom appearares of skull, would say about half of his head was destroyed.
- Teeth present were in very good condition. Large well formed and no evidence of decay. # 1 was impacted, # 15 and # 14 presented very small occlused amaigam fillings. If 19 was missing andned been for some time as the space between # 18 and # 20 was very small. # 18 and # 17 both inclined mesially. 7 20 was rotated turn on its axis. The external surface of # 20 being in the distal position and the internal surface being in the mesial position. Incisal edge of lower anteriors and # 9 showed weer. All anterior teeth and a heavy insisal edge and # 9 was a square shaped tootn. # 18 an! # 20 had a occlused amalgam including in # 20 all pits and grooves in # 18 themesial and central pits and grooves were involved.
- Along the side of the skull was a canteen. Examination of the contents disclosed a small piece of paper with the following information. Quete: "No possible identification, arms gone, no dog tags Loach, W.H., Plot 3, Row 1, Grave # 14."

Car. batichone J.S. Rathbone Lieut. (DC) USNR.

DENTAL RECORD (To be filled in by the dental officer)

DO NOT REMOVE FROM HEALTH RECORD
Grave # 14. Row 1. Plot 3. Army-Navy- Marine C metery # 2. Rgat, Guam.
(Christian name(s)) Sorn: Place Dets 3=19-45
INSTRUCTIONS
See Chapter 14, Section VI, Paragraphs 2311-2319, inclu-
sive, Manual of the Medical Department, U. S. Navy.
RECORD OF FIRST DENTAL EXAMINATION
PHYTHUNDHUNDHUNDHA
CARROL SOLUTION
u n X m n n n n n n X X X X X X
PEMARKS, # 1 Impacted; # 17 and # 18
tipped mesially. # 20 rotated # turn on-ite-axis-external-surface-in-distal
position internal surface inmesial
position. Teeth large, well formed. Fe decay. Space between # 18 and # 20 very
anall. # 5.4.5.6.7.8.27.28.29,50.51.32 not.found with skull.
No.
0.611
J.S. Bathbone Lt. (DC) USHR.
(Date and signature of canadaling despit officer)
RECORD OF SUBSEQUENT DENTAL OPERATIONS
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GRARON ADRAMA
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CEITEAL IDENTIFICATION POINT AMERICAN GRAVES REGISTRATION SERVICE MAREO ZONE, AFO 244

293.

Date 13 July 48

CASE SUMMARY OF

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				(Signature)	

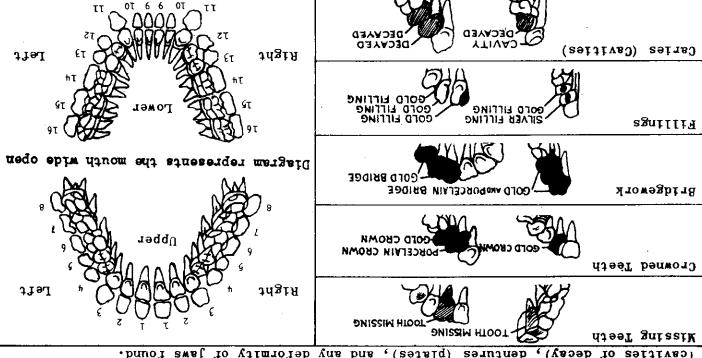
Remarks:

QNC FORM 1044 Rev. 7 Apr. 1945		RESTRI	CTED	● E		•
REPORT O	F DISINTERMENT F	OR IDENTIFIC	ATION			
1. REMAINS OF (Name)	·			SERIAL NUMBE	<u>at 1946</u>	
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- Valenous:	- Colongag		 			
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12.7.	, wiring					
a a team	Property . The Late of	FT-0784				

2nd 22

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

i. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side and classed as incisors (critting) teeth), cuspids or canines (tearing teeth), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: lost teeth, crowned teeth, bridgework, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.



Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the

Кепаг кs

Dentures (Plates)

word "clasp".

Q

		\checkmark				20	PLISHED. 10 Turnst 1946 10 Turnst 1946			
		U. HIIO V	MU_M	M.OM		UMMIC M				
LAST NAME	FIRST	INITIAL		RANK		SERIAL NO.				
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MINION		GU.II,I		 -	3	1	14_			
PLACE OF DEA	ATH .	PL	ACE OF BURI	AL	PLOT	ROW	GRAVE	NO.		
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		00	\bowtie			A	A			
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28-74080-180X / 12C 5'

INSTRUCTIONS:

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

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

CROWNS (FULL OR 34), 34 GOLD CROWN WITH SILICATE WINDOW. BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD 3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD

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

LEFT RIGHT AIDE OBEN LEFT тнаія

6 6 01

BEMARKS:

AME AND BANK TYPED OR PRINTED

THE CENTRE OF THE STATE OF THE PORT STATED

PERSON WHO PREPARED CHART

			· ·			,				THESE FORMS WHEN ACTUAL THE STREET OF THE ST				29 August 194			
	LAST	NAME	· - · · · · · · · ·	FIR	ST	INITIAL RANK						SERIAL NO.				30.743.	
				UNIT)							PRGANIZATION					
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0E-70000 120M

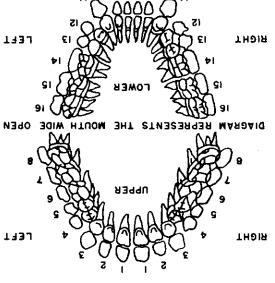
INSTRUCTIONS:

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

S. <u>MOTE CAREFULLY</u> THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; AND SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN LOWER 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, ${\mathfrak G}_{\mathcal G}$, PORCELAIN CROWNS, GOLD CROWNS, GOLD CROWNS, MILL BE INDICATED, ${\mathfrak G}_{\mathcal G}$, PORCELAIN CROWNS, GOLD CROWNS, MILL BE INDICATED, ${\mathfrak G}_{\mathcal G}$, PORCELAIN CROWNS, GOLD

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



6 6 01

BEWARKS:

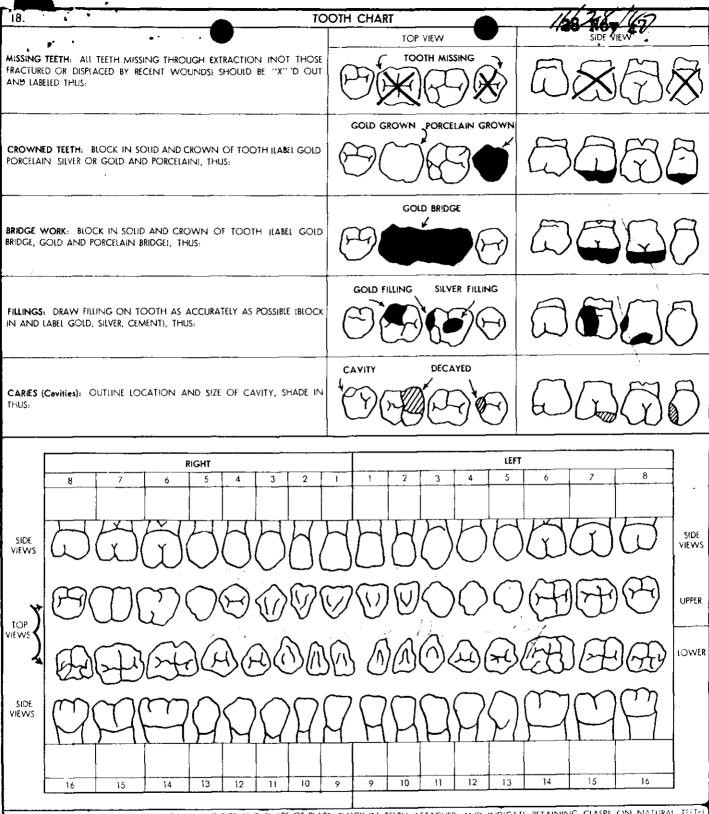
THE MOSE

SIGNATURE OF PERSON WHO PREPARED CHART

DOSTALIGO STATES STATES AND MANAGEMENT OF THE STATES AND THE STATE

16 3006, 1946

PLACE OR HO. WHERE THIS FORM ACCOMPLISHED



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

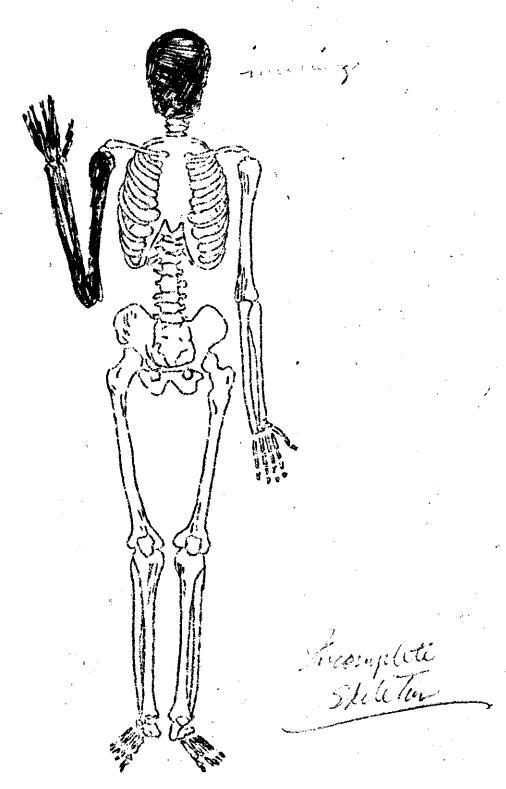
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and Teeth missing.

L. HC. CAPT., D. C.

ENTING S. SEFICO, 20 Lt.,



SKELETAL CHART

WD THE FORM 1042	- <u> </u>					1545	F DE DEDOE		
(Rew T Apr. 1945) (Supersides GRS Form 1)				INTERME		Į DAI	E OF REPOR	A.	
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Section 2.—BURIAL, If oti	her than in estab	lished cemetery, fu	rnish sketci	h and map sooy	tinates on reverse.				
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\mathcal{I} — EMILIO	EMILIO E. COSTALES EMILIO S. ZAPICO, 2nd Lt. Inf.								
TRIBUTION OF REPORT	: Signed origin.	al for U.S. and allie	ed dead, sig	ned original an	d one copy for enems				
Hough Headquarters GF	S Officer. Copie	s for retention in t	heater as p	rescribed by the	eater commander.				
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NGE	mains. 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 air planes, 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 an 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.								
	(b) A	icies, and tar fingerprint, o	rpfints, ₄	re the mo	st valuabl	e of all clues	. Imprint	all fingers and	thumbs in the
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WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form	1)	REPORT, OF		of Report			
Imprint Identificat	tion Tag If	SECTION 1. IDENTIF	CATION) July	y 1946
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Identification Tags Four	nd on Body	If No Tags Found on Body	, Describe Means	of Identification. If	Unidentified.		
(1, 2, or None) UNKNO N		Fill in Section 3 on Reverse	2				
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Was This a Re-Burial	If a Re-Burial	, Indicate Name, Number, Co	ordinates of Prev	rious Cemetery, and		ve	
(Yes or No)		_				low No.	Grave No.
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Type of Religious Ceremony	Person Conduc	cting Burial Rites	If Identificati	on Tags Not Used, I tainers Buried with	Describe Identifi Body	cation	
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	ed Right, Name ((Last, First, Middle Initial)	Rank	Serial Number	Organization	ı G	rave No.
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MALOUGHNEY Signature of Person Pre			- 	GRS Officer Verifyi	U.S.K.C.	<u> </u>	_3
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DISTRIBUTION OF R	EPORT: Signed	riginal for US and allied de	ad, signed origin	al and one copy for	enemy dead, to	the Qua	rtermaster

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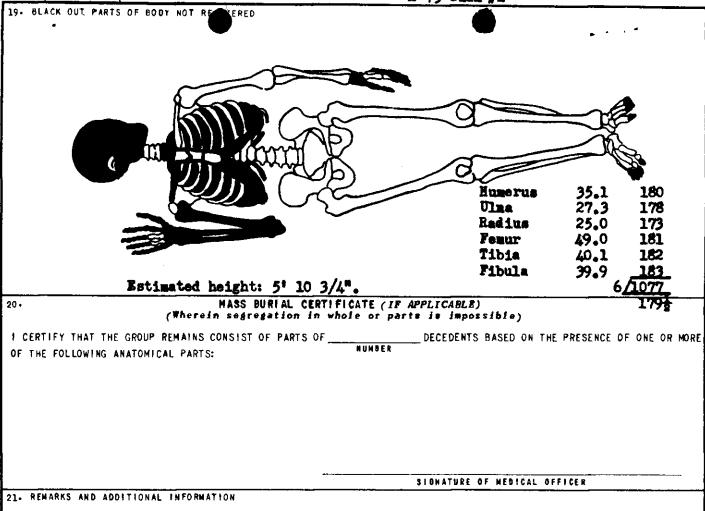
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		SECTION	. UNIDEN	TIFIED	REMAIN	s ,				
•	Littl	Instructions			- /				<u> </u>	
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	Left Ring Finger	thumbs the cond	(b) A fingerprint, or prints, are the most valuable of all clues. Imputumbs in the chart at left, or as many as possible. If no fingerprints or putue condition of each and every tooth will be indicated on the tooth chart diagram below. Tooth chart will not be accomplished if one or more finger							
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WD QMC Form 1042 Rev. I Apr. 1945 (Supersedes GRS Form	1)	REPORT OF (AR 30–1810 a			1	e of Repor	y 19 46	
Imprint Identificat Possible, DO NO		SECTION 1. IDENTIFI	CATION	···-				
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•	7.57 78.3							
9	* #?	٠,						
9		April 1						
SECTION 2. BURIAL	. If other than	in established cemetery fu	ırnish sketch	and map coordinate	s on reverse	e.		
Name, Number, Coordin.	ates and Location	n of Cemetery	<u> </u>		-			
Agat Army, N	evy, ker	imme Cem# 2 Gua	m, Maria	nes, Island	.5			
Date of Burial	Hour	Buried in (Shroud, Blanket of other)	, or name	Type of Grave Marker	Plot No.	Row No.	Grave No.	
un kn our	UHERO /R	UNICHO /!!		C .CSS	3	1	14	
Was This a Re-Burial	If a Re-Burial	Indicate Name, Number, Coo	rdinates of Pre	vious Cemetery, and L	ocation of G	ave		
(Yes or No)	,	HY, YAVY, DERI			Plot No.	Row No.	Grave No.	
Type of Religious	Person Conduc	ting Burial Rites	If Identificat	tion Tags Not Used, De	scribe Identi	fication		
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Body Buried on Decease	d Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organizati	on C	rave No.	
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Signature of Person Pre				OGRS Officer Verifying		<u> </u>		
SD 11.	0000 10	On Vinna	Tru	er co. Har	1st Lt	୍ଟୋପ (FRS	
Distribution of Re General through Hdg. G	EPORT: Signed RS Officer, Con	original for US and allied desies for retention in theater as	d, signed origi	inal and one copy for c		<u> </u>		

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Right Ring Finger	10						
Right Little Finger	Rémarks N didint numerou	erment	, con	siste	a oi.	rial uni , three	known, body on large bones and



No identification tags, personal effects or any other means of identification found with remains.

Estimated weight of remains - 82 lbs.

"UNDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT DENTIFYING DATA"

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R NICHOLS Chief, Identification Section SIGNATURE

Paul R. Mikals

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DATE 19 July 48
CASKET SEALED BY

C. L. Matthews, Emb.

CASKET BOXED AND MARKED

J. L. Morris, Clerk DATE19 July 48 BY 1. Tabazza

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

T. DEGROODTS TO

SIGNATURE OF GRS INSPECTOR

EMBALMER (Signature)

SHIPPING ADDRESS VERIFIED BY

J. E. SPEER

Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

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MEYQM 293 (28 May 46)

10th Ind

Headquarters United States Army Forces, Middle Pacific, Office of the Quartermaster, APO 958

To: The Quartermaster General, Washington 25, D. C.

Your attention is invited to the preceding Indorsements.

FOR THE QUARTERMASTER.

C. W. ISELEY
Lt. Colonel, CAV
Chief, Memorial Branch

3 Incls

1. QNC Form 1042 (in quad) w/d 3 oys

2. .MC Form 1044 (in dup) w/d 3 cys

3. _EC Form 1045 (in dup) w/d 2 cys

BASIG: Lar, ASF, OQMG, WASH., D.C., SPQZG 293- Mid Pmc, 25 May 1946, Subject: Indentification.

7th Ind. ENS/hk
HEADQUARTORS: 296th Quarternmeter Bo, Mbl, APO 246 (Guam) 4 October 1946

To: The Quertermester General, Office of the Quartermatter General,

THE: Commending Officer, Army Garrison Force, APC 246 (Guam)

- 1. The prescription contained in paragraph one of the 5th Indorsement has been eccomplished.
- 2. The disorderly appearance of the enclosed QED form No. 1044 is due to the adjustments made by Lt. MATTHEWS, who at the time of accomplishment was Graves Registration Officer for the Island of Guam. The enclosed copies of form 1044 are the only copies in this command. Repeated requests for stock of these forms have not been acknowledged.

FUR THE COMMIDING OFFICER

LIER W STATER Let Lt GE Graves Registration Officer

2 Incls: N/C 1 Incl. Added: ND QMC Form 1042 (Sept)

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BANTO: Lir. ASF. CONG. Wash. D. C., SP. NG 293-20102AC, 26 Way 1946. Subj. Identification.

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IEADQUARTERS, RESTERN PACIFIC DASE COMMAND, AND 246 (CHAM) 12 November 1946

To: Commending Constal, United States Army ! orose, Middle Pacific, APO 958

- 1. Trensmitted herewith /AC Form 1042, Report of Interment, OFC Form 1044, Report of Disinterment for Identification and OFC Form 1045, Identification Tental Chart, for UNERGON #25, Intermed in Army, Navy, Marine Genetary A. Agat. Com.
- 2. In reference to 7th Indormement, paragraph 2, corrected report was accomplished this headquarters.

YOR THE COMMUTING GENERAL .

WILLIAM GRANLICH Major, AGD Adjutant General

3 Incls:

or form 1042

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Car Form 1045