

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>243 unkl Guam #2 X77, X78, X79</i>
SUBJECT	

QMC FORM 1121
1 Aug 45

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

2 July 47
 Date

Chapman X-77 X-78 X-79
 LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION

PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D		
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		D																	
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		MESIAL (BETWEEN TOWARD FRONT)
	CAVITY, INDICATE LOCATION		OCCUSAL (BETWEEN SURFACE BACK TEETH)
	FIXED BRIDGE (INCL. ABUTEMENTS)		DISTAL (BETWEEN TOWARD BACK)
	TEETH REPLACED BY DENTURE		LINGUAL (TOWARD TONGUE)
	POSTHOMOUSLY MISSING		FACIAL (TOWARD CHEEK)
			AMALGAN (SILVER)
			GOLD
			SILICATE OF PORCELAIN
			OXYPHOSPHATE I (CEMENT)

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 (FULL OR 3/4), 3/4 GOLD CROWN WITH SIGNIFCANT WINDOW.

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

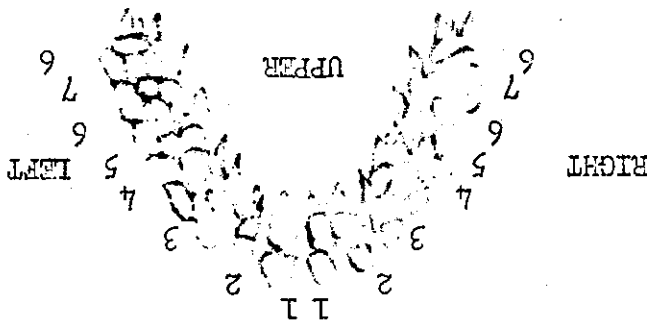
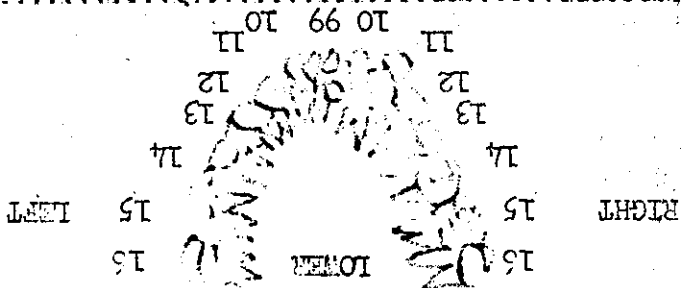


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

Portion from H-13 through I-16 missing. No sound in part H-15 & 26 with original teeth.

SIGNATURE OF PERSON WHO PREPARED CHART

L. H. Capt., D.C.

VERIFIED BY DENTIST

Enrico J. Lopez

NAME AND RANK TYPED OR PRINTED

L. H., Capt., D.C.

DATE AND RANK TYPED OR PRINTED

ENRICO J. LOPEZ, 2ND LT., INF.

PLACE OR HQ. WHERE THIS FORM ACCOMPANIED

DATE

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

2 Dec 47

Date

UNKNOWN *S X-77, X-78, X-79*
 LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION







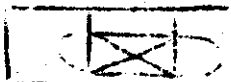








GUAM *Agat, Cntry #2, Guam* **4** **45** **26**
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO

RIGHT				UPPER TEETH				LEFT																						
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	TYPE														
LOCATION																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																LOCATION														

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAN (SILVER)	 MESIAL (BETWEEN TOWARD FRONT)
 CAVITY, INDICATE LOCATION	 GOLD	 OCCLUSAL (BETWEEN SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. 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 BY "S", "F", "C", "G", "H", "I", "J", "K", "L", "M", "N", "O", "P", "Q", "R", "S", "T", "U", "V", "W", "X", "Y", "Z", "AA", "AB", "AC", "AD", "AE", "AF", "AG", "AH", "AI", "AJ", "AK", "AL", "AM", "AN", "AO", "AP", "AQ", "AR", "AS", "AT", "AU", "AV", "AW", "AX", "AY", "AZ", "BA", "BB", "BC", "BD", "BE", "BF", "BG", "BH", "BI", "BJ", "BK", "BL", "BM", "BN", "BO", "BP", "BQ", "BR", "BS", "BT", "BU", "BV", "BW", "BX", "BY", "BZ", "CA", "CB", "CC", "CD", "CE", "CF", "CG", "CH", "CI", "CJ", "CK", "CL", "CM", "CN", "CO", "CP", "CQ", "CR", "CS", "CT", "CU", "CV", "CW", "CX", "CY", "CZ", "DA", "DB", "DC", "DD", "DE", "DF", "DG", "DH", "DI", "DJ", "DK", "DL", "DM", "DN", "DO", "DP", "DQ", "DR", "DS", "DT", "DU", "DV", "DW", "DX", "DY", "DZ", "EA", "EB", "EC", "ED", "EE", "EF", "EG", "EH", "EI", "EJ", "EK", "EL", "EM", "EN", "EO", "EP", "EQ", "ER", "ES", "ET", "EU", "EV", "EW", "EX", "EY", "EZ", "FA", "FB", "FC", "FD", "FE", "FF", "FG", "FH", "FI", "FJ", "FK", "FL", "FM", "FN", "FO", "FP", "FQ", "FR", "FS", "FT", "FU", "FV", "FW", "FX", "FY", "FZ", "GA", "GB", "GC", "GD", "GE", "GF", "GG", "GH", "GI", "GJ", "GK", "GL", "GM", "GN", "GO", "GP", "GQ", "GR", "GS", "GT", "GU", "GV", "GW", "GX", "GY", "GZ", "HA", "HB", "HC", "HD", "HE", "HF", "HG", "HH", "HI", "HJ", "HK", "HL", "HM", "HN", "HO", "HP", "HQ", "HR", "HS", "HT", "HU", "HV", "HW", "HX", "HY", "HZ", "IA", "IB", "IC", "ID", "IE", "IF", "IG", "IH", "II", "IJ", "IK", "IL", "IM", "IN", "IO", "IP", "IQ", "IR", "IS", "IT", "IU", "IV", "IW", "IX", "IY", "IZ", "JA", "JB", "JC", "JD", "JE", "JF", "JG", "JH", "JI", "JJ", "JK", "JL", "JM", "JN", "JO", "JP", "JQ", "JR", "JS", "JT", "JU", "JV", "JW", "JX", "JY", "JZ", "KA", "KB", "KC", "KD", "KE", "KF", "KG", "KH", "KI", "KJ", "KL", "KM", "KN", "KO", "KP", "KQ", "KR", "KS", "KT", "KU", "KV", "KW", "KX", "KY", "KZ", "LA", "LB", "LC", "LD", "LE", "LF", "LG", "LH", "LI", "LJ", "LK", "LL", "LM", "LN", "LO", "LP", "LQ", "LR", "LS", "LT", "LU", "LV", "LW", "LX", "LY", "LZ", "MA", "MB", "MC", "MD", "ME", "MF", "MG", "MH", "MI", "MJ", "MK", "ML", "MM", "MN", "MO", "MP", "MQ", "MR", "MS", "MT", "MU", "MV", "MW", "MX", "MY", "MZ", "NA", "NB", "NC", "ND", "NE", "NF", "NG", "NH", "NI", "NJ", "NK", "NL", "NM", "NN", "NO", "NP", "NQ", "NR", "NS", "NT", "NU", "NV", "NW", "NX", "NY", "NZ", "OA", "OB", "OC", "OD", "OE", "OF", "OG", "OH", "OI", "OJ", "OK", "OL", "OM", "ON", "OO", "OP", "OQ", "OR", "OS", "OT", "OU", "OV", "OW", "OX", "OY", "OZ", "PA", "PB", "PC", "PD", "PE", "PF", "PG", "PH", "PI", "PJ", "PK", "PL", "PM", "PN", "PO", "PP", "PQ", "PR", "PS", "PT", "PU", "PV", "PW", "PX", "PY", "PZ", "QA", "QB", "QC", "QD", "QE", "QF", "QG", "QH", "QI", "QJ", "QK", "QL", "QM", "QN", "QO", "QP", "QQ", "QR", "QS", "QT", "QU", "QV", "QW", "QX", "QY", "QZ", "RA", "RB", "RC", "RD", "RE", "RF", "RG", "RH", "RI", "RJ", "RK", "RL", "RM", "RN", "RO", "RP", "RQ", "RR", "RS", "RT", "RU", "RV", "RW", "RX", "RY", "RZ", "SA", "SB", "SC", "SD", "SE", "SF", "SG", "SH", "SI", "SJ", "SK", "SL", "SM", "SN", "SO", "SP", "SQ", "SR", "SS", "ST", "SU", "SV", "SW", "SX", "SY", "SZ", "TA", "TB", "TC", "TD", "TE", "TF", "TG", "TH", "TI", "TJ", "TK", "TL", "TM", "TN", "TO", "TP", "TQ", "TR", "TS", "TT", "TU", "TV", "TW", "TX", "TY", "TZ", "UA", "UB", "UC", "UD", "UE", "UF", "UG", "UH", "UI", "UJ", "UK", "UL", "UM", "UN", "UO", "UP", "UQ", "UR", "US", "UT", "UU", "UV", "UW", "UX", "UY", "UZ", "VA", "VB", "VC", "VD", "VE", "VF", "VG", "VH", "VI", "VJ", "VK", "VL", "VM", "VN", "VO", "VP", "VQ", "VR", "VS", "VT", "VU", "VV", "VW", "VX", "VY", "VZ", "WA", "WB", "WC", "WD", "WE", "WF", "WG", "WH", "WI", "WJ", "WK", "WL", "WM", "WN", "WO", "WP", "WQ", "WR", "WS", "WT", "WU", "WV", "WW", "WX", "WY", "WZ", "XA", "XB", "XC", "XD", "XE", "XF", "XG", "XH", "XI", "XJ", "XK", "XL", "XM", "XN", "XO", "XP", "XQ", "XR", "XS", "XT", "XU", "XV", "XW", "XX", "XY", "XZ", "YA", "YB", "YC", "YD", "YE", "YF", "YG", "YH", "YI", "YJ", "YK", "YL", "YM", "YN", "YO", "YP", "YQ", "YR", "YS", "YT", "YU", "YV", "YW", "YX", "YZ", "ZA", "ZB", "ZC", "ZD", "ZE", "ZF", "ZG", "ZH", "ZI", "ZJ", "ZK", "ZL", "ZM", "ZN", "ZO", "ZP", "ZQ", "ZR", "ZS", "ZT", "ZU", "ZV", "ZW", "ZX", "ZY", "ZZ".

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

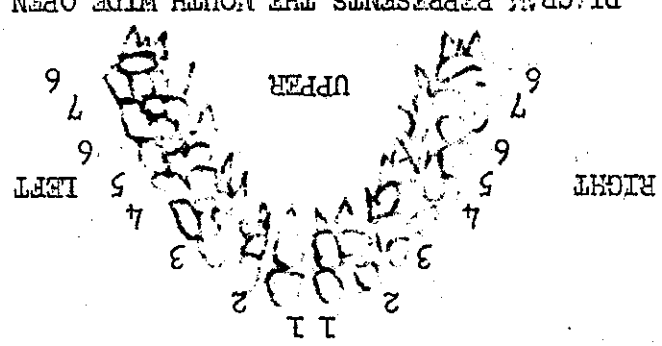
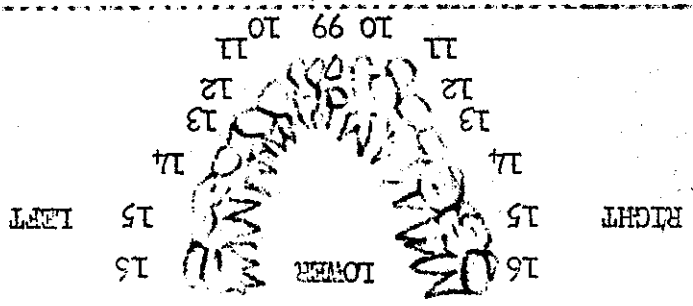


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

Teeth missing from 1-1 through 8-8

SIGNATURE OF PERSON WHO PREPARED CHART: *[Signature]*
 NAME AND RANK TYPED OR PRINTED: **L. H. Capt., D.O.**
 VERIFIED BY GRS OFFICER: *[Signature]*
 NAME AND RANK TYPED OR PRINTED: **MILIO S. ZAPICO, 2nd Lt., Inf.**
 DATE: _____
 PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED: _____

RESTRICTED

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

DATE OF REPORT

DEC 15 1949

Form 1042
Apr. 1945
(Supersedes GRS Form 1)

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.		
NAME (Last, first, middle initial) COMMON GRAVE (Unk X-77, X-78, X-79) Guam #2 Unidentifiable		SERIAL No. Unknown
GRADE Unknown	ORGANIZATION Unknown	BRANCH OF SERVICE Unknown
RACE Mongoloid	RELIGION Unknown	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Unidentifiable
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
National Memorial Cemetery of the Pacific, Honolulu, T. H.

DATE OF BURIAL 15 Dec 1949	HOUR 10:00 A	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. F	ROW No.	GRAVE No. 726
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WAS THIS A REBURIAL? (Yes or no) Yes	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ANM Cemetery #2, Guam, MI	PLOT No. 4	ROW No. 45	GRAVE No. 26
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TYPE OF RELIGIOUS CEREMONY Hebrew Protestant Catholic	PERSON CONDUCTING BURIAL RITES Rabbi Bunin Chaplain Kirtley Chaplain [illegible]	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
--	---	---

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 762
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 811
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SIGNATURE OF PERSON PREPARING REPORT <i>Leroy J. Warner</i> LEROY J. WARNER Adm. Ass't.	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Kenneth S. King</i> KENNETH S. KING, 1st Lt., INF.
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section UNIDENTIFIED REMAINS.


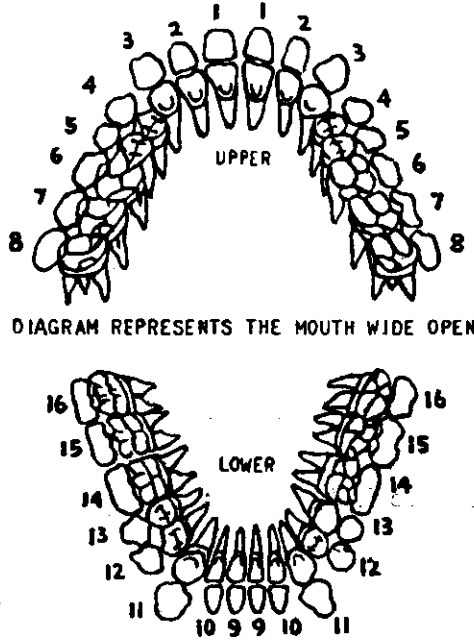




INSTRUCTIONS:

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

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

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

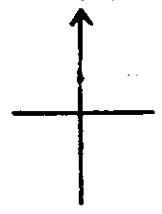
OTHER IDENTIFICATION CLUES

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

24 JAN 1950

Identification Section



REMARKS:

Nat'l Mem Cem of Pac
Sec P Grave #6
Date of Reburial 8 Aug 49

DISINTERMENT DIRECTIVE

1

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 CG-20

DATE
27 10 49
DAY MONTH YEAR

NAME
COMMON GRAVE
(SEE ATTACHED SHEET)

SERIAL NUMBER GRADE ARM RACE RELIGION
8 0 6

CEMETERY
GUAM NO 2 - MARIANAS IS
293

PLOT ROW GRAVE DISPOSITION OF REMAINS
4 45 26
Guam #2
0492 64
X CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
NATIONAL MEMORIAL CEMETERY OF THE
PACIFIC, TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN
 MARKER NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY
CASKET SEALED BY EMBALMER (Signature)
CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
~~293~~ X-77
X-78
X-79

10 FEB 1949
RECEIVED
AGRS

301

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		TO		NAME OF CONVOYER					
		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
2. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		TO		NAME OF CONVOYER					
		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		TO		NAME OF CONVOYER					
		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		TO		NAME OF CONVOYER					
		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		TO		NAME OF CONVOYER					
		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		TO		NAME OF CONVOYER					
		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
		TO		NAME OF CONVOYER					
		FROM		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

GROUP AND MASS BURIAL CROSS-REFERENCE SHEET

GROUP BURIAL NUMBER 6321 CG-20	NUMBER OF REMAINS IN GROUP 3	NUMBER OF CASKETS 1	TEMPORARY OVERSEAS CEMETERY GUAM #2, M. 1.	NAT'L MEM CEM OF THE PACIFIC ISLANDS
--	--	-------------------------------	--	---

GRAVE LOCATIONS IN OVERSEAS CEMETERY FOR ALL REMAINS IN GROUP
PLOT 4, ROW 45, GRAVE 26

DISINTERMENT DIRECTIVE NUMBERS FOR ALL DIRECTIVES ISSUED FOR GROUP
6321 CG-20

DECEDENT IN GROUP				NEXT OF KIN	
NAME OR "X" NUMBER	RANK	SERIAL NUMBER	CREED	NAME	ADDRESS
UNKNOWN		X-77			
UNKNOWN		X-78			
UNKNOWN		X-79			

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6321 00000	DATE 22 6 49 DAY MONTH YEAR
NAME COMMON GRAVE (X-77, X-78, X-79)		SERIAL NUMBER	RANK
CEMETERY ANM Cemetery No. 2, Guam, MI		ARM Q	DATE OF DEATH DAY MONTH YEAR
PLOT 4	ROW 45	GRAVE 26	COUNTRY
			DISPOSITION OF REMAINS 0492 64 CODE DIST. PT.
			CAUSE OF DEATH 6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE NATIONAL MEMORIAL CEMETERY of the PACIFIC, TERRITORY OF HAWAII (BY ADMINISTRATIVE ORDER)	NAME AND ADDRESS OF NEXT OF KIN
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME COMMON GRAVE, Unk X-77, X-78, X-79 Guam, MI	SERIAL NUMBER Unk	RANK Unk	DATE OF DEATH Unk	DATE DISINTERRED 3 Aug 49
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION Unk	RELIGION Unk	IDENTIFICATION VERIFIED BY J. N. ROBINSON, EMB NAME AND TITLE	

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Temporary Casket	CONDITION OF REMAINS Skeletal
OTHER MEANS OF IDENTIFICATION Mortuary plate and Cemetery Record	
MINOR DISCREPANCIES None	

REMAINS PREPARED AND PLACED IN CASKET

DATE 3 Aug 49 BY J. N. ROBINSON

CASKET SEALED BY J. N. ROBINSON	EMBALMER (Signature) <i>J. N. Robinson</i> J. N. ROBINSON
------------------------------------	---

CASKET BOXED AND MARKED DATE 3 Aug 49 BY J. N. ROBINSON	SHIPPING ADDRESS VERIFIED BY <i>William J. Willis</i> WILLIAM J. WILLIS
--	---

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

REMAINS FINAL TYPE CASKETS IN MARIAGE ZONE

N 2 W W W W W W W W W W

SIGNATURE OF GRS INSPECTOR

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

W. J. Willis
WILLIAM J. WILLIS

See P. Gr. 786

RECORD OF CUSTODIAL TRANSFER

FROM U.S. ARMY WASHINGTON		TO CHIEF HAWN DC	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
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	

CAPT INF

GILBERT I. H. WANG

SIGNATURE OF SHIPPER

1st Lt. FA-0-1167395
 EARL C. DISNEY

SIGNATURE OF RECEIVER

NAME OF CONVOYER

CHIEF HAWN DC

1. SHIPPED

2

DISINTERMENT DIRECTIVE

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 CG-20

DATE
27 10 49
DAY MONTH YEAR

NAME
COMMON GRAVE
(SEE ATTACHED SHEET)

SERIAL NUMBER GRADE ARM RACE RELIGION
8 0 6

CEMETERY
GUAM NO 2 - MARIANAS IS

PLOT ROW GRAVE DISPOSITION OF REMAINS
4 45 26 0492 64
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
NATIONAL MEMORIAL CEMETERY OF THE
PACIFIC, TERRITORY OF HAWAII

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN
 MARKER
 NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE BY EMBALMER (Signature)

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE BY
 I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.
 SIGNATURE OF AGRS INSPECTOR

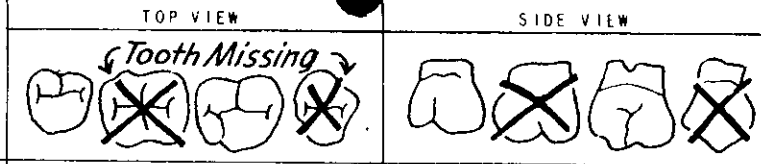
REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

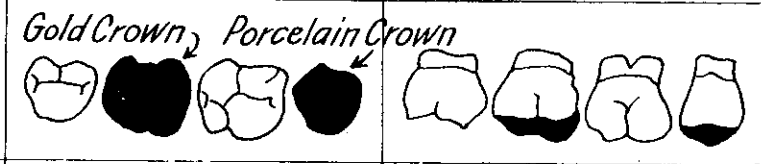
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
1. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		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	

TOOTH CHART

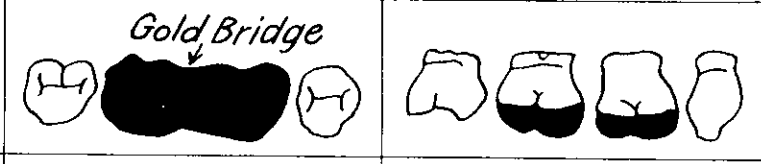
MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:
GROUP BURIAL X-77, 78, 79 "A"



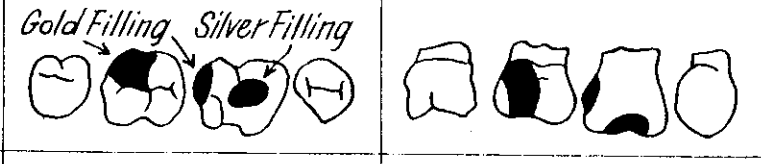
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:
GUAM #2



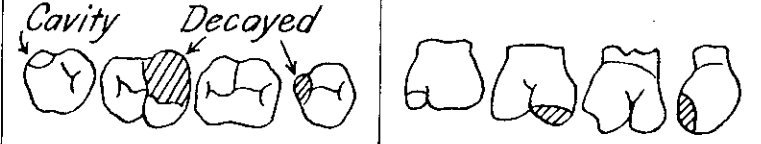
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



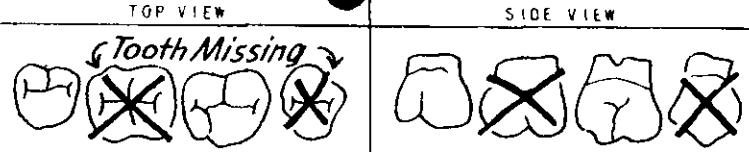
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



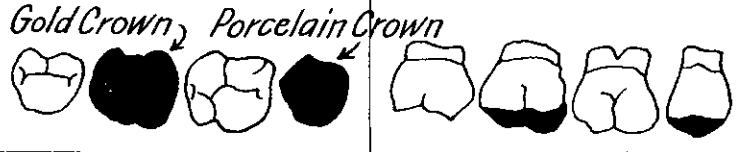
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SEE MAX BE TOOTH MISSING								SEE MAX BE TOOTH MISSING							
Side Views															
Top Views															
Side Views															
M A N D I B L E A N D T E E T H M I S S I N G															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

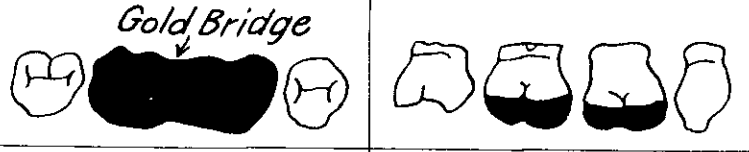
MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:
 GROUP BURIAL X-77, 78, 79 "B"



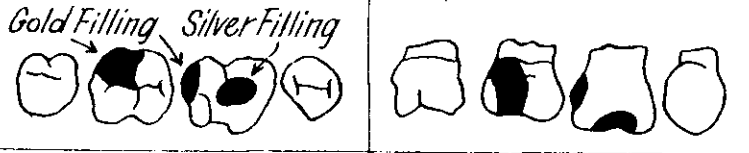
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:
 GUAM #2



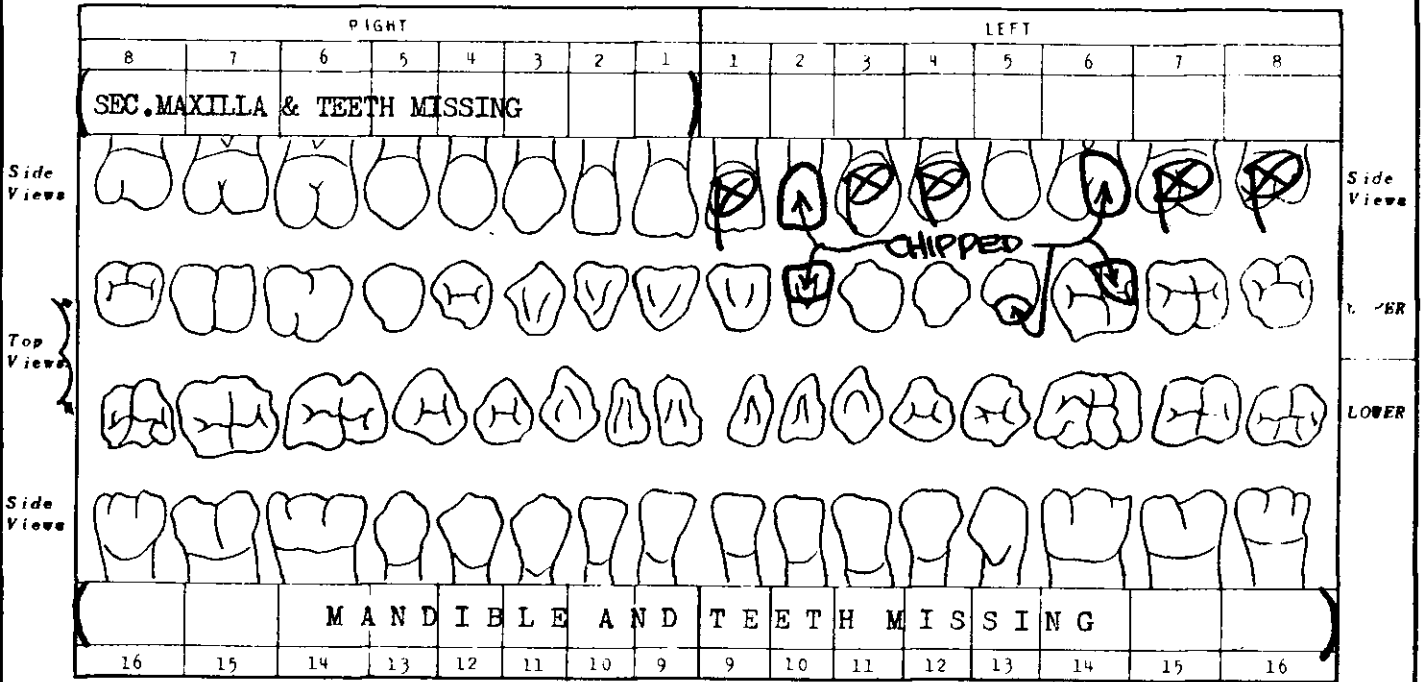
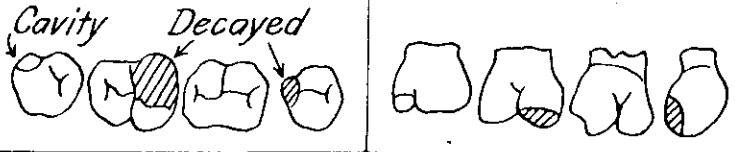
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



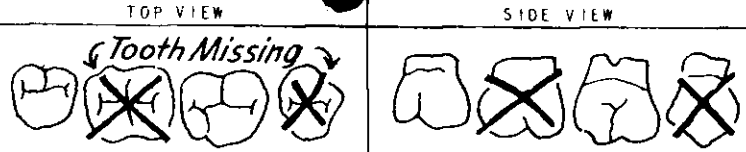
CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



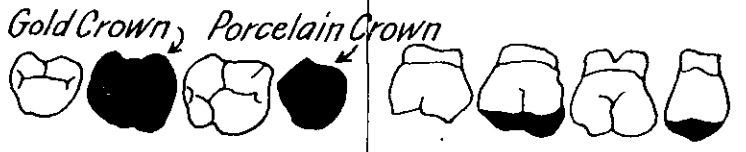
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

TOOTH CHART

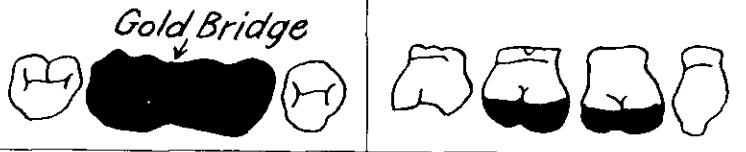
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:
GROUP BURIAL X-77, 78, 79 "C"



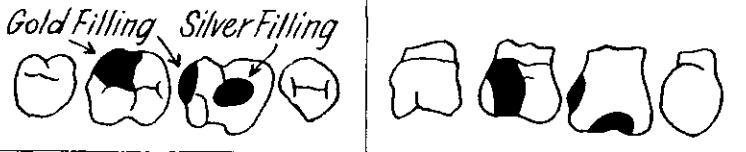
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:
GUAM #2



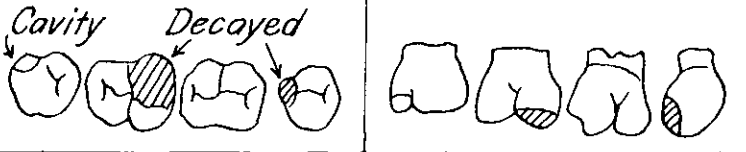
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SEC. MAXILLA AND TEETH MISSING															
Side Views															
Top Views															
Side Views															
MANDIBLE AND TEETH MISSING															
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."

18. TOOTH CHART		TOP VIEW	SIDE VIEW
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p> <p>GROUP BURIAL X-77, 78, 79 "D"</p>		<p><i>Tooth Missing</i></p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> <p>GUAM #2</p>		<p><i>Gold Crown, Porcelain Crown</i></p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>		<p><i>Gold Bridge</i></p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>		<p><i>Gold Filling, Silver Filling</i></p>	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>		<p><i>Cavity, Decayed</i></p>	

RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
MAXILLA AND TEETH MISSING																
Side View															Side View	
Top View															Top View	
Side View															Side View	
	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."

IDENTIFICATION DENTAL CHART
















TO BE USED WITH QMG FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

29 April 1947
DATE

UNKNOWN X-77			Unknown			Unknown		
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.				
Unknown			Unknown					
UNIT			ORGANIZATION					
Guam, M.I.			ANM Cemetery #2, Agat			4	45	26
PLACE OF DEATH			PLACE OF BURIAL			PLOT	ROW	GRAVE NO.

RIGHT								UPPER TEETH								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8								
TYPE 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 ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

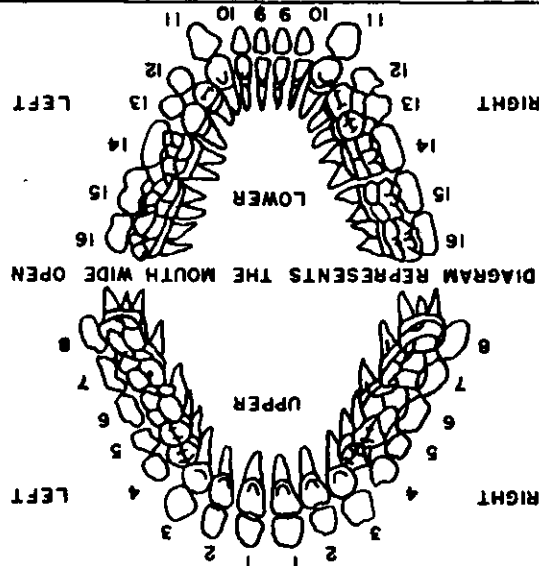
INSTRUCTIONS:

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

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

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

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



REMARKS:

Left portion of maxilla is all that remains of dental mechanism of this skull.

SIGNATURE OF PERSON WHO PREPARED CHART

[Handwritten Signature]

VERIFIED BY GNS OFFICER

[Handwritten Signature] McBrook ESN

NAME AND RANK TYPED OR PRINTED

H. O. COATE, Lt., USN, DC

NAME AND RANK TYPED OR PRINTED

ROBERT J. MCBROOM, Capt., OMC

PLACE OR NO. WHERE THIS FORM ACCOMPLISHED

2nd Station Hospital, Guam

DATE

29 April 1947

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON, AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

29 April 1947
DATE

UNKNOWN X-78 Unknown Unknown
LAST NAME FIRST INITIAL RANK SERIAL NO.

Unknown Unknown
UNIT ORGANIZATION

Guam, M.I. ANM Cemetery #2, Agat 4 45 26
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

RIGHT UPPER TEETH LEFT

8 7 6 5 4 3 2 1 1 2 3 4 5 6 7 8

TYPE																TYPE
LOCATION																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																TYPE
LOCATION																LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</p>  EXTRACTED  CAVITY. INDICATE LOCATION  FIXED BRIDGE (INCL. ABUTMENTS)  TEETH REPLACED BY DENTURE  POSTHUMOUSLY MISSING (LOST AFTER DEATH)	<p>TYPE OF FILLING IN UPPER HALF OF BOX</p>  AMALGAM (SILVER)  GOLD  SILICATE OR PORCELAIN  OXYPHOSPATE (CEMENT)	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</p>  MESIAL (BETWEEN-TOWARD FRONT)  OCCLUSAL (BITING SURFACE BACK TEETH)  DISTAL (BETWEEN-TOWARD BACK)  LINGUAL (TOWARD TONGUE)  FACIAL (TOWARD CHEEK)
---	--	---

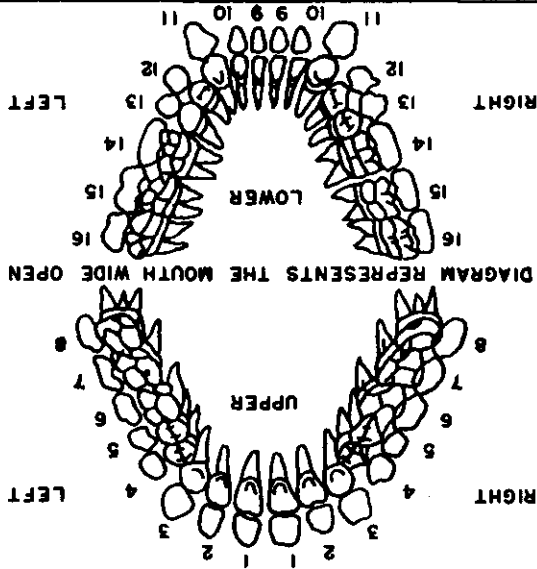
INSTRUCTIONS:

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

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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g. PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Complete mandible and portion of left maxilla remains.

SIGNATURE OF PERSON WHO PREPARED CHART

H. O. GOATE, Lt., USN, DC
NAME AND RANK TYPED OR PRINTED

22nd Station Hospital, Guam
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

ROBERT J. MOBRILL, Capt., OMC
NAME AND RANK TYPED OR PRINTED

29 April 1947
DATE

Robert J. MoBrill
CSA

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

29 April 1947
DATE

<u>UNKNOWN X-79</u> LAST NAME	<u> </u> FIRST	<u> </u> INITIAL	<u>Unknown</u> RANK	<u>Unknown</u> SERIAL NO.		
<u>Unknown</u> UNIT			<u>Unknown</u> ORGANIZATION			
<u>Guam, M.I.</u> PLACE OF DEATH	<u>AND Cemetery #2, Agat</u> PLACE OF BURIAL		<u>4</u> PLOT	<u>45</u> ROW	<u>26</u> GRAVE NO.	

	8	7	6	RIGHT	5	4	3	2	UPPER TEETH	1	1	2	3	LEFT	4	5	6	7	8	
TYPE LOCATION																			TYPE LOCATION	
INSIDE — LOOKING OUT																				
	16	15	14	RIGHT	13	12	11	10	LOWER TEETH	9	9	10	11	LEFT	12	13	14	15	16	
TYPE LOCATION																			TYPE LOCATION	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
EXTRACTED	AMALGAM (SILVER)	MESIAL (BETWEEN-TOWARD FRONT)
CAVITY. INDICATE LOCATION	GOLD	OCCLUSAL (BITING SURFACE BACK TEETH)
FIXED BRIDGE (INCL. ABUTMENTS)	SILICATE OR PORCELAIN	DISTAL (BETWEEN-TOWARD BACK)
TEETH REPLACED BY DENTURE	OXYPHOSPHATE (CEMENT)	LINGUAL (TOWARD TONGUE)
POSTHUMOUSLY MISSING (LOST AFTER DEATH)		FACIAL (TOWARD CHEEK)

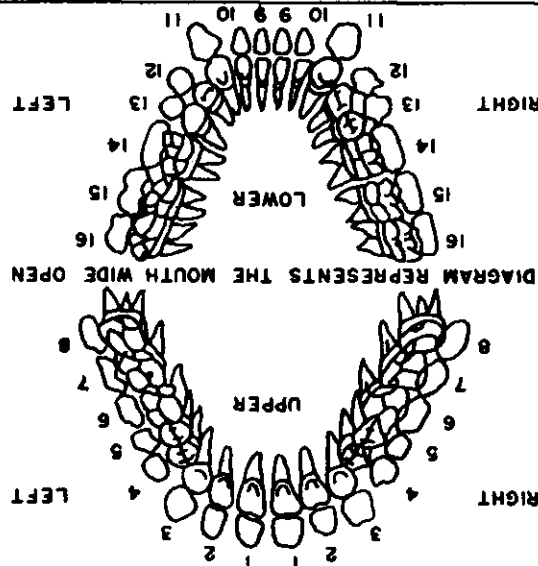
INSTRUCTIONS:

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, eg, PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Upper maxilla is all that remains of this skull (to dental mechanisms)

Robert J. McBroom
SIGNATURE OF PERSON WHO PREPARED CHART

H. O. COALB, Lt., USN, DC
NAME AND RANK TYPED OR PRINTED

ROBERT J. MCBROOM, CAPT., OMC
NAME AND RANK TYPED OR PRINTED

VERIFIED BY GRS OFFICER

Robert J. McBroom
DATE

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

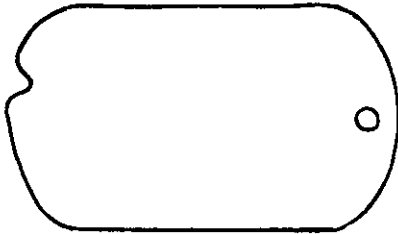
RESTRICTED

M 1042
(1945)
Form 1)

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

DATE OF REPORT

DEC 15 1949

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p>Section 1.—IDENTIFICATION.</p>	
	<p>NAME (Last, first, middle initial) COMMON GRAVE (Unk X-77, X-78, X-79) Guam #2 Unidentifiable</p>	<p>SERIAL No. Unknown</p>
	<p>GRADE Unknown</p>	<p>ORGANIZATION Unknown</p>
	<p>RACE Mongoloid</p>	<p>RELIGION Unknown</p>
<p>PLACE OF DEATH Guam, MI</p>		<p>CAUSE OF DEATH Unknown</p>
		<p>BRANCH OF SERVICE Unknown</p>
		<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>
		<p>DATE OF DEATH Unknown</p>

EMERGENCY ADDRESSEE (Name, relationship, and address)
Unknown

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None</p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Unidentifiable</p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) Yes</p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
National Memorial Cemetery of the Pacific, Honolulu, T. H.

DATE OF BURIAL 15 Dec 1949	HOUR 10:00 AM	BURIED IN (Shroud, blanket, or name of other) Permanent Type Casket	TYPE OF GRAVE MARKER Cross	PLOT No. P	ROW No.	GRAVE No. 786
--------------------------------------	-------------------------	---	--------------------------------------	----------------------	---------	-------------------------

<p>WAS THIS A REBURIAL? (Yes or no) Yes</p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p> <p align="center">AHM Cemetery #2, Guam, MI</p>			
	<table border="1"> <tr> <td>PLOT No. 4</td> <td>ROW No. 45</td> <td>GRAVE No. 26</td> </tr> </table>	PLOT No. 4	ROW No. 45	GRAVE No. 26
PLOT No. 4	ROW No. 45	GRAVE No. 26		

<p>TYPE OF RELIGIOUS CEREMONY Hebrew Protestant Catholic</p>	<p>PERSON CONDUCTING BURIAL RITES Rabbi Kamin Chaplain Kirtley Chaplain Fitzgerald</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
---	---	--

<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no) Yes</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes</p>
---	---

<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 761
---	------	------------	--------------	-------------------------

<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p>	RANK	SERIAL No.	ORGANIZATION	GRAVE No. 811
--	------	------------	--------------	-------------------------

<p>SIGNATURE OF PERSON PREPARING REPORT <i>Lloyd F. Turner</i> LLOYD F. TURNER Adm. Ass't.</p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Kenneth S. Rino</i> KENNETH S. RINO, 1st Lt., INF.</p>
---	---

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.


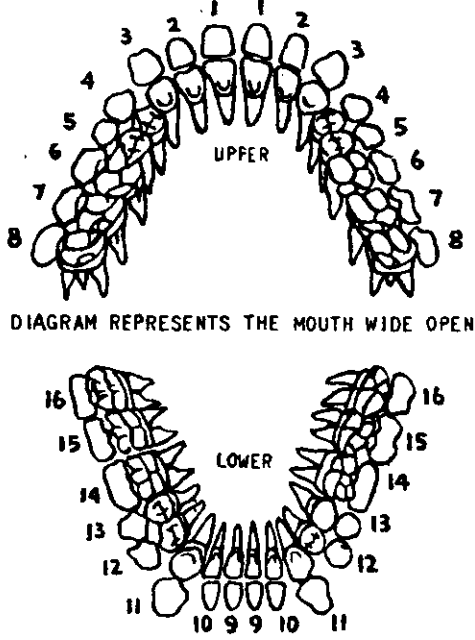




INSTRUCTIONS:

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

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

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

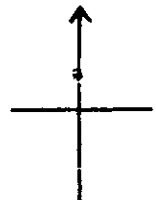
OTHER IDENTIFICATION CLUES

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

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

24 JAN 1950

Identification Section



REMARKS:

RESTRICTED

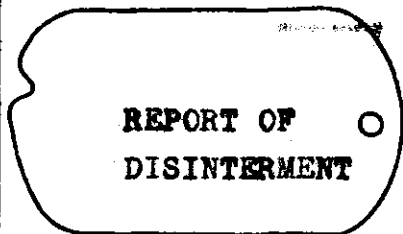
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

2 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL NO.
UNKNOWN X-77, X-78, X-77 Box No. 867		
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)
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Agat, Cmtry #2, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				4	45	26

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

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
End of row				

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Unknown				25

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Emilio E. Costales</i> EMILIO E. COSTALES	<i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2d Lt., Inf.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

MAR 11 1948

RESTRICTED

Section UNIDENTIFIED REMAINS.


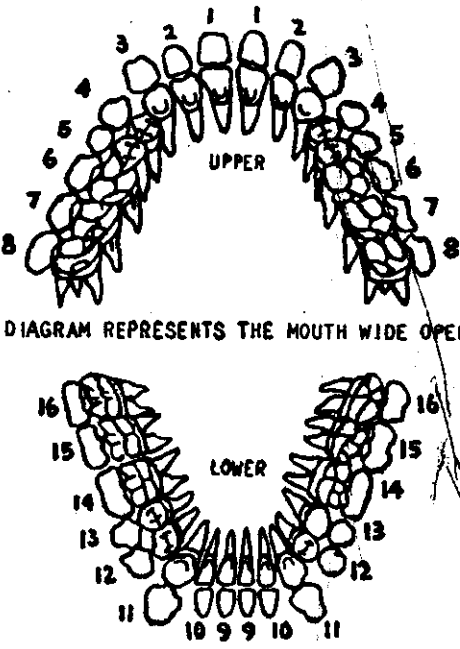




INSTRUCTIONS:

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

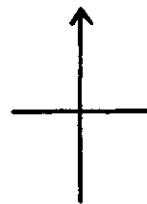
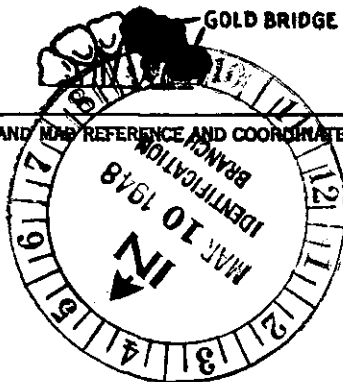
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

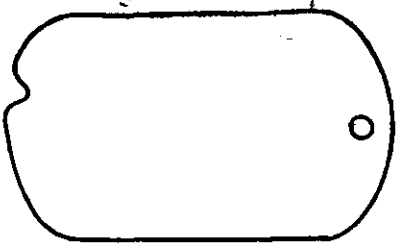




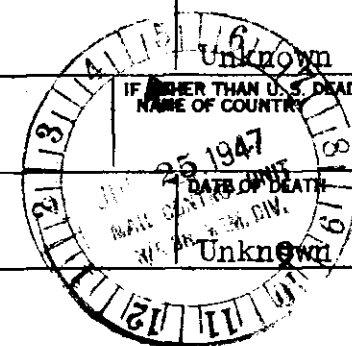
REMARKS:

Condition of remains: Four ulna, four radius, and humerus, seven fibula, seven tibiae, four femurs, two scapulae, five pelvic bones, two sacra, two skulls, parts of two maxilla, one mandible, 11 vertebrae and 25 ribs, parts of two clavicles, feet bones and few small bones.

RESTRICTED

U 4245

WD GMC FORM 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form 1)		REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 29 April 1947	
Fingerprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.			SERIAL NO.	
NAME (Last, first, middle initial)		UNIDENTIFIED #77, 78, and 79			Unknown	
GRAVE		ORGANIZATION			BRANCH OF SERVICE	
Unknown		Unknown			Unknown	
RACE		RELIGION			IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY	
Unknown		Unknown			Unknown	
PLACE OF DEATH		CAUSE OF DEATH				
Guam, M. I.		Unknown				
EMERGENCY ADDRESSEE (Name, relationship, and address)						
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 2 on reverse)				
None		There are three bodies buried in this grave and individual identification can not be established.				
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)		Grave constitutes a common				
No		grave of unidentifiable unknowns per Proceedings Bd of Review 10 May 49, Pacific Zone, Bd Pcdgs #2063				
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME						
None						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY						
Army, Navy, and Marine Cemetery, #2, Agat, Guam, M.I.						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
22 Apr 1947	1300	Wooden Box	Cross	4	45	26
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.
No						
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY			
None			WD GMC Form 1042 buried in burial bottle.			
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)					
No	No					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Vacant Grave			---	----	---	27
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)			RANK	SERIAL No.	ORGANIZATION	GRAVE No.
UNIDENTIFIED #76			Unknown	Unknown	Unknown	25
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT			
 JOHN A. YACOBITIS, T/5, AGRS			 ROBERT J. MCBROOM, Capt., GMC CSW			
DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.						



RESTRICTED

Incl 8

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:






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

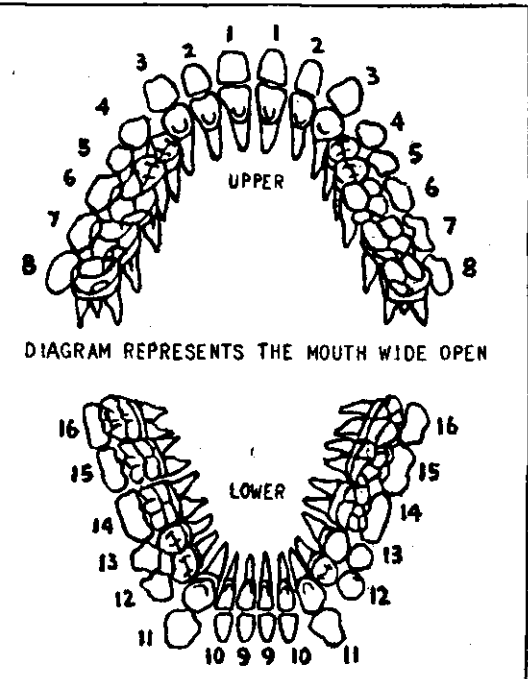
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

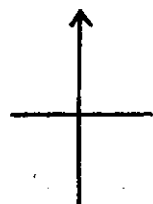
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</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:

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

3 JUL 1947

F.N.F. PAC Form (9)
Graves Registration

REPORT OF INTERMENT

Unknowns X-77, X-78, X-79 (formerly Unidentified #77, #78, & #79)
(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

PH 12/2

Guam, MI 28 Apr 47 Army, Navy, Marine Cemetery #2 Guam
(Place of death) Date of Burial (Name of Cemetery) (Name or coordinates of location)

26 45 4
(Grave Number) (Row Number) (Plot Number) (Religion, if known)

Disposition of identification tags: One Buried with body Yes No
One Attached to marker Yes No

(If no identification tags, what means of identification are buried with body?)

(If no identification tags, but identity definitely established, give particulars)

BODY BURIED ON RIGHT Unidentified #76 25
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Vacant Grave 27
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FMF, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, And fill in as many of the following as possible.

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE

IS TOOTH CHART ATTACHED?

(If possible, have medical personnel take a

tooth chart)

In space below, locate and describe any scars,

birthmarks, moles, deformities, etc.:

NOTE below any identifying clues found, such

as letters, photographs, probable organization

of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer reporting person reporting burial.)

RIGHT HAND

LEFT HAND

THUMB

1

2

3

4

THUMB

1

2

3

4

RESTRICTED

RESTRICTED

293 unk Guam, Army **AIR MAIL** *Ray Marine Cen*
1st Incl *X-77, X-78, 79*

SECRET 293

Units X-77, X-78, X-79

(Army, Navy, Marine Cemetery) Guam

Transmittal of Board Proceedings (2663)

Department of the Army, OCSO, Washington 25, D. C., 13 June 1949

TO: Commanding Officer, American Graves Registration Service, Pacific Zone, APO 955, c/o Postmaster, San Francisco, California

1. Reference is made to Board Proceedings number 2663, recommending that the remains of Unknowns X-77, X-78 and X-79 formerly interred in Army, Navy and Marine Cemetery Number 2, Guam, H. I., Plot A, Row 45, Grave 26, constitute a Common Grave of Unidentifiable Unknowns.
2. The recommendation has been approved by this Office.
3. Records of this Office have been corrected. It is requested that the records of your headquarters and those of the command be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

1 Incl: w/d

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

REB

E. Fenwick:jlj
V. Jeffrey
J. Windsor

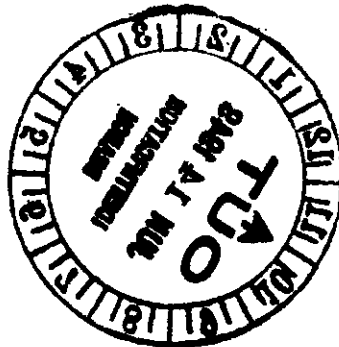
293 unk Guam X-77 (Army, Navy, Marine Cen.)
X-78
X-79

cc: Administrative Section

JUN 14 1 06 PM '49

Q M G
MAIL & RECORDS BRANCH

REGISTERED
NO. 1313273



RESTRICTED
RESTRICTED
AIR MAIL
2

C
O
P
Y

R I C T E D

AIR MAIL

**HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PACIFIC ZONE
APO 958**

May 12, 1949

In reply refer to:
RRBOR 293 (May 12 1949)

SUBJECT: Transmittal of Board Proceedings (2063)

**TO: The Quartermaster General
Department of the Army
Washington 25, D. C.**

Proceedings of a Board of Review with exhibits, concerning the identification of Unknowns X-77, X-78 and X-79, Army, Navy and Marine Cemetery, No. 2, Guam, M. I., is transmitted herewith.

FOR THE COMMANDING OFFICER:

1 Incl
EP 2063 w/exhibits
atcd to orig (in dup)

/s/ Harrie E. Hoxie
HARRIE E. HOXIE
Lt Colonel, QIC
Deputy Chief

R E S T R I C T E D

AIR MAIL

R E S T R I C T E D

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

BOARD PROCEEDINGS)

NUMBER 2063)

PROCEEDINGS OF BOARD OF REVIEW

1. The Board of Review convened on 10 May 1949 pursuant to Par 2a, Special Orders 34, Headquarters, American Graves Registration Service, Pacific Zone, APO 958, dated 26 April 1949.

2. Summary

a. Unknowns involved:

X-77	Plot 4, Row 45, Grave 26	ANM Cemetery No. 2, Agat, Guam, M.I.
X-78	Plot 4, Row 45, Grave 26	ANM Cemetery No. 2, Agat, Guam, M.I.
X-79	Plot 4, Row 45, Grave 26	ANM Cemetery No. 2, Agat, Guam, M.I.

b. The above remains were recovered from an isolated grave on Guam and were buried 22 April 1947. At the time of burial segregation could not be made and superficial examination indicated the presence of partial remains of at least three (3) individuals.

c. During April 1949, the remains were examined at the Central Identification Laboratory, Pacific Zone, and QMC Forms 1044 prepared. Individual segregation could not be accomplished. The Central Identification Laboratory findings were checked against Forms 371 of personnel missing from the area without favorable result.

3. Findings

After due consideration of the information on hand, the Board unanimously finds:

a. That the remains disinterred from Plot 4, Row 45, Grave 26, Army, Navy & Marine Cemetery No. 2, Guam, M.I. constitute a common grave of unidentifiable unknowns.

2 Exhibits

1. SO #34, AGRS-PAZ, 26 Apr 49
2. Narrative w/1044 atchd

R. E. Hollister
R. E. HOLLISTER
Major, USAF
President

Arthur A. Arena
ARTHUR A. ARENA
Captain, QMC
Member

Harold E. Fike
HAROLD E. FIKE
Captain, INF
Recorder

APPROVED
8 June 1949
J. H. Metz

J. H. METZ, Lt. Col. QMC
Chief, Identification &
Memorial Division, OCSG

R E S T R I C T E D

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
(PACIFIC ZONE)
APO 958

Special Orders)

Number 34)

26 April 1949

1. The Board of Review aptd per par 2 SO 20 this Hq dtd 28 Feb 49 is dissolved.

2. Pursuant to auth contained in ltr TAGO file AGAO 293.9 (27 Mar 47) D-M subj "Establishment of Boards of Review for Identification of Unknown Dead Overseas" dtd 9 Apr 47 a Board of Review is aptd to meet at this sta at the call of the senior member thereof for the purpose of:

a. Reviewing and acting upon all cases pertaining to the identity of unknown remains referred to the Board by Zone Hq AGRS.

b. Reviewing and determining, in all cases, from evidence presented, the non-recoverability of remains referred to the Board by Zone Hq AGRS.

Detail for the Board

MAJOR RALPH E HOLLISTER AO222238 USAF
MAJOR FRANK M GREEN JR O386164 QMC
CAPT ARTHUR A ARENA O1575686 QMC
CAPT HAROLD E FIKE O336714 INF
CAPT STANLEY E MAY O1577536 QMC

BY ORDER OF COLONEL WALDRON:

OFFICIAL:

EVERETT M. O'BRIEN
1st Lt., QMC
Adjutant



EVERETT M. O'BRIEN
1st Lt., QMC
Adjutant

DISTRIBUTION:

"A"

CENTRAL IDENTIFICATION LABORATORY
APO 957

26 April 1949

NARRATIVE

Group Burial X-77, 78, & 79, Guam #2, Plot-4, Row-45, Grave-26, has been examined and found to be partial remains of at least four individuals. The skull parts present, with which there is only one mandible, as well as the very short stature *as indicated by the long bones* ~~of the individuals~~ indicate the Mongoloid race.

Dental parts of possibly four (4) individuals, were found and designated as "A", "B", "C" and "D". Dental charts are submitted herewith.

M. Trotter
M. TROTTER
Anthropologist

Exhibit 2