

QMGMAT 293  
GRS Pacific

16 May 1949

SUBJECT: Identification of World War II Deceased

TO : Commanding Officer  
American Graves Registration Service  
Pacific Zone  
APO 958, c/o Postmaster  
San Francisco, California.

1. Reference is made to letter your headquarters File RRREC-293, dated 27 April 1949, and inclosures withdrawn.

2. This Office approves the classification of Unknown X-126, formerly Cemetery #2, Guam, as Unidentifiable.

3. This Office requests QMC Forms 1042 be submitted for following Unknowns to complete the records of this Office: X- 4, Isolated Burial, Saipan; X-9, Isolated Burial, Guam and Unknowns X-129, X-130, X- 131, Guam. These cases are being suspended pending receipt.

4. The decision on Case X-51, 27th Division Army Cemetery #1, Saipan will be forwarded by separate communication.

FOR THE QUARTERMASTER GENERAL:

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

7 Incls: w/d

H. Bredenberg: jdk  
JEFFREY  
JW

REB

EJS

cc: Administrative Section

COPY

# DISINTERMENT DIRECTIVE

# 1

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 01595

DATE

15 03 49  
DAY MONTH YEAR

NAME

UNKNOWN X-000126

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

Q

0

6

CEMETERY

GUAM NO 2 MARIANAS IS

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

4

45

4

~~3-9-49~~

CODE

DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

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

UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 111a 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

Contains the non-segregable remains of three or more unknowns.

6

# DISINTERMENT DIRECTIVE

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

01505

DATE

15 03 49

DAY MONTH YEAR

NAME

UNKNOWN - 000170

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

GUAN NO # MARIANAS IS

PLOT

4 45

GRAVE

DISPOSITION OF REMAINS

7701 80

CODE DIST. CTR.

## SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT MCKINLEY CEMETERY  
MANILA, PHILIPPINE ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

## SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

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

AIR MAIL

Headquarters Graves Registration Service  
(Pacific Zone)  
APO 958

In reply refer to:  
RRREC 293

April 27, 1949

SUBJECT: Resolution of Unidentified Remains.

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

1. Inclosed herewith QMC Forms 1044 for the following Marianas Islands, Unknowns, stamped and signed in accordance with Letter, DA, OQMG QMGMU 293, GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Dedeased, dated 22 Sept 1948:

UNKNOWN X- 4 (Isolated, Saipan)	UNKNOWN X- 129 (Guam)
" X- 9 (Isolated Guam)	" X- 130 "
" X- 51 (Saipan)	" X- 131 "
" X- 126 (Guam)	

2. Acknowledgment of receipt is requested.

FOR THE COMMANDING OFFICER:

(signed) FRANK M. GREEN, Jr.  
Frank M. Green, Jr.  
MAJOR, QMC  
Chief, RR Div.

7 incls  
as listed in par.

AIR MAIL

COPY

**IDENTIFICATION DATA**

UNKNOWN A-126	2. DATE OF REPORT <p align="center"><b>5 Nov 48</b></p>															
3. NAME OF CEMETERY  <p align="center"><b>Cem #2, Guam</b></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">4. PLOT</td> <td style="width:15%;">5. ROW</td> <td style="width:15%;">6. GRAVE</td> <td colspan="2">7. DATE OF</td> </tr> <tr> <td align="center">4</td> <td align="center">45</td> <td align="center">4</td> <td>DISINTERMENT</td> <td>REINTERMENT</td> </tr> <tr> <td></td> <td></td> <td></td> <td align="center">15 Jul 48</td> <td align="center">15 Jul 48</td> </tr> </table>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF		4	45	4	DISINTERMENT	REINTERMENT				15 Jul 48	15 Jul 48
4. PLOT	5. ROW	6. GRAVE	7. DATE OF													
4	45	4	DISINTERMENT	REINTERMENT												
			15 Jul 48	15 Jul 48												

PHYSICAL DESCRIPTION			
8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>UTD</b>	10. COLOR OF HAIR <b>Unk</b>	11. RACE <b>Mongoloid</b>

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <b>None</b>	<p style="font-size: 2em; letter-spacing: 0.5em;"><b>U N I D E N T I F I A B L E</b></p> <p><b>BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA</b></p>
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13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES	<p align="center"><i>Arthur H. ...</i></p>
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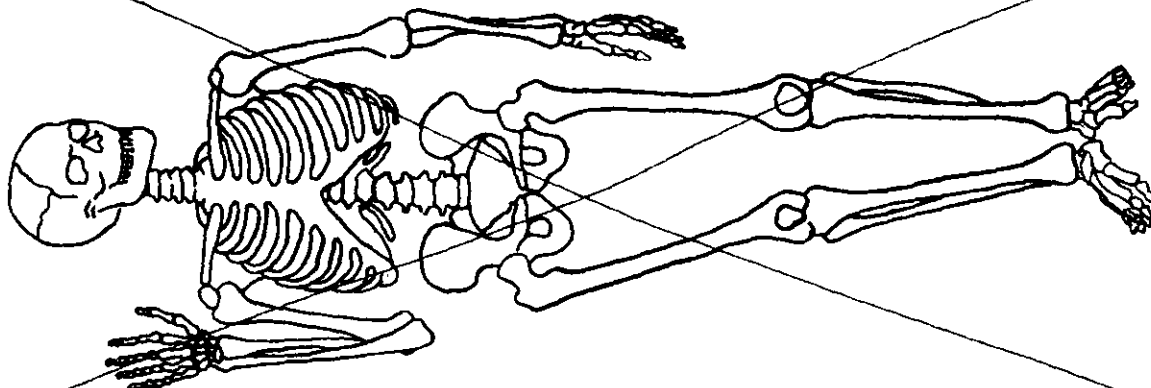
14. WAS BODY BURNED?	TO WHAT EXTENT?
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS
<p><b>None</b></p>

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)
<p><b>2 Shoes</b>  <b>1 Gun sling</b>  <b>1 Helmet</b>  <b>1 Helmet liner</b></p>

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Unk X-126 (Mongoloid)

- 1 Clavicle
- 2 Scapulae
- 2 Humeri
- 2 Radii
- 2 Ulnae
- 3 Femurs
- 3 Tibiae
- 2 Fibulae
- 4 Innominate bones
- 1 Skull
- 13 Vertebrae
- 15 Ribs
- 1 Manubrium
- 12 Tarsals
- 1 Carpal
- 21 Feet and hand bones
- 1 Sacrum

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

ROY H. OESTREICH, Capt, Inf

# IDENTIFICATION DENTAL CHART

DATE  
5 Nov 48

NAME (Last, First, Middle Initial)  
UNKNOWN X-126

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

PLACE OF DEATH

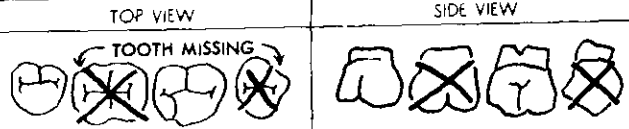
PLACE OF BURIAL  
Cem #2, Guam

PLOT  
4

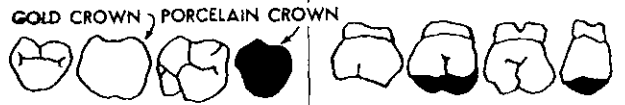
ROW  
45

GRAVE  
4

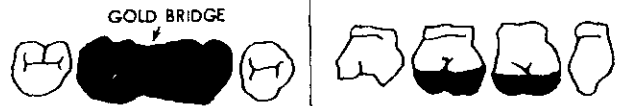
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



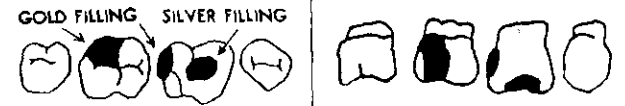
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



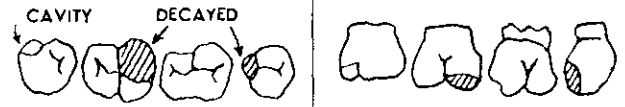
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



RIGHT													LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
X				P	P	P	P	P	P	P		P	P	CAVITY	X	
SIDE VIEWS													SIDE VIEWS			
TOP VIEWS													UPPER			
SIDE VIEWS													LOWER			
unerupted			X	P	P	P	P	P	P			X	Unerrupted			
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."

Extra teeth -- R-11 & L-7

BTB: Mongoloid

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

VERIFIED BY GRS OFFICER

*Gerald K. Skinner*  
GERALD K. SKINNER, Embalmer

*Roy H. Obstreich*  
ROY H. OBSTREICH, Capt, Inf

CENTRAL IDENTIFICATION POINT  
AMERICAN GRAVES REGISTRATION SERVICE  
MARBO ZONE APO 244

15 July 48

Examination of subject remains UNKNOWN X - 126  
removed from grave 4, reveals the high incidence of  
Mongoloid characteristics in all cases.

It has been concluded that the subject remains  
may be racially classified as representing the  
Mongoloid stock.



T. W. McKERN  
Anthropologist



John Aievoli  
Ident. Consultant



RESTRICTED

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

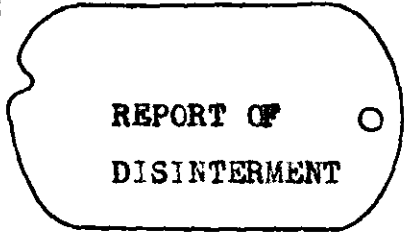
REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT

1 Dec. 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.



NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-126		Box No. 908
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 2 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	Unmarked grave containing wooden box containing helmet, 2 right shoes, 2-50 caliber traces, 8-30 caliber leather belt, & following listed bones: one skull, maxilla, mandible, 15 ribs, 14 vertebrates, 1 rt. & 1 left scapula, 3 lft. & 1 rt pelvic.

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	4

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

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

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Callicutt, Edward L.	Pfc	34983193	USA	5

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Sanders, Joseph J.	AMNICB	401892	USN	3

SIGNATURE OF PERSON PREPARING REPORT: SALVADOR C. DIAZ

SIGNATURE OF GRS OFFICER VERIFYING REPORT: EMILIO S. ZAPICO, 2nd Lt., Inf.

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

RESTRICTED

MAR 17 1948

**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 Dec 47**

Date

**UNKNOWN X-126**

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION







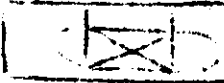


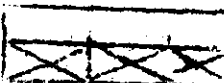





**Guam** **Agat, Cntry #2, Guam** **4** **45** **4**  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

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

INSIDE - LOOKING OUT

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

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

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

REPORT OF INTERMENT

(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

(Place of death) (Name of Cemetery) (Name or coordinates of location)

(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

(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT

(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.