

/drs

Interred 3 May 1950  
L 9 28 Ft. McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

1

*Carl R. H. Mark*  
CARL R. H. MARK  
Cemetery Superintendent  
SECTION A—  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 81652

DATE  
02 05 50  
DAY MONTH YEAR

NAME UNKNOWN X - 10 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY AGAT NO. 2, GUAM PLOT 4 ROW 53 GRAVE 15 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X-10 SERIAL NUMBER GRADE DATE OF DEATH 3 May 1950 DATE DISTINTERRED IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Casket CONDITION OF REMAINS Skeletal OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 3 May 1950 BY PAUL R NICHOLS CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) PAUL R NICHOLS

CASKET BOXED AND MARKED RAYMOND H TANGUAY DATE 3 May 50 BY Sgt 1c, RA SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA

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

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

REMARKS AND SPECIAL INSTRUCTIONS

*not file 6/4/60*

4 /hrs

Interred 3 May 1950  
L 9 28 Ft. McKinley

DISINTERMENT DIRECTIVE

L-9-28

27B

CARL R. H. MARK  
Cemetery Superintendent

DIRECTIVE NUMBER

DATE

6921 21652

02 05 50  
DAY MONTH YEAR

SECTION A  
NAME AND BURIAL LOCATION OF DECEASED

NAME: UNKNOWN I-10 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY ACAT NO. 2, GUAM PLOT: 4 ROW: 9B GRAVE: 15 DISPOSITION OF REMAINS: 7701 00 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: X-10 SERIAL NUMBER: GRADE: DATE OF DEATH: 3 May 1950 DATE DISTINTERRED: IDENTIFICATION TAG ON: ORGANIZATION: RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE:

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Co. box CONDITION OF REMAINS: skeletal

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): Paul R. Mark

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

SPECIAL INSTRUCTIONS: [Stamp: RECEIVED 11/19/50 DR. MEM. DIV.]

3

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6321 81652

02 05 90

DAY MONTH YEAR

NAME: UNKNOWN I - 10 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY AGAT NO. 2, GUAM PLOT: 4 ROW: 53 GRAVE: 15 DISPOSITION OF REMAINS: 7701 80 CODE: DIST. CTR.:

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

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

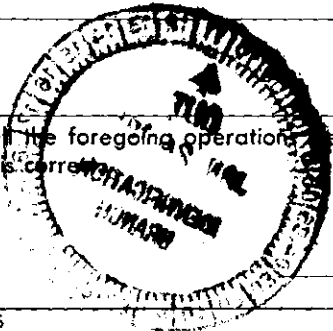
SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: BY: 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

FILE RECORDS ANNOTATED DATE: 6/2/50 NAME: BR. MEM. DIV.

*argue*

HEADQUARTERS  
PHILIPPINE COMMAND  
UNITED STATES ARMY

GSGR 293.9

APO 707

SUBJECT: Unidentifiable Remains

11 JUL 1949

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following unknown remains, presently stored at AGRS Mausoleum, Manila, P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-531 Maus	UNKNOWN	X-2375 Maus
"	X-1299 Maus	"	X-2575 Maus
"	X-1303 Maus	"	X-5112 Maus
"	X-1896 Maus	"	X-9 Guam #2 Agat
"	X-1928 Maus	"	X-10 Guam #2 Agat
"	X-2048 Maus	"	X-161 Island Command Cem.
"	X-2360 Maus		

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

13 Incls  
QMC Form 1044 w/certificates  
of Unidentifiability

/t/JOHN A. MARZAL  
1st Lt., AGD  
Asst Adj Gen

*return to X-10  
on #2*

*Rec'd 18 July 49*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE  
APO 900

1 July 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 10, Plot 4,  
Row 53, Grave 15, USMC Guam, #2 Agat 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:

  
H. B. McNEEMAR  
Captain, QMG  
Chief, Records Branch

Attch: Form 1044

Received 1 July 1949 OQMG  
Not identifiable from  
information presently  
available 11 Dec 49

*Arch # 121*

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-10			2. DATE OF REPORT 1 July 49		
3. NAME OF CEMETERY  GUAM #2	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	4	53	15	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT See Remarks	9. ESTIMATED HEIGHT 181-7.83-6' 7/8"	10. COLOR OF HAIR U.T.I.	11. RACE U.T.D.
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

NONE

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

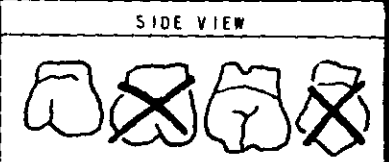
"UNIDENTIFIABLE"  
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

*Incl # 1*

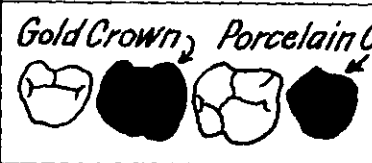
TOOTH CHART

18.

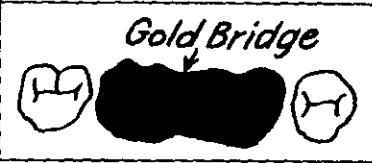
**MISSING TEETH:** ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



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



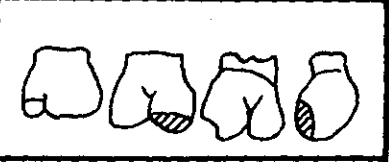
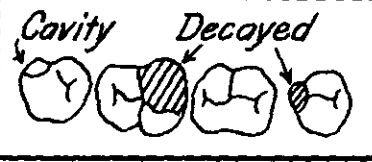
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
Side Views															
UPPER															
LOWER															
Side Views															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

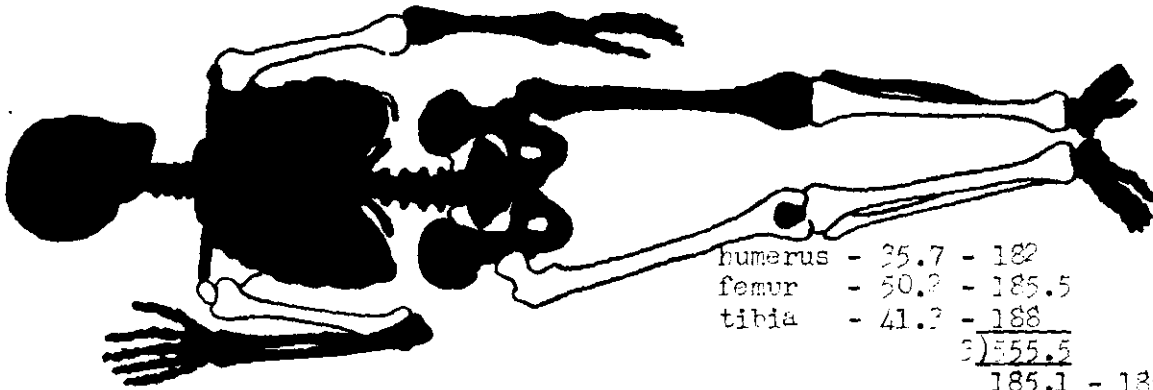
No maxillae, mandible or loose teeth with the remains.

"UNIDENTIFIED"

J. J. McDermott  
Laboratory Officer, CIP

"BY REASON OF THE NATURE OF THE REMAINS"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



humerus	-	25.7	-	182
femur	-	50.2	-	185.5
tibia	-	41.2	-	188
				<u>3) 555.5</u>
		185.1	-	185-77.80 or
				6' 7/8"

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

Circumference of skull - U.T.D.  
 Estimated weight of remains - 3 lbs.  
 Estimated height - 6' 7/8"  
 Estimated age - in his twenties.  
 Large, heavy long bone structure indicates possible weight of approximately 200 lbs. or more.  
 These are the remains of a tall, large boned, well muscled individual in his twenties.

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

JAMES J. McBERNOTT  
Laboratory Officer, GIP

SIGNATURE



AIR MAIL

QMG 293  
GRS Far East

1st Ind

Dept. of the Army, OQMG, Washington 25, D. C., 17 December 1948

TO: Commanding General, Marianas-Bonins Command, APO 246, c/o Postmaster,  
San Francisco, California ATTENTION: AGES, MARBO ZONE

1. Reference is made to basic communication and inclosures withdrawn.
2. Subject cases have been reviewed and this office concurs in the classification of these unknowns as unidentifiable.
3. The original Burial Reports for the following unknowns are not of record in this office:
  - a. X-5, Plot P5-14, Isolated Burial
  - b. X-27, Plot E, Row 11, Grave 5, 2nd Marine Division Cemetery, Saipan.

FOR THE QUARTERMASTER GENERAL:

16 Incls.: w/d

CC: CINGFE

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

AIR MAIL

2

C  
O  
P  
Y

C P Mac

1

# DISINTERMENT DIRECTIVE

SECTION A --  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 00000

DATE  
15 11 47  
DAY MONTH YEAR

NAME  
UNKNOWNX-000010

SERIAL NUMBER  
X-000010

RANK  
0

DATE OF DEATH  
0 0391 63  
DAY MONTH YEAR

CEMETERY  
GUAM NO 2 AGAT

DISPOSITION OF REMAINS  
0 0391 63  
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY  
4 53 15 MARIANAS

CAUSE OF DEATH  
6

## SECTION B -- CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
GUAM NATIONAL CEMETERY  
MARIANAS ISLANDS  
(BY ADMINISTRATIVE ORDER)

NAME AND ADDRESS OF NEXT OF KIN

## SECTION C -- DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED  
31 Nov 47

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

ORGANIZATION  
UNKNOWN

RELIGION

IDENTIFICATION VERIFIED BY  
J B Morris, Sgt MA  
NAME AND TITLE

## SECTION D -- PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
Casketed, wrapped in poncho

CONDITION OF REMAINS  
Metal remains, incomplete

OTHER MEANS OF IDENTIFICATION  
Fortuary Note and Report of Interment Form #1042

MINOR DISCREPANCIES 1  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 12 Jul 48 BY J B Morris, MA

EMBALMER (Signature)  
J B Morris

CASKET SEALED BY  
J B Morris, MA

SHIPPING ADDRESS VERIFIED BY  
J B Morris, Clerk

CASKET BOXED AND MARKED  
DATE 12 Jul 48 BY J B Morris

SHIPPING ADDRESS VERIFIED BY  
J B Morris, Clerk

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

*J B Morris*  
J B MORRIS, MA

SIGNATURE OF GRS INSPECTOR

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

Ltr. AGRS, MARBO Zone, APO 244, file 293 MBGRS, dtd 15 October 1948, Subj:  
Transmittal of New QMC Forms 1044 (Resolution of Cases unidentified Deceased)

2. The unknown remains indicated above are presently stored in AGRS  
Mausoleum, Saipan, with the exception of Unknown X-34, Plot C, Row 34, Grave  
9 and Unknown X-71, Plot 4, Row 44, Grave 6, Cemetery, No. 2, Agat, Guam which  
were shipped to Manila on the USAT Dalton Victory, 6 October 1948.

FOR THE COMMANDING OFFICER:

16 Incls:  
1-16 QMC Form 1044 (3)

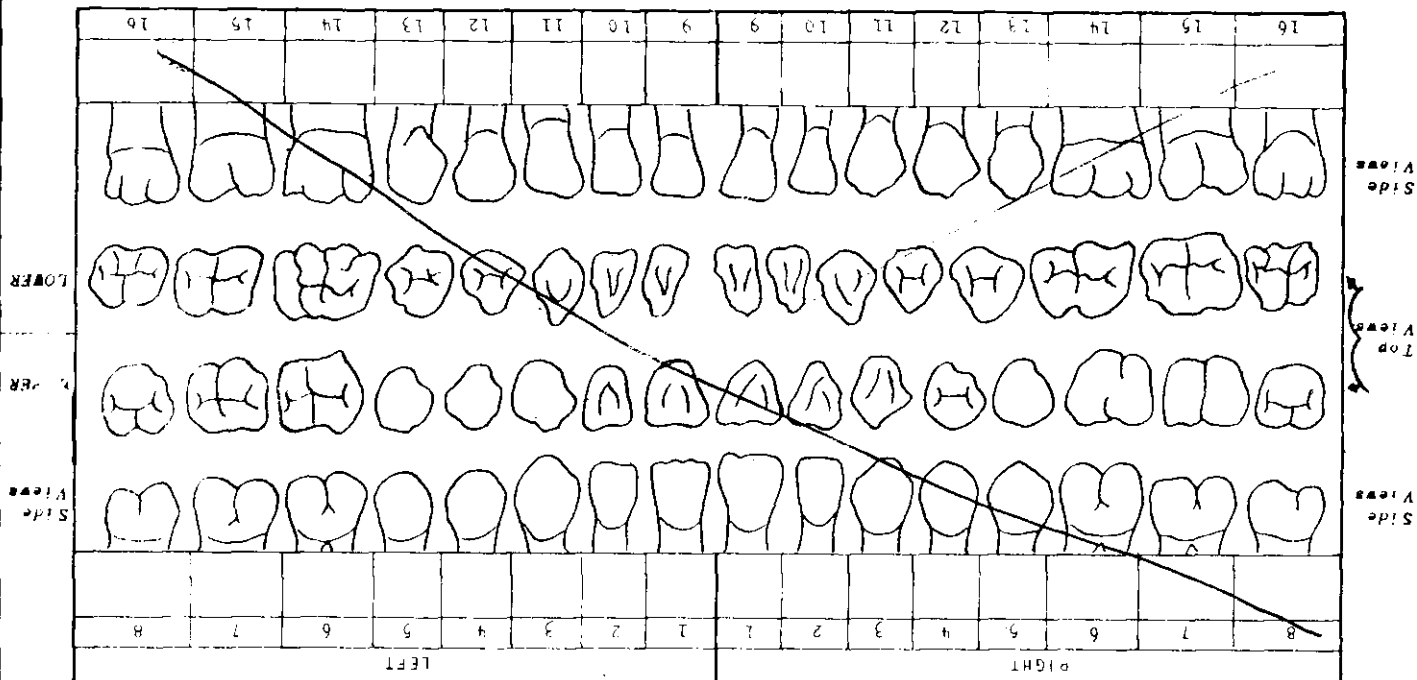
D. A. BROWN  
Major AGD  
Adjutant

C. R. WILKERSON

*C. R. Wilkerson*

Mandible and maxilla missing.

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



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

TOOTH CHART

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

Geo. A. Wheeler

*Geo. A. Wheeler*  
SIGNATURE

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

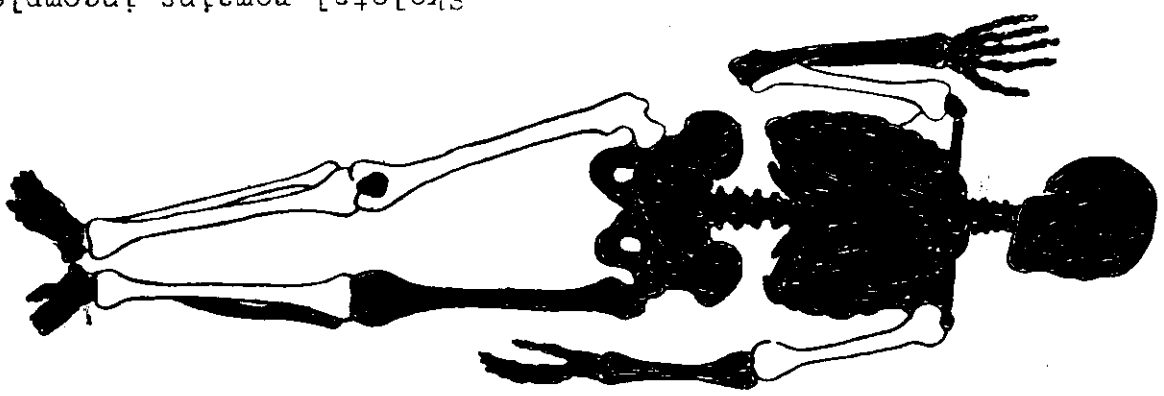
- 1. Mortuary Plate on Marker:  
Unknown X-10  
P-4, R-53, G-15
- 2. Embossed Tag:  
Unknown X-10  
P-4, R-53, G-15
- 3. Height determined by broca  
measurements: 74"  
P-4, R-53, G-15
- 4. Report of Interment: Form 1042 unidentified (X-10)

21. REMARKS AND ADDITIONAL INFORMATION

SIGNATURE OF MEDICAL OFFICER

20. I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ NUMBER DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
 MASS BURIAL CERTIFICATE (IF APPLICABLE)  
 (wherein segregation in whole or parts is impossible)

Skeletal remains incomplete.



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN		2. DATE OF REPORT	
UNKNOWN X-10		9 July 48	
3. NAME OF CEMETERY			
Cemetery #2, Agat, Guam			
PHYSICAL DESCRIPTION			
4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT / REINTERMENT
4	53	15	

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	74"	UTD	UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary Plate on markers:  
 Unknown X-10  
 P-4, R-53, G-15  
 Exposed Tag:  
 Unknown X-10  
 P-4, R-53, G-15  
 Form 1042:  
 Undentified (X-10)

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

None

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

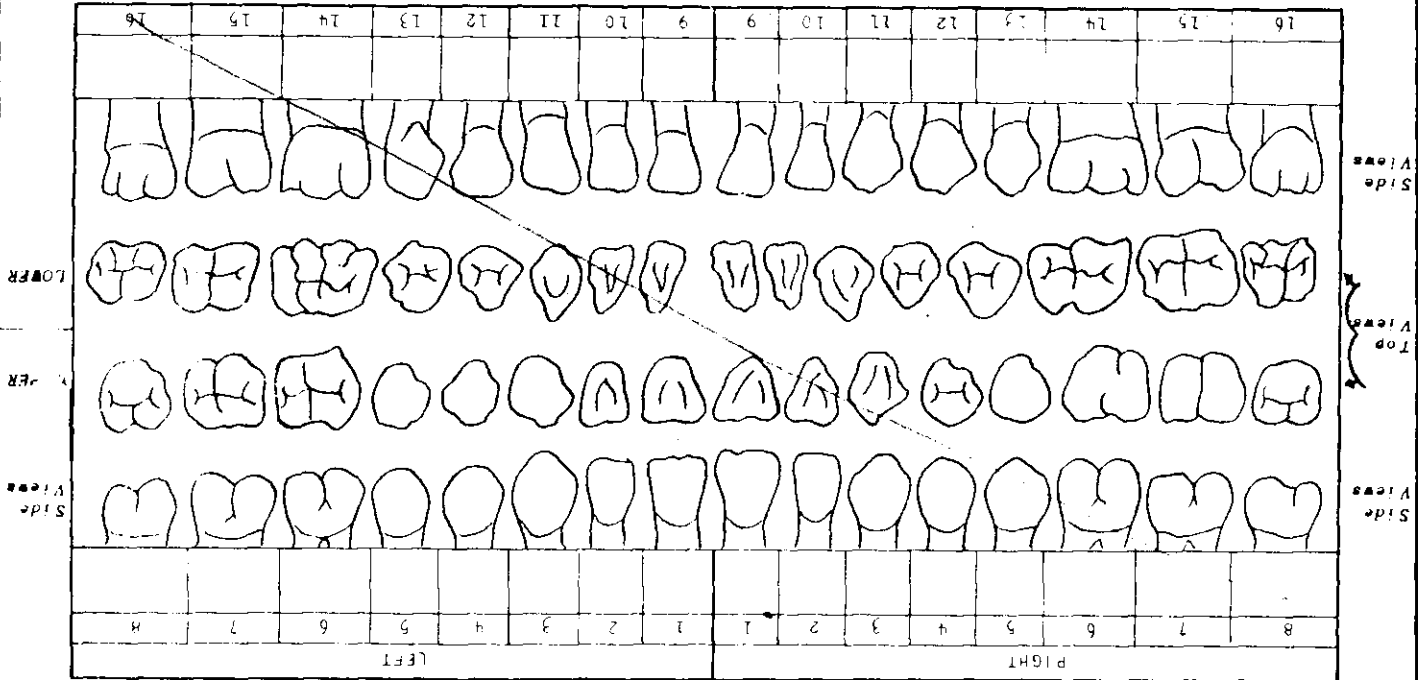
H. W. HARRIMAN  
 Captain, USMC  
 Operations Officer  
 AGHS, Marbo Zone

C. E. Wilkerson

*C. E. Wilkerson*

**Jawbone and teeth drawing.**

IDENTURES (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."



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

TOOTH CHART

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

Geo. A. Wheeler

SIGNATURE

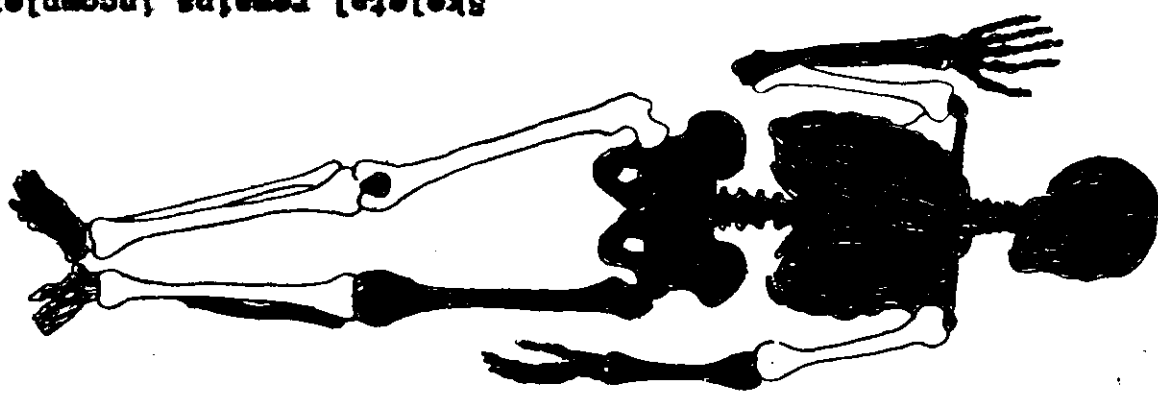
I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

- 1. Mortuary Plate on Markers: Unknown X-10 P-4, R-53, G-15
- 2. Embossed Tags: Unknown X-10 P-4, R-53, G-15
- 3. Height determined by broca measurements: 74"
- 4. Report of Interment: Form 1042 unidentified (X-10)

21. REMARKS AND ADDITIONAL INFORMATION

SIGNATURE OF MEDICAL OFFICER

20. I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ NUMBER DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:  
 (wherein segregation in whole or parts is impossible)  
 MASS BURIAL CERTIFICATE (IF APPLICABLE)



Skeletal remains incomplete.

23. BLACK OUT PARTS OF BODY NOT REFERED



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN

UNKNOWN X-10

3. NAME OF CEMETERY

Cemetery #2, Agac, Guam

PHYSICAL DESCRIPTION

4	53	15
+. PLOT	6. ROW	7. GRAVE
9 July 48	DATE OF DISINTERMENT	

8. ESTIMATED WEIGHT

UTD

9. ESTIMATED HEIGHT

74"

10. COLOR OF HAIR

UTD

11. RACE

UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Notary Plate on markers

Unknown X-10

P-4, B-53, 0-15

Embossed tags

Unknown X-10

P-4, B-53, 0-15

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

None

14. WAS BODY BURNED?  YES  NO TO WHAT EXTENT?

15. WAS BODY MANGLED?  YES  NO TO WHAT EXTENT?

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

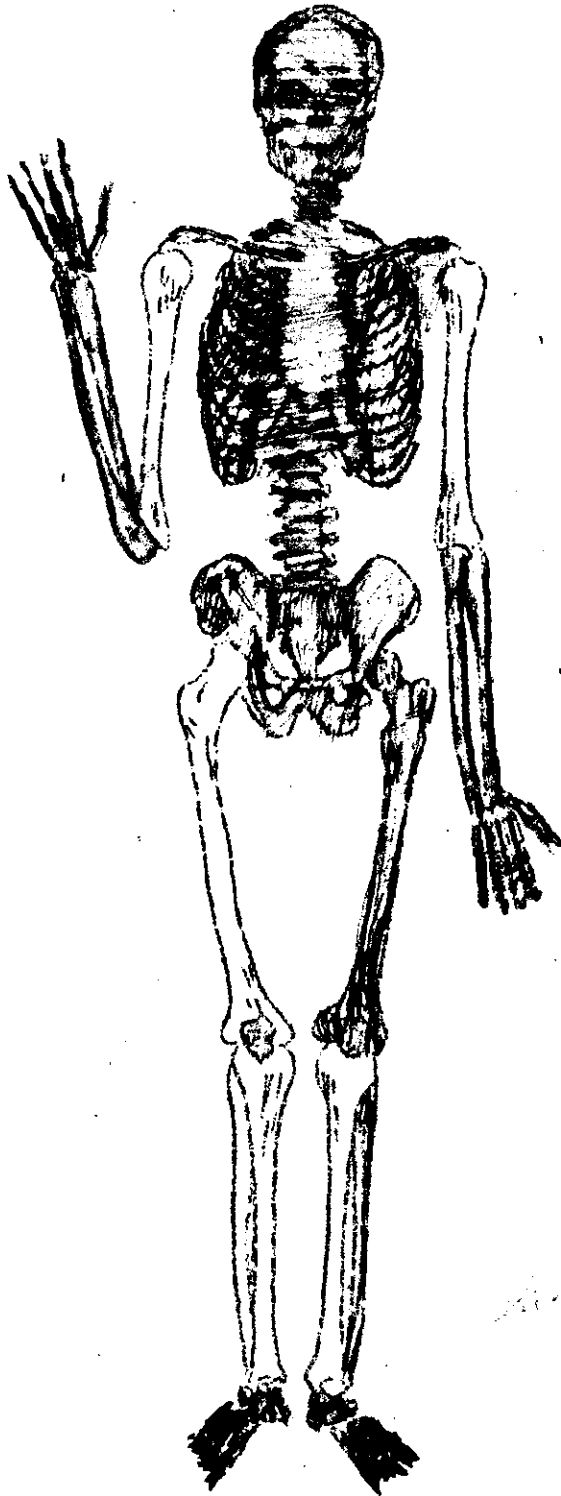
None

UNIDENTIFIABLE BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA.

H. W. HARRISMAN  
 Captain, OMC  
 Operations Officer  
 AGRS, Warbo Zone

PROCESSING CENTER

W. J. ... ... ... ...  
(Name) (Rank) (Ser No.) (Pr of Sv)



*...*

SKELETAL CHART

• NOV. UNKNOWN X-10  
(FORMERLY UNKNOWN X-10)

~~XXXXXX~~  
4-53-15

DATE AND HOUR OF DISINTERMENT 1 September 1946 0840

DEPTH OF BODY BURIED 4 Ft.

MARKER AT GRAVE Yes

BODY BURIED UNDER MARKER Yes

BURIED IN CASKET Yes

LIST OF EFFECTS FOUND IN GRAVE None

SIGNATURE OF PERSON IN CHARGE OF WORKING PARTY Mr. Israel

# IDENTIFICATION DENTAL CHART

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

1 Sept. 1946  
DATE

UNKNOWN  
LAST NAME                      FIRST                      INITIAL

UNKNOWN  
RANK

UNKNOWN  
SERIAL NO.

UNKNOWN  
UNIT

UNKNOWN  
ORGANIZATION

Utithi Lagoon  
PLACE OF DEATH

Cemetery #2, Agat, Guam  
PLACE OF BURIAL

4  
PLOT

53  
ROW

15  
GRAVE NO.

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

INSIDE — LOOKING OUT

	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><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">X</div> <div style="margin-left: 10px;">EXTRACTED</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">O</div> <div style="margin-left: 10px;">CAVITY. INDICATE LOCATION</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px;">C X C</div> <div style="margin-left: 10px;">FIXED BRIDGE (INCL. ABUTMENTS)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; text-align: center; line-height: 30px;">X X X</div> <div style="margin-left: 10px;">TEETH REPLACED BY DENTURE</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">P</div> <div style="margin-left: 10px;">POSTHUMOUSLY MISSING (LOST AFTER DEATH)</div> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">A</div> <div style="margin-left: 10px;">AMALGAM (SILVER)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">G</div> <div style="margin-left: 10px;">GOLD</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">S</div> <div style="margin-left: 10px;">SILICATE OR PORCELAIN</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">O</div> <div style="margin-left: 10px;">OXYPHOSPHATE (CEMENT)</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>	<p><b>LOCATION OF FILLING IN LOWER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">m</div> <div style="margin-left: 10px;">MESIAL (BETWEEN-TOWARD FRONT)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">O</div> <div style="margin-left: 10px;">OCCLUSAL (BITING SURFACE BACK TEETH)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">d</div> <div style="margin-left: 10px;">DISTAL (BETWEEN-TOWARD BACK)</div> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">l</div> <div style="margin-left: 10px;">LINGUAL (TOWARD TONGUE)</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; line-height: 30px;">f</div> <div style="margin-left: 10px;">FACIAL (TOWARD CHEEK)</div> </div>
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# IDENTIFICATION DENTAL CHART

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

1 Sept. 1946  
DATE

<del>INDICATE</del> LAST NAME	<del>INDICATE</del> FIRST	<del>INDICATE</del> INITIAL	<del>INDICATE</del> RANK	<del>INDICATE</del> SERIAL NO.
<del>INDICATE</del> UNIT			<del>INDICATE</del> ORGANIZATION	
<u>Wishi Lagoon</u> PLACE OF DEATH	<u>Cemetery #2, Agul. Area</u> PLACE OF BURIAL		<u>A</u> PLOT	<u>53</u> ROW
			<u>15</u> GRAVE NO.	

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

INSIDE — LOOKING OUT

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

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p><b>SYMBOLS IN WHOLE BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em;">X</span> </div> <p>EXTRACTED</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 2em;">O</span> </div> <p>CAVITY. INDICATE LOCATION</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 1.5em;">C</span> <span style="font-size: 1.5em; margin: 0 5px;">X</span> <span style="font-size: 1.5em;">C</span> </div> <p>FIXED BRIDGE (INCL. ABUTMENTS)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 60px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 1.5em;">X</span> <span style="font-size: 1.5em; margin: 0 5px;">X</span> <span style="font-size: 1.5em;">X</span> </div> <p>TEETH REPLACED BY DENTURE</p> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 1.5em;">P</span> </div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p><b>TYPE OF FILLING IN UPPER HALF OF BOX</b></p> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 1.5em;">A</span> </div> <p>AMALGAM (SILVER)</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 1.5em;">G</span> </div> <p>GOLD</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 1.5em;">S</span> </div> <p>SILICATE OR PORCELAIN</p> </div> <div style="display: flex; align-items: center; margin-bottom: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px; display: flex; align-items: center; justify-content: center;"> <span style="font-size: 1.5em;">O</span> </div> <p>OXYPHOSPHATE (CEMENT)</p> </div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 10px;"></div>
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RESTRICTED

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

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

DATE OF REPORT

28 Nov 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-10

Box No. 614

SERIAL No.

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE  
NAME OF COUNTRY

PLACE OF DEATH

Guam

CAUSE OF DEATH

Unk

DATE OF DEATH

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY  
(1, 2, or none)

none

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Cross tag buried with body and interment papers found.

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

53

15

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)

Brudzinski, George P.

RANK

CEM

SERIAL No.

3286539

ORGANIZATION

USN

GRAVE No.

16

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

Wheeler, Frank R.

RANK

S1/c

SERIAL No.

7074123

ORGANIZATION

USN

GRAVE No.

14

SIGNATURE OF PERSON PREPARING REPORT

EMILIO E. COSTALES

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

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

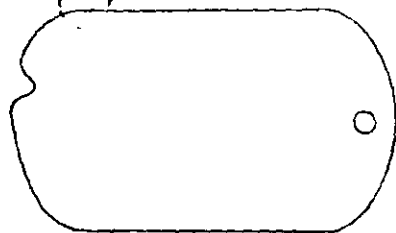
REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

1 Sept. 1946

Impression Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)		Serial Number
WILLIAM W. HARRIS (X-10)		000000
Grade	Organization	Branch of Service
Private	Infantry	Army
Race	Religion	If Other than U. S. Dead, Give Name of Country
White	Methodist	

Place of Death	Cause of Death	Date of Death
Ulithi (Lagoon)	Heart Attack	1946

Emergency Addressee (Name, Relationship and Address)

Identification Tags Found on Body (1, 2, or None)	If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse
None	
Were Substitute Tags Provided (Yes or No)	
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

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
9-9-46	1545	Casket and blanket	Cross with Zinc Plate	4	53	15

Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave	Plot No.	Row No.	Grave No.
Yes	Ulithi Cemetery, Ulithi Island	1	10	3

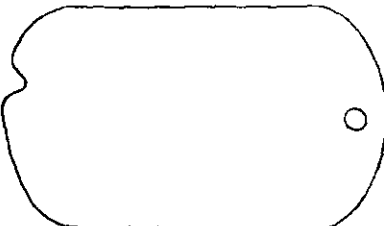
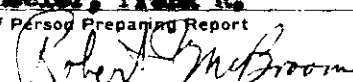
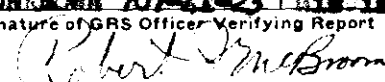
Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
Funeral Service Only		
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	
Zinc Plate	No	U.S. Form 1042 buried in bottle and fast below grave marker.

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Franklin, George	CPT	327-61-39	Infantry	16
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Harper, Frank	CPT	107-41-42	Infantry	14

Signature of Person Preparing Report: Robert McBroom

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

**RESTRICTED**

WD GMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				Date of Report <b>1 Sept. 1946</b>				
Imprint Identification Tag If Possible. DO NOT TYPE  	<b>SECTION 1. IDENTIFICATION</b>						Name (Last, First, Middle Initial) <b>UNIDENTIFIED (N-10)</b>		Serial Number <b>UNKNOWN</b>	
	Grade <b>UNKNOWN</b>		Organization <b>UNKNOWN</b>		Branch of Service <b>UNKNOWN</b>					
	Race <b>UNKNOWN</b>		Religion <b>UNKNOWN</b>		If Other than U. S. Dead, Give Name of Country					
	Place of Death <b>Ulithi Lagoon</b>		Cause of Death <b>UNKNOWN</b>				Date of Death <b>UNKNOWN</b>			
	Emergency Addressee (Name, Relationship and Address) <b>UNKNOWN</b>									
Identification Tags Found on Body (1, 2, or None) <b>NONE</b>		If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse <b>PLOT PLAN AND GRAVE MARKER</b>								
Were Substitute Tags Provided (Yes or No) <b>NO</b>		List Personal Effects Found on Body and Disposition of Same <b>NONE</b>								
<b>SECTION 2. BURIAL</b> If other than in established cemetery furnish sketch and map coordinates on reverse.										
Name, Number, Coordinates and Location of Cemetery <b>Army, Navy, Marine Cemetery #2, Agat, Guam, P.I.</b>										
Date of Burial <b>9-9-46</b>		Hour <b>1545</b>	Buried in (Shroud, Blanket, or name of other) <b>Casket and Blanket</b>		Type of Grave Marker <b>Cross with Zinc Plate</b>	Plot No. <b>4</b>	Row No. <b>53</b>	Grave No. <b>15</b>		
Was This a Re-Burial (Yes or No) <b>Yes</b>		If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave <b>Ulithi Cemetery, Agat Island</b>				Plot No. <b>1</b>	Row No. <b>10</b>	Grave No. <b>8</b>		
Type of Religious Ceremony <b>MEMORIAL SERVICE ONLY</b>		Person Conducting Burial Rites		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body <b>WD GMC Form 1042 buried in bottle one foot below grave marker.</b>						
Identification Tag Buried With Body (Yes or No) <b>Zinc Plate</b>		Identification Tag Attached to Marker (Yes or No) <b>NO</b>								
Body Buried on Deceased Left, Name (Last, First, Middle Initial) <b>Brudzinski, George J.</b>			Rank <b>GEN</b>	Serial Number <b>326-65-39</b>	Organization <b>USS Reno</b>	Grave No. <b>16</b>				
Body Buried on Deceased Right, Name (Last, First, Middle Initial) <b>Wheeler, Frank R.</b>			Rank <b>UNKNOWN</b>	Serial Number <b>707-41-23</b>	Organization <b>USS</b>	Grave No. <b>His insignia 14</b>				
Signature of Person Preparing Report  <b>ROBERT J. MCBROOM, CAPT., MC</b>				Signature of GRS Officer Verifying Report  <b>ROBERT J. MCBROOM, CAPT., MC</b>						
DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.										

**RESTRICTED**