

AIRMAIL

QUART 293
GHS Far East

17 March 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

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

Unknown	X-1,	American Cemetery, Tinian, Unit 2, Page 6
"	X-2,	" " " " 2, " 6
"	X-3,	" " " " 2, " 6
"	X-5,	27th Division Com. Saipan, Unit 2, Page 4
"	X-6,	" " " " 2, " 4
393	X-10,	" " " " 2, " 4
"	X-11,	" " " " 2, " 4
"	X-26,	" " " " 2, " 4
"	X-32,	" " " " 2, " 4
"	X-33,	" " " " 2, " 4
"	X-34,	" " " " 2, " 4
"	X-35,	" " " " 2, " 4
"	X-41,	" " " " 2, " 4
"	X-47,	" " " " 2, " 4
"	X-52,	" " " " 2, " 4

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

FOR THE QUARTERMASTER GENERAL:

W. Eustace:lrc
Sals or
JH
cc--Administrative Section
cc--Cincfe

E. H. METZ
Lt. Colonel, GMC
Memorial Division

JHM
TEG

AIRMAIL

MAIL



MAIL

/bpm

Interred 8 Mar 1950 5 FEB 50

PREPARED BY PHILCOM

N K 102 Ft McKinley

DISINTERMENT DIRECTIVE

1

CARL R. H. MARK

Cemetery Superintendent

DIRECTIVE NUMBER

DATE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

6365 81161

28 02 50
DAY MONTH YEAR

/add

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
73 UNKNOWN X - 10					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
27TH DIVISION CEMETERY, SAIPAN	2	8	639	7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNK X - 10				6 Mar '50
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
1 REMAINS 1 MARKER			PAUL R NICHOLS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 6 Mar '50	BY PAUL R NICHOLS
CASKET SEALED BY	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 6 Mar '50 BY RAYMOND H TANGUAY, Sgt 1c, RA	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

FILE
25 APR 1950

Jarvis

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSO LEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carroll Mark</i>	DATE MAR 8 1950

2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

24 Jan '50

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 10, Plot 2,
Row 8, Grave 639, USMC 27th Div., Saipan Cem, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:

A. B. McNEELAR
A. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 10 Feb 50 OQMG
Not identifiable from
information presently
available *M. Eustace
Ident.*

Incl 3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-10				2. DATE OF REPORT 24 Jan '50	
3. NAME OF CEMETERY 27th Division, Saipan, ML.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	2	8	639	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

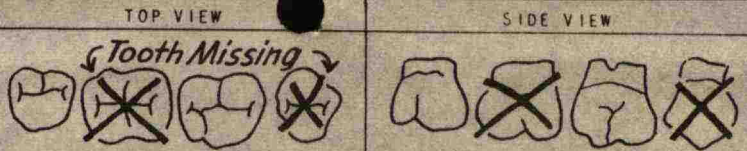
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

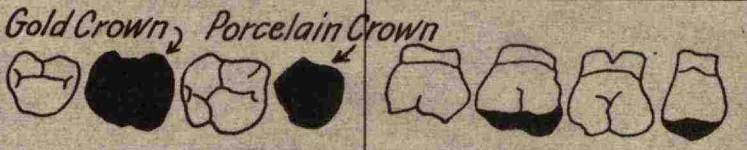
"UNIDENTIFIABLE"
 "BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

[Handwritten signature]

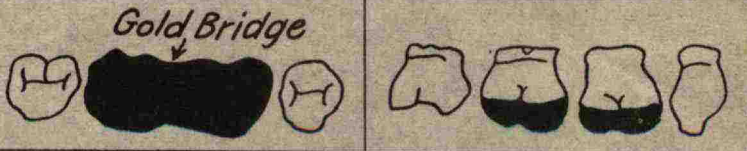
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



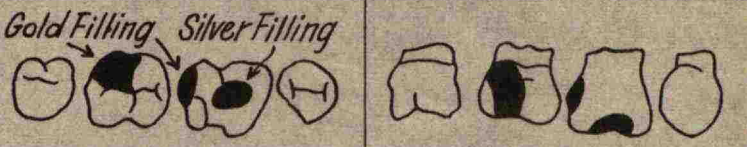
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



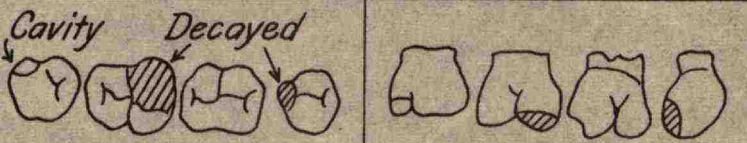
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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		A	A					<i>Missing</i>							
Side Views															
UPPER															
LOWER															
Side Views															
X	A	X					A	A	A				Ø	X	A
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

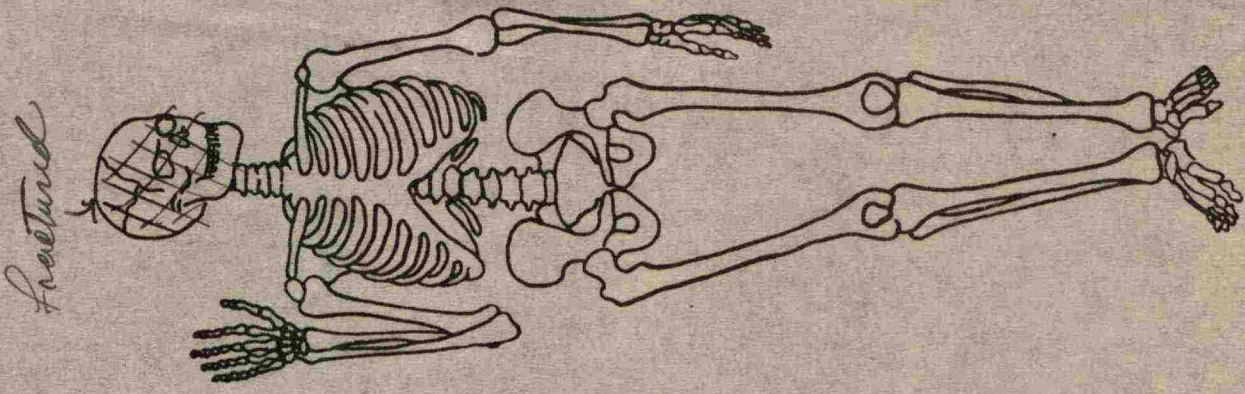
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Maxilla fractured between R2 & 3. Maxilla and teeth right of fracture missing. R12 rotated distally. R13 rotated mesially. I13 rotated mesially.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Section

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

No I.D. tags, personal effects, burial bottle, or other means
 of identification found with remains.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION
PAUL R. NICHOLS
 Chief, Identification Section

SIGNATURE
Paul R. Nichols

8m

1

H802
R/S
F/49
R2
F59

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6365 00000

DATE
15 11 47
DAY MONTH YEAR

NAME
UNKNOWNX-000010

SERIAL NUMBER
0

RANK
0

ARM
0

CEMETERY
SAIPAN 27TH DIV CEMETERY

DISPOSITION OF REMAINS
0 0391 63
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY
2 8 639 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
UNKNOWN

SERIAL NUMBER
X-000010

RANK
Unk

DATE OF DEATH
10 July 44

DATE DISINTERRED
11 March 48

IDENTIFICATION TAG ON
 REMAINS
 MARKER

ORGANIZATION
UNKNOWN

RELIGION
Unk

IDENTIFICATION VERIFIED BY
C. W. Barnett, Emb.
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL
**Trench burial, uncasketed,
wrapped in blanket**

CONDITION OF REMAINS
Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION
Mortuary plate-surface and Graves Registration Form #1

MINOR DISCREPANCIES
None

REMAINS PREPARED AND PLACED IN CASKET
DATE **15 July 48** BY **J. R. Williams, Emb.**

CASKET SEALED BY
J. R. Williams, Emb.

EMBALMER (Signature)
O. D. CAMPBELL

CASKET BOXED AND MARKED
DATE **15 July 48** BY **P. Sayan**

SHIPPING ADDRESS VERIFIED BY
Max Chelofsky, Clerk

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

FILE
BER 7-1949
F. T. DEGROODT, Capt., GMP

SIGNATURE OF GRS INSPECTOR

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MAUSOLEUM (SAIPAN, M.I.)		TO 'PORT STORAGE' OFFICER (SAIPAN, M.I.)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Maj., CMP	DATE 16 July 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWEN, 1st Lt. Inf.	DATE 16 July 48

2. SHIPPED

FROM PORT STORAGE OFFICER (SAIPAN, M.I.)		TO TRANSPORT COMMANDER USAT DALTON VICTORY	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Robert G. Snowden</i> ROBERT G. SNOWEN, 1st Lt. INF	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>Clay Nordmann</i>	DATE 6 Oct 48

3. SHIPPED

FROM USAT DALTON VICTORY		TO AGRS Mausoleum	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Clay Nordmann</i> CLAY NORDMANN 1ST LT. I.C.	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>W. H. Newman Jr.</i> W. H. NEWMAN JR., Capt., FA.	DATE

4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

EXHUMATION RECORD
CEMETERY OPERATIONS

Date _____

A. NAME AND BURIAL LOCATION OF DECEASED 0391 63

Name	Rank	Serial No.	Date of death	Arm
UNKNOWN	---	X-000010		0
Cemetery	Plot	Row	Grave	Country
SAIPAN 27th Division	2	8	639	MARIANAS
				D.D. Number
				6365 00000

B. DISINTERMENT AND IDENTIFICATION

Name	Rank	Serial No.	Date of Death	Date Disinterred
UNKNOWN X-000010	10 July 44	11 March 48
Identification Tag on	Organization	Religion	Identification verified by:	
Remains <input type="checkbox"/> Marker <input type="checkbox"/>	C. W. BARNETT, Emb	

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial	Condition of remains
Trench burial - Uncasketed - Blanket <i>unwrapped</i>	Skeletal remains - Incomplete
Other means of identification	
Mortuary plate (surface) <i>Grave Registration Form #1</i> CNC Form #1042 with remains	
Minor Discrepancies (Prepare 1194a for Major Discrepancies)	
None	

D. REMAINS PREPARED AND PLACED IN CASKET

Casket sealed by	Embalmer (Signature)
	C. W. BARNETT
Casket Marked	Checker (Signature)
	KELI P. TAUELA

REMARKS: **Left: INKSTER, GEORGE E. GR 638**
Right: DIQUARDO, DOMINICK M. GR 640

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

STATION FILE

EDGAR W. GREY, 1st Lt. Cav.
Signature of GRS Inspector (Cemetery)

PROCESSING OPERATIONS

Name	Rank	Serial No.	Date processed
Unknown X-10	---	---	15 July 48
Identification tag on	Identification verified by:		
Casket <input type="checkbox"/> Remains <input type="checkbox"/>	C. W. Barnett, Emb		
Other means of identification			
Mort. Plate - B. R #1			
Minor Discrepancies (Prepare 1194a for Major Discrepancies)			
None			

Casket sealed by	Embalmer (Signature)
15 July 48	J. R. Williams Emb
Casket marked	Checker (Signature)
15 July 48	P. Sayer

REMARKS: *J. L. Williams Emb*
C. D. Campbell
Max Chelofsky etc.

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

J. D. Smith Capt USMC
GRS Inspector (Processing Point)

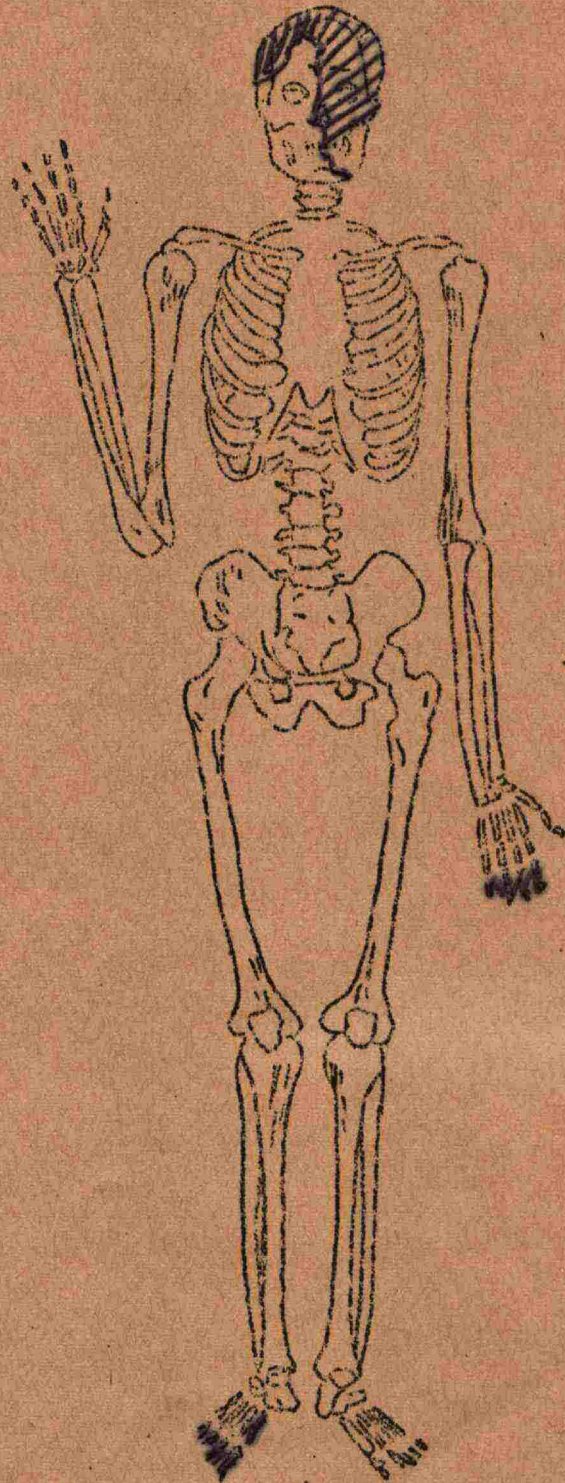
PROCESSING CENTER

Unknown X-10
(Case)

27th Div. *Clm*
(Rank)

Sarpaw
(Ser No.)

(Pr of Sv)



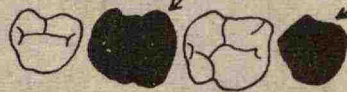





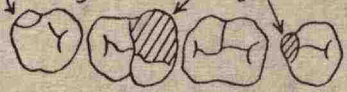
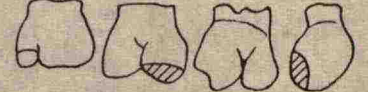


Skeletal Remains Incomplete

SKELETAL CHART

Unknown X-10, 27th Dec. 1946. Surpan

TOOTH CHART

<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>TOP VIEW</p> <p>↙ Tooth Missing ↘</p> 	<p>SIDE VIEW</p> 
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p> 	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p> 	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p> 	
<p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p> 	

RIGHT								LEFT											
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8				
		A	A					missing											
Side Views																			
Top Views																			
Side Views																			
	X	X	A											A	X				
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16				

Fracture Subse note

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."

Left 12 + 13 not missing

O P Campbell Embeliner

REPORT OF DISINTERMENT FOR IDENTIFICATION

Place Saipan Island

Date 16 May 1945 (ELT)

1. Remains of Unknown X-10 Serial Number Unknown

Rank Unknown Organization Unknown

2. Disinterred (date): 16 May 1945 (ELT)
From (give complete location):
 Grave 639, Row 8 Plot 2
 Army Cemetery No. 1, Saipan Island

By: Group 2nd Platoon Unit 604 QM Graves Registration Co.

3. Reburied (date): 16 May 1945 (ELT)
In (give complete location):
 Graves 639, Row 8 Plot 2
 Army Cemetery No. 1, Saipan Island

By: Group 2nd Platoon Unit 604 QM Graves Registration
Company Company Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment:
 Original burial was according to Regulation as contained in FM-10-63
 Par. 18 a. Body completely decomposed. The body was originally buried in
 a blanket.

5. (a) Identification tags: Buried with body? No On grave marker? No

(b) Other means of identification found upon disinterment, and general remarks:
 GR Form No. 1 buried one foot under Marker. The body did not appear to be a
 Hospital case.

6. What does examination of body show as regards the following identifying items?

(a) Height (actual measurement) 5' 8"

(b) Weight (estimated) 140 lbs.

(c) Hair-Color Unknown

Quantity Unknown

Characteristics Unknown

(d) Hair on face-Color Unknown

Location Unknown

Quantity Unknown

(e) Permanent marks on body (old scars, peculiarities, or missing parts) Unknown

(f) Wounds or missing parts (received at time of casualty) Unknown

Remainder of Maxilla is Unidentifiable.

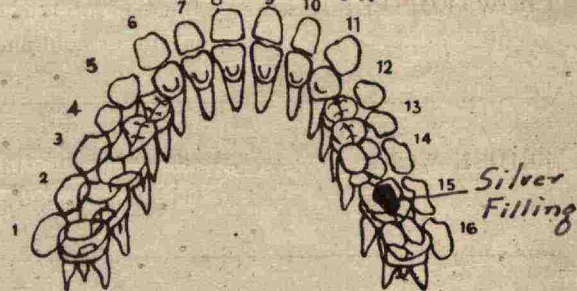
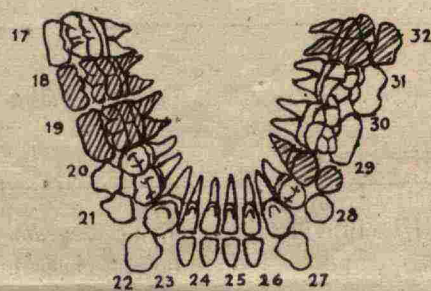


Diagram represents the mouth wide open



7. Disinterment supervised by /s/ John C. Greider Approved: JOHN C. GREIDER, 1st Lt., QMC
Graves Registration Officer. (Title)

8. Reburial supervised by /s/ John C. Greider Approved: JOHN C. GREIDER, 1st Lt., QMC
Graves Registration Officer. (Title)

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4.

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.
6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETH All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



CROWNED TEETH Block in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:



BRIDGE WORK Block in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGS Draw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES) Outline location and size of cavity, shade in thus:



DENTURES (PLATES) Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

7. Show name of person supervising the disinterment and the name and title of the person approving same.
8. Show name of person supervising the reburial and the name and title of the person approving same.

A TRUE COPY

Jesse O. Cothron
 JESSE O. COTHRON,
 Capt. QMC.

This form is a True Copy of the original. Misspelling of words and other discrepancies, as shown hereon, appeared on the original form.

REPORT DISINTERMENT FOR IDENTIFICATION

Place Saipan Island

Date 16 May 1945 (ELT)

1. Remains of Unknown X-10 Serial Number Unknown
Rank Unknown Organization Unknown

2. Disinterred (date): 16 May 1945 (ELT)
From (give complete location): Grave 639, Row 8 Plot 2 Army Cemetery No. 1, Saipan Island
By: Group 2nd Platoon Unit 604 QM Graves Registration Co.

3. Reburied (date): 16 May 1945 (ELT)
In (give complete location): Graves 639, Row 8 Plot 2 Army Cemetery No. 1, Saipan Island
By: Group 2nd Platoon Unit Company Nature of reburial

4. Report as to nature of original burial and condition of body upon disinterment:
Original burial was according to Regulation as contained in FM 10-63 Par. 18a. Body completely decomposed. The body was originally buried in a blanket.

5. (a) Identification tags: Buried with body? NO On grave marker? NO
(b) Other means of identification found upon disinterment, and general remarks:
GR Form No. 1 buried one foot under Marker. The body did not appear to be a Hospital case.

6. What does examination of body show as regards the following identifying items?
(a) Height (actual measurement) 5' 8"
(b) Weight (estimated) 149 lbs.
(c) Hair-Color Unknown 639
Quantity Unknown
Characteristics Unknown
(d) Hair on face-Color Unknown
Location Unknown
Quantity Unknown
(e) Permanent marks on body (old scars, peculiarities, or missing parts) Unknown
(f) Wounds or missing parts (received at time of casualty) Unknown

REMAINDER OF MAXILLA IS UNIDENTIFIABLE

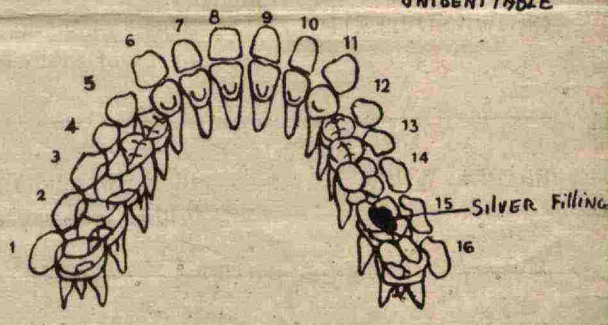
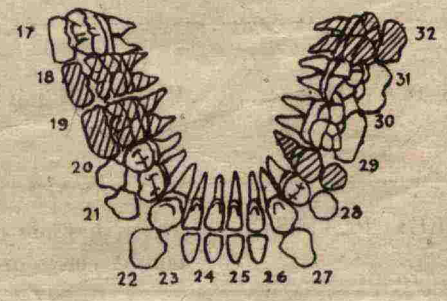


Diagram represents the mouth wide open



7. Disinterment supervised by JOHN C. GREIDER, 1st Lt., QMC Approved: JOHN C. GREIDER, 1st Lt., QMC Graves Registration Officer. (Title)

8. Reburial supervised by JOHN C. GREIDER, 1st Lt., QMC Approved: JOHN C. GREIDER, 1st Lt., QMC Graves Registration Officer. (Title)

INSTRUCTIONS FOR THE PROPER COMPLETION OF G. R. S. FORM NO. 4.

Enter information, as noted below, on reverse side of sheet in the corresponding numbered space.

1. Show soldier's name, serial number, rank and organization, and by whom disinterred and reburied.
2. Give date and accurate information as to location from which the body was disinterred and the group and unit which made disinterment.
3. Give date and accurate information, as to location of reburial and the group and unit which made reburial, and how reburial was made—in casket, wooden box, etc.
4. State to what degree decomposition has progressed, whether recognition is possible, and how the body was originally buried—in a casket, box, burlap, etc. This statement should be as complete as possible.
5. (a) State whether identification tags were found buried with body and on grave marker by reporting "Yes" or "No".
 (b) State whether or not body appears to have been a hospital case. Were any identifying articles found in or on body or grave? List any personal effects, letters, money-order receipts, and the like found on body or in grave. Give any and all information which it is thought might be of use in identifying the body, other than that tabulated under Item No. 6. If additional remarks are necessary use additional sheet of paper and attach hereto.
6. Give all information as to body description and dental chart as nearly correct as the condition of the body will allow. Items (e) and (f) under the body description are very important and should be very complete. The dental chart is also very important and should be filled in with great care. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws, the teeth are arranged symmetrically on either side and classed as incisors (cutting teeth), cuspids or canines (tearing teeth), bicuspid (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found.

MISSING TEETHAll teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be scratched out, thus:



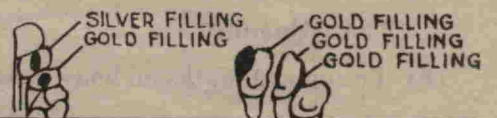
CROWNED TEETHBlock in solid the crown of tooth (label gold, porcelain, or gold and porcelain), thus:



BRIDGE WORKBlock in solid the crown of tooth (label gold bridge, gold and porcelain bridge), thus:



FILLINGSDraw filling on tooth accurately as possible (block in and label gold, silver, cement), thus:



CARIES (CAVITIES)Outline location and size of cavity, shade in thus:



DENTURES (PLATES)Draw diagram of relative size and shape of plate block in teeth attached and indicate retaining clasps on natural teeth with the word "clasp".

7. Show name of person supervising the disinterment and the name and title of the person approving same.
8. Show name of person supervising the reburial and the name and title of the person approving same.

RESTRICTED

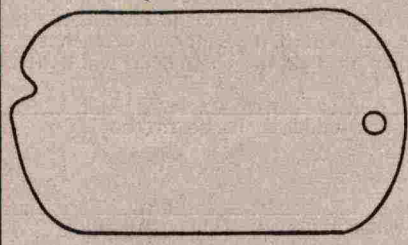
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

6 Feb 1952

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-10, 27th Div Cem, Saipan		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Unknown	Unknown	Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address) *293 Tank Saipan (27th Div.) X-10*
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
1 (Substitute)	
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

UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
5 Feb 1952	--	Casket	Cross	N	17	181

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	US MILITARY CEMETERY, FT WM MCKINLEY, P.I.
	PLOT No. N ROW No. 4 GRAVE No. 102

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)
Yes	Yes

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
			BR. MEM. DIV.	

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

SIGNATURE OF PERSON PREPARING REPORT <i>Edward L. Berg</i> EDWARD L. BERG, Cpl., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Charles R. Whaylen</i> CHARLES R. WHAYLEN, 1st Lt., QMC
---	--

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.

Incl 4321 Copy to ABMC

RESTRICTED

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

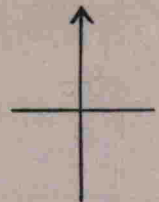
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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 align="center">UPPER</p> <p align="center">LOWER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</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:

Grave 181, Row 17, Plot N, was previously occupied by Unknown X-1758 Manila #2, disinterred and shipped to ZI as part of a Group Burial (Cabanatuan Project).

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

R E S T R I C T E D

Unknown - X - 10
 (Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Saipan Island 10 July 1944 (ELT) KIA
 (Place of death) (Date of death) (Cause of death)

1050 10 July 1944 (ELT) Army Cemetery # 1 Saipan Island Marianas Group
 (Time and date of burial) (Name of cemetery) (Name or coordinates of location)

Long. 145° 41' 55" E - Lat. 15° 07' 30" N

639 8 2 V-Shaped
 (Grave number) (Row number) (Plot number) (Type of marker—Regulation V-shaped or other)

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

One G.R. Form # 1 buried one foot beneath Marker.

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

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

Body buried on RIGHT George E Inkster 37 094 278 Pvt CO"B"105-Inf 638
 (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Dominick Dioguardo 320155987 ~~S/ Sgt~~ Pvt CO"A"105-Inf 640
 (Name) (Serial number) (Rank) (Organization) (Grave number)

None Available
(Name and address of EMERGENCY ADDRESSEE)

None
(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same: None,

Incl # 39'

RESTRICTED

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height: 5' 8"	Apparent nationality:
Weight: 140-Lbs	Laundry marks:
Color of eyes:	Number of rifle: _____
Color of hair:	Wear glasses? <input type="checkbox"/>
Race:	Is tooth chart attached? <input type="checkbox"/>

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

E == 211 (in yellow) on back of Helmet Liner
9½ D Shoe, Rough Finish,

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 THE LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

.....
(Signature of officer or other person reporting burial)

BERNARD J. SCHAUMER
1st Lt., Q.M.C.

Bernard J. Schaumer

(Verified by Army GRS Officer)

7364 36A

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

23 Mar 45
R E S T R I C T E D

X
Unknown - X - 10
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Saipan Island 10 July 1944 (ELT) KIA
(Place of death) (Date of death) (Cause of death)

1050 10 July 1944 (ELT) Army Cemetery # 1 Saipan Island Marianas Group
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(If no identification tags, what means of identification are buried with the body?)

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

Body buried on RIGHT George E Inkster 37 094 278 Pvt CO"B"105-Inf 638
(Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT Dominick Dioguardo 32 015 598 ~~Sgt~~ CO"A"105-Inf 640
(Name) (Serial number) (Rank) (Organization) (Grave number)

None Available None
(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

file
MAR 10 1945
VB

List only personal effects FOUND ON BODY and disposition of same: None,

Incl # 39

R E S T R I C T E D

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

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Weight: 140-Lbs.	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
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.:

E = 211 (in yellow) on back of Helmet Liner,
9½ D Shoe, Rough Finish,

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

(Signature of officer or other person reporting burial)

BERNARD J. SCHEUMER
Lt., Q.M.C.

Bernard J. Scheumer
(Verified by Army GRS)

7364 36A

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND

Unknown - X - 10

(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

Saipan Island

(Place of death)

10 July 1944 (ELT)

(Date of death)

KIA

(Cause of death)

1050 10 July 1944 (ELT) Army Cemetery #1, Saipan Island Marianas Group

(Time and date of burial)

(Name of cemetery)

(Name or coordinates of location)

Long 145° 41' 55" E. Lat. 15° 07' 30" N.

639

(Grave number)

8

(Row number)

2

(Plot number)

Cross

(Type of marker—Regulation V-shaped or other)

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

One G. R. Form #1 buried one foot beneath Marker.

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

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

Body buried on RIGHT George E. Inkster

(Name)

37094278

(Serial number)

Pvt Co B 105 Inf

(Rank)

(Organization)

638

(Grave number)

Body buried on LEFT Dominick M. Dioguardo

(Name)

32015597

(Serial number)

Pvt Co A 105 Inf

(Rank)

(Organization)

640

(Grave number)

None

(Name and address of EMERGENCY ADDRESSEE)

None

(Name and address of LEGAL NEXT OF KIN)

List only personal effects FOUND ON BODY and disposition of same:

None

R E S T R I C T E D

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, and fill in as many of the following as you are able:

Height: 5' 8"

Apparent nationality:

Weight: 140 lbs

Laundry marks:

Color of eyes:

Number of rifle:

Color of hair:

Wear glasses?

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.:

E -- 211 (in yellow) on back of Helmet Liner,
9 1/2 D Shoe, rough finish.

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

John C. Greider
JOHN C. GREIDER

(Signature of officer or other person reporting burial)

1st Lt.,

QMC

(Verified by Army GRS Officer)

8075 65A

LEFT HAND

4

3

2

1

THUMB

RIGHT HAND

4

3

2

1

THUMB

Screamed
20 July 50
Guth