

FILE IDENTIFICATION TOPPER

FILE NUMBER

293. UNK 2rd MARINE DIV, SAIPAN. X-11

SUBJECT

51 12256

QMC FORM 1121
1 Aug 45

OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY
INTRAOFFICE REFERENCE SHEET

993 Unk Saipan (2nd Marine) DUE, HOUR AND DATE X-11
MESSAGE 5 *mm*

1 NO.	2 FROM	3 TO	4 DATE
1	Screening Unit Non Rec Sec Mem Div	THRU: Chief Id Br <i>MEM DIV</i> Navy Sec ATTN: Mr. Moyer <i>IN TURN</i>	3 Oct 51
9 Incls: 1. 293 file/Walsh, 390315 2. 293 file/Unk X 11, Saipan 3. Dental chart 4. 293 file/Duey, 412079 5. 293 file/Walters, 859076 6. 293 file/Woods, 8522170 7. 293 file/Handberg, 296006 8. 293 file/Hanby, 273387 9. 293 file/Northup, 413050			
Edelstein			

SUBJECT: Recommended Association

- The "Re-examination of Records of Non-recoverables" indicates that Unknown X 11, 2nd Marine Division, Saipan, may be the remains of Walsh, Joseph P., Pfc. 390 315 by reason of favorable comparison of dental data.
- Attached files are forwarded for necessary action.
- It is requested that this Section be advised of result by comment hereon.

Concur:

(adjacent graves to Unk X-11)

Edwards
EDWARDS
73472

Newbaker
NEWBAKER
73216
King
KING
74059

2	Navy Liaison Unit Verification Ident Br	Screening Unit Non Rec Sec Mem Div	28 Jan 1952
---	--------------------------------------------	------------------------------------------	----------------

- Reference is made to attached 1st Ind from Col. Elmes dated 17 January 1952.
- Recommended association cannot be substantiated on basis of inconclusive dental comparison of Unk X-11, 2nd Marine Division Cemetery, Saipan and remains of WALSH, Joseph P., Pfc, 390315.

3 Incls
Incls 4 to 9 w/d72993

NEFF
NEFF

Moyer
MOYER
72000

29 file
29 file
29 file

AIR MAIL

RESTRICTED
Security Information

RRREC 293 (11 Dec 51)

1st Ind

Lt Col Abel/mly/682205

SUBJECT: Identification of World War II Deceased

Headquarters, United States Army, Pacific, Office of the Quartermaster,
APO 958, 17 Jan 52

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

1. In compliance with request made in basic communication an investigation has been made with a view toward determining the disposition made of the three (3) unknown remains reported interred in Plot A, Row 9, Grave 9, 2nd Marine Division Cemetery, Saipan.

2. A roster of the 2nd Marine Division Cemetery, Saipan, compiled as of 30 April 1946 by the 604 QM Graves Registration Co, 2nd Platoon, APO 244 and as certified by the Memorial Branch, Hq, AFMidPac, APO 958, 1 July 1946, reveals that there were twenty (20) interments reported in Plot A, Row 9 of this cemetery which consisted of sixteen (16) known interments and four (4) unknowns. Unknowns were interred in Graves 2, 9, 12 and 13 of this row.


3. Available records for the twenty (20) remains disinterred from this row reveal that eighteen (18) known remains (two (2) unknowns, X-12 and X-13 were subsequently identified) have been repatriated to the United States or interred in the National Memorial Cemetery of the Pacific, leaving two (2) remains in an unknown status, i.e., X-10, Plot A, Row 9, Grave 2, and X-11, Plot A, Row 9, Grave 9. Dental parts associated with X-10 and X-11 do not compare favorably with those teeth charted as Unknown A, Unknown B, or Unknown C (Dental Charts, 7 June 1946).

4. 1044 papers are not available for the majority of the known remains disinterred from this row, as the remains in most instances were disinterred and shipped direct to the United States by the former MARBO Command. Suggest physical and dental data for the known remains disinterred from this row be checked to determine whether the teeth charted as Unknowns A, B, and C may have belonged to identified remains buried either side of Grave 9.

4 Incls

Added 1 Incl

4. Extract from Roster of
2d Marine Div Cem, Saipan
(in dup)


C. H. ELMES
Colonel, QMC
Quartermaster

293 GRS Pacific (Mem. Information)

RESTRICTED
Security Information
2

AIR MAIL

RECEIVED
JAN 24 1952
DIVISION OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a memorandum or report containing several paragraphs of text.]



RECEIVED
JAN 25 9 50 AM '52
DIVISION OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

JAN 25 9 50 AM '52



DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON 25, D. C.

IN REPLY REFER TO

QMGMN 293
GRS Pacific

11 December 1951

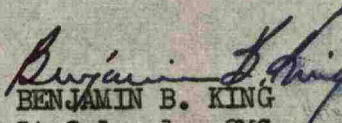
SUBJECT: Identification of World War II Deceased

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

1. Reference Radio Message MP 25909 from your headquarters dated 28 November 1951.
2. A copy of the Report of Interment dated 7 June 1946 for three Unknowns recovered from the 2nd Marine Division Cemetery, Saipan, Plot A, Row 9, Grave 9, a Report of Disinterment and dental charts are inclosed for your information.
3. Request this Office be advised of the present designation and burial location of each of the three unknown remains.

FOR THE QUARTERMASTER GENERAL:

- 3 Incls
1-B/R dtd 7 June 1946 (cy)
2-Rpt of Disinterment dtd
7 June 1946 (cy)
3-Dental charts for Unknowns
A, B, and C (cy)


BENJAMIN B. KING
Lt Colonel QMC
Memorial Division

Copies furnished:
CINCPAC
PHILCOM

RECORDS SECTION
O D W C
15 1 1952

DEPARTMENT OF THE ARMY
OFFICE OF THE QUARTERMASTER GENERAL
WASHINGTON, D.C.



11 December 1951

MEMO FOR
THE QUARTERMASTER GENERAL

SUBJECT: Identification of World War II deceased

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
170 988, c/o Postmaster
San Francisco, California

1. Reference Radio Message # 2509 from your headquarters dated 28 November 1951.

2. A copy of the report of interment dated 7 June 1946 for three unknowns recovered from the 2nd Marine Division Cemetery, Saipan, File A, Grave B, a report of interment and dental charts are inclosed for your information.

3. Interment this office be advised of the present disposition and burial location of each of the three unknown remains.

FOR THE QUARTERMASTER GENERAL:

WILLIAM B. KING
Lieutenant Colonel
General Division

- 3 Incls.
- 1-R file 7 June 1946 (ex)
- 2-Rpt of interment and
- 7 June 1946 (ex)
- 3-Dental charts for Unknowns
- A, B, and C (ex)

Copies furnished:
CINCPAC
PHIBRON

MAIL & RECORDS BRANCH
O.D.M.G.

DEC 12 1 48 PM '51

CINCPAC 293
CINCPAC Pacific

11 December 1951

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 Radio Message MF 25709 from your headquarters dated 28 November 1951.
2. A copy of the Report of Internment dated 7 June 1946 for three Unknowns recovered from the 2nd Marine Division Cemetery, Saipan, Plot A, Row 9, Grave 9, a Report of Disinterment and dental charts are inclosed for your information.
3. Request this Office be advised of the present designation and burial location of each of the three unknown remains.

FOR THE QUARTERMASTER GENERAL:

3 Incls
1-B/R dtd 7 June 1946 (cy)
2-Rpt of Disinterment dtd
7 June 1946 (cy)
3-Dental charts for Unknowns
A, B, and C (cy)

BENJAMIN B. KING
Lt Colonel CMC
Memorial Division

Copies furnished:

CINCPAC
PHILCOM

12 1 48 PM
O O M G
MAIL & RECORDS BR

gm
CJM

gm
JMN

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

7 June 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION		
	Name (Last, First, Middle Initial) (Formerly UNKNOWN)		Serial Number
	THREE UNKNOWN (A,B,C)		---
	Grade	Organization	Branch of Service
---	---	probably USMC	
Race	Religion	If Other than U. S. Dead, Give Name of Country	
---	---	---	

Place of Death Saipan, M.I.	Cause of Death KIA	Date of Death 19 Jun 1944
---------------------------------------	------------------------------	-------------------------------------

Emergency Addressee (Name, Relationship and Address)
unknown

Identification Tags Found on Body (1, 2, or None) none	If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse Unidentified. (Three (3) bodies found upon disinterment for identification 6 Jun 46. No other identification except that noted on reverse, and dental charts which are attached to disinterment report.)
Were Substitute Tags Provided (Yes or No) no	

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
2d Marine Division Cemetery, Saipan, M.I.

Date of Burial unknown	Hour ---	Buried in (Shroud, Blanket, or name of other) shrouds	Type of Grave Marker CROSS	Plot No. A	Row No. 9	Grave No. 9
----------------------------------	--------------------	-----------------------------------------------------------------	--------------------------------------	----------------------	---------------------	-----------------------

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

Type of Religious Ceremony unknown	Person Conducting Burial Rites ---	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body Copy of corrected report of interment buried one foot under grave marker.
Identification Tag Buried With Body (Yes or No) no	Identification Tag Attached to Marker (Yes or No) no	

Body Buried on Deceased Left, Name (Last, First, Middle Initial) Valterg, B. R.	Rank Pfc	Serial Number 859076	Organization C. USMC	Grave No. 8
-------------------------------------------------------------------------------------------	--------------------	--------------------------------	--------------------------------	-----------------------

Body Buried on Deceased Right, Name (Last, First, Middle Initial) Bandberg, R.F.	Rank Cpl	Serial Number 296006	Organization USMC	Grave No. 10
--------------------------------------------------------------------------------------------	--------------------	--------------------------------	-----------------------------	------------------------

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report <i>William M. Brewster</i> WILLIAM M. BREWSTER, 1st Lt., OMC
--------------------------------------	---------------------------------------------------------------------------------------------------------------------

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.

Incl 1

RESTRICTED

RESTRICTED

SECTION 3. UNIDENTIFIED REMAINS											
Left Little Finger	<p>Instructions</p> <p>(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.</p> <p>(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 fingerprints 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.</p>										
Left Ring Finger	<table border="1"> <tr> <th>Height</th> <th>Weight</th> <th>Color of Eyes</th> <th>Color of Hair</th> <th>Birthmarks, Scars or Tattoos</th> </tr> <tr> <td>All three six feet ---</td> <td>---</td> <td>---</td> <td>all brown</td> <td>none</td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos	All three six feet ---	---	---	all brown	none
Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos							
All three six feet ---	---	---	all brown	none							
Left Middle Finger	<table border="1"> <tr> <th>Weapon and Serial Number</th> <th>Laundry Mark</th> <th>Where Body Was Buried or Found</th> </tr> <tr> <td>none</td> <td>none</td> <td>2d Marine Division Com. Saipan.</td> </tr> </table> <p>Other Identification Clues</p> <p align="center">Dental chart attached to disinterment report.</p>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found	none	none	2d Marine Division Com. Saipan.				
Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found									
none	none	2d Marine Division Com. Saipan.									
Left Index Finger											
Left Thumb		<p>Fillings</p> <p>Silver Filling Gold Filling</p>									
Right Thumb		<p>Cavities</p> <p>Cavity Decayed</p>									
Right Index Finger		<p>Missing Teeth</p> <p>Tooth Missing</p>									
Right Middle Finger		<p>Crowned Teeth</p> <p>Porcelain Crown Gold Crown</p>									
Right Ring Finger		<p>Bridge Work</p> <p>Gold Bridge</p>									
Right Little Finger		<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p>									
<p>Remarks</p>											

7 Jun 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)

UNKNOWN (McCurdy, B.S., Pfc, USMC, Died 19 Jun 44)

SERIAL NUMBER

GRADE

ORGANIZATION

NAME, NUMBER AND LOCATION OF CEMETERY

2d Marine Division Cemetery, Saipan, M.I.

PLOT

ROW

GRAVE NO.

A

9

9

2. DATE OF DISINTERMENT

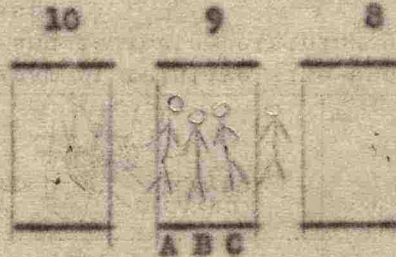
6 June 1946

DATE OF REINTERMENT

6 June 1946

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.

Buried 5 feet deep in shrouds. 90% decomposed. Many bandages, several broken bones. USMC shoes and clothing on all remains, but no identifying marks. Three (3) bodies were found in this grave, lying side by side. It did not appear that the two outside bodies belonged to the adjacent graves. Bodies were arranged as follows:



4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT: ON MARKER

UNKNOWN "Died 19 Jun 44"

ON REMAINS

All had straight, brown hair, and were about six feet tall. "A" and "B" had skulls shattered, with some teeth remaining. Dental charts for all three bodies are attached.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

UNKNOWN "Died 19 Jun 44"

ON REMAINS

Copy of corrected report of interment buried one foot under marker.

FILE
NAVY SECTION
G. J. MOYER

SEP 7

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

William M. Brewster
WILLIAM M. BREWSTER, 1st Lt., MC

Incl 2

IDENTIFICATION DENTAL CHART

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

7 June 1946

DATE

UNKNOWN (A)

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Snipon, N.I.

2d Mar Div. Com.

A

9

9

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		X	A	A					P	P	P	P	P	P	P	P	P			TYPE							
LOCATION		X	O	O																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		X	A	A																TYPE							
LOCATION		X	O	SP																LOCATION							

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

FILE NAVY SECTION C. J. MAY

SEP 7 1950

Incl 3'

INSTRUCTIONS:

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

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

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

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

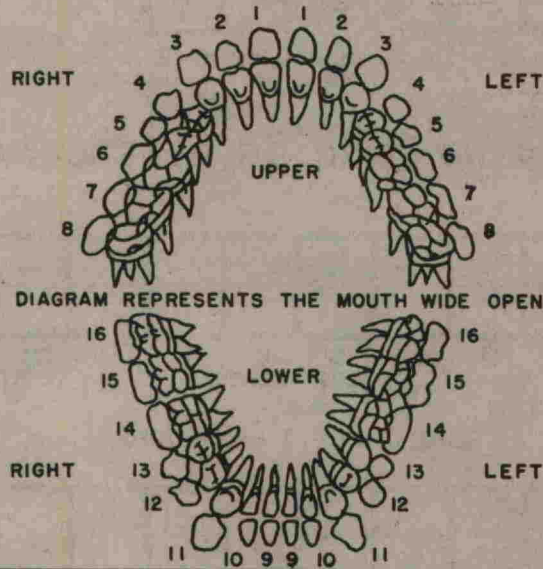


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

[Signature]
SIGNATURE OF PERSON WHO PREPARED CHART

William M. Brewster
VERIFIED BY GRS OFFICER

Col. CW Graves, Jr., Capt. 1st Lt., OMC
NAME AND RANK TYPED OR PRINTED

WILLIAM M. BREWSTER, 1st Lt., OMC
NAME AND RANK TYPED OR PRINTED

601 CW Graves Barr. Co., 2d Platoon, APO 244
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

7 June 1946
DATE

IDENTIFICATION DENTAL CHART

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

7 June 46 DATE

LAST NAME (D) FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION
















SAIPAL, P.I. PLACE OF DEATH 28 Mar. Div. Camp PLACE OF BURIAL A PLOT 9 ROW 9 GRAVE NO.

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

INSIDE — LOOKING OUT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																	TYPE
LOCATION	X	A	A											A	A	A	LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

Incl 3²

FILE SECTION
C. J. [unclear]
SEP 7 1950

INSTRUCTIONS:

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

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

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

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

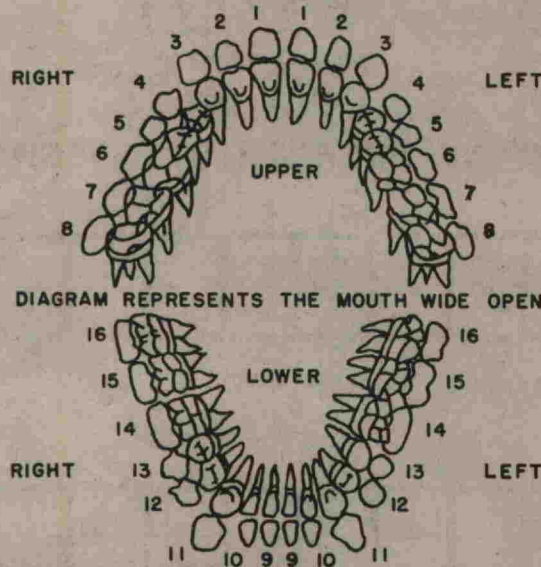


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

WMB
SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER, 1st Lt, MC
NAME AND RANK TYPED OR PRINTED

William M. Brewster
VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER, 1st Lt, MC
NAME AND RANK TYPED OR PRINTED

60th AFSG, Fort Belvoir, MO
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

7 June 1947
DATE

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.

7 June 1946

DATE

UNKNOWN (C)

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

SAIPAN, MARIANAS ISLANDS

2D MAR. DIV. COM.

ORGANIZATION

A 9 9

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX



EXTRACTED



CAVITY. INDICATE LOCATION



FIXED BRIDGE (INCL. ABUTMENTS)



TEETH REPLACED BY DENTURE



POSTHUMOUSLY MISSING (LOST AFTER DEATH)

TYPE OF FILLING IN UPPER HALF OF BOX



AMALGAM (SILVER)



GOLD



SILICATE OR PORCELAIN



OXYPHOSPHATE (CEMENT)



LOCATION OF FILLING IN LOWER HALF OF BOX



MESIAL (BETWEEN-TOWARD FRONT)



OCCUSAL (BITING SURFACE BACK TEETH)



DISTAL (BETWEEN-TOWARD BACK)



LINGUAL (TOWARD TONGUE)



FACIAL (TOWARD CHEEK)

FILE
NAVY SECTION
C. J. M. JR.

SEP 7 1950

Incl 3

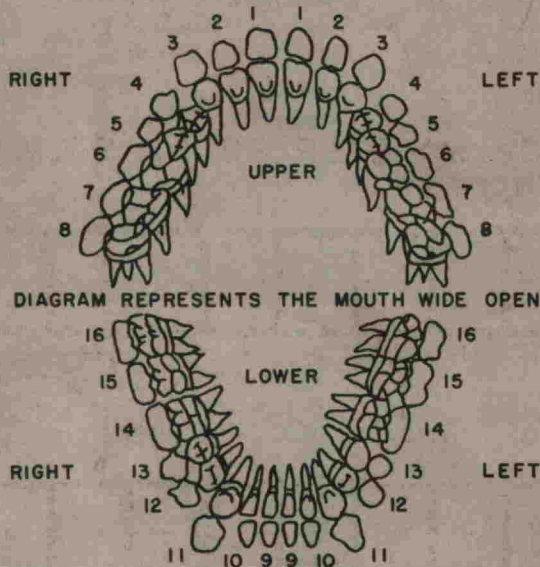
INSTRUCTIONS:

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

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

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



REMARKS:

No serial number on denture.

[Signature]
SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER, 1st Lt., GMC
NAME AND RANK TYPED OR PRINTED

601 ON G. R. Co., 26 Plat., APO 245
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

[Signature]
VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER, 1st Lt., GMC
NAME AND RANK TYPED OR PRINTED

7 June 1946
DATE

*** E X T R A C T ***

ROSTER OF 2D MARINE DIVISION CEMETERY, SAIPAN, MARIANAS ISLANDS
 Compiled as of 30 April 1946
 by 604 QM Graves Registration Co., 2d Platoon, APO 244

NAME	RANK OR RATE	SERVICE SERIAL NUMBER	BRANCH OF SERVICE	DATE OF DEATH	PLOT	ROW	GR.	REL.

Bowden, Charles R.	Sgt	403348	USMC	19 Jun 44	A	9	5	P

Caffey, Francis S.	Pfc	335527	USMC	15 Jun 44	A	9	17	P
Cagle, Donald E.	Pfc	864316	USMC	19 Jun 44	A	9	1	p

Cunha, Edward	Sgt	260257	USMC	17 Jun 44	A	9	14	C

Duey, Floyd D.	Pfc	412079	USMC	16 Jun 44	A	9	11	P

Fluck, Alan R.	Pfc	399404	USMC	16 Jun 44	A	9	3	P

Frandsen, Richard F.	Pvt	893843	USMC	15 Jun 44	A	9	4	P

Handberg, Robert P.	Cpl	296006	USMC	16 Jun 44	A	9	10	P

Johnson, Russell G.	T/Sgt	277315	USMC	18 Jun 44	A	9	20	P

Klimko, Edward J.	Pfc	805452	USMC	19 Jun 44	A	9	6	C

Meyer, Harry C.	Cpl	469000	USMC	15 Jun 44	A	9	16	C

Sowell, Don R.	PhM2c	6243268	USN	18 Jun 44	A	9	19	P

Unknown (X-10)				15 Jun 44	A	9	2	
Unknown (X-11)			(USMC)	19 Jun 44	A	9	9	
Unknown (D.J.L.)(X-12)(Identified as Le Penske, Donald J., 506753)				15 Jun 44	A	9	12	
Unknown (X-13)(Identified as Rittenhouse, Robert, 507041)				15 Jun 44	A	9	13	

Walters, Herman R.	Pfc	859076	USMC	19 Jun 44	A	9	8	P

Whitman, Harold E.	Pfc	834705	USMC	15 Jun 44	A	9	18	P

Wilkinson, Franklin E.	Cpl	365319	USMC	15 Jun 44	A	9	15	C

Woods, Don E.	Slc	8522170	USN	17 Jun 44	A	9	7	P

*** E X T R A C T ***

*** E X T R A C T ***

ROSTER OF 2D MARINE DIVISION CEMETERY, SAIPAN, MARIANAS ISLANDS
 Compiled as of 30 April 1946
 by 604 QM Graves Registration Co., 2d Platoon, APO 244

NAME	RANK OR RATE	SERVICE SERIAL NUMBER	BRANCH OF SERVICE	DATE OF DEATH	PLOT	ROW	GR.	REL.
		* * * * *						
Bowden, Charles R.	Sgt	403348	USMC	19 Jun 44	A	9	5	P
		* * * * *						
Caffey, Francis S.	Pfc	335527	USMC	15 Jun 44	A	9	17	P
Cagle, Donald E.	Pfc	864316	USMC	19 Jun 44	A	9	1	p
		* * * * *						
Cunha, Edward	Sgt	260257	USMC	17 Jun 44	A	9	14	C
		* * * * *						
Duey, Floyd D.	Pfc	412079	USMC	16 Jun 44	A	9	11	P
		* * * * *						
Fluck, Alan R.	Pfc	399404	USMC	16 Jun 44	A	9	3	P
		* * * * *						
Frandsen, Richard F.	Pvt	893843	USMC	15 Jun 44	A	9	4	P
		* * * * *						
Handberg, Robert P.	Cpl	296006	USMC	16 Jun 44	A	9	10	P
		* * * * *						
Johnson, Russell G.	T/Sgt	277815	USMC	18 Jun 44	A	9	20	P
		* * * * *						
Klimko, Edward J.	Pfc	805452	USMC	19 Jun 44	A	9	6	C
		* * * * *						
Meyer, Harry C.	Cpl	469000	USMC	15 Jun 44	A	9	16	C
		* * * * *						
Sowell, Don R.	PhM2c	6243268	USN	18 Jun 44	A	9	19	P
		* * * * *						
Unknown (X-10)				15 Jun 44	A	9	2	
Unknown (X-11)			(USMC)	19 Jun 44	A	9	9	
Unknown (D.J.L.)(X-12)(Identified as Le Penske, Donald J., 506753)				15 Jun 44	A	9	12	
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		* * * * *						
Walters, Herman R.	Pfc	859076	USMC	19 Jun 44	A	9	8	P
		* * * * *						
Whitman, Harold E.	Pfc	834705	USMC	16 Jun 44	A	9	18	P
		* * * * *						
Wilkinson, Franklin E.	Cpl	365319	USMC	15 Jun 44	A	9	15	C
		* * * * *						
Woods, Don E.	Slc	8522170	USN	17 Jun 44	A	9	7	P
		* * * * *						

*** E X T R A C T ***

Final 41

nfm

Interred 30 1950
L 17 20 McKinley

1

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

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

DIRECTIVE NUMBER

6360 81335

DATE

29 03 50
DAY MONTH YEAR

/csv

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 11				
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
2ND MARINE DIVISION, SAIPAN	A	9	9	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
UNKNOWN X-11				29 March 50
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> 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	BY	EMBALMER (Signature)
29 March 50		<i>Paul R. Nichols</i> PAUL R NICHOLS
CASKET SEALED BY	SHIPPING ADDRESS VERIFIED BY	
PAUL R NICHOLS	L. W. RICHARDSON, M/Sgt., RA	
CASKET BOXED AND MARKED	DATE	BY
RAYMOND H TANGUAY	29 March 50	Sgt 1c, 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

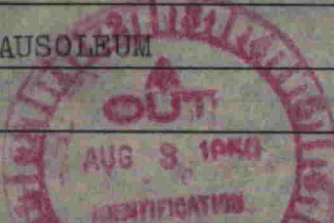
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RAF
 FILE
 RECORDS ANNOTATED
 DATE 27 Apr 1950
 NAME J. Kyles
 Report BR. MEM. DIV.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS MAUSOLEUM	TO US MILITARY CEMETERY
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER
SIGNATURE OF SHIPPER	DATE
	
SIGNATURE OF RECEIVER <i>Charles Mark</i>	DATE MAR 30 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

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6360 81335

29 03 50
DAY MONTH YEAR

NAME: UNKNOWN X-11 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: 2ND MARINE DIVISION, SAIPAN PLOT: 4 ROW: 9 GRAVE: 9 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: 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

REMARKS AND SPECIAL INSTRUCTIONS: files 5-25-50 McKinley Report

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

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

RESTRICTED

W.S.

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 900

HBM/RHT/vcr

GRPZ 293

FEB 9 1950

SUBJECT: Transmittal of ROI

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

Transmitted herewith, in accordance with letter your office,
File QMGMY 293 Unk X-11, subject: Report of Interment, dated 30
January 1950, is Report of Interment for Unknown X-11, 2nd Marine
Division Cemetery, Saipan, M. I., Plot A, Row 9, Grave 9.

FOR THE COMMANDING OFFICER:

John Shypula
JOHN SHYPULA
1st Lt., Infantry
Adjutant

CC: GINCFE



293 Unk X-11 2nd Marine Div

MAN
File

10 April 1950

Ed Kayser

Identification Branch

RESTRICTED

293 Unk Saipan X-11 (2nd Marine Division)

UNCLAS 293
Unk X-11

30 January 1950

SUBJECT: Report of Interment

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

Request this office be furnished Report of Interment,
Form 1042, for Unk X-11, 2nd Marine Division Cemetery,
Saipan, M. I., Plot A, Row 9, Grave 9.

FOR THE QUARTERMASTER GENERAL:

H. F. DANNEYS
Major, USA
Memorial Division

INFO CY: Commander-in-Chief, Far East
APO 500, c/o Postmaster
San Francisco, California

JAN 30 2 21 PM '50
MAIL & RECORDS DIVISION



AIR MAIL

DC

CMO

mh



AIR MAIL

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

24 Jan. 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 11 , Plot A ,
Row 9 , Grave 9 , USMC SAIPAN, 2ND MARINE 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
H. B. McNEEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 8 Feb. 1950 OQMG
Not identifiable from
information presently available 10 April 1950

Ed Kayser

Incl 3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-11				2. DATE OF REPORT 24 Jan. 1950	
3. NAME OF CEMETERY SAIPAN, 2ND MARINE	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	A	9	9	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 68 1/2"	10. COLOR OF HAIR Medium Brown	11. RACE UTD
----------------------------	--------------------------------	-----------------------------------	-----------------

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? 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"

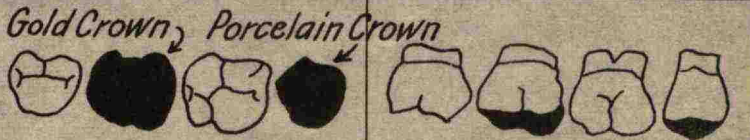
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Final 3

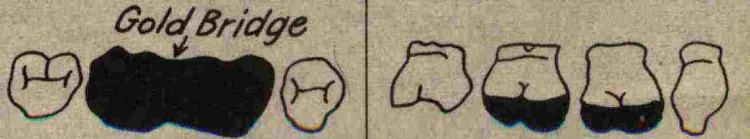
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:



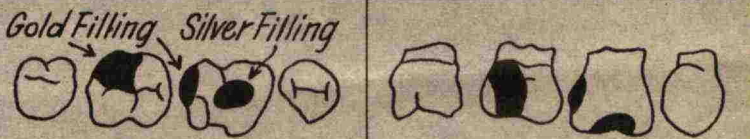
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



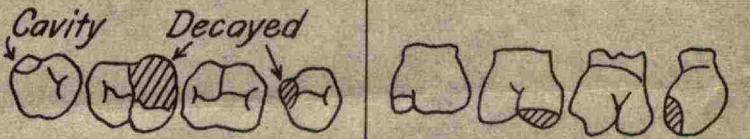
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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		
	A	X	Ø		Ø					Ø	S		X	A			
Side Views																	Side Views
Top Views																	UPPER
Top Views																	LOWER
Side Views																	Side Views
	A	A	X											A	X	A	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

Some closed

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."

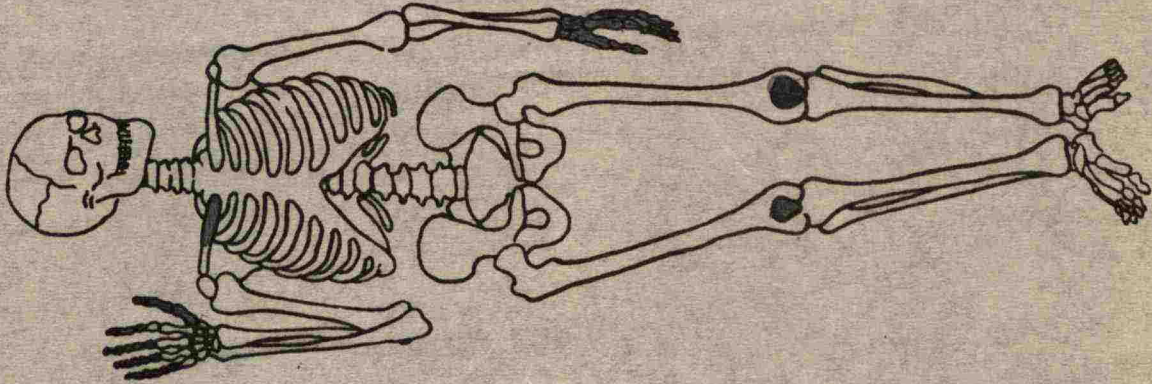
"UNIDENTIFIABLE"

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. 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 identification tags, bottle burials, personal effects, 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, Ident. Section

SIGNATURE

RL

1

DISINTERMENT DIRECTIVE

803-27A-74

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6360 00000

DATE

15 11 47
DAY MONTH YEAR

NAME

SERIAL NUMBER

RANK

ARM

DATE OF DEATH

273 UNKNOWN X-11

8

DAY MONTH YEAR

CEMETERY

DISPOSITION OF REMAINS

SAIPAN 2ND MARINE DIV CEMETERY

0

0391 63
CODE DIST. PT.

PLOT ROW GRAVE COUNTRY

CAUSE OF DEATH

A 9 9 MARIANAS

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
GUAM NATIONAL CEMETERY
MARIANAS ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN

X-000011

Unk

19 Jun 44

19 Feb 48

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

UNKNOWN

Unk

G S WILTSHIRE, Emb
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

Trench burial, uncasketed,
nature of shroud undetermined

Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary Plate

MINOR DISCREPANCIES 1

X number reassigned to avoid duplication of numbers.

REMAINS PREPARED AND PLACED IN CASKET

DATE 16 Jul 48

BY

J R WILLIAMS, Emb

CASKET SEALED BY

EMBALMER (Signature)

J R WILLIAMS, Emb

O D Campbell
O D CAMPBELL

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 16 Jul 48

BY

P SAYAN

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.

F T DeGROODT, Capt, CMP

SIGNATURE OF GRS INSPECTOR

FILE
SEP 7 - 1948

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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM US MAUSOLEUM (SAIPAN MI)		TO PORT STORAGE OFFICER (SAIPAN MI)	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER <i>[Handwritten]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i> JOHN H LOTT, Maj CMP	DATE 19 Jul 48	SIGNATURE OF RECEIVER <i>[Signature]</i> ROBERT G. SNOWDEN, 1st Lt Inf	DATE 19 Jul 48

2. SHIPPED

FROM AGRS PORT (SAIPAN, MI)		TO MASTER FS-278	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER <i>[Handwritten]</i>	
SIGNATURE OF SHIPPER <i>[Signature]</i> HAROLD E. FIKE, CAPTAIN INF	DATE 12 Jan 49	SIGNATURE OF RECEIVER <i>[Signature]</i>	DATE 12 Jan 49

3. SHIPPED

FROM MASTER FS-278		TO AGRS Mausoleum	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>[Signature]</i>	DATE 21 JAN 1949	SIGNATURE OF RECEIVER <i>[Signature]</i> E. H. NEWMAN JR., Capt., FA.	DATE JAN 1949

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

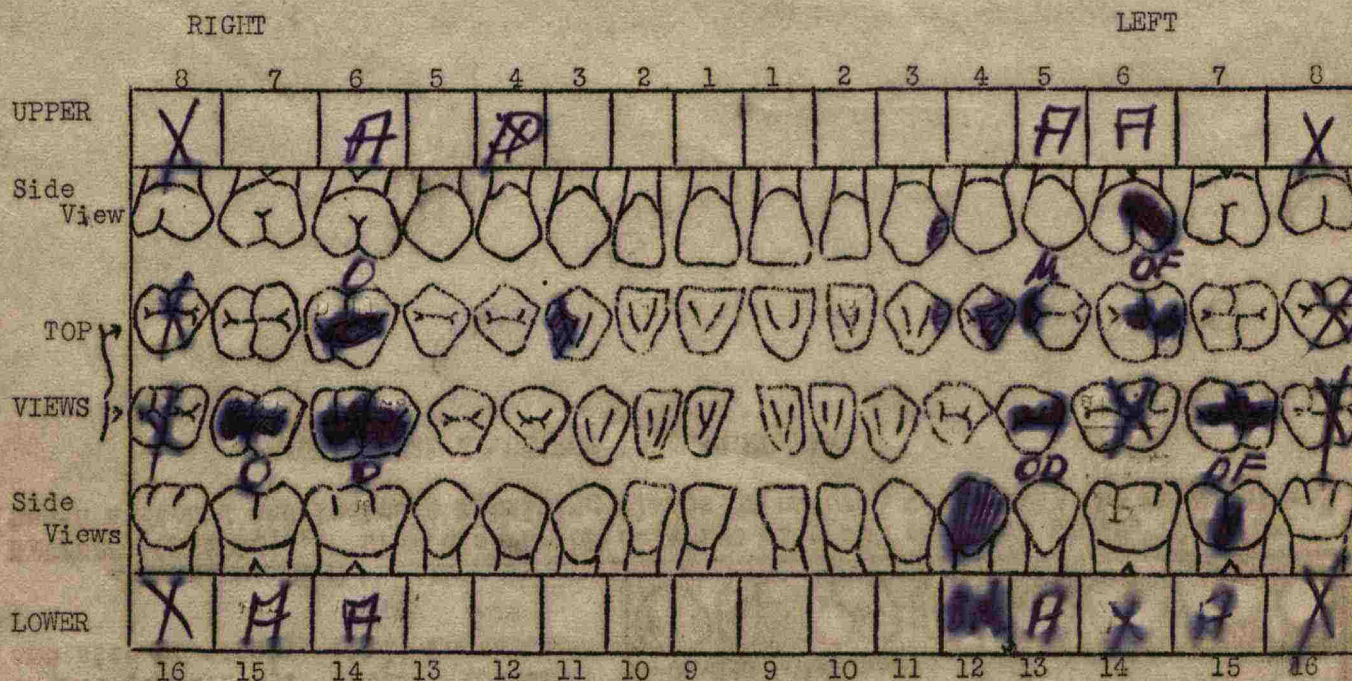
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

TOOTH CHART

16 July 48
Date

Unknown X-10

Last Name Unknown First X Initial 10 Rank 2nd Lt Serial No. 1000
 Branch of Service Army Cemetery 19 Feb 48
 Cemetery _____ Date of Death _____ Date Disintered _____



This dental chart is 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), bicuspids (chewing teeth), and molars (principal chewing teeth). An examination should be made and findings charted to cover the following basic conditions: Lost teeth, crowned teeth, bridge work, fillings, caries (cavities of decay), dentures (plates), and any deformity of jaws found. See reverse side for illustrations.

STATION FILE

[Signature]
Signature of Officer or other person who prepared Tooth chart

[Signature]
Verified by G.R.S. Officer

MISSING TEETH... All teeth missing through previous extraction (not those fractured or displaced by recent wounds) should be "X"ed out and labeled, thus:



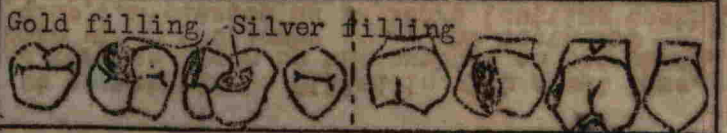
CROWNED TEETH ... Block in solid the crown of tooth (label gold, porcelain, Silver or gold and porcelain) thus:



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



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



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



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

ADDITIONAL SPACE FOR FURTHER REMARKS

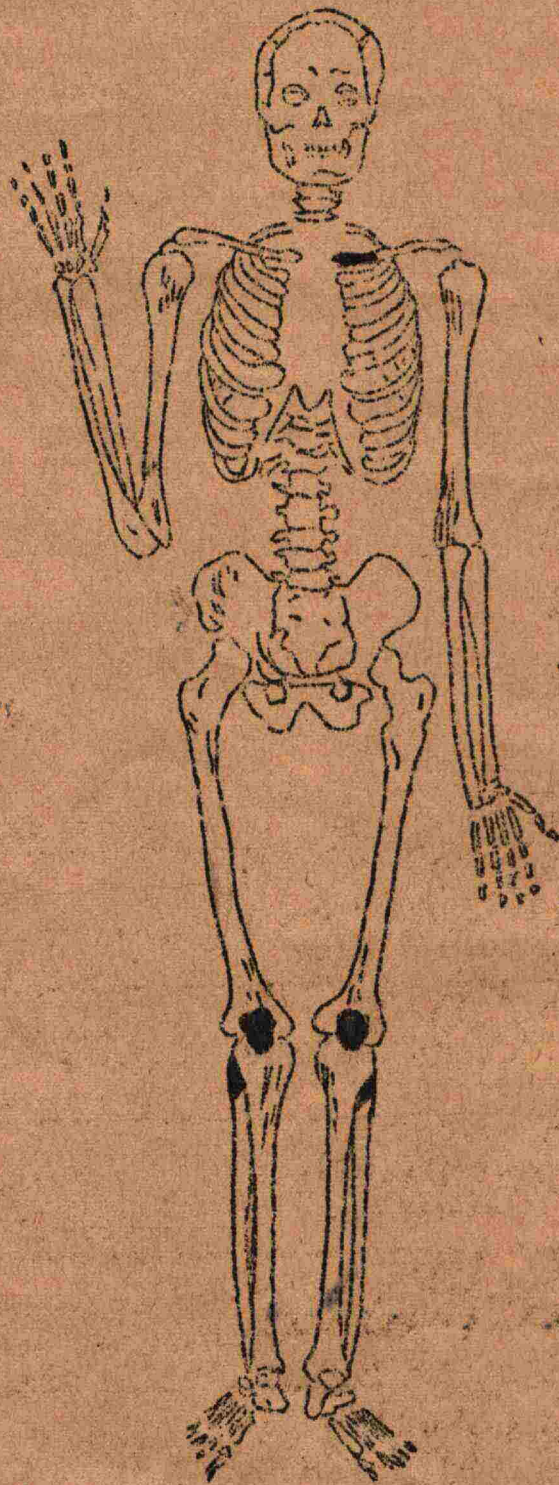
PROCESSING CENTER

Unknown X-10
(Name)

2nd Lt. Dan Lem
(Rank)

5000
(Ser No.)

1
(Br of Sv)



Skeletal remains incomplete

SKELETAL CHART

EXHUMATION RECORD
CEMETERY OPERATIONS

DATE 19 Feb 48

0391 63

A. NAME AND BURIAL LOCATION OF DECEASED

Name <u>UNKNOWN</u>	Rank	Serial No.	Date of Death	Age <u>8</u>
Cemetery <u>Saipan 2nd Marine Div.</u>	Plot <u>A</u>	Row <u>9</u>	Grave <u>9</u>	Country <u>Marianas Is.</u>
				D.D. Number <u>6360 00000</u>

B. DISINTERMENT AND IDENTIFICATION

Name <u>UNKNOWN</u>	Rank <u>UNK</u>	Serial No. <u>UNK</u>	Date of Death <u>19 JUN 44</u>	Date Disinterred <u>19 Feb 48</u>
Identification Tag on Remains	Organization <u>UNK</u>	Religion <u>UNK</u>	Identification verified by <u>G.S. Wiltshire (Emb)</u>	

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial TRENCH BURIAL Condition of remains SKELTAL REMAINS - 100% complete
Uncasketed. Nature of Shroud Undetermined
 Other means of identification MORTUARY PLATE - SURFACE
 Minor Discrepancies (Prepare 1194a for Major Discrepancies) NONE

D. REMAINS PREPARED AND PLACED IN CASKET

Casket sealed by _____ Embalmer (Signature) G.S. Wiltshire
 Casket marked _____ Checker (Signature) R.C. Panigawa

REMARKS:

CONSIGNEE: **GUAN NATIONAL CEMETERY
MARIANAS ISLANDS**
(BY ADMINISTRATIVE ORDER)

LEFT HERMAN R. WALTERS - PFC - 859074 - GRAVE - 8
RIGHT - ROBERT P. HANDBERG. CPL - 296006 - GRAVE - 10

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

Alc. Pennell 12131
Signature of GRS Inspector (Gen)

PROCESSING OPERATIONS

Name	Rank	Serial No.	Date Processed
Identification Tag on Casket <input type="checkbox"/>	Remains <input type="checkbox"/>	Identification verified by:	
Other means of identification			

Minor Discrepancies (Prepare 1194a for major discrepancies)

Casket sealed by _____ Embalmer (Signature)
 Casket marked _____ Checker (Signature)

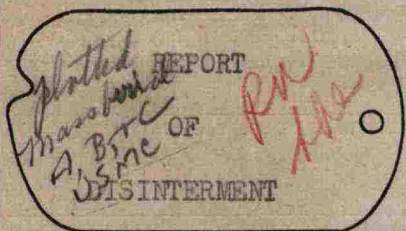
RESTRICTED

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

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

DATE OF REPORT
30 June 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X-11		SERIAL No.
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
----------------	----------------	---------------

CERTIFIED TRUE COPY:

R. B. McNemar
R. B. McNemar
Captain, QMG

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)	MORTUARY PLATE ON MARKER: UNKNOWN I.D. TAG ON MARKER: UNKNOWN P-A, R-9, G-9 19 Jun 44 A-9-9

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

"UNIDENTIFIABLE"
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

SAIPAN, 2ND MARINE

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				A	9	9

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

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
----------------------------	--------------------------------	-----------------------------------------------------------------------------------------------

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

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

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

SIGNATURE OF PERSON PREPARING REPORT /s/t/ GEO. A. WHEELER, EMB. 30 Jun 48	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/ R. H. OESTREICH, Capt
-------------------------------------------------------------------------------	------------------------------------------------------------------------

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.

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RESTRICTED

Section 3.— UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

OTHER IDENTIFICATION CLUES

FILLINGS	<p>SILVER FILLING GOLD FILLING</p>	<p>UPPER</p> <p>LOWER</p> <p>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:

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QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT
30 June 48

Imprint Identification Tag If Possible. DO NOT TYPE 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial)	
	UNKNOWN X-11	
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
----------------	----------------	---------------

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	MORTUARY PLATE ON MARKER: UNKNOWN P-A, R-9, G-9 19 Jan 44 I.D. TAG ON MARKER UNKNOWN A-9-9
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO
	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

A TRUE COPY:

H. B. McNemar
Captain, QMC

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

SAIPAN, 2ND MARINE

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				A	9	9

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

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
----------------------------	--------------------------------	-----------------------------------------------------------------------------------------------

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

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

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

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
/s/t/ GEO A WHEELER, EMB. 30 Jun 48	/s/ R. H. OESTREICH, CAPT., 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

Incl # 11

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

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



REMARKS:

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER

IDENTIFICATION CHECKLIST

30 June 48

Unknown X-11
Cemetery Saipan, 2nd Marine
Plot A Row 9 Grave 9

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

PART I
Physical Description

- 1. Estimated weight UTD 2. Estimated height 66 1/2"
- 3. Color of hair Medium Brown 4. Race UTD
- 5. Tattoos or scars on the body (give description) None

_____ (Information obtained from other sources) _____

6. Was tooth chart taken? Attached If not, explain _____

7. Were fingerprints taken? No

8. Cause of death UTD

9. Was body burned? No To what extent? _____

10. Are any parts of the body missing or severed? See Blackout Chart.

11. Is there any evidence of first-aid or other medical treatment? _____
UTD

12. If the remains are bodily mangled, a careful search should be made for identification tags or personal effects. A careful search was made.
Nothing was found.

13. Type of clothing found on remains (Air Corps, Paratroop; Armored, Navy, USMC, etc.) Only shoes found.

IDENTIFICATION CHECKLIST (CONT'D)

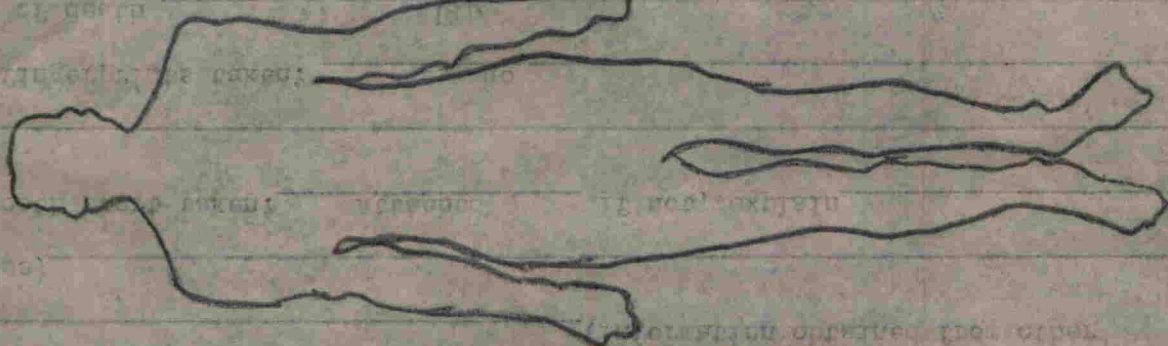
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: Shoes - Size 10E, Brown, Work.

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination None

16. Evidence of healed fractures None

17. Black out parts of body not received at cemetery.



18. REMARKS:

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

/s/t/ R. H. OESTREICH

Officer's name

CAPT.

Rank

Service

Organization

Redes.

243rd Bunk. Sarpaw X-11 2nd Marine
X-11 Div.

2nd. Marine Div. Com. M3.

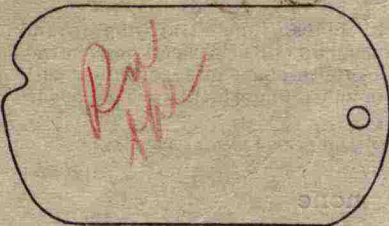
Sarpaw.

7

X-11


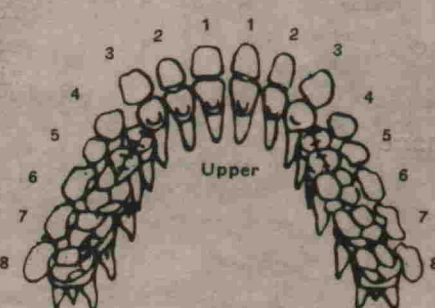
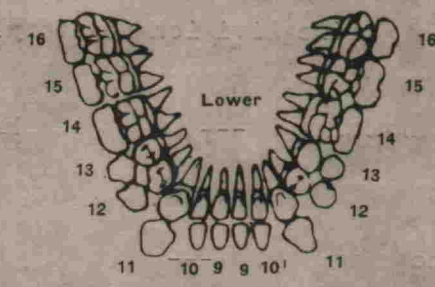





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6537

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 7 June 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION						
	Name (Last, First, Middle Initial) (Formerly UNKNOWN) THREE UNKNOWNNS (A,B,C)				Serial Number ---		
	Grade ---		Organization ---		Branch of Service probably USMC		
	Race ---		Religion ---		If Other than U. S. Dead, Give Name of Country ---		
Place of Death Saipan, M.I.		Cause of Death KIA			Date of Death 19 Jun 1944		
Emergency Addressee (Name, Relationship and Address) unknown							
Identification Tags Found on Body (1, 2, or None) none		If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse Unidentified. (Three (3) bodies found upon disinterment for identification 6 Jun 46. No other identification except that noted on reverse, and dental charts which are attached to disinterment report.)					
Were Substitute Tags Provided (Yes or No) no							
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 2d Marine Division Cemetery, Saipan, M.I.							
Date of Burial unknown	Hour ---	Buried in (Shroud, Blanket, or name of other) shrouds	Type of Grave Marker CROSS	Plot No. A	Row No. 9	Grave No. 9	
Was This a Re-Burial (Yes or No) no	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave ---			Plot No.	Row No.	Grave No.	
Type of Religious Ceremony unknown	Person Conducting Burial Rites ---		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body Copy of corrected report of interment buried one foot under grave marker.				
Identification Tag Buried With Body (Yes or No) no	Identification Tag Attached to Marker (Yes or No) no						
Body Buried on Deceased Left, Name (Last, First, Middle Initial) Walters, H. R.	Rank Pfc	Serial Number 859076	Organization USMC	Grave No. 8			
Body Buried on Deceased Right, Name (Last, First, Middle Initial) Handberg, R.P.	Rank Cpl	Serial Number 296006	Organization USMC	Grave No. 10			
Signature of Person Preparing Report			Signature of GRS Officer Verifying Report WILLIAM M. BREWSTER, 1st Lt., QMC				
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

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Little Finger Left		SECTION 3. UNIDENTIFIED REMAINS.				
Ring Finger Left		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 fingerprints 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.				
Middle Finger Left		Height All three six feet	Weight ---	Color of Eyes ---	Color of Hair all brown	Birthmarks, Scars or Tattoos none
Index Finger Left		Weapon and Serial Number none	Laundry Mark none		Where Body Was Buried or Found 2d Marine Division Cem. Saipan.	
Thumb Left		Other Identification Clues Dental chart attached to disinterment report.				
Thumb Right		Fillings  Silver Filling Gold Filling		 <p align="center">Upper</p> <p align="center">Diagram Represents the Mouth Wide Open</p>  <p align="center">Lower</p>		
Index Finger Right		Cavities  Cavity Decayed				
Middle Finger Right		Missing Teeth  Tooth Missing				
Ring Finger Right		Crowned Teeth  Porcelain Crown Gold Crown				
Little Finger Right		Bridge Work  Gold Bridge				
Ring Finger Right		Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery				
Little Finger Right						
Little Finger Right		Remarks				

RESTRICTED

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

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

7 June 1946

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

(Formerly UNKNOWN)

THREE UNKNOWN (A,B,C)

Serial Number

Grade

Organization

Branch of Service

probably USMC

Race

Religion

If Other than U. S. Dead, Give Name of Country

Place of Death

Saipan, M.I.

Cause of Death

MIA

Date of Death

19 Jun 1944

Emergency Addressee (Name, Relationship and Address)

unknown

Identification Tags Found on Body (1, 2, or None)

none

If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse

Unidentified. (Three (3) bodies found upon disinterment for identification 6 Jun 46. No other identification except that noted on reverse, and dental charts which are attached to disinterment report.)

Were Substitute Tags Provided (Yes or No)

no

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

2d Marine Division Cemetery, Saipan, M.I.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
unknown	---	shrouds	cross	A	9	9

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.
no	---			

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
unknown	---	Copy of corrected report of interment buried one foot under grave marker.
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	
no	no	

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Walters, B. R.	Pfc	859076	USMC	8
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Hendberg, R.J.	Cpl	296006	USMC	8

Signature of Person Preparing Report	Signature of GRS Officer Verifying Report
	William H. Brewster WILLIAM H. BREWSTER, 1st Lt., USMC

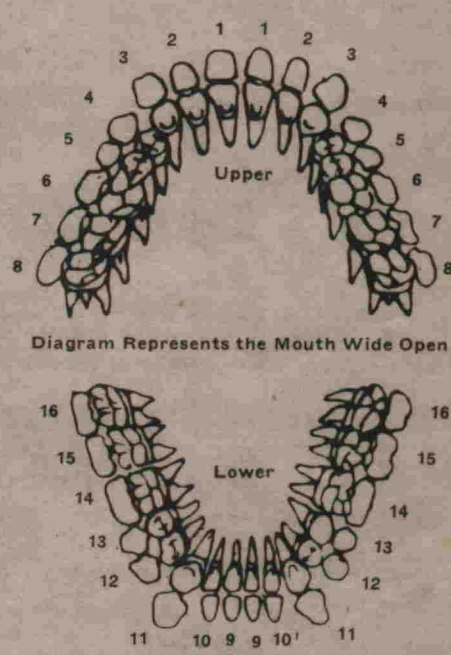

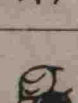


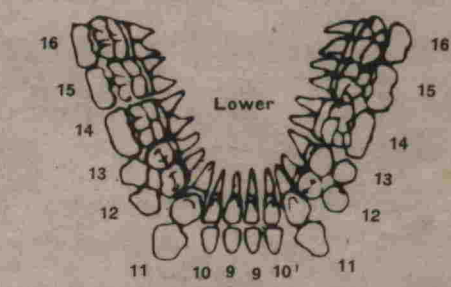






DISTRIBUTION OF REPORT: Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

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FILE
NAVY SECTION
G. J. MOYER
SEP 7 1950

RESTRICTED

		SECTION 3. UNIDENTIFIED REMAINS						
Left Little Finger	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; (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 fingerprints 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.							
Left Ring Finger	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos			
	All three six feet ---	---	---	all brown	none			
Left Middle Finger	Weapon and Serial Number		Laundry Mark		Where Body Was Buried or Found			
	none		none		2d Marine Division Cem. Saipan.			
Other Identification Clues								
Dental chart attached to disinterment report.								
Left Index Finger	Fillings		 <p>Diagram Represents the Mouth Wide Open</p>					
	 Silver Filling  Gold Filling							
Left Thumb	Cavities							
	 Cavity  Decayed							
Right Thumb	Missing Teeth							
	 Tooth Missing							
Right Index Finger	Crowned Teeth							
	 Porcelain Crown  Gold Crown							
Right Middle Finger	Bridge Work		 Gold Bridge					
	 Gold Bridge							
Right Ring Finger	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery							
								
Right Little Finger	Remarks							

ADDRESS YOUR REPLY TO
BUREAU OF MEDICINE AND SURGERY
NAVY DEPARTMENT, WASHINGTON 25, D. C.

AND REFER TO No.

BUMED-2142-EK
QW20/P6-1

25 Oct 1946



WASHINGTON 25, D. C.



MEMORANDUM FOR LT. WAITE.

Subj: Comparison of dental charts of
UNKNOWN (A), Grave 9, Row 9, Plot A
UNKNOWN (B), Grave 9, Row 9, Plot A,
UNKNOWN (C), Grave 9, Row 9, Plot A,
2nd Marine Division Cemetery, Saipan,
with charts of
DUEY, Floyd Doran, 412079, Pfc., USMC
HANDBERG, Robert Peter, 296006, Cpl., USMC
WALTERS, Herman Richard, 859076, Pfc., USMCR
WOODS, Don E., 852 21 70, Slc, USNR

The following statement has been submitted by the Dental Professional Office:

"The Identification Dental Charts for UNKNOWNNS A, B, and C cannot be identified as belonging to DUEY, HANDBERG, WALTERS, or WOODS."

L. E. Hill

L. E. HILL

FILE
NAVY SECTION
C. J. MOYER

SEP 7 1950

IDENTIFICATION DENTAL CHART

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

7 June 1946

UNKNOWN (A)

DATE

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Saipan, M.I.

2d Mar Div. Cem.

A

9

9

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW
















GRAVE NO.

		RIGHT								UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	TYPE									
TYPE		X	A	A				(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)	(X)										
LOCATION		X	O	O				(P)	(P)	(P)	(P)	(P)	(P)	(P)	(P)	(P)	(P)										

INSIDE — LOOKING OUT

		RIGHT								LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	TYPE									
TYPE		X	A	A				X			X	(X)	(X)	(X)		X											
LOCATION		X	O	OF				X			X	(P)	(P)	(P)		X											

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

FILE SECTION 9
NAVY G. J.
SEP 7 1950

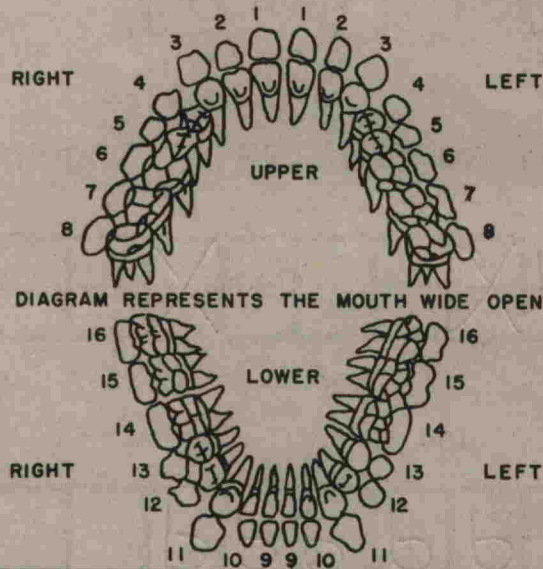
INSTRUCTIONS:

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

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

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

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

604 QM Graves Reg. Co., 2d Plat., APO 244
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

7 June 1946
DATE

INSTRUCTIONS:

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

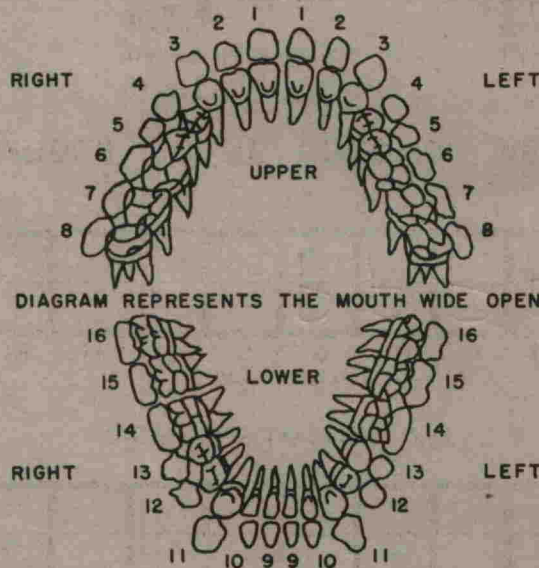


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

[Signature]
SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER, 1st Lt.QMC
NAME AND RANK TYPED OR PRINTED

[Signature]
VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER, 1st Lt.QMC
NAME AND RANK TYPED OR PRINTED

604 QM Graves Reg. Co., 2d Plat., APO 244
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

7 June 1946
DATE

6537

71955

IDENTIFICATION DENTAL CHART

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

7 June 1946
DATE







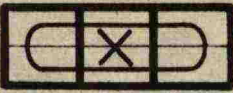


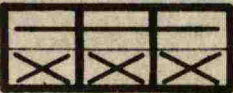




UNKNOWN (C)						
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.		
UNIT			ORGANIZATION			
SAIPAN, MARIANAS ISLANDS			2D MAR. DIV. CEM.			
PLACE OF DEATH			PLACE OF BURIAL	PLOT	ROW GRAVE NO.	
				A 9	9	

RIGHT								UPPER TEETH				LEFT			
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE	A	—	—	—	—	—	—	—	—	—	A	A	—	A	—
LOCATION	O	X	X	X				X			O	O	X	OF	

INSIDE — LOOKING OUT

RIGHT						LOWER TEETH				LEFT					
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE	A	—	A	—	—	—	—	—	—	—	—	A	A	A	—
LOCATION	OF	O	O									O	OF	OF	

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

NAVY SECTION MOYER

SEP 7 1950

Incl 16

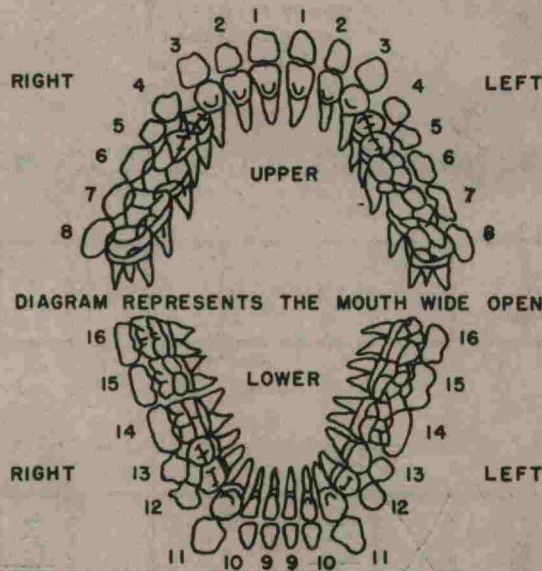
INSTRUCTIONS:

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



REMARKS:

No serial number on denture.

W M B
SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

604 QM G. R. Co., 2d Plat., APO 244
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

William M. Brewster
VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

7 June 1946
DATE

IDENTIFICATION DENTAL CHART

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

7 June 1946
DATE

UNKNOWN (A)

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Salmon, N.I.

2d Inf Div. Com.

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW







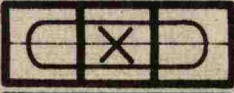








GRAVE NO.

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

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE		X	A	A				X				X	X	X					
LOCATION		X	O	OP															

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

June 18 1946

FILE
 C. J.
 SEP 7 1950

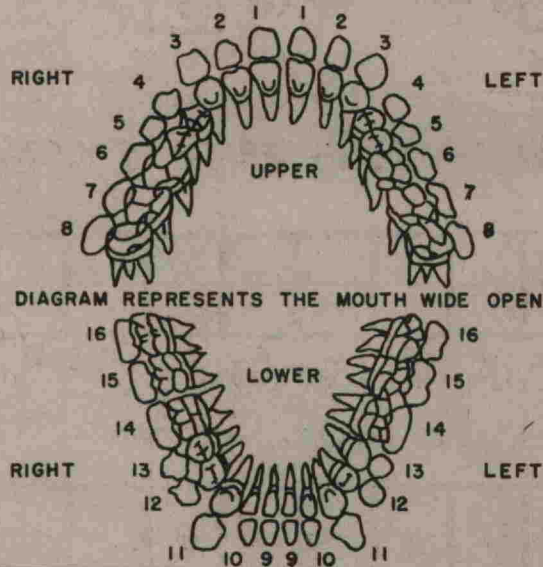
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

[Signature]
SIGNATURE OF PERSON WHO PREPARED CHART

William M. Brewster
VERIFIED BY GRS OFFICER

~~WILLIAM M. BREWSTER 1st Lt., OMC~~
NAME AND RANK TYPED OR PRINTED

~~WILLIAM M. BREWSTER 1st Lt., OMC~~
NAME AND RANK TYPED OR PRINTED

~~604th Graves Reg. Co., 58 Platoon, APO 244~~
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

~~7 June 1946~~
DATE

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.

7 June 1946
DATE

LAST NAME **(D)** FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION
















SAIPAN, N.I. **28 Mar. Div. Com.** **A** **9** **9**
PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE	LOCATION																	TYPE	LOCATION
		X	A	A											A		X		
			D	O											O				

INSIDE — LOOKING OUT

		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE	LOCATION																	TYPE	LOCATION
		X	A	S						P	P	P	P	P	P	P	P		
			O	O															

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

FILE
SECTION
SEP 7 1950

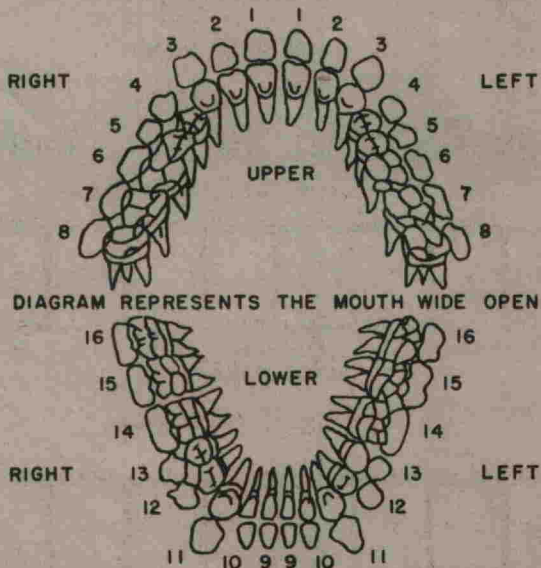
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4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

[Signature]
SIGNATURE OF PERSON WHO PREPARED CHART

William M Brewster
VERIFIED BY GRS OFFICER

~~WILLIAM M. BREWSTER 1st Lt. MC~~
NAME AND RANK TYPED OR PRINTED

~~WILLIAM M. BREWSTER 1st Lt. MC~~
NAME AND RANK TYPED OR PRINTED

60 PLACE OR NO. WHERE THIS FORM ACCOMPLISHED 214

7 June 1946 DATE

IDENTIFICATION DENTAL CHART

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

7 June 1946

DATE

UNKNOWN (0)

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT ORGANIZATION
SAITEN, MARZABAN ISLANDS 2D MAR. DIV. CENL. A 9 9

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	X	A	X	X	X				X	X		A	A	X	A	X	TYPE				
LOCATION																	LOCATION				

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

<p>SYMBOLS IN WHOLE BOX</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;">X</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;">O</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;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;">X</div> </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;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;">X</div> </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;">P</div> <p>POSTHUMOUSLY MISSING (LOST AFTER DEATH)</p> </div>	<p>TYPE OF FILLING IN UPPER HALF OF BOX</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;">A</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;">G</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;">S</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;">O</div> <p>OXYPHOSPHATE (CEMENT)</p> </div>	<p>LOCATION OF FILLING IN LOWER HALF OF BOX</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;">m</div> <p>MESIAL (BETWEEN-TOWARD FRONT)</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;">o</div> <p>OCCLUSAL (BITING SURFACE BACK TEETH)</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;">d</div> <p>DISTAL (BETWEEN-TOWARD BACK)</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;">l</div> <p>LINGUAL (TOWARD TONGUE)</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;">f</div> <p>FACIAL (TOWARD CHEEK)</p> </div>
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NAVY SECTION MOYER
SEP 1950

Incl 16³

INSTRUCTIONS:

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

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

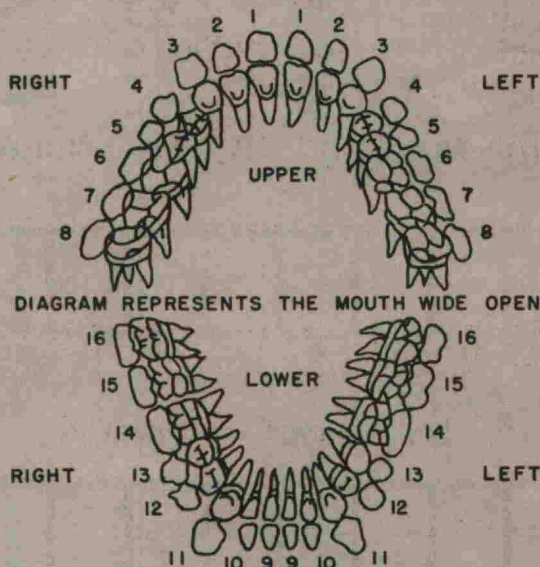


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

REMARKS:

No serial number on denture.

WMB

SIGNATURE OF PERSON WHO PREPARED CHART

William M. Brewster

VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

WILLIAM M. BREWSTER, 1st Lt., QMC
NAME AND RANK TYPED OR PRINTED

604 ON G. P. Co., 2d Plat., APO 244
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

7 June 1946
DATE

6537

QMC FORM 1044
Rev. 7 Apr. 1945

RESTRICTED

DATE
7 Jun 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name) UNKNOWN (McCurdy, B.S., Pfc, USMC, Died 19 Jun 44)	SERIAL NUMBER ---
----------------------------------------------------------------------------	----------------------

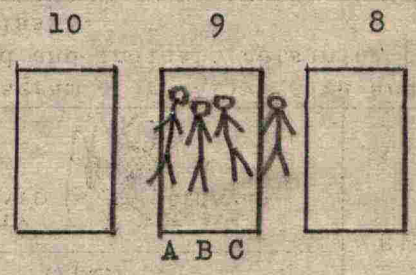
GRADE ---	ORGANIZATION ---
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NAME, NUMBER AND LOCATION OF CEMETERY 2d Marine Division Cemetery, Saipan, M.I.	PLOT A	ROW 9	GRAVE NO. 9
------------------------------------------------------------------------------------	-----------	----------	----------------

2. DATE OF DISINTERMENT 6 June 1946	DATE OF REINTERMENT 6 June 1946
----------------------------------------	------------------------------------

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.

Buried 5 feet deep in shrouds. 90% decomposed. Many bandages, several broken bones. USMC shoes and clothing on all remains, but no identifying marks. Three (3) bodies were found in this grave, lying side by side. It did not appear that the two outside bodies belonged to the adjacent graves. Bodies were arranged as follows:



4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT: ON MARKER

"UNKNOWN" "Died 19 Jun 44"

ON REMAINS
All had straight, brown hair, and were about six feet tall. "A" and "B" had skulls shattered, with some teeth remaining. Dental charts for all three bodies are attached.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

"UNKNOWN" "Died 19 Jun 44"

ON REMAINS
Copy of corrected report of interment buried one foot under marker.

FILE
NAVY SECTION
C. J. MOYER

SEP 7 1950

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

William M. Brewster
WILLIAM M. BREWSTER, 1st Lt., QMC

Incl 6

RESTRICTED

DATE
7 Jun 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)

UNKNOWN (McCarthy, B.S., Pfc, USMC, Died 19 Jun 44)

SERIAL NUMBER

GRADE

ORGANIZATION

NAME, NUMBER AND LOCATION OF CEMETERY

2d Marine Division Cemetery, Saipan, R.I.

PLOT

ROW

GRAVE NO.

A

9

9

2. DATE OF DISINTERMENT

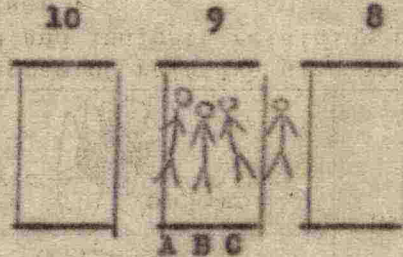
6 June 1946

DATE OF REINTERMENT

6 June 1946

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"UNKNOWN" "Died 19 Jun 44"

ON REMAINS

Copy of corrected report of interment buried one foot under

FILE
NAVY SECTION
C. J. MOYER

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

William M. Brewster
WILLIAM M. BREWSTER, 1st Lt., QMC

SEP 7 1950

Incl 6³

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth

Crowned Teeth

Bridgework

Fillings

Caries (Cavities)

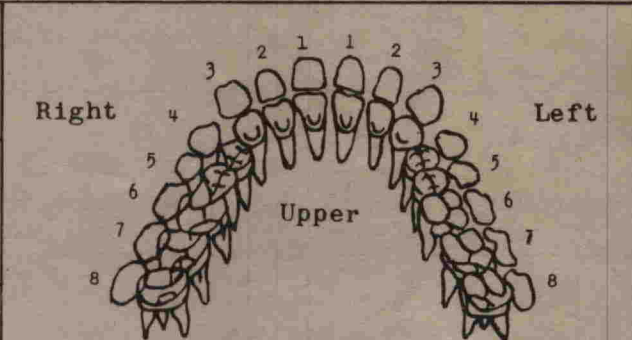
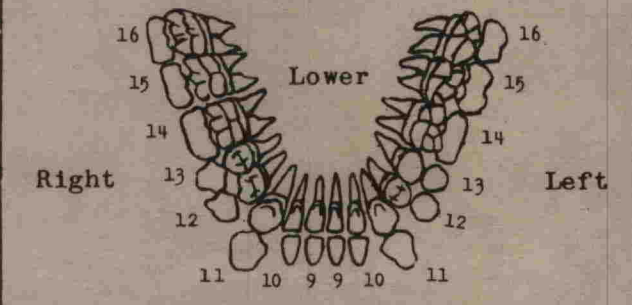


Diagram represents the mouth wide open



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".

Remarks