

293-UNK

Saipan

X-15

(2nd Mar. Div. Cem.)

'50JW

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-4NK-

2nd Mar Div, SAIPAN - X-15

SUBJECT

16-03202-1 GPO

QMC FORM
1 AUG 45

1121

/bpm
1
/csv

Interred 3 April 1950
L 9 61 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent

DIRECTIVE NUMBER
6360 81173

DATE
29 03 50
DAY MONTH YEAR

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-15					
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
2ND MARINE DIVISION CEMETERY, SAIPAN	B	1	3	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 DISINTERRED
UNKNOWN X-15				30 Mar 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 30 Mar 50	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R. Nichols</i> PAUL R NICHOLS
CASKET BOXED AND MARKED RAYMOND H TANGUAY	SHIPPING ADDRESS VERIFIED BY
DATE 30 Mar 50 BY 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

NAT
FILE
RECORDS
DATE **22 April 50**
NAME **R & R BR**

RECORD OF CUSTODIAL TRANSFER



1. SHIPPED	
FROM AGRS MAUSOLEUM	TO US MILITARY CEMETERY
KIND OF CONVEYANCE TRUCK	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <i>Carol Ann</i>
DATE	DATE APR 3 1950

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

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

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

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

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

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

3

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6360 81173

DATE

29 03 50
DAY MONTH YEAR

NAME

UNKNOWN I - 15

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

2ND MARINE DIVISION CEMETERY, SAIPAN

PLOT

B

ROW

1

GRAVE

3

DISPOSITION OF REMAINS

7701

CODE

80

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 DISINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
 MARKER

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 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

file 6-2-50
Kirkland
Report

Incl #7

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

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

25 Jan 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 15 , Plot B ,
Row 1 , Grave 3 , USMC 2ND MARINE, SAIPAN 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. MENEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 8 Feb 1950 0000
Not identifiable from
information presently available 10 April 1950
Ed Kazup

Final 6

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-15				2. DATE OF REPORT 25 Jan. 1950			
3. NAME OF CEMETERY 2ND MARINE, SAIPAN			4. PLOT B	5. ROW 1	6. GRAVE 3	7. DATE OF DISINTERMENT REINTERMENT	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT UTD	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

UTD

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

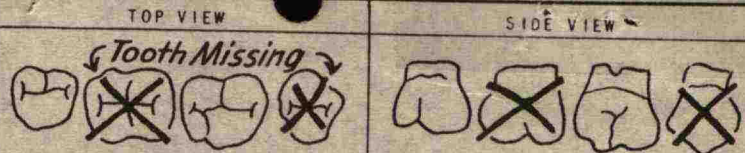
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

1 pr of G.I. SHOES, SIZE 10½

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

[Signature]

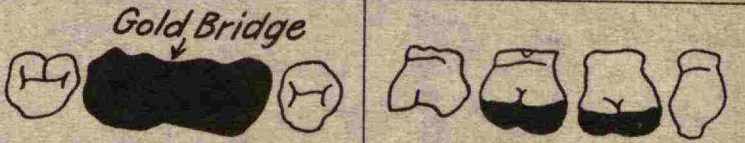
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



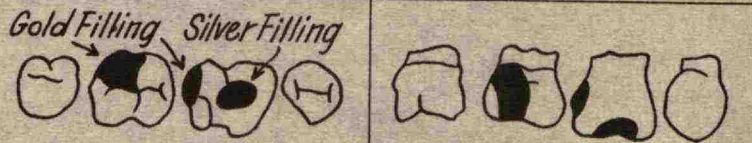
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



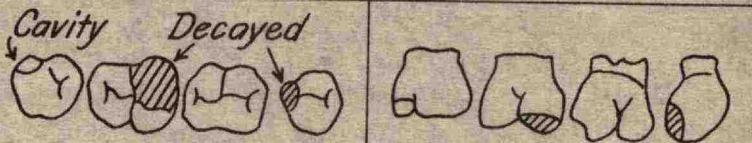
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



FRACTURED

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	A	GA								P			A	A	cavity
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
X	A	GA								P	P		A	A	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

Handwritten notes on chart: 'MO' under tooth 6, 'FO F' under tooth 5, 'FO FOD' under tooth 7.

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."

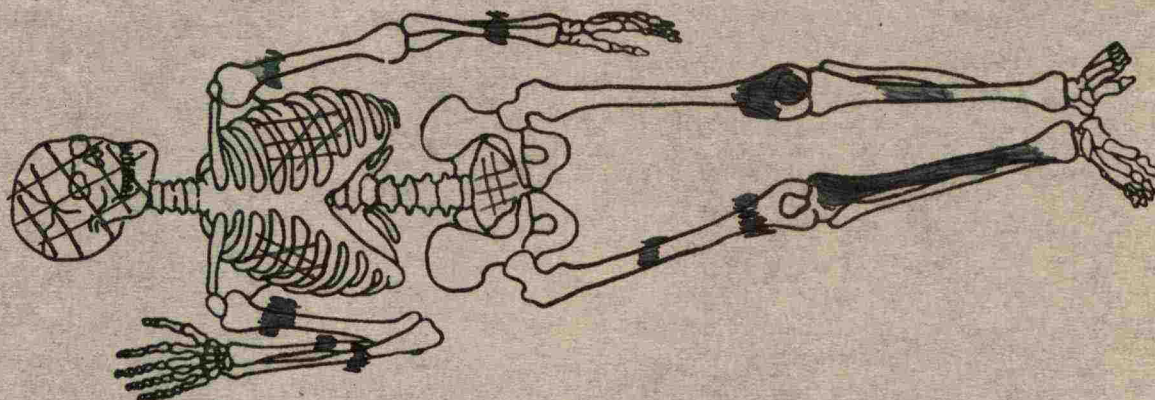
UNIDENTIFIABLE

"BY REASON OF..."

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 _____ NUMBER DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS:

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

Paul R. Nichols

DISINTERMENT DIRECTIVE

1

H808
R/6
F36
H
R3
F91

SECTION A - NAME AND BURIAL LOCATION OF DECEASED
DIRECTIVE NUMBER 6360 00000
DATE 15 11 47
DAY MONTH YEAR

NAME 295 UNKNOWN SERIAL NUMBER X515 RANK ARM 8 DATE OF DEATH
DAY MONTH YEAR

CEMETERY SAIPAN 2ND MARINE DIV CEMETERY DISPOSITION OF REMAINS 0 0391 63
CODE DIST. PT.

PLOT B ROW 1 GRAVE 3 COUNTRY 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-000015 RANK Unk DATE OF DEATH 15 June 44 DATE DISTINTERRED 13 Feb 48

IDENTIFICATION TAG ON REMAINS MARKER ORGANIZATION UNKNOWN RELIGION Unk IDENTIFICATION VERIFIED BY W L Webb, Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Trench burial, uncasketed, wrapped in poncho CONDITION OF REMAINS Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION Mortuary plate

MINOR DISCREPANCIES 1 None

REMAINS PREPARED AND PLACED IN CASKET DATE 16 July 48 BY J R Williams, Emb.

CASKET SEALED BY J R Williams, Emb. EMBALMER (Signature) O D CAMPBELL

CASKET BOXED AND MARKED DATE 16 Jul 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.

F T DeGroodt
F T DeGROODT, Capt. GIP
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	
SIGNATURE OF SHIPPER <i>John H. Lott</i> JOHN H. LOTT, Maj CMP	DATE 23 Jul 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWDEN, 1st Lt., Inf.	DATE 23 Jul 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. SNOWDEN, 1st Lt., Inf.	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>Ed Newman</i>	DATE 6 Oct 48

3. SHIPPED

FROM Transport Commander USAT DALTON VICTORY		TO AGRS MAUSOLEUM	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Ed Newman</i> EDWARD H. NEWMAN, 1st Lt., FA.	DATE 10 Oct 48	SIGNATURE OF RECEIVER <i>E. H. Newman, Jr.</i> E. H. NEWMAN, Jr., Capt., FA.	DATE 10 Oct 48

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 (BY ADMINISTRATIVE ORDER)		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Ed Newman</i> EDWARD H. NEWMAN, 1st Lt., FA.	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-15			8
Cemetery	Plot	Row	Grave	Country
Saipan 2nd Marine Div.	B	1	3	Marianas Is.
				D.D. Number
				6360 00000

B. DISINTERMENT AND IDENTIFICATION

Name	Rank	Serial No.	Date of Death	Date Disinterred
UNKNOWN			15 June 44	13 Feb 48
Identification Tag on Remains	Organization	Religion	Identification verified by	
			W. L. WEBB, EMB	

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial	Condition of remains
Trench burial, Uncasketed, Poncho	Skelet 1, complete
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)
	W. L. WEBB
Casket marked	Checker (Signature)
	S. HIGASHIDA

REMARKS: CONSULTEE: GUAM NATIONAL CEMETERY
GUAM, MARIANAS ISLANDS
(BY ADMINISTRATIVE ORDER)

Grave on right- Holley, Louis M.
Grave on left-Bowling Maurice L.
Brum/ Gartner, Homer E.

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

W. Brady 1st LT GMC

Signature of GRS Inspector (Gen)

PROCESSING OPERATIONS

Name	Rank	Serial No.	Date Processed
Identification Tag on Identification verified by:			
Casket	Remains		
Other means of identification			
Minor Discrepancies (Prepare 1194a for major discrepancies)			
Casket sealed by	Embalmer (Signature)		
Casket marked	Checker (Signature)		

REMARKS:

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

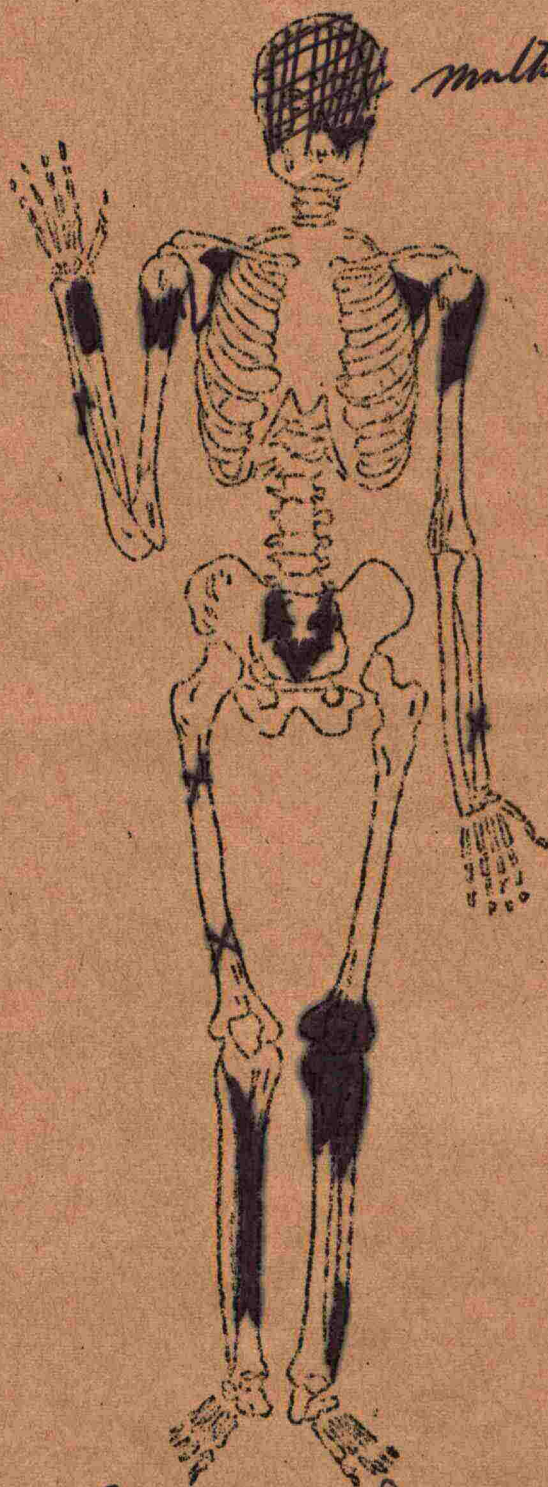
Unknown X-15
(Case)

PROCESSING CENTER

1st Mar. Div. Com. Japan
(Rank)

(Ser No.)

(Ir of Sv)



multiple fracture

Skeletal Remains Incomplete

SKELETAL CHART

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

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

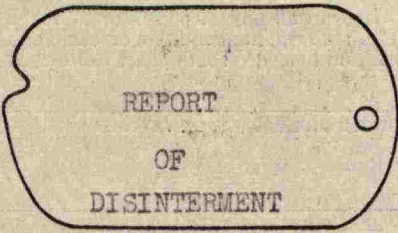
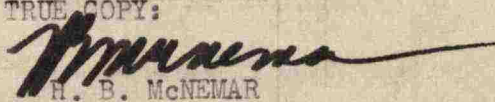
Fracture (written vertically between columns 4 and 5)

fractured (written at the bottom of the chart)

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."

O.D. Campbell Embalmer

RESTRICTED

QMC Form 1042 (Rev. 1 Apr. 1946) (Supersedes GRS Form I, and Rev. of 1 Apr. 46, 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-15				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	
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) Mortuary Plate on Marker: Unknown P-B, R-1, G-3 15 Jun 44				
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) 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 G. I. SHOES SIZE 10½E.						
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.						
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY 2ND MARINE, SAIPAN						
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. B	ROW No. 1	GRAVE No. 3
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 A TRUE COPY:  H. B. McNEMAR Capt., QMC				
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)			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/ G. K. SKINNER, EMB.			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ 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 # 13

IDENTIFICATION CHECKLIST

30 June 48

Unknown X-15
Cemetery 2nd Marine, Saipan
Plot B Row 1 Grave 3

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 UTD
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? Yes If not, explain _____
7. Were fingerprints taken? No
8. Cause of death UTD
9. Was body burned? No To what extent? _____
10. Are there any parts of the body missing or severed? See Skeletal Chart
11. Is there any evidence of first-aid or other medical treatment? No
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. _____
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) _____

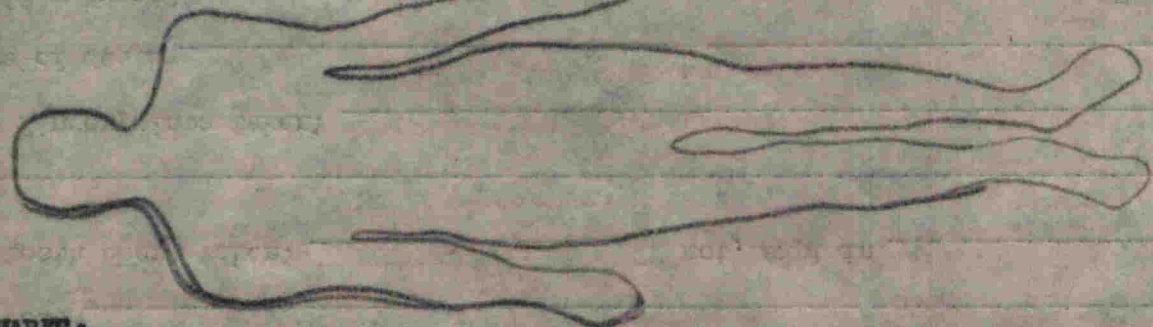
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: G. I. Shoes, Size 10½ EE

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination _____

16. Evidence of healed fractures No

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. Inf.
Rank Service

Organization

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

30 Jun 48

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-15

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

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)

Mortuary plate on marker
Unknown
P-B, R-1, G-3 15 Jun 44

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

No

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

GI shoes, size

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

2nd MarDivCem Saipan

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				B	1	3

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)

No

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

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

G. K. SKINNER

SIGNATURE OF GRS OFFICER VERIFYING REPORT

ROY 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

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.

LEFT
LITTLE FINGER

LEFT
RING FINGER

LEFT
MIDDLE FINGER

LEFT
INDEX FINGER

LEFT
THUMB

RIGHT
THUMB

RIGHT
INDEX FINGER

RIGHT
MIDDLE FINGER


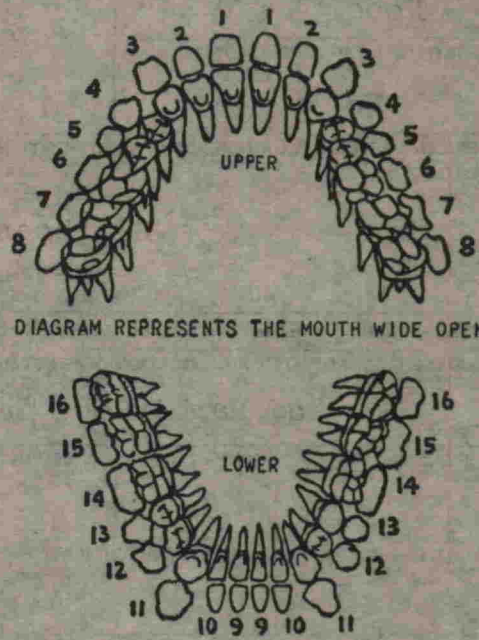




RIGHT
RING FINGER

RIGHT
LITTLE FINGER

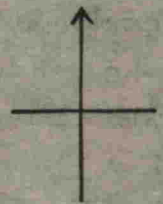
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

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

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



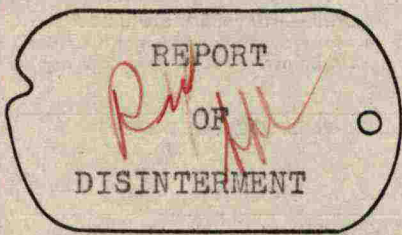
REMARKS:

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

<p><i>Impriint Identification Tag If Possible. DO NOT TYPE</i></p> 	Section 1.—IDENTIFICATION.	
	NAME (Last, first, middle initial)	
	UNKNOWN X-15	
	GRADE	SERIAL No.
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	See Remarks
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO
No	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

A TRUE COPY:
R. B. McNEMAR
R. 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

2nd Marine, Saipan

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				B	1	3

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)	
No	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/ G. K. SKINNER, EMB.	/s/t/ 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.

Incl 4



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