293-UNK Saipan X-21 (2nd Mar. Div.) '50JA

FILE IDENTIFICATION TOPPER

FILE NUMBER

2,93 - UNK 2nd MARINE DIV, SAIPAN X-21

SUBJECT

51 12256

QMC FORM 1121
1 Aug 45

/bpm

1

Inter d... 1950
F 3 2 Ft... y

Carl R. H. Mark

CARL R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
6360 81179	29 03 50

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 21					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS: CODE	DISPOSITION OF REMAINS: DIST. CTR.
2ND MARINE DIVISION CEMETERY, SAIPAN	B	8	15	7701	80

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 -21				30 March 1950

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER			PAUL R NICHOLS Embalmer

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 March 50 BY PAUL R NICHOLS

CASKET SEALED BY	EMBALMER (*Signature*)
PAUL R NICHOLS	Paul R. Nichols PAUL R NICHOLS

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 30 Mar 50 BY RAYMOND H TANGUAY, Sgt., RA	L. W. RICHARDSON, M/Sgt., RA

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

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

REMARKS AND SPECIAL INSTRUCTIONS

FILE
25 APR 1950
REPATRIATION BRANCH

QMC FORM V 11 FEB 48 1194

Jarris

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: Eurel [illegible]	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 (DAY / MONTH / YEAR)
6360 81179	29 03 50

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 21					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	(DIST. CTR.)
2ND MARINE DIVISION CEMETERY, SAIPAN	B	8	15	7701	80

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

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER			

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 DATE BY	SHIPPING ADDRESS VERIFIED 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 5-24-50
Kirkland
Report

QMC FORM REV 11 FEB 48 1194

Incl # 13

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

6

DISINTERMENT DIRECTIVE

193 Unk. Marianas (Misc) Saipan

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
6360 00000	15 / 11 / 47

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
UNKNOWN	X-21		8	

CEMETERY		DISPOSITION OF REMAINS (CODE / DIST. PT.)
SAIPAN 2ND MARINE DIV CEMETERY	D	0391 63

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
B	8	15	MARIANAS	6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER	UNKNOWN		

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES *1*

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

CASKET SEALED BY	EMBALMER (*Signature*)

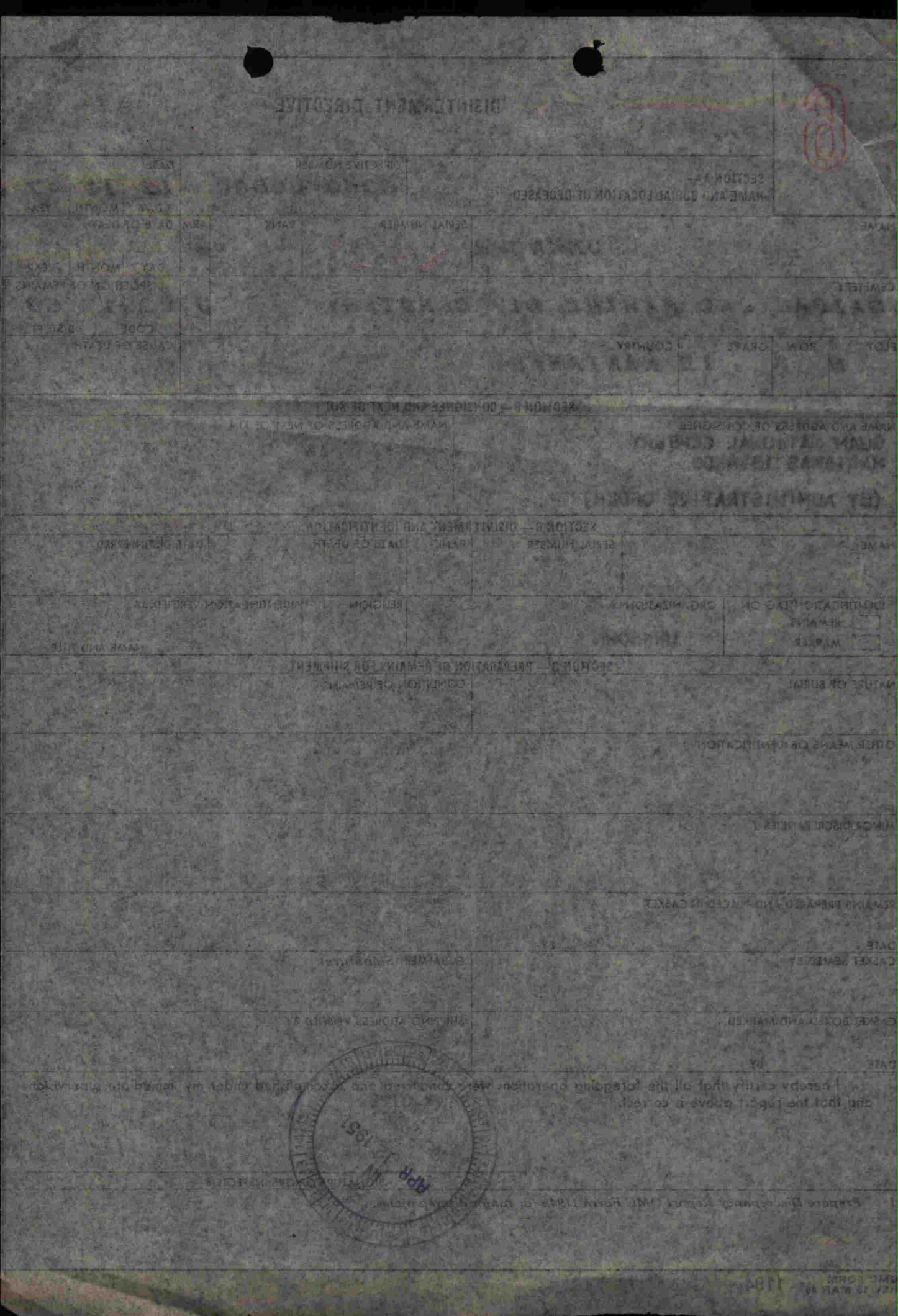
CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE BY	

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 GRS INSPECTOR

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

QMC FORM REV 15 MAR 46 **1194**



OK

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

13 February 1950
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 21 , Plot B ,
Row 8 , Grave 15 , USMC 2ND MAR. DIV. CEM. 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. McNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

Received 21 Feb 1950 OQMG
Not identifiable from information presently available, J. Miller Ident Sec.
12 June 1950

Incl 3

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
UNKNOWN X-21				13 Feb. 1950
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT / REINTERMENT
2ND MAR. DIV. CEM. SAIPAN	B	8	15	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	5' 9 3/4"	L.Brown or Blond	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)*

NONE

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

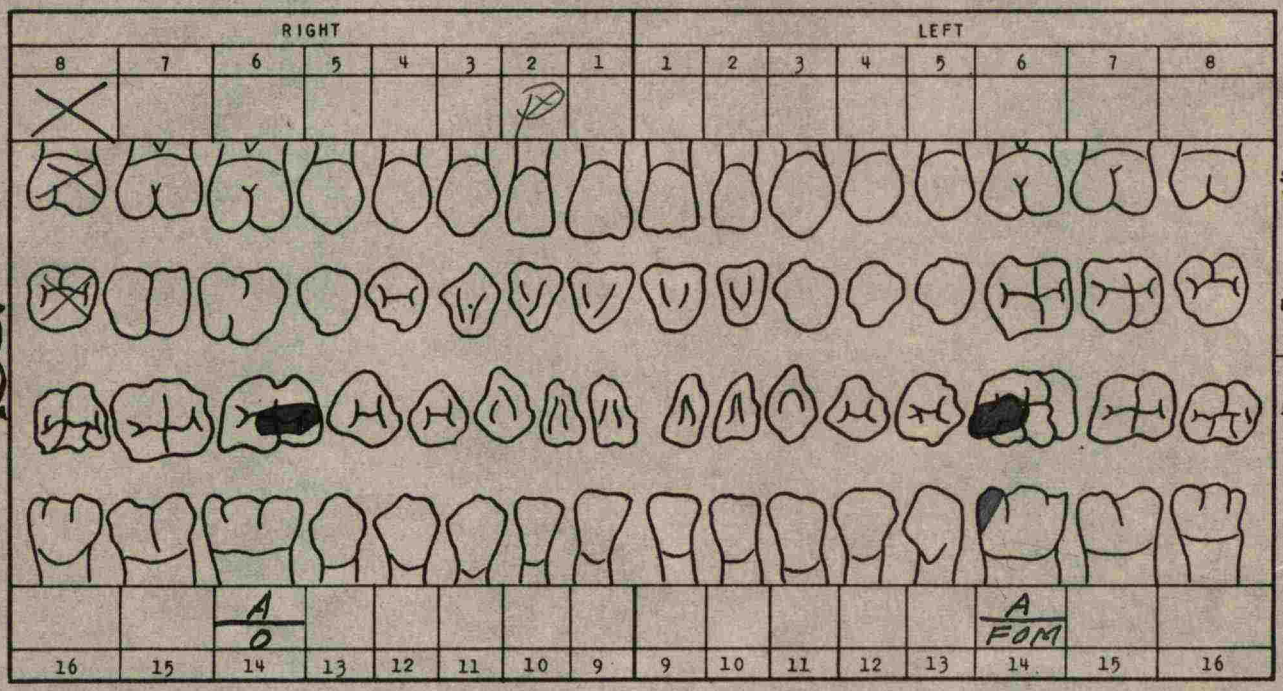
Incl 3a

QMC FORM REV 18 MAR 47 1044 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

29E-21-12-47

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



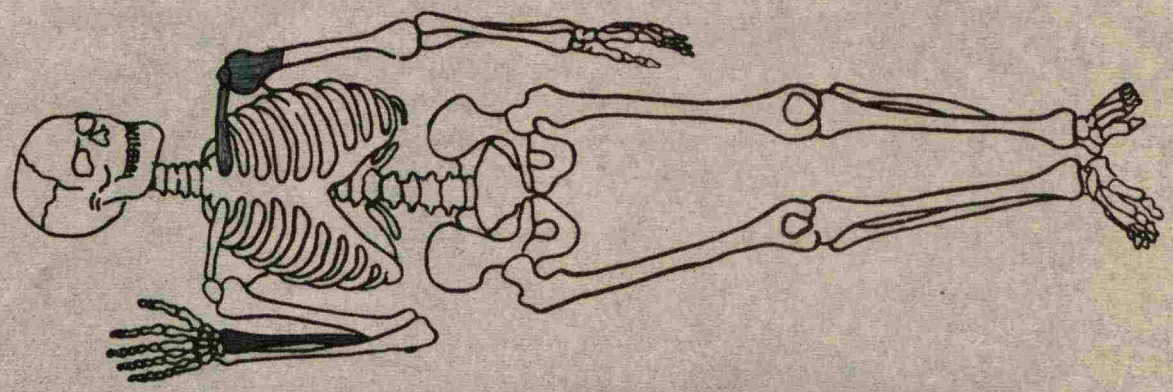
DENTURES *(Plates)*: DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols
PAUL R. NICHOLS
Chief, Ident. Section

Pul 32

19. BLACK OUT PARTS OF BODY NOT COVERED



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
NUMBER
OF THE FOLLOWING ANATOMICAL PARTS:

_____
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, bottle buried, 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	SIGNATURE
PAUL R. NICHOLS Chief, Ident. Section	Paul R. Nichols

QMC FORM 18 MAR 47 1044b Incl 34

29E-21—12-47

RL

1

H803 H805
R5 R2
F17 F23

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
	6360 00000	15 / 11 / 47

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
253 UNKNOWN	X-21		8	

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

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
B	8	15	MARIANAS	6

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN	X-000021	Unk	15 Jun 44	3 Mar 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER	UNKNOWN	Unk	L K SMITH, Emb

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

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

OTHER MEANS OF IDENTIFICATION

Mortuary Plate

CANCELLED

MINOR DISCREPANCIES *1*

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 1 Sept '48 BY C L MATTHEWS, Emb

CASKET SEALED BY	EMBALMER (*Signature*)
C L MATTHEWS, Emb	Harold E. Connell HAROLD E CONNELL

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 1Sept'48 BY E KELLY	D A PALIJO, 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 DE GROODT, Capt CMP
SIGNATURE OF GRS INSPECTOR

FILE

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

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM		TO	
US MAUSOLEUM (SAIPAN MI)		PORT STORAGE OFFICER (SAIPAN MI)	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER: John H Lott, JOHN H LOTT, Maj CMP	DATE: 2 Sept 48	SIGNATURE OF RECEIVER: Robert G Snowden, ROBERT G. SNOWDEN, 1st Lt., Inf.	DATE: 26 Sept 48

2. SHIPPED

FROM		TO	
PORT STORAGE OFFICER (SAIPAN, M.I.)		Transport Commander USAT DALTON VICTORY	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER: Robert G Snowden, ROBERT G. SNOWDEN, 1st Lt., Inf.	DATE: 6 Oct 48	SIGNATURE OF RECEIVER: Olaf Nordmann, 1ST LT. T.C.	DATE: 6 Oct 48

3. SHIPPED

FROM		TO	
USAT DALTON VICTORY		AGRS MAUSOLEUM MANILA P I	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER: A. NORDMANN 1ST LT T.C. OCT 10 1948	DATE	SIGNATURE OF RECEIVER: E. H. Newman, 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		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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
Unknown - ~~X-27~~ X-21	30 [illegible] 48

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	REINTERMENT
2nd. Marine, Saipan, M. I.	B	8	15		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
UTD	5' 9 3/4"	L. Brown or Blond	UTD

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Mortuary Surface Plate
"Unknown
P-B, R-8, G-15 15 Jun 44".

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

None

14. WAS BODY BURNED?	TO WHAT EXTENT?
☐ YES ☑ NO	
15. WAS BODY MANGLED?	**TO WHAT EXTENT?**
☐ YES ☑ NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

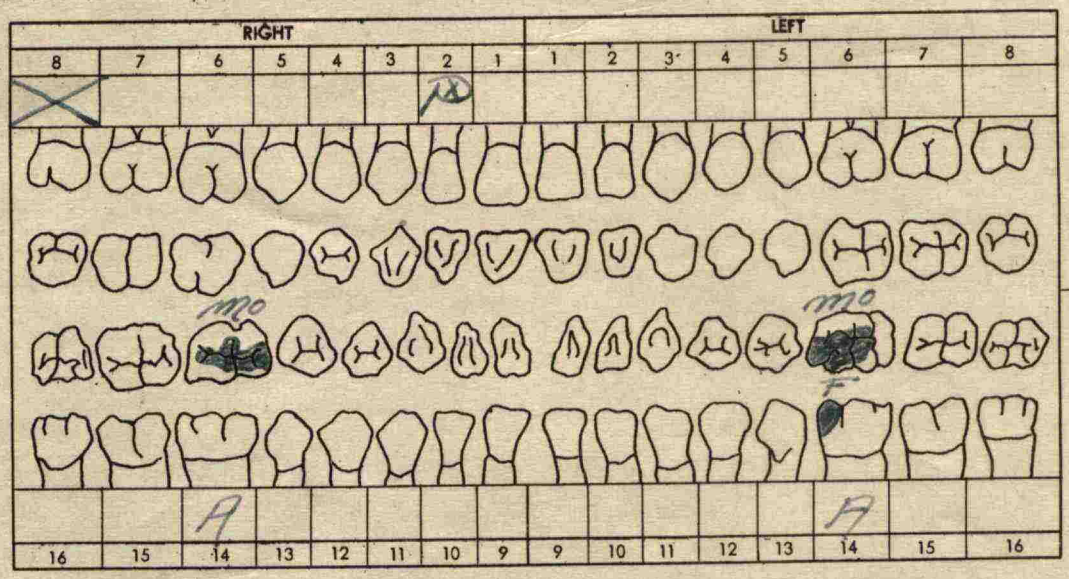
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. *(If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)*

(2) G. I. shoes, size - 9 1/2 EE

IDENTIFICATION DENTAL CHART

NAME (Last, First, Middle Initial): Unknown X ~~27~~ 21	RANK: —	SERIAL NUMBER: [redacted]	DATE: 30 June 45
UNIT: —	ORGANIZATION: —	CAUSE OF DEATH: —	DATE OF DEATH:
PLACE OF DEATH: —	PLACE OF BURIAL: 2nd Marine Div. Cem. - Saipan	PLOT: B	ROW: 8 / GRAVE: 15

	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:	TOOTH MISSING	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	GOLD CROWN, PORCELAIN CROWN	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	GOLD BRIDGE	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	GOLD FILLING, SILVER FILLING	
CARIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	CAVITY, DECAYED	



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."

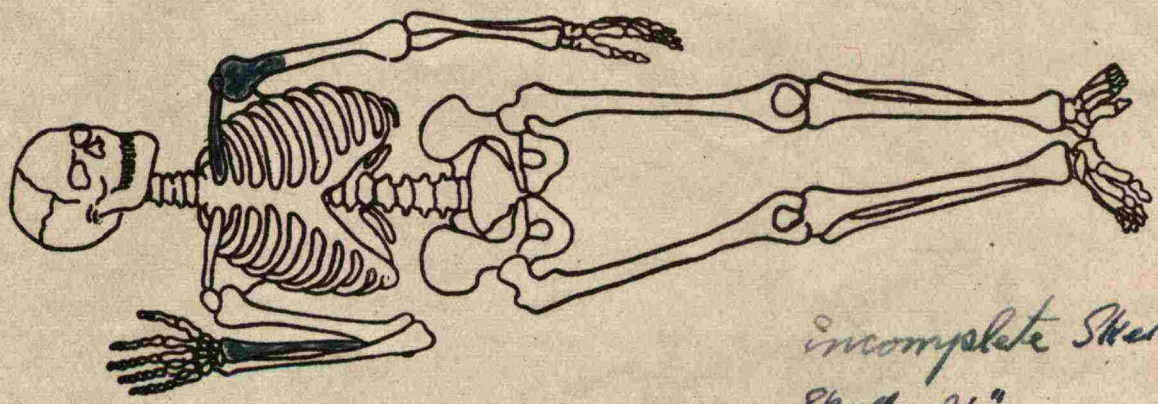
SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART	VERIFIED BY GRS OFFICER
Geo Sutboski	[illegible] Capt

QMC FORM REV 1 APR 47 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

Eighth Army Printing Plant-Boonjudo 4478

Unknown X-21 P-B R8 GR-16 – 2nd Marine Cem. Saipan
30 June 1948

19. BLACK OUT PARTS OF BODY NOT RECOVERED



incomplete Skeleton
Skull - 21"

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

Weight – 5'9¾"
Color of Hair – L. Brown or Blond
Skull – 21"
Dry Skeleton remains.

Extra (1) R. ulna, removed, wrapped and replaced with the remains.

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE
	K. A. Oestreich, Capt

QMC FORM 18 MAR 47 1044b

Eighth Army Printing Plant-Boonjudo 4621

EXHUMATION RECORD
CEMETERY OPERATIONS DATE 0391 63

A. NAME AND BURIAL LOCATION OF DECEASED

Name	Rank	Serial No.	Date of Death	Arm
UNKNOWN ~~SX-29~~ X-21				8

Cemetery	Plot	Row	Grave	Country	D.D. Number
Saipan 2nd Marine Div.	B	8	15	Marianas Is.	6360 00000

B. DISINTERMENT AND IDENTIFICATION

Name	Rank	Serial No.	Date of Death	Date Disinterred
UNKNOWN	UNKNOWN	UNKNOWN	15 June 44	3 Mar 48

Identification Tag on Remains [ ] Marker [ ]	Organization	Religion	Identification verified by
	UNKNOWN	UNKNOWN	L.K.SMITH EMB

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial: TRENCH BURIAL.UNCASKETED.PONCHO

Condition of remains: SKELETAL REMAINS INCOMPLETE

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): J.D.ST JOHN

Casket marked

Checker (Signature): MAX CHELOFSKY

REMARKS:

LEFT-TRAUTMILLER,D.P. R-8 G-14
RIGHT-STIVER,J.W. R-8 G-16

CONSIGNEE:

STATION FILE

GUAM NATIONAL CEMETERY
MARIANAS ISLANDS

(BY ADMINISTRATIVE ORDER)

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

Edward D.Foster Maj.QMC
Signature of GRS Inspector (Cem)

PROCESSING OPERATIONS

Name	Rank	Serial No.	Date Processed
Unknown	Unk	X-21	1 Sept 48

Identification Tag on Casket [ ] Remains [ ]	Identification verified by:
	L K Smith, Emb

Other means of identification

Minor Discrepancies (Prepare 1194a for major discrepancies)

None

Casket sealed by: C.R. Matthews, Emb

Embalmer (Signature)

Casket marked: Ed. Kelly

Checker (Signature): D.A. Daiz

REMARKS:

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

GRS Inspector (Processing Point)

Form S39105TSU No.2

RESTRICTED

Navy

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

Report of Disinterment

Section 1.—IDENTIFICATION.

NAME (*Last, first, middle initial*)	SERIAL No.
UNKNOWN X-21	

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*): (1) Mortuary Surface Plate UNKNOWN P-B, R-8, Gr-15

WERE SUBSTITUTE TAGS PROVIDED? (*Yes or no*): No

COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO: ☐ YES ☐ NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

G. I. Shoes (2) Size - 9½EE

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

2nd Mar. Div. Cem. Saipan

DATE OF BURIAL	HOUR	BURIED IN (*Shroud, blanket, or name of other*)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				B	8	15

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

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		A TRUE COPY: [signature] H. B. McNEMAR Captain, QMC

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/ R H O /s/t/ Anthony G. Baker	/s/t/ 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

16—43997-2

Incl # 16

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	

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.

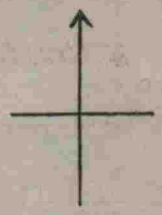
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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:

16—43997-2 U. S. GOVERNMENT PRINTING OFFICE

IDENTIFICATION CHECKLIST

Unknown X-21
Cemetery 2nd War, Saipan
Plot B Row 8 Grave 15

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 5' 9 3/4"

3. Color of hair L. Brown or Blond 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. None

13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) None

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 (2) Size -- 9½EE

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: (1) Extra right ulna

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/ ROY H. OESTREICH
Officer's name

Capt., Inf.
Rank Service

Organization

DUPLICATE COPY
RESTRICTED

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

REPORT OF DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (*Last, first, middle initial*)		SERIAL No.
Unknown X-21		
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*): (1) Mortuary Surface Plate Unknown P-B, R-8, Gr-15

WERE SUBSTITUTE TAGS PROVIDED? (*Yes or no*): No

COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO: ☐ YES ☐ NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

G. I. Shoes (2) Size - 91/2EE

A TRUE COPY:

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 Mar. Div. Cem. Saipan

DATE OF BURIAL	HOUR	BURIED IN (*Shroud, blanket, or name of other*)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				B	8	15

WAS THIS A REBURIAL? (*Yes or no*)

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT No.	ROW No.	GRAVE No.

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (*Yes or no*): 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/ Anthony G. Baker

SIGNATURE OF GRS OFFICER VERIFYING REPORT: /s/t/ 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

16—43997-2

Incl 7

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	

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.

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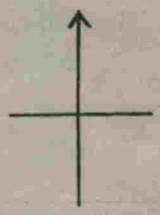
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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:

16—43997-2 U. S. GOVERNMENT PRINTING OFFICE

(293)

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: 30 June 48

Imprint Identification Tag If Possible. DO NOT TYPE

Report of Interment

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial): Unknown X-21

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

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no): No

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse): (1) Mortuary Surface Plate " Unknown P-B, R-8, G-15.

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME: G. I. Shoes (2) Size - 9½ EE

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, M. I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
			Surface	B	8	15

WAS THIS A REBURIAL? (Yes or no):

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT No.	ROW No.	GRAVE No.

TYPE OF RELIGIOUS CEREMONY:

PERSON CONDUCTING BURIAL RITES:

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY:

IDENTIFICATION TAG BURIED WITH BODY (Yes or no): 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: Anthony D. Baker

SIGNATURE OF GRS OFFICER VERIFYING REPORT: R. H. Derbinsky 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.

RESTRICTED

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

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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

CAVITIES

MISSING TEETH

CROWNED TEETH

BRIDGE WORK

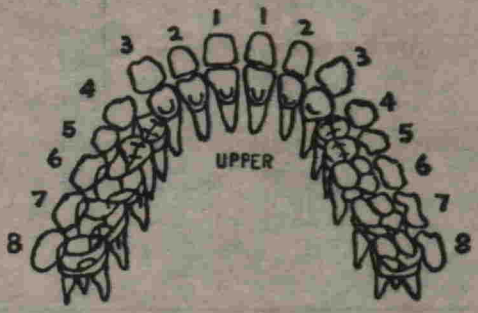
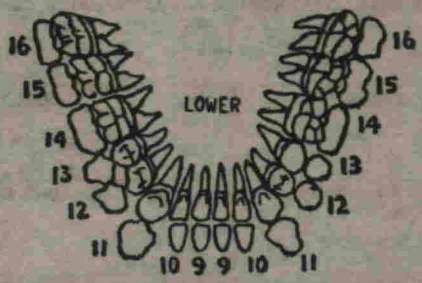
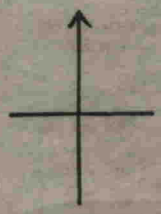


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:

1707—PHILRYCOM—6/47—71M

Scrolled
5 May 20
ZAK

Scrolled
19 July 20
ZAK