

293-UNK

Saipan X-22 (2nd Mar. Div.)

'50JA

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-UNK. 2nd Man Dow Caw SAIPAN - X-22

SUBJECT

K/bpm
1

Interred 30 March 1950
F 14 2 Ft McKinley
Carl R. H. Mark
CARL R. H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

DIRECTIVE NUMBER
6360 81182

DATE
29 03 50
DAY MONTH YEAR

NAME: **UNKNOWN X-22**
SERIAL NUMBER:
GRADE:
ARM:
RACE:
RELIGION:

CEMETERY: **2ND MARINE DIVISION CEMETERY, SAIPAN**
PLOT: **B** ROW: **8** GRAVE: **18**
DISPOSITION OF REMAINS
CODE: **7701** DIST. CTR.: **80**

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
**UNITED STATES MILITARY CEMETERY
FT. WM. MCKINLEY, P. I.**

NAME AND ADDRESS OF NEXT OF KIN
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: **UNKNOWN X-22** SERIAL NUMBER:
GRADE:
DATE OF DEATH:
DATE DISTINTERRED: **30 March 50**

IDENTIFICATION TAG ON: REMAINS MARKER
ORGANIZATION:
RELIGION:
IDENTIFICATION VERIFIED BY: **PAUL R NICHOLS**
Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: **Shelter Half** CONDITION OF REMAINS: **Skeletal**

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

REMAINS PREPARED AND PLACED IN CASKET

DATE **30 March 50** BY **PAUL R NICHOLS**
CASNET SEALED BY: **PAUL R NICHOLS** EMBALMER (Signature) *Paul R. Nichols*
PAUL R NICHOLS

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

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

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

REMARKS AND SPECIAL INSTRUCTIONS
FILE
25 APR 1950
REPATRIATION BRANCH
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 <i>Carol ...</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

6360 81182

DATE

29 03 50
DAY MONTH YEAR

NAME: UNKNOWN X-22 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: 2ND MARINE DIVISION CEMETERY, SAIPAN PLOT: B ROW: 8 GRAVE: 18 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: [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: 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 5-24-50 Kuhlman Report

Incl # 16

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

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- 22, Plot B,
Row 8, Grave 18, USMC 2ND MAR. DIV. CEM. SAIPAN, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:


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

Attach: Form 1044

Received 21 June 1950 **QMG**
Not identifiable from H. Miller Ident Sec.
information presently 12 June 1950
available

Level 4'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-22				2. DATE OF REPORT 13 Feb. 1950	
3. NAME OF CEMETERY 2ND MAR. DIV. Cem. Saipan		4. PLOT B	5. ROW 8	6. GRAVE 18	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 5' 4 7/8"	10. COLOR OF HAIR U T D	11. RACE U T D
-------------------------------------	-----------------------------------------	-----------------------------------	--------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

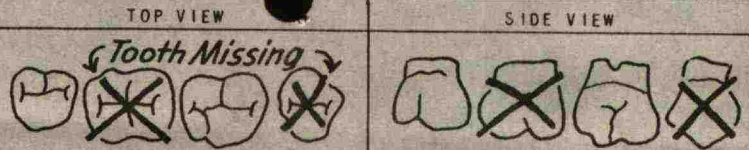
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

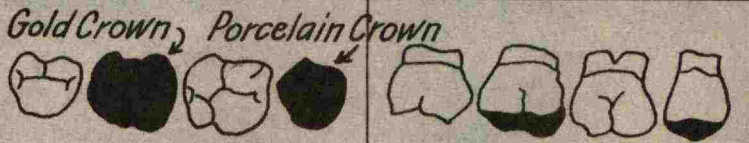
UNIDENTIFIABLE
 "BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

2142

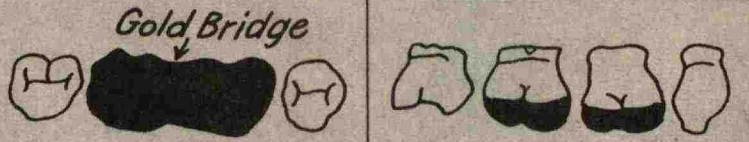
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



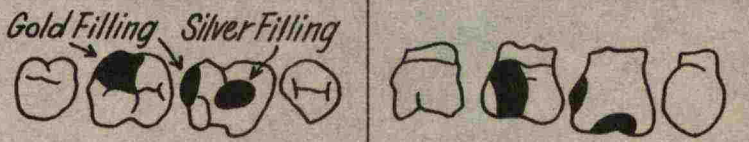
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



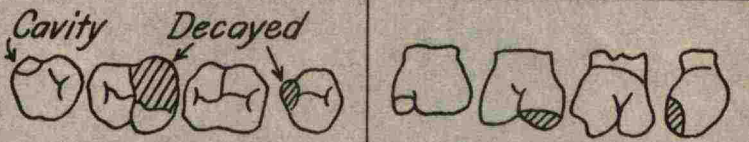
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>MISSING</i>															
Side Views															
UPPER															
LOWER															
Side Views															
<i>MISSING</i>	<i>P</i>	<i>P</i>	<i>P</i>	<i>P</i>		<i>P</i>	<i>P</i>						<i>MISSING</i>		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

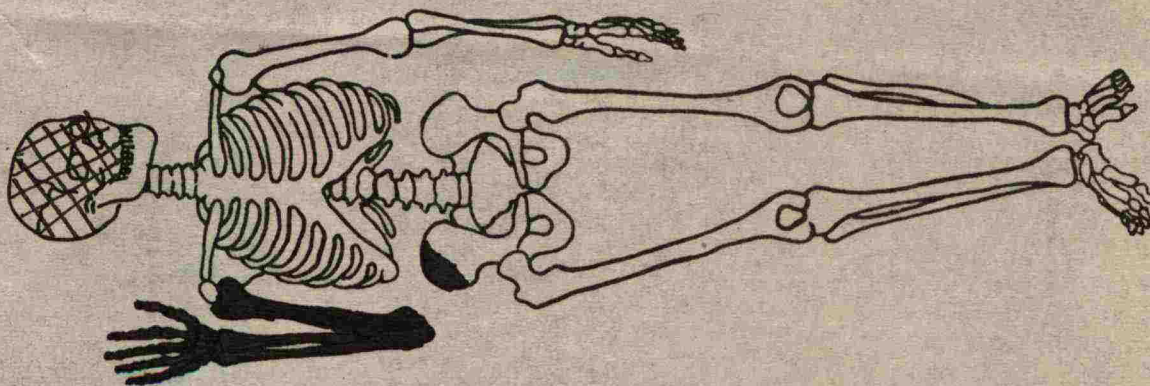
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

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 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

PAUL R. NICHOLS
Chief, Ident. Section.

SIGNATURE

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6360 00000

DATE

15 11 47
DAY MONTH YEAR

NAME
283 UNKNOWN

SERIAL NUMBER
A-22

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 ROW GRAVE COUNTRY
B 8 18 MARIANAS

CAUSE OF DEATH

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-000022 Unk 15 Jun 44 3 Mar 48

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

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

OTHER MEANS OF IDENTIFICATION
Mortuary Plate

MINOR DISCREPANCIES

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

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY
DATE 1 Sept '48 BY E KELLY F W COLEMAN, Clerk

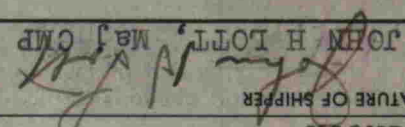
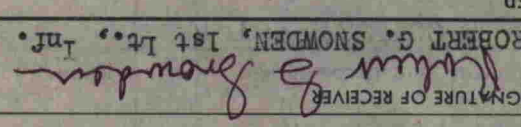
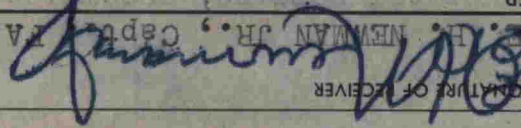
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

W De Groodt
F T DE GROODT, Capt
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			
SIGNATURE OF SHIPPER		 JOHN H. LOTT, Maj CMP			
DATE		2 Sept 48			
2. SHIPPED		FROM	PORT STORAGE OFFICER (SAIPAN, M.I.)	TO	Transport Commander
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		 ROBERT G. SNOWDEN, 1st Lt., Inf.			
DATE		6 Oct 48			
3. SHIPPED		FROM	SAT DALTON VICTORY	TO	AGRS Mausoleum
KIND OF CONVEYANCE		Truck			
SIGNATURE OF SHIPPER		 E.H. NEWMAN JR., Capt. I.A.			
DATE		OCT 10 1948			
4. SHIPPED		FROM	UNKNOWN	TO	UNKNOWN
KIND OF CONVEYANCE		UNKNOWN			
SIGNATURE OF SHIPPER		UNKNOWN			
DATE		UNKNOWN			
5. SHIPPED		FROM	GUAM NATIONAL CEMETERY GUAM ISLANDS	TO	UNKNOWN
KIND OF CONVEYANCE		(ADMINISTRATIVE ORDER)			
SIGNATURE OF SHIPPER		UNKNOWN			
DATE		UNKNOWN			
6. SHIPPED		FROM	B 8 18 MARIANAS	TO	UNKNOWN
KIND OF CONVEYANCE		UNKNOWN			
SIGNATURE OF SHIPPER		UNKNOWN			
DATE		UNKNOWN			
7. SHIPPED		FROM	UNKNOWN	TO	UNKNOWN
KIND OF CONVEYANCE		UNKNOWN			
SIGNATURE OF SHIPPER		UNKNOWN			
DATE		UNKNOWN			

EXHUMATION RECORD
CEMETERY OPERATIONS DATE

0391-63

A. NAME AND BURIAL LOCATION OF DECEASED

Name	Rank	Serial No.	Date of Death	Arm
UNKNOWN	X-22			8
Cemetery	Plot	Row	Grave	Country
Saipan 2nd Marine Div.	B	8	18	Marianas Is.
				D.D. Number
				6360 00000

B. DISINTERMENT AND IDENTIFICATION

Name	Rank	Serial No.	Date of Death	Date Disinterred
Unknown	Unk.	Unk.	15 June 44	3 March 48
Identification Tag on Remains	Organization	Religion	Identification verified by	
Unk.	Unk.	Unk.	L.K. Smith - Emb.	

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial	Condition of remains
Trench Burial Uncasketed Pouch	Skeletal 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)
	M. Chalafsky

STATION 111

REMARKS:

CONSIGNEE:

No ID on remains
Left: Thompson, AP Pfc 4408115 Row 10
Gr 17
Right: Stokes, J.E. Pfc Row Gr 19

QUAM 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. GPO

Signature of GRS Inspector (Gen)

PROCESSING OPERATIONS

Name	Rank	Serial No.	Date Processed
Unknown X-22	UNK	X-22	1 Sept 48
Identification Tag on	Identification verified by:		
Casket	L.K. Smith Emb.		
Remains			
Other means of identification			
Mort Plate			

Minor Discrepancies (Prepare 1194a for major discrepancies)

None

Casket sealed by	Embalmer (Signature)
Ch. Mathew Emb	
Casket marked	Checker (Signature)
Ed Kelly	J.W. Coleman C1K

REMARKS:

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

[Signature]
GRS Inspector (Processing Point)

	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:		
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:		

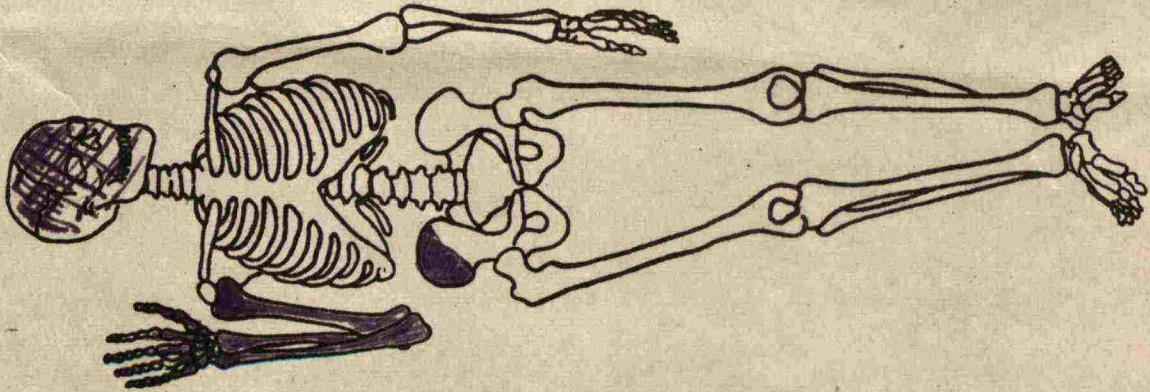
	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Side Views																	Side Views
Top Views																	UPPER
Top Views																	LOWER
Side Views																	
	Missing	P	P	P	P		P	P	Missing								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

No maxilla Present.
 MANDIBLE fractured at L-9 + R-14.

Larry D. Pugh

BLACK OUT PARTS OF BODY NOT RECOVERED



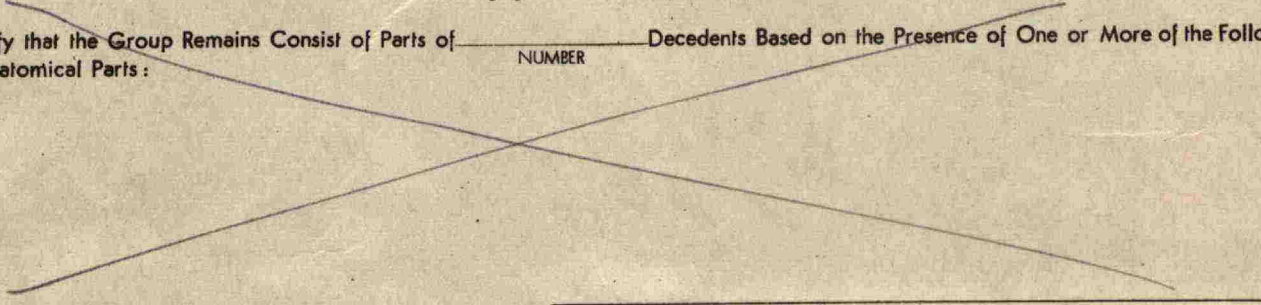
EST HT 5' 4 7/8"

20.

MASS BURIAL CERTIFICATE (IF APPLICABLE)

(Wherein segregation in whole or parts is impossible)

I Certify that the Group Remains Consist of Parts of _____ Decedents Based on the Presence of One or More of the Following Anatomical Parts: _____
NUMBER



SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

LEFT HUMERUS, LEFT ULNA, LEFT RADIUS,
FRAGMENTS OF LEFT SCAPULA FOUND TO
BE EXCESS

PORTION OF DETERIORATED MANDIBLE EXTRA

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

M. J. ... Capt 2

CENTRAL IDENTIFICATION POINT
AMERICAN GRAVES REGISTRATON SERVICE
MARBO ZONE APO 244

293.

31 Aug 48

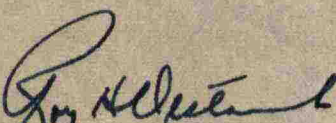
CASE SUMMARY OF

NAME: UNKNOWN X-22 RANK: _____ SERIAL NO: _____
CEMETERY: 2nd Mar Saipan PLOT: B ROW: 8 GRAVE: 18

Remains disinterred from P-B, R-8, Gr-18 known as UNKNOWN X-22 were processed this date and the following extra bones removed and assigned UNKNOWN X-220 as they could not be articulated with remains buried on the right and left:

- (1) Left humerus
- (1) " radius
- (1) left ulna
- Portion of right scapula

cc: 293 STOKES, J. E. (Buried on left)
THOMPSON, A. P. (" " right)


ROY H. OESTREICH
CAPT., INF


JOHN AIEVOLI
Ident. Consultant

RESTRICTED

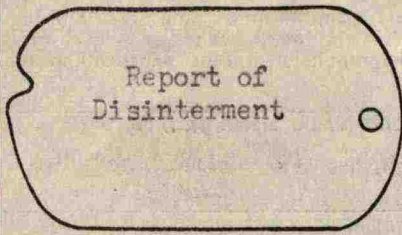
Handwritten mark

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 -22 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 Reads: UNKNOWN P-B, R-8, Gr-18 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 One pr. GI shoes size '8EE

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 18

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 Captain, QMC IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) Yes Mortuary Plate

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/ RHO /t/ Gerald K. Skinner 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

Incl #17

IDENTIFICATION CHECKLIST

Unknown X-22
Cemetery 2nd Mar. Saipan
Plot B Row 8 Grave 18

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' 4 7/8"
3. Color of hair UTD
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 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.) _____

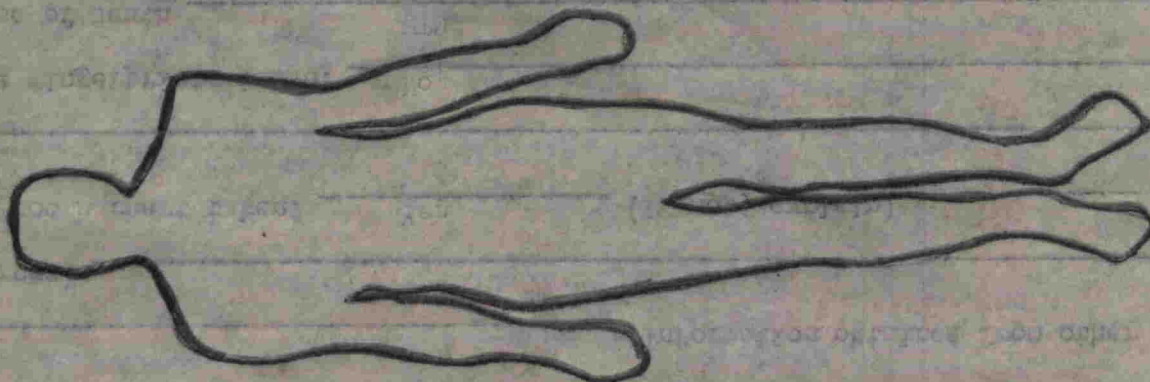
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: _____

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

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/ Roy H. Oestreich
Officer's name

Capt., Inf.
Rank Service
Organization

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 <div style="border: 1px solid black; border-radius: 50%; padding: 10px; text-align: center; width: fit-content; margin: auto;"> REPORT OF DISINTERMENT </div>		Section 1.—IDENTIFICATION. NAME (Last, first, middle initial) UNKNOWN X-22				
		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)		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:			
One pr. GI shoes size '8EE			 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						
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	18
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	Yes	Mortuary Plate				
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/ Gerald K. Skinner			/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.

Incl 8

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.

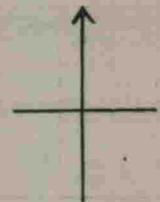
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

Mortuary Plate on Marker Reads:
 UNKNOWN
 P-B, R-8, Gr-18

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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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

REPORT OF
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN X 22		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 READS: UNKNOWN D-B, R. 8, GR- 18 15 JUN 48
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) NO	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
1 PR GI SHOES SIZE 8EE

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 SAIPAN

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. B	ROW No. 8	GRAVE No. 18
----------------	------	-----------------------------------------------	----------------------	---------------	--------------	-----------------

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.
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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) Mortuary Plate. YES
-------------------------------------------------------	--------------------------------------------------------------------------

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 D. K. Skinner	SIGNATURE OF GRS OFFICER VERIFYING REPORT R. A. [Signature]
-------------------------------------------------------	----------------------------------------------------------------

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.

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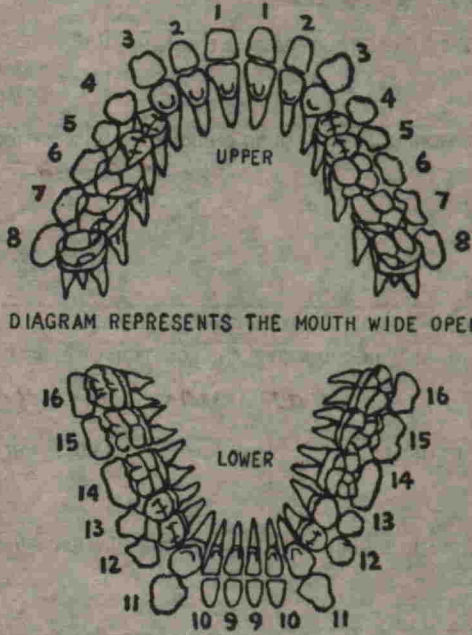




(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

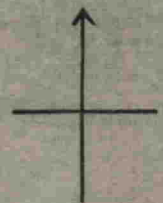
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</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:



8 referred
 15/ May 1950
 E.A.H.

General T
 11/ 1950