

293-UNK

Saipan

X-36

(2nd Mar. Div.)

'50JA

FILE IDENTIFICATION TOPPER

FILE NUMBER

293.

SUBJECT

Unit - 2nd Man Div Saipan X-36-

nfm

Interred 13 April 1950
L 10 24 Ft. McKinley

DISINTERMENT DIRECTIVE PREPARED BY PHILCOM

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

CARTER H. MARK
Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

6360 81391

10 04 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X-36					
CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS	
2ND MARINE DIVISION CEMETERY, SAIPAN	E	7	22	7701 CODE	80 DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-36				12 April 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	
Sgt. W. RAY	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 12 April 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 12 Apr 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

Smith, C.F.
File
N.A.F.
6 June 50
J.R.

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>[Handwritten Signature]</i>	DATE APR 13 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 81391

DATE

10 04 50
DAY MONTH YEAR

NAME

UNKNOWN X-36

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

2ND MARINE DIVISION CEMETERY, SAIPAN

PLOT

ROW

GRAVE

E

7

22

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 DISTINTERRED

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

EMBALMER (Signature)

CASKET SEALED BY

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 5-25-50
Kirkland
Report

Incl. # 225

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
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

GRPZ 293

APO 900

SUBJECT: Unidentifiable Remains

30 MAR 1950

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P. I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-16	Isolated Burial, Iwo Jima
"	X-27	2nd Mar. Div. Saipan
"	X-36	2nd " " "
"	X-38	2nd " " "

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

4 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

/s/ Harry C. Thornsvarð
/t/ HARRY C. THORNSVARD
WOJG, USA
Assitant Adjutant

C
O
P
Y

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

28 March 1950
(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 36, Plot E,
Row 7, Grave 22, USMC 2nd Marine Div. Saipan, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
decedent, and that these remains should be classified as uniden-
tifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044


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

Received 12 April 1950
Not identifiable from
information presently 19 April 1950
available

Ed Kayser

Incl 3'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-36			2. DATE OF REPORT 28 March 1950		
3. NAME OF CEMETERY 2nd Marine Div. Saipan	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	E	7	22	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 178	9. ESTIMATED HEIGHT 72"	10. COLOR OF HAIR M Brown	11. RACE Unk
-----------------------------------	-----------------------------------	-------------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

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

U T D

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

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

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

REPRODUCTION OF THIS FORM IS PROHIBITED BY THE NATIONAL ARCHIVES

FORM 1044

29E-21-12-47

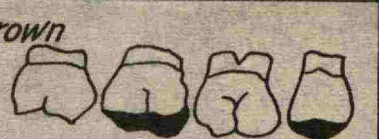
PAGE 1 OF 3

[Handwritten signature]

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



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



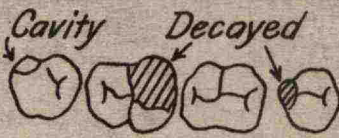
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



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

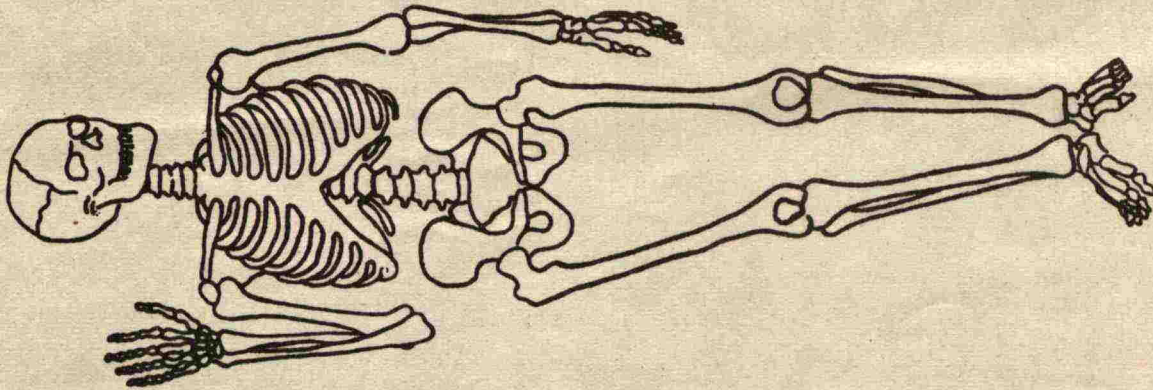
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS:

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

June 33

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, burial bottle, 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

Amel 34

D
O
P
Y

BASIS: Ltr, ASF, CGMC, Wash., D. C. SPOYG 293, MIDPAC, 21 March 1946,
Subject: Identification.

MPYOM 293 (21 Mar 46) 1st Ind (8-20 June 46)
Headquarters United States Army Forces, Middle Pacific, APO 958, 17 May 1946

TO: Commanding General, Western Pacific Base Command, APO 244.

1. Your attention is invited to par 3 of basic communication.
2. It is directed that the remains be examined and GMC Forms 1044 and 1045 be completed in quadruplicate and forwarded to this headquarters. Corrected Reports of Interment are desired, also in quadruplicate, for graves listed in basic communication.

BY COMMAND OF MAJOR GENERAL MOORE:

H. S. THATCHER
Lt Colonel, AGD
Asst Adjutant General

2 Incls:
Incl 1 - GMC Forms 1044
Incl 2 - GMC Forms 1045

B (CM) 2nd Ind
HEADQUARTERS, WESTERN PACIFIC BASE COMMAND, SAIPAN (APO 244), 10 July 1946

TO: Commanding General, Headquarters United States Army Forces, Middle Pacific, Fort Shafter (APO 958)

Basic communication complied with.

FOR THE COMMANDING GENERAL:

2 Incls:
Withdrawn 2 Incls--Incls 1 and 2
Added 32 incls:
1 through 13 - GMC Form 1044,
Report of Disinterment
through 23 - GMC Form 1045,
14 Identification Dental Chart
24 through 32 - Report of Interment,
Form WD GMC 1042

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

C.
D
F
Y

SPQXG 293 - MIDPAC

21 March 1946

SUBJECT: Identification.

TO : Commanding General
Army Forces, Mid-Pacific Area
APO 958, c/o Postmaster
San Francisco, California

FOR: Chief, American Graves Registration Service

1. The following names appeared on a map and a list of burials submitted for the Second Marine Division Cemetery, Saipan Island:

<u>Name</u>	<u>Grave Marker</u>	<u>ASN</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
BRENNAN	Unknown	Unknown	E	11	24
CHANCE, A. S.	Unknown	Unknown	C	9	10
DE RIGGER, W. I.	Unknown	Unknown	E	2	8
FRAZIER, J.R.	Unknown	Unknown	F	5	5
HARTBOLL, A.H.	Unknown	Unknown	F	8	6
HOBBS, R. E.	HOBBS, R. E.	Unknown	F	8	8
MC COLLOM, J. G.	Unknown	Unknown	E	7	24
MC CURIY	Unknown	Unknown	A	9	9
MELCHIOR, M. A.	Unknown	Unknown	F	5	4
SMITH, C. F.	SMITH, CHARLES F.	883816	E	7	22
STRONG, D.	Unknown	Unknown	B	4	5

2. R. E. Hobbs, USMC, and Charles F. Smith, 883816, USMC, are alive. None of the above names can be identified as casualties of the Army, Navy, Marine Corps, or Coast Guard.

3. It is requested that each burial be changed to an Unknown, the remains disinterred, and the enclosed GIC Form 1044, Report of Disinterment for Identification, GIC Form 1045, Identification Dental Chart, and a corrected Report of Interment be completed and forwarded to this office.

FOR THE QUARTERMASTER GENERAL:

/s/ J. H. Schwarz
for M. V. TURNER
Colonel, GIC
Assistant

2 Incls:

- (1) 22 GIC Form 1044
- (2) 22 GIC Form 1045

60th CM GRAVES REGISTRATION COMPANY
APO 214

G
O
P
Y

11 January 1946

SUBJECT: Identification of Unknown Deceased.

TO : Commanding Officer, U. S. Naval Operating Base, Navy #3245
c/o FPO, San Francisco, California

Reference: Letter, Hq Bureau of Medicine and Surgery, Washington, BUMED-
C-364, CW20/P6-1, subject: "Burials (unidentified) in Second
Marine Division Cemetery, Saipan Island, Marianas Group," 18
December 1945.

1. The specific graves listed in reference letter were thoroughly investigated and compared with information found on the grave markers and records of this organization and the following information was revealed:

<u>NAME</u>	<u>GRAVE MARKER</u>	<u>ASN</u>	<u>PLOT</u>	<u>ROW</u>	<u>GRAVE</u>
BRENNAN	UNKNOWN	UNKNOWN	E	11	24
CHANCE, A.S.	UNKNOWN	UNKNOWN	C	9	10
DE RIGGER, W.I.	UNKNOWN	UNKNOWN	E	2	8
FRAZIER, J.R.	UNKNOWN	UNKNOWN	F	5	5
HARTBOLL, A.H.	UNKNOWN	UNKNOWN	F	8	6
HOBBS, R.E.	HOBBS, R.E.	UNKNOWN	F	8	8
MC GILLON, J.G.	UNKNOWN	UNKNOWN	E	7	24
MC CURRY	UNKNOWN	UNKNOWN	A	9	9
NEICHTOR, M.A.	UNKNOWN	UNKNOWN	F	5	4
SMITH, C.F.	SMITH, CHARLES F.	883 816	E	7	22
STRONG, D.	UNKNOWN	UNKNOWN	B	4	5

2. It is requested that an information copy of correspondence concerning your answer to the Bureau of Medicine and Surgery, be forwarded to this headquarters. No action will be taken until Bureau of Medicine and Surgery or the Quartermaster General instructs your headquarters as to the correct information, so that this office may change the records to agree with those on file in Washington.

/s/ William M. Brewster
WILLIAM M. BREWSTER,
2nd Lt., MC,
Commanding

Navy No. 3245
c/o Fleet Post Office
San Francisco, Calif.

U. S. NAVAL OPERATING BASE
SAIPAN, M. I.

C
O
P
Y

CHCE/P6-1
FLR/rhr

Serial:

From: Commandant.
To : Chief of the Bureau Medicine and Surgery
Washington, D. C.

Subject: Burials (unidentified) in Second Marine Division Cemetery, Saipan, M. I.

Reference: Bulled Ltr QW20/P6-1.

1. The graves listed in reference letter were thoroughly investigated and compared with information on the grave markers and with the records of 604th CM Graves Registration Company, APO 244 and the following information was noted:

NAME	GRAVE MARKER	ASN	PLOT	R/W	GRAVE
BRENNAN	UNKNOWN	UNKNOWN	E	11	24
CHANCE, A.S.	UNKNOWN	UNKNOWN	C	9	10
DE RIGGER, W.I.	UNKNOWN	UNKNOWN	E	2	8
FRAZIER, J.R.	UNKNOWN	UNKNOWN	F	5	5
HARTBOLL, A.H.	UNKNOWN	UNKNOWN	F	8	6
HOEBS, R.H.	UNKNOWN	UNKNOWN	F	8	8
MC COLLOH, J.G.	UNKNOWN	UNKNOWN	E	7	24
MC CURRY	UNKNOWN	UNKNOWN	A	9	9
MELCHIOR, M.A.	UNKNOWN	UNKNOWN	F	5	4
SMITH, C.F.	SMITH, CHARLES F.	883 816	E	7	22
STRONG, D.	UNKNOWN	UNKNOWN	B	4	5

2. It is requested that this command be advised as to what action is required in the case of reference letter.

J. C. HAMMOCK
Chief of Staff.

COPY

Copy of Letter From Bureau of Medicine and Surgery Dated 18 December 1945

BUREAU-C-JKW
CW20/P6-1

18 December 1945

To: Island Commander, Navy #3245.
Subj: Burials (unidentified) in Second Marine Division Cemetery,
Saipan Island, Marianas Group.

1. The following names appeared on a map and a list of burials for the Second Marine Division Cemetery, Saipan Island, submitted by Graves Registration Administrative Group, Second Marine Division, PEF.

Name	Rank	Grave	Row	Plot
BRENAMAN	-	24	11	B
CHANCE, A.S.	Sgt	10	9	C
DE RIGGER, W.I.	-	8	2	B
FRAZIER, J.R.	-	5	5	F
HARTBOLL, A.H.	-	6	8	F
HOBBS, R.E.	-	8	8	F
MC COLZON, J.G.	-	24	7	E
MC GUELY	Pfc	9	9	A
(This man with the serial number 512537 is alive)				
MELNICK, M.A.	-	4	5	F
SMITH, C.F.	-	22	7	E
STRONG, D.	-	5	4	B

2. These names could not be identified as Army, Navy, Marine Corps or Coast Guard Personnel.

3. If no other information is available to aid in establishing identity of any of the above, it is requested that they be changed to unknowns, your records and grave markers corrected accordingly, and a Report of Burial for each unknown be forwarded to this bureau or the Office of the Quartermaster General, giving all available information that may aid in establishing identification at a later date.

By direction of the Chief, Billed:

/s/ W. S. DOUGLASS
Civilian Assistant

IDENTIFICATION DENTAL CHART

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

24 June 1946
DATE

Smith, Charles F. Unknown
LAST NAME FIRST INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Saipan, M.I.
PLACE OF DEATH

2d Mar Div Cem.
PLACE OF BURIAL
















E 7 22
PLOT ROW GRAVE NO.

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

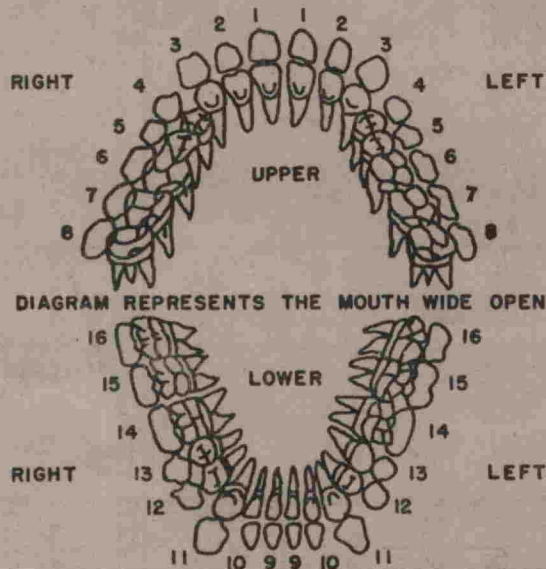
INSTRUCTIONS:

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

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

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

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



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART

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

604th QM Graves Registration Co.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

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

24 June 1946
DATE

C
O
P
Y

EXHUMATION RECORD DATE 8 Mar 48
CEMETERY OPERATIONS

A. NAME AND BURIAL LOCATION OF DECEASED
Name Rank Serial No. Date of death Arm
UNKNOWN
Cemetery Plot Row Grave Country D.D. Number
2nd MAR DIV SAIPAN E 7 22 MARIANAS IS.

B. DISINTERMENT AND IDENTIFICATION
Name Rank Serial No. Date of Death Date Disinterre
UNKNOWN 8 Mar 48
Identification Tag on Organization Religion Identification verified by:
Remains (o) Major (o) /s/ J. D. ST JOHN

C. PREPARATION OF REMAINS FOR SHIPMENT
Nature of Burial Condition of remains
Trench burial in poncho; uncasketed skeletal - incomplete
Other means of identification
Mortuary plate - surface
Minor Discrepancies (Prepare 1194a for Major Discrepancies)

D. REMAINS PREPARED AND PLACED IN CASKET
Casket sealed by Embalmer (Signature)
/s/ J. D. ST JOHN
Casket Marked Checker (Signature)
/s/ CICERO SAMSON

REMARKS:
Buried on Left: RAU, Donald Andrew Mortuary plate on Surface shows:
Buried on Right: MALLICK, Clarence F. SMITH, Charles F. USMC, SN 883816 17 Jun 44
I hereby certify that all the foregoing operations were conducted and
accomplished under my immediate supervision and that the report above is correct.
/s/ WILLIAM J. GREENWELL, Capt, OMC
Signature of GRS Inspector (Cemetery)

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.

REPORT OF DISINTERMENT FOR IDENTIFICATION

24 June 1946

1. REMAINS OF (Name)

SMITH, CHARLES F.

SERIAL NUMBER

883816

GRADE

-

ORGANIZATION

USMC

NAME, NUMBER AND LOCATION OF CEMETERY

2d Marine Division Cemetery, Saipan, Marianas Islands.

PLOT

E

ROW

7

GRAVE NO.

22

2. DATE OF DISINTERMENT

24 June 1946

DATE OF REINTERMENT

24 June 1946

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

Buried five feet deep. Completely decomposed.

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

SMITH, CHARLES F. 883816

ON REMAINS

Tooth Chart attached; no other identification found.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

Unknown

ON REMAINS

None (reinterred in wooden casket)

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

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

Incl 5

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



Dentures (Plates)

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

Remarks

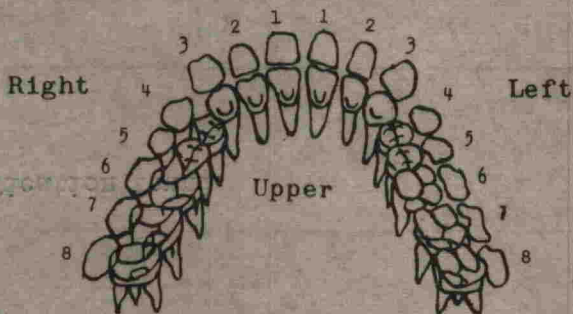
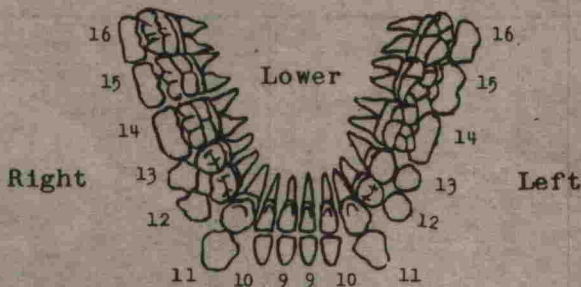


Diagram represents the mouth wide open



Remarks section with faint, illegible text and lines for notes.

24 June 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)

SMITH, CHARLES F.

SERIAL NUMBER

883816

GRADE

ORGANIZATION

USMC

NAME, NUMBER AND LOCATION OF CEMETERY

2d Marine Division Cemetery, Saipan, Marianas Islands.

PLOT

E

ROW

7

GRAVE NO.

22

2. DATE OF DISINTERMENT

24 June 1946

DATE OF REINTERMENT

24 June 1946

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

Buried five feet deep. Completely decomposed.

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

SMITH, CHARLES F. 883816

ON REMAINS

Tooth Chart attached; no other identification found.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

Unknown

ON REMAINS

None (reinterred in wooden casket)

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

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

Incl 5-2

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth

Crowned Teeth

Bridgework

Fillings

Caries (Cavities)

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

Remarks

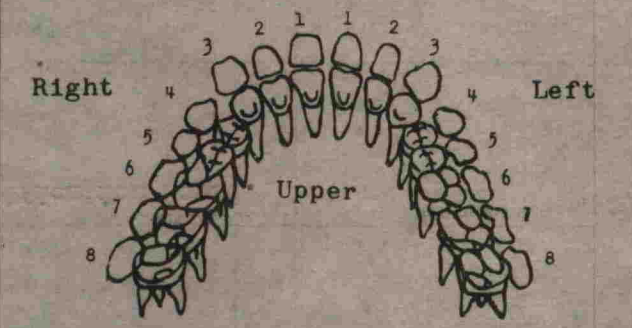
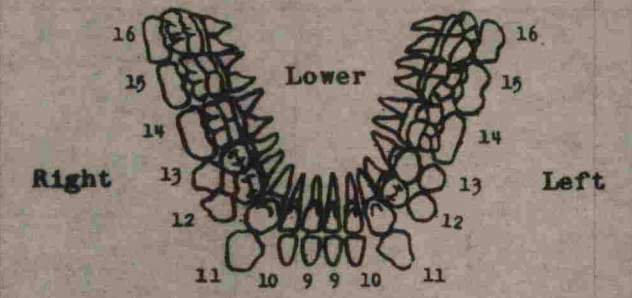


Diagram represents the mouth wide open



IDENTIFICATION DENTAL CHART

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

24 June 1946

DATE

Smith, Charles F.

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Saipan, M. I.

PLACE OF DEATH

2d Mar. Div. Com.

PLACE OF BURIAL

E

PLOT

7

ROW

22

GRAVE NO.

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

Incl 15

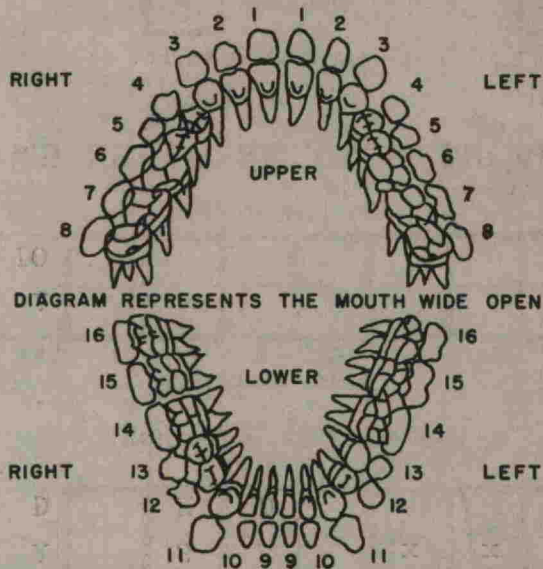
INSTRUCTIONS:

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

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

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

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



REMARKS:

None

William M. Brewster
SIGNATURE OF PERSON WHO PREPARED CHART
WILLIAM M. BREWSTER
1st Lt **QMC**
NAME AND RANK TYPED OR PRINTED

WMB
VERIFIED BY GRS OFFICER
WILLIAM M. BREWSTER
1st Lt **QMC**
NAME AND RANK TYPED OR PRINTED

604th QM Graves Registration Co.
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

24 June 1946
DATE

IDENTIFICATION DENTAL CHART

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

24 June 1946

DATE

Smith, Charles F.

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

Saipan, M. I.

PLACE OF DEATH

2d Mar. Div. Gen.

PLACE OF BURIAL

E

PLOT

7

ROW

22















GRAVE NO.

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

INSIDE — LOOKING OUT

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

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

Smith 15-2

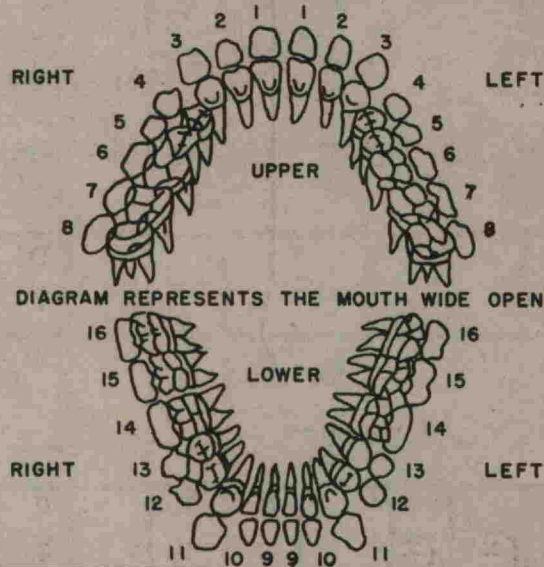
INSTRUCTIONS:

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

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

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

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



REMARKS:

None

William M. Brewster
SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER
1st Lt **QMC**

NAME AND RANK TYPED OR PRINTED

WMS

VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER
1st Lt **QMC**

NAME AND RANK TYPED OR PRINTED

604th CW Graves Registration Co.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

24 June 1946

DATE

24 June 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name) SMITH, CHARLES F.	SERIAL NUMBER 883616
--	--------------------------------

GRADE -	ORGANIZATION USMC
-------------------	-----------------------------

NAME, NUMBER AND LOCATION OF CEMETERY 2d Marine Division Cemetery, Saipan, Marianas Islands.	PLOT E	ROW 7	GRAVE NO. 22
--	------------------	-----------------	------------------------

2. DATE OF DISINTERMENT 24 June 1946	DATE OF REINTERMENT 24 June 1946
--	--

3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDITION OF BODY UPON DISINTERMENT.
Buried five feet deep. Completely decomposed.

Smith, C. F. alive and well

4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMENT: ON MARKER
SMITH, CHARLES F. 883616

ON REMAINS
Tooth Chart attached; no other identification found.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER
Unknown

ON REMAINS
None (reinterred in wooden casket)

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.
William M. Brewster
WILLIAM M. BREWSTER, 1st Lt QMC

Incl 5

INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

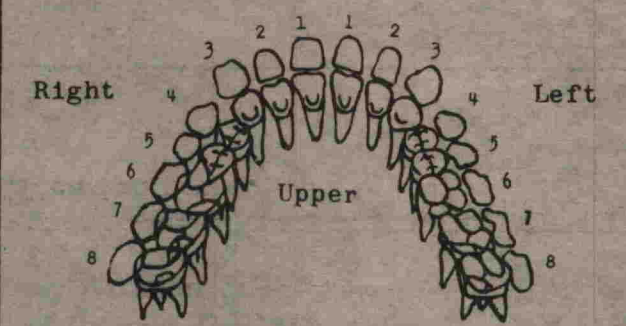
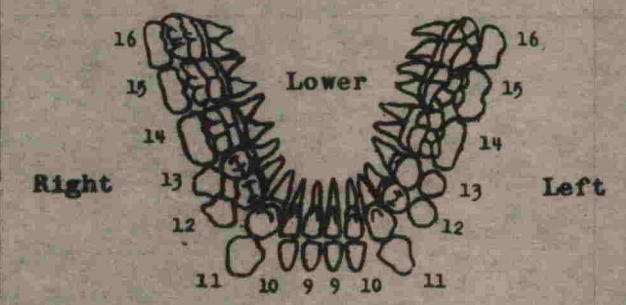


Diagram represents the mouth wide open



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

Remarks

IDENTIFICATION DENTAL CHART
















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

24 June 1946
DATE

<u>Smith, Charles F.</u>					
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.	
UNIT			ORGANIZATION		
<u>Saipan, N. I.</u>	<u>2d Mar. Div. Com.</u>	<u>B</u>	<u>7</u>	<u>22</u>	
PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO.	

	RIGHT								UPPER TEETH				LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8					
TYPE	X	A	X	X	A		S	S		P	P				A	A	X	TYPE			
LOCATION	X	O	X	X	D		H	D		P	P				O	O	X	LOCATION			
INSIDE — LOOKING OUT																					
	RIGHT				LOWER TEETH								LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16					
TYPE		A	A	A	A								X	X	A	A	TYPE				
LOCATION		FO	FMO	DO	DO								X	X	FO	FO	LOCATION				

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

June 15 1946

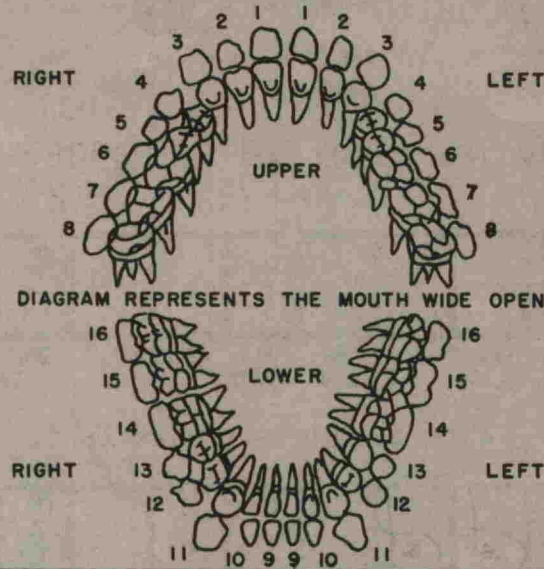
INSTRUCTIONS:

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

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

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

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



REMARKS:

None

William M. Brewster

SIGNATURE OF PERSON WHO PREPARED CHART

WILLIAM M. BREWSTER

1st Lt

QMC

NAME AND RANK TYPED OR PRINTED

WMS

VERIFIED BY GRS OFFICER

WILLIAM M. BREWSTER

1st Lt

QMC


NAME AND RANK TYPED OR PRINTED

604th GM Graves Registration Co.

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

24 June 1946

DATE

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		CORRECTED REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)			DATE OF REPORT 24 Jun 1946		
Imprint Identification Tag If Possible. DO NOT TYPE 		Section 1.—IDENTIFICATION.					
		NAME (Last, first, middle initial) X-36 UNKNOWN/ (Formerly Smith, Charles F.)			SERIAL NO. ---		
		GRADE ---		ORGANIZATION --		BRANCH OF SERVICE --	
		RACE --		RELIGION --	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY --		
PLACE OF DEATH Saipan, M.I.		CAUSE OF DEATH KIA			DATE OF DEATH 17 Jun 44		
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) Unidentified					
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) No							
LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None							
Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse.							
NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY 2d Marine Division Cemetery, Saipan, M.I.							
DATE OF BURIAL Unknown	HOUR --	BURIED IN (Shroud, blanket, or name of other) None		TYPE OF GRAVE MARKER Corss	PLOT No. E	ROW No. 7	GRAVE No. 22
WAS THIS A REBURIAL? (Yes or no) No	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ---						
TYPE OF RELIGIOUS CEREMONY Unknown	PERSON CONDUCTING BURIAL RITES --		IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY Copy of Report of Interment buried one foot under marker.				
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) NO						
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Mallick, C.F.			RANK Cpl	SERIAL No. 339176	ORGANIZATION USMC	GRAVE No. 21	
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Rau, D.A.			RANK Pfc	SERIAL No. 521560	ORGANIZATION USMC	GRAVE No. 23	
SIGNATURE OF PERSON PREPARING REPORT			SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/ WILLIAM M. BREWSTER 1st Lt., GMC				
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.							

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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


OTHER IDENTIFICATION CLUES

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

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




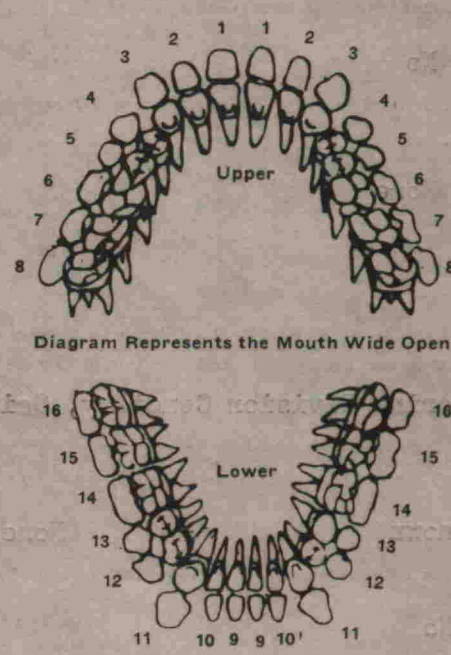




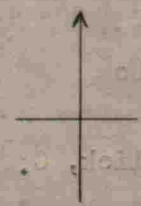

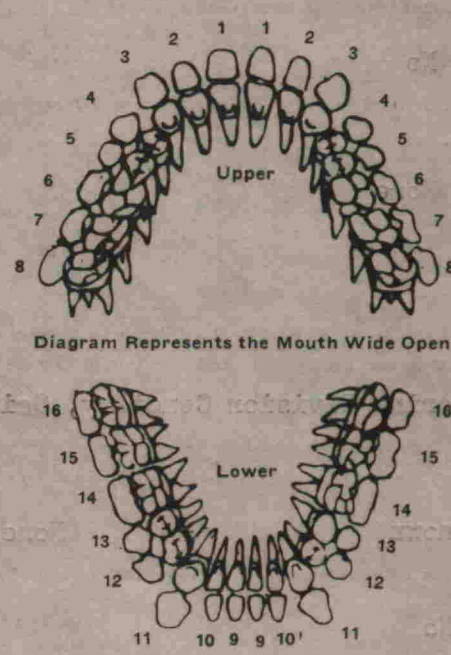




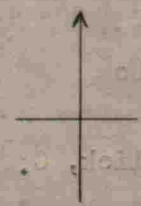

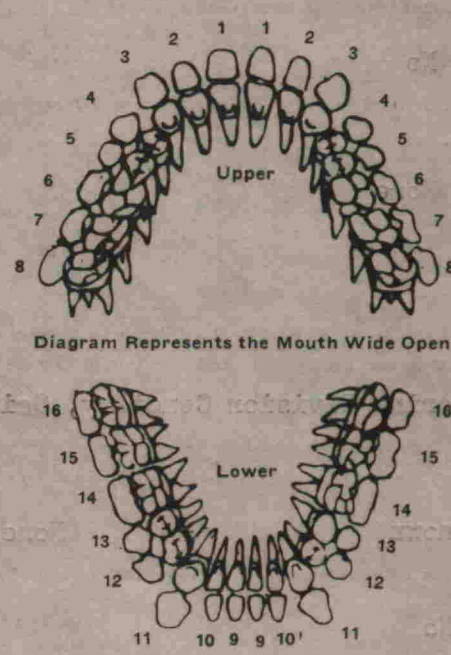




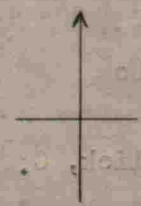
REMARKS:

WD GMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1).		CORRECTED REPORT OF INTERMENT (AR 30-1810 and AR 30-1815)				Date of Report 24 June 1946	
Imprint Identification Tag If Possible. DO NOT TYPE 		SECTION 1. IDENTIFICATION					
		Name (Last, First, Middle Initial)				Serial Number	
		UNKNOWN (formerly Smith, Charles F.)				-	
		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		
Saipan, M. I.		KIA			17 Jun 44		
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		Unidentified					
Were Substitute Tags Provided (Yes or No)							
No							
List Personal Effects Found on Body and Disposition of Same							
None							
SECTION 2. BURIAL If other than in established cemetery furnish sketch and map coordinates on reverse.							
Name, Number, Coordinates and Location of Cemetery							
2d Marine Division Cemetery, Saipan, M. I.							
Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.	
Unknown	-	None	Cross	E	7	22	
Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave			Plot No.	Row No.	Grave No.	
No	-			-	-	-	
Type of Religious Ceremony	Person Conducting Burial Rites		If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body				
Unknown	-		Copy of Report of Interment buried one foot under marker.				
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)						
No	No						
Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.			
Mallick, C. F.	Cpl	339176	USMC	21			
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.			
Rau, D. A.	Pfc	521560	USMC	23			
Signature of Person Preparing Report			Signature of GRS Officer Verifying Report				
			WILLIAM M. BREWSTER 1st Lt., QMC				

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

Incl 28

RESTRICTED

SECTION UNIDENTIFIED REMAINS																
Little Finger Left	<p>Instructions</p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>															
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Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found														
Index Finger Left	<p>Other Identification Clues</p>															
Thumb Left	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p>Fillings</p> <p>Silver Filling</p> <p>Gold Filling</p>  </td> <td rowspan="4" style="width: 50%; vertical-align: middle; text-align: center;">  <p>Diagram Represents the Mouth Wide Open</p> </td> </tr> <tr> <td> <p>Cavities</p> <p>Cavity</p> <p>Decayed</p>  </td> </tr> <tr> <td> <p>Missing Teeth</p> <p>Tooth Missing</p>  </td> </tr> <tr> <td> <p>Crowned Teeth</p> <p>Porcelain Crown</p> <p>Gold Crown</p>  </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Thumb Right</td> <td> <p>Bridge Work</p> <p>Gold Bridge</p>  </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Index Finger Right</td> <td> <p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center;">  </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Middle Finger Right</td> <td> <p>Remarks</p> </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Ring Finger Right</td> <td></td> </tr> <tr> <td style="text-align: center; vertical-align: top;">Little Finger Right</td> <td></td> </tr> </table>	<p>Fillings</p> <p>Silver Filling</p> <p>Gold Filling</p> 	 <p>Diagram Represents the Mouth Wide Open</p>	<p>Cavities</p> <p>Cavity</p> <p>Decayed</p> 	<p>Missing Teeth</p> <p>Tooth Missing</p> 	<p>Crowned Teeth</p> <p>Porcelain Crown</p> <p>Gold Crown</p> 	Thumb Right	<p>Bridge Work</p> <p>Gold Bridge</p> 	Index Finger Right	<p>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</p> <div style="text-align: center;">  </div>	Middle Finger Right	<p>Remarks</p>	Ring Finger Right		Little Finger Right	
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RESTRICTED

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

CORRECTED

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

24 June 1946

Imprint Identification Tag If Possible. DO NOT TYPE



SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

UNKNOWN (formerly Smith, Charles F.)

Serial Number

-

Grade

-

Organization

-

Branch of Service

-

Race

-

Religion

-

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

-

Place of Death

Saipan, M. I.

Cause of Death

KIA

Date of Death

17 Jun 44

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

Unidentified

Were Substitute Tags Provided (Yes or No)

No

List Personal Effects Found on Body and Disposition of Same

None

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

Name, Number, Coordinates and Location of Cemetery

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

Date of Burial

Unknown

Hour

-

Buried in (Shroud, Blanket, or name of other)

None

Type of Grave Marker

Cross

Plot No.

E

Row No.

7

Grave No.

22

Was This a Re-Burial (Yes or No)

No

If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave

-

Plot No.

-

Row No.

-

Grave No.

-

Type of Religious Ceremony

Unknown

Person Conducting Burial Rites

-

If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body

Copy of Report of Interment buried one foot under marker.

Identification Tag Buried With Body (Yes or No)

No

Identification Tag Attached to Marker (Yes or No)

No

Body Buried on Deceased Left, Name (Last, First, Middle Initial)

Malliek, C. F.

Rank

Gpl

Serial Number

339176

Organization

USMC

Grave No.

21

Body Buried on Deceased Right, Name (Last, First, Middle Initial)

Rau, D. A.

Rank

Pfc

Serial Number

521560

Organization

USMC

Grave No.

23

Signature of Person Preparing Report

Signature of GRS Officer Verifying Report



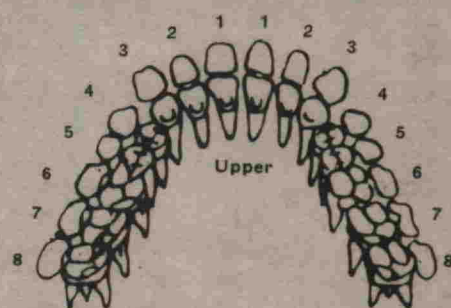


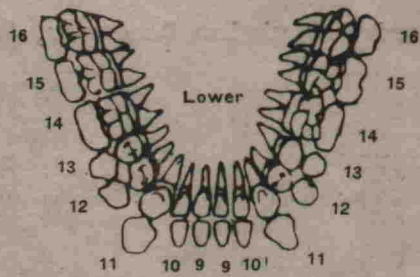






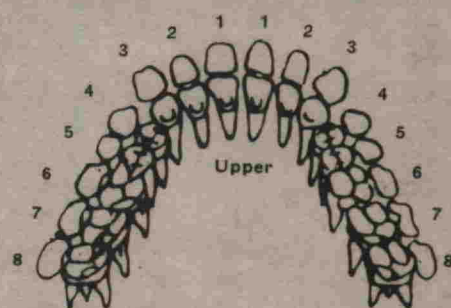


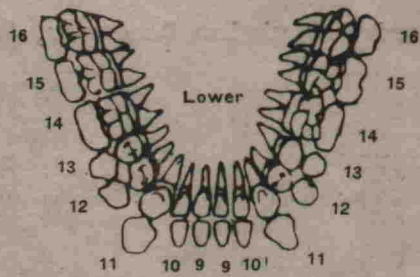





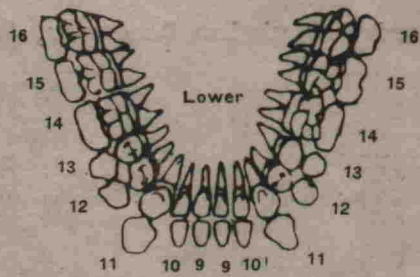







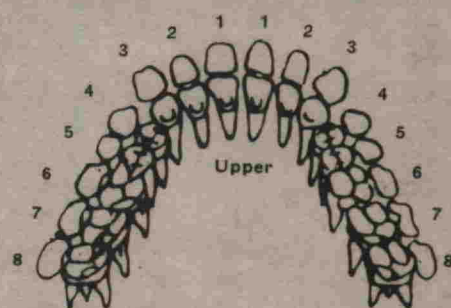


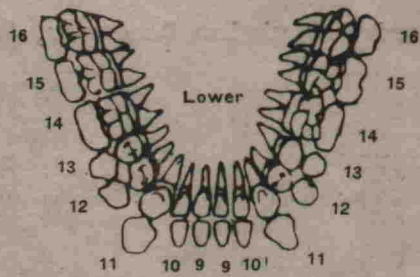





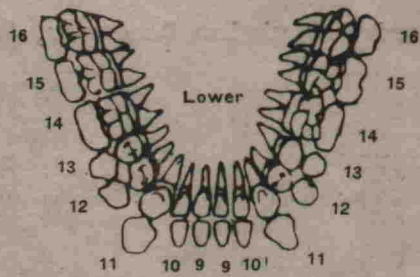






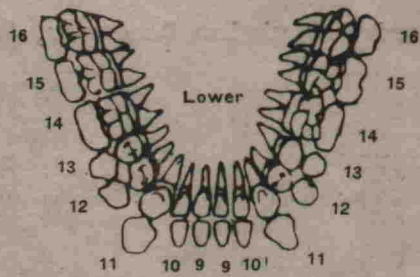






WILLIAM M. BREWSTER
1st Lt., GRC

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RESTRICTED

Incl 28

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RESTRICTED

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


CORRECTED

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

24 June 1946

Imprint Identification Tag If Possible. DO NOT TYPE 	SECTION 1. IDENTIFICATION		
	Name (Last, First, Middle Initial)		Serial Number
	UNKNOWN (formerly Smith, Charles F.)		-
	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	
Saipan, M. I.	KIA	17 Jun 44	

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	
Were Substitute Tags Provided (Yes or No)	Unidentified
No	

List Personal Effects Found on Body and Disposition of Same

None

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

Name, Number, Coordinates and Location of Cemetery
2d Marine Division Cemetery, Saipan, M. I.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
Unknown	-	None	Cross	E	7	22

Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave		
No	-		
	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 Copy of report of interment buried one foot under marker.
Unknown	-	
Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)	
No	No	

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Malliek, C. F.	Cpl	339176	USMC	21

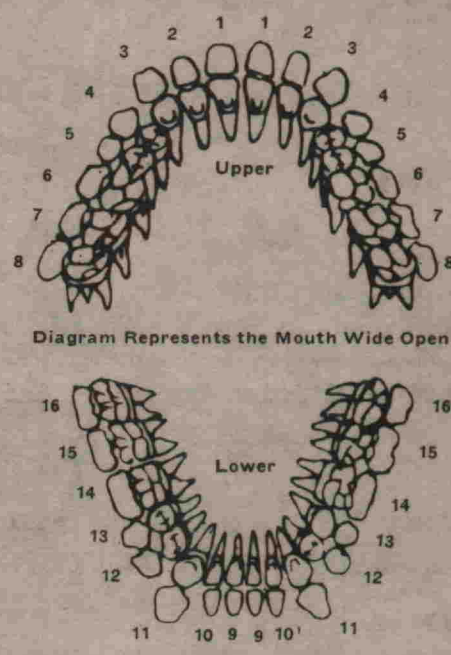









Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Rau, D. A.	Pfc	521560	USMC	23

Signature of Person Preparing Report
Signature of GRS Officer Verifying Report
WILLIAM M. BRINSTER
1st Lt., GRC

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Ince 20

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Left Index Finger	Other Identification Clues			
Left Thumb	Fillings	Cavities	Missing Teeth	
Right Thumb	 Silver Filling  Gold Filling	 Cavity  Decayed	 Tooth Missing	
Right Index Finger	Crowned Teeth	 Porcelain Crown  Gold Crown		
Right Middle Finger	Bridge Work	 Gold Bridge		
Right Ring Finger	Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery			
Right Little Finger				
Right Little Finger	Remarks			

Screened

20 July 50
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