

293-UNK.

SAIPAN  
MARIANAS ISLANDS

X-39

(2nd Mar. Div.)

'50JW

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-4NK-2<sup>nd</sup> Max DW MARIANAS-X-39

SUBJECT



/bpm

Interred 16 Jan 1950  
H 16 141. McKinley

DISINTERMENT DIRECTIVE

1 Dec

1

*Carl R. H. Mark*

CARL R. H. MARK

Cemetery Superintendent

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6360 01399

DATE  
15 10 49  
DAY MONTH YEAR

/gyc

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	UNKNOWNX-000039		Q	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
2ND MAR DIV MARIANAS IS			4	0492 <del>80</del>
				CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
~~NATIONAL MEMORIAL CEMETERY OF THE  
US MILITARY CEMETERY, FT MCKINLEY, P.I.  
PACIFIC, TERRITORY OF HAWAII~~  
Auth: WCL 26140 dtd 30 Nov '49

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-39				2 Dec 1949

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	UNKNOWN		GERARD A BRICK Embalmer
			NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 2 Dec 1949	BY GERARD A BRICK
CASKET SEALED BY GERARD A BRICK	EMBALMER (Signature) <i>Gerard A Brick</i> GERARD A BRICK

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 2 Dec 49 BY RAYMOND H TANGUAY, Sgt 1c, RA	L. W. RICHARDSON, M/Sgt, RA

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

*L. W. Richardson*  
L. W. RICHARDSON, M/Sgt, RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
REMAINS UNIDENTIFIABLE

FILE  
1 MAR 1950  
REPT. BRANCH  
AGRS DIV.

*and 5'*



# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM AGRS REMAINS DEPOT		TO US MILITARY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Care...</i>	DATE 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

FORM NO. 10-1  
MAY 1950



att

*293 Unknown X-39 (Ft. McKinley)*

*293 Unknown Saipan 2nd Marine Div Cem X-39*

QUICK DEPT. OF ARMY HAWAIIAN ZONE  
CORPORAL PHILCOM (AF)/MANILA PI

UNCLASSIFIED

ROUTING

ROUTING

X

QUICK TOKYO JAPAN

MULTIPLE ADDRESSES

PHI QUICK

*WCL-26140*

LD 6360 01399 UNKNOWN X 39 PHED YOUR COMD BY ARMS PACIFIC ZONE RECENT  
DESIGNATION OF COMSIGNEE BE CHANGED TO INDICATE FINAL INTERMENT IN US MIL  
CEN FT MC KINLEY PI

*All records have been changed in Sep Dec to change final interment from  
National Mem Cem of the Pacific to Ft McKinley.*

*Account with  
29 Nov 49*

*Saipan 2d Mar Div  
X-39 F-5-4*

NOV 30 7 56 PM '49  
MEMORIAL DIVISION  
ADMINISTRATIVE BRANCH  
LNA

NOV 30 4 13 PM '49  
O.O.M.O.  
TEL & CAB SECTION

UNCLASSIFIED

*D. A. Renner*

QUICK MR TRACY X 4458

302000Z  
NOV 49

D. A. RENNER  
CAPT, GRC, MEM DIV

293 Unknown X 39

*Sai Pan #2*

*JJT*

*mlp*



FOR RECORD ONLY: (Mr. Tracy 4458)

1st Ind. from Pacific Zone dated 21 Nov 49 (Par 3) advises that disinterment directive for Unknown X-39 has been forwarded to the Philippine Air Command as remains of this unknown were shipped to that destination by MARBO ZONE.













## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-39</b>				2. DATE OF REPORT <b>25 June 1949</b>		
3. NAME OF CEMETERY <b>2ND MARINE DIV., SAIPAN</b>		4. PLOT <b>F</b>	5. ROW <b>5</b>	6. GRAVE <b>4</b>	7. DATE OF DISINTERMENT    REINTERMENT	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'5-3/8"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UNKNOWN</b>
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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. #92



18.

TOOTH CHART

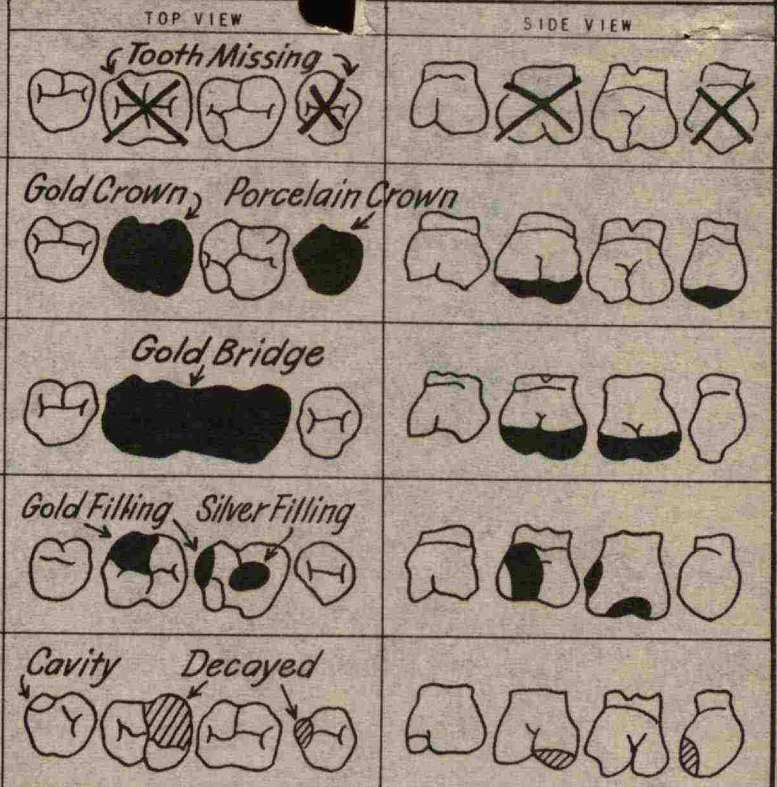
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:

**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
MAXILLA								MISSING							
Side Views															
UPPER															
LOWER															
MANDIBLE								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 loose teeth present with remains.

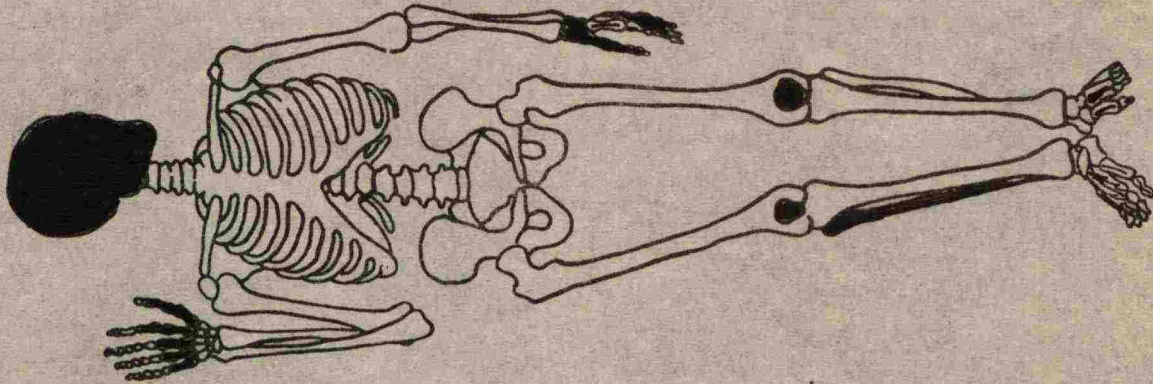
**"UNIDENTIFIABLE"**

*J. J. McDermott*  
 J. J. McDERMOTT  
 Laboratory Officer, CIP

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5'5-3/8"

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

No ROI, identification tags or personal effects 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

J. J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE



G  
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P  
I

South Sea GRAVES REGISTRATION COMPANY  
APO 214

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-324, 0820/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 re-  
vealed:

NAME	GRAVE MARKER	AGE	PLATE	ROW	GRAVE
BRENNAN	UNKNOWN	UNKNOWN	B	11	24
CRANE, A.S.	UNKNOWN	UNKNOWN	C	9	10
DE RIGER, W.L.	UNKNOWN	UNKNOWN	E	2	8
FRAZIER, J.R.	UNKNOWN	UNKNOWN	F	5	5
HAMBOLL, A.H.	UNKNOWN	UNKNOWN	F	8	6
HOBBS, R.E.	HOBBS, R.E.	UNKNOWN	F	8	8
MC COLGAN, J.O.	UNKNOWN	UNKNOWN	E	7	24
MC CURRY	UNKNOWN	UNKNOWN	A	3	2
DELONOR, M.A.	UNKNOWN	UNKNOWN	F	5	4
SMITH, C.F.	SMITH, CHARLES F.	883 826	B	7	22
STRICK, R.	UNKNOWN	UNKNOWN	B	4	5

2. It is requested that an information copy of correspondence con-  
cerning 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. 3215  
c/o Fleet Post Office  
San Francisco, Calif.

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

C  
O  
P  
Y

ONCE/P6-1  
VLR/rhr

Serial:

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

Subject: Burials (unidentified) in Second Marine Div-  
ision Cemetery, Saipan, M. I.

Reference: BuMed Ltr 0620/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 601th CM Graves Registration Company, APO 244 and the following information was noted:

<u>NAME</u>	<u>GRAVE MARKER</u>	<u>AGE</u>	<u>PLAT</u>	<u>ROW</u>	<u>GRAVE</u>
BERNARD	UNKNOWN	UNKNOWN	B	11	24
CHANCE, A.S.	UNKNOWN	UNKNOWN	C	9	10
DE RIDDER, V.I.	UNKNOWN	UNKNOWN	B	2	8
FRASIER, J.R.	UNKNOWN	UNKNOWN	F	5	5
HANFOLL, A.H.	UNKNOWN	UNKNOWN	F	8	6
HOMES, P.B.	UNKNOWN	UNKNOWN	F	8	8
MC COLLON, J.G.	UNKNOWN	UNKNOWN	E	7	24
MC CUNE	UNKNOWN	UNKNOWN	A	9	9
NEIGHTON, M.A.	UNKNOWN	UNKNOWN	F	5	1
SMITH, G.P.	SMITH, CHARLES F.	583 816	B	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. HARBROOK  
Chief of Staff.



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

C  
O  
P  
Y

SPCIG 293 - MIDPAC

21 March 1946

SUBJECT: Identification.

TO : Commanding General  
Army Forces, IRII-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
CHARIS, A. B.	Unknown	Unknown	C	9	10
DE RIDGER, W. I.	Unknown	Unknown	E	2	8
FRAZIER, J. R.	Unknown	Unknown	F	5	5
HAINBOLL, A. R.	Unknown	Unknown	F	8	6
HOBBS, R. E.	HOBBS, R. E.	Unknown	F	8	8
MC COLIEN, J. G.	Unknown	Unknown	E	7	24
MC CUREY	Unknown	Unknown	A	9	9
MELNICKER, M. A.	Unknown	Unknown	F	5	4
SMITH, C. F.	SMITH, CHARLES F.	883816	E	7	22
STROUD, 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 AG Form 1044, Report of Disinterment for Identification, AG Form 1045, Identification Dental Chart, and a corrected Report of Internment be completed and forwarded to this office.

FOR THE QUARTERMASTER GENERAL:

/s/ J. H. Schmitt  
for H. V. TURNER  
Colonel, GSC  
Assistant

2 Incls:

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



G  
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BASIC: Ltr, ASF, CGMC, Wash., D. C. SPETS 293, MIDPAC, 21 March 1946,  
Subject: Identification.

MPYOM 293 (21 Mar 46) 1st Ind (2-20 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 exhumed and GIC 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, ADJ  
Asst Adjutant General

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

B (34) 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 - GIC Form 1044,  
Report of Disinterment  
through 23 - GIC Form 1045,  
14 Identification Dental Chart  
24 through 32 - Report of Interment,  
Form WD GIC 1042



COPY

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

BUMED-C-JEW  
W20/P6-1

18 December 1945

To: Island Commander, Navy #3215.  
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, POF.

Name	Rank	Grave	Row	Plot
BRIDGEMAN	-	24	11	B
CHANCE, A.S.	Sgt	10	9	C
DE RIGHER, W.L.	-	8	2	B
FRAZIER, J.R.	-	5	5	F
HARTWELL, A.H.	-	6	8	F
HUBBS, R.H.	-	8	8	F
MC COLICH, J.G.	-	24	7	B
MC GUNE	Pfc	9	9	A
(This man with the serial number 512537 is alive)				
MELNICH, M.A.	-	4	5	F
SMITH, C.F.	-	22	7	B
STONER, D.	-	5	1	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 unknown, 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, BUMED:

/s/ W. S. DOUGLASS  
Civilian Assistant



1. This case Unknown X - 39 has been reviewed and the recommendation of the Field as unidentifiable due to lack of sufficient identifying data is approved.

2. These remains were ( <sup>buried</sup> ~~transferred~~ ) at

2nd Marine Div Cem Saipan



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <p align="center">UNKNOWN X-39</p>				2. DATE OF REPORT <p align="center">11 Oct 48</p>	
3. NAME OF CEMETERY <p align="center">2nd Marine Div., Saipan</p>	4. PLOT <p align="center">F</p>	5. ROW <p align="center">5</p>	6. GRAVE <p align="center">4</p>	7. DATE OF	
				DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <p align="center">UTD</p>	9. ESTIMATED HEIGHT	10. COLOR OF HAIR <p align="center">UTD</p>	11. RACE <p align="center">UTD</p>
--	---------------------	--	---------------------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

Mortuary Plate:  
Unknown  
P-F, R-5, G-4

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)

None

Unidentifiable by reason of lack of sufficient identifying data.

*H. W. Harriman*  
H. W. HARRIMAN  
Captain, QMC  
Operations Officer  
AGRS, Marbo Zone



18.

TOOTH CHART

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

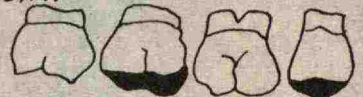
TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



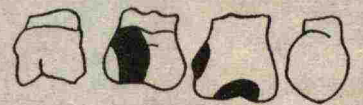
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:

Gold Bridge



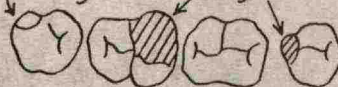
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<del>Side Views</del>															
<del>Upper</del>															
<del>Lower</del>															
<del>Side Views</del>															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

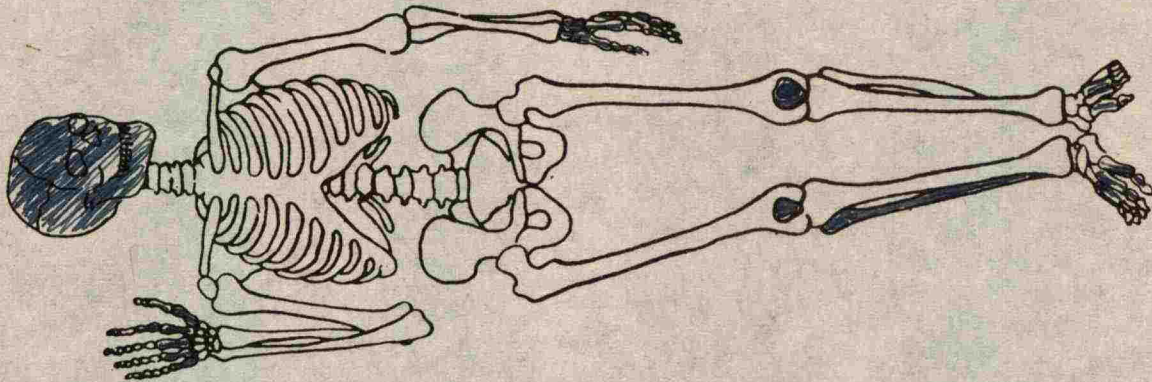
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No teeth.

Gary D. Pugh



19. BLACK OUT PARTS OF BODY NOT RECOVERED



Est. Ht. - 5'5-3/8"

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

1. Skull missing.

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

*R. H. Oestreich*  
 R. H. OESTREICH, Capt., Inf.



IDENTIFICATION CHECKLIST

Unknown X-39  
Cemetery 2nd Mar., Saipan  
Plot F Row 5 Grave 4

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 5'5-3/8"
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? No If not, explain No head
7. Were fingerprints taken? No
8. Cause of death UTD
9. Was body burned? No To what extent? \_\_\_\_\_
10. Are any parts of the body missing or severed? See 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.) None



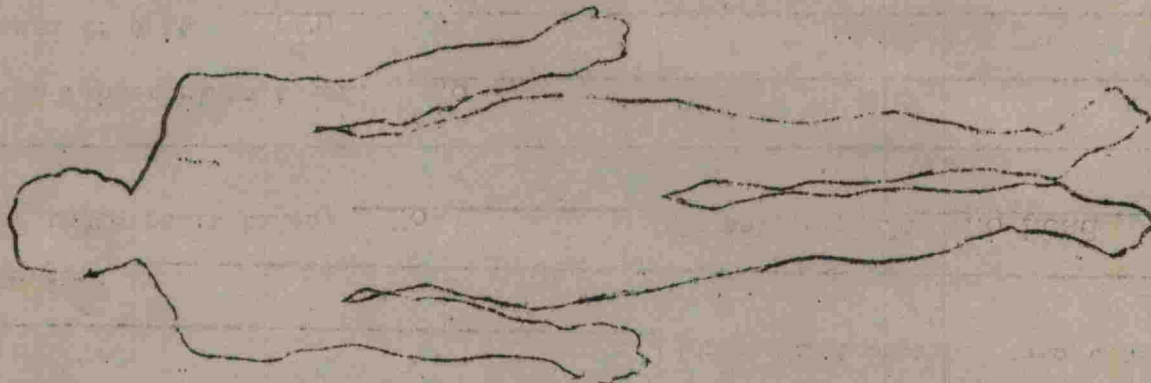
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: None

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

16. Evidence of healed fractures No

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



18. REMARKS: \_\_\_\_\_

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

*R. H. Oestreich*

R. H. OESTREICH

Officer's name

Capt.

Rank

Inf.

Service

Organization



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-39</b>			2. DATE OF REPORT <b>11 Oct 48</b>	
3. NAME OF CEMETERY  <b>2nd Marine Div., Saipan</b>	4. PLOT  <b>F</b>	5. ROW  <b>5</b>	6. GRAVE  <b>4</b>	7. DATE OF DISINTERMENT
	REINTERMENT			

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT  <b>UTD</b>	9. ESTIMATED HEIGHT	10. COLOR OF HAIR  <b>UTD</b>	11. RACE  <b>UTD</b>
---------------------------------------	---------------------	-------------------------------------	----------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Merituary Plate:  
Unknown  
P-F, R-5, G-4**

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)

**None**

**Unidentifiable by reason of lack of sufficient identifying data.**

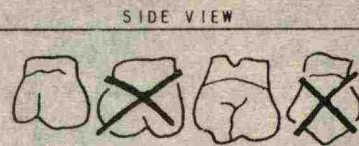
*H. W. H.*  
**H. W. HARRIMAN**  
Captain, QMC  
Operations Officer  
AGRS, Warbe Zone



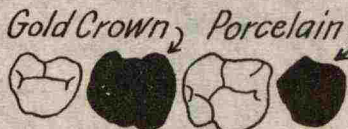
18.

TOOTH CHART

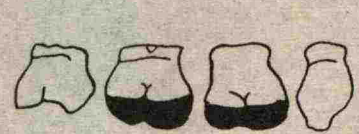
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



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



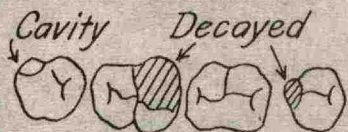
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
<del>_____</del>															
Side Views															Side Views
Top Views															UPPER
															LOWER
Side Views															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

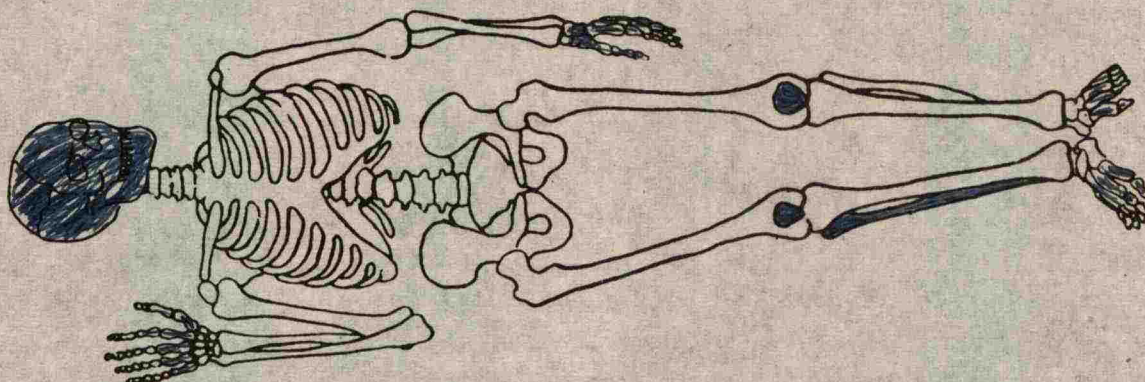
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No teeth.

*Gary D. Pugh*  
Gary D. Pugh



19. BLACK OUT PARTS OF BODY NOT RECORDED



Est. Ht. - 5'5-3/8"

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

1. Skull missing.

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

*R. H. Oestreich*  
**R. H. OESTREICH, Capt., Inf.**



IDENTIFICATION CHECKLIST

Unknown X-39  
Cemetery 2nd Mar. Batuan  
Plot 7 Row 5 Grave 4

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 UFD
2. Estimated height 5'5-3/8"
3. Color of hair UFD
4. Race UFD
5. Tattoos or scars on the body (give description) None  
\_\_\_\_\_ (Information obtained from other sources) \_\_\_\_\_
6. Was tooth chart taken? No If not, explain No head
7. Were fingerprints taken? No
8. Cause of death UFD
9. Was body burned? No To what extent? \_\_\_\_\_
10. Are 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.) None



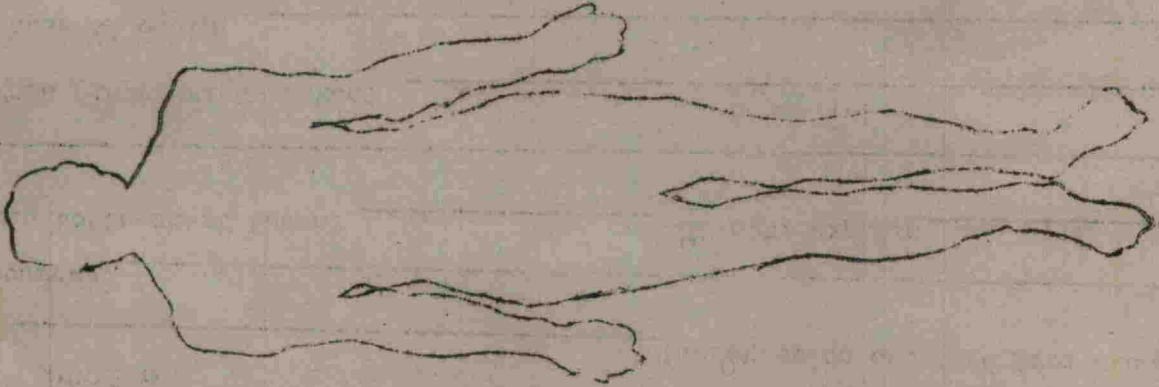
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: None

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

16. Evidence of healed fractures No

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



18. REMARKS: \_\_\_\_\_

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

  
**R. H. OESTREICH**

\_\_\_\_\_  
Officer's name

**Capt.**

**Inf.**

\_\_\_\_\_  
Rank

\_\_\_\_\_  
Service

\_\_\_\_\_  
Organization



# IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-39</b>			2. DATE OF REPORT <b>11 Oct 48</b>		
3. NAME OF CEMETERY <b>2nd Marine Div., Saipan</b>	4. PLOT <b>F</b>	5. ROW <b>5</b>	6. GRAVE <b>4</b>	7. DATE OF	
				DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>UID</b>	9. ESTIMATED HEIGHT	10. COLOR OF HAIR <b>UID</b>	11. RACE <b>UID</b>
-----------------------------------	---------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Mercury Plates:  
Unknown  
F-F, R-5, G-4**

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)

**None**

**Unidentifiable by reason of lack of sufficient identifying data.**

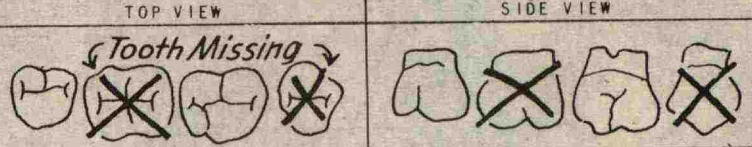
*H. W. H.*  
**H. W. HARRIMAN**  
Captain, QMC  
Operations Officer  
AORS, Warbe Zone



18.

TOOTH CHART

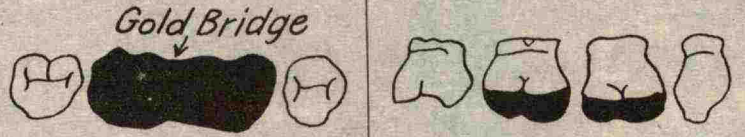
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



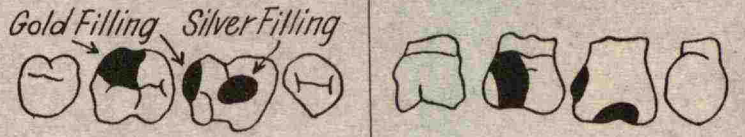
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



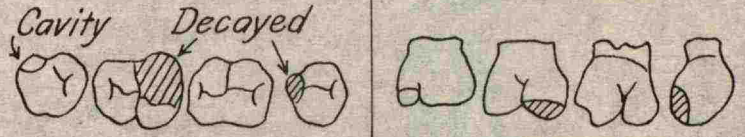
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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	UPPER																	Side Views	
	LOWER																	Side Views	
Top Views	UPPER																	Top Views	
	LOWER																	Top Views	
Side Views																		Side Views	
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

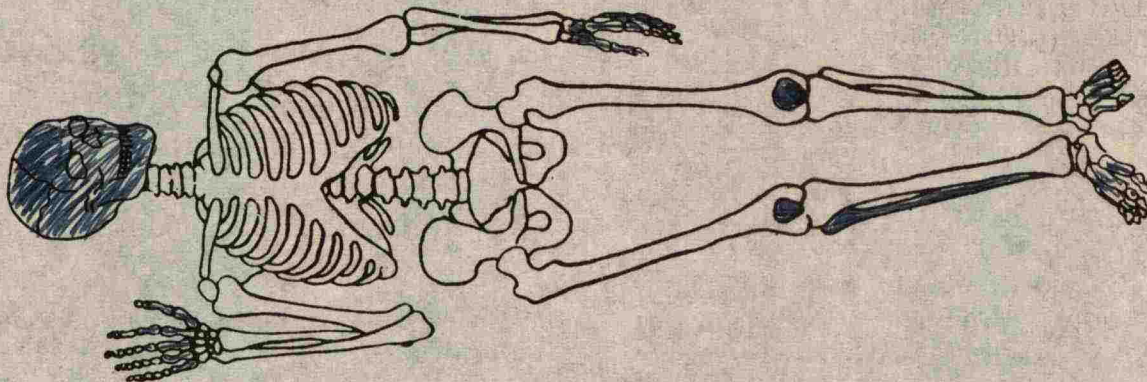
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No teeth.

*Gary D. Fugh*  
Gary D. Fugh



19. BLACK OUT PARTS OF BODY NOT RECORDED



Est. Ht. - 5'5-3/8"

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

**1. Skull missing.**

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

*[Handwritten Signature]*  
**R. H. OESTRICH, Capt., Inf.**



IDENTIFICATION CHECKLIST

Unknown X-39  
Cemetery 2nd Mar., Saipan  
Plot 2 Row 5 Grave 4

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 5'5-3/8"
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? No If not, explain No head
7. Were fingerprints taken? No
8. Cause of death UTD
9. Was body burned? No To what extent? \_\_\_\_\_
10. Are any parts of the body missing or severed? See 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.) None



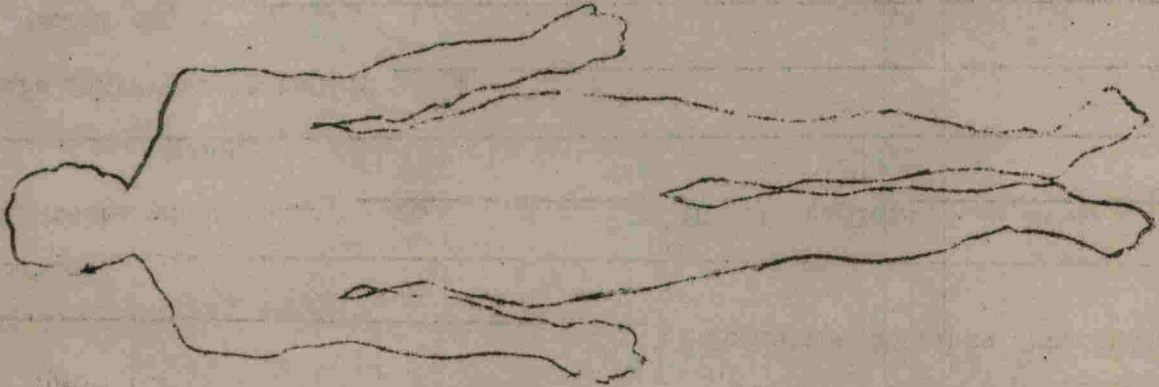
Identification Checklist (Cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings: None

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

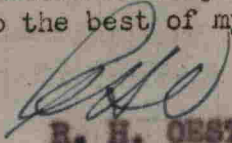
16. Evidence of healed fractures No

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



18. REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

  
**R. H. OESTREICH**

\_\_\_\_\_  
Officer's name

**Capt.**

Rank

**Inf.**

Service

\_\_\_\_\_  
Organization



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-39			2. DATE OF REPORT 9 July 1946		
3. NAME OF CEMETERY 2d Marine Division Cemetery, Saipan, M.I.	4. PLOT F	5. ROW 5	6. GRAVE 4	7. DATE OF	
				DISINTERMENT 9 Jul 46	REINTERMENT 9 Jul 46

## PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. HAIR
---------------------	---------------------	-------------------	----------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
Report as to Nature of Original Burial and Condition of Body upon Disinterment:  
Hardening compound used. 90% decomposed. Buried 5 feet deep.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OF SUCH INFORMATION OBTAINED FROM OTHER SOURCES:  
What identification found at time disinterment: on Marker  
Unknown Nov 44  
On Remains: No skull or identification of any kind.

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
What identification Used upon Reinterment: On Marker  
Unknown  
On Remains:  
None (reinterred in wooden casket)

17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. IN Jaundice  
Marks are included. Such notation should be made and specimen forwarded through channels for examination when facilities are not available in the field.

Signature of Officer supervising Disinterment and Reinterment:

/s/ WILLIAM M. BREWSTER, 1st Lt QMC



C  
O  
P  
Y

EXHUMATION RECORD  
CEMETERY OPERATIONS

DATE 11 Feb 48

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 F 5 4 MARIANAS IS.

B. DISINTERMENT AND IDENTIFICATION  
Name Rank Serial No. Date of Death Date Disinterred  
UNKNOWN UNK UNK UNK 11 Feb 48  
Identification Tag on Organization Religion Identification verified by:  
Remains ( ) Marker ( ) UNK UNK /s/ A. J. POPE, Emb

C. PREPARATION OF REMAINS FOR SHIPMENT  
Nature of Burial Condition of remains  
Burial Box - Uniform Skeletal - incomplete  
Other means of identification  
Mortuary plate on surface  
Minor Discrepancies (Prepare 1194a for Major Discrepancies)

D. REMAINS PREPARED AND PLACED IN CASKET  
Casket sealed by Embalmer (Signature)  
Casket Marked /s/ A. J. POPE, Emb.  
Checker (Signature)  
REMARKS: /s/ L. A. JENSEN  
CONSIGNEE:

Grave on Right - UNKNOWN Plot F Row 5 Grave 5

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

/s/ HERSCHELL G. GUY, 1st Lt, Inf  
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.



YBUNK  
X-39

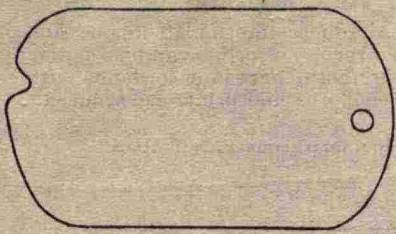
2ND. MARINE DIV. CEM.

SAIPAN

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2



WD QMC Form 1942 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)				Date of Report <p style="text-align: center;">9 July 1946</p>			
Imprint Identification Tag If Possible. DO NOT TYPE  		SECTION 1. IDENTIFICATION							
		Name (Last, First, Middle Initial)				Serial Number			
		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				November 1944			
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	F	5	4			
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.	
Unknown			-	-	USN			5	
Body Buried on Deceased Right, Name (Last, First, Middle Initial)			Rank	Serial Number	Organization			Grave No.	
Stavers, B. B.			GM2/c	8591924	USN				
Signature of Person Preparing Report				Signature of GRS Officer Verifying Report					
				WILLIAM M. BREWSTER 1st Lt QMC					


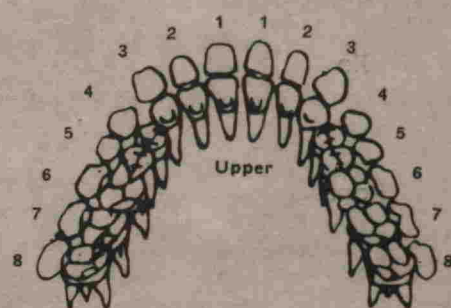




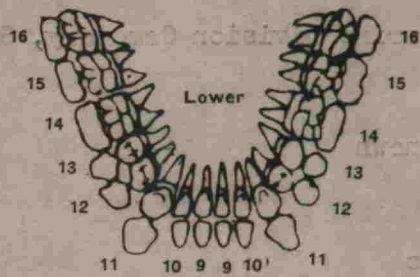

FILE  
NAVY SECTION  
C. J. MOYER

SER 7-1960

**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 27



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



RESTRICTED

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

# REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

Date of Report

9 July 1946

Imprint Identification Tag If Possible. DO NOT TYPE



## SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)

UNKNOWN

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

November 1944

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.

F

Row No.

5

Grave No.

4

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.

FILE  
NAVY SECTION  
C. J. MOYER

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)

Unknown

Rank

-

Serial Number

-

Organization

-

Grave No.

5

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

Stavers, B. B.

Rank

GM2/e

Serial Number

8591924

Organization

USN

Grave No.

3

Signature of Person Preparing Report

Signature of GRS Officer Verifying Report


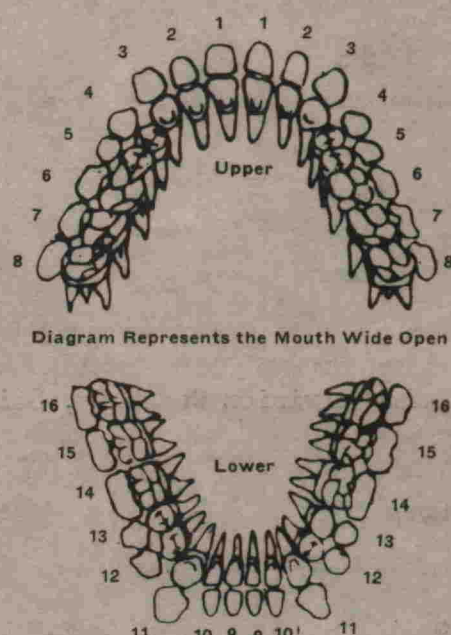





WILLIAM M. BREWSTER  
1st Lt

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.

July 27<sup>th</sup>

RESTRICTED



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



6537

QMC FORM 1043  
Rev. 7 Apr. 1945

RESTRICTED

REPORT OF DISINTERMENT FOR IDENTIFICATION

9 July 1946

1. REMAINS OF (Name)

UNKNOWN

SERIAL NUMBER

-

GRADE

ORGANIZATION

-

-

NAME, NUMBER AND LOCATION OF CEMETERY

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

PLOT

F

ROW

5

GRAVE NO.

4

2. DATE OF DISINTERMENT

9 July 1946

DATE OF REINTERMENT

9 July 1946

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

Hardening compound used. 90% decomposed. Buried 5 feet deep.

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

Unknown

Nov 1944

ON REMAINS

No skull or identification of any kind.

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

FILE  
NAVY SECTION  
C. J. MOYER

SEP 7 1946

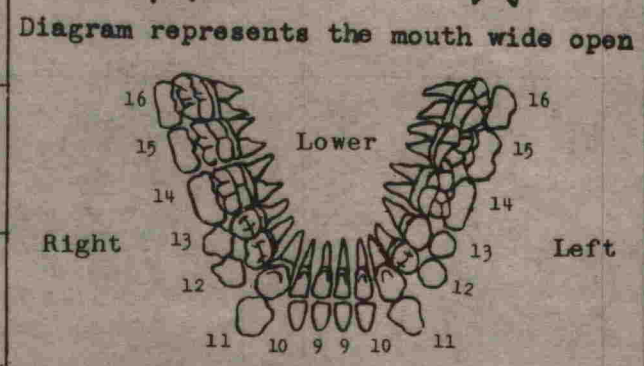
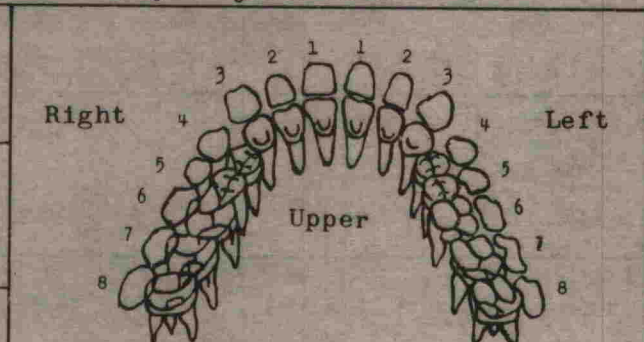
Incl 4

RESTRICTED



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), bicuspid (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.



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

*[Faint, illegible text in the Remarks section]*



9 July 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)

SERIAL NUMBER

UNKNOWN

GRADE

ORGANIZATION

NAME, NUMBER AND LOCATION OF CEMETERY

PLOT

ROW

GRAVE NO.

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

F

5

4

2. DATE OF DISINTERMENT

DATE OF REINTERMENT

9 July 1946

9 July 1946

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

Hardening compound used. 90% decomposed. Buried 5 feet deep.

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

Unknown

Nov 1944

ON REMAINS

No skull or identification of any kind.

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

FILE  
NAVY SECTION  
C. J. MOYER

SEP 7 1946



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

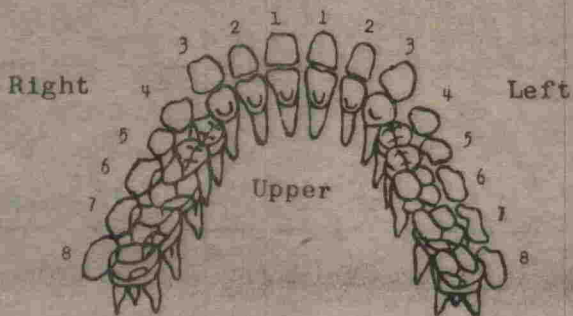
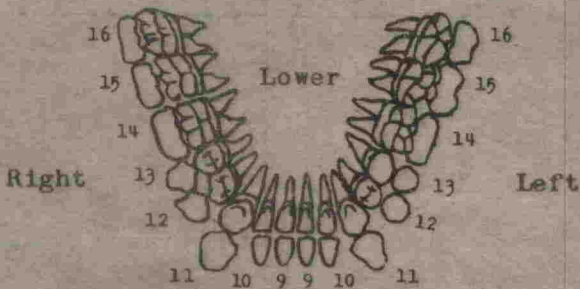



Diagram represents the mouth wide open





**RESTRICTED**

WD QMC Form 1042 Rev. 1 Apr. 1945 (Supersedes GRS Form 1)		<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)			Date of Report <p align="center" style="font-size: 1.2em;">9 July 1946</p>	
Imprint Identification Tag If Possible, DO NOT TYPE  	<b>SECTION 1. IDENTIFICATION</b>					
	Name (Last, First, Middle Initial)				Serial Number	
	Grade				Organization	
	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			November 1944	
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						
<b>SECTION 2. BURIAL</b> 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	F	5	4
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. <div style="text-align: right; color: blue; font-weight: bold; font-size: 1.2em; transform: rotate(-15deg);">                     FILE                      NAVY SECTION                      C. J. MOYER                 </div>			
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.		
Unknown	-	-	-	SEP 7 1950 5		
Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.		
Stavers, B. B.	GM2/c	8591924	USN	3		
Signature of Person Preparing Report	Signature of GRS Officer Verifying Report					
	WILLIAM M. BREWSTER 1st Lt QMC					


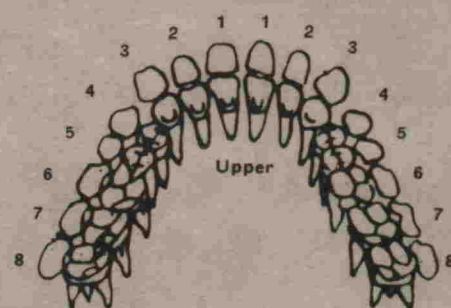
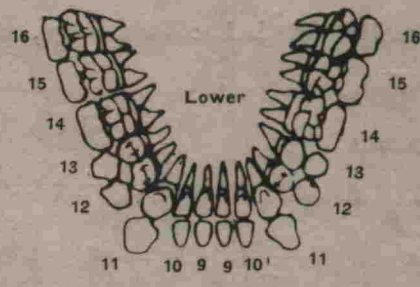






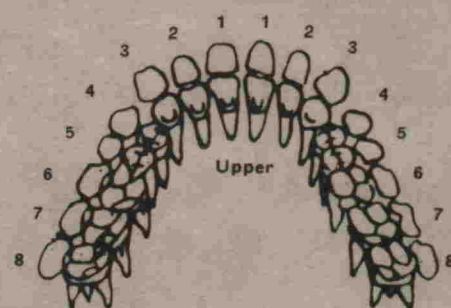
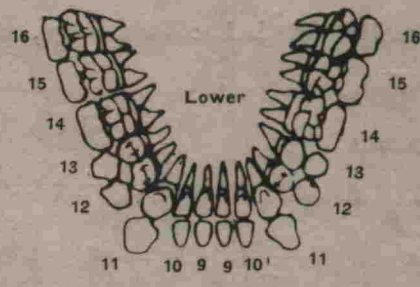






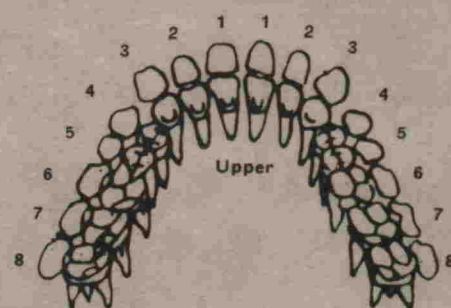
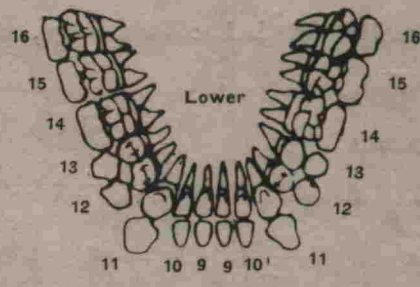





**DISTRIBUTION OF REPORT:** Signed original for US and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Hdq. GRS Officer. Copies for retention in theater as prescribed by theater commander.

*Incl 273*

**RESTRICTED**



**RESTRICTED**

SECTION UNIDENTIFIED REMAINS														
Left Little Finger	<p><b>Instructions</b></p> <p>(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other" such as shoe size, social security number; position of body found in airplanes, vehicles and tanks; and serial numbers of airplanes, vehicles and tanks.</p> <p>(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.</p>													
Left Ring Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Height</td> <td style="width:15%;">Weight</td> <td style="width:20%;">Color of Eyes</td> <td style="width:20%;">Color of Hair</td> <td style="width:30%;">Birthmarks, Scars or Tattoos</td> </tr> </table>	Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos								
Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos										
Left Middle Finger	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Weapon and Serial Number</td> <td style="width:30%;">Laundry Mark</td> <td style="width:40%;">Where Body Was Buried or Found</td> </tr> </table>	Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found										
Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found												
Left Index Finger	<p><b>Other Identification Clues</b></p>													
Left Thumb	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"> <p><b>Fillings</b></p> <div style="display: flex; align-items: center;">  <div> <p>Silver Filling</p> <p>Gold Filling</p> </div> </div> </td> <td rowspan="4" style="width:50%; vertical-align: top; text-align: center;">  <p>Upper</p> <p>Diagram Represents the Mouth Wide Open</p>  <p>Lower</p> </td> </tr> <tr> <td> <p><b>Cavities</b></p> <div style="display: flex; align-items: center;">  <div> <p>Cavity</p> <p>Decayed</p> </div> </div> </td> </tr> <tr> <td> <p><b>Missing Teeth</b></p> <div style="display: flex; align-items: center;">  <div> <p>Tooth Missing</p> </div> </div> </td> </tr> <tr> <td> <p><b>Crowned Teeth</b></p> <div style="display: flex; align-items: center;">  <div> <p>Porcelain Crown</p> <p>Gold Crown</p> </div> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Thumb</td> <td> <p><b>Bridge Work</b></p> <div style="display: flex; align-items: center;">  <div> <p>Gold Bridge</p> </div> </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Middle Finger</td> <td> <p><b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b></p> <div style="text-align: center; margin-top: 20px;">  </div> </td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Ring Finger</td> <td></td> </tr> <tr> <td style="text-align: center; vertical-align: middle;">Right Little Finger</td> <td> <p><b>Remarks</b></p> </td> </tr> </table>	<p><b>Fillings</b></p> <div style="display: flex; align-items: center;">  <div> <p>Silver Filling</p> <p>Gold Filling</p> </div> </div>	 <p>Upper</p> <p>Diagram Represents the Mouth Wide Open</p>  <p>Lower</p>	<p><b>Cavities</b></p> <div style="display: flex; align-items: center;">  <div> <p>Cavity</p> <p>Decayed</p> </div> </div>	<p><b>Missing Teeth</b></p> <div style="display: flex; align-items: center;">  <div> <p>Tooth Missing</p> </div> </div>	<p><b>Crowned Teeth</b></p> <div style="display: flex; align-items: center;">  <div> <p>Porcelain Crown</p> <p>Gold Crown</p> </div> </div>	Right Thumb	<p><b>Bridge Work</b></p> <div style="display: flex; align-items: center;">  <div> <p>Gold Bridge</p> </div> </div>	Right Middle Finger	<p><b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b></p> <div style="text-align: center; margin-top: 20px;">  </div>	Right Ring Finger		Right Little Finger	<p><b>Remarks</b></p>
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Right Thumb	<p><b>Bridge Work</b></p> <div style="display: flex; align-items: center;">  <div> <p>Gold Bridge</p> </div> </div>													
Right Middle Finger	<p><b>Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery</b></p> <div style="text-align: center; margin-top: 20px;">  </div>													
Right Ring Finger														
Right Little Finger	<p><b>Remarks</b></p>													



9 July 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)

SERIAL NUMBER

UNKNOWN

GRADE

ORGANIZATION

NAME, NUMBER AND LOCATION OF CEMETERY

PLOT

ROW

GRAVE NO.

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

F

5

4

2. DATE OF DISINTERMENT

DATE OF REINTERMENT

9 July 1946

9 July 1946

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

Hardening compound used. 90% decomposed. Buried 5 feet deep.

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

Unknown

Nov 1944

ON REMAINS

No skull or identification of any kind.

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

FILE  
NAVY SECTION  
C. J. MOYER

SEP 7 1946



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.

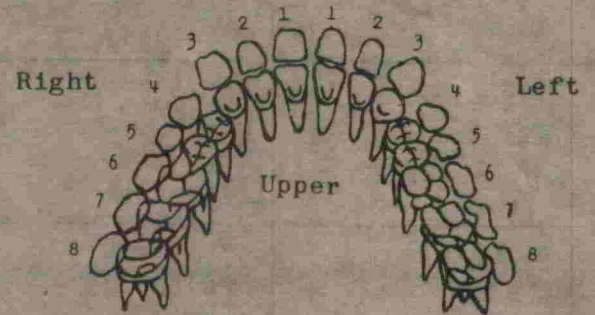
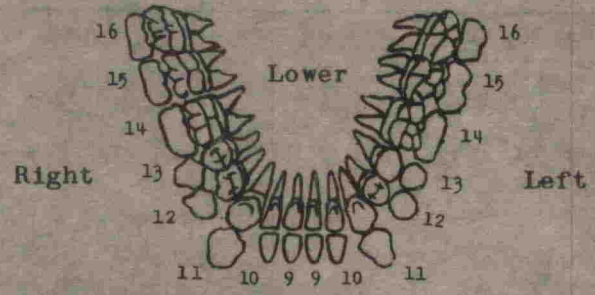


Diagram represents the mouth wide open



**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**



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

9 July 1946

Imprint Identification Tag If Possible.  
DO NOT TYPE

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

SERIAL No.

UNKNOWN X-39

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

Siapan, M.I.

KIA

November 1944

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, Siapan, 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

F

5

4

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.

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 No.

ORGANIZATION

GRAVE No.

Unknown

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--

--

5

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

Stevens, B.B.

GM2/c

8591924

USN

3


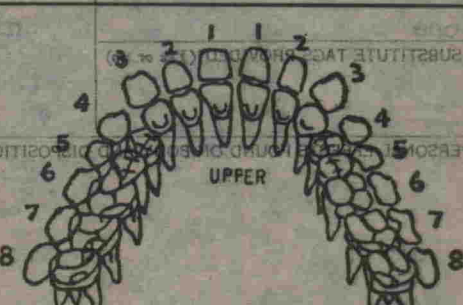

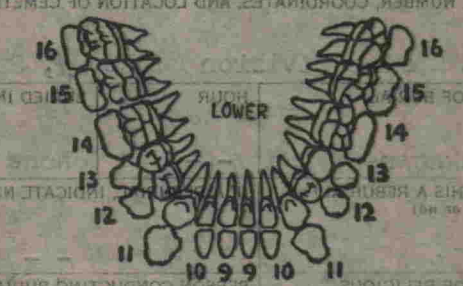




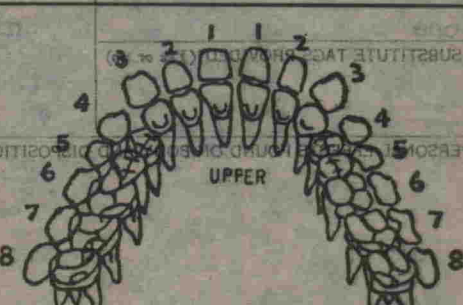

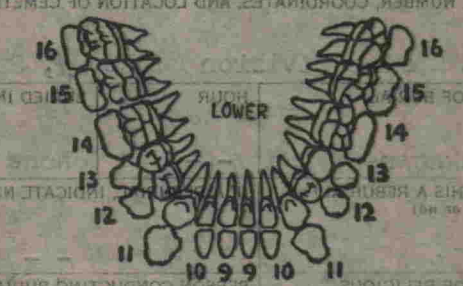




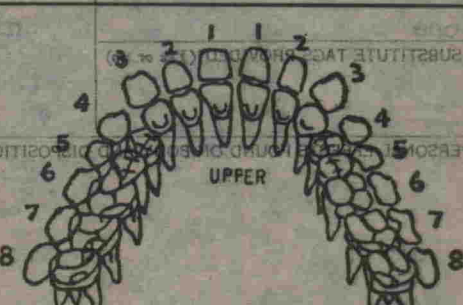

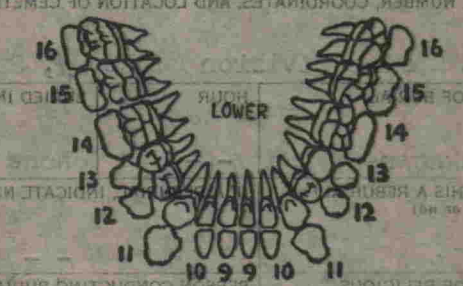



SIGNATURE OF PERSON PREPARING REPORT

SIGNATURE OF GRS OFFICER VERIFYING REPORT

/s/ WILLIAM M. BREWSTER, 1st Lt., QMC

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.		REPORT OF UNIDENTIFIED REMAINS																				
DATE OF REPORT		<p><b>INSTRUCTIONS:</b></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 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.</p>																				
LEFT LITTLE FINGER	LEFT RING FINGER	HEIGHT	WEIGHT																			
LEFT MIDDLE FINGER	LEFT INDEX FINGER	COLOR OF EYES	COLOR OF HAIR																			
LEFT THUMB	RIGHT THUMB	RELIGION	RACE																			
RIGHT INDEX FINGER	RIGHT MIDDLE FINGER	BIRTHMARKS, SCARS, OR TATTOOS																				
RIGHT RING FINGER	RIGHT LITTLE FINGER	WEAPON AND SERIAL No.																				
BRANCH OF SERVICE		LAUNDRY MARKS																				
NAME OF COUNTRY		WHERE BODY WAS BURIED OR FOUND																				
OTHER THAN B. F. DEAD, GIVE		PLACE OF DEATH																				
DATE OF DEATH		CAUSE OF DEATH																				
OTHER IDENTIFICATION CLUES																						
EMERGENCY ADDRESS (Name, relationship, and address)																						
IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)		IDENTIFICATION TAGS FOUND ON BODY (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)																				
LEFT THUMB		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <p><b>FILLINGS</b></p> <p>SILVER FILLING GOLD FILLING</p>  </td> <td style="width: 50%;"> <p><b>UPPER</b></p>  </td> </tr> <tr> <td> <p><b>CAVITIES</b></p> <p>CAVITY DECAYED</p>  </td> <td rowspan="2"> <p><b>LOWER</b></p>  </td> </tr> <tr> <td> <p><b>MISSING TEETH</b></p> <p>TOOTH MISSING</p>  </td> </tr> <tr> <td> <p><b>CROWNED TEETH</b></p> <p>PORCELAIN CROWN GOLD CROWN</p>  </td> <td colspan="2" style="vertical-align: top;"> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>NAME NUMBER, COORDINATES, AND LOCATION OF CEMETERY</p> </td> </tr> <tr> <td> <p><b>BRIDGE WORK</b></p> <p>GOLD BRIDGE</p>  </td> <td colspan="2" style="vertical-align: top;"> <p>DATE OF BURIAL</p> <p>HOUR</p> <p>TYPE OF BURIAL</p> <p>PERSON CONDUCTING BURIAL</p> </td> </tr> <tr> <td colspan="4" style="vertical-align: top;"> <p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p> </td> </tr> <tr> <td colspan="2" style="vertical-align: top;">REMARKS:</td> <td colspan="2" style="vertical-align: top;"> <p>IDENTIFICATION TAG ATTACHED TO</p> <p>IDENTIFICATION TAG BURIED WITH</p> <p>MARKER (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)</p> </td> </tr> </table>		<p><b>FILLINGS</b></p> <p>SILVER FILLING GOLD FILLING</p> 	<p><b>UPPER</b></p> 	<p><b>CAVITIES</b></p> <p>CAVITY DECAYED</p> 	<p><b>LOWER</b></p> 	<p><b>MISSING TEETH</b></p> <p>TOOTH MISSING</p> 	<p><b>CROWNED TEETH</b></p> <p>PORCELAIN CROWN GOLD CROWN</p> 	<p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>NAME NUMBER, COORDINATES, AND LOCATION OF CEMETERY</p>		<p><b>BRIDGE WORK</b></p> <p>GOLD BRIDGE</p> 	<p>DATE OF BURIAL</p> <p>HOUR</p> <p>TYPE OF BURIAL</p> <p>PERSON CONDUCTING BURIAL</p>		<p>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</p>				REMARKS:		<p>IDENTIFICATION TAG ATTACHED TO</p> <p>IDENTIFICATION TAG BURIED WITH</p> <p>MARKER (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100)</p>	
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REPORT OF INTERMENT

UNKNOWN X-39

(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

(Place of death) 2nd Mar Div Cem Saipan, M.I.  
(Name of Cemetery) (Name or coordinates of location)

4 5 F  
(Grave Number) (Row Number) (Plot Number) (Religion, if known)

Disposition of identification tags: One Buried with body Yes  No   
One Attached to marker Yes  No

(If no identification tags, what means of identification are buried with body?)

(If no identification tags, but identity definitely established, give particulars)

BODY BURIED ON RIGHT \_\_\_\_\_  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT \_\_\_\_\_  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FMF, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.



IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, And fill in as many of the following as possible.

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE

IS TOOTH CHART ATTACHED?

(If possible, have medical personnel take a tooth chart)

In space below, locate and describe any scars, birthmarks, moles, deformities, etc.:

NOTE below any identifying clues found, such as letters, photographs, probable organization of deceased, etc.:

IF THIS IS AN ISOLATED BURIAL, ATTACH A SKETCH OF LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer or person reporting burial.)

LEFT HAND

RIGHT HAND

THUMB

THUMB

1

2

3

4

1

2

3

4





Screened  
19 Aug 50  
[Signature]