293-UNK. MARIANAS

SA'PAN MARIANAS ISLANDS

X-39 (2nd Mar. Div.)

150JW

#### FILE IDENTIFICATION TOPPER

FILE NUMBER	
993- UNK- 20 May	DW MARIANAS - X-39
SUBJECT	

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I hereby certify t	hat all the for	egoing operations we	ere condu	ted and acc	complished und	der my	immedic	ite sup	ervision
and that the report a	bove is correct.			0	7-11	10			<b>西斯里</b>
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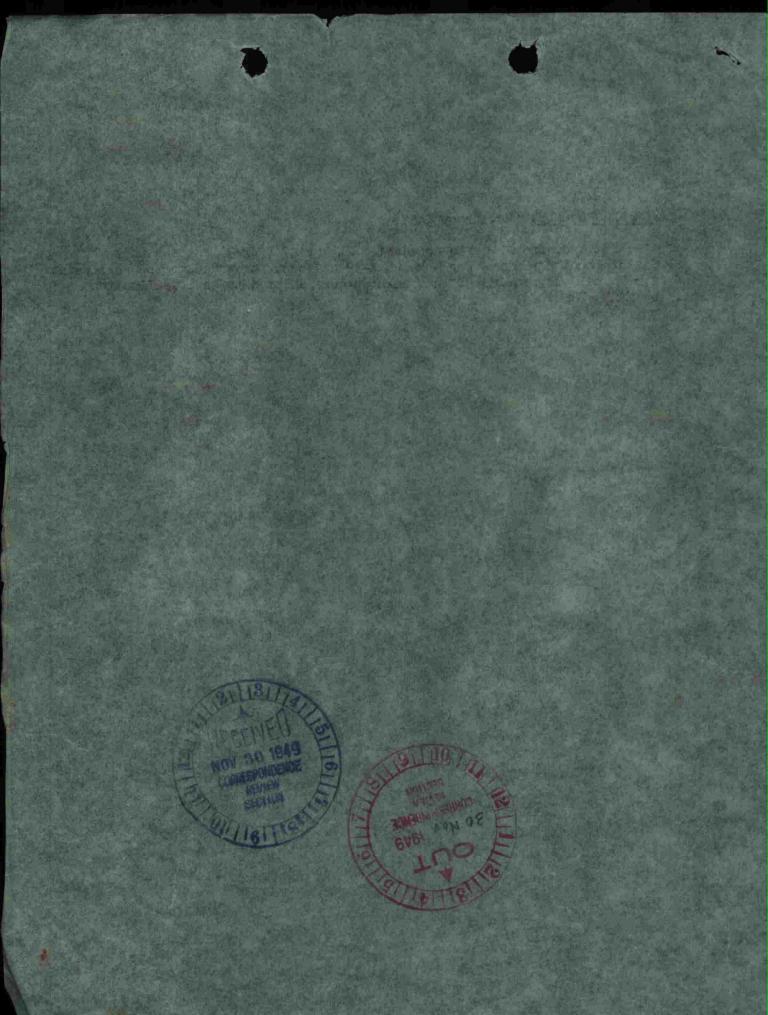
# RECORD OF CUSTODIAL TRANSFER

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293 Und Saipan 2nd marine Dein Cem X-39 OURS DEPT OF THEY WALL DO COACHS PHILOON (AP)/MANILA PI ROSTER ROUTETHE CURCES TORYO JAPAN MILTIPLE AD RESE NCL-26140 Ph Questo IN 6360 01379 CHENNEY I 39 PROED YORK COID HE ARES PROTEIC ZORE RECOEST DESIGNATION OF CONSIGNER BE CHAMOED TO INDECREE TIME INTERNST IN US HIL CHE PT NO KINLEY PI All records have how changed in sept do to Change find interment from Notwind mem bem of the Pacific to fit makinley; 29 nu 49 Sarpan ga Mar Elir mlp TINILAMITETAL 看對主要就是 3020JUZ QMINO UR THACK X 4458 CAPT, DIE, MOU DIV 293 Unknown X 39

## FOR RECORD ONLY: (Mr. Tracy 4458)

lst 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.



# AMERICAN GRAVES REGISTRATION SERVICE PHILCOM ZONE APO 900

25 June 1949
Date

SUBJECT: Unidentifiable Remains

TO

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

The records pertaining to Unknown X-39, Plot F, Row 5, Grave 4, USMC 2ND MARINE DIV., SAIPAN have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Attch: Form 1044

Captain, GMC Chief, Records Branch

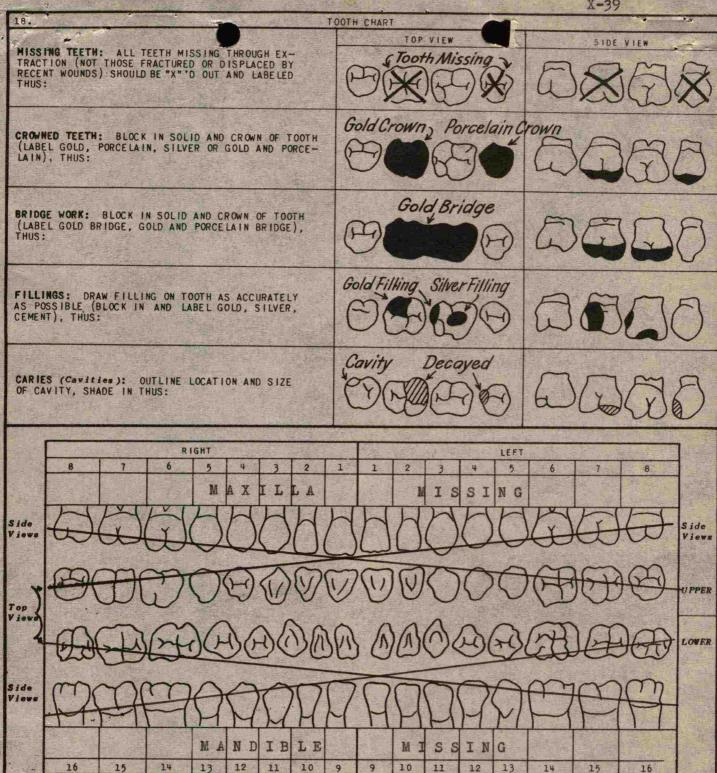
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IDENTIF	ICATION D	ATA			A
1. REMAINS OF UNKNOWN UNKNOWN X-39				2. DATE OF RE 25 Jun	PORT e 1949
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	A SECURE OF THE PARTY OF THE PA	TE OF
2ND MARINE DIV., SAIPAN	F	5	4	DISINTERMENT	REINTERMENT
PHYS IC	CAL DESCRIPTION	)N			A PAGE
8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT 5.5-3/8"	10. COLO	R OF HAIR		II. RACE UNK	NOWN
NONE  13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/	OR SUCH INFORM	AT LON ORT	AINED FROM	OTHER SOURCES	
13.GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/	OR SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES	
	OR SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES	
UTD  14. WAS BODY BURNED?  TO WHAT EXTENT?	OR SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES	
UTD  14. WAS BODY BURNED?  TO WHAT EXTENT?	OR SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES	
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UTD  14. WAS BODY BURNED?  TO WHAT EXTENT?  YES X NO  15. WAS BODY MANGLED?  TO WHAT EXTENT?		MATION OBT	AINED FROM	OTHER SOURCES	

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"



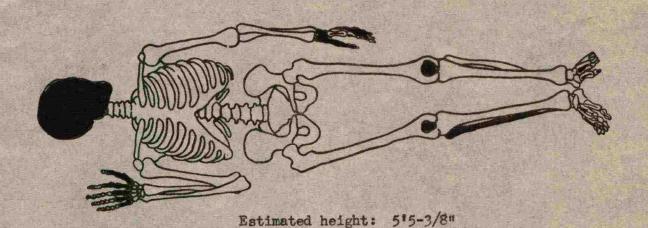
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No loose teeth present with remains.

"UNIDENTIFIABL

Laboratory Officer, CIP DATA"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING



20. MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE NUMBER

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

J.J. M. Seimell.

60th on Graves Paristration Company Apo 214

11 January 1966

SUBJECT: Identification of Uninoun Cocossed.

0

TO a Commanding Officer, U. S. Marci Operating Base, Nevy #3215 c/o FFO, San Francisco, California

Deference: Letter, Eq Durenc of Nodicine and Surgery, Washington, BURD-C-JAN, CM20/P6-1, subject: "Burials (unidentified) in Second Marine Division Cemetery, Seinen Island, Marianes Group," 18 December 1965.

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

NAME OF THE PARTY.	ORAVE MADEER	131	PICT	ECM QRAVE
CHARLE, A.S.	UNULLAR TO THE PARTY OF THE PAR			
DE RICHER, W.I.	UNICHON	UNIONA N		2 8
PRAZIER, J.R.	UNCOUNT	UNIONAL	ALCOHOLD THE STATE OF THE STATE	2 1
HARDOLL, A.H.	UNKNOWN HOEBS, R.B.	A TANGET AND THE PROPERTY OF	STREET, STREET, ST.	8 8
MC COLICH, J.G.	UNKNOW	UNEHOUN		
MC CURY METGUOR, M.A.	UNICOM	UNICHONIS		
MOTH, C.P.	SHITTE, CHARLES P.	883 826		7 22
STRUM, D	UNICAN	UNINGEN	B	A S

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

/o/ William M. Browster WILLIAM M. BREWSTER, 2nd Lts, G.S., Communiting Novy No. 3215 c/o Fleet Post Office San Francisco, Calif. V. S. NAVAL CRETATING BASE BALPAN, D. I.

CHOB/P6-1

Sorlali

From:

Commandant. Chief of the Durenu Medicine and Surgary Teshington, D. C.

Subjecti

Burials (unidentified) in Second Marine Division Comstory, Saipang M. I.

Reference

Dulled Ltr Q#20/F6-1.

The graves listed in reference letter were thoroughly investigated and compared with information on the grave markers and with the records of OChth Ca Graves Registration Company, APO Ald and the following information was noted:

NAME OF THE PARTY	CRAVE MARKER	AM	PIAR	NAT	CRAVE
DICHAIAN	Undicate	THE REAL PROPERTY.			244
CHANCE, A.S.	UNXNUM	UECHCEN	C	9	10
DE RIGOER, N. I.	UNITERNAL	UHULUM "		<b>发展</b>	
PRANTER, J. I.	TO SECURE A	UMGKAN		5	2
HANCOULL, A.H.	UMXIXMI	INKEX AND		4	0
HOMAS, ILE.	UNKWAN.	DENTEN		9	20
no collon, J.G.		UNERCEN			44
HC CURRY	UMENOMA	DEFECTION			
ESIGNION, H.A.	UNKIKKN	UNBORDEN		3	
CHILIF, C.F.	SMITH, CHARLES F.				
STROKE, D.	UNCTOWN	UNICKEM			

2. It is removed that this commend be advised as to what action is required in the came of reference letter.

J. C. HAMMOCK Chief of Dieff. OFFICE OF THE GUALTERIAGTER GENERAL WASHINGTON 25, D. C.

0

SPORG 293 - SCIDPAC

21 March 1916

SUBJECT: Identification.

TO : Commenting General

Army Forces, Mid-Pacific Area

APO 958, c/o Postenator

Ean Francisco, California

FOR: Chief, American Graves Registration Service

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

Hamp Street	Grave Harber	ASIA .	Plot Box	Grave
DIREMAMAN CHARDS, A. S. IR RINGER, W. I. FRAZIER, J.R. HARTBOLL, A.H. HOESS, R. R. HC COLLON, J. G. MC GURLY HELIRIOR, M. A. SKITH, C. F.	Unicround ERITH CHARLES P.	Unknown	- Howmandrous	a Homeo House
STROND, b.	Unknown	Unisacia	i	3

2. R. M. Mobbs, USMO, and Charles T. Inith, 683016, USMO, are alive, None of the above manes can be identified as casualties of the Army, Navy, Marine Corps, or Coast Charles

3. It is bequested that each burial be changed to an Unionsm, the remains disinterred, and the enclosed AsC Form 18th, Report of Identification, GNC Form 18th, Identification Dental Chart, and a convected Report of Interment be completed and forwarded to this office.

FOR THE QUANTERMASTER GERERAL!

/a/ J. H. Schwarz for H. V. YUMBER Colonel, GEC Assistant

2 Inclas

(1) 22 OU Form 201/s

(2) 22 QIC Form 1069

HASIC: Ltr, ASF, COIG, Markey D. C. SPOTO 293, MIDPAC, 21 March 1986, Subject: Identification.

MPYON 293 (21 Mar 86) 1st Ind (2-90 June )

MPYCH 293 (21 Mar h6) Let Ind (2-20 June h6). Hosebpuarters United States Assy Forces, Middle Pacific, APO 958, 17 May 19h6

TO: Commanding Coneral, Festern Pacific Base Command, APO 21/1.

le Your attention is invited to par 3 of basic personications

2. It is directed that the results be exhaused and CMC Forms little and little 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 OWNERAL MODES?

H. D. THATCHER Lt Colonel, ACD Aget Adjutent General

2 Incls: Incl 1 - GPC Forms 10th Incl 2 - GRC Forms 10th

E (CM)
ENGLISHEDS, MUSTERN PACIFIC BASE COMMAND, DAIPAN (APO 2hh), 10 July 19h6

To: Commending General, Headquarters United States Amy Forces, Middle Pacific, Fort Shafter (AFO 958)

Basic committation complied with.

FOR THE COMMANDING CHRERAL.

2 Incles
bithdrama 2 Incle-Incle 1 and 2
Added 32 incles
1 through 13 - GAG Form 10hh,
heport of Disinterment
through 23 - GAG Form 10hh,
lip Identification Dentel Chart
24 through 32 - Report of Interment,
Form VD CMC 10h2

### Copy of Letter From Dureau of Medicine and Surgery Dated 18 December 1915

CW20/F6-1

18 December 1915

To: Subj: Island Commencer, Newy #3215. Durials (unidentified) in Second Marine Division Cometery, Saipen Esland, Marianas Group,

1. The following names appeared on a map and a list of burials for the Second Marine Division Comptony, Saipan Island, suimitted by Graves Registration Administrative Croup, Second Marine Division, 1954.

Band	Ponk	Grave	Roor	Plot
DREMAMAN CHANCE, A.S. US RICHER, W.I. FRAZIRE, J. H. HARTBOIL, A.H. HORBO, R.L. MC COLLEM, S.C. MC CUREE (This man with the	Set  Set  Pre  period make		D 20 mm 0 0 0 0 0 mm 0	
MELORICH, M.A. SCIM, C.P. STROND, D.			1	3 3 1

Ze Those names could not be identified as Anny, Navy, Marine Corps or Coast Guard Personnel.

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 convected accordingly, and a Report of Burial for Each unknown be forwarded to this bureau or the Office of the martermaster Ceneral, giving all available information that may aid in establishing identification at a later date.

By direction of the Chief, Builds

/e/ 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.

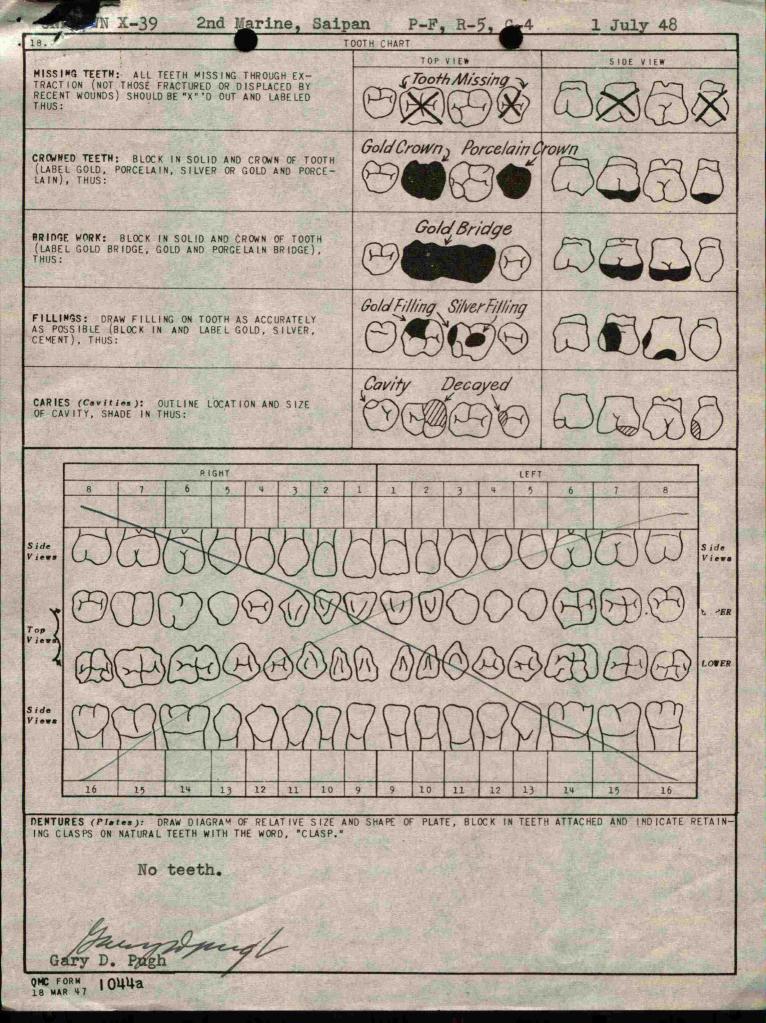
2. These remains were ( buried ) ax

Vnd Marine Dir Cem Saipan

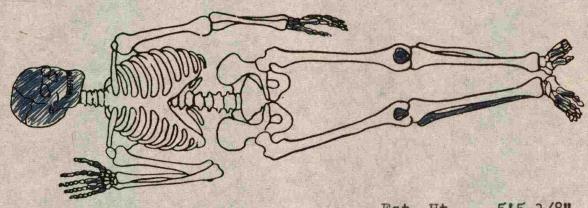
0 9	IDENTIFICA	TION D	ATA	0		
1. REMAINS OF UNKNOWN UN	KNOWN X-39				2. DATE OF RE	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE		TE OF
					DISINTERMENT	KEINIERMENI
2nd Marine Div.	2nd Marine Div., Saipan F 5 4					
	PHYSICAL D	ESCRIPT 10	N.			
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR	The second secon		11. RACE	
UTD		Ţ	TD		υ	PTD
	OFFICIAL IDENTIFICATION FOUND				CONTRACTOR	
	tuary Plate: nknown P-F, R-5, G-4					
13. GIVE DESCRIPTION OF TAT	TOOS OR SCARS ON BODY AND/OR SU	CH INFORM	ATION OBT	AINED FROM	OTHER SOURCES	
Nen						
14. WAS BODY BURNED?	TO WHAT EXTENT?					
YES NO						
15. WAS BODY MANGLED?	TO WHAT EXTENT?			VIII SEE SEE	THE PARTY	TOWN DESIGNATION OF
YES NO						
16. DESCRIBE EVIDENCE OF H	EALED FRACTURES AND BONE MALFOR	MATIONS			73.30° 15.6	
No	ne the second					
SERVICE, ETC. (If laun	THING, EQUIPMENT AND PERSONAL E dry marks are indistinct such n on when facilities are not avai	otation s	hould be	made and s	pecimen forwar	e, makkings, ded through
No	ne					

Unidentifiable by reason of lack of sufficient identifying data.

W. Wanten H. W. HARRIMAN Captain, QMC Operations Officer AGRS, Marbe Zone



WN X-39 P-F, R-5, G-4 2nd Mar., Saipan 1 July 48



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 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

R. H. OESTREICH, Capt., Inf.

#### IDENTIFICATION CHECKLIST

Unknow	X-3	9		
Cemetory	2nd	Mar.	Sai	nan
Cemetery Plot F	Row	5	Grave	4

All questions should be answered. If a positive answer campt be given, estimates should be made and indicated as such. If a reasonable est. rate cannot be made, a negative answer should be given.

# 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 <u>UTD</u>
9.	Was body burned? No To what
	extent?
10.	Are any parts of the body missing or severed? See chart
	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, eta.) None

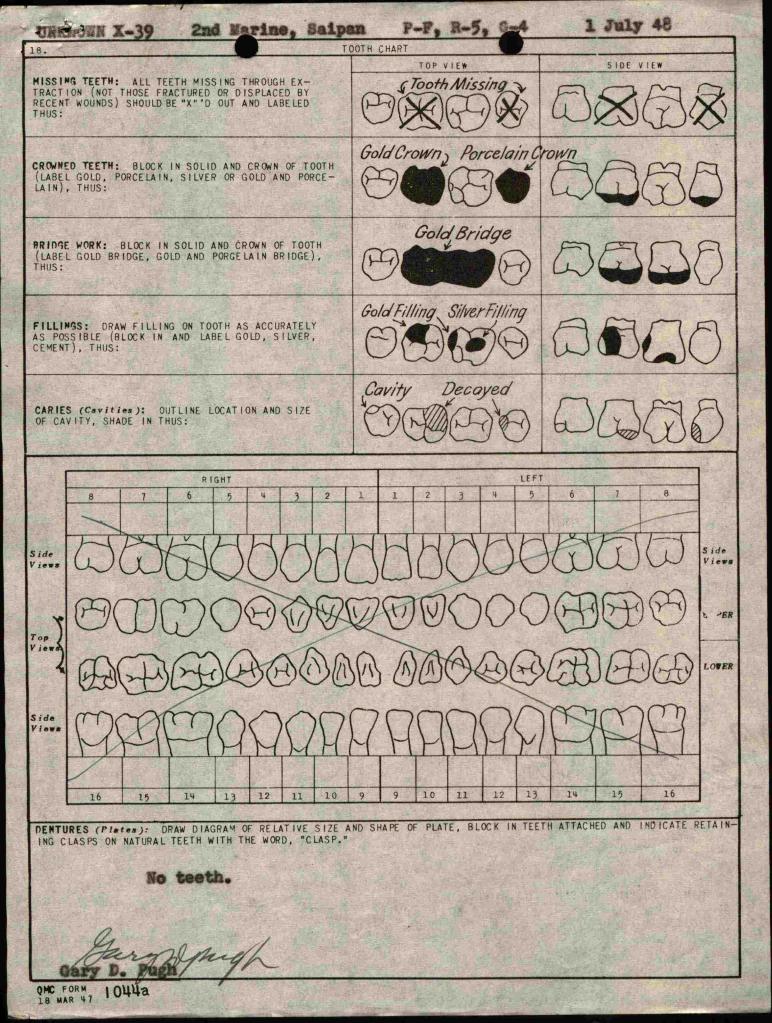
14. I	List every item of clothing and/or equipment found, showing color of each,
	also size and markings: None
15.	If laundry marks are indistinct, such notation should be made and specimen
	ferwarded through channels fer examination
16.	Evidence of healed fractures No
17.	Black out parts of body not received at cemetery.
10	DEMARKS:
18.	REMARKS: )
	I certify that I have personally viewed the remains of subject deceased and
the	I certify that I have personally viewed the best of my knowledge.
	R. H. OESTREICH Officer's name
	Capt. Inf. Rank Service
	Organization

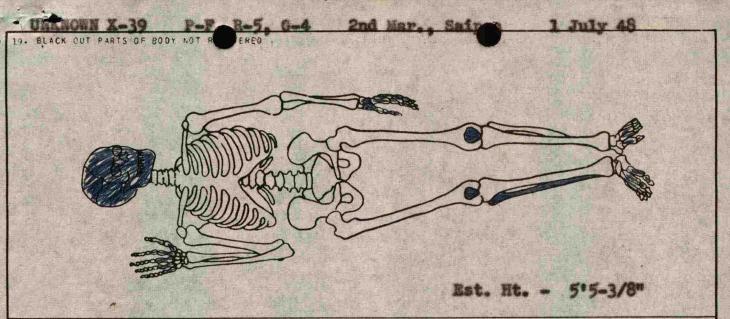
1 de 1	ALLEY TO THE					
	IDENTIFI	CATION D	ATA			
1. REMAINS OF UNKNOWN	THE STATE OF THE PARTY OF		-	<b>有效信息</b>	2. DATE OF RE	PORT
UNKNOWN X-39					11 Oct	48
3. NAME OF CEMETERY	7. DATE OF DISINTERMENT REINTERMENT					
					DISTNIERMENT	REINIERMENT
2nd Marine Di	v., Saipan	F	5	4		
	PHYSICA	L DESCRIPTION				
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLO	R OF HAIR		11. RACE	
UTD	NY OFFICIAL IDENTIFICATION FOU	CONTRACTOR OF THE PARTY OF THE	JTD			TO
	ATTOOS OR SCARS ON BODY AND/OR	SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES	
14. WAS BODY BURNED?	TO WHAT EXTENT?					
YES NO	TO WHAT EXTENT?		2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
YES NO						
16. DESCRIBE EVIDENCE OF	F HEALED FRACTURES AND BONE MAL	FORMATIONS				
SERVICE. ETC. (If 1	CLOTHING, EQUIPMENT AND PERSON aundry marks are indistinct su ation when facilities are not	ch notation	should be	made and	YPE, COLOR, SIZ	ZE, MARKINGS, rded through

Nene

Unidentifiable by reason of lack of sufficient identifying data.

H. W. HARRIMAN
Gaptain, QNC
Operations Officer
AGRS, Marbe Zene





20 .

MASS BURIAL CERTIFICATE (IF APPLICABLE)
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE NUMBER

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, Capt., Inf.

## IDENTIFICATION CHECKLIST

Unknown_	-		
Cemetery	3-37	- Cats	
Plot	ROW_	* 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.

	Phys ral Description
1.	Estimated weight 2. Estimated height 2.
	/ Race
5.	Tattoos or scars on the body (give description)
	(Information obtained from other
	sources)
6.	Was tooth chart taken? If not, explain_ we head
7.	Were fingerprints taken?
8.	Cause of death 1000
9.	Was body burned? 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,

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 17. Black out parts of body not received at cemetery. 18. REMARKS: 1 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. Service Rank

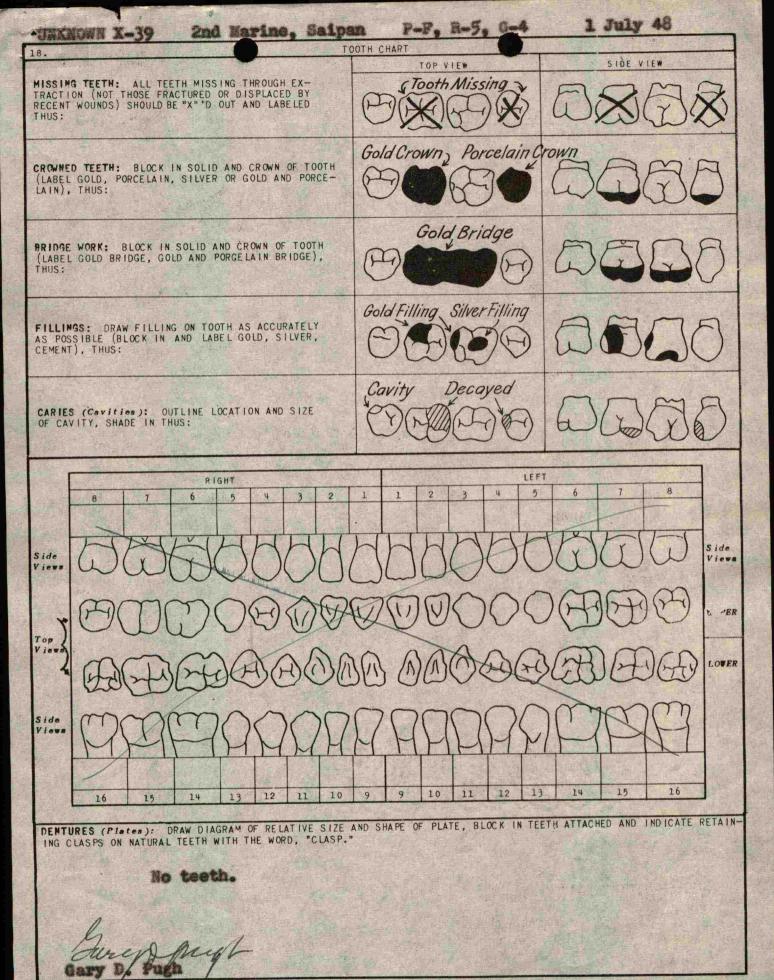


	IDENTIF	ICATION D	ΔΤΔ				
1. REMAINS OF UNKNOWN		10/11/01/0			2. DATE OF RE	POOT	
	UNKNORK X-39		1	Le agree	11 Oct 48		
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE	7. DA	TE OF	
					DISTRIERMENT	RETRIERMENT	
2rd Harina Di	v., Saipan	7	5	4			
		CAL DESCRIPTION	N.				
B. ESTIMATED WEIGHT	19. ESTIMATED HEIGHT	the state of the s	R OF HAIR		ILL. RACE		
1770			10000			70	
	NY OFFICIAL IDENTIFICATION F	OUND WITH DENA	LNC			and the same of th	
3.GIVE DESCRIPTION OF	FATTOOS OR SCARS ON BODY AND/	OR SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES		
13.GIVE DESCRIPTION OF		OR SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES		
	FATTOOS OR SCARS ON BODY AND/	OR SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES		
	TATTOOS OR SCARS ON BODY AND/	OR SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES		
14. WAS BODY BURNED?	TO WHAT EXTENT?	OR SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES		
14. WAS BODY BURNED?	TO WHAT EXTENT?	OR SUCH INFORM	MATION OBT	AINED FROM	OTHER SOURCES		
14. WAS BODY BURNED?  YES N  15. WAS BODY MANGLED?  YES N	TO WHAT EXTENT?		MATION OBT	AINED FROM	OTHER SOURCES		
14. WAS BODY BURNED?  YES N  15. WAS BODY MANGLED?  YES N	TO WHAT EXTENT?		MATION OBT	AINED FROM	OTHER SOURCES		
14. WAS BODY BURNED?  YES N  15. WAS BODY MANGLED?  YES N	TO WHAT EXTENT?		MATION OBT	AINED FROM	OTHER SOURCES		
14. WAS BODY BURNED?  YES N  15. WAS BODY MANGLED?  YES N	TO WHAT EXTENT?		MATION OBT	AINED FROM	OTHER SOURCES		
14. WAS BODY BURNED?  YES N  15. WAS BODY MANGLED?  YES N	TO WHAT EXTENT?		MATION OBT	AINED FROM	OTHER SOURCES		
14. WAS BODY BURNED?  YES N  15. WAS BODY MANGLED?  YES N	TO WHAT EXTENT?		MATION OBT	AINED FROM	OTHER SOURCES		
14. WAS BODY BURNED?  YES N  15. WAS BODY MANGLED?  YES N	TO WHAT EXTENT?		MATION OBT	AINED FROM	OTHER SOURCES		
14. WAS BODY BURNED?  YES N  15. WAS BODY MANGLED?  YES N	TO WHAT EXTENT?		MATION OBT	AINED FROM	OTHER SOURCES		

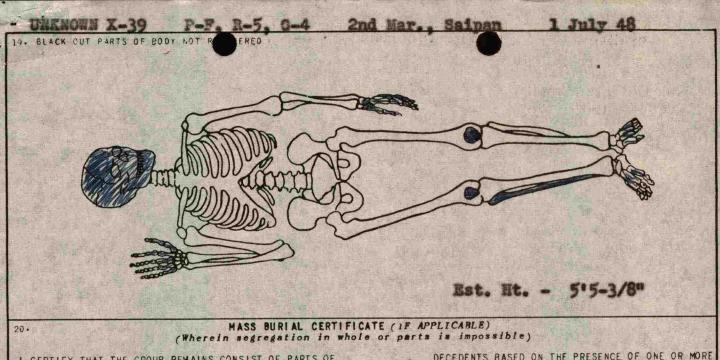
Moran

Unidentifiable by reason of lack of sufficient identifying data.

3/ N/3/ H. W. HARRIMAN Geptain, QHG Operations Officer AGRS, Marbo Zone



OMC FORM 1044a



I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE
OF THE FOLLOWING ANATOMICAL PARTS:

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

SIGNATURE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

R. H. OESTREICH, Capt., Inf.

#### IDENTIFICATION CHECKLIST

Cemetery 200 Kernen
Plot Row 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 2. Estimated height 5.5-3/8"
3.	Color of hair 11td 4. Race 170
5.	Tattoos or scars on the body (give description) some
	(Information obtained from other
	sources)
6.	Was tooth chart taken? No head If not, explain No head
7.	Were fingerprints taken?
8.	Cause of death DID
9.	Was body burned? No To what
	extent?
10,	Are any parts of the body mis. ng or severed? See chart
11.	Is there any evidence of first-aid or other medical treatment?
	中华人名英格兰斯特拉克斯 经营销售的 计记录器 化二苯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基
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

14. List every item of clothing and/or equipment found, showing color of each also size and markings:  15. If laundry marks are indistinct, such notation should be made and specific forwarded through channels for examination  16. Evidence of healed fractures  17. Black out parts of body not received at cametery.  18. REMARKS:  I certify that I have personally viewed the remains of subject decease that all resulting information has been recorded to the best of my knowledge of ficer's name capt.				ecklist (Cont'd)		
15. If laundry marks are indistinct, such notation should be made and specific forwarded through channels for examination  16. Evidence of healed fractures  17. Black out parts of body not received at cametery.  18. REMARKS: ,  I certify that I have personally viewed the remains of subject decease that all resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the best of my knowledge of the call resulting information has been recorded to the call resulting information has been recorde	ch,			tem of clothing and/or domarkings: None	List every ite	14.
16. Evidence of healed fractures  17. Black out parts of body not received at cametery.  18. REMARKS: ,  I certify that I have personally viewed the remains of subject decease that all resulting information has been recorded to the best) of my knowledge of ficer's name						
16. Evidence of healed fractures  17. Black out parts of body not received at cametery.  18. REMARKS: .  I certify that I have personally viewed the remains of subject decease that all resulting information has been recorded to the best of my knowledge.  1. Certify that I have personally viewed to the best of my knowledge.  1. Certify that I have personally viewed to the best of my knowledge.  1. Certify that I have personally viewed to the best of my knowledge.  1. Certify that I have personally viewed to the best of my knowledge.	imen .	ade and speci	nch notation should be m	marks are indistinct, a	If laundry ma	15.
I certify that I have personally viewed the remains of subject decease that all resulting information has been recorded to the best of my knowledge.  Officer's name					Evidence of h	16.
I certify that I have personally viewed the remains of subject decease that all resulting information has been recorded to the best of my knowledge Officer's name			ed at cemetery.	parts of body not recei	Black out pa	17.
I certify that I have personally viewed the remains of subject decease that all resulting information has been recorded to the best of my knowledge.  Officer's name	>				~/	
I certify that I have personally viewed the remains of subject decease that all resulting information has been recorded to the best of my knowledge Officer's name	$\supset$					
I certify that I have personally viewed the remains of subject decease that all resulting information has been recorded to the best of my knowledge of the state						18.
that all resulting information has been recorded to the design my knowledge.  R. H. OESTREICH  Officer's name						
[ - [ - [ - [ - [ - [ - [ - [ - [ - [ -	sed and ige.	) Allowiede	viewed the remains of s	that I have personally	I certify t	th
Capt.						
Rank Sei	ervice		The state of the s			

Organization

What identification Used upon Reinterment: On Marker

Unknown

On Remains:

None (reinterred in wooden casket)

Signature of Officer supervising Disinterment and Reinterment:

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

0

Y

DATE \_\_\_ 11 Feb 58\_\_ EXHUMATION RECORD CEMETERY OFERATIONS A. NAME AND BURIAL LOCATION OF DECEASED Date of death Serial No. Rank UNKNOWN Country Plot Row Cemetery Grave MARIANAS IS. 5 F DISINTERNEWI AND IDENTIFICATION
Rank Serial No. Date Date of Death Date Disinterred UNK UNK UNK 11 Feb 48 Organization Religion Identification verified by: Identification Tag on Remains () Marker () UNK UNK /s/A. J. POPE, Emb
C. TREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial Condition of remains \_\_\_ Skeletal - incomplete Burial Box - Uniform Other means of identification Mortuary plate on surface
Minor Discrepancies (Prepare 1194a for Major Discrepancies) D. REMAINS PREPARED AND PLACED IN CASKET Embalmer (Signature) /s/ A. J. POPE, Emb. Checker (Signature)
/s/ L. A. JENSEN
CONSIGNEE: Casket Marked REMARKS: 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) PROCESSI G OPPRATIONS Secial No. Date processed identification tag on Identification verified by: Minor Discrepancies (Prepare 1194a for Major Discrepancies) Embalmer (Signature) Casket sealed by

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

Checker (Signature)

Casket marked

43 UM X- 39 2Nd. MARINE DIV. CEM. SAIPAN 2

			- 15				医祖士 动
WD QMC Form 1942 Rev. 1 Apr. 1945		REPORT OF	INTERMI	ENT	Da	te of Report	
(Supersedes GRS Form 1) (AR 30–1810 and AR 30–1815)						9 July 1946	
Imprint Identificat	ICATION			, , , ,	-/		
Possible. DO NO	nitial)	Serial Number					
		UNKNOWN.	4.25kg 52.25kg 62				
7		Grade	Organization			anch of Serv	ice
		Race	Religion			han U. S. De	
					Give Nan	e of Countr	y
Place of Death		Cause of Death			Da	Date of Death	
Saipan, M. I.		KIA			No	vember	1944
Emergency Addressee (	Name, Rela	tionship and Address)					
Identification Tags Four (1, 2, or None)	nd on Body	If No Tags Found on Body Fill in Section 3 on Revers	e Describe Means	of Identification. If	Unidentified		
None		Unidentified					
Were Substitute Tags P	Provided						
(Yes or No)		AP No.					
No							
List Personal Effects F	ound on Bod	y and Disposition of Same					
None							
SECTION 2. BURIA	L If other	than in established cemetery	furnish sketch a	nd map coordinat	es on rever	se.	
Name, Number, Coordin							
2d Marine Divi	sion Cer	netery, Saipan, M. I.					
Date of Burial	Hour	Buried in (Shroud, Blanke	et, or name	Type of Grave Marker	Plot No.	Row No.	Grave No.
		of other)					
Unknown		None		Cross	F	5	4
Was This a Re-Burial	If a Re-E	Burial, Indicate Name, Number, Co	pordinates of Prev	ious Cemetery, and	Location of	Grave	
(Yes or No)					Plot No.	Row No.	Grave Ne.
No			I was a second	Take Not Head F	- Idan	tiffestion	
Type of Religious Ceremony	Person C	onducting Burial Rites	Data and Con	on Tags Not Used, I tainers Buried with	Body	Lineation	
Unknown				Copy of Report of Interment buried one			
Identification Tag Burio	ed	Identification Tag Attached	foot und	ler marker.			
With Body (Yes or No)		to Marker (Yes or No)					
No				FILE .	aN .		
Body Buried on Deceased Left, Name (Last, First, Middle Initial)			Rank	Serial Number	Organiza	POSECT	cave No.
Unknown					NYA	! WOA	5
Body Buried on Deceased Right, Name (Last, First, Middle Initial)			Rank	Serial Number	Organiza	tion C	irave No.
			GM2/c	drozes	***		
	Stavers, B. B.			8591924	USN	2 1 4	<b>8</b> )
Signature of Person Pre	eparing Rep	ort		AM M. BREWS		Eprosi	4
			lst I		OMC:		
DISTRIBUTION OF R	EPORT: Si	gned original for US and allied d Copies for retention in theater a				, to the Qu	artermaster
General through Hdq. (	JRS Officer.	Copies for retention in theater a	is prescribed by the	leater commander.			

Ince 27

		RES	PRICTE	D			
		UNIDENTIFIED	REMAIN	S			
Left Little Finger	unidentifie "Other" su and tanks;	d remains. Fill ch as shoe size, s and serial numb	in anator ocial secur ers of airp	nical characteristics rity number; position anes, vehicles and ta			
Ring Finger	thumbs in the conditi	the chart at left, ion of each and e	or as man	y as possible. If no t will be indicated or	of all clues. Imprint all fingers and fingerprints or prints can be secured, a the tooth chart in accordance with ne or more fingerprints are secured.		
if the second se	Height W	Height Weight Color of Eyes Color of Hair Birthmarks, Scars					
Middle Finger	Weapon and Se Other Identifica		Laundry N	lark	Where Body Was Buried or Found		
Index Finger	Fillings		lilver Filling				
er Thumb	Cavities		aold Filling	4 5			
Thumb	Missing Teeth	(K)	Cooth Missin	The state of the s	Represents the Mouth Wide Open		
Index Finger	Crowned Teeth	Charles F	Porcelain Cr	15 14 1	Lower 15 15 14 13 13 12		
Middle Finger	Furnish Sketch	SHAW!	aold Bridge	dinates for Burial in (	11 10 9 9 10 11 Other Than Established Cemetery		
Right Ring Finger							
Little Finger	Rémarks	1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

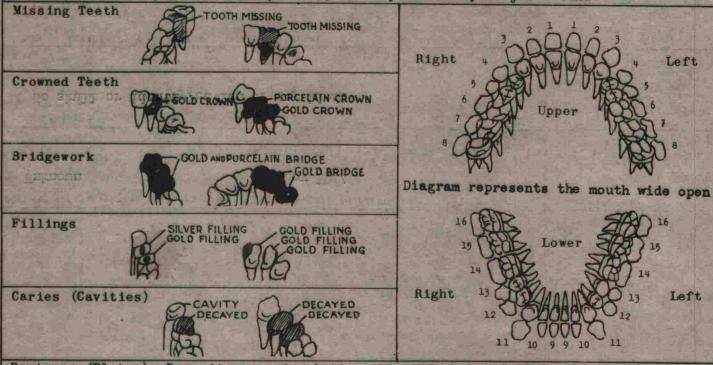
			RESTR	ACTED				
WD QMC Form 1042 Rev. 1 Apr. 1955		1	REPORT OF	INTERME	ENT W	Dat	te of Report	
(Supersedes GRS Form	,		(AR 30–1810 at	nd AR 30-1815)			9 July	1946
Imprint Identification Tag If SECTION 1. IDENTIFICATION								
			Name (Last, First, Middle Ini	tial)		Ser	ial Number	
	312	1	UNKNOWN					
>		1	Grade	Organization		Bra	inch of Serv	rice
		0					•	
1		1	1. 用ATTW 10.3.12			Tre Oakson at	nan U. S. De	
		/	Race	Religion			e of Countr	
Place of Death			Cause of Death			Da	te of Death	
Saipan, M. I.			KIA			No	vember	1944
Emergency Addressee (I	Name, Rela	tionsh	nip and Address)					
Identification Tags Foun	d on Body		If No Tags Found on Body,	Describe Means	of Identification. If I	Unidentified,		
(1, 2, or None) None			Fill in Section 3 on Reverse Unidentified					
		NE.						
Were Substitute Tags Po (Yes or No)	rovided							
No								
List Personal Effects Fo	und on Boo	y and	Disposition of Same					
SECTION 2. BURIAL Name, Number, Coordin			in established cemetery funder of Cemetery	rnish sketch a	nd map coordinate	s on revers	se.	
2d Marine Divis	sion Cer	nete	ery, Saipan, M. I.					
Date of Burial	Hour		Buried in (Shroud, Blanket of other)	, or name	Plot No.	Row No.	Grave No.	
Unknown			None	Gross		F	5	4
Was This a Re-Burial	If a Re-	Burial	, Indicate Name, Number, Coo	rdinates of Previ	ous Cemetery, and L	ocation of G	irave	
(Yes or No)						Plot No.	Row No.	Grave Ne.
	(Isal		Alles Books Bites	If Identification	on Tags Not Used, D	escribe Iden	tification	
Type of Religious Ceremony	Person C	onau	cting Burial Rites	Data and Conf	tainers Buried with I	Body	THE.	
Unknown				THE RESIDENCE OF THE PARTY OF	Report of In	terment	boursed V St.	T939
Identification Tag Burie	d		atification Tag Attached larker (Yes or No)	1000 und	ler marker.	NA	NA SEC	YER
With Body (Yes or No)	A a	10 14	No.			C	" ), m.	
Body Buried on Decease	ed Left, Na	me (I	ast, First, Middle Initial)	Rank	Serial Number	Organizat	tion (	Grave No.
Unknown						EP 7	1820	
Body Buried on Deceased Right, Name (Last, First, Middle Initial) Rank Serial Number Organization Grave N						Grave No.		
Stavers, B. B.				GM2/e	8591924	USN	2	3
Signature of Person Pre	paring Rep	ort		Signature of C	RS Officer Verifyin		tiewr	ten
				WILL	LAM M. BREWST	EN SEC		
DISTRIBUTION OF P	EPORT: S	gned	original for US and allied dea	lst I	al and one conv for	enemy dead	, to the Qu	artermaster
General through Hdq. G	RS Officer	. Cop	les for retention in theater as	prescribed by tr	neater commander.			
Ine 2	7		RESTI	RICTED				
AND THE PARTY OF T			the state of the s	TO THE REAL PROPERTY.	The second se		The state of the state of	

			RES	PRICTI	ED			0	
Little Finger	Instruction (a uniden "Other and tar	s Great care	ins. Fill oe size, s	taken to in anato	record th mical cha rity number	racteristics er; position	below, and an	he future identity of ny other clues under in airplanes, vehicles	
Ring Finger	thumbs	(b) A fingerprint, or prints, afe the most valuable of all clues. Imprint all fing thumbs in the chart at left, or as many as possible. If no fingerprints or prints can be s the condition of each and every tooth will be indicated on the tooth chart in accordan diagram below. Tooth chart will not be accomplished if one or more fingerprints are se							
inger	Height	Weight	Color of	Eyes	Color of H	tair	Birthmarks, Sc	ars or Tattoos	
Middle Finger		d Serial Num		Laundry I	Wark		Where Body W	as Buried or Found	
Inde	Fillings								
ger Thumb	Cavities		E ·	ilver Filling old Filling avity		5	2 1 1		
Thumb	Missing Te	eth	NA STATE OF THE PROPERTY OF TH	ooth Missi	ng	Diagram	Represents the f	Mouth Wide Open	
Index Finger	Crowned To	(	var.	orcelain C	rown	16 15 14 13 13	Lower	16 15 14 13 12	
Middle Finger	Furnish Sk	etch and Maj	M	old Bridge	rdinates for	Burial in O		olished Cemetery	
Ring Finger									
Little Finger	Rémarks								

		6337	<b>)</b>	
ONC FORM: 1084 Rev. 7 Apr. 1945	STRICTED	U		
REPORT OF DISINTERMENT FOR IDEN	ITIFICATION	9 3	uly 1946	
1. REMAINS OF (Name)		SERIAL NUMBE	R	
UNKNOWN				
GRADE ORGANIZATION				
NAME, NUMBER AND LOCATION OF CEMETERY		PLOT	ROW	GRAVE NO.
2d Marine Division Cemetery, Saipan, M.		·F	5	4
2. DATE OF DISINTERMENT	DATE OF REINTE			
9 July 1946	2 P F F F F F F F F F F F F F F F F F F	) July 1946		
3. REPORT AS TO NATURE OF ORIGINAL BURIAL AND CONDI	TION OF BODY UPON DIS	INTERMENT.		
4. WHAT IDENTIFICATION FOUND AT TIME OF DISINTERMEN				
Unknown Nov 1	.944			
ON REMAINS			196	
No skull or identification of any ki	ind.		i di Lib. Majiran	
WHAT IDENTIFICATION USED UPON REINTERMENT: ON MA	RKER			
Unknown	Section 18		# end	-01
高。			S WILL	CTION
ON REMAINS			NAVY SI C. J. N	MOLEN
None (reinterred in wooden casket)				
· 通過64.3 (不) 海外 (1) 3 (3) 5 (4) 6	The State of the S		1	1950
5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AN			Str	
WILLIAM M. BREWSTER, 1st				
nel 4 RI	ESTRICTED	产于中华		

## 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.



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

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O JULY LEVE O

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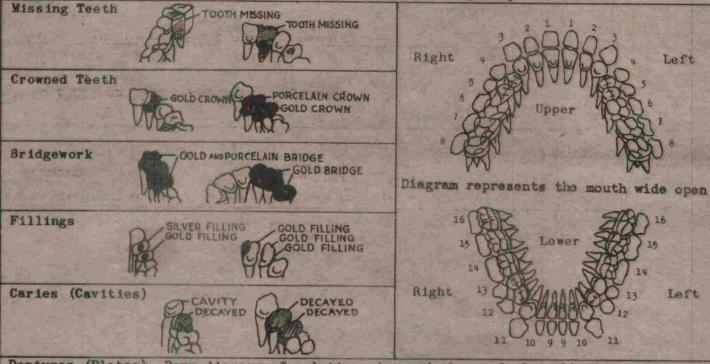
· besidinger

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0.16		TA SECTION				
ONC FORM 1044 Rev. 7 Apr. 1945	RESTR	ICTED	-			
	DISINTERMENT FOR IDENTIFE	CATION	9 July 1946			
1. REMAINS OF (Name)	(1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2		SERIAL NUMBE	R		
UNKNOWN	17個計學或25分	1 200				
GRADE	ORGANIZATION					
NAME, NUMBER AND LOC	CATION OF CEMETERY		PLOT	ROW	GRAVE NO.	
	n Cemetery, Saipan, M. I.		7	5	4	
2. DATE OF DISINTERMENT		DATE OF REINTERM	ENT			
9 July 1946		- 91	fuly 1946			
3. REPORT AS TO NATURE	OF ORIGINAL BURIAL AND CONDITION	OF BODY UPON DISIN	FERMENT.	985-17-17-17-17-17-17-17-17-17-17-17-17-17-		
3. WHAT IDENTIFICATION Unknown	FOUND AT TIME OF DISINTERMENT; ON NOV 1944	MARKER				
ON REMAINS  No skull or id	dentification of any kind.					
WHAT IDENTIFICATION	USED UPON REINTERMENT: ON MARKER					
Unknown						
ON REMAINS				FILECTIC	K	
	ed in wooden casket)		NA) C	FILE IN SECTION J. MOYE	<b>W</b>	
9	R SUPERVISING DISINTERMENT AND REI			SEP 7		
Quel 4"	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	RICTED				

## INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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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

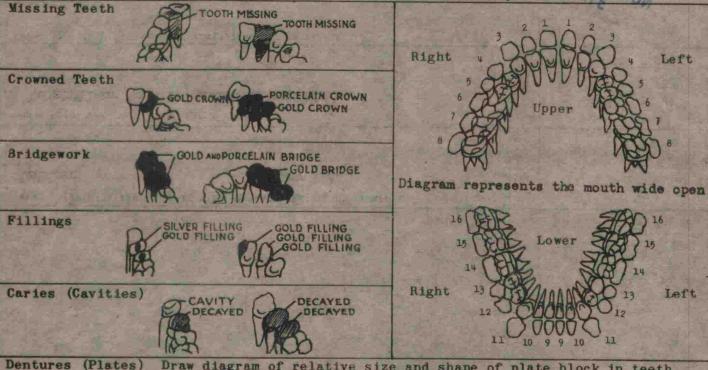
WD QMC Form 1042 Rev. 1 Apr. 1045 (Supersedes GRS Form)	1)	AND DESCRIPTION OF THE PROPERTY OF THE PARTY	REPORT OF INTIMENT  (AR 30–1810 and AR 30–1815)  Date of Report						
Imprint Identificat	ion Tag If	SECTION 1. IDENTIFIC	CATION						
Possible. DO NO		Name (Last, First, Middle Ini			Ser	rial Number			
		UMIGNOMI							
>		Grade	Organization		Bra	anch of Serv	rice		
	C					-			
					3000	- 22			
		Race	Religion			han U.S. De le of Countr			
Place of Death		Cause of Death			Da	te of Death			
laipen, M. I.		KUA			No	venber	1944		
Emergency Addressee (I	Name, Relati	onship and Address)							
Identification Tags Foun (1, 2, or None)	id on Body	If No Tags Found on Body, Fill in Section 3 on Reverse	Describe Means	of Identification. If	Unidentified				
None		Unidentified							
Were Substitute Tags P (Yes or No)	rovided								
No									
List Personal Effects Fo	ound on Body	and Disposition of Same							
None									
			- Table						
SECTION 2. BURIAL	_ If other t	han in established cemetery fu	rnish sketch a	nd map coordinate	s on rever	se.			
Name, Number, Coordin	A STATE OF THE PARTY OF THE PAR								
2d Marine Divi	sion Cer	etery, Salpan, M. I.							
Date of Burial	Hour	Buried in (Shroud, Blanket of other)	, or name	Plot No.	Row No.	Grave No.			
Unknown		None		Gross	F	5	4		
Was This a Re-Burial	If a Re-Bu	urial, Indicate Name, Number, Coo	rdinates of Prev	ious Cemetery, and I	ocation of (	Grave			
(Yes or No)					Plot No.	Row No.	Grave No.		
No									
Type of Religious Ceremony	Person Co	nducting Burial Rites	If Identificati Data and Con	on Tags Not Used, D tainers Buried with	escribe Iden Body	tification			
. 其事 · 子。		<b>公共</b> 1000 1946 南美洲	Copy of	Report of I	atermen	HY MAIL	Mone -		
Identification Tag Burie	ed	Identification Tag Attached	foot un	der marker.	YVAL	SEUVE	R		
With Body (Yes or No)		to Marker (Yes or No)			Mus	SECTION NOVE			
No.							MINUS IN THE RESIDENCE		
Body Buried on Decease	ed Left, Nam	e (Last, First, Middle Initial)	Rank	Serial Number	Organiza	tion C	Grave No.		
Unknown			. •			EP7	5		
Body Buried on Deceas	ed Right, Na	me (Last, First, Middle Initial)	Rank	Serial Number	Organiza	tion (	arave No.		
Stavers, B. B			GII2/e	8591924	USN	,	3		
Signature of Person Pre	paring Repor		Signature of	GRS Officer Verifyin	CONTRACTOR .	ewito			
			Just	LAM M. BREWS	COMP				
DISTRIBUTION OF R	EPORT: Sig	ned original for US and allied de	ad, signed origin	nal and one copy for	enemy dead	l, to the Qu	artermaster		
General through Hdq. G	RS Officer.	Copies for retention in theater as	prescribed by t	neater commander.					
Done.	273	RESII	RICTED						

		RESTRICT	ED	
Left Little Finger	Instructions  (a) Great unidentified re "Other" such a	emains. Fill in anato	record the most mi mical characteristic prity number; positio	inute clues for the future identity of its below, and any other clues under on of body found in airplanes, vehicles tanks.
Left Ring Finger	thumbs in the	chart at left, or as ma of each and every toot	ny as possible. If no h will be indicated o	of all clues. Imprint all fingers and fingerprints or prints can be secured, in the tooth chart in accordance with one or more fingerprints are secured.
inger	Height Weigh	t Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos
Left Middle Finger	Weapon and Serial I		Mark	Where Body Was Buried or Found
Left Index Finger	Fillings	Silver Filling Gold Filling		2 1 1 2
Left Thumb	Cavities	Cavity	5 6 7	Upper V
Right Thumb	Missing Teeth	Tooth Miss		m Represents the Mouth Wide Open
Right Index Finger	Bridge Work	Percelain C Gold Crown	15 \	Lower 15 15 14 13 12
Middle Finger	5	Gold Bridge		11 10 9 9 10' 11
MO/- Finger	Furnish Sketch and	Map Reference and Coo	rdinates for Burial in	Other Than Established Cemetery
Right Ring Finger				
Right Little Finger	Remarks			

	及"是"的"是"。 <del>"是是"是是"是"。</del>	Fo ha			CHA CHICAGO	
ONC FORM 1088 Rov. 7 Apr. 1945	RESTR	ICTED	1			
	F DISINTERMENT FOR IDENTIFI	CATION	9 July 1946			
1. REMAINS OF (Name) SERIAL NUMBER						
UNKNOWN						
GRADE	ORGANIZATION					
NAME, NUMBER AND LO			PLOT	ROW	GRAVE NO.	
2d Marine Divisio	on Cemetery, Saipan, M. I.			5	4	
2. DATE OF DISINTERMEN		DATE OF REINTERME			44	
9 July 1946		93	uly 1946			
Unknown	FOUND AT TIME OF DISINTERMENT: ON MOV 1944	MARKER				
ON REMAINS No skull or i	dentification of any kind.					
WHAT IDENTIFICATION	N USED UPON REINTERMENT: ON MARKER					
Unknown				WAVY SEC	TION	
ON REMAINS				MAN IN	Commence of the	
HOTE FLETTINGS	ed in wooden casket)				1	
5. SIGNATURE OF OFFICE	ER SUPERVISING DISINTERMENT AND REI	NTERMENT.		40	1000	
		ewsty				
					AT SECTION	

# 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



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 (AR 30-1810 at				e of report 9 July	
Imprint Identification T		Section 1.—IDENTIFICATION.		THE BUILDING			
20 1101 1.		NAME (Last, first, middle initial)			SER	IAL No.	
		UNKNOWN X-39	1 200 25 100	m resident sale	-	-	
>		GRADE	ORGANIZATION	contribution of the second	BRA	NCH OF SERV	ICE
A STATE OF THE SALE	0	man hadana as		TOWN THE			
		RACE	RELIGION		IF OTHER T	THAN U. S. DE	AD, GIVE
A COMPLETE OF THE STATE OF	OF YORK PERM			and the day House			
PLACE OF DEATH		CAUSE OF DEATH			DAT	E OF DEATH	
Siapan, M.I.		KIA		Japine gelen eut energ	No	ovember	19111
EMERGENCY ADDRESSEE (Na	ame, relationship, ar				1	) v Cilibor	1744
IDENTIFICATION TAGS FOUN	ID ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS (	OF IDENTIFICATION (	f unidentified,	fill in section t	t on reverse)
(1, 2, or none)	a deal of the						
None WERE SUBSTITUTE TAGS PRO	WIDEDS/Ven or wal	Unidentified	DIES TO				
WERE SUBSTITUTE TAGS FRO	MIDEDICTES OF NO.						
No No	1 1 1 TH			The transfer of the second			
LIST PERSONAL EFFECTS FOL	JND ON BODY AND	D DISPOSITION OF SAME					
		A Company					
None						LA .	1 to 10 to 1
		AND AMERICA	O'Catherine Control	11 35 146 TBETH			
Section 2.—BURIAL. If oth	her than in estab	blished cometery, furnish sketc	h and map coord	linates on reverse.			
NAME, NUMBER, COORDINAT	ES, AND LOCATION	N OF CEMETERY			h L		T
2d Marine Divi	sion Cemet	ery, Siapan, M.I.		1274年12月1日中国		The Real Property lies	
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	vame of other)	TYPE OF GRAVE	PLOT No.	ROW No.	GRAVE No.
4 4 4		N no			F	5	L
Unknown was this a reburial?	IF A REBURIAL	None INDICATE NAME, NUMBER, COORD	DINATES OF PREVI	OUS CEMETERY, AND L		THE PARTY NAMED IN	4
(Yes or no)					PLOT No.		GRAVE No.
No	VALUE OF THE STATE				-	-	
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	CTING BURIAL RITES	CONTAINERS B	ION TAGS NOT USED, BURIED WITH BODY	DESCRIBE II	ENTIFICATIO	N DATA AND
Unknown			Copy of	Report of In	terment	buried	one
IDENTIFICATION TAG BURIED WITH IDENTIFICATION TAG ATTACHED TO foot under marker MARKER (Yes or no)							
NO		No					
BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)			RANK	SERIAL, No.	ORGANIZAT	ION GRA	VE No.
Unknown					150		5
BODY BURIED ON DECEASED	RIGHT, NAME (La	ist, first, middle initial)	RANK	SERIAL NO.	ORGANIZAT		VE No.
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Stevers, B.	B. PEPORT		GM2/c	8591924 GRS OFFICER VERIFYIN	USN		3
SIGNATURE OF PERSON PIKE	ARING REPORT				<b>企业等等</b>		
			/s/ WILLI	AM M. BREWST	ER,1st 1	Lt., QMC	

THE PERSON NAMED IN COLUMN	Section 3.	MIDENTIFIED	REMAINS	1 30 7	REPOR	THE PARTY		WO OMIC FORM TOAS	
LEFT LITTLE FING	social secur	ity number;	position o					lentity of unidentified re ther, " such as shoe size and serial numbers of air	
SERIAL NO.	(b) A chart at lef every tooth	cial security number; position of body found in airplanes, vehicles, and tanks; and serial number unes, vehicles, and tanks.  (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumber art at left, or as many as possible. If no fingerprint or prints can be secured, the condition of every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will be indicated on the tooth chart in accordance with diagram below.							
No Fin	HEIGHT	WEIGHT	COLOR O	The second	COLOR OF	C SECTION A	BIRTHMARKS, SC	CARS, OR TATTOOS	
P OTRER THAN U. 7 DIAD, GIVE NAME OF COUNTRY			ELIGION	FI		RACE		-	
	WEAPON AND	SERIAL No.		LAUNDRY	MARKS		WHERE BODY WA	S BURIED OR FOUND	
G DATE OF DEATH					HTAB	CAUSE OF D	2	LACE OF DEATH	
FINGE	OTHER IDENT	IFICATION CLU	ES			73.6.1		A STATE OF STREET	
						d undersen)	tme, felationakip, an	MICRENCY ADDRESSEE (NA	
sidera field, hit in socion t on recerse)	ICATION (If w	NS OF IDENTIF	CRIBE MEA	800Y, DES	FOUND ON	IF NO TAGS	удов ио д	DENTIFICATION TAGS FOUN	
C FINGER	FILLINGS		PA SIL	VER FILLI	ing G		2860	VERE SUBSTITUTE TAGE THE	
3r	CAVITIES	Total S	ראיווי	CAVITY	OF SAME	MOITIEO EIG	JANA A	100 4 5 10 CA 3 4 1 E	
THUMB				DECAVI	ED	, 0	UPPER	NA NO	
/ - W - W	MISSING	TEETH	TO-10	OTH MISSIN	(G	·	0	MBn.	
RIGHT	-MESENAL	erdinates on	10	r eketuh a	THE RESERVE OF THE PERSON NAMED IN			Section Sold Arthor S	
<b>基本基本</b>	CROWNED	TEETH 6	>	CELLIN CE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16	B	378D16	
NOT NO KOW NO. GRAVE NO.	GRAVE	TYPE OF		CELAIN CE		HI 03/15	LOWER LOWER	15 TO STATE	
INDEX FIN	BRIDGE	IORK	VUSC 7	us la mana	Course to	14	MANAN	100 13	
PLOT NO. ROW NO. GRAVE HO	JULI GIVA THE	S CEME	PAL.	GOLDB	RIDGE	an residen	" O 000	AS THIS A RESULT	
CREE IDENTIFICATION EATA ALL	FURNISH SKE	TCH AND MAP	SEPTEMBER S	AND COOR	RDINATES FO	JATHUS SMIT.	OTHER THAN ESTA	ABLISHED CEMETERY	
MIDDLE FINGER	W. T.			07 0		HER CYCLE IN		DENTIFICATION AS PURBET	
OA BEARE MOTTAL WALL					Solving	of distance of the re-	LEFT WAVE LAND	osc <del>renso vo com</del> la rec	
RIGHT RING FINGER								The second	
CAR ATION CRAVE NO.	REMARKS:	A PARTY OF	1777	45	TANK TO SEE	A See September	BIGHT WHILE (16	ungasen Meresimina vac	
5		12170 810 10	SIATURE				THOUGH JUSA	CHATURE OF PRICES PRICE	
LITTLE FING		1							
C STATE OF S	he have a	water and being			to Sulling her		nights because it	DISTAIGUTION BE: REPORT	

F.M.T. PAC Form (9) Graves Registration

## REPORT OF INTERMENT

	ADIONI OF INTERMENT
unknown x-39	
(Last Name) (F	irst) (Initial) (Serial Number) (Rank) (Organization)
	2nd Mar Div Cem Saipan, M.T.
(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 identifica	tion tags: One Buried with body Yes No
	One Attached to marker Yes No
(If no identification ta	gs, what means of identification are buried with body?)
(If no identification tags,	but identity definitely established, give particulars)
BODY BURIED ON RIGHT	
(Na	me) (Ser. No.) (Rank) (Org) (Grave No.)
BODY BURIED ON LEFT	

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.

(Ser. No.) (Rank)

(Org) (Grave No.)

(Name)

### 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 HATE: 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 office or person reporting burial.)

