

293-UNK

Saipan

X-40

(2nd Marine Div.)

'50JA

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-UNK. 2<sup>rd</sup> Mar Div CEM-X-40

SUBJECT



*plotted Frazier, J.R. USMC N.S.N.*

**1**

Interred 30 March 1950  
L 6 70 Ft. *Calley*

**DISINTERMENT DIRECTIVE  
PREPARED BY PHILCOM**

*Carl R. H. Mark*  
CARL R. H. MARK  
Cemetery Superintendent  
SECTION A—  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**6360 81285**  
DATE  
**29 03 50**  
DAY MONTH YEAR

NAME: **UNKNOWN X-40**  
SERIAL NUMBER: **X-40**  
GRADE: **X-40**  
ARM: **X-40**  
RACE: **X-40**  
RELIGION: **X-40**

CEMETERY: **2ND MARINE DIVISION CEMETERY, SAIPAN**  
PLOT: **F**  
ROW: **5**  
GRAVE: **5**  
DISPOSITION OF REMAINS  
CODE: **7701**  
DIST. CTR.: **80**

**SECTION B — CONSIGNEE AND NEXT OF KIN**

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

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME: **UNKNOWN X-40**  
SERIAL NUMBER: **X-40**  
GRADE: **X-40**  
DATE OF DEATH: **30 March 1950**  
DATE DISTINTERRED: **30 March 1950**  
IDENTIFICATION TAG ON:  REMAINS,  MARKER  
ORGANIZATION: **UNKNOWN**  
RELIGION: **UNKNOWN**  
IDENTIFICATION VERIFIED BY: **PAUL R NICHOLS  
Embalmer** NAME AND TITLE

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL: **Shelter Half**  
CONDITION OF REMAINS: **Skeletal**  
OTHER MEANS OF IDENTIFICATION: **None**

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

REMAINS PREPARED AND PLACED IN CASKET

DATE **30 March 1950** BY **PAUL R NICHOLS**  
CASNET SEALED BY: **PAUL R NICHOLS**  
EMBALMER (Signature): *Paul R Nichols*  
**PAUL R NICHOLS**

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

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

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

REMARKS AND SPECIAL INSTRUCTIONS

**NAT  
FILE  
RECORDS ANNOTATED  
DATE 17 May 50  
NAME B. Nichols  
2ND MAR. DIV.**



## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

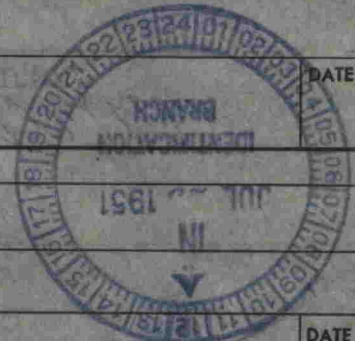
FROM <b>AGRS MAUSOLEUM</b>		TO <b>US MILITARY CEMETERY</b>	
KIND OF CONVEYANCE <b>TRUCK</b>		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carl H. Mark</i>	DATE <b>MAR 3 1950</b>

### 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



3

DISINTERMENT DIRECTIVE  
PREPARED BY PHILCOM

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6960 81285

DATE  
29 03 50  
DAY MONTH YEAR

NAME: UNKNOWN I - 40  
SERIAL NUMBER: [blank]  
GRADE: [blank] ARM: [blank]  
RACE: [blank] RELIGION: [blank]

CEMETERY: 2ND MARINE DIVISION CEMETERY, SAIPAN  
PLOT: F ROW: 5 GRAVE: 5  
DISPOSITION OF REMAINS  
7701 80  
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

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

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: [blank] SERIAL NUMBER: [blank] GRADE: [blank] DATE OF DEATH: [blank] DATE DISTINTERRED: [blank]

IDENTIFICATION TAG ON: [ ] REMAINS [ ] MARKER [ ] ORGANIZATION: [blank] RELIGION: [blank] IDENTIFICATION VERIFIED BY: [blank] NAME AND TITLE: [blank]

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [blank] CONDITION OF REMAINS: [blank]

OTHER MEANS OF IDENTIFICATION: [blank]

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

REMAINS PREPARED AND PLACED IN CASKET  
DATE: [blank] BY: [blank]

CASKET SEALED BY: [blank] EMBALMER (Signature): [blank]

CASKET BOXED AND MARKED  
DATE: [blank] BY: [blank] SHIPPING ADDRESS VERIFIED BY: [blank]

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
file 5-25-50  
Kirkland  
Repat

Incl #119



# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

## 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

25 Jan. 1950  
Date

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

The records pertaining to Unknown X- 40, Plot F,  
Row 5, Grave 5, USMC 2ND MARINE, 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:

~~UNIDENTIFIABLE~~  
~~REMAINS~~

*[Handwritten Signature]*  
H. B. McNEEMAR  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

Received 8 Feb. 1950 OQMG  
Not identifiable from  
information presently  
available 10 April 1950  
*Ea Kayup*

*Jul 13'*



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-40</b>			2. DATE OF REPORT <b>25 Jan. 1950</b>		
3. NAME OF CEMETERY <b>2ND MAR. DIV., SAIPAN</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	<b>F</b>	<b>5</b>	<b>5</b>	DISINTERMENT	REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>6'</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p align="center"><b>NONE</b></p>			

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

**NONE**

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  
  

**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)

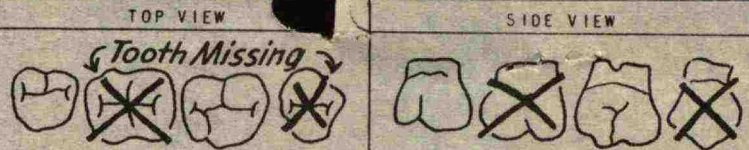
1 pair of shoes - size 8½E

**"UNIDENTIFIABLE"**

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"



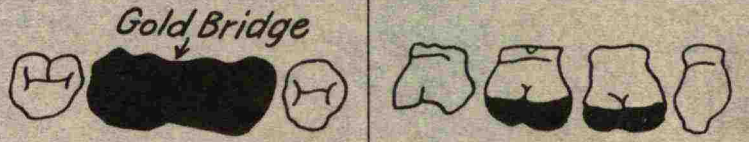
**MISSING TEETH:** ALL TEETH MISSING THROUGH EX-TRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



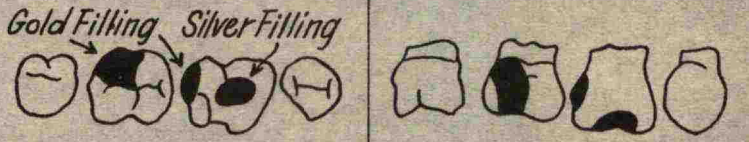
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCE-LAIN), THUS:



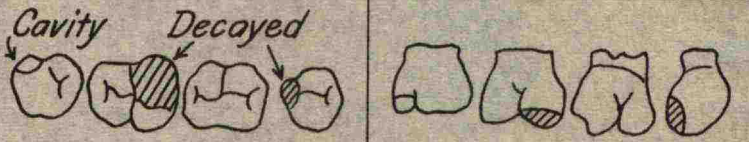
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
⊕	A			⊕	⊕	⊕	⊕	⊕	⊕	⊕				A	A
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
MISSING								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 RETAIN-ING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"

No MANDIBLE.

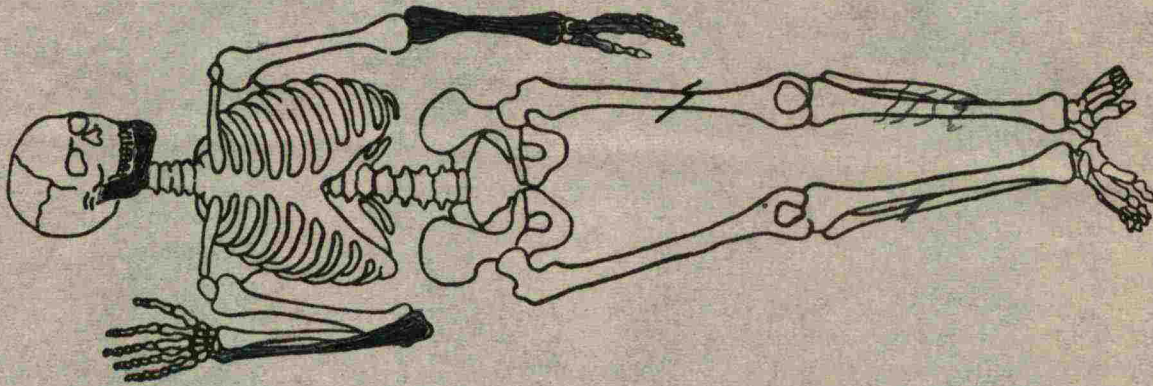
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Ident. Section



19. BLACK OUT BARMS OF BODY NOT RECOVERED



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

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

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, bottle burials, personal effects or other means of identification found with remains.

**"UNIDENTIFIABLE"**  
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS  
Chief, Ident. Section

SIGNATURE

*Paul R. Nichols*



BASIC: Hq, AMF, COMC, Wash., D. C. SPCTG 293, MIDPAC, 21 March 1946,  
Subject: Identification.

MPCTG 293 (21 Mar 46) 1st Ind (3-30 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 per 3 of basic communication.
2. It is directed that the remains be examined and GSC Forms 1044 and 1045 be completed in quadruplicate and forwarded to this headquarters. Corrected Reports of Internment are desired, also in quadruplicate, for graves listed in basic communication.

BY COMMAND OF MAJOR GENERAL MOORE:

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

2 Incls:  
Incl 1 - GSC Form 1044  
Incl 2 - GSC Form 1045

R (24) 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 - GSC Form 1044,  
Report of Disinterment  
through 23 - GSC Form 1045,  
14 Identification Dental Chart  
24 through 32 - Report of Internment,  
Form WD GSC 1042



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

G  
O  
P  
Y

SPROC 593 - MIDPAC

21 March 1946

SUBJECT: Identification.

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

FOR: Chief, American Graves Registration Service

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

<u>Name</u>	<u>Grave Marker</u>	<u>ASN</u>	<u>Plot</u>	<u>Row</u>	<u>Grave</u>
BRENNAN	Unknown	Unknown	E	11	21
CHANCE, A. S.	Unknown	Unknown	C	9	10
DE RIGGS, W. L.	Unknown	Unknown	E	2	8
FRAZIER, J.R.	Unknown	Unknown	F	5	4
HARTBOLL, A.H.	Unknown	Unknown	F	8	6
HOBBS, R. E.	HOBBS, R. E.	Unknown	F	8	8
MC COLLECK, J. G.	Unknown	Unknown	E	7	21
MC CUNEY	Unknown	Unknown	A	9	9
MEICHLICH, E. A.	Unknown	Unknown	F	5	1
SMITH, C. F.	SMITH, CHARLES F.	883816	E	7	22
STORCK, D.	Unknown	Unknown	B	1	5

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

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

FOR THE QUARTERMASTER GENERAL:

/s/ J. H. Schmitt  
Sgt M. V. TURNER  
Colonel, GIC  
Assistant

2 Incls:

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



60th CM GRAVES REGISTRATION COMPANY  
APO 244

C  
O  
P  
Y

11 January 1946

SUBJECT: Identification of Unknown Deceased.

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

Reference: Letter, Hq Bureau of Medicine and Surgery, Washington, DRETT-  
C-JW, 0820/16-1, 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	ASN	PLAC	ROW	GRAVE
BENJAMIN	UNKNOWN	UNKNOWN	E	11	21
CHANCE, A.S.	UNKNOWN	UNKNOWN	C	9	10
DE RIGHER, W.I.	UNKNOWN	UNKNOWN	E	2	8
FRAZIER, J.R.	UNKNOWN	UNKNOWN	F	5	5
HARDOLL, A.H.	UNKNOWN	UNKNOWN	F	8	8
HOBBS, R.E.	HOBBS, R.E.	UNKNOWN	F	8	8
MC COLGAN, J.G.	UNKNOWN	UNKNOWN	N	7	21
MC CURRIE	UNKNOWN	UNKNOWN	A	2	9
WELSHON, M.A.	UNKNOWN	UNKNOWN	F	5	4
SMITH, G.F.	SMITH, CHARLES V.	803 816	E	7	22
STONCH, D.	UNKNOWN	UNKNOWN	D	8	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  
SALPAN, H. I.

C  
O  
P  
Y

CHCD/P6-1  
FLE/chr

Serials:

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

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

Reference: Dated Ltr CHCD/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 60th CM Graves Registration Company, APO 214, and the following information was noted:

<u>NAME</u>	<u>GRAVE MARKER</u>	<u>ASH</u>	<u>FLOZ</u>	<u>ROW</u>	<u>GRAVE</u>
BIRGAMAN	UNKNOWN	UNKNOWN	H	11	21
CHANCE, A.S.	UNKNOWN	UNKNOWN	G	9	10
DE RICKER, V.I.	UNKNOWN	UNKNOWN	S	2	8
FRANK, J.R.	UNKNOWN	UNKNOWN	F	5	5
HARFOLL, A.H.	UNKNOWN	UNKNOWN	F	8	6
HORN, R.E.	UNKNOWN	UNKNOWN	F	0	8
MC COLLAN, J.O.	UNKNOWN	UNKNOWN	E	7	21
MC CURRY	UNKNOWN	UNKNOWN	A	2	9
MELANION, M.A.	UNKNOWN	UNKNOWN	F	5	1
SMITH, C.F.	SMITH, CHARLES F.	883 816	E	7	22
STINEP, 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. G. HAMMOCK  
Chief of Staff.



0001

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

BUMED-3-JEW  
GW20/r6-1

18 December 1945

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

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

Name	Rank	Grave	Row	Plot
BISHAMAN	-	24	11	B
CHANCE, A.S.	Cpl	10	9	C
DE WOODS, W.L.	-	8	2	E
FRANER, J. R.	-	3	3	F
HARTWELL, A.H.	-	6	8	F
HOBBS, M.H.	-	8	8	F
MC COLGAN, J.G.	-	24	7	B
MC CORMY	Pfc	9	9	A
(This man with the serial number 512377 is alive)				
REICHEN, M.A.	-	4	5	F
RYAN, G.F.	-	22	7	E
SEWELL, D.	-	5	4	B

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

3. If no other information is available to aid in establishing identity of any of the above, it is requested that they be changed to 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, Medical

/s/ W. B. DICKLASH  
Civilian Assistant



IDENTIFICATION DATA

1. REMAINS OF UNKNOWN X-40  
 UNKNOWN / (Died 16 Jun 44) USMC

2. DATE OF REPORT  
 5 June 1946

3. NAME OF CEMETERY  2d Marine Division Cemetery, Saipan, M.I.	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	F	5	5	DISINTERMENT	REINTERMENT
				4 Jun 46	4 Jun 46

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  
 Report as to Nature of Original Burial and Condition of Body upon Disinterment:  
 Buried 4 feet deep. Completely decomposed. Holes through helmet and one large hole through left side of skull.

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  
 What identification found at time of Disinterment: On Marker  
 "UNKNOWN" "Died 16 Jun 44"

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  
 On Remains:  
 First Aid Pouch with following stencil "D3?347": Empty billfold (no inscription), empty 1943 canteen, steel helmet, GI cup, USMC shoes (no inscriptions), entrenching tool, pistol belt, spectacles & case (no inscription).  
 Dental chart attached

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

What identification used upon Reinterment: On Marker  
 UNKNOWN DIED 16 Jun 44

On Remains:  
 Copy of report of interment buried one foot under marker.

Signature of Officer Supervising Disinterment and Reinterment:  
 /s/ WILLIAM M. BREWSTER, 1st Lt., OMC



EXHUMATION RECORD  
CEMETERY OPERATIONS

DATE 12 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 5 MARIANAS IS. 6360-00000

B. DISINTERMENT AND IDENTIFICATION  
Name Rank Serial No. Date of Death Date Disinterment

UNKNOWN UNK UNK Not Indicated 12 Feb 48  
Identification Tag on Organization Religion Identification verified by:

Remains ( ) Marker ( ) UNK UNK /s/ W. C. CHILCOAT, Emb

C. PREPARATION OF REMAINS FOR SHIPMENT  
Nature of Burial Condition of remains

Nature of Shroud Undetermined  
Other means of identification - Uncasketed Skeletal Remains incomplete

Form 1042 - in bottle  
Minor Discrepancies (Prepare 1194a for Major Discrepancies)

D. REMAINS PREPARED AND PLACED IN CASKET  
Casket sealed by Embalmer (Signature)

Casket Marked /s/ W. C. CHILCOAT, Emb.  
Checker (Signature)

REMARKS: /s/ L. A. JENSEN  
CONSIGNEE:

No Grave on Right or Left  
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

/s/ HERSHELL 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.



5 June 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)

UNKNOWN (Died 16 Jun 44)

SERIAL NUMBER

---

GRADE

---

ORGANIZATION

USMC

NAME, NUMBER AND LOCATION OF CEMETERY

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

PLOT

F

ROW

5

GRAVE NO.

5

2. DATE OF DISINTERMENT

4 June 1946

DATE OF REINTERMENT

4 June 1946

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

Buried 4 feet deep. Completely decomposed. Holes through helmet and one large hole through left side of skull.

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

"UNKNOWN" "Died 16 Jun 44"

ON REMAINS

First Aid Pouch with following stencil: "D 39347"; Empty billfold (no inscription), empty 1943 canteen, steel helmet, GI cup, USMC shoes (no inscriptions), entrenching tool, pistol belt, spectacles & case (no inscription).

Dental chart attached

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

UNKNOWN DIED 16 Jun 44

ON REMAINS

Copy of report of interment buried one foot under marker.

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

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

Decl 10



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".

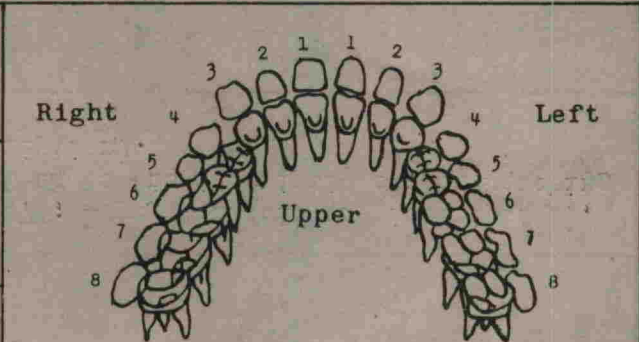
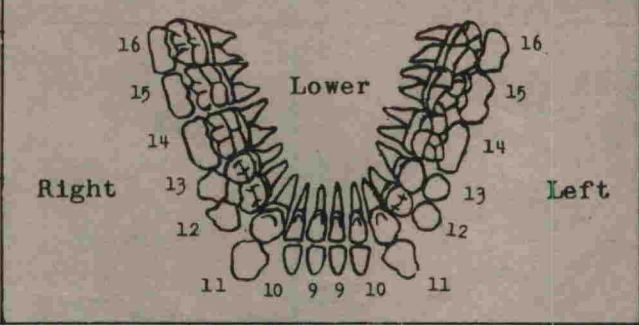


Diagram represents the mouth wide open



Remarks



5 June 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)	SERIAL NUMBER
UNKNOWN (Died 16 Jun 44)	---

GRADE	ORGANIZATION
---	USMC

NAME, NUMBER AND LOCATION OF CEMETERY	PLOT	ROW	GRAVE NO.
2d Marine Division Cemetery, Saipan, M.I.	F	5	5

2. DATE OF DISINTERMENT	DATE OF REINTERMENT
4 June 1946	4 June 1946

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

Buried 4 feet deep. Completely decomposed. Holes through helmet and one large hole through left side of skull.

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

"UNKNOWN" "Died 16 Jun 44"

ON REMAINS

First Aid Pouch with following stencil: "D 38347"; Empty billfold (no inscription), empty 1943 canteen, steel helmet, GI cup, USMC shoes (no inscriptions), entrenching tool, pistol belt, spectacles & case (no inscription).  
Dental chart attached

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

UNKNOWN DIED 16 Jun 44

ON REMAINS

Copy of report of interment buried one foot under marker.

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

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

*Incl 112*



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)

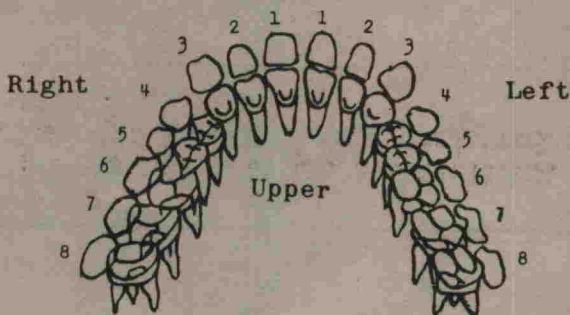
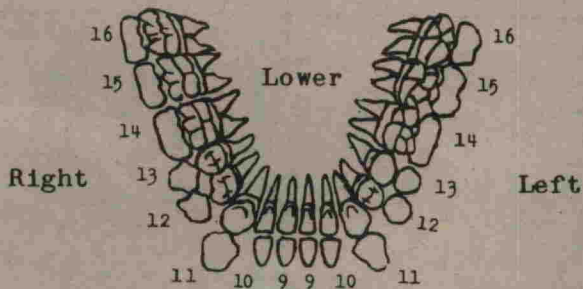


Diagram represents the mouth wide open



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

Large empty area for handwritten remarks.



007

# IDENTIFICATION DENTAL CHART

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

5 June 1946

DATE

UNKNOWN

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

SAIPAN, M.I.

2d Mar Div Cemetery

F

5

5

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.







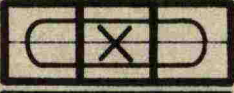








		RIGHT								UPPER TEETH				LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8						
TYPE		A				X	X	X	X	X	X					A	A	TYPE					
LOCATION		O														O	O	LOCATION					

INSIDE — LOOKING OUT

		RIGHT						LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE																		TYPE	
LOCATION																		LOCATION	

NO LOWER JAW FOUND

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

Incl 21



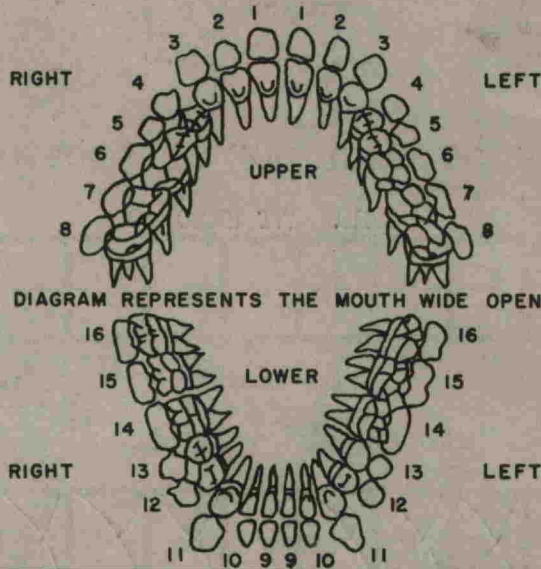
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

*WMB*  
SIGNATURE OF PERSON WHO PREPARED CHART

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

*William M. Brewster*  
VERIFIED BY GRS OFFICER

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

604 QM Graves Reg. Co., 2d Plat., APO 244  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

5 June 1946  
DATE



# IDENTIFICATION DENTAL CHART

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

5 June 1946

DATE

<u>UNKNOWN</u>					
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.	
<u>SAIPAN, M.I.</u>			<u>2d Mar Div Cemetery</u>		
UNIT			ORGANIZATION		
PLACE OF DEATH			PLOT		GRAVE NO.
			<u>F</u>	<u>S</u>	<u>5</u>

	RIGHT								UPPER TEETH								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8									
TYPE																	TYPE								
LOCATION																	LOCATION								

INSIDE — LOOKING OUT

	RIGHT								LOWER TEETH								LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16									
TYPE																	TYPE								
LOCATION																	LOCATION								

~~NO LOWER JAW RECORD~~

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

*June 21*



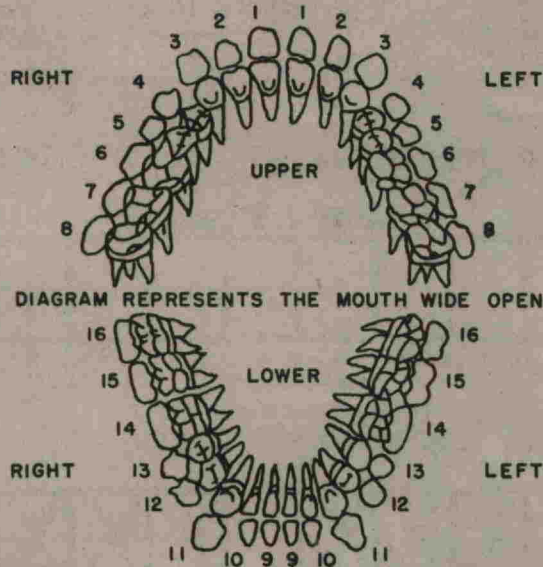
**INSTRUCTIONS:**

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

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

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

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



**REMARKS:**

*[Signature]*  
SIGNATURE OF PERSON WHO PREPARED CHART

*[Signature: William M. Brewster]*  
VERIFIED BY GRS OFFICER

**WILLIAM M. BREWSTER, 1st Lt., OMC**  
NAME AND RANK TYPED OR PRINTED

**WILLIAM M. BREWSTER, 1st Lt., OMC**  
NAME AND RANK TYPED OR PRINTED

604 PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

**5 June 1946**  
DATE



5 June 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)

SERIAL NUMBER

UNKNOWN (Died 16 Jun 44)

---

GRADE

ORGANIZATION

---

USMC

NAME, NUMBER AND LOCATION OF CEMETERY

PLOT

ROW

GRAVE NO.

2d Marine Division Cemetery, Saigon, N.I.

F

5

5

2. DATE OF DISINTERMENT

DATE OF REINTERMENT

4 June 1946

4 June 1946

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

Buried 4 feet deep. Completely decomposed. Holes through helmet and one large hole through left side of skull.

*Reported on original list as Frazier, J.R.*

Checked Navy And Marine Corp Roster, no name could be found on Marine Corp Roster to agree with FRAZIER, J.R., but Navy Roster has A FRAZIER, Jack R. whose date of death is 16 October 1943, while the date of death of Unknown X-40 is 16 June 1944. *Arburns 3/27/50*

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

"UNKNOWN" "Died 16 Jun 44"

ON REMAINS

First Aid Pouch with following stencil: "D 37347"; Empty billfold (no inscription), empty 1943 canteen, steel helmet, GI cup, USMC shoes (no inscriptions), entrenching tool, pistol belt, spectacles & case (no inscription).

*Dental chart attached*

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

UNKNOWN DIED 16 Jun 44

ON REMAINS

Copy of report of interment buried one foot under marker.

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

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

*Incl 109*







# IDENTIFICATION DENTAL CHART

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

5 June 1946

DATE

THENON

LAST NAME

FIRST

INITIAL

RANK

SERIAL NO.

UNIT

ORGANIZATION

SAIPAN, M.I.

2d Mar Div Cemetery

7

5

5

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.

		RIGHT								UPPER TEETH								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8										
TYPE																		TYPE									
LOCATION																		LOCATION									

INSIDE — LOOKING OUT

		RIGHT								LOWER TEETH								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16										
TYPE																		TYPE									
LOCATION																		LOCATION									

NO LOWER JAW FOUND

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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

*Incl 210*



**INSTRUCTIONS:**

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

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

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

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

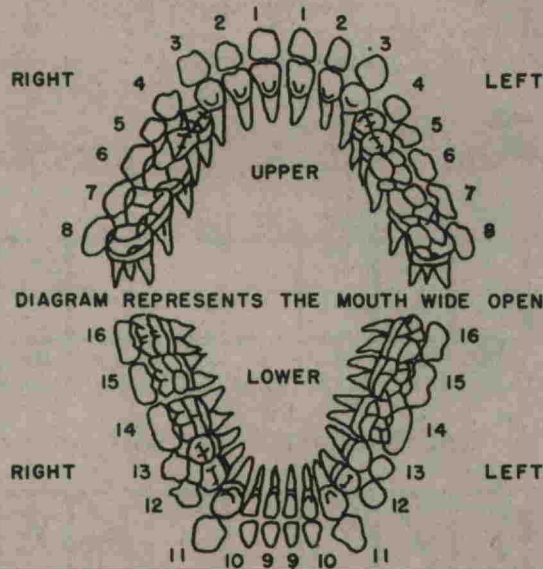


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

*W.M.B.*  
SIGNATURE OF PERSON WHO PREPARED CHART

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

*William M. Brewster*  
VERIFIED BY GRS OFFICER

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

604 ~~ONE~~ ~~GRAVES~~ ~~CO.~~ ~~21~~ ~~PLAT.~~ ~~AFG~~ ~~214~~  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

5 June 1946  
DATE



# IDENTIFICATION DENTAL CHART

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

5 June 1946  
DATE

<u>UNKNOWN X-40</u>				
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
<u>SAIPAN, M.I.</u>			<u>2d Mar Div Cem</u>	
PLACE OF DEATH	PLACE OF BURIAL		PLOT	ROW GRAVE NO.
			<u>F</u>	<u>5 5</u>
















	UPPER TEETH																
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE	A				X	X	X	X	X	X	X				A	A	TYPE
LOCATION	O	F													O	O	LOCATION

INSIDE — LOOKING OUT

	LOWER TEETH																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																	TYPE
LOCATION																	LOCATION

NO LOWER JAW FOUND

## KEY OF SYMBOLS TO BE USED ON ABOVE CHART

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



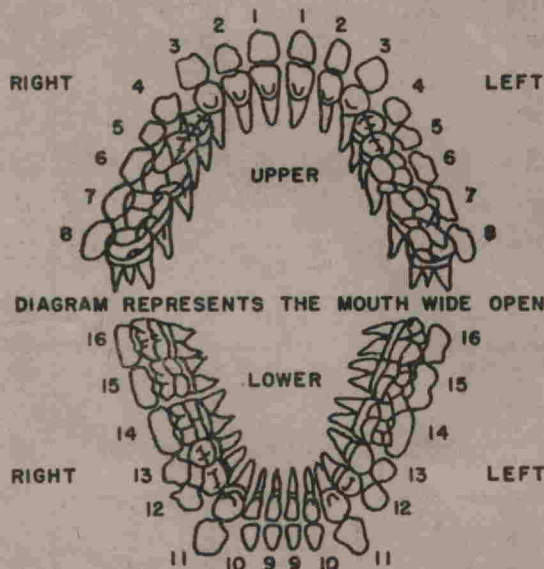
**INSTRUCTIONS:**

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

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

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



**REMARKS:**

SIGNATURE OF PERSON WHO PREPARED CHART

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

604 QM Graves Reg Co, 2d Plat, APO 214  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

VERIFIED BY GRS OFFICER

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

5 June 1946  
DATE



REPORT OF INTERMENT

UNKNOWN X-40

P

(Last Name) (First) (Initial) (Serial Number)<sup>Y</sup> (Rank) (Organization)

16 Jun 44

2d Mar Div Cem

Saipan Island

Date (Place of death) (Name of Cemetery) (Name or coordinates of location)

5

(Grave Number)

5

(Row Number)

F

(Plot Number)

(Religion, if known)

Disposition of identification tags: One Buried with body Yes  No

One Attached to marker Yes  No

**APPROVED UNIDENTIFIABLE**

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

MAR 3 1950

(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.



4

IF DECEASED UNIDENTIFIED

4

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.

LEFT HAND

RIGHT HAND

1

2

3

4

THUMB

THUMB

(Signature of officer or person reporting burial.)





Journal  
19 July 50  
M. J. [unclear]