

293-UNK

Saipan

X-49

(2nd Mar. Div.)

'50JA

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-4NK

2<sup>nd</sup> Max Div Saigon X-49

SUBJECT

QMC FORM  
1 AUG 45

1121

16-63202-1 GPO



PREPARED BY PHILCOM

H  
/bpm  
**1**  
/add

*N. Don. Case cancelled - Alive*  
Interred 30 March 1950  
L 11 8 Ft. McKinley  
*Caremark*

DISINTERMENT DIRECTIVE

Cemetery Superintendent SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>6360 81295</b>	DATE <b>29 03 50</b> DAY MONTH YEAR
NAME	SERIAL NUMBER	GRADE	ARM
<b>UNKNOWN X - 49</b>			
CEMETERY	PLOT	ROW	GRAVE
<b>2ND MARINE DIVISION CEMETERY, SAIPAN</b>	<b>F</b>	<b>8</b>	<b>8</b>
DISPOSITION OF REMAINS CODE		DIST. CTR.	
<b>7701</b>		<b>80</b>	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>
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SECTION C - DISINTERMENT AND IDENTIFICATION

NAME <b>UNKNOWN X-49</b>	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED <b>30 Mar '50</b>
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY <b>PAUL R NICHOLS</b> Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Shelter Half</b>	CONDITION OF REMAINS <b>Skeletal</b>
OTHER MEANS OF IDENTIFICATION	

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

REMAINS PREPARED AND PLACED IN CASKET	DATE <b>30 Mar '50</b> BY <b>PAUL R NICHOLS</b>
CASKET SEALED BY <b>PAUL R NICHOLS</b>	EMBALMER (Signature) <i>Paul R Nichols</i> <b>PAUL R NICHOLS</b>
CASKET BOXED AND MARKED DATE <b>30 Mar '50</b> BY <b>RAYMOND H TANGUAY, Sgt 1c, RA</b>	SHIPPING ADDRESS VERIFIED BY <b>L. W. RICHARDSON, M/Sgt, RA</b>

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

*6/21/50  
Auth. Nichols  
Ryabokov*



## RECORD OF CUSTODIAL TRANSFER

<b>1. SHIPPED</b>			
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>Robert Mark</i>	DATE <b>MAR 30 1950</b>

<b>2. SHIPPED</b>			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

<b>3. SHIPPED</b>			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

<b>4. SHIPPED</b>			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

<b>5. SHIPPED</b>			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

<b>6. SHIPPED</b>			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

<b>7. SHIPPED</b>			
FROM	TO		
KIND OF CONVEYANCE	NAME OF CONVOYER		
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE



PREPARED BY PHILCOM

# DISINTERMENT DIRECTIVE

# 3

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6360 81295

29 03 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 49					

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

### SECTION B — CONSIGNEE AND NEXT OF KIN

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

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

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY  NAME AND TITLE	

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS  
*files 5-25-50  
Kirkland  
Report*

Incl # 29



# 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



*check*  
*R.E. HOBBS*

HEADQUARTERS  
PACOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

13 Feb. 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 49, Plot F,  
Row 8, Grave 8, USMC Saipan, 2nd Marine 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:



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

Atch: Form 1044

Received 21 Feb 1950 OQMG  
Not identifiable from *J. Miller Ident Sec.*  
information presently *12 June 1950*  
available

*Ind 7'*



**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-49				2. DATE OF REPORT 13 Feb. 1950	
3. NAME OF CEMETERY SAIPAN, 2nd Marine	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	F	8	8	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

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

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

NONE

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

NONE

**"UNIDENTIFIABLE"**

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

*Handwritten signature*



TOOTH CHART

	TOP VIEW	SIDE VIEW
<p><b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>		
<p><b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p>Gold Crown, Porcelain Crown</p>	
<p><b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p>Gold Bridge</p>	
<p><b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>Gold Filling, Silver Filling</p>	
<p><b>CARIES (Cavities):</b> OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	<p>Cavity, Decayed</p>	

	RIGHT								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
			A			Ø	Ø	Ø	Ø						A	A	
			O												Ø	Ø	
Side Views																	Side Views
Top Views																	UPPER
Side Views																	LOWER
	M I S S I N G																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

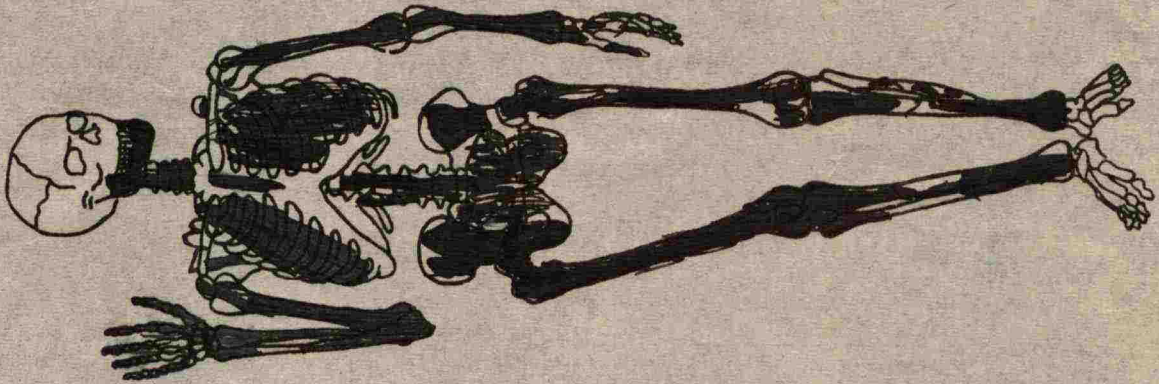
R and L 8 are unerupted.

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Ident. Sect.

*Incl 73*



19. BLACK-OUT PARTS OF BODY NOT RECOVERED



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

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

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

21. REMARKS AND ADDITIONAL INFORMATION

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

**"UNIDENTIFIABLE"**

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. Sect.

SIGNATURE

*Paul R. Nichols*



AIR MAIL

GRPZ 293

3rd Ind.

(28 February 1950)

SUBJECT: Report of Interment

HEADQUARTERS, AMERICAN GRAVES REGISTRATION SERVICE, MILCOM ZONE,

AFPO 900

26 APR 1950

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

Forwarded herewith are copies of Reports of Disinterment, accomplished on QMG Form 1042, for Unknowns X-48 and X-49, formerly interred in 2nd Marine Division, Saipan. A review of records available in this Headquarters for subject Unknowns does not reveal any Report of Interment on file for either of them. The enclosed copies of disinterment reports, however, reflect their respective grave locations at the 2nd Marine Division Cemetery.

FOR THE COMMANDING OFFICER:

FRANK M. GREEN JR.  
Major, QMG  
Assistant Adjutant

2 Encls

1. Rpts of Disint for X-48, 2d Mar Div Gen
2. Rpts of Disint for X-49, 2d Mar Div Gen



AIR MAIL



C  
O  
P  
Y

BASIC: Ltr, ASF, CQMG, Wash., D. C. SPQYG 293, MIDPAC, 21 March 1946,  
Subject: Identification.

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

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

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

BY COMMAND OF MAJOR GENERAL MOORE:

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

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

E (QM) 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 - QMC Form 1044,  
Report of Disinterment  
through 23 - QMC Form 1045,  
14 Identification Dental Chart  
24 through 32 - Report of Interment,  
Form WD QMC 1042



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

C  
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Y

SPQYG 293 - MIDPAC

21 March 1946

SUBJECT: Identification.

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

FOR: Chief, American Graves Registration Service

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

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

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

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

FOR THE QUARTERMASTER GENERAL:

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

2 Incls:

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



C  
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P  
Y

604th QM GRAVES REGISTRATION COMPANY  
APO 244

11 January 1946

SUBJECT: Identification of Unknown Deceased.

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

Reference: Letter, Hq Bureau of Medicine and Surgery, Washington, BUMED-C-JKW, QW20/P6-1, subject: "Burials (unidentified) in Second Marine Division Cemetery, Saipan Island, Marianas Group," 18 December 1945.

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

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

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

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



C O P Y

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

BUMED-C-JKW  
QW20/P6-1

18 December 1945

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

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

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

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

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

By direction of the Chief, BUMed:

/s/ W. S. DOUGLASS  
Civilian Assistant



3245  
Post Office  
San Francisco, Calif.

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

C  
O  
P  
Y

CNOB/P6-1  
FLR/rhr

Serial:

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

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

Reference: BuMed Ltr CW20/P6-1.

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

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

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

J. C. HAMMOCK  
Chief of Staff.



U. S. DEPARTMENT OF JUSTICE  
WASHINGTON, D. C.

3225  
Federal Office  
Washington, D. C.

TYPE / RE-1  
TIP / etc  
Serial:

From: Commandant,  
Office of the Bureau of Prisons and Parole  
Washington, D. C.  
Subject: (unidentified) in second Division  
Prison Cemetery, District of Columbia

Reference: Bureau of Prisons, D. C. - 100-1

The names listed in reference letter were thoroughly investigated and compared with information on the grave markers and with the records of the Bureau of Prisons Cemetery, D. C. and the following information was noted:

GRAVE	NAME	DATE	AGE	SEX	ETHNICITY	RELIGION
10	UNKNOWN	11	21	M	UNKNOWN	UNKNOWN
11	UNKNOWN	12	22	M	UNKNOWN	UNKNOWN
12	UNKNOWN	13	23	M	UNKNOWN	UNKNOWN
13	UNKNOWN	14	24	M	UNKNOWN	UNKNOWN
14	UNKNOWN	15	25	M	UNKNOWN	UNKNOWN
15	UNKNOWN	16	26	M	UNKNOWN	UNKNOWN
16	UNKNOWN	17	27	M	UNKNOWN	UNKNOWN
17	UNKNOWN	18	28	M	UNKNOWN	UNKNOWN
18	UNKNOWN	19	29	M	UNKNOWN	UNKNOWN
19	UNKNOWN	20	30	M	UNKNOWN	UNKNOWN
20	UNKNOWN	21	31	M	UNKNOWN	UNKNOWN
21	UNKNOWN	22	32	M	UNKNOWN	UNKNOWN
22	UNKNOWN	23	33	M	UNKNOWN	UNKNOWN
23	UNKNOWN	24	34	M	UNKNOWN	UNKNOWN
24	UNKNOWN	25	35	M	UNKNOWN	UNKNOWN
25	UNKNOWN	26	36	M	UNKNOWN	UNKNOWN
26	UNKNOWN	27	37	M	UNKNOWN	UNKNOWN
27	UNKNOWN	28	38	M	UNKNOWN	UNKNOWN
28	UNKNOWN	29	39	M	UNKNOWN	UNKNOWN
29	UNKNOWN	30	40	M	UNKNOWN	UNKNOWN
30	UNKNOWN	31	41	M	UNKNOWN	UNKNOWN
31	UNKNOWN	32	42	M	UNKNOWN	UNKNOWN
32	UNKNOWN	33	43	M	UNKNOWN	UNKNOWN
33	UNKNOWN	34	44	M	UNKNOWN	UNKNOWN
34	UNKNOWN	35	45	M	UNKNOWN	UNKNOWN
35	UNKNOWN	36	46	M	UNKNOWN	UNKNOWN
36	UNKNOWN	37	47	M	UNKNOWN	UNKNOWN
37	UNKNOWN	38	48	M	UNKNOWN	UNKNOWN
38	UNKNOWN	39	49	M	UNKNOWN	UNKNOWN
39	UNKNOWN	40	50	M	UNKNOWN	UNKNOWN
40	UNKNOWN	41	51	M	UNKNOWN	UNKNOWN
41	UNKNOWN	42	52	M	UNKNOWN	UNKNOWN
42	UNKNOWN	43	53	M	UNKNOWN	UNKNOWN
43	UNKNOWN	44	54	M	UNKNOWN	UNKNOWN
44	UNKNOWN	45	55	M	UNKNOWN	UNKNOWN
45	UNKNOWN	46	56	M	UNKNOWN	UNKNOWN
46	UNKNOWN	47	57	M	UNKNOWN	UNKNOWN
47	UNKNOWN	48	58	M	UNKNOWN	UNKNOWN
48	UNKNOWN	49	59	M	UNKNOWN	UNKNOWN
49	UNKNOWN	50	60	M	UNKNOWN	UNKNOWN
50	UNKNOWN	51	61	M	UNKNOWN	UNKNOWN
51	UNKNOWN	52	62	M	UNKNOWN	UNKNOWN
52	UNKNOWN	53	63	M	UNKNOWN	UNKNOWN
53	UNKNOWN	54	64	M	UNKNOWN	UNKNOWN
54	UNKNOWN	55	65	M	UNKNOWN	UNKNOWN
55	UNKNOWN	56	66	M	UNKNOWN	UNKNOWN
56	UNKNOWN	57	67	M	UNKNOWN	UNKNOWN
57	UNKNOWN	58	68	M	UNKNOWN	UNKNOWN
58	UNKNOWN	59	69	M	UNKNOWN	UNKNOWN
59	UNKNOWN	60	70	M	UNKNOWN	UNKNOWN
60	UNKNOWN	61	71	M	UNKNOWN	UNKNOWN
61	UNKNOWN	62	72	M	UNKNOWN	UNKNOWN
62	UNKNOWN	63	73	M	UNKNOWN	UNKNOWN
63	UNKNOWN	64	74	M	UNKNOWN	UNKNOWN
64	UNKNOWN	65	75	M	UNKNOWN	UNKNOWN
65	UNKNOWN	66	76	M	UNKNOWN	UNKNOWN
66	UNKNOWN	67	77	M	UNKNOWN	UNKNOWN
67	UNKNOWN	68	78	M	UNKNOWN	UNKNOWN
68	UNKNOWN	69	79	M	UNKNOWN	UNKNOWN
69	UNKNOWN	70	80	M	UNKNOWN	UNKNOWN
70	UNKNOWN	71	81	M	UNKNOWN	UNKNOWN
71	UNKNOWN	72	82	M	UNKNOWN	UNKNOWN
72	UNKNOWN	73	83	M	UNKNOWN	UNKNOWN
73	UNKNOWN	74	84	M	UNKNOWN	UNKNOWN
74	UNKNOWN	75	85	M	UNKNOWN	UNKNOWN
75	UNKNOWN	76	86	M	UNKNOWN	UNKNOWN
76	UNKNOWN	77	87	M	UNKNOWN	UNKNOWN
77	UNKNOWN	78	88	M	UNKNOWN	UNKNOWN
78	UNKNOWN	79	89	M	UNKNOWN	UNKNOWN
79	UNKNOWN	80	90	M	UNKNOWN	UNKNOWN
80	UNKNOWN	81	91	M	UNKNOWN	UNKNOWN
81	UNKNOWN	82	92	M	UNKNOWN	UNKNOWN
82	UNKNOWN	83	93	M	UNKNOWN	UNKNOWN
83	UNKNOWN	84	94	M	UNKNOWN	UNKNOWN
84	UNKNOWN	85	95	M	UNKNOWN	UNKNOWN
85	UNKNOWN	86	96	M	UNKNOWN	UNKNOWN
86	UNKNOWN	87	97	M	UNKNOWN	UNKNOWN
87	UNKNOWN	88	98	M	UNKNOWN	UNKNOWN
88	UNKNOWN	89	99	M	UNKNOWN	UNKNOWN
89	UNKNOWN	90	100	M	UNKNOWN	UNKNOWN

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

J. G. HANCOCK  
Chief of Staff

2-24-2 Adfusa



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN HOBBS, R.E.				2. DATE OF REPORT 5 June 1946	
3. NAME OF CEMETERY 2d Marine Division Cemetery, Saipan, M.I.		4. PLOT F	5. ROW 8	6. GRAVE 8	7. DATE OF DISINTERMENT 5 Jun 46
					REINTERMENT 5 June 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 & Condition of Body upon Disinterment:  Buried 4 Feet deep Remains completely decomposed. Found only the skull and feet bones inside shoes.					
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND OF SUCH INFORMATION OBTAINED FROM OTHER SOURCES What identification found at time of Disinterment: on marker  "HOBBS, R.E." "USMC" "Died Jun 44"					
14. WAS BODY BURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO		10. WHAT EVIDENCE?			
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		11. TO WHAT EXTENT?			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS On Remains:  Helmet liner (probably USMC), with following stenciled on outside: R.E.HOBBS; also an oil can, USMC Shoes. Dental chart attached.					
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. What identification used upon Reinterment: on marker  UNKNOWN ' Died Jun 44 (In reference to Ltr, ASF, OCMG, SPQYG 293-MIDPAC, dtd 21 Mar 46, Subj: Identification, R.E.HOBBS, USMC, is known to be alive)  On Remains:  Copy of report of interment buried one foot under marker.					
Signature of officer supervising disinterment and reinterment:  <div style="text-align: right;">/s/ WILLIAM M. BREWSTER, 1st Lt., OMC</div>					



COPY

# 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

UNKNOWN				
LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.
USMC				
UNIT			ORGANIZATION	
SATPAN, M.I.			2d Mar Div Cemetery	
PLACE OF DEATH			PLOT	ROW GRAVE NO.
			F	8 8
















	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE	X	A				X	X	X	X					A	A		TYPE
LOCATION	X	GM				X	X	X	X					LO	O		LOCATION

INSIDE — LOOKING OUT

	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)



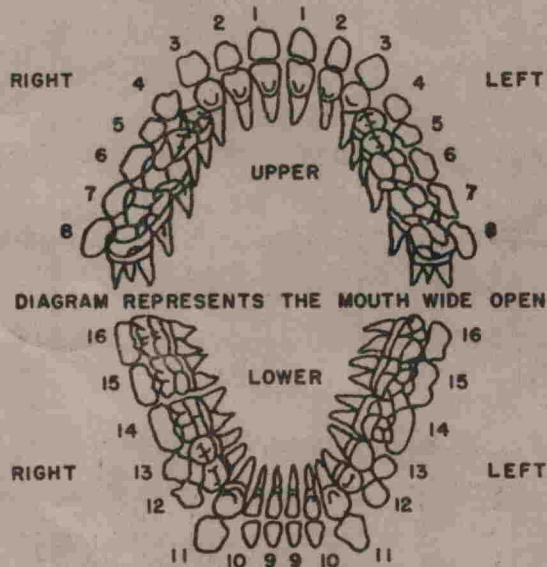
**INSTRUCTIONS:**

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 OF PERSON WHO PREPARED CHART

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

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

VERIFIED BY GRS OFFICER

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

5 June 1946  
DATE



C  
O  
P  
Y

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 8 8 MARIANAS IS.

B. DISINTERMENT AND IDENTIFICATION

Name \_\_\_\_\_ Rank \_\_\_\_\_ Serial No. \_\_\_\_\_ Date of Death \_\_\_\_\_ Date Disinterred \_\_\_\_\_

UNKNOWN UNK UNK Not Indicated 12 Feb 48

Identification Tag on \_\_\_\_\_ Organisation \_\_\_\_\_ Religion \_\_\_\_\_ Identification verified by: \_\_\_\_\_

Remains ( ) Marker ( ) UNK UNK /s/ A. J. POPE, Emb.

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial \_\_\_\_\_ Condition of remains \_\_\_\_\_

Uncasketed; Nature of Shroud undetermined Skeletal Remains incomplete

Other means of identification \_\_\_\_\_

Mortuary plate on surface

Minor Discrepancies (Prepare 1194a for Major Discrepancies) \_\_\_\_\_

D. REMAINS PREPARED AND PLACED IN CASSET

Casket sealed by \_\_\_\_\_ Embalmer (Signature) \_\_\_\_\_

\_\_\_\_\_ /s/ A. J. POPE, Emb.

Casket Marked \_\_\_\_\_ Checker (Signature) \_\_\_\_\_

\_\_\_\_\_ /s/ L. A. JENSEN

REMARKS: \_\_\_\_\_ CONSIGNEE: \_\_\_\_\_

No grave on left or right

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

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

Signature of GRS Inspector (Cemetery) \_\_\_\_\_

PROCESSING OPERATIONS

Name \_\_\_\_\_ Rank \_\_\_\_\_ Serial No. \_\_\_\_\_ Date processed \_\_\_\_\_

Identification tag on \_\_\_\_\_ Identification verified by: \_\_\_\_\_

Casket ( ) Remains ( ) \_\_\_\_\_

Other means of identification \_\_\_\_\_

Minor Discrepancies (Prepare 1194a for Major Discrepancies) \_\_\_\_\_

Casket sealed by \_\_\_\_\_ Embalmer (Signature) \_\_\_\_\_

Casket marked \_\_\_\_\_ Checker (Signature) \_\_\_\_\_

REMARKS: \_\_\_\_\_

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



REPORT OF DISINTERMENT FOR IDENTIFICATION

5 June 1946

1. REMAINS OF (Name)

HOBS, R.E.

SERIAL NUMBER

---

GRADE

ORGANIZATION

USMC

NAME, NUMBER AND LOCATION OF CEMETERY

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

PLOT

7

ROW

5

GRAVE NO.

8

2. DATE OF DISINTERMENT

5 June 1946

DATE OF REINTERMENT

5 June 1946

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

Buried 4 feet deep. Remains completely decomposed. Found only the skull and feet bones inside shoes.

*Original report from cemetery located  
Hobb, R.E*

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

"HOBS, R.E." "USMC" "Died Jun 44"

ON REMAINS

Helmet liner (probably USMC), with following stenciled on outside: R.E.HOBS; also an oil can, USMC shoes. Dental chart attached.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

UNKNOWN Died Jun 44 (In reference to Ltr, ASF, OSG, SPQIG 293-KIIFAC, dtd 21 Mar 46, Subj: Identification, R.E.HOBS, USMC, is known to be alive.)

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 83*



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".

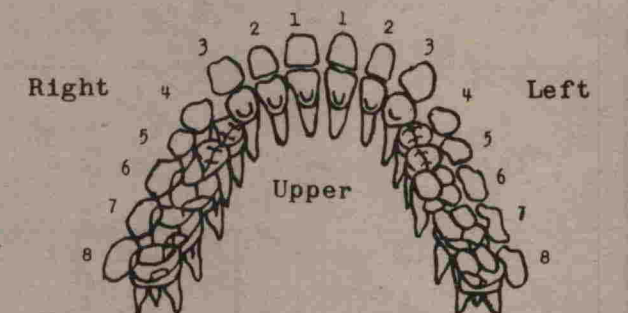
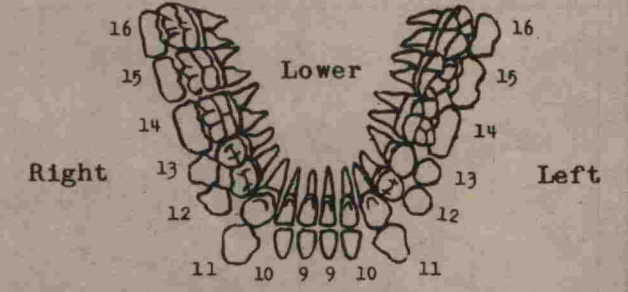


Diagram represents the mouth wide open



Remarks







**INSTRUCTIONS:**

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

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

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

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

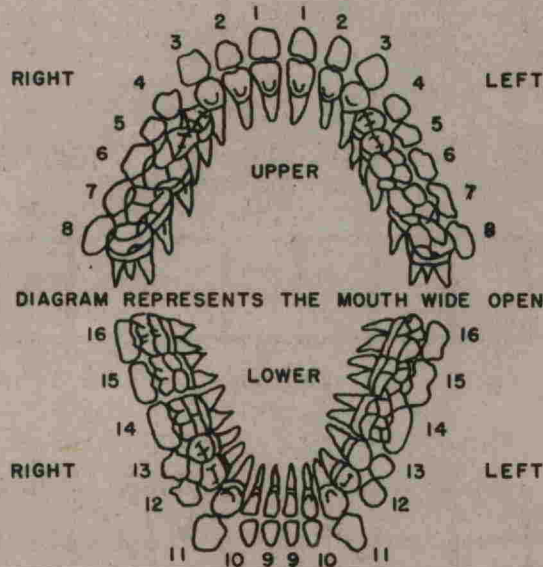


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

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

*William M Brewster*  
VERIFIED BY GRS OFFICER

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

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

**604 3d S.F.Co., 2d Flat., APO 244**  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

**5 June 1946**  
DATE



6327

QMC FORM 1044  
Rev. 7 Apr. 1945

RESTRICTED

DATE  
5 June 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. REMAINS OF (Name)  
HOBBS, R.E.

SERIAL NUMBER  
---

GRADE  
---

ORGANIZATION  
USMC

NAME, NUMBER AND LOCATION OF CEMETERY  
2d Marine Division Cemetery, Saipan, M.I.

PLOT  
F

ROW  
8

GRAVE NO.  
8

2. DATE OF DISINTERMENT  
5 June 1946

DATE OF REINTERMENT  
5 June 1946

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

Buried 4 feet deep. Remains completely decomposed. Found only the skull and feet bones inside shoes.

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

"HOBBS, R.E." "USMC" "Died Jun 44"

*(Report of interment read "UNKNOWN") WMB*

ON REMAINS

Helmet liner (probably USMC), with following stenciled on outside: R.E.HOBBS; also an oil can, USMC shoes. Dental chart attached.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

UNKNOWN Died Jun 44 (In reference to Ltr, ASF, CQMG, SPQYG 293-MIDPAC, dtd 21 Mar 46, Subj: Identification, R.E.HOBBS, USMC, is known to be alive.)

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 8*

RESTRICTED



INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

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

Missing Teeth



Crowned Teeth



Bridgework



Fillings



Caries (Cavities)



Dentures (Plates)

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

Remarks

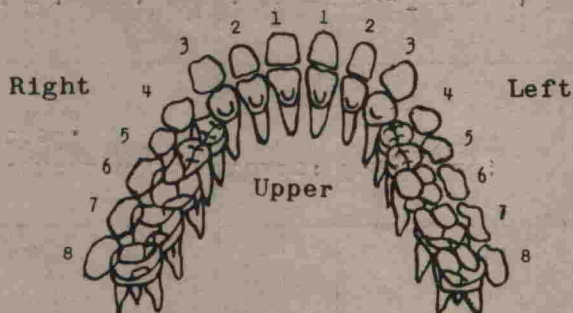
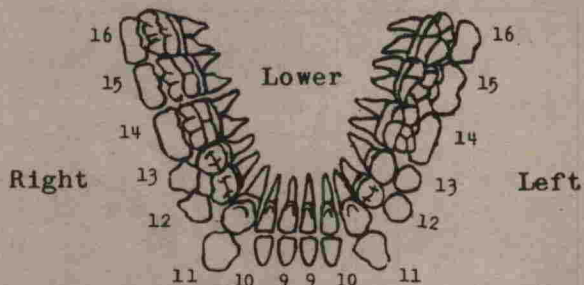


Diagram represents the mouth wide open



Remarks



REPORT OF DISINTERMENT FOR IDENTIFICATION

5 June 1946

1. REMAINS OF (Name)  
HOBS, R.E.

SERIAL NUMBER  
---

GRADE  
---

ORGANIZATION  
USMC

NAME, NUMBER AND LOCATION OF CEMETERY  
2d Marine Division Cemetery, Saipan, M.I.

PLOT  
F

ROW  
8

GRAVE NO.  
8

2. DATE OF DISINTERMENT  
5 June 1946

DATE OF REINTERMENT  
5 June 1946

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

Buried 4 feet deep. Remains completely decomposed. Found only the skull and  
feet bones inside shoes.

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

"HOBS, R.E." "USMC" "Died Jun 44"

ON REMAINS

Helmet liner (probably USMC), with following stenciled on outside: R.E.HOBS;  
also an oil can, USMC shoes. Dental chart attached.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

UNKNOWN Died Jun 44 (In reference to Ltr, ASF, OCMG, SPQIG 293-MIIPAC,  
dtd 21 Mar 46, Subj: Identification, R.E.HOBS,  
USMC, is known to be alive.)

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

*Ince*



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)

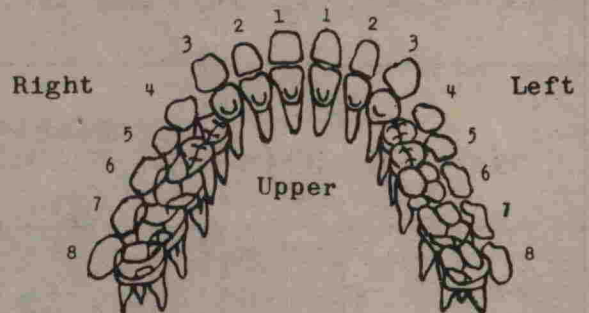
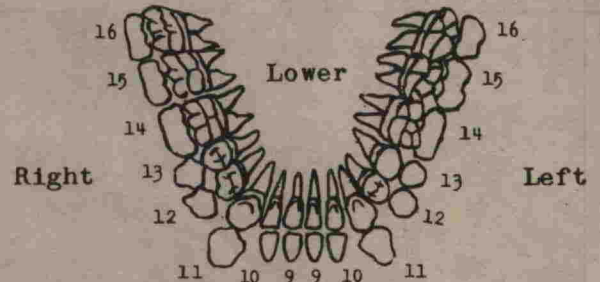


Diagram represents the mouth wide open



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

Blank area for handwritten remarks.



# IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG 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.

~~QMG~~

UNIT

ORGANIZATION

SAIPAN, M I

2d Mar Div Cemetery

F

8

8

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO.















		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE		X	A				X	X	X	X					A	A		TYPE	
LOCATION			OM												LO	O		LOCATION	

INSIDE — LOOKING OUT

		RIGHT								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 19



**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.

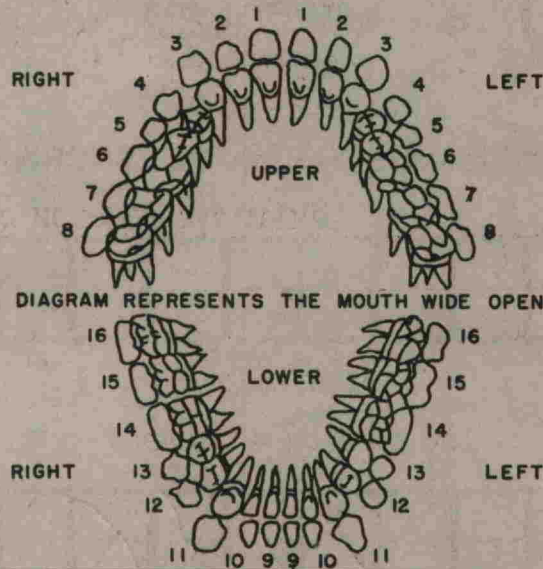


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

**REMARKS:**

*W.M.B.*

SIGNATURE OF PERSON WHO PREPARED CHART

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

604 QM G.R.Co., 2d Plat., APO 244

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

*William M. Brewster*

VERIFIED BY GRS OFFICER

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

5 June 1946

DATE



# IDENTIFICATION DENTAL CHART

TO BE USED WITH QMG 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~~

UNIT

ORGANIZATION

SAITAN, N I

PLACE OF DEATH

2d War Dly Cemetery

PLACE OF BURIAL

F

PLOT

8

ROW

8

GRAVE NO.















		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE	LOCATION	X	A				X	X	X	X					A	A		TYPE	LOCATION
			OH												LO	O			

INSIDE — LOOKING OUT

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

*June 1946*



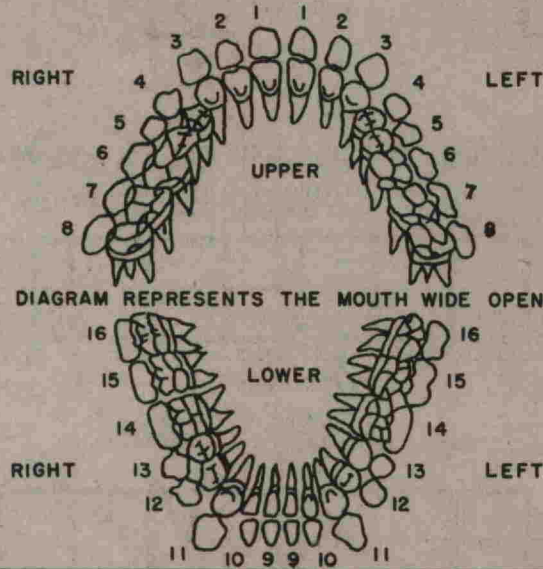
**INSTRUCTIONS:**

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

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



**REMARKS:**

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

*William M. Brewster*  
VERIFIED BY GRS OFFICER

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

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

~~604 G.P.Co., 2d Flat., APO 244~~  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

~~5 June 1946~~  
DATE



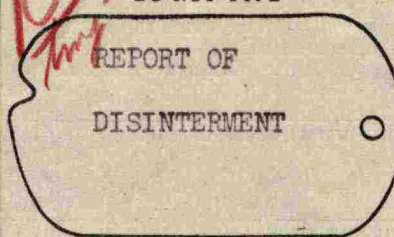
RESTRICTED

QMC Form 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1, and  
Rev. of 1 Apr. 45, which may be used.)

REPORT OF INTERMENT  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT  
30 June 48

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN X-49</b>		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
----------------	----------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <b>None</b>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse) <b>Mortuary Plate on Marker Unknown P-F, R-8, G-8</b>
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO


LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME  
**Helmet Liner - Marked HOBBS, R.E.**

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY  
**Saipan, 2nd Marine**

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. <b>F</b>	ROW No. <b>8</b>	GRAVE No. <b>8</b>
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WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE <table border="1"> <tr> <td>PLOT No.</td> <td>ROW No.</td> <td>GRAVE No.</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.
PLOT No.	ROW No.	GRAVE No.		

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY <b>A TRUE COPY:</b>  <b>H.B. McNemar Capt. QMC</b>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) <b>No</b>	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) <b>No</b>	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT <b>/s/t/ GEO. A. WHEELER</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <b>s/t/ R.H. OESTREICH, Capt. Inf.</b>
--	---

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

RESTRICTED

Incl #2



**RESTRICTED**

**Section 3. UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**

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

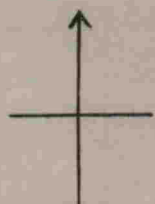
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

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

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

OTHER IDENTIFICATION CLUES

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



REMARKS:

26 MAY 1950  
 26 MAY 1950  
 Identification Section

LEFT LITTLE FINGER
LEFT RING FINGER
LEFT MIDDLE FINGER
LEFT INDEX FINGER
LEFT THUMB
RIGHT THUMB
RIGHT INDEX FINGER
RIGHT MIDDLE FINGER
RIGHT RING FINGER
RIGHT LITTLE FINGER



5 June 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

1. Remains of (Name) HOBBS, R.E.	Serial Number - - - -
-------------------------------------	--------------------------

Grade - - - -	Organization USMC
------------------	----------------------

Name, Number and Location of Cemetery 2d Marine Division Cemetery, Saipan, M.I.	Plot F	Row 8	Grave No. 8
--	-----------	----------	----------------

2. Date of Disinterment 5 June 1946	5 June 1946
--	-------------

3. Report as to Nature of Original Burial and Condition of Body Upon Disinterment.

Buried 4 feet deep. Remains completely decomposed. Found only the skull and feet bones inside shoes.

A TRUE COPY:

*H.B. McNemar*  
H.B. McNEMAR  
Capt. QMC

4. What Identification Found at Time of Disinterment: On Marker

"HOBBS, R.E."      "USMC"      "Died Jun 44"

On Remains

Helmet liner (probably USMC) with following stenciled on outside:  
R.E. HOBBS: also an oil can, USMC shoes. Dental chart attached.

What Identification Used Upon Reinterment: On Marker

UNKNOWN      Died Jun 44      (In reference to ,tr. ASF, OQMG, SPQYG 293-MIDPAC, dated 21<sup>st</sup> Mar 46, Subj: Identification, R.E.HOBBS, USMC, is known to be alive.)

On Remains

Copy of report of interment buried one foot under marker.

5. Signature of Officer Supervising Disinterment and Reinterment.

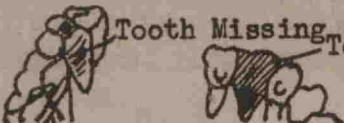
s/t/ WILLIAM M. BREWSTER, 1st Lt., QMC



INSTRUCTIONS FOR PROPER MARKINGS ON DENTAL CHART

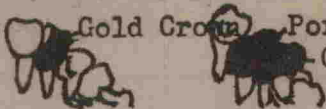
1. Give all information and description on dental chart as nearly correct as the condition of the body will allow. There are 32 teeth to be accounted for, as shown by the numbers on the chart. Beginning at the middle line in both upper and lower jaws the teeth are arranged symmetrically on either side 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**



Tooth Missing      Tooth Missing

**Crowned Teeth**



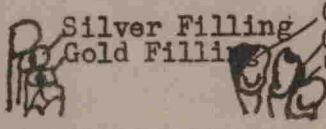
Gold Crown      Porcelain Crown  
Gold Crown

**Bridgework**



Gold & Porcelain Bridge      Gold Bridge

**Fillings**



Silver Filling      Gold Filling  
Gold Filling      Gold Filling

**Caries (Cavities)**



Cavity      Decayed  
Decayed      Decayed

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

**Remarks**

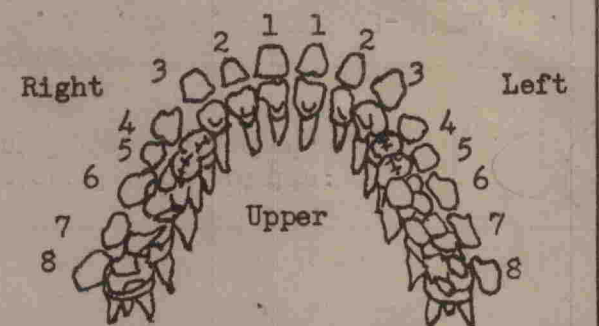
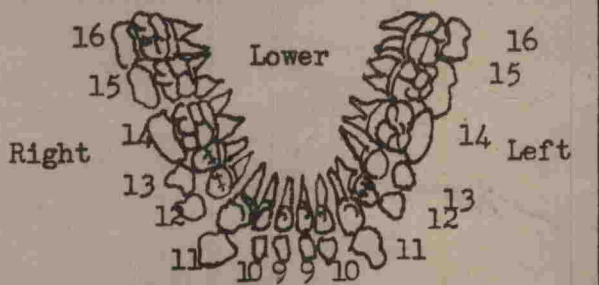


Diagram represents the mouth wide open



(See Correspondence)  
R. E. HOBBS      USMC      is alive.

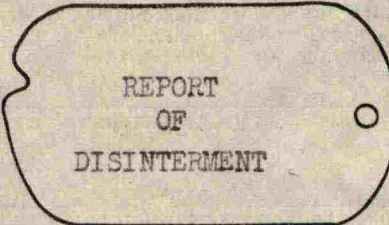


**RESTRICTED**

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**REPORT OF INTERMENT**  
(AR 30-1810 and AR 30-1815)

DATE OF REPORT  
**30 June 48**

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<b>Section 1.—IDENTIFICATION.</b>		
	NAME (Last, first, middle initial)		SERIAL No.
	UNKNOWN X-49		
	GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY	
PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) Mortuary Plate on Marker Unknown P-F, R-8, G-8
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO <input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Helmet Liner - Marked HOBBS, R. E.

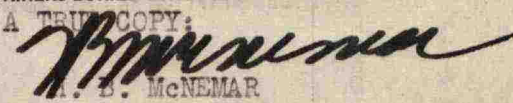
**Section 2.—BURIAL.** If other than in established cemetery, furnish sketch and map coordinates on reverse.

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Saipan, 2nd Marine

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

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	PLOT No. ROW No. GRAVE No.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY A TRUE COPY:  I. B. McNEMAR Captain, QMC
IDENTIFICATION TAG BURIED WITH BODY (Yes or no) No	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) No	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT /s/t/ Geo. A. Wheeler	SIGNATURE OF GRS OFFICER VERIFYING REPORT /s/t/ R. H. Oestreich, Capt., Inf.
---	---

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*Incl # 24*




**RESTRICTED**

LITTLE FINGER LEFT	Section 3. UNIDENTIFIED REMAINS.			
	INSTRUCTIONS: (a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.			
RING FINGER LEFT	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
MIDDLE FINGER LEFT	WEAPON AND SERIAL No.		LAUNDRY MARKS	BIRTHMARKS, SCARS, OR TATTOOS
INDEX FINGER LEFT	OTHER IDENTIFICATION CLUES			WHERE BODY WAS BURIED OR FOUND

Only one casualty in World War II by name of R. E. Hobbs and this deceased has been identified and his remains returned to US. (R.E. Hobbs, 20531588)

J. Miller, Ident Sec  
74158 *J.J.M.*

RIGHT THUMB	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY  
RIGHT INDEX FINGER	
RIGHT MIDDLE FINGER	
RIGHT RING FINGER	
RIGHT LITTLE FINGER	
REMARKS:	



IDENTIFICATION CHECKLIST

30 June 48

Unknown X-49  
Country Saipan, 2nd Mar.  
Plot F Row 8 Grave 8

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

PART I  
Physical Description

- 1. Estimated weight UTD                      2. Estimated height UTD
- 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? Attached If not, explain \_\_\_\_\_

7. Were fingerprints taken? No

8. Cause of death UTD

9. Was body burned? UTD In situ  
extent? \_\_\_\_\_

10. Are there any parts of the body missing or covered? See Blackout Chart

11. Is there any evidence of first-aid or other medical treatment? UTD

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.) Shoes and helmet liner



Identification Checklist (Cont'd)

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

Shoes - Size 7½ EE

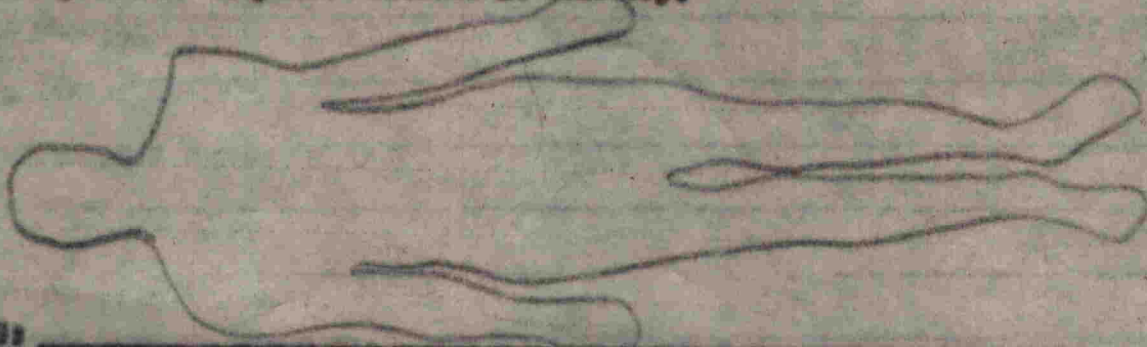
Brown - Work

Helmet liner - Name HOBBS, R. E.

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination None

16. Evidence of healed fractures No

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



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

From letter of OQMG

R. E. Hobbs is still living.

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

/s/t/ R. H. OESTREICH

Officer's name

Cont.  
Rank

Inf.  
Service

Organization



Screened  
19 Aug 50