	FILE IDENTIFICATION TOPPER	moyer
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FILE NUMBER	2rd may DIV MARIA	
SUBJECT CARE		
		gpo/
		16—63202-1 GPO
amc form 1121		

0)

1. FILE UNDER NO.

293 - Unk X55 Saipan

SYNOPSIS

2. TYPE OF DOCUMENT: 1st Ind

3. DATE: 10 Sep 52

4. FROM:

OQMG

5. TO:

CG, USARPAC, 8301 Army Unit, Post QM, APO 958

6. SUBJECT: Re:

Transmittal of QMC Forms 1194, 1042 and Form 51

7. DOCUMENT FILED 314.6 - GRS Pacific (DD)

aej

INSTRUCTIONS.—Enter after the above headings information as follows:

- 1. File classification under which this cross-index sheet is to be filed.
- 2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
- 3. Date of Document.
- 4 and 5. Enter either or both, as applicable.
- 6. Brief and comprehensive synopsis of the content or subject matter.
- 7. File classification under which the document is filed.

	RESTI	RICTED	计算型支撑	111		
WD QMC FORM 1042 (Rev. 2 Apr. 1945) (Superjedes GRS Form 1)	REPORT OF				of report Aug 195	2
Imprint Identification Tag If Possible.	Section 1.—IDENTIFICATION	حى		1		
DO NOT TYPE	NAME (Last, first, middle initial)		21	SERIA	L No.	
		(SAIPAN)				
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2	GRADE	ORGANIZATION		BRAN	CH OF SERVI	CE
0		und richt				
	RACE	RELIGION	cnown		Unknown	
				IF OTHER TH	OUNTRY	
	White	Unk	cnown			
PLACE OF DEATH	CAUSE OF DEATH			DATE	OF DEATH	
Saipan	Unkn	lown			Unknown	
EMERGENCY ADDRESSEE (Name, relationship, a						
Unknown						
IDENTIFICATION TAGS FOUND ON BODY	IF NO TAGS FOUND ON BODY,	DESCRIBE MEANS	OF IDENTIFICATION	(If unidentified, fi	Il in section 3	on reverse)
(1, 2, or none)						
None						
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no	UNIDENTIFIA	ABLE				
Yes LIST PERSONAL EFFECTS FOUND ON BODY AN	ID DISDOSITION OF SAME					
	None					
Section 2.—BURIAL. If other than in esta NAME, NUMBER, COORDINATES, AND LOCATION	blished cemetery, furnish sket	ch and map coor	dinates on reverse.			
	oblished cemetery, furnish skete ON OF CEMETERY			H.		
NAME, NUMBER, COORDINATES, AND LOCATIO	oblished cemetery, furnish skete	ACIFIC, HO	ONOLULU, T.	H. PLOT No.	ROW No.	GRAVE NO
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Incl 2"

16-43997-1

LEFT RINGER RING	INSTRUCTIONS: (a) Great care will imains. Fill in anatomic social security number; planes, vehicles, and tan (b) A fingerprint, or chart at left, or as many every tooth will be indicaccomplished if one or materials.	be taken to record to cal characteristics be position of body founds. ks. r prints, are the mo as possible. If no ated on the tooth ch		for the future identity of clues under "Other," su es, and tanks; and serial c. Imprint all fingers an	
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WD QMC FORM 1042 (Rev1 Apr. 1945)		REPORT OF	WITEDA	AFNT O	I DA	ATE OF REPO	PT
(Supersedes GRS Form		(AR 30-1810 as	nd AR 30	0-1815)		6 Aug 1	
Imprint Identificat:	ion Tag If Possible.	Section 1.—IDENTIFICATION.					
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		White			NAME OF	THAN U.S. I	DEAD, GIVE
PLACE OF DEATH		CAUSE OF DEATH		Inknown			
Saipan					DAT	E OF DEATH	
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Unks		u uauress)					
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(1, 2, or none)		IF NO TAGS FOUND ON BODY, D	CHILL MEA	OF IDENTIFICATION	(If unidentified,	fill in section	3 on reverse)
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DENTIFICATION TAG BURIE BODY (Yes or no)	MARK	FICATION TAG ATTACHED TO ER (Yes or no)					
	rancis K.		ANK 1/3	SERIAL No. 30107145	ORGANIZATIO	N GRAV	E No. 1479
NOME		first, middle initial) Ri	ANK	SERIAL NO.	ORGANIZATION	N GRAVI	E No.
GNATURE OF PERSON PRE	PARING REPORT	, en	GNATURE OF	GRS OFFICER VERIFYIN	IG REPORT		
FRANC S.	POSTER	ur	ノノワ	wanter			
ISTRIBUTION OF PEROP			T. SU	ZUKI, Supt.,	Nat Mem C	em of	the Pac

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.

Incl 2"

		STRICTED	A CALL THE REAL PROPERTY OF THE PARTY OF THE
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20	(a) Great care will be take mains. Fill in anatomical chapters, vehicles, and tanks. (b) A fingerprint, or princhart at left, or as many as prevery tooth will be indicated caccomplished if one or more that	nts, are the most valuable of all clusters of the cost of the tooth chart in accordance w	ues for the future identity of unidentified re- der clues under "Other," such as shee size, hicles, and tanks; and serial numbers of air- clues. Imprint all fingers and thumbs in the its can be secured, the condition of each and with diagram below. Tooth chart will not be
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RIGHT RING FINGER	REMARKS:		
LITTLE FINGER			

1. FILE UNDER NO. 293 Unknown- Saipan X-55

SYNOPSIS

2. TYPE OF DOCUMENT:

Ltr.

3. DATE: 7-25-52

4. FROM:

DA, OQMG

5. TO:

CO, AGRS, Pacific Zone, APO 958

6. SUBJECT:

7. DOCUMENT FILED

UNDER NO. 293 Unknown Saipan X-55

(Classified)

vle '52

INSTRUCTIONS.—Enter after the above headings information as follows:

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- 4 and 5. Enter either or both, as applicable.
- 6. Brief and comprehensive synopsis of the content or subject matter.
- 7. File classification under which the document is filed.

293 Unknown Saipan X-55 1. FILE UNDER NO. 293

SYNOPSIS

2. TYPE OF DOCUMENT: Ltr. 3. DATE: 7-25-52

4. FROM:

DA, OQMG

5. TO:

CG, SFPE, Ft. Mason, Calif. Attn PQM

6. SUBJECT:

7. DOCUMENT FILED 293 Unknown Saipan X-55 UNDER NO.

(Classified)

vle '52

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INSTRUCTIONS

- 1. These reports will be made out in quadruplicate at the close of each month, three copies to be mailed direct to The Office of The Quartermaster General and one copy retained for the superintendent's file.
- 2. Data for the respective columns in this report will be carefully copied from telegram or other communication from The Quartermaster General authorizing interment or papers presented with request for interment.
- 3. If decedent served under an alias (or assumed name), give both the alias and the true name, writing the true name on the first line, followed on the second line by the word "alias" and the surname under which he served, with the Christian name, rank, company, regiment, etc., following on the same line.
- 4. If the decedent be a soldier's widow, the name of widow and date of death will be written on the first line, followed on the second line by the name of her husband, with his rank, company, regiment, date of death, and grave number.
- 5. If the decedent be a civilian, the character of his employment and the department by which employed, or, if not a Government employee, the name of the officer, soldier, or Government employee, or other person to whom the decedent was related, with the reason and the authority for the interment will be given.
 - 6. In cases of disinterments, give the places at which reinterment will be made.
 - 7. Requests for these blanks will be made direct to The Office of The Quartermaster General.

U. S. GOVERNMENT PRINTING OFFICE 16-46609-2

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U. S. GOVERNMENT PRINTING OFFICE 18-40609-2

CON S WHE

EEB 73 1820

293 Unck-Saipan (Ind Marine Kir) x-55

293 nip John Longland 337-618

1 Navy Chief 23 Apr REFERENCE: Inves Unit Regist Br 1952 Ident Br Mem Div IRS from Navy Liaison Unit to Chief Memorial Division dated 15 April 1952 filed in 293 of MIX, John D., 337618, USMC

1. It is requested necessary action be initiated by your Eranch to comply with approved recommendation in referenced IRS.

2. Upon completion of your action it is requested the attached 293 Files be returned to this Unit.

2 Attach 1-293 File for NIX, John D. 2-293 File for X-55, 2nd Mar Div., Saipan COX 74059

SALSER 73880 MAN SON BULL SAN

21 Jul FOR RECORD ONLY

1952

1. IRS to Registration Branch, Attn Operations
Section requesting necessary action be taken to have Unknown X-55, Saipan returned to
Hawaii as an unidentifiable unknown was dispatched 21 July 52.

2. Summary of reprocessing of Unknown X-55, Saipan with copies of COMG letters to NCK forwarded Marine Corps 21 July 52 for their information in connection with writing NCK of NIX.

MOYER 75926

NAVY SECTION

G. J. MOYET

21 July 52

1. FILE UNDER NO.

293 - Unk Saipan X-55

SYNOPSIS

2. TYPE OF DOCUMENT:

Ltr

3. DATE: 25 Apr 52

4. FROM:

OQMG

5. TO:

CG San Francisco POE

6. SUBJECT:

7. DOCUMENT FILED UNDER NO.

293 - UnKnown Saipan X-55

(CL)

ch

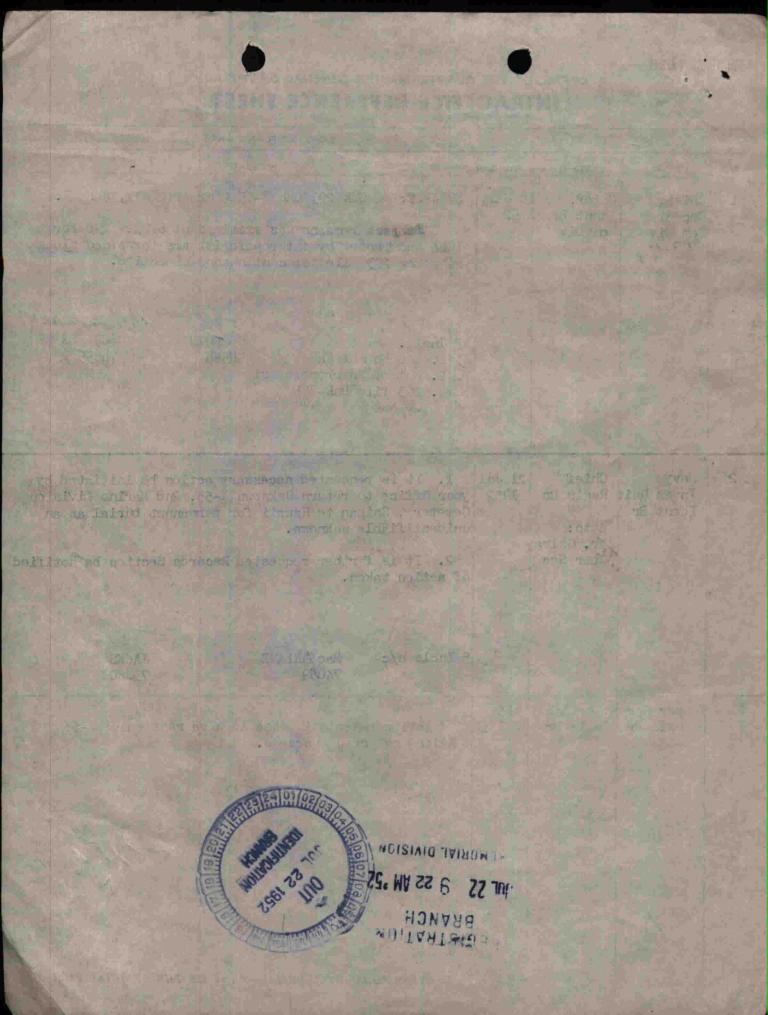
INSTRUCTIONS.—Enter after the above headings information as follows:

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- 2. Appropriate term, such as: "ltr," "memo," "1st ind," etc.
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OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

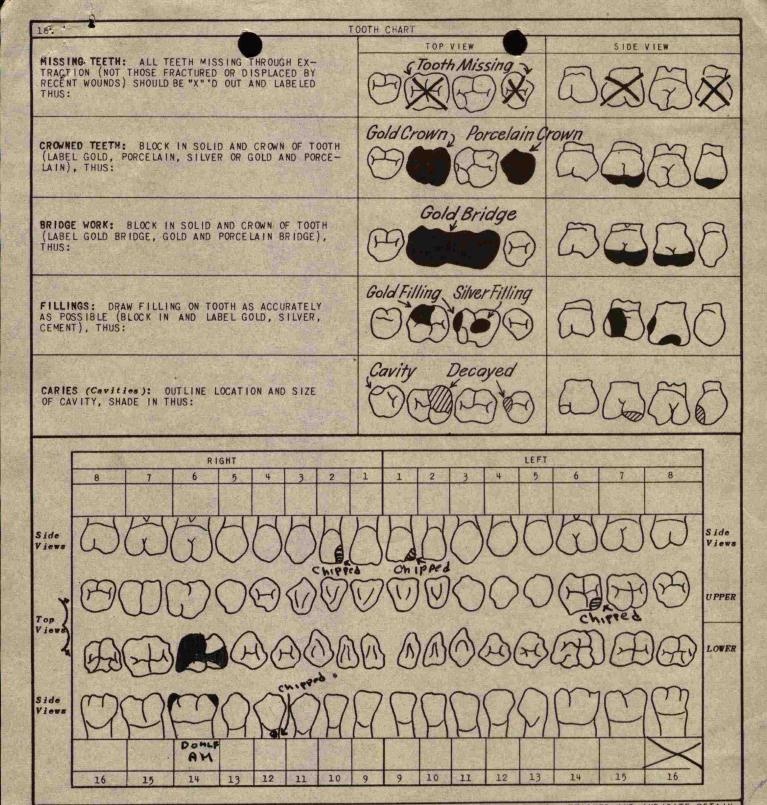
INTO A OFFICE DEFEDENCE CHEFT

6	293	IN	TRAO	FFICE REFERENCE SHEET
	Wick-	1110	r. D	in-Sacpardue, HOUR AND DATE
NO.	FROM-	то	DATE	X-55 MESSAGE
1	Dec Br	Chief, Ident Br Mem Div	10 July 52	SUBJECT: QMCMK 293 Unk X-55 (Formerly NIX, John D.) Subject remains was examined at SFPE. QMC Form 1044 and report by anthropologist are forwarded along with the 293 file for continuance of action. Cell Schwalere GOODWIN SCHWADERER 74855 2. Rpt of Anthropologist 3. 293 file Unk-X55
2	Navy Inves Unit Ident Br	Chief Regis Br Attn: Mr. Galwa Oper Sec	21 Jul 1952	1. It is requested necessary action be initiated by your Office to return Unknown X-55, 2nd Marine Division Cemetery, Saipan to Hawaii for permanent burial as an unidentifiable unknown. 2. It is further requested Records Section be notified of action taken. 3 Incls n/e MacMARLAND JACKS 73880
3	Oper Sec Regis Br	Rec Sec Regis Br	25 Jul 52	SAipan returned overseas. What Book THIS FORM WILL REMAIN PART OF THE OFFICIAL FILE
X29	3 Nif	, Jus	ev d	Army-Fort Lee, Va1096-2-19-52-25M



1. 大型器模型以上 6. A. A.	IDENTIFICA	TION D	ATA					
	TUENTIFICA	TION U	ATA					
2. Date of REPORT 26 June 1952								
3. NAME OF CEMETERY	ME OF CEMETERY NARINE DIVISION 4. PLOT 5. ROW 6. GRAVE 7. DATE OF DISINTERMENT REINTERMENT							
Cemetery, SAIPAN								
ESTAGE BETTER	PHYSICAL	DESCRIPTIO)N					
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	100	R OF HAIR		11. RACE			
12.GIVE DESCRIPTION OF ANY	OFFICIAL IDENTIFICATION FOUND	ALC U. L. C.	the state of the s					
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200 MAR DIV CeM								
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13.GIVE DESCRIPTION OF TAT	TOOS OR SCARS ON BODY AND/OR S	SF	Ai PA.	~				
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13.GIVE DESCRIPTION OF TAT	TOOS OR SCARS ON BODY AND/OR S	SF	Ai PA.	~				
14. WAS BODY BURNED? YES NO	TO WHAT EXTENT?	SF	Ai PA.	~				
14. WAS BODY BURNED?		SF	Ai PA.	~				

None



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."

L-16 Recent Aveoli not obliten Ated.

L-13 = Proported Rotation All upper teeth Inclined Anteriorally, however occlusion is normal. Teeth Are Langer than Average. 19. BLACK OUT PARTS OF BODY NOT RECERED

20 -

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF DECEDENT'S BASED ON THE PRESENCE OF ONE OR MOR

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Remains Are entinely skeletal and have undergone deterioration thru contact with onganic acids re Claricles, scapular etc.

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

16 June 1952 (SFPE)

- 1. General Condition: Skeletal, incomplete. See skeletal chart dated 26 June 1952. Limb bones present; fractured left femur; skull and mandible with depressed fracture of the right frontal bone and fracture extending from this anteriorly to the right orbit. Vertebral column incomplete; all 7 cervicals present but only 8 out of 12 thoracic, all lumbar present. Cranial articulation with the cervical series is excellent and I see no reason to question positive cranial-post cranial association.
 - 2. Comingling: No evidence of this.
- 3. Age: Cranial beginning closure obelic region of sagittal, other sutures open, age 22-23 years.

Pelvic - symphyses are late Phase III, 23-24 years, but the condition is not a usual one.

Clavicle - medial epiphysis shows beginning union, under 25 years. General estimate approximately 23 years.

- 4. Stature: Estimate based on right femur, tibia and humerus. Rollet 5'10", Krogman 5'11".
- 5. Dentition: See Form 569, dated 26 June 1952. No special comments except that #17 had been extracted not long before death.
- 6. Hair: A patch of scalp and hair is still adherent to the skull; color of hair medium brown and low wavy to straight in form.
 - 7. Race: White.
- 8. Comments and recommendations: The available information regarding Cpl Nix is that he was 20-21 years old at time of death, stature 5'll", hair black and race white. Some dental information is also available. The only points of close agreement of the remains with those of Nix is in stature and race. The remains appear to be 2 to 3 years older, although this amount of divergence between known and estimated age would not rule out identification if other factors were favorable. Hair color and dental comparisons are discordant, especially the latter, if the NAVMED H-4 record is that of Nix. The summation of all factors leaves me of the opinion that the remains are not those of Nix.

heodore D. McCown

Professor of Anthropology

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OTHER MEANS OF IDE		cy Report QMC Forn	n 1194a fo	r major disc	repancies.)			
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OMC FORM REV 11 FEB 48 1194

RECORD OF CUSTODIAL TRANSFER

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OMC FORM REV 16 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER 1. SHIPPED TOU CHIEF HAWN MAUSOLEUMETERE KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIPPER SIGNATURE OF PECEIVER 2. SHIPPED FROM HOMED THEN WYERED W. Mobileson the M. Mobinson KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIP PER LOT DATE SIGNATURE OF RECEIVER ME THE STREET DATE STANDING PREPARED AND PLACED IN CASKET 3. SHIPPED FROM TO KIND OF CONVEYANCE NAME OF CONVOYER CMC Form 1022, and Red to aCL 22629 1td SIGNATURE OF SHIPPER SIGNATURE OF RECEIVER DATE O WE WEARS OF DESIGNATION. Under Net ed 4. SHIPPED 2N6] 6, 8] FROM MATURE OF BURIAN OD ON CE ROW WITH KIND OF CONVEYANCE NAME OF CONVOYER "Ter Try Bug - diet ver ne WYDKES DEKNOME SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER TO ENTINCIPLIENT TO ON TO DISCUST THOM **UKU OMU** Dalmont X=55 5. SHIPPED FROM ACAPANT HOLLAN DATE CHEMINATIVE STATE DISKIE KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIPPER SIGNATURE OF RECEIVER DATE MAHE AMP ADDIRESTOR-CONTINUES WHEN THE TROUBLE DE HER TORKE 6. SHIPPED FROM KIND OF CONVEYANCE NAME OF CONVOYER SIGNATURE OF SHIPPER DATE SIGNATURE OF RECEIVER CEWELENA 7. SHIPPED FROM KIND OF CONVEYANCE REGULON'S -NAME OF CONVOYER SIGNATURE OF SHIPPER SIGNATURE OF RECEIVER DATE **的影响。EMUERT 1. DIRECTAR**

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SECTION A -NAME AND BURIAL LOCATION OF DECEASED DIRECTIVE NUMBER 6360 00903 DATE

GRADE

15 OIL MONTH DAY

SERIAL NUMBER UNKNOWNX-000055 ARM RACE

RELIGION

DISPOSITION OF REMAINS

CEMETERY 2ND

NAME

NAME

MAR DIV MARIANAS IS

GRAVE

0492

CODE

64 DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

PLOT

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN NATIONAL MEMORIAL CEMETERY OF THE

PACIFIC, TERRITORY OF HAWAII

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS MARKER

UNKNOWN

NAME AND TITLE

NATURE OF BURIAL

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

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

CASKET SEALED BY

MBALMER (Signatu

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED 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

REMAINS UNIDENTIFIABLE

NMCP - SEC

GR 8/6

OMC FORM 1194

RECORD OF CUSTODIAL TRANSFER

RECORD	OF CUST	ODIAL TRANSFER		
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GRS Facific

DEC 2 C 1949

SUBJECT: Resolution of Unidentified Remains

TO: Commanding Officer
American Graves Registration Service
Pacific Tone
APO 958, c/o Postmaster
San Francisco, California

1. Reference is made to letter, your Headquarters, File RUMEC 293, dated 9 December 1949, SUBJECT: Resolution of Unidentified Remains.

This office concurs in the classification of Unknown
 2-55, 2nd Marine Division Cemetery, Saipan, as unidentifiable.

FOR THE QUARTERMASTER GENERALA

T. H. METZ Lt Colonel, QNC Remorial Division 43

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AIR MAIL

ALR WALL

DEC 2 0 1949

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TAN STA

HEADQUARTERS AMERICAN GRAVES REGISTRATION SERVICE (PACIFIC ZONE) APO 958

In reply refer to: RRREC 293

DEC 9 1949

SUBJECT: Resolution of Unidentified Remains

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

- 1. Inclosed herewith QMC Form 1044 for Unknown X-55 (formerly Nix, John Douglas 2nd Marine Division Cemetery, Saipan), stamped and signed in accordance with letter, DA, OQMG, QMGMU 293, GRS (Pacific Zone), Subject: Resolution of Cases of Unidentified Deceased, dated 22 September 1948. Report of Storage for this decedent is also inclosed.
 - 2. Request acknowledgment of receipt.

FOR THE COMMANDING OFFICER:

2 Incls

1. QMC Forms 1044-1044a-1044b (Unk X-55)

2. WD QMC Form 1042 (In dup) (Unk X-55) DONALD D. HINDS lst Lt, QMC Chief, RR Branch

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i DENTIFIC	ATION DATA		Property.			
1. REMAINS OF UNKNOWN X-55 (Formerly NIX, John Douglas)			2. DATE OF RE			
3. NAME OF CEMETERY US Army Mausoleums - Final Type #4990 Formerly 2nd Mar. Div. Cem., Saipan	4. PLOT 5. R	ROW 6. GRAVE	DISINTERMENT	TE OF REINTERMENT 28 Nov 49		
	DESCRIPTION AS					
8. ESTIMATED WEIGHT 9. ESTIMATED HEIGHT 10. COLOR OF HAIR 143-169 lbs. 5'6 7/8" - 5'10" Dark Brown			White			
One (1) Embossed Plate on outer box re Saipan. 13.GIVE DESCRIPTION OF TATLOOS OR SCARS ON BODY AND OR BY REASON OF LACK OF	SUCH INFORMATION	OBT NED FROM	OTHER SOURCES			
None David D Hinds	D. Hends		Dec. 194			
14. WAS BODY BURNED? TO WHAT EXTENT?						
15. WAS BODY MANGLED? TO WHAT EXTENT?			学型			
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALF	ORMATIONS					

None

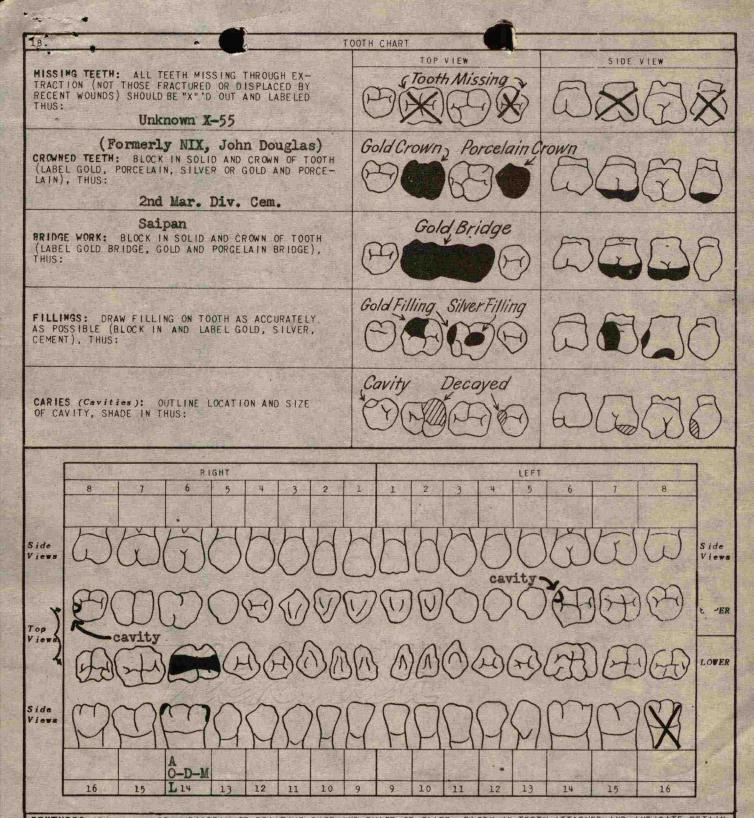
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

None

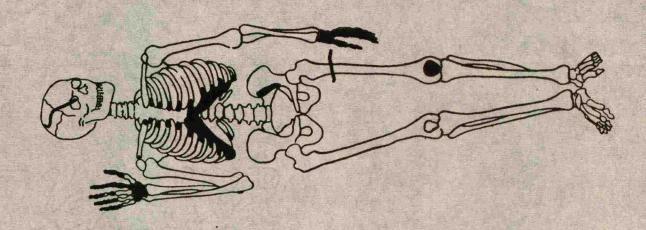
APPROVED UNIDENTIFIABLE

DEC 1 41949

Incl 1



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



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

I CERTIFY THAT THE THE CENTER REMAINS CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE CREEK OF CONSIDER CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE CREEK OF CONSIDER CONSIST OF PARTS OF _____ DECEDENTS BASED ON THE CREEK OF CONSIST OF PARTS OF _____ DECEDENTS. ADCHARGOMENTARION CANCERSON articulation, age, color, general bone morphology and with nothing conflicting by which it may be denied.

> m Bongurl JOHN B. MAXWELL, CAPT, MC

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

R - 178 - 70.08 - 5' 10"

K - 174 - 68.50 - 5' 8 1/2"

P - 170 - 66.93 - 51 6 7/8"

Fluoroscopic Examination Unnecessary

Teeth Charted

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

SIGNATURE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

GILBERT L.H. WONG, CAPT., INF CENTRAL IDENTIFICATION LABORATORY

AGRS. APO 958

Telbers & Helling

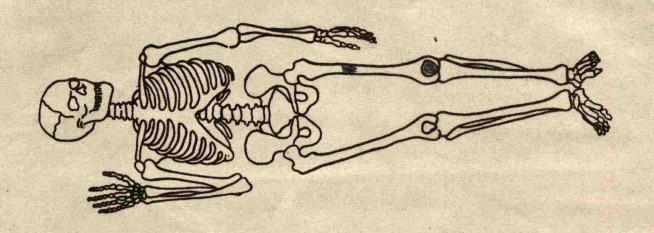
OMC FORM 10446

	IDENTI	FICATION	DATA			
1. REMAINS OF UNKNOWN					2. DATE OF REPO	ORT
NIX, John D. To Unknown					8 Octo	ber 1948
3. NAME OF CEMETERY 4. PLOT 5. ROW 6. GRAVE				7. DA	TE OF	
					DISINTERMENT	REINTERMENT
2nd Mar. Div. Co	A	1	3			
	PHY	SICAL DESCRIPTI	ON .			
8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR			II. RACE	
170 1bs.	6911	D. I	Brown .		Unk	
P-A, R-1, G-3, 17 Jun 44 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY. AND OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES None						
	None					
14. WAS BODY BURNED F	TO WHAT EXTENT ?					
YES X NO						
15. WAS BODY MANGLED F	TO WHAT EXTENT ?					
16. DESCRIBE EVIDENCE OF HEALED I	RACTURES AND BONE MALFORMATI	IONS				
None						
17. LIST EVERY ITEM OF CLOTHING,	EQUIPMENT AND PERSONAL EFFECTS	FOUND SHOWING	THE TYPE C	OLOR, SIZE M	ARKINGS SERVICE	ETC. III laundty
	hould be made and specimen forwarded					
						n esta

None

NIX. John Douglas to Unknown P-A, R-1, G-3, 2nd Mar. Saipan

19. BLACK OUT PARTS OF BODY NO SECOVERED



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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Estimated Height: 69 ½"

Weight: 170 lbs.

" Age : 20 - 21 yrs.

Color of Hair : Dark Brown

Articulation perfect

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

ROY H. OESTREICH' Capt., Inf.

1	NAME OF TAXABLE PARTY.					
IDENTIFICATION DENTAL CHART DATE October 1948						
NAME (Last, First, Middle Initial) RANK			THE PERSON NAMED IN COLUMN	SERIAL NUMBER		
NIX, John	NIX, John Douglas To Unknown UNIT ORGANIZATION CAUSE OF		CAUSE OF D	Unk	DATE OF DEATH	
Un	k	Unk	CAUSE OF D	Unk		
PLACE OF DEATH		PLACE OF BURIAL			PLOT ROW GRAVE	
Saipa	n	2nd Mar Div. Ce	m. Saip	an TOP VIEW	SIDE VIEW	
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:			OSE OUT	TOOTH MISSING	多四级团级	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN), SILVER OR GOLD AND PORCELAIN), THUS:			GOLD,	GOLD CROWN) PORCELAIN	CROWN DOGD	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:			LD.	GOLD BRIDGE	9 550	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE IBLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:			OCK IN	GOLD FILLING SILVER FILL		
CARIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:						
		RIGHT		LEFT		
	8 7		1 1	2 3 4 5 6	7 8	
SIDE VIEWS	CARIBUS CARIB		HH	HNOOG CARLOS	SIDE VIEWS	
* PANTOR POPO POPO PRE UPPER						
TOP VIEWS 2 DECEMBER DECEMBER LOWER						
SIDE VIEWS PARAGRAPARARAMENT						
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."						
SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART VERIFIED BY GRS OFFICER						
Harld & Connell (Helese 1						
HAROLD E. CONNELL, Emb. ROY H. OESTREICH, Capt., Inf.						

OMC FORM 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

Eighth Army Printing Plant Bookjudo

CENTRAL IDENTIFICATION POINT AMERICAN GRAVES REGISTRATION SERVICE MARBO ZONE, APO 244

293.

Date 8 October 1948

CASE SUMMARY OF

经产品的证据,但是自己的证据,	
NAME: NIX, John D. (To Unknown)	RANK: Pfe SERIAL NO: 337618
CEMETERY 2nd Mar Div Saipan	Plot: A Row: 1 Grave: 3
	P-A, R-1, G-3 known as Pfc
	with the following:
DATA FROM NAV MED FORM H	I-4 DATA FROM REMAINS
Height - 71"	(Est) Height - 69%"(Brocca)
Weight - 157 lbs.	" Weight - 170 lbs.
Age=	" Age - 20-21 yrs.
Hair - Black	
	Articulation perfect
	evealed that the remains disinterred
from G-3 are not those of Pfc	NIX,
In view of above, recomm	end case be sent bo Board of Review
with view of remains becoming	
ee: 293	
	(1/10)
	ROY H. OESTREICH
	(Signature) Capt., Inf.
Remarks:	0290., 1112.

IDENTIFICATION CHECKLIST

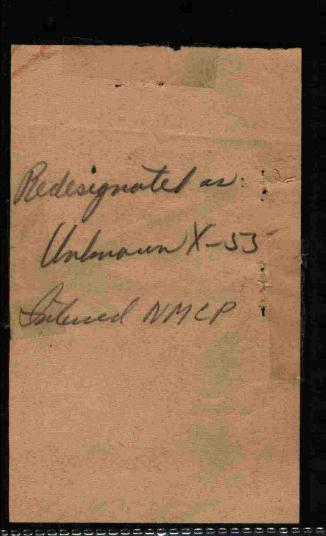
Unknown Unknown
Cemetery 2nd Mar Saipan
Plot A Row 1 Grave 3

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 1 Physical Description

	表现是是不是一种的,我们就是一种的,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
1.	Estimated weight 170 lbs. 2. Estimated height 691 692 11
3.	Color of hair Drk Brown 4. Race Unk
5.	Tatteos or scars on the body (give description) None
- n	(Information obtained from other
	sources
6.	"as tooth chart taken? Yes. If not, explain
7.	Were fingerprints taken? No
8.	Cause of death UTD
9.	Was body burned? No To what
	extent?
.0.	Are any parts of the body missing or severed? See Blackout Chart
1.	In there any evidence of first-aid or other medical treatment? No
2.	If the remains are badly mangled, a careful search should be made
212	for identification tags or personal effects.
	Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USEC, etc.)

rden	tilleation Checklist (Gont.d)
14.	List every item of clothing and/or equipment found, showing
	color of each, also size and markings: None
	color of each, also size and marrings.
	The state of the s
1	
15.	If laundry marks are indistinct, such notation should be made
	and specimen forwarded through channels for examination
	Evidence of healed fractures None
16.	Evidence of healed fractures None
17.	Black out parts of body not received at cenetery.
20	REMARKS:
18.	NETIANAS:
	I certify that I have personally viewed the remains of subject
dec	eased and that all resulting information has been recorded to the
hos	t of my knowledge.
UCS	Toy Mile
	Officer's name
	Capt., Inf.
	Rank Service
4,50	Organization



Tr						nls	_ C	RJ		
ें रा	Additional designation of the second of the									
JL	Fysunk	- xaipa	N	DIRECTIVE NUMBER	mar	DATE	on.	7)		
	SECTION A NAME AND BURIAL LOCAT	TION OF DECEASED	The state of the s	6360	00903	215	OS MONTH	48 YEAR		
	matefar: Un		SERIAL NUA	The state of the s	ADE AR		RELIGION			
CEMETERY	IN DOUGL	40	PLOT	7618P	AVE	5 1	A OF RE	MAINS /		
	R DIV MAI	RIANAS I		A	3	34	1	蜭		
		SECTION B — CON			A Contract of the Contract of	CODE	U	IST. CTR.		
GOLDEN GATE NATIONAL CEMETERY SAN BRUNO, CALIFORNIA NAME AND ADDRESS OF NEXT OF KIN MRS. CLAIRE B. NIX (MOTHER) 510 STATE STREET BELLINGHAM, WASHINGTON										
		SECTION C - DISINTE	_			I BATE DICTIO	TEDDED			
NAME	11/6	SERIAL NUMBER	GRADE	DATE OF DEATH		DATE DISTIN	EKKED			
IDENTIFICATION TAG	ON ORGANIZATION			RELIGION	IDENTIFICATION	N VERIFIED BY	148 16814			
REMAINS	**************************************	USMC				The state of the s	ME AND	TITLE		
MARKER		SECTION D - PREPARAT			ENT					
OTHER MEANS OF IDE	NIFICATION	rtes	CONDITIO	ON OF REMAINS				•		
	X-5	5		~~						
MINOR DISCREPANCIE	S (Prepare Discrepan	cy Report QMC Form	1194a foi	major discrep	ancies.)					
REMAINS PREPARED A	ND PLACED IN CASKET							2.4.74		
DATE		BY								
CASKET SEALED BY			EMBALME	R (Signature)						
CASKET BOXED AND A	MARKED		SHIPPING	ADDRESS VERIFIED	D 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.										
		No. of the last of	19.49	SIGNAT	TURE OF AGRS IN	SPECTOR	1			
REMARKS AND SPECIA	LINSTRUCTIONS					H	IR			
						OCT 1	9 1050			
			u. v	' e		ters	cher			
						84/12	met	or		

RECORD OF CUSTODIAL TRANSFER

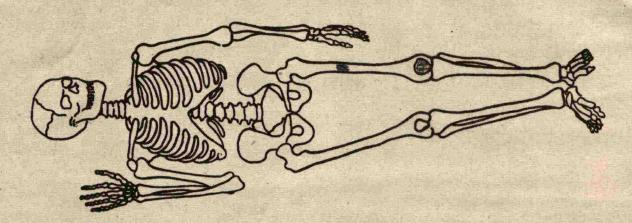
	RECORD OF CU	ISTODIAL TRANSFER				
THE RESERVE OF THE PARTY OF THE	1.	SHIPPED	150			
FROM		TO				
KIND OF CONVEYANCE	ALC: NO	NAME OF CONVOYER				
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE			
Service of the servic	2	SHIPPED				
FROM		TO				
KIND OF CONVEYANCE		NAME OF CONVOYER				
or line saldions (2)	To be the second	Service States The Service States				
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE			
	3.	SHIPPED				
FROM		ТО				
KIND OF CONVEYANCE		NAME OF CONVOYER				
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE			
	4.	SHIPPED				
FROM		10				
KIND OF CONVEYANCE		NAME OF CONVOYER				
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE			
	TENC 5.	SHIPPED				
FROM		TO				
KIND OF CONVEYANCE		NAME OF CONVOYER	- A V (8) A			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE			
		perfucielly we as the tol				
SAU BRUND CALTERNALA		SHIPPED O STATE STREET	Sales II			
FROM I DEVI COLE SIGNATURE	White Dr.	IOTES. CLAHRE B. MIX (MOTHER)				
KIND OF CONVEYANCE		NAME OF CONVOYER				
SIGNATURE OF SHIPPER DAN MY B	DATE	SIGNATURE OF RECEIVER	DATE			
MINIOUN MOUGEN	2	SHIPPED TO SELECTION OF THE SHIPPED				
FROM		10				
KIND OF CONVEYANCE		NAME OF CONVOYER OUT OF THE O	3.48			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE			
THE RESERVE OF THE PARTY OF THE						

M

1				IDENTIE	ICATION	DATA			
T. REMAINS OF		D_ T	o Unknow					2. DATE OF REPO	per 1948
3. NAME OF CE					4. PLOT	5. ROW	6. GRAVE		E OF
2nd Wes	r. Div	. Ce	m. Scipa		A	1	3		
				PHYS	ICAL DESCRIPTI	ON			
8. ESTIMATED W	EIGHT		9. ESTIMATED H		10. COLOR			II. RACE	
	70 lbs		The second secon	ON FOUND WITH		rom		Unk	
13. GIVE DESCRI	PTION OF TA	πoos c	OR SCARS ON BOI	NORO	INFORMATION OF	TAINED FROM	A OTHER SOUR	CES	
14. WAS BODY	DI IDNETO 2		TO WHAT EXTER	UT 9					
	MEAN	NO	lo mai caic						
15. WAS BODY		NO	TO WHAT EXTER	NT 9					
Contract of the second	DENÇE OF H		ACTURES AND BO	NONE MALFORMATION	ONS				
								ARKINGS, SERVICE, é not evallable in th	

None

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:

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

Bstimated Height: 69 %"

" Weight: 170 lbs.

" Age : 20 = 21 yrs.

Color of Hair : Derk Brown
Articulation perfect

I Certify that I Have Personally Viewed the Remains of Deceased and that All Resulting Information Has Been Recorded to the Best of My Knowledge

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

Signature

Song Helice of Control Total

		DENTIFICATION DENTAL			DATE	Cotobo	7049		
NAME (Last, First, Mi	L NUMBER	October 1948							
NIX, John	n Dougla	organization		Unk	DATE	DATE OF DEATH			
Unit Uni		Unk	CAUSE OF DEATH Unk						
PLACE OF DEATH Saipai		2nd Mar Div. Ce	m. Saip	an	PLOT	ROW	GRAVE 3		
FRACTURED OR DIS	MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:								
		ID AND CROWN OF TOOTH (LABEL G PORCELAIN), THUS ;	SOLD,	COLD CROWN) PO	RCELAIN CRO		166		
BRIDGE WORK : BI BRIDGE, GOLD AND		AND CROWN OF TOOTH (LABEL GOL) DGE), THUS :	D	GOLD BR	DGE	05	300		
FILLINGS : DRAW I		OTH AS ACCURATELY AS POSSIBLE (BLO), THUS:	OCK IN	GOLD FILLING SIL	VER FILLING		300		
CARIES : (Cavities) : SHADE IN THUS :	OUTLINE LOC	ATION AND SIZE OF CAVITY,		CAVITY DEC	AYED O	600	100		
SIDE VIEWS TOP VIEWS	8 CARVOUS CARV	RIGHT 6 5 4 3 2 0 5 6 5 4 5 2 0 6 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		13 4 5 1000 1000 1000	6 cariums)(T)(SIDE VIEWS UPPER		
SIDE VIEWS SIDE 16 15 14 13 12 11 10 9 9 10 11 12 13 14 15 16									
DENTURES (Plates) : TEETH WITH THE W		M OF RELATIVE SIZE AND SHAPE OF PL	ATE, BLOCK IN	TEETH ATTACHED AND	INDICATE RETA	INING CLASPS C	N NATURAL		

VERIFIED BY GRS OFFICER

CMC FORM 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

HAROLD E. CONNELL, Emb.

ighth Army Printing Plant Boonjudo

IDENTIFICATION CHECKLIST

Unknown Cemetery Row Grave

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 1

	Physical Description
1.	Estimated weight
3.	Color of hair Dark Bown 4. Race Unk
5.	Tattoos or scars on the body (give description)
	(Information obtained from other
	sources
6.	"as tooth chart taken? If not, explain
7.	Were fingerprints taken?
8.	Cause of death
9.	Was body burned? To what
	extent?
0.	
1.	In there any evidence of first-aid or other medical treatment?
2.	If the remains are badly mangled, a careful search should be made
	for identification tags or personal effects.
3.	Type of clothing found on remains (Air Corps, Paratroop, Armored,

13

Iden	tification Checklist (Gont'd)
14.	List every item of clothing and/or equipment found, showing
	color of each, also size and markings: None
	the substitution of the state o
15.	If laundry marks are indistinct, such notation should be made
	and specimen forwarded through channels for examination
16.	Evidence of healed fractures None
17.	Black out parts of body not received at cemetery.
18.	REMARKS:
TO.	
1607	
	I certify that I have personally viewed the remains of subject
	ceased and that all resulting information has been recorded to the
bes	st of my knowledge.
	Officer's name
	Rank Service
	Organization

CENTRAL IDENTIFICATION POINT AMERICAN GRAVES REGISTRATION SERVICE MARBO ZONE, APO 244

293.

Date_A retoher_1948____

CASE SUMMARY OF

NAME:	RANK: SERIAL NO: 337618
CEMETERY TO THE PARTY OF THE PA	n Cnovo:
Bangina disinterrad from	n Pod, Bol, Gold known an Pfe
ury wave processed tide date.	with the followings
THE PERM MAY 1000 POEM.	Heat Mar Property
Watcht - 23"	(Dat)_ Maight = for Concord_
Wedght - 157 1bs	
	Badre Dark Brava
	Anticulation partner
Eveningtion of Pons DR	revenled that the remains disinterres
Cross_G-3_are_not_torre_ss_/	mend case be sent be Board of Roules
In also of spease Laco	THE PART OF THE PA
with view of remains become	DE CLOSE OF THE PROPERTY.
ce: 293	
	CONO
·	(Signature)
	Capt., Inf.

Remarks:

OMC FORM 1042 (Rev. 1 Apr. 1945)

RESTRICTED

REPORT OF INTERMENT

DATE OF REPORT

(Supersedes GRS Form 1)		(AR 30-1810 ar	nd AR 30-18	C 20	1949			
Imprint Identification		Section 1.—IDENTIFICATION.						
DO NOT TY	PE	NAME (Last, first, middle initial) UNKNOWN X-55	(SAIPAN (UNIDEN	N) NTIFIABLE)	SERIA	Unkno	wn	
77 4		GRADE	ORGANIZATION		BRAN	CH OF SERVI	CE	
	0)	Unknown		Unknown		Unknow	wa	
		RACE	RELIGION		IF OTHER TH	AN U.S. DEA	D, GIVE	
		MITTO		Jnknown				
PLACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH		
Saipan			Unknown	Berkan berich		Unknow	wn	
EMERGENCY ADDRESSEE (Na	ime, relationship, a	nd address)	10		1700		True Silver	
			Unknown					
IDENTIFICATION TAGS FOUN (1, 2, or none)	D ON BODY	IF NO TAGS FOUND ON BODY, D	DESCRIBE MEANS	OF IDENTIFICATION (I	f unidentified, fil	l in section 8	on reverse)	
None		TIMETOGRAPHET						
WERE SUBSTITUTE TAGS PRO	WIDED? (Yes or no)	UNIDENTIFIA	A BLE					
Yes								
LIST PERSONAL EFFECTS FOU	UND ON BODY AN	D DISPOSITION OF SAME					No.	
		None						
Section 2.—BURIAL. If oth	her than in estal	blished cemetery, furnish sketch	h and map coord	linates on reverse.				
NAME, NUMBER, COORDINAT			1 100					
Na	tional Mem	norial Cemetery of t	the Pacifi	g. Honolulu.	т. н			
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or no		TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.	
					TE THE			
20 Dec. 1949	10:00 AM	Permanent Type C, INDICATE NAME, NUMBER, COORD		Cross	P OCATION OF G		816	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL,	INDICATE NAME, NUMBER, COOKS	INATES OF FREVI	OUS CEMETERY, AND L	OCATION OF GR	RAVE ROW No.	GRAVE No.	
Yes	2nd	Marine Division Ce			A	1	3	
TYPE OF RELIGIOUS CEREMONY Catholic	Chapla	in Fitzgerald	IF IDENTIFICATI	TION TAGS NOT USED, BURIED WITH BODY	DESCRIBE IDE	NTIFICATION	DATA AND	
Protestant		in Kirtley	5					
Hebrew IDENTIFICATION TAG BURIEL BODY (Yes or no)	D WITH IDEN	AUMI 10 NTIFICATION TAG ATTACHED TO ARKER (Yes or no)						
Yes		Yes						
BODY BURIED ON DECEASED	LEFT, NAME (Las		RANK	SERIAL NO.	ORGANIZATIO	ON GRAVE	E No.	
BODY BURIED ON DECEASED	RIGHT, NAME (Le	ast first middle initial)	RANK	SERIAL No.	ORGANIZATIO	N GRAVI	NAME OF TAXABLE PARTY.	
TALE STREET		100, 100, m						
				Reference of		84	1	
SIGNATURE OF PERSON PREF	ARING REPORT		SIGNATURE OF	GRS OFFICER VERIFYIN	G REPORT			
Jepan 7	June A DIM A	SSISTANT	KENNET HS HIND 1st Lt. INF.					
Lekur Fr Tukin	IR, AUM. A	SSISTANI	A Pale	MALL D' DIMA	ISC HL	LIVE	1	

	RESTRICTED
	Section S SIDENTIFIED REMAINS.
LEFT LITTLE FINGER RIN	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.
LEFT RING FINGER	HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR BIRTHMARKS, SCARS, OR TATTOOS
MIDDLE FINGER	OTHER IDENTIFICATION CLUES
LEFT INDEX FINGER	FILLINGS SILVER FILLING GOLD FILLING 4 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
THUMB	CAVITIES CAVITY DECAVED 5 6 7 8
RIGHT	MISSING TEETH TOOTH MISSING DIAGRAM REPRESENTS THE MOUTH WIDE OPEN CROWNED TEETH 16 THE TOOTH MISSING
INDEX FINGER	BRIDGE WORK GOLD BRIDGE GOLD BRIDGE 15 LOWER LOWER 14 14 15 10 10 10 11 12 10 10 10 11 11
MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY
RIGHT RING FINGER	**************************************
LASS LITTLE FINGER	Identification Section
IGER	The production of the second s

DATE OF REPORT WD QMC FORM 1042 REPORT OF INTERMENT (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) 2.0 1949 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.-IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL NO (SAIPAN) Unknown UNKNOWN X-55 (UNIDENTIFIABLE) BRANCH OF SERVICE GRADE **ORGANIZATION** O Unknown Unknown Unknown RACE RELIGION IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY White Unknown PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Saipan Unknown Unknown EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (1, 2, or none) None UNIDENTIFIA BLE WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Yes LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on reverse. NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY National Memorial Cemetery of the Pacific, Honolulu, T. H TYPE OF GRAVE MARKER BURIED IN (Shroud, blanket, or name of other) PLOT No. ROW No. GRAVE No. HOUR DATE OF BURIAL 816 Cross Permanent Type Casket 20 Dec. 1949 10:00 AM IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? (Yes or no) PLOT NO. ROW No. GRAVE No. 2nd Marine Division Cemetery, Saipan Yes IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY PERSON CONDUCTING BURIAL RITES Chaplain Sirvley Rabbi Aumin TYPE OF RELIGIOUS CEREMONY CATAOLIC Protestant Hebrew IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) IDENTIFICATION TAG BURIED WITH BODY (Yes or no) GRAVE No. RANK SERIAL No. **ORGANIZATION** BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) 791 **ORGANIZATION** GRAVE NO. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL NO 841 SIGNATURE OF GRS OFFICER VERIFYING REPORT SIGNATURO OF PERSON PREPARING REPORT

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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.

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DISTRIBUTION OF REPOR	T: Signed origi	nal for U.S. and allied dead, si	gned original and	one copy for enem	y dead, to the	Quarterma	ster Genera

			and the same	THE R. P. LEWIS CO., LANSING, MICH.	A CHARLEST SERVICE	
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WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)		REPORT OF (AR 30-1810 at	A PERSONAL PROPERTY AND INC.			Oet. 4	8
Imprint Identification 1		Section 1.—IDENTIFICATION.					
DO NOT TY	PE	NAME (Last, first, middle initial)	VE	28 189 1994 1996	SERIA	L No.	
		WIK. John D.	X-55				
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PLACE OF DEATH		UDK			I name	or premi	
LACE OF DEATH		CAUSE OF DEATH			DATE	OF DEATH	
MERGENCY ADDRESSEE (Na		Wound, fragme	nt, shell	<b>经证证证</b> 例证是证	是是是	17 Jun	44
	Unk						
DENTIFICATION TAGS FOUN	D ON BODY	IF NO TAGS FOUND ON BODY, I	ESCRIBE MEANS O	F IDENTIFICATION (If	unidentified, fi	U in section 3	on reverse)
(1, 2, or none)							
None							
VERE SUBSTITUTE TAGS PRO	VIDED? (Yes or no)	Mortuary	Plate or	grave mar	tor		The state of
No							
LIST PERSONAL EFFECTS FOL	JND ON BODY AND	DISPOSITION OF SAME					
No.	ne						144
			Mary and a				
Section 2.—BURIAL. If oth	er than in estab	lished cemetery, furnish sketci	h and map coordi	nates on reverse.			
NAME, NUMBER, COORDINAT	ES, AND LOCATION	OF CEMETERY					
				<b>了在</b> 其一种解决的表			
CI! Mau	ISOLEUM A	GRS, Marbo Zone	APO 244				
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ame of olker)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
0 0							
8 Oct. 48	1500	Temporary Cask		Card	P4	- 33	To the Man
VAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL,	INDICATE NAME, NUMBER, COORE	NATES OF PREVIO	OUS CEMETERY, AND LO	Total Control of the		A PLOSE
					PLOT No.	ROW No.	GRAVE No.
Yes	2nd Har	. Div. Cem. Sci			1 4	1	1 3
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUC	TING BURIAL RITES	IF IDENTIFICATI	ON TAGS NOT USED, I	DESCRIBE IDE	NTIFICATION	DATA AND
CENEMONI	THE TEN						
				MARKET.	FNTICI	ARIF	
DENTIFICATION TAG BURIE		TIFICATION TAG ATTACHED TO	ann	ROVED UNIT	FMILL	MULL	
BODY (Yes or no)	MAI	RKER (Yes or no)	AFF	Unitr our.			
			BATTO STATE				
BODY BURIED ON DECEASED	LEFT, NAME (Last	, first, middle initial)	RANK	SERIAL NO	PROGRATIO	ON GRAV	/E No.
				Mrs.			
BODY BURIED ON DECEASED	RIGHT, NAME (La	st, first, middle initial)	RANK	SERIAL NO.	ORGANIZATIO	ON GRAY	VE No.
~ 9							
SIGNATURE OF PERSON DRE	PARING REPORT	1	SIGNATURE OF	RS OFFICER VERIFIN	G REPORT		
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The level /	Umnell		WILLIAM	/s/ STONE	The state of	1.0	THE
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DISTRIBUTION OF DESCRI	T. C.	nal for U.S. and allied dead, si	anad pridical	I dole come the adams	dead to the	Quarterna	ster Genera

	ALS:	RICTED	Charles and the same		
TAGALA JO STAN	Section 3. DENTIFIED REMAINS		AND DESCRIPTIONS	STATE STATE STATE STATE	
LITTLE FINGER RUNG	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	HEIGHT WEIGHT COLOR O	F EYES   COLOR OF HAIR	BIRTHMARKS, SCARS,	OR TATTOOS	
MIDDLE FINGER	WEAPON AND SERIAL NO.  OTHER IDENTIFICATION CLUES	LAUNDRY MARKS	WHERE BODY WAS BU	URIED OR FOUND	
LEFT INDEX FINGER	FILLINGS ASI		The same of the sa	paint vore a la kaga	
ER THUMB	CAVITIES	CAVITY DECAYED	LA CONTRACTOR OF THE PER PER PER PER PER PER PER PER PER PE	03.	
RIGHT	CROWNED TEETH	4	GRAM REPRESENTS THE MI	OUTH WIDE OPEN	
RIGHT INDEX FINGER		GOLD BRIDGE	15 CO LOWER S 13 13 12 CO	15 14 13 13 10 12	
RIGHT MIDDLE FINGER	FURNISH SKETCH AND MAP REFERENCE	AND COORDINATES FOR BUR	IO 9 9 IO	SHED CEMETERY	
RIGHT TAING FINGER	REMARKS:				
RIGHT LITTLE FINGER	Himm & Ly				

RESTRICTED DATE OF REPORT WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1) REPORT OF INTERMENT STORAGE 8 Dec 49 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible Section 1.—IDENTIFICATION. DO NOT TYPE SERIAL No. NAME (Last, first, middle initial) (UNIDENTIFIABLE) (Formerly 2nd Mar Div Com, unknown x-55 Unknown John Douglas) Saipan, Nix, BRANCH OF SERVICE GRADE ORGANIZATION 0 Unknown Unknown Unknown IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY RELIGION PACE White Unknown DATE OF DEATH PLACE OF DEATH CAUSE OF DEATH Unknown Unknown Saipan EMERGENCY ADDRESSEE (Name, relationship, and address) Unknown **IDENTIFICATION TAGS FOUND ON BODY** IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse) (1, 2, or none) None Radio OQMG WCL 22629, 8 Nov 49, approving designation of Unknown No. for remains formerly designated as WERE SUBSTITUTE TAGS PROVIDED? (Yes or no) Nix, John Douglas. Remains declared Unidentifiable APPROVED UNIDENTIFIABLE Yes by AGRS-PAZ. LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME None Section 2.—BURIAL. If other than in established cemetery, furnish sketch and map coordinates on rever NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY US Army Mausoleum, AGRS-PAZ Casket CHAVE NO. TYPE OF GRAVE MARKER PLOT No. ROW No. DATE OF BURIAL BURIED IN (Shroud, blanket, or name of other) HOUR Final type casket 4990 2 Feb 49 IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE WAS THIS A REBURIAL? GRAVE No. PLOT NO. ROW No. Yes 2nd Mar Div Cemetery, Saipan IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) IDENTIFICATION TAG BURIED WITH BODY (Yes or no) ORGANIZATION GRAVE No. SERIAL NO. BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) RANK Not applicable due to ORGANIZATION GRAVE No. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) RANK SERIAL NO.

SIGNATURE OF PERSON PREPARING REPORT SIGNATURE OF GRS OFFICER VERIFYING REPORT

I. K. USHER - Clerk

manner of storing caskets.

DONALD D. HINDS, 1st Lt, QMC

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

Incl 22

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100 To 10	Section 3. NIDENTIFIED REMA	INS.					
LITTLE FINGER RIN	INSTRUCTIONS:  (a) Great care will be taken to record the most minute clues for the future identity of uni mains. Fill in anatomical characteristics below, and any other clues under "Other," such a social security number; position of body found in airplanes, vehicles, and tanks; and serial nur planes, vehicles, and tanks.  (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth characcomplished if one or more fingerprints are secured.						
RING FINGER	HEIGHT WEIGHT COLO	BIRTHMARKS, SCARS, OR TATTOOS					
MIDDLE FINGER	WEAPON AND SERIAL NO.  OTHER IDENTIFICATION CLUES	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND				
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RIGHT	CROWNED TEETH	DIAGRAM PORCELAIN CROWN	REPRESENTS THE MOUTH WIDE OPEN				
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