293 UNK. MARIANAS X-28 (SAIPAN) 4th Marine Div Cir 47 BCM

FILE IDENTIFICATION TOPPER

FILE NUMBER 293 unit Saipan 4th Mar. Div. X 28

SUBJECT

QMC FORM 1121
1 Aug 45

4

AIRMAIL

QMGMT 293
GRS Far East

24 August 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Philcom Zone
APO 928, c/o Postmaster
San Francisco, California

1. Reference is made to Findings of Unidentifiability for the following Unknown Deceased:

Unknown	X-16,	4th Marine Div. Cemetery, Saipan, Unit 2, Page 3
"	X-20	27th Division Cemetery, Saipan, Unit 2, Page 4
"	X-25	" " " " " 2 " 4
"	X-28	4th Marine Div. Cemetery, Saipan, Unit 2, Page 3
"	X-60	" " " " " " 2 " 3
"	X-65	" " " " " " 2 " 3
"	X-76	" " " " " " 2 " 4

293

2. Recommendations for Unidentifiability have been approved by this Office. Request your records be amended accordingly.

FOR THE QUARTERMASTER GENERAL:

THOMAS E. COX
Capt QMC
Memorial Division

JW

JMN

N. McLaurin:lak
C. Salser

cc: Administrative Section

CC: CINCFE

AIRMAIL

/drs

1

Interred 15 Ju[illegible] 1950
G 7 33 Ft. [illegible]Kinley

Carl R. H. Mark

CARL R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE

[illegible]EPARED BY PHILCOM

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 6362 81717

DATE: 06 (DAY) 06 (MONTH) 50 (YEAR)

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 28					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS CODE	DISPOSITION OF REMAINS DIST. CTR.
4TH MARINE DIVISION CEMETERY, SAIPAN	4	5	855	7701	80

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X-28				7 June 50

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
1 REMAINS 1 MARKER			PAUL R NICHOLS Embalmer

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 7 June 50 BY PAUL R NICHOLS

CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	Paul R. Nichols PAUL R NICHOLS

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 7 June 50 BY AIBERT C EVATT, Sgt, RA	RAYMOND H TANGUAY, Sgt 1c, RA

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

Raymond H Tanguay
RAYMOND H TANGUAY, Sgt 1c, RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

File 7/11/50 Return Report

QMC FORM REV 11 FEB 48 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM AGRS MAUSOLEUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER [illegible]	DATE 15 JUN 1950

2. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

4. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

5. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

6. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
	6362 81717	06 06 50

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 28					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS (CODE)	(DIST. CTR.)
4TH MARINE DIVISION CEMETERY, SAIPAN	4	5	855	7701	80

SECTION B — CONSIGNEE AND NEXT OF KIN

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER			

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

CASKET SEALED 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.

File

SIGNATURE OF AGRS INSPECTOR

8/1/88 Reported

REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM REV 11 FEB 48 1194

Incl #16

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	
IND OF CONVEYANCE		NAME OF CONVOYER	
IGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

7. SHIPPED			
ROM		TO	
ND OF CONVEYANCE		NAME OF CONVOYER	
GNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 928

GRPZ 293

8 JUN 1950

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file QMGMU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P. I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-16,	4th	Mar.	Div.	Cem.,	Saipan
"	X-20,	27th	Div.	Saipan		
"	X-25	"	"	"		
"	X-28	4th	Mar.	Div.	Cem.,	Saipan
"	X-60	"	"	"	"	"
"	X-65	"	"	"	"	"
"	X-76	"	"	"	"	"

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

/s/ Charles R. Whaylyn
/t/ CHARLES R. WHAYLYN
2d Lt., QMC
Assistant Adjutant

7 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

COPY

COPY

MAF
File
M Hinley
28 Aug 50
Identification Branch

Saipan 4th Mar. Div. Cem

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

6 June 1950
(Date)

29 Burial Saipan 4th mar div X 28

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 28, Plot 4, Row 5, Grave 855, USMC Saipan, 4th Mar. Div., have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this decedent, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Incl:
Form 1044

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

FILE
M Hurley
28 Aug 50
Identification Branch

Received 15 June 50 OQMG
Not identifiable
Information presently available
Walter H. Laurin
Lt Col
22 Aug 50

Incl 4

TELEPHONE INFORMATION RECORD

DATE: 5-5-49

TELEPHONE NUMBER AND BRANCH CALLED: 2293 - FBI

NAME OF PERSON PLACING CALL: Plinkoski

CASE UNDER INVESTIGATION (X or Case Number): X-28

CEMETERY: 4th marine Div. Saipan, M.I.

INFORMATION REQUIRED: Fingerprint comparison against PFC Charles E. Dobson, 38342919

DATE CALLED BACK:

PERSON GIVING INFORMATION: Single Fingerprint Section

INFORMATION RECEIVED:

Fingerprint hunt - carried to FBI. 5-5

Fingerprint Saipan 4th Marine Div. X28

MAIL FILE

M Nichols 27 Aug 52

Identification Branch

QQMG FORM 356
4 APR 46

25 92396

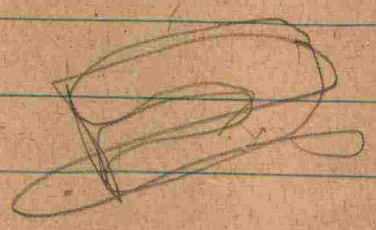
Dobson, Charles E. Pfc. 38 342 919

Hdq- Battery "A," 106th Field Artillery Bn., 27th Infantry Division, was reported killed in action on 7 July 1944.

Unknown - X - 28 - 4th Marine Div. Saipan, M.I.

Plot - 4 Row 5 - Grave 855.

N MS - Form N - bearing the right index fingerprint



NAF File

M Hurley 28 aug 50

Identification Branch

It is requested that the fingerprint be compared with those on file for PFC Charles E. Dobson, 38342919.

Not identical with Charles Edward Dobson
ASN 38342919
FBI - RSW - 5-6-49

NAT File
M Hurley
29 Aug 50
Identification Branch

NMS-Form N
(1940)

CERTIFICATE OF DEATH

From: FOURTH MARINE DIVISION, FMF. (Activity Unknown)

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*
(See Circular Letter R-6, Appendix D, Manual of the Medical Department, for instructions)

1. Name FISHER, Robert Rank or rate USMC
2. Born: Place Not available Date Not available
3. Nationality (White—U. S., Colored, Samoan, etc.) Religion (Denomination)
4. Eyes Hair Complexion Height Weight
5. Marks, scars, etc. (noted in health record) Information and Health Record not available

FINGERPRINT

State which finger Rt. Index
(Right index preferred)

6. Relation, name and address of next of kin or friend Not available

7. Original admission: Place Saipan Island Date 7-7-44
(Ship or station to which attached when first admitted to sick list)
8. Died: Place Saipan Island Date 7-7-44 Hour Unknown
9. Cause of death
Principal KILLED IN ACTION, DETAILS NOT KNOWN Key Letter "K"
Contributory
10. Death is not (Is or is not) the result of own misconduct and is (Is or is not) in the line of duty.
11. Disposition of remains Interred in the Fourth Marine Division Cemetery, Saipan Island, Mariana Islands, 7-7-44, Plot 4, Row 5, Grave 855.

12. Summary of facts relative to the death: Killed in action during the battle of Saipan Island, Mariana Islands, 7-7-44. Examination revealed multiple wounds of the body which are presumed to be the cause of death. Information taken from draft card and Social Security card.

NAT FILE
M. Hurley
27 Aug 2
Branch

16—15556

(Continue on back of this form)

M R Long
M. R. LONG, LT., M. C., U. S. Navy. R.
(Medical officer) (Rank)

Approved: Court of inquiry or board of investigation will not be held.
(Will or will not)

For J. R. LANIGAN, Colonel, U. S. Navy.
(Commanding officer) A.C. of S. (D-1) (Rank) Marine Corps.

16—15556 U. S. GOVERNMENT PRINTING OFFICE

Fisher, James L. Sgt. 35554620

Date of Death
7-17-44

NAF
File
M Nurley
28 Aug 50
Identification Branch

CM/3 GWA

1

DISINTERMENT DIRECTIVE

803-27A-76

SECTION A— NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE (DAY / MONTH / YEAR)
	6362 00000	15 / 11 / 47

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH (DAY / MONTH / YEAR)
Jane UNKNOWN	X-000028		8	

CEMETERY	DISPOSITION OF REMAINS (CODE / DIST. PT.)
SAIPAN 4TH MARINE DIV CEMETERY	0 0391 63

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
4	5	855	MARIANAS	6

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
GUAM NATIONAL CEMETERY MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)	

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	RANK	DATE OF DEATH	DATE DISINTERRED
UNKNOWN	X-000028	Unk	Unk	19 Mar 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY (NAME AND TITLE)
☐ REMAINS ☐ MARKER	UNKNOWN	Unk	M White, Emb

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Individual grave, uncasketed, nature of shroud undetermined	Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary Plate

MINOR DISCREPANCIES *1*

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 20 Jul 48 BY V R Williams, Emb

CASKET SEALED BY	EMBALMER (*Signature*)
C L Matthews, Emb	J E SPEER

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 20Jul48 BY P Mabazza	J E Morris, Clerk

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

FILED SEP 7 - 1949

F T DeGROODT, Capt CMP

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

QMC FORM REV 15 MAR 46 1194

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED			
FROM: US MAUSOLEUM (SAIPAN MI)		TO: PORT STORAGE OFFICER (SAIPAN MI)	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER:	
SIGNATURE OF SHIPPER: John H. Lott, JOHN H. LOTT, Maj CMP	DATE: 20 Jul 48	SIGNATURE OF RECEIVER: Robert G. Snowden, ROBERT G. SNOWDEN, 1st Lt Inf	DATE: 20 Jul 48

2. SHIPPED			
FROM: AGRS PORT (SAIPAN,MI)		TO: MASTER SF-278	
KIND OF CONVEYANCE: TRUCK		NAME OF CONVOYER:	
SIGNATURE OF SHIPPER: Harold E. Fike, HAROLD E. FIKE, CAPTAIN/MF INF	DATE: 12 Jan 49	SIGNATURE OF RECEIVER: Federico Jimenez, 1st Lt	DATE: 12 Jan 49

3. SHIPPED			
FROM: MASTER FS-278		TO: AGRS Mausoleum	
KIND OF CONVEYANCE: Truck		NAME OF CONVOYER:	
SIGNATURE OF SHIPPER: Federico Jimenez 1st Lt	DATE: 24 Jan 49	SIGNATURE OF RECEIVER: E. H. Newman, E. H. NEWMAN JR., Capt., TA.	DATE: 24 Jan 49

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:

CMY

JOHN EDGAR HOOVER
DIRECTOR

Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

CONFIDENTIAL
REGISTERED MAIL

May 9, 1945

The Quartermaster General
Army Service Forces, War Department
Washington 25, D. C.

Attention: Captain C. C. Pierce, Assistant

FINGERPRINT OF UNKNOWN DECEASED

Reference is made to your letter of March 28, 1945, submitting one NMS-Form N bearing the right index fingerprint of an individual supposed to be Robert Fisher, your reference SPQYG 293 Fisher, Robert (Saipan).

You are advised that this fingerprint has been searched, insofar as possible, through the fingerprint files of this Bureau without effecting an identification.

The NMS-Form N is returned herewith.

Please be assured of my desire to be of assistance in these matters.

Enclosure

Send copy to Mr. Fisher

SPQYG 293
Fisher, Robert
(Saipan)

28 March 45

SUBJECT: Fingerprint of Unknown Deceased.

TO : The Federal Bureau of Investigation, Department of Justice, Washington, D. C.
ATTENTION: Mr. J. Edgar Hoover.

1. It is requested that the fingerprint on the attached NMS Form N be compared with that in file for Robert Fisher, who was killed in action 7 July 44 at Saipan.

2. A report of your findings is requested with return of the form.

FOR THE QUARTERMASTER GENERAL:

1 Incl
NMS Form N

C. C. PIERCE
Captain, QMC
Assistant

BUREAU OF MEDICINE AND SURGERY FOLLOWING SHEET FILE NO.

END-1 20 March 1945 BUMED-ECd-PH QW20/P6-1

To: OQMG, Army Service Forces, Memorial Division, Washington 25, D.C.

Subj: Identification from print of right index finger on NavMed Form-N of Robert Fisher, interred Fourth Marine Division Cemetery, Saipan, Mariana Islands, Plot 4, Row 5, Grave 855.

1. It is requested that a check of the fingerprint on enclosure be made to establish identification of Robert Fisher as an Army man, no identification having been made by a check of the files of the Marine Corps.

By direction of the Chief, BuMed:

W. S. Douglass

W. S. DOUGLASS
By direction

- -

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
UNK. X-28, 4th Mar. Div. Cem., Saipan	6 June 1950

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	REINTERMENT
AGRS Mausoleum Manila P. I.	4	5	855		

PHYSICAL DESCRIPTION Age: 20 to 25 yrs.

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
144 to 170 lbs.	5'10½"	Brown	White

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

None

14. WAS BODY BURNED?	TO WHAT EXTENT?
☐ YES ☒ NO	
15. WAS BODY MANGLED?	TO WHAT EXTENT? Left tibia, femur, fibula, left tibia, fibula & humerus.
☒ YES ☐ NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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

None

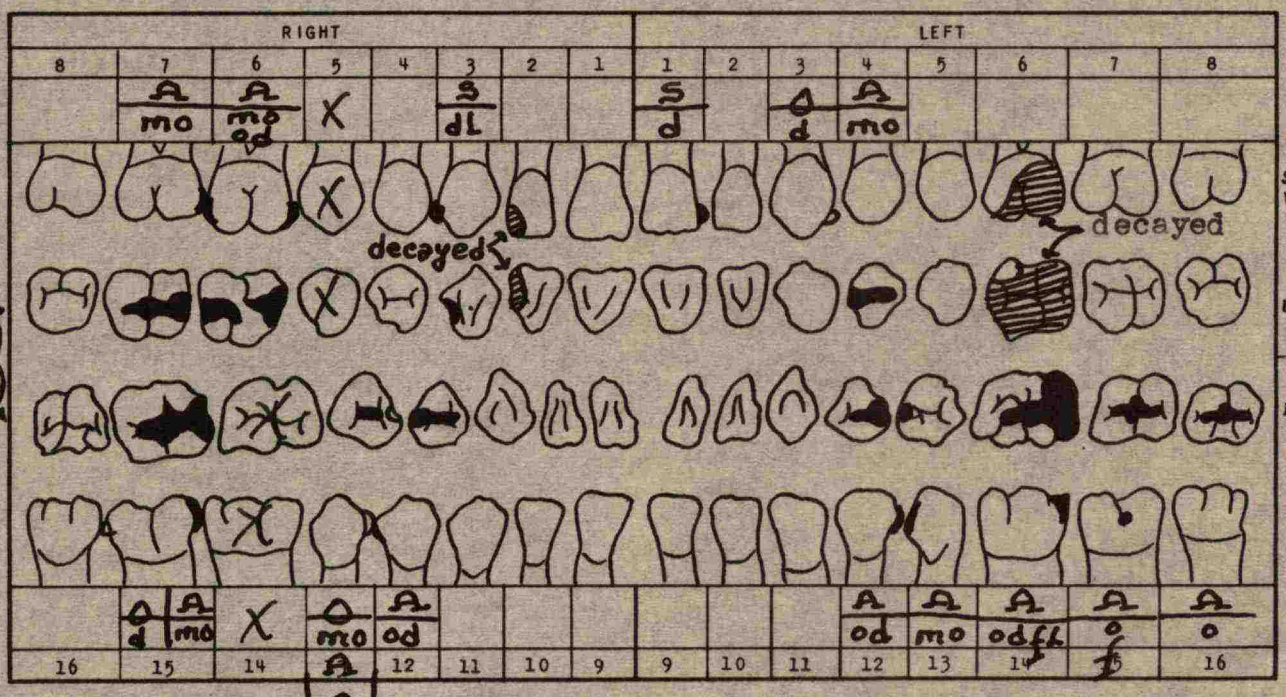
"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Unk. X-28, 4th Mar. Div. Saipan

18. TOOTH CHART

	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:	Tooth Missing	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain Crown	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	Gold Bridge	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	Gold Filling, Silver Filling	
CARIES *(Cavities)*: OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity, Decayed	



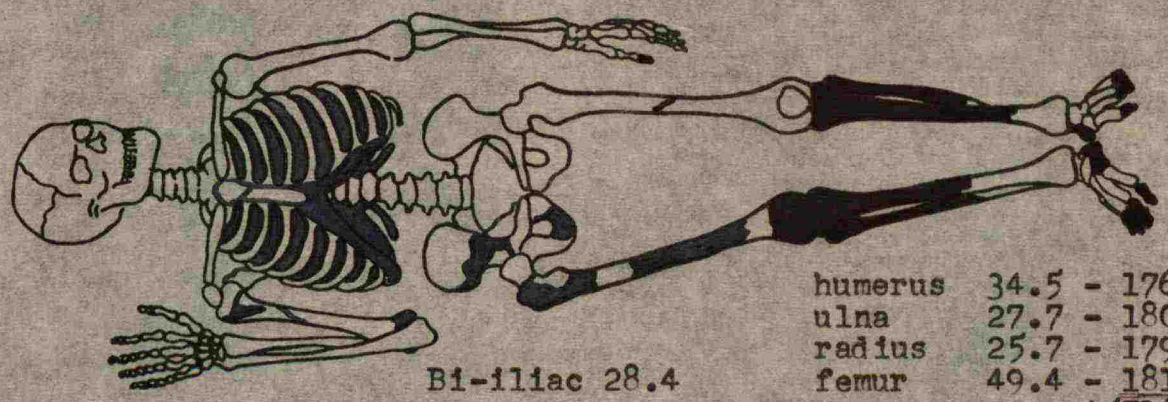
DENTURES *(Plates)*: DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

"UNIDENTIFIABLE"
BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

Paul R. Nichols
PAUL R NICHOLS
Chief Ident. Section

Unk. X-28, 4th Mar. Div. Saipan

19. BLACK OUT PARTS OF BODY NOT RECOVERED



humerus	34.5	- 176
ulna	27.7	- 180
radius	25.7	- 179
femur	49.4	- 181
		4/716
		179

Bi-iliac 28.4

Estimated height 5'10½"

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

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

_____
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tag, personal effect or any other means of identification found with remains.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION	SIGNATURE
PAUL R NICHOLS Chief Ident. Section	Paul R. Nichols

QMC FORM 18 MAR 47 1044b Rev 47

29E-21—12-47

QMC FORM 1044
Rev. 7 Apr. 1945

RESTRICTED

2882

REPORT OF DISINTERMENT FOR IDENTIFICATION

DATE: 12 May 1946

1. REMAINS OF (Name): Unknown X-28

SERIAL NUMBER: ---

GRADE: ---

ORGANIZATION: ---

NAME, NUMBER AND LOCATION OF CEMETERY	PLOT	ROW	GRAVE NO.
4th Marine Division Cemetery, Saipan, M. I.	4	5	855

2. DATE OF DISINTERMENT: 11 May 1946

DATE OF REINTERMENT: 11 May 1946

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

Buried five feet deep. Body completely decomposed, and very much shattered.

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

unknown

ON REMAINS

Hair light brown. Tooth chart.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

unknown X-28

ON REMAINS

Copy of report of interment.

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

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

Incl 2

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)

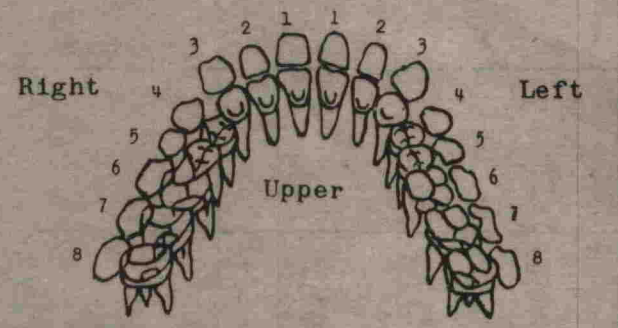
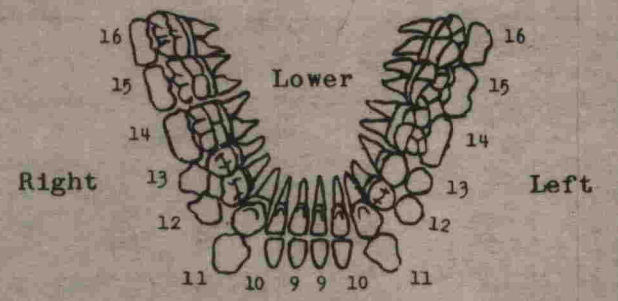


Diagram represents the mouth wide open



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

R/R BRANCH, MEMORIAL DIVISION, OQMG

2832

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.

DATE: 12 May 46

LAST NAME: unknown X-28 FIRST INITIAL

RANK: ---

SERIAL NO.:

UNIT: ---

ORGANIZATION: ---

PLACE OF DEATH: Saipan, M. I.

PLACE OF BURIAL: 4th Mar. Div. Cemetery

PLOT: 4 ROW: 5 GRAVE NO.: 855

RIGHT — UPPER TEETH — LEFT

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE		A	A	X	A	S	O		S		O	A		O		O	TYPE
LOCATION		OM	ODM		OD	FD	D		D		D	O		ODM		F	LOCATION

INSIDE — LOOKING OUT

RIGHT — LOWER TEETH — LEFT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE		A	X	A								A	A	A	A	A	TYPE
LOCATION		ODM		ODM								OD	M	OD	O	O	LOCATION

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
X — EXTRACTED	A — AMALGAM (SILVER)	m — MESIAL (BETWEEN-TOWARD FRONT)
O — CAVITY. INDICATE LOCATION	G — GOLD	o — OCCLUSAL (BITING SURFACE BACK TEETH)
X — FIXED BRIDGE (INCL. ABUTMENTS)	S — SILICATE OR PORCELAIN	d — DISTAL (BETWEEN-TOWARD BACK)
X — TEETH REPLACED BY DENTURE	O — OXYPHOSPATE (CEMENT)	l — LINGUAL (TOWARD TONGUE)
P — POSTHUMOUSLY MISSING (LOST AFTER DEATH)		f — FACIAL (TOWARD CHEEK)

QMC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

Incl #2

25-76080-150M

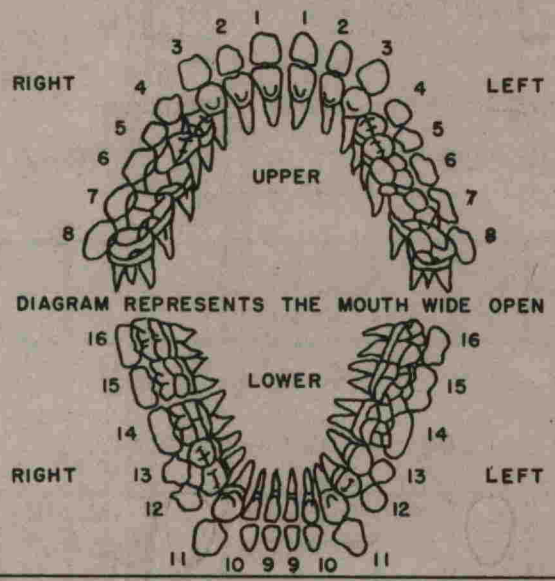
INSTRUCTIONS:

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.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART	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
604th QM GR Co. 2d Plat., APO 244 PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED	12 May 1946 DATE

QMC FORM 1044
Rev. 7 Apr. 1945

RESTRICTED

DATE 12 May 1946

REPORT OF DISINTERMENT FOR IDENTIFICATION

2832

1. REMAINS OF (Name) Unknown X-28	SERIAL NUMBER ---
GRADE ---	ORGANIZATION ---

NAME, NUMBER AND LOCATION OF CEMETERY	PLOT	ROW	GRAVE NO.
4th Marine Division Cemetery, Saipan, M. I.	4	5	855

2. DATE OF DISINTERMENT 11 May 1946	DATE OF REINTERMENT 11 May 1946

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

Buried five feet deep. Body completely decomposed, and very much shattered.

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

unknown

ON REMAINS

Hair light brown. Tooth chart.

WHAT IDENTIFICATION USED UPON REINTERMENT: ON MARKER

unknown X-28

ON REMAINS

Copy of report of interment.

5. SIGNATURE OF OFFICER SUPERVISING DISINTERMENT AND REINTERMENT.

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

Incl #2

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)

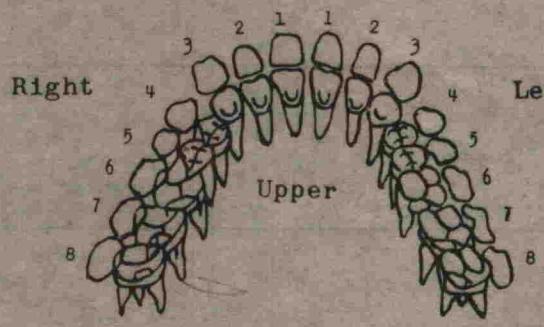
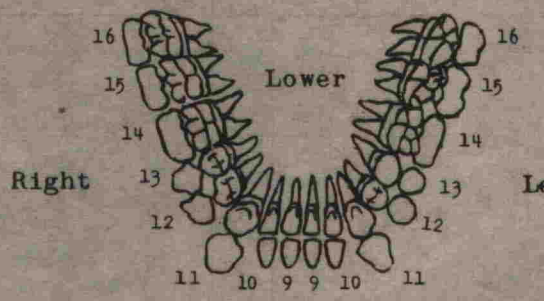


Diagram represents the mouth wide open



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

R/R BRANCH, MEMORIAL DIVISION, OQMG

2832

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.

DATE: 12 May 46

LAST NAME / FIRST / INITIAL: unknown X-28

RANK: ---

SERIAL NO.:

UNIT: ---

ORGANIZATION: ---

PLACE OF DEATH: Saipan, M. I.

PLACE OF BURIAL: 4th Mar. Div. Cemetery

PLOT: 4

ROW: 5

GRAVE NO.: 855

UPPER TEETH — RIGHT / LEFT

	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE		A	A	X	A	S	(O)		S		(O)	A		(O)		(O)	TYPE
LOCATION		OM	ODM		OD	FD	D		D		D	O		ODM		F	LOCATION

INSIDE — LOOKING OUT

LOWER TEETH — RIGHT / LEFT

	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE		(A)	X	(A)								A	A	A	A	(A)	TYPE
LOCATION		ODM		ODM								OD	M	OD	O	O	LOCATION

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
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O — CAVITY. INDICATE LOCATION	G — GOLD	o — OCCLUSAL (BITING SURFACE BACK TEETH)
X — FIXED BRIDGE (INCL. ABUTMENTS)	S — SILICATE OR PORCELAIN	d — DISTAL (BETWEEN-TOWARD BACK)
X — TEETH REPLACED BY DENTURE	O — OXYPHOSPATE (CEMENT)	l — LINGUAL (TOWARD TONGUE)
P — POSTHUMOUSLY MISSING (LOST AFTER DEATH)		f — FACIAL (TOWARD CHEEK)

QMC FORM 1045 5 FEB 46

REVERSE SIDE FOR INSTRUCTIONS

Incl # 2

25-76080-150M

INSTRUCTIONS:

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

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

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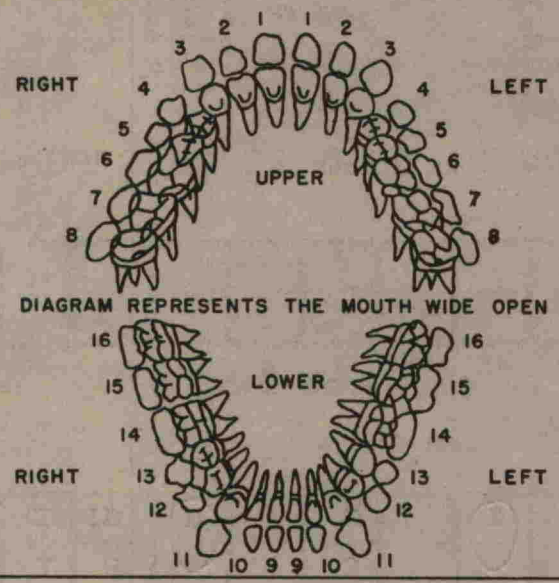
4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH, SEE DIAGRAM BELOW.



REMARKS:

SIGNATURE OF PERSON WHO PREPARED CHART	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
604th QM GR Co, 2d Plat., APO 244 PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED	12 May 1946 DATE

EXHUMATION RECORD
CEMETERY OPERATIONS Date _____

A. NAME AND BURIAL LOCAT ON OF DECEASED

Name	Rank	Serial No.	Date of Death	Arm
UNKNOWN X-28	—	X-000028	0201 63	8

Cemetery	Plot	Row	Grave	Country	D. D. Number
Saipan 4th Marine Div.	4	5	865	Marianas Is.	6362 00000

B. DISINTERMENT AND IDENTIFICATION

Name	Rank	Serial No.	Date of Death	Date Disinterred
UNKNOWN	—	-------	-------	19 Mar 48

Identification tag on	Organitzation	Re on	Identification verified by
Remains ___ Marker ___	-----	---	M.WHITE EMB

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial INDIVIDUAL GRAVE
Condition of remains
UNCASKETED.NATURE OF SHROUD UNDETERMINED SKELETAL REMAINS INCOMPLETE

Other means of identification
MORTUARY PLATE SURFACE

Minor Discrepancies (Prepare 1194a for Major Discrepancies)
NONE

D. REMAINS PREPARED AND PLACED IN CASKET

Casket sealed by
Embalmer (Signature) M.WHITE

Casket marked
Checker (Signature) J.WHITE

REMARKS:
QMC FORM #1042 found on remains
Shows: X-28 UNKNOWN
SEE DETACHED FORM #1042

CONSIGNEE:
GUAM NATIONAL CEMETERY
[redacted] MARIANAS ISLANDS
(BY ADMINISTRATIVE ORDER)

STATION FILE

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

G.M.CLARK 1st Lt.Inf
Signature of GRS Inspector (Cemetery)

PROCESSING OPERATIONS

Name	Rank	Serial No.	Date Processed
Unknown X-28			20 July 48

Identification tag on Identification verified by:
Casket ___ Remains ___ M White Emb
Other means of identification
Mort Plate

Minor Discrepancies (Prepare 1194a for Major Discrepancies)
20 July 48 None

Casket sealed by
Embalmer (Signature) V.R. Williams Emb

C. L. Matthews
Casket marked
Checker (Signature)

20 July 48 P Malanga
J. E. Morris clk

REMARKS:

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

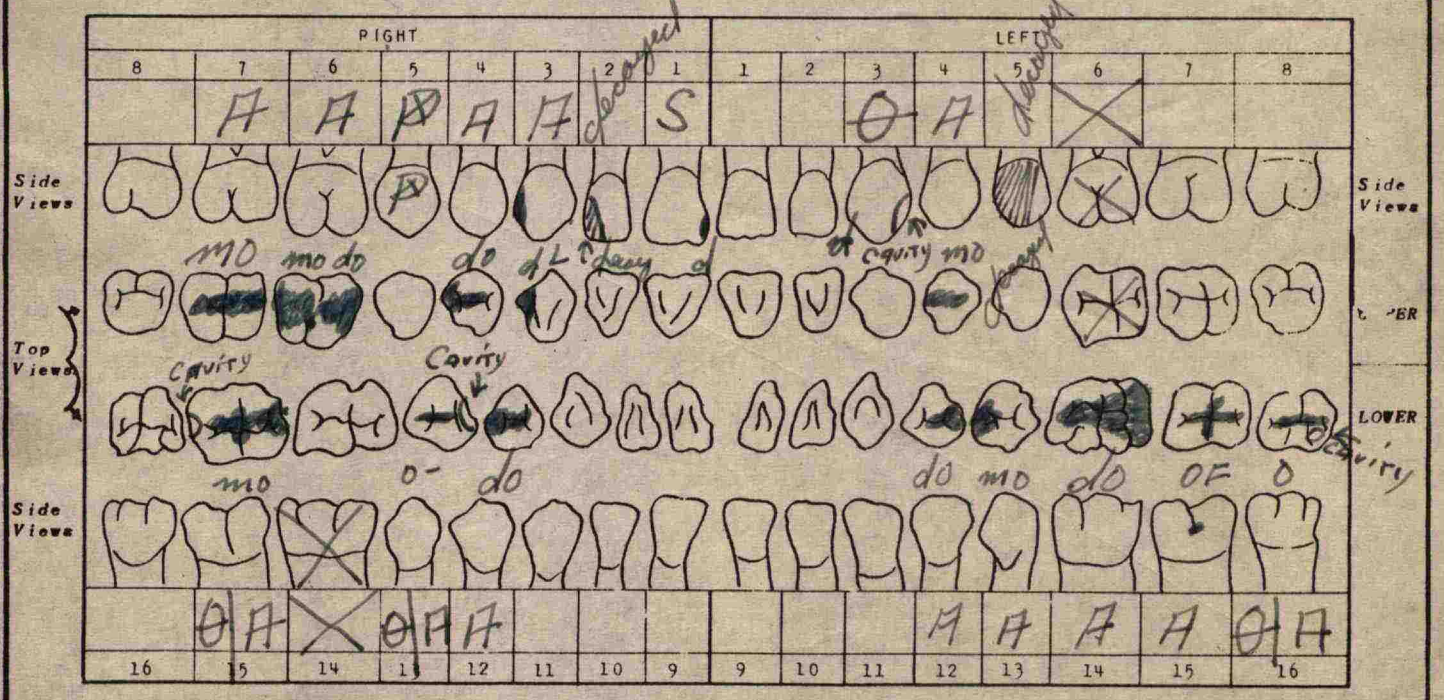
GRS Inspector (Processing Point)

Form S39105TSU No. 2

UNKNOWN X-28 SAIPAN 4th Marine Div Cem. P-4, R-5, G-863. 2 July 48

18. TOOTH CHART

	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:	Tooth Missing	
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:	Gold Crown, Porcelain Crown	
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:	Gold Bridge	
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:	Gold Filling, Silver Filling	
CARIES *(Cavities)*: OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:	Cavity, Decayed	



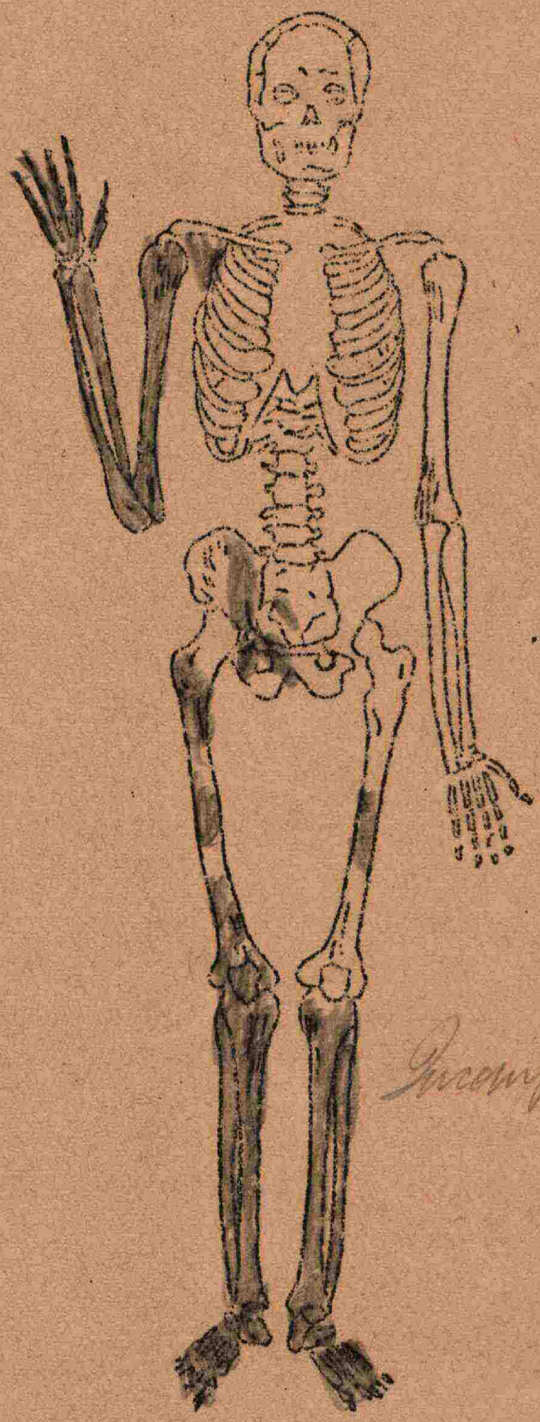
DENTURES *(Plates)*: DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

O C Speer (Embalmer) J J LeGrand Capt USA

QMC FORM 1044a
18 MAR 47

PROCESSING CENTER

Unknown X-28 Saipan 4th Marine Div Cem
(Name) (Rank) (Ser No.) (Br of Sv)



Incomplete Skeleton

SKELETAL CHART

RESTRICTED

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

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

2832

Date of Report: 19 April 1946

Imprint Identification Tag If Possible. DO NOT TYPE

SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)	Serial Number
Unknown X-28	unknown

Grade	Organization	Branch of Service
---	---	---

Race	Religion	If Other than U. S. Dead, Give Name of Country
---	---	---

Place of Death	Cause of Death	Date of Death
Saipan Island, M.I.	unknown	unknown

Emergency Addressee (Name, Relationship and Address)

unknown

Identification Tags Found on Body (1, 2, or None): none

Were Substitute Tags Provided (Yes or No): no

If No Tags Found on Body, Describe Means of Identification. If Unidentified, Fill in Section 3 on Reverse

Unidentified

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

4th Marine Division Cemetery, Saipan Island, Marianas Islands.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
unknown	---	unknown	cross	4	5	855

Was This a Re-Burial (Yes or No): no

If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave: ---

Plot No.	Row No.	Grave No.

Type of Religious Ceremony: unknown

Person Conducting Burial Rites: unknown

Identification Tag Buried With Body (Yes or No): no

Identification Tag Attached to Marker (Yes or No): no

If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body: unidentified

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Fitch, D. S.	Pvt	368633	USMC	856

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Boyd, R. V.	Pfc	434345	USMC	854

Signature of Person Preparing Report

Signature of GRS Officer Verifying Report: William M. Brewster
WILLIAM M. BREWSTER, 1st Lt., QMC

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

Incl #1

RESTRICTED

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

SECTION 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 fingerprints or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

Height	Weight	Color of Eyes	Color of Hair	Birthmarks, Scars or Tattoos

Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found

Other Identification Clues

No Identifying clues available.

Fillings

Cavities

Missing Teeth

Crowned Teeth

Bridge Work

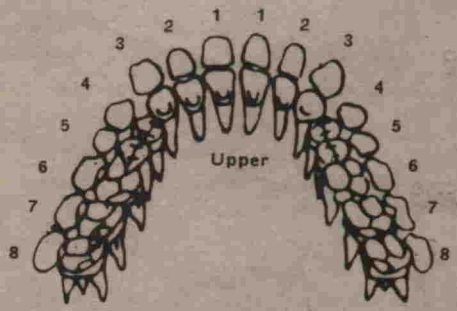
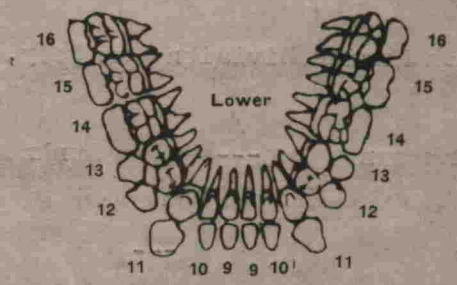


Diagram Represents the Mouth Wide Open



not available

Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery

Remarks

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

REPORT OF INTERMENT

(AR 30-1810 and AR 30-1815)

832

Date of Report: 19 April 1946

Imprint Identification Tag If Possible. DO NOT TYPE

SECTION 1. IDENTIFICATION

Name (Last, First, Middle Initial)	Serial Number
Unknown X-28	unknown

Grade	Organization	Branch of Service
---	---	---

Race	Religion	If Other than U. S. Dead, Give Name of Country
---	---	---

Place of Death	Cause of Death	Date of Death
Saipan Island, M.I.	unknown	unknown

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Were Substitute Tags Provided (Yes or No): no

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Unidentified

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

4th Marine Division Cemetery, Saipan Island, Marianas Islands.

Date of Burial	Hour	Buried in (Shroud, Blanket, or name of other)	Type of Grave Marker	Plot No.	Row No.	Grave No.
unknown	---	unknown	cross	4	5	855

Was This a Re-Burial (Yes or No)	If a Re-Burial, Indicate Name, Number, Coordinates of Previous Cemetery, and Location of Grave	Plot No.	Row No.	Grave No.
no	---	---	---	---

Type of Religious Ceremony	Person Conducting Burial Rites	If Identification Tags Not Used, Describe Identification Data and Containers Buried with Body
unknown	unknown	unidentified

Identification Tag Buried With Body (Yes or No)	Identification Tag Attached to Marker (Yes or No)
no	no

Body Buried on Deceased Left, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Fitch, D. S.	Pvt	368633	USMC	856

Body Buried on Deceased Right, Name (Last, First, Middle Initial)	Rank	Serial Number	Organization	Grave No.
Boyd, R. V.	Pfc	434345	USMC	854

Signature of Person Preparing Report

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WILLIAM M. BREWSTER, 1st Lt., QMC

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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

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Weapon and Serial Number	Laundry Mark	Where Body Was Buried or Found

Other Identification Clues

No Identifying clues available.

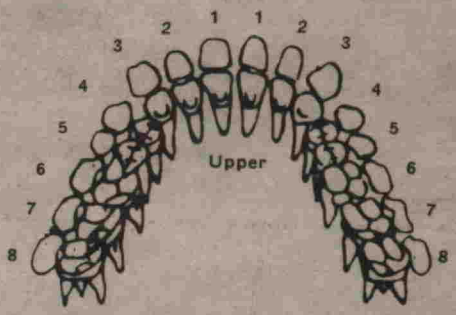
Fillings

Cavities

Missing Teeth

Crowned Teeth

Bridge Work



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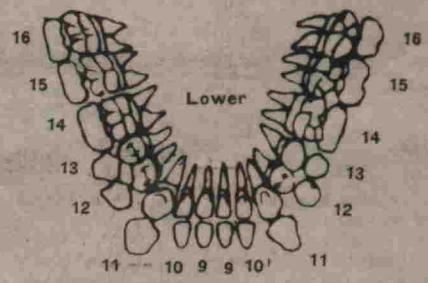

not available

Furnish Sketch and Map Reference and Coordinates for Burial in Other Than Established Cemetery

Remarks

Graves Registration
Form No. 1
(Revised May 11, 1943)

Lieut. Fisher, R.

REPORT OF INTERMENT
(TM 10-630 AND AR 30-1815)

Unknown X-28
(Last name) (First) (Initial) (Serial number) (Rank) (Organization)

(Place of death) (Date of death) (Cause of death)

4th Marine Division Cemetery, Saipan, MI
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

855 (Grave number) 5 (Row number) 4 (Plot number) (Type of marker—Regulation V-shaped or other)

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

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

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

Body buried on RIGHT (Name) (Serial number) (Rank) (Organization) (Grave number)

Body buried on LEFT (Name) (Serial number) (Rank) (Organization) (Grave number)

(Name and address of EMERGENCY ADDRESSEE) (Name and address of LEGAL NEXT OF KIN)

64A

List only personal effects FOUND ON BODY and disposition of same:

LEFT HAND

4

3

2

1

THUMB

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS (W. D. Cir. No. 79; 3/19/43). If unable to obtain a complete set of fingerprints, **TAKE THOSE YOU CAN**, and fill in as many of the following as you are able:

Height:	Apparent nationality:
Weight:	Laundry marks:
Color of eyes:	Number of rifle:
Color of hair:	Wear glasses?
Race:	Is tooth chart attached?

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

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

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

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

.....

(Signature of officer or other person reporting burial)

.....

(Verified by Army GRS Officer)

8075 65A

4

3

2

1

THUMB

RIGHT HAND

Screened
18 July 50
BOJ