

293-UNK.

Saipan

X-40

(4th Marine Div.)

'50JW

B

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Misc. Saipan 4<sup>th</sup> Marine Div.  
(misc)

## SYNOPSIS AND DATES

X-39   X-40   X-42   X-44   X-45   X-52   X-57

NEW CLASSIFICATION misc. filed  
293 Saipan 4<sup>th</sup> M. Div. X-39

11/17/50  
Dml

# RECLASSIFICATION SHEET

/drs

1

Interred 30 March 1950  
L 6 67 Ft. McKinley

*Carl R. H. Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

DIRECTIVE NUMBER  
6362 81286

DATE  
29 03 50  
DAY MONTH YEAR

NAME

UNKNOWN X - 40

SERIAL NUMBER

GRADE

ARM

RACE RELIGION

CEMETERY

4TH MARINE DIVISION CEMETERY, SAIPAN

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

1

1

9

7701

80

CODE

DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

UNITED STATES MILITARY CEMETERY  
FT. WM. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

UNKNOWN X-40

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

30 March 50

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

PAUL R NICHOLS  
Embalmer

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Shelter Half

CONDITION OF REMAINS

Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 30 March 50  
CASKET SEALED BY

BY PAUL R NICHOLS

EMBALMER (Signature)

*Paul R Nichols*  
PAUL R NICHOLS

CASKET BOXED AND MARKED  
PAUL R NICHOLS

SHIPPING ADDRESS VERIFIED BY

DATE 30 Mar 50 BY RAYMOND H TANGUAY, Sgt., RA

L. W. RICHARDSON, M/Sgt., RA

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

*L. W. Richardson*  
L. W. RICHARDSON, M /Sgt., RA

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE  
24 APR 1950  
REPAIRATION  
BRANCH

# RECORD OF CUSTODIAL TRANSFER

1. SHIPPED	
FROM <b>AGRS MAUSOLEUM</b>	TO <b>US MILITARY CEMETERY</b>
KIND OF CONVEYANCE <b>TRUCK</b>	NAME OF CONVOYER
SIGNATURE OF SHIPPER	SIGNATURE OF RECEIVER <i>Caremark</i>
DATE	DATE <b>MAR 30 1950</b>

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

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

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

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

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

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

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6362 81286

DATE  
29 03 50  
DAY MONTH YEAR

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

CEMETERY: 4TH MARINE DIVISION CEMETERY, SAIPAN PLOT: 1 ROW: 1 GRAVE: 9 DISPOSITION OF REMAINS: 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
UNITED STATES MILITARY CEMETERY  
PT. WM. HOKINLEY, P. I.

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISTINTERRED:

IDENTIFICATION TAG ON: 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: EMBALMER (Signature):

CASKET BOXED AND MARKED: SHIPPING ADDRESS VERIFIED BY:

DATE: BY:

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

SIGNATURE OF AGRS INSPECTOR

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

Incl #120

# RECORD OF CUSTODIAL TRANSFER

## 1. SHIPPED

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

## 2. SHIPPED

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

## 3. SHIPPED

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

## 4. SHIPPED

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

## 5. SHIPPED

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

## 6. SHIPPED

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

## 7. SHIPPED

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

RECEIVED BY BHII

293 - Unk. P. I. (Misc.) ( Maus. Manila) ( X-39, X-40, X-42, X-44, X-45, X-52 & X-57)

QMSM 293

AGRS Far East

8 March 1950

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer  
American Graves Registration Service  
Philcom Zone  
APO 900, c/o Postmaster  
San Francisco, California

1. Reference is made to the following Unknown remains now stored at the AGRS Mausoleum, Manila, P. I.:

Unknown	X-39,	4th	Marine	Div.	Saipan,	Unit	2,	Page	3
"	X-40,	"	"	"	"	"	"	"	"
"	X-42,	"	"	"	"	"	"	"	"
"	X-44,	"	"	"	"	"	"	"	"
"	X-45,	"	"	"	"	"	"	"	"
"	X-52,	"	"	"	"	"	"	"	"
"	X-57,	"	"	"	"	"	"	"	"

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as Unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ  
Lt. Colonel, QMC  
Memorial Division

COPY:  
m/s

*Copy 293 with Saipan 7-40 (4th Marine Div)*

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

APO 900

14 Feb. 1950

(Date)

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 40, Plot 1,  
Row 1, Grave 9, USMC SAIPAN. 4th MARINE, 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*  
H. B. McNEMAR  
Captain, QMC  
Chief, Records Branch

Received 28 Feb 1950  
Not identifiable from  
information presently  
available  
*Robert W. Miller*



## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <b>UNKNOWN X-40</b>			2. DATE OF REPORT <b>14 Feb. 1950</b>	
3. NAME OF CEMETERY  <b>SAIPAN, 4th Marine</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	<b>1</b>	<b>1</b>	<b>9</b>	DISINTERMENT REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT <b>U T D</b>	9. ESTIMATED HEIGHT <b>72"</b>	10. COLOR OF HAIR <b>Dark Brown</b>	11. RACE <b>UTD</b>
-------------------------------------	-----------------------------------	--	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**N o n e**

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

**U T D**

14. WAS BODY BURNED? TO WHAT EXTENT?

YES  NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES  NO **See Skeletal chart**

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

**N o n e**

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)

**N o n e**

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

*[Handwritten signature]*

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

TOP VIEW

SIDE VIEW



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



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
<i>Missing</i>															
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
X	X	X	H										X	H	X
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

"UNIDENTIFIABLE"

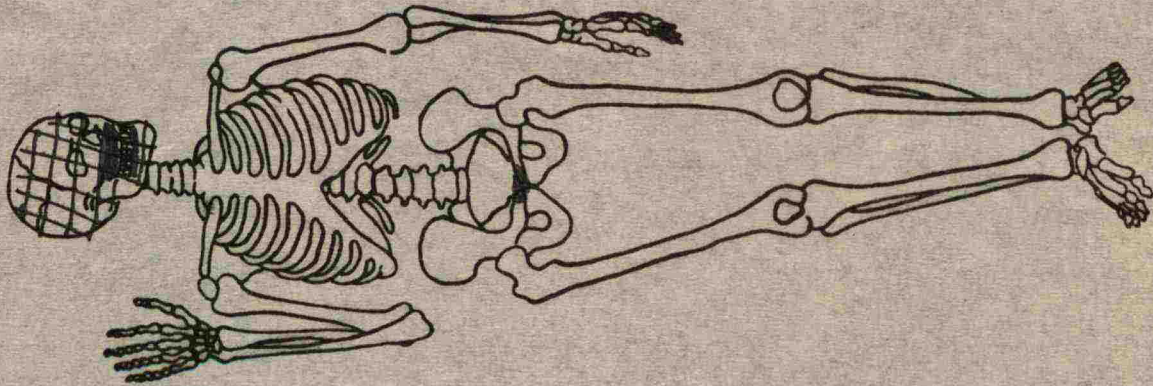
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Ident. Section

*July 23*

19. BLACK OUT PARTS OF BODY NOT RECOVERED



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

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

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

21. REMARKS AND ADDITIONAL INFORMATION

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

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS  
Chief, Ident. Section

SIGNATURE

*Paul R. Nichols*

1

H803 H803  
R3 R1  
F83 F80

### DISINTERMENT DIRECTIVE

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

NAME <i>ggs</i> UNKNOWN	SERIAL NUMBER X-40	RANK	ARM 8	DATE OF DEATH DAY   MONTH   YEAR
CEMETERY SAIPAN 4TH MARINE DIV CEMETERY	DISPOSITION OF REMAINS 0 0391 63 CODE .   DIST. PT.			CAUSE OF DEATH 6
PLOT 1	ROW 1	GRAVE	COUNTRY 9 MARIANAS	

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

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

#### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN	SERIAL NUMBER X-000040	RANK Unk	DATE OF DEATH Unk	DATE DISTINTERRED 8 Mar 48
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION Unk	IDENTIFICATION VERIFIED BY C P SCARBOROUGH, Emb NAME AND TITLE	

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

NATURE OF BURIAL Individual grave, unskated, nature of shroud undetermined	CONDITION OF REMAINS Skeletal remains, incomplete
OTHER MEANS OF IDENTIFICATION Mortuary Plate	

MINOR DISCREPANCIES 1  
None

REMAINS PREPARED AND PLACED IN CASKET  
DATE 19 Jul 48 BY J R WILLIAMS, Emb

CASKET SEALED BY J R WILLIAMS, Emb	EMBALMER (Signature) <i>O D Campbell</i> O D CAMPBELL
---------------------------------------	---

CASKET BOXED AND MARKED DATE 19 Jul 48 BY P SAYAN	SHIPPING ADDRESS VERIFIED BY MAX CHELOFSKY, Clerk.
--	---

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

*F T DeGroodt*  
F T DeGroodt, Capt CMR

SIGNATURE OF GRS INSPECTOR  
SEP 7 - 1948

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

## 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 <i>John H. Lott</i> JOHN H. LOTT, Maj CMP	DATE 19 Jul 48	SIGNATURE OF RECEIVER <i>Robert G. Snowden</i> ROBERT G. SNOWEN, 1st Lt. INF	DATE 19 Jul 48

### 2. SHIPPED

FROM PORT STORAGE OFFICER ( SAIPAN, M. I. )		TO TRANSPORT COMMANDER USAT DALTON VICTORY	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Robert G. Snowden</i> ROBERT G. SNOWEN, 1st Lt. INF	DATE 6 Oct 48	SIGNATURE OF RECEIVER <i>Clay W. Rodman</i> 1st Lt. T.S.	DATE 6 Oct 48

### 3. SHIPPED

FROM DALTON VICTORY		TO AGRS Mausoleum	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER <i>Clay W. Rodman</i> CLAY W. RODMAN, 1st Lt. T.S.	DATE OCT 10 1948	SIGNATURE OF RECEIVER <i>E. N. Newman Jr.</i> E. N. NEWMAN JR., Capt., FA.	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 (SPECIAL ORDER)		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

EXHUMATION RECORD  
CEMETERY OPERATIONS

Date 0391-65

A. NAME AND BURIAL LOCATION OF DECEASED

Name UNKNOWN Rank X-40 Serial No. ----- Date of Death ----- Arm 8  
Cemetery Saipan 4th Marine Div. Plot 1 Row 1 Grave 9 Country Marianas Is. D.D. Number 6362 00000

B. DISINTERMENT AND IDENTIFICATION

Name UNKNOWN Rank --- Serial No. --- Date of Death --- Date Disinterred 8 Mar 48

Identification tag on Organization Religion --- Identification verified by C. P. SCARBOROUGH - Emb  
Remains  Marker  --- ---

C. PREPARATION OF REMAINS FOR SHIPMENT

Nature of Burial Individual grave Skletal remains incomplete  
Nature of shroud undetermined incomplete, incomplete skeletal  
Other means of identification Mortuary plate on marker

STATION BILL

Minor Discrepancies (Prepare 1194a for Major Discrepancies)

D. REMAINS PREPARED AND PLACED IN CASKET

Casket sealed by Embalmer (Signature) C. P. SCARBOROUGH  
Casket marked Checker (Signature) Harry S. Williamson

REMARKS: CONSIGNEE: GUAM NATIONAL CEMETERY MARIANAS ISLANDS (BY ADMINISTRATIVE ORDER)

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

A. C. BUNNELL, 1st Lt., Inf.

Signature of GRS Inspector (Cemetery)

PROCESSING OPERATIONS

Name Unknown X-40 Rank --- Serial No. --- Date Processed 19 July 48

Identification Tag on Identification verified by: C. P. Scarborough, Emb  
Casket  Remains  ---  
Other means of identification Mortuary plate

Minor Discrepancies (Prepare 1194a for Major Discrepancies) None

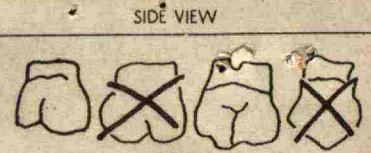
19 June 48  
Casket sealed by J. R. Williams Embalmer (Signature) J. R. Williams Emb.  
Casket marked P. Sagan Checker (Signature) Max Campbell  
REMARKS:

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

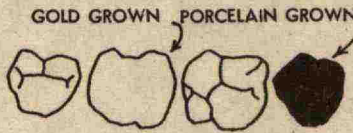
J. R. Williams  
GRS Inspector (Processing Point)

TOOTH CHART

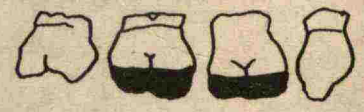
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



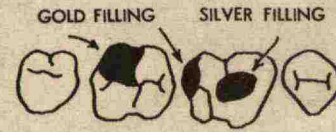
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



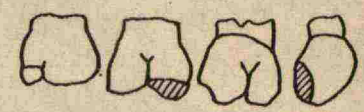
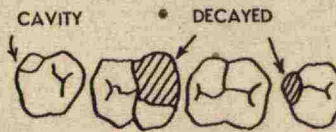
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**FILLINGS:** DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



**CARIES (Cavities):** OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		<i>maxilla missing</i>																	
SIDE VIEWS		[Side view drawings of upper teeth]																SIDE VIEWS	
TOP VIEWS		[Top view drawings of upper teeth]																UPPER	
		[Top view drawings of lower teeth with 'X' marks and 'MO' label]																LOWER	
SIDE VIEWS		[Side view drawings of lower teeth]																	
		X	X	X											X	A	X		
		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."

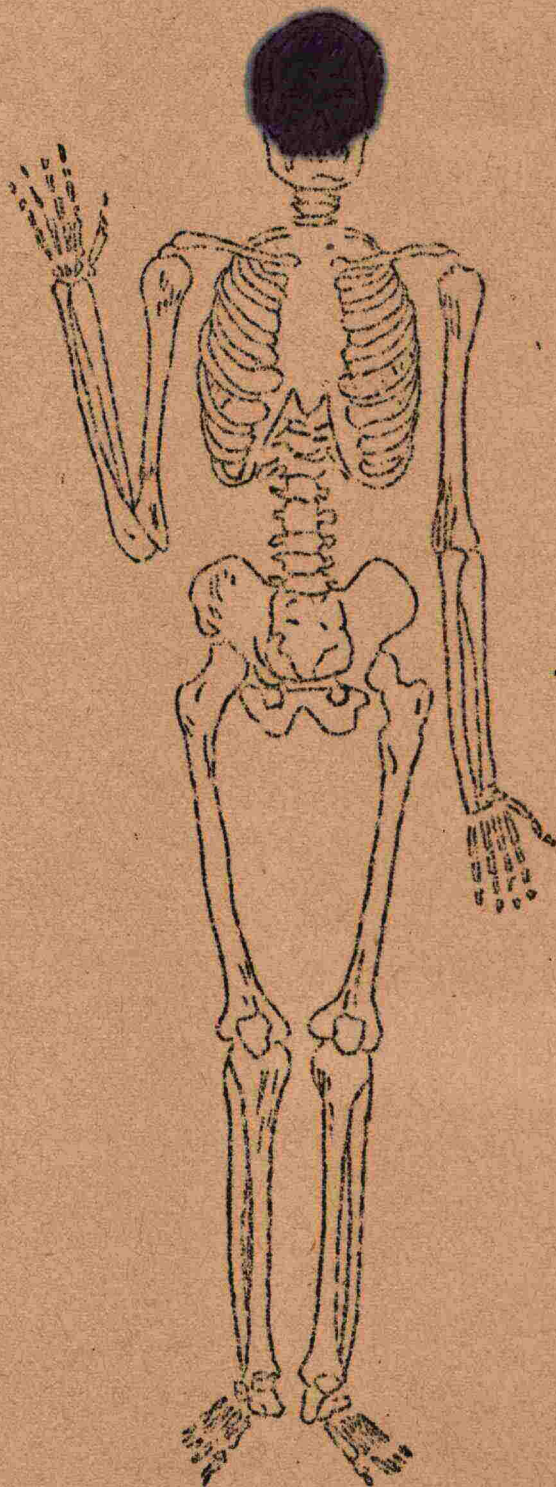
*OD Campbell Embalar*

*Unknown X-40*  
(Name)

PROCESSING CENTER  
*Sapper*  
(Rank)

*4th Mar Div.*  
(Ser No.)

(Br of Sv)



*Skeletal Remains Incomplete*  
SKELETAL CHART



Cemetery  
4th. Mar. Div.  
Com. Saipan

DATA ON REMAINS

NOT YET IDENTIFIED  
DECLARED UN-IDENTIFIABLE

Unknown Number  
X-40

Plot Row Grave  
1 1 9

Associated Cases:

Laundry Markings:

Insignia

Latest  
Reprocessing: Feb. 50

Tooth Chart

Anthropologist: Nichols

MAXILLA MISSING

Date of Death (est)

Place of Death

R-8 \_\_\_\_\_  
R-7 \_\_\_\_\_  
R-6 \_\_\_\_\_  
R-5 \_\_\_\_\_  
R-4 \_\_\_\_\_  
R-3 \_\_\_\_\_  
R-2 \_\_\_\_\_  
R-1 \_\_\_\_\_

Cause of Death

Place of Recovery

L-1 \_\_\_\_\_  
L-2 \_\_\_\_\_  
L-3 \_\_\_\_\_  
L-4 \_\_\_\_\_  
L-5 \_\_\_\_\_  
L-6 \_\_\_\_\_  
L-7 \_\_\_\_\_  
L-8 \_\_\_\_\_

Est. Height

Est. Weight

Hair  
Dark  
Brown

Est. Age

Shoe Sz.

72"

UTD

R-16 X  
R-15 X  
R-14 X  
R-13 oA  
R-12 \_\_\_\_\_  
R-11 \_\_\_\_\_  
R-10 \_\_\_\_\_  
R-9 \_\_\_\_\_

Fractures / Breaks

Condition of Remains:

None

L-9 \_\_\_\_\_  
L-10 \_\_\_\_\_  
L-11 \_\_\_\_\_  
L-12 \_\_\_\_\_  
L-13 \_\_\_\_\_  
L-14 oA  
L-15 oA (E)  
L-16 X

Additional Information:

Personal Effects:

None

Date: 14 February 1950

Date Approved Unidentifiable:

8 March 1950

Transmittal Letter Number:

IDENTIFICATION SECTION  
EXPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

X-40

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

REPORT OF INTERMENT  
(TM 10-630 AND AR 30-1215)

87-11

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

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

4th Marine Division Cem., Saipan  
-----  
(Time and date of burial) (Name of cemetery) (Name or coordinates of location)

-----  
9 - 1 1  
(Grave number) (Row number) (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)

84A

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

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

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

RIGHT HAND



Screened  
15 July 50  
JCH