293-UNK. Saipan X-42 (4th Mar. Div.) '50JW

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Unk. Saipan 4th Marine Div (misc)

SYNOPSIS AND DATES

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

misc filed

NEW CLASSIFICATION 293 Saipan 4th Marine Div.
X-39
11/17/50
Dow

RECLASSIFICATION SHEET

/bpm

1

Interred 30 Ma[illegible] 1950
F 11 2 Ft. McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

Carl R. H. Mark

CARL R. H. MARK
Cemetery Superintendent

DIRECTIVE NUMBER: 6362 81291

DATE: 29 (DAY) 03 (MONTH) 50 (YEAR)

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 42					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS CODE	DIST. CTR.
4TH MARINE DIVISION CEMETERY, SAIPAN	1	6	72	7701	80

SECTION B — CONSIGNEE AND NEXT OF KIN

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

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

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-42				29 March 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: 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 29 March 50 BY PAUL R NICHOLS
EMBALMER (Signature) Paul R. Nichols
PAUL R NICHOLS

CASKET SEALED BY PAUL R NICHOLS

CASKET BOXED AND MARKED
DATE 29 March 50 BY RAYMOND H TANGUAY Sgt 1c, RA

SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA

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

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

REMARKS AND SPECIAL INSTRUCTIONS

✓

FILE
24 APR 1950
REPATRIATION BRANCH

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:	SIGNATURE OF RECEIVER: Earl R. Hmark
DATE:	DATE: MAR 30 1950

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 81291	DATE: 29 (DAY) 03 (MONTH) 50 (YEAR)

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 42					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS: CODE	DISPOSITION OF REMAINS: DIST. CTR.
4TH MARINE DIVISION CEMETERY, SAIPAN	1	6	72	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 DISINTERRED

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 SEALED BY

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

file 5-25-50
Kirkland
Report

REMARKS AND SPECIAL INSTRUCTIONS

QMC FORM REV 11 FEB 48 1194

Incl #125

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

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

QMGMT 293
GRS 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

C O P Y:
mfs

Copy 293 Unk Saipan X-42 (4th Marine Div)

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900

14 February 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-42, Plot 1, Row 6, Grave 72, USMC 4th Marine, Saipan, 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:

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

Incl:
Form 1044

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

Incl 3

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN				2. DATE OF REPORT
UNKNOWN X-42				14 Feb. 1950
3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT / REINTERMENT
4th Marine, Saipan	1	6	72	

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
190 lbs.	6' 4"	Med. 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

UTD

14. WAS BODY BURNED?	TO WHAT EXTENT?
[ ] YES [X] NO	
15. WAS BODY MANGLED?	TO WHAT EXTENT?
[ ] YES [X] 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)*

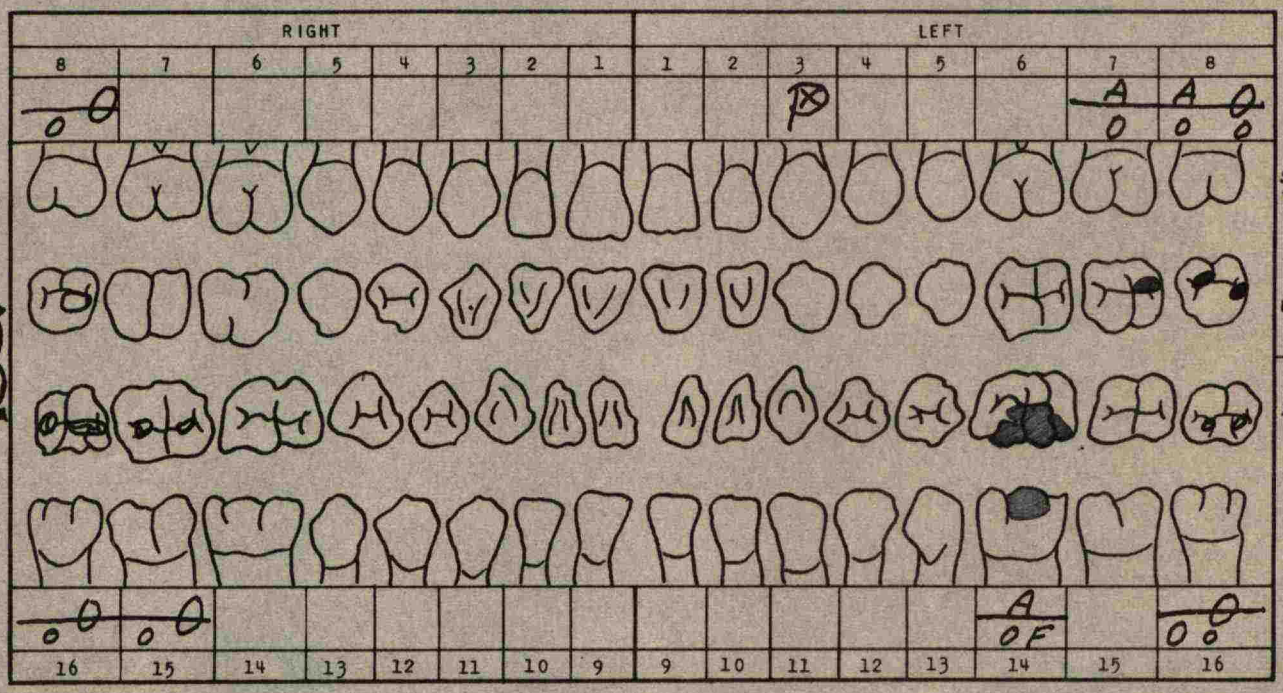
NONE

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

Incl 3c

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	

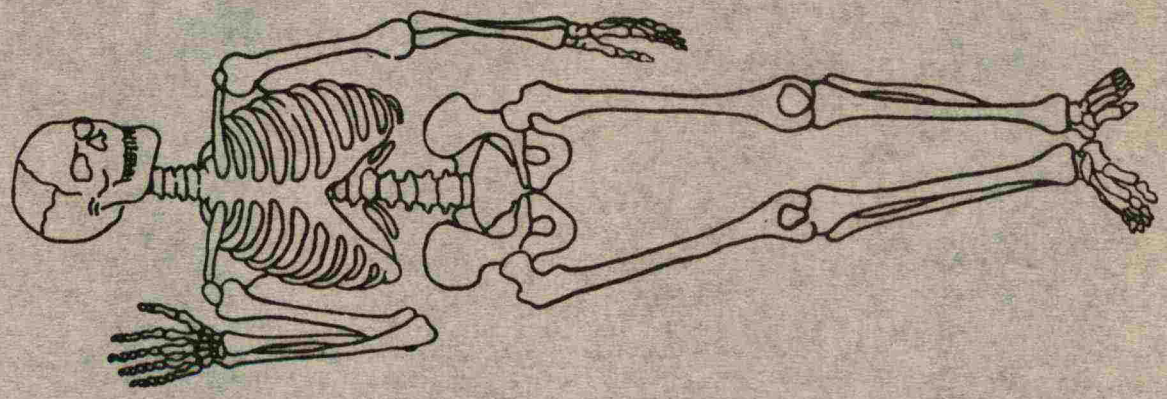


DENTURES *(Plates)*: DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

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

Paul R. Nichols
PAUL R. NICHOLS
Chief, Ident. Section

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
NUMBER
OF THE FOLLOWING ANATOMICAL PARTS:

_____
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	SIGNATURE
PAUL R. NICHOLS Chief, Ident. Section	Paul R. Nichols

QMC FORM 18 MAR 47 1044b

29E-21-12-47

IRR

H1

H40B H8
R5 R2
F40 F50

DISINTERMENT DIRECTIVE

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

NAME	SERIAL NUMBER	RANK	ARM	DATE OF DEATH
893 UNKNOWN	X-42		8	DAY MONTH YEAR

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

PLOT	ROW	GRAVE	COUNTRY	CAUSE OF DEATH
1	6	72	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 DISTINTERRED
UNKNOWN X-42	Unk	Unk	Unknown	23 Aug 48

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
☐ REMAINS ☐ MARKER	UNKNOWN	Unknown	R. H. OESTREICH, 1 Lt QMC NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

CANCELLED

NATURE OF BURIAL	CONDITION OF REMAINS
Nature of shroud undetermined.	Skeletal remains, complete

OTHER MEANS OF IDENTIFICATION

Mortuary plate

MINOR DISCREPANCIES *1*

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 26 August 1948 BY C. L. MATTHEWS, EMB.

CASKET SEALED BY	EMBALMER (*Signature*)
C. L. MATTHEWS, EMB.	Harold E. Connell HAROLD E. CONNELL

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 26 Aug 48 BY ED KELLY	F. W. COLEMAN, 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. DE GROODT, CAPT., CMP

SIGNATURE OF GRS INSPECTOR

FILE SEP 7 - 1949

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 26 Aug 48	SIGNATURE OF RECEIVER Robert G. Snowen ROBERT G. SNOWEN, 1st Lt INF	DATE 26 Aug 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 Robert G. Snowen ROBERT G. SNOWEN, 1st Lt. INF	DATE 6 Oct 48	SIGNATURE OF RECEIVER Olaf Nordmann	DATE 6 Oct 48

3. SHIPPED			
FROM USAT DALTON VICTORY		TO AGRS Mausoleum	
KIND OF CONVEYANCE Truck		NAME OF CONVOYER	
SIGNATURE OF SHIPPER OLAF NORDMANN 1ST LT T.C.	DATE OCT 10 1948	SIGNATURE OF RECEIVER E. H. Newman E. H. 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		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

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN	2. DATE OF REPORT
X-42	23 Aug 48

3. NAME OF CEMETERY	4. PLOT	5. ROW	6. GRAVE	7. DATE OF DISINTERMENT	7. DATE OF REINTERMENT
Hill Mar., Saipan	1	6	72		

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT	9. ESTIMATED HEIGHT	10. COLOR OF HAIR	11. RACE
140 lbs.	6'4"	M Brown ~~[illegible]~~	White

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

(1) Embossed plate, Aufpac
UNKNOWN
P-1, R-6, G-72

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?
☐ YES ☑ NO	

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

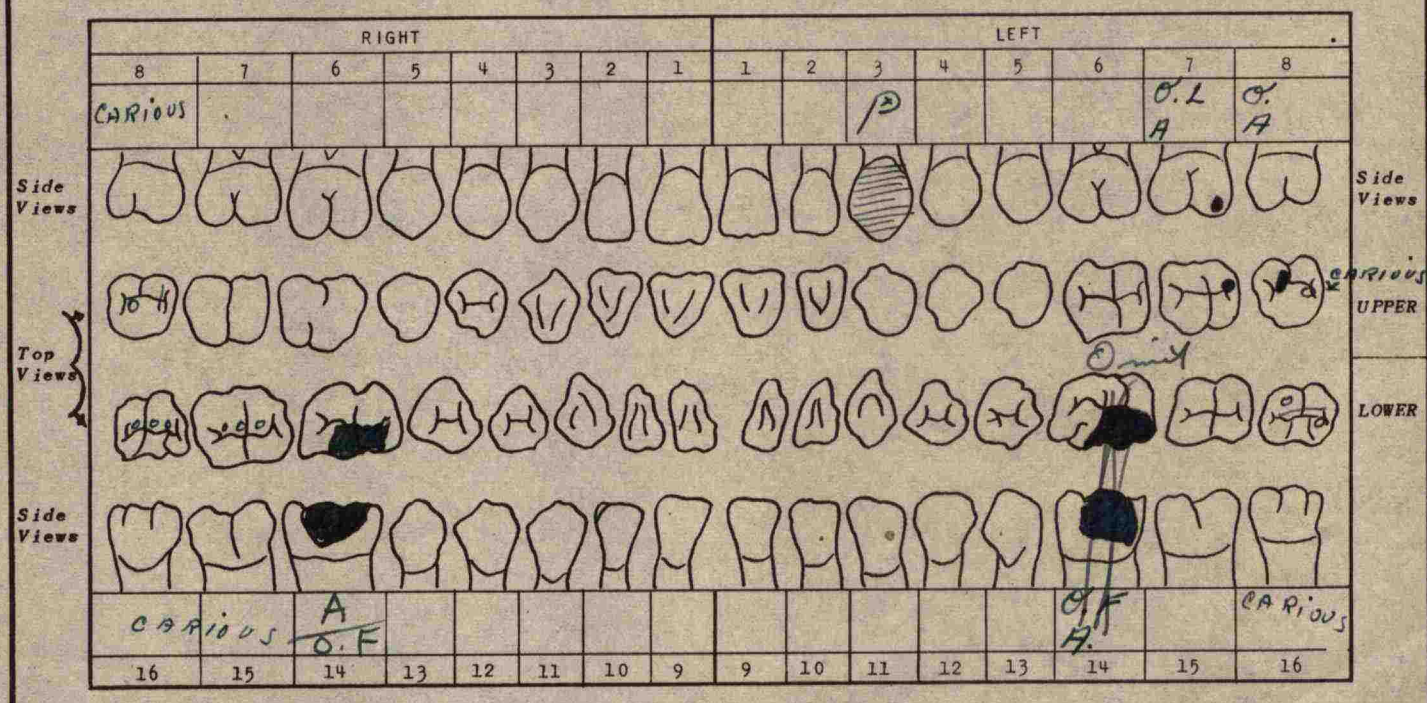
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

1 pr. G.I. Shoes – 10½

UNKNOWN X-42, P-1 R-6, 6-72, 4th Mar Saipan
23 Aug 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."

R 10 DISTAL chipped OFF, L-12 has a 1/4 Distal Rotation.
L 3 Root is present. Protrusion of Maxilla.

EST. AGE 23

L14 shown as R 14 in error } corrected 26 Aug 48 H.C.C.

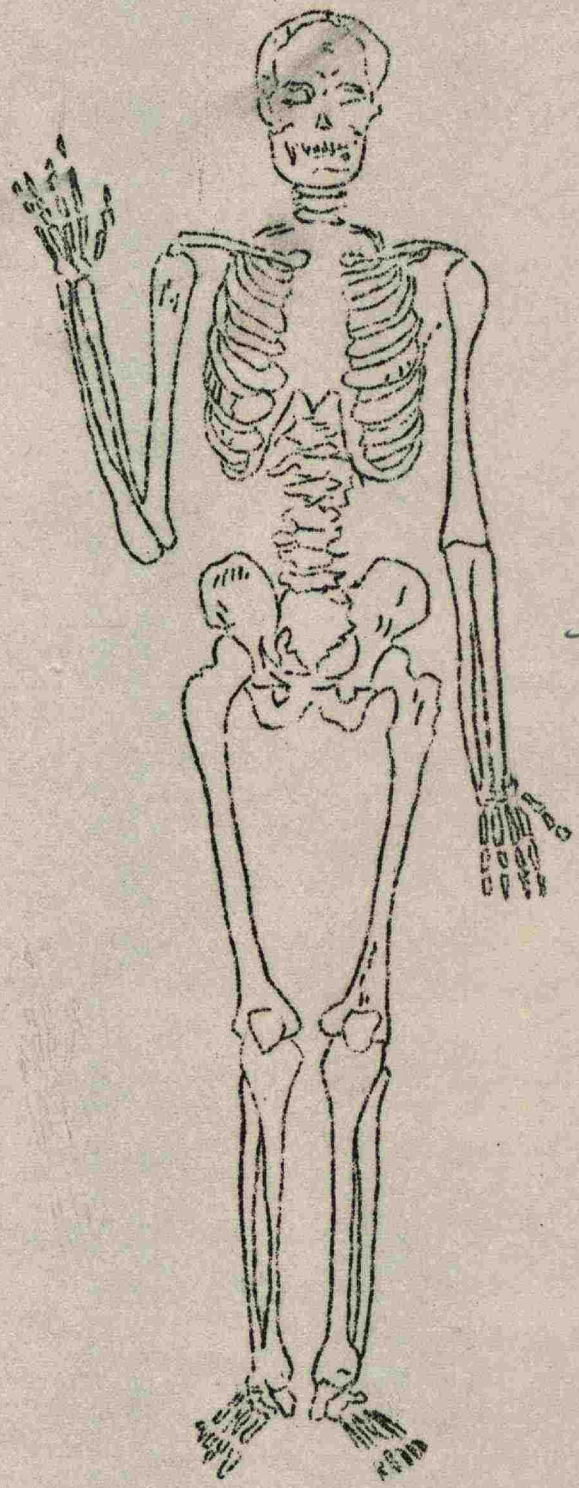
John Quinidi

QMC FORM 1044 Original
18 MAR 47

GPO-O-47-754878

UNK. X-42

(Name) (Rank) (Ser. No.) (Br of Sv)



Skeletal Remains
Complete

SKELETAL CHART

4th Saipan

PROCESSING WORK SHEET

DISINTERMENT AND IDENTIFICATION

NAME:	SERIAL NUMBER	RANK	DATE OF DEATH	DATE OF DISINTERMENT
Unknown	X-42	UNK-	UNK-	23 Aug 48

IDENTIFICATION TAG ON:	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY:
Remains: _	UNK-	~~Unknown~~ UNK	(Name and Title)
Marker:			PH Ostrich, 1st Lt QMC

PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
Nature of shroud undetermined	Skeletal remains, complete

OTHER MEANS OF IDENTIFICATION: Name Plate

MINOR DISCREPANCIES * None

STATION FILE

REMAINS PREPARED AND PLACED IN CASKET DATE: 26 Aug 48	BY: CL Matthews, Emb.
CASKET SEALED BY: CL Matthews, Emb	Harold E. Connell EMBALMER (Signature)
CASKET BOXED AND MARKED DATE: 26 Aug 48 BY: Ed Kelly	SHIPPING ADDRESS VERIFIED BY: FW Coleman, CIK

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

H D Gifford Capt

SIGNATURE OF GRS INSPECTOR

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

MS Form N
(1940)

T W E L V E (12)

(12)

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 UNKNOWN Rank or rate

2. Born: Place Date

3. Nationality (White—U. S., Colored, Samoan, etc.) Religion (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record)

FINGERPRINT

Not identified by fingerprints
U.S. Navy Co
8-7-68

State which finger Rt. Index
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Saipan Island Date 6-17-44
(Ship or station to which attached when first admitted to sick list)

8. Died: Place Saipan Island Date 6-17-44 Hour Unknown

9. Cause of death { Principal KILLED IN ACTION, DETAILS NOT KNOWN #2545 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, 6-17-44, Plot 1, Row 6, Grave 72.

12. Summary of facts relative to the death: Killed in action during the battle of Saipan Island, Mariana Islands, 6-17-44. Examination revealed a wound of the right clavicle region which is presumed to be the cause of death. No identification available but name, GAMBLE found on leggings.

16—15556

(Continue on back of this form)

Incl #2

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

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

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

By Direction

16—15550 U. S. GOVERNMENT PRINTING OFFICE

NMS-Form N
(1940)

TWELVE (12)

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 UNKNOWN Rank or rate
2. Born: Place Date
3. Nationality (White—U. S., Colored, Samoan, etc.) Religion (Denomination)
4. Eyes Hair Complexion Height Weight
5. Marks, scars, etc. (noted in health record)

FINGERPRINT

State which finger Rt. Index (Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Saipan Island (Ship or station to which attached when first admitted to sick list) Date 6-17-44
8. Died: Place Saipan Island Date 6-17-44 Hour Unknown
9. Cause of death: Principal KILLED IN ACTION, DETAILS NOT KNOWN #2545 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, 6-17-44, Plot 1, Row 6, Grave 72.

12. Summary of facts relative to the death: Killed in action during the battle of Saipan Island, Mariana Islands, 6-17-44. Examination revelaed a wound of the right clavicle region which is presumed to be the cause of death. No identification available but name, GAMBLE found on leggings.

(Continue on back of this form)

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)

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

16—15556 U. S. GOVERNMENT PRINTING OFFICE

NMS-Form N
(1940)

T W E L V E (12)

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 UNKNOWN Rank or rate
2. Born: Place Date
3. Nationality (White—U. S., Colored, Samoan, etc.) Religion (Denomination)
4. Eyes Hair Complexion Height Weight
5. Marks, scars, etc. (noted in health record)

FINGERPRINT

State which finger Rt. Index
(Right index preferred)

6. Relation, name and address of next of kin or friend

7. Original admission: Place Saipan Island (Ship or station to which attached when first admitted to sick list) Date 6-17-44
8. Died: Place Saipan Island Date 6-17-44 Hour Unknown
9. Cause of death { Principal KILLED IN ACTION, DETAILS NOT KNOWN #2545 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, 6-17-44, Plot 1, Row 6, Grave 72.

12. Summary of facts relative to the death: Killed in action during the battle of Saipan Island, Mariana Islands, 6-17-44. Examination revelaed a wound of the right clavicle region which is presumed to be the cause of death. No identification available but name, GAMBLE found on leggings.

(Continue on back of this form)

16—15558

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

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

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

16—15556 U. S. GOVERNMENT PRINTING OFFICE

Saipan KIA 6/17/44

Gamble, Jas T, 1st Sgt.

234986

This man is in Oakland Hospital convalescing from fractured arm.

ORGANIZATION: SERIAL NO:

BORN AT

ENLISTED AT

FORMER RESIDENCE:

NEXT OF KIN:

DATE AND NATURE
OF CASUALTY:

DISPOSITION:

NAME	RANK	A & I NO.

NMS-Form N
(1940)

TWELVE (12)

CERTIFICATE OF DEATH

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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 UNKNOWN Rank or rate

2. Born: Place Date

3. Nationality (White—U. S., Colored, Samoan, etc.) Religion (Denomination)

4. Eyes Hair Complexion Height Weight

5. Marks, scars, etc. (noted in health record)

FINGERPRINT

State which finger (Right index preferred) Rt. Index

6. Relation, name and address of next of kin or friend

7. Original admission: Place Saipan Island (Ship or station to which attached when first admitted to sick list) Date 6-17-44

8. Died: Place Saipan Island Date 6-17-44 Hour Unknown

9. Cause of death { Principal KILLED IN ACTION, DETAILS NOT KNOWN #2545 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, 6-17-44, Plot 1, Row 6, Grave 72.

12. Summary of facts relative to the death:
Killed in action during the battle of Saipan Island, Mariana Islands, 6-17-44. Examination revelaed a wound of the right clavicle region which is presumed to be the cause of death. No identification available but name, GAMBLE found on leggings.

Not In 333.

Was not dead at that time, but in Oakland Hosp

16—16556

(Continue on back of this form)

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

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

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

RESTRICTED

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

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

DATE OF REPORT: 23 Aug 48

Imprint Identification Tag If Possible. DO NOT TYPE

Report of Interment

Section 1.—IDENTIFICATION.

NAME (*Last, first, middle initial*)	SERIAL No.
Unknown X-42	

GRADE	ORGANIZATION	BRANCH OF SERVICE

RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH

EMERGENCY ADDRESSEE (*Name, relationship, and address*)

IDENTIFICATION TAGS FOUND ON BODY (*1, 2, or none*): None

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*)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

1 pr. G. I. Shoes, 10½.

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, Saipan, M.I.

DATE OF BURIAL	HOUR	BURIED IN (*Shroud, blanket, or name of other*)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				1	6	72

WAS THIS A REBURIAL? (*Yes or no*)

IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE

PLOT No.	ROW No.	GRAVE No.

TYPE OF RELIGIOUS CEREMONY

PERSON CONDUCTING BURIAL RITES

IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY

IDENTIFICATION TAG BURIED WITH BODY (*Yes or no*): No

IDENTIFICATION TAG ATTACHED TO MARKER (*Yes or no*): No

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

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

SIGNATURE OF PERSON PREPARING REPORT: Anthony G. Baker

SIGNATURE OF GRS OFFICER VERIFYING REPORT: [illegible]

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

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:

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

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

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

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

OTHER IDENTIFICATION CLUES

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

FILLINGS

CAVITIES

MISSING TEETH

CROWNED TEETH

BRIDGE WORK

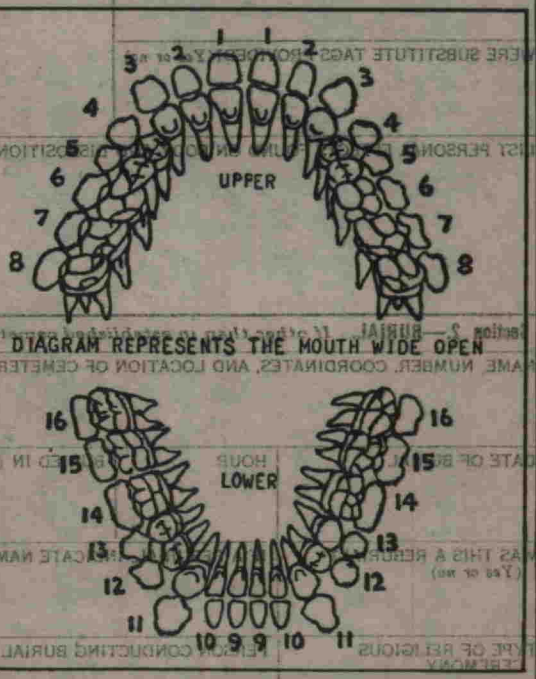

DIAGRAM REPRESENTS THE MOUTH WIDE OPEN

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

REMARKS:

1707—PHILRYCOM—6/47—71M

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

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

Unknown X-42

(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)

72 (Grave number) 6 (Row number) 1 (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:
Weight:
Color of eyes:
Color of hair:
Race:

Apparent nationality:
Laundry marks:
Number of rifle:
Wear glasses?
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

RIGHT HAND

4

3

2

1

THUMB

Received
18 July 68