

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Tank Team #3 X8, X9, X12, X14
X20, X32, X33, X34

SYNOPSIS AND DATES

None now filed

NEW CLASSIFICATION 293 Tank Team #3 X8

10/6/50 Ec.

RECLASSIFICATION SHEET

AIR MAIL

GRZ 293
GRS Far East

293 Unknown - Guam (misc)

SUBJECT: Unidentifiable Remains

*A. N. M. Cem Guam #3
X-8 X-9 X-12 X-14 X-20 X-33
X-34*

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

1. Reference is made to letter your Headquarters, file GRPZ 293, dated 23 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-8, X-9, X-12, X-14, X-20, X-33 and X-34, Army, Navy, Marine Cemetery, Guam #3, as unidentifiable.

3. Unknown X-28 was previously recommended as unidentifiable by AGRS Headquarters, MARBO ZONE, on letter dated 12 November 1948 and approved by 1st Indorsement dated 7 December 1948, this Office.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
1st Colonel, QMG
Memorial Division

CC: CINCPAC

AIR MAIL

Handwritten notes on the right margin, including "A. N. M. Cem Guam #3" and other illegible text.

DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6322 00000	DATE 15 10 48
		DAY MONTH YEAR

NAME 292, UNKNOWN	SERIAL NUMBER X-000020	GRADE	ARM 0	RACE 0	RELIGION 6
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CEMETERY GUAM NO 3 MARIANAS IS	PLOT A	ROW 27	GRAVE 8	DISPOSITION OF REMAINS 7701 80
				CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
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SECTION C — DISINTERMENT AND IDENTIFICATION

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

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL	CONDITION OF REMAINS
OTHER MEANS OF IDENTIFICATION	

CANCELLED

MINOR DISCREPANCIES (Prepare Discrepancy Report on CG Form 117a 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.

FILE
SEP 1 1949

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

hfm 1	Interred March 1950 F 12 Ft. McKinley <i>Carl R. H. Mark</i> CARL R. H. MARK Cemetery Superintendent		DISINTERMENT DIRECTIVE PREPARED BY PHILCOM	
	SECTION A - NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER 6322 81178	DATE 29 03 50 DAY MONTH YEAR
NAME UNKNOWN X - 20		SERIAL NUMBER	GRADE	ARM
CEMETERY USAF CEMETERY AGANA NO. 3, GUAM		PLOT A	ROW 27	GRAVE 8
		DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.		
SECTION B - CONSIGNEE AND NEXT OF KIN				
NAME AND ADDRESS OF CONSIGNEE UNITED STATES MILITARY CEMETERY FT. W. MCKINLEY, P. I.			NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)	
SECTION C - DISINTERMENT AND IDENTIFICATION				
NAME X - 20		SERIAL NUMBER	GRADE	DATE OF DEATH
				29 March 1950
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY 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 29 March 1950		BY PAUL R NICHOLS		
CASKET SEALED BY PAUL R NICHOLS		EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS		
CASKET BOXED AND MARKED		SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt., RA		
DATE 29 Mar 50		BY 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. <i>L. W. Richardson</i> L. W. RICHARDSON, M/Sgt., RA SIGNATURE OF AGRS INSPECTOR				
REMARKS AND SPECIAL INSTRUCTIONS				
FILE RECORDS ANNOTATED DATE <i>26 Apr 50</i> BY <i>J. R. [unclear]</i> A. R. BR.				

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM AGRS Mausoleum

TO U.S. Military Cemetery

Truck

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

MAR 30 1950

Barclay

2. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

DATE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

3

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6322 0170

DATE

29 03 90
DAY MONTH YEAR

NAME

UNKNOWN I - 20

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

UNAF CEMETERY AGANA NO. 3, GUAM

PLOT

A

ROW

27

GRAVE

8

DISPOSITION OF REMAINS

7701
CODE

00
DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

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

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

Handwritten notes: 5-21-50, Kofala, 21-1-51

Handwritten: Incls #1R

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF RECEIVER

SIGNATURE OF SHIPPER

DATE

DATE

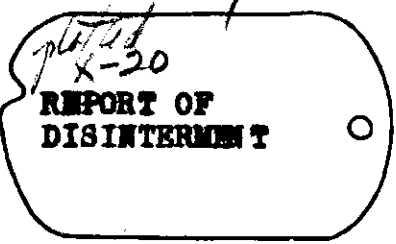
RESTRICTED

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

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

DATE OF REPORT
6 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) UNKNOWN #20		SERIAL No. Box # 101
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH Guam	CAUSE OF DEATH Unknown	DATE OF DEATH
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EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (I, S, or none) None	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no) No	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
APPROVED UNIDENTIFIABLE
FEB 8 1950

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
Cemetery #3 Agana, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. A	ROW No. 27	GRAVE No. 8
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WAS THIS A REBURIAL? (Yes or no) 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)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) Stenson, Hamlin R.	RANK T/5	SERIAL NO. 37094293	ORGANIZATION USA	GRAVE No. 9
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) Fox, Dave F.	RANK EM1	SERIAL NO. 8418440	ORGANIZATION USN	GRAVE No. 7
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SIGNATURE OF PERSON PREPARING REPORT EMILIO E. COSTALES	SIGNATURE OF GRS OFFICER VERIFYING REPORT EMILIO S. ZAPICO, 2nd Lt., Inf.
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DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

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.

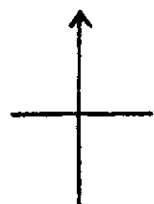
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER				<p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
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				

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



REMARKS:

C O P Y
REPORT OF INTERMENT

UNIDENTIFIED #20

(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

ANM #3

Guam Island

(Place of death)

(Name of Cemetery) (Name or coordinates of location)

8

(Grave Number)

27

(Row Number)

A

(Plot Number)

(Religion, if known)

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

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

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

BODY BURIED ON RIGHT

(Name)

(Ser. No.)

(Rank)

(Org) (Grave No.)

APPROVED UNIDENTIFIABLE

FEB 8 1950

BODY BURIED ON LEFT

(Name)

(Ser. No.)

(Rank)

(Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FME, PAC as soon as practicable. Take prints of one finger (Preferably right index) of identified dead and all ten fingers of unidentified, if possible.

IF DECEASED UNIDENTIFIED

TAKE FINGERPRINTS OF BOTH HANDS. If unable to obtain a complete set of fingerprints, TAKE THOSE YOU CAN, And fill in as many of the following as possible.

HEIGHT: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

RACE:

COLOR OF HAIR:

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 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer reporting burial.)
person

RIGHT HAND

LEFT HAND

4

3

2

1

THUMB

THUMB

4

3

2

1

THUMB

THUMB

REPORT OF BURIAL

NAVMEB-601 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT 16 April 1946.

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	UNIDENTIFIED #20		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE USN
CORPS OR RESERVE CLASSIFICATION		RACE	

CAUSE OF DEATH Probably drowning.	PLACE OF DEATH Guam.
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NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
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DATE OF DEATH	DATE OF BURIAL 9/3/44
---------------	---------------------------------

NAME OF CEMETERY Army Navy Marine Cemetery #3.	LOCATION OF CEMETERY Agana Guam.
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GRAVE MARKER TYPE Cross	PLOT NO. A	ROW NO. 27	GRAVE NO. 8
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY Military Honors.	RELIGION OF DECEASED
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IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) APPROVED UNIDENTIFIABLE FEB 5 1960
COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	
COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No	

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No	IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER
Information extracted from Cemetery Records

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

BODY ON LEFT. NAME (Last, first, middle) Stenson, H.R.	RANK OR RATE T/5	FILE OR SERVICE NO. 37543293	GRAVE NO. 9
BODY ON RIGHT. NAME (Last, first, middle) Fox, J.G.	RANK OR RATE L/Mic	FILE OR SERVICE NO. 54137-40	GRAVE NO. 7

PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt., USMCR	(Rank or rate) R.L. Ridolfi	PERSON CONDUCTING BURIAL RITES
--	---------------------------------------	--------------------------------

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. UTZ-Col., USMC-Ass't Major	J. Lane JAMES R. LANE Major, USN
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INSTRUCTIONS FOR BURIAL

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR
BIRTHMARKS, SCARS, OR TATTOOS			
LAUNDRY MARKS		WEAPON AND SERIAL No.	

(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

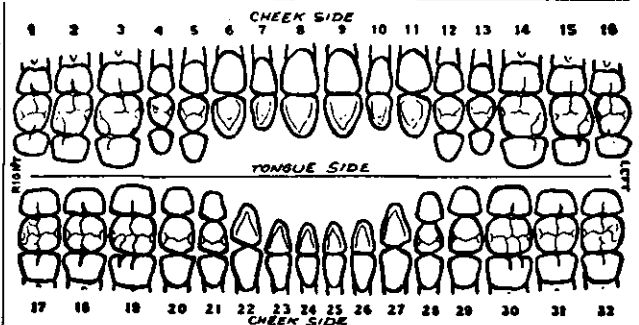
Occlusion (Type of) FF

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____



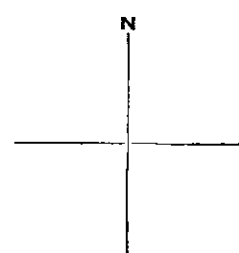
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner) _____ (Rank or rate) _____

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE



Ship or Station
Attached at Time of Death

Date Report
Filled Out 16 April 1946

Copy of Identification Tag	Name (Last) (First) (Middle)		
	UNIDENTIFIED # 20		
	File or Service No.	Rate or Rank	Branch of Service
	Corps or Reserve Classification		Race

Cause of Death <u>Probably drowning.</u>	Place of Death <u>Guam</u>
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Name of Next of Kin (If Known)	Address of Next of Kin (If Known)
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Date of Death	Date of Burial <u>9/3/44</u>
---------------	---------------------------------

Name of Cemetery <u>Army Navy Marine Cemetery #3</u>	Location of Cemetery <u>Agana Guam</u>
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Grave Marker Type <u>Cross</u>	Plot No. <u>A</u>	Row No. <u>27</u>	Grave No. <u>8</u>
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Buried at Sea (Date)	Area
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Type of Religious Ceremony <u>Military Honors</u>	Religion of Deceased
--	----------------------

Identification Tags found on Body <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> None	If no Identification Tags, other means used to identify body (Identification cards, letters, etc.)
Complete Dental Chart on Reverse ___ Yes ___ No	
Complete Fingerprint Chart of both Hands on Reverse <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

List of Personal Effects found on Body and Disposition of Same
--

Identification Tag Buried with Body <input type="checkbox"/> Yes <input type="checkbox"/> No	Identification Tag Attached to Marker ___ Yes ___ No
---	---

If Identification Tags not present, what other Identification Data buried and in What Kind of Container

Information extracted from Cemetery Records

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Body on Left, Name (Last, first, middle) <u>Stenson, H. R.</u>	Rank or Rate <u>T/5</u>	File or Service No. <u>37094293</u>	Grave <u>9</u>
Body on Right, Name (Last, first, middle) <u>Fox, D. F.</u>	Rank or Rate <u>EM 1c</u>	File or Service No. <u>841-84-40</u>	Grave <u>7</u>

Person Reporting Burial (Name)(Rate or Rank) <u>R.L. RIDOLFI 2d Lt., USMCR</u>	Person Conducting Burial Rites
---	--------------------------------

In Reburial, Give Location of Previous Burial	Verified and Forwarded <u>L. N. UTZ-Col, USMC</u> <u>Ass't Chief of Staff, G -1</u> (Name) (Last) (Title)
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HEADQUARTERS
FILICON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

21 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 20, Plot A,
Row 27, Grave 8, USMC Cem #3, Agana, Guam, have
been reviewed and it is the opinion of this office that insuf-
ficient evidence is available to establish the identity of this
deceased, and that these remains should be classified as un-
identifiable.

FOR THE COMMANDING OFFICER:



R. B. McNEAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

APPROVED UNIDENTIFIABLE

FEB 8 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-20			2. DATE OF REPORT 22 January 1950		
3. NAME OF CEMETERY Cem #3, Agana, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	A	27	8	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'8 1/2"	10. COLOR OF HAIR UTD	11. RACE UTD
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

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

N O N E

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

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

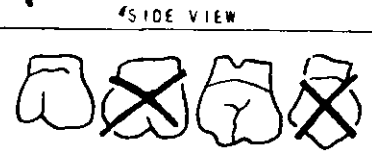
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

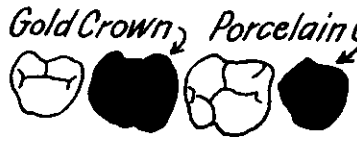
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. (If laundry marks are indistinct such notation should be made and specimen forwarded through channels for examination when facilities are not available in the area)

N O N E

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:



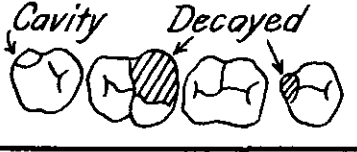
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



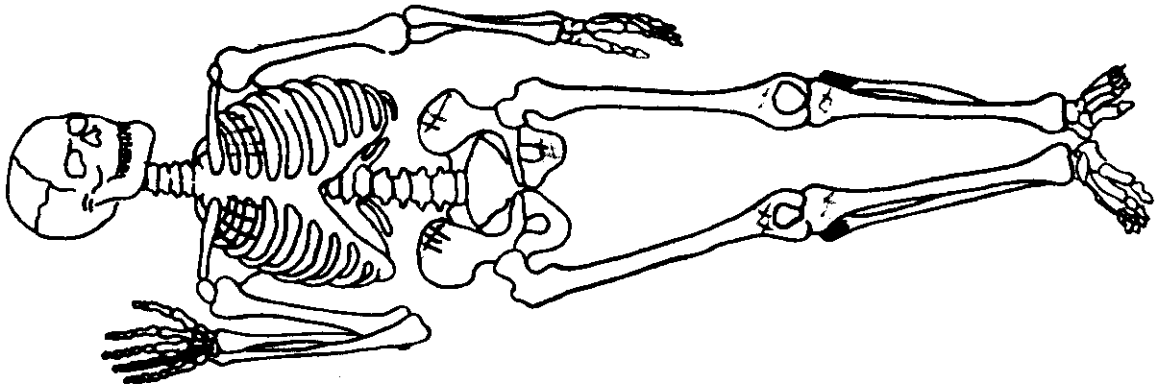
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
		X	X										X	A	X
Side Views								Side Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification 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 OF THE FOLLOWING ANATOMICAL PARTS: _____ NUMBER

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

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

RECEIVED BY THE ARMY
FOR IDENTIFICATION PURPOSES
MAY 19 1947

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, Identification Section

SIGNATURE

Paul R. Nichols

C O P Y

IDENTIFIED #20 - Cemetery #3

USN

(probable)

Died - (Probably drowning)

Buried 9/3/44

Grave 8 - Row 27 - Plot A - #3

(Body surfaced off reef near Agat after explosion of dynamite which had been planted for fish)

Ring finger of right hand missing at first joint
Tattoo scroll in green and red on right forearm.

" In Memory of Mother".

IDENTIFICATION DENTAL CHART

DATE **6 Nov 47**

NAME (Last, First, Middle Initial) UNKNOWN # 20		RANK	SERIAL NUMBER	
UNIT	ORGANIZATION	CAUSE OF DEATH		DATE OF DEATH
PLACE OF DEATH Guam	PLACE OF BURIAL Cemetery # 3 Agana, Guam		PLOT A	ROW 27
			GRAVE 8	

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

		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
SIDE VIEWS	}																	SIDE VIEWS	
TOP VIEWS																		UPPER	
SIDE VIEWS																		LOWER	
		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."

<p>SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART</p> <p><i>Lawrence H.</i> LAWRENCE HO, Capt., D.C.</p>	<p>VERIFIED BY GRS OFFICER</p> <p><i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt., Inf.</p>
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