

FILE IDENTIFICATION TOPPER

FILE NUMBER

43 unk Guam #2 X100

SUBJECT

1

Interred 30 March 1950  
L 14 67 Ft. McKinley

*Carroll*

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

CARL R. H. MARK  
Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 81330

DATE  
29 03 50  
DAY MONTH YEAR

NAME <b>UNKNOWN I - 100</b>	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY <b>USAF CEMETERY AGAT NO. 2, GUAM</b>	PLOT <b>1</b>	ROW <b>2</b>	GRAVE <b>22</b>	DISPOSITION OF REMAINS <b>7701 80</b>
				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 <b>UNKNOWN X-100</b>	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED <b>30 March 50</b>
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IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY <b>PAUL R NICHOLS Embalmer</b>
			NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL <b>Shelter Half</b>	CONDITION OF REMAINS <b>Skeletal</b>
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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** BY **PAUL R NICHOLS**

CASKET SEALED BY <b>PAUL R NICHOLS</b>	EMBALMER (Signature) <i>Paul R Nichols</i> <b>PAUL R NICHOLS</b>
---	--

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY <b>L. W. RICHARDSON, M/Sgt., RA</b>
-------------------------	---

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

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

DATE

MAR 30 1960

*Bill Shank*

2. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6321 0330

DAY MONTH YEAR

NAME

UNKNOWN I - 100

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY AGAT NO. 2, GULF

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

1

2

22

7701 CODE

00 DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF NEXT OF KIN

UNITED STATES MILITARY CEMETERY FT. W. MEADE, 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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

file 5-25-52 Kirkland's Report

Incl # 164

**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
2. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
4. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
5. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
6. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
7. SHIPPED			
FROM	TO	NAME OF CONVOYER	
KIND OF CONVEYANCE			
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
SIGNATURE OF SHIPPER			
DATE			

HEADQUARTERS  
PHILCON ZONE  
AMERICAN GRAVES REGISTRATIONS 63

20 January 1950

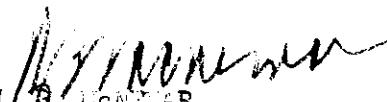
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 100, Plot 1,  
Row 2, Grave 22, USMC Cem #2, Agat, 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:

  
H. D. MCNEAR  
Captain, QMC  
Chief, Records Branch

Attch: Form 1044

Received 2 Feb 50 0003  
Not identifiable from  
information presently  
available

*W. Eustace*  
Ident.

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN <p style="text-align: center;">UNKNOWN X-100</p>			2. DATE OF REPORT <p style="text-align: center;">20 January 1950</p>			
3. NAME OF CEMETERY <p style="text-align: center;">Gem. #2, Agat, Guam</p>		4. PLOT <p style="text-align: center;">1</p>	5. ROW <p style="text-align: center;">2</p>	6. GRAVE <p style="text-align: center;">22</p>	7. DATE OF DISINTERMENT    REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT <p style="text-align: center;">U T D</p>		9. ESTIMATED HEIGHT <p style="text-align: center;">5' 7 5/8"</p>		10. COLOR OF HAIR <p style="text-align: center;">U T D</p>		11. RACE <p style="text-align: center;">U T D</p>
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-align: center;">NONE</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p style="text-align: center;">NONE</p>						
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS  <p style="text-align: center;">NONE</p>						
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)						

REPRODUCED FROM THE  
 NATIONAL ARCHIVES AT COLLEGE PARK, MARYLAND  
 RG 226, ENTRY 1044, BOX 1044

RESTRICTED

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

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

DATE OF REPORT

10/26/47

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN # ~~3~~ x 100 Box #1028

SERIAL No.

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

Guam

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

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

None

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 8 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Body unencased. Remains wrapped with blanket. Skull, left femur, and both humerus fractured. Maxilla detached.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery # 2 Agat, Guam

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE MARKER

PLOT No.

ROW No.

GRAVE No.

23 July 44

1 2 22

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)

Barry, John H.

RANK

Pvt.

SERIAL No.

427574

ORGANIZATION

215MCR

GRAVE No.

23

BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial)

Compton, John Paul

RANK

Pvt.

SERIAL No.

526273

ORGANIZATION

215MC

GRAVE No.

21

SIGNATURE OF PERSON PREPARING REPORT

*[Signature]*

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*[Signature]*

EMILIO S. ZAPICO 2nd Lt. Inf

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

MAR 12 1948



**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**

FILLINGS	 SILVER FILLING GOLD FILLING
CAVITIES	 CAVITY DECAYED
MISSING TEETH	 TOOTH MISSING
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN
BRIDGE WORK	 GOLD BRIDGE

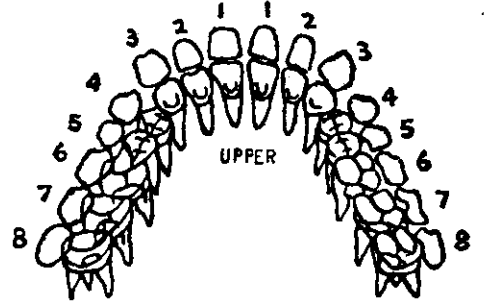
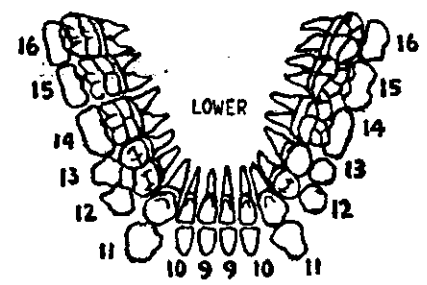
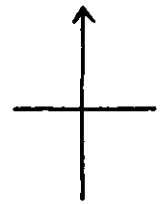


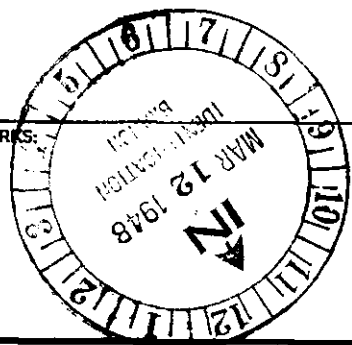
DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



REMARKS:



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 GROWN PORCELAIN GROWN 	
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
SIDE VIEWS																
TOP VIEWS																
SIDE VIEWS																
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

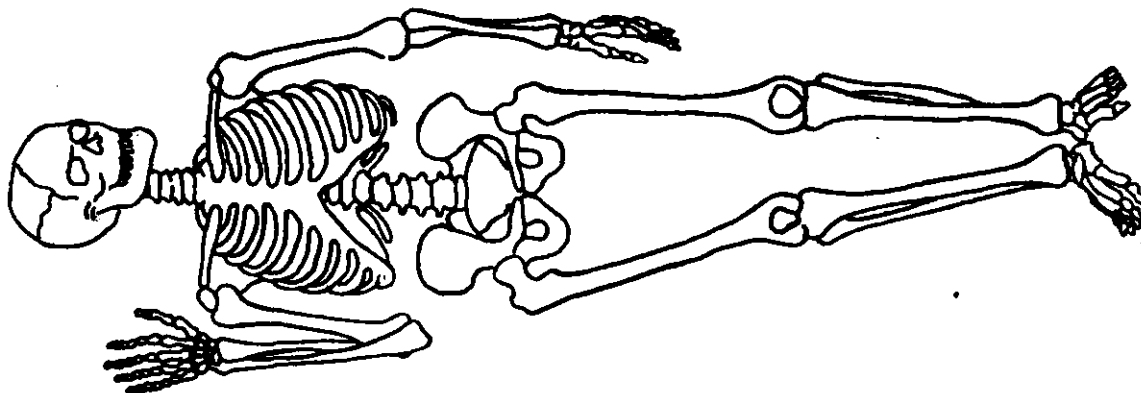
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

UNKNOWN # 3 X 100  
P-1 R-2 G-22

*B. Postwick*  
B. Postwick 1st Lt. DC  
E. HO, Capt., D.C.

*Emilio S. Zapico*  
EMILIO S. ZAPICO, 2nd Lt., Inf.

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 \_\_\_\_\_ Decedents Based on the Presence of One or More of the Following Anatomical Parts: \_\_\_\_\_  
NUMBER

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

21. REMARKS AND ADDITIONAL INFORMATION

UNKNOWN # ~~30~~ X100 P- 1 R- 2 G- 22

*Body incarcated. Remains wrapped with blanket.  
Skull, left femur and both humerus fractured. Maxilla  
detached.*

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

*James L. Libby*

AIRMAIL

*293 Unknowns (MIA) Manila*  
*See list below*

QUART 293  
GHS Far East

8 February 1950

SUBJECT: Identification of World War II Deceased

*293 MRS Far East Unident*

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-15	Asan Guam Cemetery #1
" X-18	" " "
" X-84	Agat Guam Cemetery #2
" X-85	" " "
" X-87	" " "
" X-92	" " "
" X-93	" " "
" X-94	" " "
" X-95	" " "
" X-96	" " "
" X-98	" " "
" X-99	" " "
" X-100	" " "
" X-102	" " "
" X-104	" " "
" X-107	" " "
" X-108	" " "
" X-109	" " "
" X-110	" " "
" X-112	" " "
" X-115	" " "
" X-117	" " "
" X-118	" " "
" X-119	" " "
" X-120	" " "
" X-122	" " "
" X-123	" " "
" X-31	Agana Guam Cemetery #3

*X 293 Unknowns X-100 (Agat #2)*

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

FOR THE QUARTERMASTER GEN RAL:

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

JME  
TEC

Eustace:rvs  
Salser  
JW

REPORT OF INTERMENT

COPY

Unknown N-100 (formerly Unknown BX)

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

7/23

Army, Navy, Marine Cemetery #2 Guam

~~(Place X's over)~~  
Date of Burial

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

22

2

1

(Grave Number)

(Row Number) (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?)

Information extracted from Cemetery Records

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

BODY BURIED ON RIGHT Carr, J. R. 427514 Pvt 21  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Cunningham, J. P. 526873 Pfc 23  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FMF, 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:

WEIGHT:

COLOR OF EYES:           NUMBER OF RIFLE:

COLOR OF HAIR:           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 LOCATION, ORIENTED WITH PERMANENT LANDMARKS.

(Signature of officer or person reporting burial.)

RIGHT HAND

LEFT HAND

THUMB

1

2

3

4

THUMB

1

2

3

4

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES

IDENTIFICATION IMPOSSIBLE

**REPORT OF BURIAL**

NAVMED-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 17 April 1946

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	<b>UNKNOWN #3*</b>		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
CORPS OR RESERVE CLASSIFICATION		RACE	

CAUSE OF DEATH <b>GSW-KIA</b>	PLACE OF DEATH <b>Guam</b>
----------------------------------	-------------------------------

NAME OF NEXT OF KIN (If known)	ADDRESS OF NEXT OF KIN (If known)
--------------------------------	-----------------------------------

DATE OF DEATH	DATE OF BURIAL <b>7/23/44</b>
---------------	----------------------------------

NAME OF CEMETERY <b>Army Navy Marine Cemetery #2.</b>	LOCATION OF CEMETERY <b>Agat <del>AGAT</del> Guam.</b>
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GRAVE MARKER TYPE <b>Cross</b>	PLOT NO. <b>1</b>	ROW NO. <b>2</b>	GRAVE NO. <b>22</b>
-----------------------------------	----------------------	---------------------	------------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY <b>Military Burial</b>	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 <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  
**extracted**  
**Card File Information from Cemetery Records**

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

<b>Bodies Buried on Either Side</b>			
BODY ON LEFT. NAME (Last, first, middle) <b>Cunningham J.P.</b>	RANK OR RATE <b>Pfc</b>	FILE OR SERVICE NO. <b>526873</b>	GRAVE NO. <b>23</b>
BODY ON RIGHT. NAME (Last, first, middle) <b>Care J.R.</b>	RANK OR RATE <b>Pvt</b>	FILE OR SERVICE NO. <b>427514</b>	GRAVE NO. <b>21</b>
PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dLt., USMCR.</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>JAMES E. LANE</b> <b>L.N. UTZ-Col., USMC-Ass't CHIEF of STAFF G-1</b>		
	(Name)	(Rank)	(Title)





	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> 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	
	IMP	CARIOUS	X	X		chipped	⊗	⊗	⊗	chipped					PARONYMIA	X	
Side Views																	Side Views
Top Views																	UPPER
																	LOWER
Side Views																	
	IMP					chipped		chipped								IMP	
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

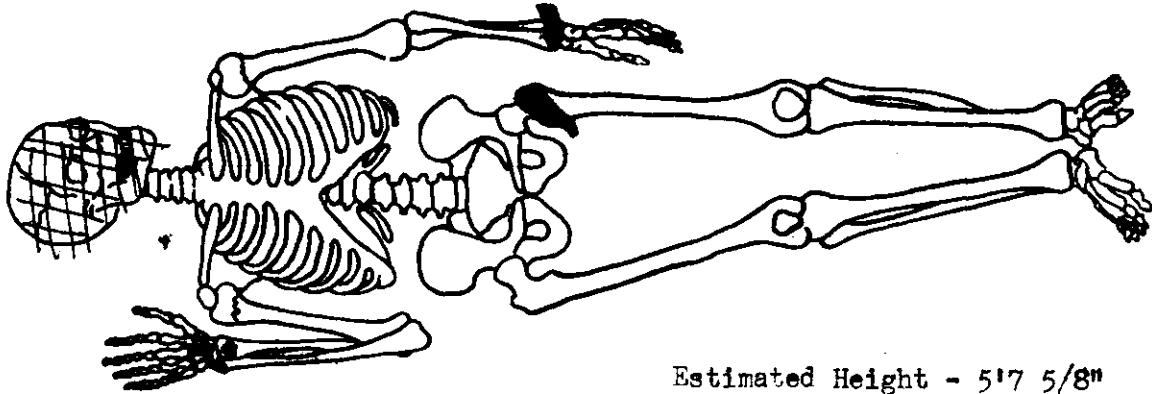
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REPRODUCIBLE

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Identification Sec.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated Height - 5'7 5/8"

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.

REMOVED TO THE LABORATORY  
FOR REASON OF LACK OF SPACE TO IDENTIFY

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 Sec.

SIGNATURE

HEADQUARTERS  
 AMERICAN GRAVES REGISTRATION SERVICE  
 PHILCON ZONE

GRPZ 293

APD 900  
 23 January 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 QMGRU 293, GRB (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-96	Apat,	Guam	Cem.	#2
"	X-98	"	"	"	"
"	X-99	"	"	"	"
"	X-100	"	"	"	"
"	X-102	"	"	"	"
"	X-104	"	"	"	"
"	X-107	"	"	"	"
"	X-115	"	"	"	"
"	X-122	"	"	"	"
"	X-123	"	"	"	"

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

FOR THE COMMANDING OFFICER:

10 Incls  
 QMC Forms 1044 w/Certificates  
 of Unidentifiability

JOHN SHYPULA  
 1st Lt., Infantry  
 Adjutant

# DISINTERMENT DIRECTIVE

# 1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 6321 00000

DATE: 15 10 48  
DAY MONTH YEAR

NAME: 19, UNKNOWNX-000100

SERIAL NUMBER: 100

GRADE: 0

ARM: 0

RACE: 0

RELIGION: 6

CEMETERY: GUAM NO 2 MARIANAS IS

PLOT: 1

ROW: 2

GRAVE: 22

DISPOSITION OF REMAINS: 7701 80  
CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: FORT MCKINLEY CEMETERY, MANILA, PHILIPPINE ISLANDS

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:  REMAINS  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: \_\_\_\_\_

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

REMAINS PREPARED AND PLACED IN CASKET

DATE: \_\_\_\_\_ BY: \_\_\_\_\_

CASKET SEALED BY: \_\_\_\_\_ EMBALMER (Signature): \_\_\_\_\_

CASKET BOXED AND MARKED

DATE: \_\_\_\_\_ BY: \_\_\_\_\_ SHIPPING ADDRESS VERIFIED BY: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

15 10 48

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**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED		FROM				
KIND OF CONVEYANCE						
SIGNATURE OF SHIPPER						
DATE	SIGNATURE OF RECEIVER	DATE				
NAME OF CONVOYER						
2. SHIPPED		FROM				
KIND OF CONVEYANCE						
SIGNATURE OF SHIPPER						
DATE	SIGNATURE OF RECEIVER	DATE				
NAME OF CONVOYER						
3. SHIPPED		FROM				
KIND OF CONVEYANCE						
SIGNATURE OF SHIPPER						
DATE	SIGNATURE OF RECEIVER	DATE				
NAME OF CONVOYER						
4. SHIPPED		FROM				
KIND OF CONVEYANCE						
SIGNATURE OF SHIPPER						
DATE	SIGNATURE OF RECEIVER	DATE				
NAME OF CONVOYER						
5. SHIPPED		FROM				
KIND OF CONVEYANCE						
SIGNATURE OF SHIPPER						
DATE	SIGNATURE OF RECEIVER	DATE				
NAME OF CONVOYER						
6. SHIPPED		FROM				
KIND OF CONVEYANCE						
SIGNATURE OF SHIPPER						
DATE	SIGNATURE OF RECEIVER	DATE				
NAME OF CONVOYER						
7. SHIPPED		FROM				
KIND OF CONVEYANCE						
SIGNATURE OF SHIPPER						
DATE	SIGNATURE OF RECEIVER	DATE				
NAME OF CONVOYER						
SIGNATURE OF SHIPPER						
DATE	SIGNATURE OF RECEIVER	DATE				
NAME OF CONVOYER						