

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-1016-1000-2 X105

SUBJECT

**REPORT OF BURIAL**  
NAVMED-801 (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) <b>UNKNOWN #8X</b> (First) (Middle)		
	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>
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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 <b>7/25/44</b>
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NAME OF CEMETERY <b>Army Navy Marine Cemetery #2.</b>	LOCATION OF CEMETERY <b>Agat Guam.</b>
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GRAVE MARKER TYPE <b>Cross</b>	PLOT No. <b>2</b>	ROW No. <b>2</b>	GRAVE No. <b>10</b>
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY <b>Military Burial.</b>	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.)
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
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IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER  
**Card File 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) <b>Pelto, W.A.</b>	RANK OR RATE <b>PFC</b>	FILE OR SERVICE NO. <b>533744</b>	GRAVE NO. <b>11</b>
BODY ON RIGHT. NAME (Last, first, middle) <b>Doss, J.M.</b>	RANK OR RATE <b>PFC</b>	FILE OR SERVICE NO. <b>327565</b>	GRAVE NO. <b>9</b>
PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dLt., USMCR.</b>	PERSON CONDUCTING BURIAL RITES <b>R.L. RIDOLFI</b>		
REBURIAL. GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>L.N. UTZ-Col., USMC-Ass't Chief</b>		
	(Name)	(Rank)	(Title)



REPORT OF INTERMENT

C  
C  
P  
Y

Unknown X-105 (formerly Unknown 87)

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

7/25

Army, Navy, Marine Cemetery #2

Guam

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

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

10

2

2

(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 Doss, J. M. 327565 Pfc 9  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Pelto, W. A. 533744 Pfc 11  
(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: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

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 office or person reporting burial.)

RIGHT HAND

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

*293 Unk. Guam #2 (misc)*

*X-31 X-97 X-101 X-105 X-106 X-111*

*X-125*

**SYNOPSIS AND DATES**

NEW CLASSIFICATION

*miss filed*  
*293 Unk. Guam #2*

*X-31*

*11/21/50*  
*DM*

# RECLASSIFICATION SHEET

DISINTERMENT DIRECTIVE

Interred 7 March 1950  
N 1/4 9th Ft. McKinley  
*Carl R. H. Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81132

DATE

21 02 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 105				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGAT NO. 2, GUAM	2	2	10	7701 80 CODE 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. WM. MCKINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
UNKNOWN X - 105				25 Feb '50
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input 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	CONDITION OF REMAINS
Shelter Half	Skeletal

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 25 Feb '50 BY PAUL R NICHOLS

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

CASKET BOXED AND MARKED RAYMOND H TANGHAY, 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  
RECEIVED  
BRANCH

*Jarris*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MAUSOLEUM	TO	US MILITARY CEMETERY	NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	1950
2. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER	<i>Boyer Frank</i>	DATE	MAR 7 1950
3. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	



PREPARED BY PHILCOM

# DISINTERMENT DIRECTIVE

# 3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
**6321 8112**

DATE  
**21 02 50**  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
<b>UNKNOWN I - 105</b>					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
<b>ARMY CEMETERY BOAT NO. 2, GUAM</b>	<b>2</b>	<b>2</b>	<b>10</b>	<b>7701 00</b> CODE DIST. CTR.

### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**UNITED STATES MILITARY CEMETERY  
FT. SN. 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

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> 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 GMC 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

**FILED**  
**REPAIRED**  
**BRANCH**  
**BRANCH**  
**BRANCH**

Incl # 491

Jarris

**RECORD OF CUSTODIAL TRANSFER**

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

293 - Unk. P. I. (Misc.) (Maus. Manila) (X-31, 97, 101, 105, 106, 111, 125)

QMGT 293  
GRS Far East

30 August 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General  
Philippine Command  
APO 707, c/o Postmaster  
San Francisco, California  
ATTN: AGRS, PHILCOM ZONE

1. Reference is made to the following Unknown remains, formerly interred in Army, Navy, Marine Cemetery #2, Agat, Guam, now stored at AGRS Mausoleum, Manila, P. I.:

- Unknown X-31
- " X-97
- " X-101
- " X-105
- " X-106
- " X-111
- " X-125

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

COPY  
msb

X 293 Unk. Guam X-105 (A 777. Can #2)

GSGR 293.9

APO 707  
19 JUL 1949

SUBJECT: Unidentifiable Remains

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

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

UNKNOWN	X-2	3rd Mar. Div. Cem. Iwo Jima
"	X-7	3rd Mar. Div. Cem. Iwo Jima
"	X-14	Cemetery #1, Guam M.I.
"	X-14	4th Marine Divisions Cem., Iwo Jima
"	X-16	Cemetery #3, Agana, Guam
"	X-24	" " "
"	X-26	" " "
"	X-31	" #2, Agat, Guam
"	X-39	2nd Marine Div., Saipan
"	X-97	Cemetery #2, Agat Guam
"	X-101	Cemetery #2, Agat Guam
"	X-105	" " "
"	X-106	" " "
"	X-111	" " "
"	X-125	" " "

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

FOR THE COMMANDING GENERAL:

15 Incls:  
QMC Forms 1044 w/certificates  
of Unidentifiability

JOHN A MARZAL  
1st Lt, AGD  
Asst Adj Gen

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-105</b>				2. DATE OF REPORT <b>11 Oct 48</b>	
3. NAME OF CEMETERY <b>Cemetery #2, Agat, Guam</b>		4. PLOT <b>2</b>	5. ROW <b>2</b>	6. GRAVE <b>10</b>	7. DATE OF DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>72 1/2"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>UTD</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Mortuary Plate on Marker:  
UNKNOWN 8A  
P-2, R-2, G-10      25 Jul 44  
G.R. - PAC Form (9): UNKNOWN X-8 (105)**

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

**None**

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

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? <b>Upper portion of remains missing</b>
--	--

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)

**Penche - (Apparently - buried in penche)**

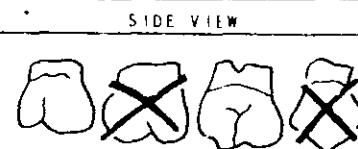
**Unidentifiable by reason of lack of sufficient identifying data.**

*H. W. Harriman*  
**H. W. HARRIMAN**  
Captain, QMC  
Operations Officer  
AGRS, Marbo Zone

18.

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:



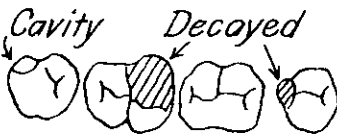
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



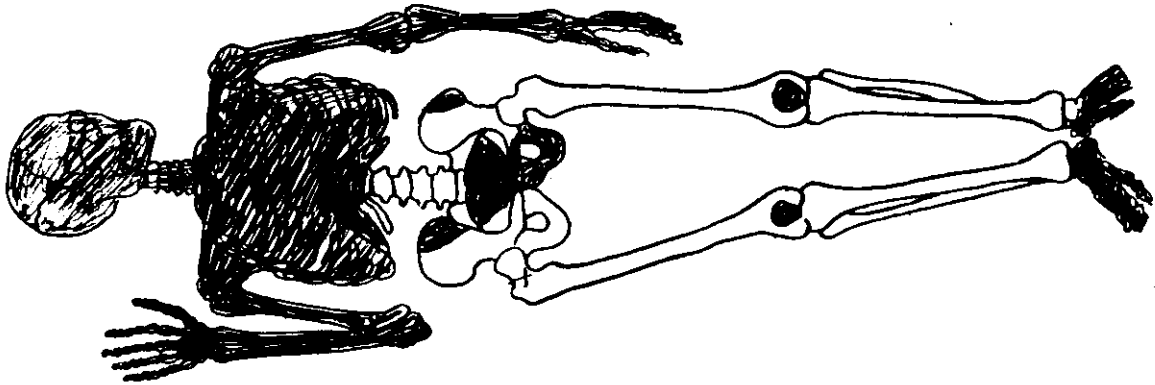
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side Views															
Top Views															
Side Views															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

Mandible and maxilla missing.

C. E. Wilkerson

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Skeletal remains incomplete

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

1. Mortuary Plate on Marker:  
 UNKNOWN 8A  
 P-2, R-2, G-10      25 Jul 44
2. PAC Form (9) Graves Registration,  
 Report of interment:  
 UNKNOWN X-8
3. Height determined by broca  
 measurements: 72 $\frac{1}{2}$ "

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

Geo. A. Wheeler

IDENTIFICATION CHECKLIST

. 16 July 48

Unknown X-105  
Cemetery #2, Agat, Guam  
Plot 2 Row 2 Grave 10

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

PART I  
Physical Description

1. Estimated weight UTD 2. Estimated height 72½"  
3. Color of hair UTD 4. Race UTD  
5. Tattoos or scars on the body (give description) None

\_\_\_\_\_ (Information obtained from  
other sources) \_\_\_\_\_

6. Was tooth chart taken? No If not, explain \_\_\_\_\_

\_\_\_\_\_ Head missing \_\_\_\_\_

7. Were fingerprints taken? No

8. Cause of death Unknown

9. Was body burned? No To what  
extent? \_\_\_\_\_

10. Are any parts of the body missing or severed? See Blackout Chart

11. Is there any evidence of first-aid or other medical treatment? UTD

12. If the remains are badly mangled, a careful search should be made for  
identification tags or personal effects. Nothing found

13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy,  
USMC, etc.) None



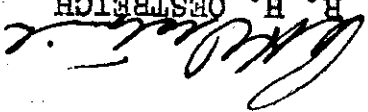
Organization

Int. Service

Rank  
Capt.

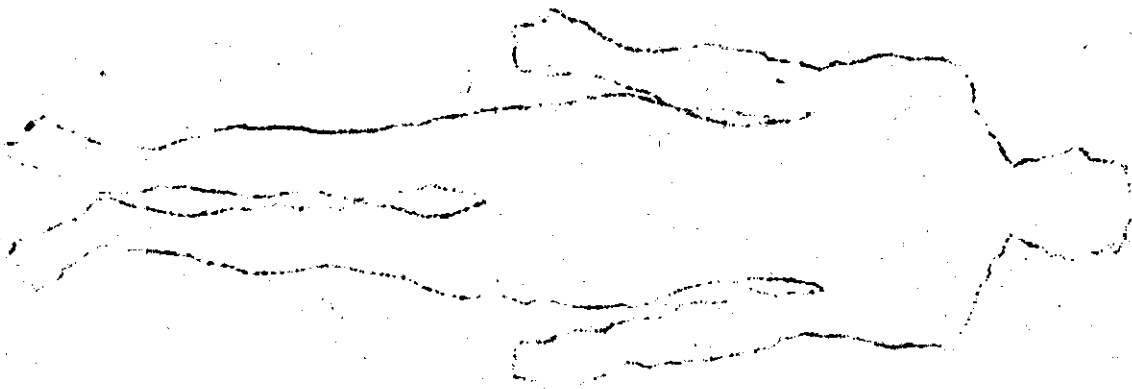
Officer's name

H. H. OESTRICH



I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

18. REMARKS: Height was determined from femur, tibia and fibula.



17. Black out parts of body not received at cemetery.

16. Evidence of healed fractures No

men forwarded through channels for examination None

15. If laundry marks are indistinct, such notation should be made and speci-

also size and markings: Poncho

14. List every item of clothing and/or equipment found, showing color of each,

Identification Checklist (Cont'd)

RESTRICTED

WD QMC FORM 1042  
(Rev. 1 Apr. 1946)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

5 Dec 47

Imprint Identification Tag If Possible.  
DO NOT TYPE

REPORT OF  
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN # <del>9A</del> <sup>X-125</sup> Box # 909		
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)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	
NO	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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.
25 July 44				2	2	10

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
No	
	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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
DOSS, John M.	Pfc	327565	USMC	11

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
PELTO, William A.	Pfc	533744	USMC	9

SIGNATURE OF PERSON PREPARING REPORT <i>Jose A. Sta. Ines</i> JOSE A. STA. INES	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zapico</i> 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

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	 <p>SILVER FILLING GOLD FILLING</p>
CAVITIES	 <p>CAVITY DECAYED</p>
MISSING TEETH	 <p>TOOTH MISSING</p>
CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>
BRIDGE WORK	 <p>GOLD BRIDGE</p>

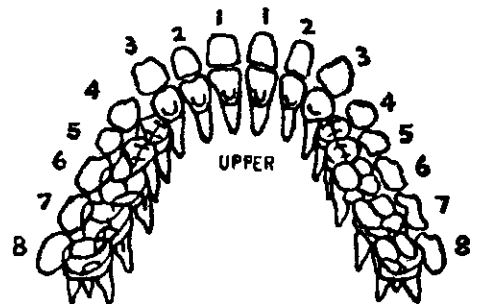
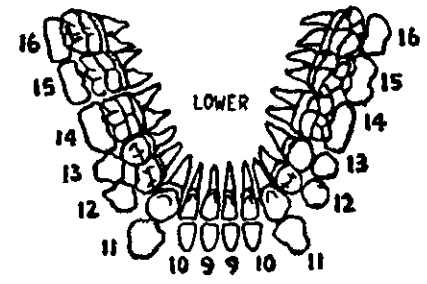
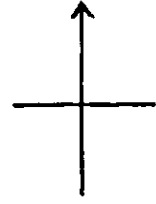
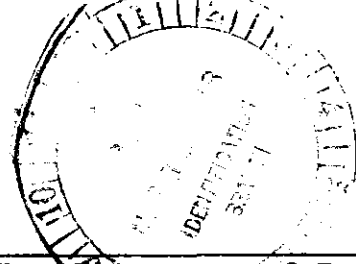


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



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



**REMARKS:** Condition of Remains: Skull, maxilla, mandible, both humerus, radius, ulna, both scapula and clavicle, ribs, foot bones and several vertebrae missing. Right femur and both pelvis fractured. Body apparently buried in poncho, found wrapped in small bundle.

**IDENTIFICATION DENTAL CHART**  
 To be used with GIC Forms Nos. 1042 and 1044 in place of chart thereon, and to be attached to and forwarded with those forms when accomplished.

**5 Dec 47**

Date

**UNKNOWN - Ca X-105**










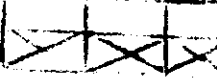





LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.		
UNIT		ORGANIZATION				
<b>Guam</b>	<b>Cemetery #2 Agat, Guam</b>			<b>2</b>	<b>2</b>	<b>10</b>
PLACE OF DEATH	PLACE OF BURIAL			PLOT	ROW	GRAVE NO

	RIGHT UPPER TEETH								LEFT								
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																	TYPE
LOCATION																	LOCATION

INSIDE - LOOKING OUT

	RIGHT LOWER TEETH								LEFT								
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																	TYPE
LOCATION																	LOCATION

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

<b>SYMBOLS IN WHOLE BOX</b>	<b>TYPE OF FILLING IN UPPER HALF OF BOX</b>	<b>LOCATION OF FILLING IN LOWER HALF OF BOX</b>
 EXTRACTED	 AMALGAM (SILVER)	 MESIAL (BETWEEN TOWARD FRONT)
 CAVITY, INDICATE LOCATION	 GOLD	 OCCLUSAL (BETWEEN SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OF PORCELAIN	 DISTAL (BETWEEN TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE I (CEMENT)	 LINGUAL (TOWARD TONGUE)
 PROSTHOUSLY MISSING		 FACIAL (TOWARD CHEEK)

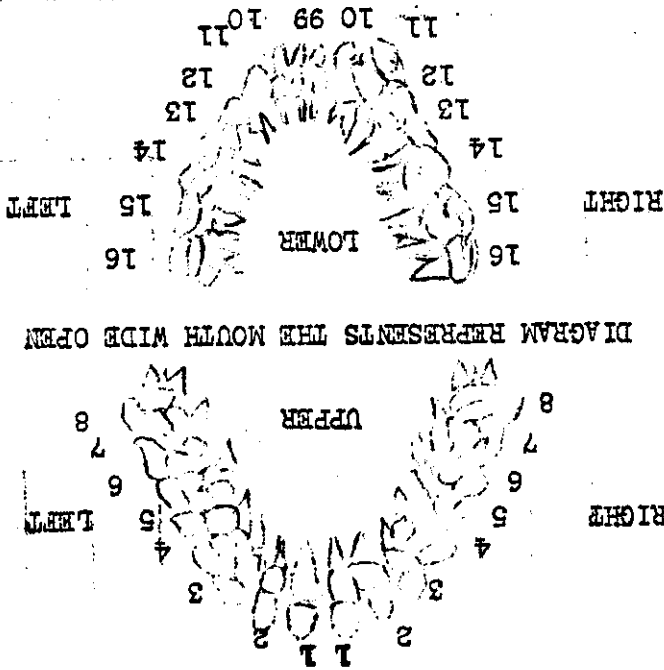
INSTRUCTIONS:

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

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

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

Entire Mandible, Maxilla and Teeth missing.

SIGNATURE OF PERSON WHO PREPARED CHART

*Emilio S. Zapico*  
WRITTEN BY DENTIST

NAME AND RANK TYPED OR PRINTED

L. HO, Capt., D.C.  
EMILIO S. ZAPICO, 2nd Lt., Inf.

DATE

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE

NO CLUES

IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

HEADQUARTERS  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ECNE  
APO 900

25 June 1949

Date


SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 105, Plot 2,  
Row 2, Grave 10, USMC Cem No. 2, Agat, Guam have

been reviewed and it is the opinion of this office that insufficient  
evidence is available to establish the identity of this deceased,  
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

  
R. B. McEMMAR  
Captain, USMC  
Chief, Records Branch

Attach: Form 1044

2 Aug 49 OQMG  
Unavailable from  
information presently  
available on file 26 Aug

Doc #12'

## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-106				2. DATE OF REPORT 25 June 49		
3. NAME OF CEMETERY  Cem No. 2, Agat, Guam		4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
		2	2	10	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 6' 2"	10. COLOR OF HAIR U T D	11. RACE Unknown
------------------------------	------------------------------	----------------------------	---------------------

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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	TO WHAT EXTENT?
---	-----------------

15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	TO WHAT EXTENT? Upper portion of remains missing.
--	--

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"

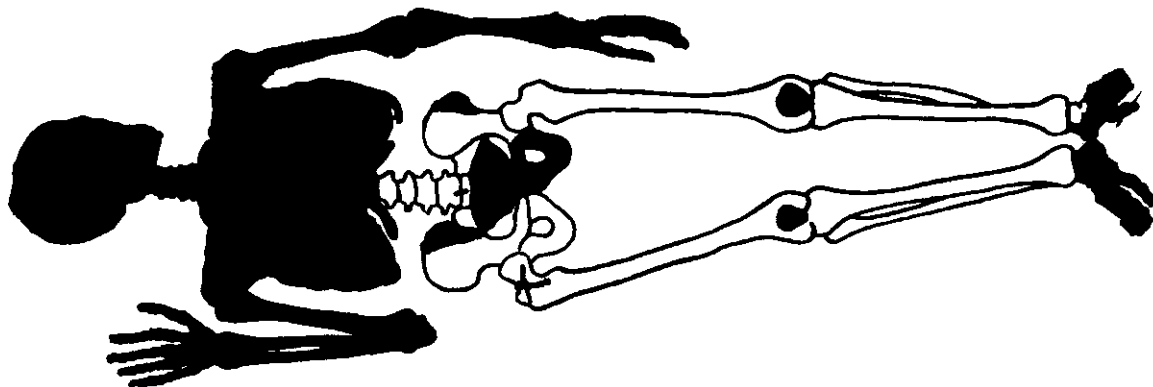
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. # 12<sup>2</sup>





19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height - 6' 1/2"

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 ROI, identification tags or personal effects 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

JAMES J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE

# DISINTERMENT DIRECTIVE

# 1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6321 00000	DATE 15 10 48 DAY MONTH YEAR
---	--------------------------------	------------------------------------

NAME <i>277 UNKNOWNX</i>	SERIAL NUMBER -000105	GRADE	ARM 0	RACE 0	RELIGION 6
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CEMETERY GUAM NO 2 MARIANAS IS	PLOT 2	ROW 2	GRAVE 10	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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### 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)
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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
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OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report OMC Form 11 for Major Discrepancies.)

# CANCELLED

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)
------	----	----------------------

CASKET SEALED BY	CASKET BOXED AND MARKED	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 AGENT INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

*277*  
SEP 1 048

# RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

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

2. SHIPPED

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

3. SHIPPED

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

4. SHIPPED

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

5. SHIPPED

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

6. SHIPPED

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

7. SHIPPED

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