

FILE IDENTIFICATION TOPPER

FILE NUMBER	93 with Yuen # 2 X110
SUBJECT	

QMC FORM 1121
1 Aug 45

nfn

Interred 30 March 1950
F 11 109 Ft McKinley

1

Carl R. H. Mark
DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

CARL R. H. MARK
 Cemetery Superintendent

SECTION A —
 NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81253

DATE

29 03 50
 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 110					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGAT NO. 2, GUAM	3	1	28	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 DISINTERRED
UNKNOWN X-110				29 March 1950

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			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 **29 March '50** BY **PAUL R NICHOLS**

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

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 29 Mar '50 BY RAYMOND H TANGUAY, Sgt, 1c	RA L. W. RICHARDSON, M/Sgt., RA

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

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

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGRS Ma usoleum	TO	ITS Military Cemetery
KIND OF CONVEYANCE	Truck	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Boyer</i>
DATE		DATE	MAR 3 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
6301 01253

DATE
29 03 90
DAY MONTH YEAR

NAME: UNKNOWN I - 110
SERIAL NUMBER: [] GRADE: [] ARM: []
RACE: [] RELIGION: []

CEMETERY: WEAVER CEMETERY ACAT NO. 2, GUAM
PLOT: 3 ROW: 1 GRAVE: 28
DISPOSITION OF REMAINS: 7701 []
CODE: [] DIST. CTR.: []

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. MI, WICKINLEY, 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: files 5-25-50 Kirkland Report

Inch # 87

RECORD OF CUSTODIAL TRANSFER

FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
1. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
2. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
3. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
4. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
5. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
6. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
7. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
8. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
9. SHIPPED									
FROM		TO		NAME OF CONVOYER		SIGNATURE OF SHIPPER		DATE	
10. SHIPPED									

~~293~~
FLIGHT 293
GRS Far East

8 February 1950

SUBJECT: Identification of World War II Deceased

293 GRS Far East
Unident

TO: Commanding Officer
American Graves Registration Service
Philcoa 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-48	" " " "
" 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 Unknown Guam X-110 (Agat #2)

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

JMH

TEC

Dustace:rvs
Salser
JM

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILIPPO LONE

GUPZ 293

APO 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 QMGAU 293, GRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AERS 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-108	Apat, Guam #2		
"	X-109	"	"	"
"	X-110	"	"	"
"	X-112	"	"	"
"	X-117	"	"	"
"	X-118	"	"	"
"	X-119	"	"	"
"	X-120	"	"	"
"	X-121	"	"	"

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

FOR THE COMMANDING OFFICER:

9 Incls
GIC Forms 1044 w/certificates
of Unidentifiability

JOHN SHYPULA
1st Lt., Infantry
Adjutant

HEADQUARTERS
PHILSON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

20 January 1950

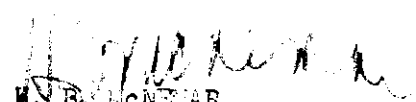
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-110, Plot 3,
Row 1, Grave 28, USMC Cemetery No 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. B. McNEER
Captain, G.C.
Chief, Records Branch

Atch: Form 1044

Received 2 Feb 50 OQMG
Not identifiable from
information presently
available
W. Eustace
H. S. T.

RESTRICTED

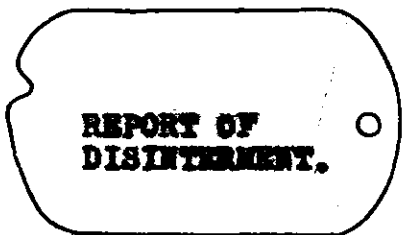
WD QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

11/24/47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN ~~X-118~~ X-110 Box # 420

SERIAL No.

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

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 3 on reverse)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Body unmasked. Believed unwrapped. Skull broken. Both fibulae are partly deteriorated.

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

30 Jul 44

HOUR

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

TYPE OF GRAVE MARKER

PLOT No.

3

ROW No.

1

GRAVE No.

28

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)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

29

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

27

SIGNATURE OF PERSON PREPARING REPORT

Teodorico J. Espital
TEODORICO J. ESPITAL

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Emilio S. Zapico
EMILIO S. ZAPICO, 2d 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

James J. Sibley

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


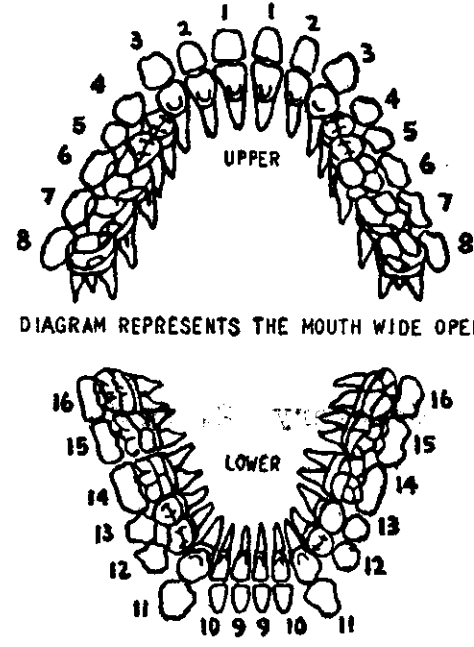




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

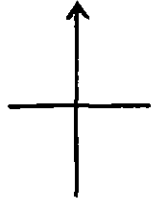
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

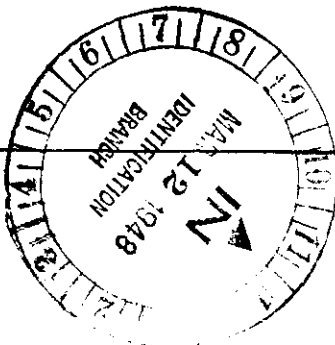
OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS  SILVER FILLING GOLD FILLING	 DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
LEFT RING FINGER		
LEFT MIDDLE FINGER	CAVITIES  CAVITY DECAYED	
LEFT INDEX FINGER	MISSING TEETH  TOOTH MISSING	
LEFT THUMB	CROWNED TEETH  PORCELAIN CROWN GOLD CROWN	
RIGHT THUMB	BRIDGE WORK  GOLD BRIDGE	
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:



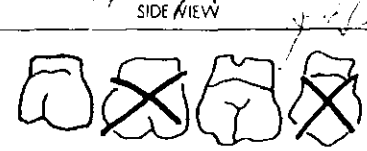


18.

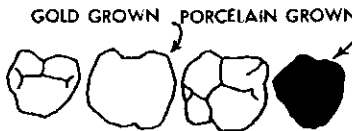
TOOTH CHART

24/Nov/47

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



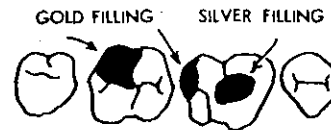
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



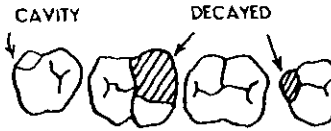
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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															
UPPER															
LOWER															
SIDE VIEWS															
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

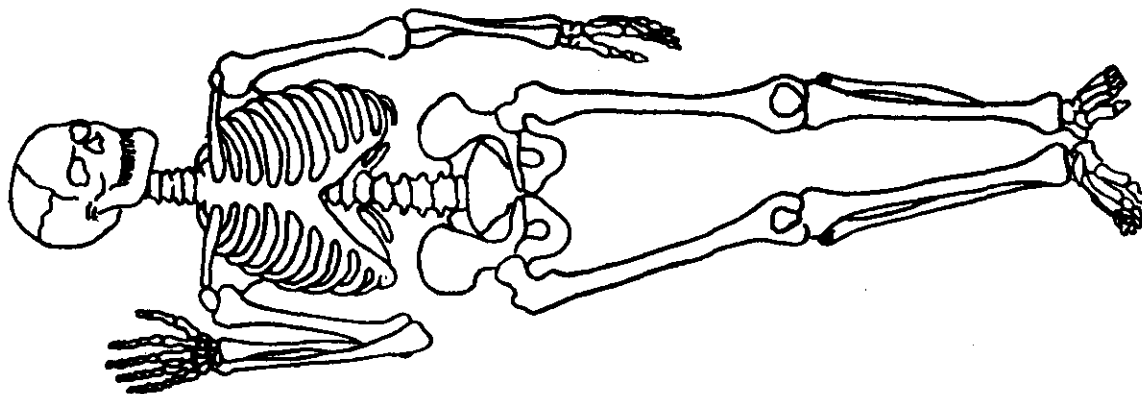
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

UNKNOWN X-110 P-3 R-1 G-28

L. HO., CAPT., D. C.

Emilio S. Lopez MILITARY MEDICAL CORPS, 2d 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 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

UNKNOWN X-110

P-3 R-1 G-28

*Body unmasked. Believed un-
wrapped. Skull broken. Both fi-
bulae are partly deteriorated.*

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

Capt. James L. Sibley

IDENTIFICATION SECTION
PATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF BURIAL

NAVMEB-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 11 ADP 11 1944.

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNKNOWN #18A	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH GSW-KIA	PLACE OF DEATH Guam.
----------------------------------	--------------------------------

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

DATE OF DEATH	DATE OF BURIAL 7/30/44
---------------	----------------------------------

NAME OF CEMETERY Army Navy Marine Cemetery #2. o	LOCATION OF CEMETERY Agat Guam.
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GRAVE MARKER TYPE Cross	PLOT NO. 3	ROW NO. 1	GRAVE NO. 28
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BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY Military Burial.	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

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) Nolte, W.H.	RANK OR RATE Pfc	FILE OR SERVICE NO. 895030	GRAVE NO. 27
BODY ON RIGHT. NAME (Last, first, middle) Harrison J.F.	RANK OR RATE QM3c	FILE OR SERVICE NO. 857-54-49	GRAVE NO. 29
PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt., USMCR	(Rank or rate)	PERSON CONDUCTING BURIAL RITES	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. UTZ-Col., USMC-Ass Major JAMES E. LANE MAJOR I & B MARINE CORPS		
	(Name)	(Rank)	(Title)

INSTRUCTIONS FOR BU

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.	

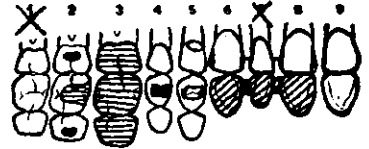
(If actual weight and height are used, delete estimated)

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. _____

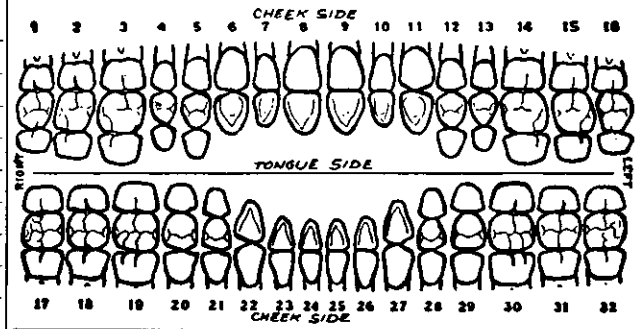
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

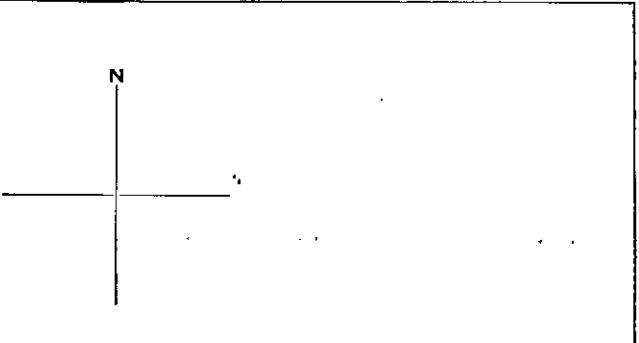
Remarks _____



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. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

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

REPORT OF INTERMENT

COPY

Unknown X-110 (formerly Unknown 18X)

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

7/30/44

Army, Navy, Marine Cemetery #2

Guam

Date of Burial

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

28

1

3

(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 Harrison, J.F. 8575449 QM3C 29
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Nolte, W. H. 895030 Pfc 27
(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 officer or person reporting burial.)

RIGHT HAND

LEFT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-110				2. DATE OF REPORT 20 January 1950	
3. NAME OF CEMETERY Cemetery #2, Agat, Guam	4. PLOT 3	5. ROW 1	6. GRAVE 28	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 64½"	10. COLOR OF HAIR Light brown	11. RACE U T D
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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

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

THE PROPERTY OF THE U.S. ARMY
 HEADQUARTERS, GAITHERSBURG, MARYLAND
 FORM NO. 1044 (REV. 12-47)

TOOTH CHART

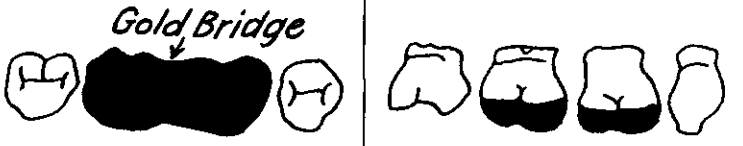
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



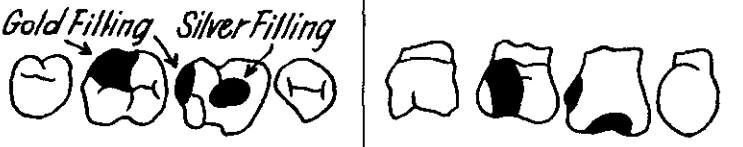
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



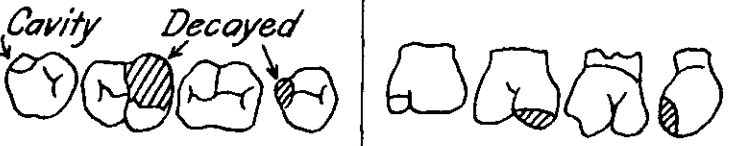
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



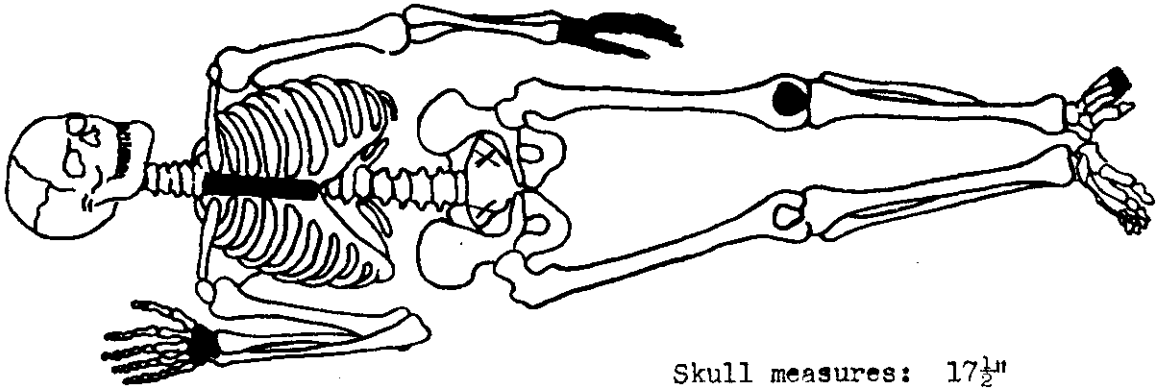
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
X	Aφ	X	A	⊗	⊗		⊗		⊗	⊗	A	A	A	Aφ		
Side Views																Side Views
Top Views																UPPER
																LOWER
Side Views																
												A	X	A		
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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 Sec.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Skull measures: 17½"
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

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

RECEIVED
FEB 20 1947
U.S. ARMY
MEDICAL DEPARTMENT

U.S. ARMY
MEDICAL DEPARTMENT
FEB 20 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 Sec.

SIGNATURE

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 00000

DATE
15 10 48
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
	275, <u>UNKNOWN</u> X-000110		0	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUAM NO 2 MARIANAS IS	3	1	28	7701 80 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FT. 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	

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

REMAINS PREPARED AND PLACED IN CASKET

DATE	BY	EMBALMER (Signature)

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE	BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

SEP 1 1948

1560

RECORD OF CUSTODIAL TRANSFER

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