

FILE IDENTIFICATION TOPPER

FILE NUMBER

293 Junk Program #2 X119

SUBJECT

QMC FORM 1121
1 AUG 45

/bpm

1

Interred 30 March 1950
F 16 107 Ft McKinley

Carl R. Mark
CARL R. H. MARK
Cemetery Superintendent

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

/add

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81259

DATE

29 03 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 119				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGAT NO. 2, GUAM	3	2	4	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-119				29 Mar '50
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	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 Mar '50	BY PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R Nichols</i> PAUL R NICHOLS

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

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

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

REMARKS AND SPECIAL INSTRUCTIONS

✓

[Handwritten signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

AGRS MAUSOLEUM

US MILITARY CEMETERY

KIND OF CONVEYANCE
TRUCK

NAME OF CONVOYER

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

DATE

MAR 3 0 1950

W. R. ...

2. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

DATE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DISINTERMENT DIRECTIVE

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81299

DATE

29 03 90
DAY MONTH YEAR

NAME

UNKNOWN X - 119

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY AGAT NO. 2, GUAM

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

3

2

4

7701
CODE

80
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

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

ORGANIZATION

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 _____

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

RECORD OF CUSTODIAL TRANSFER

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

AIRMAIL

~~293 Unknown U.S. (Missing) World War II~~
~~Agat Cemetary~~

QUART 293
GHS Far East

8 February 1950

293 GRS Far East
Unident

SUBJECT: Identification of World War II Deceased

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

1. Reference is made to the following Unknown remains now stored at the AGRS Mausoleum, Manila, P.I.:

Unknown X-15	Asan Guam Cemetary #1
" X-48	" " " "
" X-84	Agat Guam Cemetary #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 Cemetary #3

X 293 Unknown Unknown X-119 (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:

Eustace:rvs
Salser
JW

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

JMN
TEC

AIRMAIL

HEADQUARTERS
 AMERICAN GRAVES REGISTRATION SERVICE
 HILTON HONE

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 QMGM 293, GRG (Far East), dated 17 September 1949, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AFHS 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	Agat,	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 SIC Forms 104, for the above-mentioned Unknowns.

FOR THE COMMANDING OFFICER:

9 Incls
 SIC Forms 104, w/Certificates
 of Unidentifiability

JOHN SHYKULA
 1st Lt., Infantry
 Adjutant

HEADQUARTERS
PHILCOM 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- 119 , Plot 3 ,
Row 2 , Grave 4 , 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. B. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 2 Feb 50 0000
Not identifiable from
information presently
available

M. Eustace
Ident.

RESTRICTED

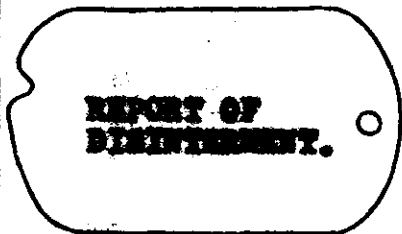
WD OMC FORM 1042
(Revised Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

11/28/47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN X-119 Box #483

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 2 on reverse)

Grave marker

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

No

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None except one finger, left tibia, and
fibula are missing
Body uncasketed - left

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

Cross

PLOT No.

3

ROW No.

2

GRAVE No.

4

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.

Ragan, Ernest

Major

5255

3

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

Anderson, Ralph G.

Sgt

991310

3

SIGNATURE OF PERSON PREPARING REPORT

Emilio E. Costales
EMILIO E. COSTALES

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

Whittier Hudson

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


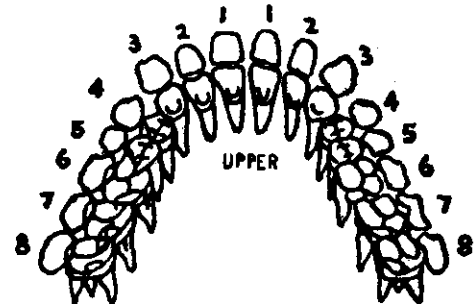
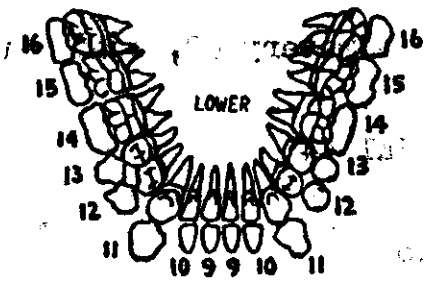




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

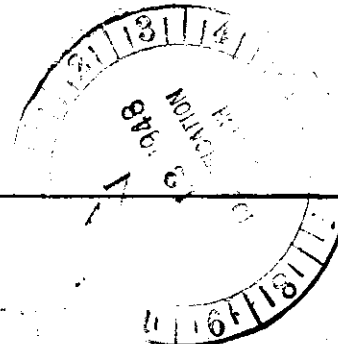
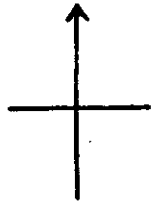
WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>  <p>LOWER</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>	

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

REMARKS:

REMARKS:

18.

TOOTH CHART

11/18/47

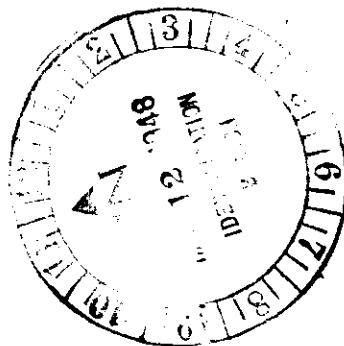
<p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:</p>	<p>TOP VIEW</p> <p>TOOTH MISSING</p>	<p>SIDE VIEW</p>	
	<p>GOLD CROWN PORCELAIN CROWN</p>		
	<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD 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
																LOWER
SIDE VIEWS																
	16	15	14	13	12	11	10	9	10	11	12	13	14	15	16	

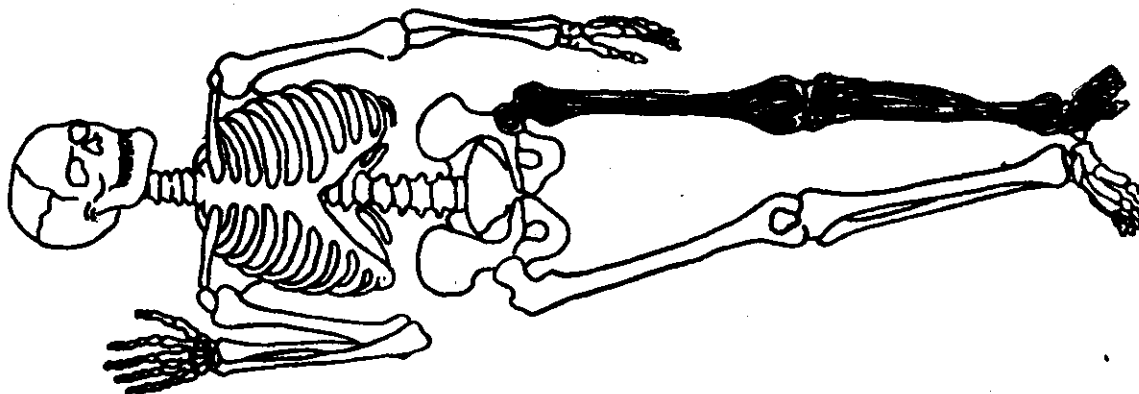
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

UNKNOWN X119
 P-3 P-2 P-4
 L. NO. 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 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-119

P-3 R-2 G-4

Body uncasted left femur, left tibia and fibula are missing

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

Whittier Harrison

REPORT OF BURIAL

NAVMED-601 (2-45)

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) UNKNOWN #19* (First) (Middle)		
	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.	LOCATION OF CEMETERY AgatGuam.
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GRAVE MARKER TYPE Cross	PLOT NO. 3	ROW NO. 2	GRAVE NO. 4
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BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY Military Honors.	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

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) Anderson R.G.	RANK OR RATE Sgt	FILE OR SERVICE NO. 278510	GRAVE NO. 3
BODY ON RIGHT. NAME (Last, first, middle) Ragan F.E.	RANK OR RATE Pfc	FILE OR SERVICE NO. 300633	GRAVE NO. 5

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

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

(Name) (Rank) (Title)

REPORT OF INTERMENT

COPY

Unknown X-119 (formerly Unknown 19X)
(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

7/20/44 Army, Navy, Marine Cemetery #2 Guam
(Place of Burial) (Name of Cemetery) (Name or coordinates of location)

Date of Burial
4 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 Ragan, F. L. 300630 Pfc 5
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Anderson, T. S. 378510 Sgt 3
(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-119	2. DATE OF REPORT 20 January 1950
---	---

3. NAME OF CEMETERY Cemetery #2, Agat, Guam	4. PLOT 3	5. ROW 2	6. GRAVE 4	7. DATE OF	
				DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT U T D	9. ESTIMATED HEIGHT 66-1/8"	10. COLOR OF HAIR Med. Brown	11. RACE U T D
-------------------------------------	---------------------------------------	--	--------------------------

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

NONE

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

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

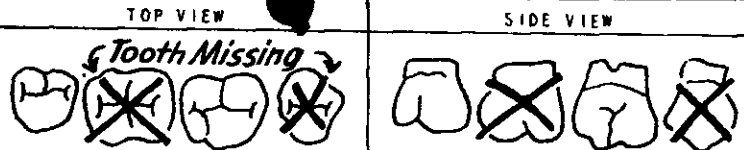
UNIDENTIFIABLE

REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

IDENTIFICATION SECTION
PATROL RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

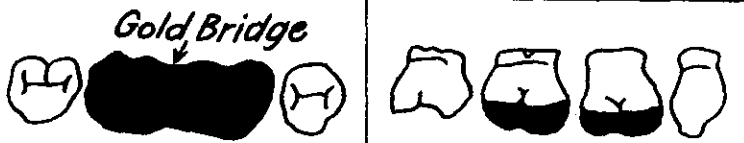
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



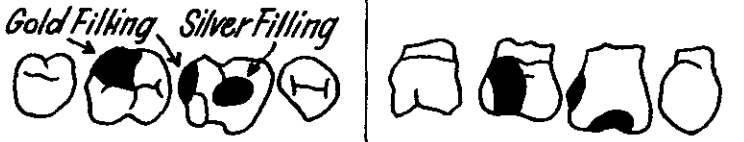
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



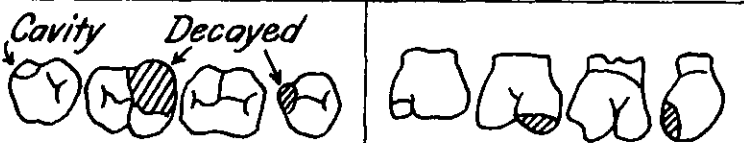
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



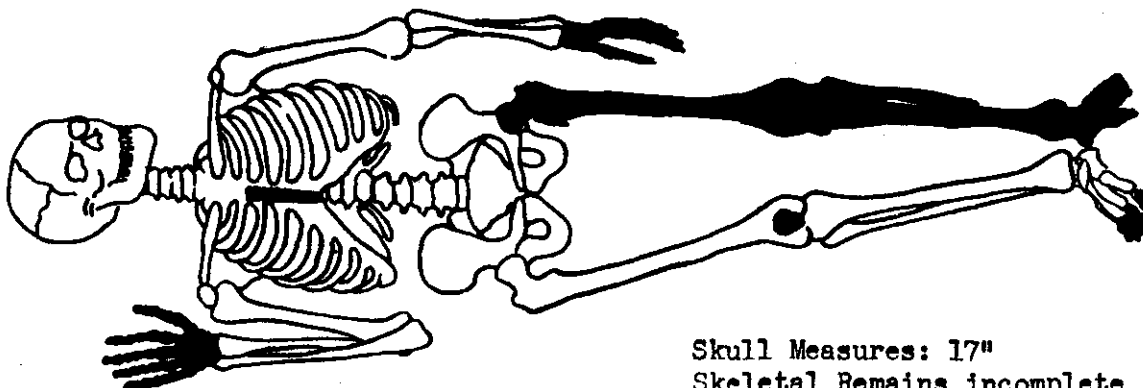
RIGHT								LEFT								
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
	A	X			D	D	D	D	D		A	A	A	A	IMPACTED	
Side View																Side View
Top View																
	<p>Labels: DMP, OI, DMDF, OM</p>															
Side View																
IMPACTED	A	X	A									A	A	A	UNERUPTED	
16	15	14	13	12	11	10	9	9	10	11	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."

REMARKS: -Space between R-11 and R-12 R-6 space closed. UNRELIABLE

Paul R. Nichols
PAUL R. NICHOLS
Chief, Identification Sec.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Skull Measures: 17"
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 bottle, personal effects or other means of identification found with remains.

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

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Sec.

SIGNATURE

Paul R. Nichols

DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 6321 00000

DATE: 15 10 48
DAY MONTH YEAR

NAME: *273* UNKNOWN X-000119

SERIAL NUMBER: UNKNOWN X-000119

GRADE: []

ARM: 0

RACE: 0

RELIGION: 6

CEMETERY: GUAM NO 2 MARIANAS IS

PLOT: 3

ROW: 2

GRAVE: 4

DISPOSITION OF REMAINS: 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)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME: []

SERIAL NUMBER: []

GRADE: []

DATE OF DEATH: []

DATE DISINTERRED: []

IDENTIFICATION TAG ON: REMAINS, MARKER

ORGANIZATION: UNKNOWN

REGION: []

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: []

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.

REMARKS AND SPECIAL INSTRUCTIONS

SIGNATURE OF AGRS: []

FILE
SEP 1 1949

(257)

RECORD OF CUSTODIAL TRANSFER

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