

FILE IDENTIFICATION TOPPER

FILE NUMBER

93 unk. Exam # 2 x 123

SUBJECT

/ebc  
**1**  
/add

Interred 30 Mar 1950  
F 2 4 Ft. McKinley  
*Caremark*  
CARL R. H. MARK

DISINTERMENT DIRECTIVE  
PREPARED BY PHILCOM

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED  
DIRECTIVE NUMBER  
**6321 81263**  
DATE  
**29 03 50**  
DAY MONTH YEAR

NAME  
**UNKNOWN X - 123**  
SERIAL NUMBER  
GRADE  
ARM  
RACE  
RELIGION

CEMETERY  
**USAF CEMETERY AGAT NO. 2, GUAM**  
PLOT  
**3**  
ROW  
**1**  
GRAVE  
**24**  
DISPOSITION OF REMAINS  
**7701 80**  
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**UNITED STATES MILITARY CEMETERY  
FT. WM. MCKINLEY, P. I.**

NAME AND ADDRESS OF NEXT OF KIN  
**(BY ADMINISTRATIVE DECISION)**

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME  
**UNK X - 123**  
SERIAL NUMBER  
GRADE  
DATE OF DEATH  
DATE DISTINTERRED  
**29 Mar '50**

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER  
ORGANIZATION  
RELIGION  
IDENTIFICATION VERIFIED BY  
**PAUL R NICHOLS  
Embalmer**  
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL  
**Shelter Half**  
CONDITION OF REMAINS  
**Skeletal**

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE **29 Mar '50** BY **PAUL R NICHOLS**

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

CASKET BOXED AND MARKED  
DATE **29 Mar '50** **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

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

US MILITARY CEMETERY

SIGNATURE OF RECEIVER

*W. E. ...*

DATE

MAR 30 1950  
DATE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

3. SHIPPED

KIND OF CONVEYANCE

NAME OF CONVOYER

TO

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

5. SHIPPED

KIND OF CONVEYANCE

NAME OF CONVOYER

TO

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

6. SHIPPED

KIND OF CONVEYANCE

NAME OF CONVOYER

TO

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

FROM

7. SHIPPED

KIND OF CONVEYANCE

NAME OF CONVOYER

TO

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3  
J

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81263

DATE

29 03 50  
DAY MONTH YEAR

NAME  
**UNKNOWN I - 123**

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY  
**USAF CEMETERY AGAT NO. 2, GUAM**

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

**9 1 24**

**7701**

**80**

CODE

DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
**UNITED STATES MILITARY CEMETERY  
FT. W. MCKINLEY, P. I.**

NAME AND ADDRESS OF NEXT OF KIN  
**(BY ADMINISTRATIVE DECISION)**

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON  
 REMAINS  
 MARKER

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

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

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

HEADQUARTERS  
AMERICAN GRAVE REGISTRATION SERVICE  
PHILIPPINE ZONE

AGO 900  
23 January 1950

ORR 295

SUBJECT: Unidentifiable Remains

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

1. In accordance with the provisions of your letter, file ORR 295, ORR (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Remains, the following Unknown remains, presently stored at ATTH 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	Agmt.	Class	Comm.	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 CAC Forms 10/1 for the above-mentioned Unknowns.

FOR THE DEPARTMENT OF THE ARMY

10 Incls  
CAC Forms 10/1 w/certificates  
of Unidentifiability

JAMES SHYKULA  
1st Lt., Infantry  
Adjutant

AIRMAIL

QUART-293

8 February 1950

GRS Far East

SUBJECT: Identification of World War II Deceased

293 GRS 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-45	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 Human X-123 (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. LETZ  
Lt. Colonel, QMC  
Memorial Division

JMH

TEC

Eustace:rvs  
Salser  
JW

AIRMAIL

HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

20 Jan. 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 123 , Plot 3 ,  
Row 1 , Grave 24 , 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:

  
B. McNEAR  
Captain, QAC  
Chief, Records Branch

Atch: Form 1044

Received ..... 2 Feb 50 ..... **QAC**  
Not identifiable from  
information presently  
available *W. Sustac*  
*dent*



RESTRICTED

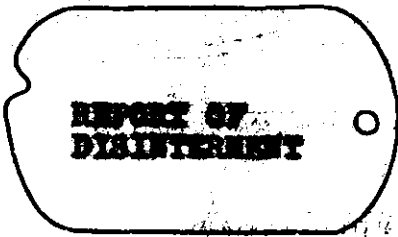
WD OMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

12/1/47

Imprint Identification Tag If Possible.  
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial) <b>UNKNOWN</b> <i>X-123</i> <i>Box #658</i>		SERIAL No.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

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

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <i>None</i>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
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WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME *Body uncasted - wrapped in camouflage poncho. Skull, maxilla, mandible, right scapula, both humeri, left ulna, right radius, right femur and sacrum are broken. Left radius missing. Left pelvic 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 <b>Cemetery #2, Apt., Guam</b>	<i>Left radius missing. Left pelvic partly deteriorated.</i>
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DATE OF BURIAL <b>30 Jul 44</b>	HOUR	BURIED IN (Shroud, blanket, or name of cloth)	TYPE OF GRAVE MARKER	PLOT No. <b>3</b>	ROW No. <b>1</b>	GRAVE No. <b>24</b>
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WAS THIS A REBURIAL? (Yes or 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
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IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)
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BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) <i>Manuel Wilbur R.</i>	RANK <i>CPL</i>	SERIAL No. <i>386570</i>	ORGANIZATION	GRAVE No. <i>25</i>
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BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) <i>Switcher, Mrs. Arthur D.</i>	RANK <i>Sgt.</i>	SERIAL No. <i>356988</i>	ORGANIZATION	GRAVE No. <i>23</i>
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SIGNATURE OF PERSON PREPARING REPORT <i>Teodorico J. Espital</i> TEODORICO J. ESPITAL	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2d 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.

*Det. James L. Seibly*

RESTRICTED

MAR 11 1948

**Section 3. UNIDENTIFIED REMAINS.**


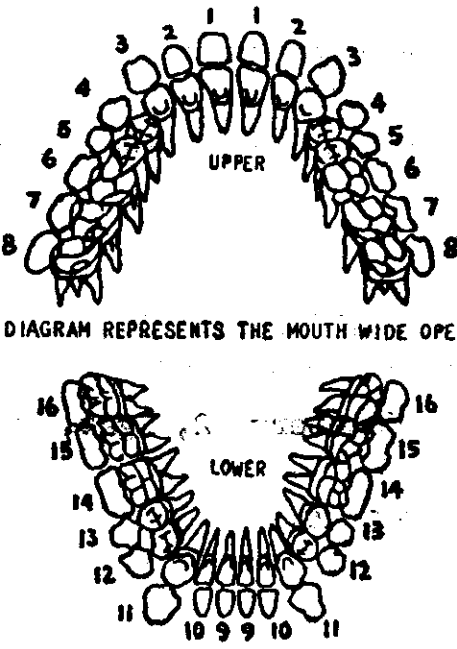




**INSTRUCTIONS:**

(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.

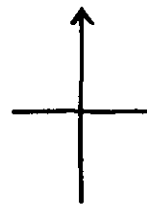
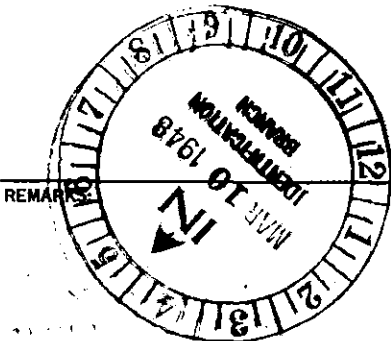
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth 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

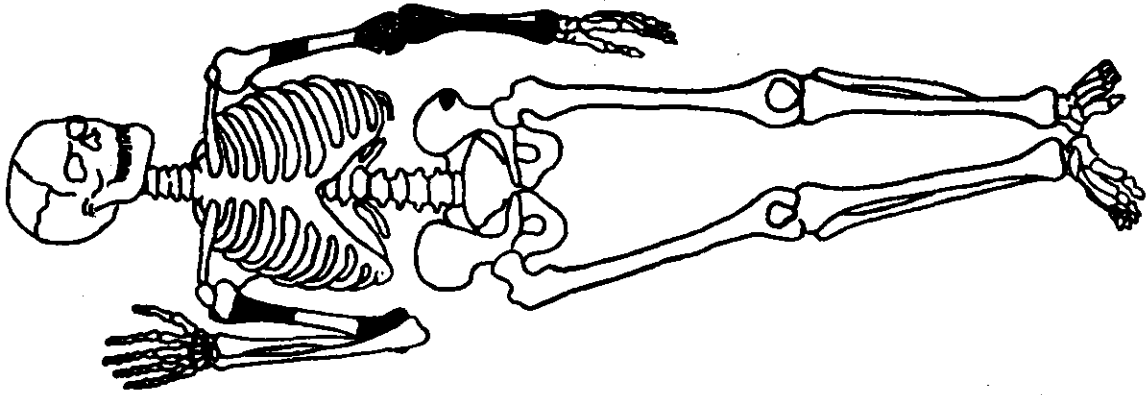
**OTHER IDENTIFICATION CLUES**

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



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-123

P-3 R-1 G-24

Body uncasketed. wrapped in  
cardboard/plastic panels. Skull, maxilla,  
mandible, right scapula, both humerus,  
left ulna, right radius, right femur  
and sacrum are broken. Left radius  
missing. Feet, pelvic partly deterior-  
ated!

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

*Dr. James L. Libby*

IDENTIFICATION SECTION  
PATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

REPORT OF INTERMENT

COPY

Unknown X-123 (formerly Unknown 17X)

(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)

Date of Burial

24

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 Mann, W. D. 386540 Cpl 23  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Switchenko, A. V. 356988 Sgt 25  
(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

4

3

2

1

THUMB

4

3

2

1

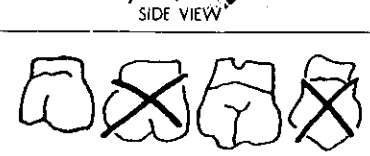
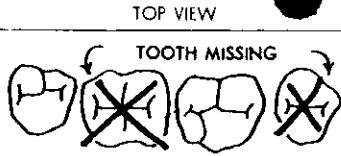
THUMB

18.

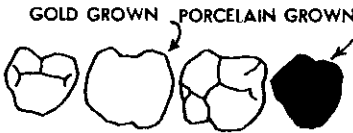
TOOTH CHART

*X-123*

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



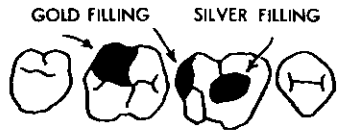
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



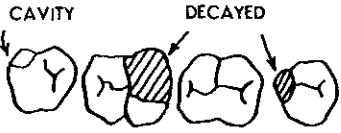
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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								SIDE VIEWS							
TOP VIEWS								TOP VIEWS							
SIDE VIEWS								SIDE VIEWS							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

UNKNO N *X-123* P=3 R=1 G=24

*L. Ho.*

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

*Emilio S. Zapico*

EMILIO S. ZAPICO, 2d Lt., Inf.

**REPORT OF BURIAL**

NAVMED-801 (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) (First) (Middle)		
	<b>UNKNOWN # 17X</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>11/30/44</b>
---------------	-----------------------------------

NAME OF CEMETERY <b>Army Navy Marine Cemetery #2.</b>	LOCATION OF CEMETERY <b>AgatGuam.</b>
--	--

GRAVE MARKER TYPE <b>Cross</b>	PLOT NO. <b>3</b>	ROW NO. <b>1</b>	GRAVE NO. <b>24</b>
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BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY <b>Full 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  
**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>Switchenko, A.V.</b>	RANK OR RATE <b>Sgt</b>	FILE OR SERVICE NO. <b>356988</b>	GRAVE NO. <b>25</b>
BODY ON RIGHT. NAME (Last, first, middle) <b>Mann, W.D.</b>	RANK OR RATE <b>Corp</b>	FILE OR SERVICE NO. <b>386540</b>	GRAVE NO. <b>23</b>

PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dLt, USMCR.</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <b>R.L. Ridolfi</b>
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IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>L.N. UTZ-Col., USMC-1st MASH Co 2d MASH BATTAL</b>
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(Name) (Rank) (Title)





## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-123				2. DATE OF REPORT 20 Jan. 1950	
3. NAME OF CEMETERY  #2, AGAT, GUAM	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	3	1	24	DISINTERMENT	REINTERMENT

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 150	9. ESTIMATED HEIGHT 65	10. COLOR OF HAIR UTD	11. RACE WHITE
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

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

None

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

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

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)

None

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

TOOTH CHART

	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D 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
	X					β		Fractured			β					MISSING
Side View																
Top View																
Side View																
	X			β	β	β	β	β	β	β	β	β	β			X
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

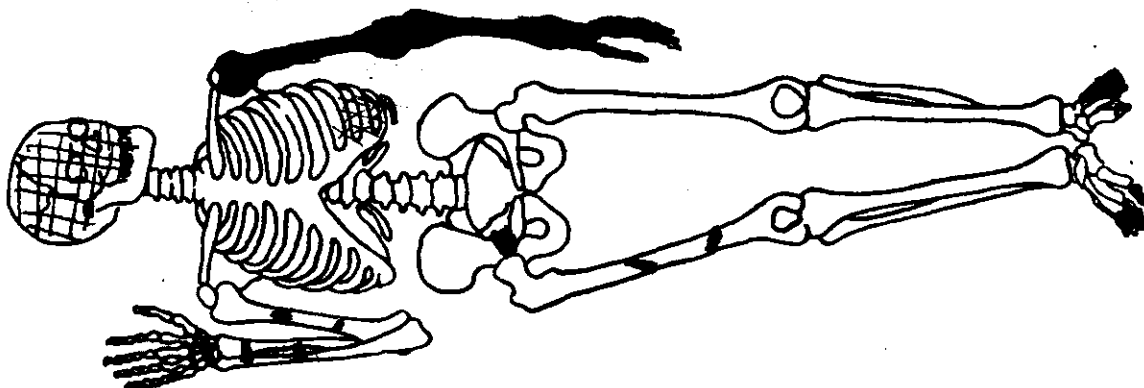
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: Maxilla fractured at medial line  
Mandible fractured thru R. and L. I.C.  
R.I. rotated mesial

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

**MASS BURIAL CERTIFICATE (IF APPLICABLE)**  
(Wherein segregation in whole or parts is impossible)

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF \_\_\_\_\_ DECEDENTS BASED ON THE PRESENCE OF ONE OR MORE OF THE FOLLOWING ANATOMICAL PARTS: \_\_\_\_\_ NUMBER

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

21. REMARKS AND ADDITIONAL INFORMATION

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

CONFIDENTIAL  
REASON OF LACK OF SUFFICIENT INFORMATION

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

PAUL R. NICHOLS  
Chief, Ident. Section

# DISINTERMENT DIRECTIVE

1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6321 00000	DATE 15 10 48 DAY MONTH YEAR
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NAME 29, UNKNOWNX	SERIAL NUMBER -000123	GRADE	ARM 0	RACE 0	RELIGION 6
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CEMETERY GUAM NO 2 MARIANAS IS	PLOT 3	ROW 1	GRAVE 24	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.
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### 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 GMC Form 1194a for major discrepancies.)

# CANCELLED

REMAINS PREPARED AND PLACED IN CASKET	DATE	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 GRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

25

**RECORD OF CUSTODIAL TRANSFER**

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