

FILE IDENTIFICATION TOPPER

FILE NUMBER	<i>243 Under Id name #2 X34</i>
SUBJECT	

QMC FORM 1121
1 Aug 45

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

(Sgt.)
~~2/20/50 (Spec) Bureau # 2~~
X11, X22, X24, X26, X27, X70, X74, X13

X77, X81, X82

SYNOPSIS AND DATES

Also now filed

NEW CLASSIFICATION

~~2/20/50 (Spec) Bureau # 2~~ X11

10/5/50
Be

RECLASSIFICATION SHEET

/enc
1

Interred 30 March 1950
Ft. McKinley
Embalmer
CARL R. H. MARK
Cemetery Superintendent

**DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM**

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 81283

DATE
29 03 50
DAY MONTH YEAR

NAME: **UNKNOWN I - 37**
SERIAL NUMBER: [] GRADE: [] ARM: [] RACE: [] RELIGION: []

CEMETERY: **USAF CEMETERY AGAT NO. 2, GUAM**
PLOT: **4** ROW: **38** 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: **UNKNOWN X-37**
SERIAL NUMBER: [] GRADE: [] DATE OF DEATH: [] DATE DISTINTERRED: **29 March 1950**

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 March 1950** BY: **PAUL R NICHOLS**
CASKET SEALED BY: **PAUL R NICHOLS** EMBALMER (Signature): *Paul R Nichols*
PAUL R NICHOLS

CASKET BOXED AND MARKED: **RAYMOND H TANGUAY**
DATE: **29 Mar 50** BY: **Sgt.lc., 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
DATE: **26 Apr 50**
NAME: *[Signature]*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM	AGHS MAUSOLEUM	TO	U S MILITARY CEMETERY
KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>W. J. Frank</i>
DATE		DATE	MAR 30 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

DATE

6321 81289

29 03 50
DAY MONTH YEAR

NAME: UNKNOWN I - 37 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY AGAT NO. 2, GULF PLOT: 4 ROW: 36 GRAVE: 24 DISPOSITION OF REMAINS: 7702 80 CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. WIL. 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: filed 5/25/50 Kerklin Report

Incl # 117

RECORD OF CUSTODIAL TRANSFER

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

AIR MAIL

FEB 21 1950

QMKRM 293
GRS Far East

SUBJECT: Unidentifiable Remains

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

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 23 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-36, X-37, X-70, X-72, X-73 and X-76, Army Navy Marine Cemetery, Guam #2, as unidentifiable.

3. Unknown X-22 was previously recommended as unidentifiable by AGRS Headquarters, MARBO ZONE, 30 November 1948 and approved by 1st Indorsement, dated 17 December 1948, this Office.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, GRC
Memorial Division

CC: CINCPAC

use as given

AIR MAIL

QMKRM 293 Ref #1 - 37, AGRS Com. Guam #2

HEADQUARTERS
PACIFIC ZONE
AMERICAN GRAVES REGISTRATION SERVICE

22 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 37, Plot 4,
Row 38, Grave 24, USMC Cemetery #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:



E. MCNEMAR
Captain, QMC
Chief, Records Branch

Attch: Form 1044

APPROVED UNIDENTIFIABLE

FEB 13 1950

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 17 April 1946.

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNIDENTIFIED # 37	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE
			W

CAUSE OF DEATH	PLACE OF DEATH
Airplane Crash on Guam.	Guam.

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

DATE OF DEATH	DATE OF BURIAL
12 Sept. 1945.	17 Sept. 1945

NAME OF CEMETERY	LOCATION OF CEMETERY
Army Navy Marine Cemetery #2.	Agat Guam.

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
Cross	4	38	24

BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
Full Military Honors.	

IDENTIFICATION TAGS FOUND ON BODY	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	
COMPLETE DENTAL CHART ON REVERSE	
<input type="checkbox"/> Yes <input type="checkbox"/> No	APPROVED UNIDENTIFIABLE
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	FEB 13 1950

IDENTIFICATION TAG BURIED WITH BODY	IDENTIFICATION TAG ATTACHED TO MARKER
<input type="checkbox"/> Yes <input type="checkbox"/> No	<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)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Ebert, W.A., Jr	Pfc	509230	25
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Unidentified # 30			23
PERSON REPORTING BURIAL (Name)	PERSON CONDUCTING BURIAL RITES		
R.L. RIDOLFI 2dLt. USMCR R.L. Ridolfi			
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	 L.N. UTZ—Col., USMC—Asst. Chief of Mortuary Affairs Corps-1 (Name) (Rank) (Title)		

I D E N T I F I C A T I O N D E N T A L C H A R T
 To be used with QMC Forms Nos. 1042 and 1044 in place
 of chart thereon, and to be attached to and forwarded
 with those forms when accomplished.

10 Dec 47

Date

UNKNOWN *X-37*
 LAST NAME FIRST INITIAL RANK SERIAL NO.







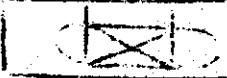


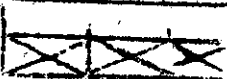





UNIT ORGANIZATION
GUAM **Agat, Cntry #2, Guam** **4** **38** **24**
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

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

KEY OF SYMBOLS TO BE USED IN ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 AMALGAN (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)
 PHOSTHOMOUSLY MISSING		 FACIAL (TOWARD CHEEK)

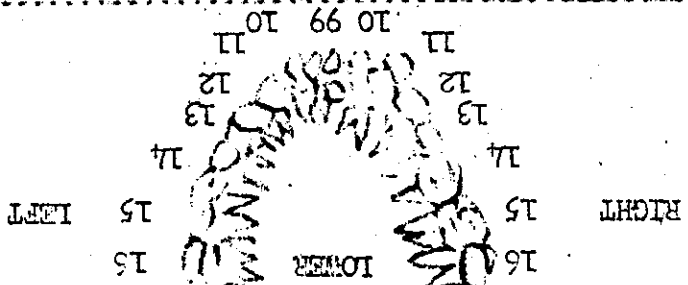
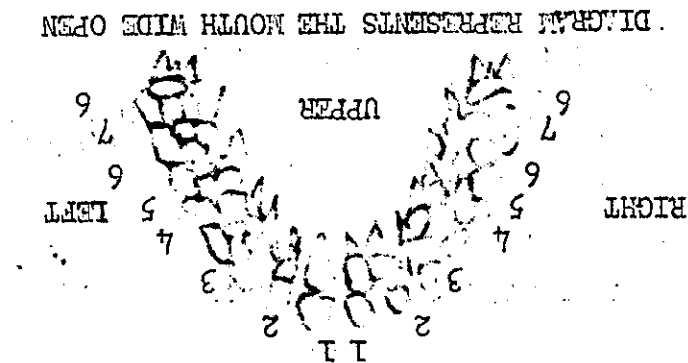
INSTRUCTIONS:

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 ENTIRE 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 BY "X" FORCE-TAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SLIDING WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH SEE DENTAL SECTION.



REMARKS:

Entire mandible, maxilla and teeth missing.

SIGNATURE OF PERSON WHO PREPARED CHART

H. Bushwick

NAME AND RANK TYPED OR PRINTED

H. BUSHWICK, 1st Lt., USA

VERIFIED BY GRS OFFICER

Emilio S. Zapico

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

NAME AND RANK TYPED OR PRINTED

DATE

PLACE OR HOW THESE THINGS WERE ACCOMPLISHED

RESTRICTED

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

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

DATE OF REPORT

10 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

UNKNOWN X-37 Box No. 792

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

IF OTHER THAN U. S. DEAD, GIVE
NAME OF COUNTRY

PLACE OF DEATH

GUAM

CAUSE OF DEATH

Unk

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)

Remains in wooden box, wrapped with poncho.

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

APPROVED UNIDENTIFIABLE

FEB 13 1950

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Agat, Cmtry #2, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				4	30	24

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

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)

Ebert, William A. Jr.

RANK

Pfc

SERIAL No.

509230

ORGANIZATION

USMCR

GRAVE No.

25

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

Unknown

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

23

SIGNATURE OF PERSON PREPARING REPORT

Teodorico J. Espital
TEODORICO J. ESPITAL

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Emilio S. Zepico
EMILIO S. ZEPICO, 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.

MAR 11 1948

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


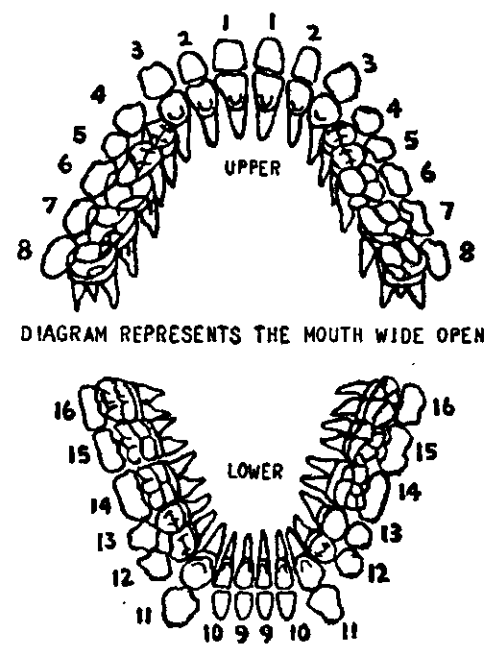



(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

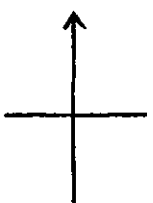
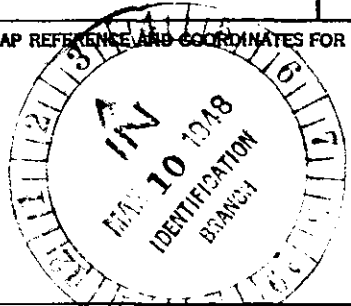
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	CROWNED TEETH	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	BRIDGE WORK	 <p>GOLD BRIDGE</p>	
RIGHT THUMB			
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:

Condition of Remains: Skull in fragments, maxilla and mandible missing. Right humerus, radius, ulna, femur, tibia, left ulna broken, left radius, tibia and right fibula missing.

REPORT OF INTERMENT

Unknown M-27 (formerly unidentified 37)

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

17 Sent 1945

Army, Navy, Marine Cemetery #2

Guam

~~(Place of death)~~

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

Date of Burial

(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, list particulars)

APPROVED UNIDENTIFIABLE

BODY BURIED ON RIGHT unidentified 36

(Name)

(Ser. No.)

(Rank)

(Org)

(Grave No.)

BODY BURIED ON LEFT Short, J. J., Jr.

(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

THUMB

1

2

3

4

THUMB

1

2

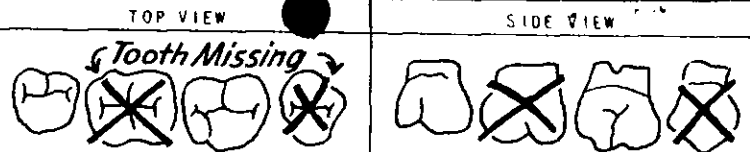
3

4

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-37				2. DATE OF REPORT 22 January 1950		
3. NAME OF CEMETERY Cemetery #2, Agat, Guam		4. PLOT 4	5. ROW 38	6. GRAVE 24	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'10"		10. COLOR OF HAIR UTD		11. RACE UTD
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">N O N E</p>						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">N O N E</p>						
14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		TO WHAT EXTENT?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p style="text-align: center;">N O N E</p>						
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. <i>(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)</i> <p style="text-align: center;">N O N E</p>						

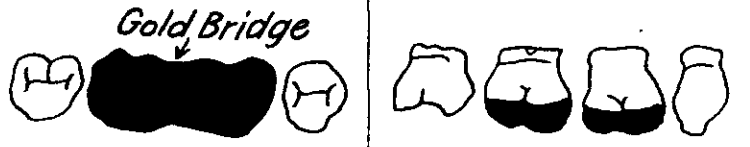
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



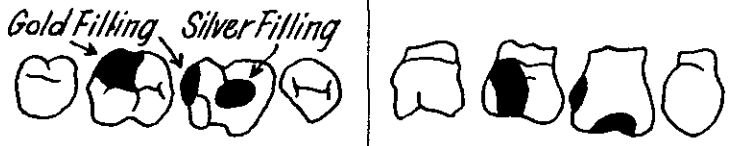
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



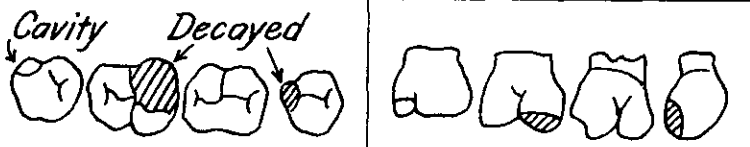
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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
<i>P</i>	<i>A</i>	<i>A</i>	<i>A</i>				<i>P</i>		<i>P</i>		<i>A</i>	<i>A</i>	<i>A</i>		<i>IMP</i>
Side Views								Side Views							
MDD								DO MDD							
Top Views								Top Views							
UPPER								UPPER							
Side Views								Side Views							
DO								DO LO							
LOWER								LOWER							
<i>IMP</i>	<i>A</i>		<i>A</i>		<i>P</i>	<i>P</i>	<i>P</i>					<i>A</i>	<i>A</i>	<i>A</i>	
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

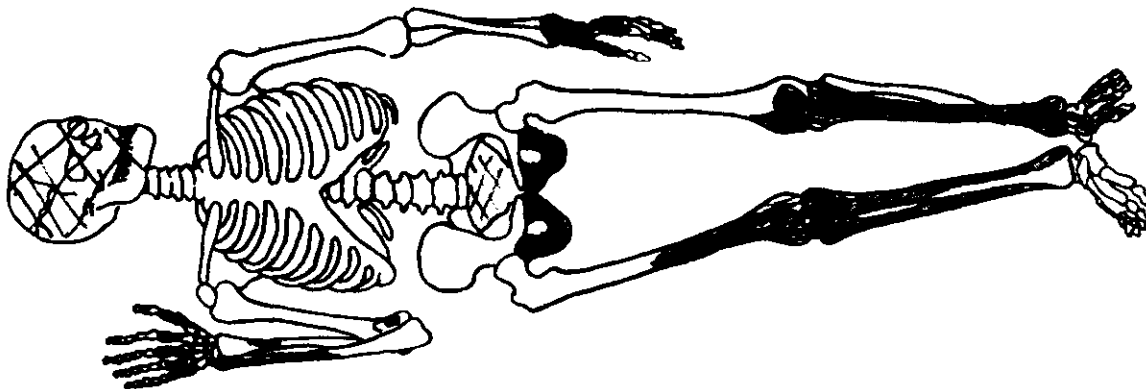
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Mandible and maxilla fractured.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification 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 ID tags, burial bottle, personal effects, or other means of identification found with remains.

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 Section

SIGNATURE

Paul R. Nichols

DISINTERMENT DIRECTIVE

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/gyc

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 UNKNOWN X	000037		0	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUAM NO 2 MARIANAS IS	4	38	24	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
UNK X-37				13 June 1949
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY C. W. HOBBS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

CANCELLED

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

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 June 1949 BY C. W. HOBBS

CASKET SEALED BY C. W. HOBBS	EMBALMER (Signature) C. W. HOBBS
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CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
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DATE 13 June 1949 WEYMAN L McGUIRE, Sgt, MC J. J. McDERMOTT

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

J. J. McDERMOTT
J. J. McDERMOTT

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

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RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MAUSOLEUM	TO	U. S. MILITARY CEMETERY
SIGNATURE OF SHIPPER	DATE	KIND OF CONVEYANCE	TRUCK	NAME OF CONVOYER	SIGNATURE OF RECEIVER
					DATE
2. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER	DATE	KIND OF CONVEYANCE		NAME OF CONVOYER	SIGNATURE OF RECEIVER
					DATE
3. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER	DATE	KIND OF CONVEYANCE		NAME OF CONVOYER	SIGNATURE OF RECEIVER
					DATE
4. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER	DATE	KIND OF CONVEYANCE		NAME OF CONVOYER	SIGNATURE OF RECEIVER
					DATE
5. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER	DATE	KIND OF CONVEYANCE		NAME OF CONVOYER	SIGNATURE OF RECEIVER
					DATE
6. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER	DATE	KIND OF CONVEYANCE		NAME OF CONVOYER	SIGNATURE OF RECEIVER
					DATE
7. SHIPPED		FROM		TO	
SIGNATURE OF SHIPPER	DATE	KIND OF CONVEYANCE		NAME OF CONVOYER	SIGNATURE OF RECEIVER
					DATE

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE