

FILE IDENTIFICATION TOPPER

FILE NUMBER

92 unk Guam # 2 X 97

SUBJECT

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

293 U.S. Guar # 2 (misc)

X-31

X-97

X-101

X-105

X-106

X-111

X-125

SYNOPSIS AND DATES

misc filed

NEW CLASSIFICATION

293 U.S. Guar # 2

X-31

*11/21/50
Jm*

RECLASSIFICATION SHEET

BY PHILCOM

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

21 02 90

DAY MONTH YEAR

NAME: [REDACTED] I-97 SERIAL NUMBER: GRADE: ARA: RACE: RELIGION:

CEMETERY: [REDACTED] CEMETERY ACAT NO. 2, QUAY PLOT: ROW: GRAVE: 24 DISPOSITION OF REMAINS: CODE: DIST. CTR.:

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. ME. MONTEZUM, P. I. NAME AND ADDRESS OF NEXT OF KIN: [REDACTED] (BY ADMINISTRATIVE PROVISIONS)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: SERIAL NUMBER: GRADE: DATE OF DEATH: DATE DISINTERRED: 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: 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: [REDACTED]

RECORD ON CATALOGUE 16802608

FILE APR REPATRIATION BRANCH

MC FORM 11 FEB 48 1194 Doc # 489

Janus 269

3

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 81317

DATE
29 03 50
DAY MONTH YEAR

NAME
UNKNOWN I-97

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY
USAF CEMETERY ACAT NO. 2, GUAM

PLOT
4

ROW
45

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

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
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.

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
files 6-6-50
checklist
report

RECORD OF CUSTODIAL TRANSFER

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

DISINTERMENT DIRECTIVE

1 /ebc

Interred 6 Mar 1950
N 15 85 Ft. McKinley

Carl R. Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 81130

DATE
21 02 50
DAY MONTH YEAR

NAME UNKNOWN X-97 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY AGAT NO. 2, GUAM PLOT 4 ROW 45 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-97 SERIAL NUMBER GRADE DATE OF DEATH 25 Feb 50 DATE DISTINTERRED

IDENTIFICATION TAG ON 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 25 Feb 50 BY PAUL R NICHOLS

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

CASKET BOXED AND MARKED RAYMOND H TANGUAY DATE 25 Feb 50 BY 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

Jervis

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM		TO		US MILITARY CEMETERY	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>Barbara...</i>	
DATE				DATE		MAR 6 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			

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6321 00000

DATE
15 10 48
DAY MONTH YEAR

NAME: 281, UNKNOWN X - 000097 SERIAL NUMBER: GRADE: ARM: Q RACE: 0 RELIGION: 6

CEMETERY: GUAM NO 2 MARIANAS IS PLOT: 4 ROW: 45 GRAVE: 24 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 DISTINTERRED:
IDENTIFICATION TAG ON: ORGANIZATION: UNKNOWN RELIGION: IDENTIFICATION VERIFIED BY:
 REMAINS
 MARKER NAME AND TITLE:

SECTION D — REPARATION 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.

FILE
SEP 1 1949

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

269

RECORD OF CUSTODIAL TRANSFER

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

TOOTH CHART		TOP VIEW	SIDE VIEW
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:			

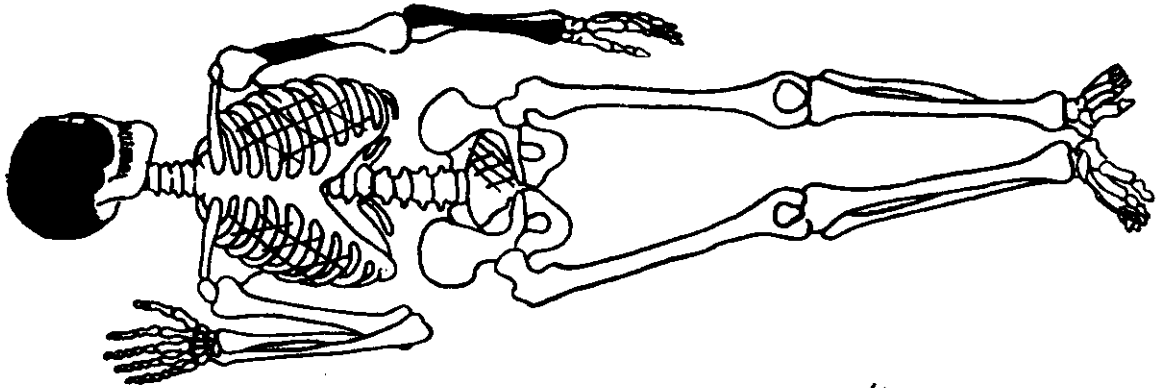
RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
M A X I L L A								M I S S I N G							
U P P E R															
L O W E R															
M A N D I B L E								M I S S I N G							
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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."

Small portions of mandible found.

"DENTURE"
 "BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"
 J. J. McDERMOTT
 Laboratory Officer, CIP

19. BLACK OUT PARTS OF BODY NOT RECORDED



Estimated height: 5'1-3/8"

20.

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

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

SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No ROI, identification tags or personal effects found with remains.

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

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

J. J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-97				2. DATE OF REPORT 11 Oct 48			
3. NAME OF CEMETERY Cemetery #2, Agat, Guan				4. PLOT 4	5. ROW 45	6. GRAVE 24	7. DATE OF DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT	10. COLOR OF HAIR UTD	11. RACE UTD
-----------------------------------	---------------------	---------------------------------	------------------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

None

**Baggage Tag:
"Unknown Bones
No Cross or Tag
P-4, R-45, G-24"**

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?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

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

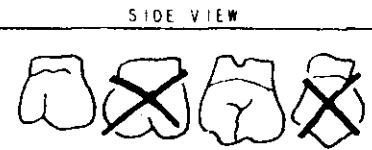
Unidentifiable by reason of lack of sufficient identifying data.

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

18.

TOOTH CHART

MISSING TEETH: ALL TEETH MISSING THROUGH EX-TRACTION (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 PORCE-LAIN), THUS:



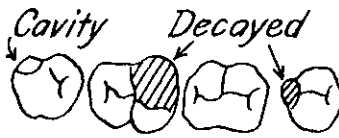
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



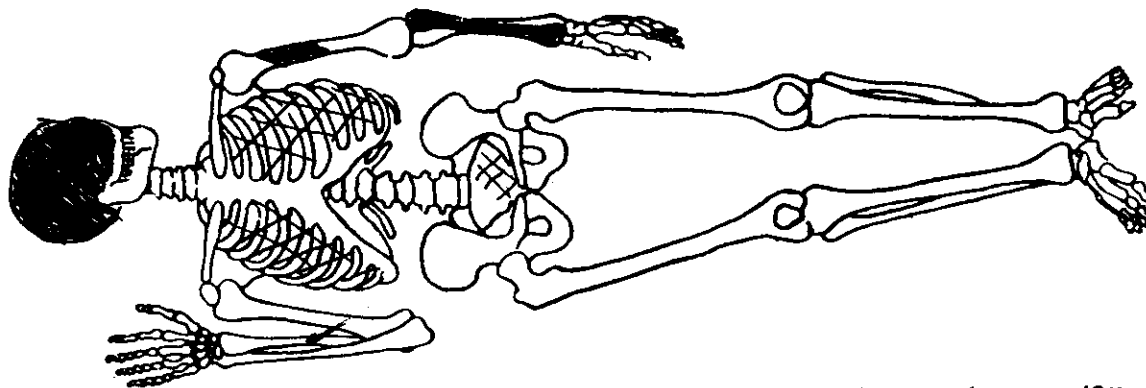
		RIGHT								LEFT								
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8	
Side Views																		Side Views
Top Views																		
Side Views																		
																Cavities		
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16	

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

Small portions of mandible found.

Gary D. Pugh
Gary D. Pugh

17. BLACK OUT PARTS OF BODY NOT RECORDED



Est. Height: 5' 1-3/8"

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

Skull measurement: UTD
 Color of Hair: UTD

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

G. R. Skinner
 G. R. Skinner

IDENTIFICATION CHECKLIST

Unknown X-97
Cemetery #2, Agat, Guam
Plot 4 Row 5 Grave 24

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

PART I
Physical Description

1. Estimated weight UTD 2. Estimated height 5' 1-3/8"
3. Color of hair UTD 4. Race UTD
5. Tattoos or scars on the body (give description) None

(Information obtained from other sources) _____
6. Was tooth chart taken? Yes If not, explain _____

7. Were fingerprints taken? No
8. Cause of death UTD
9. Was body burned? No To what extent? _____
10. Are any parts of the body missing or severed? See Chart
11. Is there any evidence of first-aid or other medical treatment? No
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. _____

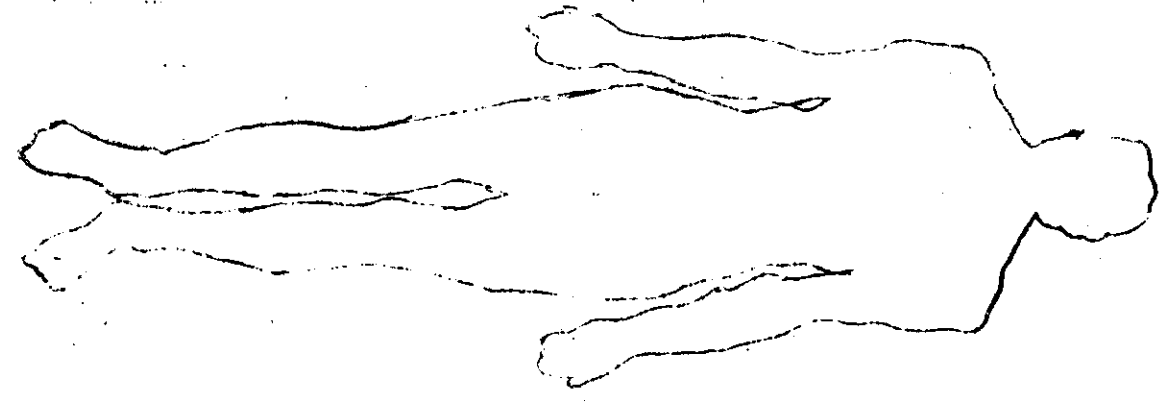
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) _____

17. List every item of clothing and/or equipment found, showing color of each, also size and markings: None

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination

16. Evidence of healed fractures No

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



18. REMARKS:

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

ALBERT J. DEMME
Officer's name

Lt. Sigs C
Rank Service

C.I.P.
Organization

RESTRICTED

FORM 1042
Apr. 1945
GRS Form 1)

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

DATE OF REPORT

2 Dec 47

Print Identification Tag if Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

UNKNOWN X-97 BOX No. 1019

GRADE

ORGANIZATION

BRANCH OF SERVICE

RACE

RELIGION

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

PLACE OF DEATH

CAUSE OF DEATH

DATE OF DEATH

GUAM

Unk

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY
(1, 2, or none)

IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 2 on reverse)

None

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

No

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Agat, Cntry #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	45	25

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)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
		Unknown				25

BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Tyson, Alfred J.	SRM	2043672	USN	23

SIGNATURE OF PERSON PREPARING REPORT: *Teodorico J. Espital*
TEODORICO J. ESPITAL

SIGNATURE OF GRS OFFICER VERIFYING REPORT: *Emilio S. Zapico*
EMILIO S. ZAPICO, 2nd 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 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 social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers of airplanes, vehicles, and tanks.

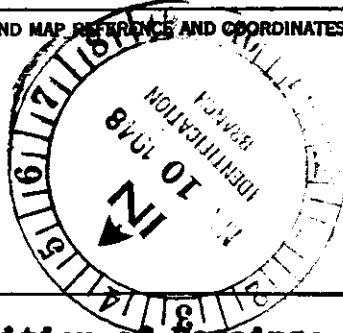
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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



REMARKS:
 Condition of Remains: Left ulna missing, left humerus broken. Head, maxilla and part of mandible missing. Left scapula missing, some ribs missing, left foot missing.

IDENTIFICATION DENTAL CHART
 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.

2 Dec 47

Date

LAST NAME UNKNOWN FIRST V-27 INITIAL _____ RANK _____ SERIAL NO. _____

UNIT _____ ORGANIZATION _____










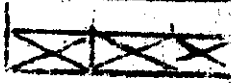





PLACE OF DEATH GUAM PLACE OF BURIAL Agt. Cntry #2, Guam PLOT 4 ROW 45 GRAVE NO. 24

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 WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

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

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



DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

ENTIRE MAXILLA MISSING. PORTION CONTAINING 8-9, 8-10, 8-11, 8-12, 8-13 & 1-9, 1-10, 1-11, 1-12 & 1-13 MISSING.

Emilio S. Zapico
VERIFIED BY GRS OFFICER

L. Ho
SIGNATURE OF PERSON WHO PREPARED CHART

EMILIO S. ZAPICO, 2nd Lt., INF.
NAME AND RANK TYPED OR PRINTED

L. HO, Capt., D.C.
NAME AND RANK TYPED OR PRINTED

DATE

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

REPORT OF INTERMENT

COPY

Unknown X-97 (formerly Unidentified #75)
(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

Guam, MI 22 Apr 47 Army, Navy, Marine Cemetery #2 Guam
(Place of death) Date of (Name of Cemetery) (Name or coordinates of location)

24 Burial 45 4
(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?)

(If no identification tags, but identity definitely established, give particulars)

BODY BURIED ON RIGHT Rossi, David M. USS Vic. Clarksburg 22
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Unidentified #76 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: 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

RESTRICTED

U 5447

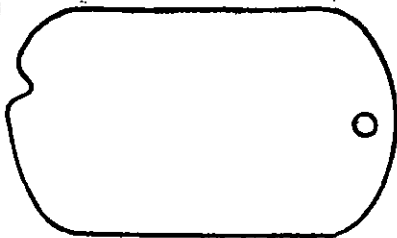
WD CMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

29 April 1947

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNIDENTIFIED #75

SERIAL NO.

Unknown

GRADE

Unknown

ORGANIZATION

Unknown

BRANCH OF SERVICE

Unknown

RACE

Unknown

RELIGION

Unknown

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

PLACE OF DEATH

Guam, M. I.

CAUSE OF DEATH

Unknown

DATE OF DEATH

Unknown

EMERGENCY ADDRESSEE (Name, relationship, and address)

Unknown

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)

No

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Army, Navy, and Marine Cemetery #2, Agat, Guam, M.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT NO.	ROW NO.	GRAVE NO.
22 Apr 1947	1300	Wooden Box	Cross	4	45	24

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

None

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)

No

IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)

No

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

UNIDENTIFIED #76

RANK

Unknown

SERIAL NO.

Unknown

ORGANIZATION

Unknown

GRAVE NO.

25

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

ROSSI, David M. (USMA)

RANK

None

SERIAL NO.

None

ORGANIZATION

USS Vic. Clarksburg

GRAVE NO.

22

SIGNATURE OF PERSON PREPARING REPORT

John A. Yakobitis

JOHN A. YAKOBITIS, T/5, AGRS

SIGNATURE OF GRS OFFICER VERIFYING REPORT

Robert J. McBroom

ROBERT J. MCBROOM, Capt., OMC

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

Section UNIDENTIFIED REMAINS.

INSTRUCTIONS:


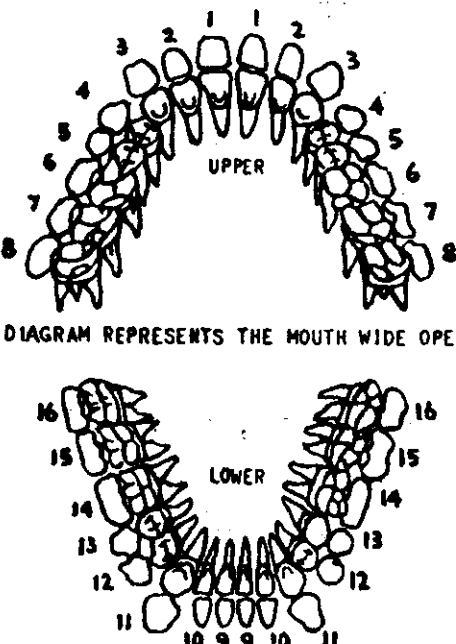




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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



REMARKS:

3 JUL 1947

IDENTIFICATION DENTAL CHART

TO BE USED WITH OMC FORMS NOS. 1042 & 1044 IN PLACE OF CHART THEREON,
AND TO BE ATTACHED TO AND FORWARDED WITH THESE FORMS WHEN ACCOMPLISHED.

29 April 1947
DATE

UNKNOWN X-75

Unknown

Unknown

LAST NAME FIRST INITIAL

RANK

SERIAL NO.

Unknown

Unknown

UNIT

ORGANIZATION

Guam, M.I.

ANM Cemetery #2,

4

45

24

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW







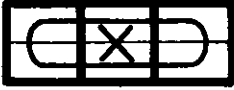








GRAVE NO.

	8	7	6	RIGHT	5	4	3	2	1	1	2	3	4	5	6	7	8	
TYPE																		TYPE
LOCATION																		LOCATION

INSIDE — LOOKING OUT

	16	15	14	RIGHT	13	12	11	10	9	9	10	11	12	13	14	15	16	
TYPE																		TYPE
LOCATION																		LOCATION

KEY OF SYMBOLS TO BE USED ON ABOVE CHART

SYMBOLS IN WHOLE BOX	TYPE OF FILLING IN UPPER HALF OF BOX	LOCATION OF FILLING IN LOWER HALF OF BOX
 EXTRACTED	 ANALGAM (SILVER)	 MESIAL (BETWEEN-TOWARD FRONT)
 CAVITY. INDICATE LOCATION	 GOLD	 OCCLUSAL (BITING SURFACE BACK TEETH)
 FIXED BRIDGE (INCL. ABUTMENTS)	 SILICATE OR PORCELAIN	 DISTAL (BETWEEN-TOWARD BACK)
 TEETH REPLACED BY DENTURE	 OXYPHOSPHATE (CEMENT)	 LINGUAL (TOWARD TONGUE)
 POSTHUMOUSLY MISSING (LOST AFTER DEATH)		 FACIAL (TOWARD CHEEK)

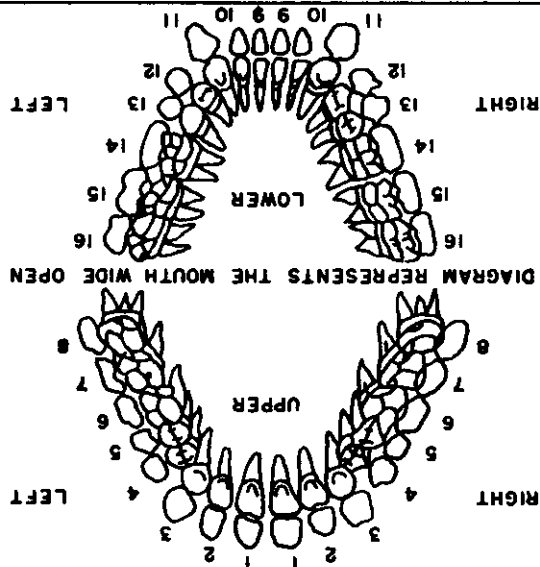
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3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g. PORCELAIN CROWNS, GOLD CROWNS (FULL OR $\frac{3}{4}$), $\frac{3}{4}$ GOLD CROWN WITH SILICATE WINDOW.

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



REMARKS:

McGowan
SIGNATURE OF PERSON WHO PREPARED CHART

H. O. COBLE, Lt. USN, DC
NAME AND RANK TYPED OR PRINTED

22nd Station Hospital, Guam
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Robert J. McBroon
VERIFIED BY DRS OFFICER

ROBERT J. McBROON, Capt., QMC
NAME AND RANK TYPED OR PRINTED

29 April 1947
DATE

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

QNGMT 293
GRS Far East

30 August 1949

SUBJECT: Identification of World War II Deceased

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

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

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

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

FOR THE ACTING THE QUARTERMASTER GENERAL:

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

COPY
msb

X 293 Unk. P. I. Agat Guam X-97 (A. N. M. Cem #2)

OSGR 293.9

AFD 707
19 JUL 1949

SUBJECT: Unidentifiable Remains

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

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

UNKNOWN	X-2	3rd Mar. Div. Com. Iwo Jima
"	X-7	3rd Mar. Div. Com. Iwo Jima
"	X-14	Cemetery #1, Guam M.I.
"	X-14	4th Marine Divisions Com., Iwo Jima
"	X-16	Cemetery #3, Agaña, Guam
"	X-24	" " "
"	X-26	" " "
"	X-51	" #2, Agat, Guam
"	X-59	2nd Marine Div., Saipan
"	X-87	Cemetery #2, Agat Guam
"	X-101	Cemetery #2, Agat Guam
"	X-105	" " "
"	X-106	" " "
"	X-111	" " "
"	X-125	" " "

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

FOR THE COMMANDING GENERAL

15 Incls
QMC Forms 1044 w/certificates
of Unidentifiability

JOHN A MARZAL
1st Lt, AGD
Asst Adj Gen

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

25 June 1949

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X-⁹⁷_____, Plot ⁴_____,
Row ⁴⁵_____, Grave ²⁴_____, USMC Cem #2, Agat, Guam _____ have
been reviewed and it is the opinion of this office that insufficient
evidence is available to establish the identity of this deceased,
and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:



H. B. McNEMAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

Received 2 Aug 49 OQMG
Not Identifiable from
information presently
available 26 Aug 49

Incl # 10'

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-97			2. DATE OF REPORT 25 June 1949	
3. NAME OF CEMETERY Cem #2, Agat, Guam	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	4	45	24	DISINTERMENT REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'1-3/8"	10. COLOR OF HAIR UTD	11. RACE UNKNOWN
-----------------------------------	--	---------------------------------	----------------------------

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

UTD

14. WAS BODY BURNED? YES NO TO WHAT EXTENT?

15. WAS BODY MANGLED? YES NO TO WHAT EXTENT?

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"
 "BECAUSE OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. #18 2