

QMGMN 293
GRS Pacific

1 August 1951

SUBJECT: Identification of World War II Deceased

TO: Commanding Officer
American Graves Registration Service
Pacific Zone
APO 958, c/o Postmaster
San Francisco, California

1. Reference your radio message M-22566 and letter from this Office, file QMGMN 293, GRS Pacific, Subject: Identification of World War II Deceased, dated 24 November 1950 and 1st Indorsement from your headquarters dated 12 December 1950, concerning the reprocessing of remains now permanently interred in Ft. McKinley National Cemetery, P. I.

2. It is requested that the below listed unknown remains be reprocessed for possible identification:

a. ²⁹³X-2, ANM Cemetery #1, Guam, M. I. for possible identification as Pvt. Jack HANEY, 470 865, USMCR.

b. X-59, 4th Marine Division Cemetery, Saipan for possible identification as Pfc. Philip A. HILDRETH, 483 560, USMCR.

c. X-1042, AGRS Mausoleum, Manila, P. I., for possible identification as Pfc. Billy HELTON, 343 959, USMC.

d. X-43, 4th Marine Division Cemetery, Saipan, for possible identification as Pfc. Garlin HUFF, 504 874, USMC.

FOR THE QUARTERMASTER GENERAL:

4 Incls
1-4 Reprocessing
requests as listed
above

THOMAS E. COX
Major QMC
Memorial Division

Copies furnished:
CINCPAC
PHILCOM

CIP LABORATORY
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 928

Robert Quinn #1 X-2

24 August 1951

S T A T E M E N T

Reference: UNKNOWN X-2 ANM Cem #1, Guam. 293

The above remains were examined and reprocessed by me, this date, for possible association. QMC Forms 1044 were accomplished.

An examination of the above remains reveals the following:

Subject remains consist of the incomplete skeletal portions of an adult male, eighteen (18) to twenty-three (23) years of age, 5' 4 3/8" in height, with reddish-brown hair, of Caucasoid race, and with dental characteristics as indicated in the accompanying QMC Form 1044a.

UNKNOWN X-2 compares favorably with the associated decedent only as to age and race.

Particularly incompatible are the comparisons between (1) the estimated height of the above remains and the recorded height of the associated decedent and (2) the pattern of fillings in the maxillary and mandibular teeth of subject remains and the Dental Record (NAVMED H-4) of the associated decedent.

On the basis of the above findings, i.e., unfavorable comparison between the physical characteristics of subject remains and the associated decedent, I do not recommend that the remains designated as UNKNOWN X-2 ANM Cem #1, Guam, be considered as the associated decedent, Pvt. Jack HANEY, 470 865, USMCR.

Charles P. Warren
CHARLES P. WARREN
Anthropologist

SEP 13 1951
FILE
NAVY SECTION
G. MOYER

CIP LABORATORY
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE
APO 928

24 August 1951

S T A T E M E N T

Reference: UNKNOWN X-2 ANM Cem #1, Guam.

The above remains were examined and reprocessed by me, this date, for possible association. QMC Forms 1044 were accomplished.

An examination of the above remains reveals the following:

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UNKNOWN X-2 compares favorably with the associated decedent only as to age and race.

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On the basis of the above findings, i.e., unfavorable comparison between the physical characteristics of subject remains and the associated decedent, I do not recommend that the remains designated as UNKNOWN X-2 ANM Cem #1, Guam, be considered as the associated decedent, Pvt. Jack HANEY, 470 865, USMC.

Charles P. Warren
CHARLES P. WARREN
Anthropologist

OCT 11 1951
FILE
NAVY SECTION
MOYER

IDENTIFICATION DATA

| | | | | | | | |
|---|--|---|---------|--|----------|---|--|
| 1. REMAINS OF UNKNOWN X-2 Guam #1 | | | | 2. DATE OF REPORT 24 August 1951 | | | |
| 3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I. | | | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF DISINTERMENT REINTERMENT | |
| PHYSICAL DESCRIPTION Age: 18 to 23 yrs. | | | | | | | |
| 8. ESTIMATED WEIGHT UTD | | 9. ESTIMATED HEIGHT 5' 4 3/8" | | 10. COLOR OF HAIR Reddish brown | | 11. RACE White | |
| 12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">None</p> | | | | | | | |
| 13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">UTD - Skeletal remains</p> | | | | | | | |
| 14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | TO WHAT EXTENT? | | | | | |
| 15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | TO WHAT EXTENT? Skull shattered | | | | | |
| 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS <p style="text-align: center;">None found</p> | | | | | | | |
| 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) <p style="text-align: center;">None</p> | | | | | | | |

1044
 FILE
 NAVY SECTION
 C. L. MOYER

| 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: | | | |

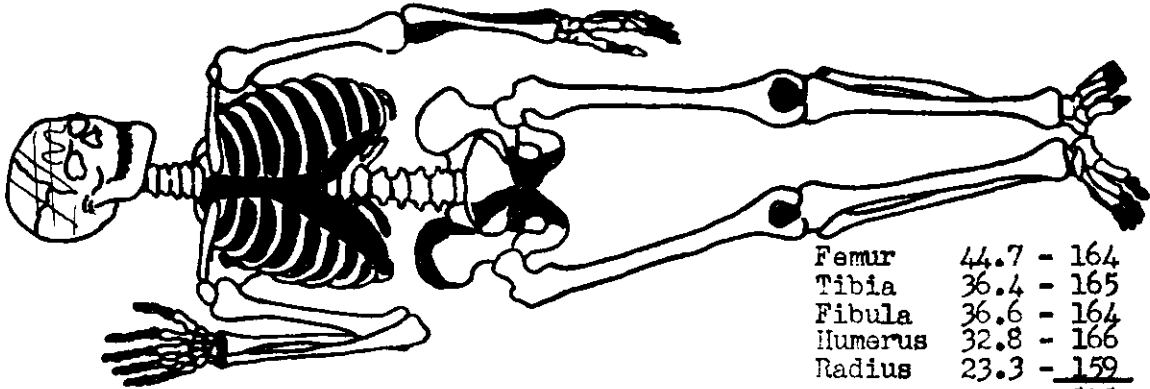
| Partially erupted | | | | | | | | Partially erupted | | | | | | | |
|-------------------|----|----|----|----|----|----|----|-------------------|----|----|----|----|----|----|-----------|
| RIGHT | | | | | | | | LEFT | | | | | | | |
| 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | A | | | | | | | P | | | P | | | A | |
| Side View | | | | | | | | | | | | | | | Side View |
| Top View | | | | | | | | | | | | | | | UPPER |
| | | | | | | | | | | | | | | | LOWER |
| Side View | | | | | | | | | | | | | | | |
| | A | | | | | | | | | | | | | A | |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

See remarks
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."

L-11 has rotated, mesial-facially and is malposed facially.

NOV 13 1951
 FILE
 NAVY SECTION
 G. L. MOYER

19. BLACK OUT PARTS OF BODY NOT COVERED



Estimated height: 64.37" or 5'4 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

Although the bones of the cranium are fragmentary, the bones of the anterior region of the skull, forming the face, plus the eyesockets, are intact and display no evidence of having been pierced by gunshot.

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
 CHARLES P. WARREN, Anthropologist
 CIP Laboratory, AGRS-PZ

SIGNATURE

IDENTIFICATION DATA

| | | | | | | | |
|---|--|---|---------|--|----------|--------------------------|-------------|
| 1. REMAINS OF UNKNOWN X-2 Guam #1 | | | | 2. DATE OF REPORT 24 August 1951 | | | |
| 3. NAME OF CEMETERY AGRS MAUSOLEUM, MANILA, P.I. | | | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | | | | | | DISINTERMENT | REINTERMENT |
| PHYSICAL DESCRIPTION Age: 18 to 23 yrs. | | | | | | | |
| 8. ESTIMATED WEIGHT UTD | | 9. ESTIMATED HEIGHT 5' 3/8" | | 10. COLOR OF HAIR Reddish brown | | 11. RACE White | |
| 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 - Skeletal remains | | | | | | | |
| 14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | TO WHAT EXTENT? | | | | | |
| 15. WAS BODY MANGLED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | TO WHAT EXTENT? Skull shattered | | | | | |
| 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS None found | | | | | | | |
| 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 | | | | | | | |

OCT 1 1951
 P.O. BOX
 17 SEPT
 1951

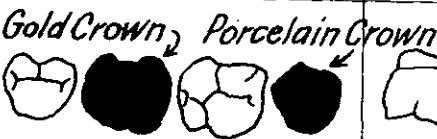
18.

TOOTH CHART

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



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



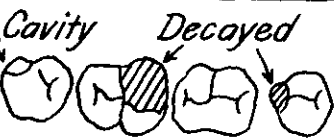
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:



partially erupted *partially erupted*

| RIGHT | | | | | | | | LEFT | | | | | | | |
|------------|----|----|----|----|----|----|---|------------|----|----|----|----|----|----|----|
| 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| A | | | | | | | | P | | | | | | | |
| ol | | | | | | | | o | | | | | | | |
| Side Views | | | | | | | | Side Views | | | | | | | |
| Top Views | | | | | | | | Top Views | | | | | | | |
| Side Views | | | | | | | | Side Views | | | | | | | |
| A | | | | | | | | A | | | | | | | |
| o | | | | | | | | o | | | | | | | |
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

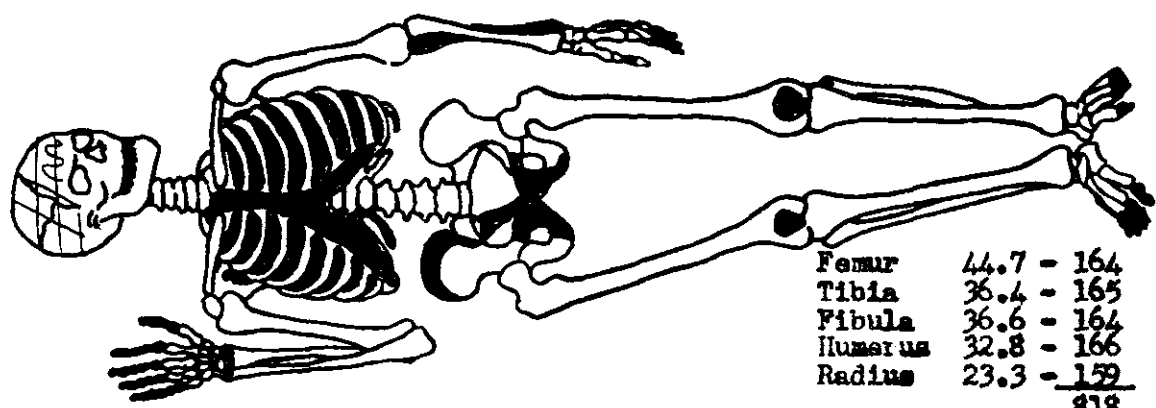
see remarks

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."

I-11 has rotated, mesial-facially and is malposed facially.

FILE
NAVY SECTION
G. J. MOYER

19. BLACK OUT PARTS OF BODY NOT RECOVERED



| | | | |
|---------|------|---|-------------|
| Femur | 44.7 | - | 164 |
| Tibia | 36.4 | - | 165 |
| Fibula | 36.6 | - | 164 |
| Humerus | 32.8 | - | 166 |
| Radius | 23.3 | - | 159 |
| | | | <u>818</u> |
| | | | 5 = 163 3/5 |

Estimated heights 64.37" or 5'4 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

Although the bones of the cranium are fragmentary, the bones of the anterior region of the skull, forming the face, plus the eyesockets, are intact and display no evidence of having been pierced by gunshot.

FILE
NAVY SECTION
C. J. MOTER

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,
CHARLES P. WARREN, Anthropologist
GIP Laboratory, AGRS-PZ

SIGNATURE
Charles P. Warren

AIR MAIL

Blank

21- Unknown Burial Sites (see #1)

MAR 15 1950

UNKNOWN 293
US, far East

X-3, X-4, X-9 & X-10

SUBJECT: Unidentifiable Remains

(see unk Burial #1 X2)

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

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 20 January 1950, subject: Unidentifiable Remains.
2. This Office concurs in the classification of Unknowns X-2, X-3, X-4, X-9 and X-10, Cemetery #1, Asan, Guam, as unidentifiable.
3. Unknowns X-2, X-3, X-4, X-9 and X-10 are listed on FEA Unit roster #4, pages 9 and 10.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, USMC
Memorial Division

CC: CINCPAC

Mar 15 5 23 PM '50
CCMG M&R BR



AIR MAIL

293 Unk Guam (Misc) (Asan #1)

X-2 X-3 X-4 X-9 + X-10

MAR 15 1950

QMGMN 293
GRS, Far East

SUBJECT: Unidentifiable Remains

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

1. Reference is made to letter, your Headquarters, file GRPZ 293, dated 20 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-2, X-3, X-4, X-9 and X-10, Cemetery #1, Asan, Guam, as unidentifiable.

3. Unknowns X-2, X-3, X-4, X-9 and X-10 are listed on FEA Unit Roster #4, pages 9 and 10.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, QMC
Memorial Division

CC: CINCFE

QMGMN 293 Unk X-2, Guam #1

(Handwritten signature)

AIR MAIL

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

APO 900
20 January 1950

GRPZ 293

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 QMGMU 293, GRS (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 | ASAN | Guam | Cem. | #1 | UNKNOWN | X-10 | ASAN | Guam | Cem. | #1 |
| " | X-3 | " | " | " | " | " | X-11 | " | " | " | " |
| " | X-3 | Isolated | Burial | | | " | X-48 | 77th | Div. | Okla. | |
| " | X-4 | ASAN | Guam | Cem. | #1 | " | X-52 | 7th | Div. | Okla. | |
| " | X-9 | " | " | " | " | | | | | | |

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

FOR THE COMMANDING OFFICER:

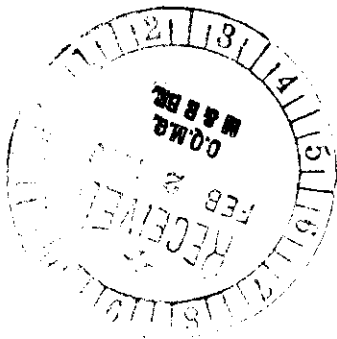
9 Incls
QMC Forms 1044 w/Certificates
of Unidentifiability

John Shyula
JOHN SHYULA
1st Lt., Infantry
Adjutant

293 - 1044 - Far East

11 4 2 1950
293 - 1044 - Far East

11 4 2 1950
293 - 1044 - Far East



OFFICE OF THE QUARTERMASTER GENERAL OF THE ARMY

INTRAOFFICE REFERENCE SHEET

| | | DUE HOUR AND DATE <i>X-2</i> | | |
|----------|---|--|----------------|---|
| 1 NO. | 2 FROM- | 3 TO | 4 DATE | 5 MESSAGE |
| 1 | FIELD SERVICE DIV EXEC OFF | IDEN BR MEMORIAL DIV | 28 NOV | <p><i>29 3 unk Guam</i></p> <p>It is noted that Unknown X-2, interred in 4-51-20, Guam #2, has been identified as Alan F. Farley, WT 2/c, 2241028, USN, and that Unknown X-2, interred in 1-2-2, Guam #1, has not been identified. Request this DIVISION be advised if any of the personal effects are desired for your Branch.</p> <p style="text-align: center;">FOR THE CHIEF, FIELD SERVICE DIVISION:</p> <p style="text-align: right;"> <i>WA</i> MUNSTER 5473 </p> <p style="text-align: right;"> <i>all</i> Ingram 3821 </p> |
| 2 | Iden Sect Iden Br Mem Div | Repat Br Navy Liaison Section | 30 Nov 1949 | <p>Forwarded for any necessary action on comment #1, inasmuch as records of this Office indicate that Reports of Interment for Unknown X-2, Guam #1, 1-2-2, has been transferred to your Section.</p> <p style="text-align: right;"> METZ 74059 </p> <p style="text-align: right;"> BARRY 2462 </p> <p>1 Attachment: n/c</p> |
| 3 | Chief Navy Liaison Sect. Repat. Br Mem. Div. | field Service Div. Exec. Off. | 13 Jan 1950 | <p>1. Personal effects referred to in Comment 1 are not required by this Section at this time.</p> <p style="text-align: right;"> <i>all</i> MARSDEN 73880 </p> <p style="text-align: right;"> <i>Roth</i> ROTH 76304 </p> |

HEADQUARTERS
FILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

19 Jan. 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 2, Plot 1,
Row 2, Grave 2, USMC Cemetery #1 Asan, 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:


W. E. McNEELAR
Captain, QMC
Chief, Records Branch

Attn: Form 1044

APPROVED UNIDENTIFIABLE

24 FEB 1950

IDENTIFICATION DATA

| | | | | | |
|--|---------|--------|-----------------------------------|--------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-2 | | | 2. DATE OF REPORT 19 Jan. 1950 | | |
| 3. NAME OF CEMETERY Cem. #1, SAN GUAM | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 1 | 2 | 2 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|----------------------------|----------------------------------|----------------------------------|-----------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5' 5 3/8" | 10. COLOR OF HAIR Light brown | 11. RACE UTD |
|----------------------------|----------------------------------|----------------------------------|-----------------|

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

APPROVED UNIDENTIFIABLE

B-4 FEB 1950

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

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

TOOTH CHART

| | TOP VIEW | SIDE VIEW |
|--|---|-----------|
| <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>↓ <i>Tooth Missing</i> ↓</p> | |
| <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> | <p><i>Gold Crown</i>, <i>Porcelain Crown</i></p> | |
| <p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> | <p><i>Gold Bridge</i></p> | |
| <p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p> | <p><i>Gold Filling</i>, <i>Silver Filling</i></p> | |
| <p>CARIES (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p> | <p><i>Cavity</i> <i>Decayed</i></p> | |

| | RIGHT | | | | | | | | LEFT | | | | | | | |
|------------|-------|----|----|----|----|----|----|---|------|----|----|----|----|----|----|----|
| | 8 | 7 | 6 | 5 | 4 | 3 | 2 | 1 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| | | A | | | | | | | | | | B | | | A | |
| Side Views | | | | | | | | | | | | | | | | |
| Top Views | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | | |
| | X | A | | | | | | | | | | | | | A | |
| | 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

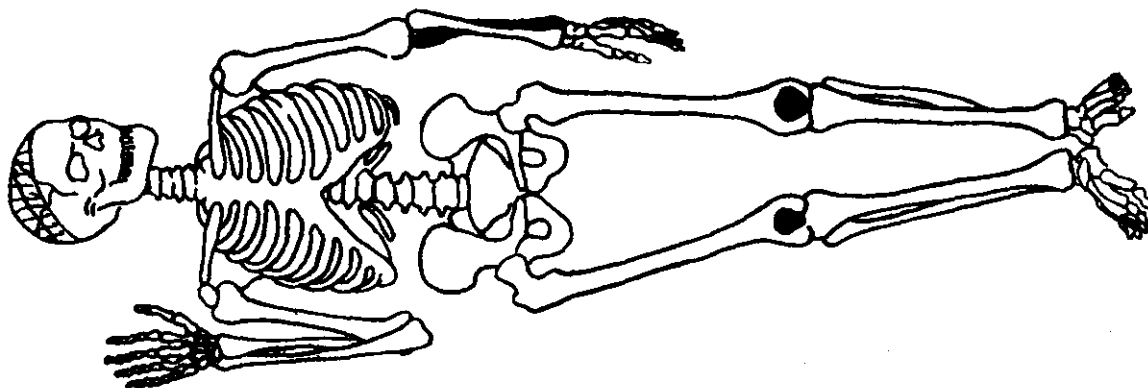
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

APPROVED UNIDENTIFIABLE

24 FEB 1950

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.

APPROVED UNIDENTIFIABLE
24 FEB 1950

[Faint, illegible stamp or text]

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, Ident. Section

SIGNATURE

Paul R. Nichols

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

1

Interred 2 March 1950
C 16 77 Ft. McKinley

Carl R. H. Mark
CARL R. H. MARK

Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 81082

DATE

17 02 50
DAY MONTH YEAR

| | | | | | |
|---------------|---------------|-------|-----|------|----------|
| NAME | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
| UNKNOWN I - 2 | | | | | |

| | | | | |
|--------------------------------|------|-----|-------|----------------------------|
| CEMETERY | PLOT | ROW | GRAVE | DISPOSITION OF REMAINS |
| USAF CEMETERY GUAM NO. 1, ASAN | 1 | 2 | 2 | 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 |
| X - 2 | | | | 21 Feb 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 21 Feb 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 | 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

✓ *Embraves*

RECORD OF CUSTODIAL TRANSFER

| | | | | | | | | | | | | | | | |
|------------|--|------|----------------|----|----------------------|--------------------|--|----------------------|--|------|--|-----------------------|---------------------|------|------------|
| 1. SHIPPED | | FROM | AGRS Mausoleum | TO | US Military Cemetery | KIND OF CONVEYANCE | | SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | <i>David P. ...</i> | DATE | MAR 2 1958 |
| 2. SHIPPED | | FROM | | TO | | KIND OF CONVEYANCE | | SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | | DATE | |
| 3. SHIPPED | | FROM | | TO | | KIND OF CONVEYANCE | | SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | | DATE | |
| 4. SHIPPED | | FROM | | TO | | KIND OF CONVEYANCE | | SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | | DATE | |
| 5. SHIPPED | | FROM | | TO | | KIND OF CONVEYANCE | | SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | | DATE | |
| 6. SHIPPED | | FROM | | TO | | KIND OF CONVEYANCE | | SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | | DATE | |
| 7. SHIPPED | | FROM | | TO | | KIND OF CONVEYANCE | | SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | | DATE | |

RECORD OF CUSTOMER TRANSFER

| SECTION 1 - CUSTOMER INFORMATION | | SECTION 2 - CUSTOMER INFORMATION | |
|----------------------------------|---------------------------------|----------------------------------|---------------------------------|
| NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |
| 1. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | 1. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |
| 2. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | 2. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |
| 3. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | 3. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |
| 4. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | 4. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |
| 5. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | 5. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |
| 6. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | 6. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |
| 7. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | 7. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |
| 8. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | 8. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |
| 9. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | 9. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |
| 10. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN | 10. NAME AND ADDRESS OF CUSTOMER | DATE AND ADDRESS OF NEXT OF KIN |

RECEIVED BY PHICOM

DEPARTMENT DIRECTIVE



JAB JEW

DISINTERMENT DIRECTIVE

1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6320 00000

DATE
15 10 48
DAY MONTH YEAR

NAME
293 UNKNOWNX-000002

SERIAL NUMBER

GRADE

ARM
0

RACE
0

RELIGION
6

CEMETERY
CUAN NO 1 MARIANAS IS

PLOT
1

ROW
2

GRAVE
2

DISPOSITION OF REMAINS
7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
FORT MCKINLEY 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
 REMAINS
 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 OMC Form 1194 for major discrepancies.)

CANCELLED

REMAINS PREPARED AND PLACED IN CASKET

DATE BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE BY

SIGNATURE OF AGRS INSPECTOR

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

FILE
SEP 1948

4

RECORD OF CUSTODIAL TRANSFER

| | | | | | |
|------------|----|--------------------|-----------------------|------|--|
| 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 | |

IDENTIFICATION DENTAL CHART

DATE

12 Nov 47

NAME (Last, First, Middle Initial)

UNKNOWN #2

RANK

SERIAL NUMBER

UNIT

USMC

ORGANIZATION

CAUSE OF DEATH

Unknown

DATE OF DEATH

21 July 44

PLACE OF DEATH

Guam

PLACE OF BURIAL

Cemetery #1 Asan, Guam

PLOT

1

ROW

2

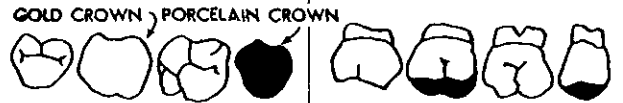
GRAVE

2

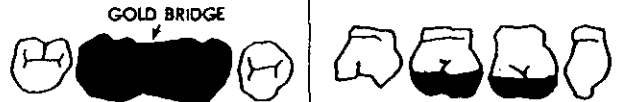
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



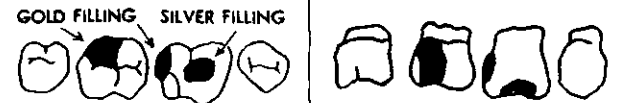
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



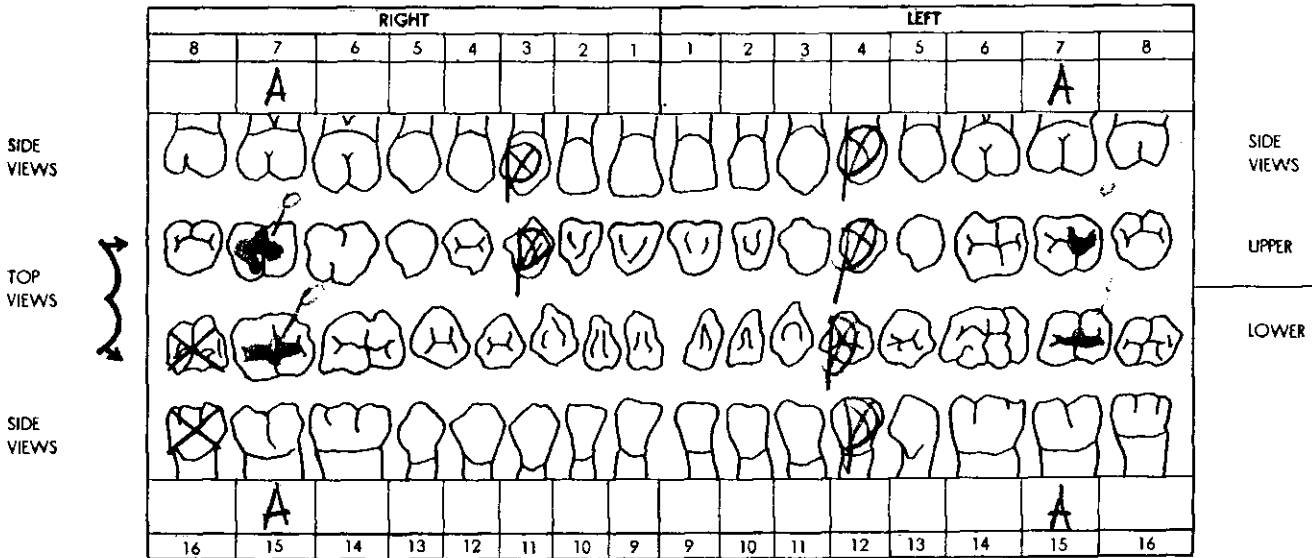
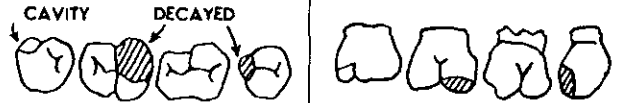
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



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."

APPROVED UNIDENTIFIABLE

Remarks: L-11 rotated to distal. 24 FEB 1950

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

L. Ho
L. HO, Capt., D.C.

VERIFIED BY GRS OFFICER

E. S. Zapico
E. S. ZAPICO, 2nd Lt., Inf.

Ship or Station
Attached at Time of Death

Report
Filed Out 15 April 1946

| | | | |
|----------------------------|---------------------------------|--------------|-------------------|
| Copy of Identification Tag | Name (Last) | (First) | (Middle) |
| | UNIDENTIFIED #2 | | |
| | File or Service No. | Rate or Rank | Branch of Service |
| | Corps or Reserve Classification | | Race |

| | |
|---------------------------|------------------------|
| Cause of Death OSW-KIA | Place of Death Guam |
|---------------------------|------------------------|

| | |
|--------------------------------|-----------------------------------|
| Name of Next of Kin (If Known) | Address of Next of Kin (If Known) |
|--------------------------------|-----------------------------------|

| | |
|--------------------------|---------------------------|
| Date of Death 7/21/44 | Date of Burial 7/23/44 |
|--------------------------|---------------------------|

| | |
|--|------------------------------------|
| Name of Cemetery Army Navy Marine Cemetery #1 | Location of Cemetery Asan, Guam |
|--|------------------------------------|

| | | | |
|----------------------------|---------------|--------------|----------------|
| Grave Marker Type Cross | Plot No. 1 | Row No. 2 | Grave No. 2 |
|----------------------------|---------------|--------------|----------------|

| | |
|----------------------|------|
| 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 Complete Dental Chart on Reverse ___ Yes ___ No Complete Fingerprint Chart of both Hands on Reverse <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | If no Identification Tags, other means used to identify body (Identification cards, letters, etc.) APPROVED UNIDENTIFIABLE 24 FEB 1950 |
|--|---|

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 Yes No |
|---|---|

If Identification Tags not present, what other Identification Data buried and in What Kind of Container

Information extracted from Cemetery Records
 IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

| | | | |
|---|--------------|---------------------|------------|
| Body on Left, Name (Last, first, middle) Unidentified #3 | Rank or Rate | File or Service No. | Grave 3 |
| Body on Right, Name (Last, first, middle) Braun, L. V. | PFC | 33718277 | 1 |

| | |
|---|--------------------------------|
| Person Reporting Burial (Name)(Rate or Rank) R. L. RIDOLFI, 2nd Lt., USMCR | Person Conducting Burial Rites |
|---|--------------------------------|

| | |
|---|--|
| In Reburial, Give Location of Previous Burial | Verified and Forwarded L. N. UTZ - Col., USMC - Ass't Chief of Staff (Name) (Rank) (Title) G-1 |
|---|--|

1393

HEADQUARTERS
MARIANAS BONINS BASE COMMAND

AG 293 MGRS

APO 246
16 December 1947

SUBJECT: Discrepancies Noted Between IBM Roster, Plot Map and 293 File

TO : Commanding General
Marianas Bonins Command
APO 246 (Guam)

Reference Radio this headquarters, CSGRS 604, the following case files are hereby transmitted for unknowns buried in Army, Navy, Marine Cemetery #1, Asan, Guam, for which discrepancies have been found between the IBM Roster, Plot Map and 293 File this headquarters:

| <u>293 File</u> | <u>Plot Map</u> | <u>IBM Roster</u> | <u>Plot</u> | <u>Row</u> | <u>Grave</u> |
|----------------------|-----------------|-------------------|----------------|------------|--------------|
| X-2 ✓ | X-2 | Not listed | ¹ 1 | 2 | 2 |
| X-3 ✓ | Not listed | " | 1 | 2 | 3 |
| X-4 ✓ | " | " | 1 | 2 | 4 |
| X-6 ✓ | " | " | 1 | 2 | 6 |
| X-9 ✓ | " | " | 1 | 2 | 132P |
| X-10 ✓ | " | " | 1 | 2 | 15 |
| X-12 ✓ | " | " | 1 | 2 | 24 |
| X-13 ✓ | " | " | 1 | 2 | 26 |
| X-14 ✓ | " | " | 1 | 3 | 1 |
| X-15 ✓ | " | " | 1 | 5 | 5 |
| X-18 ✓ | " | " | 1 | 8 | 18 |
| X-19 ✓ | " | " | 1 | 8 | 11 |
| X-21 ✓ | " | " | 1 | 8 | 27 |
| X-22 ✓ | " | " | 1 | 9 | 9 |
| X-23 ✓ <i>Ident.</i> | " | " | 1 | 10 | 26 |
| X-24 ✓ | " | " | 1 | 10 | 27 |
| X-25 ✓ | " | " | 1 | 10 | 28 |
| X-26 ✓ | " | " | 1 | 14 | 27 |
| X-27 ✓ | " | " | 1 | 14 | 28 |
| X-28 ✓ | " | " | 1 | 14 | 29 |
| X-29 ✓ | " | " | 1 | 14 | 30 |
| X-31 ✓ | " | " | 1 | 15 | 2 |
| X-32 ✓ | " | " | 1 | 15 | 28 |
| X-33 ✓ | " | " | 1 | 15 | 30 |
| X-34 ✓ | " | " | 1 | 17 | 28 |

AG 293 MBGRS - "Discrepancies Noted Between IBM Roster, Plot Map and 293 File"

| <u>293 File</u> | <u>Plot Map</u> | <u>IBM Roster</u> | <u>Plot</u> | <u>Row</u> | <u>Grave</u> |
|-----------------|-----------------|-------------------|-------------|------------|--------------|
| X-35 | Not listed | Not listed | 1 | 17 | 29 |
| X-36 | " | " | 1 | 18 | 1 |
| X-37 | " | " | 1 | 18 | 2 |
| X-38 | " | " | 1 | 18 | 13 |
| X-40 | " | " | 1 | 20 | 29 |

FOR THE COMMANDING GENERAL:

D.A. Brown

30 Incls:
1-30 - Cy of Case Files
on abv listed
30 unk deceased

D. A. BROWN
Major, AGD
Asst Adj Gen

Incl:
Corres.
PAC Form (9)
WD QMC Form 1042 (Rpt of Disint)
QMC Form 1045
Rpt of Burial
3X5 Index Cards

AG 293 (16 Dec 47)MBGRS 1st Ind

HEADQUARTERS, MARIANAS BONING COMMAND, APO 246, 16 December 1947

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

D.A.B.
D.A.B.

30 Incls:
n/c

RESTRICTED

QMC FORM 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1)

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

DATE OF REPORT

12 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN #2

SERIAL No.

Box # 215

GRADE

ORGANIZATION

BRANCH OF SERVICE

USMC

RACE

RELIGION

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

PLACE OF DEATH

Guam

CAUSE OF DEATH

Unknown

DATE OF DEATH

21 July 44

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)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

No

Cross tag APPROVED UNIDENTIFIABLE

24 FEB 1950

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

One helmet and two shoes found and enclosed with remains.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery #1 Asan, Guam

DATE OF BURIAL

23 July 44

HOUR

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

TYPE OF GRAVE
MARKER

PLOT No.

ROW No.

GRAVE No.

1

2

2

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)

Unknown # 3

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

USMC

3

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

Brown, Leonard V.

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

Pfc

33718277

USA

1

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.

RESTRICTED

Section UNIDENTIFIED REMAINS.


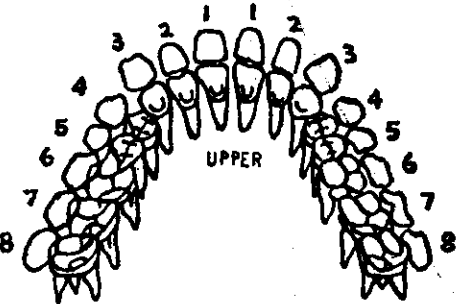
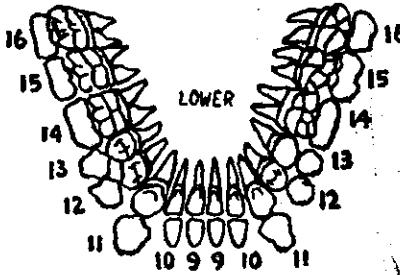




INSTRUCTIONS:

(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.

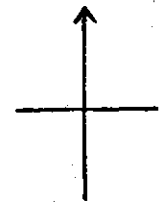
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth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

REPORT OF BURIAL
NAVMED-801 (3-48)

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 **15 April 1946.**

| | | | |
|---------------------------------|------------------------------|--------------|----------------------------------|
| COPY OF IDENTIFICATION TAG | NAME (Last) (First) (Middle) | | |
| | UNIDENTIFIED #2 | | |
| | FILE OR SERVICE NO. | RANK OR RATE | BRANCH OF SERVICE USMC |
| 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 7/21/44 | DATE OF BURIAL 1/23/44 |
|---------------------------------|----------------------------------|

| | |
|--|--|
| NAME OF CEMETERY Army Navy Marine Cemetery #1. | LOCATION OF CEMETERY Asan Guam |
|--|--|

| | | | |
|-----------------------------------|----------------------|---------------------|-----------------------|
| GRAVE MARKER TYPE Cross | PLOT NO. A | ROW NO. 2 | GRAVE NO. 2 |
|-----------------------------------|----------------------|---------------------|-----------------------|

| | |
|----------------------|------|
| 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.) APPROVED UNIDENTIFIABLE 26 APR 46 |
| COMPLETE DENTAL CHART ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| COMPLETE FINGERPRINT CHART OF BOTH HANDS ON REVERSE <input type="checkbox"/> Yes <input type="checkbox"/> No | |

LIST OF PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

| | |
|---|---|
| IDENTIFICATION TAG BURIED WITH BODY <input type="checkbox"/> Yes <input type="checkbox"/> No | IDENTIFICATION TAG ATTACHED TO MARKER <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|---|

IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER

Information extracted from Cemetery Records

IF BURIAL OTHER THAN ESTABLISHED CEMETERY, FURNISH SKETCH AND MAP REFERENCES ON REVERSE

Bodies Buried on Either Side

| | | | |
|---|---|---|-----------------------|
| BODY ON LEFT. NAME (Last, first, middle) Unidentified #3 | RANK OR RATE | FILE OR SERVICE NO. | GRAVE NO. 3 |
| BODY ON RIGHT. NAME (Last, first, middle) Braun, L.V. | RANK OR RATE PFC | FILE OR SERVICE NO. 3371 8274 | GRAVE NO. 1 |
| PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt., USMCR. | PERSON CONDUCTING BURIAL RITES R.L. Ridolfi | | |

| | |
|---|--|
| IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL | VERIFIED AND FORWARDED L.N. UTZ-Col., USMC-Ass't Chief of Staff (Name) (Rank) |
|---|--|

1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS. Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

| | | | |
|------------------|------------------|---------------|---------------|
| ESTIMATED HEIGHT | ESTIMATED WEIGHT | COLOR OF EYES | COLOR OF HAIR |
|------------------|------------------|---------------|---------------|

BIRTHMARKS, SCARS, OR TATTOOS

| | |
|---------------|-----------------------|
| LAUNDRY MARKS | WEAPON AND SERIAL No. |
|---------------|-----------------------|

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

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

2. LOCATION OF GRAVE: Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2)) (1945 Ed. para. 2234.1 & .2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED) Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____

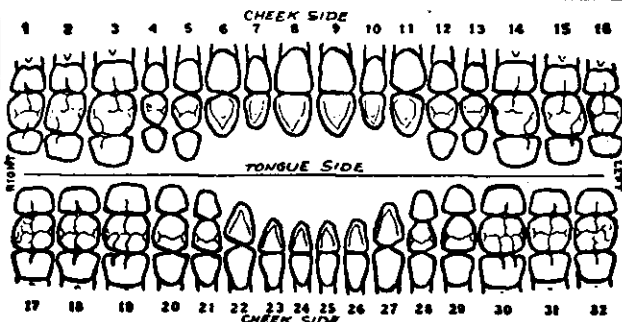
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

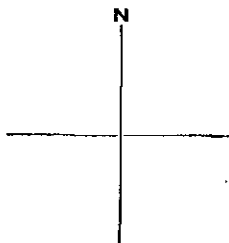


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY SOME RESEMBLANCE NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of lined ridges and intervening space. Do not overink. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

COPY

F.M.F. PAC Form (9)

Graves Registration

REPORT OF INTERMENT

UNIDENTIFIED # 2

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

(Place of death) A N & M #1 Guam Island
(Name of Cemetery) (Name or coordinates of location)

2 2 1
(Grave Number) (Row Number) (Plot Number) (Religion, if known)

APPROVED UNIDENTIFIABLE

Disposition of identification tags: One Buried with body Yes No
One Attached to marker Yes No

24 FEB 1950

(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 (Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT (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