

QMGMN 293
GHS, Far East

MAR 3 1950

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-13, X-18, X-19, X-21, X-27, X-29, X-30, X-31, X-35, X-36 and X-40, Asan Guam Cemetery #1, as unidentifiable.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, MC
Memorial Division

CC: CINCPAC

QMGMN 293 Unk X-31, Guam #1

3

DISINTERMENT DIRECTIVE ORDERED BY PHILCOM

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6920 81101

17 02 50
DAY MONTH YEAR

NAME: UNKNOWN X-31 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY ASAN NO. 1, OYAM PLOT: 1 ROW: 15 GRAVE: 2 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. WAL. 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: [Handwritten notes and signature]

Serial # 460

/bpa

1

Interred 1 March 1950
C 2 48 Ft McKinley

Carroll H. Mark
CARL R. H. MARK

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

Cemetery Superintendent
SECTION A—
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6320 81101

DATE
17 02 50
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	X - 31				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY ASAN NO. 1, GUAM	1	15	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 DISTINTERRED
X - 31				21 Feb 1950

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			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	BY
21 Feb 1950	PAUL R NICHOLS

CASKET SEALED BY	EMBALMER (Signature)
PAUL R NICHOLS	<i>Paul R Nichols</i> PAUL R NICHOLS

CASKET BOXED AND MARKED	SHIPPING ADDRESS VERIFIED BY
DATE 21 Feb 50 BY RAYMOND H TANGUAY, Sgt 1c RA	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 INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECEIVED
DATE 21 Feb 50
NAME [Signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS Mausoleum	TO	US Military Cemetery	KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	<i>Conestoga</i>	DATE	MAR 1 1960
2. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
3. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED		FROM		TO		KIND OF CONVEYANCE		SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-31			2. DATE OF REPORT 19 January 1950		
3. NAME OF CEMETERY CEM #1, ASAN, GUAM	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	15	2	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UNK	9. ESTIMATED HEIGHT 5' 6 7/8"	10. COLOR OF HAIR UNK	11. RACE UNK
----------------------------	----------------------------------	--------------------------	-----------------

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

NONE

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

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

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

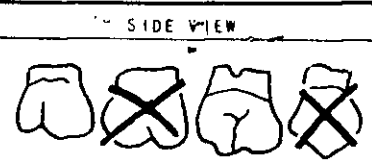
U T D

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).

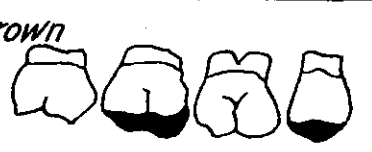
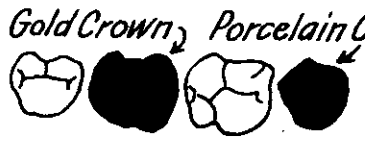
NONE

RECEIVED
15 JAN 20 1950
HEADQUARTERS
7TH AVIATION
BATTALION
ASAN, GUAM

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



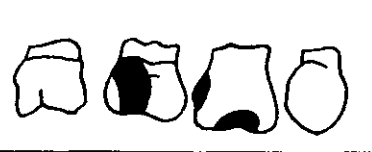
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



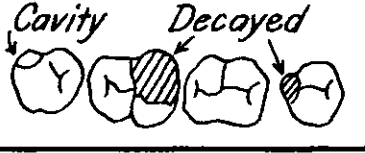
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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



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



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

MISSE IN

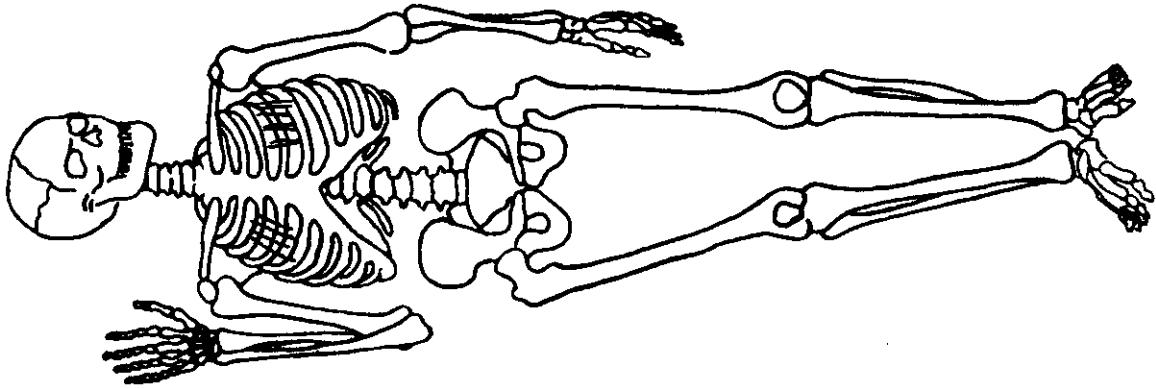
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

REMARKS: R-2 broken

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification Sec.

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.

UNIDENTIFIED REMAINS
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11-14-01 BY 60322 UCBAW/STP

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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

SIGNATURE

PAUL R. NICHOLS
Chief, Ident. Section

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 00000

DATE

15 10 48
DAY MONTH YEAR

NAME

293 UNKNOWNX-000031

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

0 0 6

CEMETERY

GUAM NO 1 MARIANAS IS

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

1 15 2

7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

FORT 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

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

UNKNOWN

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

SEP 1 1948

93

RECORD OF CUSTODIAL TRANSFER

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

IDENTIFICATION DENTAL CHART

DATE **12 Nov-67**

NAME (Last, First, Middle Initial) UNKNOWN # 31		RANK	SERIAL NUMBER		
UNIT	ORGANIZATION USMC	CAUSE OF DEATH Unknown		DATE OF DEATH	
PLACE OF DEATH Guam	PLACE OF BURIAL Cemetery # 1, Asan, Guam		PLOT 1	ROW 15	GRAVE 2

<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>	TOP VIEW	SIDE VIEW
	<p align="center">TOOTH MISSING</p>	
<p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p>	<p align="center">GOLD CROWN, PORCELAIN CROWN</p>	
	<p align="center">GOLD BRIDGE</p>	
<p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p>	<p align="center">GOLD FILLING, SILVER FILLING</p>	
	<p align="center">CAVITY, DECAYED</p>	
<p>FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:</p>	<p>CARIES: (Cavities): OUTLINE LOCATION AND SIZE OF CAVITY, SHADE IN THUS:</p>	

	RIGHT								LEFT									
	8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
		A	A	A										A	A			
SIDE VIEWS																	SIDE VIEWS	
	TOP VIEWS																	
SIDE VIEWS																		
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		

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

Remarks: Entire mandible missing.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART L. HO, Capt., D.C.	VERIFIED BY GRS OFFICER E. S. ZAPICO, 2nd Lt., Inf.
---	---

Copy of Identification Tag	Name (Last)	(First)	(Middle)
	UNIDENTIFIED #31		
	File or Service No.	Rate or Rank	Branch of Service
	Corps or Reserve Classification		USMC Race

Cause of Death SW-KIA	Place of Death Guam
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Name of Next of Kin (If Known)	Address of Next of Kin (If Known)
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Date of Death	Date of Burial 7/29/44
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Name of Cemetery Army-Navy Marine Cemetery #1	Location of Cemetery Asan, Guam
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Grave Marker Type Cross	Plot No. 1	Row No. 15	Grave No. 2
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Buried at Sea (Date)	Area
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Type of Religious Ceremony Military Honors	Religion of Deceased
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Identification Tags found on Body <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> None	If no Identification Tags, other means used to identify body (Identification cards, letters, etc.)
--	--

Complete Dental Chart on Reverse ___ Yes ___ 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 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) Stender, D.F.	Rank or Rate Sgt	File or Service No. 252 838	Grave 3
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Body on Right, Name (Last, first, middle) Unidentified #30	Rank or Rate	File or Service No.	Grave 1
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Person Reporting Burial (Name)(Rate or Rank) R.L.RIDOLFI, 2d Lt., USMCR	Person Conducting Burial Rites
---	--------------------------------

In-Reburial, Give Location of Previous Burial	Verified and Forwarded L.NIUTZ-Col., USMC Ass't Chief of Stf (Name) (Rate) (Title) G-1
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RESTRICTED

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

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

DATE OF REPORT

12 Nov 47

*Imprint Identification Tag If Possible.
DO NOT TYPE*

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN # 31

Box # 216

SERIAL No.

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

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)

APPROVED UNIDENTIFIABLE
FEB 23 1950

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**Knife, scabbard, book and portions of wrapper 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

29 Jul 44

HOUR

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

TYPE OF GRAVE
MARKER

PLOT No.

ROW No.

GRAVE No.

1

15

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)

Stender, Donald F.

RANK

Sgt

SERIAL No.

252838

ORGANIZATION

USMC

GRAVE No.

3

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

Unknown X30-8

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

1

SIGNATURE OF PERSON PREPARING REPORT

Jose L. Elises
JOSE L. ELISES

SIGNATURE OF GRS OFFICER VERIFYING REPORT

E. S. Zapico
E. 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

RESTRICTED

Section 3.—UNIDENTIFIED REMAINS.

INSTRUCTIONS:


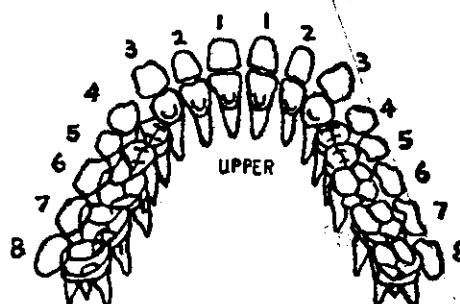




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

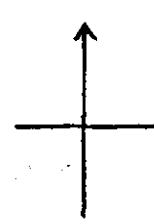
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

FILLINGS	 SILVER FILLING GOLD FILLING	 <p align="center">UPPER</p> <p align="center">DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p align="center">LOWER</p>
CAVITIES	 CAVITY DECAYED	
MISSING TEETH	 TOOTH MISSING	
CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
BRIDGE WORK	 GOLD BRIDGE	

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



REMARKS:

Mandible missing.

REPORT OF BURIAL

NAVMED-601 (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 15 April 1946.

COPY OF IDENTIFICATION TAG	NAME (Last) UNIDENTIFIED (First) #31 (Middle)		
	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)
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DATE OF DEATH	DATE OF BURIAL 7/29/44
---------------	----------------------------------

NAME OF CEMETERY Army Navy Marine Cemetery #1.	LOCATION OF CEMETERY Asan Guam.
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GRAVE MARKER TYPE Cross	PLOT NO. A	ROW NO. 15	GRAVE NO. 2
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BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY Military Honors	RELIGION OF DECEASED
--	----------------------

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE
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

IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.)

APPROVED UNIDENTIFIABLE

FEB 23 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 <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)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Stender, D.F.	Sgt.	252838	3
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Unidentified #30			1

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

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. UTZ Col., USMC-Ass't Chief of Staff G-1 (Name) (Rank) (Title)
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INSTRUCTIONS FOR BURIAL

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
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BIRTHMARKS, SCARS, OR TATTOOS

LAUNDRY MARKS	WEAPON AND SERIAL No.
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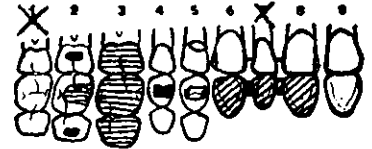
(If actual weight and height are used, delete estimated)

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 _____	<p align="center">COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:</p> <p> <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE </p> <p align="center"> (Signature of dental examiner) (Rank or rate) </p>
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N

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

L. THUMB L. INDEX L. MIDDLE L. RING L. LITTLE R. THUMB R. INDEX R. MIDDLE R. RING R. LITTLE

REPORT OF INTERMENT

UNIDENTIFIED #31

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

A N & M #1

Guam Island

(Place of death)

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

2

15

1

(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

APPROVED UNIDENTIFIABLE

(If no identification tags, what means of identification are buried with body?)

FEB 23 1950

(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, FNF, 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

DC

Copy

UNIDENTIFIED #31 - Cemetery #1

USMC

Died GSW-KIA
Buried 7/29/44
Grave 2 - Row 15 - #1