

QJGMIN293 Unk X-35 Guam #1

CC: BINGHAM

T. H. BERT
Lt Colonel, SAC
Memorial Division

FOR THE QUARTERMASTER GENERAL:

1. Reference is made to letter, your Headquarters, File QJG 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, as an Guam Cemetery #1, as unidentifiable.

Commanding Officer
Association of Veterans Registration Service
Philcom Zone
APO 900, c/o Postmaster
San Francisco, California

TO:

SUBJECT: Unidentifiable Remains

QJGMIN 293
GWS, Far East

MAR - 2 1950

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOOT

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6530 81102

17 02 50
DAY MONTH YEAR

NAME: UNKNOWN I-35 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: USAF CEMETERY ASAN NO. 1, GUAM PLOT: 1 ROW: 17 GRAVE: 29 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. WOODLEY, 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 DISINTERRED: IDENTIFICATION TAG ON: ORGANIZATION: RELIGION: IDENTIFICATION VERIFIED BY: NAME AND TITLE: REMAINS MARKER

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 signature and date]

461

/bpa

Interred 2 March 1950
C 9 77 Ft. McKinley

DISINTERMENT DIRECTIVE
PREPARED BY PHILCOM

1

Carl R. H. Mark

CARL R. H. MARK

Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 81102

DATE

17 02 50
DAY MONTH YEAR

NAME

UNKNOWN X - 35

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY ASAN NO. 1, GUAM

PLOT

ROW

GRAVE

1

17

29

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-35

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

21 Feb 50

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

- REMAINS
- MARKER

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 21 Feb 50

BY PAUL R NICHOLS

CASKET SEALED BY

PAUL R NICHOLS

EMBALMER (Signature)

Paul R Nichols
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 AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

| 1. SHIPPED | | FROM | TO | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
|------------|--|--------------------|----------------------|------------------|-----------------------|------------|
| | | AGRS MAUSOLEUM | US MILITARY CEMETERY | | | |
| | | KIND OF CONVEYANCE | | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | TRUCK | | | <i>Garret Frank</i> | 1950 MAR 2 |
| 2. SHIPPED | | FROM | TO | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| | | KIND OF CONVEYANCE | | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| 3. SHIPPED | | FROM | TO | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| | | KIND OF CONVEYANCE | | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| 4. SHIPPED | | FROM | TO | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| | | KIND OF CONVEYANCE | | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| 5. SHIPPED | | FROM | TO | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| | | KIND OF CONVEYANCE | | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| 6. SHIPPED | | FROM | TO | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| | | KIND OF CONVEYANCE | | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| 7. SHIPPED | | FROM | TO | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |
| | | KIND OF CONVEYANCE | | NAME OF CONVOYER | SIGNATURE OF RECEIVER | DATE |
| | | | | | | |

HEADQUARTERS
PHILCOM ZONE
AMERICAN GRAVES REGISTRATION SERVICE

19 January 1950

Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 35, Plot 1,
Row 17, Grave 29, USMC Cem #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:

APPROVED UNIDENTIFIABLE

FEB 23 1950

H. B. McNEAR
H. B. McNEAR
Captain, QAC
Chief, Records Branch

Atch: Form 1044

IDENTIFICATION DATA

| | | | | | | | |
|--|------------------------------|--------------------------|--------------|-----------------------------------|---|--|--|
| 1. REMAINS OF UNKNOWN UNKNOWN X-75 | | | | 2. DATE OF REPORT 19 Jan. 1950 | | | |
| 3. NAME OF CEMETERY Cem #1, Asan, Guam | | 4. PLOT 1 | 5. ROW 17 | 6. GRAVE 29 | 7. DATE OF DISINTERMENT REINTERMENT | | |
| PHYSICAL DESCRIPTION | | | | | | | |
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5'9½" | 10. COLOR OF HAIR UTD | | 11. RACE | | | |
| 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? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | TO WHAT EXTENT? | | | | | |
| 15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | TO WHAT EXTENT? | | | | | |
| 16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS 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 | | | | | | | |

REPRODUCED FROM THE
UNIDENTIFIED REMAINS REPORT

THE ABOVE INFORMATION IS THE PROPERTY OF THE
ARMY AND IS NOT TO BE DISTRIBUTED OUTSIDE THE
ARMY WITHOUT THE AUTHORITY OF THE
HEADQUARTERS, ARMY CENTER OF SURVIVAL AND RECOVERY

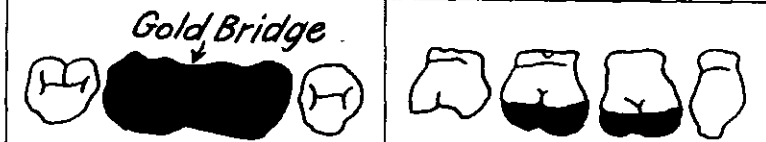
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



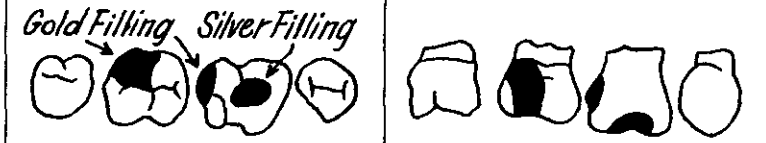
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



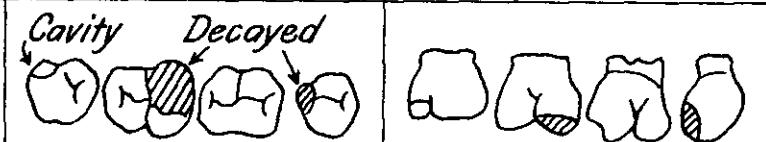
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 |
| A | A | A | X | A | A | | | | | | X | A | X | A | |
| Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View |
| Top View | Top View | Top View | Top View | Top View | Top View | Top View | Top View | Top View | Top View | Top View | Top View | Top View | Top View | Top View | Top View |
| Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View | Side View |
| 16 | 15 | 14 | 13 | 12 | 11 | 10 | 9 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |

Labels in chart: OF, do, Oh, OF, F, MOD, D, MOF, DOF

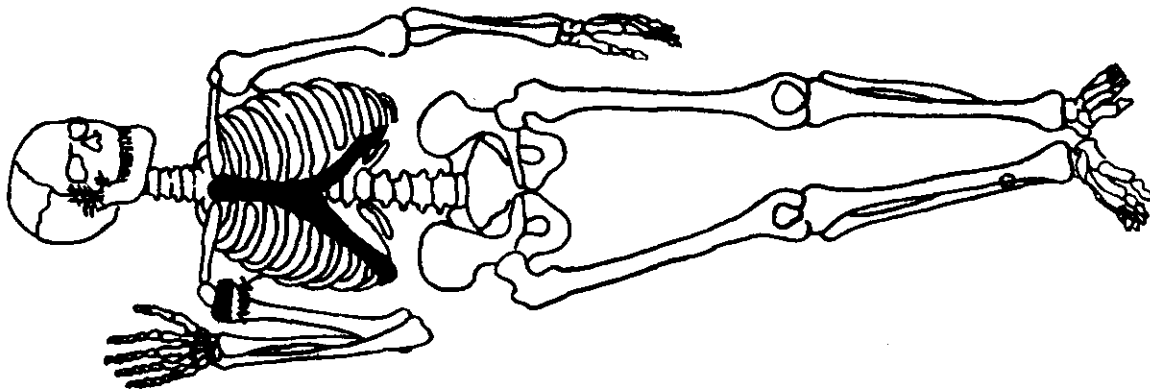
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

IDENTIFIABLE

Paul R. Nichols

PAUL R. NICHOLS
Chief, Ident. Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20.

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

I CERTIFY THAT THE GROUP REMAINS CONSIST OF PARTS OF _____ DECEASETS 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, hottle burials, personal effect or other means of identification found with remains.

UNIDENTIFIABLE
BY REASON OF LACK OF SUFFICIENT IDENTIFICATION

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

1

DISINTERMENT DIRECTIVE

| | | | | |
|---|------------------|------|----|----|
| SECTION A - NAME AND BURIAL LOCATION OF DECEASED | DIRECTIVE NUMBER | DATE | | |
| | 6320 00000 | 15 | 10 | 48 |

| | | | | | |
|-----------------------|---------------|-------|-------|------------------------|------------------|
| NAME | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
| 213 UNKNOWN | X-000035 | | Q | O | 6 |
| CEMETERY | PLOT | ROW | GRAVE | DISPOSITION OF REMAINS | |
| GUAM NO 1 MARIANAS IS | 1 | 17 | 29 | 7701 CODE | 80 DIST. CTR. |

SECTION B -- CONSIGNEE AND NEXT OF KIN

| | |
|---|---------------------------------|
| NAME AND ADDRESS OF CONSIGNEE | NAME AND ADDRESS OF NEXT OF KIN |
| FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS | (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 | |
| <input type="checkbox"/> REMAINS <input type="checkbox"/> 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

105

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

2. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

IDENTIFICATION DENTAL CHART

DATE **14 Nov 47**

| | | | | | |
|---|--|----------------------------------|------------------|------------------|--------------------|
| NAME (Last, First, Middle Initial) UNKNOWN # 35 | | 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 17 | GRAVE 29 |

| | | |
|---|---|-----------|
| <p>MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X"ED OUT AND LABELED THUS:</p> | TOP VIEW | SIDE VIEW |
| | | |
| <p>CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:</p> | <p>GOLD CROWN, PORCELAIN CROWN</p> | |
| | <p>GOLD BRIDGE</p> | |
| <p>BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:</p> | <p>GOLD FILLING SILVER FILLING</p> | |
| | <p>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 | | A | | |
| SIDE VIEWS | | | | | | | | | | | | | | | | | SIDE VIEWS |
| TOP VIEWS | | | | | | | | | | | | | | | | | UPPER |
| | | | | | | | | | | | | | | | | | LOWER |
| SIDE VIEWS | | | | | | | | | | | | | | | | | |
| | A | 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."

Remarks: R-13 Drifted - it replaced R-14 leaving space between R-12 & R-11.

| | |
|--|---|
| SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART | VERIFIED BY GRS OFFICER EMILIO S. ZAPICO, 2nd Lt., Inf. |
|--|---|

RESTRICTED

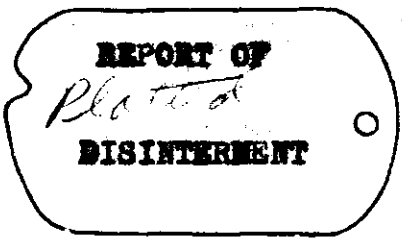
QMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

14 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN # 35

Box # 375

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)

No

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Shoes, garments lighter, fountain pen and belt 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

30 Jul 44

HOUR

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

TYPE OF GRAVE
MARKER

PLOT No.

1

ROW No.

17

GRAVE No.

29

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)

Kroneke, Arthur J.

RANK

2nd Lt

SERIAL No.

023597

ORGANIZATION

USMC

GRAVE No.

30

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

Unknown X-34

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

28

SIGNATURE OF PERSON PREPARING REPORT

TEODORICO J. ESPITAL

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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

REPORT OF BURIAL
NAVMED-801 (3-43)

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, 46

| | | | |
|----------------------------|---------------------------------|-------------------|-------------------|
| COPY OF IDENTIFICATION TAG | NAME (Last) (First) (Middle) | UNIDENTIFIED # 35 | |
| | FILE OR SERVICE NO. | RANK OR RATE | BRANCH OF SERVICE |
| | CORPS OR RESERVE CLASSIFICATION | | USMC 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 | DATE OF BURIAL 7/30/44 |
|---------------|----------------------------------|

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

| | | | |
|-----------------------------------|----------------------|----------------------|------------------------|
| GRAVE MARKER TYPE Cross | PLOT No. A | ROW No. 17 | GRAVE No. 29 |
|-----------------------------------|----------------------|----------------------|------------------------|

| | |
|----------------------|------|
| BURIED AT SEA (Date) | AREA |
|----------------------|------|

| | |
|---|----------------------|
| TYPE OF RELIGIOUS CREMATION 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 FEB 23 1950 |
| 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) Kroncke, A.J. | RANK OR RATE 2nd Lt. | FILE OR SERVICE NO. 023597 | GRAVE NO. 30 |
| BODY ON RIGHT. NAME (Last, first, middle) Unidentified # 37 | RANK OR RATE USMC | FILE OR SERVICE NO. | GRAVE NO. 28 |

| | |
|--|---|
| PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt., USMC. | PERSON CONDUCTING BURIAL RITES <i>R.L. Ridolfi</i> |
|--|---|

| | |
|---|---|
| IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL | VERIFIED AND FORWARDED <i>Jm</i> L.N. UTZ-Col., USMC. Asst. Chief of Party, Corps-1. |
|---|---|

INSTRUCTIONS FOR B...

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. _____

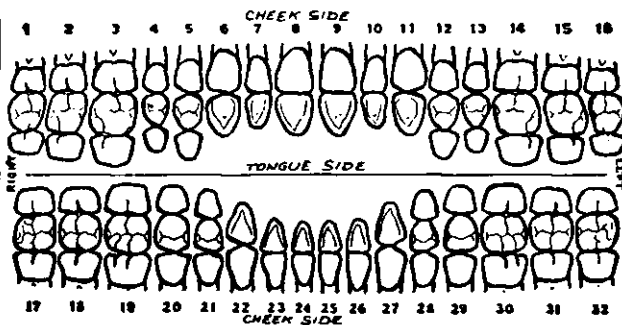
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

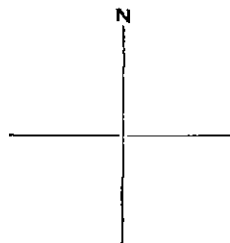


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

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 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.

L. THUMB

L. INDEX

L. MIDDLE

L. RING

L. LITTLE

R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE

REPORT OF INTERMENT

UNIDENTIFIED #35

(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)

29

(Grave Number)

17

(Row Number)

1

(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:

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

7

4

3

2

1

THUMB

Ship or Station
Attached at Time of DeathDate Report
Filed Out 15 APR 46

| | | | |
|--|--|--|-------------------|
| Copy of Identification Tag | Name (Last) (First) (Middle) | | |
| | UNIDENTIFIED #35 | | |
| | File or Service No. | Rate or Rank | Branch of Service |
| | | | USMC |
| | Corps or Reserve Classification | | Race |
| Cause of Death | | Place of Death | |
| GSW-KIA | | Guam | |
| Name of Next of Kin (If Known) | | Address of Next of Kin (If Known) | |
| Date of Death | | Date of Burial | |
| | | 7/30/44 | |
| Name of Cemetery | | Location of Cemetery | |
| Army Navy Marine Cemetery #1 | | Asan, Guam | |
| Grave Marker Type | Plot No. | Row No. | Grave No. |
| Cross | 1 | 17 | 29 |
| Buried at Sea (Date) | | Area | |
| Type of Religious Ceremony | | Religion of Deceased | |
| Military Honors | | | |
| 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 checked="" 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) | Rank or Rate | File or Service No. | Grave |
| KRONCKE, A.J. | 2nd Lt. | 023597 | 30 |
| Body on Right, Name (Last, first, middle) | Rank or Rate | File or Service No. | Grave |
| UNIDENTIFIED #34 | USMC | | 28 |
| Person Reporting Burial (Name) (Rate or Rank) | Person Conducting Burial Rites | | |
| R.L. RIDOLFI 2d Lt., USMCR | | | |
| 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 |