

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. unk (misc) Guam #1 ^(accn) X2, X3, X4
X9, X10

SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION 293. unk Guam #1 ^(accn) X2

10/5/50
Ec

RECLASSIFICATION SHEET

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. LETZ
Lt Colonel, QMC
Memorial Division

CC: CINCPAC

QMGMN 293 Unk X-4, Guam #1

AIR MAIL

/ebc

Interred 1 March 1950
C 14 60 Ft. McKinley

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

1

Carroll Mark

CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 81084

DATE

17 02 50
DAY MONTH YEAR

NAME

✓ UNKNOWN I - 4

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY GUAM NO. 1, ASAN

PLOT

ROW

GRAVE

1

2

4

DISPOSITION OF REMAINS

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 - 4

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

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)

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

Completed

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS Mausoleum	TO	US Military Cemetery	NAME OF CONVOYER		SIGNATURE OF RECEIVER	<i>Carroll</i>	DATE	MAR 1 1950
2. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
3. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
4. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
5. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
6. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	
7. SHIPPED		FROM		TO		NAME OF CONVOYER		SIGNATURE OF RECEIVER		DATE	

HEADQUARTERS
PHILCOB 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- 4, Plot 1,
Row 2, Grave 4, 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:


M. B. McNEELAR
Captain, QAC
Chief, Records Branch

Attch: Form 1044

APPROVED UNIDENTIFIABLE

24 FEB 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-4				2. DATE OF REPORT 10 Jan. 1950	
3. NAME OF CEMETERY Cem. #1, ASAN GUAM	4. PLOT	5. ROW	6. GRAVE	7. DATE OF	
	1	2	4	DISINTERMENT	REINTERMENT

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5'11 5/8"	10. COLOR OF HAIR UTD	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

APPROVED UNIDENTIFIABLE
24 FEB 1950

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

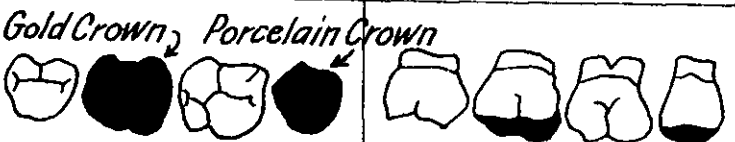
UNIDENTIFIABLE

TOOTH CHART

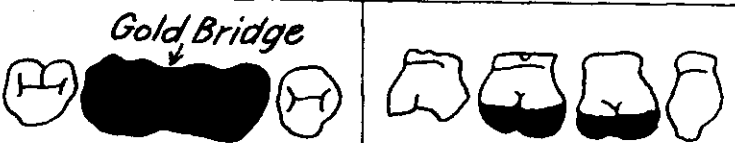
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



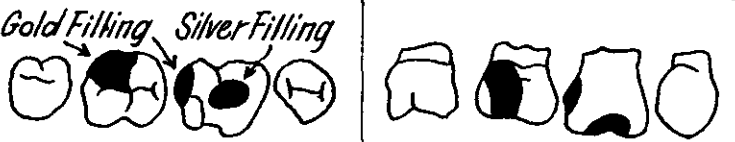
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



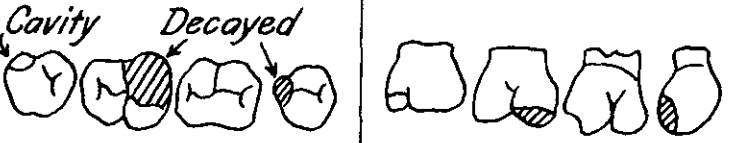
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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:



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
X	X	X	X							-		A		X	X
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
	A	A	A									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."

APPROVED UNIDENTIFIABLE

24 FEB 1950

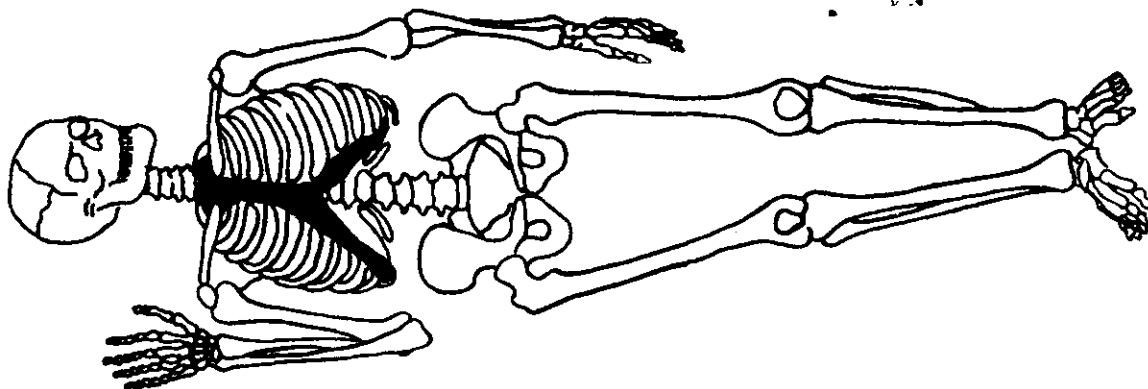
REMARKS: 16 right rotated miscal.

3 left fractured

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 _____ 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

UNIDENTIFIABLE
BY REASON OF _____

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

JAN 19 48

DISINTERMENT DIRECTIVE

1

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6320 00000

DATE

15 10 48
DAY MONTH YEAR

NAME

183 UNKNOWNX-000004

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

Q O 6

CEMETERY

GUAM NO 1 MARIANAS IS

PLOT

ROW

GRAVE

DISPOSITION OF REMAINS

1 2 4 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 DISINTERRED

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

CASKET SEALED BY

BY

EMERALD (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

CANCELLED

RECORD OF CUSTODIAL TRANSFER

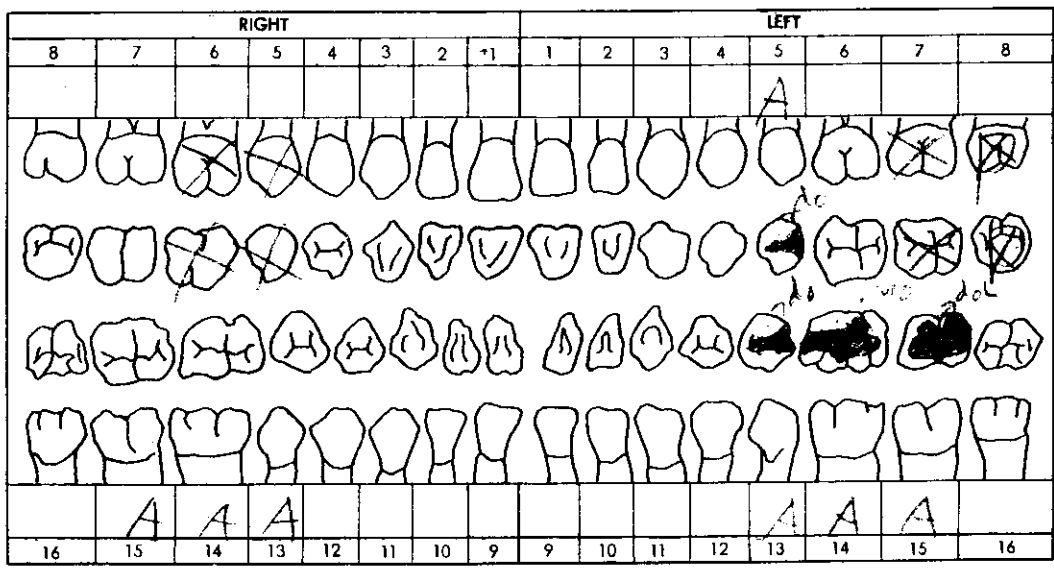
1. SHIPPED			
	FROM		
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
2. SHIPPED			
	FROM		
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE
3. SHIPPED			
	FROM		
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	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 **12 Nov 47**

NAME (Last, First, Middle Initial) UNKNOWN # 4		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 Agaña, Guam		PLOT 1	ROW 2	GRAVE 4

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



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

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.
---	---

Ship or Station
Attached at Time of Death

Report Filled Out
16 April 1946

Copy of Identification Tag	Name (Last) (M. S.)		
	UNIDENTIFIED #4		
	File or Service No.	Rate or Rank	Branch of Service
	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 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. 4

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no Identification Tags, other means used to identify body (Identification cards, letters, etc.) APPROVED UNIDENTIFIABLE 24 FEB 1953
--	---

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) Topka, E. H.	Rank or Rate PFC	File or Service No. 835359	Grave 5
Body on Right, Name (Last, first, middle) Unidentified #3 USMC	Rank or Rate	File or Service No.	Grave 3

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

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

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

Impress Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN #4

SERIAL No.

Box #238

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 3 on reverse)

Cross tag found.

APPROVED UNIDENTIFIABLE
24 FEB 1950

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

No

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Two shoes and poneho was 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

4

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)

Yes

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

Topka, E. H.

RANK

Pfc

SERIAL No.

835359

ORGANIZATION

USMC

GRAVE No.

5

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

Unknown #3

RANK

SERIAL No.

ORGANIZATION

USMC

GRAVE No.

3

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

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.


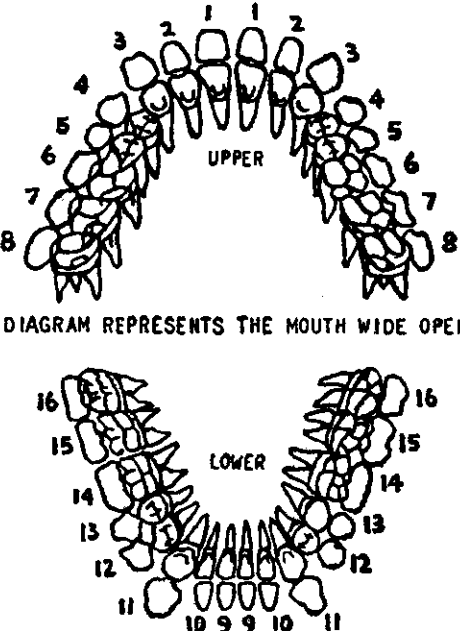




INSTRUCTIONS:

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

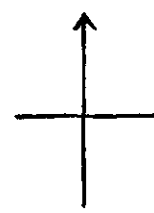
(b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in the chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each and every tooth will be indicated on the tooth chart in accordance with diagram below. Tooth chart will not be accomplished if one or more fingerprints are secured.

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

OTHER IDENTIFICATION CLUES

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

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



REMARKS:

REPORT OF BURIAL

NAVMED-801 (3-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH _____ DATE REPORT FILLED OUT 16 April 1946

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNIDENTIFIED #4	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
GSW-XIA	Guam.

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

DATE OF DEATH	DATE OF BURIAL
7/21/44	7/23/44

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

GRAVE MARKER TYPE	PLOT No.	ROW No.	GRAVE No.
Cross	A	2	4

BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY	RELIGION OF DECEASED
Military honors.	

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

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

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.
TOPKA, E. H.	Pfc	835359	5
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Und. # 3	USMC		3
PERSON REPORTING BURIAL (Name)	PERSON CONDUCTING BURIAL RITES		
R.L. RIFOLFI 2dLt, USMC. R.L. Rifolfi			
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	L.N. UTZ-Col., USMC-Ass't Chief of Staff (Name) (Rank) (Title)		

REPORT OF INTERMENT

UNIDENTIFIED #4

(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)

4 2 1
(Grave Number) (Row Number) (Plot Number) (Religion, if known)

DISPOSITION OF IDENTIFICATION TAGS: **APPROVED UNIDENTIFIABLE**
One Buried with body Yes No
24 FEB 1950 One Attached to marker Yes No

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

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

BODY BURIED ON RIGHT _____
(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 organizat-
ion 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