

FILE IDENTIFICATION TOPPER

FILE NUMBER

293-UNK-Guam #1-X9-

SUBJECT

QMC FORM 1121  
1 Aug 45

51 12250

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293.2mk (misc) Guam #1 <sup>(asen)</sup> X2, X3,  
X4, X9, X10

## SYNOPSIS AND DATES

*misc now filed*

NEW CLASSIFICATION 293.2mk (asen) Guam #1 X2

*10/5/50*  
*Ec*

# RECLASSIFICATION SHEET

MAR 15 1950

293 Unk Remains (Asan #1)  
X-2 X-3 X-4 X-9 X-10

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: CINCPAC

QMGMN 293 Unk X-9, Guam #1

9 March 1950

Unknown X-9, Cemetery #1, Asan, Guam

STATEMENT

The name "HOFFMAN" which appears on attached papers has been checked against Navy, Marine, and Army casualties of that name with negative results.

*William M. Galasso*

William M. Galasso, Investigator

The name "HOFFMAN" has been checked with Army casualties but a casualty by that name could not be associated with subject remains at this time.

*Clarence C. Salser*

Clarence C. Salser  
Identification Section  
9 March 1950

<b>1</b> /bpa  /add	Interred 1 March 1950 C 14 82 McKinley <i>Carl R. H. Mark</i> <b>CARL R. H. MARK</b> <b>Cemetery Superintendent</b>			PREPARED BY PHILCOM <b>DISINTERMENT DIRECTIVE</b>	
	SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>6320 81085</b>		DATE <b>17 02 50</b> DAY MONTH YEAR

NAME		SERIAL NUMBER		GRADE	ARM	RACE	RELIGION
<b>UNKNOWN X - 9</b>							
CEMETERY				PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
<b>USAF CEMETERY GUAM NO. 1, ASAN</b>				<b>1</b>	<b>2</b>	<b>13</b>	<b>1701 80</b> CODE DIST. CTR.

**SECTION B — CONSIGNEE AND NEXT OF KIN**

NAME AND ADDRESS OF CONSIGNEE	NAME AND ADDRESS OF NEXT OF KIN
<b>UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.</b>	<b>(BY ADMINISTRATIVE DECISION)</b>

**SECTION C — DISINTERMENT AND IDENTIFICATION**

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
<b>UNKNOWN X - 9</b>				<b>21 Feb '50</b>
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY <b>PAUL R NICHOLS</b> Embalmer NAME AND TITLE	

**SECTION D — PREPARATION OF REMAINS FOR SHIPMENT**

NATURE OF BURIAL	CONDITION OF REMAINS
<b>Shelter Half</b>	<b>Skeletal</b>
OTHER MEANS OF IDENTIFICATION	
MINOR DISCREPANCIES ( <i>Prepare Discrepancy Report QMC Form 1194a for major discrepancies.</i> )	

REMAINS PREPARED AND PLACED IN CASKET

DATE **21 Feb '50** BY **PAUL R NICHOLS**

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

CASKET BOXED AND MARKED DATE <b>21 Feb '50</b> BY <b>RAYMOND H TANGUAY, Sgt 1c, RA</b>	SHIPPING ADDRESS VERIFIED BY <b>L. W. RICHARDSON, M/Sgt, RA</b>
---	--

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

*1 m Graves*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MUSEUM	TO	US MILITARY CEMETERY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	<i>W. A. ...</i>	DATE	MAR 1 1950
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	

3

PREPARED BY PHILCOM  
DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6206 21005

17 02 50

DAY MONTH YEAR

NAME: UNKNOWN I. a. 9 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY: WALKER CEMETERY (DAN NO. 1, ASAN) PLOT: 1 ROW: 2 GRAVE: 13 DISPOSITION OF REMAINS: 3701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN: (BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON 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

*Embraves*

REMARKS AND SPECIAL INSTRUCTIONS

*Embraves # 444*

**RECORD OF CUSTODIAL TRANSFER**

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



HEADQUARTERS  
PHILCOM ZONE  
AMERICAN GRAVES REGISTRATION SYSTEM

19 Jan. 1950


                      
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 9, Plot A,  
Row 2, Grave 13, 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. B. McNEAR  
Captain, QAC  
Chief, Records Branch

Attch: Form 1044

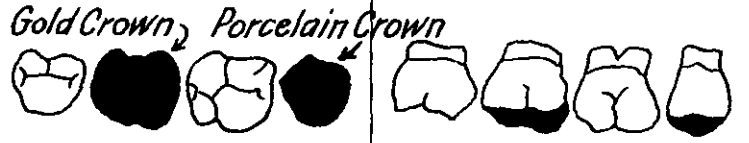
APPROVED AND FORWARDED

19 JAN 1950

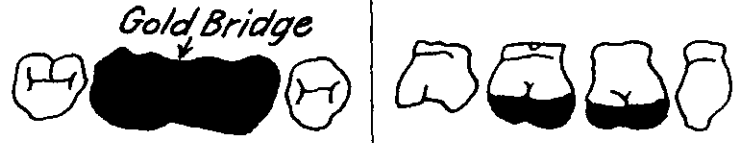
**MISSING TEETH:** ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



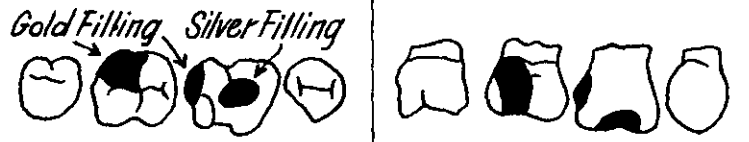
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



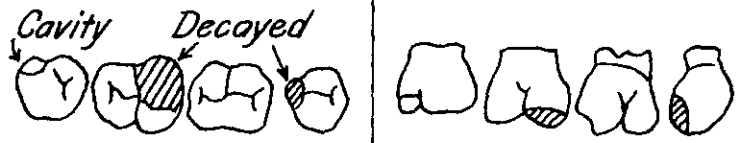
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
MISSING		A	⊗					⊗					A	MISSING	
Side Views								Side Views							
Top Views								Top Views							
UPPER								UPPER							
LOWER								LOWER							
Side Views								Side Views							
IMPACTED		A	A	A									X	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 **UNREPEATABLE**  
9 MAR 1950

*Paul R. Nichols*

PAUL R. NICHOLS  
Chief, Ident. Section

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN UNKNOWN X-9			2. DATE OF REPORT 19 Jan. 1950	
3. NAME OF CEMETERY  Cem. #1, ASAN GUAM	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	1	2	13	DISINTERMENT REINTERMENT 12 Nov 47

PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT UTD	9. ESTIMATED HEIGHT 5' 6 7/8"	10. COLOR OF HAIR Brown	11. RACE UTD
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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 UNIDENTIFIED**

9 MAR 1950

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

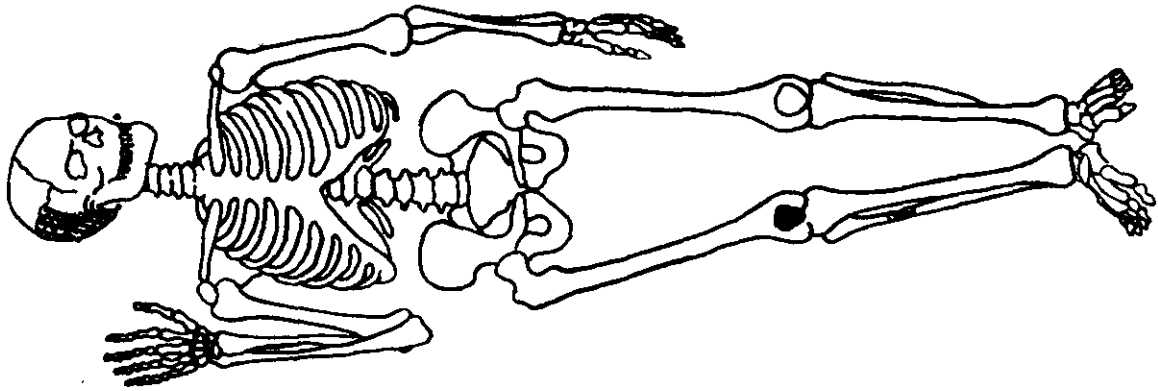
None

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

**UNIDENTIFIED**

19. BLACKOUT 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

*[Faint, illegible signature]*

9 MAR 1950

\_\_\_\_\_  
SIGNATURE OF MEDICAL OFFICER

21. REMARKS AND ADDITIONAL INFORMATION

No identification tags, bottle burials, personal effects or other means of identification found with remains.

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*

Jas JEW

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-000009* SERIAL NUMBER: UNKNOWNX-000009 GRADE: ARM: 0 RACE: 0 RELIGION: 6

CEMETERY: GUAM NO 1 MARIANAS IS PLOT: 1 ROW: 2 GRAVE: 13 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: UNKNOWN X-9 SERIAL NUMBER: Unknown GRADE: Unknown DATE OF DEATH: 21 Jul 44 DATE DISTINTERRED: 11 Dec 47

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: UNKNOWN RELIGION: Unknown IDENTIFICATION VERIFIED BY: U S Conerly, Capt. U.S. NAME AND TITLE

## SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: Nature of shroud undetermined CONDITION OF REMAINS: Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION: Mortuary Plate

MINOR DISCREPANCIES (Prepare discrepancy Report OMC Form 1194a for major discrepancies.): None

REMAINS PREPARED AND PLACED IN CASKET: DATE 22 Sept 48 BY: C H Vanderbilt, Lt. Col.

CASKET SEALED BY: C H Vanderbilt, Lt. Col. EMBALMER (Signature): *James L. Sibley* J L SIBLEY

CASKET BOXED AND MARKED: DATE 22 Sept 48 by: E Kelly SHIPPING ADDRESS VERIFIED BY: M. Chelofsky, Clerk

I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.

*Herb Schell*  
HERSCHELL G. SCHILL, Lt. Col. USAF  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM		TO	
US MARSHAL (SAIPAN I)		PORT STORAGE OFFICER (SAIPAN I)		NAME OF CONVOYER	
TRUCK		KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
<i>John H. Lott, 1st Lt. Inf.</i>		<i>Robert G. Snowden</i>		22 Sept 48	
JOHN H. LOTT, 1st Lt. Inf.		ROBERT G. SNOWDEN, 1st Lt. Inf.		DATE	
2. SHIPPED		FROM		TO	
AGRS PORT (SAIPAN, MI)		TRANSPORT COMMANDER		NAME OF CONVOYER	
TRUCK		KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
<i>Harold E. Pike</i>		<i>Luciano E. Mateo</i>		8 Feb 49	
HAROLD E. PIKE, CAPTAIN INF		LUCIANO E. MATEO, 1st Lt., Inf.		DATE	
3. SHIPPED		FROM		TO	
AGRS MAUSOLEUM		NAME OF CONVOYER		NAME OF CONVOYER	
KIND OF CONVEYANCE		NAME OF CONVOYER		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
<i>Luciano E. Mateo</i>		<i>H. H. Newman Jr.</i>		17 FEB 1949	
LUCIANO E. MATEO, 1st Lt., Inf.		H. H. NEWMAN JR., CAPT., PA.		DATE	
4. SHIPPED		FROM		TO	
NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER	
KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
DATE		DATE		DATE	
5. SHIPPED		FROM		TO	
NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER	
KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
DATE		DATE		DATE	
6. SHIPPED		FROM		TO	
NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER	
KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
DATE		DATE		DATE	
7. SHIPPED		FROM		TO	
NAME OF CONVOYER		NAME OF CONVOYER		NAME OF CONVOYER	
KIND OF CONVEYANCE		KIND OF CONVEYANCE		KIND OF CONVEYANCE	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER		DATE	
DATE		DATE		DATE	

IDENTIFICATION DENTAL CHART

DATE **12 Nov 47**

NAME (Last, First, Middle Initial)

**UNIDENTIFIED #9**

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

DATE OF DEATH

**USMC**

**Unknown**

**21 July 44**

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE

**GUAM**

**Cemetery # 1 Asan, Guam**

**A**

**2**

**13**

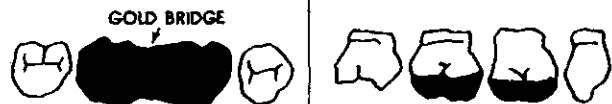
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



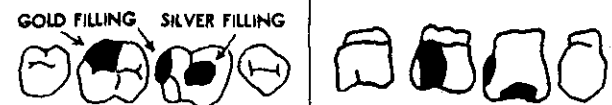
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



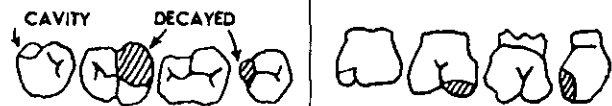
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



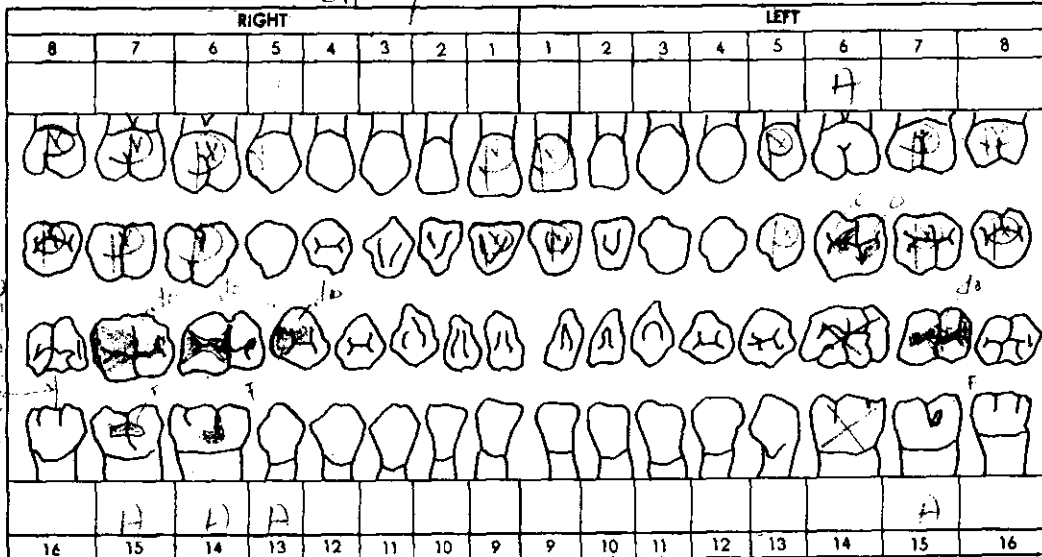
FILLINGS: DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:



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



CAVITY



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: Portion containing R-6, R-7, R-8, L-7, & L-8 missing.**

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., I.f.**

Ship or Station  
Attached at Time of Death

Date Report  
Filled Out 15 April 1946

Copy of Identification Tag	Name (Last) (First) (Middle)		
	UNIDENTIFIED #9		
	File or Service No.	Rate or Rank	Branch of Service
	Corps or Reserve Classification		Race USMC

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. 13
----------------------------	---------------	--------------	-----------------

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 type="checkbox"/> No	If no Identification Tags, other means used to identify body (Identification cards, letters, etc.)  APPROVED UNIDENTIFIED 9 MAR 1946
---	---

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 (Name Hoffman stamped on belt.)

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

Body on Left, Name (Last, first, middle) Hajbowicz, F.J.	Rank or Rate Cpl	File or Service No. 451 450	Grave 11
Body on Right, Name (Last, first, middle) Katz, B.	Rank or Rate PFC	File or Service No. 505 593	Grave 12

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-Assit Chief of Staff (Name) (Rank) (Title)
---	--



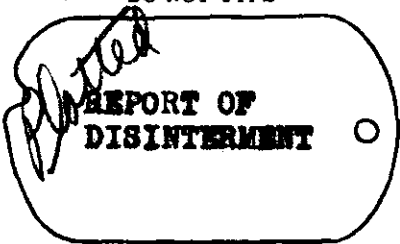
**RESTRICTED**

WD QMC 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**

<p><i>Imprint Identification Tag If Possible. DO NOT TYPE</i></p> 	<p><b>Section 1.—IDENTIFICATION.</b></p>		
	<p>NAME (Last, first, middle initial)</p> <p align="center"><b>UNIDENTIFIED #9</b>      <i>Box # 245</i></p>		<p>SERIAL No.</p>
	<p>GRADE</p>	<p>ORGANIZATION</p>	<p>BRANCH OF SERVICE</p> <p align="center"><b>USMC</b></p>
	<p>RACE</p>	<p>RELIGION</p>	<p>IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY</p>

<p>PLACE OF DEATH</p> <p align="center"><b>Guam</b></p>	<p>CAUSE OF DEATH</p> <p align="center"><b>Unknown</b></p>	<p>DATE OF DEATH</p> <p align="center"><b>21 July 44</b></p>
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EMERGENCY ADDRESSEE (Name, relationship, and address)

<p>IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)</p> <p align="center"><b>None</b></p>	<p>IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)</p> <p align="center"><b>Cross tag</b>      <b>APPROVED UNIDENTIFIABLE</b></p>
<p>WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)</p> <p align="center"><b>No</b></p>	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**Two shoes and pocket comb found 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	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
<b>23 July 44</b>				<b>7</b>	<b>2</b>	<b>13</b>

<p>WAS THIS A REBURIAL? (Yes or no)</p> <p align="center"><b>No</b></p>	<p>IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE</p>			
	<table border="1"> <tr> <td>PLOT No.</td> <td>ROW No.</td> <td>GRAVE No.</td> </tr> </table>	PLOT No.	ROW No.	GRAVE No.
PLOT No.	ROW No.	GRAVE No.		

<p>TYPE OF RELIGIOUS CEREMONY</p>	<p>PERSON CONDUCTING BURIAL RITES</p>	<p>IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY</p>
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<p>IDENTIFICATION TAG BURIED WITH BODY (Yes or no)</p>	<p>IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)</p>
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<p>BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)</p> <p align="center"><b>John, Frank H.</b></p>	<p>RANK</p> <p align="center"><b>Cpl</b></p>	<p>SERIAL No.</p> <p align="center"><b>451450</b></p>	<p>ORGANIZATION</p> <p align="center"><b>USMCR</b></p>	<p>GRAVE No.</p> <p align="center"><b>14</b></p>
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<p>BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)</p> <p align="center"><b>Katz, Bernard</b></p>	<p>RANK</p> <p align="center"><b>Pfc</b></p>	<p>SERIAL No.</p> <p align="center"><b>505593</b></p>	<p>ORGANIZATION</p> <p align="center"><b>USMCR</b></p>	<p>GRAVE No.</p> <p align="center"><b>12</b></p>
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<p>SIGNATURE OF PERSON PREPARING REPORT</p> <p align="center"><i>Theodorico J. Espital</i> <b>TEODORICO J. ESPITAL</b></p>	<p>SIGNATURE OF GRS OFFICER VERIFYING REPORT</p> <p align="center"><i>Emilio S. Zapico</i> <b>EMILIO S. ZAPICO, 2nd Lt., Inf.</b></p>
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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 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


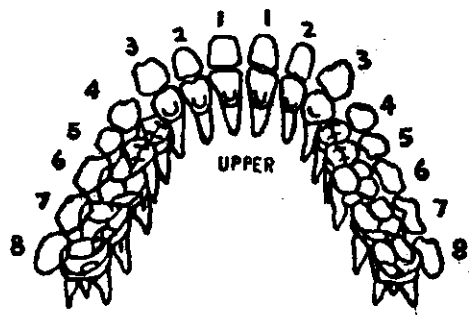




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

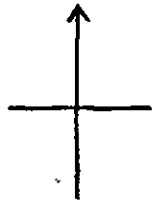
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
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WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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**OTHER IDENTIFICATION CLUES**

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

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



**REMARKS:**

**Condition of Remains: Right head fractured, Maxilla broken and detached from head. Right tibia broken.**

**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 1940.**

COPY OF IDENTIFICATION TAG	NAME (Last) <b>UNIDENTIFIED #9</b> (First) _____ (Middle) _____	
FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE <b>USMC</b>
CORPS OR RESERVE CLASSIFICATION	RACE	

CAUSE OF DEATH <b>GSW-KIA</b>	PLACE OF DEATH <b>Guam</b>
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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 <b>7/21/44</b>	DATE OF BURIAL <b>7/23/44</b>
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NAME OF CEMETERY <b>Army Navy Marine Cemetery #1.</b>	LOCATION OF CEMETERY <b>Asan Guam.</b>
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GRAVE MARKER TYPE <b>Cross</b>	PLOT NO. <b>A</b>	ROW NO. <b>2</b>	GRAVE NO. <b>13</b>
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY <b>Military Honors.</b>	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.)  <b>9 MAR 1950</b>
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
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IF IDENTIFICATION TAGS NOT PRESENT, WHAT OTHER IDENTIFICATION DATA BURIED WITH BODY AND IN WHAT KIND OF CONTAINER  
**(Name "Heffman stamped on belt.) 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) <b>Hajbowicz EJ.</b>	RANK OR RATE <b>451450 CPL</b>	FILE OR SERVICE NO. <b>451450</b>	GRAVE NO. <b>14</b>
BODY ON RIGHT. NAME (Last, first, middle) <b>KATZ, B.</b>	RANK OR RATE <b>PPC</b>	FILE OR SERVICE NO. <b>505593</b>	GRAVE NO. <b>12</b>

PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dlt., USMC</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES
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IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>L.H. UTZ-Col., USMC-Ass't Chief Staff (Col.)</b>
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(Name) (Rank) (Title)



REPORT OF INTERMENT

UNIDENTIFIED #9

(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)

13 2 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

(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: APPARENT NATIONALITY:

WEIGHT: LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

RACE:

COLOR OF HAIR:

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