

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Unit Guam #3 X8, X9, ^{X12}X14, X20
X32, X33, X34

SYNOPSIS AND DATES

Misc now filed

NEW CLASSIFICATION 293. Unit Guam #3 X8

10/6/50
Ec

RECLASSIFICATION SHEET

AIR MAIL

293 Unk. Guam (misc) A.N.M. Cem Guam #3

QMGR 293

GRS Far East

X-8 X-9 X-12 X-14

SUBJECT:

Unidentifiable Remains 33 X-34

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 23 January 1950, subject: Unidentifiable Remains.

2. This Office concurs in the classification of Unknowns X-8, X-9, X-12, X-14, X-20, X-33 and X-34, Army, Navy, Marine Cemetery, Guam #3, as unidentifiable.

3. Unknown X-28 was previously recommended as unidentifiable by AGRS Headquarters, MARBO ZONE, on letter dated 12 November 1948 and approved by 1st Indorsement dated 7 December 1948, this Office.

FOR THE QUARTERMASTER GENERAL:

T. H. METZ
Lt Colonel, QMC
Memorial Division

CC: CINCPAC

Vertical handwritten text on the right margin, possibly a file number or date.

AIR MAIL

/bpm
1
/add

Interred ~~8 March 1950~~ 13 Feb 52
N 5-102 Ft McKinley PER 1042 DTD 19 FEB 52
L-5-49
Carl R. H. Mark

PREPARED BY PHILCOM
DISINTERMENT DIRECTIVE

CARL R. H. MARK
Cemetery Superintendent
SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6322 81164

DATE
28 02 50
DAY MONTH YEAR

NAME UNKNOWN X - 12 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY AGANA CEMETERY NO. 3, GUAM PLOT 1 ROW 20 GRAVE 5 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 - 12 SERIAL NUMBER GRADE DATE OF DEATH 6 Mar 50 DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY 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 6 Mar 50 BY PAUL R NICHOLS CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) Paul R Nichols PAUL R NICHOLS

CASKET BOXED AND MARKED DATE 6 Mar 50 BY RAYMOND H TANGUAY, Sgt 1c, BA SHIPPING ADDRESS VERIFIED BY L. W. RICHARDSON, M/Sgt, RA

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

L. W. Richardson
L. W. RICHARDSON, M/Sgt, RA
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS
NAT
FILE
RECORDS ASSOCIATED
DATE 24 Apr 1950
NAME J. Kyle
R & I RR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MANSOURIA	TO	US MILITARY CAMPBERRY
KIND OF CONVEYANCE		TRUCK			
SIGNATURE OF SHIPPER		<i>Joseph P. Smith</i>			
DATE					1950 MAR 8
2. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
3. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
4. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
5. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
6. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					
7. SHIPPED		FROM		TO	
KIND OF CONVEYANCE					
SIGNATURE OF SHIPPER					
DATE					

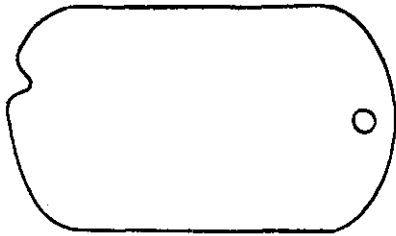
RESTRICTED

- QMC Form 1042
(Rev. 1 Apr. 1946)
(Supersedes GRS Form 1, and
Rev. of 1 Apr. 45, which may be used.)

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

DATE OF REPORT
19 Feb 52

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN X-12 Agana Cem #3, Guam		Unknown
GRADE	ORGANIZATION	BRANCH OF SERVICE
Unknown	Unknown	Unknown
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY
Unknown	Unknown	

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Guam	Unknown	17 Aug 44

EMERGENCY ADDRESSEE (Name, relationship, and address)
293 Tank Area #3 X-12
Unknown

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
1 (Substitute)	
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	COMPLETED TOOTH CHART ON QMC FORM 1045 ATTACHED HERETO
Yes	<input type="checkbox"/> YES <input type="checkbox"/> NO

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME
None

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY
UNITED STATES MILITARY CEMETERY, FT WM MCKINLEY, P.I.

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
13 Feb 52	--	Casket	Cross	L	5	49

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
Yes	US MILITARY CEMETERY, FT WM MCKINLEY, P.I.

TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
		Name <u>Mc</u> Action <u>NAT</u> <u>18 MAR 52</u>
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	
Yes	Yes	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

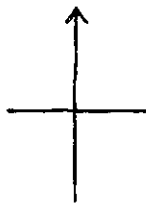
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT <u>Roger L. Dion</u> ROGER L. DION, Sgt., RA	SIGNATURE OF GRS OFFICER VERIFYING REPORT <u>Charles R. Whaylen</u> CHARLES R. WHAYLEN, 1st Lt., QMC
---	--

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

Copy To Assoc E

LEFT LITTLE FINGER	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.			
LEFT RING FINGER	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR
	BIRTHMARKS, SCARS, OR TATTOOS			
LEFT MIDDLE FINGER	WEAPON AND SERIAL No.		LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
LEFT INDEX FINGER	OTHER IDENTIFICATION CLUES			
LEFT THUMB				
RIGHT THUMB				
RIGHT INDEX FINGER				
RIGHT MIDDLE FINGER				
RIGHT RING FINGER				
RIGHT LITTLE FINGER	FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY			
				
	REMARKS:			
	Grave 49, Row 5, Plot L, was formerly occupied by Unknown X-4215 Manila #2, disinterred and subsequently eliminated by consolidation.			

RESTRICTED

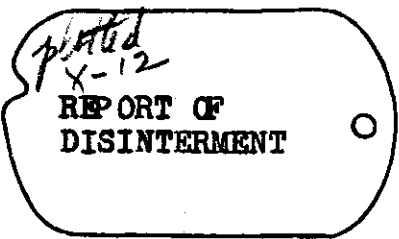
OMC FORM 1042
(Rev. 1 Apr. 1945)
(Supersedes GRS Form 1)

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

DATE OF REPORT

4 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE



Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)		SERIAL No.
UNKNOWN # 12		Box # 85
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH	CAUSE OF DEATH	DATE OF DEATH
Guam	Unknown	

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none)	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
None	
WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

APPROVED UNIDENTIFIABLE
FEB 8 1950

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery # 3 Agana, Guam

DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No.	ROW No.	GRAVE No.
				A	20	5

WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
No	
	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)	
None		

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Mattern, Walter L.	Pfc	457329	USMC	6
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
Unknown X-11			USMC	4

SIGNATURE OF PERSON PREPARING REPORT	SIGNATURE OF GRS OFFICER VERIFYING REPORT
<i>Teodorico J. Espital</i> TEODORICO J. ESPITAL	<i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt., Inf.

DISTRIBUTION OF REPORT: Signed original for U. S. and allied dead, signed original and one copy for enemy dead, to the Quartermaster General through Headquarters GRS Officer. Copies for retention in theater as prescribed by theater commander.

RESTRICTED

Section 3. UNIDENTIFIED REMAINS.

INSTRUCTIONS:


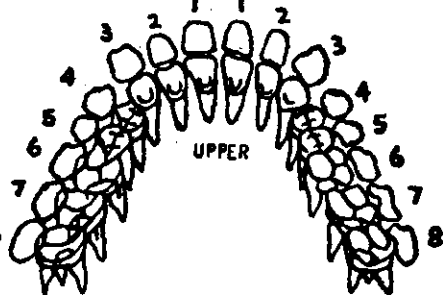



(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

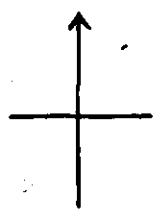
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
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OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	FILLINGS	 SILVER FILLING GOLD FILLING	 UPPER DIAGRAM REPRESENTS THE MOUTH WIDE OPEN
	LEFT RING FINGER	CAVITIES	
LEFT MIDDLE FINGER	MISSING TEETH	 TOOTH MISSING	
LEFT INDEX FINGER	CROWNED TEETH	 PORCELAIN CROWN GOLD CROWN	
LEFT THUMB	BRIDGE WORK	 GOLD BRIDGE	
RIGHT THUMB			

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



REMARKS:

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 **10 April 1940.**

COPY OF IDENTIFICATION TAG	NAME (Last) UNIDENTIFIED # 12 (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE USMC
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH GSW-R1A	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 Temp Burial 9th Cem. Reinterred 8/17/44
---------------------------------	--

NAME OF CEMETERY Army Navy Marine Cemetery #3.	LOCATION OF CEMETERY XXXX Agana Guam.
--	---

GRAVE MARKER TYPE Cross	PLOT NO. A	ROW NO. 20	GRAVE NO. 5
-----------------------------------	----------------------	----------------------	-----------------------

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

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

IDENTIFICATION TAGS FOUND ON BODY <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> NONE	IF NO IDENTIFICATION TAGS, OTHER MEANS USED TO IDENTIFY BODY (Identification cards, letters, etc.) APPROVED UNIDENTIFIABLE FEB 8 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) Mattern W.L.	RANK OR RATE PFC	FILE OR SERVICE NO. 457329	GRAVE NO. 6
BODY ON RIGHT. NAME (Last, first, middle) Unidentified #11	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. 4

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

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED L.N. DTZ-Col., USMC-Ass't Chief of Staff G-1.
---	--

(Name) (Rank) (Title)

HEADQUARTERS
PHILSON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

21 January 1950


Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 12, Plot 1,
Row 20, Grave 5, USMC Cem #3, Agana, 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:


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

Atch: Form 1044

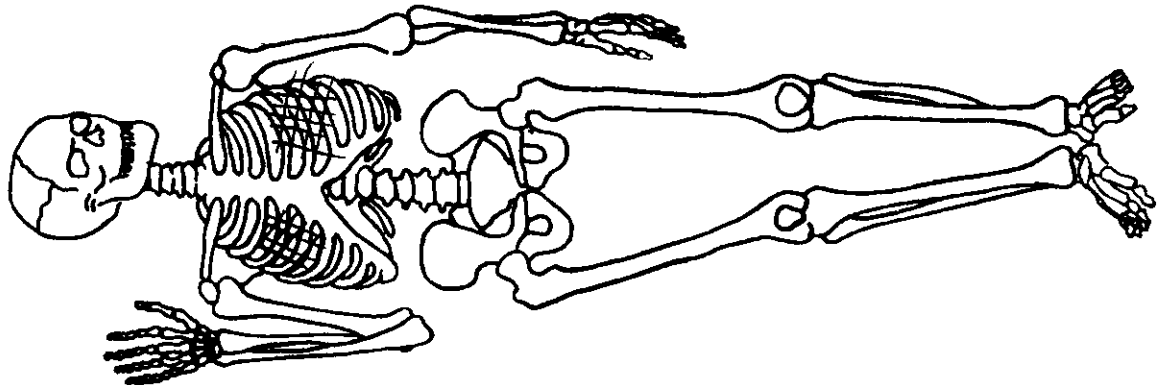
APPROVED UNIDENTIFIABLE
FEB 8 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-12				2. DATE OF REPORT 21 January 1950			
3. NAME OF CEMETERY Cem 3, Agana, Guam			4. PLOT 1	5. ROW 20	6. GRAVE 5	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'1-1/8"		10. COLOR OF HAIR UTD		11. RACE UNK	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS <p style="text-align: center;">N O N E</p>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES <p style="text-align: center;">U T D</p>							
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 <p style="text-align: center;">N O N E</p>							
17. LIST EVERY ITEM OF CLOTHING, EQUIPMENT AND PERSONAL EFFECTS FOUND, SHOWING THE TYPE, COLOR, SIZE, MARKINGS, SERVICE, ETC. <i>(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)</i> <p style="text-align: center;">N O N E</p>							

UNIDENTIFIABLE

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 ID tags, burial bottle, personal effects, or other means of identification found with remains.

UNIDENTIFIABLE

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, Identification Section

SIGNATURE
Paul R. Nichols

IDENTIFICATION DENTAL CHART

DATE

4 Nov 67

NAME (Last, First, Middle Initial)

UNKNOWN # 12

RANK

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH

Unknown

DATE OF DEATH

PLACE OF DEATH

Guam

PLACE OF BURIAL

Cemetery # 3

Agana, Guam

PLOT

A

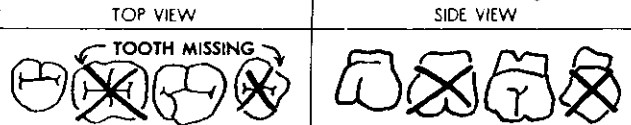
ROW

20

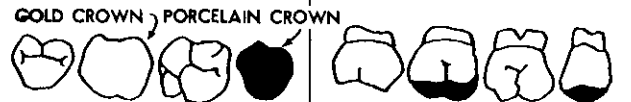
GRAVE

5

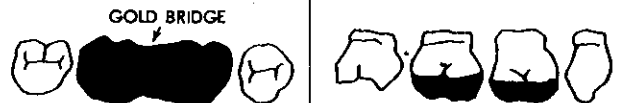
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



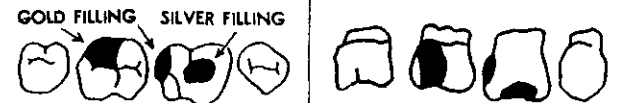
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



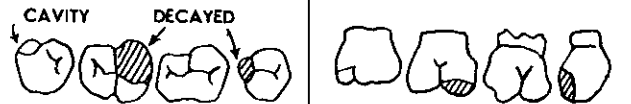
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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

RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
SIDE VIEWS Unrupted								SIDE VIEWS unrupted							
TOP VIEWS								LOWER							
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."

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART

Lawrence H.
LAWRENCE HO, Capt., D.C.

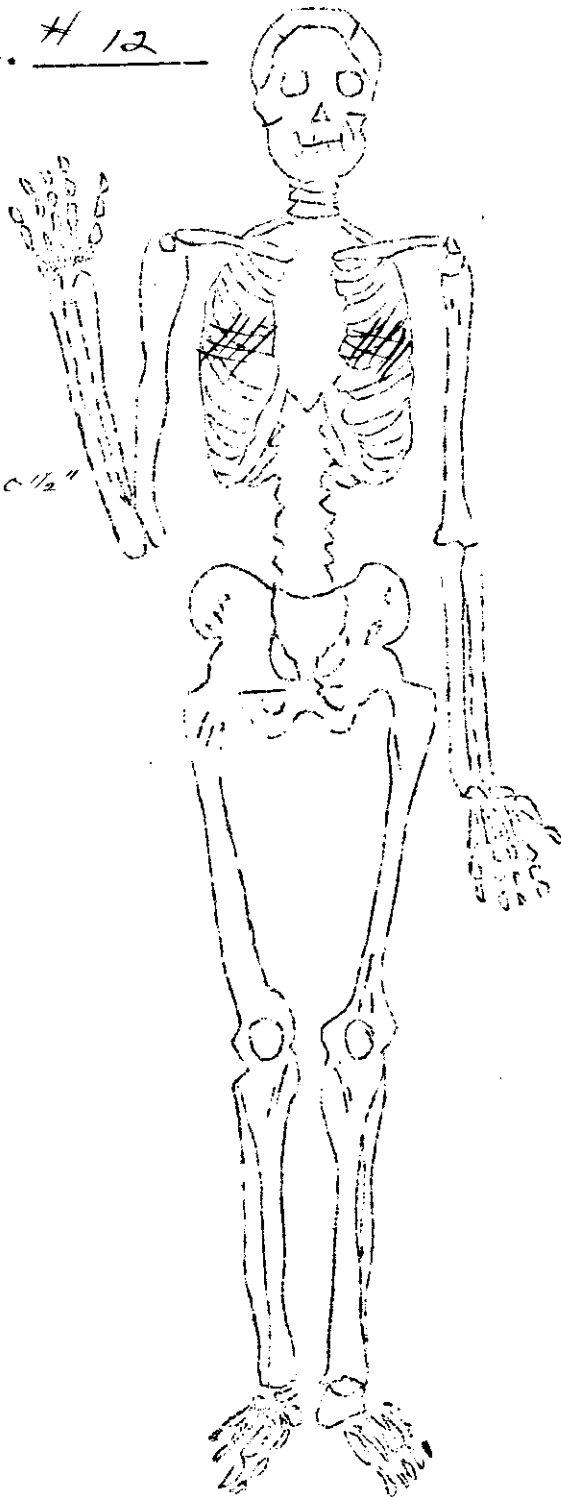
VERIFIED BY GRS OFFICER

Emilio S. Zapico
EMILIO S. ZAPICO, 2nd Lt., Inf.

Cemetery #3. Guam (Agaña)

Unknown "X" No. # 12

Skull Complete.
Long bones All
complete.
Skull measures 20 1/2"



SKELETAL CHART

DISINTERMENT DIRECTIVE

3

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6922 81164

28 02 90
DAY MONTH YEAR

NAME: UNKNOWN I - 12
SERIAL NUMBER: [blank]
GRADE: [blank]
ARM: [blank]
RACE: [blank]
RELIGION: [blank]

CEMETERY: AGANA CEMETERY NO. 3, GUAM
PLOT: 1
ROW: 20
GRAVE: 5
DISPOSITION OF REMAINS: 7701 CODE, [blank] DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE:
UNITED STATES MILITARY CEMETERY
PT. W. 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 DISINTERRED

IDENTIFICATION TAG ON:
 REMAINS
 MARKER

ORGANIZATION: [blank] RELIGION: [blank] IDENTIFICATION VERIFIED BY: [blank] NAME AND TITLE: [blank]

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: [blank] CONDITION OF REMAINS: [blank]

OTHER MEANS OF IDENTIFICATION: [blank]

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET
DATE: [blank] BY: [blank]

CASKET SEALED BY: [blank] EMBALMER (Signature): [blank]

CASKET BOXED AND MARKED
DATE: [blank] BY: [blank] SHIPPING ADDRESS VERIFIED BY: [blank]

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: [blank]

REMARKS AND SPECIAL INSTRUCTIONS: [blank]

Incl # 524

