RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Tent Quan #3. X8, X9, 714, X20

X32, X33, X34

SYNOPSIS AND DATES

Misc now filed

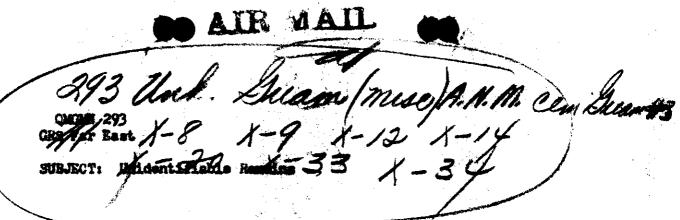
NEW CLASSIFICATION 293 Lenk Guant 3 1/8

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RECLASSIFICATION SHEET

OMC Form 867 (Revised 6-27-42)

16-20400-1 U. S. COVERNMENT PRINTING OFFICE



TOI

American Graves Degistration Service Philoom Zone APO 900, c/o Postmaster San Francisco, California

- 1. Reference is made to letter your Headquarters, file CRPZ 293, dated 23 January 1950, subject: Unidentifiable Remains.
- 2. This Office concurs in the classification of Unknowns X-5, X-9, X-12, X-14, X-20, X-33 and X-34, Army, Havy, Marine Cometery, Ones #3, as unidentifiable.
- 3. Unknown X-26 was previously recommended as unidentifiable by AGRS Readquarters, MARBO ZONE, on letter dated 12 November 1948 and approved by lst Indorsement dated 7 December 1948, this Office.

FOR THE QUARTERNASTER GENERAL:

T. H. METZ 1t Colonel, QMC Memorial Division Carl Wall a Wall Com

CC: CINCFE

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- QMC Form 1042 (Rev. 1 Apr. 1946)		REPORT OF	INTERMEN		DATE OF R	DATE OF REPORT	
(Supersedes GRS Form 1, Ray, of I Apr. 45, which may	and be used.)	(AR 30-1810 at			19 Fe	ıb 52	
Impeint Identification T		Section 1.—IDENTIFICATION.					
DO NOT TY	PE	NAME (Last, first, middle initial)	····		SERIAL No.	SERIAL No.	
		UNKNOWN X-12 Ag	gana Cem #:	3, Guam	Unknov	wn	
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EMERGENCY ADDRESSEE (Na	me, relationship,	and address) 292 /111 K	h Hus	113	X-12		
		Unknown					
IDENTIFICATION TAGS FOUN	D ON BODY	IF NO TAGS FOUND ON BODY, I	DESCRIBE MEANS C	OF IDENTIFICATION (II	unidentified, fill in s	ection/8 on reverse)	
(1, 2, or none)	. 1						
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			—				
Yes LIST PERSONAL EFFECTS FOU	_ 	YES	∐ NO	·			
Section 2.—BURIAL. If oth	 ner than in esta	None	h and map coord	inates on reverse.			
NAME, NUMBER, COORDINAT				· · · · · · · · · · · · · · · · · · ·			
UNITED ST	CATES mil	IPARY CELETERY, FT	nk nCAINLE	Y, P.I.		•	
DATE OF BURIAL	HOUR	BURIED IN (Shroud, blanket, or n	ame of other)	TYPE OF GRAVE MARKER	PLOT No. ROV	N No. GRAVE No.	
13 Feb 52		Casket		Cross	L	5 49	
WAS THIS A REBURIAL? (Yes or no)	IF A REBURIAL	, INDICATE NAME, NUMBER, COORD	DINATES OF PREVIO	OUS CEMETERY, AND LO	OCATION OF GRAVE	,	
Yes	US LIL	ITARY CELETERY, FT I			N	ow No. GRAVE No. 5 102	
TYPE OF RELIGIOUS CEREMONY	PERSON COND	UCTING BURIAL RITES	IF IDENTIFICATI	ON TAGS NOT USED, URIED WITH BODY	DESCRIBE IDENTIFI	ICATION DATA AND	
			•	Name	Ma Tomas	Market State Control of the Control	
IDENTIFICATION TAG BURIEL BODY (Yes or no)		NTIFICATION TAG ATTACHED TO ARKER (Yes or no)	-	Action	MANS	2	
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BODY BURIED ON DECEASED	LEFT, NAME (Lo	ust, 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 PRE	PARING REPORT		SIGNATURE OF	GRS OFFICER VERIFYIN	IG REPORT	<u></u>	
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ROGER L. DIGN	Sgt. R	A ginal for U.S. and allied dead, si	I UniAnianS	d one copy for enemy		viC rtermaster General	
through Headquarters G	i, Signed orig RS Officer. Co	ginal for U.S. and allied dead, si pies for retention in theater as j	prescribed by the	ater commander.			

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	Section	UNIDENTIFIED	PEMAINS					
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GER	social secur	rity number;	position o	of body fo	und in airplanes, ve	chicles, and tanks; and seria	ıl numbers of air-	
	(b) A	planes, vehicles, and tanks. (b) A fingerprint, or prints, are the most valuable of all clues. Imprint all fingers and thumbs in chart at left, or as many as possible. If no fingerprint or prints can be secured, the condition of each						
	chart at lef	t, or as many	as possib	ble. If n	o fingerprint or prin	its can be secured, the conc with diagram below. Tooth	lition of each and i	
æ	accomplish	ed if one or r	nore finge	erprints a	re secured.	with diagram below. Tooti	r chart will not be	
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RESTRICTED OMC FORM 1042 DATE OF REPORT REPORT OF INTERMENT (Rey. I Apr. 1945) (Superiodes GRS Form 1) (AR 30-1810 and AR 30-1815) 4 Nov 47 Imprint Identification Tag If Possible. Section 1.—IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL NO. 80x# 85 UNKNOWN GRADE ORGANIZATION **BRANCH OF SERVICE** report of O DISINTERMENT RACE RELIGION IF OTHER THAN U.S. DEAD, GIVE NAME OF COUNTRY PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Guan Unknown EMERGENCY ADDRESSEE (Name, relationship, and address) IDENTIFICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, \$11 in section 2 on reverse) (1. 2. or none) None WERE SUBSTITUTE TAGS PROVIDED?(You of No) LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME LPPROVED UNIDENTIFIANTE Section 2.—BURIAL If other than in established cometery, furnish sketch and map coordinates on reverse NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY Cemetery # 3 Agana, Guam TYPE OF GRAVE PLOT No. ROW No. GRAVE No. HOUR BURIED IN (Shroud, blanket, or name of other) DATE OF BURIAL WAS THIS A REBURIAL? IF A REBURIAL INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE (Yes or no) PLOT No. ROW No. GRAVE NO. No IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY TYPE OF RELIGIOUS CEREMONY PERSON CONDUCTING BURIAL RITES IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no) IDENTIFICATION TAG BURIED WITH BODY (Yes or no) None ORGANIZATION GRAVE No. RANK SERIAL NO. BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial) USMC 6 Pfc 457329 Mattern, Walter L. ORGANIZATION GRAVE NO. RANK SERIAL NO. BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial) USMC 4 Unknown I-11 SIGNATURE OF GRS OFFICER VERIFYING REPORT SIGNATURE OF PERSON PREPARING REPORT EMILIO S. ZAPICO, 2nd Lt., Inf. TRODORICO J. ESPITAL

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.

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	Section 3.	NIDENTIFIED	REMAINS			-			-
LEFT LITILE FINGER	INSTRUCT (a) Green mains. Fill social secur	IONS: eat care will in anatomic ity number; cles, and tar	be taken to cal charac position o	to record t teristics b f body fou	elow, and ind in airp	l any other o lanes, vehicle	clues under ' es, and tanks	'Other,'' sucl ; and serial r	unidentified re- h as shoe size, numbers of air- thumbs in the on of each and
LEFT RING FINGER	(b) A fingerprint, or prints, are the most valuable of all cluchart at left, or as many as possible. If no fingerprint or prints every tooth will be indicated on the tooth chart in accordance wit accomplished if one or more fingerprints are secured. HEIGHT WEIGHT COLOR OF EYES COLOR OF HAIR				·	BIRTHMARKS, SCARS, OR TATTOOS			
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	REMARKS:							- : "	<u>`</u>
RIGHT LITTLE FINGER						•			

REPORT OF BURIAL

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 head-quarters 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.

COPY OF IDENTIFICATION TAG	FILE OR SER		(Last) IDENTIFIED # 1 RANK OR RATE TION PLACE OF DEATH	(First)	-	(Middle) 1 OF SERVICE USMC				
CAUSE OF DEATH		- <u></u>	TION		-					
CAUSE OF DEATH	CORPS OR R	ESERVE CLASSIFICAT			_					
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gsw-xia	NAME OF NEXT OF KIN (If known)									
NAME OF NEXT OF KIN (If known)										
DATE OF DEATH	· · · · · · · · · · · · · · · · · · ·		Temp Buri	al 9th	Cem.	Reinterred	8/17/44			
NAME OF CEMETERY Army Navy Marine Ceme	tery #5.		LOCATION OF CEMETER	TEX Ag	ana Gu	.am.				
GRAVE MARKER TYPE	PLOT No.	•	ROW NO.		GRAVE I	чо. 5				
Gress BURIED AT SEA (Date)		A	AREA 20			,				
TYPE OF RELIGIOUS CEREMONY Military H nors.			RELIGION OF DECEASE	D						
IDENTIFICATION TAGS FOUND ON BODY	2	MONE	IF NO IDENTIFICATION (Identification cards, le	tters, etc.)			BODY			
COMPLETE DENTAL CHART ON REVERSE	Yes	No.	APPROVED	UNIDE	ATT	ABLE				
COMPLETE FINGERPRINT CHART OF BOTH	Yes	VERSE No	Millio		1850					
LIST OF PERSONAL EFFECTS FOUND ON B	ODY AND DISPO	OSITION OF SAME				-				
IDENTIFICATION TAG BURIED WITH BODY	Yes	□ No	IDENTIFICATION TAG A	TTACHED TO	MARKER	□ Ne	,			
if identification tags not present, v Infromation Extracted				IN WHAT K	IND OF CO	ONTAINER				
IF BURIAL OTHER THA	N ESTABLISH	ED CEMETERY, FI	URNISH SKETCH AND	MAP REFE	RENCES (ON REVERSE				
		Bodies Buried	on Fither Side							
BODY ON LEFT. NAME (Last, first, middle)			RANK OR RATE	FILE OR S	329	o. GRAVE No.				
BODY ON RIGHT. NAME (Last, first, middle)	1		RANK OR RATE		SERVICE N	<u> </u>				
PERSON REPORTING BURNAL (Name)	T I	(Ranksor rate)	PERSON CONDUCTING	BURIAL RITE	s					
R.L. RIDOLFI 2dLt, US		Kilpyi	VERIFIED AND FORWAR	RDED		AMES REL	ANE ANE			
			L.N. STZ-Col.	, USMC-	Ass t		tali G-			

MISTRUCTIONS P		N.
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	!	- 풀	1. IDENTIFICATIO	N, PREPARATION				
		T 1	ISOLATED BURI	ALS. Have body ex				identified, take
		THUMB	four (4) sets of fire	ngerprints of all avail				
	,	without smudging. Obtain sharp.	ESTIMATED HEIGHT	ESTIMATED WE	IGHT CO	LOR OF EYES	COLOR	OF HAIR
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	!	ast	4 to five feet or in has	ty burials, to sufficien				
		of inked	ənly one body in gr	ave. Securely faste				
	!	D ke	tag and attach to gr	ave marker (when ˌb Corps, or Coast Gua				
	•	of inked ridges	pencil of identifying	data on form in du				
		تة ا ت	container which can	be made watertight,				
	!	and intervening	marker. If no tag is	s available, write iden Ientify grave as a mi		narker. vynen	pegs are not avai	lable, use other
		RI terv	2 LOCATION OF	F GRAVE: Report bu	· -	and comptorior l	av plat raw and	Larava numbar
	į	ervenin	For all other burials	, prepare sketch in sp				
		g space.	ences, or by referen	nce to prominent, pe	ermanent landma	arks. Informat	ion must be sp	ecific, accurate
	,	E	complete. Stand at	foot of grave facing	head to determ	ine bodies burie	d to the left an	d right.
		ř. Do	of If the hody is otherwis	se unidentified or fingerp	rints unobtainable.	chart the		
	!	not over	dental conditions in conf	ormity with Instructions	Iл ММО (1942, 19	38-43 Ed. 🗶	2 3 4 5	MAGA
	j	over	para. 2318 (0) (1) & (2).)(1945 Ed. para, 2234,1 8	k .2). This must be	accorate.	可量の口	
		not overlak.	CHARTING EXAMP	LE: (Chart Cavities in B b. 2, gold inlay and two sil				####
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			9	issing tooth No. 7; No. 9,	porcerain crown (or	atmed).	×	
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HEADQUARTERS FHILCOM ZOND AMERICAN GRAVES REGISTRATION SURVION

21 January 1950 Date

SUBJEC1: Unidentifiable Remains

TO : The Quartermaster

Washington 25, D. C. attn: Memorial Division

The records pertaining to Unknown K-12, Plot 1, Row 20, Grave 5, USMC Cem #3, Agana, Guam, have been reviewed and it is the opinion of this office that insufficient evidence is available to establish the identity of this deceased, and that these remains should be classified as unidentifiable.

FOR THE COMMANDING OFFICER:

Captain, QGC

Chief, Records Branch

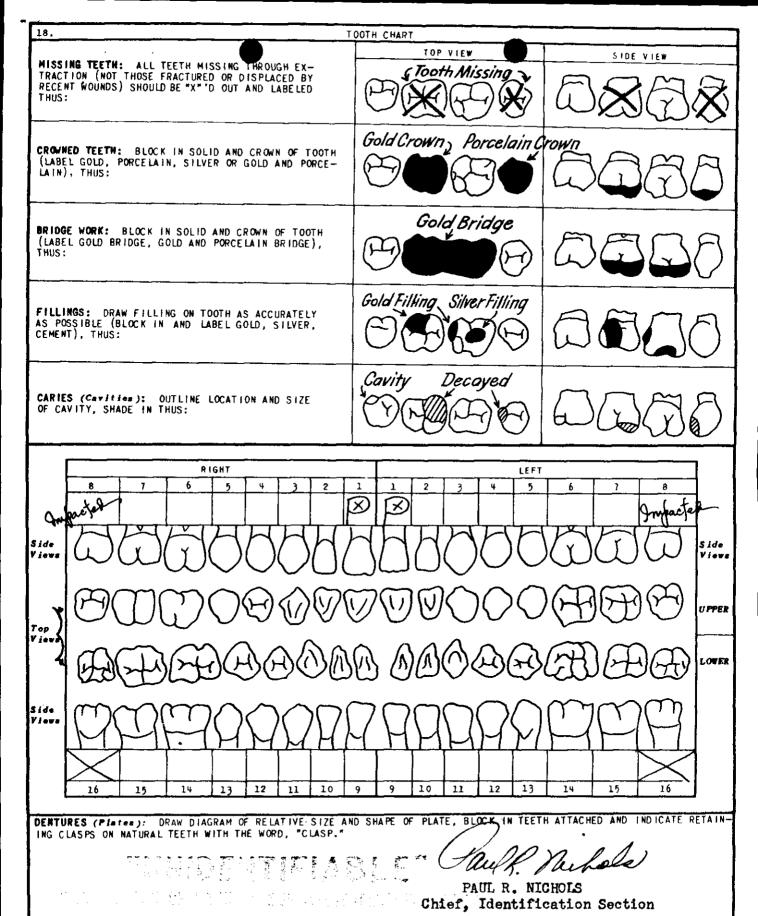
Menso

Attch: Form 1044

APPROVED UNIDENTIFIABLE

		·				
	IDENTIF	ICATION D	ATA			·····
1. REMAINS OF UNKNOWN UNKNOWN X-12					2. DATE OF R	
3. NAME OF CEMETERY		4. PLOT	5. ROW	6. GRAVE		ATE OF
						REINTERMENT
0. 0.	_					
Cem 3, Agana,	 	1	20	5		
8. ESTIMATED WEIGHT		CAL DESCRIPTION				
UTD	9. ESTIMATED HEIGHT 51-1/8"	10. COLOR OF HAIR UTD			11. RACE	m <i>r</i>
UTD 5*1-1/8** UTD UNK 12.GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS						<u> </u>
LETOTIC DESCRIPTION OF MAI	OFFICIAL IDENTIFICATION P	OUND WITH REMA	142			
	** * * *					
	NONE					
12 CLUE DECCALATION OF TAX						
13.GIVE DESCRIPTION OF TAT	TOOS OR SCARS ON BODY AND/	OR SUCH INFORM	IATION OBT	AINED FROM	OTHER SOURCES	,
	•					
	UTD					
L4. WAS BODY BURNED?		-				
	TO WHAT EXTENT?					
YES X NO	TO WHAT EXTENT?					
TES TES HO						
	EALED FRACTURES AND BONE MA	AT FORMATIONS				
					•	
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	2. 2 2. 2					
L7. LIST EVERY ITEM OF CLO	THING, EQUIPMENT AND PERSO	NAL EFFECTS FO	UND, SHOW	ING THE TY	PE, COLOR, SIZ	E, MARKINGS,
channels for examinati	dry marke are indistinct a on when facilities are not	uch notation a available in	hould be a	mede and a	pecimen forwer	ded through
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				\$ 100 mg		
			1.00	to the		
*-	Control of the party of the same					

ONC FORM PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE



OMC FORM 1044 &

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
SIGNATURE OF MEDICAL OFFICER
21- REMARKS AND ADDITIONAL INFORMATION
No ID tags, burial bottle, 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

SIGNATURE

Vaul R. Whihals

OMC FORM 10446

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

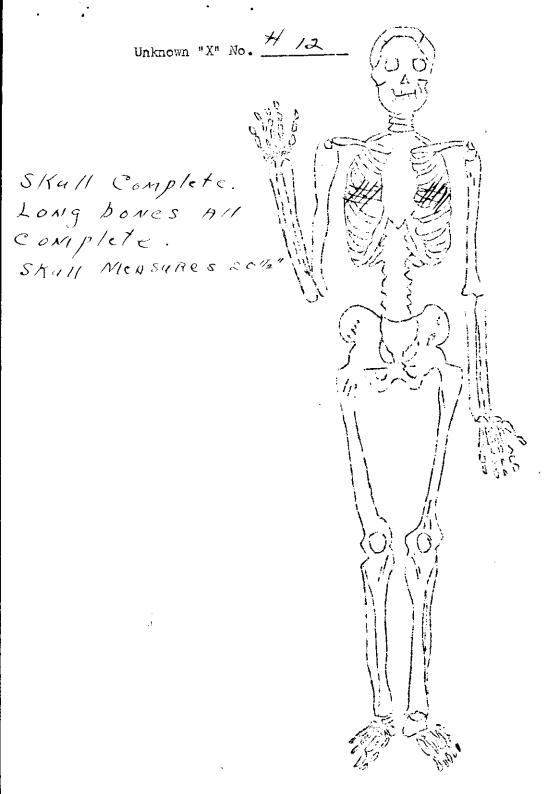
Chief, Identification Section

PAUL R. NICHOLS

29E-21-12-47

NAME-(Last, First, Middle Initial) UNKTOWN # 12 UNIT ORGANIZATION CAUSE OF DEATH UNKNOWN PLACE OF BURIAL Cemetary # 3 Agana, Guam TOP VIEW SIDE VIEW SIDE VIEW SIDE VIEW SIDE VIEW MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION INOT THOSS FRACTURED OR DISPLACED BY RECENT WOUNDS). SHOULD BE "X" DOUT AND LABELED THUS: CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH ILABEL GOID, PORCELIAN, SILVER OR GOLD AND PORCELAINS, THUS: BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH ILABEL GOID BRIDGE, GOID AND PORCELAIN BRIDGEI, THUS: GOLD FILLING GOLD FILLING GOLD FILLING GOLD FILLING GOLD FILLING GOLD FILLING GOLD SILVER FILLING CAVITY DECAYED CAVITY DECAYED CAVITY DECAYED RIGHT BRIGHT BRIGHT LEFT BRIGHT LEFT BRIGHT LEFT BRIGHT LEFT BRIGHT LEFT BRICH BRICH LEFT BRICH BRICH LEFT BRICH LEFT BRICH BRICH LEFT BRICH BRICH LEFT BRICH BRICH LEFT BRICH B		IC	ENTIFICATION I	DENTAL	CHART	-		DATE '4 N	ov 4 7	
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Cemetry # 3. Guam (AGANA)



SKELETAL CHART

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