

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Vent Guam #3 X8, X9, X12, X14, X20
X32, X34, X33

SYNOPSIS AND DATES

Miss now filed

NEW CLASSIFICATION 293. Vent Guam #3 X8

10/6/50

Ee

RECLASSIFICATION SHEET

1 /obc

Interred 30 March 1950
L 13 70 Ft McKinley

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

Carl R. Mark
CARL R. MARK

Cemetery Superintendent

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6322 81195

DATE
29 03 50
DAY MONTH YEAR

NAME UNKNOWN X - 33 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY AGANA NO. 3, GUAM PLOT A ROW 32 GRAVE 10 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-33 SERIAL NUMBER GRADE DATE OF DEATH 30 March '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 30 March '50 BY PAUL R NICHOLS CASKET SEALED BY PAUL R NICHOLS EMBALMER (Signature) *Paul R Nichols* PAUL R NICHOLS, USA, PA

CASKET BOXED AND MARKED DATE 30 Mar '50 BY RAYMOND H TANGUAY Sgt 1c, RA 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 # FILE RECORDS ANNOTATED DATE 26 Apr 50 NAME *J. Charles* R & R BR.

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED					
FROM	TO	AGRS MAUSOLEUM			
KIND OF CONVEYANCE		TRUCK			
NAME OF CONVOYER					
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	<i>Donald A. ...</i>
		DATE		DATE	1950
2. SHIPPED					
FROM	TO				
KIND OF CONVEYANCE					
NAME OF CONVOYER					
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
		DATE		DATE	
3. SHIPPED					
FROM	TO				
KIND OF CONVEYANCE					
NAME OF CONVOYER					
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
		DATE		DATE	
4. SHIPPED					
FROM	TO				
KIND OF CONVEYANCE					
NAME OF CONVOYER					
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
		DATE		DATE	
5. SHIPPED					
FROM	TO				
KIND OF CONVEYANCE					
NAME OF CONVOYER					
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
		DATE		DATE	
6. SHIPPED					
FROM	TO				
KIND OF CONVEYANCE					
NAME OF CONVOYER					
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
		DATE		DATE	
7. SHIPPED					
FROM	TO				
KIND OF CONVEYANCE					
NAME OF CONVOYER					
SIGNATURE OF SHIPPER		DATE		SIGNATURE OF RECEIVER	
		DATE		DATE	

3

DISINTERMENT DIRECTIVE
PREPARED BY PHILCO...

SECTION A —
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER
6382 21395

DATE
29 03 50
DAY MONTH YEAR

NAME
UNKNOWN I - 21

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY
WASP CEMETERY LAJAN NO. 1, GUAM

PLOT
A

ROW
22

GRAVE
10

DISPOSITION OF REMAINS
7701 00
CODE DIST. CTR.

SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE
UNITED STATES MILITARY CEMETERY
FT. 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 DISTINTERRED

IDENTIFICATION TAG ON
 REMAINS
 MARKER

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

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

File
Kawano
27 May
Report 30

Index # 29

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

2. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

TO

KIND OF CONVEYANCE

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

AIR

293
GCS War Inst

293 Unknown - Guam (misc)

SUBJECT: Unidentifiable Remains

*H. N. M. Corp Guam #3
X-8 X-9 X-12 X-14 X-20 X-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 GWP2 293, dated 23 January 1950, subjects 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, WASHINGTON, on letter dated 12 November 1948 and approved by 1st Indorsement dated 7 December 1948, this Office.

FOR THE QUARTERMASTER GENERAL:

T. H. METE
Lt Colonel, GSO
Memorial Division

CC: CINCPAC

AIR MAIL

293 Unknown - Guam #3

1

H 803 H 80
R 13 R 1
F 15 F 50

DISINTERMENT DIRECTIVE

SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6322 00000

DATE

15 11 47
DAY MONTH YEAR

NAME

UNKNOWN X-000033

SERIAL NUMBER

RANK

ARM

8

DATE OF DEATH

DAY MONTH YEAR

CEMETERY

GUAM NO 3 AGANA

DISPOSITION OF REMAINS

0 0391 63

CODE DIST. PT.

PLOT

ROW

GRAVE

COUNTRY

A 32 10 MARIANAS

CAUSE OF DEATH

6

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE

GUAM NATIONAL CEMETERY
GUAM, MARIANAS ISLANDS

NAME AND ADDRESS OF NEXT OF KIN

(BY ADMINISTRATIVE ORDER)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

RANK

DATE OF DEATH

DATE DISTINTERRED

UNKNOWN

X-000033

Unk

19 Nov 44

10 Dec 47

IDENTIFICATION TAG ON

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

REMAINS
 MARKER

USMC

Unk

U E CONERLY, Capt TC
NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

Individual grave, uncasketed,
nature of shroud undetermined.

CONDITION OF REMAINS

Skeletal remains, incomplete

OTHER MEANS OF IDENTIFICATION

Mortuary Plate

MINOR DISCREPANCIES

None

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 Aug '48

BY

H E CONNELL, Emb

CASKET SEALED BY

EMBALMER (Signature)

H E CONNELL, Emb

B G MELTON

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE 13 Aug '48 BY E KELLY

F W COLEMAN, Clerk

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

HERSCHELL G GUY, 1LE INF

SIGNATURE OF GRS INSPECTOR

1 Prepare Discrepancy Report QMC Form 1194a for major discrepancies.

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 **16 April 1946.**

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)	UNIDENTIFIED #33 (No skull)	
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH
	Guam.

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

DATE OF DEATH	DATE OF BURIAL
	11/19/44

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

GRAVE MARKER TYPE	PLOT NO.	ROW NO.	GRAVE NO.
Cross	A	32	10

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.) APPROVED UNIDENTIFIABLE
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 **FEB 8 1950**

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
Body was found 6 miles north of Tayan Airfield. No dog tags or teeth available to identify. Reported by Island police force. Marine clothing found on body. 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.
King, W.T.	HA/2	816-30-04	11
BODY ON RIGHT. NAME (Last, first, middle)	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.
Unidentified #32			9
PERSON REPORTING BURIAL (Name) (Rank or rate)	PERSON CONDUCTING BURIAL RITES		
R.L. RIDOLFI 2ALt., USMC	R.L. Ridolfi		
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED		
	L.N. UTZ-Col., USMC-Ass't Chief of Staff		
	(Name)	(Rank)	(Title)

HEADQUARTERS
FILSON ZONE
AMERICAN GRAVES REGISTRATION SERVICE

21 January 1950

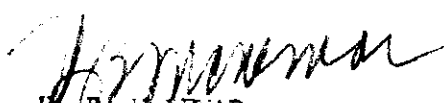
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 33 , Plot A ,
Row 32 , Grave 10 , 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. McNEELAR
Captain, QMC
Chief, Records Branch

Atch: Form 1044

APPROVED UNIDENTIFIABLE

FEB 8 1950

IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-33				2. DATE OF REPORT 21 January 1950		
3. NAME OF CEMETERY Cem #3, Agana, Guam		4. PLOT 1	5. ROW 32	6. GRAVE 10	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION						
8. ESTIMATED WEIGHT UTD		9. ESTIMATED HEIGHT 5'10 3/4"		10. COLOR OF HAIR UTD		11. RACE
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS						
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES						
14. WAS BODY BURNED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT?				
15. WAS BODY MANGLED? <input type="checkbox"/> YES <input type="checkbox"/> NO		TO WHAT EXTENT?				
16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS						
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)						
N O N E						

CONFIDENTIAL

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:

TOP VIEW

SIDE VIEW



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

Gold Crown, Porcelain Crown



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

Gold Bridge



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

Gold Filling, Silver Filling



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

Cavity, Decayed



RIGHT								LEFT							
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
Side View								Side View							
Top View								Top View							
Side View								Side View							
UPPER								UPPER							
LOWER								LOWER							
16								16							
15								15							
14								14							
13								13							
12								12							
11								11							
10								10							
9								9							
9								9							
10								10							
11								11							
12								12							
13								13							
14								14							
15								15							
16								16							

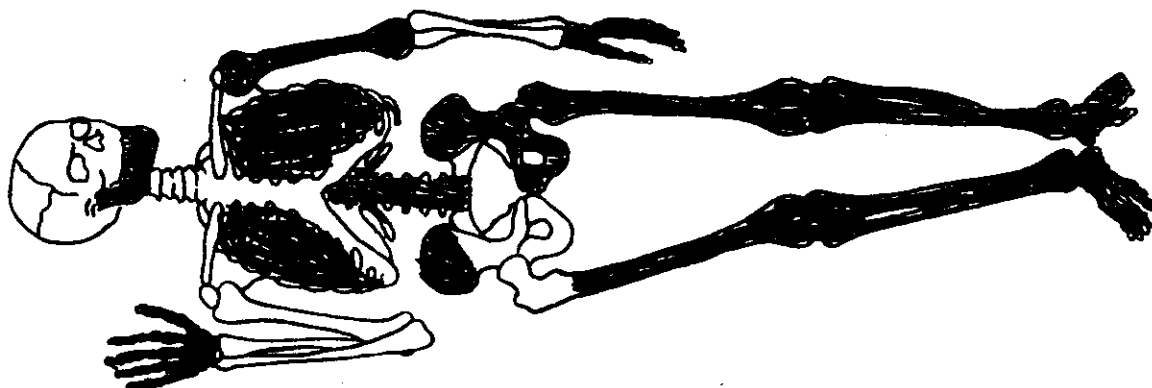
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No teeth - A portion of the maxilla present.

Paul R. Nichols

PAUL R. NICHOLS
Chief, Identification 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 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

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION

PAUL R. NICHOLS
Chief, Identification Section

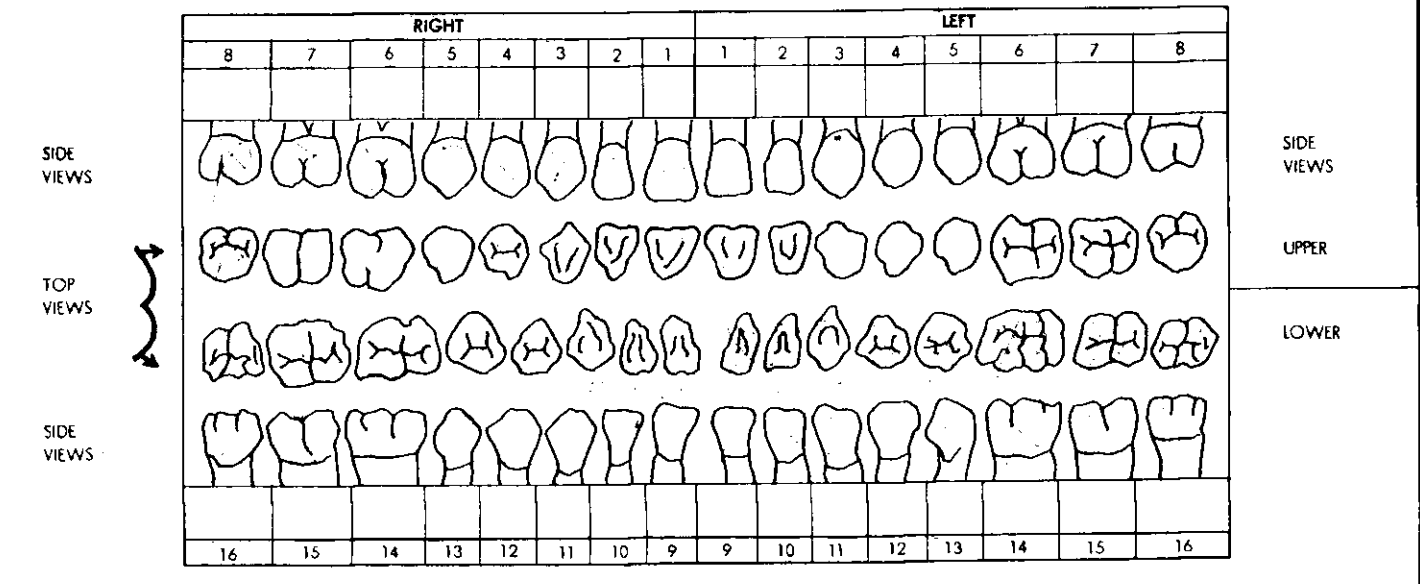
SIGNATURE

IDENTIFICATION DENTAL CHART

DATE 3 Nov 47

NAME (Last, First, Middle Initial) UNKNOWN #33		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 32	GRAVE 10

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



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: Maxilla fractured at L-4, portion containing L-4, L-5, L-6, L-7 and L-8 missing. Entire mandible missing.

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART <i>Lawrence Ho</i> LAWRENCE HO, Capt., D.C.	VERIFIED BY GRS OFFICER <i>Emilio S. Zapico</i> EMILIO S. ZAPICO, 2nd Lt., Inf.
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RESTRICTED

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

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

DATE OF REPORT

3 Nov 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Noted
X-33
REPORT OF
DISINTERMENT

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN #33

Bry #51

SERIAL NO.

GRADE

ORGANIZATION

BRANCH OF SERVICE

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)

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

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.

Cross

A

32

10

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)

King, William T.

RANK

HA1

SERIAL No.

8163004

ORGANIZATION

USN

GRAVE No.

11

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

Unknown X-32

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

9

SIGNATURE OF PERSON PREPARING REPORT

Emilio E. Costales
EMILIO E. COSTALES

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:


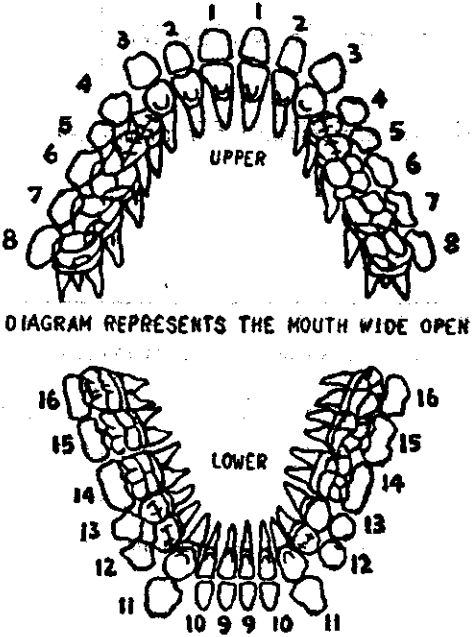




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

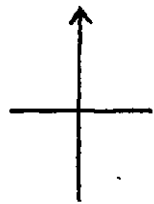
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

WEAPON AND SERIAL NO.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND
-----------------------	---------------	--------------------------------

OTHER IDENTIFICATION CLUES

<p>FILLINGS</p> 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
<p>CAVITIES</p> 	
<p>MISSING TEETH</p> 	
<p>CROWNED TEETH</p> 	
<p>BRIDGE WORK</p> 	
<p>RIGHT THUMB</p>	

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



REMARKS:

Only bones recovered are skull, broken maxilla, right pelvic both radius ulna and four broken ribs.