# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293. Tunk Suam # 3 X8, X9, X12, X14, X20

X32, X34, X33

SYNOPSIS AND DATES

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NEW CLASSIFICATION 293. Vent Quame #3 V8

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RECLASSIFICATION SHEET

QMC Form 857 (Revised 5-27-43)

30—20400-1 W. B. GOVERNAÉHT PRINTING OFFICIÂ

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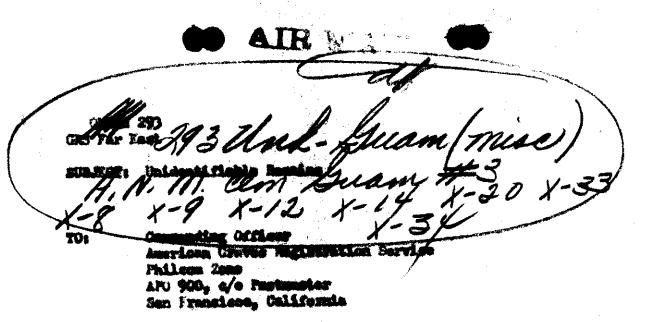
REMARKS AND SPECIAL INSTRUCTIONS

C FORM 1194

SIGNATURE OF AGRS INSPECTOR

Incl # 29

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- 1. Reference is made to letter your Headquarters, file CRP2 293, deted 23 January 1950, subjects Unidentifiable Ressins.
- 2. This Office concern in the classification of Unknowns I-6, I-9, I-12, I-14, I-20, I-33 and I-34, Army, Novy, Marine Genetary, Guen #3, as unidentifiable.
- 3. Unknown X-28 was previously recommended as unidentifiable by ACRS Readquarters, XAMO XCME, on letter dated 12 November 1946 and approved by let Indorsument dated 7 December 1946, this Office.

FOR THE CUARTERMATTER GENERAL:

T. N. METE Lt Colonel, CMC Namorial Division

CC: CINCY

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1	<b>*</b>	R/31	1 50 T	DISINTERN	MENT DIREC	TIVE		<b>V</b>
<u> </u>	SECTION	A		<del></del>	DIRECTIVE NUME	IER		DATE
			TION OF DECEASED		6322	00000	)	15 11 47 DAY MONTH YEAR
NAME			UNKNOR	SERIAL NU		RANK	ARM 8	DAY MONTH YEAR
CEMETERY GUAM N	0 3	AGAN	A			<del>.                                    </del>	0	DISPOSITION OF REMAINS
PLOT ROW	GRAVE	10 MA	RIANAS			<del></del>	<del></del> -	CODE DIST. PT. CAUSE OF DEATH
<del></del>			SECTION B — (	ONSIGNEE AN	D NEXT OF KIN			L
NAME AND ADDRESS GUAM NATI GUAM, MAR (BY ADMIN	ONAL	CEMETER' S ISLAND:	S	NAME	AND ADDRESS OF	NEXT OF KIN		
			SECTION C - DISI	NTERMENT AN		<u> </u>		
NAME			SERIAL NUMBER	RANK	DATE OF DEATH		DAT	E DISTINTERRED 10 10 10
UNKNOWN			X-000033	Unk	19 Nov	<del></del>		10 Dec 47
IDENTIFICATION TAC	ON	ORGANIZATION	USMC	-	Unk	U E CO		LY, Capt TC
			SECTION D PREPAR	ATION OF REM	NAINS FOR SHIPME	NT		NAME AND TITLE
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MINOR DISCREPANCIE	\$ 1				·			
None				* #			,	
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DATE 13Aug 148	Вву .	E KELLY		F W	COLEMAN.	Clerk		• • • • • • • • • • • • • • • • • • •
I hereby o and that the re			egoing operations	were condi	ted and accon	nplishe wilde	y V	immediate supervision
				HER	SIGNATURE O	GUY, 1L		NF
1 Prepare Disci	repancy	Report QMC	Form 1194a for ma	jor discrepa		<u> </u>	_	

QMC FORM REV 15 MAR 46

1194

### RECORD OF CUSTODIAL TRANSFER

-			, i					
DATE	SIGNATURE OF RECEIVER	∃TA0	SEGNANDIS OF SHIPPER					
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9 <del>2</del>			GOHN HIOTT, Maj CMP					
is Her	ROBERT G. SNOWDEN, 1st it., Inf.	Sua Si	COHN H LOTT, Maj CMP					
DATE	SICHAFTURE OF RECEIVER	31 <u>₹</u> 0	SIGNATURE OF SHIPPER					
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#### REPORT OF BURIAL AND NAVMED—601 (S-45)

INSTRUCTIONS.—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials are 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.

HIP OR STATION ATTACHED AT TIME OF DEATH	***************************************	/م ا	ATE REPORT 16 April 1946.
OPY OF IDENTIFICATION TAG	NAME	(/	irst) (Middle)
		UNIDENTIFIED #33	· · · · · · · · · · · · · · · · · · ·
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
			USMC
	CORPS OR RESERVE CLASS	SIFICATION	RACE
AUSE OF DEATH		PLACE OF DEATH	
		Guam.	
AME OF NEXT OF KIN (If known)		ADDRESS OF NEXT OF K	in (If known)
ATE OF DEATH		DATE OF BURIAL	
		11/19/44_	
IAME OF CEMETERY		LOCATION OF CEMETERY	
Army Navy Marine Cemeter	.y #3•	Agana G	uam.
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.	ı	ļ	
DENTIFICATION TAGS FOUND ON BODY		IF NO IDENTIFICATION TO	AGS, OTHER MEANS USED TO IDENTIFY BODY
i	2 NONE		
COMPLETE DENTAL CHART ON REVERSE			UNIDENTIFIABLE
	Yes No	\ \DDRNYFN	NUMBU! RIVER
COMPLETE FINGERPRINT CHART OF BOTH	H HANDS ON REVERSE	WLI HOLFR	<del></del>
LIST OF PERSONAL EFFECTS FOUND ON I		SAME	FEB 8 10mm
LIST OF PERSONAL EFFECTS FOUND ON C	month of the continues of a	<del></del>	FEB 8 1950
IDENTIFICATION TAG BURIED WITH BODY	<u> </u>	I IDENTIFICATION TAG AT	TACHED TO MARKER
DESTRICATION TAG BONIES WITH BOST	Yes No		Yes No
F IDENTIFICATION TAGS NOT PRESENT.			
			gs or teeth available to
identify. Reported b Information extracte	y island police	Hecords	ing found on body.
IF BURIAL OTHER TH	IAN ESTABLISHED CEMET	ERY, FURNISH SKETCH AND R	AAP REFERENCES ON REVERSE
		D -1 -1 Frd C-1	
BODY ON LEFT. NAME (Last, first, middle)		Buried on Either Side	FILE OR SERVICE NO. GRAVE NO.
		HA1/c	816-30-04 11
BODY ON BIGHT. NAME (Last, first, middle	(e)	RANK OR RATE	FILE OR SERVICE NO. GRAVE NO.
	The second second		9
PERSON REPORTING BURIAL (Name)	Rank	t or rate) PERSON CONDUCTING B	URIAL RITES
$\nu$	MCR.R.I.K.L.Y	4.	
R.L. RIDOLFI 2dLt., US	OUS BORIAL	VERIFIED AND FORWAR	DED W
	,	1/3	Illaan
		7 37 7777 4.3	MAIO ME CAME
		) L.N. UTZ-Cel	., USMC-Ass 40 Chilly MARINE

THUMB	When without smi	ISOLATED BURIALS.	IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS O SOLATED BURIALS. Have body examined to establish IDENTITY. If body is u our (4) sets of fingerprints of all available fingers. Complete the following:			
3	unidentified, nudging. Obt	ESTIMATED HEIGHT	ESTIMATED WEIGHT	COLOR OF EYES	COLOR OF HAIR	
	ified, tak Obtain	BIRTHMARKS, SCARS, OR TA	TTOOS			
ZDEX	take rolled in tain sharp, cle	LAUNDRY MARKS		WEAPON AND SERIAL N		
<del></del>	npres	(1f	actual weight and heig	ht are used, delete estimat	ed)	
C WIDDLE	impression of fingerprints, lear contrast of inked ridges	to five feet or in hasty bur only one body in grave. tag and attach to grave m to BuPers, Marine Corps pencil of identifying data	ials, to sufficient depth to Securely fasten one id narker (when body is co , or Coast Guard, as in on form in duplicate, p	to prevent destruction of bo lentification tag to body. disinterred or properly rec ndicated). If no tag is pro place in bottle, canteen, sp	itable substance. Dig grave dy or loss of identity. Place Remove other identification orded, remove and forward esent, make a notation with pent shell or other available er, one (1) foot below grave	
, , ,	Cleanse fingers	marker. If no tag is avail suitable means to identify	able, write identifying d y grave as a military gr	ata on marker. When peg ave.	s are not available, use othe	
RING	ngers of all foreign vening space. Do	For all other burials, preparences, or by reference to	are sketch in space prov prominent, permanent	vided below; and give loca	plot, row, and grave number tion by means of map refer must be specific, accurate to the left and right.	
ר. טדדנב	reign matter. Roll Do not overink.	If the body is otherwise unid dental conditions in conformity para. 2318 (b) (1) & (2))(1945	with Instructions in MMD	(1942, 1938–43 Ed.		
, z,	Roll finger	CHARTING EXAMPLE: (C Tooth No. 1, missing; No. 2, gol crown; No. 4, cavity; No. 5, two fixed bridge supplying missing t	ld inlay and two silver filling porcelain or temporary filling	gs; No. 3, full gold gs; Nos. 6, 7, 8, gold		
ТНОМВ	to include	Missing teeth Nos.	**************************************	14HHHHHH	WWW. 13 16 15 10	
- Juan,	creas	Occlusion (Type of)				
,20	of first	Malposed teeth (Describe)_	00	TOMBUE SIL		
INDEX	¥45	Removable appliances				
	nt through 180°	Other defects	27 18	19 20 21 22 23 24 25 CHEEK SIDE	26 27 28 29 30 31 32	
,70 <u>≤</u>	9	Remarks	——————————————————————————————————————	ISON WITH DECEASED NAVMED ISITIVE IDENTITY SOME RESE	-H-4 (DENTAL RECORD) REVEALS  MBLANCE NO RESEMBLANCE	
	Inked surface		(Sign	ature of dental examiner)	(Rank or rate)	
	'	,				
. Я	ecord impress			N		
R. LITTLE	Record impression of same motion		<u> </u>	, .		
•	1	, ,	•			

## HEADQUARTERS FRILUON ZONE AMERICAN GRAVES REGISTRATION SERVICE

21 January 1950

SUSJECT: 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 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, QMC

Chief, Records Branch

Attch: Form 1044

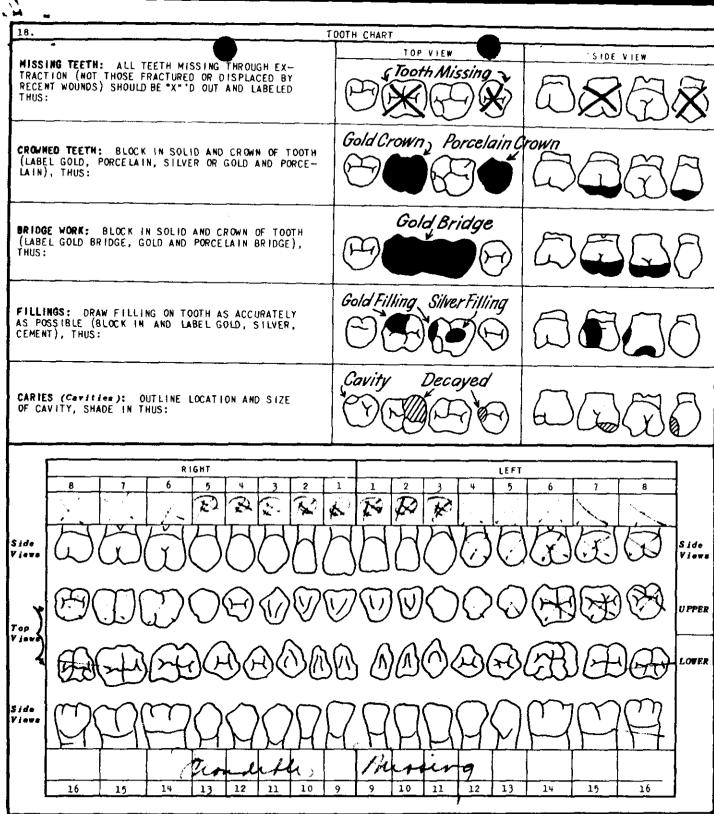
APPROVED UNIDENTIFIABLE

miner

FEB 8 1950

494	IDENTIF	ICATION D	ATA			
REMAINS OF UNKNOWN					2. DATE OF RE	E PORT
UNKNOWN X-33						ary 1950
NAME OF CEMETERY		4. PLOT	5 ROW	6. GRAVE		ATE OF
					DISINTERMENT	REINTERMENT
0 42 1	<b>6</b>					
Cem #3, Agana	<u> </u>	1	32	10		
	9. ESTIMATED HEIGHT	ICAL DESCRIPTION				
ESTIMATED WEIGHT UTD		R OF HAIR		11. RACE		
	510 3/4" OFFICIAL IDENTIFICATION F	l l	UTD			
	TOOS OR SCARS ON BODY AND	J. J		ATRED THOM	OTHER BOUNDES	
					OTHER SOUNCES	
WAS BODY BURNED?	TO WHAT EXFENT?					
WAS BODY BURNED?	TO WHAT EXTENT?	,				
WAS BODY BURNED?  YES NO WAS BODY MANGLED?						
WAS BODY BURNED?  YES NO WAS BODY MANGLED?  YES NO	TO WHAT EXTENT?					
WAS BODY BURNED?  YES NO WAS BODY MANGLED?  YES NO	TO WHAT EXTENT?					
WAS BODY BURNED?  YES NO WAS BODY MANGLED?  YES NO	TO WHAT EXTENT?					
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WAS BODY BURNED?  YES NO WAS BODY MANGLED?  YES NO	TO WHAT EXTENT?					
WAS BODY BURNED?  YES NO WAS BODY MANGLED?  YES NO DESCRIBE EVIDENCE OF H	TO WHAT EXTENT? TO WHAT EXTENT? EALED FRACTURES AND BONE M	A LF OR MATIONS		•		
WAS BODY BURNED?  YES NO WAS BODY MANGLED?  YES NO DESCRIBE EVIDENCE OF HI	TO WHAT EXTENT?	ALFORMATIONS  NAL EFFECTS FO	UND, SHOW	ING THE IY	PF. CO10R. S17	F. MARKINGS
WAS BODY BURNED?  YES NO WAS BODY MANGLED?  YES NO DESCRIBE EVIDENCE OF HI	TO WHAT EXTENT?  TO WHAT EXTENT?  EALED FRACTURES AND BONE M  OTHING, EQUIPMENT AND PERSO	ALFORMATIONS  NAL EFFECTS FO	UND, SHOW	ING THE IY	PF. CO10R. S17	F. MARKINGS
WAS BODY BURNED?  YES NO WAS BODY MANGLED?  YES NO DESCRIBE EVIDENCE OF HI	TO WHAT EXTENT?  TO WHAT EXTENT?  EALED FRACTURES AND BONE M  OTHING, EQUIPMENT AND PERSO	ALFORMATIONS  NAL EFFECTS FO	UND, SHOW	ING THE IY	PF. CO10R. S17	F. MARKINGS

NONE



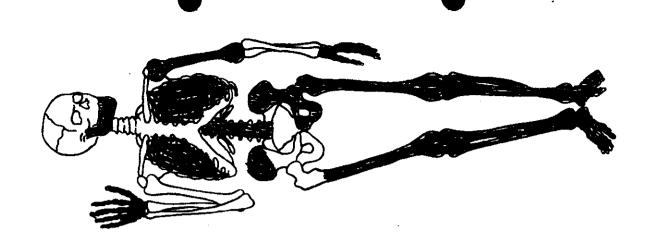
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAIN-

No teeth - A portion of the maxilla present.

PAUL R. NICHOLS

Chief, Identification Section

19. BLACK OUT PARTS OF BODY NOT RECOVERED



20 - ( <b>₩</b> hei	MASS BURIAL CERTIFI	CATE (IF A	PPLICABLE) is impos	*ible;	)				
I CERTIFY THAT THE GROUP REMAIN OF THE FOLLOWING ANATOMICAL PAR		NUMBER	_ DECEDENTS	9 ASED	ON THE	PRESENCE	OF	ONE O	r Mori
	<del></del>		SIGNATURE (	F HED!	CAL OF	FICER		<del> </del>	

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

(Laul R. Nichels)

<b>4</b> _ ′.	IDENTIFICATION DENTAL	CHART		DATE	3 Nov 4	
NAME (Last, First, Middle Initial)		RANK	SERLAL NUMBER			<del>-</del>
' UNKNOWN #33				D	DE 4 TIL	· · · · · · · · · · · · · · · · · · ·
UNIT	ORGANIZATION	CAUSE OF DE	known	DATE OF	DLAIH	
PLACE OF DEATH	PLACE OF BURIAL	UII	KIIOWII	PLOT	ROW	GRAVE
Guam	Cemetery #	43 Aga	na, Guam	A	32	10
	SING THROUGH EXTRACTION INOT THE CENT WOUNDS; SHOULD BE: "X" D (		TOP VIEW TOOTH MISSING	<b>3</b>	SIDE Y	
CROWNED TEETH : BLOCK IN S PORCELAIN, SILVER OR GOLD AN	OLID AND CROWN OF TOOTH (LABEL D PORCELAIN), THUS :	GOLD,	GOLD CROWN PORCELAI	N CROWN		<b>30</b>
BRIDGE WORK: BLOCK IN SOLI BRIDGE, GOLD AND PORCELAIN 1	D AND CROWN OF TOOTH ILABEL GO BRIDGE), THUS :	ND	GOLD BRIDGE	9		
FILLINGS: DRAW FILLING ON TO AND LABEL GOLD, SILVER, CEMEN	OOTH AS ACCURATELY AS POSSIBLE (BLC IT), THUS:	OCK IN	GOLD FILLING SILVER FIL	LING (		
CARIES : (Cavities) : OUTLINE LO SHADE IN THUS :	OCATION AND SIZE OF CAVITY,		CAVITY DECAYED			
SIDE VIEWS	RIGHT  7 6 5 4 3 2  1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2 3 4 5 6 5 6 0 0 0 6	OA DO	\$ 100 909	SIDE VIEWS UPPER
SIDE VIEWS	15 14 13 12 11 16	00 0 7777	10 11 12 13 1	DA 7/15	2000 2007 16	LOWER
DENTURES (Plaies): DRAW DIAGE TEETH WITH THE WORD, "CLASP." Remarks: Max	ram of relative size and shape of proceed at a rand L-8 missing.	L-4, po	ortion contain	ning I	-4, L-5	
SIGNATURE OF OFFICER OR OTH	ER PERSON WHO PREPARED DENTAL C		ED BY GRS OFFICER  EMILIO S. ZAP:	/	2nd Lt.	, Inf.

OMC FORM 1045 PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

h Army Printing Plant | 472

RESTRICTED C FORM 1042 DATE OF REPORT REPORT OF INTERMENT den GRS Form 1) 3 Nov 47 (AR 30-1810 and AR 30-1815) Imprint Identification Tag If Possible. Section 1.---IDENTIFICATION. DO NOT TYPE NAME (Last, first, middle initial) SERIAL No. 120/ #51 UNKNOWN #33 REPORT OF GRADE ORGANIZATION BRANCH OF SERVICE DISINTERMENT 0 RACE RELIGION IF OTHER THAN U. S. DEAD, GIVE PLACE OF DEATH CAUSE OF DEATH DATE OF DEATH Guam Unknown EMERGENCY ADDRESSEE (Name, relationship, and address) IDENT!FICATION TAGS FOUND ON BODY IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reserve) (1. 2. or none) None WERE SUBSTITUTE TAGS PROVIDED? (Yet or no) No LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME APPROVED UNIDENTIFIABLE Section 2.—BURIAL. If other than in established cometery, furnish sketch and map coordinates on feverse 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 10 WAS THIS A REBURIAL? IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE ROW No. GRAVE No. 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) Diring a. BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)

Ś. ZAPÍCO, Zna 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.

King, William T.

SIGNATURE OF PERSON PREPARING REPORT

Unknown X-32

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

RANK

RANK

HAl

SERIAL No.

SERIAL NO.

SIGNATURE OF GRS OFFICER VERIFYING REPORT

8163004

ORGANIZATION

USN

ORGANIZATION

GRAVE NO

11

GRAVE No.

#### RESTRICTED

. <u> </u>							<u> </u>		<u> </u>
	Section 3.—U1	NIDENTIFIED I	REMAINS.		• •				
LEFT LITTLE FINGER	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								
LEFT RING FINGER	every tooth waccomplished	vill be indicated if one or mo	ed on the re finger	tooth cha prints are	art in acc secured	ordance with	an be secure i diagram bel	w. Tooth cha	rt will not be
	HEIGHT	WEIGHT	COLOR OF E	YES	COLOR O	FHAIR	BIRTHMARKS	, SCARS, OR TATI	oos
<u> </u>	WEAPON AND SERIAL NO. LAUNDRY MARKS					WHERE BODY WAS BURIED OR FOUND			
MIDDLE					- <u></u>	·		·	- <del></del>
FINGER	OTHER IDENTIF	FICATION CLUES	5				e General Time of the con-		
. Cabini			:						
LEFT INDEX FINGER	FILLINGS	[	SiLv	ER FILLI	NG		» 3 0	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	CAVITIES		<b>A</b>	CAN(17)	12 8	5./	ON T	ANG.	5
HUMM	CAVITES DECAYED TO CONTINUE DECAYED					7,7		PER TO	5),7
THUMB	MISSING 7	EETH	Toot	H MISSIN	6	DIAGRAM	REPRESENTS	THE MOUTH WE	S).s
	CROWNED T	EETH C	THE L	<u> </u>		16[\$	B	Æ	) 16
RIGHT HOEX FINGER			_	ELAIN CR D CROWI		15	· ·	WER STATE	}15 14
	BRIDGE WO	RK C		GOLD BE	RIDGE	13			
<del></del>			TW-	7			11 C O O	9 10 11	
RIGHT MIDDLE FINGER	FURNISH SKETC	H AND MAP RE	FERENCE A	IND COORI	DINATES F	OR BURIAL IN	OTHER THAN E	STABLISHED CEM	ETERY
er .								1	
RIGHT RING FINGER									
	REMARKS:						<del></del>	t	<del></del> -
	ł	ly bones	s rec	overa	dare	skull,	broken	maxilla en ribs.	., right
RIGHT LITTLE FINGER	pe]	Lvic bot	th rac	dius	ulna	and fó	ur b <b>po</b> k	en ribs.	:
YGER .	1								