

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Tank Bureau #2 X<sup>12</sup> X<sup>13</sup> X<sup>14</sup> X<sup>20</sup>  
X<sup>32</sup> X<sup>33</sup> X<sup>34</sup> X<sup>9</sup>

## SYNOPSIS AND DATES

Misc - now filed

NEW CLASSIFICATION 293 Tank Bureau #2 X<sup>8</sup>

10/6/50  
E.C.

# RECLASSIFICATION SHEET

14  
MAIL

293 70th Guam (misc) A.N.M. Cem Guam #3

ORDER 293

GRS Far East

SUBJECT:

X-8 X-9 X-12 X-14  
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 GRPX 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, MAREO 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: GINCFE

293 70th Guam (misc) A.N.M. Cem Guam #3

14

/enc

Interred 30 March 1950  
F 9 4 Ft. McKinley

# DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

# 1

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

DIRECTIVE NUMBER

6322 81334

DATE

29 03 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN I - 9					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGANA NO. 3, GUAM	A	12	13	7701 80 CODE DIST. CTR.

### SECTION B — CONSIGNEE AND NEXT OF KIN

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

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
UNKNOWN X-9				29 March 1950
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input checked="" type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER			PAUL R NICHOLS Embalmer NAME AND TITLE	

### SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

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

### REMAINS PREPARED AND PLACED IN CASKET

DATE 29 March 1950 BY PAUL R NICHOLS	EMBALMER (Signature) <i>Paul R. Nichols</i> PAUL R NICHOLS
CASKET SEALED BY PAUL R NICHOLS	SHIPPING ADDRESS VERIFIED BY
CASKET BOXED AND MARKED	
DATE 29 Mar 50 BY RAYMOND H TANGUAY Sgt. lc., RA	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  
DATE 26 Feb 50  
NAME [Signature]

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

U. S. MILITARY CEMETERY

KIND OF CONVEYANCE  
TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

MAR 30 1950

*Over Frank*

2. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

3. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

4. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

5. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

6. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

7. SHIPPED

FROM

KIND OF CONVEYANCE

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

SIGNATURE OF RECEIVER

DATE

DATE

1

DISINTERMENT DIRECTIVE

/gyc	SECTION A - NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER 6322 00000	DATE 15 10 48 DAY MONTH YEAR			
	NAME E73 UNKNOWN X	SERIAL NUMBER -000009	GRADE	ARM 0	RACE 0	RELIGION 6
CEMETERY GUAM NO 3 MARIANAS IS		PLOT A	ROW 12	GRAVE 13	DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.	

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE FORT MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS	NAME AND ADDRESS OF NEXT OF KIN (BY ADMINISTRATIVE DECISION)
--	---

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNK X-9	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED 13 June 1949
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	ORGANIZATION UNKNOWN	RELIGION	IDENTIFICATION VERIFIED BY C. W. HOBBS Embalmer NAME AND TITLE	

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half	CONDITION OF REMAINS Skeletal
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OTHER MEANS OF IDENTIFICATION

CANCEL

MINOR DISCREPANCIES (Prepare Discrepancy Report Form 1194 and attach discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 13 June 1949 BY C. W. HOBBS

CASKET SEALED BY C. W. HOBBS	EMBALMER (Signature) C. W. HOBBS <i>C. W. Hobbs</i>
---------------------------------	--

CASKET BOXED AND MARKED DATE 13 June 49 BY WEYMAN L McGUIRE, Sgt, MC	SHIPPING ADDRESS VERIFIED BY J. J. McDERMOTT
---	---

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

*J. J. Mc Dermott*  
J. J. McDERMOTT  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

FILE  
SEP 1 1949

**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED

FROM

AGRS MAUSOLEUM

TO

U.S. MILITARY CEMETERY

KIND OF CONVEYANCE

TRUCK

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

2. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

FROM

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

DATE

SIGNATURE OF RECEIVER

DATE

SIGNATURE OF SHIPPER

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER <b>602 1194</b>	DATE <b>29 03 50</b> DAY MONTH YEAR
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NAME <b>UNKNOWN I-9</b>	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
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CEMETERY <b>GRAY CEMETERY AGAMA NO. 3, GUAM</b>	PLOT <b>4</b>	ROW <b>12</b>	GRAVE <b>13</b>	DISPOSITION OF REMAINS <b>7701 00</b> CODE DIST. CTR.
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SECTION B — CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE <b>UNITED STATES MILITARY CEMETERY FT. W. MCINLEY, P. I.</b>	NAME AND ADDRESS OF NEXT OF KIN <b>(BY ADMINISTRATIVE DECISION)</b>
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SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISINTERRED
IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> 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
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

REMARKS AND SPECIAL INSTRUCTIONS  <i>file 3-25-50 Quinn Report</i>
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*Incl #165*

**RECORD OF CUSTODIAL TRANSFER**

1. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

2. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

3. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

4. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

5. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

6. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE

7. SHIPPED

TO

NAME OF CONVOYER

KIND OF CONVEYANCE

SIGNATURE OF SHIPPER

DATE

SIGNATURE OF RECEIVER

DATE



**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 Apr 11 1946.

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	DATE OF BURIAL <b>8/12</b>
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NAME OF CEMETERY <b>Army Navy Marine Cemetery #3.</b>	LOCATION OF CEMETERY <b>Agaña Guam. FEB 8 1950</b>
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GRAVE MARKER TYPE <b>Cross</b>	PLOT No. <b>A</b>	ROW No. <b>12</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.)
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

**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>Bufalini, A.E.</b>	RANK OR RATE <b>PFC</b>	FILE OR SERVICE NO. <b>511795</b>	GRAVE No. <b>14</b>
BODY ON RIGHT. NAME (Last, first, middle) <b>Groves, R.A.</b>	RANK OR RATE <b>PFC</b>	FILE OR SERVICE NO. <b>504750</b>	GRAVE No. <b>12</b>
PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dLt., USMCR</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <b>JAMES F. LANE</b>	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL		VERIFIED AND FORWARDED <b>L.N. UTZ-Coi., USMC-Asst. Maj. U.S. Marine Corps</b>	

**INSTRUCTIONS FOR BURIAL**

**1. IDENTIFICATION, PREPARATION OF BODY, BURIAL AND MARKINGS OF GRAVES OF ISOLATED BURIALS.** Have body examined to establish IDENTITY. If body is unidentified, take four (4) sets of fingerprints of all available fingers. Complete the following:

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

LAUNDRY MARKS	WEAPON AND SERIAL No.
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(If actual weight and height are used, delete estimated)

Wrap and tie body securely in a blanket, pad covering, canvas or other suitable substance. Dig grave to five feet or in hasty burials, to sufficient depth to prevent destruction of body or loss of identity. Place only one body in grave. Securely fasten one identification tag to body. Remove other identification tag and attach to grave marker (when body is disinterred or properly recorded, remove and forward to BuPers, Marine Corps, or Coast Guard, as indicated). If no tag is present, make a notation with pencil of identifying data on form in duplicate, place in bottle, canteen, spent shell or other available container which can be made watertight, bury one with remains and the other, one (1) foot below grave marker. If no tag is available, write identifying data on marker. When pegs are not available, use other suitable means to identify grave as a military grave.

**2. LOCATION OF GRAVE:** Report burials in established cemeteries by plot, row, and grave number. For all other burials, prepare sketch in space provided below; and give location by means of map references, or by reference to prominent, permanent landmarks. Information must be specific, accurate, complete. Stand at foot of grave facing head to determine bodies buried to the left and right.

If the body is otherwise unidentified or fingerprints unobtainable, chart the dental conditions in conformity with Instructions in MMD (1942, 1938-43 Ed. para. 2318 (b) (1) & (2))(1945 Ed. para. 2234.1 & 2). This must be accurate.

CHARTING EXAMPLE: (Chart Cavities in BLACK; otherwise use RED)  
Tooth No. 1, missing; No. 2, gold inlay and two silver fillings; No. 3, full gold crown; No. 4, cavity; No. 5, two porcelain or temporary fillings; Nos. 6, 7, 8, gold fixed bridge supplying missing tooth No. 7; No. 9, porcelain crown (outlined).



Missing teeth Nos. _____	
Occlusion (Type of) _____	
Malposed teeth (Describe) _____	
Removable appliances _____	
Other defects _____	
Remarks _____	
COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS: <input type="checkbox"/> POSITIVE IDENTITY <input type="checkbox"/> SOME RESEMBLANCE <input type="checkbox"/> NO RESEMBLANCE	
(Signature of dental examiner) _____ (Rank or rate) _____	

N

When unidentified, take rolled impression of fingerprints. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion without smudging. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink.

L. THUMB
L. INDEX
L. MIDDLE
L. RING
L. LITTLE
R. THUMB
R. INDEX
R. MIDDLE
R. RING
R. LITTLE

Ship or Station  
Attached at Time of Death

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

Cause of Death <b>GSW-KIA</b>	Place of Death <b>G uam</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	Date of Burial <b>8/12/44</b>
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Name of Cemetery <b>Army Navy Marine Cemetery #3.</b>	Location of Cemetery
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Grave Marker Type <b>Cross</b>	Plot No. <b>A</b>	Row No. <b>12</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
---	----------------------

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.)
---	--

List of Personal Effects found on Body and Disposition of Same
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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.**

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

Body on Left, Name (Last, first, middle) <b>Bufalini, A. F.</b>	Rank or Rate <b>Pfc</b>	File or Service No. <b>511795</b>	Grave <b>14</b>
Body on Right, Name (Last, first, middle) <b>G roves, R. A.</b>	Rank or Rate <b>Pfc</b>	File or Service No. <b>504750</b>	Grave <b>12</b>

Person Reporting Burial (Name)(Rate or Rank) <b>R. L. RIDOLFI 2d Lt., USMCR</b>	Person Conducting Burial Rites
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In Reburial, Give Location of Previous Burial	Verified and Forwarded <b>L. N. UTZ-Col., USMC-Ass't Chief of Staff, G-1</b> (Name) (Rank) (Title)
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C O P Y  
REPORT OF INTERMENT

UNIDENTIFIED # 9

(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

(Place of death) ANM #3 Guam Island  
(Name of Cemetery) (Name or coordinates of location)

13 12 A  
(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 used with body?)

(If no identification tags, but identity definitely established, give particulars)

**APPROVED UNIDENTIFIABLE**

8 1957

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:

WEIGHT:

LAUNDRY MARKS:

COLOR OF EYES: NUMBER OF RIFLE:

COLOR OF HAIR: RACE

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

HEADQUARTERS  
FILCOM 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- 9, Plot A,  
Row 12, Grave 13, USMC Cem #2, 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. McNEER  
Captain, QMC  
Chief, Records Branch

Atch: Form 1044

**APPROVED UNIDENTIFIABLE**

**FEB 8 1950**

## IDENTIFICATION DATA

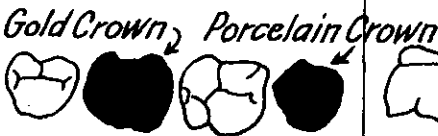
1. REMAINS OF UNKNOWN <b>UNKNOWN X-9</b>				2. DATE OF REPORT <b>21 January 1950</b>			
3. NAME OF CEMETERY  <b>Cem #3, Agana, Guam</b>			4. PLOT  <b>1</b>	5. ROW  <b>12</b>	6. GRAVE  <b>13</b>	7. DATE OF DISINTERMENT    REINTERMENT	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT <b>UTD</b>		9. ESTIMATED HEIGHT <b>5'11½"</b>		10. COLOR OF HAIR <b>UTD</b>		11. RACE <b>UTD</b>	
12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS  <p style="text-align: center;"><b>N O N E</b></p>							
13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES  <p style="text-align: center;"><b>N O N E</b></p>							
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  <p style="text-align: center;"><b>Evidence of healed fractures of left tibia.</b></p>							
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)  <p style="text-align: center;"><b>N O N E</b></p>							

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:



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



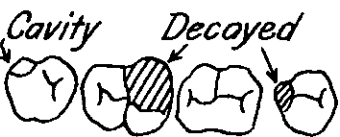
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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
<i>Teeth Missing</i>															
Side Views															
UPPER															
LOWER															
Side Views															
		<i>A DM</i>		<i>R R R R R R</i>											
16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

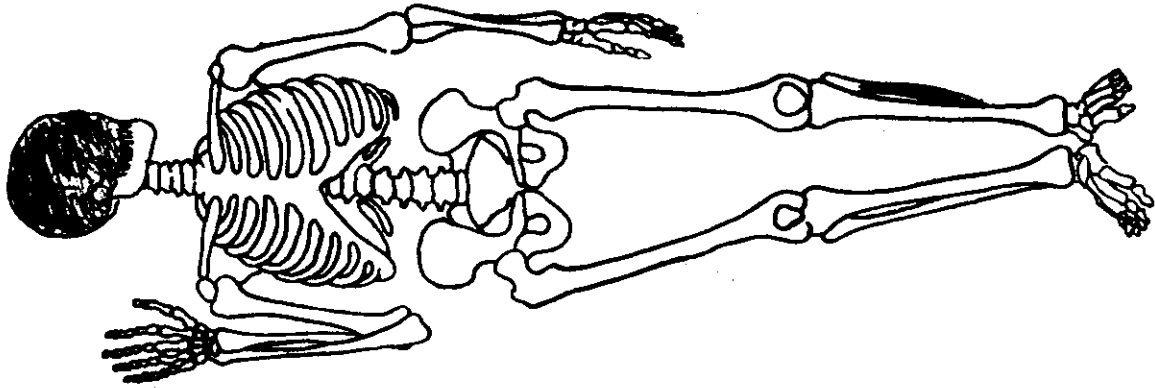
**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

*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.

*Faint, illegible stamp or text, possibly a date or location, located in the remarks section.*

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  
**5 Nov 47**

NAME (Last, First, Middle Initial)  
**UNKNOWN #9**

RANK  
**UNKNOWN**

SERIAL NUMBER

UNIT

ORGANIZATION

CAUSE OF DEATH  
**Unknown**

DATE OF DEATH

PLACE OF DEATH  
**Guam**

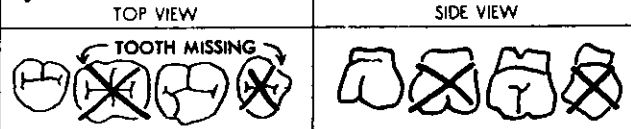
PLACE OF BURIAL  
**Cemetery # 3 Agana, Guam**

PLOT  
**A**

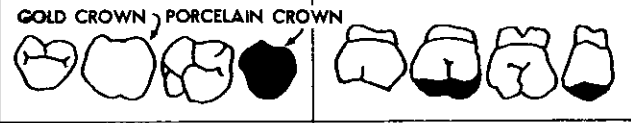
ROW  
**12**

GRAVE  
**13**

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



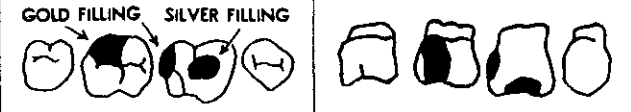
**CROWNED TEETH:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



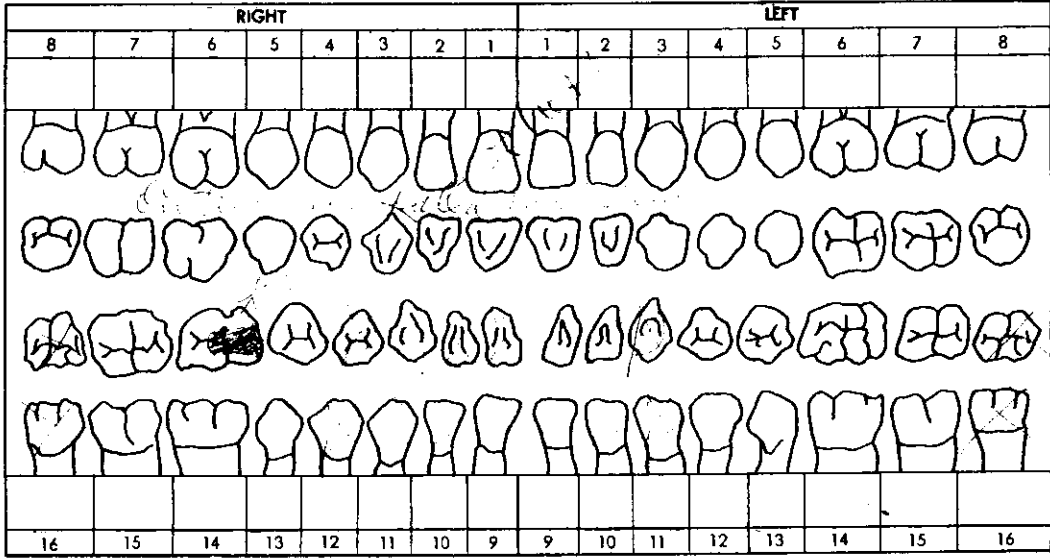
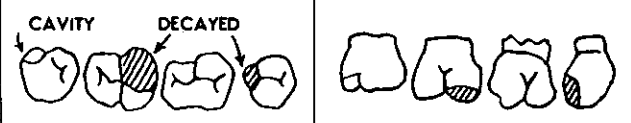
**BRIDGE WORK:** BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



**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:



**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 Ho*  
**LAWRENCE HO, Capt., D.C.**

VERIFIED BY GRS OFFICER  
*Emilio S. Zapico*  
**EMILIO S. ZAPICO, 2nd Lt., Inf.**

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

5 Nov 1947

Imprint Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN #9

SERIAL No.

Box #123

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  
~~Counting of 300 days, Guam~~

DATE OF DEATH

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 option 3 on reverse)

Scabbard, pocket knife and left shoe found.

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 Agaña, Guam

DATE OF BURIAL

HOUR

BURIED IN (Shroud, blanket, or name of other)

TYPE OF GRAVE  
MARKER

PLOT No.

ROW No.

GRAVE No.

A

12

13

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)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

BUPALINI, Anthony B

Pfc

511795

USMC

14

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

GROVES, Richard A

Pfc

504750

USMC

12

SIGNATURE OF PERSON PREPARING REPORT

Antonio B. Ayo

SIGNATURE OF GRS OFFICER VERIFYING REPORT

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. Teeth 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**

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

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



**REMARKS: CONDITION OF REMAINS:**

**Skull missing. Mandible recovered intact. Clavicle and vertebrae adjacent to skull missing. Left fibula fractured.**