

FILE IDENTIFICATION TOPPER

FILE NUMBER

24 30000000 # 2 X101

SUBJECT

RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED 293 Mk. Guam #2 (misc)

X-31 X-97 X-101 X-105 X-106

X-111 X-125 **SYNOPSIS AND DATES**

misc filed

NEW CLASSIFICATION 293 Mk. Guam #2

X-31

11/21/50
2W

RECLASSIFICATION SHEET

/ebc

Interred 7 March 1950
N 5 94 Ft. McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

1

Carleton Mark
CARL R. H. MARK

Cemetery Superintendent
SECTION A -
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81131

DATE

21 02 50

DAY MONTH YEAR

/add

| | | | | | |
|---------|---------------|-------|-----|------|----------|
| NAME | SERIAL NUMBER | GRADE | ARM | RACE | RELIGION |
| UNKNOWN | X - 101 | | | | |

| | | | | |
|--------------------------------|------|-----|-------|------------------------|
| CEMETERY | PLOT | ROW | GRAVE | DISPOSITION OF REMAINS |
| USAF CEMETERY AGAT NO. 2, GUAM | 1 | 2 | 28 | 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 DISTINTERRED |
| UNKNOWN X - 101 | | | | 25 Feb '50 |
| IDENTIFICATION TAG ON <input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER | ORGANIZATION | RELIGION | IDENTIFICATION VERIFIED BY 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 25 Feb '50 | BY PAUL R NICHOLS |
| CASKET SEALED BY PAUL R NICHOLS | EMBALMER (Signature) <i>Paul R. Nichols</i> PAUL R NICHOLS |

| | |
|--|---|
| CASKET BOXED AND MARKED DATE 25 Feb '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
14 APR 1950
REPATRIATION
BRANCH
MEM. DIV.
Jervis

RECORD OF CUSTODIAL TRANSFER

| | | | | | |
|----------------------|--|--------------------|----------------|----|----------------------|
| 1. SHIPPED | | FROM | AGRS MAUSOLEUM | TO | US MILITARY CEMETERY |
| KIND OF CONVEYANCE | | TRUCK | | | |
| SIGNATURE OF SHIPPER | | <i>[Signature]</i> | | | |
| DATE | | MAR 7 1950 | | | |
| 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 | | | | | |

DISINTERMENT DIRECTIVE

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

6301 0131

21 02 50
DAY MONTH YEAR

NAME: UNKNOWN I-101 SERIAL NUMBER: 11111 GRADE: ARM: RACE: RELIGION:

CEMETERY: USMC CEMETERY AGAT NO. 2, OURN PLOT: 1 ROW: 1 GRAVE: 28 DISPOSITION OF REMAINS: 7701 CODE: 00 DIST. CTR.:

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: UNITED STATES MILITARY CEMETERY FT. MC. WORTH, 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: 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: [Signature]

REMARKS AND SPECIAL INSTRUCTIONS: APR 11 1950 REPATRIATION BRANCH FT. MC. WORTH

RECORD OF CASUALTY INVESTIGATION

Jarris

Serial # 490

RECORD OF CUSTODIAL TRANSFER

| | | | |
|----------------------|------|-----------------------|------|
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | DATE | DATE | DATE |
| 1. SHIPPED | | | |
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | DATE | DATE | DATE |
| 2. SHIPPED | | | |
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | DATE | DATE | DATE |
| 3. SHIPPED | | | |
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | DATE | DATE | DATE |
| 4. SHIPPED | | | |
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | DATE | DATE | DATE |
| 5. SHIPPED | | | |
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | DATE | DATE | DATE |
| 6. SHIPPED | | | |
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | DATE | DATE | DATE |
| 7. SHIPPED | | | |
| FROM | | TO | |
| KIND OF CONVEYANCE | | NAME OF CONVOYER | |
| SIGNATURE OF SHIPPER | | SIGNATURE OF RECEIVER | |
| DATE | DATE | DATE | DATE |

PRINTED BY BUREAU

293 - Unk. P. I. (Misc.) (Haus. Manila) (X-31, 97, 101, 105, 106, 111, 125)

QUEST 293
GDS Far East

30 August 1949

SUBJECT: Identification of World War II Deceased

TO: Commanding General
Philippine Command
APO 707, c/o Postmaster
San Francisco, California
ATTN: AGRS, PHILCOM ZONE

1. Reference is made to the following Unknown remains, formerly interred in Army, Navy, Marine Cemetery #2, Agat, Guam, now stored at AGRS Mausoleum, Manila, P. I.:

- Unknown X-31
- " X-97
- " X-101
- " X-105
- " X-106
- " X-111
- " X-125

2. Subject cases have been reviewed and this Office approves the classification of the above listed Unknowns as unidentifiable.

FOR THE ACTING THE QUARTERMASTER GENERAL:

T. H. MEEK
Lt. Colonel, QMC
Memorial Division

C O P Y
MSB

X 293 Unk. Deceased X-101 (A 27 24 Gen #2)

HEADQUARTERS
AMERICAN GRAVES REGISTRATION SERVICE
PHILCOM ZONE

25 June 1949

Date

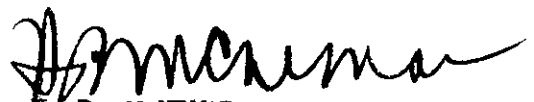
SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 101, Plot 1,
Row 2, Grave 28, USMC Cem No. 2, Agat, 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:



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

Attach: Form 1044

Received 2 Aug 49 OQMG
Not identifiable from
information presently
available through - 26 Aug 49

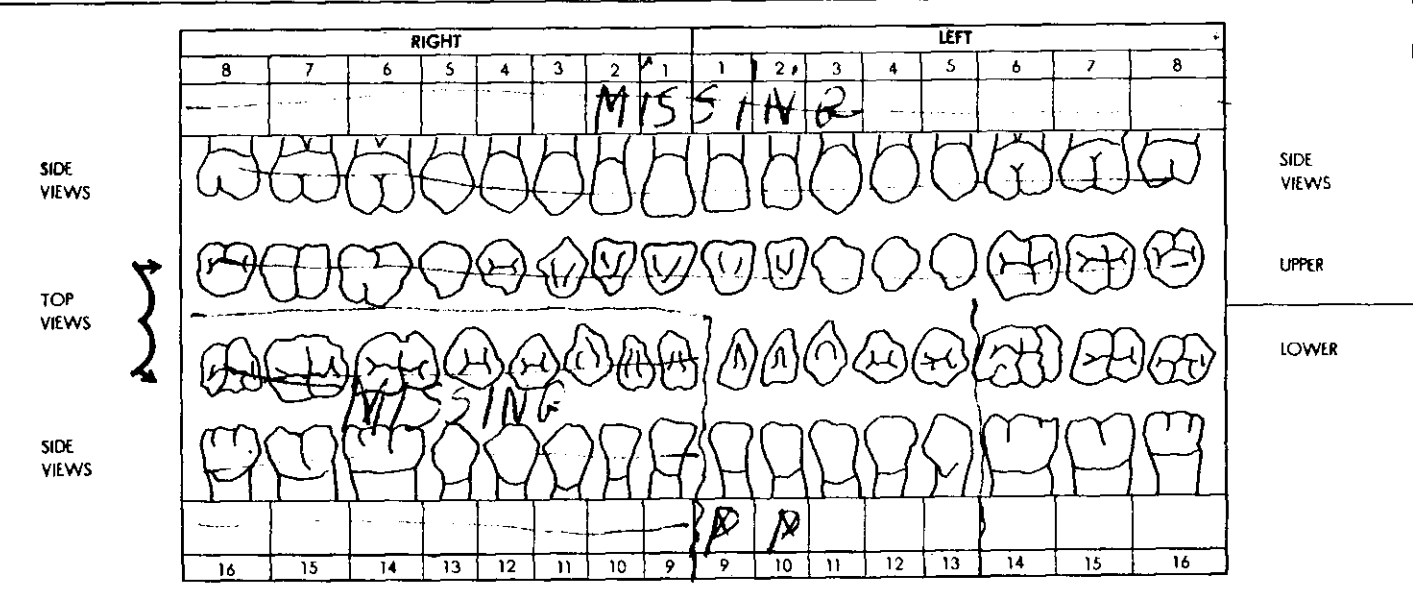
Encl. # 11'

IDENTIFICATION DENTAL CHART

DATE 12 July 1948

| | | | | |
|--|---|------------------|-----------------|--------------------|
| NAME (Last, First, Middle Initial) UNKNOWN X-101 | | RANK | SERIAL NUMBER | |
| UNIT | ORGANIZATION | CAUSE OF DEATH | DATE OF DEATH | |
| PLACE OF DEATH | PLACE OF BURIAL Cem. #2, Agat, Guam | PLOT 1 | ROW 2 | GRAVE 28 |

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



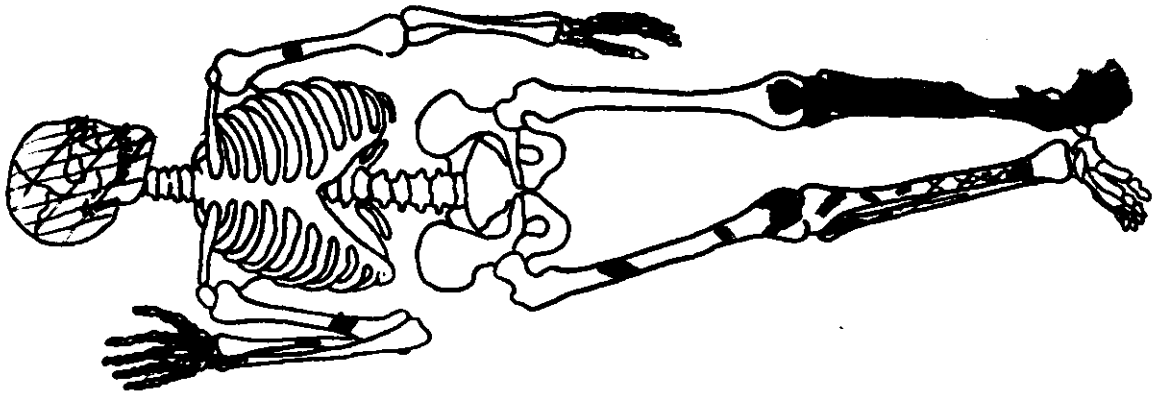
DENTURES (Plates): DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

Entire maxilla missing.

Mandible fractured at left-9 and left - 13.

| | |
|--|-----------------------------|
| SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART /s/ Gary D. Pugh /T/ GARY D. PUGH | VERIFIED BY GRS OFFICER |
|--|-----------------------------|

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height: 5' 5 3/8"

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

Shoe size: 5EE

Color of hair: Dk. Brown

Skull measurement: UTD

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

Gerald K. Skinner
Gerald K. Skinner

SIGNATURE

GKS

IDENTIFICATION CHECKLIST

Unknown X -101
Cemetery #2, Agat, Guam
Plot 1 Row 2 Grave 28

All questions should be answered. If a positive answer cannot be given, estimates should be made and indicated as such. If a reasonable estimate cannot be made, a negative answer should be given.

PART 1
Physical Description

1. Estimated weight UTD 2. Estimated height 5' 5 3/8"
3. Color of hair _____ 4. Race UTD
5. Tattoos or scars on the body (give description) None

(Information obtained from other sources _____)
6. Was tooth chart taken? Yes If not, explain _____
7. Were fingerprints taken? No
8. Cause of death UTD
9. Was body burned? No To what extent? _____
10. Are any parts of the body missing or severed? See Chart
11. Is there any evidence of first-aid or other medical treatment? No
12. If the remains are badly mangled, a careful search should be made for identification tags or personal effects. _____
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) _____

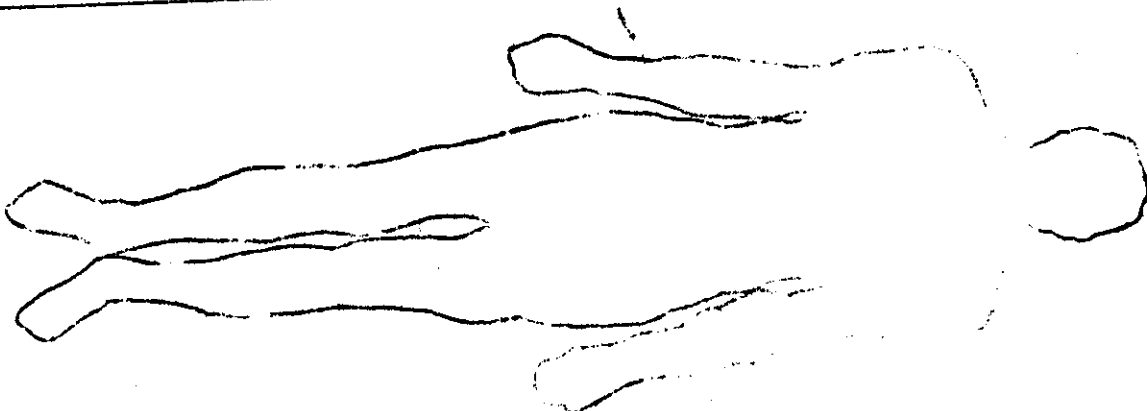
Identification Checklist (cont'd)

14. List every item of clothing and/or equipment found, showing color of each, also size and markings:

15. If laundry marks are indistinct, such notation should be made and specimen forwarded through channels for examination

16. Evidence of healed fractures

17. Black out parts of body not received at cemetery.



18. REMARKS:

I certify that I have personally viewed the remains of subject deceased and that all resulting information has been recorded to the best of my knowledge.

[Handwritten signature]

Officer's name

Rank - Service

Organization

RESTRICTED

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

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

DATE OF REPORT

15 Dec 47

Imprint Identification Tag If Possible.
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

SERIAL No.

UNKNOWN #4A Box # 862

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 2 as reverse)

None

Remarks: Body found in one pile not laid out
in grave.

WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Right shoe, whistle and chain, comb, water canteen, pencil, inhaler,
were found with remains.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Cemetery # 2 Agat, Guam

| DATE OF BURIAL | HOUR | BURIED IN (Shroud, blanket, or name of other) | TYPE OF GRAVE MARKER | PLOT No. | ROW No. | GRAVE No. |
|----------------|------|---|----------------------|----------|---------|-----------|
| 23 July 44 | | | | 1 | 2 | 28 |

| WAS THIS A REBURIAL? (Yes or no) | IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF 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. |
|--|------|------------|--------------|-----------|
| McNamara, Joseph E. | Pfc | 862702 | USMCR | 29 |

| BODY BURIED ON DECEASED RIGHT. NAME (Last, first, middle initial) | RANK | SERIAL No. | ORGANIZATION | GRAVE No. |
|---|------|------------|--------------|-----------|
| Havis, John M. | Pfc | 337425 | USMC | 27 |

| 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

MAR 12 1948

Section 3.—UNIDENTIFIED REMAINS.


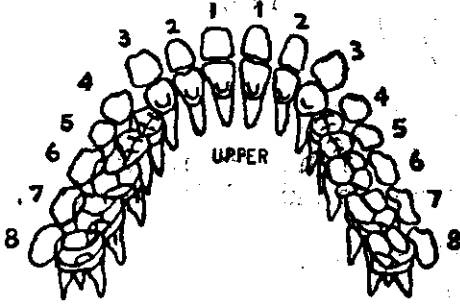




INSTRUCTIONS:

(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

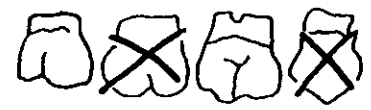
| | | |
|---------------|---|---|
| FILLINGS |  <p>SILVER FILLING GOLD FILLING</p> |  <p>UPPER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> <p>LOWER</p> |
| CAVITIES |  <p>CAVITY DECAYED</p> | |
| MISSING TEETH |  <p>TOOTH MISSING</p> | |
| CROWNED TEETH |  <p>PORCELAIN CROWN GOLD CROWN</p> | |
| BRIDGE WORK |  <p>GOLD BRIDGE</p> | |
| | | |

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

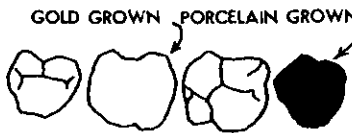


REMARKS: **Condition of Remains: No evidence of burial clothing. Right and left humerus, right radius, tibia, fibula, right tula and femur fractured. Left foot missing. Three teeth of left mandible found. Skull, mandible, maxilla, fractured. One hand missing, left clavicle missing.**

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



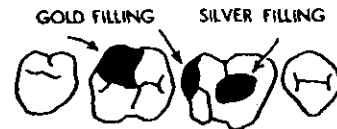
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD PORCELAIN SILVER OR GOLD AND PORCELAIN), THUS:



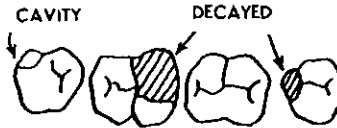
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 |
| | | | | | | | | | | | | | | | |
| SIDE VIEWS | | | | | | | | SIDE VIEWS | | | | | | | |
| UPPER | | | | | | | | UPPER | | | | | | | |
| LOWER | | | | | | | | LOWER | | | | | | | |
| SIDE VIEWS | | | | | | | | SIDE VIEWS | | | | | | | |
| 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."

UNKNOWN # X-101
P-1 R-2 G-28

Remarks: Entire Maxilla missing.

B. Bushwick
B. BUSHWICK, 1st Lt., D.C.

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

REPORT OF INTERMENT

Unknown X-101 (formerly Unknown 4E)

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

7/23

Army, Navy, Marine Cemetery #2

Guam

~~(Place XXXXXXX)~~

(Name of Cemetery) (Name or coordinates of location)

Date of Burial

28

2

1

(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 buried with body?)

Information extracted from Cemetery Records

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

BODY BURIED ON RIGHT McNamara, J. E. 362702 Pfc 27
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Davis, J. M. 327425 Pfc 29
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

INSTRUCTIONS: Fill in all possible information, forward two (2) copies to CG, FME, 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:

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

THUMB

1

2

3

4

THUMB

1

2

3

4

IDENTIFICATION SECTION
REPATRIATION RECORDS BRANCH
MEMORIAL DIVISION

CATEGORY III CASE
NO CLUES
IDENTIFICATION IMPOSSIBLE
AT PRESENT TIME

REPORT OF BURIAL
NAVMED-801 (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 17 April 1940.
FILLED OUT

| | | | |
|---------------------------------|---------------------------------|--------------|-------------------|
| COPY OF IDENTIFICATION TAG | NAME (Last) (First) (Middle) | | |
| | UNKNOWN #X | | |
| | FILE OR SERVICE NO. | RANK OR RATE | BRANCH OF SERVICE |
| CORPS OR RESERVE CLASSIFICATION | | RACE | |

| | |
|----------------------------------|--------------------------------|
| CAUSE OF DEATH GSW-KIA | PLACE OF DEATH Guam. |
|----------------------------------|--------------------------------|

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

| | |
|---------------|----------------------------------|
| DATE OF DEATH | DATE OF BURIAL 7/23/44 |
|---------------|----------------------------------|

| | |
|--|---|
| NAME OF CEMETERY Army Navy Marine Cemetery #2. | LOCATION OF CEMETERY Agat Guam. |
|--|---|

| | | | |
|-----------------------------------|----------------------|---------------------|------------------------|
| GRAVE MARKER TYPE Cross | PLOT NO. 1 | ROW NO. 2 | GRAVE NO. 28 |
|-----------------------------------|----------------------|---------------------|------------------------|

| | |
|----------------------|------|
| 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.) |
| 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
Card File. 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) Davis, J.M. | RANK OR RATE PFC | FILE OR SERVICE NO. 337425 | GRAVE NO. 29 |
| BODY ON RIGHT. NAME (Last, first, middle) Mc Namara, J.E. | RANK OR RATE PFC | FILE OR SERVICE NO. 362702 | GRAVE NO. 27 |
| PERSON REPORTING BURIAL (Name) R.L. RIDOLFI 2dLt. USMCR. | PERSON CONDUCTING BURIAL RITES R.L. Ridolfi | | |
| IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL | VERIFIED AND FORWARDED | | |

L.N. ITZ-Col., USMC-Ass't Chief of Staff G-1
(Name) (Rank) (Title)

INSTRUCTIONS FOR BU

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 |
|------------------|------------------|---------------|---------------|

BIRTHMARKS, SCARS, OR TATTOOS

| | |
|---------------|-----------------------|
| LAUNDRY MARKS | WEAPON AND SERIAL No. |
|---------------|-----------------------|

*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. _____

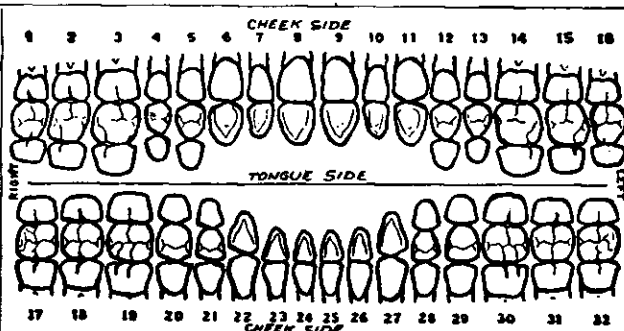
Occlusion (Type of) _____

Malposed teeth (Describe) _____

Removable appliances _____

Other defects _____

Remarks _____

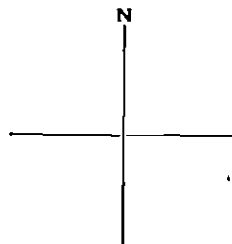


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY
 SOME RESEMBLANCE
 NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



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

IDENTIFICATION DATA

| | | | | | |
|---|----------|----------|-----------|--|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-101 | | | | 2. DATE OF REPORT 25 June 49 | |
| 3. NAME OF CEMETERY Cem No. 2, Agat, Guam | 4. PLOT | 5. ROW | 6. GRAVE | 7. DATE OF | |
| | 1 | 2 | 28 | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|-------------------------------------|--|--|----------------------------|
| 8. ESTIMATED WEIGHT U T D | 9. ESTIMATED HEIGHT 5' 5³/₈" | 10. COLOR OF HAIR Dark Brown | 11. RACE Unknown |
|-------------------------------------|--|--|----------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

N O N E

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

U T D

| | |
|---|-----------------|
| 14. WAS BODY BURNED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT? |
|---|-----------------|

| | |
|--|-----------------|
| 15. WAS BODY MANGLED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | TO WHAT EXTENT? |
|--|-----------------|

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

N O N E

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

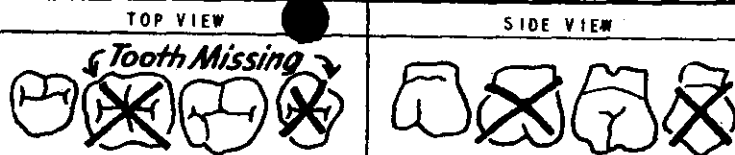
"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl # 11²

18.

TOOTH CHART

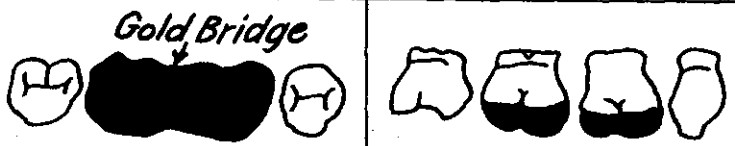
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:



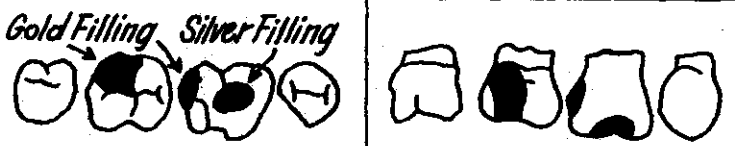
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



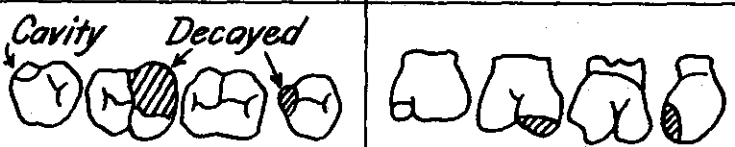
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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 |
| MAXILLA | | | | | | | | MISSING | | | | | | | |
| Side Views | | | | | | | | | | | | | | | |
| UPPER | | | | | | | | | | | | | | | |
| Top Views | | | | | | | | | | | | | | | |
| LOWER | | | | | | | | | | | | | | | |
| Side Views | | | | | | | | | | | | | | | |
| MANDIBLE MISSING | | | | | | | | Fractured | | | | | | | |
| 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."

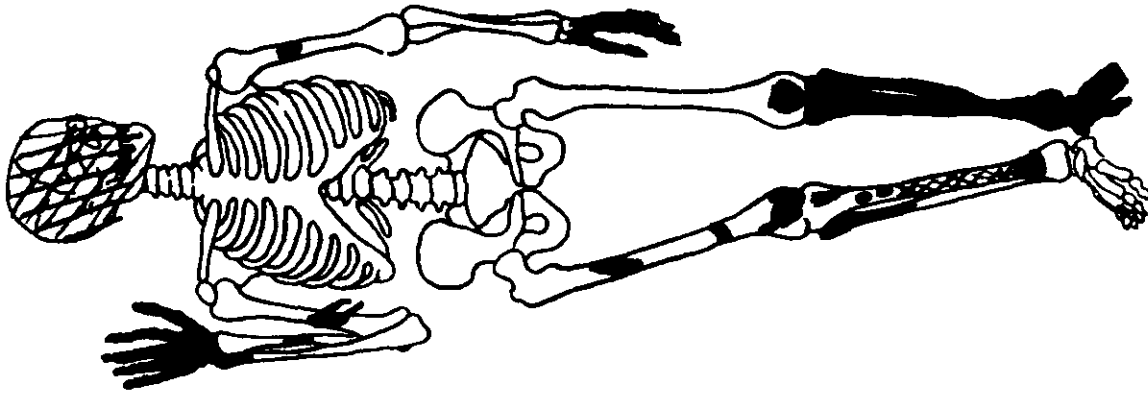
No loose teeth present with remains.

"UNIDENTIFIABLE"

"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

James J. McDermott
 JAMES J. McDERMOTT
 Laboratory Officer, OIP

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated height - 5' 5⁵/₈"

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 ROI, identification tags or personal effects found with remains.

"UNIDENTIFIABLE"
"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

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

JAMES J. McDERMOTT
Laboratory Officer, CIP

SIGNATURE

Jed DMS

1

DISINTERMENT DIRECTIVE

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER 6321 00000

DATE 15 10 48
DAY MONTH YEAR

NAME SERIAL NUMBER GRADE ARM RACE RELIGION
29 UNKNOWNX-000101 0 0 6

CEMETERY PLOT ROW GRAVE DISPOSITION OF REMAINS
GUAM NO 2 MARIANAS IS 1 2 28 7701 80
CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED
UNK X-101 13 June 1949
IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY
 REMAINS UNKNOWN C. W. HOBBS
 MARKER 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 OMC Form 1194a for major 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

CASKET BOXED AND MARKED SHIPPING ADDRESS VERIFIED BY

DATE 11 June 49 by WEYMAN L McGUIRE, Sgt, MC 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. McDermott
J. J. McDERMOTT

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

273

RECORD OF CUSTODIAL TRANSFER

| | | | | | |
|----------------------|----------------|------------|------------------------|-----------------------|-----------------------|
| 1. SHIPPED | | | | | |
| FROM | AGRS MAUSOLEUM | TO | U.S. MILITARY CEMETERY | NAME OF CONVOYER | SIGNATURE OF RECEIVER |
| KIND OF CONVEYANCE | | TRUCK | | | |
| SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | |
| FROM | | 2. SHIPPED | | | |
| FROM | | TO | | | |
| KIND OF CONVEYANCE | | | | | |
| SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | |
| FROM | | 3. SHIPPED | | | |
| FROM | | TO | | | |
| KIND OF CONVEYANCE | | | | | |
| SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | |
| FROM | | 4. SHIPPED | | | |
| FROM | | TO | | | |
| KIND OF CONVEYANCE | | | | | |
| SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | |
| FROM | | 5. SHIPPED | | | |
| FROM | | TO | | | |
| KIND OF CONVEYANCE | | | | | |
| SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | |
| FROM | | 6. SHIPPED | | | |
| FROM | | TO | | | |
| KIND OF CONVEYANCE | | | | | |
| SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | |
| FROM | | 7. SHIPPED | | | |
| FROM | | TO | | | |
| KIND OF CONVEYANCE | | | | | |
| SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | |
| FROM | | DATE | | SIGNATURE OF RECEIVER | |
| KIND OF CONVEYANCE | | | | | |
| SIGNATURE OF SHIPPER | | DATE | | SIGNATURE OF RECEIVER | |

IDENTIFICATION DATA

| | | | | | |
|---|--|-----------------------|--------------------|---------------------------------------|-------------|
| 1. REMAINS OF UNKNOWN UNKNOWN X-101 | | | | 2. DATE OF REPORT 11 Oct 48 | |
| 3. NAME OF CEMETERY Cem. #2, Agat, Guam | | 4. PLOT 1 | 5. ROW 2 | 7. DATE OF | |
| | | 6. GRAVE 28 | | DISINTERMENT | REINTERMENT |

PHYSICAL DESCRIPTION

| | | | |
|-----------------------------------|---|-------------------|------------------------|
| 8. ESTIMATED WEIGHT UTD | 9. ESTIMATED HEIGHT 5' 5-3/8" | 10. COLOR OF HAIR | 11. RACE UTD |
|-----------------------------------|---|-------------------|------------------------|

12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**UNKNOWN 4 A (Changed to X-101 by Record Section)
P-1, R-2, Gr-28 23 July 44**

13. GIVE DESCRIPTION OF TATTOOS OR SCARS ON BODY AND/OR SUCH INFORMATION OBTAINED FROM OTHER SOURCES

None

14. WAS BODY BURNED? TO WHAT EXTENT?

YES NO

15. WAS BODY MANGLED? TO WHAT EXTENT?

YES NO

16. DESCRIBE EVIDENCE OF HEALED FRACTURES AND BONE MALFORMATIONS

None

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)

- 1 right shoe 5 EE
- 1 comb
- 1 whistle and chain
- 1 inhaler
- 1 pencil
- 1 canteen

Unidentifiable by reason of lack of sufficient identifying data.

H. W. Harriman
H. W. HARRIMAN
Captain, QMC
Operations Officer
AGRS, Marbo Zone