

FILE IDENTIFICATION TOPPER

FILE NUMBER

43 Junk Guam #2 X106

SUBJECT

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

*293 Unk. Guano #2 (misc)*

*X-31 X-97 X-101 X-105 X-106 X-117*

*X-125*

**SYNOPSIS AND DATES**

NEW CLASSIFICATION

*misc filed*  
*293 Unk. Guano #2*

*X-31*  
*11/21/50*  
*DW*

# RECLASSIFICATION SHEET

/bpm

Interred 7 March 1950  
N 5 80 McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

1 ✓

CARL R. H. MARK  
Cemetery Superintendent

/add

SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6321 81139

DATE

21 02 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN X - 106					

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY ACAT NO. 2, GUAM	2	2	21	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 - 106				25 Feb '50
IDENTIFICATION TAG ON <input checked="" type="checkbox"/> REMAINS <input checked="" 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 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

3 APR 1950  
REPATRIATION  
BRANCH

*Janis*

RECORD OF CUSTODIAL TRANSFER

1. SHIPPED		FROM	AGRS MAUSOLEUM	TO	US MILITARY CEMETERY	KIND OF CONVEYANCE	TRUCK	SIGNATURE OF RECEIVER	<i>Walter Frank</i>	DATE	MAR 2 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

6321 21193

21 02 50  
DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
UNKNOWN	I - 104				

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY ACAT NO. 2, OMAN	2	2	21	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. W. MCINLEY, P. I.	(BY ADMINISTRATIVE DECISION)

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED

IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER			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 119a 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

BRANCH

*James*

**RECORD OF CUSTODIAL TRANSFER**

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>1. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>2. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>3. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>4. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>5. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>6. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>7. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	
<b>8. SHIPPED</b>			
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER		SIGNATURE OF RECEIVER	
DATE		DATE	

GSGR 293.9

APC 707  
19 JUL 1949

SUBJECT: Unidentifiable Remains

TO: The Quartermaster General  
Department of the Army  
Washington 25, D. C.  
ATTN: Memorial Division

1. In accordance with the provisions of your letter, file QMGMU 293, MRS (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Deceased, the following Unknown remains, presently stored at AGRS Mausoleum, Manila, P. I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

UNKNOWN	X-2	3rd Mar. Div. Cem. Iwo Jima
"	X-7	3rd Mar. Div. Cem. Iwo Jima
"	X-14	Cemetery #1, Guam M.I.
"	X-14	4th Marine Divisions Cem., Iwo Jima
"	X-16	Cemetery #3, Agana, Guam
"	X-24	" " "
"	X-26	" " "
"	X-31	" #2, Agat, Guam
"	X-39	2nd Marine Div., Saipan
"	X-97	Cemetery #2, Agat Guam
"	X-101	Cemetery #2, Agat Guam
"	X--105	" " "
"	X-106	" " "
"	X-111	" " "
"	X-125	" " "

2. Forwarded herewith, for your consideration, are new QMC Forms 1044 for the above-mentioned Unknowns.

FOR THE COMMANDING GENERAL:

15 Incls:  
QMC Forms 1044 w/certificates  
of Unidentifiability

JOHN A MARSZAL  
1st Lt, AGD  
Asst Adj Gen

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- 106, Plot 2,  
Row 2, Grave 21, USMC                      Cem #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

Atch: Form 1044

Received 26 Aug 49 **QMG**  
Not identifiable from  
information presently  
available                      26 Aug 49

Incl #13'

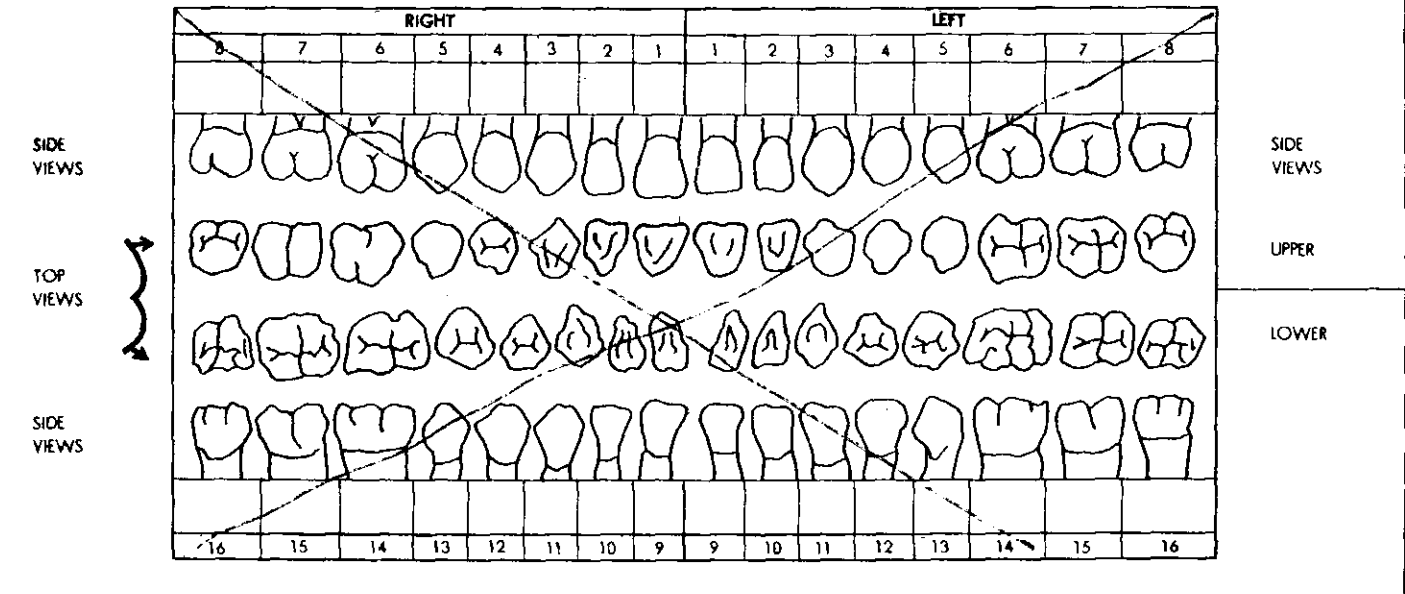


**IDENTIFICATION DENTAL CHART**

DATE  
13 July 1948

NAME (Last, First, Middle Initial) <b>UNKNOWN X-106</b>		RANK	SERIAL NUMBER		
UNIT	ORGANIZATION	CAUSE OF DEATH		DATE OF DEATH	
PLACE OF DEATH	PLACE OF BURIAL <b>Cem. #2, Agat, Guam</b>	PLOT <b>2</b>	ROW <b>2</b>	GRAVE <b>21</b>	

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

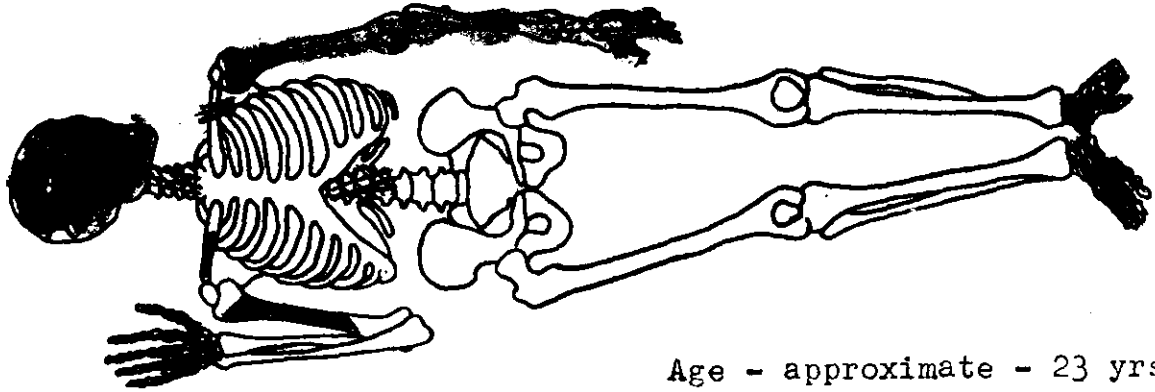


**DENTURES (Plates):** DRAW DIAGRAM OF RELATIVE SIZE AND SHAPE OF PLATE, BLOCK IN TEETH ATTACHED AND INDICATE RETAINING CLASPS ON NATURAL TEETH WITH THE WORD, "CLASP."

No teeth with remains mandible and maxilla missing

SIGNATURE OF OFFICER OR OTHER PERSON WHO PREPARED DENTAL CHART	VERIFIED BY GRS OFFICER
/s/ Henry G. Sutkoski /T/ HENRY G. SUTKOZKI	 ROY H. OESTREICH, Capt., Inf.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Age - approximate - 23 yrs.  
Skeleton incomplete

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 remarks

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

/s/ Anthony G. Baker  
/T/ ANTHONY G. BAKER

SIGNATURE

*ROY H. OESTREICH*  
ROY H. OESTREICH, Capt. Inf.

IDENTIFICATION CHECKLIST

Unknown X - 106  
Cemetery #2, Agat, Guam  
Plot 2 Row 2 Grave 21

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 161 lbs. 2. Estimated height 5' 8"
3. Color of hair Brown 4. Race White
5. Tattoos or scars on the body (give description) \_\_\_\_\_  
None (Information obtained from other sources \_\_\_\_\_)
6. Was tooth chart taken? NO If not, explain \_\_\_\_\_  
Maxilla and mandible missing
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 Skeletal 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. None
13. Type of clothing found on remains (Air Corps, Paratroop, Armored, Navy, USMC, etc.) UTD

Identification Checklist (cont'd)

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

Fragments of poncho (green)

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

None

16. Evidence of healed fractures

None

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



18. REMARKS: No

Age - approximate - 23 years.

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]*  
W. H. OESTRICH

Officer's name

Inf.

Rank

Service

Organization

**RESTRICTED**

W5 GMC FORM 1042  
(Rev. 1 Apr. 1945)  
(Supersedes GRS Form 1)

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

DATE OF REPORT

**10 Dec 47**

*Imprint Identification Tag If Possible.  
DO NOT TYPE*

**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial)

**UNKNOWN**

*X-106 Box # 789*

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 2 on reverse)

**Body not casketed, wrapped in poncho, no shoes  
or clothing. No dogtag, no hand or foot bones in  
grave.**

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

**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

**26 Jul 44**

HOUR

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

TYPE OF GRAVE  
MARKER

PLOT No.

ROW No.

GRAVE No.

**2**

**2**

**21**

WAS THIS A REBURIAL?  
(Yes or 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)

**Unknown**

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

**22**

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

**Finik, Anthony**

RANK

**Sgt**

SERIAL No.

**32421248**

ORGANIZATION

**USA**

GRAVE No.

**20**

SIGNATURE OF PERSON PREPARING REPORT

*Teodorico J. Espital*  
**TEODORICO J. ESPITAL**

SIGNATURE OF GRS OFFICER VERIFYING REPORT

*Emilio S. Zapico*  
**EMILIO S. ZAPICO, 2d 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**

**RESTRICTED**

**Section 3.—UNIDENTIFIED REMAINS.**

**INSTRUCTIONS:**


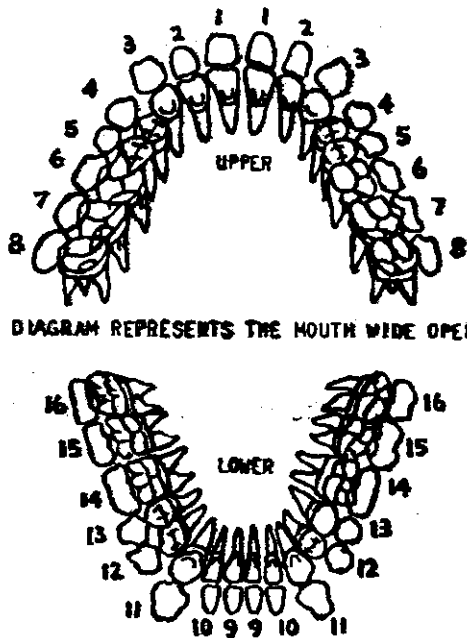




(a) Great care will be taken to record the most minute clues for the future identity of unidentified remains. Fill in anatomical characteristics below, and any other clues under "Other," such as shoe size, social security number; position of body found in airplanes, vehicles, and tanks; and serial numbers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

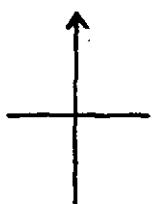
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS
--------	--------	---------------	---------------	-------------------------------

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

OTHER IDENTIFICATION CLUES

LEFT LITTLE FINGER	<b>FILLINGS</b>	 <p>SILVER FILLING GOLD FILLING</p>	 <p>UPPER</p> <p>LOWER</p> <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>
LEFT RING FINGER	<b>CAVITIES</b>	 <p>CAVITY DECAYED</p>	
LEFT MIDDLE FINGER	<b>MISSING TEETH</b>	 <p>TOOTH MISSING</p>	
LEFT INDEX FINGER	<b>CROWNED TEETH</b>	 <p>PORCELAIN CROWN GOLD CROWN</p>	
LEFT THUMB	<b>BRIDGE WORK</b>	 <p>GOLD BRIDGE</p>	
RIGHT THUMB			
RIGHT INDEX FINGER			
RIGHT MIDDLE FINGER			
RIGHT RING FINGER			
RIGHT LITTLE FINGER			

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



**REMARKS:** Condition of Remains: Maxilla and mandible not in grave. No skull except two small fragments. Left humerus, missing. Right humerus fractured parts missing. Part of the left radius found. No left ulna, body was not in skeletal conformation.

**IDENTIFICATION DENTAL CHART**  
 To be used with GIC Forms Nos. 1042 and 1044 in place of chart thereon, and to be attached to and forwarded with those forms when accomplished.

**10 Dec 47**

Date

**UNKNOWN X-106**

LAST NAME FIRST INITIAL RANK SERIAL NO.

UNIT

ORGANIZATION

**Guam**

**Cemetery #2 Agat, Guam**

**2**

**2**

**21**

PLACE OF DEATH

PLACE OF BURIAL

PLOT

ROW

GRAVE NO

		UPPER TEETH																	
		RIGHT								LEFT									
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8		
TYPE	LOCATION																	TYPE	LOCATION

INSIDE - LOOKING OUT

		LOWER TEETH																	
		RIGHT								LEFT									
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16		
TYPE	LOCATION																	TYPE	LOCATION

**KEY OF SYMBOLS TO BE USED IN ABOVE CHART**

SYMBOLS IN WHOLE BOX

TYPE OF FILLING IN UPPER HALF OF BOX

LOCATION OF FILLING IN LOWER HALF OF BOX



EXTRACTED



AMALGAM (SILVER)



MESIAL (BETWEEN TOWARD FRONT)



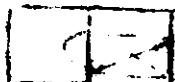
CAVITY, INDICATE LOCATION



GOLD



OCCLUSAL (BETWEEN SURFACE BACK TEETH)



FIXED BRIDGE (INCL. ABUTMENTS)



SILICATE OF PORCELAIN



DISTAL (BETWEEN TOWARD BACK)



TEETH REPLACED BY DENTURE



OXYPHOSPHATE I (CEMENT)



LINGUAL (TOWARD TONGUE)



PROSTHOUSLY MISSING



FACIAL (TOWARD CHEEK)

**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IS SAME IS TO BE OF MAXIMUM VALUE.

2. NOTE CAREFULLY THAT: SYMBOLS INDICATING MISSING TEETH, CAVITIES AND BRIDGE-WORK ARE TO BE INSERTED IN WHOLE BOX; SYMBOLS INDICATING TYPE OF FILLING ARE TO BE INSERTED IN UPPER HALF OF BOX, AND SYMBOLS INDICATING LOCATION OF FILLING ARE TO BE INSERTED IN LOWER HALF OF BOX.

3. ANY ABNORMALITIES SUCH AS MALPOSED, MALFORMED OR DISCOLORED TEETH, ETC. SHOULD BE NOTED. DENTAL WORK NOT COVERED ABOVE WILL BE INDICATED, e.g., PORCELAIN CROWNS, GOLD CROWNS (FULL OR 3/4), 3/4 GOLD CROWN WITH SILICATE WINDOW.

4. FOR INFORMATION OF STANDARD NUMBERING OF TEETH SEE DIAGRAM BELOW.

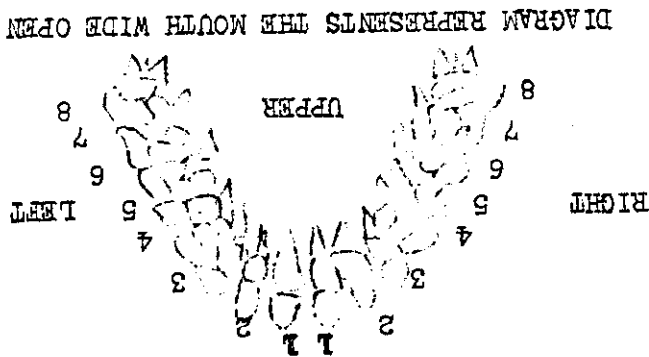
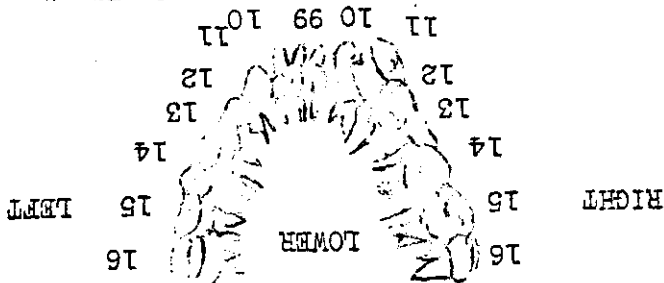


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



**REMARKS:**

Entire mandible, maxilla and teeth missing.

SIGNATURE OF PERSON WHO PREPARED CHART

*B. Bushwick*

NAME AND RANK TYPED OR PRINTED

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

VERIFIED BY GHS OFFICER

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

NAME AND RANK TYPED OR PRINTED

DATE

PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

Quam



REPORT OF INTERMENT

COPY

Unknown X-106 (formerly Unknown 10X)

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

7/26 Army, Navy, Marine Cemetery #2 Guam

~~Place X's & dots~~ (Name of Cemetery) (Name or coordinates of location)

Date of Burial

21

2

2

(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 Unidentified #11 20  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Finik, A. 32421048 Sgt 22  
(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:

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-601 (3-48)

**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 **11 APR 11 1940.**

COPY OF IDENTIFICATION TAG	NAME (Last) <b>UNKNOWN #10X</b> (First) (Middle)		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	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>7/26/44</b>
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NAME OF CEMETERY <b>Army Navy Marine Cemetery #2.</b>	LOCATION OF CEMETERY <b>Agat Guam.</b>
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GRAVE MARKER TYPE <b>Cross</b>	PLOT NO. <b>2</b>	ROW NO. <b>2</b>	GRAVE NO. <b>21</b>
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BURIED AT SEA (Date)	AREA
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TYPE OF RELIGIOUS CEREMONY <b>Military Burial.</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

**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) <b>Finik, A.</b>	RANK OR RATE <b>Sgt.</b>	FILE OR SERVICE NO. <b>32421248</b>	GRAVE NO. <b>22</b>
BODY ON RIGHT. NAME (Last, first, middle) <b>Unidentified #11</b>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO. <b>20</b>
PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dLt., USMCR.</b>	(Rank or rate)	PERSON CONDUCTING BURIAL RITES <b>JAMES R. LANE</b>	
IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <b>L.N. UTZ-Col., USMC-Ass't Chief of Staff G-1</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. \_\_\_\_\_

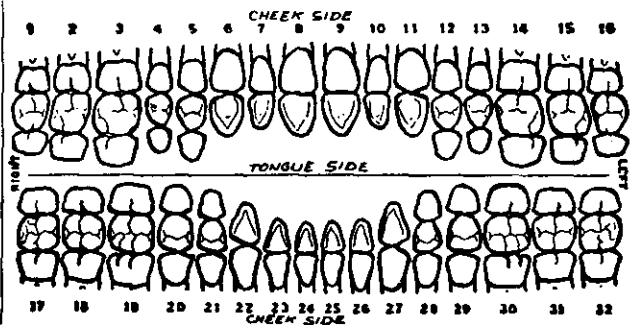
Occlusion (Type of) \_\_\_\_\_

Malposed teeth (Describe) \_\_\_\_\_

Removable appliances \_\_\_\_\_

Other defects \_\_\_\_\_

Remarks \_\_\_\_\_

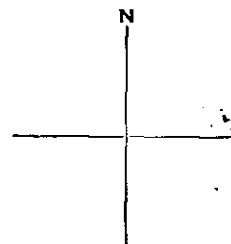


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

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-106				2. DATE OF REPORT 25 June 49		
3. NAME OF CEMETERY Cem #2, Agat, Guam		4. PLOT 2	5. ROW 2	6. GRAVE 21	7. DATE OF DISINTERMENT REINTERMENT	

### PHYSICAL DESCRIPTION

8. ESTIMATED WEIGHT 161 lbs	9. ESTIMATED HEIGHT 5'8"	10. COLOR OF HAIR Brown	11. RACE White
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

NONE

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

UTD

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

NONE









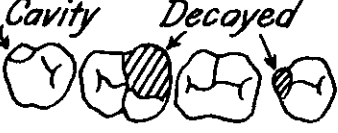

"UNIDENTIFIABLE"


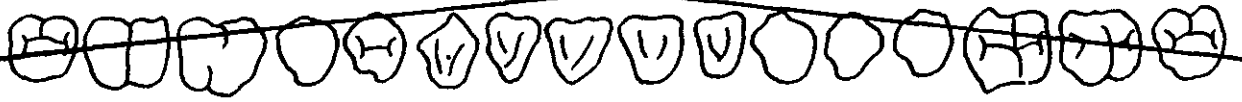


"BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

Incl. #13<sup>2</sup>

18.

TOOTH CHART

	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:		
<b>FILLINGS:</b> DRAW FILLING ON TOOTH AS ACCURATELY AS POSSIBLE (BLOCK IN AND LABEL GOLD, SILVER, CEMENT), THUS:		
<b>CARIES (Cavities):</b> 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							
															
															
															
															
MANDIBLE								MISSING							
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."

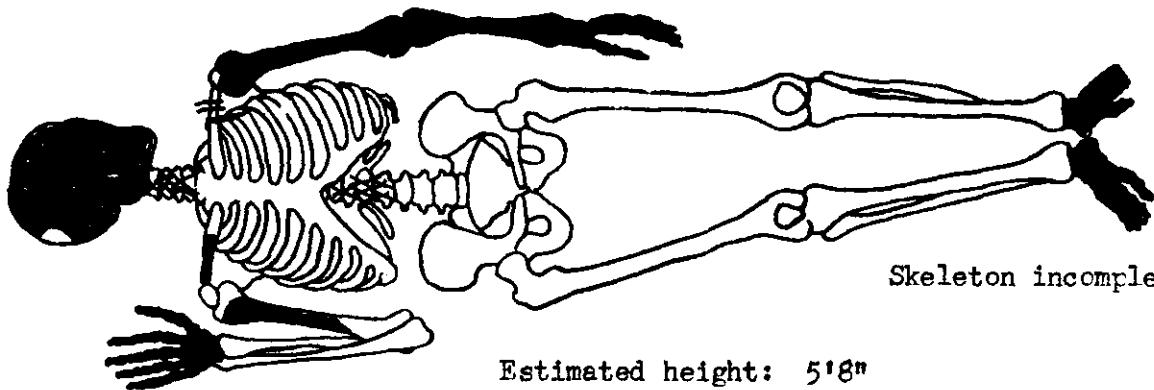
No loose teeth present with remains.

**"UNIDENTIFIABLE"**

*J. J. McDermott*  
 J. J. McDERMOTT  
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA

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 ROI, identification tags or personal effects found with remains.

Approximate age - 23 years.

**"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

J. J. McDERMOTT  
Laboratory Officer, CIP

SIGNATURE



# DISINTERMENT DIRECTIVE

# 1

SECTION A — NAME AND BURIAL LOCATION OF DECEASED	DIRECTIVE NUMBER	DATE
	6321 00000	15 10 48 DAY MONTH YEAR

NAME	SERIAL NUMBER	GRADE	ARM	RACE	RELIGION
29, UNKNOWNX	000106		0	0	6

CEMETERY	PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
GUAM NO 2 MARIANAS IS	2	2	21	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 MANILA, PHILIPPINE ISLANDS	(BY ADMINISTRATIVE DECISION)

### SECTION C — DISINTERMENT AND IDENTIFICATION

NAME	SERIAL NUMBER	GRADE	DATE OF DEATH	DATE DISTINTERRED
IDENTIFICATION TAG ON	ORGANIZATION	RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input type="checkbox"/> MARKER	UNKNOWN		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 GRS INSPECTOR

SEP 1

REMARKS AND SPECIAL INSTRUCTIONS

# RECORD OF CUSTODIAL TRANSFER

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

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-106</b>				2. DATE OF REPORT <b>11 Oct 48</b>	
3. NAME OF CEMETERY <b>Cem. #2, Agat, Guan</b>			4. PLOT <b>2</b>	5. ROW <b>2</b>	6. GRAVE <b>21</b>
			7. DATE OF DISINTERMENT		REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>161 lbs.</b>	9. ESTIMATED HEIGHT <b>5' 8"</b>	10. COLOR OF HAIR <b>Brown</b>	11. RACE <b>White</b>
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12. GIVE DESCRIPTION OF ANY OFFICIAL IDENTIFICATION FOUND WITH REMAINS

**Surface Mortuary Plate  
Unknown - 10 A  
P-2, R-2, Gr-21                      26 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                      **See Skeletal Chart**

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)

**Fragments of penche and fatigues - no markings**

**Unidentifiable by reason of lack of sufficient identifying data.**

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