

FILE IDENTIFICATION TOPPER

FILE NUMBER

*293 unk Quora # 2 X 111*

SUBJECT

QMC FORM 1121  
1 Aug 45

# RECLASSIFICATION SHEET

PAPERS ORIGINALLY FILED

*293 Misc. Guam #2 (misc)*

X-31

X-97

X-101

X-105

X-106

X-111

X-125

**SYNOPSIS AND DATES**

NEW CLASSIFICATION

*misc filed*  
*293 Misc. Guam #2*

X-31

*11/21/50*  
*22*

# RECLASSIFICATION SHEET

bpm  
1  
add

Interred 7 March 1950  
N 14 13 McKinley

PREPARED BY PHILCOM

DISINTERMENT DIRECTIVE

*Carl R. H. Mark*  
CARL R. H. MARK

Cemetery Superintendent  
SECTION A -  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER  
6321 81134

DATE  
21 02 50  
DAY MONTH YEAR

NAME UNKNOWN X - 111 SERIAL NUMBER GRADE ARM RACE RELIGION

CEMETERY USAF CEMETERY AGAT NO. 2, GUAM PLOT C ROW 16 GRAVE 20 DISPOSITION OF REMAINS 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE  
UNITED STATES MILITARY CEMETERY  
FT. WM. MCKINLEY, P. I.

NAME AND ADDRESS OF NEXT OF KIN  
(BY ADMINISTRATIVE DECISION)

SECTION C - DISINTERMENT AND IDENTIFICATION

NAME UNKNOWN X - 111 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED 25 Feb '50

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY PAUL R NICHOLS Embalmer NAME AND TITLE

SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL Shelter Half CONDITION OF REMAINS Skeletal

OTHER MEANS OF IDENTIFICATION

MINOR DISCREPANCIES (Prepare Discrepancy Report QMC Form 1194a for major discrepancies.)

REMAINS PREPARED AND PLACED IN CASKET

DATE 25 Feb '50 BY PAUL R NICHOLS

CASKET SEALED BY  
PAUL R NICHOLS

EMBALMER (Signature) *Paul R Nichols*  
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 50  
REPATRIATION  
BRANCH  
MEM. 1194

*Janus*

RECORD OF CUSTODIAL TRANSFER

FROM		AGRS MAUSOLEUM		TO		US MILITARY CEMETERY	
KIND OF CONVEYANCE		TRUCK		NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER		<i>Joseph Frank</i>	
DATE				DATE		MAR 7 1950	
2. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
3. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
4. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
5. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
6. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			
7. SHIPPED							
FROM				TO			
KIND OF CONVEYANCE				NAME OF CONVOYER			
SIGNATURE OF SHIPPER				SIGNATURE OF RECEIVER			
DATE				DATE			

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

QHQMT 293  
GRS 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: AGES, 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. METZ  
Lt. Colonel, QMC  
Memorial Division

C O P Y  
msb

X 293 Unk. Agat X-111 (A. N. M. G. #2)

DISINTERMENT DIRECTIVE

3

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

DATE

621 2134

21 02 50  
DAY MONTH YEAR

NAME: UNKNOWN X-122 SERIAL NUMBER: GRADE: ARM: RACE: RELIGION:

CEMETERY: WASH CEMETERY AGAT NO. 2, GUAM PLOT: 0 ROW: 16 GRAVE: 20 DISPOSITION OF REMAINS: 7701 80 CODE DIST. CTR.

SECTION B - CONSIGNEE AND NEXT OF KIN

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

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

REMARKS AND SPECIAL INSTRUCTIONS

FILE

14 APR 50  
REPATRIATION  
BRANCH  
MEM. DIV.

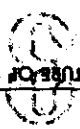
RECORD OF DISINTERMENT

Ind # 493

Jarris

# RECORD OF CUSTODIAL TRANSFER

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



GSGR 293.9

APO 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 QMGMJU 293, AGRS (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 MARZAL  
1st Lt, AGD  
Asst Adj Gen



RESTRICTED

WD OMC FORM 1049  
Rev. 1 Apr. 1945  
(Supersedes GRS Form 1)

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

DATE OF REPORT

12-4-47

Imprint/Identification Tag If Possible.  
DO NOT TYPE

Section 1.—IDENTIFICATION.

NAME (Last, first, middle initial)

UNKNOWN ~~X-111~~ Box No. 634

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

Unk

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)

Deceased buried wrapped with sack. Brown unearmarked. No shoes enclosed w/ remains.

WERE SUBSTITUTE TAGS PROVIDED? (Yes or no)

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME

Left tibia, left ulna & radius missing. Skull completely crushed. Distal right humerus missing. Right pelvis fractured. Hip & inf. maxilla missing. Bones saved buried in the middle of the grave together.

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

NAME, NUMBER, COORDINATES, AND LOCATION OF CEMETERY

Agat, Centry #2, Guam

DATE OF BURIAL

HOUR

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

TYPE OF GRAVE MARKER

PLOT No.

ROW No.

GRAVE No.

C

16

20

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)

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

19

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

RANK

SERIAL No.

ORGANIZATION

GRAVE No.

21

SIGNATURE OF PERSON PREPARING REPORT

EMILIO E. COSTALES

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

MAR 11 1948

Wesley Williams

**Section 1. 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
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**OTHER IDENTIFICATION CLUES**

FILLINGS	 <p>SILVER FILLING GOLD FILLING</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>

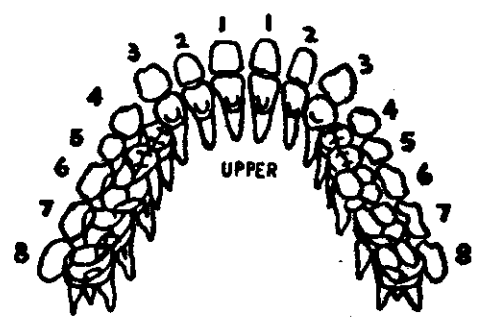
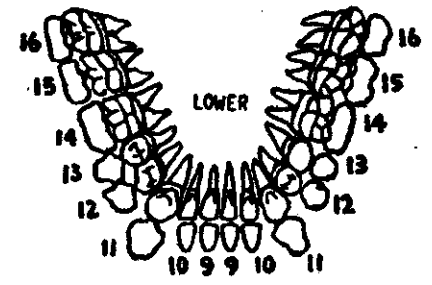
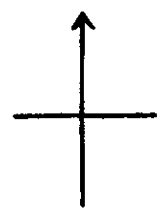


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



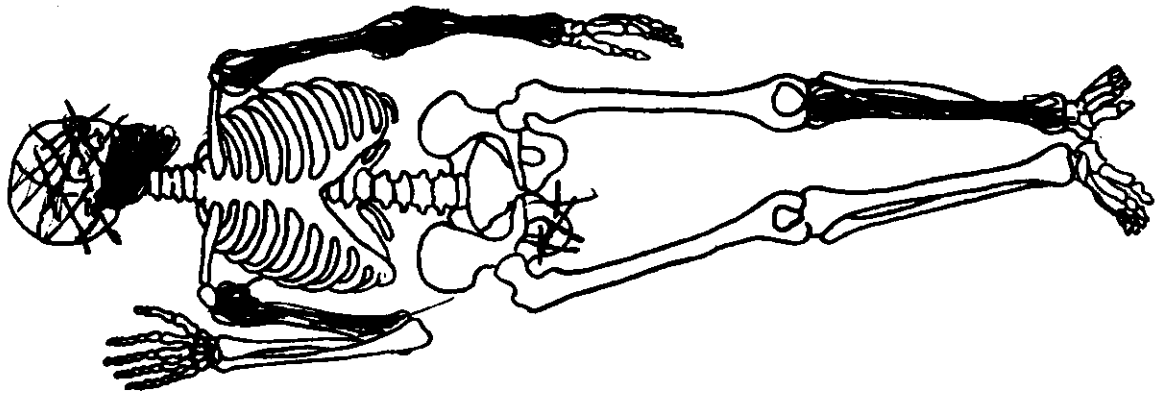
FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY



REMARKS:

Blank area for handwritten remarks.

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

UNKNOWN X-111

P-C R-16 G-20

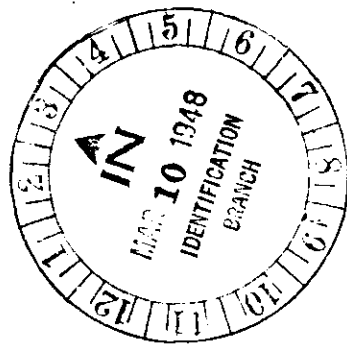
*Left tibia, left ulna + radius, left  
+ right humerus, sup. + inf. maxilla  
missing. Skull completely fractured,  
and right pelvic was also fractured.  
Bones found curried in the middle  
of the grave together.*

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

SIGNATURE

*Wesley Williams*



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

12 Dec 77  
 Date

~~UNKNOWN~~ *X-111*  
 LAST NAME FIRST INITIAL RANK SERIAL NO.  
 UNIT ORGANIZATION





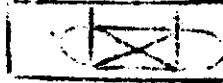

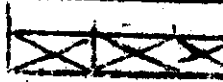




**GUAM** **Agat, Cntry #2, Guam** **C** **16** **22**  
 PLACE OF DEATH PLACE OF BURIAL PLOT ROW GRAVE NO.

		RIGHT				UPPER TEETH				LEFT							
		8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
TYPE																	
LOCATION		<i>Entire maxilla missing</i>															

INSIDE - LOOKING OUT

		RIGHT				LOWER TEETH				LEFT							
		16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16
TYPE																	
LOCATION		<i>Entire mandible missing</i>															

**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	 AMALGAN (SILVER)
	CAVITY, INDICATE LOCATION	 MESIAL (BETWEEN TOWARD FRONT)
	FIXED BRIDGE (INCL. ABUTMENTS)	 OCCLUSAL (BETWEEN SURFACE BACK TEETH)
	TEETH REPLACED BY DENTURE	 DISTAL (BETWEEN TOWARD BACK)
	POSTHOMOUSLY MISSING	 LINGUAL (TOWARD TONGUE)
		 FACIAL (TOWARD CHEEK)

**INSTRUCTIONS:**

1. ACCURACY AND ATTENTION TO DETAIL IN THE PREPARATION OF THIS CHART ARE OF PARAMOUNT IMPORTANCE, IF 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.", FORCE-TAIN 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.

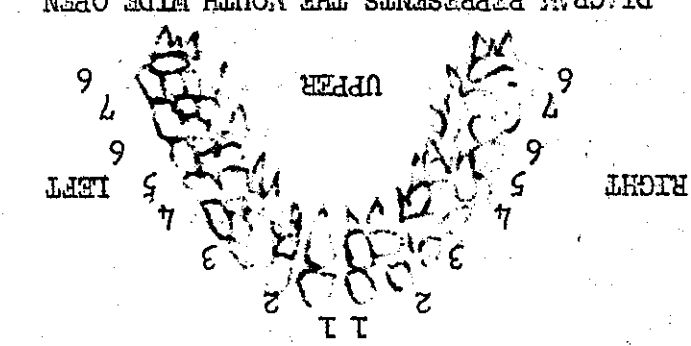


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



TEETH:

**ENTIRE MANDIBLE, MAXILLA AND TEETH MISSING:**

SIGNATURE OF PERSON WHO PREPARED CHART

*[Handwritten Signature]*

VERIFIED BY GRS OFFICER

*[Handwritten Signature]*

NAME AND RANK TYPED OR PRINTED

L. H. Capt., D.C.

NAME AND RANK TYPED OR PRINTED

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

PLACE OR HQ. WHERE THIS FORM ACQUIRED

DATE

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

# REPORT OF BURIAL

NAVMED-801 (9-45)

**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 **18 April 1946.**

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	<b>UNIDENTIFIED #28</b>		
	FILE OR SERVICE NO.	RANK OR RATE	BRANCH OF SERVICE
	CORPS OR RESERVE CLASSIFICATION		RACE

CAUSE OF DEATH	PLACE OF DEATH

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

DATE OF DEATH	DATE OF BURIAL <b>4 March 45.</b>
---------------	--------------------------------------

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>C</b>	ROW NO. <b>16</b>	GRAVE NO. <b>20</b>
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BURIED AT SEA (Date)	AREA

TYPE OF RELIGIOUS CEREMONY <b>Full Military Honors.</b>	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

**No identifying marks, no head.      Card file. Information extracted from Cemetary 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>Nemsak, A.G.</b>	RANK OR RATE <b>S/C</b>	FILE OR SERVICE NO. <b>646-97-92</b>	GRAVE NO. <b>21</b>
BODY ON RIGHT. NAME (Last, first, middle) <b>Smith, C.E.</b>	RANK OR RATE <b>Pte</b>	FILE OR SERVICE NO. <b>801968</b>	GRAVE NO. <b>19</b>
PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI 2dLt., USMCR.</b>	PERSON CONDUCTING BURIAL RITES <b>R.L. Ridolfi</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>		
	(Name)	(Rank)	(Title)



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. \_\_\_\_\_

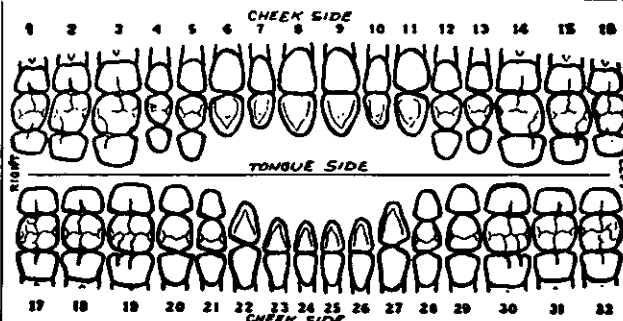
Occlusion (Type of) \_\_\_\_\_

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

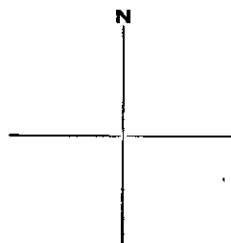
R. THUMB

R. INDEX

R. MIDDLE

R. RING

R. LITTLE



REPORT OF INTERMENT

C  
O  
P  
Y

141 141 111 (Formerly Identified #28)  
(Last Name) (First) (Initial) (Serial Number) (Rank) (Organization)

4 March 45 Army, Navy, Marine Cemetery #2 Guam  
(Place of Burial) (Name of Cemetery) (Name or coordinates of location)  
Date of Burial

20 16 C  
(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 Smith, C. E. 01968 Pfc 19  
(Name) (Ser. No.) (Rank) (Org) (Grave No.)

BODY BURIED ON LEFT Henson, J. J. 6169722 SIC 21  
(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: APPARENT NATIONALITY:

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  
AMERICAN GRAVES REGISTRATION SERVICE  
PHILCOM ZONE

25 June 1947  
Date

SUBJECT: Unidentifiable Remains

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

The records pertaining to Unknown X- 111, Plot C,  
Row 16, Grave 20, USMC Cemetery #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:

  
B. McNEMAR  
Captain, QMG  
Chief, Records Branch

Attech: Form 1044

Received 2 Aug 47 11 OQMG  
Not identifiable from  
information presently  
available 20 Aug 47

Incl. # 14'

**IDENTIFICATION DATA**

1. REMAINS OF UNKNOWN <b>UNKNOWN X-111</b>			2. DATE OF REPORT <b>25 June 1949</b>	
3. NAME OF CEMETERY  <b>Cemetery #2, Agat, Guam</b>	4. PLOT	5. ROW	6. GRAVE	7. DATE OF
	<b>C</b>	<b>16</b>	<b>20</b>	DISINTERMENT REINTERMENT

**PHYSICAL DESCRIPTION**

8. ESTIMATED WEIGHT <b>UTD</b>	9. ESTIMATED HEIGHT <b>5'3-3/4"</b>	10. COLOR OF HAIR <b>UTD</b>	11. RACE <b>Unknown</b>
-----------------------------------	--	---------------------------------	----------------------------

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

**UTD**

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. # 142*

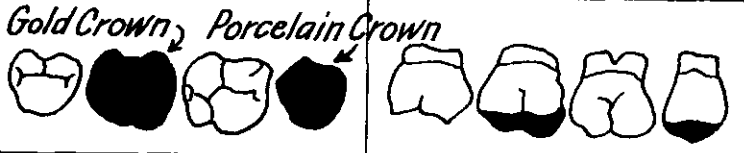
18.

TOOTH CHART

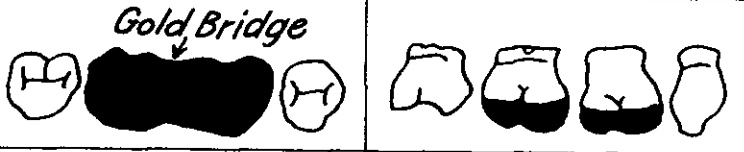
MISSING TEETH: ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" 'D OUT AND LABELED THUS:



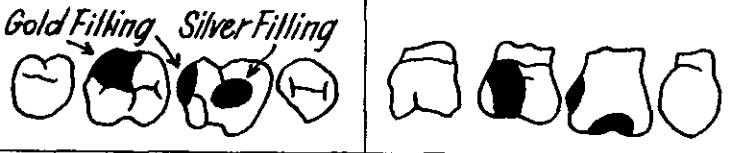
CROWNED TEETH: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:



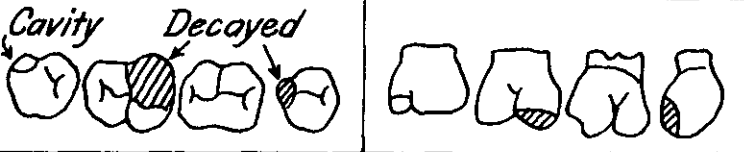
BRIDGE WORK: BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD BRIDGE, GOLD AND PORCELAIN BRIDGE), THUS:



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								Side Views							
UPPER								UPPER							
Top Views								Top Views							
LOWER								LOWER							
Side Views								Side Views							
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."

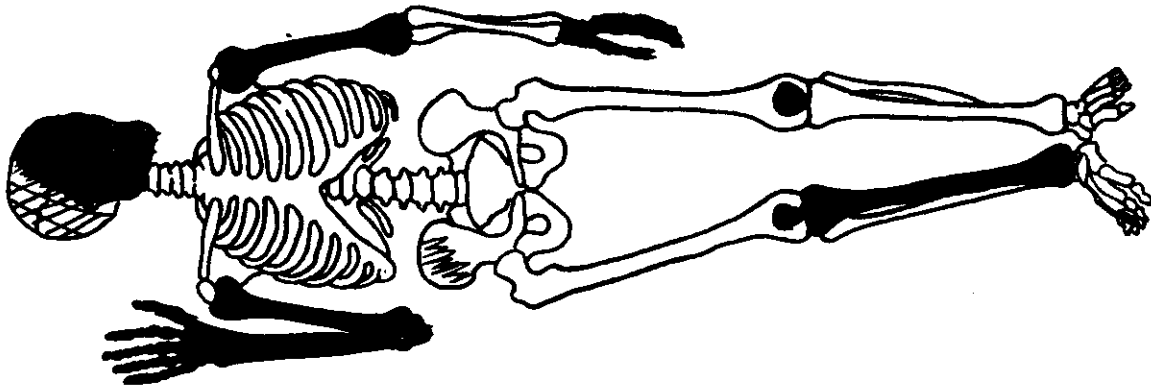
No loose teeth present with remains.

"UNIDENTIFIABLE"

*James J. Mc Dermott*  
**JAMES J. McDERMOTT**  
 Laboratory Officer, CIP

BY REASON OF LACK OF SUFFICIENT IDENTIFYING DATA"

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Estimated Height: 5'3-3/4"

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 POSITIVE 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

# DISINTERMENT DIRECTIVE

# 1

SECTION A - NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER: 6321 00000

DATE: 15 10 48  
DAY MONTH YEAR

NAME: *IS UNKNOWN* SERIAL NUMBER: *UNKNOWNX-000111* GRADE: *Q* ARM: *Q* RACE: *0* RELIGION: *6*

CEMETERY: *GUAM NO 2 MARIANAS IS* PLOT: *C* ROW: *16* GRAVE: *20* DISPOSITION OF REMAINS: *7701 80*  
CODE DIST. CTR.

### SECTION B - CONSIGNEE AND NEXT OF KIN

NAME AND ADDRESS OF CONSIGNEE: *FT. MC KINLEY CEMETERY MANILA, PHILIPPINE ISLANDS*

NAME AND ADDRESS OF NEXT OF KIN: *(BY ADMINISTRATIVE DECISION)*

### SECTION C - DISINTERMENT AND IDENTIFICATION

NAME: *UNKNOWN X-111* SERIAL NUMBER: *unknown* GRADE: *Unk* DATE OF DEATH: *unknown* DATE DISTINTERRED: *4 Dec 47*

IDENTIFICATION TAG ON:  REMAINS  MARKER ORGANIZATION: *UNKNOWN* RELIGION: *UNKNOWN* IDENTIFICATION VERIFIED BY: *R. F. OLSREICH, Capt., Inf.*  
NAME AND TITLE

### SECTION D - PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL: *Nature of shroud undetermined.* CONDITION OF REMAINS: *Skeletal remains, incomplete.*

OTHER MEANS OF IDENTIFICATION: *Hortuary plate*

# CANCELLED

MINOR DISCREPANCIES (*Prepare Discrepancy Report QMC Form 1194a for major discrepancies.*)  
*None*

REMAINS PREPARED AND PLACED IN CASKET  
DATE: *26 October 1948* BY: *J. L. SIBLEY, Embalmer*

CASKET SEALED BY: *J. L. SIBLEY, Embalmer* EMBALMER (Signature): *Arnold E. Connell*  
*ARNOLD E. CONNELL*

CASKET BOXED AND MARKED: DATE: *26 Oct 48* BY: *J. S. SIBLY* SHIPPING ADDRESS VERIFIED BY: *J. S. SIBLY, Clerk*

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

*for John H. ...*  
SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

253



RECORD OF CUSTODIAL TRANSFER

1. SHIPPED

TO

AGRS PORT (SAIPAN, MI)

NAME OF CONVOYER

KIND OF CONVEYANCE

TRUCK

DATE

26 Oct 48

SIGNATURE OF SHIPPER

*John H. ...*

SIGNATURE OF RECEIVER

*Robert G. Snowden*  
ROBERT G. SNOWDEN, 1st Lt Inf

DATE

26 Oct 48

2. SHIPPED

TO

*Military ...*

AGRS PORT (SAIPAN, MI)

KIND OF CONVEYANCE

TRUCK

DATE

8 Feb 49

SIGNATURE OF SHIPPER

*Harold E. Pike*  
HAROLD E. PIKE, CAPTAIN INF.

SIGNATURE OF RECEIVER

*Luciano E. Mateo*  
LUCIANO E. MATEO, 1st Lt., Inf.  
8 Feb 49

DATE

8 Feb 49

3. SHIPPED

TO

AGRS MAUSOLEUM

KIND OF CONVEYANCE

4. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

*Luciano E. Mateo*  
LUCIANO E. MATEO, 1st Lt., Inf.

SIGNATURE OF RECEIVER

*B. H. ...*  
B. H. ... JR., CAPT., IA.

DATE

17 FEB 1949

5. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

6. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

7. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

8. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

9. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

10. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

11. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

12. SHIPPED

TO

NAME OF CONVOYER

SIGNATURE OF SHIPPER

DATE