

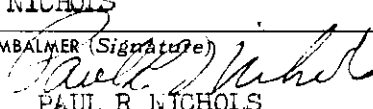

FILE IDENTIFICATION TOPPER

FILE NUMBER

93 work papers - 2/1/7

SUBJECT

QMC FORM 1121  
1 AUG 45

<b>1</b>	/bpm Interred 30 March 1950 F 12 107 Ft. McKinley <i>Caremark</i>		<b>DISINTERMENT DIRECTIVE</b>		<b>PREPARED BY PHILCOM</b>	
	<b>CARL R. H. MARK</b> Cemetery Superintendent SECTION A — NAME AND BURIAL LOCATION OF DECEASED		DIRECTIVE NUMBER <b>6321 81256</b>		DATE <b>29 03 50</b> DAY MONTH YEAR	
NAME		SERIAL NUMBER		GRADE	ARM	RACE RELIGION
UNKNOWN X - 117						
CEMETERY			PLOT	ROW	GRAVE	DISPOSITION OF REMAINS
USAF CEMETERY AGAT NO. 2, GUAM			3	3	30	<b>7701 80</b> CODE DIST. CTR.
<b>SECTION B — CONSIGNEE AND NEXT OF KIN</b>						
NAME AND ADDRESS OF CONSIGNEE				NAME AND ADDRESS OF NEXT OF KIN		
UNITED STATES MILITARY CEMETERY FT. WM. MCKINLEY, P. I.				(BY ADMINISTRATIVE DECISION)		
<b>SECTION C — DISINTERMENT AND IDENTIFICATION</b>						
NAME		SERIAL NUMBER		GRADE	DATE OF DEATH	DATE DISTINTERRED
X - 117						29 March 1950
IDENTIFICATION TAG ON		ORGANIZATION		RELIGION	IDENTIFICATION VERIFIED BY	
<input type="checkbox"/> REMAINS <input checked="" type="checkbox"/> MARKER					<b>PAUL R NICHOLS</b> Embalmer NAME AND TITLE	
<b>SECTION D — PREPARATION OF REMAINS FOR SHIPMENT</b>						
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		BY				
29 March 1950		PAUL R NICHOLS				
CASKET SEALED BY				EMBALMER (Signature)		
PAUL R NICHOLS				 PAUL R NICHOLS		
CASKET BOXED AND MARKED				SHIPPING ADDRESS VERIFIED BY		
DATE		BY				
29 Mar 50		RAYMOND H TANGUAY, Sgt 1c RA		L. W. RICHARDSON, M/Sgt., RA		
I hereby certify that all the foregoing operations were conducted and accomplished under my immediate supervision and that the report above is correct.						
						 L. W. RICHARDSON, M/Sgt., RA
SIGNATURE OF AGRS INSPECTOR						
REMARKS AND SPECIAL INSTRUCTIONS						

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM AGRS MANTOLIUM		TO US MILITARY CEMETERY	
KIND OF CONVEYANCE TRUCK		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER <i>Carrollmark</i>	DATE 1950

### 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

3

DISINTERMENT DIRECTIVE

PREPARED BY PHILCOM

SECTION A —  
NAME AND BURIAL LOCATION OF DECEASED

DIRECTIVE NUMBER

6921 81256

DATE

29 03 50  
DAY MONTH YEAR

NAME

UNKNOWN X - 117

SERIAL NUMBER

GRADE

ARM

RACE

RELIGION

CEMETERY

USAF CEMETERY AGAT NO. 2, GUAN

PLOT

3

ROW

3

GRAVE

30

DISPOSITION OF REMAINS

7701

CODE

80

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 DECISION)

SECTION C — DISINTERMENT AND IDENTIFICATION

NAME

SERIAL NUMBER

GRADE

DATE OF DEATH

DATE DISTINTERRED

IDENTIFICATION TAG ON

- REMAINS
- MARKER

ORGANIZATION

RELIGION

IDENTIFICATION VERIFIED BY

NAME AND TITLE

SECTION D — PREPARATION OF REMAINS FOR SHIPMENT

NATURE OF BURIAL

CONDITION OF REMAINS

OTHER MEANS OF IDENTIFICATION

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

REMAINS PREPARED AND PLACED IN CASKET

DATE

BY

CASKET SEALED BY

EMBALMER (Signature)

CASKET BOXED AND MARKED

SHIPPING ADDRESS VERIFIED BY

DATE

BY

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

SIGNATURE OF AGRS INSPECTOR

REMARKS AND SPECIAL INSTRUCTIONS

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 2. SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 3. SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 4. SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 7. SHIPPED

FROM		TO	
IND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

*293 Unknown (Agona) (Guam) (Unident)*  
 293 Unknown (Agona) (Guam) (Unident)  
 293 Unknown (Agona) (Guam) (Unident)  
 293 Unknown (Agona) (Guam) (Unident)

SUBJECT: Identification of World War II Deceased

*293 GRS Far East Unident*

TO: Commanding Officer  
 Quartermaster Registration Service  
 Building 2000  
 APO 900, San Francisco  
 San Francisco, California

*293 Unknown (Agona) (Guam) (Unident)*

1. Reference is made to the following Unknown remains now stored at the AGHS Nausoleum, Manila, P.I.:

Unknown X-15	Asan	Guam	Cemetery #1
" X-18	"	"	"
" X-81	Agat	Guam	Cemetery #2
" X-85	"	"	"
" X-87	"	"	"
" X-92	"	"	"
" X-95	"	"	"
" X-94	"	"	"
" X-95	"	"	"
" X-96	"	"	"
" X-98	"	"	"
" X-99	"	"	"
" X-100	"	"	"
" X-102	"	"	"
" X-104	"	"	"
" X-107	"	"	"
" X-108	"	"	"
" X-109	"	"	"
" X-110	"	"	"
" X-112	"	"	"
" X-115	"	"	"
" X-117	"	"	"
" X-118	"	"	"
" X-119	"	"	"
" X-120	"	"	"
" X-122	"	"	"
" X-123	"	"	"
" X-21	Agona	Guam	Cemetery #3

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

FOR THE QUARTERMASTER GENERAL:

*E. H. Metz*  
 E. H. METZ  
 Lt. Colonel, QMC  
 Memorial Division

Quartermaster  
 Sergeant  
 JW

JHM  
 EFC

UNIDENTIFIABLE  
 REMAINS OF AMERICAN MILITARY PERSONNEL  
 WHOSE BODIES

FORM 295

AW 100  
 23 January 1950

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 #GCM 290, 291 (Far East), dated 17 September 1948, subject: Resolution of Cases of Unidentified Decedent, the following Unknown remains, presently stored at AFM Museum, Manila P.I., have been processed by the Central Identification Laboratory and considered "Unidentifiable" by reason of lack of sufficient identifying data:

JOHN	A-101	East	Lat	Long
"	A-103	"	"	"
"	A-110	"	"	"
"	A-112	"	"	"
"	A-117	"	"	"
"	A-118	"	"	"
"	A-119	"	"	"
"	A-120	"	"	"
"	A-121	"	"	"

2. Forwarded herewith, for your consideration, are new GAO Forms 1011, for the above-mentioned Unknowns.

Very truly yours,

9 Incls  
 GAO Forms 1011 w/Certificates  
 of Unidentifiability

JOHN DEYBULA  
 1st Lt., Infantry  
 Adjutant

HEADQUARTERS  
PHILSON ZONE  
AMERICAN GRAVES REGISTRATION SERVICE

20 January 1950


                  
Date

SUBJECT: Unidentifiable Remains

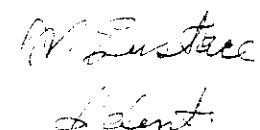
TO : The Quartermaster  
Washington 25, D. C.  
Attn: Memorial Division

The records pertaining to Unknown E- 117, Plot 3,  
Row 3, Grave 30, USMC Cemetery #2, Agat, Guam, have  
been reviewed and it is the opinion of this office that insuf-  
ficient evidence is available to establish the identity of this  
deceased, and that these remains should be classified as un-  
identifiable.

FOR THE COMMANDING OFFICER:

  
H. B. MCNEELAR  
Captain, QMG  
Chief, Records Branch

Atch: Form 1044


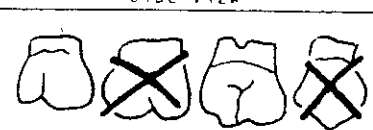






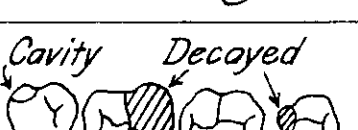

Received ..... 2 Feb 1950 ..... QMG  
Not identifiable from  
information presently  
available   
Ident.

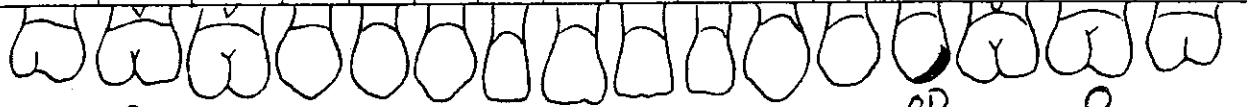





## IDENTIFICATION DATA

1. REMAINS OF UNKNOWN UNKNOWN X-117				2. DATE OF REPORT 20 January 1950			
3. NAME OF CEMETERY Cemetery #2, Agat, Guam			4. PLOT 3	5. ROW 3	6. GRAVE 30	7. DATE OF DISINTERMENT REINTERMENT	
PHYSICAL DESCRIPTION							
8. ESTIMATED WEIGHT U T D		9. ESTIMATED HEIGHT 70 3/4"		10. COLOR OF HAIR Med. Brown		11. RACE U T D	
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  N O N E							
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  
PROPERTY OF THE U.S. ARMY  
737 ROAD, APO SAN FRANCISCO, CALIFORNIA

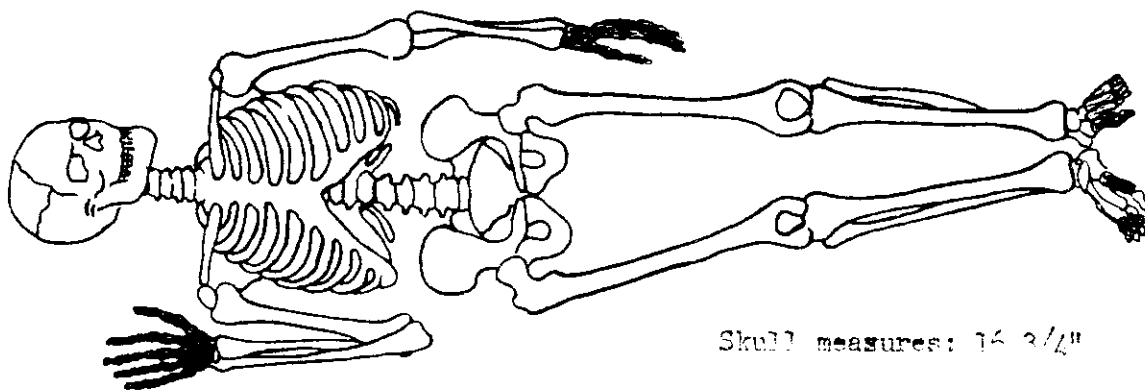
	TOP VIEW	SIDE VIEW
<b>MISSING TEETH:</b> ALL TEETH MISSING THROUGH EXTRACTION (NOT THOSE FRACTURED OR DISPLACED BY RECENT WOUNDS) SHOULD BE "X" D OUT AND LABELED THUS:		
<b>CROWNED TEETH:</b> BLOCK IN SOLID AND CROWN OF TOOTH (LABEL GOLD, PORCELAIN, SILVER OR GOLD AND PORCELAIN), THUS:		
<b>BRIDGE WORK:</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
	⊗	A	X					X	⊗	⊗			A	X	A	
Side Views																
Top Views																
																
Side Views																
	⊗	A		⊗	⊗			⊗	⊗	⊗	⊗	⊗	⊗		A	IMPLANT
	16	15	14	13	12	11	10	9	9	10	11	12	13	14	15	16

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

*Paul R. Nichols*  
 PAUL R. NICHOLS  
 Chief, Identification Sec.

19. BLACK OUT PARTS OF BODY NOT RECOVERED



Skull measures: 16 3/4"

Skeletal remains 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 identification tags, burial bottle, personal effects or other means of identification found with remains.

I CERTIFY THAT I HAVE PERSONALLY VIEWED THE REMAINS OF DECEASED AND THAT ALL RESULTING INFORMATION HAS BEEN RECORDED TO THE BEST OF MY KNOWLEDGE

TYPED NAME, GRADE, ARM OR SERVICE, AND ORGANIZATION  
**PAUL R. NICHOLS**  
Chief, Identification Section

SIGNATURE  
*Paul R. Nichols*

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 UNKNOWNX-000117 Q 0 6

CEMETERY GUAAM NO 2 MARIANAS IS PLOT ROW GRAVE DISPOSITION OF REMAINS 3 3 30 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 SERIAL NUMBER GRADE DATE OF DEATH DATE DISTINTERRED

IDENTIFICATION TAG ON ORGANIZATION RELIGION IDENTIFICATION VERIFIED BY 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 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

SEP 1 1948

## RECORD OF CUSTODIAL TRANSFER

### 1. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 2. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 3. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 4. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 5. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 6. SHIPPED

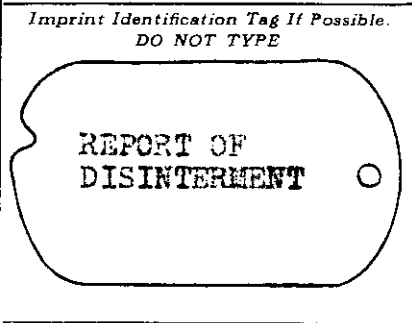
FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

### 7. SHIPPED

FROM		TO	
KIND OF CONVEYANCE		NAME OF CONVOYER	
SIGNATURE OF SHIPPER	DATE	SIGNATURE OF RECEIVER	DATE

**RESTRICTED**

WD QMC FORM 1042 (Rev. 1 Apr. 1945) (Supersedes GRS Form 1)	<b>REPORT OF INTERMENT</b> (AR 30-1810 and AR 30-1815)	DATE OF REPORT <p align="center" style="font-size: 1.2em;"><i>11/24/47</i></p>
---	---	---



**Section 1.—IDENTIFICATION.**

NAME (Last, first, middle initial) <b>UNKNOWN # <del>202</del> <sup>X-117</sup> Box # 418</b>		SERIAL NO.
GRADE	ORGANIZATION	BRANCH OF SERVICE
RACE	RELIGION	IF OTHER THAN U. S. DEAD, GIVE NAME OF COUNTRY

PLACE OF DEATH <b>Guam</b>	CAUSE OF DEATH <b>Unknown</b>	DATE OF DEATH
-------------------------------	----------------------------------	---------------

EMERGENCY ADDRESSEE (Name, relationship, and address)

IDENTIFICATION TAGS FOUND ON BODY (1, 2, or none) <i>None</i>	IF NO TAGS FOUND ON BODY, DESCRIBE MEANS OF IDENTIFICATION (If unidentified, fill in section 3 on reverse)
WERE SUBSTITUTE TAGS PROVIDED?(Yes or no)	

LIST PERSONAL EFFECTS FOUND ON BODY AND DISPOSITION OF SAME *Body unmasked. Believed unwrapped. Right humerus broken. Also ~~left~~ scapula broken. Carpal and meta-carpals are missing.*

**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 <b>2 Aug 44</b>	HOUR	BURIED IN (Shroud, blanket, or name of other)	TYPE OF GRAVE MARKER	PLOT No. <b>3</b>	ROW No. <b>3</b>	GRAVE No. <b>30</b>
-----------------------------------	------	---	----------------------	----------------------	---------------------	------------------------

WAS THIS A REBURIAL? (Yes or no) <b>No</b>	IF A REBURIAL, INDICATE NAME, NUMBER, COORDINATES OF PREVIOUS CEMETERY, AND LOCATION OF GRAVE
	PLOT No.    ROW No.    GRAVE No.


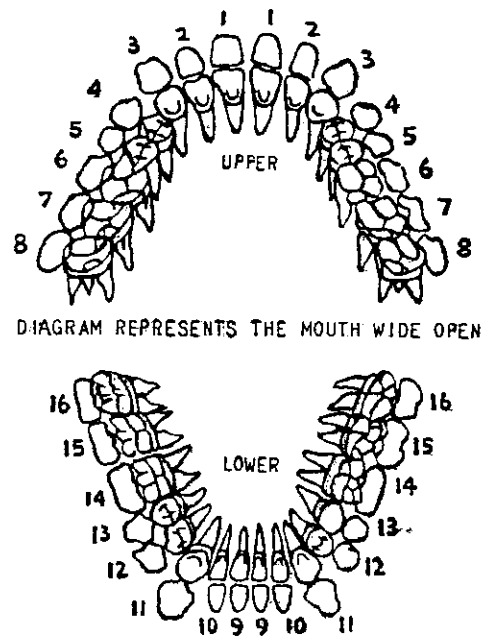





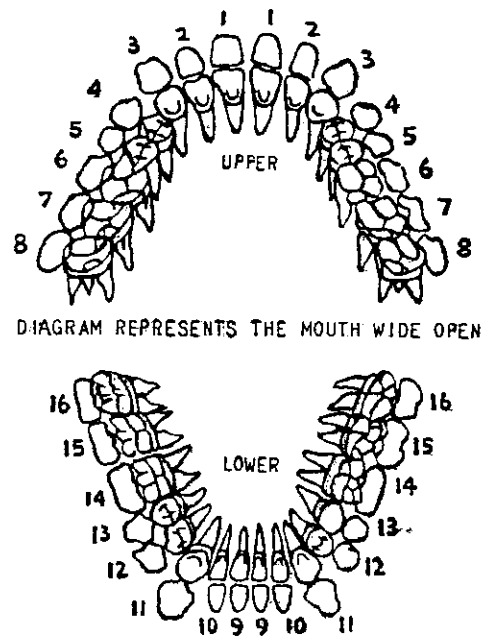





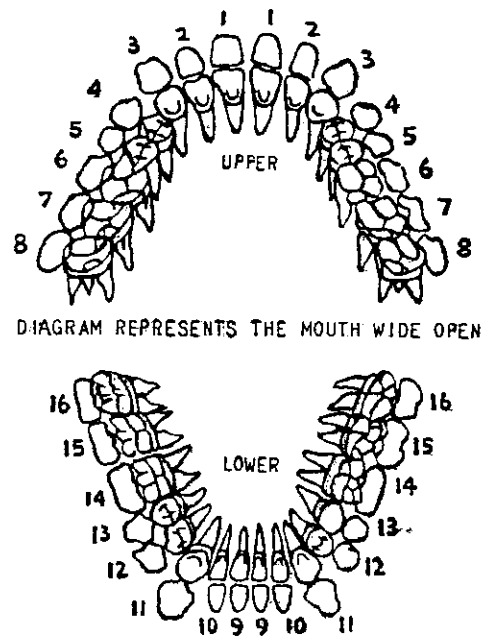




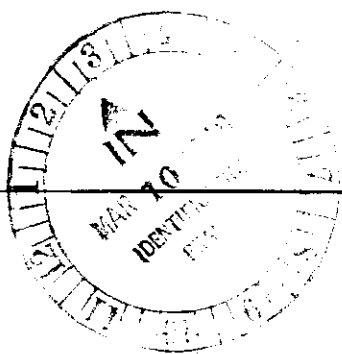
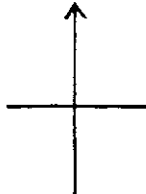
TYPE OF RELIGIOUS CEREMONY	PERSON CONDUCTING BURIAL RITES	IF IDENTIFICATION TAGS NOT USED, DESCRIBE IDENTIFICATION DATA AND CONTAINERS BURIED WITH BODY
IDENTIFICATION TAG BURIED WITH BODY (Yes or no)	IDENTIFICATION TAG ATTACHED TO MARKER (Yes or no)	

BODY BURIED ON DECEASED LEFT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.
BODY BURIED ON DECEASED RIGHT, NAME (Last, first, middle initial)	RANK	SERIAL No.	ORGANIZATION	GRAVE No.

SIGNATURE OF PERSON PREPARING REPORT <i>Teodorico J. Espital</i> <b>TEODORICO J. ESPITAL</b>	SIGNATURE OF GRS OFFICER VERIFYING REPORT <i>Emilio S. Zapico</i> <b>EMILIO S. ZAPICO 2nd Lt, Inf</b>
--	---

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.

*James F. Libley*    **RESTRICTED**

Section 3.—UNIDENTIFIED REMAINS.											
LEFT LITTLE FINGER	<p><b>INSTRUCTIONS:</b></p> <p>(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.</p> <p>(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.</p>										
LEFT RING FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">HEIGHT</td> <td style="width:15%;">WEIGHT</td> <td style="width:20%;">COLOR OF EYES</td> <td style="width:20%;">COLOR OF HAIR</td> <td style="width:30%;">BIRTHMARKS, SCARS, OR TATTOOS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS					
HEIGHT	WEIGHT	COLOR OF EYES	COLOR OF HAIR	BIRTHMARKS, SCARS, OR TATTOOS							
LEFT MIDDLE FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">WEAPON AND SERIAL No.</td> <td style="width:33%;">LAUNDRY MARKS</td> <td style="width:34%;">WHERE BODY WAS BURIED OR FOUND</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND							
WEAPON AND SERIAL No.	LAUNDRY MARKS	WHERE BODY WAS BURIED OR FOUND									
OTHER IDENTIFICATION CLUES											
LEFT INDEX FINGER	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"> <b>FILLINGS</b>   </td> <td rowspan="6" style="width:30%; text-align: center; vertical-align: middle;">  <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p> </td> </tr> <tr> <td> <b>CAVITIES</b>   </td> </tr> <tr> <td> <b>MISSING TEETH</b>   </td> </tr> <tr> <td> <b>CROWNED TEETH</b>   </td> </tr> <tr> <td> <b>BRIDGE WORK</b>   </td> </tr> <tr> <td> <b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b> </td> </tr> </table>	<b>FILLINGS</b> 	 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>	<b>CAVITIES</b> 	<b>MISSING TEETH</b> 	<b>CROWNED TEETH</b> 	<b>BRIDGE WORK</b> 	<b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b>			
<b>FILLINGS</b> 		 <p>DIAGRAM REPRESENTS THE MOUTH WIDE OPEN</p>									
<b>CAVITIES</b> 											
<b>MISSING TEETH</b> 											
<b>CROWNED TEETH</b> 											
<b>BRIDGE WORK</b> 											
<b>FURNISH SKETCH AND MAP REFERENCE AND COORDINATES FOR BURIAL IN OTHER THAN ESTABLISHED CEMETERY</b>											
LEFT THUMB	<p>REMARKS:</p>										
RIGHT THUMB	<div style="text-align: center;">   </div>										
RIGHT INDEX FINGER											
RIGHT MIDDLE FINGER											
RIGHT RING FINGER											
RIGHT LITTLE FINGER											

**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.

12 NOV 47  
 Date

**UNKNOWN** ~~#267~~ **X-117**

LAST NAME	FIRST	INITIAL	RANK	SERIAL NO.

UNIT	ORGANIZATION
<b>Guam</b>	<b>Cem. #2, Agat, Guam</b>










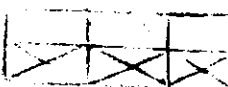





PLACE OF DEATH	PLACE OF BURIAL	PLOT	ROW	GRAVE NO
		<b>3</b>	<b>3</b>	<b>30</b>

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

INSIDE - LOOKING OUT

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

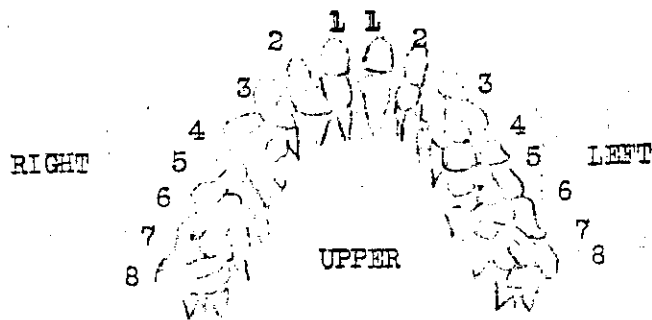
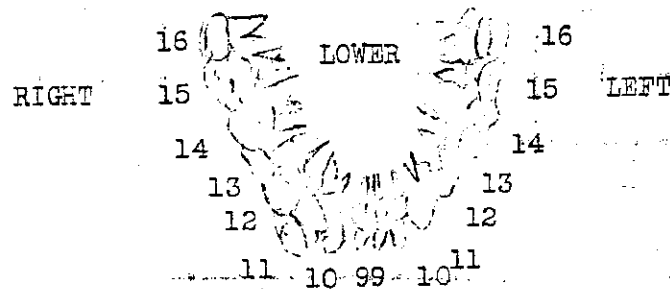


DIAGRAM REPRESENTS THE MOUTH WIDE OPEN



REMARKS:

*L. Ho*  
SIGNATURE OF PERSON WHO PREPARED CHART

*Emilio S. Zapico*  
VERIFIED BY GRS OFFICER

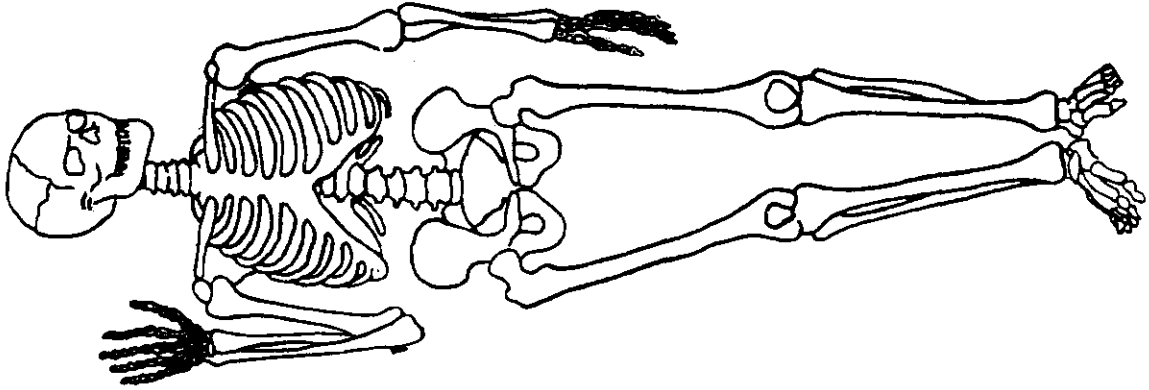
L. HO, Capt., D.C.  
NAME AND RANK TYPED OR PRINTED

EMILIO S. ZAPICO, 2nd Lt., Inf.  
NAME AND RANK TYPED OR PRINTED

Guam  
PLACE OR HQ. WHERE THIS FORM ACCOMPLISHED

DATE

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

UNIDENTIFIED ~~NO~~ X-117 P-3 R-3 G-30

Body unencased. Believed un-  
wrapped. Right humerus broken.  
also ~~left~~ scapula broken.  
Carpals and metacarpals are  
missing.

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

*James F. Sibley*

IDENTIFICATION SECTION  
REPATRIATION RECORDS BRANCH  
MEMORIAL DIVISION

CATEGORY III CASE  
NO CLUES  
IDENTIFICATION IMPOSSIBLE  
AT PRESENT TIME

**REPORT OF BURIAL**

NAVMED-601 (3-45)

**INSTRUCTIONS.**—Forward original and two copies for U. S. dead (additional copy for allied and enemy dead) to BuMed on all burials or reburials beyond the continental United States, including Alaska, or at sea. In the field, armed guard crews, etc., forward through headquarters or activity carrying records, for checking with casualty reports.

If any of the required facts are unknown, so state. List only personal effects found on the body. In burial at sea, give areas as—Hawaiian, Alaskan, etc. Assign consecutive numbers with a prefix "X" to all unidentified remains. This "X" number shall be used in all correspondence regarding burial.

SHIP OR STATION ATTACHED AT TIME OF DEATH \_\_\_\_\_ DATE REPORT FILLED OUT **18 April 1946.**

COPY OF IDENTIFICATION TAG	NAME (Last) (First) (Middle)		
	UNKNOWN #26X		
	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>
----------------------------------	--------------------------------

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

DATE OF DEATH	DATE OF BURIAL <b>8/2/44</b>
---------------	---------------------------------

NAME OF CEMETERY <b>Army Navy Marine Cemetery #2.</b>	LOCATION OF CEMETERY <b>Agat Guam.</b>
--	---

GRAVE MARKER TYPE <b>Cross</b>	PLOT NO. <b>3</b>	ROW NO. <b>3</b>	GRAVE NO. <b>30</b>
-----------------------------------	----------------------	---------------------	------------------------

BURIED AT SEA (Date)	AREA
----------------------	------

TYPE OF RELIGIOUS CEREMONY <b>Military Burial.</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  
**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) <i>Cotton, J. E.</i>	RANK OR RATE <i>File</i>	FILE OR SERVICE NO. <i>843091</i>	GRAVE NO. <i>29</i>
BODY ON RIGHT: NAME (Last, first, middle) <i>No one buried here</i>	RANK OR RATE	FILE OR SERVICE NO.	GRAVE NO.

PERSON REPORTING BURIAL (Name) <b>R.L. RIDOLFI</b> <i>colt.</i> , USMCR. <i>R.L. Ridolfi</i>	PERSON CONDUCTING BURIAL RITES <i>(Rank or rate)</i>
---	---

IN REBURIAL, GIVE LOCATION OF PREVIOUS BURIAL	VERIFIED AND FORWARDED <i>(Signature)</i> <b>L.N. UTZ</b> <i>col.</i> , USMC-Ass: <b>JAMES R. LANE</b> <i>(Name) (Rank) (Title)</i>
---	--

**INSTRUCTIONS FOR BU**

When unidentified, take rolled impression of fingerprints. Obtain sharp, clear contrast of inked ridges and intervening space. Do not overink. Cleanse fingers of all foreign matter. Roll finger to include crease of first joint through 180° on inked surface. Record impression of same motion.

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

**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, 1936-43 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. \_\_\_\_\_

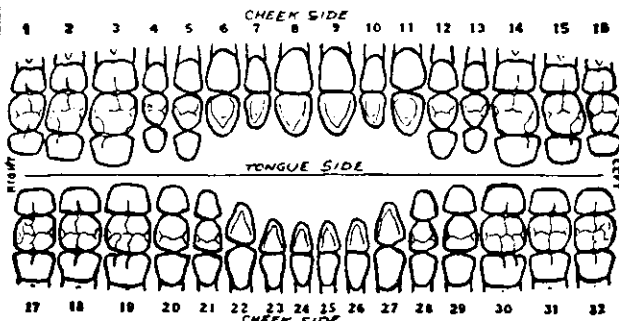
Occlusion (Type of) \_\_\_\_\_

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

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

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

Remarks \_\_\_\_\_

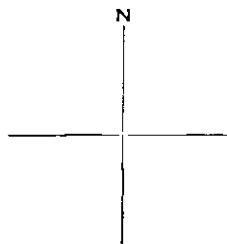


COMPARISON WITH DECEASED NAVMED-H-4 (DENTAL RECORD) REVEALS:

POSITIVE IDENTITY     SOME RESEMBLANCE     NO RESEMBLANCE

(Signature of dental examiner)

(Rank or rate)



**DENTAL RECORD**  
(To be filled in by the dental officer)

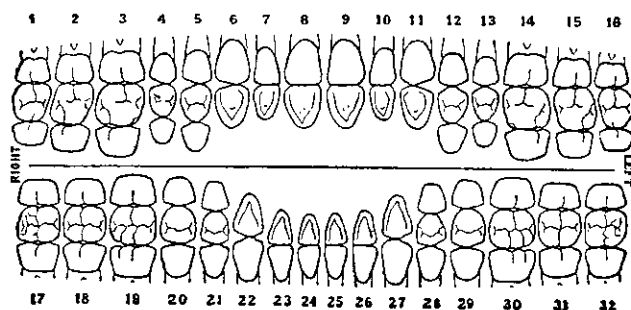
DO NOT REMOVE FROM HEALTH RECORD

Unidentified # 26  
(Surname)  
Savage # 30; Row # 3  
(Christian name(s))  
Born: Place Not # 3 Date

**INSTRUCTIONS**

See Chapter 14, Section VI, Paragraphs 2311-2319, inclusive, Manual of the Medical Department, U. S. Navy.

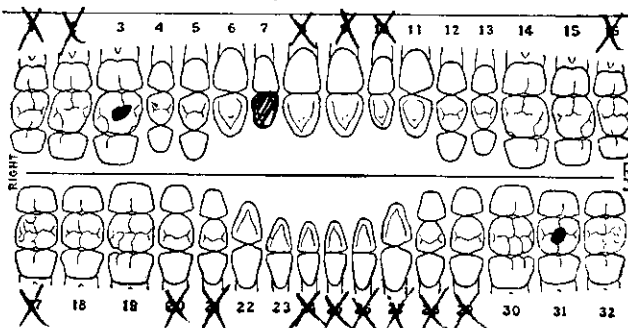
**RECORD OF FIRST DENTAL EXAMINATION**



REMARKS: No. 8, 9, 10, 24, 25, 26, 27, 28, + 29 are missing + were probably knocked out.  
#17  
#16 - missing

8-1-44 Sam Fishberg D.D.S.  
(Date and signature of examining dental officer)

**RECORD OF SUBSEQUENT DENTAL OPERATIONS**



## DENTAL TREATMENT

Entries to cover entire period of service

Operation or treatment	Date	Signature
#1 - Missing		
#2 - "		
#8 - "		
#9 - "		
#10 - "		
#16 - "		
#17 - "		
#20 - "		
#21 - "		
#24 - "		
#25 - "		
#26 - "		
#27 - "		
#28 - "		
#29 - "		
#3 - O - Am.		
#7 - O - Gold Inlay		
#31 - O - Am.		

### CERTIFICATE OF DEATH

From: \_\_\_\_\_

To: *Bureau of Medicine and Surgery, Navy Department, Washington, D. C.*  
(See Circular Letter E-5, Appendix D, Manual of the Medical Department, for instructions)

1. Name: *Van Kinsland* Rank or rate: *26X* Date: *SEP 4 9 06 AM '44*

2. Born: Place \_\_\_\_\_ Date \_\_\_\_\_

3. Nationality \_\_\_\_\_ (White—U. S., Colored, Samoan, etc.) Religion \_\_\_\_\_ (Denomination)

4. Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Complexion \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

5. Marks, scars, etc. (noted in health record) \_\_\_\_\_

\_\_\_\_\_

FINGERPRINT

*imp*  
State which finger \_\_\_\_\_  
(Right index preferred)

6. Relation, name and address of next of kin or friend \_\_\_\_\_

\_\_\_\_\_

7. Original admission: Place \_\_\_\_\_ Date \_\_\_\_\_  
(Ship or station to which attached when first admitted to sick list)

8. Died: Place \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_

9. Cause of death: Principal \_\_\_\_\_ Key Letter \_\_\_\_\_  
Contributory \_\_\_\_\_

10. Death \_\_\_\_\_ the result of own misconduct and \_\_\_\_\_ in the line of duty.  
(Is or is not) (Is or is not)

11. Disposition of remains \_\_\_\_\_

\_\_\_\_\_

12. Summary of facts relative to the death:

*4/12/21/44*  
*4/12/21/44*  
*4/12/21/44*

*Youse 30*  
*Rau 3*  
*Blatt 3*



(Continued on back of this page)  
Summary of facts—Continued

13. Description of items referred to the court:

14. Disposition of remains

15. Date (if known) the remains of man disappeared and (if known) in the line of duty

16. Cause of death  
Constitutionally  
Fractured

17. Date: Place Date Home

18. Original acquisition: Place (and of station to which assigned immediately to duty) Date

19. Religion, name and address of next of kin or friend

(If next of kin deceased)  
State and age

MINISTERIAL

20. Marks, scars, etc. (shown in previous records)

21. Place Date Completion Name Address

22. International (Service in U.S. Armed Forces, etc.) Station (Designation)

23. Born: Place (Medical officer), Date (Grade) M.C., U.S. Navy.

Approved: Court of inquiry or board of investigation be held. (Will or will not)

24. Name of commanding officer (Commanding officer), (Rank), U.S. Navy.

REPUBLIC OF DENMARK

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.)

LEFT HAND

RIGHT HAND

4

3

2

1

THUMB

4

3

2

1

THUMB

F.N.F. PAC Form (9)  
Graves Registration

REPORT OF INTERMENT

3  
0  
Y

Unknown X-117 (Formerly Unknown 26X)

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

2/2/44

(Place of death)

Army, Navy, Marine Cemetery #2

Guam

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

Date of Burial

30

(Grave Number)

3

(Row Number)

3

(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 No burial

(Name)

(Ser. No.)

(Rank)

(Org) (Grave No.)

BODY BURIED ON LEFT Cotten, J. E.

(Name)

243091

(Ser. No.)

Pfc

(Rank)

29

(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.

41 EASE DEPT REPRODUCTION